

Lockwood AH Partners, LLC

1630 Des Peres Road, Suite 310
Saint Louis, Missouri 63131
(314) 238-3800

August 26, 2013

RECEIVED

AUG 27 2013

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson, Second Floor
Springfield, Illinois 62761

Re: Project # 11-006
Transitional Care Center of Arlington Heights

Dear Ms. Avery:

Pursuant to intended HUD funding for the above referenced project, please find and execute the attached HUD form. This is a HUD processing requirement for funding.

It can be returned to me at the following address:

Lockwood AH Partners, LLC
Attn: Chris Chancellor
1630 Des Peres Rd., Suite 310
St. Louis, MO 63131

Please give me a call at 314-238-3814 if you have any questions.

Sincerely,



Chris Chancellor
Manager, Special Projects

**Certificate of Need, (CON),
for Health Facility and
Assurance of Enforcement
of State Standards
Section 232**

**U.S. Department of Housing
and Urban Development**
Office of Residential
Care Facilities

OMB Approval No. 2502-0605
(exp. 03/31/2014)

Public reporting burden for this collection of information is estimated to average 0.5 hour(s). This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Warning: Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions.

This Certificate covers the following type of facility: (check one):	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Intermediate Care Facility (ICF)
<input checked="" type="checkbox"/> Skilled Nursing Facility (SNF)	<input type="checkbox"/> Other (Specify):

To the Secretary of Housing and Urban Development: In accordance with the provisions of the National Housing Act, as amended, and applicable portions of Titles VI, or XV, or XVI of the Public Health Service Act, this agency Illinois Health Facilities and Services Review Board certifies as follows:

1. This facility will provide licensed Skilled Nursing services without duplicating such services already adequately provided within the service area and without exceeding present needs for such services in the area.
2. In accordance with the approved State Health Plan and the State CON requirements or Section 1122 (SSA) requirements, there is a need for 120 of beds to be constructed, to be located at 1200 N. Arlington Heights Rd. in service area 7-A.
3. This HUD CON for service area stated above in the State of Illinois is issued in favor of Transitional Care Center of Arlington Heights, LLC only, for the construction and/or modernization of Transitional Care Center of Arlington Heights, 1200 N. Arlington Heights Rd., Arlington Heights, Illinois only, and is in effect until April 30, 2014.
4. There are in force in the State (or other political subdivision of the State in which the proposed project will be located) reasonable minimum standards of licensure and methods of operation of this health facility.
5. The prescribed standards of licensure and operation will be applied and enforced with respect to the applicant health facility.
6. Amount of other Federal assistance, if any, N/A from N/A.
7. A copy of the State's approval under its CON Program shall be attached.

Date Issued:	Signature:
Termination Date:	Title:
Name of Agency:	Address and Phone Number of Agency:



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

June 30, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Brian Cloch, CEO
Transitional Care Center of Arlington Heights, LLC
836 Skokie Boulevard
Northbrook, IL 60062

RE: **PERMIT**: #11-006 – Transitional Care Center of Arlington Heights

Dear Mr. Cloch:

On June 28, 2011, the Illinois Health Facilities and Services Review Board ("Board") approved the application for permit for the referenced project based upon the project's substantial conformance with the applicable standards and criteria of Part 1110 and 1120. In arriving at a decision, the State Board considered the findings contained in the State Agency Report, the application material, and any testimony made before the State Board.

- **PROJECT**: #11-006 – Transitional Care Center of Arlington Heights - The permit holder is approved for the establishment of a 120 bed long term care facility in 71,600 GSF of new construction to be located at 1200 N. Arlington Heights Road, Arlington Heights, Illinois. The operating entity licensee Transitional Care Management, 836 Skokie Boulevard, Northbrook, Illinois. The owner of the site is SNF Holdings, LLC., 836 Skokie Boulevard, Northbrook, Illinois.
- **PERMIT HOLDER**: Transitional Care Center of Arlington Heights, LLC and Transitional Care Management, 836 Skokie Boulevard, Northbrook, Illinois
- **PERMIT AMOUNT**: \$22,275,873
- **PROJECT OBLIGATED BY**: April 30, 2012
- **PROJECT COMPLETION DATE**: April 30, 2012

This permit is valid only for the defined construction or modification, site, amount and the named permit holder and is not transferable or assignable. In accordance with the Planning Act, the permit is valid until such time as the project has been completed, provided that all post permit requirements have been fulfilled, pursuant to the requirements of 77 Ill. Adm. Code 1130. The permit holder is responsible for complying with the following requirements in order to maintain a valid permit. Failure to comply with the requirements may result in expiration of the permit or in State Board action to revoke the permit.

1. OBLIGATION-PART 1130.720

The project must be obligated by the Project Obligation Date, unless the permit holder obtains an "Extension of the Obligation Period" as provided in 77 Ill. Adm. Code 1130.730. Obligation is to be reported as part of the first annual progress report for permits requiring obligation within 12 months after issuance. For major construction projects which require obligation within 18 months after permit issuance, obligation must be reported as part of the second annual progress report. If project completion is required prior to the respective annual progress report referenced above, obligation must be reported as part of the notice of project completion. The reporting of obligation must reference a date certain when at least 33% of total funds assigned to project cost were expended or committed to be expended by signed contracts or other legal means.

2. ANNUAL PROGRESS REPORT-PART 1130.760

An annual progress report must be submitted to IDPH every 12-month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

The permit holder must submit a written notice of project completion as defined in Section 1130.140. Each permit holder shall notify IHFSRB within 30 days following the project completion date and provide supporting documentation within 90 days following the completion date and must contain the information required by Section 1130.770. **Please note the Illinois Department of Public Health will not license the proposed facility until all of the Board's permit and post permit requirements have been completed.**

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction. Should you have any questions regarding the permit requirements, please contact Mike Constantino at 217-782-3516.

Sincerely,



Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board

cc: Dale Galassie, Chairman



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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May 17, 2012

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Christopher J. Dials
Revere Healthcare, Ltd.
10 Spring Street
Cary, Illinois 60013

RE: **Permit Renewal**
Health Facilities Planning Act
PROJECT: 11-006: Transitional Care Center of Arlington Heights
APPLICANT(S): Transitional Care Center of Arlington Heights, LLC., Transitional Care Management

Dear Mr. Dials:

On May 10, 2012 the Chairman of the Illinois Health Facilities and Services Review Board approved a permit renewal for the above-captioned project. Therefore, the permit for this project has been renewed until April 30, 2014.

Should the permit holder determine that it will be unable to complete the project by April 30, 2014; the permit holder may request another renewal of the permit. 77 IAC 1130.740 provides that the State Agency must be in receipt of a permit renewal request AT LEAST 45 DAYS PRIOR TO THE EXPIRATION DATE OF THE REQUIRED COMPLETION PERIOD.

The permit holder is reminded that permits for projects which are not completed within the required time frame shall expire for lack of due diligence, unless renewed by the State Board. The permit holder is also reminded of the other post-permit requirements contained in "Subpart G" of Part 1130. Adherence to these requirements is essential in maintaining a valid permit and is the sole responsibility of the permit holder.

Should you have any questions, please contact our office at (217) 782-3516 and ask to speak to a staff person about post permit requirements.

Sincerely,

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board

cc: Dale Galassie, Chairman



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May 17, 2012

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Christopher J. Dials
Revere Healthcare, Ltd.
10 Spring Street
Cary, Illinois 60013

RE: Extension of Obligation
Health Facilities Planning Act
PROJECT: 11-006: Transitional Care Center of Arlington Heights
APPLICANT(S): Transitional Care Center of Arlington Heights, LLC., Transitional Care Management

Dear Mr. Dials:

On May 10, 2012 the Chairman of the Illinois Health Facilities and Services Review Board approved your request for an extension of obligation for Permit #11-006. Your extension of obligation is in compliance with 77 IAC 1130.730 - Extension of Obligation. The permit obligation date for Permit #11-006 has been changed to February 28, 2013. **Failure to obligate the above permit within the required timeframe will result in the permit being null and void.**

The permit holder is reminded that the rules under which the application was approved, and the permit issued, may include limitations and assurances as to the ongoing performance of this project. Failure to comply with any ongoing performance requirements could invalidate the permit and expose the permit holder to any fines, penalties, or other sanctions provided by the Board's Act and Rules.

Should you have any questions, please contact me at (217) 782-3516.

Sincerely,

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board

cc: Dale Galassie, Chairman