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**STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

PUBLIC HEARING

**Re: Project #10-065, Park Pointe-South Elgin
Healthcare and Rehabilitation Center**

OCTOBER 27, 2010

NATIONWIDE SCHEDULING

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761
217-782-3516

PUBLIC HEARING
Re: Project #10-065, Park Pointe-South Elgin
Healthcare and Rehabilitation Center

Public meeting held on October 27, 2010, at the South
Elgin Village Hall, 10 North Water Street, South Elgin,
Illinois, before George Roate, Hearing Officer.

Reported by:
Karen K. Keim
CRR, RPR CSR-IL, CRR-MO
Midwest Litigation Services
401 N. Michigan Avenue
Chicago, IL 60611

1 MR. ROATE: Good morning. My name is George
2 Roate, and with me today is Mr. Bill Dart, the Assistant
3 Deputy Director, the Office of Policy Planning and
4 Statistics. We are both with the Department of Public
5 Health, and I am here to conduct a public hearing on a
6 proposed project known as Project 10-065, Park Pointe-South
7 Elgin Healthcare and Rehabilitation Center and their
8 proposal to establish a 120-bed skilled nursing facility in
9 South Elgin. As per the rules of the Illinois Health
10 Facilities and Services Review Board, I would like to read
11 the legal notice into the record.

12 In accordance with the requirements of the
13 Illinois Health Facilities Planning Act, notice is given of
14 receipt to establish a skilled nursing facility, Project
15 10-065, Park Pointe-South Elgin Healthcare and
16 Rehabilitation Center, South Elgin. The applicants: South
17 Elgin Real Estate Holdings I, LLC, and South Elgin
18 Healthcare and Rehabilitation Center, LLC. The applicants
19 propose to establish a 120-bed skilled nursing facility in
20 82,030 gross square feet of space, located on the southwest
21 corner of Illinois Route 25 and East Middle Street in South
22 Elgin. Project cost: \$21,711,784.

23 A public hearing will take place pursuant to
24 Part 1130-910. The hearing is scheduled for nine a.m. on

1 Wednesday, October 27th, located at South Elgin Village
2 Hall, 10 North Water Street, South Elgin, Illinois, 60177.
3 The public hearing is to be held by the Illinois Department
4 of Public Health pursuant to the Illinois Health Facilities
5 Planning Act. The hearing is open to the public and will
6 afford an opportunity for parties with interest to present
7 written and/or verbal comment relevant to the project. All
8 allegations or assertions should be relevant to the need
9 for the proposed project and be supported with two copies
10 of documentation or materials that are printed or typed on
11 paper size 8 1/2 x 11 inches. Consideration by the State
12 Board has been tentatively scheduled for the December 14th,
13 2010 State Board meeting.

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

20 To ensure that the Illinois Health Facilities
21 and Services Review Board's public hearings protect the
22 privacy and maintain the confidentiality of an individual's
23 health information, covered entities, as defined by the
24 Health Insurance Portability Act of 1996, such as

1 facilities, hospital providers, health plans and healthcare
2 clearinghouses, submitting oral or written testimony that
3 discloses protected health information of individuals shall
4 have a valid, written authorization from that individual.
5 The authorization shall allow the covered entity to share
6 the individual's protected health information at this
7 hearing.

8 Those of you who came with prepared text for
9 your presentation may choose to submit that text without
10 giving testimony. However, if you are giving oral
11 testimony, please be as brief as possible. With the number
12 of people wishing to speak, I should probably limit the
13 presentation to five minutes. Okay? Due to the number of
14 individuals, once again, we have to keep it to five
15 minutes. As per the legal notice, I would appreciate two
16 copies of your testimony. When you make the presentation,
17 please give the Court Reporter the spelling of your
18 complete name. If there is a chief spokesperson for the
19 applicant, we would like that individual to make the first
20 presentation. The remaining testimony will be taken in the
21 order of the names on the registers. Please hold your
22 questions until all of the testimony is presented.

23 And I believe we have an applicant from --
24 representative from--

1 MR. TIRITILLI: Thank you. My name is Anthony
2 Tiritilli, and I prepared a statement, but I'm going to
3 read through it, and then I'll submit it.

4 I'm the Director of Development for Prism
5 Healthcare Management Group. I was principally responsible
6 for preparing the Certificate of Need application that was
7 filed with the Health Facilities Service and Review Board.

8 The proposed project being discussed here
9 today is the establishment of a 120-bed skilled nursing
10 facility which will be part of a larger senior campus which
11 will ultimately include 60 assisted units and sixty memory
12 care units, for a combined total of 240 total beds. The
13 location of the proposed project came about after Prism had
14 conducted a comprehensive analysis of bed need within the
15 immediate marketplace. While there were numerous potential
16 sites that met the criteria for one of our campuses, the
17 12-acre parcel situated at the southwest corner of Route 25
18 and Middle Street in South Elgin was determined to be the
19 optimal location. The primary factor in this decision was
20 the site's strategic location at the intersection of three
21 Illinois counties, Kane, Cook, and DuPage, which also
22 happened to be the demarcation of three major planning
23 areas: Planning Area 8, Kane County; Planning Area 7-A,
24 West Cook County; and Planning Area 7-C, DuPage County. So

1 close is the subject property to the cited planning areas
2 that if one were to walk only one thousand yards in either
3 a northeasterly or southeasterly direction, they would be
4 standing in another county and, more importantly, another
5 planning area.

6 The subject site is technically located within
7 Planning Area 8, Kane County, which has a current
8 State-calculated bed need of 30 beds. However, the
9 abutting Planning Area 7-A, Cook County, has a bed need of
10 891 beds, and 7-C, DuPage County, has a bed need of 614
11 beds. The combined total bed need is 1,535 beds, which far
12 exceeds our request of 120 total skilled beds. I have an
13 exhibit here that I'd be happy to show anybody that wants
14 to look at it later, kind of outlining our location
15 relative to the other planning areas.

16 While I have just outlined the technical,
17 State-calculated bed need within the primary market area of
18 the proposed facility, it is important to consider,
19 certainly for a group such as ours that is about to invest
20 over 50 million dollars into this location for its entire
21 campus, that the State's spending calculations are
22 predicated largely upon demographics. Demographics, while
23 very important, do not always tell the whole story. There
24 are many other variables that exist in the skilled

1 marketplace today that may not be accurately reflected in
2 the bed-need calculations. For instance, what does the
3 modern consumer expect from long-term care providers today?
4 Based upon our experience, we believe the consumer expects
5 the option for a private room or a larger, semi-private
6 room with private bathrooms. The days of sharing with
7 three and four beds are over. They want more space to
8 socialize, to have private visits with their family
9 members. They want less institutional dining facilities
10 where they have choice over their meals and don't have a
11 take-it-or-leave-it option. They want their new homes to
12 actually feel more like homes and less like mini hospitals.
13 These amenities are not just what the market is demanding.
14 There is evidence that single bedrooms can actually reduce
15 infection rates, improve recovery times, increase physical
16 and emotional well-being.

17 The facility has been -- this facility has
18 been designed from the ground up to address these market
19 demands. We increased the average size of the units. We
20 have changed our typical unit mix to address the market
21 demand for private rooms. This facility will have 120
22 total beds in 96 rooms, of which 72 are private rooms with
23 a private bath. We have three separate dining rooms,
24 activities spaces inside and out, private lounges for

1 family visitation, TV and reading rooms, beauty salon, gift
2 shop, spa bathing areas, all while providing the highest
3 quality of nursing care a patient could possibly require.

4 The design of this facility allows us to also
5 address another market shift affecting skilled facilities
6 today, and that is the pressure hospitals are under to seek
7 early discharges. They need beds for short-term stays.
8 Our facility has its own 30-unit wing, dedicated to
9 post-acute short-term stay patients. This wing includes a
10 3,000 square foot, cutting edge, professionally staffed and
11 fully equipped, inpatient and outpatient rehabilitation
12 center. Currently -- and this is important -- none of the
13 post-acute utilization of skilled care is included in the
14 State's bed need formula.

15 Another area that will undoubtedly be brought
16 up here today by those wishing to speak will be utilization
17 rates. Why would the State approve another facility, even
18 if there were bed need, while utilization rates are below
19 the State's standard of 90 percent? And that's a good
20 question. According to the latest data available, the
21 30-minute drive time PMA has a utilization rate slightly
22 below 85 percent. So why is there bed need and yet
23 utilization rates are not yet at 90 percent? It is our
24 opinion and actual experience that the reason for this

1 aberration are several, all of which skew the actual
2 utilization rates and thus result in an unreliable measure
3 of true market demand.

4 We believe some of the issues affecting the
5 accuracy of utilization rates are, one, under the current
6 system of bed need, licensing -- under the current system
7 of bed need pending licensing, an operator may be unwilling
8 to decertify unused beds for the fear they will, A, need
9 them in the future and not be able to get them back; B,
10 they will be penalized financially at the time of sale or
11 disposition of the property, as skilled facilities
12 typically trade on a per-bed price. Therefore, by not
13 decertifying beds that are no longer in use, the
14 utilization rates appear lower than on an effective base.

15 Two, under the current system of reporting,
16 utilization rates do not accurately reflect beds that
17 cannot be occupied due to isolation cases. If a
18 semi-private room has a resident requiring isolation, then
19 the other bed is now unable to be occupied. This problem
20 is magnified in older facilities that have three and
21 sometimes four beds per room.

22 The third reason, under the current system of
23 reporting, utilization rates do not accurately account for
24 the beds that need to be set aside to handle the high

1 turnover associated with short-term care residents.

2 We are by no means here today to take aim at
3 the State's bed-need calculation formula or how it gathers
4 utilization data. We are just explaining why utilization
5 rates indicate excess capacity, yet the State formula and
6 our own research and experience indicates substantial bed
7 need in the marketplace. We believe that there is strong
8 bed need in this market but it's for the right kind of bed,
9 not just any skilled bed.

10 Thank you.

11 MR. ROATE: What I'll do is I'll alternate
12 testimony in support and in opposition to the project. So,
13 first person on the list in speaking in opposition to the
14 project, I have Whitney Arado.

15 (Pause)

16 MS. ARADO: Whitney Arado, W-h-i-t-n-e-y,
17 A-r-a-d-o. I am Whitney Arado, and I am Executive Director
18 of Healthcare Development for the Addison Rehab and Living
19 Center, which is a new facility that recently received a
20 Certificate of Need, and we will be breaking ground on this
21 building early next year. The Addison Rehab and Living
22 Center shall offer high-end, hotel-style amenities, with
23 above market standard outcomes, first rate-care and
24 comfort. We will offer all private rooms, including -- we

1 will have 120 private rooms, which go above and beyond the
2 current guidelines, which require three percent of a
3 facility's rooms to be private. We will be within a mile
4 of the new Sherman Hospital and offer residents in Elgin
5 and the surrounding areas a premiere facility of choice we
6 are extremely excited to provide this level of care and
7 services to the community.

8 I am writing today in opposition to the
9 proposed construction of Park Pointe. There are 25
10 existing nursing facilities within a 30-minute market that
11 are occupied at an average rate of 83.2 percent. This is
12 well below the 90 percent threshold set forth by the Health
13 Facilities and Services Review Board. I have checked the
14 public record, and it shows that there are two projects
15 that have been granted new permits for construction. These
16 two projects alone seem to be creating more than enough
17 additional long-term care beds for the 30-minute market
18 area of this proposed project.

19 In conclusion, the Addison strongly opposes.

20 MR. ROATE: Next speaking in support of the
21 project, I'd like to call Dean Kelley.

22 MR. KELLEY: Hi. I'm Dean Kelley.
23 K-e-l-l-e-y. I represent Abbott Land and Investment. We
24 are the developers of property on the east side of South

1 Elgin as well as Bartlett and Elgin, about a thousand
2 acres. The project is on property that we are selling to
3 the Prism Group. I represent the owners, and we are in
4 full support of the project. It's very compatible with the
5 surrounding uses in our development plan. We have a very
6 experienced operator in Prism. I visited their facility in
7 Morris. It's state of the art, and we expect the same high
8 quality project at the current location.

9 I'm in full support of the project. Thank
10 you.

11 MR. ROATE: Next I'd like to call Mr. Ted
12 O'Brien.

13 (Pause)

14 MR. O'BRIEN: Ted O'Brien, O-b-r-i-e-n.

15 My name is Ted O'Brien. I'm the Administrator
16 of Aurora Rehabilitation and Living Center. The
17 utilization rate in my primary marketing area is 83.2
18 percent. We also own and manage a Supportive Living
19 building on this campus, which has apartments, which also
20 has under utilized rooms. My facility's current
21 utilization is 67.7 percent. The influx of additional
22 long-term care beds will place undue hardship on the
23 residents at my facility as well as the residents in the
24 primary marketing area who call their facilities home.

1 An additional nursing facility will tax a
2 critical shortage of licensed staff. The shortage of staff
3 will affect the provision of care. The facilities in the
4 county are currently well below the targeted occupancy rate
5 of 90 percent. We believe that allowing another proposed
6 center will have devastating effects for all ECF's in Kane
7 County.

8 I respectfully request that the project be
9 denied. I also have a letter from my employees, who also
10 sign in opposition, and it reads, "As an employee of Aurora
11 Rehabilitation and Living Center, we oppose the need for a
12 new extended-care facility in our market area. Based on
13 the data provided in Park Pointe's CON application,
14 utilization in the primary market area is currently at 83.2
15 percent, which is below the threshold set forth by the
16 Illinois Health Facilities Review Board of 90 percent. A
17 new skilled nursing facility will place economic hardship
18 on existing facilities, forcing them to possibly use agency
19 staffing and jeopardize the quality of care by reducing
20 continuity of care." All of those that signed oppose the
21 project.

22 Thank you.

23 (Pause)

24 MR. ROATE: Next I'll call Andrew Hamilton.

1 MR. HAMILTON: My name is Andrew Hamilton,
2 H-a-m-i-l-t-o-n, and I'm Executive Director of the Upper
3 Illinois River Valley Development Authority. We are a
4 regional bonding agency that issues bonds on behalf of
5 entities that wish to create jobs and stimulate business
6 activity. We've issued over \$189,000,000 in bonds, have
7 created a little under 200 jobs. We have approved a
8 resolution to issue bonds on behalf of this project, and we
9 are issuing the bonds as part of the American Recovery and
10 Reinvestment Act that was passed in February of '09 that
11 allows for bond findings to be provided for this type of
12 specific activity, being commercial activity. So, there's
13 an allocation \$15 billion of Recovery Zone Facility Bond
14 allocation that's available nationwide. Illinois got an
15 allocation of one billion, and we have received approval
16 from the county to be the issuer of these bonds for this
17 specific project.

18 We are in support of the project. We have
19 done findings of this particular developer in the past and
20 it's paid as agreed, and we're excited to provide the
21 second facility funding for that. So we're in support.
22 Thank you.

23 MR. ROATE: Next I'd like to call Joli Koch,
24 K-c-c-h.

1 MS. KOCH: Good morning. My name is Joli
2 Koch, J-o-l-i, last name K-o-c-h.

3 I'm requesting to accept my correspondence
4 today as an initial expression of the opposition to South
5 Elgin Real Estate Holding, LLC, and South Elgin Healthcare
6 and Rehabilitation Center, LLC, application to construct a
7 120-bed skilled nursing facility as part of a 240-bed
8 senior community, also offering Alzheimer's and assisted
9 living care. Based upon the CON application, South Elgin
10 Healthcare and Rehabilitation, LLC, seeks to construct 60
11 assisted living units and 60 memory care units, for an
12 additional 120 beds on a senior campus, with a proposed
13 120-bed skilled nursing facility.

14 As I'm sure you will find through other
15 correspondence and data from concerned area providers, the
16 average utilization rate for 2009 for even the 17-mile
17 primary market area referenced in the CON does not meet the
18 Board's 90 percent targeted occupancy rate to support the
19 proposed project. An occupancy rate of only 83.9 percent
20 in this area alone reflects no supportive need for the
21 project with an additional 562 skilled nursing beds already
22 approved or in the final stages of construction in the
23 area. Of the 562 beds, Church Creek Station, better known
24 as Claremont of Hanover Park, is scheduled to open its

1 150-bed skilled nursing facility before the end of the
2 year. An analysis of the 36 skilled nursing facilities
3 within the 30-minute drive time area also revealed an
4 average occupancy of 79.5 percent in 2008, which also
5 remains well below the 90 percent targeted occupancy rate.
6 It should be mentioned that of the 36 facilities, Assisi
7 Clark Oaks showed an occupancy rate of 17.9 percent in
8 2008, after having opened that year. After a full year of
9 operation, Assisi Clare Oaks showed an occupancy of 50.34
10 percent for 2009 and still only 59 percent -- or 71 out of
11 120 residents -- on 3/4, at the time of the most recent
12 annual survey. Assisi Clare Oaks, having opened as a new
13 state-of-the-art 120-beds skilled nursing facility and part
14 of the new CCRC in 2008, has only continued to struggle to
15 fill its beds, along with many other providers, including
16 Rosewood Care Center of St. Charles and Rosewood Care
17 Center of Inverness, which maintained average occupancy
18 levels of 73 percent and 67.8 percent, respectively, in
19 2008. The 79.5 percent overall occupancy of the 36
20 facilities in the 30-minute drive time and Assisi Clare
21 Oaks' current census occupancy levels clearly demonstrate
22 that despite the growing number of seniors, many factors
23 exist that impact the overall levels of skilled nursing
24 facilities, including the growing availability of

1 alternatives to nursing home care that did not exist thirty
2 years ago. These alternatives include home healthcare and
3 community programs to promote the ability of seniors to
4 remain in their homes, which only show increased
5 utilization levels and only are expected to increase.
6 These trends are currently not factored in to the CON
7 application process but do pose an impact on the actual
8 need for long-term nursing beds in any given planning area.

9 Further complicating the validity of the CON
10 application is that the proposed site is technically
11 located in Kane County in Health Service Area 8, which has
12 a current calculated need of 30 beds. Although the
13 applicants maintain that the project site is in a unique
14 location within close proximities to Planning Areas 7-A,
15 Northwest Cook County, and 7-C, DuPage County, it is
16 currently understood that the Illinois Health Facilities
17 and Services Review Board, quote, recognizes that some
18 long-term care facilities may have a primary market area
19 that is not contained within the planning area in which the
20 facility is located. Placement and long-term care
21 facilities may be influenced by such factors but not
22 limited to location of next-of-kin or relatives, seeking
23 services of a specialized nature, such as treatment for
24 various diseases or disabilities, or seeking services

1 related to religious, ethnic, or fraternal needs. Because
2 of the significant degree of mobility that is exercised in
3 seeking long-term care services, the Health Facility
4 Services Review Board shall not allocate portions of a
5 facility's beds and services to more than one planning
6 area. And that was taken out of the Rules and Regulations.

7 Given these requirements, it is contested how
8 any portion of Park Pointe-South Elgin Healthcare and
9 Rehabilitation Center's proposed beds could be allocated to
10 the 7-A and 7-C planning areas. For these reasons and for
11 those stated above, it's respectfully requested that the
12 CON application for Park Pointe be denied.

13 Thank you.

14 MR. ROATE: Next I'd like to call Kim
15 Westerkamp.

16 MS. WESTERKAMP: Kim Westerkamp,
17 W-e-s-t-e-r-k-a-m-p.

18 My name is Kim Westerkamp. I'm the Chief
19 Operating Officer for the Prism Healthcare Group. We
20 represent six long-term care, skilled nursing facilities
21 and supporting facilities in the State of Illinois.

22 I want to -- obviously, I'm here in support of
23 this project, but I want to make it clear to the Board that
24 we are not asking that any of our beds be allocated to

1 another planning area other than the Kane County planning
2 area. We are simply defining our market area to be that of
3 a 30-mile radius, a 30-mile drive time around the suggested
4 site. We did pick that site with very good intentions and
5 after thorough market study, and that site literally is a
6 stone's throw away from two other planning areas that do
7 have a bed need of 500 -- I'm sorry -- 1,505.

8 I want to address the occupancy rate, and we
9 have done an extensive study on occupancy rates across the
10 State of Illinois, and we do acknowledge that the occupancy
11 rates do run between 80 and 85 percent on average across
12 the State of Illinois. We did a very in depth study of the
13 increase and isolation cases that have been discharged from
14 the hospital over the last 18 months -- actually last 24
15 months -- and we've seen almost a 30 percent rise in
16 isolation cases discharged to us from the hospital. About
17 8 of every 10 residents that are discharged to any of our
18 six facilities come with some sort of isolation.
19 Unfortunately, those isolations can't be commingled. This
20 is having a direct result on our occupancy rates.
21 Currently in one of our facilities in Morris, we have 10
22 isolation cases that were discharged to us in the last 30
23 days that are taking up over 20 beds. That's more than 10
24 percent of our licensed beds in that one facility. We have

1 another facility in Amboy, Illinois that probably has 7
2 isolation cases. We have a 97-bed facility. That's taking
3 up almost 18 beds because we do have three three-bed wards
4 in that facility. It is an outdated facility. That is
5 skewing the numbers consistently across the state, and a
6 third facility down in Coles County, Illinois. And I tell
7 you about these three very different counties, because they
8 are very far apart from each other and they are rural
9 Illinois. We have a 148-bed facility that currently has
10 (inaudible) of 80. When you look at our cost report, it
11 projects 67 percent occupancy. That's very skewed. We've
12 taken 30 beds out of service to make that facility
13 accommodate what the residents are asking for and need
14 today. We have private rooms, and to do that we had to
15 take 30 beds out of service. I will not give up those
16 beds. We are in a planning area where beds are a premium,
17 so, again, skewing the occupancy rates and, again, we
18 acknowledge that we see that the occupancy rates are below
19 the 90 percent.

20 We have just completed a brand new skilled
21 nursing facility in Morris, Illinois. Again, that facility
22 opened up with 113 residents. We're at 131 residents
23 today. I am licensed for 142 beds. I'm full because of my
24 isolation cases.

1 We are working closely with Kane County.
2 We're very excited about this project. It's going to
3 create four to 500 construction jobs over 24 months. It's
4 also going to create another 200 jobs in the area for
5 housekeepers, CNA's, nurses. We understand there is a
6 shortage with CNA's and nurses in the area. We are working
7 very closely, again, with Kane County on the economic
8 development of this area, offering education incentives to
9 colleges, to our employees, to further their education to
10 meet the need, and that starts the day of construction.
11 That doesn't start the day we open the doors.

12 I think that's it. Thank you.

13 MR. ROATE: Next I'd like to call Fred Karm.

14 MR. KARM: Good morning. Fred is my first
15 name. Last name is spelled K-a-r-m. I'm Executive
16 Director of Aurora Supportive Living. I will present
17 written testimony as to why we are opposed to this project
18 and give some oral testimony as well.

19 As an employee of Aurora Supportive Living, we
20 do not feel that a new extended healthcare program in our
21 marketplace will be needed. Based on the data provided in
22 Park Pointe's CON application, the utilization in the
23 primary market is currently at 83.2 percent, which is well
24 below the threshold set forth by Illinois Health Review

1 Board at 90 percent. A new facility would certainly place
2 economic hardships on our facilities forced to use staffing
3 agencies, which, most importantly, will jeopardize the
4 quality of the continuing care for our residents and the
5 continuity of care.

6 Thank you.

7 MR. ROATE: Next I call Mr. Lewis Borsdillio.

8 MR. BORSDDLIO: Lewis Borsdillio, L-e-w-i-s
9 B-o-r-s-d-l-l-i-o, and I'm the CEO of Prism Healthcare
10 Group, here in support of the project in South Elgin.

11 One thing I believe we have to touch on, and
12 that is in this planning area we're talking about, 36
13 facilities, we believe the average age of these facilities
14 is 30 years plus. The things that we've experienced in
15 Morris, when we went out there we actually took over a
16 county -- we are actually the only group that has ever
17 privatized a county nursing home that had an average age of
18 40 plus years. What we found in Morris, Illinois in that
19 section is that we built a new SLF, which is supportive
20 living facility, and we built a brand new nursing home that
21 is basically 143 beds.

22 What people are not looking at and what they
23 don't look at is the freedom of choice that we're giving to
24 the elderly and senior community. When you look at the

1 existing facilities that have been aged in place over 35
2 years and you walk through our new facility, it actually
3 puts a smile on your face, that the seniors and the people
4 that are responsible for taking care of these seniors,
5 their siblings, their kids actually have walked in this
6 facility and basically have made the analogy that this is a
7 Ritz Carlton compared to a Holiday Inn, not that a Holiday
8 Inn is a bad place of stay, but guess what? 35 years of
9 aging nursing homes, our seniors don't have any choice.
10 They have tweedle-dee or tweedle-dum.

11 So, from the point of view of our community
12 and the aging communities of seniors, we believe that
13 spending 50 million dollars in this area is a competitive
14 area. It will be a wise choice to make. We've looked at
15 the surrounding areas and the bed need in the area, and the
16 competition would be -- would then look at us and say, "we
17 have to meet the higher standard, the new standard of
18 providing brand new facilities for aging seniors than the
19 aging seniors in an aging place." We believe this is a
20 dignity issue. We believe that the seniors will make a
21 choice of new rather than the existing marketplace, which
22 is basically 35 years plus.

23 Thank you.

24 MR. ROATE: Is there anyone who wishes to

1 testify who has not had an opportunity.

2 Seeing none, is there anyone who wishes to
3 testify or anyone who wishes to provide additional
4 testimony.

5 Okay. I would remind everyone to submit your
6 written comments to us so that we have this information for
7 the record. Also, this project is scheduled for
8 consideration by the Illinois Health Facilities and
9 Services Review Board at its December 14th, 2010 meeting.
10 This will be held in Matteson, Illinois at the Holiday Inn
11 Hotel and Conference Center, 500 Holiday Plaza Drive,
12 Matteson, Illinois. The public has until November 24th,
13 2010 to submit written comments. These comments can be
14 sent to my attention, to Illinois Department of Public
15 Health, 525 West Jefferson Street, Second Floor,
16 Springfield, Illinois, 62761-0001. If you prefer, you may
17 fax your comments. Our fax number is area code
18 217-785-4111.

19 Are there any questions.

20 Seeing that there are no additional questions
21 or comments, I deem this public hearing adjourned.

22 Thank you.

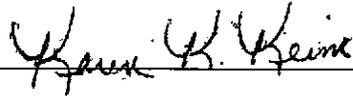
23 (Whereupon the proceedings were concluded.)

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CERTIFICATE OF REPORTER

I, KAREN K. KEIM, RPR, CRR, a Certified Court Reporter in the States of Illinois and Missouri, do hereby certify that the proceedings in the above-entitled matter were taken by me to the best of my ability and thereafter reduced to typewriting.



KAREN K. KEIM

CRR, RPR, CSR-IL, CRR-MO

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