

**RECEIVED**

**OCT 22 2012**

**Constantino, Mike**

**From:** Silberman, Mark J. [MJSilberman@duanemorris.com]  
**Sent:** Sunday, October 21, 2012 6:32 PM  
**To:** Constantino, Mike; Roate, George  
**Subject:** Submission of Materials in Response to SAR for Project 12-039 (in black and white)  
**Attachments:** 20121021182105714.pdf

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

Gentlemen,

Attached please find our comments in response to the Staff Report for Project 12-039, ManorCare Health Services of Crystal Lake.

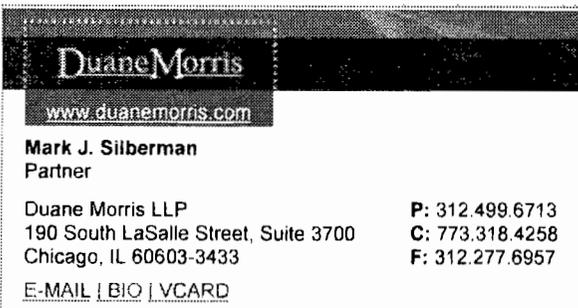
Should there be any questions, do not hesitate to let me know. If you could verify receipt of these materials it would be greatly appreciated.

Mark J. Silberman

P.S. The original will follow via federal express.

MJS

**NOTE: The color scan was 6 MB – I have attached a black and white scan to be certain the attachment size did not affect the delivery of the comments. Otherwise, the materials are 100% identical and there is no need to consider this as a separate submission of comments.**



**Duane Morris**  
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**Mark J. Silberman**  
Partner

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For more information about Duane Morris, please visit <http://www.DuaneMorris.com>

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October 21, 2012

**VIA E-MAIL AND FEDEX**

Mr. Michael Constantino  
Illinois Health Facilities  
and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, IL 62761  
ATTN: Mr. Dale Galassie

NEW YORK  
LONDON  
SINGAPORE  
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WASHINGTON, DC  
SAN FRANCISCO  
SAN DIEGO  
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LAS VEGAS  
CHERRY HILL  
BOCA RATON  
LAKE TAHOE  
  
MEXICO CITY  
ALLIANCE WITH  
MIRANDA & ESTAVILLO

**Re: Comments in Response to Second State Board Staff Report in Opposition to Project 12-039, ManorCare Health Services of Crystal Lake**

Dear Mr. Galassie:

We would like to thank the Illinois Health Facilities and Services Review Board (“HFSRB” or “Board”) for the opportunity to submit these comments in response to the State Board’s second staff report (“SAR”) and *in opposition* to Project 12-039 (the “Project”) which outlines ManorCare Health Services of Crystal Lake’s proposal to establish a new 130-bed facility in Crystal Lake. We would also like to and thank the Board staff for its efforts in preparing the SAR.

While the SAR accurately reflects the information *as it was presented by ManorCare*, the SAR does not take the crucial next step of revealing where the claims, *as presented by ManorCare*, are either:

1. Untrue;
2. Misleading;
3. Contrary to claims in the Project application; or
4. Inconsistent with HFSRB regulations.

When issuing its Intent to Deny, the Board rendered *1 vote in support and 7 votes against the Project*. Nothing ManorCare submitted changes the fundamental lack of merit for the Project, nor has ManorCare addressed the lack of need for the Project in a straightforward manner. Therefore, we continue to urge the Board to deny Project 12-039.

**Untrue Information**

The SAR does not identify where ManorCare's claims and/or information are patently false and demonstrably untrue. Two examples of that are:

1. ManorCare's *false claims* regarding facilities not accepting Medicaid; and
2. ManorCare's *false claims* regarding non-existent admissions restrictions at the Springs at Crystal Lake (the "Springs").

ManorCare claims that neither Alden Estates of Barrington ("Alden") nor Claremont Rehab and Living Care ("Claremont") accept Medicaid admissions. *This is false.* As evidenced by the 2011 Medicaid Cost Reports (enclosed as Exhibit A) and the IDPH website (enclosed as Exhibit B), both of these facilities provide care to Medicaid recipients.

- In 2011, Alden provided 20,771 patient care days to Medicaid Recipients.
- In 2011, Claremont provided 29,945 patient care days to Medicaid Recipients.

Moreover, a single telephone call to the Illinois Department of Public Health ("IDPH") verified that neither of these facilities have relinquished their Medicaid certification.

Secondly, ManorCare falsely claims that the Springs is part of a continuing care retirement center ("CCRC"). *This is false.* Clearly, ManorCare hopes to convince the Board to ignore the available capacity at an existing facility with a 5-star CMS rating that is minutes away from the proposed site. By claiming that the Springs is part of a CCRC, ManorCare hopes to imply there is some limitation upon the available capacity at the Springs. The Springs is an independent standalone facility with an open admissions policy and, in fact, is in the process of pursuing Medicaid certification.

Neither the SAR nor ManorCare explain how or why ManorCare presented patently false information to the Board in its attempt to see the Project approved.

**Misleading Information**

The SAR does not address the fact that much of the information provided by ManorCare is misleading in an attempt to distract from the Project's shortcomings. Aside from the false claims regarding access to Medicaid, the biggest issue remains the "referral" letters that ManorCare presented for the Board to consider.<sup>1</sup> The submission of "referral" letters yielded the only substantive change in what criteria the Project met when compared to the last SAR.

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<sup>1</sup> Similar to ManorCare's "support" letters, ManorCare has relied upon 'form letters' to present for the Board's consideration.

However, a simple review of the letters presented by ManorCare reveals that *these letters do not contain a single commitment to refer a single patient* to the proposed ManorCare facility. To the contrary, each letter includes the same 'form letter' language expressly declaring that no commitment is being made to refer patients to the Project. Interestingly, the vast majority of physicians from whom letters were obtained are located in communities outside of Crystal Lake. We acknowledge that the Board assesses need by Health Service Area ("HSA") rather than by community. However, given ManorCare's continued reliance upon its claim of a "need" for this facility in Crystal Lake and McHenry County, the SAR would have been well served to evaluate those claims. An evaluation of these claims reveals them to be unsupportable.

By way of a limited example, nearly ½ of the physicians presenting theoretical "referrals" are located in Elgin.<sup>2</sup> As reflected at p. 15-16 of the SAR, there are 8 existing facilities in Elgin, 6 of which are below the HFSRB 90% utilization standard. ManorCare cannot challenge the quality of these facilities as 4 of the 6 maintain a 4-star or 5-star rating from CMS. Moreover, of the "referral" letters which delineate a historical referral pattern, these referrals presumably relate to patients that are already being served by existing facilities within the area. Even with these patients going to area facilities, the majority of facilities in the area remain underutilized.<sup>3</sup> This highlights the adverse impact approving the Project would have on existing facilities, reveals the unnecessary duplication of services that would result from approving the Project, and perfectly illustrates that establishing a brand new facility would ignore a core tenet of the Certificate of Need ("CON") program by failing to more efficiently utilize existing facilities.

There is no mention in the SAR that ManorCare's claims regarding the need to increase access to quality care in the area are untrue. ManorCare's claimed need for improved quality options in the area *is demonstrably false*. As the SAR reflects on p. 15, in considering the facilities within 30 minutes of the proposed Project, "20 of the 25 facilities are not currently operating at the target occupancy of 90%." However, a further analysis reveals that *11 of the 20 facilities operating below the target occupancy rate are 4-star or 5-star facilities* per the CMS rating system. See p. 15 of the SAR. In fact, of the 13 4-star or 5-star facilities in the geographic area, 11 of those facilities are operating below target occupancy.

As a final matter, there is not a single hospital that has committed to referring patients to the Project. The letter from Centegra makes absolutely no commitment to referring patients to the proposed ManorCare facility. The available capacity at existing facilities, not to mention the

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<sup>2</sup> In fact, only two letters were issued by physicians located in Crystal Lake (see Exhibit C).

<sup>3</sup> Even if these patients were not already being served by existing facilities within the community – these patients could clearly be served by high quality existing facilities in the community where these physicians are located.

potential expansion those facilities, could easily meet the needs reflected in the Centegra letter, and could do so without unnecessarily establishing another health care facility.

#### **Contrary to the Project Description**

Simply put, ManorCare has crafted and presented arguments in an attempt to convince this Board to approve the Project, regardless of their accuracy. Despite the fact that *the Project does not propose a single bed dedicated to Medicaid* (all potential Medicaid beds are dually certified for Medicare – there are zero proposed Medicaid-only beds) ManorCare's supplemental information is replete with references to the need for additional access to Medicaid in the area. The falsity of those claims is addressed above. However, the Project description, along with ManorCare's comments before the Board, all focus on ManorCare's record and capability to provide complex short term care and post-operative rehabilitation care. These services are the hallmark of *Medicare* services, not Medicaid services, and ManorCare's post-intent-to-deny description of the Project as being dedicated to meet the needs of a Medicaid population rings hollow.

#### **Inconsistent with HFSRB Regulations**

The SAR fails to draw attention to multiple ManorCare claims that are wholly inconsistent with the Board's regulations and the Board's established need methodology.

In its supplemental materials, ManorCare identifies *other projects* the Board has approved and argues that its Project is "better" than those other projects the Board approved and, therefore, the Project warrants approval. This is an improper call for the comparative review of this Project to other unrelated projects. It would be improper for this Board, under its rules, to conduct a comparative review of this Project to any other project and it is improper for ManorCare to have made such a request. Every project is to be considered on its own merits and, when this Project was judged upon its own merits, this Project received *seven negative votes*. The fact that the Board saw merit in other projects is irrelevant and should not be considered by the Board.

Additionally, ManorCare presents an entire argument attempting to justify the "need" for the Project by performing its own analysis of the beds per 1000 individuals in various communities. The HFSRB assesses need by HSA, not by individual community. Moreover, part of the responsibility of the Board is to consider the fact that *even if there is a future need for beds in the HSA, does this Project propose the best means by which to meet that future need?*

ManorCare utilizes misinformation and misdirection to distract the Board from the fact that the *majority of facilities in the relevant area surrounding this proposed Project are underutilized*. Several of the issues raised by Board members at the last meeting and echoed by opponents to the Project remain unaddressed. The *property for the Project is still not zoned for a nursing home*. There is no account in the SAR or the supplemental materials provided by

Duane Morris

Dale Galassie  
October 21, 2012  
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ManorCare to address the ongoing expansion by multiple facilities within 10 minutes of the proposed site. There has been no discussion regarding the capacity for growth of existing facilities as a viable option to meet the future needs of the HSA. Most importantly, there has still been no acknowledgement of the impact approving the Project would have on the underutilized facilities in the immediate area.

There were several valid reasons raised by Board members to justify the seven negative votes cast against this project at its last meeting. Nothing has been brought forward to warrant a change in those votes and we implore the Board to, again, deny the Project.

Respectfully submitted,

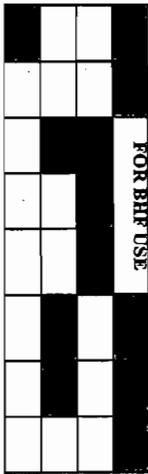


Mark J. Silberman

MJS

Enclosures

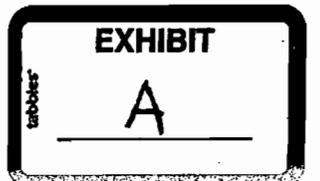
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LL1

**STATE OF ILLINOIS  
2011  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT (COST REPORT)  
FOR LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2011)**

**IMPORTANT NOTICE**  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 493-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.



**I. IDPH License ID Number:** 0046524

**Facility Name:** Alden Estates of Barrington, Inc.

**Address:** 1420 South Barrington Road, Barrington, IL 60010

**County:** Cook

**Telephone Number:** (847) 382-6664 **Fax #:** (847) 382-6395

**HFS ID Number:** \_\_\_\_\_

**Date of Initial License for Current Owners:** 12/1/03

**Type of Ownership:**

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
Charitable Corp.	Individual	State
Trust	Partnership	County
	Corporation	Other
	"Sub-S" Corp.	
	Limited Liability Co.	
	Trust	
	Other	

**IRS Exemption Code:** \_\_\_\_\_

**In the event there are further questions about this report, please contact:**  
**Name:** Steven M. Kroll **Telephone Number:** (773) 724-6622  
**Email Address:** \_\_\_\_\_

---

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2011 to 12/31/2011 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
<b>Paid Preparer</b>	(Type or Print Name) <u>Joan Carl</u>	(Date) _____
	(Title) <u>Vice-President</u>	(Date) _____
	(Signed) _____	(Date) _____
	(Print Name and Title) _____	(Date) _____
	(Firm Name & Address) _____	(Date) _____
	(Telephone) _____	(Date) _____
	Fax # ( ) _____	(Date) _____

**MAIL TO: BUREAU OF HEALTH FINANCE  
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES  
201 S. Grand Avenue East  
Springfield, IL 62763-0001** Phone # (217) 782-1630

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

1	2	3	4	
Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
200	Skilled (SNF)	200	73,000	1
	Skilled Pediatric (SNF/PED)			2
	Intermediate (ICF)			3
	Intermediate/DD			4
	Sheltered Care (SC)			5
	ICF/DD 16 or Less			6
200	TOTALS	200	73,000	7

B. Census-For the entire report period.

1	2	3	4	5	
Level of Care	Patient Days by Level of Care and Primary Source of Payment				
	Medicaid Recipient	Private Pay	Other	Total	
8 SNF	29,945	9,121	19,219	58,285	8
9 SNF/PED					9
10 ICF					10
11 ICF/DD					11
12 SC					12
13 DD 16 OR LESS					13
14 TOTALS	29,945	9,121	19,219	58,285	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.84%

# 0047043

Report Period Beginning: 01/01/11

Ending: 12/31/11

D. How many bed-hold days during this year were paid by the Department? 0  
(Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

Note: Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started 03/01/2005

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 03/01/2005 NO

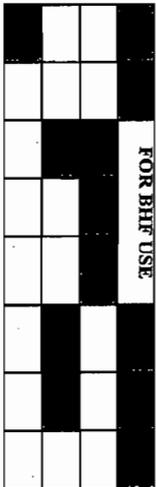
K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 200 and days of care provided 19,219

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS  
MODIFIED  
ACCRUAL  CASH\*  CASH\*

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/2011 Fiscal Year: 12/31/2011  
\* All facilities other than governmental must report on the accrual basis.



LL1

**STATE OF ILLINOIS  
2011  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT (COST REPORT)  
FOR LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2011)**

**IMPORTANT NOTICE**  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-308. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

**I. IDPH License ID Number:** 0047043

**Facility Name:** Claremont Rehab and Living Center

**Address:** 150 North Weiland **Buffalo Grove** **60089**  
Number City Zip Code

**County:** Lake

**Telephone Number:** (847) 465-0200 **Fax # (847) 465-0400**

**HFS ID Number:** \_\_\_\_\_

**Date of Initial License for Current Owners:** 3/1/05

**Type of Ownership:**

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
Charitable Corp.	Individual	State
Trust	Partnership	County
	Corporation	Other
	"Sub-S" Corp.	
	Limited Liability Co.	
	Trust	
	Other	

**IRS Exemption Code** \_\_\_\_\_

**In the event there are further questions about this report, please contact:**  
Name: Michael W. Martin Telephone Number: (217) 258-8888  
Email Address: \_\_\_\_\_

---

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/11 to 12/31/11 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
(Type or Print Name)		
(Title)		
(Signed) SEE ACCOUNTANTS' PREPARATION REPORT		(Date)
<b>Paid Preparer</b>	(Print Name and Title)	
	McCladrey & Pullen, LLP	
	20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173	
	(Firm Name & Address)	
	(Telephone) (847) 517-7070	Fax (847) 517-7067

**MAIL TO: BUREAU OF HEALTH FINANCE  
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES  
201 S. Grand Avenue East  
Springfield, IL 62763-0001** Phone # (217) 782-1630

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

1	2	3	4	7
Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
150	Skilled (SNF)	150	54,750	1
	Skilled Pediatric (SNF/PED)		0	2
	Intermediate (ICF)		0	3
	Intermediate/DD		0	4
	Sheltered Care (SC)		0	5
	ICF/DD 16 or Less		0	6
150	TOTALS	150	54,750	7

B. Census-For the entire report period.

1	2	3	4	5	
Level of Care	Patient Days by Level of Care and Primary Source of Payment			Total	
	Medicaid Recipient	Private Pay	Other		
8 SNF	12,102	4,523	17,855	34,480	8
9 SNF/PED					9
10 ICF	8,669	695	455	9,819	10
11 ICF/DD					11
12 SC					12
13 DD 16 OR LESS					13
14 TOTALS	20,771	5,218	18,310	44,299	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4) 80.91%

D. How many bed-hold days during this year were paid by the Department? (Do not include bed-hold days in Section B.)  
 None                     

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
 N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
 YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
 YES  NO

I. On what date did you start providing long term care at this location?  
 Date started 12/1/2003

J. Was the facility purchased or leased after January 1, 1978?  
 YES  Date 12/1/2003 NO

K. Was the facility certified for Medicare during the reporting year?  
 YES  NO  If YES, enter number of beds certified 150 and days of care provided 16,818

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS  
 MODIFIED CASH+  CASH+   
 ACCRUAL  CASH+  CASH+   
 Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/11 Fiscal Year: 12/31/11  
 \* All facilities other than governmental must report on the accrual basis.



# Nursing Homes in Illinois

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- [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](#)

## Facility Information

**ALDEN ESTATES OF BARRINGTON**  
 1420 SOUTH BARRINGTON ROAD  
 BARRINGTON IL 60010

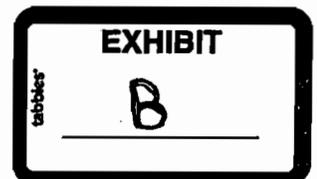
ADMINISTRATOR: LORRIE WOEBBEKING  
 TELEPHONE: 847-382-6664

Licensee ID	:0046524
Facility ID	:6003735
Skilled beds	:150
Intermediate beds	:0
Icf-dd beds	:0
Shelter Care beds	:0
Community Living beds	:0
Under 22 beds	:0
Medicare beds	:0
Medicare/Medicaid beds	:150
Medicaid beds	:0
Fax	:847-382-6395
County	:Cook
Medicare Certification Number	:14-5557
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

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idph online home nursing homes in illinois





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- Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

### Patient Days by Payment Source

#### ALDEN ESTATES OF BARRINGTON

1420 SOUTH BARRINGTON ROAD  
 BARRINGTON IL 60010  
 ADMINISTRATOR: LORRIE WOEBBEKING  
 TELEPHONE: 847-382-6664

Level of Care	Medicare		Medicaid	
	Days	Occ.%*	Days	Occ.%*
<u>Nursing</u>	7115	13.377999	20464	0.0
<u>Skilled Under 22</u>	0	0.5	0	0.0
<u>ICF/DD</u>	0	0.5	0	0.0
<u>Sheltered</u>	0	0.5	0	0.0

\* Occ. % is calculated basing on certified medicare/Medicaid beds.  
 Reporting Period Ending : 12/31/2006

***This table shows the number of patient days in the reporting period by Medicare and Medicaid payment and by level of care. It also indicates the percent occupancy for each payment source.***

***The information contained in this table is part of a report each nursing home is required to submit once a year regarding staffing, patient population, level of care provided and payment sources for the past year (referred to as the "reporting period"). The date at the bottom of the table shows the reporting period used to generate it. In reviewing this table, care must be taken to understand the age of the information.***

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### Facility Information

**CLAREMONT REHAB & LIVING CTR**  
 150 NORTH WEILAND  
 BUFFALO GROVE IL 60089

ADMINISTRATOR: TODD TEDROW  
 TELEPHONE: 847-465-0200

Licensee ID	:0047043
Facility ID	:6014195
Skilled beds	:200
Intermediate beds	:0
Icf-dd beds	:0
Shelter Care beds	:0
Community Living beds	:0
Under 22 beds	:0
Medicare beds	:0
Medicare/Medicaid beds	:200
Medicaid beds	:0
Fax	:847-465-0400
County	:Lake
Medicare Certification Number	:14-5819
Medicare Skilled Certification Number	:
Medicaid ICF/DD Certification Number	:
Medicaid DD Certification Number	:
Medicaid Swing Bed Certification Number	:

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### Patient Days by Payment Source

#### CLAREMONT REHAB & LIVING CTR

150 NORTH WEILAND  
 BUFFALO GROVE IL 60089

ADMINISTRATOR: TODD TEDROW  
 TELEPHONE: 847-465-0200

Level of Care	Medicare		Medicaid	
	Days	Occ.%*	Days	Occ.%*
<u>Nursing</u>	18002	25.16	29344	0.0
<u>Skilled Under 22</u>	0	0.5	0	0.0
<u>ICF/DD</u>	0	0.5	0	0.0
<u>Sheltered</u>	0	0.5	0	0.0

\* Occ. % is calculated basing on certified medicare/Medicaid beds.  
 Reporting Period Ending : 12/31/2006

***This table shows the number of patient days in the reporting period by Medicare and Medicaid payment and by level of care. It also indicates the percent occupancy for each payment source.***

***The information contained in this table is part of a report each nursing home is required to submit once a year regarding staffing, patient population, level of care provided and payment sources for the past year (referred to as the "reporting period"). The date at the bottom of the table shows the reporting period used to generate it. In reviewing this table, care must be taken to understand the age of the information.***

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**SUMMARY OF PURPORTED REFERRAL LETTERS**

<u>Group / Physician</u>	<u>City</u>	<u>Estimated Possible Referrals</u>	<u>Committed Referrals</u>
Wu	Crystal Lake	6 per month	0
Boncosky	Crystal Lake	3 - 5 per month	0
Tomchick	Island Lake	"several" (historical 12 / year)	0
Farah	Barrington	5 per month	0
Zennuno	?	1 -2 per month	0
Daudi	Elgin	6 <u>per year</u>	0
Garretson	Arlington Heights	4 - 5 per month	0
Knight	Arlington Heights	4 per month	0
Glick	Elk Grove Village	none	0
Saeed	Elgin	4 <u>per year</u>	0
Joshi	Elgin	2-3 per month	0
Cao	Elgin	2 per month	0
Fidai	Elgin	4 <u>per year</u>	0
Mershon	Elgin	none	0
		<u>Total Possible</u>	<u>Actually Committed To</u>
		28 - 32	<b><u>NONE</u></b>
Centegra	Huntley	none	0

