

ORIGINAL

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

MAY 19 2010

Facility/Project Identification

Facility Name: Pecatonica Pavilion LLC	HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address: NW Corner of Sumner Rd. and Grove St.		
City and Zip Code: Pecatonica 61063		
County: Winnebago	Health Service Area: I	Health Planning Area: Winnebago

Applicant Identification

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

Exact Legal Name: Pecatonica Pavilion LLC
Address: 10263 Ridott Rd., Pecatonica IL 60163
Name of Registered Agent: Charles D. Schlueter
Name of Chief Executive Officer: George Anderson
CEO Address: 10263 Ridott Rd., Pecatonica IL 60163
Telephone Number: 815-239-1900

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

Type of Ownership

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

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

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: George Anderson
Title: CEO
Company Name: Pecatonica Pavilion LLC
Address: 10263 Ridott Rd., Pecatonica IL 60163
Telephone Number: 815-239-1900
E-mail Address: George@aeroinc.net
Fax Number: 815-239-1901

Additional Contact

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

Name: Elizabeth Leigh Clark
Title: Attorney
Company Name:
Address: 406 Main St., Pecatonica IL 60163
Telephone Number: 815-262-2280
E-mail Address: attorneyclark@verizon.net
Fax Number:

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

Name: George Anderson

Title: CEO

Company Name: Pecatonica Pavilion

Address: 10263 Ridott Rd., Pecatonica IL 60163

Telephone Number: 815-239-1900

E-mail Address: George@aeronet.net

Fax Number: 815-239-1901

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Pecatonica Pavilion LLC

Address of Site Owner: 10263 Ridott Rd., Pecatonica IL 60163

Street Address or Legal Description of Site: See attachment

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: Pecatonica Pavilion LLC

Address: 10263 Ridott Rd., Pecatonica IL 60163

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

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

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. N/A

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-3, 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	x				46
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-6, 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.

Project Outline

Pecatonica Pavilion LLC, proposes to construct and operate Pecatonica Pavilion, a skilled nursing, Alzheimer's, and assisted living facility consisting of 119 beds, 46 of which are skilled nursing, to be located in Pecatonica, Winnebago County, Illinois.

Pecatonica Pavilion will be located at the property bordered by Sumner Road, Grove Street, and Parkview Streets in Pecatonica, Illinois.

Pecatonica Pavilion will be Medicare and Medicaid certified and will offer highly skilled nursing care, intensive rehabilitative therapies, respite care, community outreach services, memory support services, and assisted living services.

The modern, fully equipped nursing facility will conform with all federal, state and local regulations relating to construction, staffing, sanitation and environmental protection.

By offering state-of-the-art design, operations and resident care, Pecatonica Pavilion will provide residents with the appropriate physical environment and programs to improve their quality of life. The services to be offered will be enhanced by a design that incorporates residential features that support the physical, social and psychological needs of the residents. The building design will meet functional needs of the staff, without sacrificing quality of life features.

The proposed skilled/assisted living facility will be a two-story building containing **81,008** gross square feet, of which 19,526 will be Skilled Nursing. The facility will contain 4 one bed private and 21 two bed semi-private skilled nursing rooms, 19 one bedroom private and 3 two bedroom semi-private memory support rooms, and 36 one bedroom and 6 two bedroom semi-private assisted living rooms.

In addition, it will contain 2 dining rooms, 1 nurse station, physical and occupational therapy room, recreational therapy, family rooms, beauty/barber shop, a kitchen, administrative offices, and support areas.

Construction is projected to commence the month after permits are issued, and the facility is projected to open 10 months thereafter.

A review of this project is classified as 'substantive' as it involves the development of new long-term care beds with a capital expenditure in excess of the threshold amount. There are to be no promised beds for assisted living residents, hence this project is not a CCRC.

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	187,922	229,078	417,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	5,859,033	7,142,167	13,001,200
Modernization Contracts			
Contingencies	353,723	431,188	784,911
Architectural/Engineering Fees	205,066	249,976	455,042
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	152,095	185,405	337,500
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)	151,419	184,581	336,000
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	456,782	556,818	1,013,600
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	7,366,041	8,979,212	16,345,253
SOURCE OF FUNDS	CLINICAL	NON-CLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	7,366,041	8,979,212	16,345,253
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	7,366,041	8,979,212	16,345,253
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 Yes No
 Purchase Price: \$ _____
 Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service
 Yes No

If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ 392,852.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): June 2011

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

Purchase orders, leases or contracts pertaining to the project have been executed.
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.
 Project obligation will occur after permit issuance.

State Agency Submittals

Are the following submittals up to date as applicable:

Cancer Registry N/A
 APORS N/A
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted N/A
 All reports regarding outstanding permits N/A

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL	2,041,343		13,414	13,414			
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical	2,041,343		13,414	13,414			
NON CLINICAL							
Administrative	930,124		6,112	6,112			
Parking							
Gift Shop							
Total Non-clinical	930,124		6,112	6,112			
TOTAL	2,971,467		19,526	19,526			

APPEND DOCUMENTATION AS ATTACHMENT-8, 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: Pecatonica Pavilion LLC			CITY: Pecatonica IL		
REPORTING PERIOD DATES: From: 1/1/2008 to: 12/31/2008					
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	2,336	5,130	673,028	+2	46
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

*As of the 4/26/2010 update to the Inventory.

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 _____* 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.

Rayana Anderson
SIGNATURE

Rayana S. Anderson
PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 4th day of December, 2009

Joanne Lamb
Signature of Notary

Seal



George Anderson
SIGNATURE

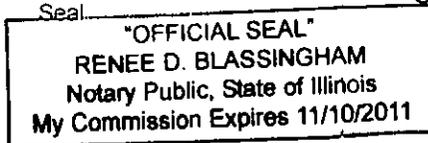
GEORGE ANDERSON
PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28th day of December

Renee D. Blassingham
Signature of Notary

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. – BACKGROUND, PURPOSE OF THE PROJECT, 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		46	46		
<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

T. Financial Feasibility

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

REVIEW CRITERIA RELATING TO FINANCIAL FEASIBILITY (FIN)

Does the applicant (or the entity that is responsible for financing the project or is responsible for assuming applicant's debt obligations in case of default) have a bond rating of "A" or better?
 Yes No

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

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

A. Criterion 1120.210(a), Financial Viability

1. Viability Ratios

If proof of an "A" or better bond rating has not been provided, read the criterion and complete the following table providing the viability ratios for the most recent three years for which audited financial statements are available. Category B projects must also provide the viability ratios for the first full fiscal year after project completion or for the first full fiscal year when the project achieves or exceeds target utilization (per Part 1100), whichever is later.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				17.58
Net Margin Percentage				17.28%
Percent Debt to Total Capitalization				80%
Projected Debt Service Coverage				2.48
Days Cash on Hand				243.89
Cushion Ratio				3.27

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.

Pecatonica Pavilion, LLC
 Criterion 1120.210(a) Financial Viability Viability Ratios
 Using first full year of stabilized occupancy

Provide Data for Projects Classified as:	Category A or Category B (last three years)	Category B (Projected)		Required		
Enter Historical and/or Projected Years:						
Current Ratio		17.58	curr assets/curr liabilities	1.5	16	ok
Net Margin Percentage		17.28%	net income/gross sales (less vacancies)	2.50%	15%	ok
Percent Debt to Total Capitalization		81%	LT debt/LT debt + equity	80%	1.27%	ok
Projected Debt Service Coverage		2.48	Net inc + depr+int+amort/P&I payment	1.5	0.98	ok
Days Cash on Hand		243.89	Ave daily expenses/total cash available end of period	75	168.89	ok
Cushion Ratio		3.27	Cash + ST invest + LT invest/P&I payments	3	0.27	ok

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.

Year 3

Current Ratio	
A Current Assets	\$3,508,078
B Current Liabilities	\$199,446
Current ratio (A/B)	17.58
Net Margin percentage	
C Net Income/(Loss)	\$1,034,692
D Net Operating Revenue	\$5,987,999
Net Margin percentage (C/D)	17.28%
Percent Debt to Total Capitalization	
E LT Debt	\$15,955,062
F LT Debt + Equity	\$19,632,606
Debt service coverage ratio (E/F)	81%
Projected Debt Service Coverage	
G Net inc + depr+int+amort/P&I payment	\$2,424,581
H Principle and interest payment	\$978,499
Debt capitalization ratio (G/H)	2.48
Days Cash on Hand	
I Cash + investments	\$3,200,067
J Operating expense-depreciation/365	\$13,121
Days cash on hand (I/J)	244
Cushion Ratio	
K Cash + investments	\$3,200,067
L Max Annual Debt Service	\$978,499
Cushion Ratio (K/L)	3.27

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:

_____ 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.

\$18,595,253 Debt Financing (indicate type(s): HUD 40 year nonrecourse HUD insured loan)

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

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

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

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

_____ Governmental Appropriations

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

_____ Grants

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

_____ Other Funds and Sources

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

\$18,595,253 TOTAL FUNDS AVAILABLE

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

If proof of an "A" or better bond rating has not been provided, indicate if the project is classified as a Category B project that involves establishing a new facility or a new category of service? Yes No . If yes is indicated, read the criterion and provide in the space below the amount of operating start-up costs (the same as reported in Section I of this application) and provide a description of the items or components that comprise the costs. Indicate the source and amount of the financial resources available to fund the operating start-up costs (including any initial operating deficit) and reference the documentation that verifies sufficient resources are available.

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

U. Economic Feasibility

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

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

A. Criterion 1120.310(a), Reasonableness of Financing Arrangements

Is the project classified as a Category B project? Yes No . If no is indicated this criterion is not applicable. If yes is indicated, has proof of a bond rating of "A" or better been provided? Yes No . If yes is indicated this criterion is not applicable, go to item B. If no is indicated, read the criterion and address the following:

Are all available cash and equivalents being used for project funding prior to borrowing? Yes No

If no is checked, provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following:

1. a portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
2. borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Criterion 1120.310(b), Conditions of Debt Financing

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

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

Read the criterion and provide the following:

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

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

* 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:

Pecatonica Pavilion LLC
 COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE
 Page 60 CON

Department (listed below)	A		B		C		D		E		F		G		H		Total cost (G + H)
	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft.		Const. \$		Mod. \$		(A x C)		(B x E)				
	New	Mod.	New	Circ.	Mod.	Circ.											
Nursing Care	\$ 145	\$ -	19,526	-	-	-	\$ 2,822,893	\$ -							\$ 2,822,893		
Contingency	\$ 7	\$ -	19,526	-	-	-	\$ 141,145	\$ -							\$ 141,145		
TOTALS	\$ 145	\$ -	19,526	-	-	-	\$ 2,822,893	\$ -							\$ 2,822,893		

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

- a. that the lowest net cost available has been selected; or
 - b. that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.
3. List the items and costs included in preplanning, site survey, site preparation, off-site work, consulting, and other costs to be capitalized. If any project line item component includes costs attributable to extraordinary or unusual circumstances, explain the circumstances and provide the associated dollar amount. When fair market value has been provided for any component of project costs, submit documentation of the value in accordance with the requirements of Part 1190.40.

D. Criterion 1120.310(d), Projected Operating Costs

Read the criterion and provide in the space below the facility's projected direct annual operating costs (in current dollars per equivalent patient day or unit of service, as applicable) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. If the project involves a new category of service, also provide the annual operating costs for the service. Direct costs are the fully allocated costs of salaries, benefits, and supplies. Indicate the year for which the projected operating costs are provided.

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

Is the project classified as a category B project? Yes No . If no is indicated, go to item F. If yes is indicated, provide in the space below the facility's total projected annual capital costs as defined in Part 1120.130(f) (in current dollars per equivalent patient day) for the first full fiscal year of operation after project completion or for the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Indicate the year for which the projected capital costs are provided.

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.

SAFETY NET IMPACT STATEMENT that describes all of the following:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service

APPEND DOCUMENTATION AS ATTACHMENT 77 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	27-29
2	Site Ownership	30-36
3	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	37
4	Flood Plain Requirements	38-39
5	Historic Preservation Act Requirements	40-41
6	Description of Project	NA
7	Project and Sources of Funds Itemization	42-43
8	Cost Space Requirements	44-45
9	Discontinuation	NA
10	Background of the Applicant	46-55
11	Purpose of the Project	56
12	Alternatives to the Project	57
13	Size of the Project	58
14	Project Service Utilization	59
15	Unfinished or Shell Space	60 (NA)
16	Assurances for Unfinished/Shell Space	61 (NA)
17	Master Design Project	NA
18	Mergers, Consolidations and Acquisitions	NA
	Categories of Service:	NA
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:	NA
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	62
34	Service to Planning Area Residents	63
35	Service Demand-Establishment of Category of Service	64-68
36	Service Demand-Expansion of Existing Category of Service	NA
37	Service Accessibility	69
38	Description of Continuum of Care	NA
39	Components	NA
40	Documentation	NA

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
41	Description of Defined Population to be Served	NA
42	Documentation of Need	NA
43	Documentation Related to Cited Problems	NA
44	Unnecessary Duplication of Service	70-71
45	Maldistribution	72-127
46	Impact of Project on Other Area Providers	128
47	Deteriorated Facilities	NA
48	Documentation	NA
49	Utilization	NA
50	Staffing Availability	129-130
51	Facility Size	131
52	Community Related Functions	132-168
53	Zoning	169-183
54	Assurances	184-185
	Service Specific (continued...):	NA
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:	NA
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:	NA
74	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
75	Financial Feasibility	186-196
76	Economic Feasibility	197-201
77	Safety Net Impact Statement	NA

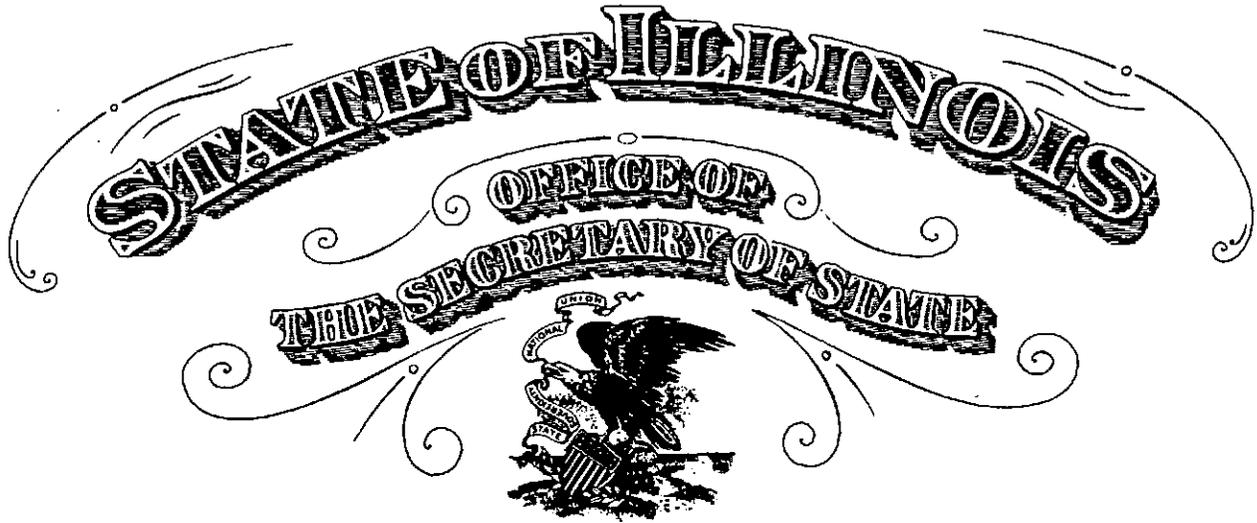
Co-Applicant Identification

Exact Legal Name: Revere Healthcare, LTD
Address: 112 Cary Street, Cary, IL 60013
Name of Registered Agent: Grant C. Shumway
Name of Chief Executive Officer: Grant C. Shumway
CEO Address: 10265 N. River Road, Algonquin, IL 60102
Telephone Number: 847-516-4900

Type of Ownership

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



To all to whom these Presents Shall Come, Greeting:

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

PECATONICA PAVILION, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 24, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



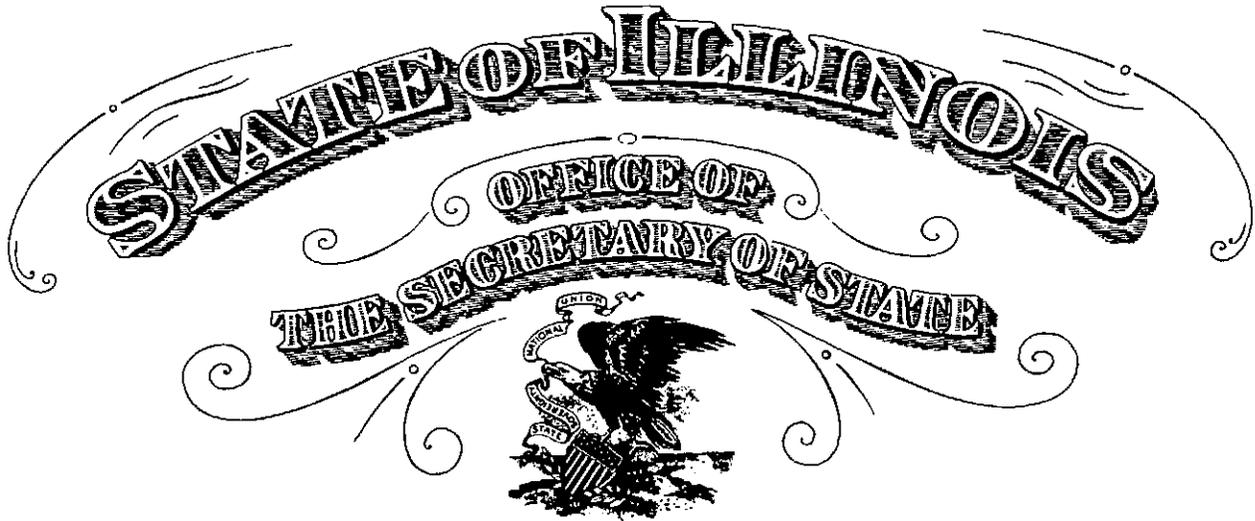
Authentication #: 0933600708

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 2ND
day of DECEMBER A.D. 2009 .

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

REVERE HEALTHCARE, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 18, 1985, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of MAY A.D. 2010 .

Jesse White

Authentication #: 1013101792

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

SECRETARY OF STATE

Site Ownership

Parcel number	Name of Site Owner	Address of Site Owner	CSZ
09-29-327-003	Pecatonica Pavilion LLC		Pecatonica IL 61063
09-29-327-004	Pecatonica Pavilion LLC		Pecatonica IL 61063
09-29-327-005	Pecatonica Pavilion LLC		Pecatonica IL 61063
09-29-327-011	Pecatonica Pavilion LLC		Pecatonica IL 61063
09-29-327-012	Pecatonica Pavilion LLC		Pecatonica IL 61063
09-29-327-013	Pecatonica Pavilion LLC		Pecatonica IL 61063
09-29-327-014	Pecatonica Pavilion LLC		Pecatonica IL 61063
09-29-327-015	Pecatonica Pavilion LLC		Pecatonica IL 61063

PECATONICA PAVILION LLC.
PLAT OF SURVEY
FOR

PROPOSED TAX INCREMENT FINANCE RE-DEVELOPMENT PROJECT AREA
VILLAGE OF PECATONICA, WINNEBAGO COUNTY, ILLINOIS

A TRACT OF LAND LOCATED IN PART OF THE PLAT OF PARK VIEW ESTATES OF PECATONICA, AND ALSO LOCATED IN A PART OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 29, ALL IN TOWNSHIP 27 NORTH, RANGE 10 EAST OF THE FOURTH PRINCIPAL MERIDIAN, VILLAGE OF PECATONICA, WINNEBAGO COUNTY, ILLINOIS, THE BOUNDARY OF SAID TRACT BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

DATA
31.13'
035'46"E.

COMMENCING AT THE SOUTH QUARTER CORNER OF SECTION 29, TOWNSHIP 27 NORTH, RANGE 10 EAST OF THE FOURTH PRINCIPAL MERIDIAN; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, ALONG THE EAST LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 29, A DISTANCE OF 1,883.76 FEET TO THE POINT OF BEGINNING; THENCE NORTH 83 DEGREES 43 MINUTES 44 SECONDS EAST, 30.10 FEET TO THE SOUTHWEST CORNER OF LOT 2 IN BLOCK 3 AS SHOWN ON THE PLAT OF "PARK VIEW ESTATES OF PECATONICA" AS RECORDED ON SEPTEMBER 29, 1999, IN BOOK 41 OF PLATS, PAGE 144A, IN THE OFFICE OF THE WINNEBAGO COUNTY RECORDER; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, ALONG THE WEST LINE OF SAID LOT 2, A DISTANCE OF 220.88 FEET TO A FOUND IRON ROD AT THE NORTHWEST CORNER OF LOT 2 IN BLOCK 3 OF PARKER'S ADDITION TO THE TOWN OF PECATONICA AS RECORDED IN BOOK 32 OF PLATS, PAGE 309, IN THE OFFICE OF THE WINNEBAGO COUNTY RECORDER; THENCE SOUTH 89 DEGREES 17 MINUTES 13 SECONDS EAST, ALONG THE NORTH LINE OF SAID BLOCK 3, A DISTANCE OF 3.00 FEET TO THE SOUTHWEST CORNER OF LOT 35 IN SAID "PARK VIEW ESTATES SUBDIVISION"; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, ALONG THE EAST LINE OF GROVE STREET, A DISTANCE OF 527.05 FEET TO A POINT OF CURVE; THENCE CONTINUING NORTHEASTERLY ALONG SAID RIGHT-OF-WAY LINE, ALONG A CIRCULAR CURVE CONCAVE TO THE SOUTHEAST, AN ARC DISTANCE OF 31.13 FEET TO A POINT OF TANGENT ON PARK VIEW STREET; SAID CURVE HAVING A RADIUS OF 20.00 FEET, A CENTRAL ANGLE OF 89 DEGREES 11 MINUTES 02 SECONDS, AND WHOSE LONG CHORD BEARS NORTH 44 DEGREES 35 MINUTES 46 SECONDS EAST, 28.08 FEET FROM THE LAST DESCRIBED COURSE; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, 66.00 FEET TO A POINT ON THE NORTH RIGHT-OF-WAY OF SAID PARK VIEW STREET; THENCE SOUTH 89 DEGREES 11 MINUTES 02 SECONDS WEST, ALONG SAID NORTH RIGHT-OF-WAY LINE, A DISTANCE OF 352.65 FEET TO A POINT ON THE NORTH EXTENSION OF THE WEST LINE OF LOT 40 IN SAID PARK VIEW ESTATES SUBDIVISION; THENCE SOUTH 00 DEGREES 48 MINUTES 58 SECONDS EAST, ALONG SAID NORTH EXTENSION AND ALSO THE WEST LINE OF SAID LOT 40, A DISTANCE OF 218.93 FEET TO A FOUND IRON ROD AT THE SOUTHWEST CORNER OF SAID LOT 40; THENCE SOUTH 89 DEGREES 28 MINUTES 01 SECONDS WEST, ALONG THE NORTH LINE OF LOT 37 IN SAID PARK VIEW ESTATES SUBDIVISION, A DISTANCE OF 34.46 FEET TO A FOUND IRON ROD AT THE NORTHWEST CORNER OF SAID LOT 37; THENCE NORTH 89 DEGREES 55 MINUTES 55 SECONDS WEST, ALONG THE SOUTH LINE OF SAID PARK VIEW ESTATES SUBDIVISION, A DISTANCE OF 197.30 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, PARALLEL WITH THE EAST LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 29, A DISTANCE OF 640.31 FEET TO A POINT ON THE NORTHERLY RIGHT-OF-WAY LINE OF SUMNER ROAD; THENCE NORTH 85 DEGREES 41 MINUTES 42 SECONDS EAST, ALONG SAID NORTHERLY RIGHT-OF-WAY LINE, A DISTANCE OF 123.06 FEET TO A POINT OF CURVE; THENCE CONTINUING NORTHEASTERLY ALONG SAID NORTHERLY RIGHT-OF-WAY LINE, ALONG A CIRCULAR CURVE CONCAVE TO THE WEST, AN ARC DISTANCE OF 392.10 FEET TO A POINT OF TANGENT; SAID CURVE HAVING A RADIUS OF 11,426.35 FEET, A CENTRAL ANGLE OF 01 DEGREE 57 MINUTES 58 SECONDS, AND WHOSE LONG CHORD BEARS NORTH 44 DEGREES 35 MINUTES 46 SECONDS EAST, 28.08 FEET FROM THE LAST DESCRIBED COURSE.

TO
RECORDED
IN BOOK 309,
WINNEBAGO

31

ION TO
RECORDED
PAGE 309
WINNEBAGO

MINUTES 02 SECONDS WEST, ALONG SAID NORTH RIGHT-OF-WAY LINE, A DISTANCE OF 352.65 FEET TO A POINT ON THE NORTH EXTENSION OF THE WEST LINE OF LOT 40 IN SAID PARK VIEW ESTATES SUBDIVISION; THENCE SOUTH 00 DEGREES 48 MINUTES 58 SECONDS EAST, ALONG SAID NORTH EXTENSION AND ALSO THE WEST LINE OF SAID LOT 40, A DISTANCE OF 218.93 FEET TO A FOUND IRON ROD AT THE SOUTHWEST CORNER OF SAID LOT 40; THENCE SOUTH 89 DEGREES 28 MINUTES 01 SECONDS WEST, ALONG THE NORTH LINE OF LOT 37 IN SAID PARK VIEW ESTATES SUBDIVISION, A DISTANCE OF 34.46 FEET TO A FOUND IRON ROD AT THE NORTHWEST CORNER OF SAID LOT 37; THENCE NORTH 89 DEGREES 55 MINUTES 55 SECONDS WEST, ALONG THE SOUTH LINE OF SAID PARK VIEW ESTATES SUBDIVISION, A DISTANCE OF 197.30 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS WEST, PARALLEL WITH THE EAST LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 29, A DISTANCE OF 640.31 FEET TO A POINT ON THE NORTHERLY RIGHT-OF-WAY LINE OF SUMNER ROAD; THENCE NORTH 85 DEGREES 41 MINUTES 42 SECONDS EAST, ALONG SAID NORTHERLY RIGHT-OF-WAY LINE, A DISTANCE OF 123.06 FEET TO A POINT OF CURVE; THENCE CONTINUING NORTHEASTERLY ALONG SAID NORTHERLY RIGHT-OF-WAY LINE, ALONG A CIRCULAR CURVE CONCAVE TO THE NORTH, AN ARC DISTANCE OF 392.10 FEET TO A POINT OF TANGENT; SAID CURVE HAVING A RADIUS OF 11,426.35 FEET, A CENTRAL ANGLE OF 01 DEGREES 57 MINUTES 58 SECONDS, AND WHOSE LONG CHORD BEARS NORTH 84 DEGREES 42 MINUTES 43 SECONDS EAST, 392.08 FEET FROM THE LAST DESCRIBED COURSE; THENCE NORTH 83 DEGREES 43 MINUTES 44 SECONDS EAST, 15.57 FEET TO THE POINT OF BEGINNING, SAID TRACT CONTAINING 9.66 ACRES, MORE OR LESS, SUBJECT TO ANY AND ALL RECORDED EASEMENTS AND RIGHT-OF-WAYS, ALL BEING SITUATED IN THE VILLAGE OF PECATONICA, PECATONICA TOWNSHIP, WINNEBAGO COUNTY, ILLINOIS.

EET

NOTE: FOR THE PURPOSES OF THIS SURVEY, THE EAST LINE OF THE SOUTHWEST QUARTER OF SECTION 29, IS ASSUMED TO BEAR NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST.

SURVEYOR'S CERTIFICATE

STATE OF ILLINOIS)
COUNTY OF JO DAVIESS) SS

I, PAUL C. BRASHAW, AN ILLINOIS PROFESSIONAL LAND SURVEYOR, NO. 35-2567, DO HEREBY CERTIFY THAT I HAVE FOUND AND/OR SET THE SURVEY MONUMENTS, ALL AS SHOWN ON THE ACCOMPANYING PLAT OF SURVEY. I FURTHER CERTIFY THAT THIS PLAT IS A CORRECT REPRESENTATION OF SAID SURVEY TO THE BEST OF MY KNOWLEDGE AND BELIEF. DISTANCES ARE SHOWN IN FEET AND DECIMALS THEREOF, UNLESS OTHERWISE SPECIFIED. THE COURSES AND DISTANCES OF THE SURVEY MAY VARY FROM THE RECORDED CALLS, BASED ON THE EXISTENCE OF FOUND MONUMENTATION, OCCUPATION OR OTHER CONTROLLING CALLS OR CONDITIONS THAT HAVE OCCURRED IN THE PERFORMANCE OF THIS PROPERTY SURVEY.

I FURTHER CERTIFY THAT THIS LAND SURVEYING DOCUMENT WAS PREPARED AND THE RELATED SURVEY WORK WAS PERFORMED BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF ILLINOIS.

SIGNED AND SEALED THIS 23rd DAY OF April, 2009.

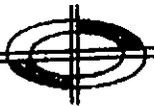
Paul C. Brashaw November 16, 2009

PAUL C. BRASHAW
ILLINOIS PROFESSIONAL LAND SURVEYOR, NO. 35-2567
MY LICENSE RENEWAL DATE IS NOVEMBER 30, 2010

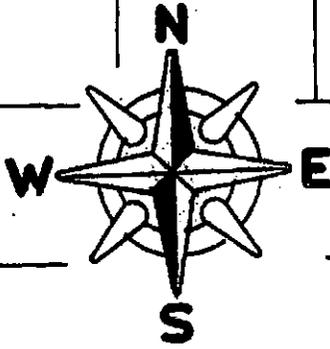
Paul C. Brashaw

4413 W. Stagecoach Tr. Galena Illinois 61036
Tel (815) 777-1172

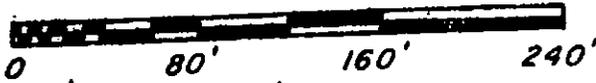
PECATONICA PAVILION, LLC.
10263 RIDOTT ROAD
PECATONICA, ILLINOIS 61063
TELEPHONE (815) 239-1800
(815) 239-1900



RANGE 10 EAST OF THE FOURTH PRINCIPAL MERIDIAN



Scale : 1" = 80'



Lot 51

GROVE STREET

Lot 29

S.89°11'02"W. 352.65'

PARK VIEW STREET

66.00'

(152.88')

152.93'

218.93'

S.00°48'58"E.

Lot 40

Lot 39

Lot 38

33' 33'

Lot 43

Lot 42

Lot 41

34.46'

197.30'
N.89°55'55"W.
(197.3')

S.89°28'01"W.

Lot 37

Lot 36

9.66 ACRES

TOWNSHIP 27 NORTH

640.31'

S.00°00'00"W.

ASSESSOR'S PLAT OF SECTION 29, AS RECORDED
IN BOOK 2 OF PLATS, PAGE 26, IN THE OFFICE
OF THE WINNEBAGO COUNTY RECORDER.

33

LINE OF THE SW 1/4 OF SECTION 29. GROVE STREET

N.00°00'00"E. 527.05'

33'

30'

TOWNSHIP 27 NORTH

640.31'
S.00°00'00"W.

9.66 ACRES

ASSESSOR'S PLAT OF SECTION 29, AS RECORDED
IN BOOK 2 OF PLATS, PAGE 26, IN THE OFFICE
OF THE WINNEBAGO COUNTY RECORDER.

RIGHT-OF-WAY CURVE DATA

R - 11,426.35' ARC - 392.10'
CHORD - 392.08' N.84°42'43"E.
Δ - 01°57'58"

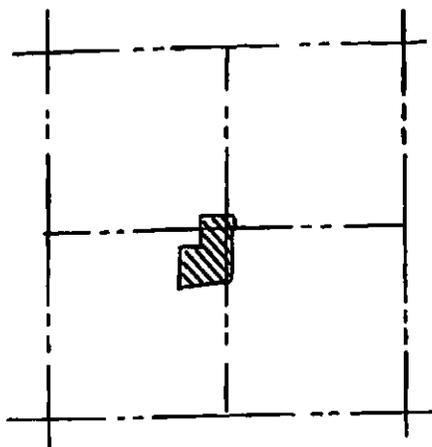
FAST LINE OF THE SW 1/4 OF SECTION 29

123.06'
N.85°41'42"E.

SUMNER ROAD

N.83°43'44"E
15.57'

REVISED NOVEMBER 16, 2009
AS REQUESTED - CHANGED TO
NORTHERLY RIGHT-OF-WAY LINE
OF SUMNER ROAD.



LOCATION MAP
SECTION 29
PECATONICA TOWNSHIP
WINNEBAGO COUNTY, ILLINOIS

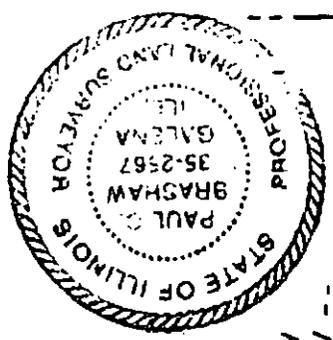
Legend

- 0.00' Measured Distance / Bearing
- (0.00') Plotted/Deeded Distance/Bearing
- Boundary of the Property Surveyed
- ✕ — ✕ Existing Fence Line
- 5/8" x 36" Iron Rod Set
- Iron Rod / Pipe Found
- RR Spike
- △ PK Nail

DATE: APRIL 23, 2009
SHEET 1 OF 1

L. 23, 2009
ST 1 OF 1

SOUTH 1/4 CORNER
OF SECTION 29



SURVEYED FOR GEORGE ANDERSON
PECATONICA PAVILION, LLC.
10263 RIDOTT ROAD
PECATONICA, ILLINOIS 61063
TELEPHONE (815) 239-1800
(815) 239-1900

4413 W. Stogecoch Tl
Telepho

Paul C. Brashaw

PAUL C. BRASHAW
ILLINOIS PROFESSIONAL LAND SUR
MY LICENSE RENEWAL DATE IS NOV

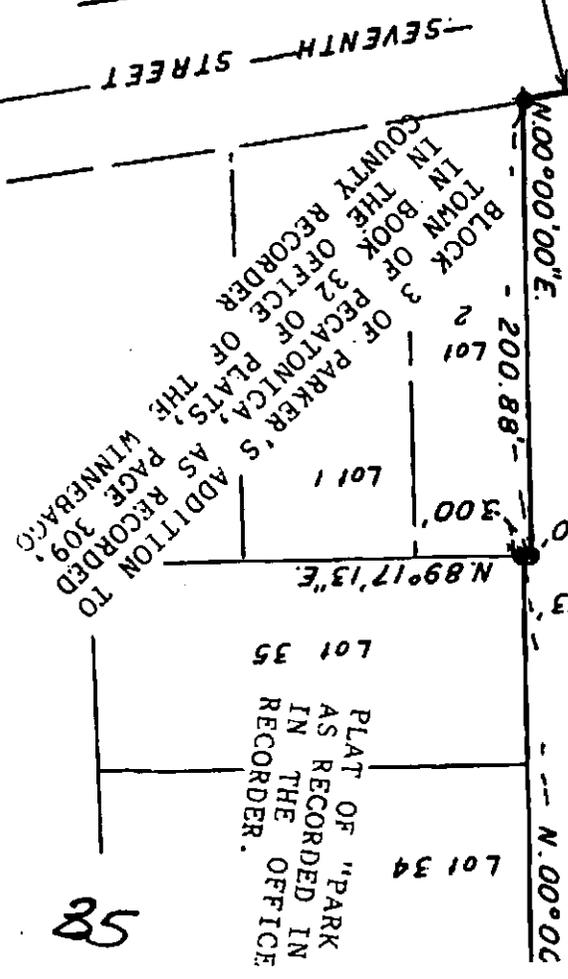
Paul C. Brashaw

SIGNED AND SEALED THIS 23rd
LAND SURVEYOR UNDER THE LAWS O
PERSONAL SUPERVISION, AND THE
AND THE RELATED SURVEY WORK W
I FURTHER CERTIFY THAT THIS
PERFORMANCE OF THIS PROPERTY
OTHER CONTROLLING CALLS OR C
CALLS, BASED ON THE EXISTENCE
COURSES AND DISTANCES OF THE
IN FEET AND DECIMALS THEREO
SURVEY TO THE BEST OF MY KNOW
FURTHER CERTIFY THAT THIS PLA
MONUMENTS, ALL AS SHOWN ON
I, PAUL C. BRASHAW, AN ILLINO
2567, DO HEREBY CERTIFY THAT
STATE OF ILLINOIS)
COUNTY OF JO DAVISS) SS

SURVEYED
DEGREES 00 MINUTES 00 S
SOUTHWEST QUARTER OF SE

NOTES FOR THE PURPOSES OF
ILLINOIS.

RIGHT-OF-WAY OF SAID PARK VI
MINUTES 02 SECONDS WEST, AL
DISTANCE OF 352.65 FEET TO A
WEST LINE OF LOT 40 IN SAID
SOUTH 00 DEGREES 48 MINUTES
EXTENSION AND ALSO THE WEST
218.93 FEET TO A FOUND IRON R
40; THENCE SOUTH 89 DEGREES
NORTH LINE OF LOT 37 IN SA
DISTANCE OF 34.46 FEET TO A F
OF SAID LOT 37; THENCE NORTH
ALONG THE SOUTH LINE OF SA
DISTANCE OF 197.30 FEET; THE
SECONDS WEST, PARALLEL WITH
OF SAID SECTION 29, A DISTAN
NORTHERLY RIGHT-OF-WAY LINE O
41 MINUTES 42 SECONDS EAST, A
A DISTANCE OF 123.06 FEET TO
NORTHEASTERLY ALONG SAID NO
CIRCULAR CURVE CONCAVE TO THE
TO A POINT OF TANGENT; SAID
FEET, A CENTRAL ANGLE OF 01
WHOSE LONG CHORD BEARS NORTH 8
392.08 FEET FROM THE LAST DESC
43 MINUTES 44 SECONDS EAST, 1
SAID TRACT CONTAINING 9.66 AC
ALL RECORDED EASEMENTS AND RIG
VILLAGE OF PECATONICA, PECA
ILLINOIS.



EAST LINE OF THE SW 1/4 OF SECTION 29. GROV

1/ Bearing
Distance/Bearing
Properly Surveyed
Rod Set
ound
6, 2009
ANGED TO
-WAY LINE

E DATA
RC - 392.10'
N. 84° 42' 43\"/>

Organization Chart of Related Parties

The Applicants of the Pecatonica Pavilion are Pecatonica Pavilion, LLC (owner) George, DeAnne and Raylana Anderson, and Revere Healthcare, LTD (operator). Per the definition of "related person" as defined in Part 1130.140 there are no related persons to either co-applicant.

Flood Plain Requirements

Per map attached as Attachment-4, the property is not located in a Special Flood Hazard Area or a shaded Zone X flood zone.

Historic Resources Preservation Act Requirements

Per letter attached as Attachment-5, the property is in compliance with the requirements of the Historic Resources Preservation Act.



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

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

Winnebago County
Pecatonica

CON - Demolition and New Construction of Assisted Living/Skilled Nursing Facility
17011, 17045 Sumner Road
IHPA Log #041101309

November 10, 2009

Marilyn Miller
Revere Healthcare, Inc.
10 Spring St.
Cary, IL 60013

Dear Ms. Miller:

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

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

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

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

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

ATTACHMENT-5

Project Costs and Sources of Funds

Itemization of project costs and sources of funds follows this page.

Pecatonica Pavilion LLC
Project Costs and Sources of Funds

link to data

USE OF FUNDS	CLINICAL	SUBTOTAL CL	NON-CLINICAL	SUBTOTAL NON-CL	TOTAL	do not print
Preplanning Costs		187,922		229,078		
Legal and Accounting	9,013		10,987		20,000	20,000
Initial Marketing	160,883		196,117		357,000	357,000
Taxes, Title & Insurance	18,026		21,974		40,000	40,000
Site Survey and Soil Investigation						
Included in construction	-	-	-	-	-	
	-	-	-	-	-	
Site Preparation						
Included in construction	-	-	-	-	-	
	-	-	-	-	-	
Off Site Work						
New Construction Contracts		5,859,033		7,142,167		
Construction	5,566,081		6,785,059		12,351,140	12,351,140
Builder profit	292,952		357,108		650,060	650,060
	-	-	-	-	-	
Modernization Contracts						
Contingencies		353,723		431,188		
Working capital allowance	189,274		230,726		420,000	420,000
Construction contingency	-	-	-	-	-	
Minor movable escrow	18,770		22,880		41,650	41,650
HUD working capital	145,679		177,582		323,261	323,261
Architectural/Engineering Fees		205,066		249,976		
Architect's fee (3.5% of construction cost)	205,066		249,976		455,042	455,042
	-	-	-	-	-	
Consulting and Other Fees						
Movable or Other Equipment (not in construction contracts)		152,095		185,405		
Furnishings and security	152,095		185,405		337,500	337,500
	-	-	-	-	-	
	-	-	-	-	-	
Bond Issuance Expense (project related)						
Net Interest Expense During Construction (project related)		151,419		184,581		
	151,419		184,581		336,000	336,000
	-	-	-	-	-	
	-	-	-	-	-	
Fair Market Value of Leased Space or Equipment						
Other Costs to be Capitalized		456,782		556,818		
Cost of financing (3.5% of financed amount)	330,771		403,210		733,981	733,981
Cost of financing (1.93% of financed amount)	126,011		153,608		279,619	279,619
Acquisition of Building or Other Property (excluding land)						
TOTAL USES OF FUNDS	7,366,041	7,366,041	8,979,212	8,979,212	16,345,253	16,345,253
SOURCE OF FUNDS	CLINICAL		NON-CLINICAL			
Cash and Securities						
Owner cash (TIF)	-	-	-	-	-	\$0
	-	-	-	-	-	
Pledges						
Gifts and Bequests						
Bond Issues (project related)						
Mortgages		7,366,041		8,979,212		
HUD 40 year nonrecourse loan	7,366,041		8,979,212		16,345,253	16,345,253
Leases (fair market value)		-		-	-	
Governmental Appropriations						
Grants		-		-	-	
Other Funds and Sources						
	-	-	-	-	-	
TOTAL SOURCES OF FUNDS	7,366,041	7,366,041	8,979,212	8,979,212	16,345,253	\$16,345,253

Cost Space Requirements

Documentation for GSF by Department and area follows this page.

Dept./Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet that is:			
		Existing	Proposed	New Construction	Modernized	As Is	Vacated Space
CLINICAL							
Patient Rooms	911,710	-	5,991	5,991	-	-	-
Patient Bathrooms	189,921	-	1,248	1,248	-	-	-
Nurses Station/Med Prep	78,677	-	517	517	-	-	-
LR/DR/Activity	240,444	-	1,580	1,580	-	-	-
Exam Room	17,044	-	112	112	-	-	-
Kitchen/Food Svc	314,404	-	2,066	2,066	-	-	-
PT/OT	129,505	-	851	851	-	-	-
Laundry	68,785	-	452	452	-	-	-
Janitor Closet	8,370	-	55	55	-	-	-
Clean/Soiled Linen	39,567	-	260	260	-	-	-
Beauty/Barber	42,915	-	282	282	-	-	-
Total CLINICAL	2,041,343	-	13,414	13,414	-	-	-
NON CLINICAL							
Office/Admin	53,720	-	353	353	-	-	-
Kitchen	-	-	-	-	-	-	-
EE Lounge	58,589	-	385	385	-	-	-
Locker, Training	60,872	-	400	400	-	-	-
Mechanical	76,242	-	501	501	-	-	-
Lobby	80,351	-	528	528	-	-	-
Storage/Maint	70,003	-	460	460	-	-	-
Corridor/Public Toilet	199,812	-	1,313	1,313	-	-	-
Structure/Misc	19,175	-	126	126	-	-	-
Stairs/Elevators	311,360	-	2,046	2,046	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
Total NON CLINICAL	930,124	-	6,112	6,112	-	-	-
TOTAL	2,971,467	-	19,526	19,526	-	-	-

Cost/sq ft \$ 152.18

from sq ft
assume 6x8

Total for entire building: 13,001,200 85,534
 Note: the balance of the cost and square footage applies to the assisted living facility which is part of this structure.

45

Background of Applicant

- 1) There are no facilities owned or operated by the Applicant. However, it should be noted that there are health care facilities operated by Revere Healthcare LTD, which is related to the Applicant by means of a management contract. Copies of the licenses for the listed facilities are appended as **Attachment-10 Item 1**.

Facilities currently managed by Revere Healthcare LTD:

Hanover Place, Tinely Park, IL	Senior housing building	(not licensed)
Valley Hi, Woodstock, IL	Licensed Nursing Care Facility	

Facilities managed in the past three years by Revere Healthcare LTD:

Winning Wheels, Prophetstown, IL	Licensed Nursing Care Facility
Sunny Acres, Petersburg, IL	Licensed Nursing Care Facility

- 2) A certified listing of adverse actions is attached as **Attachment-10 Item 2**.
- 3) Letters authorizing HFSRB and DPH to access any documents necessary to verify the information submitted are appended as **Attachment-10 Item 3**.
- 4) The applicant has not submitted more than one application for permit. Therefore, this item is not applicable.



State of Illinois 1747552 Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

ERIC E. WHITAKER, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/24/2008	BGBE	0004820
LONG TERM CARE LICENSE		
SKILLED	097	
INTERMEDIATE	020	
UNRESTRICTED 117 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE

MCHENRY COUNTY

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK IL 60098

EFFECTIVE DATE: 05/25/06

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



State of Illinois 1930715 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
06/26/2010	BGBE	0046821
LONG TERM CARE LICENSE		
SKILLED	128	
UNRESTRICTED 128 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE

MCHENRY COUNTY

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK IL 60098

EFFECTIVE DATE: 06/27/09

The face of this license has a colored background. Printed by Authority

Illinois • 4/07 •

47



State of Illinois 1922437

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

Table with 3 columns: EXPIRATION DATE (04/01/2011), CATEGORY (BGBE), and I.D. NUMBER (0005009). Below the table, it reads: LONG TERM CARE LICENSE SKILLED 106, and UNRESTRICTED 106 TOTAL BEDS.

BUSINESS ADDRESS
LICENSEE

MENARD COUNTY

SUNNY ACRES NURSING HOME
19130 SUNNY ACRES ROAD
PETERSBURG IL 62675

EFFECTIVE DATE: 04/02/09

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

State of Illinois 1838054
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

ERIC E. SWIFT, M.D.
DIRECTOR

Issued under the authority of
 Eric E. Swift, M.D., Director
 Department of Public Health

EXPIRATION DATE	CATEGORY	LIC. NUMBER
09/18/2009	080	0024745
LONG TERM CARE LICENSE		
UNRESTRICTED 080 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

WINNING WHEELS, INC.
WINNING WHEELS
701 EAST 3RD STREET
PROPHETSTOWN, IL 61275
STREET PHONE: 09/18/2009

The face of this license has a colored background. Printed by Department of Public Health - 4/07

May 5, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield IL 62761

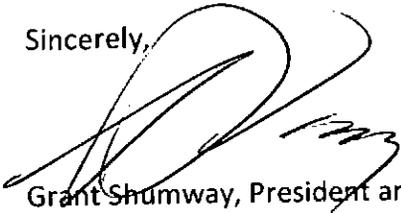
RE: Pecatonica Pavilion - Pecatonica

Dear Secretary:

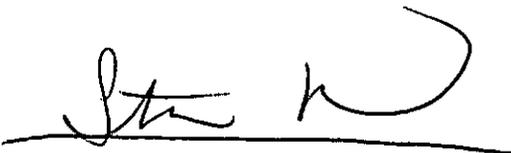
Please be advised that no adverse action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Thank you.

Sincerely,



Grant Shumway, President and CEO
Revere Healthcare, Ltd.



Notary



May 4, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield IL 62761

RE: Pecatonica Pavilion - Pecatonica

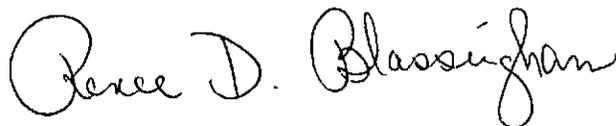
Dear Secretary:

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.

Thank you.

Sincerely,


George Anderson



"OFFICIAL SEAL"
RENEE D. BLASSINGHAM
Notary Public, State of Illinois
My Commission Expires 11/10/2011

May 4, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield IL 62761

RE: Pecatonica Pavilion - Pecatonica

Dear Secretary:

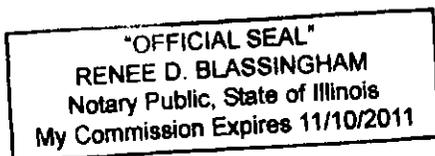
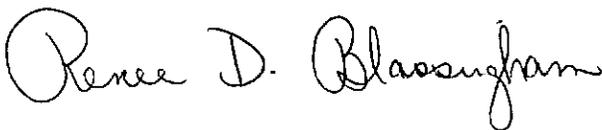
I authorize the Illinois Health Facilities Planning Board and the Illinois Department of Public Health to obtain access to information in order to verify any documentation or information submitted in this permit application regarding the requirements of the Background of Applicant Criteria, or to obtain any additional documentation or information which the State Board or Agency finds pertinent to this subsection.

Thank you.

Sincerely,



De Ann Anderson



May 5, 2010

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield IL 62761

RE: Pecatonica Pavilion - Pecatonica

Dear Secretary:

I authorize the Illinois Health Facilities Planning Board and the Illinois Department of Public Health to obtain access to information in order to verify any documentation or information submitted in this permit application regarding the requirements of the Background of Applicant Criteria, or to obtain any additional documentation or information which the State Board or Agency finds pertinent to this subsection.

Thank you.

Sincerely,



Grant Shumway, President and CEO
Revere Healthcare, Ltd.



Notary



Pecatonica Pavilion
10263 Ridott Rd.
Pecatonica, Illinois 61063

December 16, 2009

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

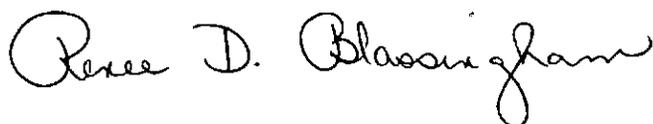
Re: Pecatonica Pavilion Care Facility - Pecatonica, Illinois

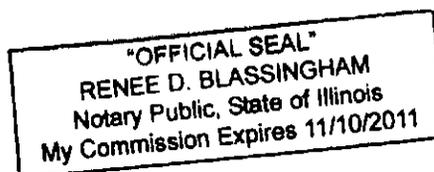
Secretary:

I authorize the Illinois Health Facilities Planning Board and the Illinois Department of Public Health to obtain access to information in order to verify any documentation or information submitted in this permit application regarding the requirements of Background of Applicant Criteria, or to obtain additional documentation or information which the State Board or Agency finds pertinent to this subsection.

Thank you,

George Anderson
Pecatonica Pavilion





Pecatonica Pavilion
10263 Ridott Rd.
Pecatonica, Illinois 61063

December 16, 2009

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Pecatonica Pavilion Care Facility - Pecatonica, Illinois

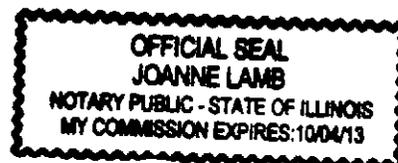
Secretary:

I authorize the Illinois Health Facilities Planning Board and the Illinois Department of Public Health to obtain access to information in order to verify any documentation or information submitted in this permit application regarding the requirements of Background of Applicant Criteria, or to obtain additional documentation or information which the State Board or Agency finds pertinent to this subsection.

Thank you,

Raylana Anderson
Raylana S. Anderson 12/15/09
Pecatonica Pavilion

Joanne Lamb
12/15/09



55

Attachment 10-B

Purpose of Project

1. The Pecatonica Pavilion skilled nursing facility will provide skilled nursing services to the elderly of Pecatonica and surrounding communities.

2. The market area is western Winnebago County and eastern Stephenson County.

2. Existing problems that exist that will be addressed by PP include:

The rural communities in this area are underserved, and access to skilled nursing care for older adults, who tend to have a strong preference for receiving care closer to home rather than traveling to major urban center, is limited.

Further, there are gaps in the rural health care system which results in fewer options for older adults who need rehabilitative therapy or skilled nursing care.

Further, the project

3. Sources of information for above:

Long-term Care in Rural America, National Rural Health Association, May 2001.

5. Detail of how PP will address the above

As the general long-term care category acts as the resident's home, proximity to family and friends for frequent visitation is a critical component to the resident's quality of life and achieving successful outcomes during their stay. The proposed project will be located in close proximity to the resident's home town, in a familiar small town setting, yet will be easily accessible via Rt. 20 (W. State Road). This location will increase access to licensed skilled nursing care for residents of western Winnebago and eastern Stephenson Counties.

The proposed project will offer a continuum of services which address several critical gaps in the rural health care delivery system. First, assisted living will provide housing and assistance with activities of daily living for those older adults who do not yet require skilled nursing. Second, skilled nursing care will be offered for those older adults who require 24-hour care and supervision. Third, rehabilitative therapies will be available to all skilled nursing residents and eventually, the greater community through outpatient care. This will drastically reduce travel times for older adults who must travel to Rockford for physical or occupational therapy.

6. Goals with measurable objectives and timeframes.

Serve 20 residents requiring skilled nursing and rehabilitative services and discharge to home by 2012.

Alternatives

1. Do nothing

This alternative was rejected due to the absence of a facility providing quality skilled nursing and rehabilitative services in close proximity to residents of Pecatonica and similar small communities in western Winnebago and eastern Stephenson Counties.

1. Purchase existing facility

This alternative was rejected because there are no facilities currently in existence in Pecatonica. The only facility outside of the Rockford metropolitan area is Median Nursing Center in Durand. This facility is not for sale at this time.

2. Expand an existing facility

This was rejected because there are no such facilities currently in existence in or near Pecatonica, nor does the applicant own any such facilities. All facilities in Winnebago County are located in Rockford or a suburb of Rockford. Also, the only facility that serves the "rural" older adult, Medina Nursing Center, does not offer assisted living or residential dementia care as is proposed. The continuum of older adult housing and care offered by the proposed project is superior to simply expanding Medina Nursing Center licensed bed capacity.

3. Purchase or lease a building to convert

This was rejected because there are no suitable buildings in existence in Pecatonica, and conversion cost of those buildings that are available would be prohibitive.

4. Construct a smaller facility

The size of the facility being proposed meets the needs of the area in the most cost efficient method possible. A facility of smaller size (eg 20 beds) still requires certain staff, such as an Administrator and a Director of Nursing, whose salaries would then be spread over fewer beds.

5. Construct a new facility

The final option, to construct a new facility, is the option chosen. The proposed skilled/assisted living facility will be a two-story building containing **81,008** gross square feet, of which 19,526 will be Skilled Nursing. The facility will contain 4 one bed private and 21 two bed semi-private skilled nursing rooms, 19 one bedroom private and 3 two bedroom semi-private memory support rooms, and 36 one bedroom and 6 two bedroom semi-private assisted living rooms. The total project will be constructed for \$18.6 million. Locating 46 licensed skilled nursing beds and new therapy space in Pecatonica greatly improves access to these services due to the accessibility of the site via Rt. 20.

Project Scope, Utilization, and Unfinished/Shell Space

Size of Project:

1. The physical space is necessary for delivering the program – 46 skilled nursing beds, nurses station, therapy room, clean and dirty linen rooms, shower rooms, etc.
2. The gross square footage is in line with the BGSF standards in Appendix B.

SIZE OF PROJECT

DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
General Long-Term Care	424 BGSF/Bed	435-713 BGSF/Bed	N/A	Yes

Project Scope, Utilization, and Unfinished/Shell Space

PROJECT SERVICES UTILIZATION:

The operating proforma model projects a starting occupancy of 14 beds in month 1, and the project's occupancy will ramp up at a rate of 1.9 beds per month until achieving stabilized occupancy of 90% or 42 beds in month 16.

The rationale behind this fill rate is as follows:

1. The bed need calculation prepared by HFSRB for Stephenson County identifies a need for 46 beds by 2015.
2. Three local physicians estimate that they will refer between 78 and 90 patients per year to the facility.

UTILIZATION

	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	General Long-Term Care	Occupancy	76%	90%	NO
YEAR 2	General Long-Term Care	Occupancy	98%	90%	YES

UNFINISHED OR SHELL SPACE:

There will be no unfinished or shell space; therefore, this criterion does not apply.

ASSURANCES FOR UNFINISHED OR SHELL SPACE:

There will be no unfinished or shell space; therefore, this criterion does not apply.

General Long Term Care:

1110.1730(b)(1) Formula Calculation

The project proposes 46 beds. The project site is in Pecatonica, on the border of Winnebago and Stephenson Counties. As of the 2008 Inventory of LTC Facilities, these counties have the following need/(surplus):

Stephenson	29 beds
Winnebago	(4) beds

As of the April 26, 2010 update to the Inventory, the need/(surplus) calculations show the following:

Stephenson	46 beds
Winnebago	(6) beds

1110.1730(b)(2) Service to Planning Area Residents

The project service area incorporates both Counties. In Winnebago County, the overwhelming majority of beds are located in the greater Rockford area. The population growth in the age 75+ group in western Winnebago County, excluding Rockford, yields a situation where the older adult population is underserved by skilled nursing beds. The surplus of beds exists only in Rockford.

In addition, the site is less than 1.5 miles from the border between Winnebago and Stephenson Counties. As of the April 26 update to the Inventory, Stephenson County has a bed need of 46 beds. Similar to Winnebago County, almost all nursing facilities are located in Freeport. This requires residents of rural communities in eastern Stephenson County to travel to an unfamiliar town environment to receive licensed skilled nursing services. The only facility outside of Freeport is in Lena, which serves the western portion of the County.

1110.1730(b)(3) Establishment of Long Term Care

The projected demand for service is based on the bed need calculation in the 2008 Inventory of LTC Facilities and Services and Need Determinations pages A-13, A-15, and A-16 and its April 26, 2010 update (attached).

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

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			2005 Patient Days	Beds	2005 Patient Days	Beds
FREEPORT MEMORIAL HOSPITAL SKILLED NURSIN	FREEPORT	Stephenson County	12,533	43	0	0
FREEPORT REHAB & HLTH CARE CTR	FREEPORT	Stephenson County	38,765	143	0	0
Formerly "Freeport Manor Nursing Center".						
LENA LIVING CENTER	LENA	Stephenson County	28,896	92	0	0
2/27/2006 Name Change Name changed from "Lena Nursing Home".						
MANOR COURT OF FREEPORT	FREEPORT	Stephenson County		45	33	
12/16/2005 03-063 Completed project and licensed facility with 45 nursing beds and 38 sheltered care beds.						
12/16/2006 Name Change Name changed from 'Hawthorne Manor of Freeport'.						
12/16/2006 Bed Change Discontinued 5 sheltered care beds; facility now has 45 nursing and 33 sheltered care beds.						
PARKVIEW HOME	FREEPORT	Stephenson County	6,720	28	44	9,514
PROVENA ST. JOSEPH CENTER	FREEPORT	Stephenson County	42,705	120	0	0
STEPHENSON NURSING CENTER	FREEPORT	Stephenson County	48,710	162	0	0
			178,329	633	77	9,514

Health Service Area: 001											
AGE GROUPS	2005 HSA Patient Days	2005 HSA Estimated Population	2005 HSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 PSA Estimated Populations	2005 PSA Minimum Use Rates (Per 1,000)	2005 PSA Maximum Use Rates	2005 PSA Projected Populations	2005 PSA Planned Patient Days	2005 PSA Average Daily Census
0-64 Years Old	216,669	579,700	373.8	224.3	598.0						
65-74 Years Old	172,039	44,100	3,901.1	2,340.7	6,241.8						
75+ Years Old	1,376,437	45,200	30,452.1	18,271.3	48,723.4						
2005 PSA Estimated Populations	2005 PSA Use Rates (Per 1,000)	2005 HSA Minimum Use Rates	2005 HSA Maximum Use Rates	2005 PSA Projected Populations	2005 PSA Planned Patient Days	2005 PSA Average Daily Census	2005 PSA Planned Use Rates	2005 PSA Average Daily Census	2005 PSA Planned Patient Days	2005 PSA Average Daily Census	2005 PSA Planned Bed Need (90% Occ.)
6,915	173.7	224.3	598.0	38,000	8,522	595.9	224.3	38,000	8,522	595.9	662
14,557	3,934.3	2,340.7	6,241.8	4,900	19,278	6,241.8	3,934.3	4,900	19,278	6,241.8	662
156,857	36,478.4	18,271.3	48,723.4	5,200	189,688	48,723.4	36,478.4	5,200	189,688	48,723.4	662
			Planning Area Totals	Planning Area Totals	Planning Area Totals	Planning Area Totals	Planning Area Totals	Planning Area Totals	Planning Area Totals	Planning Area Totals	Planning Area Totals
			633	178,329	77	217,487	595.9	662	217,487	595.9	29

65

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

Planning Area: Winnebago

Facility Name	City	County/Area	General Nursing Care		Sheltered Care	
			Beds	2005 Patient Days	Beds	2005 Patient Days
ALDEN GARDENS OF ROCKFORD	ROCKFORD	Winnebago County	0		0	
Formerly "Rockford Manor" and "Rockford Healthcare Center".						
7/18/2006 05-050	Board deemed the facility discontinued; 75 nursing care beds removed from inventory.					
ALDEN-ALMA NELSON MANOR	ROCKFORD	Winnebago County	268	78,137	0	0
ALDEN-PARK STRATHMOOR	ROCKFORD	Winnebago County	189	54,781	0	0
ALPINE FIRESIDE HEALTH CENTER	ROCKFORD	Winnebago County	66	16,220	33	9,815
AMBERWOOD NURSING & REHAB CTR	ROCKFORD	Winnebago County	162	25,445	0	0
8/1/2005 Name Change Formerly "Courtyard Terrace Nursing Home".						
ASTA CARE CENTRE OF ROCKFORD	ROCKFORD	Winnebago County	130	37,385	0	0
EAST BANK CENTER, LLC.	LOVES PARK	Winnebago County	54	8,917	0	0
Formerly "Fountain Terrace", "Park Ridge Terrace" and "River View Manor, Ltd".						
FAIR OAKS REHAB & HCC	SOUTH BELOIT	Winnebago County	78	24,423	0	0
Formerly "Maplewood Nursing Home" and "Fair Oaks Health Care Center of South Beloit".						
7/18/2006 Bed Change	Added 7 nursing care beds; total now 78 nursing care beds.					
FAIRHAVEN CHRISTIAN RETIREMENT	ROCKFORD	Winnebago County	96	29,401	135	27,735
FAIRVIEW NURSING PLAZA	ROCKFORD	Winnebago County	213	71,252	0	0
MEDINA NURSING CENTER	DURAND	Winnebago County	89	27,776	0	0
P.A. PETERSON CENTER FOR HEALTH.	ROCKFORD	Winnebago County	127	36,503	32	4,597
10/21/2005 Bed Change Added 10 nursing care beds and discontinued 19 sheltered care beds. Bed totals now 132 nursing care and 32 sheltered care beds.						
3/23/2006 Bed Change Discontinued 5 nursing care beds, bed total now 127 nursing care and 32 sheltered care beds.						
PROVENA COR MARIAE CENTER	ROCKFORD	Winnebago County	73	22,282	61	26,628
12/7/2005 Bed Change Added 10 nursing care beds; facility now has 73 nursing care and 61 sheltered care beds.						
PROVENA ST. ANNE CENTER	ROCKFORD	Winnebago County	179	59,679	0	0
RIVER BLUFF NURSING HOME	ROCKFORD	Winnebago County	304	90,572	0	0
ROSEWOOD CARE CENTER - ROCKFORD	ROCKFORD	Winnebago County	120	34,835	0	0
SPRINGWOOD NURSING & REHAB	ROCKFORD	Winnebago County	97	29,960	0	0
12/1/2005 Name Change Formerly "Willows on Main".						
WILLOWS HEALTH CARE	ROCKFORD	Winnebago County	91	27,317	202	52,486

666

LONG-TERM CARE BED INVENTORY UPDATES

03/19/2008 - 04/26/2010

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HEALTH SERVICE AREA 001			
Boone	310	279	31
Carroll	204	170	34
DeKalb	694	742	(48)
Jo Daviess	217	155	62
Lec	310	342	(32)
Ogle	573	553	20
Stephenson	662	616	46
Whiteside	717	822	(105)
Winnebago	2,332	2,338	(6)
HEALTH SERVICE AREA 002			
Bureau/Putnam	413	440	(27)
Fulton	532	718	(186)
Henderson/Warren	259	217	42
Knox	816	965	(149)
LaSalle	1,329	1,410	(81)
McDonough	388	376	12
Marshall/Stark	373	427	(54)
Peoria	1,698	1,822	(124)
Tazewell	1,621	1,293	328
Woodford	672	597	75
HEALTH SERVICE AREA 003			
Adams	1,338	1,511	(173)
Brown/Schuyler	184	215	(31)
Calhoun/Pike	265	337	(72)
Cass	207	221	(14)
Christian	412	472	(60)
Greene	159	119	40
Hancock	196	241	(45)
Jersey	387	359	28
Logan	494	468	26
Macoupin	683	744	(61)
Mason	135	164	(29)
Menard	202	192	10
Montgomery	563	624	(61)
Morgan/Scott	608	654	(46)
Sangamon	1,395	1,254	141
HEALTH SERVICE AREA 004			
Champaign	1,003	1,025	(22)
Clark	296	255	41
Coles/Cumberland	724	954	(230)
DeWitt	187	190	(3)
Douglas	233	233	0
Edgar	282	299	(17)
Ford	247	427	(180)
Iroquois	477	564	(87)
Livingston	500	541	(41)
McLean	1,277	1,112	165
Macon	1,307	1,292	15
Moultrie	309	369	(60)
Piatt	160	160	0
Shelby	252	265	(13)
Vermilion	680	757	(77)
HEALTH SERVICE AREA 005			
Alexander/Pulaski	116	83	33
Bond	179	198	(19)
Clay	145	209	(64)
Crawford	245	215	30
Edwards/Wabash	145	139	6
Effingham	404	432	(28)
Fayette	246	340	(94)
Franklin	430	400	30
Gallatin/Hamilton/Saline	701	667	34
Hardin/Pope	94	109	(15)
Jackson	336	427	(91)
Jasper	69	82	(13)
Jefferson	399	346	53
Johnson/Massac	339	312	27
Lawrence	338	381	(43)
Marion	837	605	232

68

1110.1730(b)(5) Planning Area Need – Service Accessibility

The 46 beds established as part of the project are necessary for improving access to licensed skilled nursing beds in rural western Winnebago and eastern Stephenson Counties. This area is currently served by Medina Nursing Center in Durand, Illinois. The facility is licensed for 89 beds, and has 87 beds set up. Medina has historically had occupancy rates in the high 80s. However, the facility was constructed in 1965, with an addition in 1980. Medina does not possess the modern facilities necessary for providing the quality skilled nursing services and rehabilitative therapies expected by today's older adults. This is a probable source of Medina Nursing Center underperforming the State standard of 90% occupancy.

The Winnebago planning area has 2,338 beds in 17 facilities. Except for Medina, the remaining 16 facilities are located within the Rockford metropolitan area. Although in the planning area, these facilities do not provide access to licensed skilled nursing beds for older adults in Pecatonica and surrounding communities who prefer to remain close to home while residing in a facility.

1110.1730(e)(1) Unnecessary Duplication of Services

ZIP Code List:

61010
61018
61019
61024
61032
61039
61047
61063
61067
61070
61088
61101
61102
61103
61104
61107
61108
61109

Total Population of ZIP Codes:

243,444 in 2009

Approved General Long Term Care Facilities

Approved health care facilities within a 30 minute drive time are as follows:

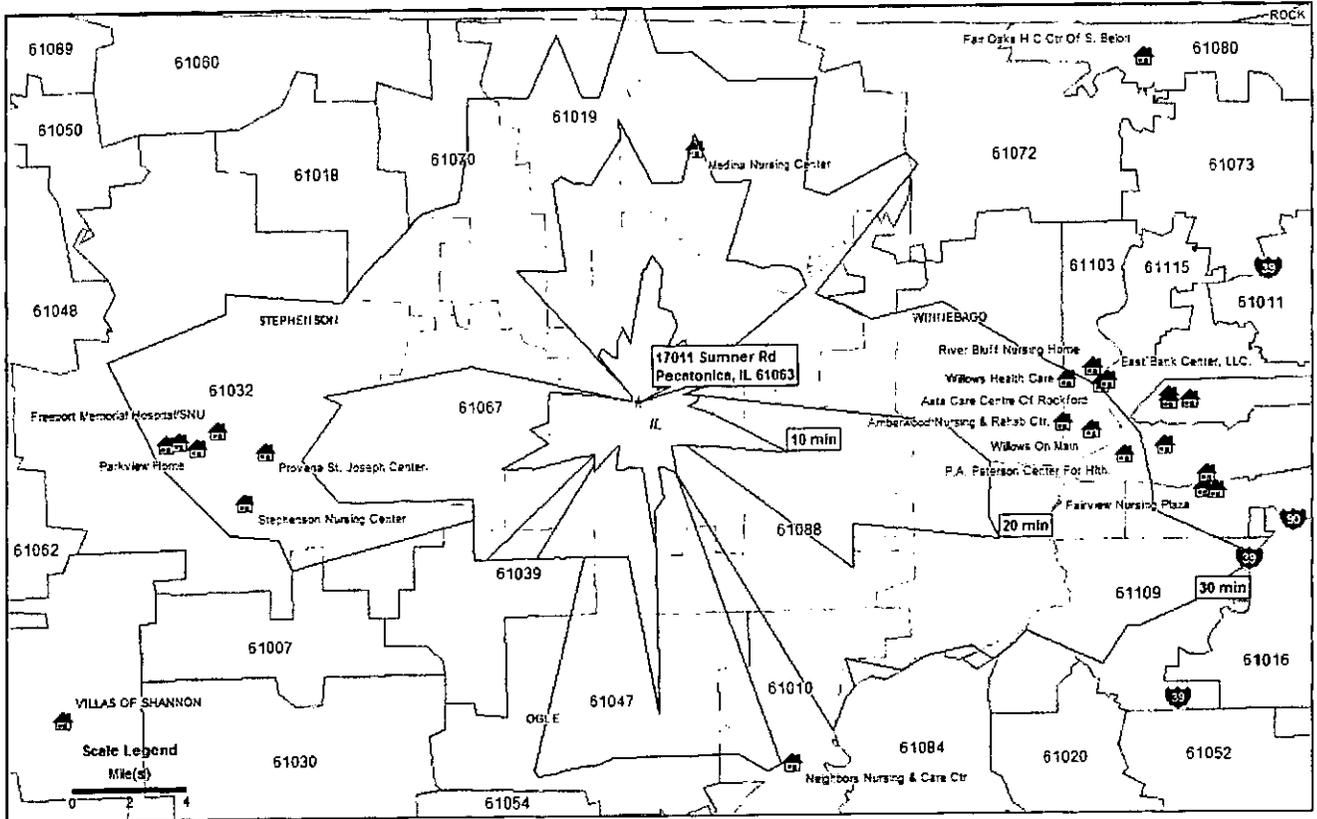
Stephenson County

Provena St. Joseph Center
Stephenson Nursing Center
FHN Memorial Hospital
Parkview Home of Freeport
Freeport Rehab & Healthcare
Manor Court of Freeport
Lena Living Center

Winnebago County

Medina Nursing Center
Amberwood Care Center
Willows Health Center
Asta Care Center of Rockford
Rockford Nursing & Rehab Center
East Bank Center
Rosewood Care Center of Rockford
Alden Alma Nelson Manor
River Bluff Nursing Home
PA Peterson
Fairview Nursing Plaza

Map of Facilities within a 30 Minute Drive Time



1110.1730(e)(2) Maldistribution

The project will not result in a maldistribution of services.

A) Ratio of Beds to Population

In the project's market area of eastern Stephenson and western Winnebago Counties, the number of beds totals:

Medina	89	(87 set up)
Project	46	
Total	135	

Total population in 2009 = 57,253

Beds per 1,000 population = 2.36

State average = 8.00*

Therefore, the ratio of beds to population does not exceed one and one-half times the State average.

Population age 65+ = 9,480

Beds per 1,000 population 65+ = 14.24

State average = 64.94**

Therefore, the ratio of beds to population does not exceed one and one-half times the State average.

*State total population in 2009 was 12,937,547, and there were 103,544 licensed beds.

**State population age 65+ years in 2009 was 1,594,643, and there were 103,544 licensed beds.

Source: Claritas, LTC State Profiles 2008

In the project's planning area of Winnebago County, the number of beds totals:

Medina	2332
Project	46
Total	2382

Total population in 2005 = 287,000

Beds per 1,000 population = 8.3

State average = 8.00*

Therefore, the ratio of beds to population does not exceed one and one-half times the State average.

Population age 65+ = 37,000

Beds per 1,000 population 65+ = 64.38

State average = 64.94**

Therefore, the ratio of beds to population does not exceed one and one-half times the State average.

*State total population in 2009 was 12,937,547, and there were 103,544 licensed beds.

**State population age 65+ years in 2009 was 1,594,643, and there were 103,544 licensed beds.

Source: LTC Inventory 2008

B) Historical Utilization

The pages from LTC Profiles 2008 for each facility within a 30 minute drive time are attached.

B) Sufficient Population

The market study by Revere Healthcare, Ltd. illustrates that sufficient population exists within the proposed project's service area to ensure the necessary volume to utilize the proposed services at or above occupancy standards.



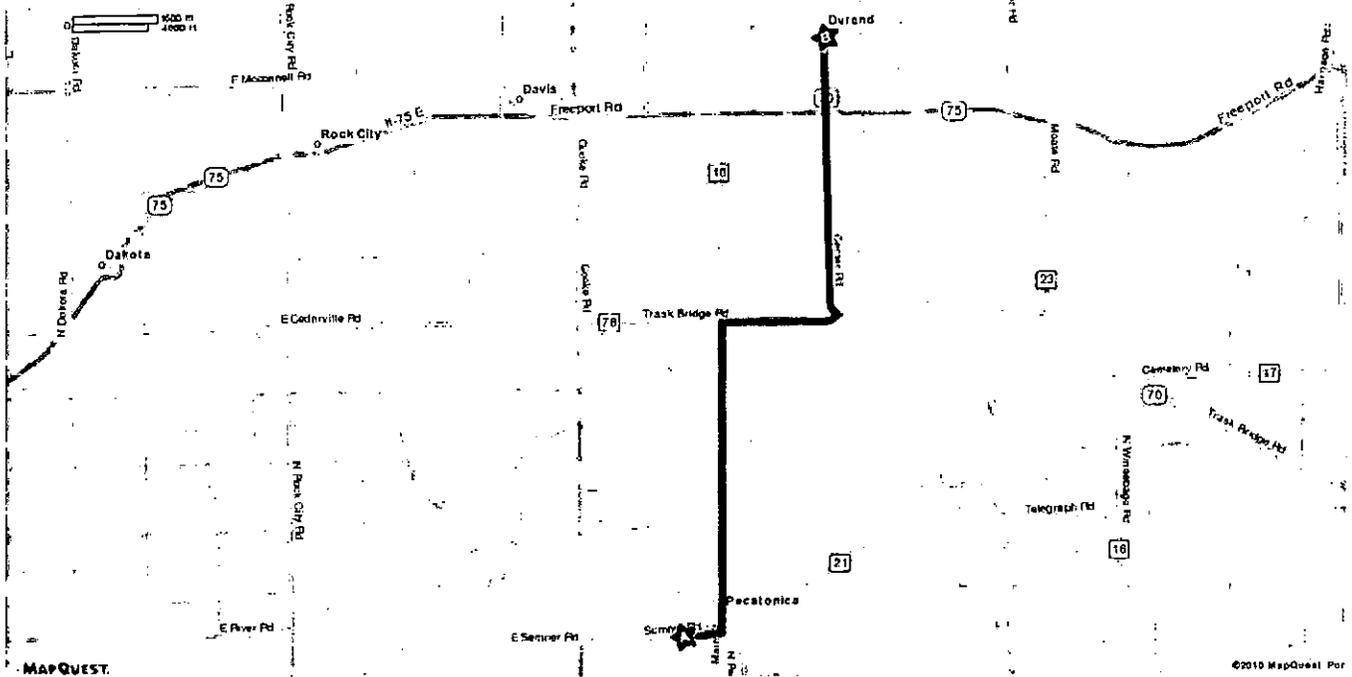
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Starting Location
 17011 Sumner Rd
 Pecatonica, IL 61063-9711

Ending Location
 402 S Center St
 Durand, IL 61024-9590

Total Travel Estimate: 15 minutes / 10.78 miles Fuel Cost: [Calculate](#)

Medina Nursing Center



17011 Sumner Rd Ed
 Pecatonica, IL 61063-9711

- | | | |
|--|--|--------|
| | 1. Start out going NORTH on SUMNER RD toward W 7TH ST. | 0.0 mi |
| | 2. SUMNER RD becomes W 7TH ST. | 0.5 mi |
| | 3. Turn LEFT onto MAIN ST/CR-18/PECATONICA RD. Continue to follow CR-18/PECATONICA RD. | 4.6 mi |
| | 4. Turn RIGHT onto TRASK BRIDGE RD. | 1.6 mi |
| | 5. Turn LEFT onto IL-70/CENTER RD. Continue to follow IL-70. | 4.1 mi |
| | 6. 402 S CENTER ST. | |

402 S Center St Ed
 Durand, IL 61024-9590

Total Travel Estimate: 15 minutes / 10.78 miles Fuel Cost: [Calculate](#)

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74

MEDINA NURSING CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
402 S. Center St		Aggressive/Anti-Social	0	DIAGNOSIS	
DURAND, IL. 61024		Chronic Alcoholism	0	Neoplasms	4
Reference Numbers	Facility ID 6006019	Developmentally Disabled	1	Endocrine/Metabolic	6
Health Service Area 001	Planning Service Area 201	Drug Addiction	0	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	3
Holgeir Oksnevad		Medicare Recipient	0	Alzheimer Disease	7
		Mental Illness	1	Mental Illness	0
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	1
Holgeir Oksnevad		Non-Mobile	0	Circulatory System	11
815-248-2151		Public Aid Recipient	0	Respiratory System	6
	Date Completed	Under 65 Years Old	0	Digestive System	10
	3/18/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	2
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	1
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	9
		Other Restrictions	0	Injuries and Poisonings	4
		No Restrictions	0	Other Medical Conditions	5
				Non-Medical Conditions	0
				TOTALS	71

Note: Reported restrictions denoted by '1'

FACILITY OWNERSHIP
FOR-PROF CORPORATION

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	89	87	87	87	71	18	89	89	Total Admissions 2008	72
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	87
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	88
Sheltered Care	0	0	0	0	0	0		0		71
TOTAL BEDS	89	87	87	87	71	18	89	89		

FACILITY UTILIZATION - 2008
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2284	7.0%	16567	50.9%	0	490	7946	0	27287	83.8%	85.7%
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%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2284	7.0%	16567	50.9%	0	490	7946	0	27287	83.8%	85.7%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	8	25	0	0	0	0	0	0	8	25	33
TOTALS	17	54	0	0	0	0	0	0	17	54	71

MEDINA NURSING CENTER

402 S. Center St
DURAND, IL. 61024Reference Numbers Facility ID 6006019
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	9	41	0	0	21	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	41	0	0	21	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	20.00
Other Health Staff	3.00
Non-Health Staff	28.00
Totals	63.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.9%	41.0%	0.0%	5.3%	29.8%	100.0%		0.0%
1,045,275	1,792,906	0	231,447	1,303,120	4,372,748	0	



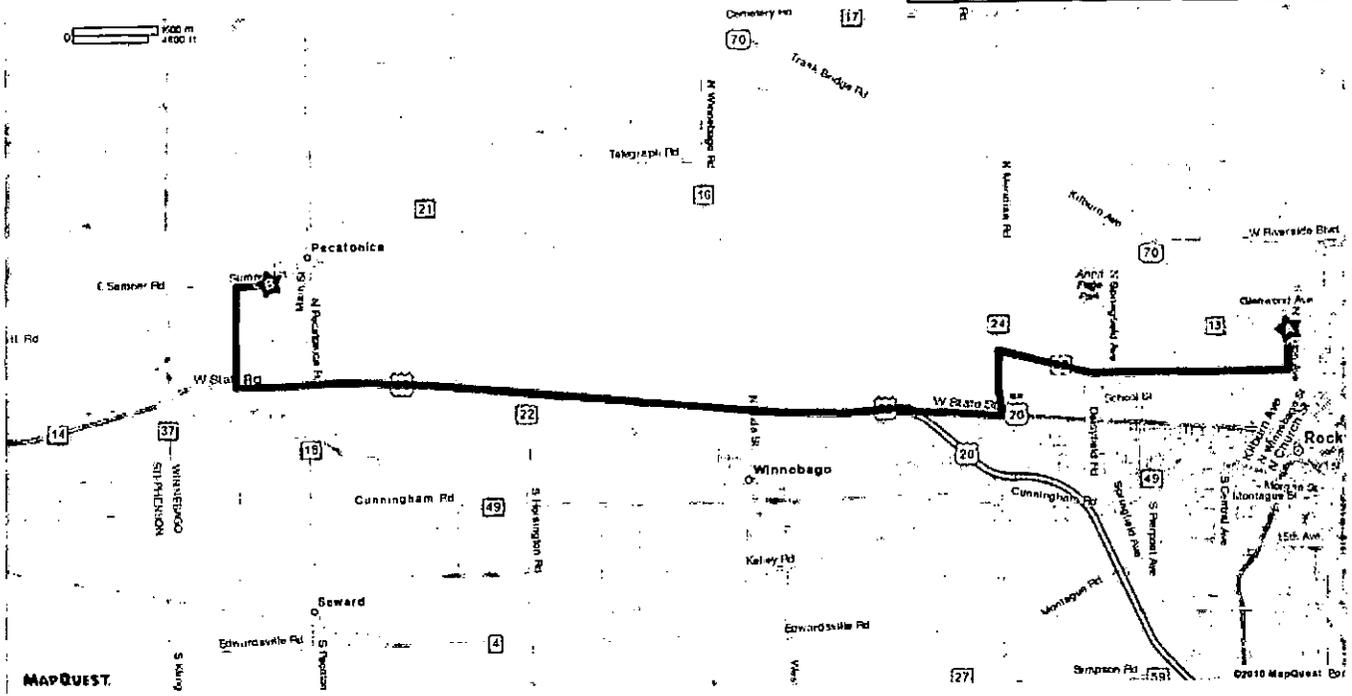
Sony! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

Starting Location
 2313 N Rockton Ave
 Rockford, IL 61103-3618

Ending Location
 17011 Summer Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 23 minutes / 18.02 miles Fuel Cost: [Calculate](#)

Amberwood Care Center



2313 N Rockton Ave Edit
 Rockford, IL 61103-3618

1. Start out going SOUTH on N ROCKTON AVE toward VAN WIE AVE. 0.6 mi
2. Turn RIGHT onto AUBURN ST. 4.0 mi
3. Turn LEFT onto N MERIDIAN RD/CR-24. 0.9 mi
4. Turn RIGHT onto US-20 BR/W STATE ST. 1.1 mi
5. Merge onto US-20 W/ULYSSES S GRANT MEMORIAL HWY. 9.5 mi
6. Turn RIGHT onto N SPIELMAN RD. 1.5 mi
7. Turn RIGHT onto SUMNER RD. 0.5 mi
8. 17011 SUMNER RD is on the LEFT.

17011 Summer Rd Edit
 Pecatonica, IL 61063-9711

Total Travel Estimate: 23 minutes / 18.02 miles Fuel Cost: [Calculate](#)

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77

AMBERWOOD CARE CENTRE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
2313 North Rockton		Aggressive/Anti-Social	1	DIAGNOSIS		
ROCKFORD, IL. 61103		Chronic Alcoholism	0	Neoplasms	1	
Reference Numbers	Facility ID 6001267	Developmentally Disabled	0	Endocrine/Metabolic	19	
Health Service Area 001	Planning Service Area 201	Drug Addiction	1	Blood Disorders	1	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	3	
Julie Logan		Medicare Recipient	0	Alzheimer Disease	11	
		Mental Illness	0	Mental Illness	8	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	2	
Julie Logan		Non-Mobile	0	Circulatory System	14	
815-964-2200		Public Aid Recipient	0	Respiratory System	12	
	Date Completed 4/24/2009	Under 65 Years Old	0	Digestive System	2	
Registered Agent Information		Unable to Self-Medicare	0	Genitourinary System Disorders	1	
Marc A. Benjamin, Amberwood CC, LLC		Ventilator Dependent	1	Skin Disorders	1	
801 Skokie Blvd., Suite 100		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0	
Northbrook, IL 80062		Other Restrictions	0	Injuries and Poisonings	2	
		No Restrictions	0	Other Medical Conditions	5	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
LIMITED LIABILITY CO				TOTALS	82	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	162	143	103	137	82	80	19	162	Total Admissions 2008	80
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	187
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	185
Sheltered Care	0	0	0	0	0	0		0		82
TOTAL BEDS	162	143	103	137	82	80	19	162		

LEVEL OF CARE	FACILITY UTILIZATION - 2008										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Nursing Care	3520	50.6%	26378	44.5%	0	709	2161	0	32768	55.3%	62.6%	
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%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	3520	50.6%	26378	44.5%	0	709	2161	0	32768	55.3%	62.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	11	6	0	0	0	0	0	0	11	6	17
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	37	45	0	0	0	0	0	0	37	45	82

AMBERWOOD CARE CENTRE

2313 North Rockton
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6001267
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	70	0	2	3	0	82
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	70	0	2	3	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.00
LPN's	10.00
Certified Aides	35.00
Other Health Staff	8.00
Non-Health Staff	26.00
Totals	90.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
30.4%	57.8%	0.0%	5.5%	6.3%	100.0%		0.0%
1,404,602	2,670,541	0	252,994	289,895	4,618,032	0	



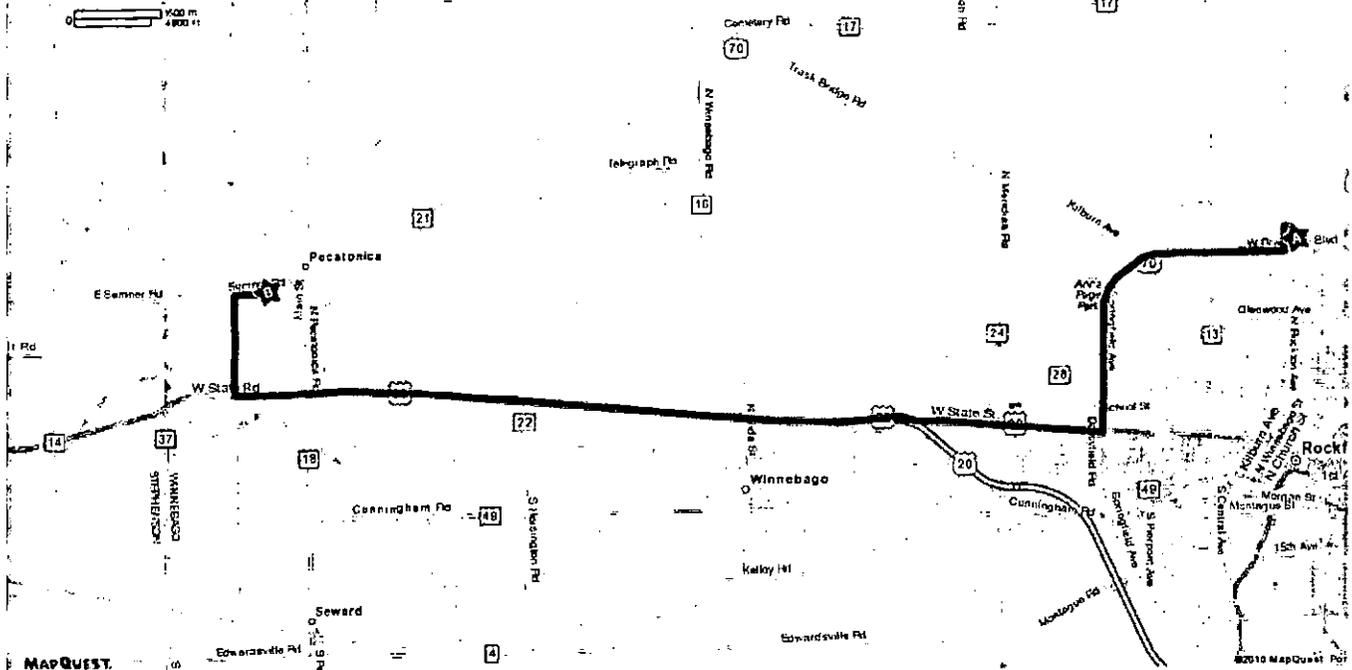
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Starting Location
 4054 Albright Ln
 Rockford, IL 61103-1576

Ending Location
 17011 Sumner Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 24 minutes / 19.27 miles Fuel Cost: [Calculate](#)

Willows Health Center



4054 Albright Ln Edg
 Rockford, IL 61103-1576

1. Start out going NORTH on ALBRIGHT LN toward EMBURY DR. 0.2 mi
2. Turn LEFT to stay on ALBRIGHT LN. 0.1 mi
3. Turn LEFT onto N ROCKTON AVE. 0.4 mi
4. Turn RIGHT onto W RIVERSIDE BLVD. 2.0 mi
5. W RIVERSIDE BLVD becomes N SPRINGFIELD AVE. 2.7 mi
6. Turn RIGHT onto W STATE ST/US-20 BR. 2.5 mi
7. Merge onto US-20 W/WYLYSSES S GRANT MEMORIAL HWY. 9.5 mi
8. Turn RIGHT onto N SPIELMAN RD. 1.5 mi
9. Turn RIGHT onto SUMNER RD. 0.5 mi
10. 17011 SUMNER RD is on the LEFT.

17011 Sumner Rd Edg
 Pecatonica, IL 61063-9711

Total Travel Estimate: 24 minutes / 19.27 miles Fuel Cost: [Calculate](#)

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80

WILLOWS HEALTH CARE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
4054 ALBRIGHT LANE		Aggressive/Anti-Social 1		DIAGNOSIS	
ROCKFORD, IL. 61103		Chronic Alcoholism 1		Neoplasms 6	
Reference Numbers Facility ID 6010037		Developmentally Disabled 1		Endocrine/Metabolic 28	
Health Service Area 001 Planning Service Area 201		Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 14	
Debra Adkins		Medicare Recipient 0		Alzheimer Disease 20	
		Mental Illness 1		Mental Illness 40	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
Debra Adkins		Non-Mobile 0		Circulatory System 76	
(815)316-1500		Public Aid Recipient 0		Respiratory System 14	
		Under 65 Years Old 0		Digestive System 3	
Registered Agent Information		Unable to Self-Medicare 0		Genitourinary System Disorders 1	
William Pratt		Ventilator Dependent 1		Skin Disorders 0	
4141 N. Rockton Ave.		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 37	
Rockford, IL 61103		Other Restrictions 0		Injuries and Poisonings 5	
		No Restrictions 0		Other Medical Conditions 0	
FACILITY OWNERSHIP		Note: Reported restrictions denoted by 'I'		Non-Medical Conditions 0	
NON-PROF CORPORATION				TOTALS 244	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	91	91	87	91	83	8	0	91	Total Admissions 2008	266
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	259
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	244
Sheltered Care	202	202	175	202	161	41				
TOTAL BEDS	293	293	262	293	244	49	0	91		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	5002	0.0%	5157	15.5%	0	0	19946	302	30407	91.3%	91.3%
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%
Sheltered Care					0	0	10952	452	11404	15.4%	15.4%
TOTALS	5002	0.0%	5157	15.5%	0	0	30898	754	41811	39.0%	39.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	0	0	0	0	0	0	0	1	0	1	1	
60 to 64	0	0	0	0	0	0	0	1	0	1	1	
65 to 74	2	0	0	0	0	0	1	2	3	2	5	
75 to 84	7	16	0	0	0	0	9	35	16	51	67	
85+	16	42	0	0	0	0	29	83	45	125	170	
TOTALS	25	58	0	0	0	0	39	122	64	180	244	

WILLOWS HEALTH CARE

4054 ALBRIGHT LANE

ROCKFORD, IL. 61103

Reference Numbers Facility ID 6010037

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	10	11	0	1	59	2	83
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	158	3	161
TOTALS	10	11	0	1	217	5	244

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	141	75

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	1	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	82	0	0	156	238
Race Unknown	1	0	0	3	4
Total	83	0	0	161	244

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	83	0	0	161	244
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	161	244

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	30.00
Certified Aides	82.00
Other Health Staff	5.00
Non-Health Staff	137.00
Totals	269.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
26.1%	2.5%	0.0%	0.0%	71.4%	100.0%		1.0%
2,315,312	222,671	0	0	6,344,635	8,882,618	85,800	



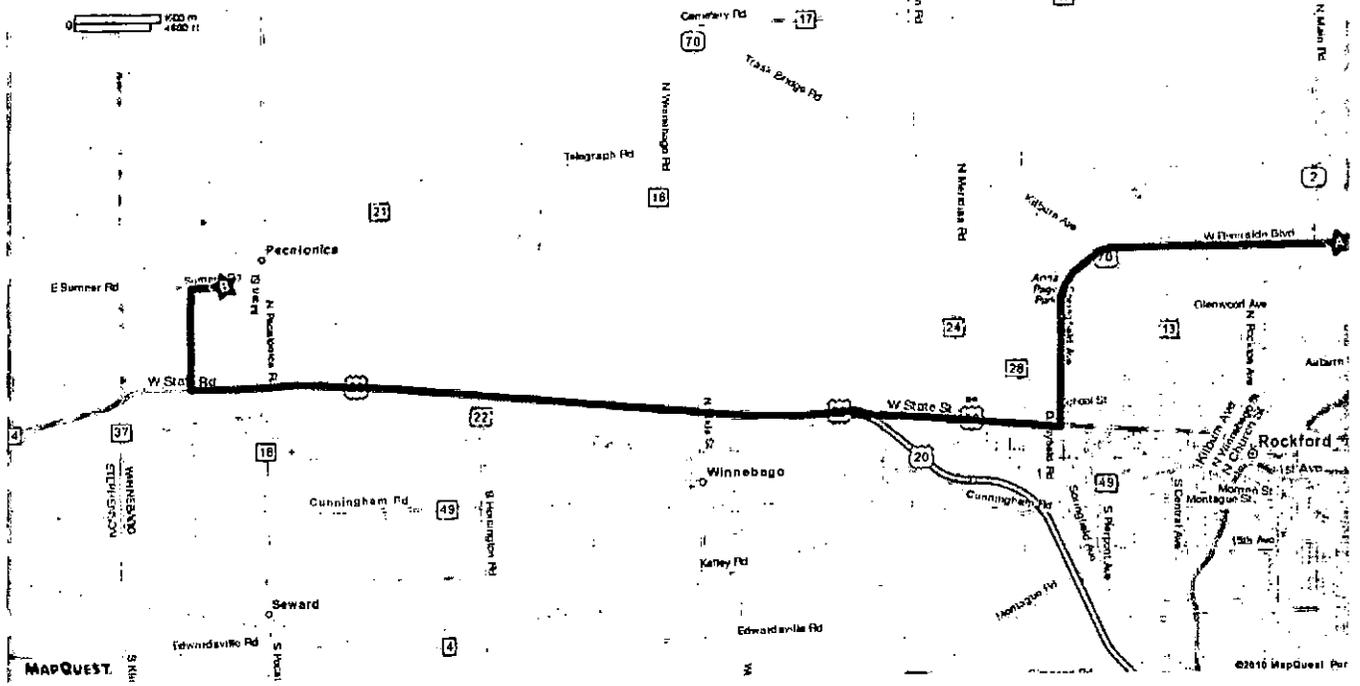
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A Starting Location
707 W Riverside Blvd
 Rockford, IL 61103-2125

B Ending Location
17011 Sumner Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 25 minutes / 19.92 miles Fuel Cost: [Calculate](#)

Asta Care Center of Rockford



A 707 W Riverside Blvd Edit
 Rockford, IL 61103-2125

- | | | |
|--|--|--------|
| | 1. Start out going WEST on W RIVERSIDE BLVD toward TRILLING AVE. | 3.3 mi |
| | 2. W RIVERSIDE BLVD becomes N SPRINGFIELD AVE. | 2.7 mi |
| | 3. Turn RIGHT onto W STATE ST/AUS-20 BR. | 2.5 mi |
| | 4. Merge onto US-20 W/LYSESSES S GRANT MEMORIAL HWY. | 9.5 mi |
| | 5. Turn RIGHT onto N SPIELMAN RD. | 1.5 mi |
| | 6. Turn RIGHT onto SUMNER RD. | 0.5 mi |
| | 7. 17011 SUMNER RD is on the LEFT. | |

B 17011 Sumner Rd Edit
 Pecatonica, IL 61063-9711

Total Travel Estimate: 25 minutes / 19.92 miles Fuel Cost: [Calculate](#)

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83

ASTA CARE CENTRE OF ROCKFORD

707 WEST RIVERSIDE BOULEVARD
ROCKFORD, IL. 61103

Reference Numbers Facility ID 6008049
Health Service Area 001 Planning Service Area 201

Administrator

Judith L. Zbinden

Contact Person and Telephone

Judith L. Zbinden
815-877-5752

Registered Agent Information

Date Completed
4/22/2009

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	24
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	16
Mental Illness	10
Developmental Disability	0
Circulatory System	16
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	106

FACILITY OWNERSHIP
LIMITED LIABILITY CO

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

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008	
		SET-UP	USED						Residents on 1/1/2008	Total Admissions 2008
Nursing Care	130	126	112	122	106	24	69	130	103	150
Skilled Under 22	0	0	0	0	0	0	0	0		147
Intermediate DD	0	0	0	0	0	0	0	0		106
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	130	126	112	122	106	24	69	130		

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days		
Nursing Care	4275	16.9%	23316	49.0%	8213	576	1741	0	38121	80.1%	82.7%
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%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4275	16.9%	23316	49.0%	8213	576	1741	0	38121	80.1%	82.7%

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

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	4	0	0	0	0	0	0	3	4	7
45 to 59	12	9	0	0	0	0	0	0	12	9	21
60 to 64	5	9	0	0	0	0	0	0	5	9	14
65 to 74	13	14	0	0	0	0	0	0	13	14	27
75 to 84	12	12	0	0	0	0	0	0	12	12	24
85+	5	8	0	0	0	0	0	0	5	8	13
TOTALS	50	56	0	0	0	0	0	0	50	56	106

ASTA CARE CENTRE OF ROCKFORD
 707 WEST RIVERSIDE BOULEVARD
 ROCKFORD, IL. 61103

Reference Numbers Facility ID 6008049
 Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance	Private Pay		
Nursing Care	12	55	0	18	21	0	106
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	55	0	18	21	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	165
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pac. Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	106	0	0	0	106

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	104	0	0	0	104
Ethnicity Unknown	0	0	0	0	0
Total	106	0	0	0	106

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	12.00
Certified Aides	40.00
Other Health Staff	17.00
Non-Health Staff	36.00
Totals	113.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
32.0%	60.3%	0.0%	2.6%	5.1%	100.0%		0.0%
1,901,797	3,583,791	0	153,023	300,657	5,939,268	0	



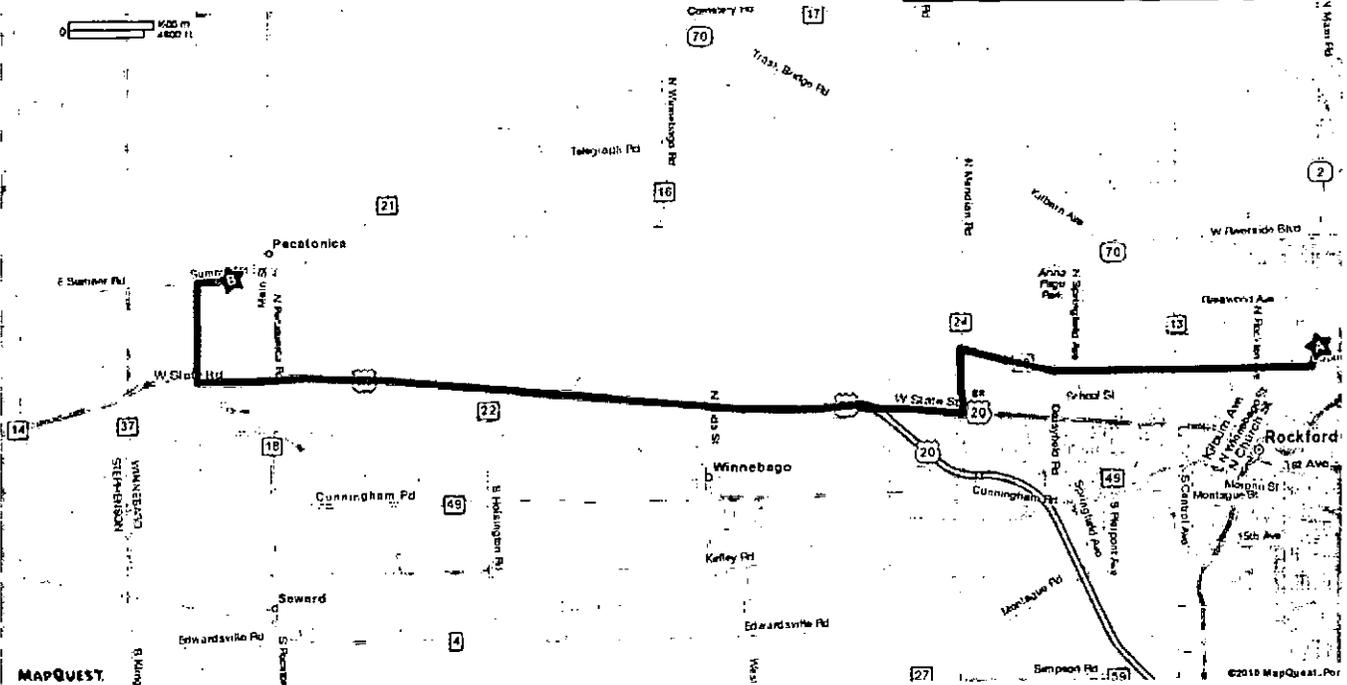
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★ Starting Location
1920 N Main St
 Rockford, IL 61103-4708

★ Ending Location
17011 Summer Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 25 minutes / 18.59 miles Fuel Cost [Calculate](#)

Rockford Nursing & Rehab Center



★ 1920 N Main St Edit
 Rockford, IL 61103-4708

- | | | |
|--|---|--------|
| | 1. Start out going SOUTH on N MAIN STAL-2 toward BURTON ST. | 0.3 mi |
| | 2. Turn RIGHT onto AUBURN ST. | 4.8 mi |
| | 3. Turn LEFT onto N MERIDIAN RD/CR-24. | 0.9 mi |
| | 4. Turn RIGHT onto US-20 BRW STATE ST. | 1.1 mi |
| | 5. Merge onto US-20 WULYSESSES S GRANT MEMORIAL HWY. | 9.5 mi |
| | 6. Turn RIGHT onto N SPIELMAN RD. | 1.5 mi |
| | 7. Turn RIGHT onto SUMNER RD. | 0.5 mi |
| | 8. 17011 SUMNER RD is on the LEFT. | |

★ 17011 Summer Rd Edit
 Pecatonica, IL 61063-9711

Total Travel Estimate: 25 minutes / 18.59 miles Fuel Cost [Calculate](#)

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86

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ROCKFORD HEALTHCARE AND REHAB CENTER ROCKFORD

ROCKFORD HEALTHCARE AND REHAB CENTER			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1920 NORTH MAIN STREET			Aggressive/Anti-Social	1	DIAGNOSIS		
ROCKFORD, IL. 61103			Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers Facility ID 6006613			Developmentally Disabled	1	Endocrine/Metabolic	1	
Health Service Area 001 Planning Service Area 201			Drug Addiction	1	Blood Disorders	1	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	8	
Gregory Taylor			Medicare Recipient	0	Alzheimer Disease	9	
			Mental Illness	1	Mental Illness	12	
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	1	
Gregory Taylor			Non-Mobile	0	Circulatory System	18	
815-964-6834			Public Aid Recipient	0	Respiratory System	2	
			Under 65 Years Old	0	Digestive System	5	
Registered Agent Information			Unable to Self-Medicare	0	Genitourinary System Disorders	3	
Date Completed 4/24/2009			Ventilator Dependent	1	Skin Disorders	0	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	1	
			Other Restrictions	0	Injuries and Poisonings	1	
			No Restrictions	0	Other Medical Conditions	2	
			<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
FACILITY OWNERSHIP						TOTALS	64
LIMITED LIABILITY CO							

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	97	97	79	97	64	33	52	97	Total Admissions 2008	104
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	116
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	64
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	97	97	79	97	64	33	52	97		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE										
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL		
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1811	9.5%	19661	55.4%	0	63	2190	0	23725	66.8%	66.8%
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%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	1811	9.5%	19661	55.4%	0	63	2190	0	23725	66.8%	66.8%

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	4	18	0	0	0	0	0	0	4	16	22
TOTALS	21	43	0	0	0	0	0	0	21	43	64

ROCKFORD HEALTHCARE AND REHAB CENTER
 1920 NORTH MAIN STREET
 ROCKFORD, IL. 61103

Reference Numbers Facility ID 6006613
 Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance			
Nursing Care	7	52	0	0	5	0	64
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	52	0	0	5	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	10.00
Certified Aides	26.00
Other Health Staff	2.00
Non-Health Staff	14.00
Totals	56.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
20.3%	58.1%	0.0%	8.4%	13.2%	100.0%		0.0%
484,010	1,387,716	0	199,907	315,134	2,386,768	0	

FACILITY NOTES

Name Change 4/1/2008 Name changed from North Main Nursing & Rehabilitation Center.

MAPQUEST.

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A Starting Location

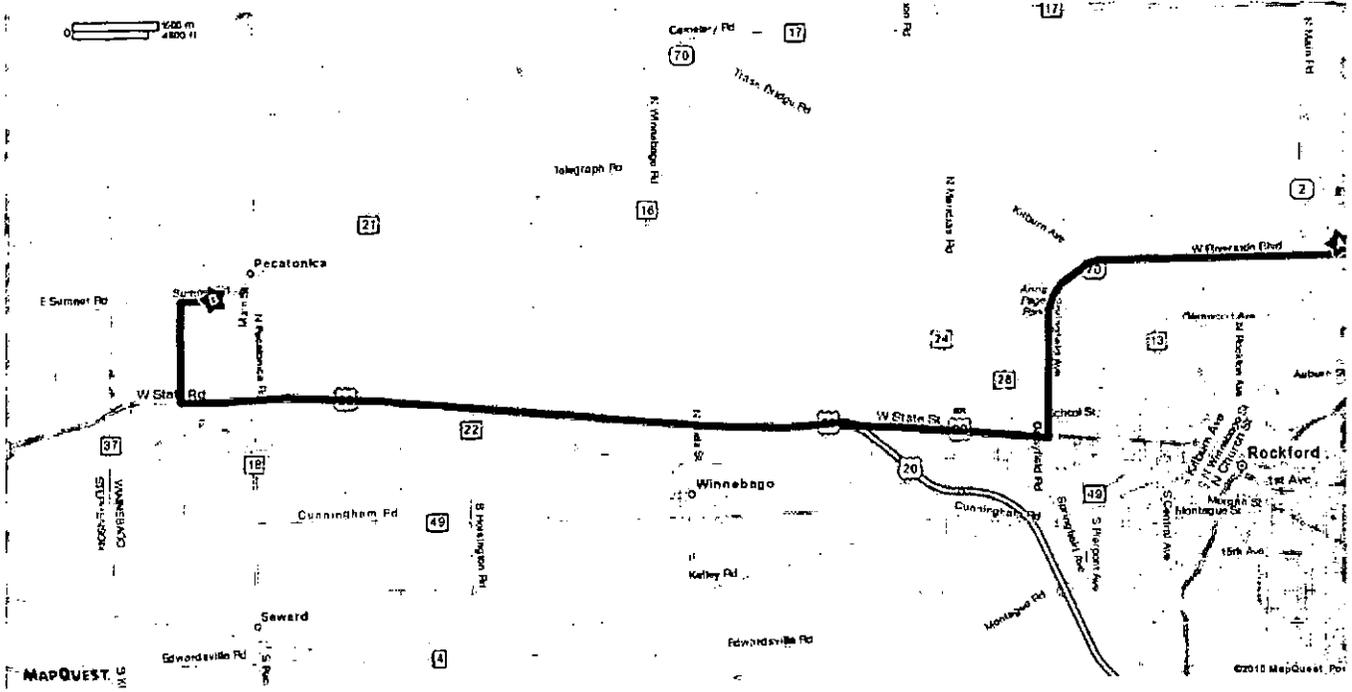
6131 Park Ridge Rd
Loves Park, IL 61111-4029

B Ending Location

17011 Sumner Rd
Pecatonica, IL 61063-9711

Total Travel Estimate: 26 minutes / 20.44 miles Fuel Cost: [Calculate](#)

East Bank Center



A 6131 Park Ridge Rd Edit
Loves Park, IL 61111-4029

1. Start out going SOUTH on PARK RIDGE RD toward CLIFFORD AVE. 0.1 mi
2. Turn LEFT onto GRAND BLVD. 0.1 mi
3. Turn RIGHT onto EAST DR. 0.1 mi
4. Turn RIGHT onto E RIVERSIDE BLVD. 3.6 mi
5. E RIVERSIDE BLVD becomes N SPRINGFIELD AVE. 2.7 mi
6. Turn RIGHT onto W STATE ST/US-20 BR. 2.5 mi
7. Merge onto US-20 W/LULYSES S GRANT MEMORIAL HWY. 9.5 mi
8. Turn RIGHT onto N SPIELMAN RD. 1.5 mi
9. Turn RIGHT onto SUMNER RD. 0.5 mi
10. 17011 SUMNER RD is on the LEFT.

B 17011 Sumner Rd Edit
Pecatonica, IL 61063-9711

Total Travel Estimate: 26 minutes / 20.44 miles Fuel Cost: [Calculate](#)

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89

East Bank Center, LLC.		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
6131 Park Ridge Road		Aggressive/Anti-Social 1		DIAGNOSIS	
ROCKFORD, IL. 61111		Chronic Alcoholism 1		Neoplasms 1	
Reference Numbers Facility ID 6003222		Developmentally Disabled 1		Endocrine/Metabolic 0	
Health Service Area 001 Planning Service Area 201		Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 3	
Deanna Kruse		Medicare Recipient 0		Alzheimer Disease 0	
		Mental Illness 1		Mental Illness 0	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
Edna Atanacio		Non-Mobile 0		Circulatory System 4	
815-633-6810		Public Aid Recipient 0		Respiratory System 3	
		Under 65 Years Old 0		Digestive System 0	
Registered Agent Information		Unable to Self-Medicare 0		Genitourinary System Disorders 1	
Date Completed 4/24/2009		Ventilator Dependent 1		Skin Disorders 0	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 0	
		Other Restrictions 0		Injuries and Poisonings 1	
		No Restrictions 0		Other Medical Conditions 19	
				Non-Medical Conditions 0	
FACILITY OWNERSHIP		Note: Reported restrictions denoted by 'I'		TOTALS 32	
LIMITED LIABILITY CO					

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	54	42	42	42	32	22	54	10	Total Admissions 2008	631
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	630
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	32
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	54	42	42	42	32	22	54	10		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	8179	41.4%	113	3.1%	74	3196	1345	0	12907	65.3%	84.0%
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%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	8179	41.4%	113	3.1%	74	3196	1345	0	12907	65.3%	84.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	4	8	0	0	0	0	0	0	4	8	12
TOTALS	15	17	0	0	0	0	0	0	15	17	32

East Bank Center, LLC.

6131 Park Ridge Road
ROCKFORD, IL. 61111

Reference Numbers Facility ID 6003222

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	26	0	0	5	1	0	32
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	0	0	5	1	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	300
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	28	0	0	0	28
Race Unknown	1	0	0	0	1
Total	32	0	0	0	32

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	31	0	0	0	31
Ethnicity Unknown	0	0	0	0	0
Total	32	0	0	0	32

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	9.00
Certified Aides	14.00
Other Health Staff	3.00
Non-Health Staff	15.00
Totals	49.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
63.5%	0.7%	0.0%	28.0%	7.8%	100.0%		0.0%
3,590,216	39,337	0	1,583,378	443,172	5,656,103	0	



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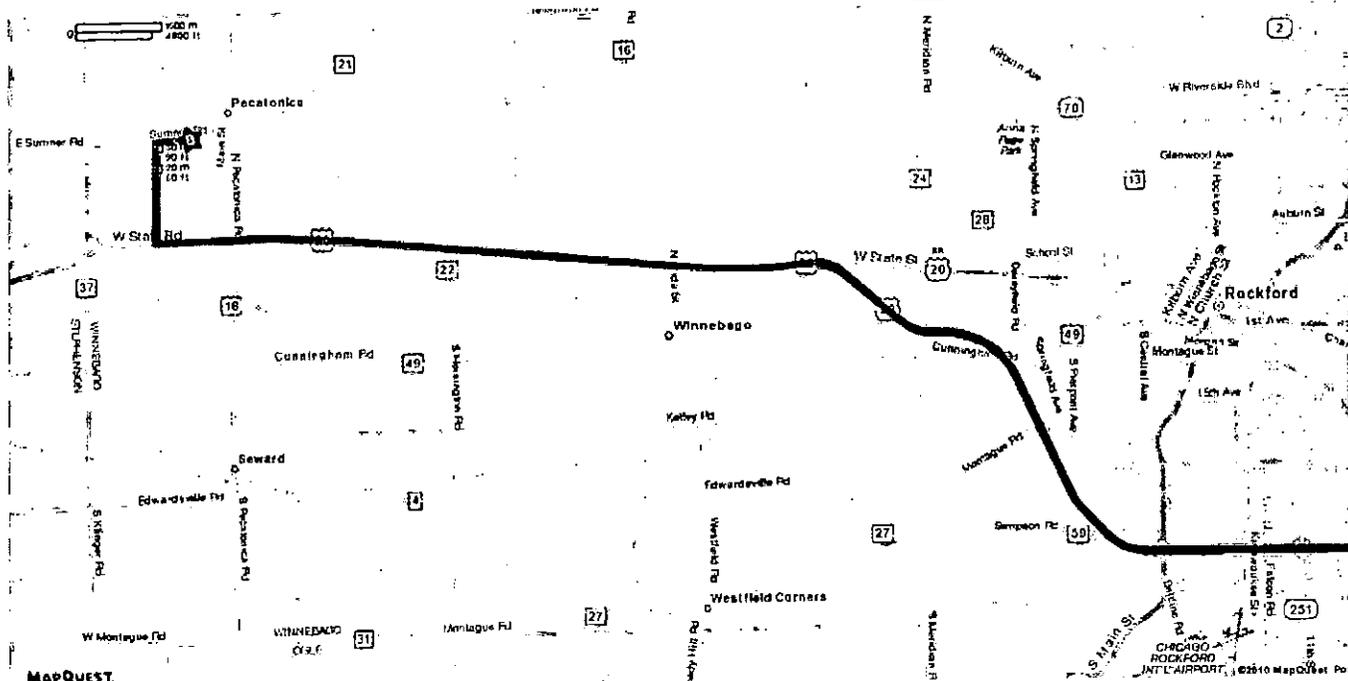
A Starting Location
B Ending Location

1660 S Mulford Rd
 Rockford, IL 61108-6760

17011 Sumner Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 27 minutes / 25.49 miles Fuel Cost: [Calculate](#)

Rosewood Care Center of Rockford



A 1660 S Mulford Rd Edit
 Rockford, IL 61108-6760

- | | | |
|--|--|---------|
| | Start out going SOUTH on S MULFORD RD toward CARRIAGE GREEN WAY. | 0.8 mi |
| | Turn RIGHT onto HARRISON AVE. | 1.5 mi |
| | Turn LEFT onto S ALPINE RD. | 1.2 mi |
| | Merge onto US-20 W/LYESSES S GRANT MEMORIAL HWY toward FREEPORT. | 20.1 mi |
| | Turn RIGHT onto N SPIELMAN RD. | 1.5 mi |
| | Turn RIGHT onto SUMNER RD. | 0.5 mi |
| | 17011 SUMNER RD is on the LEFT. | |

B 17011 Sumner Rd Edit
 Pecatonica, IL 61063-9711

Total Travel Estimate: 27 minutes / 25.49 miles Fuel Cost: [Calculate](#)

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ROSEWOOD CARE CENTER OF ROCKFORD			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1660 SOUTH MULFORD			Aggressive/Anti-Social	0	DIAGNOSIS		
ROCKFORD, IL. 61108			Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID	6014658	Developmentally Disabled	0	Endocrine/Metabolic	0	
Health Service Area	001	Planning Service Area	201	Drug Addiction	1	Blood Disorders	0
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	1	
Bart Becker			Medicare Recipient	0	Alzheimer Disease	0	
			Mental Illness	0	Mental Illness	0	
			Non-Ambulatory	0	Developmental Disability	0	
Contact Person and Telephone			Non-Mobile	0	Circulatory System	10	
Jan Poelker			Public Aid Recipient	0	Respiratory System	10	
314-994-9070x3025			Under 65 Years Old	0	Digestive System	3	
	Date Completed	4/24/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	2	
Registered Agent Information			Ventilator Dependent	1	Skin Disorders	5	
Daniel L. Maher			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	12	
412 E. Lawrence			Other Restrictions	0	Injuries and Poisonings	12	
Springfield, IL 62703			No Restrictions	0	Other Medical Conditions	16	
					Non-Medical Conditions	0	
FACILITY OWNERSHIP			<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	71
FOR-PROF CORPORATION							

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	75
Nursing Care	120	120	95	120	71	49	58	36	Total Admissions 2008	377
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	381
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	71
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	120	120	95	120	71	49	58	36		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Pat. days	Occ. Pct.
Nursing Care	7908	37.3%	10595	80.4%	0	1660	8712	0	28875	65.7%	65.7%
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%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7908	37.3%	10595	80.4%	0	1660	8712	0	28875	65.7%	65.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	8	0	0	0	0	0	0	1	8	9
75 to 84	8	17	0	0	0	0	0	0	6	17	25
85+	7	26	0	0	0	0	0	0	7	26	33
TOTALS	19	52	0	0	0	0	0	0	19	52	71

ROSEWOOD CARE CENTER OF ROCKFORD

1660 SOUTH MULFORD
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6014658
Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	18	29	0	3	21	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	18	29	0	3	21	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	137
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	12.00
Non-Health Staff	39.00
Totals	97.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
51.7%	15.4%	0.0%	8.1%	24.8%	100.0%		0.0%
1,856,937	552,950	0	290,187	892,219	3,592,293	0	

MAPQUEST.

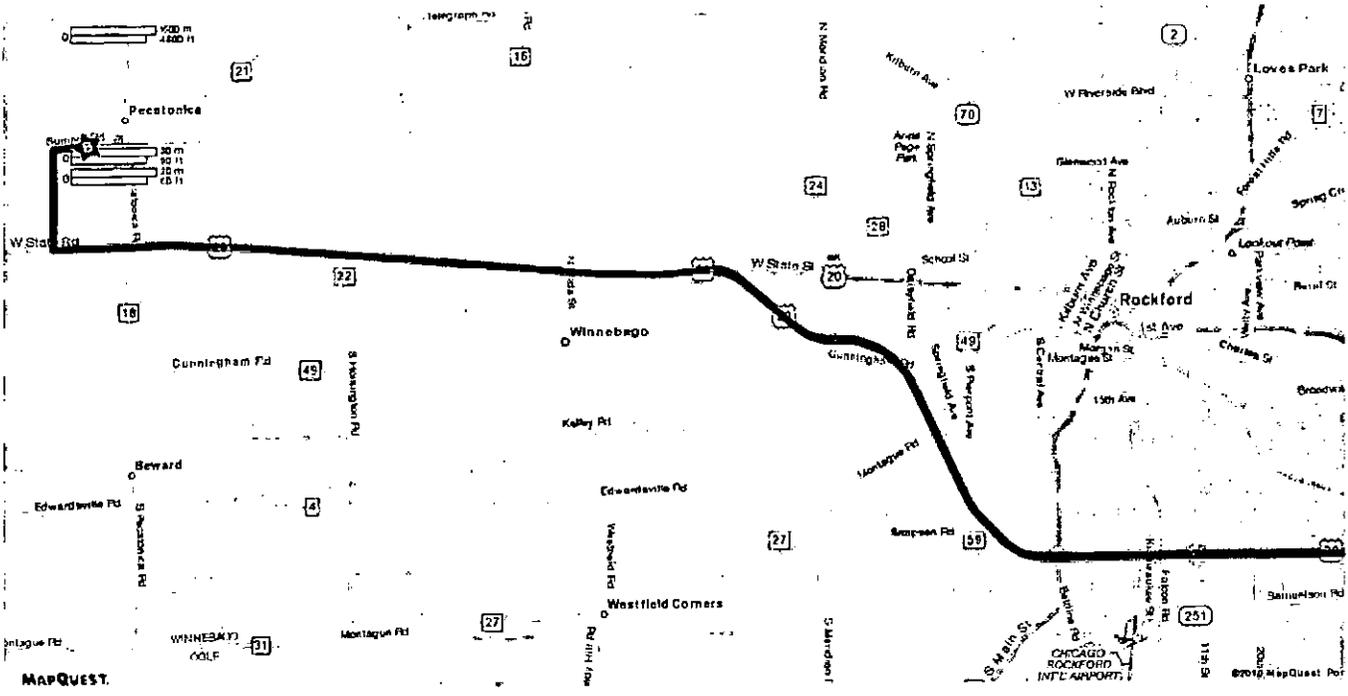
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Starting Location
 550 S Mulford Rd
 Rockford, IL 61108-2511

Ending Location
 17011 Sumner Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 28 minutes / 26.34 miles Fuel Cost: [Calculate](#)

Alden Alma Nelson Manor



550 S Mulford Rd [Edit](#)
 Rockford, IL 61108-2511

1. Start out going SOUTH on S MULFORD RD toward ALMA DR. 1.7 mi
2. Turn RIGHT onto HARRISON AVE. 1.5 mi
3. Turn LEFT onto S ALPINE RD. 1.2 mi
4. Merge onto US-20 W/WULYSSE S GRANT MEMORIAL HWY toward FREEPORT. 20.1 mi
5. Turn RIGHT onto N SPIELMAN RD. 1.5 mi
6. Turn RIGHT onto SUMNER RD. 0.5 mi
7. 17011 SUMNER RD is on the LEFT.

17011 Sumner Rd [Edit](#)
 Pecatonica, IL 61063-9711

Total Travel Estimate: 28 minutes / 26.34 miles Fuel Cost: [Calculate](#)

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95

ALDEN-ALMA NELSON MANOR		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
550 SOUTH MULFORD ROAD		Aggressive/Anti-Social	0	DIAGNOSIS	
ROCKFORD, IL. 61108		Chronic Alcoholism	0	Neoplasms	3
Reference Numbers	Facility ID 6000103	Developmentally Disabled	1	Endocrine/Metabolic	2
Health Service Area 001	Planning Service Area 201	Drug Addiction	0	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	10
Sherry Gillihan		Medicare Recipient	0	Alzheimer Disease	5
		Mental Illness	0	Mental Illness	11
		Non-Ambulatory	0	Developmental Disability	4
		Non-Mobile	0	Circulatory System	46
Contact Person and Telephone		Public Aid Recipient	0	Respiratory System	18
Chrls Reinhofer		Under 65 Years Old	0	Digestive System	7
773-286-3883	Date Completed 4/17/2008	Unable to Self-Medicare	0	Genitourinary System Disorders	7
		Ventilator Dependent	1	Skin Disorders	2
Registered Agent Information		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	8
Kenneth J. Fisch		Other Restrictions	0	Injuries and Poisonings	19
4200 W. Peterson Ave Suite 140		No Restrictions	0	Other Medical Conditions	27
Chicago, IL 60646				Non-Medical Conditions	0
				TOTALS	169
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			
FOR-PROF CORPORATION					

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	268	268	191	268	169	99	128	268	Total Admissions 2008	541
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	552
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	169
Sheltered Care	0	0	0	0	0	0	0	0		
TOTAL BEDS	268	268	191	268	169	99	128	268		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	11707	25.0%	48084	49.0%	0	2910	2555	0	65256	66.5%	66.5%
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%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11707	25.0%	48084	49.0%	0	2910	2555	0	65258	66.5%	68.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	2	0	0	0	0	0	0	0	2	0	2	
45 to 59	10	11	0	0	0	0	0	0	10	11	21	
60 to 64	7	6	0	0	0	0	0	0	7	6	13	
65 to 74	11	14	0	0	0	0	0	0	11	14	25	
75 to 84	14	28	0	0	0	0	0	0	14	28	42	
85+	4	62	0	0	0	0	0	0	4	62	66	
TOTALS	48	121	0	0	0	0	0	0	48	121	169	

ALDEN-ALMA NELSON MANOR
 550 SOUTH MULFORD ROAD
 ROCKFORD, IL. 61108

Reference Numbers Facility ID 6000103
 Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	40	121	0	3	5	0	169
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	121	0	3	5	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	207	158
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	12	0	0	0	12
Hawaiian/Pac. Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	0	0	0	0	0
Total	169	0	0	0	169

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	163	0	0	0	163
Ethnicity Unknown	0	0	0	0	0
Total	169	0	0	0	169

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.47
LPN's	16.34
Certified Aides	37.54
Other Health Staff	4.14
Non-Health Staff	45.70
Totals	111.19

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
42.5%	40.1%	3.5%	10.2%	3.7%	100.0%		0.0%
5,154,105	4,864,150	427,077	1,236,343	450,640	12,132,315	0	



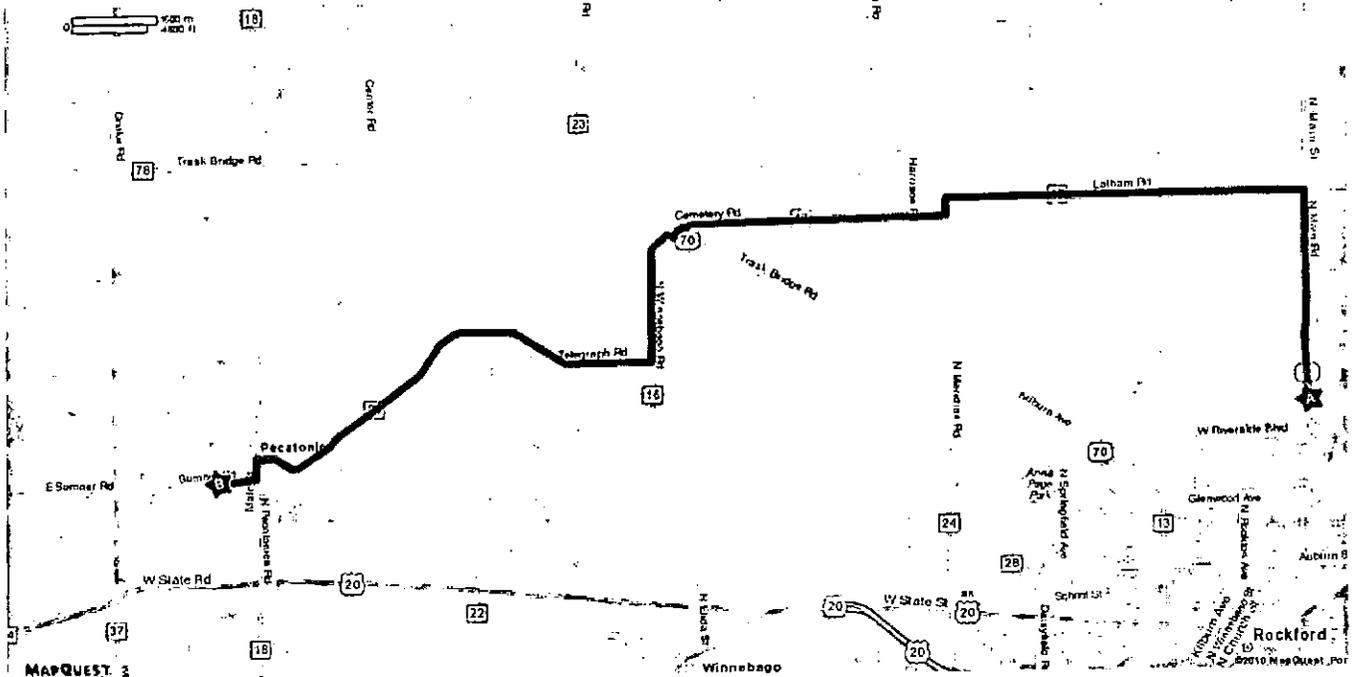
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A Starting Location
4401 N Main St
 Rockford, IL 61103-1277

B Ending Location
17011 Sumner Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 28 minutes / 21.38 miles Fuel Cost: [Calculate](#)

River Bluff Nursing Home



A 4401 N Main St Edj
 Rockford, IL 61103-1277

- | | | |
|--|---|--------|
| | 1. Start out going NORTH on N MAIN ST/N MAIN RD/IL-2 toward SHEPHERD TRL. | 3.1 mi |
| | 2. Turn LEFT onto LATHAM RD/CR-17. | 4.9 mi |
| | 3. Turn LEFT onto N MERIDIAN RD/CR-17/CR-24. | 0.3 mi |
| | 4. Turn RIGHT onto CEMETERY RD/CR-17. | 3.8 mi |
| | 5. Turn RIGHT onto TRASK BRIDGE RD/IL-70. | 0.1 mi |
| | 6. Turn LEFT onto N WINNEBAGO RD/CR-16. | 1.9 mi |
| | 7. Turn RIGHT onto TELEGRAPH RD/CR-21. | 6.4 mi |
| | 8. Turn LEFT onto MAIN ST/CR-18/PECATONICA RD. | 0.3 mi |
| | 9. Turn RIGHT onto W 7TH ST. | 0.5 mi |
| | 10. W 7TH ST becomes SUMNER RD. | 0.0 mi |
| | 11. 17011 SUMNER RD is on the RIGHT. | |

B 17011 Sumner Rd Edj
 Pecatonica, IL 61063-9711

Total Travel Estimate: 28 minutes / 21.38 miles Fuel Cost: [Calculate](#)

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98

RIVER BLUFF NURSING HOME		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
4401 NORTH MAIN STREET		Aggressive/Anti-Social	0	DIAGNOSIS		
ROCKFORD, IL. 61103		Chronic Alcoholism	1	Neoplasms	5	
Reference Numbers	Facility ID 6008007	Developmentally Disabled	1	Endocrine/Metabolic	25	
Health Service Area 001	Planning Service Area 201	Drug Addiction	1	Blood Disorders	91	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	2	
Pamela K. Gentner		Medicare Recipient	0	Alzheimer Disease	0	
		Mental Illness	1	Mental Illness	0	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Pamela Gentner		Non-Mobile	0	Circulatory System	88	
815-877-8061		Public Aid Recipient	0	Respiratory System	8	
	Date Completed 3/31/2009	Under 65 Years Old	0	Digestive System	1	
Registered Agent Information		Unable to Self-Medicare	0	Genitourinary System Disorders	3	
Scott Christiansen, Chairman, Winnebago		Ventilator Dependent	1	Skin Disorders	0	
404 Elm St.		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	9	
Rockford, IL 61101		Other Restrictions	1	Injuries and Poisonings	1	
		No Restrictions	0	Other Medical Conditions	5	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	238
COUNTY						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	Total Admissions 2008
Nursing Care	304	296	244	296	238	66	76	304	228	133
Skilled Under 22	0	0	0	0	0	0	0	0		123
Intermediate DD	0	0	0	0	0	0	0	0		
Sheltered Care	0	0	0	0	0	0	0	0		238
TOTAL BEDS	304	296	244	296	238	66	76	304		

LEVEL OF CARE	FACILITY UTILIZATION - 2008										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	1996	7.2%	65196	58.6%	0	0	18954	0	86146	77.4%	79.5%	
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%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	1996	7.2%	65196	58.6%	0	0	18954	0	86146	77.4%	79.5%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	13	16	0	0	0	0	0	0	13	16	29
75 to 84	23	49	0	0	0	0	0	0	23	49	72
85+	20	104	0	0	0	0	0	0	20	104	124
TOTALS	62	176	0	0	0	0	0	0	62	176	238

RIVER BLUFF NURSING HOME
 4401 NORTH MAIN STREET
 ROCKFORD, IL. 61103

Reference Numbers Facility ID 6008007
 Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other			Private	Charity	TOTALS	
	Medicare	Medicaid	Public	Insurance	Pay		Care
Nursing Care	12	154	0	0	72	0	238
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	154	0	0	72	0	238

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pac. Isl.	0	0	0	0	0
White	212	0	0	0	212
Race Unknown	0	0	0	0	0
Total	238	0	0	0	238

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	235	0	0	0	235
Ethnicity Unknown	0	0	0	0	0
Total	238	0	0	0	238

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	18.00
Certified Aides	116.00
Other Health Staff	9.00
Non-Health Staff	91.00
Totals	254.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
6.9%	58.6%	0.0%	0.0%	34.5%	100.0%		0.0%
749,654	6,411,889	0	0	3,777,104	10,938,647	0	

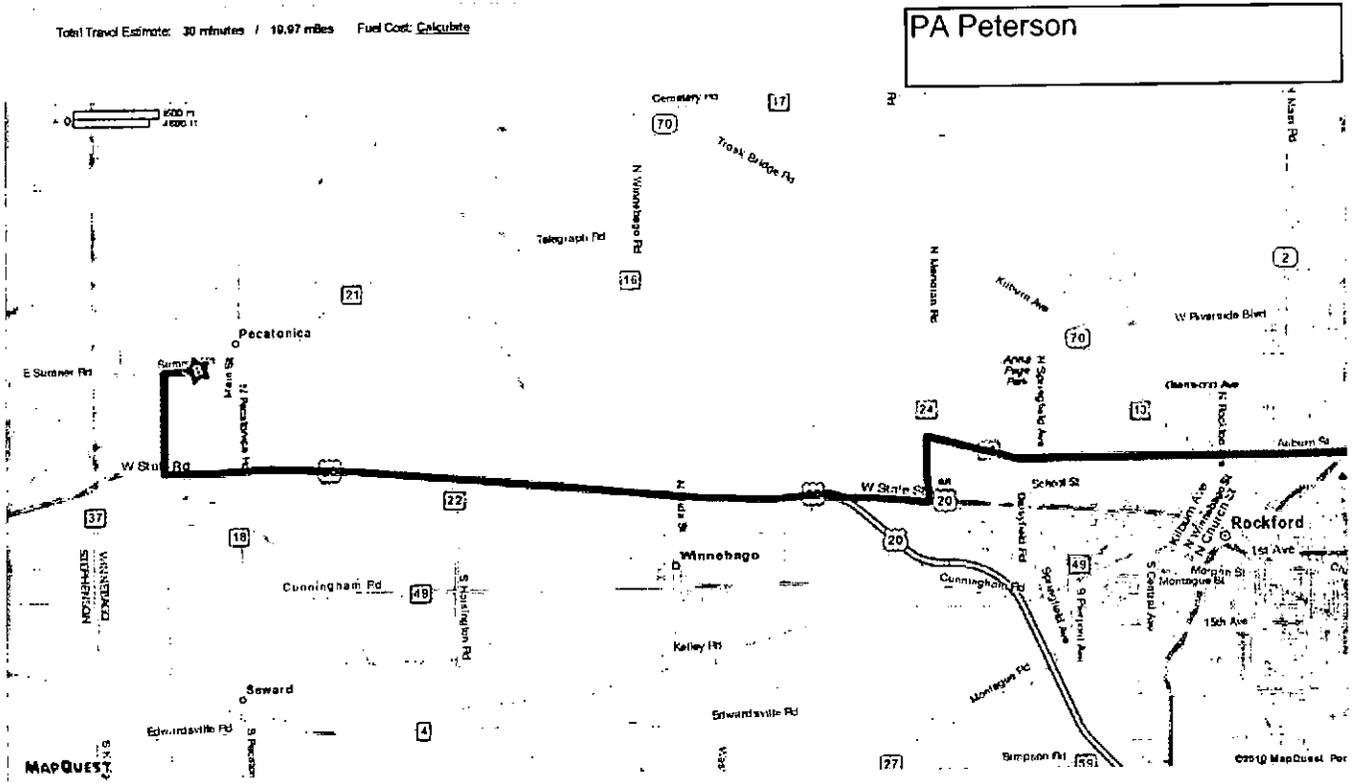


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Starting Location
 1311 Parkview Ave
 Rockford, IL 61107-1818

Ending Location
 17011 Sumner Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 30 minutes / 19.97 miles Fuel Cost: [Calculate](#)



1311 Parkview Ave Edit
 Rockford, IL 61107-1818

1. Start out going **NORTH** on **PARKVIEW AVE** toward **BURRMONT RD.** 0.5 mi
2. Turn **LEFT** onto **SPRING CREEK RD.** 0.4 mi
3. **SPRING CREEK RD** becomes **AUBURN ST.** 5.6 mi
4. Turn **LEFT** onto **N MERIDIAN RD/CR-24.** 0.9 mi
5. Turn **RIGHT** onto **US-20 BR/W STATE ST.** 1.1 mi
6. Merge onto **US-20 W/ULYSSES S GRANT MEMORIAL HWY.** 9.5 mi
7. Turn **RIGHT** onto **N SPIELMAN RD.** 1.5 mi
8. Turn **RIGHT** onto **SUMNER RD.** 0.5 mi
9. 17011 SUMNER RD is on the **LEFT.**

17011 Sumner Rd Edit
 Pecatonica, IL 61063-9711

Total Travel Estimate: 30 minutes / 19.97 miles Fuel Cost: [Calculate](#)

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P.A. PETERSON CENTER FOR HLTH.		ADMISSION RESTRICTIONS			RESIDENTS BY PRIMARY DIAGNOSIS		
1311 PARKVIEW AVENUE		Aggressive/Anti-Social	1	DIAGNOSIS			
ROCKFORD, IL. 61107		Chronic Alcoholism	1	Neoplasms	3		
Reference Numbers	Facility ID 6007041	Developmentally Disabled	1	Endocrine/Metabolic	4		
Health Service Area 001	Planning Service Area 201	Drug Addiction	1	Blood Disorders	0		
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	4		
Peggy Holt		Medicare Recipient	0	Alzheimer Disease	18		
		Mental Illness	1	Mental Illness	24		
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0		
Christina Messineo		Non-Mobile	0	Circulatory System	24		
815-399-8832	Date Completed	Public Aid Recipient	0	Respiratory System	8		
	4/14/2009	Under 65 Years Old	0	Digestive System	1		
Registered Agent Information		Unable to Self-Medicare	0	Genitourinary System Disorders	1		
CRAIG P COLMAR		Ventilator Dependent	1	Skin Disorders	0		
1001 TOUHY AVE		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	13		
Des Plaines, IL 60018		Other Restrictions	0	Injuries and Poisonings	18		
		No Restrictions	0	Other Medical Conditions	9		
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0	
NON-PROF CORPORATION				TOTALS	127		

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2008		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	127	127	116	127	111	16	38	117	Total Admissions 2008	781
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	782
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	127
Sheltered Care	32	20	17	20	16	16				
TOTAL BEDS	159	147	133	147	127	32	38	117		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE										
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL		
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8613	61.9%	8044	18.8%	0	3355	21980	0	41992	90.3%	90.3%
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%
Sheltered Care					0	0	6180	0	6180	52.8%	84.4%
TOTALS	8613	61.9%	8044	18.8%	0	3355	28160	0	48172	82.8%	89.5%

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	10	17	0	0	0	0	2	5	12	22	34
85+	13	62	0	0	0	0	0	9	13	71	84
TOTALS	27	84	0	0	0	0	2	14	29	98	127

P.A. PETERSON CENTER FOR HLTH.

1311 PARKVIEW AVENUE
ROCKFORD, IL. 61107

Reference Numbers Facility ID 6007041

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	23	24	0	8	56	0	111
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	16	0	16
TOTALS	23	24	0	8	72	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	193
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	139	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	111	0	0	16	127
Race Unknown	0	0	0	0	0
Total	111	0	0	16	127

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	111	0	0	16	127
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	16	127

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.91
LPN's	20.75
Certified Aides	50.04
Other Health Staff	5.10
Non-Health Staff	66.44
Totals	158.24

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
32.7%	7.9%	0.0%	8.5%	50.8%	100.0%		0.0%
3,788,854	920,312	0	987,425	5,888,916	11,585,507	0	



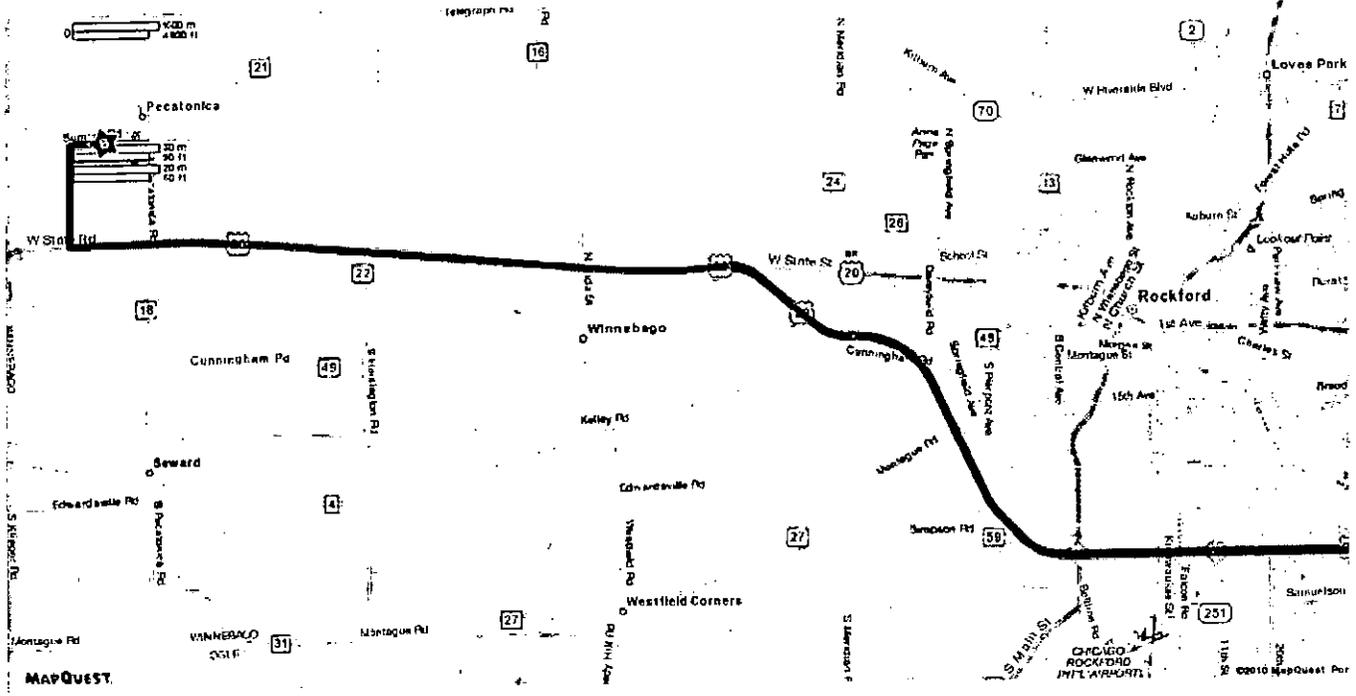
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Starting Location
 321 Arnold Ave
 Rockford, IL 61108-2315

Ending Location
 17011 Sumner Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 30 minutes / 26.24 miles Fuel Cost: [Calculate](#)

Fairview Nursing Plaza



321 Arnold Ave Edit
 Rockford, IL 61108-2315

1. Start out going NORTH on ARNOLD AVE toward JUSTIN CT. 0.2 mi
2. Turn LEFT onto E STATE ST/US-20 BR. 1.1 mi
3. Turn LEFT onto S ALPINE RD. 3.0 mi
4. Merge onto US-20 W/WYLYSSES S GRANT MEMORIAL HWY toward FREEPORT. 20.1 mi
5. Turn RIGHT onto N SPIELMAN RD. 1.5 mi
6. Turn RIGHT onto SUMNER RD. 0.5 mi
7. 17011 SUMNER RD is on the LEFT.

17011 Sumner Rd Edit
 Pecatonica, IL 61063-9711

Total Travel Estimate: 30 minutes / 26.24 miles Fuel Cost: [Calculate](#)

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104

FAIRVIEW NURSING PLAZA		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
321 ARNOLD AVENUE		Aggressive/Anti-Social	0	DIAGNOSIS		
ROCKFORD, IL. 61108		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6001135	Developmentally Disabled	0	Endocrine/Metabolic	2	
Health Service Area 001	Planning Service Area 201	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	7	
Michael E Toral		Medicare Recipient	0	Alzheimer Disease	4	
		Mental Illness	0	Mental Illness	164	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	4	
Mike Toral		Non-Mobile	0	Circulatory System	5	
815-397-5531		Public Aid Recipient	0	Respiratory System	1	
	Date Completed	Under 65 Years Old	0	Digestive System	1	
	4/23/2009	Unable to Self-Medicat	0	Genitourinary System Disorders	1	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	0	
ERIC ROTHNER		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	3	
2201 W. MAIN STREET		Other Restrictions	0	Injuries and Poisonings	8	
Evanston, IL 60201		No Restrictions	0	Other Medical Conditions	4	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	202
FOR-PROF CORPORATION						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	205
Nursing Care	213	213	205	213	202	11	28	213	Total Admissions 2008	64
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	67
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	202
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	213	213	205	213	202	11	28	213		

LEVEL OF CARE	FACILITY UTILIZATION - 2008										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public		Private Insurance	Private Pay	Charity Care	TOTAL		
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days		
Nursing Care	1441	14.1%	68759	88.2%	2284	7	1256	0	73747	94.6%	94.6%	
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%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	1441	14.1%	68759	88.2%	2284	7	1256	0	73747	94.6%	94.6%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		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	16	15	0	0	0	0	0	0	16	15	31
45 to 59	52	31	0	0	0	0	0	0	52	31	83
60 to 64	18	17	0	0	0	0	0	0	18	17	35
65 to 74	15	17	0	0	0	0	0	0	15	17	32
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	107	95	0	0	0	0	0	0	107	95	202

FAIRVIEW NURSING PLAZA

321 ARNOLD AVENUE
ROCKFORD, IL. 61108

Reference Numbers Facility ID 6001135

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	192	0	1	4	0	202
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	192	0	1	4	0	202

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	127
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	35	0	0	0	35
Hawaiian/Pac. Isl.	0	0	0	0	0
White	164	0	0	0	164
Race Unknown	0	0	0	0	0
Total	202	0	0	0	202

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	197	0	0	0	197
Ethnicity Unknown	0	0	0	0	0
Total	202	0	0	0	202

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	11.00
Certified Aides	47.00
Other Health Staff	6.00
Non-Health Staff	42.00
Totals	114.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.7%	94.9%	0.0%	0.0%	2.4%	100.0%		0.0%
193,421	6,725,623	0	2,100	167,400	7,088,545	0	



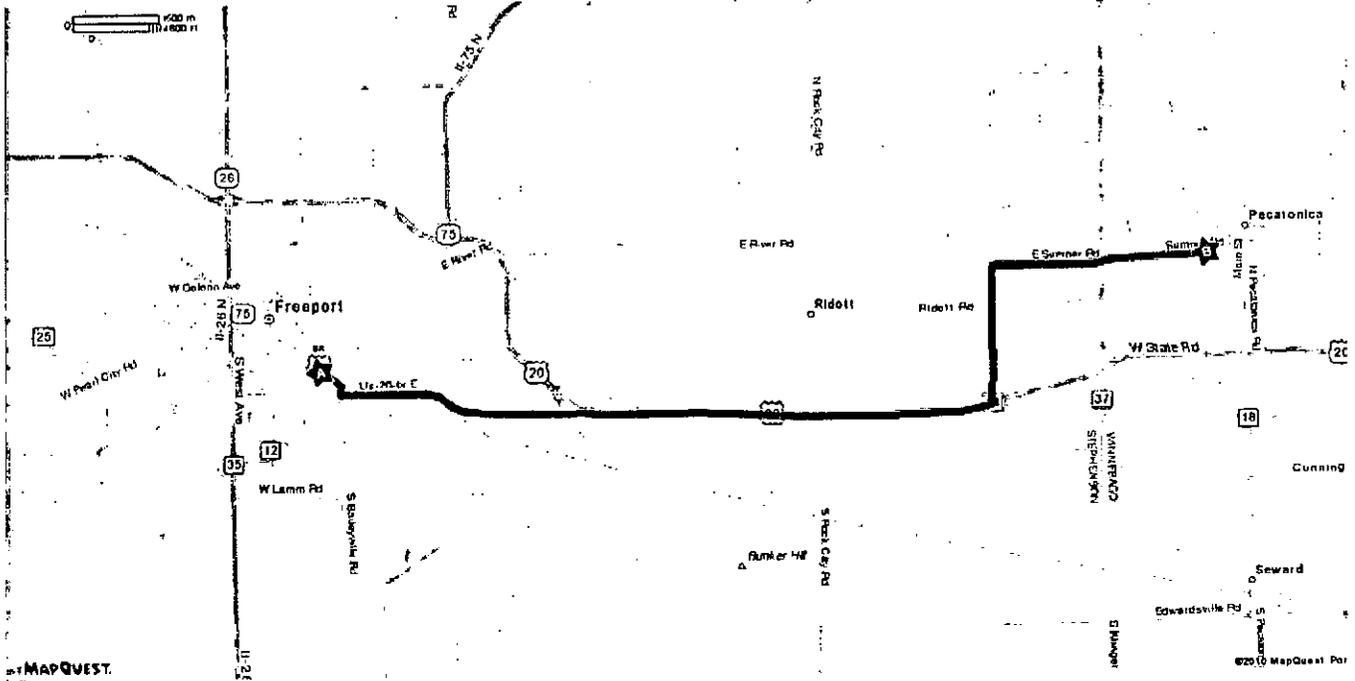
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Starting Location
 659 E Jefferson St
 Freeport, IL 61032-6027

Ending Location
 17011 Sumner Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 17 minutes / 14.55 miles Fuel Cost: [Calculate](#)

Provena St. Joseph Center



659 E Jefferson St Edit
 Freeport, IL 61032-6027

1. Start out going EAST on E JEFFERSON ST toward S GALENA AVE/US-20 BR. 0.0 mi
2. Turn SLIGHT RIGHT onto S GALENA AVE/US-20 BR. 0.3 mi
3. Turn RIGHT onto S ARMSTRONG AVE/US-20 BR/CR-11. 0.1 mi
4. Turn LEFT onto E SOUTH ST/US-20 BR. Continue to follow US-20 BR. 2.1 mi
5. US-20 BR becomes US-20-BR E. 1.1 mi
6. Merge onto US-20 E/IULYSSE S GRANT MEMORIAL HWY. 5.8 mi
7. Turn LEFT onto CR-14/S FARWELL BRIDGE RD. 2.0 mi
8. Turn RIGHT onto E SUMNER RD/SUMNER RD. Continue to follow E SUMNER RD. 2.9 mi
9. 17011 SUMNER RD is on the LEFT.

17011 Sumner Rd Edit
 Pecatonica, IL 61063-9711

Total Travel Estimate: 17 minutes / 14.55 miles Fuel Cost: [Calculate](#)

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107

PROVENA ST. JOSEPH CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
659 EAST JEFFERSON STREET		Aggressive/Anti-Social	0	DIAGNOSIS		
FREEPORT, IL. 61032		Chronic Alcoholism	0	Neoplasms	3	
Reference Numbers	Facility ID 6008973	Developmentally Disabled	0	Endocrine/Metabolic	2	
Health Service Area 001	Planning Service Area 177	Drug Addiction	0	Blood Disorders	4	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	6	
Michelle Lindeman		Medicare Recipient	0	Alzheimer Disease	0	
		Mental Illness	1	Mental Illness	4	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Roberta DeHaven		Non-Mobile	0	Circulatory System	20	
815-232-6161		Public Aid Recipient	0	Respiratory System	17	
	Date Completed	Under 65 Years Old	0	Digestive System	8	
	4/21/2009	Unable to Self-Medicat	0	Genitourinary System Disorders	11	
Registered Agent Information		Ventilator Dependent	1	Skin Disorders	3	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5	
		Other Restrictions	0	Injuries and Poisonings	13	
		No Restrictions	0	Other Medical Conditions	9	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	103
NON-PROF CORPORATION						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2008		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	120	109	103	109	103	17	120	94	Total Admissions 2008	95
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	216
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	208
Sheltered Care	0	0	0	0	0	0		0		103
TOTAL BEDS	120	109	103	109	103	17	120	94		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.		
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
	Medicare		Medicaid		Other Public		Private Insurance	Private Pay	Charity Care			TOTAL	
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	4998	11.4%	19226	55.9%	311	1113	10092	95	35835	81.6%	89.8%		
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%		
Sheltered Care					0	0	0	0	0	0.0%	0.0%		
TOTALS	4998	11.4%	19226	55.9%	311	1113	10092	95	35835	81.8%	89.8%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	9	31	0	0	0	0	0	0	9	31	40
85+	9	43	0	0	0	0	0	0	9	43	52
TOTALS	20	83	0	0	0	0	0	0	20	83	103

PROVENA ST. JOSEPH CENTER

659 EAST JEFFERSON STREET

FREEPORT, IL. 61032

Reference Numbers Facility ID 6008973

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	16	56	0	4	27	0	103
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	56	0	4	27	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	157
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	1	0	0	0	1
Total	103	0	0	0	103

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	13.00
Certified Aides	41.00
Other Health Staff	6.00
Non-Health Staff	45.00
Totals	112.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
23.5%	36.7%	0.0%	5.1%	34.8%	100.0%		0.4%
1,344,802	2,100,978	0	293,319	1,991,528	5,730,627	20,277	



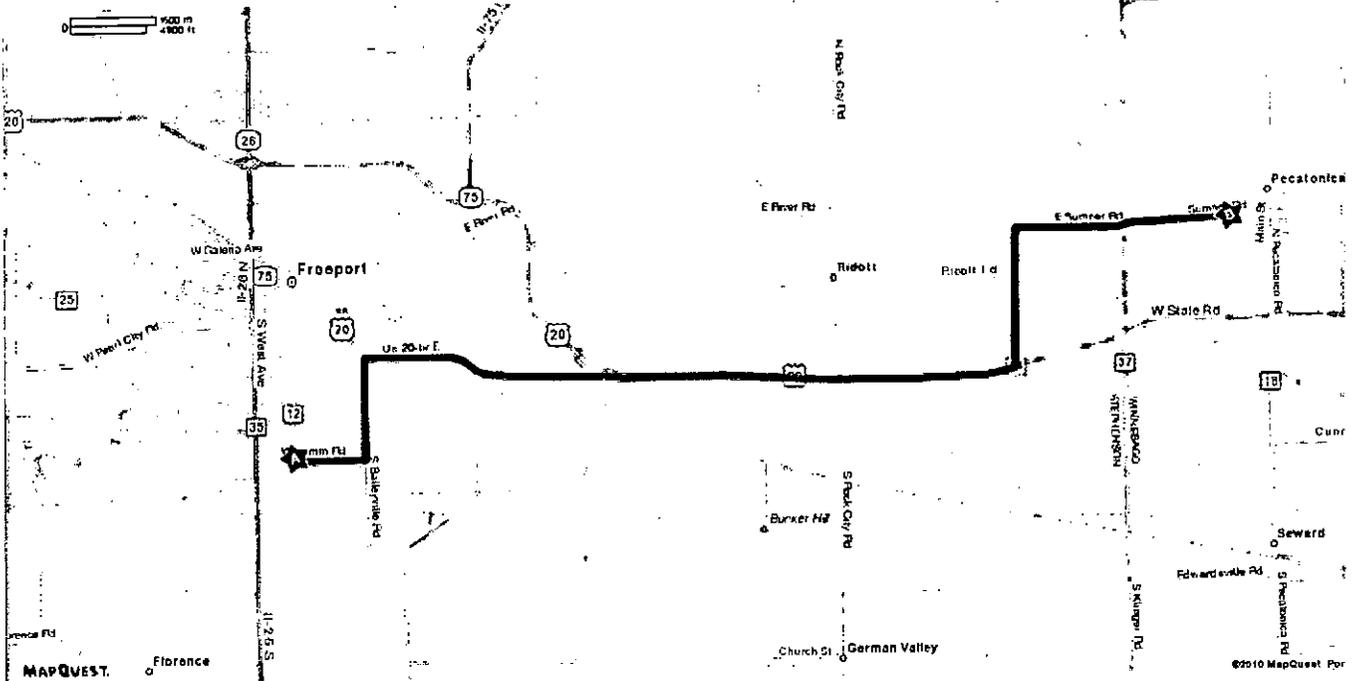
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Starting Location
 2946 S Walnut Rd
 Freeport, IL 61032-9528

Ending Location
 17011 Summer Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 20 minutes / 16.58 miles Fuel Cost: [Calculate](#)

Stephenson Nursing Center



2946 S Walnut Rd Edit
 Freeport, IL 61032-9528

1. Start out going SOUTH on CR-12/S WALNUT RD/CR-12 toward W LAMM RD. 0.1 mi
2. Turn LEFT onto LAMM RD/W LAMM RD. 1.0 mi
3. Turn LEFT onto S BAILEYVILLE RD/CR-11. Continue to follow CR-11. 1.5 mi
4. Turn RIGHT onto E SOUTH ST/US-20 BR. Continue to follow US-20 BR. 2.1 mi
5. US-20 BR becomes US-20-BR E. 1.1 mi
6. Merge onto US-20 E/ULYSSES S GRANT MEMORIAL HWY. 5.8 mi
7. Turn LEFT onto CR-14/S FARWELL BRIDGE RD. 2.0 mi
8. Turn RIGHT onto E SUMNER RD/SUMNER RD. Continue to follow E SUMNER RD. 2.9 mi
9. 17011 SUMNER RD is on the LEFT.

17011 Summer Rd Edit
 Pecatonica, IL 61063-9711

Total Travel Estimate: 20 minutes / 16.58 miles Fuel Cost: [Calculate](#)

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110

STEPHENSON NURSING CENTER		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
2946 SOUTH WALNUT ROAD		Aggressive/Anti-Social	0	DIAGNOSIS		
FREEPORT, IL. 61032		Chronic Alcoholism	0	Neoplasms	5	
Reference Numbers	Facility ID 6009161	Developmentally Disabled	1	Endocrine/Metabolic	8	
Health Service Area 001	Planning Service Area 177	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	7	
Darnell Fortney		Medicare Recipient	0	Alzheimer Disease	32	
		Mental Illness	0	Mental Illness	5	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Penny Smith		Non-Mobile	0	Circulatory System	40	
815-235-6173	Date Completed 4/16/2009	Public Aid Recipient	0	Respiratory System	2	
Registered Agent Information		Under 65 Years Old	0	Digestive System	2	
		Unable to Self-Medicat	0	Genitourinary System Disorders	3	
		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5	
		Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	8	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			TOTALS	117
COUNTY						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	162	162	121	162	117	45	160	162	Total Admissions 2008	99
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	94
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	117
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	162	162	121	162	117	45	160	162		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL Pat. days	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days		Occ. Pct.	Occ. Pct.
Nursing Care	2147	3.7%	31439	53.0%	0	0	8139	0	41725	70.4%	70.4%
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%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2147	3.7%	31439	53.0%	0	0	8139	0	41725	70.4%	70.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	13	25	0	0	0	0	0	0	13	25	38
85+	13	34	0	0	0	0	0	0	13	34	47
TOTALS	42	75	0	0	0	0	0	0	42	75	117

STEPHENSON NURSING CENTER

2946 SOUTH WALNUT ROAD
FREEPORT, IL. 61032

Reference Numbers Facility ID 6009161

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	5	87	0	0	25	0	117
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	87	0	0	25	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	117	0	0	0	117

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	10.00
Certified Aides	58.00
Other Health Staff	2.00
Non-Health Staff	31.00
Totals	121.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
9.4%	57.1%	5.1%	28.3%	0.0%	100.0%		0.0%
505,582	3,072,018	276,246	1,523,870	0	5,377,716	0	



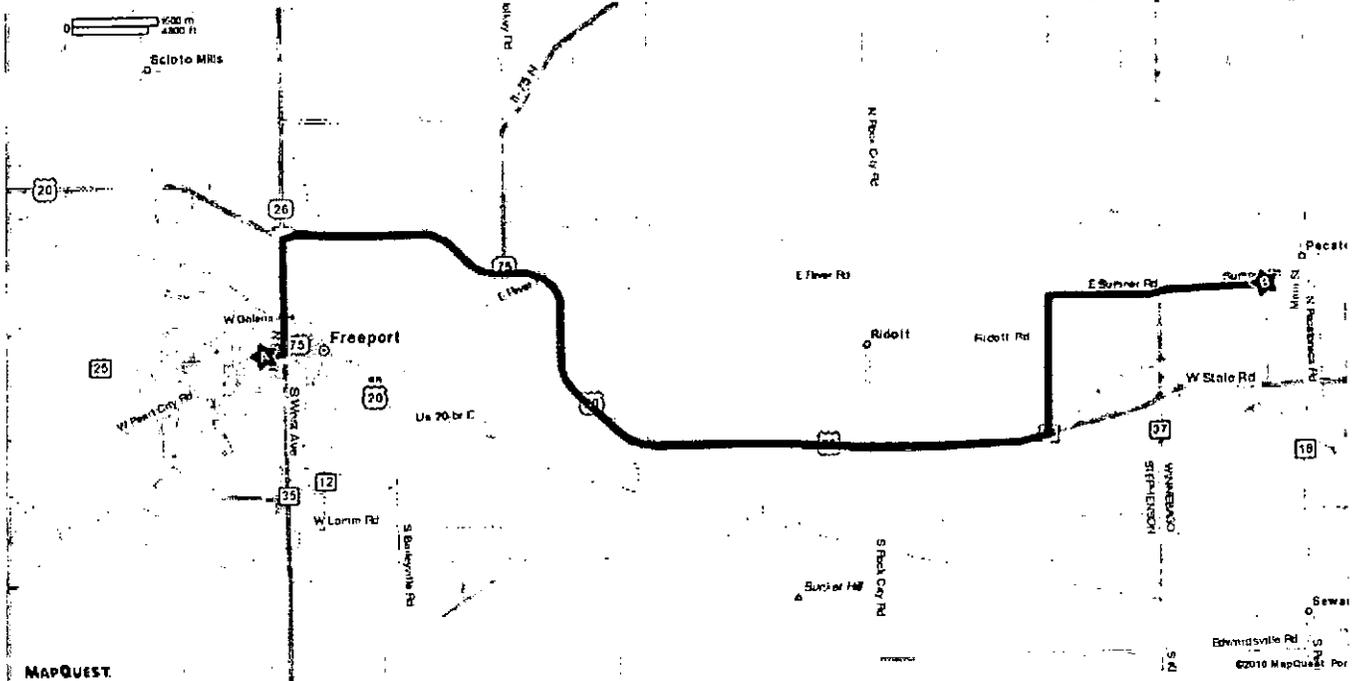
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Starting Location
1045 W Stephenson St
 Freeport, IL 61032-4864

Ending Location
17011 Sumner Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 22 minutes / 19.37 miles Fuel Cost: [Calculate](#)

FHN Memorial Hospital



1045 W Stephenson St Edit
 Freeport, IL 61032-4864

1. Start out going EAST on W STEPHENSON ST toward S WHISTLER AVE. 0.3 mi
2. Turn LEFT onto IL-26 N/WEST AVE/IL-26. Continue to follow IL-26 N/IL-26 N. 1.6 mi
3. Merge onto US-20 E/ULYSSES S GRANT MEMORIAL HWY toward ROCKFORD. 12.5 mi
4. Turn LEFT onto CR-14/S FARWELL BRIDGE RD. 2.0 mi
5. Turn RIGHT onto E SUMNER RD/SUMNER RD. Continue to follow E SUMNER RD. 2.9 mi
6. 17011 SUMNER RD is on the LEFT.

17011 Sumner Rd Edit
 Pecatonica, IL 61063-9711

Total Travel Estimate: 22 minutes / 19.37 miles Fuel Cost: [Calculate](#)

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FREEPORT MEMORIAL HOSPITAL/SNF		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1045 WEST STEPHENSON STREET		Aggressive/Anti-Social 1		DIAGNOSIS	
FREEPORT, IL. 61032		Chronic Alcoholism 0		Neoplasms 1	
Reference Numbers Facility ID 6003347		Developmentally Disabled 0		Endocrine/Metabolic 0	
Health Service Area 001 Planning Service Area 177		Drug Addiction 0		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 2	
Michael Perry		Medicare Recipient 0		Alzheimer Disease 0	
		Mental Illness 1		Mental Illness 0	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
Barbara Untersee		Non-Mobile 0		Circulatory System 3	
815-599-6111		Public Aid Recipient 0		Respiratory System 3	
		Under 65 Years Old 0		Digestive System 2	
Registered Agent Information		Unable to Self-Medicare 0		Genitourinary System Disorders 0	
		Ventilator Dependent 1		Skin Disorders 0	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 5	
		Other Restrictions 0		Injuries and Poisonings 0	
		No Restrictions 0		Other Medical Conditions 2	
		Date Completed 4/24/2009		Non-Medical Conditions 0	
FACILITY OWNERSHIP		Note: Reported restrictions denoted by '1'		TOTALS 18	
OTHER NON-PROFIT					

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2008		Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED				
Nursing Care	43	26	19	18	18	25	43	43				
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						
TOTAL BEDS	43	26	19	18	18	25	43	43				

LEVEL OF CARE	FACILITY UTILIZATION - 2008										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5058	32.1%	248	1.6%	0	328	84	31	5749	36.5%	60.4%	
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%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	5058	32.1%	248	1.6%	0	328	84	31	5749	36.5%	60.4%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										GRAND TOTAL
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	7	0	0	0	0	0	0	0	7	0	7
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	13	5	0	0	0	0	0	0	13	5	18

FREEPORT MEMORIAL HOSPITAL/SNF

1045 WEST STEPHENSON STREET

FREEPORT, IL. 61032

Reference Numbers Facility ID 6003347

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	15	0	0	2	0	1	18
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	0	0	2	0	1	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	363
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/OD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	0	0	0	0	0
Total	18	0	0	0	18

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	0	18
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	0	18

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.70
LPN's	5.70
Certified Aides	10.15
Other Health Staff	0.00
Non-Health Staff	5.80
Totals	32.35

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%
0	0	0	0	0	0	0	



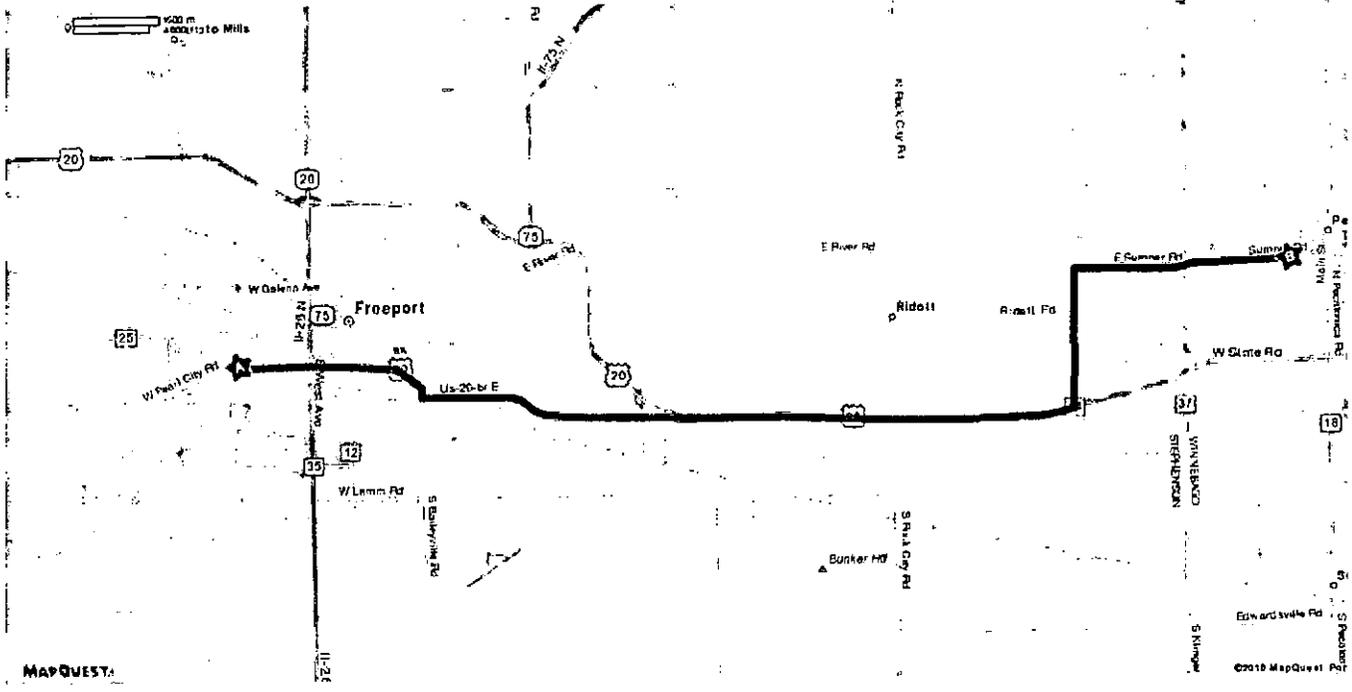
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Starting Location
 1234 S Park Blvd
 Freeport, IL 61032-4602

Ending Location
 17011 Sumner Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 24 minutes / 16.85 miles Fuel Cost: [Calculate](#)

Parkview Home Freeport



1234 S Park Blvd Edit
 Freeport, IL 61032-4602

1. Start out going SOUTH on S PARK BLVD/CR-29 toward W PEARL CITY RD/CR-13. 0.0 mi
2. Turn LEFT onto W EMPIRE ST/CR-13. Continue to follow W EMPIRE ST. 2.2 mi
3. Turn SLIGHT RIGHT onto S GALENA AVE/US-20 BR. 0.5 mi
4. Turn RIGHT onto S ARMSTRONG AVE/US-20 BR/CR-11. 0.1 mi
5. Turn LEFT onto E SOUTH ST/US-20 BR. Continue to follow US-20 BR. 2.1 mi
6. US-20 BR becomes US-20-BR E. 1.1 mi
7. Merge onto US-20 E/ULYSSES S GRANT MEMORIAL HWY. 5.8 mi
8. Turn LEFT onto CR-14/S FARWELL BRIDGE RD. 2.0 mi
9. Turn RIGHT onto E SUMNER RD/SUMNER RD. Continue to follow E SUMNER RD. 2.9 mi
10. 17011 SUMNER RD is on the LEFT.

17011 Sumner Rd Edit
 Pecatonica, IL 61063-9711

Total Travel Estimate: 24 minutes / 16.85 miles Fuel Cost: [Calculate](#)

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116

PARKVIEW HOME		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1234 SOUTH PARK BOULEVARD		Aggressive/Anti-Social	1	DIAGNOSIS		
FREEPORT, IL. 61032		Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers	Facility ID 6007231	Developmentally Disabled	1	Endocrine/Metabolic	0	
Health Service Area 001	Planning Service Area 177	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	1	*Nervous System Non Alzheimer	1	
Debra Giltz		Medicare Recipient	0	Alzheimer Disease	1	
		Mental Illness	1	Mental Illness	3	
Contact Person and Telephone		Non-Ambulatory	0	Developmental Disability	0	
Debra Giltz		Non-Mobile	0	Circulatory System	26	
815-232-8612	Date Completed 3/23/2009	Public Aid Recipient	0	Respiratory System	3	
		Under 65 Years Old	0	Digestive System	0	
Registered Agent Information		Unable to Self-Medicare	0	Genitourinary System Disorders	0	
Debra Giltz		Ventilator Dependent	1	Skin Disorders	0	
1234 S. Park Blvd.		Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	3	
Freeport, IL 61032		Other Restrictions	1	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	0	
				Non-Medical Conditions	0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			TOTALS	37
NON-PROF CORPORATION						

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2008		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	28	28	23	28	18	10	0	0	Total Admissions 2008	37
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2008	16
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2008	16
Sheltered Care	44	30	20	19	19	25				37
TOTAL BEDS	72	58	43	47	37	35	0	0		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	6276	1058	7334	71.6%	71.6%
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%
Sheltered Care					0	0	6240	0	6240	38.7%	56.8%
TOTALS	0	0.0%	0	0.0%	0	0	12516	1058	13574	51.5%	63.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL	
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	0	0	0	0	0	0	0	0	0	0	0	
60 to 64	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	
75 to 84	0	1	0	0	0	0	1	3	1	4	5	
85+	2	15	0	0	0	0	1	14	3	29	32	
TOTALS	2	16	0	0	0	0	2	17	4	33	37	

PARKVIEW HOME

1234 SOUTH PARK BOULEVARD
 FREEPORT, IL. 61032

Reference Numbers Facility ID 6007231

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	0	0	0	0	16	2	18
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	19	0	19
TOTALS	0	0	0	0	35	2	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	151
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	69	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	18	0	0	19	37
Race Unknown	0	0	0	0	0
Total	18	0	0	19	37

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	19	37
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	19	37

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	3.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	52.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		6.4%
0	0	0	0	2,189,955	2,189,955	139,573	



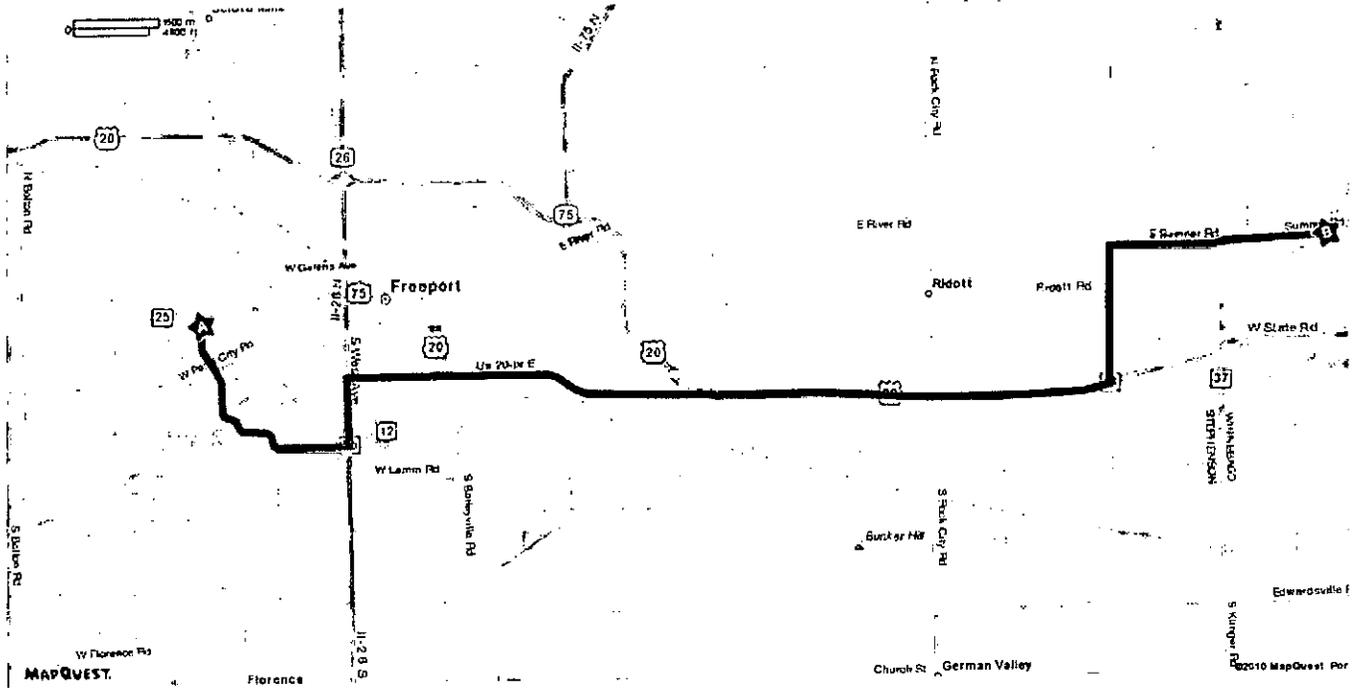
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Starting Location
 900 Kiwanis Dr
 Freeport, IL 61032-4580

Ending Location
 17011 Sumner Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 27 minutes / 19.95 miles Fuel Cost: [Calculate](#)

Freeport Rehab & Healthcare



900 Kiwanis Dr Edit
 Freeport, IL 61032-4580

- | | | |
|--|---|--------|
| | 1. Start out going SOUTH on KWANIS DR toward LORAS DR. | 0.7 mi |
| | 2. KIWANIS DR becomes S FOREST RD. | 0.8 mi |
| | 3. S FOREST RD becomes W FAIRGROUNDS RD. | 1.9 mi |
| | 4. Turn LEFT onto IL-26 S/IL-26. Continue to follow IL-26. | 1.0 mi |
| | 5. Turn RIGHT onto W SOUTH ST. | 1.9 mi |
| | 6. W SOUTH ST becomes US-20-BR E. | 2.8 mi |
| | 7. Merge onto US-20 ENLYSSES S GRANT MEMORIAL HWY. | 5.8 mi |
| | 8. Turn LEFT onto CR-14/S FARWELL BRIDGE RD. | 2.0 mi |
| | 9. Turn RIGHT onto E SUMNER RD/SUMNER RD. Continue to follow E SUMNER RD. | 2.9 mi |
| | 10. 17011 SUMNER RD is on the LEFT. | |

17011 Sumner Rd Edit
 Pecatonica, IL 61063-9711

Total Travel Estimate: 27 minutes / 19.95 miles Fuel Cost: [Calculate](#)

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119

FREEPORT REHAB & HLTH CARE CTR		ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
900 SOUTH KIWANIS DRIVE		Aggressive/Anti-Social	DIAGNOSIS
FREEPORT, IL. 61032		Chronic Alcoholism	Neoplasms
Reference Numbers	Facility ID 6003339	Developmentally Disabled	Endocrine/Metabolic
Health Service Area 001	Planning Service Area 177	Drug Addiction	Blood Disorders
Administrator		Medicaid Recipient	*Nervous System Non Alzheimer
Janet Peterson		Medicare Recipient	Alzheimer Disease
		Mental Illness	Mental Illness
Contact Person and Telephone		Non-Ambulatory	Developmental Disability
Janet Peterson		Non-Mobile	Circulatory System
815-235-6196	Date Completed	Public Aid Recipient	Respiratory System
	4/21/2009	Under 65 Years Old	Digestive System
Registered Agent Information		Unable to Self-Medicat	Genitourinary System Disorders
J. Michael Bibo		Ventilator Dependent	Skin Disorders
285 S Farnham St		Infectious Disease w/ Isolation	Musculo-skeletal Disorders
Galesburg, IL 61401		Other Restrictions	Injuries and Poisonings
		No Restrictions	Other Medical Conditions
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>	
NON-PROF CORPORATION		TOTALS	79

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS							ADMISSIONS AND DISCHARGES - 2008		
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	143	114	96	114	79	64	143	143	Total Admissions 2008	80
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	104
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	105
Sheltered Care	0	0	0	0	0	0		0		79
TOTAL BEDS	143	114	96	114	79	64	143	143		

LEVEL OF CARE	FACILITY UTILIZATION - 2008									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE										
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL		
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3213	6.1%	19613	37.5%	0	916	7070	0	30812	58.9%	73.8%
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%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3213	6.1%	19613	37.5%	0	916	7070	0	30812	58.9%	73.8%

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	5	43	0	0	0	0	0	0	5	43	48
TOTALS	15	64	0	0	0	0	0	0	15	64	79

FREEPORT REHAB & HLTH CARE CTR

900 SOUTH KIWANIS DRIVE

FREEPORT, IL. 61032

Reference Numbers Facility ID 6003339

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	7	51	0	4	17	0	79
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	51	0	4	17	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	135
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.14
LPN's	13.20
Certified Aides	33.81
Other Health Staff	0.00
Non-Health Staff	24.26
Totals	75.41

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
16.4%	45.4%	0.0%	3.1%	35.1%	100.0%		0.0%
656,944	1,824,007	0	122,807	1,410,867	4,014,625	0	

MAPQUEST.

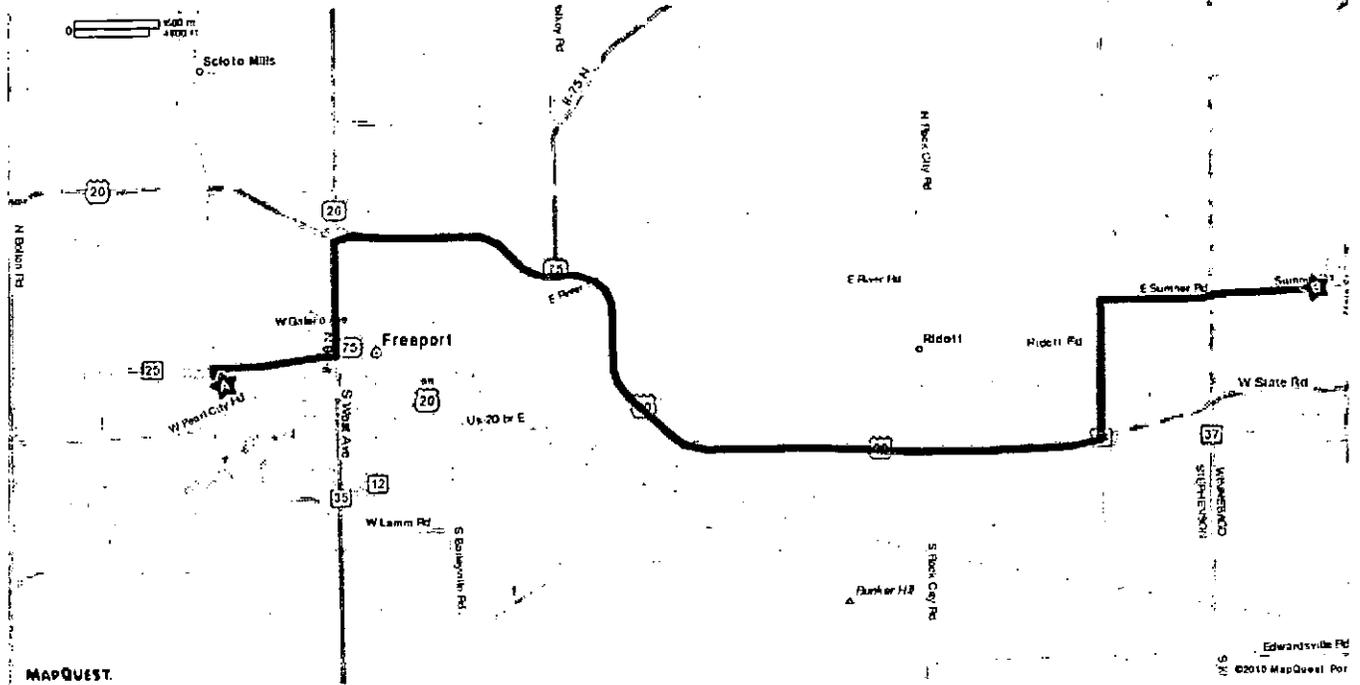
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Starting Location
 2170 W Navajo Dr
 Freeport, IL 61032-0010

Ending Location
 17011 Summer Rd
 Pecatonica, IL 61063-9711

Total Travel Estimate: 28 minutes / 21.10 miles Fuel Cost: [Calculate](#)

Manor Court of Freeport



2170 W Navajo Dr Edit
 Freeport, IL 61032-0010

1. Start out going **NORTHWEST** on **W NAVAJO DR** toward **WHITE TAIL DR.** 0.2 mi
2. Turn **RIGHT** onto **PARK CREST DR.** 0.1 mi
3. Turn **RIGHT** onto **W STEPHENSON ST/CR-25.** Continue to follow **W STEPHENSON ST.** 1.7 mi
4. Turn **LEFT** onto **IL-26 N/W WEST AVE/IL-26.** Continue to follow **IL-26 N/IL-26 N.** 1.6 mi
5. Merge onto **US-20 E/ULYSSES S GRANT MEMORIAL HWY** toward **ROCKFORD.** 12.5 mi
6. Turn **LEFT** onto **CR-14/S FARWELL BRIDGE RD.** 2.0 mi
7. Turn **RIGHT** onto **E SUMNER RD/SUMNER RD.** Continue to follow **E SUMNER RD.** 2.9 mi
8. 17011 SUMNER RD is on the **LEFT.**

17011 Summer Rd Edit
 Pecatonica, IL 61063-9711

Total Travel Estimate: 28 minutes / 21.10 miles Fuel Cost: [Calculate](#)

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122

MANOR COURT OF FREEPORT			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
2170 WEST NAVAJO DRIVE			Aggressive/Anti-Social	1	DIAGNOSIS		
FREEPORT, IL. 61032			Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers	Facility ID	6016133	Developmentally Disabled	0	Endocrine/Metabolic	4	
Health Service Area	001	Planning Service Area	177	Drug Addiction	1	Blood Disorders	0
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	6	
Andres Bardelas			Medicare Recipient	0	Alzheimer Disease	29	
			Mental Illness	1	Mental Illness	4	
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	0	
Andres Bardelas			Non-Mobile	0	Circulatory System	8	
815-233-2400			Public Aid Recipient	0	Respiratory System	9	
			Under 65 Years Old	0	Digestive System	0	
Registered Agent Information	Date Completed	4/22/2009	Unable to Self-Medicare	0	Genitourinary System Disorders	1	
J. Michael Bibo			Ventilator Dependent	1	Skin Disorders	0	
285 S Farnham St			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	7	
Galesburg, IL 61401			Other Restrictions	1	Injuries and Poisonings	5	
			No Restrictions	0	Other Medical Conditions	1	
FACILITY OWNERSHIP			<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
NON-PROF CORPORATION						TOTALS	74

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	45	45	45	45	41	4	45	15	Total Admissions 2008	161
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	158
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	74
Sheltered Care	33	33	33	33	33	0				
TOTAL BEDS	78	78	78	78	74	4	45	15		

FACILITY UTILIZATION - 2008											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private	Private	Charity	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Insurance	Pay				
Nursing Care	3087	18.7%	1777	32.4%	0	31	9896	0	14791	89.8%	89.8%
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%
Sheltered Care					0	0	10058	0	10058	83.3%	83.3%
TOTALS	3087	18.7%	1777	32.4%	0	31	19954	0	24849	87.0%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	1	1	1	1	2
75 to 84	4	6	0	0	0	0	2	10	6	16	22
85+	10	21	0	0	0	0	2	17	12	38	50
TOTALS	14	27	0	0	0	0	5	28	19	55	74

MANOR COURT OF FREEPORT
 2170 WEST NAVAJO DRIVE
 FREEPORT, IL. 61032

Reference Numbers Facility ID 6016133
 Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	8	5	0	0	28	0	41
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	33	0	33
TOTALS	8	5	0	0	61	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	155
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	100

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	41	0	0	33	74
Race Unknown	0	0	0	0	0
Total	41	0	0	33	74

ETHNICITY	Nursing	SkIUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	33	74
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	33	74

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	7.00
Certified Aides	39.00
Other Health Staff	5.00
Non-Health Staff	29.00
Totals	84.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
25.7%	4.2%	0.0%	1.0%	69.1%	100.0%		0.0%
1,214,339	199,282	0	45,415	3,283,759	4,722,795	0	

LENA LIVING CENTER, LLC		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1010 S. LOGAN STREET		Aggressive/Anti-Social 1		DIAGNOSIS	
LENA, IL. 61048		Chronic Alcoholism 1		Neoplasms 2	
Reference Numbers	Facility ID 6005292	Developmentally Disabled 1		Endocrine/Metabolic 3	
Health Service Area 001	Planning Service Area 177	Drug Addiction 1		Blood Disorders 0	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 4	
Kathy Copeland		Medicare Recipient 0		Alzheimer Disease 1	
		Mental Illness 1		Mental Illness 7	
Contact Person and Telephone		Non-Ambulatory 0		Developmental Disability 0	
Abbie Graham		Non-Mobile 0		Circulatory System 17	
773-202-0000		Public Aid Recipient 0		Respiratory System 2	
	Date Completed 4/24/2008	Under 65 Years Old 0		Digestive System 4	
Registered Agent Information		Unable to Self-Medicare 0		Genitourinary System Disorders 0	
Paul Gilman		Ventilator Dependent 1		Skin Disorders 23	
330 N. Wabash Ave., Suite 3000		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 10	
Chicago, IL 60611		Other Restrictions 0		Injuries and Poisonings 9	
		No Restrictions 0		Other Medical Conditions 0	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>		Non-Medical Conditions 0	
LIMITED LIABILITY CO				TOTALS 82	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2008	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2008	
Nursing Care	92	92	88	92	82	10	40	92	Total Admissions 2008	88
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2008	88
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2008	82
Sheltered Care	0	0	0	0	0	0		0		
TOTAL BEDS	92	92	88	92	82	10	40	92		

LEVEL OF CARE	FACILITY UTILIZATION - 2008										Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL			
Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2280	15.6%	8577	25.5%	0	837	17337	0	29031	86.2%	86.2%	
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%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	2280	15.6%	8577	25.5%	0	837	17337	0	29031	86.2%	86.2%	

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008										
	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	14	45	0	0	0	0	0	0	14	45	59
TOTALS	22	60	0	0	0	0	0	0	22	60	82

LENA LIVING CENTER, LLC
 1010 S. LOGAN STREET
 LENA, IL. 81048

Reference Numbers Facility ID 6005292
 Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	7	28	0	2	45	0	82	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
TOTALS	7	28	0	2	45	0	82	

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	134	122
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	10.00
Certified Aides	46.00
Other Health Staff	2.00
Non-Health Staff	25.00
Totals	88.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.5%	23.7%	0.0%	4.1%	53.7%	100.0%		0.0%
799,154	1,026,893	0	179,319	2,321,487	4,326,853	0	

1110.1730(e)(3) Impact of Project on Other Area Providers

The proposed project will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100 of 90%; and will not lower to a further extent the utilization of other facilities currently operating below the occupancy standards. Our rationale is as follows:

The majority of facilities in Winnebago County are in the Rockford area. Residents from the proposed project's market area are a negligible portion of Rockford area facilities' current population. A similar phenomenon occurs in Stephenson County with Freeport. Therefore, the proposed project will have a *de minimus* affect on the overwhelming majority of facilities in both planning areas.

The only facility possibly impacted by the proposed project is Medina Nursing Center in Durand, Illinois. This facility is currently operating below the standard due to the condition of the physical plant. The proposed project, as a new facility, could conceivably be more attractive to prospective residents initially. However, the market study from Revere Healthcare, Ltd. estimates that between 24 and 26 beds will be filled by internal demand from the project's assisted living units. Within 24 months after project completion, the remaining 20 beds not filled by internal need will be needed to meet the need for services generated by population growth relative to available supply in Stephenson County. Therefore, the impact on occupancy at Medina Nursing Center will be negligible by 2013.

1110.1730(g) Staffing Availability

The professional staffing needs of the proposed project are as follows:

Administrator	1.00
RN	3.50
LPN	7.16
CNA	34.78
Nursing admin	1.00
Dietary	13.00
Activities	1.50
Laundry	2.00
Housekeeping	5.00
Maintenance	1.50
Social Service	1.00
Clerical	3.00

The management company, Revere Healthcare, Ltd. has an Administrator and a Director of Nursing on staff. Professional nursing staff – RNs, LPNs, and CNAs – can be recruited from existing long term care facilities in Rockford, as well as from each of the nursing schools in Rockford. These schools are Saint Anthony College of Nursing, Rock Valley College, UIC Rockford, and Rockford College. Projections from Illinois Department of Employment Security for Winnebago County (attached) show growth in nurse aides of 268 to 1,811 by 2012, and in LPNs by 66 to 681.

The remaining facility staffing needs can be met by the local labor pool in Pecatonica.

**Illinois Department of Employment Security
2002 - 2012 Occupational Employment Projections
Winnebago County**

SOC Code	Standard Occupational Classification (SOC) Title	Base Year Employment 2002	Projected Year Employment 2012	Employment Change 2002 - 2012		Average Annual Job Openings Due To		Total
				Number	Percent	Growth	Replacements	
29-1126	Respiratory Therapists	113	147	34	29.87	3	4	7
29-1127	Speech-Language Pathologists	121	143	22	18.54	2	3	5
29-1131	Veterinarians	83	97	13	16.01	1	2	3
28-1199	Health Diagnosing and Treating Practitioners, AO	426	526	101	23.80	10	9	19
29-2000	Health Technologists and Technicians	2,472	2,884	412	16.67	41	43	84
29-2011	Medical and Clinical Laboratory Technologists	194	218	25	12.64	2	5	7
29-2012	Medical and Clinical Laboratory Technicians	132	145	13	10.11	1	4	5
29-2021	Dental Hygienists	82	100	18	22.23	2	1	3
29-2031	Cardiovascular Technologists and Technicians	54	70	16	29.08	2	1	3
29-2032	Diagnostic Medical Sonographers	48	57	9	18.72	1	1	2
29-2033	Nuclear Medicine Technologists	18	21	3	17.74	0	0	0
29-2034	Radiologic Technologists and Technicians	177	200	23	13.08	2	3	5
29-2041	Emergency Medical Technicians and Paramedics	217	265	49	22.53	5	2	7
29-2051	Dietetic Technicians	50	57	7	15.04	1	1	2
29-2052	Pharmacy Technicians	211	265	54	25.43	5	3	8
29-2053	Psychiatric Technicians	184	175	-9	-4.99	-1	2	1
29-2054	Respiratory Therapy Technicians	51	66	15	29.92	2	1	3
29-2055	Surgical Technologists	84	103	19	22.28	2	1	3
29-2056	Veterinary Technologists and Technicians	71	92	21	29.57	2	1	3
29-2061	Licensed Practical Nurses	615	681	66	10.70	7	13	20
29-2071	Medical Records/Health Information Technicians	187	260	72	38.63	7	3	10
29-2081	Opticians, Dispensing	87	86	-9	10.54	1	2	3
29-2091	Orthotists and Prosthetists	11	13	2	18.48	0	0	0
29-9000	Other Health Practitioners and Technical Occs	35	40	5	13.55	0	0	0
29-9010	Occupational Health & Safety Specialists/Techs	22	25	3	13.70	0	0	0
29-9091	Athletic Trainers	13	15	2	13.31	0	0	0
29-9100	Other Health Practitioners and Technical Workers	352	421	68	19.35	7	6	13
29-9199	Health Professionals and Technicians, AO	352	421	68	19.35	7	6	13
31-0000	Healthcare Support Occupations	3,555	4,323	767	21.58	77	58	135
31-1000	Nursing, Psychiatric and Home Health Aides	1,938	2,327	389	20.08	39	25	64
31-1011	Home Health Aides	364	482	117	32.19	12	5	17
31-1012	Nursing Aides, Orderlies and Attendants	1,543	1,811	268	17.36	27	20	47
31-1013	Psychiatric Aides	31	35	4	13.31	0	0	0

130

Source: IDES Economic Information & Analysis Division. AO = All Other *** Data suppressed due to confidentiality requirements.

1110.1730(h) Facility Size

The criterion reads:

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 IDPA's licensure standards.

This does not apply, as the facility is only proposing 46 SNF beds.

1110.1730(i) Community Related Functions

Support letters are attached.



OSF[®]

SAINT ANTHONY MEDICAL CENTER

October 8, 2009

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

I am writing this letter in support of the proposed Pecatonica Pavilion Certificate of Need application to construct and operate a 36-bed skilled nursing facility in Winnebago County, Illinois.

As Chief Executive Officer of OSF Saint Anthony Medical Center in Rockford, Illinois, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Our hospital draws patients from the communities to be served by the proposed Pecatonica Pavilion facility. Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for elderly patients and the families that care for them. We are confident as well that Pecatonica Pavilion will provide a valuable service to the community members of Winnebago County.

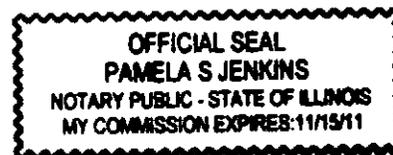
Based on recent experience, I believe that our facility could refer five patients per month from this area to Pecatonica Pavilion's proposed Winnebago County skilled nursing.

We are proud to fully support Pecatonica Pavilion's proposal.

Sincerely,

David A. Schertz, FACHE
President & CEO

pj





We're here. For you.

FHN



October 9, 2009

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

I am writing this letter in support of the proposed Pecatonica Pavilion Certificate of Need application to construct and operate a 36-bed skilled nursing facility in Winnebago County, Illinois.

As Chief Executive Officer of FHN Memorial Hospital in Freeport, Illinois, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Our hospital draws patients from the communities to be served by the proposed Pecatonica Pavilion facility. Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for elderly patients and the families that care for them. We are confident as well that Pecatonica Pavilion will provide a valuable service to the community members of Winnebago County.

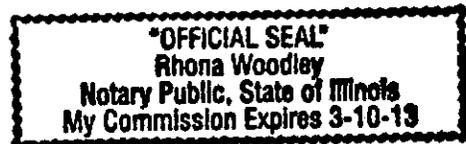
Based on recent experience, I believe that our facility could refer two patients per month from this area to Pecatonica Pavilion's proposed Winnebago County skilled nursing facility.

We are proud to fully support Pecatonica Pavilion's proposal.

Sincerely,

Michael Perry, MD
President and CEO

Rhona Woodley 10/9/09



1045 West Stephenson Street, Freeport, IL 61032
Phone: 815-599-6458 Fax: 815-599-6868
Email: mperry@fhn.org
Website: www.fhn.org

134



ROCKFORD HEALTH
system

IT'S CALLED COMMITMENT

Office of the President and CEO

Gary E. Kaatz

Rockford Medical Building
2350 North Rockton Avenue, Suite 402
Rockford, Illinois 61103
Phone (815) 971-7250
Fax (815) 968-4908

October 22, 2009

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

I am writing this letter in support of the proposed Pecatonica Pavilion Certificate-of-Need application to construct and operate a 36-bed skilled nursing facility in Winnebago County, Illinois.

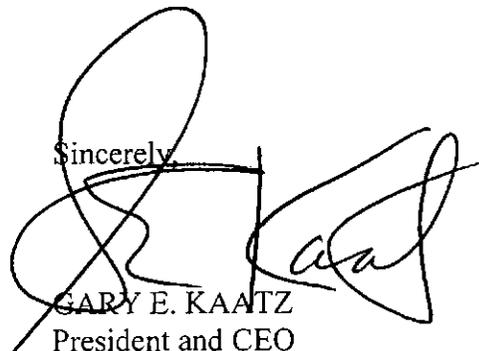
As Chief Executive Officer of Rockford Memorial Hospital in Rockford, Illinois, I am familiar with the need to ensure quality health care for a growing population of residents.

Our hospital draws patients from the communities to be served by the proposed Pecatonica Pavilion facility. Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for elderly patients and the families that care for them. We are confident as well that Pecatonica Pavilion will provide a valuable service to the community members of Winnebago County.

Based on recent experience, I believe that our facility could refer three to five patients per year from this area to Pecatonica Pavilion's proposed Winnebago County skilled nursing facility.

We support Pecatonica Pavilion's proposal.

Sincerely,



GARY E. KAATZ
President and CEO

Rockford Memorial Hospital
2400 North Rockton Avenue
Rockford, IL 61103

Rockford Health Physicians
2300 North Rockton Avenue
Rockford, IL 61103

**Van Matre HealthSouth
Rehabilitation Hospital**
9500 Rockton Road
Rockford, IL 61108

Visiting Nurses Association
4223 East State Street
Rockford, IL 61108

Rockford Memorial Development Foundation
2400 North Rockton Avenue
Rockford, IL 61103

STATE OF ILLINOIS)
) SS
COUNTY OF WINNEBAGO)

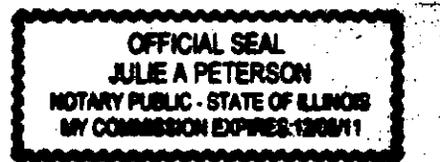
I, Julie A. Peterson, a Notary Public in and for the said County in the State aforesaid, do hereby certify that Gary E. Kaatz personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed said instrument as his own free and voluntary act.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 26th day of October, 2009.



Notary Public

My Commission Expires: December 6, 2011



CAPITOL OFFICE:
M103B STATE CAPITOL
SPRINGFIELD, IL 62706
217/782-0180
217/782-9586 (FAX)

DISTRICT OFFICES:
629 NORTH GALENA AVE.
DIXON, IL 61021
815/284-0045
815/284-0207 (FAX)

50 W. DOUGLAS ST.
FREEPORT, IL 60132
815/233-0037
815/232-0777 (FAX)
E-MAIL: senatorbivins@grics.net
WEB: <http://bivins.senategop.org>



ILLINOIS STATE SENATE
TIM BIVINS
STATE SENATOR · 45TH DISTRICT

COMMITTEES:
MINORITY SPOKESPERSON:
STATE GOVERNMENT
& VETERANS AFFAIRS
MEMBER:
AGRICULTURE & CONSERVATION
APPROPRIATIONS I
COMMERCE
CRIMINAL LAW

November 5, 2009

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

It is my pleasure to write in support of the Pecatonica Pavilion LLC Certificate Of Need application to construct and operate skilled nursing facility in Pecatonica, Illinois.

I believe the skilled nursing facility will provide a highly needed health care service in this area of Illinois and will contribute to the welfare of many residents of urban and rural communities.

I would be confident that many patients and client would benefit from skilled nursing and/or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Bivins", written over a horizontal line.

Tim Bivins
State Senator
45th District

TB/gsd

District:
50 West Douglas Street
Stewart Centre, Suite 1001
Freeport, IL 61032
Phone: 815-232-0774
Fax: 815-232-0777

Springfield:
210-N Stratton Building
Springfield, IL 62706
Phone: 217-782-8186
Fax: 217-558-7016



Agriculture & Conservation
Spokesperson
Appropriations - Public Safety
Judiciary II - Criminal Law
Juvenile Justice Reform
Labor
Prison Reform - Spokesperson

Jim Sacia
State Representative • 89th District

November 4, 2009

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Board:

I am writing on behalf of the Pecatonica Pavilion, a thirty six bed nursing facility to be located in Pecatonica, Illinois.

To say that there is a significant need for such a facility is an understatement. In my opinion, we are underserved in this area and such a facility would add considerably to the quality of life in this outstanding community, which I am proud to call my home.

Very truly yours,

A handwritten signature in cursive script that reads "Jim Sacia".

Jim Sacia

JS/sh

Cc: George Anderson, President

Law Offices of

Janet D. Fuenty

December 29, 2009

Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

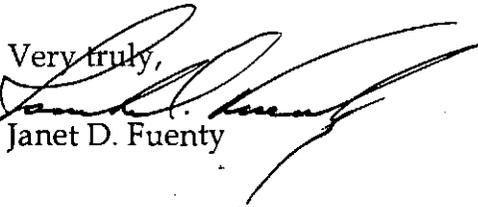
Re: Pecatonica Pavilion LLC

Dear Board:

I would like to express my support and the support of many others that cannot write to you for the Pecatonica Pavilion LLC Certificate of Need application to construct and operate a skilled nursing facility in Pecatonica, Illinois. As you can see by my letterhead, I am an attorney and have my office in Pecatonica. I frequently serve elderly clients in their estate planning needs and also help their families during times of transition to skilled nursing and assisted living facilities. It is very difficult for my elderly clients to have to leave the community where they were born, have raised their children, go to church, and know their neighbors. It is really heartbreaking for them to have to leave their home, but to have to leave everything they know in order to move to Rockford is truly devastating.

I know that many, many people in our community are in favor of this project. The need is great. I know of many elderly that should take advantage of these facilities, but they remain in their homes beyond the time they should really move because they cannot bear to leave their community. The planned facility will provide much needed services locally and ease the lives of our elderly citizens.

Very truly,


Janet D. Fuenty

519 Main P.O. Box 268 Pecatonica Illinois 61063

Telephone: (815) 239-9044 Facsimile 139 9-2844 Email: norcuolfe@aeroinc.net

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) Teri L BUZZARD

(address) 5102 Ahrens Rd

Pecatonica, IL 61063

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
nursing facility will provide a highly needed health care service in this area of Illinois and
will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

Teri L. Buzzard

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) Donald Velda Baal
1121 Taylor St
(address) Pecatonica, Ill. 61063-9530

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
nursing facility will provide a highly needed health care service in this area of Illinois and
will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

Velda Baal

CROOKED CREEK CATTLE CO.

M. E. "Mike" Johnson, Prop.
3632 N. Hoisington Rd.
Winnebago, IL
Mobile 815. 670.3632 Home & Fax 815. 239.2229

November 5, 2009

Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL 62761

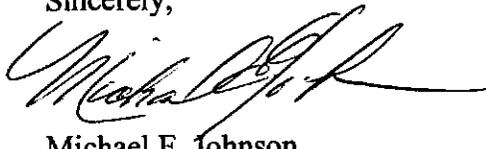
Members of the Board;

I have been a member of the Pecatonica community for over half a century. During that time I have witnessed the exodus of many of our wisest and most mature citizens to other communities because Pecatonica offered no place for them as they reached a point in their lives where assistance became a necessity. A facility like the Pecatonica Pavilion LLC is desperately needed in our community.

Providing a place in our community for these folks serves many interests. It keeps them in our community so their counsel may be sought, they are here and readily accessible to friends and family and these seniors are able to stay in their own home community. In addition, jobs are created and the tax base will be expanded.

As a member of this community, I am asking that you approve the application to construct and operate a skilled nursing facility as proposed by the Pecatonica Pavilion LLC in Pecatonica, Illinois.

Sincerely,



Michael E. Johnson
Former Pecatonica Township Supervisor
Current member, Pecatonica School Board

cc: George Anderson

*Tick Toc Clock Shop, Inc.
406 Main Street, P.O. Box 604
Pecatonica, IL 61063
815-262-2281*



November 6, 2009

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

Dear Members of the Planning Board:

I am providing this letter in support of the Pecatonica Pavilion nursing care Certificate Of Need application to construct and operate skilled nursing facility in Pecatonica, Illinois.

As a business owner and patron of the community around Pecatonica, I believe the skilled nursing facility will provide a highly needed health care service in this area of Illinois and contribute to welfare of many residents of urban and rural communities.

I am confident that many patients and clients would benefit from skilled nursing and / or rehabilitation services. I fully support Pecatonica Pavilion's proposal.

Sincerely,

A handwritten signature in cursive script that reads "Matthew Clark".

Matthew Clark
President

McCORKLE
FUNERAL HOME

"Our Family Serving Your Family"

1-800-213-7070

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL

From: (name) McCorkle Funeral Home

(address) 203 West Fifth St. Pecatonica, IL

Board:

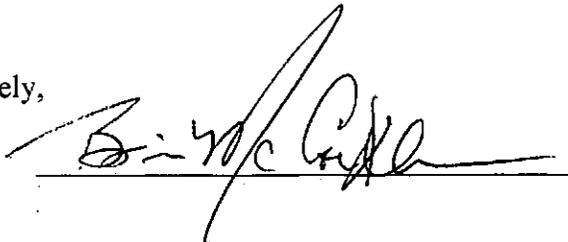
I am making this letter in support of the Pecatonica Pavilion LLC Certificate Of Need application to construct and operate a skilled nursing facility in Pecatonica Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled nursing facility will provide a highly needed health care service in this area of Illinois and will contribute to the welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled Nursing and/or rehabilitation services.

I fully support Pecatonica's Pavilion's proposal.

Sincerely,



Bill McCorkle

203 West Fifth St.
Box 461
Pecatonica, IL 61063
(815) 239-2105

101 St.
Du 144 24
(815) 239-2105

767 N. Blackhawk Blvd.
Box 221
Rockton, IL 61072
(815) 624-1155

**ELIZABETH LEIGH CLARK P.C.
ATTORNEY AT LAW
P.O. BOX 604
406 Main Street
Pecatonica, Illinois 61063
Phone (815) 262-2280
Fax (815) 239-2494**

Attorney Elizabeth Leigh Clark

November 8, 2009

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

Dear Members of the Planning Board:

I submit this letter, as a business owner and patron of the community around Pecatonica, in support of the Pecatonica Pavilion nursing care Certificate Of Need application to construct and operate skilled nursing facility in Pecatonica, Illinois.

The ability to have a skilled nursing facility in Pecatonica, would not only provide a highly needed health care service in this area of Illinois to both residents and their families, but it would also contribute to the welfare of many residents of urban and rural communities.

Based upon my own practice and discussions with members of the community, both business owners and residents alike, I am assured that many would benefit from skilled nursing and / or rehabilitation services. Therefore, I am in full support of the Certificate of Need application.

Sincerely,



Elizabeth Leigh Clark
President

cc: File

ROSCOE READY MIX, INC.
4896 McCurry Road
Roscoe, Illinois 61073
(815) 389-0888

Locations: Roscoe, Pecatonica, Belvidere

November 10, 2009

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Members of the Board:

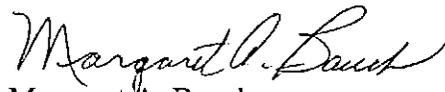
Please accept this letter in support of the Pecatonica Pavilion LLC Certificate of Need application to construct and operate a skilled nursing facility in Pecatonica, IL.

As both an area resident and business owner in Pecatonica, I believe the skilled nursing facility will provide a highly needed health care service in this area of Illinois and will contribute to the welfare of many residents of urban and rural communities.

I am confident that many patients and clients would benefit from skilled nursing and / or rehabilitation services.

I fully support the Pecatonica Pavilion's proposal.

Sincerely yours,



Margaret A. Bauch
Sec. Treas.

Hospice Care

OF AMERICA®

Rockford: 483 N. Mulford Road Rockford, IL 61107 Ph: 815.316.2700 Toll-free: 888.206.9972 Fax: 815.316.2702
Pecatonica: 520 Main Street Suite A Pecatonica, IL 61063 Ph: 815.239.1000 Fax: 815.239.2200 www.hospicecareofamerica.com

November 11, 2009

Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield, IL 62761

Dear Board Members:

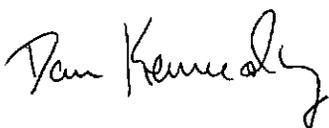
I am sending this letter in support of the Pecatonica Pavilion LLC Certificate Of Need application to construct and operate a skilled nursing facility in Pecatonica, IL.

As a caring business of Pecatonica, I believe the skilled nursing facility will provide a highly needed health care service in this area of Illinois and will contribute to the welfare of many residents of urban and rural communities.

I would be confident that many patients and clients will benefit from skilled nursing and/or rehabilitation services.

I fully support the Pecatonica Pavilion proposal.

Sincerely,



Dan Kennedy
Administrator
Hospice Care of America, Inc
520 Main St., Suite A, PO Box 948, Pecatonica, IL 61063

147



Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) David + Crystal Zimmerman
(address) PO Box 154, Pecatonica, IL 61063

Board:

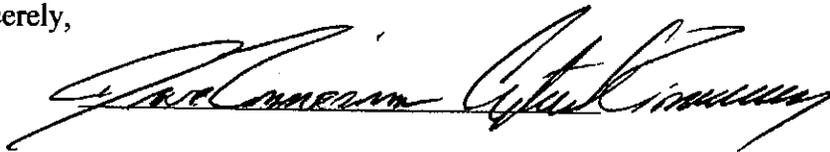
I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
nursing facility will provide a highly needed health care service in this area of Illinois and
will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,



Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) Georgia Gray
(address) 319 Salisbury
Davis, Il. 61019

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
nursing facility will provide a highly needed health care service in this area of Illinois and
will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

Georgia Gray

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) Ted & Becky Simpson

(address) 15376 Berglund Rd
Pecatonica IL 61063

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
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will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,


Rebecca A Simpson

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) Glenn T. Moist

(address) 2868 N. Jackson Rd.
Pecatonica, IL. 61063

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
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will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

Glenn T. Moist

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) WILLIAM F. SCHIRGER

(address) 14248 SAUNDERS RD
PECATONICA, IL 61063
815-239-1765

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
nursing facility will provide a highly needed health care service in this area of Illinois and
will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,



Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) Duane Hoffman

(address) P.O. Box 416, Pecatonica, IL 61063
619 Reed St.

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
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I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

Duane Hoffman

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) Shari Bowray

(address) 1222 Moth St.
Pecatonica, Ill
61063

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

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will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

Shari E. Bowray

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

Ferguson Financial Group, Inc.
from: (name) *Richard L. Waugh*
(address) *115 E. 10th St.*
PECATONICA, IL 61063

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
nursing facility will provide a highly needed health care service in this area of Illinois and
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I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

Richard L. Waugh
Ferguson Financial Group, Inc.

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) Robert J. Sweeney
(address) 126 West 5th (Box 656)

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
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I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

Rev. Messrs. Robert J. Sweeney
Pastor, Community Church

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name)

Jim Harrison

(address)

608 NORTH ST.

Pecatonica IL 61063

Board:

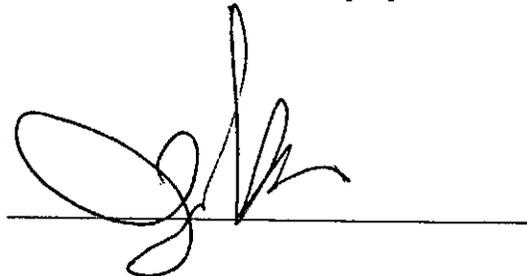
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I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,



A handwritten signature in black ink, appearing to read 'Jim Harrison', is written over a horizontal line.

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) LARRY SCHNORR
(address) 433 GROVE ST.
PECATONICA IL 61063

Board:

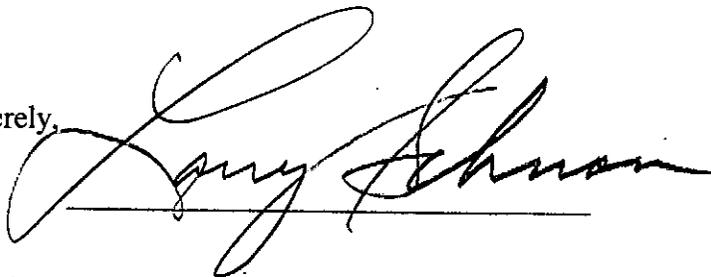
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will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,



Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) David P. Myers
(address) 2669 N. Pecatonica Rd
Pecatonica, IL. 61063

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
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will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,



Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) Dorothy Zimmerman

(address) 221 E 10th St - Pec -

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
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will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

Dorothy Zimmerman

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) Ronald Farb

(address) 3017 S. Pecatonica Rd.
Seward, IL. 61077

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
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will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

Ronald Farb

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) Susan + Bill Freiburger

(address) 10360 Ridott RD, Pecatonica, Ill
61063

Board:

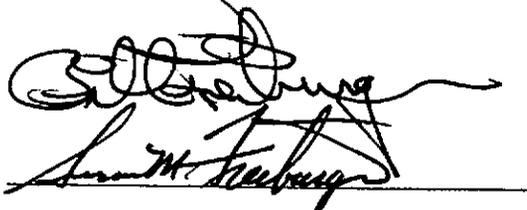
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will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,



A handwritten signature in black ink, appearing to read "Susan + Bill Freiburger", written over a horizontal line.

11, 05, 2009

Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Il. 62761

From Mary E. Larson
628 Parkview St.
Pecatonica, IL 61063

Sirs:

For many years I have been hoping that a skilled care facility would be built in Pecatonica so that I would not need to leave my community, my church and my friends when I need such care.

I am writing in support of the Pecatonica Pavilion LLC Certificate of Need application to construct and operate a skilled care facility in Pecatonica, IL.

Such a facility is badly needed. My husband and I had planned to move to Rockford for such care. However he died before we were able to move so I am still here and hoping there will be a place for me when the time comes. There are many other widows in the area who are looking hopefully to retirement facilities in our beloved community.

Sincerely,

Mary E. Larson

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) DeAnn Anderson
(address) 10263 Ridett Rd
Pecatonica, IL 61063

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
nursing facility will provide a highly needed health care service in this area of Illinois and
will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

DeAnn Anderson

Dr. Jose Alberto Salazar
3775 N. Mulford Rd.
Rockford, IL 61114

October 9, 2009

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

I am writing this letter in support of the proposed Pecatonica Pavilion Certificate of Need application to construct and operate a 36-bed skilled nursing facility in Winnebago County, Illinois.

As a physician serving residents in the Winnebago County community in Rockford, Illinois, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for elderly patients and the families that care for them. We are confident as well that Pecatonica Pavilion will provide a valuable service to the community members of Winnebago County.

Based on recent experience, I could refer 5 patients per month from this area to the Pecatonica Pavilion skilled nursing facility for skilled nursing and/or rehabilitation.

I fully support Pecatonica Pavilion's proposed facility.

Sincerely,

Dr. Jose Alberto Salazar

105

Dr. Daniel Herdeman
3775 N. Mulford Rd.
Rockford, IL 61114

October 9, 2009

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

I am writing this letter in support of the proposed Pecatonica Pavilion Certificate of Need application to construct and operate a 36-bed skilled nursing facility in Winnebago County, Illinois.

As a physician serving residents in the Winnebago County community in Rockford, Illinois, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for elderly patients and the families that care for them. We are confident as well that Pecatonica Pavilion will provide a valuable service to the community members of Winnebago County.

Based on recent experience, I could refer 6 patients per ~~month~~^{year} from this area to the Pecatonica Pavilion skilled nursing facility for skilled nursing and/or rehabilitation.

I fully support Pecatonica Pavilion's proposed facility.

Sincerely,

Daniel Herdeman
Dr. Daniel Herdeman

1/6/6

Dr. David Dansdill
324 Roxbury Rd.
Rockford, IL 61107

October 9, 2009

Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

I am writing this letter in support of the proposed Pecatonica Pavilion Certificate of Need application to construct and operate a 36-bed skilled nursing facility in Winnebago County, Illinois.

As a physician serving residents in the Winnebago County community in Rockford, Illinois, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for elderly patients and the families that care for them. We are confident as well that Pecatonica Pavilion will provide a valuable service to the community members of Winnebago County.

Based on recent experience, I could refer 1-2 patients per month from this area to the Pecatonica Pavilion skilled nursing facility for skilled nursing and/or rehabilitation.

I fully support Pecatonica Pavilion's proposed facility.

Sincerely,



Dr. David Dansdill

167

Illinois Health Facilities Planning Board
525 West Jefferson Street, Second Floor
Springfield, IL. 62761

from: (name) Kay DeMarco
(address) Box 357 Pecatonica IL
61063

Board:

I am making this letter in support of the Pecatonica Pavilion LLC Certificate
Of Need application to construct and operate skilled nursing facility in Pecatonica
Illinois.

As a caring resident and patron of the community around Pecatonica, I believe the skilled
nursing facility will provide a highly needed health care service in this area of Illinois and
will contribute to welfare of many residents of urban and rural communities.

I would be confident that many patients and clients would benefit from skilled nursing
and / or rehabilitation services.

I fully support Pecatonica Pavilion's proposal.

Sincerely,

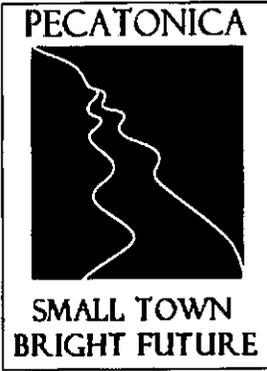
Kay DeMarco

I heard one of the Pecatonica Pavilion
presentations & believe that "all of the ducks
are in a row" for a successful venture. I do
not want to move away from Dec when
I need to lean my ^h 168 for health care. *per*

1110.1730(j) Zoning

Zoning approval has been received as part of the annexation agreement (attachment-53).

169



VILLAGE OF PECATONICA
Village President Shawn M. Connors

December 22, 2009

George Anderson, President
Pecatonica Pavilion LLC
10263 Ridott Road
Pecatonica, IL 61063

Re: Pecatonica Pavilion LLC Assisted Living/ Skilled Nursing Facility

Dear Mr. Anderson:

You have asked for an opinion regarding the likelihood of the approval of the application to the Village of Pecatonica for annexation and rezoning regarding the approximate 10 acre parcels of property, including all right-of-ways, located at the north west corner of Grove Street and Sumner Road in Pecatonica, IL, for Pecatonica Pavilion LLC's Assisted Living/Skilled Nursing Facility. The property codes pertaining to this property are as follows:

Parcel Numbers

09-29-327-003
09-29-327-004
09-29-327-005
09-29-327-011
09-29-327-012
09-29-327-013
09-29-327-014
09-29-327-015

Property codes 09-29-327-011 through 09-29-327-015 are lots 36-40 Parkview Estates Pt Sec 29-27-10, which are already located within the Village of Pecatonica. Parcels 09-29-327-003, 09-29-327-004 & 09-29-327-005, have not been annexed to the Village of Pecatonica but rather lie within the jurisdiction of Winnebago County.

Currently pending for action by the Village Board of Trustees are the following:

- a. Whether to add "Assisted Living and Skilled Nursing Facility" as a permissible use in a Commercial District;

405 Main Street
P.O. Box 730
Pecatonica, IL 61063-0730

Phone: (815) 239-2310
Fax: (815) 239-1060
Hours: M-F 9am to 5pm

Email: informat@pecatonica.com
Website: www.pecatonica.com

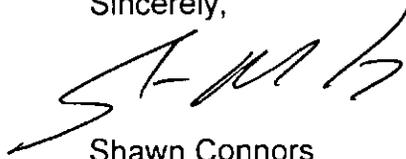
Attachment - 53

- b. Annexation of parcels 09-29-327-003, 09-29-327-004, and 09-29-327-005.
- c. Zoning and/or rezoning of all of the parcels set out above to Commercial District.

It is my opinion that the Village will ultimately be inclined to amend the Zoning Code to add "Assisted Living/Skilled Nursing Facility" as a permitted use in a Commercial District; to annex parcels 09-29-327-003, 09-29-327-004, and 09-29-327-005 into the Village and rezone all parcels indicated above to that of Commercial District. It is also my opinion that the Board will likely act upon all such matters within the next 60 to 120 days. My opinion is based upon the fact that these changes have been reviewed and recommended by the Village Planning Commission and the Zoning Board of Appeals, as well as my understanding of the proposed project.

Please remember that I am expressing only my personal opinion. By this letter, I do not purport to bind the Village in any manner, nor has the Village Board granted me specific authority to bind either the Board members or the Village as a whole through the issuance of this letter.

Sincerely,



Shawn Connors
Pecatonica Village President

ANNEXATION AGREEMENT

This Annexation Agreement (hereafter "Agreement") is made and entered into this ____ day of _____, 20 __, by and between PECATONICA PAVILION, LLC ("Owner") by and through its President/Member, George Anderson, and the VILLAGE OF PECATONICA, ILLINOIS, a municipal corporation organized and existing under and by virtue of the laws of the State of Illinois ("Village") by and through its President and Board of Trustees (collectively, the "Corporate Authorities").

RECITALS

WHEREAS, Owner is the owner of record of one tract of real property consisting of parcels totaling approximately 8 (eight) acres, more or less, which said real property is legally described on Exhibit "A," attached hereto and incorporated herein (the "Subject Property");

WHEREAS, except for lots 36-40, which are within the Village of Pecatonica limits, the Subject Property has not been annexed to any municipality;

WHEREAS, together the Subject Property constitutes territory which is contiguous to and may be annexed to Village as provided under Article 7 of the Illinois Municipal Code, 65 ILCS 5/7-1-1, *et seq.*;

WHEREAS, Owner desires to have the Subject Property annexed to Village contingent upon the terms and conditions provided in this Agreement;

WHEREAS, the total Redevelopment Project Area, including the ROW, will comprise approximately 11 acres of property, bounded by Park View Road to the north, Sumner Road to the south, and Grove Street to the east. The western boundary is approximately the western property lines of parcel identification numbers (PINs) 09-29-327-011 and 09-29-327-003. Said Redevelopment Project Area is legally described on Exhibit "B", attached hereto and incorporated herein, and a map depicting the boundaries of the Redevelopment Project Area, is set forth on Exhibit "C", attached hereto and incorporated herein.

WHEREAS, the Corporate Authorities have concluded that the annexation of the Subject Property to Village on the terms and conditions as set forth in this Agreement would further the orderly growth of Village, enable Village to control the development of the Subject Property and serve the best interests of Village;

WHEREAS, any fire protection district, library district, and other persons or entity entitled to notice prior to annexation of the Subject Property to Village has been given notice by Village as required by law.

NOW, THEREFORE, in consideration of the premises and the mutual covenants and agreements contained in this Agreement and in reliance on the ordinances, codes and regulations of Village, in effect as of the date of this Agreement, the parties agree as follows:

1. Statutory Authority. The parties enter into this Agreement pursuant to and in accordance with the provisions of 65 ILCS 5/11-15.1-1, *et seq.*

2. Annexation.

(a) Owner has filed with the Village Clerk a Petition for Annexation and Zoning (the "Petition") of the Subject Property to Village, conditioned upon the terms and provisions of this Agreement, the Petition having been prepared, executed and filed in accordance with 65 ILCS 5/7-1-8 and the ordinances and other requirements of Village. Village shall waive all fees and deposits, if any, required for annexation and zoning.

(b) Owner agrees to pay the administrative costs associated with annexing the Subject Property, which includes the costs of preparing the annexation plat, subject to the review and approval of the Owner, and the filing and recording costs thereof. Owner may record this Agreement with the Recorder of Winnebago County, Illinois, at Owner's cost and expense. A copy of the annexation plat shall be attached hereto and incorporated herein as Exhibit "D"

(c) The parties agree that the Corporate Authorities shall approve this Annexation Agreement by enacting an ordinance 2010-13, on March 16, 2010, and shall annex the Subject Property into the Village by enacting ordinance 2010-15, on April 6, 2010. The Annexation Ordinance shall have attached thereto the plat of annexation, and shall be effective immediately upon its passage and approval as required by law.

3. Zoning. Immediately upon passage of the Annexation Ordinance, Village shall do the following:

(a) Village shall, in accordance with the recommendation of the Village's Zoning Board of Appeals and/or Planning Commission, as required by Village Code, adopt two ordinances, Ordinance 2010-14 & Ordinance 2010-16. The first ordinance (2010-14) adopts a text amendment to add the proposed use as a permissible use to Commercially zoned districts. The second ordinance (2010-16) adopts an ordinance rezoning and reclassifying the Subject Property-Redevelopment Area to Commercial District Zoning.

Lots 36-40 Parkview Estates Pt Sec 29-27-10 with Lot 36 PIN: 09-327-015 and Lot 37 PIN: 09-29-327-014 being changed from Residential Multi-Family District to Commercial District and Lot 38 PIN: 09-29-327-013, Lot 39 PIN: 09-29-327-012 and Lot 40 PIN: 09-29-327-011 being changed from Residential Two Family District to Commercial District.

Parcels One (PIN: 09-29-327-004) having a common address known as: 17045 Sumner Road, Pecatonica, IL 61063, and Parcel Two (PIN: 09-29-327-005), having a common address known as: 17011 Sumner Road, Pecatonica, IL 61063, and Parcel Three (PIN: 09-29-327-003) having a common address of 17081 W. Sumner Road, Pecatonica, IL 61063, are all three being changed from Residential Single Family District to Commercial District Zoning.

That the Village addressed both ordinances at a single ZBA hearing, held on October 15, 2009. Prior to the adoption of the Annexation Ordinance, such public hearings as are necessary to enable Village lawfully to grant such zoning classification for the Subject Property have been conducted upon proper notice, and once the Subject Property is annexed to Village, no further action need be taken to cause the Subject Property to be zoned as set forth above. Village agrees

that the Subject Property shall not be rezoned, and the zoning classification specific to the above Subject Property consistent with the intent of this Agreement, shall not be amended, changed, or otherwise re-classified, or impacted by any future land use regulations of Village, without written consent of the Owner.

(b) Owner shall retain the right to petition to amend the zoning classification of the Subject Property to be reasonably consistent with future developments in areas adjacent to the Subject Property in accordance with Village's Zoning Ordinance (and any amendments thereto) and without amendment of this Agreement. Village shall, in due and normal course, process each request of Owner for amendment of the zoning classification in accordance with procedures of Village's Zoning Code.

(c) Village shall, if necessary, amend the Official Comprehensive Plan of Village in accordance with the zoning classifications set forth in subparagraph (a) above.

4. Tax Increment Financing/Disconnection. On or before April 6, 2010, with the Village having previously had a public hearing for approval of the Plan and Project in March 2010, (Ordinance 2009-16, establishing a public hearing) unless a different date is mutually agreed to by Owner and the Village, the Village shall take such action as is necessary to establish a tax increment financing district including the Subject Property pursuant to the Tax Increment Allocation Redevelopment Act, 65 ILCS 5/11-74.4-1 *et seq.* The Village approved Ordinance 2010-1, entering into and executed a Redevelopment Agreement with Owner pertaining to the development of the Subject Property, the terms of which agreement having been mutually drafted and acceptable by the Village and Owner. In the event a tax increment financing district including the Subject Property is not established, prior to such date, then at Owner's option, Owner shall be permitted to disconnect from Village and Village shall take all such actions necessary for the disconnection of the Subject Property from Village. If the tax increment financing district is established, TIF ordinances adopted, annexation approved pursuant to this agreement, terms of the Redevelopment Agreements satisfied with required amendments being made thereto, are entered into prior to such date, and Owner's financing is approved, then Owner or it's successors or assigns will waive right to disconnect during the life of the TIF.

5. Improvements.

(a) As to public streets and public roadways, the Village shall be solely responsible for them, including but not limited to street cleaning, snow removal and all maintenance, and shall agree to indemnify and hold Owner harmless against any claims.

(b) Owner shall grant to Village nonexclusive utility easements for maintenance and repair of the utilities to be constructed on the Subject Property and dedicated to Village.

6. Less Restrictive Requirements.

(a) If, during the term of this Agreement, any existing, amended, modified, or new ordinances, codes or regulations affecting the zoning, subdivision, development, or construction of improvements, buildings, or appurtenances, or any other development of any kind or character on the Subject Property are amended or modified in a manner to impose less restrictive

requirements, such requirements shall inure to the benefit of Owner and to its successors in interest, and anything to the contrary contained herein notwithstanding, Owner may elect to proceed with respect to the development of or construction on the Subject Property on the less restrictive amendment or modification applicable generally to all properties within the Village.

All presently existing ordinances, regulations and codes of Village, including but not limited to those ordinances, regulations and codes relating to zoning, subdivision, development, construction of improvements, buildings, or appurtenances, or any other development of any kind or character on the Subject Property, and as may be modified and varied by the terms of this Agreement, shall apply to the Subject Property and its development during the term of this Agreement. Regardless of any amendments, changes, additional regulations to or repealing of any existing ordinances, regulations and codes of Village, including increases in costs, fees and permit fees, after the execution of this Agreement, the ordinances, regulations and codes of Village as they exist on the date of this Agreement shall apply to the development of the Subject Property during the term of this Agreement. Changes to the ordinances, regulations and codes of Village shall be applicable to the Subject Property only with the written consent of Owner. A copy of the current applicable ordinances, regulations, and codes of Village is attached to and made a part of this Agreement as Exhibit "E".

7. Use of Deduct Meter on the Subject Property. After the annexation of the Subject Property, the Village shall grant to the Subject Property the right to have and use a Deduct Meter, with the cost of the meter to be borne by Developer, for the sole purpose of watering and landscaping purposes, and the Village shall not require Owner to use Village's sewer system for such purposes.

8. Stop Orders. The Village will issue no stop orders directing work stoppage on buildings or other development unless the Village has first given Owner, 45 business days written notice/ time to cure, setting forth in said notice, the Section of the Code allegedly violated by the Owner, and the Owner may forthwith proceed to correct such violations as may exist. Other work subject to a stop order may continue after re-inspection by the Village indicates that the violation has been corrected, with re-inspection scheduled in a timely manner, so not to be unreasonably delayed.

9. Building Permits. The Village agrees to issue within 30 working days after receipt of application therefor, if Corporate Authorities approval is not required, permits for the construction of any buildings or improvements of buildings or issue a letter of denial within that period of time informing the Owner in what way the application does not conform to the stated Section of the Code. If Corporate Authorities approval is required the application for permits for construction will be submitted to the next regular or special Village meeting, at which time the application shall be acted on. If the application is denied, the Village will issue a letter of denial within seven working days after that meeting, informing the Owner in what way the application does not conform to the stated Section of the Code.

If the application is approved, the permits will be issued within 7 working days. If the permit is conditionally approved, the permit will be issued within 5 working days after the Owner satisfies the conditions of such approval.

10. Certificates of Occupancy. Within seven working days of a request for final inspection, the Village's inspector shall conduct a final inspection and approve the facility for occupancy or issue a letter of denial at that time. Upon approval for occupancy, the Village shall within 7 working days, provide Owner with a Certificate of Occupancy, at which time occupancy can begin. If a letter of denial is issued it must inform the Owner specifically as to what corrections are necessary as a condition to the issuance of a certificate of occupancy and quoting the Section of the Code relied on by the Village in its request for correction, at which time Owner will have a reasonable time to address any insufficiencies and thereafter, the Village inspector within 7 working days of a request for re-inspection, shall conduct a re-inspection. If after final inspection or re-inspection, the Village's inspector does not in writing request correction of any items, immediate occupancy of the premises will be allowed, provided that the Village staff processing of the certificate may take up to seven working days. Temporary occupancy permits may be issued when adverse weather conditions do not permit outside painting, landscaping, sidewalks, driveways, or final grading. Final surfacing of driveways also may be deferred for weather conditions. Such painting, landscaping, sidewalks, grading, and driveway construction shall be accomplished or installed as soon as weather permits. Such additional temporary permits that may be required due to adverse weather conditions shall not be unreasonably withheld.

11. Interim Uses. All or any portion of the Subject Property may be used for farming and ancillary uses prior to commencement of construction of improvements on that portion of the Subject Property.

12. Miscellaneous.

(a) All provisions, conditions and regulations as set forth in this Agreement and any documents or plans to which it refers shall supersede all Village ordinances, codes and regulations that are in conflict with this Agreement as they may apply to the Subject Property. However, where this Agreement is silent, Village ordinances shall apply and control.

(b) Notwithstanding any other provision to the contrary with respect to the Subject Property, this Agreement shall be effective for a term of twenty (20) years from the date of the Agreement or, if longer, the longest term permitted by law.

(c) This Agreement shall bind the heirs, successors and assigns of Owner, Village, and the Corporate Authorities and their successors in office. This Agreement shall inure to the benefit of the parties to it and their successors and assigns.

(d) Nothing in this Agreement shall in any way prevent the alienation, encumbrance or sale of the Subject Property or any portion of it, and the new owner or owners shall be both benefited and bound by the conditions and restrictions expressed in this Agreement.

(e) It is understood by the parties that time is of the essence of this Agreement. It is further understood that upon the occurrence of a default of any of the provisions of this Agreement which continues for ten (10) days after a written notice specifying the default is given the defaulting party, the injured party may in law or in equity, by suit, action, mandamus, or other proceeding including specific performance, enforce or compel the performance of this Agreement by the defaulting party.

(f) In the event any provision of this Agreement or any part of a provision shall be deemed invalid, the invalidity of that provision or any part shall not affect the validity of any other provision.

(g) Unless stated otherwise elsewhere in this Agreement, any notice required or permitted under it shall be in writing and shall be deemed given when mailed by registered or certified mail. Any subsequent address change must be given in writing to the other party within 14 days of any such change by registered or certified mail.

If to Owner: Pecatonica Pavilion, LLC

c/o George Anderson, as President/Member or
10263 Ridott Road
Pecatonica, IL 61063

Pecatonica Pavilion, LLC

c/o Registered Agent
Attorney Elizabeth Leigh Clark
Elizabeth Leigh Clark, P.C.
Attorney at Law

If to Village: Village of Pecatonica
P.O. Box 730, 405 Main St
Pecatonica, IL 61063

P.O. Box 604, 406 Main Street
Pecatonica, IL 61063

(h) Except as hereinafter set forth, the amendment of Village's Zoning Ordinance providing for more restrictive standards than are in effect upon the execution of this Agreement shall not be effective against the Subject Property during the term of this Agreement. In the event that Village's Zoning Ordinance is amended to provide for less restrictive standards than are in effect upon the execution of this Agreement, Owner or its successors in interest may elect not to be bound by the less restrictive standards. Notwithstanding the foregoing, all parking, vehicle and traffic code and all utility rates and building construction codes and amendments thereto shall apply to the Subject Property.

(i) Village acknowledges and agrees that Owner is not responsible and is to be held harmless for maintenance, replacement or repair to the water pipeline running across the Southern boundary of the Project Property (Sumner Road) which provides connection to homeowners, David and Sarah Dulaney, 17135 W. Sumner Road, Pecatonica, IL 61063-9770, Winnebago County Property identification number 09-29-327-002, and that Pecatonica Pavilion LLC, Owner herein, is not a party to any agreement between the Village of Pecatonica and David and Sarah Dulaney in regard to said pipeline.

(j) Pursuant to 65 ILCS 5/11-15.1-2(f), this Agreement is intended to allow for any matter not inconsistent with the provisions of the Illinois Municipal Code, nor forbidden by law.

IN WITNESS WHEREOF, the parties to this Agreement, having authority to enter into this Agreement, have caused it to be executed as of the day and year first written above.

VILLAGE OF PECATONICA,
An Illinois Municipal Corporation

ATTEST:

Village Clerk

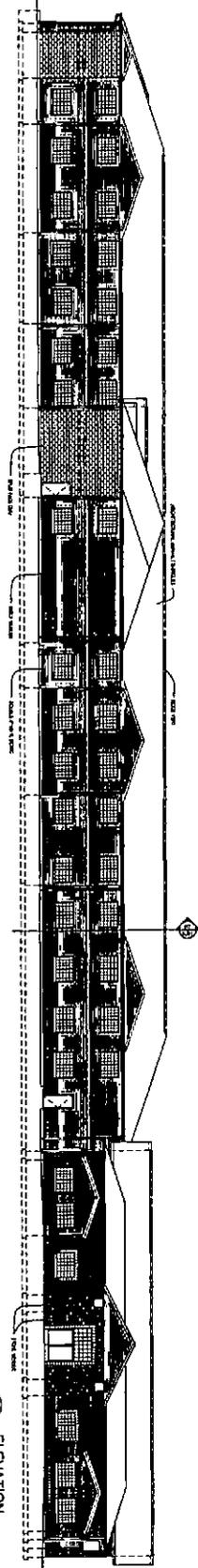
By _____
Its President

OWNER: PECATONICA PAVILION, LLC

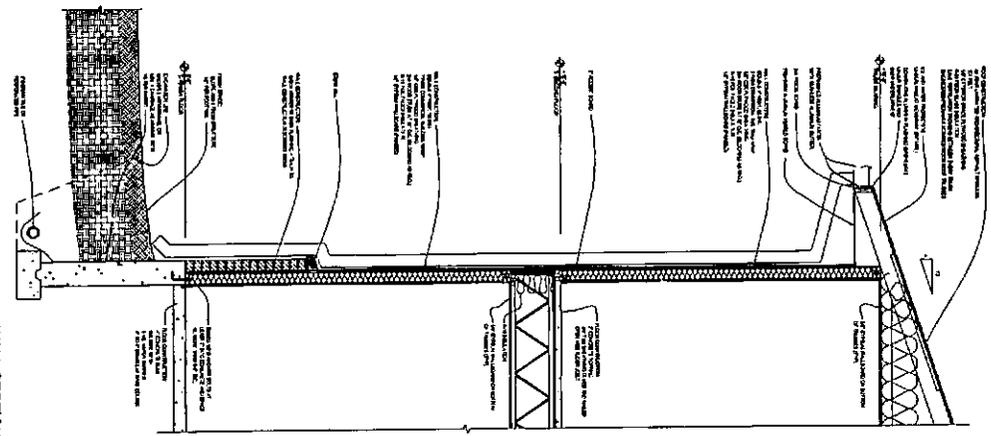
By _____
George Anderson, Member and President

Page 6 of 6

177



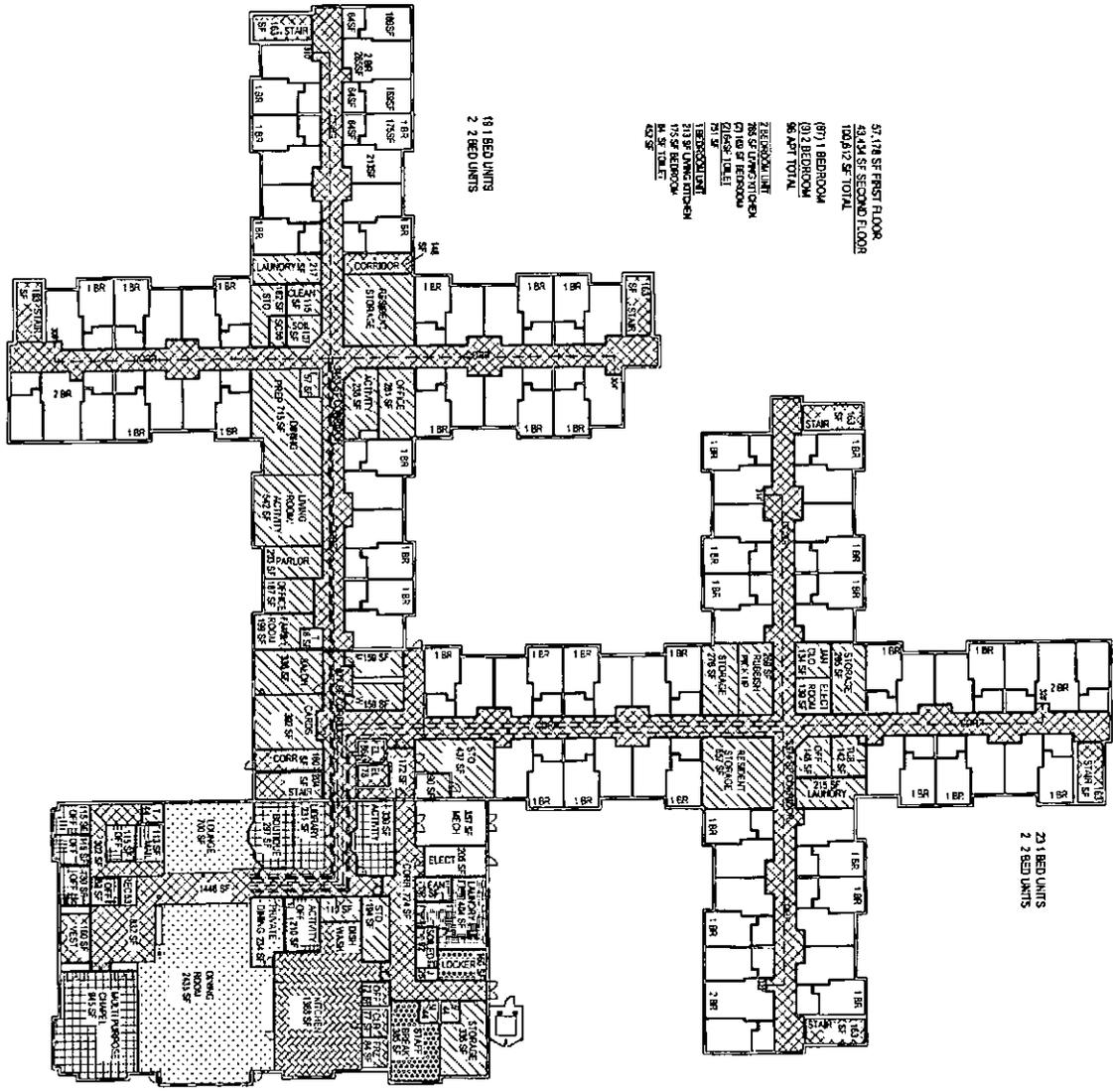
A7 ELEVATION
SCALE: 1/8" = 1'-0"



H7 WALL SECTION
SCALE: 1/4" = 1'-0"

<p>PROGRESS DRAWINGS</p> <p>ELEVATION & WALL SECTION</p> <p>ADN</p> <p>DATE: 1-12-09 REVISION:</p>	<p>ARCHITECT OCLAWA WYERST ARCHITECTS 829 South State Street DeMare, Illinois 61008 815-644-7790 Phone 815-644-7792 Fax</p>	<p>CONSULTING ARCHITECT S&K & Associates LLC 530 Dundee Road Northbrook, Illinois 60062</p>	<p>BENNETT CONSTRUCTION COMPANY West Third Street York, Illinois 61363 3-2850 Phone 3-1678 Fax</p>	<p>New Assisted Living Facility Pecatonica, Illinois</p> <p>© 2009</p>
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178



177 CODE PLAN

PROGRESS DRAWINGS

	FIRST FLOOR CODE ANALYSIS
	DATE: 6-1-09 REVISION

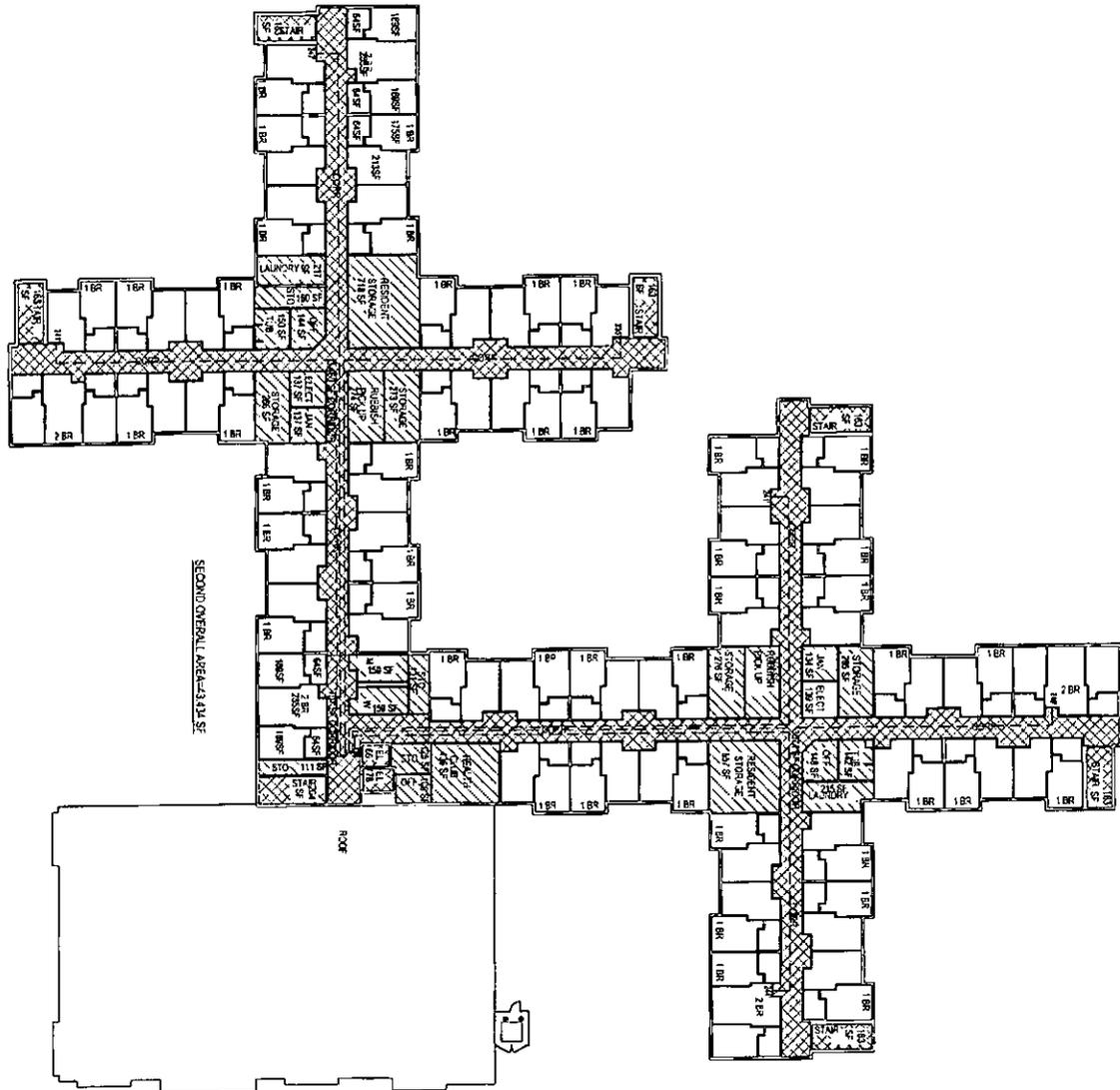
	ARCHITECT OLLIVANT ERNEST ARCHITECTS 509 South State Street Belders, Illinois 61008 815-544-7730 Phone 815-544-7792 Fax
--	---

	CONSULTANT SALK & ASSOCIATES 630 Dundee Road Northbrook, Illinois 60062 847-428-4313 Phone 847-485-7003 Fax
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179

	HEALTH CARE EVERETT HEALTHCARE Spring Street York, Illinois 60013 +867-8661 Phone 7-316-8961 Fax
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New Assisted Living Facility Pecatonica, Illinois		
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HP CODE PLAN

PROGRESS DRAWINGS

SECOND FLOOR
CODE PLAN

DATE: 4-1-08 REV: 004

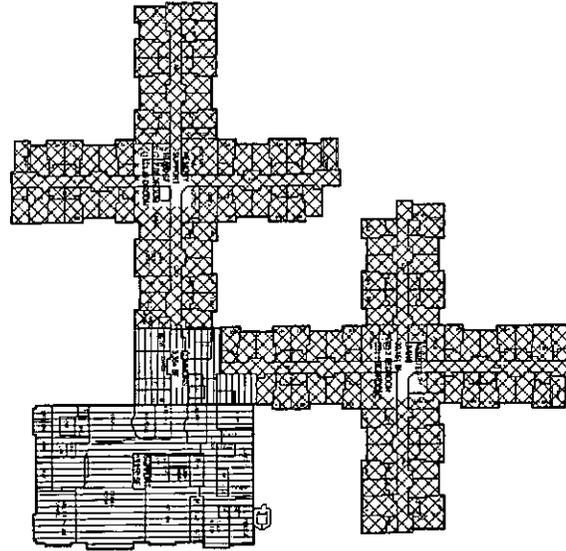
ARCHITECT
OLLMANN ERNEST ARCHITECTS
509 South State Street
DeKalb, Illinois 61008
815-844-7700 Phone
815-844-7782 Fax

CONSULTANT
SALK & ASSOCIATE
630 Dundas Road
Huntbrook, Illinois 60135
847-829-4315 Phone
847-486-7862 Fax

HEALTH CARE
SVERE HEALTHCARE

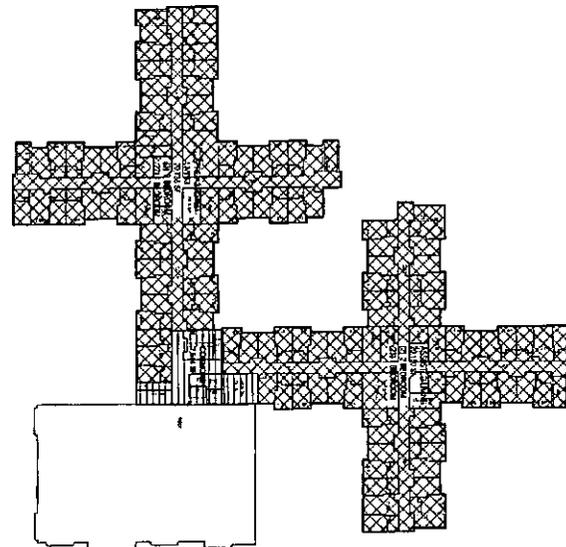
180
Cory Street
Moline 62013
815-851-1100 Phone
815-851-1101 Fax

New Assisted Living Facility
Pecatonica, Illinois



A1 FIRST OCCUPANCY PLAN
SCALE: 1/8" = 1'-0"

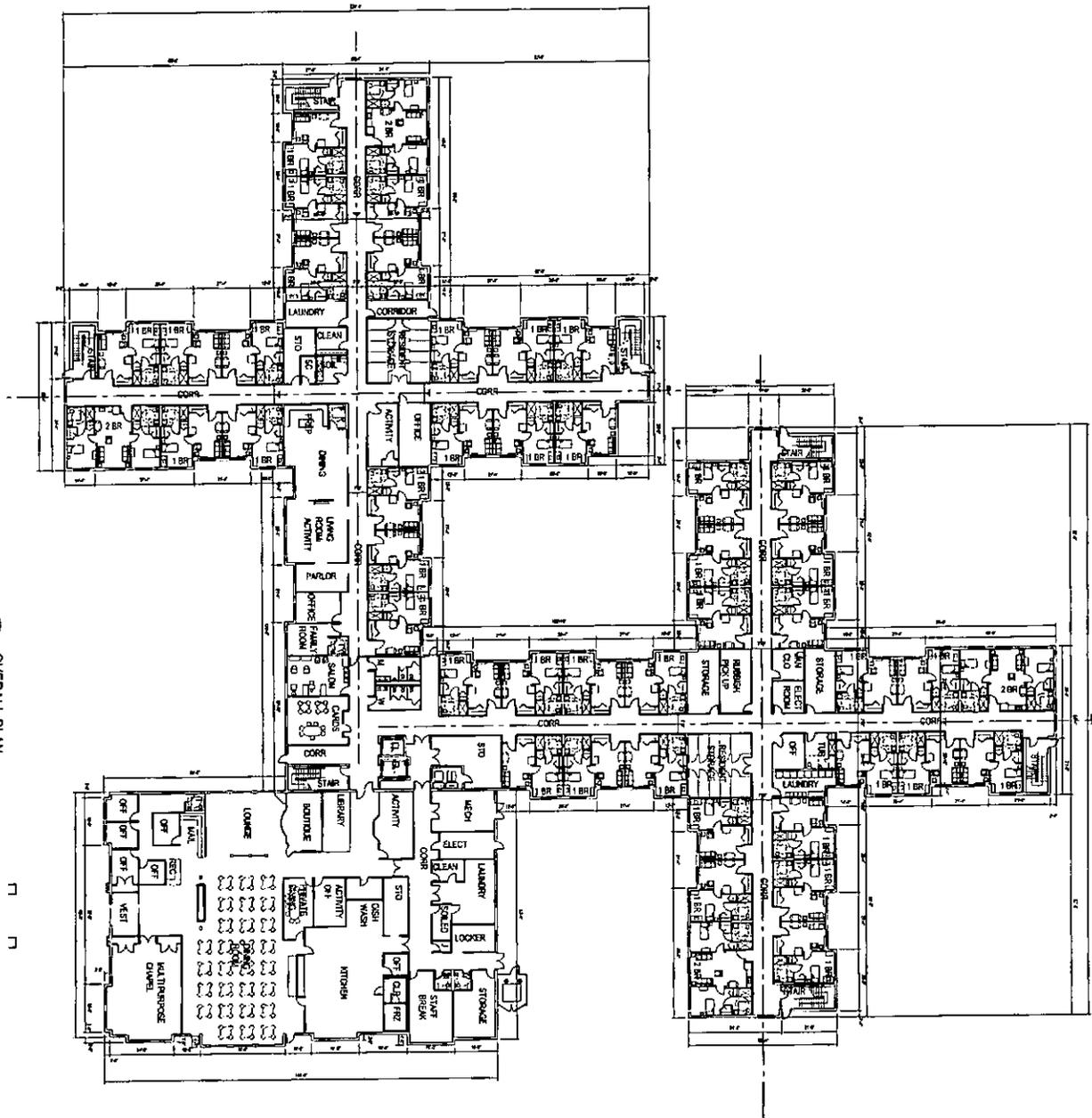
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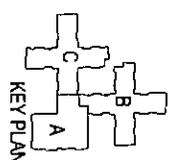
A1 SECOND OCCUPANCY PLAN
SCALE: 1/8" = 1'-0"

PROGRESS DRAWINGS

	<p>OCCUPANCY PLAN</p> <p>DATE: 6-1-08</p> <p>REVISION:</p>	<p>ARCHITECT</p> <p>OLLMANN ERNEST ARCHITECTS</p> <p>529 South State Street</p> <p>Bellevue, Illinois 61008</p> <p>815-544-7730 Phone</p> <p>815-544-7732 Fax</p>	<p>CONSULTANT</p> <p>SALK & ASSOCIATES™</p> <p>630 Dundee Road</p> <p>Northbrook, Illinois 60062</p> <p>847-825-4313 Phone</p> <p>847-495-7002 Fax</p>	<p>HEALTH CARE</p> <p>REVERE HEALTHCARE</p> <p>40 Spring Street</p> <p>Peoria, Illinois 61603</p> <p>309-691-1111 Phone</p> <p>309-691-1112 Fax</p>	<p>New Assisted Living Facility</p> <p>Pecatonica, Illinois</p>	
	<p>181</p>					



07 OVERALL PLAN
SCALE: 1/8" = 1'-0"



PROGRESS DRAWINGS

	OVERALL FIRST FLOOR
	DATE: 6-1-08

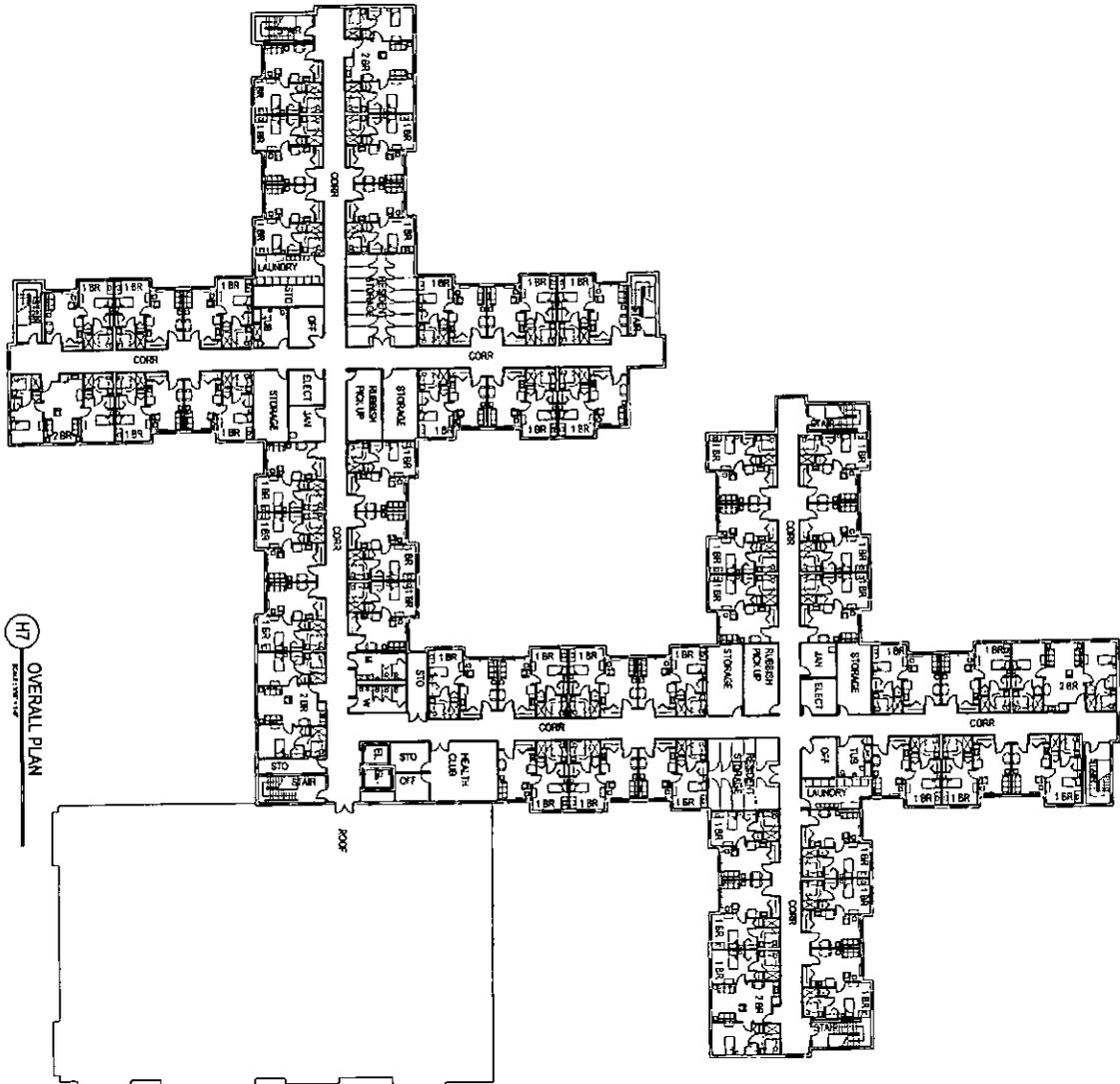
	ARCHITECT OLLMANN ERNEST ARCHITECTS 508 South State Street DeKalb, Illinois 61008 815-544-7730 Phone 815-544-7782 Fax
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	CONSULTANT SALK & ASSOCIATES* 630 Dundee Road Northbrook, Illinois 60062 847-828-4313 Phone 847-490-7862 Fax
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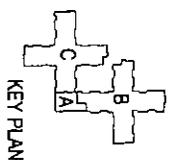
	HEALTH CARE REVERE HEALTHCARE 1 Spring Street York, Illinois 60013 967-8661 Phone 214-8941 Fax
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	New Assisted Living Facility Pecatonica, Illinois
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182




 OVERALL PLAN
 SECOND FLOOR



PROGRESS DRAWINGS

 OVERALL SECOND FLOOR PLAN	ARCHITECT OLLMANN ERNEST ARCHITECTS 576 South State Street Belknap, Illinois 61008 815-644-7790 Phone 815-644-7792 Fax	CONSULTANT SALK & ASSOCIA 630 Dundee Road Northbrook, Illinois 60062 847-625-4313 Phone 847-480-7882 Fax
	DATE: 6-1-09 REVISION:	

183

HEALTH CARE VERE HEALTHCARE 3719 Street , Illinois 62013 567-8881 Phone 7-519-6911 Fax

New Assisted Living Facility Pocaionka, Illinois	
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1110.1730(k) Assurances

Assurances from the applicant representative regarding occupancy follows this page.

Assurances Statement

This statement is being filed pursuant to Section 1110.1730(K) of the Board's Rules (77IL Adm.Code 1110.1730). 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 completion the applicant will make every attempt to achieve and maintain the occupancy standards specified in Part 1100 of the Board's rules for the long term care category of service.

December 16, 2009

George Anderson
George Anderson

Renee D. Blassingham

"OFFICIAL SEAL"
RENEE D. BLASSINGHAM
Notary Public, State of Illinois
My Commission Expires 11/10/2011

December 15, 2009

Raylana S Anderson
Raylana S Anderson

Joanne Lamb
12/15/09

OFFICIAL SEAL
JOANNE LAMB
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 10/04/13

Pecatonica Pavilion, LLC
PROJECTED STATEMENTS OF REVENUES, EXPENSES AND
CHANGES IN RETAINED EARNINGS

	As of December 31		
	2010	2011	2012
SERVICE REVENUES			
Private	\$308,414	\$568,863	\$811,520
Medicald	\$744,492	\$1,389,578	\$1,524,599
VA			
Medicare	\$385,518	\$710,829	\$764,389
AL Memory			
Mem support-1 BDR	\$548,524	\$1,013,800	\$1,089,077
Mem support-2 BDR	\$125,505	\$234,952	\$277,662
AL Normal			
1 BDR	\$778,833	\$1,474,046	\$1,573,415
2 BDR	\$217,915	\$411,866	\$439,631
Ancillary Revenue	\$6,331	\$11,787	\$12,855
TOTAL SERVICE REVENUES	\$3,113,231	\$6,815,302	\$6,303,167
Less Vacancy	\$155,662	\$290,765	\$315,158
Net Income	\$2,957,570	\$6,524,537	\$6,987,999
OPERATING EXPENSES			
Management Fee	\$147,878	\$276,227	\$299,400
Administrator	\$58,240	\$60,278	\$52,388
Nursing Salaries:			
RN	\$92,243	\$171,458	\$187,308
LPN	\$133,827	\$248,381	\$271,343
CNA	\$381,879	\$709,448	\$775,035
Nursing admin	\$54,080	\$55,973	\$57,932
Dietary	\$139,081	\$268,518	\$282,418
Activities	\$9,312	\$29,144	\$33,422
Laundry	\$19,751	\$36,713	\$40,107
Housekeeping	\$49,378	\$91,782	\$100,267
Maintenance	\$37,440	\$36,750	\$40,107
Social Service	\$24,860	\$25,834	\$28,738
Clerical	\$68,840	\$71,042	\$73,529
Employee Benefits and payroll taxes	\$243,262	\$359,484	\$390,119
Therapy	\$81,839	\$150,529	\$161,873
Pharmacy	\$31,749	\$58,539	\$62,951
Medical Supplies	\$92,150	\$165,492	\$174,877
Medicare Ancillary	\$8,764	\$12,473	\$13,413
Raw Food	\$143,211	\$288,195	\$290,804
Dietary Supplies	\$19,131	\$34,357	\$38,264
Laundry	\$5,728	\$10,648	\$11,832
Utilities	\$149,685	\$154,923	\$160,346
Maintenance	\$50,000	\$51,750	\$53,561
Housekeeping Supplies	\$22,393	\$40,216	\$42,448
Property Taxes	\$150,000	\$155,250	\$160,684
Insurance	\$60,000	\$62,100	\$64,274
Medical Director and Psychiatrist	\$12,000	\$12,420	\$12,855
Consulting	\$34,000	\$35,190	\$36,422
Bed Taxes	\$25,185	\$25,185	\$25,185
TOTAL OPERATING EXPENSES	\$2,343,207	\$3,689,277	\$3,947,489
INCOME (LOSS) BEFORE OTHER EXPENSE (INCOME)	\$614,363	\$1,835,260	\$2,040,500
OTHER EXPENSES (INCOME)			
Depreciation and Amortization	(\$487,375)	(\$488,375)	(\$489,375)
TIF Revenue	\$350,000	\$350,000	\$350,000
Interest Income	\$5,112	\$14,379	\$34,503
Interest Expense	(\$866,962)	(\$881,426)	(\$855,549)
TOTAL OTHER EXPENSES (INCOME)	(\$999,225)	(\$985,422)	(\$960,420)
NET INCOME (LOSS)	(\$384,862)	\$870,838	\$1,080,080
RETAINED EARNINGS			
Beginning of Period		(\$384,862)	\$465,976
End of Period	(\$384,862)	\$486,976	\$1,566,066

186

Peconics Pavilion, LLC
 PROJECTED REVENUE AND EXPENSES - YEAR TWO

Description	2011		Month 1		Month 2		Month 3		Month 4		Month 5		Month 6		Month 7		Month 8		Month 9		Month 10		Month 11		Month 12	
	Rate	Units	Revenue	Expenses	Revenue	Expenses	Revenue	Expenses	Revenue	Expenses																
Number of Days in Month																										
Produce	\$178	7	1246	0	1246	0	1246	0	1246	0	1246	0	1246	0	1246	0	1246	0	1246	0	1246	0	1246	0	1246	0
Medicine	\$125	25	3125	0	3125	0	3125	0	3125	0	3125	0	3125	0	3125	0	3125	0	3125	0	3125	0	3125	0	3125	0
Al. Monthly	\$400	3	1200	0	1200	0	1200	0	1200	0	1200	0	1200	0	1200	0	1200	0	1200	0	1200	0	1200	0	1200	0
Mem support-1 BOR	\$153	18	2754	0	2754	0	2754	0	2754	0	2754	0	2754	0	2754	0	2754	0	2754	0	2754	0	2754	0	2754	0
Mem support-2 BOR	\$127	4	508	0	508	0	508	0	508	0	508	0	508	0	508	0	508	0	508	0	508	0	508	0	508	0
Al. Normal	\$116	30	3480	0	3480	0	3480	0	3480	0	3480	0	3480	0	3480	0	3480	0	3480	0	3480	0	3480	0	3480	0
1 BOR	\$77	2	154	0	154	0	154	0	154	0	154	0	154	0	154	0	154	0	154	0	154	0	154	0	154	0
2 BOR																										
Grand Total (Revenue)			10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0
Grand Total (Expenses)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Income			10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0	10,000	0

Category	Rate	Units	Income
Management Fee	\$10,000	1	\$10,000
Administrative	\$5,000	1	\$5,000
Marketing Admin	\$5,000	1	\$5,000
Utilities	\$5,000	1	\$5,000
Insurance	\$5,000	1	\$5,000
Supplies	\$5,000	1	\$5,000
Travel	\$5,000	1	\$5,000
Professional Fees	\$5,000	1	\$5,000
Depreciation	\$5,000	1	\$5,000
Interest	\$5,000	1	\$5,000
Income Tax	\$5,000	1	\$5,000
Other	\$5,000	1	\$5,000
Net Income			\$10,000

Category	Rate	Units	Income
Management Fee	\$10,000	1	\$10,000
Administrative	\$5,000	1	\$5,000
Marketing Admin	\$5,000	1	\$5,000
Utilities	\$5,000	1	\$5,000
Insurance	\$5,000	1	\$5,000
Supplies	\$5,000	1	\$5,000
Travel	\$5,000	1	\$5,000
Professional Fees	\$5,000	1	\$5,000
Depreciation	\$5,000	1	\$5,000
Interest	\$5,000	1	\$5,000
Income Tax	\$5,000	1	\$5,000
Other	\$5,000	1	\$5,000
Net Income			\$10,000

188

PROJECTED REVENUE AND EXPENSES - YEAR THREE

Item	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	0
Number of Days in Month	31	30	31	30	31	30	31	30	31	30	31	30	305
Projects	8.70	9.20	9.20	9.20	9.20	9.20	9.20	9.20	9.20	9.20	9.20	9.20	109
Materials	11.30	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	12.20	145
Manufacture	14.55	15.40	15.40	15.40	15.40	15.40	15.40	15.40	15.40	15.40	15.40	15.40	183
Subcontract	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	19.00	228
Subcontract-1 BOR	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	72
Subcontract-2 BOR	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	13.00	156
Al. Normal	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	28.00	336
1 BOR	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00	144
2 BOR	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	192
Grand Total (Unadjusted)	362.00	373.00	373.00	373.00	373.00	373.00	373.00	373.00	373.00	373.00	373.00	373.00	4,473.00
Contingency Percentage	70	70	70	70	70	70	70	70	70	70	70	70	846.30
SERVICE REVENUES													
Projects	\$31,817	\$44,811	\$45,837	\$40,202	\$51,837	\$50,262	\$51,837	\$51,837	\$51,837	\$51,837	\$51,837	\$51,837	\$611,827
Materials	\$19,485	\$18,858	\$19,485	\$17,810	\$22,310	\$22,310	\$22,310	\$22,310	\$22,310	\$22,310	\$22,310	\$22,310	\$274,650
Manufacture	\$24,822	\$26,822	\$26,822	\$26,822	\$26,822	\$26,822	\$26,822	\$26,822	\$26,822	\$26,822	\$26,822	\$26,822	\$324,222
Subcontract	\$23,340	\$23,340	\$23,340	\$23,340	\$23,340	\$23,340	\$23,340	\$23,340	\$23,340	\$23,340	\$23,340	\$23,340	\$280,077
Subcontract-1 BOR	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$72,000
Subcontract-2 BOR	\$13,000	\$13,000	\$13,000	\$13,000	\$13,000	\$13,000	\$13,000	\$13,000	\$13,000	\$13,000	\$13,000	\$13,000	\$156,000
Al. Normal	\$113,833	\$120,700	\$121,833	\$119,272	\$143,833	\$139,272	\$143,833	\$143,833	\$143,833	\$143,833	\$143,833	\$143,833	\$1,724,415
1 BOR	\$37,320	\$37,320	\$37,320	\$37,320	\$37,320	\$37,320	\$37,320	\$37,320	\$37,320	\$37,320	\$37,320	\$37,320	\$447,840
2 BOR	\$46,513	\$46,513	\$46,513	\$46,513	\$46,513	\$46,513	\$46,513	\$46,513	\$46,513	\$46,513	\$46,513	\$46,513	\$558,237
Agency Fee/Setup	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$12,000
Less Agency Fee/Setup	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$12,000
TOTAL SERVICE REVENUES	\$373,000	\$473,000	\$473,000	\$473,000	\$473,000	\$473,000	\$473,000	\$473,000	\$473,000	\$473,000	\$473,000	\$473,000	\$5,677,970
Less Income	\$208,370	\$208,370	\$208,370	\$208,370	\$208,370	\$208,370	\$208,370	\$208,370	\$208,370	\$208,370	\$208,370	\$208,370	\$2,500,644
OPERATING EXPENSES													
Administrative Fee	\$25,478	\$27,068	\$27,479	\$24,602	\$29,478	\$29,478	\$29,478	\$29,478	\$29,478	\$29,478	\$29,478	\$29,478	\$354,428
Administrative Fee	\$5,209	\$4,785	\$5,209	\$4,785	\$4,785	\$4,785	\$4,785	\$4,785	\$4,785	\$4,785	\$4,785	\$4,785	\$57,819
Administrative Admin	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Statistical Salaries:													
BA	\$7,711	\$7,711	\$7,711	\$7,711	\$7,711	\$7,711	\$7,711	\$7,711	\$7,711	\$7,711	\$7,711	\$7,711	\$92,532
BA	\$1,211	\$1,211	\$1,211	\$1,211	\$1,211	\$1,211	\$1,211	\$1,211	\$1,211	\$1,211	\$1,211	\$1,211	\$14,532
BA	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$12,843
BA	\$2,785	\$2,785	\$2,785	\$2,785	\$2,785	\$2,785	\$2,785	\$2,785	\$2,785	\$2,785	\$2,785	\$2,785	\$33,417
BA	\$1,044	\$1,044	\$1,044	\$1,044	\$1,044	\$1,044	\$1,044	\$1,044	\$1,044	\$1,044	\$1,044	\$1,044	\$12,528
BA	\$23,088	\$23,088	\$23,088	\$23,088	\$23,088	\$23,088	\$23,088	\$23,088	\$23,088	\$23,088	\$23,088	\$23,088	\$277,056
BA	\$12,711	\$12,711	\$12,711	\$12,711	\$12,711	\$12,711	\$12,711	\$12,711	\$12,711	\$12,711	\$12,711	\$12,711	\$152,532
BA	\$6,644	\$6,644	\$6,644	\$6,644	\$6,644	\$6,644	\$6,644	\$6,644	\$6,644	\$6,644	\$6,644	\$6,644	\$79,728
BA	\$15,420	\$15,420	\$15,420	\$15,420	\$15,420	\$15,420	\$15,420	\$15,420	\$15,420	\$15,420	\$15,420	\$15,420	\$185,040
BA	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000	\$216,000
BA	\$2,711	\$2,711	\$2,711	\$2,711	\$2,711	\$2,711	\$2,711	\$2,711	\$2,711	\$2,711	\$2,711	\$2,711	\$32,532
BA	\$1,178	\$1,178	\$1,178	\$1,178	\$1,178	\$1,178	\$1,178	\$1,178	\$1,178	\$1,178	\$1,178	\$1,178	\$14,136
BA	\$2,745	\$2,745	\$2,745	\$2,745	\$2,745	\$2,745	\$2,745	\$2,745	\$2,745	\$2,745	\$2,745	\$2,745	\$32,940
BA	\$33,133	\$33,133	\$33,133	\$33,133	\$33,133	\$33,133	\$33,133	\$33,133	\$33,133	\$33,133	\$33,133	\$33,133	\$397,596
BA	\$12,745	\$12,745	\$12,745	\$12,745	\$12,745	\$12,745	\$12,745	\$12,745	\$12,745	\$12,745	\$12,745	\$12,745	\$152,940
BA	\$3,345	\$3,345	\$3,345	\$3,345	\$3,345	\$3,345	\$3,345	\$3,345	\$3,345	\$3,345	\$3,345	\$3,345	\$40,140
BA	\$11,748	\$11,748	\$11,748	\$11,748	\$11,748	\$11,748	\$11,748	\$11,748	\$11,748	\$11,748	\$11,748	\$11,748	\$140,976
BA	\$14,620	\$14,620	\$14,620	\$14,620	\$14,620	\$14,620	\$14,620	\$14,620	\$14,620	\$14,620	\$14,620	\$14,620	\$175,440
BA	\$11,178	\$11,178	\$11,178	\$11,178	\$11,178	\$11,178	\$11,178	\$11,178	\$11,178	\$11,178	\$11,178	\$11,178	\$134,136
BA	\$24,668	\$24,668	\$24,668	\$24,668	\$24,668	\$24,668	\$24,668	\$24,668	\$24,668	\$24,668	\$24,668	\$24,668	\$296,016
BA	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$12,000
BA	\$625	\$625	\$625	\$625	\$625	\$625	\$625	\$625	\$625	\$625	\$625	\$625	\$7,500
BA	\$11,352	\$11,352	\$11,352	\$11,352	\$11,352	\$11,352	\$11,352	\$11,352	\$11,352	\$11,352	\$11,352	\$11,352	\$136,224
BA	\$4,403	\$4,403	\$4,403	\$4,403	\$4,403	\$4,403	\$4,403	\$4,403	\$4,403	\$4,403	\$4,403	\$4,403	\$52,836
BA	\$3,605	\$3,605	\$3,605	\$3,605	\$3,605	\$3,605	\$3,605	\$3,605	\$3,605	\$3,605	\$3,605	\$3,605	\$43,260
BA	\$13,300	\$13,300	\$13,300	\$13,300	\$13,300	\$13,300	\$13,300	\$13,300	\$13,300	\$13,300	\$13,300	\$13,300	\$159,600
BA	\$4,274	\$4,274	\$4,274	\$4,274	\$4,274	\$4,274	\$4,274	\$4,274	\$4,274	\$4,274	\$4,274	\$4,274	\$51,288
BA	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$1,071	\$12,852
BA	\$3,005	\$3,005	\$3,005	\$3,005	\$3,005	\$3,005	\$3,005	\$3,005	\$3,005	\$3,005	\$3,005	\$3,005	\$36,060
BA	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$24,000
TOTAL OPERATING EXPENSES	\$334,647	\$360,221	\$354,647	\$325,028	\$354,647	\$354,647	\$354,647	\$354,647	\$354,647	\$354,647	\$354,647	\$354,647	\$4,267,428
INCOME (LOSS) BEFORE OTHER EXPENSE (INCOME)	\$138,353	\$112,779	\$118,353	\$147,972	\$118,353	\$118,353	\$118,353	\$118,353	\$118,353	\$118,353	\$118,353	\$118,353	\$1,410,542
OTHER EXPENSES (INCOME)													
Depreciation and Amortization	\$40,781	\$40,781	\$40,781	\$40,781	\$40,781	\$40,781	\$40,781	\$40,781	\$40,781	\$40,781	\$40,781	\$40,781	\$489,370
Tax Expense	\$2,271	\$2,271	\$2,271	\$2,271	\$2,271	\$2,271	\$2,271	\$2,271	\$2,271	\$2,271	\$2,271	\$2,271	\$27,252
Interest Expense	\$17,523	\$17,523	\$17,523	\$17,523	\$17,523	\$17,523	\$17,523	\$17,523	\$17,523	\$17,523	\$17,523	\$17,523	\$210,273
TOTAL OTHER (EXPENSES) INCOME	\$60,575	\$60,575	\$60,575	\$60,575	\$60,575	\$60,575	\$60,575	\$60,575	\$60,575	\$60,575	\$60,575	\$60,575	\$726,915
NET INCOME (LOSS)	\$77,778	\$52,204	\$57,778	\$87,397	\$57,778	\$57,778	\$57,778	\$57,778	\$57,778	\$57,778	\$57,778	\$57,778	\$683,627
REPAID EARNINGS - Beginning of Period	\$455,278	\$550,070	\$593,225	\$657,221	\$715,219	\$779,888	\$847,274	\$915,274	\$983,274	\$1,051,274	\$1,119,274	\$1,187,274	\$1,255,274
RETAINED EARNINGS - End of Period	\$532,070	\$602,274	\$650,000	\$734,685	\$812,503	\$893,106	\$976,881	\$1,064,106	\$1,154,881	\$1,248,106	\$1,344,881	\$1,444,106	\$1,546,029

189

**Pecatonica Pavilion, LLC
PROJECTED BALANCE SHEETS**

	As of December 31		
	<u>2010</u>	<u>2011</u>	<u>2012</u>
ASSETS			
CURRENT ASSETS			
Cash	\$608,951	\$1,821,282	\$3,240,498
Accounts Receivable	\$219,431	\$295,199	\$308,011
TOTAL CURRENT ASSETS	\$828,382	\$2,116,481	\$3,546,509
PLANT, PROPERTY & EQUIPMENT			
Land	\$2,250,000	\$2,250,000	\$2,250,000
Land Improvements	\$12,300,936	\$12,300,936	\$12,300,936
Building	\$5,000	\$10,000	\$15,000
Equipment	\$14,555,936	\$14,580,936	\$14,565,936
Less Accumulated Depreciation	(\$385,625)	(\$772,250)	(\$1,159,875)
TOTAL PLANT, PROPERTY & EQUIPMENT	\$14,170,311	\$13,788,686	\$13,406,061
OTHER ASSETS			
Financing Costs (Net of Amortization)	\$995,250	\$978,901	\$958,551
Organizational Costs (Net of Amortization)	\$333,600	\$250,200	\$166,800
Debt Service Reserve Fund	\$41,650	\$41,650	\$41,650
Replacement Reserve - Building	\$3,510	\$7,020	\$10,530
Replacement Reserve - Equipment	\$29,750	\$59,500	\$89,250
TOTAL OTHER ASSETS	\$1,403,760	\$1,335,271	\$1,266,781
TOTAL ASSETS	\$16,402,454	\$17,240,439	\$18,219,352
LIABILITIES AND STOCKHOLDERS' EQUITY			
CURRENT LIABILITIES			
Accounts Payable	\$137,010	\$199,446	\$199,446
Current Portion of Long-Term Debt			
Accrued Payroll and Payroll Taxes			
TOTAL CURRENT LIABILITIES	\$137,010	\$199,446	\$199,446
LONG-TERM DEBT			
Mortgage	\$14,400,305	\$14,305,016	\$14,203,850
Bank Letter of Credit			
TOTAL LONG-TERM DEBT	\$14,400,305	\$14,305,016	\$14,203,850
OTHER LIABILITIES			
Deposits			
TOTAL OTHER LIABILITIES			
TOTAL LIABILITIES	\$14,537,316	\$14,504,462	\$14,403,296
Unrestricted Net Assets			
FUND BALANCE	\$2,250,000	\$2,250,000	\$2,250,000
Retained Earnings	(\$384,882)	\$485,976	\$1,566,056
TOTAL STOCKHOLDERS' EQUITY	\$1,865,138	\$2,735,976	\$3,816,056
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	\$16,402,454	\$17,240,439	\$18,219,352

Projected Statements of Cash Flows

Based on 1st Three years of operation

	<u>2010</u>	<u>2011</u>	<u>2012</u>
CASH FLOWS FROM OPERATING ACTIVITIES			
Net Income (Loss)	(\$431,823)	\$824,675	\$1,034,692
Adjustments to Reconcile Net Revenues (Expenses) to Net Cash Provided (Used)			
By Operating Activities:			
Depreciation and Amortization	\$546,323	\$547,323	\$548,323
Changes in Current Assets and Liabilities:			
Accounts Receivable	(\$219,431)	(\$75,768)	(\$10,812)
Other Current Assets			
Accounts Payable	\$137,010	\$62,436	
Accrued Payroll and Payroll Taxes			
Operating Deficit Reserve			
Working Capital Reserve			
Deposits			
Replacement Reserves	<u>(\$33,650)</u>	<u>(\$33,650)</u>	<u>(\$33,650)</u>
TOTAL CASH PROVIDED (USED) BY OPERATING ACTIVITIES	<u>\$32,079</u>	<u>\$1,358,666</u>	<u>\$1,572,203</u>
CASH FROM FINANCING ACTIVITIES			
Land	\$2,250,000		
Loan Acquisition Costs	(\$1,013,600)		
Proceeds from Long-Term Debt	\$16,345,253		
Principal Payments on Long-Term Debt	<u>(\$123,313)</u>	<u>(\$129,945)</u>	<u>(\$136,933)</u>
TOTAL CASH FROM (USED IN) FINANCING ACTIVITIES	<u>\$17,458,340</u>	<u>(\$129,945)</u>	<u>(\$136,933)</u>
CASH FROM (USED IN) INVESTING ACTIVITIES			
Capitalized Organization Costs	(\$417,000)		
Purchase of Land	(\$2,250,000)		
Purchase of Plant and Equipment	<u>(\$14,176,392)</u>	<u>(\$5,000)</u>	<u>(\$5,000)</u>
TOTAL CASH FROM (USED IN) INVESTING ACTIVITIES	<u>(\$16,843,392)</u>	<u>(\$5,000)</u>	<u>(\$5,000)</u>
INCREASE (DECREASE) IN CASH	\$613,377	\$1,190,071	\$1,396,619
INVESTMENT INCOME			
CASH - BEGINNING OF PERIOD	<u> </u>	<u>\$613,377</u>	<u>\$1,803,448</u>
CASH - END OF PERIOD	<u>\$613,377</u>	<u>\$1,803,448</u>	<u>\$3,200,067</u>

1120.210(b), AVAILABILITY OF FUNDS

A letter from the prospective lender, Capmark, attesting to the expectation of making the loan in the amount and time indicated is attached.



December 10, 2009

Mr. George Anderson
Pecatonica Pavilion LLC
10263 Ridott Rd.
Pecatonica IL 60163

RE: **Pecatonica Senior Living**
Pecatonica, Illinois
Section 232 - New Construction

Dear Mr. Anderson,

We are pleased to issue this Financing Acknowledgement Letter for the proposed 112-bed skilled nursing and assisted living facility referenced above. It is our understanding that you will engage Capmark as your exclusive mortgagee to prepare an application for mortgage insurance under the U.S. Department of Housing and Urban Development (HUD) Section 232 program.

As we have discussed, HUD's 232 program is typically processed through two (2) stages: (1) Pre-Application, and (2) Firm Application. The Pre-Application primarily consists of a Market Study, Phase I Environmental Site Assessment, and sketch drawings. Should HUD have a favorable review of this submission, the project would receive an Invitation to Submit a Firm Application.

Upon receipt of the Invitation Letter, we would begin the processing of the Firm Application. The Firm Application is far more substantial than the Pre-Application submission and would involve additional third party reviews such as an Appraisal and Architecture and Cost Review. In addition to the third party costs, at this stage an Application Fee equal to 0.30% of the proposed loan amount is due to HUD. Final approval from HUD is received once a Firm Commitment is issued.

Please contact me at (312) 845-1838 with any questions. We look forward to working with you on this transaction.

Sincerely,

Capmark Finance Inc.

Paul Matusiak
Vice President

1120.210(c), OPERATING START-UP COSTS

A worksheet detailing the source and amount of the financial resources available to fund the operating start-up costs is attached.

Criterion 1120.210c Operating Start Up Costs

Pecatonica Pavilion, LLC

**PROJECTED STATEMENTS OF REVENUES, EXPENSES AND
CHANGES IN RETAINED EARNINGS**

	Year 1
SERVICE REVENUES	
Private	308,414
Medicaid	744,492
VA	
Medicare	385,518
AL Memory	
Mem support-1 BDR	546,524
Mem support-2 BDR	125,505
AL Normal	
1 BDR	778,833
2 BDR	217,615
Ancillary Revenue	6,331
TOTAL SERVICE REVENUES	<u>3,113,231</u>
Less Vacancy	<u>155,662</u>
Net Income	<u>2,957,570</u>
OPERATING EXPENSES	
Management Fee	147,878
Administrator	58,240
RN	92,243
LPN	133,627
CNA	381,679
Nursing admin	54,080
Dietary	139,081
Activities	9,312
Laundry	19,751
Housekeeping	49,378
Social Service	24,960
Clerical	68,640
Employee Benefits and payroll taxes	243,262
Therapy	81,639
Pharmacy	31,749
Medical Supplies	92,150
Medicare Ancillary	6,764
Raw Food	143,211
Dietary Supplies	19,131
Laundry	5,728
Utilities	149,685
Maintenance	50,000
Housekeeping Supplies	22,393
Property Taxes	150,000
Insurance	60,000
Medical Director and Psychiatrist	12,000
Consulting	34,000
Bed Taxes	<u>25,185</u>
TOTAL OPERATING EXPENSES	<u>2,343,207</u>
INCOME (LOSS) BEFORE	
OTHER EXPENSE (INCOME)	614,363
OTHER EXPENSES (INCOME)	
Depreciation and Amortization	(546,323)
TIF Revenue	350,000
Interest Income	5,324
Interest Expense	<u>(855,187)</u>
TOTAL OTHER EXPENSES (INCOME)	<u>(1,046,186)</u>
NET INCOME (LOSS)	<u>(431,823)</u>

195

ATTACHMENT-75c

Criterion 1120.210c Operating Start Up Costs

Operating Startup Deficit

Year 1	\$	(431,822.82)
Year 2	\$	<u>824,675.07</u>
	\$	392,852.25

See attachment 75A Statement of Cash Fows

1120.310(e), TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS

The total projected annual capital costs as defined in Part 1120.130(f) are attached on the following page.

1120.310(f), NON-PATIENT RELATED SERVICES

The project will be self-supporting and not result in increased charges to patients/residents. A breakdown of capital costs is also included on the following page.

Certification of Financing at Lowest Net Cost Available

This statement is being filed pursuant to Section 1120.310(b) of the Board's Rules (77 Ill. Adm. Code 1120.310). The undersigned are authorized representatives of the applicant and attest that the HUD 232 insured mortgage selected to finance the project is at the lowest net cost available.

Dated this 19th day of March 2010:

George Anderson

Dated this 19th day of March 2010:

Stephanie Amborn

Notary Public:



Certification of Financing at Lowest Net Cost Available

This statement is being filed pursuant to Section 1120.310(b) of the Board's Rules (77 Ill. Adm. Code 1120.310). The undersigned are authorized representatives of the applicant and attest that the HUD 232 insured mortgage selected to finance the project is at the lowest net cost available.

^{24th}
Dated this ~~19th~~ day of March 2010:

Raymond Anderson

^{24th}
Dated this ~~19th~~ day of March 2010:

Joanne Lamb

Notary Public:



Certification of Financing at Lowest Net Cost Available

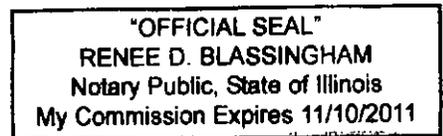
This statement is being filed pursuant to Section 1120.310(b) of the Board's Rules (77 Ill. Adm. Code 1120.310). The undersigned are authorized representatives of the applicant and attest that the HUD 232 insured mortgage selected to finance the project is at the lowest net cost available.

Dated this 19th day of March 2010:

Dated this 19th day of March 2010:

Debra Y. Anderson

Notary Public: *Renee D. Blasingham*



Criterion 1120.310(e) Projected Operating Costs

For first full year of stabilized occupancy

Salaries	\$ 1,668,175	includes staffing for AL
Supplies	\$ 661,314	includes supplies for AL
Benefits	<u>\$ 390,119</u>	Includes benefits for AL staffing
Total direct costs	\$ 2,719,607	

Year of Target Utilization

Year 3

Patient days per year	\$ 41,263	includes AL residents
Cost per patient day	\$ 65.91	

Criterion 1120.310(f) Total Effect of the Project on Capital Costs

Depreciation	\$ 548,323
Interest	\$ 841,566
Property Tax	<u>\$ 160,684</u>
Total annual capital cost	\$ 1,550,573

Year of Target Utilization

Year 3

Patient days per year	\$ 41,263	includes AL residents
	\$ 37.58	