

ORIGINAL

08-086

ILLINOIS HEALTH FACILITIES PLANNING BOARD  
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (IDEN)

RECEIVED

This section must be completed for all projects.

OCT 21 2008

A. Facility/Project Identification

HEALTH FACILITIES  
PLANNING BOARD

Facility Name Springfield Nursing and Rehabilitation Center  
Street Address 3089 Old Jacksonville Road City Springfield  
County Sangamon Zip 62704 Health Service Planning Area III

B. Applicant Identification (provide for each co-applicant [refer to Part 1130.220] and insert after this page)

Exact Legal Name OJCC Realty, LLC  
Address 15 Brighton Road, Springfield, Illinois 62702  
Name of Registered Agent Abraham A. Gutnicki  
Name of Chief Executive Officer Ben Klein  
CEO Address 7444 Long Avenue, Skokie, Illinois 60077 Telephone No. (847)329-4100

Type of Ownership:

Non-profit Corporation  For-profit Corporation  Limited Liability Company  
 Partnership  Governmental  Sole Proprietorship  Other (specify) \_\_\_\_\_

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

APPEND DOCUMENTATION AS ATTACHMENT IDEN-1 AFTER THE LAST PAGE OF THIS SECTION.

C. Primary Contact Person (person who is to receive correspondence or inquiries during the review period)

Name Charles H. Foley Title Health Care Consultant  
Company Name Charles H. Foley & Associates, Inc.  
Address 1638 South MacArthur Boulevard  
Springfield, Illinois 62704 Telephone No. (217)544-1551  
E-mail Address foley.associates@sbcglobal.net Fax No. (217)544-3615

ILLINOIS HEALTH FACILITIES PLANNING BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (IDEN)

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Springfield, Illinois 62704 Telephone No. (217)544-1551
E-mail Address foley.associates@sbcglobal.net Fax No. (217)544-3615

D. Additional Contact Person (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of applicant)

Name Thomas C. Shields Title Attorney at Law
Company Name Bell, Boyd & Lloyd LLP
Address 70 West Madison Street, Suite 3100
Chicago, Illinois 60602-4207 Telephone No. (312) 807-4232
E-mail Address tshields@bellboyd.com Fax No. (312) 827-8166

E. Post Permit Contact Person (person to whom all correspondence and inquiries pertaining to the project subsequent to permit issuance are to be directed)

Name Charles H. Foley Title Health Care Consultant
Company Name Charles H. Foley & Associates, Inc.
Address 1638 South MacArthur Boulevard
Springfield, Illinois 62704 Telephone No. (217) 544-1551
E-mail Address foley.associates@sbcglobal.net Fax No. (217) 544-3615

F. Site Ownership (complete this information for each applicable site and insert after this page)

Exact Legal Name of Person Who Owns Site OJCC Realty, LLC
Address of Site Owner 15 Brighton Road, Springfield, Illinois 62702
Street Address or Legal Description of Site 3089 Old Jacksonville Road

G. Operating Entity/Licensee (complete this information for each applicable facility and insert after this page)

Exact Legal Name OJCC, LLC
Address 15 Brighton Road, Springfield, Illinois 62702

Type of Ownership:

Non-profit Corporation For-profit Corporation X Limited Liability Company
Partnership Governmental Sole Proprietorship Other (specify)

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APPEND DOCUMENTATION AS ATTACHMENT IDEN-2 AFTER THE LAST PAGE OF THIS SECTION.

**H. Organizational Relationships**

Provide (for each co-applicant) an organization chart containing the name and relationship of any person who is related (related person is defined in Part 1130.140). If the related person 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 IDEN-3 AFTER THE LAST PAGE OF THIS SECTION.**

**I. Status of Previous Certificate of Need Projects**

Provide the project number for any of the applicant's projects that have received permits but are not yet complete (completion is defined in Part 1130.140) and provide the current status of the project. If all projects are complete, indicate NONE: NONE

**J. Flood Plain Requirements (refer to instructions for completion of this application)**

Provide documentation regarding compliance with the Flood Plain requirements of Executive Order #4, 1979.

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-4 AFTER THE LAST PAGE OF THIS SECTION.**

**K. Historic Resources Preservation Act Requirements (refer to instructions for completion of this application)**

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

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-5 AFTER THE LAST PAGE OF THIS SECTION.**

**L. Project Classification (check those applicable, refer to Part 1110.40 and Part 1120.20.b)**

- |   |  |  |
|---|--|--|
| 1. Part 1110 Classification                     | 2. Part 1120 Applicability or Classification: (check one only) |  |
| <input checked="" type="checkbox"/> Substantive | <input type="checkbox"/> Part 1120 Not Applicable              | <input type="checkbox"/> Category A Project            |
| <input type="checkbox"/> Non-substantive        | <input type="checkbox"/> DHS or DVA Project                    | <input checked="" type="checkbox"/> Category B Project |

### M. 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. Include the rationale as to the project's classification as substantive or non-substantive. If the project site does NOT have a street address, include a legal description of the site.

OJCC Realty, LLC (Owner) and OJCC, LLC (Operator) are proposing a new 75 bed nursing care facility to be known as Springfield Nursing and Rehabilitation Center. The facility will be located at 3089 Old Jacksonville Road, Springfield, Sangamon County, Illinois. The total proposed gross square feet will be 54,375 and the total project cost will be \$12,199,520.

This Certificate of Need application is for a new facility, thus, this project is classified as "Substantive" according to the *77 Illinois Administrative Code, Chapter II, Section 1110.140.b of subchapter a.*

**N. Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains components that are not related to the provision of health care, complete an additional table for the portions that are solely for health care and insert that table following this page (e.g. separate a nursing home's costs from the components of a retirement community; separate patient care area costs from a hospital project that includes a parking garage). Note, the use and sources of funds must equal.

PROJECT USES AND SOURCES OF FUNDS	
USE OF FUNDS	AMOUNT
Preplanning Costs	\$6,500
Site Survey and Soil Investigation	\$10,000
Site Preparation	\$20,000
Off Site Work	\$0
New Construction Contracts	\$10,400,000
Modernization Contracts	\$0
Contingencies	\$520,000
Architectural/Engineering Fees	\$55,000
Consulting and Other Fees	\$558,000
Movable or Other Equipment (not in construction contracts)	\$501,053
Bond Issuance Expense (project related)	\$0
Net Interest Expense During Construction (project related)	\$770,000
Fair Market Value of Leased Space or Equipment	\$0
Other Costs To Be Capitalized	\$109,448
Acquisition of Building or Other Property (excluding land)	\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$12,950,000</b>
SOURCE OF FUNDS	AMOUNT
Cash and Securities	\$1,950,000
Pledges	\$0
Gifts and Bequests	\$
Bond Issues (project related)	\$0
Mortgages	\$11,000,000
Leases (fair market value)	\$0
Governmental Appropriations	\$0
Grants	\$0
Other Funds and Sources	\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$12,950,000</b>

**O. Related Project Costs**

- 1. 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:

No land acquisition is related to project;

Purchase Price \$1,198,000; Fair Market Value \$ \_\_\_\_\_

- 2. Does the project involve 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 \$ 200,000.

**P. Project Status and Completion Schedules**

- 1. Indicate the stage of the project's architectural drawings:

None or not applicable  Schematics  Preliminary  Final Working

- 2. Provide the following dates (indicate N/A for any item that is not applicable):

25% of project costs expended July 2009      50% of project costs expended January 2010  
 75% of project costs expended April 2010      95% of project costs expended October 2010  
 100% of project costs expended December 2010      Midpoint of construction date April 2010  
 Anticipated project completion date (refer to Part 1130.140) May 2011

- 3. 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.

**APPEND DOCUMENTATION AS ATTACHMENT INFO-6 AFTER THE LAST PAGE OF THIS SECTION.**

**Q. Cost/Space Requirements**

Provide in the format of the following example the gross square footage (GSF) and the attributable portion of total project cost for each department/area. Identify each piece of major medical equipment. 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 measurement plus the department or area's portion of the surrounding circulation space. Indicate the proposed 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
Dietary	1,150,000	3,000	6,000	3,000	1,000	2,000	
Radiation Therapy	3,250,000	4,000	5,500	5,500			
Medical Records	300,000	2,500	6,500		4,000	2,500	
<b>TOTALS</b>	<b>4,700,000</b>	<b>9,500</b>	<b>18,000</b>	<b>8,500</b>	<b>5,000</b>	<b>4,500</b>	

**APPEND DOCUMENTATION AS ATTACHMENT INFO-7 AFTER THE LAST PAGE OF THIS SECTION.**

**R. Facility Bed Capacity and Utilization**

1. Complete the following chart as applicable. Complete a separate chart for each facility that is part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest 12 month period for which data is available. Any bed capacity discrepancy from the Inventory will result with the application being deemed incomplete.

FACILITY NAME Springfield Nursing and Rehabilitation Center CITY Springfield

REPORTING PERIOD DATES: From Present to Present

Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Pediatrics					
Obstetrics					
Intensive Care					
Neonatal ICU					
Acute Mental Illness					
Rehabilitation					
Nursing Care	0	0	0	+75	75
Sheltered Care					
Other (identify)					
Other (identify)					
Other (identify)					
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>+75</b>	<b>75</b>

N/A 2. Is the facility certified for participation in the Medicare "swing bed" (i.e. acute care beds certified for extended care) program?        Yes        No

3. For the following categories of service, indicate the number of existing beds that are Medicare certified and the number of existing beds that are Medicaid certified (if none, so indicate):

Service	# Medicare Beds	#Medicaid Beds
Nursing Care	_____	_____
ICF/DD Adult	_____	_____
Children DD	_____	_____

S. Certification

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant and for each of the co-applicants.

This Application for Permit is filed on behalf of OJCC REALTY, 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]  
Signature  
Printed Name BRIAN LEVINSON  
Printed Title MEMBER

[Signature]  
Signature  
Printed Name MARK SHAPIRO  
Printed Title MEMBER

Notarization:  
Subscribed and sworn to before me  
this 11th day of September, 2009  
[Signature]  
Signature of Notary

Notarization:  
Subscribed and sworn to before me  
this 11th day of September, 2009  
[Signature]  
Signature of Notary

Seal

Seal



\*Insert EXACT legal name of the applicant

**S. Certification**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant and for each of the co-applicants.

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[Signature]  
Signature  
Printed Name Brian Levinson  
Printed Title Principal

[Signature]  
Signature  
Printed Name MARK SHAPIRO  
Printed Title PRINCIPAL

Notarization:  
Subscribed and sworn to before me  
this 5<sup>th</sup> day of September 2008

Notarization:  
Subscribed and sworn to before me  
this 5<sup>th</sup> day of September 2008

[Signature]  
Signature of Notary

[Signature]  
Signature of Notary

Seal



Seal



\*Insert EXACT legal name of the applicant

**ILLINOIS HEALTH FACILITIES PLANNING BOARD**

**APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION  
(IDEN)**

**B. Applicant Identification**

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

The Applicants are **OJCC REALTY, LLC** (Real Estate Owner) and **OJCC, LLC** (Operator). A Certificate of Good Standing for each entity from the Illinois Secretary of State is appended as **ATTACHMENT IDEN-1A**.

**ATTACHMENT IDEN-1**



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

OJCC REALTY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 07, 2008, 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 #: 0828202010

Authenticate at: <http://www.cyberdrivellinois.com>

**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 8TH*  
*day of OCTOBER A.D. 2008*

*Jesse White*

SECRETARY OF STATE

ATTACHMENT IDEN-1A



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Authentication #: 0828202028

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of OCTOBER A.D. 2008*

*Jesse White*

SECRETARY OF STATE

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION  
(IDEN) (Continued ii)**

**F. Site Ownership**

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

The owner of the site and building will be **OJCC REALTY, LLC**. The Certificate of Good Standing from the Illinois Secretary of State is appended as **ATTACHMENT IDEN-1A**.

**G. Operating Entity/Licensee**

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

The operator/licensee will be **OJCC, LLC**. The Certificate of Good Standing from the Illinois Secretary of State is appended as **ATTACHMENT IDEN-1A**.

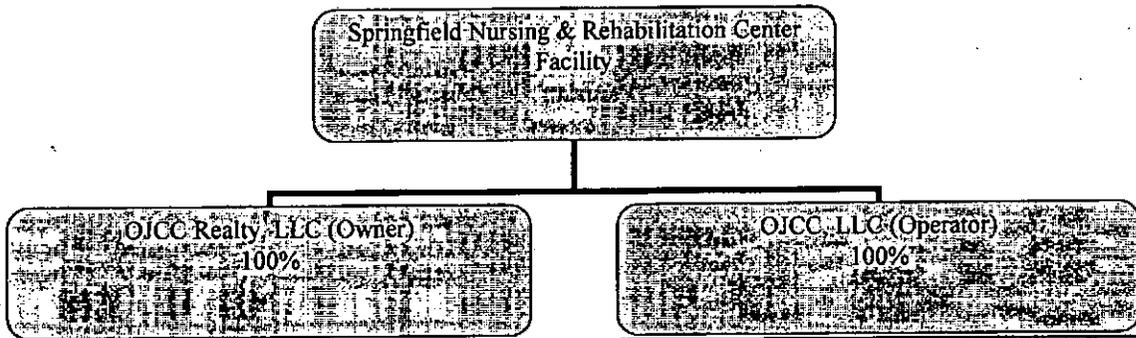
**ATTACHMENT IDEN-2**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION  
(IDEN) (Continued iii)**

**H. Organizational Relationships**

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

Below is a corporate organizational chart specifically for the proposed facility. There are nine other licensed facilities that are related to the proposed project. A detailed organizational structure is provided under **ATTACHMENT IDEN-3A**. Of the nine facilities, five are Illinois nursing homes, one is an Illinois Supportive Living Facility and the balance of the facilities are located in the State of Missouri.



Organizational Chart

<u>Owner</u>	<u>Operator</u>	
Wood Glen Pavilion, LLC	Wood Glen Pavilion Realty, LLC	
<b>Wood Glen Pavilion</b>		
Morton Villa Care Center, LLC	Morton Villa Realty, LLC	
<b>Morton Villa Care Center</b>		
Morton Terrace Care Center, LLC	Morton Terrace Realty, LLC	
<b>Morton Terrace Care Center</b>		
Capitol Care Center, LLC	Walnut Ridge Realty, LLC	
<b>Capital Care Center</b>		
PHCH, LLC	PHCH Realty, LLC	
<b>Colonial Hall Care Center</b>		
PHRS, LLC	PHRS Realty, LLC	
<b>River Shores Care Center</b>		
PHWD, LLC	PHWD Realty, LLC	
<b>All Faith Pavilion</b>		
PHFM LLC	PHFM Realty, LLC	
<b>Festus Manor</b>		
PHLV Realty	PHLV, LLC	PHLV Apartments LLC
<b>Laverna Village Nursing Home</b>		
River Valley Supportive Living Residence, LLC	River Valley Supportive Living Residence Realty, LLC	
<b>River Valley SLF</b>		
PHSL, LLC	PHSL Realty LLC	
<b>Shangri-La Rehab &amp; Living Center</b>		
PHBV, LLC	PHBV Realty, LLC	
<b>Bella Vista Care Center</b>		
OJCC, LLC	OJCC Realty, LLC	
<b>Springfield Nursing &amp; Rehab. Ctr.</b>		

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION  
(IDEN) (Continued iv)**

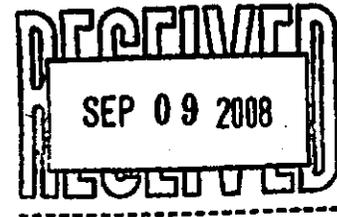
**J. Flood Plain Requirements**

Provide documentation regarding compliance with the Flood Plain requirements of Executive Order #4, 1979.

Appended as **ATTACHMENT IDEN-4A** is a letter from the University of Illinois at Urbana-Champaign, Institute of Natural Resource Sustainability, Illinois State Water Survey. This letter states that “the property described above **IS NOT** located in a Special Flood Hazard Area or shaded Zone X floodzone”.

**ATTACHMENT IDEN-4**

UNIVERSITY OF ILLINOIS  
AT URBANA-CHAMPAIGN



Institute of Natural Resource Sustainability  
Illinois State Water Survey



2204 Griffith Drive, MC-674  
Champaign, Illinois 61820-7463

Special Flood Hazard Area Determination  
pursuant to Governor's Executive Order 5 (2006)  
(supersedes Governor's Executive Order 4 (1979))

Requester: Charles Foley, Charles H. Foley & Associates, Inc.  
Address: 1638 S. MacArthur Blvd.  
City, state, zip: Springfield, IL 62704 Telephone: (217) 544-1551

Site description of determination:

Site address: 3089 Old Jacksonville Rd.  
City, state, zip: Springfield, IL  
County: Sangamon Sec $\frac{1}{4}$ : SE $\frac{1}{4}$  of SE $\frac{1}{4}$  Section: 36 T. 16 N. R. 6 W. PM: 3rd  
Subject area: Parcel 13-36.0-476-005, which is the W 5 ac. of the E 10 ac. of the S 20 ac. (i.e., the W 1/2 of the E 1/2 of the S 1/2) of the E 1/2 of the SE 1/4 Sec. 36, T. 16 N., R. 6 W., 3rd P.M., Sangamon County IL.

The property described above IS NOT located in a Special Flood Hazard Area or a shaded Zone X floodzone.

Floodway mapped: N/A Floodway on property: No  
Sources used: FEMA Flood Insurance Rate Map (FIRM, copy attached); tax parcel map 13-36H (12/2000).  
Community name: City of Springfield, IL Community number: 170604  
Panel/map number: 17167C0237F Effective Date: August 2, 2007  
Flood zone: X [unshaded] Base flood elevation: N/A ft NGVD 1929

- N/A a. The community does not currently participate in the National Flood Insurance Program (NFIP). NFIP flood insurance is not available; certain State and Federal assistance may not be available.  
N/A b. Panel not printed: no Special Flood Hazard Area on the panel (panel designated all Zone C or unshaded X).  
N/A c. No map panels printed: no Special Flood Hazard Areas within the community (NSFHA).

The primary structure on the property:

- N/A d. Is located in a Special Flood Hazard Area. Any activity on the property must meet State, Federal, and local floodplain development regulations. Federal law requires that a flood insurance policy be obtained as a condition of a federally-backed mortgage or loan that is secured by the building.  
N/A e. Is located in shaded Zone X or B (500-yr floodplain). Conditions may apply for local permits or Federal funding.  
X f. Is not located in a Special Flood Hazard Area or 500-year floodplain area shown on the effective FEMA map.  
N/A g. A determination of the building's exact location cannot be made on the current FEMA flood hazard map.  
N/A h. Exact structure location is not available or was not provided for this determination.

Note: This determination is based on the effective Federal Emergency Management Agency (FEMA) flood hazard reference for the subject area. This letter does not imply that the referenced property will be free from water damage. Property not in a Special Flood Hazard Area may be damaged by a flood greater than that illustrated on the FEMA map, by local drainage problems or runoff not illustrated on the source map, or by failure of flood control structures. This letter does not create liability on the part of the Illinois State Water Survey or employee thereof for any damage that results from reliance on this determination. This letter does not exempt the project from local stormwater management regulations.

Questions concerning this determination may be directed to Bill Saylor (217/333-0447) at the Illinois State Water Survey. Questions concerning requirements of Governor's Executive Order 5 (2006), or State floodplain regulations, may be directed to Paul Osman (217/782-3862) at the Illinois Department of Natural Resources' Office of Water Resources.

William Saylor  
William Saylor, CFM IL-02-00107, Illinois State Water Survey

Title: ISWS Floodplain Information Specialist Date: 9/4/2008

ATTACHMENT GRC-4A



MAP SCALE 1" = 500'



**NATIONAL FLOOD INSURANCE PROGRAM**

PANEL 0237F

**FIRM**  
FLOOD INSURANCE RATE MAP  
SANGAMON COUNTY,  
ILLINOIS  
AND INCORPORATED AREAS

PANEL 237 OF 575

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

COMMUNITY	NUMBER	PANEL	SUFFIX
LELAND GROVE, CITY OF	170925	0237	F
SANGAMON COUNTY	170912	0237	F
SPRINGFIELD, CITY OF	170664	0237	F

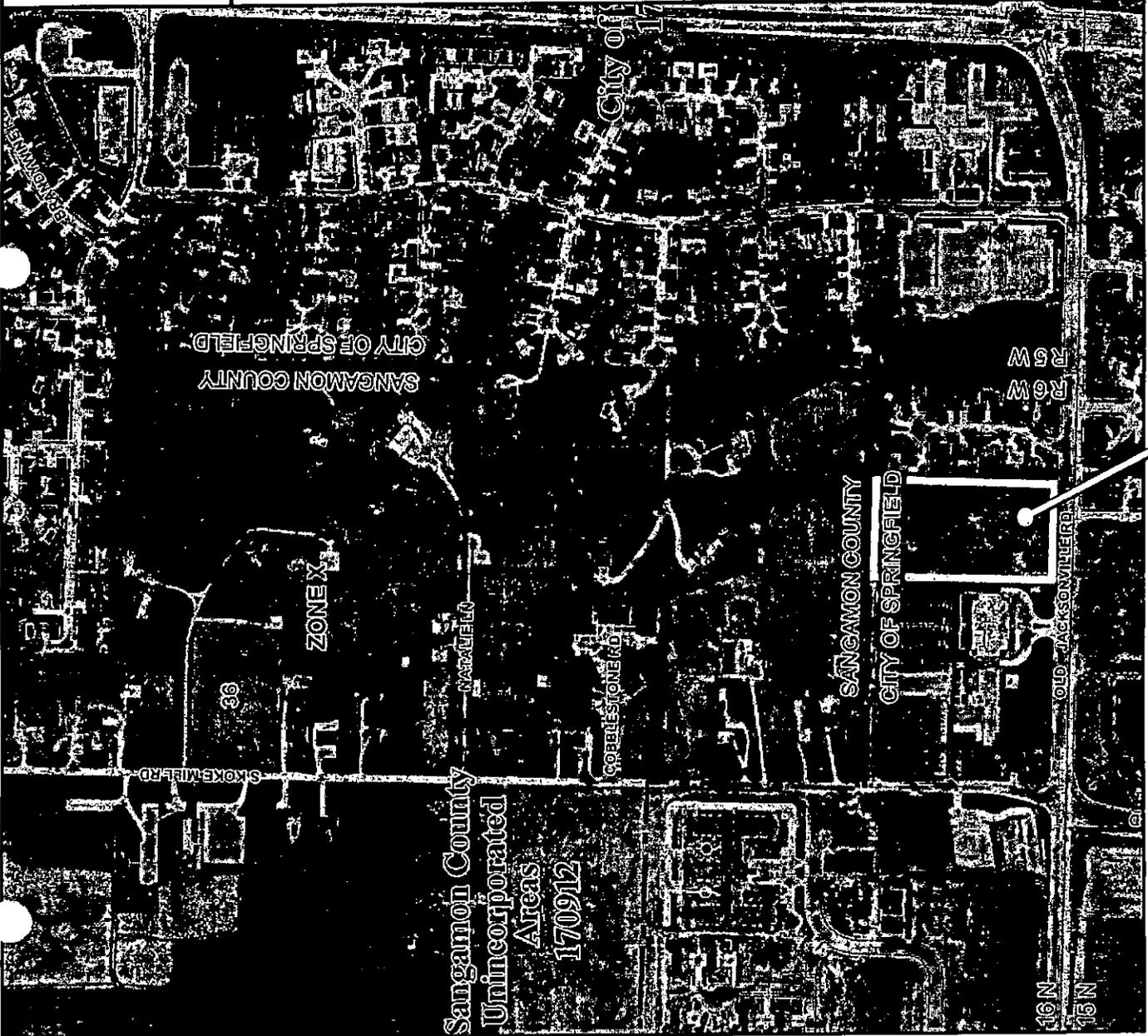
Notes to User: The Map Number shown below should be used when placing map orders. The Community Number shown above should be used on insurance applications for the subject community.



MAP NUMBER  
17167C0237F  
MAP REVISED  
AUGUST 2, 2007

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the data on the site block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)



Subject area

**MAP NUMBER**  
17167C0237F

**MAP REVISED**  
AUGUST 2, 2007



**COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS**

**OTHERWISE PROTECTED AREAS (OPAs)**

CBRS areas and OPAs are normally located within or adjacent to Special Flood Hazard Areas.

1% annual chance floodplain boundary

0.2% annual chance floodplain boundary

Roadway boundary

Zone D boundary

CBRS and OPA boundary

Boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.

Base Flood Elevation line and value; elevation in feet\*

Base Flood Elevation value where uniform within zone; elevation in feet

\*referenced to the North American Vertical Datum of 1988

Cross section line

Traverse line

Geographic coordinates referenced to the North American Datum of 1983 (NAD 83)

1000-meter Universal Transverse Mercator grid values, zone 16

5000-foot grid UTM: Illinois State Plane East Coordinate System, 3776 zone (FIPS3016 1201) Transverse Mercator

Bench mark (see explanation in Notes to Users section of this FIRM panel)

River Mile

MAP REPOSITORIES

Refer to Map Repositories list on Map Index

EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP

MAY 1, 2004

EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL

August 2, 2007 - to reflect updated topographic information, to add Base Flood Elevations, to change zone designations, and to add road names.

Per community map revision history prior to countywide mapping, refer to the Community Map History table located in the Flood Insurance Study report for this jurisdiction.

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-338-6620.

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-June. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)

**LEGEND**

**SPECIAL FLOOD HAZARD AREAS (SFHAs) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD**

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equalled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V, and VE. The Base Flood Elevation is the water-surface elevation of the 1% annual chance flood.

- ZONE A** No Base Flood Elevations determined.
- ZONE AE** Base Flood Elevations determined.
- ZONE AH** Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.
- ZONE AO** Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
- ZONE AR** Special Flood Hazard Areas formerly protected from the 1% annual chance flood by a flood control system that was subsequently decertified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
- ZONE A99** Area to be protected from 1% annual chance flood by a Federal flood protection system under construction; no Base Flood Elevations determined.
- ZONE V** Coastal flood zone with velocity hazard (wave action); no Base Flood Elevations determined.
- ZONE VE** Coastal flood zone with velocity hazard (wave action); Base Flood Elevations determined.

**FLOODWAY AREAS IN ZONE AE**

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encroachment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

**OTHER FLOOD AREAS**

**ZONE X** Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 1% annual chance flood.

**OTHER AREAS**

**ZONE X** Areas determined to be outside the 0.2% annual chance floodplain.

**ZONE D** Areas in which flood hazards are undetermined, but possible.

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION  
(IDEN) (Continued v)**

**K. Historic Resources Preservation Act Requirements**

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

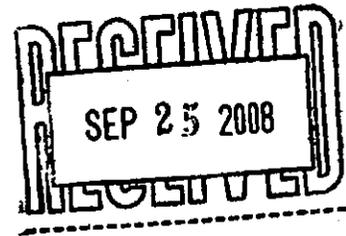
Appended as **ATTACHMENT IDEN-5A**, is a letter from Anne E. Haaker, Deputy State Historic Preservation Officer stating that “no historic, architectural or archaeological sites exist within the project area.”

**ATTACHMENT IDEN-5**



Illinois Historic  
Preservation Agency

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov



FAX (217) 782-8161

Sangamon County  
Springfield

CON - Acquisition, Demolition and New Construction for 76 Bed General Long-Term  
Care Facility

3089 Old Jacksonville Rd.

IHPA Log #007090908

September 22, 2008

Gina Kniery  
Charles H. Foley & Associates, Inc.  
1638 S. MacArthur Blvd.  
Springfield, IL 62704

Dear Ms. Kniery:

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

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

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

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

*Anne E. Haaker*

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

ATTACHMENT IDEN-5A

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (Continued vi)

Q. Cost/Space Requirements

Provide in the format of the following example the gross square footage (GSF) and the attributable portion of total project cost for each department/area. Identify each piece of major medical equipment. 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 measurement plus the department or area's portion of the surrounding circulation space. Indicate the proposed use of any vacated space.

Department/Area	Cost(\$)	Existing GSF	Proposed GSF	Amount of Proposed Total GSF That is:		
				New Construction	Remodeled	As Is
<b>Clinical</b>						
Nursing	\$6,430,345	0	27,000	27,000	0	0
Living/Dining/Activity	\$1,428,966	0	6,000	6,000	0	0
Kitchen/Food Service	\$272,694	0	1,145	1,145	0	0
Physical/Occupational Therapy	\$428,690	0	1,800	1,800	0	0
Laundry	\$209,582	0	880	880	0	0
Janitor Closets	\$9,526	0	40	40	0	0
Clean/Soiled Utility	\$114,317	0	480	480	0	0
Beauty/Barber	\$95,264	0	400	400	0	0
<b>Sub-Total</b>	<b>\$8,989,384</b>	<b>0</b>	<b>37,745</b>	<b>37,745</b>	<b>0</b>	<b>0</b>
<b>Non - Clinical</b>						
Employee Lounge/ Locker/N.T./N.L.	\$117,651	0	494	494	0	0
Office/Administration	\$215,059	0	903	903	0	0
Mechanical Room	\$60,017	0	252	252	0	0
Lobby/Vestibules	\$333,425	0	1,400	1,400	0	0
Storage	\$178,621	0	750	750	0	0
Chapel	\$47,632	0	200	200	0	0
Corridor	\$2,974,868	0	12,491	12,491	0	0
Public Toilets	\$33,343	0	140	140	0	0
<b>Sub-Total</b>	<b>\$3,960,616</b>	<b>0</b>	<b>16,630</b>	<b>16,630</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>	<b>\$12,950,000</b>	<b>0</b>	<b>54,375</b>	<b>54,375</b>	<b>0</b>	<b>0</b>

**SECTION III. GENERAL REVIEW CRITERIA**

This section is applicable to all projects EXCEPT those projects that are solely for discontinuation with no project costs and those projects that are non-substantive and subject only to a Part 1120 review. Refer to Part 1110.40 for the requirement for non-substantive projects.

**A. Criterion 1110.230(a), Location**

Check if the project will result in any of the following:  establishment of a health care X facility;  establishment of a category of service;  acquisition of major medical equipment (for treating inpatients) that is not or will not be located in a health care facility and is not being acquired by or on behalf of a health care facility. If NO boxes are checked, this criterion is not applicable. If any box is checked, read the criterion and submit the following:

1. A map (8 1/2" x 11") of the area showing:
  - a. the location of the applicant's facility or project;
  - b. the name and location of all the other facilities providing the same service within the planning area and surrounding planning areas within 30 minutes travel time of the proposed facility;
  - c. the distance (in miles) and the travel time (under normal driving conditions) from the applicant's facility to each of the facilities identified in b. above;
  - d. an outline of the proposed target population area.

- N/A 2. For existing facilities, provide patient origin data for all admissions for the last 12 months presented by zip code. Note this information must be based upon the patient's legal residence other than a health care facility for the last 6 months immediately prior to admission. For all other projects for which referrals are required patient origin data for the referrals must be provided.
3. The ratio of beds to population (population will be based upon the latest census data by zip code) within 30 minutes travel time of the proposed project.
  4. The status of the project in the zoning process. Provide letter(s) from the appropriate local officials.
  5. Evidence of legal site ownership, possession, or option to purchase or lease.

**APPEND DOCUMENTATION AS ATTACHMENT GRC-1 AFTER THE LAST PAGE OF THIS SECTION.**

**B. Criterion 1110.230(b), Background of Applicant**

Read the criterion and submit the following information:

1. A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable.
2. Proof of current licensing and, if applicable, certification and accreditation of all health care facilities owned or operated by the applicant.
3. A certification from the applicant listing any adverse action taken against any facility owned or operated by the applicant during the three (3) years prior to the filing of the application.
4. Authorization(s) permitting the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any action by the State Board.**

**APPEND DOCUMENTATION AS ATTACHMENT GRC-2 AFTER THE LAST PAGE OF THIS SECTION.**

**C. Criterion 1110.230(c), Alternatives to the Proposed Project**

Read the criterion and provide the following information:

1. Provide a comparison of all of the alternatives considered including the alternative of doing nothing. The comparison must address cost benefit analyses, patient access, quality, and short and long-term financial benefits.
2. Discuss why the alternative of using other area facilities or resources to meet the needs identified in your project is not feasible.
- N/A 3. Discuss why the alternative of utilizing underutilized bed or other space in the facility is not feasible.
4. If the alternative selected is based solely or in part on improved quality of care; provide empirical evidence (including quantified outcome data) that verifies improved quality of care.

**APPEND DOCUMENTATION AS ATTACHMENT GRC-3 AFTER THE LAST PAGE OF THIS SECTION.**

**D. Criterion 1110.230(d), Need for the Project**

Is the need for the project based upon need assessment per Part 1100 or a variance?

Yes  No If no is indicated, read the criterion and submit the following as applicable:

1. Copies of area market studies including explanations regarding how and when these studies were performed.
2. Calculation of the need for the beds or services including the models used to estimate the need (all assumptions used in the model and the mathematical calculations must be included).
3. Identification of the individuals likely to use the proposed beds or service by:

Provide letters from physicians or hospitals which document how many patients were referred for this service in the past 12 months, where the patients were referred and how many patients will be referred annually to the proposed project.

4. If the project is for the acquisition of major medical equipment that does NOT result in the establishment of a category of service, provide documentation that the equipment will achieve or exceed the applicable target utilization levels specified in Appendix B of Part 1110 within 12 months after acquisition.

**APPEND DOCUMENTATION AS ATTACHMENT GRC-4 AFTER THE LAST PAGE OF THIS SECTION.**

**E. Criterion 1110.230(e), Size of Project**

Read the criterion and provide the following:

1. For any department involved in this project that has a square footage which exceeds the State Norm found in Appendix B of Part 1110 or if no State Norm is shown in Appendix B, provide:

- a. a rationale explaining how the proposed square footage was determined;
- b. copies of any standards used to determine appropriate square footage;

N/A c. architectural drawings showing any design impediments in the existing facility; and

N/A d. if the project is for the conversion of beds from one category of service to another an explanation as to why the excess space within the facility cannot be more appropriately used for other purposes.

**APPEND DOCUMENTATION AS ATTACHMENT GRC-5 AFTER THE LAST PAGE OF THIS SECTION.**

2. If the project involves a category of service for which the State Board has established utilization targets, provide the following:

a. projected utilization for the first two years of operation after project completion;

b. an explanation regarding how these projections were developed;

N/A c. copies of any contracts with new physicians or professional staff;

N/A d. a list of any new procedures which will affect the workload of the facility.

**APPEND DOCUMENTATION AS ATTACHMENT GRC-6 AFTER THE LAST PAGE OF THIS SECTION.**

### SECTION III. GENERAL REVIEW CRITERIA

#### A. Criterion 1110.230.a, Location

This project will result in the establishment of a 75-bed general long-term care facility providing short-term rehabilitative nursing level of care.

1. A map (8 1/2" x 11") of the area showing:

a. the location of the applicant's facility or project;

Appended as **ATTACHMENT GRC-1A**, is a map of the subject location.

This map is a product of the online software, Google Maps. The facility will be located at 3089 Old Jacksonville Road, Springfield, Sangamon County Planning Area, Health Service Area III, Illinois.

b. the name and location of all the other facilities providing the same service within the planning area and surrounding planning areas within 30 minutes travel time of the proposed facility;

A map illustrating the approximate location of all other long-term care facilities providing nursing services within the 30-minute market area from the Applicant's proposed facility is appended as **ATTACHMENT GRC-1B**. The name and exact location of each facility is appended as **ATTACHMENT GRC-1C**.

c. the distance (in miles) and the travel time (under normal driving conditions) from the applicant's facility to each of the facilities identified in b. above;

The travel times and distances for all the facilities identified in **ATTACHMENT GRC-1B** have been verified through the online service of Map Quest. A listing of all the identified facilities and their respective adjusted travel times and distances is appended as **ATTACHMENT GRC-1C**.

**ATTACHMENT GRC-1**

### SECTION III. GENERAL REVIEW CRITERIA

#### A. Criterion 1110.230.a, Location (Continued ii)

- d. an outline of the proposed target population area.

Also illustrated in ATTACHMENT GRC-1B is a thirty-minute travel time contour. This market area contour is provided by Scan/US demographic software. The appended map and service area contour were created by a computerized mapping program that only provides an "estimated" drive time. Some facilities may lie close to or border the parameter.

Appended as ATTACHMENT GRC-1D is a compilation of demographic data to include figures from the Illinois Department of Public Health's Long-Term Care Inventories of Health Care Facilities and Services and Need Determinations, the Illinois Department of Commerce and Economic Opportunity County Profiles, and the 30-minute travel time profile provided by Scan/US, Inc.

2. For existing facilities, provide patient origin data for all admissions for the last 12 months presented by zip code. Note this information must be based upon the patient's legal residence other than a health care facility for the last 6 months immediately prior to admission. For all other projects for which referrals are required patient origin data for the referrals must be provided.

This Application is for the establishment of a new nursing care facility and is in response to the State's identified need for 76 additional nursing care beds, as such, the need for the Project criterion is not applicable. Therefore, no patient origin data is required for this project. Thus, this item is not germane.

ATTACHMENT GRC-1

**SECTION III. GENERAL REVIEW CRITERIA**

**A. Criterion 1110.230.a, Location (Continued iii)**

3. The ratio of beds to population (population will be based upon the latest census data by zip code) within 30 minutes travel time of the proposed project.

The ratio of beds to population is a comparison of ratios between that of the 30-minute travel time and of the entire State. This criterion allows the 30-minute travel area to have a ratio of beds to population that is up to one and one half times of the entire State before a true maldistribution of a specific service exists. The 30-minute travel radius ratio is calculated by dividing the 30-minute travel area's nursing inventory minus the overall reduction of nursing care beds by the 30-minute travel radius population. Likewise, the State's ratio is computed by dividing the State's total nursing inventory by the State's total population.

The demographic information for the same area is supplied from *Scan/US, Inc., 2006/2011 Scan/US Estimates* for the 30-minute travel contour and *2005/2010 Scan/US Estimates* for Sangamon County are appended as **ATTACHMENT GRC-1D**. The inventory of nursing beds within the 30-minute travel radius is appended as **ATTACHMENT GRC-1E**. The total State population and inventory of nursing beds were totaled from the *July 17, 2008 Updates to the Inventory of Health Care Facilities and Services and Need Determinations Volume 2, Parts VI-VII Long-Term Care, Effective March 12, 2008*.

<b>30-minute Travel Time</b>						
No. of Beds	1,288	divided by	1,288	=	1	(1,149 inventory +64 pipeline +75 proposed)
Total Population	203,488	divided by	1,288	=	158	
<b>State</b>						
No. of Beds	104,884	divided by	104,884	=	1 times	1.5 = 1.5 divided by 1.5 = 1
Total Population	12,875,035	divided by	104,884	=	123 times	1 = 123 divided by 1.5 = 82

**ATTACHMENT GRC-1**

### SECTION III. GENERAL REVIEW CRITERIA

#### A. Criterion 1110.230.a, Location (Continued v)

According to the 77 Illinois Administrative Code, Chapter II, Subchapter a, Part 1110.230.a)2), the location selected for a proposed project will (must) not create a maldistribution of beds and services. Maldistribution is typified by factors such as: a ratio of beds to population which exceeds one and one half times the States average; an average utilization rate for the last 12 months for the facilities providing the proposed services which is below the Board's target occupancy rate; or the lack of sufficient population concentration in an area to support the proposed project. Items one through three above provides the documentation which proves that the proposed project will not create a maldistribution of beds and services.

More specifically, the ratio of beds to population for the 30-minute market area is only one nursing bed for every 168 people whereas the State's ratio is 1 nursing bed for only every 123 people. This is without applying the maldistribution factor of 1.5% which indicates that not only is the market contour's ratio of beds to population is less than the State's but that there is a maldistribution, i.e., too many nursing care beds would exist should the ratio approach 1 nursing bed for every 82 people. The second indicator is for the last 12 months of the area existing facilities already providing the proposed service have average occupancy rates at or above 90%. Unfortunately, this is an unknown since the State does not have data for the "last 12 months". The latest information available is for Calendar Year 2006 (18 months old at the time of this writing). The table appended as ATTACHMENT GRC-1E is a refined facility chart indicating not only the utilization rates for each respective facility but the total number of potential nursing beds operating

ATTACHMENT GRC-1

### SECTION III. GENERAL REVIEW CRITERIA

**A. Criterion 1110.230.a, Location (Continued vi)**

under 90%. While only 3 of the existing facilities providing the proposed service were at or above 90% occupancy, two facilities are at 89% of capacity, the remainder account for 9 percent of the total bed capacity. Therefore, while technically not all facilities are at 90%, the number under is minimal. Finally, this criterion requires documentation that the population concentration is sufficient to support the proposed project. The Applicant has provided three separate sources of demographic data showing the population growth. The first was taken from the State's own Inventory of Health Care Facilities and Services

Illinois Health Facilities Planning Board Inventory of Health Care Facilities And Services and Need Determinations				
State/ County	Age Group	2005	2015	% (+/-) 2010-2015
Sangamon	All	192,200	202,200	5.2%
	65+	26,000	33,800	3.0%
	75+	13,100	15,000	14.5%

IDCEO							
State/ County	Age Group	2005	2010	% (+/-) 2005-2010	2015	% (+/-) 2005-2015	% (+/-) 2010-2015
Sangamon	All	193,345	195,115	0.9%	202,158	6.6%	3.6%
	65+	26,849	28,663	6.8%	33,801	25.9%	17.9%
	75+	13,617	14,068	3.3%	15,033	10.4%	6.9%
Illinois	All	12,875,035	13,279,091	3.1%	13,748,695	6.8%	3.5%
	65+	1,550,281	1,658,029	7.0%	1,889,689	21.9%	14.0%
	75+	784,527	804,549	2.6%	840,003	7.1%	4.4%

Source: [http://www2.illinoisbiz.biz/popProj/reference/Projections\\_final\\_Complete.xls](http://www2.illinoisbiz.biz/popProj/reference/Projections_final_Complete.xls)

and Need  
Determinati  
ons for  
General  
Long-Term  
Nursing  
Care and  
Sheltered  
Care  
Categories  
of Service.

The Second is a recap from the Illinois Department of Commerce and Economic Opportunity for not only Sangamon County but for all surrounding counties and for the State as a whole which provides a basis. For the full Department of Commerce

### SECTION III. GENERAL REVIEW CRITERIA

#### A. Criterion 1110.230.a, Location (Continued vii)

and Economic Opportunity demographic projections for Sangamon and surrounding Counties refer to ATTACHMENT GRC-1F. Both of the State's population projections show projected growth in population. Regardless of how the population figures are analyzed, the over 65 age cohort is experiencing and is expected to continue overall growth. Therefore, it appears that this project is in substantial compliance with the need indicators as cited by these rules and criteria.

4. The status of the project in the zoning process. Provide letter(s) from the appropriate local officials.

Appended as ATTACHMENT GRC-1G, is a letter from Suzann Weissberg, Deputy Zoning Administrator stating that the property "is zoned OFFICE District under the Springfield Zoning Ordinance." "In order to operate a skilled nursing care facility on this property, a Conditional Permitted Use would have to be granted, requiring a public hearing before the Springfield Planning and Zoning Commission and final approval by the Springfield City Council."

5. Evidence of legal site ownership, possession, or option to purchase or lease.

The executed real estate purchase agreement for the subject property is appended as ATTACHMENT GRC-1H.

ATTACHMENT GRC-1

**AutoZam** Don't get stranded... build an emergency road kit.

# MAPQUEST

Proposed Site for Springfield Nursing & Rehab Ctr.  
5 acre site on the North side of the Road.

**What is your 2008 Credit Score?**

Good	650 - 749
Fair	620 - 659
Poor	310 - 619
I Don't Know	???

**Find out instantly!**

A: 3089 Old Jacksonville Rd, Springfield, IL 62704-6486

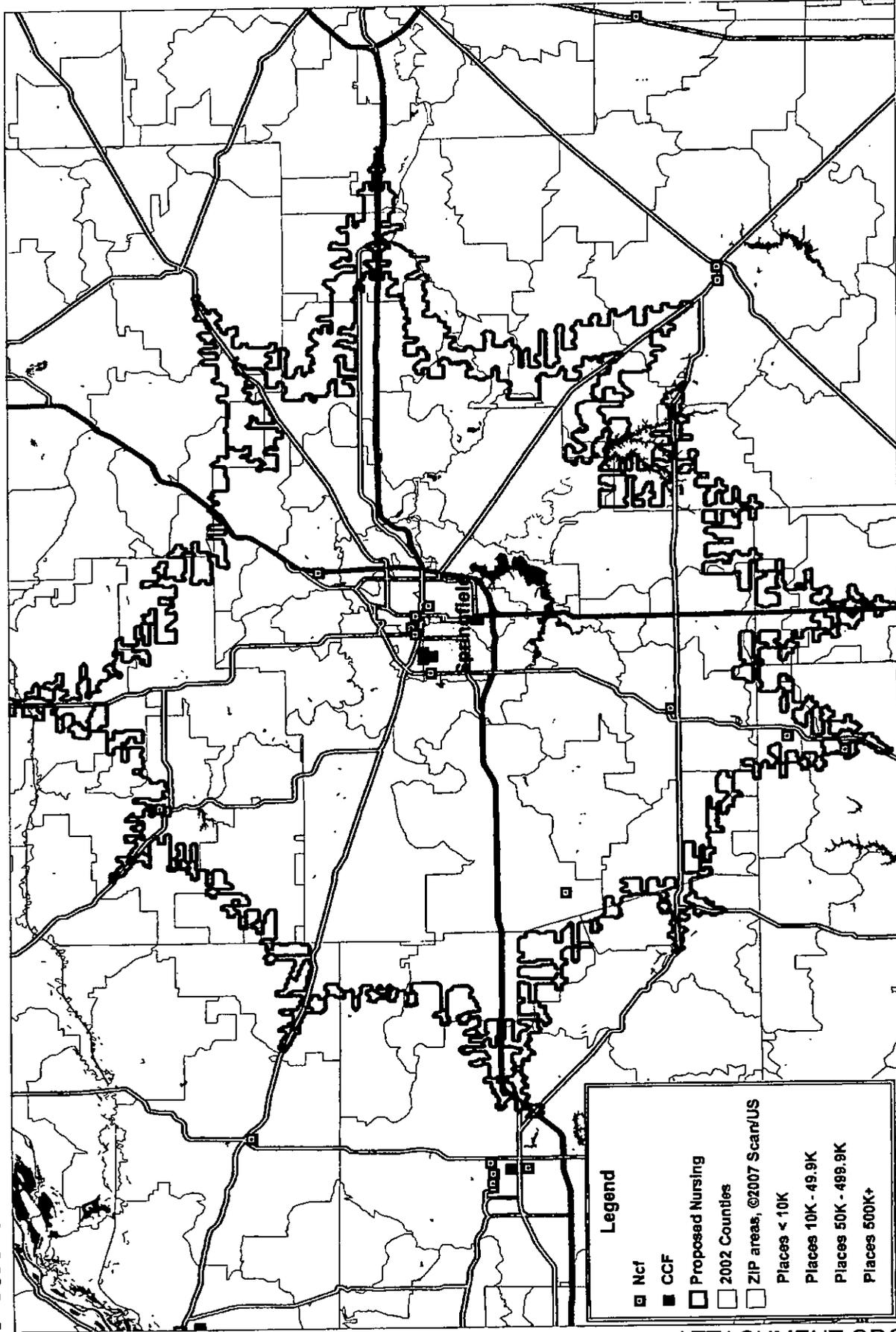


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ATTACHMENT GRC-1A

# Platinum Health II

Laurel Research Associates



30 min drive time

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08/15/08

ATTACHMENT GRC-1B

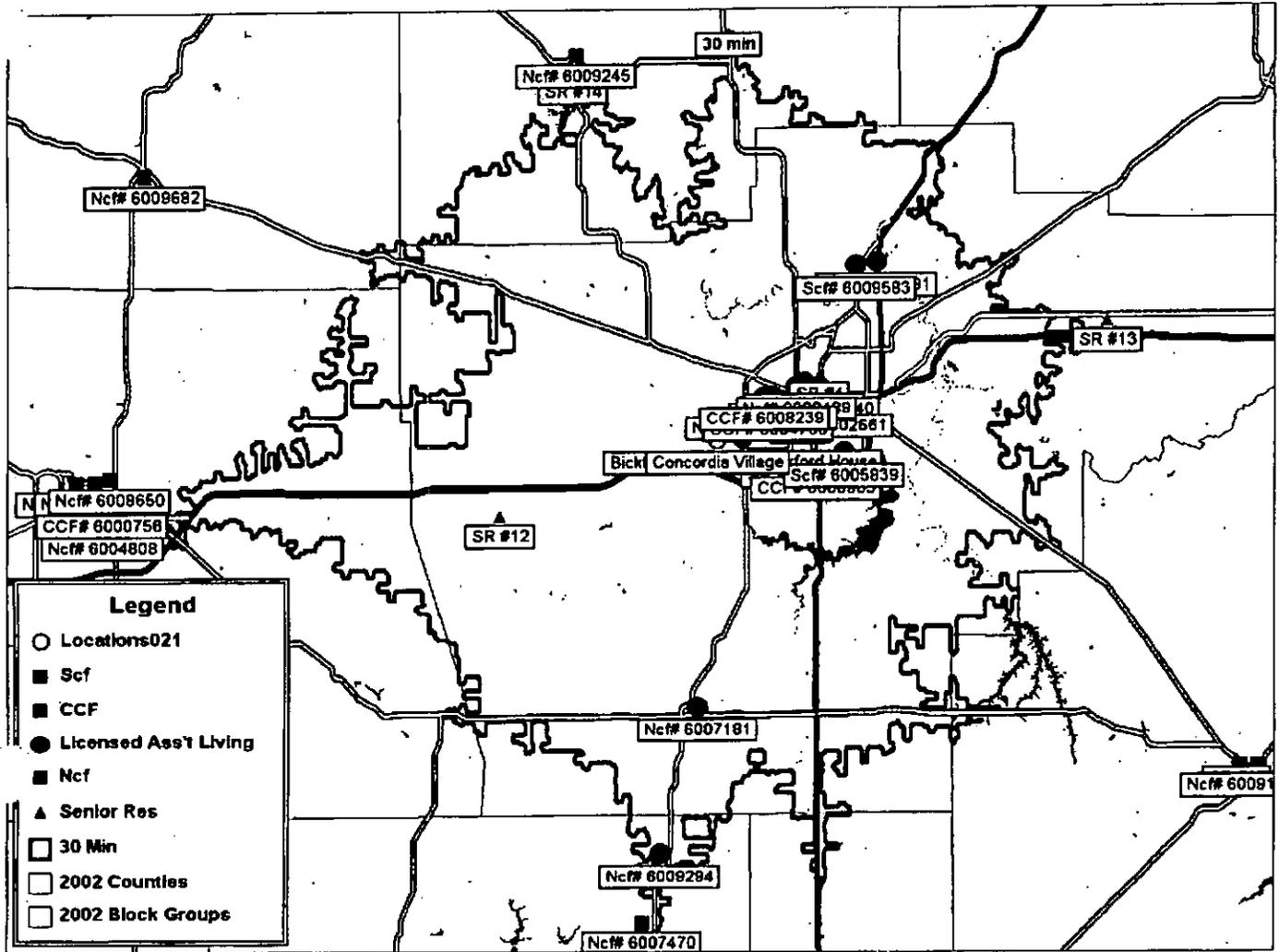
Travel Time and Distance Chart  
Proposed Springfield Nursing Home Project  
3089 Old Jacksonville Road  
Springfield, Illinois

<u>Facility Name</u>	<u>Address</u>	<u>City</u>	<u>Zip Code</u>	<u># of Licensed Nursing Beds</u>	<u>Travel Time Adjusted 77 IAC 1100.510(d)</u>	<u>Drive Distance</u>
Illinois Presbyterian Home	2005 West Lawrence	Springfield	62704	15	3.45	1.56
Oak Terrace Care Center	1750 West Washington	Springfield	62702	78	4.6	1.99
Regency Nursing Care Residence	2120 West Washington	Springfield	62702	95	3.45	2.05
St. Joseph's Home for Aged	3306 South 6th Street	Springfield	62703	65	13.8	8.59
Pleasant Hill Village	1010 West North Street	Girard	62640	98	38	25.57
Sunrise Manor of Virden	333 South Wrightsman Street	Virden	62680	99	33	21.87
Menard Convalescent Center	120 West Antle Street	Petersburg	62675	86	37	26.72
Sunny Acres Nursing Home	19130 Sunny Acres Road	Petersburg	62675	106	38	27.22
Heritage Manor-Springfield	900 North Rutledge	Springfield	62702	178	11.5	5.33
Auburn Nursing & Rehab Center	304 Maple Avenue	Auburn	62615	70	25.3	14.65
St. John's Hospital	800 East Carpenter	Springfield	62702	78	12.65	5.77
Ashford Court Care Center (1)	2800 West Lawrence	Springfield	62704	170	3.45	0.88
Springfield Terrace, Ltd.	525 S. Martin Luther King Dr.	Springfield	62703	65	14.95	6.67
Villa Health Care East	100 Marian Parkway	Sherman	62684	99	14.95	10.11
Capitol Care Center	555 West Carpenter	Springfield	62702	251	10.35	4.76
Lewis Memorial Christian Village	3400 West Washington	Springfield	62711	155	3.45	1.35
<b>TOTAL</b>				<b>1,708</b>		

(1) Facility closed in May. The facility has not surrendered their license.

Source: 2006 Illinois Department of Public Health Long-Term Care Facility Profiles  
[www.mapquest.com](http://www.mapquest.com)

30-Minute Market Area



	2000 Census		2007 Estimates		2012 Projections	
<b>Population</b>	193,610		199,294		203,488	
In Households	190,107	98.2%	195,761	98.2%	199,946	98.3%
In Families	151,453	78.2%	155,762	78.2%	159,113	78.2%
In Non-families	38,654	20.0%	39,999	20.1%	40,833	20.1%
In Group Quarters	3,503	1.8%	3,533	1.8%	3,543	
<b>Households</b>	80,746		82,738		84,200	
Families	51,110	63.3%	49,818	60.2%	49,005	58.2%
Non-Families	29,636	36.7%	32,920	39.8%	35,195	41.8%
<b>Average household Size</b>	2.4		2.4		2.4	
<b>Average Family Size</b>	3.0		3.1		3.2	
<b>Average Non-Family Size</b>	1.3		1.2		1.2	
<b>Average Household Income</b>	\$56,983		\$57,729		\$60,188	
<b>Median Household Income</b>	\$45,504		\$55,211		\$62,217	
<b>Males</b>	92,389	47.7%	95,141	47.7%	97,213	47.8%
<b>Females</b>	101,221	52.3%	104,153	52.3%	106,276	52.2%

Source: Census 2000; 2007 Scan/US Estimates  
www.scanus.com

# Demographic Profile: 2007

Scan/US, Inc.

Page 1 of 2

## 30-Minute Market Area

<b>Population</b>	199,294		<b>Total Aggregate Income</b>	\$4,907,136,257
In Households	195,761	98.2%	<b>Per Capita Income</b>	\$24,623
In Families	155,762	78.2%	<b>Household Income:</b>	
In Non-family Households	39,999	20.1%	< \$10,000	5,016 6.1%
In Group Quarters	3,533	1.8%	\$10,000 - \$14,999	3,479 4.2%
			\$15,000 - \$19,999	4,204 5.1%
<b>Race: White</b>	171,358	86.0%	\$20,000 - \$24,999	4,592 5.5%
Black	18,420	9.2%	\$25,000 - \$29,999	4,760 5.8%
American Indian	91	0.0%	\$30,000 - \$34,999	4,198 5.1%
Asian	2,187	1.1%	\$35,000 - \$39,999	4,283 5.2%
Pacific Islander	41	0.0%	\$40,000 - \$49,999	8,672 10.5%
Other/Multi-Racial	7,197	3.6%	\$50,000 - \$59,999	8,219 9.9%
<b>Hispanic Population</b>	2,653	1.3%	\$60,000 - \$74,999	9,295 11.2%
			\$75,000 - \$99,999	11,256 13.6%
<b>Labor Force: Pop, 16+ Years</b>	157,866		\$100,000 - \$124,999	6,253 7.6%
In Armed Forces	379	0.2%	\$125,000 - \$149,999	3,224 3.9%
Employed	105,931	67.1%	\$150,000 - \$199,999	2,691 3.3%
Unemployed	5,509	3.5%	\$200,000 - \$249,999	837 1.0%
Not In Labor Force	46,047	29.2%	\$250,000+	1,750 2.1%
			<b>Aggr Household Income</b>	\$4,776,341,626
<b>Education: Pop, 25+ Years</b>	134,886		<b>Aggr Family Income</b>	\$3,542,966,002
No HS Diploma	8,748	6.5%	<b>Aggr Non-Family Income</b>	\$1,232,468,867
HS Graduate	42,971	31.9%		
College, No Degree	31,674	23.5%	<b>Avg Household Income</b>	\$57,729
Associate Degree	12,279	9.1%	<b>Avg Family Income</b>	\$71,118
College Degree	23,871	17.7%	<b>Avg Non-Family Income</b>	\$37,438
Graduate/Professional Degree	15,343	11.4%		
			<b>Median Household Income</b>	\$55,211
<b>Households</b>	82,738		<b>Median Family Income</b>	\$68,987
Families	49,818	60.2%	<b>Median Non-Family Income</b>	\$36,279
Non-Families	32,920	39.8%		
			<b>Disposable Household Income</b>	
<b>Average Size: Household</b>	2.4		< \$10,000	5,503 6.7%
Family	3.1		\$10,000 - \$14,999	3,483 4.2%
Non-Family	1.2		\$15,000 - \$19,999	4,854 5.9%
			\$20,000 - \$24,999	5,727 6.9%
<b>Total Housing Units</b>	93,242		\$25,000 - \$29,999	5,683 6.9%
Vacant	10,504	11.3%	\$30,000 - \$34,999	5,342 8.5%
Owned	59,165	63.5%	\$35,000 - \$39,999	5,810 7.0%
Rented	23,573	25.3%	\$40,000 - \$49,999	11,284 13.6%
			\$50,000 - \$59,999	8,608 10.4%
<b>Persons In Households: 1</b>	27,638	33.4%	\$60,000 - \$74,999	10,460 12.6%
2	25,272	30.5%	\$75,000 - \$99,999	8,309 10.0%
3-4	23,280	28.1%	\$100,000 - \$124,999	3,433 4.1%
5+	6,543	7.9%	\$125,000 - \$149,999	1,587 1.9%
			\$150,000 - \$199,999	1,105 1.3%
<b>Vehicles Available</b>	145,334		\$200,000 - \$249,999	416 0.5%
Average Vehicles/HH	1.8		\$250,000+	1,125 1.4%
			<b>Aggr Disposable Income</b>	\$4,130,622,882
<b>Vehicles Per Household: 0</b>	5,244	6.3%	<b>Avg Disposable Income</b>	\$49,924
1	31,472	38.0%	<b>Median Disposable Income</b>	\$45,884
2	30,072	36.3%		
3+	15,947	19.3%		

Source: 2007 Scan/US Estimates

30-Minute Market Area

Total Population		
199,294		
< 5 Years	13,081	6.6%
5 - 9 Years	12,649	6.3%
10 - 14 Years	13,193	6.6%
15 - 19 Years	13,053	6.5%
20 - 24 Years	12,427	6.2%
25 - 34 Years	25,514	12.8%
35 - 44 Years	27,315	13.7%
45 - 54 Years	30,791	15.5%
55 - 64 Years	23,555	11.8%
65 - 74 Years	13,797	6.9%
75 - 84 Years	9,366	4.7%
85+ Years	4,546	2.3%

Median Age 39.0

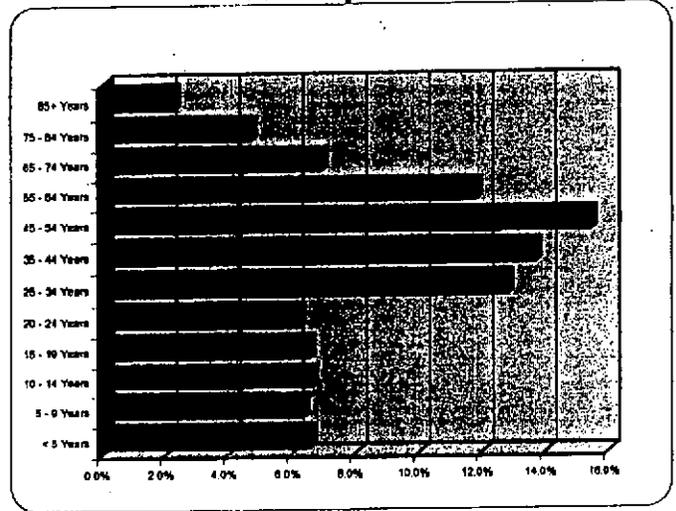
Population, Female		
104,153		52.3%
< 5 Years	6,478	6.2%
5 - 9 Years	6,267	6.0%
10 - 14 Years	6,412	6.2%
15 - 19 Years	6,332	6.1%
20 - 24 Years	6,352	6.1%
25 - 34 Years	13,144	12.6%
35 - 44 Years	14,029	13.5%
45 - 54 Years	16,018	15.4%
55 - 64 Years	12,505	12.0%
65 - 74 Years	7,668	7.4%
75 - 84 Years	5,737	5.5%
85+ Years	3,207	3.1%

Median Age/Female 40.5

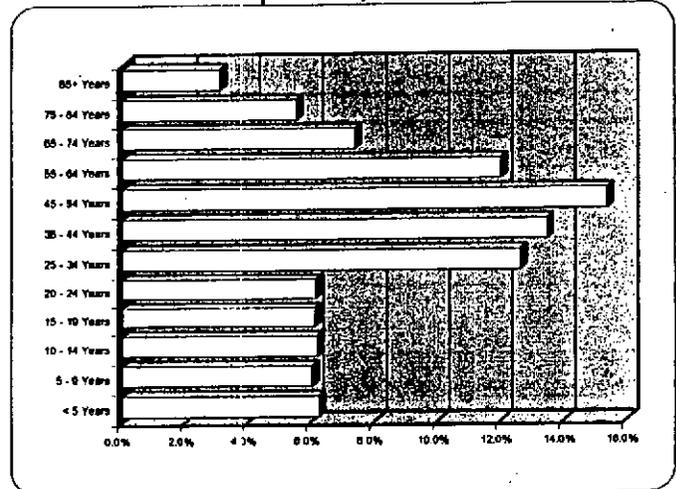
Population, Male		
95,141		47.7%
< 5 Years	6,604	6.9%
5 - 9 Years	6,381	6.7%
10 - 14 Years	6,780	7.1%
15 - 19 Years	6,721	7.1%
20 - 24 Years	6,075	6.4%
25 - 34 Years	12,370	13.0%
35 - 44 Years	13,286	14.0%
45 - 54 Years	14,773	15.5%
55 - 64 Years	11,050	11.6%
65 - 74 Years	6,129	6.4%
75 - 84 Years	3,630	3.8%
85+ Years	1,339	1.4%

Median Age/Male 37.3

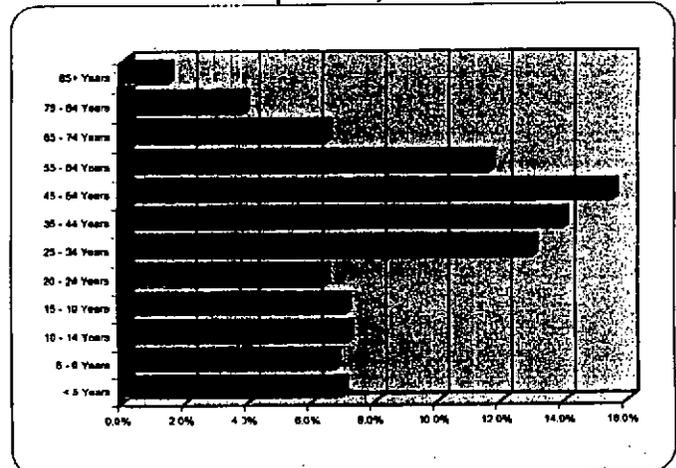
Total Population



Population, Female



Population, Male



# Key Demographic Profile: 1990/2000

Scan/US, Inc.

## 30-Minute Market Area

	1990 Census		2000 Census		1990 - 2000 Change	
<b>Population</b>	182,603		193,610		11,007	6.0%
Group Quarters	3,181	1.7%	3,503	1.8%	322	10.1%
<b>Population By Race</b>						
White	166,116	91.0%	169,830	87.7%	3,714	2.2%
Black	14,474	7.9%	18,245	9.4%	3,772	26.1%
American Indian/Alaskan	297	0.2%	403	0.2%	107	35.9%
Asian/Pacific Islander	1,368	0.7%	2,131	1.1%	763	55.8%
Other Race	349	0.2%	714	0.4%	366	104.8%
<b>Hispanic Origin</b>	1,084	0.6%	1,805	0.9%	721	66.5%
<b>Diversity Index</b>	10		14		4	36.0%
<b>Population By Age</b>						
< 18 Years	46,482	25.5%	48,555	25.1%	2,073	4.5%
18 - 64 Years	110,591	60.6%	118,836	61.4%	8,245	7.5%
65+ Years	25,530	14.0%	26,216	13.5%	685	2.7%
<b>Median Age</b>	34.6		37.7		3.1	8.9%
<b>Population In Households</b>	179,422		190,107		10,685	6.0%
In Families	149,942	83.6%	151,453	79.7%	1,511	1.0%
In Non-families	29,480	16.4%	38,654	20.3%	9,174	31.1%
<b>Households</b>	73,851		80,746		6,895	9.3%
Families	48,633	65.9%	51,110	63.3%	2,477	5.1%
With Kids	25,143	51.7%	26,437	51.7%	1,294	5.1%
Non-family	25,218	34.1%	29,636	36.7%	4,418	17.5%
<b>Average Household Size</b>	2.4		2.4		-0.1	-3.1%
<b>Average Family Size</b>	3.1		3.0		-0.1	-3.9%
<b>Average Non-family Size</b>	1.2		1.3		0.1	11.6%
<b>Population, 16+ In Labor Force</b>	97,518		104,027		6,508	6.7%
Employed	93,240	95.6%	99,660	95.8%	6,419	6.9%
White Collar	63,569	68.2%	68,592	68.8%	5,023	7.9%
Blue Collar	29,674	31.8%	31,063	31.2%	1,390	4.7%
<b>Average Household Income</b>	\$36,243		\$54,719		\$18,475	51.0%
<b>Median Household Income</b>	\$31,405		\$45,632		\$14,227	45.3%
<b>Total Housing Units</b>	78,834		87,631		8,797	11.2%
Occupied	73,851	93.7%	80,746	92.1%	6,895	9.3%
Owner-Occupied	49,237	66.7%	56,562	70.0%	7,325	14.9%
Renter-Occupied	24,616	33.3%	24,186	30.0%	-430	-1.7%
<b>Average Home Value</b>	\$68,886		\$106,471		\$37,584	54.6%
<b>Median Home Value</b>	\$64,310		\$95,597		\$31,287	48.7%
<b>Age Contract Rent</b>	\$308		\$426		\$118	38.3%
<b>Median Contract Rent</b>	\$303		\$424		\$121	39.7%

30-Minute Market Area

<b>Population</b>	203,488		<b>Total Aggregate Income</b>	\$5,211,907,013
In Households	199,946	98.3%	<b>Per Capita Income</b>	\$25,613
In Families	159,113	78.2%	<b>Household Income:</b>	
In Non-family Households	40,833	20.1%	< \$10,000	4,619 5.5%
In Group Quarters	3,543	1.7%	\$10,000 - \$14,999	2,887 3.4%
			\$15,000 - \$19,999	3,986 4.7%
<b>Race: White</b>	172,813	84.9%	\$20,000 - \$24,999	4,187 5.0%
Black	18,406	9.0%	\$25,000 - \$29,999	3,499 4.2%
American Indian	43	0.0%	\$30,000 - \$34,999	4,097 4.9%
Asian	2,328	1.1%	\$35,000 - \$39,999	4,152 4.9%
Pacific Islander	37	0.0%	\$40,000 - \$49,999	7,934 9.4%
Other/Multi-Racial	9,862	4.8%	\$50,000 - \$59,999	7,792 9.3%
<b>Hispanic Population</b>	3,236	1.6%	\$60,000 - \$74,999	9,750 11.6%
			\$75,000 - \$99,999	11,566 13.7%
<b>Labor Force: Pop, 16+ Years</b>	162,139		\$100,000 - \$124,999	7,209 8.6%
In Armed Forces	381	0.2%	\$125,000 - \$149,999	5,200 6.2%
Employed	108,597	67.0%	\$150,000 - \$199,999	3,786 4.5%
Unemployed	5,679	3.5%	\$200,000 - \$249,999	1,287 1.5%
Not In Labor Force	47,482	29.3%	\$250,000+	2,239 2.7%
			<b>Aggr Household Income</b>	\$5,067,792,171
<b>Education: Pop, 25+ Years</b>	138,307		<b>Aggr Family Income</b>	\$3,743,592,573
No HS Diploma	5,773	4.2%	<b>Aggr Non-Family Income</b>	\$1,324,121,084
HS Graduate	44,004	31.8%		
College, No Degree	33,554	24.3%	<b>Avg Household Income</b>	\$60,188
Associate Degree	14,703	10.6%	<b>Avg Family Income</b>	\$76,392
College Degree	23,641	17.1%	<b>Avg Non-Family Income</b>	\$37,623
Graduate/Professional Degree	16,634	12.0%		
			<b>Median Household Income</b>	\$62,217
<b>Households</b>	84,200		<b>Median Family Income</b>	\$78,161
Families	49,005	58.2%	<b>Median Non-Family Income</b>	\$41,151
Non-Families	35,195	41.8%		
			<b>Disposable Household Income</b>	
<b>Average Size: Household</b>	2.4		< \$10,000	5,074 6.0%
Family	3.2		\$10,000 - \$14,999	2,935 3.5%
Non-Family	1.2		\$15,000 - \$19,999	4,533 5.4%
			\$20,000 - \$24,999	4,848 5.8%
<b>Total Housing Units</b>	97,229		\$25,000 - \$29,999	4,884 5.8%
Vacant	13,029	13.4%	\$30,000 - \$34,999	5,254 6.2%
Owned	61,275	63.0%	\$35,000 - \$39,999	4,983 5.9%
Rented	22,925	23.6%	\$40,000 - \$49,999	10,962 13.0%
			\$50,000 - \$59,999	8,937 10.6%
<b>Persons In Households: 1</b>	29,487	35.0%	\$60,000 - \$74,999	10,982 13.0%
2	24,096	28.6%	\$75,000 - \$99,999	9,541 11.3%
3-4	23,599	28.0%	\$100,000 - \$124,999	5,297 6.3%
5+	7,013	8.3%	\$125,000 - \$149,999	2,319 2.8%
			\$150,000 - \$199,999	1,686 2.0%
<b>Vehicles Available</b>	151,489		\$200,000 - \$249,999	582 0.7%
Average Vehicles/HH	1.8		\$250,000+	1,375 1.6%
			<b>Aggr Disposable Income</b>	\$4,423,804,314
<b>vehicles Per Household: 0</b>	4,618	5.5%	<b>Avg Disposable Income</b>	\$52,539
1	32,484	38.6%	<b>Median Disposable Income</b>	\$50,880
2	29,140	34.6%		
3+	17,954	21.3%		

Source: 2012 Scan/US Projections

30-Minute Market Area

Total Population	203,488	
< 5 Years	13,210	6.5%
5 - 9 Years	12,982	6.4%
10 - 14 Years	12,660	6.2%
15 - 19 Years	13,155	6.5%
20 - 24 Years	13,171	6.5%
25 - 34 Years	25,112	12.3%
35 - 44 Years	25,499	12.5%
45 - 54 Years	29,705	14.6%
55 - 64 Years	27,637	13.6%
65 - 74 Years	16,658	8.2%
75 - 84 Years	9,283	4.6%
85+ Years	4,413	2.2%

Median Age 39.9

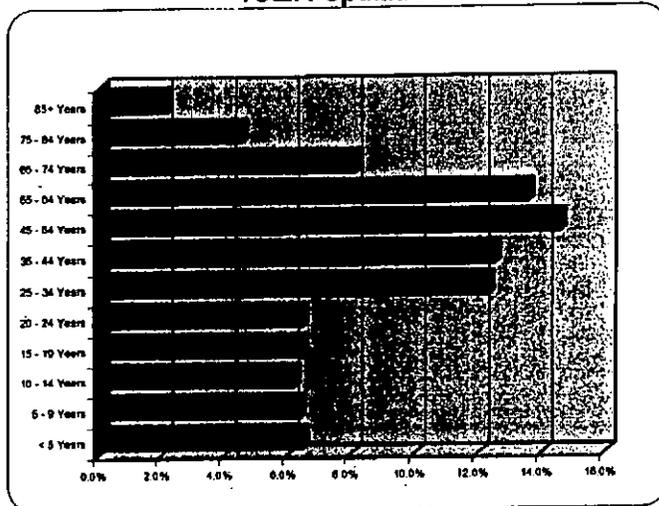
Population, Female	106,276	52.2%
< 5 Years	6,427	6.0%
5 - 9 Years	6,477	6.1%
10 - 14 Years	6,327	6.0%
15 - 19 Years	6,416	6.0%
20 - 24 Years	6,467	6.1%
25 - 34 Years	12,901	12.1%
35 - 44 Years	13,194	12.4%
45 - 54 Years	15,565	14.6%
55 - 64 Years	14,622	13.8%
65 - 74 Years	9,214	8.7%
75 - 84 Years	5,605	5.3%
85+ Years	3,059	2.9%

Median Age/Female 41.5

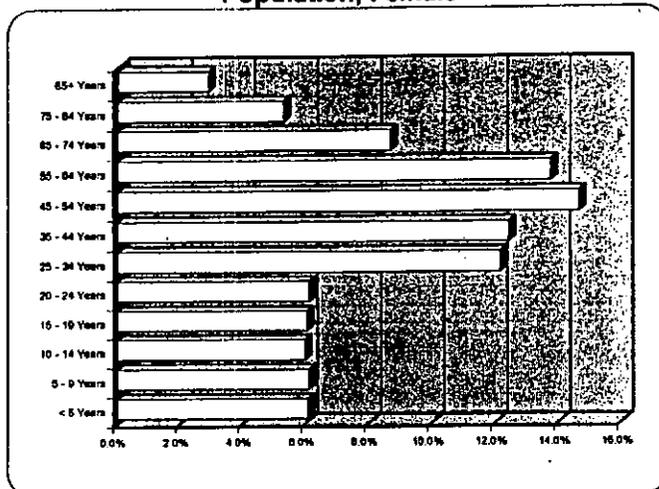
Population, Male	97,213	47.8%
< 5 Years	6,783	7.0%
5 - 9 Years	6,505	6.7%
10 - 14 Years	6,332	6.5%
15 - 19 Years	6,739	6.9%
20 - 24 Years	6,704	6.9%
25 - 34 Years	12,211	12.6%
35 - 44 Years	12,305	12.7%
45 - 54 Years	14,140	14.5%
55 - 64 Years	13,015	13.4%
65 - 74 Years	7,444	7.7%
75 - 84 Years	3,678	3.8%
85+ Years	1,354	1.4%

Median Age/Male 38.1

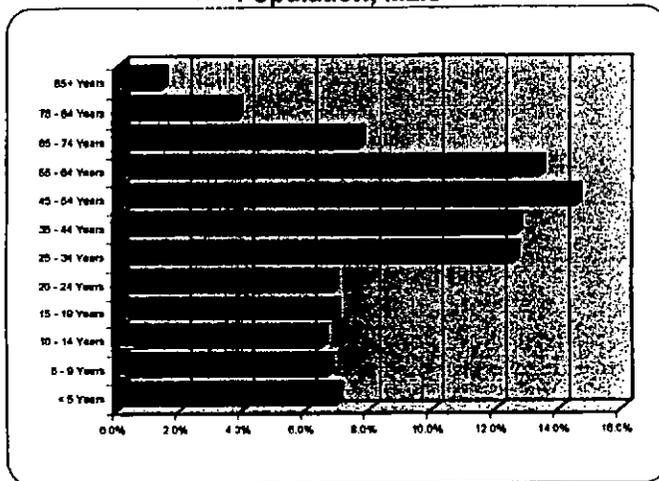
Total Population



Population, Female



Population, Male



Utilization Chart  
for  
30-Minute Travel Time Contour

Facility Name	City	# of Licensed Nursing Beds	Nursing Patient Days	Nursing Occupancy	Admissions	ALOS	Potential Beds (+)Under/(-)over 90%
<b>Hospital Setting</b>							
St. John's Hospital	Springfield	78	8,422	30%	816	10	
<b>Sub-Total</b>		<b>78</b>	<b>8,422</b>	<b>30%</b>	<b>816</b>	<b>10</b>	
<b>Nursing Setting</b>							
Illinois Presbyterian Home	Springfield	15	1,895	35%	48	423	8
Oak Terrace Care Center	Springfield	78	16,664	59%	42	552	25
Regency Nursing Care Residence	Springfield	95	26,050	75%	67	402	14
St. Joseph's Home for Aged	Springfield	65	21,499	91%	38	848	0
Heritage Manor-Springfield	Springfield	178	57,942	89%	630	92	1
Auburn Nursing & Rehab Center	Auburn	70	22,627	89%	110	206	1
Ashford Court Care Center (1)	Springfield	0	45,784	N/A	279	164	-125
Springfield Terrace, Ltd.	Springfield	65	15,004	63%	12	1250	17
Villa Health Care East	Sherman	99	34,895	97%	223	156	-7
Capitol Care Center	Springfield	251	70,051	76%	439	160	34
Lewis Memorial Christian Village	Springfield	155	53,210	94%	436	122	-6
<b>Sub-Total</b>		<b>1,071</b>	<b>365,621</b>	<b>83.5%</b>	<b>2,324</b>	<b>398</b>	<b>-38</b>
<b>TOTAL</b>		<b>1,149</b>	<b>374,043</b>	<b>89.2%</b>			

(1) Facility closed in May. The facility has not surrendered their license.

Source: 2006 Illinois Department of Public Health Long-Term Care Facility Profiles  
www.mapquest.com

Illinois Department of Commerce and Economic Opportunity  
State Population Projections  
for

Sangamon County and Surrounding Planning Areas

State/ County	Age Group	2005		05 - 10		10 - 15		15 - 20		20 - 25		25 - 30	
		2010	% (+/-)	2015	% (+/-)	2020	% (+/-)	2025	% (+/-)	2030	% (+/-)		
Christian	All	38,094	5.1%	38,708	6.8%	40,053	3.5%	40,422	0.9%	40,601	0.4%	40,601	0.4%
	65+	6,216	3.8%	6,450	7.7%	7,137	10.7%	7,841	9.9%	8,460	7.9%	8,460	7.9%
	75+	3,135	0.6%	3,032	-2.7%	3,219	6.2%	3,468	7.7%	3,974	14.6%	3,974	14.6%
	85+	1,120	9.2%	1,058	3.1%	1,081	2.2%	1,056	-2.3%	1,179	11.6%	1,179	11.6%
Logan	All	31,353	0.4%	31,786	1.7%	32,164	1.3%	32,358	0.6%	32,715	1.1%	32,715	1.1%
	65+	4,824	2.8%	5,051	7.4%	5,500	8.9%	6,183	12.4%	6,712	8.6%	6,712	8.6%
	75+	2,604	1.3%	2,635	2.5%	2,786	5.7%	2,978	6.9%	3,342	12.2%	3,342	12.2%
	85+	1,031	12.4%	1,093	19.2%	1,143	4.6%	1,186	3.8%	1,312	10.6%	1,312	10.6%
Menard	All	13,598	4.7%	14,153	8.9%	14,740	4.1%	15,084	2.3%	15,195	0.7%	15,195	0.7%
	65+	1,973	12.6%	2,406	37.3%	2,827	17.5%	3,356	18.7%	3,867	15.2%	3,867	15.2%
	75+	821	5.1%	956	22.4%	1,127	17.9%	1,434	27.2%	1,688	17.7%	1,688	17.7%
	85+	198	-11.6%	219	-2.2%	245	11.9%	306	24.9%	371	21.2%	371	21.2%
Sangamon All	All	193,345	0.9%	202,158	4.6%	210,672	4.2%	217,252	3.1%	222,367	2.4%	222,367	2.4%
	65+	28,849	6.8%	33,801	25.9%	40,450	19.7%	47,311	17.0%	52,695	11.4%	52,695	11.4%
	75+	13,617	3.3%	15,033	10.4%	16,944	12.7%	20,967	23.7%	25,646	22.3%	25,646	22.3%
	85+	4,096	14.5%	5,214	27.3%	5,636	8.1%	6,249	10.9%	7,333	17.3%	7,333	17.3%
Illinois	All	12,875,035	3.1%	13,748,695	6.8%	14,316,487	4.1%	14,784,968	3.3%	15,138,849	2.4%	15,138,849	2.4%
	65+	1,550,281	7.0%	1,889,689	21.9%	2,201,461	16.5%	2,567,497	16.6%	2,883,470	12.3%	2,883,470	12.3%
	75+	784,527	2.6%	840,003	7.1%	936,745	11.5%	1,125,122	20.1%	1,353,163	20.3%	1,353,163	20.3%
	85+	230,002	17.4%	298,054	29.6%	314,336	5.5%	342,525	9.0%	402,311	17.5%	402,311	17.5%

IDCEO September 18, 2008

ATTACHMENT GRC-1F



BUILDING AND ZONING DEPARTMENT  
CITY OF SPRINGFIELD, ILLINOIS

September 17, 2008

Mr. Jeffrey Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> floor  
Springfield, IL 62761

RE: 3089 Old Jacksonville Road  
Tax id 13-36.0-476-005

Dear Sir:

Please be advised that our office has been contacted by John P. Kniery, Health Care Consultant with Charles H. Foley & Associates, Inc, on behalf of OJCC Realty, LLC and OJCC, LLC, regarding the above property.

Please be advised that the above property is zoned OFFICE District under the Springfield Zoning Ordinance. The OFFICE District zoning was granted by the Springfield City Council on February 17, 2004, with the following conditions:

- (1) ingress and egress to and from such real estate is allowed only from Old Jacksonville Road,
- (2) ingress and egress to such real estate from Jalna Road is prohibited,
- (3) the transitional buffer yard along the east side of petitioner's property shall be 50 feet in width along that portion of the transitional buffer yard that is adjacent to the west property line of Lot 1 in Townley Place Subdivision.

In order to operate a skilled nursing care facility on this property, a Conditional Permitted Use would have to be granted, requiring a public hearing before the Springfield Planning and Zoning Commission and final approval by the Springfield City Council.

If you have additional questions, or if I may be of further assistance, please feel free to contact me.

Sincerely,

  
Suzann Weissberg  
Deputy Zoning Administrator

ATTACHMENT GRC-1G

**REAL ESTATE PURCHASE AGREEMENT**

by and among

Joseph J. Angermeier and Shirley J. Angermeier  
Husband and Wife

“Seller”

OJCC Realty, LLC  
an Illinois limited liability company

“Purchaser”

Dated as of September 18, 2008

3089 Old Jacksonville Road  
Springfield, Illinois 62704

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### EXHIBITS

A.	Legal Description of Land
B.	Excluded Personal Property
C.	Allocation of Purchase Price
D.	Permitted Exceptions
E.	Deed
F.	Bill of Sale
G.	Intentionally Omitted
H.	Form of FIRPTA Affidavit

## REAL ESTATE PURCHASE AGREEMENT

This **REAL ESTATE PURCHASE AGREEMENT** (this "Agreement"), is made as of the 18th day of September, 2008, by and between Joseph J. Angermeier, III and Shirley J. Angermeier, husband and wife, (collectively referred to as "Seller"), and OJCC Realty, LLC, an Illinois limited liability company ("Purchaser").

WHEREAS, Seller is currently the fee owner of the Property (as defined herein); and

WHEREAS, Seller desires to sell and Purchaser desires to purchase the Property subject to the terms and conditions of this Agreement;

NOW THEREFORE, in consideration of the mutual covenants and provisions herein contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby covenant and agree as follows:

1. **Property.**

(a) **Purchased Property.** Seller hereby agrees to sell, and Purchaser hereby agrees to purchase, upon the terms and conditions set forth in this Agreement, the Property (the "Property") consisting of (i) that certain parcel of land located in the City of Springfield, County of Sangamon, State of Illinois, as more particularly described in **Exhibit A** hereto (the "Land"), (ii) all buildings and all other structures, facilities or improvements presently or hereafter located in or on the Land (the "Improvements"), (iii) all fixtures attached or appurtenant to the Land and improvements (collectively the "Personal Property"), provided, however, the term Personal Property shall not include the excluded items of personal property specifically set forth on **Exhibit B** (the "Excluded Personal Property"), (iv) all right, title and interest, if any, of Seller in and to the land lying in the bed of any street or highway in front of or adjoining the Land to the center line thereof, (v) all right, title and interest, if any, of Seller to any unpaid award for (1) any taking by condemnation or (2) any damage to the Land or the Improvements by reason of a change of grade of any street or highway, and (vi) all easements, licenses, rights and appurtenances relating to any of the foregoing.

(b) **No Assumption of Liabilities.** Other than as specifically set forth herein, Purchaser shall not assume and shall not be liable for any debts, liabilities or obligations relating to the ownership, operation or maintenance of the Property for the period prior to the Closing Date (as herein defined), nor shall Purchaser assume any other debts, liabilities or obligations of Seller including, but not limited to, any (i) liabilities or obligations of Seller to its creditors, shareholders or owners, (ii) liabilities or obligations of Seller for any federal, state, county or local taxes applicable to or assessed against Seller or the assets or business of Seller, or (iii) any contingent liabilities or obligations of Seller, whether known or unknown.

2. Purchase Price; Escrow.

(a) Purchase Price. The purchase price for the Property is One Million, One-Hundred, Ninety-Eight Thousand and 00/100 Dollars (\$1,198,000.00) (the "Purchase Price"), subject to prorations as set forth herein. The Purchase Price shall be allocated as set forth in Exhibit C attached hereto.

(b) Payment of Purchase Price. Payment of The Purchase Price shall be payable in accordance with the following provisions.

(i) Purchaser shall pay to Seller the sum of Twenty-Five Thousand and 00/100 Dollars (\$25,000.00) as a deposit (the "Deposit") for the payment of the Purchase Price.

(ii) If Purchaser elects to extend the Closing Date beyond six months after the date of this Agreement in accordance with Section 3 below, then Purchaser shall increase the Deposit as follows: (A) on the six-month anniversary of the date of this Agreement, Purchaser shall increase the Deposit by Five Thousand and 00/100 Dollars (\$5,000.00); (B) on the nine-month anniversary of the date of this Agreement, Purchaser shall increase the Deposit by an additional Five Thousand and 00/100 Dollars (\$5,000.00); and on the twelve month anniversary of the date of this Agreement, Purchaser shall increase the Deposit by Five Thousand and 00/100 Dollars (\$5,000.00).

(iii) At the Closing (as herein defined), an amount, subject to adjustment or withholding pursuant to the terms of this Agreement, equal to the Purchase Price less the Deposit shall be deposited with the Escrow Agent, by certified or cashier's check or by wire transfer of same day funds.

(iv) If the closing of the transaction does not close on the Closing Date or on any extended Closing Date as described hereinbelow, unless due to Seller not having fulfilled the conditions precedent to Closing described in Section 5(a) herein or as otherwise provided in this Agreement, Purchaser acknowledges that it shall not be entitled to any refund from Seller of the Deposit or the increased Deposit, and Seller's retention of such Deposit or increased Deposit shall be the consideration for Seller's removing the Property from the market. Such payment to Seller shall be considered an option payment for the expired period, and this Agreement shall be considered null and void and neither party shall have any further obligations hereunder.

(c) Closing Escrow. Prior to the Closing Date, Purchaser and Seller shall provide to Escrow Agent joint escrow instructions to open an escrow ("Escrow") for the consummation of the sale of the Property to Purchaser pursuant to the terms of this Agreement in accordance with the general provisions of the usual form of deed and money escrow instructions for a so-called New York Style Closing used in similar transactions by such holder with special provisions inserted to conform with this Agreement, as shall be mutually acceptable to the parties hereto. Purchaser and Seller

shall share equally in the cost of said Escrow. Provided that all conditions to Closing set forth in this Agreement have been satisfied or, as to any condition not satisfied, waived by the party intended to be benefited thereby, on the Closing Date, Escrow Agent shall conduct the Closing by recording or distributing the following documents and funds in the following manner:

(i) Record the Deed (as hereinafter defined) in the official records of the county in which the Land is located;

(ii) Deliver to Purchaser all documents that are required to be delivered by Seller to Purchaser pursuant to Section 5(a) hereof (to the extent the same shall be delivered to Escrow Agent at or prior to the Closing); and

(iii) Deliver to Seller (x) all documents that are required to be delivered by Purchaser to Seller pursuant to Section 5(b) hereof (to the extent the same shall be delivered to Escrow Agent at or prior to the Closing), and (y) the balance of the Purchase Price and such other funds, if any, in good funds as may be due to Seller by reason of credits under this Agreement, less all items chargeable to Seller under this Agreement.

3. Closing; Closing Date. The closing of the transactions contemplated hereby (the "Closing") shall take place at 10:00 A.M. Central Standard Time on or before the six-month anniversary of the date of this Agreement (the "Closing Date"). The foregoing to the contrary notwithstanding, the parties hereto acknowledge that Purchaser intends to construct a skilled nursing home facility on the Property, which requires the prior approval of the Illinois Health Facilities Planning Board and the issuance of a Certificate of Need ("CON") in connection therewith, as well as zoning approval by the local zoning authority. Accordingly, in the event that Purchaser shall be unable to obtain the CON prior to the six-month anniversary of this Agreement, Purchaser shall have the option to extend the Closing Date by three (3) months provided that Purchaser increase the Deposit as required in Section 2(b) above. Purchaser shall have an additional option to extend the Closing Date by three (3) months in the event Purchaser shall be unable to obtain the CON prior to the nine-month anniversary, provided that Purchaser further increases the Deposit in accordance with Section 2(b) above. Thereafter, Purchaser shall have no further option to extend the Closing Date as a result of Purchaser's inability to obtain the CON. The foregoing to the contrary notwithstanding, if prior to the twelve-month anniversary of this Agreement, Purchaser shall have obtained the CON, but has not obtained zoning approval, Purchaser shall have the option to extend the Closing Date up to an additional six (6) months, provided, however, if Purchaser extends the Closing Date beyond the twelve (12) month anniversary of this Agreement, Purchaser shall be required to further increase the Deposit as required in Section 2(b) above. Purchaser may not extend the Closing Date beyond the eighteen month anniversary of this Agreement. The Closing shall occur at the office of the Title Company at such location as mutually agreed upon by Purchaser and Seller.

4. Title and Survey.

- (a) Intentionally Omitted.
- (b) Intentionally Omitted.
- (c) Intentionally Omitted.
- (d) Title and Survey.

(i) Seller shall: (A) order from Chicago Title Insurance Company (the "Title Company") and deliver to Purchaser a commitment (the "Title Commitment") for an ALTA 2006 owner's title insurance policy (the "Title Policy"), in an amount equal to the Purchase Price, dated or updated to the Closing Date, insuring or committing to insure, Purchaser's good and marketable title in fee simple to the Property subject only to the Permitted Exceptions (as hereinafter defined) and shall include extended coverage over General Exceptions 1 through 5 inclusive, and, at Purchaser's cost, at the Title Company's ordinary rates, such additional endorsements as reasonably requested by Purchaser or Purchaser's lender, including zoning, survey, access, tax parcel identification, location, comprehensive, and configuity; and (B) deliver a currently dated ALTA survey of the Property, which shall (1) be certified by a licensed surveyor and in a form and substance satisfactory to Purchaser, Purchaser's lender and the Title Company in order for the Title Company to issue the Title Policy, (2) show the Improvements, the location of all easements, rights of way, sewer and water lines, building lines and encroachments, the location of all required building set-back lines and other dimensional regulations and any wetlands, (3) show the location of all abutting or adjoining streets, alleys, curb cuts and the like, and (4) shall contain Table A items 1, 2, 3, 4, 6, 7(a), 7(b), 7(c), 8, 9, 10, 11(a), 13, 14, 15 and 16 (hereinafter, the "Survey"), within twenty (20) days after the date hereof (the "Title Delivery Date"). Seller agrees to cause the Title Company or the surveyor, as applicable, to furnish directly to Purchaser a copy of any updates to the Title Commitment, together with readable copies of all documents referred to therein, and the Survey. Purchaser shall bear the cost of said Survey, but should this transaction close, or not close due to Seller not having fulfilled the conditions precedent to Closing described in Section 5(a) herein, Purchaser shall receive a credit at closing for the amount of the Survey cost.

(ii) Seller agrees to convey the Property, and Purchaser agrees to purchase the same, free and clear of all liens and encumbrances other than the matters set forth on Exhibit D hereto and any other liens and encumbrances accepted in writing by Purchaser hereunder (the "Permitted Exceptions"). To the extent any of the Permitted Exceptions are not of record or, although of record, are no longer binding against the owner of the Property, nothing contained herein shall operate or be construed to be a recognition by Purchaser of the validity or binding effect of any such Permitted Title Exception.

(e) Title Defects. Purchaser shall promptly bring to Seller's attention any exceptions to title shown on the Title Commitment or the Survey or any updates thereof which do not constitute Permitted Exceptions. To the extent that there exist exceptions to title (including any violations of law or municipal ordinances, orders, requirements or regulations noted in or issued by any municipal and other governmental departments and agencies having jurisdiction over or affecting the Property and any outstanding work orders and requirements of any company insuring the Property against casualty loss) other than Permitted Exceptions, the cost of curing and the obligation to cure such exceptions shall be as follows: (i) Seller, at its expense, shall undertake all necessary actions to remove any monetary liens against the Property existing as of the date of this Agreement or arising hereafter and to cure any other objectionable exceptions (or modifications of exceptions or encumbrances existing as of the date of this Agreement) which are created by, under or through Seller prior to the Closing that are capable of cure through the payment of money; (ii) with respect to all other objectionable exceptions, (1) Seller may elect, by written notice to Purchaser within ten (10) days after receipt by Seller of the updated Title Commitment, to undertake at its expense all necessary actions to cure the exceptions prior to the Closing ("Seller's Election"); or (2) in the event that Seller does not elect to cure the exceptions pursuant to the immediately preceding clause, Purchaser may, by notice to Seller within ten (10) days after the expiration of the ten (10) day period for Seller's Election (x) terminate this Agreement, in which event, Purchaser shall receive a refund of the Deposit and, except as otherwise expressly provided herein, all parties shall be relieved of any further obligations or liabilities hereunder, or (y) indicate to Seller that, notwithstanding the exceptions described in this Section 4(e), Purchaser shall not terminate this Agreement as a result of such exceptions (such exceptions being deemed to be Permitted Exceptions hereunder).

5. Conditions to Closing.

(a) Purchaser's Conditions. Purchaser's obligation to consummate the transactions contemplated in this Agreement and pay the Purchase Price and accept title to the Property shall be subject to the following conditions precedent on and as of the Closing Date to the reasonable satisfaction of Purchaser or the waiver thereof by Purchaser, which waiver shall be binding upon Purchaser only to the extent made in writing and dated as of the Closing Date.

(i) Intentionally Omitted.

(ii) Possession of the Property shall be delivered to Purchaser free and clear of all tenancies and other occupancies.

(iii) Seller shall deliver to Purchaser or, if applicable, to Escrow Agent to be held in escrow in accordance with the terms of this Agreement, on or before the Closing Date the following, each of which shall be in form and substance satisfactory to Purchaser:

(1) a General Warranty Deed, in substantially the form annexed hereto as Exhibit E (the "Deed") and in proper statutory form for recording, duly executed and acknowledged by Seller and with all required documentary and transfer tax stamps affixed, sufficient to convey to Purchaser fee simple title to the Property free of all liens and encumbrances other than the Permitted Exceptions;

(2) a bill of sale, in substantially the form annexed hereto as Exhibit F (the "Bill of Sale"), containing a warranty of title, duly executed and acknowledged by Seller, sufficient to convey to Purchaser good and indefeasible title, free of all liens, encumbrances and security interests, in and to the Personal Property;

(3) an affidavit of title and such other affidavits as may be required by the Title Company in connection with the conveyance of the Property;

(4) Intentionally Omitted;

(5) Intentionally Omitted;

(6) Intentionally Omitted;

(7) Intentionally Omitted;

(8) Intentionally Omitted;

(9) Intentionally Omitted;

(10) a complete set of keys for the Improvements; appropriately tagged for identification;

(11) the Foreign Investment in Real Property Tax Act affidavit in substantially the form annexed hereto as Exhibit H;

(12) a form 1099 identifying Seller's gross proceeds and Seller's tax identification number, as required by the Escrow Agent;

(13) Intentionally Omitted;

(14) Intentionally Omitted;

(15) a certificate executed by Seller, in a form reasonably acceptable to Purchaser, to the effect that the representations and warranties of Seller set forth in this Agreement are true and complete on and as of the Closing Date to the best of Seller's knowledge;

Intentionally Omitted; and

(5) such other customary closing documents required in the State of Illinois, Sangamon County, and/or the City of Springfield, including but not limited to the Illinois Real Estate Transfer Declaration Forms PTAX-203 and PTAX-203-A.

(iv) Purchaser shall receive from the Title Company an ALTA 2006 owner's policy of title insurance or a New York style mark-up to the Title Commitment which shall act as an irrevocable and unconditional commitment to issue the same, in an amount equal to the Purchase Price, dated, or updated to, the Closing Date, insuring, or committing to insure, at its ordinary premium rates, Purchaser's good and marketable title in fee simple to the Property subject only to the Permitted Exceptions and shall include extended coverage over General Exceptions 1 through 5 inclusive and such additional endorsements as reasonably requested by Purchaser or Purchaser's lender, including zoning, survey, access, tax parcel identification, location, comprehensive and contiguity.

(v) Purchaser shall have received the Survey as required under Section 4(d)(i).

(vi) As of the Closing Date, each of the representations and warranties of Seller provided herein shall be true and correct in all material respects, Seller shall be in full compliance with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement, and there shall have been no material and adverse change from the date hereof in the condition of the Property, or any portion thereof, Applicable Laws (as herein defined), Permitted Exceptions, or any other circumstances affecting the Property previously approved by Purchaser.

(b) Seller's Conditions. Seller's obligation to consummate the transactions contemplated in this Agreement and deliver title to the Property shall be subject to the following conditions precedent on and as of the Closing Date to the reasonable satisfaction of Seller or the waiver thereof by Seller, which waiver shall be binding upon Seller only to the extent made in writing and dated as of the Closing Date.

(i) Purchaser shall deliver the Purchase Price due pursuant to Section 2(b) hereof subject to adjustment of such amount pursuant to Section 6 hereof.

(ii) Purchaser shall deliver counterparts of the Other Documents as applicable, including, without limitation, the Illinois Real Estate Transfer Declaration Forms PTAX-203 and PTAX-203-A, duly executed and acknowledged by Purchaser, as and to the extent herein provided.

(iii) The representations and warranties of Purchaser contained in this Agreement shall be true and complete as of the Closing Date and Purchaser shall be in full compliance with the terms and provisions of this Agreement, in each case subject only to exceptions permitted by this Agreement.

(c) Conditions Generally. The foregoing conditions are for the benefit only of the party for whom they are specified to be conditions precedent and such party may, in its sole discretion, waive any or all of such conditions and close title under this Agreement without any increase in, abatement of or credit against the Purchase Price, provided that such waiver shall be in writing and dated as of the Closing Date.

6. Apportionments.

(a) Closing Prorations. The following items shall be apportioned at the Closing as of the Closing Date.

(i) Intentionally Omitted.

(ii) Real estate taxes, assessments, other than special assessments, personal property taxes, and water, vault and sewer charges and rents, as well as any other governmental charges or taxes assessed on the Property, based on the rates and assessed valuation applicable in the fiscal year for which assessed; provided that if the Closing shall occur before the real estate tax rate or personal property tax rate is fixed, the apportionment of said taxes shall be based on 105% of the most recently ascertainable real estate tax fiscal year. If, at the Closing, the Property or any part thereof is affected by an assessment which, at the option of Seller, is payable in installments and the first installment is then a charge or lien, or has been paid, then all unpaid installments of such assessments, including those which are to become due and payable after Closing, shall be deemed to be due and payable and to be a lien upon the Property and shall be paid and discharged by Seller at Closing, or, alternatively, a credit to the Purchase Price shall be given to Purchaser of an amount equal to such unpaid installments.

(iii) All charges and payments for utility services; provided that if there is no meter or if the current bill for any of such utilities has not been issued prior to the Closing Date, such charges shall be adjusted at the Closing on the basis of the charges for the prior period for which bills were issued and shall be further adjusted when the bills for the current period are issued.

(iv) Intentionally Omitted.

(v) All other customary and reasonable expenses of the Property.

If any of the foregoing items set forth in subsections (ii) and (iii) of this Section 6(a) cannot be apportioned at the Closing because of the unavailability of the amounts which are to be apportioned or are apportioned on the basis of estimates, such items shall be apportioned or reapportioned, as applicable, as soon as practicable after the Closing Date.

(b) Insurance Policies. Unless otherwise agreed, no insurance policies of Seller are to be transferred to Purchaser, and no apportionment of the premiums therefor shall be made, in which event, Purchaser shall be responsible for securing its own insurance for the Property.

(c) Intentionally Omitted.

(d) Deposits with Utility Companies. Seller shall be entitled to any deposits made by Seller with utility companies servicing the Property, and, if the same are not refundable to Seller without replacement by Purchaser, Purchaser shall either: (i) deliver the requisite replacement deposit to the utility company on or prior to the Closing Date or (ii) pay to Seller at the Closing the amount of such deposit, against a good and sufficient transfer by Seller to Purchaser of all interest of Seller in the deposit.

(e) Intentionally Omitted.

(f) Intentionally Omitted.

(g) Survival. The obligations of the parties hereto under this Section 6 shall survive the Closing.

7. Seller's Representations and Warranties. Seller represents and warrants to Purchaser as follows:

(a) Organization and Authority. Seller has full power and right to enter into and perform the respective obligations under this Agreement and the Other Documents, including, without being limited to, conveying the Property. The execution and delivery of this Agreement and the consummation of the transactions contemplated hereby (1) do not require any governmental or other consent and (2) will not result in the breach of any agreement, indenture or other instrument to which Seller is a party or is otherwise bound.

(b) Non-Foreign Status. Seller is a "non-foreign person" within the meaning of Section 1445 of the United States Internal Revenue Code of 1986, as amended, and the regulations issued thereunder.

(c) Intentionally Omitted.

(d) Environmental Condition. Neither of Seller nor, to the best of Seller's knowledge, any other third parties have generated, stored or disposed of any hazardous waste on the Property, and Seller has no knowledge of any previous or present generation, storage, disposal or existence of any hazardous waste on the Property. The term "hazardous waste" shall mean "hazardous waste", "toxic substances" or other similar or related terms as defined or used from time to time in the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended (42 U.S.C. Sections 9601, *et seq.*), the Hazardous Materials Transportation Act, as amended (49 U.S.C. Sections 1801, *et seq.*), the Resource Conservation and Recovery Act, as amended (42 U.S.C. Sections 6921, *et seq.*) and regulations adopted thereunder.

(e) Special Assessments. There are no special or other assessments for public improvements or otherwise now affecting the Property. To the best of Seller's knowledge, there are no (1) pending or threatened special assessments affecting the Property or (2) contemplated improvements affecting the Property that may result in special assessments affecting the Property. There are no tax abatements, phase-ins or exemptions affecting the Property.

(f) Access to Property. Seller does not know of any federal, state, county, municipal or other governmental plans to change the highway or road system in the vicinity of the Property or to restrict or change access from any such highway or road to the Property. Purchaser acknowledges that when Seller rezoned the Property in Case No. 2003-108 ingress and egress to the Property from Jalna Road was prohibited. Purchaser also acknowledges that Seller cannot guarantee that Purchaser will be allowed by the City of Springfield more than one driveway onto Old Jacksonville Road for ingress and egress into the Property.

(g) Existing Mortgages. Other than Seller's existing mortgage, which shall be paid off by Seller at the Closing, there are no mortgages currently encumbering the Property, recorded or otherwise.

(h) Leases. There are no occupancy rights (written or oral), leases or tenancies presently affecting the Property.

(i) Intentionally Omitted.

(j) Intentionally Omitted.

(k) Permits and Warranties. There are no certificates, licenses and permits necessary in connection with the current ownership, use, occupancy, operation and maintenance of the Property, and there are no guaranties or warranties in effect with respect to the Improvements and the Personal Property. [Prior sentence added in conjunction with deletion of requirement that Seller provide a General Assignment of Permits and Warranties.] Purchaser acknowledges that it will use its best efforts to obtain a CON and approval from the local zoning authority in connection with Purchaser's intended use.

(l) Intentionally Omitted.

(m) Intentionally Omitted.

(n) Litigation. There are no pending or, to the best of Seller's knowledge, threatened litigation, investigations, claims, lawsuits, governmental actions or other proceedings involving the Property, the Improvements or the operation thereof before any court, agency or other judicial, administrative or other governmental or quasi-governmental body or arbitrator.

(o) Compliance with Applicable Laws. The Property has been and is presently used and operated in compliance in all material respects with, and in no material way violates any applicable statute, law, regulation, rule, licensing requirement, ordinance, order or permit of any kind whatsoever affecting the Property, or any part thereof.

(p) Truth and Accuracy of Representations and Warranties. No representation or warranty by Seller contained in this Agreement and no statement by Seller in any certificate, list, exhibit or other instrument furnished or to be furnished to Purchaser by or on behalf of Seller pursuant hereto contains any untrue statement of a material fact, or omits or will omit to state any material facts which are necessary in order to make the statements contained therein, in light of the circumstances under which they are made, not misleading in any material respect.

(q) Survival of Representations and Warranties. The representations and warranties of Seller contained herein shall be effective as of the date hereof and shall be deemed remade on the Closing Date, and shall survive the Closing.

8. Purchaser's Representations and Warranties. Purchaser represents and warrants as follows:

(a) Organization and Authority. Purchaser is a limited liability company that has been duly organized and validly exists under the laws of the State of Illinois and is duly qualified to do business in the State in which the Property is located. Purchaser has full power and right to enter into and perform its obligations under this Agreement and the Other Documents. The execution and delivery of this Agreement and the consummation of the transactions contemplated hereby (1) have been duly authorized by all necessary action on the part of Purchaser, (2) do not require any governmental or other consent (except as otherwise provided herein), and (3) will not result in the breach of any agreement, indenture or other instrument to which Purchaser is a party or is otherwise bound.

(b) "AS IS-WHERE IS" Condition of the Property. Purchaser acknowledges that it has inspected the Purchaser Assets and, subject to the terms hereof, agrees to purchase the same in its present "AS-IS WHERE-IS" condition. Purchaser further acknowledges that except as set forth in this Agreement, Seller makes no representations as to the physical condition of the Property.

(c) Survival of Representations and Warranties. The representations and warranties of Purchaser contained herein shall be effective as of the date hereof and shall be deemed remade on the Closing Date, and shall survive the Closing.

9. Interim Operations. Seller from the date hereof through the Closing Date will (a) maintain the Property in substantially the same manner as it has heretofore been maintained; (b) maintain its current insurance policies in full force and effect through the Closing Date; (c) upon reasonable prior notice or at any time within forty-eight hours prior to the Closing, permit Purchaser's representatives to inspect the Property; (d) not enter into any contract which might become the obligation of Purchaser nor modify, cancel, accept the surrender of or renew (except when any such acceptance of surrender or renewal is non-discretionary) any contract which exists at present without Purchaser's prior written consent; (e) not create any lien or encumbrance upon or affecting title to the Property without Purchaser's prior written consent; (f) not enter into any lease for all or any portion of the Property; (g) not take any action which will or would cause any of the representations or warranties in this Agreement to become untrue or be violated; (h) perform all of its obligations in respect of the Property whether pursuant to any contracts, or other requirements; (i) promptly inform Purchaser in writing of any material event adversely affecting the ownership, use, occupancy, or maintenance of the Property, whether or not insured against; and (j) not solicit, accept or provide factual information or negotiate with respect to, any offer to purchase the Property or any portion thereof from any person or entity other than Purchaser. Wherever Purchaser's consent is required hereunder, such consent shall not be unreasonably withheld or delayed.

10. Risk of Loss.

(a) Fire or Other Casualty. The risk of any loss or damage to any of the Property by fire or other casualty before the Closing hereunder is assumed by Seller. Seller shall give Purchaser written notice of any fire or other casualty within three (3) days of the occurrence of same, which notice shall include a description thereof in reasonable detail. In the event that the Property shall suffer any fire or other casualty or any injury, Seller shall assign to Purchaser the proceeds of or claims in respect of any casualty insurance or coverage maintained by them, and Purchaser will have no right or option to terminate this Agreement.

(b) Eminent Domain. The risk of any loss or damage to the Property by condemnation before the Closing Date hereunder is assumed by Seller. In the event any condemnation proceeding is commenced or threatened, Seller shall give Purchaser written notice thereof within three (3) days after the occurrence of same, together with such reasonable details with respect thereto as to which Seller may have knowledge. As soon as the portion or portions of the Property to be taken are reasonably determinable, Seller shall give Purchaser written notice thereof together with Seller's estimate of the value of the portion or portions of the Property to be so taken. In the event of any material taking of the Property, Purchaser, by written notice to Seller at any time thereafter, shall have the option to cancel this Agreement, in which event this Agreement shall terminate and be of no further force and effect, Purchaser shall be refunded the Deposit and neither party shall have any liability to the other hereunder. For the purposes hereof, a "material" taking shall include: (i) any taking that (i) materially impairs the use or operation of the Property; or (ii) any threat of a taking or any reasonably equivalent indication on the part of a condemning authority of such intention where there is no reasonable basis to conclude that the actual taking would not be material. If Purchaser shall not so elect to cancel this Agreement, then the sale of the Property shall be consummated as herein provided that the Purchase Price provided for herein (without abatement) and Seller shall assign to Purchaser at the Closing all of Seller's right, title and interest in and to all awards made in respect of such condemnation and any claims in respect of any rent insurance or equivalent coverage maintained by it, and shall pay over to Purchaser all amounts theretofore received by Seller in connection with such taking or insurance. Purchaser shall be entitled to participate in any such condemnation proceeding, and Seller shall cooperate with Purchaser in such respect.

(c) Survival. The parties' obligations, if any, under this Section 10 shall survive the Closing.

#### 11. Indemnification.

(a) By Purchaser. In addition to any other indemnity set forth elsewhere herein, Purchaser shall indemnify, save, protect, defend and hold harmless Seller and its agents from and against all liabilities, claims, demands and causes of action of any nature whatsoever ("Claims") arising out of the ownership and operation of the Property subsequent to the Closing Date and/or a breach by Purchaser of its obligations, representations, warranties or covenants hereunder. Purchaser further agrees to protect, indemnify, save, defend and hold harmless Seller from and against any and all Claims of any nature whatsoever for injury to or death of persons or loss of or damage to property occurring on or at the Property or in any manner growing out of or connected with the use or occupancy of the Property or the condition thereof on or after to the Closing Date. Purchaser further agrees to pay any reasonable attorneys' fees and expenses of Seller arising from any indemnification obligation hereunder.

(b) By Seller. In addition to and not in lieu, place, stead and/or substitution of any other indemnity set forth elsewhere herein, Seller shall indemnify, save, protect, defend and hold harmless, Purchaser and its members, managers, employees, shareholders, officers, directors and agents, from and against all Claims arising out of the ownership and operation of the Property prior to the Closing Date or a breach by Seller of its obligations, representations, warranties or covenants hereunder. Seller further agrees to protect, indemnify, save, defend and hold harmless Purchaser from and against any Claims of any nature whatsoever for injury to or death of persons or loss of or damage to property occurring on or at the Property or in any manner growing out of or connected with the use or occupancy of the Property or the Improvements or the condition thereof prior to the Closing Date. Seller further agrees to pay any reasonable attorneys' fees and expenses of Purchaser arising from any indemnification obligation hereunder.

(c) Brokerage Commissions. Each of Purchaser on one side and Seller on the other represent and warrant to the other that they have not dealt with any broker or finder in connection with this sale, except for Ed Mahoney of Re/Max Professionals, to which Seller shall be solely responsible for any brokerage commissions. Seller and Purchaser each covenant and agree to indemnify and hold harmless the other from and against any and all costs, expenses, liabilities, claims, demands, suits, judgments and interest, including, without being limited to, reasonable attorneys' fees and disbursements, arising out of or in connection with any claim by any broker or agent with respect to this Agreement, the negotiation of this Agreement or the transactions contemplated herein based upon the acts of the indemnifying party.

(b) Survival. The parties' obligations under this Section 11, and any other provision under this Agreement obligating any of the parties hereto to indemnify the other party, shall survive the Closing.

## 12. Remedies.

(a) Seller's Default. If, prior to the Closing, Seller shall default under any covenant or obligation or breach any representation or warranty set forth herein (which default is not waived in writing by Purchaser), then Purchaser may elect to (1) terminate this Agreement by written notice to Seller and receive a refund of the Deposit or (2) specifically enforce this Agreement; provided, however, that if specific performance is either unavailable or would not serve to restore Purchaser to its position prior to Seller's default or breach, Purchaser also shall have the right, either alone or in conjunction with specific performance, to claim direct damages (including costs of enforcement) for such breach of contract; and provided, further, that in all events Purchaser shall have the right to claim direct damages or to seek any or all of its remedies at law or in equity after the Closing Date for a breach of any representation, warranty or covenant hereunder and/or seek indemnification pursuant to Section 11 above.

(b) Purchaser's Default. If, prior to the Closing, Purchaser shall default under any covenant or obligation or breach any representation or warranty set forth herein (which default is not waived in writing by Seller), then Seller shall have the right and option to declare this Agreement terminated by written notice to Purchaser, in which case the Deposit shall be retained by Seller as liquidated damages and as Seller's sole remedy hereunder; provided, however, that in all events Seller shall have the right to claim direct damages or to seek any or all of its remedies at law or in equity after the Closing Date for a breach of any representation, warranty or covenant hereunder and/or seek indemnification pursuant to Section 11 above.

13. Notices. All notices, demands or other communications given hereunder shall be in writing and shall be deemed to have been duly delivered (i) upon the delivery (or refusal to accept delivery) by messenger or overnight express delivery service (or, if such date is not on a business day, on the business day next following such date), or (ii) on the third (3<sup>rd</sup>) business day next following the date of its mailing by certified mail, postage prepaid, at a post office maintained by the United States Postal Service, or (iii) upon the receipt by facsimile or e-mail transmission as evidenced by a receipt transmission report (followed by delivery by one of the other means identified in (i)-(ii)), addressed as follows:

if to Seller: Joseph J. Angermeier  
Shirley J. Angermeier  
3089 Old Jacksonville Road  
Springfield, IL 62704

with a copy to: Brown, Hay & Stephens, LLP  
ATTN: J. Patrick Joyce, Jr.  
205 South Fifth Street, Suite 700  
Springfield, IL 62705  
Facsimile: (217) 544-9609  
Email: [jpsyce@bhslaw.com](mailto:jpsyce@bhslaw.com)

if to Purchaser: Platinum Healthcare, LLC  
7444 Long Avenue  
Skokie, Illinois 60077  
Attention: Benjamin M. Klein  
Facsimile: (847) 329-4899  
E-mail: [bklein@platinumhc.net](mailto:bklein@platinumhc.net)

with a copy to: Law Office of Abraham A. Gutnicki, P.C.  
8320 Skokie Boulevard  
Skokie, Illinois 60077  
Attention: Abraham A. Gutnicki  
Facsimile: (847) 933-9285  
E-mail: [agutnicki@aaglaw.net](mailto:agutnicki@aaglaw.net)

Either party may, by notice given as aforesaid, change the address or addresses, or designate an additional address or additional addresses, for its notices, provided, however, that no notice of a change of address shall be effective until actual receipt of such notice.

14. **Closing Costs.** Seller shall bear the cost to record any instrument to clear Seller's title except the Permitted Exceptions and shall pay to the State of Illinois and Sangamon County transfer taxes. Municipal transfer taxes if any shall be paid as set forth in the applicable municipal ordinance, or, if not so set forth, by local custom. Seller shall pay all costs and fees customarily paid by sellers in a real estate sale transaction in the City of Springfield, Sangamon County, Illinois, including, without limitation, the cost of the title premium and the initial search charge for the Title Policy (including the waiver of Standard Exceptions 1-5). Purchaser shall pay all other costs and fees customarily paid by purchasers in a real estate sale transaction in the City of Springfield, Sangamon County, Illinois, including, without limitation, the cost for the simultaneous issue of a loan title policy, the cost to obtain the title policy endorsements and ½ of the closing escrow. Each of Seller and Purchaser agree to pay their own attorneys' fees incurred in connection with the negotiation, preparation and consummation of the transactions contemplated hereby.

15. **Choice of Law.** The interpretation, enforcement and performance of this Agreement shall be governed by the laws of the State of Illinois.

16. **Miscellaneous.**

(a) **Entire Agreement.** This Agreement constitutes the entire agreement of the parties hereto and may not be modified or canceled except pursuant to the terms hereof or an instrument in writing signed by the parties hereto. The Schedules and Exhibits annexed hereto are hereby incorporated herein by reference as fully as though set forth herein. This Agreement may not be modified or amended except in writing signed by the parties hereto. All understandings and agreements heretofore and between the parties are merged in this Agreement and all exhibits and schedules attached hereto, which alone fully and completely expresses their agreement.

(b) **Waiver.** No waiver of any term, provision or condition of this Agreement, shall be deemed to be or be construed as a further or continuing waiver of any such term, provision or condition of this Agreement. No failure to act shall be construed as a waiver of any term, provision, condition or rights granted hereunder.

(c) **Dispute Resolution.** The parties hereto agree that with respect to all disputes, problems or claims arising out of or in connection with this Agreement and all other agreements or other instruments executed in connection herewith, including without limitation, any claim for specific performance by Purchaser and any claim for indemnification by either of the parties hereto (collectively "Disputes"), but expressly excluding any enforcement the parties hereto shall, in good faith, use their reasonable best efforts to resolve the Dispute.

(d) Headings. The headings of the various Sections of this Agreement have been inserted only for the purposes of convenience, are not part of this Agreement and shall not be deemed in any manner to modify, explain, qualify or restrict any of the provisions of this Agreement.

(e) Counterparts. This Agreement may be executed in any number of counterparts with the same effect as if all parties hereto had executed the same document. All such counterparts shall be construed together and shall constitute one instrument.

(f) Successors and Assigns. This Agreement shall bind and inure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and assigns of the parties hereto: provided, however, that neither party hereto shall assign this Agreement without the prior written consent of the other party. Any assignment not permitted hereunder and undertaken without such prior written consent shall be deemed null and void. Notwithstanding the above, Purchaser shall have the right without Seller's consent to assign this Agreement to an Illinois Limited Liability Company of which it has the majority membership interest.

(g) Further Assurances. Each of Seller and Purchaser shall provide to the other such further assurances as may reasonably be required hereunder to effectuate the purposes of this Agreement and, without limiting the foregoing, shall execute and deliver such affidavits, certificates and other instruments as may be so required hereunder so long as the same shall not materially increase the liability of the party so executing and delivering said instrument.

(h) Severability. If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Agreement shall not be affected thereby, but, each term and provision shall be valid and be enforced to the fullest extent permitted by law.

(i) Usage. All nouns and pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the person or persons, firm or firms, corporation or corporations, entity or entities or any other thing or things may require, or "any" shall mean "any and all"; "or" shall mean "and/or" "including" shall mean "including without limitation."

(j) No Strict Construction. The language used in this Agreement is the language chosen by the parties to express their mutual intent, and no rule of strict construction shall be applied against any of the parties hereto.

*[Remainder of this page left intentionally blank. Signature page follows.]*

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

**SELLER**

  
JOSEPH J. ANGERMEIER, III

  
SHIRLEY J. ANGERMEIER

**PURCHASER**

OJCC Realty, LLC

By: \_\_\_\_\_  
Name: Benjamin M. Klein  
Its: Manager

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

**SELLER**

\_\_\_\_\_  
JOSEPH J. ANGERMEIER, III

\_\_\_\_\_  
SHIRLEY J. ANGERMEIER

**PURCHASER**

OJCC Realty, LLC

By: \_\_\_\_\_

Name: Benjamin M. Klein

Its: Manager

**EXHIBIT A**

**Legal Description**

The West Five (5) acres of the East Ten (10) acres of the South Quarter of the East Half of the Southeast Quarter of Section 36, Township 16 North, Range 6 West of the Third Principal Meridian, Sangamon County, Illinois.

Except the coal and other minerals underlying the surface of said land and all rights and easements in favor of the estate of said coal and minerals.

**EXHIBIT B**

**Excluded Personal Property**

All Personal Property is excluded except for permanently attached fixtures. In regard to such permanently attached fixtures, Purchaser acknowledges that Seller shall have the right to remove the bar in the basement prior to closing.

**EXHIBIT C**

**Allocation of Purchase Price**

The entire Purchase Price of One Million One Hundred Ninety-Eight Thousand Dollars (\$1,198,000.00) shall be allocated to the real estate consisting of the land and the building.

**EXHIBIT D**

**Permitted Exceptions**

THIS SCHEDULE SUBJECT TO AGREEMENT BY SELLER AND PURCHASER AFTER  
RECEIPT AND REVIEW OF THE TITLE COMMITMENT AND THE SURVEY BY  
PURCHASER.

1. Rights of the Public, the State of Illinois, the County, the Township and the Municipality in and to that part of the premises in question taken, used or dedicated for roads or highways, including but not limited to that portion dedicated for public roadway by Document No. 225264, recorded December 3, 1947.
2. Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any.
3. Zoning ordinances affecting the Property.
4. Easement of record and/or in place, including but not limited to the following:
  - a) Easement in, upon, under, over and along a portion of the Property to install and maintain all equipment for the purpose of serving the Property and other land with electric service, together with right of access to said equipment, as created by grant to Central Illinois Light Co recorded July 6, 1955, as Document No. 261068. (Affects West 5 feet of the South 165 feet. Assigned to the City of Springfield, by Document No. 515381, recorded May 26, 1971);
  - b) Terms, provisions and conditions contained in a Reciprocal Easement for Sewer line, recorded June 8, 1990, as Document No. 90J014655. (Affects the South 15 feet of the North 205 feet);
  - c) Easement in, upon, under, over and along a portion of the Property premises to install and maintain all equipment for the purpose of service the Property and other land with water service, together with right of access to said equipment, as created by grant to the City of Springfield recorded June 8, 1990, as Document No. 90J014709. (Affects the South 15 feet of the North 190 feet); and
  - d) Grant of Drainage Easement dated and recorded December 4, 2003, in the Recorder's Office of Sangamon County, Illinois granted by Joseph Angermeier and Shirley Angermeier to Hope Ventures, LLC.

**EXHIBIT E**

**Form of Deed**

**WARRANTY DEED**

\_\_\_\_\_ an Illinois \_\_\_\_\_ (hereinafter called "Grantor"), for and in consideration of the sum of Ten Dollars (\$10.00) and other valuable consideration paid to Grantor by \_\_\_\_\_, LLC, an Illinois limited liability company (hereinafter called "Grantee"), the receipt and sufficiency of which are hereby acknowledged, does hereby GRANT, SELL, CONVEY, ASSIGN and DELIVER to Grantee the following described real property:

(Reserved for Recorders Use Only)

**See Exhibit A attached hereto and made a part hereof.**

Permanent Index Number(s):

Address of Real Estate:

Together with all buildings and other improvements situated thereon, all fixtures and other property affixed thereto and all right, title and interest of Grantor in and to all right, title and interest, if any, of Grantor in and to the land lying in the bed of any street or highway in front of or adjoining the aforesaid property to the center line thereof, subject to the encumbrances described in Exhibit B attached hereto and made a part hereof (hereinafter called the "Permitted Encumbrances").

TO HAVE AND TO HOLD the herein described Property, together with all and singular the rights and appurtenances thereto in anywise belonging unto Grantee, its successors and assigns, forever, and Grantor does hereby bind itself and its successors and assigns to warrant and forever defend all and singular the said premises unto Grantee, its successors and assigns against every person whomsoever lawfully claiming, or to claim the same, or any part thereof, by, through, or under Grantor.

Current ad valorem taxes on the herein described Property having been prorated, Grantee hereby assumes the payment thereon.

[Signature Page Follows]

IN WITNESS WHEREOF, this Warranty Deed is executed by Grantor on this \_\_\_\_\_ day of \_\_\_\_\_ 2008.

The address of Grantee is: \_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

THE STATE OF ILLINOIS       §  
  §  
COUNTY OF COOK           §

This instrument was acknowledged before me on \_\_\_\_\_, 2008 by \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_, an Illinois \_\_\_\_\_, on behalf of said \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
\_\_\_\_\_  
(printed name)

My commission expires:  
\_\_\_\_\_

Prepared By:

After Recorded, Return to:  
  
Law Office of Abraham A. Gutnicki, P.C.  
8320 Skokie Boulevard  
Skokie, Illinois 60077  
Attn: Abraham A. Gutnicki

**Exhibit A to Warranty Deed**

**Legal Description**

**EXHIBIT F**

**Form of Bill of Sale**

**BILL OF SALE**

\_\_\_\_\_, an Illinois \_\_\_\_\_ ("Seller"), in consideration of Ten and No/100 Dollars (\$10.00), receipt of which is hereby acknowledged, does hereby sell, assign, transfer and set over to \_\_\_\_\_, LLC, an Illinois limited liability company ("Purchaser"), all of their right, title and interest in and to the following described personal property, to-wit:

All of the fixtures owned by Seller and attached to and used in the ownership and operation of certain real property with a common address of 3089 Old Jacksonville Road, Springfield, Illinois 62704, except those items set forth in Schedule 1.

Seller hereby represents and warrants to Purchaser that Seller is the absolute owner of said Property, that said Property is free and clear of all liens, charges and encumbrances, and that Seller has full right, power and authority to sell said personal property and to make this Bill of Sale. Except as set forth in this Agreement, all warranties of quality, fitness and merchantability are hereby excluded.

(Signatures on following page)

IN WITNESS WHEREOF, Seller has caused this Bill of Sale to be signed and sealed in its name by its officer thereunto duly authorized this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

**SELLER**

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Its: \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_

Notary Public

My Commission Expires on:

Schedule 1 to Bill of Sale

Excluded Personal Property

**EXHIBIT G**

**Intentionally Omitted**

**EXHIBIT H**

**Form of FIRPTA Affidavit**

**FIRPTA AFFIDAVIT**  
**INDIVIDUAL TRANSFEROR / SELLER**

Section 1445 of the Internal Revenue Code provides that a transferee of a U.S. real property interest must withhold tax if the transferor is a foreign person. To inform the transferee that withholding of tax is not required upon my disposition of a U.S. real property interest, I, \_\_\_\_\_ (name of transferor), hereby certify the following:

1. I am not a nonresident alien for purposes of U.S. income taxation;
2. My U.S. Social Security Number is \_\_\_\_\_; and
3. My home address is \_\_\_\_\_

(P.O. Box and mailing address may be provided in addition to, but not in lieu of, the home address.)

I understand that this certification may be disclosed to the Internal Revenue Service by the transferee and that any false statement made here could be punished by fine, imprisonment, or both.

Under penalties of perjury I declare that I have examined this certification, and to the best of my knowledge and belief, it is true, correct and complete.

Dated as of \_\_\_\_ day of \_\_\_\_\_, 2008.

**TRANSFEROR / SELLER**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_

### SECTION III. GENERAL REVIEW CRITERIA

#### B. Criterion 1110.230.b, Background of Applicant

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

The proposed Springfield Nursing and Rehabilitation Center will be the only facility operated by this specific Applicant. However, the principals of these entities also operate other licensed facilities in Illinois and Missouri. The name and location is provided under **ATTACHMENT GRC-2A**. Thus, the Applicant does have the experience and is fit, willing, and able.

2. Proof of current licensing and, if applicable, certification and accreditation of all health care facilities owned or operated by the applicant.

Appended as **ATTACHMENT GRC-2B** are the health care facilities licenses for those related facilities as listed in **ATTACHMENT GRC-2A**.

3. A certification from the applicant listing any adverse action taken against any facility owned or operated by the applicant during the three (3) years prior to the filing of the application.

The adverse action letters for both the ownership and operating entities are appended as **ATTACHMENT GRC-2C**.

4. Authorization(s) permitting the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any action by the State Board.

Appended as **ATTACHMENT GRC-2C** is the access to information letter for both the ownership and operating entities permitting the State Board and Agency access to information in order to verify any documentation or information

**ATTACHMENT GRC-2**

**SECTION III. GENERAL REVIEW CRITERIA**

**B. Criterion 1110.230.b, Background of Applicant (Continued ii)**

submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

Organizational Chart  
Related Facilities

Facility	Wood Glen Pavilion, LLC	Wood Glen Pavilion Realty, LLC	Morton Villa Care Center, LLC	Morton Villa Realty, LLC	Morton Terrace Care Center, LLC	Morton Terrace Realty, LLC	Capital Care Center, LLC	Walnut Ridge Realty, LLC
Address	201 West North Avenue	201 West North Avenue	190 East Queenwood	190 East Queenwood	191 East Queenwood	191 East Queenwood	555 West Carpenter	555 West Carpenter
Medicare Provider #	West Chicago, IL 60186	West Chicago, IL 60186	Morton, IL 61650	Morton, IL 61650	Morton, IL 61650	Morton, IL 61650	Springfield, IL 62702	Springfield, IL 62702
Medicaid Provider #	14-5830	14-5830	14-5248	14-5248	14-5686	14-5686	14-5160	14-5160
ID #	36423366001	36423366001	364439336001	364439336001	384439826001	384439826001	371414170001	371414170001
License #	1793773	1793773	1876190	1876190	1890417	1890417	1869573	1869573
Expiration Date	02/16/09	02/16/09	04/18/09	04/18/09	09/04/09	09/04/09	12/26/08	12/26/08
Business Start Date	June 1, 1998	June 1, 1998	July 17th, 2001	July 17th, 2001	July 17th, 2001	July 17th, 2001	10/01/01	10/01/01
# of Beds - Skilled	207	207	106	106	48	48	261	261
# of Beds - Intermediate	0	0	0	0	120	120	0	0
# of Beds - Total	207	207	106	106	168	168	261	261

Facility	PHCH, LLC	PHCH Realty, LLC	PHRS, LLC	PHRS Realty, LLC	PHWD, LLC	PHWD Realty, LLC	PHFM, LLC	PHFM Realty, LLC
Address	616 Bureau Valley Parkway	616 Bureau Valley Parkway	578 West Commercial St	578 West Commercial St	3500 S. Giles Avenue	3500 S. Giles Avenue	627 Westwood S. Dr.	627 Westwood S. Dr.
Medicare Provider #	Princeton, IL 61366	Princeton, IL 61366	Mt Pleasant, IL 61341	Mt Pleasant, IL 61341	Chicago, IL 60773	Chicago, IL 60773	Festus, MO 63028	Festus, MO 63028
Medicaid Provider #	14-5437	14-5437	14-8298	14-8298	14-8888	14-8888	28-5401	28-5401
ID #	20083762001	20083762001	20083766001	20083766001	20-8737718001	20-8737718001	101468402	101468402
License #	1887098	1887098	1894006	1894006	1872173	1872173	033475	033475
Expiration Date	04/02/09	04/02/09	09/01/08	09/01/08	04/30/15	04/30/15	12/03/08	12/03/08
Business Start Date	05/01/07	05/01/07	05/01/07	05/01/07	06/01/07	06/01/07	07/01/03	07/01/03
# of Beds - Skilled	88	88	103	103	245	245	120	120
# of Beds - Intermediate	0	0	0	0	0	0	0	0
# of Beds - Total	88	88	103	103	245	245	120	120

Facility	PHLV Realty	PHLV Apartments LLC	PHLV, LLC	River Valley Supportive Living Residence, LLC	River Valley Supportive Living Residence Realty, LLC	PHSL, LLC	PHSL Realty LLC	PHBV, LLC
Address	907 Hill Avenue	907 Hill Avenue	907 Hill Avenue	1976 E. Court St	1976 E. Court St	930 NE Duncan Road	930 NE Duncan Road	1629 Gardner Lane
Medicare Provider #	Savannah, MO 64485	Savannah, MO 64485	Savannah, MO 64485	Kankakee, IL 60901	Kankakee, IL 60901	Blue Springs, MO 64014	Blue Springs, MO 64014	Peoria, IL 61614
Medicaid Provider #	28-5787	28-5787	28-5787	38454937001	38454937001	036396	036396	384036174001
ID #	035853	035853	035853	083008	083008	103109	103109	1879957
Expiration Date	02/01/07	02/01/07	02/01/07	10/20/03	10/20/03	02/01/08	02/01/08	06/31/09
Business Start Date	02/01/07	02/01/07	02/01/07	0	0	120	120	03/01/08
# of Beds - Skilled	20	20	20	98	98	0	0	56
# of Beds - Intermediate	20	20	20	120	120	0	0	56
# of Beds - Total	40	40	40	218	218	120	120	110

Facility	PHBV Realty, LLC	OJCC, LLC	OJCC Realty, LLC
Address	1829 Gardner Lane	3089 Old Jacksonville Rd	3089 Old Jacksonville Rd
Medicare Provider #	Peoria, IL 61614	Springfield, IL 62702	Springfield, IL 62702
Medicaid Provider #	1879957	03/01/08	03/01/08
ID #	N/A	0	0
License #	N/A	75	75
Expiration Date	N/A	0	0
Business Start Date	N/A	0	0
# of Beds - Skilled	N/A	0	0
# of Beds - Intermediate	N/A	0	0
# of Beds - Total	N/A	0	0



State of Illinois 1793773

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

ERIC E. WHITAKER, M.D.  
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
02/15/2009	BGBE	0043935
LONG TERM CARE LICENSE SKILLED 207		
UNRESTRICTED 207 TOTAL BEDS		

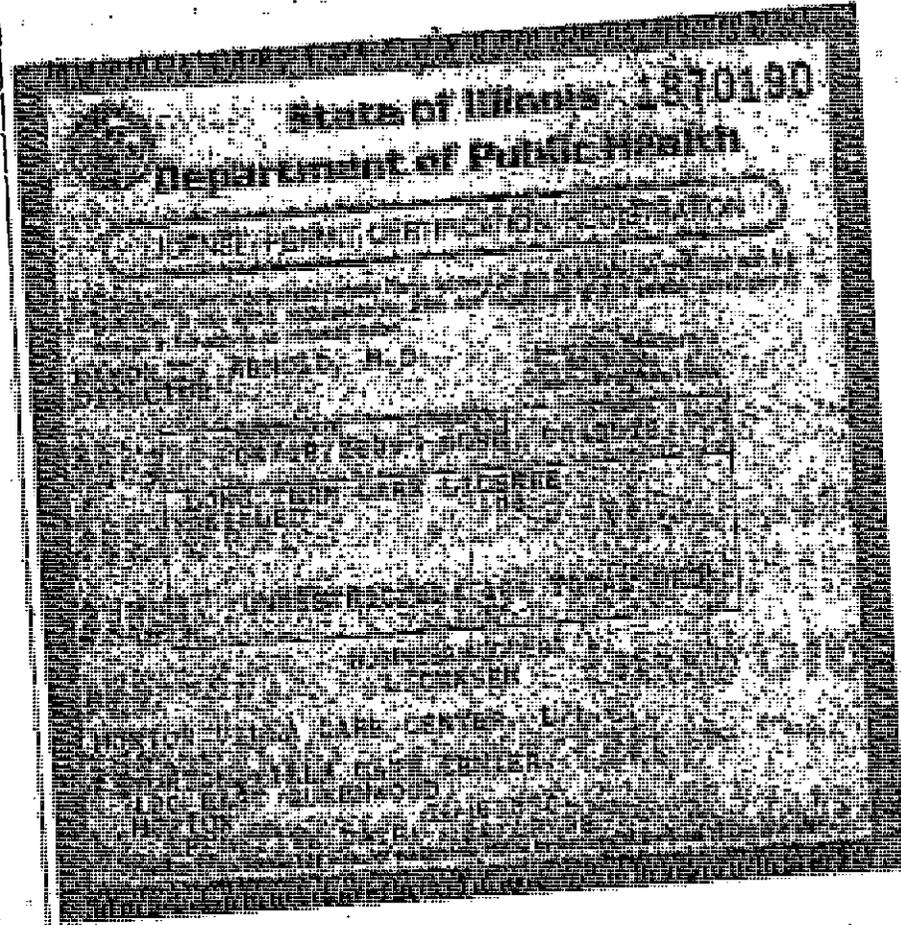
BUSINESS ADDRESS  
LICENSEE

WOOD GLEN PAVILION, L.L.C.

WOOD GLEN NURSING & REHAB CTR.  
30 WEST 300 NORTH AVENUE  
WEST CHICAGO IL 60185

EFFECTIVE DATE: 02/16/07

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/97



**State of Illinois 1890417**  
**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 certified in accordance with the activity as indicated below.

**DAWON T. ARNOLD, M.D.**  
**DIRECTOR**

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

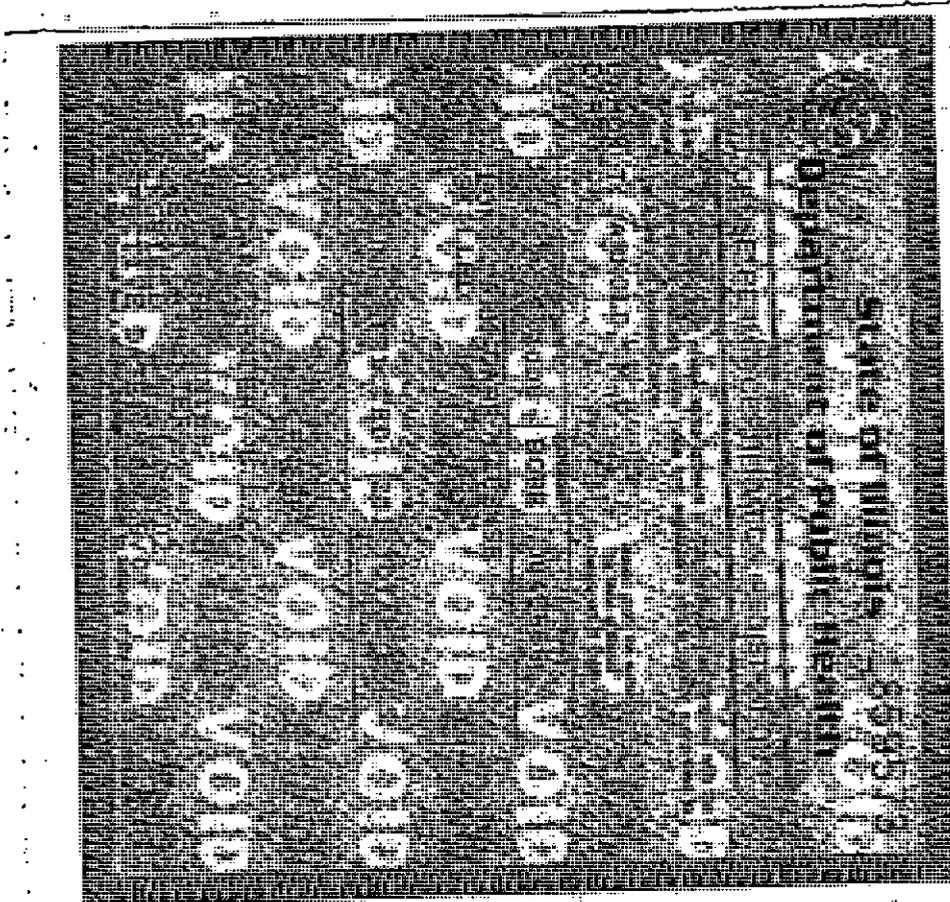
EXPIRATION DATE	CATEGORY	TO REGISTER
09/04/2009	BGBE	0045500
<b>LONG TERM CARE LICENSE</b>		
	SKILLED	046
	INTERMEDIATE	120
<b>UNRESTRICTED</b>		<b>166 TOTAL BEDS</b>

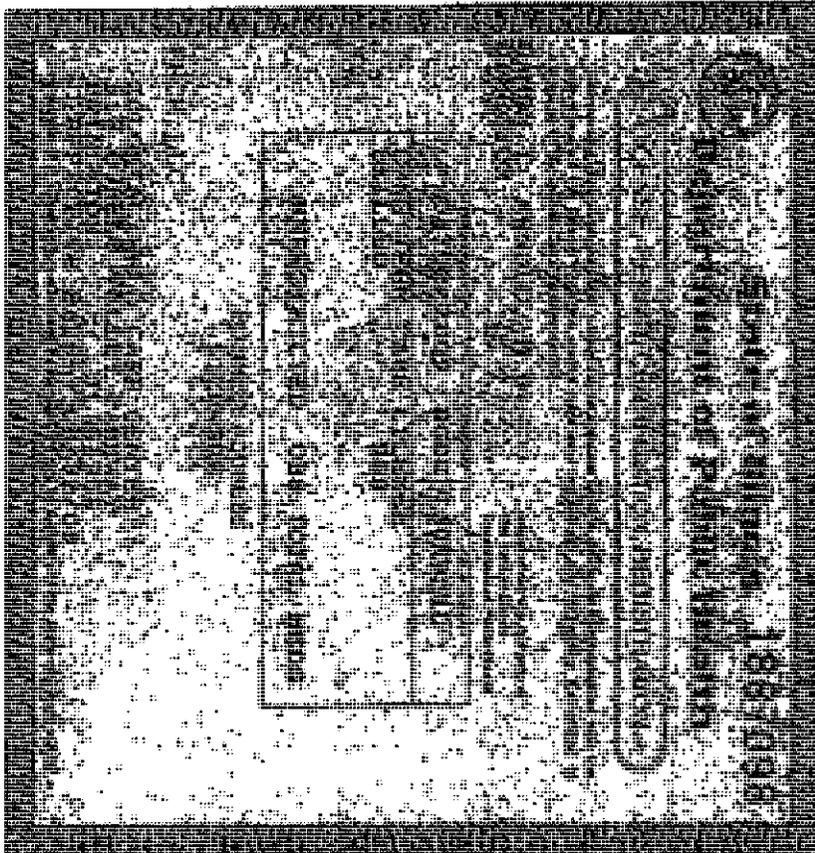
BUSINESS ADDRESS  
 LICENSEE

**MORTON TERRACE CARE CENTER, L.L.C.**

**MORTON TERRACE CARE CENTER**  
**191 EAST QUEENWOOD ROAD**  
**MORTON IL 61550**  
**EFFECTIVE DATE: 08/05/08**

The face of this certificate is subject to the provisions of the Illinois Statutes and/or rules and regulations and is hereby certified in accordance with the activity as indicated below.





↑  
 DISPLAY THIS PART IN A  
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
 IDENTIFICATION

8870998

STATE OF ILLINOIS  
 DEPARTMENT OF PUBLIC SAFETY  
 MOTOR VEHICLE IDENTIFICATION REGISTRATION

EXPIRES 07/29/08  
 047022009 18888 00492510

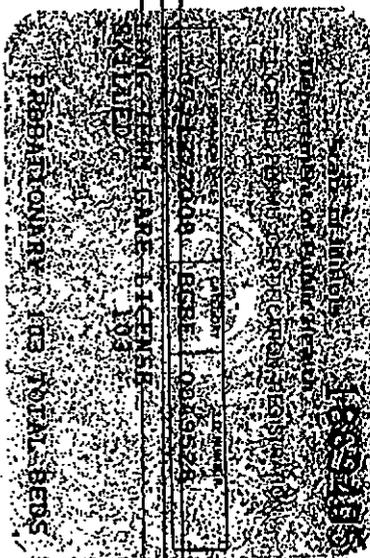
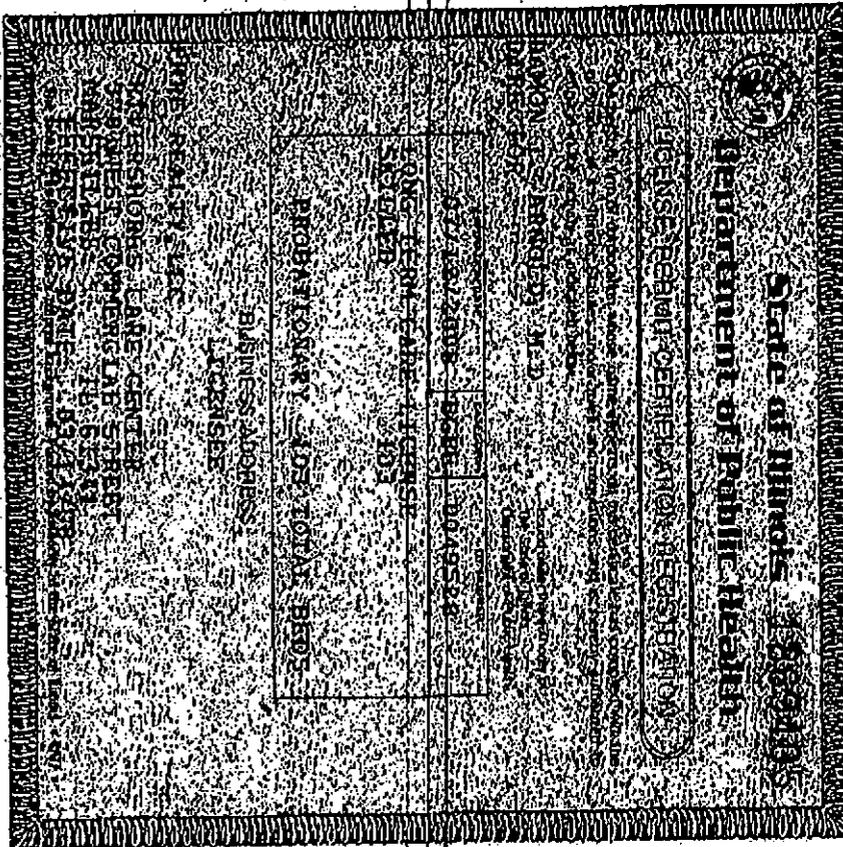
LONG TERM CARE LICENSE  
 SKILLED 088

UNRESTRICTED 088 TOTAL BEDS

07/29/08

COLONIAL HALL CARE CENTER  
 515 BURBAU VALLEY  
 PRINCETON IL 61356

FEE RECEIPT NO.



DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

03/21/08

RIVERSHORES CARE CENTER  
578 WEST COMMERCIAL STREET  
MARSEILLES IL 61341

FEE RECEIPT NO.



State of Illinois 1872173  
 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 (under codes and regulations) and is hereby authorized to engage in the activity as indicated below.

DANON T. ARNOLD, M.D.  
 DIRECTOR

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

EXPIRES DATE 10/30/2008	CATEGORY BGBB	II NUMBER 0049015
LONG TERM CARE LICENSE SKILLED 245		
UNRESTRICTED 245 TOTAL BEDS		

BUSINESS ADDRESS  
 LICENSEE

PHOS, LLC  
 ALL FAITH PAVILION  
 1500 SOUTH GILES AVENUE  
 CHICAGO, ILL 60653  
 TELEPHONE NUMBER 312.229.7000

11/1/07

# State of Missouri



*Department of Health and Senior Services  
Division of Regulation and Licensure*

*License  
PHFM, LLC*

*Operator*

Is Hereby Granted this License to Operate A/An  
**Skilled Nursing Facility**

Pursuant to Chapter 198 RSMo.

**Festus Manor**

*Name of Facility*

**627 Westwood South Drive, Festus, Missouri 63028**

*Location*

TYPE OF LICENSE: **Relicensure**

MAXIMUM BED CAPACITY: **120**

LICENSE NUMBER **033475**

EFFECTIVE DATE **12/04/06**

EXPIRATION DATE **12/03/08**

SPECIAL LIMITATION

*Debra Cheabur*

DIRECTOR, SECTION FOR LONG TERM CARE

# State of Missouri



*Department of Health and Senior Services  
Division of Regulation and Licensure*

*License  
PHLV, LLC*

Operator

Is Hereby Granted this License to Operate A/An  
**Skilled Nursing Facility**

Pursuant to Chapter 198 RSMo

**La Verne Village Nursing Home**

Name of Facility

**904 Hall Avenue, PO Box 279, Savannah, Missouri 64485**

Location

TYPE OF LICENSE: **Temporary Operating Permit**

MAXIMUM BED CAPACITY: **120**

LICENSE NUMBER **035853**

EFFECTIVE DATE **05/31/08**

EXPIRATION DATE **09/30/08**

SPECIAL LIMITATION

*Sherry Williams*  
INTERIM ADMINISTRATOR, SECTION FOR LONG TERM CARE REGULATION

State of Illinois  
Department of Public Aid  
SUPPORTIVE LIVING PROGRAM INTERIM  
CERTIFICATION

This interim certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for interim certification. This interim certificate is valid only for the location set forth below.

Name River Valley Supportive Living Residence

Address 1975 East Court

City/State/Zip Kankakee, Illinois 60901

Number of Units 80 Maximum Number of Residents 98

October 20, 2003  
Effective Date



# State of Missouri



Department of Health and Senior Services  
Division of Regulation and Licensure

License  
PHSL, LLC

Operator

Is Hereby Granted this License to Operate A/An  
**Skilled Nursing Facility**

Pursuant to Chapter 198 RSMo

**Shangri-la Rehab and Living Center**

Name of Facility

**930 Northeast Duncan Road, Blue Springs, Missouri 64014**

Location

TYPE OF LICENSE: **Original**

MAXIMUM BED CAPACITY: **120**

LICENSE NUMBER **035395**

EFFECTIVE DATE **02/01/08**

EXPIRATION DATE **10/31/09**

SPECIAL LIMITATION

*Shirley Williamson*  
INTERIM ADMINISTRATOR, SECTION FOR LONG TERM CARE REGULATION



**State of Illinois 1879957**  
**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.

**DAMON T. ARNOLD, M.D.**  
**DIRECTOR**

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

EXPIRATION DATE	CATEGORY	LD NUMBER
08/31/2009	BGBE	0041780
<b>LONG TERM CARE LICENSE</b>		
SKILLED	085	
INTERMEDIATE	055	
<b>UNRESTRICTED 110 TOTAL BEDS</b>		

**BUSINESS ADDRESS  
 LICENSEE**

**ROSE GARDEN CARE CENTER, INC.**  
**ROSE GARDEN CONVALESCENT CTR**  
**1629 GARDNER LANE**  
**PEORIA HEIGHTS, IL 61614**  
**EFFECTIVE DATE: 06/01/08**

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/97.

# OJCC Realty, LLC

7444 Long Avenue  
Skokie, IL 60077

Sep 08, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Mark:

Please be advised that no adverse action as defined under 1110.230.b.2a has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely



Brian Levinson

Subscribed and sworn to me  
this 8<sup>th</sup> day of September, 2008



Notary Public



ATTACHMENT GRC-2C

# OJCC, LLC

7444 Long Avenue  
Skokie, IL 60077

Sep 08, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
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Skokie, IL 60077

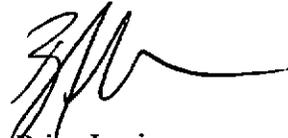
Sep 08, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Mark:

I hereby authorize the State Board and State Agency access to information from any licensing/certification agency in order to verify any and all documentation or information submitted in relation to this Certificate of Need application. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.b.4d.

Sincerely



Brian Levinson

ATTACHMENT GRC-2D

# OJCC, LLC

7444 Long Avenue  
Skokie, IL 60077

Sep 08, 2008

Mr. Jeffrey S. Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mr. Mark:

I hereby authorize the State Board and State Agency access to information from any licensing/certification agency in order to verify any and all documentation or information submitted in relation to this Certificate of Need application. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.b.4d.

Sincerely



Brian Levinson

### SECTION III. GENERAL REVIEW CRITERIA

#### C. Criterion 1110.230.c, Alternatives to the Proposed Project

1. Provide a comparison of all of the alternatives considered including the alternative of doing nothing. The comparison must address cost benefit analyses, patient access, quality, and short and long-term financial benefits.

This project presents a unique situation that has arisen in pocket areas around the State of Illinois in terms of health planning. The dichotomy is that within the Sangamon County Planning Area there is currently an outstanding need for 76 additional nursing care beds according to the latest 7/17/08 *Illinois Department of Public Health* (hereafter known as IDPH), *Long-Term Care Facility Updates to Inventory of Health Care Facilities and Services and Need Determinations*. However, at the same time, the State's latest available information (*IDPH, Long-Term Care Questionnaire Data for 2006*) shows that of the 11 facilities, 9 have utilization rates that are under the State's optimal rate of 90 percent (*77 Illinois Administrative Code, Chapter II, Section 1100.660.c.*). In trying to balance these two issues, the Applicant has tried to identify all need indicators as presented in the Health Facilities Planning Board rules for this criterion which are to determine that the proposed project is the most effective or least costly alternative.

Complicating the matter is that an area nursing home, Ashford Court Care Center, discontinued total operations (see ATTACHMENT GRC-3A for a newspaper article acknowledging the closure). Letters from previous operators acknowledging the surrender of the license of Sangamon Care Center (also known as Ashford Court Care Center) are appended as ATTACHMENT GRC-3B).

ATTACHMENT GRC-3

### SECTION III. GENERAL REVIEW CRITERIA

#### C. Criterion 1110.230.c, Alternatives to the Proposed Project (Continued ii)

Recognizing the closure of this facility will bring the need in the Sangamon County Planning Area to 246 additional beds. Additionally, the average occupancy rate for all facilities in the Sangamon County Planning Area is at 77.7% to include the closed facility's nursing beds. When Ashford Court Care Center's beds are removed, the average occupancy rate for the planning area increases to 89.2% based on the 170-bed reduction and utilizing the same number of patient days as reported in the 2006 Long-Term Care Facility Profiles.

As a reaction to the obvious need for additional nursing care beds, an application was filed by Lutheran Retirement Center Association on October 10, 2008 (Project Number 08-080). This project proposed the establishment of 64 nursing care beds. However, this project is part of a continuing care retirement campus (CCRC) where it appears that residents of its campus will get preferential admission to the nursing unit. In support of this claim is that under the Health Facilities Planning Board under Project Number 05-060, the same applicant received approval for the nursing beds as part of the campus setting with a variance that no admissions could be made from outside of the campus. With their new application, Concordia Village will no longer be restricted by any variance which appears to be relevant with such a large need for additional nursing care beds. However, it still appears that all if not a significant portion of the beds will be filled by residents from within the CCRC. Even with the approval of this Applicant's proposed project there will still be an outstanding

ATTACHMENT GRC-3

### SECTION III. GENERAL REVIEW CRITERIA

#### C. Criterion 1110.230.c, Alternatives to the Proposed Project (Continued iii)

need for 182 nursing care beds.

The State's identified need for nursing beds coupled with the closure of one of the area's largest nursing homes have limited the alternatives for this project. The comparison of alternatives shall include but not be limited to: issues of cost, patient access, quality, and financial benefits for the alternatives of "do nothing", "establish an assisted/supportive living facility", and the "project as proposed". Again, it should be noted that the number of alternatives are limited based on the inadequate long-term care resources of the Sangamon County Planning Area as the outstanding need for 246 additional nursing beds is derived from this area.

#### **DO NOTHING**

##### Issues of Cost:

This alternative would allow the status quo to continue and would have a zero cost in-terms of a capital expenditure versus the cost of the proposed project which is \$12,199,520.

##### Patient Access:

The consequence of the status quo would be: a continued need for additional nursing care beds in the planning area; increasing area utilization rates; encouraged obsolescence of existing structures; limited competition; and a limited number of nursing care beds for a growing senior population in one of the State's major metropolitan areas.

ATTACHMENT GRC-3

**SECTION III. GENERAL REVIEW CRITERIA**

**C. Criterion 1110.230.c, Alternatives to the Proposed Project (Continued iv)**

As cited, the State has updated its *Inventory of Health Care Facilities and Services and Need Determinations for Long-Term Care effective August 18, 2008*. This calculation of need shows that the Sangamon County Planning Area is under bedded by

State/ County	Age Group	2005	2010	05-10 % (+/-)	2015	05 - 15 % (+/-)	10 - 15 % (+/-)
Christian	All	36,254	38,094	5.1%	38,708	6.8%	1.6%
	65+	5,990	6,216	3.8%	6,450	7.7%	3.8%
	75+	3,115	3,135	0.6%	3,032	-2.7%	-3.3%
	85+	1,026	1,120	9.2%	1,058	3.1%	-5.5%
Logan	All	31,226	31,353	0.4%	31,766	1.7%	1.3%
	65+	4,704	4,824	2.6%	5,051	7.4%	4.7%
	75+	2,570	2,604	1.3%	2,635	2.5%	1.2%
	85+	917	1,031	12.4%	1,093	19.2%	6.0%
Menard	All	12,991	13,598	4.7%	14,153	8.9%	4.1%
	65+	1,752	1,973	12.6%	2,406	37.3%	21.9%
	75+	781	821	5.1%	956	22.4%	16.4%
	85+	224	198	-11.6%	219	-2.2%	10.6%
Sangamon	All	193,345	195,115	0.9%	202,158	4.6%	3.6%
	65+	26,849	28,663	6.8%	33,801	25.9%	17.9%
	75+	13,617	14,068	3.3%	15,033	10.4%	6.9%
	85+	4,096	4,689	14.5%	5,214	27.3%	11.2%
Illinois	All	12,875,035	13,279,091	3.1%	13,748,695	6.8%	3.5%
	65+	1,550,281	1,658,029	7.0%	1,889,689	21.9%	14.0%
	75+	784,527	804,549	2.6%	840,003	7.1%	4.4%
	85+	230,002	269,950	17.4%	298,054	29.6%	10.4%

76 nursing care beds. A copy of the State's Bed Need

Calculation is appended as ATTACHMENT GRC-3C.

Furthermore, supporting the bed need is the area's elderly demographic situation.

Appended as ATTACHMENT GRC-1F, is a

chart that provides the population estimates and projections from the Illinois Department

ATTACHMENT GRC-3

### SECTION III. GENERAL REVIEW CRITERIA

#### C. Criterion 1110.230.c, Alternatives to the Proposed Project (Continued v)

of Commerce and Economic Opportunity for Sangamon County along with the three surrounding counties and for the State of Illinois. This data illustrates that Sangamon County is expected to have respectable growth through Calendar Year 2015 as is the growth rate of the surrounding County areas and the modest but continued increase statewide. Specifically, the over 65 and over 75 age cohorts are expected to increase by nearly 25.9 and 10.4 percent respectively (2005 – 2015). These age cohorts dictate the majority of the needs through the State's own bed need methodology. Thus, it appears that there is more than sufficient population and, in fact, increasing a population to support this project.

On the reverse side of the situation, the State's latest inventory utilized 2005 facility statistics to include total number of licensed beds (1,319 nursing beds). The latest update to the inventory (September 17, 2009 update) showed still only 1,319 nursing beds with a need for 76 additional beds. Therefore, there has not been any alleviation to the under bedded situation of the planning area (it should be noted that Project Number 08-080 for the establishment of a new facility (64 beds) has not yet been heard by the Illinois Health Facilities Planning Board at the time of this writing and is not included in either the inventory or its update). Additionally, Ashford Court Care Center has apparently discharged its last resident and has closed which increases the outstanding need for nursing care beds.

Also effecting patient access is the utilization of area facilities. The Applicant has identified via a 30-minute travel time study, a 30-minute market contour. There are 16

ATTACHMENT GRC-3

### SECTION III. GENERAL REVIEW CRITERIA

#### C. Criterion 1110.230.c, Alternatives to the Proposed Project (Continued vi)

nursing facilities within the market contour that are occupied at an average occupancy rate of 77.7%. This does not include the recent closure of the 170-bed Ashford Court Care Center. With the closure of this facility and utilizing the number of patient days typically generated by this facility (45,784), the overall utilization rate climbs dramatically to 89.2%. Furthermore, according to the latest 2006 Illinois Department of Public Health Long-Term Care Facilities profiles (see ATTACHMENT GRC-3D) there appears to be an additional 78 existing beds that are not even set-up (14 beds at Oak Terrace 2 beds at Heritage, 3 beds at Auburn Nursing, 41 beds at St. John's Hospital and 24 beds at Capital Care Center). Please refer to the chart illustrating the total number of peak beds (most beds) ever set up in the facility throughout the year that is appended as ATTACHMENT GRC-3E. Removing the beds not ever set-up from the inventory the occupancy rate for the identified area increase to almost 96.2% (this included the beds closed at the Ashford Court Care Center).

#### Quality:

The alternative of "Do Nothing" does not improve quality of care, arguable, this alternative encourages obsolescence of the existing providers and does nothing to encourage providers to improve let alone maintain their facility's physical plant condition which the public easily perceives as a quality operation. The traditional nursing homes of yesterday have only a minimum number of private rooms with the balance being two, three, and four bed wards. In this traditional environment, it is often found that two resident rooms whether private, semiprivate, or a ward type room, share a single

ATTACHMENT GRC-3

### SECTION III. GENERAL REVIEW CRITERIA

#### C. Criterion 1110.230.c, Alternatives to the Proposed Project (Continued vii)

restroom. Therefore, it is possible for up to eight persons to share single bathroom. These older, more institutional buildings are usually designed around back-to-back nurses' stations each with 75 nursing beds to each station. Therefore, although the need for this project is not at all based on improved quality of care, the alternative of "do nothing" would appear to have a negative impact on overall quality or at least appearance of quality.

#### Financial Benefits:

This alternative represents zero cost in-terms of capital costs. However, there does not appear to be any financial benefits to this alternative. By doing nothing, there is not a possibility of any potential return on investment. Furthermore, by doing nothing, there is no benefit to the community or market area in terms of improved accessibility or chance for improved quality nor would this alternative address the bed need as identified by the State.

#### ESTABLISH AN ASSISTED/SUPPORTIVE LIVING FACILITY

To explore the alternative of establishing a supportive/assisted living facility is the next logical consideration as the "do nothing" alternative was found to be not viable.

#### Issues of Cost:

Appended as **ATTACHMENT GRC-3B**, is a copy of the Illinois Department of Healthcare and Family Services' Informational Notice announcing the reopening, on a limited basis, of the SLF program for new applications. Since Sangamon County is not listed by the Department as a target area for development, there is not an issue of cost for

**ATTACHMENT GRC-3**

### SECTION III. GENERAL REVIEW CRITERIA

#### C. Criterion 1110.230.c, Alternatives to the Proposed Project (Continued viii)

this alternative. There is no assurance by the Department of Healthcare and Family Service that this geographical area would support additional SLF residences anytime within the near future.

#### Patient Access:

The only way that the Applicant would consider this alternative would be under the context of a full continuum of care retirement community (CCRC) which is another trend of future growth in the long-term care industry. A CCRC campus includes independent living, assisted living/supportive living or even sheltered care, and nursing care level in all of their forms. It should be noted that the cornerstone of a CCRC is the nursing unit. Since there is already an application on file that will be part of a CCRC (Project Number 08-080), adding an additional development where preferred admission would be given to only those residents of the existing campus does not appear to increase accessibility to the general geriatric resident.

Assisted/Supportive living is not a direct substitute for Skilled nursing care. It is, however, an integral part of the long-term care continuum and now that there is a reimbursement mechanism, i.e., the Supportive Living Program, this program has appropriately placed a small percentage of persons who traditionally went to an area nursing home under Medicaid into the less institutional setting of Supportive Living. This has had an affect on the utilization rates of nursing facilities, however, the assisted and supportive living programs have been absorbed into the Health Facilities

ATTACHMENT GRC-3

### SECTION III. GENERAL REVIEW CRITERIA

#### C. Criterion 1110.230.c, Alternatives to the Proposed Project (Continued ix)

Planning Board's nursing bed need methodology through the overall lower facilities utilization which is one of the main components of the need calculation.

There are two major issues in addressing this alternative. The first is that there is currently one SLF operational. Springfield Supportive Living opened August 2005.

~~Given the opening date, it would appear that it has already been absorbed by the market.~~

One additional facility has been approved by HFS. The site, Timber Creek Supportive Living, is on Springfield's east side. The Department of Public Health's Assisted Living Program lists three Assisted living facilities: Mill Creek Alzheimer's Special Care Center, an exclusively Alzheimer's and related Dementia provider, the Bickford House, and Mary Bryant Home for the Blind (specifically for the visually impaired) all in Springfield. Therefore, it appears that with potentially two SLF's and four assisted living providers as well as the continuing care retirement campus being developed in conjunction with Project Number 08-080, Concordia Village, developing a freestanding SLF or assisted living facility may not be the most prudent alternative.

The second major issue in addressing this alternative is the existing need calculation which shows a large outstanding need for nursing care services. It is important to understand that this need methodology has incorporated the current utilization rates (2005 total patient days) from each nursing facility in the Planning Area, i.e., Sangamon County. However, as illustrated in ATTACHMENT GRC-1E, the total licensed capacity is at 89.2% total or 93.5% for the nursing facilities only, which is high as compared to the State average of 78% based on the 2006 statewide profile. The area

ATTACHMENT GRC-3

### SECTION III. GENERAL REVIEW CRITERIA

#### C. Criterion 1110.230.c, Alternatives to the Proposed Project (Continued x)

facility use rates, that appear to be relatively high, is only one component. The other is the projected population. This area has a high elderly growth rate (refer to ATTACHMENTS GRC-1D and GRC-1F). Thus, there is a legitimate need for additional nursing beds. As such, this alternative does not address improving patient access for nursing care. Therefore, this alternative is not viable.

#### Quality:

This alternative has no positive bearing on quality for nursing homes as it does not address the need for nursing care. Rather, this alternative is similar to the "do nothing" alternative in that it encourages obsolescence of the existing providers by not increasing competition. Healthy competition usually encourages providers to improve their facility's physical plant conditions. Therefore, in terms of quality, this alternative is not a viable option.

#### Financial Benefits:

There is no cost to this alternative since HFS will not accept applications for additional facilities in the proposed market area. There are also no financial benefits to this alternative. By essentially doing nothing, there is not a possibility of any potential return on investment. Furthermore, by doing nothing, there is no benefit to the community or market area in terms of improved accessibility or chance for improved quality nor would this alternative address the need for additional nursing care beds in this area.

ATTACHMENT GRC-3

### SECTION III. GENERAL REVIEW CRITERIA

#### C. Criterion 1110.230.c, Alternatives to the Proposed Project (Continued xi)

##### PROJECT AS PROPOSED

This Applicant is extremely knowledgeable on the proposed market area. The Applicant has a related nursing care facility, Capital Care Center in Springfield. This facility is licensed for 251 beds with an effective capacity of 227 (based on peak beds set-up). This facility was taken over by the current operator as a turn around project because the facility was experiencing low occupancy. Now the facility is effectively full (again based on peak beds set-up and staffed). With a related entity as a local provider, the Applicant knows first hand the reality of the bed need as identified by the Health Facilities Planning Board's need methodology. Thus, the Applicant has put forth the project as proposed.

##### Issues of Cost:

This is the most expensive alternative explored by this Applicant. This project is projected to cost \$12,199,520. However, this is also the only alternative to address patient access, quality, and potential financial benefits.

##### Patient Access:

One of the by-products of a State's Certificate of Need program is protection for existing providers from open market competition. Therefore, it becomes more important that the regulatory process heeds their own methodology to ensure accessibility for all residents. The bed need methodology incorporates the existing facilities' occupancy rates through the use rate that is applied in the calculation. This also reflects the effects of outside influences such as assisted living and supportive living. The methodology is also

ATTACHMENT GRC-3

### SECTION III. GENERAL REVIEW CRITERIA

#### C. Criterion 1110.230.c, Alternatives to the Proposed Project (Continued xii)

the only forward looking indicator of need as it applies the existing utilization rates to the projected population, which is a 10 year projection to Calendar Year 2015. Therefore, it would appear that more weight should be given to this indicator than any other.

Given the outstanding need for additional beds and the rather overall high utilization of all existing facilities, patient accessibility will diminish profoundly should no new construction for additional beds take place. It should be noted that this facility will not be able to admit its first resident until late 2010 to early 2011. The State's need methodology is only projecting through 2015, just more than half way through the 10 year projection. Given the above, this is the only viable alternative to improve patient access.

#### Quality:

This project in no way has based the need for the project on improved quality. However, in a regulated environment, competition is limited from the open market. One of the benefits of an open market system is the encouragement of competitiveness which equates to always providing a state-of-the-art facility in terms of both quality service and physical plant. The funding on long-term care facilities today includes a capital reimbursement rate; however, there is a cap on that rate which negates any increases a new facility could realize over existing providers. Therefore, for long-term care, the focus of the Board must lean more toward ensuring accessibility which in turn will encourage providers to continue improving the existing facilities.

ATTACHMENT GRC-3

### SECTION III. GENERAL REVIEW CRITERIA

#### C. Criterion 1110.230.c, Alternatives to the Proposed Project (Continued xiii)

##### Financial Benefits:

The most important benefit to the cost of this project is the ability to improve accessibility for the general geriatric residents of this market area. This alternative addresses only part of the State's outstanding need for beds. Finally, with the rather high existing utilization rates of area providers, this appears to be the only viable option.

2. Discuss why the alternative of using other area facilities or resources to meet the needs identified in your project is not feasible.

This project presents a unique situation to this Health Facilities Planning Board. On one side of the equation, there are, based on historic utilization data from IDPH, other facilities with underutilized nursing beds. On the other side, the uniqueness of this situation is that even with the historical use rate, the growth of the elderly population is large enough to create a substantial need for additional beds for the projected year 2015. Furthermore, this does not take into consideration that Ashford Court Care Center has closed and with the reduction of 170 beds to the inventory by itself creates a positive need for additional nursing beds. Finally, it is not the intent of this Applicant to utilize all of the bed need as identified, refer to ATTACHMENT GRC-3C, but to provide nursing care services as it can (75 of the total 246 beds needed) to the elderly population growth within this market contour but most specifically to the seniors of the Sangamon County Planning Area. Thus, based on the State's demographic data, the projected need could easily fill all existing and proposed beds.

ATTACHMENT GRC-3

### SECTION III. GENERAL REVIEW CRITERIA

C. **Criterion 1110.230.c, Alternatives to the Proposed Project (Continued xiv)**

Additionally, the area utilization rate of area existing nursing facilities is 93.5% for licensed capacity and 96.2% for peak set-up capacity. Upon project completion the planning area will still show a need for 171 additional beds, which will be more than enough for the 64 beds being requested as part of the CCRC campus of Concordia Village (Project Number 08-080). In addition to the previously provided number of area beds not even set-up, there appears to be several facilities within the Planning Area that have admission restrictions. This is explained in more detail under 1110.320.b, Allocation of Additional Beds review criterion.

Therefore, the alternative of utilizing other area facilities or resources to meet the needs identified in your project is not germane.

3. Discuss why the alternative of utilizing underutilized bed or other space in the facility is not feasible.

This item is not applicable since this project is for the establishment of a totally new facility where beds and other space is not applicable.

4. If the alternative selected is based solely or in part on improved quality of care, provide empirical evidence (including quantified outcome data) that verifies improved quality of care.

The alternative of the "Project as Proposed" is based on the identified bed need and the overwhelming growth of the projected senior population. Therefore, this alternative is not based solely or in part on improved quality of care.

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## Nursing home fined for shutdown

Ashford Court gave residents less than 90 days' notice

By DEAN OLSEN  
STATE JOURNAL-REGISTER  
Posted Jul 22, 2008 @ 11:56 PM

A nursing home on Springfield's west side that closed in May has been fined \$35,500 by the state for failing to give its 72 residents enough notice before moving them out.

The closure of Ashford Court Care Centre, formerly known as Helia Healthcare and Sangamon Care Center, took place only a few weeks after the 170-bed facility managed to pass an inspection and satisfy state and federal health officials who were concerned about the quality of care.

The Illinois Department of Public Health fine resulted from the agency learning April 30 that Ashford Court Care Centre was discharging residents without giving them the state-mandated 90 days' written notice of an impending shutdown, Public Health spokesman Tom Green said.

Officials associated with the nursing home can contest the fine or pay it, but they haven't notified the state of their plans, Green said.

Ashford Court, 2800 W. Lawrence Ave., is owned by Skokie businessman Shael Bellows, who didn't return a phone call Tuesday. Former Ashford Court administrator Susan Barbian, an employee of Bellows' Morton Grove-based York Management Associates, also didn't return a call.

Barbian told The State Journal-Register in June that the nursing home didn't give residents much notice because she doesn't believe it's in the interest of residents to have a long delay before closing a nursing home.

Residents would go through undue anxiety if a closing were delayed for a month or more, and it would be too hard to retain the necessary staff to provide good care, Barbian said at the time.

Ashford Court announced April 28 that the nursing home would soon close for renovation work that would cost Bellows more than \$2 million and begin this summer.

About the time of the announcement, Bellows notified the state health department — but didn't tell residents and their families — that Ashford Court would reopen as an assisted-living center, and not a nursing home, after the renovation was done.

Assisted-living centers accept only private payment and don't offer the level of care many nursing-home residents require. Ashford Court mostly served residents whose care was paid by the government-funded Medicaid or Medicare programs.

The April 28 announcement came one month after the facility was able to correct numerous health-care quality violations and avoid a threatened March 27 termination from the Medicare and Medicaid programs.

Once Ashford Court was able to pass state and federal muster, residents and families thought York Management Associates was committed to a more stable operating environment at the nursing home, said Janet Woodson, former president of Ashford's family council.

York took over management of the nursing home April 1 from Oak Park businessman Stephen Miller and his Bridgemark Healthcare group.

Family members were shocked to hear from York about the need for a major renovation project and closure, Woodson said.

"I think we were totally misled," she said. "We were thinking everything was OK."

The closure was "very traumatic" for residents and families, she said. She moved her 93-year-old mother to Springfield's Capitol Care Center. The last patients moved out of Ashford Court on May 12.

Woodson, a retired school administrator, said the state's \$35,500 fine was the "proper thing to do" even though a longer delay before closing might not have helped ease the transition for residents to their new homes.

Ashford Court continues to fight a different state sanction — a \$30,000 fine leveled by Public Health in connection with a September 2007 inspection. The inspection found untreated bedsores and an alleged lack of attention that led to residents lying in their own waste.

ATTACHMENT GRC-3A

A hearing on that fine is pending, Green said.

Barbian has said Ashford Court still may reopen as a nursing home because Bellows has not ordered her to turn in the center's state nursing home license.

Dean Olsen can be reached at 788-1543.

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## State may fine Ashford Court

Issue is notification given to nursing home residents

By DEAN OLSEN  
 STATE JOURNAL-REGISTER  
 Posted Jun 29, 2008 @ 11:54 PM

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Ashford Court Care Centre could be fined because of its abrupt closure last month.

State officials recently cited the Springfield nursing home, formerly known as Helia Healthcare and Sangamon Care Center, for violating federal rules because it failed to provide written notice to residents at least 30 days before the closure.

The federal violation carries no fine. But a spokeswoman for the Illinois Department of Public Health said state rules

are even more stringent, requiring a 90-day notice before closing.

As a result, Public Health is considering issuing its own citation, one that might involve a fine, Public Health spokeswoman Melanie Arnold said.

Ashford Court, a for-profit, 170-bed nursing home at 2800 W. Lawrence Ave., didn't give the notice because a long delay before closing wouldn't have been a good idea, according to Ashford Court's former administrator, Susan Barbian.

"I do not believe that it's in the residents' best interest, nor can we retain staff for that period of time," she told The State Journal-Register last week, as the nursing home prepared for a multimillion-dollar renovation project.

"I understand that there's a written requirement," she said. "But for the elderly to be living in limbo, more or less, for a period of time, it's very anxiety-producing."

Bright Dyer-Reynolds, Springfield's regional long-term care ombudsman with the "I CARE" agency, said Ashford Court violated the rights of the home's 72 residents at the time by rushing them to move — an allegation Barbian denied.

"There was a real sense of urgency that was false urgency," Dyer-Reynolds said.

The April 28 announcement by Ashford Court that all residents would have to move came only a month after the home convinced state investigators that the facility met federal operating standards. That allowed the facility to avoid a threatened cutoff of Medicaid and Medicare funding.

Residents and families then felt betrayed when the closure was announced, Dyer-Reynolds said.

The last patients moved out May 12. Four employees remain to prepare medical records for storage and keep the two-story building safe, she said.

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The confusion that patients and relatives felt wasn't the fault of Ashford Court's current management, she said.

The nursing home has been owned since 1983 by Skokie resident Shael Bellows. It was being managed by Bridgemark Healthcare of Oak Park in 2007, when numerous violations connected with patient care prompted state and federal officials to fine the home a total of \$45,000 and threaten termination from Medicare and Medicaid.

Bellows' management company, York Management Associates, helped Bridgemark improve care, but didn't learn until March that Bridgemark wanted to withdraw as the facility's manager, Barbian said.

York took over management April 1 and only then began to learn about renovations that were needed, though not required by the state, Barbian said. Those improvements, costing more than \$2 million, will include an indoor sprinkler system, new roof and plumbing repairs, she said.

It wouldn't be safe for residents to continue living at Ashford Court while the repairs went on, she said. Cleanup continues at the facility, and renovations are expected to begin this summer.

Dyer-Reynolds said Ashford Court officials arranged for several patients to move to York-operated nursing homes in Decatur and Lincoln after those patients were misinformed that no beds were available at other Springfield nursing homes.

Barbian said patients weren't misinformed.

"Every resident was given choices," she said. "There were some residents who would not be accepted by some nursing homes in Springfield for whatever reason — maybe because of their payer status, maybe because of their condition, maybe because they were behavior problems."

Ashford Court will reopen sometime in 2009, Barbian said.

Bellows notified the state this spring that he planned to convert Ashford Court to an assisted-living center. Assisted-living centers serve healthier patients and accept only private payment — not Medicare or Medicaid.

However, Barbian, who is York's compliance director, said company officials apparently haven't made a final decision on whether Ashford Court will become an assisted-living center because officials haven't told her to forfeit the facility's nursing-home license.

She also said she doesn't know if Ashford Court is contesting the \$45,000 in fines. Bellows didn't return phone calls last week.

Dean Olsen can be reached at 788-1543.

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fourfootedpals 1 week ago Report Abuse

*Too many nursing homes are being modified into assisted-living facilities due to the reduced number of governing regulations, and possible increased reimbursement. If this trend continues, there will be few actual nursing homes left to care for the sickest of the elderly population, which is growing daily. Who will be left to care for these people?*

momz 1 week ago Report Abuse

*Very true fourfoot. State government regs were reduced when the new governor took office. Agencies use to have to do extensive research to show the Facilities Planning Board the was a need. (Certificate of Need) But, we see now who was running that board!(Rezko) Anyway, the market is flooded with assisted living homes. It will only be a matter of time before these 'homes' will sit empty because the need for assisted living won't be there. Where will these people go when their funds run low or thier level of care increases? To the few nursing homes left in the area. And the quality of those homes are low due to having such a high number of medicaid recipients. Reinbursement rates are lower from the state. Nursing home staff are highly underpaid for the work the do and are expected to put up with high levels of stress that others cannot compare. Then they leave for better paying jobs with less stress. It is a vicious cycle that needs fixed. I don't know what the answers are. I do know that we owe it to the older generation to not just take thier money when they are healthy and leave them out in the cold when they are sick and the money is gone. It has happen way to many times!*

Fairplay 1 week ago Report Abuse

*Although Ms Barbian's comments sound good , it appears she has willfully violated the State of Illinois , Long Term Care Policy regarding facility closure notification . Instead of working with the residents , families and staff to bring about a smooth transition , it was more expedient for the facility and the ownership to turn the residents out in a few days . Elders are resistant to change , but what is more traumatic , an orderly and expected*

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transition from one facility to another arrangement, or being shuttled with little warning and emotional preparation. Barbian does not really have that choice if she wants to remain a Nursing Home Administrator, and may lose her license, or at least be sanctioned, for the actions she took and then so weakly supported.

tkkatv 1 week ago Report Abuse

I was present during the discharges for the residents who were at Ashford Court, and saying that the residents and families were not given choices is not only untrue but is a bold faced lie! they compiled a list of at least 30 nursing home choices and out of those choices the residents were transferred to at least 17 different facilities locally and in the surrounding areas. There were others discharged to their home or apartments. Actually, this was a blessing in disguise as the closure expedited obtaining those apartments. It would have been taxing on the residents and their families if the move had taken any length of time, much less 90 days. Ashford court was more than helpful with moving their personal items and also in making sure their medications went with them as well. Many of the facilities that the residents transferred to had welcome parties and went above and beyond to make sure that they were comfortable while getting acclimated to their new surroundings. The residents and their families that we have spoken with post transfer, have all been pleased with the results of the moves, and those that may not be happy were not, and are not going to be happy anywhere. I, for one, am a very pleased family member!

momtz 1 week ago Report Abuse

The facility may have been helpful in having choices for thier residents. But, if the facility and administrator did not tell the residents that they had 90 days to make decisions on where they wanted to live, then Ashford Court broke state regulations. Also, I like to know where there are 30 nursing home in the Springfield area? The elderly not only don't like to move, but to move out a town they have always lived, and have families is even more traumatic. I hope Public Health is monitoring the transition of these residents and making sure the current facilities they reside in are providing the appropriate emotional support.

fourfootedpals 1 week ago Report Abuse

The reduced number of governing regulations of an assisted living facility has absolutely nothing to do with the Governor. It has to do with the level of care that the residents need. Elderly people needing skilled care cannot live in assisted living facilities. Assisted living facilities are popping up all over the place because of less regulations, lower numbers of, and lesser educated staff are needed to care for the residents. Less money spent on staff and resident care needs plus the potential of higher reimbursement equals more money for the ALF owners. ALF's are not nursing homes, technically speaking. Nursing homes will still be needed for the sickest of the elderly, or when the ALF residents have to be moved out of the ALF when the resident requires a higher level of care. Nursing homes must be highly regulated and monitored because many of the residents are no longer able to speak for themselves. What Ashford Court did shows that the management may not have the best interests of the residents in mind. All care facilities regardless of the level of care provided, need to be carefully chosen by the elderly person's family before the elderly person moves in. Same goes for any facility caring for the disabled.

tkkatv 1 week ago Report Abuse

If you would read this, it said in springfield and the surrounding communities...and yes, there are at least 30, as we saw the list. We had time to visit the other places, and come to a decision. Some of the families waited until they thought a bed would open up locally and made no decision, and thus, their loved one is further away than they might like, but thre the are family needs to shoulder some of that responsibility. We made our decision early as we realized that they were really closing whether we liked it or not. we are glad that we made the move early and swiftly. some of the moves have turned out even better for the family members that visit...it is actually closer for them to visit. it was what you made of it. Some families after talking to them, took their loved ones home, and could not care for them. only then, did they realize what the staff at that facility, and other nursing homes come up against on a daily basis! combative residents, those that will not take their medications, gully, angry families that did not want to put mom or dad in a 'nursing home'. Just a reminder, don't make promises that you cannot keep! Thank goodness we never told mom that, or we would be heavy with guilt. There comes a point when a person cannot sleep with one eye open and you come to the realization that there is no other alternative...

Ferguson MO 1 week ago Report Abuse

This is just disgusting. To have residents move to Decatur and surrounding areas? Give me a break. With the price of gas how are family members expected to 'visit'. 30 days WAS NOT enough time. You cant blame family members for 'hoping' a bed would open in a town where patients already reside. And because you say 'Some of the families waited until they thought a bed would open up locally and made no decision, and thus, their loved one is further away than they might like' they should be thankful they were able to find somewhere to live. I think shortchanged by about 60 days, if they were suppose to have 90 days total to make arrangements. I hope this administrator is sanctioned and even fined herself. There's no excuse for treating one another like trash. Just remember tkkatv 'what goes around, comes around' we ALL get old at one point. (most of us anyway).

momtz 1 week ago Report Abuse

The number of assisted living facilities has multiplied three fold in the last eight years. That is a direct impact from the facilities planning board granting these facilities to build. This is the same board that regulates hospital and nursing home growth. Who appoints the people on this board? The gov! Also, Assisted living homes are strictly PRIVATE PAY. Most are not cheaper than nursing home either. Once the money is gone they cannot stay. Where do the go? Nursing homes. Sorry to tell you, but skilled care is not just those who can not speak. There are some very alert people who need skilled nursing care. After working in nursing homes for 15years, and dealing alot with resident rights, these residents where not given the proper time to not only adjust to the announcement of the closure, but to find a place close to home. No there is not 30 homes in the Springfield area. Decatur is NOT the Springfield area. Try having an elderly husband drive daily to be with his wife, outside of Springfield. The round trip miles is enough to break families on a tight budget.

tkkatv 1 week ago Report Abuse

we understand gas prices as we go and see mom regularly as well...but, looking back, if we had waited longer than what we did, to choose another nursing home, then we would be going farther as well. we chose to get it done and meet the new people who 'might' be taking care of mom. Lincoln, Decatur, Itasca is not 10 miles from springfield, but they were some of the closest! people fail to forget that the hospitals are discharging people

also, and that also complicates bed availability. most facilities had started a waiting list so that helia could get people back in springfield. lets get all the facts please...

momz 1 week ago Report Abuse

This is exactly why the state requires a 90 day notice. After working in long term care for several years, I knew there was not 30 homes in the area. I am happy it did work for your loved ones, but there are many it was very traumatic for. Every resident has different needs at different levels of care. That is why some were taken in right away at some Springfield facilities and others were not. And, that would create a waiting list for certain 'levels of care'. But, the regulations are put in place for a reason. And if Asford did not give the 90 day notice, even if everyone found a place in less than 30 days, they were out of compliance and should be fined. It makes it appear that they misled thier residents and thier families, and put a sense of urgency out there to go to the first place that had a bed open so that Asford could take care of themselves sooner. I hope all the residents and thier families that left Asford are doing fine. God Bless.

tkkatv 7 days ago Report Abuse

I'm confused at what Ferguson Mo said? I understand 'what goes around, comes around' means, but what about the growing old portion? and (most of us anyway)? what was that supposed to mean? a threat? Could this be clarified? thanks...

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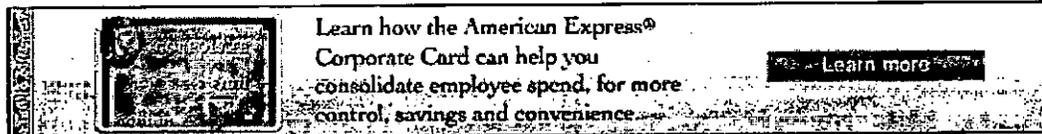
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October 6, 2008

Mr. Jeffrey Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 W. Jefferson St., 2nd Floor  
Springfield, Illinois 62761

**Sangamon Care Center, LLC License**

Dear Mr. Mark:

Sangamon Care Center, LLC ("Sangamon") operated a skilled and intermediate nursing facility located at 2800 West Lawrence Avenue, Springfield, Illinois (the "Facility"). I am the Managing Member of Sangamon and today have surrendered the nursing home license for 170 nursing beds at the Facility to the Illinois Department of Public Health. Enclosed is a copy of my letter to Mr. Bell. I am writing the Illinois Health Facilities Planning Board to request that it delete the nursing beds from the inventory.

On November 1, 2006, Sangamon entered into a series of agreements (the "Agreements") with Helia Healthcare of Springfield, LLC ("Helia"), regarding the operations of the Facility. By the Agreements, Sangamon sought to ultimately transfer the nursing beds license to Helia and to dissolve. The Agreements included an Operations Transfer Agreement to shift operational responsibility to Helia subject to certain terms and conditions. In addition, Sangamon entered into a Consulting Agreement with Bridgemark Management Services, LLC ("Bridgemark"), a Missouri limited liability company and an affiliate of Helia, for certain management and supervisory activities. As part of the Consulting Agreement, Sangamon granted Bridgemark "sole and exclusive authority to formulate and implement management policies, programs, and operations with respect to the Facility" and to "refrain from interference with and from participation in any management functions that are delegated to [Bridgemark] under this Agreement." Sangamon Realty, LLC, an entity related to Sangamon, also entered into a Mutual Termination of Lease and Option Agreement with the trustee lessor of the facility property to continue (for purposes of licensure only) the lease until Helia obtained a license from the state or the consulting agreement was terminated.

As part of the Operations Transfer Agreement, Helia committed to obtaining a change of ownership exemption from the Certificate of Need process for the license. Moreover, the Operations Transfer Agreement was subject to the Planning Board's grant of the exemption. Helia never took the necessary steps to receive approval for the transfer of the license and

Mr. Jeffrey Mark  
October 6, 2008  
Page 2

therefore failed to fulfill its obligations under the Agreement. However, the Illinois Health Facilities Planning Act was amended on August 28, 2007 to exempt nursing home change of ownerships from the requirements of that Act. Helia never took any steps to amend or modify the Agreements and never took any steps to transfer the license.

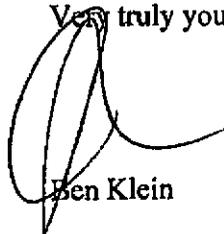
On May 28, 2008, Helia voluntarily dissolved, and management of the Facility appeared to be transferred at some point during this time period from Helia to Ashford Court Care Centre, LLC without Sangamon's approval. The *State Journal Register* reported on July 22, 2008 that Ashford Court Care Centre closed the facility on May 12, 2008. This action was without notice to or approval from Sangamon, even though Sangamon still holds the license.

Helia/Ashford also failed to provide the statutorily-required notice to the facility's residents. Sangamon received a Notice of Type "B" Violations and Notice of Fine Assessment because of the new operators' failure to comply with the notice regulations. That Notice was mailed on July 10, 2008. However, as noted above, Sangamon never received notice of the closure from the new operators, did not have control of the property, and therefore did not have an opportunity to provide the required closure notice.

Under these circumstances, my client has no alternative but to surrender the license and ask that the Planning Board remove the 170 beds from the inventory. I am attaching a letter to the Illinois Department of Health that outlines these facts, surrenders the license, and requests that the Department cancel or negotiate with Sangamon over the fine assessment.

Thank you in advance for your attention to this matter. If you have any questions or wish to discuss this further, please feel free to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read "Ben Klein". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Ben Klein

Enclosure

cc: Mr. William Bell, Illinois Department  
of Public Health  
Thomas C. Shields



October 6, 2008

Mr. William Bell  
Acting Deputy Director, Office of Health Care Regulation  
Illinois Department of Public Health  
525 W. Jefferson Street, 5<sup>th</sup> Floor  
Springfield, IL 62761-0001

**RE: Sangamon Care Center, LLC License**

Dear Mr. Bell:

Sangamon Care Center, LLC ("Sangamon") operated a skilled and intermediate nursing facility located at 2800 West Lawrence Avenue, Springfield, Illinois (the "Facility"). I am the Managing Member of Sangamon. Sangamon hereby surrenders the enclosed license for 170 nursing beds to the Illinois Department of Public Health.

On November 1, 2006, Sangamon entered into a series of agreements (the "Agreements") with Helia Healthcare of Springfield, LLC ("Helia"), regarding the operations of the Facility. By the Agreements, Sangamon sought to ultimately transfer the nursing beds license to Helia and to dissolve. The Agreements included an Operations Transfer Agreement to shift operational responsibility to Helia subject to certain terms and conditions. In addition, Sangamon entered into a Consulting Agreement with Bridgemark Management Services, LLC ("Bridgemark"), a Missouri limited liability company and an affiliate of Helia, for certain management and supervisory activities. As part of the Consulting Agreement, Sangamon granted Bridgemark "sole and exclusive authority to formulate and implement management policies, programs, and operations with respect to the Facility" and to "refrain from interference with and from participation in any management functions that are delegated to [Bridgemark] under this Agreement." Sangamon Realty, LLC, an entity related to Sangamon, also entered into a Mutual Termination of Lease and Option Agreement with the trustee lessor of the facility property to continue (for purposes of licensure only) the lease until Helia obtained a license from the state or the consulting agreement was terminated.

As part of the Operations Transfer Agreement, Helia committed to obtaining a change of ownership exemption from the Certificate of Need process for the license. Moreover, the Operations Transfer Agreement was subject to the Planning Board's grant of an exemption. Helia never took the necessary steps to receive approval for the transfer of the license and therefore failed to fulfill its obligations under the Agreement. However, the Illinois Health Facilities Planning Act was amended on August 28, 2007 to exempt nursing home change of

Mr. William Bell  
October 6, 2008  
Page 2

ownerships from the requirements of that Act. Helia never took any steps to amend or modify the Agreements and never took any steps to transfer the license.

On May 28, 2008, Helia voluntarily dissolved and management of the Facility appeared to be transferred from Helia to Ashford Court Care Centre, LLC without Sangamon's approval. The *State Journal Register* reported on July 22, 2008 that Ashford Court Care Centre, LLC closed the facility on May 12, 2008. This action was without notice to or approval from Sangamon, even though Sangamon still holds the license.

Helia/Ashford also failed to provide the statutorily-required notice to the facility's residents. Sangamon received a Notice of Type "B" Violations and Notice of Fine Assessment from the Illinois Department of Public Health because of the new operators' failure to comply with the notice regulations. That Notice was mailed on July 10, 2008. However, as noted above, Sangamon never received notice of the closure from the new operators, did not have control of the property at the time, and therefore did not have an opportunity to provide the required closure notice. Based on these circumstances, Sangamon asks that you waive the fine.

Since Helia has failed to fulfill its obligations under the Agreements and has taken numerous actions regarding the Facility without Sangamon's approval, Sangamon wishes to surrender its license for the Facility.

I am attaching a letter to the Illinois Health Facilities Planning Board that also outlines these facts and asks the Planning Board to remove the 170 beds from the inventory. Thank you in advance for your attention to this matter. If you have any questions or wish to discuss this further, please feel free to contact me.

Very truly yours,



Ben Klein

Enclosure

cc: Mr. Jeffrey Mark, Illinois Health Facilities  
Planning Board  
Thomas C. Shields

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS  
General Long-Term Care Nursing Care and Sheltered Care Categories of Service

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			2005 Patient Days	Beds	2005 Patient Days	Beds
AUBURN NURSING & REHAB CENTER	AUBURN	Sangamon County	20,803	70	0	0
Formerly "Lyncrest Manor of Auburn"						
CAPITOL CARE CENTER	SPRINGFIELD	Sangamon County	73,912	251	0	0
CONCORDIA VILLAGE (PERMIT)	SPRINGFIELD	Sangamon County	0	0	0	0
6/7/2006 05-060						
Permit issued to establish a 32-bed Skilled Nursing facility.						
1/7/2008 05-060						
Abandoned permit to establish a 32-bed Skilled Nursing facility.						
HERITAGE MANOR - SPRINGFIELD	SPRINGFIELD	Sangamon County	59,495	178	0	0
ILLINOIS PRESBYTERIAN HOME	SPRINGFIELD	Sangamon County	2,410	15	73	10,934
11/15/2005 Bed Change						
Added 6 Sheltered Care beds. Bed totals now 15 Nursing Care and 73 Sheltered Care.						
LEWIS MEM CHRISTIAN VILLAGE	SPRINGFIELD	Sangamon County	54,543	155	0	0
OAK TERRACE CARE CENTER	SPRINGFIELD	Sangamon County	20,642	78	20	7,288
REGENCY NURSING CARE RESIDENCE	SPRINGFIELD	Sangamon County	28,488	95	4	1,095
SANGAMON CARE CENTER	SPRINGFIELD	Sangamon County	48,603	170	0	0
7/28/2006 Name Change						
Formerly "Springfield Nursing & Rehab. Center".						
SPRINGFIELD TERRACE	SPRINGFIELD	Sangamon County	18,067	65	0	0
ST. JOHN'S HOSPITAL	SPRINGFIELD	Sangamon County	8,768	78	0	0
ST. JOSEPH'S HOME FOR AGED	SPRINGFIELD	Sangamon County	21,793	65	41	11,153
7/12/2005 Bed Change						
Discontinued five sheltered care beds and added five nursing care beds, total now 65 nursing care beds and 41 sheltered care beds.						
VILLA HEALTH CARE EAST	SHERMAN	Sangamon County	35,245	99	0	0
<b>Planning Area Totals</b>			<b>392,769</b>	<b>1,319</b>	<b>138</b>	<b>30,470</b>

Health Service Area: 003	AGE GROUPS	2005 HSA Estimated Population	2005 HSA Patient Days	2005 HSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2015 PSA Estimated Population	2015 PSA Minimum Use Rates	2015 PSA Maximum Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census (90% Occ.)	Planned Bed Need (90% Occ.)
0-64 Years Old	204,799	489,800	418.1	250.9	669.0	418.1	250.9	669.0	168,400	42,516	66,110	1,255.8	1,395
65-74 Years Old	228,957	42,900	5,337.0	3,202.2	8,539.2	5,337.0	3,202.2	8,539.2	18,800	66,110	349,746	1,255.8	1,395
75+ Years Old	1,774,696	47,300	37,520.0	22,512.0	60,032.0	37,520.0	22,512.0	60,032.0	15,000	458,373	1,255.8	1,395	76
<b>2005 PSA Estimated Populations</b>			<b>252.5</b>	<b>3,202.2</b>	<b>669.0</b>	<b>252.5</b>	<b>3,202.2</b>	<b>669.0</b>	<b>168,400</b>	<b>42,516</b>	<b>66,110</b>	<b>1,255.8</b>	<b>1,395</b>
<b>2005 HSA Patient Days</b>			<b>41,961</b>	<b>45,363</b>	<b>305,445</b>	<b>41,961</b>	<b>45,363</b>	<b>305,445</b>	<b>13,100</b>	<b>305,445</b>	<b>458,373</b>	<b>1,255.8</b>	<b>1,395</b>
<b>2005 PSA Use Rates (Per 1,000)</b>			<b>252.5</b>	<b>3,202.2</b>	<b>669.0</b>	<b>252.5</b>	<b>3,202.2</b>	<b>669.0</b>	<b>168,400</b>	<b>42,516</b>	<b>66,110</b>	<b>1,255.8</b>	<b>1,395</b>
<b>2005 HSA Use Rates (Per 1,000)</b>			<b>418.1</b>	<b>5,337.0</b>	<b>8,539.2</b>	<b>418.1</b>	<b>5,337.0</b>	<b>8,539.2</b>	<b>18,800</b>	<b>66,110</b>	<b>349,746</b>	<b>1,255.8</b>	<b>1,395</b>
<b>2005 HSA Minimum Use Rates</b>			<b>250.9</b>	<b>3,202.2</b>	<b>669.0</b>	<b>250.9</b>	<b>3,202.2</b>	<b>669.0</b>	<b>168,400</b>	<b>42,516</b>	<b>66,110</b>	<b>1,255.8</b>	<b>1,395</b>
<b>2005 HSA Maximum Use Rates</b>			<b>669.0</b>	<b>8,539.2</b>	<b>15,000</b>	<b>669.0</b>	<b>8,539.2</b>	<b>15,000</b>	<b>15,000</b>	<b>458,373</b>	<b>1,255.8</b>	<b>1,395</b>	<b>76</b>
<b>2015 PSA Projected Populations</b>			<b>168,400</b>	<b>18,800</b>	<b>15,000</b>	<b>168,400</b>	<b>18,800</b>	<b>15,000</b>	<b>168,400</b>	<b>42,516</b>	<b>66,110</b>	<b>1,255.8</b>	<b>1,395</b>
<b>2015 PSA Planned Patient Days</b>			<b>42,516</b>	<b>66,110</b>	<b>349,746</b>	<b>42,516</b>	<b>66,110</b>	<b>349,746</b>	<b>458,373</b>	<b>1,255.8</b>	<b>1,395</b>	<b>76</b>	<b>76</b>
<b>2015 PSA Average Daily Census (90% Occ.)</b>			<b>1,255.8</b>	<b>1,395</b>	<b>1,395</b>	<b>1,255.8</b>	<b>1,395</b>	<b>1,395</b>	<b>1,255.8</b>	<b>1,255.8</b>	<b>1,255.8</b>	<b>1,255.8</b>	<b>1,395</b>
<b>2015 PSA Bed Need (90% Occ.)</b>			<b>1,395</b>	<b>1,395</b>	<b>1,395</b>	<b>1,395</b>	<b>1,395</b>	<b>1,395</b>	<b>1,395</b>	<b>1,395</b>	<b>1,395</b>	<b>1,395</b>	<b>76</b>



2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

OAK TERRACE CARE CENTER  
 1750 WEST WASHINGTON  
 SPRINGFIELD, IL 62702  
 Reference Numbers Facility ID 6006811  
 Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public Insurance	Private Pay	Charity	TOTALS
Nursing Care	0	0	0	45	0	45
Skilled Under 22	0	0	0	0	0	0
ICF/OD	0	0	0	0	0	0
Sheltered Care	0	0	0	17	0	17
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>62</b>	<b>0</b>	<b>62</b>

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/OD	Shelter	Totals
Asian	0	0	0	0	0
Amex. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	45	0	0	17	62
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>62</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	10.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	23.00
<b>Totals</b>	<b>57.00</b>

2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

OAK TERRACE CARE CENTER  
 1750 WEST WASHINGTON  
 SPRINGFIELD, IL 62702  
 Reference Numbers Facility ID 6006811  
 Health Service Area 003 Planning Service Area 107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
"Nervous System	3
Alcoholism, Disease	15
Mental Illness	5
Developmental Disability	1
Circulatory System	15
Respiratory System	4
Digestive System	0
Cardiovascular System Disorders	3
Skin Disorders	0
Musculoskeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>62</b>

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	PEAK BEDS	PEAK BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	78	62	44	34	0	0	Residents on 1/1/2008: 73
Skilled Under 22	0	0	0	0	0	0	Total Admissions 2008: 42
ICF/OD	0	0	0	0	0	0	Total Discharges 2008: 53
Sheltered Care	20	20	18	2	0	0	Residents on 12/31/2008: 62
<b>TOTAL BEDS</b>	<b>98</b>	<b>82</b>	<b>62</b>	<b>36</b>	<b>0</b>	<b>0</b>	

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Licensed Beds	Peak Beds Set Up
Nursing Care	0	0	19994	19994	56.5%	73.0%
Skilled Under 22	0	0	0	0	0.0%	0.0%
ICF/OD	0	0	0	0	0.0%	0.0%
Sheltered Care	0	0	6528	6528	66.4%	66.4%
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>23192</b>	<b>23192</b>	<b>64.8%</b>	<b>77.5%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUP	Nursing Care	Skilled Under 22	ICF/OD	Sheltered	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 74	0	0	0	0	0
75 to 84	3	7	0	1	11
85+	9	24	0	14	47
<b>TOTALS</b>	<b>12</b>	<b>33</b>	<b>0</b>	<b>15</b>	<b>60</b>

Source: Division of Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/792-3516

Source: Division of Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/792-3516

2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

REGENCY NURSING CARE RESIDENCE  
 2120 WEST WASHINGTON  
 SPRINGFIELD, IL 62702  
 Reference Numbers Facility ID 8008239  
 Health Service Area 003 Planning Service Area 187

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	64	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	2	0	2
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>66</b>	<b>0</b>	<b>66</b>

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	IC/DD	Shelter	Totals
Asian	0	0	0	0	0
Asian Indian	0	0	0	0	0
Black	2	0	0	0	2
Hispanic/Latino	0	0	0	0	0
White	62	0	0	2	64
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>66</b>

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aide	30.00
Other Health Staff	0.00
Non-Health Staff	30.00
<b>Totals</b>	<b>85.00</b>

2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

REGENCY NURSING CARE RESIDENCE  
 2120 WEST WASHINGTON  
 SPRINGFIELD, IL 62702  
 Reference Numbers Facility ID 8008239  
 Health Service Area 003 Planning Service Area 187

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	RESIDENTS
Agitation/Anxiety-Subst	0
Neoplasms	1
Chronic Alcoholism	0
Endocrine/Metabolic	1
Blood Disorders	0
Nervous System	3
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	0
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injury and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	56
<b>TOTALS</b>	<b>66</b>

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	RESIDENTS
Agitation/Anxiety-Subst	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	1
Medicaid Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
<b>TOTALS</b>	<b>3</b>

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK BEDS	PEAK BEDS SET-UP	BEDES IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS 1/1/2008	ADMISSIONS 12/31/2008
Nursing Care	95	83	84	31	0	82	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	4	4	4	2	2	0	0
<b>TOTALS</b>	<b>99</b>	<b>87</b>	<b>88</b>	<b>33</b>	<b>1</b>	<b>82</b>	<b>87</b>

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare Pat. days	Medicaid Pat. days	Other Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0	28650	28650	75.1%	75.1%
Skilled Under 22	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0	0	0.0%	0.0%
Sheltered Care	0	0	883	883	80.5%	80.5%
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>28633</b>	<b>28633</b>	<b>74.5%</b>	<b>74.5%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	MISSING CARE	SKILLED UNDER 22	INTERMEDIATE DD	SHeltered	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 74	0	0	0	0	0
75 to 84	3	0	0	0	3
85+	4	14	0	0	18
<b>TOTALS</b>	<b>15</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>29</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	MISSING CARE	SKILLED UNDER 22	INTERMEDIATE DD	SHeltered	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 74	0	0	0	0	0
75 to 84	3	0	0	0	3
85+	4	14	0	0	18
<b>TOTALS</b>	<b>15</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>29</b>

Source: Division of Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3318

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2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

REGENCY NURSING CARE RESIDENCE  
 2120 WEST WASHINGTON  
 SPRINGFIELD, IL 62702  
 Reference Numbers Facility ID 8008239  
 Health Service Area 003 Planning Service Area 187

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	64	0	64
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	2	0	2
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>66</b>	<b>0</b>	<b>66</b>

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	IC/DD	Shelter	Totals
Asian	0	0	0	0	0
Asian Indian	0	0	0	0	0
Black	2	0	0	0	2
Hispanic/Latino	0	0	0	0	0
White	62	0	0	2	64
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>66</b>

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aide	30.00
Other Health Staff	0.00
Non-Health Staff	30.00
<b>Totals</b>	<b>85.00</b>

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare Pat. days	Medicaid Pat. days	Other Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0	28650	28650	75.1%	75.1%
Skilled Under 22	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0	0	0.0%	0.0%
Sheltered Care	0	0	883	883	80.5%	80.5%
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>28633</b>	<b>28633</b>	<b>74.5%</b>	<b>74.5%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	MISSING CARE	SKILLED UNDER 22	INTERMEDIATE DD	SHeltered	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 74	0	0	0	0	0
75 to 84	3	0	0	0	3
85+	4	14	0	0	18
<b>TOTALS</b>	<b>15</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>29</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	MISSING CARE	SKILLED UNDER 22	INTERMEDIATE DD	SHeltered	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 74	0	0	0	0	0
75 to 84	3	0	0	0	3
85+	4	14	0	0	18
<b>TOTALS</b>	<b>15</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>29</b>

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 Illinois Department of Public Health  
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8/1/2007

2006 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

ST. JOSEPH'S HOME FOR AGED  
 3008 SOUTH 8TH STREET ROAD  
 SPRINGFIELD, IL 62703  
 Reference Numbers Facility ID 0003895  
 Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private	Charity	TOTALS
Nursing Care	0	0	0	0	56	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	30	0	30
TOTALS	0	0	0	0	86	0	86

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled 22	ICF/DD	Skilled	Shelter	TOTALS
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0
White	56	0	0	30	0	86
Race Unknown	0	0	0	0	0	0
Total	56	0	0	30	0	86

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	16.00
Certified Aide	31.00
Other Health Staff	0.00
Non-Health Staff	39.00
TOTALS	93.00

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	0
Chronic Alcoholism	4
Endocrine/Metabolic	0
Blood Disorders	0
Drug Addiction	5
Nervous System	38
Abuse/Injury	6
Mental Illness	0
Developmental Disability	0
Cardiovascular System	15
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	14
Infectious Diseases w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Non-Medical Conditions	0
TOTALS	68

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	Count
Aggravate/Abuse/Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Resident	0
Medicare Resident	0
Mental Illness	0
Non-Substantive	0
Non-Medical	0
Public Aid Residents	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Verbal/Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Non-Medical Conditions	0
TOTALS	68

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private	Charity	TOTALS
Nursing Care	95	65	65	56	7	0	228
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	41	41	30	37	30	11	179
TOTALS	136	106	95	93	37	11	482

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private	Charity	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DD		SKILLED CARE		TOTAL	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	1	0	1	3
75 to 84	5	17	0	0	0	0	3	5	8	22
85+	11	23	0	0	0	0	1	20	12	43
TOTALS	16	42	0	0	0	0	4	26	20	68

2006 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

ST. JOSEPH'S HOME FOR AGED  
 3008 SOUTH 8TH STREET ROAD  
 SPRINGFIELD, IL 62703  
 Reference Numbers Facility ID 0003895  
 Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private	Charity	TOTALS
Nursing Care	0	0	0	0	56	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	30	0	30
TOTALS	0	0	0	0	86	0	86

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled 22	ICF/DD	Skilled	Shelter	TOTALS
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0
White	56	0	0	30	0	86
Race Unknown	0	0	0	0	0	0
Total	56	0	0	30	0	86

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	16.00
Certified Aide	31.00
Other Health Staff	0.00
Non-Health Staff	39.00
TOTALS	93.00

Source: Division of Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

Source: Division of Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/782-3516

2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

HERITAGE MANOR - SPRINGFIELD  
 900 NORTH RUTLEDGE  
 SPRINGFIELD, IL 62702  
 Reference Numbers Facility ID 6004279  
 Health Service Area 003 Planning Service Area 187

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE				AVERAGE DAILY PAYMENT RATES	
	Medicare	Other Public	Private	Charity	LEVEL OF CARE	DOUBLE
Nursing Care	24	88	3	37	Nursing Care	191
Skilled Under 22	0	0	0	0	Skilled Under 22	0
ICF/DD	0	0	0	0	Intermediate DD	0
Sheltered Care	0	0	0	0	Shelter	0
<b>TOTALS</b>	<b>24</b>	<b>88</b>	<b>3</b>	<b>37</b>		<b>191</b>

RACE	RESIDENTS BY RACIALETHNICITY GROUPING				EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
	Nursing	Sub/ICF/DD	ICF/DD	Shelter		
African Amer./Indian	0	0	0	0	Administrators	1.00
Black	10	0	0	0	Physicians	0.00
Hispanic/Latino Pac. Isl.	1	0	0	0	Director of Nursing	1.00
White	142	0	0	0	Registered Nurses	14.00
Race Unknown	0	0	0	0	LPNs	20.00
<b>Total</b>	<b>153</b>	<b>0</b>	<b>0</b>	<b>0</b>	Certified Aides	41.00
<b>ETHNICITY</b>	<b>Nursing</b>	<b>Sub/ICF/DD</b>	<b>ICF/DD</b>	<b>Shelter</b>	<b>Other Health Staff</b>	<b>27.00</b>
Hispanic	1	0	0	0	Non-Health Staff	21.00
Non-Hispanic	152	0	0	0	Totals	175.00
Ethnicity Unknown	0	0	0	0		
<b>Total</b>	<b>153</b>	<b>0</b>	<b>0</b>	<b>0</b>		

2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

HERITAGE MANOR - SPRINGFIELD  
 900 NORTH RUTLEDGE  
 SPRINGFIELD, IL 62702  
 Reference Numbers Facility ID 6004279  
 Health Service Area 003 Planning Service Area 187

LEVEL OF CARE	RESIDENTS BY PRIMARY DIAGNOSIS			
	Aggressive/Anti-Social	Neoplasms	Endocrine/Metabolic	Blood Disorders
Nursing Care	1	2	0	0
Skilled Under 22	0	0	0	0
ICF/DD	0	0	0	0
Sheltered Care	0	0	0	0
<b>TOTALS</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>

LICENSED BEDS	PEAK BEDS	BIDS IN USE	MEDIKARE/MEDIKALD CERTIFIED BEDS	ADMISSIONS AND DISCHARGES - 2008	
				Residents on 1/1/2008	Total Admissions 2008
178	177	178	129	178	630
0	0	0	0	0	841
0	0	0	0	0	153
0	0	0	0	0	
<b>TOTAL BEDS</b>	<b>178</b>	<b>177</b>	<b>178</b>	<b>129</b>	<b>178</b>

LEVEL OF CARE	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE				Unassisted Beds	Occ. Pct.	Peak Beds Set Up	Occ. Pct.
	Medicare	Medicaid	Other	TOTAL				
Nursing Care	11028	23.4%	32559	50.1%	14355	57.942	89.2%	89.7%
Skilled Under 22	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%
Sheltered Care	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%
<b>TOTALS</b>	<b>11028</b>	<b>23.4%</b>	<b>32559</b>	<b>50.1%</b>	<b>14355</b>	<b>57.942</b>	<b>89.2%</b>	<b>89.7%</b>

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008				TOTAL	GRAND TOTAL
	NURSING CARE	SKILLED UNDER 22	INTERMEDIATE DD	SHELTERED		
Under 18	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0
45 to 59	0	0	0	0	0	1
60 to 74	0	0	0	0	0	1
65 to 74	3	1	0	0	3	7
75 to 84	12	37	0	0	12	37
85+	13	79	0	0	13	79
<b>TOTALS</b>	<b>28</b>	<b>125</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>125</b>

Source: Division of Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/793-3516

Source: Division of Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/793-3516

2006 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

Autism Nursing & Rehab Center  
 304 Maple Avenue  
 AUBURN, IL 62015  
 Reference Numbers Facility ID 6007181  
 Health Services Area 003 Planning Services Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public Insurance	Other	Private Charity	TOTALS
Nursing Care	0	26	0	0	23	55
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	0	26	0	0	23	55

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	IC/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hispanic	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	0	0	0	0	0
Total	55	0	0	0	55

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	59.00

2006 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

Autism Nursing & Rehab Center  
 304 Maple Avenue  
 AUBURN, IL 62015  
 Reference Numbers Facility ID 6007181  
 Health Services Area 003 Planning Services Area 107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1
Aggressive/Anti-Social	0
Chronic Alcoholism	1
Dementia/Alzheimer's	1
Blood Clotting	2
Nervous System	2
Abuse/Injury	2
Mental Illness	21
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculoskeletal Disorders	7
Injury and Poisoning	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	55

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	PEAK BEDS	PEAK BEDS SET-UP	ADMISSIONS	DISCHARGES
Nursing Care	70	67	82	110
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	117
Skilled Care	0	0	0	55
TOTALS	70	67	82	172

FACILITY UTILIZATION - 2006

LEVEL OF CARE	Medicare	Medicaid	Other	Unlicensed Beds	Peak Beds Set Up
Nursing Care	2153	11191	9283	88.6%	92.5%
Skilled Under 22	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0	0.0%	0.0%
Skilled Care	0	0	0	0.0%	0.0%
TOTALS	2153	11191	9283	88.6%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Skilled Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 74	1	2	0	0	3
75 to 84	5	8	0	0	13
85+	4	35	0	0	39
TOTALS	10	45	0	0	55

2006 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

ST. JOHNS HOSPITAL  
600 EAST CARPENTER  
SPRINGFIELD, IL 62702  
Reference Numbers Facility ID 0008940  
Health Services Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public Insurance	Private Pay	Charity	TOTALS
Nursing Care	24	1	0	2	0	27
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	24	1	0	2	0	27

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	Intermediate DD	Skilled Care	TOTALS
African Amer./Indian	0	0	0	0	0
Black	2	0	0	0	2
Hispanic/Hispanic	0	0	0	0	0
White	26	0	0	0	26
Race Unknown	1	0	0	0	1
TOTAL	29	0	0	0	29

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Directors of Nursing	1.00
Registered Nurses	20.00
LPN's	6.70
Certified Aide	10.00
Other Health Staff	6.00
Non-Health Staff	3.40
TOTALS	49.30

ST. JOHNS HOSPITAL  
600 EAST CARPENTER  
SPRINGFIELD, IL 62702  
Reference Numbers Facility ID 0008940  
Health Services Area 003 Planning Service Area 167

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Nepotism	5
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	1
Constitutional System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	29

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	Count
Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Residential	0
Non-Residential	0
Public Aid Recipient	0
Under 18 Years Old	0
Unable to Self-Medicate	0
Violator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Note: Reported restrictions deemed by 'Y'	
TOTALS	29

LICENSED BEDS, BEDS IN USE, MEDICAID/MEDICARE CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS	BEDS IN USE	MEDICAID CERTIFIED	MEDICARE CERTIFIED	TOTALS
Nursing Care	78	44	37	29	42	42
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTAL BEDS	78	44	37	29	42	42

FACILITY UTILIZATION - 2006

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Licensed Beds	Peak Beds Req'd Up
Nursing Care	6794	44.3%	278	1352	8422	29.6%
Skilled Under 22	0	0.0%	0	0	0	0.0%
Intermediate DD	0	0.0%	0	0	0	0.0%
Skilled Care	0	0.0%	0	0	0	0.0%
TOTALS	6794	44.3%	278	1352	8422	29.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	5	3	8
60 to 74	0	0	0	0	0	0	0	0	0
75 to 84	1	3	0	0	0	0	1	3	4
85+	5	8	0	0	0	0	5	8	13
TOTALS	12	17	0	0	0	0	12	17	29





2004 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

VILLA HEALTH CARE EAST  
100 MARION PARKWAY  
SHERMAN, IL 62884  
Reference Numbers Facility ID 6012981  
Health Service Area 003 Planning Services Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public Insurance	Other	Private Pay	Charity Care	TOTALS
Nursing Care	9	41	0	1	44	0	95
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	9	41	0	1	44	0	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
African	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hispanic	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	28.00
Certified Aides	5.00
Other Health Staff	28.00
Non-health Staff	70.00
Totals	178.00

2004 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

VILLA HEALTH CARE EAST  
100 MARION PARKWAY  
SHERMAN, IL 62884  
Reference Numbers Facility ID 6012981  
Health Service Area 003 Planning Services Area 167

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	DIAGNOSIS
Aggressive/Alco-Bodil	Neoplasms
Chronic Alcoholism	Endocrine/Metabolic
Developmentally Disabled	Blood Disorders
Drug Addiction	Nervous System
Medicaid Resident	Alzheimer Disease
Medicare Resident	Mental Illness
Non-Medicaid	Neurodegenerative Disorders
Non-Residential	Circulatory System
Public Aid Resident	Respiratory System
Under 65 Years Old	Digestive System
Unable to Self-Medicate	Gastrointestinal System Disorders
Visitor Dependent	Ear Disorders
Infectious Disease w/ Isolation	Musculo-skeletal Disorders
Other Restrictions	Injuries and Poisonings
No Restrictions	Other Medical Conditions
	Non-Medical Conditions
	TOTALS

ADMISSIONS AND DISCHARGES - 2006

LEVEL OF CARE	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK
BEDES	SETUP	USED	SETUP	IN USE	BEDES	AVAILABLE	MEDICAID	CERTIFIED	ADMISSIONS AND DISCHARGES - 2006
Nursing Care	99	99	99	95	99	99	99	99	Residents on 11/20/06
Skilled Under 22	0	0	0	0	0	0	0	0	Residents on 12/31/2006
Intermediate DD	0	0	0	0	0	0	0	0	Total Admissions 2006
Skilled Care	0	0	0	0	0	0	0	0	223
TOTALS	99	99	99	95	99	99	99	99	95

FACILITY UTILIZATION - 2006

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. Days	Occ. Pct.	Pat. Days	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	4632	12.8%	14371	39.8%	15982	98.8%
Skilled Under 22	0	0.0%	0	0.0%	0	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0.0%
Skilled Care	0	0.0%	0	0.0%	0	0.0%
TOTALS	4632	12.8%	14371	39.8%	15982	98.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DD		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0
60 to 74	0	2	0	0	0	0	0	2	2
75 to 84	6	3	0	0	0	0	6	3	9
85+	5	16	0	0	0	0	5	16	21
TOTALS	11	52	0	0	0	0	11	52	63

2006 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

CAPTROL CARE CENTER  
535 WEST CARPENTER  
SPRINGFIELD, IL 62702  
Reference Numbers Facility ID 6002409  
Health Services Area 003 Planning Services Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	162	0	3	16	212
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
<b>TOTALS</b>	<b>31</b>	<b>162</b>	<b>0</b>	<b>3</b>	<b>16</b>	<b>212</b>

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	Intermediate DD	Skilled Care	TOTALS
Asian	0	0	0	0	0
Asian, Indian	0	0	0	0	0
Black	43	0	0	0	43
Hispanic/Latino, Incl.	0	0	0	0	0
White	169	0	0	0	169
Race Unkown	0	0	0	0	0
<b>Total</b>	<b>212</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>212</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Skilled Care	0	0

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	29.00
Certified Aides	73.00
Other Health Staff	27.00
Non-Health Staff	67.00
<b>Totals</b>	<b>203.00</b>

2006 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

CAPTROL CARE CENTER  
535 WEST CARPENTER  
SPRINGFIELD, IL 62702  
Reference Numbers Facility ID 6002409  
Health Services Area 003 Planning Services Area 107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	8
Endocrine/Metabolic	22
Blood Disorders	6
Nervous System	18
Alzheimer Disease	7
Mental Illness	3
Developmental Disability	0
Circulatory System	24
Respiratory System	28
Digestive System	17
Orthopaedic System Disorders	27
Skin Disorders	19
Musculo-skeletal Disorders	23
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
<b>TOTALS</b>	<b>212</b>

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	Count
Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicaid Recipient	0
Mental Illness	0
Non-Applicable	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Indicate	0
Ventilator Dependent	1
Infectious Diseases w/ Isolation	0
Other Restrictions	0
No Restrictions	0

ADMISSIONS AND DISCHARGES - 2006

Category	Count
Residents on 11/2/2006	176
Total Admissions 2006	439
Total Discharges 2006	403
Residents on 12/31/2006	212

ADMISSIONS AND DISCHARGES - 2006

Category	Count
Residents on 11/2/2006	176
Total Admissions 2006	439
Total Discharges 2006	403
Residents on 12/31/2006	212

2006 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

CAPTROL CARE CENTER  
535 WEST CARPENTER  
SPRINGFIELD, IL 62702  
Reference Numbers Facility ID 6002409  
Health Services Area 003 Planning Services Area 107

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	NURSING CARE		INTERMEDIATE DD		SHELTERED		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0
18 to 44	0	4	0	0	0	0	0	4
45 to 59	5	12	0	0	0	0	5	12
60 to 84	0	16	0	0	0	0	0	16
85 to 94	19	28	0	0	0	0	19	28
95 to 99	21	39	0	0	0	0	21	38
100 to 104	26	34	0	0	0	0	26	34
<b>TOTALS</b>	<b>60</b>	<b>132</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>132</b>

ADMISSIONS AND DISCHARGES - 2006

Category	Count
Residents on 11/2/2006	176
Total Admissions 2006	439
Total Discharges 2006	403
Residents on 12/31/2006	212

ADMISSIONS AND DISCHARGES - 2006

Category	Count
Residents on 11/2/2006	176
Total Admissions 2006	439
Total Discharges 2006	403
Residents on 12/31/2006	212

ADMISSIONS AND DISCHARGES - 2006

Category	Count
Residents on 11/2/2006	176
Total Admissions 2006	439
Total Discharges 2006	403
Residents on 12/31/2006	212

2006 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

CAPTROL CARE CENTER  
535 WEST CARPENTER  
SPRINGFIELD, IL 62702  
Reference Numbers Facility ID 6002409  
Health Services Area 003 Planning Services Area 107

ADMISSIONS AND DISCHARGES - 2006

Category	Count
Residents on 11/2/2006	176
Total Admissions 2006	439
Total Discharges 2006	403
Residents on 12/31/2006	212

ADMISSIONS AND DISCHARGES - 2006

Category	Count
Residents on 11/2/2006	176
Total Admissions 2006	439
Total Discharges 2006	403
Residents on 12/31/2006	212

ADMISSIONS AND DISCHARGES - 2006

Category	Count
Residents on 11/2/2006	176
Total Admissions 2006	439
Total Discharges 2006	403
Residents on 12/31/2006	212

ADMISSIONS AND DISCHARGES - 2006

Category	Count
Residents on 11/2/2006	176
Total Admissions 2006	439
Total Discharges 2006	403
Residents on 12/31/2006	212

2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

LEWIS MEMORIAL CHRISTIAN VILLAGE  
 3400 WEST WASHINGTON  
 SPRINGFIELD, IL 62711  
 Reference Numbers Facility ID 8005300  
 Health Service Area 003 Planning Service Area 107

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	51	0	2	48	0	134
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Subacute Care	0	0	0	0	0	0	0
TOTALS	33	51	0	2	48	0	134

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	ICF/OD	Skilled	Shelter	TOTALS
African	1	0	0	0	0	0	1
Asian	0	0	0	0	0	0	0
Black	8	0	0	0	0	0	8
Hispanic	0	0	0	0	0	0	0
White	125	0	0	0	0	0	125
Other	0	0	0	0	0	0	0
TOTALS	134	0	0	0	0	0	134

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses LPN's	6.00
Certified Aide	25.00
Other Health Staff	0.00
Non-Health Staff	56.00
TOTALS	154.00

2008 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

LEWIS MEMORIAL CHRISTIAN VILLAGE  
 3400 WEST WASHINGTON  
 SPRINGFIELD, IL 62711  
 Reference Numbers Facility ID 8005300  
 Health Service Area 003 Planning Service Area 107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Aggressive/Alcohol-Subst	1
Chronic Alcoholism	1
Developmentally Disabled	37
Blood Disorders	0
Neurosis	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	35
Operative System	0
Gerontologic System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	134

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	Licensed Beds	Peak	Beds in Use	Medicare	Medicaid	Certified	Discharges
Nursing Care	155	155	134	140	140	140	436
Skilled Under 22	0	0	0	0	0	0	442
Intermediate DD	0	0	0	0	0	0	134
Subacute Care	0	0	0	0	0	0	0
TOTALS	155	155	134	140	140	140	1012

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare		Medicaid		Other		TOTAL	Unmanned Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.			
Nursing Care	15278	27.0%	16137	33.3%	19784	53210	94.1%	94.1%	0.0%
Skilled Under 22	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%
Subacute Care	0	0.0%	0	0.0%	0	0	0.0%	0.0%	0.0%
TOTALS	15278	27.0%	16137	33.3%	19784	53210	94.1%	94.1%	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DD		SHELTERED		TOTAL	GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	1
45 to 64	0	1	0	0	0	0	0	0	1	1
65 to 74	0	2	0	0	0	0	0	0	2	2
75 to 84	6	7	0	0	0	0	0	0	13	13
85+	10	33	0	0	0	0	0	0	43	43
TOTALS	12	62	0	0	0	0	0	0	108	108

Source: Division of Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/792-3510

Source: Division of Health Systems Development  
 Illinois Department of Public Health  
 525 West Jefferson  
 Springfield, Illinois Phone: 217/792-3510

Peak Bed Utilization Chart  
for  
30-Minute Travel Time Contour

Facility Name	City	# of Peak Beds Set-up	Nursing Patient Days	Nursing Occupancy	Admissions	ALOS	Potential Beds (+)Under/(-)over 90%
<b>Hospital Setting</b>							
St. John's Hospital	Springfield	44	8,422	52%	816	10	
<b>Sub-Total</b>		<b>44</b>	<b>8,422</b>	<b>52%</b>	<b>816</b>	<b>10</b>	
<b>Nursing Setting</b>							
Illinois Presbyterian Home	Springfield	15	1,895	35%	48	423	8
Oak Terrace Care Center	Springfield	62	16,664	74%	42	552	10
Regency Nursing Care Residence	Springfield	95	26,050	75%	67	402	14
St. Joseph's Home for Aged	Springfield	65	21,499	91%	38	848	0
Heritage Manor-Springfield	Springfield	177	57,942	90%	630	92	1
Auburn Nursing & Rehab Center	Auburn	67	22,627	93%	110	206	-2
Ashford Court Care Center (1)	Springfield	0	45,784	N/A	279	164	-125
Springfield Terrace, Ltd.	Springfield	65	15,004	63%	12	1250	17
Villa Health Care East	Sherman	99	34,895	97%	223	156	-7
Capitol Care Center	Springfield	225	70,051	85%	439	160	11
Lewis Memorial Christian Village	Springfield	155	53,210	94%	436	122	-6
<b>Sub-Total</b>		<b>1,025</b>	<b>365,621</b>	<b>97.7%</b>	<b>2,324</b>	<b>398</b>	<b>-79</b>
<b>TOTAL</b>		<b>1,069</b>	<b>374,043</b>	<b>95.9%</b>			

(1) Facility closed in May. The facility has not surrendered their license.

Source: 2006 Illinois Department of Public Health Long-Term Care Facility Profiles  
www.mapquest.com

### SECTION III. GENERAL REVIEW CRITERIA

D. **Criterion 1110.230.d, Need for the Project**

Is the need for the project based upon need assessment per Part 1100 or a variance?  Yes  No. If no is indicated, read the criterion and submit the following as applicable:

As per the instructions above, this project is addressing a need as calculated through the State's need methodology per Part 1100 and per the closure of Ashford Court Care Center's 170 beds in May of this year. Although a letter has been written to surrender the license of this facility, the Illinois Health Facilities Planning Board has not acknowledged the closure of this facility by removing the beds from the inventory. However, there is still an identified need for 76 additional beds based on the Board's latest inventory. Thus; this criterion is not applicable. It is important to point out that in addition to the identified need for additional nursing beds, the projections are further supported by the increasing population as illustrated by the State's demographic study, the increasing trend of historical utilization rates, and the large potential pool of referrals which area physicians have documented for the Applicant. The referrals are further supported by the letter of support from St. John's Hospital. This letter acknowledges that annually over 180 local residents are leaving the Sangamon County Planning Area for nursing care services.

ATTACHMENT GRC-4

### SECTION III. GENERAL REVIEW CRITERIA

#### E. Criterion 1110.230.e, Size of Project

1. For any department involved in this project that has a square footage which exceeds the State Norm found in Appendix B of Part 1110 or if no State Norm is shown in Appendix B, provide:

The State Norm applicable to this project is that of the Department identified as *Nursing Care Facilities* according to the *77 Illinois Administrative Code, Chapter II, Subchapter a, Part 1110, Section 1110.Appendix B State and National Norms is 414gsf/bed (total)*. Thus, the allowable total gross square footage for a project of 75 beds would be 31,050 gross square feet. This Applicant is proposing 54,375 gross square feet for this project. This represents an excess square footage of 23,325 gross square foot or approximately 311 GSF/Bed or a total gross square footage per bed of 725 gross square feet.

- a. a rationale explaining how the proposed square footage was determined;

It is important to note that the absolute basis for the proposed project's square footage is the State's licensure standards (*77 Illinois Administrative Code, Chapter I, Subchapter c, Part 300, Subpart N, Section 300.2810 - 300.2940*). These minimum standards are appended as **ATTACHMENT GRC-5A**. From those standards was derived the State's norm of 414 GSF/bed. This project differs from the State norm and minimum standards in six major areas:

#### **Bed Count:**

The Applicant is proposing a total of 73 rooms that includes 71 private rooms and only 2 double rooms. This accounts for 76SF/bed. It should be known that the State's norm was based on the minimum standards that would require only a total of 34 rooms not the

**ATTACHMENT GRC-5**

### SECTION III. GENERAL REVIEW CRITERIA

#### E. Criterion 1110.230.e, Size of Project (Continued ii)

73 being proposed. The 34 rooms could consist of 5 privates, 22 doubles, 1 three bed ward and 6 four bed ward rooms.

#### **Bathrooms and Showers:**

The Applicant is proposing each resident room with its own fully ADA compliant toilet room instead of two rooms sharing a bath, as per the current State's minimum standards. With a minimum of 34 beds rooms required, the State's minimum standards would only require 17 bathrooms. Even with the 73 rooms being proposed, the Applicant could get by with 37 bathrooms. However, today residents demand their own bathroom space and privacy and this area only adds 10.3SF/bed.

In addition to the resident room bathrooms, current standards require only one shower in the nursing unit. The Applicant is proposing to have a shower in each bathroom. This will lengthen each bathroom by 3 feet adding an additional 37.5SF/bed.

#### **Resident Rooms:**

The Applicant is proposing for each of the resident room to add 2 feet of depth to each. This space is needed to create better circulation space and sitting areas and for special equipment within the residents' rooms. This is estimated to add 25SF/bed to the overall square footage.

#### **Corridor Width:**

Under current Skilled Standards, the width for this area is required to be at least 8 feet. The Applicant is proposing 10 feet wide corridors. The corridor width adds approximately 10.3SF/bed. The length of the corridors will also be greatly reduced. By

ATTACHMENT GRC-5

### SECTION III. GENERAL REVIEW CRITERIA

#### E. Criterion 1110.230.e, Size of Project (Continued iii)

not having the 120 foot long corridor as indicated in the current standards 10.7SF/beds is being added to the project. The effect of this detail will be to minimize the institutional appeal of having long narrow hallways.

#### Common Areas:

State IPDH standards require 25 square feet per bed for living, dining, and activity space. The Applicant is proposing multiple common areas for bistros, an ice cream shop, media/theater room, news room, horticulture room, a gift shop, and a library all in addition to the normal living, dining, and activity space. This adds 81.7SF/bed.

#### Physical/Occupational Therapy:

The Applicant's therapy department has a widely varied equipment selection requiring additional floor area of 900 square feet or 24SF/bed. This facility is proposing to focus not on aging-in-place but rather on rehabilitative care to get residents back home.

Unfortunately, the State's norm of square footage per bed does not appear to keep up with the latest changes in codes. The State Norm of four hundred and fourteen (414) gross square feet per bed is a number derived from the minimum standards. This norm was adjusted in the late 1980's/early 1990's as a result of an Americans with Disabilities Act (ADA) ruling. However, regardless of more stringent updates to the national and even more stringent local standards, this number has not since been adjusted. Appended as ATTACHMENT GRC-5B, is a chart of previously approved certificate of need applications for long-term care facilities. The projects as previously approved shows that

ATTACHMENT GRC-5

### SECTION III. GENERAL REVIEW CRITERIA

#### E. Criterion 1110.230.e, Size of Project (Continued iv)

since Calendar Year 2000, the average utilization rate appears to be 527GSF/bed. Further breakdown of the data shows that the square footage per bed is increasing annually.

There are several items as addressed that have been taken into consideration, which as a result, have increased this project's gross square feet per bed. The proposed areas combined provide 22,710 square feet or 302.8 additional square feet per bed. This analysis justifies the total gross square footage from its total of 725 square feet per bed down to 422.2 square feet per bed. This is a smaller project as freestanding nursing units go, which, contributes to the appearance of a relatively high gross square feet per bed. Finally, the proposed project is modest while at the same time providing basic amenities such as enhanced privacy, that are demanded by today's residents.

Therefore, the gross square footage per bed appears reasonable compared to other similarly approved projects.

b. copies of any standards used to determine appropriate square footage;

Appended as ATTACHMENT GRC-5A is a copy of the *77 Illinois Administrative Code, Chapter 1, Subchapter c, Part 300, Subpart N, Section 300.2810 - 300.2940.*

c. architectural drawings showing any design impediments in the existing facility;  
and

This project is for the establishment of a new facility and a category of service, therefore, this item is not germane.

ATTACHMENT GRC-5

### SECTION III. GENERAL REVIEW CRITERIA

#### E. Criterion 1110.230.e, Size of Project (Continued v)

- d. if the project is for the conversion of beds from one category of service to another an explanation as to why the excess space within the facility cannot be more appropriately used for other purposes.

This project is for the establishment of a new facility and a category of service, therefore, this item is not applicable.

**Joint Committee on Administrative Rules**  
**ADMINISTRATIVE CODE**

TITLE 77: PUBLIC HEALTH  
 CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
 SUBCHAPTER c: LONG-TERM CARE FACILITIES  
 PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
 SECTION 300.2810 APPLICABILITY OF THESE STANDARDS

**Section 300.2810 Applicability of these Standards**

a) Applicability of New Construction Requirements

- 1) These standards shall apply to all new Long-Term Care Facilities and major alterations and additions to existing Long-Term Care Facilities. (Major alterations are those that are not defined as minor alterations in subsection (f) of this Section.) Long-Term Care Facilities contemplating construction shall contact the Health Facilities Planning Board for information concerning the current requirements.

- 2) Projects for which working drawings and specifications have received final approval by the Department prior to the promulgation of these Standards will only be required to meet those Standards that were in effect at the time that the final approval was given.

- b) When construction is contemplated, either for new buildings or additions or major alterations to existing buildings coming within the scope of these standards, design development drawings and outline specifications shall be submitted to the Department for review. Approval of design development drawings and specifications shall be obtained from the Department prior to starting final working drawings and specifications. Such approval will be based upon compliance with Section 300.2830. Comments or approval will be provided within 30 days of receipt by the Department.

- c) The final working drawings and specifications shall be submitted to the Department for review and approval prior to beginning of construction. For final approval to remain valid, contracts must be signed within one year of the date of final approval. Alternate methods of design development and construction such as fast track shall be acceptable if equivalency can be proved. Comments of approval will be provided within thirty days of receipt by the Department.

- d) Any contract modifications which affect or change the function, design, or purpose of a facility shall be submitted to the Department for approval prior to authorizing the modifications. Such approval will be based upon compliance with Section 300.2830. Comments or approval will be provided within 30 days of receipt by the Department.

ATTACHMENT GRC-5A

e) The Department shall be notified at least 30 days before construction has been completed. The Department will then complete a final inspection. Deficiencies noted during the final inspection must be completed before occupancy will be allowed.

f) Minor alterations or remodeling changes which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the Long-Term Care Facility is licensed need not be submitted for drawing approval. However, the Health Facilities Planning Board requirements must be met for all alterations and remodeling projects.

g) No system of water supply, plumbing, sewage, garbage or refuse disposal shall be installed, nor any such existing system materially altered or extended until complete plans and specifications for the installation, alteration or extension have been submitted to the Department and have been reviewed and approved. Such approval will be based upon compliance with Section 300.2820.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

## Joint Committee on Administrative Rules **ADMINISTRATIVE CODE**

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER C: LONG-TERM CARE FACILITIES  
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
SECTION 300.2820 CODES AND STANDARDS

### Section 300.2820 Codes and Standards

a) Each facility shall comply with the applicable provisions of the following codes and standards. Any incorporation by reference in this Section of federal regulations or of any standards of a nationally recognized organization or association refers to the regulations and standards on the date specified and does not include any editions or amendments subsequent to the date specified.

- 1) State of Illinois rules
  - A) Illinois Plumbing Code (77 Ill. Adm. Code 890), Department of Public Health
  - B) Illinois Accessibility Code (71 Ill. Adm. Code 400), Capital Development Board
  - C) Food Service Sanitation Code (77 Ill. Adm. Code 750), Department of Public Health
  - D) Boiler and Pressure Vessel Safety Code (41 Ill. Adm. Code 120), Office of the State Fire Marshal
- 2) Codes and standards
  - A) National Fire Protection Association (NFPA), Standard No. 101: Life Safety Code, 2000 Edition (New Health Care Occupancies), including all appropriate references under Chapter 33, and excluding Chapter 5, Performance Based Options, and all other references to performance based options. NFPA 101A: Alternative Approaches to Life Safety shall not be allowed to establish equivalencies for new construction. In addition to the publications referenced in Chapter 33, the following documents shall be applicable for all long-term care facilities:
    - i) NFPA 17A, Standard for Wet Chemical Extinguishing Systems - 2002 Edition
    - ii) NFPA 20, Standard for the Installation of Stationary

### Pumps for Fire Protection - 1999 Edition

- iii) NFPA 22, Standard for Water Tanks for Private Fire Protection - 1998 Edition
  - iv) NFPA 24, Standard for the Installation of Private Fire Service Mains and Their Appurtenances - 2002 Edition
  - v) NFPA 50, Standard for Bulk Oxygen Systems at Consumer Sites - 2001 Edition
  - vi) NFPA 70B, Recommended Practice for Electrical Equipment Maintenance - 2002 Edition
  - vii) NFPA 70E, Standard for Electrical Safety Requirements for Employee Workplaces - 2000 Edition
  - viii) NFPA 80A, Recommended Practice for Protection of Buildings from Exterior Fire Exposures - 2001 Edition
  - ix) NFPA 105, Recommended Practice for the Installation of Smoke-Control Door Assemblies - 1999 Edition
- B) Underwriters' Laboratories, Inc. (UL):
- i) Fire Resistance Directory (2003 Edition)
  - ii) Building Material Directory (2003 Edition)
- C) American Society for Testing and Materials (ASTM) International, Standard No. E90-02 (1999), Standard Test Method for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions and Elements
- D) American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE):
- i) Handbook of Fundamentals, 2001
  - ii) Handbook of Applications, 1999
- E) International Building Code (2000)
- F) American Society of Mechanical Engineers (ASME) International, ANSI/ASME Standard No. A17.1-2000, Safety Code for Elevators and Escalators
- b) In addition to compliance with the standards set forth in this Section, all building codes, ordinances and regulations that are enforced by city, county or other local jurisdictions in which the facility is, or will be, located shall be observed.
- c) Where no local building code exists, the recommendations of the 2000

Edition of the International Building Code shall apply.

- d) The local building code or the recommendations of the 2000 Edition of the International Building Code shall apply insofar as such recommendations are not in conflict with the standards set forth in this Part, or with the National Fire Protection Association Standard No. 101: Life Safety Code, 2000.
- e) Amendments to this Section effective November 15, 2003 supersede all other codes and standards incorporated in this Subpart N.

(Source: Expedited Correction at 28 Ill. Reg. 3528, effective November 15, 2003)

## Joint Committee on Administrative Rules ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
SECTION 300.2830 PREPARATION OF DRAWINGS AND SPECIFICATIONS

### Section 300.2830 Preparation of Drawings and Specifications

- a) The preparation of drawings and specifications shall be executed by or be under the immediate supervision of an architect registered in the State of Illinois.
- b) The first submission shall be the design development drawings indicating in detail the assignment of all spaces, size or areas and rooms, and indicating in outline, the fixed and movable equipment and furniture, and the outline specifications.
- c) The plans shall be drawn at a scale sufficiently large to clearly present the proposed design.
- d) The drawings shall include:
- 1) a plan of each floor including the basement or ground floor,
  - 2) roof plan,
  - 3) plot plan showing roads, parking areas, and sidewalks,
  - 4) elevations of all facades,
  - 5) sections through the building,
  - 6) identification of all fire and smoke compartmentation.
- e) Outline specifications shall provide a general description of the construction including finishes; acoustical material, floor covering; heating and ventilating systems; description of the electrical system including the emergency electrical system and the type of elevators.
- f) The total gross floor area and bed count shall be shown on the drawings.
- g) A brief narrative of the proposed program shall be submitted with the preliminary drawings and outline specifications.
- h) Following approval of the design development drawings and the outline specifications, working drawings and specifications shall be submitted. All

working drawings shall be well prepared and clean and distinct prints shall be submitted. Drawings shall be accurately dimensioned and include all necessary explanatory notes, schedules and legends. Working drawings shall be complete and adequate for contract purposes. Drawings shall be prepared for each of the following branches of work: Architectural, Structural, Mechanical, Electrical and Plumbing.

- 1) The architectural drawings shall show:
  - A) Site plan showing all topography, newly established levels and grades, existing structures on the site (if any), new buildings and structures, roadways, walks, and the extent of the areas to be landscaped. All structures which are to be removed under the construction contract shall be shown.
  - B) Plan of each floor and roof.
  - C) Elevation of each facade.
  - D) Sections through building.
  - E) Elevators and dumbwaiters drawings delineating shaft details and dimensions, sizes of cab platforms and doors, travel distances including elevation height of landings, pit sizes, and machine rooms.
  - F) Kitchen, laundry, clean and soiled utility room, special care areas, and similar areas detailed at a scale to show the locations, type, size and connection of all fixed and movable equipment.
  - G) Scale details as necessary at a scale sufficiently large to properly indicate details of the work.
  - H) Schedule of finishes.
- 2) The structural drawings shall show:
  - A) Plans of foundations, floors, roofs and all intermediate levels shall show the complete design with sizes, sections, and the relative location of the various members including:
    - B) Schedule of beams, girders and columns.
    - C) Notes on design data including the name of the governing building code, values of allowable unit stresses, assumed live loads, wind loads, earthquake load, and soil bearing pressures.
    - D) Details of special connections, openings, pipe sleeves and expansion joints.
    - E) Special structures shall include calculations defining load

assumption, shear and moment diagrams and horizontal and vertical reactions.

- 3) Mechanical drawings with specifications shall show the complete heating, cooling and ventilation systems; plumbing, drainage, stand pipe, and sprinkler systems.

- A) Heating, Cooling and Ventilation.
  - i) Pumps, tanks, boilers and piping and boiler room accessories.
  - ii) Air conditioning systems with required equipment, water and refrigerant piping, and ducts.
  - iii) Supply and exhaust ventilating systems with connections and piping.
  - iv) Air quantities for all rooms including supply and exhaust ventilating duct openings.
- B) Plumbing, Drainage and Stand Pipe Systems.
  - i) Size and elevation of: street sewer, house sewer, house drains, street water main and water service into the building.
  - ii) Location and size of soil, waste, and vent stacks with connections to house drains, cleanouts, fixtures and equipment.
  - iii) Size and location of hot, cold and circulating mains, branches, and risers from the service entrance, and tanks.
  - iv) Riser diagram of all plumbing stacks with vents, water risers and fixture connections.
  - v) Gas, oxygen and similar piped systems.
  - vi) Stand pipe and sprinkler systems.
  - vii) All fixtures and equipment that require water and drain connections.
- 4) Electrical drawings shall show all electrical wiring, outlets, and equipment which require electrical connections.
  - A) Electrical service entrance with switches and feeders to the public service feeders, characteristics of the light and power current, transformers and their connections.
  - B) Location of main switchboard, power panels, light panels and

equipment. Feeder and conduit sizes shall be shown with schedule of feeder breakers or switches.

- C) Light outlets, receptacles, switches, power outlets, and circuits.
  - D) Telephone layout showing service entrance, telephone switchboard, strip boxes, telephone outlets and branch conduits as approved by the telephone company. Where public telephones are used for inter-communication, provide separate room and conduits for racks and automatic switching equipment as required by the telephone company.
  - E) Nurses' call systems with outlets for beds, duty stations, corridor signal lights, annunciators and wiring diagrams.
  - F) Fire alarm system with stations, signal devices, control board and wiring diagrams.
  - G) Emergency electrical system with outlets, transfer switch, source of supply, feeders, and circuits.
  - H) All other electrically operated systems and equipment.
- 5) When the project is an addition, details and information on the existing building shall be provided as follows:
- A) Type of activities within the existing building and distribution of existing beds.
  - B) Type of construction of existing building and number of stories in height.
  - C) Plans and details showing attachment of new construction to the existing structure.
  - D) Mechanical and Electrical systems showing connections to the existing system.
  - E) The Department may require submission of drawings of all or any part of the existing structure, depending upon the extent of the modification.
  - 6) Specifications shall supplement the drawings and shall: Describe, except where fully indicated and described on the drawings, the materials, workmanship, kind, sizes, capacities, finishes, and other characteristics of all materials, products, articles and devices.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

## Joint Committee on Administrative Rules **ADMINISTRATIVE CODE**

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER C: LONG-TERM CARE FACILITIES  
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
SECTION 300.2840 SITE

### Section 300.2840 Site

- a) The facility shall be located on a reasonably flat or rolling, well drained site that is not subject to flooding; reasonably free from sources of excessive noise, noxious or hazardous smoke or fumes; not in deteriorated, unpleasant, or potentially hazardous area, and not near uncontrolled sources of insect and rodent breeding.
- b) The facility shall be located so that the building or buildings can comply with all applicable local zoning ordinances, building restrictions and fire safety requirements. The Department may have additional requirements if the proposed locations of the building or buildings on the site would result in a hazard to or be detrimental to the health, welfare, or safety of the residents in the facility. These additional requirements shall include, but are not limited to fences, stairs, and other types of barriers to prevent residents from injury.
- c) The facility shall be served by a potable water supply with water pressure and volume that is acceptable to the Department. (B)
- d) The distance from the fire station, the accessibility of the facility, and capability of the fire department must be approved in writing by the Office of the State Fire Marshal. (B)
- e) The facility shall have at least one municipal or private fire hydrant, located within 300 feet of every point on the perimeter of the building and satisfactory for use by the equipment of the fire department serving the building, or have an acceptable equivalent. Additional hydrants may be required if needed to properly protect the residents from fire hazards. Evaluation and written approval must be obtained from the Office of the State Fire Marshal. (B)
- f) Plans showing the proposed building location must be submitted to the Illinois Department of Transportation, Division of Water Resources to determine compliance with the State Flood Plain Regulations and Executive Order IV, 1979.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

**Joint Committee on Administrative Rules**  
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TITLE 77: PUBLIC HEALTH  
CHAPTER 1: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
SECTION 300.2850 ADMINISTRATION AND PUBLIC AREAS

**Section 300.2850 Administration and Public Areas**

- a) Facilities for the physically handicapped (public, staff and residents) shall be provided in administration and public areas as well as in resident areas.
- b) Lobby shall include a reception and information counter or desk, waiting space, and public telephones. See Illinois Plumbing Code for drinking fountains and toilet facilities requirements for staff and visitors.
- c) General or Individual Office shall have sufficient space to accommodate the following functions: Administrative, Business/Financial Transactions, Professional Staff (Director of Nursing, Food Service Supervisor, Activity Director, Social Service Director), and Professional Consultants (Medical Director, Pharmacist, Dietitian, Social Worker).
- d) Multipurpose room shall be provided for conferences, meetings, interviews, and educational purposes.
- e) Provide adequate space for recording, reviewing and storing resident records.

(Source: Amended at 13 Ill. Reg. 4884, effective March 24, 1989)

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TITLE 77: PUBLIC HEALTH  
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PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
SECTION 300.2860 NURSING UNIT

**Section 300.2860 Nursing Unit**

- a) The number of resident beds in a nursing unit shall not exceed 75 beds.
  - 1) Not less than 60 percent of the resident beds shall be in one or two bed rooms.
  - 2) Not less than three percent of the total number of the beds in the facility shall be located in single bed rooms with a private bath, water closet and lavatory.
- b) General Requirements for Bedrooms
  - 1) Resident bedrooms shall have an entrance directly off a corridor with an entrance door which swings into the room.
  - 2) Resident bedrooms shall have adequate and satisfactory artificial light and be equipped in accordance with Section 300.2940(a)2 and (e)(1).
  - 3) Residents shall have access to a toilet room without entering the general corridor area.
  - 4) The facility shall provide a closet or wardrobe of at least four square feet for each resident.
  - 5) Resident bedroom floors shall be at or above grade level.
  - 6) Each room used as a resident bedroom shall have at least one outside window, and a total window area to the outside equal to at least one-tenth the floor area of the room.
  - 7) A nurses' call system shall be provided in accordance with Section 300.2940(g). (B)
  - 8) Complete visual privacy shall be provided for each resident in multibed rooms. Design for privacy shall not restrict resident access to the entry, lavatory, nor toilet.
  - 9) No resident bedroom shall be located more than 120 feet from the

nurses' station, clean utility room, and soiled utility room.

c) Resident Bedrooms

- 1) Single resident bedrooms shall contain at least 100 square feet. Multiple resident bedrooms shall contain at least 80 square feet per bed. Minimum usable floor area shall be exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, or clearly definable entryways.
- 2) Multiple resident bedrooms shall not have more than four beds nor more than three beds deep from an outside wall. All beds shall have a minimum clearance of three feet at the foot and sides of the bed.

d) Special Care Room

- 1) The facility shall provide a special care room for each nursing unit.
- 2) This room shall be provided with a private toilet room containing water closet, lavatory, bathtub or shower and all other necessary facilities to meet the resident's needs. (B)
- 3) This room shall be located to allow direct visual supervision from the nurses' station.
- 4) This room shall be included in the authorized maximum bed capacity for the facility.
- 5) It is permissible for the room to be occupied by a resident, not in need of special care, provided the resident is clearly informed and understands he or she will be immediately transferred out of the room any time of day or night, whenever the room is needed to care for a resident requiring special care.

e) Nurses' Station (B)

- 1) The facility shall provide a minimum of one nursing station per unit with direct access to the corridor for each nursing unit. The location of this station shall allow visual control without the use of mirrors of each resident sleeping corridor. Separation shall be provided from the utility rooms.
- 2) One or more nursing units may be combined at a central nursing station if sufficient space is provided for all nursing functions.
- 3) A lounge with toilet room shall be provided near each station for nursing staff. Lockers for safekeeping of coats and personal effects may be provided within this space or in a convenient central location.

f) Bath and Toilet Rooms

- 1) The resident bedroom toilet room shall serve no more than two resident rooms nor more than eight beds. The toilet room shall

contain a water closet and a lavatory. The lavatory may be omitted from the toilet room when the resident room contains a lavatory.

- 2) The facility shall provide one wheelchair resident toilet room for each sex residing in a nursing unit. The room shall be accessible from the corridor. This room shall contain a water closet and lavatory.
  - 3) Wheelchair resident toilet rooms are not required when all resident toilet rooms can accommodate wheelchair residents.
  - 4) The facility shall provide one training toilet room on each nursing floor, which is accessible from the corridor. Three-foot clearance at the front and both sides of the water closet shall be provided. This room shall contain a lavatory accessible for wheelchair use.
  - 5) The facility shall provide one bathtub or shower for each ten resident beds per nursing unit which are not served by bathing or showering facilities in resident rooms.
  - 6) All shower stalls for residents not needing assistance shall be at least three feet square and shall have no curb.
  - 7) The facility shall provide at least one bathtub for assisted bathing per nursing unit. There shall be a clear area at least three feet wide at both sides and one end of the tub.
  - 8) The facility shall provide at least one shower stall for assisted showering per nursing unit. The shower stall shall be at least four feet square with no curb.
  - 9) The facility shall provide a toilet room with a water closet and lavatory, accessible to the assisted bathtub and shower without entering the general corridor. This room may be arranged to serve as the training toilet facility.
  - 10) Grouped bathing and toilet facilities shall be partitioned or curtained for privacy.
- g) Utility Rooms
- 1) The clean utility room shall have direct access to a corridor or access may be through the nurses' station entrance. This room shall contain work counters, single or double compartment sink with integral drainboard, storage cabinets, and an autoclave. (Autoclave may be waived in lieu of other methods if sterilization is approved by Department.)
  - 2) A clean linen storage room or closet within the clean utility room shall be provided. If a closed cart system is used, storage may be in an alcove.
  - 3) The soiled utility room shall have direct access to a corridor. This room shall contain work counters, storage cabinets, and a clinical firm

flush sink. The room shall also contain a three compartment sink with integral drainboard if chemical sanitizing procedures are used, or a double compartment sink with integral drainboard if a utensil sanitizer is used (See Section 300.2430).

- 4) The charging room for a linen chute shall be large enough to unload the collecting cart with the door closed.

h) Medication Facilities

- 1) A medication station shall be provided for convenient and prompt 24 hour distribution of medicine to residents. The medicine preparation room shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs. A sink for handwashing and preparation of medication shall be provided in the medication preparation room.

- 2) If medicine dispensing carts are used, a specific storage space for the cart shall be provided, which may be located in the nurses' station or in an alcove or other space under the direct control of the nursing staff. A sink for handwashing and preparation of medication shall be provided in the nurses' station.

- i) A nourishment station shall be provided with a handwashing sink and equipment including refrigerator, and storage cabinets for serving nourishment between scheduled meals. Ice for residents' use shall be provided only by icemaker dispenser units.

- j) A room for examination and treatment of residents shall be provided and shall have a minimum floor area of 100 square feet, excluding space for vestibule, closets and work counters (whether fixed or movable). The minimum room dimension shall be ten feet. The room shall contain a lavatory or sink equipped for handwashing; a work counter; storage facilities; and a desk, counter, or shelf space for writing.

- k) An equipment storage room shall be provided for storage of equipment such as I.V. stands, inhalators, air mattresses, walkers, and wheelchairs.

- l) Parking space for wheelchairs shall be provided and located out of path of normal traffic.

(Source: Amended at 18 Ill. Reg. 1491, effective January 14, 1994)

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SUBCHAPTER C: LONG-TERM CARE FACILITIES  
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
SECTION 300.2870 DINING, LIVING, ACTIVITIES ROOMS

### Section 300.2870 Dining, Living, Activities Rooms

- a) The combined area of these rooms shall not be less than 25 square feet per resident bed.
- b) Provide a minimum of one dining room with at least ten square feet per resident bed. Provide facilities to allow individual feeding of residents on their sleeping floor if they are not able to feed themselves. Dining area provided for this function may be included in the required area.
- c) Provide a minimum of one comfortably furnished living room on each floor in multiple story buildings having a total window area of at least one-tenth the floor area.
- d) Provide activities room based on program requirements. This room may be combined with the living or dining room.
- e) Locate these rooms so that they are not an entrance vestibule from the outside.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

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SECTION 300.2880 THERAPY AND PERSONAL CARE

**Section 300.2880 Therapy and Personal Care**

- a) Physical and occupational therapy facilities shall be provided as may be required by Section 300.1420.
- b) A separate room shall be provided with appropriate equipment for hair care and grooming needs of the residents.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

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SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
SECTION 300.2890 SERVICE DEPARTMENTS

**Section 300.2890 Service Departments**

- a) Dietary facilities shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750) Food service facilities shall be designed and equipped to meet the requirements of the Narrative Program. These may consist of an on-site conventional food preparing system, a convenience food service system, or an appropriate combination of the two. (B)
- b) The kitchen, consisting of food preparation, cooking and serving areas, shall be approximately ten square feet per resident bed with a minimum area of at least 200 square feet. It shall be properly located for efficient food service, and be large enough to accommodate the equipment and personnel needed to prepare and serve the number of meals required. (B)
- c) The following facilities shall be provided as required to implement the type of food service selected:
  - 1) A control station shall be provided for receiving food supplies.
  - 2) Storage space shall be adequate to provide normal and emergency supply needs, approximately two and one half square feet per patient bed, for bulk and daily food storage, located in a room convenient to the kitchen.
  - 3) Food Preparation Facilities Conventional food preparation systems require space and baking. Convenience food service systems such as frozen prepared meals, bulk packaged entrees, and individual packaged portions, or systems using contractual commissary service require space and equipment for thawing, portioning, heating, cooking, or baking.
  - 4) Handwashing facilities shall be located in the food preparation area.
  - 5) Residents' meal service facilities shall be provided as required for tray assembly and distribution.
  - 6) Warewashing space shall be located in a room or an alcove separate from food preparation and serving areas. Commercial type dishwashing equipment shall be provided. Space shall also be

provided for receiving, scraping, sorting, stacking and loading soiled tableware and for transferring clean tableware to the using areas. A handwashing lavatory shall be provided. (B)

- 7) Potwashing facilities shall be located conveniently for washing and sanitizing cooking utensils. (B)
- 8) Storage areas shall be provided for cans, carts, and mobile tray conveyors.
- 9) Waste storage facilities shall be located in a separate room easily accessible to the outside for direct pickup or disposal.
- 10) An office or desk space shall be provided for the dietitian or dietary services manager.
- 11) Toilets shall be accessible to the dietary staff. Handwashing facilities shall be immediately available.
- 12) A janitors' closet for the exclusive use of the food preparation areas shall be located within the dietary department. It shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.
- 13) Self-dispensing ice-making facilities shall be provided.
- 14) Provide adequate can, cart and mobile tray washing facilities as required.

d) Linen Service

- 1) Provide a laundry room with commercial type equipment designed to meet the needs of the facility unless a commercial laundry service is used.
- 2) The laundry facilities shall be designed to provide for the processing of linens from soiled linen receiving/sorting through washing, through drying, through clean linen inspection, folding and storage, maintaining a separation between soiled and clean functions.
- 3) Provide for the storage of laundry supplies and carts.
- 4) If washers and dryers are provided for personal use of residents, they shall be located in a room separate from the facility's laundry room.

e) Housekeeping and Storage

- 1) Sufficient janitor's closets shall be provided throughout the facility as required to maintain a clean and sanitary environment. Each shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. Space for large housekeeping equipment and for back-up supplies may be centrally

located.

- 2) Provide a total area of approximately ten square feet per resident bed for the storage areas designated in this service department. This does not include closets or wardrobes in residents' rooms. Separate storage space with provisions for locking and security control shall be provided for residents' personal effects which are not kept in residents' bedroom.
- 3) Provide storage rooms for maintenance supplies, and yard equipment.

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

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CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER 6: LONG-TERM CARE FACILITIES  
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
SECTION 300.2900 GENERAL BUILDING REQUIREMENTS

### Section 300.2900 General Building Requirements

#### a) Elevators

- 1) Have a minimum of one elevator in all buildings of two or more stories in height. The basement shall be considered as one story if it is used by residents. (B)
- 2) If 80 to 200 beds are located above the first floor, at least one additional elevator shall be provided.
- 3) For facilities with more than 200 beds, the number of elevators shall be determined from a study of the use requirements and the estimated vertical transportation requirements.
- 4) A minimum of one car shall be of institutional type having inside dimensions that will accommodate a stretcher and attendants and shall be at least five feet by seven feet, six inches. The car door shall have a clear opening of not less than three feet, eight inches.
- 5) Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type.
- 6) Elevator controls, alarm buttons, and telephones shall be accessible to physically handicapped in accordance with Capital Development Board rules entitled "Illinois Accessibility Code" (77 Ill. Adm. Code 400).
- 7) Elevator call buttons, controls, and door safety stops shall be of a type that will not be activated by heat or smoke. (B)
- 8) Elevators, except freight elevators, shall be equipped with a two-way special service key operated switch to permit cars to bypass all landing button calls and be dispatched directly to any floor. (B)
- 9) Fireman's emergency operations shall be furnished in accordance with American National Standards Institute Standard A17.1 Elevator Safety Code. (B)
- 10) Inspections and tests shall be made and written certification be

furnished that the installation meets the requirements set forth in this section and all applicable safety regulations and codes. (B)

#### b) Handrails and Grab Bars

- 1) Handrails shall be provided on both sides of all corridors and ramps used by residents. (B)
  - 2) Handrails shall be provided on all sides of an elevator cab not provided with a door. (B)
  - 3) Handrails on stairs used by residents shall be provided on both sides of the stairs including the platforms and landings. (B)
  - 4) Handrail dimensions and details shall conform to the Capital Development Board rules entitled "Illinois Accessibility Code" (71 Ill. Adm. Code 400). It is recommended that handrails be installed at a height of 32 inches measured vertically from the floor surface. (B)
  - 5) Grab bars shall be provided for all resident use toilets, showers, and tubs. (B)
  - 6) The ends of handrails and grab bars shall return to the wall. (B)
- #### c) Ceiling Heights
- 1) All rooms occupied or used by residents shall have ceilings not less than eight feet.
  - 2) Corridors, storage rooms, toilet rooms and other minor rooms shall have ceilings not less than seven feet, eight inches.
  - 3) Suspended tracks, rails and pipes located in the path of traffic shall be no less than six feet eight inches above the floor.
  - 4) Boiler room shall have ceiling clearances not less than two feet six inches above the main boiler header and connecting piping.
- #### d) Doors and Windows
- 1) Main entrance and all exit doors shall swing outward and be provided with door closers and panic hardware. (B)
  - 2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. (B)
  - 3) Locks installed on resident bedroom doors shall be so arranged that they can be quickly and easily unlocked from the corridor side. All such locks shall be arranged to permit exit from the room by a simple operation without the use of a key. The door may be lockable by the

occupant if the door can be unlocked from the corridor side and keys are carried by the staff at all times. (B)

- 4) Resident toilet rooms shall open directly into a corridor or into a resident bedroom. (B)
- 5) The doors for the toilet rooms used by residents shall have a minimum door width of three feet. (B)
- 6) No toilet or bathroom door shall be provided with hardware which could allow a resident to become locked in the room. All toilet or bathroom doors and hardware shall be designed to permit emergency egress to the room. (B)
- 7) Doors and windows shall fit snugly and be weather tight, yet open and close easily.
- 8) Outside doors, other than required exits, and operable windows shall be equipped with tight-fitting, 16 mesh screens. Screen doors shall be equipped with self-closing devices.
- 9) All doors to resident's sleeping rooms shall be provided with automatic closers actuated by smoke detectors in the resident room. The doors shall normally be free swinging in the open and close directions, and be designed so they will remain in any position except when they are actuated by the detector. They shall then close gently and shall latch when closed. When so actuated they shall automatically close again if opened manually. Each door shall be equipped with a light mounted on the wall adjacent to the door. The light shall illuminate if the door has been closed as a result of the actuation of the controlling smoke detector. Each door closer will be actuated only when its own detector annunciates a fire. In addition, a centrally located monitor shall contain signals which identify the resident room in which the smoke detector has signaled the alarm. The system shall be wired into the fire alarm system. (B)

e) Floors

- 1) Floors shall be smooth, free from cracks and finished so that they can be easily and properly cleaned. Floors shall be covered wall to wall with water resistant material in wet areas including but not limited to bathrooms, kitchens, utility rooms. (B)
- 2) Thresholds and expansion joints shall be flush with the floor to facilitate use of wheelchairs and carts.
- f) Mirrors shall be installed above all lavatories except handwashing lavatories in food preparation areas, or in clean and sterile supply areas or at nurses handwashing sink.
- g) Provide paper towel dispensers and waste receptacles or electric hand dryers at all lavatories.

h) Rooms containing heat-producing equipment (such as boiler or heater rooms and laundry rooms) shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 10°F above the ambient room temperature.

i) Sound Transmission Limitation

- 1) Recreation rooms and exercise rooms, and similar spaces where impact noises may be generated, shall not be located directly over resident bed areas unless special provisions are made to minimize such noise.
- 2) Sound transmission limitations shown in Table A shall apply to partitions, floors, and ceiling construction in resident areas.

j) Hazardous Areas, Fire Extinguishers and Miscellaneous

- 1) Interior finish flame spread ratings shall be in accordance with the National Fire Protection Association, Life Safety Code Standard 101, Standards for Flame Spread and Smoke Emission Ratings. (B)
- 2) There shall be at least one approved fire extinguisher in all basements, furnace rooms, and kitchens, laundry rooms and beauty shops. In addition, there shall be on each floor of the building, extinguishers located so a person will not have to travel more than 50 feet from any point to reach one. They shall be inspected annually and recharged when necessary. The date of checking and recharging shall be recorded on a tag attached to the extinguisher. (B)
- 3) Approved containers with proper covers shall be provided for daily storage of rubbish. (B)
- 4) Housekeeping throughout the building, including basements, attics, and unoccupied rooms shall be adequately performed to minimize all fire hazards. (B)
- 5) Comply with any reasonable additional fire protection measures recommended by the Department over and above these requirements or the Office of the State Fire Marshal if conditions in and around building, including its location, indicate that such additional protection is needed. Additional fire protection measures shall include, but are not limited to the institution of a fire watch, installation of a sprinkler system, and installation of smoke detectors. (B)
- k) Have no other business not related to health care conducted in the building that constitutes a hazard or annoyance to the residents. In any case, the business shall be in a segregated portion of the building and shall have a separate entrance. (A, B)

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

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SUBCHAPTER C: LONG-TERM CARE FACILITIES  
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
SECTION 300.2910 STRUCTURAL

## Section 300.2910 Structural

### a) General Design Requirements

- 1) The buildings and all parts thereof shall be of sufficient strength to support all dead, live, and lateral loads without exceeding the working stresses permitted for the materials of their construction in generally accepted good engineering practice. (B)
  - 2) Special provision shall be made for loads which have a greater load than the specified minimum live load, including partitions which are subject to change of location. (B)
- b) Construction shall be in accordance with the requirements of National Fire Protection Association Standard 101, Life Safety Code, and the minimum requirements contained herein. (A, B)

- 1) Foundations shall rest on natural solid ground and shall be carried to a depth of not less than one foot below the estimated frost line or shall rest on leveled rock or load-bearing piles or caissons when solid ground is not encountered. Footings, piers, and foundation walls shall be adequately protected against deterioration from the action of ground water. It is recommended that soil test borings be taken to establish proper soil-bearing values for the soil at the building site.

- 2) Assumed live loads shall be in accordance with the International Conference Building Officials Uniform Building Code.
- 3) The fire resistance rating of the structural members shall be as established by National Fire Protection Association Standard 220 (Standard Types of Building Construction).

### c) Provisions for Natural Disasters (B)

- 1) Earthquakes: In regions where local experience shows that earthquakes have caused loss of life or extensive property damage, buildings and structures shall be designed to withstand the force assumptions specified in the International Conference Building Officials Uniform Building Code. Seismic zones are identified on the attached map. (B)

- 2) Tornadoes and Floods: Special provisions shall be made in the design of buildings, including structural design, in regions where local experience shows loss of life or damage to buildings resulting from hurricanes, tornadoes, or floods. (B)

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

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SECTION 300.2920 MECHANICAL SYSTEMS

### Section 300.2920 Mechanical Systems

#### a) General Requirements

- 1) Mechanical systems shall be tested, balanced, and operated to demonstrate that the installation and performance of these systems conform to the requirements of these standards.
- 2) Upon the completion of the contract, the owner shall be furnished with a complete set of manufacturer's operating and preventative maintenance instructions, parts list with numbers and descriptions for each piece of equipment and a copy of the air-balance report. A complete set of these documents shall be kept on the premises.
- 3) The owner shall be provided with instructions in the operational use of the systems and equipment as required.

#### b) Thermal and Acoustical Insulation

- 1) Insulation shall be provided for the following:
  - 2) Boilers, smoke breeching, and stacks.
  - 3) Steam supply and condensate return piping. (B)
  - 4) Hot water piping above 180 degrees Fahrenheit and all hot water heaters, generators, and converters.
  - 5) Hot water piping above 125 degrees Fahrenheit which is exposed to contact by residents. (B)
  - 6) Chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point
  - 7) Water supply and drainage piping on which condensate may occur.
  - 8) Air ducts and casings with outside surface temperatures below ambient dew point.
  - 9) Other piping, ducts, and equipment as necessary to maintain the

efficiency of the system.

- 10) Insulation may be omitted from hot water and steam condensate piping not subject to contact by residents when such insulation is not necessary for preventing excessive system heat loss or excessive heat gain.

- 11) Insulation including finishes and adhesives on exterior surfaces of ducts, pipes, and equipment shall have a flame spread rating of 25 or less and a smoke developed rating of 150 or less as determined by an independent testing laboratory in accordance with American Society Testing Materials Standard E84. (B)

Exception: Duct, pipe and equipment coverings shall not be required to meet these requirements where they are located entirely outside of a building, or do not penetrate a wall or roof or do not create an exposure hazard.

- 12) Access for filter changing shall be provided within equipment rooms.

c) Steam and Hot Water Systems. Supply and return mains and risers for cooling, heating and process steam systems shall be valved to isolate the various sections of each system. Each piece of equipment shall be valved at the supply and return ends.

d) Thermal Hazards. Any surface exceeding a temperature of 140 degrees Fahrenheit (such as radiators, hot water or steam pipes, baseboard heaters, or therapy equipment) that is accessible to residents shall be provided with partitions, screens, shields, or other means to protect residents from injury. Any protective device shall be designed and installed so that it does not present a fire or safety hazard or adversely affect the safe operation of the equipment

e) Heating, Cooling, and Ventilating Systems

- 1) A design temperature of 75 degrees Fahrenheit for both summer and winter design conditions shall be provided for all resident use areas including corridors.
- 2) All ventilation supply, return and exhaust systems shall be mechanically operated.
- 3) Outdoor air intakes shall be located as far as practical but not less than 15 feet from the exhaust outlets of ventilation systems, combustion equipment stacks, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical but not less than six feet above ground level, or if installed above the roof, three feet above roof level.
- 4) The ventilation systems shall be designed and balanced to provide the pressure relationships and ventilation rates as shown in Table B. (B)

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SECTION 300.2930 PLUMBING SYSTEMS

- 5) A manometer shall be installed across each filter bed serving central air systems.
- 6) Air conditioning and ventilation systems shall be designed, installed and maintained as required by National Fire Protection Association Standard 90A. (A, B)
- 7) The hood and duct system for cooking equipment used in processes producing smoke or grease-laden vapors shall be in conformance with National Fire Protection Association Standard 96. That portion of the fire extinguishment system required for protection of the duct system may be omitted when all cooking equipment is served by a grease extractor listed by Underwriter's Laboratory or other independent testing laboratories. (A, B)
- 8) The ventilation of the medical gas storage room shall conform to the requirements of National Fire Protection Association Standard 58A "Inhalation Anesthetics" including the gravity option system. (B)
- 9) Boiler rooms and other rooms having combustion equipment shall be provided with sufficient outdoor air to maintain combustion rates of equipment and limit temperatures to 97 degrees Fahrenheit. Effective Temperature as defined by American Society Heating Refrigeration Engineers Handbook of Fundamentals. (A, B)
- 10) Rooms containing heat producing equipment, such as boiler rooms, heater rooms, food preparation centers, laundries, and sterilizer rooms shall be insulated and ventilated to prevent any floor surface above from exceeding a temperature of 10 degrees Fahrenheit above the ambient temperature. The ventilation rates shown in Table B shall be considered as minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates.

(Source: Amended at 14 Ill. Reg. 14950, effective October 1, 1990)

### Section 300.2930 Plumbing Systems

- a) General Requirements. All plumbing systems shall be designed and installed in accordance with the requirements of the Illinois Plumbing Code (77 Ill. Adm. Code 890) except that the number of resident required water closets, lavatories, bathtubs, showers, and other fixtures shall be as required by this Part and the facility program. (B)
- b) Plumbing Fixtures
  - 1) Plumbing fixtures shall be of non-absorptive acid-resistant materials.
  - 2) The water supply spout for lavatories and sinks required for filling pitchers for nursing staff and food handlers' handwashing, shall be mounted so that its discharge point is a minimum distance of five inches above the rim of the fixture. (B)
  - 3) Handwashing lavatories used by nursing staff and food handlers shall be trimmed with valves which can be operated without the use of hands. When blade handles are used for this purpose, the blade handles shall not exceed four and one half inches in length, except the handles on clinical sinks shall not be less than six inches in length.
  - 4) Clinical rim flush sinks shall have an integral trap in which the upper portion of the trap seat provides a visible water surface.
  - 5) The potwashing sink shall be a three compartment sink with one compartment at least 14 inches deep.
  - 6) Shower bases and tub bottoms shall be designed with nonslip surfaces. (B)
- c) Water Supply Systems
  - 1) Water supply systems shall be designed to supply water at sufficient pressure and volume to operate all fixtures and equipment during maximum demand periods.
  - 2) Each water service main, branch main, riser and branch to a group

of fixtures shall be valved. Stop valves shall be provided at each fixture.

- 3) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers.
- 4) Hot water distribution systems shall be arranged to provide hot water of at least 100 degrees Fahrenheit at each hot water outlet at all times.
- 5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. (A, B)
- 6) Each hot water system serving resident areas shall include at least one of the following equipment requirements to insure that the water temperature does not exceed 110 degrees Fahrenheit.
  - A) A thermostatically controlled mixing valve, or
  - B) An aquastat which limits the water temperature in the water heater to a maximum temperature of 110 degrees Fahrenheit and a solenoid operated shut off valve activated by a sensing element in the water line which shuts off the water and activates an alarm at the nurses station when the water temperature exceeds 110 degrees Fahrenheit. (A, B)

d) Hot Water Heaters and Tanks

- 1) Capacity and Temperature Requirements
  - A) The hot water heating equipment shall have sufficient capacity to supply water at the temperature and quantities in the following areas:

	Resident Service	Dietary	Laundry
gallons/hour/bed Temperature (degrees Fahrenheit)	6½	4	4½
	110	140*	180

\*180 degrees Fahrenheit water required at dishwasher and pot and pan sink.

- B) Water temperatures to be taken at the point of use or discharge of the hot water or inlet to processing equipment.
- 2) Water storage tanks shall be fabricated of corrosion resistant metal or lined with noncorrosive material.
- e) Drainage Systems. Insofar as possible drainage piping shall not be installed above the ceiling nor installed in an exposed location in food preparation centers, food serving facilities, food storage areas, and other

critical areas. Special precautions shall be taken to protect these areas from possible leakage or condensation from necessary overhead piping systems. (B)

- f) Nonflammable Gas Systems. Nonflammable medical gas systems if installed shall be in accordance with the requirements of National Fire Protection Association Standards 56A and 56F. (B)
- g) Clinical Vacuum (Suction) Systems. Clinical vacuum systems if installed shall be in accordance with the requirements of the Compressed Gas Association Pamphlet P-2.1. (B)
- h) Fire Extinguishing Systems
  - 1) A complete automatic sprinkler system shall be installed throughout all facilities regardless of construction type. (A, B)
  - 2) All sprinkler and other fire extinguishing systems shall be designed and installed in accordance with National Fire Protection Association Standard 101 and referenced codes. (A, B)
  - 3) All sprinkler systems shall be maintained in accordance with National Fire Protection Association Standard 13A. (A, B)

(Source: Amended at 14 Ill. Reg. 14950, effective October 1, 1990)

# Joint Committee on Administrative Rules ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES  
PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE  
SECTION 300.2940 ELECTRICAL SYSTEMS

## Section 300.2940 Electrical Systems

### a) General Requirements

- 1) All material including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics and capacity to supply the electrical facilities required by these standards. All materials shall be listed as complying with available standards of Underwriters' Laboratories, Inc. or other similarly established standards. (B)
- 2) All electrical installations and systems shall be tested to show that the equipment is installed and operates as planned or specified and be in accordance with these standards. (A, B)
- 3) The installation shall meet all the requirements of the latest "National Electrical Code". (A, B)
- b) Switchboards and Power Panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure accessible only to authorized persons. The switchboard shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in a dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in ambient temperature conditions.

c) Panelboards. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to emergency system circuits.

### d) Lighting

- 1) All spaces occupied by people, machinery, and equipment within buildings, approaches to and exits from buildings, and parking lots shall have lighting.
- 2) Resident's rooms shall have general lighting. A reading light shall be provided for each resident. At least one light fixture shall be

switched at the entrance to each resident room. All switches for control of lighting in resident's sleeping areas shall be of the quiet operating type.

### e) Receptacles (Convenience Outlets)

- 1) Each resident bed room shall have duplex grounding type receptacles as follows: One located each side of the head of each bed; one for television if used; and one on another wall. Receptacles are to be located between 12 to 30 inches above the finished floor. (B)
- 2) Resident bathrooms shall have at least one duplex receptacle.
- 3) See Article 517 of National Fire Protection Association Standard 70 for grounding requirements.
- 4) Duplex receptacles shall be installed approximately 50 feet apart in all corridors and within 25 feet of ends of corridors.

### f) Door Alarm System

Each exterior door shall be equipped with a signal that will alert staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. (B)

### g) Nurses' Calling System

- 1) Each resident room shall be served by at least one calling station and each bed shall be provided with a call station. One call station may serve two adjacent beds. Call shall register at the nurses' station and shall activate a visible signal in the corridor at the resident's door, and in the nurse's station. In multicorridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing two or more calling stations, identifying lights shall be provided at the nurse's station. (B)
- 2) A nurses' call station shall be provided for residents' use at each resident's toilet, bath, and shower location. The cord shall be long enough to reach within six inches of the floor. (B)

### h) Fire Alarm System

- 1) A manually and automatically operated fire alarm system shall be installed. (A, B)
- 2) Automatic smoke detectors shall be installed in all resident sleeping rooms and at 30 feet on center in all corridors other than sleeping area corridors. (A, B)

### i) Emergency Electrical System

- 1) To provide electricity during an interruption of the normal electric

supply, an emergency source of electricity shall be provided and connected to certain circuits for lighting and power. The emergency system shall consist of the life safety branch and the critical branch. (B)

- 2) The source of this emergency electrical service shall be an emergency generating set or an approved dual source of normal power. (B)
- 3) Life Safety Branch, Automatic Transfer ten Seconds.
  - A) Illumination of means of egress as necessary for corridors, passageways, stairways, landings and exit doors, and all ways of approach to and through exits. (A, B)
  - B) Exit signs and exit directional signs. (A, B)
  - C) Sufficient lighting in dining room and recreation areas to provide illumination to exit ways. (A, B)
  - D) Fire alarms activated at manual stations, by electric water flow alarm devices in connection with sprinkler systems, and by all automatic detection systems. (A, B)
  - E) Communication systems, where these are used for issuing instructions during emergency conditions. (A, B)
  - F) Task illumination, and selected receptacles at the generator set location. (B)

4) Critical Branch, Automatic Transfer ten Seconds

- A) Task illumination and selected receptacles in the nurse's station including the medication preparation area. (B)
- B) Sump pumps and other equipment required to operate for the safety of major apparatus including associated control systems and alarms. (B)
- C) Elevator cab lighting and communication systems. (B)
- D) Nurses' call system (B)

5) Critical Branch, Automatic or Manual Systems Heating equipment to provide heating for patient rooms. EXCEPTION: Where the facility is served by two or more electrical services supplied from separate generators or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources is not likely to cause an interruption of more than one of the facility service feeders. (B)

6) Details

A) The life safety and critical branch shall be in operation within ten seconds after the interruption of normal electric power supply. (B)

B) Receptacles connected to emergency power shall be distinctively marked. (B)

C) The emergency generator shall not be solely dependent upon a public utility gas system for the fuel supply. Means shall be provided for automatically transferring from one fuel supply to another where dual fuel supplies are used. (B)

D) Where fuel storage facilities are provided on the site, the fuel tank shall have minimum capacity for 24 hour operation of the generator. (B)

(Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)

Long-Term Care CON Projects  
Previously Approved by the Board

IHFPB Project #	Facility Name	# of Nrsg Beds	Nursing GSF	Nursing GSF/Bed
00-036	Classic Residence by Hyatt at the Glen (CCRC)	38	24,137	635.2
01-013	John J. Kelly Illinois Veterans' Home	58	25,039	431.7
01-062	Clinton Manor	60	24,840	414.0
02-012	Hawthorne Inn of Princeton (campus)	59	24,400	413.6
02-023	Meridian Village (CCRC)	39	15,897	407.6
02-036	Smith Crossing (CCRC)	30	21,223	707.4
02-085	Manor Court of Peru(campus)	66	27,166	411.6
03-018	Manor Care Health Services - Streamwood	120		
03-063	Hawthorne Manor of Freeport(CCRC)	45	18,630	414.0
03-066	St. Joseph Village	54	57,046	1,056.4
03-082	Valley Hi Nursing Home	127	68,214	537.1
03-085	Champaign County Nursing Home	209	106,117	507.7
04-019	Oak Hill	131	60,700	463.4
04-059	Hawthorne Manor of Peoria(CCRC)	50	20,700	414.0
04-060	Prairieview at the Garlands(CCRC)	20	7,080	354.0
04-069	The Clare at Water Tower (CCRC)	32	25,201	787.5
04-088	Clinton Manor	74	31,321	423.3
05-002	Clare Oaks	120	62,050	517.1
05-003	Apostolic Christian Restmor (campus)	116	65,440	564.1
05-017	Plymouth Place (campus)	86	49,552	576.2
05-036	Sedgebrook Retirement Community (CCRC)	132	79,773	604.3
05-064	Asbury Nursing Pavilion & Rehab Ctr (CCRC)	75	26,842	357.9
06-048	Church Street Station Skilled Nsg & Liv Ctr	150	75,068	500.5
06-079	Morris Healthcare & Rehab Center	142	62,490	440.1
07-011	Rock Island County Care Center	245	95,868	391.3
07-040	The Mather (CCRC)	37	24,575	664.2
07-063	Meridian Village(Campus)	64	34,090	532.7
07-065	Fox River Pavilion	99	63,108	637.5
07-084	Palos Hills Extended Care	179	95,094	531.3
07-102	Alden Estates of Shorewood (campus)	100	65,300	653
07-114	Good Samaritan Home (campus)	203	142,856	703.7
07-137	Admiral at the Lake (CCRC)	36	32,292	897
07-171	Park Place Christian Community of Elmhurst (CCRC)	37	38,251	1,033.8
08-062	Manor Court of Maryville	120	67,000	558.3
08-080	Concordia Village(on file only)	64	43,005	672.0
<b>Proposed Project</b>	<b>Springfield Nursing &amp; Rehab. Ct.</b>	<b>75</b>	<b>54,375</b>	<b>725.0</b>
<b>Total/Average</b>		<b>3,292</b>	<b>1,734,740</b>	<b>527.0</b>

Long-Term Care CON Projects  
Previously Approved by the Board

IHFPB Project #	Facility Name	# of Nrsng Beds	Nursing GSF	Nursing GSF/Bed
04-060	Prairieview at the Garlands(CCRC)	20	7,080	354.0
05-064	Asbury Nursing Pavilion & Rehab Ctr (CCRC)	75	26,842	357.9
07-011	Rock Island County Care Center	245	95,868	391.3
04-059	Hawthorne Manor of Peoria(CCRC)	50	20,700	414.0
04-088	Clinton Manor	74	31,321	423.3
06-079	Morris Healthcare & Rehab Center	142	62,490	440.1
04-019	Oak Hill	131	60,700	463.4
06-048	Church Street Station Skilled Nsg & Liv Ctr	150	75,068	500.5
05-002	Clare Oaks	120	62,050	517.1
07-084	Palos Hills Extended Care	179	95,094	531.3
07-063	Meridian Village(Campus)	64	34,090	532.7
08-062	Manor Court of Maryville	120	67,000	558.3
05-003	Apostolic Christian Restmor (campus)	116	65,440	564.1
05-017	Plymouth Place (campus)	86	49,552	576.2
05-036	Sedgebrook Retirement Community (CCRC)	132	79,773	604.3
07-065	Fox River Pavilion	99	63,108	637.5
07-102	Alden Estates of Shorewood (campus)	100	65,300	653
07-040	The Mather (CCRC)	37	24,575	664.2
08-080	Concordia Village(on file only)	64	43,005	672.0
07-114	Good Samaritan Home (campus)	203	142,856	703.7
Proposed Project	Springfield Nursing & Rehab. Ct.	75	54,376	725.0
04-069	The Clare at Water Tower (CCRC)	32	25,201	787.5
07-137	Admiral at the Lake (CCRC)	36	32,292	897
07-171	Park Place Christian Community of Elmhurst (CCRC)	37	38,251	1,033.8
<b>Total/Average</b>		<b>2,387</b>	<b>1,322,031</b>	<b>553.8</b>

IHFPB Project #	Facility Name	# of Nrsng Beds	Nursing GSF	Nursing GSF/Bed
05-064	Asbury Nursing Pavilion & Rehab Ctr (CCRC)	75	26,842	357.9
07-011	Rock Island County Care Center	245	95,868	391.3
06-079	Morris Healthcare & Rehab Center	142	62,490	440.1
06-048	Church Street Station Skilled Nsg & Liv Ctr	150	75,068	500.5
05-002	Clare Oaks	120	62,050	517.1
07-084	Palos Hills Extended Care	179	95,094	531.3
07-063	Meridian Village(Campus)	64	34,090	532.7
08-062	Manor Court of Maryville	120	67,000	558.3
05-003	Apostolic Christian Restmor (campus)	116	65,440	564.1
05-017	Plymouth Place (campus)	86	49,552	576.2
05-036	Sedgebrook Retirement Community (CCRC)	132	79,773	604.3
07-065	Fox River Pavilion	99	63,108	637.5
07-102	Alden Estates of Shorewood (campus)	100	65,300	653
07-040	The Mather (CCRC)	37	24,575	664.2
08-080	Concordia Village(on file only)	64	43,005	672.0
07-114	Good Samaritan Home (campus)	203	142,856	703.7
Proposed Project	Springfield Nursing & Rehab. Ct.	75	54,376	725.0
07-137	Admiral at the Lake (CCRC)	36	32,292	897
07-171	Park Place Christian Community of Elmhurst (CCRC)	37	38,251	1,033.8
<b>Total/Average</b>		<b>2,080</b>	<b>1,177,029</b>	<b>665.9</b>

IHFPB Project #	Facility Name	# of Nrsng Beds	Nursing GSF	Nursing GSF/Bed
07-011	Rock Island County Care Center	245	95,868	391.3
06-079	Morris Healthcare & Rehab Center	142	62,490	440.1
06-048	Church Street Station Skilled Nsg & Liv Ctr	150	75,068	500.5
07-084	Palos Hills Extended Care	179	95,094	531.3
07-063	Meridian Village(Campus)	64	34,090	532.7
08-062	Manor Court of Maryville	120	67,000	558.3
07-065	Fox River Pavilion	99	63,108	637.5
07-102	Alden Estates of Shorewood (campus)	100	65,300	653
07-040	The Mather (CCRC)	37	24,575	664.2
08-080	Concordia Village(on file only)	64	43,005	672.0
07-114	Good Samaritan Home (campus)	203	142,856	703.7
Proposed Project	Springfield Nursing & Rehab. Ct.	75	54,376	725.0
07-137	Admiral at the Lake (CCRC)	36	32,292	897
07-171	Park Place Christian Community of Elmhurst (CCRC)	37	38,251	1,033.8
<b>Total/Average</b>		<b>1,551</b>	<b>893,372</b>	<b>576.0</b>

IHFPB Project #	Facility Name	# of Nrsng Beds	Nursing GSF	Nursing GSF/Bed
07-011	Rock Island County Care Center	245	95,868	391.3
07-084	Palos Hills Extended Care	179	95,094	531.3
07-063	Meridian Village(Campus)	64	34,090	532.7
08-062	Manor Court of Maryville	120	67,000	558.3
07-065	Fox River Pavilion	99	63,108	637.5
07-102	Alden Estates of Shorewood (campus)	100	65,300	653
07-040	The Mather (CCRC)	37	24,575	664.2
08-080	Concordia Village(on file only)	64	43,005	672.0
07-114	Good Samaritan Home (campus)	203	142,856	703.7
Proposed Project	Springfield Nursing & Rehab. Ct.	75	54,376	725.0
07-137	Admiral at the Lake (CCRC)	36	32,292	897
07-171	Park Place Christian Community of Elmhurst (CCRC)	37	38,251	1,033.8
<b>Total/Average</b>		<b>1,259</b>	<b>755,814</b>	<b>600.3</b>

**SECTION III. GENERAL REVIEW CRITERIA**

**E. Criterion 1110.230.e, Size of Project (Continued vi)**

2. If the project involves a category of service for which the State Board has established utilization targets, provide the following:

According to the *77 Illinois Administrative Code, Chapter II, Subchapter a, Part 1100, Subpart D, Section 1100.660*, the established target utilization rate is ninety (90) percent.

- a. projected utilization for the first two years of operation after project completion;

<u>Patient Day by Year</u>		
<b>2011</b>	7,700	37.3%
<b>2012</b>	24,656	90.1%

- b. an explanation regarding how these projections were developed;

The Applicant is assuming a twelve month fill-up schedule. Based upon the experience of the Applicant, this fill-up rate appears to be rather conservative. The overwhelming bed need and growing senior age cohorts suggest that this facility could reduce this schedule significantly. However, The Applicant prefers to be cautious and it does not want to admit residents at a rate that overwhelms the newly trained staff. The conservative approach would allow for the smoothest transition.

These projections are also based on the 14 letters from area physicians stating that on average they could refer 540 to 867 residents annually to the facility should the beds become available. Refer to **ATTACHMENT GRC-6A** for a copy of the physician letters. Most compellingly, St. John's Hospital has

### SECTION III. GENERAL REVIEW CRITERIA

**E. Criterion 1110.230.e, Size of Project (Continued vii)**

provided a letter of support stating that they estimate approximately 180 to 240 residents per year are seeking placement in out-of-county facilities due to the lack of rehabilitation beds in Sangamon County. Please refer to **ATTACHMENT GRC-6B** for a copy of the support letter from St. John's. Therefore, the patient day projection appears justified.

**N/A c. copies of any contracts with new physicians or professional staff;**

There are no new contracts with physicians or professional staff. Therefore, this item is not applicable.

**N/A d. a list of any new procedures which will affect the workload of the facility.**

There are no new procedures which will affect the workload of the facility. Thus, this item is not applicable.



Joseph Maurer M.D.  
Koke Mill Medical Associates  
2901 Old Jacksonville Road  
Springfield, IL 62704

August 27, 2008

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re:

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 8-10 patients each month to area facilities.

I believe I would be able to refer in the future at least 4 to 5 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

  
(NAME) M.D.

(NOTARIZE)

ATTACHMENT GRC-6A

Richard Rosher M.D.  
SIU School of Medicine  
P.O. Box 19636  
Springfield, Il 62794-9636

August 27, 2008

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

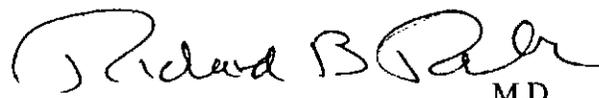
This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 4 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 4 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

  
\_\_\_\_\_, M.D.  
(NAME)

NOTARIZED

*Subscribed and sworn before me  
this 10<sup>th</sup> day of September, 2008.*



*Diane Paap, Notary Public*

Mark E. Hansen M.D.  
Koke Mill Medical Associates  
3132 Old Jacksonville Road  
Suite 210  
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

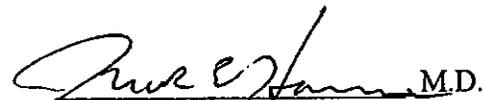
This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 40 patients each month to area facilities.

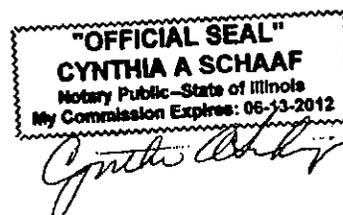
I believe I would be able to refer in the future at least 20 to 30 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

  
(NAME) M.D.

NOTARIZED



Paul Smelter M.D.  
Physicians Group Associates  
2901 Old Jacksonville Rd  
Springfield, IL 62704

August 27, 2008

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 1 patients each month to area facilities.

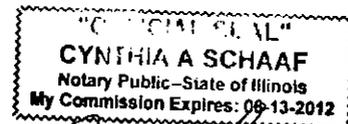
I believe I would be able to refer in the future at least 0 to 1 patients per month to your facility for nursing care.

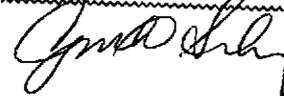
The above information is true and accurate to the best of my knowledge.

Sincerely,

 M.D.  
(NAME)

NOTARIZED





**Michael P. Bova, M.D.**  
**Internal Medicine**

2524 Farragut Drive, Suite C, Springfield, Il. 62704 Phone 217-726-9346

August 27, 2008

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5 patients each month to area facilities.

I believe I would be able to refer in the future at least 5 to 10 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Michael P. Bova, M.D.  
(NAME)

NOTARIZED



*Cynthia A. Schaeff*

Ralph Gauen M.D.  
Physicians Group Associates  
2901 Old Jacksonville Rd  
Springfield, IL 62704

August 27, 2008

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 0 patients each month to area facilities.

I believe I would be able to refer in the future at least 0 to 1 patients per month to your facility for nursing care.

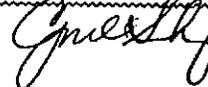
The above information is true and accurate to the best of my knowledge.

Sincerely,

  
\_\_\_\_\_, M.D.  
(NAME)

NOTARIZED

"OFFICIAL SEAL."  
CYNTHIA A SCHAAF  
Notary Public - State of Illinois  
My Commission Expires: 06-13-2012



August 27, 2008

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 10 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 4 patients per month to your facility for nursing care.

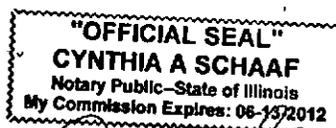
The above information is true and accurate to the best of my knowledge.

Sincerely,

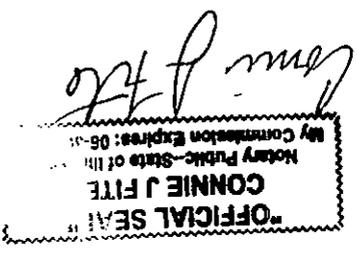
Randy Western, M.D.  
(NAME)

Randy Western M.D.  
Springfield Clinic  
1025 S. 7<sup>th</sup> Street  
Springfield, IL 62703

NOTARIZED



*Cynthia A. SchAAF*



(NOTARIZE)

*Wagner M.D.*  
(NAME) *Leticia Drapiza M.D.*

Sincerely,

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.  
A cursory review of our files indicated that we had previously referred approximately ~~20~~ patients each month to area facilities.  
I believe I would be able to refer in the future at least 15 to 20 patients per month to your facility for nursing care.  
The above information is true and accurate to the best of my knowledge.

Dear Mr. Levinson:

Re: *OTCC, LLC,*  
*3089 018 Jacksonville RD*

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

August 27, 2008



Leticia Drapiza M.D.  
Springfield Clinic  
400 St. Johns Pavilion  
Sherman, IL 62684

ZIP CODES FROM AREAS DR. DRAPIZAS OFFICE SERVES:

62675	
62634	62531
62693	62690
62613	62673
62688	62545
62692	62629
62677	62561
62670	62711
62702	62701
62703	62705
62704	62708
62707	62718
62563	62791
62561	62794
62520	62625
62642	

Donald Graham M.D.  
Springfield Clinic  
301 N. 8<sup>th</sup> Street  
Springfield, IL 62703

August 27, 2008

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5 patients each month to area facilities.

I believe I would be able to refer in the future at least 1 to 2 patients per month to your facility for nursing care.

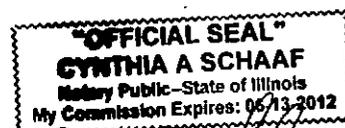
The above information is true and accurate to the best of my knowledge.

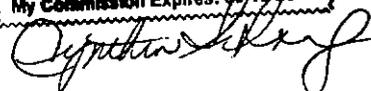
Sincerely,

 M.D.  
(NAME)

NOTARIZED

9-18-08





David Ross M.D.  
2524 Farragut Drive  
Building B  
Springfield, IL 62701

August 27, 2008

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

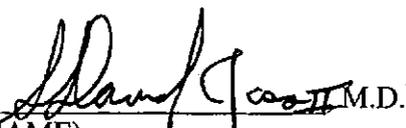
This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5-16 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 4 patients per month to your facility for nursing care.

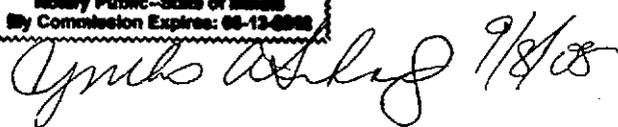
The above information is true and accurate to the best of my knowledge.

Sincerely,

  
(NAME) M.D. 8-8-08

NOTARIZED



  
9/8/08

Leo K. Ludwig M.D.  
Orthopedic Center  
3136 Old Jacksonville Rd  
Suite 150  
Springfield, IL 62704

August 27, 2008

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

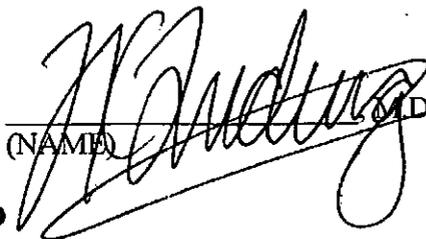
This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5 patients each month to area facilities.

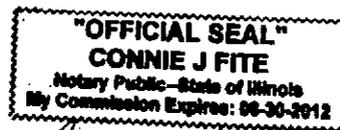
I believe I would be able to refer in the future at least 4 to 6 patients per month to your facility for nursing care.

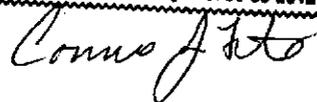
The above information is true and accurate to the best of my knowledge.

Sincerely,

  
(NAME)

NOTARIZED





David W. Mack M.D.  
Orthopedic Center  
3136 Old Jacksonville Rd  
Suite 150  
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 8 patients each month to area facilities.

I believe I would be able to refer in the future at least 2 to 3 patients per month to your facility for nursing care.

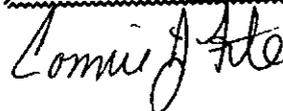
The above information is true and accurate to the best of my knowledge.

Sincerely,

  
(NAME)

NOTARIZED







# Springfield Clinic, LLP

Springfield Clinic 1st

August 27, 2008

Lynne Barkmeier M.D.  
Springfield Clinic  
800 N. 1<sup>st</sup> Street  
Springfield, 62702

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

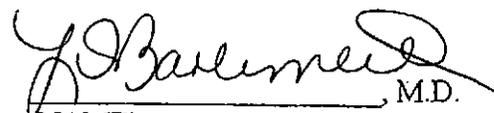
This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 10 patients each month to area facilities.

I believe I would be able to refer in the future at least 4 to 6 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

  
\_\_\_\_\_  
(NAME) M.D.

NOTARIZED

800 N. 1st Street ■ P.O. Box 19248 ■ Springfield, Illinois 62794-9248 ■ (217) 528-7541 ■ (800) 444-7541

Accredited by Association for Ambulatory Health Care, Inc.

[www.springfieldclinic.com](http://www.springfieldclinic.com)

John C Rollett M.D.  
Physicians Group  
345 N. Main  
Chatham, IL 62629

August 27, 2008

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

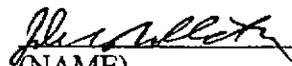
This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 2 patients each month to area facilities.

I believe I would be able to refer in the future at least 1 to 5 patients per month to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

  
(NAME), M.D.

NOTARIZED







800 E. Carpenter Street  
Springfield, Illinois 62769  
(217) 544-6464 • www.st-johns.org

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October 17, 2008

Mr. Jeffrey Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Mark:

St. John's Hospital is pleased to provide this letter of support of the proposed Springfield Nursing and Rehabilitation Facility's new construction project consisting of 75 beds. This project will benefit the Springfield and surrounding communities.

The timely transfer and admission of residents who require rehabilitative skilled care services will be facilitated if more beds are available. Discharges from the hospital are often delayed due to the lack of rehabilitation beds in the Sangamon County Planning Area. This results in Sangamon County residents being placed in out-of-county facilities at a rate of approximately 15-20 per month. This creates an undue hardship for patients and their families.

St. John's is pleased to support the Springfield Nursing and Rehabilitation proposed expansion due to the existing level of service in the region.

Sincerely,

A handwritten signature in black ink, appearing to read "R. P. Ritz".

Robert P. Ritz  
President & CEO



An Affiliate of Hospital Sisters Health System

ATTACHMENT GRC-6B

**APPEND DOCUMENTATION AS ATTACHMENT MCA-3 AFTER THE LAST PAGE OF THIS SECTION.**

**SECTION VI. REVIEW CRITERIA RELATING TO ESTABLISHMENT OF ADDITIONAL BEDS OR SUBSTANTIAL CHANGE IN BED CAPACITY (BEDS)**

This section is applicable to all projects proposing the establishment of additional beds or the conversion of beds from one category of service to another.

**A. Criterion 1110.320(b), Allocation of Additional Beds**

Read this criterion and explain how establishment of the new category of service will improve the distribution or accessibility of the service. Include any supporting documentation.

**APPEND DOCUMENTATION AS ATTACHMENT BEDS-1 AFTER THE LAST PAGE OF THIS SECTION.**

**NOT APPLICABLE**

**B. Criterion 1110.320(c), Addition of Beds to Existing Facilities**

Read this criterion and address the following:

1. If applicable, explain why it is not architecturally or programmatically feasible to rearrange and use presently underutilized bed capacity for this project.
2. Provide documentation that there will not be sufficient space in the proposed room to accommodate any additional beds.
3. Provide a comparison of the applicant facility's average length of stay with the length of stay of any similar facilities in the planning area. If there is a discrepancy, provide a rationale.

**APPEND DOCUMENTATION AS ATTACHMENT BEDS-2 AFTER THE LAST PAGE OF THIS SECTION.**

**SECTION VI. REVIEW CRITERIA RELATING TO ESTABLISHMENT OF  
ADDITIONAL BEDS OR  
SUBSTANTIAL CHANGE IN BED CAPACITY (BEDS)**

**A. Criterion 1110.320.b, Allocation of Additional Beds**

Read this criterion and explain how establishment of the new category of service will improve the distribution or accessibility of the service. Include any supporting documentation.

This specific criterion requires an Applicant to document only ONE of four sub-criteria to show that access to the proposed level of care will be improved.

This proposal is for the establishment of 75 general long-term care beds that will be utilized as a short-term rehabilitation facility. The latest update to the Inventory of Health Care Facilities and Services and Need Determination (September 2008) shows a need for 76 additional beds in the Sangamon County Planning Area. The 2006 Illinois Department of Public Health Long-Term Care Facility Profiles (latest data available) shows that there does appear to be facilities operating below the State's optimum level of 90%. However, the inventory does not reflect the recent closure of the 170-bed Ashford Court Care Center (see article under **ATTACHMENT GRC-3A** and letters from the principal operators describing the surrendering of the license). By removing these beds from the inventory, the 76 current bed need increases to 246. The 2006 Profiles shows an average occupancy rate of 77%, however, in removing the 170 beds increases the average occupancy rate to 89.2%. Although it may appear that beds may be potentially available within the planning area (based on licensed capacity) an access issue is still existent.

**ATTACHMENT BEDS-1**

**SECTION VI. REVIEW CRITERIA RELATING TO ESTABLISHMENT OF  
ADDITIONAL BEDS OR  
SUBSTANTIAL CHANGE IN BED CAPACITY (BEDS)**

**A. Criterion 1110.320.b, Allocation of Additional Beds (Continued ii)**

A restricted admission policy is simply defined as limiting admission to a particular group or category of patients. Several facilities in the area limit admissions to their facility thereby creating access problem. More specifically, as documented in each facility profile (or other departmental documents – see **ATTACHMENT GRC-3D** for the facility profile and **ATTACHMENT BEDS-1A** for the Illinois Department of Public Health, Long-Term Care Facility List identifying beds by level of care), facilities limit admissions to private pay residents thereby not being certified to accept Medicaid patients, facilities not certified for Medicare patients, facilities not licensed to accept skilled care patients (only Intermediate Care patients are admitted), and a facility that limits to a specific diagnostic group or a combination of the above. It is accepted that the nursing category of service includes both skilled and intermediate levels of care, however, if a facility is not licensed to accept a skilled care residents, access to this skilled level is limited.

More specifically, the Illinois Presbyterian Home is licensed for **15 nursing care beds**. However, according to the Illinois Department of Public Health, the facility is only licensed for Intermediate Care. In addition, this facility does not admit Medicaid residents and cannot be certified for Medicare since they are not licensed for skilled care (see **ATTACHMENT GRC-3D** for the facility profile and **ATTACHMENT BEDS-1A** for the Illinois Department of Public

**ATTACHMENT BEDS-1**

**SECTION VI. REVIEW CRITERIA RELATING TO ESTABLISHMENT OF  
ADDITIONAL BEDS OR  
SUBSTANTIAL CHANGE IN BED CAPACITY (BEDS)**

**A. Criterion 1110.320.b, Allocation of Additional Beds (Continued iii)**

Health, Long-Term Care Facility List identifying beds by level of care). Therefore, these beds are not available or accessible to the Medicaid/Medicare population within the planning area.

The Oak Terrace Care Center is licensed for **78 beds**. This facility is not licensed for Medicaid or Medicaid. In addition the facility is licensed only for the Intermediate Care level (see **ATTACHMENT GRC-3D** for the facility profile and **ATTACHMENT BEDS-1A** for the Illinois Department of Public Health, Long-Term Care Facility List identifying beds by level of care). Therefore, these beds are not available or accessible to the Medicaid/Medicare or skilled population with the planning area.

The Regency Nursing Care Residents, licensed for **99 beds** is not certified for Medicaid. They are certified for Medicare but for only 1 bed (see **ATTACHMENT GRC-3D**). Therefore, these beds are not available or accessible to the Medicaid/Medicare or the skilled population with the planning area.

St. Joseph's Home for the Aged is licensed for **65 nursing care beds**. All beds are licensed for Intermediate Care and the facility is not certified for Medicare or Medicare (see **ATTACHMENT GRC-3D** for the facility profile and **ATTACHMENT BEDS-1A** for the Illinois Department of Public Health, Long-Term Care Facility List identifying beds by level of care). Therefore, these beds

**ATTACHMENT BEDS-1**

**SECTION VI. REVIEW CRITERIA RELATING TO ESTABLISHMENT OF  
ADDITIONAL BEDS OR  
SUBSTANTIAL CHANGE IN BED CAPACITY (BEDS)**

**A. Criterion 1110.320.b, Allocation of Additional Beds (Continued iv)**

are not available or accessible to the Medicaid/Medicare or the skilled population with the planning area.

As documented previously, the Ashford Care Center (formerly known as Sangamon Care Center) has closed their **170 bed** facility in the summer of 2008 (see **ATTACHMENT GRC-3A**). The removal of these beds from the State's inventory creates a need for 246 additional nursing care beds in the Sangamon County Planning Area. The closure of this facility has created a further access problem for area residents. Therefore, these beds are not available or accessible to planning area residents.

The Springfield Terrace, LTD., a **65 nursing care bed** facility, is only licensed for the Intermediate Care level and specifically admits the mentally ill population (see **ATTACHMENT GRC-3D** for the facility profile and **ATTACHMENT BEDS-1A** for the Illinois Department of Public Health, Long-Term Care Facility List identifying beds by level of care). Therefore, these beds are not available or accessible to the general geriatric skilled population.

Over 322 beds (or 21%) do not appear to be readily available to area residents. This number does not include the 170 beds that has recently closed in the summer of 2008 (see **ATTACHMENT GRC-3A**) and equates to approximately one-third of the existing beds as not being accessible.

**ATTACHMENT BEDS-1**

**SECTION VI. REVIEW CRITERIA RELATING TO ESTABLISHMENT OF  
ADDITIONAL BEDS OR  
SUBSTANTIAL CHANGE IN BED CAPACITY (BEDS)**

**A. Criterion 1110.320.b, Allocation of Additional Beds (Continued v)**

It would appear that the Applicant has documented "restricted admissions that result in access limitations" within the Sangamon County Planning Area and that this criterion has been met.

LTC02001

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
LONG TERM CARE FACILITY LIST - 3 LINE  
FACILITIES BY NAME

02/09/06  
PG 53

LIC ID	FACILITY NAME	REGION	COUNTY	ADMINISTRATOR NAME	LIC STAT	S RENEWAL EXPIR DATE	A LAST SURVEY DATE	C TLA DATE	SKL INT	DD	SHL	COM	UNDR
0010058	ILLINOIS KNIGHTS TEMPLAR HA	CHAMPAIGN	FORD	KATHERYN L SWAN NON-PROF CORPORATION	UNRESTRICTED	06/10	06/09/06	01/19/06	071	004			
6004575	450 FULTON STREET, P O BOX 49												
14-5449	PAXTON												
0010249	ILLINOIS MASONIC HOME	CHAMPAIGN	MOULTRIE	TERESA NON-PROF CORPORATION	UNRESTRICTED	07/09	07/08/07	11/15/05	072	074			048
8004691	ONE MASONIC WAY												
14-6074	SULLIVAN												
0005801	ILLINOIS PRESBYTERIAN HOME	EDWARDSVILLE	SANGAMON	THOMAS P O'FALLON NON-PROF CORPORATION	UNRESTRICTED	03/31	03/30/06	11/14/05	015	073			
6004709	2005 WEST LAWRENCE												
SPRINGFIELD													
62704	217/546-5622												
217/546-5645	ACTIVE												
0046599	ILLINOIS VETERANS' HOME - ANNA MARION	UNION	UNION	CONNIE STATE	UNRESTRICTED	08/21	08/20/06	07/27/05	050				
6014120	792 NORTH MAIN STREET												
ANNA													
62906	618/833-8302												
618/833-3603	ACTIVE												
0036574	IMBOOEN CREEK LIVING CENTER	CHAMPAIGN	MACON	RHONDA FOR-PROF CORPORATION	UNRESTRICTED	10/07	10/06/06	10/17/05	095				
6012579	180 WEST IMBODEN												
14-5943	DECATUR												
62521	217/422-6464												
217/422-6526	ACTIVE												
0037754	IMPERIAL GROVE PAVILION, THE	CHICAGO	COOK	DAVID FOR-PROF CORPORATION	UNRESTRICTED	07/01	08/30/07	02/01/06	248				
6004733	1366 WEST FULLERTON AVENUE												
14-5510	CHICAGO												
60814	773/248-9300												
773/935-0036	ACTIVE												
0040402	IMPERIAL OF HAZEL CREST	BELLWOOD	COOK	MARCITA FOR-PROF CORPORATION	UNRESTRICTED	12/01	11/30/07	01/17/06	204				
6004741	3300 WEST 175TH STREET												
14-5220	HAZEL CREST												
60429	708/335-2400												
708/335-1825	ACTIVE												
0037994	INDEPENDENCE PLACE	MARION	WILLIAMSON	DORIS FOR-PROF CORPORATION	CONDITIONAL	03/18	08/10/06	12/02/05	016				
8011357	1705 SOUTH PARK AVENUE												
14G169	HERRIN												
82948	618/942-7984												
618/942-6191	ACTIVE												
0041990	INTERNATIONAL VILLAGE	CHICAGO	COOK	SHERRI LIMITED LIABILITY CO	UNRESTRICTED	09/11	09/10/06	01/12/06	218				
8014817	4815 SOUTH WESTERN AVENUE												
14-8001	CHICAGO												
80809	773/927-4200												
773/927-1287	ACTIVE												
0022898	IONA GLOS SLC	WEST CHICAGO	DUPAGE	ALAN NON-PROF CORPORATION	UNRESTRICTED	11/20	11/19/06	11/30/05	100				
6004782	50 SOUTH FAIRBANK STREET												
14G081	ADDISON												
80101	830/543-2440												
830/543-2452	ACTIVE												
0014484	IRROQUOIS RESIDENT HOME, THE	CHAMPAIGN	IRROQUOIS	CHARLES NON-PROF CORPORATION	UNRESTRICTED	08/19	08/18/07	05/19/05	044				
8004790	200 FAIRMAN AVENUE												
14-6049	WATSEKA												
60970	815/432-5841												
815/432-7821	ACTIVE												
2000727	IRVING ANIXTER HOUSE #3	WEST CHICAGO	LAKE	WENDY NON-PROF CORPORATION	UNRESTRICTED	02/22	02/21/06	12/21/05	012				
6018000	14245 WEST ROCKLAND ROAD												
GREEN OAKS													
80048	847/362-4836												
847/362-0742	ACTIVE												

NOTE: ANY ID NUMBER BEGINNING WITH AN "8" DENOTES A HOSP BASED OR STATE OPERATED FACILITY NOT UNDER THE LTC LICENSE ACT

LTC02001

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
LONG TERM CARE FACILITY LIST - 3 LINE  
FACILITIES BY NAME

02/09/06  
PG 78

LIC ID	FACILITY NAME	REGION	COUNTY	ADMINISTRATOR NAME	LIC STAT	S RENEWAL EXPIR DATE	A LAST SURVEY DATE	C TLA DATE	SKL INT	DD	SHL	COM	UNDR
0023010	OAK TERRACE HEALTHCARE CENTER	EDWARDSVILLE	MELISSA	DEGROOT	I	12/31	12/30/07	11/23/05	078	078	020		
6006811	1750 WEST WASHINGTON SPRINGFIELD	SANGAMON	FOR-PROFIT TRUST	UNRESTRICTED									
0034694	OAKBROOK HEALTHCARE CENTRE	WEST CHICAGO	JOANNE	BEDROSIAN	G	07/01	06/30/05	09/23/05	128	028			
6006720	2013 MIDWEST ROAD	DUPAGE	FOR-PROF CORPORATION	UNRESTRICTED									
14-5458	OAKBROOK	60523 630/495-0220	630/629-5760	ACTIVE									
0005108	OAKRIDGE CONVALESCENT HOME	BELLWOOD	LYNN	L ACERRA	H	03/14	03/13/06	12/28/05	058	015			
6006829	323 OAKRIDGE AVENUE	COOK	IND PROPRIETORSHIP	UNRESTRICTED									
14-5996	HILLSIDE	60182 708/547-6595	708/547-8752	ACTIVE									
0045625	OAKS OF BURR RIDGE, THE	WEST CHICAGO	EVELYN	M KOMARA	I	05/01	04/30/06	01/30/04			048		
6009914	16 W 700 91ST STREET BURR RIDGE	DUPAGE	LIMITED LIABILITY CO	NO DESCRIPTION									
60527 630/321-1818	630/321-1918	CLOSED											
0025056	DAKTON PAVILLION	BELLWOOD	JAY	S LEWKOWITZ	G	10/01	09/30/06	01/06/06	294				
6006837	1680 OAKTON PLACE	COOK	FOR-PROF CORPORATION	UNRESTRICTED									
14-5626	DES PLAINES	60018 847/239-5588	847/493-6525	ACTIVE									
0048755	DAKVIEV	MARION	BARBARA	RODGERS	H	03/24	03/23/06	07/13/05			016		
6016109	2311 VETERANS DRIVE	EFFINGHAM	NON-PROF CORPORATION	UNRESTRICTED									
146376	EFFINGHAM	62401 217/342-6400	217/857-6343	ACTIVE									
0036228	OAKVIEW HOME	EDWARDSVILLE	LINDA	HUBBARTT	H	05/07	05/06/07	01/12/06			016		
6012629	420 EAST SECOND STREET	CLINTON	FOR-PROF CORPORATION	UNRESTRICTED									
146245	TRENTON	62293 618/224-7048	618/224-7424	ACTIVE									
0026328	OAKVIEW HTS CONT C & REHAB CTR	MARION	SCOTT	R COLE	G	06/01	05/31/06	12/27/05	090				
6003487	R R #4, 1320 WEST 9TH STREET	WABASH	NON-PROF CDRPORATION	UNRESTRICTED									
14-5376	MOUNT CARMEL	62863 618/263-4337	618/282-7080	ACTIVE									
003712	OAKWOOD ESTATE	PEORIA	HELEN	M SCHUON	H	08/08	08/07/07	08/17/05			016		
6011522	2213 VETERANS ROAD	TAZEWELL	NON-PROF CORPORATION	UNRESTRICTED									
146196	MORTON	61550 309/263-8484	309/263-8491	ACTIVE									
0041343	OAKWOOD TERRACE	BELLWOOD	AUGUSTO	BELEY	G	01/09	01/08/06	01/13/06	057				
6006845	1300 OAK AVENUE	COOK	LIMITED LIABILITY CO	UNRESTRICTED									
14-6058	EVANSTON	60201 847/869-1300	847/869-1378	ACTIVE									
0010223	000 FELLOW-REBEKAH HOME	CHAMPAIGN	KIM	HAAS	G	02/23	02/22/06	01/26/06	162				
6006860	201 LAFAYETTE AVENUE, EAST	COLES	NON-PROF CORPORATION	UNRESTRICTED									
14-5772	MATTOON	61938 217/235-6449	217/235-0611	ACTIVE									
0047365	ODIN HEALTH CARE CENTER	MARION	MARY	A SMITH	G	10/08	10/05/06	01/11/06	099				
6006878	300 GREEN STREET	MARION	LIMITED LIABILITY CO	UNRESTRICTED									
14-5649	ODIN	62870 618/775-6444	618/775-6964	ACTIVE									

NOTE: ANY ID NUMBER BEGINNING WITH AN "8" DENOTES A HOSP BASED OR STATE OPERATED FACILITY NOT UNDER THE LTC LICENSE ACT

LTC02001

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
LONG TERM CARE FACILITY LIST - 3 LINE  
FACILITIES BY NAME

02/09/08  
PG 102

LIC ID	FACILITY NAME	REGION	COUNTY	TELEPHONE	FAX NUMBER	LIC STAT	ADMINISTRATOR NAME	TYPE OWNER	LIC STAT	S RENEWAL EXPIR DATE	A LAST SURVEY DATE	C TLA DATE	SKL	INT	DD	ICF	BEDS	SHL	COM	UNDR
800978	ST JOHN HOSPITAL LTC UNIT	EDWARDSVILLE	EDWARDSVILLE	800978	800978	L	RICHARD CARLSON	OTHER NON-PROFIT	L	08/08/05			042							
6008940	800 EAST CARPENTER	SANGAMON	SANGAMON	6008940	6008940	L	RICHARD CARLSON	OTHER NON-PROFIT	L	08/08/05			042							
14-5225	SPRINGFIELD	52702	217/544-8464	217/525-5853	ACTIVE	NOT REQUIRED														
0045427	ST JOSEPH HOME OF CHICAGO	CHICAGO	CHICAGO	0045427	0045427	G	MICHAEL BARTH	NON-PROF CORPORATION	G	09/01	08/31/07	12/08/05	082							
8008957	2850 NORTH RIDGEMAN AVENUE	COOK	CHICAGO	8008957	8008957	G	MICHAEL BARTH	NON-PROF CORPORATION	G	09/01	08/31/07	12/08/05	082							
14-5637	CHICAGO	60647	773/235-8600	773/235-2933	ACTIVE	UNRESTRICTED														
0013839	ST JOSEPH HOME OF SPRINGFIELD	EDWARDSVILLE	EDWARDSVILLE	0013839	0013839	I	M. J MORRIS	NON-PROF CORPORATION	I	10/15	10/14/08	09/30/05	085							041
6008965	3308 SOUTH 8TH STREET ROAD	SANGAMON	SANGAMON	6008965	6008965	I	M. J MORRIS	NON-PROF CORPORATION	I	10/15	10/14/08	09/30/05	085							
14-5568	CHICAGO	80657	773/865-3000	773/665-3480	ACTIVE	NOT REQUIRED														
8051815	ST JOSEPH HOSPITAL-CHICAGO	CHICAGO	CHICAGO	8051815	8051815	K	RONALDO E STRUXNESS	OTHER NON-PROFIT	K	01/10/08			028							
6010698	2900 NORTH LAKE SHORE DRIVE	COOK	CHICAGO	6010698	6010698	K	RONALDO E STRUXNESS	OTHER NON-PROFIT	K	01/10/08			028							
14-5568	CHICAGO	80657	773/865-3000	773/665-3480	ACTIVE	NOT REQUIRED														
005637	ST JOSEPH NURSING HOME	PEORIA	PEORIA	005637	005637	H	THOMAS E BECHER	NON-PROF CORPORATION	H	07/13	07/12/07	08/29/05	093							
6008999	401 9TH STREET	MARSHALL	PEORIA	6008999	6008999	H	THOMAS E BECHER	NON-PROF CORPORATION	H	07/13	07/12/07	08/29/05	093							
14E255	LACON	61540	309/246-2175	309/246-3809	ACTIVE	UNRESTRICTED														
0046581	ST JOSEPH VILLAGE OF CHICAGO	CHICAGO	CHICAGO	0046581	0046581	G	MICHAEL BARTH	NON-PROF CORPORATION	G	01/13	05/13/08	01/13/08	054							
6015978	4021 WEST BELMONT AVENUE	COOK	CHICAGO	6015978	6015978	G	MICHAEL BARTH	NON-PROF CORPORATION	G	01/13	05/13/08	01/13/08	054							
14E325	PEORIA	60641	773/235-8600	773/235-2933	ACTIVE	PROBATIONARY														
0027045	ST JOSEPH'S HOME F/T ELOERLY	BELLWOOD	BELLWOOD	0027045	0027045	H	GEMMA ALESSI	NON-PROF CORPORATION	H	03/22	03/21/07	12/22/05	020	040						007
8009005	80 WEST NORTHWEST HIGHWAY	COOK	BELLWOOD	8009005	8009005	H	GEMMA ALESSI	NON-PROF CORPORATION	H	03/22	03/21/07	12/22/05	020	040						
14A332	PALATINE	60067	847/358-5700	847/358-5763	ACTIVE	UNRESTRICTED														
0013862	ST JOSEPH'S HOME OF PEORIA	PEORIA	PEORIA	0013862	0013862	H	B BUCKLEY	NON-PROF CORPORATION	H	06/17	06/16/05	08/13/04	043							146
8008981	2223 WEST HEADING AVENUE	PEORIA	PEORIA	8008981	8008981	H	B BUCKLEY	NON-PROF CORPORATION	H	06/17	06/16/05	08/13/04	043							
14E325	PEORIA	61804	309/673-7425	309/673-7430	CLDSED	NO DESCRIPTION														
8025439	ST JOSEPH'S HOSPITAL-HIGHLAND	EDWARDSVILLE	EDWARDSVILLE	8025439	8025439	K	ANTHONY G MASTRANGELO	OTHER NON-PROFIT	K	08/25/05			020							
8010748	1515 MAIN STREET	MAISON	EDWARDSVILLE	8010748	8010748	K	ANTHONY G MASTRANGELO	OTHER NON-PROFIT	K	08/25/05			020							
14-5554	HIGHLAND	62249	818/854-7421	818/854-2012	ACTIVE	NOT REQUIRED														
8025355	ST JOSEPH'S MEDICAL CENTER	CHAMPAIGN	CHAMPAIGN	8025355	8025355	L	DEBORAH S SMITH	FDR-PROF CORPORATION	L	02/02/05			012							
8011407	2200 EAST WASHINGTON STREET	MCLEAN	CHAMPAIGN	8011407	8011407	L	DEBORAH S SMITH	FDR-PROF CORPORATION	L	02/02/05			012							
14-5590	BLOOMINGTON	61701	309/882-3311	308/882-7865	ACTIVE	NOT REQUIRED														
8025789	ST MARGARET'S HOSPITAL SNU	PEORIA	PEORIA	8025789	8025789	K	TIMOTHY A MUNTZ	OTHER NON-PROFIT	K	08/03/05			033							
8011316	600 EAST FIRST STREET	BUREAU	PEORIA	8011316	8011316	K	TIMOTHY A MUNTZ	OTHER NON-PROFIT	K	08/03/05			033							
14-5578	SPRING VALLEY	61382	815/664-5311	815/864-1335	ACTIVE	NOT REQUIRED														
0023770	ST MARTHA MANOR	CHICAGO	CHICAGO	0023770	0023770	H	BRIDGET A STUMPF	FOR-PROF CORPORATION	H	04/01	03/31/08	01/20/08	057	075						
8009013	4621 NORTH RACINE AVENUE	COOK	CHICAGO	8009013	8009013	H	BRIDGET A STUMPF	FOR-PROF CORPORATION	H	04/01	03/31/08	01/20/08	057	075						
14A247	CHICAGO	60840	773/784-2300	773/789-4821	ACTIVE	UNRESTRICTED														

NOTE: ANY ID NUMBER BEGINNING WITH AN "S" DENOTES A HOSP BASED OR STATE OPERATED FACILITY NOT UNDER THE LTC LICENSE ACT

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
LONG TERM CARE FACILITY LIST - 3 LINE  
FACILITIES BY NAME

LIC ID	FACILITY NAME	REGION	COUNTY	ADMINISTRATOR NAME	LIC STAT	S RENEWAL EXPIR DATE	A LAST SURVEY OATE	C TLA DATE	SKL INT OD	ICF	BEDS	UNDR
MED NBR	STREET ADDRESS	TELEPHONE	FAX NUMBER	TYPE OWNER	FAC STAT	LIC STAT	LIC STAT	LIC STAT	ICF	BEDS	UNDR	
0033670	SPANISH OAKS CENTER	MARION		KRISTIE L MCALISTER							049	
6008775	223 WEST VIENNA, P O BOX 118 ANNA	UNION	62906 618/833-8013	FOR-PROF CORPORATION	UNRESTRICTED	04/07	04/06/06	12/21/05				
8022204	SPARTA COMMUNITY HOSPITAL (SB)	EDWARDSVILLE										
5013676	818 EAST BROADWAY STREET	RANDOLPH	62286 618/443-2177	618/443-6481	ACTIVE							
14-0109	SPARTA							08/17/95				
0036335	SPARTA TERRACE	EDWARDSVILLE		RANDI LEONE							016	
6010433	1501 MELMAR DRIVE	RANDOLPH	62286 618/443-2122	NON-PROF CORPORATION	UNRESTRICTED	06/01	05/31/07	11/15/05				
14G162	SPARTA							09/31/06				
0043349	SPAULDING TERRACE	BELLWOOD		SARAH SIMONS							006	
6013825	18307 SPAULDING AVENUE	COOK	60426 708/225-1549	NON-PROF CORPORATION	UNRESTRICTED	10/02	10/01/06	07/13/05				
14G327	MARKHAM							10/01/06				
0033134	SPENCER TERRACE	MARION		DAVID M ROBERTS							016	
5010672	401 WEST FOURTH STREET	WHITE	62869 618/378-3028	FOR-PROF CORPORATION	UNRESTRICTED	03/29	03/28/06	02/15/05				
14G173	NORRIS CITY							04/28/06				
0045955	SPRING CREEK TERRACE	CHAMPAIGN		KRISTI COOK-NOTTELMAN							016	
6012314	3155 EAST MOUND ROAD	MACON	62526 217/877-0671	FOR-PROF CORPORATION	UNRESTRICTED	10/03	10/02/07	11/08/05				
14G227	DECATUR							10/02/06				
0025270	SPRING VALLEY NURSING	PEDRIA		SHIRLEY M MICHALSKI							098	
6008783	1300 NORTH GREENWOOD STREET	BUREAU	61362 815/664-4708	LIMITED PARTNERSHIP	UNRESTRICTED	04/30	04/29/06	03/25/05				
14-5486	SPRING VALLEY											
0032961	SPRINGFIELD TERRACE	EDWARDSVILLE		SHELLEY J REISS							065	
5002661	525 SO MARTIN LUTHER KING DR	SANGAMON	62703 217/789-1680	FOR-PROF CORPORATION	UNRESTRICTED	09/30	09/29/06	12/13/05				
14E847	SPRINGFIELD											
0047647	SPRINGWOOD NURSING & REHAB, LLC	ROCKFORD		MARGARET OTTO							052	045
6006513	1920 NORTH MAIN STREET	WINNEBAGO	61103 815/964-6634	LIMITED LIABILITY CO	PROBATIONARY	12/01	03/31/06	01/27/06				
14-5919	ROCKFORD											
0000018	SQUIRE/S SHELTERED CARE HOME	CHICAGO		EITAN SQUIRE							037	
8008809	2801 NORTH CALIFORNIA	COOK	80647 773/278-5300	FOR-PROF CORPORATION	UNRESTRICTED	02/01	01/31/05	09/15/05				
14-5632	CHICAGO											
0027870	ST AGNES HC AND REHAB CENTER	CHICAGO		DIANE M ROBERTSON							171	028
6008825	1725 SOUTH WABASH	COOK	80816 312/822-2777	FOR-PROF CORPORATION	UNRESTRICTED	04/26	04/25/06	01/31/06				
14-5632	CHICAGO											
0044776	ST ANDREW LIFE CENTER	BELLWOOD		NICOLETTE CURTH							055	
8008833	7000 NORTH NEWARK	COOK	60714 847/647-8332	NON-PROF CORPORATION	UNRESTRICTED	02/17	02/16/06	11/07/05				
14E301	NILES											

NOTE: ANY ID NUMBER BEGINNING WITH AN "8" DENOTES A HOSP BASED OR STATE OPERATED FACILITY NOT UNDER THE LTC LICENSE ACT

**SECTION XVI. REVIEW CRITERIA RELATING TO GENERAL LONG-TERM CARE (GLTC)**

This section is applicable to all projects proposing the establishment or addition of general long-term care beds.

**N/AA. Criterion 1110.1730(a), Facility Size**

Read the criterion and if the proposed project or facility involved has or will have in excess of 250 beds, submit the following:

1. An explanation of how the facility design and program will provide personalized patient care.
2. Copies of the latest two years' licensing surveys.
3. The Department of Public Aid rating for each of the last two years.

**APPEND DOCUMENTATION AS ATTACHMENT GLTC-1 AFTER THE LAST PAGE OF THIS SECTION.**

**B. Criterion 1110.1730(b), Community Related Functions**

Read the criterion and submit copies of letters of endorsement from community groups that are within the town or community in which the proposed project will be located for this project.

**APPEND DOCUMENTATION AS ATTACHMENT GLTC-2 AFTER THE LAST PAGE OF THIS SECTION.**

**C. Criterion 1110.1730(c), Zoning**

Read the criterion and provide a letter from the appropriate zoning official, which indicates that the proposed location is appropriately zoned or that a zoning variance is being sought.

**APPEND DOCUMENTATION AS ATTACHMENT GLTC-3 AFTER THE LAST PAGE OF THIS SECTION.**

**N/AD. Criterion 1110.1730(d), Variance to Computed Bed Need**

Read the criterion and, if applicable, choose one of the following variances.

1. Criterion 1110.1730(d)(1), Defined Population--if chosen, submit the following information:
  - a. Document that the proposed project is directly owned, sponsored or affiliated with the defined population claimed. Submit documentation such as legal documents establishing the ownership, sponsorship or affiliation of the applicant facility within the claimed defined population.

- b. Specify the defined population to be served identifying both the religious, fraternal or ethnic group to be served and the geographic area where the group is located.
- c. Provide a map showing the geographic area (GA) and provide population data indicating that the population proposed to be served is currently living within the GA.
- d. Provide copies of the proposed occupancy agreements and admission policies for the facility.
- e. Explain how at least 85% of the patients/residents needing the facility's services will be members of the defined population.
- f. Explain which services to be provided by the proposed project do not exist in the service area where the facility is or will be located.
- g. Explain why the services to be provided cannot be instituted at existing facilities in the service area in sufficient numbers to meet the group's needs.
- h. Justification for the number of beds proposed and how 90% occupancy will be maintained.
- i. Provide population data indicating the number of patients/residents from the claimed defined population group needing the facility's services including patient origin data by zip code.
- j. Indicate how you will be able to attract these patients.

**APPEND DOCUMENTATION AS ATTACHMENT GLTC-4 AFTER THE LAST PAGE OF THIS SECTION.**

2. Criterion 1110.1730(d)(2), Continuum of Care--if chosen, submit the following information:
  - a. Indicate how the proposed project will provide a continuum of care for a geriatric population that includes independent living and related health and social service. (Include a description of the health and social services to be provided).
  - b. Provide a copy of the admission policies for the nursing facility.
  - c. Provide a letter indicating that the long-term care facility will be developed after the housing complex has been established; or if the long-term care facility is being developed as part of the total housing construction program that:
    - i. the entire complex is one inseparable project;
    - ii. there is a documented demand for housing;
    - iii. long-term care beds will be built concurrently with the residential units.
  - d. Provide an independent market study showing the number of patients needing the facilities.

- e. Provide a copy of the written policies of operation.

**APPEND DOCUMENTATION AS ATTACHMENT GLTC-5 AFTER THE LAST PAGE OF THIS SECTION.**

**SECTION XVI. REVIEW CRITERIA RELATING TO GENERAL LONG-TERM CARE  
(GLTC)**

**B. Criterion 1110.1730.b, Community Related Functions**

Read the criterion and submit copies of letters of endorsement from community groups that are within the town or community in which the proposed project will be located for this project.

Appended as ATTACHMENT GLTC-2A, are nine letters of support from: Timothy J. Davlin, Mayor of the City of Springfield, Larry Bomke, State Senator of the 50<sup>th</sup> District, Raymond Poe, State Representative of the 99<sup>th</sup> District, Gary Plummer, President and CEO of The Chamber, Sherry Robinson, PhD, GCNS-BC, APN, Gerontologist Clinical Nurse Specialist from Southern Illinois University School of Medicine, Mark J. Kuhn, Chief Administrative Officer of Springfield Clinic, Kathleen Sgro, DNP, MBA, RN, Administrator/President of Alterna-Care, Mercedes DeFano, Regional Marketing Director of Passages Hospice, and Medics First Inc. doing business as Springfield Area Ambulance.

**ATTACHMENT GLTC-2**



Office of the Mayor  
City of Springfield, Illinois  
Timothy J. Davlin  
Mayor

September 17, 2008

Mr. Brian Levinson  
Platinum Healthcare, LLC  
7444 North Long Avenue  
Skokie, Illinois 60077

Dear Mr. Levinson.

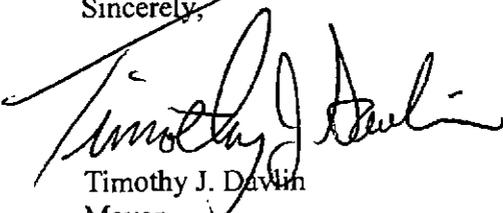
I am writing in strong support of Capitol Care Center's plans to build a 75 bed facility here in the City of Springfield. The facility, to be located on our west side in close proximity to Koke Mill Medical Center, will integrate a best practices approach for individuals who need rehabilitative services, rather than long-term care.

The proposed state of the art facility will consist of all private rooms with attached bathrooms. There will be many congregate areas for patients and visitors, both in and out of doors, plus a large therapy department.

Capitol Care Center has been in this industry for 25 plus years and has recognized the need to separate the rehab-oriented candidate who plans to return home from the long-term placed geriatric or disabled patient. By matching the facility and services to the specialized needs of each population, Capitol Care Center can provide the optimum environment of care.

With the SIU School of Medicine, Memorial Medical Center, St. John's Hospital, the expanded Springfield Clinic campus and with our new medical district, the City of Springfield has become a regional leader in health care. The services proposed by Capitol Care Center will provide a level of specialized services not currently offered here and that is why I am in full support of their proposal.

Sincerely,



Timothy J. Davlin  
Mayor

DISTRICT OFFICE/CAPITOL OFFICE  
307 STATE CAPITOL  
SPRINGFIELD, ILLINOIS 62706  
217/782-0228  
FAX: 217/782-5406  
EMAIL: senatorbomke@yahoo.com

ILLINOIS STATE SENATE



COMMITTEES:  
MINORITY SPOKESMAN:  
TRANSPORTATION  
MEMBER:  
FINANCIAL INSTITUTIONS  
STATE GOVERNMENT

LINCOLN OFFICE  
120 S. McLEAN STREET  
LINCOLN, ILLINOIS 62656  
217/782-0228  
FAX: 217/782-5406  
EMAIL: senatorbomke@yahoo.com

**LARRY K. BOMKE**  
STATE SENATOR · 50TH DISTRICT

---

September 17, 2008

Mr. Brian Levinson  
Platinum Healthcare, LLC  
7444 Long Avenue  
Skokie, Illinois 60077

Dear Mr. Levinson:

I am writing this letter in support of your plans to build a 75 bed facility in my 50<sup>th</sup> legislative district at 3089 Old Jacksonville Road in Springfield, Illinois.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community. It is also my understanding that this type of service is underserved in the community and will benefit those who will attend it.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

A handwritten signature in cursive script, appearing to read "Larry K. Bomke".

Larry K. Bomke  
State Senator  
50<sup>th</sup> District

SPRINGFIELD OFFICE:  
E-1 Stratton Building  
Springfield, Illinois 62706  
217/782-0044  
FAX: 217/782-0897



**RAYMOND POE**  
STATE REPRESENTATIVE - 99TH DISTRICT

COMMITTEES:

- Appropriations - Higher Education
- Personnel & Pensions
- Minority Spokesperson
- Prison Reform
- Smart Growth & Regional Planning
- Special House Committee on Housing & Urban Development

September 10, 2008

Mr. Brian Levinson  
Platinum Healthcare, LLC  
7444 North Long Ave.  
Skokie, IL 60077

Dear Mr. Levinson:

A Platinum Health Care group in my legislative district is planning to build a 75 bed facility at 3089 Old Jacksonville Road in Springfield, Illinois. This site is on the north side of Old Jacksonville Road, across the street to the North of Koke Mill Medical Center.

This facility will be state of the art, consisting of all private rooms with attached bathrooms. There will be many congregate areas for patients and visitors, both in and out of doors, a large therapy department and this is only to name a few of the advantages in having this facility.

The Platinum Health Care group has been in this industry for 25 plus years and has reorganized the need to separate the rehab oriented candidate who plans to return to the community, from the long term placed geriatric or disabled patient. Intermingling the two is not an appropriate environment conducive to healing.

I feel that a building of this size will allow them to work closely with physicians and develop or utilize care pathways that are specific to each physician according to their preferences.

If you have any questions or concerns, please feel free to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Raymond Poe".

Raymond Poe  
State Representative  
99<sup>th</sup> District

RP:smb



The Chamber

The Greater Springfield  
Chamber of Commerce



QUANTUM GROWTH  
PARTNERSHIP 2007-2011

Transforming the economy  
of Sangamon County.

September 26, 2008

Mr. Brian Levinson  
Platinum Healthcare, LLC  
744 Long Avenue  
Skokie, IL 60077

Dear Mr. Levinson,

The Greater Springfield Chamber of Commerce is in full support of Platinum Healthcare's plan to build a 75 bed medical/rehabilitation facility at 3089 Old Jacksonville Road in Springfield, Illinois.

The Chamber's Quantum Growth Partnership (Q5) is a five year, \$5.2 million strategic plan for economic growth in the greater Springfield Metro area. The medical industry was identified as an emerging opportunity for economic growth in the community. Workforce development, commercialization of medical discoveries, marketing, and administrative support for the MIMD commission are the four focal areas of the initiative.

Q5 understands that this facility will serve the skilled care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community. We consider this type of service to help fill a need in our community and the medical industry initiative.

It is our understanding in addition to serving the medical and rehabilitation needs to the community, this facility will also generate approximately 80 full time employees both medical and ancillary.

We wish you success in your endeavor.

Sincerely,

Gary Plummer  
President/CEO

3 South  
State Capitol Plaza  
Springfield, IL 62701  
Ph: 217.525.1173  
Fax: 217.525.8768  
[www.gsc.org](http://www.gsc.org)



**Southern**  
Illinois University  
School of Medicine

September 15, 2008

Mr. Brian Levinson  
Platinum Health Care

Dear Mr. Levinson:

This letter is in support of the plans for a 75-bed skilled rehabilitation facility for Springfield. My understanding is that the facility would be for short-term rehabilitation for patients who have the potential to return to independent living in the community. I understand that the rooms would be private which would appeal to many people. In addition, a focus on short-term rehabilitation for the entire facility would support a culture of improvement of functional status for all patients.

With the aging of the population, I believe that a facility such as this will become increasingly important for the Springfield area.

Respectfully,

*Sherry Robinson, PhD, GCNS-BC, APN*

Sherry Robinson, PhD, GCNS-BC, APN  
Gerontological Clinical Nurse Specialist



*Springfield Clinic*

*Memorandum*

---

*Springfield Clinic 1025 S. 6<sup>th</sup> Street Springfield, IL 62794-9248 Phone: (217) 528-7541 Fax: (217) 757-7003*

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To: Cindy Schaaf, RN via email: [cschaaf@platinumhc.net](mailto:cschaaf@platinumhc.net)  
Administrator  
Capitol Care Center  
3089 Old Jacksonville Road  
Springfield, Illinois

From: Mark J. Kuhn, Chief Administrative Officer  
Subject: OJCC, LLC  
Date: September 15, 2008

---

Ms. Schaaf:

Springfield Clinic is excited and encouraged to learn of the OJCC, LLC project and your intent to develop a 75 bed long term facility at 3089 Old Jacksonville Road to serve Springfield and the surrounding community. In our discussions with our physicians, it is our understanding that this type of service is underserved in our community and will be supported. We are not in a position to provide long term care referral statistics. We wish you well in your developing project.

cc: Brian Levinson  
Platinum Health Care, LLC  
7444 North Long Avenue  
Skokie, IL 60077

Randall A. Bryant, Springfield Clinic  
David Hoelzer, MD, Springfield Clinic



**Alterna-Care**  
HOME HEALTH AGENCY

9.18.2008

Brian Levinson  
Platinum Healthcare  
553 W. Carpenter  
Springfield, IL 62701

Dear Mr. Levinson:

I am so pleased to hear that your organization is contemplating the construction of a Rehab-to-Home facility in our area. As a home health care provider and the daughter of an eighty-seven year old mother, I can validate the need for such a facility.

Alterna-Care has many patients each year who are able to live independently at home with a little support. When these patients need a joint replacement or experience a fall resulting in a fracture and need a short term inpatient stay for rehabilitation, their only option is a nursing home.

When these patients reside in a nursing home with the general nursing home population, their mental status seems to decline. I personally experienced this with my mother who fell and fractured her leg this past year. She needed help with toileting and our only option was to place her in a nursing home. My mother appeared to take on the behavior of the other patients. She quit eating, and began sitting in her wheelchair with a blank stare. After one month her mental status deteriorated to the point that we knew if we didn't bring her home soon, she would not recover mentally.

We were able to bring her home after the cast was removed and she returned to her previous level of independence. I believe that if my mother and the other orthopedic seniors had an alternative facility with intense therapy in a non-nursing home setting, their recovery would be much quicker.

I look forward to celebrating this addition of services to our community.

Sincerely,

Kathleen Sgro, DNP, MBA, RN  
Administrator/President

319 East Madison

Suite 3N

Springfield, Illinois 62701

217.525.3733

Alterna-Care.com

Phone: 309-828-8139 / Fax: 309-827-4878 / 315 N Prairie St., Bloomington, IL 61701

Mr. Brian Levinson:

I am writing this letter on behalf of Capitol Care Center in Springfield, Illinois. My name is Mercedes DeFano, and I am the Regional Marketing Director for Passages Hospice. Passages works with Capitol Care providing hospice care for their patients. This letter is in support of their plans to build a smaller facility in Springfield that will provide rehabilitation and other services not currently available to patients at their current residence or after being in a hospital.

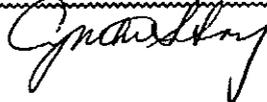
Since July, I have been working with Capitol Care in assuring their patients have quality hospice care in their facility. Every time I step foot into the facility the staff and residents are all very pleasant and happy to see me. The care that they give and ensure to residents and families of residents alike is unmatched. They treat their residents like family and that is truly special to see. Beyond the care they give to residents, their staff is very professional and willing to help at any time. They take pride in their work, and want nothing but the best for patients and staff. The working relationship I have established with them has grown by leaps and bounds, and I am proud to say that I work with everyone in Capitol Care Center.

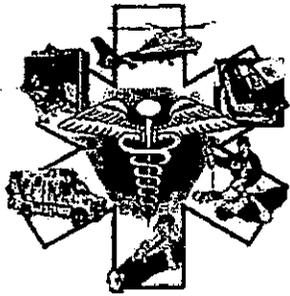
The planned facility sounds like a great asset to the community. It seems like a great residence for people planning to return to the community, and seems like a great facility for doctors and patients to attain goals that are set. I hope Capitol Care is successful in their goal of building another facility providing quality care and building on their reputation of a great place to work.

Sincerely,



Mercedes DeFano  
Regional Marketing Director  
Passages Hospice





Medics First Inc.  
D.B.A.  
Springfield Area Ambulance

3219 E. Carpenter  
Springfield, IL. 62702  
Phone (217) 535-0100  
Fax (217) 535-2385

Mr. Brian Levinson  
Platinum Health Care LLC  
7444 North Long Avenue  
Skokie, Illinois

Re: OJCC, LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois

Dear Mr. Levinson:

This letter is in support for 75 general long-term beds to the above referenced facility in Springfield, Illinois. We at Medics First do not refer patients, but do transfer many patients that have a need for this type of facility. Any time you are able to target a patients special care needs it only benefits towards the patients recovery.

Sincerely,

Mike Dozier

President Medics First Inc.

**SECTION XVI. REVIEW CRITERIA RELATING TO GENERAL LONG-TERM CARE  
(GLTC)**

**C. Criterion 1110.1730.c, Zoning**

Read the criterion and provide a letter from the appropriate zoning official which indicates that the proposed location is appropriately zoned or that a zoning variance is being sought.

Appended as **ATTACHMENT GRC-1G**, is a letter from Suzann Weissberg, Deputy Zoning Administrator indicating the status of zoning.

**ATTACHMENT GLTC-3**

**SECTION XVI. REVIEW CRITERIA RELATING TO GENERAL LONG-TERM CARE  
(GLTC)**

**E. Criterion 1110.1730.e, Staffing**

The Applicant has 11 related long-term care facilities in both Illinois and the State of Missouri. It is the policy of the organization to begin a comprehensive recruitment program for every new facility approximately four to six months prior to the opening in order to insure that the new facility has all of the necessary positions filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools has generally been sufficient in attracting the needed professional health care manpower.

Furthermore, it is the policy of the organization to promote from within their company whenever possible which allows the transfer of top professional in their field to start-up facilities. The Applicant recruits both locally and regionally for highly qualified staff.

The following steps are taken to actively recruit new staff:

1. A listing is obtained from the Illinois Board of Nurses in the geographic area of the proposed facility. Letters are mailed to announce the opening of the new facility in the specific areas and the positions that are available;
2. Advertisement in the local newspaper;
3. A special day for nurses will be held in the community. The nurses from the surrounding area will be invited to a special open house and tour of the facility. A film will also be shown to introduce the Applicant and its other Long-Term Care facilities, concluding with a question and answer session on the philosophy of the organization;

**ATTACHMENT GLTC-6**

**SECTION XVI. REVIEW CRITERIA RELATING TO GENERAL LONG-TERM CARE  
(GLTC)**

**E. Criterion 1110.1730.e, Staffing (Continued ii)**

4. Announcement of the opening of the facility will be sent to the area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program and a continual in-service training program enhance the attraction of new employees and helps retain qualified and dedicated staff.

It should be noted that the Applicant related entities has existing employees within the Springfield area. These employees will, as will the proposed employees of the new facility in Springfield have paid continuing education credits, competitive wages, and pension offered. With such a large number of existing employees one strong focus of recruitment will be by word of mouth by these existing employees to their respective communities. Furthermore, the management company will provide an upward mobility transfer for those employees within the market area.

Furthermore, a staffing study performed by the Illinois Department of Employment Security (IDES) has indicated that there are 25 registered nurses, 23 licensed practical nurses, and 37 aides/orderlies/attendants seeking employment during the July 1, 2007 to May 31, 2008 period. For documentation of IDES's findings, please refer to **ATTACHMENT GLTC-6A**. Appended as **ATTACHMENT GLTC-6B**, is a listing of the proposed staffing pattern. Thus, it does not appear that between the Applicant's experience that there will be any difficulties in securing the needed health care manpower.

**ATTACHMENT GLTC-6**



June 4, 2008

Mr. John Kniery  
Foley & Associates  
1638 South MacArthur Boulevard  
Springfield, Illinois 62704

Dear John:

The requested data describing projections for the registered nurse, licensed practical nurse, and nursing aide, orderly and attendant occupations in the Springfield, Illinois labor market is shown below. The five county area administered by Workforce Board #20 for workforce issues- Cass, Christian, Logan, Menard, and Sangamon- is taken as the relevant labor market area for a Springfield, Il worksite.

**OCCUPATIONAL EMPLOYMENT PROJECTIONS  
2004 to 2014  
WORKFORCE BOARD #20 LABOR MARKET  
(Cass, Christian, Logan, Menard, & Sangamon Counties)**

	EMPLOYMENT			AVG. ANNUAL OPENINGS		
	2004	2014	Change	Total	Growth	Replacement
Registered Nurse	3,258	3,789	531-16%	121	53	68
Licensed Practical Nurse	735	770	35- 5%	20	4	16
Nursing Aides, Orderlies, & Attendants	1,868	2,059	191-10%	44	19	25

Rod R. Blagojevich, Governor  
James P. Sledge, Director

33 SOUTH STATE STREET  
CHICAGO, ILLINOIS 60603-2802  
[www.ides.state.il.us](http://www.ides.state.il.us)

ATTACHMENT GLTC-6A

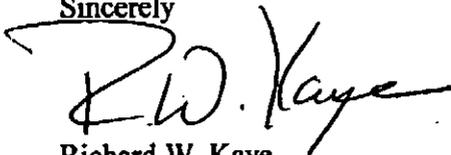
For these counties, the number of job seekers registered with the Illinois Department of Employment Security's Illinois Skills Match employment system for these occupations in the July 1, 2007 to May 31, 2008 time period is shown below. This is as always an indication, neither comprehensive nor complete, of workforce availability in the Workforce Board #20 area. Not all job seekers, particularly RN's, register with Skills Match. These include individual job seekers available at least part of the 7/1/07-5/31/08 period but not necessarily the entire period.

RN-25

LPN-23

Aide/Orderly/Attendant-37

Sincerely

A handwritten signature in black ink that reads "R.W. Kaye". The signature is written in a cursive style with a large, sweeping initial "R" and "W".

Richard W. Kaye  
Chicago Labor Market Economist  
Illinois Department of Employment Security.

75 Bed Medicare/Private Pay Staffing

DEPARTMENT	DAYS # OF STAFF	EVENINGS # OF STAFF	NIGHTS # OF STAFF	
HOUSEKEEPING	3 + MGR	1	0	
LAUNDRY	1 ½	1 ½	1	
DIETARY	1 COOK;1 PREP;1 DISH;1 MGR	1 COOK;1 PREP;1 DISH; ½ PERSON TO ASSIST	0	
DIRECTOR OF NURSING	1 SALARIED	NA	NA	
ADON/WOUNDS	1 SALARIED	NA	NA	
RN	1	1	1	
LPN	3	3	1	
C.N.A.	7	6	4	
ACTIVITY	1 MGR AND ½	½	0	
SOCIAL SERVICE	2	0	0	
MEDICAL RECORDS/RECEPTIONIST	1	½	0	
BUSINESS OFFICE	1 OF EACH	0	0	
HUMAN RESOURCE	1			
ADMISSIONS/MARKETING	1	0	0	
ADMINISTRATOR	1	NA	NA	
MAINTANCE/INTERIOR	2			
CARE PLANS	2			

75 Bed Medicare/Private Pay Staffing

PT	1		
PTA	5		
OT	1		
OTA	5		
SP	1		

TIMES # OF

**SECTION XXV. REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)**

This section is applicable to all projects subject to Part 1120.

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming the applicant's debt obligations in case of default) have a bond rating of "A" or better?  
 Yes  No  X.

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

- 1. Balance sheet
- 2. Income statement
- 3. Change in fund balance
- 4. Change in financial position

**APPEND THE REQUIRED DOCUMENTS AS ATTACHMENT FINANCIALS AND PLACE AFTER ALL OTHER APPLICATION ATTACHMENTS INCLUDING THE REMAINING ATTACHMENTS FOR THIS SECTION AND FOR SECTION XXVI.**

**A. Criterion 1120.210(a), Financial Viability**

**1. Viability Ratios - OJCC CONSOLIDATED**

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B
Enter Historical and/or Projected Years:				2012
Current Ratio				4.38
Net Margin Percentage				21.20%
Percent Debt to Total Capitalization				72.69%
Projected Debt Service Coverage				2.96
Days Cash on Hand				74.23
Cushion Ratio				0.95

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. Insert the worksheets after this page.

**2. Variance**

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

Ratios	2011	Ratio	2012	Ratio	2013	Ratio
<b>Current Ratio:</b>						
Current Assets	1,073,695	2.85	3,042,745	4.38	4,828,960	6.62
Current liabilities	404,977		694,334		728,940	
<b>Net Margin Percentage:</b>						
Net Income	139,187	5.00%	1,468,370	21.20%	1,511,197	20.80%
Net Operating income	2,780,988		8,925,031		7,264,313	
<b>Percent of debt to total Capitalization:</b>						
Long term debt	10,916,931	80.83%	10,799,187	72.69%	10,672,931	65.71%
Long term debt plus shareholder's equity	13,508,118		14,858,744		16,241,685	
<b>Projected Debt Service Coverage:</b>						
Net Income+Depredation+Interest	989,767	1.50	2,595,492	2.96	2,629,807	2.99
Principal and Interest	658,647		878,196		878,196	
<b>Days Cash on Hand:</b>						
Cash in bank	468,061	104.33	837,252	74.23	1,060,607	87.70
Operating Expenses/365	4,486		11,280		12,094	
<b>Cushion Ratio:</b>						
Cash and Investments	468,061	0.71	837,252	0.95	1,060,607	1.21
Maximum Annual Debt Service	658,647		878,196		878,196	

**SECTION XXV. REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)**

This section is applicable to all projects subject to Part 1120.

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming the applicant's debt obligations in case of default) have a bond rating of "A" or better?  
 Yes  No

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

- 1. Balance sheet
- 2. Income statement
- 3. Change in fund balance
- 4. Change in financial position

**APPEND THE REQUIRED DOCUMENTS AS ATTACHMENT FINANCIALS AND PLACE AFTER ALL OTHER APPLICATION ATTACHMENTS INCLUDING THE REMAINING ATTACHMENTS FOR THIS SECTION AND FOR SECTION XXVI.**

**A. Criterion 1120.210(a), Financial Viability**

**1. Viability Ratios - OJCC REALTY**

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B
Enter Historical and/or Projected Years:				2012
Current Ratio				0.34
Net Margin Percentage				-22.18%
Percent Debt to Total Capitalization				87.71%
Projected Debt Service Coverage				1.00
Days Cash on Hand				65.68
Cushion Ratio				0.01

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. Insert the worksheets after this page.

**2. Variance**

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

Ratios	2011	Ratio	2012	Ratio	2013	Ratio
<b>Current Ratio:</b>						
Current Assets	79,452	0.33	103,105	0.34	101,973	0.33
Current liabilities	238,648		299,054		306,220	
<b>Net Margin Percentage:</b>						
Net Income	(188,628)	-22.49%	(248,175)	-22.18%	(248,708)	-22.24%
Net Operating income	838,730		1,118,898		1,118,166	
<b>Percent of debt to total Capitalization:</b>						
Long term debt	10,916,931	86.11%	10,799,187	87.71%	10,672,931	89.41%
Long term debt plus shareholder's equity	12,678,304		12,312,394		11,937,420	
<b>Projected Debt Service Coverage:</b>						
Net Income+Depredation+Interest	661,953	1.01	878,946	1.00	869,902	0.99
Principal and Interest	658,647		878,196		878,196	
<b>Days Cash on Hand:</b>						
Cash in bank	5,828	92.38	4,940	65.68	3,808	49.84
Operating Expenses/365	63		75		76	
<b>Cushion Ratio:</b>						
Cash and investments	5,828	0.01	4,940	0.01	3,808	0.00
Maximum Annual Debt Service	658,647		878,196		878,196	

**SECTION XXV. REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)**

This section is applicable to all projects subject to Part 1120.

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming the applicant's debt obligations in case of default) have a bond rating of "A" or better?  
 Yes  No

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

1. Balance sheet
2. Income statement
3. Change in fund balance
4. Change in financial position

**APPEND THE REQUIRED DOCUMENTS AS ATTACHMENT FINANCIALS AND PLACE AFTER ALL OTHER APPLICATION ATTACHMENTS INCLUDING THE REMAINING ATTACHMENTS FOR THIS SECTION AND FOR SECTION XXVI.**

**A. Criterion 1120.210(a), Financial Viability**

**1. Viability Ratios - OJCC OPERATING ENTITY**

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B
Enter Historical and/or Projected Years:				2012
Current Ratio				7.44
Net Margin Percentage				24.79%
Percent Debt to Total Capitalization				N/A
Projected Debt Service Coverage				N/A
Days Cash on Hand				74.28
Cushion Ratio				N/A

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. Insert the worksheets after this page.

**2. Variance**

Compare the viability ratios provided to the Part 1120 Appendix A review standards. If any of the standards for the applicant or for any co-applicant are not met, provide documentation that a person or organization will assume the legal responsibility to meet the debt obligations should the applicant default. The person or organization must demonstrate compliance with the ratios in Appendix A when proof of a bond rating of "A" or better has not been provided.

**APPEND DOCUMENTATION AS ATTACHMENT FIN-1 AFTER THE LAST PAGE OF THIS SECTION.**

Ratios	2011	Ratio	2012	Ratio	2013	Ratio
<b>Current Ratio:</b>						
Current Assets	994,143	5.98	2,939,640	7.44	4,726,986	11.18
Current liabilities	166,329		395,280		422,720	
<b>Net Margin Percentage:</b>						
Net Income	327,814	11.79%	1,716,546	24.79%	1,759,905	24.23%
Net Operating Income	2,780,988		6,925,031		7,264,313	
<b>Percent of debt to total Capitalization:</b>						
Long term debt	0	0.00%	0	0.00%	0	0.00%
Long term debt plus shareholder's equity	827,814		2,544,360		4,304,265	
<b>Projected Debt Service Coverage:</b>						
Net Income+Depredation+Interest	327,814	#DIV/0!	1,716,546	#DIV/0!	1,759,905	#DIV/0!
Principal and Interest						
<b>Days Cash on Hand:</b>						
Cash in bank	462,233	104.50	832,312	74.28	1,056,798	87.94
Operating Expenses/365	4,423		11,204		12,017	
<b>Cushion Ratio:</b>						
Cash and investments	462,233	#DIV/0!	832,312	#DIV/0!	1,056,798	#DIV/0!
Maxnum Annual Debt Service	0		0		0	

**B. Criterion 1120.210(b), Availability of Funds**

If proof of an "A" or better bond rating has not been provided, read the criterion and document that sufficient resources are available to fund the project and related costs including operating start-up costs and operating deficits. Indicate the dollar amount to be provided from the following sources:

\$1,950,000 Cash & Securities

Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.

\_\_\_\_\_ Pledges

For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.

\_\_\_\_\_ Gifts and Bequests

Provide verification of the dollar amount and identify any conditions of the source and timing of its use.

\$11,000,000 Debt Financing (indicate type(s) HUD MORTGAGE)

For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;

For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;

For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;

For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.

\_\_\_\_\_ Governmental Appropriations

Provide 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, provide a resolution or other action of the governmental unit attesting to such future funding.

\_\_\_\_\_ Grants

Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.

\_\_\_\_\_ Other Funds and Sources

Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project.

\$12,950,000 TOTAL FUNDS AVAILABLE

**APPEND DOCUMENTATION AS ATTACHMENT FIN-2 AFTER THE LAST PAGE OF THIS SECTION.**

**C. Criterion 1120.210(c), Operating Start-up Costs - SEE ATTACHED SCHEDULE**

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes  No . If yes is indicated, read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

**Schedule of Startup costs**

Inventory	\$12,500
Premarketing costs	\$100,000
Telephone & Utilities	\$6,000
Working Capital-initial cash flow deficit	\$81,500

**Total** \$200,000

**KATZ & MILLER LLP**  
Certified Public Accountants

website: [www.kamcpa.com](http://www.kamcpa.com)  
email: [katz@kamcpa.com](mailto:katz@kamcpa.com)

2748 West Pratt Blvd.  
Chicago, Illinois 60645

Tel (773) 338-5700  
Fax (773) 913-0504

September 9, 2008

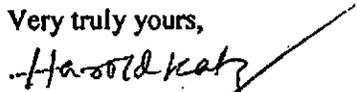
Mr. Jeffrey Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

Dear Mr. Mark:

Please be advised that I am familiar with the financial condition of the sponsor, Benjamin Klein, and I wish to advise you that he has sufficient finances to fund the working capital and the equity required for the project.

If you have any questions, or if you require any additional information, please feel free to contact me at your convenience.

Very truly yours,



Harold Katz, CPA

ATTACHMENT FIN-2

**LEFF, KLEIN AND KALFEN, LTD.**  
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS CONSULTANTS

2205 Lakeside Drive, Bannockburn, Illinois 60015  
(847) 735-1040 lkk ltd@lkk ltd.com Fax (847) 735-8291

October 2, 2008

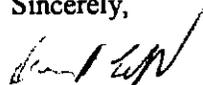
Mr. Jeffery Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 W. Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mark:

Please be advised that I am familiar with the financial condition of the sponsor, Mark Shapiro, and wish advise you that he has sufficient finances to fund the working capital and the equity required for the project.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

  
Alan H. Leff  
Certified Public Accountant

AHL/ts

**KRUPNICK  
BOKOR  
KAGDA  
& BROOKS, LTD.**

CERTIFIED PUBLIC ACCOUNTANTS

3750 West Devon Avenue, Lincolnwood, Illinois 60712-1124 • Tel: 847-675-3585 FAX: 847-675-5777

September 8, 2008

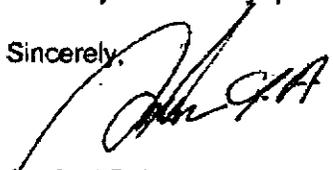
Mr. Jeffrey Mark  
Executive Secretary  
Illinois Health Facilities Planning Board  
525 W. Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Dear Mark:

Please be advised that I am familiar with the financial condition of the sponsor, Brian Levinson, and wish to advise you that he has sufficient finances to fund the working capital and the equity required for the project.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Sanford Bokor  
Certified Public Accountant

SB:kv

October 7, 2008

Paresh Vipani  
Chief Financial Officer  
Platinum Health Care LLC  
7444 N. Long Ave.  
Skokie, IL 60077

Dear Mr. Vipani:

We refer to recent discussions between our firm, Lancaster Pollard Mortgage Company (the "Lender") and **Platinum Health Care LLC** (the "Sponsor"), concerning the proposed application to the U.S. Department of Housing and Urban Development ("HUD") for Federal Housing Administration ("FHA") mortgage insurance under Section **FHA 232** of the National Housing Act. Proceeds from the insured mortgage loan will be used to finance the construction and fund related closing costs for a new 75-bed skilled nursing facility (the "Project"). The Project's name and location is: **OJJC Realty, LLC and OJJC, LLC, 3089 Old Jacksonville Road, Springfield, IL 62702.**

Please be advised that the Lender hereby agrees to act as the FHA approved mortgagee in processing the application for mortgage insurance on the Project using the **FHA LEAN or MAP accelerated processing** program designated above, subject to your acceptance of the terms and conditions contained in this letter.

It is agreed that the Lender shall have the exclusive right to represent you as the mortgagee in the applications to HUD for an FHA mortgage insurance commitment and shall have the exclusive right to fund the insured mortgage loan through the sale of GNMA mortgage-backed securities or private-label securities to be issued by the Lender (the "Permanent Funding Mechanism"). As consideration for our FHA mortgage processing services, a fee equal to **one percent (1.00%)** of the amount of the FHA mortgage insurance commitment (the "Financing Fee") will be payable to the Lender. For providing the initial bridge loan and subsequent issuance and sale of the Permanent Funding Mechanism, an additional fee equal to **three-quarters of one percent (0.75%)** of the amount of the FHA mortgage insurance commitment (the "Permanent Loan Fee") will be payable to the Lender. The Financing Fee and Permanent Loan Fee are payable as follows:

- I. A Good Faith Deposit of **Five Thousand Dollars (\$5,000)** payable upon acceptance of this agreement. Should it be determined by the Lender that the project is infeasible or ineligible for FHA mortgage insurance, Lender will promptly refund the Good Faith Deposit net of expenses and this agreement shall be canceled and the obligations of the Lender and Sponsor shall terminate. Should the project successfully close, the good faith deposit shall be promptly refunded in whole.
- II. One-half of the Financing Fee shall be earned upon Lender's receipt of a firm commitment for mortgage insurance from HUD containing terms substantially the same as those included in the application. This earned

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portion of the financing fee shall be payable at the earlier of loan closing or HUD commitment expiration.

III. The balance of the Financing Fee and the Permanent Loan Fee will be earned and payable to Lender at the time of the closing of the loan.

It is further agreed that all costs for third-party consultant reports required for underwriting and submitting the FHA mortgage insurance application, including but not limited to; market studies, appraisals, environmental audit reports, property boundary surveys, architectural/engineering reviews, and project cost reviews, if applicable, will be the responsibility of the Sponsor solely, without mark-up or surcharge. Such third-party consultants will be engaged by Lender with the prior consent of Sponsor. The Lender will submit invoices to the Sponsor for costs in connection with third-party consultants and the Sponsor agrees to promptly make payment to the Lender in the amount of the invoice presented, without mark-up or surcharge. Should the application for mortgage insurance be abandoned at any time and for any reason, the Sponsor agrees to reimburse the Lender for payment of all third-party consultant report charges incurred to the date of abandonment without mark-up or surcharge.

In order to ensure an efficient and expeditious application and closing process, the Sponsor and agents, associates and contractors thereof are required to promptly respond to all reasonable requests for information from the Lender. As direct lender and representative of the Sponsor in the FHA mortgage insurance application process, the Lender requires participation in all communication, whether written or verbal, that might occur between the Sponsor and the HUD Field Office. Lender will provide Sponsor with copies of submissions made to the HUD Field Office on the Sponsor's behalf.

In executing this agreement, the Sponsor acknowledges that the final determination of the value of the Project, the mortgage insurance amount and certain other terms of the mortgage loan are made by, or significantly influenced by, impartial third-party consultants and/or the HUD Field Office. The Lender cannot provide any assurances that the results of our collective efforts to arrange the FHA Insured mortgage loan will definitively produce the desired outcome with respect to mortgage amount or terms.

This agreement shall be binding upon the heirs, successors and assigns of the parties and upon the successors to and assigns of the FHA mortgage insurance commitment and the real property to which it pertains.

We truly look forward to working with you on the successful completion of this financing.

Sincerely,



Steven W. Kennedy Jr.  
Vice President  
Lancaster Pollard & Co.

Accepted and agreed to this 8th day of oct 2008.

By: Paredonip Its: CFO

**SECTION XXVI. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)**

This section is applicable to all projects subject to Part 1120.

**A. Criterion 1120.310(a), Reasonableness of Financing Arrangements**

Is the project classified as a Category B project? Yes  No . If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes  No  If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

Are all available cash and equivalents being used for project funding prior to borrowing?  
 Yes  No

If no is checked, provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. 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.

**APPEND DOCUMENTATION AS ATTACHMENT ECON-1 AFTER THE LAST PAGE OF THIS SECTION.**

**B. Criterion 1120.310(b), Conditions of Debt Financing**

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

**APPEND DOCUMENTATION AS ATTACHMENT ECON-2 AFTER THE LAST PAGE OF THIS SECTION.**

**C. Criterion 1120.310(c), Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE											
Department (list below)	A	B	C		D		E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)			
Nursing	191.26		54,375				10,400,000			10,400,000	
Contingency	9.56		54,375				520,000			520,000	
<b>TOTALS</b>	<b>200.82</b>		<b>54,375</b>				<b>10,920,000</b>			<b>10,920,000</b>	

\* Include the percentage (%) of space for circulation

2. For each piece of major medical equipment included in the proposed project, the applicant must certify one of the following:
  - a. that the lowest net cost available has been selected; or
  - b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

**APPEND DOCUMENTATION AS ATTACHMENT ECON-3 AFTER THE LAST PAGE OF THIS SECTION.**

3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

**APPEND DOCUMENTATION AS ATTACHMENT ECON-4 AFTER THE LAST PAGE OF THIS SECTION.**

**D. Criterion 1120.310(d), Projected Operating Costs - CONSOLIDATED**

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

Salaries/Benefits/Supplies	\$3,290,166
Patient Days (2012)	24,656
Operating Cost per Patient Day	133.44

**E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs - CONSOLIDATED**

Is the project classified as a category B project? Yes  No . If no is indicated, go to item F. If yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130(f) (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

Depreciation	\$ 366,667	Patient Days (2012)	24,656
Interest Expense	\$ 760,455	Capital Cost per Patient Day	\$54.33
Property Taxes	\$ 157,500		
Mortgage Insurance	\$ 55,000		
Total	\$1,339,622		

**N/AF. Criterion 1120.310(f), Non-patient Related Services**

Is the project classified as a category B project and involve non-patient related services? Yes  No . If no is indicated, this criterion is not applicable. If yes is indicated, read the criterion and document that the project will be self-supporting and not result in increased charges to patients/residents or that increased charges are justified based upon such factors as, but not limited to, a cost benefit or other analysis that demonstrates the project will improve the applicant's financial viability.

**APPEND DOCUMENTATION AS ATTACHMENT ECON-5 AFTER THE LAST PAGE OF THIS SECTION.**

# OJCC, LLC

7444 Long Avenue  
Skokie, IL 60077

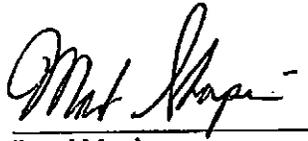
## B. Criterion 1120.310(b), Conditions of Debt Financing

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

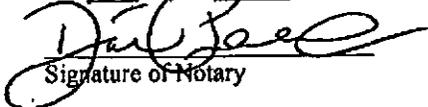


Board Member or Officer  
Brian Levinson



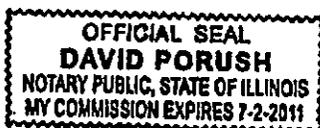
Board Member  
Mark Shapiro

Notarization:  
Subscribed and sworn to me  
this 10 day of OCTOBER 2008

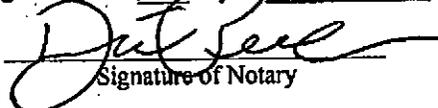


Signature of Notary

Seal



Notarization:  
Subscribed and sworn before me  
this 10 day of OCTOBER 2008



Signature of Notary

Seal



ATTACHMENT ECON-2

PROJECT USES AND SOURCES OF FUNDS	
USE OF FUNDS	AMOUNT
Preplanning Costs	\$6,500
Site Survey and Soil Investigation	\$10,000
Site Preparation	\$20,000
Off Site Work	\$0
New Construction Contracts	\$10,400,000
Modernization Contracts	\$0
Contingencies	\$520,000
Architectural/Engineering Fees	\$55,000
Consulting and Other Fees	\$558,000
Movable or Other Equipment (not in construction contracts)	\$501,053
Bond Issuance Expense (project related)	\$0
Fair Market Value of Leased Space or Equipment	\$0
Other Costs To Be Capitalized	\$109,448
Acquisition of Building or Other Property (excluding land)	\$0
Net Interest Expense During Construction (project related)	\$770,000
<b>TOTAL USES OF FUNDS</b>	<b>\$12,950,000</b>
SOURCE OF FUNDS	AMOUNT
Cash and Securities	\$1,950,000
Pledges	\$0
Gifts and Bequests	\$0
Bond Issues (project related)	\$0
Mortgages	\$11,000,000
Leases (fair market value)	\$0
Governmental Appropriations	\$0
Grants	\$0
Other Funds and Sources	\$0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$12,950,000</b>
Balance Check	\$0
<b>Other Costs to be Capitalized</b>	
R/E Taxes	\$12,000
Minor Movables	\$13,000
Insurance	\$15,000
Misc	\$69,448
	\$109,448
<b>Consulting Fees:</b>	
Mortgage Insurance	\$110,000
FHA Exam Fees	\$33,000
FHA Inspection Fees	\$55,000
Financing Fees	\$220,000
Legal	\$25,000
CON Consultant	\$35,000
Planning Board Fees	\$30,000
Plan Review Fees	\$10,000
Zoning and Other Regulatory	\$25,000
Title and Recording	\$15,000
	\$558,000

OJCC - CONSOLIDATED - PROJECTED STATEMENT OF OPERATIONS						
	2011	PPD	2012	PPD	2013	PPD
<b>Revenues:</b>						
Room & Board	2,822,050		6,966,094		7,305,375	
Provider tax	(41,063)		(41,063)		(41,063)	
Other						
<b>Total Revenue</b>	<b>2,780,988</b>	<b>\$0.00</b>	<b>6,925,031</b>	<b>\$0.00</b>	<b>7,264,313</b>	<b>\$0.00</b>
<b>Expenses:</b>						
Nursing & Ancillary	684,453		1,733,805		1,859,573	
Activities	23,485		59,490		63,806	
Employee Costs	108,108		273,851		293,716	
Dietary costs	99,792		252,786		271,122	
Housekeeping & repairs	66,143		167,548		179,702	
Laundry & linen	43,428		110,009		117,988	
Marketing expenses	84,623		214,361		229,910	
General and administrative	275,500		692,677		742,198	
Bad debts	36,806		93,234		99,997	
Insurance expense	215,133		519,278		555,117	
<b>Total expenses</b>	<b>1,637,471</b>	<b>\$0.00</b>	<b>4,117,039</b>	<b>\$0.00</b>	<b>4,414,130</b>	<b>\$0.00</b>
<b>Gross Profit</b>	<b>1,143,517</b>	<b>\$0.00</b>	<b>2,807,992</b>	<b>\$0.00</b>	<b>2,850,182</b>	<b>\$0.00</b>
<b>Capital costs:</b>						
Real estate taxes	112,500	\$14.61	157,500	\$6.39	165,375	\$6.57
Interest expense	575,580	\$74.75	760,455	\$30.84	751,943	\$29.86
Mortgage insurance	41,250	\$5.36	55,000	\$2.23	55,000	\$2.18
Depreciation	275,000	\$35.71	366,667	\$14.87	366,667	\$14.56
<b>Total capital costs</b>	<b>1,004,330</b>	<b>\$130.43</b>	<b>1,339,622</b>	<b>\$54.33</b>	<b>1,338,985</b>	<b>\$53.17</b>
<b>Net Income</b>	<b>139,187</b>	<b>(\$130.43)</b>	<b>1,468,370</b>	<b>(\$54.33)</b>	<b>1,511,197</b>	<b>(\$53.17)</b>
Occupancy	7,700		24,656		25,185	
Average Census	28		68		69	
Days	275		365		365	
Beds	75		75		75	
Available Days	20,625		27,375		27,375	
Occupancy	37.33%		90.07%		92.00%	
Number of Months in Operation	9		12		12	

ATTACHMENT FINANCIALS

OJCC - CONSOLIDATED - PROJECTED BALANCE SHEET			
<b>BALANCE SHEET</b>			
<b>Current Assets</b>			
Cash in bank and on hand	468,061	837,252	1,060,607
Accounts receivable net of allowance for doubtful accounts	514,410	2,089,828	3,652,688
Tax and Insurance Escrows	73,624	98,165	98,165
Inventory	17,500	17,500	17,500
<b>Total current assets</b>	<b>1,073,595</b>	<b>3,042,745</b>	<b>4,828,960</b>
<b>Fixed Assets:</b>			
Land, Building, Movables	13,000,000	13,000,000	13,000,000
Less: Accumulated Depreciation	275,000	641,667	1,008,333
<b>Net Fixed Assets</b>	<b>12,725,000</b>	<b>12,358,333</b>	<b>11,991,667</b>
<b>Other Assets:</b>			
Replacement Reserve	112,500	150,000	150,000
<b>Total assets</b>	<b>13,911,095</b>	<b>16,551,078</b>	<b>16,970,626</b>
<b>Liabilities and Stockholder's Equity</b>			
<b>Current Liabilities:</b>			
Accounts Payable	113,011	286,271	307,037
Accrued payroll taxes	36,325	92,016	98,690
Accrued salaries	16,993	16,993	16,993
Current portion of Mortgage Payable	73,183	73,183	73,183
Accrued R/E Taxes	112,500	157,500	165,375
Accrued Interest	47,965	63,371	62,662
Other Liabilities	5,000	5,000	5,000
<b>Total current liabilities</b>	<b>404,977</b>	<b>694,334</b>	<b>728,940</b>
Long Term Debt Mortgage Payable	10,916,931	10,799,187	10,672,931
<b>Total Liabilities</b>	<b>11,321,908</b>	<b>11,493,521</b>	<b>11,401,871</b>
<b>Stockholder's equity</b>			
Contributed Capital	2,450,000	2,450,000	2,450,000
Retained earnings	139,187	1,607,557	3,118,754
<b>Total stockholders equity</b>	<b>2,589,187</b>	<b>4,057,557</b>	<b>5,568,754</b>
<b>Total liabilities and stockholder's equity</b>	<b>13,911,095</b>	<b>16,551,078</b>	<b>16,970,626</b>
Balance	(0)	0	0

OJCC REALTY, LLC - REALTY ENTITY - PROJECTED STATEMENT OF OPERATIONS						
	2011	PPD	2012	PPD	2013	PPD
<b>Revenues:</b>						
Rent	838,730		1,118,898		1,118,166	
<b>Total Revenue</b>	<b>838,730</b>	<b>\$0.00</b>	<b>1,118,898</b>	<b>\$0.00</b>	<b>1,118,166</b>	<b>\$0.00</b>
<b>Expenses:</b>						
Misc Expenses	8,000		10,000		10,000	
Insurance	17,027		17,452		17,889	
<b>Total expenses</b>	<b>23,027</b>	<b>\$0.00</b>	<b>27,452</b>	<b>\$0.00</b>	<b>27,889</b>	<b>\$0.00</b>
<b>Gross Profit</b>	<b>815,703</b>	<b>\$0.00</b>	<b>1,091,446</b>	<b>\$0.00</b>	<b>1,090,277</b>	<b>\$0.00</b>
<b>Capital costs:</b>						
Real estate taxes	112,500	\$14.61	157,500	\$6.39	165,375	\$6.57
Interest expense	575,580	\$74.75	760,455	\$30.84	751,943	\$29.86
Mortgage insurance	41,250	\$5.36	55,000	\$2.23	55,000	\$2.18
Depreciation	275,000	\$35.71	366,667	\$14.87	366,667	\$14.56
<b>Total capital costs</b>	<b>1,004,330</b>	<b>\$130.43</b>	<b>1,339,622</b>	<b>\$54.33</b>	<b>1,338,985</b>	<b>\$53.17</b>
<b>Net Income</b>	<b>(188,628)</b>	<b>(\$130.43)</b>	<b>(248,175)</b>	<b>(\$54.33)</b>	<b>(248,708)</b>	<b>(\$53.17)</b>
Occupancy	7,700		24,656		25,185	
Average Census	28		68		69	
Days	275		365		365	
Beds	75		75		75	
Available Days	20,625		27,375		27,375	
Occupancy	37.33%		90.07%		92.00%	
Number of Months in Operation	9		12		12	

<b>OJCC REALTY, LLC - REALTY ENTITY - PROJECTED BALANCE SHEET</b>			
<b>BALANCE SHEET</b>			
<b>Current Assets</b>			
Cash In bank and on hand	5,828	4,940	3,808
Accounts receivable net of allowance for doubtful accounts			
Tax and Insurance Escrows	73,624	98,165	98,165
Inventory			
<b>Total current assets</b>	<b>79,452</b>	<b>103,105</b>	<b>101,973</b>
<b>Fixed Assets:</b>			
Land, Building, Movables	13,000,000	13,000,000	13,000,000
Less: Accumulated Depreciation	275,000	641,667	1,008,333
<b>Net Fixed Assets</b>	<b>12,725,000</b>	<b>12,358,333</b>	<b>11,991,667</b>
<b>Other Assets:</b>			
Replacement Reserve	112,500	150,000	150,000
<b>Total assets</b>	<b>12,916,952</b>	<b>12,611,438</b>	<b>12,243,640</b>
<b>Liabilities and Stockholder's Equity</b>			
<b>Current Liabilities:</b>			
Accounts Payable			
Accrued payroll taxes			
Accrued salaries			
Current portion of Mortgage Payable	73,183	73,183	73,183
Accrued R/E Taxes	112,500	157,500	165,375
Accrued Interest	47,965	63,371	62,662
Other Liabilities	5,000	5,000	5,000
<b>Total current liabilities</b>	<b>238,648</b>	<b>299,054</b>	<b>306,220</b>
Long Term Debt Mortgage Payable	10,916,931	10,799,187	10,672,931
<b>Total Liabilities</b>	<b>11,155,679</b>	<b>11,098,241</b>	<b>10,979,151</b>
<b>Stockholder's equity</b>			
Contributed Capital	1,950,000	1,950,000	1,950,000
Retained earnings	(188,628)	(436,803)	(685,511)
<b>Total stockholders equity</b>	<b>1,761,373</b>	<b>1,513,197</b>	<b>1,264,489</b>
<b>Total liabilities and stockholder's equity</b>	<b>12,916,952</b>	<b>12,611,438</b>	<b>12,243,640</b>
Balance	0	0	(0)

OJCC, LLC - OPERATING ENTITY - PROJECTED STATEMENT OF OPERATIONS						
	2011	PPD	2012	PPD	2013	PPD
<b>Revenues:</b>						
Room & Board	2,822,050	\$366.50	6,966,094	\$375.00	7,305,375	\$385.00
Provider tax	(41,063)	(\$5.33)	(41,063)	(\$2.21)	(41,063)	(\$2.16)
Other						
<b>Total Revenue</b>	<b>2,780,988</b>	<b>\$361.17</b>	<b>6,925,031</b>	<b>\$372.79</b>	<b>7,264,313</b>	<b>\$382.84</b>
<b>Expenses:</b>						
Nursing & Ancillary	684,453	\$88.89	1,733,805	\$93.33	1,859,573	\$98.00
Activities	23,485	\$3.05	59,490	\$3.20	63,806	\$3.36
Employee Costs	108,108	\$14.04	273,851	\$14.74	293,716	\$15.48
Dietary costs	99,792	\$12.96	252,786	\$13.61	271,122	\$14.29
Housekeeping & repairs	66,143	\$8.59	167,548	\$9.02	179,702	\$9.47
Laundry & linen	43,428	\$5.64	110,009	\$5.92	117,988	\$6.22
Marketing expenses	84,623	\$10.99	214,361	\$11.54	229,910	\$12.12
General and administrative	269,500	\$35.00	682,677	\$36.75	732,198	\$38.59
Bad debts	36,806	\$4.78	93,234	\$5.02	99,997	\$5.27
Insurance expense	198,106	\$25.73	501,826	\$27.01	638,228	\$28.37
<b>Total expenses</b>	<b>1,614,444</b>	<b>\$209.67</b>	<b>4,089,587</b>	<b>\$220.15</b>	<b>4,386,241</b>	<b>\$231.16</b>
<b>Gross Profit</b>	<b>1,166,544</b>	<b>\$151.50</b>	<b>2,835,444</b>	<b>\$152.64</b>	<b>2,878,071</b>	<b>\$151.68</b>
<b>Capital costs:</b>						
Rent	838,730	\$108.93	1,118,898	\$60.23	1,118,166	\$58.93
<b>Total capital costs</b>	<b>838,730</b>	<b>\$108.93</b>	<b>1,118,898</b>	<b>\$60.23</b>	<b>1,118,166</b>	<b>\$58.93</b>
<b>Net Income</b>	<b>327,814</b>	<b>\$42.57</b>	<b>1,716,546</b>	<b>\$92.41</b>	<b>1,759,905</b>	<b>\$92.75</b>
Occupancy	7,700		18,576		18,975	
Average Census	28		68		69	
Days	275		275		275	
Beds	75		75		75	
Available Days	20,625		20,625		20,625	
Occupancy	37.33%		90.07%		92.00%	
Number of Months in Operation	9		12		12	



Month	Beginning Balance	Interest	Payment	Ending Balance		
1	\$11,000,000	\$64,167	\$73,183	\$10,990,983		
2	10,990,983	64,114	73,183	10,981,914		
3	10,981,914	64,061	73,183	10,972,792		
4	10,972,792	64,008	73,183	10,963,617		
5	10,963,617	63,954	73,183	10,954,388		
6	10,954,388	63,901	73,183	10,945,105		
7	10,945,105	63,846	73,183	10,935,768		
8	10,935,768	63,792	73,183	10,926,377		
9	10,926,377	63,737	73,183	10,916,931	\$575,580	\$658,647
10	10,916,931	63,682	73,183	10,907,430		
11	10,907,430	63,627	73,183	10,897,873		
12	10,897,873	63,571	73,183	10,888,261		
13	10,888,261	63,515	73,183	10,878,592		
14	10,878,592	63,458	73,183	10,868,868		
15	10,868,868	63,402	73,183	10,859,086		
16	10,859,086	63,345	73,183	10,849,248		
17	10,849,248	63,287	73,183	10,839,352		
18	10,839,352	63,230	73,183	10,829,398		
19	10,829,398	63,171	73,183	10,819,386		
20	10,819,386	63,113	73,183	10,809,316		
21	10,809,316	63,054	73,183	10,799,187	760,455	878,196
22	10,799,187	62,995	73,183	10,788,999		
23	10,788,999	62,936	73,183	10,778,751		
24	10,778,751	62,876	73,183	10,768,444		
25	10,768,444	62,816	73,183	10,758,077		
26	10,758,077	62,755	73,183	10,747,649		
27	10,747,649	62,695	73,183	10,737,160		
28	10,737,160	62,633	73,183	10,726,611		
29	10,726,611	62,572	73,183	10,715,999		
30	10,715,999	62,510	73,183	10,705,326		
31	10,705,326	62,448	73,183	10,694,590		
32	10,694,590	62,385	73,183	10,683,792		
33	10,683,792	62,322	73,183	10,672,931	761,943	878,196
34	10,672,931	62,259	73,183	10,662,007		
35	10,662,007	62,195	73,183	10,651,018		
36	10,651,018	62,131	73,183	10,639,966		
37	10,639,966	62,066	73,183	10,628,849		
38	10,628,849	62,002	73,183	10,617,667		
39	10,617,667	61,936	73,183	10,606,421		
40	10,606,421	61,871	73,183	10,595,108		
41	10,595,108	61,805	73,183	10,583,730		
42	10,583,730	61,738	73,183	10,572,285		
43	10,572,285	61,672	73,183	10,560,773		
44	10,560,773	61,605	73,183	10,549,194		
45	10,549,194	61,537	73,183	10,537,548		
46	10,537,548	61,469	73,183	10,525,834		
47	10,525,834	61,401	73,183	10,514,051		
48	10,514,051	61,332	73,183	1,050,220		
49	1,050,220	61,263	73,183	10,490,280		
50	10,490,280	61,193	73,183	10,478,290		
51	10,478,290	61,123	73,183	10,466,230		
52	10,466,230	61,053	73,183	10,454,099		
53	10,454,099	60,982	73,183	10,441,898		
54	10,441,898	60,911	73,183	10,429,626		
55	10,429,626	60,839	73,183	10,417,282		
56	10,417,282	60,767	73,183	10,404,867		
57	10,404,867	60,695	73,183	10,392,378		
58	10,392,378	60,622	73,183	10,379,817		
59	10,379,817	60,549	73,183	10,367,183		
60	10,367,183	60,475	73,183	10,354,475		
61	10,354,475	60,401	73,183	10,341,693		
62	10,341,693	60,327	73,183	10,328,836		
63	10,328,836	60,252	73,183	10,315,904		
64	10,315,904	60,176	73,183	10,302,897		
65	10,302,897	60,100	73,183	10,289,814		
66	10,289,814	60,024	73,183	10,276,655		
67	10,276,655	59,947	73,183	10,263,419		

Amortization

68	10,263,419	59,870	73,183	10,250,105		
69	10,250,105	59,792	73,183	10,236,714		
70	10,236,714	59,714	73,183	10,223,245		
71	10,223,245	59,636	73,183	10,209,697		
72	10,209,697	59,557	73,183	10,196,071		
73	10,196,071	59,477	73,183	10,182,365		
74	10,182,365	59,397	73,183	10,168,578		
75	10,168,578	59,317	73,183	10,154,712		
76	10,154,712	59,236	73,183	10,140,764		
77	10,140,764	59,154	73,183	10,126,736		
78	10,126,736	59,073	73,183	10,112,625		
79	10,112,625	58,990	73,183	10,098,432		
80	10,098,432	58,908	73,183	10,084,156		
81	10,084,156	58,824	73,183	10,069,797		
82	10,069,797	58,740	73,183	10,055,354		
83	10,055,354	58,656	73,183	10,040,827		
84	10,040,827	58,571	73,183	10,026,216		
85	10,026,216	58,486	73,183	10,011,519		
86	10,011,519	58,401	73,183	9,996,736		
87	9,996,736	58,314	73,183	9,981,667		
88	9,981,667	58,228	73,183	9,966,911		
89	9,966,911	58,140	73,183	9,951,868		
90	9,951,868	58,053	73,183	9,936,737		
91	9,936,737	57,964	73,183	9,921,518		
92	9,921,518	57,876	73,183	9,906,211		
93	9,906,211	57,786	73,183	9,890,814		
94	9,890,814	57,696	73,183	9,875,327		
95	9,875,327	57,606	73,183	9,859,750		
96	9,859,750	57,515	73,183	9,844,082		
97	9,844,082	57,424	73,183	9,828,322		
98	9,828,322	57,332	73,183	9,812,471		
99	9,812,471	57,239	73,183	9,796,527		
100	9,796,527	57,146	73,183	9,780,490		
101	9,780,490	57,053	73,183	9,764,360		
102	9,764,360	56,959	73,183	9,748,135		
103	9,748,135	56,864	73,183	9,731,816		
104	9,731,816	56,769	73,183	9,715,401		
105	9,715,401	56,673	73,183	9,698,891		
106	9,698,891	56,577	73,183	9,682,285		
107	9,682,285	56,480	73,183	9,665,582		
108	9,665,582	56,383	73,183	9,648,781		
109	9,648,781	56,285	73,183	9,631,882		
110	9,631,882	56,186	73,183	9,614,885		
111	9,614,885	56,087	73,183	9,597,789		
112	9,597,789	55,987	73,183	9,580,592		
113	9,580,592	55,887	73,183	9,563,296		
114	9,563,296	55,788	73,183	9,545,898		
115	9,545,898	55,684	73,183	9,528,400		
116	9,528,400	55,582	73,183	9,510,799		
117	9,510,799	55,480	73,183	9,493,095		
118	9,493,095	55,376	73,183	9,475,288		
119	9,475,288	55,273	73,183	9,457,377		
120	9,457,377	55,168	73,183	9,439,362		
121	9,439,362	55,063	73,183	9,421,242		
122	9,421,242	54,957	73,183	9,403,016		
123	9,403,016	54,851	73,183	9,384,683		
124	9,384,683	54,744	73,183	9,366,244		
125	9,366,244	54,636	73,183	9,347,697		
126	9,347,697	54,528	73,183	9,329,042		
127	9,329,042	54,419	73,183	9,310,278		
128	9,310,278	54,310	73,183	9,291,405		
129	9,291,405	54,200	73,183	9,272,422		
130	9,272,422	54,089	73,183	9,253,328		
131	9,253,328	53,978	73,183	9,234,122		
132	9,234,122	53,866	73,183	9,214,804		
133	9,214,804	53,753	73,183	9,195,374		
134	9,195,374	53,640	73,183	9,175,831		
135	9,175,831	53,526	73,183	9,156,173		

Amortization

136	9,156,173	53,411	73,183	9,136,401		
137	9,136,401	53,296	73,183	9,116,513		
138	9,116,513	53,180	73,183	9,096,510		
139	9,096,510	53,063	73,183	9,076,389		
140	9,076,389	52,946	73,183	9,056,152		
141	9,056,152	52,828	73,183	9,035,796		
142	9,035,796	52,709	73,183	9,015,321		
143	9,015,321	52,589	73,183	8,994,727		
144	8,994,727	52,469	73,183	8,974,013		
145	8,974,013	52,348	73,183	8,953,179		
146	8,953,179	52,227	73,183	8,932,222		
147	8,932,222	52,105	73,183	8,911,144		
148	8,911,144	51,982	73,183	8,889,942		
149	8,889,942	51,858	73,183	8,868,617		
150	8,868,617	51,734	73,183	8,847,167		
151	8,847,167	51,608	73,183	8,825,592		
152	8,825,592	51,483	73,183	8,803,892		
153	8,803,892	51,356	73,183	8,782,064		
154	8,782,064	51,229	73,183	8,760,110		
155	8,760,110	51,101	73,183	8,738,027		
156	8,738,027	50,972	73,183	8,715,816		
157	8,715,816	50,842	73,183	8,693,475		
158	8,693,475	50,712	73,183	8,671,003		
159	8,671,003	50,581	73,183	8,648,401		
160	8,648,401	50,449	73,183	8,625,667		
161	8,625,667	50,316	73,183	8,602,800		
162	8,602,800	50,183	73,183	8,579,799		
163	8,579,799	50,049	73,183	8,556,665		
164	8,556,665	49,914	73,183	8,533,396		
165	8,533,396	49,778	73,183	8,509,990		
166	8,509,990	49,642	73,183	8,486,449		
167	8,486,449	49,504	73,183	8,462,770		
168	8,462,770	49,366	73,183	8,438,953		
169	8,438,953	49,227	73,183	8,414,997		
170	8,414,997	49,087	73,183	8,390,901		
171	8,390,901	48,947	73,183	8,366,664		
172	8,366,664	48,806	73,183	8,342,287		
173	8,342,287	48,663	73,183	8,317,767		
174	8,317,767	48,520	73,183	8,293,104		
175	8,293,104	48,376	73,183	8,268,297		
176	8,268,297	48,232	73,183	8,243,345		
177	8,243,345	48,086	73,183	8,218,248		
178	8,218,248	47,940	73,183	8,193,005		
179	8,193,005	47,793	73,183	8,167,614		
180	8,167,614	47,644	73,183	8,142,075		
181	8,142,075	47,495	73,183	8,116,387		
182	8,116,387	47,346	73,183	8,090,550		
183	8,090,550	47,195	73,183	8,064,561		
184	8,064,561	47,043	73,183	8,038,421		
185	8,038,421	46,891	73,183	8,012,129		
186	8,012,129	46,737	73,183	7,985,683		
187	7,985,683	46,583	73,183	7,959,083		
188	7,959,083	46,428	73,183	7,932,328		
189	7,932,328	46,272	73,183	7,905,416		
190	7,905,416	46,115	73,183	7,878,348		
191	7,878,348	45,957	73,183	7,851,122		
192	7,851,122	45,798	73,183	7,823,737		
193	7,823,737	45,638	73,183	7,796,192		
194	7,796,192	45,478	73,183	7,768,486		
195	7,768,486	45,316	73,183	7,740,619		
196	7,740,619	45,154	73,183	7,712,590		
197	7,712,590	44,990	73,183	7,684,396		
198	7,684,396	44,826	73,183	7,656,039		
199	7,656,039	44,660	73,183	7,627,516		
200	7,627,516	44,494	73,183	7,598,826		
201	7,598,826	44,326	73,183	7,569,969		
202	7,569,969	44,158	73,183	7,540,944		
203	7,540,944	43,989	73,183	7,511,750		

Amortization

204	7,511,750	43,819	73,183	7,482,385		
205	7,482,385	43,647	73,183	7,452,849		
206	7,452,849	43,475	73,183	7,423,141		
207	7,423,141	43,302	73,183	7,393,259		
208	7,393,259	43,127	73,183	7,363,203		
209	7,363,203	42,952	73,183	7,332,972		
210	7,332,972	42,776	73,183	7,302,564		
211	7,302,564	42,598	73,183	7,271,979		
212	7,271,979	42,420	73,183	7,241,216		
213	7,241,216	42,240	73,183	7,210,273		
214	7,210,273	42,060	73,183	7,179,150		
215	7,179,150	41,878	73,183	7,147,845		
216	7,147,845	41,696	73,183	7,116,357		
217	7,116,357	41,512	73,183	7,084,686		
218	7,084,686	41,327	73,183	7,052,830		
219	7,052,830	41,142	73,183	7,020,789		
220	7,020,789	40,955	73,183	6,988,560		
221	6,988,560	40,767	73,183	6,956,143		
222	6,956,143	40,578	73,183	6,923,537		
223	6,923,537	40,387	73,183	6,890,741		
224	6,890,741	40,196	73,183	6,857,764		
225	6,857,764	40,004	73,183	6,824,574		
226	6,824,574	39,810	73,183	6,791,201		
227	6,791,201	39,616	73,183	6,757,633		
228	6,757,633	39,420	73,183	6,723,870		
229	6,723,870	39,223	73,183	6,689,909		
230	6,689,909	39,024	73,183	6,655,760		
231	6,655,760	38,825	73,183	6,621,392		
232	6,621,392	38,625	73,183	6,586,833		
233	6,586,833	38,423	73,183	6,552,073		
234	6,552,073	38,220	73,183	6,517,111		
235	6,517,111	38,016	73,183	6,481,944		
236	6,481,944	37,811	73,183	6,446,572		
237	6,446,572	37,605	73,183	6,410,994		
238	6,410,994	37,397	73,183	6,375,208		
239	6,375,208	37,189	73,183	6,339,213		
240	6,339,213	36,979	73,183	6,303,009		
241	6,303,009	36,768	73,183	6,266,593		
242	6,266,593	36,555	73,183	6,229,965		
243	6,229,965	36,341	73,183	6,193,123		
244	6,193,123	36,127	73,183	6,156,066		
245	6,156,066	35,910	73,183	6,118,793		
246	6,118,793	35,693	73,183	6,081,303		
247	6,081,303	35,474	73,183	6,043,594		
248	6,043,594	35,254	73,183	6,005,665		
249	6,005,665	35,033	73,183	5,967,515		
250	5,967,515	34,811	73,183	5,929,142		
251	5,929,142	34,587	73,183	5,890,545		
252	5,890,545	34,362	73,183	5,851,724		
253	5,851,724	34,135	73,183	5,812,675		
254	5,812,675	33,907	73,183	5,773,399		
255	5,773,399	33,678	73,183	5,733,894		
256	5,733,894	33,448	73,183	5,694,159		
257	5,694,159	33,216	73,183	5,654,191		
258	5,654,191	32,983	73,183	5,613,991		
259	5,613,991	32,748	73,183	5,573,556		
260	5,573,556	32,512	73,183	5,532,885		
261	5,532,885	32,275	73,183	5,491,877		
262	5,491,977	32,037	73,183	5,450,830		
263	5,450,830	31,797	73,183	5,409,443		
264	5,409,443	31,555	73,183	5,367,815		
265	5,367,815	31,312	73,183	5,325,944		
266	5,325,944	31,068	73,183	5,283,829		
267	5,283,829	30,822	73,183	5,241,488		
268	5,241,468	30,575	73,183	5,198,860		
269	5,198,860	30,327	73,183	5,156,003		
270	5,156,003	30,077	73,183	5,112,897		
271	5,112,897	29,825	73,183	5,069,539		

Amortization

272	5,069,539	29,572	73,183	5,025,928		
273	5,025,928	29,318	73,183	4,982,062		
274	4,982,062	29,062	73,183	4,937,941		
275	4,937,941	28,805	73,183	4,893,563		
276	4,893,563	28,546	73,183	4,848,925		
277	4,848,925	28,285	73,183	4,804,027		
278	4,804,027	28,023	73,183	4,758,867		
279	4,758,867	27,760	73,183	4,713,444		
280	4,713,444	27,495	73,183	4,667,756		
281	4,667,756	27,229	73,183	4,621,801		
282	4,621,801	26,961	73,183	4,575,579		
283	4,575,579	26,691	73,183	4,529,086		
284	4,529,086	26,420	73,183	4,482,323		
285	4,482,323	26,147	73,183	4,435,286		
286	4,435,286	25,873	73,183	4,387,975		
287	4,387,975	25,597	73,183	4,340,389		
288	4,340,389	25,319	73,183	4,292,524		
289	4,292,524	25,040	73,183	4,244,381		
290	4,244,381	24,759	73,183	4,195,956		
291	4,195,956	24,476	73,183	4,147,249		
292	4,147,249	24,192	73,183	4,098,259		
293	4,098,259	23,907	73,183	4,048,982		
294	4,048,982	23,619	73,183	3,999,418		
295	3,999,418	23,330	73,183	3,949,564		
296	3,949,564	23,039	73,183	3,899,420		
297	3,899,420	22,747	73,183	3,848,983		
298	3,848,983	22,452	73,183	3,798,253		
299	3,798,253	22,156	73,183	3,747,226		
300	3,747,226	21,859	73,183	3,695,901		
301	3,695,901	21,559	73,183	3,644,277		
302	3,644,277	21,258	73,183	3,592,352		
303	3,592,352	20,955	73,183	3,540,125		
304	3,540,125	20,651	73,183	3,487,592		
305	3,487,592	20,344	73,183	3,434,753		
306	3,434,753	20,036	73,183	3,381,606		
307	3,381,606	19,726	73,183	3,328,149		
308	3,328,149	19,414	73,183	3,274,379		
309	3,274,379	19,101	73,183	3,220,297		
310	3,220,297	18,785	73,183	3,165,899		
311	3,165,899	18,468	73,183	3,111,183		
312	3,111,183	18,149	73,183	3,056,148		
313	3,056,148	17,828	73,183	3,000,793		
314	3,000,793	17,505	73,183	2,945,114		
315	2,945,114	17,180	73,183	2,889,110		
316	2,889,110	16,853	73,183	2,832,780		
317	2,832,780	16,525	73,183	2,776,122		
318	2,776,122	16,194	73,183	2,719,132		
319	2,719,132	15,862	73,183	2,661,811		
320	2,661,811	15,527	73,183	2,604,155		
321	2,604,155	15,191	73,183	2,546,162		
322	2,546,162	14,853	73,183	2,487,832		
323	2,487,832	14,512	73,183	2,429,161		
324	2,429,161	14,170	73,183	2,370,148		
325	2,370,148	13,826	73,183	2,310,790		
326	2,310,790	13,480	73,183	2,251,086		
327	2,251,086	13,131	73,183	2,191,035		
328	2,191,035	12,781	73,183	2,130,632		
329	2,130,632	12,429	73,183	2,069,878		
330	2,069,878	12,074	73,183	2,008,769		
331	2,008,769	11,718	73,183	1,947,303		
332	1,947,303	11,359	73,183	1,885,479		
333	1,885,479	10,999	73,183	1,823,295		
334	1,823,295	10,636	73,183	1,760,747		
335	1,760,747	10,271	73,183	1,697,835		
336	1,697,835	9,904	73,183	1,634,556		
337	1,634,556	9,535	73,183	1,570,907		
338	1,570,907	9,164	73,183	1,506,888		
339	1,506,888	8,790	73,183	1,442,495		

Amortization

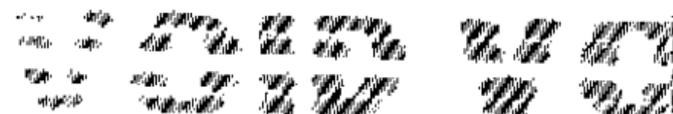
340	1,442,495	8,415	73,183	1,377,726		
341	1,377,726	8,037	73,183	1,312,579		
342	1,312,579	7,657	73,183	1,247,053		
343	1,247,053	7,274	73,183	1,181,144		
344	1,181,144	6,890	73,183	1,114,851		
345	1,114,851	6,503	73,183	1,048,171		
346	1,048,171	6,114	73,183	981,102		
347	981,102	5,723	73,183	913,642		
348	913,642	5,330	73,183	845,788		
349	845,788	4,934	73,183	777,538		
350	777,538	4,536	73,183	708,891		
351	708,891	4,135	73,183	639,843		
352	639,843	3,732	73,183	570,392		
353	570,392	3,327	73,183	500,536		
354	500,536	2,920	73,183	430,272		
355	430,272	2,510	73,183	359,599		
356	359,599	2,098	73,183	288,513		
357	288,513	1,683	73,183	217,013		
358	217,013	1,266	73,183	145,096		
359	145,096	846	73,183	72,759		
360	72,759	424	73,183	0		

Amortization

Capitol Care Center, LLC  
OPERATING ACCOUNT

555 W. Carpenter  
Springfield, IL 62702

FIRST BANK  
80-942 / 810



15058

Two-Thousand-Five-Hundred and 00/100 dollars

DATE

AMOUNT

09/29/08

\$2,500.00

PAY  
TO THE  
ORDER  
OF

Illinois Dept Of Public Health  
525 - 535 W. Jefferson St.  
Springfield IL 62761-0001



NOT VALID AFTER 180 DAYS

08-086 Springfield Nursing & Rehab Center

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