

**CERTIFIED
ORIGINAL**

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1 S-57760

2 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
3 HEALTH FACILITIES PLANNING BOARD
4 BEFORE HEARING OFFICER KAREN HALL

5 In Re:)
6 Public Comments)
7 Regarding the Asbury)
8 Pavilion Nursing and) Project No. 09-077
9 Rehabilitation)
10 Center, North Aurora,)
11 Skilled Nursing Unit.)

12 REPORT OF PROCEEDINGS had and
13 testimony taken in accordance with the
14 requirements of the Illinois Health Facilities
15 Planning Act regarding the Asbury Pavilion
16 Nursing and Rehabilitation Center, North Aurora,
17 Skilled Nursing Unit, taken at the North Aurora
18 Village Hall Boardroom, 25 East State Street,
19 North Aurora, on March 8, 2010, at the hour of
20 10:24 a.m.

RECEIVED

MAR 11 2010

HEALTH FACILITIES &
SERVICES REVIEW BOARD

24

1 **PRESENT:**

2 **ILLINOIS HEALTH FACILITIES PLANNING BOARD, by**
3 **MS. KAREN HALL,**
4 **Second Floor**
5 **525 West Jefferson Street**
6 **Springfield, Illinois 62761**
7 **(217) 782-3516**

8

9 **Appeared as the Public Hearing Officer.**

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1 HEARING OFFICER HALL: Good morning.

2 THE AUDIENCE: Good morning.

3 HEARING OFFICER HALL: My name is Karen
4 Hall. I'm with the Illinois Department of
5 Public Health.

6 I'm here today to conduct a public
7 hearing on the proposed project known as
8 09-077, Asbury Pavilion Nursing and
9 Rehabilitation Center, North Aurora, Illinois.

10 As per the rules of the Illinois Health
11 Facilities and Services Review Board, I would
12 like to read the legal notice into the record:

13 "In accordance with the requirements of
14 the Illinois Health Facilities Planning Act,
15 notice is given of receipt to establish a
16 75-bed skilled nursing unit. Project 09-077,
17 Asbury Pavilion Nursing and Rehabilitation
18 Center, North Aurora. Applicants: Asbury
19 Pavilion and Nursing Rehabilitation Center,
20 LLC, and EJR Enterprises, Incorporated.

21 "The applicants propose to establish a
22 75-bed skilled nursing unit adjacent to an
23 existing 150-unit supportive living facility.
24 The skilled nursing unit will comprise of

1 24,265 gross square feet of space."

2 UNIDENTIFIED SPEAKER: Can't hear
3 you.

4 HEARING OFFICER HALL: Better?

5 THE AUDIENCE: Yes.

6 HEARING OFFICER HALL: "The skilled
7 nursing center -- the skilled nursing unit will
8 comprise of 24,265 gross square feet of space
9 and will be located at 210 Airport Road, North
10 Aurora. The cost for this project is
11 5,365,000.

12 "Consideration by the State Board has
13 been tentatively scheduled for the June 8-9,
14 2010, State Board meeting. The public hearing
15 is to be held at -- by the Illinois Department
16 of Public Health, pursuant to the Illinois
17 Health Facilities Planning Act. The hearing is
18 open to the public and will afford opportunity
19 for parties who are interested to present
20 written or verbal comment relevant to the
21 project. All allegations or assertions should
22 be relevant to the need of the proposed project
23 and should be supported with two copies of
24 documentation or materials that are printed or

1 typed on paper size 8 and a half by 11.

2 "A copy of the application may be viewed
3 at the Illinois Health Facilities and Services
4 Review Board Office at 525 West Jefferson
5 Street, Second Floor, Springfield, Illinois,
6 62761.

7 "To obtain a copy of the application,
8 you can reach the staff by calling
9 217/782-3516. For details and copying fees,
10 you can get this information at that number.

11 "Any person wanting a public hearing on
12 a proposed project must submit a written
13 request for such to this address."

14 If you have not done so, please sign in
15 using the appropriate registration forms. One
16 of the forms is for individuals who want to
17 provide testimony in support of the project.
18 Another form is for people to provide testimony
19 who oppose the project, and the last form is
20 for individuals to register their attendance
21 who do not wish to testify.

22 To ensure that the Illinois Health
23 Facilities and Services Review Board's public
24 hearing protects the privacy and maintains the

1 confidentiality of an individual's health
2 information, covered entities, as defined by
3 the Health Insurance Portability Act of 1996,
4 such as facilities, hospital providers, health
5 plans and healthcare clearinghouses, submitting
6 oral or written testimony that discloses
7 protected health information of individuals
8 shall have a valid written authorization from
9 that individual. The authorization shall allow
10 the covered entity to share the individual's
11 protected health information at this hearing.

12 Those of you who came prepared with
13 prepared text for your presentation may choose
14 to submit that without giving testimony.
15 However, if you are giving oral testimony --
16 well, normally it says to be brief, but you can
17 speak as long as you want.

18 As per the legal notice, I would
19 appreciate two copies of your testimony. When
20 you make your presentation, please give the
21 court reporter the complete spelling of your
22 name. If there's a chief spokesperson for the
23 Applicant, we will let that individual make
24 that first presentation. The remaining

1 testimony will be taken in the order of the
2 names on the register.

3 Please hold all of your questions until
4 the testimony is presented.

5 Is there someone from the Applicant who
6 wishes to make the first presentation?

7 MR. FOLEY: Yes. Thank you. My
8 name is Charles Foley, F-o-l-e-y.

9 And I'm a consultant, and I was the one
10 responsible for preparing the Certificate of
11 Need application that was filed with the Health
12 Facilities Services and Review Board.

13 As you had indicated, this project is a
14 -- the establishment of a 75-bed unit. This is
15 not -- this is not what we consider as a
16 freestanding facility. This is, in fact, a
17 unit which is part of an existing campus
18 setting, consisting of an existing 150-bed
19 supported living facility.

20 This project is much needed, only
21 because of the fact that, No. 1, we are, in
22 fact, responding to the State's own identified
23 bed need citing that there is additional beds
24 needed in this planning area, and this even

1 comes after the Board has even approved
2 approximately three other facilities within the
3 Kane County planning area.

4 Even with those approvals, there is yet
5 still a need, which obviously signifies that we
6 have a much growing population of those 65 and
7 over that would obviously be ones that are most
8 benefitted by using this facility.

9 With that, we offer -- and we want to
10 thank you for allowing this public hearing on
11 this date, and I'd like to have the opportunity
12 for people to come up -- to come up and to give
13 their comments either in support or opposing
14 the project.

15 If they have any questions, we would be
16 more than glad to answer them after the public
17 hearing has concluded.

18 Thank you.

19 HEARING OFFICER HALL: Thank you.

20 Jacqueline Rice.

21 MS. RICE: Hi. My name is

22 Jacqueline Rice.

23 And I'm a nurse practitioner. And I

24 have been serving the residents at Asbury

1 Gardens for ten years now. And I feel that
2 this unit would provide a continuity of care
3 that is very much needed with the senior
4 population.

5 I see many seniors. They leave the
6 facility, they come back, they miss their
7 friends, spouses, which are separated because
8 they require skilled care. This would provide
9 an opportunity for those residents to stay
10 together, also provide continuity of care in
11 the same building, and the residents would have
12 a much better quality of life, in my opinion.

13 Thank you.

14 THE REPORTER: Spell your name,
15 please.

16 MS. RICE: J-a-c-q-u-e-l-i-n-e;
17 last name, Rice, R-i-c-e.

18 HEARING OFFICER HALL: Brian -- I
19 think it is B-e-c-k-e. Is that you?

20 DR. BECKER: That's me.

21 HEARING OFFICER HALL: Okay. Let's
22 spell your name, please.

23 DR. BECKER: My name is Dr. Brian
24 Becker, B-r-i-a-n B-e-c-k-e-r.

1 And I'm in support of Asbury Gardens
2 getting the nursing home certificate. The
3 reason is much like what Ms. Rice had stated.
4 With patients or -- I've been seeing patients
5 there for four years now. And the residents
6 that do live there, they would benefit from --
7 if they were -- needed to go to the hospital
8 and were not able to go back to the supportive
9 living side, to be able to go to the nursing
10 home side for either a short-term rehab or a
11 longer-term stay so that they could: One, if
12 they are a part of a couple, they would be
13 closer to their loved one, which would increase
14 their chance of being able to get back to the
15 supportive living side and would allow them to
16 continue their nurturing relationship with that
17 couple instead of them being split and having
18 to go to a facility off the grounds of Asbury
19 Gardens; and two, their friends and other staff
20 who -- after a time, we do develop a
21 relationship with the residents -- that we
22 would be able to go see them and continue to
23 help take care of them.

24 So I'm in support of this.

1 HEARING OFFICER HALL: Thank you.

2 DR. BECKER: I have been there for
3 about four years now, and the facility -- and
4 I've -- I do go to other facilities. And
5 Asbury Gardens is one of the best facilities
6 that I've been to and worked with.

7 I enjoy the staff, the director, the
8 director of nursing, the CNAs and other staff
9 that we work in coordination with and also the
10 rest of the staff in the facility that I may
11 not work together in like a doctor
12 relationship, but just the staff that I've met,
13 you know, in going down to the cafeteria, some
14 of the other people I have had stop by and ask
15 them a question on -- you know, to get into a
16 room if I needed it, if I was locked out of the
17 doctor's room or anything like that.

18 Everybody is very kind, very
19 considerate. And just in being there four
20 years, how I've seen the staff interact with
21 the residents there and the residents interact
22 with the staff, it is a very well-run facility,
23 and it's run by a lot of caring people, and I
24 believe the residents would, you know, agree

1 with that and continue to tell you this on this
2 day.

3 Thank you.

4 HEARING OFFICER HALL: Thank you.
5 Okay. Tom --

6 MR. TIERNEY: Tierney.

7 HEARING OFFICER HALL: Tierney?

8 MR. TIERNEY: Tierney.

9 HEARING OFFICER HALL: Okay. Spell
10 your name, please.

11 MR. TIERNEY: Good morning. My
12 name is Tom Tierney, T-i-e-r-n-e-y.

13 I am the treating physical therapist at
14 Asbury Gardens. I work with a firm, a contract
15 firm, Dan King & Associates. King is K-i-n-g.
16 And I've worked there for about four years.

17 I am here today in support of Asbury
18 Gardens' plans to create a skilled nursing
19 component to their present facility. As the
20 healthcare provider, from a healthcare
21 provider's perspective, the obvious reason for
22 my support is continuum of care.

23 Speed, quality and the functionality of
24 treatment is the benefit that cannot be

1 duplicated at any other facility in any way.

2 As far as the speed is concerned, a
3 patient lying in a hospital bed will lose
4 approximately 3 to 5 percent strength in a day.
5 It takes approximately one week of aggressive
6 rehab to regain that lost component.

7 If a doctor referral is generated in the
8 morning, I'm in seeing that patient in the
9 afternoon. So the speed is obviously a very
10 important component.

11 The quality of care is a friendly face,
12 a familiar face. As someone before me has
13 mentioned, I interact with these people on a
14 daily basis. And at their time of need, when
15 they see a friendly face, obviously they will
16 open up to me easier, you can get more out of
17 that patient, they know what I expect of them;
18 and obviously, we can get more done in a
19 shorter period of time.

20 Last and probably most important is
21 functionality of treatment. I'm not treating
22 them on a mat in a rehab center. I'm treating
23 them in their bed, their chair, in and out of
24 their shower. I've treated both settings, and

1 obviously the ability to treat in a functional
2 manner in the individual's room is far superior
3 to treating in a rehab center on a mat.

4 Thank you for the opportunity.

5 If anyone has any questions, I would
6 feel free to answer those.

7 Thank you.

8 HEARING OFFICER HALL: Thank you.

9 Rick Niksic.

10 MR. NIKSIC: My name is Rick
11 Niksic, N-i-k-s-i-c.

12 I am with Law Elderlaw. That's L-a-w
13 E-l-d-e-r-l-a-w. We're here in Aurora. We're
14 the largest elder law firm in the State of
15 Illinois. We work with facilities throughout
16 Chicagoland. We've got a long, healthy
17 relationship with Asbury here in Aurora.

18 Part of what we do is long-term
19 planning. We work with families. And most of
20 the communication -- our clients are in the
21 60s, 70s, 80s, 90s. But the initial
22 conversations start usually with a caregiver, a
23 child, usually with the daughter, and their
24 concerns when we're doing long-term planning is

1 that they want to find a place where mom or dad
2 or mom and dad can move, be comfortable, be
3 taken care of and not have to move again.

4 The aging in place is something you'll
5 hear about a lot today, but it's something that
6 is really key for a family and for healthy
7 aging.

8 Another key in this kind of facility is
9 -- that they're proposing is that it will be a
10 place where mom and dad, as they're aging
11 differently, as they do, are not going to have
12 to live in separate facilities; they're not
13 going to have to be separated. They'll be in
14 different parts of the building, but they'll be
15 able to see one another, which is -- which is a
16 key, again, in healthy aging for somebody.

17 If this were just a freestanding -- a
18 new, freestanding, skilled care facility in
19 this area, I'm not sure if it's needed. But we
20 don't have many affordable options in this area
21 for continuing care. This would be one of the
22 few.

23 And again, we have had a long
24 relationship with Asbury. We know the kind of

1 care that they give the people that are there
2 now. We have many clients there, and I think
3 this would be a real asset to the area and for
4 our agency and community.

5 Thank you.

6 HEARING OFFICER HALL: Joli Koch.

7 MS. KOCH: Hi. Good morning. The
8 spelling of my name is Joli, J-o-l-i, last name
9 spelled K-o-c-h.

10 Good morning. I'm here from Rosewood
11 Care Centers.

12 UNIDENTIFIED SPEAKER: We can't
13 hear you.

14 MS. KOCH: Oh, I'm sorry.

15 I'm here today from Rosewood Care
16 Centers to voice opposition to the project to
17 add a 75-bed unit to Asbury Nursing and Rehab
18 Center.

19 As I'm sure every -- you will find from
20 correspondence and data from other area
21 providers, the average utilization rate for
22 2008 does not meet the Board's target occupancy
23 rate to support the proposed project and is
24 based -- based upon an outdated and

1 yet-to-be-determined bed-need formula.

2 The facilities used as a reference for
3 the proposed new unit are all located within a
4 30-minute travel time from the proposed new
5 site. The long-term care facility
6 questionnaire for 2008 indicated that the
7 occupancy rate for those facilities was 83.2
8 percent, which is well below the targeted 90
9 percent occupancy rate.

10 Additionally, four new permits were
11 issued since July 24, 2007, for separate
12 projects to add 234 bed -- skilled nursing
13 beds, one being a 150-bed facility to be
14 located in Geneva.

15 Further compromising the validity of the
16 proposed CON application is a flawed analysis
17 of the need for 228 beds in a region that is
18 solely based upon demographics and not
19 reflective of today's rapidly changing and
20 innovative variety of senior services that did
21 not exist 30 years ago.

22 The current bed-need formula has, in
23 fact, been a target of the Illinois Task Force
24 on Health Planning Reform who suggested two

1 possible scenarios that would be a significant
2 improvement over the current system: The
3 development of a comprehensive utilization
4 determination process that reflects the
5 contemporary community-based approaches to
6 senior and disability service, the increasing
7 short-term stay turnover in skilled facilities,
8 the State-supported innovative trends in
9 consumer choice, the senior residential
10 alternative such as assisted living, supportive
11 living and continue -- continuing care
12 retirement care communities. Or -- or rather
13 than a complicated bed-need formula, let
14 nursing home occupancy in the market place and
15 consumer -- let the consumer dictate the need
16 of expansion of nursing home care beds.

17 Published documentation from the task
18 force further reports when the bed-need formula
19 for nursing homes was first developed 30 years
20 ago, it was an entirely different healthcare
21 environment. Nursing homes were the primary,
22 if not the only, senior care program in the
23 area.

24 Since the 1980s, we have seen an

1 explosion of home-care community services, the
2 dramatic expansion of assisted living and
3 supported living and the unique, integrated
4 approach to continuing care retirement centers.
5 These healthcare and residential alternatives
6 to nursing homes has significantly influenced
7 nursing home occupancy in the last 15 years.

8 Additionally, there has been a
9 tremendous shift in the type of clientele and
10 skilled facilities today. With hospitals
11 seeking earlier discharges, skilled nursing
12 facilities have naturally become a valued
13 resource in the marketplace for short-term
14 stays. Post-acute utilization of skilled care
15 is not currently in the bed-need formula.

16 A bed-need formula based upon only
17 static demographic data does not and cannot
18 reflect a very fluid healthcare marketplace for
19 senior services, the dramatic development of
20 innovative approaches to senior living or the
21 need of some of the medically complex specialty
22 services offered today in today's nursing
23 facilities.

24 The bed-need formula should be updated

1 annually. At one point the bed-need formula
2 for nursing homes has not been updated in over
3 eight years. We cannot be making planning
4 decisions for today's rapidly changing
5 marketplace based upon an -- old and irrelevant
6 data.

7 All of these changes in the continuum of
8 senior services has shown an impact on the
9 occupancy of nursing facilities. Regardless of
10 the analysis of demographics and services, in
11 reality, the average nursing facility occupancy
12 in the planning area is a measurable
13 marketplace benchmark of whether additional
14 beds are needed. An alternative possibility to
15 a bed-need formula is a model, similar to
16 Missouri, that assesses the marketplace need
17 for additional beds based upon average
18 occupancy of facilities in the planning area.

19 Because the Older Adults Services Act of
20 2004 requires the Department of Public Health
21 to work with long-term care or with the
22 long-term care profession to revise the
23 bed-need calculation, it is not reasonable to
24 base the proposed need for the 75-bed

1 long-term-care unit in North Aurora solely on
2 demographic data and ignore the pertinent
3 variables as suggested -- as I previously
4 suggested.

5 It is further contested that thorough
6 consideration of the analysis has not been
7 given to the vast array of senior services that
8 are currently and widely used as an alternative
9 to traditional nursing home care.

10 These alternatives, not considered in
11 any depth as part of this CON process, has
12 shown a tremendous impact on both lengths of
13 stay and census occupancy in the recent years
14 in not only Kane County but the majority, if
15 not all, regions of Illinois.

16 Some of these alternatives include
17 community-based services, home healthcare,
18 in-law apartments and housing for aging and
19 disabled individuals in addition to the
20 assisted living and supportive living
21 facilities.

22 Therefore, EJR Enterprises and Asbury
23 Nursing and Rehabilitation Center, LLC's,
24 proposed project to construct a 75-bed skilled

1 facility clearly does not meet the required
2 criterion for approval, nor is it based upon an
3 accurate bed-need formula to meet the future
4 needs and demands of the elderly population.

5 For these valid -- very valid reasons,
6 the CON application for Asbury should be
7 denied.

8 Thank you.

9 HEARING OFFICER HALL: Ryan
10 Lambert.

11 MR. LAMBERT: Ryan Lambert, R-y-a-n
12 L-a-m-b-e-r-t, both a resident of North Aurora
13 and a representative of the North Aurora Fire
14 Protection District.

15 I'm here in support of the skilled
16 nursing at Asbury Gardens. We've worked with
17 Asbury -- I've been on the job -- sorry -- been
18 on the job for 18 years now. We've had a
19 strong relationship with Asbury Gardens, the
20 residents and the staff there.

21 And I think they've done an exemplary
22 job of taking care of any fire-related issues
23 that we've had, also EMS issues.

24 And think a continuum of care in this

1 facility is a great next step to continue,
2 obviously continue with the needs of residents.
3 Definitely in support.

4 HEARING OFFICER HALL: David
5 Scarpetta.

6 MR. SCARPETTA: Good morning. My
7 name is David Scarpetta, S-c-a-r-p-e-t-t-a.

8 I'm here representing Jennings Terrace
9 retirement and nursing facility in Aurora.
10 I've been the administrator and in other
11 capacities at that facility for 29 years. I
12 have extensive knowledge of this service area
13 and feel that I am an expert who can be relied
14 on for information about this service area.

15 I'm opposed to the addition of skilled
16 nursing beds in this region simply based on the
17 numbers. The numbers don't bear out
18 statistically from the planning commission's
19 information.

20 Our occupancy moves in the 80 percent
21 area, rarely getting over 85 percent; and
22 that's an effort that takes place seven days
23 week, 365 days a year to manage that occupancy
24 and keep it as high as possible.

1 Our ability to keep income high enough
2 over expenses so that we can be a viable
3 organization, to be a viable employer, to offer
4 the type of benefits and services that are
5 necessary for our employees and our residents
6 has to have a certain margin of income, and it
7 will be compromised by the addition of 75 beds
8 in the area. It would be compromised by the
9 addition of 30 beds in the area.

10 I don't disagree with the notion that a
11 continuum of care with residents is valuable.
12 That's the business model that we pursue at
13 Jennings Terrace. That is the business model
14 that we built at Jennings Terrace.

15 We didn't go to the public and ask other
16 facilities to devalue their organization, to
17 lower their census to correct the business
18 model of failing organizations.

19 I appreciate the interest in new
20 building. Shiny and new is something that
21 always brings folks out. The support of shiny
22 and new is something that is almost the bane of
23 long-term care and other existing facilities.
24 We'll be on the market for five or eight years,

1 something shiny and new comes along, and
2 there's a flight for that shiny and new. Not
3 because we're doing anything bad, not because
4 we're doing anything wrong, but because shiny
5 and new is what people are interested in. This
6 will be another opportunity for shiny and new.

7 That's why I like to keep our decisions
8 at our organizations based on statistical
9 information. 77 percent for a census in a
10 skilled nursing area makes it very difficult
11 for us. I don't want to have that impacted any
12 further. We really need to be fully occupied
13 to meet the needs of our residents.

14 And we were fully occupied. Ten years
15 ago, we had a waiting list at our organization.
16 As new beds moved into the area, precipitously,
17 our census declined.

18 Our reputation is outstanding. Our
19 surveys are outstanding. Does that make a
20 difference? No.

21 What does make a difference is the
22 archaic process of setting the bed need in the
23 State of Illinois that Joli has done extensive
24 research on and presented to you previously.

1 I have other written material that I
2 will be presenting before the Board makes their
3 decision. But I'm certainly opposed. Jennings
4 Terrace is certainly opposed. My 29 years of
5 experience in this area is certainly opposed.

6 Thank you.

7 HEARING OFFICER HALL: Can you
8 spell your name, please?

9 MR. SCARPETTA: S-c-a-r-p-e-t-t-a.

10 HEARING OFFICER HALL: Thank you.

11 Don Verrette.

12 MR. VERRETTE: I am Don Verrette,
13 V-e-r-r-e-t-t-e.

14 I presently work at Asbury Gardens. I
15 believe that the addition of the continuing
16 care facility skilled nursing wing will be a
17 great benefit to all the residents that work
18 here -- I mean live here. I'm sorry.

19 I -- I've been there four years, and --
20 and I believe we've taken care of the residents
21 in a manner of treating them like they're our
22 parents, quite honestly. That's the way I
23 treat them. And I care for them.

24 And I think that with the addition of a

1 skilled nursing wing, it would be a lot --
2 what's the word I'm looking for? -- a lot
3 smoother transition for the residents and their
4 families.

5 Thank you.

6 HEARING OFFICER HALL: Kathryn
7 Dyhouse.

8 MS. DYHOUSE: Yes. My name is
9 Kathryn Dyhouse, K-a-t-h-r-y-n D-y-h-o-u-s-e,
10 and I'm here today representing Rosewood Care
11 Center of St. Charles in opposition to the
12 construction of a 75-bed skilled long-term care
13 to be located at 210 Airport Road, North
14 Aurora.

15 As a nursing home administrator in the
16 area, I'm concerned with the addition of 75
17 skilled beds. The census has averaged below 80
18 percent for the past year in area skilled
19 nursing facilities and well below the targeted
20 90 percent occupancy rate.

21 With ever-changing and innovative
22 services for seniors in the community, more
23 seniors are able to remain in their homes. A
24 few examples are home health agencies, adult

1 facility, nursing home facility; and my reasons
2 are similar to what you've heard before, the
3 continuum of care.

4 But we all have to realize as we get
5 older, we keep losing, we lose our eyesight, we
6 lose our hearing, we lose our capability of
7 walking.

8 We have other problems. We have these
9 people here that are living in this care
10 facility who have made friends, who've lost a
11 lot during the years. If they're able to stay
12 in the same area and at least keep the last
13 friends at the end of their life, that's a big
14 help to them. It keeps them healthier, it
15 keeps them more active and it keeps them more
16 viable. Basically, I think it would be good
17 for them, their families.

18 They've already lost friends, they've
19 lost some sisters, brothers. Many people in
20 the supportive living now have sisters and
21 brothers. They have had friends, and their
22 family can still go to the same location. Most
23 of these families live in the area. And it
24 just would make it much easier and much better

1 for the people that are there now.

2 Thank you.

3 HEARING OFFICER HALL: Frank
4 Schimpf.

5 MR. SCHIMPF: Good morning,
6 everyone. My name is Frank Schimpf. That is
7 S-c-h-i-m-p-f.

8 I'm a fireman/EMT with the North Aurora
9 Fire Department. I've only been here about
10 five years. In that short time, I've gotten to
11 know quite a few of the residents and staff
12 members at the facility in question. I have
13 nothing but great things to say.

14 As my partner had already stated, they
15 are very professional in what they do, and it
16 is a family atmosphere there.

17 And essentially we've heard a lot about
18 continuum of care. I don't understand how you
19 could not be in favor of that. I certainly am
20 in favor of this addition. It would only help
21 the people that are already living in this
22 facility, as well as, you know, any new ones
23 that would come and continue to enjoy that
24 family atmosphere.

1 So I have no doubt in my mind it would
2 be run perfectly, and I'm in full support.

3 Thank you.

4 HEARING OFFICER HALL: Thank you
5 for spelling your name.

6 MR. SCHIMPF: It happens all the
7 time.

8 HEARING OFFICER HALL: Okay. Here
9 is another one. Mary Ann L-e-i-t-h-e -- and I
10 can't make out the rest.

11 MS. LEITHERER: L-e-i-t-h-e-r-e-r.

12 I'm director of marketing at Asbury
13 Gardens for the last five years, and I agree
14 that the continuum of care is the most
15 important thing for our residents. We have the
16 small independent, we have the assisted; and
17 having the nursing home there would be very
18 valuable to all our residents.

19 I have the honor of going to the nursing
20 homes when our residents are there. Some of
21 them have families that are out of state. Some
22 have no families at all. The only person they
23 see is me.

24 So I think because of that, of their

1 friendships -- and I think that the most
2 important thing is when I'm seeing them,
3 they're asking: How's so and so, how's so and
4 so? And the same thing happens when I'm at the
5 building. They're asking about their friends.

6 So I think this continuum of care, this
7 nursing home, will enhance their quality of
8 life because Asbury will become their home.

9 HEARING OFFICER HALL: Julie --

10 MS. LAKOMIAK: My name is Julie
11 Lakomiak, L-a-k-o-m-i-a-k.

12 I'm currently the director of nursing at
13 Asbury Gardens. I have been there for over a
14 year. And in a year's time I have dealt with
15 many different situations with residents and
16 families.

17 We are supported living, and we take
18 very good care of our residents, but there are
19 times in their lives where they have to move on
20 to higher acuity facilities.

21 One of the struggles I face is when
22 families come to me asking for my assistance
23 with trying to find places in the area and
24 quality beds in the surrounding location.

1 Typically, we see very many spouses that come
2 to the building, and it's very difficult for
3 families to find facilities that are close to
4 where they can share their time between two
5 different facilities. We have had numerous of
6 those occur on occasion.

7 We also find that when residents are
8 transferred to the hospital and then they are
9 sent to a skilled facility, very few of those
10 skilled facilities will take State assistance,
11 meaning Public Aid. Therefore, we find that
12 multiple times, our residents will go to
13 facilities for skilled care and then they are
14 referred to another facility if it becomes a
15 long-term care stay, which at multiple times it
16 does occur.

17 So, therefore, we find that our
18 residents are being transferred not only from
19 us to a hospital, but then to a skilled
20 facility and then somewhere else for long term.
21 It makes for multiple transfers and is very
22 hard on those residents.

23 One of the things that will be nice
24 about the continuity of care is the residents

1 will leave us, go to the hospital. They can
2 come back to a nursing home for skilled care;
3 and if they are not able to transfer back to
4 the supportive living, they'll be able to stay
5 there long term.

6 The continuity of care will also be
7 found where -- we find at times that residents
8 who go to the other skilled care facilities in
9 the area are not aware of how they have been
10 progressing and living in their homes at Asbury
11 Gardens. Therefore, at times they are -- have
12 goals which are unreachable for those
13 individuals or not necessarily wanted.

14 But as a therapist, they're always to
15 trained to get them as -- as best as they can,
16 and it becomes very frustrating and depressing
17 for some our residents when they're in these
18 type of environments. Therefore, with the
19 continuity of care, we will be able to be
20 working continually with the people at the
21 skilled facility to make sure that those
22 residents are -- have reachable goals to get
23 back to their prior level of care.

24 The other thing I would like to mention

1 that we run into occurrences would be when
2 residents are sent to the hospital and they're
3 sent right back. But they might have a problem
4 that needs to be addressed with skilled rehab,
5 as, for instance, a fracture of a foot. Those
6 residents are not independent enough to come
7 back to the supportive living. But as most
8 people know, Medicare is very strict about
9 overnight stays in the hospital. Those
10 residents would then be able to be directed to
11 our long-term-care facility, as a nice
12 transition; whereas we have a difficult time
13 getting those people into skilled nursing
14 facilities because they haven't had their three
15 nights of Medicare and most facilities want you
16 to come under Medicare. They will not take
17 State assistance.

18 So I feel very much in support of Asbury
19 Gardens in receiving their skilled nursing
20 facility.

21 HEARING OFFICER HALL: Phil
22 Leitherer.

23 MR. LEITHERER: Philip Leitherer,
24 P-h-i-l-i-p, last name Leitherer,

1 L-e-i-t-h-e-r-e-r.

2 And I'm here on behalf of my father. He
3 was a resident since 2007 at Asbury Gardens.
4 The care that he received was phenomenal. He
5 was posed with a situation where he may have
6 had to have gone to a nursing home. That was a
7 big fear that he had. The continuum of care
8 was an important thing for him. The quality of
9 care was an important thing for him.

10 And as the lady from St. Charles had
11 pointed out, the fear that he held, being left
12 from his friends -- who some people who are
13 here are his friends -- was something that he
14 did not want to have to face.

15 So I'm strongly in support of a
16 continuum of care, a nursing facility with
17 Asbury Gardens, as I think that it is the right
18 thing to do for these seniors who either have
19 little family or none. Because those residents
20 are their family, and to force them to go
21 someplace else would be to take them from their
22 families.

23 Thank you.

24 HEARING OFFICER HALL: Debbie

1 Mourning.

2 MS. MOURNING: My name is Debbie,
3 D-e-b-b-i-e, Mourning, M-o-u-r-n-i-n-g.

4 I am in support of a nursing home
5 affiliated with Asbury Gardens. I am a
6 representative of Senior Services. We are the
7 provider agency in Kane, Kendall and McHenry
8 County and we're referred to all nursing homes
9 in the area.

10 I have been doing this for my 11th year.
11 As everyone prior to me has stated, the
12 continuum of care to me is the most important
13 thing. I can't imagine, No. 1, having to leave
14 my home. And when I do, if I go to a facility
15 such as the supportive living, the thought of
16 having to go to a different facility, perhaps
17 across town or even in another town, would be
18 devastating and frightening, particularly when
19 you have a spouse that you are currently living
20 with in a facility like that. There's a very
21 good possibility that they may not see each
22 other for a month, a week; other family
23 members.

24 And this is their home, this is their

1 community, and it would be a wonderful thing
2 for their friends to be able to walk across the
3 way or walk down the hall to continue the
4 relationships they've had for -- possibly for
5 years.

6 Thank you.

7 HEARING OFFICER HALL: Rita Sbarra.
8 I believe it is Sbarra, S-b-a-r-r-a.

9 MS. SBARRA: Yes. Rita Sbarra,
10 R-i-t-a S-b-a-r-r-a.

11 I'm very emotional right now. I have
12 been a resident for five years at Asbury, and
13 Asbury has been my home for five years. I've
14 come to know a lot of the people, and they're
15 my family.

16 HEARING OFFICER HALL: Take it out.

17 MR. FOLEY: Take the mic out.

18 MS. SBARRA: Okay, thanks.

19 It's been like -- they've been like
20 family. I had to go to a nursing home miles
21 away from Asbury, where I became very depressed
22 because my family was gone, and I needed them.
23 Eventually I got back to Asbury, where I
24 started to feel a lot better.

1 When you have a family -- these are my
2 family now. I do have a son and daughter -- I
3 am not excluding them -- but these people are
4 with me every day, 24 hours a day.

5 These firemen I've seen a number of
6 times. They've come in the place. As a matter
7 of fact, I'm probably one of their patients. I
8 had to go to another hospital miles away from
9 North Aurora.

10 And I don't like to see -- I wish we had
11 -- if we only had a place where we could go to
12 be our own. This would be our own. They
13 wouldn't have to send me or anybody else away.

14 Thank you.

15 HEARING OFFICER HALL: Ainslie --

16 UNIDENTIFIED SPEAKER: Is it all
17 right for them to stay in their seats?

18 HEARING OFFICER HALL: Charles,
19 some of the participants are in wheelchairs, so
20 do you mind taking the mic to them?

21 MR. FOLEY: Not at all. It would
22 be a pleasure.

23 HEARING OFFICER HALL: So Ainslie
24 -- someone signed over your name, so I can't

1 read the --

2 UNIDENTIFIED SPEAKER: She is right
3 here.

4 MS. KAHL: Okay. Thank you. What
5 I was going -- my name is Ainslie Kahl,
6 A-i-n-s-l-i-e; last name, K-a-h-l.

7 Okay? When I was at home, I wasn't
8 making it. I also had people come in,
9 supposedly to help me. And it didn't work out,
10 and that's why I'm here. And I'm so glad
11 because it's very, very good for me.

12 And like everyone said, we have our
13 friends here, and if we get sick, it would be
14 so much easier for us to have care there.

15 And for these other places, it's
16 strictly a money thing with them. It isn't
17 with us. This is where we belong and we want
18 to stay.

19 MR. FOLEY: Thank you.

20 MS. KAHL: And by the way, I'm in a
21 wheelchair now, and I don't know what the
22 future is going to bring. I hope they're going
23 to get those beds.

24 HEARING OFFICER HALL: Thank you.

1 Aldith Bellonie.

2 MS. BELLONIE: Good morning. I'm
3 Aldith Bellonie, and I'm with Senior Services
4 Association of Aurora, Kendall and McHenry
5 County, and I'm also a prescreener at the
6 nursing -- at the hospital, both Mercy Hospital
7 and Copley Hospital. Oh, I'm sorry.

8 Anyway, this is a great opportunity for
9 me to express myself for these seniors, and I
10 believe it's just such a wonderful opportunity
11 they would have if there was a continuing care
12 living at the assisted living and they don't
13 have to be transferred to another facility when
14 the family have to make that decision.

15 Oftentimes in the hospital, I have
16 talked with families, and one of the major
17 concern is: What do I do with my parents when
18 they have to go to a long-term-care facility?
19 This is their home and they love it.

20 And I don't have an answer. And I'm
21 just hoping that some day I will be able to say
22 to them: Don't worry. It's okay. You're only
23 a couple -- I would say maybe a step away from
24 transferring over to the other side of this

1 facility.

2 It is a great opportunity. I hope
3 everyone would support it, and I am looking
4 forward to see that this thing go through.

5 THE REPORTER: Can you spell your
6 name, please?

7 MS. BELLONIE: Aldith, A-l-d-i-t-h,
8 and the last name is Bellonie, B-e-l-l-o-n-i-e.

9 HEARING OFFICER HALL: Thank you.
10 Ruth Janko.

11 MR. FOLEY: Tell them your name and
12 spell it.

13 MS. JANKO: My name is Ruth Janko,
14 J-a-n-k-o. Can you hear me?

15 THE AUDIENCE: Yes.

16 MS. JANKO: Most of the time that
17 you folks were talking, I couldn't hear
18 anything you said, and I'm sorry about that.

19 Asbury Gardens is the best place in the
20 world, believe me. I'm all alone. I have
21 nobody. If it wasn't for the folks there, I
22 don't know where I would be.

23 I'm legally blind. My knees are going
24 out, and what the middle is going to do I don't

1 know, and I don't know where I'm going to be.
2 So God bless all of you and God keep Asbury
3 Gardens. Don't take that away from us. I hope
4 you all heard me.

5 MR. FOLEY: All right.

6 HEARING OFFICER HALL: Evelyn
7 Cowley.

8 MS. COWLEY: Yes. I don't think I
9 need a mic.

10 MR. FOLEY: No, you don't.

11 MS. COWLEY: I have a very loud
12 voice.

13 And I have been at Asbury for almost
14 five years. I love it there. It is my home.
15 True, I have family nearby, but nobody's around
16 me every day but the people here at Asbury.
17 And I love it where I live. I enjoy where I
18 live, everything, the food and the friends.

19 And we have a beautiful staff of nurses.
20 And everybody that works there, they all know
21 me because I know them. As they come in, I
22 greet them because they do feel like family,
23 and I do love it there.

24 And if we could have a nursing home next

1 door to us and nearby, real close, it would be
2 the best thing, the best thing we could have.
3 Because with my family and friends, they'll
4 come see me, like they did when I was in the
5 hospital, and I would love to have a nursing
6 home. Please get it together real soon.

7 Thank you.

8 THE REPORTER: Can you spell your
9 name, please?

10 MS. COWLEY: C-o-w-l-e-y.

11 HEARING OFFICER HALL: Frank
12 Mogkowski.

13 MR. FOLEY: Frank?

14 MR. MOGKOWSKI: Okay.

15 MR. FOLEY: Spell your name.

16 MR. MOGKOWSKI: Hello, my name is
17 Francis Mogkowski, M-o-g-k-o-w-s-k-i.

18 I've been at Asbury Gardens since June
19 of 2009, and I've tried -- I was going to go to
20 the Asbury Gardens in 2005, but I didn't think
21 I was quite ready for it then. But I finally
22 got back there and I got in.

23 I liked it very much. Before, I lived
24 with my family; but then the family was working

1 and that, and I couldn't be alone anymore.

2 But the nursing staff at Asbury Gardens
3 is excellent, the food is very good and a lot
4 of different activities there, and I enjoy it
5 very much. So I'm all for the new proposal.

6 HEARING OFFICER HALL: R-i-e --
7 maybe l -- Andersen.

8 MR. FOLEY: Spell your name.

9 UNIDENTIFIED VOICE: Carol or
10 Richard?

11 HEARING OFFICER HALL: Might be
12 Richard; it's not Carol.

13 MR. ANDERSEN: Richard. My last
14 name is A-n-d-e-r-s-e-n.

15 I came to this facility not more than
16 six months ago not knowing what was going to
17 happen. These people helped me quite a bit,
18 with paperwork, with everything else, questions
19 I've asked. I sometimes made a nuisance of
20 myself, which I am really sorry for.

21 But I would love to see this myself, not
22 only for me, but for the rest of the people
23 that come in and stay there.

24 Thank you.

1 HEARING OFFICER HALL: Carol

2 Andersen.

3 MS. ANDERSEN: My name is Carol

4 Andersen, spelled the same as his.

5 He's been my husband for almost 50
6 years, and I was in a -- what do you call it?
7 -- care facility after I had come out of the
8 hospital. I was at this care facility, and
9 they -- and he tried to come and see me there
10 all the time, and things just weren't working
11 out right. I couldn't wait to get the hell out
12 of there.

13 And finally, they finally said, "You
14 don't need to stay here anymore, but you still
15 have to have some care available." And so my
16 daughter had gone to Asbury Gardens -- Asbury
17 Court, and she got my husband in over there,
18 and she said, "Mom, I'm going to take you over
19 there, and you will both be together at the
20 same place." And I said, "That sounds
21 terrific." She said, "We will take care of
22 everything." I said, "Fine."

23 So next thing I know, I'm at Asbury, and
24 I have all my furniture that I had. We didn't

1 moved to Asbury Gardens, and we were doing
2 good, and then -- then he started having a lot
3 of sickness and it -- if there was a nursing
4 home, then he would have been close to me. But
5 that wasn't to be, and he passed away five
6 years ago.

7 But I just -- Asbury is my home, and I
8 have all kinds of friends that are there, and I
9 do hope that they would have a nursing home
10 near us, and then when -- as we need more help,
11 then we can go there.

12 Thank you.

13 HEARING OFFICER HALL: Roma
14 Freeman.

15 MS. FREEMAN: My name is Roma
16 Freeman, F-r-e-e-m-a-n.

17 This May, I will be at Asbury five
18 years, and that's my home. I had an experience
19 just a couple months ago of illness, and I was
20 sent to two different rehab nursing homes, and
21 I was away for four months, three different
22 hospitals. And I was very, very glad to be
23 back home.

24 And I would like to have had something

1 closer and connected with Asbury Gardens.
2 There was no connection where I was. I wanted
3 to come home. I finally did this November.

4 Thank you.

5 HEARING OFFICER HALL: Mario --

6 MR. BALSAMO: My name is Mario
7 Balsamo, and I have --

8 HEARING OFFICER HALL: Spell your
9 last name.

10 MR. BALSALMO: -- been at Asbury
11 for almost ten years.

12 B-a-l-s-a-m-o. Mario is the first name,
13 M-a-r-i-o.

14 I've been at Asbury Gardens for almost
15 ten years, and right now I got a wife in a
16 nursing home. It would be a lot easier if they
17 had one right on the property. She wants to
18 come home so bad. We got to wait. If she was
19 at home, I could visit her at least three times
20 a day instead of once every two days or three
21 days. And I got to wait for a ride from my
22 granddaughter.

23 So it would be a wonderful gift if we
24 had a facility, a nursing home, to take care of

1 me when I get that way.

2 Thank you.

3 HEARING OFFICER HALL: Frances

4 Goodwick.

5 MS. GOODWICK: Frances Goodwick,

6 G-o-o-d-w-i-c-k.

7 Come June, I will have been at Asbury
8 Gardens for six years. Now Asbury Gardens is
9 my home. Just ask my kids. They would love
10 nothing better than to come there later on if I
11 need, you know, nursing care. I would love it.
12 Just to be able to go to an apartment next
13 door. I would know the staff, front office,
14 nursing and everything. It would just be
15 wonderful, and I think we need it very, very
16 bad.

17 Thank you.

18 HEARING OFFICER HALL: Esther Amos.

19 MS. AMOS: Hello. My name is

20 Esther Amos.

21 My husband and I have not been at Asbury
22 as long as some of the others, but as they
23 speak, I think that's just what I would have
24 said. I feel the same way. We feel like we

1 Deaville.

2 And I've been at Asbury Gardens about
3 three years, and I love it there. Everybody is
4 so nice and friendly, and I would love to have
5 a nursing home right there by it if it's
6 possible.

7 Thank you.

8 HEARING OFFICER HALL: Can you
9 spell your name, please?

10 MS. DEAVILLE: D-e-a-v-i-l-l-e.

11 HEARING OFFICER HALL: Thank you.

12 Bernice Brust.

13 MS. BRUST: My name is Bernice
14 Brust, B-r-u-s-t.

15 And I'm at -- I came to Asbury Gardens
16 in August of 2009. And it's a very nice place,
17 and I believe we should have a nursing home, a
18 nursing facility, a nursing home on the
19 property because if -- like if we get sick and
20 we go to the hospital, then they transfer us to
21 places for rehabilitation miles away from where
22 we live, and it's hard for our families even to
23 sometimes go to the facility they transfer us
24 to. So this way, if we had the facility right

1 on the property where we live, it would be so
2 convenient. We would know that we're right
3 near home, and it would be marvelous. And our
4 families wouldn't have to worry about where
5 they're going to travel to go see us and all
6 this. I think it would -- is a wonderful idea,
7 and I hope it comes through.

8 Thank you.

9 HEARING OFFICER HALL: Charlotte
10 Naden.

11 MS. NADEN: My name is Charlotte
12 Naden, N-a-d-e-n.

13 I think as Esther does. It's two years
14 in June. And it's my home.

15 And at Asbury Gardens, we have the
16 advantage of a lot of things here, and one of
17 them is we have church services, and the
18 Catholic clergy come and the Protestant clergy
19 come, and if you're in a nursing home, I know
20 it's important that they be able to see you
21 when you're in a nursing home. And I feel that
22 if we have one on the grounds, the clergy that
23 comes there now to put on services would be
24 able to see you more easily.

1 Thank you.

2 HEARING OFFICER HALL: Marlene
3 Macy.

4 MS. MACY: Marlene Macy. The last
5 name is the same as the department store. No
6 relative. M-a-c-y.

7 I just want to say ditto to just about
8 everything I heard today. I've been there
9 since August, '09, and I was at another
10 assisted living -- it wasn't a home to me, but
11 a place. And it was very fancy and very new.
12 But when I came here, the people are so
13 friendly and helpful. The staff has been
14 great. I really don't have any complaints.
15 Everything's been as good as you can ask for.
16 So kudos to everybody.

17 HEARING OFFICER HALL: Joseph
18 Chase.

19 MR. CHASE: Would I be able to go
20 last, like after the residents?

21 HEARING OFFICER HALL: Okay. Ari
22 Haas.

23 MR. HAAS: Same thing.

24 HEARING OFFICER HALL: That's the

1 last -- wait. Excuse me.

2 Is there anyone else here who has not
3 spoken that would like to speak?

4 (No response.)

5 MR. HAAS: Good morning. My name
6 is Ari Haas, A-r-i H-a-a-s.

7 I'm here in support of the application.
8 I'm here as a prime manager with Asbury and
9 currently as a managing partner of Elmwood
10 Terrace Nursing Home here in Aurora.

11 And part of my support of the
12 application, I had the privilege of working
13 with Asbury for over eight years before my
14 involvement with Elmwood Terrace. Asbury
15 Gardens, as everybody well knows locally, is a
16 company that's been operating here in Asbury --
17 I guess the mic is dead. I will just speak up.

18 Asbury has had a presence in North
19 Aurora ever since opening in 1986 with the
20 independent living of 186 units. In 2003 --
21 and I was part of that program -- we've had the
22 opportunity to build and develop the largest
23 supportive living center in Illinois.

24 And the third step of senior care is

1 only the next logical step to filling the
2 puzzle of adding a skilled nursing wing.

3 Now, we had residents in the past at
4 Asbury in excess of ten years, and certainly as
5 has been heard in various testimony from
6 residents today, there's a need for continuum
7 of care and the ideal situation that would make
8 for those residents currently living at Asbury.

9 Now, involved -- being involved in a
10 variety of senior settings, both in skilled
11 care, independent living and in supportive
12 living as a group, I feel Asbury enhances the
13 reputation of all long-term-care facilities.

14 And as an industry entrusted with the
15 most vulnerable and frail population, I feel
16 it's very important that together we strive to
17 -- to exceed expectations in geriatric care.

18 Now, my understanding is that all of
19 Asbury's proposed 75 nursing beds will be for
20 Medicaid as well as Medicare. As has been
21 pointed out earlier, a lot of local facilities
22 will discriminate and only accept Medicare, use
23 up those days, be it 20 days allowed by
24 Medicare, or with a furtherance of 80 days

1 based on insurance or Medicaid subsidy, stretch
2 it all the way to 100 days. But oftentimes
3 after that rehab period has ended, they're
4 shown the door or transferred to yet another
5 facility.

6 Asbury's history in the last eight to
7 ten years has been two-thirds Public Aid
8 patients. All their residents are welcome to
9 come, either private pay or Public Aid with
10 Medicaid funding. My understanding is there is
11 absolutely no discrimination on price or based
12 on payer source.

13 Now, understandably, other nursing homes
14 will first be against competition. However, I
15 feel that the development of continuum of care
16 trumps any such objections. The addition of a
17 skilled wing will, as I stated, fill the final
18 piece and Asbury Gardens will be able to care
19 for residents of all manner of financial
20 assistance and all levels of care through --
21 from independent living all the way through
22 skilled care.

23 As a hands-on manager for almost ten
24 years, I can certainly respect the formulas and

1 data being presented by the opposition.

2 However, I have witnessed firsthand, and as
3 we've heard today, the need for continuum of
4 care goes more than just analyzing numbers in
5 Kane County in general.

6 A lot of utilization data, as they've
7 stated, I agree is dated, and we see the need
8 all the more so from experience. Asbury yearly
9 discharges in excess of 50 residents to a
10 variety of nursing homes. Now, they get spread
11 out throughout the county, and as was
12 mentioned, a 30-minute drive time used in
13 calculation are good numbers if you want to
14 consider building a new, stand-alone facility
15 from the ground up.

16 But certainly this situation, as we're
17 establishing an extra wing for those residents
18 already here, it is certainly essential for
19 their care, and I look forward to approval of
20 Asbury's application and the opportunity to
21 continue to work together with them in the
22 service of the senior population.

23 Thank you for listening. Have a good
24 day.

1 HEARING OFFICER HALL: Joe Chase.

2 MR. CHASE: Good morning, everyone.

3 I'm Joseph Chase, C-h-a-s-e.

4 I'm the executive director currently at
5 Asbury Gardens. I've been there for
6 approximately six years now. So naturally, I'm
7 in support of the proposed wing that we would
8 like -- the proposed unit that we would like to
9 build upon the -- upon the property of Asbury
10 Gardens.

11 First, I would like to thank all those
12 that -- you know, the comments from the
13 opposition and the points that they had made.
14 You know, one of the things that we witness
15 just about every single day is when people do
16 come to tour our community and to contemplate
17 moving their loved ones in, one of the main
18 questions they ask is: What's going to happen
19 at the point of which you no longer can offer
20 the care that they need?

21 And that's always a very tricky question
22 to answer because -- as we've seen over and
23 over and over again, is that at the point that
24 we do call a family meeting to explain to them

1 that we no longer feel we can accommodate their
2 needs -- because, after all, we're not a
3 nursing home and they do required the skilled
4 care that we no longer can provide for them --
5 that is probably the hardest point for the
6 resident to have to make a move.

7 In fact, as one of the representatives
8 of another nursing home that came today to
9 oppose said, that there is trauma; that it
10 actually could make a resident traumatic at
11 that point to up -- and I quote, uproot
12 themselves -- and have to move to another
13 location.

14 And that's, in fact, the very thing that
15 we're trying to prevent, is the trauma. As
16 we've heard today from so many of our
17 residents, some of which are married, some had
18 mentioned that they moved in as a couple, one
19 had said that his wife is currently in a
20 nursing home.

21 And these are real people that are
22 facing real challenges every day, and this is
23 something that if we did, in fact, have a
24 skilled nursing, we can actually get these

1 dreams that they have to happen.

2 We didn't insist that people come. Word
3 got around that we're going to have this open
4 hearing today, and these are real people that
5 chose on their own will to want come and
6 participate and share their thoughts.

7 You know, we did some -- some data, and
8 we do see that there is over -- and in the year
9 2009 alone, over 50 of our residents have
10 permanently been discharged to nursing homes.
11 And of the 50, a lot of my staff will tell you,
12 some of them and some of their family members
13 were crying or were emotional, stating, "What
14 we wouldn't do if you had your own skilled
15 care. We have the relationship with you, we
16 know you, you know us, you know my family, and
17 we know that you would carry them through and
18 make sure that they're taken care of."

19 There is another approximately 30
20 residents in 2009 that had to be discharged on
21 a temporary rehab basis, then to come back to
22 Asbury Gardens. And quite frankly, when a
23 resident of ours -- say they fall down, they
24 hurt themselves, they go out to a hospital,

1 they get sick, they go out to a hospital and
2 then the hospital then suggests that they need
3 more care temporarily until they -- until they
4 build themselves up again. You simply can't
5 compare the care when -- if we were to do it
6 ourselves or should they be going out to
7 another nursing home.

8 Because as much as we try and as much as
9 the communication that we try to have with
10 other nursing homes, it's simply not the same.
11 You can't compare when it is your own staff,
12 your own nurses that are caring for the
13 resident that they already know than to some
14 nursing home out there that's just getting an
15 admission from a hospital whom they don't know.
16 We are relying on phone conversations between
17 us and the nursing home, faxes, e-mails. It's
18 not the same.

19 And we firmly believe that if we were to
20 have this -- this nursing home on our own
21 campus, that we can really carry the people
22 from when they move in. Because we do have an
23 independent wing as well. When they move in as
24 independent seniors, moving upwards, needing

1 more care, we help them out and are supportive
2 with the assistance they need. And ultimately,
3 should the time come -- as many of our
4 residents have said, hopefully, that time will
5 never come. But in the event that it does
6 come, that they do need more help, then we can
7 be there for them.

8 So once again, I very much support the
9 project, and should anyone have any questions,
10 I'm more than welcome to be here to answer
11 them.

12 Thank you.

13 HEARING OFFICER HALL: Is there
14 anyone who wishes to testify who has not had a
15 chance?

16 (No response.)

17 HEARING OFFICER HALL: I would like
18 to thank the North -- can you hear me?

19 THE AUDIENCE: Yes.

20 MR. CHASE: You can just yell like
21 the rest of us.

22 HEARING OFFICER HALL: I would like
23 to thank the North Aurora Village Hall for the
24 use of their facility today.

1 I would remind everyone to submit your
2 written comments to me so that we have this
3 information for the record.

4 This project is scheduled for
5 consideration by the Illinois Health Facilities
6 and Services Review Board at its June 8th and
7 9th of 2010 meeting. The location for this
8 meeting is still being determined.

9 The public has until May 19, 2010, to
10 submit their written comments. These comments
11 can be sent to my attention at the Illinois
12 Department of Public Health, 525 West Jefferson
13 Street, Second Floor, Springfield, Illinois,
14 62761-0001.

15 If you prefer, you may fax your
16 comments. The fax number is 217/785-4111.

17 Are there any questions?

18 (No response.)

19 HEARING OFFICER HALL: Seeing that
20 there are no additional questions or comments,
21 I deem this public hearing adjourned.

22 Thank you.

23 (Which were all of the
24 proceedings had in the

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above-entitled matter,
adjourning at 11:43 a.m.)

1 STATE OF ILLINOIS)

2 COUNTY OF DE KALB)

3
4 I, Linda D. Hansen, Certified Shorthand
5 Reporter, Registered Diplomate Reporter,
6 Certified Realtime Reporter, do hereby certify
7 that I reported stenographically the
8 proceedings in the above-entitled matter and
9 that the foregoing is a true, correct and
10 complete transcript of my stenographic notes
11 so taken as aforesaid.

12 IN TESTIMONY WHEREOF I have hereunto set
13 my hand this 9th day of March, A.D. 2010.

14
15 
16 _____

17 Linda D. Hansen, C.S.R. No. 084.003027
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24

<p style="text-align: center;">A</p> <p>ability 14:1 24:1 able 10:8,9,14,22 15:15 27:23 29:11 34:3,4,19 35:10 38:2 41:21 47:3 50:12 53:20,24 54:19 57:18 above-entitled 65:1 66:8 absolutely 57:11 accept 56:22 accommodate 60:1 accurate 22:3 Act 1:14 3:14 4:17 6:3 20:19 active 29:15 activities 45:4 acuity 32:20 add 16:17 17:12 adding 56:2 addition 21:19 23:15 24:7,9 26:15,24 27:16 30:20 57:16 additional 7:23 20:13,17 28:13 64:20 Additionally 17:10 19:8 address 5:13 addressed 35:4 adjacent 3:22 adjourned 64:21 adjourning 65:2 administrator 23:10 27:15 admission 62:15 adult 27:24 Adults 20:19 advantage 53:16 affiliated 37:5 afford 4:18 affordable 15:20 aforsaid 66:11 afternoon 13:9 agencies 27:24 agency 16:4 37:7 aggressive 13:5</p>	<p>aging 15:4,7,10,16 21:18 ago 17:21 18:20 25:15 45:16 47:24 48:6,19 agree 11:24 31:13 58:7 Aid 33:11 57:7,9 Ainslie 39:15,23 40:5 Airport 4:9 27:13 Aldith 41:1,3 42:7 allegations 4:21 allow 6:9 10:15 allowed 56:23 allowing 8:10 alternative 18:10 20:14 21:8 alternatives 19:5 21:10,16 Amos 50:18,19,20 analysis 17:16 20:10 21:6 analyzing 58:4 Andersen 45:7,13 46:2,3,4 Ann 31:9 annually 20:1 answer 8:16 14:6 41:20 59:22 63:10 anybody 39:13 anymore 45:1 46:14 Anyway 41:8 apartment 47:1 50:12 apartments 21:18 Appeared 2:6 Applicant 6:23 7:5 applicants 3:18,21 application 5:2,7 7:11 17:16 22:6 55:7,12 58:20 appreciate 6:19 24:19 approach 19:4 approaches 18:5 19:20 appropriate 5:15</p>	<p>approval 22:2 58:19 approvals 8:4 approved 8:1 approximately 8:2 13:4,5 59:6 61:19 archaic 25:22 area 7:24 8:3 15:19 15:20 16:3,20 18:23 20:12,18 23:12,14,21 24:8 24:9 25:10,16 26:5 27:16,18 28:6,13 29:12,23 32:23 34:9 37:9 Ari 54:21 55:6 array 21:7 Asbury 1:6,14 3:8 3:17,18 8:24 10:1 10:18 11:5 12:14 12:17 14:17 15:24 16:17 21:22 22:6 22:16,17,19 26:14 31:12 32:8,13 34:10 35:18 36:3 36:17 37:5 38:12 38:13,21,23 42:19 43:2,13,16 44:18 44:20 45:2 46:16 46:16,23 48:1,7 48:17 49:1,10,14 50:7,8,21 52:2,15 53:15 55:8,13,14 55:16,18 56:4,8 56:12 57:18 58:8 59:5,9 61:22 Asbury's 56:19 57:6 58:20 asked 45:19 asking 32:3,5,22 assertions 4:21 assesses 20:16 asset 16:3 assistance 32:22 33:10 35:17 57:20 63:2 assisted 18:10 19:2 21:20 28:3 31:16 41:12 51:4 54:10</p>	<p>Associates 12:15 Association 41:4 atmosphere 30:16 30:24 attendance 5:20 attention 64:11 AUDIENCE 3:2 4:5 42:15 63:19 August 52:16 54:9 Aurora 1:7,15,16 1:18 3:9,18 4:10 14:13,17 21:1 22:12,13 23:9 27:14 30:8 39:9 41:4 55:10,19 63:23 authorization 6:8,9 available 28:7 46:15 average 16:21 20:11,17 averaged 27:17 aware 34:9 A-i-n-s-l-i-e 40:6 A-l-d-i-t-h 42:7 A-n-d-e-r-s-e-n 45:14 A-r-i 55:6 A.D 66:13 a.m 1:19 65:2</p> <hr/> <p style="text-align: center;">B</p> <p>back 9:6 10:8,14 34:2,3,23 35:3,7 38:23 44:22 48:23 61:21 bad 25:3 49:18 50:16 BALSALMO 49:10 Balsamo 49:6,7 bane 24:22 base 20:24 based 16:24,24 17:18 19:16 20:5 20:17 22:2 23:16 25:8 57:1,11 Basically 29:16 basis 13:14 61:21</p>	<p>bear 23:17 beautiful 43:19 Becker 9:20,23,24 11:2 bed 7:23 13:3,23 17:12 25:22 beds 7:23 17:13,17 18:16 20:14,17 23:16 24:7,9 25:16 27:17 28:5 28:6,13 32:24 40:23 56:19 bed-need 17:1,22 18:13,18 19:15,16 19:24 20:1,15,23 22:3 behalf 36:2 believe 11:24 26:15 26:20 38:8 41:10 42:20 52:17 62:19 Bellonie 41:1,2,3 42:7,8 belong 40:17 benchmark 20:13 benefit 10:6 12:24 26:17 benefits 24:4 benefitted 8:8 Bernice 52:12,13 best 11:5 34:15 42:19 44:2,2 better 4:4 9:12 29:24 38:24 47:7 50:10 big 29:13 36:7 bit 45:17 bless 43:2 blind 42:23 Board 1:2 2:2 3:11 4:12,14 5:4 7:12 8:1 26:2 64:6 Boardroom 1:17 Board's 5:23 16:22 Brian 9:18,23 brief 6:16 bring 40:22 brings 24:21 brothers 29:19,21 Brust 52:12,13,14</p>
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