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850 Dunham Road  
St. Charles, Illinois 60174

Phone: 630/ 443-4400  
Fax: 630/ 443-4461  
North Nurses' Station Fax: 630/ 443-9264  
South Nurses' Station Fax: 630/ 513-6127

**FAX TRANSMITTAL**

To: Health Facilities Planning Board 5/18/10 Date: \_\_\_\_\_

CC: \_\_\_\_\_ From: Whitney

Fax: 217-1755-4111

# of pages including cover sheet: 22

- Urgent
- For Review
- Please Comment
- Please Reply
- Original To Be Mailed

Message:

**RECEIVED**

MAY 18 2010

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

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*Rosewood*

CARE CENTER

850 Dunham Road • St. Charles, Illinois 60174 • 630/443-4400 • Fax 630/443-4461

May 17, 2010

Health Facilities Planning Board  
525 W. Jefferson St. 2<sup>nd</sup> floor  
Springfield, IL 62761

RE: CON Application for Asbury Pavilion Nursing and Rehabilitation  
Project 09--077

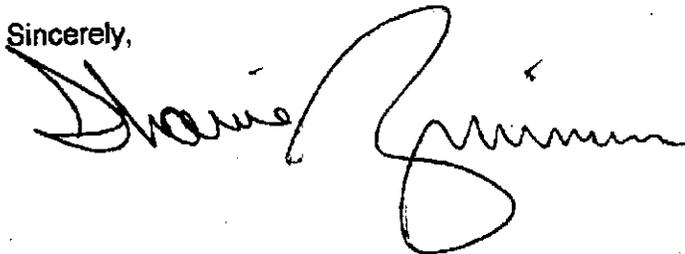
Dear Health Facilities Planning Board,

This letter is in response to the proposed construction of a 75 bed skilled nursing facility in North Aurora. As an employee of Rosewood Care Center in St. Charles, I am in opposition of this proposed project.

There is already an overabundance of skilled nursing beds in the area. When the occupancy level decreases, so do the hours I am scheduled to work. This is not only a financial burden to my employer, but also to me.

Therefore, I am requesting denial of the Certificate of Need for the proposed 75 bed skilled nursing facility to be known as Asbury Pavilion Nursing and Rehabilitation be denied.

Sincerely,



# Rosewood

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Sincerely, *JUAN C. VARGAS*

# Rosewood

---

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May 17, 2010

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Sincerely,

Thomas Desiderio

# Rosewood

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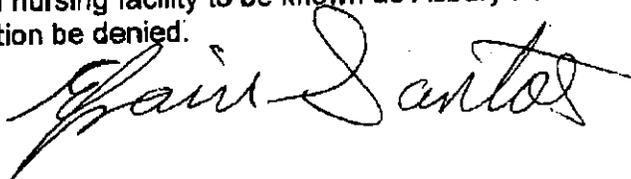
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Sincerely,

*Camen L. Iglesias*

# Rosewood

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Sincerely,

*Guadalupe Santos*

# Rosewood

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Sincerely,

*Ana L Polina*

# Rosewood

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Sincerely,

Pastora Pineda G

# Rosewood

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Sincerely,

*Pedro Duran*

# Rosewood

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Sincerely,

*Claudia Monica Gutierrez.*

# Rosewood

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Sincerely,

*Beatriz Nava*

# Rosewood

---

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Sincerely,

*Martina Martello*  
*May 18, 10*

# Rosewood

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*Rosewood*  
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Sincerely,

*Lynne Howard*

*Rosewood*  
CARE CENTER

---

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Sincerely,

*Ka Pachter*

# Rosewood

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Sincerely,

*Quonna Campbell*

*Rosewood*  
CARE CENTER

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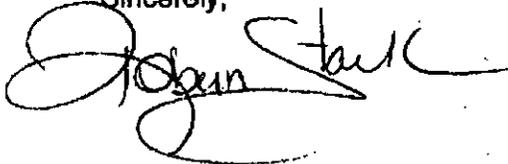
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Sincerely,

*Lisa Dnewel*

# Rosewood

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Sincerely,

A handwritten signature in black ink, appearing to be "K. D. [unclear]", written in a cursive style.

*Rosewood*  
CARE CENTER

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Sincerely,

*Gina Tripoli a/a*

FAX JOURNAL REPORT

TIME : 05/18/2010 15:44  
 NAME : IHFPB  
 FAX# : 2177854111  
 TEL# : 2177854111  
 SER.# : 008030151

NO.	DATE	TIME	FAX NO./NAME	DURATION	PAGE(S)	RESULT	COMMENT
#076	04/19	06:49	312 896 9456	31	02	OK	RX ECM
	04/19	11:19	773 413 1805	26	02	OK	RX ECM
	04/20	08:01	312 896 9456	31	02	OK	RX ECM
	04/20	08:55	919716731201	01:02	06	OK	TX ECM
	04/21	08:47		15	01	OK	RX ECM
	04/21	08:48	312 896 9456	34	02	OK	RX ECM
	04/22	09:07	312 896 9456	31	02	OK	RX ECM
	04/23	09:20	312 896 9456	32	02	OK	RX ECM
	04/23	09:21		22	01	OK	RX ECM
	04/23	09:45	40220	17	02	OK	TX ECM
#077	04/23	14:19	312 896 9456	16	01	OK	RX ECM
	04/26	07:09	312 896 9456	32	02	OK	RX ECM
	04/27	08:38	312 896 9456	31	02	OK	RX ECM
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	05/18	12:22	212 870 2011	01:24	07	OK	RX ECM
	05/18	15:37	6304434451	06:22	23	OK	RX ECM

BUSY: BUSY/NO RESPONSE  
 NG : POOR LINE CONDITION / OUT OF MEMORY  
 CV : COVER SHEET  
 POL : POLLING  
 RET : RETRIEVAL  
 PC : PC-FAX

May 17, 2010

**RECEIVED**

MAY 19 2010

**Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761**

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Attention: Mr. Mike Constantino, Supervisor, Project Review Section**

**Subject: CON Application for Asbury Nursing and Rehabilitation Center- Project 09-077**

Dear Health Facilities and Services Review Board:

As a follow-up to my March 3, 2010 letter and testimony to the Planning Board, please accept this additional correspondence as an expression to the opposition of the EJR Enterprises Inc. and Asbury Pavilion Nursing and Rehabilitation Center LLC.'s application to add a 75 bed skilled long term care facility to be located at: 210 Airport Road, North Aurora (Kane County).

In the March 3, 2010 letter, a full explanation was given to support that the average utilization rate for 2008 and the last 12 months do not meet the Board's target occupancy rate to support the project. The Long Term Care Questionnaire for 2008 indicated the occupancy rate for facilities located within a thirty minute travel time from the proposed new site was 83.2%, which is well below the targeted 90% occupancy rate. In fact, at an average occupancy rate of 73% for 2008, Rosewood Care Center of St. Charles remains well below the optimal census level of 90%. Additionally, a current total of four new permits have been issued since July 24, 2007 to add 234 new skilled nursing beds, one being a 150 bed facility to be located in Geneva, Illinois.

It should also be noted that the recent permit for construction of the 120 bed skilled nursing facility in Elgin was not taken into account causing an outdated calculation of bed need to support the project in the Kane County planning area to be overstated. The current calculation of 228 beds is grossly overstated and incorrectly implies a much greater need for skilled care nursing services in Kane County than could ever exist.

Aside from the inaccuracy of the reflected bed need in the Kane County planning area, further issues impact the validity of the CON which includes of the omission of any detail which supports the actual need of the proposed facility.

The CON application first asserts there were 77 discharges from the Asbury Gardens Supportive Living Facility from the period of January to August 2009. Of these 77 discharges, 50 were "permanent" and 27 were "temporary" discharges. The CON application omits any data which would accurately depict why there were "permanent" discharges. It could not be determined whether the permanent discharge occurred because of resident preference, other personal reasons, death, a move away from the area, or due to the actual need for long term skilled nursing home care. There is simply no data to support that 50 residents were actually

underserved or otherwise unable to remain at the existing facility because skilled nursing services were required.

While an average of three residents per month may require temporary nursing services from Asbury Gardens, it does not equate to the need to add a 75 bed skilled nursing facility to the Kane County area-- especially when a 83.2% occupancy rate exists in the immediate 30 minute travel area and an additional permit was approved in March of 2010 to build a 120 bed facility in the Kane County Planning area.

The intent of this letter is to provide additional information to further prove that the bed-need formula is flawed and overlooks other alternative long term care programs, services and public policy that negate the need for the additional proposed 75 bed skilled nursing facility.

### **Major Factors Affecting Bed Need**

As depicted in the CON application, the growth of the older population will accelerate in the next several years and over the next several decades due to the aging of the baby boom generation. In 2011, the first wave of "boomers" (born between 1946 and 1964), begin to turn 65. Between 2010 and 2020, the 65 and older population nationwide will grow by 40% while the under 65 population will increase by about 4%. Overall, this cohort is healthier than their peers were a generation earlier. However, among persons age 85 and older, the prevalence of chronic illness (and rates of disability) rises significantly.

The number of Illinoisans 60 and older is projected to increase 75% from 2.0 to 3.5 million individuals by 2030. Adults 60 and older will constitute nearly 25 percent of the overall population, and those 85 and older will increase from 2 percent to 3 percent of the overall population. This is not disputed. However, the CON application does not consider the comprehensive array of long term care services and programs that have and will continue to widely affect census occupancy levels at nursing homes throughout the State and likely the nation as individuals, families, and governments are mandated to contend with the spiraling costs of long term care and the needs and preferences of the aging population.

The explosion of home care and community services, the dramatic expansion of assisted living and supported living and the unique integrated approach of Continuing Care Retirement Centers have significantly influenced nursing home occupancy in the last fifteen years. There has also been a tremendous shift in the type of clientele in skilled facilities today. With hospitals seeking earlier discharges, skilled facilities have naturally become a valued resource in the marketplace for short term stays.

According to the CMS website, there are eight types of long term care available. These include:

- Community based Services
- Home Health Care
- In-Law Apartments
- Housing for Aging and Disabled Individuals
- Board and Care Homes
- Assisted Living
- Continuing Care Retirement Communities

- Nursing Homes

The eight types of long term care services reflect the degree of help with activities of daily living, additional services, care needs and range of costs. None of these alternatives with the exception of several Assisted Living/Supported Living facilities and area nursing homes were explored in the criterion before inaccurately determining there was a "large outstanding need" for 228 beds in the Kane County Service area.

The CMS website also further indicated that the within North Aurora Zip Code of 60542 alone, there are 50 certified Home Health Agencies certified by the Centers for Medicaid and Medicaid Services that currently serve the area. An even larger number of home health agencies exist to serve the Kane County Area as the CMS Home Health Compare Website showed that there are now 285 home health care providers who have served patients in Kane County as of May 17, 2010. The numbers of home health care organizations that have formed in recent years therefore validate the shift of people remaining in their homes for as long as possible and as a viable alternative to traditional long term nursing home care.

The growing number of older adults who elect home health care and community based programs in contrast to traditional nursing home care reflect not only the older adults' preferences and needs, but also public policy as a major initiative of the Illinois Older Adult Services Act. According documentation from the AARP Public Policy Institute:

"Compared to the U.S average, Illinois allocates a greater percentage (81 percent) of its Medicaid long term care (LTC) spending for older people and adults with physical disabilities to nursing homes, even though most people prefer to remain in their own homes and communities. In FY 2006, Illinois spent 19 percent on waiver services.

Although Illinois is yet to achieve an overall balance between HCBS (home community based services) and nursing home spending, recent Medicaid trends indicate that significant progress has occurred in recent years. Many more Medicaid participants received home and community based services (HCBS) than those who received nursing home services. The number of participants receiving HCBS increased significantly from 1999 to 2004, while the number in nursing homes decreased. From FY 2001 to FY 2006, Medicaid spending on HCBS doubled, while spending on nursing homes stayed constant.

Medicaid is not the only source of LTC funding in Illinois. The Community Care Program (CCP) was projected to provide average monthly services to approximately 46,200 persons age 60 and older in 2008. Total funding for the program in FY 2008 was 374.1 million, about half of which was state general revenue. Homemaker services are the core component of the program. In FY 2007, the Department on Aging added emergency home response services to homemaker services and implemented a flexible services demonstration project. In November 2007, the department began enrolling CCP clients in a Cash and Counseling Demonstration program that gives participants substantial control over their care plans.

The Illinois Older Adult Services Act (P.A. 093-1031/SB 2880) was enacted in 2004, calling for a transformation of the state's comprehensive system of older adult services from funding a primarily facility-based service delivery system to primarily a home-based and community-based

system. The restructuring, the legislation added, should encompass housing, health, financial, and supportive older adult services. The bill also created a 32-member advisory committee to guide the restructuring process..."

More and more community based programs that did not exist several years ago are therefore available to the aging population who wish to stay in their homes. Based upon the AARP report and Illinois Older Adult Services Act initiatives, this number should only continue to show an upward trend thus decreasing overall nursing facility occupancy levels.

The trend in assisted living or even downsizing nursing home beds and/or converting beds to assisted living and home and community based services is only expected to continue based upon the Older Adult Services Act Work Group agendas. According to the Older Adult Services Act 2009 Report to the Illinois General Assembly, The Nursing Home Conversion Workgroup 2009 Priority Objectives included:

1. Design and implement strategies to reduce the number of Medicaid certified nursing home beds through a nursing home bed conversion program.
2. (2009) Identify barriers to nursing home bed conversion such as existing state and federal laws and regulations. Reconcile any regulatory conflicts.
3. (2009) Develop a pilot nursing home bed conversion program, that will include, but is not limited to, a bed buy-back component for nursing homes converting licensed and/or Medicaid certified nursing home beds to single bed rooms and/or other community based services. The Workgroup recommends using components of the Minnesota model and other models to accomplish this. The goal is cost neutrality.
4. (2010) Initiate a pilot single occupancy room bed conversion program in three areas of the state: north, central and south.
5. (2010) Based on IDoA Older Adult Services Advisory Committee's analysis of unmet and underserved needs in communities across the state, and utilizing the statistics from the 2008 Health Facilities Planning Board survey of services already being provided by nursing homes, OASAC (in collaboration with local Area Agencies on Aging (AAAs) nursing home providers, CCUs, consumers and other stakeholders in unmet and underserved areas will discuss ways a nursing home bed conversion program can address the unmet or underserved needs.
6. Recommend to the Task Force on Health Planning Reform that OASAC participate in the discussion, or make recommendations regarding the development of the bed need methodology for long term care facilities. The Workgroup recommends that any bed need methodology take into consideration the new trends in elder care.
7. Develop an accessible and affordable in-facility respite service model that will support people who provide care to older adults living in the community. Starting in 2009:
  - a) Analyze the types of respite care services currently available for the elderly in Illinois (Medicaid eligible individuals, low income/non-Medicaid clients and people who pay privately). Determine which AAAs offer in-facility respite care, determine the reason. Analyze existing models used by the AAAs to make these services available for clients across Illinois.
  - b) Determine which CCUs are utilizing in-facility respite care for caregivers (clients) How is it being funded? Average lengths of stay? (1-5 days; 5-10 days; 10 or more days).

- c) Identify regulatory and other barriers that prevent nursing homes from providing in-facility respite services
- d) Submit recommendations for a statewide, in-facility respite care program to be initiated in 2010."

The proposed addition of a 75 bed skilled facility in an area of historically low nursing home utilization rates that is equipped with a increasing supply of home and community based services, assisted living and supportive living communities, and other long term care programs and services is therefore not feasible and is certainly not based upon the blueprint for Health Care Planning Reform for Long Term Care which:

- a) Requires the Center for Comprehensive Health Planning to conduct a special analysis regarding the availability of long term care resources throughout the state, taking into consideration data and plans developed under the Older Adult Services Act, to adjust existing bed-need criteria and standards for changes in utilization of both institutional and non-institutional care, with special consideration of the availability of least-restrictive care options, when appropriate and in accordance with the needs and preferences of the persons requiring long term care.
- b) Establish a separate set of rules and guidelines for long term care that recognize that nursing homes are a different business line and service model. In the revision of planning criteria and standards consider the fact that nursing homes have a significant number of open beds as well the transitional nature of the Medicare skilled clientele. An open and transparent process should be developed that looks at the following: how skilled nursing fits into the continuum of care; other care providers who are licensed under the skilled nursing criteria; encouraging modernization, more private rooms, and the development of alternative services and current trends (such as resident focused care) in the provision of long-term care services.
- c) Adopt language under the CON process that allows for Continuing Care Retirement Communities (CCRC) to have CON application fees apply only to the licensed sections of the campus, not the unlicensed portions.

As the Planning Board is aware, SB 1905- Certificate of Need Reform is now a reality. Enacted last summer, sweeping changes affecting the long term care industry continue to come about from the Center for Comprehensive Health Planning. These changes require the Board to establish separate rules for long term care that considers how skilled nursing fits into the continuum of care, modernization of nursing homes, establishment of more private rooms, the development of alternative services and other long term care trends. A permanent subcommittee is to be appointed and proposed new rules are to be filed by September 1, 2010.

Because of these recent changes that should serve enhance the long term care industry, it is just not practical to overlook current public policy and approve a 75 bed nursing facility based only upon an outdated bed need methodology in an ever changing market area surrounded by nursing home occupancy levels that remain well below the targeted 90%. For these reasons, and those mentioned in the March 3, 2010 letters from Rosewood Care Center, it is respectfully requested

that the Illinois Health Facilities Services and Review Board reject the CON application for Asbury Pavilion Nursing and Rehabilitation Center.

Sincerely,

A handwritten signature in cursive script that reads "Joli Koch".

Joli Koch, Regional Operations Manager

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To: Illinois Health Facilities Date: 5-19-10  
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