

10-005

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- July 2009 Edition

ORIGINAL SIGNATURES

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

FEB 1 0 2010

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Smith Crossing		
Street Address: 10501 Emilie Lane		
City and Zip Code: Orland Park 60467		
County: Will	Health Service Area: IX	Health Planning Area: Will

Applicant Identification

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

Exact Legal Name: Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing		
Address: 10501 Emilie Lane, Orland Park, Illinois 60467		
Name of Registered Agent: Thomas E. Chomiez		
Name of Chief Executive Officer: Andrew J. Anello		
CEO Address: 2320 West 113th Place, Chicago, Illinois 60643-4107		
Telephone Number:		

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

Type of Ownership

<input checked="" type="checkbox"/> Non-profit Corporation	<input 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

- 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: James A. Fitch
Title: Special Projects Manager
Company Name: Smith Senior Living
Address: 2320 West 113th Place, Chicago, Illinois 60643-4107
Telephone Number: (773) 474-7353
E-mail Address: JFitch@smithseniorliving.org
Fax Number: (773) 474-7315

**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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City and Zip Code: Orland Park 60467		
County: Will	Health Service Area: IX	Health Planning Area: Will

Applicant Identification

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

Exact Legal Name: Washington & Jane Smith Home
Address: 2320 West 113th Place, Chicago, Illinois 60643-4107
Name of Registered Agent: Thomas E. Chomiez
Name of Chief Executive Officer: Michael Flynn
CEO Address: 2320 West 113th Place, Chicago, Illinois 60643-4107
Telephone Number: (773) 474-7345

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

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Telephone Number: (773) 474-7353
E-mail Address: JFitch@smithseniorliving.org
Fax Number: (773) 474-7315

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name: James A. Fitch
Title: Special Projects Manager
Company Name: Smith Senior Living
Address: 2320 West 113 th Place, Chicago, Illinois 60643-4107
Telephone Number: (773) 474-7353
E-mail Address: JFitch@smithseniorliving.org
Fax Number: (773) 474-7315

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing
Address of Site Owner: 10501 Emilie Lane, Orland Park, Illinois 60467
Street Address or Legal Description of Site: 10501 Emilie Lane, Orland Park, Illinois 60467

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: Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing
Address: 10501 Emilie Lane, Orland Park, Illinois 60467

- | | | |
|--|--|--------------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation | <input 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 |

- 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)]

<p>Part 1110 Classification:</p> <p><input checked="" type="checkbox"/> Substantive</p> <p><input type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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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	30	16			
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					

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

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 Applicant, Washington and Jane Smith Community-Orland Park (owner and operator), located at 10501 Emilie Lane, Orland Park, Will County, Illinois d/b/a Smith Crossing is proposing the removal of the Continuum of Care variance from its 30 existing nursing beds as approved under Project Number 02-036 and the conversion of the adjacent 16 existing assisted living beds to nursing care beds. This project will result in a total of 46 unrestricted nursing care beds. The total proposed nursing area will encompass 33,609 gross square feet, i.e., 19,420 gsf from the existing 30 beds and 14,189 gsf from the converted 16 beds. There will be minimal modernization costs for the conversion of beds with no acquisition, leasing or donation of space or equipment.

Washington and Jane Smith Home is also considered a co-Applicant as the parent entity. It is the sole corporate member of Washington and Jane Smith Community-Orland Park.

The project is classified as Substantive since the precedent for removal of a variance requires the total discontinuation of the existing service and the re-establishment of said service. It should be noted that there will be no disruption in service (i.e., general Long-Term nursing care) as the discontinuation and reestablishment is a "paper transaction" only, should this project be approved.

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			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			160,000
Contingencies			
Architectural/Engineering Fees			20,000
Consulting and Other Fees			50,000
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			10,000
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			240,000
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities			240,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			240,000
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	<u>N/A</u>	
Fair Market Value: \$	<u>N/A</u>	
The project involves the establishment of a new facility or a new category of service		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>0</u>		

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input checked="" type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>December 2010</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<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.	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	

State Agency Submittals

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

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	\$1,248,164	10,941	17,629	0	100	17,529	0
Living/Dining/Activity	\$349,548	2,759	4,937	0	32	4,905	0
Kitchen/Food Service	\$42,127	332	595	0	0	595	0
P.T./O.T.	\$151,020	826	2,133	0	0	2,133	0
Laundry	\$4,744	0	67	0	0	67	0
Janitor Closets	\$10,762	104	152	0	0	152	0
Clean/Soiled Utility	\$57,066	365	806	0	0	806	0
Beauty/Barber	\$15,789	223	223	0	0	223	0
Total Clinical	\$1,879,220	15,550	26,542		132	26,410	0
NON CLINICAL			0			0	
Office/Administration	\$35,330	375	499	0	0	499	0
Employee Lounge/ Locker/Training	\$0	0	0	0	0	0	0
Mechanical/Electrical	\$13,311	112	188	0	0	138	0
Lobby	\$3,965	0	56	0	0	56	0
Storage/Maintenance Corridor/Public Toilets	\$66,695	554	942	0	0	942	0
Stair/Elevators	\$0	0	0	0	0	0	0
Total Non-Clinical	\$500,356	3,870	7,067	0	0	7,067	0
TOTAL	\$2,379,576	19,420	33,609	0	132	33,477	0

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

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: Smith Crossing			CITY: Orland Park		
REPORTING PERIOD DATES: From: October, 2008 to: September, 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	30		7,797	+16	46
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	30		7,797	+16	46

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 Washington & Jane Smith Home 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.

Andrew J. Anello
 SIGNATURE
ANDREW J. ANELLO
 PRINTED NAME
PRESIDENT
 PRINTED TITLE

Joseph Strubbe
 SIGNATURE
JOSEPH STRUBBE
 PRINTED NAME
TRUSTEE
 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 15th day of February 2010

Notarization:
Subscribed and sworn to before me
this 15th day of February 2010

Erin Manghera
 Signature of Notary
 Seal


Erin Manghera
 Signature of Notary
 Seal


*Insert EXACT legal name of the applicant

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Orland Park d/b/a Smith Crossing
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Andrew J. Anello
 SIGNATURE
ANDREW J. ANELLO
 PRINTED NAME
PRESIDENT
 PRINTED TITLE

Joseph Strubbe
 SIGNATURE
JOSEPH STRUBBE
 PRINTED NAME
TRUSTEE
 PRINTED TITLE

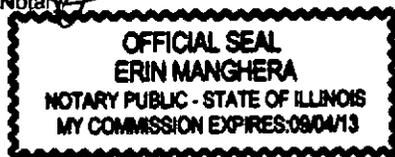
Notarization:
 Subscribed and sworn to before me
 this 15th day of February 2010

Notarization:
 Subscribed and sworn to before me
 this 15th day of February 2010

Erin Manghera
 Signature of Notary

Erin Manghera
 Signature of Notary

Seal



Seal



*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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 ATTACHMENT-10, IN NUMERIC SEQUENTIAL 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" should not exceed one page in length. Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

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

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.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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 to 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	30	46	30	16	0
<input type="checkbox"/>					
<input type="checkbox"/>					

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

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 X

If yes is indicated, submit proof of the bond rating of "A" or better (that is less than two years old) from Fitch's, Moody's or Standard and Poor's rating agencies and go to Section XXVI. If no is indicated, submit the most recent three years' audited financial statements including the following:

- 1. Balance sheet
- 2. Income statement
- 3. Change in fund balance
- 4. Change in financial position

A. Criterion 1120.210(a), Financial Viability-Washington & Jane Smith Community-Orland Park

1. Viability Ratios

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: Enter Historical and/or Projected Years	Category A or Category B (last three years)			Category B (Projected)
	2007	2008	2009	2011
Current Ratio	.78	.61	.59	.63
Net Margin Percentage	-22.02%	-24.41%	-28.51%	-7.01%
Percent Debt to Total Capitalization	86.98%	90.31%	94.58%	97.75%
Projected Debt Service Coverage	1.47	.98	.89	1.72
Days Cash on Hand	261	213	229	310
Cushion Ratio	2.77	2.57	2.68	3.78

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.

**Smith Crossing
Viability Ratios for CON application**

	FY 2007	FY 2008	YTD 2009	Estimate YTD 2011	Review Standards
Current Ratio					
Current Assets	1,123,132	1,406,153	1,227,213	1,250,000	
Current Liabilities	1,433,788	2,295,548	2,095,714	2,000,000	
Current Ratio	0.78	0.61	0.59	0.63	1.50

Net Margin Percentage

Net Profit	(1,560,706)	(1,989,612)	(2,275,147)	(659,000)	
Net Revenues	7,088,501	8,151,477	7,980,069	9,402,000	
Net Margin Percentage	-22.02%	-24.41%	-28.51%	-7.01%	2.50%

Percent Debt to Total Capitalization

Long Term Debt	46,705,535	46,604,910	47,579,568	46,500,000	
Total Equity	6,992,600	5,002,988	2,728,589	1,072,000	
Total Debt Plus Equity	53,698,135	51,607,898	50,308,157	47,572,000	
Percent Debt to Total Capitalization	86.98%	90.31%	94.58%	97.75%	80.00%

Projected Debt Svc Coverage

Net Gain (Deficiency) in Unrestricted Assets	\$ (1,560,706)	\$ (1,989,612)	\$ (2,275,147)	\$ (659,000)	
Less:					
Earned Entrance Fees	(\$249,285)	(\$224,221)	(\$249,745)	(\$250,000)	
Plus:					
Depreciation and Amortization	1,437,460	1,335,646	1,361,677	1,370,000	
Entrance Fees Rec'd (Net of Refunds)	1,575,462	426,790	1,035,987	1,000,000	
Interest on Funded Indebtedness	1,588,836	1,553,246	1,539,809	1,525,000	
Deferred Management Fees	263,213	205,335	317,433	300,000	
Net unrealized (gain) loss on investments (Gain) Loss on Abandonment or Disposal of Property & Equipment	(241,083)	573,991	(23,235)		
	0	0	0	0	
Income Available for Debt Service	\$2,813,897	\$1,881,175	\$1,706,779	\$3,286,000	
Maximum Annual Debt Service Requirement	1,915,713	1,915,713	1,915,713	1,915,713	
Debt Service Coverage Ratio	1.47	0.98	0.89	1.72	1.50

Days Cash on Hand

Cash and Cash Equivalents	\$381,907	\$243,898	\$655,711	\$350,000	
Operating Reserve Fund	\$1,641,928	\$1,711,722	\$1,738,658	\$1,700,000	
Long-Term Investments	\$3,280,767	\$2,971,344	\$2,740,658	\$5,183,000	
Total Cash and Investments	\$5,304,602	\$4,926,964	\$5,135,027	\$7,233,000	
Operating Expenses	\$9,105,555	\$9,999,584	\$9,876,850	\$10,194,748	
Less Depreciation and Amortization	-1,437,460	-1,335,646	-1,361,677	(\$1,369,206)	
Less Deferred Mgmt Fee	-263,213	-205,335	-317,433	(\$300,000)	
Less Provisions for Bad Debts	0	-49	-216	(\$500)	
Total Cash Operating Expenses	\$7,404,882	\$8,458,554	\$8,197,524	\$8,525,042	
Daily Cash Operating Expenses	20,287	23,174	22,459	23,356	
Days Cash on Hand	261	213	229	310	75

Cushion Ratio

Cash and Cash Equivalents	\$381,907	\$243,898	\$655,711	\$350,000	
Operating Reserve Fund	\$1,641,928	\$1,711,722	\$1,738,658	\$1,700,000	
Long-Term Investments	\$3,280,767	\$2,971,344	\$2,740,658	\$5,183,000	
Total Cash and Investments	\$5,304,602	\$4,926,964	\$5,135,027	\$7,233,000	
Maximum Annual Debt Service Requirement	\$1,915,713	\$1,915,713	\$1,915,713	\$1,915,713	
Cushion Ratio	2.77	2.57	2.68	3.78	3.00

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:

\$240,000 Cash & Securities

Provide statements as to the amount of cash/securities available for the project. Identify any security, its value and availability of such funds. Interest to be earned or depreciation account funds to be earned on any asset from the date of application submission through project completion are also considered cash.

_____ Pledges

For anticipated pledges, provide a letter or report as to the dollar amount feasible showing the discounted value and any conditions or action the applicant would have to take to accomplish goal. The time period, historical fund raising experience and major contributors also must be specified.

_____ Gifts and Bequests

Provide verification of the dollar amount and identify any conditions of the source and timing of its use.

_____ Debt Financing (indicate type(s) _____)

For general obligation bonds, provide amount, terms and conditions, including any anticipated discounting or shrinkage) and proof of passage of the required referendum or evidence of governmental authority to issue such bonds;

For revenue bonds, provide amount, terms and conditions and proof of securing the specified amount;

For mortgages, provide a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated;

For leases, provide a copy of the lease including all terms and conditions of the lease including any purchase options.

_____ Governmental Appropriations

Provide a copy of the appropriation act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, provide a resolution or other action of the governmental unit attesting to such future funding.

_____ Grants

Provide a letter from the granting agency as to the availability of funds in terms of the amount, conditions, and time of receipt.

_____ Other Funds and Sources

Provide verification of the amount, terms and conditions, and type of any other funds that will be used for the project.

\$240,000 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.

C. Criterion 1120.310(c), Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Nursing		\$4.76			33,609			\$160,000	\$160,000
Contingency		0			33,609			0	0
TOTALS		\$4.76			33,609			\$160,000	\$160,000

* 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.

Direct Cost per Patient Day: \$154.50 for CY2011

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.

Indirect Cost per Patient Day:

Bond Interest/Costs (Net)	\$26.49 for CY2011
Depreciation/Amortization	\$23.31 for CY2011
Total	\$49.80 for CY2011

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	27
2	Site Ownership	
3	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	28-29
4	Flood Plain Requirements	30
5	Historic Preservation Act Requirements	31-32
6	Description of Project	
7	Project and Sources of Funds Itemization	
8	Cost Space Requirements	
9	Discontinuation	33-62
10	Background of the Applicant	63-71
11	Purpose of the Project	72-93
12	Alternatives to the Project	94-119
13	Size of the Project	120-121
14	Project Service Utilization	122
15	Unfinished or Shell Space	
16	Assurances for Unfinished/Shell Space	
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	123-124
34	Service to Planning Area Residents	125-133
35	Service Demand-Establishment of Category of Service	134-138
36	Service Demand-Expansion of Existing Category of Service	139-147
37	Service Accessibility	148-267
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	
44	Unnecessary Duplication of Service	268-271
45	Maldistribution	
46	Impact of Project on Other Area Providers	
47	Deteriorated Facilities	
48	Documentation	
49	Utilization	
50	Staffing Availability	272-284
51	Facility Size	285
52	Community Related Functions	286-296
53	Zoning	297-298
54	Assurances	299-300
	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	301-324
76	Economic Feasibility	325
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

WASHINGTON AND JANE SMITH COMMUNITY - ORLAND PARK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 02, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0921602224

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of AUGUST A.D. 2009

Jesse White

SECRETARY OF STATE

ATTACHMENT-1

Organizational Relationships

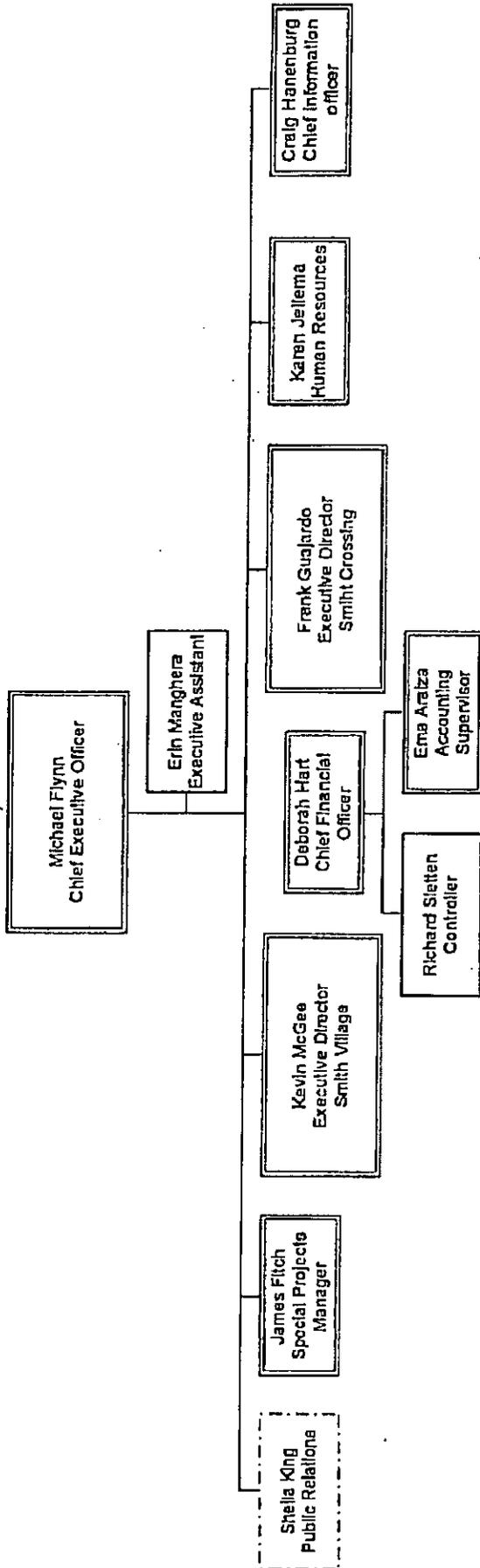
Provide (for each co-applicant) an organizational chart containing the name and relationship of any person who is related (as defined in Part 1130.140). If the related person is participating in the development or funding of the project, describe the interest and the amount and type of any financial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

The Applicant is Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing. This entity is the owner and operating entity for the existing and proposed facility. The sister entity, the Washington and Jane Smith Community – Beverly d/b/a Smith Village also has a campus setting with a nursing facility. The sole corporate member of both entities is the Washington and Jane Smith Home, d/b/a Smith Senior Living. A complete organizational chart is appended as **ATTACHMENT-3A**.

YH

Smith Senior Living

June 30, 2009



Flood Plain Requirements

[Refer to application instructions.]

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

This project proposes the removal of the Continuum of Care Variance to the State of Illinois calculated bed need formula for its existing 30-skilled care beds, and the conversion of 16-assisted living beds into 16-skilled care beds for a total of 46-skilled nursing care beds. Since there is no new construction or major modernization, it appears that this item is not germane, in accordance with the Flood Plain Requirements – Executive Order #5.

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 the Illinois Historic Preservation Agency stating: "our review of the records indicates that no historic, architectural or archaeological sites exist within the project area."



Illinois Historic
Preservation Agency

FAX (217) 782-8161

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

Cook County
Orland Park

Addition of 16 Skilled Care Beds, Smith Crossing
10501 Emilie Lane
IHPA Log #001081809

August 31, 2009

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

Dear Ms. Kniery:

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

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

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

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

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

ATTACHMENT-5A

SECTION II. DISCONTINUATION

Criterion 1110.130 - Discontinuation

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.

The Applicant is proposing to discontinue all of its existing 30-nursing care beds and immediately reestablish the beds and services upon approval of this application. The primary purpose of this application is for the removal of the continuum of care variance, therefore, it would appear that no beds will actually be discontinued and as such, there will be no interruption in service.

2. Identify all of the other clinical services that are to be discontinued.

As part of this application, the Applicant is proposing the conversion of 16 of the 48 existing assisted living units into nursing beds. No other services will be discontinued.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

Since this project is merely a "paper transaction" there will be no actual discontinuation of service. Once the project is approved by the Department of Public Health Licensure Division the entire transaction will take place.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

All equipment and physical plant areas will continue to be utilized in the same manner upon approval of the project.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.

As this discontinuation is a "paper transaction" only, all medical records will continue to be maintained.

6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFPB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

This project will not involve the ultimate discontinuation but rather the continued operations of the Smith Crossing campus to include all levels of care (nursing, assisted living and independent living). For those levels that require questionnaires and other data required by Health Facilities and Services Review Board and the Department of Public Health, the Applicant will continue to provide such data.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

The Applicant is proposing to remove the Continuum of Care variance (restricted admission to only those residents currently residing within the non-licensed units of Smith Crossing) under which the original project was approved (Project Number 02-036). Precedent has been set for existing facilities originally approved under a variance when a bed need did not exist, that to remove said variance when the bed need calculation has changed, to determine additional beds were needed within the Planning Area, a new Certificate of Need application must be filed. Specifically, an Applicant (Project Number 07-063) requested that the CCRC admission restrictions on the existing nursing beds be removed. The Planning Board had determined that restricted and non-restricted beds within the same licensed facility could not coexist within a single facility and the only means for opening access would be to discontinue and reestablish the service through a new application. That project was approved with lengthy discussion of this issue among others. The entire transcript of the approval of Project Number 07-063 is appended as **ATTACHMENT-9A**. However, pages 229 through 232 of the transcript from the meeting provide the Board's rationale requiring this project to address the discontinuation criterion. Moreover, the Applicant filed a

declaratory ruling that was heard before the Health Facilities and Services Review Board on July 1, 2008 requesting relief from the CCRC variance for a couple of which one needed nursing care and the other a lesser level of care. The CCRC variance restriction would not allow the couple to remain together as they both could not enter through the independent or assisted living levels of care. The State Board deferred this project and stated that it did not desire to make a precedent in allowing exceptions to the variance. Therefore, the precedent standing was that set in ruling on Project Number 07-063.

The removal of the variance restriction is necessary to allow the Applicant the opportunity to fill the existing unit to its optimal capacity. Without relief from this restriction, the Applicant has not been able to fill more than 24 of the 30 beds since the unit opened. It should be noted that 27 beds equates to 90% utilization and the three beds represents \$5,000 per bed per month in nursing unit losses. This is also the difference in the nursing unit breaking even. The discontinuation of the restriction of admissions in the CCRC variance will allow the Application to rectify this entire situation.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.

This project will not result in the discontinuation of any service. Furthermore, should it be approved, the accessibility to general nursing care services to the outside community will be improved through the removal of the admission restrictions to the Smith Crossing facility.

2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

Upon project approval, this project will result in the maintenance of Smith Crossing's 30-nursing care beds that will not have a restrictive admissions policy plus the expansion of said service to the outside community. Therefore, this project does not create any additional burden, i.e., increasing their respective workloads through the discontinuation of existing nursing beds, for any other long-term care provider. Therefore, it appears that this item is not germane.

3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

A request for an impact statement from area nursing facilities is not applicable as this project will not result in a discontinuation of services. Therefore, it appears that this item does not appear to be germane.

Report of Proceedings - 10/22/2007

222

1 MR. MARK: And you're in agreement
2 with the stipulation.

3 CHAIRPERSON LOPATKA: Motion?

4 MEMBER AVERY: So moved.

5 MEMBER PENN: Second.

6 MR. MARK: Ms. Lopatka?

7 CHAIRPERSON LOPATKA: Yes.

8 MR. MARK: Ms. Avery?

9 MEMBER AVERY: Yes.

10 MR. MARK: Mr. Penn?

11 MEMBER PENN: Yes.

12 MR. MARK: Motion carries.

13 MR. SHEETS: Thank you very much.

14 CHAIRPERSON LOPATKA: Okay. Our final
15 application of the day is A-14, Meridian Village
16 in the City of Glen Carbon. This is to
17 discontinue their existing 32-bed long-term care
18 unit which serves an existing CCRC and reestablish
19 a larger unit.

20 If you would be sworn in and identify
21 yourselves.

22 MR. KNIERY: Madame Chair, my name is
23 John Kniery.

24 To my right is Mr. Paul Ozier, CFO of

1 Lutheran Senior Services.

2 To my left is Mr. Foley.

3 (The witnesses were thereupon
4 duly sworn.)

5 CHAIRPERSON LOPATKA: Mr. Jones.

6 MR. JONES: Thank you, Madame Chair.

7 The applicants are Meridian Village
8 Association II, Meridian Village Association III,
9 and Lutheran Senior Services, doing business as
10 Meridian Village in Glen Carbon.

11 The applicants propose to discontinue their
12 existing 32-bed long-term care unit, which serves
13 an existing continuing care retirement community,
14 otherwise known as a CCRC.

15 The project also proposes the establishment
16 of a new 64-bed long-term care unit that will
17 serve the residents of both the planning area,
18 which is Madison County, in addition to the
19 residents of Meridian Village.

20 The original 32-bed unit was approved as
21 part of Project 02-023 under the CCRC variance,
22 which is at 77 Illinois Administrative Code
23 1110.1730(d). This variance allowed the
24 establishment of the long-term care service, but

1 limited it to the residents of the CCRC.

2 The project also includes 34,090 gross
3 square feet of new construction for the 64
4 long-term care beds.

5 The project also proposes a change of
6 ownership of Meridian Village. Currently,
7 Meridian Village Association II is the owner of
8 the facility. If this application is approved by
9 the State Board, Meridian Village Association II
10 will be eliminated, and Meridian Village
11 Association III will become the owner of the
12 facility and remain as the operator licensee.

13 The total estimated project cost is \$7.7
14 million.

15 Thank you, Madame Chair.

16 MR. KNIERY: Madame Chair, I'd like to
17 thank the staff for their time and consideration
18 in reviewing and preparing the State Agency
19 report.

20 In June, 2002, the applicant was approved to
21 construct this existing nursing unit to complete
22 the existing CCRC campus.

23 After being in operation for a short time,
24 it became apparent that the additional beds were

1 needed, however, we had a dilemma. We could not
2 add beds to comply with the 5-to-1 ratio; and on
3 top of that, there was -- became a bed -- to show
4 that additional beds were needed in the planning
5 area.

6 We found out through the applicants'
7 Springfield project, one could not have restricted
8 beds and nonrestricted beds; therefore, our only
9 option was to remove these beds, the bed
10 restriction under the variance, and just add beds
11 to address the outstanding need for additional
12 beds as identified, not only by the State's
13 inventory, but by the experience of the facility,
14 hence the proposed project.

15 For the record, I would like to state as of
16 Friday, Meridian Village had 32 nursing care
17 residents, and the entire campus was approximately
18 90 percent utilized.

19 I'd be more than happy to answer any
20 questions at this time.

21 CHAIRPERSON LOPATKA: Okay. Before we
22 get to questions, I just wanted to note for the
23 record that Mr. Carvalho, our ex-officio member
24 for the Illinois Department of Public Health has

Report of Proceedings - 10/22/2007

226

1 left the meeting as of right now.

2 Questions or comments?

3 One of the things that I didn't find in this
4 application is, what is your current occupancy
5 rate for the 32 beds that are part of the CCRC? I
6 just didn't find it anywhere.

7 MR. KNIERY: We are 32 out of 32 as of
8 Friday.

9 CHAIRPERSON LOPATKA: So you're full?

10 MR. KNIERY: Yes.

11 CHAIRPERSON LOPATKA: Okay. And how
12 did you arrive at wanting to add another 32 beds,
13 because 15 of the 23 existing providers were not
14 at target utilization for 2005?

15 MR. KNIERY: Well, two-fold, from our
16 existing campus, our own campus beds can justify
17 through your ratio approximately 46 -- it can
18 support 46 nursing care beds.

19 MR. MARK: That's if you were applying
20 under the variance.

21 MR. KNIERY: If we stayed just
22 under --

23 MR. MARK: You're talking about
24 eliminating the variance and now impacting the

1 entire general community.

2 MR. KNIERY: Correct.

3 MR. MARK: So based on the entire
4 general community, there are a significant number
5 of facilities that are below target occupancy, and
6 as well as the calculated need for the area right
7 now -- is that with the 32 beds, Don, or without
8 the 32 beds is 72?

9 MR. JONES: As of right now, there is
10 a need for 40 additional long-term care beds in
11 Madison County, not counting the discontinuation.

12 MR. MARK: So in addition to 72 -- or
13 I'm sorry, so in addition to your 32, there is a
14 need for an additional 40?

15 MR. JONES: That's correct.

16 MR. MARK: Okay. And you're asking
17 for?

18 MR. KNIERY: 32.

19 CHAIRPERSON LOPATKA: 32 more.

20 MR. MARK: 32. Okay.

21 MR. FOLEY: Mr. Mark, if I may answer
22 your question.

23 Most of the admissions in the current unit
24 of 32 beds has, in fact, came from the existing

1 campus.

2 MR. KNIERY: Not most.

3 MR. FOLEY: I'm sorry.

4 MR. KNIERY: Not most, all.

5 MR. FOLEY: Okay. I was trying to be
6 generous.

7 MR. MARK: I should hope so because
8 that's what you told the Board you would do. So I
9 hope they're all from existing care.

10 MR. FOLEY: And obviously, indicating
11 that this does not really impact -- our objective
12 here obviously is to continue in giving our
13 existing residents priority admission to our
14 existing campus and not really from the outside.

15 But it does present a lot of problems when
16 we have a husband and wife, for instance, on the
17 campus setting -- I'm sorry, where one is there
18 and the other one is not, and we can't admit the
19 other one if they need to come in, you know, from
20 the outside.

21 So it does, in fact, present some kinds of
22 problems, but our intention is still to give
23 priority admission to our existing residents.

24 CHAIRPERSON LOPATKA: Yeah, I guess I

1 have a problem with, first of all, if you had
2 sought this under the CCRC variance, it would
3 never have been built in the first place because
4 of the existing capacity among the other
5 facilities in the planning area.

6 And so now you are full, but you want to
7 eliminate the variance, basically, and open it up;
8 and I think this is the first time that I recall
9 that we had a situation like this where someone
10 who built the long-term care facility under the
11 CCRC variance now wants to do away with the
12 variance, which was what enabled it to be built in
13 the first place.

14 Am I correct, Mr. Jones?

15 MR. JONES: To the best of my
16 knowledge, that is correct, yes.

17 CHAIRPERSON LOPATKA: Yeah.

18 MR. MARK: I would point out to the
19 Chair and the Board that I believe this is
20 precisely -- procedurally, it's precisely the
21 appropriate way on the part of the applicant to,
22 as Mr. Foley indicated, to open up the beds to the
23 general population.

24 This is what we would recommend to any

1 applicant who was established under a variance.
2 Do away with the variance, discontinue the
3 variance, and now the new beds should be judged
4 based on our criteria for general long-term care
5 beds and in the context of those facilities in the
6 area. So I think that's precisely what this
7 applicant has petitioned.

8 MR. KNIERY: I would like to comment
9 on that because it would give the appearance that
10 we're changing our philosophy, and that is
11 entirely not the case.

12 The primary purpose for having skilled
13 beds -- this is a core belief of Lutheran Senior
14 Services, that when we admit somebody into an
15 independent setting, that they can stay on that
16 campus as their needs increase to the point that
17 these aren't even on the same campus. These are
18 physically connected. So we have couples who, one
19 is living in the independent, the other is living
20 in the skilled, and they can still eat their meals
21 together. They can still -- one can walk down.
22 So that is core to us, and that's not going to
23 change.

24 The reality of it is, is that based upon the

1 size of our campus now, under the variance, we
2 could justify 46 beds. We've only had this
3 nursing home open for two years.

4 I will tell you that to fill a 32-bed
5 facility solely from your own residents, and it
6 took us a year-and-a-half to get stabilized and
7 now two years to be full, it's a very expensive
8 way to do it.

9 We did it because that's the only way that
10 we could provide what we felt was critical,
11 skilled nursing beds to our residents. Based upon
12 our experience the 5-to-1 ratio probably should be
13 closer to 4-to-1.

14 So ultimately, if we want to meet the needs
15 of our residents, even the 46 wouldn't be enough;
16 but since the bed need now shows that there is
17 availability within the marketplace, we would like
18 to take advantage of that.

19 We really don't care how you slice it. You
20 know, if it could be 46 variance and 18
21 nonvariance, you know, we're not abandoning any of
22 that. The priority will and always will be our --

23 CHAIRPERSON LOPATKA: But it has to be
24 all of one or all of the other? Is that what I'm

1 hearing?

2 MR. KNIERY: That's what we
3 understand.

4 MR. OZIER: There's no rules, if I'm
5 correct.

6 MR. MARK: Yeah, we give no rule on
7 it, Madame Chair. In general discussions, we
8 have -- when this question has come up in previous
9 times, we have discussed the great difficulty it
10 would be to keep track if it were, in fact, a
11 mixed facility, so many under variance, so many
12 beds not under variance, how difficult it would be
13 to keep track of the totals under that.

14 I do not believe we have had any legal
15 opinion on that. I do not believe this Board has
16 considered any declaratory rulings.

17 MR. URSO: But this application should
18 be judged, if the Board so chooses, like it would
19 normally look at a site establishment.

20 MR. MARK: Exactly, the establishment
21 of a new facility without restriction, without
22 variance.

23 MR. KNIERY: And with the unique
24 feature that we do have 32 residents in place.

1 CHAIRPERSON LOPATKA: Well, I guess
2 another question I have is, if it comes from the
3 CCRC areas, can somebody turn around at some point
4 and sell the long-term care facility? I mean,
5 this is a hypothetical question. But out from --

6 MR. KNIERY: No, it is connected.

7 CHAIRPERSON LOPATKA: And is this
8 affected by the change in the Act that was
9 referenced by the prior applicant which basically
10 takes from the purview of the Board, you know, any
11 connection to change of ownership?

12 MR. URSO: Well, I think this is
13 already a licensed long-term care facility.

14 CHAIRPERSON LOPATKA: Facility, it is.

15 MR. KNIERY: That's right.

16 MR. URSO: So it's already by virtue
17 of the new law under the Board's jurisdiction.

18 MR. KNIERY: But physically, this
19 building is connected.

20 MR. URSO: But so was the prior
21 applicant with the hospital.

22 MR. KNIERY: Oh, I understand what
23 you're saying. Sure. Sure.

24 MR. URSO: So, you know, I guess to

1 answer Madame Chairperson's question, it could be
2 severed, I suppose. I don't know if that's a
3 possibility.

4 MR. OZIER: I can guarantee you that
5 we have no intention of doing that, and if there
6 were -- we wouldn't care if that were put into the
7 certificate of need that it had to remain
8 affiliated and attached with the retirement
9 community. That is our intent. We've been in
10 business for 149 years, and we have never done
11 anything like that.

12 MR. URSO: You don't look that old.

13 MR. OZIER: I've only seen a few of
14 them.

15 CHAIRPERSON LOPATKA: Has the other
16 part of your CCRC reached its maximum capacity, or
17 is there the possibility that if you developed new
18 sections, that you could fill all 64 beds from
19 your own organization?

20 MR. OZIER: Well, we believe that we
21 will probably fill the majority of the 64 beds
22 from our campus when it matures, but over the next
23 several years.

24 CHAIRPERSON LOPATKA: So there aren't

1 other subsections of it that are still in the
2 planning phase. That's what I am asking.

3 MR. OZIER: We have limited. I mean,
4 we have added some additional apartments that are
5 still being absorbed, that was only 30; and
6 there's room on the campus for about another 25 --
7 homes, so it's pretty -- we're almost fully built
8 up. There's still a little bit left to do.

9 CHAIRPERSON LOPATKA: Mr. Foley.

10 MR. FOLEY: If I may correct you, if I
11 may use the word "educate," since I can turn
12 around and say that I'm probably the oldest one
13 here in terms of being around with the CON
14 process.

15 This variance has always, always over the
16 years created a lot of problems, and just
17 basically, what Mr. Ozier was trying to explain
18 here earlier, the biggest problem is when we
19 restrict admissions to just a campus setting only,
20 it does create some severe financial hardships for
21 the facility obviously trying to fill up.

22 I think as Mr. Ozier was trying to allude to
23 also is that going now to our next step, needing
24 to rely just on residents of the campus only,

1 although our intent obviously and will continue to
2 be to service our residents first and giving them
3 first priority, our success over the last two
4 years in filling up as rapidly as we have may not
5 be, you know, the same as tomorrow.

6 We will still obviously have the opportunity
7 of admitting residents from outside the campus.
8 This is why we're asking for this open admission
9 to still give us the financial strength obviously
10 that we need.

11 Over the years, there has, in fact -- and I
12 will say this because I don't know if you recall,
13 a few years ago even, the Springfield, the same
14 applicant, obviously under different entity names,
15 was proposing the same thing in terms of having
16 restricted versus nonrestricted beds, and at that
17 point, it was said that we could not do it.

18 When we decided with this application and
19 remembering what happened in the past time, we had
20 immediately met with staff; and as Mr. Mark
21 alluded to earlier, we were then so advised to
22 file this application obviously just to remove the
23 variance.

24 You know, it's very important that maybe

1 sometime in the future that we should even
2 consider taking other looks, you know, at the
3 variance; and maybe instead of looking at a 5-to-1
4 ratio, going back to what it used to be in terms
5 of even a 4-to-1 ratio because it did used to be
6 years back a 4-to-1 ratio. It was increased to
7 5-to-1, I'm going to guess, Don, help me out, 10
8 years?

9 MR. JONES: Probably.

10 MR. FOLEY: You know, if not, a little
11 bit longer. We are seeing a lot of changes in the
12 industry with the baby boomers coming, you know,
13 on board. We're going to be seeing more and more
14 of this, and I myself in working with other
15 applicants who are now CCRC providers, they are
16 looking to primarily do the same thing.

17 CHAIRPERSON LOPATKA: I was going to
18 say, it seems like maybe this is the first of a
19 rush of --

20 MR. FOLEY: It could be. It could be.

21 CHAIRPERSON LOPATKA: -- CCRCs to open
22 up.

23 MR. MARK: Yeah, and I understand.

24 MR. FOLEY: There is financial

1 reasons, for it obviously.

2 MR. MARK: I would again caution the
3 Board that that's precisely why the
4 reestablishment of these beds, whatever number
5 there are, should be done and as is required to be
6 done in context of the general population and
7 other general long-term care facilities because
8 that's precisely where the Board has to weigh the
9 need at this point in time.

10 The variance gives a CCRC coming in here a
11 huge advantage. They can ignore the need in the
12 area by other indicators. They create their own
13 need; and if they did not have that variance, it's
14 distinctly -- it's arguable that many of those
15 skilled nursing facilities would not be approved.

16 So I think -- I think what -- the approach
17 this applicant is taking, I believe makes a lot of
18 sense in context to the rules of the Board and is
19 precisely the way the Board should judge these
20 things.

21 MR. FOLEY: If I may add, also, I
22 think there's another very important concern with
23 the providers in the area. There was no public
24 hearing as it was addressed. There was no

1 opposition basically to this project. So
2 obviously, it's not a concern to the area
3 providers that this is really going to be any
4 impact on them.

5 CCRCs is the way of the future. We're going
6 to start seeing more CCRC projects. This is just
7 the way it's going to be.

8 As I said, we are now currently working on
9 other CCRC projects with the restrictions, and
10 even some without the restrictions or asking for
11 the restrictions to be removed.

12 MR. KNIERY: I'd like to make a few
13 comments. One, this applicant has made
14 application with the Department of Public Health
15 to enter -- to become a life care community to
16 guarantee that all the residents within this
17 campus will be guaranteed nursing days, nursing
18 care days form of care.

19 As Mr. Mark indicated, these are -- we have
20 addressed the other indicators. Yes, I think
21 every planning area in the state, there are
22 facilities under the state's optimal utilization;
23 however, there are other indicators.

24 Under location, there are three, one of

1 which is the utilization. The other two is the
2 calculation of bed-need ratio, beds-to-population
3 ratio, which we do meet. The third one off the
4 top of my head is the population, sufficient
5 population to support the project, and I believe
6 we have addressed and met that criteria.

7 We can go through -- we can go through that.
8 I'm more than prepared, unfortunately, to go
9 through each one of these criteria, if you would
10 so please.

11 CHAIRPERSON LOPATKA: Could you
12 address a little bit what the life care community
13 is? I'm not sure we have really dealt with that
14 very much.

15 MR. OZIER: Well, it's a particular --
16 it's a designation, which not only have we applied
17 for, but we have received that designation, that
18 first and foremost, it outlines the commitment of
19 services to the residents.

20 Part of the motivation, I have to be honest,
21 has nothing do with that, but it is also the only
22 way that independent residents are allowed the
23 same types of benefits from the senior housing,
24 credits on their real estate taxes, as if they

1 were living independently.

2 So that's what drives it, but as a part of
3 that, there's very strict rules and regulations as
4 to what has to be included in the contract between
5 the independent resident and the facility, one of
6 which is not only the availability of nursing
7 care, but some days provided in the agreement.

8 MR. MARK: This is a licensure program
9 or a certification program of IDPH?

10 MR. OZIER: Yes.

11 MR. FOLEY: Mr. Mark Gibbs.

12 MR. MARK: Mark Gibbs?

13 MR. KNIERY: I believe Mark Gibbs.

14 MR. MARK: I don't believe Mr. Gibbs
15 has any certification authority.

16 MR. FOLEY: Mr. Gibbs is in charge of
17 the life care program at the Department of Public
18 Health. I don't know that there is an actual
19 certification itself, but it's just a designation
20 only.

21 MR. OZIER: We have received a
22 certificate.

23 MR. MARK: Maybe Mr. Carvalho could
24 address this tomorrow.

1 CHAIRPERSON LOPATKA: Mr. Jones.

2 MR. JONES: There is a Life Care Act
3 that the Department of Public Health administers,
4 and it is through David's office, through Mark.
5 Now, what type of certification is done, I don't
6 know.

7 MR. MARK: It would be nice if
8 Mr. Carvalho were here to explain that.

9 MR. JONES: But facilities do apply,
10 and if they meet certain criteria, they are
11 designated by the department as a life care
12 provider, which essentially means they will
13 provide care for life for that resident.

14 MR. URSO: Is this a rural health
15 program?

16 MR. JONES: No.

17 MR. MARK: Does this have enforcement
18 authority?

19 MR. JONES: That I don't know.

20 CHAIRPERSON LOPATKA: So that
21 guarantees that any of your residents in your
22 CCRC would have access to your long-term care
23 beds.

24 MR. OZIER: Yes.

1 CHAIRPERSON LOPATKA: What would
2 happen if someone from the community comes into a
3 long-term care bed, can they then be subject to
4 being evicted if somebody, you know, who is a
5 resident of the CCRC is deemed to have priority?
6 I mean, does it go both ways?

7 MR. OZIER: Technically, that may be
8 correct. In reality or from an operational
9 standpoint, we always make sure that we have beds
10 available for our residents. We will keep beds
11 available.

12 This is a rare occurrence for us now that we
13 have -- our 32 beds are full, but they're all
14 residents. So we don't have -- you know, we don't
15 have any other place to go; but in our other
16 facilities, that is exactly what we do.

17 We will always maintain, depending upon the
18 size of the campus, two, four, six beds only for
19 our residents so that we do not have that problem.

20 CHAIRPERSON LOPATKA: Any other
21 questions or comments?

22 MR. MARK: I would point out one
23 thing, Madame Chair. The applicants' square
24 footage per bed is proposed at 533, and I would

1 suggest that this is reasonably consistent with
2 some of the analysis of data the staff has done in
3 preparation for updating those standards.

4 CHAIRPERSON LOPATKA: Anything else?

5 Since the long-term care aspect of the
6 CCRC has already -- is already affected by this
7 new Act, could we put -- potentially put a
8 stipulation in the --

9 MR. URSO: Permit?

10 CHAIRPERSON LOPATKA: No, not the
11 permit, the motion that the long-term care piece
12 not be severed in the future from the rest of the
13 CCRC?

14 MR. URSO: I think that would be very
15 restrictive, and I'm not quite sure you want to go
16 that way.

17 CHAIRPERSON LOPATKA: Okay.

18 MR. OZIER: We would have no
19 objection. I don't know what the laws and rules
20 are, but --

21 MR. URSO: When you're talking about a
22 restriction in perpetuity --

23 MR. MARK: I would suggest that under
24 the current situation, if tomorrow you wish to

1 sell that facility, you could do so or yesterday.
2 There is nothing preventing you --

3 MR. OZIER: Yeah, I would want the
4 ability to sell the whole campus if that were --
5 but to sell the nursing building, to separate them
6 from the community, we would never do it. We
7 would not care what type of restriction you would
8 want to put on it.

9 CHAIRPERSON LOPATKA: Okay. If there
10 are no other questions or comments, then I would
11 entertain a motion for approval of the
12 discontinuation of the existing 32-bed long-term
13 care unit and establishment of the new 64-bed
14 long-term care unit that serves the residents of
15 the planning area as well as the CCRC.

16 MR. MARK: If I may, just a comment
17 and a question to the applicant.

18 Again, under our current rules, if the Board
19 were to discontinue the 32 beds right now, it
20 would go into effect right now. I don't believe
21 that would have any adverse impact on this project
22 if tomorrow morning there was no variance?

23 MR. KNIERY: This is one project, I
24 believe.

1 MR. URSO: There's common ownership:
2 right?

3 MR. KNIERY: There's common ownership.
4 The discontinuation is part of this.

5 MR. MARK: So that does not influence
6 it?

7 MR. KNIERY: I believe so. I believe
8 there is a completion date for the entire project,
9 so that would be fine.

10 MR. MARK: Okay. Thank you.

11 MEMBER AVERY: So moved.

12 MEMBER PENN: Second.

13 MR. MARK: Ms. Lopatka?

14 CHAIRPERSON LOPATKA: Yes.

15 MR. MARK: Ms. Avery?

16 MEMBER AVERY: Yes.

17 MR. MARK: Mr. Penn?

18 MEMBER PENN: Yes.

19 MR. MARK: Motion carries.

20 CHAIRPERSON LOPATKA: Thank you very
21 much.

22 MR. OZIER: I really appreciate -- I
23 understand there were some logistics to get this
24 on today because I couldn't be here tomorrow. I

Report of Proceedings - 10/22/2007

247

1 really appreciate it.

2 CHAIRPERSON LOPATKA: That's correct.

3 Yes. Okay.

4 MR. OZIER: Thank you very much.

5 CHAIRPERSON LOPATKA: That is fairly
6 common. Tomorrow we're under a real time
7 constraint, but we were a little bit more flexible
8 today.

9 That concludes the business of the Board for
10 today as we saw on the agenda, and so we will
11 reconvene at 9:00 o'clock tomorrow morning,
12 Tuesday, October 23rd, 2007.

13 Voice vote to adjourn until 9:00 a.m.
14 tomorrow morning.

15 (The ayes were thereupon heard.)

16 CHAIRPERSON LOPATKA: We're in recess
17 until tomorrow morning at 9:00 a.m.

18 (Whereupon, at 3:39 p.m., the
19 meeting was continued to
20 Tuesday, October 23, 2007, at
21 the hour of 9:00 a.m.)

22

23

24

**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.

The Applicant, Washington and Jane Smith Community-Orland Park is the sole owner/operator of Smith Crossing. The sole corporate member of Smith Crossing, Washington and Jane Smith Home (parent) is also the sole corporate member of Washington and Jane Smith Community-Beverly which owns the Smith Village Community in the City of Chicago. The Smith Village Community is the only related nursing facility to this Applicant. A copy of each license is appended as

ATTACHMENT-10A.

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 letter stating 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 permitting access to documents necessary to verify the information submitted within this application.

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.

This item is not germane as this is the only application submitted within the past 12-months.



State of Illinois 1879896

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

DAMON T. ARNOLD, M.D.
DIRECTOR

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

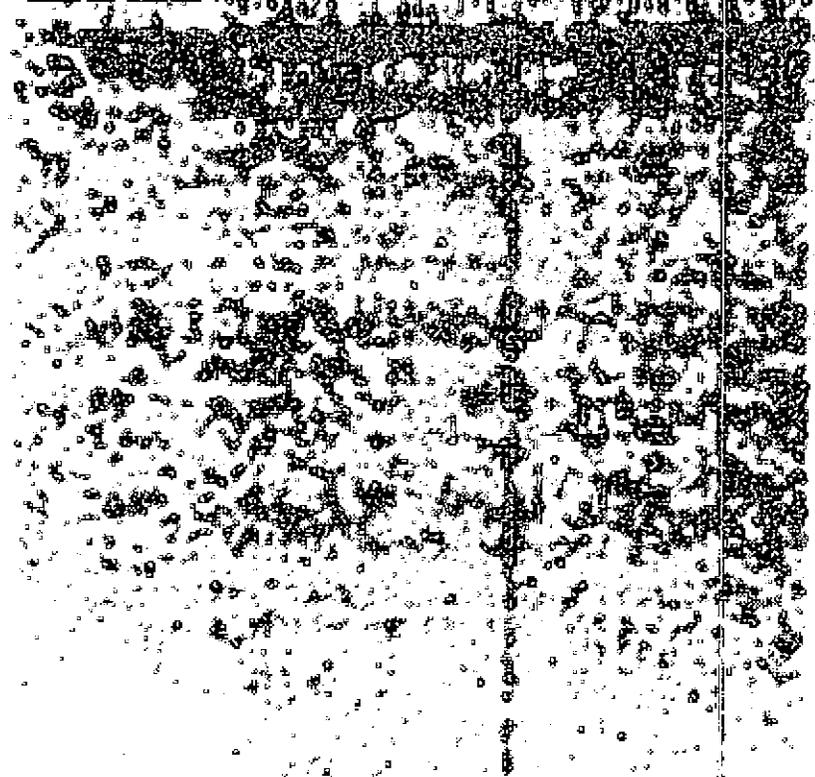
EXPIRATION DATE	CATEGORY	LD NUMBER
05/27/2010	A3-A4	5101677
ASSISTED LIVING LICENSE Issued: 05/27/08 16 Alzheimer Units 32 Regular Units 48 Total Units		

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

SMITH CROSSING
10501 EMILIE LANE
ORLAND PARK IL 60467

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



Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If yes, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. *Do not discard* - your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

Illinois Business Authorization

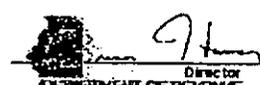
WASHINGTON & JANE SMITH COMMUNITY-ORLAND PARK
DBA: SMITH CROSSING
10501 EMILIE LN
ORLAND PARK, IL 60467-8805

Loc. Code: 099-0070-5-001
Orland Park (Will)
Will County

Expiration date:
06/01/2014

Certificate of Registration

Sales and use taxes and fees (3959-0641)


Director
DEPARTMENT OF REVENUE
Issued Date: 06/03/2009



State of Illinois 1913822

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	I.D. NUMBER
02/01/2011	BGBE	0015032
LONG TERM CARE LICENSE SKILLED 103		
UNRESTRICTED 103 TOTAL BEDS		

BUSINESS ADDRESS LICENSE

THE WASHINGTON AND JANE SMITH COMMUNITY-BEV

SMITH VILLAGE 2320 WEST 113TH PLACE CHICAGO IL 60643 EFFECTIVE DATE: 02/02/09

The face of this license has a colored background. Printed by Authority of the State of Illinois • 467 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1913822

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/01/2011	BGBE	0015032
LONG TERM CARE LICENSE SKILLED 103		
UNRESTRICTED 103 TOTAL BEDS		

UNRESTRICTED 103 TOTAL BEDS

01/26/09

SMITH VILLAGE 2320 WEST 113TH PLACE CHICAGO IL 60643

FEE RECEIPT NO.

CITY OF CHICAGO

LICENSE CERTIFICATE

NON-TRANSFERABLE

BY THE AUTHORITY OF THE CITY OF CHICAGO, THE FOLLOWING SPECIFIED LICENSE IS HEREBY GRANTED TO

NAME: WASHINGTON & JANE SMITH COMMUNITY - BEVERLY

DBA: SMITH VILLAGE
AT: 2320 W. 113TH PL.
CHICAGO, IL 60643

LICENSE NO.: 1843667 CODE: 1005 FEE: \$**1,797.84

LICENSE: Long-Term Care Facility

Change of Location

To use license code 1005 at address indicated above in lieu of former address.

PRESIDENT: ROBERT BERGHOFF

PRINTED ON : 04/21/2008

\$**1,797.84

THIS LICENSE IS ISSUED AND ACCEPTED SUBJECT TO THE REPRESENTATIONS MADE ON THE APPLICATION THEREFOR AND MAY BE SUSPENDED OR REVOKED FOR CAUSE AS PROVIDED BY LAW. LICENSEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES AND REGULATIONS OF THE UNITED STATES GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, CITY OF CHICAGO AND ALL AGENCIES THEREOF.

WITNESS THE HAND OF THE MAYOR OF SAID CITY AND THE CORPORATE SEAL THEREOF

THIS 18 DAY OF APRIL, 2008

EXPIRATION DATE:

July 15, 2009

ATTEST:



Ricardo M. Daley
MAYOR

Miguel del Valle
CITY CLERK

DREV NO. 29757 SITE: 4
TRANS NO.



THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE UPON THE LICENSED PREMISES.

THE FACE OF THIS DOCUMENT HAS A MULTI-COLORED DOCUMENT ON WHITE PAPER

Smith SENIOR LIVING

Corporate Office
T 773 474 7300
F 773 474 7352
2320 West 113th Place
Chicago, Illinois 60643
smithseniorliving.org

July 15, 2009

Mr. Jeffrey 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.

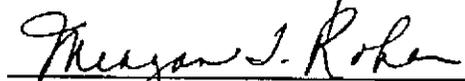
Sincerely yours,

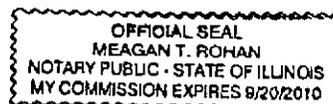


Michael A. Flynn
Chief Executive Officer

MAF/emm

Subscribed and sworn to me
this 15th day of July, 2009.



Notary Public

ATTACHMENT-10B

Smith SENIOR LIVING

Corporate Office
T 773 474 7300
F 773 474 7352
2320 West 113th Place
Chicago, Illinois 60643
smithseniorliving.org

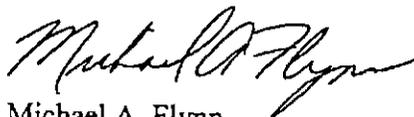
July 15, 2009

Mr. Jeffrey 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 yours,



Michael A. Flynn
Chief Executive Officer

MAF/emm

ATTACHMENT-10C

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 proposes to remove a restrictive admission policy from 30-existing beds and add 16 nursing beds in the Will County Planning Area that shows an outstanding need for 261 additional nursing beds according to the October 16, 2009 long-term care facility update to the Inventory of Health Care Facilities and Services and Need Determinations (ATTACHMENT-11A).

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

This project is located in the Will County Planning Area and from the Applicant's patient origin records of admissions it appears that the facility's market area is approximately 30-minutes North to South but less East to West. A map identifying the patient origin data is appended as ATTACHMENT-11B.

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 issues for this project are the removal of the CCRC variance since the facility occupancy rate within the nursing care unit has remained constant (between 70%-75%) resulting in a continuing financial loss by the nursing care unit (see ATTACHMENT-11C) and the outstanding need for 261 additional nursing care beds for the Will County Planning Area. Because of the restrictive admission policy imposed through the approved Variance to the Board's Computed Bed Need, the Applicant has been refusing direct admissions. For example, where one spouse needs assisted living or independent living arrangements and the other spouse needs nursing care admission has been denied to the couple, Relying totally on admissions from the CCRC has been extremely difficult. Although the occupancy rates of the Assisted Living Unit and the Independent Living Units remains very high (in excess of 90% with a constant waiting list) residents that are being admitted in these areas are healthier thus relying less on the immediate need or nursing care services. The activities and programs being afforded by the CCRC to all residents assist them in maintaining their excellent health, thus deferring the need for nursing care from within the campus setting.

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

The sources for the documentation are provided and cited in the appended attachments.

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

The removal of the variance and the small addition of new nursing beds will address the issue of accessibility by allowing persons not already residents of the campus community to receive the nursing care services of Smith Crossing. It will also not discriminate against married couples or family members who need different levels of care when both desire to be at Smith Crossing. An open admission policy would allow for increased flexibility in providing care to all general geriatric residents. The area's population growth in the planning area further substantiates the bed need as identified by the Planning Board. The 30-minute drive time (where over 75% of admissions originate) extends beyond the Will County Planning Area and shows an increase in population of 15.5% from 2008 to 2013 for the 65+ age group. The demographic profile from Scan/US providing this information is appended as ATTACHMENT-11D.

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

This project's goal is to serve and provide general long-term care services to the general geriatric population of the Will County Planning Area since there is an outstanding need for 261 additional nursing care beds. This goal will be measured by Applicant's ability to maintain the optimal utilization upon the second full year of operation.

ATTACHMENT-11

LONG-TERM CARE FACILITY UPDATES

03/19/2008 - 10/16/2009

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
Lake	Bed Change	05/22/2007	BRENTWOOD NORTH HC & REHAB CTR, RIVERWOODS	Discontinued eight nursing care beds, total now 240 nursing care beds.
	Name Change	04/02/2008	PAVILION OF WAUKEGAN, WAUKEGAN	Name changed from Pavilion of Waukegan II.
	Closure	04/09/2008	JOHN J. KELLY II. VETS HOME, NORTH CHICAGO	Board deemed facility discontinued as of April 9, 2008. 58 nursing care beds removed from inventory as of that date.
	Bed Change	06/03/2008	LEXINGTON OF LAKE ZURICH, LAKE ZURICH	Received permission to decrease beds from 214 to 209.
	Name Change	09/01/2008	BRENTWOOD NORTH HC & REHAB CTR, RIVERWOODS	Name changed from Brentwood-North Nursing Center.
	Bed Change	10/15/2008	VILLAGE AT VICTORY LAKES, THE, LINDENHURST	Discontinued 84 shelter care beds, total now 120 nursing care beds.
	Name Change	10/31/2008	MANORCARE OF LIBERTYVILLE, LIBERTYVILLE	Name changed from Manor Care - Libertyville.
	CHOW	04/08/2009	HELIA HEALTHCARE OF ZION, ZION	Change of ownership occurred.
	Name Change	04/08/2009	HELIA HEALTHCARE OF ZION, ZION	Name changed from Arbor View Nursing & Rehab Ctr.
	Bed Change	04/22/2009	LAKE FOREST HOSP-WESTMORELAND, LAKE FOREST	Board discontinued ten nursing care beds, total now 88 nursing care beds.
	P-05-036	06/15/2009	RENAISSANCE GARDENS SEDGEBROOK, LINCOLNSHIRE	Licensed 44 permit nursing care beds, still have 44 permit nursing care beds.
	Name Change	06/15/2009	RENAISSANCE GARDENS SEDGEBROOK, LINCOLNSHIRE	Name changed from Sedgebrook Retirement Community.
	Bed Change	09/02/2009	LEXINGTON OF LAKE ZURICH, LAKE ZURICH	Discontinued 11 nursing care beds, total now 198 nursing care beds. New care beds.
McHenry	Bed Change	06/19/2008	VALLEY III NURSING HOME, WOODSTOCK	Added one nursing care bed, total now 128 nursing care bed.
Health Service Area 009				
Grundy	CHOW	08/01/2009	WALNUT GROVE VILLAGE, MORRIS	Change of ownership occurred.
Kankakee	Name Change	12/20/2007	MANORCARE OF KANKAKEE, KANKAKEE	Name changed from Manor Care - Kankakee.
	P-07-139	03/09/2009	MILLER HEALTH CARE CENTER, KANKAKEE	Licensed 40 nursing care permit beds.
Kendall	Name Change	09/22/2005	THE TILLERS NSG & REHAB CTR., OSWEGO	Name changed from Tiller's Health Care Residence.
	Bed Change	01/12/2009	THE TILLERS NSG & REHAB CTR., OSWEGO	Added seven nursing care beds, total now 106 nursing care beds.
	CHOW	04/08/2009	HILLSIDE REHAB & CARE CENTER, YORKVILLE	Change of ownership occurred.
Will	Name Change	10/15/2007	FAIRVIEW CARE CENTER OF JOLIET, JOLIET	Name changed from Glenwood Care Center.
	P-07-102	04/08/2008	ALDEN ESTATES OF SHOREWOOD, SHOREWOOD	Alden Estates of Shorewood, Shorewood, received permit to establish a 100-bed nursing care facility.
	P-06-051	08/06/2008	BEECHER MANOR NRSG & REHAB CTR, BEECHER	Licensed 13 permit nursing care beds.
	P-06-051	02/19/2009	BEECHER MANOR NRSG & REHAB CTR, BEECHER	Licensed 21 nursing care permit beds.
	CHOW	03/01/2009	ST. JAMES MANOR & VILLA, CRETE	Change of ownership occurred.
	P-08-082	09/01/2009	VICTORIAN VILLAGE, HOMER GLEN	Permit issued to establish a 50 bed nursing care facility.
Health Service Area 010				
Henry	Bed Change	04/22/2009	HAMMOND-HENRY DISTRICT HOSPITAL, GENESEO	Board discontinued one nursing care beds, total now 56 nursing care beds.
Mercer	P-08-056	01/28/2009	MERCER COUNTY HOSPITAL, ALEDO	Discontinued 14 bed long term care unit.
	Bed Change	04/10/2009	MERCER COUNTY NURSING HOME, ALEDO	Discontinued three nursing care beds, total now 92 nursing care beds.
Rock Island	Name Change	12/01/2007	ROSEWOOD CARE CTR OF MOLINE, MOLINE	Name changed from Rosewood Care Centre-Moline.
	Name Change	12/20/2007	HEARTLAND OF MOLINE, MOLINE	Name changed from Heartland Health Care Center.
	Name Change	09/15/2008	ROCK ISLAND NSG & REHAB CTR, ROCK ISLAND	Name changed from River Park Healthcare Center.
	P-07-011	04/16/2009	HOPE CREEK CARE CENTER, EAST MOLINE	Facility with 245 nursing care beds in Coal Valley closed and new replacement facility with 245 nursing care beds

LONG-TERM CARE BED INVENTORY UPDATES

03/19/2008 - 10/16/2009

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
Perry	215	210	5
Randolph	550	492	58
Richland	333	309	24
Union	347	293	54
Washington	169	263	(94)
Wayne	133	169	(36)
White	337	355	(18)
Williamson	574	563	11
HEALTH SERVICE AREA 006			
Planning Area 6-A	5,766	7,740	(1,974)
Planning Area 6-B	4,283	4,210	73
Planning Area 6-C	4,706	5,043	(337)
HEALTH SERVICE AREA 007			
Planning Area 7-A	4,101	3,198	903
Planning Area 7-B	6,896	7,095	(199)
Planning Area 7-C	6,626	6,015	611
Planning Area 7-D	2,342	2,881	(539)
Planning Area 7-E	9,242	8,985	257
HEALTH SERVICE AREA 008			
Kane	2,948	2,720	228
Lake	4,884	4,821	63
McHenry	1,344	1,028	316
HEALTH SERVICE AREA 009			
Grundy	239	259	(20)
Kankakee	1,259	1,368	(109)
Kendall	213	185	28
Will	3,055	2,794	261
HEALTH SERVICE AREA 010			
Henry	428	518	(90)
Mercer	182	172	10
Rock Island	1,259	1,553	(294)
HEALTH SERVICE AREA 011			
Clinton	402	417	(15)
Madison	2,073	2,216	(143)
Monroe	447	324	123
St. Clair	2,187	2,294	(107)
LONG-TERM CARE ICF/DD 16 BED NEED			
PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HSA 1	257	360	(103)
HSA 2	265	333	(68)
HSA 3	228	383	(155)
HSA 4	319	334	(15)
HSA 5	253	703	(450)
HSA 6,7,8 & 9	3,316	1,121	2,195
HSA 10	84	56	28
HSA 11	222	384	(162)

Smith Crossing
Skilled unit monthly patient days

<u>Month & year</u>	<u>Total days</u>	<u>avg per day</u>
<i>2005</i>		
Nov.	70	2.33
Dec.	81	2.61
Total	151	8.3%
<i>2006</i>		
Jan.	107	3.45
Feb.	136	4.86
Mar.	182	5.87
Apr.	211	7.03
May	294	9.48
June	324	10.80
July	354	11.42
Aug.	383	12.35
Sept.	374	12.47
Oct.	452	14.58
Nov.	431	14.37
Dec.	578	18.65
Total	3,826	34.9%
<i>2007</i>		
Jan.	617	19.90
Feb.	478	17.07
Mar.	711	22.94
Apr.	743	24.77
May	780	25.16
June	740	24.67
July	617	19.90
Aug.	593	19.12
Sept.	632	21.07
Oct.	715	23.06
Nov.	715	23.83
Dec.	800	25.81
Total	8,141	74.3%

Smith Crossing
Skilled unit monthly patient days

<u>Month & year</u>	<u>Total days</u>	<u>avg per day</u>
2008		
Jan.	776	25.03
Feb.	741	25.55
Mar.	849	27.39
April	754	25.13
May	877	28.29
June	799	26.63
July	765	24.68
Aug.	813	26.23
Sept.	733	24.43
Oct.	736	23.74
Nov.	706	23.53
Dec.	653	21.06
Total	9,202	83.8%
2009		
Jan.	652	21.03
Feb.	653	23.32
Mar.	801	25.84
April	591	19.70
May	584	18.84
June	621	20.70
July	634	20.45
Aug.	594	19.16
Sept.	572	19.07
Total	5,702	69.9%
12-Mo Ending September, 2009	7,797	71.4%

Key Demographic Profile: 1990/2000

Smith Crossing
15-Minute Market Area

Scan/US, Inc.
08/13/2009

	1990 Census		2000 Census		1990 - 2000 Change	
Population	122,846		166,728		43,882	35.7%
Group Quarters	1,469	1.2%	1,276	0.8%	-193	-13.1%
Population By Race						
White	112,936	91.9%	148,179	88.9%	35,243	31.2%
Black	6,906	5.6%	11,058	6.6%	4,152	60.1%
American Indian/Alaskan	134	0.1%	187	0.1%	53	39.6%
Asian/Pacific Islander	2,060	1.7%	3,779	2.3%	1,719	83.4%
Other Race	810	0.7%	1,591	1.0%	781	96.4%
Hispanic Origin	2,971	2.4%	6,030	3.6%	3,059	103.0%
Diversity Index	12		15		3	27.5%
Population By Age						
< 18 Years	37,201	30.3%	47,155	28.3%	9,954	26.8%
18 - 64 Years	76,157	62.0%	102,372	61.4%	26,215	34.4%
65+ Years	9,488	7.7%	17,201	10.3%	7,713	81.3%
Median Age	32.1		37.1		5.0	15.6%
Population In Households						
In Families	121,377		165,452		44,075	36.3%
In Non-families	113,232	93.3%	149,857	90.6%	36,625	32.3%
	8,145	6.7%	15,595	9.4%	7,450	91.5%
Households						
Families	39,822		57,258		17,436	43.8%
With Kids	32,876	82.6%	45,226	79.0%	12,350	37.6%
Non-family	19,062	58.0%	24,217	53.5%	5,155	27.0%
	6,946	17.4%	12,032	21.0%	5,086	73.2%
Average Household Size	3.0		2.9		-0.2	-5.2%
Average Family Size	3.4		3.3		-0.1	-3.0%
Average Non-family Size	1.2		1.3		0.1	10.5%
Population, 16+ In Labor Force						
Employed	64,835		87,142		22,307	34.4%
White Collar	62,581	96.5%	84,485	97.0%	21,904	35.0%
Blue Collar	41,131	65.7%	57,380	67.9%	16,249	39.5%
	21,442	34.3%	27,105	32.1%	5,663	26.4%
Average Household Income	\$51,603		\$77,949		\$26,346	51.1%
Median Household Income	\$47,040		\$68,552		\$21,512	45.7%
Total Housing Units						
Occupied	41,160		58,807		17,647	42.9%
Owner-Occupied	39,822	96.7%	57,258	97.4%	17,436	43.8%
Renter-Occupied	33,536	84.2%	51,128	89.3%	17,592	52.5%
	6,286	15.8%	6,130	10.7%	-156	-2.5%
Average Home Value	\$130,446		\$198,136		\$67,689	51.9%
Median Home Value	\$124,562		\$183,006		\$58,444	46.9%
Average Contract Rent	\$519		\$698		\$179	34.4%
Median Contract Rent	\$520		\$698		\$178	34.3%

ATTACHMENT-11D

Income By Age Update: 2008/2013

Smith Crossing
15-Minute Market Area

Scan/US, Inc.
08/13/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
Total Households	67,738		72,662		4,924	
Householder, < 25 Years	1,039	1.5%	1,071	1.5%	32	-0.1%
< \$10,000	78	7.5%	70	6.5%	-8	-1.0%
\$10,000-\$19,999	78	7.5%	64	6.0%	-14	-1.5%
\$20,000-\$29,999	125	12.0%	103	9.6%	-22	-2.4%
\$30,000-\$39,999	114	11.0%	100	9.3%	-14	-1.6%
\$40,000-\$49,999	102	9.8%	83	7.7%	-19	-2.1%
\$50,000-\$59,999	103	9.9%	120	11.2%	17	1.3%
\$60,000-\$74,999	127	12.2%	113	10.6%	-14	-1.7%
\$75,000-\$99,999	126	12.1%	132	12.3%	6	0.2%
\$100,000-\$124,999	87	8.4%	108	10.1%	21	1.7%
\$125,000-\$149,999	29	2.8%	55	5.1%	26	2.3%
\$150,000-\$199,999	30	2.9%	51	4.8%	21	1.9%
\$200,000 +	40	3.8%	72	6.7%	32	2.9%
Median Income	\$53,212		\$63,487		\$10,276	
Householder, 25 - 34 Years	7,918	11.7%	7,756	10.7%	-162	-1.0%
< \$10,000	154	1.9%	135	1.7%	-19	-0.2%
\$10,000-\$19,999	233	2.9%	202	2.6%	-31	-0.3%
\$20,000-\$29,999	448	5.7%	341	4.4%	-107	-1.3%
\$30,000-\$39,999	589	7.4%	521	6.7%	-68	-0.7%
\$40,000-\$49,999	680	8.6%	559	7.2%	-121	-1.4%
\$50,000-\$59,999	710	9.0%	688	8.9%	-22	-0.1%
\$60,000-\$74,999	1,093	13.8%	899	11.6%	-194	-2.2%
\$75,000-\$99,999	1,585	20.0%	1,429	18.4%	-156	-1.6%
\$100,000-\$124,999	1,054	13.3%	1,095	14.1%	41	0.8%
\$125,000-\$149,999	603	7.6%	760	9.8%	157	2.2%
\$150,000-\$199,999	449	5.7%	645	8.3%	196	2.6%
\$200,000 +	320	4.0%	482	6.2%	162	2.2%
Median Income	\$75,415		\$84,088		\$8,673	
Householder, 35 - 44 Years	15,862	23.4%	15,337	21.1%	-525	-2.3%
< \$10,000	226	1.4%	190	1.2%	-36	-0.2%
\$10,000-\$19,999	337	2.1%	268	1.7%	-69	-0.4%
\$20,000-\$29,999	576	3.6%	423	2.8%	-153	-0.9%
\$30,000-\$39,999	792	5.0%	651	4.2%	-141	-0.7%
\$40,000-\$49,999	1,041	6.6%	819	5.3%	-222	-1.2%
\$50,000-\$59,999	1,132	7.1%	1,045	6.8%	-87	-0.3%
\$60,000-\$74,999	1,885	11.9%	1,448	9.4%	-437	-2.4%
\$75,000-\$99,999	3,184	20.1%	2,699	17.6%	-485	-2.5%
\$100,000-\$124,999	2,573	16.2%	2,520	16.4%	-53	0.2%
\$125,000-\$149,999	1,586	10.0%	1,855	12.1%	269	2.1%
\$150,000-\$199,999	1,392	8.8%	1,830	11.9%	438	3.2%
\$200,000 +	1,138	7.2%	1,589	10.4%	451	3.2%
Median Income	\$89,964		\$101,358		\$11,394	

Income By Age Update: 2008/2013

Smith Crossing
15-Minute Market Area

Scan/US, Inc.
08/13/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
Total Households	67,738		72,662		4,924	
Householder, 45 - 54 Years	18,393	27.2%	19,290	26.5%	897	-0.6%
< \$10,000	225	1.2%	194	1.0%	-31	-0.2%
\$10,000-\$19,999	296	1.6%	235	1.2%	-61	-0.4%
\$20,000-\$29,999	546	3.0%	424	2.2%	-122	-0.8%
\$30,000-\$39,999	733	4.0%	611	3.2%	-122	-0.8%
\$40,000-\$49,999	992	5.4%	815	4.2%	-177	-1.2%
\$50,000-\$59,999	1,081	5.9%	1,036	5.4%	-45	-0.5%
\$60,000-\$74,999	1,869	10.2%	1,516	7.9%	-353	-2.3%
\$75,000-\$99,999	3,534	19.2%	3,176	16.5%	-358	-2.7%
\$100,000-\$124,999	3,249	17.7%	3,326	17.2%	77	-0.4%
\$125,000-\$149,999	2,163	11.8%	2,661	13.8%	498	2.0%
\$150,000-\$199,999	2,063	11.2%	2,855	14.8%	792	3.6%
\$200,000 +	1,642	8.9%	2,441	12.7%	799	3.7%
Median Income	\$99,414		\$112,090		\$12,675	
Householder, 55 - 64 Years	12,459	18.4%	14,933	20.6%	2,474	2.2%
< \$10,000	249	2.0%	253	1.7%	4	-0.3%
\$10,000-\$19,999	336	2.7%	327	2.2%	-9	-0.5%
\$20,000-\$29,999	539	4.3%	500	3.3%	-39	-1.0%
\$30,000-\$39,999	677	5.4%	684	4.6%	7	-0.9%
\$40,000-\$49,999	820	6.6%	810	5.4%	-10	-1.2%
\$50,000-\$59,999	850	6.8%	958	6.4%	108	-0.4%
\$60,000-\$74,999	1,296	10.4%	1,252	8.4%	-44	-2.0%
\$75,000-\$99,999	2,218	17.8%	2,320	15.5%	102	-2.3%
\$100,000-\$124,999	1,928	15.5%	2,282	15.3%	354	-0.2%
\$125,000-\$149,999	1,292	10.4%	1,837	12.3%	545	1.9%
\$150,000-\$199,999	1,194	9.6%	1,891	12.7%	697	3.1%
\$200,000 +	1,060	8.5%	1,819	12.2%	759	3.7%
Median Income	\$91,531		\$104,268		\$12,737	
Householder, 65 - 74 Years	6,880	10.2%	8,788	12.1%	1,908	1.9%
< \$10,000	227	3.3%	266	3.0%	39	-0.3%
\$10,000-\$19,999	428	6.2%	471	5.4%	43	-0.9%
\$20,000-\$29,999	569	8.3%	578	6.6%	9	-1.7%
\$30,000-\$39,999	602	8.8%	681	7.7%	79	-1.0%
\$40,000-\$49,999	610	8.9%	682	7.8%	72	-1.1%
\$50,000-\$59,999	534	7.8%	675	7.7%	141	-0.1%
\$60,000-\$74,999	735	10.7%	815	9.3%	80	-1.4%
\$75,000-\$99,999	1,051	15.3%	1,250	14.2%	199	-1.1%
\$100,000-\$124,999	788	11.5%	1,048	11.9%	260	0.5%
\$125,000-\$149,999	487	7.1%	786	8.9%	299	1.9%
\$150,000-\$199,999	462	6.7%	807	9.2%	345	2.5%
\$200,000 +	387	5.6%	729	8.3%	342	2.7%
Median Income	\$70,296		\$80,639		\$10,342	

Income By Age Update: 2008/2013

Smith Crossing
15-Minute Market Area

Scan/US, Inc.
08/13/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
Total Households	67,738		72,662		4,924	
Householder, 75+ Years	5,187	7.7%	5,487	7.6%	300	-0.1%
< \$10,000	258	5.0%	244	4.7%	-14	-0.3%
\$10,000-\$19,999	530	10.2%	488	9.4%	-42	-0.8%
\$20,000-\$29,999	580	11.2%	489	9.4%	-91	-1.8%
\$30,000-\$39,999	481	9.3%	470	9.1%	-11	-0.2%
\$40,000-\$49,999	443	8.5%	401	7.7%	-42	-0.8%
\$50,000-\$59,999	372	7.2%	403	7.8%	31	0.6%
\$60,000-\$74,999	514	9.9%	473	9.1%	-41	-0.8%
\$75,000-\$99,999	694	13.4%	711	13.7%	17	0.3%
\$100,000-\$124,999	496	9.6%	569	11.0%	73	1.4%
\$125,000-\$149,999	300	5.8%	415	8.0%	115	2.2%
\$150,000-\$199,999	293	5.6%	431	8.3%	138	2.7%
\$200,000 +	226	4.4%	393	7.6%	167	3.2%
Median Income	\$59,600		\$70,035		\$10,435	

Demographic Trends: 2000/2008/2013

Smith Crossing
15-Minute Market Area

Scan/US, Inc.
08/13/2009

	2000 Census		2008 Estimates		2013 Projections	
Population	166,728		206,601		227,114	
In Households	165,452	99.2%	205,318	99.4%	225,824	99.4%
In Families	149,857	89.9%	189,303	91.6%	209,532	92.3%
In Non-family Households	15,595	9.4%	16,015	7.8%	16,292	7.2%
In Group Quarters	1,276	0.8%	1,283	0.6%	1,290	0.6%
Race:						
White	148,179	88.9%	156,208	75.6%	154,157	67.9%
Black	11,058	6.6%	25,279	12.2%	33,753	14.9%
American Indian	187	0.1%	165	0.1%	124	0.1%
Asian	3,754	2.3%	8,244	4.0%	11,608	5.1%
Pacific Islander	25	0.0%	108	0.1%	175	0.1%
Other/Multi-Racial	3,525	2.1%	16,597	8.0%	27,297	12.0%
Hispanic Population	6,030	3.6%	19,083	9.2%	27,839	12.3%
Labor Force: Pop, 16+ Years	125,063	75.0%	158,323	76.6%	176,654	77.8%
In Armed Forces	16	0.0%	4	0.0%	4	0.0%
Employed	84,485	67.6%	106,451	67.2%	118,177	66.9%
Unemployed	2,657	2.1%	5,089	3.2%	5,753	3.3%
Not in Labor Force	37,905	30.3%	46,779	29.5%	52,720	29.8%
Education: Pop, 25+ Years	107,019	64.2%	134,358	65.0%	150,244	66.2%
No HS Diploma	9,599	9.0%	10,196	7.6%	9,944	6.6%
HS Graduate	31,644	29.6%	39,765	29.6%	44,377	29.5%
College, No Degree	27,895	26.1%	29,053	21.6%	28,926	19.3%
Associate Degree	8,192	7.7%	12,603	9.4%	15,590	10.4%
College Degree	19,847	18.5%	26,951	20.1%	31,506	21.0%
Graduate/Professional Degree	9,842	9.2%	15,790	11.8%	19,901	13.2%
Households	57,258		67,738		72,662	
Families	45,226	79.0%	52,239	77.1%	55,338	76.2%
With Children	24,086	42.1%	27,278	40.3%	28,617	39.4%
Non-Families	12,032	21.0%	15,499	22.9%	17,324	23.8%
With Children	131	0.2%	129	0.2%	119	0.2%
Average Size:						
Household	2.9		3.0		3.1	
Family	3.3		3.6		3.8	
Non-Family	1.3		1.0		0.9	
Households by Persons:						
1	10,378	18.1%	13,671	20.2%	15,431	21.2%
2	17,217	30.1%	16,416	24.2%	15,352	21.1%
3+	29,663	51.8%	37,651	55.6%	41,879	57.6%
Total Housing Units:	58,807		73,593		81,352	
Vacant	1,549	2.6%	5,855	8.0%	8,690	10.7%
Owned	51,128	86.9%	61,733	83.9%	66,942	82.3%
Rented	6,130	10.4%	6,005	8.2%	5,720	7.0%
Vehicles Available	113,786		150,174		171,623	
Average Vehicles/HH	2.0		2.2		2.4	

Demographic Trends: 2000/2008/2013

Smith Crossing
15-Minute Market Area

Scan/US, Inc.
08/13/2009

		2000 Census		2008 Estimates		2013 Projections	
Total Households		57,258		67,738		72,662	
Total Aggregate Income (\$Mil)		\$4,497.4		\$6,216.2		\$7,481.9	
Per Capita Income		\$26,974		\$30,088		\$32,943	
Households	< \$10,000	1,528	2.7%	1,417	2.1%	1,352	1.9%
By	\$10,000 - \$14,999	1,280	2.2%	874	1.3%	813	1.1%
Income:	\$15,000 - \$19,999	1,657	2.9%	1,364	2.0%	1,242	1.7%
	\$20,000 - \$24,999	1,988	3.5%	1,653	2.4%	1,236	1.7%
	\$25,000 - \$29,999	1,944	3.4%	1,730	2.6%	1,622	2.2%
	\$30,000 - \$34,999	2,349	4.1%	1,963	2.9%	1,819	2.5%
	\$35,000 - \$39,999	2,536	4.4%	2,025	3.0%	1,899	2.6%
	\$40,000 - \$49,999	5,123	8.9%	4,688	6.9%	4,169	5.7%
	\$50,000 - \$59,999	5,529	9.7%	4,782	7.1%	4,925	6.8%
	\$60,000 - \$74,999	8,612	15.0%	7,519	11.1%	6,516	9.0%
	\$75,000 - \$99,999	11,294	19.7%	12,392	18.3%	11,717	16.1%
	\$100,000 - \$124,999	6,326	11.0%	10,175	15.0%	10,948	15.1%
	\$125,000 - \$149,999	3,092	5.4%	6,460	9.5%	8,369	11.5%
	\$150,000 - \$199,999	2,328	4.1%	5,883	8.7%	8,510	11.7%
	\$200,000 - \$249,999	694	1.2%	2,047	3.0%	3,285	4.5%
	\$250,000+	977	1.7%	2,766	4.1%	4,240	5.8%
Average	Household	\$77,949		\$90,389		\$101,628	
Income:	Family	\$85,433		\$100,589		\$113,856	
	Non-Family	\$45,726		\$56,007		\$62,564	
Median	Household	\$68,552		\$87,562		\$98,726	
Income:	Family	\$76,523		\$97,046		\$110,210	
	Non-Family	\$38,160		\$55,173		\$62,287	
Households	< \$10,000	1,704	3.0%	1,547	2.3%	1,483	2.0%
By	\$10,000 - \$14,999	1,299	2.3%	889	1.3%	822	1.1%
Disposable	\$15,000 - \$19,999	1,945	3.4%	1,615	2.4%	1,412	1.9%
Income:	\$20,000 - \$24,999	2,426	4.2%	2,081	3.1%	1,687	2.3%
	\$25,000 - \$29,999	2,798	4.9%	2,377	3.5%	2,228	3.1%
	\$30,000 - \$34,999	3,150	5.5%	2,547	3.8%	2,383	3.3%
	\$35,000 - \$39,999	3,286	5.7%	2,988	4.4%	2,661	3.7%
	\$40,000 - \$49,999	7,562	13.2%	6,636	9.8%	6,551	9.0%
	\$50,000 - \$59,999	7,958	13.9%	6,915	10.2%	6,023	8.3%
	\$60,000 - \$74,999	10,789	18.8%	11,338	16.7%	10,628	14.6%
	\$75,000 - \$99,999	8,002	14.0%	13,075	19.3%	14,178	19.5%
	\$100,000 - \$124,999	3,177	5.5%	7,081	10.5%	9,419	13.0%
	\$125,000 - \$149,999	1,404	2.5%	3,631	5.4%	5,355	7.4%
	\$150,000 - \$199,999	918	1.6%	2,686	4.0%	4,280	5.9%
	\$200,000 - \$249,999	315	0.6%	958	1.4%	1,492	2.1%
	\$250,000+	524	0.9%	1,374	2.0%	2,060	2.8%
Disposable Aggregate (\$Mil)		\$3,636.9		\$4,970.7		\$5,905.1	
Disposable Average Income		\$63,517		\$73,381		\$81,267	
Disposable Median Income		\$55,877		\$69,092		\$77,148	

Demographic Trends: 2000/2008/2013

Smith Crossing
15-Minute Market Area

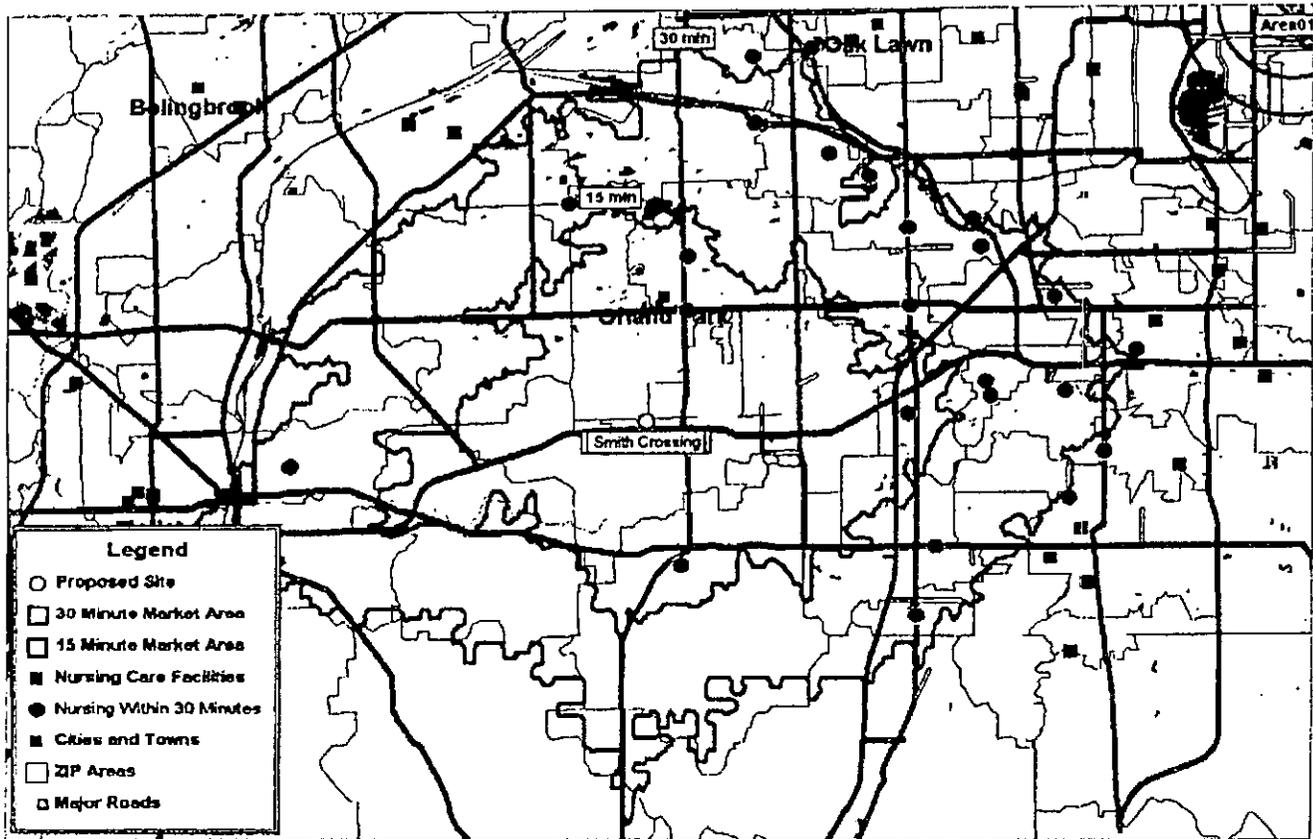
Scan/US, Inc.
08/13/2009

	2000 Census		2008 Estimates		2013 Projections	
Total Population	166,728		206,601		227,114	
< 5 Years	11,161	6.7%	13,447	6.5%	13,477	5.9%
5 - 9 Years	13,571	8.1%	14,791	7.2%	16,200	7.1%
10 - 14 Years	14,083	8.4%	16,499	8.0%	17,128	7.5%
15 - 19 Years	12,499	7.5%	15,976	7.7%	16,825	7.4%
20 - 24 Years	8,395	5.0%	11,530	5.6%	13,240	5.8%
25 - 34 Years	18,751	11.2%	21,545	10.4%	22,370	9.8%
35 - 44 Years	30,343	18.2%	33,384	16.2%	33,948	14.9%
45 - 54 Years	26,402	15.8%	35,328	17.1%	38,889	17.1%
55 - 64 Years	14,322	8.6%	22,718	11.0%	28,557	12.6%
65 - 74 Years	9,527	5.7%	12,018	5.8%	16,041	7.1%
75 - 84 Years	6,185	3.7%	7,081	3.4%	7,899	3.5%
85+ Years	1,489	0.9%	2,284	1.1%	2,540	1.1%
Median Age	37.1		38.4		39.7	
Population, Female	85,577	51.3%	105,256	50.9%	115,211	50.7%
< 5 Years	5,407	6.3%	6,558	6.2%	6,587	5.7%
5 - 9 Years	6,633	7.8%	7,236	6.9%	7,929	6.9%
10 - 14 Years	6,905	8.1%	8,132	7.7%	8,439	7.3%
15 - 19 Years	6,003	7.0%	7,719	7.3%	8,258	7.2%
20 - 24 Years	4,074	4.8%	5,535	5.3%	6,263	5.4%
25 - 34 Years	9,767	11.4%	11,143	10.6%	11,516	10.0%
35 - 44 Years	15,868	18.5%	17,190	16.3%	17,315	15.0%
45 - 54 Years	13,459	15.7%	17,935	17.0%	19,670	17.1%
55 - 64 Years	7,196	8.4%	11,361	10.8%	14,195	12.3%
65 - 74 Years	5,326	6.2%	6,531	6.2%	8,559	7.4%
75 - 84 Years	3,841	4.5%	4,295	4.1%	4,666	4.0%
85+ Years	1,098	1.3%	1,621	1.5%	1,814	1.6%
Median Age (Females)	38.2		39.3		40.5	
Population, Male	81,151	48.7%	101,345	49.1%	111,903	49.3%
< 5 Years	5,754	7.1%	6,889	6.8%	6,890	6.2%
5 - 9 Years	6,938	8.5%	7,555	7.5%	8,271	7.4%
10 - 14 Years	7,178	8.8%	8,367	8.3%	8,689	7.8%
15 - 19 Years	6,496	8.0%	8,257	8.1%	8,567	7.7%
20 - 24 Years	4,321	5.3%	5,995	5.9%	6,977	6.2%
25 - 34 Years	8,984	11.1%	10,402	10.3%	10,854	9.7%
35 - 44 Years	14,475	17.8%	16,194	16.0%	16,633	14.9%
45 - 54 Years	12,943	15.9%	17,393	17.2%	19,219	17.2%
55 - 64 Years	7,126	8.8%	11,357	11.2%	14,362	12.8%
65 - 74 Years	4,201	5.2%	5,487	5.4%	7,482	6.7%
75 - 84 Years	2,344	2.9%	2,786	2.7%	3,233	2.9%
85+ Years	0,391	0.5%	0,663	0.7%	0,726	0.6%
Median Age (Males)	35.8		37.4		38.9	

MapFacts Demographic Trends: 2000/2008/2013

Smith Crossing
15-Minute Market Area

Scan/US, Inc.
08/13/2009



	2000 Census		2008 Estimates		2013 Projections	
Population	166,728		206,601		227,114	
In Households	165,452	99.2%	205,318	99.4%	225,824	99.4%
In Families	149,857	89.9%	189,303	91.6%	209,532	92.3%
In Non-Families	15,595	9.4%	16,015	7.8%	16,292	7.2%
In Group Quarters	1,276	0.8%	1,283	0.6%	1,290	0.6%
Males	81,151		101,345		111,903	
Median Age (Male)	35.8		37.4		38.9	
Females	85,577		105,256		115,211	
Median Age (Female)	38.2		39.3		40.5	
Households	57,258		67,738		72,662	
Families	45,226	79.0%	52,239	77.1%	55,338	76.2%
Non-Families	12,032	21.0%	15,499	22.9%	17,324	23.8%
Average Household Size	2.9		3.0		3.1	
Average Family Size	3.3		3.6		3.8	
Average Non-Family Size	1.3		1.0		0.9	
Average Household Income	\$77,949		\$90,389		\$101,628	
Median Household Income	\$68,552		\$87,562		\$98,726	
Per Capita Income	\$26,974		\$30,088		\$32,943	

Key Demographic Profile: 1990/2000

Smith Crossing
30-Minute Market Area

Scan/US, Inc.
08/13/2009

	1990 Census		2000 Census		1990 - 2000 Change	
Population	403,943		468,177		64,234	15.9%
Group Quarters	7,501	1.9%	7,138	1.5%	-363	-4.8%
Population By Race						
White	322,351	79.8%	351,218	75.0%	28,867	9.0%
Black	66,224	16.4%	89,123	19.0%	22,899	34.6%
American Indian/Alaskan	562	0.1%	696	0.1%	134	23.8%
Asian/Pacific Islander	6,185	1.5%	7,982	1.7%	1,797	29.1%
Other Race	8,621	2.1%	12,428	2.7%	3,807	44.2%
Hispanic Origin	17,670	4.4%	31,339	6.7%	13,669	77.4%
Diversity Index	20		23		4	19.3%
Population By Age						
< 18 Years	115,835	28.7%	131,861	28.2%	16,026	13.8%
18 - 64 Years	249,022	61.6%	283,743	60.6%	34,721	13.9%
65+ Years	39,086	9.7%	52,573	11.2%	13,487	34.5%
Median Age	32.9		36.4		3.6	10.8%
Population In Households	396,442		461,039		64,597	16.3%
In Families	364,484	91.9%	408,499	88.6%	44,015	12.1%
In Non-families	31,958	8.1%	52,540	11.4%	20,582	64.4%
Households	133,540		161,480		27,940	20.9%
Families	106,315	79.6%	123,189	76.3%	16,874	15.9%
With Kids	58,819	55.3%	66,730	54.2%	7,911	13.4%
Non-family	27,225	20.4%	38,291	23.7%	11,066	40.6%
Average Household Size	3.0		2.9		-0.1	-3.8%
Average Family Size	3.4		3.3		-0.1	-3.3%
Average Non-family Size	1.2		1.4		0.2	16.9%
Population, 16+ In Labor Force	208,479		236,117		27,638	13.3%
Employed	197,140	94.6%	224,789	95.2%	27,649	14.0%
White Collar	124,946	63.4%	144,765	64.4%	19,819	15.9%
Blue Collar	72,203	36.6%	80,024	35.6%	7,821	10.8%
Average Household Income	\$49,609		\$70,963		\$21,354	43.0%
Median Household Income	\$43,912		\$61,168		\$17,257	39.3%
Total Housing Units	138,887		167,521		28,634	20.6%
Occupied	133,540	96.2%	161,480	96.4%	27,940	20.9%
Owner-Occupied	108,021	80.9%	135,846	84.1%	27,825	25.8%
Renter-Occupied	25,519	19.1%	25,634	15.9%	115	0.5%
Average Home Value	\$117,101		\$174,319		\$57,217	48.9%
Median Home Value	\$110,712		\$160,287		\$49,576	44.8%
Average Contract Rent	\$437		\$598		\$161	36.9%
Median Contract Rent	\$438		\$605		\$167	38.1%

Income By Age Update: 2008/2013

Smith Crossing
30-Minute Market Area

Scan/US, Inc.
08/13/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
Total Households	176,830		184,146		7,316	
Householder, < 25 Years	4,257	2.4%	4,361	2.4%	104	0.0%
< \$10,000	631	14.8%	599	13.7%	-32	-1.1%
\$10,000-\$19,999	400	9.4%	362	8.3%	-38	-1.1%
\$20,000-\$29,999	646	15.2%	570	13.1%	-76	-2.1%
\$30,000-\$39,999	526	12.4%	488	11.2%	-38	-1.2%
\$40,000-\$49,999	403	9.5%	357	8.2%	-46	-1.3%
\$50,000-\$59,999	424	10.0%	501	11.5%	77	1.5%
\$60,000-\$74,999	435	10.2%	433	9.9%	-2	-0.3%
\$75,000-\$99,999	358	8.4%	408	9.4%	50	0.9%
\$100,000-\$124,999	208	4.9%	247	5.7%	39	0.8%
\$125,000-\$149,999	75	1.8%	128	2.9%	53	1.2%
\$150,000-\$199,999	56	1.3%	108	2.5%	52	1.7%
\$200,000 +	95	2.2%	160	3.7%	65	1.4%
Median Income	\$41,641		\$47,832		\$6,191	
Householder, 25 - 34 Years	22,237	12.6%	21,268	11.5%	-969	-1.0%
< \$10,000	673	3.0%	564	2.7%	-109	-0.4%
\$10,000-\$19,999	945	4.2%	754	3.5%	-191	-0.7%
\$20,000-\$29,999	1,501	6.8%	1,128	5.3%	-373	-1.4%
\$30,000-\$39,999	2,028	9.1%	1,701	8.0%	-327	-1.1%
\$40,000-\$49,999	2,234	10.0%	1,796	8.4%	-438	-1.6%
\$50,000-\$59,999	2,218	10.0%	2,204	10.4%	-14	0.4%
\$60,000-\$74,999	3,128	14.1%	2,605	12.2%	-523	-1.8%
\$75,000-\$99,999	4,074	18.3%	3,795	17.8%	-279	-0.5%
\$100,000-\$124,999	2,425	10.9%	2,594	12.2%	169	1.3%
\$125,000-\$149,999	1,355	6.1%	1,722	8.1%	367	2.0%
\$150,000-\$199,999	962	4.3%	1,396	6.6%	434	2.2%
\$200,000 +	694	3.1%	1,009	4.7%	315	1.6%
Median Income	\$67,470		\$75,402		\$7,932	
Householder, 35 - 44 Years	38,882	22.0%	36,774	20.0%	-2,108	-2.0%
< \$10,000	899	2.3%	722	2.0%	-177	-0.3%
\$10,000-\$19,999	1,198	3.1%	943	2.6%	-255	-0.5%
\$20,000-\$29,999	1,796	4.6%	1,314	3.6%	-482	-1.0%
\$30,000-\$39,999	2,477	6.4%	2,005	5.5%	-472	-0.9%
\$40,000-\$49,999	3,094	8.0%	2,352	6.4%	-742	-1.6%
\$50,000-\$59,999	3,215	8.3%	3,058	8.3%	-157	0.0%
\$60,000-\$74,999	4,871	12.5%	3,804	10.3%	-1,067	-2.2%
\$75,000-\$99,999	7,384	19.0%	6,455	17.6%	-929	-1.4%
\$100,000-\$124,999	5,472	14.1%	5,421	14.7%	-51	0.7%
\$125,000-\$149,999	3,288	8.5%	3,830	10.4%	542	2.0%
\$150,000-\$199,999	2,790	7.2%	3,667	10.0%	877	2.8%
\$200,000 +	2,398	6.2%	3,203	8.7%	805	2.5%
Median Income	\$81,750		\$92,050		\$10,299	

Income By Age Update: 2008/2013

Smith Crossing
30-Minute Market Area

Scan/US, Inc.
08/13/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
Total Households	176,830		184,146		7,316	
Householder, 45 - 54 Years	44,720	25.3%	45,585	24.8%	865	-0.5%
< \$10,000	926	2.1%	768	1.7%	-158	-0.4%
\$10,000-\$19,999	1,127	2.5%	904	2.0%	-223	-0.5%
\$20,000-\$29,999	1,751	3.9%	1,339	2.9%	-412	-1.0%
\$30,000-\$39,999	2,291	5.1%	1,925	4.2%	-366	-0.9%
\$40,000-\$49,999	2,993	6.7%	2,379	5.2%	-614	-1.5%
\$50,000-\$59,999	3,080	6.9%	3,066	6.7%	-14	-0.2%
\$60,000-\$74,999	4,862	10.9%	3,992	8.8%	-870	-2.1%
\$75,000-\$99,999	8,256	18.5%	7,591	16.7%	-665	-1.8%
\$100,000-\$124,999	7,011	15.7%	7,233	15.9%	222	0.2%
\$125,000-\$149,999	4,598	10.3%	5,562	12.2%	964	1.9%
\$150,000-\$199,999	4,189	9.4%	5,741	12.6%	1,552	3.2%
\$200,000 +	3,636	8.1%	5,085	11.2%	1,449	3.0%
Median Income	\$91,896		\$103,375		\$11,480	
Householder, 55 - 64 Years	32,941	18.6%	37,868	20.6%	4,927	1.9%
< \$10,000	1,013	3.1%	1,000	2.6%	-13	-0.4%
\$10,000-\$19,999	1,280	3.9%	1,226	3.2%	-54	-0.6%
\$20,000-\$29,999	1,771	5.4%	1,565	4.1%	-206	-1.2%
\$30,000-\$39,999	2,124	6.4%	2,109	5.6%	-15	-0.9%
\$40,000-\$49,999	2,528	7.7%	2,359	6.2%	-169	-1.4%
\$50,000-\$59,999	2,515	7.6%	2,907	7.7%	392	0.0%
\$60,000-\$74,999	3,559	10.8%	3,395	9.0%	-164	-1.8%
\$75,000-\$99,999	5,526	16.8%	5,859	15.5%	333	-1.3%
\$100,000-\$124,999	4,449	13.5%	5,242	13.8%	793	0.3%
\$125,000-\$149,999	2,974	9.0%	4,075	10.8%	1,101	1.7%
\$150,000-\$199,999	2,621	8.0%	4,070	10.7%	1,449	2.8%
\$200,000 +	2,581	7.8%	4,061	10.7%	1,480	2.9%
Median Income	\$84,372		\$95,653		\$11,281	
Householder, 65 - 74 Years	18,791	10.6%	23,066	12.5%	4,275	1.9%
< \$10,000	875	4.7%	972	4.2%	97	-0.4%
\$10,000-\$19,999	1,622	8.6%	1,754	7.6%	132	-1.0%
\$20,000-\$29,999	1,785	9.5%	1,785	7.7%	0	-1.8%
\$30,000-\$39,999	1,788	9.5%	1,999	8.7%	211	-0.8%
\$40,000-\$49,999	1,792	9.5%	1,898	8.2%	106	-1.3%
\$50,000-\$59,999	1,501	8.0%	1,951	8.5%	450	0.5%
\$60,000-\$74,999	1,963	10.4%	2,118	9.2%	155	-1.3%
\$75,000-\$99,999	2,597	13.8%	3,113	13.5%	516	-0.3%
\$100,000-\$124,999	1,791	9.5%	2,385	10.3%	594	0.8%
\$125,000-\$149,999	1,113	5.9%	1,717	7.4%	604	1.5%
\$150,000-\$199,999	999	5.3%	1,709	7.4%	710	2.1%
\$200,000 +	965	5.1%	1,665	7.2%	700	2.1%
Median Income	\$63,418		\$72,378		\$8,960	

Income By Age Update: 2008/2013

Smith Crossing
30-Minute Market Area

Scan/US, Inc.
08/13/2009

	2008 Estimates		2013 Projections		2008-2013 Change	
Total Households	176,830		184,146		7,316	
Householder, 75+ Years	15,002	8.5%	15,224	8.3%	222	-0.2%
< \$10,000	1,012	6.7%	949	6.3%	-63	-0.4%
\$10,000-\$19,999	2,036	13.6%	1,841	12.3%	-195	-1.3%
\$20,000-\$29,999	1,883	12.6%	1,555	10.4%	-328	-2.2%
\$30,000-\$39,999	1,512	10.1%	1,460	9.7%	-52	-0.3%
\$40,000-\$49,999	1,288	8.6%	1,141	7.6%	-147	-1.0%
\$50,000-\$59,999	1,044	7.0%	1,168	7.8%	124	0.8%
\$60,000-\$74,999	1,342	8.9%	1,201	8.0%	-141	-0.9%
\$75,000-\$99,999	1,723	11.5%	1,767	11.8%	44	0.3%
\$100,000-\$124,999	1,172	7.8%	1,316	8.8%	144	1.0%
\$125,000-\$149,999	717	4.8%	946	6.3%	229	1.5%
\$150,000-\$199,999	654	4.4%	951	6.3%	297	2.0%
\$200,000 +	619	4.1%	929	6.2%	310	2.1%
Median Income	\$52,494		\$61,005		\$8,511	

Demographic Trends: 2000/2008/2013

Smith Crossing
30-Minute Market Area

Scan/US, Inc.
08/13/2009

	2000 Census		2008 Estimates		2013 Projections	
Population	468,177		535,227		570,207	
In Households	461,039	98.5%	528,330	98.7%	563,443	98.8%
In Families	408,499	87.3%	478,464	89.4%	513,894	90.1%
In Non-family Households	52,540	11.2%	49,866	9.3%	49,549	8.7%
In Group Quarters	7,138	1.5%	6,897	1.3%	6,764	1.2%
Race:						
White	351,218	75.0%	358,282	66.9%	352,915	61.9%
Black	89,123	19.0%	104,641	19.6%	111,181	19.5%
American Indian	696	0.1%	462	0.1%	320	0.1%
Asian	7,883	1.7%	18,223	3.4%	26,401	4.6%
Pacific Islander	99	0.0%	319	0.1%	482	0.1%
Other/Multi-Racial	19,158	4.1%	53,300	10.0%	78,908	13.8%
Hispanic Population	31,339	6.7%	64,737	12.1%	85,340	15.0%
Labor Force: Pop, 16+ Years	351,593	75.1%	411,227	76.8%	444,564	78.0%
In Armed Forces	67	0.0%	23	0.0%	24	0.0%
Employed	224,789	63.9%	265,151	64.5%	286,398	64.4%
Unemployed	11,328	3.2%	17,717	4.3%	19,128	4.3%
Not In Labor Force	115,409	32.8%	128,336	31.2%	139,014	31.3%
Education: Pop, 25+ Years	297,867	63.6%	345,379	64.5%	374,286	65.6%
No HS Diploma	38,582	13.0%	35,440	10.3%	32,791	8.8%
HS Graduate	86,658	29.1%	103,292	29.9%	112,978	30.2%
College, No Degree	76,092	25.5%	73,897	21.4%	71,718	19.2%
Associate Degree	21,260	7.1%	30,824	8.9%	37,319	10.0%
College Degree	48,860	16.4%	63,675	18.4%	73,159	19.5%
Graduate/Professional Degree	26,415	8.9%	38,251	11.1%	46,321	12.4%
Households	161,480		176,830		184,146	
Families	123,189	76.3%	131,944	74.6%	135,676	73.7%
With Children	66,233	41.0%	69,831	39.5%	71,276	38.7%
Non-Families	38,291	23.7%	44,886	25.4%	48,470	26.3%
With Children	497	0.3%	439	0.2%	382	0.2%
Average Size:						
Household	2.9		3.0		3.1	
Family	3.3		3.6		3.8	
Non-Family	1.4		1.1		1.0	
Households by Persons:						
1	32,817	20.3%	39,273	22.2%	42,806	23.2%
2	47,991	29.7%	42,796	24.2%	39,005	21.2%
3+	80,672	50.0%	94,761	53.6%	102,335	55.6%
Total Housing Units:	167,521		193,849		208,003	
Vacant	6,041	3.6%	17,019	8.8%	23,857	11.5%
Owned	135,846	81.1%	153,291	79.1%	162,014	77.9%
Rented	25,634	15.3%	23,539	12.1%	22,132	10.6%
Vehicles Available	302,014		370,691		411,643	
Average Vehicles/HH	1.9		2.1		2.2	

Demographic Trends: 2000/2008/2013

Smith Crossing
30-Minute Market Area

Scan/US, Inc.
08/13/2009

		2000 Census		2008 Estimates		2013 Projections	
Total Households		161,480		176,830		184,146	
Total Aggregate Income (\$Mill)		\$11,579.6		\$15,116.6		\$17,569.4	
Per Capita Income		\$24,733		\$28,243		\$30,812	
Households	< \$10,000	7,233	4.5%	6,029	3.4%	5,574	3.0%
By	\$10,000 - \$14,999	5,645	3.5%	3,571	2.0%	3,181	1.7%
Income:	\$15,000 - \$19,999	6,021	3.7%	5,037	2.8%	4,603	2.5%
	\$20,000 - \$24,999	7,051	4.4%	5,455	3.1%	4,047	2.2%
	\$25,000 - \$29,999	7,069	4.4%	5,678	3.2%	5,209	2.8%
	\$30,000 - \$34,999	7,902	4.9%	6,427	3.6%	5,750	3.1%
	\$35,000 - \$39,999	8,207	5.1%	6,319	3.6%	5,937	3.2%
	\$40,000 - \$49,999	16,111	10.0%	14,332	8.1%	12,282	6.7%
	\$50,000 - \$59,999	15,894	9.8%	13,997	7.9%	14,855	8.1%
	\$60,000 - \$74,999	22,435	13.9%	20,160	11.4%	17,548	9.5%
	\$75,000 - \$99,999	26,522	16.4%	29,918	16.9%	28,988	15.7%
	\$100,000 - \$124,999	14,627	9.1%	22,528	12.7%	24,438	13.3%
	\$125,000 - \$149,999	6,826	4.2%	14,120	8.0%	17,980	9.8%
	\$150,000 - \$199,999	5,563	3.4%	12,271	6.9%	17,642	9.6%
	\$200,000 - \$249,999	1,675	1.0%	4,187	2.4%	6,531	3.5%
	\$250,000+	2,698	1.7%	6,801	3.8%	9,581	5.2%
Average	Household	\$70,963		\$83,472		\$93,410	
Income:	Family	\$78,708		\$94,148		\$106,112	
	Non-Family	\$41,897		\$52,088		\$57,854	
Median	Household	\$61,168		\$78,526		\$88,617	
Income:	Family	\$69,641		\$88,431		\$102,076	
	Non-Family	\$34,780		\$50,103		\$56,748	
Households	< \$10,000	8,034	5.0%	6,584	3.7%	6,071	3.3%
By	\$10,000 - \$14,999	5,579	3.5%	3,604	2.0%	3,213	1.7%
Disposable	\$15,000 - \$19,999	7,025	4.4%	5,796	3.3%	5,102	2.8%
Income:	\$20,000 - \$24,999	8,673	5.4%	6,851	3.9%	5,450	3.0%
	\$25,000 - \$29,999	9,710	6.0%	7,771	4.4%	7,074	3.8%
	\$30,000 - \$34,999	10,220	6.3%	8,035	4.5%	7,476	4.1%
	\$35,000 - \$39,999	10,652	6.6%	9,139	5.2%	7,856	4.3%
	\$40,000 - \$49,999	21,897	13.6%	19,621	11.1%	19,592	10.6%
	\$50,000 - \$59,999	20,753	12.9%	18,558	10.5%	16,231	8.8%
	\$60,000 - \$74,999	25,392	15.7%	27,588	15.6%	26,552	14.4%
	\$75,000 - \$99,999	18,427	11.4%	29,114	16.5%	31,709	17.2%
	\$100,000 - \$124,999	7,210	4.5%	15,198	8.6%	20,030	10.9%
	\$125,000 - \$149,999	3,328	2.1%	7,561	4.3%	11,045	6.0%
	\$150,000 - \$199,999	2,239	1.4%	5,504	3.1%	8,523	4.6%
	\$200,000 - \$249,999	799	0.5%	2,024	1.1%	2,977	1.6%
	\$250,000+	1,541	1.0%	3,882	2.2%	5,245	2.8%
Disposable Aggregate (\$Mill)		\$9,445.0		\$12,175.9		\$13,979.0	
Disposable Average Income		\$58,490		\$68,857		\$75,913	
Disposable Median Income		\$50,399		\$62,721		\$69,957	

Demographic Trends: 2000/2008/2013

Smith Crossing
30-Minute Market Area

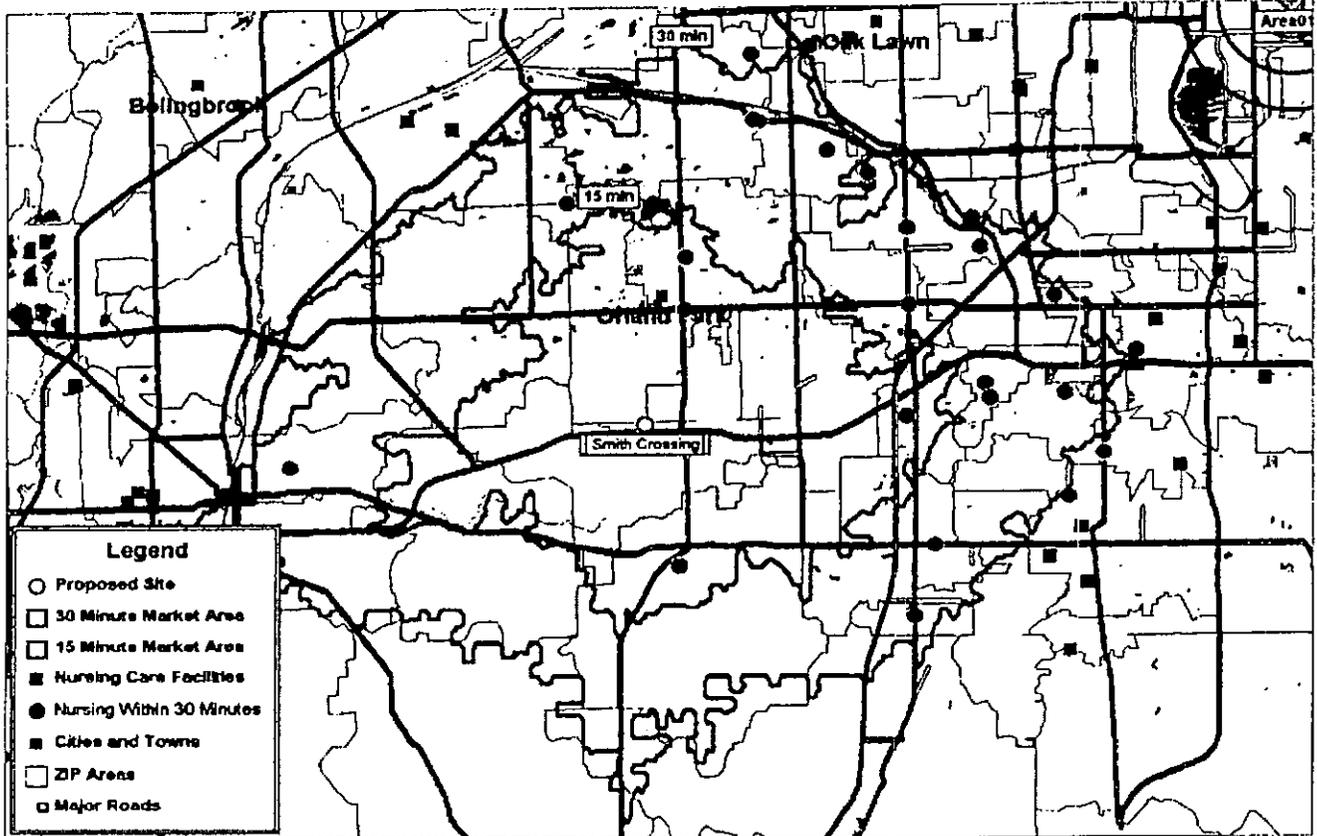
Scan/US, Inc.
08/13/2009

	2000 Census		2008 Estimates		2013 Projections	
Total Population	468,177		535,227		570,207	
< 5 Years	32,417	6.9%	35,863	6.7%	34,921	6.1%
5 - 9 Years	37,878	8.1%	37,938	7.1%	40,268	7.1%
10 - 14 Years	38,615	8.2%	41,481	7.8%	41,695	7.3%
15 - 19 Years	35,369	7.6%	41,336	7.7%	42,119	7.4%
20 - 24 Years	26,031	5.6%	33,230	6.2%	36,918	6.5%
25 - 34 Years	55,904	11.9%	59,995	11.2%	60,634	10.6%
35 - 44 Years	78,814	16.8%	81,225	15.2%	80,677	14.1%
45 - 54 Years	68,837	14.7%	85,369	16.0%	91,170	16.0%
55 - 64 Years	41,739	8.9%	59,864	11.2%	72,064	12.6%
65 - 74 Years	28,393	6.1%	32,326	6.0%	41,470	7.3%
75 - 84 Years	18,652	4.0%	19,392	3.6%	20,819	3.7%
85+ Years	5,528	1.2%	7,208	1.3%	7,452	1.3%
Median Age	36.4		37.6		38.9	
Population, Female	241,398	51.6%	273,691	51.1%	290,214	50.9%
< 5 Years	15,965	6.6%	17,705	6.5%	17,239	5.9%
5 - 9 Years	18,558	7.7%	18,604	6.8%	19,751	6.8%
10 - 14 Years	18,934	7.8%	20,377	7.4%	20,491	7.1%
15 - 19 Years	17,060	7.1%	20,000	7.3%	20,667	7.1%
20 - 24 Years	12,567	5.2%	16,064	5.9%	17,597	6.1%
25 - 34 Years	28,579	11.8%	30,450	11.1%	30,639	10.6%
35 - 44 Years	41,181	17.1%	41,759	15.3%	41,136	14.2%
45 - 54 Years	35,638	14.8%	43,781	16.0%	46,494	16.0%
55 - 64 Years	21,508	8.9%	30,520	11.2%	36,414	12.5%
65 - 74 Years	15,828	6.6%	17,600	6.4%	22,199	7.6%
75 - 84 Years	11,482	4.8%	11,723	4.3%	12,291	4.2%
85+ Years	4,098	1.7%	5,108	1.9%	5,296	1.8%
Median Age (Females)	37.7		38.7		39.9	
Population, Male	226,779	48.4%	261,536	48.9%	279,993	49.1%
< 5 Years	16,452	7.3%	18,158	6.9%	17,682	6.3%
5 - 9 Years	19,320	8.5%	19,334	7.4%	20,517	7.3%
10 - 14 Years	19,681	8.7%	21,104	8.1%	21,204	7.6%
15 - 19 Years	18,309	8.1%	21,336	8.2%	21,452	7.7%
20 - 24 Years	13,464	5.9%	17,166	6.6%	19,321	6.9%
25 - 34 Years	27,325	12.0%	29,545	11.3%	29,995	10.7%
35 - 44 Years	37,633	16.6%	39,466	15.1%	39,541	14.1%
45 - 54 Years	33,199	14.6%	41,588	15.9%	44,676	16.0%
55 - 64 Years	20,231	8.9%	29,344	11.2%	35,650	12.7%
65 - 74 Years	12,565	5.5%	14,726	5.6%	19,271	6.9%
75 - 84 Years	7,170	3.2%	7,669	2.9%	8,528	3.0%
85+ Years	1,430	0.6%	2,100	0.8%	2,156	0.8%
Median Age (Males)	34.9		36.4		37.9	

MapFacts Demographic Trends: 2000/2008/2013

Smith Crossing
30-Minute Market Area

Scan/US, Inc.
08/13/2009



	2000 Census		2008 Estimates		2013 Projections	
Population	468,177		535,227		570,207	
In Households	461,039	98.5%	528,330	98.7%	563,443	98.8%
In Families	408,499	87.3%	478,464	89.4%	513,894	90.1%
In Non-Families	52,540	11.2%	49,866	9.3%	49,549	8.7%
In Group Quarters	7,138	1.5%	6,897	1.3%	6,764	1.2%
Males	226,779		261,536		279,993	
Median Age (Male)	34.9		36.4		37.9	
Females	241,398		273,691		290,214	
Median Age (Female)	37.7		38.7		39.9	
Households	161,480		176,830		184,146	
Families	123,189	76.3%	131,944	74.6%	135,676	73.7%
Non-Families	38,291	23.7%	44,886	25.4%	48,470	26.3%
Average Household Size	2.9		3.0		3.1	
Average Family Size	3.3		3.6		3.8	
Average Non-Family Size	1.4		1.1		1.0	
Average Household Income	\$70,963		\$83,472		\$93,410	
Median Household Income	\$61,168		\$78,526		\$88,617	
Per Capita Income	\$24,733		\$28,243		\$30,812	

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 proposed project being presented has limited alternatives available due to the nature of the project itself. Since the facility is already operating its nursing care unit and is proposing to have its admission restriction lifted, the alternatives appear to be narrow in scope by either **maintaining the status quo, not adding the additional beds as proposed and the project as being submitted.**

MAINTAINING THE STATUS QUO

The facility has been licensed since November 2005. Since there was not an identified need for beds when the application was originally filed in 2002 (02-036), the Applicant was required to address the variance to the State's Computed Bed Need. Presently, the Independent Living units are 98.9% occupied and the Assisted Living units are at 93.7% occupied. However, the residents admitted to the nursing care unit are not for long-term care service but rather for short-term care such as rehabilitation (following hospital surgery) and other short term stays. The average annual reported nursing unit occupancy rate is well below the optimum level of 90% from 2005 through

2005	0.03%
2006	36.5%
2007	74.5%
2008	84.7%

2008 as documented in the Annual Questionnaires reports to the Illinois Department of Public Health (see **ATTACHMENT 12A).**

I Smith Crossing's Annual Utilization

The first nine months of 2009 has shown a declining occupancy rate in the

nursing unit with an average occupancy rate of only 69.9%. This facility has no control over the types of maladies of residents to admit instead it must rely on the healthy residents that may require elective surgery, the onset of a short term illness such as the flu or rehabilitate those residents requiring physical therapy. At the licensed capacity of 30 beds the facility must maintain an average occupancy rate of at least 90% to be financially viable. Thus, the issue is that there are persons seeking nursing care from the Applicant, who the Applicant must turn away, because its admissions are restricted by the CCRC variance even though the State's Inventory of Health Care Facilities and Services and Need Determinations has documented that additional nursing care beds are needed in the Will County Planning Area. It should also be noted that for the Month of June 2009, the Applicant had identified 25 persons seeking nursing services from the Applicant that were turned away for services due to the restrictive CCRC variance.

Cost:

To do nothing means that the Applicant's nursing care unit must be subsidized by the rest of the campus which increases the cost of care for the entire campus. The 90% optimal utilization rate set by the State is not just the target occupancy for any given facility; for the subject facility it is also the breakeven point. According to the Applicant, each bed under the 90% level (27 beds) cost \$5,000 a month in losses. For each month this continues it costs the Applicant \$15,000 or \$180,000 annually. Since the facility has never broken even for any month during its four years of operation, it is imperative that the admission restrictions to the nursing unit be removed and the overall number of nursing beds be increased to a more economic level. Hence, the Applicant is proposing the conversion of 16 existing assisted living beds to nursing care beds in an effort to;

- 1) Address the bed need in the Will County Planning Area
- 2) Serve the demand for health care services in Orland Park
- 3) Reduce the operating cost per bed at Smith Crossing
- 4) Allocate the capital cost of skilled care over a greater number of beds.

Patient Access:

The very nature of a variance, such as the Continuum of Care Retirement Community variance, is to limit patient access to health care services. When this project was presented to the State Board, August 15, 2002, the published inventory was the 1999 Edition of the Inventory of Health Care Facilities and Services and Need Determinations, Volume II. It showed that the area was over bedded by 75 beds. Appended as **ATTACHMENT-12B** is a copy of the Inventory. The 2002 Edition of the Inventory (appended as **ATTACHMENT-12C**) utilized a base year population for Calendar Year 2000. However, the 5-year projection which is used to make estimates of the bed need also utilized Calendar Year 2000 demographics. Therefore, the Inventory showed an excess of 202 to 242 beds. Finally, on January 30, 2006 the 2005 edition of the Inventory (appended as **ATTACHMENT-12D**) was released utilizing 2002 population figures and projected year 2007 demographics. This calculation determined a need for 232 additional nursing beds. The current Inventory (2008 Edition appended as **ATTACHMENT-12E**) documents a need for additional beds with a calculation for 411 additional beds (not including the approved beds for this area). Since it has been in place, other projects have been approved as a result of such a strong need calculation and demographics and the Inventory shows a need for 261 additional nursing care beds.

The two main components of the State's Inventory are the utilization of Planning Area facilities and the demographics of the Planning Area. The current Inventory utilizes Calendar

Year 2005 utilization

figures. However,

the utilization rate for

the Will County

Planning Area has

Year	Planning Area	# of Licensed Nursing Beds	Nursing Patient Days	Nursing Occupancy	Set-up Beds	Set-up Occupancy	ALOS
2005	Will	2,541	733,967	78.9%	2,455	81.7%	283
2006	Will	2,567	753,093	80.2%	2,494	82.5%	234
2007	Will	2,610	767,314	80.3%	2,530	82.9%	203
2008	Will	2,623	785,515	81.8%	2,540	84.5%	205

Source: Illinois Department of Public Health, Illinois Long-Term Care Planning Area Data Summary - 2005, 2006, 2007 & 2008

increased each year. Even with the area's average length of stay days decreasing, the number of patient days and total number of beds increasing, the utilization rates continue to improve. It is also important to note that, consistently, just over 3% of the total number of the identified beds are not set-up and staffed. The resultant use rates from this data have not been factored into current data but it would only increase the State's outstanding need for additional beds.

The second factor of the State's Inventory is the demographics. The State's rule, Section 1100.22 of the 77 Illinois Administrative Code, Chapter II of Sub Chapter A, states that population estimates and population projections as determined by the Department are based upon the Illinois Department of Commerce and Economic Opportunity population projections. A summary of its data is provided in Table II.

Table II

State/ County	Age Group	2005	2010	% Growth	2015	% Growth	05-15 % Growth	2020	% Growth
Will (IDPH Inventory)	All	588,600			725,100		23.2%		
	65+	52,700			83,700		58.8%		
	75+	24,800			32,900		32.7%		
Will	All	610,155	706,639	15.8%	808,846	14.5%	32.6%	907,625	12.2%
	65+	52,012	64,889	24.8%	83,766	29.1%	61.1%	106,222	26.8%
	75+	23,947	27,667	15.5%	32,937	19.0%	37.5%	41,650	26.5%
Illinois	All	12,875,035	13,279,091	3.1%	13,748,695	3.5%	6.8%	14,316,487	4.1%
	65+	1,550,281	1,658,029	7.0%	1,889,689	14.0%	21.9%	2,201,461	16.5%
	75+	943,792	1,022,638	8.4%	1,055,884	3.3%	11.9%	1,126,076	6.6%

Source: Illinois Department of Commerce and Economic Opportunity (web site 2.15.08)

According to the data, there is significant growth for the foreseeable future. However, when looking carefully at the State's Inventory, the base year demographics (2005) does not match the State's Inventory to that of the Department of Commerce and Economic Opportunity. The comparison as shown in Table II reports that the Planning Board's Inventory Demographics have used data that is not consistent with that of the Department of Commerce and Economic Opportunities and the 65 and over and 75 and over age cohorts for the base year appear inflated. This decreases the area use rate of the population statistics that is then applied to the projected populations. For all of the above mentioned reasons, the increasing area use rates, the increasing area population and the rejection of potential community residents identify that there is truly an accessibility issue in the market area and the planning area.

Quality:

Although there are only four nursing care facilities within fifteen minutes travel

time, the issue presented here is about accessibility and not about quality. However, the Applicant can state and continue to offer its commitment to the highest quality in care and in physical plant environment; but this alternative restricts the accessibility of the market area to only those residents already within the Smith Crossing campus setting.

Financial Benefits:

Although this alternative has minimal capital costs associated with it, it does not affect the resultant operational losses of operating such a small and restricted admission nursing unit. The Applicant's financial statements show that the nursing unit has a breakeven point of 27 beds and it has been operating approximately 24 beds. The difference of three beds has created losses of \$5,000 per bed per month which amounts to \$180,000 per year. It should be noted that with such a small unit the Applicant does not have the ability to limit staffing. The same amount of staff is needed for 24 residents as for 30 residents. The economies-of-scale just have never been reached and are difficult to attain with restricted access imposed by the CCRC Variance.

NOT ADDING THE ADDITIONAL BEDS AS PROPOSED

The Alternative of "not adding the additional beds as proposed" limits the proposed project to only the removal of the variance.

Cost:

This alternative has no cost associated with it.

Patient Access:

This alternative improves the accessibility of residents of the Planning or Market area to have unrestricted access to the nursing services of Smith Crossing. The only

issue becomes the limited number of beds (3) to reach the optimal utilization rate of 90%. At a time when the projected population is increasing at such a rate that it appears that the existing capacity will not be able to provide for even the identified need of 261 additional nursing beds.

Quality:

Although there are only four nursing care facilities within fifteen minutes travel time, the issue as presented here is about accessibility and not about quality. However, the Applicant can state and continue to offer its commitment to the highest quality in care and in physical plant environment; but this limitation of only three available beds still restricts the accessibility of the market area when there is a need for 261 additional nursing beds.

Financial Benefits:

The Applicant presumes that the removal of the restrictive admissions requirement will provide significant financial benefits to the nursing unit and the campus as a whole. The Applicant's ability to fill the empty beds that are unused by persons from outside of the campus can make the difference of breaking even or not. It is the Applicant's intent to always give preference to campus residents. The addition of nursing beds will drastically improve the Applicant's economies-of-scale and reduce the breakeven point as a percentage of the whole.

THE PROJECT AS BEING OFFERED

Cost:

The total cost of this project is \$240,000 which equates to \$15,000 per bed. This includes the addition of 16 nursing care beds. The Department has a norm for the cost

per square foot that is in the neighborhood of \$200 (construction plus contingency line items). The existing unit that the Applicant is proposing to convert from assisted living into nursing is 14,289 square feet. To build this new could cost over \$2.8 million at this rate.

Patient Access:

This alternative not only removes the current admission restriction from the existing nursing care beds but it adds a minimal number of beds to improve the accessibility issue as identified by the outstanding need for 261 additional nursing care beds in the Will County Planning Area.

Quality:

The Applicant believes that the issue as presented is about accessibility and not about quality. Furthermore, the Applicant states that it is committed to providing the highest quality in care and in physical plant environment for its residents. However, this project will not fully address the large outstanding need for nursing beds in Will County. Upon completion of this project, the need for additional beds will still be at 245 nursing care beds. It is the Applicant's philosophy to remain small and intimate thus providing the personalization of quality care. There are 39 existing nursing care facilities within the 30-minute travel time (refer to **ATTACHMENT -12F** for the travel time and distance chart). These facilities comprise 7,455 nursing beds. This means that the average nursing home in the area has around 191 beds. Approximately half of the facilities have 150 or more beds and only five facilities have less than 50 beds. It is the Applicant's contention that approximately 90% of these facilities are too large and create a more institutional environment.

Financial Benefits:

With the removal of the variance, the Applicant expects to reach and exceed their breakeven point on the nursing unit. Furthermore, with minimal investment of \$15,000 per bed (resulting in the 16 new beds) the Applicant is increasing its economies-of-scale. This project is being proposed to erase the losses of \$180,000 per year and allow the nursing component of the project to be freestanding financially or to modestly help offset the ever increasing cost of long-term care.

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

This Applicant contends that the need for the project is derived from accessibility issues and makes no claims on existing providers providing a lesser quality of care. Therefore, this item is not germane.

2003 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES

Reference Numbers 009 197 197 6016519
 SMITH CROSSING
 10301 FAULKE
 ONLOND PARK, IL 60467
 Administrator
 Kevin McGee
 Contact Person and Telephone
 Kevin McGee
 708-325-2326
 Registered Agent Information
 CHOMWIZ, RICHMAS E.
 500 WEST MADISON ST., STE 3710
 CHICAGO, IL 60661

ADMISSION RESTRICTIONS
 Chronic Atrolabium
 Developmentally Disabled
 Drug Addiction
 Medicaid Recipient
 Medicare Recipient
 Mental Illness
 Non-Amputation
 Non-Mobile
 Public Aid Recipient
 Under 65 Years Old
 Unable to Self-Medicate
 Other Restrictions
 No Restrictions

DIAGNOSIS BY PRIMARY DIAGNOSIS
 0 Neoplasms
 1 Endocrine/Metabolic
 1 Blood Disorders
 0 Nervous System
 0 Alzheimer Disease
 0 Mental Illness
 0 Developmental Disability
 0 Circulatory System
 0 Respiratory System
 0 Digestive System
 0 Genitourinary System Disorders
 0 Skin Disorders
 0 Musculoskeletal Disorders
 1 Injuries and Poisonings
 3 Other Medical Conditions
 0 Non-Medical Conditions
 4 TOTALS

RECEIVED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS
 LICENSED BEDS 30
 LEVEL OF CARE: Nursing Care 30, Skilled Under 22 0, Intermediate PD 0, Sheltered Care 0, TOTAL BEDS 30

PEAK
 LEVEL OF CARE: Nursing Care 30, Skilled Under 22 0, Intermediate PD 0, Sheltered Care 0, TOTAL BEDS 30

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	Nursing Care		Skilled Under 22		Intermediate PD		Sheltered Care		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	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0
75 to 84	2	0	0	0	0	0	0	0	2	0
85 Over	2	0	0	0	0	0	0	0	2	0
TOTALS	2	0	0	0	0	0	0	0	2	0

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled 22	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Hispanic	4	0	0	0	4
Non Hispanic	0	0	0	0	0
Unknown	0	0	0	0	0
Total	4	0	0	0	4

ETHNICITY
 Hispanic 4, Non Hispanic 0, Unknown 0, Total 4

ADMISSIONS AND DISCHARGES - 2005
 A. Residents on January 1, 2005 0
 B. Total Admissions 2005 6
 C. Total Discharges 2005 2
 D. Residents on December 31, 2005 4

AVERAGE DAILY PAYMENT RATES
 LEVEL OF CARE: Nursing Care 249, Skilled Under 22 0, Intermediate PD 0, Sheltered 0

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE - DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public Insurance		Private Pay		Charity		TOTALS	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	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	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	2	0	0	0	2	0
85 Over	0	0	0	0	0	0	2	0	0	0	2	0
TOTALS	0	0	0	0	0	0	2	0	0	0	2	0

STAFFING EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.40
LPN's	2.80
Certified Aides	8.40
Other Health Staff	0.00
Non-Health Staff	4.80
TOTALS	19.40

PATIENT DAYS BY PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity	TOTAL
Nursing	0	0	0	0	0	0
Skilled 22	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE - DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public Insurance		Private Pay		Charity		TOTALS	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	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	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	2	0	0	0	2	0
85 Over	0	0	0	0	0	0	2	0	0	0	2	0
TOTALS	0	0	0	0	0	0	2	0	0	0	2	0

ADMISSIONS AND DISCHARGES - 2005
 A. Residents on January 1, 2005 0
 B. Total Admissions 2005 6
 C. Total Discharges 2005 2
 D. Residents on December 31, 2005 4

AVERAGE DAILY PAYMENT RATES
 LEVEL OF CARE: Nursing Care 249, Skilled Under 22 0, Intermediate PD 0, Sheltered 0

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled 22	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Hispanic	4	0	0	0	4
Non Hispanic	0	0	0	0	0
Unknown	0	0	0	0	0
Total	4	0	0	0	4

ETHNICITY
 Hispanic 4, Non Hispanic 0, Unknown 0, Total 4

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE - DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public Insurance		Private Pay		Charity		TOTALS	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	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	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	2	0	0	0	2	0
85 Over	0	0	0	0	0	0	2	0	0	0	2	0
TOTALS	0	0	0	0	0	0	2	0	0	0	2	0

STAFFING EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.40
LPN's	2.80
Certified Aides	8.40
Other Health Staff	0.00
Non-Health Staff	4.80
TOTALS	19.40



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

SMITH CROSSING
10501 EMILIE
ORLAND PARK, IL 60467
Reference Numbers Facility ID 6015059
Health Service Area 009 Plating Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Work-Rel	Public	Insurance	Private	Charity	Case	TOTALS
Nursing Care	0	2	0	0	20	0	0	22
Skilled Under 22	0	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0
TOTALS	0	2	0	0	20	0	0	22

RESIDENTS BY RACIETHNICITY GROUPING

RACE	Nursing	Subnursing	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	20	0	0	0	20
Race Unknown	0	0	0	0	0
Total	20	0	0	0	20

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.50
LPNs	4.60
Certified Nurses	26.40
Other Health Staff	1.00
Non Health Staff	59.50
Total	96.00

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

SMITH CROSSING
10501 EMILIE
ORLAND PARK, IL 60467
Reference Numbers Facility ID 6015059
Health Service Area 009 Plating Service Area 197

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Asthma	1
Endocrine/Metabolic	0
Blood Disorders	0
Nervous System	4
Abnormal Cholesterol	0
Heart Disease	0
Developmental Disability	0
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Fractures	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	20

ADMISSIONS AND DISCHARGES - 2008

Category	Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
Nursing Care	4	34	34	4
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTAL BEDS	4	34	34	4

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

LEVEL OF CARE	PEAK BEDS	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	30	21	10	0
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTAL BEDS	30	21	10	0

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other	TOTAL	Licensed Beds	Occ. Pct.	Peak Beds Set Up	Occ. Pct.
Nursing Care	0	0	0	0	30	30.5%	30	30.5%
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%
TOTALS	0	0	0	0	30	30.5%	30	30.5%

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

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Skilled Care	Male	Female	TOTAL	Male	Female	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	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	2	1	1	2
75 to 84	1	7	0	0	0	0	8	1	7	8
85+	2	6	0	0	0	0	8	2	6	8
TOTALS	4	14	0	0	0	0	18	4	14	18

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 SMITH CROSSING ORLAND PARK

SMITH CROSSING
10501 EMILIE LAKE
ORLAND PARK, IL 60467
Reference Numbers Facility ID 8016059
Health Service Area 009 Parenting Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medical	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	0	0	0	19	0	24
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	5	0	0	0	19	0	24

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled/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/Pac. Is.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	24	0	0	0	24

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medical	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
28.9%	0.0%	0.0%	0.0%	73.1%	11.1%	
457,235	0	0	0	1,244,349	183,584	
TOTALS	100.0%	1,701,561	1,701,561			

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2007 SMITH CROSSING ORLAND PARK

SMITH CROSSING
10501 EMILIE LAKE
ORLAND PARK, IL 60467
Reference Numbers Facility ID 8016059
Health Service Area 009 Parenting Service Area 197

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Aggravated/Alc. Intox.	1
Chronic Alcoholism	1
Developmentally Disabled	2
Drug Addiction	1
Medicaid Recipient	0
Medical Recipient	0
Mental Illness	1
Non-ambulatory	0
Non-Nursable	10
Circulatory System	1
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	24

ADMISSIONS AND DISCHARGES - 2007

LEVEL OF CARE	PEAK BEDS	BEDS IN USE	MEDICARE/MEDICAID CERTIFIED BEDS	ADMISSIONS	DISCHARGES
Nursing Care	30	29	30	16	120
Skilled Under 22	0	0	0	0	120
Intermediate DD	0	0	0	0	115
Sheltered Care	0	0	0	0	24
TOTAL BEDS	30	29	30	16	279

FACILITY UTILIZATION - 2007

LEVEL OF CARE	Medicare	Medical	Other Public	Private Insurance	Private Pay	Charity Care
Nursing Care	1928	0	0	0	0	0
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	1928	0	0	0	0	0

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

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 74	0	0	0	0	0
75 to 84	3	0	0	0	3
85+	3	10	0	0	13
TOTALS	7	17	0	0	24

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled/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/Pac. Is.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	24	0	0	0	24

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medical	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
28.9%	0.0%	0.0%	0.0%	73.1%	11.1%	
457,235	0	0	0	1,244,349	183,584	
TOTALS	100.0%	1,701,561	1,701,561			

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS
 General Long-Term Care Nursing Care Facilities

General Long-Term Care Nursing Care Beds, Bed Need and Additional Need or Excess
 by Long-Term Care Planning Area
 Health Service Area 9

PLANNING AREA CATEGORY OF SERVICE	EXISTING BEDS	TOTAL BEDS NEEDED	ADDITIONAL NEED OR (EXCESS BEDS)
Grundy County			
Nursing Care	289 307	307	18 0
Sheltered Care	58		
Kankakee County			
Nursing Care	1,509 1,549	1,046	(463) (503)
Sheltered Care	166 139		
Kendall County			
Nursing Care	178	204	26
Sheltered Care	0		
Will County			
Nursing Care	2,533 2,505	2,458	(75) (47)
Sheltered Care	159 127		
Health Service Area 9 Total			
Nursing Care	4,309 4,530	4,015	(494) (524)
Sheltered Care	281 324		

HEALTH SERVICE AREA: 9 PLANNING AREA: Will County

FACILITY NAME Hospital Licensed Long-Term Care Licensed	CITY (County)	NURSING CARE		SHELTERED CARE	
		BEDS	1997 PATIENT DAYS	BEDS	1997 PATIENT DAYS
① ST. JOSEPH MEDICAL CENTER Long-Term Care Licensed	JOLIET (Will)	35-35=0	8,430		
② ANCHORAGE OF BEECHER	BEECHER (Will)	96+10=106-10=96	33,288	+40	
③ MEADOWBROOK MANOR	BOLINGBROOK (Will)	288+10=298	90,261		
③ ST. JAMES MANOR & VILLA	CRETE (Will)	110	33,951		
		PERMIT renewed 8/13/99			
FRANKFORT TERRACE	FRANKFORT (Will)	120	38,416		
DEERBROOK CARE CENTRE	JOLIET (Will)	217-3=214	70,764		
GLENWOOD CARE CENTER	JOLIET (Will)	203	61,660		
HILLCREST HEALTHCARE CENTER	JOLIET (Will)	168	52,862		
JOLIET TERRACE	JOLIET (Will)	120	43,435		
OUR LADY OF ANGELS RET HOME	JOLIET (Will)	50	18,026		16,046
④ PROVENA VILLA FRANCISCAN	JOLIET (Will)	176	60,273	50	
ROSEWOOD CARE CENTER	JOLIET (Will)	120	36,035		
⑤ SALEM VILLAGE NURSING & REHAB SUNNY HILL NURSING HOME	JOLIET (Will)	266	80,693	6	
⑥ PEOTONE SENIOR LIVING CENTER	PEOTONE (Will)	300	101,156		
LAKESWOOD CENTER	PLAINFIELD (Will)	50	15,697	30=30=0	10,100
⑦ EMBASSY CARE CENTER INC	WILMINGTON (Will)	43			
PLANNING AREA TOTALS		171	47,538	157	26,146
		2,533	2,505	792,483	

1 P-95-012 04/06/95 Received permit to establish 35 bed skilled care unit. Proj. comp. 6-01-2000.
 2 P-95-012 02/20/97 Completed project to establish a 35 bed long-term care unit.
 2 Bed Change 07/16/98 added 10 nursing care beds, total is now 288 nursing care beds.
 3 P-96-055 -- 03/06/97 Received permit to establish 71 sheltered care beds.
 4 Name Change 07/07/98 name changed from Villa Franciscan.
 5 Bed Change 04/21/98 discontinued 16 nursing care beds, total now 266 nursing care beds and 6 sheltered care beds.
 Name Change 08/31/98 name changed from Salem Village.
 6 P-94-130 01/13/95 Received permit to add 43 skilled care beds.
 Name Change 02/04/98 name changed from Lakewood N. & Rehab Center. 10/26/99
 7 Bed Change 08/15/97 correction of licensed nursing care beds, decreased by 25 beds, total now 171 nursing care beds.
 ② Added 100 beds, total now 271 nursing care beds. 12/09/1999
 ③ Facility closed as of 4-02-2001. Project completed as of 5-16-2001.

HEALTH SERVICE AREA: 9 PLANNING AREA: Will County

AGE GROUPS	PLANNING AREA POPULATION 1997 ESTIMATE	2002 PROJECTION	MINIMUM USE RATES	AREA USE RATES	MAXIMUM USE RATES	PLANNED PATIENT DAYS	TOTAL BEDS NEEDED	EXISTING BEDS	BEDS NEEDED (BED EXCESS)
0-64 Years	409.3	459.2	328	348	875	348			
65-74 Years	21.3	19.1	2,884	4,212	7,691	4,212			
75 Years +	16.6	16.8	20,206	33,746	53,882	33,746	807,339	2,458	2,533 (75)

③ Licensed 71 sheltered care beds, total now 110 nursing care beds at 71 sheltered care beds, 1/2/09/99.

① Permit issued to discontinue their 25 nursing care beds service. Project completed, 06-01-2000.

Archorage of Beecher → permit issued to construct a 40 s.c. beds + 10 nsg. care beds. additional total now 100 nsg. care beds + 40 s.c. beds. 8/24/2000

Restone S.L. Center → permit issued to die the 30 bed s.c. facility. 8/24/2000

Archorage of Beecher → Project abandoned to add 10 nursing care beds + 40 sheltered care beds. total now 100 nsg. care beds. 12/17/01

Deerbrook Care Centre → discontinued 3 nsg. care beds. total now 214 nsg. care beds. 3/19/02

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Nursing Care Facilities

**General Long-Term Care Nursing Care Beds, Bed Need and Additional Need or Excess
 by Long-Term Care Planning Area
 Health Service Area 9**

PLANNING AREA CATEGORY OF SERVICE	EXISTING BEDS	TOTAL BEDS NEEDED	ADDITIONAL NEED OR (EXCESS BEDS)
* Grundy County Nursing Care	307	304	(3)
Sheltered Care	58		(45)
Kankakee County Nursing Care	1,549	1,220	(329)
Sheltered Care	127		
Kendall County Nursing Care	178	211	33
Sheltered Care	0		
Will County Nursing Care	2,505	2,303	(202)
Sheltered Care	27		(242)
Health Service Area 9 Total Nursing Care	4,539	4,038	(501)
Sheltered Care	312		(493)

FACILITY NAME: Long-Term Care Licensed	NURSING CARE		SHELTERED CARE	
	BEDS	2000 PATIENT DAYS	BEDS	2000 PATIENT DAYS
ANCHORAGE OF BEECHER	96	34,151		
MEADOWBROOK MANOR	298	91,581		
ST. JAMES MANOR & VILLA	110	30,629		
FRANKFORT TERRACE	120	41,223	71	13,755
DEERBROOK CARE CENTRE	214	62,753		
GLENWOOD CARE CENTER	203	53,126		
HILLCREST HEALTHCARE CENTER	168	47,496		
JOLIET TERRACE	120	41,250		
OUR LADY OF ANGELS RET HOME	50	17,922	50	15,165
PROVENA VILLA FRANCISCAN	176	57,451		
ROSEWOOD CARE CENTER	120	37,472		
SALEM VILLAGE NURSING & REHAB	266	79,847	6	
SUNNY HILL SKILLED REHAB CTR	300	91,603		
PEOTONE SENIOR LIVING CENTER				
LAKWOOD REHAB CENTER				
EMBASSY CARE CENTER INC				
PLANNING AREA TOTALS				
1 P-99-138	08/24/00	Permit issued to add 40 sheltered care and 10 nursing care beds, total now 106 nursing care beds and 40 sheltered care beds.	3,505	2,545
P-99-138	12/17/01	Project abandoned to add 10 nursing care beds and 40 sheltered care beds, total now 96 nursing care beds.		
2 Red Change	12/01/00	Added 10 nursing care beds, total now 298 nursing care beds.		
3 Name Change	07/02/01	Name changed from St. James Manor. Dist. 71		
4 Red Change	03/19/02	Discontinued 3 nursing care beds, total now 214 nursing care beds.		
5 P-00-032	08/24/00	Permit issued to discontinue 30-bed sheltered care facility.		
			93+6 = 9944 = 103	5,506
			171	42,783
			3,505 - 2,545	756,443
				127 56
				34,426

AGE GROUPS	PLANNING AREA POPULATION	MINIMUM USE RATES	AREA USE RATES	MAXIMUM USE RATES	PLANNED PATIENT DAYS	TOTAL BEDS NEEDED	EXISTING BEDS	BEDS NEEDED (BED EXCESS)
0-64 Years	466.1	249	272	664	756,443	2,303	2,545	(242)
65-74 Years	23.0	2,986	4,328	7,963				
75 Years +	19.1	18,794	27,744	50,117				
					756,443	2,303	2,545	(242)

10/28/02
 110 nsg. care beds.
 total now 214 nursing care beds.
 8/15/02
 9-1-04; Need of nsg. care beds, total
 now 103 nsg. care beds. @ 11/15/05

Inventory of Health Care Facilities and Services and Need Determinations
 State Summary of General Long-Term Nursing Care Beds, Bed Need and
 Additional Beds Needed/Excess Beds - Health Service Area 9

PLANNING AREA Category of Service	EXISTING BEDS	PROJECTED BEDS NEEDED	ADDITIONAL NEED/ (EXCESS BEDS)
Grundy County Nursing Care Sheltered Care	306 259 58 24	300	(6) 41
Kankakee County Nursing Care Sheltered Care	1,549 1,368 127	1,349	(200) (19)
Kendall County Nursing Care Sheltered Care	178 0	210	32
Will County Nursing Care Sheltered Care	2,545 2,644 56	2,777	232 133
HSA 9 TOTALS Nursing Care Sheltered Care	4,578 4,441 244 207	4,636	58 187

P-06-031

- ① licensed 22 permit beds, permit estimates to beds to license. 10/23/06
- ② licensed 37 nursing care permit beds. 8-17-07

Inventory of Health Care Facilities and Services and Need Determinations
 State Summary of General Long-Term Nursing Care Beds, Bed Need and
 Additional Beds Needed/Excess Beds - Health Service Area 9

PLANNING AREA Category of Service	EXISTING BEDS	PROJECTED BEDS NEEDED	ADDITIONAL NEED/ (EXCESS BEDS)
Grundy County Nursing Care Sheltered Care	259 24	239	(20)
Kankakee County Nursing Care Sheltered Care	1,368 79	1,259	(109)
Kendall County Nursing Care Sheltered Care	178 185 0	213	35 28
Will County Nursing Care Sheltered Care	2,794 2,644 56	3,055	411 261
HSA 9 TOTALS Nursing Care Sheltered Care	4,606 4,419 159	4,766	317 160

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

Planning Area: Will

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			Beds	2005 Patient Days	Beds	2005 Patient Days
BEECHER MANOR NURSING & REHAB CTR	BEECHER	Will County	96	28,802	0	0
2/7/2006 Name Change from "Anchorage of Beecher".						
BEECHER MANOR NURSING & REHAB CTR (PERMIT)	BEECHER	Will County	34		0	
10/24/2006 06-051 Permit issued to construct an addition to existing facility and to increase Nursing Care beds by 34 beds to a total of 130. Licensed 13 permit nursing care beds on 2/15/09.						
DEARBROOK CARE CENTRE	JOLIET	Will County	214	61,947	0	0
EMBASSY HEALTH CARE CENTER INC	WILMINGTON	Will County	171	32,965	0	0
12/14/2006 Name Change from Embassy Care Center, Inc.						
FRANKFORT TERRACE	FRANKFORT	Will County	120	41,378	0	0
WILKINSON CARE CENTER	JOLIET	Will County	203	49,993	0	0
GREENWOOD CARE CENTER	JOLIET	Will County	168	51,532	0	0
HILLCREST HEALTHCARE CENTER	JOLIET	Will County	120	39,588	0	0
JOLIET TERRACE	PLAINFIELD	Will County	125	34,749	0	0
LAKELAND NURSING & REHAB CENTER	PLAINFIELD	Will County				
Formerly "Lakewood Center".						
9/12/2006 06-031 Permit issued to add 28 nursing care beds to an existing facility; total nursing care beds will be 131.						
LAKELAND NURSING & REHAB CENTER (Permit)	PLAINFIELD	Will County	6		0	
10/23/2006 06-031 Licensed 22 of 28 beds allowed under permit 06-031. Permit allows 6 additional beds.						
MEADOWBROOK MANOR	ROLINGBROOK	Will County	298	97,256	0	0
OUR LADY OF ANGELS RETIREMENT HOME	JOLIET	Will County	50	16,858	50	14,311
OUR LADY OF ANGELS RETIREMENT HOME (PERMIT)	JOLIET	Will County	37		0	
3/15/2006 05-059 Permit issued to add 37 nursing care beds to existing facility. Facility will have 87 nursing and 50 sheltered care beds.						
PROVENA VILLA FRANCISCAN	JOLIET	Will County	176	57,653	0	0
ROSEWOOD CARE CENTER	JOLIET	Will County	120	36,383	0	0
SALEM VILLAGE NURSING & REHAB	JOLIET	Will County	266	76,653	6	0
SMITH CROSSING	ORLAND PARK	Will County	30	140	0	0
10/18/2005 02-036 Completed project to construct a 30 nursing care bed facility; facility licensed for operation..						
ST. JAMES MANOR & VILLA (closed care) 3 beds	CRETE					
SUNNY HILL NURSING HOME WILL COUNTY	JOLIET	Will County	110	31,166	0	0
1/10/2006 Name Change Formerly Sunny Hill Skilled Rehabilitation Center.						
ALDEN ESTATES OF SHOREWOOD	SHOREWOOD	Will County	+100			
P-07-10A rec'd permit on 4/18/08 to establish a 100 bed nsg care facility.						
VICTORIAN VILLAGE	HOMER GLEN	Will County	+50			
P-08-08A issued to establish a 50 bed nsg care facility 9/10/08.						

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

Planning Area: Will

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			2005 Patient Days	Beds	2005 Patient Days	Beds
Health Service Area: 009						
			Planning Area Totals	2,644	733,967	56
			2,794			
AGE GROUPS	2005 HSA Estimated Population	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates			
0-64 Years Old	787,900	242.4	646.3			
65-74 Years Old	40,400	2,237.4	5,966.5			
75+ Years Old	37,800	12,921.8	34,458.2			
2005 PSA Estimated Populations	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)
0-64 Years Old	301.5	242.4	725,100	218,640	2,749.9	3,055
65-74 Years Old	3,396.1	2,237.4	50,800	172,522		
75+ Years Old	18,618.3	12,921.8	32,900	612,544		
2005 PSA Patient Days	2005 PSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)
177,481	301.5	242.4	646.3	1,003,705	2,749.9	3,055
94,751	3,396.1	2,237.4	5,966.5			
461,735	18,618.3	12,921.8	34,458.2			
Planning Area Totals						
			1,003,705	2,749.9	3,055	444-261

Travel Time and Distance Chart

FACID	Facility Name	Address	City	Zip	# of Licensed Nursing Beds	Drive Distance	Actual Drive Time (Minutes)	Adjustment Rate 77 IAC 1100.510(d)	Travel Time Adjusted 77 IAC 1100.510(d)
6016059	Smith Crossing	10501 Emilia Ln	Mokena	60467	30				
6014922	Aigen-Orland Park Rehab & Hcc	16450 South 97th Avenue	Orland Park	60462	200	3.66	7	1.15	8.05
6014682	Lexington Health Care Center	14601 S. John Humphrey Drive	Orland Park	60462-0000	278	6	10	1.15	11.5
6003297	Frankfort Terrace	40 North Smith Street	Frankfort	60423-0000	120	6.55	11	1.15	12.65
NP	Victorian Village	12565 West Renaissance Circle	Homer Glen		50	7.98	14	1.15	16.1
6004550	Holy Family Villa	Will Cook Rd	Lemont	60439-0000	99	9.83	15	1.15	17.25
6005904	McAllister Nursing & Rehab	18300 Lavergne Ave	Country Club Hills	60478	111	9.95	15	1.15	17.25
6011720	Advocate South Suburban Hospital	17800 South Kedzie Avenue	Hazel Crest	60429-0000	41	12.94	17	1.15	19.55
6004741	Imperial Of Hazel Crest	3300 West 175th Street	Hazel Crest	60429-0000	199	12.69	17	1.15	19.55
6006753	Oak Forest Hospital	15900 South Cicero Avenue	Oak Forest	60452-0000	10	12.52	17	1.15	19.55
6002604	Hilcrest Healthcare Center	777 Draper	Joliet	60432-0000	168	10.98	18	1.15	20.7
6000467	Applewood Nrsng & Rehab Center	21020 Kostner Avenue	Matteson	80443-0000	115	14.07	19	1.15	21.85
6010912	Manorcare of Palos Heights East	7850 West College Drive	Palos Heights	60463-0000	174	10.59	19	1.15	21.85
6014534	Manorcare of Palos Heights West	11860 Southwest Highway	Palos Heights	60463-0000	130	10.47	19	1.15	21.85
6009252	Sunny Hill Nursing Home Will County	421 Doris Avenue	Joliet	60433-0000	300	15.34	19	1.15	21.85
6007918	Glenshire Nsg & Rehab Centre	22660 South Cicero Avenue	Richard Park	60471-0000	294	15.52	20	1.15	23
6006338	Salem Village Nursing & Rehab	1314 Rowell Avenue	Joliet	60433-0000	266	15.2	20	1.15	23
6002273	Crestwood Terrace	13301 South Central Ave	Midlothian	60445-0000	126	12.5	21	1.15	24.15
6004139	Heather Healthcare Center	15600 Horore Ave	Harvey	60426-0000	173	15.34	21	1.15	24.15
6014492	Lemont Nrsng & Rehab Center	12450 Walker Rd	Lemont	60439-0000	158	12.8	21	1.15	24.15
6012811	Manorcare of Homewood	940 Maple Avenue	Homewood	60430-0000	120	15.77	21	1.15	24.15
6001077	Plaza Nursing & Rehab Center	3249 West 147 Street	Midlothian	60445-0000	81	15.47	21	1.15	24.15
6010086	Palos Hill Extended Care	14255 South Cicero Ave	Midlothian	60445-0000	303	14.65	22	1.15	25.3
6007934	Ridgeland Nrsng & Rehab Center	10426 South Roberts	Palos Hills	60465-0000	179	13.14	22	1.15	25.3
6006084	South Suburban Rehab Center	12550 South Ridgeland Avenue	Palos Heights	60463-0000	101	12.45	22	1.15	25.3
6001697	Chicago Ridge Nursing Center	19000 Halsted Street	Homewood	60430-0000	259	16.2	21	1.25	26.25
6002463	Deerbrook Care Centre	10602 Southwest Highway	Chicago Ridge	60415-0000	231	12.56	23	1.15	26.45
6004964	Joliet Terrace	306 North Larkin Avenue	Joliet	60435-0000	214	18.52	23	1.15	26.45
6005623	Lydia Healthcare	2230 McDonough	Joliet	60436-0000	120	18.27	23	1.15	26.45
6004786	Fairview Care Center of Joliet	13901 South Lydia	Robbins	60472-0000	412	15.71	23	1.15	26.45
6012413	Franciscan Village	222 North Hammes	Joliet	60435-0000	203	18.73	24	1.15	27.6
6004352	Hickory Nursing Pavilion	1270 Franciscan Drive	Lemont	60439-0000	127	14.72	24	1.15	27.6
6011748	Prairie Manor Nsg & Rehab Cir	9246 South Roberts Road	Hickory Hills	60457-0000	74	14.43	24	1.15	27.6
6012678	Provana Villa Franciscan	345 Dixie Highway	Chicago Heights	60411-0000	148	16.22	24	1.15	27.6
6007843	Rest Haven Central	210 North Springfield Avenue	Joliet	60411-0000	176	19.06	24	1.15	27.6
6008247	Rosany Hill Home	13259 South Central Avenue	Palos Heights	60463-0000	193	13.35	24	1.15	27.6
6001036	Blue Island Nursing Home	5000 West 81st Street	Justice	60458-0000	18	15.45	24	1.15	27.6
6012957	Lexington Of Chicago Ridge	2427 West 127th Street	Blue Island	60406-0000	30	18.38	25	1.15	28.75
6009385	Thomton Heights Terrace	10300 Southwest Highway	Chicago Ridge	60415-0000	214	13.12	25	1.15	28.75
6002059	Concord Extended Care	160 10th St	Oak Lawn	60453-0000	222	17.33	26	1.15	29.9
6001168	Bridgeview Health Care Center	9401 South Ridgeland Avenue	Oak Lawn	60453-0000	134	16.21	27	1.15	31.05
6003628	Glenwood Healthcare & Rehab.	8100 South Harlem Avenue	Bridgeview	60455-0000	146	17.18	27	1.15	31.05
6000343	Manorcare of Oak Lawn West	19330 South Cottage Grove	Glenwood	60425-0000	184	21.44	27	1.15	31.05
6011589	Manorcare of South Holland	6300 West 95th Street	Oak Lawn	60453-0000	192	16.22	27	1.15	31.05
6003826	Midway Neurological/Rehab Center	2145 East 170th Street	South Holland	60473-0000	200	19.84	27	1.15	31.05
6006993	Our Lady Of Angels Ret Home	8540 South Harlem Avenue	Bridgeview	60455-0000	404	18.33	27	1.15	31.05
6007868	Rest Haven South	1201 Wyoming Avenue	Joliet	60435-0000	87	20.02	27	1.15	31.05
6008064	Riviera Care Center	16300 Wausau Street	South Holland	60473-0000	171	17.6	27	1.15	31.05
6010078	Windmill Nursing Pavilion	490 West 16th Place	Chicago Heights	60411-0000	200	17.43	27	1.15	31.05
6001143	Briar Place	16000 South Wabash	South Holland	60473-0000	150	17.74	27	1.15	31.05
6010367	Chateau Nrsng & Rehab Center	6800 Joliet Road	LaGrange	60525-0000	232	18.3	28	1.15	32.2
		7050 Madison Street	Willowbrook	60521-0000	150	18.41	28	1.15	32.2

Travel Time and Distance Chart

6009443	Tri-State Manor Nursing Home	2500 East 175th Street	Lansing	60438-0000	84	20.52	28	1.15	32.2
6016216	BRIGHTON GARDENS-BURR RIDGE	6901 HIGH GROVE BOULEVARD	Willowbrook	60527	30	18.56	29	1.15	33.35
6002190	Countryside Healthcare Center	1635 East 154th Street	Dolton	60419-0000	197	21.68	29	1.15	33.35
6006779	Regal Health And Rehab Center	9525 South Mayfield	Oak Lawn	60453-0000	143	14.6	29	1.15	33.35
6014781	Southport Nur & Rehab	1010 West 95th Street	Chicago	60643-0000	228	22.29	29	1.15	33.35
6001283	Burnham Healthcare	14500 South Manistee	Burnham	60633-0000	309	22.66	30	1.15	34.5
6005037	King-Bruwaert House	5101 South County Line Road	Burr Ridge	60527-0000	49	20.06	30	1.15	34.5
6007991	Woodside Manor	120 West 28th Street	S Chicago Hts	60411-0000	112	19.14	30	1.15	34.5
6000822	Belhaven Nursing & Rehab Center	11401 South Oakley Avenue	Chicago	60643-0000	221	20.14	28	1.25	35
6003958	Renaissance Park South	10935 South Halsted Street	Chicago	60528-0000	300	20.54	28	1.25	35
6009732	Washington & Jane Smith Comm. NP	2340 West 113th Place	Chicago	60643-0000	103	20.16	28	1.25	35
	Alden Estates of Shorewood	735 Shorewood Dr	Shorewood	60431	100	25.55	31	1.15	35.65
6001127	Brentwood Sub-Acute Hlth-Care	5400 West 87th Street	Burbank	60459-0000	163	18.33	31	1.15	35.65
6002547	Dolton Healthcare Centre	14325 South Blackstone	Dolton	60419-0000	80	22.22	31	1.15	35.65
6007207	Exceptional Health Care	5701 West 79th Street	Burbank	60459-0000	55	18.82	31	1.15	35.65
6016281	Meadowbrook Manor-LaGrange	339 9th Avenue	LaGrange	60525	197	19.21	31	1.15	35.65
6013381	Lexington Of Lagrange	4735 Willow Springs Road	Lagrange	60525-0000	110	19.69	32	1.15	36.8
6012835	Rosewood Care Center	3401 Hennepin Drive	Joliet	60435-0000	120	19.73	32	1.15	36.8
6007538	Plymouth Place	315 North Lagrange Road	LaGrange	60525	86	19.8	34	1.15	39.1
6000236	Manorcare of Oak Lawn East	9401 South Kostinor Avenue	Oak Lawn	60453-0000	144	24.19	35	1.15	40.25

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.

This project will result in a total of 33,609 gross square feet for 46 nursing care beds. This equates to 730.63 square feet per bed. While this amount appears excessive as compared to the State Standard of 414 gross square feet per bed, the space is existing and only requires minor modifications to meet nursing care standards. Specifically, most of the construction cost will be to widen the door ways in the existing assisted living unit and add a nursing station. There is no new construction associated with this project. Therefore, the conversion of this unit is more economically reasonable than building 16 new additional units via new construction.

2. If the gross square footage exceeds the GSF standards in Appendix B, justify the discrepancy by documenting one of the following:

- N/A 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;
- N/A 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.

The proposed project is for the discontinuation of the Applicant's existing 30 skilled care beds for the removal of the CCRC variance. At the same time, it is the Applicant's intent to re-establish those 30-nursing care beds and convert 16 existing assisted living beds into 16 nursing care beds for the establishment of

46 nursing care beds. This project does not include any new construction and only minor remodeling contracts. The limited modification is to widen the assisted living room's doorways and add a nursing station. Since all of the proposed space is exists and is contiguous to the existing licensed space it is far more practical to utilize the existing space and not have any new construction as part of this project.

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.

The HFSRB has established utilization standards for General Long-Term Nursing Care facilities of 90% utilized beds by the second full year of operation. Upon completion of this project (licensing the proposed 16 beds) the Applicant will have 52.2% utilized beds based on existing utilization alone. What is not factored in is that immediately upon approval of this application and licensure from the Department of Public Health's Licensure Division, the Applicant can admit residents from outside of the campus to fill the remaining beds. Upon initiation of this process, the Applicant tracked a month's worth of inquiries for nursing care. In the month of June 2009 there were 25 potential residents from the "outside" that were turned away for nursing care because of the restricted admission requirement. The Applicant also maintains a campus waiting list that has another 25 persons in need of senior living services. Based upon existing utilization, to meet the State's occupancy target the Applicant only needs 17 additional residents. Based on only the inquiries from potential "outside" residents in the Month of June, 2009, the Applicant would surpass the 90% target utilization.

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA

I. Criterion 1110.1730(b) – Planning Area Need

1) 77 Ill. Adm. Code 1100 (formula calculation)

- A) The number of beds to be established for general long term care is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

The proposed project is in total conformance with the bed need as identified in the latest Inventory of Health Care Facilities and Services and Need Determinations monthly update (September 16, 2009) for the Will County Planning Area which shows a need for 261 additional general long-term care beds. The Inventory Update is appended as **ATTACHMENT-11A.**

- B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

This project does not exceed the number of beds needed in the Will County Planning Area. The area's bed need is calculated based upon the projected population for the planning area and the utilization rates for the area's facilities. The State's Inventory of Health Care Facilities and Services and Need Determinations (2008 Edition) uses 2005 facility occupancy rates. As shown in **ATTACHMENTS-12D** and **12E**, the utilization rates were low in 2005 but they have increased based on the latest available data (2008). Therefore, the Inventory's bed need calculation is based upon lower than current occupancy rates and yet it still finds a need for nursing care beds. Therefore, it appears that the

State's documented need for 261 additional nursing beds may be conservative.

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA

I. Criterion 1110.1730(b) – Planning Area Need

2) Service to Planning Area Residents

- A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

The primary purpose of this project is to provide the general long-term care category of service to the residents of the Applicant's geographic service area that equates to an approximate 30-minute travel time. While this project is for the establishment of nursing care beds, the campus is existing and the campus's patient origin data shows that 77% of its residents come from within the 30-minute travel time. As the campus is physically located in Will County and a large percentage of the campus residents originated from within the Will County Planning Area. The summary of the patient origin data, appended as **ATTACHMENT-34A**, shows that nearly 40% of the residents were people from the Will County Planning Area. Therefore, it appears that the Applicant has already proven that the primary purpose of the project is to provide necessary health care to the residents of the area in which the proposed project will be physically located. A map is appended as **ATTACHMENT-11B** outlining the zip code areas of the travel time and the zip codes that the majority of the admissions originated. The location of the campus should also be noted as it is in a small part of Orland Park that is not located in

Cook County (7-E Planning Area). As it is so close to the Planning Area border the service area is bound to overlap planning areas.

- B) Applicants proposing to add beds to an existing general long term care service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

This project proposes the removal of the CCRC variance admission restriction from the existing nursing facility and then to re-establish the facility without any admission restriction with 16 additional nursing beds. Since this project must first discontinue its services, this is not considered an "existing" facility; therefore, this item appears to be not germane. Currently one hundred percent of the admissions to the existing Smith Crossing nursing unit were by campus residents. Furthermore, based on the patient origin data provided for the campus residential units, 77% of the residents originated from within the 30-minute travel time market contour. Therefore, the Applicant can guarantee that at least 50% of the projected patient volume will be residents of the area.

- C) Applicants proposing to expand an existing general long term care service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

This project proposes the removal of the CCRC variance admission restriction from the existing nursing facility and then to re-establish the facility with 16 additional nursing beds. Appended as **ATTACHMENT-34A**, is a zip code analysis of the Independent Living and Assisted Living residents who are residing on the existing campus. All of the existing

nursing care residents came from within the campus setting which is not considered a "health care facility" but rather their home.

Smith Crossing
Patient Origin Data

<i>No. of Residents</i>	<i>Prior Zip Code</i>	<i>Community Area</i>	<i>County</i>
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1	28731	NC		
1	32563	FL		
1	34103	FL		
1	38558	TN		
1	49125	MI		
1	49931	MI		
1	60053	Morton Grove	Cook	< 30 Min
1	60406	Blue Island	Cook	< 30 Min
3	60422	Flossmoor	Cook	< 30 Min
6	60423	Frankfort	Will	< 30 Min
7	60430	Homewood	Cook	< 30 Min
1	60439	Lemont	Cook	< 30 Min
1	60442	Manhattan	Will	< 30 Min
3	60445	Crestwood	Cook	< 30 Min
5	60448	Moneka	Will	< 30 Min
2	60451	New Lenox	Will	< 30 Min
3	60452	Oak Forest	Cook	< 30 Min
14	60453	Oak Lawn	Cook	< 30 Min
2	60461	Olympia Field	Cook	< 30 Min
21	60462	Orland Park	Cook/Will	< 30 Min
10	60463	Palos Heights	Cook	< 30 Min
11	60464	Palos Park	Cook	< 30 Min
4	60465	Palos Hills	Cook	< 30 Min
14	60467	Orland Park	Cook/Will	< 30 Min
1	60476	Thornton	Cook	
10	60477	Orland Hills	Cook/Will	< 30 Min
1	60482	Worth	Cook	
2	60491	Homer Glen	Will	< 30 Min
1	60527	Willowbrook	DuPage	< 30 Min
1	60532	Lisle	DuPage	
1	60544	Plainfield	Will	
1	60616	Chicago	Cook	
1	60620	Chicago	Cook	
1	60629	Chicago	Cook	
2	60632	Chicago	Cook	
4	60638	Chicago	Cook	
3	60643	Chicago	Cook	
2	60655	Chicago	Cook	
2	60657	Chicago	Cook	
1	60712	Lincolnwood	Cook	
2	60803	Chicago	Cook	
4	60805	Chicago	Cook	
2	8530	NJ		
1	85375	AZ		
1	89107	NV		

Total	159	
Will (Will/Cook)	62	39%
< 30 Min	122	77%

Smith Crossing

Patient Origin Information

<i>Resident Initials</i>	<i>Prior Zip Code</i>	<i>Level of Care</i>
DB	28731	IL
BN	32563	IL
HM	34103	IL
DL	38558	IL
FC	49125	AL
AC	49931	AL
MD	60053	IL
HG	60406	IL
JF	60422	IL
DH	60422	IL
GM	60422	IL
RB	60423	AL
RS	60423	IL
EA	60423	IL
GD	60423	IL
EA	60423	IL
BN	60423	IL
CM	60430	IL
GS	60430	IL
RG	60430	IL
CB	60430	IL
AD	60430	IL
LS	60430	AL
MM	60430	IL
MN	60439	AL
EP	60442	IL
VA	60445	IL
CB	60445	IL
MN	60445	AL
WG	60448	AL
AL	60448	AL
GE	60448	AL
JM	60448	AL
EE	60448	AL
MS	60451	IL
JP	60451	IL
BF	60452	AL
GS	60452	AL
GB	60452	IL
DG	60453	IL
RJ	60453	IL
CR	60453	IL
CH	60453	IL
ML	60453	IL
VR	60453	IL

AB	60453	IL
AK	60453	IL
SB	60453	IL
JD	60453	IL

<i>Resident Initials</i>	<i>Prior Zip Code</i>	<i>Level of Care</i>
FM	60453	AL
WS	60453	AL
BM	60453	AL
DN	60453	AL
PB	60461	IL
EB	60461	AL
IS	60462	IL
CP	60462	IL
WH	60462	IL
JM	60462	IL
DD	60462	IL
MN	60462	IL
JC	60462	IL
GH	60462	IL
JT	60462	IL
GC	60462	IL
CS	60462	IL
NZ	60462	IL
JB	60462	IL
AM	60462	IL
DH	60462	IL
RB	60462	AL
IG	60462	AL
FM	60462	AL
GW	60462	AL
JL	60462	AL
DB	60462	AL
MA	60463	IL
GB	60463	IL
PE	60463	IL
MY	60463	IL
HL	60463	IL
RH	60463	IL
MC	60463	IL
GD	60463	IL
KW	60463	IL
IS	60463	AL
MM	60464	IL
DP	60464	IL
HL	60464	IL
AB	60464	IL
LS	60464	IL
DK	60464	IL
CB	60464	AL
LB	60464	AL
MM	60464	AL
PE	60464	AL

CB	60464	AL
MD	60465	IL
JD	60465	IL
JM	60465	AL

<i>Resident Initials</i>	<i>Prior Zip Code</i>	<i>Level of Care</i>
ML	60465	AL
MS	60467	IL
AL	60467	IL
GT	60467	IL
RP	60467	IL
AH	60467	IL
LJ	60467	IL
JC	60467	IL
RC	60467	IL
LC	60467	IL
JC	60467	IL
HD	60467	AL
BW	60467	AL
TS	60467	AL
FD	60467	AL
LB	60476	IL
PK	60477	IL
CH	60477	IL
NM	60477	IL
RB	60477	IL
KF	60477	IL
RE	60477	IL
BO	60477	IL
BL	60477	AL
JD	60477	AL
HS	60477	AL
RT	60482	AL
PL	60491	AL
RV	60491	AL
SS	60527	IL
GO	60532	IL
ES	60544	AL
MR	60616	AL
VH	60620	IL
JE	60629	IL
HJ	60632	AL
AT	60632	AL
HW	60638	IL
SS	60638	AL
PS	60638	AL
HJ	60638	AL
LP	60643	IL
WM	60643	IL
WY	60643	IL
RL	60655	IL
JF	60655	IL
LD	60657	AL

LO	60657	AL
IT	60712	AL
MM	60803	IL
RK	60803	AL
AK	60805	AL
AC	60805	AL
LP	60805	IL
RH	60805	AL

<i>Resident Initials</i>	<i>Prior Zip Code</i>	<i>Level of Care</i>
JB	8530	IL
LB	8530	IL
HF	85375	AL
HC	89107	AL

[objectlist]	Proposed Zip Market Area	34 ZIP areas, (@_ZIP082	ZIPs	(grouped)
			Admissions	
#60406	Blue Island		1	
#60415	Chicago Ridge		0	
#60422	Flossmoor		2 ✓	
#60423	Frankfort		4 ✓	
#60426	Harvey		0	
#60428	Markham		0	
#60429	Hazel Crest		0	
#60430	Homewood		7	
#60443	Matteson		0	
#60445	Midlothian		3 ✓	
#60448	Mokena		5 ✓	
#60452	Oak Forest		2 ✓	
#60453	Oak Lawn		9	
#60455	Bridgeview		0	
#60457	Hickory Hills		0	
#60461	Olympia Fields		2	
#60462	Orland Park		21 ✓	
#60463	Palos Heights		10 ✓	
#60464	Palos Park		11 ✓	
#60465	Palos Hills		4 ✓	
#60467	Orland Park		14 ✓	
#60469	Posen		0	
#60471	Richton Park		0	
#60472	Robbins		0	
#60477	Tinley Park		10 ✓	
#60478	Country Club Hills		0	
#60482	Worth		1	
#60487	Tinley Park		0	
#60643	Chicago		3	
#60655	Chicago		2	
#60803	Alsip		1	
#60805	Evergreen Park		1	
#60827	Riverdale		0	

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA

I. Criterion 1110.1730(b) – Planning Area Need

3) Service Demand – Establishment of General Long Term Care

The number of beds proposed to establish a new general long term care service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest two-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new long term care (LTC) facility, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and subsection (b)(3)(B) or (C).

A) Historical Referrals

If the applicant is an existing facility and is proposing to establish this category of service, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient LTC facility.

Smith Crossing is an existing general long-term care campus that offers various independent living units, assisted living apartments, and 30 skilled nursing care beds. The existing nursing beds have an admission restriction imposed on it due to its original Certificate of Need approval under the CCRC variance. Therefore, the historical referrals to the nursing unit have come through the campus setting and not through the general population. Additionally, this facility does not make referrals to other facilities for nursing care. Therefore, this item is not applicable.

B) Projected Referrals

This project must discontinue and re-establish its nursing services in order to remove the CCRC variance, the actual closure will be a "paper transaction" only and the existing residents will remain. Therefore, this project is not actually establishing a new service and as such, this item is

not germane. However, as an existing provider, the Applicant does have indicators of projected referrals. Specifically, the Applicant had tracked the nursing care inquiries that it received in the Month of June, 2009 which is a typical month. During this time period there were 25 potential residents seeking nursing services from the Applicant. A listing of the inquiries is appended as **ATTACHMENT-35A**. With the removal of the CCRC variance and the addition of 16 nursing beds upon project completion it would appear that in less than one month the entire facility could meet and maintain the 90% target utilization as specified by Standards in *77 Ill. Adm. Code 1100*.

N/A

An applicant proposing to establish a category of service or establish a new LTC facility shall submit the following:

- i) Hospital referral letters that attest to the number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;
- ii) An estimated number of patients the hospital will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the hospital's experienced LTC caseload;
- iii) Each referral letter shall contain the Chief Executive Officer's notarized signature, the typed or printed name of the referral resources, and the referral resource's address; and
- iv) Verification by the hospital that the patient referrals have not been used to support another pending or approved CON application for the subject services.

N/A

C) Projected Service Demand – Based on Rapid Population Growth

Although this sub-criterion does not appear to be germane, the need for this project is based upon the State's documented need for additional nursing care beds in the Will County Planning Area. The need

calculation that derives the State's bed need utilizes two direct inputs. The first is the area use rates that come from the facilities' utilizations. The second input is the base year and projected year populations. It should be noted that the 2005 facility use rates (see ATTACHMENT-12D) had a licensed occupancy percentage of 79.1% well under the current rate of 81.8% (see ATTACHMENT-12E) and the State's target utilization rate of 90%, therefore, skewing the existing and projected use rates lower. Even with this, the population projections are so strong that there has been and remains a need for beds in this Planning Area and in the surrounding 7-C and 7-E (refer to ATTACHMENT-11A for the latest inventory update). Although the State's Inventory of Health Care Facilities and Services and Need Determinations appear to document a "rapid population growth". This is not a new issue that the need methodology has overlooked or not included with current population projections.

N/A

If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
- ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
- iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;
- iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

- v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
- vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and
- vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

SKILLED CARE INQUIRIES

<u>DATE</u>	<u>NAME</u>	<u>TELEPHONE #</u>	<u>SOURCE OF CALL</u>	<u>FOR WHOM</u>	<u>OTHER INFORMATION</u>
6/2/2009	J. M.	815-463-0390	daughter	mother	
6/2/2009	SNF inquiry	unknown			
6/2/2009	SNF inquiry	unknown			
6/2/2009	SNF inquiry	unknown			
6/2/2009	SNF inquiry	unknown			
6/2/2009	R. B.	773-884-9320	referral/Seasons Hospice	client	
6/4/2009	L. H.	708-945-0961	daughter	mother	
6/5/2009	C. P.	815-806-8542	referral/Home in Stead	client	
6/5/2008	D.	unknown	daughter	father	needs Medicaid
6/5/2009	C. D.	815-834-1757	wife	husband	
6/8/2009	D. McQ. / M. L.	708-448-4429	children	father	referred to SV
6/9/2009	D. R.	708-420-4370	daughter	mother	referred to SV
6/16/2009	Y. F.	773-702-1000	referral/ Un of Chicago	client	
6/17/2009	J. P.	unknown	son	mother/104yrs old	now at Tinley Courts/ref to SV
6/17/2009	E. W.	708-479-5702	daughter	mother/needsSK/MML	now lives w Elizabeth/ref to SV
6/18/2009	Dr. R. McL.	708-269-2593	son	mother	needs sub-acute rehab/ref to SV
6/18/2009	K. K.	815-935-1004	son	father	now at The Tillers Rehab/Oswego
6/18/2009	M. DeV.	708-423-3332	spouse	wife	husband needs ILWifeSK/ref to SV
6/22/2009	C. H.	708-503-9402	son	mother	needs sub-acute rehab/ref to SV
6/22/2009	M. A.	309-535-5959	daughter	mother	now at Mercy Hospital
6/24/2009	M. C.	unknown	daughter	mother	recommended by Rush/ref to SV
6/26/2009	V. D.	219-545-7443	daughter	mother	now at NWestern/ref to SV
6/26/2009	S. A.	708-361-4555	referral/Manor Care Palos	client	needs public aid bed/ref to SV
6/26/2009	R. (social worker)	312-216-1598	referral/Loyola	client Judy Lana	
6/29/2009	K. L.	708-479-9363	daughter	mother	now at Bentwood rehab

Total - 25

SV - Smith Village

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA

I. Criterion 1110.1730(b) – Planning Area Need

4) Service Demand – Expansion of Bed Category of Service

The number of beds to be added at an existing facility is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (b)(4)(A) and either subsection (b)(4)(B) or (C):

The purpose of this project is for the removal of the CCRC Variance from the existing 30-bed Smith Crossing nursing unit and the conversion of 16 existing assisted living units into nursing beds resulting in an unrestricted 46-bed nursing unit. Since the existing nursing unit has a restrictive admissions policy due to the CCRC Variance, the facility does not have a high historical service demand.

A) Historical Service Demand

At the time this application was written, the Applicant had averaged 24 residents a day in the nursing unit which equates to approximately 80% occupancy. With the entire facility only licensed for 30 beds the breakeven point and the target utilization rate are high and equate to 27-beds. This only leaves three beds to allow for turn-over and male/female placement. The addition of 16 nursing care beds will come from the conversion of the Applicant's 16-bed specialized care assisted living unit. Therefore, the units and the existing residents are similar and easily converted. The increased capacity will help improve the economies-of-scale issues currently experienced by this Applicant.

- i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.

Appended as **ATTACHMENT-12A**, is the Illinois Long-Term Care Profiles for the Subject facility since its opening. This data shows that it has never equaled or exceeded occupancy standards for the nursing care unit, as specified in 77 Ill. Adm. Code 1100.

- ii) If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including completed applications that could not be accepted due to lack of the subject service and documentation from referral sources, with identification of those patients by initials and date.

Since the Subject facility has an admission restriction from the CCRC Variance imposed, beds have been readily available and residents have not been referred to other facilities. However, the facility has received potential resident inquiries from the "outside" that have been turned away. Please refer to **ATTACHMENT-35A** of the inquiry list. The Applicant has also kept a prospective resident list for the other campus components. Please find the campus waiting list appended as **ATTACHMENT-36A**. It should be known that the campus units have been and remain utilized in excess of 93%. Therefore, even though the CCRC Variance will be lifted, the Applicant will still receive the majority of its prospective residents from within the campus setting. Furthermore, the campus residents will be given admission preference. Thus, it appears based on the existing utilization of the nursing and campus units

and the inquiry and waiting lists, that the Applicant should not have any difficulty in reaching and maintaining the target utilization rate as specified in 77 Ill. Adm. Code 1100.

B) Projected Referrals

The applicant shall provide the following:

- i) Letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used;

The Applicant, due to the CCRC Variance restricting its admissions to the nursing unit has not developed any referral sources for the nursing unit. Thus, letters for such have not been obtained. However, the Applicant is in a unique position to have existing residents and an internal referral source. At the time of this application, the Applicant averaged 24 residents. This will result in an immediate 52% occupancy rate upon project approval (based upon 46 licensed beds). The inquiry list for the nursing service coupled with the waiting list to ensure full occupancy of the other campus living units provide a referral process that will maintain the nursing unit operating at or above the target rate.

- ii) An estimated number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

- iii) Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address; and
 - iv) Verification by the referral sources that the prospective resident referrals have not been used to support another pending or approved CON application for the subject services.
- C) Projected Service Demand – Based on Rapid Population Growth If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:
- i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;
 - ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;
 - iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;
 - iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;
 - v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
 - vi) Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and
 - vii) Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.

The need for this project is based upon the State's documented need for additional nursing care beds. The need calculation that determines the State's bed need utilizes two direct inputs. The first is the area use rates that come from the facilities' utilizations. The second input

is the base year and projected year populations. It should be noted that the 2005 facility use rates (see **ATTACHMENT-12D**) had a licensed occupancy percentage of 79.1% well under the current rate of 81.8% (see **ATTACHMENT-12E**) and the State's target utilization rate of 90%; therefore, skewing the existing and projected use rates lower. Even with this, the population projections are so strong that there has been and remains a need for beds in this Planning Area and in the surrounding 7-C and 7-E Areas (refer to **ATTACHMENT-11A** for the latest inventory update). Although the State's Inventory of Health Care Facilities and Services and Need Determinations appear to document a "rapid population growth" this is not a new issue that the need methodology has overlooked or has not included with current population projections. Therefore, this item appears to be not germane.

WIT LIST

NAME	DATE	NAME	DATE
1 Traditional		2 BR Deluxe	
1 Harriet Gillis	7/18/2006	1 Gloria Chyrchel	9/22/2009
2 George O'Rourke	5/21/2009	Mae Williams (2nd Choice	no 1st floor
3 Dore Dore	8/19/2002	2 Lillian Cicala 1st refusal	5/22/2009
4		3 Bill Winkler	5/18/2009
5		4 Ted and Marilyn Davids 1st refu	expansion 2nd fl
6		5 Lucia Eckert 2nd Choice	6/26/2009
7			7/9/2009
		2 BR Grand	
		1 Tom & Rosemary Ryan	6/22/2007
2			
3			
4			
5			
6			
7			
8			
9			
w/Den		Trad Villa	Anthony&Janet Golob(10%)
1 Virginia Fulmer	1/16/2008		6/16/2008
2 Marion Stuebe(1st choice)	10/13/2008		
3 Donna Medema 1st choice	7/11/2009		
4 Wilbur and Dorothy Gilbertson	8/13/2009		
5 Gloria Chyrchel 3rd choice	9/22/2009		
6			
1 Classic		Classic Villa	
1 Marion Stuebe(2nd choice)	10/13/2008	1	
Mae Williams(1st choice)	4/3/2009	2	
3 Lucia Eckert	7/9/2009	3	
4 Wilbur and Dorothy Gilbertson	8/12/2009		
5 Antonett Alfrevic	8/21/2009		

WAIT LIST

	NAME	DATE	2 BR Deluxe	NAME	DATE
1 BR Traditional					
1	Harnet Gillis	7/18/2006	1	Mae Williams(2nd choice)	5/22/2009
2	Connie Sumera	4/20/2009	2	Lillian Cicala	5/18/2009
3	George O'Rourke	5/21/2009	3	Bill Winkler no 1st fl	6/10/2009
4			4	Ted & Marilyn Davids	6/26/2009
5			5	Lucia Eckert(2nd choice)	7/8/2009
6			6		
7			7		
8			2 BR Grand		
1 BR Deluxe			1		
1	Carole Engberg	10/8/2008	2	Tom & Rosemary Ryan	6/22/2007
2	Gordon & Betty VanErdon	10/13/2008	3		
3	Carolyn Aanerud	5/8/2009	4		
4	Elinor Borberg	5/18/2009	5		
5	Marion Stuebe(3rd choice)	4/3/2009	6		
6	Donna Medema(2nd choice)	7/11/2009	7		
			8		
14					
17					
1 BR w/Den			Trad Cottage		
1	Bettie Bennett	3/13/2007	1	Anthony & Janet Golob(10%)	6/18/2008
2	Virginia Fulmer	1/16/2008	2		
3	Marion Stuebe (1st choice)	4/3/2009	3		
4	Donna Medema(1st choice)	7/11/2009	4		
5			5		
6			6		
			7		
			8		
2 BR Classic			Classic Cottage		
1	Marion Stuebe (2nd choice)	4/3/2009	1		
2	Mae Williams(1st choice) no first floor	5/22/2009	2		
3	Lucia Eckert (1st choice)	7/9/2009	3		
4			4		
5			5		

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA

I. Criterion 1110.1730(b) – Planning Area Need

5) Service Accessibility

The number of beds being established or added for each category of service is necessary to improve access for planning area residents.

A) Service Restrictions

The applicant shall document that at least one of the following factors exists in the planning area, as applicable:

- i) The absence of the proposed service within the planning area;
- ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;
- iii) Restrictive admission policies of existing providers;

The issues presented in this application are twofold: (1) Smith Crossing, under the CCRC Variance is experiencing utilization issues; and, (2) The State has published a need for 261 additional nursing care beds in the Will County Planning Area. The Applicant's CCRC Variance limiting admissions represents a restrictive admission policy of an existing provider. In order to serve both its internal referrals and community area referrals the Applicant must increase its capacity and its source of potential residents..

According to the latest Inventory of Health Care Facilities and Services and Need Determinations update, the State has 2,794 approved nursing beds. However, it is calculated that 3,055 nursing beds are needed. This represents a Planning Area wide

restrictive admission policy on the part of the State. Refer to the Update appended as **ATTACHMENT-11A**.

The issue of restricting approval of beds becomes more serious when the current facility use rates and population figures are factored. The current bed need calculation uses 2005 facility use rates. These figures are lower than they are currently. However, the 2005 use rates are then projected forward yielding lower need projections for 2009. The other issue is the population projections. The State is half way through its need projection. Although the State's bed need is only one criterion for approving new or additional nursing care beds, it is the only forward looking indicator of need that accounts for the population projections. Therefore, there appears to be a restrictive policy within the Will County Planning Area that limits admissions.

- iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;

This is not applicable.

- v) For purposes of this subsection (b)(5) only, all services within the 45-minute normal travel time meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.

Long-Term Care services within the 45-minute driving time do not exceed the utilization standard.

B) Supporting Documentation

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

i) The location and utilization of other planning area service providers;

Appended as **ATTACHMENT-37A** is a chart providing all facilities within the Applicant's 30-minute travel time and the respective facilities utilization rates. This list includes not only the majority of Planning Area service providers but also service providers from the 7-C and 7-E Planning Areas.

ii) Patient location information by zip code;

The Applicant's patient origin information by zip code is appended as **ATTACHMENT-34A**.

iii) Independent time-travel studies;

Appended as **ATTACHMENT-37B** is a map identifying the location of all facilities within the 30-minute travel time as provided by MapPoint software program. Also appended as **ATTACHMENT-37B**, is the corresponding travel-times found through the MapQuest.com online software program.

iv) A certification of a waiting list;

As indicated, the Applicant has a waiting list for its non-nursing campus units. This data is appended as **ATTACHMENT-36A**.

v) Scheduling or admission restrictions that exist in area providers;

No extra documentation available.

- vi) An assessment of area population characteristics that document that access problems exist;

Appended as **ATTACHMENT-11A**, is a copy of the latest Update to the Inventory of Health Care Facilities and Services and Need Determinations that documents the need for additional nursing beds. The lack of needed beds is a characteristic that the access problems exist.

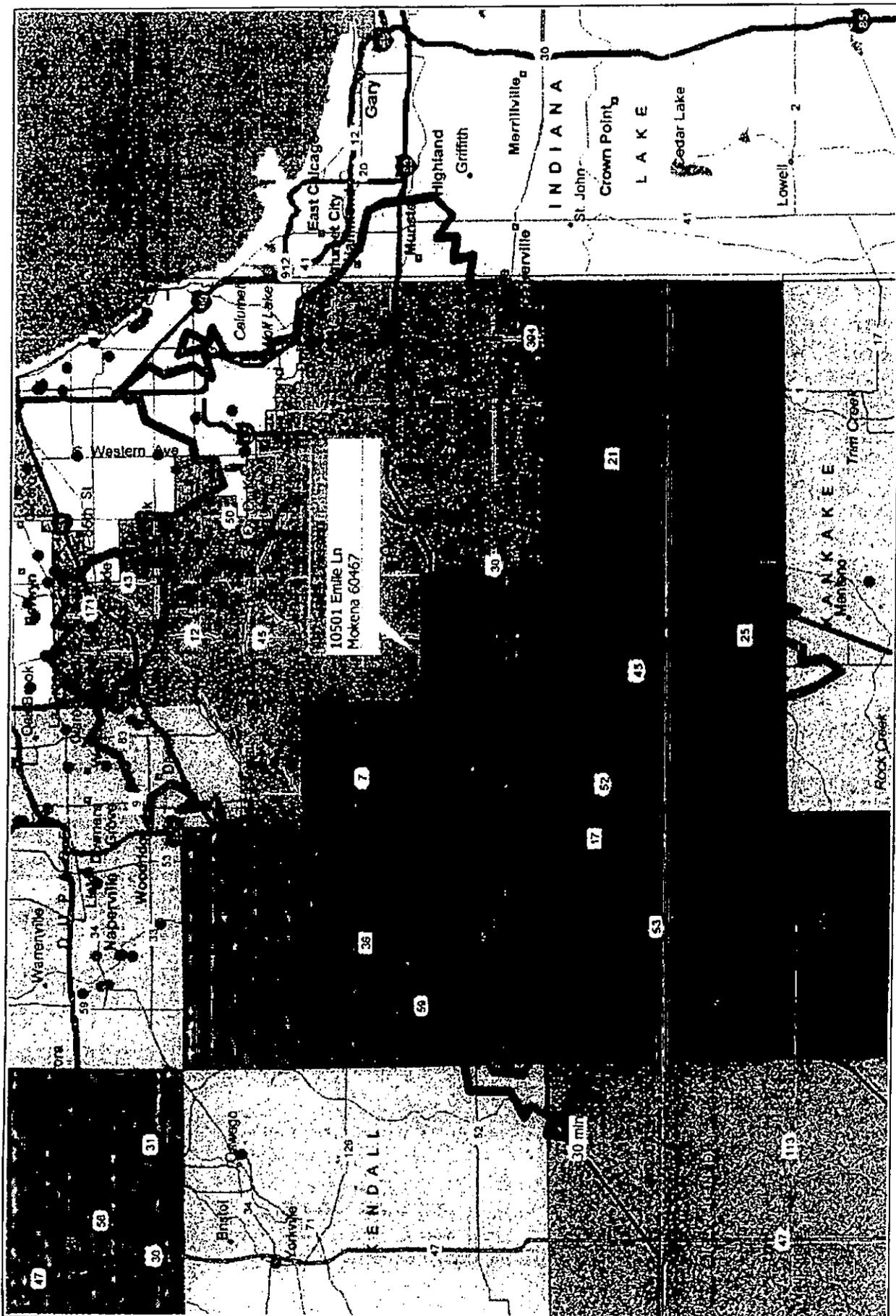
- vii) Most recently published IDPH Long Term Care Questionnaire.

Appended as **ATTACHMENT-12A**, is a copy of 2005 through 2008 IDPH Long-Term Care Questionnaire for Smith Crossing. Appended as **ATTACHMENT-37C**, is a copy of all IDPH Long-Term Care Questionnaires for all facilities that were identified within the 30-minute travel contour.

30-Minute Utilization Chart

FACID	Facility Name	City	Travel Time Adjusted		# of Licensed		Nursing		Nursing		Set-up		Admissions	ALOS
			77 IAC	1100.510(d)	Nursing Beds	Patient Days	Occupancy	Days	Occupancy	Beds	Occupancy			
6016059	Smith Crossing	Orland Park	0		0	30	9302	84.7%	30	84.7%	96	96.9		
6014922	Alden-Orland Park Rehab & Hcc	Orland Park	8.1		200	200	54759	74.8%	173	86.5%	775	70.7		
6014682	Lexington Health Care Center	Orland Park	11.5		278	278	87796	86.3%	278	86.3%	613	143.2		
6003297	Frankfort Terrace	Frankfort	12.7		120	120	40895	93.1%	120	93.1%	90	454.4		
6004550	Holy Family Villa	Lemont	17.3		99	99	35360	97.6%	99	97.6%	52	680.0		
6005904	McAllister Nursing & Rehab	Country Club Hills	17.3		111	111	30833	75.9%	111	75.9%	32	963.5		
6011720	Advocate South Suburban Hospital	Hazel Crest	19.6		41	41	11440	76.2%	36	86.8%	1087	10.5		
6004741	Imperial Of Hazel Crest	Hazel Crest	19.6		204	204	67160	89.9%	204	89.9%	136	493.8		
6006753	Oak Forest Hospital	Oak Forest	19.6		894	894	3038	0.9%	13	63.9%	0	N/A		
6002604	Hillcrest Healthcare Center	Joliet	20.7		168	168	56027	91.1%	168	91.1%	378	148.2		
6000467	Applewood Nsg & Rehab Center	Matteson	21.9		115	115	36736	87.3%	114	88.0%	263	139.7		
6010912	Manorcare of Palos Heights East	Palos Heights	21.9		174	174	59538	93.5%	174	93.5%	774	76.9		
6014534	Manorcare of Palos Heights West	Palos Heights	21.9		130	130	43121	90.6%	130	90.6%	963	44.8		
6009252	Sunny Hill Nursing Home Will County	Joliet	21.9		300	300	76235	69.4%	238	87.5%	164	464.8		
6007918	Glenshire Nsg & Rehab Centre	Richton Park	23.0		294	294	81481	75.7%	281	79.2%	384	212.2		
6008338	Salem Village Nursing & Rehab	Joliet	23.0		266	266	79684	81.8%	266	81.8%	345	231.0		
6002273	Creswood Terrace	Midlothian	24.2		126	126	45696	99.1%	126	99.1%	101	452.4		
6004139	Heather Healthcare Center	Harvey	24.2		173	173	45854	72.4%	135	92.8%	183	250.6		
6014492	Lemont Nsg & Rehab Center	Lemont	24.2		158	158	51501	89.1%	158	89.1%	768	67.1		
6012611	Manorcare of Homewood	Homewood	24.2		120	120	38282	87.2%	120	87.2%	678	56.5		
6001077	Plaza Nursing & Rehab Center	Midlothian	24.2		91	91	22431	67.3%	91	67.3%	102	219.9		
6002265	Crestwood Care Centre	Midlothian	25.3		303	303	89524	80.7%	303	80.7%	828	108.1		
6010086	Palos Hill Extended Care	Palos Hills	25.3		203	203	46430	62.5%	179	70.9%	468	99.2		
6007934	Ridgeland Nsg & Rehab Center	Palos Heights	25.3		101	101	32675	88.4%	101	88.4%	151	216.4		
6006084	South Suburban Rehab Center	Homewood	26.3		259	259	30086	31.7%	259	31.7%	157	191.6		
6001697	Chicago Ridge Nursing Center	Chicago Ridge	26.5		231	231	79176	93.6%	231	93.6%	167	474.1		
6002463	Deerbrook Care Centre	Joliet	26.5		214	214	62013	79.2%	207	81.9%	168	369.1		
6004964	Joliet Terrace	Joliet	26.5		120	120	43399	98.8%	120	98.8%	156	278.2		
6005623	Lydia Healthcare	Robbins	26.5		412	412	144262	95.7%	412	95.7%	127	1135.9		
6004766	Fairview Care Center of Joliet	Joliet	27.6		203	203	42795	57.6%	202	57.6%	149	297.2		
6012413	Franciscan Village	Lemont	27.6		127	127	40990	88.2%	127	88.2%	259	158.3		
6004352	Hickory Nursing Pavilion	Hickory Hills	27.6		74	74	23528	86.9%	74	86.9%	61	385.7		
6011746	Prairie Manor Nsg & Rehab Ctr	Chicago Heights	27.6		148	148	47772	88.2%	148	88.2%	325	147.0		
6012678	Provena Villa Franciscan	Joliet	27.6		176	176	60932	94.6%	176	94.6%	759	80.3		
6007843	Rest Haven Central	Palos Heights	27.6		193	193	56258	79.6%	193	79.6%	95	592.2		
6008247	Rosary Hill Home	Justice	27.6		29	29	10468	98.6%	29	98.6%	14	1493.1		
6001036	Blue Island Nursing Home	Blue Island	28.8		30	30	9762	88.9%	30	88.9%	25	390.5		
6012967	Lexington Of Chicago Ridge	Chicago Ridge	28.8		214	214	69283	88.5%	214	88.5%	277	250.1		
6009385	Thornion Heights Terrace	Chicago Heights	29.9		222	222	75874	93.4%	222	93.4%	46	1649.4		
	Total/Average		22.8		7351	7351	1942401	72.2%	6293	84.3%	12216	159.9		
NP	Victorian Village	Homer Glen	16.1		50	50								

Source: Illinois Department of Public Health, Illinois Long-Term Care Facility's Profiles - Calendar Year 2008.
Travel Time was calculated using MapQuest.com and the State's adjustment by area.



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Alden-Orland Park Rehab & HCC

Total Travel Estimates: 7 minutes / 3.66 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

-  1: Start out going EAST on EMILE LN toward 183RD ST. 0.2 mi

-  2: EMILE LN becomes 104TH AVE. 0.5 mi

-  3: Turn RIGHT onto 179TH ST. 1.0 mi

-   4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. 1.8 mi

-  5: Turn LEFT onto 165TH AVE. 0.1 mi

-  6: Turn RIGHT onto S 97TH AVE. 0.1 mi

-  7: 16450 S 97TH AVE is on the LEFT. 0.0 mi

B: 16450 S 97th Ave, Orland Park, IL 60467-5587

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MAPQUEST

Lexington Health Care Center

Total Travel Estimates: 10 minutes / 6.00 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 4.0 mi |
|  | 5: Turn RIGHT onto W 147TH ST. | 0.1 mi |
|  | 6: Turn LEFT onto JOHN HUMPHREY DR. | 0.1 mi |
|  | 7: 14601 JOHN HUMPHREY DR is on the RIGHT. | 0.0 mi |

B: 14601 John Humphrey Dr, Orland Park, IL 60462-2641

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Frankfort Terrace

Total Travel Estimates: 11 minutes / 6.55 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. Continue to follow US-45 S. | 4.3 mi |
| | 5: Turn LEFT onto OLD FRANKFORT WAY. | 0.2 mi |
| | 6: Turn RIGHT onto N WHITE ST. | 0.1 mi |
| | 7: Turn RIGHT onto W BOWEN ST. | 0.1 mi |
| | 8: W BOWEN ST becomes SMITH ST. | 0.0 mi |
| | 9: 40 SMITH ST is on the LEFT. | 0.0 mi |

B: 40 Smith St, Frankfort, IL 60423-1474

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MAPQUEST

Trip to 12565 Renaissance Cir
 Homer Glen, IL 60491-5898
 7.98 miles - about 14 minutes

Notes

Victorian Village

FREE What is your credit score?
 See your score in seconds!

Excellent	750 - 840
Good	660 - 749
Fair	620 - 659
Poor	340 - 619
I Don't Know	???

Find out FREE! FreeScore.com

 10501 Emilie Ln, Orland Park, IL 60467-8805

-  1. Start out going EAST on EMILE LN toward 183RD ST. 0.2 mi
-  2. EMILE LN becomes 104TH AVE. 0.5 mi
-  3. Turn LEFT onto 179TH ST. 0.5 mi
-  4. Turn RIGHT onto 108TH AVE. 2.5 mi
-  5. Turn LEFT onto W 159TH ST/US-6. Continue to follow W 159TH ST. 1.5 mi
-  6. Turn RIGHT onto S WILL COOK RD. 2.0 mi
-  7. Turn LEFT onto W 143RD ST. 0.7 mi
-  8. Turn LEFT onto RENAISSANCE CIR (Gate access required). 0.0 mi
-  9. Turn RIGHT to stay on RENAISSANCE CIR. 0.0 mi
-  10. 12565 RENAISSANCE CIR is on the LEFT. 0.0 mi

MAPQUEST

McAllister Nursing & Rehab

Total Travel Estimates: 15 minutes / 9.95 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
|   | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 3.6 mi |
|   | 6: Merge onto IL-43 N/HARLEM AVE via EXIT 148B. | 0.9 mi |
|  | 7: Turn RIGHT onto 183RD ST. | 2.9 mi |
|  | 8: 18300 LAVERGNE AVE. | 0.0 mi |

B: 18300 Lavergne Ave, Country Club Hills, IL 60478-2903

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Advocate South Suburban Hospital

Total Travel Estimates: 17 minutes / 12.94 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 9.0 mi |
| | 6: Take the KEDZIE AVE exit, EXIT 154. | 0.2 mi |
| | 7: Turn RIGHT onto KEDZIE AVE. | 1.1 mi |
| | 8: 17800 KEDZIE AVE. | 0.0 mi |

B: 17800 Kedzie Ave, Hazel Crest, IL 60429-2029

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Imperial of Hazel Crest

Total Travel Estimates: 17 minutes / 12.69 miles

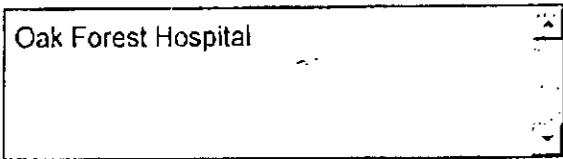
A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|  | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
|  | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 9.0 mi |
|  | 6: Take the KEDZIE AVE exit, EXIT 154. | 0.2 mi |
|  | 7: Turn RIGHT onto KEDZIE AVE. | 0.7 mi |
|  | 8: Turn RIGHT onto 175TH ST. | 0.2 mi |
|  | 9: 3300 175TH ST. | 0.0 mi |

B: 3300 175th St, Hazel Crest, IL 60429-1604

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MAPQUEST



Total Travel Estimates: 17 minutes / 12.52 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|  | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
|  | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 6.2 mi |
|  | 6: Merge onto I-57 N via EXIT 151B on the LEFT toward CHICAGO. | 1.5 mi |
|  | 7: Take the WEST 167TH ST exit, EXIT 346, toward IL-50/CICERO AVE. | 0.7 mi |
|  | 8: Merge onto 167TH ST. | 0.5 mi |
|  | 9: Turn RIGHT onto CICERO AVE/IL-50. | 1.0 mi |
|  | 10: 15900 CICERO AVE is on the LEFT. | 0.0 mi |

B: 15900 Cicero Ave, Oak Forest, IL 60452

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MAPQUEST

Hillcrest Healthcare Center

Total Travel Estimates: 18 minutes / 10.98 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn LEFT onto 179TH ST. | 1.7 mi |
|   | 4: Turn LEFT onto US-6 W/SOUTHWEST HWY. Continue to follow US-6 W. | 8.2 mi |
|  | 5: Turn SLIGHT RIGHT onto DRAPER AVE. | 0.2 mi |
|  | 6: Turn SLIGHT LEFT onto BELLE AVE. | 0.1 mi |
|  | 7: Turn RIGHT onto N DRAPER AVE. | 0.0 mi |
|  | 8: 777 DRAPER AVE is on the RIGHT. | 0.0 mi |

B: 777 Draper Ave, Joliet, IL 60432-1417

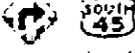
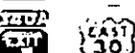
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MAPQUEST

Applewood Nursing & Rehabilitation Center

Total Travel Estimates: 19 minutes / 14.07 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|---|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|  | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
|  | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 5.9 mi |
|  | 6: Merge onto I-57 S via EXIT 151A toward MEMPHIS. | 4.3 mi |
|  | 7: Merge onto US-30 E/LINCOLN HWY/211TH ST via EXIT 340A. | 1.3 mi |
|  | 8: Turn RIGHT onto KOSTNER AVE. | 0.0 mi |
|  | 9: 21020 KOSTNER AVE is on the RIGHT. | 0.0 mi |

B: 21020 Kostner Ave, Matteson, IL 60443-2068

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MAPQUEST

Manorcare of Palos Heights East

Total Travel Estimates: 19 minutes / 10.59 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 5.5 mi |
|  | 5: Turn RIGHT onto W 135TH ST. | 0.5 mi |
|   | 6: Turn LEFT onto SOUTHWEST HWY/IL-7. | 2.7 mi |
|   | 7: Turn RIGHT onto W COLLEGE DR/IL-83. | 0.2 mi |
|  | 8: 7850 W COLLEGE DR is on the LEFT. | 0.0 mi |

B: 7850 W College Dr, Palos Heights, IL 60463-1010

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Manorcare of Palos Heights West

Total Travel Estimates: 19 minutes / 10.47 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 5.5 mi |
|  | 5: Turn RIGHT onto W 135TH ST. | 0.5 mi |
|   | 6: Turn LEFT onto SOUTHWEST HWY/IL-7. | 2.7 mi |
|  | 7: 11860 SOUTHWEST HWY is on the LEFT. | 0.0 mi |

B: 11860 Southwest Hwy, Palos Heights, IL 60463-1036

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Sunny Hill Nursing Home

Total Travel Estimates: 19 minutes / 15.34 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|---------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.5 mi |
|   | 5: Merge onto I-80 W toward JOLIET. | 12.4 mi |
|  | 6: Take the RICHARDS ST exit, EXIT 133. | 0.2 mi |
|  | 7: Turn LEFT onto S RICHARDS ST. | 0.5 mi |
|  | 8: Turn LEFT onto DORIS AVE. | 0.0 mi |
|  | 9: 421 DORIS AVE is on the LEFT. | 0.0 mi |

B: 421 Doris Ave, Joliet, IL 60433-2569

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Glenshire Nursing & Rehabilitation Centre

Total Travel Estimates: 20 minutes / 15.52 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|---|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 5.9 mi |
| | 6: Merge onto I-57 S via EXIT 151A toward MEMPHIS. | 4.3 mi |
| | 7: Merge onto US-30 E/LINCOLN HWY/211TH ST via EXIT 340A. | 0.8 mi |
| | 8: Turn RIGHT onto CICERO AVE/IL-50. | 2.0 mi |
| | 9: 22660 CICERO AVE is on the RIGHT. | 0.0 mi |

B: 22660 Cicero Ave, Richton Park, IL 60471-1700

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Salem Village Nursing & Rehab

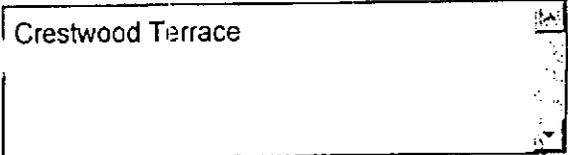
Total Travel Estimates: 20 minutes / 15.20 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|---------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.5 mi |
| | 5: Merge onto I-80 W toward JOLIET. | 10.7 mi |
| | 6: Take the BRIGGS ST exit, EXIT 134. | 0.3 mi |
| | 7: Turn LEFT onto S BRIGGS ST/CR-54. | 0.8 mi |
| | 8: Turn RIGHT onto MILLS RD/CR-51. | 1.0 mi |
| | 9: Turn LEFT onto S ROWELL AVE. | 0.2 mi |
| | 10: 1314 ROWELL AVE is on the LEFT. | 0.0 mi |

B: 1314 Rowell Ave, Joliet, IL 60433-2866

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Total Travel Estimates: 21 minutes / 12.50 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 4.5 mi |
|  | 5: Turn RIGHT onto W 143RD ST. | 3.0 mi |
|   | 6: Turn LEFT onto S HARLEM AVE/IL-43 N. | 1.0 mi |
|  | 7: Turn RIGHT onto W 135TH ST. | 2.0 mi |
|  | 8: Turn LEFT onto CENTRAL AVE. | 0.2 mi |
|  | 9: 13301 CENTRAL AVE is on the RIGHT. | 0.0 mi |

B: 13301 Central Ave, Crestwood, IL 60445-1370

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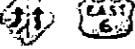
MAPQUEST

Heather Healthcare Center

▲
▼

Total Travel Estimates: 21 minutes / 15.34 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|  | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
|  | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 9.7 mi |
|  | 6: Merge onto I-294 N via EXIT 155 on the LEFT toward WISCONSIN (Portions toll). | 1.4 mi |
|  | 7: Merge onto US-6 EW 159TH ST. | 1.2 mi |
|  | 8: Turn LEFT onto WOOD ST. | 0.4 mi |
|  | 9: Turn LEFT onto W 156TH ST. | 0.1 mi |
|  | 10: 15600 HONORE AVE. | 0.0 mi |

B: 15600 Honore Ave, Harvey, IL 60426-4102

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Lemont Nursing & Rehabilitation Center

Total Travel Estimates: 21 minutes / 12.80 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

	1: Start out going EAST on EMILE LN toward 183RD ST.	0.2 mi
	2: EMILE LN becomes 104TH AVE.	0.5 mi
	3: Turn LEFT onto 179TH ST.	0.5 mi
	4: Turn RIGHT onto 108TH AVE.	2.5 mi
	5: Turn LEFT onto W 159TH ST/US-6. Continue to follow W 159TH ST.	2.5 mi
	6: Turn RIGHT onto S BELL RD/CR-16. Continue to follow S BELL RD.	3.5 mi
	7: Turn LEFT onto W 131ST ST.	1.6 mi
	8: Turn RIGHT onto DERBY RD.	1.1 mi
	9: Turn SLIGHT LEFT onto MCCARTHY RD.	0.3 mi
	10: Turn LEFT onto WALKER RD.	0.1 mi
	11: 12450 WALKER RD is on the RIGHT.	0.0 mi

B: 12450 Walker Rd, Lemont, IL 60439-9301

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Manorcare of Homewood

Total Travel Estimates: 21 minutes / 15.77 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|---------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|  | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
|  | 5: Merge onto I-80 E toward INDIANA (Portions toll). | 11.8 mi |
|  | 6: Merge onto HALSTED ST//IL-1 S. | 1.2 mi |
|  | 7: Turn RIGHT onto MAPLE AVE. | 0.2 mi |
|  | 8: 940 MAPLE AVE is on the RIGHT. | 0.0 mi |

B: 940 Maple Ave, Homewood, IL 60430

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Plaza Nursing & Rehabilitation Center

Total Travel Estimates: 21 minutes / 15.47 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|---|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 6.2 mi |
| | 6: Merge onto I-57 N via EXIT 151B on the LEFT toward CHICAGO. | 5.3 mi |
| | 7: Take the IL-83 N exit, EXIT 350. | 0.3 mi |
| | 8: Turn LEFT onto W 147TH ST/W SIBLEY BLVD/IL-83.
Continue to follow W 147TH ST/IL-83. | 1.1 mi |
| | 9: 3249 147TH ST is on the LEFT. | 0.0 mi |

B: 3249 147th St, Midlothian, IL 60445-3656

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Crestwood Care Centre

Total Travel Estimates: 22 minutes / 14.65 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 6.2 mi |
| | 6: Merge onto I-57 N via EXIT 151B on the LEFT toward CHICAGO. | 1.5 mi |
| | 7: Take the WEST 167TH ST exit, EXIT 346, toward IL-50/CICERO AVE. | 0.7 mi |
| | 8: Merge onto 167TH ST. | 0.5 mi |
| | 9: Turn RIGHT onto CICERO AVE/IL-50. | 3.1 mi |
| | 10: 14255 CICERO AVE is on the RIGHT. | 0.0 mi |

B: 14255 Cicero Ave, Crestwood, IL 60445-2154

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Palos Hills Extended Care

Total Travel Estimates: 22 minutes / 13.14 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 8.6 mi |
|  | 5: Turn RIGHT onto W 111TH ST. | 2.0 mi |
|  | 6: Turn LEFT onto S ROBERTS RD. | 0.8 mi |
|  | 7: 10426 S ROBERTS RD is on the LEFT. | 0.0 mi |

B: 10426 S Roberts Rd, Palos Hills, IL 60465-1932

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Ridgeland Nursing & Rehabilitation Center

Total Travel Estimates: 22 minutes / 12.45 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 4.5 mi |
|  | 5: Turn RIGHT onto W 143RD ST. | 3.0 mi |
|   | 6: Turn LEFT onto S HARLEM AVE/IL-43 N. | 1.0 mi |
|  | 7: Turn RIGHT onto W 135TH ST. | 1.0 mi |
|  | 8: Turn LEFT onto S RIDGELAND AVE. | 1.2 mi |
|  | 9: 12550 S RIDGELAND AVE is on the LEFT. | 0.0 mi |

B: 12550 S Ridgeland Ave, Palos Heights, IL 60463-1859

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South Suburban Rehab Center
 19000 Halsted Center
 Homewood, IL 60430

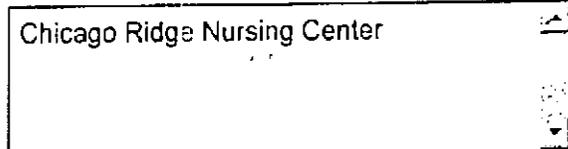
Total Travel Estimates: 21 minutes / 16.20 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|---------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|  | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
|  | 5: Merge onto I-80 E toward INDIANA (Portions toll). | 11.8 mi |
|  | 6: Merge onto HALSTED ST/IL-1 S. | 1.9 mi |
|  | 7: [18250-18298] HALSTED ST. | 0.0 mi |

B: [18250-18298] Halsted St, Homewood, IL 60430

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Total Travel Estimates: 23 minutes / 12.56 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

-  1: Start out going **EAST** on **EMILE LN** toward **183RD ST.** 0.2 mi

-  2: **EMILE LN** becomes **104TH AVE.** 0.5 mi

-  3: Turn **RIGHT** onto **179TH ST.** 1.0 mi

-   4: Turn **LEFT** onto **US-45 N/LA GRANGE RD/96TH AVE.** 5.5 mi

-  5: Turn **RIGHT** onto **W 135TH ST.** 0.5 mi

-  6: Turn **LEFT** onto **SOUTHWEST HWY/IL-7.** Continue to follow **SOUTHWEST HWY.** 4.8 mi

-  7: **10602 SOUTHWEST HWY** is on the **LEFT.** 0.0 mi

B: 10602 Southwest Hwy, Chicago Ridge, IL 60415-1429

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Deerbrook Care Centre

Total Travel Estimates: 23 minutes / 18.52 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|---------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.5 mi |
|   | 5: Merge onto I-80 W toward JOLIET. | 14.9 mi |
|   | 6: Merge onto S LARKIN AVE/IL-7 N via EXIT 130B. | 1.3 mi |
|  | 7: 306 N LARKIN AVE is on the RIGHT. | 0.0 mi |

B: 306 N Larkin Ave, Joliet, IL 60435-6698

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Joliet Terrace

Total Travel Estimates: 23 minutes / 18.27 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

-  1: Start out going EAST on EMILE LN toward 183RD ST. 0.2 mi
-  2: EMILE LN becomes 104TH AVE. 0.5 mi
-  3: Turn RIGHT onto 179TH ST. 1.0 mi
-   4: Turn RIGHT onto LA GRANGE RD/US-45 S. 0.5 mi
-   5: Merge onto I-80 W toward JOLIET. 14.9 mi
-   6: Merge onto S LARKIN AVE/IL-7 N via EXIT 130B. 0.5 mi
-  7: Turn LEFT onto MCDONOUGH ST/CR-3. 0.6 mi
-  8: 2230 MCDONOUGH ST is on the LEFT. 0.0 mi

B: 2230 McDonough St, Joliet, IL 60436-1842

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Lydia Healthcare

Total Travel Estimates: 23 minutes / 15.71 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 6.2 mi |
| | 6: Merge onto I-57 N via EXIT 151B on the LEFT toward CHICAGO. | 3.0 mi |
| | 7: Merge onto W 159TH ST/US-6 E via EXIT 348. | 1.1 mi |
| | 8: Turn LEFT onto KEDZIE AVE. | 2.8 mi |
| | 9: Turn LEFT onto W 139TH ST. | 0.1 mi |
| | 10: Turn LEFT onto S LYDIA AVE. | 0.0 mi |
| | 11: 13901 S LYDIA AVE is on the LEFT. | 0.0 mi |

B: 13901 S Lydia Ave, Robbins, IL 60472-2215

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Fairview Care Center of Joliet

Total Travel Estimates: 24 minutes / 18.73 miles

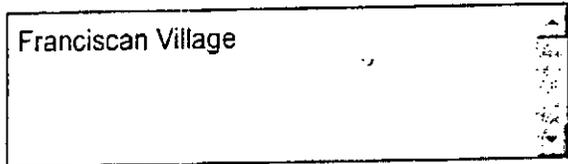
A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|---------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.5 mi |
| | 5: Merge onto I-80 W toward JOLIET. | 14.9 mi |
| | 6: Merge onto S LARKIN AVE/IL-7 N via EXIT 130B. | 1.0 mi |
| | 7: Turn LEFT onto US-52/W JEFFERSON ST. | 0.3 mi |
| | 8: Turn RIGHT onto N HAMMES AVE. | 0.3 mi |
| | 9: 222 N HAMMES AVE is on the RIGHT. | 0.0 mi |

B: 222 N Hammes Ave, Joliet, IL 60435-8161

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MAPQUEST



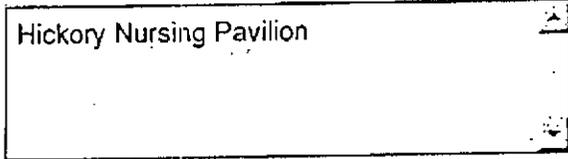
Total Travel Estimates: 24 minutes / 14.72 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|---|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn LEFT onto 179TH ST. | 0.5 mi |
|  | 4: Turn RIGHT onto 108TH AVE. | 2.5 mi |
|  | 5: Turn LEFT onto W 159TH ST/US-6. Continue to follow W 159TH ST. | 2.5 mi |
|  | 6: Turn RIGHT onto S BELL RD/CR-16. Continue to follow S BELL RD. | 5.9 mi |
|   | 7: Turn RIGHT onto IL-171/S ARCHER AVE. | 0.2 mi |
|  | 8: Turn LEFT onto MAIN ST. | 2.2 mi |
|  | 9: Turn LEFT onto WALKER RD. | 0.1 mi |
|  | 10: Turn RIGHT onto FRANCISCAN DR. | 0.1 mi |
|  | 11: 1270 FRANCISCAN DR. | 0.0 mi |

B: 1270 Franciscan Dr, Lemont, IL 60439-3787

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Total Travel Estimates: 24 minutes / 14.43 miles

A: 10501 Emile Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|---------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 10.7 mi |
|   | 5: Turn RIGHT onto US-12/US-20/95TH ST/ULYSSES S GRANT MEMORIAL HWY. | 1.7 mi |
|  | 6: Turn LEFT onto S ROBERTS RD. | 0.3 mi |
|  | 7: 9246 S ROBERTS RD is on the LEFT. | 0.0 mi |

B: 9246 S Roberts Rd, Hickory Hills, IL 60457-2066

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Prairie Manor Nursing & Rehabilitation Center

Total Travel Estimates: 24 minutes / 16.22 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 5.9 mi |
| | 6: Merge onto I-57 S via EXIT 151A toward MEMPHIS. | 2.8 mi |
| | 7: Take the EAST VOLLMER RD exit, EXIT 342A. | 0.3 mi |
| | 8: Merge onto VOLLMER RD. | 4.5 mi |
| | 9: Turn SLIGHT RIGHT onto DIXIE HWY. | 0.2 mi |
| | 10: 345 DIXIE HWY is on the LEFT. | 0.0 mi |

B: 345 Dixie Hwy, Chicago Heights, IL 60411-1757

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Provena Villa Franciscan

Total Travel Estimates: 24 minutes / 19.06 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

	1: Start out going EAST on EMILE LN toward 183RD ST.	0.2 mi
	2: EMILE LN becomes 104TH AVE.	0.5 mi
	3: Turn RIGHT onto 179TH ST.	1.0 mi
	4: Turn RIGHT onto LA GRANGE RD/US-45 S.	0.5 mi
	5: Merge onto I-80 W toward JOLIET.	14.9 mi
	6: Merge onto S LARKIN AVE/IL-7 N via EXIT 130B.	1.0 mi
	7: Turn LEFT onto US-52/W JEFFERSON ST.	0.7 mi
	8: Turn RIGHT onto SPRINGFIELD AVE.	0.2 mi
	9: 210 SPRINGFIELD AVE is on the RIGHT.	0.0 mi

B: 210 Springfield Ave, Joliet, IL 60435-6589

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Providence Healthcare & Rehabilitation
 13259 South Central Avenue
 Palos Heights, Illinois 60463

Total Travel Estimates: 24 minutes / 13.35 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 4.5 mi |
|  | 5: Turn RIGHT onto W 143RD ST. | 3.0 mi |
|   | 6: Turn LEFT onto S HARLEM AVE/IL-43 N. | 1.0 mi |
|  | 7: Turn RIGHT onto W 135TH ST. | 1.0 mi |
|  | 8: Turn LEFT onto S RIDGELAND AVE. | 1.0 mi |
|  | 9: Turn RIGHT onto W 127TH ST. | 1.0 mi |
|  | 10: Turn LEFT onto S CENTRAL AVE. | 0.1 mi |
|  | 11: [12614-12698] S CENTRAL AVE. | 0.0 mi |

B: [12614-12698] S Central Ave, Palos Heights, IL 60463

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Rosary Hill Home

Total Travel Estimates: 24 minutes / 15.45 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|---|---------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 12.3 mi |
|   | 5: Merge onto IL-171 N/S ARCHER AVE toward 79TH ST/I-294 S/INDIANA. | 0.7 mi |
|  | 6: Turn SLIGHT RIGHT onto W 79TH ST. | 0.2 mi |
|  | 7: Turn RIGHT onto S 88TH AVE/S CORK AVE. | 0.3 mi |
|  | 8: Turn RIGHT onto W 81ST ST. | 0.2 mi |
|  | 9: 9000 W 81ST ST is on the RIGHT. | 0.0 mi |

B: 9000 W 81st St, Justice, IL 60458-1350

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Blue Island Nursing Home
 2427 West 127th Street
 Blue Island, IL 60406

Total Travel Estimates: 25 minutes / 18.38 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
|   | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 6.2 mi |
|   | 6: Merge onto I-57 N via EXIT 151B on the LEFT toward CHICAGO. | 8.4 mi |
|  | 7: Take EXIT 353 toward 127TH ST/BURR OAK AVE. | 0.2 mi |
|  | 8: Turn SLIGHT LEFT onto S MARSHFIELD AVE. | 0.1 mi |
|  | 9: Turn LEFT onto W 127TH ST/W BURR OAK AVE. | 1.0 mi |
|  | 10: 2427 BURR OAK AVE. | 0.0 mi |

B: 2427 Burr Oak Ave, Blue Island, IL 60406-2024

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Lexington of Chicago Ridge

Total Travel Estimates: 25 minutes / 13.12 miles

A: 10501 Emile Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 5.5 mi |
| | 5: Turn RIGHT onto W 135TH ST. | 0.5 mi |
| | 6: Turn LEFT onto SOUTHWEST HWY//IL-7. Continue to follow SOUTHWEST HWY. | 5.4 mi |
| | 7: 10300 SOUTHWEST HWY. | 0.0 mi |

B: 10300 Southwest Hwy, Chicago Ridge, IL 60415-1426

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Thornton Heights Terrace

Total Travel Estimates: 26 minutes / 17.33 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
|   | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 5.9 mi |
|   | 6: Merge onto I-57 S via EXIT 151A toward MEMPHIS. | 2.8 mi |
|  | 7: Take the EAST VOLLMER RD exit, EXIT 342A. | 0.3 mi |
|  | 8: Merge onto VOLLMER RD. | 4.5 mi |
|  | 9: Turn SLIGHT RIGHT onto DIXIE HWY. | 1.2 mi |
|  | 10: Turn RIGHT onto 10TH ST. | 0.1 mi |
|  | 11: 160 W 10TH ST is on the LEFT. | 0.0 mi |

B: 160 W 10th St, Chicago Heights, IL 60411-2002

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Notes

Victorian Village

Trip to 12565 Renaissance Cir

Homer Glen, IL 60491-5898

7.98 miles - about 14 minutes



★ 10501 Emilie Ln, Orland Park, IL 60467-8805



1. Start out going EAST on EMILE LN toward 183RD ST.

0.2 mi



2. EMILE LN becomes 104TH AVE.

0.5 mi



3. Turn LEFT onto 179TH ST.

0.5 mi



4. Turn RIGHT onto 108TH AVE.

2.5 mi



5. Turn LEFT onto W 159TH ST/US-6. Continue to follow W 159TH ST.

1.5 mi



6. Turn RIGHT onto S WILL COOK RD.

2.0 mi



7. Turn LEFT onto W 143RD ST.

0.7 mi



8. Turn LEFT onto RENAISSANCE CIR (Gate access required).

0.0 mi



9. Turn RIGHT to stay on RENAISSANCE CIR.

0.0 mi



10. 12565 RENAISSANCE CIR is on the LEFT.

0.0 mi

★ 12565 Renaissance Cir, Homer Glen, IL 60491-5898

Total Travel Estimate : 7.98 miles - about 14 minutes

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Brentwood Sub-Acute Healthcare

Total Travel Estimates: 31 minutes / 18.33 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|---------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 11.7 mi |
| | 5: Turn RIGHT onto W 87TH ST. | 4.9 mi |
| | 6: 5400 W 87TH ST. | 0.0 mi |

B: 5400 W 87th St, Burbank, IL 60459-2913

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Belhaven Nursing & Rehabilitation Center

Total Travel Estimates: 28 minutes / 20.14 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
|   | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 6.2 mi |
|   | 6: Merge onto I-57 N via EXIT 151B on the LEFT toward CHICAGO. | 9.3 mi |
|  | 7: Take EXIT 354 toward 119TH ST. | 0.2 mi |
|  | 8: Turn SLIGHT LEFT onto S ASHLAND AVE. | 0.1 mi |
|  | 9: Turn LEFT onto W 119TH ST. | 1.0 mi |
|  | 10: Turn RIGHT onto S WESTERN AVE. | 0.6 mi |
|  | 11: Turn RIGHT onto W 114TH ST. | 0.1 mi |
|  | 12: Turn RIGHT onto S OAKLEY AVE. | 0.0 mi |
|  | 13: 11401 S OAKLEY AVE is on the LEFT. | 0.0 mi |

B: 11401 S Oakley Ave, Chicago, IL 60643-4196

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Alden Estates of Shorewood

Total Travel Estimates: 31 minutes / 25.55 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|---------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.5 mi |
| | 5: Merge onto I-80 W toward JOLIET. | 19.1 mi |
| | 6: Merge onto I-55 N via EXIT 126B toward CHICAGO. | 1.6 mi |
| | 7: Take the IL-59 exit, EXIT 251 , toward SHOREWOOD/PLAINFIELD. | 0.7 mi |
| | 8: Turn SLIGHT RIGHT onto COTTAGE ST/IL-59. Continue to follow IL-59. | 1.5 mi |
| | 9: Turn LEFT onto W BLACK RD/CR-56. | 0.3 mi |
| | 10: Turn RIGHT onto SHOREWOOD DR. | 0.0 mi |
| | 11: 735 SHOREWOOD DR is on the LEFT. | 0.0 mi |

B: 735 Shorewood Dr, Shorewood, IL 60404

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Total Travel Estimates: 28 minutes / 18.30 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

-  1: Start out going EAST on EMILE LN toward 183RD ST. 0.2 mi
-  2: EMILE LN becomes 104TH AVE. 0.5 mi
-  3: Turn RIGHT onto 179TH ST. 1.0 mi
-   4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. Continue to follow US-45 N/LA GRANGE RD. 15.2 mi
-  5: Turn LEFT onto JOLIET RD. 1.4 mi
-  6: 6800 JOLIET RD is on the RIGHT. 0.0 mi

B: 6800 Joliet Rd, Indian Head Park, IL 60525-4460

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Bridgeview Health Care Center

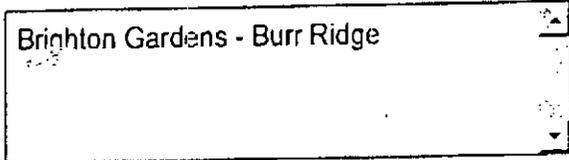
Total Travel Estimates: 27 minutes / 17.18 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|---|---------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 12.3 mi |
| | 5: Merge onto IL-171 N/S ARCHER AVE toward 79TH ST/1-294 S/INDIANA. | 0.7 mi |
| | 6: Turn SLIGHT RIGHT onto W 79TH ST. | 2.2 mi |
| | 7: Turn RIGHT onto S HARLEM AVE/IL-43. | 0.3 mi |
| | 8: 8100 S HARLEM AVE. | 0.0 mi |

B: 8100 S Harlem Ave, Bridgeview, IL 60455-1690

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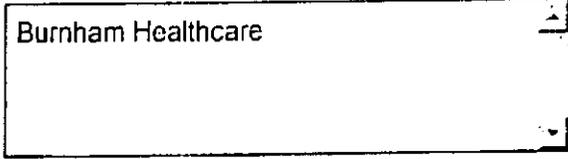
Total Travel Estimates: 29 minutes / 18.56 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|---|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn LEFT onto 179TH ST. | 0.5 mi |
| | 4: Turn RIGHT onto 108TH AVE. | 2.5 mi |
| | 5: Turn LEFT onto W 159TH ST/US-6. Continue to follow W 159TH ST. | 2.5 mi |
| | 6: Turn RIGHT onto S BELL RD/CR-16. Continue to follow S BELL RD. | 5.9 mi |
| | 7: Turn RIGHT onto IL-171/S ARCHER AVE. | 1.0 mi |
| | 8: Stay STRAIGHT to go onto IL-83 N/KINGERY HWY. | 4.5 mi |
| | 9: Turn RIGHT onto PLAINFIELD RD/CR-31. | 0.8 mi |
| | 10: Turn RIGHT onto HIGH GROVE BLVD. | 0.1 mi |
| | 11: [6800-6899] HIGH GROVE BLVD. | 0.0 mi |

B: [6800-6899] High Grove Blvd, Willowbrook, IL 60527

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Total Travel Estimates: 30 minutes / 22.66 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- 
1: Start out going EAST on EMILE LN toward 183RD ST.
0.2 mi

- 
2: EMILE LN becomes 104TH AVE.
0.5 mi

- 
3: Turn RIGHT onto 179TH ST.
1.0 mi

- 

4: Turn RIGHT onto LA GRANGE RD/US-45 S.
0.9 mi

- 

5: Merge onto I-80 E toward INDIANA (Portions toll).
14.6 mi

- 
6: Take the IL-394 S exit toward I-94 W/CHICAGO/DANVILLE.
0.3 mi

- 
7: Take the I-94 W exit on the LEFT toward CHICAGO.
0.6 mi

- 

8: Merge onto IL-394 N/BISHOP FORD FWY.
0.5 mi

- 

9: IL-394 N/BISHOP FORD FWY becomes I-94 W/BISHOP FORD FWY.
2.1 mi

- 

10: Merge onto IL-83 E/SIBLEY BLVD via EXIT 71B.
1.1 mi

- 
11: Turn LEFT onto TORRENCE AVE.
0.5 mi

- 
12: Turn RIGHT onto E STATE ST/STATE ST.
0.2 mi

- 
13: Turn LEFT onto S MANISTEE AVE.
0.1 mi

- 
14: 14500 S MANISTEE AVE.
0.0 mi

B: 14500 S Manistee Ave, Burnham, IL 60633-2069

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Chateau Nursing & Rehabilitation Center

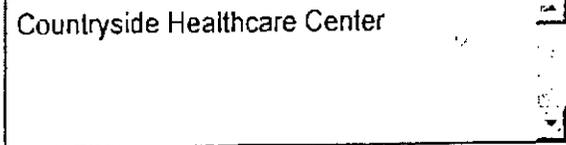
Total Travel Estimates: 28 minutes / 18.41 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|---|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn LEFT onto 179TH ST. | 0.5 mi |
| | 4: Turn RIGHT onto 108TH AVE. | 2.5 mi |
| | 5: Turn LEFT onto W 159TH ST/US-6. Continue to follow W 159TH ST. | 2.5 mi |
| | 6: Turn RIGHT onto S BELL RD/CR-16. Continue to follow S BELL RD. | 5.9 mi |
| | 7: Turn RIGHT onto IL-171/S ARCHER AVE. | 1.0 mi |
| | 8: Stay STRAIGHT to go onto IL-83 N/KINGERY HWY. | 4.5 mi |
| | 9: Turn RIGHT onto PLAINFIELD RD/CR-31. | 0.5 mi |
| | 10: Turn RIGHT onto S MADISON ST/CR-8. | 0.3 mi |
| | 11: 7050 S MADISON ST is on the RIGHT. | 0.0 mi |

B: 7050 S Madison St, Willowbrook, IL 60527-5548

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Total Travel Estimates: 29 minutes / 21.68 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|---|---------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E toward INDIANA (Portions toll). | 14.6 mi |
| | 6: Take the IL-394 S exit toward I-94 W/CHICAGO/DANVILLE. | 0.3 mi |
| | 7: Take the I-94 W exit on the LEFT toward CHICAGO. | 0.6 mi |
| | 8: Merge onto IL-394 N/BISHOP FORD FWY. | 0.5 mi |
| | 9: IL-394 N/BISHOP FORD FWY becomes I-94 W/BISHOP FORD FWY. | 0.5 mi |
| | 10: Merge onto US-6 E/159TH ST via EXIT 73B. | 0.8 mi |
| | 11: Turn LEFT onto GREENWOOD RD. | 1.3 mi |
| | 12: Turn RIGHT onto E 154TH ST. | 0.6 mi |
| | 13: 1635 E 154TH ST is on the RIGHT. | 0.0 mi |

B: 1635 E 154th St, Dolton, IL 60419-3001

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Dolton Healthcare Centre

Total Travel Estimates: 31 minutes / 22.22 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|---|---------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E toward INDIANA (Portions toll). | 14.6 mi |
| | 6: Take the IL-394 S exit toward I-94 W/CHICAGO/DANVILLE. | 0.3 mi |
| | 7: Take the I-94 W exit on the LEFT toward CHICAGO. | 0.6 mi |
| | 8: Merge onto IL-394 N/BISHOP FORD FWY. | 0.5 mi |
| | 9: IL-394 N/BISHOP FORD FWY becomes I-94 W/BISHOP FORD FWY. | 2.3 mi |
| | 10: Merge onto IL-83 W/SIBLEY BLVD via EXIT 71A. | 0.4 mi |
| | 11: Turn SLIGHT RIGHT onto LINCOLN AVE/MICHIGAN CITY RD. | 0.1 mi |
| | 12: Turn RIGHT onto DORCHESTER AVE. | 0.5 mi |
| | 13: Turn RIGHT onto KASTEN DR. | 0.1 mi |
| | 14: Turn LEFT onto BLACKSTONE AVE. | 0.2 mi |
| | 15: 14325 BLACKSTONE AVE is on the RIGHT. | 0.0 mi |

B: 14325 Blackstone Ave, Dolton, IL 60419-1323

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Exceptional Health Care

Total Travel Estimates: 31 minutes / 18.82 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|---|---------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 12.3 mi |
| | 5: Merge onto IL-171 N/S ARCHER AVE toward 79TH ST/I-294 S/INDIANA. | 0.7 mi |
| | 6: Turn SLIGHT RIGHT onto W 79TH ST. | 4.1 mi |
| | 7: 5701 W 79TH ST is on the RIGHT. | 0.0 mi |

B: 5701 W 79th St, Burbank, IL 60459-1332

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MAPQUEST

Glenwood Healthcare & Rehabilitation

Total Travel Estimates: 27 minutes / 21.44 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|---|---------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|  | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
|  | 5: Merge onto I-80 E toward INDIANA (Portions toll). | 14.6 mi |
|  | 6: Merge onto IL-394 S/BISHOP FORD FWY toward DANVILLE. | 3.2 mi |
|  | 7: Take the GLENWOOD-DYER RD exit. | 0.3 mi |
|  | 8: Turn RIGHT onto GLENWOOD DYER RD. | 0.7 mi |
|  | 9: Turn LEFT onto S COTTAGE GROVE AVE. | 0.1 mi |
|  | 10: 19330 S COTTAGE GROVE AVE is on the RIGHT. | 0.0 mi |

B: 19330 S Cottage Grove Ave, Glenwood, IL 60425-1834

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King-Bruwaer House

Total Travel Estimates: 30 minutes / 20.06 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|---------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE.
Continue to follow US-45 N/LA GRANGE RD. | 14.1 mi |
|   | 5: Merge onto I-55 S toward ST LOUIS. | 2.6 mi |
|  | 6: Take the NORTH COUNTY LINE RD exit, EXIT 276B. | 0.3 mi |
|  | 7: Merge onto S COUNTY LINE RD. | 1.4 mi |
|  | 8: 6101 S COUNTY LINE RD is on the RIGHT. | 0.0 mi |

B: 6101 S County Line Rd, Burr Ridge, IL 60527-8132

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Lexington of LaGrange

▲
▼

Total Travel Estimates: 32 minutes / 19.69 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|---------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| 
 | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE.
Continue to follow US-45 N/LA GRANGE RD. | 16.0 mi |
|  | 5: Turn LEFT onto W 55TH ST. | 1.0 mi |
|  | 6: Turn RIGHT onto WILLOW SPRINGS RD. | 0.9 mi |
|  | 7: 4735 WILLOW SPRINGS RD. | 0.0 mi |

B: 4735 Willow Springs Rd, La Grange, IL 60525-6130

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Manorcare of Oak Lawn East

Total Travel Estimates: 35 minutes / 24.19 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 9.7 mi |
| | 6: Merge onto I-294 N via EXIT 155 on the LEFT toward WISCONSIN (Portions toll). | 7.2 mi |
| | 7: Merge onto IL-50 N/S CICERO AVE. | 4.1 mi |
| | 8: Turn RIGHT onto US-12/US-20/ULYSSES S GRANT MEMORIAL HWY/W 95TH ST. | 0.5 mi |
| | 9: Turn LEFT onto S KOSTNER AVE. | 0.1 mi |
| | 10: 9401 S KOSTNER AVE is on the RIGHT. | 0.0 mi |

B: 9401 S Kostner Ave, Oak Lawn, IL 60453-2697

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Manorcare of Oak Lawn West

Total Travel Estimates: 27 minutes / 16.22 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|---------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| 
 | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 10.7 mi |
| 
 | 5: Turn RIGHT onto US-12/US-20/95TH ST/ULYSSES S GRANT MEMORIAL HWY. | 3.8 mi |
|  | 6: 6300 W 95TH ST. | 0.0 mi |

B: 6300 W 95th St, Oak Lawn, IL 60453-2256

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Manorcare of South Holland

Total Travel Estimates: 27 minutes / 19.84 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|---------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E toward INDIANA (Portions toll). | 15.2 mi |
| | 6: Take EXIT 161 toward US-6 W/IL-83/TORRENCE AVE. | 0.9 mi |
| | 7: Take the US-6 W/IL-83/TORRENCE AVE exit, EXIT 161, on the LEFT. | 0.2 mi |
| | 8: Keep LEFT at the fork in the ramp. | 0.1 mi |
| | 9: Merge onto TORRENCE AVE/US-6/IL-83. | 0.6 mi |
| | 10: Turn LEFT onto 167TH ST/E 170TH ST. | 0.3 mi |
| | 11: 2145 E 170TH ST is on the RIGHT. | 0.0 mi |

B: 2145 E 170th St, South Holland, IL 60473-3788

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Meadowbrook Manor - LaGrange

Total Travel Estimates: 31 minutes / 19.21 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

-  1: Start out going EAST on EMILE LN toward 183RD ST. 0.2 mi

-  2: EMILE LN becomes 104TH AVE. 0.5 mi

-  3: Turn RIGHT onto 179TH ST. 1.0 mi

-   4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. Continue to follow US-45 N/LA GRANGE RD. 17.0 mi

-  5: Turn RIGHT onto E 47TH ST. 0.3 mi

-  6: Turn LEFT onto 9TH AVE. 0.2 mi

-  7: 339 9TH AVE is on the RIGHT. 0.0 mi

B: 339 9th Ave, La Grange, IL 60525-6429

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Midway Neurological/Rehab Center

Total Travel Estimates: 27 minutes / 16.33 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

-  1: Start out going EAST on EMILE LN toward 183RD ST. 0.2 mi

-  2: EMILE LN becomes 104TH AVE. 0.5 mi

-  3: Turn RIGHT onto 179TH ST. 1.0 mi

-   4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. 11.7 mi

-  5: Turn RIGHT onto W 87TH ST. 2.7 mi

-   6: Turn LEFT onto S HARLEM AVE/IL-43. 0.2 mi

-  7: 8540 S HARLEM AVE is on the LEFT. 0.0 mi

B: 8540 S Harlem Ave, Bridgeview, IL 60455-1778

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Our Lady of Angels Retirement Home

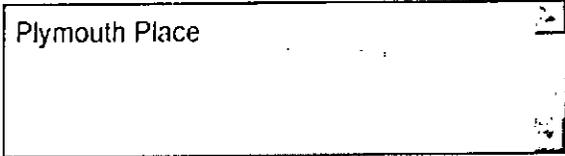
Total Travel Estimates: 27 minutes / 20.02 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|---------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.5 mi |
|   | 5: Merge onto I-80 W toward JOLIET. | 14.9 mi |
|   | 6: Merge onto S LARKIN AVE/IL-7 N via EXIT 130B. | 2.5 mi |
|  | 7: Turn RIGHT onto W INGALLS AVE. | 0.4 mi |
|  | 8: Turn LEFT onto N WYOMING AVE. | 0.0 mi |
|  | 9: 1201 WYOMING AVE is on the LEFT. | 0.0 mi |

B: 1201 Wyoming Ave, Joliet, IL 60435-3718

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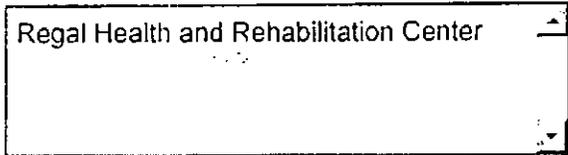
Total Travel Estimates: 34 minutes / 19.80 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|---------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE.
Continue to follow US-45 N/LA GRANGE RD. | 18.1 mi |
|  | 5: 315 N LA GRANGE RD is on the RIGHT. | 0.0 mi |

B: 315 N la Grange Rd, La Grange Park, IL 60526-1903

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Total Travel Estimates: 29 minutes / 14.60 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|---|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 5.5 mi |
| | 5: Turn RIGHT onto W 135TH ST. | 0.5 mi |
| | 6: Turn LEFT onto SOUTHWEST HWY/IL-7. Continue to follow SOUTHWEST HWY. | 6.8 mi |
| | 7: Turn RIGHT onto US-12/US-20/ULYSSES S GRANT MEMORIAL HWY/W 95TH ST. | 0.0 mi |
| | 8: Turn RIGHT onto MAYFIELD AVE. | 0.0 mi |
| | 9: 9525 MAYFIELD AVE is on the LEFT. | 0.0 mi |

B: 9525 Mayfield Ave, Oak Lawn, IL 60453-2817

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Renaissance Park South

Total Travel Estimates: 28 minutes / 20.54 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|---|---------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 6.2 mi |
| | 6: Merge onto I-57 N via EXIT 151B on the LEFT toward CHICAGO. | 10.2 mi |
| | 7: Take EXIT 355 toward MONTEREY AVE/111TH ST. | 0.2 mi |
| | 8: Turn SLIGHT LEFT onto S ASHLAND AVE/S HAMLET AVE. Continue to follow S HAMLET AVE. | 0.3 mi |
| | 9: Turn RIGHT onto W 111TH ST. | 0.9 mi |
| | 10: Turn LEFT onto S HALSTED ST/IL-1 N. | 0.2 mi |
| | 11: 10935 S HALSTED ST is on the RIGHT. | 0.0 mi |

B: 10935 S Halsted St, Chicago, IL 60628-3127

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Rest Haven South

Total Travel Estimates: 27 minutes / 17.60 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 9.7 mi |
| | 6: Merge onto I-294 N via EXIT 155 on the LEFT toward WISCONSIN (Portions toll). | 1.4 mi |
| | 7: Merge onto US-6 E. | 3.9 mi |
| | 8: Turn RIGHT onto WAUSAU AVE. | 0.1 mi |
| | 9: 16300 WAUSAU AVE is on the RIGHT. | 0.0 mi |

B: 16300 Wausau Ave, South Holland, IL 60473-2158

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Riveria Care Center

Total Travel Estimates: 27 minutes / 17.43 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|--------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 5.9 mi |
| | 6: Merge onto I-57 S via EXIT 151A toward MEMPHIS. | 4.3 mi |
| | 7: Merge onto US-30 E/LINCOLN HWY via EXIT 340A. | 4.3 mi |
| | 8: Turn RIGHT onto DIVISION ST. | 0.3 mi |
| | 9: Turn LEFT onto W 16TH PL. | 0.0 mi |
| | 10: 490 W 16TH PL is on the RIGHT. | 0.0 mi |

B: 490 W 16th Pl, Chicago Heights, IL 60411-3224

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Rosewood Care Center

Total Travel Estimates: 32 minutes / 19.73 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

-  1: Start out going EAST on EMILE LN toward 183RD ST. 0.2 mi
-  2: EMILE LN becomes 104TH AVE. 0.5 mi
-  3: Turn LEFT onto 179TH ST. 0.5 mi
-  4: Turn RIGHT onto 108TH AVE. 2.5 mi
-  5: Turn LEFT onto W 159TH ST/US-6. Continue to follow W 159TH ST. 7.8 mi
-   6: W 159TH ST becomes IL-7/E 9TH ST. 2.6 mi
-   7: Turn LEFT onto BROADWAY ST/IL-53/IL-7. 0.9 mi
-  8: Turn RIGHT onto W DIVISION ST. 3.6 mi
-  9: Turn LEFT onto HENNEPIN DR. 1.1 mi
-  10: 3401 HENNEPIN DR is on the RIGHT. 0.0 mi

B: 3401 Hennepin Dr, Joliet, IL 60431-1080

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Southport Nursing & Rehab

Total Travel Estimates: 29 minutes / 22.29 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|---------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 6.2 mi |
| | 6: Merge onto I-57 N via EXIT 151B on the LEFT toward CHICAGO. | 12.5 mi |
| | 7: Take EXIT 357 toward IL-1/HALSTED ST. | 0.2 mi |
| | 8: Turn SLIGHT LEFT onto W 99TH ST. | 0.1 mi |
| | 9: Turn LEFT onto S HALSTED ST/IL-1 N. Continue to follow S HALSTED ST. | 0.5 mi |
| | 10: Turn LEFT onto US-12 W/US-20 W/W 95TH ST/ULYSSES S GRANT MEMORIAL HWY. | 0.3 mi |
| | 11: 1010 W 95TH ST is on the RIGHT. | 0.0 mi |

B: 1010 W 95th St, Chicago, IL 60643-1522

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Tri-State Manor Nursing Home

Total Travel Estimates: 28 minutes / 20.52 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|--|--|---------|
| | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
| | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
| | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
| | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
| | 5: Merge onto I-80 E toward INDIANA (Portions toll). | 15.2 mi |
| | 6: Take EXIT 161 toward US-6 W/IL-83/TORRENCE AVE. | 0.9 mi |
| | 7: Take the US-6 W/IL-83/TORRENCE AVE exit, EXIT 161, on the LEFT. | 0.2 mi |
| | 8: Keep RIGHT at the fork to go on TORRENCE AVE/IL-83. | 0.4 mi |
| | 9: Turn LEFT onto 178TH ST. | 0.1 mi |
| | 10: Turn RIGHT onto GLEN OAK AVE. | 0.1 mi |
| | 11: Turn RIGHT onto 179TH ST. | 0.1 mi |
| | 12: Turn RIGHT onto TORRENCE AVE/IL-83. | 0.4 mi |
| | 13: Turn RIGHT onto E 176TH ST. | 0.2 mi |
| | 14: E 176TH ST becomes 175TH ST. | 0.4 mi |
| | 15: 2500 175TH ST is on the RIGHT. | 0.0 mi |

B: 2500 175th St, Lansing, IL 60438-1801

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Washington & Jane Smith Community

Total Travel Estimates: 28 minutes / 20.16 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- 
1: Start out going EAST on EMILE LN toward 183RD ST.
0.2 mi

- 
2: EMILE LN becomes 104TH AVE.
0.5 mi

- 
3: Turn RIGHT onto 179TH ST.
1.0 mi

- 

4: Turn RIGHT onto LA GRANGE RD/US-45 S.
0.9 mi

- 

5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA.
6.2 mi

- 

6: Merge onto I-57 N via EXIT 151B on the LEFT toward CHICAGO.
9.3 mi

- 
7: Take EXIT 354 toward 119TH ST.
0.2 mi

- 
8: Turn SLIGHT LEFT onto S ASHLAND AVE.
0.1 mi

- 
9: Turn LEFT onto W 119TH ST.
1.0 mi

- 
10: Turn RIGHT onto S WESTERN AVE.
0.7 mi

- 
11: Turn RIGHT onto W 113TH PL.
0.1 mi

- 
12: 2340 W 113TH PL is on the LEFT.
0.0 mi

B: 2340 W 113th Pl, Chicago, IL 60643-4107

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Windmill Nursing Pavilion

Total Travel Estimates: 27 minutes / 17.74 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- 
1: Start out going EAST on EMILE LN toward 183RD ST.
0.2 mi

- 
2: EMILE LN becomes 104TH AVE.
0.5 mi

- 
3: Turn RIGHT onto 179TH ST.
1.0 mi

- 

4: Turn RIGHT onto LA GRANGE RD/US-45 S.
0.9 mi

- 

5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA.
9.7 mi

- 

6: Merge onto I-294 N via EXIT 155 on the LEFT toward WISCONSIN (Portions toll).
1.4 mi

- 

7: Merge onto US-6 E.
3.6 mi

- 
8: Turn LEFT onto E 162ND ST.
0.1 mi

- 
9: Turn LEFT onto MICHIGAN AVE.
0.3 mi

- 
10: Turn LEFT onto E 159TH PL.
0.1 mi

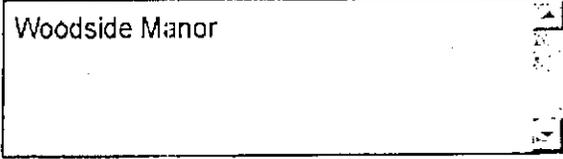
- 
11: E 159TH PL becomes WABASH AVE.
0.0 mi

- 
12: 16000 WABASH AVE is on the RIGHT.
0.0 mi

B: 16000 Wabash Ave, South Holland, IL 60473-1464

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MAPQUEST



Total Travel Estimates: 30 minutes / 19.14 miles

A: 10501 Emilie Ln, Orland Park, IL 60467-8805

- | | | |
|---|--|--------|
|  | 1: Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2: EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3: Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4: Turn RIGHT onto LA GRANGE RD/US-45 S. | 0.9 mi |
|   | 5: Merge onto I-80 E/MOLINE EXPY E toward INDIANA. | 5.9 mi |
|   | 6: Merge onto I-57 S via EXIT 151A toward MEMPHIS. | 4.3 mi |
|   | 7: Merge onto US-30 E/LINCOLN HWY via EXIT 340A. | 3.8 mi |
|  | 8: Turn RIGHT onto WESTERN AVE. | 1.0 mi |
|  | 9: Turn LEFT onto 26TH ST. | 1.6 mi |
|  | 10: 120 W 26TH ST. | 0.0 mi |

B: 120 W 26th St, South Chicago Heights, IL 60411-4141

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MAPQUEST

Trip to 9401 Ridgeland Ave
 Oak Lawn, IL 60453-2221
 16.21 miles - about 27 minutes

Notes

Concord Extended Care

**UNLIMITED RENTAL
 COVERAGE**

OUR AUTO INSURANCE
 HELPS PROTECT YOUR WALLET,
 CAR, AND PEACE OF MIND.

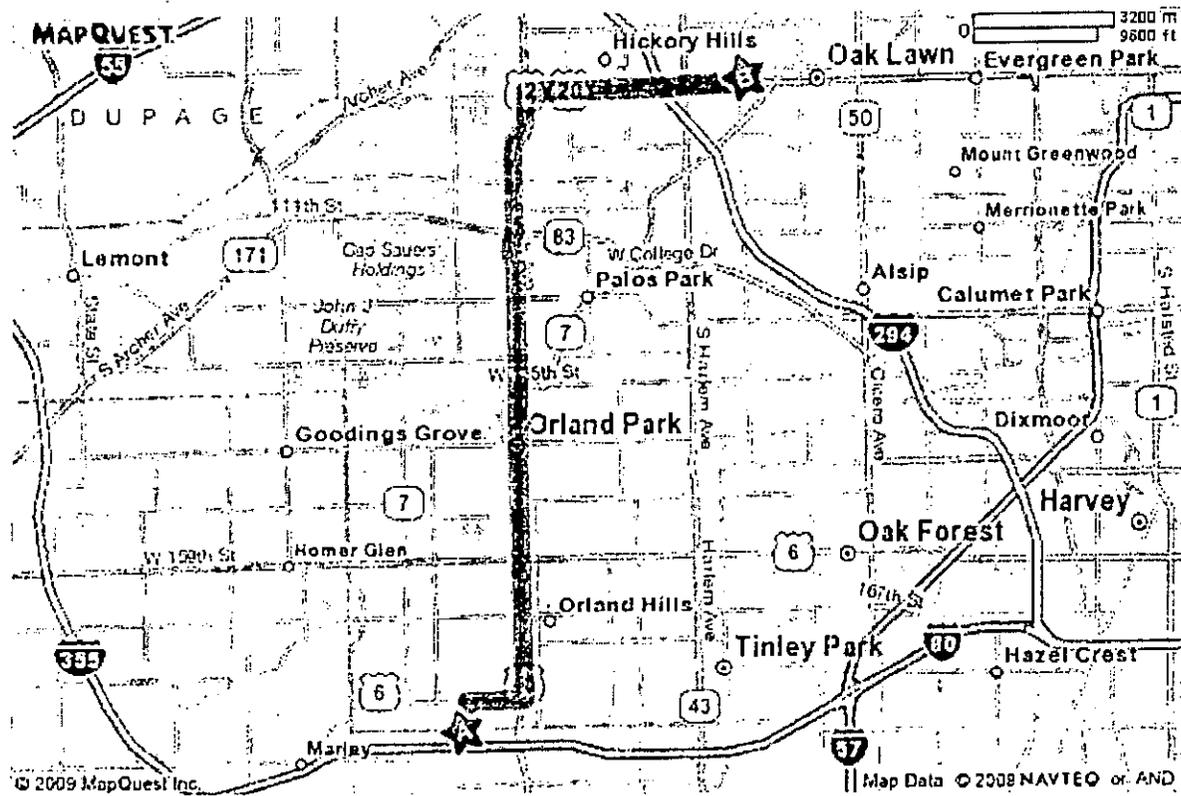


**Liberty
 Mutual**

 **10501 Emilie Ln, Orland Park, IL 60467-8805**

- | | | |
|---|--|---------|
|  | 1. Start out going EAST on EMILE LN toward 183RD ST. | 0.2 mi |
|  | 2. EMILE LN becomes 104TH AVE. | 0.5 mi |
|  | 3. Turn RIGHT onto 179TH ST. | 1.0 mi |
|   | 4. Turn LEFT onto US-45 N/LA GRANGE RD/96TH AVE. | 10.7 mi |
|   | 5. Turn RIGHT onto US-12/US-20/95TH ST/ULYSSES S GRANT MEMORIAL HWY. | 3.7 mi |
|  | 6. Turn LEFT onto RIDGELAND AVE. | 0.1 mi |
|  | 7. 9401 RIDGELAND AVE is on the RIGHT. | 0.0 mi |

 **9401 Ridgeland Ave, Oak Lawn, IL 60453-2221**
 Total Travel Estimate : 16.21 miles - about 27 minutes



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ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2009 ALDEN-ORLAND PARK REHAB & HCC

ALDEN-ORLAND PARK REHAB & HCC
 19450 SOUTH 97TH AVENUE
 ORLAND PARK, IL 60457
 Reference Numbers Facility ID 60149322
 Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Private Insurance	Private Pay	Charity	TOTALS
Running Care	55	35	0	5	40	0	143
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	55	35	0	5	40	0	143

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Subw22	ICF/DD	Skilled	Totals
Asian Indian	0	0	0	0	0
Black	2	0	0	0	2
Hispanic Pac. Isl.	0	0	0	0	0
White	140	0	0	0	140
Race Unknown	1	0	0	0	1
Total	143	0	0	0	143

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
11,178,509	1,601,393	258,371	738,854	3,352,687	0
85.3%	8.3%	1.5%	4.3%	19.0%	0.0%
TOTALS	17,128,324	100.0%	17,128,324	0	0.0%

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2009 ALDEN-ORLAND PARK REHAB & HCC

ALDEN-ORLAND PARK REHAB & HCC
 19450 SOUTH 97TH AVENUE
 ORLAND PARK, IL 60457
 Reference Numbers Facility ID 60149322
 Health Service Area 007 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Nephritis	0
Endocrine/Metabolic	5
Blood Disorders	2
Neurom System, Non Alzheim	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	3
Musculoskeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	99
Non Medical Conditions	0
TOTALS	143

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

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	200	173	143	200	Residents on 1/1/2008: 151
Skilled Under 22	0	0	0	0	Total Admissions 2008: 775
Intermediate DD	0	0	0	0	Total Discharges 2008: 713
Skilled Care	0	0	0	0	Residents on 12/31/2008: 143
TOTALS	200	173	143	200	

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Licensed Beds	Peak Beds
Nursing Care	32.6%	14,718	19.4%	1,474	0	54,759	74.8%	86.5%
Skilled Under 22	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%
Skilled Care	0.0%	0	0.0%	0	0	0	0.0%	0.0%
TOTALS	32.6%	14,718	19.4%	1,474	0	54,759	74.8%	86.5%

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

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DD		SHIELTPEEP		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 15	0	0	0	0	0	0	0	0	0	0
15 to 44	0	0	0	0	0	0	0	0	0	0
45 to 54	3	0	0	0	0	0	3	0	3	0
55 to 64	0	0	0	0	0	0	0	0	0	0
65 to 74	3	13	0	0	0	0	3	13	16	0
75 to 84	14	42	0	0	0	0	14	42	56	0
85+	9	53	0	0	0	0	9	53	62	0
TOTALS	28	114	0	0	0	0	28	114	143	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 LEXINGTON HEALTH CARE CENTER ORLAND PARK

LEXINGTON HEALTH CARE CENTER
14801 S. JOHN HANSHREY DRIVE
ORLAND PARK, IL 60462
Reference Number Facility ID 591-4622
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	167	0	1	19	0	219
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	32	167	0	1	19	0	219

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	TOTALS
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	28	0	0	0	28
Hispanic/Latino	0	0	0	0	0
White	213	0	0	0	213
Race Unknown	0	0	0	0	0
Total	239	0	0	0	239

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

ETHNICITY	Medicare	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
Medicare	31.1%	48.5%	0.6%	15.5%	0.0%	0.0%
Total	8,245,254	7,872,858	0	100,351	2,601,059	16,620,230

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	243	243
Skilled Under 22	619	619
Intermediate DD	617	617
Skilled Care	239	239

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL
Nursing Care	13432	6722	6974	5322	0	0	26350
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	13432	6722	6974	5322	0	0	26350

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

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 54	4	2	0	0	4	2	6
55 to 64	5	6	0	0	5	6	11
65 to 74	9	21	0	0	9	21	30
75 to 84	16	54	0	0	16	54	74
85+	18	98	0	0	18	98	117
TOTALS	52	187	0	0	52	187	239

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

LEVEL OF CARE	Peak	Set Up	Used	Medicare	Medicaid	Certified
Nursing Care	278	278	278	278	278	278
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled Care	278	278	278	278	278	278

ACTIVITY OWNERSHIP OR-PROF CORPORATION

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL
Nursing Care	32	167	0	1	19	0	219
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	32	167	0	1	19	0	219

Source: Long-Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development
Page 1144 of 2242
9/17/2009

Frankfort Terrace
 40 North Smith Street
 FRANKFORT, IL 60423, IL 60423
 Reference Numbers Facility ID 6001297
 Health Service Area 009 Planning Service Area 197

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	1	2	3	4	5	6	7	8	9	TOTALS
Alzheimer's Disease	0	1	1	1	1	1	1	1	1	1	11
Chronic Alcoholism	0	1	1	1	1	1	1	1	1	1	11
Depression	0	1	1	1	1	1	1	1	1	1	11
Diabetes Mellitus	0	1	1	1	1	1	1	1	1	1	11
Heart Disease	0	1	1	1	1	1	1	1	1	1	11
Hypertension	0	1	1	1	1	1	1	1	1	1	11
Stroke	0	1	1	1	1	1	1	1	1	1	11
Other	0	1	1	1	1	1	1	1	1	1	11
TOTALS	0	11	118								

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Charity Care	TOTALS
Nursing Care	0	118	0	0	0	118
Skilled Under 22	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	0	118	0	0	0	118

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Private	Charity	TOTALS
Asian	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0
Black	42	0	0	0	0	0	42
Hispanic	0	0	0	0	0	0	0
White	73	0	0	0	0	0	73
Race Unknown	0	0	0	0	0	0	0
Total	115	0	0	0	0	0	115

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
0.0%	4,007,224	0.0%	0	149,086	0	0.0%
TOTALS	4,007,224	0.0%	0	149,086	0	0.0%

Frankfort Terrace
 40 North Smith Street
 FRANKFORT, IL 60423, IL 60423
 Reference Numbers Facility ID 6001297
 Health Service Area 009 Planning Service Area 197

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	117	90
Skilled Under 22	0	0
ICF/DD	0	0
Skilled Care	0	0
TOTALS	117	90

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

LEVEL OF CARE	Peak	Set-Up	Used	In Use	Medicare	Medicaid	Certified
Nursing Care	120	120	120	118	0	118	118
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	120	120	120	118	0	118	118

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Charity Care	Private Pay
Nursing Care	0.0%	40177	0.0%	91.5%	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	0.0%	40177	0.0%	91.5%	0	0

BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Charity Care	Private Pay
Nursing Care	0.0%	40177	0.0%	91.5%	0	0
Skilled Under 22	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	0.0%	40177	0.0%	91.5%	0	0

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	7	5	0	0	0	0	12
45 to 59	22	13	0	0	0	0	35
60 to 74	15	8	0	0	0	0	23
75 to 84	15	14	0	0	0	0	29
85+	4	3	0	0	0	0	7
TOTALS	69	49	0	0	0	0	118

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Charity Care	TOTALS
Nursing Care	0	118	0	0	0	118
Skilled Under 22	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	0	118	0	0	0	118

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 HOLY FAMILY VILLA PALOS PARK

HOLY FAMILY VILLA
1220 SOUTH WILL COOK ROAD
PALOS PARK, IL 60464
Reference Numbers Facility ID: 864550
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYOR SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	32	0	0	0	55	0	94
Skilled Level 22	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Shelter	0	0	0	0	0	0	0	0
TOTALS	7	32	0	0	0	55	0	94

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	2	0	0	0	2
Hispanic	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
TOTAL	94	0	0	0	94

ETHNICITY

ETHNICITY	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Hispanic	0	0	0	0	0
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
TOTAL	94	0	0	0	94

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
18.6%	25.9%	0.0%	55.5%	0.0%	0.0%
1,200,064	1,759,116	0	3,826,093	0	63,000
TOTALS	100.0%	6,951,783	6,951,783	6,951,783	6,951,783

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 HOLY FAMILY VILLA PALOS PARK

HOLY FAMILY VILLA
1220 SOUTH WILL COOK ROAD
PALOS PARK, IL 60464
Reference Numbers Facility ID: 864550
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	Chronic Alcoholism	Chronic Abuse/Alcohol	Developmentally Disabled	Drug Addiction	Medical Resident	Medicare Recipient	Mental Illness	Non-ambulatory	Non-Minor	Other Resident	Under 65 Years Old	Unable to Self-Maintain	Verbalizer Dependent	Incapable Disease w/ Isolation	Other Restrictions	No Restrictions	None Reported Restrictions	TOTALS	
0	1	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	94

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

VELOC CARE	Medicare	Medicaid	Private	Charity	Other	TOTAL
99	99	99	94	5	65	99

ADMISSIONS AND DISCHARGES - 2008

VELOC CARE	Medicare	Medicaid	Private	Charity	Other	TOTAL
99	99	99	94	5	65	99

BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Private	Charity	Other	TOTAL
99	99	99	94	5	65	99

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

AGE GROUP	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 13	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 54	0	0	0	0	0	0	0	0	0
55 to 64	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	4
75 to 84	5	15	0	0	0	0	0	0	20
85+	9	60	0	0	0	0	0	0	69
TOTALS	17	77	0	0	0	0	0	0	94

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 McAllister Nursing & Rehab

McAllister Nursing & Rehab
16100 South Laveigne Avenue
Tribune Park, IL 60477
Facility ID: 6053904
Planning Service Area: 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicare	Other	Private Pay	Charity	TOTALS
Nursing Care	12	70	0	0	0	82
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	12	70	0	0	0	82

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Am. Indian	0	0	0	0	0
Black	25	0	0	0	25
Hispanic	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
TOTAL	82	0	0	0	82

NET REVENUE BY PAYOR SOURCE (Fiscal Year/Doll)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS
34.0%	51.3%	0.0%	0.5%	0.3%	0.0%	100.0%
1,793,303	1,961,642	1,157	241,794	231,257	0	3,721,233

FACILITY NOTES

Name Change: 3/17/2008 Name changed from 'McAllister Nursing Home'.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 McAllister Nursing & Rehab

McAllister Nursing & Rehab
16100 South Laveigne Avenue
Tribune Park, IL 60477
Facility ID: 6053904
Planning Service Area: 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	4
Endocrine/Metabolic	0
Brain Disorders	2
Nervous System Non-Alzheimer	9
Alzheimer Disease	14
Mental Illness	20
Developmental Disability	0
Circulatory System	12
Respiratory System	17
Digestive System	1
Contagious System Disorders	2
Skin Disorders	2
Musculoskeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	82

ADMISSION RESTRICTIONS

RESTRICTION	Count
Asymptomatic Social	0
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Redempt	0
Medicare Redempt	0
Mental Illness	0
Non-ambulatory	0
Non-Mobile	0
Public Aid Redempt	0
Under 22 Years Old	0
Unable to Self-Medicate	0
Violent/Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Other Requirements/Restrictions Limited by:	0
TOTALS	11

ADMISSIONS AND DISCHARGES - 2008

Category	11/2007	12/2007	1/2008	2/2008	3/2008	4/2008	5/2008	6/2008	7/2008	8/2008	9/2008	10/2008	11/2008	TOTAL
Admissions	88	32	32	32	32	32	32	32	32	32	32	32	32	488
Discharges	82	32	32	32	32	32	32	32	32	32	32	32	32	488

ADMISSIONS AND DISCHARGES - 2008

Category	11/2007	12/2007	1/2008	2/2008	3/2008	4/2008	5/2008	6/2008	7/2008	8/2008	9/2008	10/2008	11/2008	TOTAL
Admissions	88	32	32	32	32	32	32	32	32	32	32	32	32	488
Discharges	82	32	32	32	32	32	32	32	32	32	32	32	32	488

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicaid	Medicare	Other Public	Private	Charity	TOTAL
Nursing Care	3511	2275	54.6%	2465	2578	3033
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	3511	2275	54.6%	2465	2578	3033

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

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	1	2	0	0	0	0	3
45 to 59	7	0	0	0	0	0	7
60 to 84	4	4	0	0	0	0	8
85 to 94	4	0	0	0	0	0	4
95 to 104	4	16	0	0	0	0	20
105+	5	20	0	0	0	0	25
TOTALS	25	57	0	0	0	0	82

ADULT OWNERSHIP LIMITED LIABILITY CO

LEVEL OF CARE	Medicaid	Medicare	Other Public	Private	Charity	TOTAL
Nursing Care	3511	2275	54.6%	2465	2578	3033
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	3511	2275	54.6%	2465	2578	3033

ADULT OWNERSHIP LIMITED LIABILITY CO

LEVEL OF CARE	Medicaid	Medicare	Other Public	Private	Charity	TOTAL
Nursing Care	3511	2275	54.6%	2465	2578	3033
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	3511	2275	54.6%	2465	2578	3033

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2008 HILLCREST HEALTHCARE CENTER JOLIET

HILLCREST HEALTHCARE CENTER
 777 DRAPER
 JOLIET, IL 60432
 Reference Numbers Facility ID 8002804
 Health Service Area 009 Planning Service Area 197
 Administrator Amy Vello

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	145	0	0	1	0	152
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	3	145	0	0	1	0	152

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled 22	ICF/DD	Skilled	TOTALS
Asian	2	0	0	0	2
Amer. Indian	2	0	0	0	2
Black	42	0	0	0	42
Hispanic/Latino	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	152	0	0	0	152

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
8.8%	92.1%	0.0%	0.0%	0.0%	0.0%	100.0%
489,248	5,252,142	0	0	52,794	0	6,331,182

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2008 HILLCREST HEALTHCARE CENTER JOLIET

HILLCREST HEALTHCARE CENTER
 777 DRAPER
 JOLIET, IL 60432
 Reference Numbers Facility ID 8002804
 Health Service Area 009 Planning Service Area 197
 Administrator Amy Vello

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasm	3
Endocrine/Metabolic	23
Blood Disorders	1
Neurological/Non-Alzheimer	9
Alzheimer Disease	0
Mental Illness	49
Developmental Disability	3
Circulatory System	23
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	152

RESIDENTS BY ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	Count
Aggravated Assault	0
Child Abuse/Neglect	0
Domestic Violence	0
Sexually Transmitted Disease	0
Medicaid Recipient	0
Medicaid Recipient	0
Mental Illness	0
Non-ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unstable to Self-Medicare	0
Verbal Abuse	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
Total	1

ADMISSIONS AND DISCHARGES - 2008

Category	Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Per Month on 12/31/2008
Admissions	153	378	379	31.5
Discharges	152	379	378	31.5

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2008 HILLCREST HEALTHCARE CENTER JOLIET

HILLCREST HEALTHCARE CENTER
 777 DRAPER
 JOLIET, IL 60432
 Reference Numbers Facility ID 8002804
 Health Service Area 009 Planning Service Area 197
 Administrator Amy Vello

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

Category	Peak	Set-Up	Used	Set-Up	In Use	Medicare Certified	Medicaid Certified
Nursing Care	152	152	152	152	152	152	152
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
TOTAL BEDS	152	152	152	152	152	152	152

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Level of Care	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL
Nursing Care	1291	4,241	53,204	88.7%	1012	0	56027
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	1291	4,241	53,204	88.7%	1012	0	56027

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	32	17	0	0	32	17	49
45 to 59	41	23	0	0	41	23	64
60 to 84	10	5	0	0	10	5	15
85 to 94	6	6	0	0	6	6	12
95+	4	4	0	0	4	4	8
TOTALS	97	55	0	0	97	55	152

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 APPLEWOOD NRSG & REHAB CENTER MATTESON

APPLEWOOD NRSG & REHAB CENTER
1023 KOSTNER AVENUE
MATTESON, IL 60443
Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicare	Other Insurance	Private Pay	Charity Care	TOTALS
Skilled Under 22	29	51	7	4	12	103
Subsid Under 22	0	0	0	0	0	0
Intermediate CRT	0	0	0	0	0	0
Skilled Care	29	51	7	4	12	103

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Hunting	Medicaid	Medicare	Other Insurance	Private Pay	Charity Care	TOTALS
African American	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0
Black	50	0	0	0	0	0	50
Hawaiian/Pac. Isl.	0	0	0	0	0	0	0
White	53	0	0	0	0	0	53
Race Unknown	0	0	0	0	0	0	0
Total	103	0	0	0	0	0	103

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care Expense as % of Total Net Revenue
39.0%	31.2%	5.4%	2.8%	18.6%	0.0%
2,303,723	1,917,533	314,377	163,224	1,076,472	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 APPLEWOOD NRSG & REHAB CENTER MATTESON

APPLEWOOD NRSG & REHAB CENTER
1023 KOSTNER AVENUE
MATTESON, IL 60443
Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Necrotic	1
Endocrine/Metabolic	2
Blood Disorders	1
Respiratory System (Acute)	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Orthopedic System	53
Respiratory System	6
Orthopedic System	3
Cardiovascular System Disorders	1
Skin Disorders	2
Musculoskeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	103

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Skilled Under 22	100	263
Intermediate CRT	240	101
Skilled Care	100	263

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicaid	Medicare	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds	Peak Beds Set Up	Peak Beds Occupied
Skilled Under 22	1847	491	284	6	6	0	38736	9724	68.9%
Intermediate CRT	0	0	0	0	0	0	0	0	0.0%
Skilled Care	1847	491	284	6	6	0	38736	9724	68.9%
TOTALS	1847	491	284	6	6	0	38736	9724	68.9%

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

AGE GROUP	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	2	1	3
45 to 59	3	3	0	0	0	0	3	3	6
60 to 64	1	4	0	0	0	0	1	4	5
65 to 74	6	9	0	0	0	0	6	9	15
75 to 84	7	24	0	0	0	0	7	24	31
85+	39	0	0	0	0	0	4	39	43
TOTALS	23	80	0	0	0	0	23	80	103

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MANOR CARE HEALTH SERVICES PALOS HEIGHTS

MANOR CARE HEALTH SERVICES
 7850 WEST COLLEGE DRIVE
 PALOS HEIGHTS, IL 60463
 Reference Numbers Facility ID 6019012
 Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Pay	Charity	TOTALS
Nursing Care	76	43	0	2	29	1	151
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	76	43	0	2	29	1	151

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Number	Subord22	ICF/DD	Skilled	Total
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	3	0	0	0	3
Hispanic	0	0	0	0	0
White	143	0	0	0	143
Race Unknown	0	0	0	0	0
Total	151	0	0	0	151

ETHNICITY

ETHNICITY	Number	Subord22	ICF/DD	Skilled	Total
Hispanic	4	0	0	0	4
Non Hispanic	147	0	0	0	147
Ethnicity Unknown	0	0	0	0	0
Total	151	0	0	0	151

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Insurance	Private Pay	Charity
71.7%	0.6%	1.3%	14.4%	12.0%
13,822,278	1,815,759	244,583	563,307	2,741,832
TOTALS	13,994,349	13,994,349	207	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MANOR CARE HEALTH SERVICES PALOS HEIGHTS

MANOR CARE HEALTH SERVICES
 810 WEST COLLEGE DRIVE
 PALOS HEIGHTS, IL 60463
 Reference Numbers Facility ID 6019012
 Health Service Area 007 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Number
Agitation/Anxiety	1
Chronic Alcoholism	5
Developmental Disability	0
Drug Addiction	2
Medication Resistance	4
Neurotic System Non Adjuster	15
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Digestive System	13
Respiratory System	5
Constitutional System Disorders	9
Skin Disorders	5
Musculoskeletal Disorders	11
Injuries and Poisonings	35
Other Medical Conditions	15
Non Medical Conditions	151
TOTALS	151

ADMISSIONS AND DISCHARGES - 2008

ADMISSIONS	DISCHARGES
103	103
774	774
785	785
151	151

ADMISSIONS AND DISCHARGES - 2008 (Continued)

ADMISSIONS	DISCHARGES
103	103
774	774
785	785
151	151

ADMISSIONS AND DISCHARGES - 2008 (Continued)

ADMISSIONS	DISCHARGES
103	103
774	774
785	785
151	151

ADMISSIONS AND DISCHARGES - 2008 (Continued)

ADMISSIONS	DISCHARGES
103	103
774	774
785	785
151	151

ADMISSIONS AND DISCHARGES - 2008 (Continued)

ADMISSIONS	DISCHARGES
103	103
774	774
785	785
151	151

ADMISSIONS AND DISCHARGES - 2008 (Continued)

ADMISSIONS	DISCHARGES
103	103
774	774
785	785
151	151

ADMISSIONS AND DISCHARGES - 2008 (Continued)

ADMISSIONS	DISCHARGES
103	103
774	774
785	785
151	151

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2003 CRESTWOOD TERRACE OPERATORS, LLC CRESTWOOD

CRESTWOOD TERRACE OPERATORS, LLC
 13301 SOUTH CENTRAL AVENUE
 CRESTWOOD, IL 60445
 Reference Number Facility ID 5002273
 Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private	Charity	TOTALS
Housing Care	0	123	0	0	2	0	125
Skilled Under 22	0	0	0	0	0	0	0
Intermediate Care	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	0	123	0	0	2	0	125

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Shelter	TOTALS
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	60	0	0	0	0	60
Hispanic/Latino	0	0	0	0	0	0
White	62	0	0	0	0	62
Race Unknown	3	0	0	0	0	3
Total	125	0	0	0	0	125

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care
0.0%	0.0%	95.2%	0.0%	4.3%	0	0.0%
0	4,161,045	0	0	205,903	0	0
TOTALS	4,161,045	0	0	205,903	0	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2003 CRESTWOOD TERRACE OPERATORS, LLC CRESTWOOD

CRESTWOOD TERRACE OPERATORS, LLC
 13301 SOUTH CENTRAL AVENUE
 CRESTWOOD, IL 60445
 Reference Number Facility ID 5002273
 Health Service Area 007 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Alzheimer's Disease	65
Chronic Alcoholism	0
Depression	4
Emphysema/Asthma	0
Blood Disorders	0
Neurosis System with Alzheimer	0
Alcoholism	0
Mental Illness	0
Developmental Disability	3
Cerebral Palsy	8
Respiratory System	6
Digestive System	0
Cardiovascular System	0
Stroke Disorders	0
Musculoskeletal Disorders	3
Injuries and Accidents	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	125

ADMISSIONS AND DISCHARGES - 2003

LEVEL OF CARE	Admissions	Discharges
Housing Care	126	126
Skilled Under 22	0	0
Intermediate Care	0	0
Skilled Care	0	0
TOTALS	126	126

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
Housing Care	0	123	0	2	0	0
Skilled Under 22	0	0	0	0	0	0
Intermediate Care	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	0	123	0	2	0	0

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2003

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 15	0	0	0	0	0	0	0
18 to 44	11	6	0	0	11	6	17
45 to 59	25	21	0	0	25	21	46
60 to 74	9	7	0	0	9	7	16
75 to 84	10	19	0	0	10	19	29
85+	2	13	0	0	2	13	15
TOTALS	67	66	0	0	67	66	133

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2003

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 15	0	0	0	0	0	0	0
18 to 44	11	6	0	0	11	6	17
45 to 59	25	21	0	0	25	21	46
60 to 74	9	7	0	0	9	7	16
75 to 84	10	19	0	0	10	19	29
85+	2	13	0	0	2	13	15
TOTALS	67	66	0	0	67	66	133

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2003 LEWIS & REHAB CENTER

LEWIS & REHAB CENTER
 12450 VALVER ROAD
 LEMONT, IL 60439
 Reference Numbers Facility ID 8014492
 Health Service Area 007 Planning Services Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	45	53	0	2	20	120
Skilled Under 22	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	45	53	0	2	20	120

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Shelter	TOTALS
Asian	0	0	0	0	0	0
Asian Indian	0	0	0	0	0	0
Black	0	0	0	0	0	0
Hispanic/Latino	0	0	0	0	0	0
White	129	0	0	0	0	129
Race Unknown	0	0	0	0	0	0
Total	129	0	0	0	0	129

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
Certified Aides	39.00
Other Health Staff	4.00
Non-Health Staff	40.00
Total	115.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Category	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
Total	5,238,278	2,917,681	132,874	330,702	2,270,931	10,554,464

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2003 LEWIS & REHAB CENTER

LEWIS & REHAB CENTER
 2450 VALVER ROAD
 LEMONT, IL 60439
 Reference Numbers Facility ID 8014492
 Health Service Area 007 Planning Services Area 703

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Alzheimer's Disease	10
Chronic Alcoholism	9
Endocrine/Metabolic	20
Blood Disorders	19
Thrombo System Non Althemer	15
Alzheimer's Disease	15
Marital Issues	0
Developmental Disability	0
Choking System	9
Respiratory System	9
Digestive System	9
Genitourinary System Disorders	0
Skin Disorders	14
Musculoskeletal Disorders	27
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	129

ADMISSIONS AND DISCHARGES - 2008

Category	Admissions	Discharges
Resident on 1/1/2008	136	136
Total Admissions 2008	768	775
Resident on 12/31/2008	129	129

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

Category	Peak	Peak	Peak
Licensed Beds	131	128	153
Beds in Use	0	0	0
Medicare/Medicaid Certified	0	0	0
Other Beds	0	0	0
TOTALS	131	128	153

FACILITY UTILIZATION - 2008

Category	Medicare	Medicaid	Private	Charity
Medicare	16938	79.3%	20550	24.5%
Medicaid	0	0.0%	1132	5.0%
Private	0	0.0%	0	0.0%
Charity	0	0.0%	0	0.0%
TOTALS	16938	79.3%	20550	24.5%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Level of Care	Medicare	Medicaid	Private	Charity
Skilled Under 22	0	0.0%	0	0.0%
ICF/DD	0	0.0%	0	0.0%
Skilled Care	0	0.0%	0	0.0%
TOTALS	0	0.0%	0	0.0%

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

Age Group	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
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 64	0	0	0	0	0	0	0	0	0
65 to 74	10	39	0	0	0	0	10	39	49
75 to 84	10	43	0	0	0	0	10	43	53
85+	5	22	0	0	0	0	5	22	27
TOTALS	25	104	0	0	0	0	25	104	129

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 MANOR CARE OF HOMEWOOD, ILL, LLC

MANOR CARE OF HOMEWOOD, ILL, LLC
 940 MAPLE AVENUE
 HOMEWOOD, IL 60430
 Reference Numbers Facility ID 6012611
 Health Services Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	42	9	3	16	0	113
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	43	42	9	3	16	0	113

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled 22	ICF/DD	Skilled	Totals
Ashken	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	59	0	0	0	59
Hispanic	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	5	0	0	0	5
Total	113	0	0	0	113

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
80.0%	18.3%	1.3%	9.5%	10.0%	0.0%	100.0%
8,727,844	2,020,243	141,921	1,040,451	1,022,840	0	11,030,309

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 MANOR CARE OF HOMEWOOD, ILL, LLC

MANOR CARE OF HOMEWOOD, ILL, LLC
 940 MAPLE AVENUE
 HOMEWOOD, IL 60430
 Reference Numbers Facility ID 6012611
 Health Services Area 007 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Aggressive Anti-Social	1
Chronic Alcoholism	2
Developmentally Disabled	3
Endocrine/Metabolic	4
Blood Disorders	4
Nervous System Non-Schizophrenia	3
Alzheimer Disease	3
Mental Illness	1
Non-ambulatory	0
Developmental Disability	26
Intellectual Disability	7
Circulatory System	7
Respiratory System	7
Digestive System	7
Genitourinary System Disorders	15
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	9
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	113

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

LEVEL OF CARE	PEAK	PEAK	BEDS	BEDS	BEDS	ADMISSIONS AND DISCHARGES - 2008
Licensed Beds	120	120	119	113	70	Residents on 1/1/2008: 113
Skilled Under 22	0	0	0	0	0	Total Admissions 2008: 672
Intermediate DD	0	0	0	0	0	Total Discharges 2008: 878
Skilled Care	0	0	0	0	0	Residents on 12/31/2008: 113
TOTAL BEDS	120	120	119	113	70	

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private	Charity												
Medicare	13200	30.1%	18008	62.9%	1268	2414	5204	0	0	0	0	0	0	0	0	0	0
Medicaid	0	0.0%	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Public	0	0.0%	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
Private	0	0.0%	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
Charity	0	0.0%	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	13200	30.1%	18008	62.9%	1268	2414	5204	0	0	0	0	0	0	0	0	0	0

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

AGE GROUPS	Male	Female																		
Under 18	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 84	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85 to 94	7	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75 to 84	9	25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85+	9	44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	21	85	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2003 PLAZA NURSING & REHAB CENTER MIDLOTHIAN

PLAZA NURSING & REHAB CENTER
3249 WEST 147 STREET
MIDLOTHIAN, IL 60445
Reference Numbers Facility ID 6031077
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	81	0	0	0	1	0	88
Skilled Under 22	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Shelter	0	0	0	0	0	0	0	0
TOTALS	6	81	0	0	0	1	0	88

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Medicare	Medicaid	Other	Public	Insurance	Private Pay	Charity Care	TOTALS
Asian	0	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0	0
Black	47	0	0	0	0	0	0	47
Paralelan Pac. Isl.	0	0	0	0	0	0	0	0
White	15	0	0	0	0	0	0	15
Race Unknown	3	0	0	0	0	0	0	3
Total	68	81	0	0	0	0	0	88

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPNs	10.00
Certified Assistants	24.00
Other Health Staff	1.00
Non-Health Staff	28.00
Trucks	68.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Insurance	Private Pay	Charity Care
26.9%	87.6%	0.0%	2.0%	0.0%
826,581	2,051,374	0	60,458	0
Name Change: 814,7000 Name changed from Plaza Tenites.				

AGENCY NOTES

Medicare	Other Public	Private Insurance	Private Pay	Charity Care
26.9%	87.6%	0.0%	2.0%	0.0%
826,581	2,051,374	0	60,458	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2003 PLAZA NURSING & REHAB CENTER MIDLOTHIAN

PLAZA NURSING & REHAB CENTER
3249 WEST 147 STREET
MIDLOTHIAN, IL 60445
Reference Numbers Facility ID 6031077
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
Alzheimer's Disease	1
Chronic Alcoholism	5
Developmentally Disabled	4
Drug Addiction	0
Medicaid Resident	0
Medicare Resident	0
Mental Illness	40
Non-Ambulatory	3
Non-Mobile	2
Public Aid Recipient	3
Under 65 Years Old	5
Unable to Self-Medicate	0
Ventilator Dependent	5
Infectious Disease w/ Isolation	0
Other Restrictions	0
Total	60

ADMISSIONS AND DISCHARGES - 2003

Residents on 1/1/2003	Total Admissions 2003	Total Discharges 2003	Residents on 12/31/2003
49	102	89	62

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

LEVEL OF CARE	PEAK	SETUP	BEDS IN USE	BEDS AVAILABLE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2003
Nursing Care	91	73	91	66	23	48	91
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
TOTAL BEDS	91	73	91	66	23	48	91

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensed Beds	Set Up
2027	15452	55.4%	441	983	528	0	22431
2027	115%	55.4%	441	983	528	0	22431

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2003

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 15	0	0	0	0	0	0	0
15 to 44	2	2	0	0	2	2	4
45 to 54	23	10	0	0	23	10	33
55 to 64	5	3	0	0	5	3	8
65 to 74	9	4	0	0	9	4	13
75 to 84	1	4	0	0	1	4	5
85+	1	4	0	0	1	4	5
TOTALS	41	27	0	0	41	27	68

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 PALOS HILL EXTENDED CARE PALOS HILLS

PALOS HILL EXTENDED CARE
 10030 SOUTH ROBERTS
 PALOS HILLS, IL 60465
 Facility ID 6010059
 Health Services Area 007 Planning Services Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	34	13	1	12	130
Skilled Under 22	0	0	0	0	0	0
Intermediate Care	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	20	34	13	1	12	130

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Number	Subtotal	ICF/OD	Skilled	Charity	TOTALS
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	23	0	0	0	0	23
Hispanic/Latino	0	0	0	0	0	0
White	107	0	0	0	0	107
Race Unknown	0	0	0	0	0	0
Total	130	0	0	0	0	130

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	Full-Time Equivalent
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPRs	15.00
Certified Nurses	52.00
Other Health Staff	8.00
Non-Health Staff	50.00
TOTALS	142.00

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 PALOS HILL EXTENDED CARE PALOS HILLS

PALOS HILL EXTENDED CARE
 10030 SOUTH ROBERTS
 PALOS HILLS, IL 60465
 Facility ID 6010059
 Health Services Area 007 Planning Services Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Number
Alzheimer's Disease	6
Endocrine/Metabolic	9
Blood Disorders	4
Neurological System Non-Alzheimer	11
Autism/Disorders	4
Mental Illness	3
Developmental Disability	5
Circulatory System	30
Respiratory System	12
Digestive System	12
Genitourinary System Disorders	8
Skin Disorders	0
Musculoskeletal Disorders	3
Injuries and Poisonings	11
Other Medical Conditions	10
TOTALS	130

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	136	400
Skilled Under 22	0	474
Intermediate Care	0	123
TOTALS	136	997

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Admissions	Discharges
Nursing Care	136	400
Skilled Under 22	0	474
Intermediate Care	0	123
TOTALS	136	997

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	Cherry Care
Nursing Care	6547	1333	2557	44.1%	0	0
Skilled Under 22	0	0	0	0.0%	0	0
Intermediate Care	0	0	0	0.0%	0	0
Skilled Care	0	0	0	0.0%	0	0
TOTALS	6547	1333	2557	44.1%	0	0

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	Cherry Care
Nursing Care	6547	1333	2557	44.1%	0	0
Skilled Under 22	0	0	0	0.0%	0	0
Intermediate Care	0	0	0	0.0%	0	0
Skilled Care	0	0	0	0.0%	0	0
TOTALS	6547	1333	2557	44.1%	0	0

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

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	2
45 to 59	14	11	0	0	0	0	25
60 to 74	9	6	0	0	0	0	15
75 to 84	10	8	0	0	0	0	18
85+	13	31	0	0	0	0	44
TOTALS	50	63	0	0	0	0	113

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Chicago Ridge Nursing Center CHICAGO RIDGE

Chicago Ridge Nursing Center
 1902 Southwest Highway
 CHICAGO RIDGE, IL 60415
 Reference Numbers Facility ID 601697
 Health Services Area 067 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	14	207	1	0	3	0	225
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	14	207	1	0	3	0	225

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Private	Charity	TOTALS
Asian	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0
Black	75	0	0	0	0	0	75
Hispanic	0	0	0	0	0	0	0
White	150	0	0	0	0	0	150
Race Unknown	0	0	0	0	0	0	0
Total	225	0	0	0	0	0	225

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Insurance	Private Pay	Charity	Cherry Care
12.3%	85.1%	0.5%	0.5%	0.0%	0.0%
1,154,181	7,309,073	48,891	48,382	144,941	0
TOTALS	100.0%	9,295,388	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Chicago Ridge Nursing Center CHICAGO RIDGE

Chicago Ridge Nursing Center
 600 Eastwood Highway
 CHICAGO RIDGE, IL 60415
 Reference Numbers Facility ID 601697
 Health Services Area 067 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Alzheimer's Disease	3
Arthritis	66
Diabetes Mellitus	11
Heart Disease	0
Hypertension	0
Stroke	52
Other	18
TOTALS	225

ADMISSIONS AND DISCHARGES - 2008

Category	Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Permanents on 12/31/2008
Admissions	207	167	149	225
Discharges	0	0	0	0
TOTALS	207	167	149	225

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Cherry Care	Licensed Beds
21.4%	74.6%	0.0%	0.0%	0.0%	0.0%	0.0%	231
7924	74617	0	0	0	0	0	231
TOTALS	82541	0	0	0	0	0	231

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2003

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	18	8	0	0	0	0	26
45 to 59	77	19	0	0	0	0	96
60 to 74	22	10	0	0	0	0	32
75 to 84	18	20	0	0	0	0	38
85+	7	16	0	0	0	0	23
TOTALS	144	81	0	0	0	0	225

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Joliet Terrace

Joliet Terrace
230 N. DuSable
JOLIET, IL 60438
Reference Numbers Facility ID 9304564
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS	AVERAGE DAILY PAYMENT RATES
Nursing Care	0	113	0	0	0	0	113	LEVEL OF CARE SINGLE DOUBLE
Skilled Under 22	0	0	0	0	0	0	0	Nursing Care 0 128
ICF/DD	0	0	0	0	0	0	0	Skilled Under 22 0 0
Skilled Care	0	0	0	0	0	0	0	Intermediate DD 0 0
	0	0	0	0	0	0	0	Skilled 0 0
TOTALS	0	113	0	0	0	0	113	

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Medicare	Medicaid	ICF/DD	Skilled	Other Public	Private Pay	Charity	TOTALS
Asian	0	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0	0
Black	33	0	0	0	0	0	0	33
Hispanic/Lat. Am.	0	0	0	0	0	0	0	0
White	83	0	0	0	0	0	0	83
Race Unknown	0	0	0	0	0	0	0	0
Total	113	0	0	0	0	0	0	113

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0	3,974,157	0	0	19,603	0	100.0%
TOTALS	3,974,157	0	0	19,603	0	100.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Joliet Terrace

Joliet Terrace
230 N. DuSable
JOLIET, IL 60438
Reference Numbers Facility ID 9304564
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Medicare	Medicaid	ICF/DD	Skilled	Other Public	Private Pay	Charity	TOTALS
Aggressive/Anis-Social	0	0	0	0	0	0	0	0
Chronic Alcoholism	0	0	0	0	0	0	0	0
Endocrine/Metabolic	0	0	0	0	0	0	0	0
Blood Disorders	0	0	0	0	0	0	0	0
Arterial System/Non-Arterial	0	0	0	0	0	0	0	0
Alzheimer Disease	0	0	0	0	0	0	0	0
Mental Illness	0	0	0	0	0	0	0	0
Developmental Disability	0	0	0	0	0	0	0	0
Circulatory System	0	0	0	0	0	0	0	0
Respiratory System	0	0	0	0	0	0	0	0
Digestive System	0	0	0	0	0	0	0	0
Genitourinary System Disorders	0	0	0	0	0	0	0	0
Skin Disorders	0	0	0	0	0	0	0	0
Psychological Disorders	0	0	0	0	0	0	0	0
Injury and Poisonings	0	0	0	0	0	0	0	0
Other Medical Conditions	0	0	0	0	0	0	0	0
Non-Medical Conditions	0	0	0	0	0	0	0	0
TOTALS	0	113	0	0	0	0	0	113

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

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE	MEDICAID	CERTIFIED
Nursing Care	120	120	120	120	120
Skilled Under 22	0	0	0	0	0
ICF/DD	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTALS	120	120	120	120	120

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Unlicensed Beds
Nursing Care	0	431.2	0	0	0	0	98.8%
Skilled Under 22	0	0	0	0	0	0	0.0%
ICF/DD	0	0	0	0	0	0	0.0%
Skilled Care	0	0	0	0	0	0	0.0%
TOTALS	0	431.2	0	0	0	0	98.8%

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

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	18	9	0	0	15	9	27
45 to 59	29	31	0	0	29	31	60
60 to 74	2	8	0	0	2	8	10
75 to 84	12	7	0	0	12	7	19
85+	3	1	0	0	3	1	4
TOTALS	64	55	0	0	64	55	119

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

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	18	9	0	0	15	9	27
45 to 59	29	31	0	0	29	31	60
60 to 74	2	8	0	0	2	8	10
75 to 84	12	7	0	0	12	7	19
85+	3	1	0	0	3	1	4
TOTALS	64	55	0	0	64	55	119

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 LYDIA HEALTHCARE LYDIA HEALTHCARE ROBBINS

13901 SOUTH LYDIA
ROBBINS, IL 60417
Reference Numbers Facility ID 6005223
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	358	10	0	0	400
Skilled Under 22	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled	0	0	0	0	0	0
TOTALS	0	358	10	0	0	400

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Charity	TOTALS
Asian	0	0	0	0	0	0
Amer Indian	0	0	0	0	0	0
Black	0	0	0	0	0	0
Hispanic/Latino	328	0	0	0	0	328
White	71	0	0	0	0	71
Race Unknown	0	0	0	0	0	0
Total	400	0	0	0	0	400

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expenses as % of Total Net Revenues
0.0%	95.1%	2.8%	0.0%	1.1%	0.0%	0.0%
0	15,300,319	448,764	0	175,375	0	15,923,852

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 LYDIA HEALTHCARE LYDIA HEALTHCARE ROBBINS

13901 SOUTH LYDIA
ROBBINS, IL 60417
Reference Numbers Facility ID 6005223
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Residents on 11/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
Alzheimer's Disease	0	412	412	0
Developmental Disability	0	0	0	0
Chronic Alcoholism	0	0	0	0
Developmentally Disabled	1	0	0	0
Blood Clotting	0	0	0	0
Nervous System (Non Alcoholic)	0	0	0	0
Alzheimer's Disease	0	0	0	0
Mental Illness	0	0	0	0
Developmental Disability	0	0	0	0
Chronic Alcoholism	0	0	0	0
Developmentally Disabled	0	0	0	0
Respiratory System	0	0	0	0
Digestive System	0	0	0	0
Genitourinary System Disorders	0	0	0	0
Skin Disorders	0	0	0	0
Musculo-skeletal Disorders	0	0	0	0
Injuries and Poisonings	0	0	0	0
Other Medical Conditions	0	0	0	0
Non-Medical Conditions	0	0	0	0
TOTALS	400	412	412	400

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

LICENSED BEDS	PEAK	PEAK	BEDS	BEDS	AVAILABLE	MEDICARE	MEDICAID	CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
412	412	412	412	400	12	0	0	0	Residents on 11/2008: 403
0	0	0	0	0	0	0	0	0	Total Admissions 2008: 127
0	0	0	0	0	0	0	0	0	Total Discharges 2008: 132
0	0	0	0	0	0	0	0	0	Residents on 12/31/2008: 420
412	412	412	412	400	12	0	0	0	

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYOR SOURCE	Medicaid	Medicare	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Sol'd
Medicaid	0	0.0%	13,690	92.2%	372	0	14,062	95.7%	95.7%
Medicare	0	0.0%	0	0.0%	0	0	0	0.0%	0.0%
Other Public	0	0.0%	0	0.0%	0	0	0	0.0%	0.0%
Private Insurance	0	0.0%	0	0.0%	0	0	0	0.0%	0.0%
Private Pay	0	0.0%	0	0.0%	150	0	150	0.9%	0.9%
Charity Care	0	0.0%	0	0.0%	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	13,690	92.2%	372	0	14,062	96.7%	95.7%

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

AGE GROUP	Nursing Care	Skilled Under 22	Intermediate DD	Skilled	Charity	TOTAL	GRAND TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	58	42	0	0	0	98	140
45 to 59	155	57	0	0	0	212	212
60 to 74	19	6	0	0	0	25	25
75 to 84	13	7	0	0	0	20	20
85 to 94	2	1	0	0	0	3	3
95+	0	0	0	0	0	0	0
TOTALS	237	113	0	0	0	350	400

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008
 FAIRVIEW CARE CENTER OF JOLIET
 JOLIET, IL 60435

Reference Numbers Facility ID 6004768
 Health Service Area 009 Planning Service Area 197
 Administrator Jerry Melita
 Contact Person and Telephone Jerry Melita 815-725-0441
 Registered Agent Information ABBRAHAM GUTWIK 370 SPOKE BLVD Suite, IL 60677

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	1
Age/sex/rel-30/64	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicare Recipient	0
Mental Illness	2
Non-Resident	10
Other Restriction	0
Public Aid Recipient	35
Under 65 Years Old	0
Unable to Self-Medicate	0
Vaccination Requirement	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Residents	0
None Reported restrictions allowed by JCI	45
TOTALS	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0
Neoplasms	0
Endocrine, Metabolic, & Immunity Disorders	0
Blood Disorders	0
Nervous System Non-Alzheimer	2
Alzheimer Disease	10
Mental Illness	2
Congenital Anomaly	0
Circulatory Systems	35
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	121

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	203	129	121
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
TOTALS	203	129	121

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Number	Sheltered	ICF/DD	Skilled	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	19	0	0	0	19
Hispanic/Pacific Isl	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	7	0	0	0	7
Total	121	0	0	0	121

ETHNICITY

ETHNICITY	Number	Sheltered	ICF/DD	Skilled	TOTALS
Hispanic	7	0	0	0	7
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
29.9%	50.5%	0.3%	6.3%	3.1%	0.0%
2,933,248	3,697,417	16,824	459,219	227,175	0
TOTALS	7,334,691	100.0%	7,334,691	0	0

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

AGE GROUP	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	2	0	0	0	0	0	0	0	2
45 to 54	20	13	0	0	0	0	20	13	33
55 to 64	6	3	0	0	0	0	0	3	9
65 to 74	9	10	0	0	0	0	0	0	19
75 to 84	10	21	0	0	0	0	10	21	31
85+	7	16	0	0	0	0	7	16	23
TOTALS	55	65	0	0	0	0	56	65	121

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008
 FAIRVIEW CARE CENTER OF JOLIET
 JOLIET, IL 60435

Reference Numbers Facility ID 6004768
 Health Service Area 009 Planning Service Area 197
 Administrator Jerry Melita
 Contact Person and Telephone Jerry Melita 815-725-0441
 Registered Agent Information ABBRAHAM GUTWIK 370 SPOKE BLVD Suite, IL 60677

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	1
Age/sex/rel-30/64	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicare Recipient	0
Mental Illness	2
Non-Resident	10
Other Restriction	0
Public Aid Recipient	35
Under 65 Years Old	0
Unable to Self-Medicate	0
Vaccination Requirement	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Residents	0
None Reported restrictions allowed by JCI	45
TOTALS	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0
Neoplasms	0
Endocrine, Metabolic, & Immunity Disorders	0
Blood Disorders	0
Nervous System Non-Alzheimer	2
Alzheimer Disease	10
Mental Illness	2
Congenital Anomaly	0
Circulatory Systems	35
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	121

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	203	129	121
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
TOTALS	203	129	121

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Number	Sheltered	ICF/DD	Skilled	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	19	0	0	0	19
Hispanic/Pacific Isl	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	7	0	0	0	7
Total	121	0	0	0	121

ETHNICITY

ETHNICITY	Number	Sheltered	ICF/DD	Skilled	TOTALS
Hispanic	7	0	0	0	7
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
29.9%	50.5%	0.3%	6.3%	3.1%	0.0%
2,933,248	3,697,417	16,824	459,219	227,175	0
TOTALS	7,334,691	100.0%	7,334,691	0	0

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

AGE GROUP	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	2	0	0	0	0	0	0	0	2
45 to 54	20	13	0	0	0	0	20	13	33
55 to 64	6	3	0	0	0	0	0	3	9
65 to 74	9	10	0	0	0	0	0	0	19
75 to 84	10	21	0	0	0	0	10	21	31
85+	7	16	0	0	0	0	7	16	23
TOTALS	55	65	0	0	0	0	56	65	121

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 HICKORY NURSING PAVILION HICKORY HILLS

HICKORY NURSING PAVILION
 8248 SOUTH ROBERTS ROAD
 HICKORY HILLS, IL 60437
 Facility ID 0074332
 Reference Numbers Facility ID 0074332
 Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Private Insurance	Private Pay	Charity Care	TOTALS
Fluorid Care	3	63	0	0	0	0	66
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	3	63	0	0	0	0	66

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Skilled	Charity	TOTALS
African	1	0	0	0	0	1
Amer Indian	0	0	0	0	0	0
Black	17	0	0	0	0	17
Hispanic	0	0	0	0	0	0
White	48	0	0	0	0	48
Race Unknown	0	0	0	0	0	0
Total	66	0	0	0	0	66

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
15.6%	84.3%	0.0%	0.0%	0.0%	0.0%
478,000	2,589,915	0	0	1,361	0
TOTALS	3,067,915	0	0	1,361	0

ILLINOIS LONG-TERM CARE PROFILE CALENDAR YEAR 2008 HICKORY NURSING PAVILION HICKORY HILLS

HICKORY NURSING PAVILION
 8248 SOUTH ROBERTS ROAD
 HICKORY HILLS, IL 60437
 Facility ID 0074332
 Reference Numbers Facility ID 0074332
 Health Service Area 007 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neurosis	2
Endocrine/Metabolic	12
Blood Disorders	0
Various System Non Atrial/vent	0
Alzheimer Disease	0
Mental Illness	49
Developmental Disability	1
Circulatory System	0
Respiratory System	0
Digestive System	0
Cardiovascular System/Disorders	0
Skin Disorders	0
Muscle/skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	69

ADMISSIONS AND DISCHARGES - 2008

ADMISSIONS	Discharges
Readmissions on 1/1/2008	54
Total Admissions 2008	61
Total Discharges 2008	53
Readmissions on 12/31/2009	66

ADMISSIONS AND DISCHARGES - 2008

ADMISSIONS	Discharges
Readmissions on 1/1/2008	54
Total Admissions 2008	61
Total Discharges 2008	53
Readmissions on 12/31/2009	66

ADMISSIONS AND DISCHARGES - 2008

ADMISSIONS	Discharges
Readmissions on 1/1/2008	54
Total Admissions 2008	61
Total Discharges 2008	53
Readmissions on 12/31/2009	66

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unlicensed Beds	Peak Beds
Skilled Under 22	0	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0

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

AGE GROUP	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 12	0	0	0	0	0	0	0	0	0
13 to 17	0	0	0	0	0	0	0	0	0
18 to 24	2	3	0	0	0	0	2	3	5
25 to 34	14	13	0	0	0	0	14	13	27
35 to 44	4	7	0	0	0	0	4	7	11
45 to 54	6	7	0	0	0	0	6	7	13
55 to 64	2	6	0	0	0	0	2	6	8
65 to 74	0	2	0	0	0	0	0	2	2
75 to 84	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0
TOTALS	28	35	0	0	0	0	28	35	63

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 PRAIRIE MANOR NSG & REHAB CTR CHICAGO HEIGHTS

PRAIRIE MANOR NSG & REHAB CTR
 345 DIXIE HIGHWAY
 CHICAGO HEIGHTS, IL 60411
 Reference Numbers Facility ID 6011748
 Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicare	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	71	0	17	0	131
Skilled Under 22	0	0	0	0	0	0
ICFOD	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0
TOTALS	43	71	0	17	0	131

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled 22	ICFOD	Skilled	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	48	0	0	0	48
Hispanic Pac. Isl	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	3	0	0	0	3
Total	129	0	0	0	129

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
54.7%	27.6%	3.8%	11.7%	0.0%
4,962,130	2,507,918	341,626	232,059	1,026,987
TOTALS	100.0%	9,072,917	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 PRAIRIE MANOR NSG & REHAB CTR CHICAGO HEIGHTS

PRAIRIE MANOR NSG & REHAB CTR
 345 DIXIE HIGHWAY
 CHICAGO HEIGHTS, IL 60411
 Reference Numbers Facility ID 6011748
 Health Service Area 007 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	4
Endocrine/Metabolic	7
Blood Disorders	0
Nervous System Non Alzheim	2
Abdomen Disease	0
Mental Illness	0
Developmental Disability	23
Circulatory System	26
Respiratory System	9
Digestive System	11
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	29
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	129

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	BEDES	BEDES	BEDES	ADMISSIONS	DISCHARGES
Nursing Care	146	146	148	129	123	123
Skilled Under 22	0	0	0	0	323	319
Intermediate DD	0	0	0	0	0	0
Skilled Care	0	0	0	0	129	129
TOTALS	146	146	148	129	4772	4772

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
Nursing Care	17121	3185	2571	38.0%	0
Skilled Under 22	0	0	0	0	0
Intermediate DD	0	0	0	0	0
Skilled Care	0	0	0	0	0
TOTALS	17121	3185	2571	38.0%	0

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	3
60 to 64	1	2	0	0	0	0	3
65 to 74	9	10	0	0	0	0	19
75 to 84	10	31	0	0	0	0	41
85+	16	47	0	0	0	0	63
TOTALS	38	91	0	0	0	0	129

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled 22	ICFOD	Skilled	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	48	0	0	0	48
Hispanic Pac. Isl	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	3	0	0	0	3
Total	129	0	0	0	129

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
54.7%	27.6%	3.8%	11.7%	0.0%
4,962,130	2,507,918	341,626	232,059	1,026,987
TOTALS	100.0%	9,072,917	0	0

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2003 PROVENA VILLA FRANCISCAN JOLIET

PROVENA VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL 60435
Reference Numbers Facility ID 6012675
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	67	51	0	2	46	0	168
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	67	51	0	2	46	0	168

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Total
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	162	0	0	0	162
Race Unknown	0	0	0	0	0
TOTALS	168	0	0	0	168

NET REVENUE BY PAYOR SOURCE (FISCAL YEAR DATA)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
50.4%	17.5%	0.0%	0.4%	31.8%	100.0%
8,838,132	2,369,655	0	51,485	4,315,199	13,574,521
TOTALS					2,093

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2003 PROVENA VILLA FRANCISCAN JOLIET

PROVENA VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL 60435
Reference Numbers Facility ID 6012675
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Chronic Alcoholism	0
Endocrine/Metabolic	0
Blood Disorders	4
*Nervous System Non-Alzheimer	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	14
Digestion System	8
Genitourinary System Disorders	19
Skin Disorders	9
Musculo-Skeletal Disorders	42
Injuries and Poisonings	14
Other Medical Conditions	40
Non-Medical Conditions	0
TOTALS	168

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

LEVEL OF CARE	PEAK	USED	SETUP	IN USE	MEDICAID CERTIFIED	MEDICARE CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	176	176	176	176	176	82	799
Skilled Under 22	0	0	0	0	0	0	754
Intermediate DD	0	0	0	0	0	0	198
Sheltered Care	0	0	0	0	0	0	0
TOTALS	176	176	176	176	176	82	168

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
Nursing Care	2139	35.6%	20193	67.3%	0	16972
Skilled Under 22	0	0.0%	0	0.0%	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0
Sheltered Care	0	0.0%	0	0.0%	0	0
TOTALS	2139	35.6%	20193	67.3%	0	16972

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

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	1	5	0	0	6
60 to 64	1	2	0	0	3
65 to 74	11	13	0	0	24
75 to 84	17	37	0	0	54
85+	15	66	0	0	81
TOTALS	45	123	0	0	168

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ROSARY HILL HOME JUSTICE

ROSBURY HILL HOME
 9000 WEST 81ST STREET
 JUSTICE, IL 60458
 Reference Numbers Facility ID 6002247
 Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Other	Private	Charity	TOTALS
Nursing Care	0	0	0	0	0	26	0	26
Skilled Under 22	0	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	20	0	0	20
TOTALS	0	0	0	0	54	0	0	54

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Amex Indian	0	0	0	0	0
Black	0	0	0	0	0
Hispanic/Pac Isl	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
Total	23	0	0	0	23

EMPLOYMENT CATEGORY

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LP's	1.00
Certified Aides	15.00
Other Health Staff	4.00
Non-Health Staff	15.00
Total	41.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
0	0	0	0	1,608,782	37,706
TOTALS	1,008,782	37,706	2.3%		

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ROSARY HILL HOME JUSTICE

ROSBURY HILL HOME
 9000 WEST 81ST STREET
 JUSTICE, IL 60458
 Reference Numbers Facility ID 6002247
 Health Service Area 007 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Alzheimer's	11
Chronic Alcoholism	1
Endocrine-Metabolic	2
Blood Disorders	5
Trauma System/Non Althemer	0
Mental Illness	0
Developmental Disability	0
Chronic System	23
Respiratory System	2
Digestive System	0
Genitourinary System/Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	4
Injuries and Poisonings	10
Non Medical Conditions	0
TOTALS	58

ADMISSIONS AND DISCHARGES - 2008

Category	Count
Admissions on 1/1/2008	14
Total Admissions 2008	14
Discharges on 12/31/2008	50
Total Discharges 2008	50

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

LEVEL OF CARE	Medicare	Medicaid	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	29	29	0	0
Skilled Under 22	0	0	0	0
Intermediate CC	0	0	0	0
Sheltered Care	31	31	0	0
TOTAL BEDS	60	60	0	0

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity
Nursing Care	0.0%	0.0%	0.0%	0.0%	93.0%	0.0%
Skilled Under 22	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Intermediate CC	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Sheltered Care	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
TOTALS	0.0%	0.0%	0.0%	100.0%	93.0%	0.0%

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

AGE GROUPS	Male	Female																		
Under 18	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

AGE GROUPS	Male	Female																		
Under 18	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: Long Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development
 Page 1732 of 2242
 9/17/2009

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Blue Island Nursing Home

Blue Island Nursing Home		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2437 West 127th Street	Blue Island, IL 60408	0	0	0	0
Reference Numbers	Facility ID 6001036	0	0	0	0
Health Service Area 007	Planning Service Area 705	0	0	0	0
2007-2008-2009		0	0	0	0
Completed	Date	0	0	0	0
4722009		0	0	0	0
Registered Agent Information		0	0	0	0
Priscilla W. P.		0	0	0	0
298 W. 127th St.		0	0	0	0
Chicago, IL 60408		0	0	0	0
FACTORY OVERSIGHT		0	0	0	0
FOR PROF-CORPORATION		0	0	0	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS		PEAK		MEDICARE/MEDICAID CERTIFIED BEDS		ADMISSIONS AND DISCHARGES - 2008	
LEVEL OF CARE	BEDS	SETUP	IN USE	BEDS	AVAILABLE	MEDICARE	MEDICAID
Nursing Care	30	30	29	1	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTAL BEDS	30	30	29	1	0	0	0

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Unlimited Bed	Peak Bed	Set Up	Per day	Per day
Nursing Care	0	0	0	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0	0	0	0	0
Intermediate	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	0	0	0	0	0	0	0	0	0	0	0

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008											
AGE GROUPS	NURSING CARE		S/L UNDER 22		INTERMEDIATE		SHIELTERED		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	4	2	0	0	0	0	0	0	4	2	6
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 84	1	2	0	0	0	0	0	0	1	2	3
85 to 94	2	1	0	0	0	0	0	0	2	1	3
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	15	14	0	0	0	0	0	0	15	14	29

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Blue Island Nursing Home

Blue Island Nursing Home		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2437 West 127th Street	Blue Island, IL 60408	0	0	0	0
Reference Numbers	Facility ID 6001036	0	0	0	0
Health Service Area 007	Planning Service Area 705	0	0	0	0
2007-2008-2009		0	0	0	0
Completed	Date	0	0	0	0
4722009		0	0	0	0
Registered Agent Information		0	0	0	0
Priscilla W. P.		0	0	0	0
298 W. 127th St.		0	0	0	0
Chicago, IL 60408		0	0	0	0
FACTORY OVERSIGHT		0	0	0	0
FOR PROF-CORPORATION		0	0	0	0

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Unlimited Bed	Peak Bed	Set Up	Per day	Per day
Nursing Care	0	0	0	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0	0	0	0	0
Intermediate	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	0	0	0	0	0	0	0	0	0	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING											
RACE	Nursing	Skilled	Intermediate	Skilled	Shelter	Total					
Asian	0	0	0	0	0	0					
Black	20	0	0	0	0	20					
Hispanic/Latino	0	0	0	0	0	0					
White	7	0	0	0	0	7					
Race Unknown	1	0	0	0	0	1					
Total	29	0	0	0	0	29					

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)											
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Granny Care					
0.0%	100.0%	0.0%	0.0%	0.0%	0	0.0%					
0	919,983	0	0	0	0	23,000					
TOTALS	919,983	0	0	0	0	23,000					

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2008 THORNTON HEIGHTS TERRACE CHICAGO HEIGHTS

THORNTON HEIGHTS TERRACE
190 WEST 10TH STREET
CHICAGO HEIGHTS, IL 60411
Reference Numbers Facility ID 0009335
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Insurance	Private Pay	Charity Care	TOTAL
Nursing Care	0	213	0	1	0	214
Skilled Under 27	0	0	0	0	0	0
Intermediate DO	0	0	0	0	0	0
Sheltered Care	0	213	0	1	0	214
TOTALS	0	213	0	1	0	214

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	ICF/OD	Shelter	Totals
Asian	3	0	0	0	0	3
Amel./Asian	0	0	0	0	0	0
Black	84	0	0	0	0	84
Hispanic/Pac. Isl.	137	0	0	0	0	137
White	0	0	0	0	0	0
Race Unknown	0	0	0	0	0	0
Total	214	0	0	0	0	214

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPNs	10.00
Certified Nurses	34.00
Other Health Staff	27.00
Non-Health Staff	33.00
Teach	100.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Pay	Charity Care	Expense as % of Total Net Revenue
0.0%	98.0%	0.0%	2.0%	0.0%	6.0%
0	8,708,427	0	174,730	0	8,681,157
TOTALS					

ILLINOIS LONG-TERM CARE PROFILE - CALENDAR YEAR 2008 THORNTON HEIGHTS TERRACE CHICAGO HEIGHTS

THORNTON HEIGHTS TERRACE
190 WEST 10TH STREET
CHICAGO HEIGHTS, IL 60411
Reference Numbers Facility ID 0009335
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Alzheimer's Disease	214
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	214

RESIDENTS BY ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	Count
Aggravated Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Abuse	0
Mental Retardation	0
Mobility Restriction	1
Alzheimer's Disease	214
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculoskeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	214

ADMISSIONS AND DISCHARGES - 2008

Category	Count
Admissions on 11/09/08	220
Total Admissions 2008	65
Discharges on 12/31/2008	52
Total Discharges 2008	214

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Pay	Charity Care	TOTAL
0.0%	91.7%	0.0%	0.0%	0.0%	91.7%
0	74511	0	1363	0	75874
TOTALS					

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

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	35	21	0	0	35	21	56
45 to 59	63	82	0	0	63	82	145
60 to 74	7	13	0	0	7	13	20
75 to 84	3	0	0	0	3	0	3
85+	1	1	0	0	1	1	2
TOTALS	109	106	0	0	109	106	214

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

Licensed Beds	Peak	Used	Set-Up	Medicare	Medicaid	Certified
222	222	222	222	0	0	222
Skilled Under 27	0	0	0	0	0	0
Intermediate DO	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	222	222	222	0	0	222

LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	TOTAL
Nursing Care	0	0.0%	0.0%	0.0%	0.0%	0.0%
Skilled Under 27	0	0.0%	0.0%	0.0%	0.0%	0.0%
Intermediate DO	0	0.0%	0.0%	0.0%	0.0%	0.0%
Sheltered Care	0	0.0%	0.0%	0.0%	0.0%	0.0%
TOTALS	0	0.0%	0.0%	0.0%	0.0%	0.0%

Planning Area Utilization Chart

Year	Planning Area	# of Licensed Nursing Beds	Nursing Patient Days	Nursing Occupancy	Set-up Beds	Set-up Occupancy	ALOS
2005	Will	2,541	733,967	78.9%	2,455	81.7%	283
2006	Will	2,567	753,093	80.2%	2,494	82.5%	234
2007	Will	2,610	767,314	80.3%	2,530	82.9%	203
2008	Will	2,623	785,515	81.8%	2,540	84.5%	205

Source: Illinois Department of Public Health, Illinois Long-Term Care Planning Area Data Summary - 2005, 2006, 2007 & 2008

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA

I. Criterion 1110.1730(e) – Unnecessary Duplication/Maldistribution

1) The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

Appended as ATTACHMENT-37B is a map, created by MapPoint software program, that outlines the entire 30-minute travel area from the Applicant's site. This attachment also provides a listing of all zip code areas within the travel time.

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and

Appended as ATTACHMENT-11D is the corresponding demographic profile from Scan/US for the 30-minute travel time and zip codes areas.

C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

Appended as ATTACHMENT-12F is a listing of the names and locations of all existing or approved health care facilities located within 30-minutes travel time adjusted according to the 77 Ill. Adm. Code 1100.

2) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) A ratio of beds to population that exceeds one and one-half times the State average;

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

- C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

This rule states that a maldistribution of beds exists when the identified area, i.e., the Will County Planning Area, has an excess supply of facilities, beds, and services. However, the State's own bed need calculation indicates that in this Planning Area, that is not the case as there is an identified need for 3,055 beds and only 2,794 that are existing. Thus, there is a need for an additional 261 beds. Furthermore, in the 7-C and 7E Planning Areas that most closely borders the Applicant's site, the State also has documented that there is a need for additional nursing beds. Therefore, it would appear that this item is not applicable.

- 3) The applicant shall document that, within 24 months after project completion, the proposed project:

- A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

Since the average utilization of area facilities within the 30-minute travel time is below the occupancy standards set forth in the 77 Ill. Adm. Code 1100, this item is not applicable.

- B) Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

This project is proposed to achieve its first full year at target utilization in Calendar Year 2012. The Applicant has shown that according to the Planning Area's demographic estimates and projections, the area's total population is growing at a rate of 15.8% between Calendar Years 2005 and 2010 and 14.5% in the next five year range. More

impressive is that the over 65 population is expected to increase at the astounding rate of 24.8% and 29.1% for the time periods of 2005 through 2010 and the 2010 through 2015 timeframes respectively. These population cohorts are those most likely to utilize rehabilitative services to return to their homes and independent living. The age cohort most in need of the long-term skilled care, those ages 75 and over are projected to continue to increase by a strong rate of 15.5% and 19% respectively for the same time frames. This is a rate higher than the respective growth rates of the overall area. This means that although there are underutilized facilities and beds as compared to the State's optimal utilization rate, there is sufficient population to support not only this project but to maintain the utilization rates of the other existing providers.

While there is sufficient population to support additional beds, this Applicant cannot guarantee that all existing beds will be maintained. There has been minimal new construction in recent years and as such there are many older and more traditional facilities. It has been the trend for such facilities to utilize semiprivate, three and four bed ward rooms as private and semiprivate accommodations. Additionally, in recent times, there has been more demand and need for more and larger physical and occupational therapies and other therapy units. These services have reduced the activity/social space and number of set-up beds in existing facilities. Therefore, the need for the proposed project may be understated and as such it would appear to give more credence to the

issue that the approval of this project will not, to a further extent, lower the utilization rates of other area facilities.

I. **Criterion 1110.1730(g) – Staffing Availability**

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

Appended as **ATTACHMENT-50A**, is the existing and proposed staffing patterns for the project's nursing unit. The converted 16 bed unit is estimated to only add 15 additional full time equivalents. Through the conversion, the Applicant is projecting that it will increase economies-of-scale. Specifically, the ratio of beds to staff currently is 1 bed to every 1.47 staff (FTE). The proposed project will lower the staffing ratio to one bed for every 1.28 staff (FTE).

It should be noted that the unit to be converted to the additional nursing care beds is currently an Assisted Living special care unit. As such it is highly staffed and it is expected that all employees will be retained. Regardless, the Applicant has provided a listing of all employment applications received by position title and by date. The chart providing said listing is appended as **ATTACHMENT-50B**.

Finally, provided in **ATTACHMENT-50C** is an independent staffing study performed by the Illinois Department of Employment Security. This study indicates that there are 279 RNs, 127 LPNs and 219 Aides/Orderlies/Attendants seeking employment in the area.

June 30, 2009

The following table displays the current FTE for the 30 bed skilled unit at Smith Crossing. It also gives the staffing patterns for the proposed facility and the combined FTEs equivalents for the combined unit

Employment Categories	Existing 30 bed unit FTEs	Proposed 16 bed unit FTEs	New 46 bed unit FTEs
Administrators	1	Shared	1
Physicians	0		0
Director of Nursing	1	Shared	1
Registered Nurses	6	2	8
LPNs	2	1	3
Certified Aides	15	8	23
Other Health Personnel	0	0	0
Other Non-Health Personnel	19	4	23
Totals	44	15	59

	Date of Application	Position	Applicant Initials
	5/22/2009	C.N.A.	N.G.
	5/28/2009	C.N.A.	A.B.
	5/29/2009	C.N.A.	E.W.
	5/21/2009	Utility Aide/Server	M.D.
	May-09	Server	V.R.
	5/1/2009	Server	J.G.
	5/5/2009	Server	E.P.
	5/7/2009	Server	K.W.
	5/7/2009	Server	C.Z.
	5/7/2009	Server	E.K.
	5/13/2009	Server	A.S.
	5/18/2009	Server	M.S.
	5/18/2009	Server	L.Z.
	5/28/2009	Server	A.M.
	5/28/2009	Server	E.C.
	5/29/2009	Server	J.D.
	5/11/2009	Maintenance Tech	E.E.
	5/11/2009	Maintenance Tech	J.M.
	5/12/2009	Applied for Mutiple Positions	J.J.
	5/20/2009	Applied for Mutiple Positions	J.C.
	5/21/2009	Applied for Mutiple Positions	S.P.
	5/21/2009	Applied for Mutiple Positions	E.D.
	5/28/2009	Applied for Mutiple Positions	E.D.
	5/29/2009	Applied for Mutiple Positions	J.S.
	5/11/2009	RN	S.P.
June-09	6/4/2009	C.N.A.	M.W.
	6/4/2009	C.N.A.	V.D.
	6/8/2009	C.N.A.	K.P.
	6/8/2009	C.N.A.	M.W.
	6/11/2009	C.N.A.	S.J.
	6/5/2009	Dishwasher/Server	W.B.
	6/8/2009	Maintenance Tech	F.P.
	6/12/2009	Maintenance Tech	A.L.
	6/2/2009	Applied for Mutiple Positions	C.P.
	6/4/2009	Applied for Mutiple Positions	G.G.
	6/22/2009	RN	D.B.
	6/23/2009	RN	V.P.
August-08	8/25/2008	Activity Assistant	K.G.
	8/3/2008	C.N.A.	J.T.
	8/14/2008	C.N.A.	M.S.
	8/14/2008	C.N.A.	V.J.
	8/18/2008	C.N.A.	S.W.
	8/22/2008	C.N.A.	C.J.
	8/26/2008	C.N.A.	S.B.
	8/29/2008	C.N.A.	L.B.
	8/4/2008	Cook	G.G.
	8/11/2008	Kitchen Aide	M.R.
	8/4/2008	Server	B.F.
	8/5/2008	Server	C.B.
	8/13/2008	Server	R.B.
	8/23/2008	Server	R.O.
	8/25/2008	Server	S.S.

	Date of Application	Position	Applicant Initials
	8/28/2008	Server	K.M.
	8/5/2008	Applied for Mutiple Positions	A.W.
	8/26/2008	Applied for Mutiple Positions	C.H.
	8/26/2008	Applied for Mutiple Positions	M.P.
	8/14/2008	Did Not Specify a Position	L.G.
	8/20/2008	Did Not Specify a Position	W.S.
	8/31/2008	Did Not Specify a Position	S.N.
	8/5/2008	LPN	M.T.
	8/7/2008	LPN	T.D.
	8/18/2008	LPN	C.W.
September-08	9/5/2008	Activity Assistant	D.B.
	9/22/2008	Activity Assistant	M.C.
	9/22/2008	Receptionist	R.R.
	Sep-09	C.N.A.	S.C.
	9/5/2008	C.N.A.	S.R.
	9/9/2008	C.N.A.	N.W.
	9/9/2008	C.N.A.	D.R.
	9/11/2008	C.N.A.	J.R.
	9/11/2008	C.N.A.	L.S.
	9/11/2008	C.N.A.	R.K.
	9/15/2008	C.N.A.	C.W.
	9/15/2008	C.N.A.	R.S.
	9/15/2008	C.N.A.	D.B.
	9/16/2008	C.N.A.	A.K.
	9/19/2008	C.N.A.	S.C.
	9/19/2008	C.N.A.	A.G.
	9/25/2008	C.N.A.	L.G.
	9/26/2008	C.N.A.	J.C.
	9/9/2008	Server	E.L.
	9/5/2008	Applied for Mutiple Positions	F.T.
	9/11/2008	Applied for Mutiple Positions	O.F.
	9/12/2008	Applied for Mutiple Positions	R.A.
	9/13/2008	Applied for Mutiple Positions	M.R.
	9/23/2008	Applied for Mutiple Positions	D.D.
	9/4/2008	Did Not Specify a Position	D.S.
	9/12/2008	Did Not Specify a Position	L.G.
	9/21/2008	Did Not Specify a Position	E.G.
	9/23/2008	Did Not Specify a Position	L.R.
October-08	9/8/2008	LPN	D.S.
	10/3/2008	C.N.A.	L.H.
	10/3/2008	C.N.A.	T.T.
	10/9/2008	C.N.A.	C.L.
	10/10/2008	C.N.A.	S.B.
	10/21/2008	C.N.A.	V.S.
	10/22/2008	C.N.A.	Q.K.
	10/28/2008	C.N.A.	M.G.
	10/30/2008	C.N.A.	J.R.
	10/30/2008	C.N.A.	L.K.
	10/10/2008	Server	E.I.
	10/17/2008	Server	C.Z.
	10/20/2008	Server	J.K.
	10/22/2008	Server	C.B.

	Date of Application	Position	Applicant Initials
	10/14/2008	Maintenance Tech	M.G.
	10/15/2008	Maintenance Tech	O.O.
	10/28/2008	Maintenance Tech	D.M.
	10/31/2008	Housekeeping	G.M.
	10/8/2008	Applied for Mutiple Positions	K.J.
	10/10/2008	Applied for Mutiple Positions	K.K.
	10/10/2008	Applied for Mutiple Positions	B.K.
	10/17/2008	Applied for Mutiple Positions	R.C.
	10/28/2008	Applied for Mutiple Positions	G.M.
	10/29/2008	Applied for Mutiple Positions	C.S.
	10/22/2008	Did Not Specify a Position	M.K.
	10/30/2008	LPN	J.F.
	10/31/2008	LPN	J.B.
November-08	11/17/2008	Receptionist	K.B.
	Nov-08	C.N.A.	K.H.
	11/3/2008	C.N.A.	T.H.
	11/3/2008	C.N.A.	M.M.
	11/3/2008	C.N.A.	L.W.
	11/7/2008	C.N.A.	V.D.
	11/11/2008	C.N.A.	A.W.
	11/16/2008	C.N.A.	C.B.
	11/17/2008	C.N.A.	L.R.
	11/20/2008	C.N.A.	E.B.
	11/21/2008	C.N.A.	J.P.
	11/30/2008	C.N.A.	A.N.
	11/30/2008	C.N.A.	P.A.
	11/7/2008	Server	M.F.
	11/7/2008	Security/Maintenance	J.P.
	11/20/2008	Housekeeping	I.C.
	11/5/2008	Applied for Mutiple Positions	S.W.
	11/11/2008	Applied for Mutiple Positions	G.P.
	11/13/2008	Applied for Mutiple Positions	C.S.
	11/14/2008	Applied for Mutiple Positions	S.B.
	11/26/2008	Applied for Mutiple Positions	Y.M.
	11/18/2008	Did Not Specify a Position	M.E.
	11/5/2008	RN	S.T.
	11/5/2008	RN	H.A.
	11/5/2008	RN	I.J.
	11/10/2008	LPN	L.S.
	11/12/2008	LPN	T.D.
	11/14/2008	RN	J.O.
	11/21/2008	LPN	S.L.
	11/21/2008	LPN	C.D.
	11/24/2008	LPN	T.P.
	11/26/2008	RN	J.L.
	12/2/2008	C.N.A.	I.D.
	12/10/2008	C.N.A.	S.C.
	12/30/2008	C.N.A.	T.R.
	12/3/2008	Server	E.B.
	12/5/2008	Server	K.K.
	12/9/2008	Server	C.Z.
	12/12/2008	Server	M.G.

Online
Applications

Date of Application	Position	Applicant Initials
12/18/2008	Server	T.J.
12/29/2008	Server	K.Z.
12/3/2008	Maintenance Tech	R.O.
12/7/2008	Housekeeping	K.W.
12/20/2008	Housekeeping	A.C.
12/7/2008	Applied for Multiple Positions	E.B.
12/8/2008	Applied for Multiple Positions	M.E.
12/2/2008	RN	T.F.
12/19/2008	LPN	L.R.
12/30/2008	LPN	L.G.
12/31/2008	RN	B.E.
12/31/2008	LPN	B.A.
3/25/2009	C.N.A.	A.F.
March-09 3/23/2009	Utility Aide	B.R.
3/25/2009	Server	L.J.
3/26/2009	Server	G.M.
3/25/2009	Server	L.J.
3/24/2009	RN	C.W.
May-09 5/8/2009	C.N.A.	L.C.
5/8/2009	C.N.A.	D.S.
5/12/2009	C.N.A.	B.Z.
5/13/2009	C.N.A.	S.V.
5/14/2009	C.N.A.	K.G.
5/15/2009	C.N.A.	O.C.
5/15/2009	C.N.A.	J.G.
5/20/2009	C.N.A.	V.M.
5/20/2009	C.N.A.	K.M.
5/20/2009	C.N.A.	A.N.
5/22/2009	C.N.A.	T.O.
5/24/2009	C.N.A.	H.A.
5/26/2009	C.N.A.	E.L.
5/28/2009	C.N.A.	O.C.
5/8/2009	Receptionist	G.V.
5/10/2009	Receptionist	K.D.
5/14/2009	Utility Aide	C.E.
5/14/2009	Utility Aide	T.J.
5/14/2009	Utility Aide	J.G.
5/14/2009	Server	R.B.
5/18/2009	Server	L.O.
5/18/2009	Server	J.W.
5/27/2009	Server	R.E.
5/27/2009	Server	K.M.
5/28/2009	Server	J.W.
5/11/2009	Server	M.E.
5/13/2009	Server	W.D.
5/18/2009	Server	M.P.
5/25/2009	Server	E.D.
5/27/2009	Server	L.M.
5/27/2009	Server	K.L.
5/21/2009	Applied for Multiple Positions	E.R.

	Date of Application	Position	Applicant Initials
	5/14/2009	Did Not Specify a Position	B.S.
	5/8/2009	LPN	B.B.
	5/8/2009	LPN	C.G.
	5/18/2009	LPN	J.D.
	5/26/2009	LPN	C.M.
	5/28/2009	LPN	R.R.
	5/7/2009	LPN	V.S.
	5/8/2009	LPN	E.S.
	5/14/2009	LPN	T.T.
	5/20/2009	RN	M.H.
	5/28/2009	LPN	R.S.
	5/29/2009	RN	B.T.
June-09	6/9/2009	C.N.A.	S.T.
	6/10/2009	C.N.A.	C.I.
	6/11/2009	C.N.A.	K.J.
	6/11/2009	C.N.A.	K.J.
	6/11/2009	C.N.A.	T.W.
	6/12/2009	C.N.A.	E.L.
	6/16/2009	C.N.A.	B.M.
	6/17/2009	C.N.A.	K.A.
	6/17/2009	C.N.A.	D.D.
	6/18/2009	C.N.A.	D.F.
	6/18/2009	C.N.A.	E.M.
	6/23/2009	C.N.A.	M.L.
	6/24/2009	C.N.A.	S.B.
	6/29/2009	C.N.A.	B.R.
	6/10/2009	Utility Aide	E.M.
	6/18/2009	Utility Aide	J.M.
	6/17/2009	Server	D.D.
	6/18/2009	Server	S.P.
	6/18/2009	Server	A.H.
	6/23/2009	Server	S.A.
	6/12/2009	Server	B.H.
	6/13/2009	Server	A.S.
	6/10/2009	Server	C.C.
	6/29/2009	Server	J.N.
	6/16/2009	Server	S.G.
	6/30/2009	Server	M.C.
	6/10/2009	RN	M.S.
	6/16/2009	RN	M.B.
	6/23/2009	RN	J.A.
	6/23/2009	RN	D.A.
	6/22/2009	LPN	D.B.
	6/15/2009	RN	B.W.
	6/23/2009	LPN	L.L.
	6/23/2009	LPN	L.H.
	6/10/2009	RN	J.P.
	6/6/2009	LPN	C.W.
	6/26/2009	LPN	J.G.
	6/6/2009	LPN	J.L.
July-09	7/10/2009	RN	M.H.
	7/7/2009	LPN	S.W.

Date of Application	Position	Applicant Initials
7/6/2009	LPN	K.H.
7/6/2009	RN	R.C.
7/9/2009	LPN	M.W.
7/9/2009	LPN	K.P.
7/6/2009	RN	L.S.
7/6/2009	RN	S.P.
7/8/2009	Server	T.B.

	Date of Application	Position	Applicant Initials
January-09	1/14/2009	Receptionist	L.K.
	1/5/2009	C.N.A.	D.L.
	1/8/2009	C.N.A.	P.C.
	1/8/2009	C.N.A.	K.C.
	Jan-09	C.N.A.	C.I.
	1/15/2009	C.N.A.	T.C.
	1/19/2009	C.N.A.	L.H.
	1/20/2009	C.N.A.	L.S.
	1/27/2009	C.N.A.	L.H.
	1/13/2009	Chef or Management Position	J.S.
	1/29/2009	Dishwasher/Server	R.R.
	1/5/2009	Server	T.P.
	1/17/2009	Server	A.K.
	1/20/2009	Server	J.B.
	1/26/2009	Server	C.G.
	1/27/2009	Server	J.E.
	1/29/2009	Server	J.B.
	1/5/2009	Housekeeping	C.M.
	1/6/2009	Housekeeping	M.K.
	1/15/2009	Housekeeping	E.M.
	1/20/2009	Housekeeping	N.L.
	1/20/2009	Housekeeping	M.W.
	1/30/2009	Maintenance Tech	K.H.
	1/4/2009	Applied for Mutiple Positions	K.L.
	1/5/2009	Applied for Mutiple Positions	L.G.
	1/6/2009	Applied for Mutiple Positions	K.G.
	1/6/2009	Applied for Mutiple Positions	K.P.
	1/8/2009	Applied for Mutiple Positions	I.M.
	1/20/2009	Applied for Mutiple Positions	M.L.
	1/25/2009	Applied for Mutiple Positions	L.M.
	1/27/2009	Applied for Mutiple Positions	C.J.
	1/7/2009	Did Not Specify a Position	P.W.
	1/26/2009	Did Not Specify a Position	S.P.
Jan-09	LPN	M.R.	
1/5/2009	RN	E.W.	
1/15/2009	RN	P.T.	
1/20/2009	LPN	J.B.	
February-09	2/3/2009	C.N.A.	S.C.
	2/4/2009	C.N.A.	P.W.
	2/6/2009	C.N.A.	O.C.
	2/16/2009	C.N.A.	E.K.
	2/17/2009	C.N.A.	P.A.
	2/18/2009	C.N.A.	R.D.
	2/21/2009	C.N.A.	L.W.

	Date of Application	Position	Applicant Initials
	2/23/2009	C.N.A.	B.K.
	2/2/2009	Chef Helper/Cook	M.B.
	2/9/2009	Dishwasher/Server	M.D.
	2/2/2009	Server	K.L.
	2/4/2009	Server	D.L.
	2/13/2009	Server	N.P.
	2/16/2009	Server	D.B.
	2/1/2009	Applied for Mutiple Positions	C.H.
	2/6/2009	Applied for Mutiple Positions	V.R.
	2/10/2009	Applied for Mutiple Positions	P.V.
	2/15/2009	Applied for Mutiple Positions	L.G.
	2/20/2009	Applied for Mutiple Positions	J.C.
	2/23/2009	Applied for Mutiple Positions	N.M.
	2/20/2009	Did Not Specify a Position	S.C.
	2/28/2009	Did Not Specify a Position	M.L.
	2/28/2009	Did Not Specify a Position	D.L.
	2/10/2009	LPN	L.O.
	2/20/2009	RN	L.C.
	2/28/2009	LPN	L.C.
March-09	Mar-09	C.N.A.	S.C.
	3/5/2009	C.N.A.	Q.K.
	3/9/2009	C.N.A.	J.R.
	3/11/2009	C.N.A.	M.G.
	3/16/2009	C.N.A.	A.S.
	3/16/2009	C.N.A.	S.G.
	3/18/2009	C.N.A.	C.J.
	3/20/2009	C.N.A.	K.J.
	3/30/2009	C.N.A.	S.M.
	3/6/2009	Server	A.H.
	3/15/2009	Server	J.N.
	3/23/2009	Server	D.J.
	3/23/2009	Server	D.J.
	3/26/2009	Server	C.L.
	3/28/2009	Server	C.C.
	3/31/2009	Server	T.H.
	3/10/2009	Housekeeping	G.M.
	3/14/2009	Housekeeping/Maintenance	A.A.
	3/14/2009	Housekeeping	E.A.
	3/2/2009	Applied for Mutiple Positions	P.D.
	3/5/2009	Applied for Mutiple Positions	L.M.
	3/10/2009	Applied for Mutiple Positions	J.M.
	3/14/2009	Applied for Mutiple Positions	E.D.
	3/3/2009	Did Not Specify a Position	J.O.
	3/3/2009	Did Not Specify a Position	F.B.

	Date of Application	Position	Applicant Initials
	3/3/2009	Did Not Specify a Position	M.H.
	3/2/2009	RN	C.W.
	3/5/2009	LPN	V.T.
	3/11/2009	RN	C.C.
	3/12/2009	LPN	T.W.
	3/18/2009	LPN	A.H.
	3/20/2009	LPN	T.W.
	3/21/2009	LPN	J.O.
April-09	4/30/2009	Activity Assistant	D.R.
	4/23/2009	Receptionist	S.W.
	4/1/2009	C.N.A.	C.R.
	4/13/2009	C.N.A.	B.W.
	4/15/2009	C.N.A.	C.S.
	4/16/2009	C.N.A.	C.J.
	4/22/2009	C.N.A.	L.S.
	4/24/2009	C.N.A.	S.S.
	4/27/2009	C.N.A.	K.B.
	4/14/2009	Server	K.H.
	4/16/2009	Server	B.P.
	4/17/2009	Server	T.H.
	4/20/2009	Server	L.M.
	4/20/2009	Server	E.P.
	4/24/2009	Server	N.C.
	4/24/2009	Server	J.H.
	4/24/2009	Server	A.G.
	4/26/2009	Server	M.N.
	4/22/2009	Maintenance Tech	W.M.
	4/29/2009	Maintenance Tech	M.M.
	4/7/2009	Applied for Multiple Positions	A.G.
	4/15/2009	Applied for Multiple Positions	C.S.
	4/17/2009	Applied for Multiple Positions	B.S.
	4/1/2009	Did Not Specify a Position	P.H.
	4/13/2009	Did Not Specify a Position	S.G.
	4/9/2009	LPN	O.O.
	4/15/2009	LPN	P.T.
	4/21/2009	LPN	L.C.
May-09	5/10/2009	Receptionist	K.D.
	5/1/2009	C.N.A.	L.W.
	5/7/2009	C.N.A.	S.G.
	5/7/2009	C.N.A.	S.L.
	5/11/2009	C.N.A.	M.K.
	5/12/2009	C.N.A.	F.G.
	5/12/2009	C.N.A.	V.H.
	5/14/2009	C.N.A.	S.T.
	5/19/2009	C.N.A.	A.R.
	5/20/2009	C.N.A.	A.S.
	5/22/2009	C.N.A.	M.M.



September 4, 2009

Mr. John Kniery
 Foley & Associates
 1638 South MacArthur Boulevard
 Springfield, Illinois 62704

Dear John:

The workforce availability information you requested covering the health care occupations of registered nurse, licensed practical nurse, and nursing aide, orderly, and attendant for the Orland Park, IL labor market is shown below. For a facility in Orland Park, located in the very southwest corner of Cook County, the labor market including Cook and Will Counties is deemed relevant to a facility located there. Although access is available through RTA facilities, it is recognized that far north and west Cook County as well as far western and southern Will County are questionable for inclusion in the labor market, particularly for the lesser skilled positions. However, data is not available below the County level.

**OCCUPATIONAL EMPLOYMENT PROJECTIONS
 2006 to 2016
 Cook and Will Counties**

	EMPLOYMENT			AVG. ANNUAL OPENINGS		
	2006	2016	Change	Total	Growth	Replacement
Registered Nurse	53,271	69,553	16,282-31%	2,508	1,629	879
Licensed Practical Nurse	12,005	14,827	2,822-24%	609	282	327
Nursing Aide, Orderly & Attendant	27,473	34,648	7,175-26%	961	717	244

Pat Quinn, Governor
 Maureen T. O'Donnell, Director

33 South State Street
 Chicago, Illinois 60603-2802
www.ides.state.il.us

ATTACHMENT-50C

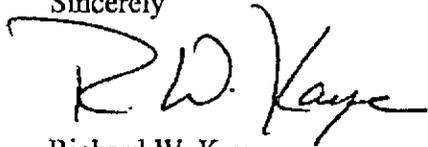
For the Orland Park labor market in the Southwest Chicago Area site(Cook +Will Counties), the number of job seekers registered with the Illinois Department of Employment Security's Illinois Skills Match System, an on-line system matching job seekers with employers having openings, is shown below. This is an indication of labor availability, neither complete nor comprehensive, since not all job seekers or employers with needs register with the system. The data includes individual job seekers available during the January 1, 2009 to August 31, 2009 period at some time but not necessarily the entire time.

RN- 279

L.PN- 127

Aide/Orderly/Attendant- 319

Sincerely

A handwritten signature in black ink that reads "R.W. Kaye". The signature is written in a cursive style with a large, sweeping initial "R".

Richard W. Kaye
Chicago Labor Market Economist
Illinois Department of Employment Security

I. **Criterion 1110.1730(h) – Performance Requirements**

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 1, Subchapter c – Long-Term Care Facilities) over a two-year period of time.

This item is not applicable as the Applicant is proposing only 46 nursing care beds.

I. **Criterion 1110.1730(i) – Community Related Functions**

The applicant shall document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned parties or groups. Documentation shall consist of copies of all letters of support from such organizations.

Appended as **ATTACHMENT-52A** are 10 letters of support for this project. The letters are from the Township of Orland, Saint Xavier University, the Honorable Daniel J. McLaughlin (Mayor of the Village of Orland Park), PLOWS Council on Aging, Mokena Fire Protection District, Orland Park Area Chamber of Commerce, Tinley Park Chamber of Commerce, St. Rita's (nurse registry), Angels at Home Healthcare (home health agency), and Creative Home Service (an area business). These letters represent the community governmental and social service organizations which whole heartedly endorse the proposed project.



TOWNSHIP OF ORLAND

July 13, 2009

Paul O'Grady

Supervisor

Cindy M. Murray

Clerk

**Tommy Kraus
Jacob Vandenberg**

**Kristi Griffin
Patrick Feldner**

Trustees

Rich E. Kelly

Assessor

Brian H. Younker

Highway Commissioner

Maria Sanfilippo

Collector

Office Locations

**Administrative Office &
Assessor's Office**
15100 South 94th Avenue
Orland Park • IL • 60462

Telephone Number
(708) 403-4222

Fax Number
(708) 403-4260

Youth & Family Services Office
14671 West Avenue
Orland Park • IL • 60462

Telephone Number
(708) 403-4001

Fax Number
(708) 403-9981

Highway Department Office
16125 South Wolf Road
Orland Park • IL • 60467

Telephone Number
(708) 403-5148

Fax Number
(708) 403-5165

Website
www.orlandtp.org

Michael Flynn
Chief Executive Officer
Smith Senior Living
2320 West 113th Place
Chicago, IL 60643

Dear Mr. Flynn:

As the population of senior citizens in the area surrounding Smith Crossing in Orland Park continues to grow, I recommend that this continuing care retirement community be allowed to admit individuals directly into its Skilled Nursing Care and Rehabilitation Services.

With the escalating costs for healthcare, it is important that we leverage all of the resources available to our community. With empty beds regularly remaining idle in Smith Crossing's Skilled Nursing Care, families in our community will benefit from an open door policy that makes it possible for more seniors to receive exceptional healthcare and other services when they need them most.

Taking full advantage of Smith Crossing's services and resources most definitely will benefit the entire community.

Sincerely,

Kathy Kenyeri
Senior Services Coordinator

ATTACHMENT-52A



SAINT • XAVIER • UNIVERSITY

Office of the President

July 14, 2009

Mr. Frank Guajardo, Executive Director
Smith Crossing
10501 Emilie Lane
Orland Park, IL 60467

Dear Mr. Guajardo,

It is my understanding that Smith Crossing, a continuing care retirement community in Orland Park will petition the Illinois Health Facilities Planning Board to remove the restriction on its existing Certificate of Need that prevents the admission of Seniors in our community to its Skilled Care Services.

Smith Crossing is an outstanding senior care facility in the community and has gained a reputation in the last five years of providing compassionate care for its residents. Our community would benefit if Seniors from the community at large could gain admission directly to the Skilled Care services at Smith Crossing.

I strongly urge the Illinois Health Facilities Planning Board to approve the Smith Crossing application to remove the existing restriction preventing the admission of Seniors in our community from direct admission to the Skilled Care services at Smith Crossing.

We appreciate and support your continued commitment to provide quality healthcare and important programs for our seniors.

Sincerely,

A handwritten signature in black ink that reads "Judith A. Dwyer".

Judith A. Dwyer, Ph.D.
President

Chicago Campus
3700 West 103rd Street
Chicago, IL 60655
Telephone: (773) 298-3309
Fax: (773) 779-4763

Orland Park Campus
18230 Orland Parkway
Orland Park, IL 60467
Telephone: (708) 802-6200
Fax: (708) 802-6202

www.sxu.edu

MAYOR
Daniel J. McLaughlin

VILLAGE CLERK
David P. Maher

14700 S. Ravinia Ave.
Orland Park, IL 60462
(708) 403-6100



VILLAGE HALL

TRUSTEES
Bernard A. Murphy
Kathleen M. Fenton
Brad S. O'Halloran
James V. Dodge
Edward G. Schussler III
Patricia Gira

July 15, 2009

Mr. Frank Guajardo
Executive Director
Smith Crossing
10501 Emilie Lane
Orland Park, Illinois 60467

Dear Mr. Guajardo:

As the population of senior citizens in and around the area surrounding Orland Park continues to grow, I recommend that Smith Crossing Retirement Community be allowed to admit individuals directly into its Skilled Nursing Care and Rehabilitation Services.

With the escalating costs for healthcare, it is important that we leverage all of the resources available to our community. With empty beds regularly remaining idle in Smith Crossing's Skilled Nursing Care, families in our community will benefit from an open door policy that makes it possible for more seniors to receive exceptional healthcare and other services when they need them most.

Taking full advantage of Smith Crossing's services and resources will most definitely benefit the entire community.

Sincerely,

Daniel J. McLaughlin
Mayor

lm



PLOWS COUNCIL ON AGING

7808 WEST COLLEGE DRIVE - SUITE 5E • PALOS HEIGHTS, IL 60463
Phone: 708-361-0219

July 15, 2009

Frank Guajardo, Executive Director
Smith Crossing
10501 Emilie Lane
Orland Park, IL 60467

Dear Frank Guajardo:

It is my understanding that Smith Crossing, a continuing care retirement community in Orland Park will petition the Illinois Health Facilities Planning Board to remove the restriction on its existing Certificate of Need that prevents the admission of Seniors in our community to its Skilled Care Services.

Smith Crossing is an outstanding senior care facility in the community and has gained a reputation in the last five years of providing compassionate care for its residents. Our community would benefit if Seniors from the community at large could gain admission directly to the Skilled Care Services at Smith Crossing.

I strongly urge the Illinois Health Facilities Planning Board to approve the Smith Crossing application to remove the existing restriction preventing the admission of Seniors in our community from direct admission to the Skilled Care Services at Smith Crossing.

Donald E. Chapman, Executive Director
PLOWS Council on Aging



Mokena Fire Protection District

July 13, 2009

Emergency 9-1-1

Administrative Offices
19853 S. Wolf Road
Mokena, IL 60448
Adm: (708) 479-5371
Fax (708) 479-2970

Fire Station #1
19853 S. Wolf Road
Mokena, IL 60448
(708) 479-3781

Fire Station #2
10000 W. 191st Street
Mokena, IL 60448
(708) 479-3782

www.mokenafire.org

Frank Guajardo, Executive Director
Smith Crossing
10501 Emilie Lane
Orland Park, Illinois 60467

Dear Mr. Guajardo,

As the population of senior citizens in the area surrounding Smith Crossing in Orland Park continues to grow, I recommend that this continuing care retirement community be allowed to admit individuals directly into its Skilled Nursing Care and Rehabilitation Services.

With the escalating costs for healthcare, it is important that we leverage all of the resources available to our community. With empty beds regularly remaining idle in Smith Crossing's Skilled Nursing Care, families in our community will benefit from an open door policy that makes it possible for more seniors to receive exceptional healthcare and other services when they need them most.

Taking full advantage of Smith Crossing's services and resources most definitely will benefit the entire community.

Sincerely,

Ted Golden
Fire Chief/Administrator

TG/kf



*Serving Portions of the Communities of
Mokena, Homer Glen, Orland Park, Frankfort*

Tinley Park Chamber of Commerce

Creating Connections ■ Building Business

2009 Chamber Officers

Chairman of the Board

Jeff Ficaro
Citizens Financial Bank

Chairman Elect

John Leslie
Stanley Security Solutions

Immediate Past Chair

Rebecca Palumbo
Rollins Palumbo Creative

Vice Chairs

Vivette Payne
Avery Payne Group

Chad Trueblood
Interstate Bank

Jan Twitty
The Business Ledger

Treasurer

Kim Scalise
Founders Bank

President/CEO

Bernadette Shanahan-Haas

Member Services

Melinda Kriehar

Board of Directors

Jim Alroth
Real Estate Resource Home Loans

Joseph P. Ficaro, Jr.
SouthtownStar Property Services

Bob Heustein
ReMax Team 2000

Lisa Lefner
Urban Chai

Dale Mikala
Creative Concepts

Mitch Palmer
NAS Insurance

Gary A. Frale
Washington Mutual

Rex Sandline
ColorVision Promotions & Printing

Al Stegers
NurWay/Tinley Park Dispatch

Jeff Studinski
Revolutionizing Growth

Bob Wilson
Wilson Rental

July 13, 2009

Frank Guajardo, Executive Director
Smith Crossing
10501 Emilie Lane
Orland Park, IL 60467

Michael Flynn
Smith Senior Living
2320 West 113th Place
Chicago, IL 60643

Dear Frank and/or Michael—

The Tinley Park Chamber of Commerce is writing this letter in support of Smith Crossing, who has been a strong chamber member for several years and we are very grateful for their support of the Tinley Park Business Community.

Smith Crossing is an outstanding senior care facility in the community and has gained a reputation in the last five years of providing compassionate care for its residents. Our community would benefit if seniors from the community at large could gain admission directly to the Skilled Care services at Smith Crossing.

Sincerely,



Bernadette Shanahan-Haas
President/CEO
Tinley Park Chamber of Commerce
708.532.5700



ST. RITA'S
REGISTRY FOR NURSES, INC.
QUALITY HOME
HEALTHCARE SERVICES
SINCE 1921

14808 A. Cicero Ave. Oak Forest, IL 60452 708-535-6690 fax 708-535-6695

July 20, 2009

To whom it may concern:

Please accept this letter of recommendation regarding the Smith Crossings community. I have had the pleasure of working with this community since its opening and have found the level of care to be outstanding. As a social worker and a business owner, I have had many years of experience with all types of health care facilities within the chicagoland area and truly find this to be of the highest caliber.

The entire staff of Smith Crossings is very professional and provide compassionate quality care to the residents who are lucky enough to live in the community. I believe that by allowing direct admits into the skilled rehab unit from the outside community you can extend this quality to those in the community whom may be in need of skilled care. I am sure we all agree that when excellent care is available, it should be a resource made available for all who may benefit.

Respectfully submitted,

Tami Shemanske
President



THE HOME APPEARANCE EXPERTS

9150 Frances Lane Orland Park, IL 60462
Ph. 708-460-1377 Fx. 708-460-1377

July 20, 2009

Attn: Michael A. Flynn

Dear Mr. Flynn,

As a Board of Director for the Orland Park Chamber of Commerce I have had the opportunity over the past two and a half years to visit your community and to tour it several times. During my visits I meet many of Smith Crossing's management and staff. I am impressed with the high quality of experience and professionalism you and your management team possess. But most importantly I have had opportunity to talk at length with many of your residents. To say the least, my overall impression is that they are all very happy - and thankful - for the opportunity your community provides them to enjoy a superior living environment and a high quality of long term care services during their later years of life.

I was recently informed that you are petitioning the Illinois Facilities Planning Board to allow admittance of seniors outside its community directly into the skilled nursing care unit. I support this action by Smith Crossing and strongly encourage the Planning Board to remove the restriction on your current certificate of need. It would be a tremendous benefit for all the residents of Orland Park to have access to your excellent skilled nursing care unit.

Your community is one of the premier businesses in Orland Park. Please let me know if I or the Orland Park Chamber of Commerce may be of any assistance in helping you with this petition.

Sincerely yours,

Ric Roemer
President
Creative Home Services

Angels At Home Healthcare

11739 Southwest Highway
Palos Heights, IL 60463

708-448-3176 Phone
708-448-3299 Fax

July 21, 2009

To Whom It May Concern:

This is a letter of recommendation regarding the Smith Crossing community and a potential expansion of their level of service in the skilled rehab unit. We have had the pleasure of working with Smith Crossing for the past year. As a home healthcare agency we have the opportunity to work with communities both within the Chicagoland area and also in Massachusetts. We work with many communities and find that Smith Crossing has an exceptional level of care. We find Smith Crossing to be highly organized, very competent, extremely professional and we observe that they consistently demonstrate an excellent level of compassion and care.

We believe that by allowing direct admits from the outside community into the skilled rehab unit this level of care quality will be extended for the good of the patients and the total community. Quality clinical care when available should be highly utilized.

Sincerely,



Rachael Fitzpatrick, RN
President



July 17, 2009

Frank Guarjardo, Executive Director
Smith Crossing
10501 Emille Lane
Orland Park, IL 60467

Dear Mr. Guarjardo,

I support giving Smith Crossing a Certificate of Need that makes it possible for its Skilled Nursing Care unit to directly admit senior citizens who need 24-hour healthcare as they recuperate or as they are in the final stage of their life.

As the population of senior citizens in the area surrounding Smith Crossing in Orland Park continues to grow, I recommend that this continuing care retirement community be allowed to admit individuals directly into its Skilled Nursing Care and Rehabilitation Services.

With the escalating costs for healthcare, it is important that we leverage all of the resources available to our community. With empty beds regularly remaining idle in Smith Crossing's Skilled Nursing Care, families in our community will benefit from an open door policy that makes it possible for more seniors to receive exceptional healthcare and other services when they need them most.

Taking full advantage of Smith Crossing's services and resources most definitely will benefit the entire community.

Sincerely,

Keldryn Putnam
Executive Director

I. **Criterion 1110.1730(e) – Zoning**

The applicant shall document one of the following:

- 1) The property to be utilized has been zoned for the type of facility to be developed;
- 2) Zoning approval has been received; or
- 3) A variance in zoning for the project is to be sought.

The subject project is complete and does not require additional construction. However, since the site is governed by Special Use Ordinances, a change in the types and numbers of units requires a petitioning of the Village for a Special Use amendment. A letter from the Village of Orland Park's Planning Director has provided a letter outlining this situation. Please see **ATTACHMENT-53A**. Thus, the Applicant has initiated discussions with the local zoning department and has filed a petition to the Village of Orland Park to amend its existing Special Use Ordinance.

MAYOR
Daniel J. McLaughlin

VILLAGE CLERK
David P. Maher

14700 S. Ravinia Ave.
Orland Park, IL 60462
(708) 403-6100



VILLAGE HALL

TRUSTEES
Bernard A. Murphy
Kathleen M. Fenton
Brad S. O'Halloran
James V. Dodge
Edward G. Schussler III
Patricia Gira

July 28, 2009

Mr. Frank Guajardo, Executive Director
Smith Crossing
10501 Emilie Lane
Orland Park, Illinois 60467

Re: Zoning Compliance

Dear Mr. Guajardo:

Smith Crossing is currently in the COR Commercial Office Residential Zoning District which allows congregate elderly housing as a special use (Section 6-210; C-7). This site is governed by Special Use Ordinances 3270, 3278 and 3824 which allow the current unit types and number of unit types at Smith Crossing.

Proposed changes in unit types and number of unit types must be requested through a petition to the Village for a special use amendment. The Village will evaluate the petition and the Village Board will make a decision after the public hearing process.

Should you have additional questions, feel free to call me at 708.403-5300.

Sincerely,

A handwritten signature in cursive script that reads "Robert E. Sullivan".

Robert E. Sullivan
Planning Director

C: Karie Friling, Development Services Director
Jane Turley, Senior Planner

ATTACHMENT-53A

I. **Criterion 1110.1730(k) – Assurances**

- 1) The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

Appended as **ATTACHMENT-54A**, is the above referenced and requested assurance.

ATTACHMENT-54

Smith CROSSING

February 15, 2010

Illinois Health Facilities and Services Review Board
525 West Jefferson Street – 2nd Floor
Springfield, IL 62761

Re: Certificate of Need Assurance Statement for Smith Crossing in Orland Park, IL

This statement is being filed pursuant to the requirements set forth in Section 1110.1730(K) of the Illinois Health Facilities and Services Review Board's Administrative Rules (the "Administrative Rules"). (77Ill. Adm. Code 1110.1730(k)). Washington and Jane Smith Community – Orland Park d/b/a Smith Crossing ("Applicant") has filed the Certificate of Need Application ("CON Application") seeking the following approvals: (i) the conversion of sixteen (16) existing assisted living beds into sixteen (16) skilled care beds; (ii) the discontinuation of thirty (30) existing licensed skilled care beds previously approved under the Administrative Rules' continuum of care variance; and (iii) the reestablishment of the aforementioned forty-six (46) beds to skilled care beds to provide for a total licensed capacity of forty-six (46) skilled cared beds. ("Project"). In furtherance of the CON Application, the undersigned is an authorized representative of the Applicant and attests that the Applicant understands that by the second year of operation after the Project's completion the Applicant will make every reasonable attempt to achieve the maintain the occupancy standards specified in the Board's Administrative Rules for the long term care category of service. (77 Ill. Adm. Code 1100).

Dated this 15th day of February, 2010.

WASHINGTON AND JANE SMITH COMMUNITY-ORLAND PARK,
an Illinois not-for-profit corporation

By: _____

Its: President

Subscribed and sworn to before me this 15th day of February,
2010.

Signature of Notary



300

A Smith Senior Living Community

ATTACHMENT - 54 A

Smith SENIOR LIVING

Corporate Office
T 773 474 7300
F 773 474 7352
2320 West 113th Place
Chicago, Illinois 60643
smithseniorliving.org

July 28, 2009

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

Dear Mr. Mark:

In compliance with Section 1120.210(a), Smith Senior Living, as the parent organization, currently supports and will continue to support Smith Crossing with all financial and legal responsibilities associated with debt, covenants, and legal obligations.

Sincerely yours,



Michael A. Flynn
Chief Executive Officer

MAF/emm

ATTACHMENT-75

Smith Crossing
 Projection for Conversion of 16 Assisted Living to Skilled Care Beds

**Projection
 2011**

Operating Revenues & Other Support Serv	
1 Independent Living	\$3,296,374
2 Assisted Living	1,586,277
3 Nursing Services	3,816,040
5 Ancillary	530,654
Gross Service Revenue	<u>9,229,345</u>
6 Less: Contractual Allowances	(148,706)
7 Less: Charitable Care	(93,240)
8 Less: Purchase Discounts	(217,308)
Net Service Revenue	<u>8,770,091</u>
9 Office Rent Income	6,180
10 Entrance Fees Recognized	332,492
11 Donations & Contributions	13,800
12 Miscellaneous Revenues	280,389
13 Bond Interest Income	-
Total Operating Revenues & Other Support	<u>9,402,952</u>
Expenses	
30 Ancillary Services	303,845
41 Administrative & General	606,149
43 Activities	502,966
47 Soc Svcs	64,071
51 Dietary Services	1,883,402
53 Environmental Services	1,087,477
58 Marketing	211,442
61 Nursing Services	1,703,759
40 Management Contract	736,004
91 Bond Interest / Costs (Net)	1,556,429
Total Operating Expenses	<u>8,655,542</u>
Change in Net Assets Before Net NonOperating Revenues and Expenses	<u>747,409</u>
Nonoperating Revenues and Expenses	
D Dividends & Interest	132,760
E Realized Gains/Losses	
F Unrealized Gains/Losses	
G Other Investment Gains/Losses	0
Change in Investments	<u>132,760</u>
J Depreciation/Amortization(Exp)	(1,369,206)
H Prior Period Adjustments	
I Contribs. To /From Related	0
Total Nonoperating Revenues and Expenses	<u>(1,236,446)</u>
Change in Net Assets	<u>(489,036)</u>

Smith Crossing
 Statements of Financial Position (Unaudited)
 As of June 30, 2009

07/13/09
 04:58 PM

	<u>06/30/09</u>	<u>06/30/08</u>
<u>ASSETS</u>		
Current Assets		
Cash and Cash Equivalents	655,711	243,898
Assets limited as to use	423,828	382,890
Accounts Receivable - Net of Allowance	129,245	693,234
Other Receivables	3,160	8,236
Due from Related Parties	-6,936	0
Prepaid Expenses	22,204	77,895
Total Current Assets	1,227,213	1,408,154
Assets Whose Use is Limited		
Bond Escrow Fund	4,405,453	4,296,900
Gross Assets Limited as to Use	4,405,453	4,296,900
Less Current Obligations	-423,828	-382,890
Net Assets Limited as to Use	3,981,625	3,914,009
Property, Plant and Equipment - Net		
Fixed Assets	42,396,799	43,362,224
Construction in Progress	0	294
Total Property, Plant and Equipment - Net	42,396,799	43,362,518
Other Assets		
Long-term Investments	2,740,658	2,971,344
Debt Issue Costs & Discounts, Net	1,146,683	1,215,712
Acquisition Costs	910,893	1,033,710
Total Other Assets	4,798,234	5,220,766
Total Assets	52,403,871	53,903,448
<u>LIABILITIES AND FUND BALANCES</u>		
Current Liabilities		
Current Portion - L/T Debt	420,000	380,000
Accounts Payable incl. Construction	824,247	1,062,057
Compensation Related	203,986	182,265
Accrued Interest	187,669	191,477
Resident Credit Balances	17,801	42,599
Refundable Resident Deposits	315,322	301,194
Non-Refundable Advance Fees	0	133,844
Due to Related Parties	126,689	0
Other Current Liabilities	0	2,106
Total Current Liabilities	2,095,714	2,295,541
Long-Term Liabilities		
Long-Term Debt Obligations	23,312,219	23,861,895
Entrance Fees Refundable	21,527,935	20,491,948
Deferred Revenues - NonRefundable	1,433,736	1,262,823
Due to Related Parties	1,305,678	988,245
Total Long-Term Liabilities	47,579,568	46,604,911
Total Liabilities	49,675,282	48,900,452
Net Assets		
Current Year Contribution	-2,275,147	-1,989,604
Unrestricted	5,002,996	6,992,600
Temporarily Restricted	740	0
Total Net Assets	2,728,589	5,002,996
Total Liabilities and Net Assets	52,403,871	53,903,448

Smith Crossing
Income Statement
For the Twelve Months Ending June 30, 2009

	June			Year to Date		
	Actual	Plan	Fav/(UnFav)	Actual	Plan	Fav/(UnFav)
Operating Revenues & Other Support Svcs						
Independent Living	\$251,815	\$263,756	(\$11,941)	\$2,962,814	\$3,134,858	(\$172,044)
Assisted Living	198,893	193,542	5,350	2,300,820	2,322,510	(21,689)
Nursing Services	145,011	202,214	(57,203)	2,016,374	2,305,419	(289,045)
Ancillary	38,418	69,529	(31,111)	495,632	794,430	(298,798)
Gross Service Revenue	634,136	729,041	(94,905)	7,775,640	8,557,216	(781,577)
Less Contractual Allowances	(11,293)	(21,512)	10,219	(164,316)	(217,572)	53,256
Less Charity Care	(7,090)	(2,614)	(4,476)	(67,621)	(32,453)	(35,168)
Less Purchase Discounts	(14,767)	(17,003)	2,233	(187,717)	(204,000)	16,283
Net Service Revenue	600,986	687,914	(86,929)	7,355,987	8,103,192	(747,205)
Office Rent Income	500	0	500	1,500	0	1,500
Entrance Fees Recognized	17,072	19,255	(2,183)	249,745	231,054	18,691
Donations & Contributions	40	0	40	130	0	130
Miscellaneous Revenue	20,348	17,093	3,255	227,819	205,292	22,527
Bond Interest Income/Gains	2,561	12,639	(10,078)	144,889	206,067	(61,178)
Total Operating Revenues & Other	\$641,507	\$736,901	(\$95,394)	\$7,980,069	\$8,745,605	(\$765,535)
Operating Expenses						
Ancillary Services	27,537	33,562	6,025	332,268	384,321	52,053
Administrative & General	46,810	58,564	11,754	651,194	690,303	39,110
Activities / Life Enrichment	34,243	32,974	(1,269)	432,787	403,053	(29,734)
Social Services	5,194	5,266	72	64,828	63,103	(1,725)
Dining Services	147,650	147,132	(518)	1,769,280	1,817,431	48,150
Environmental Services	78,800	90,213	11,413	1,050,943	1,063,798	12,855
Marketing	24,500	15,280	(9,220)	224,773	183,896	(40,877)
Nursing Services	132,215	140,401	8,186	1,742,941	1,746,204	3,262
Mgt Contract / Pass-Thru	60,652	70,275	9,623	706,351	841,752	135,402
Bond Interest/Costs	126,439	128,421	1,982	1,539,809	1,539,953	144
Total Operating Expenses	\$684,041	\$722,088	\$38,047	\$8,515,173	\$8,733,813	\$218,640
Change in Net Assets Before Net Nonoperating Revenues and Exps	(\$42,534)	\$14,813	(\$57,347)	(\$535,103)	\$11,792	(\$546,895)
Non-Operating Revenues & Expenses						
Dividends & Interest	13,212	12,477	736	89,067	145,318	(56,252)
Realized Gains / (Losses)	22,875	2,932	19,943	(482,312)	34,080	(516,392)
Unrealized Gains / (Losses)	(24,813)	5,863	(30,677)	23,235	68,159	(44,924)
Other Investment Income & Exp.	0	0	0	(2,121)	0	(2,121)
Change in Portfolios	11,274	21,272	(9,998)	(372,131)	247,557	(619,688)
Depreciation / Amortization	(114,436)	(112,021)	(2,415)	(1,361,677)	(1,340,946)	(20,731)
Prior Period Adjustments	1,950	0	1,950	(6,775)	0	(6,775)
Contribs. to / from Related	0	0	0	539	0	539
Total Non-Operating Revs & Exps	(\$101,211)	(\$90,749)	(\$10,463)	(\$1,740,044)	(\$1,093,389)	(\$646,655)
Change in Net Assets	(\$143,745)	(\$75,936)	(\$67,810)	(\$2,275,147)	(\$1,081,597)	(\$1,193,550)

**Smith Crossing
Statement of Cash Flows
For the Eleven Months Ending May 31, 2009**

	<u>Month CHANGE</u>	<u>YTD CHANGE</u>
Change in Net Assets	(71,789)	(2,131,402)
Adjustments to Reconcile Change in Net Cash Provided by (used in) Operating Activities		
Depreciation and Amortization	114,409	1,247,241
Net Realized & Unrealized (Gain) / Loss in Market Value	(70,656)	457,139
(Increase) / Decrease in Current Assets		
Accounts Receivable	1,172	546,635
Prepaid Expense	73,650	60,115
Increase / (Decrease) in Liabilities		
Accounts Payable	190,664	(238,728)
Accrued Expenses & Other Liabilities	(83,120)	5,117
Restricted Net Assets	780	780
Total Adjustments	226,899	2,078,299
Net Cash Provided by (used in) Operating Activities	155,110	(53,103)
Cash Flows from Investing Activities		
Fixed Assets	0	(195,504)
Construction in Progress	0	294
Investments	1,222	(215,179)
Bond Escrow Fund	583,433	51,920
Net Cash Provided by (Used In) Investing Activities	584,656	(358,469)
Cash Flows from Financing Activities		
Payments due (to)/from SSL	(2,539)	(385,291)
Payments due (to)/from Smith Village	(2,899)	(1,257)
Payments due (to)/from Smith Crossing	172,663	806,844
Closing, Sales, & Escrow Deposits	(34,273)	(4,462)
Entrance Fees Refundable	(43,230)	683,906
Deferred Revenues - Entrance Fees	(8,841)	161,996
Bonds Payable	(639,524)	(645,920)
Net Cash Provided by (Used In) Financing Activities	(558,444)	615,815
TOTAL CASH FLOWS	181,322	204,243

CASH FLOW SUMMARY

Net Increase (Decrease) in Cash	181,322	204,243
Cash at Beginning of Period	265,819	243,898
Cash and Equivalents at End of Period	448,142	448,142
VERIFICATION - Ending Cash Per Books	448,142	448,142

SMITH CROSSING
FINANCIAL STATEMENTS
June 30, 2008 and 2007

SMITH CROSSING
Orland Park, Illinois

FINANCIAL STATEMENTS
June 30, 2008 and 2007

CONTENTS

REPORT OF INDEPENDENT AUDITORS	1
FINANCIAL STATEMENTS	
STATEMENTS OF FINANCIAL POSITION	2
STATEMENTS OF ACTIVITIES	4
STATEMENTS OF CASH FLOWS	5
NOTES TO FINANCIAL STATEMENTS	6

Crowe Horwath

Crowe Horwath LLP
Member Horwath International

REPORT OF INDEPENDENT AUDITORS

Board of Trustees
Smith Crossing
Orland Park, Illinois

We have audited the accompanying statements of financial position of Washington and Jane Smith Community - Orland Park d/b/a Smith Crossing as of June 30, 2008 and 2007, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Smith Crossing as of June 30, 2008 and 2007, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Crowe Horwath LLP

Crowe Horwath LLP

South Bend, Indiana
September 16, 2008

SMITH CROSSING
STATEMENTS OF FINANCIAL POSITION
June 30, 2008 and 2007

	<u>2008</u>	<u>2007</u>
ASSETS		
Current assets		
Cash and cash equivalents	\$ 243,898	\$ 381,907
Assets limited as to use		
Bond funds held by trustee for payment of accrued interest and current portion of long-term debt	382,891	191,477
Resident accounts receivable (net of allowance for doubtful accounts of \$49 in 2008 and \$-0- in 2007)	693,233	520,780
Other receivables	8,236	24,189
Prepaid expenses	<u>77,895</u>	<u>4,779</u>
Total current assets	1,406,153	1,123,132
Assets limited as to use		
Bond funds held by trustee for working capital and payment of accrued interest	4,296,899	4,089,671
Less amount required to meet current obligations	<u>382,891</u>	<u>191,477</u>
Total assets limited as to use	3,914,008	3,898,194
Property and equipment, net	43,362,519	44,387,783
Other assets		
Long-term investments	2,971,344	3,280,767
Bond issuance costs, net of accumulated amortization of \$351,051 in 2008 and \$281,243 in 2007	1,215,712	1,285,520
Costs of acquiring initial continuing-care contracts, net of accumulated amortization of \$432,576 in 2008 and \$309,759 in 2007	<u>1,033,710</u>	<u>1,156,527</u>
Total other assets	<u>5,220,766</u>	<u>5,722,814</u>
	<u>\$ 53,903,446</u>	<u>\$ 55,131,923</u>

(Continued)

SMITH CROSSING
STATEMENTS OF FINANCIAL POSITION
June 30, 2008 and 2007

	<u>2008</u>	<u>2007</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Current portion of long-term debt	\$ 380,000	\$ -
Accounts payable	1,062,063	601,048
Accrued liabilities		
Compensation related	182,265	145,906
Interest payable	191,477	191,477
Resident credit balances	42,599	33,420
Deferred revenue from non-refundable entrance fees	133,844	150,143
Refundable reservation deposits	301,194	311,794
Other current liabilities	<u>2,106</u>	<u>-</u>
Total current liabilities	2,295,548	1,433,788
Long-term liabilities		
Due to affiliate	988,245	1,154,204
Long-term debt, net of current portion	23,861,895	24,234,473
Refundable entrance fees	20,491,948	20,065,158
Deferred revenue from non-refundable entrance fees	<u>1,262,822</u>	<u>1,251,700</u>
Total long-term liabilities	46,604,910	46,705,535
Total liabilities	48,900,458	48,139,323
Net assets		
Unrestricted	<u>5,002,988</u>	<u>6,992,600</u>
	<u>\$ 53,903,446</u>	<u>\$ 55,131,923</u>

See accompanying notes to financial statements.

SMITH CROSSING
STATEMENTS OF ACTIVITIES
Years ended June 30, 2008 and 2007

	<u>2008</u>	<u>2007</u>
Revenues, gains and other support		
Independent living services	\$ 2,867,667	\$ 2,709,007
Assisted living services	2,262,101	2,049,927
Nursing care services	2,055,523	1,499,796
Ancillary services	730,911	382,709
Miscellaneous support services	198,868	168,874
Contractual allowances	(182,507)	(95,052)
Charitable care	(30,749)	(30,037)
Health services discounts	<u>(179,007)</u>	<u>(158,547)</u>
Net resident service revenue	7,722,807	6,526,677
Entrance fees recognized	224,221	249,285
Contributions	706	500
Bond funds investment income	<u>203,743</u>	<u>312,039</u>
Total operating and other revenues	8,151,477	7,088,501
Expenses		
Administrative and general services	705,890	637,592
Nursing services	1,670,331	1,385,618
Ancillary services	372,377	199,346
Dining services	1,778,695	1,509,919
Support services	403,621	261,004
Environmental services	833,933	755,317
Housekeeping and laundry services	229,977	193,490
Management fees	861,515	678,811
Depreciation and amortization	1,335,646	1,437,460
Bond interest costs	1,553,246	1,588,836
Marketing services	<u>254,353</u>	<u>458,162</u>
Total operating expenses	<u>9,999,584</u>	<u>9,105,555</u>
Operating loss	(1,848,107)	(2,017,054)
Nonoperating revenues and expenses		
Interest and dividends income	226,517	97,216
Net realized and unrealized gains (losses) on investments	<u>(368,022)</u>	<u>359,132</u>
Total nonoperating revenues and expenses	<u>(141,505)</u>	<u>456,348</u>
Change in net assets	(1,989,612)	(1,560,706)
Net assets, beginning of year	<u>6,992,600</u>	<u>8,553,306</u>
Net assets, end of year	<u>\$ 5,002,988</u>	<u>\$ 6,992,600</u>

See accompanying notes to financial statements.

SMITH CROSSING
STATEMENTS OF CASH FLOWS
Years ended June 30, 2008 and 2007

	<u>2008</u>	<u>2007</u>
Cash flows from operating activities		
Change in net assets	\$ (1,989,612)	\$ (1,560,706)
Adjustments to reconcile change in net assets to net cash from operating activities		
Entrance fees recognized	(224,221)	(249,285)
Depreciation and amortization	1,335,646	1,437,460
Provision for bad debts	7,371	-
Net realized and unrealized (gains) losses on investments	368,022	(359,132)
Change in assets and liabilities		
Resident accounts receivable	(179,824)	(182,448)
Other receivables	15,953	237,561
Prepaid expenses	(73,116)	50,699
Accounts payable	461,015	399,443
Accrued expenses and other current liabilities	47,644	13,603
Deferred revenue from non-refundable entrance fees	<u>219,044</u>	<u>294,271</u>
Net cash from operating activities	(12,078)	81,466
Cash flows from investing activities		
Change in assets limited as to use	(207,228)	1,667,929
Purchase of property and equipment	(110,335)	(277,114)
Proceeds from sale of investment securities	6,160,772	1,446,877
Purchases of investment securities	(6,012,464)	(2,940,743)
Reinvestment of income dividends	<u>(206,907)</u>	<u>(44,019)</u>
Net cash from investing activities	(376,162)	(147,070)
Cash flows from financing activities		
Receipt (refund) of refundable reservation deposits	(10,600)	70,850
Proceeds from refundable entrance fees received	1,911,338	2,648,441
Refunds of entrance fees	(1,484,548)	(1,085,811)
Net proceeds received from (payments to) affiliates	(165,959)	371,058
Principal payments on long-term debt	<u>-</u>	<u>(1,750,000)</u>
Net cash from financing activities	<u>250,231</u>	<u>254,538</u>
Net change in cash and cash equivalents	(138,009)	188,934
Cash and cash equivalents, beginning of year	<u>381,907</u>	<u>192,973</u>
Cash and cash equivalents, end of year	<u>\$ 243,898</u>	<u>\$ 381,907</u>
Supplemental disclosures of cash flow information		
Cash paid during the year for interest	\$ 1,553,246	\$ 1,581,614

See accompanying notes to financial statements.

SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
June 30, 2008 and 2007

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization: Washington and Jane Smith Community - Orland Park d/b/a Smith Crossing (the Organization) was incorporated under the laws of Illinois as a not-for-profit corporation on August 2, 1999 for the charitable purpose of providing independent living, assisted living, and nursing care services to men and women through the operation of a continuing care retirement community, doing business as Smith Crossing, located in Orland Park, Illinois.

Within the community, Smith Crossing operates a 97 unit independent living, 48 bed assisted living, and 30 bed skilled nursing facility licensed by the Illinois Department of Public Health (IDPH). All skilled nursing beds are certified for participation in the Medicare and Medicaid programs. Smith Crossing is subject to periodic regulatory inspections performed by IDPH.

The Organization's related corporate parent and operating organizations (affiliates) that are not included in these financial statements include The Washington and Jane Smith Home d/b/a Smith Senior Living (SSL) and Washington and Jane Smith Community - Beverly d/b/a Smith Village (SV). A summary of significant accounting policies follows.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents: Cash and cash equivalents consist of bank deposits in accounts that are federally insured up to \$100,000 per financial institution. The Organization's cash and cash equivalents, at times, exceed federally insured limits. Additionally, for purposes of the statements of cash flows, the Organization considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

Assets Limited As To Use: Assets limited as to use are comprised of refundable reservation deposits held in an escrow account and bond funds held by trustee under the terms of an indenture agreement that (1) have not been expended to date in connection with the construction project to build the facility; (2) are available to pay principal and interest due on scheduled dates; and (3) provide for a required Debt Service Reserve Fund. At June 30, 2008 and 2007, bond funds held by trustee for payment of accrued interest payable of \$191,477 and \$191,477, respectively, and bond funds held by trustee for payment of current portion of long-term debt of \$191,414 and \$-, respectively, are reported in current assets. The balance of bond funds held by trustee of \$3,914,008 and \$3,898,194 is reported as non-current assets at June 30, 2008 and 2007, respectively.

SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
June 30, 2008 and 2007

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Resident Accounts Receivable: The accounts receivable balance represents the unpaid amounts billed to residents and third-party payors. Contractual adjustments, discounts, and an allowance for doubtful accounts are recorded to report receivables for health care services at net realizable value. Past due receivables are determined based on contractual terms. The Organization does assess interest on past due accounts receivable.

Allowance for Doubtful Accounts: The allowance for doubtful accounts is determined by management based on the Organization's historical bad debt losses, specific resident circumstances, and general economic conditions. Periodically, management evaluates accounts receivable and records an allowance for specific accounts based on current circumstances and charges off the receivable against the allowance when all attempts to collect the receivable have failed.

Investments: Long-term investments are measured at fair value in the statements of financial position. Investment income on investments other than trading securities (including realized and unrealized gains and losses on investments) is excluded from operating income unless restriction by donor or law. The investments recorded on the books of the Organization are part of a pooled investment account maintained in the name of SSL. Investments and related investment activity are allocated to the Organization in accordance with the applicable internal policy and procedures of SSL.

Property and Equipment: Property and equipment are stated at cost or, if donated to the Organization, at fair market value on the date of acquisition. Additions and improvements with an estimated useful life of three years or more and a cost in excess of \$500 are capitalized; expenditures for routine maintenance are charged to operations. Interest cost, net of investment income earned on bond funds held by trustee, incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring these assets. Depreciation is provided over the estimated useful lives of the various classes of assets on the straight-line method. The estimated useful lives are as follows:

Buildings and improvements	5 - 40 years
Furniture and equipment	5 - 20 years
Vehicles	4 years

Bond Issuance Costs: Bond issuance costs represent costs incurred in the procurement of the Illinois Health Facilities Authority Revenue Bonds, Series 2003 totaling \$1,566,763. These deferred costs are being amortized using the effective-interest method over the life of the bonds (see Note 7). Amortization expense related to bond issuance costs amounted to \$69,808 and \$174,721 for the years ended June 30, 2008 and 2007, respectively.

SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
June 30, 2008 and 2007

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Costs of Acquiring Initial Continuing-Care Contracts: Costs of acquiring initial continuing-care retirement contracts that are within the scope of Statement of Financial Accounting Standards (SFAS) No. 67, "Accounting for Costs and Initial Rental Operations of Real Estate Projects", are expensed or capitalized in accordance with that Statement. Advertising costs incurred in connection with acquiring initial continuing-care retirement contracts are accounted for in conformity with the guidance of SOP 93-7, "Reporting on Advertising Costs". Capitalized costs are amortized to expenses on a straight-line basis over the average expected remaining lives of the residents under the contracts or the contract term, if shorter. The costs of acquiring continuing-care contracts after the Organization is substantially occupied or one year following completion will be expensed when incurred. At June 30, 2008 and 2007, costs of acquiring initial continuing-care contracts, including direct-response advertising costs, that were originally capitalized and reported in the statements of financial position totaled \$1,466,286. For the years ended June 30, 2008 and 2007, amortization expense on costs of acquiring initial continuing-care retirement contracts totaled \$122,817.

Continuing Care Contracts: Under a continuing care contract, a resident makes an initial two-part payment for the apartment. The refundable portion of the payment is held as an interest-free deposit by the Organization and is repaid, as provided in the contract, after the resident terminates occupancy and the apartment is reoccupied or within one year, whichever occurs first.

The non-refundable portion is recorded as deferred revenue when the contract is executed and the resident takes occupancy. Revenue is recognized over the resident's remaining life expectancy as determined annually from actuarial tables.

In addition to the initial payment, residents pay a monthly service charge for utilities, insurance, maintenance, and other provided services. The resident does not acquire an ownership interest in the property.

Net Assets: The financial statements have been prepared in accordance with Statement of Financial Accounting Standards (SFAS) No. 117, "Financial Statements of Not-for-Profit Organizations". SFAS No. 117 requires, among other things, that the financial statements report the changes in, and totals of each net asset class based on the existence of donor restrictions, as applicable. Net assets are classified as unrestricted, temporarily restricted, or permanently restricted and are detailed as follows:

Unrestricted net assets represent the part of the net assets of the Organization that is neither permanently restricted nor temporarily restricted by donor-imposed stipulations.

SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
June 30, 2008 and 2007

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Temporarily restricted net assets represent the part of the net assets of the Organization resulting from contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that either expire by the passage of time or by actions of the Organization. The Organization had no temporarily restricted net assets at June 30, 2008 and 2007.

Permanently restricted net assets represent the part of the net assets of the Organization resulting from contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. The Organization had no permanently restricted net assets at June 30, 2008 and 2007.

Net Resident Service Revenue: Net resident service revenue is reported at the estimated net realizable amounts from residents, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

Donor-Restricted Gifts: The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions. If a restriction is fulfilled in the same time period in which the contribution is received, the Organization reports the support as unrestricted.

The Organization reports gifts of land, buildings, and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations regarding how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

No such donor-restricted gifts were received during 2008 and 2007.

SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
June 30, 2008 and 2007

NOTE 1 - DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

In-Kind Contributions: In addition to receiving cash contributions, the Organization periodically receives in-kind contributions from various donors. It is the policy of the Organization to record the estimated fair market value of certain in-kind contributions as both revenue and expense for the programs or activities benefited. No such contributions were received during 2008 and 2007.

The value of donated services is not reflected in the accompanying financial statements since there was no objective basis available by which to measure the value of such services. However, a substantial number of volunteers have donated significant amounts of their time to various activities.

Advertising: The Organization expenses general and employment advertising costs as incurred.

Income Taxes: The Organization is exempt from income taxes on income from related activities under Section 501(c)(3) of the U.S. Internal Revenue Code and corresponding state tax law. Accordingly, no provision has been made for federal or state income taxes. Additionally, the Organization has been determined not to be a private foundation under Section 509(a) of the Internal Revenue Code.

Operating Losses: The statements of activities reflect operating losses. Changes in unrestricted net assets which are excluded from operating losses, consistent with the Organization's practice, include interest and dividends income and net realized and unrealized gains (losses) on investments other than trading securities.

Fair Value of Financial Instruments: The Organization's carrying amount for its financial instruments, which include cash, assets limited as to use, accounts receivable, accounts payable, and long-term debt, approximates fair value.

Reclassifications: Certain reclassifications have been made to present the prior year's financial statements on a basis comparable to the current year's financial statements. These reclassifications had no effect on the change in net assets.

SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
June 30, 2008 and 2007

NOTE 2 - NET RESIDENT SERVICE REVENUE

Resident service revenue and the related accounts receivable are recognized for each day a resident resides in the facility. The amounts are based on a reimbursement methodology determined by the rules and regulations of the applicable third-party payors or by the facility for private pay residents. The third-party payor rules and regulations and required record keeping and documentation requirements are complex, and noncompliance may result in delay, adjustment, or loss of revenue.

The Organization receives a substantial portion of its revenue from private pay residents; however, a portion of the Organization's revenue is derived from the following third-party payors:

Illinois Healthcare and Family Services (IHFS) - Medicaid - The Organization was reimbursed for services provided to Medicaid - eligible nursing facility residents at a daily rate of \$112.89 in 2008. This prospective per diem reimbursement rate established consists of three components: capital, support, and nursing services. The reimbursement rate is determined after the timely filing of an annual cost report. Amounts billed under the Medicaid program can take 120 days or more for collection. The amounts paid are subject to audit and are frequently adjusted on a retroactive basis, normally for a period of one to two years.

Centers for Medicare and Medicaid Services (CMS) - Medicare - The Medicare program reimbursed skilled nursing facility providers based on a Prospective Payment System (PPS) utilizing the 53-grouper Resource Utilization Groups, Version III (RUG - III) Resident Classification System. Each RUG category is assigned a geographically - adjusted federal reimbursement rate that generally is updated annually on October 1. The prospective per diem reimbursement rate varies by assigned RUG category, as determined by resident clinical documentation and level of care information. The amounts paid are subject to post-payment medical review and may be adjusted retroactively, normally for a period of one to two years.

NOTE 3 - CHARITABLE CARE

The Organization admits residents under a fee-for-service program. Under this plan, private pay residents pay a monthly room and board charge, plus ancillary service charges, as determined annually by the Board of Trustees, based on a review of market rates in its geographic area. If any applicant or resident lacks the ability to pay the monthly charges, then such charges may be reduced or waived and are reported as charitable care.

SMITH CROSSING
 NOTES TO FINANCIAL STATEMENTS
 June 30, 2008 and 2007

NOTE 4 - ASSETS LIMITED AS TO USE

The composition of assets limited as to use at June 30, 2008 and 2007 is set forth in the following table. Assets limited as to use are stated at fair value.

	<u>2008</u>	<u>2007</u>
Cash and cash equivalents	\$ 2,336,951	\$ 186,499
Fixed income issues	<u>1,959,948</u>	<u>3,903,172</u>
	<u>\$ 4,296,899</u>	<u>\$ 4,089,671</u>

NOTE 5 - PROPERTY AND EQUIPMENT

The Organization's property and equipment, and the related accumulated depreciation, at June 30, 2008 and 2007 are as follows:

	<u>2008</u>	<u>2007</u>
Land	\$ 6,452,639	\$ 6,452,639
Buildings and improvements	39,521,837	39,440,348
Furniture and equipment	1,187,167	1,158,321
Vehicles	<u>94,905</u>	<u>94,905</u>
	47,256,548	47,146,213
Less accumulated depreciation	<u>3,894,029</u>	<u>2,758,430</u>
	<u>\$ 43,362,519</u>	<u>\$ 44,387,783</u>

Depreciation expense for the years ended June 30, 2008 and 2007 was \$1,135,599 and \$1,123,815, respectively.

SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
June 30, 2008 and 2007

NOTE 6 - INVESTMENTS

The following are the major types of investments held by the Organization at June 30, 2008 and 2007:

	<u>2008</u>	<u>2007</u>
Unrestricted long-term investments		
Margin loan	\$ (79,434)	\$ -
Cash and cash equivalents	9,678	45,139
Mutual funds	<u>3,041,100</u>	<u>3,235,628</u>
	<u>\$ 2,971,344</u>	<u>\$ 3,280,767</u>

NOTE 7 - LONG-TERM DEBT

On November 1, 2003, the Illinois Health Facilities Authority issued \$39,110,000 Revenue Bonds (Smith Crossing Project), (Series 2003). These bonds consisted of \$20,110,000 Revenue Bonds, Series 2003A, \$1,750,000 Revenue Bonds, Series 2003B-1 Extendable Rate Adjustable Securities (EXTRAS), \$4,250,000 Revenue Bonds, Series 2003B-2 Extendable Rate Adjustable Securities (EXTRAS) and \$13,000,000 Weekly Adjustable Rate Revenue Bonds, Series 2003C.

The Series 2003 Bond proceeds were used, together with other available funds, to (1) pay or reimburse the Organization for the payment of certain "costs" incurred in acquiring, constructing, renovating, remodeling, and equipping certain "health facilities" of the Organization (the Project), (2) establish Debt Service Reserve Funds with respect to the Series 2003 Bonds, (3) provide working capital, (4) pay a portion of the interest on the Series 2003 Bonds, and (5) pay certain expenses incurred in connection with the issuance of the Series 2003 Bonds, including certain fees of the Series 2003C Initial Credit Facility Issuer.

As of June 30, 2008 and 2007, the \$1,750,000 Revenue Bonds, Series 2003B-1 Extendable Rate Adjustable Securities (EXTRAS) and the \$13,000,000 Weekly Adjustable Rate Revenue Bonds, Series 2003C bonds were paid in full. For the years ended June 30, 2008 and 2007, interest expense included in bond interest costs of \$1,532,150 and \$1,569,583, respectively, was incurred under this long-term debt obligation. In addition, other bond related costs included in bond interest costs were \$21,096 and \$19,253 for the years ended June 30, 2008 and 2007, respectively.

SMITH CROSSING
 NOTES TO FINANCIAL STATEMENTS
 June 30, 2008 and 2007

NOTE 7 - LONG-TERM DEBT (Continued)

A summary of long-term debt at June 30, 2008 and 2007 is as follows:

	<u>2008</u>	<u>2007</u>
Illinois Health Facilities Authority Revenue Bonds, Series 2003A, (Smith Crossing Project); principal payments beginning November 2008 with final maturity November 2032; including semi-annual interest payments at fixed rates ranging from 4.5% to 7% (weighted average of 6.5%); secured by real estate and unrestricted receivables.	\$ 20,110,000	\$ 20,110,000
Illinois Health Facilities Authority Revenue Bonds, Series 2003B-2, Extendable Rate Adjustable Securities (EXTRAS) (Smith Crossing Project); principal payments beginning November 2032 with final maturity November 2033; including semi-annual interest payments at an initial fixed rate of 5.25% until November 2008; secured by real estate and unrestricted receivables.	<u>4,250,000</u> 24,360,000	<u>4,250,000</u> 24,360,000
Less unamortized bond discount	<u>118,105</u> 24,241,895	<u>125,527</u> 24,234,473
Less current maturities	<u>380,000</u> <u>\$ 23,861,895</u>	<u>-</u> <u>\$ 24,234,473</u>

Future maturities of long-term debt for the next five years ending June 30 are as follows:

2009	\$ 380,000
2010	400,000
2011	420,000
2012	440,000
2013	460,000

SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
June 30, 2008 and 2007

NOTE 7 - LONG-TERM DEBT (Continued)

The Illinois Health Facilities Authority Revenue Bond agreements require the Organization to meet certain financial and non-financial covenants. At June 30, 2008 the Organization was in compliance with all covenants.

NOTE 8 - REFUNDABLE RESERVATION DEPOSITS

The Organization has collected a 10% refundable reservation deposit from individuals who have signed intents to occupy an independent living unit. The total liability, including accrued interest payable, was \$31,569 and \$39,641 at June 30, 2008 and 2007, respectively.

The Organization has also collected a refundable reservation deposit from individuals who have signed intents to occupy an assisted living unit. The Organization does not pay interest on these deposits. The total liability was \$269,625 and \$272,153 at June 30, 2008 and 2007, respectively.

NOTE 9 - PENSION PLAN

The Organization participates in a qualified non-contributory defined contribution pension plan through SSL, an affiliated organization, covering employees who have in excess of 1,000 hours worked during the year, one year of service, and are age twenty-one or older. The Organization is required to contribute 8% of participants' eligible compensation to the plan each year. Total pension expense incurred and charged to the Organization under this plan for the years ended June 30, 2008 and 2007, was \$106,281 and \$48,601, respectively.

NOTE 10 - CLASSIFICATION OF EXPENSES

Expenses by functional classification for the years ended June 30, 2008 and 2007, are as follows:

	<u>2008</u>	<u>2007</u>
Program activities	\$ 9,293,694	\$ 8,467,963
General and administrative	<u>705,890</u>	<u>637,592</u>
	<u>\$ 9,999,584</u>	<u>\$ 9,105,555</u>

SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
June 30, 2008 and 2007

NOTE 11 - COMMITMENTS AND CONTINGENCIES

Litigation and Regulatory Matters: The Organization is involved in litigation and routine regulatory surveys arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Organization's future financial position or results from operations.

NOTE 12 - RELATED PARTY TRANSACTIONS

Management Services Agreement: The Organization has an agreement with SSL to oversee and manage its day-to-day operations. The initial term of this agreement was for the period from July 1, 2003 to March 31, 2005. This agreement renews annually thereafter unless terminated in accordance with other terms and conditions contained therein. Furthermore, certain subordination and deferral provisions apply in connection with payment of compensation to SSL.

Under the terms of the agreement, the Organization was required to compensate SSL for development services rendered in the amount of \$18,891 per month. The Organization is also obligated to reimburse SSL for certain pass-through corporate expenses.

Beginning with the renewal term commencing April 1, 2005, the Organization must compensate SSL for management services rendered in the amount of four percent (4%) of the prior month's resident revenues as defined in the agreement.

The agreement also contains a provision to compensate SSL for supplemental services it may provide above and beyond those enumerated in the agreement. In addition, beginning April 1, 2005, the Organization must pay SSL an additional sum equal to three and one-half percent (3.5%) of management fees on a monthly basis as reimbursement for SSL's overhead expenses related to Smith Crossing.

Expenses incurred by the Organization for management services provided under this agreement and certain pass-through corporate costs for the years ended June 30, 2008 and 2007, were \$861,515 and \$678,811, respectively.

SMITH CROSSING
NOTES TO FINANCIAL STATEMENTS
June 30, 2008 and 2007

NOTE 12 - RELATED PARTY TRANSACTIONS (Continued)

Expenses: Legal services of a firm of which a Board member is a partner are utilized on specific projects requiring research and legal opinions. Legal fees expense incurred by the Organization with this firm for the years ended June 30, 2008 and 2007, was \$26,096 and \$5,246, respectively. The Organization also engages a Board member's firm directly for investment advisory services, which include investment research, counseling on firm asset allocation, and reporting to the Finance Committee. The fees paid for this service are based on portfolio value in accordance with market value of these investments. Investment advisory fees expense incurred by the Organization with this firm for the years ended June 30, 2008 and 2007, was \$5,928 and \$4,090, respectively.

Due to Affiliate: The Organization had amounts due to an affiliated entity at June 30, 2008 and 2007 totaling \$988,245 and \$1,154,204, respectively. The amounts due to affiliate primarily represent unpaid fees for development, management, and certain other pass-through corporate costs related to services provided by SSL, an affiliated organization through common Board of Trustees. The Organization's ability to meet its obligations is dependent upon future operations.

Support Agreement: On November 1, 2003, SSL entered into a Support Agreement with J. P. Morgan Trust Company, National Association as Master Trustee and Bond Trustee and LaSalle Bank National Association, as Letter of Credit Facility for the Illinois Health Facilities Authority Revenue Bonds, Series 2003 (Smith Crossing Project) totaling \$39,110,000 for the benefit of the Organization. The proceeds of the 2003 Series Bonds were used for construction of a new continuing care retirement community in Orland Park, Illinois.

Under the Support Agreement, SSL has agreed to guarantee up to an aggregate limit of \$2,000,000 (the Required Amount) of the Organization's debt service payments and other operating payments to be made under the Series 2003 bonds referenced above. Under the agreement, SSL is required to maintain certain cash and investments in an initial amount of \$3,000,000 (the Cushion Amount). The Required Amount and Cushion Amount will be reduced as the Organization achieves certain Debt Service Coverage Ratios, achieves certain Days Cash on Hand, or redeems the Series 2003C bonds. At June 30, 2008 and 2007, the Required Amount was \$1,500,000 and the Cushion Amount was \$2,000,000.

Smith Crossing
Projected Costs after Project

	2011 Budgeted		Allocation to		Allocation to		Estimated Cost Per Patient Day	Direct Cost Per Patient Day	Indirect Cost Per Patient Day
	Operating Costs Entire CCRC	AL or IL	Skilled	Skilled	Skilled	Skilled			
Ancillary Services	303,844.85	30,384.49	273,460.37				\$ 17.70		
Administrative & General Activities	606,148.68	446,731.57	159,417.10				\$ 10.32	\$ 10.32	
Soc Svcs	502,965.52	150,889.66	352,075.86				\$ 22.79	\$ 22.79	
Dietary Services	64,070.59	6,407.06	57,663.53				\$ 3.73	\$ 3.73	
Environmental Services	1,883,402.43	1,388,067.59	495,334.84				\$ 32.06	\$ 32.06	
Marketing	1,087,476.77	801,470.38	286,006.39				\$ 18.51	\$ 18.51	
Nursing Services	211,441.97	211,441.97							
Management Contract	1,703,758.64	-	1,703,758.64				\$ 110.28	\$ 110.28	
Bond Interest / Costs (Net)	736,004.00	542,434.95	193,569.05				\$ 12.53	\$ 12.53	Capital
Depreciation/Amortization(Exp)	1,556,429.00	1,147,088.17	409,340.83				\$ 26.49	\$ 26.49	Capital
Total Operating Expenses	1,369,205.75	1,009,104.64	360,101.11				\$ 23.31	\$ 23.31	Capital
	10,024,748.17	5,734,020.46	4,290,727.71				\$ 277.72	\$ 154.50	\$ 123.22

Estimated Patient Days 15,450