

26-028

RECEIVED

JUN 11 2026

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

☐

Specialized Long-term Care

☒

Establishment of a new LTC facility

☐

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.

Ignite Medical New Lenox, LLC, New Lenox Senior Partners, LLC, New Lenox Investors, LLC, New Lenox Manager, LLC, LBG New Lenox, LLC, and Ignite New Lenox JV, LLC, are proposing the establishment of a skilled nursing and rehabilitation facility, Ignite Nursing & Rehabilitation – New Lenox, to be located within the Silver Cross Hospital campus at 1900 Silver Cross Boulevard, New Lenox, IL 60451.

The proposed facility will consist of 96 beds and the beds will be dual certified for both Medicare and Medicaid patients.

The total project cost involved is \$30,451,641, which will be funded with \$7,612,910 in cash and securities and \$22,838,731 in loans. The project is classified as substantive per 77 Illinois Administrative Code Sec. 1110.20(c)(1)(A)i) because it proposes the establishment of a new facility.

Facility/Project Identification

Facility Name: Ignite Nursing & Rehabilitation – New Lenox		
Street Address: 1900 Silver Cross Boulevard		
City and Zip Code: New Lenox, 60451		
County: 60451	Health Service Area: 009	Health Planning Area: 197

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

Exact Legal Name: Ignite Medical New Lenox, LLC
Address: 1550 N. Northwest Hwy, Suite 430, Park Ridge, IL 60068
Name of Registered Agent: CT Corporation System
Name of President: Timothy Fields
President Address: 1550 N. Northwest Highway, Suite 430, Park Ridge Illinois 60068
Telephone Number: (815) 900 2500

Type of Ownership (Applicant/Co-Applicants)

☐ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship ☐ Other
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o 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: Juan Morado Jr. and Shil Mehta
Title: CON Counsel
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 S. Wacker Drive, Suite 1600, Chicago, Illinois 60606
Telephone Number: (312) 212-4967
E-mail Address: JMorado@beneschlaw.com and SMehta@beneschlaw.com
Fax Number: (312) 767-9192

Facility/Project Identification

Facility Name: Ignite Nursing & Rehabilitation – New Lenox		
Street Address: 1900 Silver Cross Boulevard		
City and Zip Code: New Lenox, 60451		
County: 60451	Health Service Area: 009	Health Planning Area: 197

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

Exact Legal Name: New Lenox Senior Partners, LLC
Address: 12411 North Pennsylvania Street, Suite 300 Carmel, IN 46032
Name of Registered Agent: Illinois Corporation Service Company
Name of President: Timothy Fields
President Address: 1550 N. Northwest Highway, Suite 430, Park Ridge Illinois 60068
Telephone Number: (815) 900 2500

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County: 60451	Health Service Area: 009	Health Planning Area: 197

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

Exact Legal Name: New Lenox Investors, LLC
Address: 12411 North Pennsylvania Street, Suite 300 Carmel, IN 46032
Name of Registered Agent: Illinois Corporation Service Company
Name of President: Timothy Fields
President Address: 1550 N. Northwest Highway, Suite 430, Park Ridge Illinois 60068
Telephone Number: (815) 900 2500

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

Exact Legal Name: New Lenox Manager, LLC
Address: 12411 North Pennsylvania Street, Suite 300 Carmel, IN 46032
Name of Registered Agent: Illinois Corporation Service Company
Name of President: Timothy Fields
President Address: 1550 N. Northwest Highway, Suite 430, Park Ridge Illinois 60068
Telephone Number: (815) 900 2500

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City and Zip Code: New Lenox, 60451		
County: 60451	Health Service Area: 009	Health Planning Area: 197

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

Exact Legal Name: LBG New Lenox, LLC
Address: 12411 North Pennsylvania Street, Suite 300 Carmel, IN 46032
Name of Registered Agent: Leo Brown Group, L.L.C.
Name of President: Thomas Smith
President Address: 12411 North Pennsylvania Street, Suite 300, Carmel, IN 46032
Telephone Number: 317-669-8404

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Name of Registered Agent: CT Corporation System
Name of President: Timothy Fields
President Address: 1550 N. Northwest Highway, Suite 430, Park Ridge, Illinois 60068
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Fax Number: (312) 767-9192

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

Name: Timothy Fields
Title: President
Company Name: Ignite Nursing & Rehabilitation – New Lenox
Address: 1550 N. Northwest Highway, Suite 430, Park Ridge, Illinois 60068
Telephone Number: (815) 900-2500
E-mail Address: tjf@ignitemedicalresorts.com
Fax Number: N/A

Site Ownership [Provide this information for each applicable site]

Exact Legal Name of Site Owner: Silver Cross Hospital & Medical Center
Address of Site Owner: 1800 Silver Cross Boulevard, New Lenox, IL 60451
Street Address or Legal Description of Site: 1900 Silver Cross Boulevard, New Lenox, IL 60451
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: Ignite Nursing & Rehabilitation – New Lenox	
Address: 1900 Silver Cross Blvd, New Lenox, IL 60451	
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☐ For-profit Corporation	☐ Governmental
☒ Limited Liability Company	☐ Sole Proprietorship ☐ Other
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - o 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. - o 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:

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

This Application for Permit is filed on the behalf of Ignite Medical New Lenox, 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

Timothy Fields
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28 day of May 2026



Signature of Notary



*Insert EXACT legal name of the applicant



SIGNATURE

Barry Carr
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28 day of May 2026



Signature of Notary



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- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of New Lenox Senior Partners, 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.

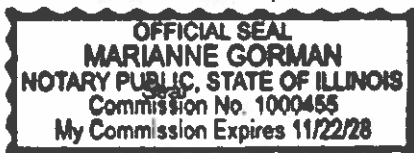

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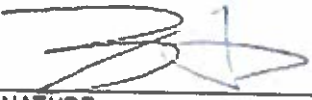


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- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of, New Lenox Investors, 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.


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Barry Carr
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Manager
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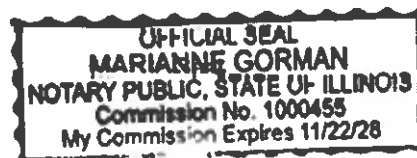
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- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of New Lenox Manager, 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

Timothy Fields
PRINTED NAME

Manager
PRINTED TITLE


SIGNATURE

Barry Carr
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28 day of May 2024


Signature of Notary

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Subscribed and sworn to before me
this 28 day of May 2024


Signature of Notary



Insert EXACT legal name of the Applicant



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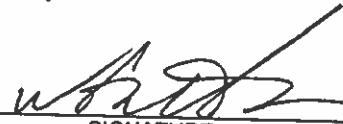
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- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of, LBG New Lenox, 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

Christopher King
PRINTED NAME

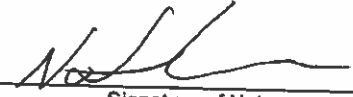
Member
PRINTED TITLE


SIGNATURE

William Morton
PRINTED NAME

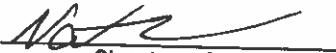
Member
PRINTED TITLE

Notarization:
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Signature of Notary

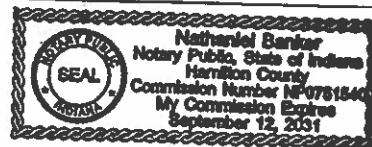
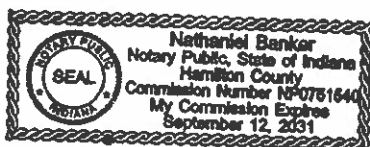
Seal

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Seal

*Insert EXACT legal name of the applicant



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This Application for Permit is filed on the behalf of Ignite New Lenox JV, 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

Timothy Fields

PRINTED NAME

Manager

PRINTED TITLE



SIGNATURE

Barry Carr

PRINTED NAME

Manager

PRINTED TITLE

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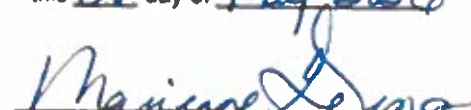


Signature of Notary



*Insert EXACT legal name of the applicant

Nota
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this 28 day of May 2016



Signature of Notary



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	96
☐ Specialized Long- Term Care		

*Existing number of beds as authorized by IDPH and posted in the "LTC Bed Inventory" on the HFSRB website (www.hfrsb.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		
☐ 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

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	Subject
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

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	Subject
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 12.

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 Adults 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:**

<u>\$7,612,910</u>	a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1. the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2. interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	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;
<u>\$22,838,731</u>	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.
<u>\$30,451,641</u>	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS ATTACHMENT 27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

2. Variance

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

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

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

1. That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
2. That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A. A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 1.5 times for LTC facilities; or
 - B. Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

1. That the selected form of debt financing for the project will be at the lowest net cost available;
2. That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
3. That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY SERVICE									
Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Nursing	\$318.48	-	34,561	-	-	-	\$11,007,013	-	\$11,007,013
Contingency	\$17.60	-	34,561	-	-	-	\$608,432	-	\$608,432
TOTALS	\$336.08	-	34,561	-	-	-	\$11,615,445	-	\$11,615,445

* 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	\$118,092	\$96,308	\$214,400
Site Survey and Soil Investigation	\$12,393	\$10,107	\$22,500
Site Preparation	\$425,883	\$347,325	\$773,208
Off Site Work	-	-	-
New Construction Contracts	\$11,007,013	\$9,139,779	\$20,146,792
Modernization Contracts	-	-	-
Contingencies	\$608,432	\$496,201	\$1,104,633
Architectural/Engineering Fees	\$464,049	\$378,451	\$842,500
Consulting and Other Fees	\$905,902	\$738,800	\$1,644,703
Movable or Other Equipment (not in construction contracts)	\$1,197,219	\$976,381	\$2,173,600
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	\$1,289,583	\$1,051,708	\$2,341,291
Fair Market Value of Leased Space or Equipment	-	-	-
Other Costs To Be Capitalized	\$744,199	\$443,816	\$1,188,015
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	\$16,772,764	\$13,678,877	\$30,451,641
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$4,193,191	\$3,419,719	\$7,612,910
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	\$12,579,573	\$10,259,158	\$22,838,731
Leases (fair market value)	-	-	-
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	\$16,772,764	\$13,678,877	\$30,451,641

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: **NOT APPLICABLE**

Fair Market Value: **NOT APPLICABLE**

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 \$6,501,948.

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): July 1, 2028

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.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL	-	-	-	-	-	-	-
Nursing Beds	\$12,528,579	-	25,891	25,891	-	-	-
Medical Pod Areas	\$1,129,335	-	2,335	2,335	-	-	-
Physical/Occupational Therapy	\$2,326,100	-	4,808	4,808	-	-	-
Home Dialysis	\$738,750	-	1,527	1,527	-	-	-
Total Review	\$16,722,764	-	34,561	34,561	-	-	-
NON CLINICAL							
Administrative	\$10,435,128	-	21,445	21,445	-	-	-
Lounges/Dining	\$3,203,499	-	6,584	6,584	-	-	-
Total Non-clinical	\$13,638,627	-	28,029	28,029	-	-	-
TOTAL	\$30,451,641	-	62,590	62,590	-	-	-

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: Ignite Nursing & Rehabilitation 1900 Silver Cross Boulevard
(Name) (Address)

- New Lenox Illinois 60451 (815) 900-2500
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 1900 Silver Cross Boulevard New Lenox Illinois
(Address) (City) (State)

- Will New Lenox 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: Yes ____ No X

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: _____

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	39-46
2.	Site Ownership	47
3.	Operating Identity/Licensee	48-49
4.	Organizational Relationships	50
5.	Flood Plain Requirements	51-52
6.	Historic Preservation Act Requirements	53-59
Service Specific - General Long-Term Care		
10.	Purpose of the Project	60-65
11.	Alternatives to the Project	66-67
Service Specific - General Long-Term Care		
12.	Background of the Applicant	68-79
13.	Planning Area Need	80-83
14.	Establishment of General LTC Service or Facility	84-117
15.	Expansion of General LTC Service or Facility	n/a
16.	Variances	n/a
17.	Accessibility	118
18.	Unnecessary Duplication/Maldistribution	119-121
19.	Staffing Availability	122
20.	Bed Capacity	123
21.	Community Relations	124-130
22.	Project Size	131
23.	Zoning	132-135
24.	Assurances	136-137
25.	Modernization	n/a
Service Specific - Specialized Long-Term Care		
26.	Specialized Long-Term Care – Review Criteria	n/a
Financial and Economic Feasibility:		
27.	Availability of Funds	138-141
28.	Financial Waiver	n/a
29.	Financial Viability	142-147
30.	Economic Feasibility	148-149
APPENDICES		
A	Project Costs and Sources of Funds	150
B	Related Project Costs	151-154
C	Project Status and Completion Schedule	155
D	Cost/Space Requirements	156
E	Flood Plain Information	157-158

ATTACHMENT 1

Ownership

Included with this attachment are the Certificates of Good Standings for the following:

1. Ignite Medical New Lenox, LLC
2. New Lenox Senior Partners, LLC
3. New Lenox Investors, LLC
4. New Lenox Manager, LLC
5. LBG New Lenox, LLC
6. Ignite New Lenox JV, LLC

ATTACHMENT 1
Certificate of Good Standing – Ignite Medical New Lenox, LLC

File Number 1767865-5



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

IGNITE MEDICAL NEW LENOX, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 18, 2026, 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.



Authentication # 2614400248 verifiable until 05/24/2027
Authenticate at: <https://www.isos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of MAY A.D. 2026 .


SECRETARY OF STATE

ATTACHMENT 1
Application for Admission to Transact Business
– New Lenox Senior Partners, LLC

Delaware
The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW LENOX SENIOR PARTNERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW LENOX SENIOR PARTNERS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



10585391 8300

SR# 20263222794

You may verify this certificate online at corp.delaware.gov/authver.shtml

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204095336

Date: 06-01-26

ATTACHMENT 1
Certificate of Good Standing – New Lenox Investors, LLC

Delaware
The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW LENOX INVESTORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW LENOX INVESTORS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF APRIL, A.D. 2026.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



10585387 8300

SR# 20263222836

You may verify this certificate online at corp.delaware.gov/authver.shtml

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204095356

Date: 06-01-26

ATTACHMENT 1
Certificate of Good Standing – New Lenox Manager, LLC

State of Indiana
Office of the Secretary of State
Certificate of Organization
of
LBG NEW LENOX, LLC

I, DIEGO MORALES, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Thursday, May 28, 2026.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 28, 2026.

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202605282004901 / 11361507

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

ATTACHMENT 1
Articles of Incorporation – LBG New Lenox, LLC

APPROVED AND FILED
DIEGO MORALES
INDIANA SECRETARY OF STATE
05/28/2026 03:53 PM

ARTICLES OF ORGANIZATION

Formed pursuant to the provisions of the Indiana Code.

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID	202605282004901
BUSINESS TYPE	Domestic Limited Liability Company
BUSINESS NAME	LBG NEW LENOX, LLC
PRINCIPAL OFFICE ADDRESS	12411 North Pennsylvania Street, Suite 300, Carmel, IN, 46032, USA

ARTICLE II - REGISTERED OFFICE AND ADDRESS

REGISTERED AGENT TYPE	Business
NAME	LEO BROWN GROUP, L.L.C.
ADDRESS	12411 North Pennsylvania Street, Suite 300, Carmel, IN, 46032, USA
SERVICE OF PROCESS EMAIL	

ARTICLE III - PERIOD OF DURATION AND EFFECTIVE DATE

PERIOD OF DURATION	Perpetual
EFFECTIVE DATE	05/28/2026
EFFECTIVE TIME	08:51AM

ARTICLE IV - GOVERNING PERSON INFORMATION

No Principal on record.

MANAGEMENT INFORMATION

THE LLC WILL BE MANAGED BY MANAGER(S) Yes

ATTACHMENT 1
Articles of Incorporation – LBG New Lenox, LLC

APPROVED AND FILED
DIEGO MORALES
INDIANA SECRETARY OF STATE
05/28/2026 03:53 PM

SIGNATURE

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

THE UNDERSIGNED, DESIRING TO FORM A LIMITED LIABILITY COMPANY PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT EXECUTES THESE ARTICLES OF ORGANIZATION

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY May 28, 2026

THE UNDERSIGNED ACKNOWLEDGES THAT A PERSON COMMITS A CLASS A MISDEMEANOR BY SIGNING A DOCUMENT THAT THE PERSON KNOWS IS FALSE IN A MATERIAL RESPECT WITH THE INTENT THAT THE DOCUMENT BE DELIVERED TO THE SECRETARY OF STATE FOR FILING.

SIGNATURE

Thomas C Smith

TITLE

Manager

Business ID : 202605282004901

Filing No : 11361507

ATTACHMENT 1
Certificate of Good Standing – Ignite New Lenox JV, LLC

File Number 1767867-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

IGNITE NEW LENOX JV, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 18, 2026, 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.



Authentication #: 2614400254 verifiable until 05/24/2027
Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of MAY A.D. 2026 .


SECRETARY OF STATE

ATTACHMENT 2 Site Ownership

This proposed site for the facility is owned by Silver Cross Hospital & Medical Center. Attached as evidence of site ownership is a copy of the 2024 Will County Property Tax bill. Included is a specific map of the location of the site. Because this involves new construction, the United States Postal Service will assign an address following construction of the facility. Also included is a map reflecting the location of the proposed facility.

2024 Levy Real Estate Tax Information
Will County Treasurer
 302 N. CHICAGO ST., JOLIET, IL 60432

Permanent Index Number (PIN): 15-08-04-300-022-0000

Mailing Address	Township
SILVER CROSS HOSP & MED CENTER 1900 SILVER CROSS BLVD NEW LENOX IL 60451	NEW LENOX

Assessed Value	Exemptions	TIF Base Value
0	0	0
Acreage	Tax Code	Tax Rate
70.75	1508	3.1162

[Five Year Tax Inquiry](#)
[Tax Detail Inquiry](#)

Installment	Base Tax Amount	Interest/Cost	Total Paid	Date Paid	BALANCE DUE
First Due: 06/02/25	0.00	0.00	0.00		0.00
Second Due: 09/02/25	0.00	0.00	0.00		0.00
Total Base Tax (without penalties)	0.00				

[Return to Inquiry Real Estate Tax Page](#)
 [Return to Treasurer Home Page](#)
 [Supervisor of Assessments - Property Search](#)



ATTACHMENT 3

Operating License

Ignite Medical New Lenox will be licensed by the Illinois Department of Public Health. Attached as evidence of the operating entity's good standing is a Certificate of Good Standing.

ATTACHMENT 3
Operating License

File Number 1767865-5



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

IGNITE MEDICAL NEW LENOX, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 18, 2026, 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.

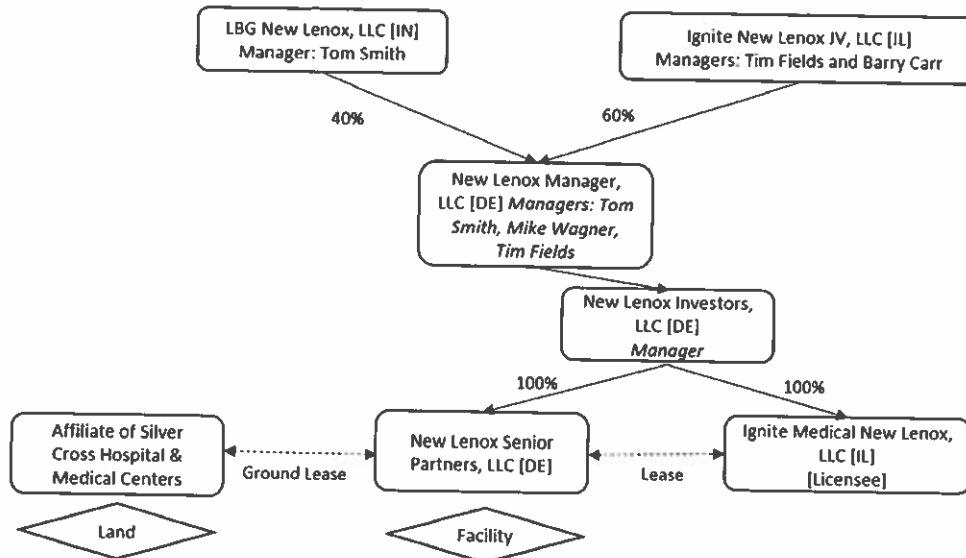


In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of MAY A.D. 2026 .

Authentication #: 2614400248 verifiable until 05/24/2027
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
SECRETARY OF STATE

ATTACHMENT 4 Organizational Chart



Effective Individual Ownership in excess of 5%

Entity	Individual Ownership Interest
Ignite Medical New Lenox, LLC	Tim Fields- 26%, Barry Carr- 21.2%, Tom Smith 10%, Leo Justin Brown 10%, Michael Wagner 6.4%, William Morton 5.4%, Christopher King 5.4%, Individual Owners with less than 5% total interest-19.6%
New Lenox Senior Partners, LLC	Tim Fields- 26%, Barry Carr- 21.2%, Tom Smith 10%, Leo Justin Brown 10%, Michael Wagner 6.4%, William Morton 5.4%, Christopher King 5.4%, Individual Owners with less than 5% total interest-19.6%
New Lenox Investors, LLC	Tim Fields- 26%, Barry Carr- 21.2%, Tom Smith 10%, Leo Justin Brown 10%, Michael Wagner 6.4%, William Morton 5.4%, Christopher King 5.4%, Individual Owners with less than 5% total interest-19.6%
New Lenox Manager, LLC	Tim Fields- 26%, Barry Carr- 21.2%, Tom Smith 10%, Leo Justin Brown 10%, Michael Wagner 6.4%, William Morton 5.4%, Christopher King 5.4%, Individual Owners with less than 5% total interest-19.6%
LBG New Lenox, LLC	Tom Smith- 25%, Leo Justin Brown 25%, Michael Wagner- 16%, William Morton- 13.5%, Christopher King-13.5%, Individual Owners with less than 5% total interest- 7%
Ignite New Lenox JV, LLC	Tim Fields- 43.33%, Barry Carr- 35.33%, Individual Owners with less than 5% total interest-28%

**ATTACHMENT 5
Flood Plain Requirements**



1550 N Northwest Highway
Suite 430
Park Ridge, IL 60068

Main Phone: (847) 453-4000
Fax: (847) 813-5729

May 27, 2026

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Ignite Nursing & Rehabilitation -New Lenox Flood Plain Requirements

Dear Mr. Kniery:

As representative of Ignite Nursing & Rehabilitation – New Lenox, I Timothy Fields, affirm that the proposed location for the establishment of this facility complies with Illinois Executive Order #2005-5. The facility location is 1900 Silver Cross Blvd., New Lenox, IL 60451 and is not located in a flood plain. As evidence, please find enclosed map from the Federal Emergency Management Agency ("FEMA").

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

Sincerely,

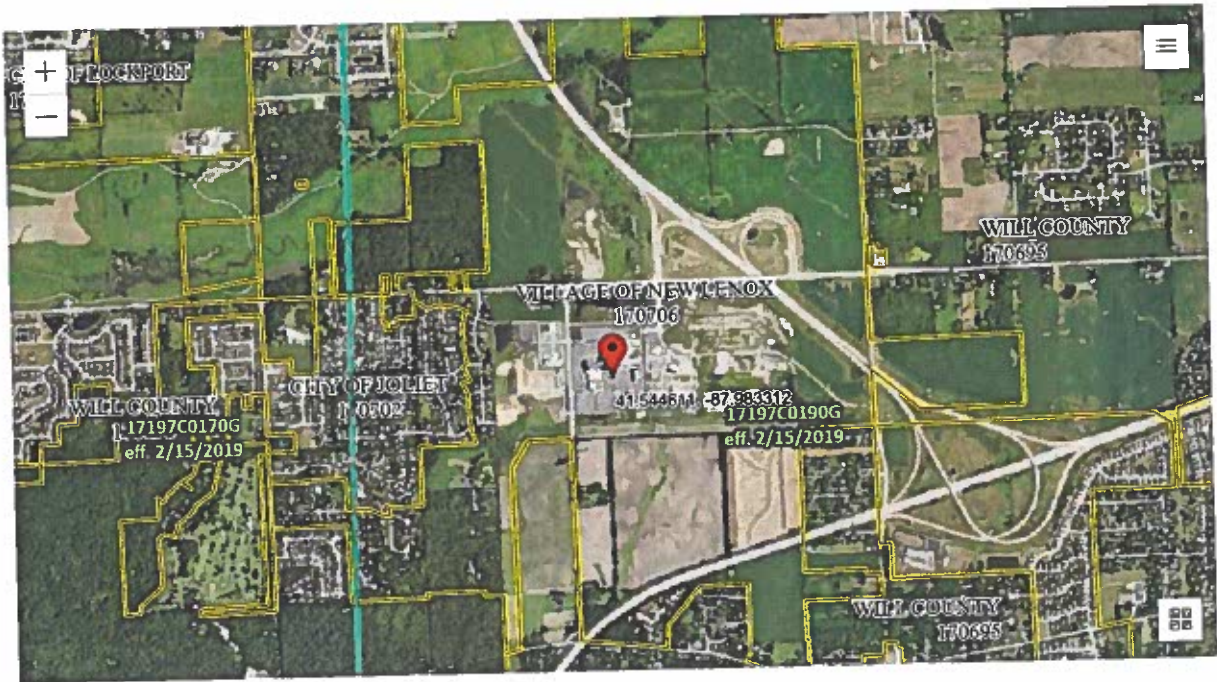
A handwritten signature in blue ink, appearing to read "Timothy Fields", is written over a horizontal line.

Timothy Fields
President
Ignite Nursing & Rehabilitation – New Lenox

UNCOMPROMISING LUXURY | RAPID REHABILITATION

A thick, solid red horizontal bar spans the width of the page below the text.

ATTACHMENT 5 Flood Plain Requirements



ATTACHMENT 6

Historic Resources Preservation Act Requirements

The applicant submitted a request for determination to the Illinois Department of Natural Resources-Preservation Services Division on May 19, 2026. A final determination has not yet been received, however, with the certification made with this application, the applicants certify that either a determination from the Department will be provided to the HFSRB staff prior to Board review of this CON application or if the HFSRB approves this application, the project will not be obligated until the determination is made by DNR.

ATTACHMENT 6
Historic Resources Preservation Act Requirements



Juan Morado Jr.
71 South Wacker Drive, Suite 1600
Chicago, IL 60606
Direct Dial: 312.212.4967
Fax: 312.757.9192
jmorado@beneschlaw.com

May 22, 2026

Via E-Mail

Jeffrey Kruchten
Chief Archaeologist
Preservation Services Division
Illinois Historic Preservation Office Illinois
Department of Natural Resources
1 Natural Resources Way
Springfield, IL 62702
SHPO.Review@illinois.gov

Re: Certificate of Need Application for Major Medical Equipment

Dear Mr. Kruchten:

I am writing on behalf of my client, Ignite Nursing & Rehabilitation – New Lenox. ("Ignite New Lenox SNF") to request a review of the project area under Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). Ignite New Lenox SNF is submitting an application for a Certificate of Need from the Illinois Health Facilities and Services Review Board. Ignite New Lenox SNF seeks to establish a skilled nursing facility ("SNF") at 1900 Silver Cross Blvd., New Lenox, IL 60451, and provide long term post-acute services.

The SNF is seeking to establish a new facility, which requires a CON application. For your reference, we have enclosed pictures of the existing lot and topographic maps showing the general location of the project. We respectfully request review of the project area and a determination letter at your earliest convenience. Thank you in advance for all of the time and effort that will be going into this review.

If you have any questions or need any additional information regarding the project, please feel free to contact me via phone at 312-212-4967 or via email at JMorado@beneschlaw.com

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

A handwritten signature in dark ink, appearing to read "Juan Morado Jr.", written over a light blue horizontal line.

Juan Morado Jr.

ATTACHMENT 6

Historic Resources Preservation Act Requirements

Topographic Map 1900 Silver Cross Blvd., New Lenox, IL 60451



ATTACHMENT 6
Historic Resources Preservation Act Requirements

3D Aerial Map
1900 Silver Cross Blvd., New Lenox, IL 60451



ATTACHMENT 6
Historic Resources Preservation Act Requirements

Street View
1900 Silver Cross Blvd., New Lenox, IL 60451



ATTACHMENT 6
Historic Resources Preservation Act Requirements

Aerial View
1900 Silver Cross Blvd., New Lenox, IL 60451



ATTACHMENT 6
Historic Resources Preservation Act Requirements

Proposed Ignite Medical Resort – New Lenox, IL
Site Location Aerial



ATTACHMENT 10

Purpose of the Project

This project proposes the development of a new 96-bed skilled nursing facility in New Lenox, Illinois. The primary purpose of the project is to serve residents of Will County and the surrounding communities by providing high-quality skilled nursing, recovery, and rehabilitative therapy services in a modern, purpose-built setting. The facility is designed to improve health outcomes, enhance patient experience, and expand access to post-acute care services within the defined service area.

The Ignite team is a nationwide skilled nursing provider with 27 facilities in 6 states under their management. Ignite seeks to develop facilities in communities where their skilled nursing model will fit into and improve the overall health of the community. Ignite's care model emphasizes short-term rehabilitation, clinical integration, and patient-centered outcomes, and has demonstrated success in partnering with acute care hospitals to support timely discharges and reduce hospital length of stay. The proposed facility will build on this model by serving as a step-down option for patients who require continued care following hospitalization.

Consistent with the State's required geographic service area, the Applicant has defined the market area as a 10-mile radius from the proposed site, adjusted in accordance with 77 Ill. Admin. Code § 110.510(d)(1). The majority of support for the project is expected to originate from New Lenox, Joliet, Frankfort, Lockport, Orland Park, Homer Glen, unincorporated Will County, and a portion of southwestern Cook County. An analysis of Silver Cross Hospital discharge data confirms that 82.8% of the hospital's total cases originate from zip codes within this primary market area, encompassing 8,269 cases across 20 zip codes and representing \$290.6 million in total charges (American Hospital Directory Zip Code Data, 2025; Nancy Patzer Consulting Market Analysis, April 3, 2026). The project is intended to address existing and anticipated bed need within this service area and to alleviate access constraints for patients requiring post-acute care.

The 2020 Census and Illinois Department of Public Health population projections reflect a growing aged population in the planning area. According to the 2020 Census, Will County's population was 696,355, an increase of 2.8% from 677,560 in 2010 (U.S. Census Bureau, 2020 Census; 2010 Census). Will County is one of the few counties in the state of Illinois to experience sustained population growth, and the IDPH population projections for July 2020–2035 anticipate Will County's population to continue growing to 821,498 in 2035 (IDPH Population Projections, July 2020–2035).

The number of people in the community who are 65 years of age and older has climbed during the past sixteen years, and it is anticipated that this trend will continue until at least 2035. The population aged 65 and older in the primary market area is projected to reach 127,471 by 2030, a 10.1% increase from 2025 estimates (U.S. Census Bureau, 2020 Census; ESRI; Urban Decision Group). Even more significantly, the population aged 75 and older which is the group of patients with the highest utilization of skilled nursing services is projected to increase by 17.6% between 2025 and 2030, representing an annual increase of approximately 1,783 persons (ESRI; Urban Decision Group). By 2030, 10.3% of the primary market area population is projected to be 75 years or older, making this the fastest-growing age group in the service area. The expected population of Will County that is 65 and older is expected to increase significantly from 94,898 in 2020 to 164,866 in 2035 (IDPH Population Projections, July 2020–2035; U.S. Census Bureau, 2020 Census). This demographic shift is expected to increase utilization of skilled nursing services, including Medicare and Medicaid-funded care, and underscores the need for additional bed capacity and modern facilities to meet evolving care needs.

ATTACHMENT 10

Purpose of the Project

While a need currently exists, it is expected that the need for skilled nursing beds in Will County and the neighboring areas will rise as the number of people over 65 rises. Medicare and Medicaid beneficiaries 65 and older would occupy the vast majority of beds at the proposed facility. According to the Centers for Medicare and Medicaid Services, approximately 2.3 million Illinois residents were enrolled in Medicare in 2023, and Will County Medicare recipients comprise 20% of the total county population (CMS, 2023; ESRI, 2021). The Medicare Current Beneficiary Survey (2024) reports that the overall rate of need for Skilled Nursing Facility care among Medicare Beneficiaries is 3%, yielding an estimated 3,484 annual SNF referrals from the primary market area's Medicare population alone (Medicare Current Beneficiary Survey, 2024; Kaiser Family Foundation, 2023).

According to the 2021 Illinois Department of Public Health Inventory, there is currently an outstanding need for 51 skilled nursing beds in HSA 9. The LTC bed utilization in 2024 in HSA 9 had the highest occupancy percentage of any HSA in the state (IDPH LTC Data). The chart below illustrates one of the issues the proposed project seeks to address. While the HFSRB's bed need calculations indicate a calculated excess of 182 beds in Will County, this figure does not account for the practical realities of access within the immediate service area. The calculated excess is based on county-wide totals that include facilities located well beyond a reasonable driving distance from the proposed site, many of which are already operating at high occupancy and are unable to absorb additional patients from the New Lenox area. Moreover, the bed need methodology does not fully capture the accelerating demand driven by the aging baby boomer generation. As the first wave of baby boomers reaches their mid-70s and beyond, the need for short-term rehabilitation following elective joint replacement surgeries including knee, hip, and shoulder arthroplasties is expected to grow substantially. These procedures typically require a period of intensive post-surgical rehabilitation in a skilled nursing setting, and the volume of such surgeries is projected to increase as this large demographic cohort ages and seeks to maintain mobility and quality of life.

A March 2026 telephone survey of 12 licensed and certified SNF facilities in the primary market area identified 1,912 total beds with an overall occupancy rate of 78.0% (Nancy Patzer Consulting Market Analysis, April 3, 2026). Notably, the four facilities within a 10-mile driving distance of the proposed site are those who are most directly serving the same patient population. They have only 617 total beds and operate at a significantly higher occupancy rate of 82.7%. The average build date of existing facilities in the primary market area is 1986, and no new licensed or certified nursing or rehabilitation facilities are currently in planning or proposal stages in the PMA. This combination of aging infrastructure and the absence of new supply means that the patients most in need of post-acute care in the immediate service area face both limited bed availability and facilities that lack the modern clinical environment required by today's care standards.

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

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

12/18/2023
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Summary of General Long-Term Nursing Care Beds and Need by Planning Area				
Health Service Area 9				
PLANNING AREA	EXISTING BEDS	PROJECTED BEDS NEEDED - 2026	ADDITIONAL BEDS NEEDED	EXCESS BEDS
Grundy County	265	165	0	100
Kankakee County	989	661	0	328
Kendall County	184	235	51	0
Will County	2654	2472	0	182
HSA 9 TOTALS	4092	3533	51	610

ATTACHMENT 10

Purpose of the Project

Table 4. Population Projections for Illinois Counties by Age and Sex: 2020 to 2035
(as of July 1 of the specified years, except as noted)

State/County	Census ¹ April 1, 2020	Estimate ¹ 2020	Projections		
			2025	2030	2035
Will					
Both Sexes Total	696,355	695,903	740,759	779,337	821,498
0-4	38,546	39,124	37,291	39,409	42,352
5-9	44,960	44,603	44,041	41,265	43,789
10-14	52,765	52,667	47,941	46,870	44,441
15-19	53,562	52,507	53,672	49,004	48,310
20-24	43,891	44,080	50,880	52,763	48,426
25-29	38,407	41,155	47,857	54,006	56,376
30-34	40,167	40,902	47,735	53,066	59,762
35-39	45,202	46,108	46,006	51,824	57,671
40-44	47,166	47,744	48,962	48,380	54,673
45-49	50,338	50,271	49,187	50,261	50,084
50-54	51,345	50,885	50,653	49,669	51,148
55-59	49,276	49,065	50,468	50,411	49,835
60-64	42,610	41,894	47,873	49,424	49,765
65-69	33,364	32,820	40,377	46,195	48,064
70-74	26,339	26,120	30,767	37,861	43,607
75-79	17,681	16,903	23,158	27,349	33,856
80-84	10,742	10,031	13,542	18,649	22,152
85+	9,994	9,024	10,349	12,931	17,187
65+	98,120	94,898	118,193	142,985	164,866

The existing demand for skilled nursing services in the primary market area is directly and concretely demonstrated by recent discharge data from Silver Cross Hospital, the acute care hospital co-located at the proposed project site. Between July 2024 and July 2025, Silver Cross Hospital discharged or transferred 3,098 patients to skilled nursing and rehabilitation facilities, including 2,612 patients to SNFs and 486 patients to rehabilitation facilities.

This discharge volume demonstrates that a substantial and ongoing stream of patients requires post-acute skilled nursing care upon leaving the hospital, yet there is currently no SNF on the Silver Cross campus to receive them. As a result, these patients must be transferred to off-campus facilities, many of which, as noted above, are operating at or near capacity and were built nearly 40 years ago. The proposed facility would directly address this gap by providing an on-campus, modern skilled nursing option that eliminates the need for secondary transport, reduces the time between hospital discharge and initiation of rehabilitative care, and enables closer coordination between the acute care and post-acute care teams. These improvements in care continuity are associated with better patient outcomes, including reduced rates of hospital readmission, shorter overall recovery times, and improved patient satisfaction.

The clinical profile of the discharged population further underscores the need for the proposed facility's services. The most common diagnoses driving SNF discharges were sepsis (167 cases), urinary tract infections (101 cases), hypertensive heart and chronic kidney disease with heart failure (78 cases), acute kidney failure (76 cases), and catheter-related infections (48 cases). These are complex medical conditions that require skilled nursing intervention, medication management, and ongoing clinical monitoring are the types of services that are best delivered in a modern facility equipped with electronic medical records, on-site pharmacy, and on-site laboratory capabilities. The leading diagnoses driving rehabilitation facility discharges cerebral infarction (48 cases) and sepsis (35 cases) similarly require intensive, coordinated rehabilitative therapy in a setting designed for that purpose.

ATTACHMENT 10

Purpose of the Project

The payer composition of these discharges confirms the alignment between the proposed facility's financial model and the actual patient population. Approximately 91% of all discharged patients (2,814 of 3,098) were Medicare beneficiaries, with Medicaid covering 124 patients and the remaining encounters distributed among HMO (51), PPO (96), Commercial (4), and other payer categories.

The occupancy at nearby facilities provides additional evidence that these discharged patients face constrained access. The four closest SNFs (within 10 miles) are operating at 82.7% occupancy across only 617 beds, meaning that a significant share of Silver Cross's 3,098 annual post-acute discharges must be placed in facilities that are farther from patients' homes and communities or must wait for bed availability, delaying skilled nursing and rehabilitative care. By adding 96 new beds directly on the Silver Cross campus, the proposed facility will relieve this capacity constraint, reduce placement delays, and improve geographic access for the primary market area population. In short, the discharge data and occupancy data together demonstrate that there is a large, identifiable patient population that is currently underserved, and that the proposed project will materially improve both access to and quality of post-acute care for that population.

The proposed facility is designed to serve all patients regardless of their insurance type or ability to pay. According to the Illinois Long-Term Care Data Summary form 2020, Will County's payor mix is nearly 42.2% Medicaid, and several area facilities have a Medicaid payor mix that is less than 20%. Ignite New Lenox endeavors to have all 96 beds in their facility dual certified, and the proforma for Ignite Nursing & Rehabilitation New Lenox envisions a payor mix by 2026 that includes a minimum of 86.5% Medicaid and Medicare patients, of which 21.6% is solely Medicaid.

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2020								LTC PLANNING AREA		Will	
RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE								AVERAGE DAILY PAYMENT RATES			
LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE	
Nursing Care	297	1,091	24	49	181	4	1,646	Nursing Care	299	251	
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0	
ICF/DD		61	0	0	0	0	61	Intermediate DD	157	0	
Sheltered Care			0	0	30	0	30	Shelter	321	137	
TOTALS	297	1,152	24	49	211	4	1,737				
RESIDENTS BY RACIAL/ETHNICITY GROUPING								STAFFING			
RACE	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals			EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT		
Asian	23	0	0	0	23			Administrators	23.00		
American Indian	2	0	0	0	2			Physicians	6.70		
Black	295	0	12	0	307			Director of Nursing	21.00		
Hawaiian/Pacific Isl.	16	0	0	0	16			Registered Nurses	230.07		
White	1,284	0	43	29	1,356			LPN's	185.84		
Race Unknown	5	0	1	0	6			Certified Aides	607.22		
Total	1,625	0	56	29	1,710			Other Health Staff	99.83		
								Non-Health Staff	634.92		
								Totals	1808.58		
ETHNICITY	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	Totals						
Hispanic	75	0	3	0	78						
Non-Hispanic	1,468	0	54	29	1,551						
Ethnicity Unknown	0	0	0	0	0						
Total	1,543	0	57	29	1,629						
NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)											
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue				
31.7%	43.4%	3.8%	5.0%	16.1%	100.0%						
56,909,544	77,916,202	6,858,691	8,986,511	28,967,522	179,638,470	242,261	0.1%				
*Charity Expense does not include expenses which may be considered a community benefit.											

*Charity Expense does not include expenses which may be considered a community benefit.

ATTACHMENT 10

Purpose of the Project

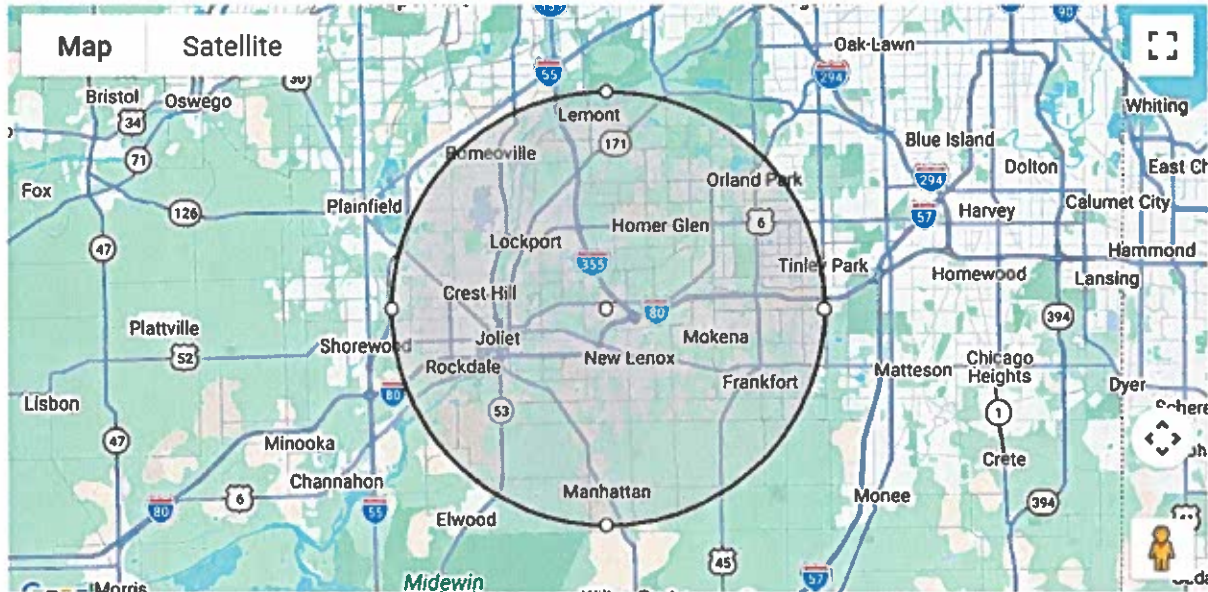
The proposed facility will be located on the campus of Silver Cross Hospital. It is expected that the strong relationship between Silver Cross Hospital and Ignite, and a centralized location in New Lenox, will allow much-needed care to the patients discharged from this co-located hospital. The facility's campus co-location directly addresses multiple identified issues simultaneously: it provides a modern, new-construction alternative within a market where the average facility was built in 1986; it relieves occupancy pressure on the four closest existing SNFs (currently at 82.7% occupancy); and it creates a seamless care transition pathway for the more than 3,000 patients Silver Cross discharges annually to SNF and rehabilitation settings. Additionally, the proposed facility will provide care to other members of the community, including patients discharged from other area hospitals such as St. Joseph Medical Center and Advocate South Suburban Hospital, as well as other patients seeking short-term skilled nursing care.

Here in Illinois, Ignite's McHenry location has developed a strong relationship with area facilities and partners directly with the Northwestern Medicine Health System to provide care for patients discharged from the hospital at both their existing Ignite McHenry and Ignite Batavia facilities. Ignite works to solely focus on skilled nursing, specifically for short-term rehabilitation. This focus keeps the clinical and non-clinical staff working as a team to achieve a common goal. Ignite focuses on quality and outcomes of care and uses cutting-edge technology and facilities to achieve goals for patients. On-site pharmacies at the proposed facility will ensure guests have the medications they need upon arrival. Staff members will have access to electronic medical record systems and on-site laboratory analyzers, allowing them to provide continuous, contact-free monitoring of heart rate, respiratory rate, oxygen saturation, and fall and wound prevention. The facility will provide guests with the ability to relax in between their rehabilitation sessions, including rooms with many amenities, a spa, and an on-site restaurant.

Ignite provides this high-quality care at state-of-the-art facilities, but also provides a lower cost alternative to acute rehab and long-term acute care hospitals. This facility will provide comprehensive, individualized care programs to patients with the goal of helping patients regain independence and return home safely. Additionally, this facility will provide access to a state-of-the-art rehabilitation facility that is not yet present in the area.

Table 1110.210(c)(1)(A) Population of Zip Codes within a 10-mile radius of Ignite New Lenox		
Zip Code	City	Population
60451	New Lenox	36,561
60433	Joliet	16,526
60448	Mokena	25,512
60432	Joliet	19,989
60491	Homer Glen	22,999
60423	Frankfort	32,784
60467	Orland Park	26,098
60487	Tinley Park	26,388
60442	Manhattan	12,218
60421	Elwood	3,734
60441	Lockport	37,093
60435	Joliet	48,927
60436	Joliet	18,535
60403	Crest Hill	17,667
Total		345,051

10 Mile Radius Around Proposed Facility



Illinois Health Facilities and Services Review Board

Illinois Department of Public Health

General Long-Term Care Category of Service

12/30/2023

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Planning Area: WBI			General Nursing Care			
Facility Name	City	County/Area	Beds	2020 Patient Days		
ALDEN COURTS OF SHOREWOOD	SHOREWOOD	Will County	50	14,445		
ALDEN ESTATES OF SHOREWOOD	SHOREWOOD	Will County	100	23,405		
ALDEN ESTATES-COURTS OF NEW LENOX (PERMIT)	NEW LENOX	Will County	0			
6/5/2018 18-009 Approved to establish a facility with 166 Nursing Care beds at Cedar Crossing Drive adjacent to Silver Cross Hospital and Medical Center in New Lenox.						
3/29/2023 18-009 Relinquished permit to establish a facility with 166 General Long-Term Care beds.						
APERION CARE WILMINGTON	WILMINGTON	Will County	171	44,214		
ASCENSION VILLA FRANCISCAN	JOLIET	Will County	154	28,994		
BEECHER MANOR NURSING & REHAB CTR.	BEECHER	Will County	130	35,348		
FRANKFORT TERRACE	FRANKFORT	Will County	120	36,427		
JOLIET TERRACE	JOLIET	Will County	110	39,394		
LAKEWOOD NURSING & REHAB CENTER	PLAINFIELD	Will County	131	39,054		
MEADOWBROOK MANOR	BOLINGBROOK	Will County	298	65,054		
OUR LADY OF ANGELS RETIREMENT HOME	JOLIET	Will County	0	26,480		
2/23/2023 Closure Facility closed; 87 Nursing Care beds removed from inventory.						
PARC JOLIET	JOLIET	Will County	203	43,794		
RIVER CROSSING OF JOLIET	JOLIET	Will County	120	25,523		
6/1/2021 Name Change Formerly Lakeshore Rehab & Healthcare						
SALEM VILLAGE NURSING & REHAB	JOLIET	Will County	266	59,976		
SOUTH CROSSING	ORLAND PARK	Will County	92	15,420		
SPRING CREEK	JOLIET	Will County	168	31,090		
ST JAMES WELLNESS REHAB VILLAS	CRETE	Will County	110	30,914		
SUNNY HILL NURSING HOME WILL COUNTY	JOLIET	Will County	157	49,084		
THE PEARL OF JOLIET	JOLIET	Will County	214	36,768		
7/1/2021 Name Change Formerly Symphony of Joliet						
VICTORIAN VILLAGE HEALTH & WELLNESS	HOMER GLEN	Will County	50	16,327		
Planning Area Totals			2,654	656,971		
HEALTH SERVICE AREA	AGE GROUPS	2020 Patient Days	2021 Population	2020 Use Rates (Per 1,000)	2020 Minimum Use Rates	2020 Maximum Use Rates
009	0-64 Years Old	196,576	856,300	229.6	137.7	367.3
	65-74 Years Old	202,204	87,200	2,318.9	1,391.3	3,710.2
	75+ Years Old	549,120	55,300	9,929.8	5,957.9	15,887.7
	2021 FSA Patient Days	2020 FSA Estimated Populations	2020 HSA Use Rates	2020 HSA Maximum Use Rates	2026 FSA Planned Use Rates	2026 FSA Projected Populations
0-64 Years Old	158,648	604,100	262.6	137.7	262.6	620,200
65-74 Years Old	136,270	62,100	2,194.4	1,391.3	2,194.4	76,100
75+ Years Old	362,853	38,600	9,379.6	5,957.9	9,379.6	51,400
				Planning Area Totals	2,234.6	2,472
					Planned Average Daily Census	Planned Bed Need (98% Occ.)
					182	Excess Beds

ATTACHMENT 11

Alternatives

1. Maintain the Status Quo (There would be no cost associated this option)

The last annual inventory update of Long-Term Nursing care beds reflected a need for 51 additional beds HSA 9. HSA 9 also had the highest LTC bed occupancy percentage of any HSA in the state. The need for additional beds is only expected to grow with the expected population increase in patients aged 65 and older rapidly rising in Will and surrounding counties. To forego this facility would do nothing to address the existing and future bed need within the community. This community needs access to more stable care, and the addition of a provider that is committed to ensuring access to care for the full spectrum of residents requiring long-term care and skilled nursing care is of paramount importance. Moreover, due to changes in the reimbursement model, there have been significant changes in the ability to access rehabilitation services within a skilled nursing facility. This project proposes to meet too many of the existing needs that face this community. Accordingly, this option was not selected.

2. Proposed a Larger Project (Cost would be increased based upon the percentage of size increased proposed)

Significant thought was given to the proposed size of this project. A 96-bed facility is of sufficient size to bring a significant impact on meeting the projected needs of the community, but also leaves future need for other area providers to meet, either through expansion, modernization, or replacement of outdated facilities. Building a larger facility, based upon the layout of the property, could yield a notable increase in the expense, where building up, rather than out, would have to be considered. Moreover, the goal of this is to ensure expanded access in a community that has seen continued increase in its patients requiring skilled nursing care. To propose too large of a facility does not add comparative value to the community because it could discourage other expansion and modernization. Moreover, given the staffing challenges that have existed for other facilities, too large of a facility could face unnecessary challenges with regards to both utilization and staffing. Better to build a right-sized facility and, if necessary, expand in the future. Additionally, Ignite already operates a similar 96-bed LTC facility in Batavia providing valuable insight regarding patient flow and general logistics for this proposed facility.

3. Propose a Smaller Project (Cost would be reduced similar to the percentage of reduction in size, taking into consideration limitations in modification of the footprints)

A smaller facility, while it would save some cost, would likely have too adverse an impact upon access to care. Current trends do not yield the creation of new state-of-the-art facilities that also provide access to necessary post-acute rehabilitation care. Reduction in the number of beds, to match a correlated reduction in the footprint of the building, would either yield a significant reduction in the number of beds – sufficient to undermine the impact on meeting the unmet need for beds – or would yield significant 'dead space' within the facility. For these reasons, this option was not selected.

4. Utilize Other Existing Providers (There would be no cost associated this option)

This option does nothing to address the significant need for additional beds in HSA 9 and rapidly aging population in Will county. It would overburden existing providers and do nothing to increase access to a new facility and a project dedicated to meeting the comprehensive needs of a post-acute care resident population by a provider committed to providing care, regardless of payer source. Accordingly, this alternative was, too, rejected.

ATTACHMENT 11

Alternatives

5. Project as proposed

This is the right project for this community. It is a quality provider, dedicated to ensuring access to residents, regardless of payer. It is right sized for meeting the needs of the community, but still leaves opportunity for other existing providers to expand, to modernize, or to redevelop. The additional component of access to rehabilitation care is fundamentally important in the aftermath of providers whose commitment to rehabilitation was tied to the reimbursement incentives that have been rolled back by government payers. Ultimately, this project puts for the best interests of the residents it will serve while meeting the needs of the community in which it will be located. For these reasons, it was this alternative that was selected.

ATTACHMENT 12

Background of Applicant

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

None of the Applicant entities own any other healthcare facilities, as that term is defined by the Board.

- 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.**

Timothy Fields, Barry Carr, Tom Smith, Leo Justin Brown, and Michael Wagner all maintain at least a 5% ownership interest in two other Illinois healthcare facilities, Ignite McHenry & Ignite Batavia. Barry Carr maintains a 5% ownership interest in the real estate only where Forest Villa is located.

- 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.**

Included with this Attachment is a letter from the Applicants verifying that no adverse action has taken place at Ignite McHenry or Ignite Batavia.

- 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.**

Included with this attachment is the Applicant's authorization permitting HFSRB and IDPH access to any documents necessary to verify the information needed.

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

Not applicable.

ATTACHMENT 12
Background of Applicant



1550 N Northwest Highway
Suite 430
Park Ridge, IL 60068

Main Phone: (847) 453-4000
Fax: (847) 813-5729

May 27, 2026

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

**Re: Ignite Nursing & Rehabilitation – New Lenox Background of the Applicant
Certification and Attestation**

Dear Mr. Kniery:

As representative of Ignite Medical New Lenox, LLC, New Lenox Senior Partners, LLC, New Lenox Investors, LLC, New Lenox Manager, LLC, and Ignite New Lenox JV, LLC, I, Timothy Fields, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that certain owners of the proposed facility Ignite Nursing & Rehabilitation-New Lenox maintain an ownership interest in Ignite Medical Resort-McHenry, Ignite Medical Resort- Hanover Park, and Ignite Medical Resort- Batavia. The facilities have had no adverse actions to report for the past three (3) years.

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

Sincerely,

Timothy Fields
President
Ignite Nursing & Rehabilitation New Lenox

UNCOMPROMISING LUXURY | RAPID REHABILITATION

ATTACHMENT 12
Background of Applicant

May 22, 2026

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

**Re: Ignite Nursing & Rehabilitation – New Lenox Background of the Applicant
Certification and Attestation**

Dear Mr. Kniery:

As representative of LBG New Lenox, LLC, I, Tom Smith, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that certain owners of the proposed facility Ignite Nursing & Rehabilitation – New Lenox maintain an ownership interest in Ignite McHenry and Ignite Batavia. The facilities have had no adverse actions to report for the past three (3) years.

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

Sincerely,



Christopher King
Member
LBG New Lenox, LLC

ATTACHMENT 12
Background of the Applicant

		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 12/1/2025	EXPIRATION DATE 11/30/2026	LICENSE NUMBER 0056689	STATUS Unrestricted
Category: Long Term Care			
Skilled Nursing Capacity		84	
Total Licensed Beds			84
LICENSEE NAME TCO JV,LLC			
LICENSEE BUSINESS NAME IGNITE MEDICAL MCHENRY 550 RIDGEVIEW DRIVE MCHENRY Illinois 60050			

ATTACHMENT 12
Background of the Applicant

		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 4/4/2026	EXPIRATION DATE 12/31/2026	LICENSE NUMBER 3000981	STATUS Unrestricted
Category: Long Term Care			
Skilled Nursing Capacity		96	
Total Licensed Beds			96
LICENSEE NAME Ignite Medical Batavia LLC			
LICENSEE BUSINESS NAME Ignite Medical Resort Batavia 2349 Main Street Batavia Illinois 60510			

ATTACHMENT 12

Background of the Applicant

Ignite is a nationwide skilled nursing provider currently operating 27 facilities across six states. Each Ignite facility is purpose-built around a model that combines intense clinical programming with an elevated patient experience, and the proposed New Lenox facility will follow that same model. Ignite's care philosophy centers on delivering advanced, short-term rehabilitation in a setting that accelerates recovery while providing the comfort and dignity of a hospitality-grade environment.

Ignite's facilities feature private accommodations equipped with individual showers in every unit, on-site spas, and concierge-level services designed to support both physical recovery and overall well-being. This approach reflects Ignite's conviction that the care environment directly influences patient outcomes, a principle borne out by the company's track record of strong clinical results and high patient satisfaction across its portfolio.



(View of Ignite McHenry Entry)



(Aerial View of Ignite McHenry)

ATTACHMENT 12

Background of the Applicant

Central to Ignite's model is its investment in rehabilitation technology and clinical infrastructure. Ignite's Physical and Occupational Therapy Centers feature expansive, purpose-designed spaces with world-class therapy equipment, including AlterG Anti-Gravity Treadmills and adaptive mobility training tools. At Ignite's McHenry, Illinois location, the therapy center encompasses 2,600 square feet of dedicated medical care space with 22-foot ceilings and full-height windows, creating an open, motivating environment for patients undergoing intensive rehabilitation. Ignite utilizes the same rehabilitation technology employed by U.S. Olympic training programs, giving patients access to high-performance equipment that supports faster, more complete recovery.



Ignite provides advanced clinical care through state-of-the-art technology integrated into daily operations. On-site pharmacies ensure that patients have access to required medications immediately upon admission, eliminating delays that can compromise early-stage recovery. Electronic medical record systems and on-site laboratory analyzers enable continuous, contact-free monitoring of heart rate, respiratory rate, and oxygen saturation, as well as proactive fall and wound prevention protocols. Ignite's clinical teams deliver innovative therapies addressing physical, occupational, and speech challenges, with individualized remedial plans tailored to each patient's recovery goals. This combination of clinical rigor, advanced technology, and patient-centered design is what distinguishes Ignite from the existing supply of skilled nursing facilities in the primary market area is that, with an average build date of 1986, they were simply not designed to support the level of rehabilitative care that today's post-acute patient population requires.

ATTACHMENT 12

Background of the Applicant

Ignite's operational experience further supports the viability of the proposed project. The company already operates a comparable 96-bed skilled nursing facility in Batavia, Illinois, and its McHenry, Illinois location has established a strong, ongoing partnership with the Northwestern Medicine Health System to provide coordinated post-discharge care. These existing Illinois operations demonstrate Ignite's ability to integrate effectively with area hospital systems, manage patient flow at scale, and deliver consistent quality outcomes within the Illinois regulatory and reimbursement environment. The proposed New Lenox facility will replicate and build upon this proven model, leveraging its co-location on the Silver Cross Hospital campus to establish the same type of seamless acute-to-post-acute care pathway that Ignite has successfully implemented elsewhere in the state.

Ignite's rehabilitation capabilities extend to cutting-edge robotics and specialized therapeutic technologies that accelerate functional recovery. The Andago V2.0 robotic system provides therapists with a versatile tool for overground gait training, bridging the gap between treadmill-based exercise and free walking through a unique combination of self-directed gait, body weight support, and mobility that enables intensive training of functional mobility and balance tasks. The EksoNR™ robotic exoskeleton, an FDA-cleared wearable rehabilitation device for stroke, spinal cord injury, and brain injury patients that puts patients back on their feet sooner by helping them relearn correct step patterns, weight shifting, and posture, allowing Ignite's physical therapists to focus on treatment that leads to optimal outcomes while patients build strength, mobility, and confidence through all stages of their walking recovery.



ATTACHMENT 12

Background of the Applicant

Ignite also employs a range of evidence-based therapeutic modalities to support patient recovery. Ultrasound therapy uses sound waves to create therapeutic effects in muscles, joints, and tissues, while electrical stimulation helps nerves and muscles work together to achieve normal movement after injury or disease. Shortwave diathermy uses safe electromagnetic waves to relieve pain, increase local blood flow to assist healing, decrease stiffness and contractures, relieve muscle spasms, and increase extensibility of collagen tissue, particularly effective for treating larger areas such as knees, hips, and the back.



ATTACHMENT 12

Background of the Applicant

The OmniVR® system which is the world's first 3D virtual reality augmented therapy system designed specifically around functional rehabilitation for aging adults and others with physical limitations and provides an immersive therapeutic environment that enhances patient engagement and outcomes.



For patients with swallowing disorders, the Synchrony Dysphagia Solutions Omnis EMG system enables therapists and patients to visualize swallowing activity in real time through a non-invasive sensor that captures electrical activity of muscles and displays information on a color monitor, providing immediate biofeedback during treatment.



ATTACHMENT 12

Background of the Applicant

Ekso Bionics- The EksoNR™ robotic exoskeleton is a wearable rehabilitation device for stroke, spinal cord, and even brain injury patients. The FDA-cleared technology puts patients back on their feet sooner by helping them relearn correct step patterns, weight shifting, and posture. Ignite physical therapists use Ekso to increase a patient's strength, mobility and confidence, while keeping them challenged through all stages of their walking journey. Ekso keeps patients up and taking good steps, so their physical therapist can focus on treatment that leads to optimal outcomes.



ATTACHMENT 12

Background of the Applicant

Beyond technology, Ignite facilities incorporate unique rehabilitation environments designed to facilitate patients' return to daily life activities. On-site daily living apartments allow residents to practice routine activities in a realistic setting, supporting a seamless transition back home. Residents at Ignite facilities benefit from enhanced staff-to-patient ratios that ensure highly personalized care seven days a week. Ignite employs top-tier therapists from the local area who design rehabilitation plans unique to each patient and provide community reintegration and in-home safety guidance.

Ignite's operational experience further supports the viability of the proposed project. The company already operates a comparable 96-bed skilled nursing facility in Batavia, Illinois, and its McHenry, Illinois location has established a strong, ongoing partnership with the Northwestern Medicine Health System to provide coordinated post-discharge care. These existing Illinois operations demonstrate Ignite's ability to integrate effectively with area hospital systems, manage patient flow at scale, and deliver consistent quality outcomes within the Illinois regulatory and reimbursement environment. The proposed New Lenox facility will replicate and build upon this proven model, leveraging its co-location on the Silver Cross Hospital campus to establish the same type of seamless acute-to-post-acute care pathway that Ignite has successfully implemented elsewhere in the state.



ATTACHMENT 13

Planning Area Need

According to the HFSRB 2023 Inventory of Health Care Facilities and Services and Need Determinations (dated December 20, 2023), HSA 9 has 4,092 existing general long-term nursing care beds and a projected need for 3,533 beds by 2026, resulting in an identified need for 51 additional beds at the HSA level (HFSRB 2023 Inventory, Page A-4). The 51-bed need within HSA 9 is attributable to Kendall County, which has 184 existing beds against a projected need of 235. In the Will County planning area the inventory reflects 2,654 existing beds and a projected need of 2,472 beds by 2026, yielding a calculated excess of 182 beds (HFSRB 2023 Inventory, Page A-124).

The Applicant acknowledges the calculated excess at the county level but respectfully submits that this figure does not reflect the practical realities of access within the immediate service area, as detailed in the Existing Problems and Issues section of this application. Several factors warrant consideration beyond the raw bed-need calculation.

First, the existing bed inventory in Will County has already contracted. The HFSRB inventory itself reflects that Our Lady of Angels Retirement Home in Joliet closed in February 2023, removing 87 nursing care beds from the Will County supply (HFSRB 2023 Inventory, Page A-128). Additionally, a previously approved CON permit (No. 18-009) to establish a 166-bed facility at Cedar Crossing Drive adjacent to Silver Cross Hospital in New Lenox was relinquished on March 28, 2023 (HFSRB 2023 Inventory, Page A-128). The relinquishment of that permit for a facility at virtually the same location as the proposed project demonstrates that the Board previously recognized the need for additional beds in the New Lenox area, and that need remains unmet.

Second, the occupancy data for facilities nearest to the proposed site demonstrates that the calculated excess does not translate to available capacity where it is most needed. The four facilities within a 10-mile driving distance of the proposed site (617 total beds) are operating at an occupancy rate of 82.7%, which exceeds the occupancy standard specified in Section 1125.210(c) (Nancy Patzer Consulting Market Analysis, April 3, 2026). Across the broader planning area, the 12 licensed and certified SNF facilities surveyed have 1,912 total beds and a combined occupancy rate of 78.0%. HSA 9 had the highest LTC bed occupancy percentage of any HSA in the state in 2024 (IDPH LTC Data, 2024). These occupancy levels demonstrate that the existing bed supply within reasonable proximity to the proposed site is insufficient to absorb current demand.

Third, the HFSRB inventory's projected bed need is based on 2020 patient day data and 2021 population estimates, using use rates per 1,000 population of 262.6 for the 0-64 age group, 2,194.4 for the 65-74 age group, and 9,379.6 for the 75-and-older age group (HFSRB 2023 Inventory, Page A-128). These use rates were calculated during a period significantly impacted by the COVID-19 pandemic, when SNF utilization was suppressed well below historical norms. As utilization patterns normalize and the aging population continues to grow, actual demand is expected to exceed the inventory's projections. The 2026 projected population for the Will County planning area is 620,200 for the 0-64 age group, 76,100 for the 65-74 age group, and 51,400 for the 75-and-older age group, yielding planned patient days of 811,979 and a planned average daily census of 2,224.6 at 90% occupancy (HFSRB 2023 Inventory, Page A-128). These figures are based on the suppressed pandemic-era use rates and likely understate future demand.

The demographic trends in Will County further substantiate bed need. The population aged 65 and older is projected to increase from 94,898 in 2020 to 164,866 in 2035 (IDPH Population Projections, July 2020–2035; U.S. Census Bureau, 2020 Census). Within the planning area, the population aged 65 and older is projected to reach 127,471 by 2030, a 10.1% increase from 2025 estimates, and the population aged 75 and older which is the population with the highest utilization of skilled nursing services is projected to increase by 17.6% between 2025 and 2030, representing an annual increase of approximately 1,783 persons (U.S. Census Bureau, 2020 Census).

ATTACHMENT 13

Planning Area Need

The Center for Medicare and Medicaid Services ("CMS") reported in 2024 that 88% of all Medicare recipients (including Medicare Advantage) in Illinois are age 65 and older, with the remaining 12% under age 65 (CMS, 2024). The Applicants have completed an extensive market study (enclosed with this application) that concludes the subject project is feasible in this market. The analysis of existing facilities reviewed current occupancy profiles and is considered a true indication of current market conditions. The market analysis confirms that capture rates for the proposed beds are low and achievable: 1.5% for Medicare (Original and Medicare Advantage), 2.6% for Medicaid, and 2.2% for private-pay, indicating depth of market support for the proposed 96 beds (Nancy Patzer Consulting Market Analysis, April 3, 2026).

The primary purpose of the proposed project is to provide necessary long-term care and skilled nursing services to residents of the Will County Planning Area in which the facility will be physically located. Included with this attachment is a letter from the facility administrator attesting 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.

This commitment is well-supported by the available data. An analysis of Silver Cross Hospital discharge data confirms that 82.8% of the hospital's total cases originate from zip codes within the defined planning area, encompassing 8,269 cases across 20 zip codes (Nancy Patzer Consulting Market Analysis, April 3, 2026). Between July 2024 and July 2025, Silver Cross Hospital discharged or transferred 3,098 patients to skilled nursing and rehabilitation facilities, with approximately 91% covered by Medicare. Given that the proposed facility will be co-located on the Silver Cross Hospital campus and that the hospital's patient base is overwhelmingly drawn from within the planning area, the Applicant is confident that well in excess of 50% of the projected resident volume will be from residents of the Will County Planning Area.

The Will County planning area had 2,654 existing beds generating 656,971 patient days in 2020, with 2020 use rates of 137.7 per 1,000 for the 0-64 population, 1,391.3 per 1,000 for the 65-74 population, and 5,957.9 per 1,000 for the 75-and-older population (HFSRB 2023 Inventory, Page A-128). These use rates confirm that the overwhelming majority of bed utilization is driven by residents aged 65 and older, the same population that constitutes approximately 91% of Silver Cross Hospital's post-acute discharges to SNF and rehabilitation settings.

The proposed facility will provide care to patients discharged from other area hospitals such as St. Joseph Medical Center and Advocate South Suburban Hospital, as well as other patients seeking short-term skilled nursing care from within the planning area. It is notable that the HFSRB previously approved CON permit No. 18-009 for the establishment of a 166-bed facility at Cedar Crossing Drive adjacent to Silver Cross Hospital in New Lenox, recognizing the need for additional skilled nursing capacity at this location (HFSRB 2023 Inventory, Page A-128). Although that permit was subsequently relinquished, the underlying need that supported the Board's original approval has not diminished, it has grown, as the population aged 65 and older has continued to increase and the existing facility supply has further contracted with the closure of Our Lady of Angels (87 beds). No new licensed or certified nursing or rehabilitation facilities are currently in planning or proposal stages in the planning area (Nancy Patzer Consulting Market Analysis, April 3, 2026). The proposed facility fills a gap in both capacity and quality within the planning area, providing a modern, purpose-built skilled nursing option that does not currently exist within reasonable proximity to the site.

The Applicant projects that the proposed 96-bed facility will achieve stabilized occupancy of approximately 93% (89 occupied beds) within 24 months of initiating operations. This projection is directly supported by the demonstrated ramp-up performance of Ignite Batavia and the sustained operational performance of Ignite McHenry and Ignite Batavia, two comparable Illinois facilities operated by the same ownership group under the same care model.

Ignite Batavia, a 96-bed skilled nursing facility in Kane County, and began operations in late 2025. During its first six months of operation (December 2025 through May 2026), the facility recorded 199 new admissions, with monthly volumes rapidly accelerating from 2 admissions in its opening month to a stabilized range of 29–51 admissions per month by January through May 2026. Excluding the initial December ramp-up month, the facility averaged approximately 39 new admissions per month across its first five full operating months.

This ramp-up trajectory is directly relevant to the proposed New Lenox facility for several reasons. First, Ignite Batavia is the same size (96 beds), operated by the same ownership group, and employs the same clinical and operational model that will be deployed at New Lenox. Second, Batavia's primary referral relationship is with Northwestern Medicine Delnor Hospital, which accounts for 46.7% of all admissions (93 of 199). This hospital-to-SNF referral model is comparable to what is anticipated between Silver Cross Hospital and the proposed facility. Third, Batavia achieved this volume despite not being co-located on a hospital campus; the proposed New Lenox facility's direct campus co-location with Silver Cross Hospital is expected to produce even stronger referral volume and faster ramp-up.

The Batavia data demonstrates that a new Ignite facility can achieve meaningful census within its first months of operation and reach sustainable admission volumes well within the 24-month stabilization window projected for New Lenox. The monthly admission trajectory at Batavia is illustrated in the chart below.

Ignite McHenry, located in McHenry County, Illinois, represents what the proposed New Lenox facility is expected to look like at full operational maturity. Over the 11-month period from July 2025 through May 2026, Ignite McHenry recorded 799 new admissions, averaging 73 new admissions per month. Monthly volumes ranged from 61 to 88 with no material decline over the period, demonstrating sustained and consistent demand.

Ignite McHenry's referral profile mirrors what is anticipated for New Lenox. The facility's primary referral partner is the Northwestern Medicine Health System, with Northwestern Medicine McHenry Hospital (383 admits, 47.9%) and Northwestern Medicine Huntley Hospital (136 admissions, 17.0%) together accounting for approximately 65% of all admissions. The remaining 35% is distributed across more than 30 additional referral sources, including rehabilitation hospitals, other acute care facilities, and community-based referrals. This diversified referral base demonstrates both the strength of a primary hospital partnership and the ability to draw patients from across a broad service area.

The proposed New Lenox facility is expected to replicate this pattern, with Silver Cross Hospital serving as the primary referral source (comparable to Northwestern Medicine McHenry Hospital's role) and additional referral volume originating from St. Joseph Medical Center, Advocate South Suburban Hospital, and other area providers.

The data demonstrates that the proposed New Lenox facility has a stronger demand profile than either of the two existing Ignite Illinois facilities at comparable stages of development. Silver Cross Hospital's annual SNF discharge volume (2,162) is more than four times the combined referral volume from Ignite McHenry's two primary hospital partners, and the proposed facility's campus co-location is a feature not present at either McHenry or Batavia. The Applicant is confident that the projected 93% occupancy within 24 months is achievable and conservative based on the demonstrated performance of its existing Illinois operations

ATTACHMENT 13
Planning Area Need



1550 N Northwest Highway
Suite 430
Park Ridge, IL 60068

Main Phone: (847) 453-4000
Fax: (847) 813-5729

May 22, 2026

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Ignite Nursing & Rehabilitation – New Lenox Planning Area Attestation

Dear Mr. Kniery:

As representative of Ignite Nursing & Rehabilitation – New Lenox, I, Timothy Fields, attest to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) that through the signing of this letter, the primary purpose of this project is to serve at least 50% of the patients located in the planning area of the proposed project.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Timothy Fields", is written over a light blue horizontal line.

Timothy Fields
President
Ignite Nursing & Rehabilitation – New Lenox

UNCOMPROMISING LUXURY | RAPID REHABILITATION

ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

As the Applicant proposes to establish a new general long term care facility and the Applicant does not have historical referral data from an existing facility at this location; accordingly, the Applicant submits projected referrals supported by potential referral source documentation and a demand analysis based on rapid population growth in the market area.

Included with this application is a letter of support from Silver Cross Hospital, dated May 5, 2026, signed by Michael Mutterer, Chief Executive Officer of Silver Cross Hospital. In that letter, Mr. Mutterer attests that from July 2024 through July 2025, Silver Cross Hospital discharged 2,162 patients to SNFs and 486 patients to inpatient rehabilitation facilities for post-acute care. The letter further states that this volume "demonstrates substantial ongoing demand for post-acute services among Silver Cross patients alone and does not include referrals originating from other hospitals and providers within the surrounding service area which is considerable". The letter confirms that the establishment of Ignite New Lenox would benefit Silver Cross patients by expanding local capacity for skilled nursing care in close proximity to the hospital and by supporting improved care transitions, and would serve area residents by strengthening the continuum of care and access to high-quality post-acute services for the broader Will County community.

The Applicant's projected referral volume is derived from the market study and hospital discharge data as follows. The planning area's estimated 116,122 Medicare beneficiaries generate approximately 3,484 annual SNF referrals (based on the 3% rate of SNF need). Of these, 57% (1,986) are Original Medicare and 43% (1,498) are Medicare Advantage beneficiaries (Nancy Patzer Consulting Market Analysis, April 3, 2026). The proposed facility's capture rate for the 52 projected Medicare beds (Original and Advantage combined) is 1.5%. A low and achievable rate given the strong aging trends and existing base of residents aged 65 and older in this market (Nancy Patzer Consulting Market Analysis, April 3, 2026).

It has been Ignite's experience that in addition to hospital-based referrals, there will also be physician referrals that may overlap with those of the hospitals. Based on these projections, by year two of operation it is expected that approximately 89 of the 96 beds would be utilized at the facility, representing an occupancy rate of approximately 93%. The projected payer mix at stabilization is as follows: 24 Original Medicare beds, 24 Medicare Advantage beds, 16 Medicaid beds, and 10 private-pay/long-term care insurance beds, for a total projected census of 74 occupied beds at initial stabilization growing to 89 beds as the facility matures (Nancy Patzer Consulting Market Analysis, April 3, 2026).

The anticipated number of referrals does not exceed the referral sources' documented historical LTC caseload. Silver Cross Hospital alone discharged 2,162 patients to SNFs in the most recent 12-month period, and the proposed facility's projected annual Medicare census of 48 beds represents only approximately 2.2% of that single hospital's SNF discharge volume. When combined with referrals from other area hospitals including St. Joseph Medical Center and Advocate South Suburban Hospital as well as physician referrals and community-based admissions, the projected demand is well within the documented historical caseload of the referral sources serving the planning area.

The projected demand for the proposed facility is further supported by rapid population growth among the target age cohorts in the market area, as experienced within the latest 24-month period and projected forward. The facility's market area has been defined based on the planning area boundaries established in the enclosed market study, which utilized historical hospital discharge data by zip code from the American Hospital Directory to identify the geographic area from which the majority of patient support will originate (American Hospital Directory Zip Code Data, 2025; Nancy Patzer Consulting Market Analysis, April 3, 2026). The planning area encompasses 20 zip codes from which 82.8% of Silver Cross Hospital's total cases originate.

ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

Population projections are produced using the 2020 U.S. Census as the base population, supplemented by ESRI and Urban Decision Group estimates for 2025 and projections for 2030 (U.S. Census Bureau, 2020 Census; ESRI; Urban Decision Group). The projection horizon does not exceed 10 years from the date of application submission. The historical data used to calculate projections spans 2010 through 2025 (15 years), exceeding the projection period of five years (2025–2030).

The population projections for the specified age groups within the planning area are summarized below (source: U.S. Census Bureau, 2020 Census; ESRI; Urban Decision Group):

- Total planning area population: 593,356 (2020) and it grew to 580,609 (2025) and it is projected to grow to 578,111 (2030), a modest 0.4% decline between 2025 and 2030.
- Population aged 65+: 104,339 (2020) and it grew to 115,770 (2025) and it is projected to grow to 127,471 (2030), a 10.1% increase between 2025 and 2030.
- Population aged 75+: 43,794 (2020) and it grew to 50,505 (2025) and it is projected to grow to 59,419 (2030), a 17.6% increase between 2025 and 2030. This is the fastest-growing group, adding approximately 1,783 persons annually.

The 75-and-older age group drives the highest SNF utilization at 9,379.6 patient days per 1,000 population (HFSRB 2023 Inventory, Page A-128). Its projected 17.6% growth will generate significant additional demand that the existing supply which is already at 82.7% occupancy and within 10 miles cannot accommodate the growth. Will County's sustained population growth (677,560 in 2010 to 696,355 in 2020, projected 821,498 by 2035) reflects both natural increase and net in-migration driven by the area's relative affordability, transportation access, and quality of life (U.S. Census Bureau, 2010, 2020; IDPH Population Projections, July 2020–2035).

ATTACHMENT 14
Service Demand- Establishment of General Long-Term Care



1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

May 5, 2026

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

RE: Letter of Support for Ignite New Lenox (Certificate of Need Application)

Dear Mr. Kniery:

As Chief Executive Officer of Silver Cross Hospital, I write to express Silver Cross Hospital's full support for the establishment of Ignite New Lenox, a skilled nursing facility ("SNF"), to be located on the Silver Cross campus at 1900 Silver Cross Blvd., New Lenox, Illinois 60451. The proposed SNF will be well positioned to meet the growing need for post-acute skilled nursing and long-term care services in Will County, including the area within a ten-mile radius of the proposed site. Based on Ignite's model of care and track record of quality outcomes, this partnership will enhance timely access to high-quality skilled nursing services for patients transitioning from the hospital to the next level of care.

From July 2024 through July 2025, Silver Cross Hospital discharged 2,162 patients to SNFs and 486 patients to inpatient rehabilitation facilities for post-acute care. This volume demonstrates substantial ongoing demand for post-acute services among Silver Cross patients alone and does not include referrals originating from other hospitals and providers within the surrounding service area which is considerable.

The establishment of Ignite New Lenox would benefit Silver Cross patients by expanding local capacity for skilled nursing care in close proximity to the hospital and by supporting improved care transitions. It would also serve area residents by strengthening the continuum of care and access to high-quality post-acute services for the broader Will County community.

For these reasons, I respectfully urge the Illinois Health Facilities and Services Review Board to approve Ignite New Lenox's Certificate of Need application.

Sincerely,

Michael Mutterer
Chief Executive Officer
Silver Cross Hospital

*"The way you *should* be treated."*

ATTACHMENT 14
Service Demand- Establishment of General Long-Term Care



MARKET ANALYSIS FOR

Licensed Skilled Nursing Facility
1900 Silver Cross Blvd.
New Lenox, Will County, IL 60451



Photo Courtesy of Ignite Skilled Nursing

Prepared for:

Mr. William Morton
Leo Brown Group
802 E. 86th St.
Indianapolis IN 46240

Nancy Patzer Consulting
50 E. 3rd Avenue | Columbus, Ohio 43201 | www.nancypatzer.com

ATTACHMENT 14
Service Demand- Establishment of General Long-Term Care



April 3, 2026

Dear Mr. Morton,

The purpose of this analysis is to determine market potential for new construction of a luxury rehabilitation facility (Ignite Nursing & Rehabilitation-New Lenox) at your site within the campus of Silver Cross Hospital, 1900 Silver Cross Boulevard in New Lenox, Will County, Illinois. As proposed, the subject project will be developed to include a total of 80 beds. The facility concept will focus on short- and long-term post-acute patients, combining the amenities found in an upscale hotel with care and services of an advanced rehabilitation center.

The subject site is located in the north central portion of New Lenox, approximately 4.0 miles north of the center of that city. New Lenox is in the north-central portion of Will County, in the northeastern region of the state. New Lenox and Will County are part of the Chicago-Naperville-Elgin IL-IN-WI metropolitan statistical area (MSA).

The analysis includes the following sections:

A.	Summary and Conclusions	Pages 4-6
B.	Description of Subject Facility	Pages 7-8
C.	Primary Market Area Description	Pages 9-10
D.	Demographic and Income Analysis	Pages 11-19
E.	Survey of Licensed Nursing Facilities	Pages 20-28
F.	Analysis of Need for Skilled Nursing Beds	Pages 29-33

All research for this analysis was conducted via telephone and Internet.



ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

The following map illustrates the site's location within north central Will County. Note we have pinned the location of the subject project at the same address as Silver Cross Hospital.



Source: Bing Maps

The following are driving distances from the subject site to nearby population centers.

The site is:

- 62 miles E of Joliet, IL
- 6.9 miles SE of Lockport, IL
- 7.4 miles SW of Homer Glen, IL
- 7.1 miles NW of Mokena, IL

ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

A. Summary and Conclusions

Statement of Feasibility

The rates, features and amenities, and floor plans at the subject property, Ignite Skilled Nursing, are considered marketable, and the project is feasible on an ongoing basis in the market area.

It is our opinion that the strategies undertaken by investors and management will enable the property, which is in lease-up after undergoing extensive renovations, to reach stabilization within a reasonable period, and perform at stabilized occupancies ongoing.

The subject property's unit and building designs, rates and amenities are considered comparable and competitive in the market.

It is our conclusion that the subject project, is feasible in this market. The subject offers a new construction, high quality concept for rehabilitation and longer-term care that is not represented in the New Lenox Site PMA.

The findings within this report are considered bankable, given the subject site advantages have been thoroughly vetted by previous market studies. We consider our analysis of existing facilities to be accurate and a true indication of current market conditions in the New Lenox Site PMA.

Demographic and Income Summary

The greatest share (52) beds at the subject facility will likely be occupied by Medicare recipients age 65 years and older as well as younger Medicare recipients. The Center for Medicare and Medicaid Services (CMS) reported in 2024 that 12% of all Medicare (including Medicare Advantage) recipients in Illinois are under the age of 65. The remaining 88% are age 65 and older.

The primary target age group (65 and older) is projected to reach 127,471 in 2030, a 10.1% increase from 2025 estimates.

The demographic trends in Will County indicate need for additional nursing care beds. This is substantiated by the state's Certificate of Need (CON) Program operated by the Illinois Department of Public Health, Health Facilities and Service Review Board. See the table on the following page:

The state's CON program is currently focused on preservation of the 156 beds at the Sunny Hill of Will County Skilled Nursing Facility (SNF).

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Survey of Nursing and Rehabilitation Facilities

In March 2026, we completed a telephone survey of 12 licensed and certified skilled nursing care (SNF) facilities in the New Lenox Site PMA and closely surrounding area. These facilities have 1,912 total beds and an occupancy rate of 78.0%.

The facilities were surveyed by telephone. No on-site inspections were made. Occupancy data for the surveyed facilities is based upon 2025 "average occupancy" state inspection reports as well as our personal interviews with administration and admissions spokespersons.

It is notable that, at 82.7%, the census for the four facilities within a 10-mile driving distance to the site (617 total beds) is significantly higher than in the overall survey.

Median private-pay daily rates range as follows:

Intermediate Care - \$297 semi private and \$361 private
Skilled Care - \$339 semi private and \$435 private

We have applied a 5% increase to the \$435 private bed daily rate to an estimated \$480 per day in the subject's opening year.

Planned and Proposed

According to monthly CON reports as well as our personal interviews with planning directors from New Lenox and surrounding communities in the Site PMA, we have determined that there are no new licensed or certified nursing/rehab/healthcare facilities in planning/proposal stages in the Site PMA currently.

Market Support for the Subject Beds

Medicare-Pay

The capture rates are low and considered achievable at 1.5% for both Original and Medicare Advantage.

Note that the share of Medicare Advantage has increased steadily year over year, and we expect that this coverage type will increase to 45% or higher over the next five years.

The overall capture rate for the proposed 52 Medicare beds is 1.5%, considered achievable, particularly given the strong aging trends in this market area, and existing base of residents aged 65 years and older.

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Medicaid-Pay

The capture rate of Medicaid-Pay residents in the area is 2.6%, considered low and achievable. We expect that the subject facility will easily attract Medicaid-eligible patients, as it will be of new construction within a product pool with an average build date of 1986.

Private-Pay/Long-Term Care Insured

The capture rate for the assumed 11 private-pay beds is 2.2%. This is calculated, using the following assumptions:

- Daily rate of \$480 for private occupancy rooms
- Average length of stay of 485 days (Care.com)
- Minimum net worth of \$232,800
- Share of net worth 65+ householders – 75.6%

This is a low and achievable capture rate, indicating depth of support for the proposed 11 private pay beds at the subject.

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B. Description of the Subject Facility

The proposed subject facility will have a total of 80 beds, including private occupancy beds/rooms with private bathrooms, primarily for short-term rehabilitation patients. In a separate area, the facility will offer semi-private (shared two-person) rooms with beds for skilled and long-term care residents.

The facility will have a rehabilitation center with indoor gym/therapy space as well as outdoor therapy space. The building will also have a large, well-appointed lobby area, upscale dining area and a spa that will accommodate both patients and guests.

We have assumed a mix of beds based upon the assumed census of 74 occupied beds, on average:

Ignite Rehabilitation – New Lenox Proposed Room/Bed Mix				
Room Configuration	Number of Rooms	Total Beds	Average Census	Occupancy
Private	56	56	54	96%
Semi-Private	12	24	20	83%
Total	68	80	74	93%

Ignite Rehabilitation – New Lenox Projected Distribution of Occupied Rooms & Beds By Payment Type				
Payment Type	Total Occupied Rooms	Occupied Private Beds	Occupied Semi-Private Beds	Total Occupied Beds
Original Medicare	23	22	2	24
Medicare Advantage	23	22	2	24
Private Pay/ Long Term Care Insurance	10	10	0	10
Medicaid	8	0	16	16
Projected Census by Room/ Bed Type	64	54	20	74
/Total Project Rooms & Beds	64/68	54/56	20/24	74/80
=Projected Occupancy Rate	94%	96%	83%	93%

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- Medicare- and Medicare Advantage pay residents (48) are projected to make up 64.9% of the average census of 74 beds.
- The anticipated 16 Medicaid-pay residents will make up 21.6% of the projected census of 74.
- The anticipated 10 private pay residents, 13.5%.

It is our opinion, based upon our review of national and regional data on rehab/skilled care SNF occupancy by payment type, that the proposed mix is appropriate for the market.

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C. Site Primary Market Area (PMA) Description

The Site Primary Market Area (PMA) is the geographic area from which the majority (typically between 65% and 85.0%) of support for the subject project is expected to originate. The New Lenox Site PMA was determined, in part, by an analysis of the service areas of major area hospitals in Will County and the surrounding zip codes, as summarized in the following table.

2025 Hospital Discharges of Residents from Silver Cross Hospital, New Lenox IL by Zip Code				
Zip	Total Days of Care	Total Charges	Total Cases	
60451	4443	\$34,253,006	973	
60441	4036	\$31,069,308	821	
60448	3990	\$28,981,178	762	
60423	3744	\$26,001,839	822	
60467	3621	\$25,978,121	782	
60491	3260	\$22,719,121	683	
60433	2313	\$16,009,945	473	
60477	2133	\$13,998,711	399	
60432	2000	\$13,562,230	376	
60487	1824	\$13,986,837	361	
60439	1737	\$13,180,668	366	
60462	1547	\$11,476,307	320	
60435	1324	\$9,942,388	298	
60442	1321	\$9,622,834	279	
60403	811	\$5,710,610	150	
60436	658	\$4,757,643	138	
60421	574	\$3,776,536	114	
60446	428	\$3,312,841	84	
60464	234	\$1,619,544	47	
60434	110	\$674,292	21	
Total	40,108	\$290,633,599	8,269	
Average	2005	\$14,531,698	413	
Percent of Total Cases in PMA			8269/9985 =82.8%	

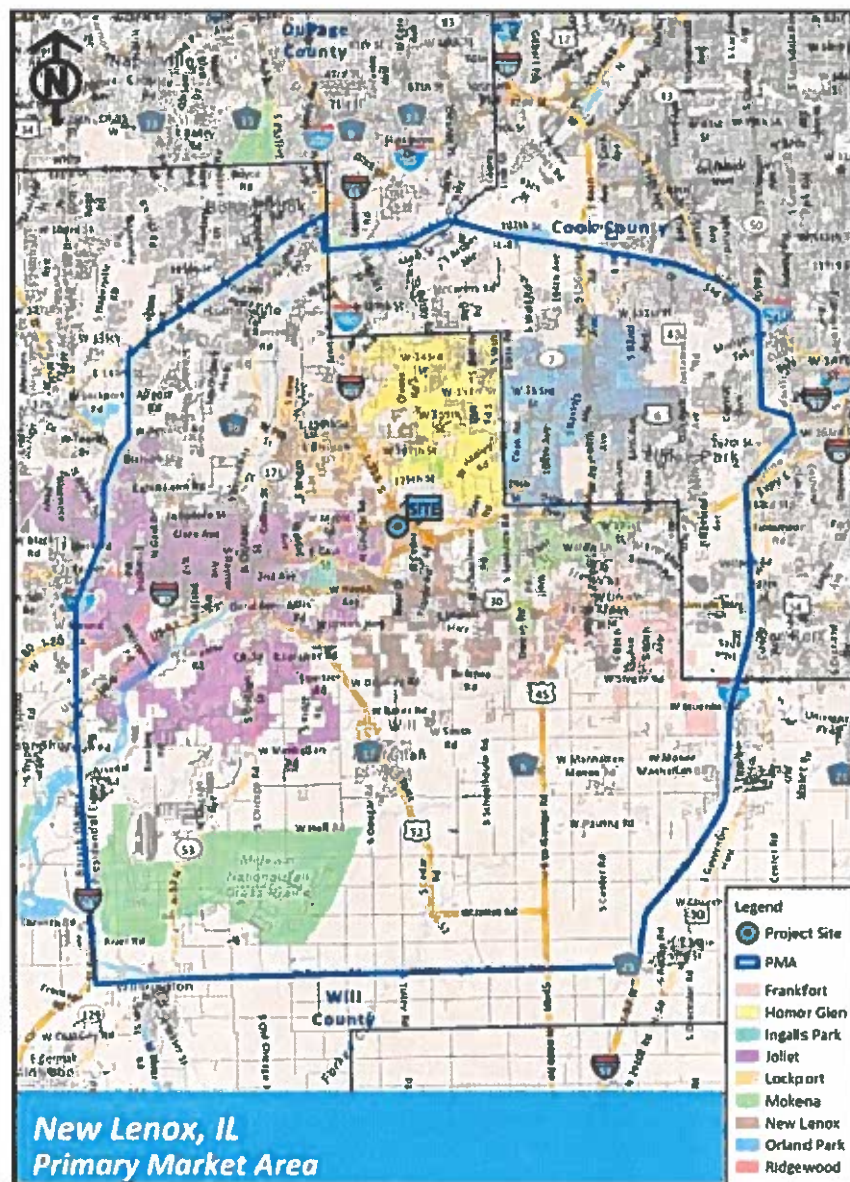
Based upon our interviews, and data collected on hospital discharges, it is our opinion that the majority of support for the subject property will originate from New Lenox, Joliet, Frankfort, Ingalls Park, Lockport, Orland Park, Homer Glen, unincorporated Will County and a portion of southwestern Cook County.

The boundaries of the New Lenox Site PMA follow:

North: I-55, I355, Des Plains River, State Route 83
 East: U.S. Highway 6, State route 50, I-57
 South: W. Wilmington Rd., W. Peotone Rd.
 West: I-55

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A map of the New Lenox Site PMA follows.



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D. Demographic and Income Profile

Population and household trends for the New Lenox Site PMA follow:

	Population	Households
2010 Census	584,289	207,231
2020 Census	593,356	217,666
Change 2010-2020	9,067	10,435
Percent Change 2010-2020	1.6%	5.0%
2025 Estimated	580,609	221,623
Change 2020-2025	-12,747	3,957
Percent Change 2020-2025	-2.1%	1.8%
2030 Projected	578,111	225,244
Change 2025-2030	-2,498	3,621
Percent Change 2025-2030	-0.4%	1.6%

Source: 2010, 2020 Census; ESRI; Urban Decision Group

Inter-Census data indicates population and household growth of 1.6% and 5.0%, respectively, in the New Lenox Site PMA between 2010 and 2020. According to Census-based estimates and projections, there will be a slight decline of 0.4% (population) and a slight increase of 1.6% (households) between 2025 and 2030.

The following tables summarize population and household trends for older age groups in the Site PMA:

	Population 55+	Households 55+
2020 Census	188,530	111,634
2025 Estimated	192,053	116,276
Change 2020-2025	3,523	4,642
Percent Change 2020-2025	1.9%	4.2%
2030 Projected	197,059	119,715
Change 2025-2030	5,006	3,439
Percent Change 2025-2030	2.6%	3.0%

Source: 2020 Census; ESRI; Urban Decision Group

	Population 65+	Households 65+
2020 Census	104,339	64,233
2025 Estimated	115,770	72,741
Change 2020-2025	11,431	8,508
Percent Change 2020-2025	11.0%	13.2%
2030 Projected	127,471	80,202
Change 2025-2030	11,701	7,461
Percent Change 2025-2030	10.1%	10.3%

Source: 2020 Census; ESRI; Urban Decision Group

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75 Years and Older

	Population 75+	Households 75+
2020 Census	43,794	27,750
2025 Estimated	50,505	32,602
Change 2020-2025	6,711	4,852
Percent Change 2020-2025	15.3%	17.5%
2030 Projected	59,419	38,458
Change 2025-2030	8,914	5,856
Percent Change 2025-2030	17.6%	18.0%

Source: 2020 Census; ESRI; Urban Decision Group

The population age 75 and older increased by an estimated 6,711, or 15.3% between 2020 and 2025; households in this age group increased by an estimated 4,852, or 17.5%.

Between 2025 and 2030, the population age 75 and older is projected to increase by 17.6%, while households are projected to increase by 18.0%.

These strong increases, even given the wider aging trend across the state and U.S.

Population Distribution by Age Cohort

The distribution of population by age in the New Lenox Site PMA follows:

Population Age Range	2020 (Census)		2025 (Estimated)		2030 (Projected)		Change 2025-2030	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
19 & Under	147,064	24.8%	133,694	23.0%	126,158	21.8%	-7,536	-5.6%
20 to 24	35,912	6.1%	33,657	5.8%	30,857	5.3%	-2,800	-8.3%
25 to 34	68,606	11.6%	74,872	12.9%	76,744	13.3%	1,872	2.5%
35 to 44	75,001	12.6%	73,622	12.7%	75,115	13.0%	1,493	2.0%
45 to 54	78,243	13.2%	72,710	12.5%	72,177	12.5%	-533	-0.7%
55 to 64	84,191	14.2%	76,283	13.1%	69,588	12.0%	-6,695	-8.8%
65 to 74	60,545	10.2%	65,265	11.2%	68,052	11.8%	2,787	4.3%
75+	43,794	7.4%	50,505	8.7%	59,419	10.3%	8,914	17.6%
Total	593,356	100.0%	580,609	100.0%	578,111	100.0%	-2,498	-0.4%

Source: 2020 Census; ESRI; Urban Decision Group

By 2030, 10.3% of the population of the New Lenox Site PMA is projected to be 75 years or older. This cohort is projected to be the fastest-growing age group in the Site PMA between 2025 and 2030, an annual increase of 1,783 during that period.

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Household Distribution by Age Cohort

The distribution of households by age in the New Lenox Site PMA follows:

Householder Age Range	2020 (Census)		2025 (Estimated)		2030 (Projected)		Change 2025-2030	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under 25	3,078	1.4%	2,849	1.3%	2,529	1.1%	-320	-11.2%
25 to 34	24,048	11.0%	26,041	11.8%	26,280	11.7%	239	0.9%
35 to 44	37,260	17.1%	37,225	16.8%	37,831	16.8%	606	1.6%
45 to 54	41,644	19.1%	39,232	17.7%	38,779	17.2%	-453	-1.2%
55 to 64	47,401	21.8%	43,535	19.6%	39,513	17.5%	-4,022	-9.2%
65 to 74	36,483	16.8%	40,139	18.1%	41,744	18.5%	1,605	4.0%
75 to 84	19,715	9.1%	23,162	10.5%	27,323	12.1%	4,161	18.0%
85+	8,035	3.7%	9,440	4.3%	11,135	4.9%	1,695	18.0%
Total	217,666	100.0%	221,623	100.0%	225,244	100.0%	3,621	1.6%

Source: 2020 Census; ESRI; Urban Decision Group

Between 2025 and 2030, the greatest growth is projected for age 75 to 84 and 85 and older householders, at 18.0% for both. Less significant household growth is occurring within householders aged 65 to 74 (4.0%) and millennial householders aged 35 to 44 (1.6%).

Between 2025 and 2030, the projected average annual increase in householders aged 75 years and older is 1,171.

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Household Distribution by Age and Tenure

The following tables summarize the distribution of households by age and tenure:

Tenure-All Households	2020 (Census)		2025 (Estimated)		2030 (Projected)	
	Number	Percent	Number	Percent	Number	Percent
Owner-Occupied	176,923	81.3%	182,165	82.2%	187,531	83.3%
Renter-Occupied	40,743	18.7%	39,458	17.8%	37,713	16.7%
Total	217,666	100.0%	221,623	100.0%	225,244	100.0%
Tenure Age 55+ Households	2020 (Census)		2025 (Estimated)		2030 (Projected)	
	Number	Percent	Number	Percent	Number	Percent
Owner-Occupied	97,221	87.1%	101,271	87.1%	104,412	87.2%
Renter-Occupied	14,413	12.9%	15,005	12.9%	15,303	12.8%
Total	111,634	100.0%	116,276	100.0%	119,715	100.0%
Tenure Age 65+ Households	2020 (Census)		2025 (Estimated)		2030 (Projected)	
	Number	Percent	Number	Percent	Number	Percent
Owner-Occupied	56,359	87.7%	63,514	87.3%	70,096	87.3%
Renter-Occupied	7,874	12.3%	9,227	12.7%	10,215	12.7%
Total	64,233	100.0%	72,741	100.0%	80,311	100.0%
Tenure Age 75+ Households	2020 (Census)		2025 (Estimated)		2030 (Projected)	
	Number	Percent	Number	Percent	Number	Percent
Owner-Occupied	23,843	85.9%	27,923	85.6%	33,182	86.3%
Renter-Occupied	3,907	14.1%	4,678	14.4%	5,276	13.7%
Total	27,750	100.0%	32,601	100.0%	38,458	100.0%

Source: 2020 Census; ESRI; Urban Decision Group

In 2025, owner-occupied households comprised an estimated 82.2% of all households.

In 2025, the share of owner households increased among the older adult age groups, peaking at 87.3% for the age 65 and older cohort and declining only slightly to 85.6% for the age 75 and older cohort.

There is a strong tendency in the Site PMA for older adults to age in place in homes that they own.

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Owner-Estimated Housing Values

The following table illustrates estimated housing values based on the American Community Survey (ACS 2020-2024) and 2025 estimates for owner-occupied units within the Site PMA.

Estimated Home Values	2020-2024 (ACS)		2025 (Estimated)	
	Number	Percent	Number	Percent
Less Than \$20,000	2,544	1.4%	2,048	1.1%
\$20,000 to \$39,999	1,831	1.0%	1,474	0.8%
\$40,000 to \$59,999	1,141	0.6%	896	0.5%
\$60,000 to \$79,999	1,266	0.7%	975	0.5%
\$80,000 to \$99,999	1,694	0.9%	1,304	0.7%
\$100,000 to \$149,999	8,356	4.6%	6,089	3.3%
\$150,000 to \$199,999	16,672	9.2%	11,744	6.4%
\$200,000 to \$299,999	52,275	28.8%	48,835	26.8%
\$300,000 to \$399,999	44,425	24.5%	52,395	28.8%
\$400,000 to \$499,999	27,086	14.9%	27,948	15.3%
\$500,000 to \$749,999	18,439	10.2%	22,017	12.1%
\$750,000 to \$999,999	3,463	1.9%	4,533	2.5%
\$1,000,000+	2,113	1.2%	1,882	1.0%
Total	181,303	100.0%	182,138	100.0%
Median Home Value	\$310,970		\$333,791	

Source: American Community Survey (2020-2024); ESRI, Urban Decision Group

In 2025 an estimated 60% of owner-occupied housing structures are valued at \$300,000 and over. The median owner-occupied home value for that year is \$333,791, an increase of 7.3% from the 2020-2024 average. This is a healthy increase, indicative of the attractiveness of the New Lenox area for residential uses.

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Household Income Trends

The distribution of all households by income within the New Lenox Site PMA follows:

Household Income Range	2020 (Census)		2025 (Estimated)		2030 (Projected)	
	Households	Percent	Households	Percent	Households	Percent
Less Than \$10,000	6,722	3.1%	8,164	3.7%	7,698	3.4%
\$10,000 to \$19,999	8,569	3.9%	7,706	3.5%	5,913	2.6%
\$20,000 to \$29,999	11,492	5.3%	9,140	4.1%	7,203	3.2%
\$30,000 to \$39,999	11,338	5.2%	10,511	4.7%	8,977	4.0%
\$40,000 to \$49,999	13,776	6.3%	10,597	4.8%	9,450	4.2%
\$50,000 to \$59,999	13,068	6.0%	12,597	5.7%	11,492	5.1%
\$60,000 to \$74,999	19,228	8.8%	19,638	8.9%	17,927	8.0%
\$75,000 to \$99,999	31,815	14.6%	29,472	13.3%	28,061	12.5%
\$100,000 to \$124,999	27,469	12.6%	26,739	12.1%	26,673	11.8%
\$125,000 to \$149,999	22,333	10.3%	21,630	9.8%	23,622	10.5%
\$150,000 to \$199,999	27,642	12.7%	30,174	13.6%	34,610	15.4%
\$200,000+	24,214	11.1%	35,256	15.9%	43,618	19.4%
Total	217,666	100.0%	221,624	100.0%	225,244	100.0%
PMA Median Income	\$94,362		\$102,793		\$114,904	
Will County Median Income	\$95,751		\$114,325		\$125,131	
Chicago-Naperville-Elgin, IL-IN-WI Median Income	\$78,790		\$100,260		\$111,187	
Illinois State Median Income	\$72,563		\$92,630		\$102,576	
U.S. Median Income	\$69,021		\$78,944		\$91,272	

Source: 2020 Census; ESRI; Urban Decision Group

In 2020, the median household income in the Site PMA was \$94,362. This increased by 8.9% to \$102,793 in 2025. By 2030, it is projected that the median household income will be \$114,904, an increase of 11.8% over 2025.

It is notable that the median income for the Site PMA is higher for all years surveyed than the MSA, state and U.S.

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The distribution of age 75 and older households by income within the New Lenox Site PMA follows:

Household Income Age 75+	2020 (Census)		2025 (Estimated)		2030 (Projected)	
	Households	Percent	Households	Percent	Households	Percent
Less Than \$10,000	1,482	5.3%	1,832	5.6%	2,195	5.7%
\$10,000 to \$19,999	2,801	10.1%	2,607	8.0%	2,422	6.3%
\$20,000 to \$29,999	3,822	13.8%	3,216	9.9%	2,972	7.7%
\$30,000 to \$39,999	3,388	12.2%	3,620	11.1%	3,690	9.6%
\$40,000 to \$49,999	3,608	13.0%	3,312	10.2%	3,562	9.3%
\$50,000 to \$59,999	1,919	6.9%	2,919	9.0%	3,448	9.0%
\$60,000 to \$74,999	2,913	10.5%	3,630	11.1%	3,982	10.4%
\$75,000 to \$99,999	2,597	9.4%	4,180	12.8%	5,047	13.1%
\$100,000 to \$124,999	1,453	5.2%	1,961	6.0%	2,386	6.2%
\$125,000 to \$149,999	1,010	3.6%	1,515	4.6%	2,482	6.5%
\$150,000 to \$199,999	1,620	5.8%	2,200	6.7%	3,448	9.0%
\$200,000+	1,137	4.1%	1,609	4.9%	2,824	7.3%
Total	27,750	100.0%	32,601	100.0%	38,458	100.0%
Median Income	\$46,602		\$55,870		\$63,541	

Source: 2020 Census; ESRI; Urban Decision Group

In 2020, the median household income for households age 75 and older was \$46,602. This increased by 19.9% to \$55,870 in 2025. By 2030, it is projected that the median household income will be \$63,541, an increase of 13.7% over 2025.

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The following tables summarize household income by size for the 75 and older age cohort for 2027 and 2030 for the New Lenox Site PMA:

75+ Household Income Range	2027 (Projected)					Total
	1-Person	2-Person	3-Person	4-Person	5-Person+	
Less Than \$10,000	1,060	392	199	190	137	1,977
\$10,000 to \$19,999	1,390	489	248	236	170	2,533
\$20,000 to \$29,999	1,664	621	315	301	217	3,118
\$30,000 to \$39,999	1,897	747	378	364	262	3,648
\$40,000 to \$49,999	1,743	712	359	348	251	3,412
\$50,000 to \$59,999	1,552	672	339	330	238	3,131
\$60,000 to \$74,999	1,847	819	412	402	290	3,771
\$75,000 to \$99,999	2,147	1,012	509	500	359	4,527
\$100,000 to \$124,999	1,001	480	241	237	171	2,131
\$125,000 to \$149,999	893	429	215	212	152	1,902
\$150,000 to \$199,999	1,245	618	310	306	220	2,699
\$200,000+	966	480	241	238	171	2,095
Total	17,405	7,472	3,766	3,662	2,638	34,944

Source: ESRI; Urban Decision Group

75+ Household Income Range	2030 (Projected)					Total
	1-Person	2-Person	3-Person	4-Person	5-Person+	
Less Than \$10,000	1,157	443	226	215	155	2,195
\$10,000 to \$19,999	1,310	475	243	229	165	2,422
\$20,000 to \$29,999	1,571	598	305	290	209	2,972
\$30,000 to \$39,999	1,903	762	387	371	267	3,690
\$40,000 to \$49,999	1,804	749	380	366	263	3,562
\$50,000 to \$59,999	1,700	744	377	365	262	3,448
\$60,000 to \$74,999	1,932	871	441	429	308	3,982
\$75,000 to \$99,999	2,366	1,138	575	563	404	5,047
\$100,000 to \$124,999	1,111	541	274	268	192	2,386
\$125,000 to \$149,999	1,158	562	284	278	200	2,482
\$150,000 to \$199,999	1,574	795	401	395	283	3,448
\$200,000+	1,289	651	329	323	232	2,824
Total	18,874	8,329	4,222	4,094	2,938	38,458

Source: ESRI; Urban Decision Group

The share of one-person 75 and older householders in 2027 is estimated at 49.8%, while the share of one- and two-person householders in the same age group is estimated at 71.2%.

We have used the 49.8% share of one-person households in our demand calculations.

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Net Worth by Age of Householder

Because seniors often have varying savings and retirement assets, we have considered net worth for the age 75 and older householder group in our demand calculations. The following table summarizes net worth as estimated for 2025, the most recent year available for net worth data.

	Net Worth-2025 By Age of Householder							
	Number of Householders							
	<25	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75+	Total
Less Than \$15,000	1,070	3,922	4,138	2,813	3,097	2,488	2,131	19,660
\$15,000 to \$34,999	490	1,344	1,880	1,237	905	794	531	7,180
\$35,000 to \$49,999	137	674	753	588	318	416	191	3,078
\$50,000 to \$74,999	122	1,397	1,241	1,113	644	794	892	6,204
\$75,000 to \$99,999	131	1,800	1,223	977	925	726	985	6,767
\$100,000 to \$149,999	259	2,663	2,177	1,700	1,870	1,491	1,502	11,662
\$150,000 to \$249,999	385	3,851	4,088	3,497	2,367	2,612	3,203	20,004
\$250,000 to \$499,999	181	5,684	7,899	7,079	6,565	5,661	6,192	39,261
\$500,000 to \$999,999	32	3,879	7,250	8,571	7,100	8,521	6,833	42,185
\$1,000,000+	41	826	6,576	11,657	19,744	16,636	10,139	65,620
Total	2,849	26,039	37,221	39,228	43,530	40,135	32,599	221,623
Median Net Worth	\$29,449	\$181,680	\$348,509	\$535,702	\$857,500	\$798,527	\$549,210	\$480,862
Average Net Worth	\$104,924	\$273,722	\$822,471	\$1,548,156	\$2,442,672	\$2,674,665	\$2,204,436	\$1,734,422

Source: ESRI; Urban Decision Group

Within the New Lenox Site PMA, median net worth peaks within the age 55 to 64 cohort, while average net worth peaks within the age 65 to 74 age group.

We have used both income and net worth figures in our demand calculations for senior residential care.

We have also accounted for the assumed overlap in these households as presented in the preceding tables.

Our demand calculations are considered conservative, to ensure we do not overstate demand for the proposed components.

ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

E. Telephone Survey of Senior Residential Care Properties

Nursing Facility Survey in the New Lenox Site PMA

In March 2026, we completed a telephone survey of 12 licensed and certified skilled nursing care (SNF) facilities in the New Lenox Site PMA and closely surrounding area. These facilities have 1,912 total beds and an occupancy rate of 78.0%.

The facilities were surveyed by telephone. No on-site inspections were made. Occupancy data for the surveyed facilities is based upon 2025 "average occupancy" state inspection reports as well as our personal interviews with administration and admissions spokespersons. The summary of this survey follows:

Facility Type	Licensed and Certified Nursing Care Facilities – March 2026 New Lenox, IL Site PMA		
	Total Projects	Total Beds	Occ. Rate
Skilled Nursing Facilities	12	1,912	78.0%

It is notable that, at 82.7%, the census for the four facilities within a 10-mile driving distance to the site (617 total beds) is significantly higher than in the overall survey.

The following summarizes the total beds by care type, occupancy and distance to the subject site. Memory Care beds are those within secure units.

Licensed and Certified Nursing Care Facilities – March 2026 New Lenox, IL Site PMA							
Map ID	Project Name	Skilled Care Beds	Census	Occ. Rate	Memory Care* Area	Year Built/Renovated	OTS
N-1	Spring Creek	168	117	69.6%	-	1960/2025	4.2 W
N-2	Smith Crossing	92	78	84.8%	-	2004	6.8 E
N-3	Sunny Hill Nursing Home of Will County	157	143	91.1%	-	1955/1989	7.5 SW
N-4	Alden Estates of Orland Park	200	172	86.0%	Yes	1970	9.4 NE
N-5	Victorian Village Health & Wellness	54	52	96.3%	-	2014	10.3 NE
N-6	The Pearl of Joliet	214	137	64.0%	-	2022*	10.7 W
N-7	Parc Joliet	203	156	76.8%	-	1967	11.0 W
N-8	Warren Barr Orland Park	275	178	64.7%	-	1996	11.7 NE
N-9	Renwick Nursing and Rehab	120	101	84.2%	-	1991	12.0 W
N-10	Lemont Nursing and Rehabilitation Center	173	138	79.8%	-	1996	12.3 N
N-11	Aliya of Palos Park	129	119	92.2%	-	2003*	12.3 N
N-12	Franciscan Village	127	100	78.7%	-	1964/1990	13.0 N
Total/Average		1,912	1,491	78.0%		1986	

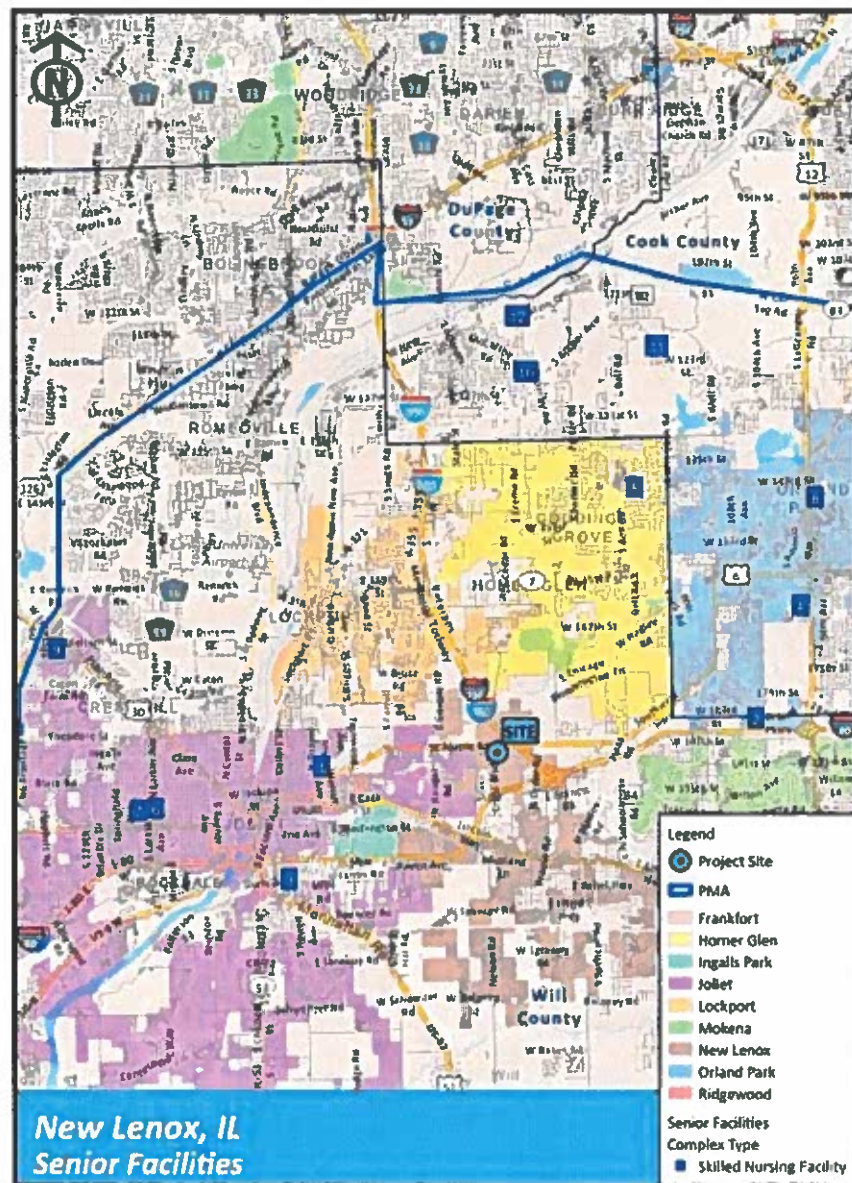
Occ. – Occupancy (total residents total marketed beds)

*Date of initial licensing for current owners; not included in average

ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

A map of the facilities surveyed follows.



ATTACHMENT 14 **Service Demand- Establishment of General Long-Term Care**

Distribution by Payor Type

Distribution by Payor Type New Lenox Site PMA - 2023							
Map ID	Project Name	MA Fee for Service					
N-1	Spring Creek						
N-2	Smith Crossing						
N-3	Sunny Hill Nursing Home of Will County						
N-4	Alden Estates of Orland Park						
N-5	Victorian Village Health & Wellness						
N-6	The Pearl of Joliet						
N-7	Part Joliet						
N-8	Warren Barr Orland Park						
N-9	Renwick Nursing and Rehab						
N-10	Lemont Nursing and Rehabilitation Center						
N-11	Aliya of Palos Park						
N-12	Franciscan Village						
Median							
Average							

1	2	3	4
Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
1	127 Skilled (SNF)	127	46,355
2	- Skilled Pediatric (SNF/PED)	-	-
3	- Intermediate (ICF)	-	-
4	- Intermediate/DD	-	-
5	- Skilled Care (SC)	-	-
6	- ICF/DD 16 or Less	-	-
7	127 TOTALS	127	46,355

B. Census-For the entire report period.

1	2	3	4	5	6	7	8	9
Level of Care	Medicaid Fee for Service	Medicaid MLTSS	Medicaid Primary		Private Pay	Medicare Part A Only	Other	Total
8 SNF	1,504	4,600	362	50	11,695	6,561	7,162	34,321
9 SNF/PED								0
10 ICF								10
11 ICF/DD								11
12 SC								12
13 DD 16 OR LESS								13
14 TOTALS	1,504	4,600	362	50	11,695	6,561	7,162	34,321

C. Percent Occupancy: (Column 9, line 14 divided by total licensed bed days on column 4, line 7.)

74.05%

ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

Daily Fees for Private and Semi-Private Nursing Beds

The surveyed facilities are located between 4.2 and 13.0 driving miles from the subject site. We have analyzed all of the daily fees reported, when available, to determine market-wide medians and averages for private and semi-private beds.

The following table summarizes the current daily rates charged at the surveyed facilities for private-pay residents, as well as the Medicaid (MA) reimbursement rates for 2023:

Daily Private-Pay and Medicaid Reimbursement Rates- Skilled and Intermediate Care March 2026							
Map ID	Project Name	MA*	Intermediate Semi	Intermediate Private	Skilled Semi	Skilled Private	Respite
N-1	Spring Creek	\$261	-	-	\$260	\$300	-
N-2	Smith Crossing	\$234	-	-	-	\$521	-
N-3	Sunny Hill Nursing Home of Will County	\$272	\$396	\$416	\$425	\$435	\$433
N-4	Alden Estates of Orland Park	\$293	-	-	-	-	-
N-5	Victorian Village Health & Wellness	N/A	-	-	\$300	-	-
N-6	The Pearl of Joliet	\$263	\$273	\$361	\$273	\$361	-
N-7	Parc Joliet	\$249	\$265	\$300	\$265	\$300	-
N-8	Warren Barr Orland Park	\$286	-	-	\$436	\$536	-
N-9	Remwick Nursing and Rehab	\$248	-	-	\$285	-	\$285
N-10	Lemont Nursing and Rehabilitation Center	\$272	\$320	N/A	\$320	N/A	-
N-11	Aliya of Palos Park	\$295	-	-	-	-	-
N-12	Franciscan Village	\$251	-	-	\$485	\$545	-
Median		\$263	\$297	\$361	\$339	\$435	\$359
Average		\$268	\$314	\$359	\$300	\$428	\$359

N/A - Not available

*Data from MA cost reports 2023

We anticipate that the large majority of private-pay residents will be in long-term care or spending a short period of rehabilitation days after expending all of their Medicare coverage. We have considered a 5% annual increase of the median private room rate of \$435. We have used a daily fee of \$480 in our demand calculations for private-pay beds at the subject project.

ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

Planned and Proposed

According to monthly CON reports as well as our personal interviews with planning directors from New Lenox and surrounding communities in Will County, we have determined that there are several new care facilities in various stages of development within the Site PMA currently.

New Facilities and Expansions (2026)

- The Oasis of Frankfort (Summer 2026): Located at 8531 West Lincoln Highway, Frankfort, IL, this new community is scheduled to open in summer 2026, offering assisted living, memory care, and independent living options.
- Will County Veteran Support Campus (Early 2026): Construction is expected to be completed in early 2026 on a new unified Veterans Assistance Commission (VAC) center located at 1300 Copperfield Avenue in Joliet (at the former Silver Cross Hospital site). This facility will provide comprehensive support services for veterans and their families.
- Sunny Hill Nursing Home of Will County: As of March 2026, this Joliet-based, county-owned 156-bed facility is recognized as a 5-star, state-of-the-art long-term care facility.

Key Existing Facilities with Recent Upgrades

- Spring Creek Nursing and Rehab (Joliet): This facility reported ongoing renovations as of early 2026 to improve the comfort and ambiance for residents needing rehabilitation and skilled nursing.

Since the Sunny Hill and Spring Creek projects do not add any new nursing care beds to this market, we have not included any of the projects in our demand calculations.

Photographs of the surveyed properties follow:

ATTACHMENT 14
Service Demand- Establishment of General Long-Term Care

N-1 Spring Creek Nursing and Rehab



N-2 Smith Crossing



ATTACHMENT 14
Service Demand- Establishment of General Long-Term Care

N-3 Sunny Hill Nursing and Rehab



N-4 Alden Estates of Orland Park



ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

F. Support for Additional Skilled Care Beds

Support for Original Medicare and Medicare Advantage Nursing Care Beds

The following demand calculations utilize data from several sources, including national, county-level and local level (zip code) data.

We have assumed the following elements of demand as follows:

- According to Healthinsurance.org, as of August 2024, 43% of Medicare recipients in Illinois were enrolled in Medicare Advantage or Medicare Cost plans. Another 57% are enrolled in Original Medicare plans.

According to the Centers for Medicare and Medicaid Services, in 2023, approximately 2.3 million Illinois residents were enrolled in Medicare. The vast majority of these beneficiaries, roughly 85-90%, are aged 65 and older, while a smaller percentage (around 10-15%) are under 65, representing disabled beneficiaries.

National averages show a similar distribution by age:

- 12% of beneficiaries are <65 (disabled)
- 49% are aged 65-74
- 39% are aged 75 and older

The average age of Medicare recipients in Illinois in 2023 was 73 years

- According to the Kaiser Family Foundation, the 2023 age distribution of Medicare recipient data indicates those over age 65 years comprise 88% of the total enrolled while those aged 64 years and younger comprise 13% of Medicare Beneficiaries. Illinois Medicare recipients comprise 18% of the total population in 2021 (ESRI), and Will County recipients comprise 20%.
- The Medicare Current Beneficiary Survey 2024 reports the overall rate of need for Skilled Nursing Facility (SNF) care among Medicare Beneficiaries is 3%. This rate is unchanged from the 2016 and 2019 reports conducted by the Agency for Healthcare Research and Quality (see chart on page 31 of this report).

ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

This projected demand by payment type for the proposed subject project follows:

Capture Rate of Estimated Annual Medicare Beneficiaries New Lenox Site PMA – 2021			
	Overall	Share Original Medicare®	Share Medicare Advantage®
Site PMA Population	580,609	57%	43%
X 20% (Share of Medicare Enrollment in Will County IL)®	X 20% = 116,122	116,122 x 57% = 66,189	116,122 x 43% = 49,932
X 3%® Rate of SNF Referral	116,122 X 3% SNF Rate = 3,484	66,189 x 3% = 1,986	49,932 x 3% = 1,498
Proposed Beds	52	30	22
Capture Rate	52/3,484 = 1.5%	30/1,986 = 1.5%	22/1,498 = 1.5%

® Kaiser Family Foundation

® Healthinsurance.org 2024 data for Illinois,

® Medicare Current Beneficiary Survey 2024 for Illinois

The capture rates are low and considered achievable at 1.5% for both Original and Medicare Advantage.

Note that the share of Medicare Advantage has increased steadily year over year, and we expect that this coverage type will increase to 45% or higher over the next five years.

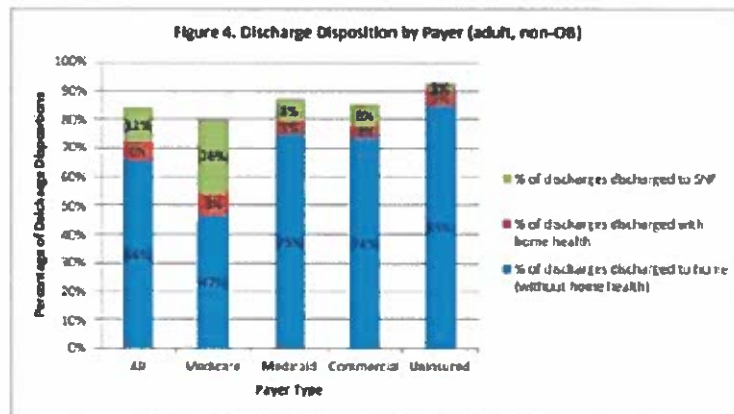
The overall capture rate for the proposed 52 Medicare beds is 1.5%, considered achievable, particularly given the strong aging trends in this market area, and existing base of residents aged 65 years and older.

ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

Support for Medicaid-Pay Beds

In calculating support for Medicaid-pay and private-pay beds at the subject project, we have used data from the 2016 report issued by the United States Agency for Healthcare Research and Quality. While this is national-level data, we assume it is applicable in the Site PMA. Note that the calculations for Private Pay include residents using long-term care insurance as well as paying privately. The following chart illustrates the distribution by payment type.



Source: Agency for Healthcare Research and Quality (2011)

2021 Hospital Discharges of Residents from New Lenox Site PMA Zip Codes Proposed Medicaid Pay Residents at the Subject Project and Capture Rate	
2025 Discharges by Zip Code ^① & Total in PMA	Total
	8,269
X Rate of Medicaid-Pay Hospital Discharges ^② to SNF (8%)	662
Capture of Medicaid Pay Beds/Discharges	17/662 = 2.6%

① American Hospital Directory Zip Code Data 2025

② Federal Agency for Healthcare Research and Quality (2024)

The capture rate of Medicaid-Pay residents in the area is 2.6%, considered low and achievable. We expect that the subject facility will easily attract Medicaid-eligible patients, as it will be of new construction within a product pool with an average build date of 1986.

ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

Support from Private-Pay & Long-Term Insurance Residents

Assumptions:

Daily rate of \$480 for private occupancy rooms
 Average length of stay of 485 days (Care.com)
 Minimum net worth of \$232,800
 Share of net worth 65+ householders – 75.6%

Capture Rate Based Upon Local Rate of Asset-Qualified Discharged Hospital Patients to Nursing Facilities	
	Total
2025 Discharges in PMA	8,269
X Rate of Asset-Qualified 65+ Householders	75.6%
= Asset-Qualified Private Pay 65+ Households	6,251
X 8% Share of Hospital Discharges Entering SNFs	X 8% = 500
Capture Rate of Private Pay Beds	11/500 = 2.2%

① American Hospital Directory Zip Code Data 2025

② Federal Agency for Healthcare Research and Quality (2024)

It is notable that the capture rate of the proposed 11 private-pay beds using local net worth data for age 65 and older householders is significantly lower at 2.2% as compared with the capture using a benchmark national private pay rate of 8% of all hospital discharges.

This is understandable, given the higher-income and higher asset nature of the Site PMA. Based upon both of these capture rate calculations, it is our opinion that the 11 private-pay beds will receive ample support in this market.

Overall, we anticipate that because the subject facility will offer a new construction, luxury model alternative for skilled care, rehabilitative and long-term care, the proposed beds will draw more than their fair share of support from this market. The proposed subject has few direct competitors within the Site PMA.

The location in an area not well-served by quality rehabilitation facilities will further bolster the project's marketability. The site's location within Silver Cross Hospital campus will enhance marketability as well.

ATTACHMENT 14

Service Demand- Establishment of General Long-Term Care

Support from Private-Pay & Long-Term Insurance Residents

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Daily rate of \$480 for private occupancy rooms
 Average length of stay of 485 days (Care.com)
 Minimum net worth of \$232,800
 Share of net worth 65+ householders – 75.6%

Capture Rate Based Upon Local Rate of Asset-Qualified Discharged Hospital Patients to Nursing Facilities	
	Total
2025 Discharges [Ⓢ] in PMA	8,269
X Rate of Asset-Qualified 65+ Householders	75.6%
= Asset-Qualified Private Pay 65+ Households	6,251
X 8% Share of Hospital Discharges Entering SNFs	X 8% = 500
Capture Rate of Private Pay Beds	11/500 = 2.2%

[Ⓢ] American Hospital Directory Zip Code Data 2025

[Ⓢ] Federal Agency for Healthcare Research and Quality (2024)

It is notable that the capture rate of the proposed 11 private-pay beds using local net worth data for age 65 and older householders is significantly lower at 2.2% as compared with the capture using a benchmark national private pay rate of 8% of all hospital discharges.

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The location in an area not well-served by quality rehabilitation facilities will further bolster the project's marketability. The site's location within Silver Cross Hospital campus will enhance marketability as well.

ATTACHMENT 17 Service Accessibility

The number of beds being established is necessary to improve access for planning area residents. The Applicant documents that three factors specified in Section 1125.570(a) exist in the planning area: (1) facilities within the established radii that meet or exceed the occupancy standard (Section 1125.570(a)(5)); (2) access limitations due to payor status (Section 1125.570(a)(2)); and (3) the absence of the proposed service within the planning area (Section 1125.570(a)(1)).

There are four facilities (Spring Creek, Smith Crossing, Sunny Hill, and Alden Estates of Orland Park) have a combined 617 beds operating at 82.7% occupancy, with Sunny Hill (91.1%) exceeding the state's 90% target utilization. This satisfies Section 1125.570(a)(5). HSA 9 had the highest LTC bed occupancy of any HSA statewide in 2024 (IDPH LTC Data, 2024). These figures do not account for "ghost beds" beds remaining on the state inventory but not actively staffed or marketed which inflate the perceived available supply. This phenomenon was raised when the Applicant's owners proposed Ignite McHenry, and that facility has since proven the access issue was real: Ignite McHenry currently operates near capacity and maintains a waiting list.

Will County's overall payor mix is nearly 42.2% Medicaid, yet several area facilities have a Medicaid mix below 20%, creating de facto access restrictions for Medicaid-eligible patients (IDPH, Illinois Long-Term Care Data Summary, 2020). The proposed facility addresses this directly: all 96 beds will be dual certified, with a proforma targeting 21.6% Medicaid patients — ensuring access regardless of payor source.

No facility in the planning area offers the combination of new-construction clinical infrastructure, advanced rehabilitation technology, and hospitality-grade environment that the proposed facility will provide. With an average build date of 1986, existing facilities were not designed to deliver the level of rehabilitative care today's post-acute population requires.

In accordance with Section 1125.570(b), the following is enclosed with this application: (1) the Nancy Patzer Consulting Market Analysis (April 3, 2026), documenting the location, utilization, bed counts, occupancy rates, build dates, daily rates, and payor mix of all 12 surveyed planning area facilities; (2) patient location information by zip code from the American Hospital Directory (2025); (3) the HFSRB 2023 Inventory (dated December 20, 2023); and (4) the Silver Cross Hospital Letter of Support (May 5, 2026) attesting to 2,162 SNF discharges and 486 rehabilitation discharges in the most recent 12-month period.

FACILITY NAME	ADDRESS	DISTANCE TO PROPOSED FACILITY
Spring Creek SNF	777 Draper Avenue, Joliet, IL 60432	5.1 miles
Sunny Hill Nursing Home of Will County	421 Doris Avenue, Joliet, IL 60433	7.3 miles
Trinity Living Center 1	3360 Ugland Drive, Joliet, IL 60432	2.1 miles
Trinity Living Center 2	3302 Horseshoe Lane, Joliet, IL 60432	2.1 miles
Ascension Living Villa Franciscan	210 N. Springfield Avenue, Joliet, IL 60435	9.5 miles
PARC Joliet	222 N. Hammes Avenue, Joliet, IL 60435	9.3 miles
Victorian Village Health & Wellness	12525 W. Renaissance Circle, Homer Glen, IL 60491	8.7 miles
Frankfort Terrace	40 N. Smith Street, Frankfort, IL 60423	9.7 miles
Smith Crossing	10501 Emilie Lane, Orland Park, IL 60467	6.7 miles
Alden Orland Park Rehabilitation and Health Care	16450 S. 97 th Avenue, Orland Park, IL 60467	9.0 miles
Salem Village Nursing and Rehabilitation	1314 Rowell Avenue, Joliet, IL 60433	7.0 miles
Symphony of Joliet	306 N. Larkin Avenue, Joliet, IL 60435	8.9 miles

ATTACHMENT 18

Unnecessary Duplication/Maldistribution

The Applicant documents that the proposed project will not result in unnecessary duplication of services. The zip code areas located in total or in part within the established radii of the project site (10-mile radius) are as follows, along with the total population for each:

Table 1110.210(c)(1)(A) Population of Zip Codes within a 10-mile radius of Ignite New Lenox		
Zip Code	City	Population
60451	New Lenox	36,561
60433	Joliet	16,526
60448	Mokena	25,512
60432	Joliet	19,989
60491	Homer Glen	22,999
60423	Frankfort	32,784
60467	Orland Park	26,098
60487	Tinley Park	26,388
60442	Manhattan	12,218
60421	Elwood	3,734
60441	Lockport	37,093
60435	Joliet	48,927
60436	Joliet	18,535
60403	Crest Hill	17,667
Total		345,051

The total population of zip codes within a 10-mile radius of the proposed facility is 345,031 based on the 2020 Census. This population base generates substantial demand for skilled nursing services, as evidenced by 8,269 total hospital discharge cases from planning area zip codes in 2025, representing 40,108 total days of care at Silver Cross Hospital alone (American Hospital Directory Zip Code Data, 2025; Nancy Patzer Consulting Market Analysis, April 3, 2026). There are no approved but unbuilt LTC facilities within the established geographic service area.

The proposed project does not duplicate existing services. No existing facility within the 10-mile radius offers the new-construction, rehabilitation-focused skilled nursing model proposed by the Applicant. The average build date of existing facilities is 1986, and none provides the combination of advanced rehabilitation technology, on-site pharmacy, and hospitality-grade amenities that the proposed facility will deliver. The market cannot absorb the demonstrated demand from Silver Cross Hospital's 2,162 annual SNF discharges without additional capacity.

The Applicant documents that the proposed project will not result in maldistribution of services. Within the 10-mile radius, there are currently 617 beds serving a population of 345,031, yielding a ratio of 1.79 beds per 1,000 population. At the county level, Will County has 2,654 existing beds serving a 2020 Census population of 696,355, yielding a ratio of 3.81 beds per 1,000. The statewide ratio, based on 89,044 existing beds (HFSRB 2023 Inventory, Page A-4) and the 2020 Illinois population of approximately 12.8 million, is approximately 6.96 beds per 1,000. The Will County ratio of 3.81 is well below this threshold, and the 10-mile-radius ratio of 1.79 is dramatically below it. Adding 96 beds to the 10-mile radius would yield 713 beds serving 345,031 people, a ratio of only 2.07 per 1,000 which is still less than one-third of the state average. Maldistribution does not exist under this factor.

ATTACHMENT 18

Unnecessary Duplication/Maldistribution

With respect to historical utilization (Section 1125.580(b)(2)): The four facilities within the established radii operated at a combined 82.7% occupancy during the most recent reporting period, with three of the four above 84% and Sunny Hill at 91.1% (Nancy Patzer Consulting Market Analysis, April 3, 2026). HSA 9 had the highest LTC bed occupancy of any HSA statewide in 2024. While Spring Creek (69.6%) is below the occupancy standard, this facility has been undergoing renovations and its lower utilization reflects transitional conditions rather than structural oversupply (Nancy Patzer Consulting Market Analysis, April 3, 2026). The overall utilization pattern demonstrates demand pressure, not excess supply.

The Applicant documents that, within 24 months after project completion, the proposed project will not lower the utilization of other area providers below the occupancy standards specified in Section 1125.210(c), and will not further lower the utilization of facilities currently operating below those standards.

The proposed facility is positioned to capture patients who are currently being placed in facilities beyond the 10-mile radius due to capacity constraints, as well as patients from the growing elderly population (75+ cohort projected to grow 17.6% between 2025 and 2030) who represent net new demand. Silver Cross Hospital generates 2,162 SNF discharges annually, and this figure does not include referrals originating from other hospitals and providers within the surrounding service area. The proposed facility's projected stabilized census of 89 beds represents approximately 4.1% of Silver Cross's annual SNF discharge volume alone a share easily absorbed from new and displaced demand without diverting patients from existing providers.

Spring Creek (69.6% occupancy) is the only facility within 10 miles currently below the occupancy standard. Its lower census reflects ongoing renovations rather than structural oversupply and the proposed facility's differentiated model of short-term, post-acute rehabilitation with hospital-campus co-location serves a distinct patient profile. The remaining three facilities (Smith Crossing at 84.8%, Sunny Hill at 91.1%, Alden Estates at 86.0%) are operating well above the occupancy standard and may benefit from the addition of 96 beds on the Silver Cross campus, which will provide an alternative placement option for the substantial volume of patients currently seeking admission at already-constrained facilities.

For these reasons, the Applicant is confident that the proposed project will not result in unnecessary duplication or maldistribution of services, and will not adversely impact the utilization of existing area providers.

ATTACHMENT 18

Unnecessary Duplication/Maldistribution

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

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

General Long-Term Care Category of Service

10/25/2021
Page A-117

Planning Area: Kane			General Nursing Care	
Facility Name	City	County/Area	Beds	2019 Patient Days
ALDEN COURTS OF WATERFORD	AURORA	Kane County	60	6,596
10/22/2019 19-038	Permit issued to convert 44 Sheltered Care beds into 40 General Nursing Care beds. Facility will have 60 General Nursing beds and 0 Sheltered Care beds.			
4/2/2021 19-038	Completed project to convert 44 Sheltered Care beds to 40 Nursing Care; Facility now licensed for 60 Nursing Care beds.			
ALDEN ESTATES COURTS OF HUNTLEY	HUNTLEY	Kane County	170	25,530
ALDEN OF WATERFORD	AURORA	Kane County	99	30,303
APERION CARE ELGIN	ELGIN	Kane County	101	34,748
9/15/2020 Bed Change	Facility discontinued 1 Nursing Care bed; facility now has 101 Nursing Care beds.			
ASBURY GARDENS NURS & REH CTR	NORTH AURORA	Kane County	75	21,376
AVANTARA AURORA	AURORA	Kane County	87	13,047
11/1/2020 Name Change	Formerly Presence McAuley Manor.			
AVANTARA OF ELGIN	ELGIN	Kane County	112	28,835
AVONDALE ESTATES OF ELGIN	ELGIN	Kane County	120	15,734
BATAVIA REHAB & HLTHCARE CTR	BATAVIA	Kane County	63	14,730
BRIA OF GENEVA	GENEVA	Kane County	107	34,661
CRESCENT CARE OF ELGIN	ELGIN	Kane County	88	29,373
7/1/2021 Name Change	Formerly Citadel Care Center-Elgin			
ELMWOOD TERRACE HEALTHCARE CTR	AURORA	Kane County	68	20,170
GREENFIELDS OF GENEVA	GENEVA	Kane County	43	14,361
GROVE OF ST. CHARLES	ST. CHARLES	Kane County	120	29,420
HERITAGE HEALTH - ELGIN	ELGIN	Kane County	94	28,267
HIGHLAND OAKS	ELGIN	Kane County	52	17,114
4/1/2021 Bed Change	Facility added 2 Nursing Care beds; facility now has 52 Nursing Care beds.			
JENNINGS TERRACE	AURORA	Kane County	60	17,565
MEADOWBROOK MANOR OF GENEVA (PERMIT)	GENEVA	Kane County	0	
8/6/2019 17-012	Approved to relinquish permit for long-term care facility with 150 Nursing Care beds.			
MICHAELSEN HEALTH CENTER	BATAVIA	Kane County	99	28,116
6/19/2019 Name Change	Formerly Covenant Health Care Center- Batavia.			
NORTH AURORA CARE CENTER	NORTH AURORA	Kane County	129	37,129
RIVER CROSSING OF ELGIN	ELGIN	Kane County	139	40,228
2/1/2020 Name Change	Formerly Rosewood Care Center of Elgin.			
6/1/2021 Name Change	Formerly Fox River Rehab & Healthcare			
RIVER CROSSING OF ST CHARLES	ST. CHARLES	Kane County	109	25,493
2/1/2020 Name Change	Formerly Rosewood Care Center St Charles.			
6/1/2021 Name Change	Formerly Dunham Rehab & Healthcare			
RIVER VIEW REHAB CENTER	ELGIN	Kane County	203	70,747
SOUTH ELGIN REHAB & HLTHCARE CT	SOUTH ELGIN	Kane County	90	22,653
SYMPHONY OF ORCHARD VALLEY	AURORA	Kane County	203	53,589
THE GROVE OF FOX VALLEY	AURORA	Kane County	158	51,861

ATTACHMENT 19 Staffing Availability

Ignite Nursing & Rehabilitation – New Lenox Staffing Pattern Sample Staffing Plan

All positions are listed as Full Time Equivalents (FTE's). One FTE equals 2080 hours per year. This plan is based upon a stabilized census of 76 (90%). The facility will employ everyone directly and has no plans to outsource any position.

Position	# of FTE's
Administrator	1.0
Director of Nursing	1.0
Nursing Unit Manager	2.0
Wound Treatment Nurse	1.4
MDS/Care Plan	2.0
Business Office Manager	1.0
HR Director	1.0
Admissions Director	1.0
Community Liaison	1.0
Customer Service Director	1.0
Social Work Director	1.0
Life Enrichment Director	1.0
Health Information Supervisor	1.0
Maintenance/Housekeeping Director	1.0
Executive Chef	1.0
Director of Therapy	1.0
Social Services Assistant	1.0
Reception	2.1
Supply Clerk	1.0
Housekeeping Staff	7.0
Laundry Staff	2.9
Dietary Aides Staff	11.2
Dietary Cooks Staff	5.6
Activities Staff	1.0
Physical Therapists/Aides	9.0
Occupational Therapists/Aides	7.0
Speech Therapists/Aides	1.0
Therapy Transport Aide	1.0
Certified Nurses Aide	33.6
Registered Nurses	9.8
Licensed Practical Nurse	11.2
PM Supervisor (RN)	1.0
Total	123.8

ATTACHMENT 20

Bed Capacity

Upon project completion the licensed bed capacity will be 96 nursing care beds. Therefore, the proposed project is compliant with this criterion which establishes the maximum bed capacity of a general LTC facility as 250 beds.

ATTACHMENT 21

Community Related Functions

Included with this attachment are several letters from community, political, and other organizations in the community such as:

- Will County, Illinois Executive
- Illinois State Representatives
- Illinois State Senators
- Local Business Owners
 - Silver Cross Hospital
 - Centier Bank

ATTACHMENT 21 Community Related Functions



Anthony DeLuca
STATE REPRESENTATIVE • BOTH DISTRICT

SPRINGFIELD OFFICE:
267-S STRATTON OFFICE BUILDING
SPRINGFIELD, ILLINOIS 62706
(217) 782-1719

DISTRICT OFFICE:
195 W. JOE ORR ROAD
SUITE 201
CHICAGO HEIGHTS, ILLINOIS 60411
(708) 754-7900
FAX: (708) 754-7904
E-MAIL: REPDELUCA@SBCGLOBAL.NET

Ms. Debra Savage
Chairwoman
Illinois Health Facilities and Services Review Board (HFSRB)
525 W. Jefferson St., Second Floor
Springfield, IL 62761

Dear Ms. Savage and Members of the HFSRB:

I am pleased to offer my support for the planned skilled nursing facility in New Lenox, developed through a partnership between Ignite Medical Resorts and Silver Cross Hospital.

Beyond its clinical benefits, this project represents a meaningful investment in the local community and the broader Will County region. The development of a 90-95 bed facility will create new healthcare jobs, attract skilled professionals, and contribute to the local economy while expanding access to high-quality care for residents.

As our population continues to age, the demand for specialized rehabilitation services is growing. This facility is uniquely designed to meet that demand while allowing residents to remain close to home during recovery—an important factor for both patient well-being and family involvement.

Additionally, the emphasis on hospitality-driven care reflects a patient-centered approach that recognizes dignity and comfort as essential components of healing.

This project will strengthen our healthcare infrastructure while supporting economic growth and community stability. I strongly encourage its advancement.

Sincerely,

Anthony DeLuca
State Representative-District office manager

ATTACHMENT 21 Community Related Functions



WILL COUNTY, ILLINOIS

JENNIFER BERTINO-TARRANT
WILL COUNTY EXECUTIVE

P. (815) 740-4601
F. (815) 740-4600
E. countyexec@willcountyillinois.com

Will County Office Building
302 N. Chicago Street
Joliet, IL 60432

April 15, 2026

Ms. Debra Savage
Chairwoman
Illinois Health Facilities and Services Review Board (HFSRB)
525 W. Jefferson St., Second Floor
Springfield, IL 62761

Dear Ms. Savage:

As the Will County Executive, I am pleased to express strong support for the proposed skilled nursing facility in New Lenox, developed through a partnership between Ignite Medical Resorts and Silver Cross Hospital.

This project represents the type of thoughtful, forward-looking investment our county seeks to encourage, one that strengthens both our healthcare infrastructure and our local economy. As Will County continues to grow, so too does the need for high-quality, accessible post-acute care options that allow residents to recover close to home and remain connected to their families and support systems.

The development of a 90-95 bed facility will create new healthcare jobs, attract skilled professionals, and contribute to the local economy while expanding access to high-quality care for residents. This is especially important as we work to ensure our workforce pipeline keeps pace with increasing demand in the healthcare sector.

From a public health standpoint, the facility's focus on short-term rehabilitation and coordinated, in-house therapy services will play a key role in improving patient outcomes and reducing strain on area hospitals. Investments in advanced technologies, including robotic-assisted rehabilitation, further position this project as a regional asset that will elevate the standard of care available in Will County.

Projects like this not only address immediate healthcare needs but also support long-term community vitality by making our county an attractive place to live, work, and raise a family.

I strongly support this initiative and encourage its approval.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Bertino-Tarrant", is written over a horizontal line.

Jennifer Bertino-Tarrant
Will County Executive

ATTACHMENT 21
Community Related Functions

ILLINOIS STATE SENATE

DISTRICT OFFICE:
20855 South LaGrange Road
Suite 102
Frankfort, IL 60423
(815) 464-5431
www.SenatorHastings.com



SPRINGFIELD OFFICE:
121-D Capitol Building
Springfield, IL 62706
(217) 781-9595

Michael E. Hastings
STATE SENATOR - 19th DISTRICT

April 27, 2026

Ms. Debra Savage
Chairwoman
Illinois Health Facilities and Services Review Board (HFSRB)
525 W. Jefferson St., Second Floor
Springfield, IL 62761

Dear Ms. Savage:

I am writing in strong support of the proposed skilled nursing facility in New Lenox, developed in partnership between Ignite Medical Resorts and Silver Cross Hospital.

From a policy and systems perspective, this project is both timely and necessary. It is a constant challenge in healthcare to discharge patients efficiently while ensuring continuity of care. This facility directly supports that goal by providing a high-quality, specialized setting for short-term rehabilitation.

By offering comprehensive therapy services—physical, occupational, and speech—in conjunction with advanced rehabilitation technologies, the facility will help reduce hospital length of stay and prevent avoidable readmissions. Importantly, the development of a 90-95 bed facility will create new healthcare jobs, attract skilled professionals, and contribute to the local economy while expanding access to high-quality care for residents.

This not only benefits patients but also contributes to a more efficient and sustainable healthcare system. Will County residents deserve access to this level of care without needing to travel outside the region.

I strongly support this initiative and believe it will serve as a model for future healthcare development across the state.

Sincerely,

A handwritten signature in dark ink, appearing to read "Michael E. Hastings".
Senator Michael E. Hastings
19th Legislative District

ATTACHMENT 21
Community Related Functions



April 23, 2026

Ms. Debra Savage
Chairwoman
Illinois Health Facilities and Services Review Board (HFSRB)
525 W. Jefferson St., Second Floor
Springfield, IL 62761

Dear Ms. Savage and Members of the HFSRB:

I write to express my strong support for the proposed partnership between Ignite Medical Resorts and Silver Cross Hospital to construct a new, state-of-the-art skilled nursing facility in New Lenox.

As a legislator representing New Lenox, this project represents a significant advancement in how we deliver post-acute care in Will County and across the region. By focusing specifically on short-term rehabilitation following hospitalization or surgery, the facility addresses a critical gap in the continuum of care—ensuring patients can transition safely and efficiently from hospital to home.

The integration of advanced clinical tools such as robotic-assisted rehabilitation and virtual reality therapy demonstrates a forward-thinking approach that aligns with broader healthcare trends emphasizing improved outcomes and reduced hospital readmissions. Equally important is the inclusion of comprehensive, in-house therapy services, which will allow patients to receive coordinated, high-quality care under one roof.

Importantly, the development of a 90–95 bed facility will create new healthcare jobs, attract skilled professionals, and contribute to the local economy while expanding access to high-quality care for residents. This model not only improves patient recovery timelines but also enhances quality of life during rehabilitation through thoughtful amenities and supportive services.

I fully support this project and believe it will set a new standard for post-acute care in Illinois.

Sincerely,

Patrick Sheehan
State Representative
37th District, Illinois

ATTACHMENT 21 Community Related Functions



1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-1100 • www.silvercross.org

May 5, 2026

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

RE: Letter of Support for Ignite New Lenox (Certificate of Need Application)

Dear Mr. Kniery:

As Chief Executive Officer of Silver Cross Hospital, I write to express Silver Cross Hospital's full support for the establishment of Ignite New Lenox, a skilled nursing facility ("SNF"), to be located on the Silver Cross campus at 1900 Silver Cross Blvd., New Lenox, Illinois 60451. The proposed SNF will be well positioned to meet the growing need for post-acute skilled nursing and long-term care services in Will County, including the area within a ten-mile radius of the proposed site. Based on Ignite's model of care and track record of quality outcomes, this partnership will enhance timely access to high-quality skilled nursing services for patients transitioning from the hospital to the next level of care.

From July 2024 through July 2025, Silver Cross Hospital discharged 2,162 patients to SNFs and 486 patients to inpatient rehabilitation facilities for post-acute care. This volume demonstrates substantial ongoing demand for post-acute services among Silver Cross patients alone and does not include referrals originating from other hospitals and providers within the surrounding service area which is considerable.

The establishment of Ignite New Lenox would benefit Silver Cross patients by expanding local capacity for skilled nursing care in close proximity to the hospital and by supporting improved care transitions. It would also serve area residents by strengthening the continuum of care and access to high-quality post-acute services for the broader Will County community.

For these reasons, I respectfully urge the Illinois Health Facilities and Services Review Board to approve Ignite New Lenox's Certificate of Need application.

Sincerely,

Michael Mutterer
Chief Executive Officer
Silver Cross Hospital

The way you *should* be treated.

ATTACHMENT 21
Community Related Functions



May 14, 2026

To Whom It May Concern,

I am providing this letter at the request of Chris King, CFO of Leo Brown Group, LLC, Carmel, Indiana.

Please allow this letter to serve as confirmation that Leo Brown Group, LLC and their related affiliates are valuable commercial banking clients of Centier Bank (www.centier.com) and we have enjoyed working together since 2009. During this time, they have handled all loan obligations and deposit accounts as agreed.

Leo Brown Group, LLC, Carmel, Indiana, and their related affiliates have in excess of \$12,000,000 current collected aggregate deposit balances with Centier Bank. Their trailing twelve-month average aggregate deposit balances also exceed \$12,000,000.

If I can be of further assistance in this regard, don't hesitate to contact me at dpeter@centier.com or 765-423-4615, ext. 3106

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Peter", written over a horizontal line.

Dan Peter
Vice President
Business Banking
dpeter@centier.com
765-423-4615

ATTACHMENT 22

Project Related Size

This proposed project is for the establishment of a 96-bed nursing care facility housed within a physical space comprised of a 62,590 GSF. The standard under 77 Ill. Admin. Section 1125. Appendix A is 570 DGSF of clinical space per bed. The maximum allowable project size for this project would be 54,720 of clinical GSF. The total clinical GSF is 34,651. Therefore, the proposed project is compliant with this criterion.

ATTACHMENT 23

Zoning

The property to be utilized for the proposed facility has been zoned for the type of facility to be developed. The proposed site at 1900 Silver Cross Boulevard, New Lenox, Illinois 60451 falls within the "H" (Hospital) zoning district as reflected on the 2026 Zoning Map for the Village of New Lenox. According to the Village of New Lenox's table of zoning districts identifying permitted and special uses, a skilled nursing facility is a permitted use within the "H" district. No zoning variance or special use approval is required for this project. Documentation of the applicable zoning designation, including the 2026 Zoning Map and the permitted uses table, is enclosed with this attachment.

ATTACHMENT 23 Zoning



Zoning District Permitted and Special Use Table

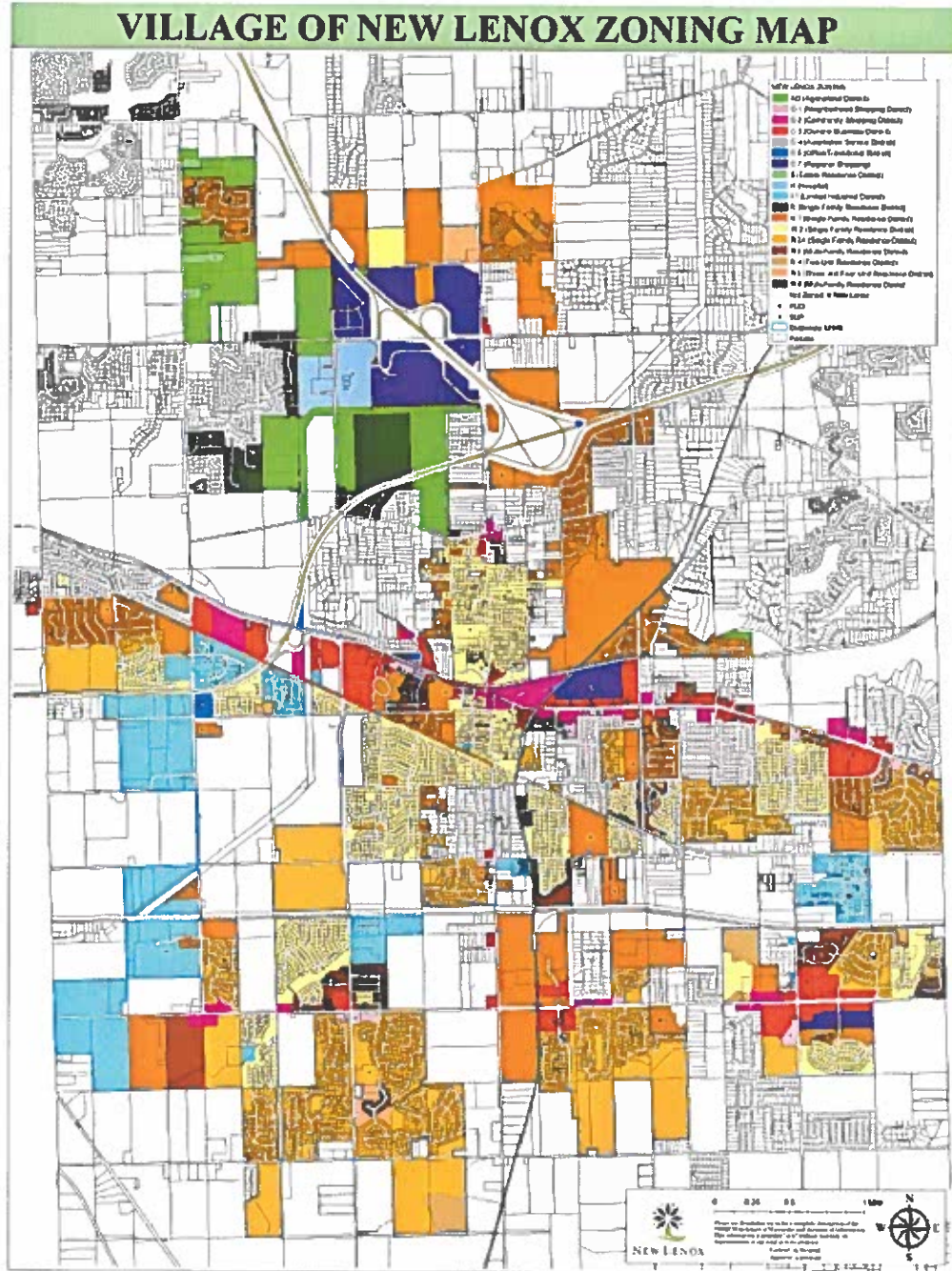
P Permitted Use
S Special Use
Blank Not Permitted

	RESIDENTIAL ZONING DISTRICTS										COMMERCIAL ZONING DISTRICTS									
	AG	R-1	R-2A	R-2	R-3	R-4	R-5	R-1A	R	E	R-6	C-1	C-2	C-3	C-4	C-5	C-6	C-7	I-1	M
Residential Uses																				
Single family detached dwelling	P	P	P	P	P	P	P	P	P	P							S			
Two family dwellings					P	P	P													
Three family dwellings							P													
Four family dwellings							P													
Multi family dwellings					P						P									
Small Residential Care Homes		P	P					P												
Mobile Home Parks					S															
Family Homebased	P																			
Businesses of Prepaid use of the												S	S	S	S			S	S	
Commercial Use																				
Businesses when on the 2nd floor and																				
secondary to the business use of the																				
premises												S	S	S	S					
Convenience or nursing homes, clinics,												S	S	S	S					
hospitals and sanitariums	S				S		S			S	S					P			P	
Apartment																				
Hotels and/or motels												S	P				P	P		
Public, Quasipublic and Governmental Buildings and Facilities																				
Police service														P	P				P	P
Animal pounds and shelters																			P	P
Fire stations																				
Two passenger stations																				
Churches and other places of worship	S	S	S	S	P	P	P	S	S	S	P	S	P		P	P				S
Community Center	S	P	P	P	P	P	P	P	P	P	P									
Essential services, police and fire																				
stations, radio television antennas, public																				
utilities, gas regulator stations, telephone																				
exchanges and electric substations	S	P	P	P	P	P	P	P	P	P	P								P	
Adult day centers	S																			
recreational centers, community center																				
facilities on publicly owned land		S	S	S	S	S	S	S	S	S	S	S	S	S	S				S	S
highways, bridges or elevated																			S	S
highways																	P		P	P
Marine docks, waterways, boat lifts																				
power plants and terminals	S																			
Museums and art galleries																				
Office buildings												P	P		P	P			P	
Off street parking facilities												P			P					P
Public houses and convents, in																				
conjunction with schools		P	P	P	P	P	P	P	P	P	P									
Post offices																				
Public golf courses	S	P	P	P	P	P	P	P	P	P	P						P			
Public Parks, public playgrounds	S	P	P	P	P	P	P	P	P	P	P								P	
Public and Parochial Schools	S	P	P	P	P	P	P	P	P	P	P									

ATTACHMENT 23 Zoning

	AG	R-1	R-2A	R-2	R-3	R-4	R-5	R-1A	R	E	R-6	C-1	C-2	C-3	C-4	C-5	C-6	C-7	I-1	H
Veterinary clinics, animal hospitals and kennels														P				P		
Waste transfer service														P				P		
Welding shops														P				P		
Welding cleaning firm														P				P		
Wholesale Commodity stores	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
Professional office establishments																				
Accounting, auditing and bookkeepers													P	P		P		P		
Artist and individual designers													P	P		P		P		
Attorneys and law offices													P	P		P		P		
Chiropractic offices													P	P		P		P		
Chiropractor's offices													P	P		P		P		
Dental offices													P	P		P		P		
Doctors, surgeons and/or physician's offices													P	P		P		P		
Engineering and architectural services													P	P		P		P		
Imaging facilities, which may include mobile technology													P	P		P		P		
Laboratories, medical and dental													P	P		P		P		
Laboratories, medical and dental, and medical x-ray lab													P	P		P		P		
Landscaping architects													P	P		P		P		
Land surveyors													P	P		P		P		
Medical cannabis cultivation centers													P	P		P		P		
Medical cannabis dispensing organizations, which are subject to a drive-through													P	P		P		P		
Medical and dental offices													P	P		P		P		
Nurses													P	P		P		P		
Optician's offices													P	P		P		P		
Optometrist's offices													P	P		P		P		
Outpatient care facilities, including ambulatory facilities, therapy centers and emergency broadcasting care facilities																				
Professional offices														P	P			P		
Residential Care and treatment facilities including assisted living facilities, independent living facilities, medical support facilities, nursing homes and personal care facilities and rehabilitation facilities																				
Schools and day-care centers necessary to any permitted or special use in the district																				P
Scientific research agencies														P	P			P		
Veterinary clinics and animal hospitals														P	P			P		
Veterinary offices														P	P			P		
Wholesale and Warehouse uses																				
Direct selling establishments, where products are stored and distributed														P				P		
Storage buildings														P				P		
Warehouses																		P		

ATTACHMENT 23
Zoning



ATTACHMENT 24
Assurances

By the attached letter the Applicant hereby attests to the fact 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).

ATTACHMENT 24
Assurances



1550 N Northwest Highway
Suite 430
Park Ridge, IL 60068

Main Phone: (847) 453-4000
Fax: (847) 813-5729

May 22, 2026

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Ignite Nursing & Rehabilitation – New Lenox Assurances

Dear Mr. Kniery:

As representative of Ignite Nursing & Rehabilitation- New Lenox, I, Timothy Fields, attest that it is the Applicant's full anticipation that, by the end of the second year following the proposed long-term care facility opening, the proposed facility will operate at or in excess of the utilization standards identified in 77 Illinois Admin. Code Section 1125.210(c).

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Timothy Fields", is written over a horizontal line.

Timothy Fields
President
Ignite Nursing & Rehabilitation – New Lenox

UNCOMPROMISING LUXURY | RAPID REHABILITATION

ATTACHMENT 27
Availability of Funds



May 14, 2026

To Whom It May Concern,

I am providing this letter at the request of Chris King, CFO of Leo Brown Group, LLC, Carmel, Indiana.

Please allow this letter to serve as confirmation that Leo Brown Group, LLC and their related affiliates are valuable commercial banking clients of Centier Bank (www.centier.com) and we have enjoyed working together since 2009. During this time, they have handled all loan obligations and deposit accounts as agreed.

Leo Brown Group, LLC, Carmel, Indiana, and their related affiliates have in excess of \$12,000,000 current collected aggregate deposit balances with Centier Bank. Their trailing twelve-month average aggregate deposit balances also exceed \$12,000,000.

If I can be of further assistance in this regard, don't hesitate to contact me at dpeter@centier.com or 765-423-4615, ext. 3106

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Peter", with a large, stylized flourish extending from the end.

Dan Peter
Vice President
Business Banking
dpeter@centier.com
765-423-4615

ATTACHMENT 27 Availability of Funds



Borrower:	New Lenox Senior Partners, LLC
Loan Facility:	Construction Loan
Amount:	Up to <u>\$24,311,875</u> subject to the lesser of: 75% appraised value, 75% of Total Project Costs, or 1.25x DSCR based on the applicable underwriting rate.
Purpose:	To provide financing for the construction of a new recovery, rehab therapy, and skilled nursing facility
Term:	<u>Construction Phase:</u> 36 Months <u>Mini-Perm:</u> 36 months
Amortization:	<u>Construction Phase:</u> Interest Only <u>Mini-Perm:</u> Principal and Interest based on a 25-year amortization schedule.
Collateral:	First real estate mortgage on subject property together with an assignment of rents and leases on proposed facility located; assignment of construction contracts together with all furniture, fixtures, equipment, trade receivables and all tangible and intangible assets.
Rate:	<u>Construction Phase:</u> Lender Prime Rate +0% (currently 6.75%); floating and subject to change. <u>Mini-Perm:</u> Option to Fix or Float upon conversion to Mini-Perm • Fixed: 3 year US Treasury + 300 bps (currently 6.75%) • Floating: Lender Prime Rate + 0%
Prepayment penalty:	Floating Option – No prepayment penalty Fixed Options – Yield Maintenance
Guarantors:	The bank requires an unlimited, joint and several guarantee(s) from principals and/or entities associated with the ownership of the project. Any proposed guarantor(s) will be subject to Bank underwriting, credit analysis, and must be acceptable to the bank in its sole discretions.

ATTACHMENT 27

Availability of Funds

Please note burn off of guarantor structures once a project reaches particular milestones may be available but is subject to the banks review and approval on a project to project basis.

Commitment Fee: Initial loan commitment fee of .45% on the loan amount plus, all third-party expenses for the construction phase. A fee of \$10,000 will be due at conversion to mini perm.

Financial Covenants: TBD

Significant Terms & Conditions:

- A) Appraisal acceptable by Lender, ALTA survey certified to Lender, Phase I, AAI environmental assessment with no material deficiencies certified to Lender, title insurance, builders' risk and property/ casualty insurance, and flood certification, all satisfactory to Lender.
- B) Evidence that all of Borrower' cash equity has been funded prior to the initial draw on the construction line.
- C) Borrower will be responsible for all closing costs including third party reports and legal fees.
- D) Draws submitted monthly in a mutually agreeable format and will be subject to title insurance date down endorsements reflecting no mechanic lien filings, and third-party inspections, all subject to the satisfaction and approval by Lender.
- E) The developer fee will be paid 1/3, 1/3, 1/3: at closing, at halfway point of construction, and the remainder paid at the certificate of occupancy.
- F) Provide construction contract including cost break down.
- G) Plans and specifications for construction, with third party review
- H) Proof of all necessary zoning and building permits
- I) Receipt of all material leases
- J) No additional liens, except for liens incurred in the ordinary course of business, without Lender approval.
- K) No change in management or control without Lender approval
- L) Borrower will not incur additional bank debt, nor will it make any loans or advances to any of its partners, shareholders, officers, or members without written consent by Lender.
- M) Prior to approval, receipt of all guarantors (financial) due diligence, reasonably requested by Lender.
- N) Other standard terms and conditions as reasonably determined by Lender.

ATTACHMENT 27 Availability of Funds

Reporting:

- A) Annual corporate tax returns of Borrower including all schedules and K-1's, beginning 12/31/29.
- B) Quarterly internally prepared financial statements of Borrower beginning 03/31/29.
- C) Annual rent roll on residents submitted by Borrower or when requested by Lender.
- D) Annual personal financial statements of each guarantor
- E) Annual personal tax returns of each guarantor with K-1's

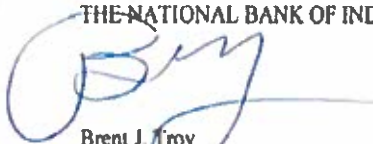
Deposits: Borrower to maintain its primary deposit relationship at The National Bank of Indianapolis

Thank you for the opportunity!

If the terms and conditions of this Proposal Letter are satisfactory and you would like the Lender to proceed with the approval process, please provide an indication of acceptance and approval by executing in the space provided below and returning the executed original of this Agreement to me.

Warmest regards,

THE NATIONAL BANK OF INDIANAPOLIS



Brent J. Troy
Vice President

Agreed to and accepted this _____ day of _____, 2026.

By: _____

Title: _____

Date: _____

Expiration of this Term Sheet: July 30, 2026

ATTACHMENT 29

Financial Viability

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Operating Company (Projected)	Property Company (Projected)
Enter Historical and/or Projected Years:	2024	2025	2026	2030	2030
Current Ratio	-	-	-	3.77	4.42
Net Margin Percentage	-	-	-	9.1%	1.3%
Percent Debt to Total Capitalization	-	-	-	N/A	79.8%
Projected Debt Service Coverage	-	-	-	N/A	1.50
Days Cash on Hand	-	-	-	73.45	474.49
Cushion Ratio	-	-	-	N/A	.99

ATTACHMENT 29
Financial Viability

Ignite Medical New Lenox, LLC (Operator)
Projected Statement of Financial Position

	2028	2029	2030
Current assets			
Cash in bank and on hand	1,236,276	1,797,230	3,433,879
Accounts receivable, net	1,664,833	2,994,951	3,084,799
Inventory	15,000	15,375	15,759
Prepaid expenses	25,000	25,625	26,266
Current assets	2,941,109	4,833,181	6,560,703
Total assets	2,941,109	4,833,181	6,560,703
Liabilities and Stockholders Equity			
Current liabilities			
Accounts payable	174,847	286,913	295,520
Due to McHenry Senior Partners	789,040	789,040	789,040
Accrued salaries & benefits	185,803	325,043	334,794
Accrued taxes	217,594	233,037	239,484
Other liabilities	80,000	82,000	82,000
Total current liabilities	1,447,284	1,716,033	1,740,839
Total liabilities	1,447,284	1,716,033	1,740,839
Stockholders equity			
Contributed capital	1,000,000	1,000,000	1,000,000
Retained earnings	493,824	2,117,148	3,819,865
Total stockholders equity	1,493,824	3,117,148	4,819,865
Total liabilities and stockholders equity	2,941,109	4,833,181	6,560,703

ATTACHMENT 29
Financial Viability

Ignite Medical New Lenox, LLC (Operator)
Viability Ratios

	2028	2029	2030
Current Ratio	2.03	2.82	3.77
Current Assets	2,941,109	4,833,181	6,560,703
Current Liabilities	1,447,284	1,716,033	1,740,839
Net Margin Percentage	4.9%	8.9%	9.1%
Net Income	493,824	1,623,324	1,702,717
Net Operating Revenue	10,127,733	18,219,283	18,765,862
Percent of debt to total capitalization	0.0%	0.0%	0.0%
Long term debt	-	-	-
Long term debt plus shareholders equity	1,493,824	3,117,148	4,819,865
Projected debt service coverage	n/a	n/a	n/a
Net Income + Depreciation + Interest	493,824	1,623,324	1,702,717
Principal + Interest expense	-	-	-
Days Cash on Hand	46.84	39.53	73.45
Cash in bank	1,236,276	1,797,230	3,433,879
Operating expenses / 365	26,394	45,468	46,748
Cushion Ratio	n/a	n/a	n/a
Cash & Investments	1,236,276	1,797,230	3,433,879
Maximum annual debt service	-	-	-

ATTACHMENT 29
Financial Viability

New Lenox Senior Partners, LLC (Landlord)
Projected Statement of Financial Position

	2028	2029	2030
Current assets			
Cash in bank and on hand	38,062	984,304	1,988,425
Escrowed expenses	90,000	90,000	90,000
Due from Tenant	789,040	789,040	789,040
Current assets	917,102	1,863,344	2,867,465
Property, plant and equipment			
Land	2,000,000	2,000,000	2,000,000
Building	28,720,452	28,720,452	28,720,452
Major moveables	2,173,600	2,173,600	2,173,600
Subtotal	32,894,052	2,894,052	32,894,052
Accumulated depreciation	(1,459,332)	(2,918,665)	(4,377,997)
Net fixed assets	31,434,719	29,975,387	28,516,055
Total assets	32,351,821	31,838,731	31,383,520
Liabilities and Stockholders Equity			
Current liabilities			
Current portion of mortgage payable	463,029	491,588	521,908
Accrued interest	130,062	129,012	126,632
Total current liabilities	593,091	620,600	648,540
Long term debt - mortgage payable	25,549,290	25,057,702	24,535,794
Total liabilities	26,142,381	25,678,302	25,184,334
Members equity			
Contributed capital	7,670,773	7,670,773	7,670,773
Retained earnings	(1,461,332)	(1,510,343)	(1,471,587)
Total stockholders equity	6,209,441	6,160,430	6,199,186
Total liabilities and stockholders equity	32,351,821	31,838,731	31,383,520

ATTACHMENT 29
Financial Viability

Batavia Senior Partners, LLC (Landlord)
Projected Statement of Profit and Loss

	2028	2029	2030
Rental Income	1,560,739	2,960,465	3,019,674
Interest income	8,000	8,000	8,000
Total income	1,568,739	2,968,465	3,027,674
Operating expenses			
Interest expense	1,560,739	1,548,143	1,519,585
Professional fees	7,000	7,000	7,000
Other costs	3,000	3,000	3,000
Depreciation expense	1,459,332	1,459,332	1,459,332
Total expenses	3,030,072	3,017,476	2,988,917
Net Income	(1,461,332)	(49,011)	38,757

ATTACHMENT 29 Financial Viability

Batavia Senior Partners, LLC (Landlord) Viability Ratios

	2028	2029	2030
Current Ratio	1.55	3.00	4.42
Current Assets	917,102	1,863,344	2,867,465
Current Liabilities	593,091	620,600	648,540
Net Margin Percentage	-93.6%	-1.7%	1.3%
Net Income	(1,461,332)	(49,011)	38,757
Net Operating Revenue	1,560,739	2,960,465	3,019,674
Percent of debt to total capitalization	80.4%	80.3%	79.8%
Long term debt	25,549,290	25,057,702	24,535,794
Long term debt plus shareholders equity	31,758,730	31,218,131	30,734,980
Projected debt service coverage	1.00	1.47	1.50
Net Income + Depreciation + Interest	1,558,739	2,958,465	3,017,674
Principal + Interest expense	1,560,739	2,011,173	2,011,173
Days Cash on Hand	8.84	230.58	474.49
Cash in bank	38,062	984,304	1,988,425
Operating expenses / 365	4,303	4,269	4,191
Cushion Ratio	0.02	0.49	0.99
Cash & Investments	38,062	984,304	1,988,425
Maximum annual debt service	2,011,173	2,011,173	2,011,173

ATTACHMENT 30
Economic Feasibility

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	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Nursing	\$318.48	-	34,561	-	-	-	\$11,007,013	-	\$11,007,013
Contingency	\$17.60	-	34,561	-	-	-	\$608,432	-	\$608,432
TOTALS	\$336.08	-	34,561	- *	-	-	\$11,615,445	-	\$11,615,445
* Include the percentage (%) of space for circulation									

**ATTACHMENT 30
Economic Feasibility**



1550 N Northwest Highway
Suite 430
Park Ridge, IL 60068

Main Phone: (847) 453-4000
Fax: (847) 813-5729

May 22, 2026

John Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Ignite Nursing & Rehabilitation – New Lenox Economic Feasibility

Dear Mr. Kniery:

As representative of Ignite Nursing & Rehabilitation- New Lenox, I, Timothy Fields, attest that the project costs will be \$30,451,641. The project will be funded with existing cash and securities in the amount of \$7,612,910, and a loan from Merchants Bank of Indiana in the amount of \$22,838,731. The Applicants have sufficient and readily accessible internal resources to fund their obligation required by the project and to fully fund other ongoing obligations.

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

A handwritten signature in blue ink, appearing to read "Timothy Fields", is written over a horizontal line.

Timothy Fields
President
Ignite Nursing & Rehabilitation – New Lenox

UNCOMPROMISING LUXURY | RAPID REHABILITATION

Appendix A

Project Size Standards – Square Footage and Utilization

This proposed project is for the establishment of a 96-bed nursing care facility housed within a physical space comprised of a 62,590 GSF. The standard under 77 Ill. Admin. Section 1125. Appendix A is 570 DGSF of clinical space per bed. The maximum allowable project size for this project would be 54,720 of clinical GSF. The total clinical GSF is 34,561. Therefore, the proposed project is compliant with this criterion.

Appendix B Financial and Economic Review Standards

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$118,092	\$96,308	\$214,400
Site Survey and Soil Investigation	\$12,393	\$10,107	\$22,500
Site Preparation	\$425,883	\$347,325	\$773,208
Off Site Work	-	-	-
New Construction Contracts	\$11,007,013	\$9,139,779	\$20,146,792
Modernization Contracts	-	-	-
Contingencies	\$608,432	\$496,201	\$1,104,633
Architectural/Engineering Fees	\$464,049	\$378,451	\$842,500
Consulting and Other Fees	\$905,902	\$738,800	\$1,644,703
Movable or Other Equipment (not in construction contracts)	\$1,197,219	\$976,381	\$2,173,600
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	\$1,289,583	\$1,051,708	\$2,341,291
Fair Market Value of Leased Space or Equipment	-	-	-
Other Costs To Be Capitalized	\$744,199	\$443,816	\$1,188,015
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	\$16,772,764	\$13,678,877	\$30,451,641
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$4,193,191	\$3,419,719	\$7,612,910
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	\$12,579,573	\$10,259,158	\$22,838,731
Leases (fair market value)	-	-	-
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	\$16,772,764	\$13,678,877	\$30,451,641

Appendix B Financial and Economic Review Standards

Reasonableness of Project costs and Related Cost Standards

Preplanning Costs - Preplanning costs are based upon the development of the proposed site on the Silver Cross Hospital campus in New Lenox, Illinois. The clinical preplanning costs are estimated to be \$118,092, which is approximately 1.07% of the combined clinical construction contracts, contingencies, and equipment costs. The proposed preplanning costs are reasonable under the Board's standards.

Site Preparation and Site Survey/Soil Investigation - Site preparation and site survey costs are based upon the proposed site location within the Village of New Lenox and the development of the property on the Silver Cross Hospital campus. The combined clinical site preparation and site survey costs are estimated to be \$438,276, which is approximately 3.8% of the clinical construction and contingency costs, and therefore reasonable under the Board's standards.

New Construction Contracts - The projected building costs are based on national architectural and construction standards, quotes for the work from contractors, and adjusted to compensate for local market factors. The clinical construction costs are estimated to be \$11,007,013, or \$318.48 per clinical square foot. The RS Means benchmark for a project with a mid-point construction date of 2028 is \$342.25 per square foot; therefore, the proposed new construction costs are below the benchmark and reasonable under the Board's standards.

Contingencies- The project's contingency costs are designed to provide the construction team funding for unforeseeable events related to construction. Clinical contingency costs are estimated to be \$608,432, or 5.5% of projected clinical new construction costs, which is reasonable under the Board's standards.

Architectural/Engineering Fees - The clinical architectural and engineering fees are projected to be \$464,049, or 4.0% of the combined clinical new construction and contingency costs, which is reasonable under the Board's standards.

Consulting and Other Fees - The project's consulting fees of \$905,902 (clinical) are primarily comprised of various project-related fees, additional state and local permitting fees, and other CON-related costs.

Moveable Equipment Costs - The moveable equipment costs are necessary for the operation of the proposed 96 skilled nursing beds. The proposed clinical equipment costs for this project are \$1,197,219, or \$12,471.03 per bed.

Net Interest Expense During Construction - The net interest expense of \$1,289,583 (clinical) is associated with the mortgage financing being utilized for the project and is necessary and required under the financing instruments.

Other Costs to Be Capitalized - The other costs to be capitalized of \$744,199 (clinical) include miscellaneous fees and various capital expenses associated with the project.

Facility Equipment List

Operational Equipment (Clinical)

Appendix B Financial and Economic Review Standards

Item	Amount
Healthcare Equipment	\$185,000
Dialysis Unit Chairs	\$46,000
Dialysis Den — Other Equipment Allowance	\$31,000
Fitness / Therapy Equipment	\$139,000
Foodservice Smallwares	\$42,000
Environmental Equipment	\$36,000
Andago PT Equipment	\$96,000
Savings from Alternative ONYX Equipment	(\$26,000)
Medical Lifts	\$65,000
Wheel Chairs	\$28,000
Subtotal — Operational Equipment	\$642,000

Furnishings (Clinical)

Item	Amount
Furniture & Accessories	\$168,000
Headboards and Footboards	\$57,600
Beds	\$192,000
Art	\$36,000
Soft Goods & Blinds	\$24,619
Interior Signage	\$18,000
Mirrors	\$9,000
Subtotal — Furnishings	\$505,219

Physical Therapy (Clinical)

Item	Amount
Misc. Fitness & Therapy Equipment	\$50,000

Attached Goods (Non-Clinical)

Item	Amount
Residential Appliances	\$63,000
Laundry Equipment	\$104,000
Lockers	\$18,000
Shelving	\$24,000
Televisions	\$76,200
Nurse Station Ice Machines	\$94,000
Subtotal — Attached Goods	\$379,200

IT Costs (Non-Clinical)

Item	Amount
Phones	\$29,000
Cable / Internet Service	\$24,000
Network Infrastructure	\$86,000
Printers & Copiers	\$19,600
Computers, iPads, Servers Allowance	\$129,281
Nexus TVs	\$96,000
Subtotal — IT Costs	\$383,881

Other Furniture (Non-Clinical)

Item	Amount
Room Chairs Allowance	\$52,000
Folding Chairs	\$7,200
Install — Interior Signage	\$9,600
Laundry Equipment Install	\$13,500
Cafe Equipment & Supplies Allowance	\$56,000
Therapy Tubs	\$40,000
Therapy Gym Car	\$35,000
Subtotal — Other Furniture	\$213,300

Appendix B

Financial and Economic Review Standards

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Operating Company (Projected)	Property Company (Projected)
Enter Historical and/or Projected Years:	2024	2025	2026	2030	2030
Current Ratio	-	-	-	3.77	4.42
Net Margin Percentage	-	-	-	9.1%	1.3%
Percent Debt to Total Capitalization	-	-	-	N/A	79.8%
Projected Debt Service Coverage	-	-	-	N/A	1.50
Days Cash on Hand	-	-	-	73.45	474.49
Cushion Ratio	-	-	-	N/A	.99

Appendix C Project Status and Completion Schedule

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): July 1, 2028

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**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL	-	-	-	-	-	-	-
Nursing Beds	\$12,528,579	-	25,891	25,891	-	-	-
Medical Pod Areas	\$1,129,335	-	2,335	2,335	-	-	-
Physical/Occupational Therapy	\$2,326,100	-	4,808	4,808	-	-	-
Home Dialysis	\$738,750	-	1,527	1,527	-	-	-
Total Review	\$16,722,764	-	34,561	34,561	-	-	-
NON CLINICAL							
Administrative	\$10,435,128	-	21,445	21,445	-	-	-
Lounges/Dining	\$3,203,499	-	6,584	6,584	-	-	-
Total Non-clinical	\$13,638,627	-	28,029	28,029	-	-	-
TOTAL	\$30,451,641	-	62,590	62,590	-	-	-

Appendix E Flood Plain Letter



1550 N Northwest Highway
Suite 430
Park Ridge, IL 60068

Main Phone: (847) 453-4000
Fax: (847) 813-5729

May 27, 2026

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Floor 2
Springfield, Illinois 62761

Re: Ignite Nursing & Rehabilitation -New Lenox Flood Plain Requirements

Dear Mr. Kniery:

As representative of Ignite Nursing & Rehabilitation – New Lenox, I Timothy Fields, affirm that the proposed location for the establishment of this facility complies with Illinois Executive Order #2005-5. The facility location is 1900 Silver Cross Blvd., New Lenox, IL 60451 and is not located in a flood plain. As evidence, please find enclosed map from the Federal Emergency Management Agency ("FEMA").

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Timothy Fields", is written over a horizontal line.

Timothy Fields
President
Ignite Nursing & Rehabilitation – New Lenox

UNCOMPROMISING LUXURY | RAPID REHABILITATION

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Appendix E Flood Plain Letter



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:

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