

THIS DOCUMENT HAS A GRADUATED BACKGROUND. DARK TO LIGHT. THE REVERSE SIDE INCLUDES AN ARTIFICIAL WATERMARK.

800 EAST CENTER STREET, LLC

3359 West Main Street
Skokie, Illinois 60076-2432

JPMorgan Chase Bank, N.A.

Chicago, Illinois

1015

2-1 / 710

DATE 05/29/2009

PAY ILL DEPT OF PUBLIC HEALTH \$ **2,500.00

Two Thousand Five Hundred Only*****

DOLLARS

TO THE
ORDER
OF

Memo 09-048 Ottawa Pavilion



⑈001015⑈ ⑆071000013⑆ 656820305⑈

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

SEP 14 2009

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Ottawa Pavilion		
Street Address: 800 East Center Street		
City and Zip Code: Ottawa 61350		
County: LaSalle	Health Service Area: II	Health Planning Area: LaSalle

Applicant Identification

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

Exact Legal Name: 800 East Center Street, LLC		
Address: 800 East Center Street, Ottawa, Illinois 61350		
Name of Registered Agent: Abraham J. Stern		
Name of Chief Executive Officer: Shimon K. Goldstein		
CEO Address: 3359 West Main Street, Skokie, Illinois 60076-2432		
Telephone Number: (847) 679-8219		

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

Type of Ownership

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

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

Primary Contact

[Person to receive all 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 Number: (217) 544-1551
E-mail Address: foley.associates@sbcglobal.net
Fax Number: (217) 544-3615

Additional Contact

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

Name: Marshall A. Mauer
Title:
Company Name: Dynamic Healthcare
Address: 3359 West Main Street, Skokie, Illinois 60076-2432
Telephone Number: (847) 679-8219
E-mail Address: mmauer@dynamichc.com
Fax Number: (847) 679-7377

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

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

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Address: 800 East Center Street, Ottawa, Illinois 61350
Name of Registered Agent: Abraham J. Stern
Name of Chief Executive Officer: Shimon Goldstein
CEO Address: 3359 West Main Street, Skokie, Illinois 60076-2432
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E-mail Address: mmauer@dynamichc.com
Fax Number: (847) 679-7377

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name: Marshall Mauer
Title:
Company Name: Dynamic Healthcare
Address: 3359 West Main Street, Skokie, Illinois 60076-2432
Telephone Number: (847) 679-8219
E-mail Address: mmauer@dynamichc.com
Fax Number: (847) 679-7377

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: 800 East Center Street, LLC
Address of Site Owner: 800 East Center Street, Ottawa, Illinois 61350
Street Address or Legal Description of Site: 800 East Center Street

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Ottawa Pavilion, Ltd.
Address: 800 East Center Street, Ottawa, Illinois 61350
<input type="checkbox"/> Non-profit Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois certificate of good standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as 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 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.idph.state.il.us/about/hfpb.htm>).

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive
- Non-substantive

Part 1120 Applicability or Classification:
[Check one only.]

- Part 1120 Not Applicable
- Category A Project
- Category B Project
- DHS or DVA Project

2. Project Outline

In the chart below, indicate the proposed action(s) for each clinical service area involved by writing the number of beds, stations or key rooms involved:

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery					
General Long Term Care		+10	+119		
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					



3. Narrative Description

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

The Applicants, 800 East Center Street, LLC (Owner) and Ottawa Pavilion, Ltd. (operator/Licensee), d/b/a Ottawa Pavilion are proposing the modernization and replacement of the facility. The Ottawa Pavilion building is has three contiguous structures; the first building was constructed in 1920. The remnants of this building are in an extremely deteriorated condition inside and only a portion of the building is used and only for limited storage. All but the remaining portion of that building was replaced in 1940. This is considered the main building. The third and final building addition was constructed in 1989. This project will renovate the 1989 building to accommodate seventeen (existing) beds and will replace (on-site) the remaining 102 nursing beds. This project will also include the (new) construction of ten additional nursing beds per the 20-bed/10% rule (20 ILCS 3960/5.c) (from Ch. 111 1/2, par. 1151) of the Illinois Health Facilities Planning Act. Therefore, upon project completion the facility will be licensed for a total of 129 nursing beds.

The renovation will cover approximately 9,300 square feet of existing space with an anticipated cost of \$654,515. The on-site new construction will consist of a one story building with approximately 58,985 square feet to include a basement (6,433 square feet included in the above figure) at an approximate cost of \$11,000,000.00 to include demolition costs.

The facility located at 800 East Center Street is situated on approximately five acres. This project will result in a new physical layout and orientation of the campus. Since the project is in excess of the allowed threshold of \$6.5 million, this project is considered as "substantive".

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-clinical components that are not related to the provision of health care, complete the second column of the table below. See 20 ILCS 3960 for definition of non-clinical. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Preplanning Costs	\$46,470	\$20,530	\$67,000
Site Survey and Soil Investigation	\$10,404	\$4,596	\$15,000
Site Preparation	\$270,494	\$119,506	\$390,000
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$5,849,250	\$2,971,875	\$8,821,125
Modernization Contracts	\$476,102	\$161,272	\$637,374
Contingencies	\$632,535	\$313,315	\$945,850
Architectural/Engineering Fees	\$265,000	\$124,850	\$389,850
Consulting and Other Fees	\$72,305	\$31,945	\$104,250
Movable or Other Equipment (not in construction contracts)	\$800,000	\$180,000	\$980,000
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$480,648	\$212,352	\$693,000
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$384,370	\$169,816	\$554,186
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$8,430,534	\$5,167,101	\$13,597,635
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities	\$0	\$0	\$0
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$8,430,534	\$5,167,101	\$13,597,635
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
TOTAL SOURCES OF FUNDS	\$8,430,534	\$5,167,101	\$13,597,635
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>(61,000)</u>.</p>

Project Status and Completion Schedules

<p>Indicate the stage of the project's architectural drawings:</p> <p><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): <u>March 2012</u></p>
<p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p>

State Agency Submittals

<p>Are the following submittals up to date as applicable:</p> <p><input type="checkbox"/> Cancer Registry</p> <p><input type="checkbox"/> APORS</p> <p><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input type="checkbox"/> All reports regarding outstanding permits</p>

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							



Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Ottawa Pavilion			CITY: Ottawa		
REPORTING PERIOD DATES: From: July, 2008 to: June, 2009					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	119	224*	33,029	+10	129
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	119			+10	129

*CY 2008 data

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of 800 EAST CENTER STREET, 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.

Marshall A. Mauer
 SIGNATURE
MARSHALL A. MAUER
 PRINTED NAME
MANAGER
 PRINTED TITLE

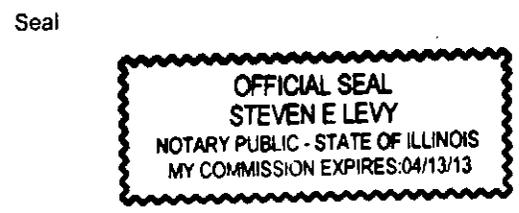
Maurice I. Aaron
 SIGNATURE
MAURICE I. AARON
 PRINTED NAME
MANAGER
 PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 17th day of AUGUST 2009

Notarization:
Subscribed and sworn to before me this 17th day of AUGUST 2009

Steven E. Levy
Signature of Notary

Steven E. Levy
Signature of Notary



*Insert EXACT legal name of the applicant

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This Application for Permit is filed on the behalf of OTTAWA PAVILION LTD. 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.

Marshall A. Mayer
 SIGNATURE
MARSHALL A. MAYER
 PRINTED NAME
SEC ITREAS
 PRINTED TITLE

Maurice I. Aaron
 SIGNATURE
MAURICE I. AARON
 PRINTED NAME
VICE PRESIDENT
 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this Monday of November 2009

Notarization:
Subscribed and sworn to before me
this Monday of November 2009

Steven E Levy
Signature of Notary

Steven E Levy
Signature of Notary

Seal

Seal



*Insert EXACT legal name of the applicant

SECTION III. - PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 - Project Purpose, Background and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

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.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENTS IN NUMERIC, ALPHABETICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals.

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

NOTE: The description of the purpose of the project shall not exceed one page. All information regarding the purpose of the project will be included in the State Agency Report. II. APPENDIX DOCUMENTATION AS ATTACHMENT TO THE PERMIT APPLICATION ORDER AFTER THE LAST PAGE OF THE APPLICATION FOR PERMIT.

ALTERNATIVES

Document ALL of the alternatives to the proposed project:

Examples of alternative options include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.
 - 3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

APPENDIX DOCUMENTATION AS ATTACHMENT TO THE PERMIT APPLICATION ORDER AFTER THE LAST PAGE OF THE APPLICATION FOR PERMIT.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.
2. If the gross square footage exceeds the GSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing bed space that results in excess square footage.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B.

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and

- b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

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

I. Criterion 1110.1730 - General Long Term Care

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

Indicate bed capacity changes by Service:

Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds	# to Establish	# to Expand	# to Modernize
<input checked="" type="checkbox"/> General Long Term Care	119	129	0	10*	119
<input type="checkbox"/>					
<input type="checkbox"/>					

*per the Board's 20 bed/10% rule not considered substantive and not subject to expansion criteria.

2. READ the applicable review criteria outlined below and **SUBMIT ALL** required information, as applicable to the project:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X				
1110.1730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X			
1110.1730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X				
1110.1730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X			
1110.1730(b)(5) - Planning Area Need - Service Accessibility	X				
1110.1730(c)(1) - Description of Continuum of Care				X	
1110.1730(c)(2) - Components				X	
1110.1730(c)(3) - Documentation				X	
1110.1730(d)(1) - Description of Defined Population to be Served					X
1110.1730(d)(2) - Documentation of Need					X
1110.1730(d)(3) - Documentation Related to Cited Problems			X		
1110.1730(e)(1) - Unnecessary Duplication of Services	X				
1110.1730(e)(2) - Maldistribution	X				

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
1110.1730(e)(3) - Impact of Project on Other Area Providers	X				
1110.1730(f)(1) - Deteriorated Facilities			X		
1110.1730(f)(2) & (3) - Documentation			X		
1110.1730(f)(4) - Utilization			X		
1110.1730(g) - Staffing Availability	X	X		X	X
1110.1730(h) - Facility Size	X	X	X	X	X
1110.1730(i) - Community Related Functions	X		X	X	X
1110.1730(j) - Zoning	X		X	X	X
1110.1730(k) - Assurances	X	X		X	X

APPEND DOCUMENTATION AS INDICATED BELOW, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM:

APPLICABLE REVIEW CRITERIA	ATTACHMENT NUMBER
Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	33
Planning Area Need - Service to Planning Area Residents	34
Planning Area Need - Service Demand - Establishment of Category of Service	35
Planning Area Need - Service Demand - Expansion of Existing Category of Service	36
Planning Area Need - Service Accessibility	37
Description of Continuum of Care	38
Components	39
Documentation	40
Description of Defined Population to be Served	41
Documentation of Need	42
Documentation Related to Cited Problems	43
Unnecessary Duplication of Services	44
Maldistribution	45
Impact of Project on Other Area Providers	46
Deteriorated Facilities	47

Documentation	48
Utilization	49
Staffing Availability	50
Facility Size	51
Community Related Functions	52
Zoning	53
Assurances	54

T. Financial Feasibility

This section is applicable to all projects subject to Part 1120.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming 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

A. Criterion 1120.210(a), Financial Viability

1. Viability Ratios – 800 East Center Street, LLC

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 (Projected)
	2006	2007	2008	2013
Enter Historical and/or Projected Years:				
Current Ratio	.02	.06	.15	6.14
Net Margin Percentage	-21.01%	-8.74%	19.02%	2.62%
Percent Debt to Total Capitalization	102.41%	104.06%	100.87%	97.01%
Projected Debt Service Coverage	.91	.94	1.21	1.29
Days Cash on Hand	8	30	14	526
Cushion Ratio	.01	.07	.02	1.31

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.

800 E Center St

OWNER HISTORICAL AND FORECASTED FINANCIAL RATIOS

	2008	2007	2008	PROJECTION 2013
Current Ratio =				
Total current assets	3,981	15,920	35,549	1,347,208
Total current liabilities	249,693	258,008	229,687	219,467
				8.14
Net margin percentage =				
Net Income	(52,854)	(24,125)	52,452	34,828
Revenues	252,000	276,000	276,000	1,320,000
				2.82%
Debt capitalization ratio =				
Mortgage+other LTD + subordinated LTD	1,797,083	1,792,083	1,607,083	14,888,825
Mortgage+other LTD + subordinated LTD + owner's equity	1,754,873	1,639,748	1,593,240	15,346,371
				97.01%
Debt service coverage =				
Net Income + depn + int	249,878	227,722	273,892	1,317,750
int + mtg principal	272,230	242,996	229,824	1,024,894
				1.29
Days cash on hand =				
Cash + Investments	3,981	15,920	4,854	1,347,208
(Op exp - depn - amort)/365	500	638	384	2,560
				628 DAYS
Custion Ratio =				
Cash + Investments	3,981	15,920	4,854	1,347,208
Annual debt service	272,230	242,996	229,824	1,024,894
				1.31

T. Financial Feasibility

This section is applicable to all projects subject to Part 1120.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming 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

A. Criterion 1120.210(a), Financial Viability

1. Viability Ratios – Ottawa Pavilion, Ltd.

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 (Projected)
	2006	2007	2008	2013
Enter Historical and/or Projected Years:				
Current Ratio	.80	.97	.69	2.00
Net Margin Percentage	.30%	5.01%	-9.01%	11.16%
Percent Debt to Total Capitalization	1,181.31%	142.08%	-364.82%	0.00%
Projected Debt Service Coverage	1.41	4.09	(4.84)	11.57
Days Cash on Hand	0	6	0	93
Cushion Ratio	N/A	N/A	N/A	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.

T. Financial Feasibility

This section is applicable to all projects subject to Part 1120.

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming 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

A. Criterion 1120.210(a), Financial Viability**1. Viability Ratios – Combined**

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 (Projected)
	2006	2007	2008	2013
Enter Historical and/or Projected Years:				
Current Ratio	.68	.79	.62	2.52
Net Margin Percentage	-.91%	4.54%	-7.87%	11.57%
Percent Debt to Total Capitalization	125.60%	109.89%	137.26%	87.04%
Projected Debt Service Coverage	1.05	1.81	(0.05)	2.14
Days Cash on Hand	0	7	0	141
Cushion Ratio	.01	.40	.02	3.19

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.

Ottawa Pavilion Ltd/800 E Center St - Combined
COMBINED FINANCIAL RATIOS

	2008	2007	2008	PROJECTION 2013
Current Ratio =	1,123,075 1,653,168	1,023,884 1,298,080	0.79	4,399,872 1,745,474
Net margin percentage =	(39.974) 4,379,457	233,832 5,151,071	4.54%	(399,512) 8,476,708
Debt capitalization ratio =	2,252,583 1,793,432	2,123,383 1,932,284	109.89%	14,888,825 17,103,764
Debt service coverage =	391,142 374,288	508,282 338,365	1.81	2,388,138 1,117,394
Days cash on hand =	3,981 12,962	88,108 13,861	0 DAYS	3,287,778 23,104
Cushion Ratio =	3,981 272,230	88,108 242,998	0.40	3,287,778 1,024,864

** NOTE: RENTAL INCOME HAS BEEN ADJUSTED OUT OF DENOMINATOR IN NET MARGIN % CALCULATION

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)
(continued)

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:

- \$0 **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.
- \$0 **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.
- \$0 **Gifts and Bequests**
Provide verification of the dollar amount and identify any conditions of the source and timing of its use.
- \$13,597,635 **Debt Financing (indicate type(s) Cambridge 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.
- \$0 **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.
- \$0 **Grants**
Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time or receipt.
- \$0 **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.

\$13,597,635 **TOTAL FUNDS AVAILABLE**

C. Criterion 1120.210(c), Operating Start-up Costs

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.

APPEND DOCUMENTATION AS ATTACHMENT 75 IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

U. Economic Feasibility

This section is applicable to all projects subject to Part 1120.

SECTION XXVI. REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)

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.

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.

B. 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 Mod.	New Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Nursing	\$126.09	\$69.22	69,960	0	9,208	0	\$8,821,125.00	\$637,374.00	\$9,458,499.00
Contingency	\$12.61	\$6.92	0	0	0	0	\$882,112.50	\$63,737.40	\$945,849.90
TOTALS	\$138.70	\$76.14	69,960	0	9,208	0	\$9,703,237.50	\$701,111.40	\$10,404,348.90

* 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:

REVIEW CRITERIA RELATING TO ECONOMIC FEASIBILITY (ECON)
(continued)

- 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.
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.

D. Criterion 1120.310(d), Projected Operating Costs

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.

E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs

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.

N/A F. 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 -76, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification	1-2
2	Site Ownership	3
3	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	30-32
4	Flood Plain Requirements	33-35
5	Historic Preservation Act Requirements	36-68
6	Description of Project	5
7	Project and Sources of Funds Itemization	6
8	Cost Space Requirements	69
9	Discontinuation	
10	Background of the Applicant	70-80
11	Purpose of the Project	81-150
12	Alternatives to the Project	151-222
13	Size of the Project	223-245
14	Project Service Utilization	246
15	Unfinished or Shell Space	247
16	Assurances for Unfinished/Shell Space	248
17	Master Design Project	
18	Mergers, Consolidations and Acquisitions	
	Categories of Service:	
19	Planning Area Need	
20	Service Demand - Establishment of Category of Service	
21	Service Demand - Expansion of Existing Category of Service	
22	Service Accessibility - Service Restrictions	
23	Unnecessary Duplication/Maldistribution	
24	Category of Service Modernization	
25	Staffing Availability	
26	Assurances	
	Service Specific:	
27	Comprehensive Physical Rehabilitation	
28	Neonatal Intensive Care	
29	Open Heart Surgery	
30	Cardiac Catheterization	
31	In-Center Hemodialysis	
32	Non-Hospital Based Ambulatory Surgery	
	General Long Term Care:	
33	Planning Area Need	
34	Service to Planning Area Residents	
35	Service Demand-Establishment of Category of Service	
36	Service Demand-Expansion of Existing Category of Service	
37	Service Accessibility	
38	Description of Continuum of Care	
39	Components	
40	Documentation	
41	Description of Defined Population to be Served	

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
42	Documentation of Need	
43	Documentation Related to Cited Problems	249
44	Unnecessary Duplication of Service	
45	Maldistribution	
46	Impact of Project on Other Area Providers	
47	Deteriorated Facilities	250-251
48	Documentation	252
49	Utilization	253-270
50	Staffing Availability	
51	Facility Size	271
52	Community Related Functions	272-287
53	Zoning	288-289
54	Assurances	
	Service Specific (continued...):	
55	Specialized Long Term Care	
56	Selected Organ Transplantation	
57	Kidney Transplantation	
58	Subacute Care Hospital Model	
59	Post Surgical Recovery Care Center	
60	Children's Community-Based Health Care Center	
61	Community-Based Residential Rehabilitation Center	
	Clinical Service Areas Other than Categories of Service:	
62	Need Determination - Establishment	
63	Service Demand	
64	Referrals from Inpatient Base	
65	Physician Referrals	
66	Historical Referrals to Other Providers	
67	Population Incidence	
68	Impact of Project on Other Area Providers	
69	Utilization	
70	Deteriorated Facilities	
71	Necessary Expansion	
72	Utilization- Major Medical Equipment	
73	Utilization-Service or Facility	
	FEC:	
74	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
75	Financial Feasibility	290-292
76	Economic Feasibility	293-358
77	Safety Net Impact Statement	



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

OTTAWA PAVILION, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 17, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 30TH
day of JULY A.D. 2009

Jesse White



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

800 EAST CENTER STREET, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 19, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
*my hand and cause to be affixed the Great Seal of
the State of Illinois, this 28TH
day of JULY A.D. 2009*

Jesse White

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as 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.

The Applicants of Ottawa Pavilion are **800 East Center Street, LLC** (owner) and **Ottawa Pavilion, Ltd.** (operator/licensee). Per the definition of "related person" as defined in Part 1130.140 there are no related persons to either co-Applicant or to the facility.

Flood Plain Requirements

Provide documentation regarding compliance with the requirements of the Flood Plain requirements of Executive Order #5, 2006.

Appended as **ATTACHMENT-4A**, is the Special Flood Hazard Area Determination from the Illinois State Water Survey. This survey found that the property is not located in a Special Flood Hazard Area or a shaded Zone X flood zone.

ATTACHMENT-4

UNIVERSITY OF ILLINOIS
AT URBANA - CHAMPAIGN

Institute of Natural Resource Sustainability

Illinois State Water Survey
2204 Griffith Drive
Champaign, IL 61820



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

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

Site description of determination:

Site address: Ottawa Pavilion, 800 E. Center St.
City, state, zip: Ottawa, IL 61350
County: La Salle Sec $\frac{1}{4}$: N $\frac{1}{2}$ of NW $\frac{1}{4}$ Section: 13 T. 33 N. R. 3 E. PM: 3rd
Subject area: Property Reference ID 18-13-129-001 / Block 8 in Highland Park addition to Town of South Ottawa except Lot 1; which is within the area bounded by E. Center St. on the north, E. Glover St. on the south, 5th Ave. on the west, and the center line of 6th Ave. (extended) on the east.

The property described above IS NOT located in a Special Flood Hazard Area or a shaded Zone X floodzone.
Floodway mapped: Yes Floodway on property: No
Sources used: FEMA Flood Insurance Rate Map (FIRM, copy attached); Document R2005-31774 exhibit & parcel maps.
Community name: City of Ottawa, IL Community number: 170405
Panel/map number: 17099C0530 E Effective Date: September 7, 2001
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.

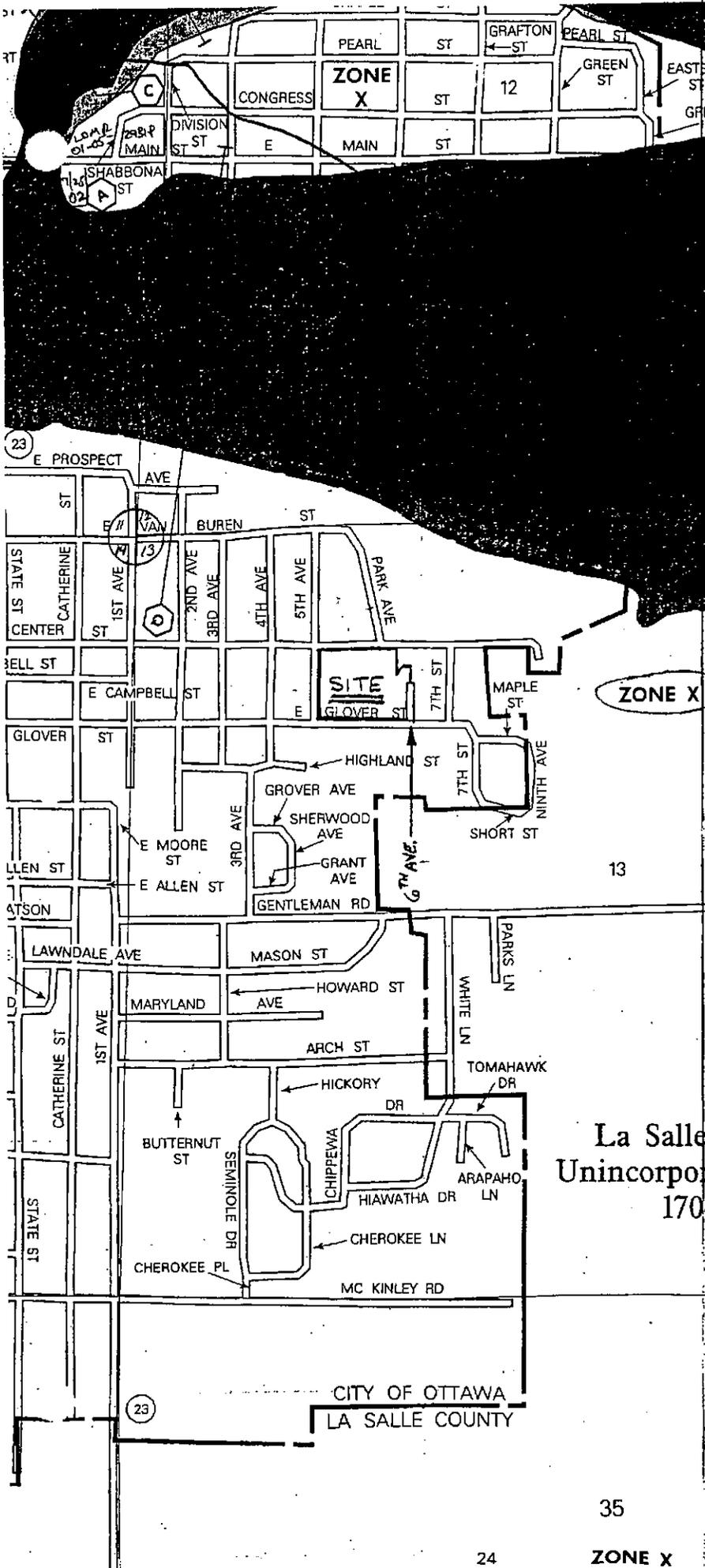
Note: This determination is based on the effective Federal Emergency Management Agency (FEMA) flood hazard reference for the subject area. This letter does not imply that the referenced property will be free from water damage. Property not in a Special Flood Hazard Area may be damaged by a flood greater 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-02-0007, Illinois State Water Survey

Title: ISWS Floodplain Information Specialist Date: 1/23/2009

ATTACHMENT-4A



APPROXIMATE SCALE



NATIONAL FLOOD INSURANCE PROGRAM

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

PANEL 530 OF 900

(SEE MAP INDEX FOR PANELS NOT PRINTED)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
LA SALLE COUNTY	170400	0530	E
OTTAWA, CITY OF	170405	0530	E

*USACE letter 1/29/2001
LORR 7/25/2002
LORR 11/10/2003 - Hospital*

Notice 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
17099C0530 E**

**EFFECTIVE DATE:
SEPTEMBER 7, 2001**



Federal Emergency Management Agency

-WS/ISWS 1/23/2009

La Salle
Unincorporated
1704

Historic Resources Preservation Act Requirements

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

Appended as **ATTACHMENT-5A** is a letter from Anne E. Haaker, Deputy State Historic Preservation Officer from the Illinois Historic Preservation Agency stating that the Department requires a survey of the Applicant's facility by a qualified historian before a determination can be made. As a result, the Applicant hired Anthony E. Crane, AIA, Architechnics, Inc. who performed said survey. A copy of the survey is appended as **ATTACHMENT-5B**. The final determination from the Illinois Historic Preservation Agency will be forwarded upon receipt.

ATTACHMENT-5



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

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

LaSalle County

Ottawa

CON - Demolition, New Construction and Rehabilitation - Ottawa Pavilion
800 E. Center St.
IHPA Log #017021909

April 2, 2009

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

Dear Ms. Kniery:

Our staff has reviewed the documentation submitted concerning the above referenced undertaking. Our comments are required in accordance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.)

Our staff historians have been unable to determine if the building(s), structure(s), object(s) or site(s) present in the project area is/are eligible for the National Register of Historic Places (NRHP). We require that a survey of the subject resource(s) by a qualified historian be undertaken to assist in the identification of historic properties. A list of historians with survey experience is enclosed for your reference.

The resource survey report generated for submittal to this office shall include, but not be limited to, the following:

1. Historical Context(s) Statement
2. Historic Resource Description
3. NRHP Significance and Integrity Assessment
4. Area Map and Site Plan (8.5" x 11")
5. Current 35mm Color Photographs - Exterior, Interior, Details, Site, etc.

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

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

cc.: Historical Consultants List

ATTACHMENT-5A



**Illinois Historic
Preservation Agency**

One Old State Capitol Plaza • Springfield, Illinois 62701-1507

TTY (217) 524-7128

**HISTORICAL CONSULTANTS FOR
HISTORIC PRESERVATION PROJECTS**

EXPERIENCE KEY

H -- HABS/HAER DOCUMENTATION
P -- PLANNING
T -- TAX CERTIFICATION
NR -- NATIONAL REGISTER
S -- SURVEY

**106/707 -- BUILDING ASSESSMENT -
SECTION 106 OF THE NATIONAL
HISTORIC PRESERVATION ACT AND
ILLINOIS STATE AGENCY HISTORIC
RESOURCES PRESERVATION ACT**

The inclusion of individuals or organizations on this list does not constitute any recommendation or endorsement of their professional expertise or performance record by the IHPA.

Architechnics, Inc. 510 Maine Street Quincy, IL 62301 217-222-0554 Fax: 217-223-3361	(H, T)	Joanna M. Dowling 1030 N. State Street, Unit 35F Chicago, IL 60610 312-217-1164 Fax: 314-271-1164 joanna.dowling@gmail.com	(NR)
Beth Baranski 1015 S. Bench Street Galena, IL 61036 815-777-9419	(H)	Jane Eiseley 3433 Richard Street Madison, WI 53714 608-249-8818	(NR, S)
Susan Benjamin Benjamin Historic Certifications, LLC 711 Marion Avenue Highland Park, IL 60035 847-432-1865 Fax - 847-432-1829 ssbenjamin@sbcglobal.net	(NR, S, T, 106/707)	Martha Frish, AICP 2440 N. Lakeview Avenue Chicago, IL 60614 773-720-1617 Fax - 773-388-1718	(P, T, NR, 106/707)
Matthew Scott Bivens SCI Engineering, Inc. 130 Point West Blvd. St. Charles, MO 63301 636-757-1061 mbivens@sciengineering.com	(NR, S, T)	Vicki Granacki Granacki Historic Consultants 1105 W. Chicago Avenue, Suite 201 Chicago, IL 60622 312-421-1131 Fax - 312-421-1295 vicki@historicpreservationchicago.com	(H, S, T, NR, 106/707)
Nick Dorochoff 2044 West Farwell Ave., 3-E Chicago, IL 60645 847/942-4807 nick@dorochoff.com	(T, NR, S, 106/707, P)	Linda F. Grubb & Assoc., Architects 102 N. Cook Street, Suite 23 Barrington, IL 60010 847-381-6939	(NR, S)

<p>Jean L. Guarino Clark Historical Consultant 950 N. Leavitt Street Chicago, IL 60622 773-252-9734 Fax - 773-326-0844 jlguarino@earthlink.net</p>	(NR, H)	<p>K. Anne Ketz, Principal The 106 Group, Ltd. 370 Selby Avenue, Suite 206 St. Paul, MN 55102 651-290-0977 Fax - 651-290-0979 anneketz@106group.com</p>	(S)
<p>Philip Hamp, AIA Vinci/Hamp Architects, Inc. 1147 W. Ohio Street, 6th Floor Chicago, IL 60622 312-733-7744 Fax - 312-733-4276 phamp@vinci-hamp.com</p>	(NR, H, P, S)	<p>Greg Koos McLean County Historical Society Old Courthouse, 200 N. Main Bloomington, IL 61701-3912 309-821-0428</p>	(NR, S)
<p>Wilbert Hasbrouck Hasbrouck Enterprises, Ltd. 418 S. Wabash Chicago, IL 60605 312-922-8311 Fax - 312-322-1368</p>	(H, NR, S, T)	<p>Michael A. Lambert Arris Architects + Planners 601 N. DesPlaines Street Plainfield, IL 60544 815-436-8133 Fax - 815-436-1864</p>	(H, NR, S, 106/707)
<p>Nancy Hubbard Hubbard and Hubbard 1407 Elmwood Street Wilmette, IL 60091 847-256-7897</p>	(H, NR, S)	<p>Landmarks Illinois 53 West Jackson Blvd, Suite 1315 Chicago, IL 60604 312-922-1742 Fax - 312-922-8112</p>	(NR)
<p>Johnson Lasky Architects (H, P, T, NR, S, 106/707) 180 North Michigan Avenue, Suite 401 Chicago, IL 60601 312-357-1221 Fax - 312-357-0737 jlarchitects.com</p>		<p>MacRostic Historic Advisors, LLC (T, 106/707) Allen F. Johnson 53 W. Jackson Blvd, Ste. 1357 Chicago, IL 60604 312-786-1700 Fax: 312-786-1766 ajohnson@mac-ha.com</p>	
<p>David Keene Archaeological Research, Inc. 1735 N. Paulina St., Ste. 113 Chicago, IL 60622 773-384-8132 Fax - 773-384-8286 dkeene@arch-res.com</p>	(H, NR)	<p>Floyd Mansberger Fcvr River Research P. O. Box 5234 Springfield, IL 62705 217-525-9002 Fax 217-525-6093 fmansberger@insightbb.com</p>	(H, NR, S, T, 106/707)
<p>Ruth D. Keenoy TRC 5229 Oleatha Ave. St. Louis, MO 63139 314-353-7992 Fax - 314-353-1797 rkeenoy@trcsolutions.com</p>	(NR, S)	<p>Rebecca Lawin McCarley (T, NR, 106/707) 1138 Oneida Avenue Davenport, IA 52803 563-324-9767 rlmccarley@juno.com</p>	
<p>Leslie H. Kenyon (H, P, 106/707 NR, S, T) Kenyon & Associates, Architects, Inc. 206 N. E. Madison Ave. Peoria, IL 61602 309-674-7121 kenyon@a5.com</p>		<p>Anne McGuire, AIA (H, NR, T, S, 106/707) Anne McGuire, Igleski & Associates, Inc. 1234 Sherman Avenue, Room 109 Evanston, IL 60202 847-328-5679 Fax - 847-328-9150 info@miarchitects.com</p>	

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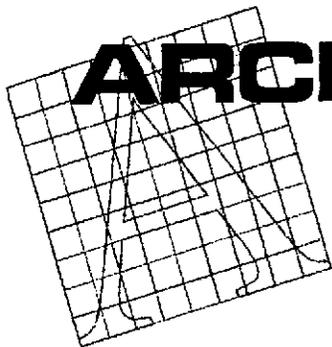
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update 2/2009



ARCHITECHNICS, INC.

ARCHITECTS * ENGINEERS
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QUINCY, IL 62301

June 15, 2009

VOICE: 217 222-0554
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archeng@architechnicsinc.com
www.architechnicsinc.com

TO: Gina Kniery
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foley.associates@sbcglobal.net

Margie Lyle
Ottawa Pavillion
800 East Center Street
Ottawa, Illinois 61350
815-434-7144
mlyle@ottawarehab.com

FROM: Anthony E. Crane, AIA
Architechnics, Inc.
510 Maine Street, 10th Floor
Quincy, IL 62301
217-222-0554
archeng@architechnicsinc.com

RE: DEMOLITION, NEW CONSTRUCTION AND REHABILITATION
IHPA LOG # 017021909
ARCHITECHNICS, INC. PROJECT #4930

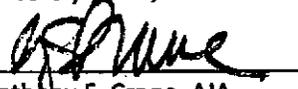
Enclosed please find one (1) copy each of the "Research Survey Report", as requested by Anne E. Haacker, Deputy State Historic Preservation Officer for I.H.P.A. This report addresses all items requested by I.H.P.A.

Please review this document at your earliest convenience, and if it meets with your approval, please inform me at once, and I will prepare a formal submission copy. Since the I.H.P.A. letter is addressed to Gina Kniery at Charles H. Foley & Associates, it may be best if this report is submitted to Anne Hacker's attention at I.H.P.A. under their letterhead for consistency.

I trust this meets with your approval, and is sufficient for your use, but should you have any questions, please do not hesitate to contact me at your earliest convenience.

I have enclosed our "Statement for Service Rendered" with this mailing.

Sincerely yours,


Anthony E. Crane, AIA
Licensed Architect
State of Illinois #9902

A.G. Dierkes, A.I.A.
A.E. Crane, A.I.A.
M.E. Meyer, A.I.A.
T.J. Moore, P.E.
D.R. Prost, A.I.A.
B.M. Spencer, S.E.
J.L. Reynolds, A.I.A.
I.D. Miller, P.E.

ATTACHMENT-5B

RESOURCE SURVEY REPORT

LOCATION: Ottawa, LaSalle County, Illinois
Ottawa Pavillion
800 East Center Street

RE: Demolition, New Construction and Rehabilitation
IHPA Log # 017021909
ARCHITECTNICS, INC PROJECT # 4930

DATE: June 12, 2009

TO: Anne Haacker
Deputy State Historic Preservation Officer
Illinois Historic Preservation Agency
1 Old State Capital Plaza
Springfield, IL 62701-1512
217-782-8161
www.illinois-history.gov

CC: Gina Kniery
Charles H. Foley & Associates, Inc.
1638 S. MacArthur Blvd.
Springfield, IL 62706
217-544-1551
foley.associates@sbcglobal.net

Margie Lyle
Ottawa Pavillion
800 East Center Street
Ottawa, Illinois 61350
815-434-7144
mlyle@ottawarehab.com

From: Anthony E. Crane, AIA
Architechnics, Inc.
510 Maine Street, 10th Floor
Quincy, IL 62301
217-222-0554
archeng@architechnicsinc.com

Present Owner: Ottawa Pavillion, Ltd.
800 East Center Street
Ottawa, Illinois 61350

Present Use: Licensed Nursing Care Facility

1. Historical Context Statement

The current building was constructed as the LaSalle County Tuberculosis Sanitarium, also known as the Highland Sanitarium, and opened for public inspection on October 12, 13, and 14, 1940, immediately preceding its being tuned into use. The LaSalle County Sanitarium Board decided to have guided tours open to the public from 2:00 – 10:00 p.m. on these dates, since once occupied general admittance would be prohibited.

In 1940, the total project represented a total expenditure of \$310,000; \$293,000 for the building itself and \$17,000 for the furnishings. The new sanitarium was made possible by a \$275,000 bond issued passed by the electorate of the county, these bonds were paid off during the course of ten years, the difference between the bond proceeds and the total cost of the institution was made up by a special tax levy which, under state law, could not exceed 15 cents on each \$100.00 of assessed property evaluation, the special levy also took care of the bond principal and interest payments as they became due as well as maintenance of the sanitarium.

The current building replaced a previous 20-plus year old "original" Highland Sanitarium Building on the same site that had a capacity of 54 patients. The current building (circa 1940) was an addition to and completely covered up the original Sanitarium building (circa 1920); this building was gutted and substantially altered following completion of the current building. The current building had a capacity of 86 patients when originally opened.

The current building was designed by local Architect Louis H. Gerding of Ottawa, Illinois. The architect for the original building (circa 1920) is unknown, but could be Jason F. Richardson, Jr. Architect from Ottawa, IL. The builder/contractors/suppliers for the current building (circa 1940) are unknown, and the location of the original architectural/construction plans/drawings are unknown. The Ottawa Pavillion does possess some limited copies of some of the original architectural plans that are in relatively good condition, but visibly aged. The building design was strongly influenced by, and reflects an Art Moderne/Art Deco styling, as is an impressive building.

The current building was designed for a specific utilitarian purpose and function (the care of isolated patients with a highly contagious disease). Later the current building was converted to house a nursing home function (the care of the elderly). Substantial alterations and remodeling to the interior of the building was required over the years. As the cure of tuberculosis was realized, the need for isolation of patients declined, and eventually ended in the mid to late 1960's. The current building was converted to a nursing home (skilled care facility) in the mid to late 1960's and completely converted with a 1970/1971 project. Today the current building accommodates 87 nursing home residents, and the original building is not occupied (as required by the Illinois Department of Public Health). The original building (circa 1920) is in an extremely deteriorated condition inside, and a portion of the building is used only for limited storage.

Numerous alterations and additions have occurred over the years and quite frankly, too numerous to individually list, verify, or accurately identify. Some of these major alterations and additions that serve as milestones in the history of the current building are as follows:

- Project Date: 1940
 Project Title: Current Building (Addition to Original Building) (Architectural plans dated, 1939).
 Owner: LaSalle County Tuberculosis Sanitarium (Highland Sanitarium)
 Architect/Engineer: Louis H. Gerding – Ottawa, Illinois

- Project Date: 1941
 Project Title: Treatment Suite Revisions (Architectural plans dated, 2/17/40).
 Owner: LaSalle County Tuberculosis Sanitarium
 Architect/Engineer: Louis H. Gerding – Ottawa, Illinois

- Project Date: 1943
 Project Title: Resident Suite Revisions (Architectural Plans, dated 2/17/42)
 Owner: LaSalle County Tuberculosis Sanitarium
 Architect/Engineer: Beling Engineering Co., Moline, Illinois

- Project Date: 1956
 Project Title: Alterations and Additions (Architectural plans dated, 5/31/55)
 Owner: LaSalle County Tuberculosis Sanitarium, Ottawa, Illinois
 Architect/Engineer: Boyd Picking, Chicago, Illinois

- Project Date: 1971
 Project Title: Nursing Home Remodeling for Heritage Enterprises (Architectural plans dated 10/7/70)
 Owner: Ottawa Nursing Home
 Architect/Engineer: Laz, Edwards, Dankert Architects
 303 West Springfield Street
 Champaign, Illinois
 Project No. 7019

- Project Date: 1988
 Project Title: Exterior Renovation of South Wing (Original Building) (Architectural plans dated 6/12/87)
 Owner: Ottawa Care Center, Ottawa, Illinois
 Architect/Engineer: Charles Hughes & Associates
 1638 S. McArthur Blvd.
 Springfield, Illinois
 Project No. 8711

- Project Date: 1989
 Project Title: 32-Bed Addition (Architectural plans dated 3/18/88)
 Owner: Ottawa Care Center, Ottawa, Illinois
 Architect/Engineer: Charles Hughes & Associates
 1638 S. McArthur Blvd.
 Springfield, Illinois
 Project No. 8811

2. Historic Resource Description

The current building is constructed of reinforced concrete, (structure, frame, floors, etc.). Walls are of solid brick, floors are of reinforced concrete and terrazzo construction, all furring is on metal lath and plaster, wainscoting is of glazed block/tile throughout the utility rooms, toilet rooms and corridors of the basement and two upper floors. According to the original architectural plans, in the basement there were originally an incinerator and ash storage room, storage rooms, boiler room, equipment room, repair shop, fuel room, kitchen, nurses laundry, vegetable preparation room, vaults, machine and fan room, and Assembly Hall. Originally there were 11 rooms for sanitarium employees located on two floors, recreation rooms, sun rooms at each end of the building, an assembly hall with small stage under the front lobby of the building, ample stairways, autopsy room, morgue, public toilets for men and women, two classrooms, linen repairing and storage rooms, nurses' dining room, staff's dining room, and ambulatory patients dining room.

Originally, on the first floor were an x-ray room, dark room, waiting room, dentist's office and laboratory, county nurse's room, pneumothorax room, dressing room, fluoroscopy room, doctor's office, examination room and viewing room. On this same floor the superintendent of the institution was provided with a living room, bedroom and bath, bedroom and bath were provided for the head nurse in addition there was a room for the technician, two rooms for the nurses, and a public bath.

Provisions were also made on the first floor for the superintendent's office, and an information desk, this located just inside the main entrance. From this information desk an interphone setup and a nurses' call system was controlled, also a two-way communications system through which broadcast programs could be relayed when patients desired, every room was equipped with a combination receiver and transmitter, the latter making it possible for patients to converse with the attendant at the information desk.

Also on the first floor, were a library, two diet kitchens, two utility rooms, two toilets and baths, two nurses' stations, 16 two-bed rooms for patients, two sun rooms, and four single-bed patient's rooms.

Originally on the second floor were two diet kitchens, two toilets and baths, two utility rooms, two nurses' stations, two linen rooms, two sun rooms, a ward with accommodations for twelve patients, 5-single-bed rooms and 16 two-bed rooms for patients. All of the functions and uses originally contained in the current building have been altered or changed to accommodate more modern healthcare needs for a nursing home occupancy.

The principal façade (north elevation) contains a "Monumental" entrance with 2 tiers of ceremonial steps to the main entry doors, flanked by large terraced planters. A stepped, and projected entry bay contains a large glass block opening that emphasizes the main entry with a strong Art Moderne/Art Deco styling. The wings are long low 2 ½ story elements with buff-colored facebrick and continuous horizontal cut limestone banding at the head and sill of all 3- floors of the stacked, punched window opening alignments. The outside corners are rounded elements with rounded glass block infill openings. The projected stairwell elements at the end of each wing also contain glass block infill openings above the at-grade exit doors.

The windows are original steel industrial style combination swing-out casement-type and pull-in hopper-type windows. All glass is single strength. Over time clear aluminum interior storm windows have been added.

The general sitting and orientation presents the current building (circa 1940) substantially set back from the City Street with a large front lawn and a formal ceremonial strong axial/symmetrical entrance experience. The site is generally flat and level. The current building can also be viewed from the City Street network from the west and south. The east side of the property is bound by a residential neighborhood. From the west and south sides of the property the original building (circa 1920) is visible that was "covered up" by the current building (circa 1940), creating a "T"-shaped arrangement. Parking, service, and emergency entrances are all arranged around and behind the original building and the south side of the current building.

3. National Register of Historic Places Significance and Integrity Assessment

The current building is a 1939/1940 institutional building, originally designed as a Tuberculosis Sanitarium and serving as such until the mid to late 1960's. Following that the building was converted to a Nursing Home (Skilled Care Facility), regulated by the Illinois Department of Public Health, State of Illinois. The building is an Art Moderne/Art Deco Styling designed by local Architect Louis H. Gerding of Ottawa, Illinois. Since Louis Gerding was from Ottawa, Illinois, research centered in and around Ottawa and LaSalle County. He had a very prolific career and was mostly known for design of many local public school buildings. Louis H. Gerding was born in Ottawa, Illinois and attended the Armour Institute (today Illinois Institute of Technology) in Chicago, Illinois. He started his practice of architecture in Ottawa in 1930, the Great Depression era. There were numerous partnerships that developed over time that created a lineage of the firm that still exists today. Other firm names included:

- Louis H. Gerding, Architect
- Gerding and Wardrum, Architects
- Gerding, Richards, and Schoenbachler, Architects
- Richards, Schoenbachler, and Johnson, Architects
- Richards, Johnson, and Associates
- R. Johnson Architects

The predecessor firms were located first in Ottawa, then expanding to include LaSalle, then expanding to include Joliet, but now located only in LaSalle.

Louis Gerding left the firm in 1962 to accept an appointment in the Office of the State Architect (previous State Agency to the Capital Development Board). He died in 1968.

The current building as described previously contained many unique architectural features and treatments directly connecting it to the late 1930's and early 1940's, but many interior features have been altered and/or removed. Some features still remain, such as the terrazzo floors and terrazzo cove base, terrazzo stairways, glass block features at (2) stairwells, and ends of corridors, and glazed block/tile wainscot at selected locations. Virtually, all other primary features have been altered, covered-up, or removed, primarily due to reconfiguration of original spaces within the building, and subsequent remodeling to accommodate updated healthcare requirements.

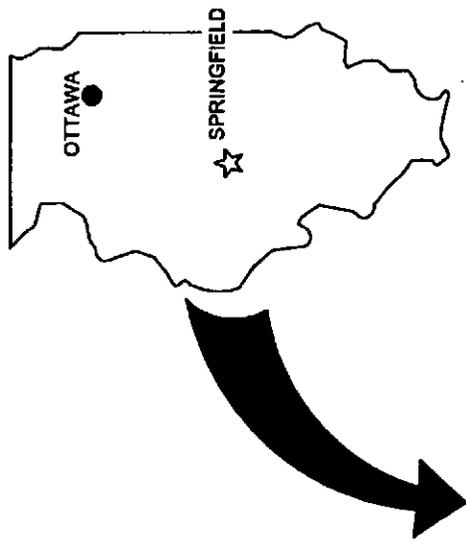
The current building's main lobby has been substantially altered over the years, the corridors have been altered, as well as all individual treatment rooms. Original treatment room doors have been replaced as well as original ceilings covered up, original lighting has been replaced in the corridors, and suspended acoustical tile ceilings have been "dropped" throughout all of the primary public spaces, lobby, corridors, dining rooms, and assembly rooms. Other major spaces remain in-tact, but have been sub-divided and/or reconfigured with very little sensitivity to the historical context. New finishes have been installed on walls throughout. The original building (circa 1920) has been substantially altered inside and out. The interior was gutted during the construction of the current building (1939-1940), and was totally reconfigured leaving very few original features, and now even those 1939-1940 features have been demolished, removed, or altered, by subsequent remodelings.

The current building's exterior is where most all significant architectural features remain. The original brick and limestone exterior facades, glass block infill walls, and original steel sash windows still remain. Many of the exterior doors have been removed and replaced with modern hollow metal doors. Most all other exterior features on the building are in tact.

The site and grounds are also very well preserved and present an impressive setting for the current building.

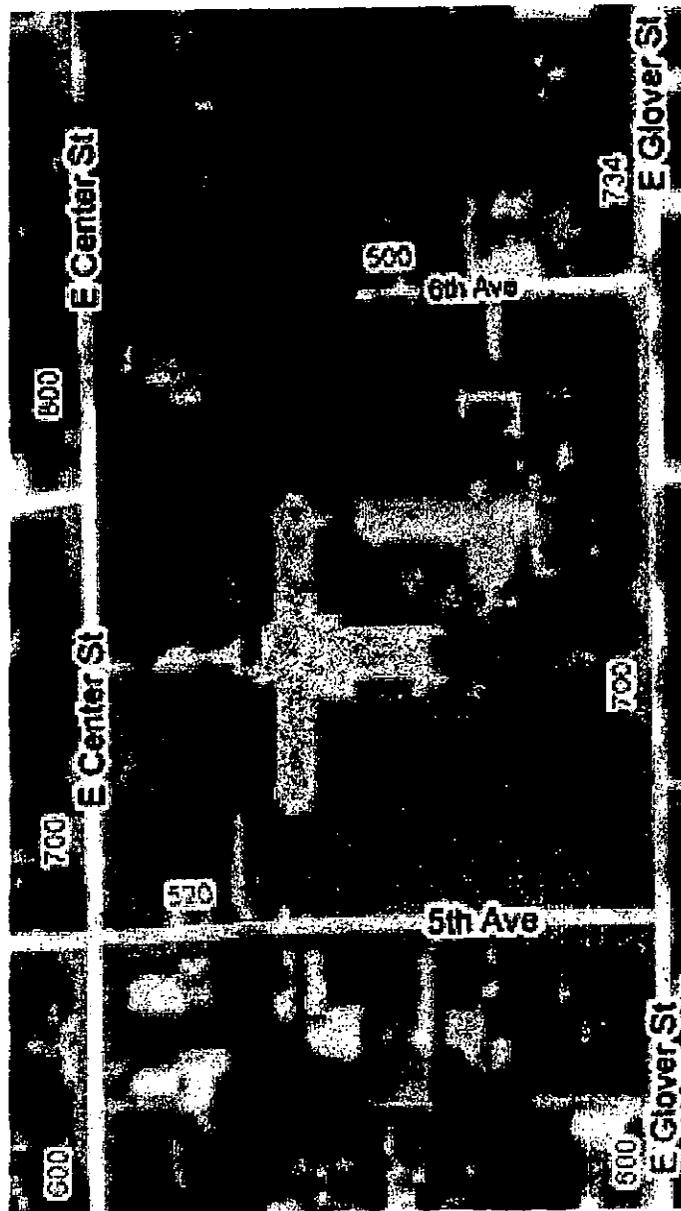
Again, the exterior of the original building (circa 1920) was substantially altered in a 1987 remodeling, that removed the original building windows and replaced them with standard residential wood casement and double hung units (typical Pella, Andersen, Marvin variety). Also the major feature removed was the original exterior façade that was completely covered in an exterior insulation and finish system (E.I.F.S.) or a synthetic plaster finish (i.e. dryvit). Also, other major additions (32-bed addition) was completed as a separate wing in 1989 that substantially impacted the site and immediate surroundings of the current building.

4. Area Map and Site Plan



ILLINOIS

 **LOCATION MAP**
SCALE: N.T.S.
NORTH



NORTH

**SUBJECT
PROPERTY**

**AERIAL
PHOTO**



OTTAWA, IL

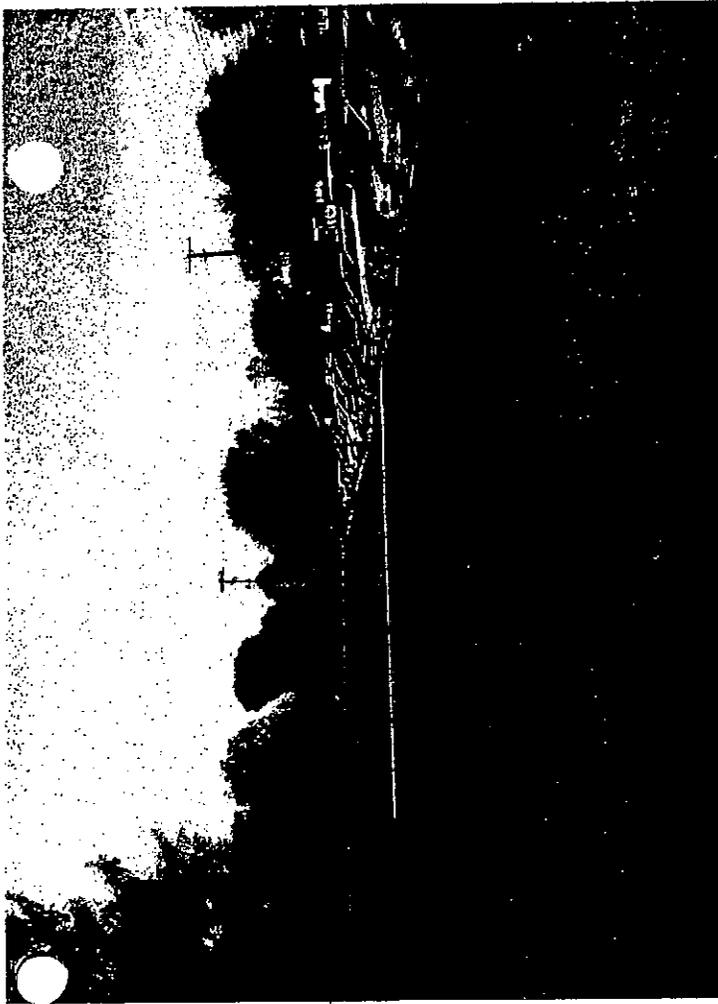
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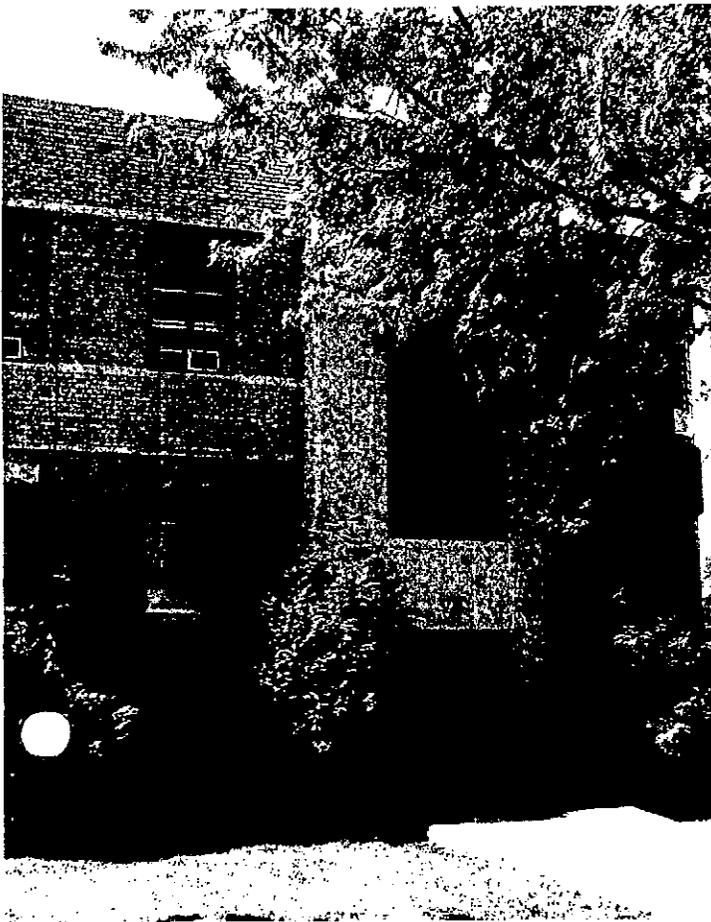
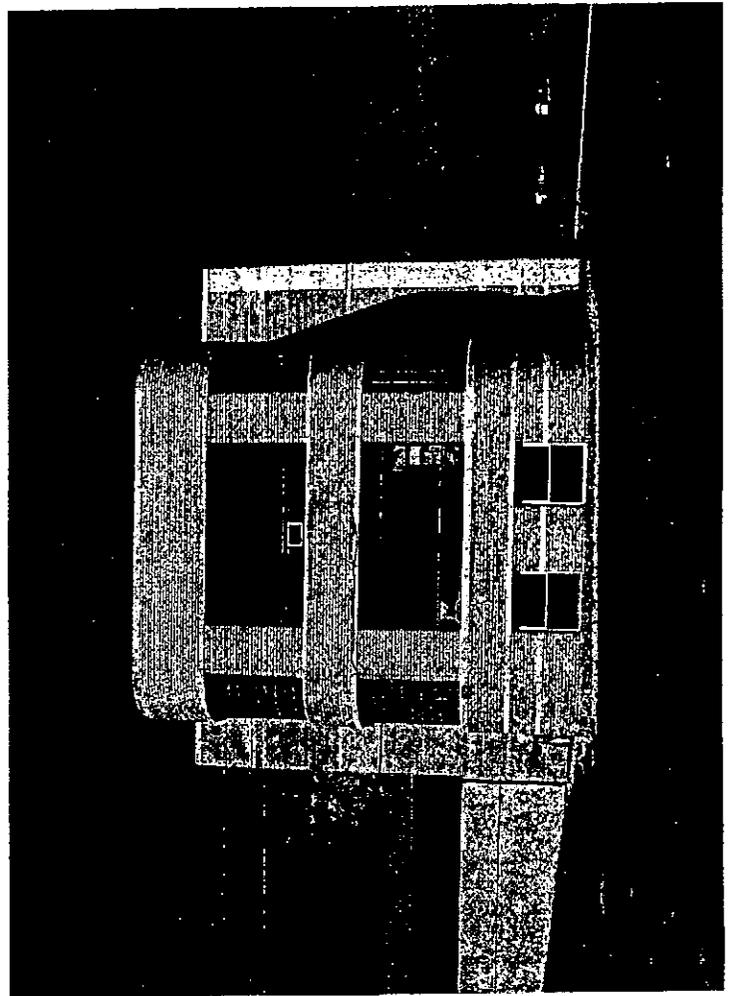
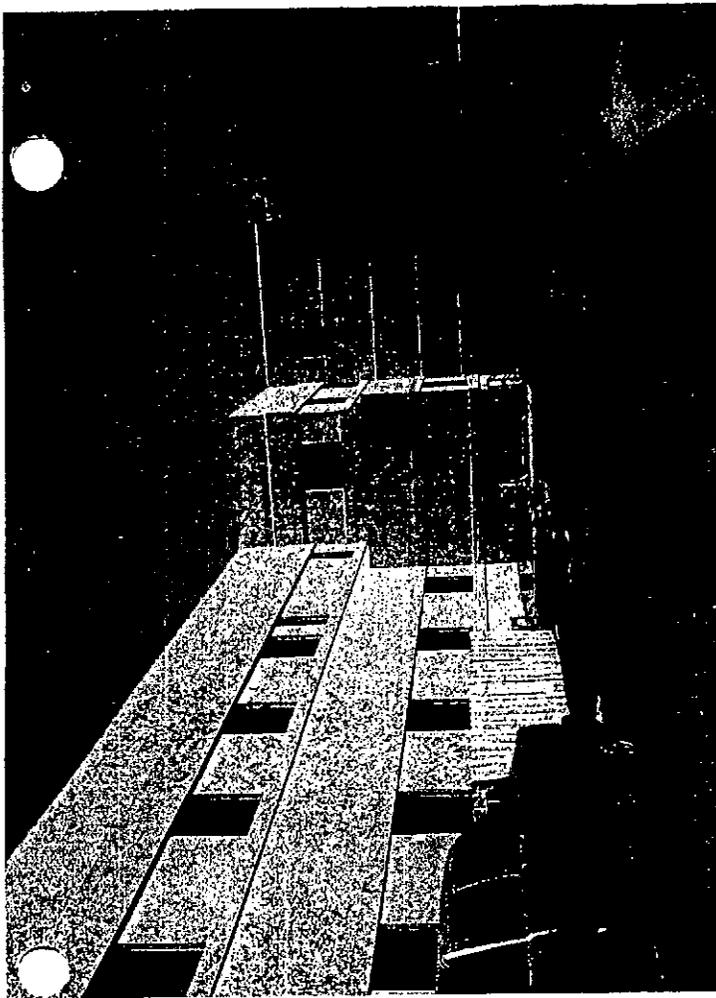


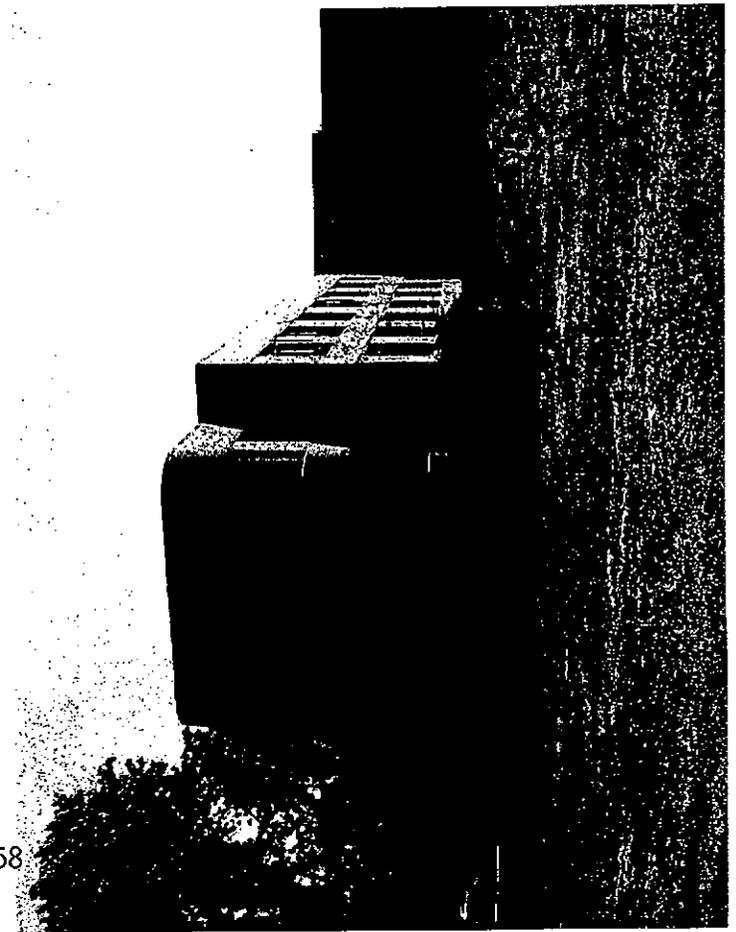
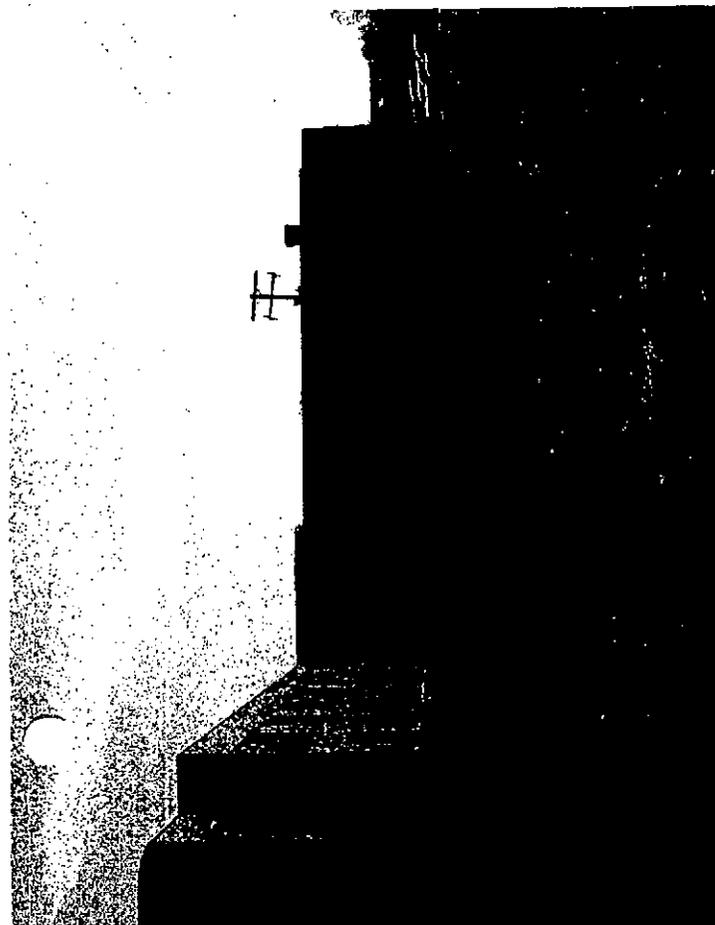
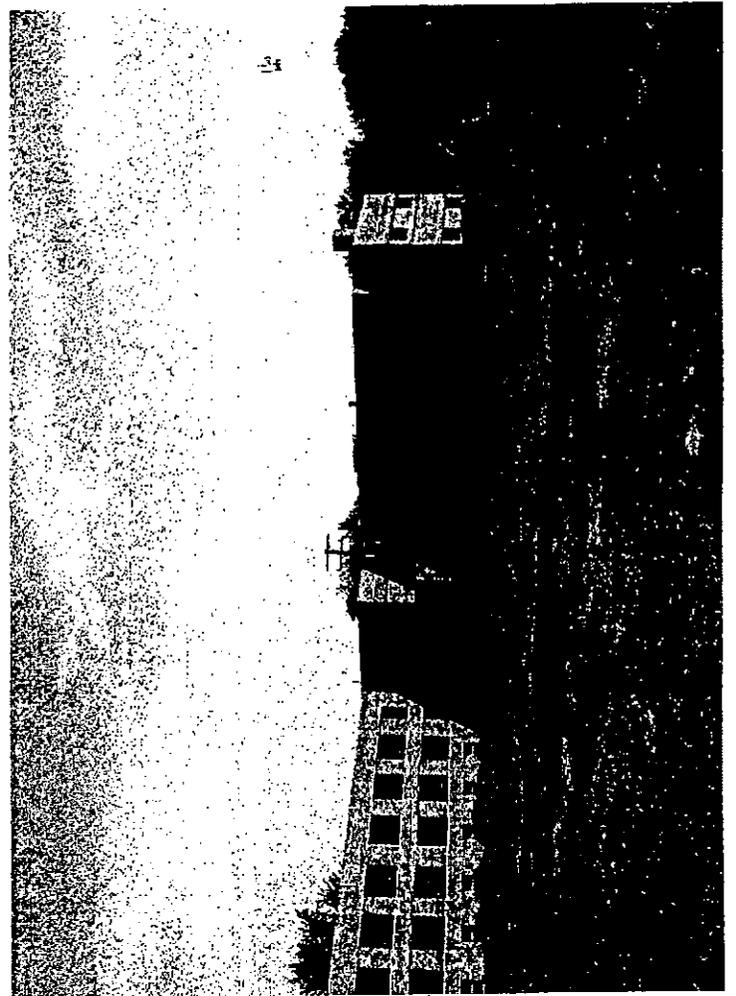
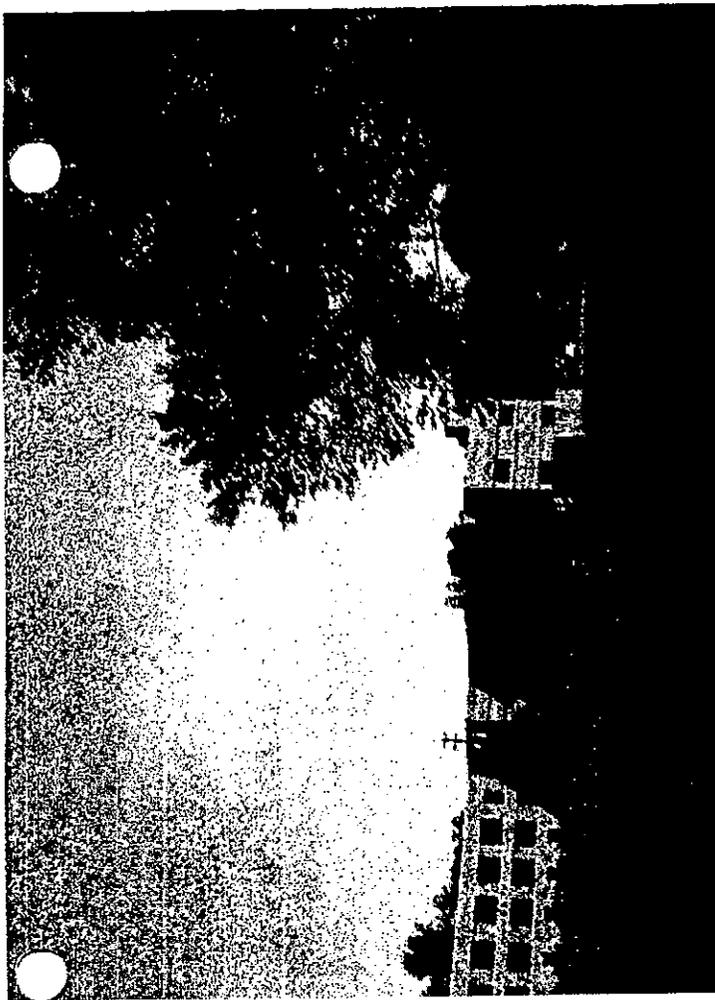
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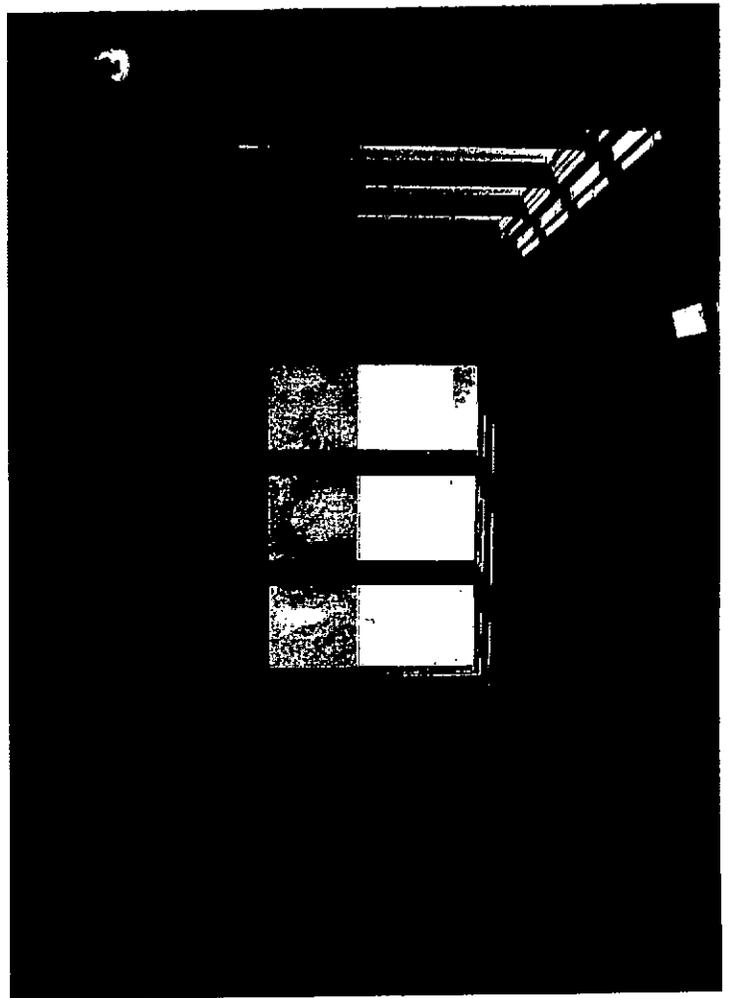
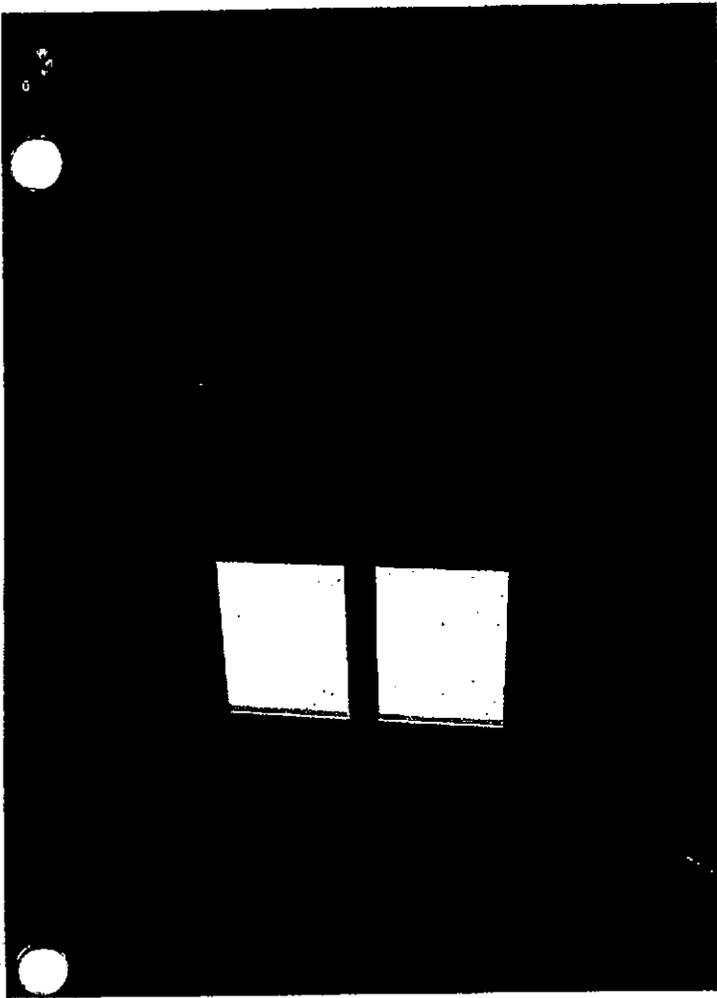
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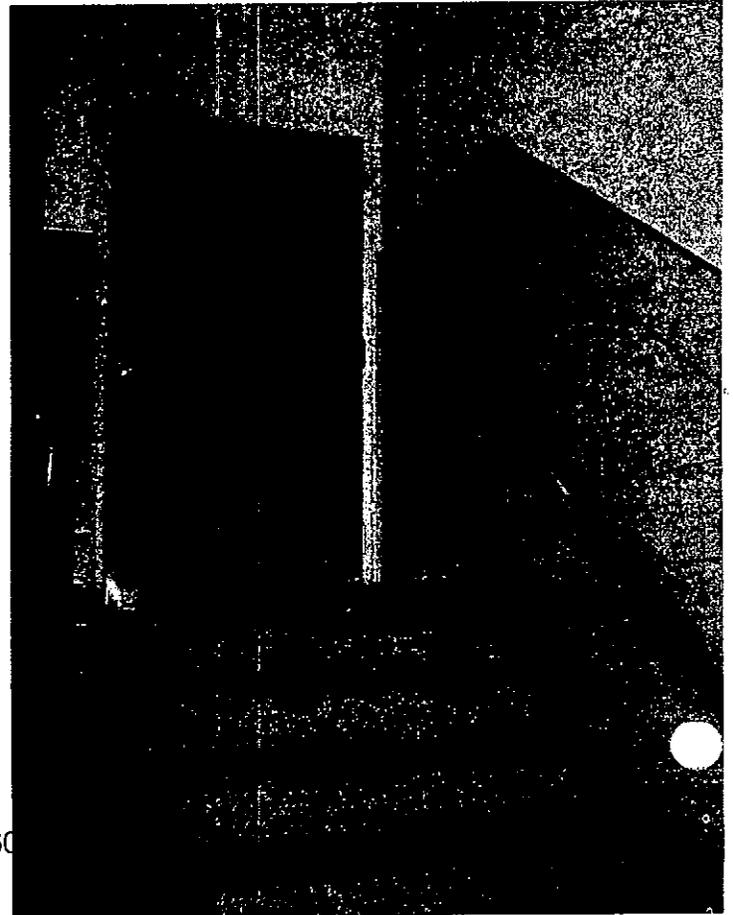
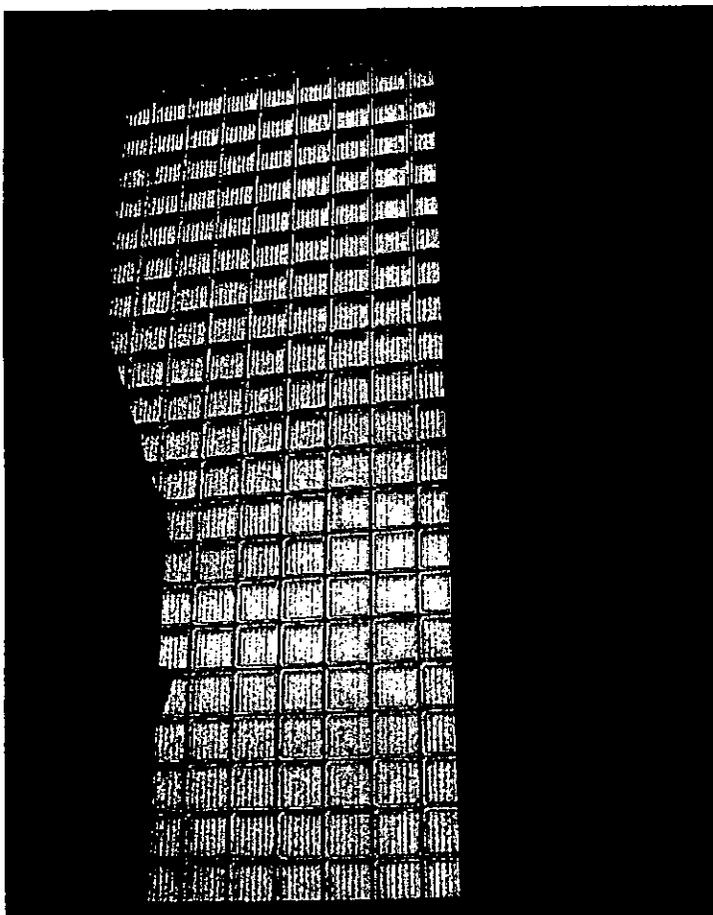
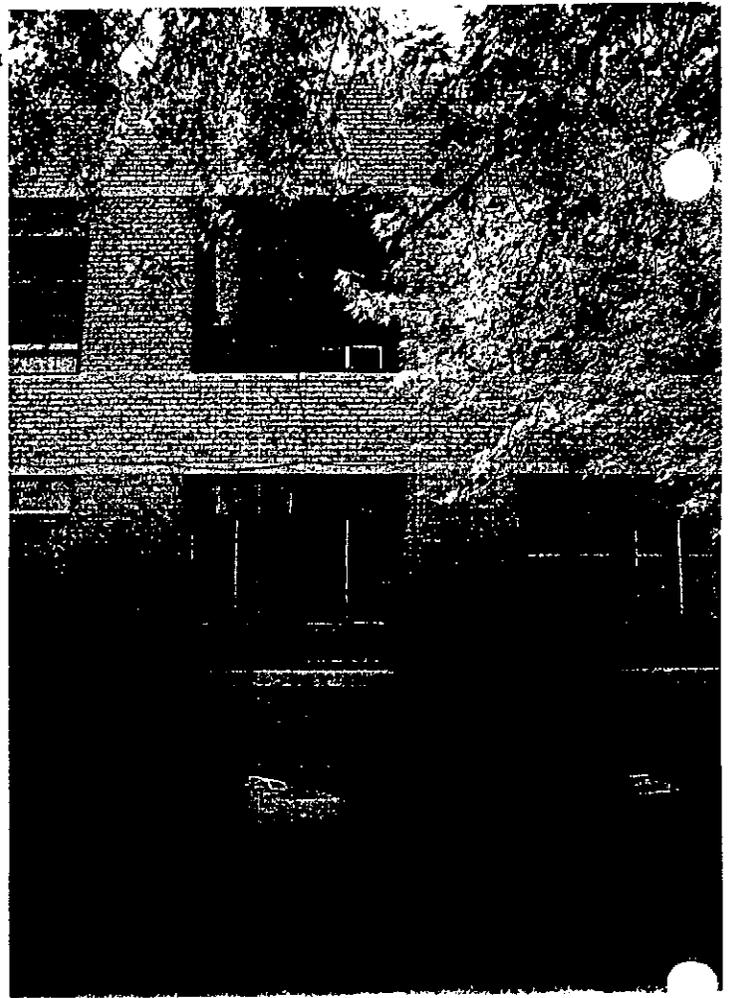
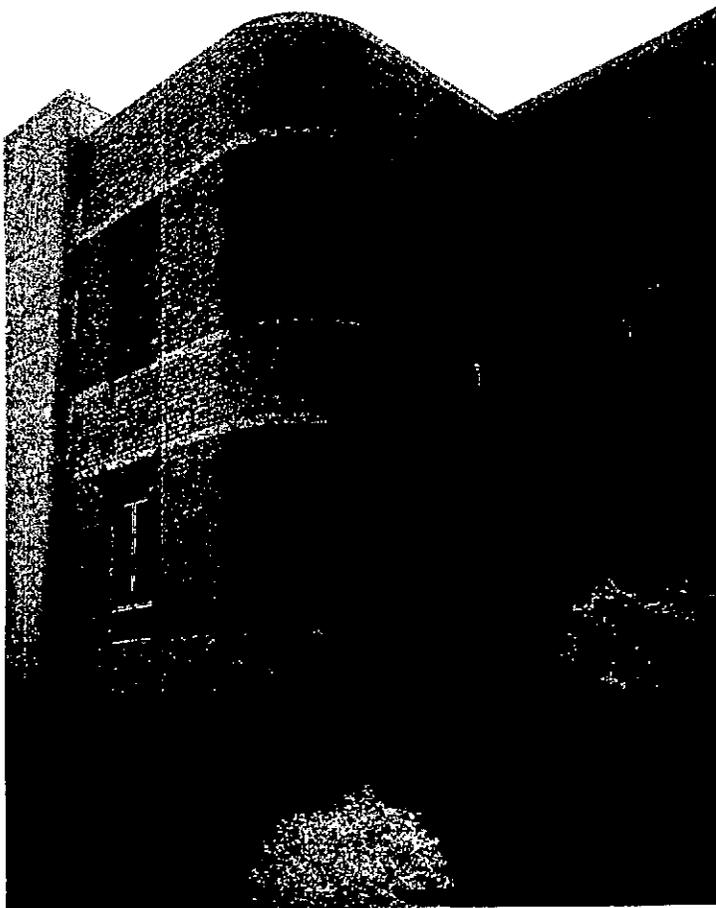
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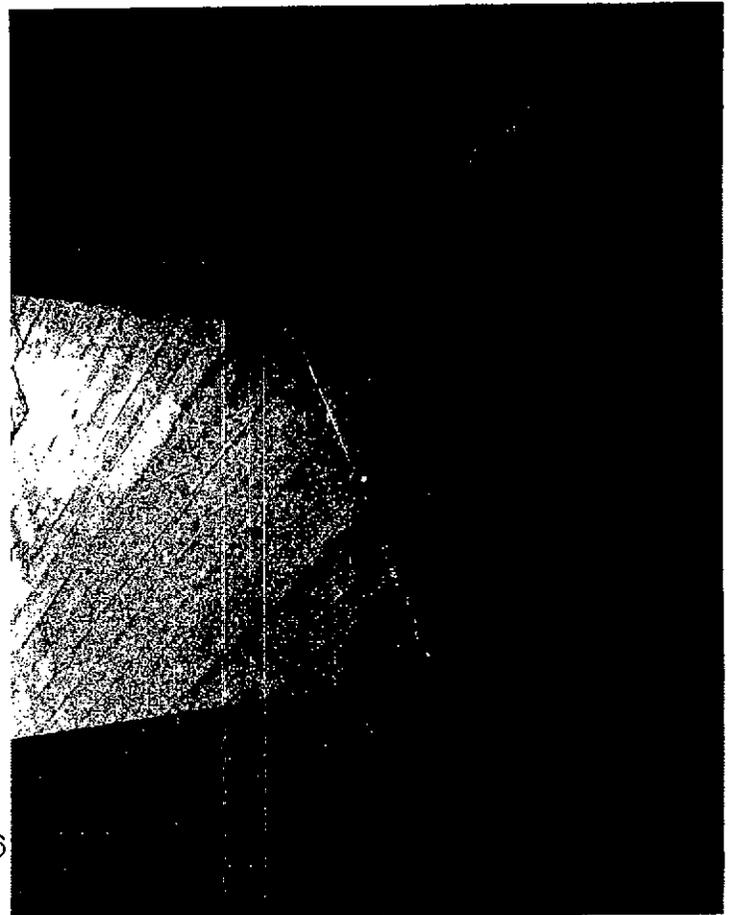
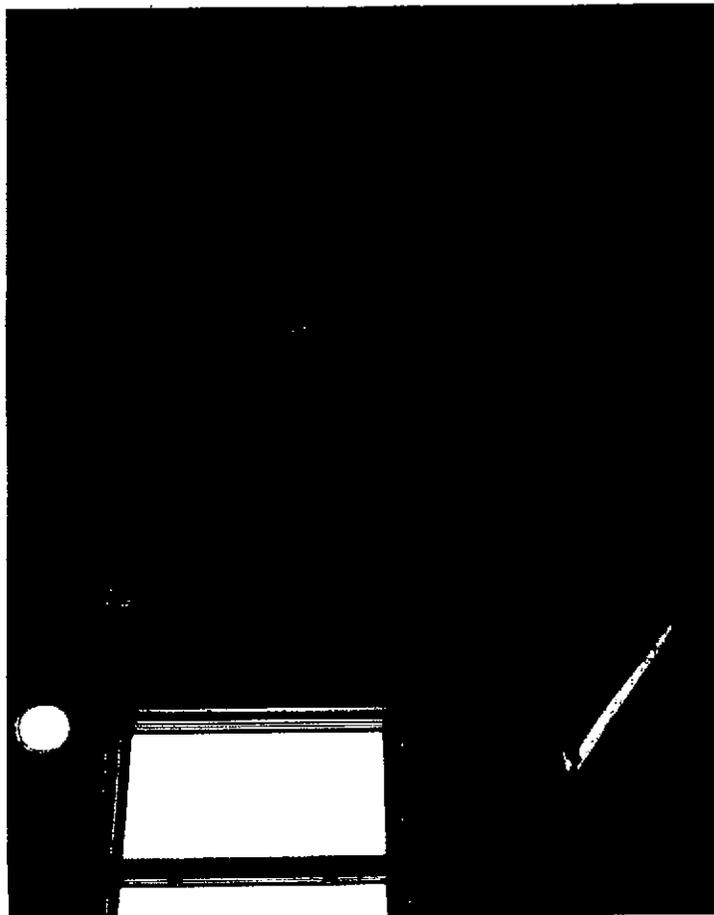
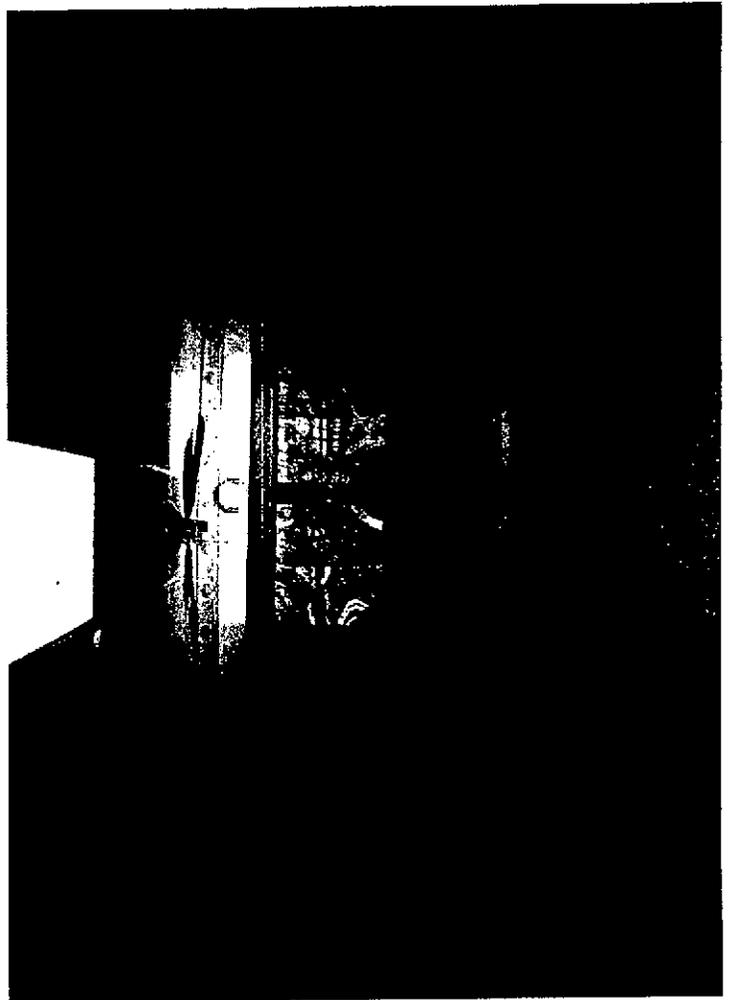
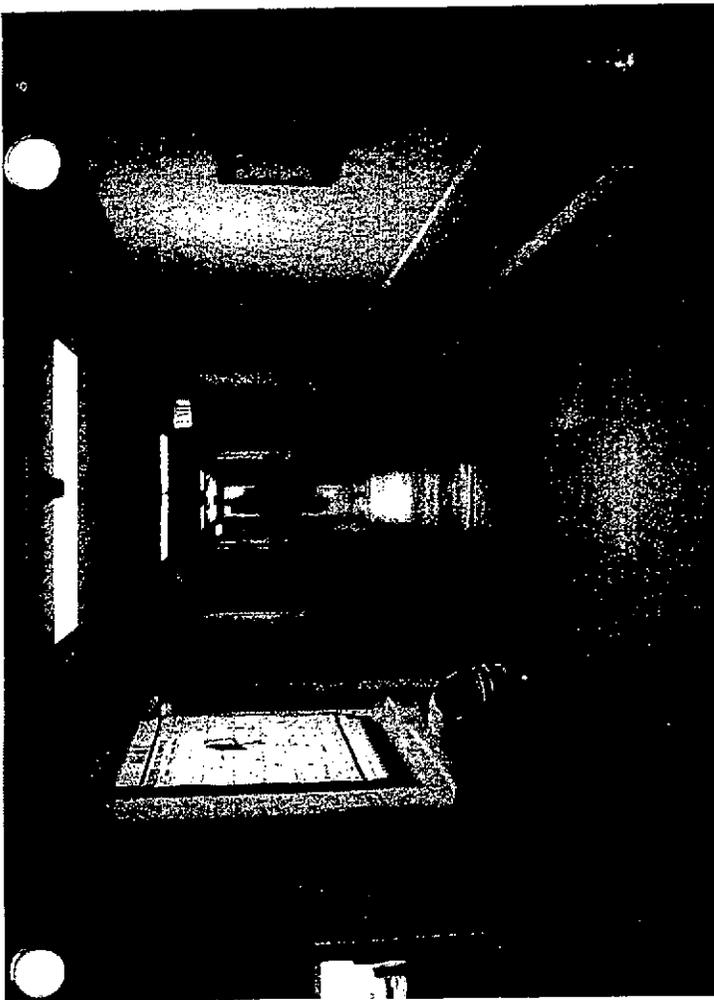


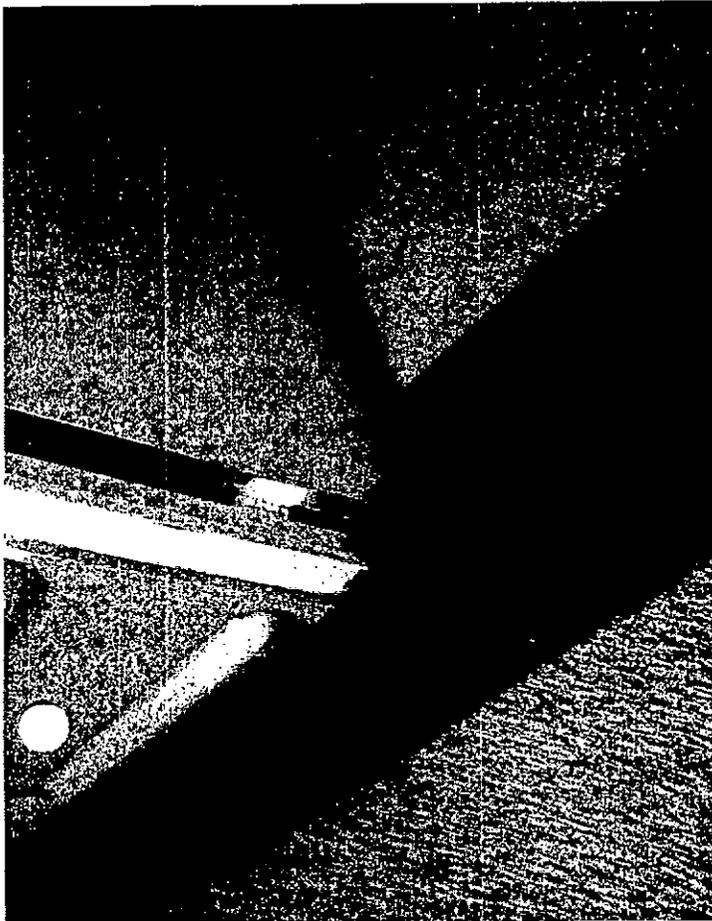
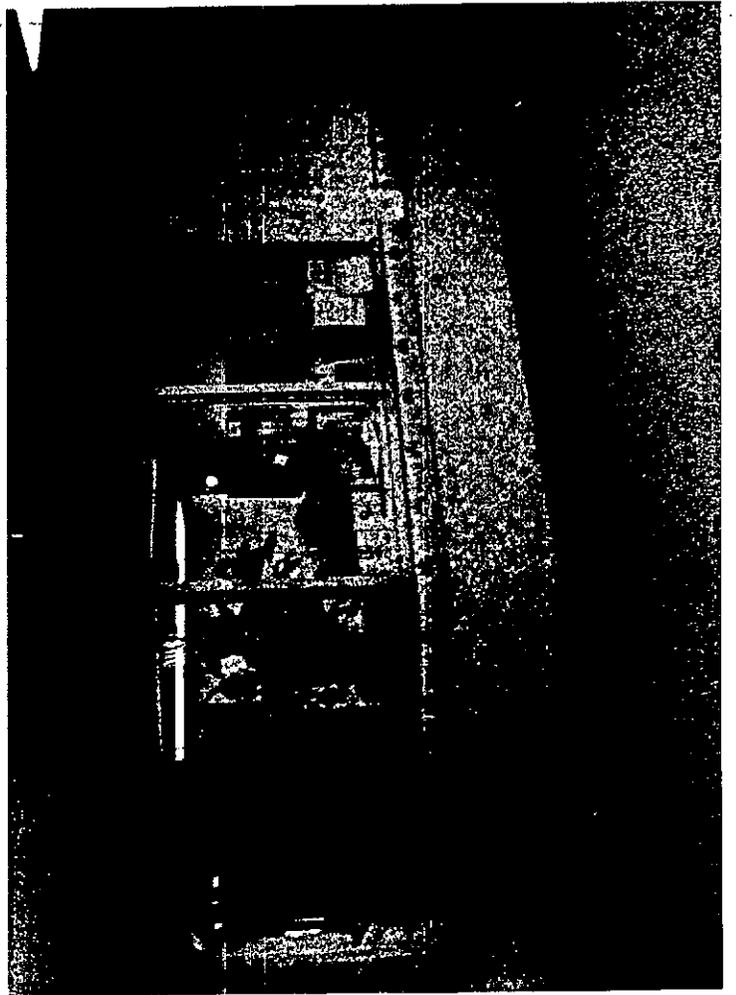
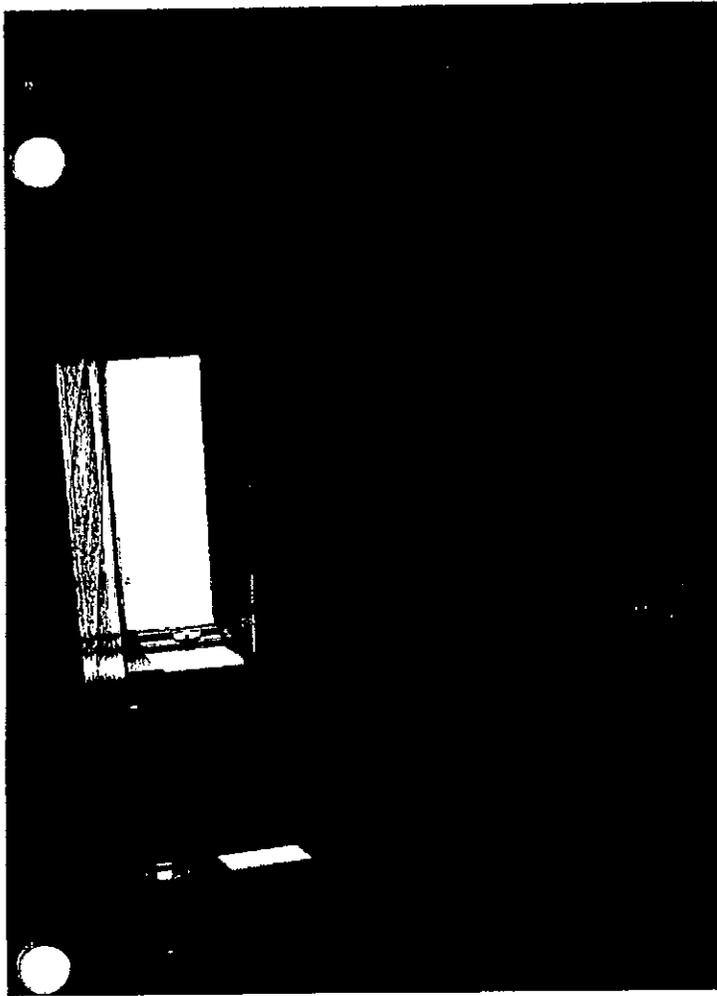


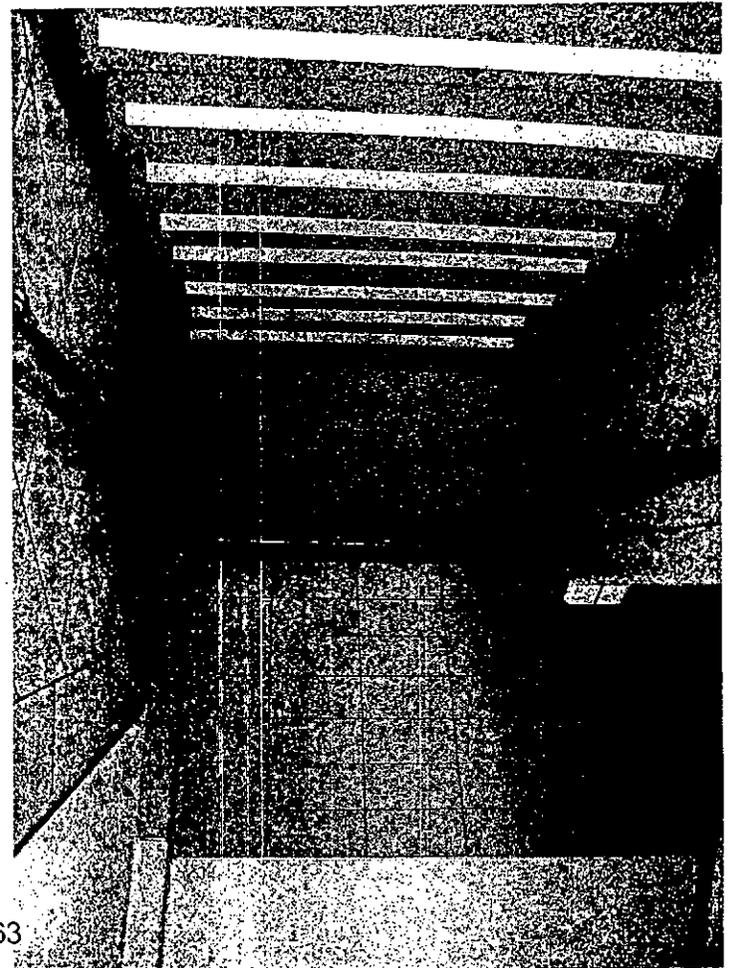
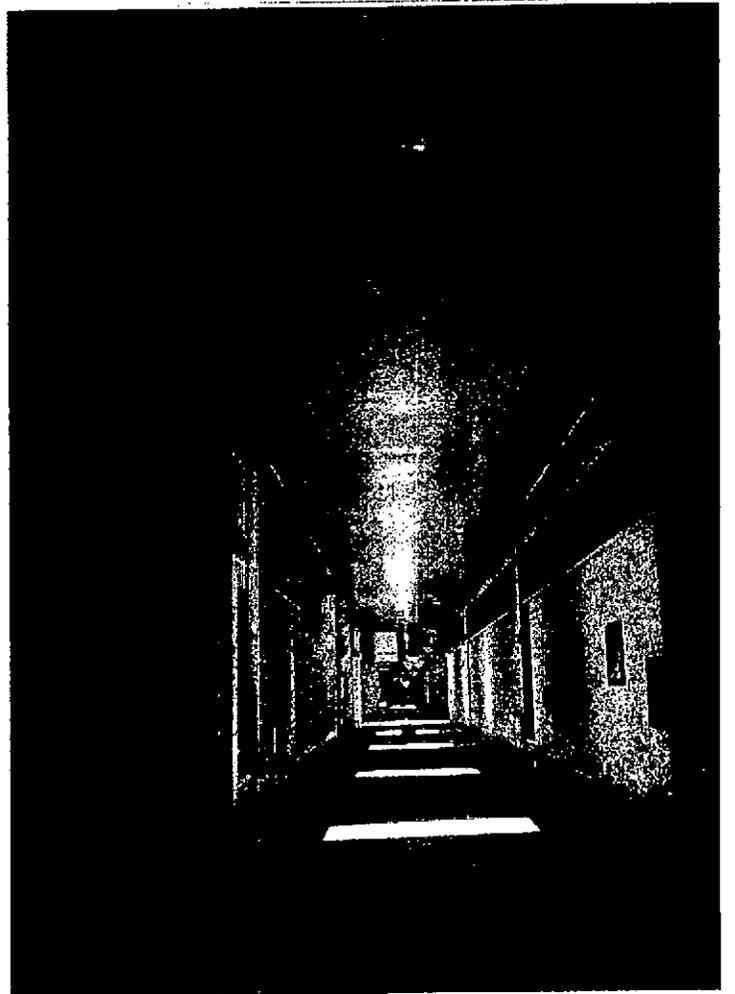
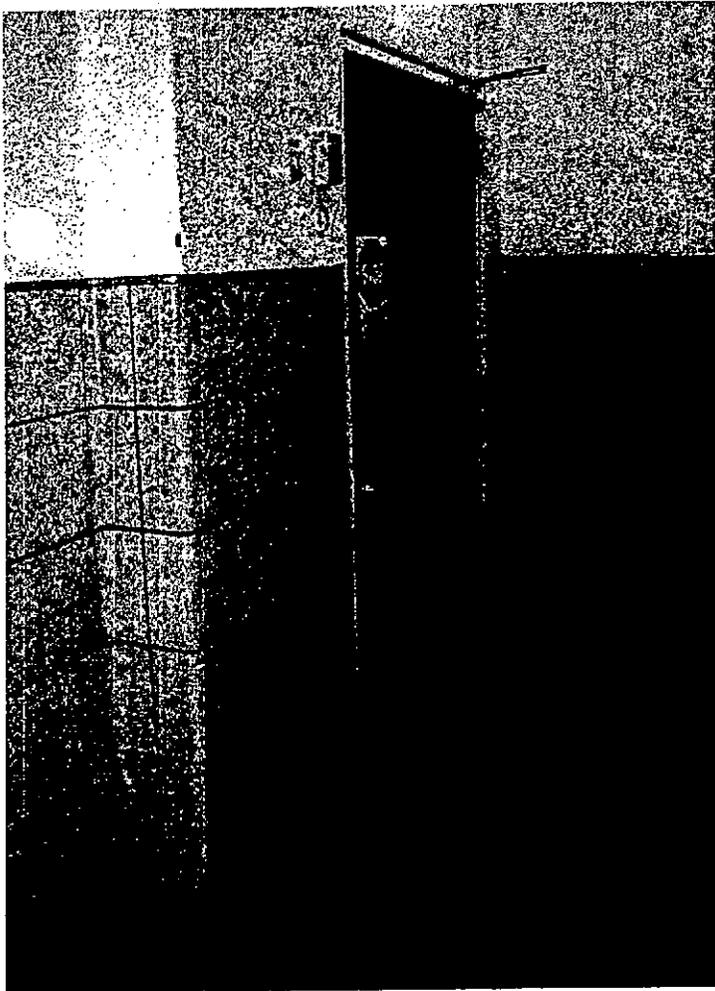


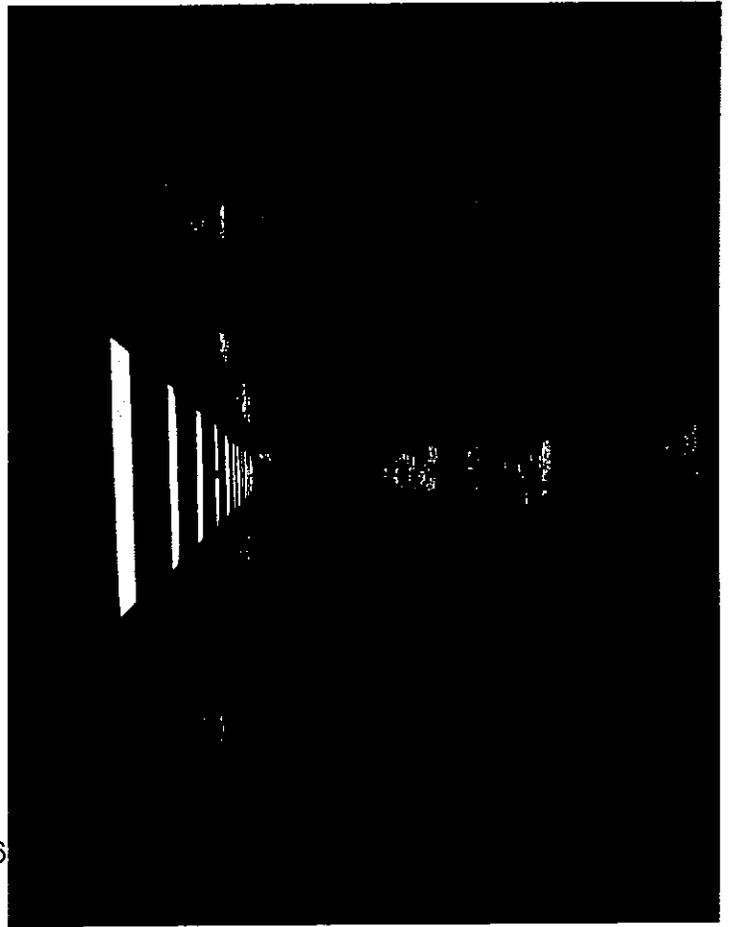
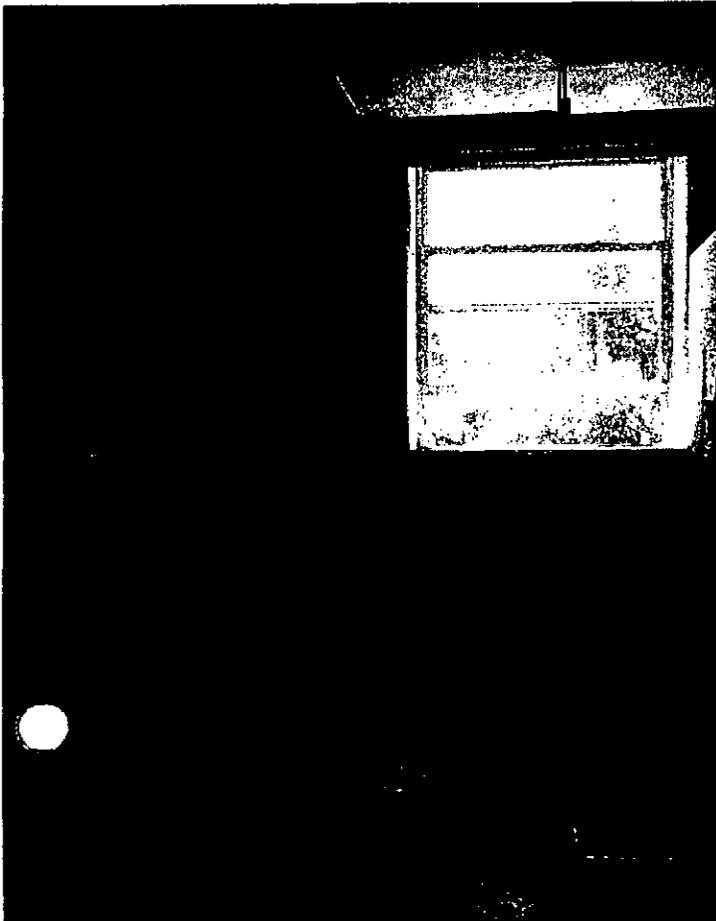
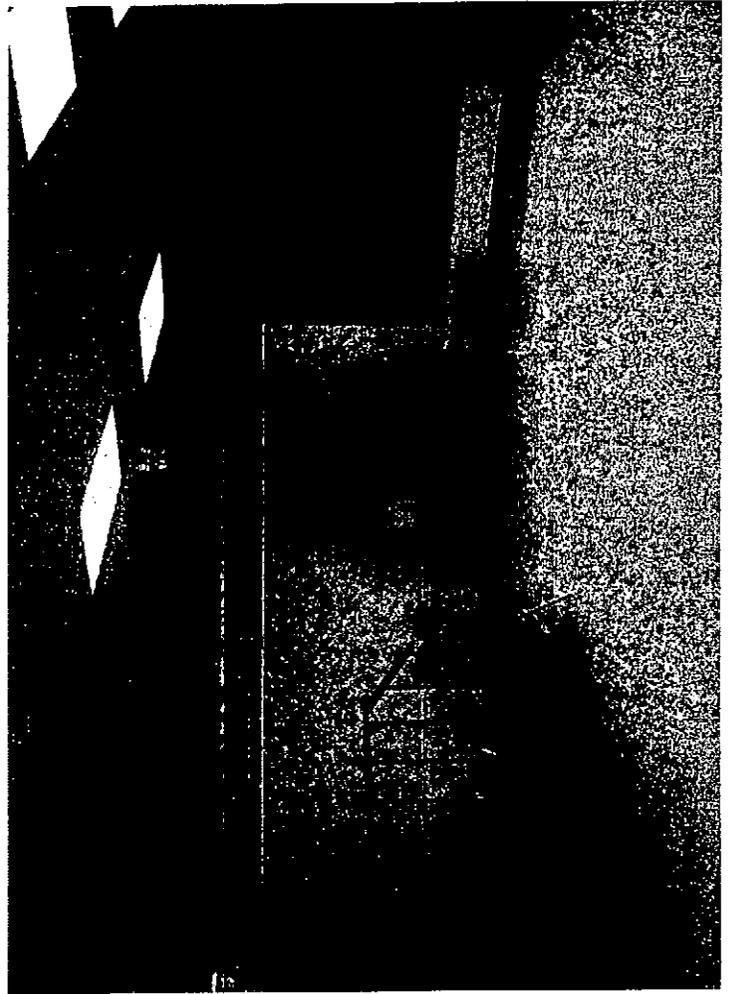


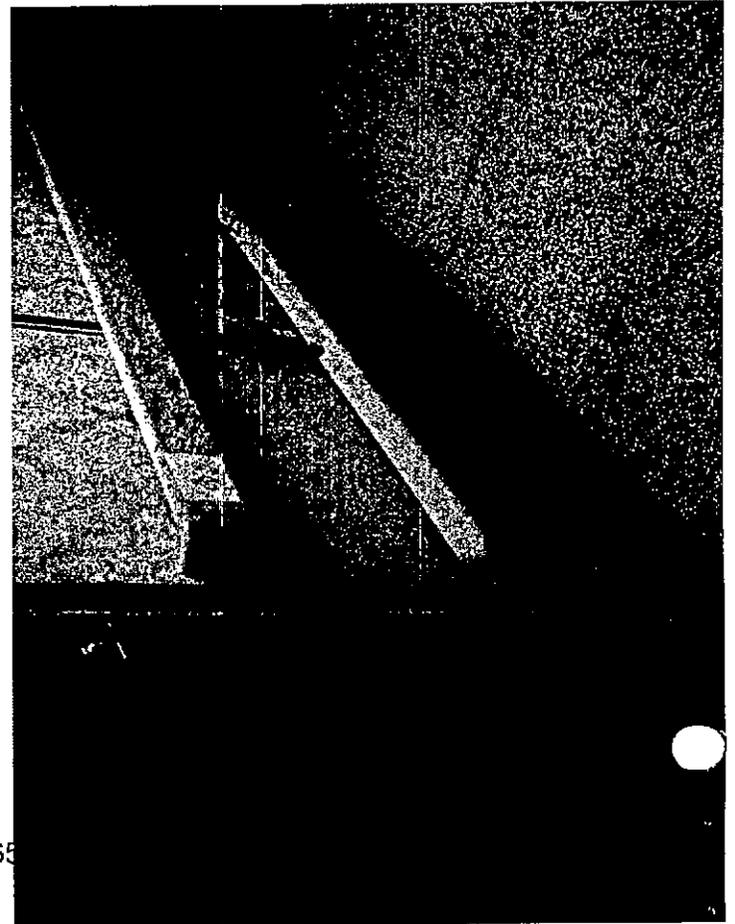
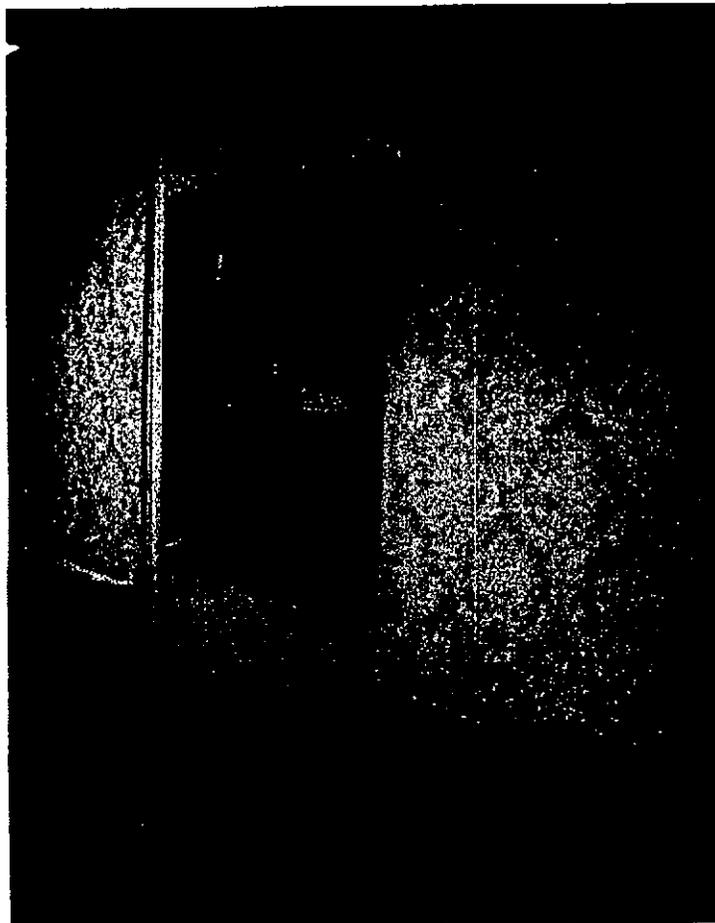
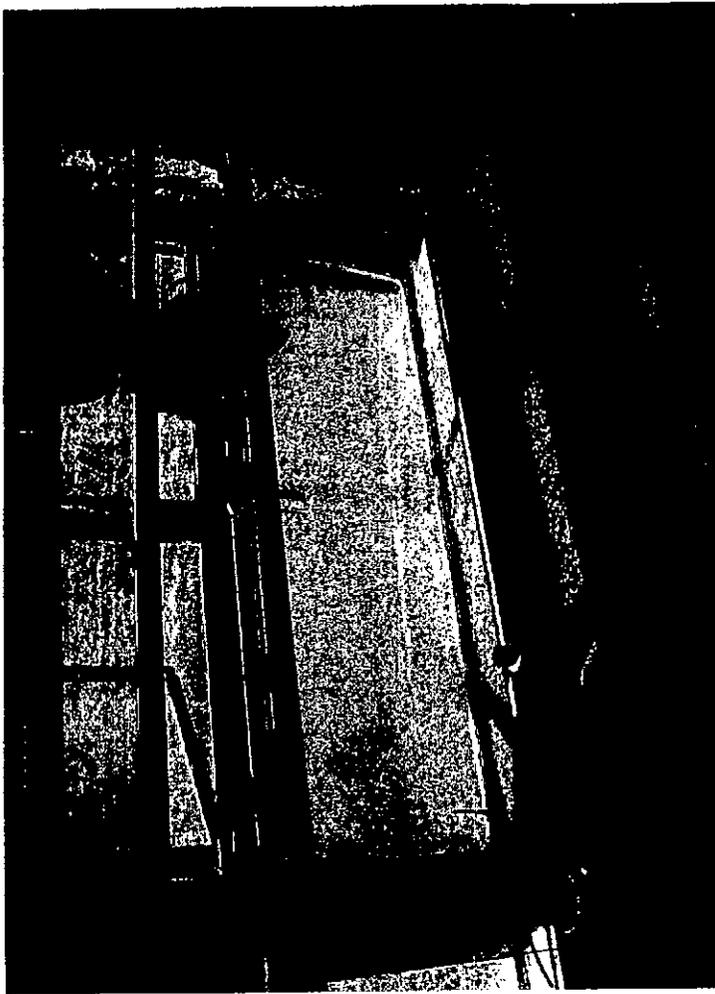






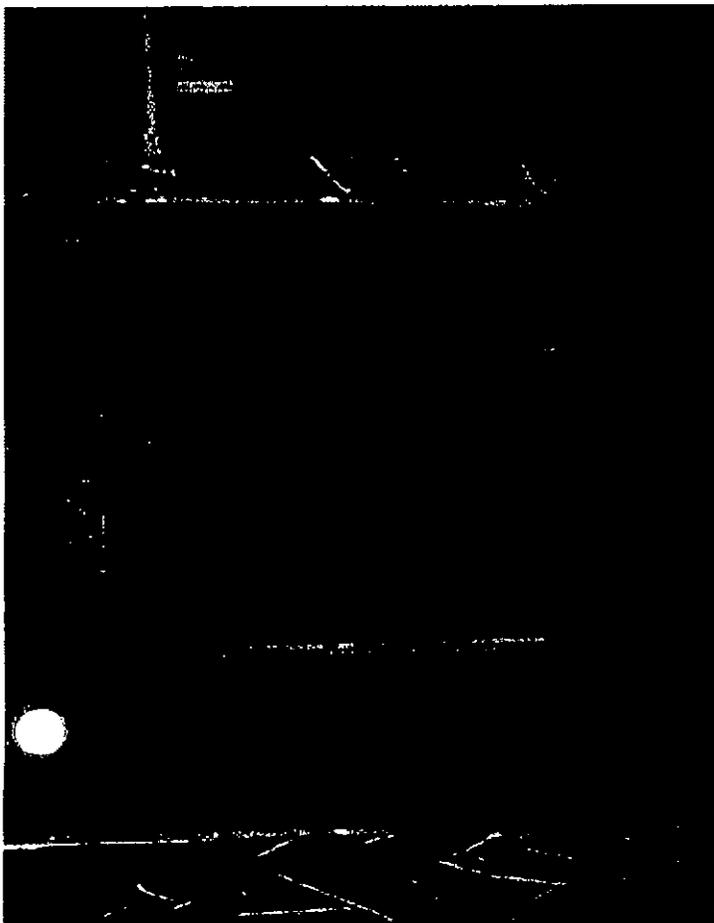
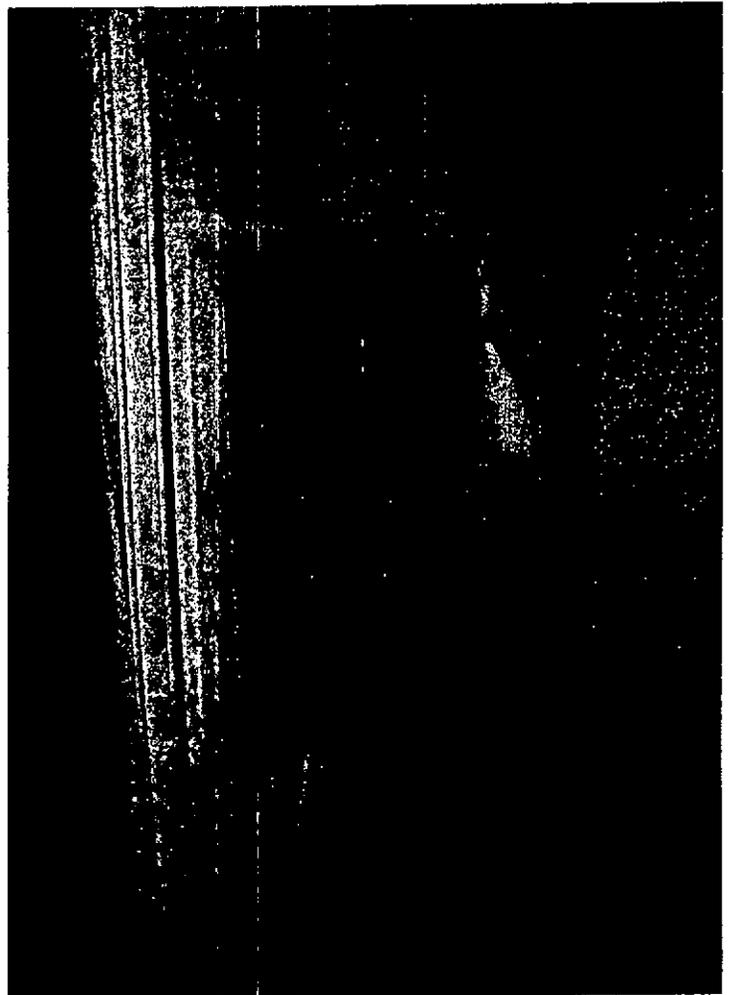








57



60



SOURCES OF INFORMATION

- A. Architectural Drawings (Plans): blue prints on file at the facility.
- B. Early Views: -Photographs provided by: Owner's file (aerial photos, photographs)
-Photographs provided by: Derr Map Studios
-Photographs provided by: The Ottawa Daily Times
- C. Interviews: -Marge Lyle, Ottawa Pavillion, Ltd
-Lonnie Cain, Managing Editor, The Ottawa Daily Times
-Earl Gerding, Architect (nephew of Louis H. Gerding)
-Tom Gerding (son of Louis H. Gerding)
-Robert Johnson, Architect (current owner of subsequent firm lineage)
-Paul Basalay, Architect (worked with subsequent firm lineage)
- D. Bibliography:
1. Primary and published sources:
-The Ottawa Daily Times, archives: published articles
 2. Secondary Sources:
-LaSalle County G.I.S., internet
-Derr Map Studios, 323 ½ East State St., Rockford, IL
-Google Maps, Internet

METHODOLOGY OF RESEARCH

A. Research Strategy:

-Gather pertinent data, document, photograph, and tour the building

B. Actual Research Process:

-Reviewed the archives of The Ottawa Daily Times
-Personal in-depth interviews (in-person and telephonic)

C. Archives and Repositories Used:

-Drawings from Owner (blueprints of original drawings)
-Archives of The Ottawa Daily Times
-LaSalle County G.I.S.
-Derr Map Studios
-Google Maps

D. Research Staff:

1. Primary Preparer: Anthony E. Crane, AIA, Secretary/Treasurer,
Architechnics, Inc., 510 Maine Street, Quincy, Illinois
Certificate of Attendance, Ecole des Beaux Arts, Paris, France, 1974
B. A. History of Architecture, U of I, 1975
Professional Degree Architectural Design, U of I, 1979
2. Photographer: Anthony E. Crane, AIA, Secretary/Treasurer,
Architechnics, Inc., 510 Maine Street, Quincy, Illinois
3. Delineator: Anthony E. Crane, AIA, Secretary/Treasurer,
Architechnics, Inc., 510 Maine Street, Quincy, Illinois
4. Additional Staff: Clint L. Hodges, Architectural Research and Field Technician
Architechnics, Inc., 510 Maine Street, Quincy, Illinois

Cost/Space Requirements

Provide in the following format, the department/area GSF and cost. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Department/Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Nursing	\$5,558,584	17,762	37,134	31,105	6,029		11,733
Living/Dining/Activity	\$1,108,903	4,037	7,408	6,288	1,120		2,917
Kitchen/Food Service	\$564,930	1,186	3,774	3,774			1,186
P.T./O.T.	\$922,688	1,577	6,164	6,164			1,577
Laundry	\$107,926	510	721	721			510
Janitor Closets	\$28,142	154	188	188			154
Clean/Soiled Utility	\$96,700	543	646	646			543
Beauty/Barber	\$42,662	374	285	285			374
Total Clinical	\$8,430,534	26,143	56,320	49,171	7,149		18,994
NON CLINICAL							
Office/Administration	\$501,829	2,461	2,219	2,219			2,461
Employee Lounge/ Locker/Training	\$128,002	519	566	566			519
Mechanical/Electrical	\$104,030	127	460	460			127
Lobby	\$154,009		681	681			
Storage/Maintenance	\$999,362	1,020	4,419	4,260	159		861
Corridor/Public Toilets	\$2,997,633	9,629	13,255	11,355	1,900		7,729
Stair/Elevators	\$282,237	2,217	1,248	1,248			2,217
Total Non-clinical	\$5,167,101	15,973	22,848	20,789	2,059		13,914
TOTAL	\$13,597,635	42,116	79,168	69,960	9,208		32,908

**SECTION III. - PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES -
INFORMATION REQUIREMENTS**

Criterion 1110.230 - Project Purpose, Background and Alternatives

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.

There are no other facilities owned or operated by the Applicant. However, it should be noted that there are health care facilities owned or operated by entities related to the Applicant according to 77 IAC 1110.230(a) showing that the Applicant is fit, willing and able, and has the qualifications, background of character, to adequately provide a proper standard of health care service for the community. Copies of the licenses for the listed facilities are appended as **ATTACHMENT-10A**.

Nursing Facilities Operated by Related Entities:

Woodbridge Nursing Pavilion, Ltd.
Windmill Nursing Pavilion, Ltd.
Bridgeview Health Care Center, Ltd.
Ottawa Pavilion, Ltd.

Waterfront Terrace, Inc.
Willow Crest Nursing Pavilion, Ltd.
Sterling Pavilion, Ltd.

Nursing Facilities in which Related Entities have Ownership Interest Only*:

Caseyville Nursing & Rehab Center, Inc.
Cahokia Nursing & Rehab Center, Inc.
Hickory Nursing Pavilion, Ltd.
The Renaissance of South Shore, Inc.
The Renaissance at Midway, Inc.

Virgil Calvert Nrsg & Rehab Ctr, Inc.
Caseyville Nrsg & Rehab Ctr, Inc.
The Renaissance of Hillside, Inc.
The Renaissance at 87th Street, Inc.

- * The Applicant does not have access to the licenses for these facilities as its related entities only have ownership interest in, but do not manage or control.

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

Appended as **ATTACHMENT-10B** is a notarized letter from the Applicant advising that no Adverse action 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 this application.

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

Appended as **ATTACHMENT-10C** is a letter from the Applicant entity authorizing access to any documents necessary to verify the information submitted herein.

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

It should be noted that this item is not germane as this Applicant has not submitted any other application during this calendar year.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



State of Illinois 1818636

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
06/07/2009	BGBE	0030230
LONG TERM CARE LICENSE SKILLED 119		
UNRESTRICTED 119 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

OTTAWA PAVILION, LTD.

OTTAWA PAVILION
800 EAST CENTER STREET
OTTAWA IL 61350

EFFECTIVE DATE: 06/08/07

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/07

State of Illinois 1885403
Department of Public Health

PHYSICIAN PERMIT CERTIFICATION REGISTRATION

I hereby certify that the following information is true and correct as of the date of this registration and is based on the information provided to me by the registrant.

JAMES T. ARNOLD, M.D.
 DIRECTOR

07/01/2009	003749
LONG TERM CARE LICENSE	NONE
EXPIRES	NONE
IMMEDIATE	NONE
UNRESTRICTED	TOTAL NONE

PHYSICIAN LICENSE

PHYSICIAN REGISTRATION CENTER, LTD.



State of Illinois 1890563

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	ID NUMBER
07/31/2010	BGBE	0040436
LONG TERM CARE LICENSE SKILLED 121		
UNRESTRICTED 121 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

STERLING PAVILION, LTD.

STERLING PAVILION
105 EAST 23RD STREET
STERLING IL 61081
EFFECTIVE DATE: 08/01/08

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State of Illinois 1927171

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.

DANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
08/30/2010	BCBE	0028076
LONG TERM CARE LICENSE		
SKILLED 042		
INTERMEDIATE 076		
UNRESTRICTED 118 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

WATERFRONT TERRACE, INC.

WATERFRONT TERRACE
7750 SOUTH SHORE DRIVE
CHICAGO IL 60649
EFFECTIVE DATE: 05/31/09

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State of Illinois 1913833

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 E. ARNOID, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID. NUMBER
02/04/2010	BQBE	0031823

LONG TERM CARE LICENSE

SKILLED	100
INTERMEDIATE	050

UNRESTRICTED 150 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

WINDMILL NURSING PAVILION, LTD.
WINDMILL NURSING PAVILION
16000 SOUTH WABASH
SOUTH HOLLAND, IL 60473

EFFECTIVE DATE: 02/05/09

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1883039
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	IL NUMBER
06/30/2010	BGBE	0036533
LONG TERM CARE LICENSE SKILLED INTERMEDIATE 008		

UNRESTRICTED 116 TOTAL BEDS

06/27/08
WILLOW CREST NURSING PAVILION
515 NORTH MAIN IL 60548

FEE RECEIPT NO.

State of Illinois 1883039
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

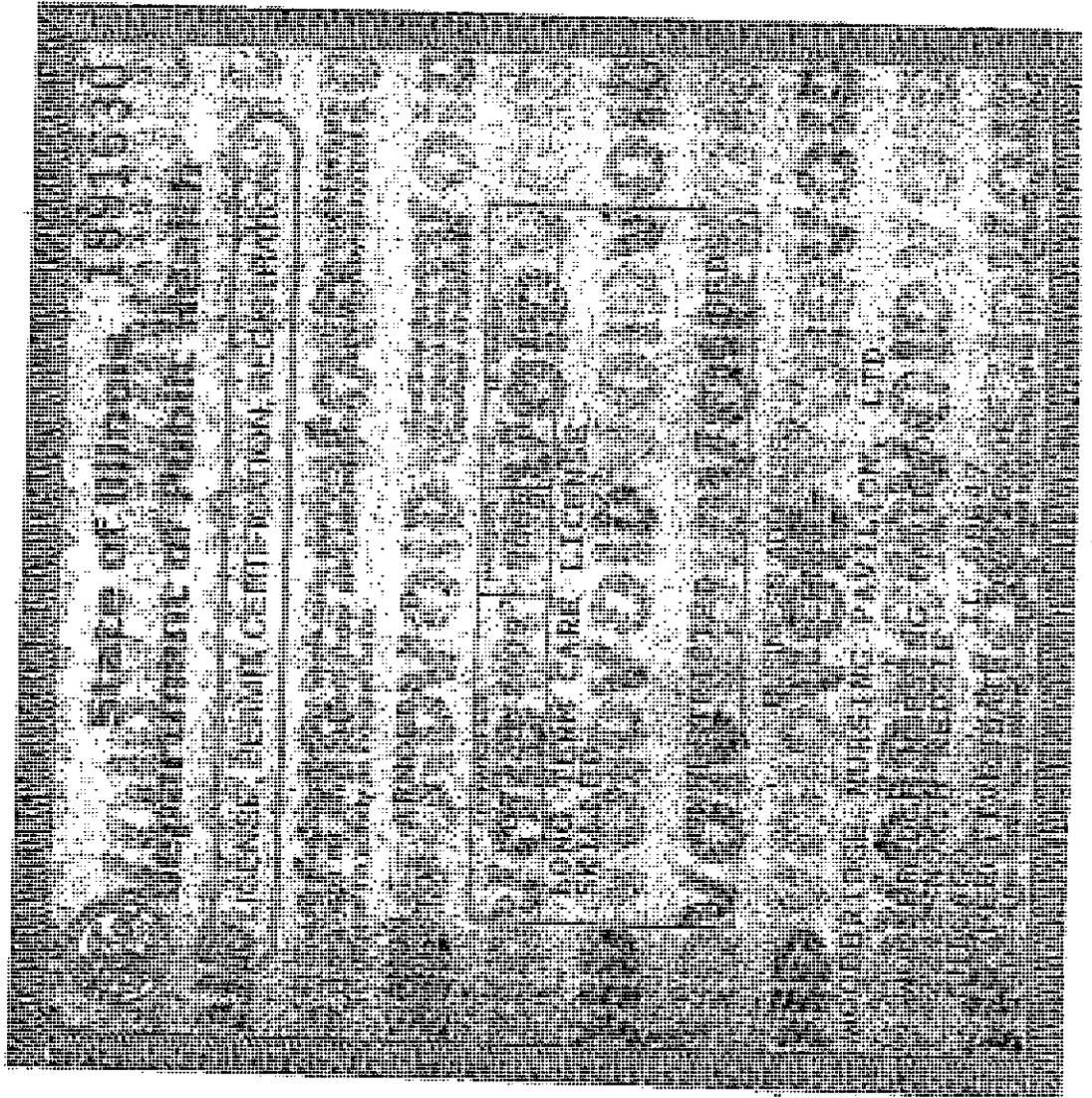
Issued under the authority of
The State of Illinois
Department of Public Health

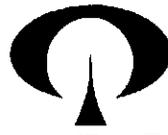
EXPIRATION DATE	CATEGORY	IL NUMBER
06/30/2010	BGBE	0036533
LONG TERM CARE LICENSE SKILLED INTERMEDIATE 008		
UNRESTRICTED 116 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

WILLOW CREST NURSING PAVILION, LTD.
WILLOW CREST NURSING PAVILION
515 NORTH MAIN
SANDWICH IL 60548

EFFECTIVE DATE: 07/01/08
The face of this license has a security background provided by authority of the State of Illinois 4/07





Ottawa Pavilion, Ltd.

May 29, 2009

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

Dear Mr. Mark:

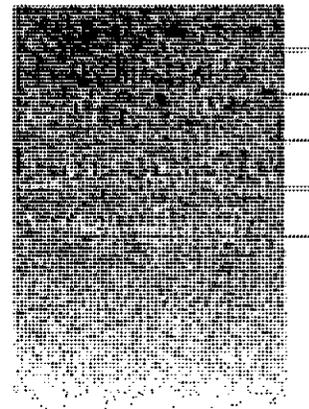
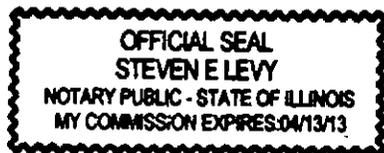
Please be advised that no adverse action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Subscribed and sworn to me

this 29th day of May, 2009

Notary Public



ATTACHMENT-10B



Ottawa Pavilion, Ltd.

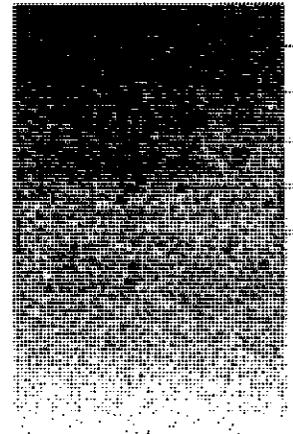
May 29, 2009

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

Dear Mr. Mark:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. 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.a).3)C.

Sincerely,



PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

This project is for the major modernization of an existing nursing home in which 74% of the 2008 admissions originated from within two zip code areas that comprise the Ottawa and Marseilles. Of the facility admissions, 93% of the resident originated from within LaSalle County. The minor addition of 10-beds is allowed under 20 ILCS 3960/5, Chapter 111 1/2, par. 1155) Sec.5(a)(c), also referred to as the 10 bed/10 percent rule which has been changed to 20 beds/10 percent under the Public Act 96-0031 that was signed into law June 30, 2009.

2. Define the planning area or market area, or other, per the applicant's definition.

The primary market area is that of zip codes 61350 (Ottawa) and 61341 (Marseilles) and a secondary market that is consistent with the LaSalle County Planning Area.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]

The Planning Board has identified that need for Long-Term nursing care services are in over supply for LaSalle County. However, it does not take into consideration the Illinois Veterans Home in LaSalle, LaSalle County in which approximately 42% of its existing residents were from within the County with the balance from other Counties (this data is in accordance with documentation from Project Number 05-038) and was only approved under the Defined Population Variance to the Bed Need calculation. As a "variance" project none of the 200 beds should count against the LaSalle County Planning Area bed need calculation. This would reduce the number of excess capacity to an outstanding need for 129 additional nursing care beds.

4. Cite the sources of the information provided as documentation.

- A) Patient origin data for CY 2008 for Ottawa Pavilion;
- B) 20 ILCS 3960/5, Chapter 111 1/2, par. 1155) Sec.5(a)(c);
- C) Patient origin and other data from Project Number 05-038;
- D) Inventory of Health Care Facilities and Services and Need Determinations (2008 (LTC Services); and
- E) Department of Health & Human Services Centers for Medicare & Medicaid Services Statement of Deficiencies and Plan of Correction.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

As a modernization project, this application will address the negatives issues that are inherent to a building that opened in 1920 as a County Tuberculosis Sanitarium. The proposed replacement and renovations will provide a more efficient and less institutional physical plant environment for the existing residents of Ottawa Pavilion as well as for the community.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals.

The Applicant's goal is to complete the project in the timeframes outlined within this application and to reach and maintain a 90% or greater utilization rate by the second full year of operation.

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

Please Refer to the ATTACHMENTS-11E and 5B.

ATTACHMENT-11

EXECUTIVE BRANCH
(20 ILCS 3960/) Illinois Health Facilities Planning Act.

(20 ILCS 3960/1) (from Ch. 111 1/2, par. 1151)
(Section scheduled to be repealed on July 1, 2009)

Sec. 1. This Act shall be known and may be cited as the
Illinois Health Facilities Planning Act.

(Source: P.A. 78-1156.)

(20 ILCS 3960/2) (from Ch. 111 1/2, par. 1152)
(Section scheduled to be repealed on December 31, 2019)

Sec. 2. Purpose of the Act. This Act shall establish a
procedure (1) which requires a person establishing,
constructing or modifying a health care facility, as herein
defined, to have the qualifications, background, character and
financial resources to adequately provide a proper service for
the community; (2) that promotes, through the process of
comprehensive health planning, the orderly and economic
development of health care facilities in the State of Illinois
that avoids unnecessary duplication of such facilities; (3)
that promotes planning for and development of health care
facilities needed for comprehensive health care especially in
areas where the health planning process has identified unmet
needs; and (4) that carries out these purposes in coordination
with the Center for Comprehensive Health Planning and the
Comprehensive Health Plan developed by that Center.

The changes made to this Act by this amendatory Act of the
96th General Assembly are intended to accomplish the following
objectives: to improve the financial ability of the public to
obtain necessary health services; to establish an orderly and
comprehensive health care delivery system that will guarantee
the availability of quality health care to the general public;
to maintain and improve the provision of essential health care
services and increase the accessibility of those services to
the medically underserved and indigent; to assure that the
reduction and closure of health care services or facilities is
performed in an orderly and timely manner, and that these
actions are deemed to be in the best interests of the public;
and to assess the financial burden to patients caused by
unnecessary health care construction and modification. The
Health Facilities and Services Review Board must apply the
findings from the Comprehensive Health Plan to update review
standards and criteria, as well as better identify needs and
evaluate applications, and establish mechanisms to support
adequate financing of the health care delivery system in
Illinois, for the development and preservation of safety net
services. The Board must provide written and consistent
decisions that are based on the findings from the
Comprehensive Health Plan, as well as other issue or subject
specific plans, recommended by the Center for Comprehensive
Health Planning. Policies and procedures must include criteria
and standards for plan variations and deviations that must be
updated. Evidence-based assessments, projections and decisions
will be applied regarding capacity, quality, value and equity
in the delivery of health care services in Illinois. The
integrity of the Certificate of Need process is ensured
through revised ethics and communications procedures. Cost
containment and support for safety net services must continue

(20 ILCS 3960/5) (from Ch. 111 1/2, par. 1155)

(Section scheduled to be repealed on December 31, 2019)

Sec. 5. Construction, modification, or establishment of health care facilities or acquisition of major medical equipment; permits or exemptions. No person shall construct, modify or establish a health care facility or acquire major medical equipment without first obtaining a permit or exemption from the State Board. The State Board shall not delegate to the staff of the State Board or any other person or entity the authority to grant permits or exemptions whenever the staff or other person or entity would be required to exercise any discretion affecting the decision to grant a permit or exemption. The State Board may, by rule, delegate authority to the Chairman to grant permits or exemptions when applications meet all of the State Board's review criteria and are unopposed.

A permit or exemption shall be obtained prior to the acquisition of major medical equipment or to the construction or modification of a health care facility which:

- (a) requires a total capital expenditure in excess of the capital expenditure minimum; or
- (b) substantially changes the scope or changes the functional operation of the facility; or
- (c) changes the bed capacity of a health care facility by increasing the total number of beds or by distributing beds among various categories of service or by relocating beds from one physical facility or site to another by more than 20 beds or more than 10% of total bed capacity as defined by the State Board, whichever is less, over a 2 year period.

A permit shall be valid only for the defined construction or modifications, site, amount and person named in the application for such permit and shall not be transferable or assignable. A permit shall be valid until such time as the project has been completed, provided that (a) obligation of the project occurs within 12 months following issuance of the permit except for major construction projects such obligation must occur within 18 months following issuance of the permit; and (b) the project commences and proceeds to completion with due diligence. To monitor progress toward project commencement and completion, routine post-permit reports shall be limited to annual progress reports and the final completion and cost report. Projects may deviate from the costs, fees, and expenses provided in their project cost information for the project's cost components, provided that the final total project cost does not exceed the approved permit amount. Major construction projects, for the purposes of this Act, shall include but are not limited to: projects for the construction of new buildings; additions to existing facilities; modernization projects whose cost is in excess of \$1,000,000 or 10% of the facilities' operating revenue, whichever is less; and such other projects as the State Board shall define and prescribe pursuant to this Act. The State Board may extend the obligation period upon a showing of good cause by the permit holder. Permits for projects that have not been obligated within the prescribed obligation period shall expire on the last day of that period.

The acquisition by any person of major medical equipment that will not be owned by or located in a health care facility

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

1. The Illinois Department of Veterans Affairs is statutorily required by 20 ILCS 2805 to provide long term care to eligible Illinois veterans. The 93rd General Assembly further directed that the capacity of the Illinois Veterans' Home at LaSalle be increased by at least 80 beds to better serve the need of veterans in the north central region of Illinois.

(Text of Section from P.A. 93-142)
 Sec. 2e. LaSalle Veterans Home capacity.
 (a) The Department finds that the Illinois Veterans Home at LaSalle requires an increase in capacity to better serve the north central region of Illinois and to accommodate the increasing number of Illinois veterans eligible for care.
 (b) Subject to appropriation, the Department shall increase by at least 80 beds the capacity of the Illinois Veterans Home at LaSalle and shall request and expend federal grants for this Veterans Home addition.
 (Source: P.A. 93-142, eff. 7-10-03.)

2. There are currently a total of 633 veterans on the waiting lists for admission to the Illinois Veterans Homes (See consolidated list following this narrative). The majority of the applicants to the Veterans' Home at LaSalle reside in LaSalle and the surrounding counties; the driving distance for family and friends to visit the veteran if he resided in another of the Illinois Veterans Homes would be difficult, as the family and friends are generally in the same age group as the veteran himself and 65 years old or older. Travel times and distances to the other Illinois Veterans Homes, according to an Internet search, are as follows:

Location/Address	Driving Distance (One Way)	Driving Time (One Way)
Illinois Veterans' Home at Anna 792 North Main Anna, Illinois 62906	327 mi.	5.65 hrs. (339 min.)
Illinois Veterans' Home at Manteno #1 Veterans Drive Manteno, Illinois 60950	105 mi.	2.06 hrs (124 min.)
Illinois Veterans' Home at Quincy 1707 North 12 th Street Quincy, Illinois 62301	244 mi.	4.40 hrs (264 min)

Care in the Illinois Veterans' Home system is extremely reasonable when compared to the costs of other long-term care facilities as reported to us by our residents and their families. Eligible veteran residents pay a maximum monthly maintenance fee of not more than \$929.00 per month. The United States Department of Veterans Affairs Grant and Per Diem Program supplement this fee with \$57.78 per diem payments and only the Illinois Department of Veterans Affairs, through the Illinois Veterans' Homes can capture these significant funds. Additionally, the Illinois Veterans' Homes obtain routine medical care for these veterans through the United States Department of Veterans Affairs Medical Center of jurisdiction for each facility. Acute medical care is provided through cooperative agreements with local hospital in the vicinity of the facility as needed.

3. There are currently no underutilized beds at the Illinois Veterans' Home at LaSalle.
4. As indicated by the lack of inspection findings during the past three years, the option to build the additional 80 beds is based on the increased need for beds and is not an issue of quality of care.

Illinois Department of Veterans' Affairs

NAME	DATE RECEIVED	CITY	COUNTY	MAIL ROOM					
NAME	DATE RECEIVED	CITY	COUNTY	MAIL ROOM					
Born, Paul W.	08/18/03	Lakeview, IL	LaSalle					47	
Born, Joseph A.	08/18/04	Cedar Point, IL	LaSalle					250	
Borrows, Roy	06/22/05	Gen Edin	DEPAGE						78
Bory, Steve	02/08/05	Paris, IL	LaSalle					349	
BOWMER, Gene	5/18/2005	Kankakee	Kankakee						
Bowmer, Gene	4/28/2005	Kankakee	KANKAKEE						
Brecht, James	12/22/03	Boling, IL	Whiteside					77	
Bren, Gilbert	08/19/04	LaSalle, IL	LaSalle					208	
Bridg, John R.	01/08/04	LaSalle	LaSalle					81	
Bridg, Thomas	12/17/04	Ogishby, IL	LaSalle					248	
Bridg, Robert W.	1/1/04	Channah, IL	LaSalle					284	
Brown, Larry M.	04/07/04	Peoria, IL	Peoria					163	
Brown, James F.	08/02/04	N. Aurora, IL	Kane					204	
Buba, Harold B.	12/24/03	Ogishby, IL	McLean					89	
Bushman, William	12/20/04	Ogishby, IL	LaSalle					342	
Calet, Joseph	12/17/04	Magnolia, IL	Putnam					301	
Caplan, Edward E.	07/20/03	Gravelin, IL	Putnam					31	
Carry, Jack J.	08/08/03	Wentzville, IL	Wentzville					402	
Carry, Bruno	03/20/04	Marionville, IL	LaSalle					141	
Carroll, John J.	07/18/04	Princeton, IL	Barren					200	
Carroll, Peter R.	08/04/04	Peoria, IL	LaSalle					180	
Carroll, John V.	08/18/04	Peoria, IL	LaSalle					128	
Carroll, Inc. A.	02/20/04	Magnolia, IL	Putnam					149	
Carroll, George G.	01/07/05	Marionville, IL	Putnam					310	
Carroll, George G.	11/12/03	Grand Ridge	LaSalle					84	
Clark, Harry A.	07/18/03	Marionville, IL	LaSalle					18	
Clark, Frank E.	04/04/05	Kennett, IL	Henry					278	
Clark, Robert J.	11/22/04	Cherry, IL	Madison					288	
Conley, Robert	8/19/2004	Kankakee	KANKAKEE						
Conrad, Edwin C.	06/18/01	Channah, IL	LaSalle					295	
Conroy, Russell E.	10/28/03	LaSalle, IL	LaSalle					88	
Conroy, William T.	08/08/03	Rockford, IL	Winnebago					44	
Cooper, Lee L.	03/04/04	Peotone, IL	Lee					100	
Cooper, Donald C.	11/28/03	The Plains, MI	LaSalle					68	
Cooper, Elmer E.	12/24/03	Channah, IL	LaSalle					78	
Craig, Gene	8/19/2004	Urbana, IL	COOK						
Craig, Fred	12/08/04	LaSalle, IL	LaSalle					242	
Craig, Joseph	01/04/05	Paris, IL	LaSalle					308	
Crosby, Martin	2/8/2003	Peotone, IL	COOK						5
Crossen, Robert G.	02/24/05	Rock Island	Rock Island					342	
Crummey, David	11/28/04	Springfield, IL	Springfield					373	

ILLINOIS VETERANS' HOME WAITING LIST

NAME	DATE RECEIVED	CITY	COUNTY	MAIL ROOM					
Adams, Frederick	8/7/2008	Sherrwood	WALL					78	
Adams, Donald R.	08/08/03	Macomb Park	Winnebago					4	
Adams, Kenneth	08/22/04	Bureauville, IL	Bureau					199	
Adams, John E.	08/14/04	Peoria, IL	Peoria					380	
Adams, William J.	12/04/04	Duquoin, IL	Bureau					281	
Acker, Frank J.	01/29/04	LaSalle, IL	LaSalle					91	
Acker, Frank	12/02/04	Paris, IL	LaSalle					277	
Acker, Jack	3/11/2005	Oak Point	COOK					24	
Adams, John	8/7/2008	Oak Lawn	COOK					67	
Aiken, Louis	8/7/2008	Oak Lawn	COOK					68	
Al, Thomas F.	10/08/04	LaSalle, IL	LaSalle					244	
Al, Ferdinand E.	11/13/03	Peoria, IL	LaSalle					86	
Alford, John R.	03/07/04	South Beloit, IL	Winnebago					118	
Anderson, Charles	10/24/03	Ogishby, IL	LaSalle					88	
Anderson, Robert R.	08/22/04	Marionville, IL	LaSalle					258	
Anderson, Lloyd L.	01/14/04	Princeton, IL	Bureau					80	
August, Carl J.	03/18/03	East Moline, IL	Rock Island					283	
Audrey, Robert P.	04/02/08	Marionville, IL	Henry					288	
Austin, Raymond C.	03/08/04	Peoria, IL	LaSalle					133	
Austin, James A.	07/08/04	Rockford, IL	Winnebago					184	
Bacon, Frank M.	08/22/04	Geneseo, IL	Henry					192	
Bacon, William	01/01/05	LaSalle, IL	LaSalle					211	
Baker, Kenneth R.	01/14/04	Tribuna, IL	LaSalle					68	
Baldwin, Dolores G.	02/17/04	Spring Valley, IL	Bureau					143	
Baldwin, Charles	04/20/04	Cherry, IL	Bureau					221	
Baldwin, Wm. J.	11/09/04	Tribuna, IL	Marshall					248	
Bass, Fred H.	11/18/04	Hennepin, IL	Cook					281	
Bass, Charles	5/18/2005	Chicago	COOK						AB-58
Bass, Harold F.	03/14/04	Henry, IL	Marshall					126	
Bass, Raymond	2/18/2008	Peotone, IL	KANKAKEE						7
Baxter, Robert G.	02/11/05	Marionville, IL	LaSalle					244	
Baxter, John	05/12/04	Channah, IL	LaSalle					170	
Berg, Carl	12/18/04	Princeton, IL	Bureau					277	
Berk, William P.	02/17/03	Paris, IL	LaSalle					337	
Berk, John O.	02/18/04	Hennepin, IL	Peoria					111	
Berk, Jack	12/9/2004	Chicago Ridge	COOK						AB-6
Berk, Lillian H.	10/28/04	Rock Falls, IL	Whiteside					283	
Berk, James	12/18/04	Geneseo, IL	Putnam					294	
Berk, Victor P.	10/07/03	LaSalle, IL	LaSalle					81	

Illinois Department of Veterans' Affairs

NAME	DATE RECEIVED	CITY	COUNTY	MAIL	AP	MAIL	AP	MAIL	AP	MAIL	AP
East, Kenneth (deceased)	1/10/2008	Chicago	COOK								
East, Charles R.	6/12/495	Peoria, IL	Peoria	303	27						
Eck, Arthur H.	8/20/484	Chicago, IL	Cook	102							
Ehr, Warren	5/31/2005	DeKalb	STEPHENSON								Ab-9
ELLIS, Vernon C.	5/5/2005	DeKalb	STEPHENSON								
Emke, Charles R.	11/1/2004	DeKalb	VERMILION								Ab-37
Epler, Charles R.	12/24/02	Granville, IL	Putnam	78							
Ersk, Richard	6/12/1905	Peoria, IL	LaSalle	321							
Eubank, G. J.	02/18/04	Channahon, IL	LaSalle	107							
Eyer, Walter K.	04/15/03	Rockford	Ogle	302	34						
Eythcock, Clifford	02/07/05	Spring Valley, IL	Bureau	338							
Fahnestock, Robert E.	6/12/2004	Peoria, IL	LaSalle	88							
Farrar, Frank	04/20/04	Channahon, IL	LaSalle	174							
Fisher, Gordon E.	04/12/04	Shelburne, IL	LaSalle	148							
Fisher, William R.	6/12/2003	Liby, IL	DuPage	28							
Fisher, Ernest W.	09/1/04	Marengo, IL	LaSalle	222							
Fischer, Augustus G.	12/21/04	Acosta, IL	Kane	300							3
Fitzgerald, Joseph A.	04/04/04	Ogishby, IL	LaSalle	180							
Fisher, David	3/20/2008	Franklin	WILL								23
Fisher, Ernest	3/21/2006	Villa Park	DuPAGE								23
Fitzgerald, James	6/10/2008	Bloomington	KANKAKEE								51
Fitzsimmons, William F.	6/12/493	LaSalle, IL	LaSalle	26							
Fleming, E. M.	12/17/04	LaSalle	COOK	200							
Fleming, Jerome	2/18/2005	Sumner	COOK								8
Ford, Thomas R.	11/22/04	Peoria, IL	Peoria	309							
Franklin, Richard	3/2/2005	Princeton, IL	COOK								Ab-48
Franklin, Glenn C.	6/11/1903	LaSalle, IL	LaSalle	22							
Frost, James	04/20/03	Channahon, IL	LaSalle	308							
Frost, Donald J.	6/11/693	Bureau, IL	LaSalle	21							
Frost, Paul	4/5/2004	Jerry	GRUNDY								Ab-11
Frost, Donald	4/8/2008	Bureau	KANKAKEE								33
Furman, John R.	6/11/493	Peoria, IL	COOK	16							
Furman, John	4/25/2005	Princeton Heights	COOK								47
Gabel, Frank	05/17/04	Peoria, IL	LaSalle	172							
Gabel, Albert M.	6/12/04	DePue, IL	Bureau	291							
Gagnier, Theodore	12/26/04	Peoria, IL	LaSalle	308							
Gale, James H.	03/24/03	Rockford, IL	Winnebago	374							
Gaylor, Michael E.	04/20/03	Bureau, IL	LaSalle	384							44
Gibson, Joseph S.	10/19/04	LaSalle, IL	LaSalle	249							
Gibson, Peter B.	06/20/04	Ogishby, IL	LaSalle	218							
Giffner, Ralph J.	05/20/04	Bureau, IL	Lee	159							

NAME	DATE RECEIVED	CITY	COUNTY	MAIL	AP	MAIL	AP	MAIL	AP	MAIL	AP
Carl, Clifford	06/22/05	Rockford, IL	Winnebago								
Carl, Carl	4/25/2005	Oak Forest	COOK	38							48
Carroll, William G.	05/10/05	Westmont, IL	DuPage	268							
Carroll, Howard M.	02/27/04	Troy, IL	LaSalle	118							Ab-4
Case, Thomas	12/3/2003	Shelburne Park	COOK	288							
Cassidy, Eugene F.	12/09/04	LaSalle, IL	LaSalle	218							
Cassidy, Ethel O.	08/7/04	DeKalb, IL	LaSalle	52							
Cassidy, Edward	01/17/04	Marengo, IL	LaSalle	138							
Cassidy, Robert G.	05/11/04	Marengo, IL	LaSalle	248							
Cassidy, Edward H.	10/15/04	Bloomington, IL	McLea	242							
Cassidy, Frank C.	10/04/04	LaSalle, IL	LaSalle	242							
Cassidy, Marie	8/28/2004	So. Weyroegen	WILL								Ab-29
Cassidy, Marie O.	12/09/04	B. Washington, IL	Quincy	293							
Cassidy, Clarence A.	03/14/05	Peoria, IL	LaSalle	274							
Cassidy, George H.	06/11/03	LaSalle, IL	LaSalle	3							
Cassidy, George	04/7/04	Channahon, IL	Putnam	187							
Cassidy, Robert R.	03/23/04	Marengo, IL	LaSalle	183							
Cassidy, Robert	6/28/2005	Estherville, IA	Cook								Ab-14
Cassidy, Robert	11/8/2004	Shelburne Park	COOK								Ab-38
Cassidy, Donald L.	08/25/04	Cherry, IL	Bureau	218							
Cassidy, John F.	02/1/04	Spring Valley, IL	Bureau	124							
Cassidy, Tracy J.	06/18/03	Quincy, IL	Adams	11							
Cassidy, Robert	7/6/2004	New Farm	COOK								Ab-25
Cassidy, Robert	3/25/2008	Liby	DuPAGE								19
Cassidy, Russell	5/1/2005	Princeton	BUREAU								88
Cassidy, Russell K.	04/20/05	Princeton, IL	Bureau	298							
Cassidy, Jimmie P.	6/1/18/08	Moline, IL	Rock Island	318							
Cassidy, Eric E.	02/29/04	Ogishby, IL	LaSalle	138							
Cassidy, Vernon	5/18/2008	Peoria	WILL								87
Cassidy, Jerry F.	11/18/04	Estherville, IL	LaSalle	288	19						
Cassidy, Gary M.	06/04/04	Marengo, IL	LaSalle	228	13						
Cassidy, Allen J.	02/1/04	Albion, IL	Cook	108							
Cassidy, Carl M.	06/12/04	LaSalle, IL	LaSalle	146							
Cassidy, Jean M.	04/12/04	LaSalle, IL	LaSalle	149							
Cassidy, John	01/09/04	Peoria, IL	LaSalle	63							
Cassidy, Lucile J.	6/12/04	Ogishby, IL	LaSalle	303							
Cassidy, Ralph	5/16/2008	LaSalle, IL	LaSalle	408	36						Ab-8
Cassidy, Ralph A.	08/08/08	LaSalle, IL	LaSalle	34							
Cassidy, Mrs. M.	6/21/03	Princeton, IL	Bureau	400	36						
Cassidy, Eileen E.	06/26/08	Hudson, IL	McLean	400	36						
Cassidy, Roger Lee	02/1/04	Princeton, IL	Bureau	128							

Illinois Department of Veterans' Affairs

NAME	DATE RECEIVED	CITY	COUNTY	Area	LA 5 v	AP	SH	ALZ	City
Lawson, Clarence O.	08/01/05	Peoria, IL	Peoria	Area	491	37			Alz-39
Lewis, Edward	12/27/05	Chicago Hill	COOK						
Lilly, James T.	11/25/03	DuSable, IL	DuSable		70				
Lewis, Dale H.	03/19/05	LaSalle, IL	LaSalle		338				
Lewis, Jerome	11/29/04	Peoria, IL	LaSalle		273				
Liv, John R.	12/01/04	Warrick, IN	Warrick		278				
Loomis, Clifford E.	08/08/05	Channahon, IL	LaSalle		404				Alz-39
Lovely, Remond	5/13/2005	Bourbonnais	KANKAKEE						
Luchinska, William	4/22/2005	Bogert	COOK					43	
Ludwig, Thomas W.	02/23/05	Menasha, IL	LaSalle		348				
Lynch, Ted	02/04/05	Normal, IL	McLean		336				
Lynes, Robert	4/22/02	Winnington	WILL					50	
Macdon, Albert J.	05/18/05	Spring Valley, IL	Bureau		363				
Macgregor, Frank	5/24/2005	Chenoa Park	COOK					52	
Macpherson, Salomon A.	10/08/04	LaSalle, IL	LaSalle		243				
Maggio, John J.	04/02/04	LaSalle, IL	LaSalle		164				
Maher, Dale W.	08/25/03	Peoria, IL	LaSalle		41				
Mahony, William D.	11/24/03	S. Peoria, IL	Tazewell		89				
Mack, Samuel L.	02/14/05	Channahon, IL	LaSalle		348				
Mackintosh, Charles	12/18/04	LaSalle, IL	LaSalle		291				
Madden, Raymond J.	02/18/04	Spring Valley, IL	Bureau		129				
Machalski, Albert J.	03/01/05	Cyberby, IL	LaSalle		333				Alz-18
Machonch, John	04/20/04	Chicago	COOK						
Madden, Steve H.	09/11/04	Berryn, IL	COOK		188				
Machonch, Lloyd	7/30/2004	Libertyville	LAKE						Alz-37
Maddox, Kenneth E.	09/17/04	Merchery Park, IL	Winnebago		238	18			
Maddox, George	3/14/2006	Sherrwood	WILL					12	
MADSEN, Jesse	4/28/2005	Chesham	COOK						Alz-3
Martin, Gertrude	08/14/03	Burling Grove	COOK		87				
Mattacks, Louis	12/18/04	Cyberby, IL	LaSalle		293				
Matteucci, James	7/8/2004	Wilby Springs	COOK						Alz-34
Mattney, Stanley	3/24/2003	Indian Head Park	COOK						
Mattson, La Charles	09/17/03	Princeton, IL	Bureau		6				
Matt, Leo F.	02/26/04	LaSalle, IL	LaSalle		117				
Matt, Vernon L.	10/01/04	Winnetka, IL	Woodford		240				
Mathews, Willie C.	04/15/05	Spring Valley, IL	Bureau		385				
Mathews, John G.	01/27/05	Cherry, IL	McLean		329				
Mathews, Charles	03/12/04	S. Peoria, IL	Tazewell		197				
Matzka, Agnes	08/02/04	LaSalle, IL	COOK		178				
McCauley, Joseph D.	12/14/04	Menasha, IL	LaSalle		290				
McCallin, Lawrence F.	11/04/04	Rockford, IL	Winnebago		257				

NAME	DATE RECEIVED	CITY	COUNTY	Area	LA 5 v	AP	SH	ALZ	City
May, Edward R.	12/18/03	Channahon, IL	LaSalle		75				
May, John	05/03/04	LaSalle, IL	LaSalle		159				
McCarthy, Robert	01/17/05	Bureau	DUPAGE		312	21			Alz-40
McCarthy, Arthur C.	01/10/05	Aurora, IL	DUPAGE		187				
McGee, Gerald W.	06/19/04	Peoria, IL	LaSalle		210				Alz-33
McGee, Robert	11/22/04	Easton, IL	KANKAKEE		181				
McGee, Joseph	08/13/04	LaSalle, IL	LaSalle		42				
McGee, Paul C.	08/08/04	Menasha, IL	LaSalle		378				
McGee, Gerald W.	08/05/03	Peoria, IL	LaSalle		27				Alz-7
McGee, Eugene	02/07/06	Peoria, IL	COOK		280				
McGee, Henry	01/29/06	Peoria, IL	COOK		280				
McGee, Vince	01/21/06	Peoria, IL	COOK		280				
McGee, Michael	01/29/05	Peoria, IL	DUPAGE		180				
McGee, E. E.	05/11/04	Peoria, IL	Bureau		187				
McGee, Raymond W.	08/09/04	Peoria, IL	LaSalle		277				
McGee, Donald J.	08/09/04	Peoria, IL	LaSalle		277				
McGee, Brian	01/02/06	Channahon, IL	LaSalle		112				
McGee, Michael	04/20/05	Chicago	COOK		78				
McGee, Frederick	4/28/2005	Franklin Park	COOK		90				
McGee, Joseph C.	02/18/04	Bureau, IL	LaSalle		112				
McGee, Lawrence	07/18/04	Peoria, IL	Bureau		188				
McGee, Frank	4/28/2006	Winnington	WILL		53				
McGee, Edward	08/23/04	Peoria, IL	LaSalle		257				
McGee, John R.	02/24/06	Peoria, IL	LaSalle		372				
McGee, Charles L.	11/22/04	Bureau, IL	DuSable		287				
McGee, George James	3/18/2005	Lockport	WILL		15				
McGee, Wallace	5/2/2006	Bethlehem, PA	Northampton		53				
McGee, Edward	02/28/08	Geneva, IL	DuSable		288				
McGee, John R.	02/14/08	Peoria, IL	LaSalle		371				
McGee, Walter	8/21/2008	Evergreen Park	COOK		85				
McGee, Anthony	4/11/2003	Stamwood	COOK		34				
McGee, Eugene	5/26/2008	St. Anne	FORD		64				
McGee, Daniel L.	02/22/03	Bureau, IL	Tazewell		348	28			
McGee, Philip	01/04/05	Wood Dale, IL	WAR		308				
McGee, Anthony	5/24/2005	Evergreen Park	COOK		85				
McGee, Harold	02/14/05	Geneva, IL	Henry		344				
McGee, William H.	09/17/03	Quincy, IL	Adams		10				
McGee, Eugene L.	10/01/04	Peoria, IL	COOK		281				
McGee, Richard F.	07/18/03	Bureau, IL	LaSalle		23				
McGee, Stanley	09/14/05	Peoria, IL	LaSalle		410				

Illinois Department of Veterans' Affairs

NAME	RECEIVED	CITY	COUNTY	A-55			A-57			COUNTY
				5-11	5-12	5-13	5-14	5-15	5-16	
Manbeck, William J.	07/28/04	Spring Valley, IL	Bureau				222			
Marble, William D.	01/21/04	Ladson, IL	WIL				93			
Masters, Harry M.	10/12/04	Rock Falls, IL	Whitehall				243	18		
Mas, Stephen R.	09/04/03	St. Charles, IL	Kane				34			
Mattson, Vernon	02/04/04		Putnam				108			
Murphy, Edward	2/19/2003	Channahon, IL	WINDSOR				61			Ab-44
Myer, Daniel P.	10/23/03	Juni, IL	WIL				61			
Noble, Howard G.	08/13/04	Rockford, IL	Winnebago				229	14		Ab-31
Zabara, Joseph	5/27/2005	Cahoon, IL	COOK							
Nguyen, Edward P.	04/12/08	Spring Valley, IL	Bureau				380			
Nguyen, William A.	11/11/04	Kewanee, IL	Henry				266			
Nolan, Raymond H.	09/20/04	Collinsville, IL	Madison				214			
Zakrzewski, Richard	9/16/2008	Bushong	Bureau							Ab-13
Zurek, Pamela J.	12/26/03	LaSalle, IL	LaSalle				76			
Zurek, Joseph	12/01/04	LaSalle, IL	LaSalle				278			
Zumbro, Charles B.	11/21/03	Peoria, IL	LaSalle				87			
Zwick, Peter	2/14/2008	Calumet City	COOK							Ab-41

NAME	RECEIVED	CITY	COUNTY	A-55			A-57			COUNTY
				5-11	5-12	5-13	5-14	5-15	5-16	
Therrell, John L.	11/29/04	Rockford, IL	Winnebago				279			
Thiel, Michael P.	10/27/04	Naperville, IL	WIL				253			
Thompson, Ernest	2/25/2008	Eagle Point Bay	JOHNSTON					18		
Thy, Charles R.	02/22/08	Swansea, IL	Carroll				347			
Trachway, James	04/25/08	New Lenoir	WILL					70		
Tucker, Robert	04/04/04	Darien VA	Vermillion				147			
Turner, Terrell	4/4/2004	Peotzheimer	COOK							Ab-12
Turner, William B.	02/18/08	LaSalle, IL	LaSalle				381			
Turner, Ryan W.	10/7/03	LaSalle, IL	LaSalle				53			
Urbach, Ross A.	04/13/05	Peoa, IL	Bureau				314			
Urbach, Alphonse	01/10/05	Spring Valley, IL	Bureau				311			
Urbach, Joseph P.	07/03/03	Juba, IL	WIL				15			
Usher, Paul W.	04/28/04	Sycamore, IL	DeKalb				217			
Vandell, James	4/9/2005	Herrin	Madison					31		
Vandell, Robert	2/15/2005	Las Vegas, NV	Clark							Ab-42
Vandell, James H.	02/24/04	Ladon, IL	Marshall				229			
Vandell, Clarence A.	04/04/04	Wethel, IL	Bureau				208			
Vogel, Lloyd C.	08/17/04	North, IL	Kendall				234			
Von Drehle, Carl G.	03/04/08	Macdonald, IL	Putnam				248			
Voss, Paul J.	05/27/04	LaSalle, IL	LaSalle				177			
Vogels, John L.	08/04/03	Streator, IL	LaSalle				28			
Wagner, Ernest V.	11/7/03	Galva, IL	Henry				69			
Wagner, Charles	2/28/2005	Madison	COOK					22		
Walsh, Edward J. (RUC)	09/01/04	Ottawa, IL	LaSalle				366	32		
Walton, Donald	04/10/04	Quincy, IL	LaSalle				188			
WARD, Jack R.	5/28/2008	Quincy	Adams							Ab-10
Ware, David	07/04/04	Green Valley, AZ	Out of State				193			
Wardwell, Valere P.	8/20/2004	Pelee Heights	COOK							Ab-33
Wesner, Paul D.	02/25/08	Marion, IL	Kane				353			
Wheeler, John B.	10/14/04	Cheno, IL	Cook				247			
Wick, Edward	8/29/2004	Chicago, Ill.	COOK							Ab-32
Wick, Joseph W.	04/28/05	Quincy Center, IL	Out of State				289			
Wick, Patricia J.	08/13/05	Chicago, IL	Cook				408			
Widom, Vernon C.	12/1/03	Stromington, IL	McLean				71			Ab-5
Widom, Lawrence W.	08/12/03	Lewistown, IL	Woodford				48			
White, Lucile E. (F)	04/20/03	Princeton, IL	Bureau				13			
White, Norman H.	10/27/03	Oakdown, IL	Cook				57			
White, Herbert T.	02/26/04	Princeton, IL	Bureau				173			
Whitney, Joseph	02/22/05	Princeton, IL	WIL					75		
Wick, Leo R.	08/10/04	Ottawa, IL	LaSalle				208			
Wilson, Carlisle B.	04/10/04	Gridley, IL	McLean				183			

- c. En lieu of a map showing the geographic area, a table showing the veteran population of each county in the state is provided indicating number of veterans age 65 and above who reside there. The Illinois Veterans' Home system serves veterans from the whole state. (see p. 51)
- d. There are no occupancy agreements. The Admission policy is contained in the Illinois Administrative Rules (see p. 49-50) and 20 ILCS 2805/2.01 (See above). Veterans admitted to the Illinois Veterans' Home at LaSalle read and sign an Admission Contract with the Home. (see p.52-67)
- e. 100% of the residents need the facility's services well be veterans; no non-veterans are authorized/accepted for admission to the Illinois Veterans' Home at LaSalle.
- f. This project duplicates services provided in the service area as well as those currently provided by the Illinois Veterans' Home at LaSalle. This project proposes to offer services to an additional 80-beds.
- g. The needs of the veterans in the State of Illinois may be met in private long-term care facilities, however, the veterans who are residents of the Illinois Veterans' Homes share the common bond of military service. Where existing facilities are predominantly female, 94% of the residents of the Veterans' Home at LaSalle are male veterans and they seem to be more comfortable in this setting.

Additionally, due to the concentration of veterans in the Illinois Veterans Homes, the Congressionally-chartered veterans organizations generously expend hundreds of hours of volunteer services providing activities, parties and outings as well as donating equipment for the health, comfort and enjoyment of the Homes' residents.

- h. The Veterans Home at LaSalle does not anticipate any problem maintaining 90% occupancy of the proposed 80 beds. The existing waiting list for LaSalle exceeds 400 approved applicants with an additional 200 residents of the waiting lists for the other three facilities. In addition to residents on the waiting list awaiting admission from their personal domiciles and private long-term care facilities, there are many residents of other of the Illinois Veterans' Homes who are waiting to be transferred to the LaSalle Home so they may be closer to family and friends, facilitating more frequent visits. (see p. 68-74)
- i. The Illinois Veterans Home system does not limit admission to a geographic area, but draws from veterans throughout the state. The LaSalle Veterans' Home consistently draws residents from across the State as evidenced by the admissions from July 1, 2002 to the present. (see p. 76-78)

The United States Department of Veterans Affairs demographic statistics, based on the 2000 Census, provides the portion of the Illinois population serving in the Armed Forces at the time of the census as well as the veteran population which they broke down into two groups; those age 18-64 and those age 65 and over. Although erroneous from the experience of the Illinois Veterans' Home system, for the purpose of this application, the Department will assume that persons will not begin to seek long-term care until age 65.

The Illinois Veterans Home system does not limit admission to a geographic area, but draws from veterans throughout the state. The LaSalle Veterans' Home consistently draws residents from across the State as evidenced by the admissions from July 1, 2002 to the present. (see p. 76-78)

- j. Veterans may apply for admission to the Illinois Veterans' Homes at any of the Department's Veteran Service Offices in most counties of the State. Residents of the Illinois Veterans' Homes are also attracted through word of mouth. The activities Department at each Home works extensively with the State level and local veterans service organizations that provide many volunteer hours of outings and activities refer members of their organizations to the Veterans' Homes for care. Additionally, the Illinois Department of Veterans' Affairs website contains admission eligibility criteria and links to the Quincy Veteran's Home Website where an Application and Health Questionnaire may be downloaded for completion and submission. (see p. 75-87)

- c. The Illinois Veterans Home system draws residents from statewide and does not limit admission to a geographic area.

The following table is provided from the United States Department of Veterans Affairs demographic statistics, based on the 2000 Census. For the purpose of this application, the Department will assume that persons will not begin to seek long-term care through the Illinois Veterans' Home system until age 65.

Additionally, a veteran who originally entered military service from the State of Illinois is eligible for admission to the Illinois Veterans' Home system. This number cannot be qualified.

COUNTY	+ 65
ADAMS	3,555
ALEXANDER	439
BOND	719
BOONE	1,199
BROWN	259
BUREAU	1,741
CALHOUN	259
CARROLL	768
CASS	531
CHAMPAIGN	4,986
CHRISTIAN	1,595
CLARK	800
CLAY	667
CLINTON	1,484
COLES	1,892
COOK	148,636
CRAWFORD	987
CUMBERLAND	541
DEKALB	2,273
DEWITT	770
DOUGLAS	859
DUPAGE	23,660
EDGAR	836
EDWARDS	354
EFFINGHAM	1,303
FAYETTE	861
FORD	739
FRANKLIN	2,120
FULTON	1,944
GALLATIN	342
GREENE	731
GRUNDY	1,382
HAMILTON	443
HANCOCK	1,032
HARDIN	225

COUNTY	+ 65
HENDERSON	384
HENRY	2,290
IROQUOIS	1,453
JACKSON	1,923
JASPER	462
JEFFERSON	1,654
JERSEY	872
JO DAVIESS	1,060
JOHNSON	564
KANE	9,358
KANKAKEE	3,860
KENDALL	1,514
KNOX	2,585
LAKE	15,735
LASALLE	5,209
LAWRENCE	834
LEE	1,419
LIVINGSTON	1,380
LOGAN	1,210
MCDONOUGH	1,187
MCHENRY	6,105
MCLEAN	3,969
MACON	5,178
MACOUPIN	2,317
MADISON	10,975
MARION	1,917
MARSHALL	625
MASON	751
MASSAC	694
MENARD	421
MERCER	751
MONROE	1,001
MONTGOMERY	1,392
MORGAN	1,604
MOULTRIE	579

COUNTY	+ 65
OGLE	1,867
PEORIA	7,308
PERRY	1,003
PIATT	711
PIKE	733
POPE	238
PULASKI	345
PUTNAM	302
RANDOLPH	1,407
RICHLAND	747
ROCK ISLAND	6,515
ST. CLAIR	9,664
SALINE	1,342
SANGAMON	7,682
SCHUYLER	343
SCOTT	250
SHELBY	1,176
STARK	273
STEPHENSON	2,035
TAZWELL	5,721
UNION	922
VERMILLION	3,690
WABASH	582
WARREN	715
WASHINGTON	647
WAYNE	806
WHITE	867
WHITESIDE	2,550
WILL	12,154
WILLIAMSON	2,814
WINNEBAGO	10,027
WOODFORD	1,347
TOTAL	390,976

Illinois Department of Veterans' Affairs

ILLINOIS VETERANS' HOME WAITING LIST

NAME	DATE RECEIVED	CITY	COUNTY	AREA	STATUS	DATE	STATUS	CITY
Abern, Fredrick	07/27/05	Sherrwood	WILL		92	4		PA
Abner, Donald R.	05/04/04	Macomb	Warrick		198			
Adams, Kenneth	02/29/04	Bethesda	Bureau		260			
Adams, John E.	03/11/04	Peoria	Bureau		261			
Adams, William J.	12/04/04	Decatur	Bureau		261			
Adams, Frank J.	01/02/04	LaSalle	LaSalle		277			
Aiken, Fred	12/20/04	Peoria	LaSalle		244			
Aiken, John	01/12/04	Oak Forest	COOK		244			
Aiken, John	07/27/05	Oak Lawn	COOK		244			
Aiken, John	07/27/05	Oak Lawn	COOK		244			
Al, Thomas F.	07/27/05	Oak Lawn	COOK		244			
Allen, Raymond E.	11/13/03	Peoria	LaSalle		244			
Allen, John R.	02/17/04	South Bureau	Warrick		95			
Anderson, Charles	10/24/03	Opportunity	LaSalle		88			
Anderson, Robert R.	06/22/04	Marion	LaSalle		235			
Anderson, Lloyd L.	01/15/04	Princeton	Bureau		95			
Argue, Gus A.	03/14/03	East Moline	Rock Island		263			
Ashley, Richard P.	05/03/05	Kennett	Henry		289			
Aske, Raymond G.	05/04/04	Peoria	LaSalle		122			
Aske, James A.	07/08/04	Rockford	Warrick		194			
Aske, Frank M.	06/29/04	Geneseo	Henry		122			
Aske, William	01/10/03	LaSalle	LaSalle		122			
Aske, Kenneth R.	01/14/04	Tomball	LaSalle		88			
Aske, Charles G.	03/17/04	Spring Valley	Bureau		143			
Aske, Charles	08/04/04	Cherry	Bureau		221			
Aske, Wm. J.	11/04/04	Talca	Marshall		260			
Aske, Fred H.	11/15/04	Herrin	COOK		281			
Aske, Charles	01/12/04	Chicago	COOK		130			AB-56
Aske, Harold P.	01/18/04	Henry	Marshall		130			
Aske, Richard	01/18/04	Rockford	Warrick		234			
Aske, Robert G.	02/17/05	Marion	LaSalle		234			
Aske, John	05/12/04	Cherry	LaSalle		170			
Aske, Carl	12/14/04	Princeton	Bureau		287			
Aske, William P.	02/07/05	Peoria	LaSalle		237			
Aske, John C.	02/19/04	Marion	LaSalle		111			
Aske, Jack	12/29/04	Chicago Ridge	COOK		243			AB-9
Aske, Lyvonn H.	10/28/04	Rock Falls	Warrick		284			
Aske, James	02/18/04	Geneseo	Bureau		284			
Aske, Victor P.	10/27/03	LaSalle	LaSalle		21			

NAME	DATE RECEIVED	CITY	COUNTY	AREA	STATUS	DATE	STATUS	CITY
Barr, Paul W.	08/15/03	LaSalle	LaSalle		47			
Barr, Joseph A.	08/19/04	Cooper Park	LaSalle		230			
Barr, Rty	06/27/05	Gen Esby	DUPAGE		78			
Barr, Steve	02/28/03	Peoria	LaSalle		340			
Barr, Charles	01/19/2005	Kankakee	Kankakee					AB-34
Barr, James	07/27/05	Kankakee	KANKAKEE					
Barr, James	12/22/03	Barrington	Warrick		77			
Barr, Gilbert	08/15/04	LaSalle	LaSalle		200			
Barr, John R.	01/04/04	LaSalle	LaSalle		81			
Barr, Thomas	12/17/04	Opportunity	LaSalle		298			
Barr, Robert M.	11/18/04	Cherry	LaSalle		284			
Barr, Larry M.	05/07/04	Peoria	LaSalle		193			
Barr, James F.	08/02/04	St. Aurora	Kane		204			
Barr, Harold B.	12/24/03	Opportunity	McCowan		80			
Barr, William	12/27/04	Opportunity	LaSalle		302			
Barr, Joseph	12/17/04	Marquette	Peoria		281			
Barr, Edward E.	07/28/03	Geneseo	Warrick		402			
Barr, Jack A.	08/09/05	Warrick	Warrick		141			
Barr, Steve	08/09/04	Marquette	LaSalle		200			
Barr, John A.	07/14/04	Princeton	Bureau		188			
Barr, Peter R.	08/04/04	Peoria	LaSalle		128			
Barr, John V.	02/18/04	Peoria	LaSalle		140			
Barr, Neil J.	03/20/04	Marquette	Peoria		310			
Barr, George G.	01/07/05	Marquette	Peoria		84			
Barr, George G.	11/12/03	Geneseo	LaSalle		16			
Barr, Henry A.	07/15/03	Marquette	LaSalle		378			
Barr, Frank E.	04/04/03	Kennett	Henry		286			
Barr, Robert J.	11/22/04	Cherry	Warrick					AB-28
Barr, Robert J.	01/02/04	Marquette	KANKAKEE		300			
Barr, Steve C.	06/18/03	Cherry	LaSalle		96			
Barr, Robert E.	10/28/05	LaSalle	LaSalle		44			
Barr, William T.	08/09/03	Rockford	Warrick		100			
Barr, Lee L.	02/04/04	Peoria	LaSalle		88			
Barr, Donald C.	11/24/03	Two Rivers	Warrick		78			
Barr, Elmer E.	12/24/03	Cherry	LaSalle		282			
Barr, Clay	01/02/04	LaSalle	COOK		209			
Barr, Fred	12/08/04	LaSalle	LaSalle		209			
Barr, Joseph	01/04/05	Peoria	LaSalle		232			
Barr, Mark	01/04/05	Peoria	LaSalle		232			
Barr, Robert D.	02/24/03	St. Aurora	Rock Island		273			
Barr, Donald	11/28/04	Springfield	Bureau					

Illinois Department of Veterans' Affairs

NAME	DATE RECEIVED	CITY	COUNTY	Ann			Ls			CITY	COUNTY	Ann			Ls			CITY	COUNTY
				St	Al	ALZ	St	Al	ALZ			St	Al	ALZ	St	Al	ALZ		
Edk, Kenneth (depts)	1/10/2006	Chicago	COOK							Chicago	COOK							Chicago	COOK
Edk, Theresa R.	01/24/05	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, Arthur N.	02/04/04	Chicago	COOK							Chicago	COOK							Chicago	COOK
Edk, Vernon	01/12/05	Devo	STEPHENSON							Devo	STEPHENSON							Devo	STEPHENSON
Edk, Vernon C.	01/20/05	Devo	STEPHENSON							Devo	STEPHENSON							Devo	STEPHENSON
Edk, Donald	10/11/2005	Danville	VERMILION							Danville	VERMILION							Danville	VERMILION
Edk, Charles R.	12/24/03	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Edk, Richard	01/21/08	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, G.J.	02/15/04	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Edk, Victor K.	04/13/05	Rochester	COOK							Rochester	COOK							Rochester	COOK
Edk, Robert	03/07/05	Spring Valley	Putnam							Spring Valley	Putnam							Spring Valley	Putnam
Edk, Frank	01/26/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, Robert E.	05/20/04	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Edk, Gabe E.	04/13/04	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Edk, William R.	07/26/03	Lisle	DuPage							Lisle	DuPage							Lisle	DuPage
Edk, Ernest W.	09/01/04	Merrillville	COOK							Merrillville	COOK							Merrillville	COOK
Edk, Augustino C.	12/21/04	Marion	COOK							Marion	COOK							Marion	COOK
Edk, James A.	05/04/04	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Edk, David	3/02/2003	Franklin	COOK							Franklin	COOK							Franklin	COOK
Edk, Ernest	04/12/03	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, James F.	07/24/03	Lisle	DuPage							Lisle	DuPage							Lisle	DuPage
Edk, E.M.	12/17/04	Lisle	DuPage							Lisle	DuPage							Lisle	DuPage
Edk, William F.	01/22/05	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, E.M.	11/23/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, James	01/22/03	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, Thomas G.	11/23/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, Robert	02/20/01	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, Robert	01/17/03	Lisle	DuPage							Lisle	DuPage							Lisle	DuPage
Edk, Robert C.	01/17/03	Lisle	DuPage							Lisle	DuPage							Lisle	DuPage
Edk, Jacob	05/20/03	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Edk, Donald J.	07/18/03	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Edk, Paul	04/27/04	Marion	COOK							Marion	COOK							Marion	COOK
Edk, Donald	04/27/05	Marion	COOK							Marion	COOK							Marion	COOK
Edk, John R.	07/14/03	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, John	02/27/05	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, Albert M.	05/17/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, Albert M.	07/20/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, Theodore	12/29/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, James H.	09/24/03	Rockford	Winnebago							Rockford	Winnebago							Rockford	Winnebago
Edk, Michael E.	04/20/03	Peoria	COOK							Peoria	COOK							Peoria	COOK
Edk, Joseph S.	10/14/03	Lisle	DuPage							Lisle	DuPage							Lisle	DuPage
Edk, Peter B.	08/28/04	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Edk, Ralph J.	05/03/04	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam

NAME	DATE RECEIVED	CITY	COUNTY	Ann			Ls			CITY	COUNTY	Ann			Ls			CITY	COUNTY
				St	Al	ALZ	St	Al	ALZ			St	Al	ALZ	St	Al	ALZ		
Dak, Clifford	04/22/03	Rockford	Winnebago							Rockford	Winnebago							Rockford	Winnebago
Dak, Carl	4/25/2005	Oronville	COOK							Oronville	COOK							Oronville	COOK
Dak, William G.	08/14/05	Woodstock	DuPage							Woodstock	DuPage							Woodstock	DuPage
Dak, Howard M.	02/27/04	Troy	COOK							Troy	COOK							Troy	COOK
Dak, Thomas	12/29/2003	Spring Valley	COOK							Spring Valley	COOK							Spring Valley	COOK
Dak, Eugene F.	12/29/04	Lisle	DuPage							Lisle	DuPage							Lisle	DuPage
Dak, Efrain D.	08/23/04	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Dak, Edward	01/07/04	Lisle	DuPage							Lisle	DuPage							Lisle	DuPage
Dak, Robert G.	04/11/04	Marion	COOK							Marion	COOK							Marion	COOK
Dak, Edward H.	04/13/04	Marion	COOK							Marion	COOK							Marion	COOK
Dak, Frank C.	10/04/04	Lisle	DuPage							Lisle	DuPage							Lisle	DuPage
Dak, Steve	02/20/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Mario D.	12/04/04	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Dak, Charles A.	03/11/05	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, George H.	08/11/03	Lisle	DuPage							Lisle	DuPage							Lisle	DuPage
Dak, George	04/29/04	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Dak, Robert R.	01/22/04	Marion	COOK							Marion	COOK							Marion	COOK
Dak, Robert	04/20/05	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Dak, Robert	11/02/04	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Dak, Donald L.	04/28/04	Cherry	COOK							Cherry	COOK							Cherry	COOK
Dak, John F.	04/14/04	Spring Valley	COOK							Spring Valley	COOK							Spring Valley	COOK
Dak, Tracy J.	08/19/03	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Dak, Robert	7/8/2004	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Robert	3/25/2003	Lisle	DuPage							Lisle	DuPage							Lisle	DuPage
Dak, Russell	01/12/05	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Russell K.	04/29/03	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Joseph F.	01/14/05	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Earl E.	03/29/04	Oronville	Putnam							Oronville	Putnam							Oronville	Putnam
Dak, Vernon	3/18/2004	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Mark P.	11/18/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Gary M.	09/04/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Alan J.	09/11/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Carl M.	04/13/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Alan M.	04/13/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, John	01/04/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Lucille J.	07/26/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Ralph	5/18/2003	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Nelson A.	04/04/05	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, William M.	07/11/03	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Joseph S.	02/20/04	Peoria	COOK							Peoria	COOK							Peoria	COOK
Dak, Roger L.	03/11/04	Peoria	COOK							Peoria	COOK							Peoria	COOK

Illinois Department of Veterans' Affairs

NAME	DATE RECEIVED	CITY	COUNTY	ARMY		LASHIP		7-10-10	5-10-10	ALZ
				5-11	6-11	5-11	6-11			
Lewis, Clarence D.	06/01/03	Peoria, IL	Peoria			401	37			
Lewis, Edward	12/20/03	Chicago Hill	COOK							Ab-39
Licking, James T.	11/23/03	DuKali, IL	DuKali			70				
Liness, Dale H.	09/18/05	La Bala, IL	La Bala			359				
Lissa, Jerome	11/29/04	Peru, IL	LaSalle			272				
Litt, John R.	12/01/04	Wernola, IL	Marshall			275				
Liverts, Clifford E.	08/08/03	Channahon, IL	LaSalle			404				Ab-59
Liverty, Ronald	07/13/2005	Bourbonnais	KANKAKEE							
Lizumala, William	07/27/05	Beger	COOK						45	
Lizumala, Thomas W.	02/23/03	Madison, IL	LaSalle			343				
Lynch, Ted	02/04/03	Herrick, IL	McHenry			308				20
Lynn, Richard	04/20/03	Wilmington	WILL							
Macdon, Albert J.	09/18/05	Spring Valley, IL	Bureau			365				62
MacDonald, Frank	02/20/03	Orland Park	COOK							
Maggs, Salvatore A.	10/04/04	LaSalle, IL	LaSalle			243				
Maggio, John J.	04/03/04	Urbana, IL	LaSalle			144				
Maher, Dale W.	06/03/03	Peru, IL	LaSalle			41				
Mahony, William D.	11/24/03	E. Peoria, IL	Tazewell			69				
Mason, Samuel L.	02/14/05	Channahon, IL	LaSalle			345				
Mathhart, Charles	12/16/04	LaSalle, IL	LaSalle			281				
Mattacks, Raymond J.	03/15/04	Spring Valley, IL	Bureau			529				
Mattick, Albert J.	03/01/03	Cypress, IL	LaSalle			332				Ab-18
Mattick, John	04/20/04	Chicago	COOK							
Morris, Steve H.	06/21/04	Berryville	COOK			184				
Murphy, Lloyd	7/20/2004	Libertyville	LAKE							
Murphy, Kenneth E.	09/27/04	Mechanics Park, IL	Whitesburg			208	18			Ab-27
Murphy, George	3/16/2005	Shorewood	WILL						12	
MURPHY, Jesse	4/28/2005	Dallheim	COOK							Ab-2
Murphy, Genevieve	08/14/03	Buffalo Drive	Cook			37				
Murphy, Louis	7/8/2004	White Springs	COOK			265				
Murphy, James	7/8/2004	White Springs	COOK							Ab-38
Murphy, Sherry	3/24/2005	Indian Head Park	COOK							
Murphy, L. Charles	08/17/03	Princeton, IL	Bureau			9				17
Murphy, Lee F.	02/26/04	LaSalle, IL	LaSalle			117				
Murphy, Norman L.	10/01/04	Marion, IL	Woodford			240				
Murphy, William C.	04/15/05	Spring Valley, IL	Bureau			383				
Murphy, John D.	01/27/03	Grady, IL	McHenry			209				
Murphy, Charles	03/13/04	B. Park, IL	Tazewell			127				
Murphy, Anthony	04/20/04	Anna, IL	Cook			178				
Murphy, Joseph O.	12/14/04	Marion, IL	LaSalle			200				
McClain, Lawrence P.	11/04/04	Rockford, IL	Whitesburg			237	17			

NAME	DATE RECEIVED	CITY	COUNTY	ARMY		LASHIP		7-10-10	5-10-10	ALZ
				5-11	6-11	5-11	6-11			
Kelly, Edward R.	12/18/03	Channahon, IL	LaSalle			75				
Kendrick, John	04/04/04	LaSalle, IL	LaSalle			159				
Kennedy, Nelson	09/17/2005	Birch	DEPAGE					64		
Kerner, Arthur C.	01/19/05	Alton, IL	DePage			312	24			Ab-40
Kerr, Gerald W.	05/18/04	Peru, IL	LaSalle			187				
King, Robert	11/22/2004	Kankakee	KANKAKEE							Ab-35
Kirkpatrick, Joseph	06/13/04	LaSalle, IL	LaSalle			215				
Kirk, Paul C.	05/08/04	Marion, IL	LaSalle			161				
Kirwan, Gerald W.	06/02/03	Peru, IL	LaSalle			43				
Klug, Eugene	02/07/03	Peru, IL	LaSalle			378				
KLUCK, Henry	01/19/05	Chicago	Cook							Ab-7
Krueger, Vince	01/18/05	Peru, IL	LaSalle			330				
Krueger, Michael	01/18/2005	Naperville	DEPAGE					58		
Kubacki, Daniel E.	03/04/04	Wynona, IL	Greene			130				
Kuder, Raymond W.	08/11/04	Peru, IL	LaSalle			117				
Kuehn, Daniel A.	06/09/04	Hannapolis, IL	Putnam			227				
Kutz, Edwin	01/16/2005	Crete	WILL					55		
Kucinski, Edward	02/20/05	Chicago	COOK			75				
Kupper, Frederick	4/28/2005	Franklin Park	COOK			50				
Kupper, Joseph C.	02/19/04	Balwin, IL	Lee			112				
Kurak, Lawrence	07/18/04	Wyanet, IL	Bureau			199				
Kurk, Francis	4/29/2005	Wilmington	WILL					52		
Kut, Edward	06/23/04	Peru, IL	LaSalle			207				
Kut, Frank	02/28/05	Emeryville, IL	LaSalle			372				37
Lacey, Charles L.	11/22/04	Somonauk, IL	DuKali			267				
Laine, George James	3/16/2005	Lockport	WILL					15		
Laird, Wallace	5/25/05	Northampton, PA	Northampton					53		
Lampkin, Everett	02/23/05	Oreola, IL	DuKali			368				
Landon, John R.	02/14/05	Peru, IL	LaSalle			371				
Lane, Walter	8/7/2005	Emeryville, IL	COOK					83		
Lange, Anthony	4/17/2005	Brownstown	COOK					34		
Larkin, Eugene	5/23/2005	Kampan	FORD					64		
Larson, Elmer	01/19/2005	B. Arno	KANKAKEE					83		
Larsen, Oliver L.	02/23/05	Bethesda, IL	Tazewell			349	28			
Larson, Philip	01/16/05	Crete Hill, IL	WILL			308				
LARSON, Anthony	5/24/2005	Emeryville, IL	COOK					63		
Larson, Harold	02/14/05	Gensea, IL	Henry			344				
Larson, William H.	06/17/03	Quincy, IL	Adams			19				
Larson, Eugene L.	10/01/04	Herr, IL	Cook			241				
Lars, Richard F.	07/18/03	Stratford, IL	LaSalle			23				
Larsen, Stanley	06/14/05	Peru, IL	LaSalle			410				

Illinois Department of Veterans' Affairs

NAME	DATE RECEIVED	CITY	COUNTY	Area		Rating		QTY
				SHIP	SALE	SHIP	SALE	
Nugent, John	8/22/2005	Menasha	DUPAGE					81
Obel, Alan W.	12/16/04	Stratford, IL	Livingston			292		
Obler, Richard C.	10/16/04	Peoria, IL	LaSalle			250		
O'Connor, James E.	10/31/03	LaSalle, IL	LaSalle			62		
O'Donnell, Daniel F.	10/29/03	Peoria, IL	LaSalle			66		
O'Donnell, Margaret C. (P)	10/29/03	Peoria, IL	LaSalle			60		
O'Hara, James	01/27/05	New Linn	WILL					29
O'Hara, Stanley	5/27/2005	Chicago	COOK					34
Olsen, John	12/08/04	Wetmore, IL	Bureau			264		27
Orr, John	04/29/04	Spring	Whiteside			155		
Orr, John	03/24/04	Sandwich, IL	LaSalle			138	2	AB-16
Orr, John J.	3/18/2005	Menasha	DUPAGE					14
Orr, Robert R.	03/23/05	LaSalle, IL	LaSalle			368		
Orr, Peter J.	07/02/03	LaSalle, IL	LaSalle			14		
PAPPAS, George	09/07/05	Grant Park	Kankakee					72
Pappas, George	08/20/05	Grant Park	KANKAKEE					
Pargavel, Harry A.	08/15/03	Stratford, IL	LaSalle			34		
Parsons, Edward	4/22/2005	Kankakee	KANKAKEE					26
Parsons, Richard M.	3/11/03	Lowland, IL	DePue			17		
Park, Robert V.	8/23/03	Crystal Lake, IL	McHenry			25		
Parsons, Woodrow	07/20/03	Peoria Forest	COOK					40
Parsons, Rudolph W.	06/09/04	Big Rock, IL	Kane			225		
Parsons, William	4/29/2005	Kankakee	KANKAKEE					41
Pattar, Kenneth	01/28/04	Chicago, IL	Cook			86		
Pattar, Richard	2/28/2005	Wetmore	ROCKFORD					21
Pattar, Joseph A.	06/07/04	Peoria, IL	Peoria			224		
Pattar, Leonard C.	03/06/05	Henry, IL	Henry			367		
Petrovich, Edmund R.	12/17/04	Copeland, IL	LaSalle			268		
Pfaff, Chester R.	11/06/04	LaSalle, IL	LaSalle			258		
Pfaff, Michael	3/25/2005	Orland Park	COOK					AB-11
Pfaff, Clyde	08/14/05	Peoria, IL	LaSalle			411		
Pfaff, Joseph S.	11/02/04	Bryant, IL	LaSalle			298		
Pfaff, Mary (P)	02/08/04	San Jose, CA				103		
Pfaff, Lynn L.	02/17/04	Peoria, IL	Bureau			119		
Pfaff, James	7/22/2004	Orland Park	COOK					AB-28
Pfaff, Ralph E.	12/03/04	Peoria, IL	Bureau			260	20	
Pfaff, Larry W.	03/04/04	LaSalle, IL	Bureau			121		
Pfaff, Edward E.	06/19/04	Chicago, IL	Cook			212		
Pfaff, John	12/14/04	Kankakee, IL	Henry			279		
Pfaff, Warren A.	09/22/04	LaSalle, IL	LaSalle			238		
Pfaff, Edwin	03/20/04	LaSalle, IL	LaSalle			113		

NAME	DATE RECEIVED	CITY	COUNTY	Area		Rating		QTY
				SHIP	SALE	SHIP	SALE	
McGee, Tex	04/20/05	Wheaton	COOK					80
McGee, James	04/20/05	York Lake	KEOKUK					70
McLaughlin, Thomas	3/11/2005	Aurora, IL	COOK					AB-43
McLendon, James	02/20/04	Forest Park	COOK					2
McNally, Thomas P.	02/22/08	Spring Valley, IL	Bureau			330		
McNair, Jack B.	04/24/08	Providence, IL	Wenatchee			268		
McPherson, Carolyn (P)	05/02/08	Normal, IL	McLean			343		80
McPherson, L.	02/18/04	Rockford, IL	Wenatchee			294		
McPherson, Charles	04/18/04	Orion	Adams			132		
Merritt, Walter E.	08/16/04	Revere, IL	Wenatchee			188	1	
Meyer, Richard	10/29/2004	Sherrington	DUPAGE					AB-24
Merritt, Chester A.	01/13/04	Chicago, IL	Cook			88		AB-8
Miles, Michael A.	05/14/04	1940	Adams			181		
Miller, Donald J.	01/26/03	Orion, IL	LaSalle			40		
Milner, John W.	04/04/03	Sherrington, IL	Peoria			12		
Milner, Paul	04/13/08	Peoria, IL	LaSalle			281		
MILLER, MORAN, Norman	8/10/2005	Campton Hill	Jackson					AB-13
Mills, Andrew	5/24/2004	Chicago	COOK					AB-22
Mills, Walter	05/04/04	Chicago, IL	Cook			176	6	
Mills, Robert R.	03/23/05	Peoria, IL	Wenatchee			287	53	
Mitchell, Frank	4/19/2004	Chicago, IL	COOK					AB-13
Moore, Thomas	01/12/04	Trinity Park	COOK					88
Moravsek, Joseph	10/6/2005	Pharmida	COOK					AB-2
Moravsek, Vernon	05/13/04	Orion, IL	LaSalle			171		
Moravsek, Harold W.	03/01/08	Sherrington, IL	LaSalle			334	30	
Moravsek, Ed	12/02/04	Opelousas, IL	LaSalle			278		
Moravsek, Donald W.	02/23/05	Normal, IL	Quincy			331		
Morgan, Roger (deceased)	10/29/2004	Marion	GRUNDY			184		1
Moss, Anthony R.	04/09/04	DePue, IL	Bureau			148		
Moss, Robert W.	11/28/04	Joel, IL	Wab			271		
Moss, Robert E.	04/27/04	DePue, IL	Cook			228		
Moss, Lynn B.	02/19/05	Barron, IL	Kane			342		AB-31
Moss, Harold	1/17/04	DePue, IL	LaSalle			283		
Moss, Edna	3/6/2005	Kankakee	KANKAKEE					AB-56
Mott, Robert D.	01/04/05	St. Procopius, IL	Cook			209	25	AB-1
Mullen, Charles R.	03/04/04	Adrian, IL	DUPAGE			123		
Muller, Edgar L.	04/14/03	Springton, IL	DeKalb			45		
Muller, John L.	04/13/03	Warrick, IL	Bureau			7		
Muller, Clyde E.	03/07/05	Aurora, IL	Kane			331	31	AB-17
Muller, Eugene J.	01/21/04	LaSalle, IL	LaSalle			82		
Muller, Lawrence A.	10/01/03	Springfield, IL	Sangamon			49		

**Residents admitted to Illinois Veterans Home at LaSalle (By County)
July 1, 2002 to Present**

Name of resident	Date of Admission	Resident Number	Residence at time of admission	County	Zip Code
Mundorff, Milo	7-29-02	426	Quincy, IL Vet Home	Adams	61301
Kosmider, Edward	5-20-03	457	Quincy, IL Vet Home	Adams	62301
Horn, Glenn	11-19-03	466	Quincy, IL Vet Home	Adams	62301
Harris, Clyde	1-29-04	479	Quincy, IL Vet Home	Adams	62301
Stauffer, Wilbur	2-11-04	482	Quincy, IL Vet Home	Adams	62301
Denny, Eldred	2-17-04	483	Quincy, IL Vet Home	Adams	62301
Kramer, Leo	3-31-04	488	Quincy, IL Vet Home	Adams	62301
King, Lewis	5-5-04	492	Quincy, IL Vet Home	Adams	62301
Clark, William	9-15-04	497	Quincy, IL Vet Home	Adams	62301
Casey, Thomas	9-27-04	500	Quincy, IL Vet Home	Adams	62301
Russell, James	11-5-04	506	Quincy, IL Vet Home	Adams	62301
Dalby, Alfred	11-10-04	508	Quincy, IL Vet Home	Adams	62301
DeRose, Forrest	10-22-02	440	Princeton, IL	Bureau	61356
DeRose, Forrest	1-15-03	440	Princeton, IL	Bureau	61356
Happ, Edmund	1-14-03	447	Princeton, IL	Bureau	61356
Bergonia, Raymond	6-5-03	458	Princeton, IL	Bureau	61356
Beatty, Duane	8-13-03	461	Princeton, IL	Bureau	61356
Hopper, Leo	1-20-04	475	Princeton, IL	Bureau	61356
Sorcic, Anthony	5-6-04	493	Princeton, IL	Bureau	61356
Krolak, Vincent	1-21-04	476	Spring Valley, IL	Bureau	61362
Morris, Charles	1-7-04	474	Tiskilwa, IL	Bureau	61368
Arkins, Joseph	4-13-05	520	Savoy, IL	Champaign	61874
Wooding, Wallace	5-4-05	521	Riverside, IL	Cook	60546
Cervone, Guy	12-17-03	472	Chicago, IL	Cook	60618
Baker, James	9-23-04	499	Sandwich, IL	De Kalb	60548
Lentz, Mark	12-29-04	516	Elgin, IL	Kane	60120
Thompson, Charlie	8-27-02	432	Aurora, IL	Kane	60505
Schenold, Alvin	9-20-04	498	Manteno, IL Vet Home	Kankakee	60950
Jacobs, Bernard	10-26-04	504	Manteno, IL Vet Home	Kankakee	60950
Rabbitt, Eugene	12-2-04	511	Manteno, IL Vet Home	Kankakee	60950
Grush, Clarence	9-17-02	435	Seattle, WA VAMC	Out of State	98105
Myers, Melvin	4-15-04	489	Earville, IL	LaSalle	60518
Pierro, John	1-7-03	446	LaSalle, IL	LaSalle	61301
Maggio, Samuel	2-11-03	453	LaSalle, IL	LaSalle	61301
Blocki, Leonard	7-9-03	460	LaSalle, IL	LaSalle	61301
Blocki, Leonard	10-15-03	460	LaSalle, IL	LaSalle	61301
Piecha, Sylvester	11-12-03	468	LaSalle, IL	LaSalle	61301
Pohl, Francis	5-5-04	491	LaSalle, IL	LaSalle	61301
Konieczny, Henry	10-12-04	502	LaSalle, IL	LaSalle	61301

**Residents admitted to Illinois Veterans Home at LaSalle (By County)
July 1, 2002 to Present**

Name of resident	Date of Admission	Resident Number	Residence at time of admission	County	Zip Code
Block, Ralph	11-16-04	509	LaSalle, IL	LaSalle	61301
Padawan, Corlino	5-18-05	522	LaSalle, IL	LaSalle	61301
Boyle, Edward	8-1-02	427	Mendota, IL	LaSalle	61342
Stephenitch, Thomas	11-18-03	465	Mendota, IL	LaSalle	61342
Dinges, Clarence	1-22-04	477	Mendota, IL	LaSalle	61342
Slogar, Joseph	2-19-03	454	Oglesby, IL	LaSalle	61348
Rocco, Raymond	10-28-03	464	Oglesby, IL	LaSalle	61348
Marincic, John	10-21-04	503	Oglesby, IL	LaSalle	61348
Redlich, Willard	8-5-02	428	Ottawa, IL	LaSalle	61350
Halm, Arthur	10-1-03	463	Ottawa, IL	LaSalle	61350
Roth, Joseph	5-4-04	490	Ottawa, IL	LaSalle	61350
Znaniecki, Leonard	8-23-02	431	Peru, IL	LaSalle	61354
Delsbeck, Charles	9-10-02	434	Peru, IL	LaSalle	61354
Hybki, Eugene	10-7-02	438	Peru, IL	LaSalle	61354
Vickery, Roger	10-15-02	439	Peru, IL	LaSalle	61354
Innis, Anthony	3-11-03	455	Peru, IL	LaSalle	61354
Nedza, Frank	9-17-03	462	Peru, IL	LaSalle	61354
DeMattia, Quinto	11-26-03	467	Peru, IL	LaSalle	61354
Gergovich, Helen	12-9-03	469	Peru, IL	LaSalle	61354
Rydz, Stephen	2-6-04	481	Peru, IL	LaSalle	61354
Nimes, George	2-27-04	487	Peru, IL	LaSalle	61354
Kessler, Walter	9-13-04	496	Peru, IL	LaSalle	61354
Furland, Stanley	11-4-04	505	Peru, IL	LaSalle	61354
Mackiewicz, Anthony	12-21-04	514	Peru, IL	LaSalle	61354
Brewster, William	1-4-05	517	Seneca, IL	LaSalle	61360
Hopkins, Edward	10-5-04	501	Spring Valley, IL	LaSalle	61362
Jones, Thomas	4-6-05	519	Spring Valley, IL	LaSalle	61362
Leonard, Theodore	9-30-02	437	Streator, IL	LaSalle	61364
Novotney, Eugene	1-27-04	478	Streator, IL	LaSalle	61364
Salata, Thomas	2-5-04	480	Streator, IL	LaSalle	61364
Benckendorf, Lewis	2-19-04	485	Streator, IL	LaSalle	61364
Streicher, Earl	9-3-02	433	Troy Grove, IL	LaSalle	61372
Schnelder, Ray	1-21-03	448	Streator, IL	LaSalle	62364

**Residents admitted to Illinois Veterans Home at LaSalle (By County)
July 1, 2002 to Present**

Name of resident	Date of Admission	Resident Number	Residence at time of admission	County	Zip Code
Cooper, Richard	10-23-02	441	Mendota, IL	LaSalle	62342
Bashore, Leslie	8-20-02	430	Pontiac, IL	Livingston	61764
Lewis, Robert	2-6-03	452	Girard, IL	MacCoupin	62640
Mitchell, Lawrence	8-8-02	429	Henry, IL	Marshall	61537
Jackson, Alan	6-19-03	459	Wenona, IL	Marshall	61377
Sievers, Robert	1-11-05	518	Chenoa, IL	Mc Clean	61360
Maurer, Marvin	9-23-02	436	Gridley, IL	Mc Clean	61744
Klenke, Claude	12-28-04	515	Harvard, IL	McHenry	60033
Smith, Frank	11-22-04	510	Chillicothe, IL	Peoria	61523
Timmons, Jesse	1-29-03	450	Peoria, IL	Peoria	61614
Donini, Armando	12-10-02	444	Mark, IL	Putnam	61340
Dorr, Caroline	12-17-02	445	East Moline, IL	Rock Island	61244
Abens, Donald	12-30-03	473	East Moline, IL	Rock Island	61244
Sutton, Louis	12-16-03	471	Moline, IL	Rock Island	61265
Roa, Walden	1-28-03	449	Freeport, IL	Stephenson	61032
Everitt, George	2-18-04	484	Freeport, IL	Stephenson	61032
Blair, Charles	6-1-04	494	Danville, IL (VAMC)	Vermilion	61832
Hutchinson, Kenneth	11-12-02	443	Lemont, IL	Will	60439
Belander, Francis	2-4-03	451	Lemont, IL	Will	60439
Harris, Harold	11-4-02	442	Aurora, IL	Will	60506
Bigelow, Helen	2-24-04	486	Naperville, IL	Will	60540
Sadowski, Frank	12-10-03	470	Oswego, IL	Will	60543
Miller, Kermit	12-14-04	512	Rockford, IL	Winnebago	61108
Fabich, Edward	12-20-04	513	Rockford, IL	Winnebago	61108
Fudge, La Verne	8-5-04	495	Rockford, IL	Winnebago	61109
Wolf, Joseph	3-18-03	456	Benson, IL	Woodford	61516
McOmber, Theodore	11-8-04	507	El Paso, IL	Woodford	61738

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

Planning Area: LaSalle

General Nursing Care Sheltered Care

Facility Name	City	County/Area	2005 Patient		2005 Patient	
			Beds	Days	Beds	Days
CAMELOT TERRACE	STREATOR	LaSalle County	102	24,366	0	0
HERITAGE MANOR - MENDOTA	MENDOTA	LaSalle County	99	28,866	0	0
HERITAGE MANOR - PERU	PERU	LaSalle County	129	42,487	0	0
HERITAGE MANOR - STREATOR	STREATOR	LaSalle County	428+10=438	38,795	0	0
1/30/2006 Bed Change	Added 10 nursing care beds; bed total now 120 nursing care beds. Added 10 nursing care beds, total now 130 nursing care beds. 4/18/08					
IL VETERANS HOME AT LASALLE	LASALLE	LaSalle County	120	38,958	0	0
IL VETERANS HOME AT LASALLE(PERMIT)	LASALLE	LaSalle County	80		0	
1/23/2006 05-038	Permit issued to construct an addition to existing facility and add 80 nursing care beds. Increased to beds on 6/15/08.					
ILLINOIS VALLEY COMMUNITY HOSPITAL (SWING	PERU	LaSalle County	0	1,838	0	0
LASALLE COUNTY NURSING HOME	OTTAWA	LaSalle County	99	32,625	0	0
6/15/2007 Bed Change	Discontinued 5 nursing care beds; facility now has 99 nursing care beds.					
LASALLE HEALTH CARE CENTER	LASALLE	LaSalle County	101	33,780	0	0
MANOR COURT OF PERU	PERU	LaSalle County	75+10=85	11,337	29+17=45	0
	Formerly "Manor Court".					
9/5/2006 Bed Change	Added 28 sheltered care beds; facility now has 66 nursing care and 28 sheltered care beds. 6-19-09 Added 27 sheltered care beds.					
2/9/2007 Bed Change	Added 9 nursing care beds; facility now has 75 nursing care and 28 sheltered care beds. 6-24-09 Added 10 nursing care beds and 10 sheltered care beds. Total now 85 nursing care beds.					
MENDOTA COMMUNITY HOSPITAL (SWING BEDS)	MENDOTA	LaSalle County	0	1,216	0	0
MENDOTA LUTHERAN HOME	MENDOTA	LaSalle County	444-1-113	32,787	14	1,929
2/22/2006 Bed Change	Discontinued 4 nursing care beds; bed total now 115 nursing care and 14 sheltered care beds.					
10/25/2006 Bed change	Discontinued 1 nursing care bed. Facility now has 114 nursing care and 14 sheltered care beds.					
OTTAWA PAVILION	OTTAWA	LaSalle County	119	32,098	0	0
PLEASANT VIEW LUTHERAN HOME	OTTAWA	LaSalle County	464	63,303	0	0
9/1/2006 Bed Change	Discontinued 29 nursing care beds; bed total now 181 nursing care beds.					
RIVER SHORES REHABILITATION CENTER	MARSEILLES	LaSalle County	103	31,295	0	0
	Formerly "Rivershores Center" and "Rivershores Nrsng & Rehab Ctr".					
ST. MARY'S HOSPITAL	STREATOR	LaSalle County	30	5,865	0	0

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

Planning Area:	LaSalle	City	County/Area	General Nursing Care		Sheltered Care	
				2005 Patient Days	Beds	2005 Patient Days	Beds
Planning Area Totals				419,616	42	1,929	
Health Service Area:	002						
AGE GROUPS	2005 HSA Estimated Population	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates		
0-64 Years Old	564,400	352.0	938.7	352.0	938.7		
65-74 Years Old	50,500	3,169.9	8,453.1	3,169.9	8,453.1		
75+ Years Old	55,600	20,453.6	54,543.0	20,453.6	54,543.0		
2005 PSA Estimated Populations	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 PSA Use Rates (Per 1,000)	2005 HSA Use Rates (Per 1,000)	2005 PSA Projected Populations	2005 PSA Planned Patient Days	2005 PSA Planned Bed Need (90% Occ.)
93,900	352.0	938.7	225.4	586.7	104,400	36,752	Planned Bed Need (90% Occ.)
8,200	3,169.9	8,453.1	4,347.4	5,283.2	10,200	44,344	Average Daily Census
9,800	20,453.6	54,543.0	37,020.5	34,089.4	9,600	355,397	Excess Beds
2005 PSA Patient Days	2005 PSA Minimum Use Rates	2005 PSA Maximum Use Rates	2005 PSA Use Rates (Per 1,000)	2005 HSA Use Rates (Per 1,000)	2005 PSA Projected Populations	2005 PSA Planned Patient Days	Excess Beds
21,166	352.0	938.7	225.4	586.7	104,400	36,752	
35,849	3,169.9	8,453.1	4,347.4	5,283.2	10,200	44,344	
362,801	20,453.6	54,543.0	37,020.5	34,089.4	9,600	355,397	
Planning Area Totals				436,492	1,329	1,929	-443 (71)

1) P-08-081 issued 3/1/09 to discontinue 91 nursing care beds, total now 90 nursing care beds.

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 09/09/2009

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
CHANGES TO GENERAL LONG-TERM CARE				
Health Service Area 001				
Boone	Name Change	10/10/2008	HOME BRIDGE CENTER, BELVIDERE	Name changed from Billmore Rehab and Nursing Ctr.
Carroll	Closure	04/09/2008	VILLAS OF SHANNON, SHANNON	Board deemed facility discontinued as of April 9, 2008. 73 nursing care beds removed from inventory as of that date.
Jo Daviess	P-07-086	12/06/2007	GALENA STAUSS NURSING HOME, GALENA	Facility licensed 12-6-2007.
	Name Change	12/06/2007	GALENA STAUSS NURSING HOME, GALENA	Name changed from Galena-Stauss Hospital.
Lee	Bed Change	12/18/2007	HERITAGE SQUARE, DIXON	Added two nursing care beds, total now 27 nursing care beds and 49 sheltered care beds.
	Name Change	03/01/2008	DIXON HEALTHCARE & REHAB CTR, DIXON	Name changed from Lee County Nursing & Rehab Ctr.
	Name Change	05/01/2008	DIXON HEALTHCARE & REHAB CTR, DIXON	Name changed from Rock River Rehab & Health CC.
Ogle	Name Change	05/14/2008	ROCHELLE REHAB & HEALTH CR, ROCHELLE	Name changed from Rochelle Rehab & Hlth Care Ctr.
	Name Change	06/10/2008	NEIGHBORS REHABILITATION CTR, BYRON	Name changed from Neighbors Nursing & Care CTR.
Stephenson	Bed Change	04/22/2009	FREEMPORT MEMORIAL HOSPITAL/SNU, FREEMPORT	Board discontinued 17 nursing care beds, total now 26 nursing care beds.
Whiteside	Name Change	03/21/2006	COVENTRY LIVING CENTER, STERLING	Name changed from Coventry Village.
	CHOW	04/01/2009	PLEASANT VIEW REHAB & HCC, MORRISON	Change of ownership occurred.
	Name Change	04/01/2009	PLEASANT VIEW REHAB & HCC, MORRISON	Name changed from Pleasant View Home.
	CHOW	08/01/2009	COVENTRY LIVING CENTER, STERLING	Change of ownership occurred. New
Winnebago	Name Change	12/01/2007	ROSEWOOD CARE CENTER OF ROCKFO., ROCKFORD	Name changed from Rosewood Care Center-Rockford.
	Name Change	12/12/2007	ROCKFORD NURSING & REHAB CTR., ROCKFORD	Name changed from Springwood Nursing & Rehab.
	Name Change	04/01/2008	ROCKFORD NURSING & REHAB CTR., ROCKFORD	Name changed from North Main Nursing & Rehab Ctr.
	Bed Change	05/05/2009	P.A. PETERSON CENTER FOR HLTH., ROCKFORD	Added two nursing care beds and discontinued three sheltered care beds, total now 129 nursing care beds and 29 sheltered care beds.
	Bed Change	05/27/2009	FAIRHAVEN CHRISTIAN RET CENTER, ROCKFORD	Discontinued eight sheltered care beds, total now 96 nursing care beds and 127 sheltered care beds. New
	Name Change	05/29/2009	ROCKFORD NURSING & REHAB CTR., ROCKFORD	Name changed from Rockford Healthcare & Rehab Ct. New
	CHOW	05/29/2009	ROCKFORD NURSING & REHAB CTR., ROCKFORD	Change of ownership occurred. New
Health Service Area 002				
Bureau/Putnam	Name Change	04/03/2008	COLONIAL HILL CARE CENTER, PRINCETON	Name changed from Colonial Hill Rehab & Nsg Ctr.
	P-08-018	08/12/2008	ST. MARGARET'S HOSPITAL, SPRING VALLEY	Permit issued to construct a replacement hospital, will discontinue their 33 bed nursing care unit.
Fulton	Bed Change	10/26/2007	HEARTLAND OF CANTON, CANTON	Added eight nursing care beds and discontinued 16 sheltered care beds, total now 90 nursing care beds and zero sheltered care beds.
	Name Change	12/20/2007	HEARTLAND OF CANTON, CANTON	Name changed from Heartland Healthcare Center.
	Bed Change	04/01/2009	ASTORIA GARDEN & REHAB. CTR., ASTORIA	Discontinued ten nursing care beds, total now 57 nursing care beds.
Henderson/Warren	Name Change	04/12/2007	OSF HOLY FAMILY MEDICAL CENTER, MONMOUTH	Name changed from Community Med. Ctr. of Western Illinois.
Knox	Name Change	12/20/2007	HEARTLAND OF GALESBURG, GALESBURG	Name changed from Heartland Healthcare Center.
	Name Change	05/01/2008	ROSEWOOD CARE CTR GALESBURG, GALESBURG	Name changed from Rosewood Care Ctr-Galesburg.
LaSalle	Name Change	03/14/2008	RIVERSHORES CARE CENTER, MARSEILLES	Name changed from River Shores Rehab & Nsg Ctr.
	Bed Change	04/08/2008	HERITAGE MANOR - STREATOR, STREATOR	Added ten nursing care beds, total now 130 nursing care beds.
	P-05-038	06/05/2008	IL VETERANS HOME AT LASALLE, LASALLE	Licensed 80 permit beds.
	P-08-081	03/11/2009	PLEASANT VIEW LUTHERAN HOME, OTTAWA	Permit issued to discontinue 91 nursing care beds, total now 90 nursing care beds.

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 09/09/2009

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
	Bed Change	06/19/2009	MANOR COURT OF PERU, PERU	Added 27 sheltered care beds, total now 75 nursing care beds and 55 sheltered care beds.	New
	Bed Change	06/24/2009	MENDOTA LUTHERAN HOME, MENDOTA	Discontinued one nursing care bed, total now 113 nursing care beds and 14 sheltered care beds.	New
	Bed Change	06/24/2009	MANOR COURT OF PERU, PERU	Added ten nursing care beds and discontinued ten sheltered care beds, total now 85 nursing care beds and 45 sheltered care beds.	New
McDonough	Name Change	12/20/2007	HEARTLAND OF MACOMB, MACOMB	Name changed from Heartland Health Care-Macomb.	
	Name Change	09/09/2008	PRAIRIE CITY REHAB & HEALTH CR, PRAIRIE CITY	Name changed from Prairie City Health Care Ctr.	
Marshall/Stark Peoria	Name Change	12/20/2007	HEARTLAND OF HENRY, HENRY	Name changed from Heartland Healthcare Ctr.	
	Name Change	12/01/2007	ROSEWOOD CARE CTR OF PEORIA, PEORIA	Name changed from Rosewood Care Center-Peoria.	
	Name Change	12/20/2007	HEARTLAND OF PEORIA, PEORIA	Name changed from Manor Care - Peoria	
	Name Change	02/12/2009	BELLA VISTA CARE CENTER, PEORIA HEIGHTS	Name changed from Rose Garden Convalescent Ctr.	New
	Name Change	05/26/2009	LUTHERAN HOME, THE, PEORIA	Name changed from Lutheran Home.	New
Tazewell	Name Change	12/01/2007	ROSEWOOD CARE CTR-EAST PEORIA, EAST PEORIA	Name changed from Rosewood Care Center.	
	Name Change	12/20/2007	HEARTLAND OF RIVERVIEW, EAST PEORIA	Name changed from Riverview, A Sr Lvg Community.	
	P-05-003	04/01/2008	APOSTOLIC CHRISTIAN RESTMOR, MORTON	New facility licensed on 4-1-2008.	
	Bed Change	09/17/2008	HEARTLAND OF RIVERVIEW, EAST PEORIA	Added four nursing care beds, total now 71 nursing care beds.	
	Closure	09/18/2008	EAST PEORIA GARDENS HLTHCR CTR, EAST PEORIA	Board deemed facility discontinued as of February 2, 2008, 103 nursing care beds removed from inventory as of that date.	
Woodford	Bed Change	04/13/2009	APOSTOLIC CHRISTIAN - EUREKA, EUREKA	Discontinued four nursing care beds, total now 105 nursing care beds and ten sheltered care beds.	
Health Service Area 003					
Adams	Bed Change	07/20/2008	SUNSET HOME, QUINCY	Added 11 nursing care beds and discontinued 31 sheltered care beds, total now 182 nursing care beds.	New
	Bed Change	04/22/2009	BLESSING HOSPITAL, QUINCY	Board discontinued 24 nursing care beds, total now 20 nursing care beds.	
Brown/Schuyler	Bed Change	04/22/2009	SARAH CULBERTSON MEMORIAL HOSP, RUSHVILLE	Board discontinued one nursing care beds, total now 29 nursing care beds.	
Cass	Name Change	07/01/2007	HERITAGE MANOR-BEARDSTOWN EAST, BEARDSTOWN	Name changed from Heritage Manor East-Beardstown.	
	Name Change	07/01/2007	HERITAGE MANOR-BEARDSTOWN SOUT, BEARDSTOWN	Name changed from Heritage Manor South-Beardstown.	
Christian	Bed Change	11/07/2007	PRAIRIE ROSE HEALTHCARE CENTER, PANA	Discontinued 16 nursing care beds, total now 105 nursing care beds.	
	Name Change	04/22/2009	TAYLORVILLE MEMORIAL HOSPITAL, TAYLORVILLE	Name changed from St. Vincent Memorial Hospital.	
	Bed Change	04/22/2009	TAYLORVILLE MEMORIAL HOSPITAL, TAYLORVILLE	Board discontinued 28 nursing care beds, total now 22 nursing care beds.	
Greene	P-07-132	12/04/2007	THOMAS H BOYD MEMORIAL HOSP, CARROLLTON	Permit issued to discontinue the 40 bed nursing care unit. Project completed.	
Jersey	P-06-066	12/01/2008	JERSEYVILLE MANOR, JERSEYVILLE	Licensed 68 nursing care permit beds.	
Macoupin	Name Change	02/25/2008	PLEASANT HILL HEALTHCARE, GIRARD	Name changed from Pleasant Hill Village.	
Montgomery	Name Change	11/06/2007	NOKOMIS REHAB & HEALTH CARE CT, NOKOMIS	Name changed from Nokomis Golden Manor.	
	Bed Change	01/24/2008	MONTGOMERY NURSING & REHAB CTR, HILLSBORO	Added nine nursing care beds, total now 110 nursing care beds.	
	P-07-151	04/08/2008	HILLSBORO HOSP EXTENDED CARE, HILLSBORO	Hillsboro Area Hospital, Hillsboro, received a permit to discontinue entire Skilled Nursing (Long-Term Care) unit.	
	P-07-151	04/08/2008	HILLSBORO HOSP EXTENDED CARE, HILLSBORO	Project completed.	
Morgan/Scott	Closure	04/09/2008	MODERN CARE CONVALESCENT & NSG, JACKSONVILLE	Board deemed facility discontinued as of April 9, 2008. 68 nursing care beds removed from inventory as of that	

LONG-TERM CARE BED INVENTORY UPDATES

03/19/2008 - 09/09/2009

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HEALTH SERVICE AREA 001			
Boone	310	279	31
Carroll	204	170	34
DeKalb	694	742	(48)
Jo Daviess	217	155	62
Lee	310	342	(32)
Ogle	573	553	20
Stephenson	662	616	46
Whiteside	717	822	(105)
Winnebago	2,332	2,338	(6)
HEALTH SERVICE AREA 002			
Bureau/Putnam	413	440	(27)
Fulton	532	718	(186)
Henderson/Warren	259	262	(3)
Knox	816	965	(149)
LaSalle	1,329	1,400	(71)
McDonough	388	376	12
Marshall/Stark	373	427	(54)
Peoria	1,698	1,822	(124)
Tazewell	1,621	1,293	328
Woodford	672	597	75
HEALTH SERVICE AREA 003			
Adams	1,338	1,511	(173)
Brown/Schuyler	184	215	(31)
Calhoun/Pike	265	337	(72)
Cass	207	270	(63)
Christian	412	472	(60)
Greene	159	119	40
Hancock	196	241	(45)
Jersey	387	359	28
Logan	494	468	26
Macoupin	683	744	(61)
Mason	135	164	(29)
Menard	202	192	10
Montgomery	563	624	(61)
Morgan/Scott	608	654	(46)
Sangamon	1,395	1,254	141
HEALTH SERVICE AREA 004			
Champaign	1,003	1,018	(15)
Clark	296	255	41
Coles/Cumberland	724	954	(230)
DeWitt	187	190	(3)
Douglas	233	233	0
Edgar	282	299	(17)
Ford	247	417	(170)
Iroquois	477	564	(87)
Livingston	500	541	(41)
McLean	1,277	1,112	165
Macon	1,307	1,292	15
Moultrie	309	368	(59)
Piatt	160	160	0
Shelby	252	284	(32)
Vermilion	680	757	(77)
HEALTH SERVICE AREA 005			
Alexander/Pulaski	116	83	33
Bond	179	198	(19)
Clay	145	209	(64)
Crawford	245	215	30
Edwards/Wabash	145	139	6
Efingham	404	432	(28)
Fayette	246	340	(94)
Franklin	430	400	30
Gallatin/Hamilton/Saline	701	667	34
Hardin/Pope	94	109	(15)
Jackson	336	427	(91)
Jasper	69	82	(13)
Jefferson	399	346	53
Johnson/Massac	339	312	27
Lawrence	338	381	(43)
Marion	837	605	232

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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PRINTED: 06/10/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146426	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/27/2009
NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS An MF-1 to Temporary Waivers to an the Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of Public Health. At this survey, Ottawa Pavilion was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care. Temporary Waivers expired on 08/01/08. The facility was surveyed as two separate buildings due to different construction types. Building 0102 is a two story structure with a basement used by residents for therapy and activities. The building has exterior masonry walls with masonry and concrete floors and is considered to be a Type II (222) construction type. There is a partial sprinkler system for some of the basement hazardous areas. There is a Fire alarm system with smoke detection in the corridors. Resident rooms have battery operated single station smoke detectors. This facility has a capacity of 119 beds and had a census of 91 beds at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOW MET as evidenced by: Temporary Waivers expired on 08/01/08 and it was determined at the time of the Annual Survey, 05/27/09, that the following K-Tags were not complete: K29 A(1), 29 B, K29 C, K29 D, K29 E(1), K29 E(3) and K38 D.	{K 000}		
{K 029}	NFPA 101 LIFE SAFETY CODE STANDARD	{K 029}		8/1/08
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	
			(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued am participation.

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002/03

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/10/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145426	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/27/2009
NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION		STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
{K 029} SS=E	Continued From page 1 One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations it was determined that the facility failed to maintain the enclosure for hazardous areas, including storage room greater than 50 square feet, mechanical rooms with gas-fired appliances, laundry rooms greater than 100 square feet, repair shops, trash collection rooms and soiled utility rooms. There are two method to provide protection of hazardous areas. The enclosure is protected with sprinklers and a smoke tight enclosure with a self-closing door or the enclosure is protected by 1-hour fire rated enclosure. The 1-hour enclosure requires door opening to be 3/4 hours fire rated which requires a labeled door, hardware and a self-closing door with positive latching. This deficient practice could affect staff, visitors and approximately 35 of 87 residents for the second floor. Findings include: A. On 3/26/08 at 2:50 PM, while accompanied by E-1 and E-2 observations determined the soiled	{K 029}	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145426	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/27/2009
NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION		STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
{K 029}	<p>Continued From page 2</p> <p>utility rooms on the second floor did not have sprinkler protection. The enclosure walls and ceiling were not 1-hour rated as evidence by:</p> <p>1. The walls did not extend to the structural deck above and the ceiling was a non-rated tile system. There were no rating labels or indications on the ceiling tiles.</p> <p>INCOMPLETE: K29 A(1) was not complete at the time of the MF-1 to Temporary Waivers was conducted on site 05/27/09.</p> <p>2. There was a mechanical duct passing through the room above the ceiling and there were no fire dampers installed.</p> <p>COMPLETED: As of 05/27/09 K29 A(2) was complete.</p> <p>3. The doors were not 3/4-hours rated because there were no rating labels on the door or the hardware.</p> <p>COMPLETED: As of 05/27/09 K29 A(3) was complete.</p> <p>B. On 3/26/08 at 3:18 PM, while accompanied by E-1 and E-2 observations determined the basement laundry washing room was not completely sprinklered one half of the room was sprinklered. The enclosure walls and ceiling were not 1-hour rated as evidence by:</p> <p>1. The two doors to the room were not 3/4-hours rated because there were no rating labels on the door or the hardware.</p> <p>INCOMPLETE: K29 B(1) was not complete at the</p>	{K 029}	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145428	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/27/2009
NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION		STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{K 029} Continued From page 3
time of the MF-1 to Temporary Waivers was conducted on site 05/27/09.

C. On 3/26/08 at 3:20 PM, while accompanied by E-1 and E-2 observations determined the basement laundry dryer room was sprinklered but the room was not smoke-tight because the door was not self-closing.

INCOMPLETE: K29 C was not complete at the time of the MF-1 to Temporary Waivers was conducted on site 05/27/09.

D. On 3/26/08 at 3:23 PM, while accompanied by E-1 and E-2 observations determined the basement has three storage room storing combustibles and the rooms were greater than 50 square feet. These rooms were protected by sprinkler but the smoke tight was not maintained, because the door were not self-closing.

INCOMPLETE: K29 D was not complete at the time of the MF-1 to Temporary Waivers was conducted on site 05/27/09.

E. On 3/26/08 at 3:27 PM while accompanied by E-1 and E-2 observations determined the food storage room in the kitchen was not protected by sprinklers. The enclosure walls and ceiling were not 1-hour rated as evidence by:

1. The doors were not 3/4-hours rated because each door was constructed with glass & glass panels.

INCOMPLETE: K29 E(1) was not complete at the time of the MF-1 to Temporary Waivers was conducted on site 05/27/09.

{K 029}

06/10/2009 14:13 FAX 12177859182

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146428	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/27/2009
NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION		STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{K 029}	Continued From page 4 2. There were no rating labels on the doors or the hardware. COMPLETED: As of 05/27/09 K29 E(2) was complete. 3. The doors were no self-closing and positive latching. INCOMPLETE. K29 E(3) was not complete at the time of the MF-1 to Temporary Waivers was conducted on site 05/27/09. These observations were verified by the interview with E-1 and E-2. Temporary Waivers expired on 08/01/08 and it was determined at the time of the Annual Survey, 05/27/09, that the following K-Tags were not complete: K29 A(1), 29 B, K29 C, K29 D, K29 E(1) and K29 E(3).	{K 029}		
{K 038}	SS=F NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observations it was determined that the facility failed to maintain the exits so they are readily accessible at all times. This deficient practice could affect staff, visitors and approximately 87 of 87 residents. Findings include: On 3/26/08 at 2:52 PM while	{K 038}		8/1/08

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NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350
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{K 038}: Continued From page 5
accompanied by E-1 and E-2 observations determined the exits were not maintained as evidence by:

A. The east exit doors were found not to open as required. The force required to open the door exceed 30 lbs in accordance with the LSC, Section 7.2.1.4.5. When tested by the surveyor the doors did not readily open. I applied by full body weight against the doors several time until the door opened. Healthcare resident likely would not be able these doors.

COMPLETED: As of 05/27/09 K38 A was complete.

B. The east and west exit discharges have landings and exterior stairways that did not meet the requirements of the LSC Sections 19.2.2.3 and 7.2.2 as evidence by:

1. The landing was measured to be three feet in depth. The doors swing outward a distance of three feet. It is unsafe to move through a door opening and immediately begin vertical travel on a stair. The landing should be at least two times the width of the door swing or about six feet wide in accordance with the LSC 7.2.1.4.4. This horizontal distance allows a person space before beginning vertical travel.

COMPLETED: As of 05/27/09 K38 B(1) was complete.

2. There are two risers measured at 5-1/2 inch and 9,1/2 inches. There shall be no variation greater than 3/16 of inch between stair risers or treads in accordance with the LSC 7.2.2.3.6. Variations in size may causes people to trip.

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06/10/2009 14:13 FAX 12177859182

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{K 038}	<p>Continued From page 6</p> <p>Healthcare residents would find these stairways difficult to use.</p> <p>COMPLETED: As of 05/27/09 K38 B(2) was complete.</p> <p>3. There were no handrails provided at the exterior stairs. Handrails are required along both sides of the stair in accordance with the LSC 7.2.2.4.1. The handrails are required to be placed within 30 inches of the path of egress. The maximum distance between handrails is 67 inches.</p> <p>COMPLETED: As of 05/27/09 K38 B(3) was complete.</p> <p>C. The west exit discharge has a sidewalk with several pieces of broken concrete which has become a tripping hazard. This means of egress was not continuously maintained free of obstructions or impediments for its full use in accordance with LSC, Section 7.1.10.1. Healthcare residents may shuffle or drag their feet and even small variations in the walking surface may cause them to trip and fall.</p> <p>COMPLETED: As of 05/27/09 K38 C was complete.</p> <p>D. The south exit discharge has a exterior stairway. The west side of this stairway was more than 30 inches above grade and there was no guardrail provided. The open side of this stairway was only protected by a single pipe handrail without intermediate railings. Guardrails are required when the height above grade is 30 inches or more in accordance with the LSC 7.2.2.4.1. The design for the guardrails shall be in</p>	{K 038}	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145426	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 05/27/2009
NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350		
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{K 038}	Continued From page 7 accordance with the LSC 7.2.2.4.6. Guardrails shall be at least 42 inches high. The railing shall be designed with intermediate rails so a four inch sphere cannot pass through any portion of the guardrail up to a height of 34 inches. INCOMPLETE: K38 D was not complete at the time of the MF-1 to Temporary Waivers was conducted on-site 05/27/09. E. The doors to the food storage, medical supply and activity storage rooms were equipped with padlocks. These locking devices could cause a person to be locked into a room without a means of escape. The locks for these doors shall be arranged so a person can egress from the room in accordance with the LSC 7.2.1.5.1. Locks shall be arranged so a person could readily open the door with one releasing motion in accordance with the LSC 7.2.1.5.4. COMPLETED: As of 05/27/09 K38 E was complete. These observations were verified by the interview with E-1 and E-2. Temporary Waivers expired on 08/01/08 and it was determined at the time of the Annual Survey, 05/27/09, that the following K-Tags were not complete: K38 D.	{K 038}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145426	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/27/2009
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<p>{K 000} INITIAL COMMENTS</p> <p>An MF-1 to Temporary Waivers to an Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of Public Health. At this survey, Ottawa Pavillion was found in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care, based on temporary waivers.</p> <p>The facility was surveyed as two separate buildings due to different construction types.</p> <p>Building 0202 is a one story structure without a basement. The building has exterior birch veneer walls with anonrated wood framed roof ceiling/ceiling system. The building is considered to be a Type V (000) construction type. There is an automatic sprinkler system installed throughout. There is a Fire alarm system with smoke detection in the corridors and areas open to the corridor. Resident rooms have smoke detectors tied to the room door closer.</p> <p>This facility has a capacity of 119 beds and had a census of 91 beds at the time of the survey.</p> <p>The requirement at 42 CFR Subpart 483.70(a) is NOW MET as evidenced by:</p>	<p>{K 000}</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145426	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2009
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<p>K 000 INITIAL COMMENTS</p> <p>An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of Public Health. At this survey, Ottawa Pavillion was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care.</p> <p>The facility was surveyed as two separate buildings due to different construction types.</p> <p>Building 0102 is a two story structure with a basement used by residents for therapy and activities. The building has exterior masonry walls with masonry and concrete floors and is considered to be a Type II (222) construction type.</p> <p>This part of the facility has a partial sprinkler system with sprinklers off of the domestic water line providing coverage for some of the basement hazardous areas.</p> <p>This part of the facility has a fire alarm system with smoke detection in the corridors. Resident rooms have battery operated single station smoke detectors.</p> <p>This building has a capacity of 87 beds and had a census of 59 beds at the time of the survey.</p> <p>The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:</p> <p>K 047 NFPA 101 LIFE SAFETY CODE STANDARD SS=E</p>	<p>K 000:</p>			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

06/10/2009 14:15 FAX 12177859182

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K 047	Continued From page 1 Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by. Based on observations it was determined that the facility failed to maintain the directional emergency illuminated exit signs in accordance with LSC, Section 7.10.2. This deficient practice could affect approximately 42 of 119 residents on the First Floor of Building 0102, as well as an indeterminable number of staff and visitors, if occupants could not see the exit sign as a marked direction of egress. Findings include: A. On 05/27/09 at 1:30 PM, while accompanied by E-1 observations determined that both sides of the cross-corridor smoke barrier wall requires exit signs above the doors at, First Floor Center / East. In the event of a fire, the exit would not be properly illuminated to indicate an egress exit from the facility. B. On 05/27/09 at 1:33 PM, while accompanied by E-1 observations determined that both sides of the cross-corridor smoke barrier wall requires exit signs above the doors at, First Floor Center / West. In the event of a fire, the exit would not be properly illuminated to indicate an egress exit from the facility. This observation was verified at the exit interview with E-1 and E-2.		K 047		

06/10/2009 14:15 FAX 12177889182

012/03

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K 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 8 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on record review it was determined that the facility failed to maintain provide fire drills as required. Fire drills are to be held at unexpected times under varying conditions, at least quarterly on each shift. This deficient practice could affect staff, visitors and approximately 119 of 119 residents in all smoke zones.</p> <p>Findings include:</p> <p>A. On 05/27/09 at 3:10 PM, during record review it was determined that quarterly fire drills do not meet the requirement of varying conditions (times) in all three shifts throughout the annual cycle. Varying conditions include: varying circumstances, varying locations and varying times. NFPA 101 Section 19.7.1.2 requires varying conditions to be documented. The following documented fire drills indicate the deficient practice of varying times in the "first and third shifts". Fire drills should vary a minimum of "1 hour" for all four quarters on each shift. The following fire drills listed below are the shifts and quarters that are deficient.</p>	K 050	

06/10/2009 14:15 FAX 12177859182

013/03

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K 050	Continued From page 3 1. Second Shift - 2:00 PM to 10:00 PM 1. 3:40 PM (1st Quarter) 01/21/09 2. 3:40 PM (4th Quarter) 11/11/08 2. Third Shift - 10:00 PM to 6:00 AM 1. 10:30 PM (1st Quarter) 02/12/09 2. 10:30 PM (2nd Quarter) 06/27/08 3. 10:30 PM (4th Quarter) 12/31/08 B. On 05/27/09 at 3:11 PM, during record review it was determined that there was no fire drill for the 3rd Quarter / 3rd Shift. These deficient practices were verified at the exit interview with E-1 and E-2.	K 050			
K 053 6S=E	NFPA 101, 483.70(a)(7) LIFE SAFETY CODE STANDARD In an existing nursing home, not fully sprinklered, the resident sleeping rooms and public areas (dining rooms, activity rooms, resident meeting rooms, etc) are to be equipped with single station battery-operated smoke detectors. There will be a testing, maintenance and battery replacement program to ensure proper operation. 42 CFR 483.70(a)(7) This STANDARD is not met as evidenced by: Based on observation and interview, the facility, which was not fully sprinklered, failed to provide smoke detectors in resident rooms in accordance with 42 CFR Subpart 483.70 (a) (7). This deficient practice could affect all of the 87 residents in Building 0102, as well as an indeterminable number of staff and visitors, if the	K 053			

06/10/2009 14:15 FAX 12177859182

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K 053	Continued From page 4 lack of smoke detectors in resident rooms delayed the detection of a fire. Findings include: On 05/27/09 at 3:25 PM, while accompanied by E-1, observations determined that the resident rooms contained single station battery-operated smoke detectors that were only checked monthly. These devices require testing weekly and the battery replaced every 6-months. Logs must be maintained of both for review by the Authority Having Jurisdiction (AHJ), Illinois Department of Public Health. This observation was verified at the exit interview with E-1 and E-2.	K 053		
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K 058 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation the facility failed to install and maintain automatic sprinkler protection in accordance with the requirements of NFPA 101, 2000 Edition, Sections 19.3.5; NFPA 13, 1999	K 058		
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K 056 Continued From page 5
Edition, as well as NFPA 25, 1998 Edition Section 2-2.1.1, 2-4.1.4 and 5-4.1.4. This deficient practice could affect 15 of 118 residents in the Basement Laundry and Activity Area, as well as an indeterminable number of staff and visitors, if the sprinklers failed to work properly due to improper installation.

Finding include:

A. On 05/27/09 at 2:13 PM, while accompanied by E-1, observations determined that sprinklers in the Basement, Activity Storage Room are installed improperly. Upright Sprinklers are installed as Pendent Sprinklers. The sprinklers will not function properly if Improperly installed.

B. On 05/27/09 at 2:17 PM, while accompanied by E-1, observations determined that one (1) sprinkler in the Basement, Dryer Room is installed improperly. An Upright Sprinklers is installed as Pendent Sprinklers. The sprinkler will not function properly if improperly Installed.

These observations were verified by the exit interview with E-1 and E-2.

K 056

K 066
SS=E NFPA 101 LIFE SAFETY CODE STANDARD

Smoking regulations are adopted and include no less than the following provisions:

(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.

(2) Smoking by patients classified as not

K 066

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145426	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2009
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NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 066: Continued From page 6
responsible is prohibited, except when under direct supervision.

(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.

(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4

K 066:

This STANDARD is not met as evidenced by:
Based on the observation and staff interview, the facility failed to enforce the adopted smoking regulations in accordance with NFPA 101, 2000 Edition, Section 19.7.4. This deficient practice could affect 20 of the 119 residents, as well as an indeterminable number of staff and visitors, if fire were to start in the smoking area or the yard adjacent to the facility.

Findings include: On 05/27/09 at 2:47 PM, while accompanied by E-1, observations determined that both Smoking Areas, Staff and resident smoking areas, contained open ash trays, but did not have a metal container with a self-closing cover device into which ashtrays can be emptied.

This observation was verified by the exit interview with E-1 and E-2.

K 144 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E

K 144

Generators are inspected weekly and exercised under load for 30 minutes per month in

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017/03

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K 144 Continued From page 7
accordance with NFPA 99. 3.4.4.1.

K 144

This STANDARD is not met as evidenced by:
Based on observation, record review and staff interview, the facility failed to test/maintain the emergency generator in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 3.4.4.1, NFPA 110, 8.4.2 and failed to provide proper inspection and inspection records for the emergency generator in accordance NFPA 99, Section, 3-6.4 and other referenced sections. This deficient practice affects the entire building and could affect 87 of 119 residents, as well as an indeterminable number of staff

Findings Include:

A. Building 0102: On 05/27/09 at 4:15 PM, during the record review, observation and an interview with E-1, it was determined that the facility consistently runs the three-phase monthly loads less than 30% of the Name Plate Rating. The generator for Building 0102 is 120/208 V, 69 Amps per phase. No annual load bank test has been conducted in the past 12 months.

B. Building 0102: On 05/27/09 at 4:40 PM, during the record review, observation and an interview with E-1, it was noted that the facility failed to provide an emergency generator Alarm Annunciator Panel in a 24 hour attended location

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018/03

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NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350
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K 144 Continued From page 8
or a derangement signal. This is required in accordance with the NFPA 99, Section 3-4.1.1.15. to indicate the followings:

1. Visual signals for:
 - a. Power source indicator.
 - b. Battery charger malfunction.
2. Visual Signal plus a common audible signal for:
 - a. Low oil pressure
 - b. Low water temp
 - c. Excessive water temperature
 - d. Low fuel (Less than three hour operating supply)
 - e. Over crank
 - f. Over speed

These observations were verified by the exit interview with E-1 and E-2.

K 144

K 154 SS=F
NFPA 101 LIFE SAFETY CODE STANDARD

Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1

This STANDARD is not met as evidenced by:
Based on the record review and staff interview, the facility failed to establish a complete written policy indicating the procedures the facility must initiate when a required automatic sprinkler system is out of service for more than 4 hours in a 24 -hour period, the authority having jurisdiction

K 154

06/10/2009 14:16 FAX 12177859182

020/03

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NAME OF PROVIDER OR SUPPLIER OTTAWA PAVLION	STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350
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K 155 Continued From page 10
Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8

K 155

This STANDARD is not met as evidenced by: Based on the observation, testing of the fire alarm system and staff interview, the facility failed to establish a written policy indicating the procedures the facility must initiate when a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all the parties left unprotected by the shutdown until the fire alarm system has been returned to service in accordance with NFPA 101, 2000 Edition, Section 9.6.1.8. This deficient practice could affect all of the 75 residents, as well as an interminable number of staff and visitors, if staff did not initiate the proper procedures when the fire alarm system was inoperable.

Finding include: On 05/27/09 at 4:35 PM during the record review, it was noted that the facility "Fire Watch Policy" did not contain several "key" directives to inform and in-service staff and administration as how to properly conduct a "fire watch". The following items were "missing" from the facilities fire watch policy reviewed during the annual survey.

1. The fire watch policy does not contain the

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021/03

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145428	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2009
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K 155 Continued From page 11
 provision that constitutes the necessity to start a fire watch, which is an outage of 4 hours in a 24 hour period.
 2. Contact the Authority Having Jurisdiction (AHJ), Illinois Department of Public Health and the Fire Department, when the facility "begins" a fire watch.
 3. The assigned staff on the fire watch are to have no other assigned duties.
 4. Contact the Authority Having Jurisdiction (AHJ), Illinois Department of Public Health and the Fire Department, when the facility "ends" a fire watch.
 These observations were verified by the exit interview with E-1 and E-2.

K 155

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022/030

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145428	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B WING _____	(X3) DATE SURVEY COMPLETED 05/27/2009
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NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 600 EAST CENTER STREET OTTAWA, IL 61350
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K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of Public Health. At this survey, Ottawa Pavilion was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care. The facility was surveyed as two separate buildings due to different construction types. Building 0202 is a one story structure without a basement. The building has exterior brick veneer walls with a non-rated wood framed roof ceiling/ceiling system. The building is considered to be a Type V (000) construction type. This part of the facility has an automatic sprinkler system with coverage in all areas. This part of the facility has a fire alarm system with smoke detection in the corridors, areas open to the corridor and resident sleeping rooms. Resident rooms have smoke detectors tied to the room door closer. This building has a capacity of 32 beds and had a census of 32 beds at the time of the survey. The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift.	K 000		
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift.	K 050		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

06/10/2009 14:17 FAX 12177859182

023/03

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K 050	Continued From page 1 The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review it was determined that the facility failed to maintain provide fire drills as required. Fire drills are to be held at unexpected times under varying conditions, at least quarterly on each shift. This deficient practice could affect staff, visitors and approximately 119 of 119 residents in all smoke zones. Findings include: A. On 05/27/09 at 3:10 PM, during record review it was determined that quarterly fire drills do not meet the requirement of varying conditions (times) in all three shifts throughout the annual cycle. Varying conditions include: varying circumstances, varying locations and varying times. NFPA 101 Section 19.7.1.2 requires varying conditions to be documented. The following documented fire drills indicate the deficient practice of varying times in the "first and third shifts". Fire drills should vary a minimum of "1 hour" for all four quarters on each shift. The following fire drills listed below are the shifts and quarters that are deficient. 1. Second Shift - 2:00 PM to 10:00 PM 1. 3:40 PM (1st Quarter) 01/21/09	K 050			

06/10/2009 14:17 FAX 12177859182

024/03

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NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST CENTER STREET OTTAWA, IL 61350
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K 050 : Continued From page 2
2. 3:40 PM (4th Quarter) 11/11/08

2. Third Shift - 10:00 PM to 6:00 AM
1. 10:30 PM (1st Quarter) 02/12/09
2. 10:30 PM (2nd Quarter) 06/27/08
3. 10:30 PM (4th Quarter) 12/31/08

B. On 05/27/09 at 3:11 PM, during record review it was determined that there was no fire drill for the 3rd Quarter / 3rd Shift.

These deficient practices were verified at the exit interview with E-1 and E-2.

K 050

K 056 : NFPA 101 LIFE SAFETY CODE STANDARD
SS-E

If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5

This STANDARD is not met as evidenced by: Based on observation the facility failed to install and maintain automatic sprinkler protection in accordance with the requirements of NFPA 101, 2000 Edition, Sections 19.3.5; NFPA 13, 1999 Edition, as well as NFPA 25, 1998 Edition Section

K 056

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K 056	Continued From page 3 2-2.1.1, 2-4.1.4 and 5-4.1.4. This deficient practice could affect 32 of 119 residents in Building 0202, all areas, as well as an indeterminable number of staff and visitors, if the sprinklers failed to work properly due to improper inspection and maintenance. Finding include: On 05/27/09 at 5:00 PM, during record review and while accompanied by E-1, observations determined that the facility failed to conduct a 3rd Quarter Sprinkler Inspection for Building 0202. The facility had inspections on 01/12/09, 06/27/08 and 10/16/08 by Getz Fire Equipment. Building 0102 is not sprinkled and this deficiency does not affect the other 87 residents. This observation was verified by the exit interview with E-1 and E-2.	K 058	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide proper maintenance, required clearance at devices, quarterly inspections or required multi-year tests of the sprinkler system in with LSC Sections 9.7.1 and 19.3.5 NFPA 13 and NFPA 25. This deficient practice could affect all of the 32 of the 119 residents, as well as in indeterminable number of staff and visitors, if the sprinkler system failed to operate properly due to	K 062	

06/10/2009 14:18 FAX 12177859182

026/03

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K 062	Continued From page 4 improper maintenance. Findings include: A. On 05/27/09 at 3:42 PM, while accompanied by E-1, observations and record review determined that the sprnkler system in Building 0202 had no documents indicating that the sprnkler systems "gauges" have been calibrated or replaced within the last 5-years in accordance with NFPA 25, Section 9-2.8.2. Lack of required inspections on the "gages" could allow the fire department connection and the sprnkler system to fail to function properly. B. On 05/27/09 at 3:43 PM, while accompanied by E-1, observations and record review determined that the sprnkler system in Building 0202 had no documents indicating that the sprnkler systems fire department "check valves" received the required 5-year interior obstruction inspection in accordance with the NFPA 25, Section 9-4.2.1. Lack of required inspections on the "check valve" could allow the fire department connection and the sprnkler system to fail to function properly. These observations were verified by the exit interview with E-1 and E-2.	K 062			
K 063 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprnkler systems have an adequate and reliable water supply which provides continuous and automatic pressure. 9.7.1.1, NFPA 13	K 063			

06/10/2009 14:18 FAX 12177859182

027/03

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K 063 Continued From page 5

K 063

This STANDARD is not met as evidenced by. Based on record review it was determined that the facility failed to maintain an automatic sprinkler system with adequate and reliable water supply. This deficient practice could affect 32 of 119 residents in Building 0202, as well as an indeterminable number of staff and visitors, if the sprinkler system failed to provide water to a fire location in any location in this facility in 60 seconds or less.

Findings include: On 05/27/09 at 3:45 PM, during record review it was determined that the facility failed to conduct a Dry Pipe Full Flood Trip Test in the past 3-years on the sprinkler system in Building 0202. The facility could not provide any documentation as to when the last Dry Pipe Full Flood Trip Test was conducted.

This observation was verified by the exit interview with E-1 and E-2.

K 144 NFPA 101 LIFE SAFETY CODE STANDARD

K 144

SS=E Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.

This STANDARD is not met as evidenced by. Based on observation, record review and staff

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028/03

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K 144 Continued From page 6
interview, the facility failed to test/maintain the emergency generator in accordance with the requirements of NFPA 101, 2000 Edition, NFPA 99, 3.4.4.1, NFPA 110, 8.4.2 and failed to provide proper inspection and inspection records for the emergency generator in accordance NFPA 99, Section, 3-8.4 and other referenced sections. This deficient practice affects the entire building and could affect 87 of 119 residents, as well as an indeterminate number of staff

K 144

Findings include: Building 0202: On 05/27/09 at 4:18 PM, during the record review, observation and an interview with E-1, it was determined that the facility consistently runs the three-phase monthly loads less than 30% of the Name Plate Rating. The generator for Building 0202 is 120/208 V, 45 Amps per phase. No annual load bank test has been conducted in the past 12 months.

This observation was verified by the exit interview with E-1 and E-2.

K 154 SS=F NFPA 101 LIFE SAFETY CODE STANDARD

K 154

Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1

This STANDARD is not met as evidenced by:
Based on the record review and staff interview,

06/10/2009 14:18 FAX 12177859182

@ 029/03

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/10/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145426	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 06/27/2009
NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 154	Continued From page 7 the facility failed to establish a complete written policy indicating the procedures the facility must initiate when a required automatic sprinkler system is out of service for more than 4 hours in a 24 -hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all the parties left unprotected by the shutdown until the sprinkler system has been returned to service in accordance with NFPA 101, 2000 Edition, Section 9.7.8.1. This deficient practice could affect all of the 119 residents, as well as an indeterminable number of staff and visitors, if staff did not initiate the proper procedures when the sprinkler system was inoperable. Finding include: On 06/27/09 at 4:35 PM during the record review, it was noted that the facility "Fire Watch Policy" did not contain several "key" directives to inform and in-service staff and administration as how to properly conduct a "fire watch". The following items were "missing" from the facilities fire watch policy reviewed during the annual survey. 1. The fire watch policy does not contain the provision that constitutes the necessity to start a fire watch, which is an outage of 4 hours in a 24 hour period. 2. Contact the Authority Having Jurisdiction (AHJ), Illinois Department of Public Health and the Fire Department, when the facility "begins" a fire watch. 3. The assigned staff on the fire watch are to have no other assigned duties. 4. Contact the Authority Having Jurisdiction (AHJ), Illinois Department of Public Health and the Fire Department, when the facility "ends" a fire watch.	K 154			

06/10/2009 14:19 FAX 12177859182

030/03

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/10/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145426	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 05/27/2009
NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 154	Continued From page 8	K 154			
K 155 SS=F	<p>These observations were verified by the exit interview with E-1 and E-2.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>This STANDARD is not met as evidenced by: Based on the observation, testing of the fire alarm system and staff interview, the facility failed to establish a written policy indicating the procedures the facility must initiate when a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all the parties left unprotected by the shutdown until the fire alarm system has been returned to service in accordance with NFPA 101, 2000 Edition, Section 9.6.1.8. This deficient practice could affect all of the 75 residents, as well as an interminable number of staff and visitors, if staff did not initiate the proper procedures when the fire alarm system was inoperable.</p> <p>Finding include: On 05/27/09 at 4:36 PM during the record review, it was noted that the facility "Fire Watch Policy" did not contain several "key" directives to inform and in-service staff and</p>	K 155			

06/10/2009 14:19 FAX 12177859182

031/03

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/10/2009
FORM APPROVED
OMB NO. 0938-0391

(STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145426	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 06/27/2009
NAME OF PROVIDER OR SUPPLIER OTTAWA PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST CENTER STREET OTTAWA, IL 61350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 155	Continued From page 9 administration as how to properly conduct a "fire watch". The following items were "missing" from the facilities fire watch policy reviewed during the annual survey. 1. The fire watch policy does not contain the provision that constitutes the necessity to start a fire watch, which is an outage of 4 hours in a 24 hour period. 2. Contact the Authority Having Jurisdiction (AHJ), Illinois Department of Public Health and the Fire Department, when the facility "begins" a fire watch. 3. The assigned staff on the fire watch are to have no other assigned duties. 4. Contact the Authority Having Jurisdiction (AHJ), Illinois Department of Public Health and the Fire Department, when the facility "ends" a fire watch. These observations were verified by the exit interview with E-1 and E-2.	K 155			

ALTERNATIVES

- 1) Document ALL of the alternatives to the proposed project:
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.

The alternatives to this project are limited due to the fact that this is an existing nursing care facility. The alternatives are limited to: "Do Nothing", "Discontinuation of the Facility"; "Total Renovation of the Existing Building"; "Total Replacement Facility"; "Project as Proposed".

DO NOTHING

Issues of Cost:

The Applicant considered the alternative to "do nothing" and found that if the facility is not replaced it is at the point that significant modernization is necessary. Over the past 14-years this Applicant has spent on average \$34,274 annually on capital improvements. In the last fiscal year, 2008, nearly double that amount was spent (\$67,288). This does not include operational maintenance budget items that in FY 2008 equated to \$190,911. Therefore, at a minimum, the Applicant could expect to continue expending operational and capital cost far in excess of \$250,000 each year. The result of this alternative is reduced revenue from the continuing decline in utilization as the building continues to be less and less marketable.

Patient Access:

This alternative of "do nothing" does not improve accessibility. Currently accessibility is limited in this facility due to marketability that stems from its physical plant's age, design and condition. The primary market area of Ottawa and Marseilles has already seen a reduction of 91 nursing beds at Pleasant View Lutheran Home through the Health Facilities and Services Review Board's March 2009 meeting (refer to Project Number 08-081). By not replacing Ottawa Pavilion's main building and majority of the beds, this alternative would have the result of forcing area residents to look outside of the community and possibly the planning area for care through

the promotion of an outdated traditional (institutional) environment.

Quality:

Quality of care is not an issue as is quality of life. However, there appears to be a direct correlation between the two. Specifically, if a provider improves the physical plant for the residents to a more modern and appealing setting, not only is the resident more satisfied to be there but the staff is also. A bright and modern environment provides a setting in which the staff and the residents are more relaxed and therefore, less frustrated and confrontational. This alternative of "do nothing" does not lend itself to creating a modern inviting environment as the existing building is institutional. It should be noted that there are three additions known as the existing Ottawa Pavilion. The first part was known as the Highland Sanitarium Building and was built in the 1920's. Part of this building still exists but is not in use and is extremely deteriorated. The Highland Sanitarium Building was partially replaced by the LaSalle County Tuberculosis Sanitarium built in 1940. In 1970-71, the entire facility was turned into a general long-term nursing care facility. Finally, in 1989, a 32-bed nursing wing was added. The 1920 and 1940 era building have been altered and renovated numerous times. As a result, there is not much further that can be done with this institutional space. The 1940 building makes up the majority of the facility and was constructed with a "monumental entrance with two tiers of ceremonial steps to the main entry doors, flanked by large terraced planters". This building is an "institution" which is not the trend for long-term care. Please refer to the Historic Preservation "Research Survey Report" appended as **ATTACHMENT-5B**. Since this alternative does not do enough to improve the quality of life issues as it relates to the physical plant environment, this alternative does nothing to improve quality of care.

Financial Benefits:

This building is at the point that it needs to evolve to survive. It is not a question of need for nursing care services. It is a question of providing a desirable home for tomorrow's seniors

in need of continual skilled nursing services. This alternative of "do nothing" does not address this issue. Therefore, the overall institutional appearance and ambiance will continue to have the effect of reducing admissions to the point the home will not be able to survive. Therefore, this alternative has no financial benefits.

DISCONTINUATION OF OTTAWA PAVILION

Issues of Cost:

The alternative of "discontinuation of Ottawa Pavilion" is the least expensive alternative in terms of capital cost although not without a cost. Specifically, the existing building was constructed "for a specific utilitarian purpose and function (the care of isolated patients with a highly contagious disease)". This function and purpose is contrary to current trends in the long-term care industry, which are to provide a less institutional and more homelike environment in a smaller group or neighborhood concept. Specifically, smaller autonomous households under the umbrella of a multi-household facility focusing on personalization of care and greater emphasis on rehabilitating residents to get them back to a more independent status. In the layout and condition of the existing building, there is little use for the building; therefore, the most likely outcome of disposition would be to demolish the entire structure. Included in the proposed project cost are the partial building demolition costs of \$270,000. Since additional building square footage would also be torn down and the entire site would have to be back filled and graded, the \$270,000 figure appears extremely conservative. Additional cost that are not readily known are the losses realized by the community in terms of real estate taxes (\$60,000 end of year 2008), a intangible resource of accessible nursing services, and all of the jobs that the facility currently provides (the facility has a operating expenses for nursing costs, employee welfare costs, housekeeping & plant costs, laundry and linen costs, and dietary costs that together total \$3,598,201 not including general and administrative expenses). Thus, this alternative would also be considered rather expensive without even giving consideration to

accessibility to long-term care services. For all of the sited Ottawa Pavilion costs refer to **ATTACHMENT-12A** for the facility's Medicaid Cost Report from the Illinois Department of Health Care and Family Services.

Patient Access:

This alternative is the most restrictive in terms of patient accessibility. In the 12-months following March 2008, Ottawa Pavilion experienced an average utilization rate of 89.6 residents or 75.3%. According to the Department of Health and Human Services Centers for Medicare & Medicaid Services inspection reports for the facility, the Department reported a census of 91 residents (refer to **ATTACHMENT-11E**). In a support letter from LaSalle County Nursing Home (refer to **ATTACHMENT-52A**), that facility reported that they are optimally utilized at a rate of 94% while the other home in Ottawa (besides the Applicant's), Pleasant View Lutheran Home and has on average 131 residents (it should be noted that this facility has received approval to reduce its license capacity to 90 nursing care beds). Please note that a letter from Pleasant View Lutheran Home citing their utilization is appended also under **ATTACHMENT-52A**. This will require the displacement of 50 nursing residents from its facility, based on maintaining 90% occupancy. Without the proposed project, Ottawa would have three facilities, two over their optimal/target utilization rate and one optimally utilized based on effective capacity of a very old and antiquated building resulting in no capacity and accessibility. Through this alternative, the city would be displacing not 50 but approximately 140 long-term care residents from Ottawa. It should be noted that the majority of the residents of Ottawa Pavilion have origins from within the Ottawa zip code (66% from zip code 61350)(see **ATTACHMENT-11A**). Nearly 75% originate from within the two zip code areas of Ottawa and Marseilles (74.1% from zip codes 61350 and 61341 respectfully). This illustrates that the LaSalle County Planning Area has distinct community areas or regions that make up individual market or draw areas. Specifically, Streator, LaSalle/Peru, Mendota, and Ottawa/Marseilles create the four primary markets within

LaSalle County. The travel times alone document the separation of the market areas. Because of these sub-markets, this alternative would further aggravate the accessibility to long-term care. Please refer to the chart listing of LaSalle County Planning Area facilities by market area that includes the travel time and distance under **ATTACHMENT-12B**.

The alternative being considered to discontinue Ottawa Pavilion would also further exacerbate the maldistribution of beds within the County. There is an unrecognized bed need situation that is created from the inclusion of the Illinois Veteran's Home at LaSalle in the State's bed need calculation. Specifically, the Illinois Veteran's Home at LaSalle was approved under a variance to the State's identified bed need, i.e., the "defined population" variance. Therefore, only veterans and their families can be admitted to this facility. Furthermore, the Illinois Veteran's Home at LaSalle does not have LaSalle County Planning Area as its primary market area as represented through its Certificate of Need application as the facility pulls from the veterans throughout the entire State. Thus, the State has included 200 nursing care beds (14% of licensed capacity) in the 1,400 LaSalle County Planning Area approved beds against a calculated bed need of 1,329 beds. Since these 200 beds do not primarily serve the residents of the County, they should not be included in the calculation as the project was approved as a variance to the bed need calculation. The adjusted calculation would show 1,200 nursing beds approved with the primary use of serving the planning area residents with a calculated need for 1,329 beds. This would equate to an outstanding need for 129 additional nursing care beds. To proceed with the alternative of discontinuing Ottawa Pavilion would not enhance patient accessibility.

Through the Certificate of Need process, accessibility has also been an indicator of need and typified through the ratio of nursing care beds to total population. In looking at the ratio of beds to population for the primary market area consisting of the two zip code areas for Ottawa and Marseilles as compared to LaSalle County as a whole, the issue of accessibility becomes

more relevant. The ratio equates to 0.012426 beds to every person within the primary market area and 0.012511 beds to every person within the County. As these numbers are too small to interpret, it is helpful to invert the ratio and look at population per bed and to further limit that calculation to the over 65-population. As such, the ratio equate to 12.48 persons per each nursing care bed in the two zip code area as compared to only 5.86 persons per each nursing care bed in the LaSalle County Planning Area (please refer to **ATTACHMENT-12C** for the specific data and calculations for these ratio). To discontinue this facility would further exacerbate the issue of accessibility to general long-term care beds in this area. The discontinuation of the Applicant's 118 existing beds would increase the primary market area's ratio from the nearly 12.5:1 ratio up to 17.5:1 and up to 13.07:1 in a five year projection (Calendar Year 2013) for people to nursing care beds and would create a need for 48 additional general long-term care beds.

Quality:

This alternative does not address quality, i.e., quality of life or quality of care. This alternative forces the displacement of existing residents to facilities either throughout the County or more likely outside of the planning area.

Financial Benefits:

This alternative does not have any financial benefits as it presents a significant cost to the Applicant, the community and, most importantly, to the residents of LaSalle County Planning Area with no potential for a return.

Therefore, with significant issues of cost, patient access, and quality with no potential for financial or other benefits, this alternative was rejected.

TOTAL RENOVATION OF THE EXISTING BUILDING

Issues of Cost:

As this is not viable outcome to continued operations and for providing needed long-term nursing care services to its existing residents and to the community, the "do nothing" would result in the modernization of the existing facility. The Applicant's architect, S.J.Hollander, PC has reviewed the physical plant shortcomings and has outlined a modernization plan that would allow the Applicant to maintain its existing total licensed capacity and correct all physical plant and life safety code deficiencies. The major facility deficiencies are: the total building does not have fire sprinklers; it has a corridor width of 7 feet 4 inches which is short of the 8 foot minimum requirement; some of the residents rooms are in excess of the 120 foot code required distance from the nurses' station; residents do not have access to a toilet room from their bedroom without entering the general corridor; the existing window configuration does not comply with egress window requirements; mechanical systems are antiquated and extremely limited; and the current roof is flat and has outlived its useful life (see **ATTACHMENT-12D** for the Architect's report). It should also be mentioned that once one area of the building undergoes major modernization, the entire building must be brought up to current codes. It is estimated that building cost alone without any loan interest and issuance expense, furnishing, consulting and other fees, and preplanning costs could be \$9,276,827. With such a great expense the Applicant would still end up with a 70 year old building that would require continued and increasing cost to maintain. Therefore, this alternative could expect a minimum cost of between \$258,274 a year in capital and operational expenditures up to over \$9 million dollars plus continued annual operational and capital maintenance expenditures.

Patient Access:

At a time where another area facility is downsizing, this alternative would ensure that accessibility to general long-term care is not further eroded. However, this alternative is not

long-term. Renovating a building that is 70 years old leaves the Applicant with a 70 year old building. There will be continued issues of maintenance cost and facility marketability as the institutional appearance would not be total erased.

Quality:

The issue of quality is also addressed through this alternative, but at what cost? This project would allow for the Applicant to continue providing and caring for its residents and the care and resident housing would be in a renovated facility. However, due to the existing facility layout and design, the renovations cannot eliminate the institutional feel of the long corridors and the predominately double occupancy room accommodations. As such there are issues of quality of life for the residents that this alternative fails to address.

Financial Benefits:

This alternative has a construction renovation cost of \$9,276,827. This cost is nearly equivalent to the new construction and modernization costs for the project (\$9,458,499) as proposed. Therefore, there doesn't appear to be any financial benefits to this alternative, thus, this alternative was regarded as not viable.

TOTAL REPLACEMENT FACILITY

Issues of Cost:

Instead of salvaging the newest addition (CY 1989) to the existing Ottawa Pavilion, the Applicant considered the total replacement of the facility. According to a similar project recently approved in Ottawa (Project Number 08-081), the State found that the adjusted State Standard for new construction plus contingencies to be \$191.23 per gross square foot. To be comparable to the proposed project, should the Applicant build a new 129-bed facility (allowing for 10 additional beds under the 20 beds/10% rule) with 618 gross square feet per bed could cost \$15,127,058 for hard construction cost only. It should be noted that this does not include any soft cost or equipment cost. Nor does this dollar amount include the cost of land which could be

an issue if a portion of the project could not be kept. Specifically, if the total building would be replaced on site, it would be more difficult to phase in the project in order not disrupt or displace any existing residents. Should residents be disrupted and or displaced, there could be additional cost to the Applicant from losses in income.

Patient Access:

The only issue that this alternative presents is whether or not the project would be built on site or off site. While off site would represent additional cost for land and land improvements, it would also mean that residents would not be disrupted or displaced. Upon project completion however, this alternative would appear to provide the same outcome to patient access as the proposed project.

Quality:

The issue of quality of care would have the same result as the proposed project. The only possible difference would be the development of this alternative on a new site. Whereas, the project as proposed or this alternative being developed on the same site could realize imposed land restraints, the alternative of a total replacement on a new site could realize a building that is unencumbered by land or other structural restraints allowing the physical plant to be totally designed around the programming. Therefore, realized quality of care and quality of life could be better realized under this alternative.

Financial Benefits:

In these fiscally hard times, this represents the most expensive alternative, which if chosen, would appear to make the Applicant's financial and economic feasibility ratios completely out of range of those guidelines that are in place. This results in a project that would have a lower return on investment. The lower financial feasibility coupled with the existing mortgage on the facility could effect the project in ultimately not meeting its debt service. Therefore, it would appear that the financial benefits of this project are not even neutral but, in fact, negative.

PROJECT AS PROPOSED

Issues of Cost:

This project has a new construction and related contingency price of \$9,458,499, a renovation plus related contingency cost is \$945,850, and a total project cost of \$13,597,635.

Patient Access:

This alternative allows for the least amount of disruption to the residents. The accessibility will never be lessened throughout this process. The site with the project as being proposed allows for the construction and phasing of the project where residents and services to residents will be continuous if not increasing as portions of the projects get completed. The facility is proposing a physical therapy department which will be taken from a few scattered small rooms in the original building's basement to a state-of-the-art physical fitness center for both inpatient and public use. Adjacent to the proposed physical and occupational therapy center will be a community room which can be used by both the residents and by community groups. This alternative provides for greater integration of the nursing home and the community. The remainder of the beds will be divided into adjacent but autonomous neighborhoods with the building core designed with a "main street" feel. There will be an ice cream/pop corn shop, a coffee shop, a Tuscan room, a beauty/barber shop, a gift shop, and a chapel among other activity areas all disguised as store fronts leading out to different streets which will be the various neighborhoods. Additionally, this project incorporates secure outside pathways, sitting and activity areas. As such, this alternative becomes inviting to family and friends but, most importantly, it brings in the community of which the facility residents have been active in their community the majority of their adult lives and the community to the seniors. By removing the barrier to the home and giving the community to see and interact in the facility and with the residents, this alternative removes the stigma attached to nursing homes like the traditional one being replaced. This creates a positive environment and ways of thinking that

today's seniors are valued, staff is valued all while increasing accessibility to general long-term care.

Quality:

This alternative is able to utilize the best of the existing resources and new design to provide a quality place for care to be provided, a quality home for the existing residents, and a quality work environment for the existing employees of Ottawa Pavilion. The replacement/renovated home provides for state-of-the-art environments for specialized care for rehabilitation, dementia care, and general long-term care that is not available today. Although the physical plant does not determine quality, the best staff could not provide to their potential without it. This Applicant believes it has a proven track record of commitment to the community and its seniors through its incredible staff. Now it wants the opportunity to improve this track record with an equally impressive environment.

Financial Benefits:

In review of all the other alternatives of financial benefits: do nothing has not capital cost other than continued facility maintenance and would appear to ultimately result in the demise of Ottawa Pavilion; Discontinuation has a cost of approximately \$300,000 in demolition costs and the negative benefit of nearly \$3.5 million to the community; the total renovation has a construction cost of nearly \$9 million and does not eliminate the issue of continued maintenance nor the reduction of facility institutional feel, function and appearance; and total replacement has a construction and contingency cost of over \$15 million with the same results in accessibility and quality. This alternative solves all of the issues with the least capital expenditure and patient disruption. Specifically, it maintains the Applicant's commitment to the residents, the employees and the community. The project as proposed utilizes the best of the existing resources to minimize cost. The alternative provides a state-of-the-art environment with a one size does not fit all mentality by creating several individual neighborhoods which will vary in

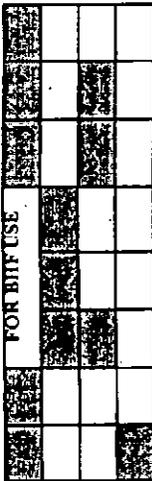
programming and purpose. Finally, this project does its part to ensure accessibility is not further eroded.

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

The alternative of the "Project as Proposed" is based on the need for major modernization to include partial facility replacement and on the overwhelming growth of the projected senior population. Therefore, this alternative is not based solely or in part on improved quality of care. However, there are indicators of quality such as physical plant environments being current and state-of-the-art as realized by the Applicant in its own facility as well as in the other area facilities. The "empirical" evidence of this is two-fold; first, the average size of each facility on a per bed basis and the second is the average age of the area facilities. These issues are indicators or evidence of a more traditional institutional physical plant design and layout that minimizes square footage and amenities. The proposed project will have six autonomous neighborhoods and a "main street" concept through the building's core. Additionally, there will be a public community area, in and out-patient physical therapy, and secure outdoor activity space and pathways. This facility will embody a holistic approach to care for our elderly. Finally, each of the Applicant's resident rooms will have its own bathroom. This approach to care is contrary to the minimum standards. Long-term care has significantly evolved in the last five years let alone the past thirty years. With the State's minimum standards having not changed significantly since the early 1990's and the average age of area facilities at thirty-eight and a half years (see **ATTACHMENT-12E** for age and size of area facilities), the area appears to be behind the current trends in senior care and housing. One of the most basic examples of the out dated issues can be found in the current minimum standards, which allows two rooms to share a bathroom (and as many as eight persons sharing a single bath). The Applicant is proposing each resident room to have its own bathroom. These aforementioned amenities require

square footage that is not typical in facilities even five years old. Again, the average age of the facilities is 38.5 years old. The average size of the existing providers equates to 424.6 square feet per bed for those who reported square footage to the Illinois Department of Healthcare and Family Services on the facilities' cost reports. The Applicant is proposing 79,168 gross square feet or 618 gross square feet per bed on a 129 bed home. While this is efficient square footage as compared to the proposed standard for long term care that is up to 715 square feet per bed, the Applicant has the square footage as compared to the existing facilities to create a more homelike environment for its residents. Thus, the proposed service will provide a higher quality of life which allows for greater flexibility and individuality and privacy that can also contribute to the quality of care. It should be noted that this item in no way denies the quality of care of the existing providers but rather only questions the quality of life of residents in the more traditional environments. It should be noted that through Project Number 08-081, one area facility acknowledged this issue and had proposed to improve its own situation. Through this project Pleasant View Lutheran Home is in the process of modernizing its existing space along with the significant reduction in its licensed nursing bed capacity. Thus, increasing the gross square feet per bed along with a more modern facility to best provide for its residents. That project, as well as this proposed project, appears to increase quality of life for all nursing residents.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



LL1

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 110 ILCS 463-308. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2008)

1. IDPH License ID Number: 0039230

Facility Name: OTTAWA PAVILION

Address: 800 EAST CENTER STREET OTTAWA 61350
 Number City Zip Code

County: LASALLE

Telephone Number: (847) 679-8219 Fax # (847) 679-7377

HFS ID Number: 36-3910766001

Date of Initial License for Current Owners: 12/1/93

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code _____

PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2008 to 12/31/2008 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider (Signed) _____ (Date) _____

(Type or Print Name) MARSHALL MAUER

(Title) TREASURER

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT)

(Print Name and Title) BOB KAGDA VICE PRESIDENT (Date) _____

(Firm Name & Address) KRUPNICK, BOKOR, KAGDA & BROOKS, LTD
3750 W. DEVON, LINCOLNWOOD, IL 60712-1124

(Telephone) (847) 675-3585 Fax (847) 675-5777

MAIL TO: BUREAU OF HEALTH FINANCE
 ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
 201 S. Grand Avenue East
 Springfield, IL 62763-0001

Phone # (217) 782-1630

In the event there are further questions about this report, please contact:
 Name: BOB KAGDA Telephone Number: (847) 675-3585
 Email Address: _____

STATE OF ILLINOIS

Facility Name & ID Number **OTTAWA PAVILION** Report Period Beginning: **01/01/2008** Ending: **12/31/2008**

0039230 Report Period Beginning: **01/01/2008** Ending: **12/31/2008**
 D. How many bed-hold days during this year were paid by the Department?
 (Do not include bed-hold days in Section B.)
0

E. List all services provided by your facility for non-patients.
 (E.g., day care, "meals on wheels", outpatient therapy)
NONE

F. Does the facility maintain a daily midnight census? **YES**

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

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

I. On what date did you start providing long term care at this location?
 Date started **12/1/93**

J. Was the facility purchased or leased after January 1, 1978?
 YES Date **12/1/93** NO

K. Was the facility certified for Medicare during the reporting year?
 YES NO IF YES, enter number of beds certified **24** and days of care provided **4,703**

Medicare Intermediary **MUTUAL OF OMAHA**

IV. ACCOUNTING BASIS
 ACCRUAL MODIFIED CASH* CASH*
 Is your fiscal year identical to your tax year? YES NO

Tax Year: **12/31/2008** Fiscal Year: **12/31/2008**
 * All facilities other than governmental must report on the accrual basis.

III. STATISTICAL DATA

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

1	2	3	4
Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period
1	119 Skilled (SNF)	119	43,554
2	Skilled Pediatric (SNF/PED)		
3	Intermediate (ICF)		
4	Intermediate/DD		
5	Sheltered Care (SC)		
6	ICF/DD 16 or Less		
7	TOTALS	119	43,554

B. Census-For the entire report period.

1	2	3	4	5
Level of Care	Patient Days by Level of Care and Primary Source of Payment	Private Pay	Other	Total
	Medicaid Recipient			
8 SNF	12,532	6,326	4,703	23,561
9 SNF/PED				
10 ICF	8,297	312	264	8,873
11 ICF/DD				
12 SC				
13 DD 16 OR LESS				
14 TOTALS	20,829	6,638	4,967	32,434

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) **74.47%**

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)											
Costs Per General Ledger											
	1	2	3	4	5	6	7	8	9	10	
	Salary/Wage	Supplies	Other	Total	Reclassification	Reclassified Total	Adjustments	Adjusted Total	FOR BHF USE ONLY		
A. General Services											
1 Dietary	210,801	19,429	8,016	238,246		238,246		238,246			1
2 Food Purchase		165,507		165,507		165,507	(878)	164,629			2
3 Housekeeping	136,576	26,322		162,898		162,898		162,898			3
4 Laundry	51,250	15,555	3,439	70,244		70,244		70,244			4
5 Heat and Other Utilities			174,393	174,393		174,393	1,077	175,470			5
6 Maintenance	97,829	43,393	19,945	161,167		161,167	11,756	172,923			6
7 Other (specify):*			6,760	6,760		6,760	570	7,330			7
8 TOTAL General Services	496,456	270,206	212,553	979,215		979,215	12,525	991,740			8
B. Health Care and Programs											
9 Medical Director			6,000	6,000		6,000		6,000			9
10 Nursing and Medical Records	1,791,528	66,007	5,677	1,863,812		1,863,812	(888)	1,862,924			10
10a Therapy	213,346	113		213,459		213,459		213,459			10a
11 Activities	126,431	6,631	3,038	136,100		136,100		136,100			11
12 Social Services	19,188		2,999	21,987		21,987		21,987			12
13 CNA Training											13
14 Program Transportation											14
15 Other (specify):*											15
16 TOTAL Health Care and Programs	2,150,493	73,351	17,514	2,241,358		2,241,358	(888)	2,240,470			16
C. General Administration											
17 Administrative	70,133		48,000	118,133		118,133	54,925	173,058			17
18 Directors Fees											18
19 Professional Services			48,739	48,739		48,739	(2,395)	46,344			19
20 Dues, Fees, Subscriptions & Promotions			31,422	31,422		31,422	(22,110)	9,312			20
21 Clerical & General Office Expenses	59,480	23,463	316,064	399,007		399,007	(61,573)	337,434			21
22 Employee Benefits & Payroll Taxes			441,045	441,045		441,045		441,045			22
23 Inservice Training & Education			4,320	4,320		4,320		4,320			23
24 Travel and Seminar											24
25 Other Admin. Staff Transportation			11,291	11,291		11,291	887	12,178			25
26 Insurance-Prop. Lib./Malpractice			164,994	164,994		164,994	728	165,722			26
27 Other (specify):*							27,692	27,692			27
28 TOTAL General Administration	129,613	23,463	1,065,875	1,218,951		1,218,951	(1,699)	1,217,252			28
TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,776,562	367,020	1,295,942	4,439,524		4,439,524	9,938	4,449,462			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

LINE	SCHED REF	TOTAL	LINE	SCHED REF	TOTAL
14			22	EMPLOYEE BENEFITS & PAYROLL TAXES	
	PROGRAM TRANSPORTATION	0		FICA TAXES	211,445
	PATIENT TRANSPORTATION	0		UNEMPLOYMENT COMPENSATION	39,788
17				WORKERS COMPENSATION INSURANC	118,152
	ADMINISTRATIVE			HOSPITALIZATION INSURANCE	59,919
	MANAGEMENT FEES	48,666		EMPLOYEE BENEFITS - OTHER	11,750
18				EMPLOYEE PHYSICAL EXAMS	0
	DIRECTOR'S FEES	0		INSURANCE - EXECUTIVE LIFE	0
19				PENSION/PROFIT SHARING PLANS	0
	PROFESSIONAL SERVICES	4,827		CHICAGO HEAD TAX	0
	DATA PROCESSING	0		INSERVICE TRAINING & EDUCATION	441,045
	ADMINISTRATIVE CONSULTANTS	0		EDUCATION & SEMINARS	4,320
	PROFESSIONAL FEES	43,912	23	TRAVEL & SEMINARS	
20				EDUCATION & SEMINARS	4,320
	FEES,SUBSCRIPTIONS,PROMOTIONS	0		TRAVEL	0
	ENTERTAINMENT & MARKETING	0	24	EDUCATION & SEMINARS	0
	ADV & PROMO-NON PATIENT RELATED	21,464		TRAVEL	0
	EMPLOYEE WANT ADS	2,015		ADMIN. STAFF TRANSPORTATION	0
	CONTRIBUTIONS	0		TRANSPORTATION - STAFF	11,291
	DUES & SUBSCRIPTIONS	3,100		INSURANCE - PROP. LIAB & MALPRACTICE	164,994
	LICENSES & PERMITS	2,209	25	GENERAL INSURANCE	164,994
	PUBLIC RELATIONS-PATIENT RELATED	0		OTHER	0
	ADVERTISING-YELLOW PAGES	0		BAD DEBTS	0
	TRUST FEES / FRANCHISE TAX / ETC	0	26		
	CONTRIBUTIONS - POLITICAL	1,100		GRAND TOTAL COLUMN 3 OTHER	1,296,942
	HEALTH CARE WORKER BACKGROUND CHEC	1,534			
	PATIENT BACKGROUND CHECKS	0	27		
21					
	CLERICAL & GENERAL OFFICE EXPENSES	31,422			
	BANK CHARGES (INCLUDES NO OVERDRAFT CHARGES)	488			
	EQUIPMENT REPAIR & MAINTENANCE	13,733			
	OUTSIDE CLERICAL SERVICES	290,160			
	PENALTIES/OVERDRAFT CHARGES	0			
	HOME OFFICE EXPENSE	0			
	THEFT & DAMAGE LOSS	0			
	TELEPHONE	11,683			
	MESSENGER SERVICE	0			
		316,054			

GRAND TOTAL COLUMN 3 OTHER

1,296,942

OTTAWA PAVILION
SCHEDULES
12/31/2008

EMPLOYEE MEAL RECLASSIFICATION
PAGE 3 SCHEDULE V COLUMN 5 LINES 2 AND 22

TOTAL FOOD PURCHASE 165,507
LESS SALES TAX (878)
NET FOOD 164,629

TOTAL PATIENT CENSUS 32,434
TIME 3 MEALS PER DAY 3
TOTAL PATIENT MEALS 97,302

ADD # EMPLOYEE MEALS/DAY 0
TIME # DAYS 366
TOTAL EMPLOYEE MEALS 0

PATIENT MEALS 97,302
ADD EMPLOYEE MEALS 0
TOTAL MEALS/YEAR 97,302

NET FOOD 164,629
DIVIDE TOTAL MEALS/YEAR 97,302

COST PER MEAL 1.69
TIME EMPLOYEE MEALS 0
EMPLOYEE MEAL RECLASSIFICATION 0

=====

Facility Name & ID Number OTTAWA PAVILION # 0039230
VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY																										
1 Day Care	\$																												
2 Other Care for Outpatients																													
3 Governmental Sponsored Special Programs																													
4 Non-Patient Meals																													
5 Telephones, TV & Radio in Resident Rooms																													
6 Renied Facility Space																													
7 Sale of Supplies to Non-Patients																													
8 Laundry for Non-Patients																													
9 Non-Straightline Depreciation	(33,331)	30																											
10 Interest and Other Investment Income	(390)	32																											
11 Discounts, Allowances, Rebates & Refunds																													
12 Non-Working Officer's or Owner's Salary																													
13 Sales Tax	(878)	2																											
14 Non-Care Related Interest		32																											
15 Non-Care Related Owner's Transactions																													
16 Personal Expenses (Including Transportation)																													
17 Non-Care Related Fees		20																											
18 Fines and Penalties		21																											
19 Entertainment		20																											
20 Contributions	(1,100)	20																											
21 Owner or Key-Man Insurance		22																											
22 Special Legal Fees & Legal Retainers	(2,370)	19																											
23 Malpractice Insurance for Individuals																													
24 Bad Debt		27																											
25 Fund Raising, Advertising and Promotional	(21,464)	20																											
26 Income Taxes and Illinois Personal																													
27 Property Replacement Tax																													
28 CNA Training for Non-Employees																													
29 Yellow Page Advertising	(22,255)	20																											
30 SUBTOTAL (A): (Sum of lines 1-29)	\$ (81,788)		\$																										

48	BHF USE ONLY	49	50	51	52
----	--------------	----	----	----	----

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

	1	2	3	4
	Amount	Reference		
31 Non-Paid Workers-Attach Schedule*	\$			31
32 Donated Goods-Attach Schedule*				32
33 Amortization of Organization & Pre-Operating Expense				33
34 Adjustments for Related Organization Costs (Schedule VII)	17,018			34
35 Other-Attach Schedule				35
36 SUBTOTAL (B): (sum of lines 31-35)	\$ 17,018			36
37 TOTAL ADJUSTMENTS (A) and (B)	\$ (64,770)			37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

	1	2	3	4
	Yes	No	Amount	Reference
38 Medically Necessary Transport.			\$	38
39				39
40 Gift and Coffee Shops				40
41 Barber and Beauty Shops				41
42 Laboratory and Radiology				42
43 Prescription Drugs				43
44				44
45 Other-Attach Schedule				45
46 Other-Attach Schedule				46
47 TOTAL (C): (sum of lines 38-46)			\$	47

OTTAWA PAVILION STATE OF ILLINOIS

ID# 1039230
 Report Period Beginning: 01/01/2008
 Ending: 12/31/2008

Line	Account	Amount	S/W V Line Reference
1	MARKETING SALARIES	(1,304,397)	21
2	MARKETING TRAVEL	(11,100)	25
3	COLLECTION FEES	(525)	19
4			
5			
6			
7			
8			
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47			
48			
49	TOTAL	(22,255)	

Facility Name & ID Number OTTAWA PAVILION

VII. RELATED PARTIES
A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES	
Name	Ownership %	Name	City	Name	Type of Business
SCHEDULE ATTACHED		SCHEDULE ATTACHED		SCHEDULE ATTACHED	

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.
 YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

4 Schedule V Line	5 Cost Per General Ledger	6 Item	7 Amount	8 Name of Related Organization	9 Percent of Ownership	10 Operating Cost of Related Organization	11 8 Difference: Adjustments for Related Organization Costs (7 minus 4)
1	V	17	48,000	DYNAMIC HEALTHCARE CONSULTANT	5		(48,000)
2	V	21	90,160	"			(90,160)
3	V						
4	V						
5	V						
6	V						
7	V	34	276,000	OTTAWA PAVILION BUILDING LLC			(276,000)
8	V	30		"		90,476	90,476
9	V	32		"		130,924	130,924
10	V						
11	V						
12	V						
13	V						
14	Total		414,160			221,400	(192,760)

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.
 YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

Schedule V Line	7 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership 100.00%	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)
15	V 5 UTILITIES	\$	DYNAMIC HEALTHCARE CONSULTANTS		1,077	1,077
16	V 6 REPAIR & MAINT.		"		5,824	5,824
17	V 19 PROFESSIONAL FEES		"		500	500
18	V 20 DUES AND SUBSCRIPTION		"		454	454
19	V 21 CLEMICAL & GENERAL		"		42,919	42,919
20	V 24 SEMINARS AND TRAVEL		"		147	147
21	V 25 AUTO EXPENSE		"		1,987	1,987
22	V 26 INSURANCE		"		728	728
23	V 27 EMP. BEN. - GEN. ADMIN.		"		10,038	10,038
24	V 30 DEPRECIATION		"		2,086	2,086
25	V 32 INTEREST		"		1,980	1,980
26	V 33 REAL ESTATE TAXES		"		3,681	3,681
27	V 35 EQUIPMENT RENTAL		"		6,249	6,249
28	V					
29	V					
30	V					
31	V					
32	V					
33	V					
34	V					
35	V					
36	V					
37	V					
38	V					
39	Total	\$			77,670	77,670

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3	4	5	6	7	8
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)
15	V	6	\$	DYNAMIC HEALTHCARE CONSULTANTS	100.00%	5,932	\$ 5,932
16	V	10		"			
17	V	17		"		16,249	16,249
18	V	17		"		20,075	20,075
19	V	17		"			
20	V	17		"		18,758	18,758
21	V	17		"			
22	V	17		"		14,494	14,494
23	V	17		"			
24	V	17		"		18,639	18,639
25	V	17		"		14,710	14,710
26	V	21		"		6,298	6,298
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$			115,155	\$ * 115,155

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number OTTAWA PAVILION

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3	4	5	6	7	8
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership 100.00%	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)
V	7	EMP. BEN. - D. NEHMER	\$	DYNAMIC HEALTHCARE CONSULTANTS		570	\$ 570
V	10	EMP. BEN. - DONNON OWNER		"		1,146	1,146
V	17	EMP. BEN. - M. MAIER		"		1,623	1,623
V	27	EMP. BEN. - M. AARON		"		8,522	8,522
V	27	EMP. BEN. - F. AARON		"		944	944
V	27	EMP. BEN. - S. GOLDSTEIN		"		2,517	2,517
V	27	EMP. BEN. - S. KOPLIN		"		1,730	1,730
V	27	EMP. BEN. - J. MAGAFAS		"		1,172	1,172
V	27	EMP. BEN. - H. ALTER		"			
V	27	EMP. BEN. - NON-OWNER		"			
V	27	EMP. BEN. - CFO NON-OWNER		"			
V	27	EMP. BEN. - S. AARON		"			
V	27						
V	28						
V	29						
V	30						
V	31						
V	32						
V	33						
V	34						
V	35						
V	36						
V	37						
V	38						
Total			\$			\$ 18,224	\$ * 18,224

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3	4	5	6	7	8
Schedule V	Cost Per General Ledger	Item	Amount	Cost to Related Organization	Percent of Ownership	Operating Cost of Related Organization	Difference: Adjustments for Related Organization Costs (7 minus 4)
15	V	10 MEDICAL SUPPLIES	\$ 9,552	LINCOLN MEDICAL SUPPLIES, INC.	100.00%	3,664	(888)
16	V	39 ANCILLARY EXPENSE	4,125	"		3,742	(383)
17	V						17
18	V						18
19	V						19
20	V						20
21	V						21
22	V						22
23	V						23
24	V						24
25	V						25
26	V						26
27	V						27
28	V						28
29	V						29
30	V						30
31	V						31
32	V						32
33	V						33
34	V						34
35	V						35
36	V						36
37	V						37
38	V						38
39	Total		\$ 13,677			\$ 12,406	\$ * (1,271)

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.
 NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

1	2	3	4	5	6		7		8
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week	Compensation Received From Other Nursing Homes*	Description	Amount	
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference
1 MAURY AARON		ADMINISTRATIVE		SCHEDULE ATTACHED			SALARY	\$ 20,075	17-7 1
2 MARSHALL MAUFER		ADMINISTRATIVE					SALARY	16,249	17-7 2
3 SHARON AARON		CLERICAL					SALARY	6,298	21-7 3
4 DENNIS NEHMER		MAINTENANCE					SALARY	5,932	6-7 4
5 DIANA MAGAFAS		ADMINISTRATIVE					SALARY	14,494	17-7 5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13							TOTAL	\$ 63,048	13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

STATE OF ILLINOIS
 Facility Name & ID Number OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2008 Ending: 2/31/2008

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization DYNAMIC HEALTHCARE CONSULTANTS
 Street Address 3359 W MAIN STREET
 City / State / Zip Code SKOKIE, IL 60076
 Phone Number (847) 679-8219
 Fax Number (847) 679-7377

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6
1	UTILITIES	TOTAL PATIENT DAYS	389,945	11	12,950	\$	32,434	1,077
2	REPAIR & MAINT.	"	389,945	11	70,023		32,434	5,824
3	PROFESSIONAL FEES	"	389,945	11	6,008		32,434	500
4	DUES AND SUBSCRIPTION	"	389,945	11	5,456		32,434	454
5	CLERICAL & GENERAL	"	389,945	11	516,008	397,203	32,434	42,919
6	SEMINARS AND TRAVEL	"	389,945	11	1,768		32,434	147
7	AUTO EXPENSE	"	389,945	11	23,890		32,434	1,987
8	INSURANCE	"	389,945	11	8,755		32,434	728
9	EMP. BEN. - GEN. ADMIN.	"	389,945	11	120,690		32,434	10,038
10	DEPRECIATION	"	389,945	11	25,083		32,434	2,086
11	INTEREST	"	389,945	11	23,800		32,434	1,980
12	REAL ESTATE TAXES	"	389,945	11	44,257		32,434	3,681
13	EQUIPMENT RENTAL	"	389,945	11	75,134		32,434	6,249
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25	TOTALS				\$ 933,822	\$ 397,203		\$ 77,670

Facility Name & ID Number: OTTAWA PAVILION # 0039230 Report Period Beginning: 01/01/2008 Ending: 2/31/2008

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization: DYNAMIC HEALTHCARE CONSULTANTS
 Street Address: 3359 W. MAIN STREET
 City / State / Zip Code: SKOKIE, IL 60076
 Phone Number: (847) 679-8219
 Fax Number: (847) 679-7377

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Limit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6
1	MAINT. CMP. - D. NEHMER	WGHTD. AVG. HOURS	40	11	\$ 62,290	\$ 62,290	4	\$ 5,932
2	ADMIN. CMP. - DON NON-OWNER	"	40	11	73,680	73,680	3	16,249
3	ADMIN. CMP. - M. MAUER	"	40	11	195,000	195,000	4	20,075
4	ADMIN. CMP. - M. AARON	"	40	11	125,500	125,500	12	18,758
5	ADMIN. CMP. - F. AARON	"	45	11	72,353	72,353	5	14,494
6	ADMIN. CMP. - S. GOLDSTEIN	"	45	11	72,748	72,748	4	18,639
7	ADMIN. CMP. - S. KOPLIN	"	30	11	152,220	152,220	4	14,710
8	ADMIN. CMP. - D. MAGAFAS	"	50	11	12,000	12,000	3	6,298
9	ADMIN. CMP. - H. ALTER	"	40	11	195,473	195,473	13	115,155
10	ADMIN. CMP. - NON-OWNER	"	45	11	176,522	176,522	13	115,155
11	ADMIN. CMP. - CFO NON-OWNER	"	45	11	75,677	75,677	13	115,155
12	CLERICAL - S. AARON	"	40	11				
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25	TOTALS				\$ 1,408,463	\$ 1,408,463		\$ 115,155

STATE OF ILLINOIS # 0039230 Report Period Beginning: 01/01/2008 Ending: 2/31/2008

Facility Name & ID Number OTTAWA PAVILION

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization DYNAMIC HEALTHCARE CONSULTANTS

Street Address 3159 W MAIN STREET

City / State / Zip Code SKOKIE, IL 60076

Phone Number (847) 679-8219

Fax Number (847) 679-7377

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6
1	EMP. BEN. - D. NEINER	WGHTD AVG. HOURS	40	11	\$ 5,985	\$	4	\$ 570
2	EMP. BEN. - DON NON OWNER	"	40	11	18,419			
3	EMP. BEN. - M. MAUER	"	40	11	13,750		3	1,146
4	EMP. BEN. - M. AARON	"	40	11	15,761		4	1,623
5	EMP. BEN. - E. AARON	"	45	11	40,234			
6	EMP. BEN. - S. GOLDSTEIN	"	45	11	32,869		12	8,522
7	EMP. BEN. - S. KOPLIN	"	30	11	23,230			
8	EMP. BEN. - D. MAGAFAS	"	50	11	9,910		5	944
9	EMP. BEN. - H. ALTER	"	40	11	1,129			
10	EMP. BEN. - NON-OWNER	"	45	11	26,397		4	2,517
11	EMP. BEN. - CFO NON-OWNER	"	45	11	20,765		4	1,730
12	EMP. BEN. - S. AARON	"	40	11	14,086		3	1,172
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25	TOTALS				\$ 222,535	\$	5	\$ 18,224

Nursing facilities within
LaSalle County Planning Area
By
Community Area

Facility Name	Address	City	Zip Code	# of Licensed Nursing Beds	Nursing Patient Days	Nursing Occupancy	Bed Potentially Available (± over/± Under) 90%	ALOS	MapQuest Drive Distance	Travel Time Adjusted
IL Veterans Home at LaSalle (1)	1015 O'Connor	LaSalle	61301	200	33,276	45.6%	88.8	1,039.9	19.19	29
LaSalle Health Care Center	1445 Chartres Street	LaSalle	61301	101	32,405	87.9%	2.1	129.1	18.18	31
Heritage Manor - Peru	1301 21st Street	Peru	61354	129	39,149	83.1%	8.8	334.6	20.99	29
Manor Court of Peru (2)	3230 Becker Drive	Peru	61354	85	26,176	84.4%	4.8	169.3	20.59	30
Heritage Manor - Mendota	1201 First Avenue	Mendota	61342	99	27,126	75.1%	14.8	430.6	30.66	37
Mendota Lutheran Home (3)	500 6th Street	Mendota	61342	113	33,464	81.1%	10.0	383.5	31.38	39
LaSalle County Nursing Home	1380 North 27th Road	Ottawa	61350	99	29,227	80.9%	9.0	417.5	4.4	13
Ottawa Pavilion	800 East Center Street	Ottawa	61350	119	35,464	81.5%	9.9	209.8	0	0
Pleasant View Luther Home (4)	505 College Avenue	Ottawa	61350	90	52,416	159.6%	-62.6	268.8	1.04	3
River Shore Care Center	578 West Commercial Street	Marseilles	61341	103	30,952	82.3%	7.9	222.7	9.78	16
Camelot Terrace	516 West Frech Street	Streator	61364	102	19,121	51.4%	39.4	335.5	16.19	27
Heritage Manor - Streator (5)	1525 East Main Street	Streator	61364	130	42,290	89.1%	1.1	563.9	16.75	29
St. Mary's Extended Care Facility	111 Spring Street	Streator	61364	30	6,451	58.9%	9.3	11.1	15.94	26
Total				1,400	407,517	79.7%	143.5	198.7		2,051

- (1) P-05-038 Issued 1/23/2006 to construct an addition to existing facility and add 80 nursing care beds. Licensed 80 beds on 6/5/2008.
- (2) Added 10 nursing care beds and discontinued 10 sheltered care beds, total now 85 nursing care beds and 45 sheltered care beds on 6/24/09.
- (3) Discontinued 1 nursing care bed, total now 113 nursing care beds on 6/24/09.
- (4) Received a permit on 3/10/2009 to reduce their licensed long-term care beds from 181 to 90 beds.
- (5) Added 10 nursing care beds, total now 130 nursing care beds effective 4/8/2008.

Source: Long-Term Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development Inventory of Health Care Facilities and Services and Need Determinations 2008 Long-Term Care Services
www.mapquest.com

Nursing Facilities within
30-Minute Travel Time
by
Community Area

Facility Name	Address	City	Zip Code	# of Licensed		Nursing Patient Days	Nursing Occupancy	Beds Potentially Available (+over/-under) 90%	Admissions	ALOS	MapQuest Drive Distance	Travel Time Adjusted
				Nursing Beds	ALOS							
IL Veterans Home at LaSalle (1)	1015 O'Connor	LaSalle	61301	200	33,276	45.6%	88.8	32	1,039.9	19.19	29	
Heritage Manor - Peru	1301 21st Street	Peru	61354	129	39,149	83.1%	8.8	117	334.6	20.99	29	
Manor Court of Peru (2)	3230 Becker Drive	Peru	61354	85	26,176	84.4%	4.8	209	169.3	20.59	30	
LaSalle County Nursing Home	1380 North 27th Road	Ottawa	61350	99	29,227	80.9%	9.0	70	417.5	4.4	13	
Ottawa Pavilion	800 East Center Street	Ottawa	61350	119	35,464	81.6%	9.9	169	209.8	0	0	
Pleasant View Luther Home (3)	505 College Avenue	Ottawa	61350	90	52,416	159.6%	-62.6	195	268.8	1.04	3	
River Shore Care Center	578 West Commercial Street	Marseilles	61341	103	30,952	82.3%	7.9	139	222.7	9.78	16	
Camelot Terrace	516 West Frech Street	Streator	61364	102	19,121	51.4%	39.4	57	335.5	16.19	27	
Heritage Manor - Streator (4)	1525 East Main Street	Streator	61364	130	42,290	89.1%	1.1	75	563.9	16.75	29	
St. Mary's Extended Care Facility	111 Spring Street	Streator	61364	30	6,451	58.9%	9.3	582	11.1	15.94	26	
Total				1,087	314,522	79.3%	116.6	1,645	191.2			

- (1) P-05-038 issued 1/23/2006 to construct an addition to existing facility and add 80 nursing care beds. Licensed 80 beds on 6/5/2008.
(2) Added 10 nursing care beds and discontinued 10 sheltered care beds, total now 85 nursing care beds and 45 sheltered care beds on 6/24/09.
(3) Received a permit on 3/10/2009 to reduce their licensed long-term care beds from 181 to 90 beds.
(4) Added 10 nursing care beds, total now 130 nursing care beds effective 4/8/2008.

Source: Long-Term Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development
Inventory of Health Care Facilities and Services and Need Determinations 2008 Long-Term Care Services
www.mapquest.com

MAPQUEST

Total Time: 37 minutes Total Distance: 30.66 miles

A: 800 E Center St, Ottawa, IL 61350-4145

- | | | |
|---|--|---------|
|  | 1: Start out going WEST on E CENTER ST toward 5TH AVE. | 0.5 mi |
|  | 2: Turn RIGHT onto STATE ST/IL-23. Continue to follow IL-23 N. | 2.9 mi |
|  | 3: Merge onto I-80 W via the ramp on the LEFT toward MOLINE/ROCK ISLAND. | 11.3 mi |
|  | 4: Merge onto I-39 N/US-51 N via EXIT 79B toward ROCKFORD. | 12.9 mi |
|  | 5: Take the US-34 W exit, EXIT 72, toward MENDOTA. | 0.4 mi |
|  | 6: Turn LEFT onto US-34/N 43RD RD. Continue to follow US-34. | 2.6 mi |
|  | 7: Turn LEFT onto N 1ST AVE. | 0.1 mi |
|  | 8: End at 1201 1st Ave Mendota, IL 61342-1815 | |

B: 1201 1st Ave, Mendota, IL 61342-1815

Total Time: 37 minutes Total Distance: 30.66 miles

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*LaSalle
County*

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 HERITAGE MANOR - MENDOTA

HERITAGE MANOR - MENDOTA
1201 FIRST AVENUE
MENDOTA, IL 61342
Reference Numbers Facility ID 8004253
Health Service Area 002 Planning Service Area 099

ADMISSION RESTRICTIONS
Aggressive/Abusive 0
Chronic Alcoholism 0
Developmentally Disabled 1
Drug Addiction 0
Medicaid Recipient 0
Mental Illness 1
Non-Abusive 0
Non-Mobile 0
Public Aid Recipient 0
Under 65 Years Old 0
Unable to Self-Medicate 0
Ventilator Dependent 0
Infectious Disease w/ Isolation 0
Other Restrictions 0
No Restrictions 0
Note: Reported restrictions removed by 1/1

RESIDENTS BY PRIMARY DIAGNOSIS
Neoplasms 3
Endocrine/Metabolic 3
Blood Disorders 1
Nervous System Non Alzheimer 1
Alzheimer Disease 10
Mental Illness 0
Developmental Disability 0
Circulatory System 1
Respiratory System 27
Digestive System 5
Genitourinary System Disorders 8
Skin Disorders 1
Musculo-skeletal Disorders 4
Injuries and Poisonings 1
Other Medical Conditions 0
Non-Medical Conditions 0
TOTALS 81

RESIDENTS BY RACIAL/ETHNICITY GROUPING
Asian 1
Amer. Indian 0
Black 0
Hispanic/Pac. Isl. 0
White 80
Races Unknown 0
TOTAL 81

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE
LEVEL OF CARE: Nursing Care, Skilled Under 22, Intermediate DD, Sheltered Care
PAYMENT SOURCE: Medicare, Medicaid, Public, Other, Private, Charity
TOTALS: 11, 44, 1, 0, 23, 0, 81

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE (Continued)
AVERAGE DAILY PAYMENT RATES
LEVEL OF CARE: Nursing Care, Skilled Under 22, Intermediate DD, Sheltered Care
PAYMENT SOURCE: Medicare, Medicaid, Public, Other, Private, Charity
TOTALS: 204, 0, 0, 0

RESIDENTS BY RACIAL/ETHNICITY GROUPING (Continued)
RACE: Asian, Amer. Indian, Black, Hispanic/Pac. Isl., White, Races Unknown
TOTALS: 1, 0, 0, 0, 80, 0, 81

RESIDENTS BY PAYOR SOURCE (Fiscal Year Data)
Medicare: 28.5%, Medicaid: 37.0%, Other Public: 0.0%, Private Insurance: 0.0%, Private Pay: 34.5%, Charity Care: 0.0%

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)
Medicare: 1,001,157, Medicaid: 1,439,127, Other Public: 0, Private Insurance: 0, Private Pay: 1,340,860, Charity Care: 0

STAFFING
EMPLOYMENT CATEGORY: Administrators, Physicians, Director of Nursing, Registered Nurses, LPN's, Certified Aides, Other Health Staff, Non-Health Staff
FULL-TIME EQUIVALENT: 1.00, 0.00, 1.00, 4.00, 6.00, 15.00, 15.30, 43.00

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 HERITAGE MANOR - MENDOTA

HERITAGE MANOR - MENDOTA
1201 FIRST AVENUE
MENDOTA, IL 61342
Reference Numbers Facility ID 6004253
Health Service Area 002 Planning Service Area 099

ADMISSION RESTRICTIONS
Aggressive/Abusive 0
Chronic Alcoholism 0
Developmentally Disabled 1
Drug Addiction 0
Medicaid Recipient 0
Mental Illness 1
Non-Abusive 0
Non-Mobile 0
Public Aid Recipient 0
Under 65 Years Old 0
Unable to Self-Medicate 0
Ventilator Dependent 0
Infectious Disease w/ Isolation 0
Other Restrictions 0
No Restrictions 0
Note: Reported restrictions removed by 1/1

RESIDENTS BY PRIMARY DIAGNOSIS
Neoplasms 3
Endocrine/Metabolic 3
Blood Disorders 1
Nervous System Non Alzheimer 1
Alzheimer Disease 10
Mental Illness 0
Developmental Disability 0
Circulatory System 1
Respiratory System 27
Digestive System 5
Genitourinary System Disorders 8
Skin Disorders 1
Musculo-skeletal Disorders 4
Injuries and Poisonings 1
Other Medical Conditions 0
Non-Medical Conditions 0
TOTALS 81

RESIDENTS BY RACIAL/ETHNICITY GROUPING
Asian 1
Amer. Indian 0
Black 0
Hispanic/Pac. Isl. 0
White 80
Races Unknown 0
TOTAL 81

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE
LEVEL OF CARE: Nursing Care, Skilled Under 22, Intermediate DD, Sheltered Care
PAYMENT SOURCE: Medicare, Medicaid, Public, Other, Private, Charity
TOTALS: 11, 44, 1, 0, 23, 0, 81

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE (Continued)
AVERAGE DAILY PAYMENT RATES
LEVEL OF CARE: Nursing Care, Skilled Under 22, Intermediate DD, Sheltered Care
PAYMENT SOURCE: Medicare, Medicaid, Public, Other, Private, Charity
TOTALS: 204, 0, 0, 0

RESIDENTS BY RACIAL/ETHNICITY GROUPING (Continued)
RACE: Asian, Amer. Indian, Black, Hispanic/Pac. Isl., White, Races Unknown
TOTALS: 1, 0, 0, 0, 80, 0, 81

RESIDENTS BY PAYOR SOURCE (Fiscal Year Data)
Medicare: 28.5%, Medicaid: 37.0%, Other Public: 0.0%, Private Insurance: 0.0%, Private Pay: 34.5%, Charity Care: 0.0%

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)
Medicare: 1,001,157, Medicaid: 1,439,127, Other Public: 0, Private Insurance: 0, Private Pay: 1,340,860, Charity Care: 0

STAFFING
EMPLOYMENT CATEGORY: Administrators, Physicians, Director of Nursing, Registered Nurses, LPN's, Certified Aides, Other Health Staff, Non-Health Staff
FULL-TIME EQUIVALENT: 1.00, 0.00, 1.00, 4.00, 6.00, 15.00, 15.30, 43.00

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

LEVEL OF CARE	PEAK		AVAILABLE		MEDIARE		MEDIACAID		ADMISSIONS AND DISCHARGES - 2007	
	BEDS	SET-UP	BEDS	IN USE	CERTIFIED	CERTIFIED	CERTIFIED	CERTIFIED	Residents on 1/1/2007	Residents on 12/31/2007
Nursing Care	99	81	0	81	99	99	99	99	66	63
Skilled Under 22	0	0	0	0	0	0	0	0	48	48
Intermediate DD	0	0	0	0	0	0	0	0	81	81
Sheltered Care	0	0	0	0	0	0	0	0	0	0
TOTAL BEDS	99	81	0	81	99	99	99	99	195	192

FACILITY UTILIZATION - 2007

LEVEL OF CARE	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE		TOTAL		Licensed Beds		Peak Beds Set Up	
	Medicare	Medicaid	Other	TOTAL	Occ. Pct.	Occ. Pct.	Occ. Pct.	Occ. Pct.
Nursing Care	3460	14683	40.6%	27129	75.1%	75.1%	75.1%	75.1%
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%
TOTALS	3460	14683	40.6%	27129	75.1%	75.1%	75.1%	75.1%

REBIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED DD		SHELTERED		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
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	1	0	0	0	0	0	0	0	1	0
65 to 74	2	4	0	0	0	0	0	0	6	4
75 to 84	10	22	0	0	0	0	0	0	32	22
85+	7	35	0	0	0	0	0	0	42	35
TOTALS	20	61	0	0	0	0	0	0	81	81

MAPQUEST

Total Time: 39 minutes Total Distance: 31.38 miles

A: 800 E Center St, Ottawa, IL 61350-4145

	1: Start out going WEST on E CENTER ST toward 5TH AVE.	0.5 mi
	2: Turn RIGHT onto STATE ST/IL-23. Continue to follow IL-23 N.	2.9 mi
	3: Merge onto I-80 W via the ramp on the LEFT toward MOLINE/ROCK ISLAND.	11.3 mi
	4: Merge onto I-39 N/US-51 N via EXIT 79B toward ROCKFORD.	12.9 mi
	5: Take the US-34 W exit, EXIT 72, toward MENDOTA.	0.4 mi
	6: Turn LEFT onto US-34/N 43RD RD.	1.8 mi
	7: Turn LEFT onto E 4TH RD/CR-38.	0.6 mi
	8: Turn RIGHT onto N 4250TH RD/CR-19. Continue to follow CR-19.	1.0 mi
	9: End at 500 6th St Mendota, IL 61342-1728	

B: 500 6th St, Mendota, IL 61342-1728

Total Time: 39 minutes Total Distance: 31.38 miles

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MAPQUEST

29

Total Time: 29 minutes Total Distance: 19.19 miles

A: 800 E Center St, Ottawa, IL 61350-4145

	1: Start out going WEST on E CENTER ST toward 5TH AVE.	0.5 mi
	2: Turn RIGHT onto STATE ST/IL-23. Continue to follow IL-23 N.	2.9 mi
	3: Merge onto I-80 W via the ramp on the LEFT toward MOLINE/ROCK ISLAND.	13.4 mi
	4: Merge onto IL-351 via EXIT 77 toward LA SALLE.	2.2 mi
	5: Turn LEFT onto OCONOR AVE.	0.2 mi
	6: End at 1015 Oconor Ave La Salle, IL 61301-1216	

B: 1015 Oconor Ave, La Salle, IL 61301-1216

Total Time: 29 minutes Total Distance: 19.19 miles

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*30 minute
drive time*

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 IL VETERANS HOME AT LASALLE LASALLE

IL VETERANS HOME AT LASALLE
 1015 O'CONNOR
 LASALLE, IL 61301
 Reference Numbers Facility ID 8015481
 Health Services Area 002 Planning Services Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	0	0	0	89	0	0	89
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	89	0	0	89

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	ICF/OD	Skilled	TOTALS
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	0	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0	0
White	89	0	0	0	0	89
Race Unknown	0	0	0	0	0	0
Total	89	0	0	0	0	89

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
0.0%	0.0%	65.7%	0.0%	30.5%	0.0%
0	0	2,340,378	0	1,337,702	0
TOTALS	0.0%	65.7%	0.0%	30.5%	0.0%
3,688,080	0	1,337,702	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 IL VETERANS HOME AT LASALLE LASALLE

IL VETERANS HOME AT LASALLE
 1015 O'CONNOR
 LASALLE, IL 61301
 Reference Numbers Facility ID 8015481
 Health Services Area 002 Planning Services Area 099

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Aggression/Ans-Socia	2
Chronic Alcoholism	7
Endocrinopathies	1
Blood Disorders	17
*Nervous System Non Alzheim	21
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	29
Circulatory System	2
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	3
SN Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	89

ADMISSIONS AND DISCHARGES - 2007

Category	Residents on 1/1/2007	Total Admissions 2007	Total Discharges 2007	Residents on 12/31/2007
Admissions	0	32	41	0
Discharges	0	0	89	0

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Peak Beds Set Up
Nursing Care	0	0	0	33278	78.0%
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	0	0	33278	78.0%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Peak Beds Set Up
Nursing Care	0	0	0	33278	78.0%
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	0	0	33278	78.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Skilled Care	Male	Female	Male	Female	TOTAL	GRAND TOTAL
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	3	0	0	0	3	0	0	0	3	3
60 to 74	5	0	0	0	5	0	0	0	5	5
75 to 84	37	1	0	0	37	1	0	0	38	38
85+	34	2	0	0	34	2	0	0	36	36
TOTALS	85	4	0	0	85	4	0	0	89	89

MAPQUEST

Total Time: 31 minutes Total Distance: 18.18 miles

A: 800 E Center St, Ottawa, IL 61350-4145

	1: Start out going WEST on E CENTER ST toward 5TH AVE.	0.5 mi
	2: Turn RIGHT onto STATE ST/IL-23.	0.2 mi
	3: Turn LEFT onto HITT ST/IL-71. Continue to follow IL-71.	13.8 mi
	4: Turn SLIGHT RIGHT onto IL-351.	2.9 mi
	5: Turn LEFT onto 11TH ST/CR-17.	0.5 mi
	6: Turn RIGHT onto CHARTRES ST/AIRPORT RD/CR-17.	0.3 mi
	7: End at 1445 Chartres St La Salle, IL 61301-1508	

B: 1445 Chartres St, La Salle, IL 61301-1508

Total Time: 31 minutes Total Distance: 18.18 miles

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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 LASALLE HEALTH CARE CENTER LASALLE

LASALLE HEALTH CARE CENTER
 1445 CHARTRES STREET
 LASALLE, IL 61301
 Facility ID 6001440
 References Numbers Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	59	0	0	11	85
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	15	59	0	11	0	85

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
48.3%	35.9%	0.0%	0.0%	15.8%	0.0%
2,784,947	1,999,810	0	0	748,279	0
TOTALS	4,733,036	0	0	748,279	0

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.50
LPN's	13.50
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	18.00
TOTALS	74.00

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 LASALLE HEALTH CARE CENTER LASALLE

LASALLE HEALTH CARE CENTER
 1445 CHARTRES STREET
 LASALLE, IL 61301
 Facility ID 6001440
 References Numbers Health Service Area 002 Planning Service Area 099

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	2
Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	21
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	4
Skin Disorders	4
Musculoskeletal Disorders	6
Injuries and Poisonings	8
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	85

ADMISSIONS AND DISCHARGES - 2007

RESIDENTS ON 1/1/2007	Total Admissions 2007	Peak Beds Jan Up
80	251	87.9%
251	256	0.0%
83	83	0.0%
TOTALS	590	87.9%

ADMISSIONS AND DISCHARGES - 2007

RESIDENTS ON 1/1/2007	Total Admissions 2007	Peak Beds Jan Up
80	251	87.9%
251	256	0.0%
83	83	0.0%
TOTALS	590	87.9%

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Licensed Beds	Peak Beds Jan Up
Nursing Care	8981	21229	4195	32405	87.9%
Skilled Under 22	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0.0%
TOTALS	8981	21229	4195	32405	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Nursing 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 64	2	4	0	0	6
65 to 74	5	2	0	0	7
75 to 84	6	21	0	0	27
85+	6	38	0	0	44
TOTALS	19	65	0	0	84

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Nursing 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 64	2	4	0	0	6
65 to 74	5	2	0	0	7
75 to 84	6	21	0	0	27
85+	6	38	0	0	44
TOTALS	19	65	0	0	84

ADMISSIONS AND DISCHARGES - 2007

RESIDENTS ON 1/1/2007	Total Admissions 2007	Peak Beds Jan Up
80	251	87.9%
251	256	0.0%
83	83	0.0%
TOTALS	590	87.9%

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Licensed Beds	Peak Beds Jan Up
Nursing Care	8981	21229	4195	32405	87.9%
Skilled Under 22	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0.0%
TOTALS	8981	21229	4195	32405	87.9%

Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development
 Page 1106 of 2250
 12/15/2008

MAPQUEST

Total Time: 16 minutes Total Distance: 9.78 miles

A: 800 E Center St, Ottawa, IL 61350-4145

	1: Start out going WEST on E CENTER ST toward 5TH AVE.	0.5 mi
	2: Turn LEFT onto STATE ST/IL-23. Continue to follow IL-23.	0.9 mi
	3: Turn LEFT onto E MCKINLEY RD/CR-55. Continue to follow CR-55.	6.4 mi
	4: CR-55 becomes N 2653RD RD/CR-15.	0.3 mi
	5: Turn LEFT onto E 2350TH RD/CR-15. Continue to follow CR-15.	1.2 mi
	6: Turn LEFT onto COMMERCIAL ST/CR-51.	0.5 mi
	7: End at 578 Commercial St Marseilles, IL 61341-1814	

B: 578 Commercial St, Marseilles, IL 61341-1814

Total Time: 16 minutes Total Distance: 9.78 miles

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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 RIVER SHORE REHAB & NURSING CTR MARSEILLES

RIVER SHORE REHAB & NURSING CTR
 579 WEST COMMERCIAL STREET
 MARSEILLES, IL 61341
 Reference Numbers Facility ID 6008015
 Health Service Area 002 Planning Service Area 099
 Administrator
 Cecilia Underwood
 Contact Person and Telephone
 Laurie Faith
 815-795-5121
 Registered Agent Information
 Data Completed
 5/2/2008

ADMISSION RESTRICTIONS

DIAGNOSIS	RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Anti-Social	0	0
Chronic Alcoholism	0	1
Developmentally Disabled	1	2
Drug Addiction	1	2
Medicaid Recipient	0	3
Medicare Recipient	0	5
Mental Illness	0	7
Non-ambulatory	0	0
Non-Mobile	0	22
Public Aid Recipient	0	15
Under 65 Years Old	0	0
Unable to Self-Medicate	0	3
Ventilator Dependent	1	0
Infectious Disease w/ Isolation	0	4
Other Restrictions	0	7
No Restrictions	0	0
Non-Medical Conditions	0	0
TOTALS		86

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

LEVEL OF CARE	PEAK	ADMISSIONS AND DISCHARGES - 2007
	SET-UP	RESIDENTS ON 1/1/2007
	USED	TOTAL ADMISSIONS 2007
	BEDS	TOTAL DISCHARGES 2007
Nursing Care	85	139
Skilled Under 22	0	0
Intermediate DD	0	0
Skilled Care	0	0
TOTAL BEDS	85	139

FACILITY UTILIZATION - 2007

LEVEL OF CARE	MEDICARE		MEDICAID		CERTIFIED		TOTAL		Peak Beds Set Up Occ. Pct.
	Medicare	Medicaid	Other	Other	Other	Other	Other		
Nursing Care	5025	13300	49.2%	7027	30922	82.3%	39949	89.3%	
Skilled Under 22	0	0	0.0%	0	0	0.0%	0	0.0%	
Intermediate DD	0	0	0.0%	0	0	0.0%	0	0.0%	
Skilled Care	0	0	0.0%	0	0	0.0%	0	0.0%	
TOTALS	5025	13300	49.2%	7027	30922	82.3%	39949	89.3%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

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	2	1	0	0	0	0	2	1	3
60 to 64	2	2	0	0	0	0	2	2	4
65 to 74	7	4	0	0	0	0	7	4	11
75 to 84	5	21	0	0	0	0	5	21	26
85+	4	38	0	0	0	0	4	35	42
TOTALS	20	66	0	0	0	0	20	66	86

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

ETHNICITY	Nursing	Skilled	ICF/DD	Shelter	Totals
Medicare	36.7%	0.0%	0.0%	0.0%	36.7%
Medicaid	38.6%	0.0%	0.0%	0.0%	38.6%
Private Pay	21.207	0	0	0	21.207
Private Insurance	2.1%	0	0	0	2.1%
Other	1,212,067	1,217,238	0	66,543	2,495,848
Total	1,212,067	1,217,238	0	66,543	2,495,848

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

ETHNICITY	Nursing	Skilled	ICF/DD	Shelter	Totals
Medicare	36.7%	0.0%	0.0%	0.0%	36.7%
Medicaid	38.6%	0.0%	0.0%	0.0%	38.6%
Private Pay	21.207	0	0	0	21.207
Private Insurance	2.1%	0	0	0	2.1%
Other	1,212,067	1,217,238	0	66,543	2,495,848
Total	1,212,067	1,217,238	0	66,543	2,495,848

LEVEL OF CARE SINGLE DOUBLE

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0
TOTALS	181	138

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	16	49	0	0	21	0	86
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	0	0	0
TOTALS	16	49	0	0	21	0	86

EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

EMPLOYMENT CATEGORY	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPNs	6.00
Certified Aides	28.00
Other Health Staff	27.00
Non-Health Staff	0.00
Totals	71.00

CHARITY CARE EXPENSE AS % OF TOTAL NET REVENUE

Category	Expense	Total Net Revenue	Expense as % of Total Net Revenue
Charity Care	0	2,495,848	0.0%
Charity Expense	0	2,495,848	0.0%
TOTALS	0	2,495,848	0.0%

MAPQUEST

Total Time: 13 minutes Total Distance: 4.40 miles

A: 800 E Center St, Ottawa, IL 61350-4145

- | | | |
|---|--|--------|
|  | 1: Start out going WEST on E CENTER ST toward 5TH AVE. | 0.5 mi |
|  | 2: Turn RIGHT onto STATE ST/IL-23. Continue to follow IL-23 N. | 0.6 mi |
|  | 3: Turn LEFT onto W MAIN ST. | 0.5 mi |
|  | 4: Turn LEFT onto CLAY ST. | 0.2 mi |
|  | 5: Turn RIGHT onto OTTAWA AVE. | 1.9 mi |
|  | 6: OTTAWA AVE becomes CR-34/DEE BENNETT RD. | 0.8 mi |
|  | 7: End at 1380 N 27th Rd Ottawa, IL 61350-9732 | |

B: 1380 N 27th Rd, Ottawa, IL 61350-9732

Total Time: 13 minutes Total Distance: 4.40 miles

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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 LASALLE COUNTY NURSING HOME OTTAWA
 LASALLE COUNTY NURSING HOME
 1350 NORTH 27TH ROAD
 OTTAWA, IL 61330

Reference Numbers Facility ID 600250
 Health Service Area 02 Planning Service Area 099
 Administrator Adrienne Erickson

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	21	37	0	0	37	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	21	37	0	0	37	0	95

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled/22	ICF/DD	Skilled	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	95	0	0	0	95
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	2.00
LPNs	7.00
Certified Aides	27.00
Other Health Staff	2.00
Non-Health Staff	13.00
Totals	43.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Insurance	Private Pay	TOTALS
5.6%	11.0%	0.0%	31.8%	100.0%
230,410	497,310	0	1,422,090	4,504,191

Bad Change 6/15/2007 Discontinued 5 nursing care beds; facility now has 89 nursing care beds.

Charity Care Expense 0
 Charity Care Expense as % of Total Net Revenue 0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 LASALLE COUNTY NURSING HOME OTTAWA
 LASALLE COUNTY NURSING HOME
 1350 NORTH 27TH ROAD
 OTTAWA, IL 61330

Reference Numbers Facility ID 600250
 Health Service Area 02 Planning Service Area 099
 Administrator Adrienne Erickson

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	DIAGNOSIS
Aggressive/Alcoholism	Neoplasms 1
Chronic Alcoholism	Endocrine/Metabolic 12
Developmentally Disabled	Blood Disorders 0
Drug Addiction	Nervous System Non Abstermer 6
Medicaid Recipient	Abstermer Disease 7
Medicare Recipient	Mental Illness 22
Non-Abstermer	Developmental Disability 0
Non-Holds	Crohn's Disease 23
Public Aid Recipient	Respiratory System 2
Under 65 Years Old	Digestive System 0
Unable to Self-Medicate	Genitourinary System Disorders 1
Verbal Dependent	Eye Disorders 1
Infectious Disease w/ Isolation	Musculoskeletal Disorders 0
Other Restrictions	Injuries and Poisonings 4
No Restrictions	Other Medical Conditions 14
TOTALS	Non-Medical Conditions 95

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	88	74	70
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	88	74	70

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

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	88	74	70
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	0	0	0
TOTAL BEDS	88	74	70

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL
Nursing Care	1401	13839	11987	29227
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTALS	1401	15939	11987	29227

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		INTERMED DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 16	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	1	0	1
60 to 64	0	3	0	0	0	0	0	3	3
65 to 74	3	3	0	0	0	0	3	3	8
75 to 84	11	22	0	0	0	0	11	22	33
85+	9	43	0	0	0	0	9	43	52
TOTALS	24	71	0	0	0	0	24	71	95

MAPQUEST

Total Time: 3 minutes Total Distance: 1.04 miles

A: 800 E Center St, Ottawa, IL 61350-4145



1: Start out going WEST on E CENTER ST toward 5TH AVE.

0.6 mi



2: Turn LEFT onto CHAMBERS ST.

0.4 mi



3: Turn RIGHT onto COLLEGE AVE.

0.1 mi



4: End at 505 College Ave Ottawa, IL 61350-3865

B: 505 College Ave, Ottawa, IL 61350-3865

Total Time: 3 minutes Total Distance: 1.04 miles

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ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2007 PLEASANT VIEW LUTHER HOME OTTAWA

PLEASANT VIEW LUTHER HOME
505 COLLEGE AVENUE
OTTAWA, IL. 61350
Reference Numbers Facility ID 6007512
Health Services Area 002 Planning Services Area 099
Administrator Stanley R. Jones
Contract Person and Telephone Date
Shirley Nelson 815-434-1130, Ext. 1019 4/28/2008
Registered Agent Information
Roger W. Paulsberg
800 W. Dalton Street

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare			Other Public			Private			Charity		
	Medicare	Medicaid	ICF/DD	Other Public	ICF/DD	Private	Private	Private	Charity	Charity	Charity	
Nursing Care	21	59	0	2	64	0	145	0	0	0	188	
Skilled Under 22	0	0	0	0	0	0	0	0	0	0	0	
Intermediate DD	0	0	0	0	0	0	0	0	0	0	0	
Skilled Care	0	0	0	0	0	0	0	0	0	0	0	
TOTALS	21	59	0	2	64	0	145	0	0	0	188	

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SK/Under 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	145	0	0	0	0	145
Race Unknown	1	0	0	0	0	1
Total	146	0	0	0	0	146

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
22.2%	20.7%	2.0%	0.0%	45.2%	0.0%
1,793,894	2,352,297	225,932	0	3,981,340	0
TOTALS	100.0%	7,913,413			

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2007 PLEASANT VIEW LUTHER HOME OTTAWA

PLEASANT VIEW LUTHER HOME
505 COLLEGE AVENUE
OTTAWA, IL. 61350
Reference Numbers Facility ID 6007512
Health Services Area 002 Planning Services Area 099
Administrator Stanley R. Jones
Contract Person and Telephone Date
Shirley Nelson 815-434-1130, Ext. 1019 4/28/2008
Registered Agent Information
Roger W. Paulsberg
800 W. Dalton Street

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Aggressive/Ant-Social	1																			
Chronic Alcoholism	0																			
Delirium/Alcohol Withdrawal	7																			
Blood Clotting	2																			
Nervous System Non Abnormal	0																			
Alzheimer Disease	4																			
Mental Illness	0																			
Developmental Disability	33																			
Circulatory System	23																			
Digestive System	9																			
Respiratory System	5																			
Orthourinary System Disorders	1																			
Eye Disorders	11																			
Musculo-skeletal Disorders	16																			
Injuries and Poisonings	35																			
Other Medical Conditions	0																			
Non-Medical Conditions	148																			
TOTALS	148																			

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	PEAK BEDS	ADMISSIONS	DISCHARGES	Net Change
Nursing Care	181	175	153	22
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTAL BEDS	181	175	153	22

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Total	Peak Beds Set Up
Nursing Care	5440	24137	22739	52416	82.1%
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	5440	24137	22739	52416	82.1%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	Total	Peak Beds Set Up
Nursing Care	5440	24137	22739	52416	82.1%
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	5440	24137	22739	52416	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		SK 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	0	0	0	0	0	0	0	0	0
60 to 74	1	0	0	0	0	0	1	0	1
75 to 84	12	26	0	0	0	0	12	26	38
85+	18	81	0	0	0	0	18	81	99
TOTALS	32	114	0	0	0	0	32	114	146

MAPQUEST

Total Time: 29 minutes Total Distance: 20.99 miles

A: 800 E Center St, Ottawa, IL 61350-4145

	1: Start out going WEST on E CENTER ST toward 5TH AVE.	0.5 mi
	2: Turn RIGHT onto STATE ST/IL-23. Continue to follow IL-23 N.	2.9 mi
	3: Merge onto I-80 W via the ramp on the LEFT toward MOLINE/ROCK ISLAND.	15.1 mi
	4: Take the IL-251 exit, EXIT 75, toward MENDOTA/LA SALLE-PERU.	0.3 mi
	5: Turn LEFT onto IL-251 S/E 2ND RD. Continue to follow IL-251 S.	2.0 mi
	6: Turn RIGHT onto SHOOTING PARK RD.	0.1 mi
	7: Turn RIGHT onto ROCK ST.	0.1 mi
	8: End at 1301 21st St Peru, IL 61354-1359	

B: 1301 21st St, Peru, IL 61354-1359

Total Time: 29 minutes Total Distance: 20.99 miles

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MAPQUEST

Total Time: 30 minutes Total Distance: 20.59 miles

A: 800 E Center St, Ottawa, IL 61350-4145

	1: Start out going WEST on E CENTER ST toward 5TH AVE.	0.5 mi
	2: Turn RIGHT onto STATE ST/IL-23. Continue to follow IL-23 N.	2.9 mi
	3: Merge onto I-80 W via the ramp on the LEFT toward MOLINE/ROCK ISLAND.	15.1 mi
	4: Take the IL-251 exit, EXIT 75, toward MENDOTA/LA SALLE-PERU.	0.3 mi
	5: Turn LEFT onto IL-251 S/E 2ND RD. Continue to follow IL-251 S.	1.0 mi
	6: Turn LEFT onto W 24TH ST/W WENZEL RD.	0.4 mi
	7: Turn RIGHT onto MARQUETTE RD.	0.3 mi
	8: Turn RIGHT onto 32ND ST.	0.2 mi
	9: Turn RIGHT onto BECKER DR.	0.0 mi
	10: End at 3230 Becker Dr Peru, IL 61354-1419	

B: 3230 Becker Dr, Peru, IL 61354-1419

Total Time: 30 minutes Total Distance: 20.59 miles

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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 Minor Court of Peru

Minor Court of Peru
 3230 Becker Drive
 PERU, IL 61334
 Reference Numbers Facility ID 6015387
 Health Service Area 002 Planning Service Area 099

ADMISSION RESTRICTIONS

DIAGNOSIS	RESTRICTIONS
Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	3
Drug Addiction	0
Medicaid Recipient	0
Non-Ambulatory	0
Mental Illness	35
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	4
Infectious Disease w/ Isolation	2
Other Restrictions	11
No Restrictions	0
Non-Medical Conditions	0
TOTALS	100

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	75	209	209
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	23	100	100
TOTAL BEDS	103	309	309

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 Minor Court of Peru

Minor Court of Peru
 3230 Becker Drive
 PERU, IL 61334
 Reference Numbers Facility ID 6015387
 Health Service Area 002 Planning Service Area 099

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	75	209	209
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	23	100	100
TOTAL BEDS	103	309	309

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Medicaid	Other Public	Private Insurance	Charity Care	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	74	0	0	0	74
White	0	0	26	0	26
Race Unknown	0	0	0	0	0
TOTAL	74	0	26	0	100

RESIDENTS BY PAYOR SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Other Public	Private Insurance	Charity Care	TOTALS
Nursing Care	18	0	0	0	18
Skilled Under 22	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Skilled Care	10	0	26	0	36
TOTALS	18	0	26	0	44

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 Minor Court of Peru

Minor Court of Peru
 3230 Becker Drive
 PERU, IL 61334
 Reference Numbers Facility ID 6015387
 Health Service Area 002 Planning Service Area 099

ADMISSION RESTRICTIONS

DIAGNOSIS	RESTRICTIONS
Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	3
Drug Addiction	0
Medicaid Recipient	0
Non-Ambulatory	0
Mental Illness	35
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	4
Infectious Disease w/ Isolation	2
Other Restrictions	11
No Restrictions	0
Non-Medical Conditions	0
TOTALS	100

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	75	209	209
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	23	100	100
TOTAL BEDS	103	309	309

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 Minor Court of Peru

Minor Court of Peru
 3230 Becker Drive
 PERU, IL 61334
 Reference Numbers Facility ID 6015387
 Health Service Area 002 Planning Service Area 099

ADMISSION RESTRICTIONS

DIAGNOSIS	RESTRICTIONS
Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	3
Drug Addiction	0
Medicaid Recipient	0
Non-Ambulatory	0
Mental Illness	35
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	4
Infectious Disease w/ Isolation	2
Other Restrictions	11
No Restrictions	0
Non-Medical Conditions	0
TOTALS	100

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	75	209	209
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	23	100	100
TOTAL BEDS	103	309	309

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Skilled Care	TOTAL
Under 10	0	0	0	0	0
10 to 14	0	0	0	0	0
15 to 19	0	0	0	0	0
20 to 24	0	0	0	0	0
25 to 29	0	0	0	0	0
30 to 34	0	0	0	0	0
35 to 39	0	0	0	0	0
40 to 44	0	0	0	0	0
45 to 49	0	0	0	0	0
50 to 54	0	0	0	0	0
55 to 59	1	0	0	0	1
60 to 64	4	0	0	0	4
65 to 69	21	0	0	0	21
70 to 74	4	0	0	0	4
75 to 79	39	0	0	0	39
80+	14	0	0	0	14
TOTALS	60	0	0	0	60

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 Minor Court of Peru

Minor Court of Peru
 3230 Becker Drive
 PERU, IL 61334
 Reference Numbers Facility ID 6015387
 Health Service Area 002 Planning Service Area 099

ADMISSION RESTRICTIONS

DIAGNOSIS	RESTRICTIONS
Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	3
Drug Addiction	0
Medicaid Recipient	0
Non-Ambulatory	0
Mental Illness	35
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	4
Infectious Disease w/ Isolation	2
Other Restrictions	11
No Restrictions	0
Non-Medical Conditions	0
TOTALS	100

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	75	209	209
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	23	100	100
TOTAL BEDS	103	309	309

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 Minor Court of Peru

Minor Court of Peru
 3230 Becker Drive
 PERU, IL 61334
 Reference Numbers Facility ID 6015387
 Health Service Area 002 Planning Service Area 099

ADMISSION RESTRICTIONS

DIAGNOSIS	RESTRICTIONS
Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	3
Drug Addiction	0
Medicaid Recipient	0
Non-Ambulatory	0
Mental Illness	35
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	4
Infectious Disease w/ Isolation	2
Other Restrictions	11
No Restrictions	0
Non-Medical Conditions	0
TOTALS	100

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	75	209	209
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Skilled Care	23	100	100
TOTAL BEDS	103	309	309

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Skilled Care	TOTAL
Under 10	0	0	0	0	0
10 to 14	0	0	0	0	0
15 to 19	0	0	0	0	0
20 to 24	0	0	0	0	0
25 to 29	0	0	0	0	0
30 to 34	0	0	0	0	0
35 to 39	0	0	0	0	0
40 to 44	0	0	0	0	0
45 to 49	0	0	0	0	0
50 to 54	0	0	0	0	0
55 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 69	1	0	0	0	1
70 to 74	4	0	0	0	4
75 to 79	21	0	0	0	21
80+	14	0	0	0	14
TOTALS	60	0	0	0	60

MAPQUEST

Total Time: 27 minutes Total Distance: 16.19 miles

A: 800 E Center St, Ottawa, IL 61350-4145

- | | | |
|---|--|---------|
|  | 1: Start out going WEST on E CENTER ST toward 5TH AVE. | 0.5 mi |
|  | 2: Turn LEFT onto STATE ST/IL-23. Continue to follow IL-23 S. | 15.5 mi |
|  | 3: Turn RIGHT onto W 5TH ST/W COURT ST. Continue to follow W 5TH ST. | 0.3 mi |
|  | 4: End at 516 W Frech St Streator, IL 61364-1216 | |

B: 516 W Frech St, Streator, IL 61364-1216

Total Time: 27 minutes Total Distance: 16.19 miles

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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 CAMELOT TERRACE

CAMELOT TERRACE
519 WEST FRECH STREET
STREATOR, IL 61364

Reference Numbers Facility ID 6001374
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	PAYMENT SOURCE					TOTALS	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	31	0	0	13	0	50
Skilled Under Z2	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	6	31	0	0	13	0	50

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under Z2	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	50	0	0	0	50
Race Unknown	0	0	0	0	0
Total	50	0	0	0	50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
33.3%	53.4%	0.0%	0.0%	13.1%	0.0%
662,302	1,372,873	0	0	337,335	0
TOTALS	2,035,175	0	0	337,335	0

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPNs	7.00
Certified Aide	15.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	43.00

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 CAMELOT TERRACE

CAMELOT TERRACE
519 WEST FRECH STREET
STREATOR, IL 61364

Reference Numbers Facility ID 6001374
Health Service Area 002 Planning Service Area 099

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
Nervous System Non Alzheim	15
Alzheimer Disease	7
Mental Illness	6
Developmental Disability	3
Circulatory System	7
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	50

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Admissions	Discharges
Nursing Care	50	50
Skilled Under Z2	57	57
Intermediate DD	50	50
Sheltered Care	0	0
TOTALS	157	157

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	Admissions	Discharges
Nursing Care	50	50
Skilled Under Z2	57	57
Intermediate DD	50	50
Sheltered Care	0	0
TOTALS	157	157

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	Licensed Beds	Peak Beds Set Up
Nursing Care	3001	13296	2622	18121	51.4%
Skilled Under Z2	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0.0%
TOTALS	3001	13296	2622	18121	51.4%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other	Licensed Beds	Peak Beds Set Up
Nursing Care	3001	13296	2622	18121	51.4%
Skilled Under Z2	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0.0%
TOTALS	3001	13296	2622	18121	51.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		SKILLED UNDER Z2		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 84	0	0	0	0	0	0	0	0	0
85 to 74	2	3	0	0	0	0	2	3	5
75 to 84	6	11	0	0	0	0	6	11	17
85+	6	14	0	0	0	0	6	14	20
TOTALS	19	31	0	0	0	0	19	31	50

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		SKILLED UNDER Z2		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 84	0	0	0	0	0	0	0	0	0
85 to 74	2	3	0	0	0	0	2	3	5
75 to 84	6	11	0	0	0	0	6	11	17
85+	6	14	0	0	0	0	6	14	20
TOTALS	19	31	0	0	0	0	19	31	50

MAPQUEST

Total Time: 29 minutes Total Distance: 16.75 miles

A: 800 E Center St, Ottawa, IL 61350-4145

	1: Start out going WEST on E CENTER ST toward 5TH AVE.	0.5 mi
	2: Turn LEFT onto STATE ST/IL-23. Continue to follow IL-23 S.	14.7 mi
	3: Turn LEFT onto E BROADWAY ST.	1.0 mi
	4: Turn RIGHT onto N OTTER CREEK ST.	0.3 mi
	5: Turn LEFT onto E MAIN ST/IL-18.	0.2 mi
	6: End at 1525 E Main St Streator, IL 61364-3162	

B: 1525 E Main St, Streator, IL 61364-3162

Total Time: 29 minutes Total Distance: 16.75 miles

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MAPQUEST

Total Time: 26 minutes Total Distance: 15.94 miles

A: 800 E Center St, Ottawa, IL 61350-4145

	1: Start out going WEST on E CENTER ST toward 5TH AVE.	0.5 mi
	2: Turn LEFT onto STATE ST/IL-23. Continue to follow IL-23 S.	15.5 mi
	3: Turn LEFT onto E SPRING ST.	0.0 mi
	4: End at 111 Spring St Streator, IL 61364-3332	

B: 111 Spring St, Streator, IL 61364-3332

Total Time: 26 minutes Total Distance: 15.94 miles

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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 ST. MARY'S EXTENDED CARE FACILITY STREATOR

ST. MARY'S EXTENDED CARE FACILITY
 111 SPRING STREET
 STREATOR, IL 61384
 Facility ID: 6011670
 Reference Numbers: Health Services Area 002 Planning Services Area 069

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	0	0	1	0	0	18
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	17	0	0	1	0	0	18

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SK Under 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	18	0	0	0	18

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Charity Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 ST. MARY'S EXTENDED CARE FACILITY STREATOR

ST. MARY'S EXTENDED CARE FACILITY
 141 SPRING STREET
 STREATOR, IL 61384
 Facility ID: 6011670
 Reference Numbers: Health Services Area 002 Planning Services Area 069

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	2
Endocrine/Metabolic Disorders	3
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculoskeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	18

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

LEVEL OF CARE	PEAK	PEAK	PEAK	PEAK	ADMISSIONS AND DISCHARGES - 2007
	SETUP	USED	AVAILABLE	CERTIFIED	Residents on 1/1/2007
Nursing Care	30	25	16	30	502
Skilled Under 22	0	0	0	0	18
Intermediate DD	0	0	0	0	58
Sheltered Care	0	0	0	0	18
TOTAL BEDS	30	25	16	30	586

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Peak Beds Set Up Occ. Pct.
Nursing Care	8187	56.5%	0	8187	58.9%
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	0	0.0%
TOTALS	9187	56.5%	0	9187	58.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		SK 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	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	1	1
60 to 74	0	0	0	0	0	0	0	0	0	0
75 to 84	1	2	0	0	0	0	0	0	3	3
85+	2	4	0	0	0	0	0	0	6	6
TOTALS	5	13	0	0	0	0	0	0	18	18

MAPQUEST

Total Time: 34 minutes Total Distance: 26.68 miles

A: 800 E Center St, Ottawa, IL 61350-4145

	1: Start out going WEST on E CENTER ST toward 5TH AVE.	0.5 mi
	2: Turn RIGHT onto STATE ST/IL-23. Continue to follow IL-23 N.	2.9 mi
	3: Merge onto I-80 W via the ramp on the LEFT toward MOLINE/ROCK ISLAND.	20.0 mi
	4: Take the IL-89 exit, EXIT 70, toward LADD/SPRING VALLEY.	0.3 mi
	5: Turn SLIGHT LEFT to take the ramp toward SPRING VALLEY.	0.0 mi
	6: Turn LEFT onto IL-89/S MAIN AVE. Continue to follow IL-89.	1.9 mi
	7: Turn LEFT onto 1350 AVE N.	1.1 mi
	8: Turn RIGHT onto N GREENWOOD ST.	0.1 mi
	9: End at 1300 N Greenwood St Spring Valley, IL 61362-1576	

B: 1300 N Greenwood St, Spring Valley, IL 61362-1576

Total Time: 34 minutes Total Distance: 26.68 miles

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ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 SPRING VALLEY NURSING CENTER SPRING VALLEY

SPRING VALLEY NURSING CENTER
1200 NORTH GREENWOOD STREET
SPRING VALLEY, IL 61302
Reference Numbers Facility ID 600763
Health Service Area 002 Planning Service Area 011
Administrator Shirley M. Michelski
Date Completed 6/9/2008

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Anti-Social	Medicaments 3
Chronic Alcoholism	Endocrine/Metabolic 5
Developmentally Disabled	Blood Disorders 0
Drug Addiction	Nervous System Non-Alzheimer 4
Medicaid Recipient	Alzheimer Disease 17
Medicare Recipient	Mental Illness 4
Herital Abuse	Developmental Disability 4
Non-Ambulatory	Circulatory System 3
Non-Mobile	Respiratory System 15
Public Aid Recipient	Digestive System 3
Under 65 Years Old	Genitourinary System Disorders 4
Unable to Self-Medicate	Skin Disorders 0
Verifiable Dependent	Musculo-Skeletal Disorders 7
Infectious Disease w/ Isolation	Injuries and Poisonings 1
Other Restrictions	Other Medical Conditions 9
No Restrictions	Non-Medical Conditions 0
TOTALS 78	

ADMISSIONS AND DISCHARGES - 2007

ADMISSIONS AND DISCHARGES - 2007
Residents on 1/1/2007 63
Total Admissions 2007 30
Total Discharges 2007 34
Residents on 12/31/2007 78

ADMISSIONS AND DISCHARGES - 2007

ADMISSIONS AND DISCHARGES - 2007
Residents on 1/1/2007 63
Total Admissions 2007 30
Total Discharges 2007 34
Residents on 12/31/2007 78

SPRING VALLEY NURSING CENTER

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

LEVEL OF CARE	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK	PEAK
LEVEL OF CARE	BEDS	SET-UP	USED	SET-UP	IN USE	BEDS	AVAILABLE	MEDICARE	MEDICAID	CERTIFIED
Nursing Care	98	79	95	78	18	17	98	0	0	0
Skilled Under 22	0	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0	0	0
TOTAL BEDS	98	79	95	78	18	17	98	0	0	0

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Licensee Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing Care	3073	49.6%	17502	46.9%	20535	80.6%
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	3073	49.6%	17502	46.9%	20535	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2007

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	3	0	0	0	0	0	0	9	3	12
75 to 84	4	13	0	0	0	0	0	0	17	13	30
85+	0	43	0	0	0	0	0	0	43	43	83
TOTALS	20	59	0	0	0	0	0	0	79	59	138

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 SPRING VALLEY NURSING CENTER SPRING VALLEY

SPRING VALLEY NURSING CENTER
1300 NORTH GREENWOOD STREET
SPRING VALLEY, IL 61302
Reference Numbers Facility ID 600763
Health Service Area 002 Planning Service Area 011

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Public	Insurance	Private	Charity	TOTALS
Nursing Care	10	46	0	0	0	23	0	79
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	10	46	0	0	0	23	0	79

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	TOTALS
Adm	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPNs	6.00
Certified Aides	32.00
Other Health Staff	6.00
Non-Health Staff	9.00
Totals	58.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care Expense as % of Total Net Revenue
24.2%	43.4%	0.0%	0.0%	32.5%	0.0%	0.0%
971,189	1,745,424	0	0	1,307,840	0	0

OTTAWA PAVILLION
Proposed Facility Upgrade
Project Narrative

A. Facility Upgrade Description

1. **Window replacement:** Existing bay windows (17) in units and one additional window will be replaced with new protruded fiberglass framed windows with energy efficient insulated glass.
Cost: 45,000
2. **Through wall HVAC replacement:** All existing through wall Heating, Ventilation and Air Conditioning units (24 total units) will be replaced with new energy star PTAC units.
Cost: 72,000
3. **Bathroom renovations:** All resident bathrooms (12), staff toilet, facility tub and shower plumbing fixtures (sink, water closet, parker tub), mirrors and restroom accessories will be replaced.
Cost: 86,250
4. **Nurses Station:** The existing nurse's station will be replaced with new custom cabinetry. Space will be provided for call button display and patient charts and records.
Cost: 12,000
5. **Flooring:** The existing flooring will be removed and new resilient flooring will be installed through out all resident rooms and corridors. New carpet will be installed in the dining room.
Cost: 45,500
6. **Doors:** All interior corridor doors (29) and hardware will be replaced with solid core wood fire resistance rated doors and hardware.
Cost: 35,000
7. **Light fixtures:** All interior lighting will be removed and replaced with new energy efficient updated fixtures.
Cost: 45,000
8. **Interior painting and decorating:** The current facility's color scheme and interior decorating will updated to coordinate with the new facility.
Cost: 38,000

9. **Signage, Blinds and Shades, Artwork, TV:** The current facility's signage, artwork, blinds and shades will be updated to coordinate with the new facility. Flat panel televisions (32) will be installed for each resident in patient rooms.

Cost: 55,500

10. **Activity center:** A new communal Activity Room having approximately 900 square feet will be added to the end of the existing facility. This additional space provides for activity stations, refreshment center and will be flooded with natural light through skylights and a window wall.

Cost: 110,000

Facility Improvement Cost	\$ 544,250.00
General Requirements of Construction	19,050.00
Subtotal	563,300.00
Builders Overhead	22,532.00
Builders Profit	33,798.00
Subtotal Construction Cost	619,630.00
Architectural & Engineering Services	27,885.00
Bond Premium	4,000.00
Total for all improvements	<u>651,515.00</u>

PRELIMINARY DRAFT

OTTAWA PAVILLION Proposed Facility Addition & Facility Upgrade

A. Facility Description

1. **Type of Project:** Proposed facility addition and facility upgrade to the Ottawa Pavilion skilled nursing facility. The project includes a facility addition and upgrades to the existing two-story building and basement to remove facility deficiencies and upgrade facility to current industry standards.
2. **Profile of residents:** The residents at the facility require both skilled nursing and intermediate care. Skilled care can include I.V. Therapy, Physical Therapy, Dialysis, Respiratory Care and Wound Care management. Intermediate care residents require assistance with daily living activities, and are both ambulatory and non-ambulatory.
3. **Major facility deficiencies:**
 - a. **Automatic fire sprinkler system:** The current facility has fire sprinklers in the lower service level and the one story annex. Code requires the facility to have an automatic fire sprinkler system throughout.
 - b. **Corridor width:** Existing corridor is only 7'-4" wide. Codes require the corridors to provide an 8'-0" clear width.
 - c. **Nurses Station:** Some resident rooms are currently located greater than the code required distance of 120' from the nurses' station.
 - d. **Toilet rooms:** Residents do not have access to a toilet room from their bedrooms without entering the general corridor area.
 - e. **Egress windows:** Existing window configuration does not comply with egress window requirements.
 - f. **Mechanical systems:** An antiquated boiler system for heating, window air conditioning for resident rooms and limited central air conditioning in other areas serve the facility.
 - g. **Roof system:** The current roof is flat roof system and has out lived its useful life and needs to be replaced.
4. **Proposed construction:** The construction is for a new two-story and basement addition of approximately 5,700 square feet on each floor and the complete remodel and renovation of the existing facility which has approximately 10,250 square feet on each floor. The addition would be along the North face of the existing building and would include resident rooms on the first and second floor and new administrative offices located at grade level, new elevator and complete fire sprinkler system throughout. The addition would be constructed using masonry load bearing exterior walls with a precast concrete floor system to match the existing construction. A new mechanical system will be provided for the administrative offices and common areas. Independent mechanical systems for each resident room would be provided. Plumbing and electrical systems will be upgraded as required. All windows would be replaced with energy efficient, snug fitting, weather tight windows which comply with the

PRELIMINARY DRAFT

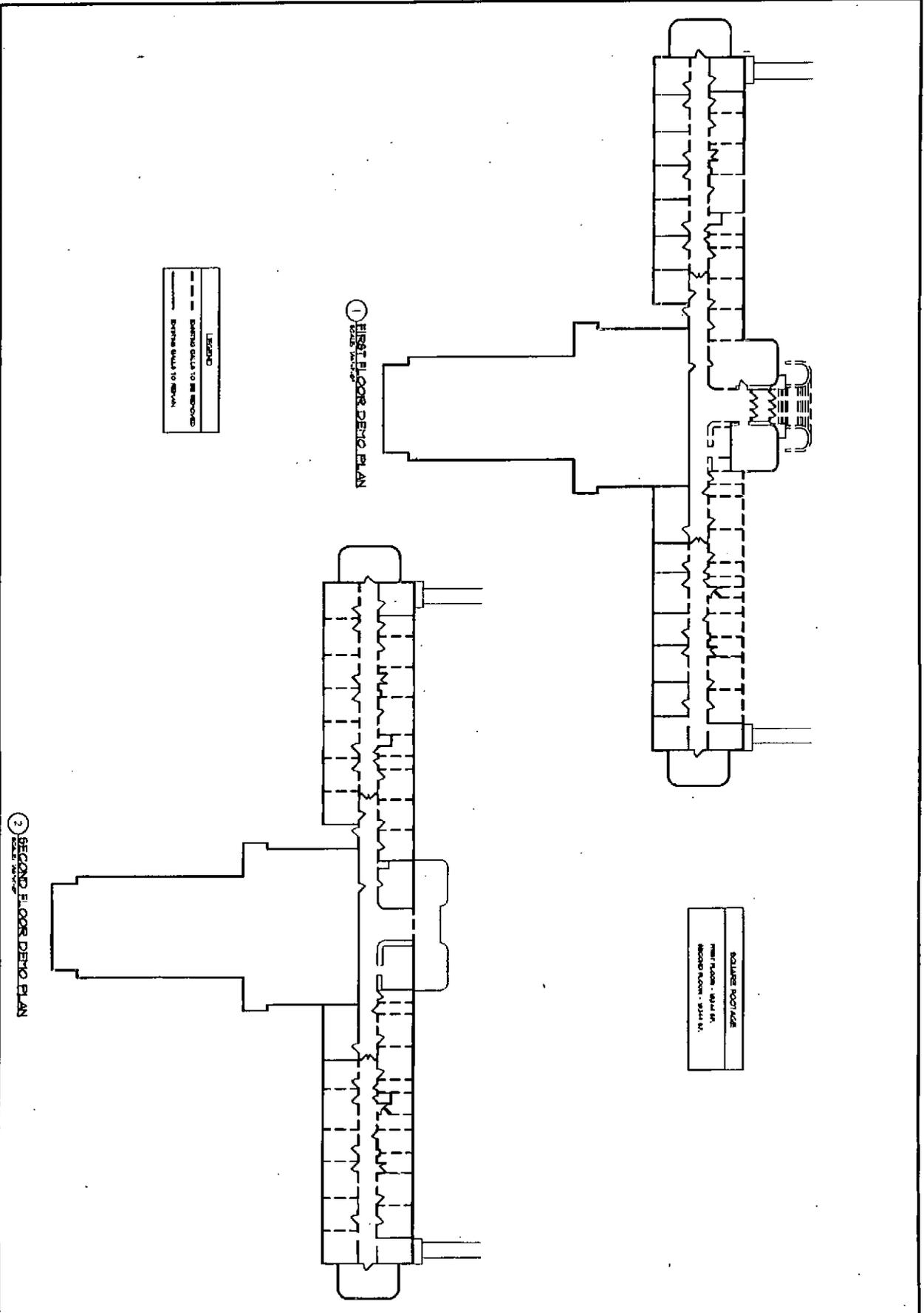
egress window requirements. A new gabled roof system would be installed over the existing building and the new addition.

The renovation on each nursing floor will require the relocation of the existing corridor and the addition of private toilet room facilities in each bedroom. This would be accomplished by the corridor being relocated to the North of its existing location in the current resident rooms. Private toilets for the resident rooms on the South would be constructed in what is now the corridor and for the resident rooms on the North the private toilets would be constructed in remaining portion of the current resident rooms on the North. The addition to the North would house new resident rooms. Due to the length of the existing facility each nursing floor would require two nurses stations.

The entire facility, including the annex would receive new interior finishes i.e.: paint, floor tile, acoustical ceiling, doors & frames.

Schematic floor plans and exterior elevations of the proposed renovation & addition are incorporated into this report.

5. **Construction phasing & patient relocation:** Nearly 80 percent of the existing facility's floor area will be involved in the addition and remodel. Construction would be accomplished most efficiently by the complete relocation of all residents and staff. Renovating and adding on to the East and West wings separately would require the displacement of half of the residents at any one time.
6. **Construction cost:** Detailed construction cost estimate is attached which indicates an anticipated construction cost of \$9,276,827. This cost does not include construction note interest, resident relocation & placement cost, furniture, fixtures & equipment or loss of income.



LEGEND

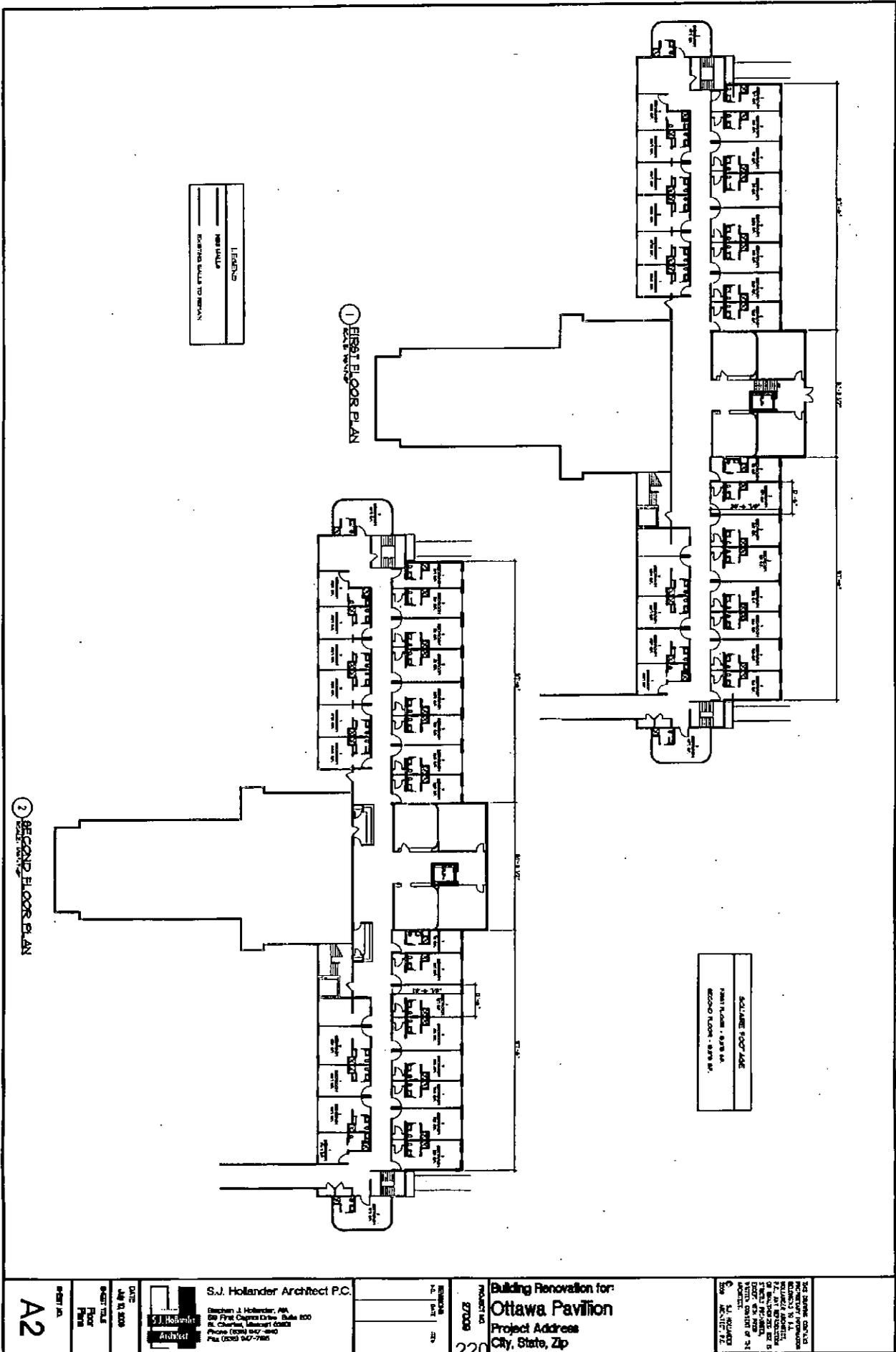
(Solid line)	EXISTING WALLS TO BE REMOVED
(Dashed line)	EXISTING WALLS TO REMAIN

SCALE BAR

1/8" = 1'-0"
1/4" = 3'-0"

<p>DATE MAY 13, 2008</p> <p>DESIGNER S.L. HOLLANDER</p> <p>PROJECT Demp Floor Plans</p> <p>SCALE A1</p>	<p>S.L. Hollander Architect P.C.</p> <p>Stephen J. Hollander, AIA 88 First Capital Drive, Suite 200 St. Charles, Missouri 63070 Phone: (636) 947-9900 Fax: (636) 947-7800</p>	<p>PROJECT NO. 07000</p> <p>21</p>	<p>Building Renovation for: Ottawa Pavilion</p> <p>Project Address City, State, Zip</p>	<p>THIS SET OF DRAWINGS REPRESENTS THE DESIGN FOR THE PROJECT AND IS NOT TO BE USED FOR CONSTRUCTION WITHOUT THE WRITTEN CONSENT OF THE ARCHITECT.</p>
				<p>SCALE BAR</p> <table border="1"> <tr> <td>1/8" = 1'-0"</td> </tr> <tr> <td>1/4" = 3'-0"</td> </tr> </table>
1/8" = 1'-0"				
1/4" = 3'-0"				

2328 CONSTRUCTION COST BREAKDOWN				
LINE	DIV.		COST	TRADE DESCRIPTION
1	3	Concrete	\$ 256,178	
2	4	Masonry	\$ 558,612	
3	5	Metals	\$ 347,646	
4	6	Rough Carpentry	\$ 84,147	
5	6	Finish Carpentry	\$ 153,045	
6	7	Waterproofing	\$ 18,075	
7	7	Insulation	\$ 61,463	
8	7	Roofing	\$ 78,378	
9	7	Sheet Metal	\$ 33,244	
10	8	Doors	\$ 180,878	
11	8	Windows	\$ 107,001	
12	8	Glass	\$ 19,995	
13	9	Lath & Plaster	\$ 29,835	
14	9	Drywall	\$ 407,306	
15	9	Tile Work	\$ 48,706	
16	9	Acoustical	\$ 16,417	
17	9	Wood Flooring	\$ -	
18	9	Resilient Flooring	\$ 171,680	
19	9	Painting & Decorating	\$ 188,447	
20	10	Specialities	\$ 47,600	
21	11	Special Equipment	\$ 58,700	
22	11	Cabinets	\$ 113,344	
23	11	Kitchen equipment & Appliances	\$ 265,000	
24	12	Blinds, Shades, Artwork	\$ 8,443	
25	9	Carpet	\$ 125,891	
26	13	Fire Sprinklers & Special Construction	\$ 416,116	
27	14	Elevators	\$ 87,523	
28	15	Plumbing & Hot Water	\$ 830,342	
29	15	Heating & Ventilating	\$ 516,005	
30	15	Air Conditioning	\$ 516,005	
31	16	Electrical	\$ 774,096	
32		SUBTOTAL	\$ 6,520,117	
33		Accessory Structures	\$ -	Not Used
34		TOTAL STRUCTURES	\$ 6,520,117	
35	2	Earth Work	\$ 66,439	
35a	2	Soil Treatment	\$ 3,100	
36	2	Site Utilities	\$ 37,610	
37	2	Roads & Walks	\$ 21,094	
38	2	Site Improvements	\$ 52,717	
39	2	Lawns & Planting	\$ 15,000	
39a	2	Irrigation	\$ 7,500	
40	2	Unusual Site Conditions	\$ 52,352	
41		TOTAL LAND IMPROVEMENTS	\$ 255,812	
42		TOTAL STRUC. & LAND IMP.	\$ 6,775,929	
43	1	General Requirements	\$ 317,672	
43 A		Construction Contingency	\$ 1,064,040	
44		SUBTOTAL (Line 42 + 43+ 43A)	\$ 8,157,641	
45		Builder Overhead	\$ 276,237	
46		Builder Profit	\$ 138,118	
47		SUBTOTAL	\$ 8,571,996	
49		Professional Services	\$ 644,611	
50		Bond Premium	\$ 60,220	
51		TOTAL ALL IMPROVEMENTS	\$ 9,276,827	



LEGEND

---	EXISTING WALLS TO REMAIN
-----	--------------------------

① FIRST FLOOR PLAN

② SECOND FLOOR PLAN

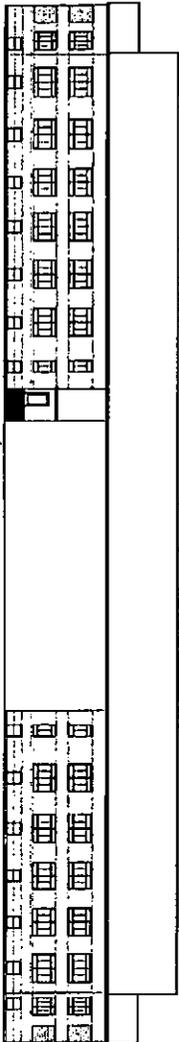
SCALE: 1/8" = 1'-0"

FIRST FLOOR - 5,878 SQ. FT.
SECOND FLOOR - 5,878 SQ. FT.

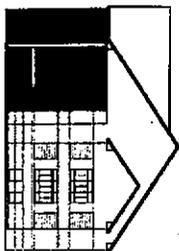
A2	S.J. Hollander Architect P.C.	Building Renovation for Ottawa Pavilion Project Address City, State, Zip	220
	S.J. Hollander Architect		



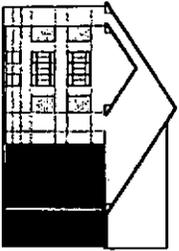
① FRONT ELEVATION



③ REAR ELEVATION



② RIGHT-SIDE ELEVATION



④ LEFT-SIDE ELEVATION

THE ARCHITECT ASSOCIATES
 INCORPORATED
 72, 81, 87, 93, 101, 107, 113, 119, 125, 131, 137, 143, 149, 155, 161, 167, 173, 179, 185, 191, 197, 203, 209, 215, 221, 227, 233, 239, 245, 251, 257, 263, 269, 275, 281, 287, 293, 299, 305, 311, 317, 323, 329, 335, 341, 347, 353, 359, 365, 371, 377, 383, 389, 395, 401, 407, 413, 419, 425, 431, 437, 443, 449, 455, 461, 467, 473, 479, 485, 491, 497, 503, 509, 515, 521, 527, 533, 539, 545, 551, 557, 563, 569, 575, 581, 587, 593, 599, 605, 611, 617, 623, 629, 635, 641, 647, 653, 659, 665, 671, 677, 683, 689, 695, 701, 707, 713, 719, 725, 731, 737, 743, 749, 755, 761, 767, 773, 779, 785, 791, 797, 803, 809, 815, 821, 827, 833, 839, 845, 851, 857, 863, 869, 875, 881, 887, 893, 899, 905, 911, 917, 923, 929, 935, 941, 947, 953, 959, 965, 971, 977, 983, 989, 995, 1001, 1007, 1013, 1019, 1025, 1031, 1037, 1043, 1049, 1055, 1061, 1067, 1073, 1079, 1085, 1091, 1097, 1103, 1109, 1115, 1121, 1127, 1133, 1139, 1145, 1151, 1157, 1163, 1169, 1175, 1181, 1187, 1193, 1199, 1205, 1211, 1217, 1223, 1229, 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4223, 4229, 4235, 4241, 4247, 4253, 4259, 4265, 4271, 4277, 4283, 4289, 4295, 4301, 4307, 4313, 4319, 4325, 4331, 4337, 4343, 4349, 4355, 4361, 4367, 4373, 4379, 4385, 4391, 4397, 4403, 4409, 4415, 4421, 4427, 4433, 4439, 4445, 4451, 4457, 4463, 4469, 4475, 4481, 4487, 4493, 4499, 4505, 4511, 4517, 4523, 4529, 4535, 4541, 4547, 4553, 4559, 4565, 4571, 4577, 4583, 4589, 4595, 4601, 4607, 4613, 4619, 4625, 4631, 4637, 4643, 4649, 4655, 4661, 4667, 4673, 4679, 4685, 4691, 4697, 4703, 4709, 4715, 4721, 4727, 4733, 4739, 4745, 4751, 4757, 4763, 4769, 4775, 4781, 4787, 4793, 4799, 4805, 4811, 4817, 4823, 4829, 4835, 4841, 4847, 4853, 4859, 4865, 4871, 4877, 4883, 4889, 4895, 4901, 4907, 4913, 4919, 4925, 4931, 4937, 4943, 4949, 4955, 4961, 4967, 4973, 4979, 4985, 4991, 4997, 5003, 5009, 5015, 5021, 5027, 5033, 5039, 5045, 5051, 5057, 5063, 5069, 5075, 5081, 5087, 5093, 5099, 5105, 5111, 5117, 5123, 5129, 5135, 5141, 5147, 5153, 5159, 5165, 5171, 5177, 5183, 5189, 5195, 5201, 5207, 5213, 5219, 5225, 5231, 5237, 5243, 5249, 5255, 5261, 5267, 5273, 5279, 5285, 5291, 5297, 5303, 5309, 5315, 5321, 5327, 5333, 5339, 5345, 5351, 5357, 5363, 5369, 5375, 5381, 5387, 5393, 5399, 5405, 5411, 5417, 5423, 5429, 5435, 5441, 5447, 5453, 5459, 5465, 5471, 5477, 5483, 5489, 5495, 5501, 5507, 5513, 5519, 5525, 5531, 5537, 5543, 5549, 5555, 5561, 5567, 5573, 5579, 5585, 5591, 5597, 5603, 5609, 5615, 5621, 5627, 5633, 5639, 5645, 5651, 5657, 5663, 5669, 5675, 5681, 5687, 5693, 5699, 5705, 5711, 5717, 5723, 5729, 5735, 5741, 5747, 5753, 5759, 5765, 5771, 5777, 5783, 5789, 5795, 5801, 5807, 5813, 5819, 5825, 5831, 5837, 5843, 5849, 5855, 5861, 5867, 5873, 5879, 5885, 5891, 5897, 5903, 5909, 5915, 5921, 5927, 5933, 5939, 5945, 5951, 5957, 5963, 5969, 5975, 5981, 5987, 5993, 5999, 6005, 6011, 6017, 6023, 6029, 6035, 6041, 6047, 6053, 6059, 6065, 6071, 6077, 6083, 6089, 6095, 6101, 6107, 6113, 6119, 6125, 6131, 6137, 6143, 6149, 6155, 6161, 6167, 6173, 6179, 6185, 6191, 6197, 6203, 6209, 6215, 6221, 6227, 6233, 6239, 6245, 6251, 6257, 6263, 6269, 6275, 6281, 6287, 6293, 6299, 6305, 6311, 6317, 6323, 6329, 6335, 6341, 6347, 6353, 6359, 6365, 6371, 6377, 6383, 6389, 6395, 6401, 6407, 6413, 6419, 6425, 6431, 6437, 6443, 6449, 6455, 6461, 6467, 6473, 6479, 6485, 6491, 6497, 6503, 6509, 6515, 6521, 6527, 6533, 6539, 6545, 6551, 6557, 6563, 6569, 6575, 6581, 6587, 6593, 6599, 6605, 6611, 6617, 6623, 6629, 6635, 6641, 6647, 6653, 6659, 6665, 6671, 6677, 6683, 6689, 6695, 6701, 6707, 6713, 6719, 6725, 6731, 6737, 6743, 6749, 6755, 6761, 6767, 6773, 6779, 6785, 6791, 6797, 6803, 6809, 6815, 6821, 6827, 6833, 6839, 6845, 6851, 6857, 6863, 6869, 6875, 6881, 6887, 6893, 6899, 6905, 6911, 6917, 6923, 6929, 6935, 6941, 6947, 6953, 6959, 6965, 6971, 6977, 6983, 6989, 6995, 7001, 7007, 7013, 7019, 7025, 7031, 7037, 7043, 7049, 7055, 7061, 7067, 7073, 7079, 7085, 7091, 7097, 7103, 7109, 7115, 7121, 7127, 7133, 7139, 7145, 7151, 7157, 7163, 7169, 7175, 7181, 7187, 7193, 7199, 7205, 7211, 7217, 7223, 7229, 7235, 7241, 7247, 7253, 7259, 7265, 7271, 7277, 7283, 7289, 7295, 7301, 7307, 7313, 7319, 7325, 7331, 7337, 7343, 7349, 7355, 7361, 7367, 7373, 7379, 7385, 7391, 7397, 7403, 7409, 7415, 7421, 7427, 7433, 7439, 7445, 7451, 7457, 7463, 7469, 7475, 7481, 7487, 7493, 7499, 7505, 7511, 7517, 7523, 7529, 7535, 7541, 7547, 7553, 7559, 7565, 7571, 7577, 7583, 7589, 7595, 7601, 7607, 7613, 7619, 7625, 7631, 7637, 7643, 7649, 7655, 7661, 7667, 7673, 7679, 7685, 7691, 7697, 7703, 7709, 7715, 7721, 7727, 7733, 7739, 7745, 7751, 7757, 7763, 7769, 7775, 7781, 7787, 7793, 7799, 7805, 7811, 7817, 7823, 7829, 7835, 7841, 7847, 7853, 7859, 7865, 7871, 7877, 7883, 7889, 7895, 7901, 7907, 7913, 7919, 7925, 7931, 7937, 7943, 7949, 7955, 7961, 7967, 7973, 7979, 7985, 7991, 7997, 8003, 8009, 8015, 8021, 8027, 8033, 8039, 8045, 8051, 8057, 8063, 8069, 8075, 8081, 8087, 8093, 8099, 8105, 8111, 8117, 8123, 8129, 8135, 8141, 8147, 8153, 8159, 8165, 8171, 8177, 8183, 8189, 8195, 8201, 8207, 8213, 8219, 8225, 8231, 8237, 8243, 8249, 8255, 8261, 8267, 8273, 8279, 8285, 8291, 8297, 8303, 8309, 8315, 8321, 8327, 8333, 8339, 8345, 8351, 8357, 8363, 8369, 8375, 8381, 8387, 8393, 8399, 8405, 8411, 8417, 8423, 8429, 8435, 8441, 8447, 8453, 8459, 8465, 8471, 8477, 8483, 8489, 8495, 8501, 8507, 8513, 8519, 8525, 8531, 8537, 8543, 8549, 8555, 8561, 8567, 8573, 8579, 8585, 8591, 8597, 8603, 8609, 8615, 8621, 8627, 8633, 8639, 8645, 8651, 8657, 8663, 8669, 8675, 8681, 8687, 8693, 8699, 8705, 8711, 8717, 8723, 8729, 8735, 8741, 8747, 8753, 8759, 8765, 8771, 8777, 8783, 8789, 8795, 8801, 8807, 8813, 8819, 8825, 8831, 8837, 8843, 8849, 8855, 8861, 8867, 8873, 8879, 8885, 8891, 8897, 8903, 8909, 8915, 8921, 8927, 8933, 8939, 8945, 8951, 8957, 8963, 8969, 8975, 8981, 8987, 8993, 8999, 9005, 9011, 9017, 9023, 9029, 9035, 9041, 9047, 9053, 9059, 9065, 9071, 9077, 9083, 9089, 9095, 9101, 9107, 9113, 9119, 9125, 9131, 9137, 9143, 9149, 9155, 9161, 9167, 9173, 9179, 9185, 9191, 9197, 9203, 9209, 9215, 9221, 9227, 9233, 9239, 9245, 9251, 9257, 9263, 9269, 9275, 9281, 9287, 9293, 9299, 9305, 9311, 9317, 9323, 9329, 9335, 9341, 9347, 9353, 9359, 9365, 9371, 9377, 9383, 9389, 9395, 9401, 9407, 9413, 9419, 9425, 9431, 9437, 9443, 9449, 9455, 9461, 9467, 9473, 9479, 9485, 9491, 9497, 9503, 9509, 9515, 9521, 9527, 9533, 9539, 9545, 9551, 9557, 9563, 9569, 9575, 9581, 9587, 9593, 9599, 9605, 9611, 9617, 9623, 9629, 9635, 9641, 9647, 9653, 9659, 9665, 9671, 9677, 9683, 9689, 9695, 9701, 9707, 9713, 9719, 9725, 9731, 9737, 9743, 9749, 9755, 9761, 9767, 9773, 9779, 9785, 9791, 9797, 9803, 9809, 9815, 9821, 9827, 9833, 9839, 9845, 9851, 9857, 9863, 9869, 9875, 9881, 9887, 9893, 9899, 9905, 9911, 9917, 9923, 9929, 9935, 9941, 9947, 9953, 9959, 9965, 9971, 9977, 9983, 9989, 9995, 10001, 10007, 10013, 10019, 10025, 10031, 10037, 10043, 10049, 10055, 10061, 10067, 10073, 10079, 10085, 10091, 10097, 10103, 10109, 10115, 10121, 10127, 10133, 10139, 10145, 10151, 10157, 10163, 10169, 10175, 10181, 10187, 10193, 10199, 10205, 10211, 10217, 10223, 10229, 10235, 10241, 10247, 10253, 10259, 10265, 10271, 10277, 10283, 10289, 10295, 10301, 10307, 10313, 10319, 10325, 10331, 10337, 10343, 10349, 10355, 10361, 10367, 10373, 10379, 10385, 10391, 10397, 10403, 10409, 10415, 10421, 10427, 10433, 10439, 10445, 10451, 10457, 10463, 10469, 10475, 10481, 10487, 10493, 10499, 10505, 10511, 10517, 10523, 10529, 10535, 10541, 10547, 10553, 10559, 10565, 10571, 10577, 10583, 10589, 10595, 10601, 10607, 10613, 10619, 10625, 10631, 10637, 10643, 10649, 10655, 10661, 10667, 10673, 10679, 10685, 10691, 10697, 10703, 10709, 10715, 10721, 10727, 10733, 10739, 10745, 10751, 10757, 10763, 10769, 10775, 10781, 10787, 10793, 10799, 10805, 10811, 10817, 10823, 10829, 10835, 10841, 10847, 10853, 10859, 10865, 10871, 10877, 10883, 10889, 10895, 10901, 10907, 10913, 10919, 10925, 10931, 10937, 10943, 10949, 10955, 10961, 10967, 10973, 10979, 10985, 10991, 10997, 11003, 11009, 11015, 11021, 11027, 11033, 11039, 11045, 11051, 11057, 11063, 11069, 11075, 11081, 11087, 11093, 11099, 11105, 11111, 11117, 11123, 11129, 11135, 11141, 11147, 11153, 11159, 11165, 11171, 11177, 11183, 11189, 11195, 11201, 11207, 11213, 11219, 11225, 11231, 11237, 11243, 11249, 11255, 11261, 11267, 11273, 11279, 11285, 11291, 11297, 11303, 11309, 11315, 11321, 11327, 11333, 11339, 11345, 11351, 11357, 11363, 11369, 11375, 11381, 11387, 11393, 11399, 11405, 11411, 11417, 11423, 11429, 11435, 11441, 11447, 11453, 11459, 11465, 11471, 11477, 11483, 11489, 11495, 11501, 11507, 11513, 11519, 11525, 11531, 11537, 11543, 11549, 11555, 11561, 11567, 11573, 11579, 11585, 11591, 11597, 11603, 11609, 11615, 11621, 11627, 11633, 11639, 11645, 11651, 11657, 11663, 11669, 11675, 11681, 11687, 11693, 11699, 11705, 11711, 11717, 11723, 11729, 11735, 11741, 11747, 11753, 11759, 11765, 11771, 11777, 11783, 11789, 11795, 11801, 11807, 11813, 11819, 11825, 11831, 11837,

Nursing facilities within
LaSalle County Planning Area

By
Community Area

Facility Name	City	# of Licensed Nursing Beds	Nursing Occupancy	Travel Time Adjusted 77 IAC 1100.510(d)	Average Age of Facility	Gross Sq. Feet of Facility
IL Veterans Home at LaSalle (1)	LaSalle	200	45.6%	29	19	124,096
LaSalle Health Care Center	LaSalle	101	87.9%	31	32	31,694
Heritage Manor - Peru	Peru	129	83.1%	29	44	25,183
Manor Court of Peru (2)	Peru	85	84.4%	30	5	27,166
Heritage Manor - Mendota	Mendota	99	75.1%	37		
Mendota Lutheran Home (3)	Mendota	113	81.1%	39		
LaSalle County Nursing Home	Ottawa	99	80.9%	13		47,592
Ottawa Pavilion	Ottawa	119	81.6%	0	69	42,116
Pleasant View Luther Home (4)	Ottawa	90	159.6%	3	52	125,137
River Shore Care Center	Marseilles	103	82.3%	16	42	26,830
Camelot Terrace	Streator	102	51.4%	27		20,000
Heritage Manor - Streator (5)	Streator	130	89.1%	29	45	33,800
St. Mary's Extended Care Facility	Streator	30	58.9%	26		
Total		1,400	79.7%		38.5	503,614
					1,186	
						424.6

- (1) P-05-038 issued 1/23/2006 to construct an addition to existing facility and add 80 nursing care beds. Licensed 80 beds on 6/5/2008.
(2) Added 10 nursing care beds and discontinued 10 sheltered care beds, total now 85 nursing care beds and 45 sheltered care beds on 6/24/09.
(3) Discontinued 1 nursing care bed, total now 113 nursing care beds on 6/24/09.
(4) Received a permit on 3/10/2009 to reduce their licensed long-term care beds from 181 to 90 beds.
(5) Added 10 nursing care beds, total now 130 nursing care beds effective 4/8/2008.

Source: Long-Term Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development
Inventory of Health Care Facilities and Services and Need Determinations 2008 Long-Term Care Services
www.mapquest.com

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.

The Applicant is proposing to establish 69,888 gross square feet of newly constructed space for the replacement of 112 nursing beds, the addition of 10 additional nursing care beds, and the renovation of 9,228 gross square feet for 17 existing nursing beds. This equates to a total of 79,116 gross square feet for 129 nursing care beds which equates to 613 gross square feet per bed. Although this is more than the existing gross square footage standard of 414 square feet per bed, it is well within the range of projects previously approved and within the range of the proposed standard of up to 715 square feet per bed. Appended as **ATTACHMENT-13A** is a chart of projects' size for applications previously approved. Appended as **ATTACHMENT-13B** is a copy of the proposed 77 IAC 1110 Appendix B that cites the proposed range of square footage per bed for projects establishing the nursing category of care.

2. If the gross square footage exceeds the GSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

Although the square footage per bed exceeds the current standard of 414 gross square feet per bed, the State has recognized that these standards are extremely outdated and has proposed rule changes the standard to 435 to 713 for total facility building gross square feet.

The proposed space is needed due to programmatic, clinical and operational

needs. The Applicant's existing facility has 15 private resident rooms, 46 double occupancy rooms, and 4 three bed ward rooms. The replacement facility will have 49 private rooms and 40 semiprivate rooms. The new construction will provide each resident room with its own bathroom. In addition to the privacy and independence benefits of these amenities for the residents, there is also clinical benefits to include: infection control like MRSA; admit/readmit isolation residents, especially if they have IV therapies and complicated wound care needs; residents with dementia and behaviors more readily and often times require a private room until; it is very important for our hospice patient and their family be allowed to spend final days together in a private room setting; the resident who is admitted to the facility in order to rehabilitate and return to the community heals and progresses much faster in the correct setting. It is very difficult for a much younger 50 plus year old resident who is admitted for further rehab post op to share a room with a the long term placed resident. Therefore, the short term resident requires a private room.

- b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

The existing building has physical constraints that do not allow it to be modernized effectively or efficiently. Therefore, the majority (older section) of the existing building will be demolished and replaced. Thus, this item is not germane.

- c. The project involves the conversion of existing bed space that results in excess square footage.

This project does not involve the conversion of existing bed space; therefore, this item is not applicable.

Historical Project's Square Foot
per Bed

2000 - Present		# of	Nursing GSF	Nursing
IHFPB Project #	Facility Name	Nrsg Beds		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
02-023	Meridian Village (CCRC)	39	15,897	407.6
02-085	Manor Court of Peru(campus)	66	27,166	411.6
02-012	Hawthorne Inn of Princeton (campus)	59	24,400	413.6
01-062	Clinton Manor	60	24,840	414.0
03-063	Hawthorne Manor of Freeport(CCRC)	45	18,630	414.0
04-059	Hawthorne Manor of Peoria(CCRC)	50	20,700	414.0
04-088	Clinton Manor	74	31,321	423.3
01-013	John J. Kelly Illinois Veterans' Home	58	25,039	431.7
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
03-085	Champaign County Nursing Home	209	106,117	507.7
09-030	The Addison Rehab & Living Center (on file only)	120	61,196	510.0
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
03-082	Valley Hi Nursing Home	127	68,214	537.1
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
08-099	Meadowbrook Manor Geneva	150	89,402	596.0
05-036	Sedgebrook Retirement Community (CCRC)	132	79,773	604.3
Proposed Project	Ottawa Pavilion (Replacement)	129	79,168	613.7
00-036	Classic Residence by Hyatt at the Glen (CCRC)	38	24,137	635.2
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 (campus)	64	43,005	672.0
08-083	Greenfields of Geneva (campus)	40	27,297	682.4
08-097	Hickory Point Christian Village, Forsyth (campus)	47	32,519	691.9
07-114	Good Samaritan Home (campus)	203	142,856	703.7
02-036	Smith Crossing (CCRC)	30	21,223	707.4
08-086	Springfield Nursing & Rehab. Ct.	75	54,375	725.0
08-082	Victorian Village, HomerGlen (campus)	50	39,030	780.6
04-069	The Clare at Water Tower (CCRC)	32	25,201	787.5
08-073	Monarch Landing (campus)	24	21,134	880.6
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
03-066	St. Joseph Village	54	57,046	1,056.4
03-018	Manor Care Health Services - Streamwood	120		
Total/Average		3,852	2,084,486	541.1

Historical Project's Square Foot
per Bed

2004-Present		# of	Nursing GSF	Nursing
IHFPB Project #	Facility Name	Nrsg Beds		GSF/Bed
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
08-073	Monarch Landing (campus)	24	21,134	880.6
08-080	Concordia Village (campus)	64	43,005	672.0
08-082	Victorian Village, HomerGlen (campus)	50	39,030	780.6
08-083	Greenfields of Geneva (campus)	40	27,297	682.4
08-086	Springfield Nursing & Rehab. Ct.	75	54,375	725.0
08-097	Hickory Point Christian Village, Forsyth (campus)	47	32,519	691.9
08-099	Meadowbrook Manor Geneva	150	89,402	596.0
09-030	The Addison Rehab & Living Center (on file only)	120	61,196	510.0
Proposed Project	Ottawa Pavilion (Replacement)	129	79,168	613.7
Total/Average		2,947	1,671,777	567.3

2005-Present		# of	Nursing GSF	Nursing
IHFPB Project #	Facility Name	Nrsg Beds		GSF/Bed
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
08-073	Monarch Landing (campus)	24	21,134	880.6
08-080	Concordia Village (campus)	64	43,005	672.0
08-082	Victorian Village, HomerGlen (campus)	50	39,030	780.6
08-083	Greenfields of Geneva (campus)	40	27,297	682.4
08-086	Springfield Nursing & Rehab. Ct.	75	54,375	725.0
08-097	Hickory Point Christian Village, Forsyth (campus)	47	32,519	691.9
08-099	Meadowbrook Manor Geneva	150	89,402	596.0
09-030	The Addison Rehab & Living Center (on file only)	120	61,196	510.0
Proposed Project	Ottawa Pavilion (Replacement)	129	79,168	613.7
Total/Average		2,640	1,526,775	578.3

Historical Project's Square Foot
per Bed

2006-Present		# of		Nursing
IHFPB Project #	Facility Name	Nrsg Beds	Nursing GSF	GSF/Bed
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
08-073	Monarch Landing (campus)	24	21,134	880.6
08-080	Concordia Village (campus)	64	43,005	672.0
08-082	Victorian Village, HomerGlen (campus)	50	39,030	780.6
08-083	Greenfields of Geneva (campus)	40	27,297	682.4
08-086	Springfield Nursing & Rehab. Ct.	75	54,375	725.0
08-097	Hickory Point Christian Village, Forsyth (campus)	47	32,519	691.9
08-099	Meadowbrook Manor Geneva	150	89,402	596.0
09-030	The Addison Rehab & Living Center (on file only)	120	61,196	510.0
Proposed Project	Ottawa Pavilion (Replacement)	129	79,168	613.7
Total/Average		2,111	1,243,118	588.9

2007-Present		# of		Nursing
IHFPB Project #	Facility Name	Nrsg Beds	Nursing GSF	GSF/Bed
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
08-073	Monarch Landing (campus)	24	21,134	880.6
08-080	Concordia Village (campus)	64	43,005	672.0
08-082	Victorian Village, HomerGlen (campus)	50	39,030	780.6
08-083	Greenfields of Geneva (campus)	40	27,297	682.4
08-086	Springfield Nursing & Rehab. Ct.	75	54,375	725.0
08-097	Hickory Point Christian Village, Forsyth (campus)	47	32,519	691.9
08-099	Meadowbrook Manor Geneva	150	89,402	596.0
09-030	The Addison Rehab & Living Center (on file only)	120	61,196	510.0
Proposed Project	Ottawa Pavilion (Replacement)	129	79,168	613.7
Total/Average		1,819	1,105,560	607.8

2008-Present		# of		Nursing
IHFPB Project #	Facility Name	Nrsg Beds	Nursing GSF	GSF/Bed
08-062	Manor Court of Maryville	120	67,000	558.3
08-073	Monarch Landing (campus)	24	21,134	880.6
08-080	Concordia Village (campus)	64	43,005	672.0
08-082	Victorian Village, HomerGlen (campus)	50	39,030	780.6
08-083	Greenfields of Geneva (campus)	40	27,297	682.4
08-086	Springfield Nursing & Rehab. Ct.	75	54,375	725.0
08-097	Hickory Point Christian Village, Forsyth (campus)	47	32,519	691.9
08-099	Meadowbrook Manor Geneva	150	89,402	596.0
09-030	The Addison Rehab & Living Center (on file only)	120	61,196	510.0
Proposed Project	Ottawa Pavilion (Replacement)	129	79,168	613.7
Total/Average		819	514,126	627.7

Joint Committee on Administrative Rules ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER 6: 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.

228

- 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.

ATTACHMENT-13B

- 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.

- 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 1: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER 6: 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 (1996), 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 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 300.2850 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. 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 300.2860 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.

234

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 contained 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 rim

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 staffs 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)

Joint Committee on Administrative Rules ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER 6: 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)

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 300.2880 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)

236

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 300.2890 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 service 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)

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 300.2900 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 activated 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)

Joint Committee on Administrative Rules ADMINISTRATIVE CODE

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 300.2910 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)

240

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 less of life or damage to buildings resulting from hurricanes, tornadoes, or floods. (B)

(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 300.2920 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 breaching, 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)

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 300.2930 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 56A "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 seal 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)

243

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 multicroridor 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)

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFPB has not established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B.

It appears that this criterion is not germane since this project is a Long-Term Nursing Care Category of Service for which the Health Facilities and Services Review Board has established occupancy targets in 77 IAC 1100. However, this Applicant is proposing to meet the occupancy standard of 90% for the second full year of operations with patient days for calendar year 2013 of 44,218 days.

UNFINISHED OR SHELL SPACE:

This item is not applicable as it does not contain any unfinished or shell space.

ASSURANCES:

This item is not applicable as it does not contain any unfinished or shell space.

SECTION VIII.I – GENERAL LONG TERM CARE

Criterion 1110.1730(d)(3) - Documentation related to Cited Problems

In reviewing the rules, 77 IAC Section 1110.1730, it was found that there is no 1110.1730(d)(3). Therefore, this item would appear not to be germane. As previously documented, the subject building is an old structure that needs to be replaced. As such, the documentation consisting of the State's physical plant surveys are appended in **ATTACHMENT-11E**. Appended as **ATTACHMENT-12D** is the Architect's report on specifically what items are not in compliance and what it would take to rectify the situation.

ATTACHMENT-43

Criterion 1110.1730(f)(1) – Category of Service Modernization

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

A) High cost of maintenance;

According to the facility's Illinois Department of Health Care and Family Services 2008 Cost Report, this facility had operational expenses of \$190,911 listed as Maintenance/repairs. This report also cited \$67,288 in capital improvements made in fiscal year 2008. This is nearly double the average capital expenditure at the facility which averages \$34,274 a year over the past 14 fiscal years. Therefore, in fiscal year 2008, \$258,199.00 was expended repairs and maintenance. See **ATTACHMENT-12A** for the appropriate pages of the cost report.

B) Non-compliance with licensing or life safety codes;

In addition to the high cost of physical plant maintenance, this facility has deferred maintenance that can no longer be put off. Items of extensive expense such as automatic fire sprinkler system, corridor width, nurses stations, toilet rooms, egress windows, mechanical systems, and the roof system are either out of compliance with current licensure code of at the end of their useful life. In order to implement the modernizations necessary to address all deficiencies identified and to maintain the same number of beds, the architect, S.J. Hollander Architect, P.C. has provided a narrative of all components need to be corrected along with an estimated project cost. Addressing all non-compliant areas is estimated to \$9,276,827. This number does not include any interest expense, furniture, fixtures, & equipment. The other item not included would be the loss of income or the relocation all residents in the original building that would have to be placed in facilities outside of Ottawa and very likely outside of the LaSalle County Planning Area. Please find the architect's narrative addressing the facility's areas of

non-compliance, how such areas could be addressed, and the cost of addressing those concerns appended as **ATTACHMENT-12D**.

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

The Applicant's existing facility has only 15 private resident rooms, 46 double occupancy rooms, and 4 three bed ward rooms. The replacement facility will have 49 private rooms and 40 semiprivate rooms. The new construction will provide each resident room with its own bathroom. As such the Applicant is proposing to go from only 12.6% of the facility with private rooms to nearly 40% (37.98%) of the beds as private. This includes, the elimination of the 4 three bed ward rooms. This represents a significant shift in standards of care toward a resident dignity and privacy. Toward that end, the proposed replacement and renovated facility will create smaller autonomous households or neighborhoods, each with their own dining and activity space. There will also be a dedicated Medicare Rehabilitation wing for the more short term rehabilitation resident that will be comprised of all private rooms. Therefore, the changes in standards of care only relate to a more state-of-the-art environment which will allow for greater personalization of care.

D) Additional space for diagnostic or therapeutic purposes.

The proposed project will include additional space for in-patient and out-patient physical and occupational therapy. The proposed PT/OT space will be nearly 3 times the size in all newly constructed space. This area will also have its own means of ingress and egress. In addition to the trends of personalization of care, the industry has also seen a movement in providing more extensive physical and occupational therapy space. This promotes the rehabilitation of residents and their return to their homes and productive lives.

ATTACHMENT-47

Criterion 1110.1730(f)(2) and (3) – Category of Service Modernization

2) Documentation shall include the most recent:

- A) IDPH CMMS inspection reports; and
- B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.

Appended as **ATTACHMENT-11E**, is a copy of the latest (May, 2009) Department of Health and Human Services Centers for Medicare & Medicaid Services inspection reports for the facility, Ottawa Pavilion.

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

- A) Copies of maintenance reports;
- B) Copies of citations for life safety code violations; and
- C) Other pertinent reports and data.

Appended as **ATTACHMENT-12A**, is a copy of the Illinois Department of Health Care and Family Services Facility Cost Report for 2008. This report lists the operating and capital costs that this facility expended during fiscal year 2008. Appended as **ATTACHMENT-12D**, is the architect's report on the existing facility's compliance to current standards.

Criterion 1110.1730(f)(4) – Category of Service Modernization

- 4) Projects involving the replacement or modernization of a category of service or facility shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

In the 12-months following March 2008, Ottawa Pavilion experienced an average utilization rate of 89.6 residents or 75.3%. According to the Department of Health and Human Services Centers for Medicare & Medicaid Services inspection reports for the facility, the Department reported a census of 91 residents. According to the 77 Illinois Administrative Code, Section 1100.660, the occupancy target is 90%. Due to the physical plant limitations in terms of marketability/desirability based on the age and condition of the building, this facility has not been able to maintain this occupancy target, hence the proposed project. The proposed project will provide a state-of-the-art environment for its existing residents and the residents of LaSalle County who will be in need of long-term nursing care. The Applicant's future ability to reach and maintain this level of utilization is based on its experience as an existing provider, which is further supported by the State's identified bed need calculation which currently shows an excess of only 71 beds. However, it should be noted that there are only four facilities in the Ottawa/Marseilles area which is the subject facility's primary market area. Furthermore, over half of the planning area's beds (652) are at or on excess of the 30-minute drive time from the Applicant's site.

On Ottawa and not including the Applicant's facility there are only two other providers. LaSalle County Nursing Home has submitted a letter of support for the proposed project. In this letter the County reported that the facility is occupied over optimally utilized at a rate of 94%. The other home in Ottawa (besides the Applicant's), Pleasant View Lutheran Home and has on average 131 residents. It should be noted that this facility has received approval to reduce its license capacity to 90 nursing care beds. This will require the displacement of 50 nursing residents based on maintaining 90% occupancy. Without the proposed project, the Ottawa/Marseilles area there area again only four facilities, two

over their optimal/target utilization rate and two optimally utilized based on effective capacity of a very old and antiquated building resulting in no capacity and limited accessibility.

According to the June 15, 2009 update to the State's Inventory of Health Care Facilities and Services and Need Determinations, there is an identified excess of 62 nursing care beds in the LaSalle County Nursing Home. However, there is one facility that was established under the Defined Population Variance (Project Number 05-038), Illinois Veterans Home at LaSalle which limits admissions to veterans only. That project, draws admissions from every County of the State with a primary market area of Northern and Northwestern Illinois. This facility's 200-nursing care beds are all included in the LaSalle County Planning Area's need determination where in fact less than half of their residents are derived from this Planning Area according to their 2005 Certificate of Need Application. Therefore, instead of an excess of 71 beds there should be a need for 129 additional beds or a need for 119 additional beds upon the approval of this project.

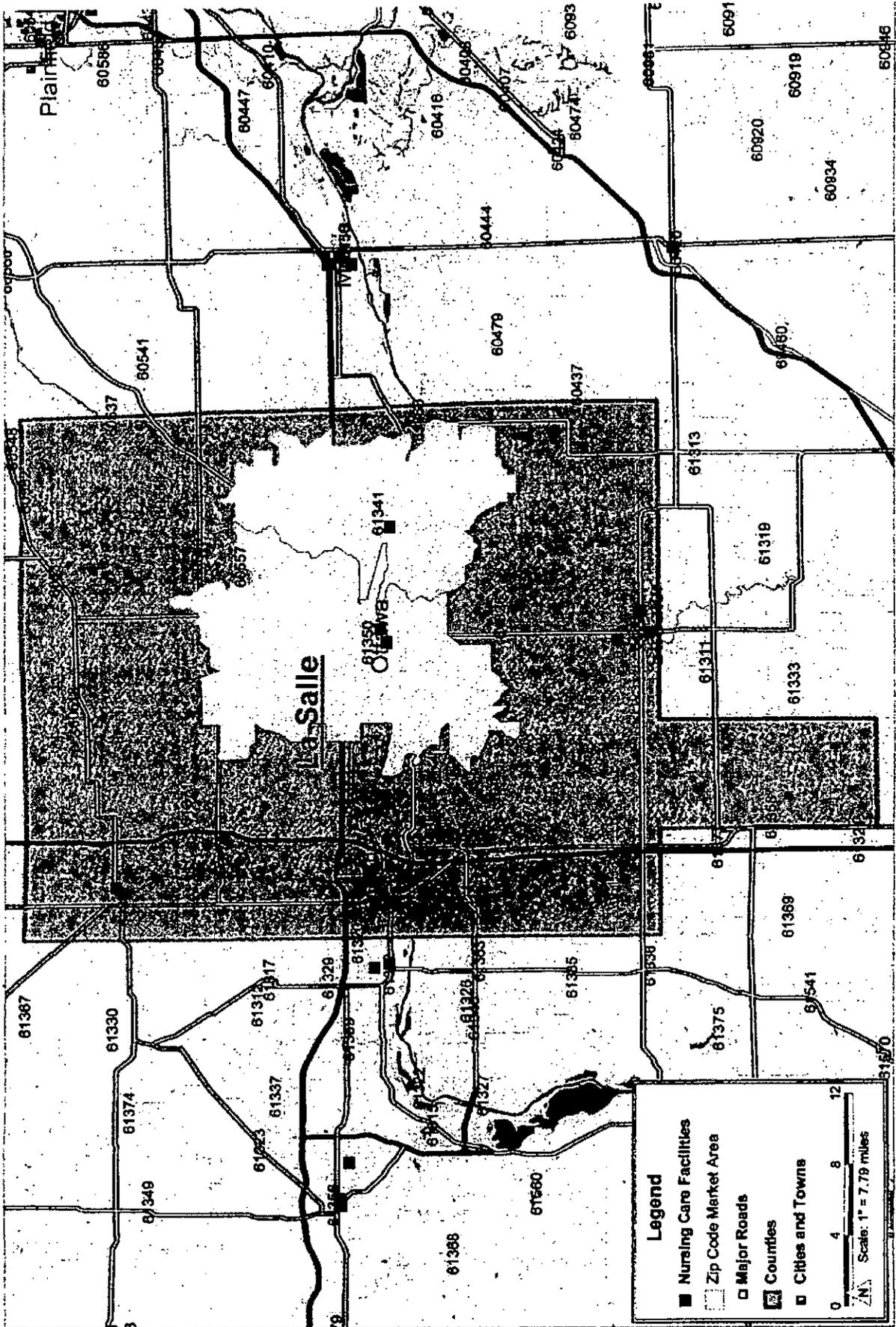
The Applicant's facility derives nearly 75% of its admissions from within a 2-Zip Code area: Ottawa 61350; and Marseilles 61341 (Refer to **ATTACHMENT-11A**). A map and corresponding demographics for these two areas are provided as **ATTACHMENT-49A**. You will notice from the map that there are groupings of nursing care facilities in LaSalle County. These are based on the catchment areas of the communities of Streator, LaSalle/Peru, Mendota, and Ottawa/Marseilles. As identified from the Applicant's patient origin of all admissions, the overlap of these areas is minimal, at best, and because of the interstate system these communities are more autonomous and independent although within a greater planning area, i.e., LaSalle County Planning Area. Again, it is important to note that over half of the planning area's beds (652) are at or in excess of the 30-minute travel time from the subject facility's location. The primary market area comprising these two zip code areas has a total estimated population of 33,077 that is projected to increase by 2%.

Comparatively, the over 65 population is projected to increase by more than double that amount (4.7%).

Finally, the Applicant has received eight referral letters confirming support for the proposed project from area physician's who have historically referred residents to Ottawa Pavilion. These eight letters, appended as **ATTACHMENT-49B**, document that during calendar year 2008 these physicians referred 97 (or 43%) of the facility's 224 admissions. Collectively, they will continue to refer between 95 and 137 residents annually. This represents a range that could result in a 41% potential increase in referrals. However, in applying the minimal percentage increase as seen in the percentage increase of those over 65 year of age, the Applicant's facility alone could realize projected patient days of 48,875 which would equate to an utilization rate of over 100 percent. This calculation is based on a 4% increase in admissions ($1.04 \times 224\text{-admissions} = 232.96$ total admissions) utilizing the 2007 average length of stay of 209.8 days ($232.96\text{-admissions} \times 209.8 \text{ ALOS days} = 48,875$ potential patient days). It should be noted that it is the Applicant's contention that this facility would otherwise be optimally utilized if it was not for the limitations or appearance of the physical plant environment of the 69 year old structure.

Ottawa Pavilion

Laurel Research Associates



Legend

- Nursing Care Facilities
- Zip Code Market Area
- Major Roads
- ▨ Counties
- Cities and Towns

0 4 8 12
Scale: 1" = 7.78 miles

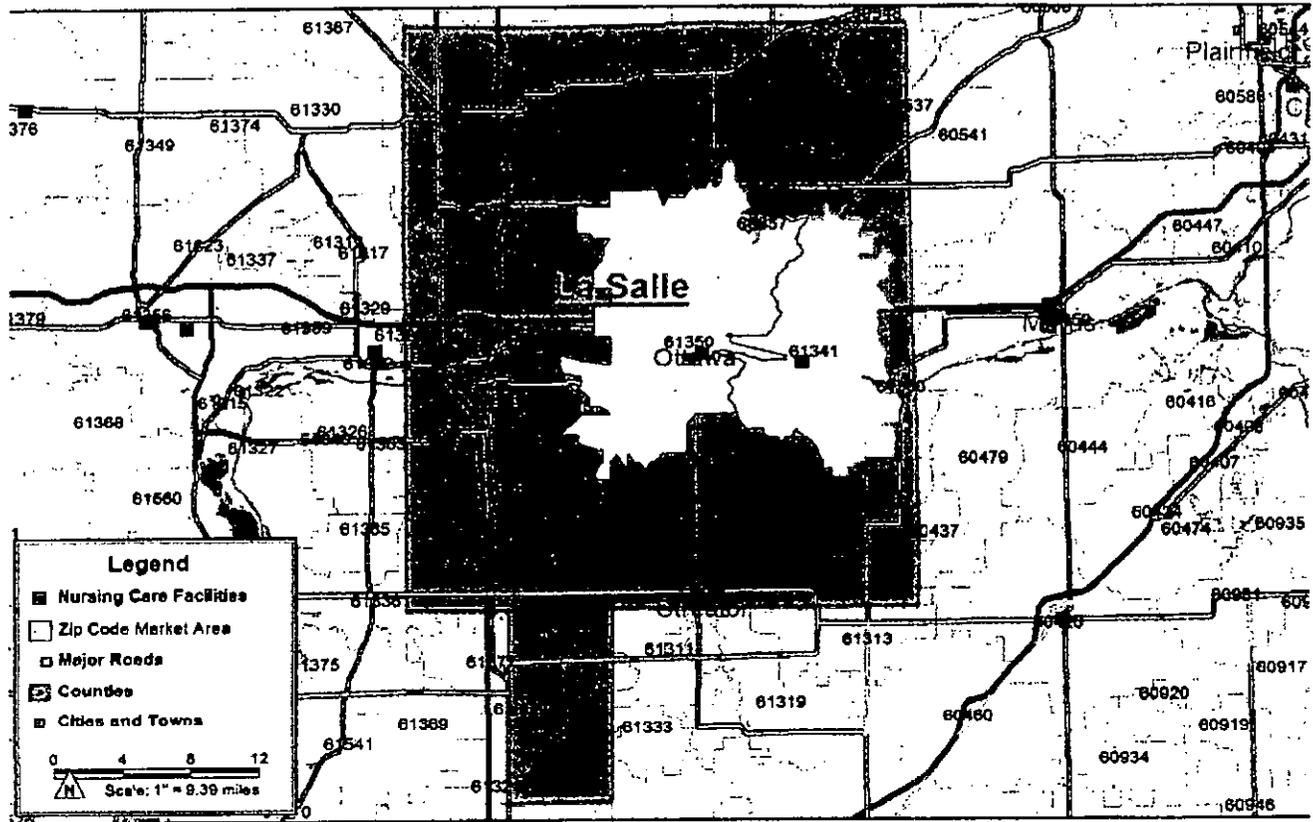
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La Salle County and Zip Code Market Areas

MapFacts Demographic Trends: 2000/2008/2013

Ottawa Pavilion
Zip Code Market Area

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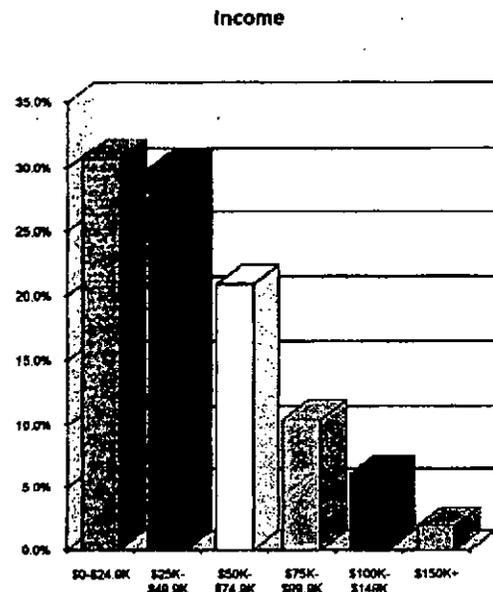
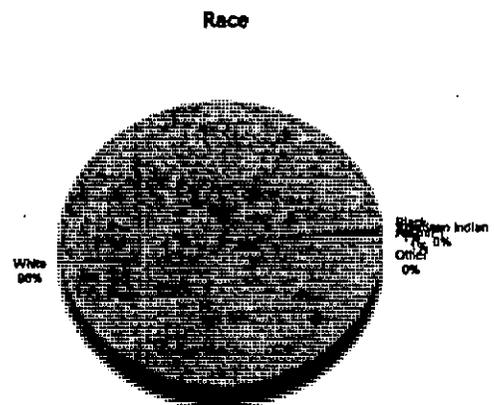
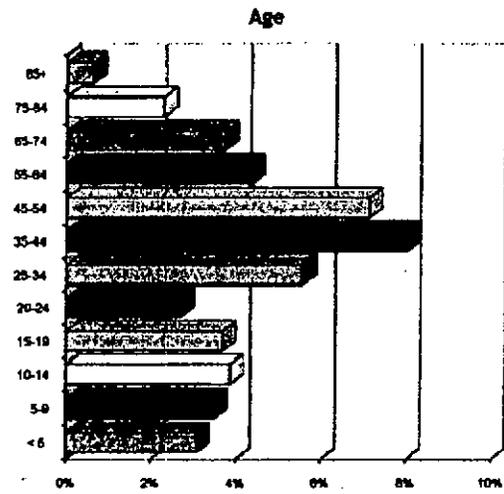
	2000 Census		2008 Estimates		2013 Projections	
Population	31,788		33,077		33,755	
In Households	31,165	98.0%	32,522	98.3%	33,240	98.5%
In Families	26,093	82.1%	27,054	81.8%	27,526	81.5%
In Non-Families	5,072	16.0%	5,468	16.5%	5,714	16.9%
In Group Quarters	623	2.0%	555	1.7%	515	1.5%
Males	15,383		15,677		15,794	
Median Age (Male)	37.4		39.4		40.0	
Females	16,405		17,400		17,961	
Median Age (Female)	39.7		40.9		41.5	
Households	12,642		13,799		14,468	
Families	8,673	68.6%	8,947	64.8%	9,049	62.5%
Non-Families	3,969	31.4%	4,852	35.2%	5,419	37.5%
Average Household Size	2.5		2.4		2.3	
Average Family Size	3.0		3.0		3.0	
Average Non-Family Size	1.3		1.1		1.1	
Average Household Income	\$48,820		\$58,983		\$63,859	
Median Household Income	\$39,846		\$49,058		\$53,727	
Per Capita Income	\$20,056		\$25,176		\$27,935	

Census Summary: 2000

Ottawa Pavilion
Zip Code Market Area

Scan/US, Inc.
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Population	31,788	
In Group Quarters	623	
Race: White	30,670	96.5%
Black	274	0.9%
American Indian	48	0.2%
Asian	208	0.7%
Pacific Islander	12	0.0%
Other/Multi-Racial	576	1.8%
Hispanic Origin	1,212	3.8%
Sex: Male	15,383	48.4%
Female	16,405	51.6%
Age: < 5 Years	975	3.1%
5-9 Years	1,107	3.5%
10-14 Years	1,225	3.9%
15-19 Years	1,170	3.7%
20-24 Years	853	2.7%
25-34 Years	1,768	5.6%
35-44 Years	2,544	8.0%
45-54 Years	2,262	7.1%
55-64 Years	1,380	4.3%
65-74 Years	1,180	3.7%
75-84 Years	723	2.3%
85+ Years	196	0.6%
Median Age	38.6	
Households	12,642	
Average Household Size	2.5	
Family Households	8,673	68.6%
Average Family Size	1.3	
Households by Income		
\$0 - \$24,999	3,884	30.7%
\$25,000 - \$49,999	3,791	30.0%
\$50,000 - \$74,999	2,639	20.9%
\$75,000 - \$99,999	1,319	10.4%
\$100,000 - \$149,999	768	6.1%
\$150,000+	241	1.9%
Average HH Income	\$48,820	
Median HH Income	\$39,846	
Per Capita Income	\$20,056	
Vehicles Available	21,969	
Average Vehicles/HH	1.7	
Total Housing Units	13,472	
Owner Occupied	9,174	68.1%
Renter Occupied	3,468	25.7%
Vacant	830	6.2%



Demographic Trends: 2000/2008/2013

Ottawa Pavilion
Zip Code Market Area

Scan/US, Inc.
07/15/2009

	2000 Census		2008 Estimates		2013 Projections	
Population	31,788		33,077		33,755	
In Households	31,165	98.0%	32,522	98.3%	33,240	98.5%
In Families	26,093	82.1%	27,054	81.8%	27,526	81.5%
In Non-family Households	5,072	16.0%	5,468	16.5%	5,714	16.9%
In Group Quarters	623	2.0%	555	1.7%	515	1.5%
Race:						
White	30,670	96.5%	30,832	93.2%	30,957	91.7%
Black	274	0.9%	332	1.0%	387	1.1%
American Indian	48	0.2%	0	0.0%	0	0.0%
Asian	208	0.7%	92	0.3%	54	0.2%
Pacific Islander	12	0.0%	23	0.1%	31	0.1%
Other/Multi-Racial	576	1.8%	1,798	5.4%	2,326	6.9%
Hispanic Population	1,212	3.8%	1,786	5.4%	2,155	6.4%
Labor Force: Pop, 16+ Years	25,154	79.1%	26,614	80.5%	27,225	80.7%
In Armed Forces	7	0.0%	33	0.1%	32	0.1%
Employed	14,857	59.1%	16,731	62.9%	17,037	62.6%
Unemployed	937	3.7%	1,540	5.8%	1,581	5.8%
Not In Labor Force	9,353	37.2%	8,310	31.2%	8,575	31.5%
Education: Pop, 25+ Years	21,317	67.1%	22,758	68.8%	23,431	69.4%
No HS Diploma	3,593	16.9%	2,364	10.4%	1,789	7.6%
HS Graduate	8,447	39.6%	8,756	38.5%	8,780	37.5%
College, No Degree	4,870	22.8%	5,629	24.7%	5,985	25.5%
Associate Degree	1,212	5.7%	1,887	8.3%	2,279	9.7%
College Degree	2,201	10.3%	2,756	12.1%	3,027	12.9%
Graduate/Professional Degree	994	4.7%	1,366	6.0%	1,571	6.7%
Households	12,642		13,799		14,468	
Families	8,673	68.6%	8,947	64.8%	9,049	62.5%
With Children	4,289	33.9%	4,447	32.2%	4,510	31.2%
Non-Families	3,969	31.4%	4,852	35.2%	5,419	37.5%
With Children	52	0.4%	92	0.7%	111	0.8%
Average Size:						
Household	2.5		2.4		2.3	
Family	3.0		3.0		3.0	
Non-Family	1.3		1.1		1.1	
Households by Persons:						
1	2,216	17.5%	3,921	28.4%	4,183	28.9%
2	1,070	8.5%	4,956	35.9%	5,371	37.1%
3+	9,356	74.0%	4,922	35.7%	4,914	34.0%
Total Housing Units:	13,472		14,698		15,398	
Vacant	830	6.2%	899	6.1%	930	6.0%
Owned	9,174	68.1%	9,916	67.5%	10,348	67.2%
Rented	3,468	25.7%	3,883	26.4%	4,120	26.8%
Vehicles Available	21,969		25,878		28,170	
Average Vehicles/HH	1.7		1.9		1.9	

Demographic Trends: 2000/2008/2013

Ottawa Pavilion
Zip Code Market Area

Scan/US, Inc.
07/15/2009

		2000 Census		2008 Estimates		2013 Projections	
Total Households		12,642		13,799		14,468	
Total Aggregate Income (\$Mil)		\$637.5		\$832.8		\$943.0	
Per Capita Income		\$20,056		\$25,176		\$27,935	
Households	< \$10,000	977	7.7%	812	5.9%	743	5.1%
By	\$10,000 - \$14,999	1,067	8.4%	720	5.2%	641	4.4%
Income:	\$15,000 - \$19,999	848	6.7%	932	6.8%	951	6.6%
	\$20,000 - \$24,999	992	7.8%	804	5.8%	647	4.5%
	\$25,000 - \$29,999	739	5.8%	825	6.0%	787	5.4%
	\$30,000 - \$34,999	968	7.7%	722	5.2%	800	5.5%
	\$35,000 - \$39,999	753	6.0%	744	5.4%	648	4.5%
	\$40,000 - \$49,999	1,331	10.5%	1,463	10.6%	1,430	9.9%
	\$50,000 - \$59,999	1,179	9.3%	1,154	8.4%	1,449	10.0%
	\$60,000 - \$74,999	1,460	11.5%	1,493	10.8%	1,316	9.1%
	\$75,000 - \$99,999	1,319	10.4%	1,849	13.4%	1,988	13.7%
	\$100,000 - \$124,999	568	4.5%	1,064	7.7%	1,261	8.7%
	\$125,000 - \$149,999	200	1.6%	571	4.1%	770	5.3%
	\$150,000 - \$199,999	115	0.9%	383	2.8%	647	4.5%
	\$200,000 - \$249,999	50	0.4%	103	0.7%	174	1.2%
	\$250,000+	76	0.6%	160	1.2%	216	1.5%
Average	Household	\$48,820		\$58,983		\$63,859	
Income:	Family	\$56,429		\$68,126		\$72,104	
	Non-Family	\$29,371		\$42,119		\$50,092	
Median	Household	\$39,846		\$49,058		\$53,727	
Income:	Family	\$49,154		\$61,356		\$66,500	
	Non-Family	\$23,135		\$29,721		\$37,266	
Households	< \$10,000	1,140	9.0%	914	6.6%	836	5.8%
By	\$10,000 - \$14,999	1,019	8.1%	726	5.3%	659	4.6%
Disposable	\$15,000 - \$19,999	992	7.8%	1,024	7.4%	1,011	7.0%
Income:	\$20,000 - \$24,999	1,102	8.7%	1,004	7.3%	866	6.0%
	\$25,000 - \$29,999	1,112	8.8%	984	7.1%	1,013	7.0%
	\$30,000 - \$34,999	993	7.9%	930	6.7%	843	5.8%
	\$35,000 - \$39,999	982	7.8%	1,004	7.3%	954	6.6%
	\$40,000 - \$49,999	1,567	12.4%	1,656	12.0%	1,952	13.5%
	\$50,000 - \$59,999	1,355	10.7%	1,387	10.1%	1,199	8.3%
	\$60,000 - \$74,999	1,276	10.1%	1,728	12.5%	1,872	12.9%
	\$75,000 - \$99,999	709	5.6%	1,374	10.0%	1,634	11.3%
	\$100,000 - \$124,999	190	1.5%	573	4.2%	833	5.8%
	\$125,000 - \$149,999	74	0.6%	224	1.6%	388	2.7%
	\$150,000 - \$199,999	67	0.5%	131	0.9%	229	1.6%
	\$200,000 - \$249,999	28	0.2%	43	0.3%	64	0.4%
	\$250,000+	36	0.3%	97	0.7%	115	0.8%
Disposable Aggregate (\$Mil)		\$540.0		\$691.8		\$775.4	
Disposable Average Income		\$42,716		\$50,136		\$53,593	
Disposable Median Income		\$34,863		\$41,665		\$44,889	

Demographic Trends: 2000/2008/2013

Ottawa Pavilion
Zip Code Market Area

Scan/US, Inc.
07/15/2009

	2000 Census		2008 Estimates		2013 Projections	
Total Population	31,788		33,077		33,755	
< 5 Years	1,959	6.2%	1,828	5.5%	2,138	6.3%
5 - 9 Years	2,196	6.9%	2,045	6.2%	1,871	5.5%
10 - 14 Years	2,392	7.5%	2,108	6.4%	2,071	6.1%
15 - 19 Years	2,316	7.3%	2,262	6.8%	2,130	6.3%
20 - 24 Years	1,608	5.1%	2,076	6.3%	2,114	6.3%
25 - 34 Years	3,637	11.4%	4,010	12.1%	4,352	12.9%
35 - 44 Years	5,195	16.3%	4,243	12.8%	3,785	11.2%
45 - 54 Years	4,363	13.7%	5,538	16.7%	5,270	15.6%
55 - 64 Years	2,899	9.1%	3,838	11.6%	4,652	13.8%
65 - 74 Years	2,587	8.1%	2,464	7.4%	2,872	8.5%
75 - 84 Years	1,866	5.9%	1,696	5.1%	1,673	5.0%
85+ Years	0,770	2.4%	0,969	2.9%	0,827	2.5%
Median Age	38.6		40.2		40.8	
Population, Female	16,405	51.6%	17,400	52.6%	17,961	53.2%
< 5 Years	0,984	6.0%	0,934	5.4%	1,088	6.1%
5 - 9 Years	1,089	6.6%	0,963	5.5%	0,964	5.4%
10 - 14 Years	1,167	7.1%	1,036	6.0%	0,990	5.5%
15 - 19 Years	1,146	7.0%	1,217	7.0%	1,101	6.1%
20 - 24 Years	0,755	4.6%	1,105	6.4%	1,164	6.5%
25 - 34 Years	1,869	11.4%	2,126	12.2%	2,382	13.3%
35 - 44 Years	2,651	16.2%	2,222	12.8%	1,984	11.0%
45 - 54 Years	2,101	12.8%	2,799	16.1%	2,720	15.1%
55 - 64 Years	1,519	9.3%	1,942	11.2%	2,411	13.4%
65 - 74 Years	1,407	8.6%	1,331	7.6%	1,562	8.7%
75 - 84 Years	1,143	7.0%	1,008	5.8%	0,987	5.5%
85+ Years	0,574	3.5%	0,717	4.1%	0,608	3.4%
Median Age (Females)	39.7		40.9		41.5	
Population, Male	15,383	48.4%	15,677	47.4%	15,794	46.8%
< 5 Years	0,975	6.3%	0,894	5.7%	1,050	6.6%
5 - 9 Years	1,107	7.2%	1,082	6.9%	0,907	5.7%
10 - 14 Years	1,225	8.0%	1,072	6.8%	1,081	6.8%
15 - 19 Years	1,170	7.6%	1,045	6.7%	1,029	6.5%
20 - 24 Years	0,853	5.5%	0,971	6.2%	0,950	6.0%
25 - 34 Years	1,768	11.5%	1,884	12.0%	1,970	12.5%
35 - 44 Years	2,544	16.5%	2,021	12.9%	1,801	11.4%
45 - 54 Years	2,262	14.7%	2,739	17.5%	2,550	16.1%
55 - 64 Years	1,380	9.0%	1,896	12.1%	2,241	14.2%
65 - 74 Years	1,180	7.7%	1,133	7.2%	1,310	8.3%
75 - 84 Years	0,723	4.7%	0,688	4.4%	0,686	4.3%
85+ Years	0,196	1.3%	0,252	1.6%	0,219	1.4%
Median Age (Males)	37.4		39.4		40.0	

Income By Age Update: 2008/2013

Ottawa Pavilion
Zip Code Market Area

Scan/US, Inc.
07/15/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
Total Households	14,408		15,097		689	
Householder, < 25 Years	625	4.3%	639	4.2%	14	-0.1%
< \$10,000	120	19.2%	110	17.2%	-10	-2.0%
\$10,000-\$19,999	84	13.4%	85	13.3%	1	-0.1%
\$20,000-\$29,999	177	28.3%	155	24.3%	-22	-4.1%
\$30,000-\$39,999	58	9.3%	58	9.1%	0	-0.2%
\$40,000-\$49,999	7	1.1%	11	1.7%	4	0.6%
\$50,000-\$59,999	14	2.2%	18	2.8%	4	0.6%
\$60,000-\$74,999	29	4.6%	22	3.4%	-7	-1.2%
\$75,000-\$99,999	7	1.1%	12	1.9%	5	0.8%
\$100,000-\$124,999	127	20.3%	152	23.8%	25	3.5%
\$125,000-\$149,999	2	0.3%	6	0.9%	4	0.6%
\$150,000-\$199,999	0	0.0%	3	0.5%	3	0.5%
\$200,000 +	0	0.0%	7	1.1%	7	1.1%
Median Income	\$28,290		\$34,113		\$5,823	
Householder, 25 - 34 Years	2,010	14.0%	2,201	14.6%	191	0.6%
< \$10,000	95	4.7%	93	4.2%	-2	-0.5%
\$10,000-\$19,999	219	10.9%	227	10.3%	8	-0.6%
\$20,000-\$29,999	255	12.7%	235	10.7%	-20	-2.0%
\$30,000-\$39,999	261	13.0%	270	12.3%	9	-0.7%
\$40,000-\$49,999	287	14.3%	302	13.7%	15	-0.6%
\$50,000-\$59,999	222	11.0%	291	13.2%	69	2.2%
\$60,000-\$74,999	245	12.2%	229	10.4%	-16	-1.8%
\$75,000-\$99,999	231	11.5%	273	12.4%	42	0.9%
\$100,000-\$124,999	92	4.6%	123	5.6%	31	1.0%
\$125,000-\$149,999	51	2.5%	77	3.5%	26	1.0%
\$150,000-\$199,999	26	1.3%	42	1.9%	16	0.6%
\$200,000 +	26	1.3%	39	1.8%	13	0.5%
Median Income	\$46,362		\$49,301		\$2,939	
Householder, 35 - 44 Years	2,461	17.1%	2,239	14.8%	-222	-2.3%
< \$10,000	101	4.1%	75	3.3%	-26	-0.8%
\$10,000-\$19,999	192	7.8%	156	7.0%	-36	-0.8%
\$20,000-\$29,999	226	9.2%	160	7.1%	-66	-2.0%
\$30,000-\$39,999	237	9.6%	207	9.2%	-30	-0.4%
\$40,000-\$49,999	298	12.1%	252	11.3%	-46	-0.9%
\$50,000-\$59,999	267	10.8%	284	12.7%	17	1.8%
\$60,000-\$74,999	333	13.5%	254	11.3%	-79	-2.2%
\$75,000-\$99,999	403	16.4%	374	16.7%	-29	0.3%
\$100,000-\$124,999	185	7.5%	192	8.6%	7	1.1%
\$125,000-\$149,999	107	4.3%	131	5.9%	24	1.5%
\$150,000-\$199,999	72	2.9%	103	4.6%	31	1.7%
\$200,000 +	40	1.6%	51	2.3%	11	0.7%
Median Income	\$56,759		\$61,124		\$4,365	



Michael K. Harney, D.O.
719 Canal Street
Ottawa, Illinois 61350
(815) 433-1954

February 9, 2009

Ottawa Pavilion
Margie Lyle
800 E. Center St
Ottawa, IL 61350

Re: Ottawa Pavilion

Dear Margie;

This letter is to serve as my confirmation of my support for 129 general long-term beds to the above referenced facility in Ottawa, Illinois.

A cursory review of our files indicated that I have previously referred approximately 4 patients to Ottawa Pavilion, Ltd for 2008.

I believe I would be able to refer in the future at least two to six patients per year to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely;

A handwritten signature in cursive script, appearing to read "Michael K. Harney".

Michael K. Harney DO



Ottawa Regional
Hospital & Healthcare Center

Raul V. Guerrero, MD
Internal Medicine
Board Certified
1050 E. Norris Drive, Suite 2B
Ottawa, IL 61350
(815) 433-2606
Fax: (815) 433-9448

February 9, 2009

Ottawa Pavilion
Margie Lyle
800 E. Center St.
Ottawa, IL 61350

RE: Ottawa Pavilion

Dear Margie,

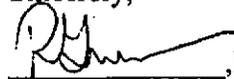
This letter is to serve as my confirmation of my support for 129 general long-term beds to the above referenced facility in Ottawa, Illinois.

A cursory review of our files indicated that I have previously referred approximately 11 patients to Ottawa Pavilion, Ltd. For 2008.

I believe I would be able to refer in the future at least 5 to 10 patients per year to your facility of nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

 M.D.

Dr. Guerrero



Ottawa Regional

Hospital & Healthcare Center

Cynthia A. Cabalfin, MD

Internal Medicine

Board Certified

1050 E. Norris Drive, Suite 2B

Ottawa, IL 61350

Phone: (815) 433-2606

Fax: (815) 433-9448

February 11, 2009

Ottawa Pavilion
Margie Lyle
800 E. Center St.
Ottawa, IL 61350

RE: Ottawa Pavilion

Dear Margie,

This letter is to serve as my confirmation of my support for 129 general long-term beds to the above referenced facility in Ottawa, Illinois.

A cursory review of our files indicated that I have previously referred approximately 6 patients to Ottawa Pavilion, Ltd. For 2008.

I believe I would be able to refer in the future at least 6 to unlimited depending on need, per year to your facility of nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Dr. Cabalfin



1614 East Norris Drive ■ Ottawa, IL 61350
815-433-1010
FAX 815-433-0067

Ottawa Pavilion
Margie Lyle
800 E. Center St.
Ottawa, IL 61350

RE: Ottawa Pavilion

Dear Margie

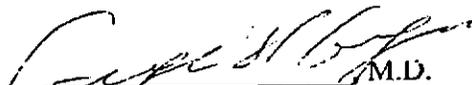
This letter is to serve as my confirmation of my support for 129 general long-term beds to the above referenced facility in Ottawa, Illinois.

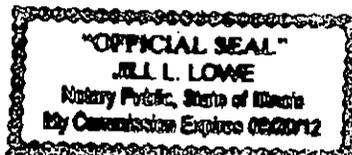
A cursory review of our files indicated that I have previously referred approximately 2 patients to Ottawa Pavilion, Ltd. for 2008.

I believe I would be able to refer in the future at least 2 to 5 patients per year to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,


M.D.
Dr. Georgiev



(NOTARIZE)

Jill L. Lowe
2/10/09

FAMILY PRACTICE

Brian S. Rosborough, MD, ABFM
J. Naila Bhurgri, MD, ABFM
Adriana P. Dumitrescu, MD, ABFM
George S. Georgiev, MD, ABFM

INTERNAL MEDICINE AND PEDIATRICS

Geoffrey G. Capes, MD, ABIM, ABP

PEDIATRICS

Pamela L. St.clair, MD

INTERNAL MEDICINE

David O. Manigold, MD, ABIM
Robert B. Maguire, MD, FACP
Romal I. Gandhi, MD, ABIM



1614 East Norris Drive ■ Ottawa, IL 61350
815-433-1010
FAX 815-433-0067

February 6, 2009

Ottawa Pavilion
Margie Lyie
800 E. Center Street
Ottawa, IL 61350

RE: Ottawa Pavilion

Dear Margie;

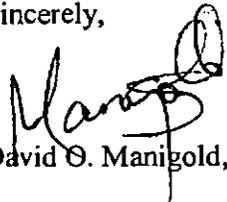
This letter is to serve as my confirmation of my support for 129 general long-term beds to the above referenced facility in Ottawa, Illinois.

A cursory review of our files indicated that I have previously referred approximately 51 patients to Ottawa Pavilion, Ltd. for 2008.

I believe I would be able to refer in the future at least 50 to 75 patients per year to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,



David O. Manigold, M.D.

FAMILY PRACTICE

Brian S. Rosborough, MD, ABFM
J. Naila Bhurgri, MD, ABFM
Adriana P. Dumitrescu, MD, ABFM
George S. Georgiev, MD, ABFM

INTERNAL MEDICINE AND PEDIATRICS

Geoffrey C. Capes, MD, ABIM, ABP

PEDIATRICS

Pamela L. Stclair, MD

INTERNAL MEDICINE

David O. Manigold, MD, ABIM
Robert B. Maguire, MD, FACP
Romal I. Gandhi, MD, ABIM



1614 East Norris Drive ■ Ottawa, IL 61350
815-433-1010
FAX 815-433-0067

Ottawa Pavilion
Margie Lyle
800 E. Center St.
Ottawa, IL 61350

RE: Ottawa Pavilion

Dear Margie

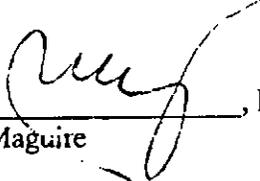
This letter is to serve as my confirmation of my support for 129 general long-term beds to the above referenced facility in Ottawa, Illinois.

A cursory review of our files indicated that I have previously referred approximately 15 patients to Ottawa Pavilion, Ltd. for 2008.

I believe I would be able to refer in the future at least ___ to 15 patients per year to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,


_____, M.D.
Dr. Maguire

FAMILY PRACTICE
Brian S. Rosborough, MD, ABFM
J. Naila Bhurgri, MD, ABFM
Adriana P. Dumitrescu, MD, ABFM
George S. Georgiev, MD, ABFM

INTERNAL MEDICINE AND PEDIATRICS
Geoffrey G. Capes, MD, ABIM, ABP
PEDIATRICS
Pamela L. St.clair, MD

INTERNAL MEDICINE
David O. Manigold, MD, ABIM
Robert B. Maguire, MD, FACP
Romal I. Gandhi, MD, ABIM

**OTTAWA
MEDICAL
CENTER, P.C.**



1614 East Norris Drive ■ Ottawa, IL 61350
815-433-1010
FAX 815-433-0067

Ottawa Pavilion
Margie Lyle
800 E. Center St.
Ottawa, IL 61350

RE: Ottawa Pavilion

Dear Margie

This letter is to serve as my confirmation of my support for 129 general long-term beds to the above referenced facility in Ottawa, Illinois.

A cursory review of our files indicated that I have previously referred approximately 4 patients to Ottawa Pavilion, Ltd. for 2008.

I believe I would be able to refer in the future at least 10 to 15 patients per year to your facility for nursing care.

The above information is true and accurate to the best of my knowledge.

Sincerely,


_____, M.D.
Dr. Bhurgri
2/6/09

FAMILY PRACTICE
Brian S. Rosborough, MD, ABFM
J. Naila Bhurgri, MD, ABFM
Adriana P. Dumitrescu, MD, ABFM
George S. Georgiev, MD, ABFM

INTERNAL MEDICINE AND PEDIATRICS
Geoffrey G. Capes, MD, ABIM, ABP
PEDIATRICS
Pamela L. St.clair, MD

INTERNAL MEDICINE
David O. Manigold, MD, ABIM
Robert B. Maguire, MD, FACP
Romal I. Gandhi, MD, ABIM

Criterion 1110.1730(h) – Facility Size

h) Performance Requirements – Facility Size

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

This item is not applicable as the Applicant is proposing only 129 nursing care beds.

Criterion 1110.1730(i) – Community Related Functions

i) Community Related Functions – Review Criterion

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

Appended as **ATTACHMENT-52A**, are fifteen letters of support from with the community. Specifically, the support comes from State Senator Gary G. Dahl, State Representative Frank J. Mautino, Ottawa Regional Hospital and Healthcare Center, the City of Ottawa, Pleasant View Lutheran Home, LaSalle County Nursing Home, the Ottawa Area Chamber of Commerce & Industry, the Guardianship & Advocacy Commission, Bridges Senior Center, Mr. Donald P. Mammano, P.C. and the Reverend Raymond A. Renyolds, Sr.

ATTACHMENT-52

DISTRICT OFFICE:
103 FIFTH STREET
PO BOX 260
PERU, ILLINOIS 61354
(815) 220-8720
FAX: (815) 220-8721

CAPITOL OFFICE:
105E STATE HOUSE
SPRINGFIELD, ILLINOIS 62706
(217) 782-3840
FAX: (217) 782-4079

senatordahl38@yahoo.com
www.dahl.senate.gov



GARY G. DAHL
STATE SENATOR • 38TH DISTRICT

COMMITTEES:

MINORITY SPOKESPERSON
AGRICULTURE

MEMBER:

LOCAL GOVERNMENT
COMMERCE & ECONOMIC
DEVELOPMENT
LICENSED ACTIVITIES
STATE GOVERNMENT
& VETERANS AFFAIRS

August 6, 2009

Illinois Health Facilities Planning Board
525 West Jefferson Street
Springfield, IL 62761

RE: Ottawa Pavilion, Ltd, Certificate of Need

Members of the Board:

I am pleased to offer my support of the new facility to be constructed in Ottawa, IL by Ottawa Pavilion, Ltd. This project presents an opportunity for additional jobs, capital investment and will increase the property tax base for the local schools, the city of Ottawa and LaSalle County.

None of these benefits will be possible without the approval of the CON by this Board. In these tough economic times the additional work for the construction trades is certainly needed. There is also the preservation of the jobs of the current employees of Ottawa Pavilion, Ltd. that are in jeopardy if the new facility is not completed. The financing for the project is also contingent upon the issuance of a CON.

This new facility will be possible only with this Board's issuance of the CON and therefore I urge you to give this CON top priority and a quick approval.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gary G. Dahl".

Gary Dahl
State Senator

CAPITOL OFFICE

261-S STRATTON BUILDING
SPRINGFIELD, IL 62706
217-782-0140
217-557-7680 FAX

DISTRICT OFFICE

221 E. ST. PAUL STREET
SPRING VALLEY, IL 61362
815-664-2717
815-663-1629 FAX



FRANK J. MAUTINO
ASSISTANT MAJORITY LEADER
STATE REPRESENTATIVE • 76th DISTRICT

Email

Springfield Office - klarge@hds.ilga.gov
Spring Valley Office - patti76th@ivnet.com

August 26, 2009

COMMITTEES

Appropriations General Services
Insurance
Revenue & Finance - Vice Chair
Tollway Oversight

CHIP Board
Legislative Audit Commission - Chairman
Private Sewage Disposal Review Commission

TO WHOM IT MAY CONCERN:

I would like this letter of support be considered on behalf of Ottawa Pavilion Ltd. 800 East Center Street, Ottawa, Illinois 61350, Telephone 815-434-7144, a Skilled Nursing & Rehabilitation facility serving the City of Ottawa and the LaSalle County area since 1964.

This licensed skilled nursing facility has been an integral part of the community and a major employer in Ottawa, providing jobs to over 120 individuals. Since their original structure is over seventy years old maintaining the physical plant has become increasingly more difficult as it has reached the end of its useful life. Furthermore, the building will be out of compliance with Federal and State Life Safety code guidelines and requirements by 2012.

Their new, state of the art facility will be very beneficial for the City of Ottawa, LaSalle County and the surrounding area. The additional services the new facility will provide will enable them to hire more employees and therefore increase employment in these times of high unemployment. In addition to having a new state of the art therapy center, they will also have a fitness and community center open to the public.

Therefore, I am honored and proud to present this letter of recommendation on behalf of Ottawa Pavilion Ltd. Thank you for your consideration.

Sincerely,

Handwritten signature of Frank J. Mautino in cursive script.

FRANK J. MAUTINO
Asst. Majority Leader
State Representative - 76th District



Ottawa Regional
Hospital & Healthcare Center

February 26, 2009

Ottawa Pavilion, Ltd.
ATTN: Margie Lyle
300 E. Center Street
Ottawa, IL 61350

Dear Margie:

Ottawa Regional Hospital and Healthcare Center is supportive of the Ottawa Pavilion, Ltd. and the excellent quality of care that is provided.

We are proud that Ottawa has this facility available to our residents and we are happy to offer our support of the expansion/renovation of Ottawa Pavilion, Ltd.

Sincerely,

Robert A. Chaffin
President

RAC:mke



Ottawa Regional
Hospital & Healthcare Center

March 27, 2009

Ottawa Pavilion, Ltd.
ATTN: Margie Lyle
800 E. Center Street
Ottawa, IL 61350

Dear Margie:

Ottawa Regional Hospital and Healthcare Center is supportive of the Ottawa Pavilion, Ltd. and the excellent quality of care that is provided by your organization. We understand that your current two-story building was built in approximately 1939 as a TB Sanitarium. The existing building has no central air conditioning, includes only community rest rooms and shower rooms on the resident floors, and does not have a sprinkler system. This building is definitely outdated. A new, state-of-the-art building which includes sitting rooms, family dining areas, and snack stations, along with rooms that will have their own private bath/shower facilities is greatly needed for the Ottawa Pavilion. Patient care and quality of care are of the utmost importance, and we offer our support of the expansion/renovation of Ottawa Pavilion, Ltd.

Sincerely,

Robert A. Chaffin
CEO

RAC:mke



Ottawa Regional
Hospital & Healthcare Center
Ottawa Regional Home Health/Hospice

3/2/09

Ottawa Pavillion Ltd.
800 E. Center St.
Ottawa, Il. 61350

To Whom it May Concern,

We have found Ottawa Pavillion to be very helpful when placing patients in their facility. We appreciate their professionalism and caring attitudes toward our patients, whether patient is being placed for short term Hospice care or long term residential status.

Ottawa Regional Hospice partnered with Ottawa Pavillion to facilitate a designated hospice room. The results were great, a beautiful private room with all the comforts of home emerged, and a relaxed atmosphere for family was provided. Hospice staff and Hospice families appreciated having the use of this room and expressed gratitude that the room was provided.

Your staff seem to have that "extra something", when helping someone, whether answering a billing question, explaining a medication, expanding a rehab procedure or giving a referral, it is apparent that patient need always comes first.

Good luck with you renovation project and keep up the good work.

Sincerely,

Kris Thomas
Patient Services Director
Community Health Services

City Commissioners
Daniel F. Aussem
Accounts & Finance

Edward V. Whitney
Public Health & Safety

Dale F. Baxter
Streets & Public Improvements

Wayne A. Eichelkraut, Jr.
Public Property

CITY OF OTTAWA

ROBERT M. ESCHBACH
MAYOR

301 W. MADISON STREET, OTTAWA, ILLINOIS 61350



Pool, Leigh & Kopko
Corporation Counsel

Donald J. Harris
City Treasurer

David A. Noble
City Engineer

Shelly L. Munks
City Clerk

Phone: 815-433-0161
Fax: 815-433-2270
www.cityofottawa.org

April 7, 2009

Ottawa Pavilion
Margie Lyle
800 East Center Street
Ottawa, Illinois 61350

Dear Margie:

The City of Ottawa is excited to learn of the proposed plans for expansion of the facilities at Ottawa Pavilion to better serve area residents. I understand the project will provide private restrooms, family rooms, snack areas and private dining rooms for family gatherings, and a sprinkler system, as well as a 5,900 square foot therapy center and renovation of the 70 year old structure that has an antiquated boiler system.

The City of Ottawa supports this renovation project that will enhance the quality of care provided to residents.

Very truly yours,

Robert M. Eschbach
Mayor

RME/kjc

LaSalle County Nursing Home
1380 North 27th Road
Ottawa, IL 61350

Adrienne Erickson,
Administrator

April 1, 2009

Ottawa Pavilion, Ltd.
800 East Center Street
Ottawa, IL 61350

Dear Margie,

Thank you for your letter of March 23, 2009. I would be happy to assist you in your endeavor. The average daily census of LaSalle County Nursing Home is 94%.

We send best wishes to you, your staff, and the residents at Ottawa Pavilion for a happy and healthy spring season.

Sincerely,


Adrienne Erickson,
Administrator



Pleasant View
A Lutheran Life Community

March 27, 2009

Dear Margie Lyle,

Pleasant View is currently licensed for 164 beds. Our average occupancy is 80%.

Sincerely,

Cindy Duncan

Administrator



Ottawa Area Chamber of Commerce & Industry

PO Box 888, 633 E. LaSalle Street, Suite 401, Ottawa, IL 61350

Phone 815-433-0084 Fax 815-433-2405 Email info@ottawachamberillinois.com

January 29, 2009

Ottawa Pavilion, Ltd
Attn: Margie Lyle
800 East Center Street
Ottawa, Illinois 61350

Dear Ms Lyle:

The Ottawa Area Chamber of Commerce and Industry strongly endorses Ottawa Pavilions announcement of building a state of the art, new 68,000 square foot facility to replace the original building erected in 1938.

By doing so, Ottawa Pavilion will greatly enhance its ability to serve and provide quality care for our aging population and stay current in this competitive world. In addition, this provides the City and the Chamber another tool in their tool box to show prospective companies and individuals that Ottawa has the resources and entities to serve them, whatever their needs.

The Chamber looks forward to "cutting the ribbon" when you open the doors to your new building.

Sincerely,

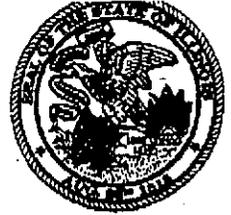
Boyd Palmer
Executive Director
Ottawa Area Chamber of Commerce and Industry

STATE OF ILLINOIS
Pat Quinn
Governor

GUARDIANSHIP & ADVOCACY COMMISSION

Dr. Mary L. Milano, Director

HUMAN RIGHTS AUTHORITY
LEGAL ADVOCACY SERVICE
OFFICE OF STATE GUARDIAN



February 23, 2009

To Whom It May Concern:

The Office of State Guardian has at least two wards at Ottawa Pavilion for over 20 years. We currently have four wards that receive care at Ottawa Pavilion. With our most recent ward admission to Ottawa Pavilion, I chose this nursing home for our ward, knowing he would receive the care and TLC he so desperately needs and thrives on.

I am very pleased with the attention and medical care our wards receive at Ottawa Pavilion. I have found the staff, from Housekeeping, CNAs, Nursing, Social Services and Care Plan Coordinator, PT, and Administration, very helpful and accommodating to my questions and concerns. They have worked with me to address the service needs of my wards and have been proactive to ensure that each of them is treated with respect and compassion.

I understand they are pursuing building a new state of the art facility where they can serve their residents. This plan would benefit all of the people living at Ottawa Pavilion. Having up to date equipment and rooms would enhance the services they provide. An immediate improvement would be in the bedrooms, which would be brighter and larger, allowing easier movement of staff and equipment while providing care in the rooms. Their current building is very old and foreboding. Though staff provide cheery dispositions, the building itself does not enhance their overall attitude/presence.

I am fully behind this endeavor and hope that this pursuit becomes a reality. Thank you for giving me the opportunity to give some thanks to Ottawa Pavilion and their outstanding care and nurturing they provide to the residents that live there.

Sincerely,

A handwritten signature in cursive script that reads "Jane Browning".

Jane Browning, Guardianship Representative
Office of State Guardian

ROCKFORD REGIONAL OFFICE

- ◆ 4302 North Main Street ◆ Rockford, IL 61103-5202
- ◆ Telephone (815) 987-7657 ◆ Fax (815) 987-7227
- ◆ Statewide Toll Free Intake (866) 274-8023 ◆ Statewide TTY (866) 333-3362





OTTAWA FIRE DEPARTMENT

301 W. LAFAYETTE • OTTAWA, IL 61350

PH (815) 434-3785 • FAX (815) 434-3805



JAMES R. DUBACK, FIRE CHIEF

Ms. Margie Lyle
Ottawa Pavilion, Ltd.
800 East Center Street
Ottawa, IL 61350

Re: Construction, Major renovation plans

Dear Margie,

The news of plans for Ottawa Pavilion, Ltd. to replace the existing 70 plus year old building with a completely new state of the art facility is exciting to say the least. We have spoken of the possibility for this concept to become a reality before, and I am very pleased for all of you involved with maintaining the Pavilion that these major renovation plans are becoming reality.

With 25 years of service with the Fire Department I have been in your facility hundreds of times, not only as an EMT on Medic calls, but as a Fire Officer responding to alarm panel activation. The staff of Ottawa Pavilion has shown professionalism and genuine compassionate care to our people at the Department as well as all of their residents.

At a more personal level my grandmother spent her final years at your facility (then Ottawa Care) in the late 1970's and early 1980's. I visited her several times a week and always found our concerns responded to with caring and sensitive staff. My mother is presently living in the Annex, and has grown to like the care and special attention she obviously needs at this stage of her life. Her sister lived most of her final 18 months there and received constant and comforting care the entire time.

I will fully support this huge undertaking throughout the entire process. As Fire Chief I will be involved with Design Review, along with our City Planner, Building Official, and Engineers. This Community will be well served for generations to come with such a facility, and I am pleased that Ottawa Pavilion Ltd. is willing to continue its service with such an investment in our community. If there is anything you need from the City of Ottawa throughout this entire undertaking, please feel free to call me at anytime, as I will do all I can to help with the many challenges ahead of you. I wish you the best.

Sincerely,

James R. Duback, Fire Chief
City of Ottawa



**Bridges
Community
Center**

"Combining wisdom from the past with vision for the future."

Bridges Community Center

221 West Etna Rd.

Ottawa, IL 61350

(815) 431-8034

Alternatives
for the Older Adult

2-24-2009

RE: Ottawa Pavilion Ltd.

To Whom It May Concern:

Bridges Senior Center, a program of Alternatives For The Older Adult, supports Ottawa Pavilion's efforts to provide quality care for senior citizens.

By undergoing major renovations to the facility they will be able to offer excellent health care with state of the art technology. At the same time the new building will allow residents and their families to enjoy a home like atmosphere.

The improvements made to Ottawa Pavilion Ltd. will also be a great asset to the Ottawa community.

Bridges Senior Center endorses quality care for senior citizens.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Johnson".

Jennifer Johnson
Bridges Senior Center Coordinator
221 W. Etna road
Ottawa, Il. 61350

DONALD P. MAMMANO, D.C., F.A.C.O.
- MEDICAL CORPORATION -
DIPLOMATE OF THE AMERICAN BOARD OF CHIROPRACTIC ORTHOPEDICS
ORTHOPAEDICS & SPORTS MEDICINE
MANIPULATION UNDER ANESTHESIA
1304 GEMINI CIRCLE, SUITE 2
OTTAWA, ILLINOIS 61350
TELEPHONE: (815) 434-5555
FAX: (815) 434-5568
WEBSITE: WWW.DRMAMMANO.COM
E-MAIL: DCLTD@aol.com

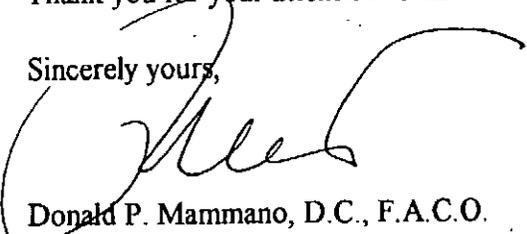
February 25, 2009

To Whom it May Concern:

As a practicing physician of 35 years, and an Ottawa resident of 31 years, I am more than familiar with the Ottawa Pavilion facility. Over the years, it has served a remarkable number of residents of Ottawa and the surrounding areas who are also my patients. It provides a necessary and vital function to this area. The current facility is old and must be replaced, in order for the Pavilion to continue to provide excellent and necessary services. Therefore I request that you respond with approval for the updating, improving and replacing of the current facilities.

Thank you for your attention to this matter. I remain,

Sincerely yours,



Donald P. Mammano, D.C., F.A.C.O.

DPM/cm

City Commissioners
Daniel F. Aussem
Accounts & Finance

Edward V. Whitney
Public Health & Safety

Dale F. Baxter
Streets & Public Improvements

Wayne A. Eichelkraut, Jr.
Public Property

CITY OF OTTAWA

ROBERT M. ESCHBACH
MAYOR

301 W. MADISON STREET, OTTAWA, ILLINOIS 61350



Pool, Leigh & Kopko
Corporation Counsel

Donald J. Harris
City Treasurer

David A. Noble
City Engineer

Shelly L. Munks
City Clerk

Phone: 815-433-0161
Fax: 815-433-2270
www.cityofottawa.org

February 3, 2009

Margie Lyle
Ottawa Pavilion, Ltd.
800 East Center Street
Ottawa, Illinois 61350

Dear Ms. Lyle;

Ottawa Pavilion is and has been providing quality care in Ottawa for many years and has become part of the backbone of the fabric that makes up the residential choices for our senior citizens.

The City of Ottawa is excited to hear of the upcoming construction of a 68,000 s.f. facility to replace the existing 9,700 s.f. one that has served thousands of patients over these many decades. We fully support this project and the efforts that will be made to bring the facility up to today's standards and fulfill the needs of our elderly population.

As the times we now live in have changed, the need for facilities such as yours is so much greater than generations ago. The City is pleased to know that this site is being planned for Ottawa and we look forward to working with you as the new building is constructed and brought into service for so many residents seeking a home-like atmosphere when needing to leave their own.

Sincerely,

David A. Noble
City Engineer & Director
of Community Development

DAN:ncs

April 13, 2009

To whom it may concern:

I am writing this letter to express my concern for the good of the community, as well as my family. There is a great need for Ottawa Pavilion. However, the building is beyond repair, and much outdated. We as a community need a new one. Many people here will one day rely on this home. Many families I know already have.

I express my feelings and concerns as someone who has experienced the need already.

Sincerely,

Rev. Raymond A. Reynolds Sr.

Rev. Raymond A. Reynolds Sr.

Criterion 1110.1730(j) – Zoning

j) Zoning – Review Criterion

The applicant shall document one of the following:

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

The Applicant currently has a 119 bed nursing care facility on the site know as 800 East Center Street, Ottawa, Illinois. This project will be an on-site replacement and modernization. Therefore, the project is currently zoned and remains so. A letter to that affect from the City of Ottawa will be forwarded upon receipt.

City Commissioners

Daniel Kussem
Accounts & Finance

Wayne A. Eichelkrut, Jr.
Public Property

Carl F. Baxter
Streets & Public Improvements

Edward V. Whitney
Public Health & Safety

CITY OF OTTAWA

**ROBERT M. ESCHBACH
MAYOR**

301 W. MADISON STREET, OTTAWA, ILLINOIS 61350



Paul, Leigh & Kopko
Corporate Counsel

Donald J. Harris
City Treasurer

David A. Noble
City Engineer

Shelly L. Munks
City Clerk

Phone: 815-433-0161

Fax: 815-433-2270

www.cityofottawa.org

July 28, 2009

Margie Lyle
Ottawa Pavilion, LTD.
800 E. Center Street
Ottawa, IL 61350

Re: Zoning for Ottawa Pavilion

Dear Margie;

The City of Ottawa currently has the property known as Ottawa Pavilion at 800 East Center Street, zoned A-2 Single and Two Family Residential. According to the ordinance nursing homes are listed as conditional use. As of today you are in the process of acquiring a conditional use permit for a nursing home and should be before the City Council in August for final approval.

In order for Ottawa Pavilion to expand the currently building the conditional use for a nursing home will need to be approved by the City Council and then you will need to acquire a site development permit and building permit.

If you have any questions regarding the above issues please do not hesitate to contact me at (815) 433-0164 ext. 40.

Sincerely,

Tami L. Huffel
City Planner

C. Criterion 1120.210(c), Operating Start-up Costs

Supplemental/Overtime Personnel	\$ 5,000
Moving Costs	\$10,000
Advertising and Promotion	\$31,000
Classified Advertising	\$ 5,000
Supplies	\$ 5,000
Training	\$ 5,000
Total	\$61,000
Initial Operating Deficit 2011 thru 2012	\$ 0
Total Start-up and Deficit	\$61,000

This project is a replacement facility and since a large number of patients will be available to move to the new building on opening, no initial deficit is expected. The start-up costs will be small and mostly associated with movement of patients and promotion of the new facility. They will be funded by the normal cash flow from operations.

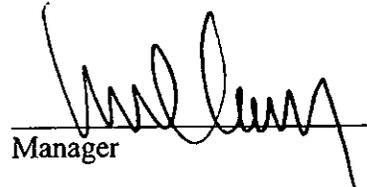
**800 East Center Street, LLC
800 East Center Street
Ottawa, Illinois 61350**

Please be advised that the selected form of debt financing the project will be at the lowest net cost available.

Furthermore, should all or part of the project involve 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.

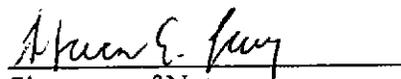


Manager



Manager

Notarization:
Subscribed and sworn to me
this 2nd day of SEPTEMBER

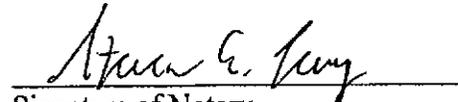


Signature of Notary

Seal



Notarization:
Subscribed and sworn before me
this 2nd day of SEPTEMBER



Signature of Notary

Seal



ATTACHMENT 75

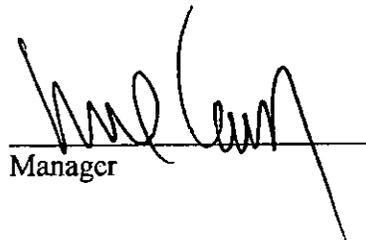
800 East Center Street, LLC
800 East Center Street
Ottawa, Illinois 61350

Please be advised that the selected form of debt financing the project will be at the lowest net cost available.

Furthermore, should all or part of the project involve 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.

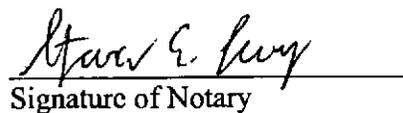


Manager



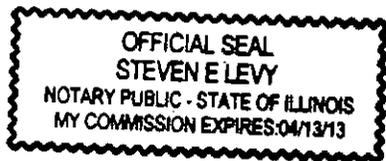
Manager

Notarization:
Subscribed and sworn to me
this 20 day of SEPTEMBER



Signature of Notary

Seal



Notarization:
Subscribed and sworn before me
this 20 day of SEPTEMBER



Signature of Notary

Seal



ATTACHMENT 75

LEASE AGREEMENT

By and Between

800 EAST CENTER STREET, LLC

and

OTTAWA PAVILION, LTD.

July 1, 2005

119 Beds

800 East Center Street, Ottawa, Illinois

TABLE OF CONTENTS

	<u>Page</u>
ARTICLE I - DEFINITIONS	2
ARTICLE II - DEMISED PREMISES AND PERSONAL PROPERTY	2
ARTICLE III - TERM OF LEASE	3
ARTICLE IV - RENT	3
ARTICLE V - LATE CHARGES	4
ARTICLE VI - PAYMENT OF TAXES AND ASSESSMENTS	6
ARTICLE VII - TAX AND INSURANCE DEPOSITS	10
ARTICLE VIII - OCCUPANCY	12
ARTICLE IX - INSURANCE	15
ARTICLE X - LESSOR'S RIGHT TO PERFORM	21
ARTICLE XI - REPAIRS, MAINTENANCE AND IMPROVEMENTS	22
ARTICLE XII - ALTERATIONS AND DEMOLITION	24
ARTICLE XIII - COMPLIANCE WITH LAWS AND ORDINANCES	25
ARTICLE XIV - DISCHARGE OF LIENS	28
ARTICLE XV - INSPECTION OF PREMISES AND RECORDS BY LESSOR	30
ARTICLE XVI - CONDEMNATION	31
ARTICLE XVII - RENT ABSOLUTE	32
ARTICLE XVIII - ASSIGNMENT AND SUBLETTING	32
ARTICLE XIX - EVENTS OF DEFAULT	35
ARTICLE XX - RIGHT TO CONTEST/CURE	38
ARTICLE XXI - LESSOR'S REMEDIES UPON DEFAULT	40
ARTICLE XXII - LIABILITY OF LESSOR	44
ARTICLE XXIII - CUMULATIVE REMEDIES OF LESSOR	45
ARTICLE XXIV - INTENTIONALLY OMITTED	45
ARTICLE XXV - INDEMNIFICATION	45
ARTICLE XXVI - SUBORDINATION PROVISIONS	46
ARTICLE XXVIII - MORTGAGE RESERVES	49
ARTICLE XXIX - LESSEE'S ATTORNMENT	49
ARTICLE XXX - REPRESENTATIONS	50
ARTICLE XXXI - LIABILITIES ACCRUING PRIOR TO LEASE COMMENCEMENT; ACCOUNTS PAYABLE AND ACCOUNTS RECEIVABLE; INVENTORY	52
ARTICLE XXXII - LICENSURE PROVISIONS	53
ARTICLE XXXIII - FINANCIAL STATEMENTS	53
ARTICLE XXXIV - MISCELLANEOUS	53

LEASE AGREEMENT

THIS LEASE AGREEMENT (the "Lease") made and entered into this 1st day of July, 2005, by and between **800 EAST CENTER STREET, LLC**, an Illinois limited liability company (hereinafter referred to as "Lessor"), and **OTTAWA PAVILION, LTD.**, an Illinois corporation (hereinafter referred to as "Lessee").

WITNESSETH:

WHEREAS, Lessor owns certain tracts of land which is improved with a 119-licensed bed nursing home located at 800 East Center Street, Ottawa, Illinois, 61350 as well as any other structures located thereon, all as more particularly described in Exhibit A attached hereto and made a part hereof (hereinafter collectively referred to as the "Demised Premises");

WHEREAS, Lessor owns the furnishings, furniture, equipment and fixtures used in or about the Demised Premises (hereinafter collectively referred to as the "Personal Property"); and

WHEREAS, Lessor desires to lease the Demised Premises and Personal Property to Lessee and Lessee desires to lease the Demised Premises and Personal Property from Lessor.

NOW THEREFORE, in consideration of the above Recitals, which are incorporated herein by this reference, and of the mutual covenants, agreements and undertakings hereinafter set forth, it is agreed that the use and occupancy of the

Demised Premises, and the use of the Personal Property shall be subject to and in accordance with the terms, conditions and provisions of this Lease.

ARTICLE I - DEFINITIONS

1.1 The terms defined in this Article shall, for all purposes of this Lease and all agreements supplemental hereto, have the meaning herein specified.

(a) "Facility" shall mean the 119-licensed bed nursing home located in Ottawa, Illinois, as well as any other structures located on the Demised Premises.

(b) "Mortgage" shall mean the Mortgage(s), if any (the "Existing Mortgage") ~~described on Schedule 1 attached hereto and made a part hereof, and any~~ amendments, modifications or extensions thereof and any mortgage or mortgages which in the future may encumber the Demised Premises, provided that any such amendments, modifications or extensions of the Existing Mortgage or new mortgages comply with the terms of this Lease.

(c) "Mortgagee" shall mean the holder of any Mortgage.

(f) All other terms shall be as defined in other sections of this Lease.

ARTICLE II - DEMISED PREMISES AND PERSONAL PROPERTY

2.1 Lessor, for and in consideration of the rents, covenants and agreements hereinafter reserved, mentioned and contained on the part of the Lessee, its successors and assigns, to be paid, kept and performed, does hereby lease unto Lessee the Demised Premises together with the Personal Property to be used in and upon the Demised Premises for the term hereinafter specified, for use and operation therein and

thereon of the nursing home, in substantial compliance with all the rules and regulations and minimum standards applicable thereto, as prescribed by the State of Illinois and such other governmental authorities having jurisdiction thereof.

ARTICLE III - TERM OF LEASE

3.1 The term of this Lease shall commence on November 1, 2005 (the "Commencement Date"), subject to the provisions set forth in Section 34.18 herein and provided that Lessee shall have a license to operate the nursing home located on the Demised Premises. The term shall expire on the day prior to the tenth (10th) ~~anniversary of the Commencement Date, unless sooner terminated or extended as~~ provided herein.

ARTICLE IV - RENT

4.1 From and after the date hereof, Lessee shall pay to Lessor, or as Lessor shall direct, without demand, deduction or offset for any reason whatsoever except as herein specifically provided, as fixed monthly base rental (the "Base Rent") for the Demised Premises and the Personal Property over and above all other and additional payments to be made by Lessee as provided in this Lease the following amounts:

<u>Period</u>	<u>Monthly Base Rental Installments</u>
11/1/05 – 10/31/06	\$15,000.00
11/1/06 – 10/31/07	\$16,000.00
11/1/07 – 10/31/08	\$17,000.00
11/1/08 – 10/31/09	\$18,000.00
11/1/09 – 10/31/10	\$19,000.00
11/1/10 – 10/31/11	\$20,000.00

<u>Period</u>	<u>Monthly Base Rental Installments</u>
11/1/11 – 10/31/12	\$21,000.00
11/1/12 – 10/31/13	\$22,000.00
11/1/13 – 10/31/14	\$23,000.00
11/1/14 – 10/31/15	\$24,000.00

All rental payments, together with all tax and insurance deposits provided for in this Lease, shall be paid in advance on the first day of each month. Unless otherwise notified in writing Lessor directs Lessee to deliver all rental payments payable to Lessor and shall be sent to 800 East Center Street, LLC, _____

4.2 This Lease is and shall be deemed and construed to be a net-net lease and the Base Rent specified herein shall be net to the Lessor in each year during the term of this Lease. The Lessee shall pay all costs, expenses and obligations of every kind whatsoever relating to the Demised Premises which may arise or become due during the term of this Lease, except for any principal and interest payments due with respect to any Mortgage. Lessee does hereby agree to indemnify, defend and hold harmless the Lessor against any and all such costs, expenses and obligations.

ARTICLE V - LATE CHARGES

If: (i) payment of any sums required to be paid or deposited by Lessee to Lessor under this Lease, or (ii) payments made by Lessor under any provision hereof for which Lessor is entitled to reimbursement by Lessee, shall become overdue, then Lessor shall have the right to immediately provide notice regarding Lessee's failure to make such

timely payment(s), and if Lessee does not make the required payment(s) within ten (10) days after receipt of such notice, a late charge of three percent (3%) per month on the sums so overdue shall become due and payable to Lessor and said late charges shall be payable on the first day of the month next succeeding the month during which Lessor gives notice of the incurrence of a late charge to Lessee. In the event Lessor fails to notify Lessee of such failure to make timely payment(s) within ninety (90) days after the date such payment(s) is due, Lessor shall be deemed to waive the payment of said late charge and any default as a result thereof. Lessee agrees that any such late charges ~~shall not be deemed to be a penalty, but shall be deemed to be liquidated damages~~ because of the impossibility of computing the actual amount of damages in advance. If nonpayment of any late charges shall occur, Lessor shall have, in addition to all other rights and remedies, all the rights and remedies provided for herein and by law in the case of nonpayment of Rent. Except as provided in this paragraph, no failure by Lessor to insist upon the strict performance by Lessee of Lessee's obligations to pay late charges shall constitute a waiver by Lessor of its rights to enforce the provisions of this Article in any instance thereafter occurring, and nothing contained herein shall be deemed to be a waiver of or limitation on the right of Lessor from declaring an Event of Default, as defined herein, because of Lessee's failure to make any payment due hereunder when such payment was due.

ARTICLE VI - PAYMENT OF TAXES AND ASSESSMENTS

6.1 Lessee will pay as Additional Rent (or, if monthly deposits are collected from Lessee pursuant to Section 7.1 hereof, Lessor or Mortgagee, as the case may be, to the extent deposits are collected by Lessor or Mortgagee pursuant to Section 7.1, will pay) before any fine, penalty, interest or cost may be added thereto for the nonpayment thereof, all taxes, assessments, license and permit fees and other governmental charges, general and special, ordinary and extraordinary, foreseen and unforeseen, of any kind and nature whatsoever which during the term of this Lease may have been, or ~~may be assessed, levied, confirmed, imposed upon or become due and payable out of~~ or in respect of, or become a lien on the Demised Premises and/or Personal Property or any part thereof (hereinafter collectively referred to as "Taxes and Assessments").

6.2 Any Taxes and Assessments relating to a fiscal period of any authority, a part of which is included within the term of this Lease and a part of which is included in a period of time before or after the term of this Lease, shall be adjusted pro rata between Lessor and Lessee as of the commencement and termination of the Lease term and each party shall be responsible for its pro-rata share of any such Taxes and Assessments.

6.3 Nothing herein contained shall require Lessee to pay income taxes assessed against Lessor, or capital levy, franchise, estate, succession or inheritance taxes of Lessor or its beneficiary.

6.4 If permitted by the terms of the Mortgage, Lessee shall have the right to contest the amount or validity, in whole or in part, of any Taxes and Assessments by appropriate proceedings diligently conducted in good faith, but only after payment of such Taxes and Assessments, unless such payment would operate as a bar to such contest or interfere materially with the prosecution thereof, in which event, Lessee may postpone or defer such payment only if:

(1) Neither the Demised Premises, nor any part thereof, would by reason of such postponement or deferment be in danger of being forfeited or lost; and

~~(2) Lessee shall have deposited with Lessor, to be held in trust, cash~~
or securities in an amount (against which Lessee shall receive a credit equal to the amount pertaining to the period such Taxes and Assessments are being contested held by Lessor pursuant to the terms of paragraph 7.1 hereof) reasonably satisfactory to Lessor but in no event less than the amount required by the Mortgagee, or if there is then no Mortgage encumbering the Premises, then one hundred twenty-five percent (125%) of the amount of such Taxes and Assessments, including the amount of any interest thereon and penalties in connection with the nonpayment thereof, which at such time shall be actually due and payable, and such additional amounts from time to time as may be necessary to keep on deposit at all times an amount equal to one hundred twenty-five percent (125%) of such Taxes and Assessments at any time actually due and payable, together with all interest, costs and penalties in connection therewith and

all charges that may or might be assessed against or become a charge on the Demised Premises or any part thereof in such proceedings.

If held by Lessor, the cash so deposited shall be deposited by Lessor in an interest bearing account and the cash or securities so deposited shall be held by Lessor until the Demised Premises shall have been released and discharged and shall thereupon be returned to the Lessee, plus any accrued interest, less the amount of any loss, cost, damage and reasonable expense (including, without limitation, attorneys' fees and investment expenses) that Mortgagee or Lessor may sustain in connection with the Taxes and Assessments so contested. In the event any Mortgagee holds the sum required to be deposited by this Section 6.4, Lessor shall only pay Lessee interest if such Mortgagee pays Lessor interest and such interest shall be paid to Lessee at the same interest rate and with the same deductions as paid to Lessor by such Mortgagee.

6.5 Upon the termination of any such proceedings, Lessee shall pay the amount of such Taxes and Assessments or part thereof as finally determined in such proceedings, the payment of which may have been deferred during the prosecution of such proceedings, together with any costs, fees, interest, penalties, or other liabilities in connection therewith, and such payment, at Lessee's request, shall be made by Lessor out of the amount deposited with respect to such Taxes and Assessments and accrued interest as aforesaid. In the event such amount is insufficient, then the balance due shall be promptly paid by Lessee.

6.6 Lessor shall not be required to join in any proceedings referred to in this Article, unless the provisions of any law, rule or regulation at the time in effect shall require that such proceedings be brought by and/or in the name of Lessor in which event Lessor shall join in such proceedings or permit the same to be brought in its name. Lessor shall not ultimately be subjected to any liability for the payment of any costs or expenses in connection with any such proceedings, and Lessee will indemnify, defend and save harmless Lessor from any such costs and expenses, including, without limitation, reasonable attorneys' fees, as a result of such proceedings. Lessee shall be ~~entitled to any refund of any real estate taxes and penalties or interest thereon received~~ by Lessor but previously reimbursed in full by Lessee.

6.7 In the event that Lessor determines in its reasonable judgment that it is not being adequately represented by Lessee's counsel in any proceedings referred to in this Article, Lessor may upon ten (10) days' prior written notice to Lessee, obtain separate counsel to represent it in such action. In such event, the cost of such counsel shall be paid by Lessor. In the event that Lessor determines, in its reasonable judgment, that Lessee has abandoned any contest referred to in this Article and/or that Lessee is not pursuing any such contest with due diligence, Lessor may, upon ten (10) days' prior written notice to Lessee, if the Taxes and Assessments so contested by Lessee have not theretofore been paid, pay such Taxes and Assessments from the amounts deposited by Lessee pursuant to the terms of Paragraph 6.4 above.

6.8 If any income, profits or revenue tax shall be levied, assessed or imposed upon the income, profits or revenue arising from the Rent payable hereunder, partially or totally in lieu of or as a substitute for real estate taxes imposed upon the Demised Premises or Personal Property, then Lessee shall be responsible for the payment of such tax.

ARTICLE VII - TAX AND INSURANCE DEPOSITS

7.1 Lessee shall be required to make monthly deposits for real estate taxes and for insurance premiums (for the insurance obtained by Lessee pursuant to Article IX ~~of this Lease) with Lessor, in an amount equal to one-twelfth (1/12) of the annual real~~ estate taxes and annual insurance premiums or such greater amount as may be required by the Mortgage. Said deposits shall be due and payable on the first (1st) day of each month as Additional Rent. If held by Lessor, such amounts shall be deposited by Lessor in an interest bearing account with interest to be retained in such account for the benefit of Lessee. If such deposits are held by Mortgagee, said deposits shall not bear interest, unless interest on the deposits is paid to Lessor by any Mortgagee. The deposits shall be held by Lessor and/or any Mortgagee to pay the real estate taxes and insurance premiums as they become due and payable. If the total of the monthly payments as made under this Article shall be insufficient to pay the real estate taxes and/or insurance premiums when due, then Lessee shall pay Lessor the amount necessary to make up the deficiency. In the event that Lessee has paid all sums due under this Section 7.1 and Lessor shall fail to pay the real estate taxes and/or insurance

premiums when due, Lessor shall be solely responsible for any late charges or loss which are a result of its failure to make timely payment hereunder. Not later than (5) days following its receipt thereof, Lessee shall provide to Lessor copies of any and all bills received by it for Taxes and Assessments and/or insurance premiums, to the extent the same are received by Lessee.

7.2 The foregoing to the contrary notwithstanding, in the event that Lessor is not required under the terms of the Mortgage to make deposits for Taxes and Assessments and/or insurance premiums, then, provided that Lessee shall pay such ~~Taxes and Assessment and such insurance premiums before the same shall become~~ due and provided further that Lessee shall otherwise comply with each and every term of this Lease, Lessee shall not be required to make the deposits required under Section 7.1. In the event that Lessee shall fail to make such payments prior to the respective due dates, then (a) Lessee shall be obligated to pay any late fees, penalties or other similar charges as a result of such late payment, and (b) Lessee shall subsequently be required to make such deposits as provided under Section 7.1 notwithstanding whether Lessor is required to make deposits with the Mortgagee; provided, however, to the extent Lessor receives the bills for the Taxes and Assessments and/or the insurance premiums and does not provide copies of the same within a reasonable time prior to the respective due dates, and if such late payments were made by Lessee as a result of such delay of the Lessor in providing the copies of such bills, then clauses (a) and (b) of this Section 7.2 shall not apply. The parties hereby acknowledge that so long as Lessor

shall provide copies of the bills for the Taxes and Assessments and/or the insurance premiums (to the extent the same are received by Lessor) to Lessee on or before thirty (30) days prior to the respective due dates, then Lessee shall be deemed to have a reasonable time to pay such bills before the same become due.

ARTICLE VIII - OCCUPANCY

8.1 During the term of this Lease, the Demised Premises shall be used and occupied by Lessee for and as the 119-licensed bed nursing home, as well as any other structures located thereon, and for no other purpose. Subject to the terms of Article XX hereof, ~~Lessee shall at all times maintain in good standing and full force a probationary~~ or non-probationary license issued by the State of Illinois and any other governmental agencies permitting the operation on the Demised Premises of an intermediate care nursing home facility of no less than 119 beds (subject to any reduction in the number of beds required by any governmental authority solely as a result of changes in laws, rules and regulations relating to the physical attributes of the improvements on the Demised Premises) and shall, subject to the terms of Article XX hereof, at all times maintain in good standing and full force a provider agreement pursuant to which the Facility shall be entitled to participate in the Medicaid reimbursement program and receive reimbursement from the Illinois Department of Public Aid for the services provided at the Facility.

8.2 Lessee will not suffer any act to be done or any condition to exist at the Facility which may be dangerous or which may, in law, constitute a public or private

nuisance or which may void or make voidable any insurance then in force affecting the Facility.

8.3 Upon termination of this Lease for any reason, Lessee will return to Lessor the Demised Premises in the same condition as existed on the Commencement Date, reasonable wear and tear excepted, and licensed by the State of Illinois and by any and all governmental agencies having jurisdiction over the Demised Premises as at least a 119-bed nursing home (subject to any reduction in the number of beds required by any governmental authority solely as a result of changes in laws, rules and regulations relating to the physical attributes of the improvements on the Demised Premises) with an unrestricted license in full force and good standing for no less than 119 beds subject to any reduction in the number of beds required by any governmental authority solely as a result of changes in laws, rules and regulations relating to the physical attributes of the improvements on the Demised Premises. Except as otherwise specifically provided herein, no reduction in the number of beds shall entitle Lessee to any reduction or adjustment of the Rent payable hereunder, which shall be and continue to be payable by Lessee in the full amount set forth herein notwithstanding any such reduction in the number of beds. Lessee shall, within five (5) business days following its receipt thereof, provide Lessor with a copy of any notice from the IDPH or any federal, state or municipal governmental agency or authority regarding any reduction in the number of beds and Lessor shall have the right to contest, by appropriate legal or administrative proceedings, any such reduction.

8.4 During the term hereof, Lessee shall only use the Demised Premises in accordance with Environmental Laws (as hereinafter defined) and shall not use nor permit the Demised Premises to be used for the treatment, storage or disposal of any Hazardous Substances (as hereinafter defined) nor for any purpose involving the use the Hazardous Substances; provided, however, that Lessee may use in and store at the Facility such materials and substances as are customarily used in nursing home but only in such quantities as are reasonably necessary for the routine business operation of the Facility. For purposes hereof "Hazardous Substances" shall mean any toxic or ~~hazardous waste or pollutants, or substances, including, without limitation, asbestos,~~ PCB'S, petroleum products and by products, substances defined or listed as: "Hazardous Substances" or "Toxic Substances" in the Comprehensive Environmental Response, Compensation and Liability Act of 1980 ("CERCLA") as amended, 42 U.S.C. § 9601, et seq., "Hazardous Materials" in the Hazardous Materials Transportation Act, 49 U.S.C. § 1802, et seq., "Hazardous Waste" in The Resource Conservation and Recovery Act, 42 U.S.C. § 6901, et seq., any chemical substance or mixture regulated under the Toxic Substance Control Act of 1976, as amended, 15 U.S.C. § 2061, et seq., any "Toxic Pollutant" under the Clean Water Act, 33 U.S.C. § 1251, et seq., as amended, any "Hazardous Air Pollutant" under the Clean Air Act, 42 U.S.C. § 7401, et seq., and any hazardous or toxic substance or pollutant regulated under any other applicable federal, state or local Environmental Laws. "Environmental Laws" as used in this Lease means all federal, state and local environmental, health, or safety laws or

regulations now or hereafter enacted. Lessee hereby agrees to indemnify, defend and hold Lessor harmless from and against, and shall reimburse Lessor for any and all loss, claim, liability, damages, injunctive relief, injuries to persons, property or natural resources, cost, expense, action and causes of action in connection with the use, generation, treatment, storage, release or disposal of Hazardous Substances at or from the Demised Premises during the term of the Lease, which is caused by Lessee or its officers, directors, members, manager, agents, employees, contractors or invitees, including, without limitation, the cost of any required or necessary repair, cleanup or detoxification and the preparation of any closure or other required work to be performed, to the full extent that such action is attributable, directly or indirectly, to the use, generation, treatment, storage, release or disposal of Hazardous Substances on the Demised Premises during the term hereof.

ARTICLE IX - INSURANCE

9.1 Lessee shall, at its sole cost and expense, during the full term of this Lease, maintain fire and casualty insurance, with extended coverage endorsement, which includes coverage for malicious mischief and vandalism both on the Demised Premises and the Personal Property on the Illinois standard form with a responsible company or companies designated by Lessee. Such insurance shall, at all times, be maintained (without any co-insurance clause, if possible) in an amount equal to the full replacement value of the Demised Premises and Personal Property, but not less than that required by any Mortgagee, but in any event in an amount sufficient to prevent

Lessor and Lessee from becoming co-insurers under applicable provisions of the insurance policies. Such insurance shall at all times be payable to Lessor and Lessee, as their interests may appear, and, if requested by Lessor, shall contain a loss-payable clause to Mortgagee, as its interest may appear. Upon the reasonable request of Lessor, not more frequently than such time as required by Lessee's insurance carrier or the Mortgagee, Lessee shall furnish, at its sole cost and expense, to Lessor and such insurance carrier, insurance appraisals in form and substance as are regularly and ordinarily made by insurance companies, in order to determine the then replacement value of the Demised Premises and Personal Property, and if such appraisal shows that the amount of casualty insurance maintained by Lessee hereunder is insufficient, the amount of insurance required by this Section 9.1 shall be adjusted accordingly.

9.2 Lessee shall also, at Lessee's sole cost and expense, cause to be issued and shall maintain during the entire term of this Lease:

(a) A public liability policy naming Lessor, Mortgagee and Lessee, as insured, and insuring them against claims for bodily injury, or property damage occurring upon, in or about the Demised Premises, or in or upon the adjoining streets, sidewalks, passageways and areas, such insurance to afford protection to the limits reasonably established by Lessee in the operation of its business. Such public liability insurance may be self-insured by Lessee in accordance with its standard self insurance program.

(b) If there is a boiler, air conditioner or water heater located on the Demised Premises, boiler explosion insurance, in the amount of \$500,000.00, under the terms of which Lessor, Mortgagee and Lessee will be indemnified, as their interests may appear, against any loss or damage which may result from any accident or casualty in connection with any such equipment used in the Demised Premises, whereby any person or persons may be injured or killed or property damaged in or about the Demised Premises.

~~(c) Professional malpractice insurance in the amount reasonably established by Lessee in the operations of its business (provided, however, Lessee shall not be required to include independent contractors under its insurance coverage).~~

9.3 All policies of insurance shall provide:

(a) They are carried in favor of the Lessor, Lessee, and any Mortgagee, as their respective interests may appear, and any loss shall be payable as therein provided, notwithstanding any act or negligence of Lessor or Lessee, which might otherwise result in forfeiture of insurance; and

(b) They shall not be canceled, terminated, reduced or materially modified without at least thirty (30) days' prior written notice to Lessor; and

(c) A standard mortgagee clause in favor of any Mortgagee, and shall contain, if obtainable, a waiver of the insurer's right of subrogation against funds paid under the standard mortgagee endorsement which are to be used to pay the cost of any repairing, rebuilding, restoring or replacing.

9.4 Certificates of insurance policies required by this Article shall be delivered to Lessor prior to or on the Commencement Date. Upon receipt thereof, Lessee shall deliver the actual policies to Lessor, which certificates and policies shall be updated annually not less than twenty (20) days prior to the expiration date thereof.

9.5 Lessee shall at all times keep in effect business interruption insurance with loss of rents endorsement naming Lessor as an insured in an amount at least sufficient to cover:

(a) The aggregate of the cost of all Taxes and Assessments due during ~~the period of the next succeeding twelve (12) months following the occurrence of the~~ business interruption; and

(b) The cost of all insurance premiums for insurance required to be carried by Lessee for such twelve (12) month period; and

(c) The aggregate of the amount of the monthly Base Rent for the next succeeding twelve (12) month period.

All proceeds of the loss of rent coverage shall be applied, first, to the payment of any and all Base Rent payments for the next succeeding twelve (12) months to the extent that such payments are due and owing; second, to the payment of any Taxes and Assessments and insurance deposits required for the next succeeding twelve (12) months to the extent that such payments are due and owing; and, thereafter, after all necessary repairing, rebuilding, restoring or replacing has been completed as required by the pertinent Articles of this Lease and the pertinent sections of any Mortgage, any

remaining balance of such proceeds shall be paid over to the Lessee. In the event the holder of the Mortgage requires payment of the indebtedness thereunder and does not allow repair and rebuilding of the Demised Premises or in the event damage cannot be repaired within twelve (12) months after a casualty, Lessee may terminate this Lease upon written notice to Lessor delivered prior to the date Lessor commences any restoration of the Demised Premises.

9.6 In the event the amount of insurance proceeds under Section 9.1 exceed Two Hundred Fifty Thousand Dollars (\$250,000.00), such insurance proceeds as may ~~be paid to Lessee and Lessor, shall be deposited with Lessor to be held and disbursed~~ for the repairing, rebuilding, restoring or replacing of the Demised Premises or any portion thereof, or any improvements from time to time situated thereon or therein in accordance with Sections 9.7 and 9.8 hereof, and/or with the pertinent provisions of any Mortgage.

9.7 Except as provided below, no sums shall be paid from such proceeds toward such repairing, rebuilding, restoring or replacing unless there shall not be in existence any uncured Event of Default and it shall be first made to appear to the reasonable satisfaction of Lessor that the amount of money necessary to provide for any such repairing, rebuilding, restoring or replacing (according to any plans or specifications which may be adopted therefor) in excess of the amount received from any such insurance policies, has been expended or provided by Lessee for such repairing, rebuilding, restoring or replacing, or that Lessee has provided cash for such

amount and that the amount received from such insurance policies is sufficient to complete such work. In the event there is any amount required from Lessee in excess of the amount received from such insurance policies, Lessee shall furnish such excess funds so that the funds will be sufficient to complete such repairing, rebuilding, restoring or replacing in accordance with the provisions of this Lease, the Mortgage and any plans and specifications submitted in connection therewith, free from any liens or encumbrances of any kind whatsoever. Funds held by Lessor shall be disbursed only upon the presentment of architect's or general contractor's certificates, waivers of lien, ~~contractor's sworn statements, owner's sworn statements and other evidence of cost~~ and payments as may be reasonably required.

9.8 Prior to making any such repairs costing in excess of Two Hundred Fifty Thousand Dollars (\$250,000.00), if so requested by Lessor, Lessee shall make such arrangements with Lessor, as Lessor may reasonably require, to protect its interest in the Demised Premises and Personal Property, including, but not limited to: the submission of complete plans and specifications for such repairs prepared by an architect or general contractor whose qualifications shall be reasonably satisfactory to Lessor; submission of a stipulated sum construction contract made with a reputable and responsible builder or contractor, providing for the completion and payment for all work, labor and materials necessary to complete such repairs; and the disbursement of such funds as may be required to complete said repairs by a national title insurance company or other responsible escrowee at Lessee's sole cost and expense to the contractor or

contractors making such repairs in installments as such work progresses and upon presentment of such certificates, waivers of lien, sworn statements and other documents as may be required by such escrowee.

ARTICLE X - LESSOR'S RIGHT TO PERFORM

10.1 Should Lessee fail to perform any of its covenants (excluding, however, for purposes of this paragraph Lessee's covenant to pay rent) herein agreed to be performed, Lessor may, upon ten (10) days' prior notice specifying the work to be done, covenants to be performed and the approximate amount to be expended, but shall not be required to, make such payment or perform such covenants, and all sums so expended by Lessor thereon shall upon notice of payment by Lessor be immediately payable by Lessee to Lessor, with interest thereon at Lessor's cost of borrowing funds plus one percent (1%) per annum, but not in excess of the maximum interest rate permitted by law from date expended until paid, and in addition, Lessee shall reimburse Lessor for Lessor's reasonable expenses in enforcing or performing such covenants, including reasonable attorneys' fees. Any such costs or expenses incurred or payments made by the Lessor shall be deemed to be Additional Rent payable by Lessee and collectible as such by Lessor.

10.2 Performance of and/or payment to discharge said Lessee's obligations shall be optional with Lessor and such performance and payment shall in no way constitute a waiver of, or a limitation upon, Lessor's other rights and remedies

hereunder, including, without limitation, Lessor's right to declare an Event of Default for such failure.

ARTICLE XI - REPAIRS, MAINTENANCE AND IMPROVEMENTS

11.1 Throughout the term of this Lease, Lessee, at its sole cost and expense, will keep and maintain, or cause to be kept and maintained, the Demised Premises (including the grounds, sidewalks and curbs abutting the same) and the Personal Property in good order and condition without waste and in a suitable state of repair at least comparable to that which existed immediately prior to the Commencement Date ~~(ordinary wear and tear excepted), and will make or cause to be made, as and when the~~ same shall become necessary, all structural and nonstructural, exterior and interior, replacing, repairing and restoring necessary to that end. All replacing, repairing and restoring required of Lessee shall be (in the reasonable opinion of Lessor) of comparable quality equal to the original work and shall be in compliance with all standards and requirements of law, licenses and municipal ordinances necessary to operate the Demised Premises as a nursing home.

11.2 In the event that any part of the improvements located on the Demised Premises or the Personal Property shall be damaged or destroyed by fire or other casualty (any such event being called a "Casualty"), Lessee shall promptly replace, repair and restore the same as nearly as possible to the condition it was in immediately prior to such Casualty, in accordance with all the terms, covenants and conditions and other requirements of this Lease and any Mortgage applicable in the event of such

Casualty. The Demised Premises and the Personal Property shall be so replaced, repaired and restored as to be of at least equal value and substantially the same character as on the Commencement Date. If the estimated cost of any such restoring, replacing or repairing is Two Hundred Fifty Thousand Dollars (\$250,000.00) or more, the plans and specifications for same shall be first submitted to and approved by Lessor in writing, which approval shall not be unreasonably withheld or delayed, and Lessee shall select an independent architect or engineer approved by Lessor (which approval shall not be unreasonably withheld or delayed) who shall be in charge of such repairing, restoring or replacing. Upon the demand of Lessor, Lessee shall deposit with a nationally recognized title insurance company, prior to the commencement of any such repairing, restoring or replacing, the total estimated cost thereof less the insurance proceeds and disbursements shall be made pursuant to the terms of Section 9.8 hereof. Notwithstanding anything provided herein, Lessor agrees to make available to Lessee any funds resulting from insurance proceeds which are applied to the balance of the Mortgage and not to repair or replacement in accordance with this Paragraph 11.2. Lessee covenants that it will give to Lessor prompt written notice of any Casualty affecting the Demised Premises in excess of One Hundred Thousand Dollars (\$100,000.00). Provided that there is no uncured Event of Default by Lessee under the Lease, Lessee shall have the right, at any time and from time to time, to remove and dispose of any Personal Property which may have become obsolete or unfit for use, or which is no longer useful in the operation of the Demised Premises, provided Lessee

promptly replaces any such Personal Property so removed or disposed of with other personal property free of any security interest, liens or encumbrances, and the replacement personal property shall be of the same character, and at least equal usefulness and quality to any such Personal Property so removed or disposed of and such replacement property shall automatically become the property of and shall belong to the Lessor and Lessee shall execute and deliver such bills of sale or other documents reasonably requested by Lessor to vest ownership of such replacement personal property in Lessor.

~~ARTICLE XII - ALTERATIONS AND DEMOLITION~~

12.1 Lessee will not remove or demolish the Demised Premises or any portion thereof or allow it to be removed or demolished, without the prior written consent of the Lessor. Lessee further agrees that it will not make, authorize or permit to be made any changes or alterations in or to the Demised Premises, the cost of which in any twelve (12) month period exceeds One Hundred Thousand Dollars (\$100,000.00), without first obtaining the Lessor's written consent thereto which will not be unreasonably withheld or delayed. At the request of Lessor, prior to the commencement of any such changes or alterations which cost in excess of Two Hundred Fifty Thousand Dollars (\$250,000.00), Lessee shall deposit the full cost thereof with Lessor, or a national title insurance company reasonably acceptable to Lessor, and disbursements for such changes and/or alterations shall be made pursuant to the terms of Section 9.8 hereof. All alterations, improvements and additions to the Demised Premises shall be in quality

and class at least equal to the original work and shall become the property of the Lessor and shall comply with all building and fire codes, and all other applicable codes, rules, regulations, laws and ordinances. Not less than forty-five days prior to the commencement of any such changes or alterations, the cost of which in any twelve (12) month period may exceed Two Hundred Fifty Thousand Dollars (\$250,000.00), Lessee shall furnish to Lessor, at Lessee's sole cost and expense, plans and specifications, prepared by a licensed architect, for such changes or alterations and any additional insurance reasonably required by Lessor. Such plans and drawings shall include ~~detailed architectural, mechanical, electrical and plumbing working drawings.~~ The plans and drawings will be subject to Lessor's approval with respect to design, aesthetics, building code compliance and such other matters as Lessor deems relevant, which approval shall not unreasonably be withheld or delayed.

ARTICLE XIII - COMPLIANCE WITH LAWS AND ORDINANCES

13.1 Throughout the term of this Lease, Lessee, at its sole cost and expense, will obey, observe and promptly comply with all present and future laws, ordinances, orders, rules, regulations and requirements of any federal, state and municipal governmental agency or authority having jurisdiction over the Facility and the operation of the Facility as a skilled and intermediate care nursing home, which may be applicable to the Personal Property and the nursing home located thereon and including, but not limited to, the sidewalks, alleyways, passageways, vacant land, parking spaces, curb cuts, curbs adjoining such portion of the Demised Premises, whether or not such law,

ordinance, order, rules, regulation or requirement shall necessitate structural changes or improvements.

13.2 Lessee shall likewise observe and comply with the requirements of all policies of public liability and fire insurance and all other policies of insurance at any time in force with respect to any portion of the Demised Premises.

13.3 Lessee shall, subject to the terms of Article XX hereof, keep in good standing and in full force and effect all necessary licenses, permits and certifications required by any governmental authority for the purpose of maintaining and operating on the Demised Premises an intermediate care nursing home of not less than 119 beds and, at all times, subject to the terms of Article XX hereof, continue to be qualified to and shall participate in the Medicaid reimbursement program.

13.4 Upon request of Lessor, Lessee will deliver or mail to Lessor wherever Rent is then paid, within seven (7) calendar days of receipt thereof, copies of all exit interviews, inspection reports and surveys which may have an adverse affect on the Facility's licensure status and/or Medicare and/or Medicaid Certification, and administrative hearing and/or court action from all state, federal and local governmental bodies regarding the Demised Premises or the nursing home operated thereon. Without request, Lessee shall in all events notify a principal of Lessor, or if Lessor's principals are unavailable, Lessor's attorney, within seven (7) calendar days after receipt thereof by the licensee of the Facility ("Licensee") of any and/or all of the following notices ("Notices") from any Governmental Authority: (i) any and all Notices of

any State "A" level violation; (ii) any and all Notices of a repeat State "B" level violation; (iii) any and all Notices of "immediate jeopardy" and/or of "Substandard Quality of Care" (as defined by federal regulations, *i.e.*, deficiencies under 42 CFR 483.13 or 483.25 with scope and severity levels of F, H, I, J, K or L); (iv) any and all Notices of conditional license; (v) any and all receipts of a conditional license; (vi) any and all Notices of revocation, termination, cancellation, surrender and/or of non-renewal of any license; (vii) any and all Notices of intent to revoke, terminate, cancel, not renew and/or seek the surrender of any license; (viii) any and all Notices of conditional certification and/or ~~intent to conditionally certify Licensee;~~ (ix) ~~any and all Notices of intent to terminate~~ Licensee's participation in the Medicare and/or Medicaid programs; (x) any and all Notices of Licensee's termination of participation in the Medicare and/or Medicaid programs; (xi) any and all Notices of intent to decertify Licensee from participation in the Medicare and/or Medicaid programs; (xii) any and all Notices of decertification of Licensee's participation in the Medicare and/or Medicaid programs and/or the termination of any payments thereunder; (xiii) any and all Notices of intent to impose and/or the imposition of any Civil Monetary Penalty, and/or any fine in excess of \$25,000.00 in the aggregate for any survey cycle; (xiv) any and all Notices of intent to cease payment after a certain date for any new Medicaid and/or Medicare patients admitted after said date; (xv) any and all Notices of intent to place, and/or the placement of, a State Monitor in the Facility; and/or (xvi) any and all Notices to transfer and/or of

intent to transfer any and/or all Medicaid/Medicare residents on and/or after a certain date.

ARTICLE XIV - DISCHARGE OF LIENS

14.1 Subject to the right to contest provided in Section 14.2 hereof, Lessee will not create or permit to be created or to remain, and Lessee will discharge, any lien, encumbrance or charge levied on account of any mechanic's, laborer's or materialman's ~~lien or any conditional sale, security agreement or chattel mortgage, or otherwise, which~~ might be or become a lien, encumbrance or charge upon the Demised Premises or any ~~part thereof or the income therefrom or the Personal Property, for work or materials or~~ personal property furnished or supplied to, or claimed to have been supplied to or at the request of Lessee. Lessee shall have the right to purchase equipment, furniture, or furnishings which may be subject to a security agreement provided that the stockholders, partners or members, as applicable, of Lessee shall personally guarantee to Lessor that all payments for any such equipment, furniture or furnishings shall be paid on or prior to the due dates thereof and indemnify Lessor against all charges, costs and expenses that may be incurred by Lessor with respect to such security agreement or chattel mortgage. Lessee hereby agrees to obtain and deliver to Lessor such guaranty and indemnity agreement.

14.2 If any mechanic's, laborer's or materialman's lien caused or charged to Lessee shall at any time be filed against any portion of the Demised Premises or Personal Property, if allowed by the terms of the Mortgage and the applicable

Mortgagee, Lessee shall have the right to contest such lien or charge, provided, Lessee within sixty (60) days after notice of the filing thereof, will cause the same to be discharged of record or in lieu thereof to secure Lessor against said lien by deposit with a court or title insurance company or bonding company of such security (not to exceed one hundred twenty five percent (125%) of the amount thereof plus any interest, cost and penalty thereon) as may be reasonably demanded by Lessor to protect against such lien. If Lessee shall fail to cause such lien to be discharged within the period aforesaid, or to otherwise secure Lessor as aforesaid, then in addition to any other right or remedy, Lessor may, upon ten (10) days' prior notice, but shall not be obligated to, discharge the same either by paying the amount claimed to be due or by processing the discharge of such lien by deposit, title endorsement or by bonding proceedings. Any amount so paid by Lessor and all costs and expenses incurred by such party in connection therewith, together with interest thereon at such party's cost to borrow funds plus one and one-half (1½) percentage points, but not in excess of the maximum amount permitted by law, shall constitute Additional Rent payable by Lessee under this Lease and shall be paid by Lessee to such party(ies) on demand. Except as herein provided, nothing contained herein shall in any way empower Lessee to do or suffer any act which can, may or shall cloud or encumber Lessor's or Mortgagee's interest in the Demised Premises.

14.3 In the event that Lessor determines in its reasonable judgment, that it is not being adequately represented by counsel for Lessee in any contest referred to in

Section 14.2 hereof, such party may, upon (10) days prior written notice to Lessee, obtain separate counsel to represent it in such contest. In such event, the cost of such counsel shall be paid by Lessee. In the event that Lessor determines, in its reasonable judgment, that Lessee has abandoned any contest referred to in Section 14.2 above, and/ or that Lessee is not pursuing any such contest with due diligence, then such party may, upon (10) days' prior written notice to Lessee, discharge such lien by paying the amount claimed to be due from the security deposited by Lessee pursuant to the terms of Section 14.2.

~~ARTICLE XV - INSPECTION OF PREMISES AND RECORDS BY LESSOR~~

15.1 At any time, during reasonable business hours, Lessor and/or its authorized representatives shall have the right to enter and inspect the Demised Premises and Personal Property.

15.2 At any time, during reasonable business hours, Lessor and/or their authorized representatives shall have the right to inspect, and, at Lessor's expense, make copies of, the books and records relating to the Demised Premises, or any part thereof, including, without limitation, to the extent permitted by applicable law all patient records, employment records, surveys and inspections reasonably required by Lessor.

15.3 Lessor agrees that upon entering and inspecting the Demised Premises, Personal Property and books and records Lessor shall take all reasonable measures to avoid disruption to Licensee's routine business operation during any such entries and the person or persons will cause as little inconvenience to the Licensee, its employees

and residents of the Demised Premises as may reasonably be possible under the circumstances.

ARTICLE XVI - CONDEMNATION

16.1 If all of the Demised Premises is taken by the exercise of the power of eminent domain, or sold under eminent domain proceedings, this Lease shall terminate as of the date possession is taken by the condemnor.

16.2 If less than all of the Demised Premises are taken by the exercise of the power of eminent domain or sold under eminent domain proceedings and Lessee reasonably believes that, in light of such exercise of eminent domain or sale pursuant to eminent domain proceedings, it can no longer operate the Facility in materially the same manner as prior to the exercise of eminent domain and such belief is consistent with reasonable business practices, then Lessee may either (a) terminate the Lease or, (b) subject to the consent and approval of Lessor and any Mortgagee, shall, with reasonable diligence, restore or rebuild to the extent reasonably practicable any improvements upon the Demised Premises affected by the taking. In the event the amount awarded shall be insufficient to repair and restore the Demised Premises Lessee shall contribute the amount of any such deficiency. In the event that the number of beds is reduced or increased, even after the Demised Premises are restored under this Section, the Base Rent provided herein shall be proportionately increased (but only with respect to this paragraph) or decreased, as applicable, proportionately based upon the amount of such reduction or increase.

16.3 In the event that all or less than all of the Demised Premises are taken or so sold, and this Lease shall terminate as provided herein, then Lessor shall be entitled to the entire award for the real estate, improvements, fixtures and personal property relating thereto up to a maximum of the Purchase Price, as set forth in the Purchase Option. Lessee shall be entitled to any award in excess of such amount or to any award that it can prove for damage to its leasehold interest, provided that such award is separately allocated to Lessee by the condemning authorities and does not diminish or reduce the award to be paid to Lessor.

~~ARTICLE XVII - RENT ABSOLUTE~~

17.1 Except as herein provided damage to or destruction of any portion of the buildings, structures and fixtures upon the Demised Premises, by fire, the elements or any other cause whatsoever, whether with or without fault on the part of Lessee, shall not terminate this Lease or entitle Lessee to surrender the Demised Premises or entitle Lessee to any abatement of or reduction in the Rent payable, or otherwise affect the respective obligations of the parties hereto, any present or future law to the contrary notwithstanding.

ARTICLE XVIII - ASSIGNMENT AND SUBLETTING

18.1 During the term of the Lease, Lessee shall not assign this Lease or in any manner whatsoever sublet, assign, encumber or transfer all or any part of the Demised Premises or in any manner whatsoever transfer, assign or encumber any interest in the Demised Premises or any interest in this Lease (hereinafter collectively an

"Assignment") without the prior written consent of the Lessor, which consent may be withheld, in such party's sole discretion. As a condition of granting its consent, Lessor may request, and Lessee shall provided to Lessor, resumes and financial statements for any proposed transferee. Lessee acknowledges and agrees that Lessor has specifically chosen Lessee to operate the nursing home on the Demised Premises based upon the skill and expertise of Lessee and its principals in operating nursing home in the State of Illinois and upon the character and reputation of such principals. Accordingly, Lessor may withhold its consent to any proposed sublease or assignment to an entity, the principals of which, at a minimum, have not owned and operated a comparable nursing home Facility in the State of Illinois and maintained profitable operations in such comparable Facility in each of the three (3) calendar years prior to the year of the proposed sublease or assignment. Any proposed transferee shall assume all the obligations of Lessee transferred hereunder prior to any transfer of possession of the Demised Premises to such transferee. In the event any transferee commits an Event of Default, such act or omission shall be deemed an Event of Default hereunder on behalf of the Lessee. Any violation or breach or attempted violation or breach of the provisions of this Article by Lessee, or any acts inconsistent herewith shall vest no right, title or interest herein or hereunder or in the Demised Premises in any such transferee or assignee; and Lessor may, at its exclusive option, invoke the provisions of this Lease relating to an Event of Default. As a condition of granting its consent to any sublease or assignment, Lessee shall pay, and Lessee hereby agrees to pay, any and all

reasonable out of pocket third-party costs and expenses of Lessor incurred in connection with such sublease or assignment, including, without limitation, all due diligence costs and attorney's fees.

18.2 For purposes of this Article:

(1) Any transfer or transfers of the membership interests in Lessee (or stock in a corporate lessee, member or manager interests in a limited liability company lessee, partnership interests in a partnership lessee, or stock in a corporate general partner of a partnership lessee, as the case may be) however accomplished, whether in a single transaction or in a series of related or unrelated transactions, which result in Marshall A. Mauer and Maurice I. Aaron (or their respective spouses, children or other entities for the benefit of any of the foregoing) ceasing to collectively own fifty-one percent (51%) or more in the aggregate of such membership interests in Lessee (or stock in a corporate lessee, member or manager interests in a limited liability company lessee, partnership interests in a partnership lessee or stock in a corporate general partner of a partnership , as the case may be) shall be deemed an assignment of this Lease.

(2) Any person, corporation, limited liability company or other entity to whom Lessee's interest under this Lease passes by operation of law, or otherwise, shall be bound by the provisions of this Article, and except as otherwise specifically provided above, obtain the consent of Lessor to any subsequent sublease, assignment,

encumbrance and/or transfer or such event shall be deemed an Event of Default hereunder.

(3) An agreement by any person, corporation or other entity, directly or indirectly, to assume Lessee's obligations under this Lease shall be deemed an assignment.

ARTICLE XIX - EVENTS OF DEFAULT

19.1 The occurrence of any of the following acts or events shall be deemed to be a default ("Events of Default") on the part of the Lessee:

~~(1) The failure of Lessee to pay when due any Rent payment, or any part thereof, or any other sum or sums of money due or payable to the Lessor under the provisions of this Lease when such failure shall continue for a period of ten (10) calendar days after written notice from Lessor to Lessee;~~

(2) The failure of Lessee to perform, or the violation by Lessee of, any of the covenants, terms, conditions or provisions of this Lease, if such failure or violation shall not be cured within thirty (30) days after written notice thereof by Lessor to Lessee;

(3) The removal by any local, state or federal agency having jurisdiction over the operation of the Facility of fifty percent (50%) or more of the patients located at the Demised Premises for a period of ten (10) days or more;

(4) The failure of Lessee to comply, or the violation by Lessee of, any of the terms, conditions or provisions of any Mortgage relating to the Demised Premises (except for those terms, conditions or provisions requiring the making of principal and/or

interest payments or which relate specifically to Lessor, and/or its beneficiaries or stockholders), if such failure or violation shall not be cured within twenty (20) days (or such lesser period as may be provided in the Mortgage) after notice thereof by Lessor to Lessee;

(5) In the event Lessee removes a substantial portion of the Personal Property at the Facility or Lessee removes Personal Property necessary to the operation of the Facility, the failure of Lessee to replace within thirty (30) days after written notice by Lessor to Lessee, the Personal Property so removed by Lessee ~~subject to the provisions of Section 20.2 hereof;~~

(6) The making by Lessee of an assignment for the benefit of creditors;

(7) The levying of a writ of execution or attachment on or against the property of Lessee which is not discharged or stayed by action of Lessee contesting same, within thirty (30) days after such levy or attachment (provided if the stay is vacated or ended, this paragraph shall again apply);

(8) If proceedings are instituted in a court of competent jurisdiction for the reorganization, liquidation or involuntary dissolution of the Lessee or for its adjudication as a bankrupt or insolvent, or for the appointment of a receiver of the property of Lessee, and said proceedings are not dismissed and any receiver, trustee or liquidator appointed therein discharged within sixty (60) days after the institution of said proceedings;

(9) The sale of the interest of Lessee in the Demised Premises under execution or other legal process;

(10) Any conveyance or transfer in violation of Article XVIII hereof;

(11) The abandonment of the Demised Premises by Lessee;

(12) The voluntary transfer by Lessee of any patients, whether in a single transfer or a series of transfers, in any calendar year from the Facility to any other facility unless such transfer is required by any state or federal agency having jurisdiction over the Facility;

~~(13) Subject to Lessee's right to contest as provided in Article XX~~
hereof, the failure or the part of Lessee during the term of this Lease to cure or abate any written violation claimed by any governmental authority, of any law, order, ordinance, rule or regulation pertaining to the operation of the Facility within the time permitted for such cure and/or abatement;

(14) Intentionally Omitted;

(15) Subject to Lessee's right to contest as provided in Article XX hereof, the institution of any proceedings against Lessee by any governmental authority either to: (i) revoke any license granted to Lessee for the operation of the Facility as a skilled and intermediate care nursing home facility or requiring Lessee to cease operating its business; or (ii) decertify the Facility from participation in the Medicaid reimbursement program; or

(16) The failure of Lessee to comply with the terms of any insurance policy affecting the Demised Premises and required hereunder within the time provided in such policy to cure such non-compliance prior to cancellation thereof; provided, however, that Lessee shall not be in default hereunder if prior to the cancellation of such policy of insurance Lessee obtains a replacement thereof.

The occurrence of any of the events listed in this Article 19 by any party to whom the Demised Premises has been transferred shall be an Event of Default hereunder.

ARTICLE XX - RIGHT TO CONTEST/CURE

~~20.1~~ Anything to the contrary stated herein notwithstanding, Lessee and Sub-Lessee shall have the right to contest by appropriate administrative and/or legal proceedings, diligently conducted in good faith, the validity or application of any law, ordinance, regulation or rule mentioned herein, and to delay compliance therewith pending the prosecution of such proceedings, including, without limitation, any proceeding pursuant to paragraphs 19.1(13) and/or 19.1(15) above. In the event such contest involves a violation, Medicaid decertification or license revocation, Lessee shall give Lessor written notice of its election to contest. Notwithstanding anything to the contrary contained herein, Lessee shall not be in default hereunder; provided, however, that: (1) no civil or criminal liability would thereby be incurred by Lessor and no lien or charge would thereby be imposed upon or satisfied out of the Demised Premises; (ii) there continues during the course of such contest authority to continue operations of the

Facility as a nursing home (which may be temporary or provisional); and (iii) such situation does not cause Lessor to be in default pursuant to the terms of any Mortgage.

20.2 Except for an Event of Default of Lessee in the payment of Rent or any other payment required hereunder, in any case where Lessor shall have given to Lessee a written notice specifying a situation which, as hereinbefore provided, must be remedied by Lessee within a certain time period, and, if for causes beyond Lessee's control, it would not reasonably be possible for Lessee to remedy such situation within such period, then, provided Lessee, immediately upon receipt of such notice, shall ~~advise Lessor in writing of Lessee's intention to institute, and shall, as soon as~~ reasonably possible thereafter, duly institute, and thereafter diligently prosecute to completion, all steps necessary to remedy such situation and shall remedy the same, during the period necessary to remedy such situation, notwithstanding anything to the contrary contained herein, although such situation shall be deemed an Event of Default hereunder, Lessor shall not pursue and shall not be entitled to pursue any remedies arising solely from the occurrence of such Event of Default hereunder, provided, however, that: (i) no civil or criminal liability would thereby be incurred by Lessor and no lien or charge would thereby be imposed upon or satisfied out of all or any part of the Demised Premises; and (ii) there continues during such remedy authority to continue to operate the Facility as a nursing home (which may be temporary or provisional), and (iii) such situation does not cause Lessor to be in default pursuant to the terms of any Mortgage.

20.3 Lessee shall promptly provide Lessor with a copy of any notice from the Illinois Department of Public Health or other governmental authority or agency threatening or requesting a reduction in the number of beds at the Facility. Lessee shall have the right to contest any such reduction and shall notify Lessor within fifteen (15) days following the date of such notice (or shorter period required to provide notice to Lessor not later than ten (10) days prior to the cutoff date for any such contest) whether or not Lessee shall undertake such contest. If Lessee fails to contest any such reduction, Lessor may, following written notice to Lessee of its intent to do so, contest any such reduction. Any such contest shall be conducted by counsel reasonably satisfactory to the other party and the cost of such contest shall be paid by Lessee.

ARTICLE XXI - LESSOR'S REMEDIES UPON DEFAULT

21.1 In the event of any Event of Default by Lessee, Lessor may, if it so elects, and with notice of such election to Lessee, and upon demand upon Lessee, forthwith terminate this Lease and Lessee's right to possession of the Demised Premises, or, at the option of the Lessor, terminate Lessee's right to possession of the Demised Premises without terminating this Lease. Upon any such termination of this Lease, or upon any such termination of Lessee's right to possession without termination of this Lease, Lessee shall vacate the Demised Premises immediately, and shall quietly and peaceably deliver possession thereof to the Lessor, and Lessee hereby grants to the Lessor full and free license to enter into and upon the Demised Premises in such event with process of law and to repossess the Demised Premises and Personal Property as

the Lessor's former estate. In the event of any such termination of this Lease, the Lessor shall again have possession and enjoyment of the Demised Premises and Personal Property to the extent as if this Lease had not been made, and thereupon this Lease and everything herein contained on the part of Lessee to be done and performed shall cease and terminate, all, however, without prejudice to and without relinquishing the rights of the Lessor to Rent (which, upon such termination of this Lease and entry of Lessor upon the Demised Premises, shall, in any event, be the right to receive Rent due up to the time of such entry) or any other right given to the Lessor hereunder or by operation of law.

21.2 In the event of an Event of Default and Lessor elects either to terminate this Lease or to terminate Lessee's right to possession of the Demised Premises, then all licenses, certifications, permits and authorizations issued by any governmental agency, body or authority in connection with or relating to the Demised Premises and the Facility thereon shall be deemed as being assigned to Lessor to the extent same are legally assignable. Lessor shall also have the right to continue to utilize the telephone number and name used by Lessee in connection with the operation of the Facility. This Lease shall be deemed and construed as an assignment for purposes of vesting in Lessor all right, title and interest in and to (i) all licenses, certifications, permits and authorizations obtained in connection with the operation of the Facility and (ii) the names and telephone numbers used in connection with the operation of the Facility. Lessee hereby agrees to take such other action and execute such other

documents as may be reasonably necessary in order to vest in Lessor all right, title and interest to the items specified herein.

21.3 If Lessee abandons the Demised Premises or otherwise entitles Lessor so to elect, and the Lessor elects to terminate Lessee's right to possession only, without terminating this Lease, Lessor may, at its option, enter into the Demised Premises, remove Lessee's signs and other evidences of tenancy and take and hold possession thereof as in the foregoing Section 21.1 of this Article provided, without such entry and possession terminating this Lease or releasing Lessee, in whole or in part, from ~~Lessee's obligation to pay the Rent hereunder for the full remaining term of this Lease,~~ and in any such case, Lessee shall pay to Lessor a sum equal to the entire amount of the Rent reserved hereunder and required to be paid by Lessee up to the time of such termination of the right of possession plus any other sums then due hereunder. Upon and after entry into possession without termination of this Lease, Lessor may attempt to relet the Demised Premises or any part thereof for the account of Lessee for such rent, or may operate the Facility for such time and upon such terms as Lessor in its sole discretion shall determine. In the event Lessor elects to take possession and operate the Demised Premises any profits due to such operation shall reduce the rents payable hereunder. In any such case, Lessor may make repairs, alterations and additions in or to the Demised Premises, to the extent reasonably deemed by Lessor desirable, and Lessee shall, upon demand, pay the cost thereof, together with Lessor's expenses of reletting. If the consideration collected by Lessor upon any such reletting is not

sufficient to pay monthly the full amount of Rent reserved in this Lease, together with the costs of repairs, alterations and additions and Lessor's expenses, Lessee shall pay to the Lessor the amount of each monthly deficiency upon demand.

21.4 Lessee's liability to Lessor for damages upon the occurrence of an Event of Default shall in all events survive the termination by Lessor of the Lease or the termination by Lessor of Lessee's right to possession only, as hereinabove provided. Upon such termination of the Lease or at any time after such termination of Lessee's right to possession, Lessor may recover from Lessee and Lessee shall pay to Lessor as ~~liquidated and final damages, whether or not Lessor shall have collected any current~~ monthly deficiencies under the foregoing paragraph, and in lieu of such current deficiencies after the date of demand for such final damages, the amount thereof found to be due by a court of competent jurisdiction, which amount thus found shall be equal to:

(a) the remainder, if any, of Rent and charges due from Lessee for the period up to and including the date of the termination of the Lease or Lessee's right to possession; plus

(b) the amount of any current monthly deficiencies accruing and unpaid by Lessee up to and including the date of Lessor's demand for final damages hereunder; plus

(c) the excess, if any, of

(i) the Rent reserved for what would have been the remainder of the term of this Lease together with charges to be paid by Lessee under the Lease; over

(ii) the then fair rental value of the Demised Premises and the Personal Property.

If any statute or rule governing a proceeding in which such liquidated final damages are to be proved shall validly limit the amount thereof to an amount less than the amount above agreed upon, Lessor shall be entitled to the maximum amount ~~allowable under such statute or rule of law.~~

21.5 No receipt of funds by Lessor from Lessee after service of any notice of an Event of Default, termination of this Lease or of possession of the Demised Premises or after commencement of any suit or proceeding of Lessee shall in any way reinstate, continue or extend this Lease or in any way affect the notice of the Event of Default or demand or in any way be deemed a waiver by Lessor of any of its rights unless consented to in writing by Lessor.

ARTICLE XXII - LIABILITY OF LESSOR

Except as otherwise provided in Section 21.4, it is expressly agreed by the parties that in no case shall Lessor be liable, under any express or implied covenant, agreement or provisions of this Lease, for any damages whatsoever to Lessee beyond the loss of Rent reserved in this Lease accruing after or upon any act or breach hereunder on the part of Lessor and for which damages may be sought or recovered

from Lessor, and there shall be no personal liability hereunder on any partners, shareholders, members, directors, officers or employees of beneficiary of Lessor with respect to the terms, covenants, conditions or undertakings or agreements contained in this Lease, and shall look solely to Lessor's interest in this Lease and not to any of the foregoing for the satisfaction of any remedy which Lessee may have under this Lease.

ARTICLE XXIII - CUMULATIVE REMEDIES OF LESSOR

Except as provided in Section 21.4, the specific remedies to which Lessor may resort under the terms of this Lease are cumulative and are not intended to be exclusive ~~of any other remedies or means of redress to which Lessor may be lawfully entitled in~~ case of any breach or threatened breach by Lessee of any provision or provisions of this Lease. The failure of Lessor to insist, in any one or more cases, upon the strict performance of any of the terms, covenants, conditions, provisions or agreements of this Lease, or to exercise any option herein contained, shall not be construed as a waiver or relinquishment for the future of any such term, covenant, condition, provisions, agreement or option.

ARTICLE XXIV - INTENTIONALLY OMITTED

ARTICLE XXV - INDEMNIFICATION

25.1 Lessee agrees to protect, indemnify and save harmless the Lessor from and against any and all claims, demands and causes of action of any nature whatsoever asserted against or incurred by such parties on account of: (i) any failure on the part of Lessee during the term of this Lease to perform or comply with any of the

terms of this Lease; or (ii) injury to or death of persons or loss of or damage to property, occurring on the Demised Premises or any adjoining sidewalks, streets or ways or in any manner growing out of or connected with the use or occupation of the Demised Premises or the condition thereof, or the use of any existing or future sewer system, or the use of any adjoining sidewalks, streets or ways occurring during the term of this Lease. Lessee further agrees to pay any reasonable attorneys' fees and expenses incident to the defense by such parties of any such claims, demands or causes of action.

~~ARTICLE XXVI - SUBORDINATION PROVISIONS~~

26.1 This Lease (and Lessee's interest in the Demised Premises and Personal Property) shall be subject and subordinate to the Existing Mortgage and to any Mortgage given by Lessor to any lender which may affect the Demised Premises and/or Personal Property, and to all renewals, modifications, consolidations, replacements and extensions thereof. Lessee shall execute and deliver such documents as may be required in order to evidence such subordination; provided that such documents shall not affect any of the provisions of this Lease relating to the amount of Rent, the purposes for which the Demised Premises may be used, the size and/or location of the Demised Premises, the duration and/or Commencement Date of the term, nor modify any representations, covenants or warranties made by Lessor hereunder. Lessor shall deliver to Lessee a letter from the holder of the Existing Mortgage evidencing such holder's consent to this Lease.

26.2 Notwithstanding anything to the contrary contained herein, it is understood, agreed and acknowledged that Lessor shall have the right at any time to finance, or refinance, from time to time, the Demised Premises and Personal Property in any amount, and grant a mortgage, deed of trust and/or security interest thereon, to assign or pledge any or all of its interest in this Lease, and to assign or pledge the revenues and receipts to be received by Lessor hereunder to a third party without the consent of Lessee, if: (i) Lessor obtains a customary form of subordination, non-disturbance and attornment agreement from such Mortgagee, reasonably satisfactory to Lessee; and ~~(ii) such loan complies with the following two (2) conditions:~~

(1) The aggregate monthly debt service payments under any such Mortgage(s) shall not exceed ninety percent (90%) of the then current monthly Base Rent hereunder; and

~~(2) The aggregate principal balance (including any prepayment premium and/or penalty) under any such Mortgage(s) shall not exceed ninety percent (90%) of the Option Price (as such term is defined herein):~~

ARTICLE XXVII - LESSEE'S FAITHFUL COMPLIANCE WITH MORTGAGE

Anything in this Lease contained to the contrary notwithstanding, and provided that Lessor has complied with Section 26.2, Lessee shall at all times and in all respects fully, timely and faithfully comply with and observe each and all of the conditions, covenants, and provisions required on the part of the Lessor under any Mortgage (and to any renewals, modifications, extensions, replacements and/or consolidations thereof)

to which this Lease is subordinate or to which it later may become subordinate, including, without limitation, such conditions, covenants and provisions thereof as relate to the care, maintenance, repair, insurance, restoration, preservation and condemnation of the Demised Premises, notwithstanding that such conditions, covenants and provisions may require compliance and observance to a standard or degree in excess of that required by the provisions of this Lease, or may require performance not required by the provisions of this Lease, provided, however, except to the extent that reserves or escrows are required under the Mortgage for the payment of Taxes and Assessments and for insurance, Lessee shall not be required to make payments on account of any reserves or escrows, including without limitation any construction, replacement or repayment reserve or escrow required by any new Mortgagee. If any new Mortgagee requires compliance, observance or performance to a standard or degree in excess of that required by the terms of the Existing Mortgage and this Lease, Lessee shall comply with such standard, degree or additional performance, provided, however, that the amount by which the third party costs expended by Lessee to achieve such standard, degree or additional performance exceed the third party costs to achieve the standard of performance required by the Existing Mortgage and this Lease shall be paid by Lessor. Lessee further agrees that it shall not do or permit to be done anything which would constitute a breach of or default under any obligation of the Lessor under any Mortgage, it being the intention hereof that Lessee shall so comply with and observe each and all of such covenants, conditions and provisions of any Mortgage so that they

the event any such proceedings are brought against the Lessor under such Mortgage or the holder of any such Mortgage, and agrees that this Lease shall not be affected in any way whatsoever by any such proceedings.

29.2 If Lessor shall default in the performance of any of the terms, provisions, covenants or conditions under any Mortgage, or fails to pay the amounts due thereunder when due, then, upon notice of such default or failure on the part of Lessor, Lessee shall have the right, upon five (5) days' prior written notice thereof to Lessor (or such shorter period as permitted under any Mortgage), to cure such defaults, and to ~~make such payments as are due from Lessor, directly to the holder of any Mortgage,~~ as the case may be, and to the extent such payments are accepted by the holder of such Mortgage, to deduct the amounts expended by Lessee to cure such defaults from the next succeeding Rent payment or payments due under this Lease, and such deductions shall not constitute an Event of Default under this Lease. Lessor shall promptly provide Lessee with copies of any notice of default received by Lessor with respect to any Mortgage.

ARTICLE XXX - REPRESENTATIONS

30.1 Lessee represents and covenants to Lessor as follows:

(a) Lessee is an Illinois corporation, duly organized and validly existing in good standing under the laws of the State of Illinois, and has full right and power to cause Lessee to enter into, and perform its obligations under this Lease and has taken all requisite actions to authorize the execution, delivery and performance of this Lease;

(b) Lessee has examined the Demised Premises, Personal Property, contracts relating to the nursing home and/or to the Demised Premises and the improvements and the nursing home thereon prior to its acceptance and execution of this Lease, and Lessee acknowledges that except as expressly stated herein no representation or warranty, express or implied, has been made by or on behalf of Lessor with respect to the condition of the Demised Premises and Personal Property. Lessee represents that it is satisfied with the condition thereof and is leasing the Demised Premises, improvements and Personal Property in "AS IS"/"WHERE IS" condition, ~~and Lessee shall in no event whatsoever be liable for any latent or patent~~ defects therein;

(c) In addition to all other covenants contained herein, Lessee expressly covenants that it shall keep and maintain at the Facility at all times in good order and repair all items of Personal Property necessary for operating the Facility for not less than 119 skilled and intermediate care beds in substantial compliance with all laws, rules and regulations of the Illinois Department of Public Health. Lessee shall maintain all of such items in good order and repair and shall promptly replace any such items which become obsolete, damaged or destroyed with substitute items substantially equivalent to that which has been replaced;

(d) Until Lessee shall have fully satisfied all of its obligations under this Lease, Lessee shall maintain its organizational existence as a corporation, and shall not, without the prior written consent of Lessor, dissolve, liquidate or otherwise dispose

of all or substantially all of its assets or consolidate with or merge into another entity, or permit one or more other entities to consolidate with or merge into it;

(e) Intentionally Omitted.

ARTICLE XXXI – LIABILITIES ACCRUING PRIOR TO LEASE COMMENCEMENT;
ACCOUNTS PAYABLE AND ACCOUNTS RECEIVABLE; INVENTORY .

31.1 Lessee acknowledges that prior to the commencement of this Lease, Lessee operated the Facility pursuant to a lease with owner of record of the Property immediately prior to Lessor's acquisition of the same. Accordingly, no provision has been made in this Lease relating to accounts receivable, accounts payable, prorrations, inventory, patient trust funds and employee benefits, and that Lessor have no liability to Lessee with respect to such matters.

31.2 Lessor shall not be liable for amounts claimed by the Illinois Department of Public Aid or any other governmental authority or agency to have been overpayments made to the prior operator with respect to periods prior to the Commencement Date. Lessee shall look solely to Prior Operator for any recourse with respect to any actions involving such overpayments arising on or prior to the Commencement Date.

ARTICLE XXXII - LICENSURE PROVISIONS

32.1 It shall be a condition precedent to the effectiveness of this Lease that Lessee has a nursing home license from the Illinois Department of Public Health permitting Lessee to operate the Facility as a nursing home (hereinafter collectively called the "License").

ARTICLE XXXIII - FINANCIAL STATEMENTS

33.1 Lessee shall furnish to the Mortgagee such financial statements and tax returns which shall be certified by an officer of Lessee or a public accountant to the extent required under the Mortgage.

33.2 At all times, Lessee shall keep and maintain full and correct records and books of account of the operations of Lessee in the Demised Premises and records and books of account of the entire business operations of Lessee in accordance with normal accounting practices consistently applied. Upon request by Lessor, from time to time, ~~but not more than one (1) time a year, and such additional inspections which are~~ required by any Mortgagee, Lessee shall make available for inspection by Lessor or its designee, during reasonable business hours, at Lessee's offices, the said records and books of account covering the entire business operations of Lessee on the Demised Premises.

ARTICLE XXXIV - MISCELLANEOUS

34.1 Lessee, upon paying the Rent and all other charges herein provided, and for observing and keeping the covenants, agreements, terms and conditions of this Lease on its part to be performed, shall lawfully and quietly hold, occupy and enjoy the Demised Premises during the term of this Lease, and subject to its terms, without hindrance by Lessor or by any other person or persons claiming under Lessor.

34.2 All payments to be made by the Lessee hereunder, whether or not designated as Additional Rent, shall be deemed Additional Rent, so that in default of

payment when due, the Lessor shall be entitled to all of the remedies available at law or equity, or under this Lease, for the nonpayment of Rent. Base Rent and Additional Rent are sometimes referred to collectively herein as "Rent".

34.3 It is understood and agreed that the granting of any consent by Lessor to Lessee to perform any act of Lessee requiring Lessor's consent under the terms of this Lease, or the failure on the part of Lessor to object to any such action taken by Lessee without Lessor's consent, shall not be deemed a waiver by Lessor of its rights to require such consent for any further similar act by Lessee, and Lessee hereby expressly ~~covenants and warrants that as to all matters requiring Lessor's consent under the~~ terms of this Lease, Lessee shall secure such consent for each and every happening of the event requiring such consent, and shall not claim any waiver on the part of Lessor of the requirement to secure such consent.

34.4 Each of Lessor and Lessee represents and warrants to the other that it has not dealt with any broker or finder in connection with this Lease. Lessor and Lessee 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 Lease, the negotiation of this Lease or the transactions contemplated herein based upon the acts of the indemnifying party.

34.5 If an action shall be brought to recover any Rent under this Lease, or for or on account of any breach of or to enforce or interpret any of the terms, covenants or conditions of this Lease, or for the recovery of possession of the Demised Premises, the prevailing party shall be entitled to recover from the other party, as part of the prevailing party's costs, reasonable attorneys' fees, the amount of which shall be fixed by the court and shall be made a part of any judgment rendered.

34.6 Should Lessee hold possession hereunder after the expiration of the term of this Lease with or without the consent of Lessor, Lessee shall become a tenant on a ~~month-to-month basis upon all the terms, covenants and conditions herein specified,~~ excepting however that Lessee shall pay Lessor a monthly rental, for the period of such month-to-month tenancy, in an amount equal to 150% the last Rent specified.

34.7 All notices, demands or requests which may or are required to be given by either party to the other shall be in writing and shall be sent by (i) personal delivery; (ii) Federal Express or other national overnight courier service; (iii) United States certified mail, return receipt requested, addressed to the other party hereto at the address set forth below; or (iv) facsimile provided that such facsimile shall be evidenced by transmission confirmation and such notifying party shall subsequently send additional notice by one of the other methods identified in (i) – (iii):

If to Lessor:

Richard Feingold
c/o 800 East Center Street, LLC
9539 White Oak Avenue
Munster, Indiana 46321

- 55 -

Facsimile: (219) 924-4542

With a copy to:

Law Office of Sidney R. Berger
70 West Madison
Three First National Plaza
Suite 3700
Chicago, Illinois 60602
Attention: Mr. Sidney R. Berger, Esq.
Facsimile: (312) 558-7773

If to Lessee:

Ottawa Pavilion Building, L.L.C.
c/o Dynamic Healthcare, Ltd.
3359 Main Street
Skokie, Illinois 60076
Attention: Mr. Marshall A. Mauer
Facsimile: (847) 676-9722

with a copy to:

8320 Skokie Boulevard
Skokie, Illinois 60077
Attention: Mr. Abraham A. Gutnicki, Esq.
Facsimile: (847) 933-9285

or if written notification of a change of address has been sent, to such other party and/or to such other address as may be designated in that written notification. Notices shall be effective upon receipt or refusal thereof. Notices from counsel to Lessor shall for all purposes hereunder constitute notice from Lessor. Notices from counsel to Lessee shall for purposes hereunder constitute notice from Lessee. Copies of all notices shall be delivered to Lessor and its counsel.

34.8 Lessor and Lessee agree to execute and deliver a short form lease and option in recordable form so that the same may be recorded by either party.

- 56 -

34.9 Each party agrees that any time, and from time to time, upon not less than ten (10) days' prior written request from the other party, to execute, acknowledge and deliver to the other party a statement in writing, certifying that this Lease is unmodified and in full force and effect (or if there have been modifications, that the same is in full force and effect as modified, and stating the modifications), the dates to which the Rent has been paid, the amount of the Additional Rent held by Lessor, and whether to the best knowledge of such party an Event of Default has occurred or whether any events have occurred which, with the giving of notice or the passage of time, or both, could constitute an Event of Default hereunder, it being intended that any such statement delivered pursuant to this paragraph may be relied upon by any prospective assignee, mortgagee or purchaser of the fee interest in the Demised Premises or of this Lease.

34.10 All of the provisions of this Lease shall be deemed and construed to be "conditions" and "covenants" as though the words specifically expressing or importing covenants and conditions were used in each separate provision hereof.

34.11 Any reference herein to the termination of this Lease shall be deemed to include any termination thereof by expiration, or pursuant to Articles referring to earlier termination.

34.12 The headings and titles in this Lease are inserted only as a matter of convenience and for reference and in no way define, limit or describe the scope or intent of this Lease, nor in any way affect this Lease.

34.13 This Lease contains the entire agreement between the parties and any executory agreement hereafter made shall be ineffective to change, modify or discharge it in whole or in part unless such executory agreement is in writing and signed by the party against whom enforcement of the change, modification or discharge is sought. This Lease cannot be changed orally or terminated orally.

34.14 Except as otherwise herein expressly provided, the covenants, conditions and agreements in this Lease shall bind and inure to the benefit of the Lessor and Lessee and their respective successors and assigns.

~~34.15 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.

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

34.17 Notwithstanding anything to the contrary contained herein, and except as otherwise provided in this Lease, there shall be no personal liability hereunder on any partners, shareholders, members, directors, officers, employees or trustees of Lessee, with respect to the terms, covenants, conditions, undertakings or agreements contained in this Lease and Lessor shall look solely to Lessee, and not to any such partners,

shareholders, members, directors, officers, employees or trustees of Lessee for the satisfaction of each and every remedy which Lessor may have hereunder.

34.18 NOTWITHSTANDING ANYTHING TO THE CONTRARY CONTAINED ELSEWHERE HEREIN, THIS AGREEMENT SHALL, IN ALL EVENTS AND CIRCUMSTANCES OF ANY AND EVERY NATURE WHATSOEVER, BE SUBJECT TO THE ILLINOIS HEALTH FACILITIES PLANNING BOARD FIRST GRANTING TO THE NEW OPERATOR AN EXEMPTION FROM THE CERTIFICATE OF NEED ("CON") REQUIREMENT AND SHALL NOT BE VALID, BINDING UPON OR ~~ENFORCEABLE AGAINST ANY PARTY HERETO AND/OR OF ANY FORCE~~ AND/OR EFFECT OF ANY NATURE WHATSOEVER UNTIL SUCH TIME AS THE CON EXEMPTION IS GRANTED IN WRITING. IF THE CON EXEMPTION IS NOT GRANTED, THE AGREEMENT, EXCEPT FOR THIS SENTENCE, SHALL BE NULL AND VOID, NON BINDING, INVALID, UNENFORCEABLE AND WITHOUT FORCE AND/OR EFFECT, AND THE PARTIES HERETO HEREBY COVENANT AND AGREE TO UNWIND/UNDO ANY ACTION, IF ANY, WHICH MIGHT HAVE BEEN TAKEN IN FURTHERANCE OF AND/OR PURSUANT TO THIS AGREEMENT, AND THEREAFTER NEITHER PARTY HERETO SHALL HAVE ANY FURTHER LIABILITY, DUTY, OBLIGATION AND/OR RESPONSIBILITY HEREUNDER TO THE OTHER PARTY HERETO.

34.19 It is expressly understood and agreed by and between the parties hereto, anything herein to the contrary notwithstanding, that each and all of the representations,

warranties, covenants, undertakings and agreements herein and in the Lease made on the part of Lessor while in form purporting to be the representations, warranties, covenants, undertakings and agreements of Lessor are nevertheless each and every one of them made and intended, not as personal representations, warranties, covenants, undertakings and agreements by Lessor or for the purpose or with the intention of binding Lessor personally, but are made and intended for the purpose only of subjecting Lessor's interest in the Demised Premises to the terms of the Lease, and for no other purpose whatsoever and in case of default hereunder by Lessor (or default ~~through, under or by any of its beneficiaries, or agents or representatives of said beneficiaries~~), Lessee shall look solely to the interests of Lessor in the Demised Premises; that, if Lessor is a land trust, the Lease is executed and delivered by Lessor not in its own right, but solely in the exercise of the powers conferred upon it as such Trustee; that neither the Lessor nor any of Lessor's shareholders, officers, directors, members, managers, partners, beneficiaries or agents shall have any personal liability to pay any indebtedness accruing hereunder or to perform any covenant, either express or implied, herein contained, and no liability or duty shall rest upon Lessor to sequester the Demised Premises (or the trust estate) or the rents, issues and profits arising therefrom, or the proceeds arising from any sale or other disposition thereof; and that no personal liability or personal responsibility of any sort is assumed by, nor shall at any time be asserted or enforceable against said Lessor or any of Lessor's shareholders, officers, directors, members, managers, partners, beneficiaries or agents, on account of

the Lease or on account of any representation, warranty, covenant, undertaking or agreement of Lessor contained in the Lease, either express or implied, all such personal liability, if any, being expressly waived and released by Lessee and by all persons claiming by, through or under Lessee.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties hereto have caused this Lease to be signed by persons authorized so to do on behalf of each of them respectively the day and year just above written.

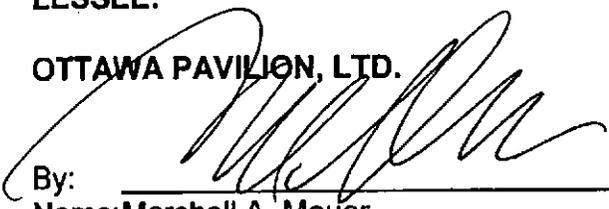
LESSOR:

800 EAST CENTER STREET, LLC

By: 
Name: Richard Feingold
Its: Manager

LESSEE:

OTTAWA PAVILION, LTD.

By: 
Name: Marshall A. Mauer
Its: Secretary/Treasurer

D. **Criterion 1120.310(d), Projected Operating Costs**

Salaries	\$3,875,000
Supplies	\$ 504,100
Welfare and Benefits	\$ 541,900
Total Direct Cost	\$4,921,000
Year of Target Utilization	Year 2013
Patient Days Per Year	44,218
Resultant Costs per Patient Day	\$111.29

E. Criterion 1120.310(e), Total Effect of the Project on Capital Costs

Depreciation	\$32,077
Interest	\$92,500
Property Taxes	\$65,400
Rent	\$1,320,000
Other	\$0
Total Annual Capital Costs	\$1,509,977
Year of Target Utilization	Year 2013
Patient Days per Year	44,218
Capital Cost per Patient Day	\$34.15