ORIGINAL

12-032

ORIGINAL SIGNATURES

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
MAR 2 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: **Alden Courts of Shorewood**		
Street Address: **700 West Black Road**		
City and Zip Code: **Shorewood, Illinois 60404**		
County: **Will**	Health Service Area **VIII**	Health Planning Area:**Will County**

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

Exact Legal Name: **Alden Courts of Shorewood, Inc.**
Address: **4200 West Peterson Avenue, #140, Chicago, Illinois 60646**
Name of Registered Agent: **Kenneth J. Fisch**
Name of Chief Executive Officer: **Floyd A. Schlossberg, President**
CEO Address: **4200 West Peterson Avenue, #140, Chicago, Illinois 60646**
Telephone Number: **(773) 724-6324**

Type of Ownership of Applicant/Co-Applicant

- ☐ Non-profit Corporation
- ☒ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- 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.

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: **Foley & Associates, Inc.**
Address: **1638 South MacArthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **217-544-1551**
E-mail Address: jkniery@foleyandassociates.com & foley@foleyandassociatescom
Fax Number: **217-544-3615**

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

Name:**Joe Ourth**
Title: **Attorney at Law**
Company Name: **Arnstein and Lehr LLP**
Address:**120 S. Riverside, Chicago, Illinois 60606**
Telephone Number: **(312) 876-7815**
E-mail Address: jourth@arnstein.com
Fax Number: **(312) 876-0288**

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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County: **Will**	Health Service Area **VIII**	Health Planning Area:**Will County**

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

Exact Legal Name: **Alden Estates of Shorewood I, LLC**
Address: **4200 West Peterson Avenue, #140, Chicago, Illinois 60646**
Name of Registered Agent: **Kenneth J. Fisch**
Name of Chief Executive Officer: **Randi Schullo, Co-Managing Member**
CEO Address: **4200 West Peterson Avenue, #140, Chicago, Illinois 60646**
Telephone Number: **(773) 724-6324**

Type of Ownership of Applicant/Co-Applicant

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
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Street Address: **700 West Black Road**
City and Zip Code: **Shorewood, Illinois 60404**
County: **Will** Health Service Area **VIII** Health Planning Area:**Will County**

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

Exact Legal Name: **Shorewood Investments I, LLC**
Address: **4200 West Peterson Avenue, #140, Chicago, Illinois 60646**
Name of Registered Agent: **Kenneth J. Fisch**
Name of Chief Executive Officer: **Randi Schullo, Co-Managing Member**
CEO Address: **4200 West Peterson Avenue, #140, Chicago, Illinois 60646**
Telephone Number: **(773) 724-6324**

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City and Zip Code: **Shorewood, Illinois 60404**			
County: **Will**	Health Service Area **VIII**	Health Planning Area: **Will County**	

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

Exact Legal Name: **The Alden Group, Ltd**
Address: **4200 West Peterson Avenue, #140, Chicago, Illinois 60646**
Name of Registered Agent: **Kenneth J. Fisch**
Name of Chief Executive Officer: **Floyd A. Schlossberg, President**
CEO Address: **4200 West Peterson Avenue, #140, Chicago, Illinois 60646**
Telephone Number: **(773) 724-6324**

Type of Ownership of Applicant/Co-Applicant

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E-mail Address: jourth@arnstein.com
Fax Number: **(312) 876-0288**

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: **Randi Schullo**
Title: **President**
Company Name: **Alden Realty Services, Inc.**
Address: **4200 West Peterson, Suite 115, Chicago, Illinois 60646**
Telephone Number: **773-286-3030**
E-mail Address: **randischullo@aldenrealty.org**
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Alden Estates of Shorewood I, LLC**
Address of Site Owner: **4200 West Peterson, #140, Chicago, Illinois 60646**
Street Address or Legal Description of Site: **700 West Black Road** **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: **Alden Courts of Shorewood, Inc.**
Address: **4200 West Peterson #140, Chicago, Illinois 60646**

☐ Non-profit Corporation ☐ Partnership
☒ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

- 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.
- **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:	Part 1120 Applicability or Classification: [Check one only.]
☒ Substantive	☐ Part 1120 Not Applicable
☐ Non-substantive	☐ 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.

Alden Courts of Shorewood will be a 50-bed skilled nursing care addition to their existing 100 bed facility (Alden Estates of Shorewood). The new addition will specialize (through design, orientation and programming) in patients with Alzheimer's and other Related Dementia (ADRD). The facility will be connected through a service corridor in the lower level to the lower level of the existing facility. This new single story structure with a partial basement will contain 35,650 gross square feet.

A central "mall" will connect to three wings serving different levels of memory impairment. The early stage memory impairment wing will have 14 rooms of which 11 will be private and 3 rooms will be double. The second wing for stage two ADRD residents will have 10 private rooms and 5 double rooms. The third wing for stage three ADRD residents will contain one private room and 6 double rooms for a total of 36 rooms and 50 nursing care beds. It should be noted that upon project completion the memory care unit will share a combine license with the existing facility. Therefore, upon project completion the facility will have a total of 150 general long-term nursing care beds. This project replaces the portion of the original project that was to provide dementia care and services which were rescoped through the alteration request for Project Number 07-102 approved December 27, 2011.

The proposed unit will be certified under Medicare and Medicaid.

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	$0	$0	
Site Survey and Soil Investigation	$8,700	$5,800	$14,500
Site Preparation	$239,580	$159,720	$399,300
Off Site Work	$30,000	$20,000	$50,000
New Construction Contracts	$4,356,000	$2,904,000	$7,260,000
Modernization Contracts	$0	$0	0
Contingencies	$435,000	$290,400	$726,000
Architectural/Engineering Fees	$419,602	$279,735	$699,337
Consulting and Other Fees	$344,377	$229,584	$573,961
Movable or Other Equipment (not in construction contracts)	$242,880	$161,920	$404,800
Bond Issuance Expense (project related)	$0	$0	0
Net Interest Expense During Construction (project related)	$94,500	$63,000	$157,500
Fair Market Value of Leased Space or Equipment	$0	$0	0
Other Costs To Be Capitalized	$86,040	$57,360	$143,400
Acquisition of Building or Other Property (excluding land)	$0	$0	0
TOTAL USES OF FUNDS	$6,257,279	$4,171,519	$10,428,798
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$2,657,279	$1,771,519	$4,428,798
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	$3,600,000	$2,400,000	$6,000,000
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$6,257,279	$4,171,519	$10,428,798

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

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

Land acquisition is related to project ☒ Yes ☐ No
Purchase Price: $802,476
Fair Market Value: $802,476

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

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

Estimated start-up costs and operating deficit cost is $ 500,000.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): **May 2014**

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

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

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:
☐ Cancer Registry
☐ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ 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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. 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: Alden Courts of Shorewood			**CITY: Shorewood**		
REPORTING PERIOD DATES:		**From:**		**to:Present**	
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	**100**	**N/A**	**N/A**	**+50**	**150**
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	**100**	**N/A**	**N/A**	**+50**	**150**

IT SHOULD BE NOTED THAT THE EXISTING 100-BED NURSING FACILITY HAS JUST RECEIVED LICENSURE AND HAS ALSO JUST SUBMITTED DOCUMENTATION TO CLOSE OUT THE PROJECT (HFSRB PROJECT NUMBER 07-102).

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Alden Courts of Shorewood 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.**

SIGNATURE	SIGNATURE
Randi Schullo	
PRINTED NAME	PRINTED NAME
Vice President	
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 20 day of MARCH, 2012	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal "OFFICIAL SEAL" ANNA GOLDSTEIN NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 2/24/2014	Seal

*Insert EXACT legal name of the applicant

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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Alden Estates of Shorewood I LLC* **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.**

SIGNATURE	SIGNATURE
Randi Schulls PRINTED NAME	PRINTED NAME
Co-Managing Member PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 20 day of MARCH, 2012	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal "OFFICIAL SEAL" ANNA GOLDSTEIN NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 2/24/2014	Seal

*Insert EXACT legal name of the applicant

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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Shorewood Investments I LLC* **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.**

SIGNATURE	SIGNATURE
Randi Schullo PRINTED NAME	PRINTED NAME
Co-Managing Member PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 20 day of March, 2012	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of The Alden Group Ltd. * **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.**

SIGNATURE	SIGNATURE
Randi Schullo	
PRINTED NAME	PRINTED NAME
Vice President	
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 20 day of March, 2012	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal	Seal

"OFFICIAL SEAL"
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2/24/2014

*Insert EXACT legal name of the applicant

15

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.

ALTERNATIVES

1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, 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. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **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	100,950 or 673gsf/bed	713gsf/bed	6,000 or 40gsf/bed under	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?
2014	Nursing	32,850 Pt. days	60%		
2015	Nursing	49,275 Pt. days	90%	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 tot 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

(Source: Repealed at 33 Ill. Reg. 3312, effective February 6, 2009)

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

Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☒ **General Long Term Care**	**100**	**150**

2. 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:**

$4,428,798	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;
$6,000,000	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;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$10,428,798		**TOTAL FUNDS AVAILABLE**

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

IX. 1120.130 - Financial Viability – Courts of Shorewood (CONSOLIDATED)

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.

Owner & Operator:

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				2015
Current Ratio				1.74
Net Margin Percentage				10.91%
Percent Debt to Total Capitalization				50.65%
Projected Debt Service Coverage				2.44
Days Cash on Hand				98
Cushion Ratio				3.07

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

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	$203.65		35,650				$7,260,000		$7,260,000
Contingency	$ 20.36		35,650				$ 726,000		$ 726,000
TOTALS	$224.01		35,650				$7,986,000		$7,986,000

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT-42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement: NOT GERMANE

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information: NOT GERMANE

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

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2	Site Ownership	32-33
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	34-35
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	36-39
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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

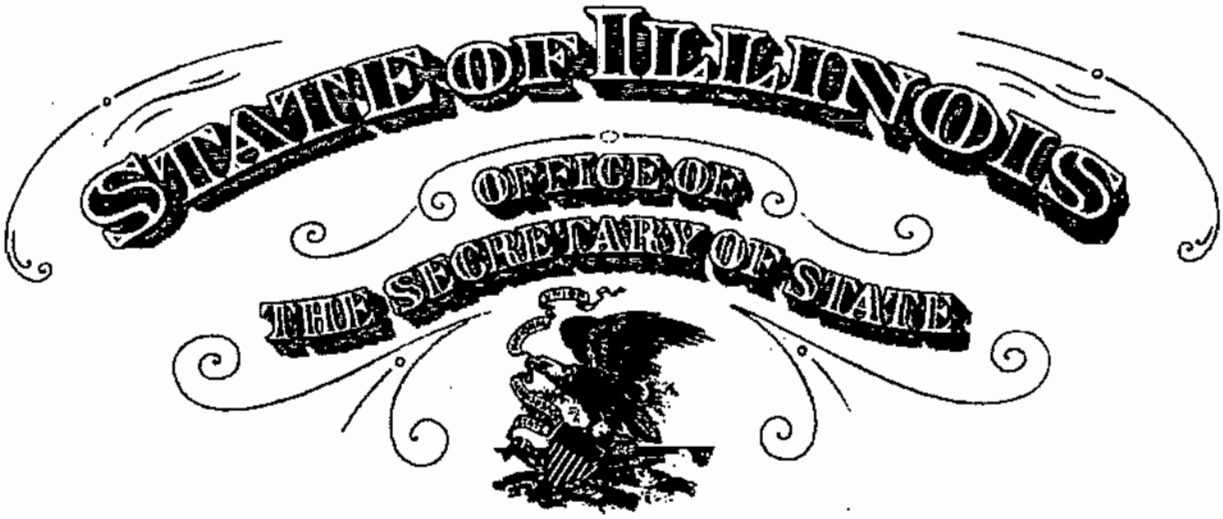
Applicant Identification

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.

Alden Courts of Shorewood, Inc. is the owner of the operations of the proposed memory care unit, hence the operating entity. Alden Estates of Shorewood I, LLC is the owner of the site. The parent of both entities (Alden Courts of Shorewood, Inc. and Alden Estates of Shorewood I, LLC) and the original project's operating entity, Alden Estates of Shorewood, Inc., is Shorewood Investments I, LLC. Therefore, Alden Courts of Shorewood, Inc., Alden Estates of Shorewood I, LLC and Shorewood Investments I, LLC are all considered co-Applicants and their respective Illinois Secretary of State Certificates of Good Standing are appended as **ATTACHMENT-1A**.

ATTACHMENT-1

File Number 6809-810-6



To all to whom these Presents Shall Come, Greeting:

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

ALDEN COURTS OF SHOREWOOD, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 07, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1208001848

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

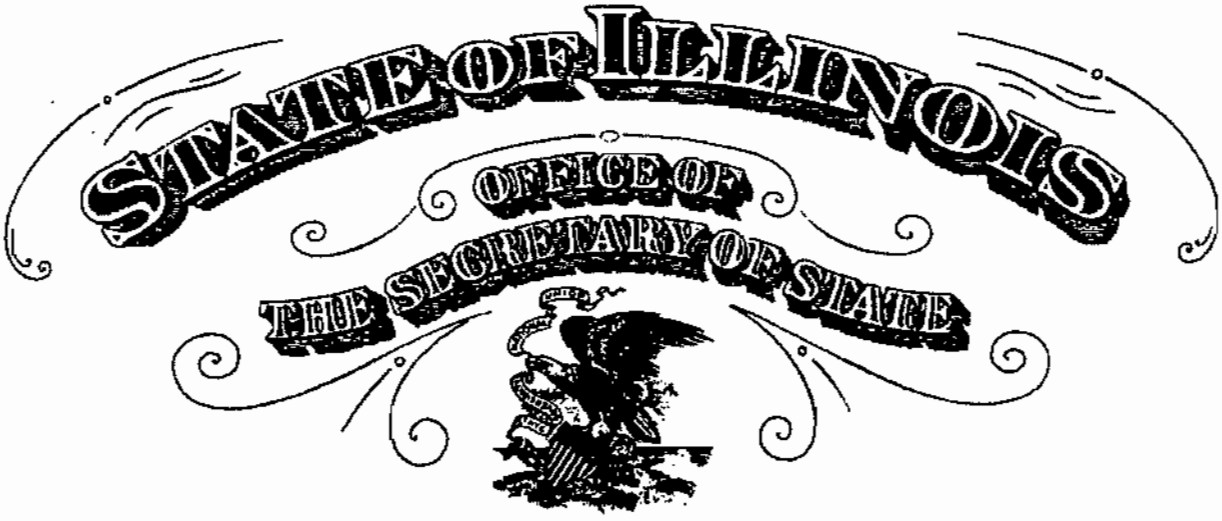
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 20TH *day of* MARCH *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT - 1A

File Number 0197599-4



To all to whom these Presents Shall Come, Greeting:

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

ALDEN ESTATES OF SHOREWOOD I, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 21, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

Authentication #: 1208001870

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

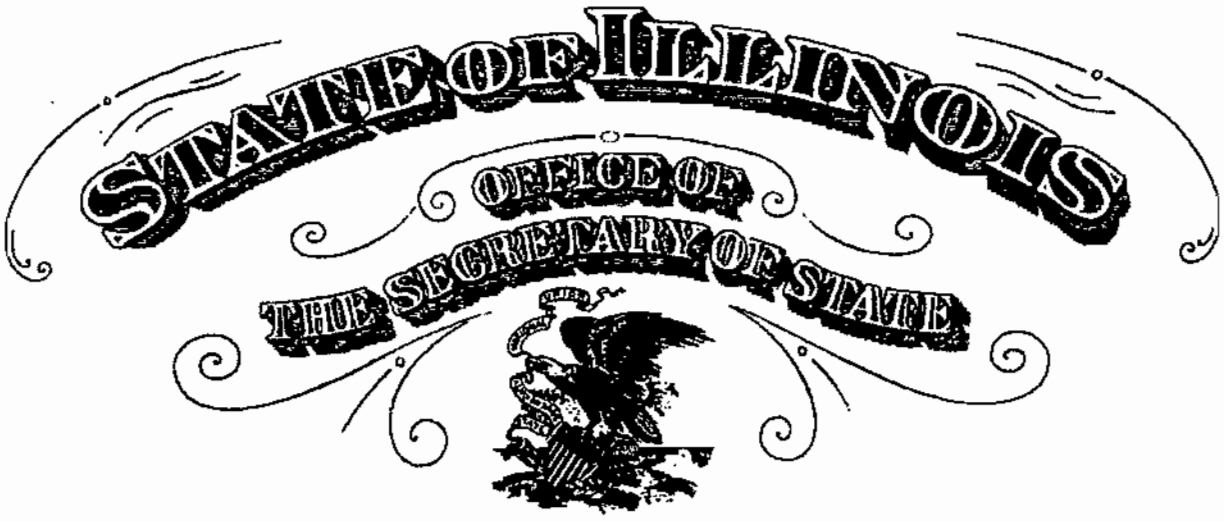
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 20TH *day of* MARCH *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT - 1A

File Number 0223853-5



To all to whom these Presents Shall Come, Greeting:

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

SHOREWOOD INVESTMENTS I, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 14, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

Authentication #: 1208001890

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 20TH *day of* MARCH *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT - 1A

Site Ownership

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.

Shorewood Investment 1, LLC is the owner of the site. The Certificate of Good Standing is appended as **ATTACHMENT-2A.**

ATTACHMENT-2

File Number 0197599-4

To all to whom these Presents Shall Come, Greeting:

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

ALDEN ESTATES OF SHOREWOOD I, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 21, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

Authentication #: 1208001870

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 20TH *day of* MARCH *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-2A

Operating Identity/Licensee

- 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.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

Alden Courts of Shorewood, Inc. is the operating entity of the proposed Memory Care Unit. Its Certificate of Good Standing is appended as **ATTACHMENT-3A.**

ATTACHMENT-3

File Number 6809-810-6

To all to whom these Presents Shall Come, Greeting:

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

ALDEN COURTS OF SHOREWOOD, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 07, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1208001848

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 20TH *day of* MARCH *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

ATTACHMENT - 3A

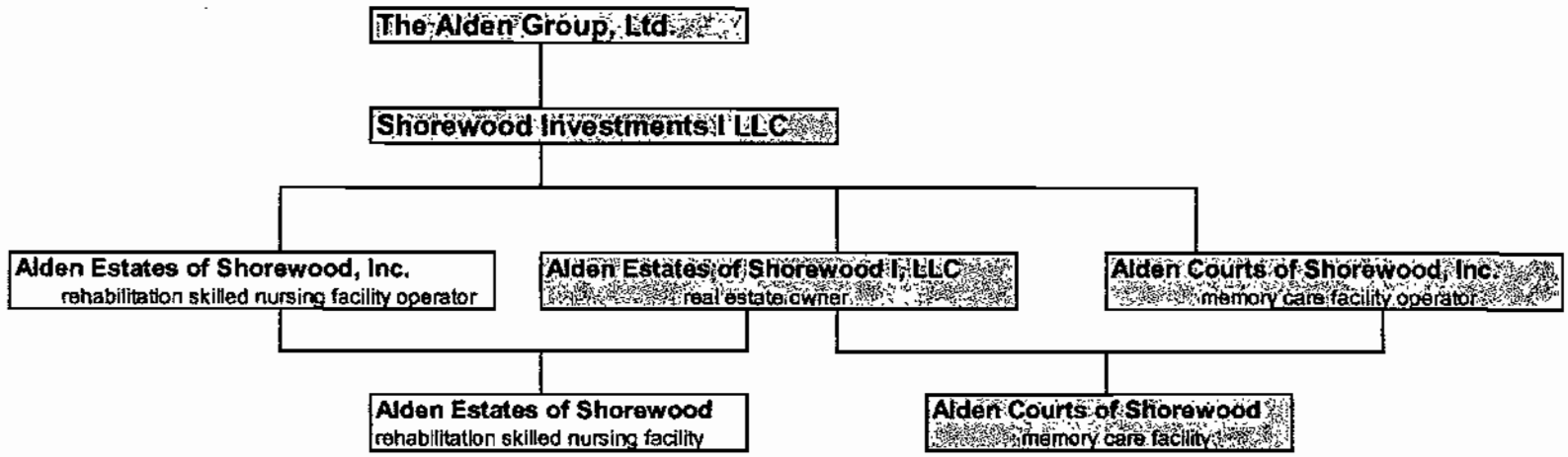
Organizational Relationships

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.

Appended as **ATTACHMENT-4A,** is the organizational chart for Alden's total project in Shorewood, Illinois. It should be known that Alden Estates of Shorewood is the existing, recently approved 100-bed general geriatric nursing care facility that the proposed project will be expanding. Additionally, there are related "Alden" facilities to be disclosed. Appended as **ATTACHMENT-4B** is a listing of all facilities in which The Alden Group, Ltd. has interest. Appended as **ATTACHMENT-4C,** is the Illinois Secretary of State Certificate of Good Standing for The Alden Group, Ltd. who is also considered a co-Applicant.

ATTACHMENT-4

Alden Courts of Shorewood
Corporate Organizational Chart



ATTACHMENT - 4A

Who Regulates Nursing Homes?
A Listing of Illinois Nursing Homes
How to Select a Nursing Home
Centers for Medicare and Medicaid Services Nursing Home Database
Quarterly Reports of Nursing Home Violation
Illinois Law on Advance Directives
Nursing Homes with No Certification Deficiencies
Nursing Home Care Act
Illinois Health Care Worker Registry
Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

Ownership Information

ALDEN COURTS OF WATERFORD

1991 RANDI DRIVE
AURORA IL 60505

ADMINISTRATOR ANNA JOHNSON
TELEPHONE 630-851-1466

FLOYD A SCHLOSSBERG
has ownership interest in the following long term care entities

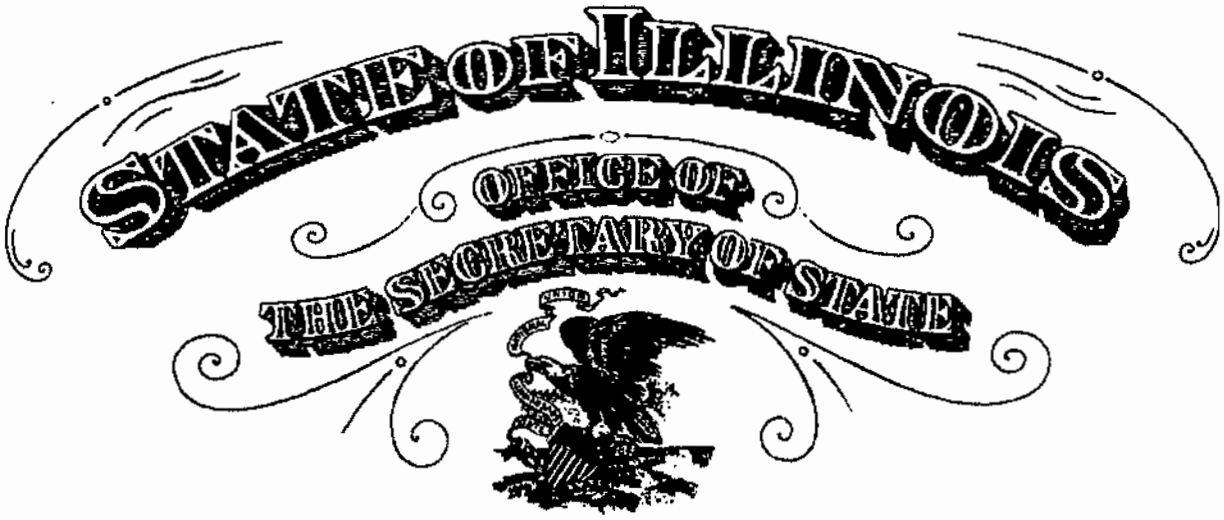
Facility	Percentage Owned
ALDEN VALLEY RIDGE REHAB & HCC	100.00
ALDEN VILLAGE NORTH	100.00
ALDEN POPLAR CREEK REHAB & HCC	100.00
ALDEN VILLAGE HEALTH FACILITY	100.00
ALDEN ESTATES OF BARRINGTON	100.00
HEATHER HEALTH CARE CENTER	100.00
ALDEN LAKELAND REHAB & HCC	100.00
ALDEN LONG GROVE REHAB & HCC	100.00
ALDEN ESTATES OF SKOKIE	100.00
ALDEN ESTATES OF NAPERVILLE	100.00
ALDEN PARK STRATHMOOR	90.61
ALDEN TERRACE OF MCHENRY REHAB	100.00
ALDEN LINCOLN REHAB & H C CTR	100.00
ALDEN WENTWORTH REHAB & HCC	100.00
ALDEN PRINCETON REHAB & HCC	100.00
ALDEN TOWN MANOR REHAB & HCC	100.00
ALDEN ESTATES OF EVANSTON	100.00
ALDEN NORTHMOOR REHAB & HCC	100.00
ALDEN DES PLAINES REHAB & HC	100.00
ALDEN NORTH SHORE REHAB & HCC	100.00
ALDEN OF WATERFORD	62.78
ALDEN TRAILS	100.00
ALDEN OF OLD TOWN EAST	100.00
ALDEN OF OLD TOWN WEST	100.00
ALDEN ORLAND PARK REHAB & HCC	100.00
ALDEN COURTS OF WATERFORD	63.63
ALDEN GARDENS OF WATERFORD	63.90
ALDEN GARDEN CTS OF DESPLAINES	100.00
ALDEN SPRINGS	100.00

Index
General
Facility Information
Ownership Information
Surveys
Administration
Staffing
Admission Restrictions
Admissions & Discharges
Licensed Beds / Beds in use
Residents
Primary Diagnosis
Age Gender & Level of Care
Racial / Ethnic Groups
Patient Days
Level of Care
Payment Source
Private Payment Rates

idph online home nursing homes in illinois

ATTACHMENT-4B

File Number 5206-055-9



To all to whom these Presents Shall Come, Greeting:

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

THE ALDEN GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1208001988

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 20TH *day of* MARCH *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

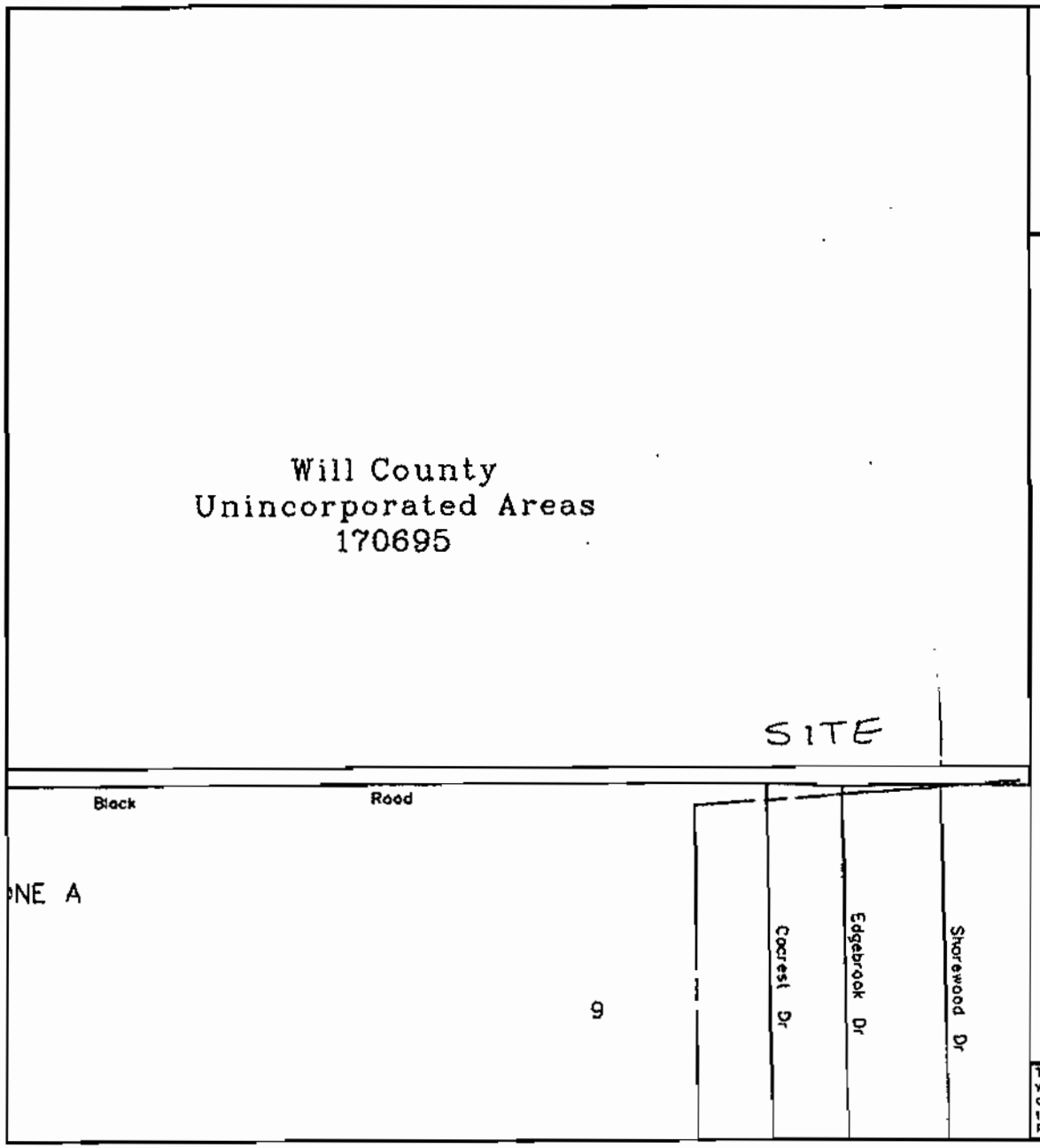
ATTACHMENT-4C

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 connected 50-nursing bed addition. A map identifying that the area is not within a special flood zone area is appended as **ATTACHMENT-5A**.

ATTACHMENT-5



APPROXIMATE SCALE

500 0 500 FEET

NATIONAL FLOOD INSURANCE PROGRAM

FIRM

FLOOD INSURANCE RATE MAP

WILL COUNTY,
ILLINOIS
AND INCORPORATED AREAS

PANEL 137 OF 585

(SEE MAP INDEX FOR PANELS NOT PRINTED)

CONTAINS

COMMUNITY	NUMBER	PANEL	SUFFIX
[illegible]	[illegible]	[illegible]	E
[illegible]	[illegible]	[illegible]	E
UNINCORPORATED AREAS	[illegible]	[illegible]	E

Notice to User: The MAP NUMBER shown below should be used when placing map orders; the COMMUNITY NUMBER shown above should be used on insurance applications for the subject community.

MAP NUMBER
17197C0137 E

EFFECTIVE DATE:
SEPTEMBER 6, 1995

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

Historic Resources Preservation Act Requirements

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

Appended as **ATTACHMENT-6A** 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-6

Illinois Historic
Preservation Agency

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

Will County
Shorewood
NWC Shorewood Drive and Black Road, Section: 4-Township: 35N-Range: 9E
JHA - E137
8.7-acre Rehabilitation and Long-Term Care Facility/Alden Estates and Alden Gardens of Shorewood

PLEASE REFER TO: IHPA LOG #015092906

February 18, 2010

Chris Andaya
Jacob & Hefner Associates, P.C.
815 Campus Drive
Joliet, IL 60435

Dear Mr. Andaya:

We have reviewed the documentation submitted for the referenced project(s) in accordance with 36 CFR Part 800.4. Based upon the information provided, no historic properties are affected. We, therefore, have no objection to the undertaking proceeding as planned.

Please retain this letter in your files as evidence of compliance with section 106 of the National Historic Preservation Act of 1966, as amended. This clearance remains in effect for two (2) 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 are an applicant, please submit a copy of this letter to the state or federal agency from which you obtain any permit, license, grant, or other assistance.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

AEH

ATTACHMENT - 6A

A telatypewriter for the speech/hearing impaired is available at 217-524-7128. It is not a voice or fax line.

	Alden Courts of Shorewood - 50 beds memory care	
		CON BUDGET
A	Land	
B	Building Construction (includes permits&PPB fees)	7,260,000
C	Site work	399,300
D	Off-site work	50,000
E	Contingency	726,000
F	Major Moveable Equipment & furnishings	376,000
G	Minor Movable	
H	Architect	689,337
I	Other fees-	
J	Preliminary drawings and renderings	5,000
K	CON Consultant	35,000
L	Legal	25,000
M	Architectural/Cost Analysis Report	6,000
N	Audit fees	7,500
O	Appraisal	8,000
P	Payment & performance bond	in construction
Q	Building permits	in construction
R	**impact fees**	**208,600**
S	Phase-one Environmental	1,750
T	Miscellaneous permits & fees	1,500
U	IHFPB Filing Fee	13,166
V	Illinois Department of Public Health Plan review	10,000
W	Zoning and other Regulatory	17,500
X	Soil Testing	2,000
Y	Engineering Studies	5,000
Z	Surveyor's	12,500
AA	Title & constructio escrow fees	7,000
BB	Miscellaneous	7,500
CC	Interest 4.5%for 14 mos	157,500
DD	Real estate taxes	-
EE	Insurance - builders risk and liability	57,445
FF	FHA Fees	
GG	-Mortgage Insurance	68,400
HH	-FHA Exam Fee	18,000
II	-FHAInspection Fee	30,000
JJ	Financing Costs (processing & perm plcmt fees)	120,000
KK	Pre-Marketing costs & startup costs	75,000
	Total	*10,399,998*

ATTACHMENT - 7

Cost Space Requirements

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

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Department/Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Nursing	$4,529,805	26,772	42,257	15,485			
Living/Dining/Activity	$1,335,413	4,625	9,190	4,565			
Kitchen/Food Service	$270,593	2,300	3,225	925			
P.T./O.T.	$0	3,150	3,150	0			
Laundry	$0	750	750	0			
Beauty/Barber Shop	$108,237		370	370			
Total Clincal	**$6,244,048**	37,597	58,942	21,345			
NON CLINICAL							
Office/Administration	$284,635	1,800	2,773	973			
Employee Lounge/ Locker-Training	$0	650	650	0			
Mechanical/Electrical	$544,111	1,800	3,660	1,860			
Lobby	$156,803	766	1,302	536			
Storage/Maintenance	$513,395	2,072	3,827	1,755			
Corridor/Public Toilets	$2,420,125	14,744	23,017	8,273			
Stair/Elevators	$162,356	3,204	3,759	555			
Amenities: Gift shop, soda shop, Library	$0	2,172	2,172	0			
Chapel	$0	195	195	0			
Housekeeping	$103,326	300	653	353			
Total Non-clinical	**$4,184,750**	27,703	42,008	14,305			
TOTAL	**$10,428,798**	**65,300**	**100,950**	**35,650**			

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 criteria appended as **ATTACHMENT-4A, 4B** and **4C** identify all nursing facilities owned and operated by related entities as the Applicant only owns and operates Alden Estates of Shorewood 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.

The required documentation with regards to adverse action as defined under 1110.230.a)3)B is appended as **ATTACHMENT-10B.** It should be noted that the ownership and operating entity just opened Alden Estates of Shorewood and as such do not have any adverse action taken against them.

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.**

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

State of Illinois 2009224

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2012	BGBE	0046524

LONG TERM CARE LICENSE
SKILLED 150

UNRESTRICTED 150 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN ESTATES OF BARRINGTON, INC.

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON IL 60010
EFFECTIVE DATE: 11/01/10

The face of this license has a colored background. Printed by Authority of the State of Illinois • 8/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2009224

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2012	BGBE	0046524

LONG TERM CARE LICENSE
SKILLED 150

UNRESTRICTED 150 TOTAL BEDS

11/04/10

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON IL 60010

FEE RECEIPT NO.

State of Illinois 2004900

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

[illegible] T. [illegible], M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/30/2012	[illegible]	0042010

LONG TERM CARE LICENSE
SKILLED 110

UNRESTRICTED 110 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - DES PLAINES REHABILITATION AND HEAL

ALDEN DES PLAINES REHAB & HC
1221 EAST GOLF ROAD
DES PLAINES IL [illegible]
EFFECTIVE DATE: 10/31/10

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2004900

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/30/2012	[illegible]	0042010

LONG TERM CARE LICENSE
SKILLED 110

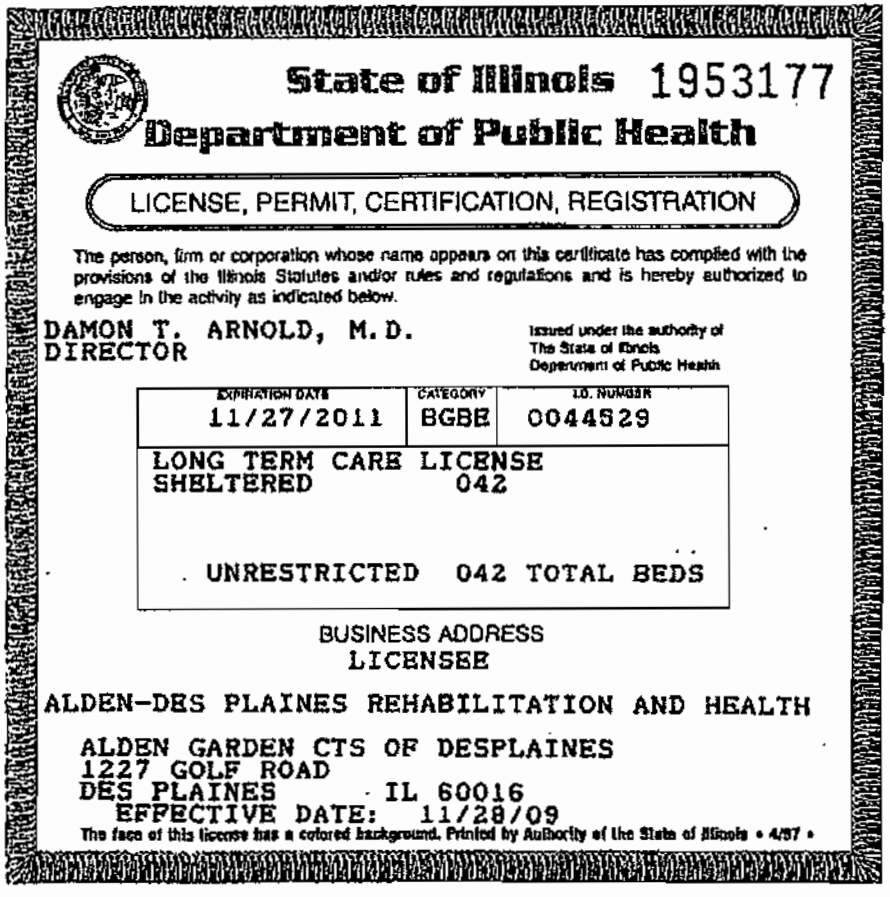
UNRESTRICTED 110 TOTAL BEDS

[illegible]

ALDEN DES PLAINES REHAB & HC
1221 EAST GOLF ROAD
DES PLAINES IL [illegible]

FEE RECEIPT NO.

ATTACHMENT-10A



State of Illinois 1953177
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/27/2011	BGBE	0044529

LONG TERM CARE LICENSE
SHELTERED 042

UNRESTRICTED 042 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN-DES PLAINES REHABILITATION AND HEALTH

ALDEN GARDEN CTS OF DESPLAINES
1227 GOLF ROAD
DES PLAINES IL 60016
EFFECTIVE DATE: 11/28/09

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1953177
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/27/2011	BGBE	0044529

LONG TERM CARE LICENSE
SHELTERED 042

UNRESTRICTED 042 TOTAL BEDS

10/26/09

ALDEN GARDEN CTS OF DESPLAINES
1227 GOLF ROAD
DES PLAINES IL 60016

FEE RECEIPT NO.

ATTACHMENT-10A

State of Illinois 1980454

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	IL NUMBER
03/14/2012	BGBH	0040733

LONG TERM CARE LICENSE
SKILLED 052
SHELTERED 047

UNRESTRICTED 099 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF EVANSTON, INC.

ALDEN ESTATES OF EVANSTON
2520 GROSS POINT ROAD
EVANSTON IL 60201
EFFECTIVE DATE: 03/15/10

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

ATTACHMENT-10A

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1980454
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	IL NUMBER
03/14/2012	BGBH	0040733

LONG TERM CARE LICENSE
SKILLED 052
SHELTERED 047

UNRESTRICTED 099 TOTAL BEDS

04/27/10

ALDEN ESTATES OF EVANSTON
2520 GROSS POINT ROAD
EVANSTON IL 60201

FEE RECEIPT NO.

State of Illinois 2038959

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
06/01/2012	BGBE	0023945

LONG TERM CARE LICENSE
SKILLED 173

UNRESTRICTED 173 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

HEATHER HEALTH CARE CENTER, INC.

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY IL 60426
EFFECTIVE DATE: 06/02/11

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

ATTACHMENT-10A

State of Illinois 2058989
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

CAMON T. ARNOLD, M.D.
DIRECTOR

EXPIRATION DATE	CATEGORY	LICENSE NUMBER
09/30/2012	BEBE	0037319

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - LAKELAND REHABILITATION AND HEALTH

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2058989
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	LICENSE NUMBER
09/30/2012	BEBE	0037319

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

09/20/11

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640

FEE RECEIPT NO.

State of Illinois 2009218

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 Director, Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2012	BGBE	0040709

LONG TERM CARE LICENSE
SKILLED 034
INTERMEDIATE 062

UNRESTRICTED 096 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - LINCOLN PARK REHABILITATION AND HEA

ALDEN LINCOLN REHAB & H C CTR
504 WEST WELLINGTON AVENUE
CHICAGO IL 60657

EFFECTIVE DATE 11/01/10

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2009218

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2012	BGBE	0040709

LONG TERM CARE LICENSE
SKILLED 034
INTERMEDIATE 062

UNRESTRICTED 096 TOTAL BEDS

11/04/10

ALDEN LINCOLN REHAB & H C CTR
504 WEST WELLINGTON AVENUE
CHICAGO IL 60657

FEE RECEIPT NO.

State of Illinois 2037820

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

This 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 L. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/06/2013	868E	0040683

LONG TERM CARE LICENSE
SKILLED 210
INTERMEDIATE 038

UNRESTRICTED 248 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - LONG GROVE REHABILITATION AND HEALT

ALDEN LONG GROVE REHAB & HCC
BOX 2308, RFD OLD HICKS ROAD
LONG GROVE IL 60047

EFFECTIVE DATE: 03/07/12

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2037820

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/06/2012	868E	0040683

LONG TERM CARE LICENSE
SKILLED 210
INTERMEDIATE 038

UNRESTRICTED 248 TOTAL BEDS

05/18/11

ALDEN LONG GROVE REHAB & HCC
BOX 2308, RFD OLD HICKS ROAD
LONG GROVE IL 60047

FEE RECEIPT NO.

ATTACHMENT-10A

ATTACHMENT-10A

State of Illinois 2009197
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

EXPIRATION DATE	CATEGORY	ID NUMBER
11/08/2011	BGBE	0022509

LONG TERM CARE LICENSE
SKILLED 203

UNRESTRICTED 203 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF NAPERVILLE, INC.

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE IL 60565
EFFECTIVE DATE: 11/05/10

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2009197
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
11/08/2011	BGBE	0022509

LONG TERM CARE LICENSE
SKILLED 203

UNRESTRICTED 203 TOTAL BEDS

11/04/10

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE IL 60565

FEE RECEIPT NO.

ATTACHMENT-10A

State of Illinois 2025318

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/22/2013	BGBE	0041277

LONG TERM CARE LICENSE
SKILLED 198

UNRESTRICTED 198 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - NORTHMOOR REHABILITATION AND HEALTH

ALDEN NORTHMOOR REHAB & HCC
5831 NORTH NORTHWEST HIGHWAY
CHICAGO IL 60631
EFFECTIVE DATE: 03/29/11

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/57 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2025318
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/28/2013	BGBE	0041277

LONG TERM CARE LICENSE
SKILLED 198

UNRESTRICTED 198 TOTAL BEDS

02/22/11

ALDEN NORTHMOOR REHAB & HCC
5831 NORTH NORTHWEST HIGHWAY
CHICAGO IL 60631

FEE RECEIPT NO.

ATTACHMENT-10A

State of Illinois 2047761

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/09/2013	BGBE	0042028

LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - NORTH SHORE REHABILITATION AND HEAL

ALDEN NORTH SHORE REHAB & HCC
5050 WEST TOUHY AVENUE
SKOKIE IL 60077

EFFECTIVE DATE: 08/10/11

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

58

ATTACHMENT-10A

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2047761

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/09/2013	BGBE	0042028

LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

07/28/11

ALDEN NORTH SHORE REHAB & HCC
5050 WEST TOUHY AVENUE
SKOKIE IL 60077

FEE RECEIPT NO.

State of Illinois 2017218

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.

DARGN T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID. NUMBER
01/07/2012	BGBE	0042192

LONG TERM CARE LICENSE
SKILLED 200

UNRESTRICTED 200 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - ORLAND PARK REHABILITATION AND HEAL

ALDEN ORLAND PARK REHAB & HCC
16450 SOUTH 97TH AVENUE
ORLAND PARK IL 60462
EFFECTIVE DATE: 01/08/11

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2017

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRA

EXPIRATION DATE	CATEGORY	ID. NUMB
01/07/2012	BGBE	004219

LONG TERM CARE LICENSE
SKILLED 200

UNRESTRICTED 200 TOTAL

12/28/10

ALDEN ORLAND PARK REHAB & HI
16450 SOUTH 97TH AVENUE
ORLAND PARK IL 60462

FEE RECEIPT NO.

State of Illinois 1992922
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.

AMON T. AKMILD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/25/2012	BGBE	0044909

LONG TERM CARE LICENSE
SKILLED 189

UNRESTRICTED 189 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - PARK STRATHMOOR, INC.

ALDEN PARK STRATHMOOR
5668 STRATHMOOR DRIVE
ROCKFORD IL 61107
EFFECTIVE DATE: 07/26/10

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1992922
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/25/2012	BGBE	0044909

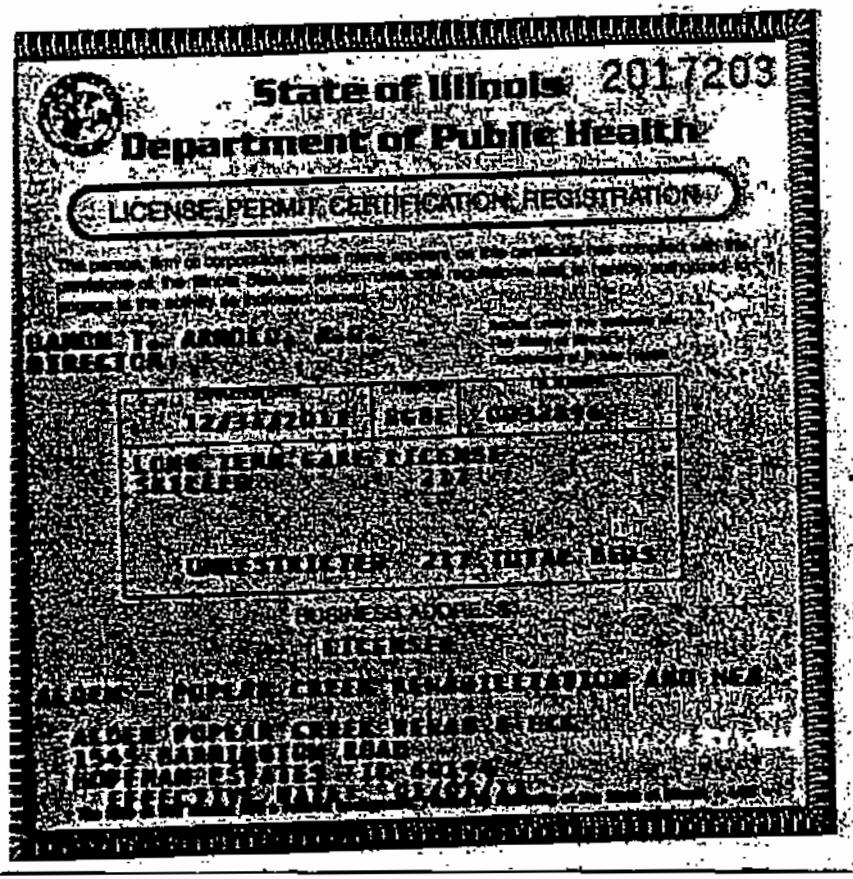
LONG TERM CARE LICENSE
SKILLED 189

UNRESTRICTED 189 TOTAL BEDS

06/29/10

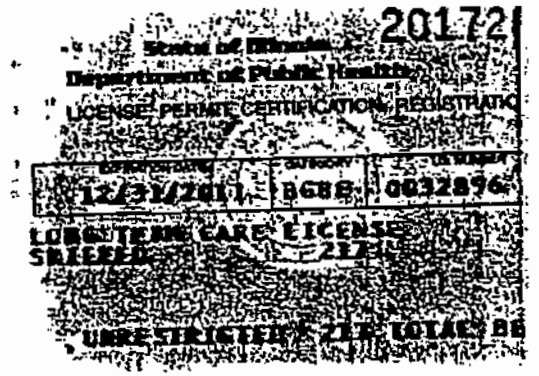
ALDEN PARK STRATHMOOR
5668 STRATHMOOR DRIVE
ROCKFORD IL 61107

FEE RECEIPT NO.



DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



12/28/10

ALDEN REPLAR CREEK REHAB & HC
1545 BARRINGTON ROAD
HOFFMAN ESTATES IL 60194

FEE RECEIPT NO.

ATTACHMENT-10A

State of Illinois 2042507

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
07/10/2012	EGBE	0036244

LONG TERM CARE LICENSE
SKILLED 225

UNRESTRICTED 225 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - PRINCETON REHABILITATION AND HEALTH

ALDEN PRINCETON REHAB & HCC
255 WEST 69TH STREET
CHICAGO IL 60621
EFFECTIVE DATE: 07/11/11

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2042507

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID. NUMBER
07/10/2012	EGBE	0036244

LONG TERM CARE LICENSE
SKILLED 225

UNRESTRICTED 225 TOTAL BEDS

06/23/11

ALDEN PRINCETON REHAB & HCC
255 WEST 69TH STREET
CHICAGO IL 60621

FEE RECEIPT NO.

ATTACHMENT-10A

State of Illinois 2017203

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

DAMON T. ARNOLD, M.D.
DIRECTOR

EXPIRATION DATE	CATEGORY	LICENSE NUMBER
12/31/2011	BGBE	0032896

LONG TERM CARE LICENSE
SKILLED
217

UNRESTRICTED 217 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN POPLAR CREEK REHABILITATION AND HEA

ALDEN POPLAR CREEK REHAB & HCC
1545 BARRINGTON ROAD
HOFFMAN ESTATES IL 60194
EFFECTIVE DATE: 01/01/11

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

201720

State of Illinois
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATIO

EXPIRATION DATE	CATEGORY	LICENSE NUMBER
12/31/2011	BGBE	0032896

LONG TERM CARE LICENSE
SKILLED
217

UNRESTRICTED 217 TOTAL BE

12/28/10

ALDEN POPLAR CREEK REHAB & HC
1545 BARRINGTON ROAD
HOFFMAN ESTATES IL 60194

FEE RECEIPT NO.

State of Illinois 2034669
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
05/01/2012	BGBE	0036000

LONG TERM CARE LICENSE
SKILLED 237

UNRESTRICTED 237 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALLEN - TOWN MANOR REHABILITATION AND HEALT

ALLEN TOWN MANOR REHAB & HCC
6120 WEST OGDEN
CICERO IL 60804
EFFECTIVE DATE: 04/02/11

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ATTACHMENT-10A

State of Illinois 1953158
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
10/31/2011	BGBE	0036640

LONG TERM CARE LICENSE
SKILLED 207

UNRESTRICTED 207 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN-VALLEY RIDGE REHABILITATION AND HEALT

ALDEN VALLEY RIDGE REHAB & HCC
278 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 11/01/09

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

ATTACHMENT-10A

State of Illinois 2045018

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on the 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
09/16/2012	BGBE	0038455

LONG TERM CARE LICENSE
UNDER 22 126

UNRESTRICTED 126 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN VILLAGE HEALTH FACILITY FOR CHILDREN

ALDEN VILLAGE HEALTH FACILITY
267 EAST LAKE STREET
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 06/22/11

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 204501

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
09/16/2012	BGBE	0038455

LONG TERM CARE LICENSE
UNDER 22 126

UNRESTRICTED 126 TOTAL BED

07/05/11

ALDEN VILLAGE HEALTH FACILITY
267 EAST LAKE STREET
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

ATTACHMENT-10A

State of Illinois 2024627

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

IN T. ARNOLD, M.D.
ECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/28/2012	86BE	0049122-1

LONG TERM CARE LICENSE
UNDER 22 150

UNRESTRICTED 150 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

EN VILLAGE NORTH, INC.

DEN VILLAGE NORTH
164 N. SHERIDAN ROAD
ICAGO IL 60626
EFFECTIVE DATE: 03/01/11

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2024627

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/28/2012	86BE	0049122

LONG TERM CARE LICENSE
UNDER 22 150

UNRESTRICTED 150 TOTAL BEDS

02/18/11

ALDEN VILLAGE NORTH
7464 N. SHERIDAN ROAD
CHICAGO IL 60626

FEE RECEIPT NO.

State of Illinois 1998970

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/31/2012	B6BE	0042036

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF WATERFORD, L.L.C.

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA IL 60504
EFFECTIVE DATE: 08/01/10

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1998970

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/31/2012	B6BE	0042036

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL BEDS

07/28/10

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA IL 60504

FEE RECEIPT NO.

State of Illinois 2047680

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
08/02/2012	BEBE	0026435

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - WENTWORTH REHABILITATION AND HEALTH

ALDEN WENTWORTH REHAB & HCC
201 WEST 69TH STREET
CHICAGO IL 60621
EFFECTIVE DATE: 08/03/11

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 20476

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRAT

EXPIRATION DATE	CATEGORY	ID NUMBER
08/02/2012	BEBE	0026435

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL B

07/26/11

ALDEN WENTWORTH REHAB & HCC
201 WEST 69TH STREET
CHICAGO IL 60621

FEE RECEIPT NO.

State of Illinois 1957648

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

DAMON T. ARNOLD, M.D.
DIRECTOR

12/05/2011	BGBE	0044180

LONG TERM CARE LICENSE
SHELTERED 066

UNRESTRICTED 066 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN COURTS OF WATERFORD, L.L.C.

ALDEN COURTS OF WATERFORD
1991 RANDI DRIVE
AURORA IL 60505
EFFECTIVE DATE: 12/06/09

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

ATTACHMENT-10A

State of Illinois 2017222
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.

BARON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
01/09/2012	868E	0044503

LONG TERM CARE LICENSE
SHELTERED 121

LARESTRICTED 121 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN GARDENS OF WATERFORD, L.L.C.

ALDEN GARDENS OF WATERFORD
1555 RANDI DRIVE
AURORA IL 60504
EFFECTIVE DATE: 01/10/11

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

ATTACHMENT-10A

State of Illinois 1980540

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/08/2012	BGBR	0042069

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF OLD TOWN EAST, INC.

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/09/10

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1980540

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/08/2012	BGBR	0042069

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

04/29/10

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

ATTACHMENT-10A

State of Illinois 1980541

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
05/18/2012	BGBE	0042077

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN OF OLD TOWN WEST, INC.

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE IL 60108

EFFECTIVE DATE: 05/19/10

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1980541
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID. NUMBER
05/18/2012	BGBE	0042077

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

04/29/10

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

ATTACHMENT-10A

State of Illinois 1980539

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
05/18/2012	BGBE	0042051

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN TRAILS, INC.

ALDEN TRAILS
273 ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/19/10

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1980539

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID. NUMBER
05/18/2012	BGBE	0042051

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

04/29/10

ALDEN TRAILS
273 ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

State of Illinois 2000568
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.

AMON T. ARNOLD, M.D.
IRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/24/2012	BGBE	0047191

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

DEN SPRINGS, INC.

ALDEN SPRINGS
207 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 09/25/10

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ATTACHMENT-10A

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2000568
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/24/2012	BGBE	0047191

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

08/24/10

ALDEN SPRINGS
207 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

State of Illinois 2022936

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

EXPIRATION DATE	CATEGORY	LIC. NUMBER
02/01/2012	B6BE	0050146

LONG TERM CARE LICENSE
SKILLED 056

UNRESTRICTED - 056 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF SKOKIE, INC.

ALDEN ESTATES OF SKOKIE
4660 OLD ORCHARD ROAD
SKOKIE IL 60076
EFFECTIVE DATE 02/01/11

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2022936

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	LIC. NUMBER
02/01/2012	B6BE	0050146

LONG TERM CARE LICENSE
SKILLED 056

UNRESTRICTED - 056 TOTAL BEDS

02/01/11

ALDEN ESTATES OF SKOKIE
4660 OLD ORCHARD ROAD
SKOKIE IL 60076

FEE RECEIPT NO.

ATTACHMENT-10A

Alden Courts of Shorewood, Inc.

March 13, 2012

Mr. Dale Galassie
Chairman
Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

Please be advised that no adverse actions as defined under 1130.140 have been taken against the Applicants, (Shorewood Investments I LLC, Alden Estates of Shorewood LLC, and Alden Courts of Shorewood, Inc.) within three years preceding the filing of the Certificate of Need application.

There are a few other Alden facilities that have received violations at the "A" level from the Illinois Department of Public Health. Notably, there are 33 Alden licensed long term care facilities in the State of Illinois. Since March of 2009, only eight of those facilities have received level "A" violations. Attached is a certified listing of the facilities with level "A" violations, as well as a list of Alden facilities that have had no type "A" violations filed against them within the past three years.

Sincerely,
Alden Courts of Shorewood, Inc.

Randi Schullo
Vice President

Attachments:

4200 West Peterson Avenue Chicago, Illinois 60646 Phone: (773) 286-3883 Fax: (773) 286-2150

ATTACHMENT-10B

Alden Long Term Care Facilities
With No Type "A" Violations Since 2009

Alden Estates of Barrington
Alden Des Plaines
Alden Gardens & Courts Des Plaines
Alden Estates of Evanston
Heather Health Care Center
Alden Lakeland
Alden Lincoln Park
Alden Estates of Naperville
Alden Northmoor
Alden North Shore
Alden of Old Town East
Alden of Old Town West
Alden Estates of Orland Park
Alden Park Strathmoor
Alden Poplar Creek
Alden Estates of Skokie
Alden Springs
Alden Trails
Alden Valley Ridge
Alden Village (Bloomingdale)
Alden of Waterford
Alden Courts of Waterford

Certified List of Alden Long Term Care Facilities
With Level "A" Violations Since 2009

Year 2009

Alden Village North
NH09-C0009 – settled
NH09-C0056 – open
NH09-C0223 – settled

Alden Wentworth
NH09-S191 –hearing scheduled

Alden Princeton
NH09-S0201 – settled

Alden Long Grove
NH09-S0256 – settled

Year 2010

Alden Village North
NH10-S0278 –hearing held; directed verdict in favor of Alden Village North.

Alden Town Manor
NH10-C102 – open

Alden McHenry
NH10-S126 – open

Alden-Alma Nelson
NH10-C0145 – open

Alden Gardens of Waterford
NH10-C0286 – open

Year 2011

Alden Village North
NH11-o0059 – revocation; IDPH brought motion to dismiss.
NH11-C0183 – open

Alden McHenry
NH11-S0019 –open

Alden Town Manor
NH11-o0081 – Revocation; hearing scheduled.

Alden Courts of Shorewood, Inc.

March 12, 2012

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

In accordance with Board review criterion § 1110.230 (3)(B)(C), we hereby authorize the Review Board and IDPH access to any documents necessary to verify the information submitted in this Certificate of Need application, 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.

Sincerely,

Randi Schullo

Randi Schullo
Vice President

4200 West Peterson Avenue Chicago, Illinois 60646 Phone: (773) 286-3883 Fax: (773) 286-2150

Alden Estates of Shorewood I, LLC

March 12, 2012

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

In accordance with Board review criterion § 1110.230 (3)(B)(C), we hereby authorize the Review Board and IDPH access to any documents necessary to verify the information submitted in this Certificate of Need application, 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.

Sincerely,

Randi Schullo
Co-Managing Member

4200 West Peterson Avenue Chicago, Illinois 60646 Phone: (773) 286-3883 Fax: (773) 286-2150

Shorewood Investments I, LLC

March 12, 2012

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Mr. Galassie:

In accordance with Board review criterion § 1110.230 (3)(B)(C), we hereby authorize the Review Board and IDPH access to any documents necessary to verify the information submitted in this Certificate of Need application, 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.

Sincerely,

Randi Schullo
Co-Managing Member

4200 West Peterson Avenue Chicago, Illinois 60646 Phone: (773) 286-3883 Fax: (773) 286-2150

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.

The proposed project seeks to provide Alzheimer's Care and Related Dementia (ADRD) services to service area. While any nursing home can admit an ADRD resident, this specific resident truly needs a home that is programmatically designed, i.e., the physical plant is designed around the programming as is the project being proposed. The Alzheimer's Association outlines that there are seven stages of this disease. Stage one and two are two are normal functioning with potential for normal age related changes or earliest signs of Alzheimer's disease. Stages three and four there is noticeable but moderate cognitive decline and is considered early stages of ADRD. At stages five and six there is moderately severe cognitive and initial physical decline and are considered mid-stages of the disease. Finally, stage seven there is very severe cognitive and physical decline and is considered late-stage Alzheimer's disease.

The proposed Alden Courts is proposing to separate the memory impaired population into one of three levels or households: The first is for early stage ADRD who typically respond the best to programming and activities; the second household will provide for those in the mid-stages of the disease. The medical needs are more prevalent but they still do not outweigh the resident's programmatic needs. The third level is where ADRD residents have medical needs that outweigh their programmatic needs. It has been found that separating these groups is very important for the early and mid-stage residents and allows for greatest longevity in the earlier stages. Equally important as separating residents between level of care is to separate residents who have memory impairments from those who are physically frail.

ATTACHMENT-11

PURPOSE OF PROJECT (Continued ii)

Alden has found from experience that because of the increase in the number of persons suffering from ASRD that there has also been an increase in the number of Alzheimer's persons needing Medicare coverageable services, such as someone who falls and breaks a hip. Because of the special needs of the ADRD resident, it is better to separate them in skilled care from the general non-ARDR skilled care population.

This Applicant, through its commitment to providing programmatically distinct and specialized care for the memory impaired population and through the specific physical plant design that follows the ADRD programming is documenting their commitment to serve those with Alzheimer's Disease and Related Dementia in the same market area to complement the existing general geriatric nursing facility.

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

The Planning Area is the Will County Planning Area within Health Service Area VIII. The market area is proposed to also be the Will County Planning Area. Although in proposing a specialized nursing unit as for Memory Support (ADRD), a much larger secondary market area may be realized. However, it is still the Applicant's intent to primarily serve the will county area and the corresponding 30-minute travel time.

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 Health Facilities and Services Review Board Applicant have continued to calculate a need for additional nursing beds. Will County and four of its immediate contiguous planning areas have significant outstanding need for additional nursing care services calculated. Specifically, Will County Planning Area has an outstanding need for 689 additional beds;

ATTACHMENT-11

PURPOSE OF PROJECT (Continued iii)

Kendall County Planning Area to the West has an identified need for 34 additional nursing care beds; Kane County Planning Area to the Northwest has a need for 428 additional nursing care beds; Planning Area 7-C (DuPage County) to the North has a calculated need for 759 more nursing beds; finally, the 7-E Planning Area (Southern Cook County) to the Northeast has calculated a need for 339 additional nursing beds and services. Collectively, these five contiguous planning areas show a need for 2,249 nursing care beds. If that number is spread evenly over the next ten years as the State's need calculation is, then 225 beds should be approved and added each year to the State's inventory to adjust for the additional need documented by the State.

Specific to the proposed project, there is the issue that this memory support portion of the project was part and parcel with the original 100-nursing bed project that has been completed. The Applicant only altered the course of how to provide this specific service. As a result of the desire to reach and care for the greatest number of persons afflicted with Alzheimer's Disease and Related Dementia, it was decided that the nursing level of care provides that greatest opportunity to care for this population to include those who are on Medicaid, as traditional ADRD care is only provided to those with the ability to afford private pay or who have long-term care insurance.

There is another situation supporting the need for the proposed addition. The issue is one of maldistribution of services or simply the lack of, memory support care and services. According to the Alzheimer's Association (Illinois Alzheimer's Statistics), 210,000 people in CY 2010 who are 65 years of age or older have Alzheimer's Disease in Illinois Nursing Homes. Out of a total census (CY2010) population for the State for those 65 and over (1,609,213)

ATTACHMENT-11

PURPOSE OF PROJECT (Continued iv)

equates to a rate of 13% of those 65 and older having dementia. According to the Statewide Annual Questionnaire Profile (IDPH), only 11.6% of the statewide nursing residents have ADRD and have sought the nursing level of care. The difference of 1.4% of those over 65 years of age who are known to have ADRD are either at home or seeking care outside of nursing homes. However, within the market area (30-minute travel time) only 8.8% of the nursing home residents are identified as residents with Alzheimer's disease. Thus, there is an access issue. According to this data, approximately 2.8% of those with dementia are not being served within the 30-minute market area contour. Compounding this issue is the high outstanding need for additional nursing care beds as new beds and services have not been developed to keep up with demand. Specifically, there are 1,912 nursing beds that the Applicant identified within 30-minute market area. 11.6% or 222 of those residents should be those with ADRD. However, only 169 residents with ADRD are being cared for, therefore, without taking into account the additional need for nursing beds, there is an immediate need for at least 53 ADRD patients to be cared for. To look at the outstanding need for nursing beds in Will County Planning Area alone (689 beds) and the need for ADRD specific nursing beds (11.6%), there is a need for 80 beds of the total need for 689 nursing beds to be specifically for ADRD residents. Thus, based upon the 2010 data, there is a need for ADRD specific nursing beds of 133 of which more than one third of that need is immediate.

Alden, through their experience in providing special care units/facilities for ADRD residents, feel that there is a greater need for skilled memory care beds as opposed to assisted living memory support beds. The entire ADRD population and conversely the general geriatric population benefit from specific programming for each population. At the nursing level of care,

ATTACHMENT-11

PURPOSE OF PROJECT (Continued v)

a greater pool of persons with ADRD can be cared for. Please refer to the Applicant's listing of special care ADRD beds as nursing as compared to the total number in either sheltered care or assisted living.

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

Appended as **ATTACHMENT-11A**, is the Will County, Kendall County, Kane County, DuPage County (7-C), and Southern Cook County (7-E) IDPH Planning Area Update to the IDPH Inventory of Health Care Facilities and Services and Need Determinations. Appended as **ATTACHMENT-11B**, is the State of Illinois Demographic Profile from "fact finder 2" from the U.S. Census Bureau. Appended as **ATTACHMENT-11C**, is the Illinois Alzheimer's Statistics from the Alzheimer's Association. Appended as **ATTACHMENT-11D,** are copies of the statewide IDPH annual questionnaire profile and the IDPH annual questionnaire profile for Will County Planning Area. Appended as **ATTACHMENT-11E,** is chart identifying all nursing facilities and their respective nursing beds as well as the total residents by primary diagnosis of Alzheimer's disease. Appended as **ATTACHMENT-11F**, is a listing of Alden Memory Care Units.

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 689 additional nursing care beds and by the Applicant's ability to fulfill its original campus mission of providing this specific ADRD care. Appended as **ATTACHMENT-11G** are five physician letters of support stating that it is their intent to

ATTACHMENT-11

PURPOSE OF PROJECT (Continued vi)

provide referrals should openings be available. It should be noted that these letters acknowledge and state that the referrals of between 192 -396 ADRD patients annually are in addition to the referrals for general geriatric residents that they may have made previously. The proposed project through the addition of capacity and capacity specifically designed and programmed for those with dementia will begin to address the lack of services available to the residents of the Will County Planning Area. Furthermore, the physician referrals of ADRD specific patients proved that the need will begin to be addressed.

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 ADRD geriatric population of the Will County Planning Area since there is an outstanding need for 689 additional nursing care beds and the inaccessibility of at least 53 ADRD specific beds immediately. This goal will be measured by Applicant's ability to maintain the optimal utilization upon the second full year of operation.

ATTACHMENT-11

LONG-TERM CARE BED INVENTORY UPDATES

09/16/2011 - 03/15/2012

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
Perry	207	210	(3)
Randolph	580	492	88
Richland	360	309	51
Union	351	293	58
Washington	172	263	(91)
Wayne	133	169	(36)
White	354	353	1
Williamson	600	543	57
HEALTH SERVICE AREA 006			
Planning Area 6-A	5,963	7,217	(1,254)
Planning Area 6-B	4,252	4,178	74
Planning Area 6-C	5,209	5,037	172
HEALTH SERVICE AREA 007			
Planning Area 7-A	4,482	3,324	1,158
Planning Area 7-B	7,180	6,848	332
Planning Area 7-C - DuPage Co.	6,867	5,968	899 ←
Planning Area 7-D	2,519	2,904	(385)
Planning Area 7-E - So. Cook Co.	9,328	8,989	339 ←
HEALTH SERVICE AREA 008			
Kane	3,322	2,894	428 ←
Lake	5,275	4,699	576
McHenry	1,501	1,032	469
HEALTH SERVICE AREA 009			
Grundy	260	265	(5)
Kankakee	1,290	1,368	(78)
Kendall	219	185	34 ←
Will	3,479	2,790	689 ←
HEALTH SERVICE AREA 010			
Henry	452	500	(48)
Mercer	222	186	36
Rock Island	1,243	1,326	(83)
HEALTH SERVICE AREA 011			
Clinton	432	406	26
Madison	2,048	2,193	(145)
Monroe	435	324	111
St.Clair	2,102	2,294	(192)

LONG-TERM CARE ICF/DD 16 BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HSA 1	268	360	(92)
HSA 2	268	333	(65)
HSA 3	230	383	(153)
HSA 4	322	334	(12)
HSA 5	255	639	(384)
HSA 6,7,8 & 9	3,429	1,133	2,296
HSA 10	82	40	42
HSA 11	220	384	(164)

ATTACHMENT-11A

DP-1: Profile of General Population and
2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Subject	Number	Percent
SEX AND AGE		
Total population	12,830,632	100.0
Under 5 years	835,577	6.5
5 to 9 years	859,405	6.7
10 to 14 years	879,448	6.9
15 to 19 years	922,092	7.2
20 to 24 years	878,964	6.9
25 to 29 years	910,273	7.1
30 to 34 years	865,684	6.7
35 to 39 years	855,790	6.7
40 to 44 years	870,100	6.8
45 to 49 years	940,094	7.3
50 to 54 years	930,785	7.3
55 to 59 years	807,778	6.3
60 to 64 years	665,429	5.2
65 to 69 years	485,060	3.8
70 to 74 years	364,475	2.8
75 to 79 years	289,385	2.3
80 to 84 years	235,381	1.8
85 years and over	234,912	1.8
Median age (years)	36.6	(X)
16 years and over	10,072,849	78.5
18 years and over	9,701,453	75.6
21 years and over	9,154,497	71.3
62 years and over	1,990,462	15.5
65 years and over	1,609,213	12.5
Male population	6,292,276	49.0
Under 5 years	425,893	3.3
5 to 9 years	438,556	3.4
10 to 14 years	449,160	3.5
15 to 19 years	473,736	3.7
20 to 24 years	447,513	3.5
25 to 29 years	456,887	3.6
30 to 34 years	433,782	3.4
35 to 39 years	426,476	3.3
40 to 44 years	432,756	3.4
45 to 49 years	463,423	3.6
50 to 54 years	455,953	3.6
55 to 59 years	392,322	3.1
60 to 64 years	318,903	2.5
65 to 69 years	225,894	1.8
70 to 74 years	163,405	1.3
75 to 79 years	122,706	1.0
80 to 84 years	92,019	0.7
85 years and over	72,892	0.6
Median age (years)	35.2	(X)
16 years and over	4,884,648	38.1
18 years and over	4,693,917	36.6
21 years and over	4,412,627	34.4

ATTACHMENT-11B

62 years and over	858,966	6.7
65 years and over	676,916	5.3
Female population	6,538,356	51.0
Under 5 years	409,684	3.2
5 to 9 years	420,849	3.3
10 to 14 years	430,288	3.4
15 to 19 years	448,356	3.5
20 to 24 years	431,451	3.4
25 to 29 years	453,386	3.5
30 to 34 years	431,902	3.4
35 to 39 years	429,314	3.3
40 to 44 years	437,344	3.4
45 to 49 years	476,671	3.7
50 to 54 years	474,832	3.7
55 to 59 years	415,456	3.2
60 to 64 years	346,526	2.7
65 to 69 years	259,166	2.0
70 to 74 years	201,070	1.6
75 to 79 years	166,679	1.3
80 to 84 years	143,362	1.1
85 years and over	162,020	1.3
Median age (years)	37.9	(X)
16 years and over	5,188,201	40.4
18 years and over	5,007,536	39.0
21 years and over	4,741,870	37.0
62 years and over	1,131,496	8.8
65 years and over	932,297	7.3
RACE		
Total population	12,830,632	100.0
One Race	12,540,650	97.7
White	9,177,877	71.5
Black or African American	1,866,414	14.5
American Indian and Alaska Native	43,963	0.3
Asian	586,934	4.6
Asian Indian	188,328	1.5
Chinese	104,166	0.8
Filipino	114,724	0.9
Japanese	17,542	0.1
Korean	61,469	0.5
Vietnamese	25,036	0.2
Other Asian [1]	75,669	0.6
Native Hawaiian and Other Pacific	4,050	0.0
Native Hawaiian	1,122	0.0
Guamanian or Chamorro	1,100	0.0
Samoan	492	0.0
Other Pacific Islander [2]	1,336	0.0
Some Other Race	861,412	6.7
Two or More Races	289,982	2.3
White; American Indian and Alaska	32,749	0.3
White; Asian [3]	56,258	0.4
White; Black or African American [3]	70,615	0.6
White; Some Other Race [3]	66,820	0.5
Race alone or in combination with one		
White	9,423,048	73.4
Black or African American	1,974,113	15.4
American Indian and Alaska Native	101,451	0.8
Asian	668,694	5.2

Native Hawaiian and Other Pacific	13,546	0.1
Some Other Race	958,603	7.5
HISPANIC OR LATINO		
Total population	12,830,632	100.0
Hispanic or Latino (of any race)	2,027,578	15.8
Mexican	1,602,403	12.5
Puerto Rican	182,989	1.4
Cuban	22,541	0.2
Other Hispanic or Latino [5]	219,645	1.7
Not Hispanic or Latino	10,803,054	84.2
HISPANIC OR LATINO AND RACE		
Total population	12,830,632	100.0
Hispanic or Latino	2,027,578	15.8
White alone	1,010,124	7.9
Black or African American alone	33,490	0.3
American Indian and Alaska Native	25,114	0.2
Asian alone	6,348	0.0
Native Hawaiian and Other Pacific	1,073	0.0
Some Other Race alone	845,404	6.6
Two or More Races	106,025	0.8
Not Hispanic or Latino	10,803,054	84.2
White alone	8,167,753	63.7
Black or African American alone	1,832,924	14.3
American Indian and Alaska Native	18,849	0.1
Asian alone	580,586	4.5
Native Hawaiian and Other Pacific	2,977	0.0
Some Other Race alone	16,008	0.1
Two or More Races	183,957	1.4
RELATIONSHIP		
Total population	12,830,632	100.0
In households	12,528,859	97.6
Householder	4,836,972	37.7
Spouse [6]	2,332,995	18.2
Child	3,840,210	29.9
Own child under 18 years	2,753,355	21.5
Other relatives	839,861	6.5
Under 18 years	318,042	2.5
65 years and over	113,738	0.9
Nonrelatives	678,821	5.3
Under 18 years	48,169	0.4
65 years and over	24,850	0.2
Unmarried partner	306,163	2.4
In group quarters	301,773	2.4
Institutionalized population	159,989	1.2
Male	99,944	0.8
Female	60,045	0.5
Noninstitutionalized population	141,784	1.1
Male	74,977	0.6
Female	66,807	0.5
HOUSEHOLDS BY TYPE		
Total households	4,836,972	100.0
Family households (families) [7]	3,182,984	65.8
With own children under 18 years	1,455,656	30.1
Husband-wife family	2,332,995	48.2
With own children under 18 years	1,016,456	21.0
Male householder, no wife present	227,684	4.7
With own children under 18 years	104,931	2.2

ATTACHMENT-11B

Female householder, no husband	622,305	12.9
With own children under 18 years	334,269	6.9
Nonfamily households [7]	1,653,988	34.2
Householder living alone	1,346,312	27.8
Male	595,401	12.3
65 years and over	130,031	2.7
Female	750,911	15.5
65 years and over	338,825	7.0
Households with individuals under 18	1,619,862	33.5
Households with individuals 65 years	1,168,353	24.2
Average household size	2.59	(X)
Average family size [7]	3.20	(X)
HOUSING OCCUPANCY		
Total housing units	5,296,715	100.0
Occupied housing units	4,836,972	91.3
Vacant housing units	459,743	8.7
For rent	158,882	3.0
Rented, not occupied	7,998	0.2
For sale only	82,739	1.6
Sold, not occupied	16,677	0.3
For seasonal, recreational, or	47,289	0.9
All other vacants	146,158	2.8
Homeowner vacancy rate (percent) [8]	2.5	(X)
Rental vacancy rate (percent) [9]	9.1	(X)
HOUSING TENURE		
Occupied housing units	4,836,972	100.0
Owner-occupied housing units	3,263,639	67.5
Population in owner-occupied housing	8,787,463	(X)
Average household size of owner-	2.69	(X)
Renter-occupied housing units	1,573,333	32.5
Population in renter-occupied housing	3,741,396	(X)
Average household size of renter-	2.38	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may

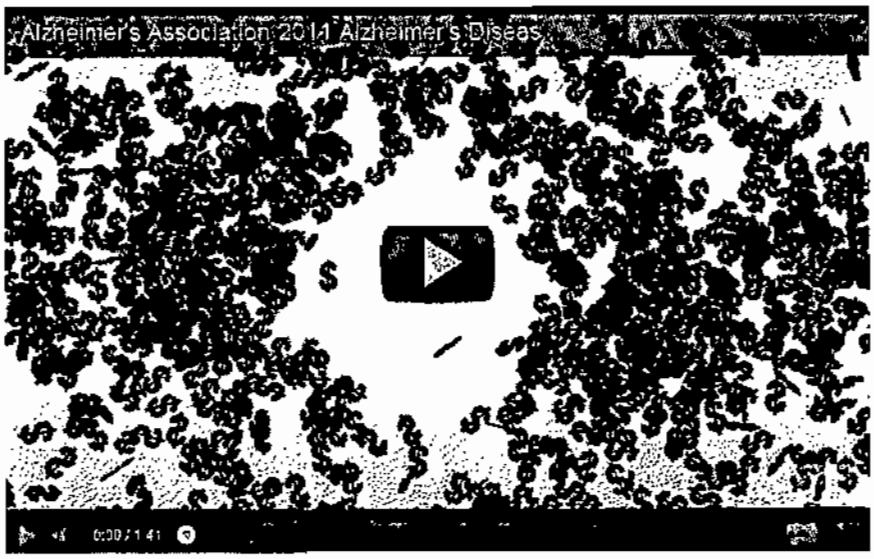
[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses

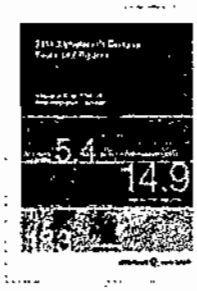
[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have anv
[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then
[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet multiplying by 100.
Source: U.S. Census Bureau, 2010

alzheimer's association

Alzheimer's Facts and Figures





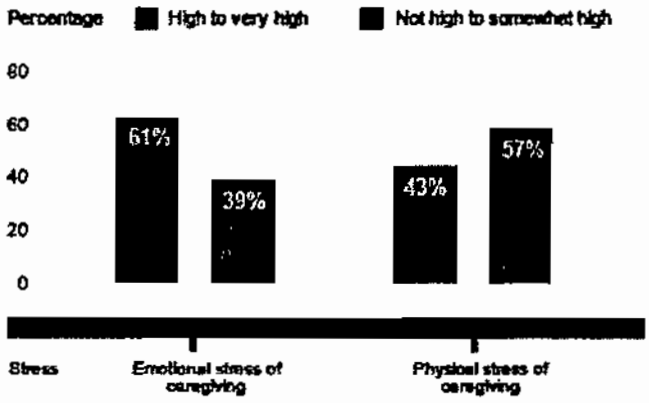
Facts and Figures, an annual report released by the Alzheimer's Association, reveals the burden of Alzheimer's and dementia on individuals, caregivers, government, and the nation's healthcare system.

2011 Alzheimer's Disease Facts and Figures report
Quick facts
Unpaid caregivers and stress
Deaths from Alzheimer's disease
Alzheimer's facts in each state

Unpaid caregivers and stress

There are nearly 15 million Alzheimer's and dementia caregivers providing 17 billion hours of unpaid care valued at $202 billion. *Facts and Figures* finds that caregivers not only suffer emotionally but also physically. Because of the toll of caregiving on their own health, Alzheimer's and dementia caregivers had $7.9 billion in additional health care costs in 2010. More than 60 percent of family caregivers report high levels of stress because of the prolonged duration of caregiving and 33 percent report symptoms of depression.

Proportion of Alzheimer and Dementia Caregivers Who Report High or Very High Emotional and Physical Stress Due to Caregiving

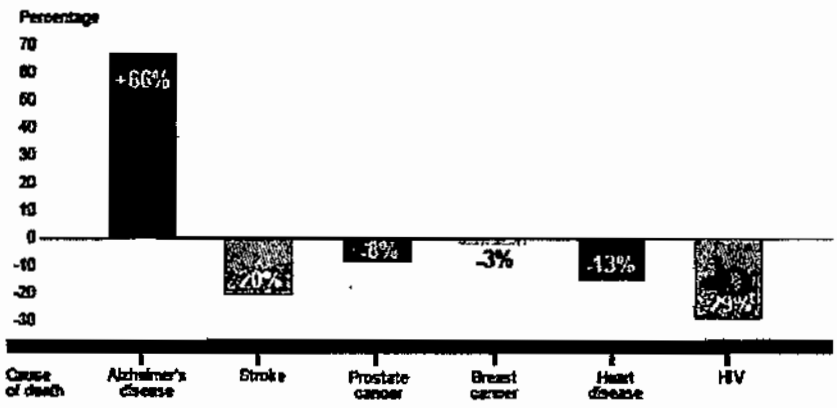


Created from data from the Alzheimer's Association 2010 Women and Alzheimer's Poll, October 2010.
Source: Alzheimer's Association *2011 Alzheimer's Disease Facts and Figures*.

Deaths from Alzheimer's disease

Alzheimer's is the sixth-leading cause of death in the country and the only cause of death among the top 10 in the United States that cannot be prevented, cured or even slowed. Based on mortality data from 2000-2008, death rates have declined for most major diseases while deaths from Alzheimer's disease have risen 66 percent during the same period.

Changes in Selected Causes of Death, 2000-2008



Source: Alzheimer's Association *2011 Alzheimer's Disease Facts and Figures*.

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Alzheimer's facts in each state

The *2011 Alzheimer's Disease Facts and Figures* report also contains data on the impact of this disease in every state across the nation. Click below to see the effect that Alzheimer's is having in your state.

ATTACHMENT-11C

alzheimer's association

Illinois

ALZHEIMER'S STATISTICS

In the United States, an estimated **5.4 million people** are living with Alzheimer's disease, and someone develops the disease every **69 seconds**. Unless something is done, as many as **16 million** Americans will have Alzheimer's in 2050 and someone will develop the disease every **33 seconds**. In 2010, **14.9 million** family members and friends provided **17 billion hours** of unpaid care to those with Alzheimer's and other dementias – care valued at **$202.6 billion**.

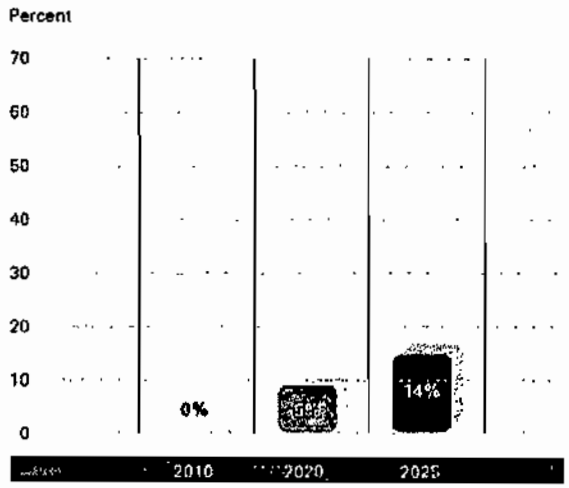
Number of People Aged 65 and Older with Alzheimer's by Age

Year	65–74	75–84	85+	Total	% change from 2000
2000	12,000	110,000	89,000	210,000	
2010	10,000	98,000	100,000	210,000	0%
2020	13,000	97,000	110,000	220,000	5%
2025	14,000	110,000	110,000	240,000	14%

Number of Alzheimer's and Dementia Caregivers, Hours of Unpaid Care, and Economic Value of Care

Year	Number of Caregivers	Total Hours of Unpaid Care	Total Value of Unpaid Care
2008	349,614	301,786,819	$3,349,833,685
2009	386,207	439,812,201	$5,057,840,312
2010	579,505	659,939,981	$7,873,083,975

Percentage Change in Number with Alzheimer's Disease Compared to 2000



Cognitive Impairment in Nursing Home Residents, 2008

Total Nursing Home Residents **170,454**

Level of Cognitive Impairment
- severe/moderate
- mild/very mild
- none

Number of Deaths Due to Alzheimer's Disease in 2007

2,734

For more information, view the *2011 Alzheimer's Disease Facts and Figures* report at **alz.org/facts**.

ATTACHMENT-11C

Facts About Alzheimer's Disease

About 4.5 million Americans have Alzheimer's disease (AD); an estimated 222,300 of them live in Illinois. Unless a cure or prevention for the disease is found, this number is expected to increase as the population ages. While the disease can occur in people in their 30s and 40s, it is most prevalent among older individuals: about one in 10 persons 65 years of age and older and almost half of those 85 years of age and older develop AD. More than 70 percent of those suffering from AD live at home, where the majority of their care (75 percent) is provided by family and friends. The direct and indirect financial toll of Alzheimer's disease in the United States is estimated to be least $100 billion a year; Illinois' share of these costs amounts to more than $5.2 billion annually.

What is Alzheimer's disease?

Alzheimer's disease is an incurable, progressive degenerative disease of the brain. It is the most common form of dementia. AD, though, is not just memory loss. It is also a decline in the ability to think and understand. Consequent changes in personality are accompanied by an inability to function. The type, severity, sequence and progression of the mental changes vary widely among individuals. While it most frequently affects older individuals, Alzheimer's disease is not a part of normal aging.

What are the symptoms/warning signs of Alzheimer's disease?

Symptoms/warning signs of AD may include the following:

- memory loss or unexplained confusion that interferes with daily activities
- difficulty in performing familiar tasks and chores
- problems speaking, understanding, reading or writing
- forgetting words or substituting inappropriate words
- disorientation to time and place (e.g., getting lost in familiar surroundings)
- poor or decreased judgment (e.g., wearing a winter coat on a hot summer day)
- problems with abstract thinking (e.g., difficulty balancing a checkbook)
- misplacing things in inappropriate places (e.g., putting the iron in the freezer)
- changes in mood or behavior (e.g., rapid mood swings for no apparent reason or cursing)
- drastic changes in personality (e.g., suspiciousness)
- lack of interest and involvement in usual activities

If several of these symptoms/warning signs are present, the person should be evaluated by a physician. Frequently, the early symptoms of AD, which include forgetfulness and loss of concentration, are mistakenly dismissed as normal signs of aging.

Do women have a greater risk of developing Alzheimer's disease?

Age is the most important known risk factor for Alzheimer's disease. This means the longer people live, the more likely they are to develop the disease. Since women have longer life spans than men, they have a higher lifetime risk of developing Alzheimer's disease.

Why is an early diagnosis important?

It is important to determine the actual cause of the cognitive (mental process including memory and judgment) symptoms. The symptoms may not be caused by AD. Many causes, such as depression, drug interaction, thyroid problems and vitamin deficiencies, are reversible if detected early and treated appropriately.

An early diagnosis of AD can increase the chance of potential benefits from approved medications. It also allows the person with AD to participate in health care, financial and legal decisions.

Is there any treatment for Alzheimer's disease?

There is currently no cure for AD. For some people in the early to middle stages of the disease, new medications may provide limited cognitive symptom relief. However, behavioral symptom management without the use of medications is recommended because there is an increased risk of worsening the dementia and other adverse effects. Interventions include family education and counseling, modification of the environment and planned activities.

A person with Alzheimer's should be under a doctor's care and may see a neurologist, psychiatrist, family doctor, internist, or geriatrician (a specialist who treats older adults). The doctor can treat the person's physical and behavioral problems and answer the many questions that the person or the family may have.

What is the prognosis for someone with Alzheimer's disease?

AD is a progressive disease. A person with Alzheimer's disease lives an average of eight years and as many as 20 years or more from the onset of symptoms. The most common cause of death for persons with AD is infection.

Is research on Alzheimer's disease being done?

Current research is investigating the cause, diagnosis, treatment and prevention of the disease as well as looking for ways to improve care. Unless a cure or prevention is found, an estimated 14 million Americans will be stricken with AD by 2050. Since 1985, the Alzheimer's Disease Research Fund, which is supported by contributions made by Illinois taxpayers through their annual income tax returns, has supported 136 research projects.

Where can I get more information?

Illinois has three state-funded Alzheimer's disease assistance centers. They offer diagnosis and treatment, education (lay and professional) and research, including clinical trials. The centers' service areas and contact information are provided below.

Chicago metropolitan area (Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry and Will counties):

Alzheimer's Disease Center
Northwestern University Medical School
312-908-9339

Rush Alzheimer's Disease Assistance Center
312-942-4463

Downstate area (Illinois' remaining 93 counties):

Center for Alzheimer's Disease/Related Disorders

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HEALTHBEAT

Alzheimer's Disease

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Southern Illinois University School of Medicine
217-782-8249

Illinois Department of Public Health
535 West Jefferson Street
Springfield, Illinois 62761
Phone 217-782-4977
Fax 217-782-3987
TTY 800-547-0466
Questions or Comments

Español | 中文 (Chinese) | Other languages

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alz.org | alzheimer's association

24/7 Helpline:
800.272.3900

Our vision is a world without Alzheimer's disease

Find us anywhere: ZIP

alzheimer's association

Special Care Units

Introduction
Our position
What we are doing
Resources

Introduction

Alzheimer Special Care Units (SCUs) exist to better meet dementia residents' needs and to protect residents without dementia in nursing homes and residential care facilities. Special care unit growth has become a challenge for Alzheimer advocates concerned about the quality of long-term care.

Nearly 60 percent of nursing home residents have Alzheimer's or another dementia. In recent years the number of nursing homes that have developed SCUs designed to serve residents with Alzheimer's disease has proliferated. Special care dementia units now represent one of the fastest growing parts of the nursing home business.

Until recently, facilities did not have to meet any specific standards, beyond the nursing home regulations and standards to which all nursing homes are held, in order to promote themselves as being a special care unit.

Many facilities did not offer the same services or a comparable level of care, making it impossible for families of Alzheimer patients to determine a correct placement for their loved one. Often, the term "special care unit" was used as a marketing scheme where the only distinguishing factor was that the unit was locked.

Our position

The Alzheimer's Association supports the enactment of state legislation regarding the disclosure of claims made by facilities relative to their Alzheimer special care units.

Such disclosure requirements should conform to the Key Elements of Dementia Care and include proper enforcement and monitoring mechanisms. In addition, such legislation should include provisions and resources for consumer education and training of surveyors and ombudsman.

What we are doing

A 1993 study of SCUs by the Alzheimer's Association substantiated the concern that some facilities were offering little difference in the care provided in SCUs compared to more traditional nursing home settings.

The study found that:

- Extra costs of the units were not disclosed prior to admission 39 percent of the time.
- Twenty-nine percent of families did not know if they were paying more for special care than for standard nursing home care.
- Ombudsmen and state surveyors expressed concern about the availability of specialized activities, numbers of staff on duty, staff training, involuntary seclusion or confinement of residents, and the ability of the units to manage problem behaviors.

In the years since this study was commissioned, Alzheimer advocates have worked with state lawmakers to address these concerns. This work has resulted in the enactment of special care unit disclosure laws in 23 states. SCU disclosure laws require nursing homes and other health care providers to disclose what their special services include.

The Association works with legislators to enact model legislation to hold facilities with Alzheimer special care units accountable to prospective residents, their families and state licensing agencies.

The eight areas of care outlined in the model legislation closely parallel the goals for specialized care identified in the Alzheimer Association's *Key Elements of Dementia Care*.

Resources

For more information and tools for advocates, see Resources.

A PETITION FOR A STRONG NATIONAL ALZHEIMER'S PLAN

Families Facing Alzheimer's Disease Can't Wait

We, the undersigned, call on the President to issue a strong National Alzheimer's Plan to help the millions of Americans now affected by Alzheimer's disease, and the many millions more at risk.

Read the full text

Sign the Petition to President Obam

Alzheimer's can't wait. We need a federal commitment in or change the course of Alzheimer's disease.

*First name: *Last name:

*Email:

*Address:

*City: *State: *Zip:

SIGN THE PETITIO

* required information

alzheimer's association

Seven Stages of Alzheimer's

Alzheimer's symptoms vary. The stages below provide a general idea of how abilities change during the course of the disease.

Stage 1: No impairment
Stage 2: Very mild decline
Stage 3: Mild decline
Stage 4: Moderate decline
Stage 5: Moderately severe decline
Stage 6: Severe decline
Stage 7: Very severe decline

Not everyone will experience the same symptoms or progress at the same rate. This seven-stage framework is based on a system developed by Barry Reisberg, M.D., clinical director of the New York University School of Medicine's Silberstein Aging and Dementia Research Center.

Stage 1: No impairment (normal function)
The person does not experience any memory problems. An interview with a medical professional does not show any evidence of symptoms of dementia.

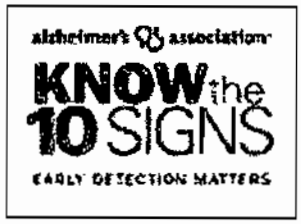
Stage 2: Very mild cognitive decline (may be normal age-related changes or earliest signs of Alzheimer's disease)
The person may feel as if he or she is having memory lapses — forgetting familiar words or the location of everyday objects. But no symptoms of dementia can be detected during a medical examination or by friends, family or co-workers.

VIDEO Learn more: Risk Factors Identifying Mild Cognitive Impairment (approx 21 min.)

Stage 3: Mild cognitive decline (early-stage Alzheimer's can be diagnosed in some, but not all, individuals with these symptoms)
Friends, family or co-workers begin to notice difficulties. During a detailed medical interview, doctors may be able to detect problems in memory or concentration. Common stage 3 difficulties include:

- Noticeable problems coming up with the right word or name
- Trouble remembering names when introduced to new people
- Having noticeably greater difficulty performing tasks in social or work settings Forgetting material that one has just read
- Losing or misplacing a valuable object
- Increasing trouble with planning or organizing

Learn more: Know the 10 Signs, Steps to Diagnosis and Related Dementias



Inside the Brain: An Interactive Tour
Learn how stages of Alzheimer's relate to physical changes within the brain.

Stage 4: Moderate cognitive decline (Mild or early-stage Alzheimer's disease)
At this point, a careful medical interview should be able to detect clear-cut symptoms in several areas:

- Forgetfulness of recent events
- Impaired ability to perform challenging mental arithmetic — for example, counting backward from 100 by 7s
- Greater difficulty performing complex tasks, such as planning dinner for guests, paying bills or managing finances
- Forgetfulness about one's own personal history
- Becoming moody or withdrawn, especially in socially or mentally challenging situations

Help is available

Your local Alzheimer's Association chapter can connect you with the resources you need to cope with the symptoms and challenges of Alzheimer's. Find a chapter in your community

Our free 24/7 Helpline provides information, referral and care consultation by professionals in 170 languages.

Our Greenfield Library houses more than 5,000 books, journals and resources. Access it online.

Sign Our Petition to President Obama

Alzheimer's can't wait. We need a federal commitment in order to change the course of Alzheimer's disease. Tell President Obama millions of families are counting on him for a strong National Alzheimer's Plan.

Stage 5: Moderately severe cognitive decline (Moderate or mid-stage Alzheimer's disease)
Gaps in memory and thinking are noticeable, and individuals begin to need help with day-to-day activities. At this stage, those with Alzheimer's may:

- Be unable to recall their own address or telephone number or the high school or college from which they graduated

- Become confused about where they are or what day it is
- Have trouble with less challenging mental arithmetic; such as counting backward from 40 by subtracting 4s or from 20 by 2s
- Need help choosing proper clothing for the season or the occasion
- Still remember significant details about themselves and their family
- Still require no assistance with eating or using the toilet

Learn More: Daily Care and Behaviors

Stage 6: Severe cognitive decline
(Moderately severe or mid-stage Alzheimer's disease)
Memory continues to worsen, personality changes may take place and individuals need extensive help with daily activities. At this stage, individuals may:

- Lose awareness of recent experiences as well as of their surroundings
- Remember their own name but have difficulty with their personal history
- Distinguish familiar and unfamiliar faces but have trouble remembering the name of a spouse or caregiver
- Need help dressing properly and may, without supervision, make mistakes such as putting pajamas over daytime clothes or shoes on the wrong feet
- Experience major changes in sleep patterns — sleeping during the day and becoming restless at night
- Need help handling details of toileting (for example, flushing the toilet, wiping or disposing of tissue properly)
- Have increasingly frequent trouble controlling their bladder or bowels
- Experience major personality and behavioral changes, including suspiciousness and delusions (such as believing that their caregiver is an impostor)or compulsive, repetitive behavior like hand-wringing or tissue shredding
- Tend to wander or become lost

Remember:

It is difficult to place a person with Alzheimer's in a specific stage as stages may overlap.

Stage 7: Very severe cognitive decline
(Severe or late-stage Alzheimer's disease)
In the final stage of this disease, individuals lose the ability to respond to their environment, to carry on a conversation and, eventually, to control movement. They may still say words or phrases.

At this stage, individuals need help with much of their daily personal care, including eating or using the toilet. They may also lose the ability to smile, to sit without support and to hold their heads up. Reflexes become abnormal. Muscles grow rigid. Swallowing impaired.

Learn more: Late-Stage Care

State of Illinois

TOTAL FACILITIES	1108
HOSPITAL BASED UNITS	43
FREE STANDING FACILITIES	1065
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	736
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	289
MULTI-LICENSED FACILITIES	83
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	41
NON-PROFIT OWNERSHIP	415
FOR PROFIT OWNERSHIP	652
CONTINUING CARE COMMUNITY	76
LIFE CARE FACILITY	56

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	601
Chronic Alcoholism	601
Developmentally Disabled	374
Drug Addiction	898
Medicaid Recipient	84
Medicare Recipient	132
Mental Illness	390
Non-Ambulatory	81
Non-Mobile	105
Public Aid Recipient	79
Under 65 Years Old	33
Unable to Self-Medicate	60
Ventilator Dependent	906
Infectious Disease w/ Isolation	297
Other Restrictions	143
No Restrictions	32

Note: Reported restrictions dressed by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1,715
Endocrine/Metabolic	6,687
Blood Disorders	1,125
Nervous System Non Alzheimer	4,843
Alzheimer Disease	10,184
Mental Illness	11,606
Developmental Disability	7,170
Circulatory System	14,453
Respiratory System	6,063
Digestive System	2,115
Genitourinary System Disorders	2,676
Skin Disorders	839
Musculo-skeletal Disorders	6,367
Injuries and Poisonings	2,470
Other Medical Conditions	8,270
Non-Medical Conditions	739
TOTALS	87,536

Total Residents Diagnosed as Mentally Ill 21,497

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101,679	97,768	86,403	85,128	78,925	22,754	85,911	89,245
Skilled Under 22	922	883	842	229	820	102		691
Intermediate DD	6,120	6,042	5,859	5,942	5,730	390		6,073
Sheltered Care	3,491	3,063	2,355	2,984	2,063	1,428		
TOTAL BEDS	112,212	107,796	95,459	104,281	87,538	24,674	85,911	93,209

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	87,328
Total Admissions 2010	184,289
Total Discharges 2010	184,099
Residents on 12/31/2010	87,536
Identified Offenders	2,383

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4,031,537	18.8%	17,755,890	68.4%	486,987	627,297	6,001,965	43,806	28,847,192	77.7%	80.8%
Skilled Under 22			290,847	89.4%	520	1,050	3,129	0	295,348	87.8%	91.6%
Intermediate DD			2,054,600	92.7%	1,816	813	11,226	0	2,068,455	92.8%	93.8%
Sheltered Care					2,972	1,168	739,857	15,220	759,217	90.6%	87.5%
TOTALS	4,031,537	18.8%	20,101,137	59.1%	492,305	530,328	6,756,177	58,725	31,970,210	78.1%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	131	98	1	11	0	0	132	110	242
18 to 44	2,306	1,222	277	203	1,124	1,008	0	0	3,707	2,433	6,140
45 to 59	6,403	3,998	43	46	1,142	1,147	3	5	7,591	5,184	12,755
60 to 64	2,594	2,295	5	2	330	245	8	9	2,944	2,521	5,465
65 to 74	4,828	5,087	9	4	84	251	33	46	4,928	5,868	10,794
75 to 84	6,491	12,987	0	0	84	61	125	352	6,700	13,400	20,100
85+	6,435	23,851	0	1	12	20	312	1,142	6,759	25,123	31,882
TOTALS	28,857	50,098	465	355	2,958	2,772	479	1,554	32,759	54,779	87,538

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

6/11/2011

State of Illinois

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11,173	48,582	1,082	1,362	16,590	160	78,929
Skilled Under 22	134	674	1	1	10	0	820
ICF/DD		5,639	44	1	46	0	5,730
Sheltered Care			27	3	1,999	30	2,059
TOTALS	11,307	54,875	1,154	1,367	18,645	190	87,538

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	176
Skilled Under 22	290	246
Intermediate DD	162	149
Shelter	137	114

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl.Und22	ICF/DD	Shelter	Totals
Asian	1,188	15	52	5	1,260
Amer. Indian	68	0	9	0	77
Black	14,066	241	705	5	15,047
Hawaiian/Pac. Isl.	65	1	24	1	91
White	62,833	498	4,998	2,048	70,385
Race Unknown	579	67	32	0	678
Total	78,929	820	5,730	2,059	87,538

ETHNICITY	Nursing	Skl.Und22	ICF/DD	Shelter	Totals
Hispanic	2,528	72	135	5	2,740
Non-Hispanic	74,815	704	5,575	2,054	83,148
Ethnicity Unknown	1,586	44	20	0	1,650
Total	78,929	820	5,730	2,059	87,538

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1,110.02
Physicians	32.43
Director of Nursing	952.09
Registered Nurses	8,000.89
LPN's	9,219.55
Certified Aides	34,812.18
Other Health Staff	5,887.74
Non-Health Staff	29,614.78
Totals	89,638.47

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
31.0%	42.2%	2.0%	3.2%	21.6%	100.0%		0.2%
1,729,674,155	2,355,199,449	110,452,817	177,095,748	1,202,177,621	5,574,879,990	9,410,230	

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

Note: This report does not include facilities operated by the the Illinois Department of Human Services. See State of Illinois, DHS Facilities

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

6/11/2011

ATTACHMENT-11D

HEALTH SERVICE AREA	009
TOTAL FACILITIES	28
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	28
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	14
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	12
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	12
FOR PROFIT OWNERSHIP	15
CONTINUING CARE COMMUNITY	2
LIFE CARE FACILITY	2

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	16
Chronic Alcoholism	18
Developmentally Disabled	7
Drug Addiction	21
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	7
Non-Ambulatory	1
Non-Mobile	10
Public Aid Recipient	2
Under 65 Years Old	2
Unable to Self-Medicate	5
Ventilator Dependent	26
Infectious Disease w/ Isolation	13
Other Restrictions	3
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	44
Endocrine/Metabolic	153
Blood Disorders	08
Nervous System Non Alzheimer	126
Alzheimer Disease	215
Mental Illness	211
Developmental Disability	102
Circulatory System	429
Respiratory System	186
Digestive System	102
Genitourinary System Disorders	76
Skin Disorders	30
Musculo-skeletal Disorders	229
Injuries and Poisonings	43
Other Medical Conditions	250
Non-Medical Conditions	40
TOTALS	2,372

Total Residents Diagnosed as Mentally Ill 867

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2,844	2,572	2,357	2,672	2,191	453	2059	2349
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	144	144	142	96	130	5		144
Sheltered Care	56	48	44	48	42	14		
TOTAL BEDS	2,844	2,764	2,543	2,716	2,372	472	2059	2493

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	2,350
Total Admissions 2010	3,869
Total Discharges 2010	3,847
Residents on 12/31/2010	2,372
Identified Offenders	77

FACILITY UTILIZATION - 2010

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	134,715	17.9%	533,632	62.7%	8,746	13,719	108,181	0	799,033	62.7%	85.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			49,085	93.2%	603	0	0	0	49,588	94.3%	94.3%
Sheltered Care					0	0	15,501	0	15,501	75.8%	88.5%
TOTALS	134,715	17.9%	582,017	64.0%	10,349	13,719	121,682	0	863,082	63.1%	88.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	74	52	0	0	31	20	0	0	105	72	177
45 to 59	180	133	0	0	35	22	0	0	215	155	370
60 to 64	86	59	0	0	10	5	0	0	96	64	160
65 to 74	143	161	0	0	5	3	1	1	149	167	316
75 to 84	181	361	0	0	5	1	2	9	188	391	579
85+	129	612	0	0	0	0	1	28	130	640	770
TOTALS	793	1,378	0	0	86	53	4	38	883	1,489	2,372

HEALTH SERVICE AREA 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	384	1,494	22	37	304	0	2,191
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		139	0	0	0	0	139
Sheltered Care			0	0	42	0	42
TOTALS	384	1,633	22	37	346	0	2,372

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	171
Skilled Under 22	0	0
Intermediate DD	164	199
Shelter	120	121

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	14	0	2	0	16
Amer. Indian	5	0	1	0	6
Black	372	0	28	0	400
Hawaiian/Pac. Isl.	7	0	0	0	7
White	1,772	0	108	42	1,920
Race Unknown	21	0	2	0	23
Total	2,191	0	139	42	2,372
ETHNICITY	**Nursing**	**Skl/Und22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	79	0	7	0	86
Non-Hispanic	2,029	0	132	42	2,203
Ethnicity Unknown	83	0	0	0	83
Total	2,191	0	139	42	2,372

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	26.25
Physicians	0.00
Director of Nursing	16.00
Registered Nurses	248.00
LPN's	284.00
Certified Aides	672.00
Other Health Staff	121.50
Non-Health Staff	901.25
Totals	2451.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.0%	41.2%	0.0%	2.1%	16.7%	100.0%		0.0%
58,240,333	61,589,369	1,385,394	3,135,815	24,996,986	149,347,892	27,303	

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

ATTACHMENT - LLD

FACID	FAC NAME	CITY	Nursing Beds	Nursing Patient Days	Nursing Occupancy	Admissions	ALOS	ADRD Patients	ADRD Unit	ADRD Beds	ADRD Utilization	Mdcr, Ins. & Priv Pay	MI	MI %	0-64	0-64 %	Total Residents
Subject Facility	Alden Estates of Shorewood	Shorewood	100		N/A	N/A	N/A	N/A	Yes	50	N/A						
6012678	Provena Villa Franciscan	Joliet	176	56,412	87.8%	538	104.9	15	Yes	34	44%	84%	94	64%	9	6%	148
6012835	Rosewood Care Center	Joliet	120	32,169	73.4%	571	56.3	15	No	0		92%	0	0%	5	6%	81
6004964	Joliet Terrace	Joliet	120	42,844	97.8%	128	334.7	0	No	0		0%	54	46%	111	94%	118
6004766	Fairview Care Center of Joliet	Joliet	203	43,920	59.3%	413	106.3	3	No	0		59%	26	22%	45	38%	120
6002463	Deerbrook Care Centre	Joliet	214	63,195	80.9%	134	471.6	30	Yes	30	100%	41%	29	17%	44	25%	173
6005235	Lakewood Nrsg & Rehab Center	Plainfield	131	41,821	87.5%	316	132.3	0	No	0		59%	7	6%	4	3%	118
6006993	Our Lady Of Angels Ret Home	Joliet	87	30,086	94.7%	130	231.4	0	No	0		82%	0	0%	0	0%	125
6009252	Sunny Hill Nursing Home Will County	Joliet	300	78,138	71.4%	133	587.5	6	No	0		50%	137	64%	15	7%	214
6008338	Salem Village Nursing & Rehab	Joliet	266	74,712	77.0%	307	245.5	17	Yes	49	35%	63%	60	29%	25	12%	205
6013120	Meadowbrook Manor	Bolingbrook	298	101,347	93.2%	314	322.8	56	Yes	22	255%	45%	0	0%	33	12%	277
6009401	Tiller's Nursing & Rehab Center (99)	Oswego	106	28,322	73.2%	449	63.1	14	No	0		99%	0	0%	3	3%	86
6002604	Hillcrest Nursing & Rehab Center	Joliet	168	54,585	89.0%	115	474.7	4	No	0		92%	149	100%	130	87%	149
6011381	Walnut Grove Village (1)	Morris	123	33,250	74.1%	143	232.5	9	No	0		78%	5	5%	12	12%	98
			2412	680,801	77.3%	3,691	184.4	169		185	91%	74%	561	29%	436	23%	1,912
								8.8%							64+	77%	

(1) 18 permit beds which were never put into service were removed from the inventory by Board Declaratory Ruling effective 3/2/2010.

PROVENA VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL 60435
Reference Numbers Facility ID 0012879
Health Service Area 009 Planning Service Area 197

Administrator
Ann Dodge

Contact Person and Telephone
ANN DODGE
815-725-3400

Registered Agent Information — Date Completed 2/22/2011

FACILITY OWNERSHIP
NON-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	15
Mental Illness	16
Developmental Disability	0
Circulatory System	5
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	70
Injuries and Poisonings	7
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	148
Total Residents Diagnosed as Mentally Ill	94

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	176	176	167	176	148	28	176	62
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTALBEDS	176	176	167	176	148	28	176	62

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	160
Total Admissions 2010	538
Total Discharges 2010	550
Residents on 12/31/2010	148
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat days	Medicare Occ. Pct	Medicaid Pat days	Medicaid Occ Pct	Other Public Pat days	Private Insurance Pat days	Private Pay Pat days	Charity Care Pat days	TOTAL Pat days	Licensed Beds Occ Pct	Peak Beds Set Up Occ. Pct
Nursing Care	26202	40.8%	16729	62.6%	0	991	10490	0	58412	67.8%	87.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	3.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	26202	40.8%	16729	62.8%	0	991	10490	0	58412	67.8%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	20	29	0	0	0	0	0	0	20	29	49
85+	13	58	0	0	0	0	0	0	13	58	71
TOTALS	46	102	0	0	0	0	0	0	46	102	148

ATTACHMENT-11E

PROVENA VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL 60435
Reference Numbers Facility ID 0012879
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	69	53	0	3	23	0	148
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	69	53	0	3	23	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	226	204
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac Isl	0	0	0	0	0
White	142	0	0	0	142
Race Unknown	0	0	0	0	0
Total	148	0	0	0	148

ETHNICITY	Nursing	Skl/und22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	148	0	0	0	148

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	45.00
LPN's	23.00
Certified Aides	94.00
Other Health Staff	4.00
Non-Health Staff	72.00
Totals	240.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
57.8%	15.4%	0.0%	1.7%	24.1%	100.0%		0.0%
8,097,007	2,297,759	0	241,565	3,371,150	14,007,481	0	

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

ROSEWOOD CARE CENTER
3401 HENNEPIN DRIVE
JOLIET, IL 60431
Reference Numbers Facility ID 6012635
Health Service Area 009 Planning Service Area 197

Administrator
Willem Maljevich

Contact Person and Telephone
JAN POELKER
314-994-9070x3025

Registered Agent Information
Dan Maher
412 E. Lawrence
Springfield, IL 62703

Date Completed
2/25/2011

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 55 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	2
Nervous System Non Alzheimer	0
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	12
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	81
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	108	120	81	39	66	20
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	108	120	81	39	66	20

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	84
Total Admissions 2010	571
Total Discharges 2010	574
Residents on 12/31/2010	81
Identified Offenders	1

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat days	Medicare Occ Pct	Medicaid Pat days	Medicaid Occ Pct	Other Public Pat days	Private Insurance Pat days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat days	Licensed Beds Occ Pct	Peak Beds Set Up Occ Pct
Nursing Care	12974	52.3%	5853	60.2%	0	1173	12169	0	32169	73.4%	73.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12974	52.3%	5853	60.2%	0	1173	12169	0	32169	73.4%	73.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	7	32	0	0	0	0	0	0	7	32	39
TOTALS	24	57	0	0	0	0	0	0	24	57	81

ATTACHMENT - 11E

ROSEWOOD CARE CENTER
3401 HENNEPIN DRIVE
JOLIET, IL 60431
Reference Numbers Facility ID 6012635
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	16	0	4	30	0	81
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	16	0	4	30	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	166	144
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl Und22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac Isl	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	2	0	0	0	2
Total	81	0	0	0	81

ETHNICITY	Nursing	Skl Und22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	79	0	0	0	79
Total	81	0	0	0	81

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	8.00
Certified Aides	38.00
Other Health Staff	6.00
Non-Health Staff	34.00
Totals	100.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
62.3%	7.9%	0.0%	5.1%	24.7%	100.0%		0.0%
5,828,883	752,957	0	486,675	2,353,092	9,421,620	0	

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

JOLIET TERRACE, OPERATOR, LLC
2230 MCDONOUGH
JOLIET, IL 60436
Reference Numbers Facility ID 6004954
Health Service Area 009 Planning Service Area 197
Administrator
Janet Carlelo

Contact Person and Telephone
MARK IVERSON
815-729-3801

Registered Agent Information
AVRUM WEINFIELD
6855 N LINCOLN AVE
LINCOLNWOOD, IL 60712

Data Completed
2/23/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	22
Blood Disorders	5
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	6
Circulatory System	22
Respiratory System	16
Digestive System	16
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	118
Total Residents Diagnosed as Mentally Ill	54

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	120	120	120	118	2	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	118	2	0	120

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	118
Total Admissions 2010	128
Total Discharges 2010	128
Residents on 12/31/2010	118
Identified Offenders	16

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat days	Medicare Occ Pct	Medicaid Pat days	Medicaid Occ Pct	Other Public Pat days	Private Insurance Pat days	Private Pay Pat days	Charity Care Pat days	TOTAL Pat days	Licensed Beds Occ Pct	Peak Beds Set Up Occ Pct
Nursing Care	0	0.0%	42644	97.8%	0	0	0	0	42644	97.8%	97.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	42644	97.8%	0	0	0	0	42644	97.8%	97.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	22	0	0	0	0	0	0	18	22	40
45 to 59	16	40	0	0	0	0	0	0	16	40	56
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	45	73	0	0	0	0	0	0	45	73	118

ATTACHMENT - 11E

JOLIET TERRACE, OPERATOR, LLC
2230 MCDONOUGH
JOLIET, IL 60436
Reference Numbers Facility ID 6004954
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	118	0	0	0	0	118
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	118	0	0	0	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	131	131
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer Indian	1	0	0	0	1
Black	39	0	0	0	39
Hawaiian/Pac Isl	1	0	0	0	1
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	26.00
Other Health Staff	16.00
Non-Health Staff	34.00
Totals	87.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	4,171,485	0	0	1,572	4,173,057	0	

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

FAIRVIEW CARE CENTER OF JOLIET
222 NORTH HAMMES
JOLIET, IL 60436
Reference Numbers Facility ID 6004765
Health Service Area 005 Planning Service Area 197

Administrator
Jerry Merles

Contact Person and Telephone
JERRY MERTES
8157250443

Registered Agent Information
ABRAHAM GUTNICKI
8320 SKOKIE BLVD
SKOKIE, IL 60077

Date Completed
2/25/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	23
Blood Disorders	12
*Nervous System Non Alzheimer	7
Alzheimer Disease	3
Mental Illness	13
Developmental Disability	2
Circulatory System	3
Respiratory System	19
Digestive System	14
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	120

Total Residents Diagnosed as Mentally Ill 28

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	132	203	120	83	203	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	132	203	120	83	203	203

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	114
Total Admissions 2010	413
Total Discharges 2010	407
Residents on 12/31/2010	120
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat days	Medicare Occ Pct	Medicaid Pat. days	Medicaid Occ Pct	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ Pct	Peak Beds Set Up Occ Pct
Nursing Care	8180	11.0%	28095	37.9%	11	6224	1410	0	43920	59.3%	59.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8180	11.0%	28095	37.9%	11	6224	1410	0	43920	59.3%	59.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	2	0	0	0	0	0	0	4	2	6
45 to 59	10	12	0	0	0	0	0	0	10	12	22
60 to 64	10	7	0	0	0	0	0	0	10	7	17
65 to 74	10	12	0	0	0	0	0	0	10	12	22
75 to 84	16	19	0	0	0	0	0	0	16	19	35
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	53	67	0	0	0	0	0	0	53	67	120

ATTACHMENT - 11E

FAIRVIEW CARE CENTER OF JOLIET
222 NORTH HAMMES
JOLIET, IL 60435
Reference Numbers Facility ID 6004765
Health Service Area 005 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	89	0	0	8	0	120
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	89	0	0	8	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	17	0	0	0	17
Hawaiian/Pac. Isl	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	8	0	0	0	8
Total	120	0	0	0	120

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	19.00
Certified Aides	64.00
Other Health Staff	0.00
Non-Health Staff	58.00
Totals	166.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.7%	41.1%	0.0%	9.6%	2.6%	100.0%		0.0%
3,795,120	3,343,156	386	780,539	213,187	8,133,388	0	

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

DEERBROOK CARE CENTRE
306 NORTH LARKIN AVENUE
JOLIET, IL 60435
Reference Numbers Facility ID 0002463
Health Service Area 008 Planning Service Area 197

Administrator
TAMMY STONEBERGER

Contact Person and Telephone
TAMMY STONEBERGER
815-744-5550

Registered Agent Information — Date Completed 2/25/2011

FACILITY OWNERSHIP
LIMITED PARTNERSHIP

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note. Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	30
Mental Illness	2
Developmental Disability	0
Circulatory System	25
Respiratory System	12
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	57
Non-Medical Conditions	0
TOTALS	173
Total Residents Diagnosed as Mentally Ill	28

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	214	207	182	207	173	41	214	214
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	207	182	207	173	41	214	214

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	161
Total Admissions 2010	134
Total Discharges 2010	122
Residents on 12/31/2010	173
Identified Offenders	7

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat days	Medicare Occ Pct	Medicaid Pat days	Medicaid Occ Pct	Other Public Pat days	Private Insurance Pat days	Private Pay Pat. days	Charity Care Pat days	TOTAL Pat. days	Licensed Beds Occ Pct	Peak Beds Set Up Occ Pct
Nursing Care	7588	9.7%	47214	60.4%	1994	1552	4847	0	63195	80.9%	83.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7588	9.7%	47214	60.4%	1994	1552	4847	0	63195	80.9%	83.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	16	12	0	0	0	0	0	0	16	12	28
60 to 64	10	5	0	0	0	0	0	0	10	5	15
65 to 74	18	20	0	0	0	0	0	0	18	20	38
75 to 84	20	36	0	0	0	0	0	0	20	36	56
85+	8	27	0	0	0	0	0	0	8	27	35
TOTALS	73	100	0	0	0	0	0	0	73	100	173

ATTACHMENT - 11E

DEERBROOK CARE CENTRE
306 NORTH LARKIN AVENUE
JOLIET, IL 60435
Reference Numbers Facility ID 0002463
Health Service Area 008 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	129	7	4	9	0	173
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	129	7	4	9	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	27	0	0	0	27
Hawaiian/Pac. Isl	0	0	0	0	0
White	145	0	0	0	145
Race Unknown	0	0	0	0	0
Total	173	0	0	0	173

ETHNICITY	Nursing	Skl Und22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	0	0	0	0	0
Total	173	0	0	0	173

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	22.00
Certified Aides	64.00
Other Health Staff	9.00
Non-Health Staff	44.00
Totals	163.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.9%	59.5%	0.0%	1.8%	6.8%	100.0%		0.0%
37,874	70,599	0	2,122	8,052	118,643	0	

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

LAKEWOOD NRSG & REHAB CENTER
14716 SOUTH EATERN AVENUE
PLAINFIELD, IL 60544
Reference Numbers Facility ID 6005235
Health Service Area 009 Planning Service Area 197

Administrator
Shannon Dectinga

Contact Person and Telephone
Shannon Dectinga
815-436-3400

Registered Agent Information — Date Completed 3/1/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	7
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	34
Digestive System	15
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	131	131	131	131	118	13	131	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	131	131	131	131	118	13	131	131

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	110
Total Admissions 2010	316
Total Discharges 2010	308
Residents on 12/31/2010	118
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10612	22.6%	23937	50.1%	0	705	6367	0	41621	87.5%	87.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10612	22.6%	23937	50.1%	0	705	6367	0	41621	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	7	9	0	0	0	0	0	0	7	9	16
75 to 84	11	37	0	0	0	0	0	0	11	37	48
85+	10	40	0	0	0	0	0	0	10	40	50
TOTALS	30	88	0	0	0	0	0	0	30	88	118

ATTACHMENT-11E

LAKEWOOD NRSG & REHAB CENTER
14716 SOUTH EATERN AVENUE
PLAINFIELD, IL 60544
Reference Numbers Facility ID 6005235
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	75	0	0	19	0	118
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	75	0	0	19	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	244	176
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl.Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing	Skl.Und22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	14.00
Certified Aides	35.00
Other Health Staff	8.00
Non-Health Staff	31.00
Totals	102.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.0%	37.8%	3.5%	3.2%	13.5%	100.0%		0.0%
3,395,764	3,054,969	285,428	258,195	1,090,404	8,084,760	0	

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

OUR LADY OF ANGELS RET HOME
1201 WYOMING AVENUE
JOLIET, IL 60435
Reference Numbers Facility ID 6008993
Health Service Area 009 Planning Service Area 197

Administrator
CAROL SHAW-BURNS

Contact Person and Telephone
CAROL SHAW-BURNS
815-725-8133

Registered Agent Information
H, T, J, B and W, Inc
2801 Black Road
Joliet, IL 60435

Date Completed
3/18/2011

FACILITY OWNERSHIP
NON-PROF CORPORATION

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	10
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	44
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	40
TOTALS	125
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	87	87	87	87	85	2	37	75
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	50	42	42	42	40	10		
TOTAL BEDS	137	129	129	129	125	12	37	75

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	125
Total Admissions 2010	130
Total Discharges 2010	133
Residents on 12/31/2010	125
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct	Peak Beds Set Up Occ. Pct
Nursing Care	4480	33.2%	12786	46.7%	0	0	12820	0	30086	94.7%	94.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	14858	0	14858	81.4%	98.9%
TOTALS	4480	33.2%	12786	46.7%	0	0	27678	0	44944	89.9%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	5	0	0	0	0	1	1	2	6	8
75 to 84	2	13	0	0	0	0	1	9	3	22	25
85+	9	55	0	0	0	0	1	27	10	82	92
TOTALS	12	73	0	0	0	0	3	37	15	110	125

ATTACHMENT - 11E

OUR LADY OF ANGELS RET HOME
1201 WYOMING AVENUE
JOLIET, IL 60435
Reference Numbers Facility ID 6008993
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	38	0	0	34	0	85
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	40	0	40
TOTALS	13	38	0	0	74	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	212	201
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	100	96

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	85	0	0	40	125
Race Unknown	0	0	0	0	0
Total	85	0	0	40	125

ETHNICITY	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	40	125
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	40	125

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	10.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	17.00
Certified Aides	55.00
Other Health Staff	2.00
Non-Health Staff	76.00
Totals	180.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.9%	18.3%	0.0%	0.0%	57.8%	100.0%		0.0%
1,903,758	1,458,407	0	0	4,612,931	7,975,096	0	

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

SUNNY HILL NURSING HOME OF WILL COUNTY
421 DORIS AVENUE
JOLIET, IL 60433

Reference Numbers Facility ID 5009252
Health Service Area 009 Planning Service Area 197

Administrator
Karen Sorbero

Contact Person and Telephone
KAREN SORBERO
815-727-8650

Registered Agent Information

Date Completed
2/25/2011

FACILITY OWNERSHIP
COUNTY

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	6
Mental Illness	9
Developmental Disability	2
Circulatory System	55
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	8
Other Medical Conditions	89
Non-Medical Conditions	0
TOTALS	214
Total Residents Diagnosed as Mentally Ill	137

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	238	228	238	214	86	300	300
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	238	228	238	214	86	300	300

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	209
Total Admissions 2010	133
Total Discharges 2010	128
Residents on 12/31/2010	214
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9405	8.8%	54559	49.8%	0	537	13637	0	78138	71.4%	89.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9405	8.8%	54559	49.8%	0	537	13637	0	78138	71.4%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	6	0	0	0	0	0	0	2	6	8
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	14	15	0	0	0	0	0	0	14	15	29
75 to 84	10	47	0	0	0	0	0	0	10	47	57
85+	13	100	0	0	0	0	0	0	13	100	113
TOTALS	42	172	0	0	0	0	0	0	42	172	214

ATTACHMENT - 11E

SUNNY HILL NURSING HOME OF WILL COUNTY
421 DORIS AVENUE
JOLIET, IL 60433

Reference Numbers Facility ID 5009252
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	137	0	3	46	0	214
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	137	0	3	46	0	214

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	153	153
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	31	0	0	0	31
Hawaiian/Pac. Isl.	2	0	0	0	2
White	181	0	0	0	181
Race Unknown	0	0	0	0	0
Total	214	0	0	0	214
ETHNICITY	**Nursing**	**Skl/Und22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	5	0	0	0	5
Non-Hispanic	209	0	0	0	209
Ethnicity Unknown	0	0	0	0	0
Total	214	0	0	0	214

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	37.00
Certified Aides	83.00
Other Health Staff	7.00
Non-Health Staff	73.00
Totals	221.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.5%	50.5%	0.0%	0.4%	18.6%	100.0%		0.0%
3,891,465	6,457,075	5,470	52,367	2,371,748	12,778,126	0	

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

SALEM VILLAGE NURSING & REHAB
1314 ROWELL AVENUE
JOLIET, IL 60433
Reference Numbers Facility ID 0006338
Health Service Area 009 Planning Service Area 197

Administrator
KELLY COVARRUBIAS, RN

Contact Person and Telephone
KELLY COVARRUBIAS, RN
815-727-6451

Registered Agent Information
Lawrence Schwartz
8170 N McCormick Blvd Suite 218
Skokie, IL 60077

Date Completed
3/1/2010

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	17
Mental Illness	7
Developmental Disability	2
Circulatory System	67
Respiratory System	17
Digestive System	2
Genitourinary System Disorders	16
Skin Disorders	13
Musculo-skeletal Disorders	7
Injuries and Poisonings	3
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	205
Total Residents Diagnosed as Mentally Ill	50

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	266	266	224	266	203	63	230	266
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	6	6	2	6	2	4		
TOTAL BEDS	272	272	226	272	205	67	230	266

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	227
Total Admissions 2010	307
Total Discharges 2010	329
Residents on 12/31/2010	205
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat days	Medicare Occ Pct	Medicaid Pat days	Medicaid Occ Pct	Other Public Pat days	Private Insurance Pat days	Private Pay Pat days	Charity Care Pat days	TOTAL Pat days	Licensed Beds Occ Pct	Peak Beds Set Up Occ Pct
Nursing Care	15654	16.9%	45234	46.8%	0	1369	12256	0	74712	77.0%	77.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	643	0	643	29.4%	29.4%
TOTALS	15654	16.0%	45234	46.6%	0	1369	12899	0	75355	75.9%	75.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	4	0	0	0	0	0	0	6	4	10
60 to 64	7	7	0	0	0	0	0	0	7	7	14
65 to 74	17	23	0	0	0	0	0	0	17	23	40
75 to 84	24	41	0	0	0	0	1	0	25	41	66
85+	11	62	0	0	0	0	0	1	11	63	74
TOTALS	66	137	0	0	0	0	1	1	67	138	205

ATTACHMENT - 11E

SALEM VILLAGE NURSING & REHAB
1314 ROWELL AVENUE
JOLIET, IL 60433
Reference Numbers Facility ID 0006338
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	123	0	5	31	0	203
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	2	0	2
TOTALS	44	123	0	5	33	0	205

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	157
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	149	145

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer Indian	0	0	0	0	0
Black	43	0	0	0	43
Hawaiian/Pac Isl	0	0	0	0	0
White	159	0	0	2	161
Race Unknown	0	0	0	0	0
Total	203	0	0	2	205

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	194	0	0	2	196
Ethnicity Unknown	0	0	0	0	0
Total	203	0	0	2	205

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	18.00
Certified Aides	67.00
Other Health Staff	0.00
Non-Health Staff	81.00
Totals	191.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.7%	36.9%	0.0%	2.6%	10.8%	100.0%		0.0%
8,119,008	6,029,475	0	417,232	1,769,039	16,334,753	0	

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

MEADOWBROOK MANOR
431 WEST REMINGTON BOULEVARD
BOLINGBROOK, IL 60440
Reference Numbers Facility ID 6013120
Health Service Area 009 Planning Service Area 197

Administrator
Ralph Ricana

Contact Person and Telephone
RALPH RICANA
630-759-1112

Registered Agent Information
Charles Sheets
161 N Clark St, Suite 4200
Chicago, IL 60601

Date Completed
2/28/2011

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	22
Alzheimer Disease	56
Mental Illness	0
Developmental Disability	1
Circulatory System	48
Respiratory System	34
Digestive System	18
Genitourinary System Disorders	20
Skin Disorders	4
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	277

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	298	298	290	298	277	21	298	298
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	298	298	290	298	277	21	298	298

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	263
Total Admissions 2010	314
Total Discharges 2010	320
Residents on 12/31/2010	277
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13498	12.4%	76090	70.0%	1761	772	9225	0	101347	93.2%	93.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13498	12.4%	76090	70.0%	1761	772	9225	0	101347	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 19	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	7	0	0	0	0	0	0	6	7	13
60 to 64	8	12	0	0	0	0	0	0	8	12	20
65 to 74	20	26	0	0	0	0	0	0	20	26	46
75 to 84	24	52	0	0	0	0	0	0	24	52	76
85+	29	93	0	0	0	0	0	0	29	93	122
TOTALS	87	190	0	0	0	0	0	0	87	190	277

ATTACHMENT-11E

MEADOWBROOK MANOR
431 WEST REMINGTON BOULEVARD
BOLINGBROOK, IL 60440
Reference Numbers Facility ID 6013120
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	207	6	5	35	0	277
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	207	6	5	35	0	277

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	198
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	10	0	0	0	10
Amer. Indian	0	0	0	0	0
Black	72	0	0	0	72
Hawaiian/Pac. Isl	0	0	0	0	0
White	195	0	0	0	195
Race Unknown	0	0	0	0	0
Total	277	0	0	0	277

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	257	0	0	0	257
Ethnicity Unknown	0	0	0	0	0
Total	277	0	0	0	277

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	28.00
Certified Aides	110.00
Other Health Staff	12.00
Non-Health Staff	78.00
Totals	253.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.0%	55.1%	0.0%	3.4%	8.4%	100.0%		0.0%
6,736,649	11,249,785	0	701,734	1,708,565	20,396,713	0	

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

THE TILLERS NURSING & REHAB CENTER, INC.
4350 ROUTE 71
OSWEGO, IL 60543

Reference Numbers Facility ID 6009401
Health Service Area 009 Planning Service Area 093

Administrator
Robert M Saxon

Contact Person and Telephone
BRETT SAXON
630-554-1001

Registered Agent Information
Robert M Saxon
46 S Royal Oaks Dr
Bristol, IL 60512

Date Completed 2/28/2011

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	0
Nervous System Non Alzheimer	6
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	27
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	106	98	94	96	86	20	90	6
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	106	98	94	96	86	20	90	6

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	83
Total Admissions 2010	449
Total Discharges 2010	431
Residents on 12/31/2010	86
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat days	Medicare Occ Pct.	Medicaid Pat days	Medicaid Occ Pct.	Other Public Pat days	Private Insurance Pat days	Private Pay Pat days	Charity Care Pat days	TOTAL Pat days	Licensed Beds Occ Pct	Peak Beds Set Up Occ Pct
Nursing Care	12286	37.4%	883	40.3%	0	592	14561	0	26322	73.2%	79.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12286	37.4%	883	40.3%	0	592	14561	0	26322	73.2%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	13	0	0	0	0	0	0	1	13	14
75 to 84	8	26	0	0	0	0	0	0	8	26	34
85+	14	21	0	0	0	0	0	0	14	21	35
TOTALS	24	62	0	0	0	0	0	0	24	62	86

ATTACHMENT - 11E

THE TILLERS NURSING & REHAB CENTER, INC.
4350 ROUTE 71
OSWEGO, IL 60543

Reference Numbers Facility ID 6009401
Health Service Area 009 Planning Service Area 093

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	3	0	3	42	0	86
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	3	0	3	42	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	291	211
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac Isl	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	9.00
Certified Aides	42.00
Other Health Staff	0.00
Non-Health Staff	43.00
Totals	116.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
59.4%	1.1%	0.0%	2.2%	37.3%	100.0%		0.0%
5,998,657	112,445	0	221,770	3,772,638	10,105,510	0	

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

HILLCREST NURSING & REHAB CENTER
777 DRAPER
JOLIET, IL 60432
Reference Numbers Facility ID 6002604
Health Service Area 009 Planning Service Area 197

Administrator
AMY SPARKS

Contact Person and Telephone
AMY SPARKS
815-727-4704

Date Completed
3/1/2011

Registered Agent Information
Meyer Megence
6320 Blaine Boulevard
Skokie, IL 60077

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY Yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	17
Blood Disorders	11
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	64
Developmental Disability	6
Circulatory System	14
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	149

Total Residents Diagnosed as Mentally Ill 140

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	168	168	150	168	149	19	84	168
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	168	168	150	168	149	19	84	168

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	144
Total Admissions 2010	115
Total Discharges 2010	110
Residents on 12/31/2010	149
Identified Offenders	14

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct	Medicaid Pat. days	Medicaid Occ. Pct	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct	Peak Beds Set Up Occ. Pct.
Nursing Care	1826	6.0%	52541	85.7%	218	0	0	0	54585	89.0%	89.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1826	6.0%	52541	85.7%	218	0	0	0	54585	89.0%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL. UNDER 22 Male	SKL. UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	32	18	0	0	0	0	0	0	32	18	49
45 to 59	48	20	0	0	0	0	0	0	48	20	68
60 to 64	11	3	0	0	0	0	0	0	11	3	14
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	2	0	0	0	0	0	0	0	2	0	2
TOTALS	102	47	0	0	0	0	0	0	102	47	149

ATTACHMENT - 11E

HILLCREST NURSING & REHAB CENTER
777 DRAPER
JOLIET, IL 60432
Reference Numbers Facility ID 6002604
Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	138	9	0	0	0	149
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	138	9	0	0	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	128
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Sk/Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	2	0	0	0	2
Black	41	0	0	0	41
Hawaiian/Pac. Isl.	4	0	0	0	4
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	149	0	0	0	149

ETHNICITY	Nursing	Sk/Und22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	149	0	0	0	149

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	15.00
Certified Aides	28.00
Other Health Staff	19.00
Non-Health Staff	30.00
Totals	105.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
91.7%	7.8%	0.5%	0.0%	0.0%	100.0%		0.0%
6,273,470	534,959	31,410	0	0	6,839,858	0	

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

WALNUT GROVE VILLAGE
1095 TWILIGHT DRIVE
MORRIS, IL 60450

Reference Numbers Facility ID 6011381
Health Service Area 009 Planning Service Area 053

Administrator
Carolyn Progress

Contact Person and Telephone
CAROLYN PROGRESS
815-942-5108

Registered Agent Information — Date Completed 2/25/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY: No
LIFE CARE FACILITY: No

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	21
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	9
Mental Illness	5
Developmental Disability	0
Circulatory System	18
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	98
Total Residents Diagnosed as Mentally Ill	5

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	123	123	100	123	98	25	59	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	100	123	98	25	59	99

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	87
Total Admissions 2010	143
Total Discharges 2010	142
Residents on 12/31/2010	98
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat days	Medicare Occ. Pct.	Medicaid Pat days	Medicaid Occ Pct	Other Public Pat. days	Private Insurance Pat days	Private Pay Pat days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ Pct	Peak Beds Set Up Occ. Pct.
Nursing Care	6451	30.0%	16270	45.0%	0	314	10215	0	33250	74.1%	74.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6451	30.0%	16270	45.0%	0	314	10215	0	33250	74.1%	74.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	8	25	0	0	0	0	0	0	8	25	33
85+	3	42	0	0	0	0	0	0	3	42	45
TOTALS	21	77	0	0	0	0	0	0	21	77	98

ATTACHMENT - 11E

WALNUT GROVE VILLAGE
1095 TWILIGHT DRIVE
MORRIS, IL 60450

Reference Numbers Facility ID 6011381
Health Service Area 009 Planning Service Area 053

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	47	0	0	29	0	98
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	47	0	0	29	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	139
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	171	139

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac Isl	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	9.00
Certified Aides	40.00
Other Health Staff	2.00
Non-Health Staff	31.00
Totals	94.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.8%	22.4%	0.0%	1.4%	26.4%	100.0%		0.0%
3,423,131	1,542,800	0	93,096	1,815,476	6,874,507	0	

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

FACILITY NOTES

99-036 3/2/2010 18 permit beds which were never put into service were removed from the inventory by Board Declaratory Ruling.

FACID	FACNAME	ADDRESS	CITY	ZIP	Gen Beds	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance	ADRD Unit
Subject's Sister Facility	Alden Estates of Shorewood	735 Shorewood Dr	Shorewood	60431	100	0	0.2	Yes
6012678	Provena Vila Franciscan	210 North Springfield Avenue	Joliet	60435-0000	176	10.35	4.76	Yes
6012835	Rosewood Care Center	3401 Hennepin Drive	Joliet	60435-0000	120	10.35	4.54	
6004964	Joliet Terrace	2230 Mcdonough	Joliet	60436-0000	120	11.5	5.11	
6004766	Fairview Care Center of Joliet	222 North Hammes	Joliet	60435-0000	203	11.5	5.1	
6002463	Deerbrook Care Centre	306 North Larkin Avenue	Joliet	60435-0000	214	11.5	5.55	Yes
6005235	Lakewood Nrsg & Rehab Center	14716 South Eastern Avenue	Plainfield	60544-0000	131	12.65	6.03	
6006993	Our Lady Of Angels Ret Home	1201 Wyoming Avenue	Joliet	60435-0000	87	13.8	5.05	
6009252	Sunny Hill Nursing Home Will County	421 Doris Avenue	Joliet	60433-0000	300	18.4	12.28	
6008338	Salem Village Nursing & Rehab	1314 Rowell Avenue	Joliet	60433-0000	266	20.7	12.92	Yes
6013120	Meadowbrook Manor	431 West Remington Boulevard	Bolingbrook	60440-0000	298	24.15	16.15	Yes
6009401	Tiller's Nursing & Rehab Center (99)	4390 SR-71	Oswego	60543-0000	106	26.45	15.43	
6002604	Hillcrest Nursing & Rehab Center	777 Draper	Joliet	60432-0000	168	26.45	8.77	
6011381	Walnut Grove Village (1)	1095 Twilight Drive	Morris	60450-0000	123	29.9	20.18	
6003875	Morris Hlthcare & Rehab Ctr	1223 Edgewater	Morris	60450-0000	142	31.05	20.93	
6008312	Embassy Health Care Center Inc	555 W Kahler Road	Wilmington	60481-0000	171	31.05	19.86	
6014773	Alden Of Waterford	2021 Randi Drive	Aurora	60504-0000	99	32.2	16.84	
6007033	Alden Estates of Naperville	1525 South Oxford Lane	Naperville	60565-0000	203	33.35	19.1	
6004451	Hillside Rehab & Care Center	1308 Game Farm Road	Yorkville	60560-0000	79	33.35	20.08	
6014518	Meadowbrook Manor	720 Raymond Drive	Naperville	60563-0000	245	35.65	18.14	
6000251	Manor Care - Naperville	200 West Martin Avenue	Naperville	60540-0000	118	36.8	20.8	
6011910	St. Patrick's Residence	1400 Brookdale Road	Naperville	60563-2125	208	36.8	18.28	
6003032	Fairview Baptist Home	6700 Fairview Avenue	Downers Grove	60516-0000	160	36.8	24.79	
6014492	Lemont Nrsg & Rehab Center	12450 Walker Rd	Lemont	60439-0000	158	36.8	24.74	
6016216	BRIGHTON GARDENS-BURR RIDGE	6801 HIGH GROVE BOULEVARD	Willowbrook	60527	30	36.8	25.17	
6010367	Chateau Nrsg & Rehab Center	7050 Madison Street	Willowbrook	60521-0000	150	37.95	25.67	
6014955	Westbury Care Center	1800 Robin Lane	Lisle	60532-0000	55	37.95	24.14	
6012413	Franciscan Village	1270 Franciscan Drive	Lemont	60439-0000	127	39.1	25.16	
6014252	Tabor Hills Healthcare	1437 Crystal Avenue	Naperville	60563-0000	211	39.1	19.37	
	Monarch Landing	2255 Erickson Drive	Naperville	60563-0000	24	40.25	19.49	
6006175	Community Nsg & Rehab Center	1136 North Mill Street	Naperville	60563-0000	153	40.25	19.65	

(1) 18 permit beds which were never put into service were removed from the inventory by Board Declaratory Ruling effective 3/2/2010.

mapquest

Notes

Alden Estates of Shorewood

Trip to:
735 Shorewood Dr
Shorewood, IL 60404
0.20 miles

A	**W Black Rd & Shorewood Dr** Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going **north** on **Shorewood Dr.**	**Go 0.2 Mi**	0.2 mi
	2. **735 SHOREWOOD DR** is on the **left.** *If you reach Mazalin Dr you've gone about 0.2 miles too far*		0.2 mi
B	**735 Shorewood Dr** Shorewood, IL 60404	**0.2 mi**	**0.2 mi**

Total Travel Estimate: **0.20 miles - about**

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Notes

Provena Villa Franciscan

Trip to:
210 Springfield Ave
Joliet, IL 60435-6589
4.76 miles
9 minutes

		W Black Rd & Shorewood Dr Shorewood, IL 60404	Miles Per Section	Miles Driven
		1. Start out going **east** on **W Black Rd** toward **Parkshore Dr.**	**Go 0.3 Mi**	0.3 mi
	South 59	2. Turn **right** onto **Brook Forest Ave / IL-59 S.** *Brook Forest Ave is 0.2 miles past Parkshore Dr* *If you reach Sharp Dr you've gone a little too far*	**Go 1.0 Mi**	1.3 mi
	52	3. Turn **left** onto **E Jefferson St / US-52.** *E Jefferson St is 0.3 miles past Sunrise Dr* *7-ELEVEN is on the corner* *If you are on IL-59 and reach E Shore Dr you've gone a little too far*	**Go 3.2 Mi**	4.5 mi
		4. Turn **left** onto **Springfield Ave.** *Springfield Ave is just past Republic Ave* *Tacos Mi Sierra is on the right* *If you reach N Hammes Ave you've gone about 0.3 miles too far*	**Go 0.2 Mi**	4.8 mi
		5. **210 SPRINGFIELD AVE** is on the **right.** *Your destination is just past W Oneida St* *If you reach W Glenwood Ave you've gone about 0.2 miles too far*		4.8 mi
		210 Springfield Ave Joliet, IL 60435-6589	**4.8 mi**	**4.8 mi**

Total Travel Estimate: **4.76 miles - about 9 minutes**

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Notes

Rosewood Care Center

Trip to:
3401 Hennepin Dr
Joliet, IL 60431-1080
4.54 miles
9 minutes

There is a timed restriction on your route

		Miles Per Section	Miles Driven
A	**W Black Rd & Shorewood Dr** Shorewood, IL 60404		
	1. Start out going **east** on **W Black Rd** toward **Parkshore Dr.**	**Go 0.3 Mi**	0.3 mi
	2. Turn **left** onto **Brook Forest Ave / IL-59 N**. Continue to follow **IL-59 N.** *IL-59 N is 0.2 miles past Parkshore Dr* *If you are on W Black Rd and reach Sharp Dr you've gone a little too far*	**Go 2.0 Mi**	2.4 mi
	3. Turn **right** onto **W Caton Farm Rd.** *W Caton Farm Rd is 0.3 miles past Vermette Cir* *Pnc Bank is on the corner* *If you are on S Route 59 and reach Riverwalk Dr you've gone about 0.2 miles too far*	**Go 1.1 Mi**	3.5 mi
	4. Turn **left** onto **Von Esch Rd.** *Von Esch Rd is 0.2 miles past W Frontage Rd* *Timed turn restriction: Everyday 7:00 AM to 7:00 PM* *If you reach NE Frontage Rd you've gone a little too far*	**Go 0.6 Mi**	4.1 mi
	5. Turn **right** onto **Hennepin Dr.**	**Go 0.5 Mi**	4.5 mi
	6. **3401 HENNEPIN DR** is on the **left.** *Your destination is 0.1 miles past Lake Shore Dr* *If you reach Lake Shore Dr you've gone a little too far*		4.5 mi
B	**3401 Hennepin Dr** Joliet, IL 60431-1080	**4.5 mi**	**4.5 mi**

Total Travel Estimate: **4.54 miles - about 9 minutes**

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Notes

Joliet Terrace

Trip to:
2230 McDonough St
Joliet, IL 60436-1842
5.11 miles
10 minutes

		Miles Per Section	Miles Driven
	W Black Rd & Shorewood Dr Shorewood, IL 60404		
	1. Start out going east on **W Black Rd** toward **Parkshore Dr.**	**Go 0.3 Mi**	0.3 mi
	2. Turn **right** onto **Brook Forest Ave / IL-59 S.** *Brook Forest Ave is 0.2 miles past Parkshore Dr* *If you reach Sharp Dr you've gone a little too far*	**Go 1.0 Mi**	1.3 mi
	3. Turn **left** onto **E Jefferson St / US-52.** *E Jefferson St is 0.3 miles past Sunrise Dr* *7-ELEVEN is on the corner* *If you are on IL-59 and reach E Shore Dr you've gone a little too far*	**Go 1.5 Mi**	2.8 mi
	4. Turn **right** onto **Houbolt Rd.** *Houbolt Rd is 0.5 miles past Airport Dr* *If you reach Eden Ln you've gone about 0.1 miles too far*	**Go 0.6 Mi**	3.4 mi
	5. Turn **left** onto **McDonough St.** *McDonough St is 0.2 miles past Wells Way* *If you reach Forest View Dr you've gone about 0.2 miles too far*	**Go 1.7 Mi**	5.1 mi
	6. **2230 MCDONOUGH ST** is on the **right.** *Your destination is just past S Purdue Ave* *If you reach S Hammes Ave you've gone about 0.1 miles too far*		5.1 mi
	2230 McDonough St Joliet, IL 60436-1842	**5.1 mi**	**5.1 mi**

Total Travel Estimate: **5.11 miles - about 10 minutes**

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Notes

Fairview Care Center of Joliet

Trip to:
222 N Hammes Ave
Joliet, IL 60435-8161
5.10 miles
10 minutes

		W Black Rd & Shorewood Dr Shorewood, IL 60404	Miles Per Section	Miles Driven
		1. Start out going **east** on **W Black Rd** toward **Parkshore Dr**.	**Go 0.3 Mi**	0.3 mi
	SOUTH 59	2. Turn **right** onto **Brook Forest Ave / IL-59 S**. *Brook Forest Ave is 0 2 miles past Parkshore Dr* *If you reach Sharp Dr you've gone a little too far*	**Go 1.0 Mi**	1.3 mi
	52	3. Turn **left** onto **E Jefferson St / US-52**. *E Jefferson St is 0.3 miles past Sunrise Dr* *7-ELEVEN is on the corner* *If you are on IL-59 and reach E Shore Dr you've gone a little too far*	**Go 3.5 Mi**	4.8 mi
		4. Turn **left** onto **N Hammes Ave**. *N Hammes Ave is 0 3 miles past Springfield Ave* *Paulie's Pub in Marycrest Shopping Ctr is on the right* *If you reach N Larkin Ave you've gone about 0.3 miles too far*	**Go 0.3 Mi**	5.1 mi
		5. **222 N HAMMES AVE** is on the **right**. *Your destination is just past W Oneida St* *If you reach W Glenwood Ave you've gone about 0.2 miles too far*		5.1 mi
		222 N Hammes Ave Joliet, IL 60435-8161	**5.1 mi**	**5.1 mi**

Total Travel Estimate: **5.10 miles - about 10 minutes**

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Notes

Deerbrook Care Centre

Trip to:
306 N Larkin Ave
Joliet, IL 60435-6698
5.55 miles
10 minutes

A	**W Black Rd & Shorewood Dr** Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going east on **W Black Rd** toward **Parkshore Dr**.	**Go 0.3 Mi**	0.3 mi
South 59	2. Turn **right** onto **Brook Forest Ave / IL-59 S**. *Brook Forest Ave is 0.2 miles past Parkshore Dr* *If you reach Sharp Dr you've gone a little too far*	**Go 1.0 Mi**	1.3 mi
52	3. Turn **left** onto **E Jefferson St / US-52**. *E Jefferson St is 0.3 miles past Sunrise Dr* *7-ELEVEN is on the corner* *If you are on IL-59 and reach E Shore Dr you've gone a little too far*	**Go 3.8 Mi**	5.2 mi
7	4. Turn **left** onto **N Larkin Ave / IL-7**. *N Larkin Ave is 0.3 miles past N Hammes Ave* *If you reach S Emery St you've gone a little too far*	**Go 0.4 Mi**	5.5 mi
	5. **306 N LARKIN AVE** is on the **right**. *Your destination is 0.1 miles past W Campbell St* *If you reach W Glenwood Ave you've gone about 0.1 miles too far*		5.5 mi
B	**306 N Larkin Ave** Joliet, IL 60435-6698	**5.5 mi**	**5.5 mi**

Total Travel Estimate: **5.55 miles - about 10 minutes**

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Notes

Lakewood Nursing & Rehab Center

Trip to:
14716 S Eastern Ave
Plainfield, IL 60544-8870
6.03 miles
11 minutes

		Miles Per Section	Miles Driven
A	**W Black Rd & Shorewood Dr** Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going **east** on **W Black Rd** toward **Parkshore Dr**.	**Go 0.3 Mi**	0.3 mi
	2. Turn **left** onto **Brook Forest Ave / IL-59 N**. Continue to follow **IL-59 N**. *IL-59 N is 0.2 miles past Parkshore Dr* *If you are on W Black Rd and reach Sharp Dr you've gone a little too far*	**Go 5.3 Mi**	5.6 mi
	3. Turn **right** onto **W Main St / IL-126**. *W Main St is 0.1 miles past W Oak St* *On the Run is on the corner* *If you reach S Naperville Rd you've gone about 0.1 miles too far*	**Go 0.4 Mi**	6.0 mi
	4. Take the 3rd **right** onto **S Eastern Ave**. *S Eastern Ave is just past W Mill St* *If you reach W Wilkens Pl you've gone a little too far*	**Go 0.03 Mi**	6.0 mi
	5. **14716 S EASTERN AVE** is on the **right**. *If you reach W Vintage Knoll Dr you've gone about 0.1 miles too far*		6.0 mi
B	**14716 S Eastern Ave** Plainfield, IL 60544-8870	**6.0 mi**	**6.0 mi**

Total Travel Estimate: **6.03 miles - about 11 minutes**

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ATTACHMENT-11E

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Notes

Our Lady of Angels Ret Home

Trip to:
1201 Wyoming Ave
Joliet, IL 60435-3718
5.05 miles
12 minutes

		W Black Rd & Shorewood Dr Shorewood, IL 60404	Miles Per Section	Miles Driven
		1. Start out going **east** on **W Black Rd** toward **Parkshore Dr.**	Go 4.2 Mi	4.2 mi
	7	2. Turn **left** onto **N Larkin Ave / IL-7.** *N Larkin Ave is just past N Lois Pl* *If you are on W Black Rd and reach N Winthrop Ave you've gone a little too far*	Go 0.5 Mi	4.7 mi
		3. Turn **right** onto **W Ingalls Ave.** *W Ingalls Ave is 0.1 miles past Clara Ave* *Joliet Catholic Academy is on the corner* *If you reach Theodore St you've gone about 0 5 miles too far*	Go 0.4 Mi	5.0 mi
		4. Take the 1st **left** onto **N Wyoming Ave.** *N Wyoming Ave is just past Westshire Dr* *If you reach N Barthelme Ave you've gone a little too far*	Go 0.01 Mi	5.0 mi
		5. **1201 WYOMING AVE** is on the **left.** *If you reach Texas Ave you've gone a little too far*		5.0 mi
		1201 Wyoming Ave Joliet, IL 60435-3718	**5.0 mi**	**5.0 mi**

Total Travel Estimate: **5.05 miles - about 12 minutes**

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Notes

Sunny Hill Nursing Home

Trip to:
421 Doris Ave
Joliet, IL 60433-2569
12.28 miles
16 minutes

	W Black Rd & Shorewood Dr Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going east on **W Black Rd** toward **Parkshore Dr.**	**Go 0.3 Mi**	0.3 mi
	2. Turn **right** onto **Brook Forest Ave / IL-59 S.** *Brook Forest Ave is 0.2 miles past Parkshore Dr* *If you reach Sharp Dr you've gone a little too far*	**Go 1.0 Mi**	1.3 mi
	3. Turn **left** onto **E Jefferson St / US-52.** *E Jefferson St is 0.3 miles past Sunrise Dr* *7-ELEVEN is on the corner* *If you are on IL-59 and reach E Shore Dr you've gone a little too far*	**Go 0.5 Mi**	1.8 mi
	4. Merge onto **I-55 S** toward **Bloomington / Normal.** *If you reach NE Frontage Rd you've gone about 0.1 miles too far*	**Go 2.6 Mi**	4.4 mi
	5. Merge onto **I-80 E** via **EXIT 250A** toward **Indiana.**	**Go 7.3 Mi**	11.7 mi
	6. Take the **Richards St** exit, **EXIT 133.**	**Go 0.1 Mi**	11.8 mi
	7. Turn **right** onto **S Richards St.** *If you reach I-80 E you've gone about 0.1 miles too far*	**Go 0.4 Mi**	12.3 mi
	8. Turn **left** onto **Doris Ave** (Portions unpaved). *Doris Ave is 0.1 miles past Elm St* *If you reach E Ella Ave you've gone a little too far*	**Go 0.03 Mi**	12.3 mi
	9. **421 DORIS AVE** is on the **left.** *If you reach Neal Ave you've gone about 0.1 miles too far*		12.3 mi
	421 Doris Ave Joliet, IL 60433-2569	**12.3 mi**	**12.3 mi**

Total Travel Estimate: **12.28 miles - about 16 minutes**

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Notes

Salem Village Nursing & Rehab

Trip to:
1314 Rowell Ave
Joliet, IL 60433-2866
12.92 miles
18 minutes

	W Black Rd & Shorewood Dr Shorewood, IL 60404	Miles Per Section	Miles Driven
	1. Start out going east on **W Black Rd** toward **Parkshore Dr.**	Go 0.3 Mi	0.3 mi
	2. Turn **right** onto **Brook Forest Ave / IL-59 S.** *Brook Forest Ave is 0.2 miles past Parkshore Dr* *If you reach Sharp Dr you've gone a little too far*	Go 1.0 Mi	1.3 mi
	3. Turn **left** onto **E Jefferson St / US-52.** *E Jefferson St is 0.3 miles past Sunrise Dr* *7-ELEVEN is on the corner* *If you are on IL-59 and reach E Shore Dr you've gone a little too far*	Go 0.5 Mi	1.8 mi
	4. Merge onto **I-55 S** toward **Bloomington / Normal.** *If you reach NE Frontage Rd you've gone about 0.1 miles too far*	Go 2.6 Mi	4.4 mi
	5. Merge onto **I-80 E** via **EXIT 250A** toward **Indiana.**	Go 7.3 Mi	11.7 mi
	6. Take the **Richards St** exit, **EXIT 133.**	Go 0.2 Mi	11.9 mi
	7. Turn **left** onto **S Richards St.** *If you reach I-80 E you've gone about 0.1 miles too far*	Go 0.4 Mi	12.2 mi
	8. Turn **right** onto **E 4th Ave.** *E 4th Ave is 0.1 miles past 5th Ave* *Washington Junior High School is on the right* *If you reach Bartleson St you've gone a little too far*	Go 0.6 Mi	12.8 mi
	9. Turn **right** onto **S Rowell Ave.** *If you reach the end of E 4th Ave you've gone a little too far*	Go 0.08 Mi	12.9 mi
	10. **1314 ROWELL AVE.** *Your destination is just past E Florence Ave* *If you reach Linden Ave you've gone about 0.1 miles too far*		12.9 mi

B	**1314 Rowell Ave** Joliet, IL 60433-2866	**12.9 mi**	**12.9 mi**

Total Travel Estimate: **12.92 miles - about 18 minutes**

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Notes

Meadowbrook Manor

Trip to:
431 Remington Blvd
Bolingbrook, IL 60440-4918
16.15 miles
21 minutes

	W Black Rd & Shorewood Dr Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going **east** on **W Black Rd** toward **Parkshore Dr**.	**Go 0.3 Mi**	0.3 mi
	2. Turn **right** onto **Brook Forest Ave / IL-59 S**. *Brook Forest Ave is 0.2 miles past Parkshore Dr* *If you reach Sharp Dr you've gone a little too far*	**Go 1.0 Mi**	1.3 mi
	3. Turn **left** onto **E Jefferson St / US-52**. *E Jefferson St is 0.3 miles past Sunrise Cr* *7-ELEVEN is on the corner* *If you are on IL-59 and reach E Shore Dr you've gone a little too far*	**Go 0.6 Mi**	1.9 mi
	4. Merge onto **I-55 N** via the ramp on the **left** toward **Chicago**. *If you reach NE Frontage Rd you've gone a little too far*	**Go 10.3 Mi**	12.2 mi
	5. Take the **Weber Rd** exit, **EXIT 263**.	**Go 0.3 Mi**	12.5 mi
	6. Turn **left** onto **N Weber Rd**.	**Go 1.5 Mi**	14.0 mi
	7. Turn **right** onto **W 115th St**. *If you are on S Weber Rd and reach Parkside Dr you've gone about 0.2 miles too far*	**Go 0.4 Mi**	14.4 mi
	8. Turn **left** onto **W Remington Blvd**. *If you reach the end of W 115th St you've gone about 0.2 miles too far*	**Go 1.7 Mi**	16.2 mi
	9. **431 REMINGTON BLVD** is on the **right**. *Your destination is 0.1 miles past S Schmidt Rd* *If you reach Woodcreek Dr you've gone about 0.4 miles too far*		16.2 mi
	431 Remington Blvd Bolingbrook, IL 60440-4918	**16.2 mi**	**16.2 mi**

Total Travel Estimate: **16.15 miles - about 21 minutes**

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ATTACHMENT-11E

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Notes

Tiller's Nursing & Rehab Center

Trip to:
[4390-4403] State Route 71
Oswego, IL 60543
15.43 miles
23 minutes

	W Black Rd & Shorewood Dr Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going **west** on **W Black Rd** toward **Edgebrook Dr**.	**Go 0.7 Mi**	0.7 mi
	2. Take the **2nd right** onto **S River Rd**. *S River Rd is 0.1 miles past N Edgewater Ln* *If you reach Wildflower Dr you've gone about 0.2 miles too far*	**Go 1.0 Mi**	1.7 mi
	3. Turn **left** onto **W Theodore St**.	**Go 0.3 Mi**	2.0 mi
	4. **W Theodore St** becomes **W Theodore Rd**.	**Go 0.2 Mi**	2.2 mi
	5. Turn **right** onto **S Drauden Rd**. *If you reach Staghorn Dr you've gone about 0.1 miles too far*	**Go 1.0 Mi**	3.2 mi
	6. Turn **left** onto **W Caton Farm Rd**. *W Caton Farm Rd is 0.1 miles past Blackberry Ridge Dr* *If you reach W Kay Dr you've gone about 0.1 miles too far*	**Go 1.4 Mi**	4.5 mi
	7. Turn **right** onto **Line Rd**. *Line Rd is 0.2 miles past Hastings Dr* *If you are on Caton Farm Rd and reach Carpenter Ave you've gone about 0.2 miles too far*	**Go 3.0 Mi**	7.5 mi
126	8. Turn **left** onto **IL-126**.	**Go 0.5 Mi**	8.0 mi
	9. Take the **1st right** onto **Ridge Rd**. *If you reach S Viking Blvd you've gone about 0.1 miles too far*	**Go 1.6 Mi**	9.7 mi
	10. Turn **left** onto **Plainfield Rd**. *Plainfield Rd is 0.6 miles past Johnson Rd* *If you reach 135th St you've gone about 0.3 miles too far*	**Go 5.4 Mi**	15.1 mi
	11. Turn **right** onto **IL-71**.		

ATTACHMENT-11E

	IL-71 is 0.1 miles past Wilmette St *If you are on E Washington St and reach Faro Ct you've gone about 0.1 miles too far*	Go 0.4 Mi	15.4 mi
	12. **[4390-4403] STATE ROUTE 71.** *Your destination is just past Franklin St* *If you reach Bell Ct you've gone a little too far*		15.4 mi
	[4390-4403] State Route 71 Oswego, IL 60543	**15.4 mi**	**15.4 mi**

Total Travel Estimate: **15.43 miles - about 23 minutes**

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Notes

Hillcrest Nursing & Rehab Center

Trip to:
777 Draper Ave
Joliet, IL 60432-1417
8.77 miles
23 minutes

	W Black Rd & Shorewood Dr Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going **east** on **W Black Rd** toward **Parkshore Dr.**	**Go 5.4 Mi**	5.4 mi
	2. **W Black Rd** becomes **W Ruby St.**	**Go 1.0 Mi**	6.5 mi
53	3. Turn **slight right** onto **N Chicago St / IL-53.** *N Chicago St is 0.1 miles past N Bluff St*	**Go 0.2 Mi**	6.6 mi
53	4. Turn **slight right** onto **N Ottawa St / IL-53.** *N Ottawa St is just past E Irving St* *Universal Church is on the right*	**Go 0.1 Mi**	6.8 mi
	5. Turn **left** onto **W Jackson St.** *Premier Academy is on the corner*	**Go 1.2 Mi**	8.0 mi
6	6. **W Jackson St** becomes **US-6 / Maple Rd.**	**Go 0.5 Mi**	8.5 mi
	7. Turn **left** onto **Draper Ave.** *Draper Ave is 0.2 miles past E Elgin Ave* *If you reach Porter Ave you've gone about 0.1 miles too far*	**Go 0.2 Mi**	8.7 mi
	8. Turn **slight left** onto **Belle Ave.** *Belle Ave is just past Stein St* *If you are on N Draper Ave and reach E Williamson Ave you've gone about 0.2 miles too far*	**Go 0.06 Mi**	8.7 mi
	9. Take the 1st **right** onto **N Draper Ave.** *If you are on E Belle Ave and reach N Fairview Ave you've gone about 0.2 miles too far*	**Go 0.05 Mi**	8.8 mi
	10. **777 DRAPER AVE** is on the **left.** *If you reach E Williamson Ave you've gone about 0.1 miles too far*		8.8 mi
	777 Draper Ave Joliet, IL 60432-1417	**8.8 mi**	**8.8 mi**

Total Travel Estimate: **8.77 miles - about 23 minutes**

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Notes

Walnut Grove Village

Trip to:
1095 Twilight Dr
Morris, IL 60450-3305
20.18 miles
26 minutes

	W Black Rd & Shorewood Dr Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going **east** on **W Black Rd** toward **Parkshore Dr**.	**Go 0.3 Mi**	0.3 mi
	2. Turn **right** onto **Brook Forest Ave / IL-59 S**. *Brook Forest Ave is 0.2 miles past Parkshore Dr* *If you reach Sharp Dr you've gone a little too far*	**Go 1.0 Mi**	1.3 mi
	3. Turn **left** onto **E Jefferson St / US-52**. *E Jefferson St is 0.3 miles past Sunrise Dr* *7-ELEVEN is on the corner* *If you are on IL-59 and reach E Shore Dr you've gone a little too far*	**Go 0.5 Mi**	1.8 mi
	4. Merge onto **I-55 S** toward **Bloomington / Normal**. *If you reach NE Frontage Rd you've gone about 0.1 miles too far*	**Go 2.1 Mi**	3.9 mi
	5. Merge onto **I-80 W** via **EXIT 250B** toward **Iowa**.	**Go 14.1 Mi**	18.0 mi
	6. Take the **IL-47** exit, **EXIT 112**, toward **Morris / Yorkville**.	**Go 0.3 Mi**	18.3 mi
	7. Turn **left** onto **IL-47 S / Division St**. *If you reach I-80 W you've gone about 0.3 miles too far*	**Go 0.5 Mi**	18.8 mi
	8. Turn **right** onto **Green Acres Dr**. *Kneller's Shell is on the corner* *If you reach Jennings Dr you've gone aoout 0.1 miles too far*	**Go 0.2 Mi**	19.0 mi
	9. Turn **left** onto **Lynwood St**.	**Go 0.3 Mi**	19.3 mi
	10. Take the 2nd **right** onto **Boulder Dr**. *Boulder Dr is just past Pack Ct* *If you reach Beverly Dr you've gone about 0.1 miles too far*	**Go 0.2 Mi**	19.5 mi

	11. **Boulder Dr** becomes **Candlelight Ln**.	**Go 0.04 Mi**	19.6 mi
	12. Turn **right** onto **Twilight Dr**. *Peace Lutheran Church is on the left* *If you are on Candlelight Ln and reach Carriage Dr you've gone about 0.1 miles too far*	**Go 0.6 Mi**	20.2 mi
	13. **1095 TWILIGHT DR** is on the **left**. *Your destination is just past Thomas Dr*		20.2 mi
	1095 Twilight Dr Morris, IL 60450-3305	**20.2 mi**	**20.2 mi**

Total Travel Estimate: **20.18 miles - about 26 minutes**

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Trip to:

W Black Rd & Shorewood Dr
Shorewood, IL 60404
20.93 miles / 27 minutes

Notes
Morris Healthcare & Rehab Ctr., Morris

1223 Edgewater Dr, Morris, IL 60450-2504

1. Start out going **north** on **Edgewater Dr** toward **Commons Dr.** Map	**0.10 Mi**	*0.10 Mi Total*
2. Take the 2nd **right** onto **US-6.** Map	**1.4 Mi**	*1.5 Mi Total*
3. Turn **left** onto **Division St / US-6 / IL-47.** Continue to follow **Division St / IL-47 N.** Map	**0.9 Mi**	*2.4 Mi Total*
4. Merge onto **I-80 E** toward **Joliet.** Map	**14.3 Mi**	*16.7 Mi Total*
5. Merge onto **I-55 N** via **EXIT 126B** toward **Chicago.** Map	**1.1 Mi**	*17.8 Mi Total*
6. Merge onto **IL-59 N** via **EXIT 251** toward **Shorewood / Plainfield.** Map	**2.7 Mi**	*20.5 Mi Total*
7. Turn **slight left** onto **W Black Rd.** Map	**0.4 Mi**	*20.9 Mi Total*
8. **W BLACK RD & SHOREWOOD DR.** Map		

W Black Rd & Shorewood Dr, Shorewood, IL 60404

Facilities over 30 min

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Trip to:

W Black Rd & Shorewood Dr
Shorewood, IL 60404
19.86 miles / 27 minutes

Notes
Embassy Health Care Center, Wilmington

555 W Kahler Rd, Wilmington, IL 60481-1527

1. Start out going **east** on **W Kahler Rd** toward **Barnes Dr.** Map	**0.4 MI**	*0.4 Mi Total*
2. Turn **left** onto **S Water St / IL-102.** Map	**0.7 MI**	*1.1 Mi Total*
3. Turn **left** onto **Bridge St / IL-53.** Continue to follow **IL-53.** Map	**0.7 MI**	*1.8 Mi Total*
4. Stay **straight** to go onto **Stripmine Rd.** Map	**1.6 MI**	*3.4 Mi Total*
5. Turn **right** onto **IL-129.** Map	**0.5 MI**	*3.9 Mi Total*
6. Merge onto **I-55 N.** Map	**12.8 MI**	*16.8 Mi Total*
7. Merge onto **IL-59 N** via **EXIT 251** toward **Shorewood / Plainfield.** Map	**2.7 MI**	*19.5 Mi Total*
8. Turn **slight left** onto **W Black Rd.** Map	**0.4 MI**	*19.9 Mi Total*
9. **W BLACK RD & SHOREWOOD DR.** Map		

W Black Rd & Shorewood Dr, Shorewood, IL 60404

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Trip to:

W Black Rd & Shorewood Dr
Shorewood, IL 60404
16.84 miles / 28 minutes

Notes
Alden of Waterford, Aurora

2021 Randi Dr, Aurora, IL 60504-4758

1. Start out going **west** on **Randi Dr** toward **Lauren Ln.** Map	**0.03 Mi**	*0.03 Mi Total*
2. Take the **1st left** onto **Lauren Ln.** Map	**0.07 Mi**	*0.10 Mi Total*
3. Turn **left** onto **Alden Cir.** Map	**0.06 Mi**	*0.2 Mi Total*
4. Take the **1st right** onto **Montgomery Rd.** Map	**0.8 Mi**	*1.0 Mi Total*
5. Take the **3rd left** onto **Hill Ave.** Map	**1.0 Mi**	*2.0 Mi Total*
6. **Hill Ave** becomes **US-30.** Map	**7.5 Mi**	*9.5 Mi Total*
7. Turn **left** onto **W 143rd St / US-30.** Map	**0.9 Mi**	*10.4 Mi Total*
8. Turn **slight right** onto **S Route 59 / US-30 E / IL-59 S.** Continue to follow **IL-59 S.** Map	**6.1 Mi**	*16.5 Mi Total*
9. Turn **right** onto **W Black Rd.** Map	**0.3 Mi**	*16.8 Mi Total*
10. **W BLACK RD & SHOREWOOD DR.** Map		

W Black Rd & Shorewood Dr, Shorewood, IL 60404

mapquest

Trip to:

W Black Rd & Shorewood Dr
Shorewood, IL 60404
19.10 miles / 29 minutes

Notes
Alden Estate of Naperville

1525 Oxford Ln, Naperville, IL 60565-1511

1.	Start out going **south** on **Oxford Ln** toward **Pier Ave.** Map	**0.2 Mi** *0.2 Mi Total*
2.	Take the 2nd **right** onto **E Bailey Rd.** Map	**0.3 Mi** *0.5 Mi Total*
3.	Take the 2nd **left** onto **S Washington St.** Map	**1.7 Mi** *2.2 Mi Total*
4.	Turn **right** onto **Washington St / Naperville Rd.** Continue to follow **Naperville Rd.** Map	**0.8 Mi** *2.9 Mi Total*
5.	**Naperville Rd** becomes **N Weber Rd.** Map	**3.6 Mi** *6.5 Mi Total*
6.	Merge onto **I-55 S** toward **Bloomington.** Map	**10.5 Mi** *17.1 Mi Total*
7.	Take the **US-52** exit, **EXIT 253**, toward **Shorewood / Joliet.** Map	**0.2 Mi** *17.3 Mi Total*
8.	Turn **right** onto **W Jefferson St / US-52.** Map	**0.5 Mi** *17.8 Mi Total*
9.	Turn **right** onto **IL-59 N / Brook Forest Ave.** Map	**0.9 Mi** *18.7 Mi Total*
10.	Turn **slight left** onto **W Black Rd.** Map	**0.4 Mi** *19.1 Mi Total*
11.	**W BLACK RD & SHOREWOOD DR.** Map	

W Black Rd & Shorewood Dr, Shorewood, IL 60404

ATTACHMENT-11E

mapquest

Notes

Hillside Rehab & Care Center

Trip to:
1308 Game Farm Rd
Yorkville, IL 60560-2110
20.08 miles
29 minutes

	W Black Rd & Shorewood Dr Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going **west** on **W Black Rd** toward **Edgebrook Dr**.	**Go 0.7 Mi**	0.7 mi
	2. Take the 2nd **right** onto **S River Rd**. *S River Rd is 0.1 miles past N Edgewater Ln* *If you reach Wildflower Dr you've gone about 0.2 miles too far*	**Go 1.0 Mi**	1.7 mi
	3. Turn **left** onto **W Theodore St**.	**Go 0.3 Mi**	2.0 mi
	4. **W Theodore St** becomes **W Theodore Rd**.	**Go 0.2 Mi**	2.2 mi
	5. Turn **right** onto **S Drauden Rd**. *If you reach Staghorn Dr you've gone about 0.1 miles too far*	**Go 1.0 Mi**	3.2 mi
	6. Turn **left** onto **W Caton Farm Rd**. *W Caton Farm Rd is 0.1 miles past Blackberry Ridge Dr* *If you reach W Kay Dr you've gone about 0.1 miles too far*	**Go 1.4 Mi**	4.5 mi
	7. Turn **right** onto **Line Rd**. *Line Rd is 0.2 miles past Hastings Dr* *If you are on Caton Farm Rd and reach Carpenter Ave you've gone about 0.2 miles too far*	**Go 3.0 Mi**	7.5 mi
126	8. Turn **left** onto **IL-126**.	**Go 10.5 Mi**	18.0 mi
47	9. Turn **right** onto **S Bridge St / IL-47**. *Anytime Fitness is on the corner*	**Go 1.6 Mi**	19.6 mi
34	10. Turn **left** onto **US-34 / Veterans Pky**. *US-34 is 0.1 miles past Landmark Ave* *Mc Donald's is on the corner* *If you reach W Countryside Pky you've gone about 0.3 miles too far*	**Go 0.4 Mi**	20.0 mi
	11. Take the 2nd **left** onto **Game Farm Rd**.		

	Game Farm Rd is 0.2 miles past Center Pky *If you are on US-34 and reach Cannonball Trl you've gone about 0.4 miles too far*	**Go 0.03 Mi**	20.1 mi
	12. **1308 GAME FARM RD** is on the **left**. *If you reach Pleasure Dr you've gone about 0.1 miles too far*		20.1 mi
	1308 Game Farm Rd Yorkville, IL 60560-2110	**20.1 mi**	**20.1 mi**

Total Travel Estimate: **20.08 miles - about 29 minutes**

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Notes

Meadowbrook Manor

Trip to:
720 Raymond Dr
Naperville, IL 60563-9758
18.14 miles
31 minutes

	W Black Rd & Shorewood Dr Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going **east** on **W Black Rd** toward **Parkshore Dr.**	**Go 0.3 Mi**	0.3 mi
NORTH 59	2. Take the 2nd **left** onto **Brook Forest Ave / IL-59 N.** Continue to follow **IL-59 N.** *If you are on W Black Rd and reach Sharp Dr you've gone a little too far*	**Go 15.0 Mi**	15.4 mi
EAST 34	3. Turn **right** onto **Ogden Ave / W Ogden Ave / US-34 E.** Continue to follow **Ogden Ave / US-34 E.** *Ogden Ave is 0.2 miles past Audrey Ave* *If you reach McCoy Dr you've gone about 0.1 miles too far*	**Go 2.5 Mi**	17.9 mi
	4. Stay **straight** to go onto **Raymond Dr / CR-1.**	**Go 0.3 Mi**	18.1 mi
	5. **720 RAYMOND DR** is on the **right.** *Your destination is just past Woodchuck Ln* *If you reach River Rd you've gone a little too far*		18.1 mi
	720 Raymond Dr Naperville, IL 60563-9758	**18.1 mi**	**18.1 mi**

Total Travel Estimate: **18.14 miles - about 31 minutes**

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Trip to:

W Black Rd & Shorewood Dr
Shorewood, IL 60404
20.81 miles / 32 minutes

Notes
Manor Care-Naperville

200 Martin Ave, Naperville, IL 60540-6516

1.	Start out going **east** on **Martin Ave** toward **S Washington St**. Map	**0.1 Mi** *0.1 Mi Total*
2.	Turn **right** onto **S Washington St**. Map	**3.7 Mi** *3.9 Mi Total*
3.	Turn **right** onto **Washington St / Naperville Rd**. Continue to follow **Naperville Rd**. Map	**0.8 Mi** *4.6 Mi Total*
4.	**Naperville Rd** becomes **N Weber Rd**. Map	**3.6 Mi** *8.2 Mi Total*
5.	Merge onto **I-55 S** toward **Bloomington**. Map	**10.5 Mi** *18.8 Mi Total*
6.	Take the **US-52** exit, **EXIT 253**, toward **Shorewood / Joliet**. Map	**0.2 Mi** *19.0 Mi Total*
7.	Turn **right** onto **W Jefferson St / US-52**. Map	**0.5 Mi** *19.5 Mi Total*
8.	Turn **right** onto **IL-59 N / Brook Forest Ave**. Map	**0.9 Mi** *20.4 Mi Total*
9.	Turn **slight left** onto **W Black Rd**. Map	**0.4 Mi** *20.8 Mi Total*
10.	**W BLACK RD & SHOREWOOD DR**. Map	

W Black Rd & Shorewood Dr, Shorewood, IL 60404

ATTACHMENT-11E

mapquest

Notes

St. Patrick's Residence

Trip to:
1400 Brookdale Rd
Naperville, IL 60563-2126
18.28 miles
32 minutes

	W Black Rd & Shorewood Dr Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going **east** on **W Black Rd** toward **Parkshore Dr**.	**Go 0.3 Mi**	0.3 mi
	2. Take the 2nd **left** onto **Brook Forest Ave / IL-59 N**. Continue to follow **IL-59 N**. *If you are on W Black Rd and reach Sharp Dr you've gone a little too far*	**Go 15.0 Mi**	15.4 mi
	3. Turn **right** onto **Ogden Ave / W Ogden Ave / US-34 E**. Continue to follow **Ogden Ave / US-34 E**. *Ogden Ave is 0.2 miles past Audrey Ave* *If you reach McCoy Dr you've gone about 0.1 miles too far*	**Go 2.5 Mi**	17.9 mi
	4. Stay **straight** to go onto **Raymond Dr / CR-1**.	**Go 0.3 Mi**	18.2 mi
	5. Take the 2nd **left** onto **Brookdale Rd**. *Brookdale Rd is just past Woodchuck Ln* *If you reach Ivy Ln you've gone about 0.1 miles too far*	**Go 0.07 Mi**	18.3 mi
	6. **1400 BROOKDALE RD** is on the **left**. *If you reach Beaver Dr you've gone a little too far*		18.3 mi
	1400 Brookdale Rd Naperville, IL 60563-2126	**18.3 mi**	**18.3 mi**

Total Travel Estimate: **18.28 miles - about 32 minutes**

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Notes

Fairview Baptist Home

Trip to:
6700 Fairview Ave
Downers Grove, IL 60516-3003
24.79 miles
32 minutes

A

B

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Total Travel Estimate: **24.79 miles - about 32 minutes**

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Notes

Lemont Nsg & Rehab Center

Trip to:
12450 Walker Rd
Lemont, IL 60439-9301
24.74 miles
32 minutes

	W Black Rd & Shorewood Dr Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going east on **W Black Rd** toward **Parkshore Dr.**	**Go 0.3 Mi**	0.3 mi
	2. Turn **right** onto **Brook Forest Ave / IL-59 S.** *Brook Forest Ave is 0.2 miles past Parkshore Dr* *If you reach Sharp Dr you've gone a little too far*	**Go 1.0 Mi**	1.3 mi
	3. Turn **left** onto **E Jefferson St / US-52.** *E Jefferson St is 0 3 miles past Sunrise Dr* *7-ELEVEN is on the corner* *If you are on IL-59 and reach E Shore Dr you've gone a little too far*	**Go 0.6 Mi**	1.9 mi
	4. Merge onto **I-55 N** via the ramp on the **left** toward **Chicago.** *If you reach NE Frontage Rd you've gone a little too far*	**Go 17.8 Mi**	19.7 mi
	5. Take the **South Lemont Rd** exit, **EXIT 271A.**	**Go 0.3 Mi**	20.0 mi
	6. Merge onto **Lemont Rd.**	**Go 2.3 Mi**	22.3 mi
	7. **Lemont Rd** becomes **State St.**	**Go 0.5 Mi**	22.8 mi
	8. Turn **left** onto **E Illinois St.** *St Patrick Church is on the corner* *If you reach Cass St you've gone a little too far*	**Go 0.2 Mi**	23.0 mi
	9. Take the 2nd **right** onto **Stephen St.** *Stephen St is just past Lemont St* *Muffins Ice Cream Shoppe is on the corner* *If you reach Fremont St you've gone a little too far*	**Go 0.08 Mi**	23.1 mi
	10. Take the 2nd **left** onto **McCarthy Rd.** *McCarthy Rd is just past Cass St* *Central School is on the corner* *If you reach the end of Stephen St you've gone a little too far*	**Go 1.5 Mi**	24.6 mi

ATTACHMENT-11E

	11. Turn **right** onto **Walker Rd.** *Walker Rd is 0.1 miles past Barton Dr* *If you reach Derby Rd you've gone about 0.2 miles too far*	**Go 0.1 Mi**	24.7 mi
	12. **12450 WALKER RD** is on the **right.** *Your destination is just past Covington Dr* *If you reach Camelot Ln you've gone about 0.1 miles too far*		24.7 mi
	12450 Walker Rd Lemont, IL 60439-9301	**24.7 mi**	**24.7 mi**

Total Travel Estimate: **24.74 miles - about 32 minutes**

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Notes

Brighton Gardens-Burr Ridge

Trip to:
6801 High Grove Blvd
Burr Ridge, IL 60527-7585
26.17 miles
32 minutes

A

B

Total Travel Estimate: **26.17 miles - about 32 minutes**

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Trip to:

W Black Rd & Shorewood Dr
Shorewood, IL 60404
25.67 miles / 33 minutes

Notes
Chateau Nrsng & Rehab Center
7050 Madison Street
Willowbrook, Illinois 60521-0000

7050 S Madison St, Willowbrook, IL 60527-5548

1. Start out going **north** on **S Madison St** toward **High Grove Blvd.** Map	**0.3 Mi**	*0.3 Mi Total*
2. Take the 1st **left** onto **Plainfield Rd.** Map	**0.6 Mi**	*0.8 Mi Total*
3. Take the 2nd **left** onto **IL-83 S.** Map	**1.1 Mi**	*1.9 Mi Total*
4. Merge onto **I-55 S** toward **Joliet.** Map	**21.8 Mi**	*23.6 Mi Total*
5. Take the **US-52** exit, **EXIT 253**, toward **Shorewood / Joliet.** Map	**0.2 Mi**	*23.9 Mi Total*
6. Turn **right** onto **W Jefferson St / US-52.** Map	**0.5 Mi**	*24.3 Mi Total*
7. Turn **right** onto **IL-59 N / Brook Forest Ave.** Map	**0.9 Mi**	*25.3 Mi Total*
8. Turn **slight left** onto **W Black Rd.** Map	**0.4 Mi**	*25.7 Mi Total*
9. **W BLACK RD & SHOREWOOD DR.** Map		

W Black Rd & Shorewood Dr, Shorewood, IL 60404

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Notes

Westbury Care Center

Trip to:
1800 Robin Ln
Lisle, IL 60532-2086
24.14 miles
33 minutes

	W Black Rd & Shorewood Dr Shorewood, IL 60404	**Miles Per Section**	**Miles Driven**
	1. Start out going **east** on **W Black Rd** toward **Parkshore Dr**.	**Go 0.3 Mi**	0.3 mi
SOUTH 59	2. Turn **right** onto **Brook Forest Ave / IL-59 S**. *Brook Forest Ave is 0.2 miles past Parkshore Dr* *If you reach Sharp Dr you've gone a little too far*	**Go 1.0 Mi**	1.3 mi
52	3. Turn **left** onto **E Jefferson St / US-52**. *E Jefferson St is 0.3 miles past Sunrise Dr* *7-ELEVEN is on the corner* *If you are on IL-59 and reach E Shore Dr you've gone a little too far*	**Go 0.6 Mi**	1.9 mi
NORTH 55	4. Merge onto **I-55 N** via the ramp on the **left** toward **Chicago**. *If you reach NE Frontage Rd you've gone a little too far*	**Go 14.0 Mi**	15.9 mi
267 EXIT	5. Take the **IL-53** exit, **EXIT 267**, toward **Bolingbrook / Romeoville**.	**Go 0.2 Mi**	16.1 mi
RAMP	6. Keep **left** to take the ramp toward **Bolingbrook**.	**Go 0.04 Mi**	16.1 mi
NORTH 53	7. Turn **left** onto **IL-53 N / S Bolingbrook Dr**. Continue to follow **IL-53 N**. *If you reach I-55 N you've gone about 0.2 miles too far*	**Go 7.2 Mi**	23.3 mi
	8. Turn **left** onto **Maple Ave**. *Maple Ave is 0.1 miles past Kohley Rd* *Minuteman Convenience Center is on the left* *If you reach Rolling Dr you've gone a little too far*	**Go 0.5 Mi**	23.8 mi
	9. Take the 3rd **right** onto **Burr Oak Rd**. *Burr Oak Rd is 0.1 miles past Patton Dr* *If you reach Subiaco Dr you've gone about 0.3 miles too far*	**Go 0.3 Mi**	24.1 mi
	10. Turn **left** onto **Robin Ln**.	**Go 0.04 Mi**	24.1 mi

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Trip to:

W Black Rd & Shorewood Dr
Shorewood, IL 60404
25.16 miles / 34 minutes

Notes
Franciscan Village, Lemont

1270 Franciscan Dr, Lemont, IL 60439-3787

1. Start out going **northeast** on **Franciscan Dr** toward **St Anne Ct.** Map	**0.09 Mi**	*0.09 Mi Total*
2. Turn **left** onto **Walker Rd.** Map	**0.08 Mi**	*0.2 Mi Total*
3. Turn **left** onto **Main St.** Map	**1.1 Mi**	*1.2 Mi Total*
4. Turn **slight left** onto **E Illinois St.** Map	**0.6 Mi**	*1.8 Mi Total*
5. Turn **right** onto **State St.** Map	**0.5 Mi**	*2.4 Mi Total*
6. **State St** becomes **Lemont Rd.** Map	**2.6 Mi**	*5.0 Mi Total*
7. Merge onto **I-55 S.** Map	**18.2 Mi**	*23.1 Mi Total*
8. Take the **US-52** exit, **EXIT 253**, toward **Shorewood / Joliet.** Map	**0.2 Mi**	*23.4 Mi Total*
9. Turn **right** onto **W Jefferson St / US-52.** Map	**0.5 Mi**	*23.8 Mi Total*
10. Turn **right** onto **IL-59 N / Brook Forest Ave.** Map	**0.9 Mi**	*24.8 Mi Total*
11. Turn **slight left** onto **W Black Rd.** Map	**0.4 Mi**	*25.2 Mi Total*
12. **W BLACK RD & SHOREWOOD DR.** Map		

W Black Rd & Shorewood Dr, Shorewood, IL 60404

ATTACHMENT-11E

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Notes

Tabor Hills Healthcare

Trip to:
1437 Crystal Ave
Naperville, IL 60563
19.37 miles
34 minutes

		Miles Per Section	Miles Driven
A	**W Black Rd & Shorewood Dr** Shorewood, IL 60404		
	1. Start out going **east** on **W Black Rd** toward **Parkshore Dr.**	Go 0.3 Mi	0.3 mi
	2. Take the 2nd **left** onto **Brook Forest Ave / IL-59 N.** Continue to follow **IL-59 N.** *If you are on W Black Rd and reach Sharp Dr you've gone a little too far*	Go 15.0 Mi	15.4 mi
	3. Turn **right** onto **Ogden Ave / W Ogden Ave / US-34 E.** Continue to follow **Ogden Ave / US-34 E.** *Ogden Ave is 0.2 miles past Audrey Ave* *If you reach McCoy Dr you've gone about 0.1 miles too far*	Go 2.5 Mi	17.9 mi
	4. Stay **straight** to go onto **Raymond Dr / CR-1.** Continue to follow **Raymond Dr.**	Go 1.3 Mi	19.2 mi
	5. Turn **left** onto **Crystal Ave.** *Crystal Ave is just past McDowell Rd* *If you reach W Diehl Rd you've gone about 0.2 miles too far*	Go 0.2 Mi	19.4 mi
	6. **1437 CRYSTAL AVE** is on the **right.** *Your destination is just past Prague Ct* *If you reach Pearl Ct you've gone a little too far*		19.4 mi
B	**1437 Crystal Ave** Naperville, IL 60563	19.4 mi	19.4 mi

Total Travel Estimate: **19.37 miles - about 34 minutes**

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Notes

Monarch Landing

Trip to:
2255 Monarch Dr
Naperville, IL 60563-4164
19.49 miles
35 minutes

		Miles Per Section	Miles Driven
A	**W Black Rd & Shorewood Dr** Shorewood, IL 60404		
	1. Start out going **east** on **W Black Rd** toward **Parkshore Dr.**	**Go 0.3 Mi**	0.3 mi
	2. Take the 2nd **left** onto **Brook Forest Ave / IL-59 N.** Continue to follow **IL-59 N.** *If you are on W Black Rd and reach Sharp Dr you've gone a little too far*	**Go 18.8 Mi**	19.1 mi
	3. Turn **right** onto **Westings Ave.** *Westings Ave is 0.5 miles past W Diehl Rd* *If you reach Odyssey Ave you've gone a little too far*	**Go 0.08 Mi**	19.2 mi
	4. Turn **left** onto **Citygate Ln.** *CityGate Grille is on the corner* *If you reach Comfort Dr you've gone about 0.1 miles too far*	**Go 0.08 Mi**	19.3 mi
	5. Turn **right** onto **City Gate Ln.** *SugarToad is on the corner*	**Go 0.08 Mi**	19.4 mi
	6. Take the 1st **left** onto **Citygate Ln.** *Trattoria Totucci is on the corner*	**Go 0.07 Mi**	19.4 mi
	7. **Citygate Ln** becomes **Erickson Dr.**	**Go 0.06 Mi**	19.5 mi
	8. **2255 MONARCH DR.** *If you reach the end of Erickson Dr you've gone a little too far*		19.5 mi
B	**2255 Monarch Dr** Naperville, IL 60563-4164	**19.5 mi**	**19.5 mi**

Total Travel Estimate: **19.49 miles - about 35 minutes**

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Notes

Community Nsg & Rehab Center

Trip to:
1136 N Mill St
Naperville, IL 60563-3577
19.65 miles
35 minutes

		W Black Rd & Shorewood Dr Shorewood, IL 60404	Miles Per Section	Miles Driven
		1. Start out going **east** on **W Black Rd** toward **Parkshore Dr**.	**Go 0.3 Mi**	0.3 mi
		2. Take the 2nd **left** onto **Brook Forest Ave / IL-59 N**. Continue to follow **IL-59 N**. *If you are on W Black Rd and reach Sharp Dr you've gone a little too far*	**Go 15.0 Mi**	15.4 mi
		3. Turn **right** onto **Ogden Ave / W Ogden Ave / US-34 E**. Continue to follow **Ogden Ave / US-34 E**. *Ogden Ave is 0.2 miles past Audrey Ave* *If you reach McCoy Dr you've gone about 0.1 miles too far*	**Go 4.1 Mi**	19.4 mi
		4. Turn **left** onto **N Mill St**. *N Mill St is 0.3 miles past Benedetti Dr* *Marriott School Service is on the corner* *If you reach N Eagle St you've gone about 0.1 miles too far*	**Go 0.2 Mi**	19.7 mi
		5. **1136 N MILL ST** is on the **right**. *Your destination is just past Burning Tree Ln* *If you reach Laura Ct you've gone a little too far*		19.7 mi
		1136 N Mill St Naperville, IL 60563-3577	**19.7 mi**	**19.7 mi**

Total Travel Estimate: **19.65 miles - about 35 minutes**

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ATTACHMENT-11E

ALDEN MEMORY CARE UNITS CENSUS/PAYOR MIX - March 2012

SKILLED LICENSE

FACILITY	CAPACITY	CURRENT	PRIVATE	P.A.	MEDICARE	INSURANCE	VA	HOSPICE	TOTAL	PRIVATE RATE RANGE LOW	PRIVATE RATE RANGE HIGH
LG	50	46	1	44	0	0	1	0	46	$4,650	$7,440
LP	34	30	0	30	0	0	0	0	30	$7,595	$8,050
MH	61	54	1	52	0	0	1	0	54	$7,440	$8,618
NM	56	54	4	49	0	0	0	1	54	$7,750	$9,858
NV	33	33	5	26	0	0	2	0	33	$7,161	$9,145
OP	70	41	7	15	15	0	0	4	41	$9,175	$9,610
PC	47	44	3	38	2	0	0	1	44	$7,440	$9,455
PS	34	28	1	18	5	0	0	4	28	$7,010	$7,010
TM	85	70	2	59	3	2	0	4	70	$8,370	$9,240
VR	65	60	8	38	2	1	0	11	60	$6,830	$8,830
WW	26	23	0	22	1	0	0	0	23	$4,030	$5,520
TOTAL	**561**	**483**	**32**	**391**	**28**	**3**	**4**	**25**	**483**	$7,041	$8,434
%		86.1%	7%	81%	5%	1%	1%	5%	100%	AVERAGE	
										Daily	
										$231.48	$277.29

SHELTERED CARE LICENSE

FACILITY	CAPACITY	CURRENT ALL PRIVATE	PRIVATE RATE RANGE LOW	PRIVATE RATE RANGE HIGH
WFC	66	49	$4,100	$6,300
DPC	19	15		
TOTAL	**85**	**64**		
%	75.3%		$134.79	$207.12

DINESH K. JAIN, M.D.
INTERNAL MEDICINE

16532 S. OAK PARK AVE., STE. 101
TINLEY PARK, IL 60477
TELEPHONE (708) 429-2220
FAX (708) 342-1521

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

A cursory review of our files indicated that we had previously referred approximately 6 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 5 patients per month to your facility for memory care. Some of my patients would definitely benefit from skilled care for Alzheimer's and related dementia diseases. It should be noted that these projected referrals are in addition to the referrals used to justify the original 100 bed project. My previous referral estimate of between 15 to 20 general geriatric/skilled rehabilitative patients per month is still relevant.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Dinesh K. Jain, M.D.

DEPARTMENT OF VETERANS AFFAIRS
Joliet VA Clinic
2000 Glenwood Ave.
Suite 107
Joliet, IL 60436

July 21, 2011

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

I believe I would be able to refer in the future at least 3 to 5 patients per month to your facility for nursing care. Some of my patients would definitely benefit from skilled care for Alzheimer's and related dementia diseases. To further substantiate my potential referrals, I have reviewed my records and have determined that as of today I would be able to refer the following patients to Alden Courts of Shorewood, if beds were now available. In order to maintain patient confidentiality, I am only including initials of the patients:

1. D.P.
2. S.H.
3. F.R.
4. F.B.
5. D.M.
6. B.L.
7. O.W.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Rafia Ali

Rafia Ali, D.O.

ATTACHMENT-11G

Sanjay Thakkar, MD
Board Certified Internal Medicine

2E'V. Countryside Parkway, Suite D,
Yorkville, IL 60560

Ph# 630-882-6441, Fax# 630-882-6443

24 Hours Answering Service 708-783-5560
Website: www.sthakkarmd.com

July 22, 2011

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

A cursory review of our files indicated that we had previously referred approximately 10 patients each month to area facilities.

I believe I would be able to refer in the future at least 5 to 10 patients per month to your facility for memory care. It should be noted that these projected referrals are in addition to the referrals used to justify the original 100 bed project. Additionally, my previous referrals of between 15 to 20 general geriatric/skilled rehabilitative patients are still relevant.

The above information is true and accurate to the best of my knowledge.

Sincerely,

S Thakkar

Sanjay Thakkar, M.D.

ATTACHMENT-11G

Marianjoy Medical Group
Wheaton Franciscan Healthcare

DENNIS J. KEANE, M.D.
Medical Director-Physical Medicine & Rehabilitation
Board Certified Physical Medicine & Rehabilitation, Pain Management & Electrodiagnostic Medicine

Tel 630.909.6470
Fax 630.585.0042

2020 West Ogden Avenue, Ste. 365
Aurora, IL 60504
www.Marianjoy.org

July 22, 2011

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

A cursory review of our files indicated that we had previously referred approximately 2-3 patients each month to area facilities.

I believe I would be able to refer in the future at least 2 to 3 patients per month to your facility for memory care. It should be noted that these projected referrals are in addition to the referrals used to justify the original 100 bed project. Additionally, my previous referrals of between 15 to 20 general geriatric/skilled rehabilitative patients are still relevant.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Dennis J. Keane, M.D.

ATTACHMENT-11G

July 22, 2011

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

A cursory review of our files indicated that we had previously referred approximately 10 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 6 patients per month to your facility for memory care. It should be noted that these projected referrals are in addition to the referrals used to justify the original 100 bed project. Additionally, my previous referrals of between 15 to 20 general geriatric/skilled rehabilitative patients are still relevant.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Kalpesh Patel, M.D.

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 alternatives to the proposed project are limited as this project is only for the addition of beds to an existing 100 bed new nursing home. The proposed addition of 50 beds is being proposed for those with Alzheimer's Disease and Related Dementia. However, there is an outstanding need for 689 additional beds for the Will County Planning Area but there is no licensure distinction within the nursing care classification for dementia or memory care. Therefore, the alternatives to the proposed project are as follows: Maintain the Status Quo of operating the 100 beds general geriatric nursing facility, Establish a new freestanding Nursing Facility, or the Project as being Proposed for the addition of 50 nursing care beds specifically programmed and designed for ADRD residents.

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 Applicant, through its existing facility, Alden Estates of Shorewood, provides access to general geriatric long-term nursing care. The purpose of the project is to expand the patient access for those suffering from Alzheimer's disease. In the process this project will accommodate 50 nursing beds of the 689 outstanding need additional nursing care beds.

ATTACHMENT-12

ALTERNATIVES (Continued ii)

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 Will County.

In addition to the outstanding need for general geriatric long-term nursing beds, there also appears to be a maldistribution of the proposed nursing beds for those with dementia. In the Applicant's 30-minute travel time contour or market area, there are 13 other nursing care providers. Only four of the 13 other facilities offer a designated dementia unit. It should be noted that licensure does not distinguish between a nursing bed for the general geriatric and a nursing bed for those with ADRD. However, it has recognized the importance of such a vehicle of specialized nursing care that it required a facility to identify such a specialty and to do so requires specific reporting requirements under the Health Facilities (210 ILCS 4/) Alzheimer's Disease and Related Dementias Special Care Disclosure Act. Refer to **ATTACHMENT-12B** for a listing of the facilities who have reported under this Act.

Specifically, there are 1,912 nursing beds that the Applicant identified within 30-minute market area. 11.6% or 222 of those residents should be those with ADRD. However, only 169 residents with ADRD are being cared for, therefore, without taking into account the additional need for nursing beds, there is an immediate need for at least 53 ADRD patients to be cared for. To look at the outstanding need for nursing beds in Will County Planning Area alone (689 beds) and the need for ADRD specific nursing beds (11.6%), there is a need for 81.3 beds of the total need for 689 nursing beds to be specifically for ADRD residents. Thus, based upon the 2010 data, there is a need for ADRD specific nursing beds of 134.3 of which more than one third of that need is immediate.

ATTACHMENT-12

ALTERNATIVES (Continued iii)

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 those in need of long-term care for those in need of dementia care. Alden has experienced that there are a greater number of Alzheimer's residents with dementia who are in need of Medicare coverable services such as broken hips. This alternative does not allow for greater quality of care for both the ADRD residents and the general geriatric residents as the populations would have to be mixed.

Financial Benefits

Although this alternative has no capital cost associated with it, there are also no financial benefits either. This is an alternative to essentially do nothing in addition to the operations as they currently are provided. As nothing is to be gained by this alternative to the proposed project, it was rejected.

ESTABLISH A FREESTANDING NURSING FACILITY FOR ADRD PATIENTS

Cost

The issue with this alternative is that a small size of 50 beds would not typically work in a freestanding manner. It has been generally accepted in open discussions of the Health Facilities and Services Review Board and its predecessor Boards that a minimum size facility that could be freestanding and financially viable would have to be at least 65 beds. The proposed project, to be specifically programmed, to include staffing and staff training, and designed around said program that minimum size may have to be even greater.

ATTACHMENT-12

ALTERNATIVES (Continued iv)

There are also space allocation issues in which this alternative could not capitalize on existing economies-of-scale. Examples of such economies-of-scale include sharing land as well as kitchen and laundry facilities that would otherwise have to be provided in a freestanding facility.

Together these issues of minimum facility bed size and economies-of-scale render this alternative more costly. The proposed 50 bed expansion is estimated to cost $10,428,798 whereas the to establish a freestanding nursing facility equal to the project as being proposed for the care and treatment of ADRD residents, one would most likely need a 100 bed facility, thus, more than doubling the cost of the proposed project.

Patient Access

Patient access is one characteristic of this criterion is reasonable and viable. Specifically, there is a need for nursing care beds identified by the IDPH's Inventory of Health Care Facilities and Services and Need Determinations for 689 additional beds. As discussed in the alternative above there also appears to be a maldistribution of Alzheimer's nursing beds in the 30 minute travel time contour. Within this contour or market area there are 1,912 nursing beds that the Applicant identified. 11.6% or 222 of those residents should be those with ADRD. However, only 169 residents with ADRD are being cared for, therefore, without taking into account the additional need for nursing beds, there is an immediate need for at least 53 ADRD patients to be cared for. To look at the outstanding need for nursing beds in Will County Planning Area alone (689 beds) and the need for ADRD specific nursing beds (11.6%), there is a need for 81.3 beds of the total need for 689 nursing beds to be specifically for ADRD residents. Thus, based upon the 2010 data, there is a need for ADRD specific nursing beds of 134.3.

ATTACHMENT-12

ALTERNATIVES (Continued v)

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 whether in the project as being proposed (expansion) or in this alternative for establishment.

Financial Benefits

The benefits of doubling the bed capacity or patient accessibility do not appear to equate to a mere doubling of the debt. There are issues of land acquisition, start-up costs, having to provide square footage and resulting construction cost for areas that were to be shared and already constructed in the original 100 bed Alden Estates of Shorewood facility such as the kitchen and laundry areas among others. Although this alternative provides the greatest level of increased patient accessibility, the cost and the financial benefits do are not as conducive; therefore, this alternative as 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 is only for the bed addition only without many of the ancillary services spaces required like the kitchen, laundry and physical therapy areas as those areas exist. This only enhances the economies-of-scale realized by Alden Estates of Shorewood. The cost of this alternative is $10,428,798 total project cost or $7,986,000 for construction and contingency costs alone.

ATTACHMENT-12

ALTERNATIVES (Continued vi)

Patient Access

Although this project is a new Certificate of Need Application, it should be known that the memory support component of this project was part and parcel to the original Certificate of Need Application, Project Number 07-102. The change from assisted living memory care to nursing ADRD care allows for greater flexibility to care for a much wider range of residents with memory care needs. Specifically, under the nursing category of care, the Applicant can not only provide the memory care programming but as the disease progresses to the point where the ADRD resident's medical needs outweigh its programmatic needs, the residents won't be kicked out for another facility that can provide the next level of care, i.e., skilled nursing. Appended as **ATTACHMENT-12C**, is a copy of the Applicant's Dementia Memory Care Program narrative. The nursing category of service also allows the Applicant the ability to care for residents should their funds be exhausted or to take them in the first place if they have limited financial resources to begin with. Traditionally, specialized care is all private pay and there is no specific reimbursement for ADRD care. However, as a nursing care facility dually certified for Medicare and Medicaid, this specialized population will have access to rehabilitative care and should their financial situation require it, Medicaid will cover the cost of general nursing care so that the resident would not have to be discharged.

In addition to the ability to care for a wider range of Alzheimer's residents, there appears to be a need for the specialized services. According to the Alzheimer's Association, in 2010 there were 210,000 people over 65+ suffering with ADRD in Illinois (refer to **ATTACHMENT-12D**). According to the 2010 Census, Illinois has 1,609,213 people in that age cohort (refer to **ATTACHMENT-12E**). That implies that 13% of those 65 and over are afflicted with

ALTERNATIVES (Continued vii)

Alzheimer's disease. According to the Statewide IDPH profile from the Annual Questionnaire Data (appended as **ATTACHMENT-12F**), 11.6% of those in nursing beds have ADRD also implying that the other 1.4% are cared for at home or in other settings. In the Applicant's 30-minute market contour, there are 1,912 nursing beds that the Applicant has identified. Please refer to **ATTACHMENT-12G** for a listing of facilities and their respective number of beds, utilization, and identification of Alzheimer's resident case loads. This data, from the IDPH annual facility Questionnaire Data, shows that only 8.8% of the residents who are cared for have Alzheimer's. As compared to the statewide data, this area's total number of nursing beds under-serves the ADRD population by 2.8%. With the 1,912 nursing beds, 11.8% or 222 of those beds should theoretically be used for ADRD residents. The market contour's data shows that only 169 ADRD residents are being cared for; therefore, there is an immediate need for 53 additional beds for ADRD residents. To take this one step further, there is an outstanding need for 689 additional nursing beds over the next ten years. To follow the statewide utilization data, 11.6% or 80 nursing beds should be established for those suffering from ADRD in that time period. However, even that number fall short as the Alzheimer's Association estimates that the incidence rate of the disease will increase by at least 5% over the next 10 years. Thus, that need could grow by 5 percent. Today, however, there is an immediate need for 133 (53 +80) nursing beds for ADRD residents based upon licensed nursing beds and not even factoring in the need based upon the actual population. This data only shows that there is an apparent maldistribution of beds for this population as compared to that of the State. This alternative provides improved patient accessibility and as a result is a viable alternative.

ATTACHMENT-12

ALTERNATIVES (Continued viii)

Quality

The issue that this alternative presents is one of accessibility for those suffering with Alzheimer's Disease and Related Dementia in the Applicant's 30-minute market contour and for nursing beds in General for Will County residents in need of nursing care and not one of quality. Therefore, this is not germane to this project or process.

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 benefits of this project are that much of the infrastructure is in place, areas from the existing 100-bed nursing unit such as the kitchen, laundry, and therapy department are in-place and do not have to be duplicated. Please note that this project has included the cost of its portion

ATTACHMENT-12

ALTERNATIVES (Continued ix)

of the soft costs as provided in the total project cost but much of the earth work, utilities and other infrastructure has been done or can be completed more quickly than a typical start-up project. Additionally, should this project be for the establishment and not expansion of, the size of the project would have to be something greater than the 50 beds being proposed, which would increase the cost accordingly.

The Alzheimer's Association also has identified an issue of cost in which this alternative helps to reduce; it is the cost of unpaid caregivers and their stress. Many of the people caring for persons with ADRD are loved ones and family members. These people typically have to use personal time, vacation time or simple take unpaid time off of work to care for their loved one. These caregivers are estimated to provide some "17 billion hours of unpaid care". Additionally, it has been found that in addition to dealing with the emotional rollercoaster of seeing a family member or loved one succumbing to the disease, they often incur physical stress. According to the facts and figures presented by the Alzheimer's Association, "Alzheimer's and dementia caregivers had $7.9 billion in additional health care costs in 2010". Although these are national figures provided in the Association's website: (http://www.alz.org/alzheimers_disease_facts_and figures.asp)(refer to **ATTACHMENT-12H**), it is indicative of the other type of human and health care costs that this disease has. In providing a state-of-the-art ADRD facility, these costs can be reduced. For these reasons, this alternative was selected.

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 need for specific ADRD beds within the Will County Planning Area and the Applicant's 30-

ALTERNATIVES (Continued x)

minute market contour. 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. One indicator of state-of-the-art is the average size of each facility on a per bed basis. This is an indicator 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 (22 beds or 44% 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 1.5 or 2 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 older facilities. According to the Illinois Department of Health Care and Family Services Medicaid Cost Reports (2010), the average size of the existing providers with disclosed Alzheimer's units equates to 380 square feet per bed. The Applicant is proposing 35,650 gross square feet or 713 gross square feet per bed. The four facilities with disclosed special care units, Provena Villa Franciscan (70,000gsf /176 beds = 398gsf/bed), Deerbrook Care Centre (55,380gsf /214 beds = 259gsf/bed), Salem Village Nursing and Rehab (127,847gsf /266 beds = 480gsf/bed), and Meadowbrook Manor (109,175gsf /298 beds = 366gsf/bed) combined have an average gross square footage per bed of only 380gsf. This is below the State's standard for long term care which 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

ATTACHMENT-12

ALTERNATIVES (Continued xi)

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. 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

Planning Area: Will

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2008 Patient Days
ALDEN ESTATES OF SHOREWOOD (PERMIT)	SHOREWOOD	Will County	100	
4/8/2008 07-102 Permit issued to establish a 100-bed nursing care facility.				
BEECHER MANOR NURSING & REHAB CTR	BEECHER	Will County	130	32,240
DEERBROOK CARE CENTRE	JOLIET	Will County	214	62,013
EMBASSY HEALTH CARE CENTER INC	WILMINGTON	Will County	171	54,591
FAIRVIEW CARE CENTER OF JOLIET	JOLIET	Will County	203	42,795
FRANKFORT TERRACE	FRANKFORT	Will County	120	40,895
HILLCREST NURSING & REHAB CTR	JOLIET	Will County	168	56,027
12/16/2009 Name Change Formerly Hillcrest Healthcare Center.				
12/16/2009 CHOW Change of ownership occurred.				
JOLIET TERRACE	JOLIET	Will County	120	43,399
LAKEWOOD NURSING & REHAB CENTER	PLAINFIELD	Will County	131	40,492
MEADOWBROOK MANOR	BOLINGBROOK	Will County	298	97,387
OUR LADY OF ANGELS RETIREMENT HOME	JOLIET	Will County	87	28,238
PROVENA VILLA FRANCISCAN	JOLIET	Will County	176	60,932
ROSEWOOD CARE CENTER	JOLIET	Will County	120	34,181
SALEM VILLAGE NURSING & REHAB	JOLIET	Will County	266	79,684
SMITH CROSSING	ORLAND PARK	Will County	30	9,302
SMITH CROSSING(PERMIT)	ORLAND PARK	Will County	16	
7/27/2010 10-005 Permit issued to add 10 Nursing Care beds to existing facility; upon completion, facility will have 46 Nursing Care beds.				
ST. JAMES MANOR & VILLA	CRETE	Will County	110	27,104
3/1/2009 Own. Change Change of ownership occurred.				
SUNNY HILL NURSING HOME WILL COUNTY	JOLIET	Will County	300	76,235
VICTORIAN VILLAGE (PERMIT)	HOMER GLEN	Will County	50	
9/1/2009 08-082 permit issued to establish a 50-bed Nursing Care facility.				
		Planning Area Totals	2,810	785,515

HEALTH SERVICE AREA	AGE GROUPS	2008 Patient Days	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates
009	0-64 Years Old	351,115	857,200	409.6	245.8	655.4
	65-74 Years Old	170,676	45,400	3,759.4	2,255.6	6,015.0
	75+ Years Old	812,158	40,600	20,003.9	12,002.3	32,006.2

	2008 PSA Patient Days	2008 PSA Estimated Populations	2008 PSA Use Rates (Per 1,000)	2008 HSA Minimum Use Rates	2008 HSA 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
0-64 Years Old	212,360	630,300	336.9	245.8	655.4	336.9	770,900	259,731			
65-74 Years Old	114,487	31,200	3,669.5	2,255.6	6,015.0	3,669.5	59,100	216,865			
75+ Years Old	458,669	26,300	17,439.9	12,002.3	32,006.2	17,439.9	38,200	666,204			
						Planning Area Totals		1,142,799	3,131.0	3,479	669

ATTACHMENT - 12A

LONG-TERM CARE BED INVENTORY UPDATES

09/16/2011 - 03/15/2012

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
Perry	207	210	(3)
Randolph	580	492	88
Richland	360	309	51
Union	351	293	58
Washington	172	263	(91)
Wayne	133	169	(36)
White	354	353	1
Williamson	600	543	57
HEALTH SERVICE AREA 006			
Planning Area 6-A	5,963	7,217	(1,254)
Planning Area 6-B	4,252	4,178	74
Planning Area 6-C	5,209	5,037	172
HEALTH SERVICE AREA 007			
Planning Area 7-A	4,482	3,324	1,158
Planning Area 7-B	7,180	6,848	332
Planning Area 7-C	6,867	5,968	899
Planning Area 7-D	2,519	2,904	(385)
Planning Area 7-E	9,328	8,989	339
HEALTH SERVICE AREA 008			
Kane	3,322	2,894	428
Lake	5,275	4,699	576
McHenry	1,501	1,032	469
HEALTH SERVICE AREA 009			
Grundy	260	265	(5)
Kankakee	1,290	1,368	(78)
Kendall	219	185	34
Will	3,479	2,790	689
HEALTH SERVICE AREA 010			
Henry	452	500	(48)
Mercer	222	186	36
Rock Island	1,243	1,326	(83)
HEALTH SERVICE AREA 011			
Clinton	432	406	26
Madison	2,048	2,193	(145)
Monroe	435	324	111
St.Clair	2,102	2,294	(192)

LONG-TERM CARE ICF/DD 16 BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HSA 1	268	360	(92)
HSA 2	268	333	(65)
HSA 3	230	383	(153)
HSA 4	322	334	(12)
HSA 5	255	639	(384)
HSA 6,7,8 & 9	3,429	1,133	2,296
HSA 10	82	40	42
HSA 11	220	384	(164)

Region	Facility Name	City	Lic ID	Fac ID	Beds	Bed Info	Prior to 01/01/05
9	ABINGTON OF GLENVIEW	GLENVIEW	0036160	6012595	21		No
7	ALDEN COURTS OF WATERFORD	AURORA	0044180	6015507	66		Yes
7	ALDEN ESTATES OF NAPERVILLE	NAPERVILLE	0022509	6007033	33		No
9	ALDEN GARDENS CTRS OF DES PLAINES	DES PLAINES	0044529	6015580	19		Yes
8	ALDEN LINCOLN REHAB & H C CTR	CHICAGO	0040709	6009849	34		No
7	ALDEN LONG GROVE REHAB &HC CTR	LONG GROVE	0040683	6005714	38		No
8	ALDEN NORTHMOOR REHAB & HCC	CHICAGO	0041277	6014500	56		Yes
9	ALDEN ORLAND PARK REHAB & HCC	ORLAND PARK	0042192	6014922	70		Yes
1	ALDEN PARK STRATHMOOR	ROCKFORD	0044909	6007165	36		Yes
9	ALDEN POPLAR CREEK REHAB & HCC	HOFFMAN ESTATES	0032896	6001368	76		Yes
7	ALDEN TERRACE OF MCHENRY REHAB	MCHENRY	0040691	6006304	42		Yes
9	ALDEN TOWN MANOR REHAB & HCC	CICERO	0038000	6013353	85		Yes
7	ALDEN VALLEY RIDGE REHAB & HCC	BLOOMINGDALE	0036640	6000459	69		Yes
8	ALDEN WENTWORTH REHAB & HCC	CHICAGO	0026435	6009856	26		Yes
2	ALEDO REHAB & HEALTH CARE CENTER	ALEDO	0047142	6003528			Yes
8	ALL FAITH PAVILION	CHICAGO	0049015	6010011			Yes
2	APOSTOLIC CHR HOME OF EUREKA	EUREKA	0012328	6002885	22		Yes
2	APOSTOLIC CHRISTIAN RESTMOR	MORTON	0047467	6000400			NO
2	APOSTOLIC CHRISTIAN SKYLINES	PEORIA	0006353	6000426	17		Yes
7	ARBOR, THE	ITASCA	0019471	6000483	21		Yes
9	ARDEN COURTS OF ELK GROVE	ELK GROVE	0049593	6014419	56	ENTIRE FACILITY SHELTERED CARE	Yes
7	ARDEN COURTS OF GENEVA	GENEVA	0049619	6015424	60	ENTIRE FACILITY SHELTERED CARE	Yes
7	ARDEN COURTS OF GLEN ELLYN	GLEN ELLYN	0049635	6015523	60	ENTIRE FACILITY SHELTERED CARE	Yes
9	ARDEN COURTS OF HAZEL CREST	HAZEL CREST	0049700	6015648	64	ENTIRE FACILITY SHELTERED CARE	Yes
9	ARDEN COURTS OF NORTHBROOK	NORTHBROOK	0049627	6015101	56	ENTIRE FACILITY SHELTERED CARE	YES
9	ARDEN COURTS OF PALOS HEIGHTS	PALOS HEIGHTS	0049684	6015325	56	ENTIRE FACILITY SHELTERED CARE	Yes
9	ARDEN COURTS OF SOUTH HOLLAND	SOUTH HOLLAND	0049801	6014989	60	ENTIRE FACILITY SHELTERED CARE	Yes
6	ASPEN RIDGE CARE CENTRE	DECATUR	0042481	6006282	45		Yes
9	ASPIRE ON EASTERN	BELLWOOD	0020438	6007066	11		Yes
7	BEACON HILL	LOMBARD	0028688	6000772	26		Yes
7	BELMONT VILLAGE GENEVA ROAD	CAROL STREAM	0044412	6015564	24		Yes
9	BELMONT VILLAGE GLENVIEW	GLENVIEW	0047829	6015671			Yes
9	BELMONT VILLAGE OAK PARK	OAK PARK	0047837	6015911		2nd Fl - 26 beds & 3rd Fl - 29 beds	No
9	BETHANY TERRACE NURSING CENTRE	MORTON GROVE	0015651	6000889	127		Yes
7	BRENTWOOD NORTH HC & REHAB CTR	RIVERWOODS	0050112	6001119	64		Yes
9	BRIDGEVIEW HEALTH CARE CENTER	BRIDGEVIEW	0037358	6001168	47		Yes
8	BRONZEVILLE PARK NSG & LVG CTR	CHICAGO	0040592	6001689	75		No
5	BURGIN MANOR OF OLNEY, INC.	OLNEY	0026765	6001275	34		Yes
2	CARE CENTER OF ABINGDON	ABINGDON	0036053	6001424	30		Yes
6	CARLE ARBOURS, THE	SAVOY	0028522	6001457	50		Yes
4	CARLYLE HEALTH CARE CENTER	CARLYLE	0010680	6001473	22		Yes

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9	CENTRAL BAPTIST VILLAGE	NORRIDGE	0007435	6001564	58		Yes
5	CENTRALIA MANOR	CENTRALIA	0047225	6012355	17		Yes
6	CHAMPAIGN COUNTY NURSING HOME	URBANA	0001638	6001630			Yes
2	CHRISTIAN NURSING HOME	LINCOLN	0004630	6001739	25		Yes
7	CLAREMONT REHAB & LIVING CTR	BUFFALO GROVE	0047043	6014195	27		Yes
8	CLARK MANOR CNV CENTER	CHICAGO	0038596	6001796	70		Yes
9	COVENANT HLTH CR CTR-NORTHBRK	NORTHBROOK	0033779	6001093	28		Yes
9	CRESTWOOD CARE CENTRE	CRESTWOOD	0044164	6002265	35		Yes
5	DAYSTAR CARE CENTER	CAIRO	0048975	6010342	17		Yes
7	DEERBROOK CARE CENTRE	JOLIET	0040741	6002463	30		Yes
1	DEKALB COUNTY REHAB & NURSING	DEKALB	0044321	6015630			Yes
1	DIXON HEALTHCARE & REHAB CTR	DIXON	0050054	6005276	26		Yes
7	DU PAGE CONVALESCENT CENTER	WHEATON	0008201	6002612	16		Yes
7	ELMBROOK NURSING	ELMHURST	0051177	6010144			Yes
7	ELMHURST EXTENDED CARE CENTER	ELMHURST	0003038	6002828	35		Yes
7	EMBASSY HEALTH CARE CENTER	WILMINGTON	0048488	6008312	57		Yes
9	EMERITUS AT HOFFMAN ESTATES	HOFFMAN ESTATES	0055185	6015192			No
6	EVENGLOW INN	PONTIAC	0044800	6015622	26		Yes
9	EVERGREEN HEALTH CARE CENTER	EVERGREEN PARK	0044560	6007322			Yes
2	FOREST HILL HEALTH AND REHAB	EAST MOLINE	0042309	6002638	40		Yes
9	FOREST VILLA NSG & REHAB CTR	NILES	0045634	6003214			Yes
4	FRIENDSHIP MANOR HEALTH CARE	NASHVILLE	0050161	6015895	45		Yes
5	FRIENDSHIP MANOR OF ST ELMO	ST ELMO	0045583	6004204	18		Yes
9	FRIENDSHIP VILLAGE-SCHAUMBURG	SCHAUMBURG	0023218	6003404	43		Yes
9	GLENVIEW TERRACE NURSING CTR	GLENVIEW	0026237	6003610	68		Yes
2	GOOD SAMARITAN HOME	QUINCY	0009258	6003685	33		Yes
6	GOWIN PARC OF MATTOON	MATTOON	0048769	6016463			No
9	HARBOR HOUSE	WHEELING	0040121	6013601	48		Yes
6	HARMONY NURSING & REHAB CENTER	CHICAGO	0040535	6013684	43		Yes
6	HAWTHORNE INN OF DANVILLE	DANVILLE	0046367	6015317	26	607-611 SNF, 612-619 SCF	No
1	HAWTHORNE INN OF FREEPORT	FREEPORT	0046839	6016133			No
6	HEARTLAND OF DECATUR	DECATUR	0049544	6000285			Yes
2	HEARTLAND OF MOLINE	MOLINE	0049403	6006233	31		Yes
2	HEARTLAND OF PEORIA	PEORIA	0049379	6000293	34		Yes
2	HERITAGE HEALTH-BEARDSTOWN EAST	BEARDSTOWN	0048835	6006480	21		Yes
6	HERITAGE HEALTH-NORMAL	NORMAL	0038281	6008510	23		Yes
1	HIGHVIEW IN THE WOODLANDS	ROCKTON	0042473	6015044	26		Yes
9	HOLY FAMILY NURSING & REHAB CENTER	DES PLAINES	0048652	6004543			Yes
2	ILLINOIS VETERANS HOME AT LASALLE	LASALLE	0044115	6015481			Yes
7	ILLINOIS VETERANS HOME AT MANTENO	MANTENO	0042218	6014948			Yes
2	ILLINOIS VETERANS HOME AT QUINCY	QUINCY	0044107	6015473			Yes
8	IMPERIAL GROVE PAVILION, THE	CHICAGO	0037754	6004733	50		Yes

8	JACKSON SQUARE NURSING & REHAB	CHICAGO	0039834	6004832	14		Yes
4	JERSEYVILLE MANOR	JERSEYVILLE	0047597	6013312	33		No
9	KING BRUWAERT HOUSE	BURR RIDGE	0002584	6005037	12		Yes
7	LAKE FOREST PLACE	LAKE FOREST	0044065	6015457	12		Yes
9	LIEBERMAN CENTER FOR HEALTH & REH	SKOKIE	0026195	6005375	48		Yes
9	LUTHERAN HOME FOR THE AGED	ARLINGTON HTS	0005090	6005607			Yes
2	LUTHERAN HOME, THE	PEORIA	0019109	6005615			No
4	MANOR COURT OF PERU	PERU	0046896	6015887	28		No
2	MANOR COURT OF PRINCETON	PRINCETON	0046300	6015861			Yes
6	MANORCARE OF DECATUR	DECATUR	0027458	6000265			Yes
7	MANORCARE OF HIGHLAND PARK	HIGHLAND PARK	0045369	6014963	34		Yes
7	MANORCARE OF KANKAKEE	KANKAKEE	0049429	6000269			Yes
9	MANORCARE OF NORTHBROOK	NORTHBROOK	0049676	6015168			Yes
9	MANORCARE OF PALOS HTS EAST	PALOS HEIGHTS	0049478	6010912	30		Yes
9	MANORCARE OF ROLLING MEADOWS	ROLLING MEADOWS	0049569	6000327	39		Yes
2	MAPLE LAWN HEALTH CENTER	EUREKA	0042424	6005722	10		Yes
2	MARIGOLD REHAB & HCC	GALESBURG	0049148	6005797			Yes
9	MARYHAVEN NSG & REHABILITATION	GLENVIEW	0044768	6005854			Yes
9	MATHER PAVILION	EVANSTON	0044156	6007967	63		Yes
7	MEADOWBROOK MANOR-BOLINGBROOK	BOLINGBROOK	0037366	6013120	22		Yes
7	MEADOWBROOK MANOR-NAPERVILLE	NAPERVILLE	0041285	6014518			Yes
6	MEADOWS MENNONITE HOME	CHENOA	0011544	6006001	22		Yes
8	METHODIST HOME	CHICAGO	0005439	6006100	30		Yes
9	MIDWAY NEUROLOGICAL	BRIDGEVIEW	0047175	6003826			No
8	MONTGOMERY PLACE	CHICAGO	0005439	6006100	26		Yes
9	MOORINGS HEALTH CENTER, THE	ARLINGTON HEIGHT	0045047	6005698	43		Yes
5	MT. VERNON HEALTH CARE CENTER	MT VERNON	0047928	6001473	48		Yes
1	NEIGHBORS REHABILITATION CENTER	BYRON	0049973	6006514			Yes
2	NORTH ADAMS HOME	MENDON	0020925	6006589			Yes
2	OAK GLEN HOME	MENDON	0012252	6006761			Yes
4	OAK HILL	WATERLOO	0047019	6016174	40		Yes
5	OAKVIEW HTS CONT C & REHAB CTR	MOUNT CARMEL	0026328	6003487	19		Yes
2	ORCHARD VIEW REHAB & HEALTHCARE	PRINCETON	0049007	6007587			Yes
1	P A PETERSON CENTER FOR HEALTH	ROCKFORD	0021238	6007041	44		Yes
6	PARIS HEALTHCARE CENTER	PARIS	0046565	6007090			No
5	PARKWAY MANOR	MARION	0040972	6014385	23		Yes
6	PIATT COUNTY NURSING HOME	MONTICELLO	0020255	6007389	36		Yes
1	PINE ACRES REH & LIVING CTR	DEKALB	0047720	6007413	16		Yes
1	PINECREST MANOR	MOUNT MORRIS	0012765	6007447			Yes
4	PITTSFIELD MANOR	PITTSFIELD	0036061	6012470	19		Yes
4	PLEASANT HILL HEALTHCARE	GIRARD	0021014	6007470	32		Yes
6	PLEASANT MEADOWS CHRISTIAN VILLAGE	CHRISMAN	0019166	6007488			Yes

6	PLYMOUTH PLACE	LAGRANGE PARK	0012898	6007538			Yes
6	PRAIRIEVIEW LUTHERAN HOME	DANFORTH	0018044	6007595			Yes
7	PROVENA VILLA FRANCISCAN	JOLIET	0042861	6012678	34		Yes
9	REGENCY REHABILITATION CENTER	NILES	0049841	6007793			Yes
5	REHAB & CARE CTR - JACKSON CO	MURPHYSBORO	0010330	6004616	36		Yes
8	RENAISSANCE AT 87TH STREET,THE	CHICAGO	0042093	6014831	74		No
9	RENAISSANCE AT HILLSIDE	HILLSIDE	0042176	6014906	54		Yes
8	RENAISSANCE AT MIDWAY	CHICAGO	0041749	6014641			Yes
8	RENAISSANCE AT SOUTH SHORE,THE	CHICAGO	0042085	6014823	61		Yes
8	RENAISSANCE PARK SOUTH	CHICAGO	0049098	6003958			Yes
8	RESURRECTION LIFE CENTER	CHICAGO	0044354	6014575			Yes
5	RICHLAND CARE AND REHAB	OLNEY	0046797	6006910	21		Yes
2	ROCK ISLAND NSG & REHAB CTR	ROCK ISLAND	0049866	6008130			Yes
7	SALEM VILLAGE NURSING & REHAB	JOLIET	0044057	6008338	49		Yes
2	SEMINARY MANOR	GALESBURG	0047233	6010250			Yes
1	SHABBONA HEALTHCARE CENTER	SHABBONA	0032169	6008502	20		Yes
6	SHELBYVILLE MANOR	SHELBYVILLE	0038570	6008544			Yes
1	SHERIDAN HEALTH & REHAB CENTER	ZION	0027680	6008593	42		Yes
8	SMITH VILLAGE	CHICAGO	0015032	6009732			Yes
2	SNYDER VILLAGE	METAMORA	0033647	6011464			Yes
9	ST MATTHEW CENTER FOR HEALTH	PARK RIDGE	0013896	6009096	22		Yes
1	STEPHENSON NURSING CENTER	FREEPORT	0004259	6009161			Yes
4	SUNRISE MANOR OF VIRDEN	VIRDEN	0025841	6009294			No
2	SUNSET HOME	QUINCY	0011643	6009302			Yes
7	TABOR HILLS HEALTH CARE FAC	NAPERVILLE	0040543	6014252			Yes
2	TOULON REHAB & HEALTH CARE CTR	TOULON	0046854	6009427	18		Yes
7	TOWER HILL HEALTHCARE CENTER	SOUTH ELGIN	0045930	6003263	32		Yes
5	UNITED METHODIST VILLAGE, THE	LAWRENCEVILLE	0014506	6009500	28		Yes
9	VILLA SCALABRINI NSG & REHAB	NORTHLAKE	0044792	6009591			Yes
7	VILLAGE AT VICTORY LAKES, THE	LINDENHURST	0048256	6011332	40		Yes
5	WABASH CHRISTIAN RETIREMENT	CARMI	0020610	6009674	24		Yes
6	WATSEKA REHAB & HLTH CARE CTR	WATSEKA	0046847	6009765			Yes
7	WAUCONDA HEALTHCARE & REHAB	WAUCONDA	0044839	6009435			No
7	WEALSHIRE, THE	LINCOLNSHIRE	0040956	6014377	132		Yes
7	WEST SUBURBAN NRSG & REHAB CTR	BLOOMINGDALE	0049759	6001002	22		Yes
9	WESTMINSTER PLACE	EVANSTON	0012930	6007603	99		No
7	WHITEHALL NORTH	DEERFIELD	0046474	6010003	40		Yes
7	WILLIAM L DAWSON NURSING CENTER	CHICAGO	0020404	6010011			Yes
1	WILLOWS HEALTH CENTER	ROCKFORD	0020792	6010037	20		Yes
7	WINCHESTER HOUSE	LIBERTYVILLE	0010678	6010052	80		No

0045583	6004204	FRIENDSHIP MANOR OF ST ELMO	ST ELMO	5	18	Sunrise SCU	23-31
0023218	6003404	FRIENDSHIP VILLAGE-SCHAUMBURG	SCHAUMBURG	9	43		
0026237	6003610	GLENVIEW TERRACE NURSING CTR	GLENVIEW	9	68		
0009258	6003685	GOOD SAMARITAN HOME	QUINCY	2	33		
0040535	6013684	HARMONY NURSING & REHAB CENTER	CHICAGO	8	43		
0046367	6009161	HAWTHORNE INN OF DANVILLE	DANVILLE	6	10		Rms 607-611(Rms 612-619 ASCU, but SCF)
0049544	6000285	HEARTLAND OF DECATUR	DECATUR	6			
0049452	6011613	HEARTLAND OF HENRY	HENRY	2			
0049403	6006233	HEARTLAND OF MOLINE	MOLINE	2	31		
0049379	6000293	HEARTLAND OF PEORIA	PEORIA	2	34	Arcadia	
0048835	6006480	HERITAGE HEALTH-BEARDSTOWN EAST	BEARDSTOWN	2	21		301-313
0048850	6000723	HERITAGE HEALTH-CARLINVILLE	CARLINVILLE	4	22	Legacy Unit	101, 103-112
0038281	6008510	HERITAGE HEALTH-NORMAL	NORMAL	6	23		
0048652	6004543	HOLY FAMILY NURSING & REHAB CENTER	DES PLAINES	9		Frances Villa	Rooms 531-554
0037754	6004733	IMPERIAL GROVE PAVILION, THE	CHICAGO	8	50		301-326
0039834	6004832	JACKSON SQUARE NURSING & REHAB	CHICAGO	8	14		413-420
0047597	6013312	JERSEYVILLE MANOR	JERSEYVILLE	4	33		501-517
0044065	6015457	LAKE FOREST PLACE	LAKE FOREST	7	12		
0026195	6005375	LIEBERMAN CENTER FOR HEALTH & REHAB	SKOKIE	9	48		507-578
0005090	6005607	LUTHERAN HOME FOR THE AGED	ARLINGTON HTS	9		E Wing	
0019109	6005615	LUTHERAN HOME, THE	PEORIA	2		A, B, C Wings	
0050278	6014963	MANORCARE OF HIGHLAND PARK	HIGHLAND PARK	7	34		101-109,111-117
0049445	6006332	MANORCARE OF HINSDALE	HINSDALE	7			
0049676	6015168	MANORCARE OF NORTHBROOK	NORTHBROOK	9			
0049478	6010912	MANORCARE OF PALOS HTS EAST	PALOS HEIGHTS	9	30		150-167
0049589	6000327	MANORCARE OF ROLLING MEADOWS	ROLLING MEADOWS	9	39	Arcadia II	
0049643	6000335	MANORCARE OF WESTMONT	WESTMONT	7			
0049148	6005797	MARIGOLD REHAB & HCC	GALESBURG	2			
0044788	6005854	MARYHAVEN NSG & REHABILITATION	GLENVIEW	9			
0044156	6007967	MATHER PAVILION	EVANSTON	9	63	2nd & 3rd floor	
0037366	6013120	MEADOWBROOK MANOR-BOLINGBROOK	BOLINGBROOK	7	22	Hamilton	
0041285	6014518	MEADOWBROOK MANOR-NAPERVILLE	NAPERVILLE	7			
0011544	6006001	MEADOWS MENNONITE HOME	CHENOA	6	22	Arthur & Berdena King	
0005439	6006100	METHODIST HOME	CHICAGO	8	30	4th floor	
47175	6003826	MIDWAY NEUROLOGICAL & REHAB	BRIDGEVIEW	9		4th floor	
45047	6005698	MOORINGS HEALTH CENTER, THE	ARLINGTON HEIGHT	9	43		211-235
0047928	6001473	MT. VERNON HEALTH CARE CENTER	MT VERNON	5	48	Bridges Unit	202-227
0049973	6006514	NEIGHBORS REHABILITATION CENTER	BYRON	1		300 Wing	
0020925	6006589	NORTH ADAMS HOME	MENDON	2			
0047019	6016174	OAK HILL	WATERLOO	4	40	Cedar & Spruce Lanes	301-313, 402-414
0026328	6003487	OAKVIEW HTS CONT C & REHAB CTR	MOUNT CARMEL	5	19	400 Wing	402-413
0049007	6007587	ORCHARD VIEW REHAB & HEALTHCARE	PRINCETON	2		Bridges	
0021238	6007041	P A PETERSON CENTER FOR HEALTH	ROCKFORD	1	44	3rd floor	
0046585	6007090	PARIS HEALTHCARE CENTER	PARIS	6			
0040972	6014385	PARKWAY MANOR	MARION	5	23	200 Unit	200-211
0020255	6007389	PIATT COUNTY NURSING HOME	MONTICELLO	6	36		101-111
0047720	6007413	PINE ACRES REH & LIVING CTR	DEKALB	1	16	Monarch Wing	
0012765	6007447	PINECREST MANOR	MOUNT MORRIS	1			
0036061	6012470	PITTSFIELD MANOR	PITTSFIELD	4	19	Garden Court	400-409

0021014	6007470	PLEASANT HILL HEALTHCARE	GIRARD	4	32	C Hall	C1-C16
0019166	6007488	PLEASANT MEADOWS CHRISTIAN VILLAGE	CHRISMAN	6			
0012864	6007512	PLESANT VIEW LUTHER HOME	OTTAWA	2	42		201-229
0018044	6007595	PRAIRIEVIEW LUTHERAN HOME	DANFORTH	6			
0042861	6012678	PROVENA VILLA FRANCISCAN	JOLIET	7	34	Damiano Unit	110-132
0049841	6007793	REGENCY HEALTHCARE & REHAB	NILES	9			
0010330	6004816	REHAB & CARE CTR - JACKSON CO	MURPHYSBORO	5	36	A Unit	104, 106, 108-112, 119, 121, 200-207, 215 & 217
0042093	6014831	RENAISSANCE AT 87TH STREET,THE	CHICAGO	8	74		201-235
0042176	6014906	RENAISSANCE AT HILLSIDE	HILLSIDE	9	54	2E &2S Units	201-245, except 238
0041749	6014641	RENAISSANCE AT MIDWAY	CHICAGO	8			
0049098	6003958	RENAISSANCE AT PARK SOUTH	CHICAGO	8		Corinthian Place	301-330
0042085	6014823	RENAISSANCE AT SOUTH SHORE,THE	CHICAGO	8	61	Heritage Place	3rd floor
0044354	6014575	RESURRECTION LIFE CENTER	CHICAGO	8		Monarch Unit	178-188
0046797	6006910	RICHLAND CARE AND REHAB	OLNEY	5	21	Serenity Suites	D1-D12
0049866	6008130	ROCK ISLAND NSG & REHAB CTR	ROCK ISLAND	2			400-411
0044057	6008338	SALEM VILLAGE NURSING & REHAB	JOLIET	7	49	Unity Place	
0047233	6010250	SEMINARY MANOR	GALESBURG	2		500 Hall	
0032169	6008502	SHABBONA HEALTHCARE CENTER	SHABBONA	1	20	Southeast Wing/Zone 3	
0038570	6008544	SHELBYVILLE MANOR	SHELBYVILLE	6		500 & 600 Wings	
0027680	6008593	SHERIDAN HEALTH & REHAB CENTER	ZION	1	42		402-411 & 414-419
0015032	6009732	SMITH VILLAGE	CHICAGO	8		2nd floor	
0033647	6011464	SNYDER VILLAGE	METAMORA	2			
0013896	6009096	ST MATTHEW CENTER FOR HEALTH	PARK RIDGE	9	22	Faith Place	
0004259	6009161	STEPHENSON NURSING CENTER	FREEPORT	1			
0025841	6009294	SUNRISE MANOR OF VIRDEN	VIRDEN	4			
0011643	6009302	SUNSET HOME	QUINCY	2			
0040543	6014252	TABOR HILLS HEALTH CARE FAC	NAPERVILLE	7			
0046854	6009427	TOULON REHAB & HEALTH CARE CTR	TOULON	2	18	E Wing	01-08, SC
0045930	6003263	TOWER HILL HEALTHCARE CENTER	SOUTH ELGIN	7	32		216-227
0014506	6009500	UNITED METHODIST VILLAGE, THE	LAWRENCEVILLE	5	28	Auten Center	174-189
0044792	6009591	VILLA SCALABRINI NSG & REHAB	NORTHLAKE	9			
0046256	6011332	VILLAGE AT VICTORY LAKES, THE	LINDENHURST	7	40		C124-133, C223-C233
0020610	6009674	WABASH CHRISTIAN RETIREMENT	CARMI	5	24		601-612
0046847	6009765	WATSEKA REHAB & HLTH CARE CTR	WATSEKA	6		B Hall	307-332
0044859	6009435	WAUCONDA HEALTHCARE AND REHAB	WAUCONDA	7			
0040956	6014377	WEALSHIRE, THE	LINCOLNSHIRE	7	132	All SNF/NF beds	
0049759	6001002	WEST SUBURBAN NRSG & REHAB CTR	BLOOMINGDALE	7	22		Rooms 620, 622-632
0012930	6007603	WESTMINSTER PLACE	EVANSTON	9	99	McGaw Center	
0046474	6010003	WHITEHALL NORTH	DEERFIELD	7	40	Hearthside Unit	
0020792	6010037	WILLOWS HEALTH CENTER	ROCKFORD	1	20	Kirk's Place	D101-D115
0010678	6010052	WINCHESTER HOUSE	LIBERTYVILLE	7	80		

FOSTERING A CARING, LOVING, SUPPORTIVE

PATHWAYS MEMORY CARE PROGRAM

- OUR PROGRAM IS DEDICATED TO MEETING RESIDENTS' NEEDS AT ALL STAGES OF ALZHEIMER'S DISEASE AND OTHER RELATED DEMENTIA DIAGNOSES
- WE SHAPE OUR PROGRAM AROUND OUR RESIDENTS INDIVIDUALIZED NEEDS
- WE HAVE THREE LEVELS OF PROGRAMMING TO PROVIDE PERSON-CENTERED CARE
- THE DEVELOPMENT OF THE THREE-TIERED LEVELS: THE MEMORY STRENGTHENING, MEMORY PATH, AND EMOTIONS PATH LEVELS HELP TO PROVIDE MEMORIES, CARE AND COMFORT IN ASSISTING RESIDENTS TO FUNCTION AT THEIR HIGHEST LEVEL OF INDEPENDENCE

The Pathways Program is a Specialized Dementia-Care Program dedicated to enhance and comfort the lives of those residents living with Alzheimer's Disease and related dementias. Creating a home-like environment provides the residents with a sense of familiarity, comfort and love. Providing the residents with a pleasant, memory evoking, home-like environment can further help to decrease comorbid negative symptoms of Alzheimer's disease and dementias.

Pathways Program Locations

Alden of Lincoln Park
Alden of Wentworth
Alden Estates of Orland Park
Alden Estates of Naperville
Alden Courts of Des Plaines
Alden Courts of Waterford
Alden of McHenry
Alden of Long Grove
Alden of Town Manor
Alden of Park Strathmoor
Alden of Valley Ridge

ALDEN

ALDEN MANAGEMENT SERVICES

To be the best residential and long –term care provider for our customers.

ATTACHMENT-12C

DEMENTIA MEMORY CARE PROGRAM

Purpose: The Pathways Program is a Specialized Dementia Care Program dedicated to enhance and comfort the lives of those residents living with Alzheimer's Disease and related dementias. Creating a home like-environment provides the residents with a sense of familiarity, comfort, and love. Providing the residents with a pleasant, memory evoking, home-like environment can further help to decrease symptoms of Alzheimer's disease and dementias, such as agitation, anxiety, lack of enthusiasm, and aggravation. Furthermore, this program is dedicated to providing an environment that helps to stimulate and maintain a resident's level of cognitive functioning. Furthermore, staff develop relationships with patience, compassion and love. Dementia Care Units are secure, and promote safety, health, and wellbeing.

Pathways Memory Care Program

The Pathways Program is divided into three life skills/activity programming areas to capture the variety of cognitive levels that are exhibited on the dementia care units. They are as follows:

Memory Strengthening Program

The Memory Path Program is a program dedicated to those residents who are a high level of cognitive functioning. These residents may score high on cognitive testing, alert and oriented to the unit, staff, family, and other residents; they understand the structure of the Pathways Program.

This program provides the following:

Engagement:

This part of the program places emphasis of having residents assists other residents. These residents help to run activities, such as Bingo, JackPot, trivia, exercise, etc. These residents may enjoy helping to decorate for holidays, help hand out clothing protectors at meals, etc. This part of the program gives a resident a sense of belonging and helpfulness to others.

Enhancement:

This part of the program focuses on memory enhancement. These residents participate in memory/mind games, reading, trivia, etc, that help to maintain their knowledge and stimulate the mind. They may also participate in reminiscence and life skill activities. This program may be task oriented, with supervision rather than hands on assistance.

Evoking:

This part of the program also has a resident meeting, where the residents meet and discuss what activities they would like to see the dementia care unit. These residents also are given structure, but they are encouraged to still make

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choices as so what they would like to be active in and what they would like to do to participate. The purpose of this portion of the program is to bring out their talents, abilities, choices, and individuality.

Memory Path Program:

The Memory Path Program is for those residents who require support and memory evoking programming in order to find a "path: to their memories and emotions. These residents may have cognitive function varying more often; require more assistance with activities of daily living, redirection and support.

The Memory Path Program Provides the following:

Engagement: This level of the program is dedicated to providing person centered engagement. Understanding the best cues and redirection techniques are key to maximizing participation and creating a connection with the program taking place. Furthermore, staff must understand the best approaches may vary day to day or even minute to minute.

Enhancement: This level of the program is dedicated to enhancing residents' emotions and sensory stimulation. Sights, sounds, smells are incorporated into their routine. Stimulating feelings within our residents can help to access memories and emotions that require stimulation to make a connection to their memories. Types of activities include baking, reminiscing, where many senses are stimulated at once.

Evoking: The program focus is to evoke emotions, feelings, sensations. This part of the program does stress that at any time of the day, during any activity, the staff can evoke feelings of care and comfort in our residents.

The Emotion Path Program

The emotions plan program is a link to emotions that stimulate feelings and/or memories. This is important throughout stages of programming for Alzheimer's; however this program emphasizes the senses, as residents abilities to demonstrate understanding and communicate their needs is limited to none in this stage.

Engagement: Resident Engagement is created by stimulating the senses. Sensory stimulation and programming is an aspect of all three programs; however in this activity program engagement is developed through response of sight, sound, touch, taste and smell. The focus is on stimulating the five senses daily; examples of these activities are taste testing, music, hand massages, etc. The use of Montessori activities are also used, to maintain abilities the residents still can maintain (for example, wrapping yarn around a soda bottle can help maintain the ability to move the hand).

Enhancement: This level of the program uses engagement of the senses to evoke memories. Feelings are not affected by the disease, and emotions/feelings are used to evoke those feelings.

Evoking: This part of the program is about providing emotional support and love to our residents. These are the "unscheduled" moments were staff provide hugs, touch, and care, to evoke pleasant moments.

alzheimer's association®

Illinois

ALZHEIMER'S STATISTICS

In the United States, an estimated **5.4 million people** are living with Alzheimer's disease, and someone develops the disease every **69 seconds**. Unless something is done, as many as **16 million** Americans will have Alzheimer's in 2050 and someone will develop the disease every **33 seconds**. In 2010, **14.9 million** family members and friends provided **17 billion hours** of unpaid care to those with Alzheimer's and other dementias – care valued at **$202.6 billion**.

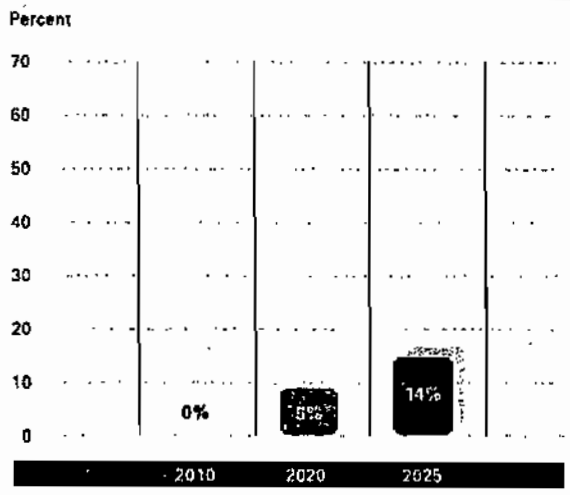
Number of People Aged 65 and Older with Alzheimer's by Age

Year	65–74	75–84	85+	Total	% change from 2000
2000	12,000	110,000	89,000	210,000	
2010	10,000	98,000	100,000	210,000	0%
2020	13,000	97,000	110,000	220,000	5%
2025	14,000	110,000	110,000	240,000	14%

Number of Alzheimer's and Dementia Caregivers, Hours of Unpaid Care, and Economic Value of Care

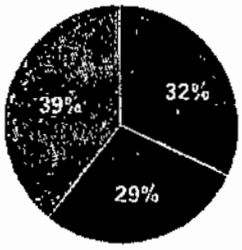
Year	Number of Caregivers	Total Hours of Unpaid Care	Total Value of Unpaid Care
2008	349,614	301,786,819	$3,349,833,685
2009	386,207	439,812,201	$5,057,840,312
2010	579,505	659,939,981	$7,873,083,975

Percentage Change in Number with Alzheimer's Disease Compared to 2000



Cognitive Impairment in Nursing Home Residents, 2008

Total Nursing Home Residents **170,454**



Level of Cognitive Impairment
- severe/moderate
- mild/very mild
- none

Number of Deaths Due to Alzheimer's Disease in 2007

2,734

For more information, view the *2011 Alzheimer's Disease Facts and Figures* report at **alz.org/facts**.

ATTACHMENT-12D

DP-1: Profile of General Population and
2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Subject	Number	Percent
SEX AND AGE		
Total population	12,830,632	100.0
Under 5 years	835,577	6.5
5 to 9 years	859,405	6.7
10 to 14 years	879,448	6.9
15 to 19 years	922,092	7.2
20 to 24 years	878,964	6.9
25 to 29 years	910,273	7.1
30 to 34 years	865,684	6.7
35 to 39 years	855,790	6.7
40 to 44 years	870,100	6.8
45 to 49 years	940,094	7.3
50 to 54 years	930,785	7.3
55 to 59 years	807,778	6.3
60 to 64 years	665,429	5.2
65 to 69 years	485,060	3.8
70 to 74 years	364,475	2.8
75 to 79 years	289,385	2.3
80 to 84 years	235,381	1.8
85 years and over	234,912	1.8
Median age (years)	36.6	(X)
16 years and over	10,072,849	78.5
18 years and over	9,701,453	75.6
21 years and over	9,154,497	71.3
62 years and over	1,990,462	15.5
65 years and over	1,609,213	12.5
Male population	6,292,276	49.0
Under 5 years	425,893	3.3
5 to 9 years	438,556	3.4
10 to 14 years	449,160	3.5
15 to 19 years	473,736	3.7
20 to 24 years	447,513	3.5
25 to 29 years	456,887	3.6
30 to 34 years	433,782	3.4
35 to 39 years	426,476	3.3
40 to 44 years	432,756	3.4
45 to 49 years	463,423	3.6
50 to 54 years	455,953	3.6
55 to 59 years	392,322	3.1
60 to 64 years	318,903	2.5
65 to 69 years	225,894	1.8
70 to 74 years	163,405	1.3
75 to 79 years	122,706	1.0
80 to 84 years	92,019	0.7
85 years and over	72,892	0.6
Median age (years)	35.2	(X)
16 years and over	4,884,648	38.1
18 years and over	4,693,917	36.6
21 years and over	4,412,627	34.4

62 years and over	858,966	6.7
65 years and over	676,916	5.3
Female population	6,538,356	51.0
Under 5 years	409,684	3.2
5 to 9 years	420,849	3.3
10 to 14 years	430,288	3.4
15 to 19 years	448,356	3.5
20 to 24 years	431,451	3.4
25 to 29 years	453,386	3.5
30 to 34 years	431,902	3.4
35 to 39 years	429,314	3.3
40 to 44 years	437,344	3.4
45 to 49 years	476,671	3.7
50 to 54 years	474,832	3.7
55 to 59 years	415,456	3.2
60 to 64 years	346,526	2.7
65 to 69 years	259,166	2.0
70 to 74 years	201,070	1.6
75 to 79 years	166,679	1.3
80 to 84 years	143,362	1.1
85 years and over	162,020	1.3
Median age (years)	37.9	(X)
16 years and over	5,188,201	40.4
18 years and over	5,007,536	39.0
21 years and over	4,741,870	37.0
62 years and over	1,131,496	8.8
65 years and over	932,297	7.3
RACE		
Total population	12,830,632	100.0
One Race	12,540,650	97.7
White	9,177,877	71.5
Black or African American	1,866,414	14.5
American Indian and Alaska Native	43,963	0.3
Asian	586,934	4.6
Asian Indian	188,328	1.5
Chinese	104,166	0.8
Filipino	114,724	0.9
Japanese	17,542	0.1
Korean	61,469	0.5
Vietnamese	25,036	0.2
Other Asian [1]	75,669	0.6
Native Hawaiian and Other Pacific	4,050	0.0
Native Hawaiian	1,122	0.0
Guamanian or Chamorro	1,100	0.0
Samoan	492	0.0
Other Pacific Islander [2]	1,336	0.0
Some Other Race	861,412	6.7
Two or More Races	289,982	2.3
White; American Indian and Alaska	32,749	0.3
White; Asian [3]	56,258	0.4
White; Black or African American [3]	70,615	0.6
White; Some Other Race [3]	66,820	0.5
Race alone or in combination with one		
White	9,423,048	73.4
Black or African American	1,974,113	15.4
American Indian and Alaska Native	101,451	0.8
Asian	668,694	5.2

ATTACHMENT-12E

Native Hawaiian and Other Pacific	13,546	0.1
Some Other Race	958,603	7.5
HISPANIC OR LATINO		
Total population	12,830,632	100.0
Hispanic or Latino (of any race)	2,027,578	15.8
Mexican	1,602,403	12.5
Puerto Rican	182,989	1.4
Cuban	22,541	0.2
Other Hispanic or Latino [5]	219,645	1.7
Not Hispanic or Latino	10,803,054	84.2
HISPANIC OR LATINO AND RACE		
Total population	12,830,632	100.0
Hispanic or Latino	2,027,578	15.8
White alone	1,010,124	7.9
Black or African American alone	33,490	0.3
American Indian and Alaska Native	25,114	0.2
Asian alone	6,348	0.0
Native Hawaiian and Other Pacific	1,073	0.0
Some Other Race alone	845,404	6.6
Two or More Races	106,025	0.8
Not Hispanic or Latino	10,803,054	84.2
White alone	8,167,753	63.7
Black or African American alone	1,832,924	14.3
American Indian and Alaska Native	18,849	0.1
Asian alone	580,586	4.5
Native Hawaiian and Other Pacific	2,977	0.0
Some Other Race alone	16,008	0.1
Two or More Races	183,957	1.4
RELATIONSHIP		
Total population	12,830,632	100.0
In households	12,528,859	97.6
Householder	4,836,972	37.7
Spouse [6]	2,332,995	18.2
Child	3,840,210	29.9
Own child under 18 years	2,753,355	21.5
Other relatives	839,861	6.5
Under 18 years	318,042	2.5
65 years and over	113,738	0.9
Nonrelatives	678,821	5.3
Under 18 years	48,169	0.4
65 years and over	24,850	0.2
Unmarried partner	306,163	2.4
In group quarters	301,773	2.4
Institutionalized population	159,989	1.2
Male	99,944	0.8
Female	60,045	0.5
Noninstitutionalized population	141,784	1.1
Male	74,977	0.6
Female	66,807	0.5
HOUSEHOLDS BY TYPE		
Total households	4,836,972	100.0
Family households (families) [7]	3,182,984	65.8
With own children under 18 years	1,455,656	30.1
Husband-wife family	2,332,995	48.2
With own children under 18 years	1,016,456	21.0
Male householder, no wife present	227,684	4.7
With own children under 18 years	104,931	2.2

ATTACHMENT-12E

Female householder, no husband	622,305	12.9
With own children under 18 years	334,269	6.9
Nonfamily households [7]	1,653,988	34.2
Householder living alone	1,346,312	27.8
Male	595,401	12.3
65 years and over	130,031	2.7
Female	750,911	15.5
65 years and over	338,825	7.0
Households with individuals under 18	1,619,862	33.5
Households with individuals 65 years	1,168,353	24.2
Average household size	2.59	(X)
Average family size [7]	3.20	(X)
HOUSING OCCUPANCY		
Total housing units	5,296,715	100.0
Occupied housing units	4,836,972	91.3
Vacant housing units	459,743	8.7
For rent	158,882	3.0
Rented, not occupied	7,998	0.2
For sale only	82,739	1.6
Sold, not occupied	16,677	0.3
For seasonal, recreational, or	47,289	0.9
All other vacants	146,158	2.8
Homeowner vacancy rate (percent) [8]	2.5	(X)
Rental vacancy rate (percent) [9]	9.1	(X)
HOUSING TENURE		
Occupied housing units	4,836,972	100.0
Owner-occupied housing units	3,263,639	67.5
Population in owner-occupied housing	8,787,463	(X)
Average household size of owner-	2.69	(X)
Renter-occupied housing units	1,573,333	32.5
Population in renter-occupied housing	3,741,396	(X)
Average household size of renter-	2.38	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses

[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet multiplying by 100.

Source: U.S. Census Bureau, 2010

HEALTH SERVICE AREA	009
TOTAL FACILITIES	28
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	28
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	14
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	12
MULTI-LICENSED FACILITIES	2
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	12
FOR PROFIT OWNERSHIP	15
CONTINUING CARE COMMUNITY	2
LIFE CARE FACILITY	2

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	15
Chronic Alcoholism	18
Developmentally Disabled	7
Drug Addiction	21
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	7
Non-Ambulatory	1
Non-Mobile	10
Public Aid Recipient	2
Under 55 Years Old	2
Unable to Self-Medicate	5
Ventilator Dependent	25
Infectious Disease w/ Isolation	13
Other Restrictions	3
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	44
Endocrine/Metabolic	153
Blood Disorders	68
Nervous System Non Alzheimer	128
Alzheimer Disease	215
Mental Illness	211
Developmental Disability	162
Circulatory System	429
Respiratory System	186
Digestive System	102
Genitourinary System Disorders	76
Skin Disorders	58
Musculo-skeletal Disorders	229
Injuries and Poisonings	43
Other Medical Conditions	250
Non-Medical Conditions	40
TOTALS	2,372

Total Residents Diagnosed as Mentally Ill 867

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2,844	2,572	2,357	2,572	2,191	453	2059	2349
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	144	144	142	96	138	5		144
Sheltered Care	96	48	44	45	42	14		
TOTAL BEDS	2,844	2,764	2,543	2,713	2,372	472	2059	2493

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	2,350
Total Admissions 2010	3,869
Total Discharges 2010	3,847
Residents on 12/31/2010	2,372
Identified Offenders	77

FACILITY UTILIZATION - 2010

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	134,715	17.9%	533,832	62.2%	9,748	13,719	106,191	0	798,003	52.7%	85.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			48,985	93.2%	603	0	0	0	49,588	94.3%	94.3%
Sheltered Care					0	0	15,501	0	15,501	75.8%	88.5%
TOTALS	134,715	17.9%	582,817	64.0%	10,349	13,719	121,692	0	863,092	53.1%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	74	52	0	0	31	20	0	0	105	72	177
45 to 59	180	133	0	0	35	22	0	0	215	155	370
60 to 64	89	59	0	0	10	5	0	0	99	64	163
65 to 74	143	161	0	0	5	5	1	1	149	167	316
75 to 84	181	301	0	0	5	1	2	9	188	391	579
85+	129	612	0	0	0	0	1	28	130	640	770
TOTALS	793	1,398	0	0	86	53	4	38	883	1,489	2,372

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

HEALTH SERVICE AREA 009

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	354	1,464	22	37	304	0	2,191
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		139	0	0	0	0	139
Sheltered Care			0	0	42	0	42
TOTALS	354	1,603	22	37	346	0	2,372

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	171
Skilled Under 22	0	0
Intermediate DD	184	199
Shelter	120	121

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl.Und22	ICF/DD	Shelter	Totals
Asian	14	0	2	0	16
Amer. Indian	5	0	1	0	6
Black	372	0	28	0	400
Hawaiian/Pac. Isl.	7	0	0	0	7
White	1,772	0	108	42	1,920
Race Unknown	21	0	2	0	23
Total	2,191	0	139	42	2,372
ETHNICITY	**Nursing**	**Skl.Und22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	79	0	7	0	86
Non-Hispanic	2,029	0	132	42	2,203
Ethnicity Unknown	83	0	0	0	83
Total	2,191	0	139	42	2,372

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	28.25
Physicians	0.00
Director of Nursing	18.00
Registered Nurses	248.00
LPN's	764.00
Certified Aides	872.00
Other Health Staff	121.50
Non-Health Staff	901.25
Totals	2951.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.0%	41.2%	0.9%	2.1%	16.7%	100.0%		0.0%
58,240,335	61,589,389	1,365,984	3,136,913	24,996,965	149,347,982	27,363	

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

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

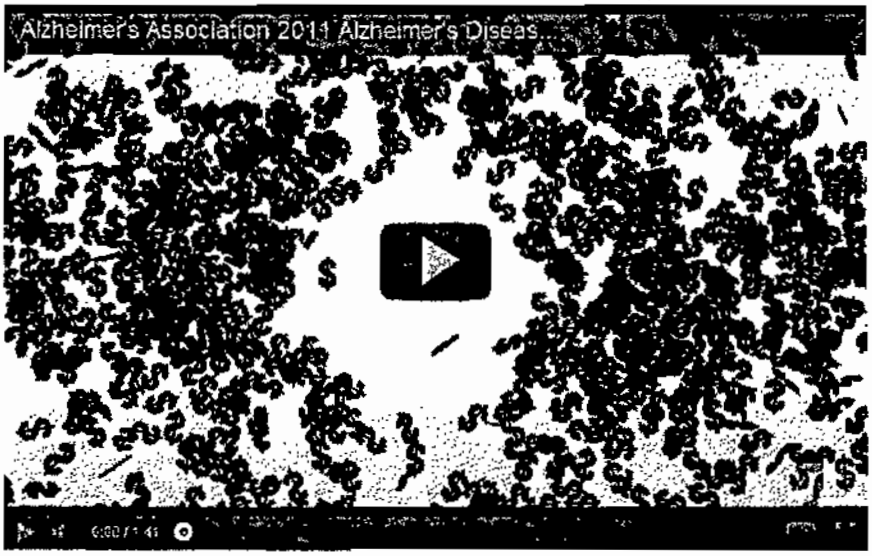
ATTACHMENT - 12F

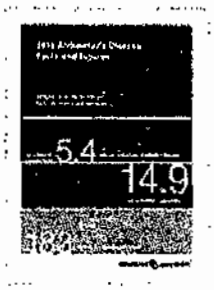
FACID	FAC NAME	CITY	Nursing Beds	Nursing Patient Days	Nursing Occupancy	Admissions	ALOS	ADRD Patients	ADRD Unit	ADRD Beds	ADRD Utilization	Mdcr, Ins. & Priv Pay	MI	MI %	0-64	0-64 %	Total Residents
Subject Facility	Alden Estates of Shorewood	Shorewood	100		N/A	N/A	N/A	N/A	Yes	50	N/A						
6012678	Provena Villa Franciscan	Joliet	176	56,412	87.8%	538	104.9	15	Yes	34	44%	84%	94	64%	9	6%	148
6012835	Rosewood Care Center	Joliet	120	32,169	73.4%	571	56.3	15	No	0		92%	0	0%	5	6%	81
6004964	Joliet Terrace	Joliet	120	42,844	97.8%	128	334.7	0	No	0		0%	54	46%	111	94%	118
6004766	Fairview Care Center of Joliet	Joliet	203	43,920	59.3%	413	106.3	3	No	0		59%	26	22%	45	38%	120
6002463	Deerbrook Care Centre	Joliet	214	63,195	80.9%	134	471.6	30	Yes	30	100%	41%	29	17%	44	25%	173
6005235	Lakewood Nrsg & Rehab Center	Plainfield	131	41,821	87.5%	316	132.3	0	No	0		59%	7	6%	4	3%	118
6006993	Our Lady Of Angels Ret Home	Joliet	87	30,086	94.7%	130	231.4	0	No	0		82%	0	0%	0	0%	125
6009252	Sunny Hill Nursing Home Will County	Joliet	300	78,138	71.4%	133	587.5	6	No	0		50%	137	64%	15	7%	214
6008338	Salem Village Nursing & Rehab	Joliet	266	74,712	77.0%	307	245.5	17	Yes	49	35%	63%	60	29%	25	12%	205
6013120	Meadowbrook Manor	Bolingbrook	298	101,347	93.2%	314	322.8	56	Yes	22	255%	45%	0	0%	33	12%	277
6009401	Tiller's Nursing & Rehab Center (99)	Oswego	106	28,322	73.2%	449	63.1	14	No	0		99%	0	0%	3	3%	86
6002604	Hillcrest Nursing & Rehab Center	Joliet	168	54,585	89.0%	115	474.7	4	No	0		92%	149	100%	130	87%	149
6011381	Walnut Grove Village (1)	Morris	123	33,250	74.1%	143	232.5	9	No	0		78%	5	5%	12	12%	98
			2412	680,801	77.3%	3,691	184.4	169		185	91%	74%	561	29%	436	23%	1,912
								8.8%							64+	77%	

(1) 18 permit beds which were never put into service were removed from the Inventory by Board Declaratory Ruling effective 3/2/2010.

alzheimer's association

Alzheimer's Facts and Figures





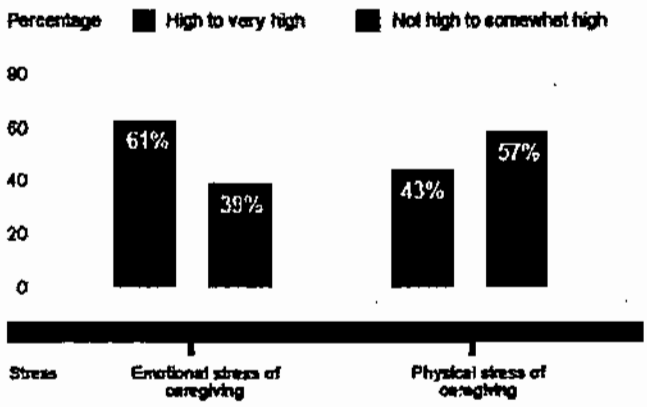
Facts and Figures, an annual report released by the Alzheimer's Association, reveals the burden of Alzheimer's and dementia on individuals, caregivers, government, and the nation's healthcare system.

2011 Alzheimer's Disease Facts and Figures report
Quick facts
Unpaid caregivers and stress
Deaths from Alzheimer's disease
Alzheimer's facts in each state

Unpaid caregivers and stress

There are nearly 15 million Alzheimer's and dementia caregivers providing 17 billion hours of unpaid care valued at $202 billion. *Facts and Figures* finds that caregivers not only suffer emotionally but also physically. Because of the toll of caregiving on their own health, Alzheimer's and dementia caregivers had $7.9 billion in additional health care costs in 2010. More than 60 percent of family caregivers report high levels of stress because of the prolonged duration of caregiving and 33 percent report symptoms of depression.

Proportion of Alzheimer and Dementia Caregivers Who Report High or Very High Emotional and Physical Stress Due to Caregiving

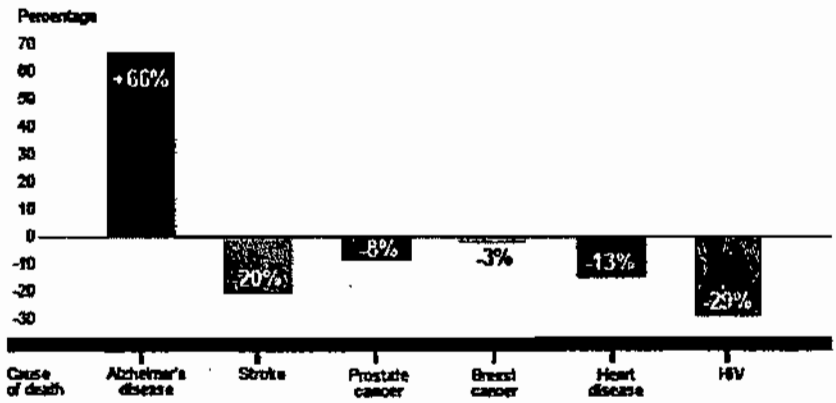


Created from data from the Alzheimer's Association 2010 Women and Alzheimer's Poll, October 2010.
Source: Alzheimer's Association *2011 Alzheimer's Disease Facts and Figures.*

Deaths from Alzheimer's disease

Alzheimer's is the sixth-leading cause of death in the country and the only cause of death among the top 10 in the United States that cannot be prevented, cured or even slowed. Based on mortality data from 2000-2008, death rates have declined for most major diseases while deaths from Alzheimer's disease have risen 66 percent during the same period.

Changes in Selected Causes of Death, 2000-2008



Source: Alzheimer's Association *2011 Alzheimer's Disease Facts and Figures.*

Back to top

Alzheimer's facts in each state

The *2011 Alzheimer's Disease Facts and Figures* report also contains data on the impact of this disease in every state across the nation. Click below to see the effect that Alzheimer's is having in your state.

ATTACHMENT-12H

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:

New Construction addition:

50 beds new construction / 35,650 gsf = 713 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 in the limit for gross square feet per bed as per the State's standards. Therefore, this item is not germane.

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 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 not involve the conversion of existing bed space; therefore, this item is not germane.

ATTACHMENT-13

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 Alden Estates of Shorewood facility just submitted (March 2012) its project completion requirements back to the Health Facilities and Services Review Board. The Applicant is pleased to announce that it has also just received licensure from the Department of Public Health. Therefore, it is in the process of opening and going through fill-up. As part of this project, the Applicant revisited the physician referrals that were provided in the original application and the physicians reaffirmed that their original referrals are still valid. Therefore, the Applicant is still within its allowed fill-up window as provided by the Board's rules and is confident that the target utilization can be reached and reasonably maintained.

The Applicant's physician referral letters, appended as **ATTACHMENT-14A,** also document additional ADRD referrals. These new referrals are separate and distinct from the original, still valid referrals, and can be made specifically for their patients who are afflicted with ADRD. Specifically, the five physician letters of support state that it is their intent to provide referrals should an opening be available. It should be noted that these letters acknowledge and state that the referrals of between 192 -396 ADRD patients annually are in addition to the referrals for general geriatric residents that they may have made previously. The proposed project through the addition of capacity and capacity specifically designed and programmed for

PROJECT SERVICES UTILIZATION: (Continued ii)

those with dementia will begin to address the lack of services available to the residents of the Will County Planning Area. Furthermore, the physician referrals of ADRD specific patients proved that the need will begin to be addressed. Therefore, reaching and maintaining the optimal utilization of 90% should not be an issue.

ATTACHMENT-14

DINESH K. JAIN, M.D.
INTERNAL MEDICINE

16532 S. OAK PARK AVE., STE. 101
TINLEY PARK, IL 60477
TELEPHONE (708) 429-2220
FAX (708) 342-1521

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

A cursory review of our files indicated that we had previously referred approximately 6 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 5 patients per month to your facility for memory care. Some of my patients would definitely benefit from skilled care for Alzheimer's and related dementia diseases. It should be noted that these projected referrals are in addition to the referrals used to justify the original 100 bed project. My previous referral estimate of between 15 to 20 general geriatric/skilled rehabilitative patients per month is still relevant.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Dinesh K. Jain, M.D.

ATTACHMENT-14A

DEPARTMENT OF VETERANS AFFAIRS
Joliet VA Clinic
2000 Glenwood Ave.
Suite 107
Joliet, IL 60436

July 21, 2011

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

I believe I would be able to refer in the future at least 3 to 5 patients per month to your facility for nursing care. Some of my patients would definitely benefit from skilled care for Alzheimer's and related dementia diseases. To further substantiate my potential referrals, I have reviewed my records and have determined that as of today I would be able to refer the following patients to Alden Courts of Shorewood, if beds were now available. In order to maintain patient confidentiality, I am only including initials of the patients:

1. D.P.
2. S.H.
3. F.R.
4. F.B.
5. D.M.
6. B.L.
7. O.W.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Rafia Ali

Rafia Ali, D.O.

ATTACHMENT-14A

Sanjay Thakkar, MD
Board Certified Internal Medicine

28W. Countryside Parkway, Suite D,
Yorkville, IL 60560

Ph# 630-882-6441, Fax# 630-882-6443

24 Hours Answering Service 708-783-5560
Website: www.sthakkarmd.com

July 22, 2011

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

A cursory review of our files indicated that we had previously referred approximately 10 patients each month to area facilities.

I believe I would be able to refer in the future at least 5 to 10 patients per month to your facility for memory care. It should be noted that these projected referrals are in addition to the referrals used to justify the original 100 bed project. Additionally, my previous referrals of between 15 to 20 general geriatric/skilled rehabilitative patients are still relevant.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Sanjay Thakkar, M.D.

ATTACHMENT-14A

Marianjoy Medical Group
Wheaton Franciscan Healthcare

DENNIS J. KEANE, M.D.
Medical Director-Physical Medicine & Rehabilitation
Board Certified Physical Medicine & Rehabilitation, Pain Management & Electrodiagnostic Medicine

Tel 630.909.6470
Fax 630.585.0042

2020 West Ogden Avenue, Ste. 365
Aurora, Il 60504
www.Marianjoy.org

July 22, 2011

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

A cursory review of our files indicated that we had previously referred approximately 2-3 patients each month to area facilities.

I believe I would be able to refer in the future at least 2 to 3 patients per month to your facility for memory care. It should be noted that these projected referrals are in addition to the referrals used to justify the original 100 bed project. Additionally, my previous referrals of between 15 to 20 general geriatric/skilled rehabilitative patients are still relevant.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Dennis J. Keane, M.D.

ATTACHMENT-14A

July 22, 2011

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

A cursory review of our files indicated that we had previously referred approximately 10 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 6 patients per month to your facility for memory care. It should be noted that these projected referrals are in addition to the referrals used to justify the original 100 bed project. Additionally, my previous referrals of between 15 to 20 general geriatric/skilled rehabilitative patients are still relevant.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Kalpesh Patel, M.D.

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 a 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

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

Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds	# to Establish	# to Expand	# to Modernize
☒ **General Long Term Care**	**100**	**150**	**0**	**+50**	**0**

2. 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

ATTTACHMENT-28

	.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-16

ATTACHMENT-28

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 689 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 March 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 Will County Planning Area within HSA VIII. With the signing of this application, the Applicant attest that the primary purpose of this project is to serve residents of the Will County Planning Area and that at least 50% of the residents will come from within the Planning Area.

To further document the need for the specialized memory support care unit and the fact that the primary purpose is to serve the residents within the Will County Planning Area but also the corresponding 30-minute travel time/market contour, Alden commissioned a market feasibility study which was prepared by Cooper Valuation Group. This study is appended as **ATTACHMENT-17B**.

LONG-TERM CARE BED INVENTORY UPDATES
09/16/2011 - 03/15/2012

LONG-TERM CARE GENERAL NURSING BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
Perry	207	210	(3)
Randolph	580	492	88
Richland	360	309	51
Union	351	293	58
Washington	172	263	(91)
Wayne	133	169	(36)
White	354	353	1
Williamson	600	543	57
HEALTH SERVICE AREA 006			
Planning Area 6-A	5,963	7,217	(1,254)
Planning Area 6-B	4,252	4,178	74
Planning Area 6-C	5,209	5,037	172
HEALTH SERVICE AREA 007			
Planning Area 7-A	4,482	3,324	1,158
Planning Area 7-B	7,180	6,848	332
Planning Area 7-C - DuPage Co.	6,867	5,968	899 ←
Planning Area 7-D	2,519	2,904	(385)
Planning Area 7-E - So. Cook Co.	9,328	8,989	339 ←
HEALTH SERVICE AREA 008			
Kane	3,322	2,894	428 ←
Lake	5,275	4,699	576
McHenry	1,501	1,032	469
HEALTH SERVICE AREA 009			
Grundy	260	265	(5)
Kankakee	1,290	1,368	(78)
Kendall	219	185	34 ←
Will	3,479	2,790	689 ←
HEALTH SERVICE AREA 010			
Henry	452	500	(48)
Mercer	222	186	36
Rock Island	1,243	1,326	(83)
HEALTH SERVICE AREA 011			
Clinton	432	406	26
Madison	2,048	2,193	(145)
Monroe	435	324	111
St.Clair	2,102	2,294	(192)

LONG-TERM CARE ICF/DD 16 BED NEED

PLANNING AREA	CALCULATED BED NEED	APPROVED BEDS	ADDITIONAL BEDS NEEDED OR EXCESS BEDS ()
HSA 1	268	360	(92)
HSA 2	268	333	(65)
HSA 3	230	383	(153)
HSA 4	322	334	(12)
HSA 5	255	639	(384)
HSA 6,7,8 & 9	3,429	1,133	2,296
HSA 10	82	40	42
HSA 11	220	384	(164)

ATTACHMENT-17A
ATTACHMENT-28

Cooper
Valuation Group™

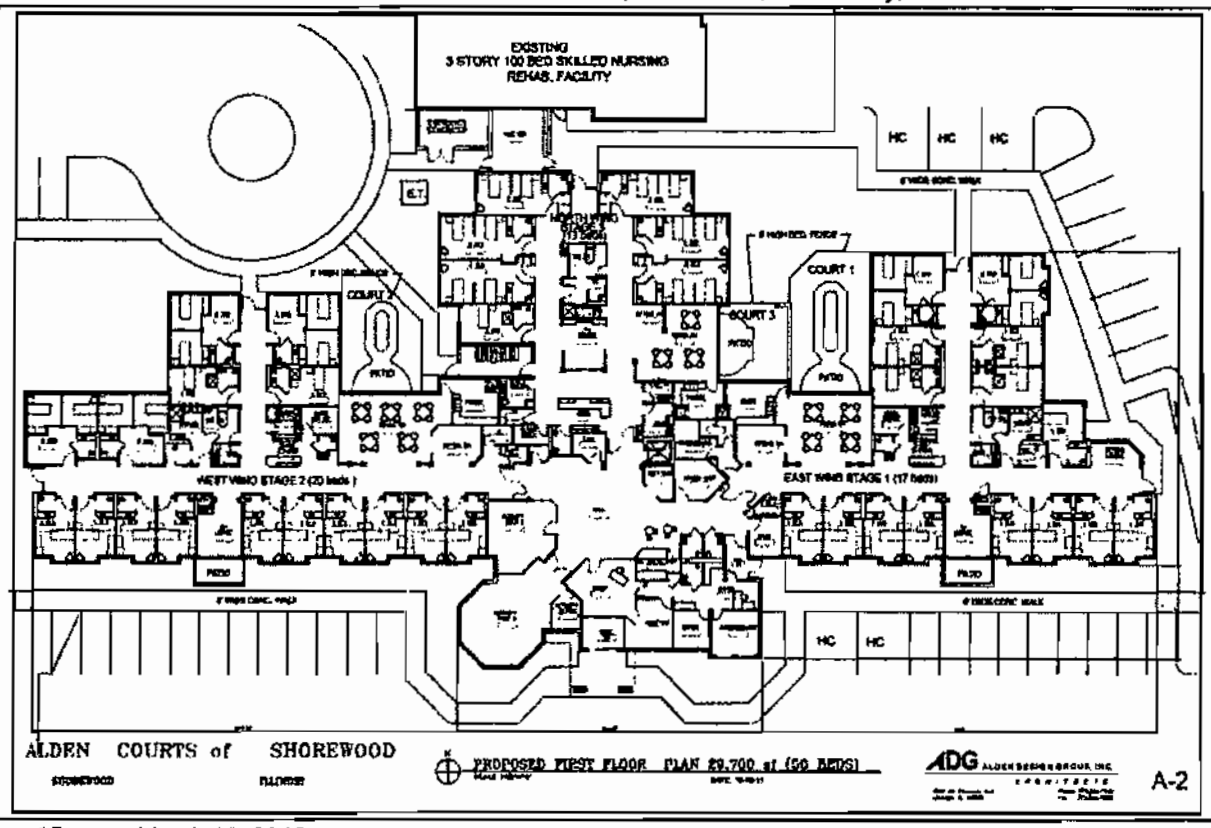
Appraisals

Market Studies

Cooper Valuation Group, 5 South Monroe, Hinsdale, Illinois 60521
Phone 630-734-3215 www.CooperValuationGroup.com

CONSULTING REPORT

Property:
Proposed 50-Bed Skilled Nursing Facility Dedicated to Memory Care (ADRD)
Northwest Corner of Shorewood Drive and West Black Road, Shorewood, Will County, Illinois 60404



Date of Report: March 19, 2012

Prepared For:
Randi Schlossberg-Schullo
President
Alden Realty Services, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

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www.CooperValuationGroup.com

ATTACHMENT-17B
ATTACHMENT-28

Cooper Valuation Group, 5 South Monroe, Hinsdale, Illinois 60521
Phone 630-734-3215 www.CooperValuationGroup.com

March 19, 2012

Randi Schlossberg-Schullo
President
Alden Realty Services, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

Assignment: **Consulting Report** - Proposed 50-Bed Skilled Nursing Facility Dedicated to Memory Care (ADRD), Northwest Corner of Shorewood Drive and West Black Road, Shorewood, Will County, Illinois 60404.

In accordance with your authorization, we present this Consulting Report. Thank you for the opportunity to be of service. Should you have any questions or desire further information, please contact us at any time.

Respectfully,

Cooper Valuation Group

Michael L. Cooper, President

Illinois Certified General Real Estate Appraiser, No. 553.001488, exp 9/30/13

CVG Internal Job# 1087

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Assumptions and Limiting Conditions

This report is subject to the following conditions and to other specific and limiting conditions as described in the report.

1. We assume no responsibility for matters legal in nature affecting the property or its title, nor do we render any opinion as to the title, which is assumed to be good and marketable. All existing liens and encumbrances, if any, have been disregarded, and the property is treated as though free and clear and held under responsible ownership and competent management.

2. Information, estimates and opinions furnished to us and contained in the report were obtained from sources considered to be reliable and are believed to be true and correct. However, we assume no responsibility for their accuracy.

3. Although parcel dimensions were taken from a source considered reliable, this should not be construed as a land survey. The exact land size and legal description should be verified by a licensed engineer or land surveyor.

4. Sketches presented in the report may show approximate dimensions and are included to assist the reader in visualizing the property. We assume no responsibility for their accuracy, and we have made no survey of the property.

5. It is assumed that the utilization of the land and improvements is within the boundaries or property lines of the property and that there is no encroachment or trespass unless noted in the report.

6. This report is prepared for the sole and exclusive use of the client. No third parties are authorized to rely upon this report without express written consent.

7. It is assumed that all applicable zoning and use regulations and restrictions have been complied with unless a nonconformity was stated, defined and considered in the report.

8. It is assumed that all required licenses, certificates of occupancy, consents or other legislative or administrative authority from any local, state or national government or private entity or organization have been or can be obtained or renewed for any use on which this report is based.

9. Full compliance with all applicable federal, state and local environmental regulations and laws is assumed unless noncompliance is stated, defined and considered in the report.

10. In this assignment, the existence of potentially hazardous material, gases, toxic waste and mold, which may or may not be present on the property, was not observed; nor do we have any knowledge of the existence of such materials on or in the property. To the best of our knowledge, the presence of potentially hazardous waste, materials or gases has not been detected, or if they have been detected, it has been determined that the amount or level is considered to be safe according to standards established by the Environmental Protection Agency. However, we are not qualified to detect such substances and do not make any guarantees or warranties that the property has been tested for the presence of potentially hazardous waste material or gases or, if tested, that the tests were conducted pursuant to EPA-approved procedures. The existence of any potentially hazardous waste, gases, or mold may have an effect of the property. We urge the client to retain an expert in this field if desired. We are not property or environmental inspectors and do not guarantee that the property is free of defects of environmental issues.

11. It is assumed that the property will have an adequate supply of energy in the future.

12. The Americans with Disabilities Act (ADA) became effective January 26, 1992. We have not made a specific compliance survey and analysis of this property to determine whether or not it is in conformity with the various detailed requirements of the ADA. It is possible that a compliance survey of the property together with a detailed analysis of the requirements of the ADA could reveal that the property is not in compliance with one or more of the requirements of the act. If so, this fact could have a negative impact on the property. Since we have no direct evidence relating to this issue, possible noncompliance with the requirements of the ADA was not considered.

13. We assume there are no hidden or unapparent conditions of the property, subsoil or structures and we assume no responsibility for such conditions or for engineering that might be required to discover such factors.

14. No requirement shall be made of us to give testimony or appear in court by reason of this report of the property in question, unless arrangements have been made previously. If any courtroom or administrative testimony is required in connection with this report, an additional fee shall be charged for those services.

15. Possession of this report, or copy hereof, does not carry with it the right of publication nor may it be used for any purposes whatsoever by any but the client without the previous written consent of us or the client.

16. Neither all nor any part of the contents of this study shall be disseminated to the public through advertising media or public means of communication without prior written consent and approval.

17. Our inspection of the subject should in no way be construed as an engineering inspection for its structural soundness, its physical condition or for the condition of the mechanical systems; we recommend that interested parties obtain an engineering inspection by a competent engineer.

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INTRODUCTION

Client/Intended User(s)

Our client and the State of Illinois are the intended users of this report. This report is not intended to be (a) used by others and/or (b) used for other purposes.

Intended Use & Purpose of the Opinions and Conclusions

This report will likely be used by our client and the State of Illinois in determining need for additional nursing care beds in the market and, specifically, the need for additional memory care (ADRD) nursing care beds in the market. This report is not intended to be (a) used by others and/or (b) used for other purposes.

Effective Date of Opinions and Conclusions

March 5, 2012 (date of site visit).

Scope of Work

Per our discussions with our client, the following is the scope of work:

1. Identify and detail occupancies and census mixes for all SNFs in 30-minute drive time from most recent Medicaid Cost Reports or IDPH Profiles.
2. Calculate demand for facility as a "standard" 50-bed SNF.
3. Calculate demand for facility as a 50-bed ADRD SNF. We focus only on secured ADRD units – facilities offering separate units/wings/floors for ADRD residents and specially trained staff and programming to properly care for ADRD residents.
4. Show private pay and Medicaid demand for ADRD SNF beds.

- Patrick T. Riley (Illinois Certified Associate Real Estate Trainee Appraiser No. 557.005669, exp. 9/30/13) visited the property on March 5, 2012, described the neighborhood, and analyzed/ordered Claritas reports.
- Elisheva (Elizabeth) Beller (Illinois Certified General Real Estate Appraiser No. 553.001186, exp. 9/30/13) performed the market survey and researched ADRD statistics.

The scope of work completed provides credible assignment results.

Abbreviations

CCRC = Continuing Care Retirement Community; NF = Nursing Facility; SNF = Skilled Nursing Facility; ICF = Intermediate Care Facility; DD = Developmental Disability; MI = Mentally Ill; SLF = Supportive Living Facility; ALF = Assisted Living Facility; ILF = Independent Living Facility; SCF = Sheltered Care Facility; ADLs = Activities of Daily Living; PRD = Per Occupied Resident Day; **ADRD = Alzheimer's Disease and Related Dementias.**

Alzheimer's Disease and Related Dementias - Defined

Source: **www.alz.org**.

> Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. Memory loss is an example. Alzheimer's is the most common type of dementia. Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Alzheimer's disease accounts for 60 to 80 percent of cases. Vascular dementia, which occurs after a stroke, is the second most common dementia type. But there are many other conditions that can cause symptoms of dementia, including some that are reversible, such as thyroid problems and vitamin deficiencies.

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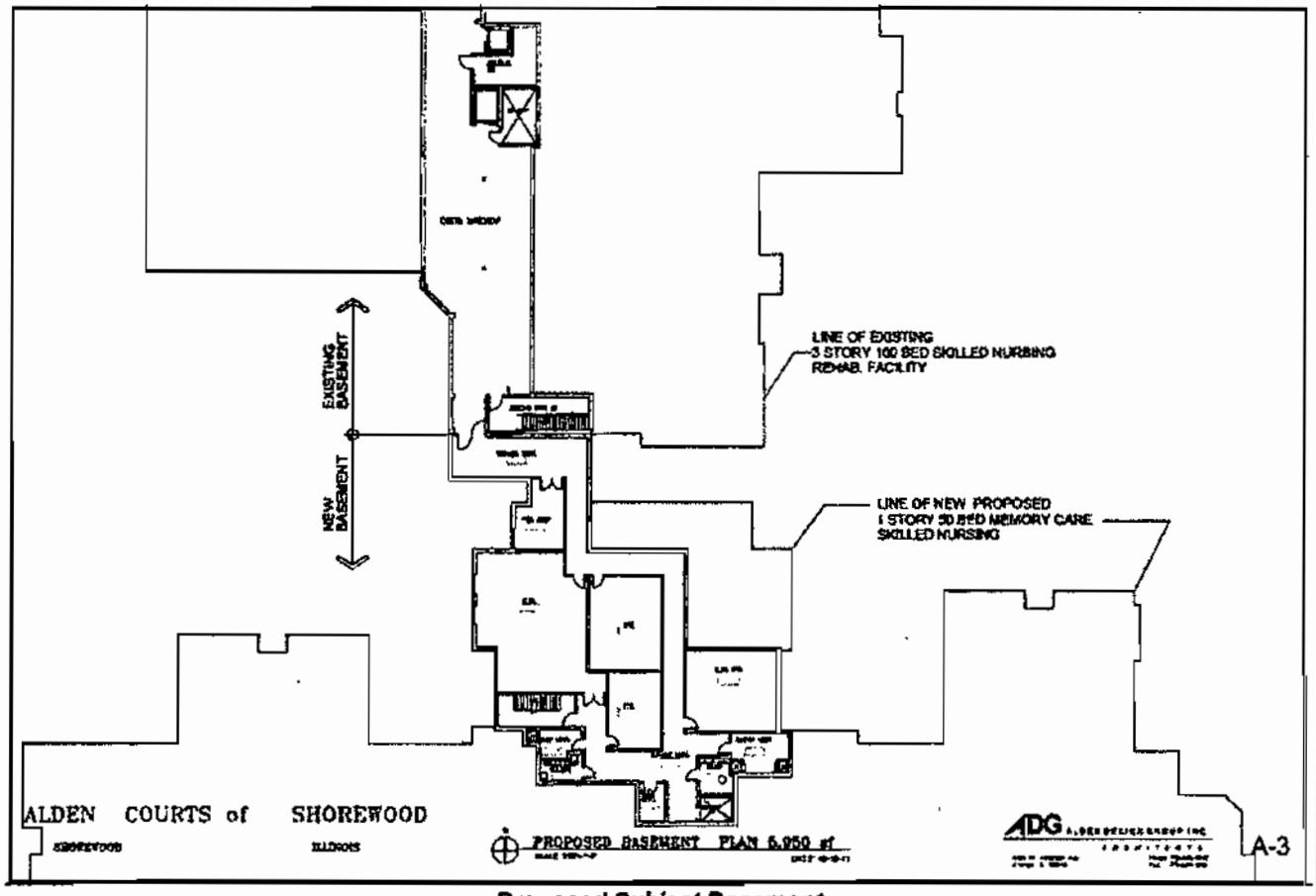
IDENTIFICATION OF THE PROPOSED SUBJECT PROPERTY AND SERVICES

The subject site is at the northwest corner of Shorewood Road and West Black Road in Shorewood, Will County, Illinois. The Edward Plainfield Hospital, constructed in 2005, is just 9 miles north of the subject site. Silver Cross has built a new replacement hospital in New Lenox just 14 miles west of the subject site.

Our client is proposing to build a 50-bed Skilled Nursing Facility that will be fully dedicated to memory care (ADRD). The subject is to be connected on the north to a larger, 3-story 100-bed Skilled Nursing Facility currently being built. The following is the preliminary site plan for the senior campus.



Proposed Subject Basement

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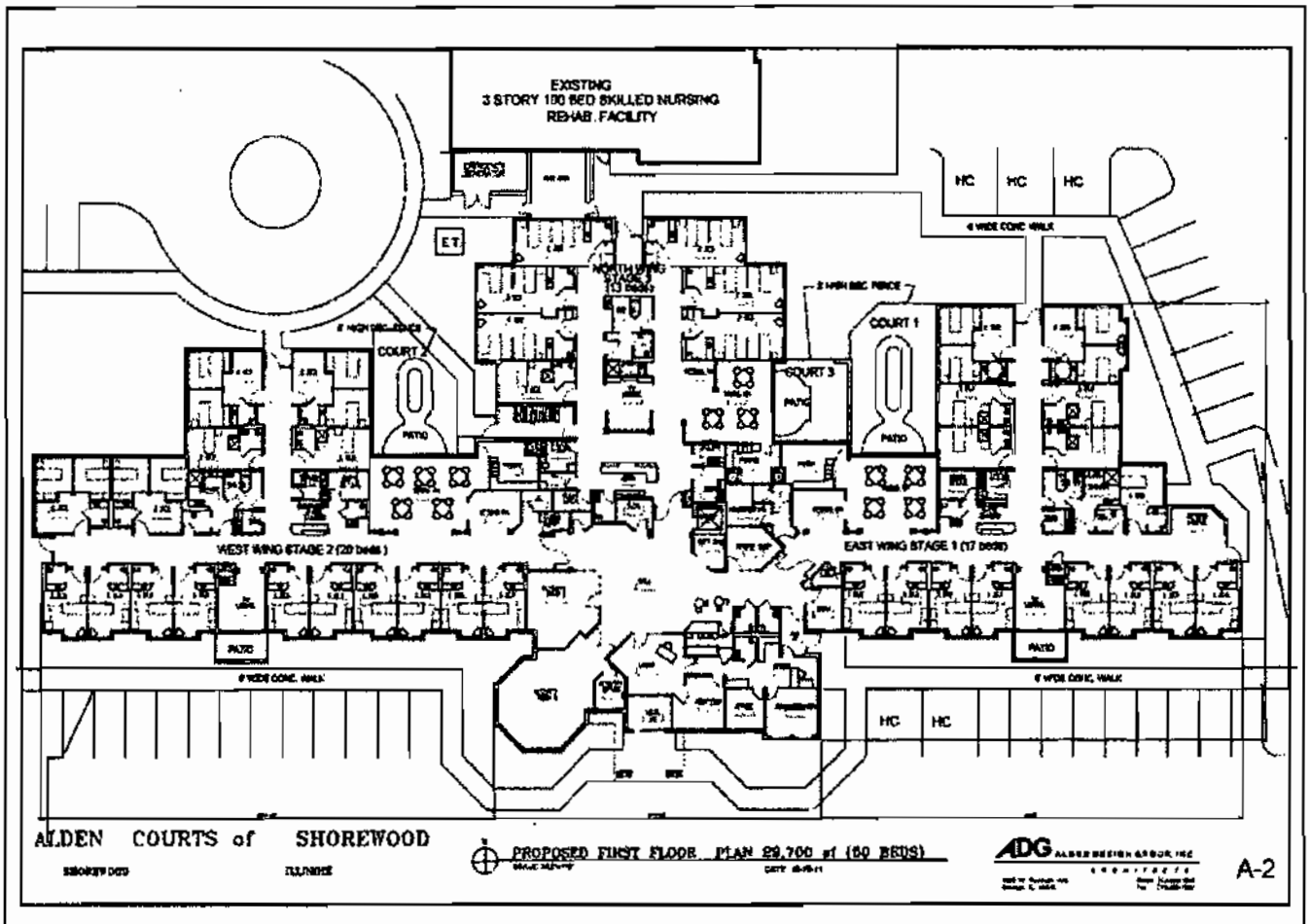

Proposed Subject 1st Floor

The proposed subject SNF will reportedly have a modern unit mix of only 1-bed units and 2-bed units, then ample common areas including lounges, salon, gift shop, activity rooms, dining rooms, etc. The subject will cater to only a memory care ADRD census and be designed to provide care to that distinct population. Each of the 3 wings has its own kitchen and dining area, as well as patios, lounges and nurse's stations. Overall, the proposed layouts and designs will be superior to the competitors in the market.

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On-Site Services

Skilled Nursing Facilities (SNFs) typically concentrate on the long-term, skilled geriatric care market as well as on rehabilitation (Medicare). One of the subject SNFs is to have a typical geriatric focus while the smaller SNF will be dedicated for memory care/ADRD.

- Nursing: includes long-term medical and/or nursing care and short-term rehabilitation for injured, disabled or sick persons. Such services are generally at levels above those offered at ALFs or by most home health care services due to mental or physical conditions that are most appropriately handled in an institutional setting. Staff typically includes RNs, LPNs, and other staff such as Nursing Aides and Orderlies. This includes proper administering of medications and nursing programs.
- Rehabilitation: includes physical, occupational, speech therapy staff and services to return or improve the resident's overall health.
- Social services and activities: includes social interaction programs and activities designed to improve the resident's overall health.
- Dietary: includes specialized meals to provide proper nutrition.

The following is a list of services typically provided to all SNF residents regardless of census type (private pay, Medicare, etc.):

- 24-hour nursing care
- 3 meals per day with snacks and special diets
- laundry services (personal and linens)
- full housekeeping services
- activities & social services,
- accounting records (payment assistance)

Additional charges are typical for therapy, supplies, prescription drugs, and other specific personal needs. The following is a list of additional charges that is generally allocated to the "Other Income" category:

- Cable TV
- Telephone
- Personal items (cigarettes, novelties, etc.)
- Gift shop purchases
- Special food requests not related to special diets

➢ Conclusion: The subject's proposed basic services and additional charges are consistent with ADRD market.

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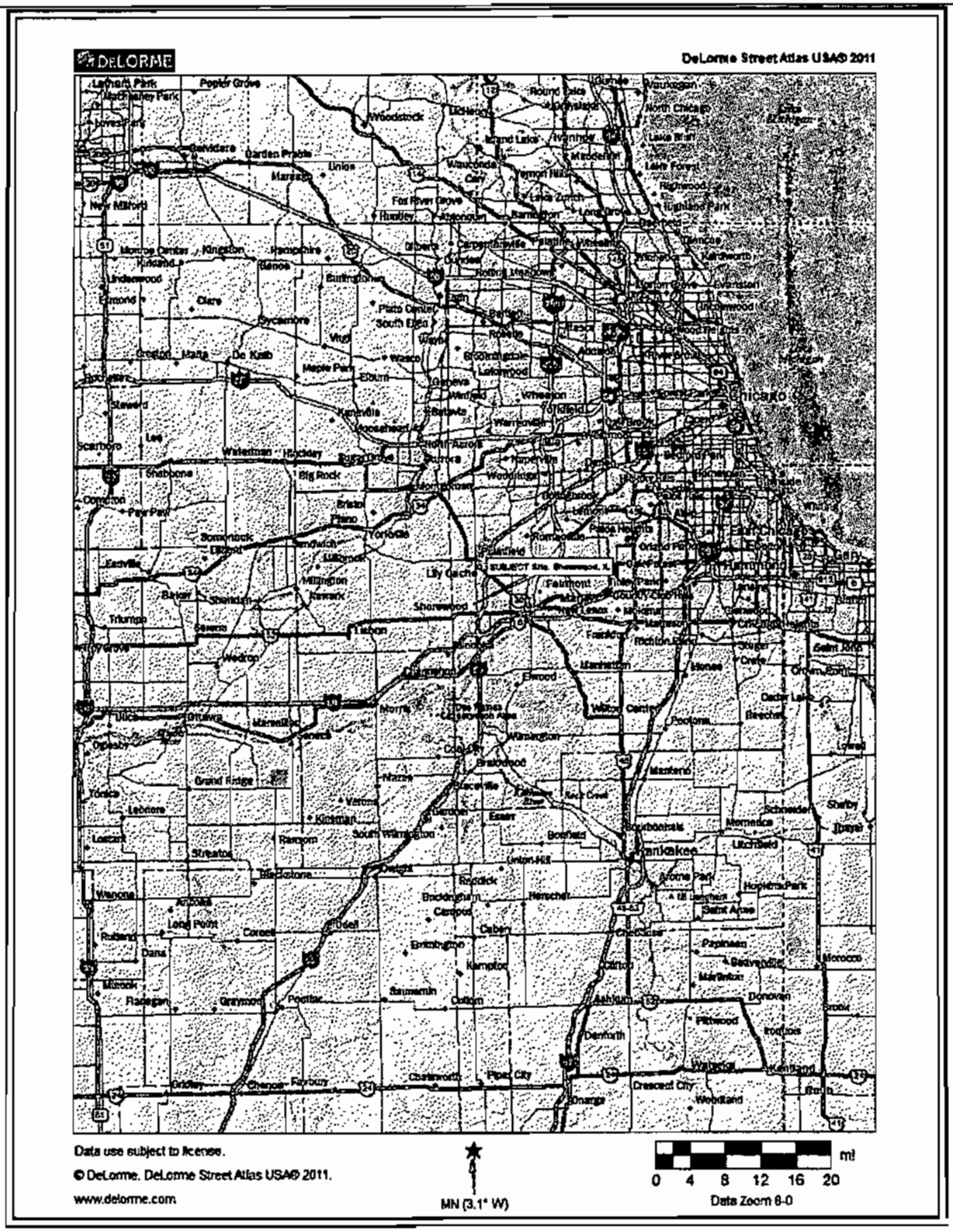
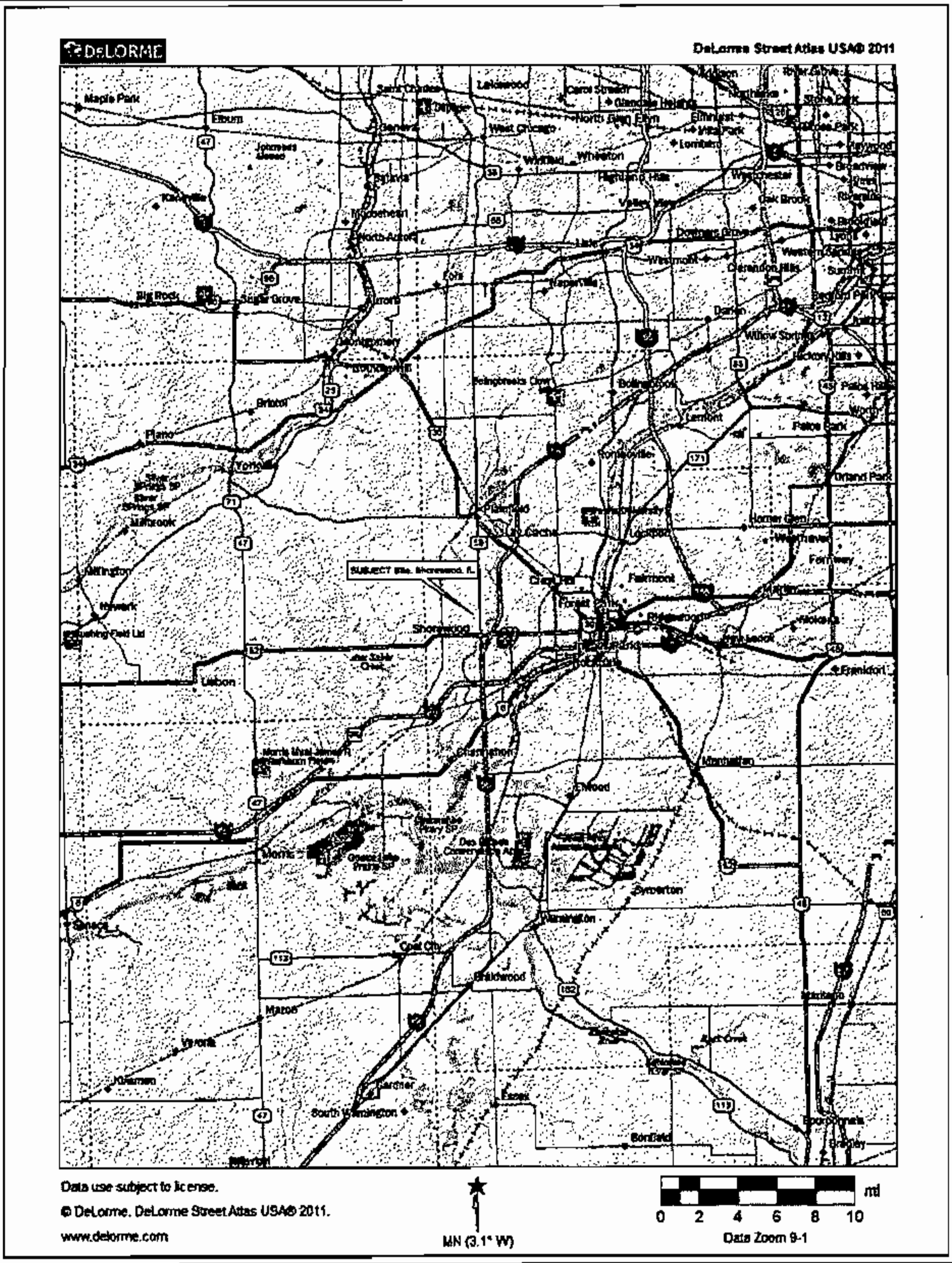


Location Map

ATTACHMENT-17B
ATTACHMENT-28



Location Map

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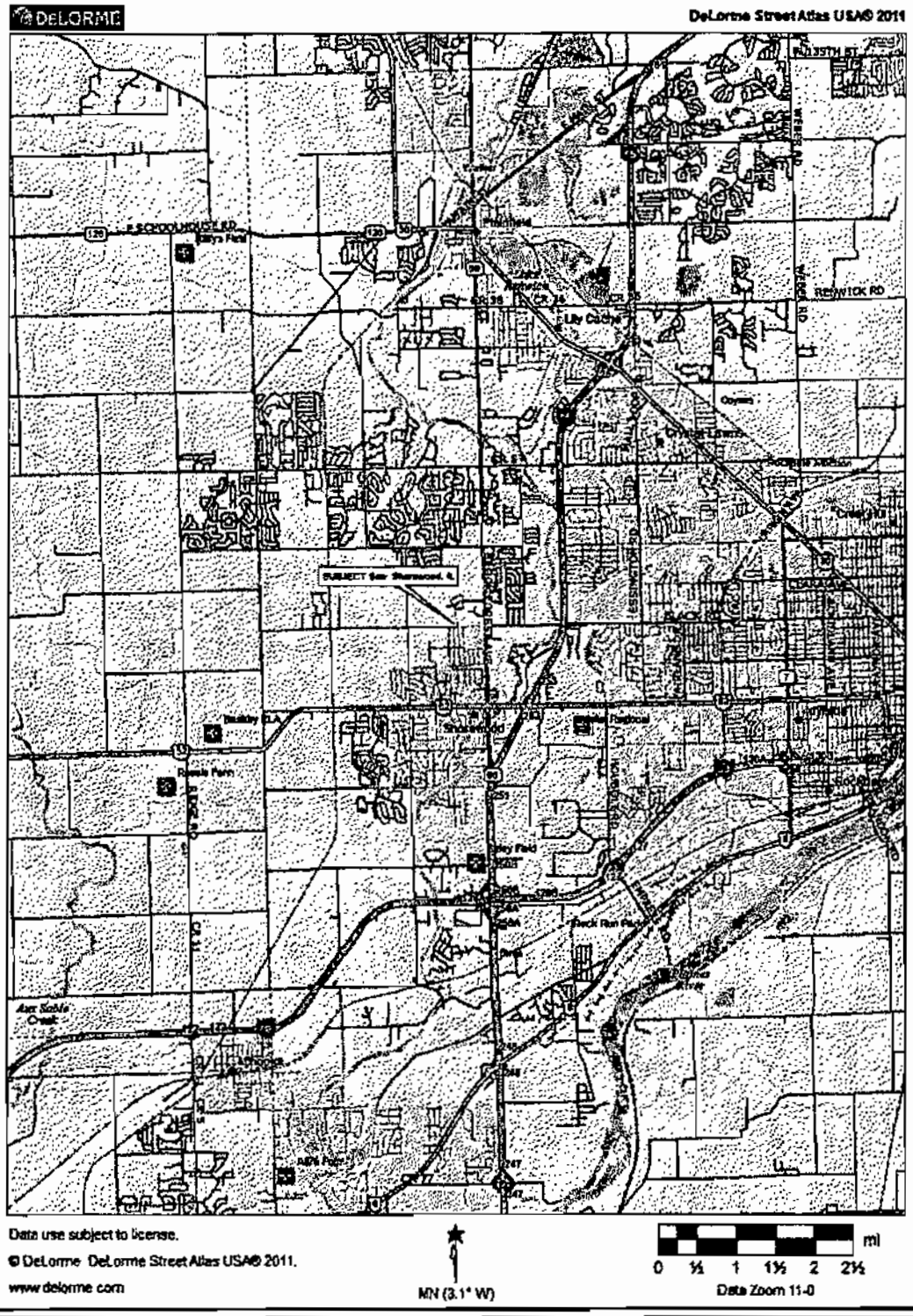
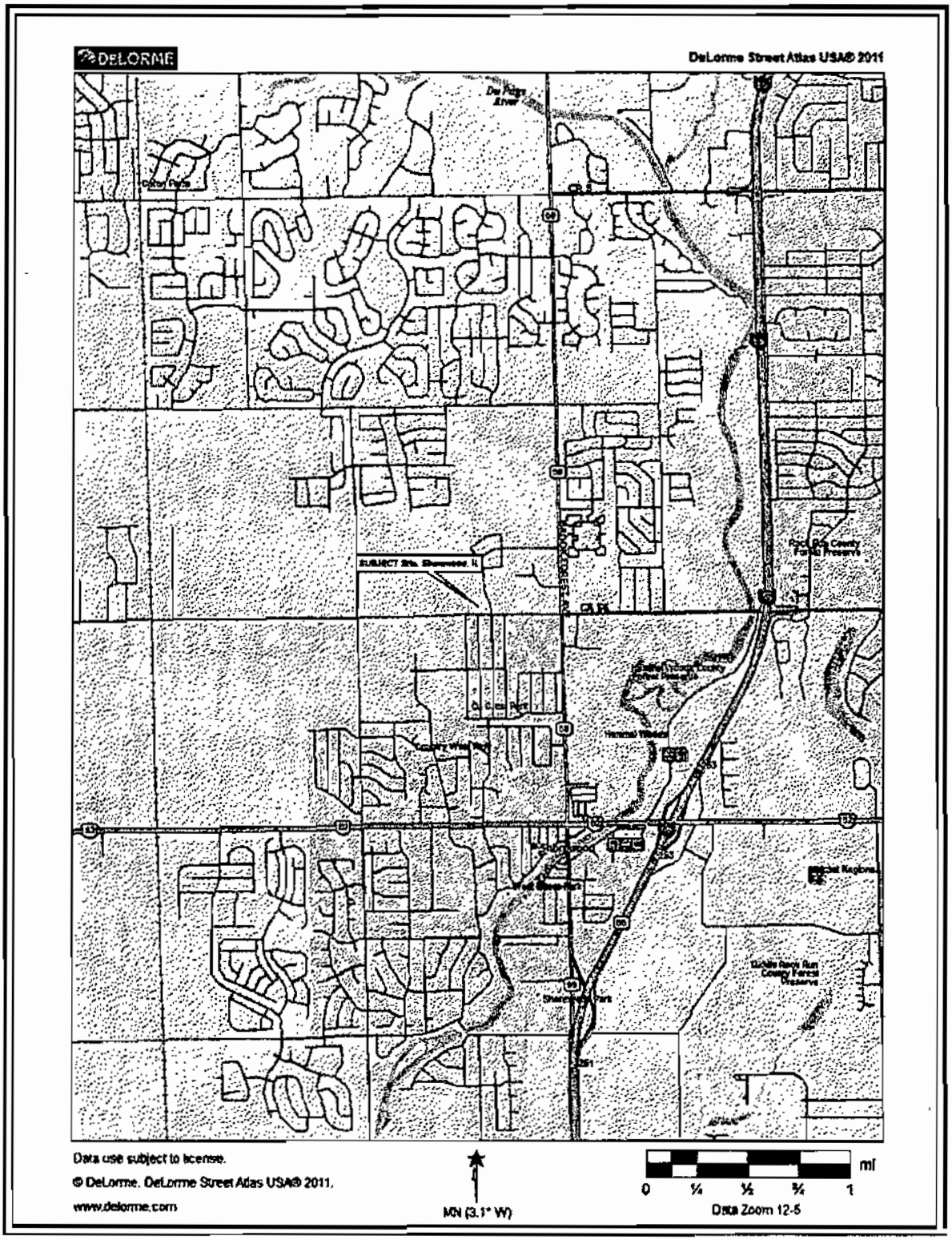
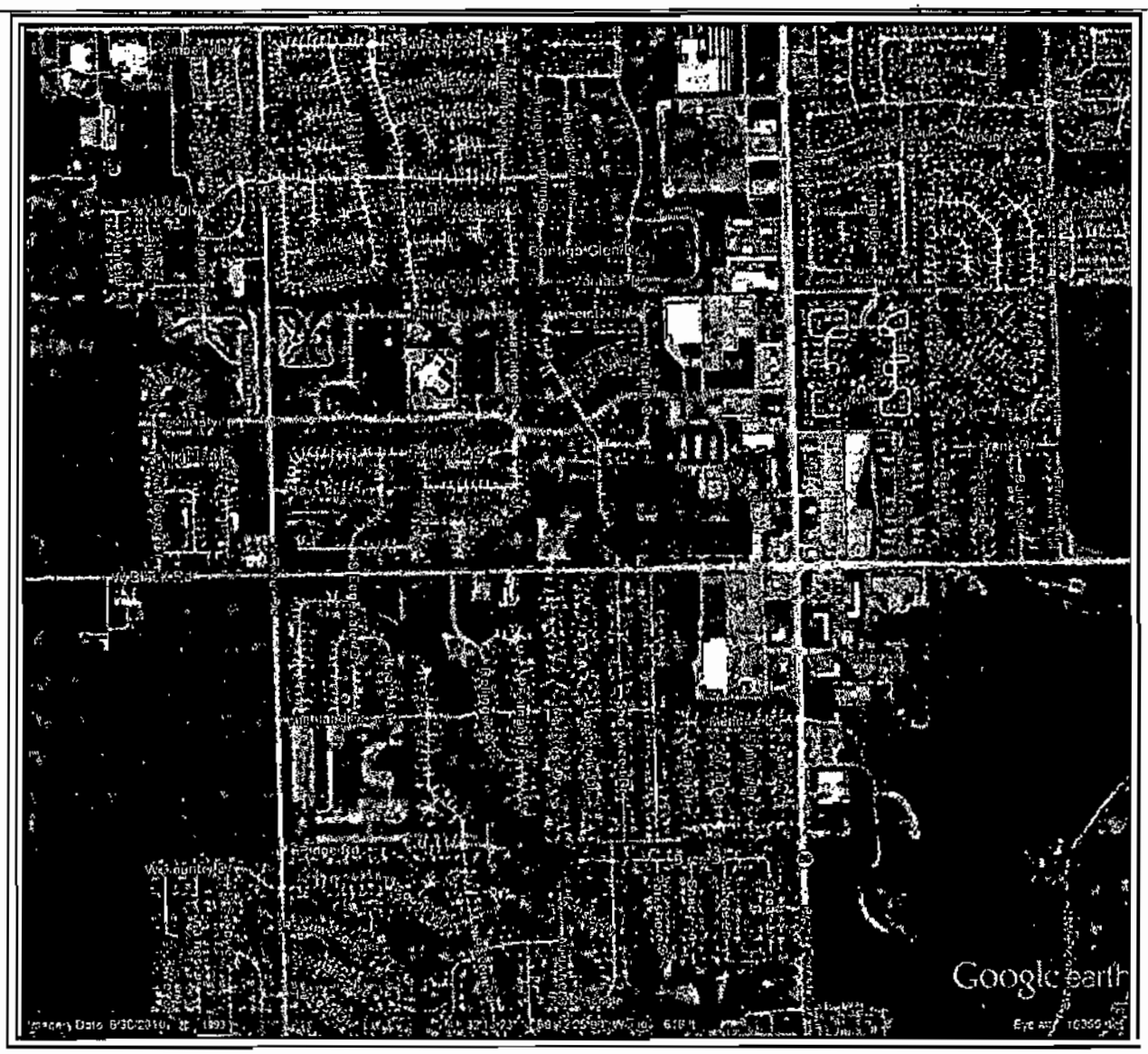
ATTACHMENT-28



Location Map



Location Map



Aerial Map

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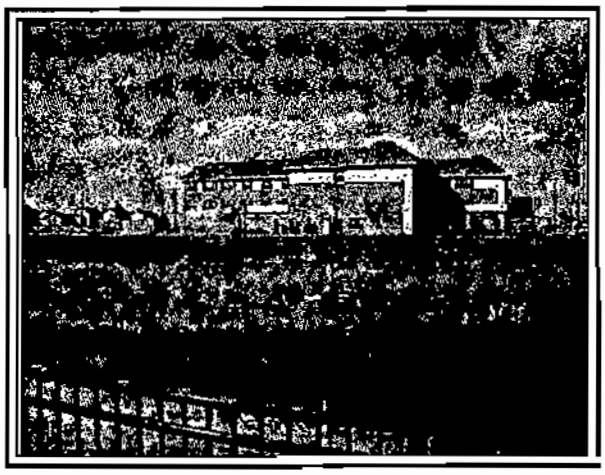
Land Uses Adjacent to the Subject Property

- The subject site is in a residential area surrounded by single-family homes on 3 sides and a school and nursing facility on one side. The subject location benefits from proximity to Interstates 80 and 55 with an interchange at Jefferson Street about 1 mile southeast of the subject site. Jefferson Street (Route 52) is the main east-west street for the area.

North: Alden Estates of Shorewood SNF being built followed by the Trinity Christian School and single-family homes.



View North across site from West Black Road

South: Single-family homes.

View South along Shorewood Drive

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East: Single-family homes followed by farmland and commercial properties along Route 59.

View East along Black Road

West: Single-family homes.

View West across site

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MARKET ANALYSIS

The Primary Market Area (PMA) is defined as the area from which most of the prospective residents originate. A variety of issues influence the boundaries of the PMA including factors such as drive times, man-made or natural boundaries, mileage, and social characteristics. Urban vs. rural locations can obviously have vastly different boundary characteristics based on density of land uses. In our experience, the PMA typically provides 70% to 80% of the residents with the remaining 20% to 30% coming from the SMA.

Definition of the Primary Market Area (PMA)

The subject SNF will be dedicated for memory care/ADRD. The subject is in Shorewood which is in Will County. Per our client's directions, the Primary Market Area (PMA) is defined as a 30-minute drive time from the subject site. As expected, the PMA stretches east-west along Interstate 80 and then north along Interstate 55. The following map shows the 30-minute drive time PMA, which includes portions of Will, DuPage, Kane and Cook Counties.

Demographics

Total Population

PMA Population Projections							
	2000 Census		2011 Estimate		2016 Projection		Annual Change
	Number	% Total	Number	% Total	Number	% Total	2011 - 2016
Total Population	1,031,310	100%	1,283,151	100%	1,380,309	100%	1.5%
				% Change 2011-2016:		7.6%	

The PMA population is projected to increase at a rate of 1.5% per year from 2011 to 2016 (7.6% overall), which is a solid growth rate.

Elderly Population

PMA Elderly Population							
Population Over Age 75	2000 Census		2011 Estimate		2016 Projection		Annual Change
	Number	% Total	Number	% Total	Number	% Total	2011 - 2016
75-84	34,600	74%	39,085	69%	44,606	69%	2.8%
85 and Over	12,152	26%	17,479	31%	19,940	31%	2.8%
Total	46,752	100%	56,564	100%	64,546	100%	2.8%
				% Change 2011-2016:		14.1%	

The age 75+ segment is projected to grow at a rate of 2.8% per year from 2011 to 2106 (14.1% overall). The projected growth indicates solid future demand for SNFs as a significant percentage of the 75+ and 85+ cohorts typically require assistance with ADLs, skilled nursing care, and ADRD care.

Adult Children Population

Adult children are often the decision-makers for housing options for their parents and are also a factor in relocating parents to be near their children and grandchildren.

PMA Adult Children Population							
	2000 Census		2011 Estimate		2016 Projection		Annual Change
	Number	% Total	Number	% Total	Number	% Total	2011 - 2016
Ages 45-64	226,336	100%	341,140	100%	377,280	100%	2.1%
Source: Claritas				% Change 2011-2016:		10.6%	

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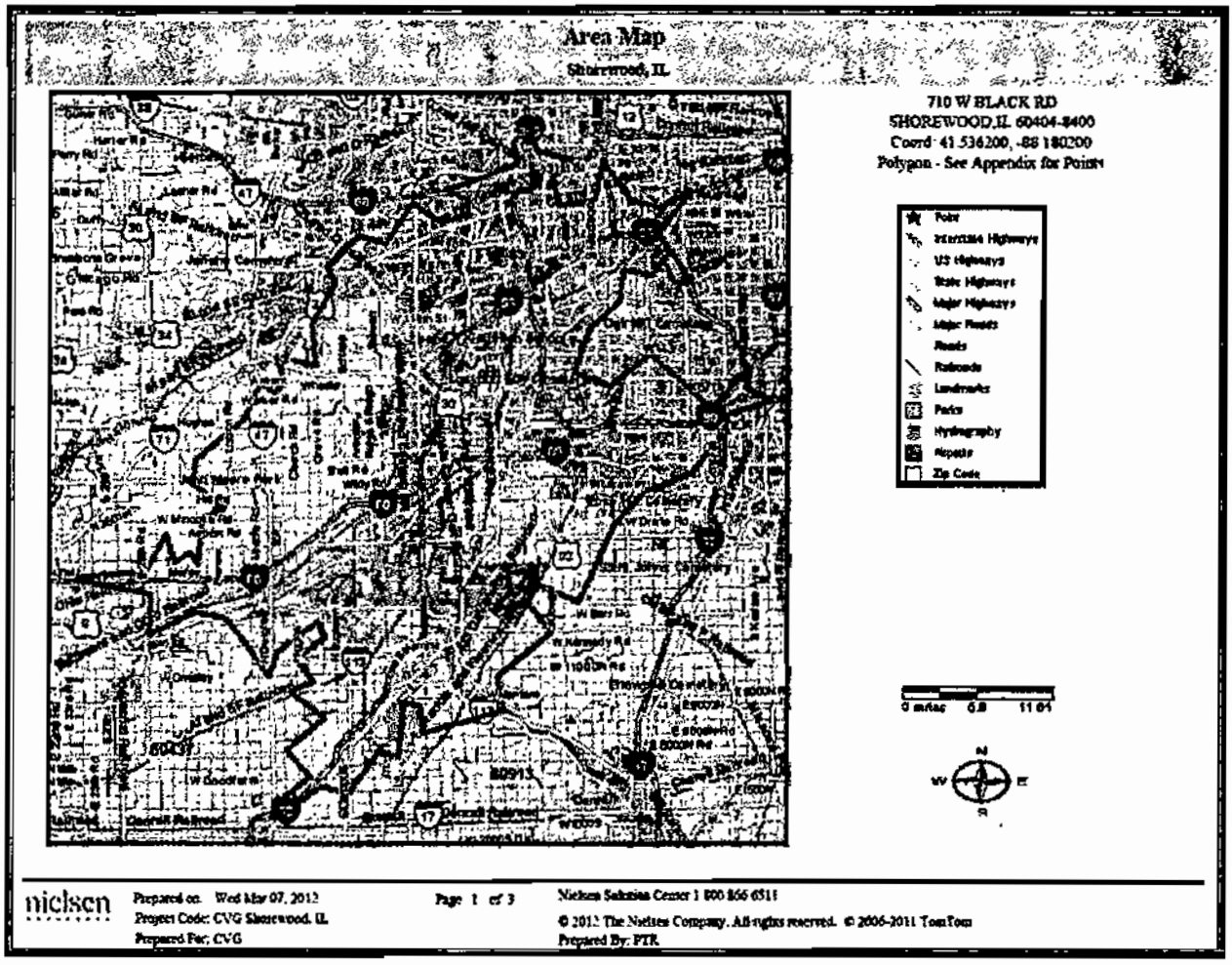
The "adult children" segment in the PMA is projected to increase at a rate of 2.1% per year (10.6% total from 2011 to 2016) which bodes well for long-term care facilities (ALFs, SNFs, etc.).



Market Area Map (30-minute drive time)

Incomes

Average Household Income Comparison				
	2000 Census	2011 Estimate	2016 Projection	Annual Change 2011 - 2016
PMA	$78,768	$89,845	$91,395	0.3%
Illinois	$61,544	$71,598	$73,338	0.5%
USA	$56,644	$67,529	$69,479	0.6%

Source: Claritas

The PMA has an average household income that is much higher than state and national averages, which points to demand for private pay SNF beds. The average income is projected to grow at a slower rate than the state and nation.

Housing Values

Median All Owner-Occupied Housing Unit Values				
	2000 Census	2011 Estimate	2016 Projection	Annual Change 2011 - 2016
PMA	$170,390	$235,766	$252,985	1.5%
Illinois	$127,527	$182,083	$198,165	1.8%
USA	$112,467	$172,751	$189,669	2.0%
Source: Claritas				

The PMA has a median housing value higher than state and national averages, which again points to demand for private pay SNF beds. The sale of a home is often the main source of assets/income available to a senior to pay for long-term care. An American Seniors Housing Association survey in May 2008 stated that 74% of seniors 75+ have paid off their mortgages. Assuming no debt, 10% sales costs, and a 3-year length of stay in a long-term care facility, the 2011 PMA data indicates $5,894 per month ($194 per day) available just from the sale of a home. Combined with income levels (investments, retirement funds) and adult children assistance, these levels are sufficient to cover private pay rates for SNF care in the market.

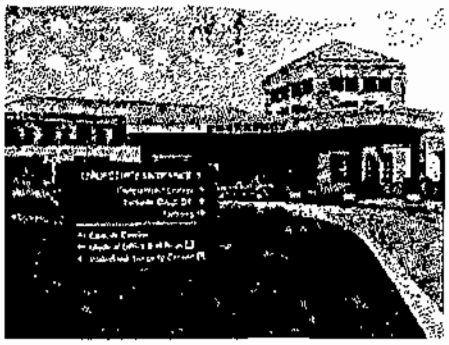
Hospitals

EDWARD PLAINFIELD HOSPITAL – INFO

Edward Medical Group has locations across the south west suburbs of Chicago. The Edward Plainfield Hospital was constructed in 2008 and is just 9 miles north of the proposed subject site.

The following was taken from: http://www.edward.org/plainfield:

Your number one rated hospital offers outpatient and imaging services at Edward Plainfield, as well as a 24/7 ER and a Cancer Center, conveniently located in one of the fastest growing areas in Illinois.



Edward Plainfield ER Open 24/7

Emergencies happen when you least expect them. Now, emergency care is close to home. Edward Plainfield ER is open 24/7, and is equipped to care for a wide range of conditions - from small emergencies like high fevers and stitches, to more serious emergencies such as asthma attacks, broken bones, and sports injuries. ER wait times also make it easy for you to find out just how quickly you'll be seen by one of our board-certified ER doctors.

Edward Cancer Center
In the battle against cancer, you need doctors as relentless as the disease itself. The Edward Cancer Center is ranked most preferred in the region for cancer services and tackles cancer head on, aggressively targeting tumors with the latest technology and leading-edge cancer research.

Services at Edward Plainfield
The Edward Plainfield Outpatient Center is a 100,000 square foot facility that provides imaging, lab services, and community wellness classes. Also available on our campus is a medical office building with Edward services and independent physicians, and the Plainfield Surgery Center, a joint venture between Edward and area physicians.

Behavioral Health
Cardiac Diagnostics
Community Education
Imaging & Lab
Outpatient Surgery
Physical Therapy & Occupational Health
Edward Medical Group

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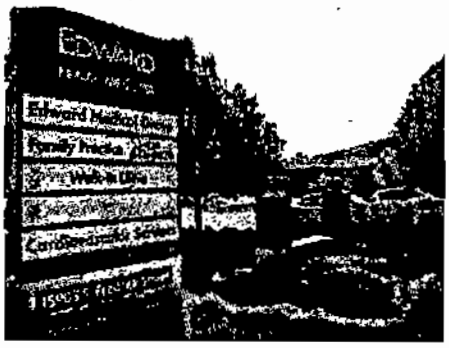
Edward Medical Group Family Practice doctors specialize in caring for your entire family. We offer same day appointments at two locations in Plainfield.

Edward Plainfield ER and Outpatient Center
24600 W. 127th Street
Plainfield, IL 60585



Weekend Walk-in Clinic & Edward Medical Group
15905 S. Frederick St.
(Renwick east of Rt. 59)
Unit A, Suite 101
Plainfield, IL 60544

SILVER CROSS HOSPITAL – INFO

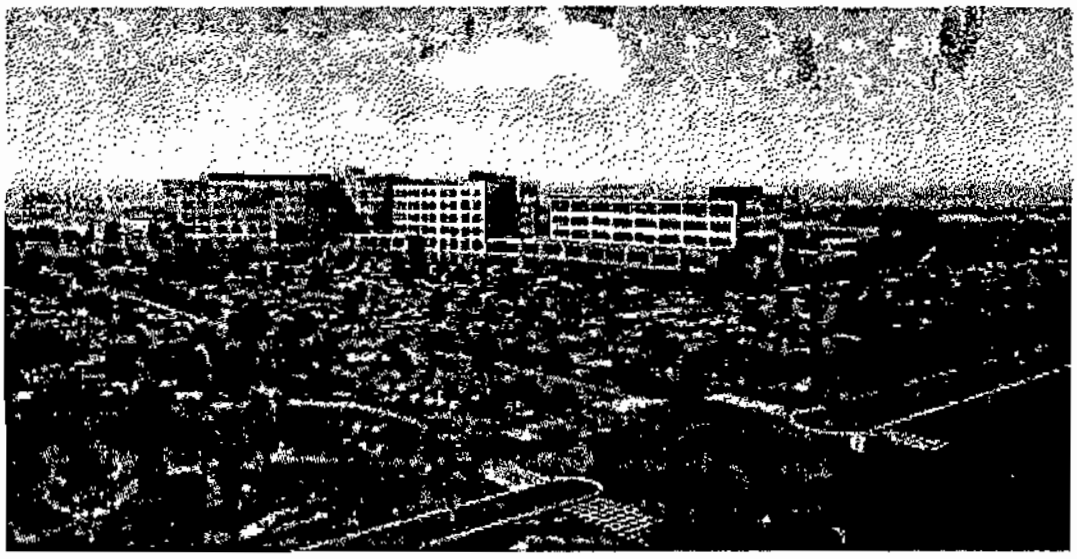
Silver Cross is building a new replacement hospital in New Lenox - replacing Silver Cross' current location in east Joliet about 3 miles west. The subject site is just 13 miles west of the new hospital location.

The following was taken from: http://www.silvercross.org/about-us/replacement-hospital:

Silver Cross is building on its commitment with a replacement hospital—just three short miles from our current campus. The new state-of-the-art hospital ensures that Silver Cross can continue its mission of providing quality healthcare for the growing community over the next century. Opening in 2012, the improved facility will enhance quality, safety and service within an environment designed for future technology. New programs, including an enhanced partnership with Children's Memorial Hospital, Rehabilitation Institute of Chicago and University of Chicago Medical Center will bring new services to our patients and improve the health of the community.

Silver Cross Replacement Hospital Relocating 2.26.12

Ensuring Quality Healthcare



Silver Cross Hospital to open February 2012 in New Lenox

New Lenox, IL (August 4, 2011) - Silver Cross Hospital's new facility in New Lenox doesn't officially open until 2012, but officials are already touting its amenities, such as private rooms with large windows and flat-screen TVs.

"We wanted this to be more of a hospitality center rather than a hospital," said Mary Bakken, Silver Cross vice president and chief operating officer, as she stood in the lobby of the hospital Wednesday during a media tour of the facility.

The 560,000-square-foot building, which has a butterfly footprint, sits on Route 6 near Interstate 80 and Interstate 355. The $395 million building is nearly complete and will replace Silver Cross' current location in east Joliet just three miles away. The current building was constructed in 1919 and has had about 10 additions since then. Officials have said it would have cost more to update the old building than build new.

The new hospital will hold 289 beds (up from 245 now) and be equipped throughout with wi-fi and other technology to improve patients' experience, such as a system that allows patients to page their nurse directly.

Construction on the hospital began in September 2008, and all staff will be moved to the new location by Feb. 26. Pavilion B at the hospital, which includes among other things the Center for Women's Health, has been open for a year and a half. The cancer center is expected to open April 1, 2012.

Bakken said research on environments that promote patient health and feedback from hospital staff informed many of their design decisions. For example, a special carpeting that makes wheelchair use easier is used in some parts of the building and each private room has large windows with controls for temperature.

"There are literally hundreds of things that we did that were based on evidence," said Bakken, who added that the hospital worked with the Center for Health Design.

The private rooms are about 305 square feet and painted with neutral colors and nature art elements. Each room will have a flat screen TV and a sleeper sofa for family.

"These rooms are so nice that people are going to find it hard to go home," said Geoff Tryon, Silver Cross vice president of operations.

The hospital will have a Walgreens pharmacy, cafe that will serve Starbucks products, a garden space and artwork from local artists. The emergency department will be a Level 2 facility and there will specialized programs in partnership with Children's Memorial Hospital and the Rehabilitation Institute of Chicago.

Ruth Colby, chief strategy officer and senior vice president of business development, said she expects hospital patients will increase from 16,000 to almost 20,000 in two years as a result of both growing population in Will County as well as increased capacity at the hospital. Hospital officials said they expect to hire about 50 more physicians and nurses to handle the increased demand. About 600 construction-related jobs were created as a result of the project.

A community open house is planned for Feb. 12.

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Fast Facts

Location:	I-355 & US Route 6 in New Lenox (1900 Silver Cross Blvd.)
Cost:	$400 million
Size:	553,000 sq. ft.
Floors:	6 (design allows for 2 more in the future)
Beds:	289 (private & family friendly) 184 Medical-Surgical 8 Pediatric 30 Obstetrics (Birthing) 22 ICU 20 Behavioral Health 17 Rehabilitation
Room Size:	305 sq. ft. (90 additional rooms)
Emergency Department:	38 private treatment rooms; 1 CT scanner
Procedural Care Unit:	11 Surgical Suites; 4 Interventional Suites
Major Imaging:	2 CT Scanners; 2 MRIs
Campus size:	76 acres
Medical Office Buildings:	Silver Cross Health Center (now open) Silver Cross Medical Services Building (opening 2011) University of Chicago Cancer Center at Silver Cross (opening (2012)
Parking Spaces:	2,200
Completion:	February 2012

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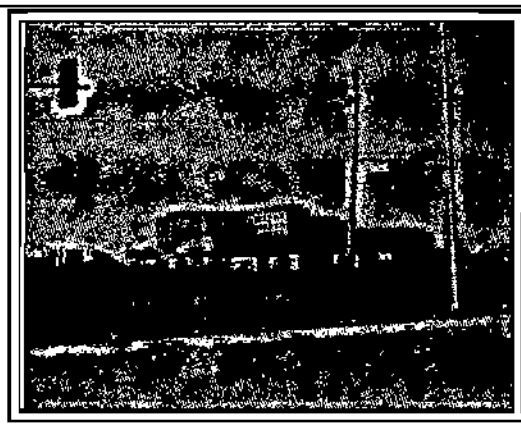
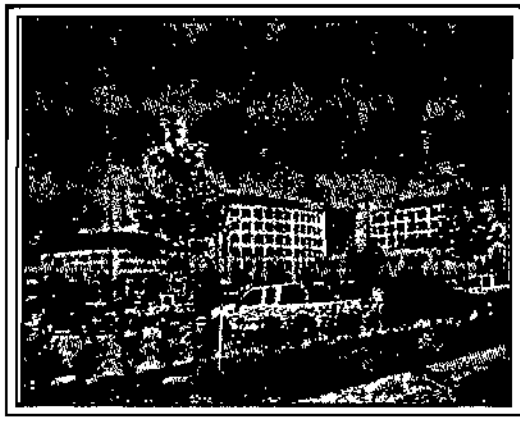
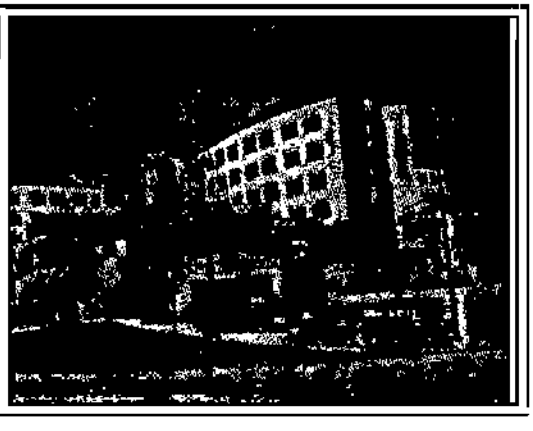


North elevation

West elevation



South elevation



East elevation

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BED CATEGORY	REPLACEMENT HOSPITAL (Approved 07/01/08)	REPLACEMENT HOSPITAL (Revised 04/06/11)
Medical / Surgical	194	185
Pediatrics	8	8
Obstetrics	30	30
ICU	22	22
Acute Mental Illness	20	20
Inpatient Rehab	15	24
Total	**289**	**289**

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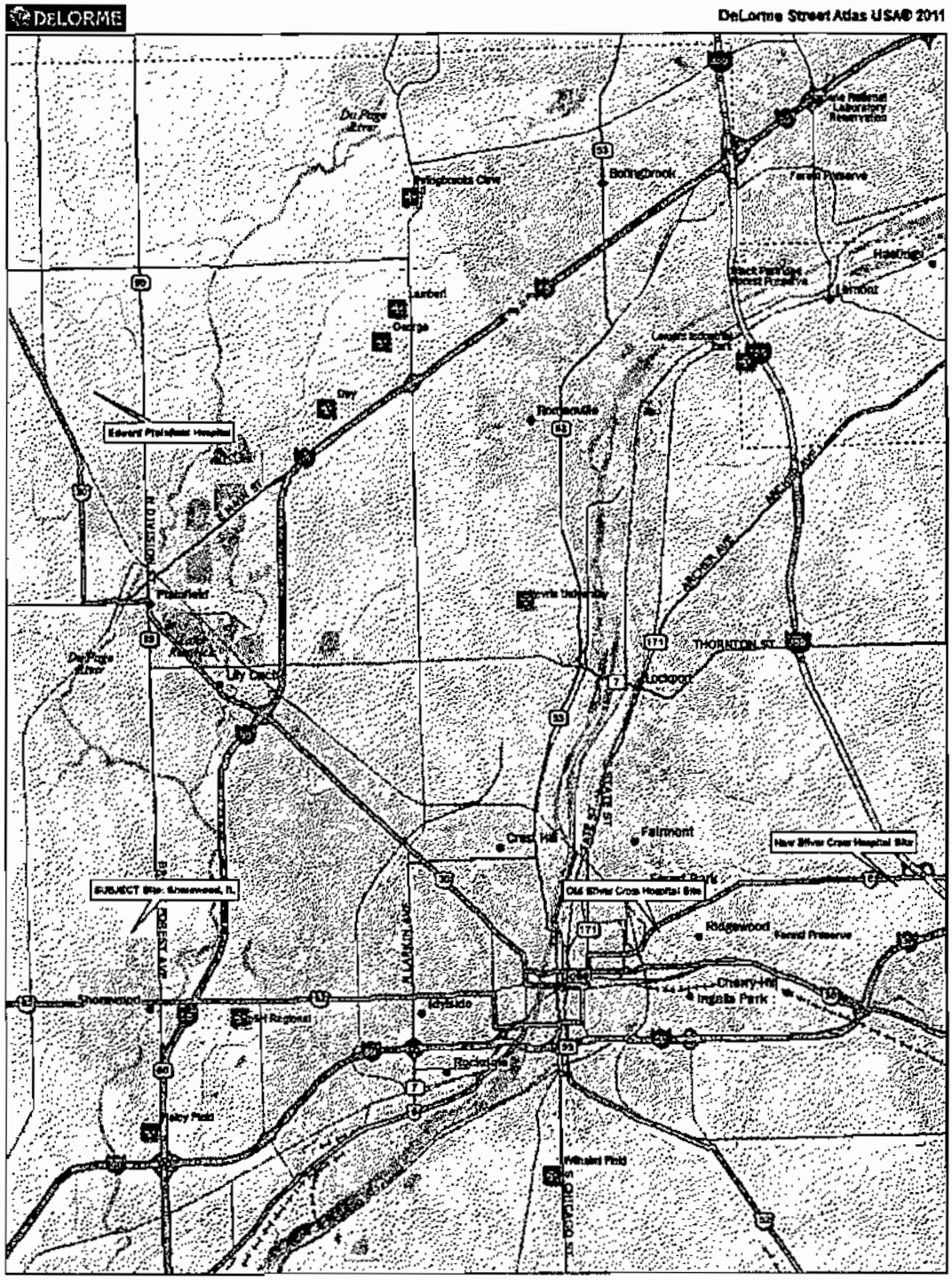

Closest Hospitals

EXISTING & PROPOSED "STANDARD SNF" SUPPLY – PMA

Shorewood 30-Minute Max Drive Market Area

	Facility Name & Location County	Licensed Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Other % of Total	Source Date
1	Alden of Waterford 2021 Randi Drive, Aurora, IL Kane	99	80 80.8%	23 28%	22 27%	33 42%	2 3%	Medicaid Cost Report 2010
				Quality Mix =		69%		
2	Meadowbrook Manor 431 West Remington Blvd., Bolingbrook, IL Will	298	278 93.2%	209 75%	24 9%	37 13%	7 3%	Medicaid Cost Report 2010
				Quality Mix =		22%		
3	Joliet Terrace 2230 McDonough, Joliet, IL Will	120	116 97.1%	116 100%	0 0%	- 0%	- 0%	Medicaid Cost Report 2010
				Quality Mix =		0%		
4	Provena Villa Franciscan 210 North Springfield Avenue, Joliet, IL Will	178	156 87.6%	51 33%	29 19%	72 46%	3 2%	Medicaid Cost Report 2010
				Quality Mix =		65%		
5	Rosewood Care Center 3401 Hennepin Drive, Joliet, IL Will	120	89 74.4%	17 19%	37 41%	36 40%	- 0%	Medicaid Cost Report 2010
				Quality Mix =		81%		
6	Deerbrook Care Center 306 North Larkin Avenue, Joliet, IL Will	214	173 80.9%	133 77%	14 8%	21 12%	5 3%	Medicaid Cost Report 2010
				Quality Mix =		20%		
7	Fairview Care Center of Joliet 222 North Hammes Avenue, Joliet, IL Will	203	120 59.2%	77 64%	4 3%	22 19%	17 14%	Medicaid Cost Report 2010
				Quality Mix =		22%		
8	Our Lady of Angels Retirement Home 1201 Wyoming Avenue, Joliet, IL Will	137	126 91.6%	33 26%	80 64%	12 10%	- 0%	Medicaid Cost Report 2010
				Quality Mix =		74%		
9	Sunny Hill Nursing Home Will County* 421 Doris Avenue, Joliet Will	280	214 76.6%	137 64%	39 18%	26 12%	12 6%	Medicaid Cost Report 2010
				Quality Mix =		30%		
10	Salem Village Nursing & Rehab 1314 Rowell Ave, Joliet, IL Will	272	208 76.6%	123 59%	25 12%	44 21%	16 8%	Medicaid Cost Report 2010
				Quality Mix =		33%		
11	Hillcrest Nursing & Rehab Center 777 Draper, Joliet, IL Will	168	150 89.1%	145 97%	0 0%	5 3%	- 0%	Medicaid Cost Report 2010
				Quality Mix =		3%		
12	Snow Valley Nursing & Rehab Ctr 5000 Lincoln Ave, Lisle, IL DuPage	61	42 82.0%	33 79%	3 7%	5 12%	1 2%	Medicaid Cost Report 2010
				Quality Mix =		19%		
13	Alden Estates of Naperville 1525 South Oxford Ln, Naperville, IL DuPage	203	160 78.1%	113 71%	17 11%	21 13%	9 5%	Medicaid Cost Report 2010
				Quality Mix =		24%		

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Shorewood 25 Minute Max Drive Market Area

	Facility Name & Location County	Licensed Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Other % of Total	Source Date
14	Meadowbrook Manor Naperville 720 Raymond Drive, Naperville, IL DuPage	245	227 92.7%	174 77%	30 13%	21 9%	2 1%	Medicaid Cost Report 2010
				Quality Mix =		22%		
15	Manorcare Naperville 200 Martin Ave. Naperville, IL DuPage	118	104 88.6%	21 20%	14 13%	51 49%	18 17%	Medicaid Cost Report 2010
				Quality Mix =		62%		
16	St. Patrick's Residence 1400 Brookdale Rd. Naperville, IL DuPage	210	197 93.8%	114 58%	75 38%	8 4%	- 0%	Medicaid Cost Report 2010
				Quality Mix =		42%		
17	Tillers Nursing & Reheb Ctr 4390 Route 71, Oswego, IL Kendall	109	78 73.2%	2 3%	40 51%	34 43%	2 2%	Medicaid Cost Report 2010
				Quality Mix =		95%		
18	Lakewood Nursing & Reheb Ctr 14718 South Eastern, Plainfield, IL Will	131	115 87.6%	66 57%	17 15%	30 26%	2 2%	Medicaid Cost Report 2010
				Quality Mix =		41%		
19	Embassy Health Care Ctr 555 W Kahler Road, Wilmington, IL Will	171	152 89.0%	126 83%	9 6%	16 11%	1 0%	Medicaid Cost Report 2010
				Quality Mix =		17%		
20	Walnut Grove Village 1095 Twilight Drive, Morris, IL Grundy	123	93 75.3%	39 42%	36 39%	18 19%	- 0%	Medicaid Cost Report 2010
				Quality Mix =		58%		
	Total	Licensed Beds 3,445	Occupied Beds % Occupancy 2,877 83.5%	# Medicaid % of Total 1,754 61%	# Private Pay % of Total 515 18%	# Medicare % of Total 612 21%	# Other % of Total 97 3%	
		Vacancy =	16.5%		Quality Mix =		36%	

	Proposed / Under Construction	Licensed Beds	
21	Victorian Village 12565 W. Renaissance Circle, Homer Glen, IL Will	60	
22	Alden Estates of Shorewood 735 Shorewood Drive, Shorewood, IL Will	100	To open in May
		Total Licensed Beds =	160

- The PMA had a 2010 average occupancy of 83.5% with a solid quality census mix of 36% (private pay and Medicare).
- We note that some SNFs have very high Medicare census mixes which means that they need to keep available/open beds for the volatile Medicare census – so the result is that the effective bed capacity total is likely lower than shown in the table.

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Private Pay Rates in PMA

The following are recent private pay rates in the PMA for 1-bed and 2-bed SNF care.

	"Standard" SNF Private Pay Rates				
	CVG Survey 12.23.2011		Recent IDPH Profiles		
	1-Bed	2-Bed	1-Bed	2-Bed	Overall Average Private Pay Rate
1 Smith Crossing 10501 Emilie Lane, Mokena, IL Will	$315.00	$250.00	$297.00	$236.00	$247.00
2 Alden-Orland Park Rehab & Hcc 16450 South 97th Avenue, Orland Park, IL Cook	$315.00	$250.00	$285.00	$279.00	$277.90
3 Lexington of Orland Park 14601 S. John Humphrey Dr., Orland Park, IL Cook	$294.00	$259.00	$375.00	$210.00	$249.99
4 Meadowbrook Manor 431 West Remington Blvd., Bolingbrook, IL Will	$195.00	$186.00	$195.00	$186.00	$133.74
5 Rosewood Care Center 3401 Hennepin Drive, Joliet, IL Will	$222.00	$198.00	$166.00	$144.00	$214.89
6 Manorcare of Palos Heights West 11860 Southwest Hwy, Palos Heights, IL Cook	$560.55	$458.63	$305.00	$258.00	$268.70
7 Salem Village Nursing & Reheb 1314 Rowell Ave, Joliet, IL Will	$177.00	$157.00	$177.00	$157.00	$156.34
8 Holy Family Villa 12220 Will Cook Rd, Lemont, IL Cook	$302.00	$279.00	$260.00	$240.00	$253.88
Averages:	$297.57	$254.45	$257.50	$213.75	$225.31

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EXISTING & PROPOSED "ADRD SNF" SUPPLY – PMA

Shorewood 30-Minute Max Drive Market Area Facilities With Secured Dementia Units

	Facility Name & Location County	# Secured Dementia Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Combined % of Total	Other/VA/Ins. % of Total
1	Deerbrook Care Center 306 North Larkin Avenue, Joliet, IL Will	41	41 100.0%	26 63%	10 24%	5 12%	- 0%	- 0%
					Quality Mix =	37%		
2	Provena Villa Franciscan 210 North Springfield Avenue, Joliet, IL Will	34	34 100.0%	30 0%	4 12%	- 0%	- 0%	- 0%
					Quality Mix =	12%		
3	Salem Village Nursing & Rehab 1314 Rowell Ave, Joliet, IL Will	57	48 84.2%	38 79%	- 0%	- 0%	10 21%	- 0%
					Quality Mix =	21%		
4	Meadowbrook Manor Naperville 720 Raymond Drive, Naperville, IL DuPage	81	81 100.0%	65 80%	- 0%	- 0%	16 20%	- 0%
					Quality Mix =	20%		
5	St. Patrick's Residence 1400 Brookdale Rd, Naperville, IL DuPage	84	77 91.7%	39 51%	37 48%	1 1%	- 0%	- 0%
					Quality Mix =	49%		
6	Embassy Health Care Ctr 565 W Kahler Road, Wilmington, IL Will	39	37 94.9%	29 78%	5 14%	3 8%	- 0%	- 0%
					Quality Mix =	22%		
7	Alden Estates of Naperville 1525 South Oxford Ln, Naperville, IL DuPage	33	32 97.0%	25 78%	5 16%	- 0%	- 0%	2 6%
					Quality Mix =	16%		
8	Meadowbrook Manor 431 West Remington Blvd., Bolingbrook, IL Will	22	22 100.0%	21 95%	1 5%	- 0%	- 0%	- 0%
					Quality Mix =	5%		
	Totals	Total Dementia Beds 391	Occupied Occupancy % 372 95.1%	# Medicaid % of Total 273 73.4%	# Private Pay % of Total 62 16.7%	# Medicare % of Total 9 2.4%	# Combined % of Total 26 7.0%	Other/VA/Ins. % of Total 2 0.5%
		Vacancy =	4.9%		Quality Mix =	26.1%		

Total Licensed SNF Beds	Dementia Beds % Dementia
3,445	391 11.3%

- For secured ADRD units, the PMA had a 2010 average occupancy of 95.1% with a quality census mix of 26.1% (private pay and Medicare). We note that Data 3 and 4 provided only a combined private pay and Medicaid mix with no breakdown available.
- General ADRD comments form market:

  1. Residents in ADRD units are typically long-term with few Medicare.
  2. Some charge higher ADRD rates than "standard SNF" rates due to need for specialized care and staff.

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Private Pay Rates in PMA

The following are recent private pay rates in the PMA for 1-bed and 2-bed ADRD SNF care:

Shorewood 30-Minute Max Drive Market Area - Facilities With Secured Dementia Unit						
	Facility Name & Location County	$/Day 1-bed	$/Day 2-bed	$/Day 3-bed	$/Day 4-bed	Source Date
1	Deerbrook Care Center 306 North Larkin Avenue, Joliet, IL Will		$180	$155		CVG Survey 3/13/12
2	Provena Villa Franciscan 210 North Springfield Avenue, Joliet, IL Will		$220			CVG Survey 3/13/12
3	Salem Village Nursing & Rehab 1314 Rowell Ave, Joliet, IL Will	$187	$167			CVG Survey 3/13/12
4	Meadowbrook Manor Naperville 720 Raymond Drive, Naperville, IL DuPage	$210	$195			CVG Survey 3/13/12
5	St. Patrick's Residence 1400 Brookdale Rd, Naperville, IL DuPage	$251	$228			CVG Survey 3/13/12
6	Embassy Health Care Ctr 555 W Kahler Road, Wilmington, IL Will			$155		CVG Survey 3/13/12
7	Alden Estates of Naperville 1525 South Oxford Ln, Naperville, IL DuPage	$290	$289	$282	$235	CVG Survey 3/14/12
8	Meadowbrook Manor 431 West Remington Blvd., Bolingbrook, IL Will	$195	$186		$186	CVG Survey 3/14/12
	Averages:	**$227**	**$214**	**$209**	**$211**	

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DEMAND ANALYSIS (BED NEED)

➢ "Standard" SNF Demand

Bed Need Indicator #1: State-Calculated Nursing Bed Need

The subject is in Planning Area 9 – Will County, which has a current state-calculated nursing bed need of **689 beds**:

Planning Area: HSA 9; Will County	
Approved Beds	2,790
Calculated Bed Need	3,479
Bed Need or (Excess)	689
* Source: Long-Term Care Bed Inventory Update 2/15/2012	

Bed Need Indicator #2: Applying State HSA Use Rates to the PMA

According to the IHFPB and IDPH, the 2018 PSA Planned Use Rates for Will County are follows:

Age	Will County
0-64	336.9
65-74	3,669.5
75+	17,439.9

The next step is applying those average use rates to the 2016 PMA population forecasts as supplied by Claritas, Inc.

Based Upon: 2018 PSA Use Rates							
Age	2016 Population	Avg PSA Use Rate	Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ)	Less Total Beds	Bed Need
0-64	1,214,439	336.9	409,144.5	1,120.9	1,245.5		
65-74	101,325	3,669.5	371,812.1	1,018.7	1,131.8		
75+	64,546	17,439.9	1,125,675.8	3,084.0	3,426.7		
Market Area Totals			1,906,632.4	5,223.7	5,804.1	3,715.0	2,089.1

Bed Need Indicator #3: General Population Use Rate

From our research, the vast majority of the PMA facilities focus on elderly residents as opposed to those aged 0-64. We do note that some focus on a younger MI census and that most accept Medicare (age 65+ eligibility), so using the just the age 75+ segment would understate demand. Therefore, we use the age 65+ segment to calculate use rates for the substantially geriatric nursing facilities in the PMA.

The age 65+ PMA population for 2011 is 132,395 people. Our research of the PMA indicated 2,877 occupied NF beds, which is a use rate of 2.17% of the age 65+ PMA population. This is a similar ratio to other ratios we have calculated for similar markets.

The projected age 65+ PMA population for 2016 is higher at 165,872, so using the same 2.71% use rate equates to 3,604 projected occupied beds in 2016. This is an increase of 727 beds from the current level, which indicates growing demand in the PMA.

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The PMA average occupancy was 83.5% (2,877 occupied beds / 3,445 licensed beds). Including the 150 new nursing beds already approved for the PMA plus the subject's proposed 50 beds, the supply would increase by 200 beds to 3,645 beds. With a projected occupancy of 3,605 beds in 2016, this would equate to an average PMA occupancy of 98.9% which is higher than the current occupancy meaning that the occupancy impact on other facilities in the PMA would be minimal. The following table summarizes our calculations:

"Standard" SNF Demand Summary	
2011 Age 65+ Population in PMA	132,396
Occupied Beds in PMA	2,877
Age 65+ Use Rate in PMA	2.17%
2016 Age 65+ Population in PMA	165,871
Age 65+ Use Rate in PMA	2.17%
Projected 2016 PMA Occupied Beds	3,604
PMA Licensed Bed Supply	3,445
PMA Occupied Beds	2,877
PMA Occupancy %	83.5%
Projected PMA Bed Supply	3,645
Projected 2016 PMA Occupied Beds	3,604
Projected 2016 PMA Occupancy %	98.9%

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➢ ADRD SNF Demand

Statistics

The following are some ADRD statistics (dementia, Alzheimer's, etc.):

Source #1

http://www.alz.org/documents_custom/2012_Facts_Figures_Fact_Sheet.pdf:

- Most people with Alzheimer's have one or more other serious medical conditions. Dementia complicates management of these conditions.
- A senior with diabetes and Alzheimer's costs Medicare 81 percent more than a senior who has diabetes but no Alzheimer's.
- A senior who has cancer and Alzheimer's costs Medicare 53 percent more than a senior with cancer but no Alzheimer's.
- Today, 5.4 million Americans are living with Alzheimer's disease – 5.2 million aged 65 and over, and 200,000 under the age of 65. By 2050, up to 16 million will have the disease.
- Of Americans aged 65 and over, 1 in 8 has Alzheimer's, and nearly half of people aged 85 and older have the disease.
- Another American develops Alzheimer's disease every 68 seconds. In 2050, an American will develop the disease every 33 seconds.

Alzheimer's is not just memory loss – Alzheimer's kills.

- Alzheimer's disease is the 6th leading cause of death in the United States and the 5th leading cause of death for those aged 65 and older.
- Alzheimer's is the only cause of death among the top 10 in America without a way to prevent, cure or even slow its progression.
- Deaths from Alzheimer's increased 66 percent between 2000 and 2008, while deaths from other major diseases, including the number one cause of death (heart disease), decreased.

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Source #2

Alzheimers Society, Statistics, 2009:

- The proportion of people with dementia doubles for every 5 year age group. 5% of people aged 65 and over, 20% of people aged 80 and over and 33% of people aged 90 and over have dementia.

Source #3

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=341:

- The proportion of people with dementia doubles for every 5 year age group.
- One third of people over 95 have dementia.
- **64% of people living in care homes have a form of dementia.**
- Two thirds of people with dementia live in the community while one third live in a care home.

Source #4

http://www.nia.nih.gov/sites/default/files/nia-who_report_booklet_oct-2011_a4_1-12-12_5.pdf:

The potential for an active, healthy old age is tempered by one of the most daunting and potentially costly consequences of ever-longer life expectancies: the increase in people with dementia, especially Alzheimer's disease. Most dementia patients eventually need constant care and help with the most basic activities of daily living, creating a heavy economic and social burden. Prevalence of dementia rises sharply with age. An estimated 25-30 percent of people aged 85 or older have dementia.

Alzheimer's disease (AD) is the most common form of dementia and accounted for between two-fifths and four-fifths of all dementia cases cited in the OECD report. More recent analyses have estimated the worldwide number of people living with AD/dementia at between 27 million and 36 million. The prevalence of AD and other dementias is very low at younger ages, then nearly doubles with every five years of age after age 65. In the OECD review, for example, dementia affected fewer than 3 percent of those aged 65 to 69, but almost 30 percent of those aged 85 to 89. More than one-half of women aged 90 or older had dementia in France and Germany, as did about 40 percent in the United States, and just under 30 percent in Spain.

Source #5

Phone interview in 2002 with now retired G. Kent Barnheiser – former President and CEO of the Greater Illinois Chapter of the Alzheimer's Association (non-profit organization; 847-933-2413; www.*alz.org*). Mr. Barnheiser stated that 47% of those age 85+ require special dementia care and that of those, 70% stay at home for care. He also stated that there are not enough quality beds in the greater Chicago area, including the subject area, to satisfy demand.

ADRD SNF Demand in the PMA

There are two basic methodologies to compute demand. The first is to reconcile the above demand indicators to reflect the estimated percentage of the age 65+ population requiring ADRD care. The second is to research and profile existing, secured ADRD NF units in the subject market. As the PMA already has established, secured ADRD NF units, focusing on the performance of those units will provide a much better indicator of PMA demand than will a general statistic reconciled from the previous five sources. In other words, from our research, the current PMA "use rate" can be calculated which then can be applied to population projections to calculate future target demand.

Total Dementia Beds	Occupied Occupancy %	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Combined % of Total	Other/VA/Ins. % of Total
391	372	273	62	9	26	2
	95.1%	73.4%	16.7%	2.4%	7.0%	0.7%
Vacancy =	4.9%		Quality Mix =	26.1%		

Total Licensed SNF Beds	Dementia Beds % Dementia
3,445	391
	11.3%

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In the PMA (30-minute drive time), secured ADRD units offer 391 available beds which is 11.3% of the total 3,445 licensed beds in the PMA. Our research indicates that the secured ADRD units are currently 95.14% occupied (372 occupied beds / 391 available beds).

The age 65+ PMA population for 2011 is 132,395 people. With 372 occupied beds, the ADRD units have a use rate of 0.28% of the age 65+ PMA population.

The projected age 65+ PMA population for 2016 is higher at 165,872, so using the same 0.28% use rate equates to 466 projected occupied beds in 2016. This is an **increase of 94 beds** from the current level (residual projected demand), which indicates growing ADRD demand in the PMA.

Frictional vacancy (standard turnover, move-ins, move-outs) implies the need for more than just 94 more bed. With a market average occupancy of 95.1%, the projected need for 94 more beds equates to a need for 99 more ADRD beds (94 / 95.1% = 98.8 beds). **So the PMA could support another 99 available ADRD SNF beds by 2016.**

Including the subject's proposed 50 beds, the secured ADRD supply will increase to 441 beds. With a projected occupancy of 466 beds in 2016, this still results in an under-supply of ADRD beds, meaning that the occupancy impact on other facilities in the PMA would be non-existent. This residual demand might be met by other NFs converting some existing "standard" nursing care beds into secured ADRD units. The following table summarizes our calculations:

ADRD SNF Demand Summary	
2011 Age 65+ Population in PMA	132,396
Occupied ADRD Beds in PMA	372
Age 65+ Use Rate in PMA	0.28%
2016 Age 65+ Population in PMA	165,871
Age 65+ Use Rate in PMA	0.28%
Projected 2016 PMA Occupied ADRD Beds	466
PMA ADRD Bed Supply	391
PMA Occupied Beds	372
PMA Occupancy %	95.1%
Projected PMA ADRD Bed Supply	441
Projected 2016 PMA Occupied ADRD Beds	466
Projected 2016 PMA Occupancy %	105.7%
Additional Unmet Demand:	25

Private Pay and Medicaid ADRD Demand

The projected age 65+ PMA population for 2016 is 165,872, so using the same 0.28% use rate equates to 466 projected occupied beds in 2016. We applied the occupancy and census mix percentages from our research to the 466 projected occupied beds in 2016 to arrive at a projected 2016 census mix. The below table assumes 99 more ADRD nursing beds added by 2016 to satisfy the previously calculated demand.

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2010 ADRD in PMA NFs						
Total Dementia Beds	Occupied Occupancy %	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Combined % of Total	0 % of Total
391	372 95.1%	273 73.4%	62 16.7%	9 2.4%	26 7.0%	2 0.5%
Vacancy =	4.9%		Quality Mix =	26.1%		

2016 ADRD in PMA NFs						
Total Dementia Beds	Occupied Occupancy %	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Combined % of Total	2 % of Total
490	466 95.1%	342 73.4%	78 16.7%	11 2.4%	33 7.0%	3 0.5%
Vacancy =	4.9%		Quality Mix =	26.1%		
Net Census Change:	94.1	69.0	15.7	2.3	6.6	0.5
Projected Subject Census:	47.6 100.0%	34.9 73.4%	7.9 16.7%	1.2 2.4%	3.3 7.0%	0.3 0.5%

Based on the proposed subject size of 50 beds, the above last line indicates the projected 2016 census mix at 95.1% occupancy.

Demand by Income Screen

As previously stated, the average daily ADRD rates at the PMA NFs were as follows: 1-bed = $227; 2-bed $214. Using the midpoint results in an average private pay rate of $220.50. The elderly typically want to keep at least some small portion of their income for personal use so we use 90% as the ratio of total income to be spent on long-term care. The minimum annual required income for prospective private pay residents can be calculated as follows:

Private Pay Income Requirement	
Daily Rate:	$220.50
Monthly Rent:	$6,707
Months:	x 12
Annual Rent:	$80,483
Divided by % on Care:	90%
Minimum Income Requirement:	$89,425

Thus, the age 65+ segment with $90,000+ incomes is the primary target population for the subject's private pay residents. However, there can be some demand with income below this level as some will be "spending down" to eventually qualify for Medicaid. Plus, adult children in the area would assist parents in need of care. We conclude the entire $75,000+ income range plus 50% of the $25,000 to $74,999 range as the target income-segmented population for private pay residents. We recognize that a portion of this number may need only intermediate/assisted care.

Household Income Brackets - PMA							
Household Income Households Age 65+	2000 Census # HH	% of Total	2011 Estimate # HH	% of Total	2016 Projection # HH	% of Total	Annual Change 2011 - 2016
Under $25,000	22,044	37%	23,576	31%	26,723	28%	2.67%
$25,000-$74,999	28,039	48%	38,050	50%	47,278	50%	4.85%
$75,000 +	8,904	15%	15,228	20%	20,831	22%	7.36%
Total	58,987	100%	76,854	100%	94,832	100%	4.68%
Source: Claritas				% Change 2011-2016:		23.4%	

- For the **private pay** segment, demand is increasing in the PMA from 53,278 in 2011 up to 68,109 (increase of 14,831 households; 27.8% increase). With 62 occupied private pay beds in secured ADRD units, this equates to a capture rate of 0.12% of total 2011 demand. Applying the same 0.12% to 2016 demand, results in a projected demand of about 79 private pay beds – an increase of 17 private pay beds.

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- For the **Medicaid segment** (incomes below $24,000), demand is also increasing in the PMA from 23,576 in 2011 up to 26,723 (increase of 3,147 households; 13.3% increase). With 273 occupied Medicaid beds in secured ADRD units, this equates to a capture rate of 1.16% of total 2011 demand. Applying the same 1.16% to 2016 demand, results in a projected demand of 309 private pay beds – an increase of 36 Medicaid beds.

Conclusion – ADRD SNF Demand

Due to the projected elderly population increase within a 30-minute drive time from subject site, the data indicates that the **PMA will need 99 more secured ADRD nursing beds by 2016** to satisfy demand. This suggests an annual need of 24.75 more beds, so a facility/unit opening in two years would be able to satisfy pent-up demand almost immediately.

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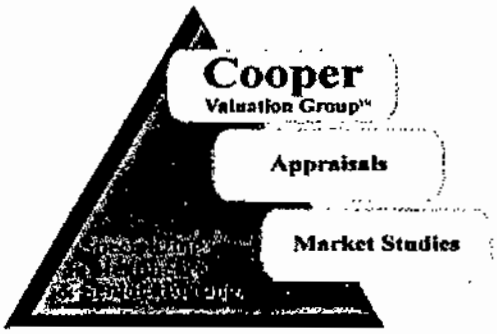
MICHAEL L. COOPER



STATE CERTIFICATIONS:
Illinois Certified General Appraiser
Wisconsin Certified General Appraiser
Indiana Certified General Appraiser
Michigan Certified General Appraiser
Missouri Certified General Appraiser
Ohio Certified General Appraiser

PROFESSIONAL EXPERIENCE:
Cooper Valuation Group, President, Hinsdale, IL; January 2010 to present.
Appraisal Research Counselors, Vice-President – Senior Care Division, Chicago, IL; May 1993 to January 2010.

EDUCATION:
Bachelor of Business Administration Degree in Real Estate and Finance from the University of Wisconsin-Madison, December 1991.

PROFESSIONAL AFFILIATIONS:
Appraisal Institute; Associate Member

EXPERIENCE:
Property types appraised include vacant land, multi-family apartment buildings, office, retail, and industrial properties. Experience includes reports for the purpose of tax appeals, mortgage financing, planning, foreclosure, and marketing. Clients have included major financial institutions, corporations, government institutions, private investors and attorneys.

Significant experience with senior care facilities including Market Studies and Appraisals for:

- Skilled Nursing Facilities (geriatric and pediatric)
- Intermediate Care Facilities, including MI and DD facilities
- Assisted Living Facilities
- Supportive Living Facilities
- Independent Living Facilities
- Age-Restricted Senior Housing
- Continuum of Care Retirement Communities
- Alzheimer / Dementia Facilities

Completed HUD LEAN Appraisals (partial list)

- 2009: Manor Court of Peoria, 50-Bed SNF & 68-Bed ALF, Peoria, Illinois
- 2010: Heritage at Deer Creek RCAC/CBRF, 43 ALF Units and 33 Memory Care ALF Units, New Berlin, Wisconsin
- 2010: Hillsboro Rehabilitation and Health Care Center, 107-Bed SNF, Hillsboro, Illinois
- 2010: Alden Estates of Skokie, 56-Bed SNF, Skokie, Illinois
- 2011: Fair Oaks Rehabilitation and Health Care Center, 78-Bed SNF, South Beloit, Illinois
- 2011: Lakeland Rehabilitation and Health Care Center, 133-Bed Skilled Nursing Facility, Effingham, Illinois

Attended HUD Lean Training:

- Seattle – December 2008
- Chicago – January 2010
- Chicago – September 2011

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➢ **Partial List of Completed HUD MAP Appraisals**

Illinois

Skilled & Assisted Living
Morris Rehabilitation and Nursing Center, Proposed 142-Licensed Bed SNF, Morris
Church Street Station, Proposed 150-Licensed Bed SNF, Hanover Park
GlenBridge Nursing and Rehabilitation Centre, 302-Licensed Bed SNF, Niles
Alden Village North, Pediatric SNF, 128 Licensed Beds, 7464 North Sheridan Road, Chicago
Alden–Wentworth, 300-Bed SNF, Chicago
Pine Acres, 119-Bed SNF, DeKalb
Glenbridge, 302-Bed SNF, Niles
4 Supportive Living Facilities, 288 Total SLF Units, Flora, Ottawa, Watseka, Manteno
Ridgeview, 136-Bed SNF, Chicago
Community Care N&RC, 153-Bed SNF, Naperville
Wealshire, 132-Bed SNF, Lincolnshire
Whitehall North, 180-Bed SNF, Deerfield
Metropolis Nursing and Rehabilitation Center, 94-Bed SNF, Metropolis
Alden–Governor's Park, 150-Bed SNF, Barrington
Westmont Convalescent Center, 215-Bed SNF, Westmont
Alden Village Health Facility, 109-Bed Pediatric SNF, Bloomingdale

Elderly Apartments
Maple Pointe, 342-Unit Apartment Building, Chicago, Illinois (HAP and Section 42)
Villa Vianney Apartments, 54-Unit Apartment Complex, Sherman, Illinois
Carroll Tower Apartments, 108-Unit Apartment Building, St. Charles, Illinois

Wisconsin

Alden–Meadow Park Nursing Center, 94-Bed SNF, Clinton

Missouri

Festus Manor Care Center, 120-Bed SNF, Festus
Willow Care Center, 103-Bed SNF, Hannibal

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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, in March 2012 completed the project and submitted the project completion report back to the Health Facilities and Services Review Board; thus, the facility is still within its allotted fill-up time frame. As such, it would appear that meeting or exceeding the occupancy standard at this time is not germane.

Appended as **ATTACHMENT-19A** are five physician letters of support stating that it is their intent to provide referrals should openings be available. It should be noted that these letters acknowledge and state that the referrals of between 192 -396 ADRD patients annually are in addition to the referrals for general geriatric residents that they may have made previously. The proposed project through the addition of capacity and capacity specifically designed and programmed for those with dementia will begin to address the lack of services available to the residents of the Will County Planning Area. Therefore, reaching and maintaining the optimal utilization of 90% should not be an issue.

ATTACHMENT- 19
ATTACHMENT-28

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

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

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** are five physician letters of support stating that it is their intent to provide referrals. It should be noted that these letters acknowledge and state that the referrals of between 192-396 ADRD patients annually are in addition to the referrals for general geriatric residents that they may have made previously. Therefore, **ATTACHMENT-19A** provides the information as requested in the sub items requested above.

ATTACHMENT- 19

ATTACHMENT-28

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

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.

ATTACHMENT- 19

ATTACHMENT-28

DINESH K. JAIN, M.D.
INTERNAL MEDICINE

16532 S. OAK PARK AVE., STE. 101
TINLEY PARK, IL. 60477
TELEPHONE (708) 429-2220
FAX (708) 342-1521

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

A cursory review of our files indicated that we had previously referred approximately 6 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 5 patients per month to your facility for memory care. Some of my patients would definitely benefit from skilled care for Alzheimer's and related dementia diseases. It should be noted that these projected referrals are in addition to the referrals used to justify the original 100 bed project. My previous referral estimate of between 15 to 20 general geriatric/skilled rehabilitative patients per month is still relevant.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Dinesh K. Jain, M.D.

ATTACHMENT-19A
ATTACHMENT-28

DEPARTMENT OF VETERANS AFFAIRS
Joliet VA Clinic
2000 Glenwood Ave.
Suite 107
Joliet, IL 60436

July 21, 2011

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

I believe I would be able to refer in the future at least 3 to 5 patients per month to your facility for nursing care. Some of my patients would definitely benefit from skilled care for Alzheimer's and related dementia diseases. To further substantiate my potential referrals, I have reviewed my records and have determined that as of today I would be able to refer the following patients to Alden Courts of Shorewood, if beds were now available. In order to maintain patient confidentiality, I am only including initials of the patients:

1. D.P.
2. S.H.
3. F.R.
4. F.B.
5. D.M.
6. B.L.
7. O.W.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Rafia Ali

Rafia Ali, D.O.

ATTACHMENT-19A
ATTACHMENT-28

Sanjay Thakkar, MD
Board Certified Internal Medicine

88W. Countryside Parkway, Suite D,
Yorkville, IL 60560

Ph# 630-882-6441, Fax# 630-882-6443

24 Hours Answering Service 708-783-5560
Website: www.sthakkarmd.com

July 22, 2011

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

A cursory review of our files indicated that we had previously referred approximately 10 patients each month to area facilities.

I believe I would be able to refer in the future at least 5 to 10 patients per month to your facility for memory care. It should be noted that these projected referrals are in addition to the referrals used to justify the original 100 bed project. Additionally, my previous referrals of between 15 to 20 general geriatric/skilled rehabilitative patients are still relevant.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Sanjay Thakkar, M.D.

ATTACHMENT-19A
ATTACHMENT-28

Marianjoy Medical Group
Wheaton Franciscan Healthcare

DENNIS J. KEANE, M.D.
Medical Director-Physical Medicine & Rehabilitation
Board Certified Physical Medicine & Rehabilitation, Pain Management & Electrodiagnostic Medicine

Tel 630.909.6470
Fax 630.585 0042

2020 West Ogden Avenue, Ste. 365
Aurora, IL 60504
www.Marianjoy.org

July 22, 2011

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

A cursory review of our files indicated that we had previously referred approximately 2-3 patients each month to area facilities.

I believe I would be able to refer in the future at least 2 to 3 patients per month to your facility for memory care. It should be noted that these projected referrals are in addition to the referrals used to justify the original 100 bed project. Additionally, my previous referrals of between 15 to 20 general geriatric/skilled rehabilitative patients are still relevant.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Dennis J. Keane, M.D.

ATTACHMENT-19A
ATTACHMENT-28

July 22, 2011

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc.
4200 W. Peterson Ave.
Chicago, Illinois 60646

RE: Alden Courts of Shorewood

Dear Mr. Molitor:

This letter is to serve as confirmation of my support for the expansion of 50 Alzheimer's and Related Dementia beds to the already permitted 100 general skilled nursing care beds to Alden Estates of Shorewood in Shorewood, Illinois.

A cursory review of our files indicated that we had previously referred approximately 10 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 6 patients per month to your facility for memory care. It should be noted that these projected referrals are in addition to the referrals used to justify the original 100 bed project. Additionally, my previous referrals of between 15 to 20 general geriatric/skilled rehabilitative patients are still relevant.

The above information is true and accurate to the best of my knowledge.

Sincerely,

Kalpesh Patel, M.D.

ATTACHMENT-19A
ATTACHMENT-28

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:

   - The name and qualification of the person currently filling the position, if applicable; and
   - Letters of interest from potential employees; and
   - Applications filed for each position; and
   - Signed contracts with the required staff; or
   - A narrative explanation of how the proposed staffing will be achieved.

Appended as **ATTACHMENT-23A,** is the proposed staffing pattern by position title for the 50-bed addition. 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 is or will be in place as the initial project proceeds through fill-up and by the time this project's construction is completed. Specifically, this project proposes to add only 19.5 full time equivalents at full utilization. To achieve adequate staffing levels, the Applicant will start by reviewing and interviewing from the employment applications currently on file. 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

ATTACHMENT-23
ATTACHMENT-28

with 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 Alden Management Services, 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 Chicago, and is very familiar with the employment situation of the area. Alden, 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

ATTACHMENT-23

ATTACHMENT-28

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, Alden will provide an upward mobility transfer for those employees within the market area.

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-23

ATTACHMENT - 28

Alden Courts of Shorewood
Staffing at Full Occupancy

	FTE's
Nursing	
Director of Nursing	1.00
Professionals	4.00
C.N.A.	5.00
Activity:	
Alzheimers Super	1.00
Alzheimers Aide	1.00
Dietary	
Dietary Aide	2.50
Housekeeping:	
Housekeeping Aide	1.00
General & Administration:	
Admissions	1.00
Receptionist	1.00
Receptionist	1.00
Administrator	1.00

Note: Dietary, Laundry Housekeeing and Maintenance will be provided under Contract. These amounts are included in operating costs as Contract Services.

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 50 nursing beds to an existing 100 bed long-term care nursing facility. Upon project completion the licensed capacity will be 150 nursing beds. Therefore, this item is not germane.

ATTACHMENT- 24

ATTACHMENT-28

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 seven letters of community support for the proposed addition of Alden Courts of Shorewood to the existing Alden Estates of Shorewood. These letters are from Melanie Chavin, Vice President of the Alzheimer's Association-Greater Illinois Chapter, State Senator Linda Holmes, State Representative Tom Cross, Will County Executive Lawrence M. Walsh, Village of Shorewood Mayor Richard E. Chapman, Troy Township Supervisor Joseph D. Baltz, and Shorewood Area Chamber of Commerce Director of Business Development Brad Easter. Appended as **ATTACHMENT-25B** are 90 letters of support from the residents of Shorewood Glen supporting the proposed addition. Shorewood Glen, a Dell Webb development, is an active adult community for those ages 55 and older and is a large concentration of elderly population within the community.

ATTACHMENT- 25

ATTACHMENT-28

alzheimer's association®

the compassion to care, the leadership to conquer

March 12, 2012

Mr. Dale Galassie, Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

Chairman Galassie:

On behalf of the Alzheimer's Association – Greater Illinois Chapter, I am writing this letter of support for Alden Courts of Shorewood's proposed memory care facility.

Alzheimer's disease is a growing health issue. At present, 5.4 million Americans have Alzheimer's disease. Over 210,000 Illinoisans are living with Alzheimer's disease.

Individuals with Alzheimer's disease and related dementias require specialized care. While there are senior housing options in the area, there is a need for settings that focus specifically on the needs of individuals with dementia. This 50-bed facility will be a welcome addition to services in this area.

Sincerely,

Melanie Chavin

Melanie Chavin, MS
Vice President, Program Services
Alzheimer's Association – Greater Illinois Chapter

ATTACHMENT-25A
ATTACHMENT-28

Greater Illinois Chapter

Bloomington
303 N. Hershey Road, Ste. 2A, Bloomington, IL 61704
309 662 8392 p 309 664 0495 f
217 351 1726 p (Champaign)

Joliet
850 Essington Road, Ste. 200, Joliet, IL 60435
815 744 0804 p 815 773 7340 f

Carbondale
320 E. Walnut Street, Ste. A, Carbondale, IL 62901
618 985 1095 p 618 549 2362 f

Rockford
1111 S. Alpine Road, Ste. 307, Rockford, IL 61108
815 484 1300 p 815 484 9286 f

Chicago
8430 W. Bryn Mawr, Ste. 800, Chicago, IL 60631
847 933 2413 p 773 444 0930 f

Springfield
2309 W. White Oaks Drive, Ste. E, Springfield, IL 62704
217 726 5184 p 217 726 5185 f

www.alz.org/illinois - 800.272.3900 24-hour helpline

Member, Community Health Charities of Illinois

ILLINOIS STATE SENATE

LINDA HOLMES
STATE SENATOR 42ND DISTRICT

July 3, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

The Alden Group is proposing a 50-bed skilled nursing memory care facility in my district, to be located at 700 W. Black Road in Shorewood, Illinois. I am writing to let you know that I fully support this proposal. Our aging population is growing in Will County. We will need specialized care for seniors who are suffering from Alzheimer's disease, dementia and other diseases that cause memory impairment.

These types of facilities are very important to communities and I urge you to approve Alden's Certificate of Need application for Alden Courts of Shorewood.

Sincerely,

Linda Holmes

Linda Holmes
State Senator – 42nd District

District Office: 13242 S. Rt. 59, Suite 200, Plainfield, IL 60585 815/ 609/ 3711 815 / 609 / 0071 Fax

ATTACHMENT-25A
ATTACHMENT-28

302 N. Chicago Street
Joliet, Illinois 60432

(815) 774-7480
Fax (815) 740-4600

Lawrence M. Walsh

Will County Executive

July 12, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am writing in support of a proposal to build a 50-bed skilled nursing memory care facility at Alden Courts of Shorewood, 700 W. Black Road in Shorewood, Illinois.

As the County Executive, I am aware of the growth of our aging population in Will County and understand the need for specialized care for our seniors who are suffering from Alzheimer's disease, dementia, and other memory impairment diseases. It is very important our families keep their loved ones close to home despite the need for specialized care. This is a key quality of life issue for both our residents and their loved ones.

I urge you to approve The Alden Group's Certificate of Need application for Alden Courts of Shorewood to build this memory care facility so our residents have a chance to keep Mom or Dad near home.

Sincerely,

Lawrence M. Walsh

Lawrence M. Walsh
Will County Executive

ATTACHMENT-25A
ATTACHMENT-28

Shorewood
ILLINOIS

Established 1957

Village President
Richard E. Chapman

Board of Trustees
Daniel J. Anderson
Gary M. Fitzgerald
Daniel J. Gron
James S. McDonald
Lea Stahr
Celine Schwartz

Village Clerk
Julia A. Russell

Village Administrator
Kurt T. Carroll

July 8, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

The Alden Group is proposing a 50-bed skilled nursing memory care facility in my district, to be located at 700 W. Black Road in Shorewood, Illinois, in my district. I am writing to let you know that I fully support this proposal. Our aging population is growing in Will County. We will need specialized care for seniors who are suffering from Alzheimer's disease, dementia and other diseases that cause memory impairment.

I urge you to approve Alden's Certificate of Need application for Alden Courts of Shorewood.

Sincerely,

Richard E. Chapman
Mayor

ATTACHMENT-25A
ATTACHMENT-28

One Towne Center Blvd. ■ Shorewood, IL 60404 ■ 815-725-2150 ■ Fax 815-741-7709

Supervisor
Joseph D. Baltz

Clerk
George E. Muentnich

Phone
1-815-744-1968

TROY TOWNSHIP

Established 1850 Will County - Illinois

25448 SEIL ROAD
SHOREWOOD, ILLINOIS
60404-7620
www.troytownship.com

Trustees
Jim McFarland
Larry Ryan
Cheryl Seil
Donald Walden

Fax
1-815-744-1910

July 13, 2011

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

Re: Application for Certificate of Need for Alden Courts of Shorewood
700 Black Road, Shorewood, Illinois

Dear Mr. Galassie,

The Alden Group is proposing a 50-bed skilled nursing memory care facility in our township, to be located at 700 W. Black Road in Shorewood, Illinois. I am writing to let you know that I fully support this proposal. Our aging population is growing in Will County. We will need specialized care for seniors who are suffering from Alzheimer's disease, dementia and other diseases that cause memory impairment.

I urge you to approve Alden's Certificate of Need application for Alden Courts of Shorewood.

Sincerely,

Joseph D. Baltz
Supervisor

ATTACHMENT-25A
ATTACHMENT-28

SHOREWOOD AREA
CHAMBER OF COMMERCE

July 8, 2011

Mr. Dale Galassie

Chairman

Illinois Health Facilities Planning Board

525 W. Jefferson Street, Second Floor

Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am the Director of Business Development with the Shorewood Area Chamber of Commerce, which provides a voice for our businesses in the Shorewood community. My Board of Directors and I am writing in support of the Alden Group's proposal to build a 50-bed skilled nursing memory care facility at 700 W. Black Road in Shorewood. Many of the seniors in our community suffer from Alzheimer's disease, dementia and other forms of memory impairment. A facility that specializes in treatment for these types of diseases is very much needed.

I encourage the Illinois Health Facilities Planning Board to approve Alden's Certificate of Need application for Alden Courts of Shorewood.

Sincerely,

Brad Easter

Director of Business Development

BOARD CHAIR
Ila Large
BOARD VICE-CHAIR
Andrea DiVecchio
SECRETARY/TREASURER
Jen Sweeney

BOARD OF DIRECTORS
Jim Murray
Denise Schmidt
Troy Strange

DIRECTOR OF BUSINESS DEVELOPMENT
Brad Easter
DIRECTOR OF MEMBERSHIP DEVELOPMENT
Beth Mooney

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Signature

LAWRENCE D. FRANKEL
Print name

Street Address 202 PRIDELAND DR

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Mary M. Frankel
Signature

MARY M. FRANKEL
Print name

Street Address 202 PRIDELAND DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Edmund F Morrow
Signature

EDMUND MORROW
Print name

Street Address 320 PRIDELAND DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Signature Eileen Morrow

Print name Eileen MORROW

Street Address 320 Prideland Drive

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Roberta Kreiner
Signature

Roberta Kreiner
Print name

Street Address 302 Honors Drive

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Bernard Kreiner
Signature

BERNARD KREINER
Print name

Street Address 302 HONORS DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

William Huska

Signature

WILLIAM HUSKA

Print name

Street Address 309 HONORS DR.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Signature

Walter A Anderson

Print name

Street Address 110 National Ct Shorewood, IL.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Stanley E. Yenerich
Signature

STANLEY E YENERICH
Print name

Street Address 624 FREEDOM WAY

Shorewood, Illinois, 60404

ATTACHMENT-25B

ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Sandra E Yeverich
Signature

SANDRA E. YEVERICH
Print name

Street Address 624 FREEDOM WAY

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Randal Bailey
Signature

Randal Bailey
Print name

Street Address 214 Honors Dr.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Linda Bailey

Signature

Linda Bailey

Print name

Street Address 214 Honors Dr.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Karin Maxisch
Signature

KARIN MAXISCH
Print name

Street Address 105 HONORS DR.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

Signature

A. J. DIDOMINICIS
Print name

Street Address 805 BLUE STEM DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
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Sincerely,

Mary Lou DiDominicis
Signature

MARY LOU DIDOMINICIS
Print name

Street Address 805 Blue Stem Drive

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Carroll W. Hook
Signature

Carroll W. Hooks
Print name

Street Address 160 Countryside Dr.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
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Sincerely,

Walter Christensen
Signature

WALTER CHRISTENSEN
Print name

Street Address 1523 COUNTRYSIDE DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Babette Lendman
Signature

Babette Lendman
Print name

Street Address 1526 Countryside Dr

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Judy Ferro
Signature

JUDY FERRO
Print name

Street Address 632 Freedom Way

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Signature

TRENTON R. FERRO

Print name

Street Address 632 FREEDOM WAY

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Robert W Moore

Signature

ROBERT W MOORE

Print name

Street Address 319 CAPITAL DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
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Sincerely,

Alice J. Moore
Signature

ALice J. Moore
Print name

Street Address 319 Capital Drive

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Janet Lynn
Signature

JANET LYNN
Print name

Street Address 625 UNITY CT

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
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Sincerely,

Joseph Compagnoni
Signature

Joseph Compagnoni
Print name

Street Address 617 Freedom Way

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Judith Compagnoni
Signature

JUDITH COMPAGNONI
Print name

Street Address 617 Freedom Way

Shorewood, Illinois, 60404

ATTACHMENT-25B
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Chairman
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Sincerely,

Juanita Christensen
Signature

JUANITA CHRISTENSEN
Print name

Street Address 1523 COUNTRYSIDE DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
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Sincerely,

Signature

Robert Buchala
Print name

Street Address 1743 Vantage Dr.

Shorewood, Illinois, 60404

ATTACHMENT-25B
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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

John Moese
Signature

JOHN MOESE
Print name

Street Address 309 CAPITAL DR

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Marlene Moese
Signature

MARLENE MOESE
Print name

Street Address 309 CAPITAL DR.

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Signature

DAVE FRASER

Print name

Street Address 216 HONORS DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Sharon Fraser
Signature

Sharon Fraser
Print name

Street Address 216 Honors Dr.

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
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Sincerely,

Signature

THOMAS BOYCE.
Print name

Street Address 302 CAPITAL DR.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Rosalie A. Hermansen
Signature

ROSALIE A. HERMANSEN
Print name

Street Address 302 CAPITAL DR

Shorewood, Illinois, 60404

~~Thomas Boyce - Husband~~

~~THOMAS Boyce~~

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
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Sincerely,

S L Graham
Signature

Stephen L Graham
Print name

Street Address 115 National Ct.

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Rosemary Graham
Signature

ROSEMARY GRAHAM
Print name

Street Address 115 National Court

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
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Sincerely,

Signature

LISA PAPE
Print name

Street Address 611 ILLINOIS DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Signature

FRANK J. PAPE

Print name

Street Address 611 ILLINOIS DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

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Chairman
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Sincerely,

Charles Olson
Signature

CHARLES OLSON
Print name

Street Address 303 PRIDELAND DR., SHOREWOOD

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
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Sincerely,

Signature

Jodine A. Hideg
Print name

Street Address 1733 Vantage Dr

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

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Chairman
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Sincerely,

Signature

Edmund V. Sroczynski

Print name

Street Address 626 Freedom Way

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Signature

JOHN J. REENAN

Print name

Street Address 1708 Countryside Dr.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Marlene Doodeman
Signature

MARLENE DOODEMAN
Print name

Street Address 628 LINCOLN CIRCLE

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28·

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Bernard Doodeman
Signature

BERNARD DOODEMAN
Print name

Street Address 628 LINCOLN CIRCLE

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

Anthony D Pfieffer
Signature

ANTHONY D. PFIEFFER
Print name

Street Address 200 PRIDELAND DR.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

Patricia R. Pfieffer
Signature

PATRICIA R. PFIEFFER
Print name

Street Address 200 PRIDELAND DR.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Patricia E. Young
Signature

PATRICIA E. YOUNG
Print name

Street Address 326 NATIONAL DR.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Carl J. Young
Signature

CARL J. YOUNG
Print name

Street Address 326 NATIONAL DRIVE

Shorewood, Illinois, 60404

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Julia E. Ruchala
Signature

Julia E. Ruchala
Print name

Street Address 1743 Vantage Drive

Shorewood, Illinois, 60404

ATTACHMENT-25B
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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

James P. Lynch

Signature

James P. Lynch

Print name

Street Address 331 National Drive

Shorewood, Illinois, 60404

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Marie L Lynch
Signature

Marie L. Lynch
Print name

Street Address 331 National Drive

Shorewood, Illinois, 60404

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Signature

JOHN BUJAK
Print name

Street Address 700 UNITY CT.

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Patricia Bujak
Signature

PATRICIA BUJAK
Print name

Street Address 700 UNITY CT.

Shorewood, Illinois, 60404

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Chairman
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Sincerely,

Janet C. Larson
Signature

JANET C. LARSON
Print name

Street Address 1311 Illinois Ct.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Donald J. Larson
Signature

Donald J. Larson
Print name

Street Address 1311 Illinois Ct.

Shorewood, Illinois, 60404

ATTACHMENT-25B
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Chairman
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Sincerely,

Nancy Ortiman
Signature

Nancy Ortiman
Print name

Street Address 613 ILLINOIS DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Jerry P. Stern
Signature

Jerry P. Stern
Print name

Street Address 211 Honors Dr

Shorewood, Illinois, 60404

ATTACHMENT-25B
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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Patricia A. Stern
Signature

Patricia A. Stern
Print name

Street Address 211 Honore Dr.

Shorewood, Illinois, 60404

ATTACHMENT-25B
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Chairman
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Sincerely,

Sandy Axelstrom
Signature

SANDY AXELSTROM
Print name

Street Address 318 Capital Dr.

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Kathleen Krizka
Signature

KATHLEEN KRIZKA
Print name

Street Address 1737 Vantage Dr.

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

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Chairman
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Sincerely,

Tom Lewis
Signature

Tom Lewis
Print name

Street Address 1737 VANTAGE DR

Shorewood, Illinois, 60404

ATTACHMENT-25B
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Chairman
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Sincerely,

Diane L. Harrison
Signature

Diane L. Harrison
Print name

Street Address 613 Lincoln Circle

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
Illinois Health Facilities Planning Board
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Sincerely,

Bruce Harrison
Signature

BRUCE HARRISON
Print name

Street Address 613 LINCOLN CIR

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
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Sincerely,

Nicholas Santo

Signature

NICHOLAS SANTO

Print name

Street Address 625 FREEDOM WAY

Shorewood, Illinois, 60404

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July 15, 2011

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Chairman
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Sincerely,

Irene C. Santo
Signature

IRENE C. SANTO
Print name

Street Address 628 Freedom Way

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
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Sincerely,

Terry M Swanberg
Signature

Terry M. Swanberg
Print name

Street Address 634 Lincoln Circle

Shorewood, Illinois, 60404

ATTACHMENT-25B
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Chairman
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Sincerely,

Laurelle Swanberg
Signature

LAURELLE SWANBERG
Print name

Street Address 634 Lincoln Circle

Shorewood, Illinois, 60404

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Sincerely,

Charles A. Buividas
Signature

Charles A. Buividas
Print name

Street Address 822 Treetop Lane

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Sincerely,

Doris J. Landerdale
Signature

DORIS J. LANDERDALE
Print name

Street Address 218 HONORS DR

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
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Sincerely,

Signature

CLIFFORD LAUDERDALE
Print name

Street Address 218 HONORS DR.

Shorewood, Illinois, 60404

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Chairman
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Sincerely,

Mary Lee Krantz
Signature

MARY LEE KRANTZ
Print name

Street Address 109 National Court

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

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Chairman
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Sincerely,

Signature

RICHARD S. SCHMITT
Print name

Street Address 1318 ILLINOIS CT.

Shorewood, Illinois, 60404

ATTACHMENT-25B
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July 15, 2011

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Chairman
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Sincerely,

Signature

JAMES R. KEITH

Print name

Street Address 215 PRIDELAND DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
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Sincerely,

Catherine M. Ridgway
Signature

CATHERINE M. RIDGWAY
Print name

Street Address 104 HONORS DR.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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Chairman
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Sincerely,

Saundra S. Eltzroth
Signature

SAUNDRA S. ELTZROTH
Print name

Street Address 322 Honors Drive

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

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

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

Dear Mr. Galassie:

I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

I am pleased to see that that Alden is proposing to address the need for memory care in Shorewood. I support Alden's proposal and urge you to approve their Certificate of Need application for a 50-bed skilled nursing facility for memory care in our community.

Sincerely,

William Eltzroth
Signature

WILLIAM ELTZROTH
Print name

Street Address 322 HONORS DRIVE

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

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Sincerely,

Lydia G Okraut
Signature

Lydia G Okraut
Print name

Street Address 315 Honors Dr.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

Signature

Bruce L. Okeant

Print name

Street Address 315 Honors Dr

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

Signature

ROBERT C. WATKINS
Print name

Street Address 410 NATIONAL DR

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

John A. Ridgway
Signature

JOHN A. RIDGWAY
Print name

Street Address 104 HONORS DR.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

Patricia Makeever
Signature

PATRICIA MAKEEVER
Print name

Street Address 616 WASHINGTON DR.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

Philomena M. Reenan
Signature

Philomena M. Reenan
Print name

Street Address 1708 Countryside Drive.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

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Sincerely,

Signature

Print name Edmund W. Murphy

Street Address 105 National Court
Shorewood, IL 60404-9552

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

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Sincerely,

Colleen Woodhouse
Signature

Colleen Woodhouse
Print name

Street Address 307 National Dr.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

Priscilla P. Hooks
Signature

PRISCILLA P. HOOKS
Print name

Street Address 1600 Countryside Dr

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

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I am a resident of Shorewood Glen, an active adult community for ages 55 and older. The Village of Shorewood has a need for specialized senior care, in particular skilled nursing services for seniors with Alzheimer's and other diseases affecting memory. With a growing elderly population, this need will become more acute in the coming years.

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Sincerely,

Ruth T. Futterer
Signature

RUTH T. FUTTERER
Print name

Street Address 1606 COUNTRYSIDE DR.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Application for Certificate of Need for Alden Courts of Shorewood, 700 Black Road, Shorewood, Illinois

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Sincerely,

Gloria McConnell
Signature

Gloria McConnell
Print name

Street Address 803 Blue Stem DR

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

R Bruce McConnell
Signature

R. BRUCE McConnell
Print name

Street Address 803 Blue Stem DR

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

Signature

JEAN D. KEARNEY

Print name

Street Address

J. Kearney
325 National Drive
Shorewood, IL 60404

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

Signature

JERRY RYVA

Print name

Street Address 210 NATIONAL DR.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

July 15, 2011

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

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Sincerely,

Paula J. Huska
Signature

Paula J. Huska
Print name

Street Address 309 Honors Dr.

Shorewood, Illinois, 60404

ATTACHMENT-25B
ATTACHMENT-28

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 150 nursing beds will be provided in 100,950 gross square feet which calculates to 673 gross square feet per bed well within the upper range limit of 713 gross square feet per bed.

ATTACHMENT- 26

ATTACHMENT-28

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 Randi Schullo, Vice President of Alden Courts of Shorewood, Inc. co-Applicant/operator for the project attesting to their understanding of this criterion.

ATTACHMENT- 28

Alden Courts of Shorewood, Inc.

March 12, 2012

Mr. Dale Galassie
Chairman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: Certificate of Need application for Alden Courts of Shorewood

Dear Mr. Galassie:

By the second year of operation after the Alden Courts of Shorewood is completed, we anticipate that the facility will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

Sincerely,

Randi Schullo
Vice President

4200 West Peterson Avenue Chicago, Illinois 60646 Phone: (773) 286-3883 Fax: (773) 286-2150

CAMBRIDGE
Realty Capital Ltd. of Illinois

October 5, 5011

Ms. Joan Carl
Alden Management Services, Inc.
4200 West Peterson
Suite 140
Chicago, IL 60646

RE: Alden Courts of Shorewood
700 W. Black Road
Shorewood, IL
A Proposed 50-Bed Skilled Care = Memory Care Nursing Facility

Dear Joan:

This is to advise that Cambridge Realty Capital Ltd. of Illinois will entertain providing the construction and permanent first mortgage financing for the new construction of the above-referenced 50-bed skilled nursing facility in Shorewood, Illinois.

It is anticipated that the interest rate applicable to both the loan and the permanent loan will be 5.00%. The construction term is anticipated to be 15 months. The permanent loan term is anticipated to be 40 years.

The total amount of the construction loan is anticipated to be $6,000,000. The total amount of the permanent loan is also anticipated to be $6,000,000. Both the construction and the permanent financing are anticipated to be provided utilizing mortgage insurance issued by the United States Department of Housing and Urban Development through Section 232 of the National Housing Act.

We look forward to working with you on this transaction.

Very truly yours,

CAMBRIDGE REALTY CAPITAL LTD. OF ILLINOIS

Andrew L. Erkes
President
Insured Financing
Healthcare/Multifamily Housing

ALE/ks

P:\Kim\Letter to Joan Carl Re Alden Courts of Shorewood 10 5 2011

ATTACHMENT-39

Loan Amortization Calculator

Almost any data field on this form may be calculated. Enter the appropriate numbers in each slot, leaving blank (or zero) the value that you wish to determine, and then click "Calculate" to update the page.

Principal	Payments per Year
6000000.00	12
Annual Interest Rate	**Number of Regular Payments**
5.0000	480
Balloon Payment	**Payment Amount**
	28931.80

Show Amortization Schedule

Calculate

This loan calculator is written and maintained by Bret Whissel.
See Bret's Blog for help, a spreadsheet, derivations, calculator news, and more information.

Summary

Principal borrowed:	$6,000,000.00	**Annual Payments:**	12
Regular Payment amount:	$28,931.80	**Total Payments:**	480 (40.00 years)
Final Balloon Payment:	$0.00	**Annual interest rate:**	5.00%
Interest-only payment:	$25,000.00	**Periodic interest rate:**	0.4167%
***Total Repaid:**	$13,887,264.00	**Debt Service Constant:**	5.7864%
***Total Interest Paid:**	$7,887,264.00	***Total interest paid as a percentage of Principal:**	131.454%

**These results are estimates which do not account for accumulated error of payments being rounded to the nearest cent. See the amortization schedule for more accurate values.*

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
1	3,931.80	25,000.00	3,931.80	25,000.00	5,996,068.20
2	3,948.18	24,983.62	7,879.98	49,983.62	5,992,120.02
3	3,964.63	24,967.17	11,844.61	74,950.79	5,988,155.39
4	3,981.15	24,950.65	15,825.76	99,901.44	5,984,174.24
5	3,997.74	24,934.06	19,823.50	124,835.50	5,980,176.50
6	4,014.40	24,917.40	23,837.90	149,752.90	5,976,162.10
7	4,031.12	24,900.68	27,869.02	174,653.58	5,972,130.98
8	4,047.92	24,883.88	31,916.94	199,537.46	5,968,083.06
9	4,064.79	24,867.01	35,981.73	224,404.47	5,964,018.27
10	4,081.72	24,850.08	40,063.45	249,254.55	5,959,936.55
11	4,098.73	24,833.07	44,162.18	274,087.62	5,955,837.82
12	4,115.81	24,815.99	48,277.99	298,903.61	5,951,722.01
13	4,132.96	24,798.84	52,410.95	323,702.45	5,947,589.05
14	4,150.18	24,781.62	56,561.13	348,484.07	5,943,438.87
15	4,167.47	24,764.33	60,728.60	373,248.40	5,939,271.40
16	4,184.84	24,746.96	64,913.44	397,995.36	5,935,086.56
17	4,202.27	24,729.53	69,115.71	422,724.89	5,930,884.29
18	4,219.78	24,712.02	73,335.49	447,436.91	5,926,664.51
19	4,237.36	24,694.44	77,572.85	472,131.35	5,922,427.15
20	4,255.02	24,676.78	81,827.87	496,808.13	5,918,172.13
21	4,272.75	24,659.05	86,100.62	521,467.18	5,913,899.38
22	4,290.55	24,641.25	90,391.17	546,108.43	5,909,608.83
23	4,308.43	24,623.37	94,699.60	570,731.80	5,905,300.40
24	4,326.38	24,605.42	99,025.98	595,337.22	5,900,974.02
25	4,344.41	24,587.39	103,370.39	619,924.61	5,896,629.61
26	4,362.51	24,569.29	107,732.90	644,493.90	5,892,267.10
27	4,380.69	24,551.11	112,113.59	669,045.01	5,887,886.41
28	4,398.94	24,532.86	116,512.53	693,577.87	5,883,487.47
29	4,417.27	24,514.53	120,929.80	718,092.40	5,879,070.20
30	4,435.67	24,496.13	125,365.47	742,588.53	5,874,634.53
31	4,454.16	24,477.64	129,819.63	767,066.17	5,870,180.37
32	4,472.72	24,459.08	134,292.35	791,525.25	5,865,707.65
33	4,491.35	24,440.45	138,783.70	815,965.70	5,861,216.30
34	4,510.07	24,421.73	143,293.77	840,387.43	5,856,706.23
35	4,528.86	24,402.94	147,822.63	864,790.37	5,852,177.37
36	4,547.73	24,384.07	152,370.36	889,174.44	5,847,629.64
37	4,566.68	24,365.12	156,937.04	913,539.56	5,843,062.96
38	4,585.70	24,346.10	161,522.74	937,885.66	5,838,477.26
39	4,604.81	24,326.99	166,127.55	962,212.65	5,833,872.45
40	4,624.00	24,307.80	170,751.55	986,520.45	5,829,248.45
41	4,643.26	24,288.54	175,394.81	1,010,808.99	5,824,605.19
42	4,662.61	24,269.19	180,057.42	1,035,078.18	5,819,942.58
43	4,682.04	24,249.76	184,739.46	1,059,327.94	5,815,260.54
44	4,701.55	24,230.25	189,441.01	1,083,558.19	5,810,558.99
45	4,721.14	24,210.66	194,162.15	1,107,768.85	5,805,837.85
46	4,740.81	24,190.99	198,902.96	1,131,959.84	5,801,097.04
47	4,760.56	24,171.24	203,663.52	1,156,131.08	5,796,336.48
48	4,780.40	24,151.40	208,443.92	1,180,282.48	5,791,556.08
49	4,800.32	24,131.48	213,244.24	1,204,413.96	5,786,755.76
50	4,820.32	24,111.48	218,064.56	1,228,525.44	5,781,935.44
51	4,840.40	24,091.40	222,904.96	1,252,616.84	5,777,095.04
52	4,860.57	24,071.23	227,765.53	1,276,688.07	5,772,234.47
53	4,880.82	24,050.98	232,646.35	1,300,739.05	5,767,353.65
54	4,901.16	24,030.64	237,547.51	1,324,769.69	5,762,452.49
55	4,921.58	24,010.22	242,469.09	1,348,779.91	5,757,530.91
56	4,942.09	23,989.71	247,411.18	1,372,769.62	5,752,588.82

ATTACHMENT-39
10/11/2011

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
57	4,962.68	23,969.12	252,373.86	1,396,738.74	5,747,626.14
58	4,983.36	23,948.44	257,357.22	1,420,687.18	5,742,642.78
59	5,004.12	23,927.68	262,361.34	1,444,614.86	5,737,638.66
60	5,024.97	23,906.83	267,386.31	1,468,521.69	5,732,613.69
61	5,045.91	23,885.89	272,432.22	1,492,407.58	5,727,567.78
62	5,066.93	23,864.87	277,499.15	1,516,272.45	5,722,500.85
63	5,088.05	23,843.75	282,587.20	1,540,116.20	5,717,412.80
64	5,109.25	23,822.55	287,696.45	1,563,938.75	5,712,303.55
65	5,130.54	23,801.26	292,826.99	1,587,740.01	5,707,173.01
66	5,151.91	23,779.89	297,978.90	1,611,519.90	5,702,021.10
67	5,173.38	23,758.42	303,152.28	1,635,278.32	5,696,847.72
68	5,194.93	23,736.87	308,347.21	1,659,015.19	5,691,652.79
69	5,216.58	23,715.22	313,563.79	1,682,730.41	5,686,436.21
70	5,238.32	23,693.48	318,802.11	1,706,423.89	5,681,197.89
71	5,260.14	23,671.66	324,062.25	1,730,095.55	5,675,937.75
72	5,282.06	23,649.74	329,344.31	1,753,745.29	5,670,655.69
73	5,304.07	23,627.73	334,648.38	1,777,373.02	5,665,351.62
74	5,326.17	23,605.63	339,974.55	1,800,978.65	5,660,025.45
75	5,348.36	23,583.44	345,322.91	1,824,562.09	5,654,677.09
76	5,370.65	23,561.15	350,693.56	1,848,123.24	5,649,306.44
77	5,393.02	23,538.78	356,086.58	1,871,662.02	5,643,913.42
78	5,415.49	23,516.31	361,502.07	1,895,178.33	5,638,497.93
79	5,438.06	23,493.74	366,940.13	1,918,672.07	5,633,059.87
80	5,460.72	23,471.08	372,400.85	1,942,143.15	5,627,599.15
81	5,483.47	23,448.33	377,884.32	1,965,591.48	5,622,115.68
82	5,506.32	23,425.48	383,390.64	1,989,016.96	5,616,609.36
83	5,529.26	23,402.54	388,919.90	2,012,419.50	5,611,080.10
84	5,552.30	23,379.50	394,472.20	2,035,799.00	5,605,527.80
85	5,575.43	23,356.37	400,047.63	2,059,155.37	5,599,952.37
86	5,598.67	23,333.13	405,646.30	2,082,488.50	5,594,353.70
87	5,621.99	23,309.81	411,268.29	2,105,798.31	5,588,731.71
88	5,645.42	23,286.38	416,913.71	2,129,084.69	5,583,086.29
89	5,668.94	23,262.86	422,582.65	2,152,347.55	5,577,417.35
90	5,692.56	23,239.24	428,275.21	2,175,586.79	5,571,724.79
91	5,716.28	23,215.52	433,991.49	2,198,802.31	5,566,008.51
92	5,740.10	23,191.70	439,731.59	2,221,994.01	5,560,268.41
93	5,764.01	23,167.79	445,495.60	2,245,161.80	5,554,504.40
94	5,788.03	23,143.77	451,283.63	2,268,305.57	5,548,716.37
95	5,812.15	23,119.65	457,095.78	2,291,425.22	5,542,904.22
96	5,836.37	23,095.43	462,932.15	2,314,520.65	5,537,067.85
97	5,860.68	23,071.12	468,792.83	2,337,591.77	5,531,207.17
98	5,885.10	23,046.70	474,677.93	2,360,638.47	5,525,322.07
99	5,909.62	23,022.18	480,587.55	2,383,660.65	5,519,412.45
100	5,934.25	22,997.55	486,521.80	2,406,658.20	5,513,478.20
101	5,958.97	22,972.83	492,480.77	2,429,631.03	5,507,519.23
102	5,983.80	22,948.00	498,464.57	2,452,579.03	5,501,535.43
103	6,008.74	22,923.06	504,473.31	2,475,502.09	5,495,526.69
104	6,033.77	22,898.03	510,507.08	2,498,400.12	5,489,492.92
105	6,058.91	22,872.89	516,565.99	2,521,273.01	5,483,434.01
106	6,084.16	22,847.64	522,650.15	2,544,120.65	5,477,349.85
107	6,109.51	22,822.29	528,759.66	2,566,942.94	5,471,240.34
108	6,134.97	22,796.83	534,894.63	2,589,739.77	5,465,105.37
109	6,160.53	22,771.27	541,055.16	2,612,511.04	5,458,944.84
110	6,186.20	22,745.60	547,241.36	2,635,256.64	5,452,758.64
111	6,211.97	22,719.83	553,453.33	2,657,976.47	5,446,546.67
112	6,237.86	22,693.94	559,691.19	2,680,670.41	5,440,308.81

ATTACHMENT - 39

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
113	6,263.85	22,667.95	565,955.04	2,703,338.36	5,434,044.96
114	6,289.95	22,641.85	572,244.99	2,725,980.21	5,427,755.01
115	6,316.15	22,615.65	578,561.14	2,748,595.86	5,421,438.86
116	6,342.47	22,589.33	584,903.61	2,771,185.19	5,415,096.39
117	6,368.90	22,562.90	591,272.51	2,793,748.09	5,408,727.49
118	6,395.44	22,536.36	597,667.95	2,816,284.45	5,402,332.05
119	6,422.08	22,509.72	604,090.03	2,838,794.17	5,395,909.97
120	6,448.84	22,482.96	610,538.87	2,861,277.13	5,389,461.13
121	6,475.71	22,456.09	617,014.58	2,883,733.22	5,382,985.42
122	6,502.69	22,429.11	623,517.27	2,906,162.33	5,376,482.73
123	6,529.79	22,402.01	630,047.06	2,928,564.34	5,369,952.94
124	6,557.00	22,374.80	636,604.06	2,950,939.14	5,363,395.94
125	6,584.32	22,347.48	643,188.38	2,973,286.62	5,356,811.62
126	6,611.75	22,320.05	649,800.13	2,995,606.67	5,350,199.87
127	6,639.30	22,292.50	656,439.43	3,017,899.17	5,343,560.57
128	6,666.96	22,264.84	663,106.39	3,040,164.01	5,336,893.61
129	6,694.74	22,237.06	669,801.13	3,062,401.07	5,330,198.87
130	6,722.64	22,209.16	676,523.77	3,084,610.23	5,323,476.23
131	6,750.65	22,181.15	683,274.42	3,106,791.38	5,316,725.58
132	6,778.78	22,153.02	690,053.20	3,128,944.40	5,309,946.80
133	6,807.02	22,124.78	696,860.22	3,151,069.18	5,303,139.78
134	6,835.38	22,096.42	703,695.60	3,173,165.60	5,296,304.40
135	6,863.86	22,067.94	710,559.46	3,195,233.54	5,289,440.54
136	6,892.46	22,039.34	717,451.92	3,217,272.88	5,282,548.08
137	6,921.18	22,010.62	724,373.10	3,239,283.50	5,275,626.90
138	6,950.02	21,981.78	731,323.12	3,261,265.28	5,268,676.88
139	6,978.98	21,952.82	738,302.10	3,283,218.10	5,261,697.90
140	7,008.06	21,923.74	745,310.16	3,305,141.84	5,254,689.84
141	7,037.26	21,894.54	752,347.42	3,327,036.38	5,247,652.58
142	7,066.58	21,865.22	759,414.00	3,348,901.60	5,240,586.00
143	7,096.02	21,835.78	766,510.02	3,370,737.38	5,233,489.98
144	7,125.59	21,806.21	773,635.61	3,392,543.59	5,226,364.39
145	7,155.28	21,776.52	780,790.89	3,414,320.11	5,219,209.11
146	7,185.10	21,746.70	787,975.99	3,436,066.81	5,212,024.01
147	7,215.03	21,716.77	795,191.02	3,457,783.58	5,204,808.98
148	7,245.10	21,686.70	802,436.12	3,479,470.28	5,197,563.88
149	7,275.28	21,656.52	809,711.40	3,501,126.80	5,190,288.60
150	7,305.60	21,626.20	817,017.00	3,522,753.00	5,182,983.00
151	7,336.04	21,595.76	824,353.04	3,544,348.76	5,175,646.96
152	7,366.60	21,565.20	831,719.64	3,565,913.96	5,168,280.36
153	7,397.30	21,534.50	839,116.94	3,587,448.46	5,160,883.06
154	7,428.12	21,503.68	846,545.06	3,608,952.14	5,153,454.94
155	7,459.07	21,472.73	854,004.13	3,630,424.87	5,145,995.87
156	7,490.15	21,441.65	861,494.28	3,651,866.52	5,138,505.72
157	7,521.36	21,410.44	869,015.64	3,673,276.96	5,130,984.36
158	7,552.70	21,379.10	876,568.34	3,694,656.06	5,123,431.66
159	7,584.17	21,347.63	884,152.51	3,716,003.69	5,115,847.49
160	7,615.77	21,316.03	891,768.28	3,737,319.72	5,108,231.72
161	7,647.50	21,284.30	899,415.78	3,758,604.02	5,100,584.22
162	7,679.37	21,252.43	907,095.15	3,779,856.45	5,092,904.85
163	7,711.36	21,220.44	914,806.51	3,801,076.89	5,085,193.49
164	7,743.49	21,188.31	922,550.00	3,822,265.20	5,077,450.00
165	7,775.76	21,156.04	930,325.76	3,843,421.24	5,069,674.24
166	7,808.16	21,123.64	938,133.92	3,864,544.88	5,061,866.08
167	7,840.69	21,091.11	945,974.61	3,885,635.99	5,054,025.39
168	7,873.36	21,058.44	953,847.97	3,906,694.43	5,046,152.03

ATTACHMENT-39

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
169	7,906.17	21,025.63	961,754.14	3,927,720.06	5,038,245.86
170	7,939.11	20,992.69	969,693.25	3,948,712.75	5,030,306.75
171	7,972.19	20,959.61	977,665.44	3,969,672.36	5,022,334.56
172	8,005.41	20,926.39	985,670.85	3,990,598.75	5,014,329.15
173	8,038.76	20,893.04	993,709.61	4,011,491.79	5,006,290.39
174	8,072.26	20,859.54	1,001,781.87	4,032,351.33	4,998,218.13
175	8,105.89	20,825.91	1,009,887.76	4,053,177.24	4,990,112.24
176	8,139.67	20,792.13	1,018,027.43	4,073,969.37	4,981,972.57
177	8,173.58	20,758.22	1,026,201.01	4,094,727.59	4,973,798.99
178	8,207.64	20,724.16	1,034,408.65	4,115,451.75	4,965,591.35
179	8,241.84	20,689.96	1,042,650.49	4,136,141.71	4,957,349.51
180	8,276.18	20,655.62	1,050,926.67	4,156,797.33	4,949,073.33
181	8,310.66	20,621.14	1,059,237.33	4,177,418.47	4,940,762.67
182	8,345.29	20,586.51	1,067,582.62	4,198,004.98	4,932,417.38
183	8,380.06	20,551.74	1,075,962.68	4,218,556.72	4,924,037.32
184	8,414.98	20,516.82	1,084,377.66	4,239,073.54	4,915,622.34
185	8,450.04	20,481.76	1,092,827.70	4,259,555.30	4,907,172.30
186	8,485.25	20,446.55	1,101,312.95	4,280,001.85	4,898,687.05
187	8,520.60	20,411.20	1,109,833.55	4,300,413.05	4,890,166.45
188	8,556.11	20,375.69	1,118,389.66	4,320,788.74	4,881,610.34
189	8,591.76	20,340.04	1,126,981.42	4,341,128.78	4,873,018.58
190	8,627.56	20,304.24	1,135,608.98	4,361,433.02	4,864,391.02
191	8,663.50	20,268.30	1,144,272.48	4,381,701.32	4,855,727.52
192	8,699.60	20,232.20	1,152,972.08	4,401,933.52	4,847,027.92
193	8,735.85	20,195.95	1,161,707.93	4,422,129.47	4,838,292.07
194	8,772.25	20,159.55	1,170,480.18	4,442,289.02	4,829,519.82
195	8,808.80	20,123.00	1,179,288.98	4,462,412.02	4,820,711.02
196	8,845.50	20,086.30	1,188,134.48	4,482,498.32	4,811,865.52
197	8,882.36	20,049.44	1,197,016.84	4,502,547.76	4,802,983.16
198	8,919.37	20,012.43	1,205,936.21	4,522,560.19	4,794,063.79
199	8,956.53	19,975.27	1,214,892.74	4,542,535.46	4,785,107.26
200	8,993.85	19,937.95	1,223,886.59	4,562,473.41	4,776,113.41
201	9,031.33	19,900.47	1,232,917.92	4,582,373.88	4,767,082.08
202	9,068.96	19,862.84	1,241,986.88	4,602,236.72	4,758,013.12
203	9,106.75	19,825.05	1,251,093.63	4,622,061.77	4,748,906.37
204	9,144.69	19,787.11	1,260,238.32	4,641,848.88	4,739,761.68
205	9,182.79	19,749.01	1,269,421.11	4,661,597.89	4,730,578.89
206	9,221.05	19,710.75	1,278,642.16	4,681,308.64	4,721,357.84
207	9,259.48	19,672.32	1,287,901.64	4,700,980.96	4,712,098.36
208	9,298.06	19,633.74	1,297,199.70	4,720,614.70	4,702,800.30
209	9,336.80	19,595.00	1,306,536.50	4,740,209.70	4,693,463.50
210	9,375.70	19,556.10	1,315,912.20	4,759,765.80	4,684,087.80
211	9,414.77	19,517.03	1,325,326.97	4,779,282.83	4,674,673.03
212	9,454.00	19,477.80	1,334,780.97	4,798,760.63	4,665,219.03
213	9,493.39	19,438.41	1,344,274.36	4,818,199.04	4,655,725.64
214	9,532.94	19,398.86	1,353,807.30	4,837,597.90	4,646,192.70
215	9,572.66	19,359.14	1,363,379.96	4,856,957.04	4,636,620.04
216	9,612.55	19,319.25	1,372,992.51	4,876,276.29	4,627,007.49
217	9,652.60	19,279.20	1,382,645.11	4,895,555.49	4,617,354.89
218	9,692.82	19,238.98	1,392,337.93	4,914,794.47	4,607,662.07
219	9,733.21	19,198.59	1,402,071.14	4,933,993.06	4,597,928.86
220	9,773.76	19,158.04	1,411,844.90	4,953,151.10	4,588,155.10
221	9,814.49	19,117.31	1,421,659.39	4,972,268.41	4,578,340.61
222	9,855.38	19,076.42	1,431,514.77	4,991,344.83	4,568,485.23
223	9,896.44	19,035.36	1,441,411.21	5,010,380.19	4,558,588.79
224	9,937.68	18,994.12	1,451,348.89	5,029,374.31	4,548,651.11
225	9,979.09	18,952.71	1,461,327.98	5,048,327.02	4,538,672.02

ATTACHMENT-39

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
226	10,020.67	18,911.13	1,471,348.65	5,067,238.15	4,528,651.35
227	10,062.42	18,869.38	1,481,411.07	5,086,107.53	4,518,588.93
228	10,104.35	18,827.45	1,491,515.42	5,104,934.98	4,508,484.58
229	10,146.45	18,785.35	1,501,661.87	5,123,720.33	4,498,338.13
230	10,188.72	18,743.08	1,511,850.59	5,142,463.41	4,488,149.41
231	10,231.18	18,700.62	1,522,081.77	5,161,164.03	4,477,918.23
232	10,273.81	18,657.99	1,532,355.58	5,179,822.02	4,467,644.42
233	10,316.61	18,615.19	1,542,672.19	5,198,437.21	4,457,327.81
234	10,359.60	18,572.20	1,553,031.79	5,217,009.41	4,446,968.21
235	10,402.77	18,529.03	1,563,434.56	5,235,538.44	4,436,565.44
236	10,446.11	18,485.69	1,573,880.67	5,254,024.13	4,426,119.33
237	10,489.64	18,442.16	1,584,370.31	5,272,466.29	4,415,629.69
238	10,533.34	18,398.46	1,594,903.65	5,290,864.75	4,405,096.35
239	10,577.23	18,354.57	1,605,480.88	5,309,219.32	4,394,519.12
240	10,621.30	18,310.50	1,616,102.18	5,327,529.82	4,383,897.82
241	10,665.56	18,266.24	1,626,767.74	5,345,796.06	4,373,232.26
242	10,710.00	18,221.80	1,637,477.74	5,364,017.86	4,362,522.26
243	10,754.62	18,177.18	1,648,232.36	5,382,195.04	4,351,767.64
244	10,799.43	18,132.37	1,659,031.79	5,400,327.41	4,340,968.21
245	10,844.43	18,087.37	1,669,876.22	5,418,414.78	4,330,123.78
246	10,889.62	18,042.18	1,680,765.84	5,436,456.96	4,319,234.16
247	10,934.99	17,996.81	1,691,700.83	5,454,453.77	4,308,299.17
248	10,980.55	17,951.25	1,702,681.38	5,472,405.02	4,297,318.62
249	11,026.31	17,905.49	1,713,707.69	5,490,310.51	4,286,292.31
250	11,072.25	17,859.55	1,724,779.94	5,508,170.06	4,275,220.06
251	11,118.38	17,813.42	1,735,898.32	5,525,983.48	4,264,101.68
252	11,164.71	17,767.09	1,747,063.03	5,543,750.57	4,252,936.97
253	11,211.23	17,720.57	1,758,274.26	5,561,471.14	4,241,725.74
254	11,257.94	17,673.86	1,769,532.20	5,579,145.00	4,230,467.80
255	11,304.85	17,626.95	1,780,837.05	5,596,771.95	4,219,162.95
256	11,351.95	17,579.85	1,792,189.00	5,614,351.80	4,207,811.00
257	11,399.25	17,532.55	1,803,588.25	5,631,884.35	4,196,411.75
258	11,446.75	17,485.05	1,815,035.00	5,649,369.40	4,184,965.00
259	11,494.45	17,437.35	1,826,529.45	5,666,806.75	4,173,470.55
260	11,542.34	17,389.46	1,838,071.79	5,684,196.21	4,161,928.21
261	11,590.43	17,341.37	1,849,662.22	5,701,537.58	4,150,337.78
262	11,638.73	17,293.07	1,861,300.95	5,718,830.65	4,138,699.05
263	11,687.22	17,244.58	1,872,988.17	5,736,075.23	4,127,011.83
264	11,735.92	17,195.88	1,884,724.09	5,753,271.11	4,115,275.91
265	11,784.82	17,146.98	1,896,508.91	5,770,418.09	4,103,491.09
266	11,833.92	17,097.88	1,908,342.83	5,787,515.97	4,091,657.17
267	11,883.23	17,048.57	1,920,226.06	5,804,564.54	4,079,773.94
268	11,932.74	16,999.06	1,932,158.80	5,821,563.60	4,067,841.20
269	11,982.46	16,949.34	1,944,141.26	5,838,512.94	4,055,858.74
270	12,032.39	16,899.41	1,956,173.65	5,855,412.35	4,043,826.35
271	12,082.52	16,849.28	1,968,256.17	5,872,261.63	4,031,743.83
272	12,132.87	16,798.93	1,980,389.04	5,889,060.56	4,019,610.96
273	12,183.42	16,748.38	1,992,572.46	5,905,808.94	4,007,427.54
274	12,234.19	16,697.61	2,004,806.65	5,922,506.55	3,995,193.35
275	12,285.16	16,646.64	2,017,091.81	5,939,153.19	3,982,908.19
276	12,336.35	16,595.45	2,029,428.16	5,955,748.64	3,970,571.84
277	12,387.75	16,544.05	2,041,815.91	5,972,292.69	3,958,184.09
278	12,439.37	16,492.43	2,054,255.28	5,988,785.12	3,945,744.72
279	12,491.20	16,440.60	2,066,746.48	6,005,225.72	3,933,253.52
280	12,543.24	16,388.56	2,079,289.72	6,021,614.28	3,920,710.28
281	12,595.51	16,336.29	2,091,885.23	6,037,950.57	3,908,114.77

ATTACHMENT-39

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
282	12,647.99	16,283.81	2,104,533.22	6,054,234.38	3,895,466.78
283	12,700.69	16,231.11	2,117,233.91	6,070,465.49	3,882,766.09
284	12,753.61	16,178.19	2,129,987.52	6,086,643.68	3,870,012.48
285	12,806.75	16,125.05	2,142,794.27	6,102,768.73	3,857,205.73
286	12,860.11	16,071.69	2,155,654.38	6,118,840.42	3,844,345.62
287	12,913.69	16,018.11	2,168,568.07	6,134,858.53	3,831,431.93
288	12,967.50	15,964.30	2,181,535.57	6,150,822.83	3,818,464.43
289	13,021.53	15,910.27	2,194,557.10	6,166,733.10	3,805,442.90
290	13,075.79	15,856.01	2,207,632.89	6,182,589.11	3,792,367.11
291	13,130.27	15,801.53	2,220,763.16	6,198,390.64	3,779,236.84
292	13,184.98	15,746.82	2,233,948.14	6,214,137.46	3,766,051.86
293	13,239.92	15,691.88	2,247,188.06	6,229,829.34	3,752,811.94
294	13,295.08	15,636.72	2,260,483.14	6,245,466.06	3,739,516.86
295	13,350.48	15,581.32	2,273,833.62	6,261,047.38	3,726,166.38
296	13,406.11	15,525.69	2,287,239.73	6,276,573.07	3,712,760.27
297	13,461.97	15,469.83	2,300,701.70	6,292,042.90	3,699,298.30
298	13,518.06	15,413.74	2,314,219.76	6,307,456.64	3,685,780.24
299	13,574.38	15,357.42	2,327,794.14	6,322,814.06	3,672,205.86
300	13,630.94	15,300.86	2,341,425.08	6,338,114.92	3,658,574.92
301	13,687.74	15,244.06	2,355,112.82	6,353,358.98	3,644,887.18
302	13,744.77	15,187.03	2,368,857.59	6,368,546.01	3,631,142.41
303	13,802.04	15,129.76	2,382,659.63	6,383,675.77	3,617,340.37
304	13,859.55	15,072.25	2,396,519.18	6,398,748.02	3,603,480.82
305	13,917.30	15,014.50	2,410,436.48	6,413,762.52	3,589,563.52
306	13,975.29	14,956.51	2,424,411.77	6,428,719.03	3,575,588.23
307	14,033.52	14,898.28	2,438,445.29	6,443,617.31	3,561,554.71
308	14,091.99	14,839.81	2,452,537.28	6,458,457.12	3,547,462.72
309	14,150.71	14,781.09	2,466,687.99	6,473,238.21	3,533,312.01
310	14,209.67	14,722.13	2,480,897.66	6,487,960.34	3,519,102.34
311	14,268.87	14,662.93	2,495,166.53	6,502,623.27	3,504,833.47
312	14,328.33	14,603.47	2,509,494.86	6,517,226.74	3,490,505.14
313	14,388.03	14,543.77	2,523,882.89	6,531,770.51	3,476,117.11
314	14,447.98	14,483.82	2,538,330.87	6,546,254.33	3,461,669.13
315	14,508.18	14,423.62	2,552,839.05	6,560,677.95	3,447,160.95
316	14,568.63	14,363.17	2,567,407.68	6,575,041.12	3,432,592.32
317	14,629.33	14,302.47	2,582,037.01	6,589,343.59	3,417,962.99
318	14,690.29	14,241.51	2,596,727.30	6,603,585.10	3,403,272.70
319	14,751.50	14,180.30	2,611,478.80	6,617,765.40	3,388,521.20
320	14,812.96	14,118.84	2,626,291.76	6,631,884.24	3,373,708.24
321	14,874.68	14,057.12	2,641,166.44	6,645,941.36	3,358,833.56
322	14,936.66	13,995.14	2,656,103.10	6,659,936.50	3,343,896.90
323	14,998.90	13,932.90	2,671,102.00	6,673,869.40	3,328,898.00
324	15,061.39	13,870.41	2,686,163.39	6,687,739.81	3,313,836.61
325	15,124.15	13,807.65	2,701,287.54	6,701,547.46	3,298,712.46
326	15,187.16	13,744.64	2,716,474.70	6,715,292.10	3,283,525.30
327	15,250.44	13,681.36	2,731,725.14	6,728,973.46	3,268,274.86
328	15,313.99	13,617.81	2,747,039.13	6,742,591.27	3,252,960.87
329	15,377.80	13,554.00	2,762,416.93	6,756,145.27	3,237,583.07
330	15,441.87	13,489.93	2,777,858.80	6,769,635.20	3,222,141.20
331	15,506.21	13,425.59	2,793,365.01	6,783,060.79	3,206,634.99
332	15,570.82	13,360.98	2,808,935.83	6,796,421.77	3,191,064.17
333	15,635.70	13,296.10	2,824,571.53	6,809,717.87	3,175,428.47
334	15,700.85	13,230.95	2,840,272.38	6,822,948.82	3,159,727.62
335	15,766.27	13,165.53	2,856,038.65	6,836,114.35	3,143,961.35
336	15,831.96	13,099.84	2,871,870.61	6,849,214.19	3,128,129.39
337	15,897.93	13,033.87	2,887,768.54	6,862,248.06	3,112,231.46

ATTACHMENT-39

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
338	15,964.17	12,967.63	2,903,732.71	6,875,215.69	3,096,267.29
339	16,030.69	12,901.11	2,919,763.40	6,888,116.80	3,080,236.60
340	16,097.48	12,834.32	2,935,860.88	6,900,951.12	3,064,139.12
341	16,164.55	12,767.25	2,952,025.43	6,913,718.37	3,047,974.57
342	16,231.91	12,699.89	2,968,257.34	6,926,418.26	3,031,742.66
343	16,299.54	12,632.26	2,984,556.88	6,939,050.52	3,015,443.12
344	16,367.45	12,564.35	3,000,924.33	6,951,614.87	2,999,075.67
345	16,435.65	12,496.15	3,017,359.98	6,964,111.02	2,982,640.02
346	16,504.13	12,427.67	3,033,864.11	6,976,538.69	2,966,135.89
347	16,572.90	12,358.90	3,050,437.01	6,988,897.59	2,949,562.99
348	16,641.95	12,289.85	3,067,078.96	7,001,187.44	2,932,921.04
349	16,711.30	12,220.50	3,083,790.26	7,013,407.94	2,916,209.74
350	16,780.93	12,150.87	3,100,571.19	7,025,558.81	2,899,428.81
351	16,850.85	12,080.95	3,117,422.04	7,037,639.76	2,882,577.96
352	16,921.06	12,010.74	3,134,343.10	7,049,650.50	2,865,656.90
353	16,991.56	11,940.24	3,151,334.66	7,061,590.74	2,848,665.34
354	17,062.36	11,869.44	3,168,397.02	7,073,460.18	2,831,602.98
355	17,133.45	11,798.35	3,185,530.47	7,085,258.53	2,814,469.53
356	17,204.84	11,726.96	3,202,735.31	7,096,985.49	2,797,264.69
357	17,276.53	11,655.27	3,220,011.84	7,108,640.76	2,779,988.16
358	17,348.52	11,583.28	3,237,360.36	7,120,224.04	2,762,639.64
359	17,420.80	11,511.00	3,254,781.16	7,131,735.04	2,745,218.84
360	17,493.39	11,438.41	3,272,274.55	7,143,173.45	2,727,725.45
361	17,566.28	11,365.52	3,289,840.83	7,154,538.97	2,710,159.17
362	17,639.47	11,292.33	3,307,480.30	7,165,831.30	2,692,519.70
363	17,712.97	11,218.83	3,325,193.27	7,177,050.13	2,674,806.73
364	17,786.77	11,145.03	3,342,980.04	7,188,195.16	2,657,019.96
365	17,860.88	11,070.92	3,360,840.92	7,199,266.08	2,639,159.08
366	17,935.30	10,996.50	3,378,776.22	7,210,262.58	2,621,223.78
367	18,010.03	10,921.77	3,396,786.25	7,221,184.35	2,603,213.75
368	18,085.08	10,846.72	3,414,871.33	7,232,031.07	2,585,128.67
369	18,160.43	10,771.37	3,433,031.76	7,242,802.44	2,566,968.24
370	18,236.10	10,695.70	3,451,267.86	7,253,498.14	2,548,732.14
371	18,312.08	10,619.72	3,469,579.94	7,264,117.86	2,530,420.06
372	18,388.38	10,543.42	3,487,968.32	7,274,661.28	2,512,031.68
373	18,465.00	10,466.80	3,506,433.32	7,285,128.08	2,493,566.68
374	18,541.94	10,389.86	3,524,975.26	7,295,517.94	2,475,024.74
375	18,619.20	10,312.60	3,543,594.46	7,305,830.54	2,456,405.54
376	18,696.78	10,235.02	3,562,291.24	7,316,065.56	2,437,708.76
377	18,774.68	10,157.12	3,581,065.92	7,326,222.68	2,418,934.08
378	18,852.91	10,078.89	3,599,918.83	7,336,301.57	2,400,081.17
379	18,931.46	10,000.34	3,618,850.29	7,346,301.91	2,381,149.71
380	19,010.34	9,921.46	3,637,860.63	7,356,223.37	2,362,139.37
381	19,089.55	9,842.25	3,656,950.18	7,366,065.62	2,343,049.82
382	19,169.09	9,762.71	3,676,119.27	7,375,828.33	2,323,880.73
383	19,248.96	9,682.84	3,695,368.23	7,385,511.17	2,304,631.77
384	19,329.17	9,602.63	3,714,697.40	7,395,113.80	2,285,302.60
385	19,409.71	9,522.09	3,734,107.11	7,404,635.89	2,265,892.89
386	19,490.58	9,441.22	3,753,597.69	7,414,077.11	2,246,402.31
387	19,571.79	9,360.01	3,773,169.48	7,423,437.12	2,226,830.52
388	19,653.34	9,278.46	3,792,822.82	7,432,715.58	2,207,177.18
389	19,735.23	9,196.57	3,812,558.05	7,441,912.15	2,187,441.95
390	19,817.46	9,114.34	3,832,375.51	7,451,026.49	2,167,624.49
391	19,900.03	9,031.77	3,852,275.54	7,460,058.26	2,147,724.46
392	19,982.95	8,948.85	3,872,258.49	7,469,007.11	2,127,741.51
393	20,066.21	8,865.59	3,892,324.70	7,477,872.70	2,107,675.30
394	20,149.82	8,781.98	3,912,474.52	7,486,654.68	2,087,525.48

ATTACHMENT-39

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
395	20,233.78	8,698.02	3,932,708.30	7,495,352.70	2,067,291.70
396	20,318.08	8,613.72	3,953,026.38	7,503,966.42	2,046,973.62
397	20,402.74	8,529.06	3,973,429.12	7,512,495.48	2,026,570.88
398	20,487.75	8,444.05	3,993,916.87	7,520,939.53	2,006,083.13
399	20,573.12	8,358.68	4,014,489.99	7,529,298.21	1,985,510.01
400	20,658.84	8,272.96	4,035,148.83	7,537,571.17	1,964,851.17
401	20,744.92	8,186.88	4,055,893.75	7,545,758.05	1,944,106.25
402	20,831.36	8,100.44	4,076,725.11	7,553,858.49	1,923,274.89
403	20,918.15	8,013.65	4,097,643.26	7,561,872.14	1,902,356.74
404	21,005.31	7,926.49	4,118,648.57	7,569,798.63	1,881,351.43
405	21,092.84	7,838.96	4,139,741.41	7,577,637.59	1,860,258.59
406	21,180.72	7,751.08	4,160,922.13	7,585,388.67	1,839,077.87
407	21,268.98	7,662.82	4,182,191.11	7,593,051.49	1,817,808.89
408	21,357.60	7,574.20	4,203,548.71	7,600,625.69	1,796,451.29
409	21,446.59	7,485.21	4,224,995.30	7,608,110.90	1,775,004.70
410	21,535.95	7,395.85	4,246,531.25	7,615,506.75	1,753,468.75
411	21,625.68	7,306.12	4,268,156.93	7,622,812.87	1,731,843.07
412	21,715.79	7,216.01	4,289,872.72	7,630,028.88	1,710,127.28
413	21,806.27	7,125.53	4,311,678.99	7,637,154.41	1,688,321.01
414	21,897.13	7,034.67	4,333,576.12	7,644,189.08	1,666,423.88
415	21,988.37	6,943.43	4,355,564.49	7,651,132.51	1,644,435.51
416	22,079.99	6,851.81	4,377,644.48	7,657,984.32	1,622,355.52
417	22,171.99	6,759.81	4,399,816.47	7,664,744.13	1,600,183.53
418	22,264.37	6,667.43	4,422,080.84	7,671,411.56	1,577,919.16
419	22,357.14	6,574.66	4,444,437.98	7,677,986.22	1,555,562.02
420	22,450.29	6,481.51	4,466,888.27	7,684,467.73	1,533,111.73
421	22,543.83	6,387.97	4,489,432.10	7,690,855.70	1,510,567.90
422	22,637.77	6,294.03	4,512,069.87	7,697,149.73	1,487,930.13
423	22,732.09	6,199.71	4,534,801.96	7,703,349.44	1,465,198.04
424	22,826.81	6,104.99	4,557,628.77	7,709,454.43	1,442,371.23
425	22,921.92	6,009.88	4,580,550.69	7,715,464.31	1,419,449.31
426	23,017.43	5,914.37	4,603,568.12	7,721,378.68	1,396,431.88
427	23,113.33	5,818.47	4,626,681.45	7,727,197.15	1,373,318.55
428	23,209.64	5,722.16	4,649,891.09	7,732,919.31	1,350,108.91
429	23,306.35	5,625.45	4,673,197.44	7,738,544.76	1,326,802.56
430	23,403.46	5,528.34	4,696,600.90	7,744,073.10	1,303,399.10
431	23,500.97	5,430.83	4,720,101.87	7,749,503.93	1,279,898.13
432	23,598.89	5,332.91	4,743,700.76	7,754,836.84	1,256,299.24
433	23,697.22	5,234.58	4,767,397.98	7,760,071.42	1,232,602.02
434	23,795.96	5,135.84	4,791,193.94	7,765,207.26	1,208,806.06
435	23,895.11	5,036.69	4,815,089.05	7,770,243.95	1,184,910.95
436	23,994.67	4,937.13	4,839,083.72	7,775,181.08	1,160,916.28
437	24,094.65	4,837.15	4,863,178.37	7,780,018.23	1,136,821.63
438	24,195.04	4,736.76	4,887,373.41	7,784,754.99	1,112,626.59
439	24,295.86	4,635.94	4,911,669.27	7,789,390.93	1,088,330.73
440	24,397.09	4,534.71	4,936,066.36	7,793,925.64	1,063,933.64
441	24,498.74	4,433.06	4,960,565.10	7,798,358.70	1,039,434.90
442	24,600.82	4,330.98	4,985,165.92	7,802,689.68	1,014,834.08
443	24,703.32	4,228.48	5,009,869.24	7,806,918.16	990,130.76
444	24,806.26	4,125.54	5,034,675.50	7,811,043.70	965,324.50
445	24,909.61	4,022.19	5,059,585.11	7,815,065.89	940,414.89
446	25,013.40	3,918.40	5,084,598.51	7,818,984.29	915,401.49
447	25,117.63	3,814.17	5,109,716.14	7,822,798.46	890,283.86
448	25,222.28	3,709.52	5,134,938.42	7,826,507.98	865,061.58
449	25,327.38	3,604.42	5,160,265.80	7,830,112.40	839,734.20
450	25,432.91	3,498.89	5,185,698.71	7,833,611.29	814,301.29

ATTACHMENT-39

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
451	25,538.88	3,392.92	5,211,237.59	7,837,004.21	788,762.41
452	25,645.29	3,286.51	5,236,882.88	7,840,290.72	763,117.12
453	25,752.15	3,179.65	5,262,635.03	7,843,470.37	737,364.97
454	25,859.45	3,072.35	5,288,494.48	7,846,542.72	711,505.52
455	25,967.19	2,964.61	5,314,461.67	7,849,507.33	685,538.33
456	26,075.39	2,856.41	5,340,537.06	7,852,363.74	659,462.94
457	26,184.04	2,747.76	5,366,721.10	7,855,111.50	633,278.90
458	26,293.14	2,638.66	5,393,014.24	7,857,750.16	606,985.76
459	26,402.69	2,529.11	5,419,416.93	7,860,279.27	580,583.07
460	26,512.70	2,419.10	5,445,929.63	7,862,698.37	554,070.37
461	26,623.17	2,308.63	5,472,552.80	7,865,007.00	527,447.20
462	26,734.10	2,197.70	5,499,286.90	7,867,204.70	500,713.10
463	26,845.50	2,086.30	5,526,132.40	7,869,291.00	473,867.60
464	26,957.35	1,974.45	5,553,089.75	7,871,265.45	446,910.25
465	27,069.67	1,862.13	5,580,159.42	7,873,127.58	419,840.58
466	27,182.46	1,749.34	5,607,341.88	7,874,876.92	392,658.12
467	27,295.72	1,636.08	5,634,637.60	7,876,513.00	365,362.40
468	27,409.46	1,522.34	5,662,047.06	7,878,035.34	337,952.94
469	27,523.66	1,408.14	5,689,570.72	7,879,443.48	310,429.28
470	27,638.34	1,293.46	5,717,209.06	7,880,736.94	282,790.94
471	27,753.50	1,178.30	5,744,962.56	7,881,915.24	255,037.44
472	27,869.14	1,062.66	5,772,831.70	7,882,977.90	227,168.30
473	27,985.27	946.53	5,800,816.97	7,883,924.43	199,183.03
474	28,101.87	829.93	5,828,918.84	7,884,754.36	171,081.16
475	28,218.96	712.84	5,857,137.80	7,885,467.20	142,862.20
476	28,336.54	595.26	5,885,474.34	7,886,062.46	114,525.66
477	28,454.61	477.19	5,913,928.95	7,886,539.65	86,071.05
478	28,573.17	358.63	5,942,502.12	7,886,898.28	57,497.88
479	28,692.23	239.57	5,971,194.35	7,887,137.85	28,805.65
480	*28,805.65	120.02	6,000,000.00	7,887,257.87	0.00

*The final payment has been adjusted to account for payments having been rounded to the nearest cent.

ATTACHMENT-39

Courts of Shorewood
Viability Ratios

	December 31, 2014	Standard	December 31, 2015	Standard
Current Ratio:				
Current Assets	$ 935,946	1.18	$ 1,638,549	1.74
Current Liabilities	$ 791,652		$ 941,949	
Net Margin:				
Net Income	$ (391,456)	-13.36%	$ 530,472	10.91%
Net Operating Revenues	$ 2,931,070		$ 4,862,327	
Debt to Capitalization:				
Long Term Debt	$ 5,951,722	53.38%	$ 5,847,630	50.65%
Equity plus Long term debt	$ 11,148,737		$ 11,546,058	
Debt Coverage Ratio:				
Net Income	$ (391,456)		$ 530,472	
Depreciation	317,580		317,580	
	$ (73,876)		$ 848,052	
Debt Service	$ 347,182	(0.21)	$ 347,182	2.44
Days Cash on Hand:				
Cash on Hand and Mortgage escrows	$ 324,265	42	$ 1,110,480	98
Annual operating costs	$ 2,848,598		$ 4,125,689	
Cushion:				
Cash in bank and Short Term Investments	$ 173,532	0.50	$ 1,065,480	3.07
Annual Debt Service	$ 347,182		$ 347,182	

Attachment 41

Section 1120.140 Economic Feasibility – Review Criteria

d) Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct costs means the fully allocated costs of salaries, benefits and supplies for the service.

50-bed Addition:

Total Operating Expenses	CY2015	$3,621,730
Total Patient Days		16,459
Projected Operating Costs/Bed		$220.05

e) Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

50-bed Addition:

Total Capital Cost	CY2015	$862,573
Total Patient Days		16,459
Projected Operating Costs/Bed		$54.41

ATTACHMENT-42

Alden Courts of Shorewood
Schedule of Patient Days

	2014 Patient Days	%	2015 Patient Days	%
Medicaid	419	4.52%	1,919	11.66%
Medicare	2,945	31.83%	4,376	26.59%
Private	5,425	58.63%	9,521	57.85%
Insurance	465	5.03%	643	3.91%
	9,254	100.00%	16,459	100.00%
Available Days	18,250		18,250	
Occupancy Percentage	50.70%		90.19%	

ATTACHMENT-42

Courts of Shorewood
Projected Balance Sheet
December 31, 2014 and 2015

	2014	2015
Assets		
Current assets:		
Cash in Bank and on Hand	$ 282,265	$ 790,480
Short Term Investments		275,000
Accounts Receivable, net of allowance for doubtful accounts	413,701	483,669
Prepaid expenses	40,780	44,400
Tax and Insurance escrows	42,000	45,000
Recoverable Income Taxes	$ 157,200	$ -
Total current assets	$ 935,946	$ 1,638,549
Property, Plant and Equipment		
Land	$ 854,416	$ 854,416
Land Improvements	570,874	570,874
Building	9,224,445	9,224,445
Minor Moveable	28,800	28,800
Major Moveable Equipment	502,740	552,740
Total	$ 11,181,274	$ 11,231,274
Accumulated depreciation	317,580	635,160
Net	$ 10,863,694	$ 10,596,114
Other assets:		
Replacement reserves	90,000	200,000
Total Assets	$ 11,889,640	$ 12,434,663
Liabilities and Stockholder's Equity		
Current Liabilities:		
Current Portion of Long Term debt	$ 50,748	$ 53,344
Accounts Payable	161,709	238,645
Accrued Salaries	110,093	123,462
Accrued Payroll Taxes	6,556	6,556
Accrued Real Estate Taxes	84,000	90,000
Accrued Interest	28,546	26,686
Accrued Federal Income taxes	-	63,257
Short term Bank Debt	350,000	350,000
Total current liabilities	$ 791,652	$ 941,949
Long term debt	$ 5,900,974	$ 5,794,288
Stockholders Equity		
Contributed Equity	$ 5,431,271	$ 5,656,271
Retained Earnings	(234,256)	42,157
Total Stockholder's Equity	$ 5,197,015	$ 5,698,428
Total Liabilities and Stockholder's Equity	$ 11,889,641	$ 12,434,663

ATTACHMENT-41

Shorewood Courts
Projected Operating Statement
For the years to end Decvember 31, 2014 and 2015

	2014		2015	
	Amount	Per Day	Amount	Per Day
Total Revenues:				
Routine Services	$ 2,872,192	$ 310.39	$ 4,914,864	$ 307.99
Ancilliary Income	58,278	6.30	58,278	$ 3.74
Non-Operating Income	600	0.06	600	$ 0.04
Total Revenues	$ 2,931,070	$ 316.75	$ 4,973,742	$ 311.76
Operating Expenses				
Nursing Costs	$ 1,107,103	$ 119.64	$ 1,872,259	$ 106.72
Therapy & Activity Costs	90,355	9.76	95,694	6.12
Employee Costs	316,115	34.16	408,005	24.02
Dietary Costs	211,661	22.87	305,156	18.84
Housekeeping & Plant	239,845	25.92	284,160	18.13
Laundry & Linen	24,761	2.68	32,817	2.02
Marketing	122,795	13.27	37,800	2.42
Bad Debt Expense	29,305	3.17	62,164	3.90
General & Administration	364,040	39.34	523,876	33.17
Total Operating Expenses	$ 2,505,980	$ 270.81	$ 3,621,730	$ 215.34
Operating Gross Margin	$ 425,090	$ 45.94	$ 1,352,011	$ 96.42
Rent, Taxes and Insurance				
Real Estate Tax Expense	$ 84,000	$ 9.08	$ 90,000	$ 5.77
General Insurance Expense	61,560	6.65	63,180	4.05
Interest - Mortgage	298,904	32.30	296,433	1.91
Mortgage Insurance	30,000	3.24	29,844	19.01
Interest - Working Capital	24,502	2.65	65,536	4.20
Depreciation / Amort Expense	317,580	34.32	317,580	20.36
Total Rent, Taxes & Insurance	$ 816,546	$ 88.24	$ 862,573	$ 34.94
Net Income(loss) before taxes	$ (391,456)	$ (42.30)	$ 489,439	$ 61.48
Provision(Benefit) for income taxes	$ (157,200)	$ (16.99)	$ 213,026	$ 13.66
Net Income	$ (234,256)	$ (25.32)	$ 276,413	$ 47.82

ATTACHMENT-42