

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

FEB 06 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION****This Section must be completed for all projects.****Facility/Project Identification**

Facility Name: Manor Court of Freeport		
Street Address: 2170 West Navajo Drive		
City and Zip Code: Freeport, Illinois 61032		
County: Stephenson	Health Service Area: 001	Health Planning Area: 085

Applicant /Co-Applicant Identification**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name: Residential Alternatives of Illinois, Inc.
Address: 285 South Farnham Street, Galesburg, Illinois 61401
Name of Registered Agent: J. Michael Bibb
Name of Chief Executive Officer: Irwin G. Jann
CEO Address: W4818 South Lake Shore Drive, Fontana, WI 53125
Telephone Number:

Type of Ownership of Applicant/Co-Applicant

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

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

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

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

Name: John P. Kniery
Title: Health Care Consultant
Company Name: Charles H. Foley & Associates, Inc.
Address: 1638 South MacArthur Boulevard, Springfield, Illinois 62704
Telephone Number: (217) 544-1551
E-mail Address: foley.associates@sbcglobal.net
Fax Number: (217) 544-3615

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

Name: Ronald J. Wilson
Title: Chief Financial Officer
Company Name: RFMS, Inc.
Address: 285 South Farnham Street, Galesburg, Illinois 61401
Telephone Number: (309) 343-1550
E-mail Address: rjwilson@rfmsinc.com
Fax Number: (309) 343-2857

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

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City and Zip Code: Freeport, Illinois 61032		
County: Stephenson	Health Service Area: 001	Health Planning Area: 085

Applicant /Co-Applicant Identification

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

Exact Legal Name: Frances House, Inc.
Address: 285 South Farnham Street, Galesburg, Illinois 61401
Name of Registered Agent: J. Michael Bibo
Name of Chief Executive Officer: Jeffrey W. Shaw, President
CEO Address: 3131 West War Memorial Drive, Peoria, Illinois 61615
Telephone Number: (309) 688-0928

Type of Ownership of Applicant/Co-Applicant

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

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E-mail Address: rjwilson@rfmsinc.com
Fax Number: (309) 343-2857

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name: Andres Bardeias
Title: Administrator
Company Name: Manor Court of Freeport
Address: 2170 West Navajo Drive, Freeport, IL 61032
Telephone Number: (815) 233-2400
E-mail Address: freeportadmin@rfmsinc.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Residential Alternatives of Illinois, Inc.
Address of Site Owner: 285 South Farnham Street, Galesburg, Illinois 61401
Street Address or Legal Description of Site: 2170 West Navajo Drive
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
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: Residential Alternatives of Illinois, Inc.		
Address: 285 South Farnham Street, Galesburg, Illinois 61401		
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> 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. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 		
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Organizational Relationships

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

APPEND DOCUMENTATION AS ATTACHMENT-4, 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.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT-5, 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-6, 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)]

Part 1110 Classification:

- Substantive
 Non-substantive

Part 1120 Applicability or Classification:
[Check one only.]

- Part 1120 Not Applicable
 Category A Project
 Category B Project
 DHS or DVA Project

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The Applicant of Manor Court of Freeport is Residential Alternatives of Illinois. This existing 90-bed nursing facility located at 2170 West Navajo Drive, Freeport, Stephenson County, Illinois is part of the Liberty Village of Freeport campus. This retirement campus has the following components:

- Manor Court, a 90-bed nursing facility plus 12-bed sheltered care licensed center. It should be noted that from within the nursing and sheltered care licensed capacity, the facility is using 16 nursing beds and all 12 sheltered care beds for an Alzheimer's disease and Related Dementia (ADRD) unit;
- Hawthorne Inn, a 29 unit/37 resident supportive living facility; and
- Liberty Estates, a 69-unit retirement center (independent living apartments) and 33 retirement villa homes (with 120 additional retirement villa home sites to be built).

This project is for the addition of 27 nursing care beds to the Manor Court facility for a total of 117 nursing care beds. Twenty-one beds will be made of new construction and the remaining six beds will come from the conversion of the remaining sheltered care unit which will be converted into six private nursing beds.

This project is considered Substantive in accordance with the rules of 77 Illinois Administrative Code, Part 1110 of Subpart A, Section 1110.40.

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-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$12,000	\$3,000	\$15,000
Site Survey and Soil Investigation	8,000	2,000	10,000
Site Preparation	40,000	10,000	50,000
Off Site Work	0	0	0
New Construction Contracts	1,040,000	260,000	1,300,000
Modernization Contracts	0	0	0
Contingencies	60,000	15,000	75,000
Architectural/Engineering Fees	56,000	14,000	70,000
Consulting and Other Fees	32,000	8,000	40,000
Movable or Other Equipment (not in construction contracts)	84,000	21,000	105,000
Bond Issuance Expense (project related)	0	0	0
Net Interest Expense During Construction (project related)	0	0	0
Fair Market Value of Leased Space or Equipment	107,287	26,822	134,109
Other Costs To Be Capitalized	0	0	0
Acquisition of Building or Other Property (excluding land)	0	0	0
TOTAL USES OF FUNDS	\$1,439,287	\$359,822	\$1,799,109
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,332,000	\$333,000	\$1,665,000
Pledges			0
Gifts and Bequests			0
Bond Issues (project related)			0
Mortgages			0
Leases (fair market value)	\$107,287	\$26,822	134,109
Governmental Appropriations			0
Grants			0
Other Funds and Sources			0
TOTAL SOURCES OF FUNDS	\$1,430,487	\$357,622	1,799,109
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

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

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>Dec. 2013</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT-B, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. 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.**

INCLUDES FMV and

Cost

Department/Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL	-	-	-	-	-	-	-
Nursing	\$1,043,837	25,824	30,959	3,820	1,315	25,824	N/A
Living/Dining/Activity	\$298,711	5,387	6,837	1,100	350	5,387	N/A
Kitchen/Food Service	\$23,275	1,680	1,795	85	30	1,680	N/A
P.T./O.T.	\$0	440	440	0	0	440	N/A
Laundry	\$0	1,471	1,471	0	0	1,471	N/A
Janitor Closets	\$26,333	386	491	105	0	386	N/A
Baths/Toilets	\$42,737	812	1,012	160	40	812	N/A
Beauty/Barber	\$0	170	170	0	0	170	N/A
Total Clinical	\$1,434,893	36,170	43,175	5,270	1,735	36,170	N/A
NON CLINICAL							
Office/Administration	\$0	1,480	1,480	0	0	1,480	N/A
Employee Lounge/ Locker/Training	\$0	180	180	0	0	180	N/A
Mechanical/Electrical	\$28,841	700	815	115	0	700	N/A
Lobby	\$32,506	320	494	114	60	320	N/A
Storage/Maintenance	\$60,190	1,285	1,525	240	0	1,285	N/A
Corridor/Public Toilets	\$242,679	5,771	6,931	900	260	5,771	N/A
Total Non-clinical	\$364,218	9,736	11,425	1,369	320	9,736	N/A
TOTAL	\$1,799,109	45,906	54,600	6,639	2,055	45,906	N/A

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. Include observation days in the patient day totals for each bed service. Any bed capacity discrepancy from the Inventory will result in the application being deemed incomplete.

FACILITY NAME: Manor Court of Freeport			CITY: Freeport		
REPORTING PERIOD DATES: From: 1/1/2011 to: 12/31/2011					
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	90		31,632	+27	117
Specialized Long Term Care					
Long Term Acute Care					
Other ((Identify))					
TOTALS:	90		31,632	+27	117

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.

Residential Alternatives

This Application for Permit is filed on the behalf of of Illinois, Inc. *
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.

Irwin G. Jann
SIGNATURE

Irwin G. Jann

PRINTED NAME

President

PRINTED TITLE

Jeffrey W. Shaw
SIGNATURE

Jeffrey W. Shaw

PRINTED NAME

Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 20th day of September, 2011

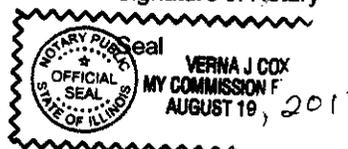
Notarization:

Subscribed and sworn to before me
this 20th day of September, 2011

Verna J. Cox
Signature of Notary



Verna J. Cox
Signature of Notary



*Insert EXACT legal name of the applicant

CERTIFICATION

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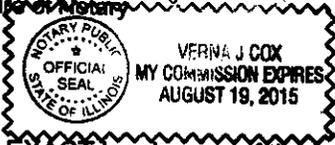
This Application for Permit is filed on the behalf of Frances House, Inc. *
 in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant 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.

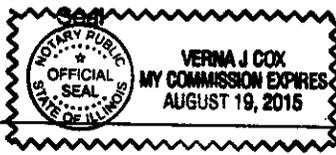
Jeffrey W. Shaw
 SIGNATURE
Jeffrey W. Shaw
 PRINTED NAME
President
 PRINTED TITLE

Kenneth A. Pyszka
 SIGNATURE
Kenneth A. Pyszka
 PRINTED NAME
Secretary
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 20th day of September, 2011

Notarization:
 Subscribed and sworn to before me
 this 20th day of September, 2011

Verna J. Cox
 Signature of Notary
 Seal


Verna J. Cox
 Signature of Notary
 Seal


*Insert EXACT legal name of the applicant

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 – Background, Purpose of the Project, 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, and certification 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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

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 as appropriate.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF 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 space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Nursing	54,600=467gsf/bed	435-713		Yes

APPEND DOCUMENTATION AS ATTACHMENT-14, 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. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	Nursing	31,632			
YEAR 2	Nursing		38,435	90%	Yes

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE: Not Germane

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-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES: Not Germane

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-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

I. Criterion 1110.1730 - General Long Term Care: This item has been repealed. In its place Criterion 1125 has been addressed.

- Applicants proposing to establish, expand and/or modernize General Long Term Care must submit the following information:

Indicate bed capacity changes by Service:
action(s):

Indicate # of beds changed by

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> General Long Term Care	90	117

- READ the applicable review criteria outlined below and submit the required documentation for the criteria:

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				
1110.1730(e)(3) - Impact of Project on Other Area Providers	X				
1110.1730(f)(1) - Deteriorated Facilities			X		

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize	Continuum of Care- Establish or Expand	Defined Population Establish or Expand
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	X
APPEND DOCUMENTATION AS ATTACHMENT-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.					

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: Indicate the dollar amount to be provided from the following sources:

\$1,665,000	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – 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, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
\$134,109	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$1,799,109	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability – Not Applicable (All Cash Project)

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

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				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) 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. Conditions of Debt Financing: Not Applicable

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Nursing	\$149.52		8,694				\$1,300,000		\$1,300,000
Contingency	\$8.62		8,694				\$75,000		\$75,000
TOTALS	\$158.14		8,694				\$1,375,000		\$1,375,000

* Include the percentage (%) of space for circulation

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/Coapplicant Identification including Certificate of Good Standing	021-023
2	Site Ownership	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	024-025
5	Flood Plain Requirements	026-027
6	Historic Preservation Act Requirements	028-029
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	030
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	031-068
12	Purpose of the Project	069-097
13	Alternatives to the Project	098-113
14	Size of the Project	114-115
15	Project Service Utilization	116-119
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	General Long Term Care	120-152
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
39	Availability of Funds	153-155
40	Financial Waiver	
41	Financial Viability	
42	Economic Feasibility	156-160
43	Safety Net Impact Statement	
44	Charity Care Information	

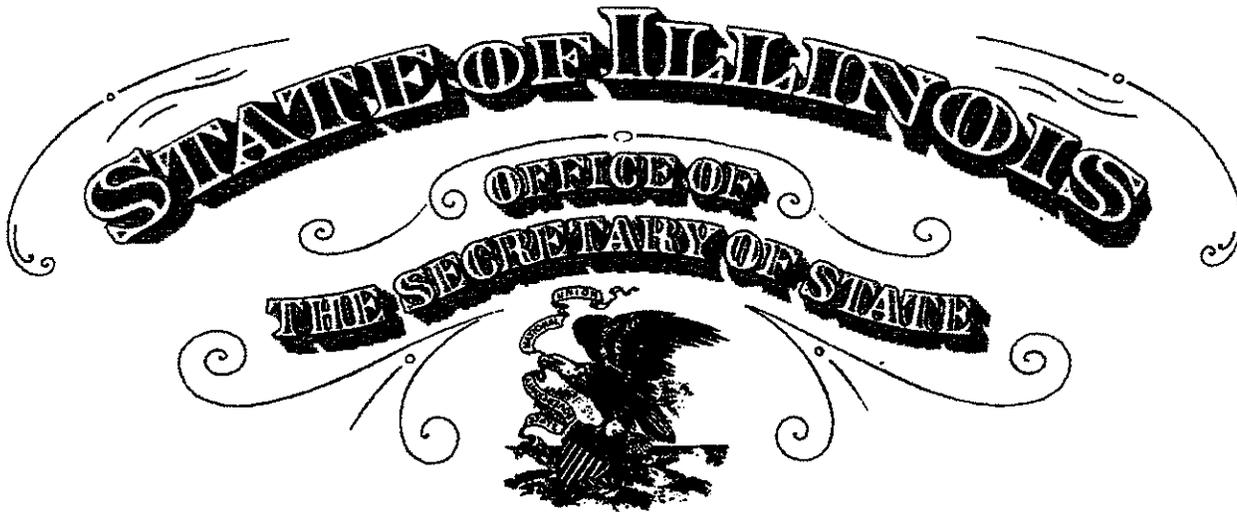
SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Applicant Identification

Corporations and limited liability companies must provide an Illinois certificate of good standing. 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.

The Applicant is Residential Alternatives of Illinois, Inc. (hereafter referred to as RAI, Inc or Applicant). The Applicant is a general not-for-profit entity incorporated in the State of Illinois. It should be noted that Frances House, Inc. is considered a co-Applicant as it is the parent entity to the Applicant. Certificates of Good Standing for each entity are appended as **ATTACHMENT-1A**.

ATTACHMENT-1



To all to whom these Presents Shall Come, Greeting:

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

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 13, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of FEBRUARY A.D. 2012 .



Jesse White

Authentication #: 1203800300
Authenticate at: <http://www.cyberdrivellinois.com>

SECRETARY OF STATE

ATTACHMENT - 1A



To all to whom these Presents Shall Come, Greeting:

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

FRANCES HOUSE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 03, 1979, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of FEBRUARY A.D. 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT - 1A

Authentication #: 1203600310

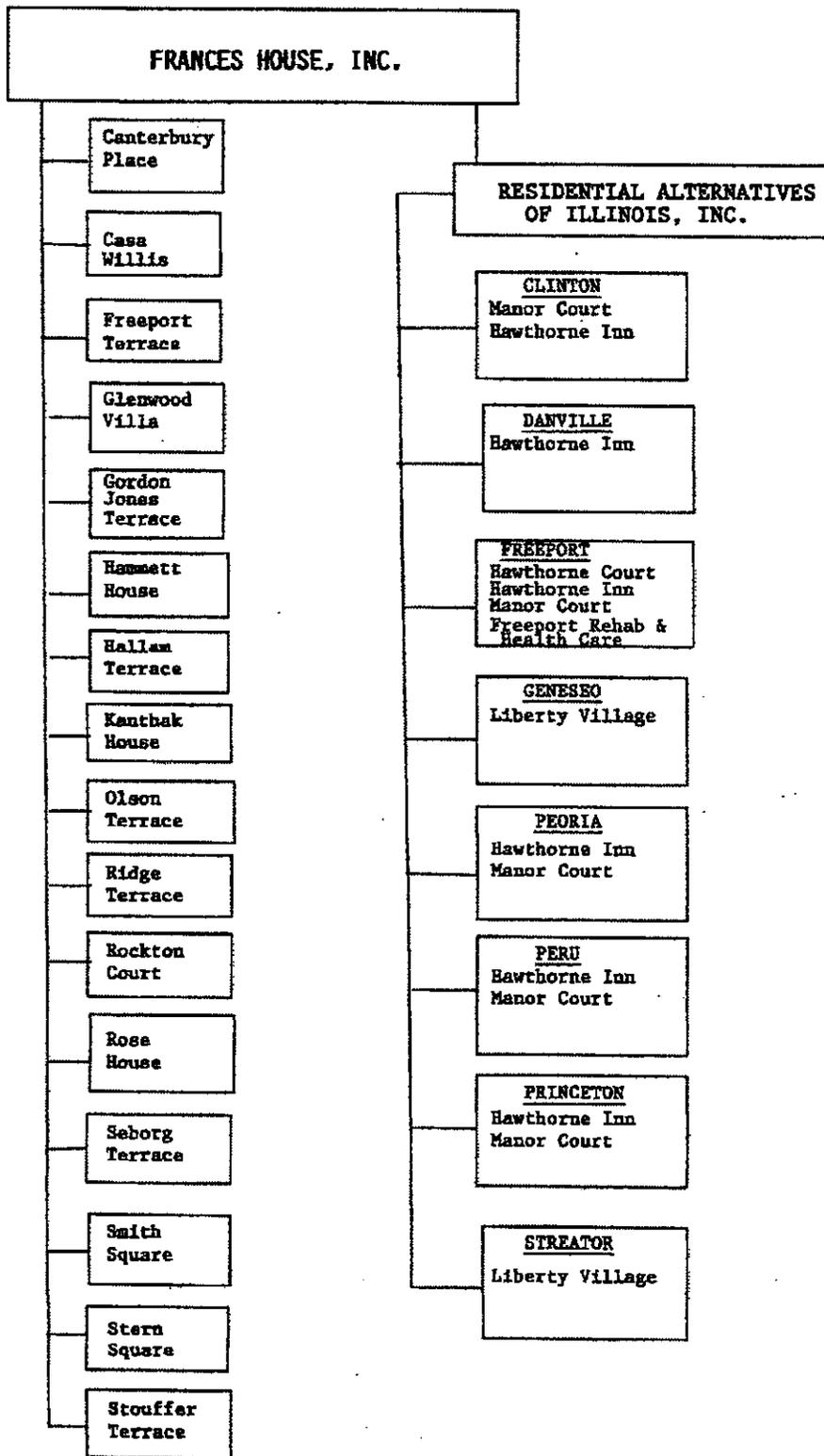
Authenticate at: <http://www.cyberdriveillinois.com>

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.

RAI, Inc. is both the owner and operating entity for the project. This entity controls eight retirement campuses in Illinois which represent seven sister facilities to the subject project. An organizational chart for RAI, Inc. is appended as **ATTACHMENT-3A**. This chart also illustrates the organizational structure of Frances House, Inc. and its subsidiaries.

ATTACHMENT-3



Flood Plain Requirements

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>).

The proposed project is an addition of skilled beds by new construction of a wing addition. A map identifying that the area is not within a special flood zone area is appended as **ATTACHMENT-4A**.

ATTACHMENT-4

KEY TO MAP

500-Year Flood Boundary	
100-Year Flood Boundary	
Zone Designations* With Date of Identification P.S., 12/2/74	
100-Year Flood Boundary	
500-Year Flood Boundary	
Date Flood Elevation Line With Elevation in Feet**	
Base Flood Elevation in Feet Where Uniform Within Zone**	(EL 517)
Elevation Reference Mark	RM7X
Zone D Boundary	
River Mile	*M1.5

**Referenced to the National Geodetic Vertical Datum of 1929

*EXPLANATION OF ZONE DESIGNATIONS

ZONE	EXPLANATION
A	Areas of 100-year flood; base flood elevations and flood hazard factors not determined.
AD	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet; average depths of inundation are shown, but no flood hazard factors are determined.
AH	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet; base flood elevations are shown, but no flood hazard factors are determined.
A1-A30	Areas of 100-year flood; base flood elevations and flood hazard factors determined.
ABB	Areas of 100-year flood to be protected by flood protection system under construction; base flood elevations and flood hazard factors not determined.
B	Areas between limits of the 100-year flood and 500-year flood; or certain areas subject to 100-year flooding with average depths less than one (1) foot or where the contributing drainage area is less than one square mile; or areas protected by levees from the base flood. (Medium shading)
C	Areas of minimal flooding. (No shading)
D	Areas of undetermined, but possible, flood hazards.
V	Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors not determined.
V1-V30	Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors determined.

NOTES TO USER

Certainly, areas not in the special flood hazard areas (zones A and V) may be protected by flood control structures.

This map is for flood insurance purposes only; it does not necessarily show all areas subject to flooding in the community or all planimetric features outside special flood hazard areas.

For adjoining map panels, see separately printed Index To Map Panels.

INITIAL IDENTIFICATION:

DECEMBER 27, 1974

FLOOD INSURANCE RATE MAP EFFECTIVE:

FEBRUARY 15, 1978

FLOOD INSURANCE RATE MAP REVISIONS:

Map revised July 30, 1982 to change corporate limits, Special Flood Hazard Area, in change to Z-field format and FEMA title block.

Refer to the FLOOD INSURANCE RATE MAP EFFECTIVE data shown on this map to determine when actuarial rates apply to structures in the zones where elevations or depths have been established.

To determine if flood insurance is available in this community, contact your insurance agent, or call the National Flood Insurance Program, at (800) 638-6620.

Historic Resources Preservation Act Requirements

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

Appended as **ATTACHMENT-5A** is a letter from Anne E. Haaker, Deputy State Historic Preservation Officer from the Illinois Historic Preservation Agency stating "no historic, architectural or archaeological sites exist within the project area".

ATTACHMENT-5

Received 12/15/11



**Illinois Historic
Preservation Agency**

FAX (217) 782-8161

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

Stephenson County

Freeport

CON - New Addition for Nursing Care Beds, Manor Court of Freeport
2170 W. Navajo Dr.
IHPA Log #013120211

December 13, 2011

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

Dear Ms. Kniery:

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

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

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

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

Sincerely,

Anne E. Haaker
Deputy State Historic
Preservation Officer

ATTACHMENT - 5A

FREERPORT, IL

27 BED NURSING HOME Addition

	Sq. Ft. 8,694.00	TOTAL Per item	COST Per Foot	COST Per Bed
INFRASTRUCTURE		\$147,798.00	\$17.00	\$5,474.00
GEN. CONTRACTOR		\$926,345.70	\$106.55	\$34,309.10
ARCHITECT		\$49,990.50	\$5.75	\$1,851.50
ENGINEERING		\$10,867.50	\$1.25	\$402.50
LAND COST		\$25,125.66	\$2.89	\$930.58
LENDING COST/INTEREST		\$9,563.40	\$1.10	\$354.20
TITLE & LEGAL		\$3,912.30	\$0.45	\$144.90
		\$0.00	\$0.00	\$0.00
CUMMINS GREAT PLAINS - GENERATOR		\$6,781.32	\$0.78	\$251.16
KITCHEN EQUIPMENT		\$21,300.30	\$2.45	\$788.90
APT. APPLIANCES (Equipment)		\$521.64	\$0.06	\$19.32
EMERGENCY CALL (Equipment)		\$34,341.30	\$3.95	\$1,271.90
SUNRISE MEDICAL - PARKER TUBS		\$0.00	\$0.00	\$0.00
EQUIPMENT (Miscellaneous)		\$11,563.02	\$1.33	\$428.26
LANDSCAPING		\$25,386.48	\$2.92	\$940.24
FLOOR COVERINGS		\$72,421.02	\$8.33	\$2,682.26
FF&E		\$94,938.48	\$10.92	\$3,516.24
UTILITIES and IMPACT FEES		\$434.70	\$0.05	\$16.10
PERMITS & FEES		\$3,564.54	\$0.41	\$132.02
DEVELOPMENT		\$8,694.00	\$1.00	\$322.00
BUILDERS RISK INSURANCE		\$5,738.04	\$0.66	\$212.52
SIGNS		\$1,564.92	\$0.18	\$57.96
MARKETING		\$0.00	\$0.00	\$0.00
DEPOSITS		\$0.00	\$0.00	\$0.00
MISCELLANEOUS		\$3,912.30	\$0.45	\$144.90
		<hr/>	<hr/>	<hr/>
		\$1,464,765.12	\$168.48	\$54,250.56

**SECTION III. PROJECT PURPOSE, BACKGROUND AND ALTERNATIVES –
INFORMATION REQUIREMENTS**

Criterion 1110.230 - Project Purpose, Background and Alternatives

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, certification and accreditation identification numbers, if applicable.

The corporate organizational chart, appended as **ATTACHMENT-3A**, lists all campuses and facilities owned and operated by the Applicant. It should be noted that Residential Alternatives of Illinois, Inc. has eight campuses with six nursing licenses, three supportive living facility certifications (through the Department of Health Care and Family Services), and five assisted living licenses. The organizational chart also identifies the non-licensed independent living apartments and villas that the Applicant provides. A copy of all facility licenses and certifications as applicable are appended under **ATTACHMENT-10A**.

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

A certified letter stating that no adverse action as defined under 1110.230.a)3)B had been taken against the Applicant or against any health care facility owned or operated by the Applicant with three years preceding the filing of this Certificate of Need application is appended as **ATTACHMENT-10B**.

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.

The above requested authorization for the Health Facilities and Services Review Board and the Department of Public Health access to information is appended as

ATTACHMENT-10C.

ATTACHMENT-10

BACKGROUND OF APPLICANT (Continued ii)

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.

As this is a new calendar year, the Applicant has not submitted any other applications for permit; therefore, this item is not germane.

ATTACHMENT-10

Facilities Operated By
Residential Alternatives of Illinois, Inc.

Liberty Village of Geneseo
920 South Chicago Street
Geneseo, IL 61254

Hawthorne Inn of Danville
3222 Independence Drive
Danville, IL 61832

Hawthorne Inn of Peoria
6906 N. Stalworth Drive
Peoria, IL 61615

Hawthorne Inn of Peru
1101 31st Street
Peru, IL 61354

Liberty Village of Streator
2322 N. Eastwood Avenue
Streator, IL 61364

Manor Court of Princeton
Hawthorne Inn of Princeton
140 N. Sixth Street
Princeton, IL 61356

Manor Court of Clinton
Hawthorne Inn of Clinton
1 Park Lane West
Clinton, IL 61727

Manor Court of Peru
3230 Becker Drive
Peru, IL 61354

Manor Court of Peoria
6900 N. Stalworth Drive
Peoria, IL 61615

Manor Court of Freeport
2170 W. Navajo Drive
Freeport, IL 61032

Freeport Rehab & Health Care Center
900 South Kiwanis Drive
Freeport, IL 61032

Liberty Estates of Danville
3220 Independence Drive
Danville, IL 61832

Liberty Estates of Freeport
2080 West Navajo Drive
Freeport, IL 61032

Liberty Estates of Peoria
6926 North Stalworth Drive
Peoria, IL 61615

Liberty Estates of Peru
1107 - 31st Street
Peru, IL 61354



State of Illinois 2063267

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.

CRAIG CONOVER, M.D.
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	LIC. NUMBER
09/26/2013	A9-A10	5100885
ASSISTED LIVING LICENSE ISSUED: 09/26/11 15 REGULAR UNITS 15 TOTAL UNITS		

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

LIBERTY VILLAGE OF GENESEO
920 S. CHICAGO ST.
GENESEO IL 61254

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



State of Illinois 2047691
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.

GAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID. NUMBER
07/31/2012	86BE	0046367
LONG TERM CARE LICENSE		
SKILLED	070	
SHELTERED	070	
UNRESTRICTED 140 TOTAL BEDS		

**BUSINESS ADDRESS
 LICENSEE**

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

**HAWTHORNE INN OF DANVILLE
 3222 INDEPENDENCE DRIVE
 DANVILLE IL 61832**

EFFECTIVE DATE: 08/01/11

The face of this license has a colored background. Printed by Authority of the State of Illinois • 487 •



State of Illinois 2024442

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.

DANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
02/26/2012	A-8	5100687
ASSISTED LIVING LICENSE ISSUED: 02/26/11 13 ALZHEIMER UNITS 39 REGULAR UNITS 52 TOTAL UNITS		

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE INN OF PEORIA
6906 N. STALWORTH DR.
PEORIA IL 61615

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



State of Illinois 1970630

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

EXPIRES DATE	CATEGORY	ID NUMBER
02/07/2012	A7-A8	3100693
ASSISTED LIVING LICENSE Issued: 02/07/10 13 Alzheimer Units 39 Regular Units 52 Total Units		

BUSINESS ADDRESS
STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

HAWTHORNE INN OF PERU
1101 31ST ST.
PERU IL 61354

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/87 -



State of Illinois 2064073
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.

CHRIS CONYER, M.D.
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	LIC. NUMBER
09/20/2013	A9-A10	5100901
ASSISTED LIVING LICENSE ISSUED: 09/20/11 4 FLOATING UNITS 16 REGULAR UNITS 20 TOTAL UNITS		

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

LIBERTY VILLAGE OF STREATOR
2322 N. EASTWOOD ER.
STREATOR IL 61364

The face of this license has a colored background. Printed by Authority of the State of Illinois - 057



State of Illinois 1997730

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The license, time of expiration, classification, and other information are provided with the approval of the Board. Business units, terms and regulations, and to which are subject to change at the discretion of the Board.

NAME: AMERICA, A.D. DIRECTOR

Address: The address of the State of Illinois, Department of Public Health

EXPIRES	ISSUE	CLASSIFICATION
06/15/2012	1602	0047314
CLASS	TERM	CARD
UNRESTRICTED	021	TOTAL 4504

BUSINESS ADDRESS LICENSE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

WARRICK COUNTY OF INDIANA
140 NORTH SIXTH STREET
PRINCETON, IN 47354
EFFECTIVE DATE: 06/15/10

The State of Illinois, Department of Public Health, is authorized by the State of Illinois, Dept. of Public Health



State of Illinois 2030607

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	TS NUMBER
04/14/2012	868E	0047134
LONG TERM CARE LICENSE SKILLED 134		
UNRESTRICTED 134 TOTAL HEDS		

BUSINESS ADDRESS

LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

**HANCO COURT OF CLINTON
1 PARK LANE WEST
CLINTON IL 61727**

The Department of Public Health is an Equal Opportunity Agency of the State of Illinois • 007 •



State of Illinois 1957662

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 (11/30/2011), CATEGORY (BGBE), and ID NUMBER (0047316). Below the table, it lists 'LONG TERM CARE LICENSE' with sub-categories 'SKILLED' (085) and 'SHELTERED' (045), and 'UNRESTRICTED 130 TOTAL BEDS'.

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

MANOR COURT OF PERU
3230 BECKER DRIVE
PERU IL 61354
EFFECTIVE DATE: 12/01/09

The face of this license has a colored background. Printed by Authority of the State of Illinois • 497 •



State of Illinois 2047768

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

ISSUANCE DATE	CATEGORY	IL NUMBER
08/02/2013	B6BE	0047068
LONG TERM CARE LICENSE SKILLED 050		
UNRESTRICTED 050 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

HANDY COURT OF PEORIA
6900 NORTH STALWORTH DRIVE
PEORIA IL 61615

EFFECTIVE DATE: 08/03/11

The face of this license has a colored background, printed by Authority of the State of Illinois - 497.



State of Illinois 2016367

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.

DANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
12/15/2011	268E	0046839
LONG TERM CARE LICENSE		
SKILLED	090	
SHELTERED	012	
UNRESTRICTED 102 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC.

KANOR COURT OF FREEPORT
2170 WEST NAVAJO DRIVE
FREEPORT IL 61032
EFFECTIVE DATE: 12/16/10

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/07 •



State of Illinois 2022933

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. ARNELD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
02/07/2012	EGBE	0049158
LONG TERM CARE LICENSE SKILLED 143		
UNRESTRICTED 143 TOTAL \$200		

BUSINESS ADDRESS
LICENSEE

RESIDENTIAL ALTERNATIVES OF ILLINOIS, INC

PREPONT AREA 1 NLSM
900 S. KIRKMAN ST.
PREPONT
RESIDENTIAL CARE IL LICEN

The fee of this license has a selected background. Printed by Authority of the State of Illinois 4/97

State of Illinois
Department of Healthcare and Family Services
SUPPORTIVE LIVING PROGRAM INTERIM
CERTIFICATION

This interim certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for interim certification. This interim certificate is valid only for the location set forth below.

Name Hawthorne Inn of Clinton

Address 1 Park Lane West

City/State/Zip Clinton, Illinois 61727

Number of Units 21 Maximum Number of Residents 27

January 2, 2007
Effective Date



State of Illinois
Department of Healthcare and Family Services

Supportive Living Program
Certification

This certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitation set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for certification. This certificate is valid only for the location set forth below.

Name Hawthorne Inn of Freeport

Address 2140 Navajo Drive

City/State/Zip Freeport, Illinois 61032

Number of Units 29 Maximum Number of Residents 37

Effective Date November 19, 2007

Rod R. Blagojevich, Governor

Barry S. Maram, Director



State of Illinois
Department of Healthcare and Family Services
SUPPORTIVE LIVING PROGRAM INTERIM
CERTIFICATION

This interim certificate authorizes the following to deliver services under the Supportive Living Program, subject to the limitations set forth below as to the number of units and number of residents, and confirms that the facility named has complied with all rules and regulations necessary for interim certification. This interim certificate is valid only for the location set forth below.

Name Hawthorne Inn of Princeton

Address 140 North Sixth Street

City/State/Zip Princeton, Illinois 61356

Number of Units 21 Maximum Number of Residents 27

January 29, 2007
Effective Date



Facilities operated by Frances
House, Inc.

Canterbury Place
2503 Canterbury Lane
Rockford, IL 61101

Casa Willis
910 Woodburn Avenue
Sterling, IL 61081

Freeport Terrace
2942 Highlandview Drive
Freeport, IL 61032

Glenwood Villa
3247 Glenwood Avenue
Rockford, IL 61101

Hallam Terrace
1108 Taylor Street
Rockford, IL 61103

Hammett House
1845 First Avenue
Sterling, IL 61081

Gordon Jones Terrace
421 North Rochester Street
Lanark, IL 61046

Kanthak House
724 Second Avenue
Ottawa, IL 61350

Olson Terrace
3006 Alida Street
Rockford, IL 61103

Ridge Terrace
2911 Highlandview Drive
Freeport, IL 61032

Rockton Court
2615 North Rockton Avenue
Rockford, IL 61101

Rose House
7301 34th Avenue
Moline, IL 61265

Seborg Terrace
3024 Alida Street
Rockford, IL 61101

Smith Square
7401 34th Avenue
Moline, IL 61265

Stern Square
1328 West Seventh Street
Sterling, IL 61081

Stouffer Terrace
910 South Fifth Street
Oregon, IL 61061



State of Illinois 2034660

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.

LAMEN T. ARACLO, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
05/25/2012	HGBE	0033845
LONG TERM CARE LICENSE ICFDD 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE:

FRANCES HOUSE, INC.

HAMMETT HOUSE
1845 - 1ST AVENUE
STERLING IL 61081
EFFECTIVE DATE: 05/26/11

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



State of Illinois 2034661
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.

CAROL T. ARAGLI, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
05/25/2013	BGC	0033252
LONG TERM CARE LICENSE RCFCB 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LTC125LL

FRANCIS HOUSE, INC.

STEIN SQUARE
1328 WEST 7TH STREET
ST. LOUIS, MO 63101

EFFECTIVE DATE: 05/26/11

The seal of the Director of the State Department of Public Health is the seal of the State of Illinois - 487 -



State of Illinois 2038057

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.

RANDON T. ARNOLD, R.O.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
06/01/2013	B68E	0039016
LONG TERM CARE LICENSE ICFDD 004		
UNRESTRICTED 004 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE

FRANCES HOUSE, INC.

CANTERBURY PLACE
2503 CANTERBURY LANE
ROCKFORD IL 61101

EFFECTIVE DATE: 06/02/11
The State of Illinois Department of Public Health, Authority of the State of Illinois • 477 •



State of Illinois 2025309

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.

DANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ISSUE NUMBER
03/14/2013	BG&E	0035071
LONG TERM CARE LICENSE ICFD 016		
UNRESTRICTED 016 TOTAL BEUS		

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

CASA WILLIS
910 WOODBURN AVENUE
STERLING IL 61081
EFFECTIVE DATE: 03/17/11

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State of Illinois 2030592

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 the rules and regulations and is hereby authorized to engage in the activity as indicated below.

DANON T. ARNOLD, R.Ph.
DIRECTOR

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

EXPIRES DATE	CATEGORY	LIC. NO.
04/10/2013	BCBL	0039513

LONG TERM CARE LICENSE
ICFLL

UNRESTRICTED - 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.
CREPORT TERRACE
2342 HIGHLANDVIEW DRIVE
CREPORT, IL 61032

THE STATE OF ILLINOIS • DEPARTMENT OF PUBLIC HEALTH • AUTHORITY OF THE STATE OF ILLINOIS • 1/27



State of Illinois 1987714

Department of Public Health

LICENSE PERMIT CERTIFICATION REGISTRATION

This person has been found to be qualified for this certificate has complied with the requirements of the Illinois State Board of Health and is hereby authorized to practice in the county of Rockford.

FRANCIS HOUSE, INC.
DIRECTOR

By _____
Secretary of Public Health

06/01/01	00000000
LONG TERM CARE LICENSE	00000000
UNRESTRICTED	00000000

BUSINESS ADDRESS

FRANCIS HOUSE, INC.
GLENWOOD ST.
3257 GLENWOOD AVENUE
ROCKFORD, ILLINOIS 61107
EFFECTIVE DATE 06/01/01



State of Illinois 2022908

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.

BANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
02/11/2013	BGBE	0036970
LONG TERM CARE LICENSE ICFDD 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

GORDON JONES TERRACE
421 NORTH ROCHESTER STREET
Evanston IL 61046

EFFECTIVE DATE: 02/12/11

The State of Illinois uses a criminal background check by Authority of the State of Illinois - 017



State of Illinois 2035808

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	ID NUMBER
04/30/2013	BGBE	0033902
LONG TERM CARE LICENSE ICFDD 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE

FRANCES HOUSE, INC.

HALLAM TERRACE
1108 TAYLOR STREET
ROCKFORD, ILL. 61103
EFFECTIVE DATE 05/01/11

Authority of the State of Illinois - 457



State of Illinois 2017215

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	ID NUMBER
01/28/2012	BGBE	0037747
LONG TERM CARE LICENSE ICFCB 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

KANTHAK HOUSE
724 SECOND AVENUE
OTTAWA IL 61350

EFFECTIVE DATE: 01/29/11

The Seal of the State of Illinois is a registered trademark of the State of Illinois - 4/87



State of Illinois 2034662

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.

DANON T. ARNOLD, M.C.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
04/30/2012	BGBE	0033910
LONG TERM CARE LICENSE ICFBL 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE

FRANCES HOUSE, INC.

OLSON TERRACE
3006 ALICA STREET
ROCKFORD IL 61103

EFFECTIVE DATE: 05/01/11

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



State of Illinois 2030593

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.

GARON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
04/10/2013	RGRE	0033621
LONG TERM CARE LICENSE ICFDD 016		
UNRESTRICTED 016 TOTAL BEOS		

BUSINESS ADDRESS

LICENSEE

FRANCES HOUSE, INC.

RIDGE TERRACE
2911 HIGHLANDVIEW DRIVE
FREEPORT IL 61032

The State of Illinois • DAN BRADY, Governor • Department of Public Health • Authority of the State of Illinois • 497 •



State of Illinois 2038056

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.

DANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
06/01/2013	86BE	0038992
LONG TERM CARE LICENSE ICFDD 006		
UNRESTRICTED 006 TOTAL 8EDS		

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.
ROCKTON COURT
2625 NORTH ROCKTON AVENUE
ROCKFORD, IL 61101
EFFECTIVE DATE: 06/02/11

By State of Illinois Department of Public Health, Authority of the State of Illinois - 4/97



State of Illinois 2042498

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.

ERNON T. ARNOLD, R.D.
DIRECTOR

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

EXPIRES DATE	CATEGORY	IL NUMBER
06/30/2013	868E	0033928
LONG TERM CARE LICENSE		
ICFDD 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

ROSE HOUSE
7301 34TH AVENUE
MOLINE IL 61265
EFFECTIVE DATE: 07/01/11

The Seal of the State has a cultural background. Printed by Authority of the State of Illinois • 4/97 •



State of Illinois 2042499

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

DAHON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
06/30/2013	86BE	0033936
LONG TERM CARE LICENSE ICFDD 016		
UNRESTRICTED 016 TOTAL BEDS		

BUSINESS ADDRESS
LICENSEE

FRANCLIS HOUSE, INC.

SEBURG TERRACE
3024 ALIDA STREET
ROCKFORD IL 61103
EFFECTIVE DATE: 07/01/11

The fees of this license are a general background. Printed by Authority of the State of Illinois - 487 -



State of Illinois 2047746

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.

DARON T. ARNOLD, P.E.
DIRECTOR

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

EXPIRES	CATEGORY	ISSUE NO.
08/31/2015	BGoE	0033544
LONG TERM CARE LICENSE ICFED 013		
UNRESTRICTED 016 TOTAL BFDs		

BUSINESS ADDRESS
LICENSEE

FRANCES HOUSE, INC.

SMITH SQUARE
7401 34TH AVENUE
MOLINE IL 61265
EFFECTIVE DATE: 08/31/11

The face of this license has a colored background. Printed by authority of the State of Illinois - 6/97



State of Illinois 2042500

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.

DAVID T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	IS NUMBER
06/30/2013	868E	0033951
LONG TERM CARE LICENSE		
ICFEE		016
UNRESTRICTED 016 TOTAL PETS		

BUSINESS ADDRESS
LICENSEE

FRANCES HULSE, INC.

STOLFFER TERRACE
910 SOUTH FIFTH STREET
ONEIDA IL 61061
EFFECTIVE DATE: 07/01/11

This form of this Bureau has a colored background. Printed by Authority of the State of Illinois - 497 -

**Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401**

September 20, 2011

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

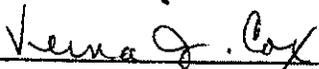
Please be advised that no Adverse Action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely yours,


Irwin G. Jann
President

State of Illinois
County of Knox

Subscribed and sworn to me this
20th day of September, 2011.



Notary Public



ATTACHMENT - 10B

**Frances House, Inc.
285 South Farnham Street
Galesburg, IL 61401**

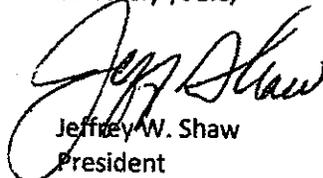
September 20, 2011

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

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

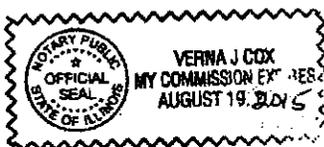
Sincerely yours,


Jeffrey W. Shaw
President

State of Illinois
County of Knox

Subscribed and sworn to me this
20th day of September, 2011.


Notary Public



ATTACHMENT - 10B

**Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401**

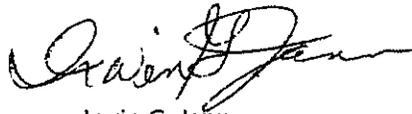
September 20, 2011

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State Agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.a).3)C.

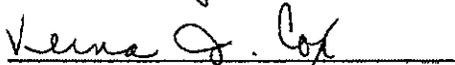
Sincerely yours,



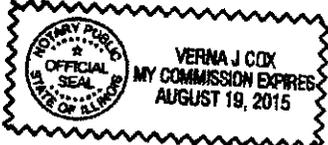
Irwin G. Jahn
President

State of Illinois
County of Knox

Subscribed and sworn to before me this
20th day of September, 2011.



Notary Public



ATTACHMENT-10C

**Frances House, Inc.
285 South Farnham Street
Galesburg, IL 61401**

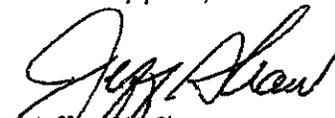
September 20, 2011

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

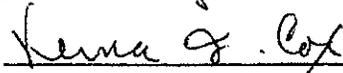
I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State Agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.a).3)C.

Sincerely yours,

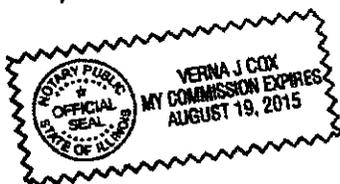

Jeffrey W. Shaw
President

State of Illinois
County of Knox

Subscribed and sworn to before me this
20th day of September, 2011.



Notary Public



ATTACHMENT-10C

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

As this project is not a new start-up, this Applicant has a proven history that has improved the accessibility to health care for the Stephenson County Planning Area population. The Applicant completed construction and opened in January 2006 and subsequently reached and maintained the State's optimal utilization rate of 90% (89.9% specifically) at the end of the second full year of operation (2008). The first expansion, under Project Number 10-007, this facility had the Continuum of Care Retirement Community variance removed along with the addition of 45 nursing beds through the conversion of existing sheltered care and assisted living space. With the full complement of 90 nursing care beds at optimal utilization levels as set forth per the 77 IAC, Part 1100.210.c, the Applicant is proposing to refocus the last remaining sheltered care beds to nursing and to expand to address the State's identified need for 28 additional nursing beds but, more importantly, the experienced need for additional nursing care beds by the existing facility.

This approach will allow for defined levels of care within the campus setting as well as improving accessibility to nursing care services within the market area population.

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

The Planning Area is the Stephenson County Planning Area within HSA I. The Applicant's campus residents' patient origin data shows 203 residents on campus with 162 residents (80%) originating from within Stephenson County. Therefore, the market

ATTACHMENT-11

PURPOSE OF PROJECT (Continued ii)

area per the Applicant's definition is the Stephenson County Planning Area.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]

The Applicant has continued to experience a need for additional nursing beds. Manor Court of Freeport has maintained its optimal occupancy rate that equates to 90% in 2008, 92.5% in 2009, and 89.1% in 2010 as the facility doubled the number of its licensed nursing care beds. The facility also maintains a wait list of persons interested in living within the campus setting where no vacancies are available.

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

Appended as **ATTACHMENT-11A**, is the Manor Court of Freeport IDPH 2008, 2009, and 2010 facility profile. Appended as **ATTACHMENT-11B**, is the Applicant's patient origin data. Appended as **ATTACHMENT-11C**, is the campus's patient days by month and by level of care. Appended as **ATTACHMENT-11D**, is a copy of the current campus wait list. Appended as **ATTACHMENT-11E**, is a copy of the Stephenson County Planning Area Inventory of Health Care and Services and Need Determinations, Long-Term Care Services. Finally, appended as **ATTACHMENT-11F**, is a summary of the Illinois Department of Commerce and Economic Opportunity's demographic profile for Stephenson and surrounding counties as well as for the State as a whole and with a comparison of the elderly population from the Illinois Inventory of Health Care Facilities and Services and Need Determinations.

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PURPOSE OF PROJECT (Continued iii)

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

This small addition of new nursing beds will address the issue of accessibility as defined in the Inventory of Health Care Facilities and Services and Need Determinations which calculates an outstanding need for 28 additional nursing care beds and by the Applicant in having to turn people away from the campus in all levels of care. This facility, as compared to the traditional freestanding long-term care facility allows persons not already residents of the campus community to receive the nursing care services. It also does not discriminate against married couples or family members who need different levels of care and both desire to be at the same location. Their open admission policy allows for increased flexibility in providing care to all general geriatric residents. The area's population growth in the planning area further substantiates the bed need as identified by the Planning Board. The 30-minute drive time (where more than 80% of admissions originate) is for all practical purposes the Stephenson County Planning Area and shows a double digit increase in population in those age cohorts of 65 and over through 2025. What is interesting and further supportive of the need for additional beds is the base year and projected populations of the State's inventory as compared to the 2010 census figure. Stephenson County is more inline with the projections than are its neighboring counties as well as that of the State as a whole.

ATTACHMENT-11

PURPOSE OF PROJECT (Continued iv)

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

This project's goal is to serve and provide general long-term care services to the general geriatric population of the Stephenson County Planning Area since there is an outstanding need for 28 additional nursing care beds. This goal will be measured by Applicant's ability to maintain the optimal utilization upon the second full year of operation.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MAJOR COURT OF FREEPORT

MAJOR COURT OF FREEPORT
2170 WEST NAVAJAO DRIVE
FREEPORT, IL 61032

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public Insurance	Private Pay	Charity	TOTALS
Nursing Care	11	10	0	3	20	44
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Skilled	0	0	0	0	0	0
Sheltered Care	11	10	0	3	52	76
TOTALS	11	10	0	3	52	76

RESIDENTS BY RACE/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hispanic/Pac. Isl.	0	0	0	0	0
White	43	0	0	32	75
Race Unknown	0	0	0	0	0
Total	44	0	0	32	76

ETHNICITY

ETHNICITY	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Hispanic	0	0	0	0	0
Non-Hispanic	44	0	0	32	76
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	32	76

NET REVENUE BY PAYOR SOURCE (Percent Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS
29.6%	4.6%	0.1%	2.1%	66.1%	100.0%
1,133,486	230,937	3,537	101,420	3,290,467	4,759,940

*Charity Expense does not include stipends which may be considered a community benefit.

Charity Care Expense as % of Total Net Revenue 0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MAJOR COURT OF FREEPORT

MAJOR COURT OF FREEPORT
2170 WEST NAVAJAO DRIVE
FREEPORT, IL 61032

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

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	1	DIAGNOSIS	2
Aggressive/Anti-Social	1	Dementia	2
Chronic Alcoholism	1	Neoplasms	1
Endocrine/Metabolic	1	Endocrine/Metabolic	1
Blood Disorders	0	Blood Disorders	0
Drug Addiction	1	Drug Addiction	1
Nervous System Non Adjuster	8	Nervous System Non Adjuster	8
Alzheimer Disease	31	Alzheimer Disease	31
Mental Illness	0	Mental Illness	0
Developmental Disability	0	Developmental Disability	0
Circulatory System	12	Circulatory System	12
Respiratory System	8	Respiratory System	8
Digestive System	2	Digestive System	2
Constitutional System Disorders	1	Constitutional System Disorders	1
Skin Disorders	0	Skin Disorders	0
Musculo-skeletal Disorders	6	Musculo-skeletal Disorders	6
Injuries and Poisonings	5	Injuries and Poisonings	5
Other Medical Conditions	2	Other Medical Conditions	2
Non-Medical Conditions	0	Non-Medical Conditions	0
TOTALS	76	TOTALS	76

ADMISSIONS AND DISCHARGES - 2009

RESIDENTS ON 1/1/2009	ADMISSIONS	DISCHARGES	RESIDENTS ON 12/31/2009
79	168	168	79
Total Admissions 2009	168	Total Discharges 2009	168
Residents on 1/25/2009	76	Residents on 1/25/2009	76
Identified Offenders	0	Identified Offenders	0

ADMISSIONS AND DISCHARGES - 2008

RESIDENTS ON 1/1/2008	ADMISSIONS	DISCHARGES	RESIDENTS ON 12/31/2008
79	168	168	79
Total Admissions 2008	168	Total Discharges 2008	168
Residents on 1/25/2008	76	Residents on 1/25/2008	76
Identified Offenders	0	Identified Offenders	0

ADMISSIONS AND DISCHARGES - 2007

RESIDENTS ON 1/1/2007	ADMISSIONS	DISCHARGES	RESIDENTS ON 12/31/2007
79	168	168	79
Total Admissions 2007	168	Total Discharges 2007	168
Residents on 1/25/2007	76	Residents on 1/25/2007	76
Identified Offenders	0	Identified Offenders	0

ADMISSIONS AND DISCHARGES - 2006

RESIDENTS ON 1/1/2006	ADMISSIONS	DISCHARGES	RESIDENTS ON 12/31/2006
79	168	168	79
Total Admissions 2006	168	Total Discharges 2006	168
Residents on 1/25/2006	76	Residents on 1/25/2006	76
Identified Offenders	0	Identified Offenders	0

ADMISSIONS AND DISCHARGES - 2005

RESIDENTS ON 1/1/2005	ADMISSIONS	DISCHARGES	RESIDENTS ON 12/31/2005
79	168	168	79
Total Admissions 2005	168	Total Discharges 2005	168
Residents on 1/25/2005	76	Residents on 1/25/2005	76
Identified Offenders	0	Identified Offenders	0

ADMISSIONS AND DISCHARGES - 2004

RESIDENTS ON 1/1/2004	ADMISSIONS	DISCHARGES	RESIDENTS ON 12/31/2004
79	168	168	79
Total Admissions 2004	168	Total Discharges 2004	168
Residents on 1/25/2004	76	Residents on 1/25/2004	76
Identified Offenders	0	Identified Offenders	0

MAJOR COURT OF FREEPORT

2170 WEST NAVAJAO DRIVE
FREEPORT, IL 61032

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

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	Male	Female	TOTAL
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	0	0	0
60 to 74	0	0	0
75 to 84	3	0	3
85+	11	21	32
TOTALS	14	30	44

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Insurance	Charity	Private Pay	Charity	Peak Beds
2862	17.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2862	17.4%	59.9%	147	468	19992	0	28596

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

AGE GROUPS	Male	Female	TOTAL
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	0	0	0
60 to 74	0	0	0
75 to 84	3	0	3
85+	11	21	32
TOTALS	14	30	44

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Insurance	Charity	Private Pay	Charity	Peak Beds
2862	17.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2862	17.4%	59.9%	147	468	19992	0	28596

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

AGE GROUPS	Male	Female	TOTAL
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	0	0	0
60 to 74	0	0	0
75 to 84	3	0	3
85+	11	21	32
TOTALS	14	30	44

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Insurance	Charity	Private Pay	Charity	Peak Beds
2862	17.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2862	17.4%	59.9%	147	468	19992	0	28596

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2006

AGE GROUPS	Male	Female	TOTAL
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	0	0	0
60 to 74	0	0	0
75 to 84	3	0	3
85+	11	21	32
TOTALS	14	30	44

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Insurance	Charity	Private Pay	Charity	Peak Beds
2862	17.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2862	17.4%	59.9%	147	468	19992	0	28596

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

AGE GROUPS	Male	Female	TOTAL
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	0	0	0
60 to 74	0	0	0
75 to 84	3	0	3
85+	11	21	32
TOTALS	14	30	44

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Insurance	Charity	Private Pay	Charity	Peak Beds
2862	17.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2862	17.4%	59.9%	147	468	19992	0	28596

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2004

AGE GROUPS	Male	Female	TOTAL
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	0	0	0
60 to 74	0	0	0
75 to 84	3	0	3
85+	11	21	32
TOTALS	14	30	44

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Insurance	Charity	Private Pay	Charity	Peak Beds
2862	17.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2862	17.4%	59.9%	147	468	19992	0	28596

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2003

AGE GROUPS	Male	Female	TOTAL
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	0	0	0
60 to 74	0	0	0
75 to 84	3	0	3
85+	11	21	32
TOTALS	14	30	44

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Insurance	Charity	Private Pay	Charity	Peak Beds
2862	17.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2862	17.4%	59.9%	147	468	19992	0	28596

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2002

AGE GROUPS	Male	Female	TOTAL
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	0	0	0
60 to 74	0	0	0
75 to 84	3	0	3
85+	11	21	32
TOTALS	14	30	44

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

Medicare	Medicaid	Other Public	Private Insurance	Charity	Private Pay	Charity	Peak Beds
2862	17.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2862	17.4%	59.9%	147	468	19992	0	28596

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2001

AGE GROUPS	Male	Female	TOTAL
Under 18	0	0	0
18 to 44	0	0	0
45 to 59	0	0	0
60 to 74	0	0	0
75 to 84	3	0	3
85+	11	21	32
TOTALS	14	30	44

BY LEVEL OF CARE PROVIDED

Liberty Village of Freeport
2011 Utilization by LOC
January 1, 2011 through December 31, 2011

	Resident Days				
	Estates	HI	GC	MC	Total
Jan	2077	1062	372	2654	6165
Feb	1885	1010	336	2396	5627
Mar	2023	1086	372	2674	6155
Apr	1901	1043	360	2617	5921
May	2029	1075	372	2726	6202
June	1882	984	360	2586	5812
July	2027	1108	372	2672	6179
Aug	2056	1095	372	2682	6205
Sept	1980	1082	360	2599	6021
Oct	2038	1082	372	2715	6207
Nov	1932	1068	360	2631	5991
Dec	1995	1120	372	2680	6167
Total	23825	12815	4380	31632	72652

	Daily Average				
	Estates	HI	GC	MC	Total
	67.0	34.3	12.0	85.6	198.9
	67.3	36.1	12.0	85.6	201.0
	65.3	35.0	12.0	86.3	198.5
	63.4	34.8	12.0	87.2	197.4
	65.5	34.7	12.0	87.9	200.1
	62.7	32.8	12.0	86.2	193.7
	65.4	35.7	12.0	86.2	199.3
	66.3	35.3	12.0	86.5	200.2
	66.0	36.1	12.0	86.6	200.7
	65.7	34.9	12.0	87.6	200.2
	62.3	34.5	11.6	84.9	193.3
	64.4	36.1	12.0	86.5	198.9
Total	65.3	35.1	12.0	86.7	199.0

Occupancy Percentage	95%	95%	100%	96.3%	96%
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Units/Beds

- 69 Estates = Independent Living Retirement Center
- 37 HI = Hawthorne Inn = Supportive Living Units
- 12 GC = Garden Court = Alzheimer/Dementia = Shelter License
- 90 MC = Manor Court = Skilled License
- 208 Total Units / Beds

- 21 Private and 8 Semi-private rooms
- 6 Semi-private rooms
- 41 Semi-private and 8 Private rooms



Liberty Village of Freeport

815-233-2100

January 4, 2012

Building	Name	Level of Care	Current Zip Code
Manor Court	DV	Skilled	60429
Manor Court	EH	Skilled	60532
Manor Court	LP	Skilled	61032
Manor Court	CE	Skilled	61032
Manor Court	ER	Skilled	61032
Manor Court	AC	Skilled	61032
Manor Court	NB	Skilled	61046
Manor Court	EY	Skilled	61046
Manor Court	AK	Skilled	61053
Manor Court	RS	Skilled	61032
Manor Court	MF	Skilled	66762
Hawthorne	MLF	Supportive	66762
Hawthorne	LE	Supportive	61008
Hawthorne	GS	Supportive	61018
Hawthorne	RS	Supportive	61032
Hawthorne	EN	Supportive	61032
Hawthorne	RW	Supportive	61032
Hawthorne	MG	Supportive	61032
Hawthorne	NR	Supportive	61032
Hawthorne	EB	Supportive	61046
Hawthorne	JK	Supportive	61048
Hawthorne	JEK	Supportive	61048
Hawthorne	KL	Supportive	61063

Building	Name	Level of Care	Current Zip Code
Hawthorne	GM	Supportive	61085
Hawthorne	WM	Supportive	61032
Hawthorne	WK	Supportive	61032
Estates	AL	Independent	61013
Estates	EB	Independent	61019
Estates	GE	Independent	61032
Estates	JW	Independent	61032
Estates	JL	Independent	61032
Estates	EL	Independent	61032
Estates	AH	Independent	61032
Estates	HV	Independent	61046
Estates	JK	Independent	61047
Estates	PG	Independent	61062
Estates	AG	Independent	61108
Estates	EL	Independent	61108
Estates	RL	Independent	61032
Estates	CS	Independent	61048
Estates	PS	Independent	61048
Estates	JP	Independent	61032
Estates	JR	Independent	61032
Estates	BR	Independent	61032
Estates	CM	Independent	61032

This is a true and accurate waiting list.

Andres Bardelas
Administrator

Liberty Estates
2080 W. Navajo Drive
Fax 815-297-1118

Hawthorne Inn
2110 W. Navajo Drive
Fax 815-232-3107

Manor Court
2170 W. Navajo Drive
Fax 815-297-0767

www.LibertyVillageofFreeport.com

ATTACHMENT-11D

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
TOTAL FACILITIES	9	Aggressive/Anti-Social	6
HOSPITAL BASED UNITS	1	Chronic Alcoholism	6
FREE STANDING FACILITIES	8	Developmentally Disabled	3
FACILITIES LICENSED FOR:		Drug Addiction	6
NURSING CARE BEDS ONLY	5	Medicaid Recipient	0
SHELTERED CARE BEDS ONLY	0	Medicare Recipient	2
DD CARE BEDS ONLY	2	Mental Illness	6
MULTI-LICENSED FACILITIES	2	Non-Ambulatory	0
FACILITIES REPORTED BY OWNERSHIP TYPE		Non-Mobile	0
GOVERNMENTAL OWNERSHIP	1	Public Aid Recipient	0
NON-PROFIT OWNERSHIP	7	Under 65 Years Old	0
FOR PROFIT OWNERSHIP	1	Unable to Self-Medicare	0
CONTINUING CARE COMMUNITY LIFE CARE FACILITY	2	Ventilator Dependent	9
	1	Infectious Disease w/ Isolation	3
		Other Restrictions	1
		No Restrictions	0
		<i>Note: Reported restrictions denoted by '1'</i>	
			TOTALS
			580
			Total Residents Diagnosed as Mentally Ill
			45

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2010	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	663	614	556	614	509	154	579	607	530	
Skilled Under 22	0	0	0	0	0	0		0	1,244	
Intermediate DD	32	32	32	32	31	1		32	1,194	
Sheltered Care	55	40	40	40	40	15			580	
TOTAL BEDS	750	686	628	688	580	170	579	639	Identified Offenders	1

LEVEL OF CARE	FACILITY UTILIZATION - 2010										TOTAL	Licensed Beds	Peak Beds		
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE														
	Medicare		Medicaid		Other Public Pay	Private Insurance	Private Pay	Charity Care	Pat. days	Occ. Pct.				Pat. days	Occ. Pct.
Nursing Care	23,029	10.9%	86,947	39.2%	3,279	5,779	64,022	1,438	184,494	76.2%	82.3%				
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%				
Intermediate DD			11,381	97.4%	0	0	0	0	11,381	97.4%	97.4%				
Sheltered Care					0	0	12,624	365	12,989	64.7%	89.0%				
TOTALS	23,029	10.9%	96,328	42.2%	3,279	5,779	76,646	1,803	208,864	76.3%	83.4%				

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010										
	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	8	7	0	0	9	7	16
45 to 59	4	5	0	0	6	5	0	0	10	10	20
60 to 64	7	11	0	0	0	0	0	0	7	11	18
65 to 74	9	29	0	0	1	3	0	0	10	32	42
75 to 84	48	112	0	0	0	1	2	7	50	120	170
85+	55	228	0	0	0	0	7	24	62	252	314
TOTALS	124	385	0	0	15	16	9	31	148	432	580

Source: Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

HEALTH SERVICE AREA

001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	64	236	10	12	182	5	509
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		31	0	0	0	0	31
Sheltered Care			0	0	39	1	40
TOTALS	64	287	10	12	221	6	580

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	218	184
Skilled Under 22	0	0
Intermediate DD	126	125
Shelter	131	165

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	19	0	4	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	488	0	27	40	555
Race Unknown	2	0	0	0	2
Total	509	0	31	40	580

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	506	0	31	40	577
Ethnicity Unknown	2	0	0	0	2
Total	509	0	31	40	580

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.50
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	67.80
LPN's	60.20
Certified Aides	270.95
Other Health Staff	21.00
Non-Health Staff	227.40
Totals	661.85

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%	31.4%	1.3%	4.2%	42.7%	100.0%		0.8%
6,440,829	9,955,523	406,925	1,324,403	13,531,322	31,658,804	244,640	

*Charity Expense does not include expenses which may be considered a community benefit.

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2008
 HEALTH SERVICES AREA 001 LTC PLANNING AREA Stephenson

LEVEL OF CARE	Medicare	Medicaid	Public	Other Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	58	227	0	12	186	3	499
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	32	0	0	0	0	32
Skilled Care	58	259	0	12	210	3	542

RACE	Nursing	Skilled	ICF/DD	Skilled	Totals
Asian	0	0	0	0	0
Asian Indian	0	0	0	0	0
Black	20	0	4	0	24
Hispanic/Latino	0	0	0	0	0
White	437	0	26	52	515
Race Unknown	1	0	0	0	1
Total	458	0	32	52	542

ETHNICITY	Nursing	Skilled	ICF/DD	Skilled	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	457	0	32	52	541
Ethnicity Unknown	0	0	0	0	0
Total	458	0	32	52	542

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care Expense as % of Total Net Revenue
Medicare	94.3%	34.0%	1.0%	41.0%	0.6%
Total	4,520,621	9,448,864	270,246	11,398,721	199,830

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2008
 HEALTH SERVICES AREA 001 LTC PLANNING AREA Stephenson

TOTAL FACILITIES	ADMISSION RESTRICTIONS	DIAGNOSIS	PRIMARY DIAGNOSIS
9	Aggravated/Social	7	Neoplasms
1	Chronic Alcoholism	6	Encephalomyelitis
1	Developmentally Disabled	3	Blood Disorders
8	Drug Addiction	6	Nervous System Non Alzheimer
5	Medicare Recipient	2	Alzheimer Disease
5	Medicaid Recipient	6	Mental Illness
0	Mental Illness	0	Developmental Disability
2	Non-Ambulatory	0	Cerebrovascular System
2	Non-Mobile	2	Respiratory System
2	Public Aid Recipient	0	Digestive System
1	Unable to Eat/Medicale	0	Genitourinary System Disorders
7	Verbal/Dominant	0	Skin Disorders
1	Infectious Disease w/ Isolation	3	Musculoskeletal Disorders
1	Other Restrictions	2	Injuries and Poisonings
	No Restrictions	0	Other Medical Conditions
	Note: Reported restriction checked (y/n)	0	Non-Medical Conditions
		542	TOTALS

ADMISSIONS AND DISCHARGES - 2008	RESIDENTS ON 11/2008	RESIDENTS ON 12/31/2008
525	525	542
1,068	1,068	1,061

LEVEL OF CARE	Medicare	Medicaid	Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL
Nursing Care	653	576	495	498	175	649	2,551
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	32	32	32	32	0	32	128
Skilled Care	77	63	53	52	23	542	542

LEVEL OF CARE	Medicare	Medicaid	Public Pay	Private Insurance	Private Pay	Charity Care	TOTAL
Nursing Care	20,763	10.3%	60,680	40.5%	311	3,226	75,192
Intermediate DD	11,680	96.7%	0	0	0	0	11,680
Skilled Care	20,763	10.3%	60,680	40.5%	311	3,226	75,192
TOTALS	20,763	10.3%	60,680	40.5%	311	3,226	75,192

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 15	0	0	0	0	0	0	0
15 to 44	0	1	0	0	0	0	1
45 to 59	7	6	0	0	0	0	13
60 to 64	5	0	0	0	0	0	5
65 to 74	16	28	0	0	0	0	44
75 to 84	44	86	0	0	0	0	130
85+	54	203	0	0	0	0	257
TOTALS	128	350	0	0	0	0	542

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2008
 HEALTH SERVICES AREA 001 LTC PLANNING AREA Stephenson

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008	Male	Female	Male	Female	Male	Female	TOTAL
Nursing Care	6	0	0	0	0	0	6
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	6	0	0	0	0	0	6
TOTALS	6	0	0	0	0	0	6

2010 Census		
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State/County	Cohort	Population
Illinois	All	12,830,632
	0-64	11,221,419
	65-74	849,535
	75+	759,678
	85+	234,912
Stephenson	All	47,711
	0-64	38,753
	65-74	4,471
	75+	4,487
	85+	1,471
Carroll	All	15,387
	0-64	12,125
	65-74	1,712
	75+	1,550
	85+	477
Jo Daviess	All	22,678
	0-64	17,846
	65-74	2,707
	75+	2,125
	85+	632
Ogle	All	53,497
	0-64	45,375
	65-74	4,466
	75+	3,656
	85+	1,085
Winnebago	All	295,266
	0-64	254,551
	65-74	21,498
	75+	19,217
	85+	5,974
5-County Area	All	434,539
	0-64	368,650
	65-74	34,854
	75+	31,035
	85+	9,639

Inventory of Health Care Facilities & Services & Need Determinations 2011				
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	2008	2018	2010	Difference
Illinois	12,900,700	14,089,400	13,257,310	(426,678)
0-64	11,326,800	12,012,500	11,532,510	(311,091)
65-74	812,300	1,179,100	922,340	(72,805)
75+	761,600	897,800	802,460	(42,782)
85+				
Stephenson				
0-64	38,700	37,900	38,460	293
65-74	3,800	5,300	4,250	221
75+	4,200	5,600	4,620	(133)
85+				
Carroll				
0-64	12,500	12,800	12,590	(465)
65-74	1,700	2,000	1,790	(78)
75+	1,500	2,000	1,650	(100)
85+				
Jo Daviess				
0-64	17,800	21,100	18,790	(944)
65-74	2,300	3,500	2,660	47
75+	2,000	2,800	2,240	(115)
85+				
Ogle				
0-64	48,300	47,700	48,120	(2,745)
65-74	3,900	5,900	4,500	(34)
75+	3,500	4,600	3,830	(174)
85+				
Winnebago				
0-64	256,400	278,900	263,150	(8,599)
65-74	19,500	29,400	22,470	(972)
75+	19,600	22,200	20,380	(1,163)
85+				
5-County Area				
0-64	373,700	398,400	381,110	(12,460)
65-74	31,200	46,100	35,670	(816)
75+	30,800	37,200	32,720	(1,685)
85+				

<http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>
<http://www.hfsrb.illinois.gov/pdf/Long-Term%20Care%20Inventory%202011.pdf>

Combined 5 County Area

Subject	
SEX AND AGE	
Total population	434,539
Under 5 years	27,592
5 to 9 years	28,753
10 to 14 years	30,273
15 to 19 years	30,070
20 to 24 years	24,319
25 to 29 years	25,670
30 to 34 years	24,929
35 to 39 years	27,055
40 to 44 years	28,491
45 to 49 years	33,045
50 to 54 years	32,895
55 to 59 years	29,916
60 to 64 years	25,642
65 to 69 years	19,949
70 to 74 years	14,905
75 to 79 years	11,878
80 to 84 years	9,518
85 years and over	9,639
Median age (years)	216
16 years and over	341,759
18 years and over	329,028
21 years and over	312,845
62 years and over	80,920
65 years and over	65,889
RACE	
Total population	434,539
One Race	423,889
White	356,762
Black or African American	41,096
American Indian and Alaska Native	1,251
Asian	7,482
Asian Indian	1,359
Chinese	699
Filipino	1,163
Japanese	220
Korean	621
Vietnamese	808
Other Asian [1]	2,612
Native Hawaiian and Other Pacific Islander	113
Native Hawaiian	50
Guamanian or Chamorro	22
Samoan	5
Other Pacific Islander [2]	36
Some Other Race	17,185
Two or More Races	10,650
White; American Indian and Alaska Native [3]	1,644
White; Asian [3]	1,297
White; Black or African American [3]	4,345
White; Some Other Race [3]	1,787
Race alone or in combination with one or more other	
White	366,467
Black or African American	46,520
American Indian and Alaska Native	3,543
Asian	9,289
Native Hawaiian and Other Pacific Islander	381
Some Other Race	19,627
HISPANIC OR LATINO	
Total population	434,539
Hispanic or Latino (of any race)	39,370
Mexican	32,422
Puerto Rican	2,216
Cuban	679
Other Hispanic or Latino [5]	4,053
Not Hispanic or Latino	395,169
HISPANIC OR LATINO AND RACE	

Total population	434,539
Hispanic or Latino	39,370
White alone	18,252
Black or African American alone	822
American Indian and Alaska Native alone	465
Asian alone	99
Native Hawaiian and Other Pacific Islander alone	25
Some Other Race alone	16,794
Two or More Races	2,913
Not Hispanic or Latino	395,169
White alone	338,510
Black or African American alone	40,274
American Indian and Alaska Native alone	786
Asian alone	7,383
Native Hawaiian and Other Pacific Islander alone	88
Some Other Race alone	391
Two or More Races	7,737
RELATIONSHIP	
Total population	434,539
In households	428,104
Householder	172,577
Spouse [6]	85,264
Other relatives	21,872
65 years and over	2,795
Nonrelatives	22,724
65 years and over	946
In group quarters	6,435
Institutionalized population	4,811
Male	2,189
Female	2,622
Noninstitutionalized population	1,624
Male	1,058
Female	566
HOUSEHOLDS BY TYPE	
Total households	172,577
Family households (families) [7]	115,437
Husband-wife family	85,264
Male householder, no wife present	8,548
Female householder, no husband present	21,625
Nonfamily households [7]	57,140
Householder living alone	47,687
Male	21,703
65 years and over	5,411
Female	25,984
65 years and over	13,666
Households with individuals under 18 years	55,058
Households with individuals 65 years and over	46,745
Average household size	12
Average family size [7]	15
HOUSING OCCUPANCY	
Total housing units	192,618
Occupied housing units	172,577
Vacant housing units	20,041
For rent	5,360
Rented, not occupied	353
For sale only	3,195
Sold, not occupied	538
For seasonal, recreational, or occasional use	5,115
All other vacants	5,480
Homeowner vacancy rate (percent) [8]	13
Rental vacancy rate (percent) [9]	52
HOUSING TENURE	
Occupied housing units	172,577
Owner-occupied housing units	122,442
Population in owner-occupied housing units	312,616
Average household size of owner-occupied units	12
Renter-occupied housing units	50,135
Population in renter-occupied housing units	115,488
Average household size of renter-occupied units	11

Stephenson		
Subject	Number	Percent
SEX AND AGE		
Total population	47,711	100.0
Under 5 years	2,833	5.9
5 to 9 years	2,912	6.1
10 to 14 years	3,049	6.4
15 to 19 years	3,283	6.9
20 to 24 years	2,482	5.2
25 to 29 years	2,519	5.3
30 to 34 years	2,338	4.9
35 to 39 years	2,580	5.4
40 to 44 years	3,011	6.3
45 to 49 years	3,597	7.5
50 to 54 years	3,741	7.8
55 to 59 years	3,480	7.3
60 to 64 years	2,928	6.1
65 to 69 years	2,430	5.1
70 to 74 years	2,041	4.3
75 to 79 years	1,857	3.5
80 to 84 years	1,359	2.8
85 years and over	1,471	3.1
Median age (years)	43.1	(X)
16 years and over	38,226	80.1
18 years and over	36,900	77.3
21 years and over	35,094	73.6
62 years and over	10,629	22.3
65 years and over	8,956	18.8
RACE		
Total population	47,711	100.0
One Race	46,512	97.5
White	41,291	86.5
Black or African American	4,275	9.0
American Indian and Alaska Native	85	0.2
Asian	297	0.6
Asian Indian	78	0.2
Chinese	35	0.1
Filipino	68	0.1
Japanese	13	0.0
Korean	51	0.1
Vietnamese	18	0.0
Other Asian [1]	36	0.1
Native Hawaiian and Other Pacific Islander	14	0.0
Native Hawaiian	11	0.0
Guamanian or Chamorro	1	0.0
Samoan	0	0.0
Other Pacific Islander [2]	2	0.0
Some Other Race	550	1.2
Two or More Races	1,199	2.5
White; American Indian and Alaska Native [3]	163	0.3
White; Asian [3]	96	0.2
White; Black or African American [3]	716	1.5
White; Some Other Race [3]	94	0.2
Race alone or in combination with one or more		
White	42,427	88.9
Black or African American	5,085	10.7
American Indian and Alaska Native	298	0.6
Asian	428	0.9
Native Hawaiian and Other Pacific Islander	44	0.1
Some Other Race	686	1.4
HISPANIC OR LATINO		
Total population	47,711	100.0
Hispanic or Latino (of any race)	1,406	2.9
Mexican	1,039	2.2
Puerto Rican	154	0.3
Cuban	35	0.1
Other Hispanic or Latino [5]	178	0.4
Not Hispanic or Latino	46,305	97.1
HISPANIC OR LATINO AND RACE		

Total population	47,711	100.0
Hispanic or Latino	1,406	2.9
White alone	679	1.4
Black or African American alone	49	0.1
American Indian and Alaska Native alone	17	0.0
Asian alone	2	0.0
Native Hawaiian and Other Pacific Islander	1	0.0
Some Other Race alone	506	1.1
Two or More Races	152	0.3
Not Hispanic or Latino	46,305	97.1
White alone	40,612	85.1
Black or African American alone	4,226	8.9
American Indian and Alaska Native alone	68	0.1
Asian alone	295	0.6
Native Hawaiian and Other Pacific Islander	13	0.0
Some Other Race alone	44	0.1
Two or More Races	1,047	2.2
RELATIONSHIP		
Total population	47,711	100.0
In households	46,876	98.2
Householder	19,845	41.6
Spouse [6]	9,977	20.9
Other relatives	1,948	4.1
65 years and over	245	0.5
Nonrelatives	2,343	4.9
65 years and over	132	0.3
In group quarters	835	1.8
Institutionalized population	694	1.5
Male	245	0.5
Female	449	0.9
Noninstitutionalized population	141	0.3
Male	85	0.2
Female	56	0.1
HOUSEHOLDS BY TYPE		
Total households	19,845	100.0
Family households (families) [7]	13,015	65.6
Husband-wife family	9,977	50.3
Male householder, no wife present	819	4.1
Female householder, no husband present	2,219	11.2
Nonfamily households [7]	6,830	34.4
Householder living alone	5,893	29.7
Male	2,547	12.8
65 years and over	704	3.5
Female	3,346	16.9
65 years and over	1,918	9.7
Households with individuals under 18 years	5,677	28.6
Households with individuals 65 years and over	6,120	30.8
Average household size	2.36	(X)
Average family size [7]	2.90	(X)
HOUSING OCCUPANCY		
Total housing units	22,081	100.0
Occupied housing units	19,845	89.9
Vacant housing units	2,236	10.1
For rent	647	2.9
Rented, not occupied	34	0.2
For sale only	353	1.6
Sold, not occupied	65	0.3
For seasonal, recreational, or occasional use	351	1.6
All other vacants	786	3.6
Homeowner vacancy rate (percent) [8]	2.4	(X)
Rental vacancy rate (percent) [9]	10.3	(X)
HOUSING TENURE		
Occupied housing units	19,845	100.0
Owner-occupied housing units	14,272	71.9
Population in owner-occupied housing units	34,457	(X)
Average household size of owner-occupied units	2.41	(X)
Renter-occupied housing units	5,573	28.1
Population in renter-occupied housing units	12,419	(X)
Average household size of renter-occupied units	2.23	(X)

Winnebago		
Subject	Number	Percent
SEX AND AGE		
Total population	295,266	100.0
Under 5 years	19,656	6.7
5 to 9 years	20,109	6.8
10 to 14 years	20,973	7.1
15 to 19 years	20,576	7.0
20 to 24 years	17,446	5.9
25 to 29 years	18,665	6.3
30 to 34 years	17,936	6.1
35 to 39 years	19,134	6.5
40 to 44 years	19,620	6.6
45 to 49 years	22,210	7.5
50 to 54 years	21,929	7.4
55 to 59 years	19,667	6.7
60 to 64 years	16,630	5.6
65 to 69 years	12,484	4.2
70 to 74 years	9,014	3.1
75 to 79 years	7,319	2.5
80 to 84 years	5,924	2.0
85 years and over	5,974	2.0
Median age (years)	38.3	(X)
16 years and over	230,331	78.0
18 years and over	221,686	75.1
21 years and over	210,430	71.3
62 years and over	50,467	17.1
65 years and over	40,715	13.8
RACE		
Total population	295,266	100.0
One Race	286,943	97.2
White	228,852	77.4
Black or African American	36,108	12.2
American Indian and Alaska Native	963	0.3
Asian	6,810	2.3
Asian Indian	1,200	0.4
Chinese	622	0.2
Filipino	1,027	0.3
Japanese	182	0.1
Korean	500	0.2
Vietnamese	762	0.3
Other Asian [1]	2,517	0.9
Native Hawaiian and Other Pacific Islander	71	0.0
Native Hawaiian	30	0.0
Guamanian or Chamorro	12	0.0
Samoa	5	0.0
Other Pacific Islander [2]	24	0.0
Some Other Race	14,339	4.9
Two or More Races	8,323	2.8
White; American Indian and Alaska Native [3]	1,201	0.4
White; Asian [3]	1,056	0.4
White; Black or African American [3]	3,281	1.1
White; Some Other Race [3]	1,452	0.5
Race alone or in combination with one or more		
White	236,143	80.0
Black or African American	40,317	13.7
American Indian and Alaska Native	2,734	0.9
Asian	8,289	2.8
Native Hawaiian and Other Pacific Islander	272	0.1
Some Other Race	16,358	5.5
HISPANIC OR LATINO		
Total population	295,266	100.0
Hispanic or Latino (of any race)	32,177	10.9
Mexican	26,414	8.9
Puerto Rican	1,908	0.6
Cuban	570	0.2
Other Hispanic or Latino [5]	3,285	1.1
Not Hispanic or Latino	263,089	89.1
HISPANIC OR LATINO AND RACE		

Total population	295,266	100.0
Hispanic or Latino	32,177	10.9
White alone	14,456	4.9
Black or African American alone	750	0.3
American Indian and Alaska Native alone	400	0.1
Asian alone	88	0.0
Native Hawaiian and Other Pacific Islander alone	10	0.0
Some Other Race alone	14,020	4.7
Two or More Races	2,453	0.8
Not Hispanic or Latino	263,089	89.1
White alone	214,196	72.5
Black or African American alone	35,358	12.0
American Indian and Alaska Native alone	563	0.2
Asian alone	6,722	2.3
Native Hawaiian and Other Pacific Islander alone	61	0.0
Some Other Race alone	319	0.1
Two or More Races	5,870	2.0
RELATIONSHIP		
Total population	295,266	100.0
In households	290,581	98.4
Householder	115,501	39.1
Spouse [6]	54,832	18.5
Other relatives	16,814	5.7
65 years and over	2,086	0.7
Nonrelatives	16,184	5.5
65 years and over	604	0.2
In group quarters	4,685	1.6
Institutionalized population	3,336	1.1
Male	1,619	0.5
Female	1,717	0.8
Noninstitutionalized population	1,349	0.5
Male	920	0.3
Female	429	0.1
HOUSEHOLDS BY TYPE		
Total households	115,501	100.0
Family households (families) [7]	76,854	66.5
Husband-wife family	54,832	47.3
Male householder, no wife present	6,065	5.3
Female householder, no husband present	16,157	14.0
Nonfamily households [7]	38,647	33.5
Householder living alone	31,943	27.7
Male	14,426	12.5
65 years and over	3,298	2.9
Female	17,517	15.2
65 years and over	6,689	7.5
Households with individuals under 18 years	38,273	33.1
Households with individuals 65 years and over	29,386	25.4
Average household size	2.52	(X)
Average family size [7]	3.07	(X)
HOUSING OCCUPANCY		
Total housing units	125,965	100.0
Occupied housing units	115,501	91.7
Vacant housing units	10,464	8.3
For rent	3,814	3.0
Rented, not occupied	215	0.2
For sale only	2,116	1.7
Sold, not occupied	291	0.2
For seasonal, recreational, or occasional use	610	0.5
All other vacants	3,418	2.7
Homeowner vacancy rate (percent) [8]	2.6	(X)
Rental vacancy rate (percent) [9]	9.5	(X)
HOUSING TENURE		
Occupied housing units	115,501	100.0
Owner-occupied housing units	79,345	68.7
Population in owner-occupied housing units	206,329	(X)
Average household size of owner-occupied units	2.60	(X)
Renter-occupied housing units	36,156	31.3
Population in renter-occupied housing units	84,252	(X)
Average household size of renter-occupied units	2.33	(X)

Ogle		
Subject	Number	Percent
SEX AND AGE		
Total population	53,497	100.0
Under 5 years	3,179	5.9
5 to 9 years	3,591	6.7
10 to 14 years	3,909	7.3
15 to 19 years	3,955	7.4
20 to 24 years	2,728	5.1
25 to 29 years	2,697	5.0
30 to 34 years	2,906	5.4
35 to 39 years	3,260	6.1
40 to 44 years	3,739	7.0
45 to 49 years	4,411	8.2
50 to 54 years	4,285	8.0
55 to 59 years	3,653	6.8
60 to 64 years	3,042	5.7
65 to 69 years	2,519	4.7
70 to 74 years	1,947	3.6
75 to 79 years	1,452	2.7
80 to 84 years	1,119	2.1
85 years and over	1,085	2.0
Median age (years)	40.7	(X)
16 years and over	42,013	78.5
18 years and over	40,253	75.2
21 years and over	38,252	71.5
62 years and over	9,912	18.5
65 years and over	8,122	15.2
RACE		
Total population	53,497	100.0
One Race	52,740	98.6
White	49,867	93.2
Black or African American	483	0.9
American Indian and Alaska Native	111	0.2
Asian	250	0.5
Asian Indian	61	0.1
Chinese	26	0.0
Filipino	42	0.1
Japanese	14	0.0
Korean	41	0.1
Vietnamese	20	0.0
Other Asian [1]	46	0.1
Native Hawaiian and Other Pacific Islander	14	0.0
Native Hawaiian	4	0.0
Guamanian or Chamorro	4	0.0
Samoan	0	0.0
Other Pacific Islander [2]	6	0.0
Some Other Race	2,015	3.8
Two or More Races	757	1.4
White; American Indian and Alaska Native [3]	160	0.3
White; Asian [3]	90	0.2
White; Black or African American [3]	237	0.4
White; Some Other Race [3]	198	0.4
Race alone or in combination with one or more		
White	50,595	94.6
Black or African American	748	1.4
American Indian and Alaska Native	286	0.5
Asian	373	0.7
Native Hawaiian and Other Pacific Islander	38	0.1
Some Other Race	2,249	4.2
HISPANIC OR LATINO		
Total population	53,497	100.0
Hispanic or Latino (of any race)	4,741	8.9
Mexican	4,104	7.7
Puerto Rican	117	0.2
Cuban	64	0.1
Other Hispanic or Latino [5]	456	0.9
Not Hispanic or Latino	48,756	91.1
HISPANIC OR LATINO AND RACE		

Total population	53,497	100.0
Hispanic or Latino	4,741	8.9
White alone	2,442	4.6
Black or African American alone	15	0.0
American Indian and Alaska Native alone	20	0.0
Asian alone	9	0.0
Native Hawaiian and Other Pacific Islander	9	0.0
Some Other Race alone	1,996	3.7
Two or More Races	250	0.5
Not Hispanic or Latino	48,756	91.1
White alone	47,425	88.6
Black or African American alone	468	0.9
American Indian and Alaska Native alone	91	0.2
Asian alone	241	0.5
Native Hawaiian and Other Pacific Islander	5	0.0
Some Other Race alone	19	0.0
Two or More Races	507	0.9
RELATIONSHIP		
Total population	53,497	100.0
In households	52,972	99.0
Householder	20,856	39.0
Spouse [6]	11,693	21.9
Other relatives	1,948	3.6
65 years and over	276	0.5
Nonrelatives	2,482	4.6
65 years and over	93	0.2
In group quarters	525	1.0
Institutionalized population	478	0.9
Male	201	0.4
Female	277	0.5
Noninstitutionalized population	47	0.1
Male	21	0.0
Female	26	0.0
HOUSEHOLDS BY TYPE		
Total households	20,856	100.0
Family households (families) [7]	14,711	70.5
Husband-wife family	11,693	56.1
Male householder, no wife present	996	4.8
Female householder, no husband present	2,022	9.7
Nonfamily households [7]	6,145	29.5
Householder living alone	5,113	24.5
Male	2,481	11.9
65 years and over	679	3.3
Female	2,622	12.6
65 years and over	1,492	7.2
Households with individuals under 18 years	6,905	33.1
Households with individuals 65 years and over	5,613	26.9
Average household size	2.54	(X)
Average family size [7]	3.01	(X)
HOUSING OCCUPANCY		
Total housing units	22,561	100.0
Occupied housing units	20,856	92.4
Vacant housing units	1,705	7.6
For rent	378	1.7
Rented, not occupied	33	0.1
For sale only	382	1.7
Sold, not occupied	88	0.4
For seasonal, recreational, or occasional use	324	1.4
All other vacants	500	2.2
Homeowner vacancy rate (percent) [8]	2.3	(X)
Rental vacancy rate (percent) [9]	7.1	(X)
HOUSING TENURE		
Occupied housing units	20,856	100.0
Owner-occupied housing units	15,922	76.3
Population in owner-occupied housing units	41,723	(X)
Average household size of owner-occupied units	2.62	(X)
Renter-occupied housing units	4,934	23.7
Population in renter-occupied housing units	11,249	(X)
Average household size of renter-occupied units	2.28	(X)

Carroll		
Subject	Number	Percent
SEX AND AGE		
Total population	15,387	100.0
Under 5 years	730	4.7
5 to 9 years	864	5.6
10 to 14 years	942	6.1
15 to 19 years	978	6.4
20 to 24 years	700	4.5
25 to 29 years	746	4.8
30 to 34 years	732	4.8
35 to 39 years	839	5.5
40 to 44 years	848	5.5
45 to 49 years	1,151	7.5
50 to 54 years	1,175	7.6
55 to 59 years	1,252	8.1
60 to 64 years	1,170	7.6
65 to 69 years	1,004	6.5
70 to 74 years	708	4.6
75 to 79 years	609	4.0
80 to 84 years	464	3.0
85 years and over	477	3.1
Median age (years)	46.5	(X)
16 years and over	12,656	82.3
18 years and over	12,226	79.5
21 years and over	11,737	76.3
62 years and over	3,960	25.7
65 years and over	3,262	21.2
RACE		
Total population	15,387	100.0
One Race	15,219	98.9
White	14,908	96.9
Black or African American	123	0.8
American Indian and Alaska Native	47	0.3
Asian	53	0.3
Asian Indian	14	0.1
Chinese	5	0.0
Filipino	7	0.0
Japanese	1	0.0
Korean	13	0.1
Vietnamese	5	0.0
Other Asian [1]	8	0.1
Native Hawaiian and Other Pacific Islander	3	0.0
Native Hawaiian	0	0.0
Guamanian or Chamorro	3	0.0
Samoan	0	0.0
Other Pacific Islander [2]	0	0.0
Some Other Race	87	0.6
Two or More Races	168	1.1
White; American Indian and Alaska Native [3]	52	0.3
White; Asian [3]	29	0.2
White; Black or African American [3]	51	0.3
White; Some Other Race [3]	14	0.1
Race alone or in combination with one or more		
White	15,062	97.9
Black or African American	186	1.2
American Indian and Alaska Native	103	0.7
Asian	92	0.6
Native Hawaiian and Other Pacific Islander	12	0.1
Some Other Race	110	0.7
HISPANIC OR LATINO		
Total population	15,387	100.0
Hispanic or Latino (of any race)	437	2.8
Mexican	367	2.4
Puerto Rican	10	0.1
Cuban	4	0.0
Other Hispanic or Latino [5]	56	0.4
Not Hispanic or Latino	14,950	97.2
HISPANIC OR LATINO AND RACE		

Total population	15,387	100.0
Hispanic or Latino	437	2.8
White alone	310	2.0
Black or African American alone	1	0.0
American Indian and Alaska Native alone	12	0.1
Asian alone	0	0.0
Native Hawaiian and Other Pacific Islander	1	0.0
Some Other Race alone	84	0.5
Two or More Races	29	0.2
Not Hispanic or Latino	14,950	97.2
White alone	14,596	94.9
Black or African American alone	122	0.8
American Indian and Alaska Native alone	35	0.2
Asian alone	53	0.3
Native Hawaiian and Other Pacific Islander	2	0.0
Some Other Race alone	3	0.0
Two or More Races	139	0.9
RELATIONSHIP		
Total population	15,387	100.0
in households	15,164	98.6
Householder	8,622	43.0
Spouse [6]	3,514	22.8
Other relatives	510	3.3
65 years and over	70	0.5
Nonrelatives	741	4.8
65 years and over	44	0.3
In group quarters	223	1.4
Institutionalized population	178	1.2
Male	89	0.6
Female	89	0.6
Noninstitutionalized population	45	0.3
Male	13	0.1
Female	32	0.2
HOUSEHOLDS BY TYPE		
Total households	8,622	100.0
Family households (families) [7]	4,343	65.6
Husband-wife family	3,514	53.1
Male householder, no wife present	289	4.4
Female householder, no husband present	540	8.2
Nonfamily households [7]	2,279	34.4
Householder living alone	1,973	29.8
Male	938	14.2
65 years and over	294	4.4
Female	1,035	15.6
65 years and over	654	9.9
Households with individuals under 18 years	1,740	26.3
Households with individuals 65 years and over	2,248	33.9
Average household size	2.29	(X)
Average family size [7]	2.80	(X)
HOUSING OCCUPANCY		
Total housing units	8,437	100.0
Occupied housing units	6,622	78.5
Vacant housing units	1,815	21.5
For rent	182	2.2
Rented, not occupied	9	0.1
For sale only	145	1.7
Sold, not occupied	54	0.6
For seasonal, recreational, or occasional use	1,096	13.0
All other vacants	329	3.9
Homeowner vacancy rate (percent) [8]	2.7	(X)
Rental vacancy rate (percent) [9]	11.0	(X)
HOUSING TENURE		
Occupied housing units	6,622	100.0
Owner-occupied housing units	5,163	78.0
Population in owner-occupied housing units	11,968	(X)
Average household size of owner-occupied	2.32	(X)
Renter-occupied housing units	1,459	22.0
Population in renter-occupied housing units	3,196	(X)
Average household size of renter-occupied	2.19	(X)

JoDavies

Subject	Number	Percent
SEX AND AGE		
Total population	22,678	100.0
Under 5 years	1,194	5.3
5 to 9 years	1,277	5.6
10 to 14 years	1,400	6.2
15 to 19 years	1,278	5.6
20 to 24 years	963	4.2
25 to 29 years	1,043	4.6
30 to 34 years	1,017	4.5
35 to 39 years	1,222	5.4
40 to 44 years	1,275	5.6
45 to 49 years	1,676	7.4
50 to 54 years	1,765	7.8
55 to 59 years	1,864	8.2
60 to 64 years	1,872	8.3
65 to 69 years	1,512	6.7
70 to 74 years	1,195	5.3
75 to 79 years	841	3.7
80 to 84 years	652	2.9
85 years and over	632	2.8
Median age (years)	47.1	(X)
16 years and over	18,633	81.7
18 years and over	17,963	79.2
21 years and over	17,332	76.4
62 years and over	5,952	26.2
65 years and over	4,832	21.3
RACE		
Total population	22,678	100.0
One Race	22,475	99.1
White	22,046	97.2
Black or African American	107	0.5
American Indian and Alaska Native	45	0.2
Asian	72	0.3
Asian Indian	8	0.0
Chinese	11	0.0
Filipino	19	0.1
Japanese	10	0.0
Korean	16	0.1
Vietnamese	3	0.0
Other Asian [1]	5	0.0
Native Hawaiian and Other Pacific Islander	11	0.0
Native Hawaiian	5	0.0
Guamanian or Chamorro	2	0.0
Samoan	0	0.0
Other Pacific Islander [2]	4	0.0
Some Other Race	194	0.9
Two or More Races	203	0.9
White; American Indian and Alaska Native [3]	68	0.3
White; Asian [3]	26	0.1
White; Black or African American [3]	60	0.3
White; Some Other Race [3]	29	0.1
Race alone or in combination with one or more		
White	22,240	98.1
Black or African American	184	0.8
American Indian and Alaska Native	122	0.5
Asian	107	0.5
Native Hawaiian and Other Pacific Islander	15	0.1
Some Other Race	224	1.0
HISPANIC OR LATINO		
Total population	22,678	100.0
Hispanic or Latino (of any race)	609	2.7
Mexican	498	2.2
Puerto Rican	27	0.1
Cuban	6	0.0
Other Hispanic or Latino [5]	78	0.3
Not Hispanic or Latino	22,069	97.3
HISPANIC OR LATINO AND RACE		

Total population	22,678	100.0
Hispanic or Latino	609	2.7
White alone	385	1.8
Black or African American alone	7	0.0
American Indian and Alaska Native alone	16	0.1
Asian alone	0	0.0
Native Hawaiian and Other Pacific Islander	4	0.0
Some Other Race alone	188	0.8
Two or More Races	29	0.1
Not Hispanic or Latino	22,069	97.3
White alone	21,681	95.6
Black or African American alone	100	0.4
American Indian and Alaska Native alone	29	0.1
Asian alone	72	0.3
Native Hawaiian and Other Pacific Islander	7	0.0
Some Other Race alone	8	0.0
Two or More Races	174	0.8
RELATIONSHIP		
Total population	22,678	100.0
In households	22,511	99.3
Householder	9,753	43.0
Spouse [6]	5,448	24.0
Other relatives	652	2.9
65 years and over	118	0.5
Nonrelatives	974	4.3
65 years and over	73	0.3
In group quarters	167	0.7
Institutionalized population	125	0.6
Male	35	0.2
Female	90	0.4
Noninstitutionalized population	42	0.2
Male	19	0.1
Female	23	0.1
HOUSEHOLDS BY TYPE		
Total households	9,753	100.0
Family households (families) [7]	6,514	66.8
Husband-wife family	5,448	55.9
Male householder, no wife present	379	3.9
Female householder, no husband present	687	7.0
Nonfamily households [7]	3,239	33.2
Householder living alone	2,765	28.4
Male	1,301	13.3
65 years and over	436	4.5
Female	1,464	15.0
65 years and over	913	9.4
Households with individuals under 18 years	2,463	25.3
Households with individuals 65 years and over	3,378	34.6
Average household size	2.31	(X)
Average family size [7]	2.81	(X)
HOUSING OCCUPANCY		
Total housing units	13,574	100.0
Occupied housing units	9,753	71.9
Vacant housing units	3,821	28.1
For rent	339	2.5
Rented, not occupied	62	0.5
For sale only	199	1.5
Sold, not occupied	40	0.3
For seasonal, recreational, or occasional use	2,734	20.1
All other vacants	447	3.3
Homeowner vacancy rate (percent) [8]	2.5	(X)
Rental vacancy rate (percent) [9]	14.0	(X)
HOUSING TENURE		
Occupied housing units	9,753	100.0
Owner-occupied housing units	7,740	79.4
Population in owner-occupied housing units	18,139	(X)
Average household size of owner-occupied	2.34	(X)
Renter-occupied housing units	2,013	20.6
Population in renter-occupied housing units	4,372	(X)
Average household size of renter-occupied	2.17	(X)

Census Data by Zip Code
For 30-Minute Travel Time Contour

	61007	61018	61030	61032	61039	61044	61046	61048	61050	61060	61062	61067	61070	61078	Total	
SEX AND AGE																
Under 5 years	36	67	128	1,974	52	15	119	236	20	60	123	39	55	58	3,002	6%
5 to 9 years	30	72	145	1,909	84	6	148	270	21	84	137	43	77	100	3,104	6%
10 to 14 years	33	87	196	1,955	40	17	151	306	26	80	169	50	90	94	3,294	6%
15 to 19 years	39	70	164	2,116	59	23	165	309	20	121	140	40	100	109	3,475	7%
20 to 24 years	15	86	80	1,732	32	14	111	214	21	71	92	35	44	62	2,589	5%
25 to 29 years	22	59	121	1,787	41	8	106	216	20	68	94	38	40	64	2,662	5%
30 to 34 years	24	55	118	1,590	54	5	125	209	19	65	97	29	52	61	2,501	5%
35 to 39 years	23	63	124	1,693	50	13	144	194	30	80	129	43	69	88	2,743	5%
40 to 44 years	51	78	178	1,872	48	18	160	277	25	123	144	41	104	82	3,199	6%
45 to 49 years	56	65	187	2,306	71	19	211	315	24	128	160	77	102	109	3,828	8%
50 to 54 years	48	93	154	2,512	68	23	215	333	30	109	153	61	76	87	3,982	8%
55 to 59 years	33	80	149	2,257	65	29	243	332	34	108	140	77	78	101	3,724	7%
60 to 64 years	28	75	109	1,885	54	11	251	252	23	80	132	60	75	104	3,137	6%
65 to 69 years	31	39	120	1,565	30	6	240	252	10	68	91	51	53	74	2,628	5%
70 to 74 years	24	36	94	1,301	28	12	149	189	12	69	71	53	50	56	2,122	4%
75 to 79 years	15	35	96	1,128	21	5	143	159	14	56	41	28	34	47	1,782	4%
80 to 84 years	18	27	39	978	18	5	76	140	17	28	40	9	20	39	1,452	3%
85 years and over	10	13	45	1,111	11	3	78	177	10	24	30	17	11	39	1,577	3%
Median age (years)	44.5	40.1	40.7	42.9	41.2	44.4	49.5	44.1	41.6	43.0	40.3	48.5	42.1	43.3	50,801	
16 years and over	427	837	1,702	25,38	634	189	2,379	3,475	306	1,166	1,524	672	885	1,103		
18 years and over	409	816	1,624	24,54	608	178	2,304	3,344	297	1,110	1,465	652	843	1,049		
21 years and over	393	774	1,554	23,32	581	167	2,215	3,188	264	1,049	1,394	635	797	999		
62 years and over	112	197	429	7,163	137	37	640	1,025	75	293	354	194	209	320		
65 years and over	96	150	354	6,083	106	31	684	897	63	241	273	158	168	255	9,561	19%
RACE																
Total population	534	1,080	2,205	31,65	802	232	2,831	4,360	378	1,432	1,983	811	1,130	1,374	50,801	
RELATIONSHIP																
Total population	534	1,080	2,205	31,65	802	232	2,831	4,360	378	1,432	1,983	811	1,130	1,374	50,801	
65 years and over	2	2	11	188	5	1	16	9	4	13	9	8	6	5	259	
Nonrelatives	10	43	106	1,792	24	9	99	133	19	57	63	33	29	50	2,467	
65 years and over	0	1	2	96	0	0	9	4	3	6	4	1	2		133	
Unmarried partner	3	25	59	928	13	6	63	73	8	34	38	22	17	31	1,320	
In group quarters	0	0	0	754	0	0	16	81	0	0	0	0	0	0	851	
Institutionalized population	0	0	0	613	0	0	0	81	0	0	0	0	0	0	694	
Male	0	0	0	228	0	0	0	19	0	0	0	0	0	0	245	
Female	0	0	0	387	0	0	0	62	0	0	0	0	0	0	449	
Noninstitutionalized population	0	0	0	141	0	0	16	0	0	0	0	0	0	0	157	
Male	0	0	0	65	0	0	6	0	0	0	0	0	0	0	91	
Female	0	0	0	56	0	0	10	0	0	0	0	0	0	0	66	
HOUSEHOLDS BY TYPE																
Total households	207	418	870	13,48	313	90	1,233	1,749	147	592	748	331	430	558	21,167	
Family households (families) [7]	161	322	635	8,293	247	67	878	1,228	110	410	579	245	336	394	13,903	
With own children under 18 years	59	120	282	3,288	98	27	281	473	34	174	265	68	137	155	5,461	
Husband-wife family	144	257	506	5,972	211	54	753	1,041	94	325	490	213	294	326	10,680	
Female householder, no husband present	11	41	79	1,755	27	6	87	129	8	60	58	18	21	38	2,338	
Nonfamily households [7]	46	96	235	5,188	66	23	357	521	37	182	169	86	94	164	7,264	
Householder living alone	44	81	205	4,474	55	18	310	465	30	156	142	69	66	148	6,281	
Male	26	45	97	1,839	29	7	134	195	21	77	59	40	52	63	2,684	
65 years and over	8	8	36	503	4	1	47	55	8	30	18	10	10	20	758	
Female	18	36	108	2,635	26	11	176	270	9	79	83	29	34	83	3,597	
65 years and over	10	23	66	1,451	15	10	113	187	6	53	55	12	20	60	2,081	
Households with individuals 65 years and over	64	103	252	4,183	72	22	485	572	41	182	196	107	115	183	6,557	
Average household size	2.58	2.58	2.53	2.29	2.58	2.58	2.28	2.45	2.56	2.42	2.65	2.45	2.63	2.46	35	
Average family size [7]	2.97	2.92	2.94	2.88	2.88	2.99	2.89	2.95	2.91	2.91	3.02	2.82	3.00	2.94	41	
HOUSING OCCUPANCY																
Total housing units	219	454	951	15,02	341	105	2,079	1,889	161	633	799	361	484	619	24,123	
Occupied housing units	207	418	870	13,48	313	90	1,233	1,749	147	592	748	331	430	558	21,167	
Vacant housing units	12	36	81	1,547	28	15	846	140	14	41	51	30	54	61	2,956	
For rent	3	6	19	540	6	2	27	50	2	12	11	2	1	10	691	
Rented, not occupied	0	2	3	26	1	0	2	1	0	3	0	2	0	0	40	
For sale only	3	11	14	269	3	1	27	17	3	7	8	4	2	10	379	
Sold, not occupied	2	4	2	33	5	1	3	7	0	2	2	2	4	7	74	
For seasonal, recreational, or occasional use	0	0	5	79	4	3	731	22	1	5	12	3	26	17	908	
All other vacants	4	13	38	800	8	8	56	43	8	12	18	17	21	17	864	
Homeowner vacancy rate (percent) [8]	1.7	3.3	2.0	2.9	1.1	1.3	2.6	1.2	2.4	1.5	1.3	1.4	0.5	2.1	25	
Rental vacancy rate (percent) [9]	8.1	5.5	9.5	10.8	10.0	10.5	10.8	12.1	8.0	8.7	8.2	3.5	1.9	8.4	116	
HOUSING TENURE																
Occupied housing units	207	418	870	13,48	313	90	1,233	1,749	147	592	748	331	430	558	21,167	
Owner-occupied housing units	173	316	692	9,027	260	73	1,012	1,387	124	469	625	278	378	449	15,263	
Population in owner-occupied housing units	453	819	1,764	21,07	661	190	2,326	3,535	317	1,176	1,648	676	1,019	1,112	36,768	
Average household size of owner-occupied units	2.62	2.59	2.55	2.33	2.54	2.60	2.30	2.65	2.56	2.51	2.64	2.43	2.70	2.48	35	
Renter-occupied housing units	34	102	178	4,454	53	17	221	362	23	123	123	53	52	109	5,904	
Population in renter-occupied housing units	81	261	441	9,825	141	42	489	744	59	256	335	135	111	262	13,182	
Average household size of renter-occupied units	2.38	2.56	2.48	2.21	2.66	2.47	2.21	2.06	2.57	2.08	2.72	2.55	2.13	2.40	33	
Average household size of owner-occupied units	2.48															
Renter-occupied housing units	109															
Population in renter-occupied housing units	262															
Average household size of renter-occupied units	2.40															

Source: U.S. Census Bureau, 2010

	61007	61018	61030	61032	61039	61044	61046	61048	61050	61060	61062	61067	61070	61078	Total	
SEX AND AGE																
Under 5 years	36	67	128	1,974	62	15	119	236	20	80	123	39	55	58	3,002	6%
5 to 9 years	30	72	145	1,909	64	6	146	270	21	84	137	43	77	100	3,104	6%
10 to 14 years	33	87	196	1,855	40	17	151	306	26	80	169	50	90	94	3,294	6%
15 to 19 years	39	70	164	2,116	59	23	185	309	20	121	140	40	100	109	3,475	7%
20 to 24 years	15	66	80	1,732	32	14	111	214	21	71	92	35	44	62	2,589	5%
25 to 29 years	22	59	121	1,787	41	8	108	218	20	66	94	38	40	64	2,662	5%
30 to 34 years	24	55	116	1,990	54	5	125	209	19	65	97	29	52	61	2,501	5%
35 to 39 years	23	63	124	1,893	50	13	144	184	30	80	129	43	69	88	2,743	5%
40 to 44 years	51	78	178	1,872	46	18	180	277	25	123	144	41	104	82	3,199	6%
45 to 49 years	56	65	187	2,306	71	19	211	315	24	126	160	77	102	109	3,828	8%
50 to 54 years	48	93	154	2,572	68	23	215	333	30	109	153	81	76	87	3,982	8%
55 to 59 years	33	80	149	2,257	85	29	243	332	34	106	140	77	78	101	3,724	7%
60 to 64 years	26	75	109	1,855	54	11	251	252	23	80	132	60	75	104	3,137	6%
65 to 69 years	31	39	120	1,565	30	6	240	252	10	66	91	51	53	74	2,628	5%
70 to 74 years	24	36	84	1,301	26	12	149	169	12	69	71	53	50	56	2,122	4%
75 to 79 years	15	35	56	1,128	21	5	143	159	14	56	41	28	34	47	1,782	4%
80 to 84 years	18	27	39	978	18	5	76	140	17	26	40	9	20	39	1,452	3%
85 years and over	10	13	45	1,111	11	3	76	177	10	24	30	17	11	39	1,577	3%
Median age (years)	44.5	40.1	40.7	42.9	41.2	44.4	49.5	44.1	41.6	43.0	40.3	48.5	42.1	43.3	50,801	
16 years and over	427	837	1,702	25,38	834	189	2,379	3,475	306	1,168	1,524	672	885	1,103		
18 years and over	409	816	1,624	24,54	608	178	2,304	3,344	297	1,110	1,465	652	843	1,049		
21 years and over	393	774	1,554	23,32	581	167	2,215	3,188	284	1,049	1,394	635	797	999		
62 years and over	112	197	429	7,163	137	37	840	1,025	75	293	354	194	209	320		
65 years and over	98	150	354	6,083	106	31	684	897	83	241	273	158	168	255	9,561	19%
RACE																
Total population	534	1,080	2,205	31,85	802	232	2,831	4,360	376	1,432	1,983	811	1,130	1,374	50,801	
RELATIONSHIP																
Total population	534	1,080	2,205	31,85	802	232	2,831	4,360	376	1,432	1,983	811	1,130	1,374	50,801	
65 years and over	2	2	11	168	5	1	16	9	4	13	9	8	6	5	259	
Nonrelatives	10	43	106	1,792	24	9	99	133	19	57	63	33	29	30	2,467	
65 years and over	0	1	2	98	0	0	9	4	3	3	6	4	1	2	133	
Unmarried partner	3	25	59	928	13	8	63	73	8	34	38	22	17	31	1,320	
In group quarters	0	0	0	754	0	0	18	81	0	0	0	0	0	0	851	
Institutionalized population	0	0	0	613	0	0	0	81	0	0	0	0	0	0	694	
Male	0	0	0	226	0	0	0	19	0	0	0	0	0	0	245	
Female	0	0	0	387	0	0	0	62	0	0	0	0	0	0	449	
Noninstitutionalized population	0	0	0	141	0	0	16	0	0	0	0	0	0	0	157	
Male	0	0	0	85	0	0	6	0	0	0	0	0	0	0	91	
Female	0	0	0	56	0	0	10	0	0	0	0	0	0	0	66	
HOUSEHOLDS BY TYPE																
Total households	207	418	870	13,48	313	90	1,233	1,749	147	592	748	331	430	558	21,167	
Family households (families) [7]	161	322	635	8,293	247	67	876	1,228	110	410	579	245	336	394	13,903	
With own children under 18 years	59	120	282	3,268	98	27	281	473	34	174	265	88	137	155	5,461	
Married-couple family	144	257	506	5,972	211	54	753	1,041	94	325	490	213	294	326	10,680	
Female householder, no husband present	11	41	79	1,755	27	6	87	129	8	60	58	18	21	38	2,338	
Nonfamily households [7]	46	96	235	5,188	66	23	357	521	37	182	169	86	94	164	7,264	
Householder living alone	44	81	205	4,474	55	18	310	465	30	158	142	69	86	148	6,281	
Male	26	45	97	1,839	29	7	134	195	21	77	59	40	52	63	2,684	
65 years and over	8	8	36	503	4	1	47	55	8	30	18	10	10	20	758	
Female	18	36	108	2,635	26	11	176	270	9	79	83	29	34	83	3,597	
65 years and over	10	23	68	1,451	15	10	113	187	6	53	55	12	20	60	2,081	
Households with individuals 65 years and over	64	103	252	4,183	72	22	485	572	41	182	196	107	115	183	6,557	
Average household size	2.58	2.58	2.53	2.29	2.56	2.58	2.28	2.45	2.56	2.42	2.65	2.45	2.63	2.46	35	
Average family size [7]	2.97	2.92	2.94	2.88	2.88	2.99	2.69	2.95	2.91	2.91	3.02	2.82	3.00	2.94	41	
HOUSING OCCUPANCY																
Total housing units	219	454	951	15,02	341	105	2,079	1,889	161	633	799	361	484	619	24,123	
Occupied housing units	207	418	870	13,48	313	90	1,233	1,749	147	592	748	331	430	558	21,167	
Vacant housing units	12	36	81	1,547	28	15	846	140	14	41	51	30	54	61	2,956	
For rent	3	6	19	540	6	2	27	50	2	12	11	2	1	10	691	
Rented, not occupied	0	2	3	26	1	0	2	1	0	3	0	2	0	0	40	
For sale only	3	11	14	269	3	1	27	17	3	7	8	4	2	10	379	
Sold, not occupied	2	4	2	33	5	1	3	7	0	2	2	2	4	7	74	
For seasonal, recreational, or occasional use	0	0	5	79	4	3	731	22	1	5	12	3	26	17	908	
All other vacants	4	13	38	600	9	8	56	43	8	12	18	17	21	17	864	
Homeowner vacancy rate (percent) [8]	1.7	3.3	2.0	2.9	1.1	1.3	2.6	1.2	2.4	1.5	1.3	1.4	0.5	2.1	25	
Rental vacancy rate (percent) [9]	8.1	5.5	9.5	10.8	10.0	10.5	10.8	12.1	8.0	8.7	8.2	3.5	1.9	8.4	116	
HOUSING TENURE																
Occupied housing units	207	418	870	13,48	313	90	1,233	1,749	147	592	748	331	430	558	21,167	
Owner-occupied housing units	173	316	692	9,027	260	73	1,012	1,387	124	469	625	278	378	449	15,263	
Population in owner-occupied housing units	453	819	1,764	21,07	661	190	2,326	3,533	317	1,176	1,648	676	1,019	1,112	36,768	
Average household size of owner-occupied units	2.62	2.59	2.55	2.33	2.54	2.60	2.30	2.55	2.56	2.51	2.64	2.43	2.70	2.48	35	
Renter-occupied housing units	34	102	178	4,454	53	17	221	362	23	123	123	53	52	109	5,904	
Population in renter-occupied housing units	81	281	441	8,825	141	42	489	744	59	256	335	135	111	262	13,182	
Average household size of renter-occupied units	2.38	2.56	2.48	2.21	2.66	2.47	2.21	2.08	2.57	2.08	2.72	2.55	2.13	2.40	39	
Average household size of owner-occupied units	2.48															
Renter-occupied housing units	109															
Population in renter-occupied housing units	262															
Average household size of renter-occupied units	2.40															

Source: U.S. Census Bureau, 2010

ATTACHMENT-11F

ALTERNATIVES

- 1) Document ALL of the alternatives to the proposed project:

Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.

The proposed project as being presented has limited alternatives available due to the nature of the project being an existing optimally utilized long-term care facility. Since the facility is already operating their nursing care unit without any admission restrictions, the alternatives appear to be narrow in scope by either **maintaining the status quo or the project as being proposed** as anything larger is not justified by the State's identified bed need.

MAINTAINING THE STATUS QUO

Cost

There is not a capital cost associated with this alternative as it does not entail the addition or construction of additional capacity.

Patient Access

The purpose of the project is for the existing facility, Manor Court of Freeport, to be able to accommodate those persons seeking long-term care services that have been turned away and in the process will accommodate the outstanding need for 27 of the 28 beds that are calculated to be needed. Appended as **ATTACHMENT-12A**, is a copy of the Inventory of Health Care Facilities and Services and Need Determinations, Volume II, 2011 Edition and its update that illustrates the outstanding need for additional nursing beds in Stephenson County.

ATTACHMENT-12

ALTERNATIVES (Continued ii)

Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care and in physical plant environment but this alternative restricts the accessibility of the market area to only those existing residents.

Financial Benefits

Although this alternative has no capital cost associated with it, there are also no financial benefits either. This is an alternative to "do nothing" or to continue the operations as they currently are provided. The existing facility is operating at the State's target utilization rate (90%) and maintains a continuous wait list. The only added benefit to be gained is to expand the existing service in a responsible manor.

As nothing is to be gained by this alternative to the proposed project, it was rejected.

THE PROJECT AS BEING PROPOSED

Cost

The advantage of this project is that the Applicant has the ability to add on without the expense of establishing all of the ancillary and support areas necessary to provide the nursing category of service. The cost of this project in developing a bed addition only with the no cost conversion of the remaining sheltered care beds to nursing enhances the economies-of-scale realized by Manor Court of Freeport. The cost of this alternative is

ATTACHMENT-12

ALTERNATIVES (Continued iii)

\$1,799,109 which includes the non-cash item of \$134,109 of fair market value. This equates to a cost per square foot of \$128.25 whereas new construction costs typically range from \$185 per square foot to \$225 per square foot.

Patient Access

The continued situation in Stephenson County over the past three years is that there are about 7.4% to 9% of the nursing beds that are not set-up and staffed as indicated in the IDPH Planning Area Summary profiles for Stephenson County (the 2008, 2009 and 2010 Planning Area profiles are appended as **ATTACHMENT-12B**). Specifically, at least 49 beds in the Planning Area are not usable according to the State's 2010 profile data (latest available data by the State). This number appears low as the area facilities, not including the Applicants, are all older than 20 years and as such are more traditional potentially less marketable. Specifically, according to the Illinois Department of Healthcare and Family Services annual facility cost reports, Lena Living Center (92 beds), Stephenson Nursing Center (162 beds), and Freeport Rehab & Health Care Center (143 beds) were built in 1971. According to a brochure as provided from Parkview Home (28 beds), this facility was constructed in 1926. Because of the change of ownership throughout the years, the records available for Provena St. Joseph Center only date as far back as 1988. So much has changed over the past five years that given the respective ages of the building, marketability and desirability of area nursing beds on a whole, is questionable. The change in the industry is a cultural change. Today's elderly desire more accommodations, amenities and above all to maintain independence to the highest extent possible. This can best be handled in a

ATTACHMENT-12

ALTERNATIVES (Continued iv)

full retirement campus that provides all levels of long-term care and not only a freestanding nursing home. Furthermore, the numbers of nursing beds that are actually available, coupled with the demographic profile of the County, appear to substantiate that many beds do not appear to be available.

The population figures as shown in **ATTACHMENT-11G** show that the actual population of the elderly (those 65 years of age and older) as reported by the 2010 census is consistent with the Department's base year and projected population is; therefore, the Department's bed need calculation, appended as **ATTACHMENT-11F**, appears to be on target. In further support of the bed need as calculated by IDPH, the 65-74 age cohorts from the census is approximately 5.2% higher than the interpolated 2010 figure used from the IDPH's 2008 base year and 2018 projected year population data. It is interesting also that the 0-64 age cohorts have also out performed estimates, whereas the State's data has the population shrinking when it has actually grown. Therefore, the long-term need for beds and services can be expected to continue to grow. To not add nursing care beds to alleviate the accessibility issues of the nursing beds not available for resident use and age of existing providers, patient access will continue to be an issue.

The long-term care industry has evolved dramatically over the past five years in Stephenson County. In 2006, the area's first new nursing facility in over 20 years was opened. In November of 2007, the area's first SLF was opened. Both are now full and as such they appear to be absorbed by the market. Between Calendar Years 2007 and 2010, the average length of stay has been decreasing but the patient days and resulting

ATTACHMENT-12

ALTERNATIVES (Continued v)

area occupancies have been increasing. Refer to the Chart appended herein (Table I). While there appears to be available nursing beds based upon licensed capacity, it appears that at

least 49 area nursing care beds are not even set-up. A chart of all area facilities (as available) size

Table I

Year	Planning Area	# of Licensed Nursing Beds	Nursing Patient Days	Nursing Occupancy	Set-up Beds	Set-up Occupancy	ALDS
2007	Stephenson	633	163,887	70.9%	593	75.70%	173
2008	Stephenson	633	165,277	71.3%	576	78.40%	154
2009	Stephenson	616	168,345	74.9%	570	80.9%	150
2010	Stephenson	663	184,494	76.2%	614	82.3%	148

Source: Illinois Department of Public Health, Illinois Long-Term Care Planning
Area Data Summary – 2007, 2008, 2009, & 2010

and date of establishment is appended as **ATTACHMENT-12C**. This data shows that with the exception of the Manor Court of Freeport, the average age of the facilities equates to over 30 years of age (30.5) and an average size of 377 gross square foot per bed). These issues all have a role that affects patient access. The licensed capacity in Stephenson County is not reflective of effective capacity or actual capacity. Therefore, the outstanding need for additional nursing beds would appear to be underestimated and the need for additional patient access is more vital.

Quality

The issue that this alternative presents is one of accessibility for Stephenson County residents in need of nursing care and not one of quality. Therefore, this item is not germane to this project or process.

ALTERNATIVES (Continued vi)

Where this alternative does have input on quality is through addressing the State's outstanding need for additional nursing bed capacity. Having an outstanding need that is not provided for forces those in need for nursing care into unlicensed settings where in turn additional services must be sought. While keeping a person at home for as long as possible is noble, it does not always prove to be the best care for an individual. The obvious quality indicator is that there is no oversight and instilled protection for those people as background checks on unlicensed care givers is not mandatory. Equally as important is that someone at home does not necessarily get the programmatic benefits of a community setting such as socialization. What is unique about this particular Applicant is that they have developed a homelike community throughout the campus that becomes the residents' home. These residents can age-in-place at their individual rate without the worry of what comes next. This environment, unlike a traditional nursing home, allows for individual dignity. What better indicator of quality.

Financial Benefits

The financial benefits of this project are that 6 of the beds have the lowest cost as they are existing and only need to be converted through IDPH licensure. The remaining 21 beds being proposed have a low cost of construction as the ancillary and support requirements are in place and therefore do not add cost to this project. As this addition uses existing space resources and minimally proposes new construction, this modernization project proposes the lowest cost possible to create 27 additional nursing care beds.

ATTACHMENT-12

ALTERNATIVES (Continued vii)

As this alternative provides the lowest cost of capital, reuse of existing space, and desired return in the form of greatest increased accessibility to Stephenson County residents, this alternative was selected as most appropriate.

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

The alternative of the "Project as Proposed" is based on the identified bed need and the overwhelming growth of the projected senior population. Therefore, this alternative is not based solely or in part on improved quality of care. However, there are indicators of quality such as physical plant environments being current and state-of-the-art. The evidence of this is two-fold; first, the average size of each facility on a per bed basis and the second is the average age of the facilities. These issues are indicators or evidence of a more traditional institutional physical plant design and layout that minimizes square footage and amenities.

The proposed project is proposing more private beds (13 beds or 48% of the additional beds) over and above the Department's minimum standards that only require three percent of the beds to be private. Thus, the entire building, upon project completion would only be required to have 3.5 or 4 beds as private. Each of the Applicant's resident rooms will have its own bathroom. This is also contrary to the minimum standards as it allows two rooms to share a bathroom. The Applicant has multiple autonomous neighborhoods. These amenities require square footage that is not typical in facilities even five years old. The average age of the facilities in the planning area is 30.5 years and this is conservative given that many of the facilities

ATTACHMENT-12

ALTERNATIVES (Continued viii)

utilized the calendar year 1988 since that is as far back as records indicated utilization. The average size of the existing providers equates to 377 square feet per bed for those who reported square footage to the Illinois Department of Healthcare and Family Services on the facilities' cost reports. It should be noted that these numbers do not include within the average the Manor Court of Freeport facility. The Applicant is proposing 54,600 gross square feet or 467 gross square feet per bed on a 117-bed home. This is efficient square footage as compared to the proposed standard for long term care ranges from 435 to 715 square feet per bed the Applicant has the square footage as compared to the existing facilities to create a more homelike environment for its residents. Thus, the proposed service will provide a higher quality of life which allows for greater flexibility, individuality, and privacy that can also contribute to the quality of care. Furthermore, this nursing unit is part of a campus setting. There are ancillary areas throughout the campus that can be used by residents or more realistically by their respective family members and loved ones. By providing lesser levels of long-term care in addition to the nursing level of care allows the Applicant to place long-term care residents in a truly appropriate level of care. This minimizes the amount of nursing care, thus reducing costs and increasing overall quality, a fact that is reflected in the planning area's reduced average length of stay days.

It should be noted that this item in no way denies the quality of care of the existing providers but rather only questions the quality of life of residents in the more traditional environments.

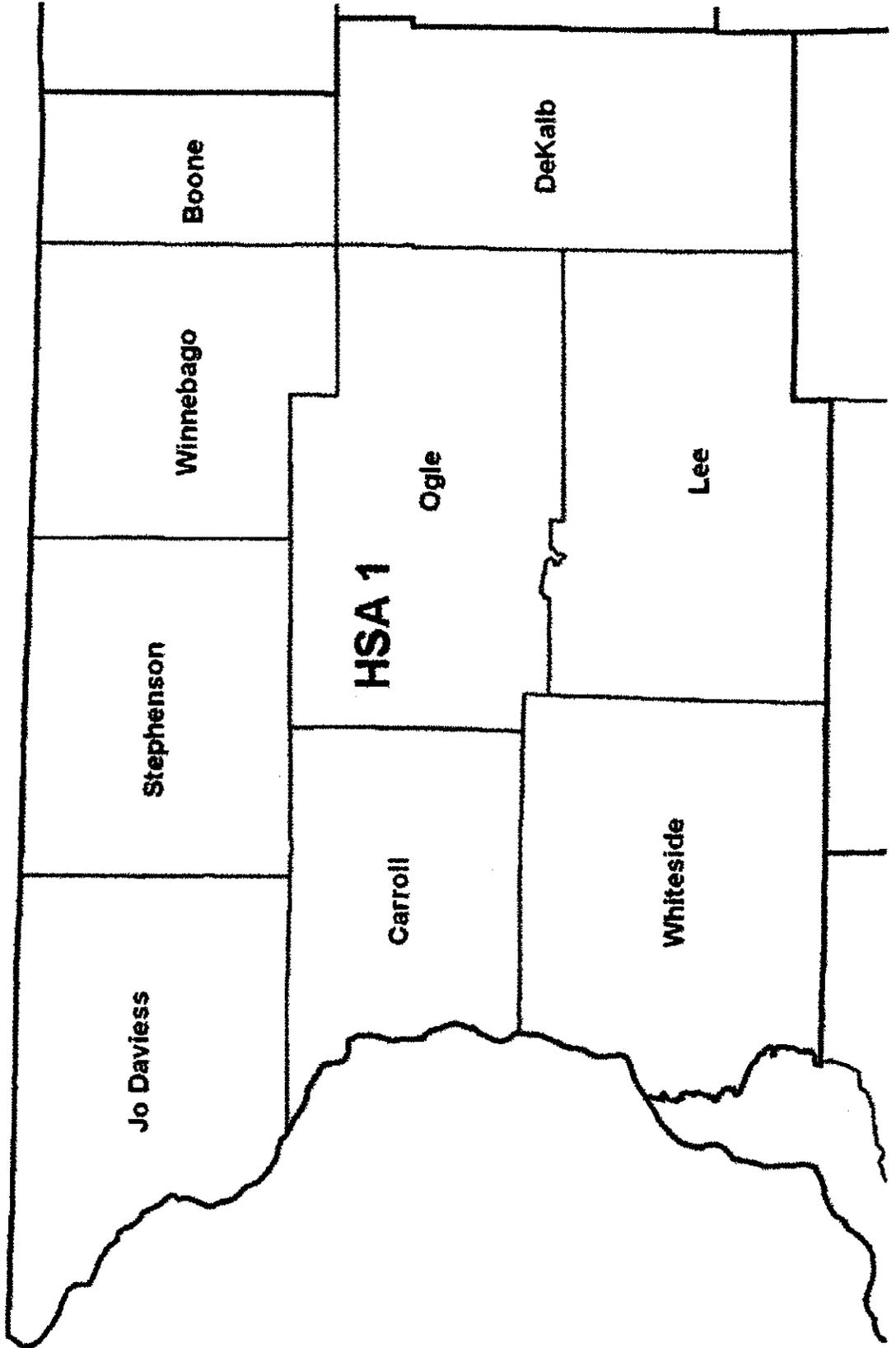
ATTACHMENT-12

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Department of Public Health
Illinois Health Facilities and Services Review Board

26-Jul-11
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Health Service Area 1



INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

Planning Area:	Facility Name	City	County/Area	General Nursing Care	
				Beds	2008 Patient Days
Stephenson	FREEMONT MEMORIAL HOSPITAL SKILLED NURSING	FREEMONT	Stephenson County	26	5,749
	FREEMONT REHAB & HLTH CARE CTR	FREEMONT	Stephenson County	143	30,812
	LENA LIVING CENTER	LENA	Stephenson County	92	29,031
	MANOR COURT OF FREEMONT	FREEMONT	Stephenson County	90	14,791
	7/27/2010 10-007	Permit issued to add 45 Nursing Care beds and discontinued 21 Sheltered Care beds in existing facility. Upon completion, facility will have 90 Nursing Care and 12 Sheltered Care beds.			
	10/26/2010 10-007	Completed project to add 45 Nursing Care beds and discontinued 21 Sheltered Care beds.			
	PARKVIEW HOME	FREEMONT	Stephenson County	30	7,334
	2/15/2010 Bed Change	Added 2 Nursing Care beds and discontinued 1 Sheltered Care bed; facility now has 30 Nursing Care and 43 Sheltered Care beds.			
	PROVENA ST. JOSEPH CENTER	FREEMONT	Stephenson County	120	35,835
	STEPHENSON NURSING CENTER	FREEMONT	Stephenson County	162	41,725
Planning Area Totals				663	165,277

HEALTH SERVICE AREA	AGE GROUPS	2008 PSA Estimated Populations	2008 PSA Use Rates (Per 1,000)	2008 HSA Minimum Use Rates	2008 HSA Maximum Use Rates	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates	2018 PSA Planned Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed	
																2008 PSA Patient Days
001	0-64 Years Old	38,700	233.098	235.8	628.8	593,100	393.0	235.6	628.8			8,937				
	65-74 Years Old	3,800	190,649	2,439.0	6,504.0	48,900	4,085.0	2,438.0	6,504.0	235.8	5,300	23,153	23,153			
	75+ Years Old	4,200	1,293,584	16,763.5	44,702.7	46,300	27,839.2	16,763.5	44,702.7	4,368.4	5,600	188,207	188,207			
Planning Area Totals													598.1	218,297	665	2

LONG-TERM CARE FACILITY UPDATES

09/16/2011 - 01/15/2012

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
CHANGES TO GENERAL LONG-TERM CARE				
Health Service Area 001				
Stephenson	P-11-064	10/11/2011	FREEPORT MEMORIAL HOSPITAL/SNU, FREEPORT	Permit issued to discontinue the 26 nursing care bed unit.
	P-11-064	10/11/2011	FREEPORT MEMORIAL HOSPITAL/SNU, FREEPORT	Project completed.
Winnebago	Closure	11/04/2011	ROCKFORD NURSING & REHAB CTR., ROCKFORD	Facility closed 11-4-2011, 97 nursing care beds removed from inventory.
Health Service Area 002				
Bureau/Putnam	Closure	06/10/2011	ORCHARD VIEW REHAB & HEALTHCARE, PRINCETON	Facility closed 06-10-2011, 123 nursing care beds removed from inventory.
	P-11-065	10/11/2011	MANOR COURT OF PRINCETON, PRINCETON	Permit issued to modernize facility. Will convert all 22 sheltered care beds to nursing care and add an additional 27 nursing care beds, total now 125 nursing care beds.
Fulton	Closure	07/29/2011	ASTORJA GARDEN & REHAB. CTR., ASTORIA	Facility closed 07-29-2011, 57 nursing care beds removed from inventory.
Knox	Bed Change	09/09/2011	KNOX COUNTY NURSING HOME, KNOXVILLE	Added 15 nursing care beds, total now 169 nursing care beds.
LaSalle	Name Change	10/01/2011	HERITAGE HEALTH-PERU, PERU	Name changed from Heritage Manor - Peru.
	Name Change	10/01/2011	HERITAGE HEALTH-STREATOR, STREATOR	Name changed from Heritage Manor - Streator.
	Name Change	10/01/2011	HERITAGE HEALTH-MENDOTA, MENDOTA	Name changed from Heritage Manor - Mendota.
	Name Change	10/01/2011	HERITAGE HEALTH-LASALLE, LASALLE	Name changed from Heritage Manor - Lasalle.
Peoria	Name Change	10/01/2011	HERITAGE HEALTH-CHILLICOTHE, CHILLICOTHE	Name changed from Heritage Manor - Chillicothe.
	P-11-063	10/11/2011	PROCTOR MEMORIAL HOSPITAL, PEORIA	Permit issued to discontinue 15 nursing care beds, total now 15 nursing care beds. Completion date will be 12-31-2011.
	P-11-063	12/31/2011	PROCTOR MEMORIAL HOSPITAL, PEORIA	Project completed. New
Woodford	Bed Change	02/01/2011	APOSTOLIC CHRISTIAN HOME, ROANOKE	Discontinued one nursing care bed, total now 60 nursing care beds.
	Name Change	02/01/2011	APOSTOLIC CHRISTIAN HOME, ROANOKE	Name changed from Apostolic - Roanoke.
	Name Change	10/01/2011	HERITAGE HEALTH-MINONK, MINONK	Name changed from Heritage Manor - Minonk.
	Name Change	10/01/2011	HERITAGE HEALTH-EL PASO, EL PASO	Name changed from Heritage Manor - El Paso.
	Bed Change	10/18/2011	SNYDER VILLAGE, METAMORA	Discontinued one nursing care bed, total now 104 nursing care beds.
Health Service Area 003				
Brown/Schuyler	Name Change	10/01/2011	HERITAGE HEALTH-MT. STERLING, MOUNT STERLING	Name changed from Heritage Manor - Mt Sterling.
	P-11-056	10/11/2011	SARAH CULBERTSON MEMORIAL HOSP, RUSHVILLE	Permit issued to discontinue the 29 nursing care bed unit.
	P-11-056	10/11/2011	SARAH CULBERTSON MEMORIAL HOSP, RUSHVILLE	Project completed.
Christian	Name Change	10/01/2011	HERITAGE HEALTH-PANA, PANA	Name changed from Heritage Manor - Pana.
Hancock	Closure	08/22/2011	HANCOCK COUNTY NURSING HOME, CARTHAGE	Facility closed 08-22-2011, 57 nursing care beds removed from inventory.
Macoupin	Name Change	10/01/2011	HERITAGE HEALTH-STAUNTON, STAUNTON	Name changed from Heritage Manor - Staunton.
	Name Change	10/01/2011	HERITAGE HEALTH-GILLESPIE, GILLESPIE	Name changed from Heritage Manor - Gillespie.
	Name Change	10/01/2011	HERITAGE HEALTH-CARLINVILLE, CARLINVILLE	Name changed from Heritage Manor - Carlinville.
Menard	Closure	07/08/2011	MENARD CONVALESCENT CENTER, PETERSBURG	Facility closed 07-08-2011, 86 nursing care beds removed from inventory.
Montgomery	Name Change	10/01/2011	HERITAGE HEALTH-LITCHFIELD, LITCHFIELD	Name changed from Heritage Manor - Litchfield.
Morgan/Scott	Closure	08/26/2011	CARE CENTER OF JACKSONVILLE, JACKSONVILLE	Facility closed 08-26-2011, 93 nursing care beds removed from inventory.
	Name Change	10/01/2011	HERITAGE HEALTH-JACKSONVILLE, JACKSONVILLE	Name changed from Barton W. Stone - Jacksonville.

HEALTH SERVICE AREA	001	ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS		
TOTAL FACILITIES	9	Aggressive/Anti-Social	6	DIAGNOSIS	
HOSPITAL BASED UNITS	1	Chronic Alcoholism	6	Neoplasms	5
FREE STANDING FACILITIES	8	Developmentally Disabled	3	Endocrine/Metabolic	18
FACILITIES LICENSED FOR:		Drug Addiction	6	Blood Disorders	6
NURSING CARE BEDS ONLY	5	Medicaid Recipient	0	Nervous System Non Alzheimer	24
SHELTERED CARE BEDS ONLY	0	Medicare Recipient	2	Alzheimer Disease	56
DD CARE BEDS ONLY	2	Mental Illness	6	Mental Illness	31
MULTI-LICENSED FACILITIES	2	Non-Ambulatory	0	Developmental Disability	31
FACILITIES REPORTED BY OWNERSHIP TYPE		Non-Mobile	0	Circulatory System	158
GOVERNMENTAL OWNERSHIP	1	Public Aid Recipient	0	Respiratory System	48
NON-PROFIT OWNERSHIP	7	Under 65 Years Old	0	Digestive System	24
FOR PROFIT OWNERSHIP	1	Unable to Self-Medicate	0	Genitourinary System Disorders	28
CONTINUING CARE COMMUNITY	2	Ventilator Dependent	9	Skin Disorders	7
LIFE CARE FACILITY	1	Infectious Disease w/ Isolation	3	Musculo-skeletal Disorders	44
		Other Restrictions	1	Injuries and Poisonings	42
		No Restrictions	0	Other Medical Conditions	56
		<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	2
				TOTALS	580
Total Residents Diagnosed as Mentally Ill					45

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2010	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	863	614	556	614	509	154	579	607	Total Admissions 2010	1,244
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2010	1,194
Intermediate DD	32	32	32	32	31	1		32	Residents on 12/31/2010	580
Sheltered Care	55	40	40	40	40	15			Identified Offenders	1
TOTAL BEDS	750	686	628	686	580	170	579	639		

LEVEL OF CARE	FACILITY UTILIZATION - 2010										TOTAL	Licensed Beds	Peak Set Up
	BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
	Medicare		Medicaid		Other Public Pay	Private Insurance	Private Pay	Charity Care	Pat. days	Occ. Pct.			
Nursing Care	23,029	10.9%	88,947	39.2%	3,279	5,779	64,022	1,438	184,494	76.2%	82.3%		
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%		
Intermediate DD			11,381	97.4%	0	0	0	0	11,381	97.4%	97.4%		
Sheltered Care					0	0	12,624	365	12,989	64.7%	89.0%		
TOTALS	23,029	10.9%	98,328	42.2%	3,279	5,779	76,846	1,803	208,864	78.3%	83.4%		

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
	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	1	0	0	0	8	7	0	0	9	7	16	
45 to 59	4	5	0	0	6	5	0	0	10	10	20	
60 to 64	7	11	0	0	0	0	0	0	7	11	18	
65 to 74	9	29	0	0	1	3	0	0	10	32	42	
75 to 84	48	112	0	0	0	1	2	7	50	120	170	
85+	55	228	0	0	0	0	7	24	62	252	314	
TOTALS	124	385	0	0	15	16	9	31	148	432	580	

Source: Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

HEALTH SERVICE AREA

001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	84	238	10	12	182	5	509
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		31	0	0	0	0	31
Sheltered Care			0	0	39	1	40
TOTALS	84	287	10	12	221	6	580

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	218	184
Skilled Under 22	0	0
Intermediate DD	128	125
Shelter	131	165

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Sk/Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	19	0	4	0	23
Hawaiian/Pac. Isl.	0	0	0	0	0
White	488	0	27	40	555
Race Unknown	2	0	0	0	2
Total	509	0	31	40	580

ETHNICITY	Nursing	Sk/Und22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	508	0	31	40	577
Ethnicity Unknown	2	0	0	0	2
Total	509	0	31	40	580

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	7.50
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	67.80
LPN's	60.20
Certified Aides	270.95
Other Health Staff	21.00
Non-Health Staff	227.40
Totals	661.85

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%	31.4%	1.3%	4.2%	42.7%	100.0%		0.8%
6,440,629	9,955,523	408,925	1,324,403	13,531,322	31,658,804	244,640	

*Charity Expense does not include expenses which may be considered a community benefit.

Gross Square Footage and
Age of Building Chart

FACID	FACNAME	CITY	Gen Beds	GSF	GSF per Bed	Yr of Construction	Age of Building
6005282	Lena Living Center	Lena	92	45,546	495.1	1971	41
6003339	Freeport Rehab & Hlth Care Ctr	Freeport	143	43,050	301.0	1971	41
6015133	Manor Court of Freeport (1)	Freeport	90	45,306	510.1	2008	6
6007231	Parkview Home (2)	Freeport	30			1928	84
6009161	Stephenson Nursing Center	Freeport	162	54,954	339.2	1971	41
6003347	Freeport Memorial Hospital/SNU (3)	Freeport	0			1988+	24
6008973	Provena St. Joseph Center	Freeport	120	51,060	425.7	1988+	24
			637		396.27		42.5 Excluding MCF facility

(1) P-10-007 issued on 7/27/2010 to add 45 nursing care beds and discontinue 21 sheltered care beds in existing facility. Upon completion, facility will have 90 nursing care and 12 sheltered care beds. Completed project on 10/26/10.
 (2) Added 2 nursing care beds and discontinued 1 sheltered care bed; facility now has 90 nursing care and 43 sheltered care beds on 2/5/2010.
 (3) P-11-064 issued to discontinue the 26 nursing care bed unit. Project completed on 10/11/2011.
 (4) P-10-031 received permit on 3/21/2011 to establish a facility with 24 nursing care beds at Sumner Road and Grove Street.

Source: Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development
 Inventory of Health Care Facilities and Services and Need Determinations-2011-Long-Term Care Services

SECTION IV PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.

This project proposes the following:

Sheltered Care Space to be converted to Nursing:

6 Private Rooms / 2,055 gsf = 342.5 gsf/bed

New Construction addition:

21 beds new construction / 6,639 gsf = 316.1 gsf/bed (this space only includes minimal ancillary and support space since it is already part of the existing facility).

Total:

117 total beds upon project completion / 54,600 gsf = 467 gsf/bed

The current State Standard allows for a range of up to 713 gross square feet per bed. As such, it appears that the proposed project's physical space is in compliance with this criterion.

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;

As noted above, the proposed project's size per square foot well within the limit for gross square feet per bed as per the State's standards. Therefore, this item is not germane.

ATTACHMENT-13

SIZE OF PROJECT (Continued ii)

- 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:

The proposed project's size per square foot well within the limit for gross square feet per bed as per the State's standards; therefore, this item is not germane.

- c. The project involves the conversion of existing bed space that results in excess square footage.

The project does involve the conversion of existing bed space. However, the proposed project's size per square foot is well within the limit for gross square feet per bed as per the State's standards, therefore, this item is not germane.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B.

The HFSRB has established utilization standards for General Long-Term Nursing Care facilities of 90% by the second full year of operation. It should be known that the Applicant, originally approved in CY2007, reached and maintained a 90% utilization rate since CY2008 (CY08 89.8%, CY09 91.6%, and CY10 89.1%). For copies of the facility's profile for the respective years refer to **ATTACHMENT-14A**. Additionally, appended as **ATTACHMENT-11E** is a campus waiting list, therefore, reaching and maintaining the optimal utilization of 90% should not be an issue.

ATTACHMENT-14

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MAJOR COURT OF FREEPORT FREEPORT

MAJOR COURT OF FREEPORT
3170 WEST NAVAJO DRIVE
FREEPORT, IL 61032
Reference Numbers Facility ID 601133
Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Care	TOTALS
Nursing Care	11	10	0	3	20	0	0	44
Skilled Under 22	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Skilled Care	11	10	0	3	22	0	0	33
TOTALS	11	10	0	3	22	0	0	76

RESIDENTS BY RACE/ETHNICITY GROUPINGS

RACE	Nursing	Skilled	ICF/DD	Skilled	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hispanic/Latino	0	0	0	0	0
White	43	0	0	33	76
Race Unknown	0	0	0	0	0
Total	44	0	0	33	77

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Clarity Care
22,838	4,828	0.1%	101,428	89,116	0	0.0%
1,133,485	230,637	3,057	3,290,437	4,786,593	0	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2009 MAJOR COURT OF FREEPORT FREEPORT

MAJOR COURT OF FREEPORT
3170 WEST NAVAJO DRIVE
FREEPORT, IL 61032
Reference Numbers Facility ID 601133
Health Service Area 001 Planning Service Area 177

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1	2
Aggressive/Alcohol	1	2
Chronic Alcoholism	1	0
Developmentally Disabled	0	0
Drug Addiction	1	0
Alcoholism	0	0
Alzheimer's Disease	31	0
Mental Illness	1	0
Developmental Disability	0	0
Circulatory System	12	0
Respiratory System	5	0
Digestive System	2	0
Genitourinary System	1	0
Blindness	0	0
Musculo-skeletal Disorders	6	0
Injuries and Poisonings	5	0
Other Medical Conditions	2	0
Non-Medical Conditions	0	0
TOTALS	76	0

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 64	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0
75 to 84	3	9	0	0	2	8	17
85+	11	21	0	0	13	41	54
TOTALS	14	30	0	0	4	28	76

FACILITY UTILIZATION - 2009

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Clarity Care
Nursing Care	48	46	45	15	75	169	100
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	20	24	23	32	15	0	0
TOTAL BEDS	76	76	78	45	15	0	0

BY LEVEL OF CARE PROVIDED AND PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Clarity Care
Nursing Care	2862	3211	56.6%	496	6300	0	0
Skilled Under 22	0	0	0.0%	0	0	0	0
Intermediate DD	0	0	0.0%	0	0	0	0
Skilled Care	2862	3211	56.6%	496	19892	0	0
TOTALS	2862	3211	56.6%	496	19892	0	0

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUP	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 64	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0
75 to 84	3	9	0	0	2	8	17
85+	11	21	0	0	13	41	54
TOTALS	14	30	0	0	4	28	76

RESIDENTS BY RACE/ETHNICITY GROUPINGS

RACE	Nursing	Skilled	ICF/DD	Skilled	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hispanic/Latino	0	0	0	0	0
White	43	0	0	33	76
Race Unknown	0	0	0	0	0
Total	44	0	0	33	77

ATTACHMENT - 14A

SECTION VIII. - SERVICE SPECIFIC REVIEW CRITERIA

PLEASE NOTE: The criteria for long-term care under this section has been repealed and replaced with criteria 1125. Since the new criteria does not have an application process, the Applicant is utilizing the 1110 and 1120 application form that has been in place and substituting the 1110.1700 criteria with the 1125 criteria and many sections have already been addressed in the existing application.

GENERAL LONG-TERM CARE

Criterion 1125.510 – Introduction

- 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	90	117	0	+27	0

- READ THE APPLICABLE REVIEW CRITERIA OUTLINED BELOW and submit the required documentation for the criteria:

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	Subject
Establishment of Services or Facility	.520	Background of the Applicant
	.530(a)	Bed Need Determination
	.530(b)	Service to Planning Area Residents
	.540(a) or (b) + (c) + (d) or (e)	Service Demand – Establishment of General Long Term Care
	.570(a) & (b)	Service Accessibility
	.580(a) & (b)	Unnecessary Duplication & Maldistribution
	.580(c)	Impact of Project on Other Area Providers
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions

	.620	Project Size
	.630	Zoning
	.640	Assurances
Expansion of Existing Services	.520	Background of the Applicant
	.530(b)	Service to Planning Area Residents
	.550(a) + (b) or (c)	Service Demand – Expansion of General Long-Term Care
	.590	Staffing Availability
	.600	Bed Capacity
	.620	Project Size
	.640	Assurances
	.560(a)(1) through (3)	Continuum of Care Components
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
Continuum of Care – Establishment or Expansion	.520	Background of the Applicant
	.560(a)(1) through (3)	Continuum of Care Components
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
Defined Population – Establishment or Expansion	.520	Background of the Applicant
	.560(b)(1) & (2)	Defined Population to be Served
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances

Modernization	.650(a)	Deteriorated Facilities
	.650(b) & (c)	Documentation
	.650(d)	Utilization
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

Please find this section addressed under Section III, Part 1110.230.a), as this application form follows sections 1110 and 1120 and not the revised rules for long-term care under the new section 1125.

ATTACHMENT - 28
(ATTACHMENT-16)

Criterion 1125.530 - Planning Area Need

- A. Identify the calculated number of beds needed (excess) in the planning area.

In accordance with the applicable review criteria outlined above in this section, this item is not germane as this project is for the expansion of existing services. That being said, the State's calculated bed need shows an outstanding need for 28 additional long-term care nursing beds. Please refer to **ATTACHMENT-17A** for a copy of the State's Inventory of Health Care Facilities and Services and Need Determinations and its January 15, 2012 Update to the Inventory.

- B. Attest that the primary purpose of the project is to serve residents of the planning area and that at least 50% of the patients will come from within the planning area.

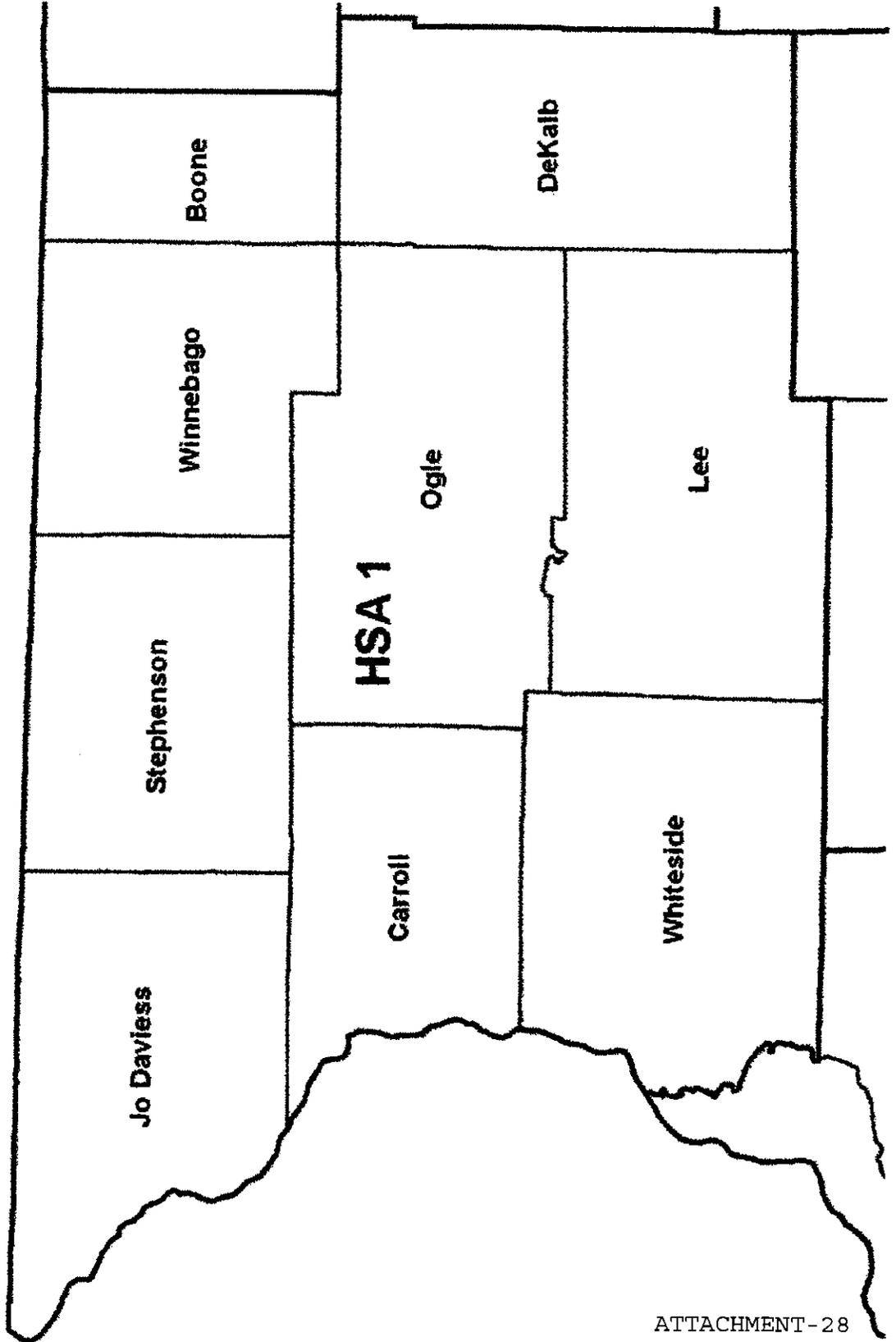
The primary planning area is the Stephenson County Planning Area within HSA I. The Applicant's campus residents' patient origin data shows 203 residents on campus with 162 residents (80%) originating from within Stephenson County. Therefore, the market area per the Applicant's definition is the Stephenson County Planning Area. Please refer to the Applicant's documentation appended as **ATTACHMENT-17B** for the patient origin documentation.

ATTACHMENT-28
(ATTACHMENT-17)

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Department of Public Health
Illinois Health Facilities and Services Review Board

Health Service Area 1



ATTACHMENT-28
(ATTACHMENT-17A)

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

Planning Area:	Facility Name	City	County/Area	General Nursing Care		
				Beds	2008 Patient Days	
Stephenson	FREEMONT MEMORIAL HOSPITAL SKILLED NURSING	FREEMONT	Stephenson County	26	5,749	
	FREEMONT REHAB & HLTH CARE CTR	FREEMONT	Stephenson County	143	30,812	
	LENA LIVING CENTER	LENA	Stephenson County	92	29,031	
	MANOR COURT OF FREEMONT	FREEMONT	Stephenson County	90	14,791	
	7/27/2010 10-007	Permit issued to add 45 Nursing Care beds and discontinue 21 Sheltered Care beds in existing facility. Upon completion, facility will have 90 Nursing Care and 12 Sheltered Care beds.				
	10/26/2010 10-007	Completed project to add 45 Nursing Care beds and discontinue 21 Sheltered Care beds.				
	PARKVIEW HOME	FREEMONT	Stephenson County	30	7,334	
	2/15/2010 Bed Change	Added 2 Nursing Care beds and discontinued 1 Sheltered Care bed; facility now has 30 Nursing Care and 43 Sheltered Care beds.				
	PROVENA ST. JOSEPH CENTER	FREEMONT	Stephenson County	120	35,835	
	STEPHENSON NURSING CENTER	FREEMONT	Stephenson County	162	41,725	
Planning Area Totals				663	165,277	
HEALTH SERVICE AREA	AGE GROUPS	2008 Patient Days	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates
001	0-64 Years Old	233,098	593,100	393.0	235.8	628.8
	65-74 Years Old	190,649	48,900	4,065.0	2,439.0	6,504.0
	75+ Years Old	1,293,584	46,300	27,939.2	16,763.5	44,702.7
	2008 PSA Estimated Populations	2008 PSA Use Rates (Per 1,000)	2008 HSA Minimum Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	2018 PSA Planned Bed Need (90% Occ.)
0-64 Years Old	38,700	233.1	235.8	37,900	8,937	Planned
65-74 Years Old	3,800	4,368.4	2,439.0	5,300	23,163	Average Daily Bed Need
75+ Years Old	4,200	33,251.2	16,763.5	5,600	186,207	Census
Planning Area Totals				218,297	598.1	665

LONG-TERM CARE FACILITY UPDATES

09/16/2011 - 01/15/2012

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
CHANGES TO GENERAL LONG-TERM CARE				
Health Service Area 001				
Stephenson	P-11-064	10/11/2011	FREEPORT MEMORIAL HOSPITAL/SNU, FREEPORT	Permit issued to discontinue the 26 nursing care bed unit.
	P-11-064	10/11/2011	FREEPORT MEMORIAL HOSPITAL/SNU, FREEPORT	Project completed.
Winnebago	Closure	11/04/2011	ROCKFORD NURSING & REHAB CTR., ROCKFORD	Facility closed 11-4-2011, 97 nursing care beds removed from inventory.
Health Service Area 002				
Bureau/Putnam	Closure	06/10/2011	ORCHARD VIEW REHAB & HEALTHCARE, PRINCETON	Facility closed 06-10-2011, 123 nursing care beds removed from inventory.
	P-11-065	10/11/2011	MANOR COURT OF PRINCETON, PRINCETON	Permit issued to modernize facility. Will convert all 22 sheltered care beds to nursing care and add an additional 27 nursing care beds, total now 125 nursing care beds.
Fulton	Closure	07/29/2011	ASTORIA GARDEN & REHAB. CTR., ASTORIA	Facility closed 07-29-2011, 57 nursing care beds removed from inventory.
Knox	Bed Change	09/09/2011	KNOX COUNTY NURSING HOME, KNOXVILLE	Added 15 nursing care beds, total now 169 nursing care beds.
LaSalle	Name Change	10/01/2011	HERITAGE HEALTH-PERU, PERU	Name changed from Heritage Manor - Peru.
	Name Change	10/01/2011	HERITAGE HEALTH-STREATOR, STREATOR	Name changed from Heritage Manor - Streator.
	Name Change	10/01/2011	HERITAGE HEALTH-MENDOTA, MENDOTA	Name changed from Heritage Manor - Mendota.
	Name Change	10/01/2011	HERITAGE HEALTH-LASALLE, LASALLE	Name changed from Heritage Manor - Lasalle.
Peoria	Name Change	10/01/2011	HERITAGE HEALTH-CHILLICOTHE, CHILLICOTHE	Name changed from Heritage Manor - Chillicothe.
	P-11-063	10/11/2011	PROCTOR MEMORIAL HOSPITAL, PEORIA	Permit issued to discontinue 15 nursing care beds, total now 15 nursing care beds. Completion date will be 12-31-2011.
	P-11-063	12/31/2011	PROCTOR MEMORIAL HOSPITAL, PEORIA	Project completed. New
Woodford	Bed Change	02/01/2011	APOSTOLIC CHRISTIAN HOME, ROANOKE	Discontinued one nursing care bed, total now 60 nursing care beds.
	Name Change	02/01/2011	APOSTOLIC CHRISTIAN HOME, ROANOKE	Name changed from Apostolic - Roanoke.
	Name Change	10/01/2011	HERITAGE HEALTH-MINONK, MINONK	Name changed from Heritage Manor - Minonk.
	Name Change	10/01/2011	HERITAGE HEALTH-EL PASO, EL PASO	Name changed from Heritage Manor - El Paso.
	Bed Change	10/18/2011	SNYDER VILLAGE, METAMORA	Discontinued one nursing care bed, total now 104 nursing care beds.
Health Service Area 003				
Brown/Schuyler	Name Change	10/01/2011	HERITAGE HEALTH-MT. STERLING, MOUNT STERLING	Name changed from Heritage Manor - Mt Sterling.
	P-11-056	10/11/2011	SARAH CULBERTSON MEMORIAL HOSP, RUSHVILLE	Permit issued to discontinue the 29 nursing care bed unit.
	P-11-056	10/11/2011	SARAH CULBERTSON MEMORIAL HOSP, RUSHVILLE	Project completed.
Christian	Name Change	10/01/2011	HERITAGE HEALTH-PANA, PANA	Name changed from Heritage Manor - Pana.
Hancock	Closure	08/22/2011	HANCOCK COUNTY NURSING HOME, CARTHAGE	Facility closed 08-22-2011, 57 nursing care beds removed from inventory.
Macoupin	Name Change	10/01/2011	HERITAGE HEALTH-STAUNTON, STAUNTON	Name changed from Heritage Manor - Staunton.
	Name Change	10/01/2011	HERITAGE HEALTH-GILLESPIE, GILLESPIE	Name changed from Heritage Manor - Gillespie.
	Name Change	10/01/2011	HERITAGE HEALTH-CARLINVILLE, CARLINVILLE	Name changed from Heritage Manor - CarlINVILLE.
Menard	Closure	07/08/2011	MENARD CONVALESCENT CENTER, PETERSBURG	Facility closed 07-08-2011, 86 nursing care beds removed from inventory.
Montgomery	Name Change	10/01/2011	HERITAGE HEALTH-LITCHFIELD, LITCHFIELD	Name changed from Heritage Manor - Litchfield.
Morgan/Scott	Closure	08/26/2011	CARE CENTER OF JACKSONVILLE, JACKSONVILLE	Facility closed 08-26-2011, 93 nursing care beds removed from inventory.
	Name Change	10/01/2011	HERITAGE HEALTH-JACKSONVILLE, JACKSONVILLE	Name changed from Barton W. Stone - Jacksonville.

ATTACHMENT - 28

(ATTACHMENT - 17A)

LONG-TERM CARE BED INVENTORY UPDATES

09/16/2011 - 01/15/2012

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	305	279	26
Carroll	187	170	17
DeKalb	757	742	15
Jo Daviess	231	155	76
Lee	299	342	(43)
Ogle	599	535	64
Stephenson	665	637	28
Whiteside	717	822	(105)
Winnebago	2,399	2,366	33
HEALTH SERVICE AREA 002			
Bureau/Putnam	429	373	56
Fulton	523	615	(92)
Henderson/Warren	245	217	28
Knox	823	980	(157)
LaSalle	1,364	1,419	(55)
McDonough	379	376	3
Marshall/Stark	346	427	(81)
Peoria	1,760	1,721	39
Tazewell	1,516	1,293	223
Woodford	655	592	63
HEALTH SERVICE AREA 003			
Adams	1,188	1,495	(307)
Brown/Schuyler	183	186	(3)
Calhoun/Pike	301	337	(36)
Cass	186	150	36
Christian	412	472	(60)
Greene	154	119	35
Hancock	190	184	6
Jersey	411	369	42
Logan	502	468	34
Macoupin	686	744	(58)
Mason	143	164	(21)
Memard	230	106	124
Montgomery	567	490	77
Morgan/Scott	573	561	12
Sangamon	1,344	1,254	90
HEALTH SERVICE AREA 004			
Champaign	1,037	908	129
Clark	290	255	35
Coles/Cumberland	759	939	(180)
DeWitt	219	190	29
Douglas	238	233	5
Edgar	260	299	(39)
Ford	240	427	(187)
Iroquois	461	486	(25)
Livingston	494	550	(56)
McLean	1,306	1,118	188
Macon	1,331	1,231	100
Moultrie	318	369	(51)
Piatt	160	160	0
Shelby	264	265	(1)
Vermilion	692	773	(81)
HEALTH SERVICE AREA 005			
Alexander/Pulaski	124	83	41
Bond	172	198	(26)
Clay	133	209	(76)
Crawford	246	220	26
Edwards/Wabash	175	139	36
Effingham	490	432	58
Fayette	255	261	(6)
Franklin	442	390	52
Gallatin/Hamilton/Saline	684	663	21
Hardin/Pope	95	113	(18)
Jackson	376	427	(51)
Jasper	82	82	0
Jefferson	424	346	78
Johnson/Massac	338	312	26
Lawrence	325	360	(35)
Marion	862	605	257

ATTACHMENT - 28

(ATTACHMENT - 17A)

Criterion 1125.550 - Service Demand – Expansion of General Long-Term Care

The applicant shall document #1 and either #2 or #3:

1. Historical Service Demand

- a) An average annual occupancy rate that has equaled or exceeded occupancy standards for general LTC, as specified in Section 1125.210(c), for each of the latest two years.
- b) If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including completed applications that could not be accepted due to lack of the subject service and documentation from referral sources, with identification of those patients by initials and date.

The HFSRB has established utilization standards for General Long-Term Nursing Care facilities of 90% by the second full year of operation. It should be known that the Applicant, originally approved in CY2007, reached and maintained a 90% utilization rate since CY2008 (CY08 89.8%, CY09 91.6%, and CY10 89.1%). Copies of the facility's profiles for the respective years are appended as **ATTACHMENT-14A**. Additionally, appended as **ATTACHMENT-11E** is a campus waiting list, therefore, reaching and maintaining the optimal utilization of 90% should not be an issue.

2) Projected Referrals

The applicant shall provide documentation as described in Section 1125.540(d).

d) Projected Referrals

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

- 1) Letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used;
- 2) An estimated number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed

ATTACHMENT- 19

Criterion 1125.550 - Service Demand – Expansion of General Long-Term Care (Continued ii)

- 3) the historical percentage of applicant market share, within a 24-month period after project completion;
- 4) Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address; and
- 5) Verification by the referral sources that the prospective resident referrals have not been used to support another pending or approved Certificate of Need (CON) application for the subject services.

Appended as **ATTACHMENT-19A** is a letter from FHN Hospital's, President and CEO stating its support for the project and providing the information as requested in the four sub items requested above.

- 3) If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced annually within the latest 24-month period), the projected service demand shall be determined as described in Section 1125.540 (e).

The projected service demand is not based upon the rapid population growth, therefore, this item is not germane.



November 8, 2011

Mr. Andre Bardelas, Administrator
Freeport Manor Court
2170 West Navajo Drive
Freeport, IL 61032

Dear Mr. Bardelas,

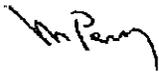
This letter is in response to your request of support from FHN, regarding the CON Freeport Manor Court is filing to build an addition containing 21 dually certified skilled licensed beds.

For the year October 2010 through September 2011, FHN discharged 4705 patients. Of those 4705 discharges; 349 were discharged to FHN Skilled Nursing, 79 to Intermediate Care Facilities, and 693 to Skilled Nursing Facilities.

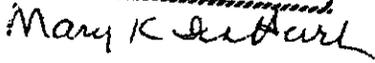
According to your records, for the first 10 months of 2011, there have been 149 admissions to your facility from the hospital and additional campus residents that went to the hospital and returned. None of the patient referrals to Manor Court have been used to support another CON.

Having reviewed this information FHN is in agreement of supporting Freeport Manor Court's submission of this CON. Feel free to contact me if you need additional information.

Sincerely,


Dr. Michael Perry
President and CEO





NC:eb
11/08/11

ATTACHMENT - 28
(ATTACHMENT - 19A)

1045 West Stephenson Street, Freeport, IL 61032
Phone: 815-599-6000 Toll Free: 800-747-4131
Website: www.fhn.org

Criterion 1125.590 - Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.
2. Provide the following documentation:
 - o The name and qualification of the person currently filling the position, if applicable; and
 - o Letters of interest from potential employees; and
 - o Applications filed for each position; and
 - o Signed contracts with the required staff; or
 - o A narrative explanation of how the proposed staffing will be achieved.

Appended as **ATTACHMENT-23A**, is the existing and proposed staffing pattern by position title. This project is atypical from traditional start-up projects as this is only a small addition to an already existing facility. The majority of personnel are in place. Specifically, this project proposes to add only 16.7 full time equivalents at full utilization. To achieve adequate staffing levels, the Applicant will start by reviewing and interviewing from the 357 employment applications currently on file. Please refer to **ATTACHMENT-23B** for a breakdown of the employment applications by position title. To further explain the internal process in recruiting and hiring staff a narrative description is provided below:

The Applicants are related to a much larger organization that operates several general and several specialized long-term care facilities. Therefore, the Applicant and its administrative service company has the resources of general long-term care facilities throughout Illinois. This organization also has several assisted living and independent living units within Illinois. It is the policy of the organization to begin a comprehensive recruitment program for every new facility approximately four to six months prior to the opening in order to insure that the new facility has all of the necessary positions filled with

ATTACHMENT-28
(ATTACHMENT-23)

Criterion 1125.590 - Staffing Availability (Continued ii)

qualified personnel. Local advertising in the area newspaper and at area nursing schools has generally been sufficient in attracting the needed professional health care manpower.

Furthermore, it is the policy of the organization to promote from within their company whenever possible which allows the transfer of top professionals in their field to start-up facilities. The Applicant is closely related to RFMS, Inc., the administrative services company, who recruits locally, regionally, and nationally for highly qualified staff.

1. A listing is obtained from the Illinois Board of Nurses in the geographic area of the proposed facility. Letters are mailed to announce the opening of the new facility in the specific areas and the positions that are available;
2. Advertisement in the local newspaper;
3. A special day for nurses will be held in the community. The nurses from the surrounding area will be invited to a special open house and tour of the facility. A film will also be shown to introduce the Applicant and its other Long-Term Care facilities, concluding with a question and answer session on the philosophy of the organization;
4. Announcement of the opening of the facility will be sent to the area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program and a continual in-service training program enhances the attraction of new employees and helps retain qualified and dedicated staff.

It should be noted that the administrative services company is located in Galesburg, and is very familiar with the employment situation of the area. RFMS, Inc. also has employees within the area and the State to pull from to fill any needed position. The proposed employees will have paid continuing education credits, competitive wages, and a pension offered. With such a large number of existing employees one strong focus of recruitment will be by word of mouth by these existing employees to their respective communities. Furthermore, RFMS, Inc. will provide an upward mobility transfer for those employees within the market area.

ATTACHMENT-28
(ATTACHMENT-23)

Criterion 1125.590 - Staffing Availability (Continued iii)

Thus, it does not appear that between the Applicant's experience and through the experience of the existing campus that there will be any difficulty in securing the needed health care manpower.

ATTACHMENT - 28
(**ATTACHMENT-23**)

Manor Court of Freeport Staffing

Licensed Beds - SNF	90	117
Licensed Beds - SC	12	0
Census - SNF	85	111
Census - SC	12	0
	<u>FTEs</u>	<u>FTEs</u>
Activity Director	1.0	1.0
Activity Aides	1.5	2.5
Social Service	<u>1.0</u>	<u>2.0</u>
Total Act/Soc Serv	3.5	5.5
DON	1.0	1.0
ADON	0.0	1.0
MDS Coord	1.0	2.0
Med Records	1.0	1.0
Special Care Unit Coord	1.0	1.0
RN	5.0	7.0
LPN	6.0	7.0
CNA & Shift Coord	<u>33.0</u>	<u>38.0</u>
Total Nursing	48.0	58.0
Food Serv Super	1.0	1.0
Cooks & Assistants	<u>9.0</u>	<u>10.0</u>
Total Food Service	10.0	11.0
Housekeeping Super	1.0	1.0
Housekeeping	4.0	4.5
Laundry	<u>2.6</u>	<u>3.0</u>
Total Hskpg/Laundry	7.6	8.5
Maintenance	<u>1.0</u>	<u>2.0</u>
Total Maintenance	1.0	2.0
Administrator	1.0	1.0
Assist Administrator	1.0	1.0
Bookkeeper	1.0	0.0
Reception/Clerical	1.7	1.7
Marketing Dir	<u>1.0</u>	<u>1.0</u>
Total Administration	5.7	4.7
Total Payroll	75.8	89.7

Employment Applications

C.N.A.	
64	

AK	KH
AK	LA
AP	LB
AP	LC
BP	LC
CB	LS
CB	LW
CB	MB
CE	MB
CM	MG
CN	MH
DC	MP
DC	MS
DL	NM
DV-M	NW
EK	NZ
EM	OS
ES	OS
HC	PS
HR	PW
JB	RG
JB	RL
JB	SB
JC	SE
JF	SMCL
JH	SP
JL	ST
JT	SU
KB	SVH
KC	TJ
KC	TP
KG	TS

LPN
3

AW
JW
MM

RN
16

AC
AD
AM
AMcD
AS
BS
CC
CJ
EL
KF
PH
SK
TA
TM
VB
WF

Activity
3

HB
KM
PS

Clerical
25

AB
AF
AMCW
BR
CK
CS
CW
DH
DV
ES
FC
FD
JC
JC
JR
LC
LF
MB
MP
NP
PU
RS
SH
SK
WH

Maintenance
9

AG
BG
CM
DL
DP
GR
JH
RH
TS

Employment Applications

Dietary, Housekeeping, Laundry
237

AB	BS	EB	JS	MOC	SG
AC	BT	EB	JS	MS	SG
AC	BT	EB	JT	MS	SH
AE	CB	EB-K	JV	MS	SH
AF	CB	EC	JW	MS	SJ
AG	CB	EM	KC	MS	SL
AG	CDS	EN	KC	MS	SL-S
AG	CDS	EP	KG	MS	SM
AH	CF	FK	KH	MS	SM
AH	CH	FM-C	KH	MT	SR
AJ	CJ	FP	KJ	MT	SS
AK	CJPH	FR	KL	MW	SS
AL	C'KP	GA	KO	MW	SS
AL	CN	GB	KR	NA	SS
AMSS	CS	GT	KS	NA	SS
AO	CS	GW	KS	NB	SS
AP	CS	HG	KS	NH	ST
AP	CS	HP	KT	PC	SV
AP	CW	HS	LD	PH	SW
AR	DB	HS	LL	PH	TA
AS	DB	JA	LL	PM	TB
AS	DB	JB	LL	PR	TB
AT	DC	JB	LL	PS	TC
AT	DC	JB	LM	PT	TC
AW	DC	JB	LM	RA	TF
BC	DC	JC	LO	RC	TL
BC	DD	JC	LP	RC	TM
BC	DD	JC	LP	RF	TP
BG	DE	JE	LP	RG	TT
BH	DG	JG	LW	RL	TT
BH	DG	JH	MA	RM	VB
BH	DMcD	JH	MB	RR	VG
BH	DP	JJ	MB	RS	VL
BJ	DS	JJ	MB	RT	VO
BK	DS	JM	MC	RT	WB
BL	DS	JM	MDM	SB	WM
BL	DW	JM-U	MF	SB	WU
BM	DW	JO	MG	SE	
BP	DZ	JP	MK	SF	
BS	EA	JR	MM	SG	

Criterion 1125.600 Bed Capacity

The maximum bed capacity of a general LTC facility is 250 beds, unless the applicant documents that a larger facility would provide personalization of patient/resident care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards (77 Ill. Adm. Code: Chapter I, Subchapter c (Long-Term Care Facilities)) over a two-year period.

This project is for the addition of only 27 nursing beds to an existing 90 bed long-term care nursing facility. Upon project completion the licensed capacity will be 117 nursing beds. Therefore, this item is not germane.

ATTACHMENT-28
(ATTACHMENT- 24)

Criterion 1125.610 - Community Related Functions

The applicant shall document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned parties or groups. Documentation shall consist of copies of all letters of support from those organizations.

Appended as **ATTACHMENT-25A** are eight letters of community support for the proposed addition to Manor Court of Freeport. These letters are from State Senator Tim Bivins, State Representative Jim Sacia, City of Freeport Mayor George Gaulrapp, Freeport Area Chamber of Commerce Executive Director Kim Grimes, Christopher Jelinek, MD, Big Radio's Don Werntz, Senior Resource Center's Executive Director Kelly Hillan, and Star Ambulance President Thomas Kempel.

ATTACHMENT-28
(ATTACHMENT- 25)

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 1, 2011

Mr. Andres Bardelas
Administrator
Manor Court of Freeport
2170 W Navajo Drive
Freeport, IL 61032

Re: Manor Court of Freeport

Dear Mr. Bardelas:

Please accept this letter of support for your application to add an addition to your complex and increase the number of licensed nursing home beds at Manor Court of Freeport, in Freeport, Illinois.

By granting this request, the citizens of the Freeport area will continue to have access to quality healthcare. Your facility has an excellent reputation in the community for providing exceptional care. Your Bounce Back rehabilitation program has helped many community residents return to their independent setting with very good results. Today's senior citizens demand an environment that not only provides exceptional care but also has state-of-the-art equipment, a pleasant environment, comfortable surroundings and a home-live atmosphere.

With the recent announcement by FHN Memorial Hospital regarding the discontinuation of their skilled unit, the approval of your request to increase your nursing beds is critical for our community.

With this addition, I understand that an increase of 20% of your staff would be necessary in order to care for the higher number of residents. This would be a plus for Stephenson County as it continues to struggle with one of highest unemployment rates in the state.

I strongly support this project and feel all can be better served by granting this request.

Respectfully,

A handwritten signature in cursive script that reads "Tim Bivins".

Tim Bivins
State Senator
45th District

ATTACHMENT-28
(ATTACHMENT-25A)

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
Elections & Campaign Reform
International Trade & Commerce
Judiciary II - Criminal Law
Tourism & Conventions
Veterans' Affairs

Jim Sacia

State Representative • 89th District

November 1, 2011

Mr. Andres Bardelas, Administrator
Manor Court of Freeport
2170 W Navajo Drive
Freeport, IL 61032

Dear Mr. Bardelas:

I am writing in support of your application to construct an addition to your facility and increase the number of licensed nursing home beds at Manor Court of Freeport, Illinois.

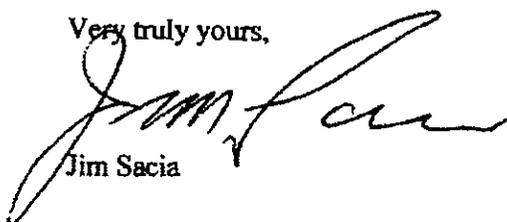
By granting this request, the citizens of the Freeport area will continue to have access to quality healthcare. Your facility has an excellent reputation in the community for providing exceptional care. Your Bounce Back rehabilitation program has helped many community residents return to their independent setting with positive results. Today's senior citizens demand an environment that not only provides exceptional care but also has state-of-the-art equipment, a pleasant environment, comfortable surroundings and a home-like atmosphere.

The approval of your increase request is critical for our community with the recent announcement by FHN Memorial Hospital that they are discontinuing their skilled unit.

With these additional beds, I understand that you would need to increase your staff by twenty percent to provide the care for the higher number of residents. This would be a plus for Stephenson County which continues to have one of the highest unemployment rates in the area.

I strongly support this project and feel all can be better served by granting this request.

Very truly yours,


Jim Sacia

ATTACHMENT - 28
(ATTACHMENT - 25A)



City of Freeport, Illinois

GEORGE W. GAULRAPP
MAYOR

230 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 235-8200
Facsimile (815) 232-7925

November 1, 2011

Mr. Andres Bardelas
Administrator
Manor Court of Freeport
2170 W Navajo Drive
Freeport, IL 61032

Re: Manor Court of Freeport

Dear Mr. Bardelas:

Please accept this letter of support for your application to construct an addition and increase the number of licensed nursing home beds at Manor Court of Freeport, in Freeport, Illinois.

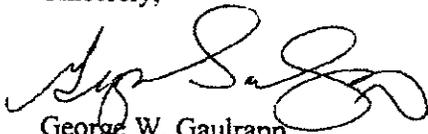
By granting this request, the citizens of the Freeport area will continue to have access to quality healthcare. Your facility has an excellent reputation in the community for providing exceptional care. Your Bounce Back rehabilitation program has helped many community residents return to their independent setting with very good results. Today's senior citizens demand an environment that not only provides exceptional care but also has state-of-the-art equipment, a pleasant environment, comfortable surroundings and a home-live atmosphere.

With the recent announcement by FHN Memorial Hospital regarding the discontinuation of their skilled unit, the approval of your increase request is critical for our community.

With these additional beds, I understand that you would need to increase your staff by 20% to provide the care for the higher number of residents. This would be a plus for Stephenson County which continues to have one of the highest unemployment rates in the area.

I strongly support this project and feel all can be better served by granting this request.

Sincerely,


George W. Gaulrapp
Mayor

ATTACHMENT-28
(ATTACHMENT-25A)

Freeport Area
Chamber
of Commerce

November 1, 2011

Mr. Andres Bardelas
Administrator
Manor Court of Freeport
2170 W Navajo Drive
Freeport, IL 61032

Re: Manor Court of Freeport

Dear Mr. Bardelas:

Please accept this letter of support for your application to construct an addition and increase the number of licensed nursing home beds at Manor Court of Freeport, in Freeport, Illinois.

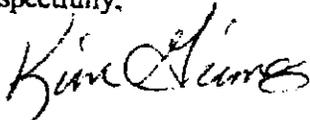
By granting this request, the citizens of the Freeport area will continue to have access to quality healthcare. Your facility has an excellent reputation in the community for providing exceptional care. Your Bounce Back rehabilitation program has helped many community residents return to their independent setting with very good results. Today's senior citizens demand an environment that not only provides exceptional care but also has state-of-the-art equipment, a pleasant environment, comfortable surroundings and a home-live atmosphere.

With the recent announcement by FHN Memorial Hospital regarding the discontinuation of their skilled unit, the approval of your increase request is critical for our community.

With these additional beds, I understand that you would need to increase your staff by 20% to provide the care for the higher number of residents. This would be a plus for Stephenson County which continues to have one of the highest unemployment rates in the area.

I strongly support this project and feel all can be better served by granting this request.

Respectfully,



Kim Grimes
Executive Director

www.Freeportilchamber.com

27 W. Stephenson St., Freeport, IL 61032
Ph 815.233.1350 Fax 815.235.4038
144

ATTACHMENT - 28

(ATTACHMENT - 25A)

November 2, 2011

Mr. Andres Bardelas
Administrator
Manor Court of Freeport
2170 W Navajo Drive
Freeport, IL 61032

Re: Manor Court of Freeport

Dear Mr. Bardelas:

Please accept this letter of support for your application to expand the number of nursing home beds at Manor Court of Freeport, in Freeport, Illinois.

By granting this request, the citizens of Freeport, and surrounding area, will continue to have access to quality healthcare. Your location has an excellent reputation for providing a comprehensive rehabilitation program that returns patients to their prior setting with very good results. Today's senior citizens demand an environment that not only provides exceptional care but also has state-of-the-art equipment, a pleasant environment, comfortable surroundings and a home-like atmosphere.

With the recent announcement by FHN Memorial Hospital regarding the discontinuation of their skilled unit, the approval of your request to increase your nursing beds is critical for our community.

With this addition, I understand that you would need to increase the staff at Manor Court in order to care for the higher number of residents requiring more care. This would be a plus for Stephenson County since we have one of the highest unemployment rates in the area.

As you can see, all can be better served by granting this request and I strongly support this project.

Sincerely,



CHRISTOPHER JELINER, MD.

ATTACHMENT - 28
(ATTACHMENT - 25A)



"The Voice of the Region"

November 9, 2011

Mr. Andres Bardelas
Administrator
Manor Court of Freeport
2170 W Navajo Drive
Freeport, IL 61032

Re: Manor Court of Freeport

Dear Mr. Bardelas:

Please accept this letter of support for your application to expand the number of nursing home beds at Manor Court of Freeport, in Freeport, Illinois.

By granting this request, the citizens of Freeport, and surrounding area, will continue to have access to quality healthcare. Your location has an excellent reputation for providing a comprehensive rehabilitation program that returns patients to their prior setting with very good results. Today's senior citizens demand an environment that not only provides exceptional care but also has state-of-the-art equipment, a pleasant environment, comfortable surroundings and a home-live atmosphere.

With the recent announcement by FHN Memorial Hospital regarding the discontinuation of their skilled unit, the approval of your request to increase your nursing beds is critical for our community.

With this addition, I understand that you would need to increase the staff at Manor Court in order to care for the higher number of residents requiring more care. This would be a plus for Stephenson County since we have one of the highest unemployment rates in the area.

As you can see, all can be better served by granting this request and I strongly support this project.

Sincerely,

Don Werntz
Big Radio

ATTACHMENT - 28
(ATTACHMENT - 25A)

AM 1260
Classic **BIG Country**

W4765 Radio Lane
Monroe, Wisconsin 53566
608-325-2161 Fax 608-325-2164

93.7FM
The **BIG Easy**

1021 FM
THE **BIG ROCK**

1570AM
THE **BIG Easy**

92.1FM
Kickin' **BIG Country**

834 North Tower Road
Freeport, IL 61032
815-235-7191 Fax: 815-235-4318



Senior Resource Center

Freeport Lincoln Mall
1237 W Galena Ave
Freeport, Illinois

Serving Stephenson & Jo Daviess Counties

November 18, 2011

Mr. Andres Bardelas
Administrator
Manor Court of Freeport
2170 W Navajo Drive
Freeport, IL 61032

Re: Manor Court of Freeport

Dear Mr. Bardelas:

Please accept this letter of support for your application to expand the number of nursing home beds at Manor Court of Freeport, in Freeport, Illinois. This expansion will help address the growing need for quality healthcare for Seniors in our community. Your location has an excellent reputation for providing a comprehensive program that allows patients to safely return to their home following rehabilitation.

With the recent announcement by FHN Memorial Hospital regarding the discontinuation of their skilled unit, the approval of your request to increase your nursing beds is essential for our community.

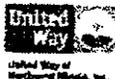
With this addition, I understand that you would need to increase the staff at Manor Court in order to care for the higher number of residents requiring more care. This would be a plus for Stephenson County since we have one of the highest unemployment rates in the area.

As you can see, all can be better served by granting this request and I strongly support this project.

Sincerely,

Kelly Hillan
Executive Director

Phone 815.235.9777 1.800.424.6696 Fax 815.235.9571 TTY 815.235.6117 www.srcntr.org



ATTACHMENT-28

(ATTACHMENT-25A)

November 1, 2011

Mr. Andres Bardelas
Administrator
Manor Court of Freeport
2170 W Navajo Drive
Freeport, IL 61032

Re: Manor Court of Freeport

Dear Mr. Bardelas:

Please accept this letter of support for your application to construct an addition and increase the number of licensed nursing home beds at Manor Court of Freeport, in Freeport, Illinois.

By granting this request, the citizens of the Freeport area will continue to have access to quality healthcare. Your facility has an excellent reputation in the community for providing exceptional care. Your Bounce Back rehabilitation program has helped many community residents return to their independent setting with very good results. Today's senior citizens demand an environment that not only provides exceptional care but also has state-of-the-art equipment, a pleasant environment, comfortable surroundings and a home-like atmosphere.

With the recent announcement by FHN Memorial Hospital regarding the discontinuation of their skilled unit, the approval of your increase request is critical for our community.

With these additional beds, I understand that you would need to increase your staff by 20% to provide the care for the higher number of residents. This would be a plus for Stephenson County which continues to have one of the highest unemployment rates in the area.

I strongly support this project and feel all can be better served by granting this request.

Respectfully,



Thomas L. Kempel
President
Star Ambulance Service

ATTACHMENT - 28
(ATTACHMENT - 25A)

Criterion 1125.620 - Project Size

The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards of Appendix A, unless the additional GSF can be justified by documenting one of the following:

1. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
2. 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 A;
3. The project involves the conversion of existing bed space that results in excess square footage.

Please find this section addressed under Section III, Part 1110.234), as this application form follows sections 1110 and 1120 and not the revised rules for long-term care under the new section 1125. It should be noted that the proposed project is in compliance with this criterion as the full bed compliment of 117 nursing beds will be provided in 54,600 gross square feet which calculates to 467 gross square feet per bed well within the upper range limit of 713 gross square feet per bed.

Criterion 1125.640 - Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c) for each category of service involved in the proposal.

For beds that have been approved based upon representations for continuum of care (Section 1125.560(a)) or defined population (Section 1125.560(b)), the facility shall provide assurance that it will maintain admissions limitations as specified in those Sections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFSRB will be required.

Appended as **ATTACHMENT-28A** is a letter from Mr. Irwin Jann, President of Residential Alternatives of Illinois, Inc, Applicant for the project attesting to their understanding of this criterion.

ATTACHMENT- 28

**Residential Alternatives of Illinois, Inc.
285 South Farnham Street
Galesburg, IL 61401**

November 22, 2011

Ms. Courtney Avery
Administrator
Health facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Manor Court of Freeport
Certificate of Need Application

Dear Ms. Avery:

This letter is to attest that Residential Alternatives of Illinois, Inc., DBA Manor Court of Freeport, by the second year of operation after project completion, will achieve and maintain 90% occupancy. Our ability to maintain this occupancy level could be affected by factors outside our control, such as natural disasters, physical plant problems, regulatory or reimbursement changes, or other demographic issues outside our control.

Sincerely yours,


Irwin Jann
President

ATTACHMENT - 28A

**Frances House, Inc.
285 South Farnham Street
Galesburg, IL 61401**

September 20, 2011

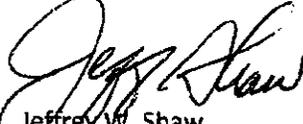
Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Manor Court of Freeport
Certificate of Need Application

Dear Ms. Avery:

We are writing to attest that the total estimated project costs and related costs will be funded in total with cash and equivalents or investment securities. Please see attached letter from Tom Steil of McGladrey & Pullen.

Sincerely yours,


Jeffrey W. Shaw
President

ATTACHMENT - 39



McGladrey & Pullen, LLP
117 E Main St., Suite 210
Galesburg, IL 61401-4812
O 309.342.1178 F 309.342.7816
www.mcgladrey.com

January 9, 2012

To Whom It May Concern:

We have prepared the financial statements of Frances House, Inc., and for Residential Alternatives of Illinois, Inc., for the past 25 years. They have sufficient cash and securities to fund their \$1,665,000 commitment for the construction of the 27-bed skilled nursing addition at Manor Court of Freeport. They will have sufficient cash and securities to fund three years of operating costs.

Sincerely yours,

A handwritten signature in black ink that reads "Thomas R. Stell".

Thomas R. Stell
Partner

TRS:cmz

ATTACHMENT - 39

Fair market value of space to be converted from sheltered care to skilled care

Total square footage of existing building, which includes the skilled nursing wing and the sheltered care wing.	47,961
Assessed value of existing building (from most current real estate tax bill. See attached real estate tax bill).	\$ 1,043,150
Fair market value of existing building (Current assessment x 3)	\$ 3,129,745
Cost per square foot (fair market value of existing building divided by total square footage of existing building) \$3,129,745 divided by 47,961	\$ 65.26
Square feet to be converted from sheltered care to skilled care.	2,055
Fair market value of area to be converted (cost per square foot x square feet to be converted) \$65.26 x 2,055	\$ 134,109

FOR THE YEAR 2010	PERMANENT PARCEL NUMBER 18-13-35-332-010	
<input type="checkbox"/>	DUE DATE 08/17/2011	DELINQUENT TAXES
<input type="checkbox"/>	TAX CODE 18001	FIRST INSTALLMENT 59,582.75

Name RESIDENTIAL ALTERNATIVES OF IL INC

IF POSTMARKED AFTER THESE DATES	PAY THIS AMOUNT
08/17/2011	59,582.75
07/17/2011	61,388.53
06/17/2011	63,174.42
05/17/2011	65,188.32
10/17/2011	64,982.21



FOR THE YEAR 2010	PERMANENT PARCEL NUMBER 18-13-35-332-010	
<input type="checkbox"/>	DUE DATE 09/02/2011	DELINQUENT TAXES
<input type="checkbox"/>	TAX CODE 18001	SECOND INSTALLMENT 59,582.75

Name RESIDENTIAL ALTERNATIVES OF IL INC

IF POSTMARKED AFTER THESE DATES	PAY THIS AMOUNT
09/02/2011	59,582.75
10/02/2011	61,388.53



PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION
FIRST INSTALLMENT

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION
SECOND INSTALLMENT

2010 STEPHENSON COUNTY
REAL ESTATE TAX BILL
ADRIENNE BECKER
STEPHENSON COUNTY TREASURER
50 W. DOUGLAS, SUITE 500
FREEPORT, IL 61032

DUE DATE 08/17/2011	DUE DATE 09/02/2011
FIRST INSTALLMENT 59,582.75	SECOND INSTALLMENT 59,582.75
BILL NO. 2010-017237	FORFEITED
TOTAL PAID	TOTAL PAID

PERMANENT PARCEL NUMBER 18-13-35-332-010	
TOWNSHIP	Freeport
FORMULATION FOR TAX CALCULATION	
FAIR CASH VALUE	
LAND VALUE	87,610
BUILDING VALUE	1,043,150
FARM LAND	0
FARM BUILDING	0
TOTAL VALUE	1,130,760
HOME IMP/VET EXEMPTION	0
STATE MULTIPLIER	X 1.0000
SENIOR ASSESSMENT FREEZE	0
OWNER OCCUPIED EXEMPTION	0
SENIOR CITIZEN EXEMPTION	0
DISABLED PERSON EXEMPTION	0
RETURNING VET HOMESTEAD	0
DISABLED VET HOMESTEAD	0
NET TAXABLE VALUE	1,130,760
TAX RATE	10.54030
TOTAL AMOUNT DUE	119,185.50

RESIDENTIAL ALTERNATIVES OF IL INC
285 S FARNHAM
GALESBURG IL 61401-

Manor Court of Freeport

LOT 74
DEER CREEK SECTION 4
Manor Court Nursing Home
2170 NAVAJO DR
FREEPORT, IL 61032

4.31
ACRES

2009 TAXABLE VALUE		STEPHENSON COUNTY ITEMIZED STATEMENT	2010 TAXABLE VALUE	
RATES	TAX AMOUNT		TAX RATES	TAX AMOUNT
0.04281	484.08	FRT MOSQ ABATEMENT	0.04329	488.80
1.14906	12,969.89	COUNTY TAX	1.17669	13,338.34
0.47834	5,408.88	HIGHLAND COLLEGE 819	0.48532	5,487.80
0.94008	10,640.23	FREEPORT PARK	0.96249	10,863.46
0.40160	4,540.00	FREEPORT TOWNSHIP	0.40381	4,598.12
6.77807	85,213.49	FREEPORT SCHOOL 145	6.98946	87,729.42
0.98893	11,308.81	FREEPORT CITY CONP	1.04272	11,790.88
0.43690	4,928.98	FREEPORT LIBRARY	0.43368	4,923.89
6.22819	118,622.38	Totals	10.54030	119,185.50

FINAL DAY TO PAY TAXES IS NOVEMBER 02, 2011. TAXSALE IS NOVEMBER 03, 2011.

TAX DISTRICT PENSION AND SOCIAL SECURITY TAX AMOUNTS - THESE FIGURES ARE INCLUDED IN THE ABOVE CALCULATIONS



McGladrey & Pullen, LLP

117 E Main St, Suite 210
Galesburg, IL 61401-4612
O 309.342.1176 F 309.342.7816
www.mcgladrey.com

January 9, 2012

To Whom It May Concern:

We have prepared the financial statements of Frances House, Inc., and for Residential Alternatives of Illinois, Inc., for the past 25 years. They have sufficient cash and securities to fund their \$1,665,000 commitment for the construction of the 27-bed skilled nursing addition at Manor Court of Freeport. They will have sufficient cash and securities to fund three years of operating costs.

Sincerely yours,

A handwritten signature in cursive script that reads "Thomas R. Stell".

Thomas R. Stell
Partner

TRS:amz

**Frances House, Inc.
285 South Farnham Street
Galesburg, IL 61401**

September 20, 2011

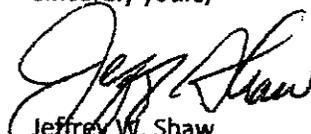
Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Manor Court of Freeport
Certificate of Need Application

Dear Ms. Avery:

We are writing to attest that the total estimated project costs and related costs will be funded in total with cash and equivalents or investment securities. Please see attached letter from Tom Steil of McGladrey & Pullen.

Sincerely yours,


Jeffrey W. Shaw
President

ATTACHMENT - 42

Residential Alternatives of Illinois, Inc.
Manor Court of Freeport
Projected Statement of Operations
For the Twelve Months Ending March 31, 2013

	2013 PPD	2013
Revenue		
Rent - Skilled Nursing	160.00	2920000
Rent - Medicare Part A	383.00	4193850
Rent - Medicaid	124.00	1267280
Rent - Shelter Care	100.00	401500
Medicare Part B		48000
Total Income		8830630
Program Expenses		
Labor - Activity Aides	2.00	95069
Labor - Social Service	0.58	27308
Activity Supplies	0.07	3092
Subscriptions/Fees/Training	0.01	400
Total Program	2.65	125869
Nursing Expenses		
Labor - D.O.N.	1.68	79716
Labor - ADON	1.47	69752
Labor - R.S.D.	1.16	54897
Labor - MDS	2.24	106288
Labor - Medical Records	1.08	51246
Labor - RN	9.03	428474
Labor - LPN	8.18	388141
Labor - CNA	20.54	974623
Labor - SCU Coordinator	0.73	34404
Labor - RA	10.77	511057
Medical Supplies - Billable	0.18	8588
Medical Supplies - Non Billable	1.07	50598
Self Care Supplies	0.12	5503
Pharmacy Charges - Private	0.00	102
Pharmacy Charges - Medicaid	0.06	2631
Medicare Pt. A - Pharmacy Supply (1)	26.12	305044
Medicare Pt. A - Lab (1)	5.02	58686
Medicare Pt. A - X-Ray (1)	0.40	4647
Medicare Pt. A - Ambulance (1)	0.63	7358
Incontinence Supplies	0.74	35024
Oxygen	0.45	21268
Medical Equipment	0.32	15049
Medical Equipment Rental	0.02	903
Travel Expense	0.01	556
Subscriptions/Fees/Training	0.01	250
Pharmacy Consultant	0.12	5709
Medical Records Consultant	0.05	2277
Medical Director	0.16	7423
PT Rehab	0.15	7158
PT Rehab - Medicare Pt. A (1)	39.51	481522
PT Rehab - Medicare Pt. B (1)	2.68	127198
OT Rehab	0.11	5266
OT Rehab - Medicare Pt. A (1)	34.40	57787
OT Rehab - Medicare Pt. B (1)	1.73	82257
Speech Therapy - Rehab	0.03	1187
Speech Therapy - Medicare Pt. A (1)	8.19	95601
Speech Therapy - Medicare Pt. B (1)	1.38	65564
Total Nursing	180.51	4133753

ATTACHMENT - 4 2

Food Service Expenses

Labor - Food Service	7.49	355493
Food Supplies	8.64	410084
Purchased Meals	0.00	27
Miscellaneous Food	0.69	32886
Dietary Supplies	0.31	14684
Miscellaneous Supplies	0.02	1013
Equipment & Utensils	0.22	10656
Travel Expense	0.00	74
Subscriptions/Fees/Training	0.00	117
Consultant - Dietary	0.17	7848

Total Food Service

17.55 832881

Hskp/Laundry Expenses

Labor - Housekeeping/Custodial	3.57	169229
Labor - Laundry	1.41	66905
Housekeeping Supplies	0.93	44068
Laundry Supplies	0.25	12092
Carpet Cleaning Service	0.00	0
Equipment	0.03	1420
Linen & Bedding	0.15	6889
Travel Expense	0.00	178

Total Hskp/Laundry

6.34 300780

Maintenance Expenses

Labor - Maintenance	1.82	86483
Maintenance Supplies	0.57	27252
Decorating Supplies	0.03	1507
Facility Equipment	0.11	5070
Equipment	0.05	2381
Repairs - H.V. & A.C.	0.08	3948
Repairs - Vehicles	0.04	1738
Repairs - Food Service	0.04	1927
Repairs - Housekeeping/Laundry	0.01	587
Maint. Contracts - Fire Alarm	0.11	5126
Maint. Contracts - Sprkler	0.00	0
Maintenance Contracts/Special	0.29	13946
Other Service Contracts	0.47	22265

Total Maintenance

3.63 172191

Administrative Expenses

Labor - Manager	2.93	139240
Labor - Clerical	2.07	98222
Labor - Marketing/Villa	0.94	44614
Office Supplies	0.90	42885
Office Equipment	0.40	18757
Postage & Shipping	0.08	3734
Background Checks	0.02	1151
Equipment	0.19	8993
Equipment Contracts	0.00	0
Travel Expense	0.08	3895
Travel Exp. - Training/Seminar	0.03	1516
In-House Training & Meetings	0.06	2888
Subscriptions/Fees/Training	0.11	5237
Total Administrative	7.82	371129

General Expenses

FICA	5.46	259274
Group Insurance	3.71	176040
Unemployment Insurance	0.57	27101
Workers Comp Insurance Premium	3.22	153016
401K Expense	0.46	21740
Other Employment Expense	0.16	7566
Vending	0.13	6134
Printing	0.02	713
Telephone	0.18	8639
Cable T.V.	0.17	8294
Electricity/Natural Gas	2.96	140659
Water	0.57	27002
Soft Water	0.00	123
Advertising - Employment	0.08	3779
Advertising - Promotion	2.24	106317
Legal Fees	0.01	340
Professional Services	6.69	317546
Property Tax	3.45	163703
Vehicle Expense	0.25	11863
Vehicle Insurance	0.07	3302
Property Insurance	0.24	11475
Liability Insurance	1.70	80454
License/Fees/Etc.	0.08	3855
Interest (2)	9.61	455995
Depreciation Expense (2)	6.97	330727
Medicaid Assess Tax	4.93	233929
Miscellaneous	0.03	1329
Charity Care	0.40	18980
Bad Debt Expense	1.72	81845

Total General	56.10	2661737
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Total Expenses	274.60	8598339
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Net Income or (Loss)		232291
1120.140d		
Operating Cost per Patient Day	274.60	
Operating Cost per Patient Day excluding Medicare (1)	154.54	
1120.140e		
Capital Cost per Patient Day (2)	16.18	