ORIGINAL SIGNATURES

12-083

LONG-TERM CARE
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
This Section must be completed for all projects.

DESCRIPTION OF PROJECT

Project Type

[Check one]		[check one]	
☒	General Long-term Care	☒	Establishment of a new LTC facility
☐	Specialized Long-term Care	☐	Establishment of new LTC services
		☐	Expansion of an existing LTC facility or service
		☐	Modernization of an existing facility

Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done, **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.
Include: the number and type of beds involved; the actions proposed (establishment, expansion and/or modernization); the ESTIMATED total project cost and the funding source(s) for the project.

The establishment of Springfield Nursing and Rehabilitation Center at 3089 Old Jacksonville Road, Springfield, Sangamon County, Illinois and will provide 45,271 gross square foot for 75-nursing care beds in a single story facility. The total cost of the project is $13,597,500.

This project was originally approved by the Board on April 21, 2009 with OJCC Realty, LLC as the ownership entity and OJCC, LLC as the facility operator/Licensee. In developing the facility, these Applicants turned to MS Springfield, LLC., developer, (now MS Springfield, L.P.) to provide a turn-key product for the Applicant. In doing so, MS Springfield, L.P. is also providing the financing for the project which make then by rule a co-Applicant.

Since HFSRB Board approval the size of the project was granted a permit alteration reducing the overall size of the project. This project also seeks to increase the project cost from the $12,950,000 to the proposed amount. Other than these three material changes to the project, it remains the same as previously approved.

RECEIVED

SEP 26 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	**Springfield Nursing and Rehabilitation Center**
Street Address:	**3089 Old Jacksonville Road**
City and Zip Code:	**Springfield, 62704**
County: **Sangamon**	Health Service Area: **III** Health Planning Area: **Sangamon County**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **OJCC Realty, LLC**
Address: **15 Brighton Road, Springfield, Illinois 62702**
Name of Registered Agent: **Abraham A. Gutnicki**
Name of Chief Executive Officer: **Ben Klein**
CEO Address: **7444 Long Avenue, Skokie, Illinois 60077**
Telephone Number: **(847) 329-4100**

Type of Ownership (Applicant/Co-Applicants)

☐ 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.

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)

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **1638 So. Mac Arthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **(217) 544-1551**
E-mail Address: **jkniery@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Additional Contact

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

Name: **Charles H. Foley, MHSA**
Title: **Health Care Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **1638 So. Mac Arthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **(217) 544-1551**
E-mail Address: **foley@foleyandassociates.com**
Fax Number: **(217)-544-3615**

Facility/Project Identification

Facility Name:	**Springfield Nursing and Rehabilitation Center**
Street Address:	**3089 Old Jacksonville Road**
City and Zip Code:	**Springfield, 62704**
County: **Sangamon**	Health Service Area: **III** Health Planning Area: **Sangamon County**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **OJCC, LLC**
Address: **15 Brighton Road, Springfield, Illinois 62702**
Name of Registered Agent: **Abraham A. Gutnicki**
Name of Chief Executive Officer: **Ben Klein**
CEO Address: **7444 Long Avenue, Skokie, Illinois 60077**
Telephone Number: **(847) 329-4100**

Type of Ownership (Applicant/Co-Applicants)

☐ 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.

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)

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **1638 So. Mac Arthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **(217) 544-1551**
E-mail Address: **jkniery@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Additional Contact

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

Name: **Charles H. Foley, MHSA**
Title: **Health Care Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **1638 So. Mac Arthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **(217) 544-1551**
E-mail Address: **foley@foleyandassociates.com**
Fax Number: **(217)-544-3615**

Facility/Project Identification

Facility Name:	**Springfield Nursing and Rehabilitation Center**
Street Address:	**3089 Old Jacksonville Road**
City and Zip Code:	**Springfield, 62704**
County: **Sangamon**	Health Service Area: **III** Health Planning Area: **Sangamon County**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **MS Springfield, L.P.**
Address: **109 West Jackson Street, P.O. Box 767, Cicero, Indiana, 46034**
Name of Registered Agent: **Christopher J. Lukaart**
Name of Chief Executive Officer: **Paul Ezekiel Turner, President**
CEO Address: **109 West Jackson Street, P.O. Box 767, Cicero, Indiana, 46034**
Telephone Number: **(317) 420-0205**

Type of Ownership (Applicant/Co-Applicants)

☐ 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.

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)

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **1638 So. Mac Arthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **(217) 544-1551**
E-mail Address: **jkniery@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Additional Contact

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

Name: **Christopher J. Lukaart, Esq.**
Title: **General Counsel**
Company Name: **Mainstreet**
Address: **109 West Jackson Street, P.O. Box 767, Cicero, Indiana, 46034**
Telephone Number: **(317) 420-0205**
E-mail Address: clukaart@mainstreetcap.net
Fax Number:

Facility/Project Identification

Facility Name:	**Springfield Nursing and Rehabilitation Center**
Street Address:	**3089 Old Jacksonville Road**
City and Zip Code:	**Springfield, 62704**
County: **Sangamon**	Health Service Area: **III** Health Planning Area: **Sangamon County**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **MPG Healthcare, L.P.**
Address: **109 West Jackson Street, P.O. Box 767, Cicero, Indiana, 46034**
Name of Registered Agent: **Christopher J. Lukaart**
Name of Chief Executive Officer: **Paul Ezekiel Turner, President**
CEO Address: **109 West Jackson Street, P.O. Box 767, Cicero, Indiana, 46034**
Telephone Number: **(317) 420-0205**

Type of Ownership (Applicant/Co-Applicants)

☐ 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.

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)

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **1638 So. Mac Arthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **(217) 544-1551**
E-mail Address: **jkniery@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Additional Contact

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

Name: **Christopher J. Lukaart, Esq.**
Title: **General Counsel**
Company Name: **Mainstreet**
Address: **109 West Jackson Street, P.O. Box 767, Cicero, Indiana, 46034**
Telephone Number: **(317) 420-0205**
E-mail Address: clukaart@mainstreetcap.net
Fax Number:

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance. **This person must be an employee of the applicant.**]

Name: **Brian Levinson**
Title: **Member**
Company Name: **OJCC, LLC**
Address: **7444 North Long Avenue, Skokie, Illinois 60077**
Telephone Number: **(847) 329-4100 EXT. 1018**
E-mail Address: **blevinson@platinumhc.net**
Fax Number: **(847) 329-4900**

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **OJCC Realty, LLC**
Address of Site Owner: **15 Brighton Road, Springfield, Illinois 62702**
Street Address or Legal Description of Site: **3089 Old Jacksonville Road, Springfield, IL 62704**
Proof of ownership or control of the site is to be provided as . 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: **OJCC, LLC**

Address: : **15 Brighton Road, Springfield, Illinois 62702**

☐	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.

State Agency Submittals

The following submittals are up- to- date, as applicable:

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☐ All reports regarding outstanding permits

If the applicant fails to submit updated information for the requirements listed above, the application for permit will be deemed incomplete.

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 OJCC REALTY, 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

Brian Levinson
PRINTED NAME

Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17th day of September

Signature of Notary

OFFICIAL SEAL
DAVID PORUSH
NOTARY PUBLIC, STATE OF ILLINOIS
Seal

SIGNATURE

MARK SHAPIRO
PRINTED NAME

MEMBER
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17th day of September

Signature of Notary

OFFICIAL SEAL
DAVID PORUSH
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7-26-2015
Seal

*Insert EXACT legal name of the applicant

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 OJCC, 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

Brian Levinson

PRINTED NAME

Member

PRINTED TITLE

SIGNATURE

MARK SHAPIRO

PRINTED NAME

MEMBER

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17th day of September

Signature of Notary

OFFICIAL SEAL
DAVID PORUSH
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7-26-2015

Seal

Notarization:
Subscribed and sworn to before me
this 17th day of September

Signature of Notary

PORUSH
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7-26-

Seal

*Insert EXACT legal name of the applicant

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 MPG Healthcare, L.P. * **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.**

Paul Ezekiel Turner
SIGNATURE
Paul Ezekiel Turner
PRINTED NAME
President, HealthLease U.S.GP, Inc.
PRINTED TITLE Sole General Partner

Notarization:
Subscribed and sworn to before me this 20th day of September, 2012
Stephanie N. Beacom
Signature of Notary

STEPHANIE NICOLE BLACKMAN
Howard County
My Commission Expires
April 29, 2020
Seal

Adlai Chester
SIGNATURE
Adlai Chester
PRINTED NAME
CFO & Secretary, HealthLease U.S.GP, Inc
PRINTED TITLE Sole General Partner

Notarization:
Subscribed and sworn to before me this 20th day of September, 2012
Stephanie N. Beacom
Signature of Notary

STEPHANIE NICOLE BLACKMAN
Howard County
My Commission Expires
April 29, 2020
Seal

*Insert EXACT legal name of the applicant

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 MS Springfield, L.P. * **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.**

Paul Ezekiel J
SIGNATURE

Paul Ezekiel Turner
PRINTED NAME

President of HL GP, LLC, the sole General Partner
PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 20th day of September, 2012

Stephanie N Blackman
Signature of Notary

STEPHANIE NICOLE BLACKMAN
Howard County
My Commission Expires
April 29, 2020

Seal

ADLAI C
SIGNATURE

Adlai Chester
PRINTED NAME

CFO & Secretary of HL GP, LLC, - the sole General Partner
PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 20th day of September, 2012

Stephanie N Blackman
Signature of Notary

STEPHANIE NICOLE BLACKMAN
Howard County
My Commission Expires
April 29, 2020

Seal

*Insert EXACT legal name of the applicant

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

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.
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 Board Report. APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. Each item (1-6) must be identified in Attachment 10.

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of LTC categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each LTC category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved , read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

Criterion 1125.510 – Introduction

Bed Capacity

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

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
☒ General Long-Term Care	0	+75
☐ Specialized Long-Term Care		
☐		

***Existing number of beds as authorized by IDPH and posted in the "LTC Bed Inventory" on the HFSRB website (www.hrfsb.illinois.gov). PLEASE NOTE:** ANY bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

Utilization

Utilization for the most current CALENDAR YEAR: NOT GERMANE FOR THIS PROJECT

Category of Service	Year	Admissions	Patient Days
☐ General Long Term Care			
☐ Specialized Long-Term Care			

Applicable Review Criteria - Guide

The review criteria listed below must be addressed, per the LTC rules contained in 77 Ill. Adm. Code 1125. See HFSRB's website to view the subject criteria for each project type - (http://hfsrb.illinois.gov). To view LTC rules, click on "Board Administrative Rules" and then click on "77 Ill. Adm. Code 1125".

READ THE APPLICABLE REVIEW CRITERIA OUTLINED BELOW and **submit the required documentation for the criteria, as described in SECTIONS IV and V:**

GENERAL LONG-TERM CARE

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	**Subject**
Establishment of Services or Facility	.520	Background of the Applicant
	.530(a)	Bed Need Determination
	.530(b)	Service to Planning Area Residents
	.540(a) or (b) + (c) + (d) or (e)	Service Demand – Establishment of General Long Term Care
	.570(a) & (b)	Service Accessibility
	.580(a) & (b)	Unnecessary Duplication & Maldistribution
	.580(c)	Impact of Project on Other Area Providers
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

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

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

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-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1125.530 - Planning Area Need

1. Identify the calculated number of beds needed (excess) in the planning area. See HFSRB website (http://hfsrb.illinois.gov) and click on "Health Facilities Inventories & Data".

2. 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.

3. Provide 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, as described in Section 1125.540.

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

Criterion 1125.540 - Service Demand – Establishment of General Long Term Care

- **If the applicant is an existing facility wishing to establish this category of service or a new facility, #1 – 4 must be addressed. Requirements under #5 must also be addressed if applicable.**
- **If the applicant is not an existing facility and proposes to establish a new general LTC facility, the applicant shall submit the number of annual projected referrals.**

1. Document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: resident/patient origin by zip code; name and specialty of referring physician or identification of another referral source; and name and location of the recipient LTC facility.

2. Provide 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.

3. Estimate the number of prospective residents whom the referral sources will refer annually to the applicant's facility within a 24-month period after project completion. Please note:

    - 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 the historical percentage of applicant market share, within a 24-month period after project completion

    - 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

4. Provide 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.

5. **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 follows:

    a. The applicant shall define the facility's market area based upon historical resident/patient origin data by zip code or census tract;

    b. Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area,by the U.S. Bureau of the Census or IDPH;

    c. Projections shall be for a maximum period of 10 years from the date the application is submitted;

    d. Historical data used to calculate projections shall be for a number of years no less

than the number of years projected;

e. Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;

f. Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB, for each category of service in the application (see the HFSRB Inventory); and

g. Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB.

APPEND DOCUMENTATION AS ATTACHMENT- 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

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

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).

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

Criterion 1125.560 - Variances to Computed Bed Need

Continuum of Care:

The applicant proposing a continuum of care project shall demonstrate the following:

1. The project will provide a continuum of care for a geriatric population that includes independent living and/or congregate housing (such as unlicensed apartments, high rises for the elderly and retirement villages) and related health and social services. The housing complex shall be on the same site as the health facility component of the project.

2. The proposal shall be for the purposes of and serve only the residents of the housing complex

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

   The applicant shall document that **at least one** of the following factors exists in the planning area, as applicable:

   - The absence of the proposed service within the planning area;
   - Access limitations due to payor status of patients/residents, including, but not limited to, individuals with LTC coverage through Medicare, Medicaid, managed care or charity care;
   - Restrictive admission policies of existing providers; or
   - The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population.

2. Additional documentation required:

   The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

   a. The location and utilization of other planning area service providers;

   b. Patient/resident location information by zip code;

   c. Independent time-travel studies;

   d. Certification of a waiting list;

   e. Admission restrictions that exist in area providers;

   f. An assessment of area population characteristics that document that access problems exist;

   g. Most recently published IDPH Long Term Care Facilities Inventory and Data (see www.hfsrb.illinois.gov).

APPEND DOCUMENTATION AS ATTACHMENT- 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

1. The applicant shall provide the following information:
   a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;
   b. The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and
   c. The names and locations of all existing or approved LTC facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.
2. The applicant shall document that the project will not result in maldistribution of services.
3. The applicant shall document that, within 24 months after project completion, the proposed project:
   a. Will not lower the utilization of other area providers below the occupancy standards specified in Section 1125.210(c); and
   b. Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

APPEND DOCUMENTATION AS ATTACHMENT- 18, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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:
   a. The name and qualification of the person currently filling the position, if applicable; and
   b. Letters of interest from potential employees; and
   c. Applications filed for each position; and
   d. Signed contracts with the required staff; or
   e. A narrative explanation of how the proposed staffing will be achieved.

APPEND DOCUMENTATION AS ATTACHMENT- 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

APPEND DOCUMENTATION AS ATTACHMENT- 20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

APPEND DOCUMENTATION AS ATTACHMENT- 21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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 as stated in Appendix A of 77 Ill. Adm. Code 1125 (LTC rules), 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.

APPEND DOCUMENTATION AS ATTACHMENT- 22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.630 - Zoning

The applicant shall document **one** of the following:

1. The property to be utilized has been zoned for the type of facility to be developed;
2. Zoning approval has been received; or
3. A variance in zoning for the project is to be sought.

APPEND DOCUMENTATION AS ATTACHMENT- 23, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.640 - Assurances

1. 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.

2. 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.

APPEND DOCUMENTATION AS ATTACHMENT- 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.650 - Modernization

1. If the project involves modernization of a category of LTC bed service, the applicant shall document that the bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

   a. High cost of maintenance;

   b. non-compliance with licensing or life safety codes;

   c. Changes in standards of care (e.g., private versus multiple bed rooms); or

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

3. Other documentation shall include the following, as applicable to the factors cited in the application:

   a. Copies of maintenance reports;

   b. Copies of citations for life safety code violations; and

   c. Other pertinent reports and data.

4. Projects involving the replacement or modernization of a category of service or facility shall meet or exceed the occupancy standards for the categories of service, as specified in Section 1125.210(c).

APPEND DOCUMENTATION AS ATTACHMENT- 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.640 - Assurances

1. 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.

2. 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.

APPEND DOCUMENTATION AS ATTACHMENT- 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Criterion 1125.650 - Modernization-NOT GERMANE

1. If the project involves modernization of a category of LTC bed service, the applicant shall document that the bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:

   a. High cost of maintenance;

   b. non-compliance with licensing or life safety codes;

   c. Changes in standards of care (e.g., private versus multiple bed rooms); or

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

3. Other documentation shall include the following, as applicable to the factors cited in the application:

   a. Copies of maintenance reports;

   b. Copies of citations for life safety code violations; and

   c. Other pertinent reports and data.

4. Projects involving the replacement or modernization of a category of service or facility shall meet or exceed the occupancy standards for the categories of service, as specified in Section 1125.210(c).

APPEND DOCUMENTATION AS ATTACHMENT- 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

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):

- **Availability of Funds – Review Criteria**
- **Financial Viability – Review Criteria**
- **Economic Feasibility – Review Criteria, subsection (a)**

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:**

2,597,500	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;
11,000,000	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.
13,597,500		**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Financial Viability

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-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

1. 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.

OJCC REALTY – OWNERSHIP ENTITY

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				2013
Current Ratio				2.45
Net Margin Percentage				-22.24%
Percent Debt to Total Capitalization				84.81%
Projected Debt Service Coverage				0.99
Days Cash on Hand				8,524.06
Cushion Ratio				0.74

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and

_____	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.
13,597,500		**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Financial Viability

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-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

1. 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.

OJCC, LLC – OPERATING ENTITY

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				2013
Current Ratio				11.18
Net Margin Percentage				24.23%
Percent Debt to Total Capitalization				0.00%
Projected Debt Service Coverage				0
Days Cash on Hand				87.94
Cushion Ratio				0

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and

_____	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.
13,597,500		**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Financial Viability

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-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

1. 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.

COMBINED ENTITIES

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				2013
Current Ratio				7.54
Net Margin Percentage				16.99%
Percent Debt to Total Capitalization				68.66%
Projected Debt Service Coverage				2.16
Days Cash on Hand				254.81
Cushion Ratio				1.95

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and

_____	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.
13,597,500		**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Financial Viability

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-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

1. 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.

MS SPRINGFIELD, L.P.

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				2014
Current Ratio				63.88
Net Margin Percentage				54.32%
Percent Debt to Total Capitalization				79.91%
Projected Debt Service Coverage				1.70
Days Cash on Hand				626
Cushion Ratio				2.89

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and

_____	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.
13,597,500		**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Financial Viability

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-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

1. 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.

MPG HEALTHCARE, L.P.

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:	2009	2010	2011	2014
Current Ratio	1.43	1.28	2.22	63.88
Net Margin Percentage	41.96%	43.95%	54.70%	54.32%
Percent Debt to Total Capitalization	77.16%	60.94%	72.96%	74.08%
Projected Debt Service Coverage	1.66	1.46	1.61	1.70
Days Cash on Hand	29	150	194	626
Cushion Ratio	3.54	1.65	3.22	2.89

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 29, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Economic Feasibility

This section is applicable to all projects

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 1.5 times for LTC 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:

Identify each 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 SERVICE

Area (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	229.73		45,271				10,400,000		10,400,000
Contingency	23.17		45,271				1,048,754		1,048,754
TOTALS	252.90		45,271				11,448,754		11,448,754

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

APPENDIX A

Project Costs and Sources of Funds

Complete the following table listing all costs 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	4,355	2,145	6,500
Site Survey and Soil Investigation	6,700	3,300	10,000
Site Preparation	27,906	13,744.50	41,650
Off Site Work	65,054	32,041.35	97,095
New Construction Contracts	6,968,000	3,432,000	10,400,000
Modernization Contracts	0	0	0
Contingencies	702,665	346,088.82	1,048,754
Architectural/Engineering Fees	36,850	18,150	55,000
Consulting and Other Fees	373,860	184,140	558,000
Movable or Other Equipment (not in construction contracts)	335,706	165,347.49	501,053
Bond Issuance Expense (project related)	0	0	0
Net Interest Expense During Construction (project related)	515,900	254,100	770,000
Fair Market Value of Leased Space or Equipment	0	0	0
Other Costs To Be Capitalized	73,330	36,117.84	109,448
Acquisition of Building or Other Property (excluding land)	0	0	0
TOTAL USES OF FUNDS	9,110,325	4,487,175	13,597,500
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	1,287,000	663,000	1,950,000
Pledges	0	0	0
Gifts and Bequests	0	0	0
Bond Issues (project related)	0	0	0
Mortgages	7,260,000	3,740,000	11,000,000
Leases (fair market value)	0	0	0
Governmental Appropriations	0	0	0
Grants	0	0	0
Other Funds and Sources	0	0	0
TOTAL SOURCES OF FUNDS	9,110,325	4,487,175	13,597,500

APPENDIX B

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: $ **1,198,000**
Fair Market Value: $_____

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 $ **200,000**.

APPENDIX C

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): **June 2013**

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.

APPENDIX D

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.**

New Construction	Current	Gross Square Feet	Requested
Dept./Area	Cost ($)	Permit Alteration Approved Amount	Project Cost ($)
CLINICAL			
Nursing	$ 6,064,368	21,200	6,367,586
LR/DR/Activity	$ 924,244	3,231	970,456
Kitchen/Food Svc	$ 475,138	1,661	498,894
PT/OT	$ 694,542	2,428	729,269
Laundry	$ 171,061	598	179,614
Janitor Closet	$ 34,899	122	36,644
Clean/Soiled Linen	$ 159,333	557	167,299
Beauty/Barber	$ 109,559	383	115,037
Total CLINICAL	**$ 8,633,143**	**30,180**	**9,064,800**
NON CLINICAL			
Employee Lounge/Locker NT/LT	$ 144,172	504	151,380
Office/Admin	$ 393,612	1,376	413,292
Mechanical Rooms	$ 206,246	721	216,558
Lobby/Vestibule	$ 230,560	806	242,088
Storage	$ 214,541	750	225,268
Maintenance	$ 66,365	232	69,683
Corridor	$ 2,996,713	10,476	3,146,549
Public Toilets	$ 64,648	226	67,881
Total NON CLINICAL	**$ 4,316,857**	**15,091**	**4,532,700**
TOTAL	**$12,950,000**	**45,271**	**13,597,500**

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	
2	Site Ownership	
3	Operating Identity/Licensee	
4	Organizational Relationships	
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
	General Information Requirements	
10	Purpose of the Project	
11	Alternatives to the Project	
	Service Specific - General Long-Term Care	
12	Background of the Applicant	
13	Planning Area Need	
14	Establishment of General LTC Service or Facility	
15	Expansion of General LTC Service or Facility	
16	Variances	
17	Accessibility	
18	Unnecessary Duplication/Maldistribution	
19	Staffing Availability	
20	Bed Capacity	
21	Community Relations	
22	Project Size	
23	Zoning	
24	Assurances	
25	Modernization	
	Service Specific - Specialized Long-Term Care	
26	Specialized Long-Term Care – Review Criteria	
	Financial and Economic Feasibility:	
27	Availability of Funds	
28	Financial Waiver	
29	Financial Viability	
30	Economic Feasibility	
	APPENDICES	
A	Project Costs and Sources of Funds	
B	Related Project Costs	
C	Project Status and Completion Schedule	
D	Cost/Space Requirements	

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Applicant /Co-Applicant Identification

The Applicants are **OJCC REALTY, LLC** (Real Estate Owner) and **OJCC, LLC** (Operator). A Certificate of Good Standing for each entity from the Illinois Secretary of State is appended as **ATTACHMENT-1A**. Co-Applicant to this Application is **MS Springfield, LP**. As a limited partnership it will not have a Certificate of Good Standing from the Illinois Secretary of State. Control of this entity lies with MPG Healthcare, L.P. (co-Applicant). Appended as **ATTACHMENT-1B,** is an Indiana Certificate of Limited Partnership for this entity.

File Number 0271862-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

OJCC REALTY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 07, 2008, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* SEPTEMBER *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1226901898

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

ATTACHMENT - 1A

File Number 0271858-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

OJCC, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 07, 2008, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* SEPTEMBER *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1226901906

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

ATTACHMENT - 1A

CERTIFICATE OF LIMITED PARTNERSHIP
OF
MS SPRINGFIELD, L.P.

The undersigned sole General Partner, being the person defined in the Indiana Revised Uniform Partnership Act ("Act"), desires to form a limited partnership pursuant to the Act and executes the following Certificate of Limited Partnership:

Article 1 **Name**. The name of the limited partnership shall be MS Springfield, L.P. (the "Partnership").

Article 2 **Address of Principal Office**. The street address of the principal office of the Partnership is c/o Christopher J. Lukaart, Esq., 109 West Jackson Street, Cicero, Indiana 46034.

Article 3 **Name and Address of Registered Agent**. The name and address of the registered agent of the Partnership is Christopher J. Lukaart, Esq., 109 West Jackson Street, Cicero, Indiana 46034.

Article 4 **Name and Business Address of the General Partner**. The name and business address of the sole General Partner of the Partnership is as follows:

Mainstreet Asset Management, Inc.
109 West Jackson Street
Cicero, Indiana 46034

Article 5 **The Latest Date the Partnership will Dissolve**. The latest date the Partnership will dissolve is December 31, 2061.

IN WITNESS WHEREOF, the undersigned being the sole General Partner of the Limited Partnership executes this Certificate of Limited Partnership and verifies, subject to the penalties of perjury, that the statements contained in this Certificate of Limited Partnership are true and correct as of this 18th day of June, 2012.

GENERAL PARTNER

Mainstreet Asset Management, Inc.

By: _____
Paul Ezekiel Turner, President

KD_3821092_1.DOCX

ATTACHMENT - 18

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (Continued ii)

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.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The owner of the site and building will be **OJCC REALTY, LLC**. The Certificate of Good Standing from the Illinois Secretary of State is appended as **ATTACHMENT-2A**. Appended as **ATTACHMENT-2B,** is a copy of the warranty deed for the property.

File Number 0271862-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

OJCC REALTY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 07, 2008, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* SEPTEMBER *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1226901898

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

ATTACHMENT - 2A

COPY

2011R35091

2011R35091

10/24/2011 01:21PM

REC FEE:	31.00
RHSP FEE:	10.00
REV STAMP FEE:	1797.00
TOTAL:	$1,838.00
PAGES:	6

ANDREA

JOSHUA A. LANGFELDER
SANGAMON COUNTY RECORDER

WARRANTY DEED

ATTACHMENT - 2B

WARRANTY DEED

JOSEPH J. ANGERMEIER, III and SHIRLEY JEAN ANGERMEIER, husband and wife, of the City of Springfield, Sangamon County, Illinois (hereinafter called "Grantors"), for and in consideration of the sum of Ten Dollars ($10.00) and other valuable consideration paid to Grantor by OJCC REALTY, LLC, an Illinois limited liability company, having its principal office in Skokie, Illinois (hereinafter called "Grantee"), the receipt and sufficiency of which are hereby acknowledged, does hereby GRANT, SELL, CONVEY, ASSIGN and DELIVER to Grantee the following described real property:

See *Exhibit A* attached hereto and made a part hereof

Permanent Index Number(s): 13-36.0-476-005

Address of Property: 3089 Old Jacksonville Road, Springfield, Illinois 62704

Together with all buildings and other improvements situated thereon, all fixtures and other property affixed thereto and all right, title and interest of Grantor in and to the same and all right, title and interest, if any, of Grantor in and to the land lying in the bed of any street or highway in front of or adjoining the aforesaid property to the center line thereof, subject to the encumbrances described in *Exhibit B* attached hereto and made a part hereof (hereinafter called the "Permitted Encumbrances").

TO HAVE AND TO HOLD the herein described Property, together with all and singular the rights and appurtenances thereto in anywise belonging unto Grantee, its successors and assigns, forever, and Grantor does hereby bind itself and its successors and assigns to warrant and forever defend all and singular the said premises unto Grantee, its successors and assigns against every person whomsoever lawfully claiming, or to claim the same, or any part thereof, by, through, or under Grantor.

Current ad valorem taxes on the herein described Property having been prorated, Grantee hereby assumes the payment thereon.

[Signature Page Follows]

IN WITNESS WHEREOF, this Warranty Deed is executed by Grantors on this 19th day of October 2011.

The address of Grantee is:
Tax Bill To:
OJCC Realty, LLC
c/o Platinum Healthcare, LLC
ATTN: Benjamin M. Klein
7444 Long Avenue
Skokie, Illinois 60077

Joseph J. Angermeier III
JOSEPH J. ANGERMEIER, III

Shirley Jean Angermeier
SHIRLEY JEAN ANGERMEIER

THE STATE OF ILLINOIS §
§
COUNTY OF SANGAMON §

This instrument was acknowledged before me on October 19, 2011 by Joseph J. Angermeier, III and Shirley Jean Angermeier, husband and wife.

OFFICIAL SEAL
VICKI COLLINS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-4-2013

Notary Public, State of Illinois

Vicki Collins

My commission expires:
8-4-2013

Prepared By:
Brown, Hay & Stephens, LLP
ATTN: J. Patrick Joyce, Jr.
205 South Fifth Street, Suite 700
Springfield, IL 62705

After Recorded, Return to:

Law Office of Abraham A. Gutnicki, P.C.
8320 Skokie Boulevard
Skokie, Illinois 60077
Attn: Abraham A. Gutnicki

Exhibit A to Warranty Deed

Legal Description

The West Five (5) acres of the East Ten (10) acres of the South Quarter of the East Half of the Southeast Quarter of Section 36, Township 16 North, Range 6 West of the Third Principal Meridian, Sangamon County, Illinois; excepting therefrom the existing right-of-way as said right-of way is described in a survey made by Richard Tonellato of Greene & Bradford, Inc., dated September 26, 2011, known as Project No. 08-197, as follows:

Part of the Southeast Quarter of the Southeast Quarter of Section 36, Township 16 North, Range 6 West of the Third Principal Meridian, described more particularly as follows: Commencing at a disk marking the Southwest corner of the East Half of the Southeast Quarter of the aforementioned Section 36, thence South 89 degrees 29 minutes 35 seconds East along the Section line a distance of 672.60 feet to the true point of beginning, thence North 00 degrees 05 minutes 28 seconds East 52.92 feet to an iron pin, thence South 89 degrees 31 minutes 30 seconds East 330.50 feet to an iron pin, thence South 00 degrees 06 minutes 28 seconds West 53.10 feet to a point on the Section line, thence North 89 degrees 29 minutes 35 seconds West along the Section line a distance of 330.48 feet to the true point of beginning.

The above-described real estate is also described in the above-mentioned survey by Richard Tonellato as follows:

Part of the Southeast Quarter of the Southeast Quarter of Section 36, Township 16 North, Range 6 West of the Third Principal Meridian; described more particularly as follows: Commencing at a disk marking the Southwest corner of the East Half of the Southeast Quarter of the aforementioned Section 36, thence South 89 degrees 29 minutes 35 seconds East along the Section line a distance of 672.60 feet, thence North 00 degrees 05 minutes 28 seconds East 52.92 feet to an iron pin marking the true point of beginning, thence continuing North 00 degrees 05 minutes 28 seconds East 606.26 feet to an iron pin on the South line of Lewis E. Wood Estate Plat, thence South 89 degrees 31 minutes 14 seconds East along said South line a distance of 330.67 feet to an iron pin marking the Northwest corner of Townley Place Subdivision, thence South 00 degrees 06 minutes 28 seconds West along the West line of said subdivision a distance of 606.23 feet to an iron pin on the North right of way line of Sangamon County Highway 8, thence North 89 degress 31 minutes 30 seconds West along said right of way line a distance of 330.50 feet to the true point of beginning.

Except all coal, minerals and mining rights heretofore conveyed or reserved of record Situated in Sangamon County, Illinois

Permanent Index Number(s): 13-36.0-476-005

Address of Real Estate: 3089 Old Jacksonville Road, Springfield, Illinois 62704

EXHIBIT B

Permitted Exceptions

1. Real estate taxes for 2011 and subsequent years.

2. Rights of the Public, the State of Illinois, the County, the Township and the Municipality in and to that part of the premises in question taken, used or dedicated for roads or highways, including but not limited to that portion dedicated for public roadway by Document No. 225264, recorded December 3, 1947.

3. Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any.

4. Zoning ordinances affecting the Property.

5. Easements of record and/or in place, including but not limited to the following:

   a) Easement in, upon, under, over and along a portion of the Property to install and maintain all equipment for the purpose of serving the Property and other land with electric service, together with right of access to said equipment, as created by grant to Central Illinois Light Co recorded July 6, 1955, as Document No. 261068. (Affects West 5 feet of the South 165 feet. Assigned to the City of Springfield, by Document No. 515381, recorded May 26, 1971);

   b) Terms, provisions and conditions contained in a Reciprocal Easement for Sewer line, recorded June 8, 1990, as Document No. 90J014655. (Affects the South 15 feet of the North 205 feet);

   c) Easement in, upon, under, over and along a portion of the Property premises to install and maintain all equipment for the purpose of service the Property and other land with water service, together with right of access to said equipment, as created by grant to the City of Springfield recorded June 8, 1990, as Document No. 90J014709. (Affects the South 15 feet of the North 190 feet); and

   d) Grant of Drainage Easement dated December 4, 2003, and recorded December 5, 2003, in the Recorder's Office of Sangamon County, Illinois as Document No. 2003R85080 granted by Joseph J. Angermeier, III and Shirley Jean Angermeier to Hope Ventures, LLC.

e) Building set back lines, easements, access limitations, height restrictions and other matters shown by ALTA/ACSM Survey made by Richard Tonellato, Illinois Professional Land Surveyor of Greene & Bradford, Inc, dated September 26, 2011, Project No. 08-197.

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (Continued iii)

Operating Identity/Licensee

o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The operator/licensee will be **OJCC, LLC**. The Certificate of Good Standing from the Illinois Secretary of State is appended as **ATTACHMENT -3A**.

Individuals who have 5 percent or greater direct or indirect ownership interest in OJCC, LLC:

Brian Levinson	33.3%
Ben Klein	33.3%
Mark Shapiro	33.3%

File Number 0271858-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

OJCC, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 07, 2008, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* SEPTEMBER *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1226901906

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

ATTACHMENT-3A

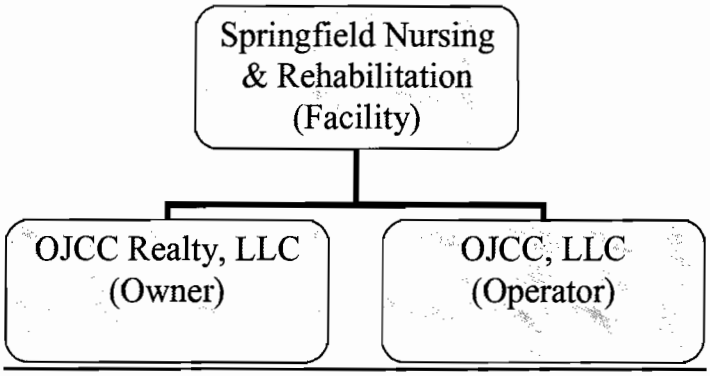
SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (Continued iv)

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.

Below is a corporate organizational chart specifically for the proposed facility.



It should be known that MS Springfield, LLC recently converted to MS Springfield, L.P. is the project development company and is responsible for the funding of this project. MPG Healthcare, L.P. is the parental entity of the development company and it has fiscal control, in accordance with the HFSRB definition of "control" (Part 1130.140). As such, MS Springfield, L.P. and MPG Healthcare, L.P. are co-Applicants to the project.

The above illustration of the organizational structure is meant to demonstrate only real estate rights and does not imply parent-subordinate relationships between the entities.

ATTACHMENT-4

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (Continued v)

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.

Appended as **ATTTACHMENT IDEN-5A** is a letter from the University of Illinois at Urbana-Champaign, Institute of Natural Resource Sustainability, Illinois State Water Survey. This letter states that "the property described above **IS NOT** located in a Special Flood Hazard Area or shaded Zone X floodzone".

ATTACHMENT-5

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Institute of Natural Resource Sustainability
Illinois State Water Survey

2204 Griffith Drive, MC-674
Champaign, Illinois 61820-7463

RECEIVED
SEP 09 2008

Special Flood Hazard Area Determination
pursuant to Governor's Executive Order 5 (2006)
(supersedes Governor's Executive Order 4 (1979))

Requester: Charles Foley, Charles H. Foley & Associates, Inc.
Address: 1638 S. MacArthur Blvd.
City, state, zip: Springfield, IL 62704 Telephone: (217) 544-1551

Site description of determination:
Site address: 3089 Old Jacksonville Rd.
City, state, zip: Springfield, IL
County: Sangamon Sec¼: SE¼ of SE¼ Section: 36 T. 16 N. R. 6 W. PM: 3rd
Subject area: Parcel 13-36.0-476-005, which is the W 5 ac. of the E 10 ac. of the S 20 ac. (i.e., the W 1/2 of the E 1/2 of the S 1/2) of the E 1/2 of the SE 1/4 Sec. 36, T. 16 N., R. 6 W., 3rd P.M., Sangamon County IL.

The property described above IS NOT located in a Special Flood Hazard Area or a shaded Zone X floodzone.
Floodway mapped: N/A Floodway on property: No
Sources used: FEMA Flood Insurance Rate Map (FIRM, copy attached); tax parcel map 13-36H (12/2000).
Community name: City of Springfield, IL Community number: 170604
Panel/map number: 17167C0237F Effective Date: August 2, 2007
Flood zone: X [unshaded] Base flood elevation: N/A ft NGVD 1929

N/A a. The community does not currently participate in the National Flood Insurance Program (NFIP). NFIP flood insurance is not available; certain State and Federal assistance may not be available.
N/A b. Panel not printed: no Special Flood Hazard Area on the panel (panel designated all Zone C or unshaded X).
N/A c. No map panels printed: no Special Flood Hazard Areas within the community (NSFHA).

The primary structure on the property:
N/A d. Is located in a Special Flood Hazard Area. Any activity on the property must meet State, Federal, and local floodplain development regulations. Federal law requires that a flood insurance policy be obtained as a condition of a federally-backed mortgage or loan that is secured by the building.
N/A e. Is located in shaded Zone X or B (500-yr floodplain). Conditions may apply for local permits or Federal funding.
X f. Is not located in a Special Flood Hazard Area or 500-year floodplain area shown on the effective FEMA map.
N/A g. A determination of the building's exact location cannot be made on the current FEMA flood hazard map.
N/A h. Exact structure location is not available or was not provided for this determination.

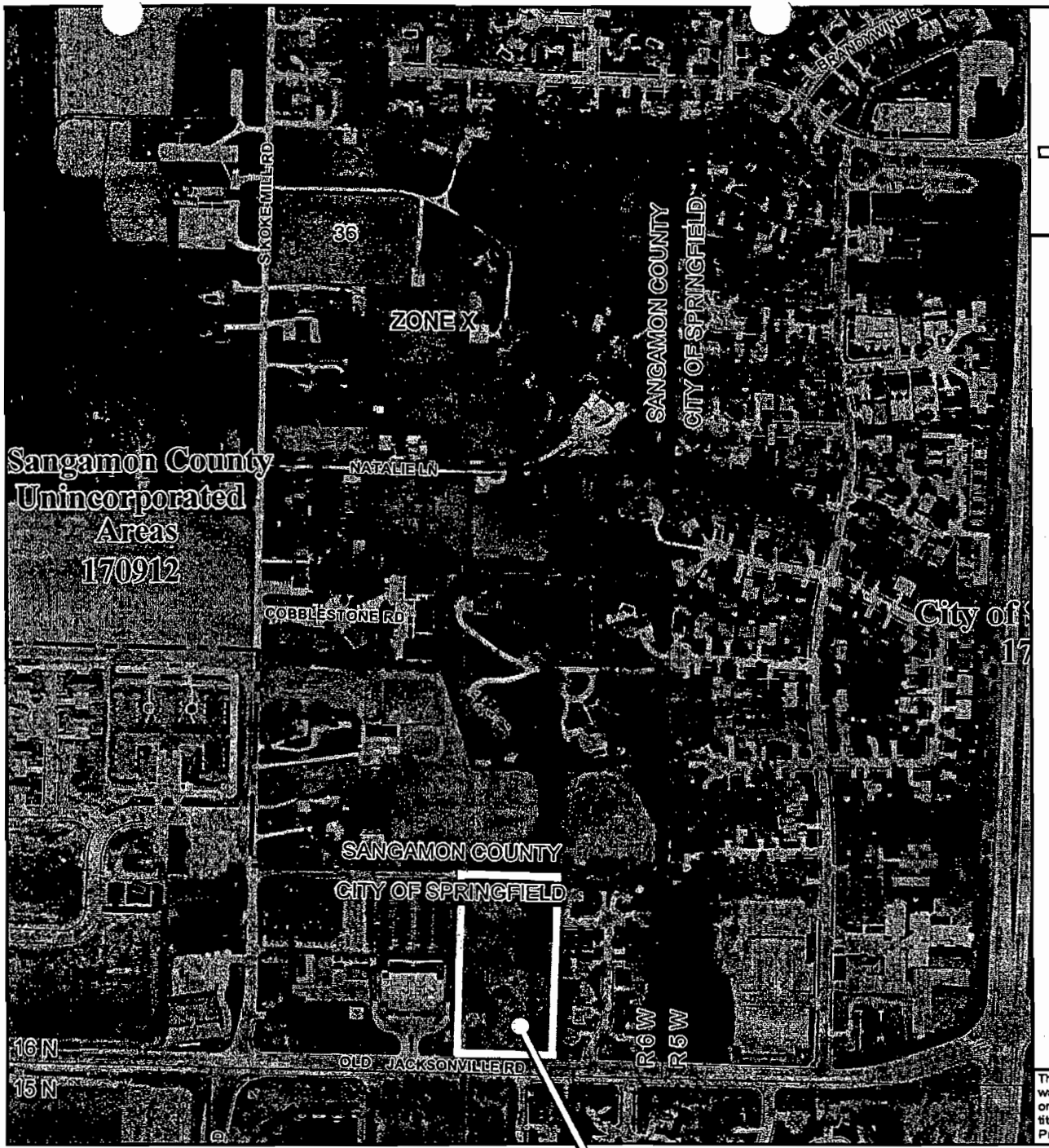
Note: This determination is based on the effective Federal Emergency Management Agency (FEMA) flood hazard reference for the subject area. This letter does not imply that the referenced property will be free from water damage. Property not in a Special Flood Hazard Area may be damaged by a flood greater than that illustrated on the FEMA map, by local drainage problems or runoff not illustrated on the source map, or by failure of flood control structures. This letter does not create liability on the part of the Illinois State Water Survey or employee thereof for any damage that results from reliance on this determination. This letter does not exempt the project from local stormwater management regulations.

Questions concerning this determination may be directed to Bill Saylor (217/333-0447) at the Illinois State Water Survey. Questions concerning requirements of Governor's Executive Order 5 (2006), or State floodplain regulations, may be directed to Paul Osman (217/782-3862) at the Illinois Department of Natural Resources' Office of Water Resources.

William Saylor, CFM IL-02-0010, Illinois State Water Survey Title: ISWS Floodplain Information Specialist Date: 9/4/2008

telephone 217-244-5459 • *fax* 217-333-4983 • www.sws.uiuc.edu

Form rev. -7/31/2008
ATTACHMENT- 5A



MAP SCALE 1" = 500'

0 500 1000 FEET

NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0237F

FIRM

FLOOD INSURANCE RATE MAP

SANGAMON COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 237 OF 575

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
LELAND GROVE, CITY OF	170925	0237	F
SANGAMON COUNTY	170912	0237	F
SPRINGFIELD, CITY OF	170604	0237	F

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
17167C0237F

MAP REVISED
AUGUST 2, 2007

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

Subject area

-ws/ISWS 9/4/2008-

LEGEND

SPECIAL FLOOD HAZARD AREAS (SFHAs) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V, and VE. The Base Flood Elevation is the water-surface elevation of the 1% annual chance flood.

ZONE A	No Base Flood Elevations determined.
ZONE AE	Base Flood Elevations determined.
ZONE AH	Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.
ZONE AO	Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
ZONE AR	Special Flood Hazard Areas formerly protected from the 1% annual chance flood by a flood control system that was subsequently decertified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
ZONE A99	Area to be protected from 1% annual chance flood by a Federal flood protection system under construction; no Base Flood Elevations determined.
ZONE V	Coastal flood zone with velocity hazard (wave action); no Base Flood Elevations determined.
ZONE VE	Coastal flood zone with velocity hazard (wave action); Base Flood Elevations determined.

FLOODWAY AREAS IN ZONE AE

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encroachment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

OTHER FLOOD AREAS

ZONE X	Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 1% annual chance flood.

OTHER AREAS

ZONE X	Areas determined to be outside the 0.2% annual chance floodplain.
ZONE D	Areas in which flood hazards are undetermined, but possible.

54

U.S. DEPARTMENT OF HOMELAND SECURITY

MAP NUMBER
17167C0237F

MAP REVISED
AUGUST 2, 2007

COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

OTHERWISE PROTECTED AREAS (OPAs)

CBRS areas and OPAs are normally located within or adjacent to Special Flood Hazard Areas.

1% annual chance floodplain boundary

0.2% annual chance floodplain boundary

Floodway boundary

Zone D boundary

CBRS and OPA boundary

Boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.

513 — Base Flood Elevation line and value; elevation in feet*

(EL 987) — Base Flood Elevation value where uniform within zone; elevation in feet*

*Referenced to the North American Vertical Datum of 1988

A — A — Cross section line

23 — 23 — Transect line

45° 02' 08", 93° 02' 12" — Geographic coordinates referenced to the North American Datum of 1983 (NAD 83)

4969000m N — 1000-meter Universal Transverse Mercator grid values, zone 16

1565000 FT — 5000-foot grid tick: Illinois State Plane East Coordinate System, 3776 zone (FIPSZONE 1201) Transverse Mercator

DX5610 — Bench mark (see explanation in Notes to Users section of this FIRM panel)

M1.5 — River Mile

MAP REPOSITORIES
Refer to Map Repositories list on Map Index

EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP
MAY 3, 2004

EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL

August 2, 2007 - to reflect updated topographic information, to add Base Flood Elevations, to change zone designations, and to add road names.

For community map revision history prior to countywide mapping, refer to the Community Map History table located in the Flood Insurance Study report for this jurisdiction.

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (Continued vi)

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.

Appended as **ATTACHMENT-6A,** is a letter from Anne E. Haaker, Deputy State Historic Preservation Officer stating that "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

RECEIVED
SEP 25 2008

FAX (217) 782-8161

Sangamon County
Springfield
CON - Acquisition, Demolition and New Construction for 76 Bed General Long-Term Care Facility
3089 Old Jacksonville Rd.
IHPA Log #007090908

September 22, 2008

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

Dear Ms. Kniery:

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

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

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

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

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS

Criterion 1125.320 – Purpose of the 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.

According to the September 18, 2012 Update to the IDPH Inventory of Facilities and Services and Need Determinations there is an identified need for 90 additional nursing care beds. This number includes the Applicants proposed beds as already approved and counted in the supply of existing capacity. With the need for this Applicant to refile its application, the requested 75 beds are taken out of the supply and added to the existing need for additional beds. This would bring the actual need to 165 nursing care beds in Sangamon County. The proposed project is seeking approval for an already approved permit in which the identified beds to be provided and those to be served has not wavered. Therefore, this project will improve the accessibility and therefore 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.

The market area for the proposed project had been already identified as the Sangamon County Planning Area within Health Service Area III. A secondary market area was identified in the original CON as the 30-minute travel time contour from the proposed site.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.

The existing problem facing the service area was succinctly described in the October 17, 2008 letter (updated September 24, 2012) from St. John's Hospital President and CEO Robert P. Ritz. He stated that: "The timely transfer and admission of residents who require rehabilitative skilled care services will be facilitated if more beds are available. Discharges from the hospital are often delayed due to the lack of rehabilitation beds in the Sangamon County Planning Area. This result in Sangamon County residents being placed in out-of-county facilities at

a rate of approximately 15-20 per month." This issue is further documented in the Department's identified need for 90 additional nursing beds on top of the 75 that the Applicant has already been approved for.

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

Appended as **ATTACHMENT-10A** is the State's September 18, 2012 Update to the Inventory of Beds and Services and Need Determinations.

Appended as **ATTACHMENT-10B,** is a copy of the existing project's permit letter and subsequent permit alteration approval.

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

The Applicant is seeking to establish a service to allow residents who have typically been leaving the Planning Area for skilled nursing rehabilitative care. The location of the proposed facility also addresses how the project will address the above referenced issues. Specifically, the proposed site is a half a block and across the street from the Springfield Orthopedic Center, less than two blocks from a 194 unit senior living campus (74 units independent living quadplexes and 2-60 unit independent living apartment buildings), and across the street from Koke Mill Medical Center, a freestanding medical office building and outpatient urgent care facility. This area has become an unofficial medical district and senior living haven. Therefore, the establishment of a skilled nursing facility in this area only serves as an added amenity in the overall continuum of care that exists and underserved.

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

The Applicant's goal is to reach and maintain the State's target utilization for nursing care.

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS (CONTINUED II)

Criterion 1125.320 – Purpose of the Project (Continued ii)

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.

This item is not germane as the proposed project is for the establishment and not the modernization of existing space.

LONG_TERM CARE FACILITY UPDATES

9/16/2011 - 9/18/2012

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
	11-056	10/11/2011	Sarah Culbertson Mem Hosp, Rushville	Permit issued to discontinue entire 29 bed Long-Term Nursing care category of service.	
	11-056	10/11/2011	Sarah Culbertson Mem Hosp, Rushville	Project completed.	
Christian	Name Change	10/1/2011	Heritage Health - Pana, Pana	Formerly Heritage Manor - Pana.	
Hancock	Closure	10/13/2011	Hancock County Nursing Home, Carthage	Facility deemed closed; 57 Nursing care beds removed from inventory by Board order.	
Logan	CHOW	1/13/2012	Maple Ridge Care Centre, Lincoln	Change of Ownership occurred.	
	Name Change	8/2/2012	Symphony of Lincoln, Lincoln	Formerly Maple Ridge Care Centre.	
Macoupin	Name Change	10/1/2011	Heritage Health - Staunton, Staunton	Formerly Heritage Manor - Staunton.	
	Name Change	10/1/2011	Heritage Health - Gillespie, Gillespie	Formerly Heritage Manor - Gillespie.	
	Name Change	10/1/2011	Heritage Health - Carlinville, Carlinville	Formerly Heritage Manor - Carlinville.	
Menard	Closure	10/13/2011	Menard Convalescent Center, Petersburg	Facility deemed closed; 86 Nursing care beds removed from inventory by Board order.	
Montgomery	Name Change	10/1/2011	Heritage Health - Litchfield, Litchfield	Formerly Heritage Manor - Litchfield.	
Morgan/Scott	Name Change	10/1/2011	Heritage Health - Jacksonville, Jacksonville	Formerly Barton W. Stone Home.	
	Closure	10/13/2011	Care Center Of Jacksonville, Jacksonville	Facility deemed closed; 93 Nursing care beds removed from inventory by Board order.	
Sangamon	Name Change	10/1/2011	Heritage Health - Springfield, Springfield	Formerly Heritage Manor - Springfield.	
	08-080	12/16/2011	Concordia Village, Springfield	Facility licensed for operaiton with 64 Nursing Care beds.	
	Bed Change	12/19/2011	St. Joseph'S Home For Aged, Springfield	Facility discontinued 6 Sheltered Care beds; facility now has 72 Nursing Care and 35 Sheltered Care beds.	
			Health Service Area 4		
Coles/Cumberland	CHOW	1/13/2012	Mattoon Healthcare & Rehabilitation Center, Mattoon	Change of Ownership occurred.	
Ford	Name Change	10/1/2011	Heritage Health - Gibson City, Gibson City	Formerly Heritage Manor - Gibson City.	
Livingston	Name Change	10/1/2011	Heritage Health - Dwight, Dwight	Formerly Heritage Manor - Dwight.	
	12-027	7/23/2012	Good Samaritan-Pontiac, Pontiac	Permit to build replacement facility; beds will reamin 122 Nursing Care, no change.	
Macon	Name Change	10/1/2011	Heritage Health - Mount Zion, Mount Zion	Formerly Heritage Manor - Mount Zion	
	CHOW	1/10/2012	Mckinley Court, Decatur	Change of Ownership occurred.	
	CHOW	1/10/2012	Aspen Ridge Care Center, Decatur	Change of Ownership occurred.	
	Bed Change	1/15/2012	Heartland Of Decatur, Decatur	Facility added 5 Nursing Care beds; facility now has a total of 117 Nursing Care beds.	
	12-005	4/17/2012	Hickory Point Christian Village (Permit), Forsyth	Permit issued to add 17 Nursing Care beds to existing facility; facility now authorized for 64 beds.	
	Name Change	8/2/2012	Symphony of Decatur	Formerly Aspen Ridge Care Centre.	
McLean	Name Change	10/1/2011	Heritage Health - Bloomington, Bloomington	Formerly Heritage Manor - Bloomington	
	Name Change	10/1/2011	Heritage Health - Normal, Normal	Formerly Heritage Manor - Normal.	
Moultrie	Bed Change	7/17/2012	The Arthur Home, Arthur	Disconitnued 8 Nursing Care beds; facility now has 53 Nursing Care beds.	
Vermilion	Bed Change	1/9/2012	Hawthorne Inn Of Danville, Danville	Facility added 6 Nursing Care beds and discontinued 6 Sheltered Care beds; facility now has 76 Nursing Care and 64 Sheltered Care beds.	
			Health Service Area 5		
Crawford	CHOW	1/1/2012	Ridgeview Care Center, Oblong	Change of ownership occurred.	
Franklin	CHOW	1/18/2012	Stonebridge Senior Living Center, Benton	Change of Ownership occurred.	
Gallatin/Hamilton/ Saline	Closure	6/4/2012	Finnie Good Shepherd Nursing Home, Galatia	Facility closed. 73 Nursing Care beds removed from inventory.	
Jackson	12-050	9/11/2012	Rehab & Care Center of Jackson County, Murphysboro	Permit issued for discontinuation of 178 bed Long-Term Care (Nursing Care) facility.	New

ATTACHMENT-10A

LONG_TERM CARE FACILITY UPDATES

9/16/2011 - 9/18/2012

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
LONG-TERM CARE NURSING CARE BED NEED			
HEALTH SERVICE AREA 1			
Boone	305	279	26
Carroll	187	148	39
DeKalb	757	742	15
Jo Daviess	231	155	76
Lee	299	342	(43)
Ogle	599	535	64
Stephenson	665	664	1
Whiteside	717	843	(126)
Winnebago	2399	2366	33
HEALTH SERVICE AREA 2			
Bureau/Putnam	429	373	56
Fulton	523	615	(92)
Henderson/Warren	245	218	27
Knox	823	950	(127)
LaSalle	1364	1389	(25)
McDonough	379	376	3
Marshall/Stark	346	427	(81)
Peoria	1760	1731	29
Tazewell	1516	1246	270
Woodford	655	592	63
HEALTH SERVICE AREA 3			
Adams	1188	1495	(307)
Brown/Schuyler	183	186	(3)
Calhoun/Pike	301	337	(36)
Cass	186	150	36
Christian	412	472	(60)
Greene	154	119	35
Hancock	190	184	6
Jersey	411	369	42
Logan	502	468	34
Macoupin	686	744	(58)
Mason	143	164	(21)
Menard	230	106	124
Montgomery	567	490	77
Morgan/Scott	573	561	12
Sangamon	1344	1254	90
HEALTH SERVICE AREA 4			
Champaign	1037	908	129
Clark	290	255	35
Coles/Cumberland	759	939	(180)
DeWitt	219	190	29
Douglas	238	233	5
Edgar	260	299	(39)
Ford	240	427	(187)
Iroquois	461	486	(25)
Livingston	494	550	(56)
McLean	1306	1118	188
Macon	1331	1253	78
Moultrie	318	361	(43)
Piatt	160	160	0
Shelby	264	265	(1)
Vermilion	692	779	(87)

Planning Area: Sangamon

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2008 Patient Days
AUBURN NURSING & REHAB CENTER	AUBURN	Sangamon County	70	21,354
CAPITOL CARE CENTER	SPRINGFIELD	Sangamon County	251	73,129
CONCORDIA VILLAGE (PERMIT)	SPRINGFIELD	Sangamon County	64	
9/1/2009 08-080 permit issued to establish a 64-bed Nursing Care facility.				
HERITAGE MANOR - SPRINGFIELD	SPRINGFIELD	Sangamon County	178	59,588
ILLINOIS PRESBYTERIAN HOME	SPRINGFIELD	Sangamon County	15	2,427
LEWIS MEM CHRISTIAN VILLAGE	SPRINGFIELD	Sangamon County	155	51,887
OAK TERRACE CARE CENTER	SPRINGFIELD	Sangamon County	78	16,382
REGENCY NURSING CARE RESIDENCE	SPRINGFIELD	Sangamon County	95	25,684
SPRINGFIELD CARE CENTER	SPRINGFIELD	Sangamon County	65	18,694
9/1/2010 Name Change Name changed from Springfield Terrace.				
9/1/2010 CHOW Change of ownership occurred.				
SPRINGFIELD NURSING AND REHABILITATION (PE	SPRINGFIELD	Sangamon County	75	
4/21/2009 08-086 Received permit to establish a 75-bed General Nursing Facility.				
ST. JOHN'S HOSPITAL	SPRINGFIELD	Sangamon County	37	9,673
ST. JOSEPH'S HOME FOR AGED	SPRINGFIELD	Sangamon County	72	22,357
8/6/2009 Bed Change Added 7 nursing care beds; facility now has 72 nursing care beds.				
VILLA HEALTH CARE EAST	SHERMAN	Sangamon County	99	33,944
		Planning Area Totals	**1,254**	**335,119**

HEALTH SERVICE AREA	AGE GROUPS	2008 Patient Days	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates
003	0-64 Years Old	188,793	485,500	388.9	233.3	622.2
	65-74 Years Old	220,748	44,000	5,017.0	3,010.2	8,027.2
	75+ Years Old	1,611,353	46,500	34,652.8	20,791.7	55,444.4

	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	28,808	166,400	173.1	233.3	622.2	233.3	169,500	39,547			
65-74 Years Old	38,654	13,500	2,863.3	3,010.2	8,027.2	3,010.2	21,600	65,020			
75+ Years Old	267,658	13,000	20,589.1	20,791.7	55,444.4	20,791.7	16,200	336,825			
						Planning Area Totals		441,393	1,209.3	1,344	90

RECEIVED 5/18/09

STATE OF ILLINOIS
HEALTH FACILITIES PLANNING BOARD
525 WEST JEFFERSON STREET • SPRINGFIELD, ILLINOIS 62761 • (217)782-3516

May 11, 2009

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Charles H. Foley, Health Care Consultant
Charles H. Foley & Associates
1638 South MacArthur Blvd.
Springfield, Illinois 62704

RE: **PERMIT**: Illinois Health Facilities Planning Act 20 ILCS 3960

Dear Mr. Foley:

On April 21, 2009, the Illinois Health Facilities Planning Board approved the application for permit for the referenced project based upon the project's substantial conformance with the applicable standards and criteria of Part 1110 and 1120. In arriving at a decision, the State Board considered the findings contained in the State Agency Report, the application material, and any testimony made before the State Board.

- **PROJECT: #08-086 – Springfield Nursing and Rehabilitation Center** The permit holders are approved for the establishment of a 75 bed long term care facility to be located at 3089 Old Jacksonville Road, Springfield, Illinois. The permit holders will construct 54,375/GSF of new space.

- **PERMIT HOLDERS:** The permit holders are OJCC, LLC and OJCC Realty, LLC., 15 Brighton Road, Springfield, Illinois. The licensee and operating entity is OJCC, LLC and the owner of the site if OJCC Realty, LLC.

- **CONDITIONS AND STIPULATIONS:** The permit holders are required to certify the 75 bed long term care facility for Medicare and Medicaid services.

- **PERMIT AMOUNT**: $12,950,000

- **PROJECT OBLIGATED BY**: October 21, 2010
- **PROJECT COMPLETION DATE**: May 31, 2011

This permit is valid only for the defined construction or modification, site, amount and the named permit holder and **is not transferable or assignable.**

In accordance with the Planning Act, the permit is valid until such time as the project has been completed, provided that all post permit requirements have been fulfilled, pursuant to the requirements of 77 Ill. Adm. Code 1130, The permit holder is responsible for complying with the following requirements in order to maintain a valid permit. Failure to comply with the requirements may result in expiration of the permit or in State Board action to revoke the permit.

1. OBLIGATION-PART 1130.720

   The project must be obligated **prior to the Project Obligation Date,** unless the permit holder obtains an "Extension of the Obligation Period" as provided in 77 Ill. Adm. Code 1130.730.

2. ANNUAL PROGRESS REPORT-PART 1130.760

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

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

   The permit holder must submit a written notice of project completion as defined in Section 1130.140. Each permit holder shall notify HFPB within 30 days following the project completion date and provide supporting documentation within 90 days following the completion date and must contain the information required by Section 1130.770.

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

Sincerely,

Jeffrey S. Mark
Executive Secretary

cc: William Bell
Karen Senger
Jody Gudgel
Project File

RECEIVED 10/31/11

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

October 17, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

John P. Kniery
Charles H. Foley and Associates, Inc.
1638 So. MacArthur Boulevard
Springfield, Illinois 62704

RE: ALTERATION TO PERMIT
Project: #08-086- Springfield Nursing and Rehabilitation Center
Permit Holders: OJCC Realty, LLC and OJCC, LLC

Dear Mr. Kniery:

On October 12, 2011 the Illinois Health Facilities and Services Review Board approved an alteration request for the above-captioned project. The approved alteration decreases the gross square footage ("GSF") of the project from 54,375 GSF to 45,271 GSF a decrease of 9,104 GSF. There is no change in the approved permit amount or the approved number of beds.

The permit holder is reminded of the other post-permit requirements contained in "Subpart G" of Part 1130. Adherence to these requirements is essential in maintaining a valid permit and is the sole **responsibility of the permit holder.**

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

Sincerely,

Courtney R Avery

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

cc: Dale Galassie, Chairman

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS (CONTINUED III)

Criterion 1125.330 – 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.

The alternatives to this project are limited as this project is a refile to a permit that was already approved. Furthermore, the proposed building is under construction. Therefore, the alternatives to this project are to continue to complete the proposed project or to abandon the project.

In the Certificate of Need application that was approved there was an outstanding need for 76 nursing care beds with no project's granted permits in the pipeline. Today there is an outstanding need for 90 nursing care beds with two projects, 08-080-Concordia Village a 64-bed nursing unit onto an existing continuing care retirement campus, and 08-086 the proposed project's 75 nursing care beds, which are included in the existing supply of beds against the outstanding need. This means that in reconsidering this project the beds (75) come out of the existing supply and therefore, this project should be considered against the State's calculated need for an additional 165-nursing care beds, not just the current 90 additional beds cited. It is significant to realize the difference in demand between the time the project was originally considered and now. The need in 2009 when the project was approved utilized the abandoned patient days that were left from Ashford Court Care Center's closing of its 170 nursing beds.

ATTACHMENT-11

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS (CONTINUED IV)

Criterion 1125.330 – Alternatives (Continued ii)

Today based upon increase area utilization rates, there are two facilities with 139-nursing care beds in the pipeline (refer to **ATTACHMENT-11A** for the current Inventory of Health Care Facilities and Services and Need Determinations for documentation of the pipeline activity) and there is still a need for 90 additional nursing beds. Since 2007, the area use rates on average have increases over six percentage points. When consideration is given to the 5% of the total beds that are not set-up and staffed the current Planning Area utilization rate is over 88%; whereas the current utilization rates of the State and Health Service Area III are both 76.5%. The historical Planning Area profile summaries are provided as **ATTACHMENT-11B** and a chart providing the utilization of all nursing facilities within Sangamon County is appended as **ATTACHMENT-11C**.

Sangamon County Planning Area Utilization Summary

Year	Lic. Beds	Patient Days	Util. Rate
2011	1115	337869	83.0%
2010	1115	329778	81.0%
2009	1115	327396	80.4%
2008	1149	335119	79.9%
2007	1319	369657	76.8%
	5813	1699819	80.1%

Source: 2007-2011 IDPH Long-Term Care Planning Area Data Summary Profile

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.**

The Alternatives available to the Applicant now are more limited in scope than those available when the original CON application for permit was considered. This is because the project is under construction. As such, the financing is in place as is the zoning and IDPH architectural plan approvals. As such, the only alternatives available to the Applicant are to "do nothing" or to "continue with the proposed project". Any other alternative would result in redesign which would add more fiscal pressure to a project that is already adjusting for higher fiscal pressures.

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS (CONTINUED V)

Criterion 1125.330 – Alternatives (Continued iii)

DO NOTHING

Issues of Cost:

This alternative would allow the status quo to continue and would have a zero cost in-terms of capital expenditure versus the cost of the proposed project which is $13,597,500.

Patient Access:

The consequence of the status quo would be: a continued need for additional nursing care beds in the Planning Area; increasing area utilization rates; encouraged obsolescence of existing structures; limited competition; and a limited number of nursing care beds for a growing senior population in one of the State's major metropolitan areas.

As cited, the State has updated its Inventory of Health Care Facilities and Services and Need Determinations for Long-Term Care effective September 18, 2012. This calculation shows that the Sangamon County Planning Area is under bedded by 90 nursing care beds. A copy of the State's Bed need calculation is appended as **ATTACHMENT-11A**. Furthermore, supporting the bed need is the area's elderly demographics. Appended in the State's Inventory is population estimates and projections. These figures compared to those from the U.S. Census Bureau for CY 2010 and 2011 (**ATTACHMENT-11D**) show that the current population is within the range that the State's Inventory utilized to calculate the need for or excess of nursing care beds in the planning Area. The State (IDPH) (**ATTACHMENT-11A**) utilized 2008 base year data of 13,500 people in the 65-74 age cohort and 13,000 people in the 75+ age group. The U.S. Census Bureau states that the 2010 census figures show that there are 14,095 people and 17,506 people in the 65-74 and the 75 plus age cohorts respectively. Collectively, for the over

65 age cohort, the projection appears to be on target being four years out from the base year or just slightly behind the actual census population figures.

To "do nothing" does not address the issue of patient access in a Planning Area that has both increasing utilization of the existing facilities and increasing elderly population. Thus, this alternative was rejected.

Quality:

The alternative of "do nothing" does not improve quality of care, arguably, this alternative encourages obsolescence of the existing providers and does nothing to encourage providers to improve let alone maintain their facility's physical plant condition which the public easily perceives as quality. The traditional nursing homes of yesterday have only a minimum number of private rooms (3% based on IDPH Minimum Licensure Standards) with the balance being two, three, and four bed wards. In these more traditional environments, it is often found that two resident rooms whether private, semiprivate, of larger ward rooms share a single bathroom. Therefore, it is possible for up to eight persons to share a single restroom. These older, more institutional buildings are usually designed around back-to-back nurses' stations each with 75 nursing beds on each side, Therefore, although the need for this project is not at all based on improved quality of care, the alternative of "do nothing" would appear to have a negative impact on the overall quality or at least appearance of quality.

Financial Benefits:

This alternative represents zero cost in-terms of capital costs. However, there does not appear to be any financial benefits to this alternative either. By doing nothing, there is not a

possibility of any potential return on investments. There is also no possibility for community benefit either in-terms of improved accessibility or a chance for improved quality nor would this alternative address the outstanding need for additional nursing care beds as identified by the State.

In addition to the above issues to financial benefit, because of the unique status of the project, i.e., the project is under construction with more over 50% of the money borrowed, there is now a negative financial benefit of this project not moving forward. The cost to this alternative could be in excess of $6 million.

CONTINUE WITH THE PROJECT AS PROPOSED

This Applicant is extremely knowledgeable on the proposed market area. The Applicant has a related nursing care facility, Capital Care Center in Springfield. This facility is licensed for 251 beds with an effective capacity of only 220 beds (based on peak beds set-up). This facility was taken over by the current operator as a turnaround project because the facility was experiencing low occupancy. Now the facility is effectively full (again based on peak beds set-up and staffed). With a related entity as a local provider, the Applicant knows firsthand the reality of the bed need as identified by the Health Facilities and Services Review Board's need methodology. Thus, the Applicant has put forth the project as proposed.

Issues of Cost:

This is the most expensive alternative explored by this Applicant. This project is projected to cost $13,597,500. This is also the only alternative that addresses patient access, quality, and potential financial benefits. It should be known that the proposed project is only for

the originally approved 75 nursing care beds. At this time that does not address the additional outstanding need for 90 nursing care beds.

Patient Access:

One of the by-products of a State's Certificate of Need program is protection for existing providers from open market competition. Therefore, it becomes more important that the regulatory process ensures accessibility which can be done by heading to the need methodology. The bed need methodology incorporates the existing facilities' occupancy rates through the "area use rate" that is applied in the calculation. This also reflects the effects of outside influences such as assisted living and supportive living. The methodology is also the only forward looking indicator of need as it applies the existing utilization rates to the projected population; this is a 10 year projection to Calendar Year 2018. Therefore, it would appear that more weight should be given to this indicator than any other.

Given the outstanding need for additional beds beyond the Applicant's requested and previously approved nursing beds and the rather high overall utilization of all existing facilities, patient accessibility will diminish profoundly should no new construction for additional beds be approved. It should be noted that this facility will not be ready to admit its first resident until early 2013 as construction is set for completion in December of CY2012. This is more than half way through the State's 10 year projection of need (CY 2018). Given the above, this is the only alternative to improve patient access.

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNATIVES – INFORMATION REQUIREMENTS (CONTINUED IX)

Criterion 1125.330 – Alternatives (Continued vii)

Quality:

This project in no way is based the need for the project on improved quality. However, in unregulated environments, competition is limited from the open market. One of the benefits of an open market system is the encouragement of competitiveness to provide state-of-the-art facility in-terms of both actual quality service and perceived quality through the physical environment. The funding on long-term care facilities today includes a capital reimbursement rate; however, there is a cap on that rate which negates any increases a new facility could realize over existing providers. Therefore, for Long-Term Care, the focus of the Board must lean more toward ensuring accessibility which in turn will encourage providers to continue improving the existing facilities.

Financial Benefits:

The most important benefit to the cost of this project is the ability to improved accessibility for the general geriatric residents of this market area. This alternative addresses only part of the State's outstanding need for additional nursing care beds. Finally, with the rather high existing utilization rates (88% effective/peak set-up capacity) of the Sangamon County Planning Area, this appears to be the only viable option.

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

This Applicant does not question the quality of care being provided nor does it seek to improve quality of care in and of itself. Therefore, this item does not appear to be germane. This Applicant believes that there are issues in addition to quality of care that impact the health and wellbeing of a resident. The issue present in this situation is that it is more conducive to be able to care for a resident within a modern State-of-the-art facility.

Planning Area: Sangamon

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2008 Patient Days
AUBURN NURSING & REHAB CENTER	AUBURN	Sangamon County	70	21,354
CAPITOL CARE CENTER	SPRINGFIELD	Sangamon County	251	73,129
CONCORDIA VILLAGE (PERMIT)	SPRINGFIELD	Sangamon County	64	
9/1/2009 08-080 permit issued to establish a 64-bed Nursing Care facility.				
HERITAGE MANOR - SPRINGFIELD	SPRINGFIELD	Sangamon County	178	59,588
ILLINOIS PRESBYTERIAN HOME	SPRINGFIELD	Sangamon County	15	2,427
LEWIS MEM CHRISTIAN VILLAGE	SPRINGFIELD	Sangamon County	155	51,887
OAK TERRACE CARE CENTER	SPRINGFIELD	Sangamon County	78	16,382
REGENCY NURSING CARE RESIDENCE	SPRINGFIELD	Sangamon County	95	25,684
SPRINGFIELD CARE CENTER	SPRINGFIELD	Sangamon County	65	18,694
9/1/2010 Name Change Name changed from Springfield Terrace.				
9/1/2010 CHOW Change of ownership occurred.				
SPRINGFIELD NURSING AND REHABILITATION (PE	SPRINGFIELD	Sangamon County	75	
4/21/2009 08-086 Received permit to establish a 75-bed General Nursing Facility.				
ST. JOHN'S HOSPITAL	SPRINGFIELD	Sangamon County	37	9,673
ST. JOSEPH'S HOME FOR AGED	SPRINGFIELD	Sangamon County	72	22,357
8/6/2009 Bed Change Added 7 nursing care beds; facility now has 72 nursing care beds.				
VILLA HEALTH CARE EAST	SHERMAN	Sangamon County	99	33,944
		Planning Area Totals	**1,254**	**335,119**

HEALTH SERVICE AREA	AGE GROUPS	2008 Patient Days	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates
003	0-64 Years Old	188,793	485,500	388.9	233.3	622.2
	65-74 Years Old	220,748	44,000	5,017.0	3,010.2	8,027.2
	75+ Years Old	1,611,353	46,500	34,652.8	20,791.7	55,444.4

	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	28,808	166,400	173.1	233.3	622.2	233.3	169,500	39,547			
65-74 Years Old	38,654	13,500	2,863.3	3,010.2	8,027.2	3,010.2	21,600	65,020			
75+ Years Old	267,658	13,000	20,589.1	20,791.7	55,444.4	20,791.7	16,200	336,825			
						Planning Area Totals		**441,393**	**1,209.3**	**1,344**	**90**

ATTACHMENT-11A

HEALTH SERVICE AREA	003	**ADMISSION RESTRICTIONS**		**RESIDENTS BY PRIMARY DIAGNOSIS**	
		Aggressive/Anti-Social	13	DIAGNOSIS	
TOTAL FACILITIES	17	Chronic Alcoholism	11	Neoplasms	28
HOSPITAL BASED UNITS	1	Developmentally Disabled	7	Endocrine/Metabolic	47
FREE STANDING FACILITIES	16	Drug Addiction	13	Blood Disorders	15
		Medicaid Recipient	3	Nervous System Non Alzheimer	84
FACILITIES LICENSED FOR:		Medicare Recipient	8	Alzheimer Disease	53
NURSING CARE BEDS ONLY	7	Mental Illness	3	Mental Illness	75
SHELTERED CARE BEDS ONLY	0	Non-Ambulatory	1	Developmental Disability	168
DD CARE BEDS ONLY	6	Non-Mobile	1	Circulatory System	179
MULTI-LICENSED FACILITIES	4	Public Aid Recipient	3	Respiratory System	64
		Under 65 Years Old	2	Digestive System	19
FACILITIES REPORTED BY		Unable to Self-Medicate	2	Genitourinary System Disorders	36
OWNERSHIP TYPE		Ventilator Dependent	17	Skin Disorders	11
GOVERNMENTAL OWNERSHIP	0	Infectious Disease w/ Isolation	8	Musculo-skeletal Disorders	145
NON-PROFIT OWNERSHIP	11	Other Restrictions	1	Injuries and Poisonings	21
FOR PROFIT OWNERSHIP	6	No Restrictions	0	Other Medical Conditions	152
		Note: Reported restictions denoted by '1'		Non-Medical Conditions	37
CONTINUING CARE COMMUNITY	1			TOTALS	1,134
LIFE CARE FACILITY	3				
				Total Residents Diagnosed as Mentally Ill	158

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	1,115	1,052	1,006	1,052	885	230	742	849
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	179	178	174	178	168	11		179
Sheltered Care	138	110	94	110	81	57		
TOTAL BEDS	1,432	1,340	1,274	1,340	1,134	298	742	1028

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	1,155
Total Admissions 2011	2,839
Total Discharges 2011	2,857
Residents on 12/31/2011	1,137
Identified Offenders	19

FACILITY UTILIZATION - 2011

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	65,069	24.0%	159,876	51.6%	473	4,392	105,313	2,746	337,869	83.0%	88.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			61,127	93.6%	365	0	365	0	61,857	94.7%	95.2%
Sheltered Care					0	0	23,075	7,136	30,211	60.0%	75.2%
TOTALS	65,069	24.0%	221,003	58.9%	838	4,392	128,753	9,882	429,937	82.3%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	2	0	0	0	30	15	0	0	32	15	47
45 to 59	29	26	0	0	63	19	0	0	92	45	137
60 to 64	16	23	0	0	17	2	0	1	33	26	59
65 to 74	38	71	0	0	12	4	0	2	50	77	127
75 to 84	80	175	0	0	4	1	2	9	86	185	271
85+	91	334	0	0	1	0	10	57	102	391	493
TOTALS	256	629	0	0	127	41	12	69	395	739	1,134

74

ATTACHMENT-118

HEALTH SERVICE AREA 003

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	162	404	1	19	286	13	885
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		165	1	0	2	0	168
Sheltered Care			0	0	77	4	81
TOTALS	162	569	2	19	365	17	1,134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	204
Skilled Under 22	0	0
Intermediate DD	127	123
Shelter	130	100

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	2	0	3
Amer. Indian	59	0	0	0	59
Black	58	0	14	0	72
Hawaiian/Pac. Isl.	0	0	0	0	0
White	766	0	152	81	999
Race Unknown	1	0	0	0	1
Total	885	0	168	81	1,134
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	1	0	2
Non-Hispanic	815	0	167	61	1,043
Ethnicity Unknown	69	0	0	20	89
Total	885	0	168	81	1,134

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	13.83
Physicians	1.00
Director of Nursing	12.90
Registered Nurses	74.73
LPN's	175.70
Certified Aides	528.00
Other Health Staff	74.00
Non-Health Staff	397.80
Totals	1277.96

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
37.7%	28.6%	0.2%	3.4%	30.1%	100.0%		1.0%
28,938,049	21,948,268	143,567	2,572,706	23,104,771	76,707,369	740,106	

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

HEALTH SERVICE AREA	003
TOTAL FACILITIES	17
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	16
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	7
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	6
MULTI-LICENSED FACILITIES	4
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	11
FOR PROFIT OWNERSHIP	6
CONTINUING CARE COMMUNITY	1
LIFE CARE FACILITY	1

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	12
Chronic Alcoholism	10
Developmentally Disabled	9
Drug Addiction	11
Medicaid Recipient	4
Medicare Recipient	8
Mental Illness	4
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	4
Under 65 Years Old	2
Unable to Self-Medicate	1
Ventilator Dependent	17
Infectious Disease w/ Isolation	8
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	32
Endocrine/Metabolic	51
Blood Disorders	13
Nervous System Non Alzheimer	55
Alzheimer Disease	86
Mental Illness	78
Developmental Disability	171
Circulatory System	215
Respiratory System	68
Digestive System	28
Genitourinary System Disorders	37
Skin Disorders	23
Musculo-skeletal Disorders	125
Injuries and Poisonings	20
Other Medical Conditions	145
Non-Medical Conditions	14
TOTALS	1,161

Total Residents Diagnosed as Mentally Ill 129

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	1,115	1,057	997	1,051	905	210	742	849
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	179	178	172	178	169	10		179
Sheltered Care	138	114	104	111	87	51		
TOTAL BEDS	1,432	1,349	1,273	1,340	1,161	271	742	1028

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	1,153
Total Admissions 2010	2,934
Total Discharges 2010	2,926
Residents on 12/31/2010	1,161
Identified Offenders	9

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	65,785	24.3%	148,023	47.8%	15	4,057	109,541	2,357	329,778	81.0%	85.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			61,326	93.9%	365	0	720	0	62,411	95.5%	96.1%
Sheltered Care					22	0	27,363	6,070	33,455	66.4%	80.4%
TOTALS	65,785	24.3%	209,349	55.8%	402	4,057	137,624	8,427	425,644	81.4%	86.4%

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	5	0	0	0	33	15	0	0	38	15	53
45 to 59	31	21	0	0	65	20	0	0	96	41	137
60 to 64	14	20	0	0	14	3	0	1	28	24	52
65 to 74	33	71	0	0	14	2	0	2	47	75	122
75 to 84	79	169	0	0	3	0	2	8	84	177	261
85+	97	365	0	0	0	0	11	63	108	428	536
TOTALS	259	646	0	0	129	40	13	74	401	760	1,161

HEALTH SERVICE AREA 003

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	174	403	0	14	306	8	905
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		166	1	0	2	0	169
Sheltered Care			0	0	83	4	87
TOTALS	174	569	1	14	391	12	1,161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	196
Skilled Under 22	0	0
Intermediate DD	212	123
Shelter	129	98

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	2	0	4
Amer. Indian	0	0	0	0	0
Black	63	0	13	0	76
Hawaiian/Pac. Isl.	0	0	0	0	0
White	840	0	154	87	1,081
Race Unknown	0	0	0	0	0
Total	905	0	169	87	1,161
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	0	0	2	0	2
Non-Hispanic	905	0	167	87	1,159
Ethnicity Unknown	0	0	0	0	0
Total	905	0	169	87	1,161

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	13.83
Physicians	0.00
Director of Nursing	15.25
Registered Nurses	79.80
LPN's	174.10
Certified Aides	525.70
Other Health Staff	39.50
Non-Health Staff	419.80
Totals	1267.98

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
33.7%	30.7%	0.5%	2.2%	32.9%	100.0%		0.6%
23,185,673	21,095,992	320,322	1,524,922	22,629,516	68,756,430	445,931	

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

HEALTH SERVICE AREA	003
TOTAL FACILITIES	17
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	16
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	7
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	6
MULTI-LICENSED FACILITIES	4
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	11
FOR PROFIT OWNERSHIP	6
CONTINUING CARE COMMUNITY	1
LIFE CARE FACILITY	1

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	14
Chronic Alcoholism	10
Developmentally Disabled	9
Drug Addiction	12
Medicaid Recipient	4
Medicare Recipient	10
Mental Illness	4
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	4
Under 65 Years Old	1
Unable to Self-Medicate	1
Ventilator Dependent	17
Infectious Disease w/ Isolation	6
Other Restrictions	2
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	40
Endocrine/Metabolic	70
Blood Disorders	47
Nervous System Non Alzheimer	81
Alzheimer Disease	44
Mental Illness	50
Developmental Disability	178
Circulatory System	211
Respiratory System	49
Digestive System	22
Genitourinary System Disorders	53
Skin Disorders	8
Musculo-skeletal Disorders	75
Injuries and Poisonings	37
Other Medical Conditions	161
Non-Medical Conditions	28
TOTALS	1,154

Total Residents Diagnosed as Mentally Ill 210

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	1,115	1,062	994	1,050	888	227	742	849
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	179	178	178	178	174	5		179
Sheltered Care	138	130	103	130	92	46		
TOTAL BEDS	1,432	1,370	1,275	1,358	1,154	278	742	1028

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	1,181
Total Admissions 2009	3,005
Total Discharges 2009	3,032
Residents on 12/31/2009	1,154
Identified Offenders	6

FACILITY UTILIZATION - 2008

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	55,593	20.5%	148,337	47.9%	22	8,001	113,288	2,155	327,396	80.4%	84.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			62,168	95.2%	365	0	729	0	63,262	96.8%	97.4%
Sheltered Care					365	0	29,836	5,923	36,124	71.7%	76.1%
TOTALS	55,593	20.5%	210,505	56.1%	752	8,001	143,853	8,078	426,782	81.7%	85.3%

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

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	29	15	0	0	30	15	45
45 to 59	25	25	0	0	76	16	0	1	101	42	143
60 to 64	20	24	0	0	13	8	0	0	33	32	65
65 to 74	39	65	0	0	10	2	0	2	49	69	118
75 to 84	77	175	0	0	4	1	6	10	87	186	273
85+	81	356	0	0	0	0	7	66	88	422	510
TOTALS	243	845	0	0	132	42	13	79	388	766	1,154

HEALTH SERVICE AREA 003

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	151	389	4	20	324	0	888
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		171	1	0	2	0	174
Sheltered Care			1	0	91	0	92
TOTALS	151	560	6	20	417	0	1,154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	217	190
Skilled Under 22	0	0
Intermediate DD	186	130
Shelter	126	88

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	1	1	2
Amer. Indian	0	0	0	0	0
Black	66	0	11	0	77
Hawaiian/Pac. Isl.	0	0	0	0	0
White	822	0	162	91	1,075
Race Unknown	0	0	0	0	0
Total	888	0	174	92	1,154

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	888	0	173	92	1,153
Ethnicity Unknown	0	0	0	0	0
Total	888	0	174	92	1,154

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	13.83
Physicians	0.00
Director of Nursing	12.25
Registered Nurses	68.00
LPN's	164.30
Certified Aides	474.45
Other Health Staff	77.60
Non-Health Staff	377.30
Totals	1187.73

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
31.8%	28.0%	5.2%	3.7%	31.4%	100.0%		0.7%
23,722,272	20,855,047	3,851,180	2,736,387	23,438,066	74,602,958	493,185	

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

HEALTH SERVICE AREA	003
TOTAL FACILITIES	17
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	16
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	7
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	6
MULTI-LICENSED FACILITIES	4
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	11
FOR PROFIT OWNERSHIP	6

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	14
Chronic Alcoholism	11
Developmentally Disabled	10
Drug Addiction	13
Medicaid Recipient	4
Medicare Recipient	10
Mental Illness	4
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	3
Under 65 Years Old	1
Unable to Self-Medicate	0
Ventilator Dependent	17
Infectious Disease w/ Isolation	6
Other Restrictions	2
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	29
Endocrine/Metabolic	64
Blood Disorders	12
Nervous System Non Alzheimer	52
Alzheimer Disease	83
Mental Illness	69
Developmental Disability	178
Circulatory System	212
Respiratory System	107
Digestive System	34
Genitourinary System Disorders	37
Skin Disorders	29
Musculo-skeletal Disorders	73
Injuries and Poisonings	32
Other Medical Conditions	190
Non-Medical Conditions	1
TOTALS	1,202

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	1,149	1,064	1,009	1,056	919	230	742	849
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	179	178	178	178	177	2		179
Sheltered Care	138	132	115	132	106	32		
TOTAL BEDS	1,466	1,374	1,302	1,366	1,202	264	742	1028

ADMISSIONS AND DISCHARGES - 2008

Residents on 1/1/2008	1,212
Total Admissions 2008	2,969
Total Discharges 2008	2,979
Residents on 12/31/2008	1,202

FACILITY UTILIZATION - 2008

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	59,500	21.9%	154,086	49.8%	755	5,922	112,829	2,027	335,119	79.7%	86.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			63,163	96.4%	366	0	732	0	64,261	98.1%	98.6%
Sheltered Care					275	0	30,930	7,397	38,602	76.4%	79.9%
TOTALS	59,500	21.9%	217,249	57.7%	1,396	5,922	144,491	9,424	437,982	81.6%	87.1%

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

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	2	1	0	0	38	19	0	0	40	20	60
45 to 59	13	20	0	0	68	19	0	1	81	40	121
60 to 64	23	20	0	0	9	3	0	0	32	23	55
65 to 74	40	66	0	0	2	2	0	1	55	69	124
75 to 84	84	188	0	0	2	1	5	23	91	212	303
85+	95	367	0	0	1	0	13	63	109	430	539
TOTALS	257	662	0	0	133	44	18	88	408	794	1,202

Source:Long-Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development

9/17/2009

HEALTH SERVICE AREA 003

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	151	414	5	17	332	0	919
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		174	1	0	2	0	177
Sheltered Care			1	0	105	0	106
TOTALS	151	588	7	17	439	0	1,202

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	184
Skilled Under 22	0	0
Intermediate DD	133	123
Shelter	120	88

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	1	0	2
Amer. Indian	2	0	0	0	2
Black	51	0	11	0	62
Hawaiian/Pac. Isl.	0	0	0	0	0
White	864	0	165	106	1,135
Race Unknown	1	0	0	0	1
Total	919	0	177	106	1,202

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	892	0	176	106	1,174
Ethnicity Unknown	27	0	0	0	27
Total	919	0	177	106	1,202

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	13.83
Physicians	0.00
Director of Nursing	12.25
Registered Nurses	68.40
LPN's	161.30
Certified Aides	502.20
Other Health Staff	55.20
Non-Health Staff	409.50
Totals	1222.68

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
30.7%	33.2%	0.2%	1.7%	34.2%	100.0%		0.6%
20,061,784	21,734,723	161,960	1,129,733	22,348,739	65,436,944	406,011	

Source:Long-Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development

9/17/2009

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Sangamon
State of Illinois	
TOTAL FACILITIES	18
HOSPITAL BASED UNITS	1
FREE STANDING FACILITIES	17
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	8
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	6
MULTI-LICENSED FACILITIES	4
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	11
FOR PROFIT OWNERSHIP	7

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	15
Chronic Alcoholism	12
Developmentally Disabled	10
Drug Addiction	15
Medicaid Recipient	4
Medicare Recipient	10
Mental Illness	5
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	4
Under 65 Years Old	1
Unable to Self-Medicate	0
Ventilator Dependent	17
Infectious Disease w/ Isolation	6
Other Restrictions	2
No Restrictions	1

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	24
Endocrine/Metabolic	123
Blood Disorders	11
Nervous System Non Alzheimer	67
Alzheimer Disease	78
Mental Illness	87
Developmental Disability	176
Circulatory System	248
Respiratory System	82
Digestive System	31
Genitourinary System Disorders	36
Skin Disorders	27
Musculo-skeletal Disorders	132
Injuries and Poisonings	21
Other Medical Conditions	150
Non-Medical Conditions	0
TOTALS	1,293

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	1,319	1,157	1,100	1,152	1,011	308	778	1019
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	179	178	177	178	175	4		179
Sheltered Care	138	135	117	131	107	31		
TOTAL BEDS	1,636	1,470	1,394	1,461	1,293	343	778	1198

ADMISSIONS AND DISCHARGES - 2007

Residents on 1/1/2007	1,263
Total Admissions 2007	3,245
Total Discharges 2007	3,215
Residents on 12/31/2007	1,293

FACILITY UTILIZATION - 2007

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 Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	60,647	21.4%	177,646	47.8%	131,364	369,657	76.8%	87.5%
Skilled Under 22			0	0.0%	0	0	0.0%	0.0%
Intermediate DD			62,170	95.2%	1,364	63,534	97.2%	97.8%
Sheltered Care					40,815	40,815	81.0%	82.8%
TOTALS	60,647	21.4%	239,816	54.8%	173,543	474,006	79.4%	88.3%

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

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	6	8	0	0	31	20	0	0	37	28	65
45 to 59	28	23	0	0	83	18	0	1	111	42	153
60 to 64	20	34	0	0	9	2	0	0	29	36	65
65 to 74	42	78	0	0	1	2	0	1	51	81	132
75 to 84	81	182	0	0	1	0	6	19	88	201	289
85+	116	393	0	0	0	0	9	71	125	464	589
TOTALS	293	718	0	0	133	42	15	92	441	852	1,293

HEALTH SERVICE AREA	003
LTC PLANNING AREA	Sangamon

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	169	470	0	22	350	0	1,011
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		156	16	0	3	0	175
Sheltered Care			0	0	107	0	107
TOTALS	169	626	16	22	460	0	1,293

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	177
Skilled Under 22	0	0
Intermediate DD	125	119
Shelter	116	112

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	2	0	1	0	3
Amer. Indian	0	0	0	0	0
Black	99	0	14	0	113
Hawaiian/Pac. Isl.	1	0	0	0	1
White	886	0	160	107	1,153
Race Unknown	23	0	0	0	23
Total	1,011	0	175	107	1,293

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	1	0	2
Non-Hispanic	1,009	0	174	107	1,290
Ethnicity Unknown	1	0	0	0	1
Total	1,011	0	175	107	1,293

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	14.50
Physicians	0.00
Director of Nursing	13.00
Registered Nurses	64.20
LPN's	161.92
Certified Aides	491.10
Other Health Staff	69.00
Non-Health Staff	420.70
Totals	1234.42

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
28.9%	34.6%	0.4%	1.3%	34.9%	100.0%		0.4%
18,632,975	22,313,055	258,801	828,524	22,531,780	64,565,140	241,236	

Based upon initial analysis some of the individual facility numbers for Charity Expense are being verified.

Nursing Care Facilities and Services
Within Sangamon County Planning Area

Facility Name	City	# of Licensed Nursing Beds	Peak Beds Set-Up	Nursing Patient Days	Nursing Occupancy	Peak Beds Occupancy	Admissions	ALOS	Potential Beds (+)Under/(-)over 90%	Peak Potential Beds (+)Under/(-)over 90%
Hospital Setting										
St. John's Hospital	Springfield	37	37	10,355	76.7%	76.7%	894	12		
Sub-Total		**37**	**37**	**10,355**	**76.7%**	**76.7%**	**894**	**12**		
Nursing Setting										
Auburn Nursing & Rehab Center	Auburn	70	65	22,143	86.7%	93.3%	68	326	2	-2
Capitol Care Center	Springfield	251	220	64,876	70.8%	80.8%	241	269	48	20
Heritage Manor-Springfield	Springfield	178	176	60,315	92.8%	93.9%	571	106	-5	-7
Illinois Presbyterian Home	Springfield	15	9	1,622	29.6%	49.4%	31	781	9	4
Lewis Memorial Christian Village	Springfield	155	155	51,905	91.7%	91.7%	383	136	-3	-3
Oak Terrace Care Center	Springfield	78	60	17,115	60.1%	78.2%	77	309	23	7
Regency Nursing Care Residence	Springfield	95	95	29,248	84.3%	84.3%	146	205	5	5
Springfield Care Center	Springfield	65	65	20,946	88.3%	88.3%	49	427	1	1
St. Joseph's Home for Aged	Springfield	72	71	25,029	95.2%	96.6%	51	702	-4	-5
Villa Health Care East	Sherman	99	99	34,315	95.0%	95.0%	207	166	-5	-5
Sub-Total		**1,078**	**1,015**	**327,514**	**83.2%**	88.4%	**1,824**	**312**	73	16
TOTAL		**1,115**	**1,052**	**337,869**	**83.0%**	88.0%			78	21
New Permits										
Concordia Village (1)	Springfield	64	64							
Springfield Nursing & Rehab.(2)	Springfield	75	75							
		139	**139**							
		1,254	**1,191**	5%						

Source: 2011 Illinois Department of Public Health Long-Term Care Facility Profiles
7/25/2011 Inventory of Health Care Facilities and Services and Need Determinations
9/16/2011 Long-Term Care Facility Updates to the Inventory of Health Care Facilities and Services and Need Determinations

(1) Permit issued to establish a 64-bed Nursing Care facility on 9/1/2009, Permit #: 08-080. Facility licensed for operation with 64-Nursing Care Beeds on 12/16/2011.

(2) Permit issued to establish a 75-bed Nursing Care Facility on 4/21/2009, Permit #:08-086

79

ATTACHMENT-11C

U.S. Census Bureau

AMERICAN FactFinder

DP05 | ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2010 American Community Survey 1-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, for 2010, the 2010 Census provides the official counts of the population and housing units for the nation, states, counties, cities and towns.

Subject	Sangamon County, Illinois			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	197,822	*****	197,822	(X)
Male	95,561	+/-376	48.3%	+/-0.2
Female	102,261	+/-376	51.7%	+/-0.2
Under 5 years	12,318	+/-451	6.2%	+/-0.2
5 to 9 years	13,413	+/-1,525	6.8%	+/-0.8
10 to 14 years	12,842	+/-1,455	6.5%	+/-0.7
15 to 19 years	12,566	+/-538	6.4%	+/-0.3
20 to 24 years	11,803	+/-1,051	6.0%	+/-0.5
25 to 34 years	25,831	+/-1,267	13.1%	+/-0.6
35 to 44 years	25,341	+/-830	12.8%	+/-0.4
45 to 54 years	30,169	+/-597	15.3%	+/-0.3
55 to 59 years	14,637	+/-1,268	7.4%	+/-0.6
60 to 64 years	11,499	+/-1,216	5.8%	+/-0.6
65 to 74 years	14,095	+/-381	7.1%	+/-0.2
75 to 84 years	9,110	+/-935	4.6%	+/-0.5
85 years and over	4,198	+/-874	2.1%	+/-0.4
Median age (years)	39.2	+/-0.9	(X)	(X)
18 years and over	151,015	+/-217	76.3%	+/-0.1
21 years and over	144,700	+/-752	73.1%	+/-0.4
62 years and over	33,359	+/-1,238	16.9%	+/-0.6
65 years and over	27,403	+/-392	13.9%	+/-0.2
18 years and over	151,015	+/-217	151,015	(X)
Male	71,093	+/-288	47.1%	+/-0.1
Female	79,922	+/-167	52.9%	+/-0.1
65 years and over	27,403	+/-392	27,403	(X)
Male	11,125	+/-333	40.6%	+/-0.8
Female	16,278	+/-188	59.4%	+/-0.8
RACE				
Total population	197,822	*****	197,822	(X)
One race	194,187	+/-1,318	98.2%	+/-0.7
Two or more races	3,635	+/-1,318	1.8%	+/-0.7
One race	194,187	+/-1,318	98.2%	+/-0.7
White	164,836	+/-1,056	83.3%	+/-0.5
Black or African American	24,123	+/-1,413	12.2%	+/-0.7
American Indian and Alaska Native	322	+/-252	0.2%	+/-0.1

Subject	Sangamon County, Illinois			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Cherokee tribal grouping	N	N	N	N
Chippewa tribal grouping	N	N	N	N
Navajo tribal grouping	N	N	N	N
Sioux tribal grouping	N	N	N	N
Asian	3,331	+/-395	1.7%	+/-0.2
Asian Indian	N	N	N	N
Chinese	N	N	N	N
Filipino	N	N	N	N
Japanese	N	N	N	N
Korean	N	N	N	N
Vietnamese	N	N	N	N
Other Asian	N	N	N	N
Native Hawaiian and Other Pacific Islander	0	+/-267	0.0%	+/-0.1
Native Hawaiian	N	N	N	N
Guamanian or Chamorro	N	N	N	N
Samoan	N	N	N	N
Other Pacific Islander	N	N	N	N
Some other race	1,575	+/-986	0.8%	+/-0.5
Two or more races	3,635	+/-1,318	1.8%	+/-0.7
White and Black or African American	2,086	+/-1,293	1.1%	+/-0.7
White and American Indian and Alaska Native	576	+/-252	0.3%	+/-0.1
White and Asian	337	+/-318	0.2%	+/-0.2
Black or African American and American Indian and Alaska Native	0	+/-267	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	197,822	*****	197,822	(X)
White	168,318	+/-1,703	85.1%	+/-0.9
Black or African American	26,498	+/-442	13.4%	+/-0.2
American Indian and Alaska Native	1,187	+/-295	0.6%	+/-0.1
Asian	3,821	+/-267	1.9%	+/-0.1
Native Hawaiian and Other Pacific Islander	N	N	N	N
Some other race	1,922	+/-1,084	1.0%	+/-0.5
HISPANIC OR LATINO AND RACE				
Total population	197,822	*****	197,822	(X)
Hispanic or Latino (of any race)	3,561	*****	1.8%	*****
Mexican	1,806	+/-626	0.9%	+/-0.3
Puerto Rican	645	+/-494	0.3%	+/-0.2
Cuban	165	+/-182	0.1%	+/-0.1
Other Hispanic or Latino	945	+/-567	0.5%	+/-0.3
Not Hispanic or Latino	194,261	*****	98.2%	*****
White alone	162,628	+/-762	82.2%	+/-0.4
Black or African American alone	23,760	+/-1,369	12.0%	+/-0.7
American Indian and Alaska Native alone	322	+/-252	0.2%	+/-0.1
Asian alone	3,331	+/-395	1.7%	+/-0.2
Native Hawaiian and Other Pacific Islander alone	0	+/-267	0.0%	+/-0.1
Some other race alone	726	+/-710	0.4%	+/-0.4
Two or more races	3,494	+/-1,323	1.8%	+/-0.7
Two races including Some other race	246	+/-287	0.1%	+/-0.1
Two races excluding Some other race, and Three or more races	3,248	+/-1,413	1.6%	+/-0.7
Total housing units	89,941	+/-540	(X)	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

80

ATTACHMENT-110

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

The ACS questions on Hispanic origin and race were revised in 2008 to make them consistent with the Census 2010 question wording. Any changes in estimates for 2008 and beyond may be due to demographic changes, as well as factors including questionnaire changes, differences in ACS population controls, and methodological differences in the population estimates, and therefore should be used with caution. For a summary of questionnaire changes see http://www.census.gov/acs/www/methodology/questionnaire_changes/. For more information about changes in the estimates see http://www.census.gov/population/www/socdemo/hispanic/reports.html.

While the 2010 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2010 American Community Survey

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

U.S. Census Bureau

AMERICAN FactFinder

DP05 | ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011 American Community Survey 1-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	Sangamon County, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	198,844	*****	198,844	(X)
Male	95,609	+/-445	48.1%	+/-0.2
Female	103,235	+/-445	51.9%	+/-0.2
Under 5 years	12,405	+/-267	6.2%	+/-0.1
5 to 9 years	12,591	+/-1,272	6.3%	+/-0.6
10 to 14 years	13,593	+/-1,257	6.8%	+/-0.6
15 to 19 years	12,972	+/-537	6.5%	+/-0.3
20 to 24 years	11,753	+/-647	5.9%	+/-0.3
25 to 34 years	25,396	+/-601	12.8%	+/-0.3
35 to 44 years	25,185	+/-723	12.7%	+/-0.4
45 to 54 years	29,884	+/-807	15.0%	+/-0.4
55 to 59 years	12,824	+/-1,175	6.4%	+/-0.6
60 to 64 years	14,506	+/-1,165	7.3%	+/-0.6
65 to 74 years	14,867	+/-302	7.5%	+/-0.2
75 to 84 years	8,148	+/-739	4.1%	+/-0.4
85 years and over	4,720	+/-754	2.4%	+/-0.4
Median age (years)	39.1	+/-0.6	(X)	(X)
18 years and over	152,352	+/-92	76.6%	+/-0.1
21 years and over	143,920	+/-896	72.4%	+/-0.5
62 years and over	36,698	+/-1,096	18.5%	+/-0.6
65 years and over	27,735	+/-209	13.9%	+/-0.1
18 years and over	152,352	+/-92	152,352	(X)
Male	71,870	+/-317	47.2%	+/-0.2
Female	80,482	+/-330	52.8%	+/-0.2
65 years and over	27,735	+/-209	27,735	(X)
Male	11,366	+/-93	41.0%	+/-0.3
Female	16,369	+/-182	59.0%	+/-0.3
RACE				
Total population	198,844	*****	198,844	(X)
One race	194,970	+/-1,286	98.1%	+/-0.6
Two or more races	3,874	+/-1,286	1.9%	+/-0.6
One race	194,970	+/-1,286	98.1%	+/-0.6
White	165,790	+/-684	83.4%	+/-0.3
Black or African American	24,091	+/-1,191	12.1%	+/-0.6
American Indian and Alaska Native	653	+/-284	0.3%	+/-0.1
Cherokee tribal grouping	N	N	N	N
Chippewa tribal grouping	N	N	N	N
Navajo tribal grouping	N	N	N	N
Sioux tribal grouping	N	N	N	N
Asian	3,345	+/-582	1.7%	+/-0.3
Asian Indian	N	N	N	N
Chinese	N	N	N	N
Filipino	N	N	N	N
Japanese	N	N	N	N
Korean	N	N	N	N
Vietnamese	N	N	N	N
Other Asian	N	N	N	N
Native Hawaiian and Other Pacific Islander	0	+/-189	0.0%	+/-0.1
Native Hawaiian	N	N	N	N
Guamanian or Chamorro	N	N	N	N
Samoan	N	N	N	N
Other Pacific Islander	N	N	N	N
Some other race	1,091	+/-589	0.5%	+/-0.3
Two or more races	3,874	+/-1,286	1.9%	+/-0.6
White and Black or African American	2,304	+/-1,120	1.2%	+/-0.6
White and American Indian and Alaska Native	275	+/-284	0.1%	+/-0.1
White and Asian	882	+/-581	0.4%	+/-0.3
Black or African American and American Indian and Alaska Native	0	+/-189	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	198,844	*****	198,844	(X)
White	169,486	+/-1,423	85.2%	+/-0.7
Black or African American	26,662	+/-408	13.4%	+/-0.2
American Indian and Alaska Native	1,026	+/-121	0.5%	+/-0.1
Asian	4,316	+/-125	2.2%	+/-0.1
Native Hawaiian and Other Pacific Islander	N	N	N	N
Some other race	1,415	+/-622	0.7%	+/-0.3
HISPANIC OR LATINO AND RACE				
Total population	198,844	*****	198,844	(X)
Hispanic or Latino (of any race)	3,799	*****	1.9%	*****
Mexican	2,933	+/-394	1.5%	+/-0.2
Puerto Rican	91	+/-71	0.0%	+/-0.1
Cuban	30	+/-37	0.0%	+/-0.1
Other Hispanic or Latino	745	+/-396	0.4%	+/-0.2
Not Hispanic or Latino	195,045	*****	98.1%	*****
White alone	163,232	+/-400	82.1%	+/-0.2
Black or African American alone	23,755	+/-1,135	11.9%	+/-0.6
American Indian and Alaska Native alone	653	+/-284	0.3%	+/-0.1
Asian alone	3,282	+/-581	1.7%	+/-0.3
Native Hawaiian and Other Pacific Islander alone	0	+/-189	0.0%	+/-0.1
Some other race alone	517	+/-424	0.3%	+/-0.2
Two or more races	3,606	+/-1,244	1.8%	+/-0.6
Two races including Some other race	18	+/-29	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	3,588	+/-1,245	1.8%	+/-0.6
Total housing units	89,905	+/-687	(X)	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

The ACS questions on Hispanic origin and race were revised in 2008 to make them consistent with the Census 2010 question wording. Any changes in estimates for 2008 and beyond may be due to demographic changes, as well as factors including questionnaire changes, differences in ACS population controls, and methodological differences in the population estimates, and therefore should be used with caution. For a summary of questionnaire changes see http://www.census.gov/acs/www/methodology/questionnaire_changes/. For more information about changes in the estimates see http://www.census.gov/population/www/socdemo/hispanic/reports.html.

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

While the 2011 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2011 American Community Survey

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

The applicant shall provide:

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

The proposed **Springfield Nursing and Rehabilitation** will be the only facility operated by the Applicant. However, there are thirteen facilities indirectly related to the proposed project. This facility, along with the other facilities as listed under **ATTACHMENT-12A,** are also included as related entities in the organizational chart as previously appended. Thus, the Applicant has the experience and is fit, willing, and able. The licenses for all of the facilities identifying each nursing home are appended as **ATTACHMENT-12B**.

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.

Appended as **ATTACHMENT-12C** is a notarized statement advising that no adverse action has been taken against the facility. As this project is for the refile of the existing 08-086 application, the new signature pages signify this letter is still applicable.

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**.

Appended as **ATTACHMENT-12D,** is a statement from the Applicant authorizing access to information. As this project is for the refile of the existing 08-086 application, the new signature pages signify this letter is still germane.

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.

This item is not applicable.

Organizational Chart

Owner	Operator
Wood Glen Pavilion, LLC	Wood Glen Pavilion Realty, LLC
Wood Glen Pavilion	
Morton Villa Care Center, LLC	Morton Villa Realty, LLC
Morton Villa Care Center	
Morton Terrace Care Center, LLC	Morton Terrace Realty, LLC
Morton Terrace Care Center	
Capitol Care Center, LLC	Walnut Ridge Realty, LLC
Capital Care Center	
PHCH, LLC	PHCH Realty, LLC
Colonial Hall Care Center	
PHRS, LLC	PHRS Realty, LLC
River Shores Care Center	
PHWD, LLC	PHWD Realty,LLC
All Faith Pavilion	
PHFM LLC	PHFM Realty, LLC
Festus Manor	
PHLV Realty	PHLV, LLC — PHLV Apartments LLC
Laverna Village Nursing Home	
River Valley Supportive Living Residence, LLC	River Valley Supportive Living Residence Realty, LLC
River Valley SLF	
PHSL, LLC	PHSL Realty LLC
Shangri-La Rehab & Living Center	
PHBV, LLC	PHBV Realty, LLC
Bella Vista Care Center	
OJCC, LLC	OJCC Realty, LLC
Springfield Nursing & Rehab. Ctr.	

ATTACHMENT-12A

Organizational Ch
Related Facilities

Facility	Wood Glen Pavilion, LLC	Wood Glen Pavilion Realty, LLC	Morton Villa Care Center, LLC	Morton Villa Realty, LLC	Morton Terrace Care Center, LLC	Morton Terrace Realty, LLC	Capitol Care Center, LLC	Walnut Ridge Realty, LLC
Address	201 West North Avenue	201 West North Avenue	190 East Queenwood	190 East Queenwood	191 East Queenwood	191 East Queenwood	555 West Carpenter	555 West Carpenter
	West Chicago, IL 60185	West Chicago, IL 60185	Morton, IL 61550	Morton, IL 61550	Morton, IL 61550	Morton, IL 61550	Springfield, IL 62702	Springfield, IL 62702
Medicare Provider #	14-5830		14-5248		14-5686	N/A	14-5160	
Medicaid Provider #	364223866001		364438536001		364438826001	N/A	371414170001	
License #	1793773		1870190		1890417		1859573	
ID #	0043935		0045518		0045500		0045666	
Expiration	02/15/09		04/18/09		09/04/09		12/25/08	
Business Start Date	June 1. 1998	June 1. 1998	July 17th, 2001	July 17th, 2001	July 17th, 2001	July 17th, 2001	10/01/01	10/01/01
# of Beds - Skilled	207		106		46		251	
# of Beds - Intermediate	0		0		120		0	
# of Beds	207		106		166		251	

Facility	PHCH, LLC	PHCH Realty, LLC	PHRS, LLC	PHRS Realty, LLC	PHWD, LLC	PHWD Realty,LLC	PHFM LLC	PHFM Realty, LLC
	d/b/a Colonial Hall Care Center		d/b/a RiverShores Care Center		dba All Faith Pavilion		dba Festus Manor	
Address	515 Bureau Valley Parkway	515 Bureau Valley Parkway	578 West Commercial St.	578 West Commercial St.	3500 S. Giles Avenue	3500 S. Giles Avenue	627 Westwood S. Dr.	627 Westwood S. Dr.
	Princeton, IL 61356	Princeton, IL 61356	Marseilles,IL 61341	Marseilles,IL 61341	Chicago,IL 60173	Chicago,IL 60173	Festus, MO 63028	Festus, MO 63028
Medicare Provider #	14-5437		14-5295		14-5856		26-5401	
Medicaid Provider #	200837520001		200837656001		20-8737716001		101459402	
License #	1887098		1869405		1872173		033475	
ID #	0049510		0049528		0049015			
Expiration	04/02/09		07/12/08		10/30/08		12/03/08	
Business Start Date	05/01/07	05/01/07	05/01/07	05/01/07	06/01/07	06/01/07	07/01/03	07/01/03
# of Beds - Skilled	88		103		245		120	
# of Beds - Intermediate	0		0		0		0	
# of Beds	88		103		245		120	

Facility	PHLV Realty	PHLV Apartments LLC	PHLV, LLC	River Valley Supportive Living Residence, LLC	River Valley Supportive Living Residence Realty, LLC	PHSL, LLC	PHSL Realty LLC	PHBV, LLC
			dba Laverna Village Nursing home			dba Shangri-La Rehab and Living Center		dba Bella Vista Care Center
Address	907 Hall Avenue	907 Hall Avenue	907 Hall Avenue	1975 E. Court St.	1975 E. Court St.	930 NE Duncan Road	930 NE Duncan Road	1629 Gardner Lane
	Savannah, MO 64485	Savannah, MO 64485	Savannah, MO 64485	Kankakee, IL 60901	Kankakee, IL 60901	Blue Springs, MO 64014	Blue Springs, MO 64014	Peoria, IL 61614
Medicare Provider #			26-5787					14-5811a
Medicaid Provider #			101489201	364454867001				364069174001
License #			035853			035395		1879957
ID #								0041780
Expiration			09/30/08			10/31/09		05/31/09
Business Start Date	02/01/07	02/01/07	02/01/07	10/20/03	10/20/03	02/01/08	02/01/08	03/01/08
# of Beds - Skilled		0	120	0		120		55
# of Beds - Intermediate		20	0	98		0		55
# of Beds		20	120	98		120		110

Facility	PHBV Realty, LLC	OJCC, LLC	OJCC Realty, LLC
Address	1629 Gardner Lane	3089 Old Jacksonville Rd	3089 Old Jacksonville Rd
	Peoria, IL 61614	Springfield, IL 62702	Springfield, IL 62702
Medicare Provider #			
Medicaid Provider #			
License #			
ID #			
Expiration			
Business Start Date	03/01/08		
# of Beds - Skilled	N/A	75	
# of Beds - Intermediate	N/A	0	
# of Beds	N/A	75	

98

State of Illinois 1793773
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

ERIC E. WHITAKER, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/15/2009	BGBE	0043935

LONG TERM CARE LICENSE
SKILLED 207

UNRESTRICTED 207 TOTAL BEDS

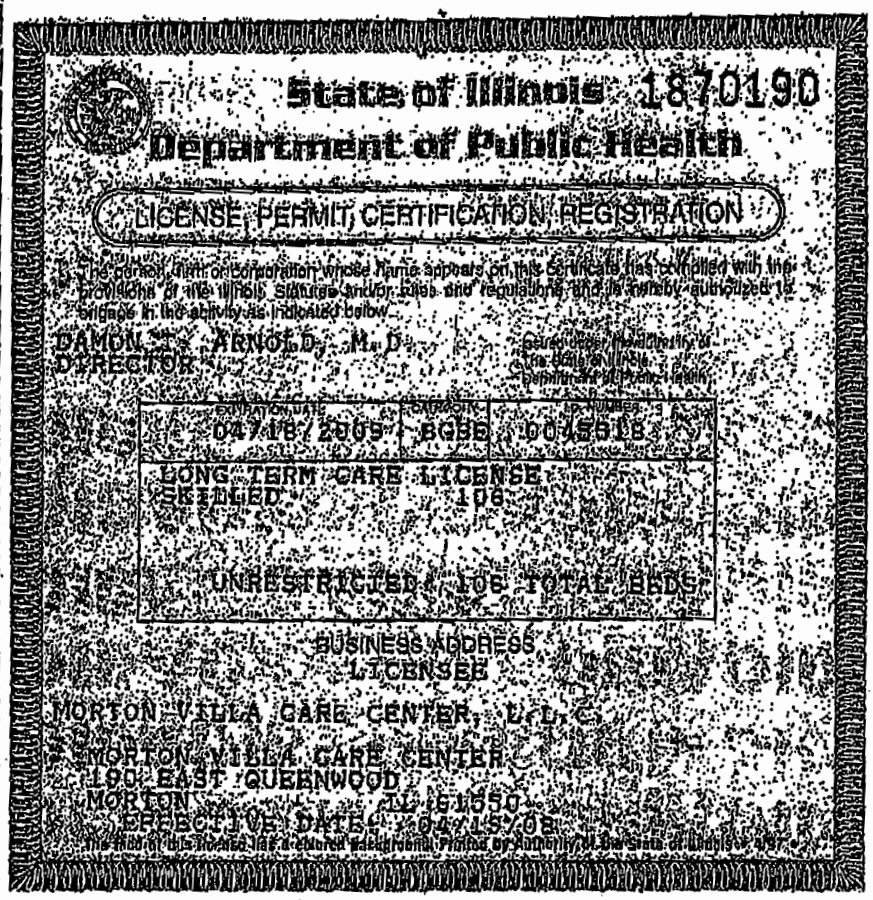
BUSINESS ADDRESS
LICENSEE

WOOD GLEN PAVILION, L.L.C.

WOOD GLEN NURSING & REHAB CTR.
30 WEST 300 NORTH AVENUE
WEST CHICAGO IL 60185
EFFECTIVE DATE: 02/16/07

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

ATTACHMENT-12B



State of Illinois 1870190

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
04/18/2009	BGBE	0045618

LONG TERM CARE LICENSE
SKILLED 106

UNRESTRICTED 106 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

MORTON VILLA CARE CENTER, L.L.C.

MORTON VILLA CARE CENTER
190 EAST QUEENWOOD
MORTON IL 61550
EFFECTIVE DATE: 04/15/08

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

68

State of Illinois 1890417
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
09/04/2009	BGBE	0045500

LONG TERM CARE LICENSE
SKILLED 046
INTERMEDIATE 120

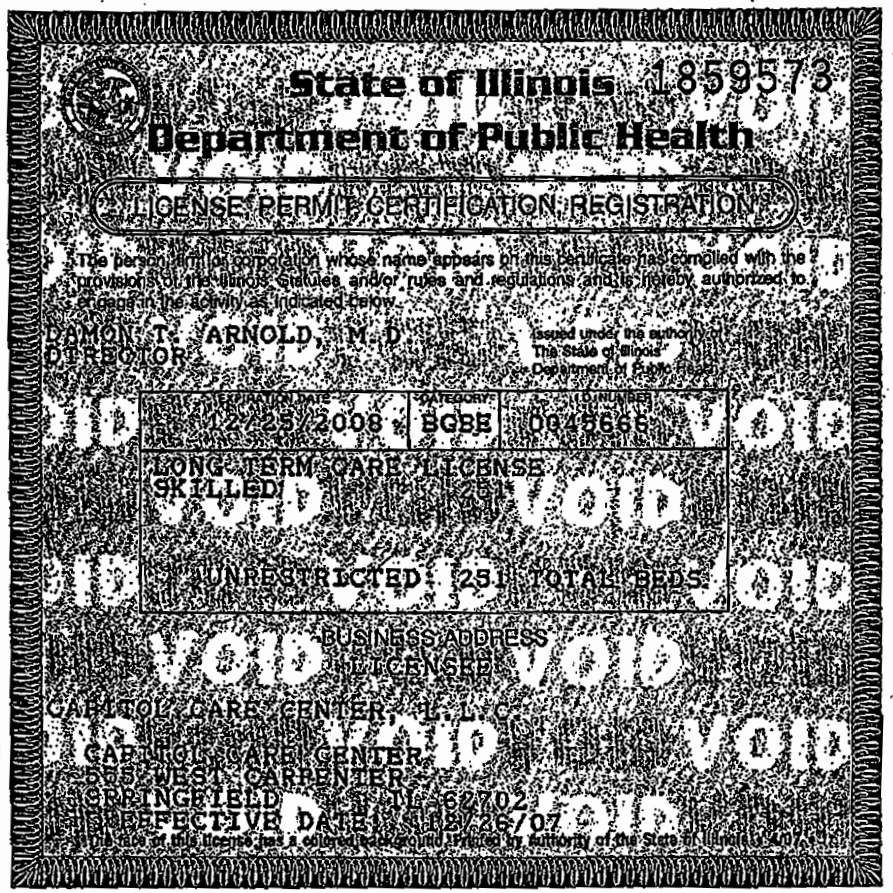
UNRESTRICTED 166 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

MORTON TERRACE CARE CENTER, L.L.C.

MORTON TERRACE CARE CENTER
191 EAST QUEENWOOD ROAD
MORTON IL 61550
EFFECTIVE DATE: 09/05/08

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



State of Illinois 1859573

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
12/25/2008	BGBE	0045666

LONG TERM CARE LICENSE
SKILLED 251

UNRESTRICTED 251 TOTAL BEDS

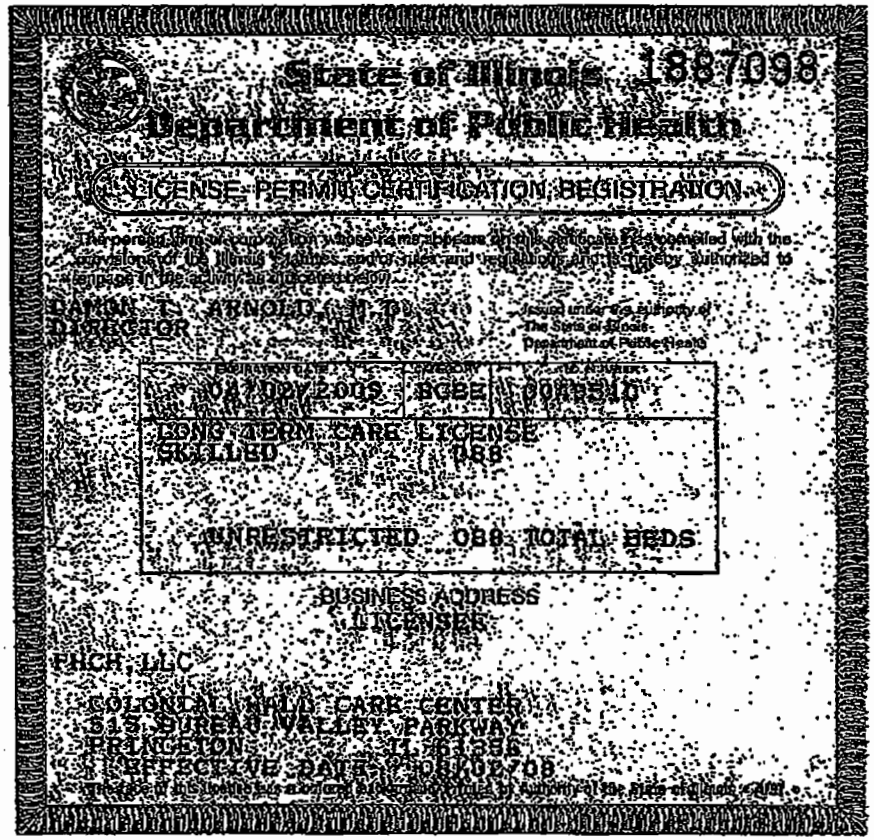
BUSINESS ADDRESS
LICENSEE

CAPITOL CARE CENTER, L.L.C.

CAPITOL CARE CENTER
555 WEST CARPENTER
SPRINGFIELD IL 62702
EFFECTIVE DATE 12/26/07

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

90



State of Illinois 1887098
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
04/02/2009	BGBE	0049510

LONG TERM CARE LICENSE
SKILLED 088

UNRESTRICTED 088 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PHCH, LLC

COLONIAL HALL CARE CENTER
515 BUREAU VALLEY PARKWAY
PRINCETON IL 61356
EFFECTIVE DATE 04/02/08

The face of this license has a colored Authorized Printed by Authority of the State of Illinois

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 1887098
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
04/02/2009	BGBE	0049510

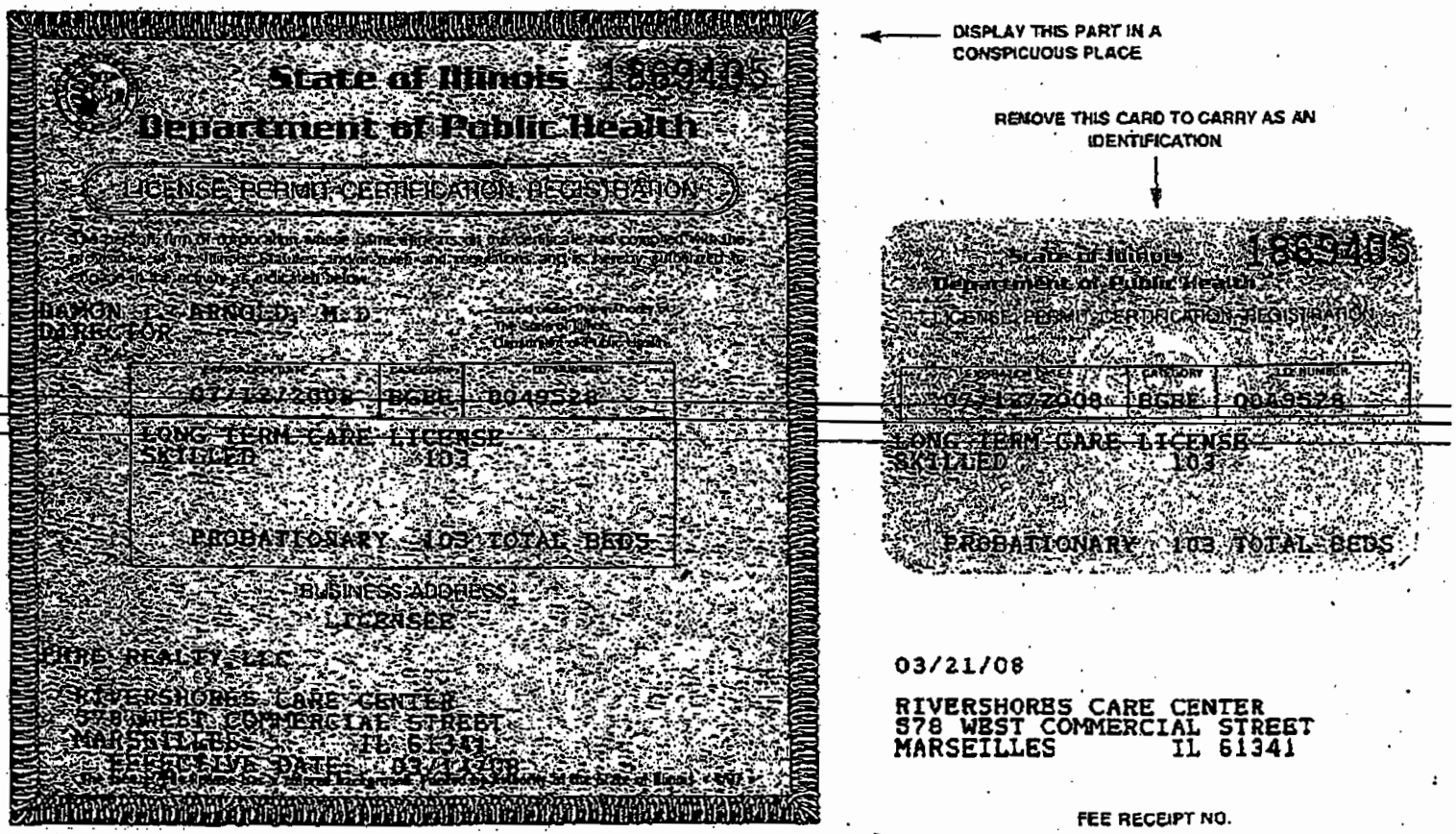
LONG TERM CARE LICENSE
SKILLED 088

UNRESTRICTED 088 TOTAL BEDS

07/29/08

COLONIAL HALL CARE CENTER
515 BUREAU VALLEY PARKWAY
PRINCETON IL 61356

FEE RECEIPT NO.


State of Illinois 1869405
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
DIRECTOR
03/12/2008
BGRE
0049528
LONG TERM CARE LICENSE
SKILLED 103
PROBATIONARY 103 TOTAL BEDS
BUSINESS ADDRESS
LICENSEE
RIVERSHORES CARE CENTER
578 WEST COMMERCIAL STREET
MARSEILLES IL 61341
EFFECTIVE DATE 03/12/2008
DISPLAY THIS PART IN A CONSPICUOUS PLACE
REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION
03/21/08
RIVERSHORES CARE CENTER
578 WEST COMMERCIAL STREET
MARSEILLES IL 61341
FEE RECEIPT NO.

92

State of Illinois 1872173
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
10/30/2008	BGBE	0049015

LONG TERM CARE LICENSE
SKILLED 245

UNRESTRICTED 245 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

PHWD, LLC

ALL FAITH PAVILION
3500 SOUTH GILES AVENUE
CHICAGO IL 60653
EFFECTIVE DATE: 02/29/08

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

State of Missouri

Department of Health and Senior Services
Division of Regulation and Licensure

License

PHFM, LLC

Operator

Is Hereby Granted this License to Operate A/An

Skilled Nursing Facility

Pursuant to Chapter 198 RSMo

Festus Manor

Name of Facility

627 Westwood South Drive, Festus, Missouri 63028

Location

TYPE OF LICENSE: **Relicensure**

MAXIMUM BED CAPACITY: **120**

LICENSE NUMBER **033475**

EFFECTIVE DATE **12/04/06**

EXPIRATION DATE **12/03/08**

SPECIAL LIMITATION

Delisa Cheshier

DIRECTOR, SECTION FOR LONG TERM CARE

94

State of Missouri

Department of Health and Senior Services
Division of Regulation and Licensure

License

PHLV, LLC

Operator

Is Hereby Granted this License to Operate A/An

Skilled Nursing Facility

Pursuant to Chapter 198 RSMo

La Verna Village Nursing Home

Name of Facility

904 Hall Avenue, PO Box 279, Savannah, Missouri 64485

Location

TYPE OF LICENSE: **Temporary Operating Permit**

MAXIMUM BED CAPACITY: **120**

LICENSE NUMBER **035853**

EFFECTIVE DATE **05/31/08**

EXPIRATION DATE **09/30/08**

SPECIAL LIMITATION

Sherry Williamson

INTERIM ADMINISTRATOR, SECTION FOR LONG TERM CARE REGULATION

95

State of Illinois
Department of Public Aid
SUPPORTIVE LIVING PROGRAM INTERIM CERTIFICATION

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

Name River Valley Supportive Living Residence

Address 1975 East Court

City/State/Zip Kankakee, Illinois 60901

Number of Units 80 Maximum Number of Residents 98

October 20, 2003
Effective Date

State of Missouri

Department of Health and Senior Services
Division of Regulation and Licensure

License

PHSL, LLC

Operator

Is Hereby Granted this License to Operate A/An

Skilled Nursing Facility

Pursuant to Chapter 198 RSMo

Shangri-la Rehab and Living Center

Name of Facility

930 Northeast Duncan Road, Blue Springs, Missouri 64014

Location

TYPE OF LICENSE: **Original**

MAXIMUM BED CAPACITY: **120**

LICENSE NUMBER **035395**

EFFECTIVE DATE **02/01/08**

EXPIRATION DATE **10/31/09**

SPECIAL LIMITATION

Sherri Williamson

INTERIM ADMINISTRATOR, SECTION FOR LONG TERM CARE REGULATION

09/03/2008 09:23 18162298054 BSCC PAGE 02/02

State of Illinois 1879957
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
06/31/2009	BGBE	0041780

LONG TERM CARE LICENSE
SKILLED 055
INTERMEDIATE 055

UNRESTRICTED 110 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ROSE GARDEN CARE CENTER, INC.

ROSE GARDEN CONVALESCENT CTR
1629 GARDNER LANE
PEORIA HEIGHTS IL 61614
EFFECTIVE DATE: 06/01/08

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

OJCC Realty, LLC

7444 Long Avenue
Skokie, IL 60077

Sep 08, 2008

Mr. Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Mark:

Please be advised that no adverse action as defined under 1110.230.b.2a has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely

Brian Levinson

Subscribed and sworn to me
this 8th day of September, 2008

Notary Public

OFFICIAL SEAL
DAVID PORUSH
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7-2-2011

ATTACHMENT - 12C

OJCC, LLC

7444 Long Avenue
Skokie, IL 60077

Sep 08, 2008

Mr. Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Mark:

Please be advised that no adverse action as defined under 1110.230.b.2a has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely

Brian Levinson

Subscribed and sworn to me
this 8th day of September 2008

Notary Public

OFFICIAL SEAL
DAVID PORUSH
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7-2-2011

ATTACHMENT-120

OJCC Realty, LLC

7444 Long Avenue
Skokie, IL 60077

Sep 08, 2008

Mr. Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Mark:

I hereby authorize the State Board and State Agency access to information from any licensing/certification agency in order to verify any and all documentation or information submitted in relation to this Certificate of Need application. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.b.4d.

Sincerely

Brian Levinson

ATTACHMENT-120

OJCC, LLC

7444 Long Avenue
Skokie, IL 60077

Sep 08, 2008

Mr. Jeffrey S. Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Mark:

I hereby authorize the State Board and State Agency access to information from any licensing/certification agency in order to verify any and all documentation or information submitted in relation to this Certificate of Need application. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 1110.230.b.4d.

Sincerely

Brian Levinson

ATTACHMENT-12D

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED II)

Criterion 1125.530 - Planning Area Need

1. Identify the calculated number of beds needed (excess) in the planning area. See HFSRB website (http://hfsrb.illinois.gov) and click on "Health Facilities Inventories & Data".

According to the IDPH Long-Term Care Facilities Updates to the Inventory of Health Care Facilities and Services and Need Determinations (refer to **ATTACHMENT-13A**), there is a calculated need for 90 additional nursing care beds. Additionally, it should be noted from the IDPH Inventory of Health Care Facilities and Services and Need Determinations (refer to **ATTACHMENT-13B**) that the proposed project, previously approved as Project Number 08-086, is counted toward the existing supply of beds in the Planning Area, therefore, to accurately evaluate this project again, those beds need to be removed from the existing inventory supply which in turn would increase the under supply of beds to 165 nursing care beds.

2. 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.

Through the Applicant's signing of this Certificate of Need document, the Applicant attest that the primary purpose of this project is to serve the residents of the planning area and that at least 50% of the residents will come from within the planning area.

3. Provide 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, as described in Section 1125.540.

Appended as **ATTACHMENT-13C** are copies of all the letters, both hospital and physician alike, supporting this project through potential referrals. To the best of the Applicant's knowledge these letters remain accurate. The Applicant is in the process of having the referral sources update all the letters will be submitted upon receipt. To date, the Applicant has received two replacement physician referral letters (refer to **ATTACHMENT-13D**) representing 204-276

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED III)

Criterion 1125.530 - Planning Area Need (Continued ii)

resident referrals annually. The letter that defines the long-term care situation in Sangamon County is the letter from Mr. Robert Ritz , President and CEO of St. John's Hospital. He states that due to the lack of rehabilitation beds in Sangamon County Planning Area, residents are being placed in out-of-county facilities. St. John's Hospital sees Sangamon County residents being placed in out-of-county facilities at a rate of 180-240 residents per year. Therefore, it is evident that the purpose of this project is to serve the residents of Sangamon County and that the majority of the residents expected to be admitted to the facility will be residents of Sangamon County.

LONG_TERM CARE FACILITY UPDATES

9/16/2011 - 9/18/2012

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
LONG-TERM CARE NURSING CARE BED NEED			
HEALTH SERVICE AREA 1			
Boone	305	279	26
Carroll	187	148	39
DeKalb	757	742	15
Jo Daviess	231	155	76
Lee	299	342	(43)
Ogle	599	535	64
Stephenson	665	664	1
Whiteside	717	843	(126)
Winnebago	2399	2366	33
HEALTH SERVICE AREA 2			
Bureau/Putnam	429	373	56
Fulton	523	615	(92)
Henderson/Warren	245	218	27
Knox	823	950	(127)
LaSalle	1364	1389	(25)
McDonough	379	376	3
Marshall/Stark	346	427	(81)
Peoria	1760	1731	29
Tazewell	1516	1246	270
Woodford	655	592	63
HEALTH SERVICE AREA 3			
Adams	1188	1495	(307)
Brown/Schuyler	183	186	(3)
Calhoun/Pike	301	337	(36)
Cass	186	150	36
Christian	412	472	(60)
Greene	154	119	35
Hancock	190	184	6
Jersey	411	369	42
Logan	502	468	34
Macoupin	686	744	(58)
Mason	143	164	(21)
Menard	230	106	124
Montgomery	567	490	77
Morgan/Scott	573	561	12
Sangamon	1344	1254	90
HEALTH SERVICE AREA 4			
Champaign	1037	908	129
Clark	290	255	35
Coles/Cumberland	759	939	(180)
DeWitt	219	190	29
Douglas	238	233	5
Edgar	260	299	(39)
Ford	240	427	(187)
Iroquois	461	486	(25)
Livingston	494	550	(56)
McLean	1306	1118	188
Macon	1331	1253	78
Moultrie	318	361	(43)
Piatt	160	160	0
Shelby	264	265	(1)
Vermilion	692	779	(87)

ATTACHMENT-13A

LONG_TERM CARE FACILITY UPDATES

9/16/2011 - 9/18/2012

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
	11-056	10/11/2011	Sarah Culbertson Mem Hosp, Rushville	Permit issued to discontinue entire 29 bed Long-Term Nursing care category of service.	
	11-056	10/11/2011	Sarah Culbertson Mem Hosp, Rushville	Project completed.	
Christian	Name Change	10/1/2011	Heritage Health - Pana, Pana	Formerly Heritage Manor - Pana.	
Hancock	Closure	10/13/2011	Hancock County Nursing Home, Carthage	Facility deemed closed; 57 Nursing care beds removed from inventory by Board order.	
Logan	CHOW	1/13/2012	Maple Ridge Care Centre, Lincoln	Change of Ownership occurred.	
	Name Change	8/2/2012	Symphony of Lincoln, Lincoln	Formerly Maple Ridge Care Centre.	
Macoupin	Name Change	10/1/2011	Heritage Health - Staunton, Staunton	Formerly Heritage Manor - Staunton.	
	Name Change	10/1/2011	Heritage Health - Gillespie, Gillespie	Formerly Heritage Manor - Gillespie.	
	Name Change	10/1/2011	Heritage Health - Carlinville, Carlinville	Formerly Heritage Manor - Carlinville.	
Menard	Closure	10/13/2011	Menard Convalescent Center, Petersburg	Facility deemed closed; 86 Nursing care beds removed from inventory by Board order.	
Montgomery	Name Change	10/1/2011	Heritage Health - Litchfield, Litchfield	Formerly Heritage Manor - Litchfield.	
Morgan/Scott	Name Change	10/1/2011	Heritage Health - Jacksonville, Jacksonville	Formerly Barton W. Stone Home.	
	Closure	10/13/2011	Care Center Of Jacksonville, Jacksonville	Facility deemed closed; 93 Nursing care beds removed from inventory by Board order.	
Sangamon	Name Change	10/1/2011	Heritage Health - Springfield, Springfield	Formerly Heritage Manor - Springfield.	
	08-080	12/16/2011	Concordia Village, Springfield	Facility licensed for operaiton with 64 Nursing Care beds.	
	Bed Change	12/19/2011	St. Joseph'S Home For Aged, Springfield	Facility discontinued 6 Sheltered Care beds; facility now has 72 Nursing Care and 35 Sheltered Care beds.	
			Health Service Area 4		
Coles/Cumberland	CHOW	1/13/2012	Mattoon Healthcare & Rehabilitation Center, Mattoon	Change of Ownership occurred.	
Ford	Name Change	10/1/2011	Heritage Health - Gibson City, Gibson City	Formerly Heritage Manor - Gibson City.	
Livingston	Name Change	10/1/2011	Heritage Health - Dwight, Dwight	Formerly Heritage Manor - Dwight.	
	12-027	7/23/2012	Good Samaritan-Pontiac, Pontiac	Permit to build replacement facility; beds will reamin 122 Nursing Care, no change.	
Macon	Name Change	10/1/2011	Heritage Health - Mount Zion, Mount Zion	Formerly Heritage Manor - Mount Zion	
	CHOW	1/10/2012	Mckinley Court, Decatur	Change of Ownership occurred.	
	CHOW	1/10/2012	Aspen Ridge Care Center, Decatur	Change of Ownership occurred.	
	Bed Change	1/15/2012	Heartland Of Decatur, Decatur	Facility added 5 Nursing Care beds; facility now has a total of 117 Nursing Care beds.	
	12-005	4/17/2012	Hickory Point Christian Village (Permit), Forsyth	Permit issued to add 17 Nursing Care beds to existing facility; facility now authorized for 64 beds.	
	Name Change	8/2/2012	Symphony of Decatur	Formerly Aspen Ridge Care Centre.	
McLean	Name Change	10/1/2011	Heritage Health - Bloomington, Bloomington	Formerly Heritage Manor - Bloomington	
	Name Change	10/1/2011	Heritage Health - Normal, Normal	Formerly Heritage Manor - Normal.	
Moultrie	Bed Change	7/17/2012	The Arthur Home, Arthur	Disconitnued 8 Nursing Care beds; facility now has 53 Nursing Care beds.	
Vermilion	Bed Change	1/9/2012	Hawthorne Inn Of Danville, Danville	Facility added 6 Nursing Care beds and discontinued 6 Sheltered Care beds; facility now has 76 Nursing Care and 64 Sheltered Care beds.	
			Health Service Area 5		
Crawford	CHOW	1/1/2012	Ridgeview Care Center, Oblong	Change of ownership occurred.	
Franklin	CHOW	1/18/2012	Stonebridge Senior Living Center, Benton	Change of Ownership occurred.	
Gallatin/Hamilton/ Saline	Closure	6/4/2012	Finnie Good Shepherd Nursing Home, Galatia	Facility closed. 73 Nursing Care beds removed from inventory.	
Jackson	12-050	9/11/2012	Rehab & Care Center of Jackson County, Murphysboro	Permit issued for discontinuation of 178 bed Long-Term Care (Nursing Care) facility.	New

Planning Area: Sangamon

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2008 Patient Days
AUBURN NURSING & REHAB CENTER	AUBURN	Sangamon County	70	21,354
CAPITOL CARE CENTER	SPRINGFIELD	Sangamon County	251	73,129
CONCORDIA VILLAGE (PERMIT)	SPRINGFIELD	Sangamon County	64	
9/1/2009 08-080 permit issued to establish a 64-bed Nursing Care facility.				
HERITAGE MANOR - SPRINGFIELD	SPRINGFIELD	Sangamon County	178	59,588
ILLINOIS PRESBYTERIAN HOME	SPRINGFIELD	Sangamon County	15	2,427
LEWIS MEM CHRISTIAN VILLAGE	SPRINGFIELD	Sangamon County	155	51,887
OAK TERRACE CARE CENTER	SPRINGFIELD	Sangamon County	78	16,382
REGENCY NURSING CARE RESIDENCE	SPRINGFIELD	Sangamon County	95	25,684
SPRINGFIELD CARE CENTER	SPRINGFIELD	Sangamon County	65	18,694
9/1/2010 Name Change Name changed from Springfield Terrace.				
9/1/2010 CHOW Change of ownership occurred.				
SPRINGFIELD NURSING AND REHABILITATION (PE	SPRINGFIELD	Sangamon County	75	
4/21/2009 08-086 Received permit to establish a 75-bed General Nursing Facility.				
ST. JOHN'S HOSPITAL	SPRINGFIELD	Sangamon County	37	9,673
ST. JOSEPH'S HOME FOR AGED	SPRINGFIELD	Sangamon County	72	22,357
8/6/2009 Bed Change Added 7 nursing care beds; facility now has 72 nursing care beds.				
VILLA HEALTH CARE EAST	SHERMAN	Sangamon County	99	33,944
		Planning Area Totals	**1,254**	**335,119**

HEALTH SERVICE AREA	AGE GROUPS	2008 Patient Days	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates
003	0-64 Years Old	188,793	485,500	388.9	233.3	622.2
	65-74 Years Old	220,748	44,000	5,017.0	3,010.2	8,027.2
	75+ Years Old	1,611,353	46,500	34,652.8	20,791.7	55,444.4

	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	28,808	166,400	173.1	233.3	622.2	233.3	169,500	39,547			
65-74 Years Old	38,654	13,500	2,863.3	3,010.2	8,027.2	3,010.2	21,600	65,020			
75+ Years Old	267,658	13,000	20,589.1	20,791.7	55,444.4	20,791.7	16,200	336,825			
						Planning Area Totals		**441,393**	**1,209.3**	**1,344**	**90**

107

ATTACHMENT-13B

CAPITOL
CARE CENTER
A Platinum Health Care L.L.C. Community

Leticia Drapizia M.D.
Springfield Clinic
400 St. Johns Pavilion
Sherman, Il 62684

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC.
3089 Old Jacksonville Rd

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 20 patients each month to area facilities.

I believe I would be able to refer in the future at least 15 to 20 patients per month to your facility for nursing care.

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

Sincerely,

Drapizia MD, M.D.
(NAME) Leticia Drapiza MD.

(NOTARIZE)

"OFFICIAL SEAL"
CONNIE J FITE
Notary Public–State of Illinois
My Commission Expires: 08-3[illegible]

Connie J Fite

ZIP CODES FROM AREAS DR. DRAPIZAS OFFICE SERVES:

62675
62634 62531
62693 62690
62613 62673
62688 62545
62692 62629
62677 62561
62670 62711
62702 62701
62703 62705
62704 62708
62707 62718
62563 62791
62561 62794
62520 62625
62642

Donald Graham M.D.
Springfield Clinic
301 N. 8th Street
Springfield, Il 62703

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5 patients each month to area facilities.

I believe I would be able to refer in the future at least 1 to 2 patients per month to your facility for nursing care.

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

Sincerely,

Donald R Graham M.D.
(NAME)

NOTARIZED 9-18-08

"OFFICIAL SEAL"
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: 06/13/2012

Cynthia A Schaaf

David Ross M.D.
2524 Farragut Drive
Building B
Springfield, Il 62701

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5-16 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 4 patients per month to your facility for nursing care.

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

Sincerely,

David Ross M.D. 9-8-08
(NAME)

NOTARIZED

"OFFICIAL SEAL"
CYNTHIA A SCHAAF
Notary Public--State of Illinois
My Commission Expires: 08-12-2011

Cynthia A Schaaf 9/8/08

Leo K. Ludwig M.D.
Orthopedic Center
3136 Old Jacksonville Rd
Suite 150
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5 patients each month to area facilities.

I believe I would be able to refer in the future at least 4 to 6 patients per month to your facility for nursing care.

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

Sincerely,

(NAME) L. Ludwig M.D.

NOTARIZED

"OFFICIAL SEAL"
CONNIE J FITE
Notary Public—State of Illinois
My Commission Expires: 09-30-2012

Connie J Fite

David W. Mack M.D.
Orthopedic Center
3136 Old Jacksonville Rd
Suite 150
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 8 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 nursing care.

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

Sincerely,

(NAME) M.D.

NOTARIZED

"OFFICIAL SEAL"
CONNIE J FITE
Notary Public--State of Illinois
My Commission Expires: 06-30-2012

Connie J Fite

Springfield Clinic, LLP

Springfield Clinic 1st

Lynne Barkmeier M.D.
Springfield Clinic
800 N. 1st Street
Springfield, 62702

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, 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 4 to 6 patients per month to your facility for nursing care.

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

Sincerely,

L Barkmeier M.D.
(NAME)

NOTARIZED

John C Rollett M.D.
Physicians Group
345 N. Main
Chatham, Il 62629

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois .

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 2 patients each month to area facilities.

I believe I would be able to refer in the future at least 1 to 5 patients per month to your facility for nursing care.

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

Sincerely,

[signature] M.D.
(NAME)

NOTARIZED

"OFFICIAL SEAL"
CONNIE J FITE
Notary Public–State of Illinois
My Commission Expires: 06-30-2012

Connie J Fite

CAPITOL
CARE CENTER
A Platinum Health Care L.L.C. Community

Joseph Maurer M.D.
Koke Mill Medical Associates
2901 Old Jacksonville Road
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re:

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 3-4 patients each month to area facilities.

I believe I would be able to refer in the future at least 2 to 5 patients per month to your facility for nursing care.

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

Sincerely,

Joseph J Maurer M.D.
(NAME)

(NOTARIZE)

Richard Rosher M.D.
SIU School of Medicine
P.O. Box 19636
Springfield, Il 62794-9636

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 4 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 4 patients per month to your facility for nursing care.

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

Sincerely,

Richard B Rosher, M.D.
(NAME)

NOTARIZED

Subscribed and sworn before me
this 10th day of September, 2008.
Diane Paap, Notary Public

OFFICIAL SEAL
DIANE PAAP
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 4-6-2009

Mark E. Hansen M.D.
Koke Mill Medical Associates
3132 Old Jacksonville Road
Suite 210
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 60-1 patients each month to area facilities.

I believe I would be able to refer in the future at least 60 to 1 patients per month to your facility for nursing care.

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

Sincerely,

Mark E Hansen M.D.
(NAME)

NOTARIZED

"OFFICIAL SEAL"
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: 06-13-2012

Cynthia A Schaaf

Paul Smelter M.D.
Physicians Group Associates
2901 Old Jacksonville Rd
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 1 patients each month to area facilities.

I believe I would be able to refer in the future at least 0 to 1 patients per month to your facility for nursing care.

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

Sincerely,

Paul J Smelter, M.D.
(NAME)

NOTARIZED

OFFICIAL SEAL
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: 08-13-2012

Michael P. Bova, M.D.
Internal Medicine
2524 Farragut Drive, Suite C, Springfield, Il. 62704 Phone 217-726-9346

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5 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 nursing care.

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

Sincerely,

Michael Bova, M.D.
(NAME)

NOTARIZED

"OFFICIAL SEAL"
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: 06-13-2012

Cynthia A Schaaf

Ralph Gauen M.D.
Physicians Group Associates
2901 Old Jacksonville Rd
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 0 patients each month to area facilities.

I believe I would be able to refer in the future at least 0 to 1 patients per month to your facility for nursing care.

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

Sincerely,

_____, M.D.
(NAME)

NOTARIZED

"OFFICIAL SEAL"
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: 06-13-2012

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, 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 4 patients per month to your facility for nursing care.

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

Sincerely,

Randy Western, M.D.
(NAME)

Randy Western M.D.
Springfield Clinic
1025 S. 7th Street
Springfield, Il 62703

NOTARIZED

"OFFICIAL SEAL"
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: 08-15-2012

St. John's Hospital
800 E. Carpenter Street
Springfield, Illinois 62769
(217) 544-6464 • www.st-johns.org

October 17, 2008

Mr. Jeffrey Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

St. John's Hospital is pleased to provide this letter of support of the proposed Springfield Nursing and Rehabilitation Facility's new construction project consisting of 75 beds. This project will benefit the Springfield and surrounding communities.

The timely transfer and admission of residents who require rehabilitative skilled care services will be facilitated if more beds are available. Discharges from the hospital are often delayed due to the lack of rehabilitation beds in the Sangamon County Planning Area. This results in Sangamon County residents being placed in out-of-county facilities at a rate of approximately 15-20 per month. This creates an undue hardship for patients and their families.

St. John's is pleased to support the Springfield Nursing and Rehabilitation proposed expansion due to the existing level of service in the region.

Sincerely,

Robert P. Ritz
President & CEO

September 19, 2012

Mr. Brian Levinson
Platinum Health Care, LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC.
3089 Old Jacksonville Rd

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 25 patients each month to area facilities.

I believe I would be able to refer in the future at least 15 to 20 patients per month to your facility for nursing care.

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

Sincerely,

Leticia A. Drapiza
Drapiza MD 9/18/12
(NAME) ,M.D.
Spfld Clinic
400 St. Johns Pavilion
Sherman, IL. 62684

(NOTARIZE)

Sue B. Cook

OFFICIAL SEAL
SUE B. COOK
Notary Public--State of Illinois
My Commission Expires: 10-12-2012

ATTACHMENT-13D

September 19, 2012

Mr. Brian Levinson
Platinum Health Care, LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC.
3089 Old Jacksonville Rd

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5 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 nursing care.

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

Sincerely,

,M.D.
(NAME)

(NOTARIZE) Michael P. Bova
2524 Farragut Dr. Suite C,
Springfield, IL 62704

OFFICIAL SEAL
SUE B. COOK
Notary Public--State of Illinois
My Commission Expires: 10-12-2012

Sue B. Cook
9-20-12

St. John's
HOSPITAL
SPRINGFIELD, ILLINOIS

September 24, 2012

Mr. Jeffrey Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

St. John's Hospital is pleased to provide this letter of support of the proposed Springfield Nursing and Rehabilitation Facility's new construction project consisting of 75 beds. This project will benefit the Springfield and surrounding communities.

The timely transfer and admission of residents who require rehabilitative skilled care services will be facilitated if more beds are available. Discharges from the hospital are often delayed due to the lack of rehabilitation beds in the Sangamon County Planning Area. This results in Sangamon County residents being placed in out-of-county facilities at a rate of approximately 15-20 per month. This creates an undue hardship for patients and their families.

St. John's is pleased to support the Springfield Nursing and Rehabilitation proposed expansion due to the existing level of service in the region.

Sincerely,

Robert P. Ritz
President & CEO

800 East Carpenter Street
Springfield, Illinois 62769
217-544-6464
www.st-johns.org

An Affiliate of
Hospital Sisters
Health System

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED IV)

Criterion 1125.540 - Service Demand – Establishment of General Long Term Care

- **If the applicant is an existing facility wishing to establish this category of service or a new facility, #1 – 4 must be addressed. Requirements under #5 must also be addressed if applicable.**

- **If the applicant is not an existing facility and proposes to establish a new general LTC facility, the applicant shall submit the number of annual projected referrals.**

The proposed project is not an existing facility wishing to establish this category of service; furthermore, The Applicant does not claim that the demand for the project is based upon rapid population growth. Therefore, the first item above is not germane as the second item is. Appended as **ATTACHMENT-14A** and as summarized in the chart below, are copies of the project's 14 physician referral letters stating that historically up to 1,008 referrals have been

Physician Referral Letters

	Historical		Proposed	
	# of Pts. referred each month to area facilities		# of Pts. Referred in the future per month	
Name of Physician	Minimum	Maximum	Minimum	Maximum
Leticia Drapizia, MD	25	25	15	20
Donald Graham, MD	5	5	1	2
David Ross, MD	5	16	3	4
Leo Ludwig, MD	5	5	4	6
Lynne Barkmeier, MD	10	10	4	6
John Rollett, MD	2	2	1	5
Joseph Maurer, MD	8	10	4	5
Richard Rosher, MD	4	4	3	4
Mark Hansen, MD	0	1	0	1
Paul Smelter, MD	1	1	0	1
Michael Bova, MD	5	5	5	10
Ralph Gauen, MD	0	0	0	1
Monthly Referrals	70	84	40	65
Annual Referrals	**840**	**1008**	**480**	**780**

made to area facilities and these physicians project that they will be able to refer up to an 780 residents to the proposed facility should there be availability. Please note that since no CON's have been filed since 2008, this data has not been used in any other pending CON.

Leticia Drapizia M.D.
Springfield Clinic
400 St. Johns Pavilion
Sherman, Il 62684

CAPITOL
CARE CENTER
A Platinum Health Care L.L.C. Community

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC.
3089 Old Jacksonville Rd

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 25 patients each month to area facilities.

I believe I would be able to refer in the future at least 15 to 20 patients per month to your facility for nursing care.

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

Sincerely,

MD, M.D.
(NAME) Leticia Drapiza MD.

(NOTARIZE)

"OFFICIAL SEAL"
CONNIE J FITE
Notary Public–State of Il
My Commission Expires: 08-

Connie J Fite

ZIP CODES FROM AREAS DR. DRAPIZAS OFFICE SERVES:

62675	
62634	62531
62693	62690
62613	62673
62688	62545
62692	62629
62677	62561
62670	62711
62702	62701
62703	62705
62704	62708
62707	62718
62563	62791
62561	62794
62520	62625
62642	

Donald Graham M.D.
Springfield Clinic
301 N. 8th Street
Springfield, Il 62703

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5 patients each month to area facilities.

I believe I would be able to refer in the future at least 1 to 2 patients per month to your facility for nursing care.

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

Sincerely,

Donald R. Graham M.D.
(NAME)

NOTARIZED 9-18-08

"OFFICIAL SEAL"
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: 06/13/2012

David Ross M.D.
2524 Farragut Drive
Building B
Springfield, Il 62701

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5-16 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 4 patients per month to your facility for nursing care.

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

Sincerely,

David Ross II M.D. 9-8-08
(NAME)

NOTARIZED

"OFFICIAL SEAL"
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: [illegible]

Cynthia A Schaaf 9/8/08

Leo K. Ludwig M.D.
Orthopedic Center
3136 Old Jacksonville Rd
Suite 150
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5 patients each month to area facilities.

I believe I would be able to refer in the future at least 4 to 6 patients per month to your facility for nursing care.

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

Sincerely,

(NAME) M.D.

NOTARIZED

"OFFICIAL SEAL"
CONNIE J FITE
Notary Public–State of Illinois
My Commission Expires: 06-30-2012

David W. Mack M.D.
Orthopedic Center
3136 Old Jacksonville Rd
Suite 150
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 2 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 nursing care.

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

Sincerely,

David W. Mack M.D.
(NAME)

NOTARIZED

"OFFICIAL SEAL"
CONNIE J FITE
Notary Public--State of Illinois
My Commission Expires: 06-30-2012

Connie J Fite

Springfield Clinic, LLP

Springfield Clinic 1st

Lynne Barkmeier M.D.
Springfield Clinic
800 N. 1st Street
Springfield, 62702

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, 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 4 to 6 patients per month to your facility for nursing care.

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

Sincerely,

L Barkmeier M.D.
(NAME)

NOTARIZED

John C Rollett M.D.
Physicians Group
345 N. Main
Chatham, Il 62629

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 2 patients each month to area facilities.

I believe I would be able to refer in the future at least 1 to 5 patients per month to your facility for nursing care.

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

Sincerely,

_____, M.D.
(NAME)

NOTARIZED

"OFFICIAL SEAL"
CONNIE J FITE
Notary Public–State of Illinois
My Commission Expires: 08-30-2012

Connie J Fite

Joseph Maurer M.D.
Koke Mill Medical Associates
2901 Old Jacksonville Road
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re:

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 4 - 5 patients each month to area facilities.

I believe I would be able to refer in the future at least 4 to 5 patients per month to your facility for nursing care.

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

Sincerely,

Joseph J Maurer M.D.
(NAME)

(NOTARIZE)

Richard Rosher M.D.
SIU School of Medicine
P.O. Box 19636
Springfield, Il 62794-9636

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 4 patients each month to area facilities.

I believe I would be able to refer in the future at least 3 to 4 patients per month to your facility for nursing care.

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

Sincerely,

Richard B Rosher, M.D.
(NAME)

NOTARIZED

Subscribed and sworn before me
this 10th day of September, 2008.
Diane Paap, Notary Public

OFFICIAL SEAL
DIANE PAAP
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 4-6-2009

Mark E. Hansen M.D.
Koke Mill Medical Associates
3132 Old Jacksonville Road
Suite 210
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 40-60 patients each month to area facilities.

I believe I would be able to refer in the future at least 40 to 60 patients per month to your facility for nursing care.

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

Sincerely,

Mark E. Hansen M.D.
(NAME)

NOTARIZED

"OFFICIAL SEAL"
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: 06-13-2012

Paul Smelter M.D.
Physicians Group Associates
2901 Old Jacksonville Rd
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 1 patients each month to area facilities.

I believe I would be able to refer in the future at least 0 to 1 patients per month to your facility for nursing care.

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

Sincerely,

Paul J Smelter, M.D.
(NAME)

NOTARIZED

"OFFICIAL SEAL"
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: 09-13-2012

Michael P. Bova, M.D.
Internal Medicine
2524 Farragut Drive, Suite C, Springfield, Il. 62704 Phone 217-726-9346

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 5 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 nursing care.

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

Sincerely,

Michael Bova, M.D.
(NAME)

NOTARIZED

"OFFICIAL SEAL"
CYNTHIA A SCHAFF
Notary Public-State of Illinois
My Commission Expires: 06-13-2012

Cynthia A Schaff

Ralph Gauen M.D.
Physicians Group Associates
2901 Old Jacksonville Rd
Springfield, Il 62704

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, Illinois.

A cursory review of our files indicated that we had previously referred approximately 0 patients each month to area facilities.

I believe I would be able to refer in the future at least 0 to 1 patients per month to your facility for nursing care.

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

Sincerely,

Gauen, M.D.
(NAME)

NOTARIZED

"OFFICIAL SEAL."
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: 06-13-2012

August 27, 2008

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois 60077

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is to serve as confirmation of my support for 75 general long-term beds to the above referenced facility in Springfield, 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 4 patients per month to your facility for nursing care.

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

Sincerely,

Randy Western, M.D.
(NAME)

Randy Western M.D.
Springfield Clinic
1025 S. 7th Street
Springfield, Il 62703

NOTARIZED

"OFFICIAL SEAL"
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: 08-15/2012

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED V)

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

The applicant shall document that **at least one** of the following factors exists in the planning area, as applicable:

- The absence of the proposed service within the planning area;
- Access limitations due to payor status of patients/residents, including, but not limited to, individuals with LTC coverage through Medicare, Medicaid, managed care or charity are;
- Restrictive admission policies of existing providers; or
- The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population.

The issue facing the Sangamon County Planning Area with long-term care is that residents in need of rehabilitative care are leaving the County at an unprecedented rate.

Sangamon County Average Length of Stay

Facility Name	Nursing Patient Days	Admissions	ALOS
Hospital Setting			
St. John's Hospital	10,355	894	12
Sub-Total	**10,355**	**894**	**12**
Nursing Setting			
Auburn Nursing & Rehab Center	22,143	68	326
Capitol Care Center	64,876	241	269
Heritage Manor-Springfield	60,315	571	106
Illinois Presbyterian Home	1,622	31	781
Lewis Memorial Christian Village	51,905	383	136
Oak Terrace Care Center	17,115	77	309
Regency Nursing Care Residence	29,248	146	205
Springfield Care Center	20,946	49	427
St. Joseph's Home for Aged	25,029	51	702
Villa Health Care East	34,315	207	166
Sub-Total	**327,514**	**1,824**	**312**

Source: 2011 IDPH Long-Term Facility Questionnaire Form

Appended as **ATTACHMENT-17A**, is a letter from St. John's Hospital's President and CEO, Robert Ritz addressing the issue of residents leaving the county to find rehabilitative nursing beds at a rate of about 15-20 per month or 180 to 240 per year. This represents restrictive admission policies of existing providers. Further evidence is the average length of stay of Sangamon County Planning Area Nursing Facilities. The Chart appended as **ATTACHMENT-17B** (and summarized above) illustrates that the average length of stay is 312 days whereas within the Health Service Area (HSA III) and State the average length of

stay is 255 days and 172 days respectively. The longer average length of stay is indicative of a more long-term general geriatric older and frailer resident whereas the need is for a slightly shorter average length of stay, rehabilitative resident.

2. Additional documentation required:

The applicant shall provide the following documentation, as applicable, concerning existing restrictions to service access:

a. The location and utilization of other planning area service providers;

Not applicable.

b. Patient/resident location information by zip code;

Not applicable.

c. Independent time-travel studies;

Not applicable.

d. Certification of a waiting list;

Not applicable.

e. Admission restrictions that exist in area providers;

Not applicable.

f. An assessment of area population characteristics that document that access problems exist;

The assessment of area characteristics documenting that access problems exist comes from the letter provided by St. John's Hospital indicating residents are having to leave Sangamon County to seek rehabilitative care and the fact that the State's own Inventory of Health Care Facilities and Services and Need Determinations shows a need for 90 beds over the 75-nursing care beds being proposed. The St. John's Hospital letter

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED VII)

Criterion 1125.570 - Service Accessibility (Continued iii)

is appended as **ATTACHMENT-17A**. The State's Inventory and its Update to the Inventory are appended as **ATTACHMENT-17C**.

g. Most recently published IDPH Long Term Care Facilities Inventory and Data (see www.hfsrb.illinois.gov).

The Sangamon County nursing facilities' profiles are appended as **ATTACHMENT-17D**. Their data is collectively appended as **ATTACHMENT-17E**. The Health Service Area III profile is appended as **ATTACHMENT-17F**. The State profile is appended as **ATTACHMENT-17G**.

St. John's
HOSPITAL
SPRINGFIELD, ILLINOIS

September 24, 2012

Mr. Jeffrey Mark
Executive Secretary
Illinois Health Facilities Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Mark:

St. John's Hospital is pleased to provide this letter of support of the proposed Springfield Nursing and Rehabilitation Facility's new construction project consisting of 75 beds. This project will benefit the Springfield and surrounding communities.

The timely transfer and admission of residents who require rehabilitative skilled care services will be facilitated if more beds are available. Discharges from the hospital are often delayed due to the lack of rehabilitation beds in the Sangamon County Planning Area. This results in Sangamon County residents being placed in out-of-county facilities at a rate of approximately 15-20 per month. This creates an undue hardship for patients and their families.

St. John's is pleased to support the Springfield Nursing and Rehabilitation proposed expansion due to the existing level of service in the region.

Sincerely,

Bob Ritz

Robert P. Ritz
President & CEO

800 East Carpenter Street
Springfield, Illinois 62769
217-544-6464
www.st-johns.org

An Affiliate of
Hospital Sisters
Health System

ATTACHMENT-17A

Nursing Care Facilities and Services
Within Sangamon County Planning Area

Facility Name	City	# of Licensed Nursing Beds	Peak Beds Set-Up	Nursing Patient Days	Nursing Occupancy	Peak Beds Occupancy	Admissions	ALOS	Potential Beds (+)Under/(-)over 90%	Peak Potential Beds (+)Under/(-)over 90%
Hospital Setting										
St. John's Hospital	Springfield	37	37	10,355	76.7%	76.7%	894	12		
Sub-Total		**37**	**37**	**10,355**	**76.7%**	**76.7%**	**894**	**12**		
Nursing Setting										
Auburn Nursing & Rehab Center	Auburn	70	65	22,143	86.7%	93.3%	68	326	2	-2
Capitol Care Center	Springfield	251	220	64,876	70.8%	80.8%	241	269	48	20
Heritage Manor-Springfield	Springfield	178	176	60,315	92.8%	93.9%	571	106	-5	-7
Illinois Presbyterian Home	Springfield	15	9	1,622	29.6%	49.4%	31	781	9	4
Lewis Memorial Christian Village	Springfield	155	155	51,905	91.7%	91.7%	383	136	-3	-3
Oak Terrace Care Center	Springfield	78	60	17,115	60.1%	78.2%	77	309	23	7
Regency Nursing Care Residence	Springfield	95	95	29,248	84.3%	84.3%	146	205	5	5
Springfield Care Center	Springfield	65	65	20,946	88.3%	88.3%	49	427	1	1
St. Joseph's Home for Aged	Springfield	72	71	25,029	95.2%	96.6%	51	702	-4	-5
Villa Health Care East	Sherman	99	99	34,315	95.0%	95.0%	207	166	-5	-5
Sub-Total		**1,078**	**1,015**	**327,514**	**83.2%**	88.4%	**1,824**	**312**	**73**	16
TOTAL		**1,115**	**1,052**	**337,869**	**83.0%**	88.0%			78	21
New Permits										
Concordia Village (1)	Springfield	64	64							
Springfield Nursing & Rehab.(2)	Springfield	75	75							
		139	**139**							
		1,254	**1,191**	5%						

Source: 2011 Illinois Department of Public Health Long-Term Care Facility Profiles
7/25/2011 Inventory of Health Care Facilities and Services and Need Determinations
9/16/2011 Long-Term Care Facility Updates to the Inventory of Health Care Facilities and Services and Need Determinations

(1) Permit issued to establish a 64-bed Nursing Care facility on 9/1/2009, Permit #: 08-080. Facility licensed for operation with 64-Nursing Care Beeds on 12/16/2011.

(2) Permit issued to establish a 75-bed Nursing Care Facility on 4/21/2009, Permit #:08-086

147

ATTACHMENT-178

Planning Area: Sangamon

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2008 Patient Days
AUBURN NURSING & REHAB CENTER	AUBURN	Sangamon County	70	21,354
CAPITOL CARE CENTER	SPRINGFIELD	Sangamon County	251	73,129
CONCORDIA VILLAGE (PERMIT)	SPRINGFIELD	Sangamon County	64	
9/1/2009 08-080 permit issued to establish a 64-bed Nursing Care facility.				
HERITAGE MANOR - SPRINGFIELD	SPRINGFIELD	Sangamon County	178	59,588
ILLINOIS PRESBYTERIAN HOME	SPRINGFIELD	Sangamon County	15	2,427
LEWIS MEM CHRISTIAN VILLAGE	SPRINGFIELD	Sangamon County	155	51,887
OAK TERRACE CARE CENTER	SPRINGFIELD	Sangamon County	78	16,382
REGENCY NURSING CARE RESIDENCE	SPRINGFIELD	Sangamon County	95	25,684
SPRINGFIELD CARE CENTER	SPRINGFIELD	Sangamon County	65	18,694
9/1/2010 Name Change Name changed from Springfield Terrace.				
9/1/2010 CHOW Change of ownership occurred.				
SPRINGFIELD NURSING AND REHABILITATION (PE	SPRINGFIELD	Sangamon County	75	
4/21/2009 08-086 Received permit to establish a 75-bed General Nursing Facility.				
ST. JOHN'S HOSPITAL	SPRINGFIELD	Sangamon County	37	9,673
ST. JOSEPH'S HOME FOR AGED	SPRINGFIELD	Sangamon County	72	22,357
8/6/2009 Bed Change Added 7 nursing care beds; facility now has 72 nursing care beds.				
VILLA HEALTH CARE EAST	SHERMAN	Sangamon County	99	33,944
		Planning Area Totals	**1,254**	**335,119**

HEALTH SERVICE AREA	AGE GROUPS	2008 Patient Days	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates
003	0-64 Years Old	188,793	485,500	388.9	233.3	622.2
	65-74 Years Old	220,748	44,000	5,017.0	3,010.2	8,027.2
	75+ Years Old	1,611,353	46,500	34,652.8	20,791.7	55,444.4

	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	28,808	166,400	173.1	233.3	622.2	233.3	169,500	39,547			
65-74 Years Old	38,654	13,500	2,863.3	3,010.2	8,027.2	3,010.2	21,600	65,020			
75+ Years Old	267,658	13,000	20,589.1	20,791.7	55,444.4	20,791.7	16,200	336,825			
						Planning Area Totals		**441,393**	**1,209.3**	**1,344**	**90**

148

ATTACHMENT-17C

LONG_TERM CARE FACILITY UPDATES

9/16/2011 - 9/18/2012

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
	11-056	10/11/2011	Sarah Culbertson Mem Hosp, Rushville	Permit issued to discontinue entire 29 bed Long-Term Nursing care category of service.	
	11-056	10/11/2011	Sarah Culbertson Mem Hosp, Rushville	Project completed.	
Christian	Name Change	10/1/2011	Heritage Health - Pana, Pana	Formerly Heritage Manor - Pana.	
Hancock	Closure	10/13/2011	Hancock County Nursing Home, Carthage	Facility deemed closed; 57 Nursing care beds removed from inventory by Board order.	
Logan	CHOW	1/13/2012	Maple Ridge Care Centre, Lincoln	Change of Ownership occurred.	
	Name Change	8/2/2012	Symphony of Lincoln, Lincoln	Formerly Maple Ridge Care Centre.	
Macoupin	Name Change	10/1/2011	Heritage Health - Staunton, Staunton	Formerly Heritage Manor - Staunton.	
	Name Change	10/1/2011	Heritage Health - Gillespie, Gillespie	Formerly Heritage Manor - Gillespie.	
	Name Change	10/1/2011	Heritage Health - Carlinville, Carlinville	Formerly Heritage Manor - Carlinville.	
Menard	Closure	10/13/2011	Menard Convalescent Center, Petersburg	Facility deemed closed; 86 Nursing care beds removed from inventory by Board order.	
Montgomery	Name Change	10/1/2011	Heritage Health - Litchfield, Litchfield	Formerly Heritage Manor - Litchfield.	
Morgan/Scott	Name Change	10/1/2011	Heritage Health - Jacksonville, Jacksonville	Formerly Barton W. Stone Home.	
	Closure	10/13/2011	Care Center Of Jacksonville, Jacksonville	Facility deemed closed; 93 Nursing care beds removed from inventory by Board order.	
Sangamon	Name Change	10/1/2011	Heritage Health - Springfield, Springfield	Formerly Heritage Manor - Springfield.	
	08-080	12/16/2011	Concordia Village, Springfield	Facility licensed for operaiton with 64 Nursing Care beds.	
	Bed Change	12/19/2011	St. Joseph'S Home For Aged, Springfield	Facility discontinued 6 Sheltered Care beds; facility now has 72 Nursing Care and 35 Sheltered Care beds.	
			Health Service Area 4		
Coles/Cumberland	CHOW	1/13/2012	Mattoon Healthcare & Rehabilitation Center, Mattoon	Change of Ownership occurred.	
Ford	Name Change	10/1/2011	Heritage Health - Gibson City, Gibson City	Formerly Heritage Manor - Gibson City.	
Livingston	Name Change	10/1/2011	Heritage Health - Dwight, Dwight	Formerly Heritage Manor - Dwight.	
	12-027	7/23/2012	Good Samaritan-Pontiac, Pontiac	Permit to build replacement facility; beds will reamin 122 Nursing Care, no change.	
Macon	Name Change	10/1/2011	Heritage Health - Mount Zion, Mount Zion	Formerly Heritage Manor - Mount Zion	
	CHOW	1/10/2012	Mckinley Court, Decatur	Change of Ownership occurred.	
	CHOW	1/10/2012	Aspen Ridge Care Center, Decatur	Change of Ownership occurred.	
	Bed Change	1/15/2012	Heartland Of Decatur, Decatur	Facility added 5 Nursing Care beds; facility now has a total of 117 Nursing Care beds.	
	12-005	4/17/2012	Hickory Point Christian Village (Permit), Forsyth	Permit issued to add 17 Nursing Care beds to existing facility; facility now authorized for 64 beds.	
	Name Change	8/2/2012	Symphony of Decatur	Formerly Aspen Ridge Care Centre.	
McLean	Name Change	10/1/2011	Heritage Health - Bloomington, Bloomington	Formerly Heritage Manor - Bloomington	
	Name Change	10/1/2011	Heritage Health - Normal, Normal	Formerly Heritage Manor - Normal.	
Moultrie	Bed Change	7/17/2012	The Arthur Home, Arthur	Disconitnued 8 Nursing Care beds; facility now has 53 Nursing Care beds.	
Vermilion	Bed Change	1/9/2012	Hawthorne Inn Of Danville, Danville	Facility added 6 Nursing Care beds and discontinued 6 Sheltered Care beds; facility now has 76 Nursing Care and 64 Sheltered Care beds.	
			Health Service Area 5		
Crawford	CHOW	1/1/2012	Ridgeview Care Center, Oblong	Change of ownership occurred.	
Franklin	CHOW	1/18/2012	Stonebridge Senior Living Center, Benton	Change of Ownership occurred.	
Gallatin/Hamilton/ Saline	Closure	6/4/2012	Finnie Good Shepherd Nursing Home, Galatia	Facility closed. 73 Nursing Care beds removed from inventory.	
Jackson	12-050	9/11/2012	Rehab & Care Center of Jackson County, Murphysboro	Permit issued for discontinuation of 178 bed Long-Term Care (Nursing Care) facility.	New

LONG_TERM CARE FACILITY UPDATES

9/16/2011 - 9/18/2012

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
LONG-TERM CARE NURSING CARE BED NEED			
HEALTH SERVICE AREA 1			
Boone	305	279	26
Carroll	187	148	39
DeKalb	757	742	15
Jo Daviess	231	155	76
Lee	299	342	(43)
Ogle	599	535	64
Stephenson	665	664	1
Whiteside	717	843	(126)
Winnebago	2399	2366	33
HEALTH SERVICE AREA 2			
Bureau/Putnam	429	373	56
Fulton	523	615	(92)
Henderson/Warren	245	218	27
Knox	823	950	(127)
LaSalle	1364	1389	(25)
McDonough	379	376	3
Marshall/Stark	346	427	(81)
Peoria	1760	1731	29
Tazewell	1516	1246	270
Woodford	655	592	63
HEALTH SERVICE AREA 3			
Adams	1188	1495	(307)
Brown/Schuyler	183	186	(3)
Calhoun/Pike	301	337	(36)
Cass	186	150	36
Christian	412	472	(60)
Greene	154	119	35
Hancock	190	184	6
Jersey	411	369	42
Logan	502	468	34
Macoupin	686	744	(58)
Mason	143	164	(21)
Menard	230	106	124
Montgomery	567	490	77
Morgan/Scott	573	561	12
Sangamon	1344	1254	90
HEALTH SERVICE AREA 4			
Champaign	1037	908	129
Clark	290	255	35
Coles/Cumberland	759	939	(180)
DeWitt	219	190	29
Douglas	238	233	5
Edgar	260	299	(39)
Ford	240	427	(187)
Iroquois	461	486	(25)
Livingston	494	550	(56)
McLean	1306	1118	188
Macon	1331	1253	78
Moultrie	318	361	(43)
Piatt	160	160	0
Shelby	264	265	(1)
Vermilion	692	779	(87)

ST. JOHN'S HOSPITAL
800 EAST CARPENTER
SPRINGFIELD, IL. 62702
Reference Numbers Facility ID 6008940
Health Service Area 003 Planning Service Area 167

Administrator
ROBERT RITZ

Contact Person and Telephone
KATHLEEN KRAFT RN, MPH, NHA
217-544-6464 Ext 46218

Registered Agent Information
Leo Lenn, Corporate Treasurer, Hospital
PO Box 19456, Sangamon Ave.
Springfield, IL 62794

Date Completed 3/7/2012

FACILITY OWNERSHIP
OTHER NON-PROFIT

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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 restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	18

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	37	37	35	37	18	19	37	37
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	37	37	35	37	18	19	37	37

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	28
Total Admissions 2011	894
Total Discharges 2011	904
Residents on 12/31/2011	18
Identified Offenders	0

FACILITY UTILIZATION - 2011
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	9081	67.2%	336	2.5%	233	604	101	0	10355	76.7%	76.7%
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	0	0	0	0.0%	0.0%
TOTALS	9081	67.2%	336	2.5%	233	604	101	0	10355	76.7%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	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	2	0	0	0	0	0	0	1	2	3
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	6	12	0	0	0	0	0	0	6	12	18

ST. JOHN'S HOSPITAL
800 EAST CARPENTER
SPRINGFIELD, IL. 62702
Reference Numbers Facility ID 6008940
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	0	0	3	0	0	18
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	15	0	0	3	0	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	635	600
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	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	18	0	0	0	18
Race Unknown	0	0	0	0	0
Total	18	0	0	0	18
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	0	18
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	0	18

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	4.20
Certified Aides	10.50
Other Health Staff	5.00
Non-Health Staff	4.10
Totals	43.80

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
78.3%	1.3%	1.7%	18.7%	0.0%	100.0%		0.7%
3,524,291	57,623	77,327	843,463	0	4,502,704	29,372	

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

151

ATTACHMENT-78

AUBURN NURSING & REHAB CENTER
304 MAPLE AVENUE
AUBURN, IL. 62615
Reference Numbers Facility ID 6007181
Health Service Area 003 Planning Service Area 167

Administrator
WHITNEY OBERLINK

Contact Person and Telephone
WHITNEY OBERLINK
217-438-6125

Registered Agent Information
Dan Maher
926 S. 7th Street
Springfield, IL 62703

Date Completed
2/21/2012

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 restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	7
Mental Illness	5
Developmental Disability	0
Circulatory System	18
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	62

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	70	65	65	65	62	8	70	70
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	70	65	65	65	62	8	70	70

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	63
Total Admissions 2011	68
Total Discharges 2011	69
Residents on 12/31/2011	62
Identified Offenders	1

FACILITY UTILIZATION - 2011
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	3695	14.5%	14699	57.5%	0	265	3484	0	22143	86.7%	93.3%
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	3695	14.5%	14699	57.5%	0	265	3484	0	22143	86.7%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	4	2	0	0	0	0	0	0	4	2	6
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	19	43	0	0	0	0	0	0	19	43	62

AUBURN NURSING & REHAB CENTER
304 MAPLE AVENUE
AUBURN, IL. 62615
Reference Numbers Facility ID 6007181
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	37	0	2	11	0	62
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	12	37	0	2	11	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	147	176
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	59	0	0	0	59
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	17.00
Other Health Staff	5.00
Non-Health Staff	33.00
Totals	67.00

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
45.8%	37.0%	0.0%	3.2%	14.1%	100.0%		0.0%
1,819,566	1,470,034	0	127,075	559,545	3,976,220	0	

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

CAPITOL CARE CENTER
555 WEST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6002489
Health Service Area 003 Planning Service Area 167

Administrator
CINDY SCHAAF

Contact Person and Telephone
CINDY SCHAAF
217-525-1880

Registered Agent Information
Abraham Gutnicki PC
8320 Skokie Blvd Suite 100
Skokie, IL 60077

Date Completed 3/5/2012

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	16
Endocrine/Metabolic	23
Blood Disorders	6
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	21
Digestive System	12
Genitourinary System Disorders	21
Skin Disorders	4
Musculo-skeletal Disorders	19
Injuries and Poisonings	13
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	161

Total Residents Diagnosed as Mentally Ill 34

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	251	220	201	220	161	90	251	251
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	251	220	201	220	161	90	251	251

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	172
Total Admissions 2011	241
Total Discharges 2011	252
Residents on 12/31/2011	161
Identified Offenders	4

FACILITY UTILIZATION - 2011
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	11670	12.7%	47528	51.9%	0	1532	4146	0	64876	70.8%	80.8%
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	11670	12.7%	47528	51.9%	0	1532	4146	0	64876	70.8%	80.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	4	6	0	0	0	0	0	0	4	6	10
60 to 64	12	15	0	0	0	0	0	0	12	15	27
65 to 74	16	22	0	0	0	0	0	0	16	22	38
75 to 84	21	24	0	0	0	0	0	0	21	24	45
85+	18	23	0	0	0	0	0	0	18	23	41
TOTALS	71	90	0	0	0	0	0	0	71	90	161

CAPITOL CARE CENTER
555 WEST CARPENTER
SPRINGFIELD, IL. 62702

Reference Numbers Facility ID 6002489
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	115	0	3	17	0	161
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	115	0	3	17	0	161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	155
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	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	27	0	0	0	27
Hawaiian/Pac. Isl.	0	0	0	0	0
White	134	0	0	0	134
Race Unknown	0	0	0	0	0
Total	161	0	0	0	161
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	0	0	0	0	0
Non-Hispanic	161	0	0	0	161
Ethnicity Unknown	0	0	0	0	0
Total	181	0	0	0	161

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	33.00
Certified Aides	92.00
Other Health Staff	21.00
Non-Health Staff	86.00
Totals	244.00

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%	48.2%	0.0%	4.6%	5.2%	100.0%		0.0%
4,885,545	5,588,172	0	535,209	601,425	11,590,351	0	

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

HERITAGE HEALTH - SPRINGFIELD
900 NORTH RUTLEDGE
SPRINGFIELD, IL. 62702
Reference Numbers Facility ID 6004279
Health Service Area 003 Planning Service Area 167

Administrator
Frank Shepke

Contact Person and Telephone
Rebecca Howard
309-828-4361

Registered Agent Information
Steve Wannamacher
115 W. Jefferson Suite 401
Bloomington, IL 61701

Date Completed 2/29/2012

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 restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	68
Injuries and Poisonings	0
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	156

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	178	176	175	176	156	22	129	178
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	178	176	175	176	156	22	129	178

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	161
Total Admissions 2011	571
Total Discharges 2011	578
Residents on 12/31/2011	156
Identified Offenders	1

154

FACILITY UTILIZATION - 2011
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	11905	25.3%	38482	59.2%	0	0	9928	0	60315	92.8%	93.9%
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	11905	25.3%	38482	59.2%	0	0	9928	0	60315	92.8%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	2	0	0	0	0	0	0	0	2	2
65 to 74	2	14	0	0	0	0	0	0	2	14	16
75 to 84	13	39	0	0	0	0	0	0	13	39	52
85+	18	70	0	0	0	0	0	0	18	70	86
TOTALS	31	125	0	0	0	0	0	0	31	125	156

HERITAGE HEALTH - SPRINGFIELD
900 NORTH RUTLEDGE
SPRINGFIELD, IL. 62702
Reference Numbers Facility ID 6004279
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	92	0	0	30	0	156
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	34	92	0	0	30	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	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	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	0	0	0	0	0
White	145	0	0	0	145
Race Unknown	0	0	0	0	0
Total	156	0	0	0	156
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	0	0	0	0	0
Non-Hispanic	158	0	0	0	156
Ethnicity Unknown	0	0	0	0	0
Total	156	0	0	0	156

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	27.00
Certified Aides	59.00
Other Health Staff	0.00
Non-Health Staff	65.00
Totals	167.00

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
41.8%	36.2%	0.0%	0.0%	22.1%	100.0%		0.0%
4,952,159	4,288,226	0	0	2,614,151	11,854,537	0	

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

ILLINOIS PRESBYTERIAN HOME
2005 WEST LAWRENCE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6004709
Health Service Area 003 Planning Service Area 167

Administrator
THOMAS P. O'FALLON

Contact Person and Telephone
THOMAS P. O'FALLON
217-546-5622

Date Completed
3/3/2012

Registered Agent Information
Harvey M. Stephens
205 S. Fifth Street, Suite 700
Springfield, IL 62704

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Medicare Recipient	1
Mental Illness	1
Non-Ambulatory	1
Non-Mobile	1
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	7
Blood Disorders	1
*Nervous System Non Alzheimer	36
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

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	15	9	6	9	3	12	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	73	65	53	65	49	24		
TOTAL BEDS	88	74	59	74	52	36	0	0

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	58
Total Admissions 2011	31
Total Discharges 2011	37
Residents on 12/31/2011	52
Identified Offenders	0

155

FACILITY UTILIZATION - 2011
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%	0	0.0%	0	0	1153	469	1622	29.6%	49.4%
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	12357	6101	18458	69.3%	77.8%
TOTALS	0	0.0%	0	0.0%	0	0	13510	6570	20080	62.5%	74.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	1	0	1	1
65 to 74	0	0	0	0	0	0	0	1	0	1	1
75 to 84	0	1	0	0	0	0	0	3	0	4	4
85+	1	1	0	0	0	0	7	37	8	38	46
TOTALS	1	2	0	0	0	0	7	42	8	44	52

ILLINOIS PRESBYTERIAN HOME
2005 WEST LAWRENCE
SPRINGFIELD, IL. 62704

Reference Numbers Facility ID 6004709
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	3	0	3
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	49	0	49
TOTALS	0	0	0	0	52	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	95	82
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	45	40

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	3	0	0	49	52
Race Unknown	0	0	0	0	0
Total	3	0	0	49	52
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	0	0	0	0	0
Non-Hispanic	3	0	0	49	52
Ethnicity Unknown	0	0	0	0	0
Total	3	0	0	49	52

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.50
Physicians	0.00
Director of Nursing	0.90
Registered Nurses	0.40
LPN's	4.50
Certified Aides	5.50
Other Health Staff	2.00
Non-Health Staff	11.20
Totals	26.00

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%	0.0%	0.0%	0.0%	100.0%	100.0%		33.1%
0	0	0	0	1,170,564	1,170,564	388,916	

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

LEWIS MEMORIAL CHRISTIAN VILLAGE
3400 WEST WASHINGTON
SPRINGFIELD, IL. 62711
Reference Numbers Facility ID 6005300
Health Service Area 003 Planning Service Area 167

Administrator
Shana Lister

Contact Person and Telephone
Shana Lister
217-787-9600

Registerad Agent Information
Timothy Phillippe
200 N. Postville Road
Lincoln, IL 62656

Date Completed 3/7/2012

FACILITY OWNERSHIP
NON-PROF CORPORATION

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY Yes

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms.	4
Endocrine/Metabolic	4
Blood Disorders	5
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	37
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	46
Non-Medical Conditions	0
TOTALS	142

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	155	155	155	155	142	13	155	149
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	155	155	155	155	142	13	155	149

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	138
Total Admissions 2011	383
Total Discharges 2011	379
Residents on 12/31/2011	142
Identified Offenders	0

FACILITY UTILIZATION - 2011
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	16480	29.1%	19083	35.1%	0	1702	14640	0	51905	91.7%	91.7%
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	0	0	0	0.0%	0.0%
TOTALS	16480	29.1%	19083	35.1%	0	1702	14640	0	51905	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	9	39	0	0	0	0	0	0	9	39	48
85+	15	62	0	0	0	0	0	0	15	62	77
TOTALS	30	112	0	0	0	0	0	0	30	112	142

LEWIS MEMORIAL CHRISTIAN VILLAGE
3400 WEST WASHINGTON
SPRINGFIELD, IL. 62711
Reference Numbers Facility ID 6005300
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	57	0	6	39	0	142
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	40	57	0	6	39	0	142

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	230
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	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	1	0	0	0	1
Total	142	0	0	0	142

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	141	0	0	0	141
Ethnicity Unknown	0	0	0	0	0
Total	142	0	0	0	142

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	1.00
Director of Nursing	2.00
Registered Nurses	7.00
LPN's	24.00
Certified Aides	64.00
Other Health Staff	11.00
Non-Health Staff	49.00
Totals	159.00

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
56.8%	15.6%	0.0%	7.0%	20.6%	100.0%		0.0%
7,621,715	2,100,188	0	937,282	2,769,690	13,428,875	0	

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

OAK TERRACE HEALTHCARE CENTER
1750 WEST WASHINGTON
SPRINGFIELD, IL. 62702
Reference Numbers Facility ID 6006811
Health Service Area 003 Planning Service Area 167

Administrator
ROBERT E. PYLE

Contact Person and Telephone
ROBERT E. PYLE
217-787-6466

Registered Agent Information
Kelly E. Smith
1750 West Washington Street
Springfield, IL 62702

Date Completed 2/15/2012

FACILITY OWNERSHIP
FOR-PROFIT TRUST

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY Yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	1
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 restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	25
Mental Illness	5
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	60

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	78	60	51	60	51	27	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	20	13	10	13	9	11		
TOTAL BEDS	98	73	61	73	60	38	0	0

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	50
Total Admissions 2011	77
Total Discharges 2011	67
Residents on 12/31/2011	60
Identified Offenders	0

157

FACILITY UTILIZATION - 2011
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%	0	0.0%	0	0	17115	0	17115	60.1%	78.2%
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	3408	0	3408	46.7%	71.8%
TOTALS	0	0.0%	0	0.0%	0	0	20523	0	20523	57.4%	77.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	0	2	0	0	0	0	0	1	0	3	3
75 to 84	4	7	0	0	0	0	1	0	5	7	12
85+	8	30	0	0	0	0	0	7	8	37	45
TOTALS	12	39	0	0	0	0	1	8	13	47	60

OAK TERRACE HEALTHCARE CENTER
1750 WEST WASHINGTON
SPRINGFIELD, IL. 62702
Reference Numbers Facility ID 6006811
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	51	0	51
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	9	0	9
TOTALS	0	0	0	0	60	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	140
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	120	100

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	9	58
Race Unknown	0	0	0	0	0
Total	51	0	0	9	60

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	9	60
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	9	60

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	63.00

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%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	3,060,355	3,060,355	0	

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

REGENCY NURSING CARE RESIDENCE
2120 WEST WASHINGTON
SPRINGFIELD, IL. 62702
Reference Numbers Facility ID 6008239
Health Service Area 003 Planning Service Area 167

Administrator
ANTHONY TWARDOWSKI

Contact Person and Telephone
ANTHONY TWARDOWSKI
217-793-4880

Registered Agent Information

Date Completed
3/7/2012

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY Yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
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 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 restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	0
Circulatory System	25
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	4
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 4

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	95	95	85	95	72	23	1	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	4	4	3	4	3	1		
TOTAL BEDS	99	99	88	99	75	24	1	0

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	81
Total Admissions 2011	146
Total Discharges 2011	149
Residents on 12/31/2011	78
Identified Offenders	0

FACILITY UTILIZATION - 2011
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	5095	1395.9%	2575	0.0%	0	0	21578	0	29248	84.3%	84.3%
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	992	0	992	67.9%	67.9%
TOTALS	5095	1395.9%	2575	0.0%	0	0	22570	0	30240	83.7%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	5	39	0	0	0	0	0	3	5	42	47
TOTALS	14	58	0	0	0	0	0	3	14	61	75

REGENCY NURSING CARE RESIDENCE
2120 WEST WASHINGTON
SPRINGFIELD, IL. 62702
Reference Numbers Facility ID 6008239
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	7	0	0	49	0	72
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	3	0	3
TOTALS	16	7	0	0	52	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	339	189
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	259	159

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	71	0	0	3	74
Race Unknown	0	0	0	0	0
Total	72	0	0	3	75

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	3	75
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	3	75

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	9.00
Certified Aides	42.00
Other Health Staff	6.00
Non-Health Staff	30.00
Totals	93.00

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
34.9%	3.9%	0.0%	0.0%	61.2%	100.0%		0.0%
2,278,478	253,925	0	0	3,987,667	6,520,070	0	

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

SPRINGFIELD CARE CENTER
525 S. MARTIN LUTHER KING DR.
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6002661
Health Service Area 003 Planning Service Area 167

Administrator
JACQUELINE LIDDELL

Contact Person and Telephone
JACQUELINE LIDDELL
217-789-1680

Registered Agent Information

Date Completed 3/2/2012

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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 restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	55
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 57

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	65	65	63	65	57	8	0	65
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	65	65	63	65	57	8	0	65

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	53
Total Admissions 2011	49
Total Discharges 2011	45
Residents on 12/31/2011	57
Identified Offenders	13

159

FACILITY UTILIZATION - 2011
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%	20343	85.7%	240	0	363	0	20946	88.3%	88.3%
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	0	0.0%	20343	85.7%	240	0	363	0	20946	88.3%	88.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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 16	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	19	16	0	0	0	0	0	0	19	16	35
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	5	1	0	0	0	0	0	0	5	1	6
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	34	23	0	0	0	0	0	0	34	23	57

SPRINGFIELD CARE CENTER
525 S. MARTIN LUTHER KING DR.
SPRINGFIELD, IL. 62703

Reference Numbers Facility ID 6002661
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	55	1	0	1	0	57
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	55	1	0	1	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	130
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	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	14.00
Other Health Staff	4.00
Non-Health Staff	16.00
Totals	44.00

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%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

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

FACILITY NOTES

Name Change	9/1/2010	Name changed from Springfield Terrace.
CHOW	9/1/2010	Change of ownership occurred.

ST. JOSEPH'S HOME OF SPRINGFIELD
3306 SOUTH 6TH STREET ROAD
SPRINGFIELD, IL. 62703
Reference Numbers Facility ID 6008965
Health Service Area 003 Planning Service Area 167
Administrator
SISTER M. LENORE HIGHLAND
Contact Person and Telephone
SISTER M. LENORE HIGHLAND
217-529-5596
Registered Agent Information
Sister Paula Vasquez
2408 W. Heading Avenue
West Peoria, IL 61604

Date Completed 2/27/2012

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	1
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	4
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	37
TOTALS	89

Total Residents Diagnosed as Mentally Ill 4

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	72	71	71	71	69	3	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	41	28	28	28	20	21		
TOTAL BEDS	113	99	99	99	89	24	0	0

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	85
Total Admissions 2011	51
Total Discharges 2011	47
Residents on 12/31/2011	89
Identified Offenders	0

FACILITY UTILIZATION - 2011
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%	0	0.0%	0	0	22752	2277	25029	95.2%	96.6%
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	6318	1035	7353	49.1%	71.9%
TOTALS	0	0.0%	0	0.0%	0	0	29070	3312	32382	78.5%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	2	4	0	0	0	0	0	0	2	4	6
75 to 84	8	10	0	0	0	0	1	6	9	16	25
85+	9	36	0	0	0	0	3	10	12	46	58
TOTALS	19	50	0	0	0	0	4	16	23	66	89

ST. JOSEPH'S HOME OF SPRINGFIELD
3306 SOUTH 6TH STREET ROAD
SPRINGFIELD, IL. 62703
Reference Numbers Facility ID 6008965
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	56	13	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	16	4	20
TOTALS	0	0	0	0	72	17	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	179
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	97	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	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	69	0	0	20	89
Race Unknown	0	0	0	0	0
Total	69	0	0	20	89

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	69	0	0	20	89
Total	69	0	0	20	89

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	23.00
Certified Aides	39.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	112.00

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%	0.0%	0.0%	0.0%	100.0%	100.0%		6.2%
0	0	0	0	5,197,814	5,197,814	323,818	

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

VILLA HEALTH CARE EAST
100 MARIAN PARKWAY
SHERMAN, IL. 62684

Reference Numbers Facility ID 6012991
Health Service Area 003 Planning Service Area 167

Administrator
THOMAS MULLINS

Contact Person and Telephone
THOMAS MULLINS
217-744-2299

Date Completed
3/6/2012

Registered Agent Information
James O Williamson
313 Saratoga Chase
Sherman, IL 62684

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	21
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	1
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 2

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	99	99	99	99	94	5	99	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	99	99	99	99	94	5	99	99

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	96
Total Admissions 2011	318
Total Discharges 2011	320
Residents on 12/31/2011	94
Identified Offenders	0

FACILITY UTILIZATION - 2011
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	7143	19.8%	16830	46.6%	0	289	10053	0	34315	95.0%	95.0%
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	7143	19.8%	16830	46.6%	0	289	10053	0	34315	95.0%	95.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	7	21	0	0	0	0	0	0	7	21	28
85+	12	48	0	0	0	0	0	0	12	48	60
TOTALS	19	75	0	0	0	0	0	0	19	75	94

VILLA HEALTH CARE EAST
100 MARIAN PARKWAY
SHERMAN, IL. 62684

Reference Numbers Facility ID 6012991
Health Service Area 003 Planning Service Area 167

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	41	0	5	29	0	94
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	19	41	0	5	29	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	165
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	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	20.00
Certified Aides	65.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	103.00

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
51.4%	22.5%	0.0%	1.7%	24.4%	100.0%		0.0%
3,876,295	1,696,765	0	129,677	1,843,391	7,546,128	0	

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

Nursing Care Facilities and Services
Within Sangamon County Planning Area

Facility Name	City	# of Licensed Nursing Beds	Peak Beds Set-Up	Nursing Patient Days	Nursing Occupancy	Peak Beds Occupancy	Admissions	ALOS	Potential Beds (+)Under/(-)over 90%	Peak Potential Beds (+)Under/(-)over 90%
Hospital Setting										
St. John's Hospital	Springfield	37	37	10,355	76.7%	76.7%	894	12		
Sub-Total		**37**	**37**	**10,355**	**76.7%**	**76.7%**	**894**	**12**		
Nursing Setting										
Auburn Nursing & Rehab Center	Auburn	70	65	22,143	86.7%	93.3%	68	326	2	-2
Capitol Care Center	Springfield	251	220	64,876	70.8%	80.8%	241	269	48	20
Heritage Manor-Springfield	Springfield	178	176	60,315	92.8%	93.9%	571	106	-5	-7
Illinois Presbyterian Home	Springfield	15	9	1,622	29.6%	49.4%	31	781	9	4
Lewis Memorial Christian Village	Springfield	155	155	51,905	91.7%	91.7%	383	136	-3	-3
Oak Terrace Care Center	Springfield	78	60	17,115	60.1%	78.2%	77	309	23	7
Regency Nursing Care Residence	Springfield	95	95	29,248	84.3%	84.3%	146	205	5	5
Springfield Care Center	Springfield	65	65	20,946	88.3%	88.3%	49	427	1	1
St. Joseph's Home for Aged	Springfield	72	71	25,029	95.2%	96.6%	51	702	-4	-5
Villa Health Care East	Sherman	99	99	34,315	95.0%	95.0%	207	166	-5	-5
Sub-Total		**1,078**	**1,015**	**327,514**	**83.2%**	88.4%	**1,824**	**312**	**73**	16
TOTAL		**1,115**	**1,052**	**337,869**	**83.0%**	88.0%			78	21
New Permits										
Concordia Village (1)	Springfield	64	64							
Springfield Nursing & Rehab.(2)	Springfield	75	75							
		139	**139**							
		1,254	**1,191**	5%						

Source: 2011 Illinois Department of Public Health Long-Term Care Facility Profiles
7/25/2011 Inventory of Health Care Facilities and Services and Need Determinations
9/16/2011 Long-Term Care Facility Updates to the Inventory of Health Care Facilities and Services and Need Determinations

(1) Permit issued to establish a 64-bed Nursing Care facility on 9/1/2009, Permit #: 08-080. Facility licensed for operation with 64-Nursing Care Beeds on 12/16/2011.

(2) Permit issued to establish a 75-bed Nursing Care Facility on 4/21/2009, Permit #:08-086

162

ATTACHMENT - 11E

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2011 — HSA 003

HEALTH SERVICE AREA	003
TOTAL FACILITIES	91
HOSPITAL BASED UNITS	3
FREE STANDING FACILITIES	88
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	57
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	27
MULTI-LICENSED FACILITIES	7
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	3
NON-PROFIT OWNERSHIP	38
FOR PROFIT OWNERSHIP	50
CONTINUING CARE COMMUNITY	4
LIFE CARE FACILITY	4

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	54
Chronic Alcoholism	53
Developmentally Disabled	24
Drug Addiction	64
Medicaid Recipient	5
Medicare Recipient	22
Mental Illness	24
Non-Ambulatory	6
Non-Mobile	6
Public Aid Recipient	5
Under 65 Years Old	3
Unable to Self-Medicate	6
Ventilator Dependent	84
Infectious Disease w/ Isolation	29
Other Restrictions	11
No Restrictions	0

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	109
Endocrine/Metabolic	348
Blood Disorders	59
Nervous System Non Alzheimer	423
Alzheimer Disease	811
Mental Illness	416
Developmental Disability	499
Circulatory System	963
Respiratory System	454
Digestive System	112
Genitourinary System Disorders	176
Skin Disorders	55
Musculo-skeletal Disorders	564
Injuries and Poisonings	198
Other Medical Conditions	567
Non-Medical Conditions	91
TOTALS	5,845

Total Residents Diagnosed as Mentally Ill 1,180

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	6,960	6,661	5,768	6,515	5,257	1,703	4304	6002
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	482	481	477	481	465	17		482
Sheltered Care	247	215	189	191	124	123		
TOTAL BEDS	7,689	7,357	6,434	7,187	5,846	1,843	4304	6484

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	5,859
Total Admissions 2011	8,467
Total Discharges 2011	8,477
Residents on 12/31/2011	5,849
Identified Offenders	71

FACILITY UTILIZATION - 2011

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	232,883	14.8%	990,279	45.2%	8,712	16,292	689,469	3,281	1,940,916	76.4%	79.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			170,266	96.8%	365	0	365	0	170,996	97.2%	97.4%
Sheltered Care					0	0	41,131	7,136	48,267	53.5%	61.5%
TOTALS	232,883	14.8%	1,160,545	49.0%	9,077	16,292	730,965	10,417	2,160,179	77.0%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	10	0	0	107	63	0	0	125	73	198
45 to 59	141	123	0	0	121	65	0	0	262	188	450
60 to 64	93	113	0	0	35	19	0	1	128	133	261
65 to 74	255	351	0	0	24	14	1	3	280	368	648
75 to 84	510	977	0	0	8	5	3	15	521	997	1,518
85+	667	1,999	0	0	3	1	14	87	684	2,087	2,771
TOTALS	1,684	3,573	0	0	298	167	18	106	2,000	3,846	5,846

HEALTH SERVICE AREA 003

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	600	2,644	43	101	1,856	13	5,257
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		462	1	0	2	0	465
Sheltered Care			0	0	120	4	124
TOTALS	600	3,106	44	101	1,978	17	5,846

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	163
Skilled Under 22	0	0
Intermediate DD	163	126
Shelter	120	91

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	2	0	3
Amer. Indian	59	0	0	0	59
Black	123	0	31	0	154
Hawaiian/Pac. Isl.	1	0	0	0	1
White	5,069	0	432	124	5,625
Race Unknown	4	0	0	0	4
Total	5,257	0	465	124	5,846

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	21	0	30
Non-Hispanic	5,134	0	444	104	5,682
Ethnicity Unknown	114	0	0	20	134
Total	5,257	0	465	124	5,846

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	77.56
Physicians	17.00
Director of Nursing	68.20
Registered Nurses	389.83
LPN's	827.31
Certified Aides	2488.22
Other Health Staff	319.52
Non-Health Staff	2069.11
Totals	6256.75

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
30.9%	34.2%	4.5%	2.0%	28.4%	100.0%		0.2%
105,413,486	116,593,666	15,343,125	6,719,795	96,750,150	340,820,258	810,668	

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

163

ATTACHMENT-17F

State of Illinois

TOTAL FACILITIES	1095
HOSPITAL BASED UNITS	39
FREE STANDING FACILITIES	1056
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	726
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	288
MULTI-LICENSED FACILITIES	81
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	38
NON-PROFIT OWNERSHIP	408
FOR PROFIT OWNERSHIP	647
CONTINUING CARE COMMUNITY	73
LIFE CARE FACILITY	90

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	601
Chronic Alcoholism	583
Developmentally Disabled	369
Drug Addiction	708
Medicaid Recipient	64
Medicare Recipient	129
Mental Illness	354
Non-Ambulatory	76
Non-Mobile	119
Public Aid Recipient	80
Under 65 Years Old	31
Unable to Self-Medicate	70
Ventilator Dependent	979
Infectious Disease w/ Isolation	284
Other Restrictions	139
No Restrictions	33

RESIDENTS BY PRIMARY DIAGNOSIS

Neoplasms	1,678
Endocrine/Metabolic	5,831
Blood Disorders	1,263
Nervous System Non Alzheimer	4,950
Alzheimer Disease	9,905
Mental Illness	11,910
Developmental Disability	7,131
Circulatory System	13,339
Respiratory System	6,106
Digestive System	1,949
Genitourinary System Disorders	2,595
Skin Disorders	1,016
Musculo-skeletal Disorders	6,109
Injuries and Poisonings	2,592
Other Medical Conditions	9,122
Non-Medical Conditions	824
TOTALS	66,320

Total Residents Diagnosed as Mentally Ill 22,460

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	100,450	96,438	85,861	93,993	78,162	22,288	66,954	84,700
Skilled Under 22	932	895	834	794	800	132		918
Intermediate DD	6,070	5,985	5,847	5,846	5,694	376		6,018
Sheltered Care	3,316	2,826	2,230	2,737	1,940	1,378		
TOTAL BEDS	110,770	106,144	94,772	103,370	86,596	24,174	66,954	91,636

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	86,700
Total Admissions 2011	180,447
Total Discharges 2011	180,620
Residents on 12/31/2011	86,527
Identified Offenders	2,699

FACILITY UTILIZATION - 2011

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	4,072,883	16.7%	17,340,686	56.1%	500,164	471,158	5,635,992	29,424	28,050,307	76.5%	79.7%
Skilled Under 22			293,628	87.6%	52	408	3,017	0	297,105	87.3%	90.9%
Intermediate DD			2,045,054	93.1%	7,943	255	10,544	0	2,063,796	93.2%	94.5%
Sheltered Care					12,050	0	680,608	17,887	710,545	58.7%	68.9%
TOTALS	4,072,883	16.7%	19,679,368	58.8%	520,209	471,821	6,330,161	47,311	31,121,753	77.0%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2011

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	1	4	113	86	0	0	0	0	114	90	204
18 to 44	2,148	1,132	269	204	1,150	996	0	0	3,567	2,332	5,899
45 to 59	6,097	3,986	55	49	1,137	1,109	3	8	7,292	5,152	12,444
60 to 64	2,744	2,389	7	3	309	265	6	8	3,066	2,665	5,731
65 to 74	4,950	5,796	9	5	82	260	24	44	5,245	6,105	11,350
75 to 84	6,423	12,410	0	0	82	84	106	341	6,611	12,835	19,446
85+	6,498	23,584	0	0	16	24	279	1,121	6,793	24,729	31,522
TOTALS	28,861	49,301	453	347	2,956	2,738	418	1,522	32,688	53,908	86,596

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	10,971	48,702	1,217	1,398	15,784	92	78,164
Skilled Under 22	0	791	0	1	8	0	800
ICF/DD		5,563	58	1	52	0	5,694
Sheltered Care			35	0	1,872	31	1,938
TOTALS	10,971	55,076	1,310	1,400	17,716	123	86,596

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	183
Skilled Under 22	290	247
Intermediate DD	165	148
Shelter	143	131

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1,183	13	45	7	1,248
Amer. Indian	128	7	6	0	141
Black	13,666	287	718	2	14,873
Hawaiian/Pac. Isl.	76	0	46	0	122
White	61,612	447	4,833	1,928	68,820
Race Unknown	1,299	46	46	1	1,392
Total	78,164	800	5,694	1,938	86,596
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2,752	62	187	5	3,006
Non-Hispanic	72,215	706	5,369	1,881	80,173
Ethnicity Unknown	3,197	30	138	52	3,417
Total	78,164	800	5,694	1,938	86,596

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1,038.10
Physicians	155.51
Director of Nursing	859.07
Registered Nurses	8,195.56
LPN's	8,836.29
Certified Aides	33,693.44
Other Health Staff	6,688.95
Non-Health Staff	27,177.31
Totals	86,644.21

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
34.2%	39.7%	1.7%	4.7%	19.6%	100.0%		0.2%
2,107,569,016	2,444,892,737	106,724,975	287,054,337	1,207,584,894	6,153,826,169	15,363,659	

*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

164

ATTACHMENT-176

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED VIII)

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

1. The applicant shall provide the following information:

   a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

   Appended as **ATTACHMENT-18A**, is a listing of all zip codes that are located within the market area, i.e., Sangamon County.

   b. The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

   Appended as **ATTACHMENT-18B**, is the U.S. Census Bureau 2010 and 2011 population and one year estimate for Sangamon County.

   c. The names and locations of all existing or approved LTC facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

   Appended as **ATTACHMENT-18C** are the names and locations of all existing or approved LTC facilities located within 30-minutes normal travel time from the projected site that provide nursing care category of service.

2. The applicant shall document that the project will not result in maldistribution of services.

The Applicant as an operator of an existing long-term care facility within the Sangamon County Planning Area has experienced the need for the proposed service. St. John's Hospital has provided the rationale for the proposed clientele. Furthermore, it appears that the population this project will cater to is leaving the Planning Area for care. Therefore, the establishment of the proposed project is to reverse this trend which should not affect the overall utilization of area providers or create a maldistribution of service.

Typical indicators of maldistribution are the State's bed need determination, the ratio of beds to population, the population to support the proposed project, and area utilization rates.

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED IX)

Criterion 1125.580 - Unnecessary Duplication/Maldistribution (Continued ii)

The State's July 25, 2011 Inventory of Health Care Facilities and Services and Need Determinations and its Update to said Inventory (both are appended as **ATTACHMENT-18D**) calculates a need for 90 beds in addition to the 75 beds being proposed.

The ratio of beds to population is a comparison of ratios between that of the market area and of the entire State. This criterion allows the market area (planning area) to have a ratio of beds to population that is up to one and one half times of the entire State before a true maldistribution of a specific service exists. The market area ratio is calculated by dividing its nursing inventory by its population. Likewise, the State's ratio is computed by dividing the State's total nursing inventory by the State's total population.

The demographic information for the same area is supplied from the U.S. Census Bureau 2010 census, appended as **ATTACHMENT-18B**. The inventory of nursing beds within the Sangamon County Planning Area is appended as **ATTACHMENT-18C**. The total State population is also provided by the 2010 census through the U.S. Census Bureau and the inventory of nursing beds were totaled from the *September 18, 2012 Updates to the Inventory of Health Care Facilities and Services and Need Determinations Volume 2, Parts VI-VII Long-Term Care, Effective July 25, 2011.*

Total Nursing Beds (Sangamon Co.)	1,254 (1,179 existing + 75 proposed beds)	=	1 N.C. Bed
Population (2010) (Sangamon Co.)	197,822		157.8 People

Total of Nursing Care Beds (State of Illinois)	100,450 (2011 IDPH Profile)	=	1	* 1.5	=	1 N.C. Bed
Population (2010 Census)	12,830,632		127.7			85 People

The base ratio of the Planning Area shows that there are more people per nursing beds than the State as a whole has without applying the 1.5 times allowance.

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED X)

Criterion 1125.580 - Unnecessary Duplication/Maldistribution (Continued iii)

Supporting the bed need is the area's elderly demographics. Appended in the State's Inventory is population estimates and projections. These figures compared to those from the U.S. Census Bureau for CY 2010 and 2011 show that the current population is within the range that the State's Inventory utilized to calculate the need for or excess of nursing care beds in the planning Area. The State (IDPH) utilized 2008 base year data of 13,500 people in the 65-74 age cohort and 13,000 people in the 75+ age group. The U.S. Census Bureau states that the 2010 census figures show that there are 14,095 people and 17,506 people in the 65-74 and the 75 plus age cohorts respectively. Collectively, for the over 65 age cohort, the projection appears to be on target being four years out from the base year or just slightly behind the actual census population figures.

The final indicator of need is the area occupancy rates of those facilities within Sangamon County. Appended as **ATTACHMENT-18E**, is a facility utilization chart and the listed facilities' IDPH Annual Facility Questionnaire Profile. This data calculates the area utilization rate for licensed beds at 83%. However, when only peak beds (beds set-up and staffed) are counted, the utilization rate is more accurately 88%. Although this is rate is below the State's optimal rate of 90%, the fact remains that residents are leaving the Sangamon County Planning Area to find care and services and capacity for the specific service of nursing rehab is not readily available.

Cumulatively, this project more than exceeds three of the four indicators of need, therefore, maldistribution as a result of this project does not appear to be an issue.

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XI)

Criterion 1125.580 - Unnecessary Duplication/Maldistribution (Continued iv)

3. The applicant shall document that, within 24 months after project completion, the proposed project:

   a. Will not lower the utilization of other area providers below the occupancy standards specified in Section 1125.210(c); and

   b. Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

As the Applicant has documented within this item, this project meets three of the four indicators of need. It has also provided documentation (St. John's Hospital support letter) that there is an underserved population, of which this project intends to serve. Therefore, this project will not lower, to a further extent, the utilization of other area facilities that are currently operating below the occupancy standards.

McAfee SECURE TESTED DAILY 24-SEPT

Free ZIP Code Finder

Questions? 1-800-425-1169

ZIP Code Tools Mobile App

Get the FREE ZIP Code Tools app for iPhone, iPad, iPod, Android, and webOS.

Webroot® - Official Site

Official Webroot website. 12-Time PC Mag winner. Download Now!
www.webroot.com
AdChoices

Download all U.S. ZIP Codes in one Database

Add the ZIP Code Finder to your website

Records indicated by this icon do cross into the county you searched for even though their 'primary' county is different.

Zip Code	Area Code	City	County	State	Country
62515	217	BUFFALO	SANGAMON	IL	US
62520	217	DAWSON	SANGAMON	IL	US
62530	217	DIVERNON	SANGAMON	IL	US
62536	217	GLENARM	SANGAMON	IL	US
62539	217	ILLIOPOLIS	SANGAMON	IL	US
62545	217	MECHANICSBURG	SANGAMON	IL	US
62548	217	MOUNT PULASKI	LOGAN	IL	US
62558	217	PAWNEE	SANGAMON	IL	US
62561	217	RIVERTON	SANGAMON	IL	US
62563	217	ROCHESTER	SANGAMON	IL	US
62601	217	ALEXANDER	MORGAN	IL	US
62612	217	ASHLAND	CASS	IL	US
62615	217	AUBURN	SANGAMON	IL	US
62625	217	CANTRALL	SANGAMON	IL	US
62629	217	CHATHAM	SANGAMON	IL	US
62661	217	LOAMI	SANGAMON	IL	US
62662	217	LOWDER	SANGAMON	IL	US
62670	217	NEW BERLIN	SANGAMON	IL	US
62677	217	PLEASANT PLAINS	SANGAMON	IL	US
62684	217	SHERMAN	SANGAMON	IL	US
62689	217	THAYER	SANGAMON	IL	US
62690	217	VIRDEN	MACOUPIN	IL	US
62692	217	WAVERLY	MORGAN	IL	US
62693	217	WILLIAMSVILLE	SANGAMON	IL	US
62701	217	SPRINGFIELD	SANGAMON	IL	US
62702	217	SPRINGFIELD	SANGAMON	IL	US
62703	217	SPRINGFIELD	SANGAMON	IL	US
62704	217	SPRINGFIELD	SANGAMON	IL	US
62705	217	SPRINGFIELD	SANGAMON	IL	US
62706	217	SPRINGFIELD	SANGAMON	IL	US
62707	217	SPRINGFIELD	SANGAMON	IL	US
62708	217	SPRINGFIELD	SANGAMON	IL	US
62711	217	SPRINGFIELD	SANGAMON	IL	US
62712	217	SPRINGFIELD	SANGAMON	IL	US
62715	217	SPRINGFIELD	SANGAMON	IL	US
62716	217	SPRINGFIELD	SANGAMON	IL	US
62719	217	SPRINGFIELD	SANGAMON	IL	US
62721	217	SPRINGFIELD	SANGAMON	IL	US
62722	217	SPRINGFIELD	SANGAMON	IL	US
62723	217	SPRINGFIELD	SANGAMON	IL	US

E-mail Address: e-mail addres Submit

Sign up for news and specials. We value your privacy. Your address will not be sold, traded or given to any third parties.

62726	217	SPRINGFIELD	SANGAMON	IL	US
62736	217	SPRINGFIELD	SANGAMON	IL	US
62739	217	SPRINGFIELD	SANGAMON	IL	US
62756	217	SPRINGFIELD	SANGAMON	IL	US
62757	217	SPRINGFIELD	SANGAMON	IL	US
62761	217	SPRINGFIELD	SANGAMON	IL	US
62762	217	SPRINGFIELD	SANGAMON	IL	US
62763	217	SPRINGFIELD	SANGAMON	IL	US
62764	217	SPRINGFIELD	SANGAMON	IL	US
62765	217	SPRINGFIELD	SANGAMON	IL	US

Viewing Page 1 of 2
1 2 [Next]
Showing 1 - 50 of 60 Records

U.S. ZIP Code Database
Get a comprehensive database of all US ZIP Codes including State, County, Area Code, City, Latitude/Longitude, Population, Business Counts, and much more. Read More

Need name, address, and telephone numbers?
Mailing & Telemarketing Lists
5,000 Names for $499

Follow Us:

© 2003-2012 Zip-Codes.com
All rights reserved. Datasheer, L.L.C.

U.S. Census Bureau

AMERICAN FactFinder

DP05 | ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2010 American Community Survey 1-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, for 2010, the 2010 Census provides the official counts of the population and housing units for the nation, states, counties, cities and towns.

Subject	Sangamon County, Illinois			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	197,822	*****	197,822	(X)
Male	95,561	+/-376	48.3%	+/-0.2
Female	102,261	+/-376	51.7%	+/-0.2
Under 5 years	12,318	+/-451	6.2%	+/-0.2
5 to 9 years	13,413	+/-1,525	6.8%	+/-0.8
10 to 14 years	12,842	+/-1,455	6.5%	+/-0.7
15 to 19 years	12,566	+/-538	6.4%	+/-0.3
20 to 24 years	11,803	+/-1,051	6.0%	+/-0.5
25 to 34 years	25,831	+/-1,267	13.1%	+/-0.6
35 to 44 years	25,341	+/-830	12.8%	+/-0.4
45 to 54 years	30,169	+/-597	15.3%	+/-0.3
55 to 59 years	14,637	+/-1,268	7.4%	+/-0.6
60 to 64 years	11,499	+/-1,216	5.8%	+/-0.6
65 to 74 years	14,095	+/-381	7.1%	+/-0.2
75 to 84 years	9,110	+/-935	4.6%	+/-0.5
85 years and over	4,198	+/-874	2.1%	+/-0.4
Median age (years)	39.2	+/-0.9	(X)	(X)
18 years and over	151,015	+/-217	76.3%	+/-0.1
21 years and over	144,700	+/-752	73.1%	+/-0.4
62 years and over	33,359	+/-1,238	16.9%	+/-0.6
65 years and over	27,403	+/-392	13.9%	+/-0.2
18 years and over	151,015	+/-217	151,015	(X)
Male	71,093	+/-288	47.1%	+/-0.1
Female	79,922	+/-167	52.9%	+/-0.1
65 years and over	27,403	+/-392	27,403	(X)
Male	11,125	+/-333	40.6%	+/-0.8
Female	16,278	+/-188	59.4%	+/-0.8
RACE				
Total population	197,822	*****	197,822	(X)
One race	194,187	+/-1,318	98.2%	+/-0.7
Two or more races	3,635	+/-1,318	1.8%	+/-0.7
One race	194,187	+/-1,318	98.2%	+/-0.7
White	164,836	+/-1,056	83.3%	+/-0.5
Black or African American	24,123	+/-1,413	12.2%	+/-0.7
American Indian and Alaska Native	322	+/-252	0.2%	+/-0.1

Subject	Sangamon County, Illinois			
	Estimate	Estimate Margin of Error	Percent	Percent Margin of Error
Cherokee tribal grouping	N	N	N	N
Chippewa tribal grouping	N	N	N	N
Navajo tribal grouping	N	N	N	N
Sioux tribal grouping	N	N	N	N
Asian	3,331	+/-395	1.7%	+/-0.2
Asian Indian	N	N	N	N
Chinese	N	N	N	N
Filipino	N	N	N	N
Japanese	N	N	N	N
Korean	N	N	N	N
Vietnamese	N	N	N	N
Other Asian	N	N	N	N
Native Hawaiian and Other Pacific Islander	0	+/-267	0.0%	+/-0.1
Native Hawaiian	N	N	N	N
Guamanian or Chamorro	N	N	N	N
Samoan	N	N	N	N
Other Pacific Islander	N	N	N	N
Some other race	1,575	+/-986	0.8%	+/-0.5
Two or more races	3,635	+/-1,318	1.8%	+/-0.7
White and Black or African American	2,086	+/-1,293	1.1%	+/-0.7
White and American Indian and Alaska Native	576	+/-252	0.3%	+/-0.1
White and Asian	337	+/-318	0.2%	+/-0.2
Black or African American and American Indian and Alaska Native	0	+/-267	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	197,822	*****	197,822	(X)
White	168,318	+/-1,703	85.1%	+/-0.9
Black or African American	26,498	+/-442	13.4%	+/-0.2
American Indian and Alaska Native	1,187	+/-295	0.6%	+/-0.1
Asian	3,821	+/-267	1.9%	+/-0.1
Native Hawaiian and Other Pacific Islander	N	N	N	N
Some other race	1,922	+/-1,084	1.0%	+/-0.5
HISPANIC OR LATINO AND RACE				
Total population	197,822	*****	197,822	(X)
Hispanic or Latino (of any race)	3,561	*****	1.8%	*****
Mexican	1,806	+/-626	0.9%	+/-0.3
Puerto Rican	645	+/-494	0.3%	+/-0.2
Cuban	165	+/-182	0.1%	+/-0.1
Other Hispanic or Latino	945	+/-567	0.5%	+/-0.3
Not Hispanic or Latino	194,261	*****	98.2%	*****
White alone	162,628	+/-762	82.2%	+/-0.4
Black or African American alone	23,760	+/-1,369	12.0%	+/-0.7
American Indian and Alaska Native alone	322	+/-252	0.2%	+/-0.1
Asian alone	3,331	+/-395	1.7%	+/-0.2
Native Hawaiian and Other Pacific Islander alone	0	+/-267	0.0%	+/-0.1
Some other race alone	726	+/-710	0.4%	+/-0.4
Two or more races	3,494	+/-1,323	1.8%	+/-0.7
Two races including Some other race	246	+/-287	0.1%	+/-0.1
Two races excluding Some other race, and Three or more races	3,248	+/-1,413	1.6%	+/-0.7
Total housing units	89,941	+/-540	(X)	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

1 of 1

ATTACHMENT-188

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

The ACS questions on Hispanic origin and race were revised in 2008 to make them consistent with the Census 2010 question wording. Any changes in estimates for 2008 and beyond may be due to demographic changes, as well as factors including questionnaire changes, differences in ACS population controls, and methodological differences in the population estimates, and therefore should be used with caution. For a summary of questionnaire changes see http://www.census.gov/acs/www/methodology/questionnaire_changes/. For more information about changes in the estimates see http://www.census.gov/population/www/socdemo/hispanic/reports.html.

While the 2010 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2010 American Community Survey

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

U.S. Census Bureau

AMERICAN FactFinder

DP05 | ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011 American Community Survey 1-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	Sangamon County, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	198,844	*****	198,844	(X)
Male	95,609	+/-445	48.1%	+/-0.2
Female	103,235	+/-445	51.9%	+/-0.2
Under 5 years	12,405	+/-267	6.2%	+/-0.1
5 to 9 years	12,591	+/-1,272	6.3%	+/-0.6
10 to 14 years	13,593	+/-1,257	6.8%	+/-0.6
15 to 19 years	12,972	+/-537	6.5%	+/-0.3
20 to 24 years	11,753	+/-647	5.9%	+/-0.3
25 to 34 years	25,396	+/-601	12.8%	+/-0.3
35 to 44 years	25,185	+/-723	12.7%	+/-0.4
45 to 54 years	29,884	+/-807	15.0%	+/-0.4
55 to 59 years	12,824	+/-1,175	6.4%	+/-0.6
60 to 64 years	14,506	+/-1,165	7.3%	+/-0.6
65 to 74 years	14,867	+/-302	7.5%	+/-0.2
75 to 84 years	8,148	+/-739	4.1%	+/-0.4
85 years and over	4,720	+/-754	2.4%	+/-0.4
Median age (years)	39.1	+/-0.6	(X)	(X)
18 years and over	152,352	+/-92	76.6%	+/-0.1
21 years and over	143,920	+/-896	72.4%	+/-0.5
62 years and over	36,698	+/-1,096	18.5%	+/-0.6
65 years and over	27,735	+/-209	13.9%	+/-0.1
18 years and over	152,352	+/-92	152,352	(X)
Male	71,870	+/-317	47.2%	+/-0.2
Female	80,482	+/-330	52.8%	+/-0.2
65 years and over	27,735	+/-209	27,735	(X)
Male	11,366	+/-93	41.0%	+/-0.3
Female	16,369	+/-182	59.0%	+/-0.3
RACE				
Total population	198,844	*****	198,844	(X)
One race	194,970	+/-1,286	98.1%	+/-0.6
Two or more races	3,874	+/-1,286	1.9%	+/-0.6
One race	194,970	+/-1,286	98.1%	+/-0.6
White	165,790	+/-684	83.4%	+/-0.3
Black or African American	24,091	+/-1,191	12.1%	+/-0.6

Subject	Sangamon County, Illinois			
	Estimate	Margin of Error	Percent	Percent Margin of Error
American Indian and Alaska Native	653	+/-284	0.3%	+/-0.1
Cherokee tribal grouping	N	N	N	N
Chippewa tribal grouping	N	N	N	N
Navajo tribal grouping	N	N	N	N
Sioux tribal grouping	N	N	N	N
Asian	3,345	+/-582	1.7%	+/-0.3
Asian Indian	N	N	N	N
Chinese	N	N	N	N
Filipino	N	N	N	N
Japanese	N	N	N	N
Korean	N	N	N	N
Vietnamese	N	N	N	N
Other Asian	N	N	N	N
Native Hawaiian and Other Pacific Islander	0	+/-189	0.0%	+/-0.1
Native Hawaiian	N	N	N	N
Guamanian or Chamorro	N	N	N	N
Samoan	N	N	N	N
Other Pacific Islander	N	N	N	N
Some other race	1,091	+/-589	0.5%	+/-0.3
Two or more races	3,874	+/-1,286	1.9%	+/-0.6
White and Black or African American	2,304	+/-1,120	1.2%	+/-0.6
White and American Indian and Alaska Native	275	+/-284	0.1%	+/-0.1
White and Asian	882	+/-581	0.4%	+/-0.3
Black or African American and American Indian and Alaska Native	0	+/-189	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	198,844	*****	198,844	(X)
White	169,486	+/-1,423	85.2%	+/-0.7
Black or African American	26,662	+/-408	13.4%	+/-0.2
American Indian and Alaska Native	1,026	+/-121	0.5%	+/-0.1
Asian	4,316	+/-125	2.2%	+/-0.1
Native Hawaiian and Other Pacific Islander	N	N	N	N
Some other race	1,415	+/-622	0.7%	+/-0.3
HISPANIC OR LATINO AND RACE				
Total population	198,844	*****	198,844	(X)
Hispanic or Latino (of any race)	3,799	*****	1.9%	*****
Mexican	2,933	+/-394	1.5%	+/-0.2
Puerto Rican	91	+/-71	0.0%	+/-0.1
Cuban	30	+/-37	0.0%	+/-0.1
Other Hispanic or Latino	745	+/-396	0.4%	+/-0.2
Not Hispanic or Latino	195,045	*****	98.1%	*****
White alone	163,232	+/-400	82.1%	+/-0.2
Black or African American alone	23,755	+/-1,135	11.9%	+/-0.6
American Indian and Alaska Native alone	653	+/-284	0.3%	+/-0.1
Asian alone	3,282	+/-581	1.7%	+/-0.3
Native Hawaiian and Other Pacific Islander alone	0	+/-189	0.0%	+/-0.1
Some other race alone	517	+/-424	0.3%	+/-0.2
Two or more races	3,606	+/-1,244	1.8%	+/-0.6
Two races including Some other race	18	+/-29	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	3,588	+/-1,245	1.8%	+/-0.6
Total housing units	89,905	+/-687	(X)	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

The ACS questions on Hispanic origin and race were revised in 2008 to make them consistent with the Census 2010 question wording. Any changes in estimates for 2008 and beyond may be due to demographic changes, as well as factors including questionnaire changes, differences in ACS population controls, and methodological differences in the population estimates, and therefore should be used with caution. For a summary of questionnaire changes see http://www.census.gov/acs/www/methodology/questionnaire_changes/. For more information about changes in the estimates see http://www.census.gov/population/www/socdemo/hispanic/reports.html.

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

While the 2011 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2011 American Community Survey

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

174

All Nursing Facilities within 30-Minutes

FACID	KEY	FACNAME	ADDRESS	CITY	ZIP	Gen Beds	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
	829	Springfield Nursing & Rehab Ctr	3089 Old Jacksonville Road	Springfield	62704-000	**75**	0	0
6005300	422	Lewis Mem Christian Village	3400 West Washington	Springfield	62707-000	**155**	3	1.41
6004709	382	Illinois Presbyterian Home	2005 West Lawrence	Springfield	62704-000	**15**	3	1.51
6008239	607	Regency Nursing Care Residence	2120 West Washington	Springfield	62702-000	**95**	4	1.97
6006811	542	Oak Terrace Care Center	1750 West Washington	Springfield	62702-000	**78**	4	2
	830	Concordia Village	4101 West Iles Avenue	Springfield	62711-000	**64**	5	2.05
6002489	124	Capitol Care Center	555 West Carpenter	Springfield	62702-000	**251**	8	3.89
6004279	355	Heritage Manor - Springfield	900 North Rutledge	Springfield	62702-000	**178**	10	4.47
6008965	713	St. Joseph's Home For Aged	801 E St Joseph St	Springfield	62703-000	**72**	11	8.44
6008940	711	St. John's Hospital	801 East Carpenter	Springfield	62702-000	**37**	11	4.91
6002661	698	Springfield Terrace	525 S. Martin Luther King Dr.	Springfield	62703-000	**65**	13	5.81
		Villa Health Care East	100 Marian Parkway	Sherman	62684	**99**	14	10.12
6007181	65	Auburn Nursing & Rehab Center	304 Maple Avenue	Auburn	62615-000	**70**	22	14.66
6009294	735	Sunrise Skilled Nursing & Rehab	333 South Wrightsman Street	Virden	62690-000	99	33	21.91
6009245	733	Sunny Acres Nursing Home	Sunny Acres Road	Petersburg	62675-000	106	34	23.39
Source: Facility list derived from Microsoft MapPoint software and the HFSRB facility database.						1459		
Travel times and Distances are derived from the online software, www.mapquest.com.						1254		

175

ATTACHMENT-18C

Planning Area: Sangamon

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2008 Patient Days
AUBURN NURSING & REHAB CENTER	AUBURN	Sangamon County	70	21,354
CAPITOL CARE CENTER	SPRINGFIELD	Sangamon County	251	73,129
CONCORDIA VILLAGE (PERMIT)	SPRINGFIELD	Sangamon County	64	
9/1/2009 08-080 permit issued to establish a 64-bed Nursing Care facility.				
HERITAGE MANOR - SPRINGFIELD	SPRINGFIELD	Sangamon County	178	59,588
ILLINOIS PRESBYTERIAN HOME	SPRINGFIELD	Sangamon County	15	2,427
LEWIS MEM CHRISTIAN VILLAGE	SPRINGFIELD	Sangamon County	155	51,887
OAK TERRACE CARE CENTER	SPRINGFIELD	Sangamon County	78	16,382
REGENCY NURSING CARE RESIDENCE	SPRINGFIELD	Sangamon County	95	25,684
SPRINGFIELD CARE CENTER	SPRINGFIELD	Sangamon County	65	18,694
9/1/2010 Name Change Name changed from Springfield Terrace.				
9/1/2010 CHOW Change of ownership occurred.				
SPRINGFIELD NURSING AND REHABILITATION (PE	SPRINGFIELD	Sangamon County	75	
4/21/2009 08-086 Received permit to establish a 75-bed General Nursing Facility.				
ST. JOHN'S HOSPITAL	SPRINGFIELD	Sangamon County	37	9,673
ST. JOSEPH'S HOME FOR AGED	SPRINGFIELD	Sangamon County	72	22,357
8/6/2009 Bed Change Added 7 nursing care beds; facility now has 72 nursing care beds.				
VILLA HEALTH CARE EAST	SHERMAN	Sangamon County	99	33,944
		Planning Area Totals	**1,254**	**335,119**

HEALTH SERVICE AREA	AGE GROUPS	2008 Patient Days	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates
003	0-64 Years Old	188,793	485,500	388.9	233.3	622.2
	65-74 Years Old	220,748	44,000	5,017.0	3,010.2	8,027.2
	75+ Years Old	1,611,353	46,500	34,652.8	20,791.7	55,444.4

	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	28,808	166,400	173.1	233.3	622.2	233.3	169,500	39,547			
65-74 Years Old	38,654	13,500	2,863.3	3,010.2	8,027.2	3,010.2	21,600	65,020			
75+ Years Old	267,658	13,000	20,589.1	20,791.7	55,444.4	20,791.7	16,200	336,825			
						Planning Area Totals		**441,393**	**1,209.3**	**1,344**	**90**

179

ATTACHMENT-180

LONG_TERM CARE FACILITY UPDATES

9/16/2011 - 9/18/2012

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
	11-056	10/11/2011	Sarah Culbertson Mem Hosp, Rushville	Permit issued to discontinue entire 29 bed Long-Term Nursing care category of service.	
	11-056	10/11/2011	Sarah Culbertson Mem Hosp, Rushville	Project completed.	
Christian	Name Change	10/1/2011	Heritage Health - Pana, Pana	Formerly Heritage Manor - Pana.	
Hancock	Closure	10/13/2011	Hancock County Nursing Home, Carthage	Facility deemed closed; 57 Nursing care beds removed from inventory by Board order.	
Logan	CHOW	1/13/2012	Maple Ridge Care Centre, Lincoln	Change of Ownership occurred.	
	Name Change	8/2/2012	Symphony of Lincoln, Lincoln	Formerly Maple Ridge Care Centre.	
Macoupin	Name Change	10/1/2011	Heritage Health - Staunton, Staunton	Formerly Heritage Manor - Staunton.	
	Name Change	10/1/2011	Heritage Health - Gillespie, Gillespie	Formerly Heritage Manor - Gillespie.	
	Name Change	10/1/2011	Heritage Health - Carlinville, Carlinville	Formerly Heritage Manor - Carlinville.	
Menard	Closure	10/13/2011	Menard Convalescent Center, Petersburg	Facility deemed closed; 86 Nursing care beds removed from inventory by Board order.	
Montgomery	Name Change	10/1/2011	Heritage Health - Litchfield, Litchfield	Formerly Heritage Manor - Litchfield.	
Morgan/Scott	Name Change	10/1/2011	Heritage Health - Jacksonville, Jacksonville	Formerly Barton W. Stone Home.	
	Closure	10/13/2011	Care Center Of Jacksonville, Jacksonville	Facility deemed closed; 93 Nursing care beds removed from inventory by Board order.	
Sangamon	Name Change	10/1/2011	Heritage Health - Springfield, Springfield	Formerly Heritage Manor - Springfield.	
	08-080	12/16/2011	Concordia Village, Springfield	Facility licensed for operaiton with 64 Nursing Care beds.	
	Bed Change	12/19/2011	St. Joseph'S Home For Aged, Springfield	Facility discontinued 6 Sheltered Care beds; facility now has 72 Nursing Care and 35 Sheltered Care beds.	
			Health Service Area 4		
Coles/Cumberland	CHOW	1/13/2012	Mattoon Healthcare & Rehabilitation Center, Mattoon	Change of Ownership occurred.	
Ford	Name Change	10/1/2011	Heritage Health - Gibson City, Gibson City	Formerly Heritage Manor - Gibson City.	
Livingston	Name Change	10/1/2011	Heritage Health - Dwight, Dwight	Formerly Heritage Manor - Dwight.	
	12-027	7/23/2012	Good Samaritan-Pontiac, Pontiac	Permit to build replacement facility; beds will reamin 122 Nursing Care, no change.	
Macon	Name Change	10/1/2011	Heritage Health - Mount Zion, Mount Zion	Formerly Heritage Manor - Mount Zion	
	CHOW	1/10/2012	Mckinley Court, Decatur	Change of Ownership occurred.	
	CHOW	1/10/2012	Aspen Ridge Care Center, Decatur	Change of Ownership occurred.	
	Bed Change	1/15/2012	Heartland Of Decatur, Decatur	Facility added 5 Nursing Care beds; facility now has a total of 117 Nursing Care beds.	
	12-005	4/17/2012	Hickory Point Christian Village (Permit), Forsyth	Permit issued to add 17 Nursing Care beds to existing facility; facility now authorized for 64 beds.	
	Name Change	8/2/2012	Symphony of Decatur	Formerly Aspen Ridge Care Centre.	
McLean	Name Change	10/1/2011	Heritage Health - Bloomington, Bloomington	Formerly Heritage Manor - Bloomington	
	Name Change	10/1/2011	Heritage Health - Normal, Normal	Formerly Heritage Manor - Normal.	
Moultrie	Bed Change	7/17/2012	The Arthur Home, Arthur	Disconitnued 8 Nursing Care beds; facility now has 53 Nursing Care beds.	
Vermilion	Bed Change	1/9/2012	Hawthorne Inn Of Danville, Danville	Facility added 6 Nursing Care beds and discontinued 6 Sheltered Care beds; facility now has 76 Nursing Care and 64 Sheltered Care beds.	
			Health Service Area 5		
Crawford	CHOW	1/1/2012	Ridgeview Care Center, Oblong	Change of ownership occurred.	
Franklin	CHOW	1/18/2012	Stonebridge Senior Living Center, Benton	Change of Ownership occurred.	
Gallatin/Hamilton/ Saline	Closure	6/4/2012	Finnie Good Shepherd Nursing Home, Galatia	Facility closed. 73 Nursing Care beds removed from inventory.	
Jackson	12-050	9/11/2012	Rehab & Care Center of Jackson County, Murphysboro	Permit issued for discontinuation of 178 bed Long-Term Care (Nursing Care) facility.	New

LONG_TERM CARE FACILITY UPDATES

9/16/2011 - 9/18/2012

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
LONG-TERM CARE NURSING CARE BED NEED			
HEALTH SERVICE AREA 1			
Boone	305	279	26
Carroll	187	148	39
DeKalb	757	742	15
Jo Daviess	231	155	76
Lee	299	342	(43)
Ogle	599	535	64
Stephenson	665	664	1
Whiteside	717	843	(126)
Winnebago	2399	2366	33
HEALTH SERVICE AREA 2			
Bureau/Putnam	429	373	56
Fulton	523	615	(92)
Henderson/Warren	245	218	27
Knox	823	950	(127)
LaSalle	1364	1389	(25)
McDonough	379	376	3
Marshall/Stark	346	427	(81)
Peoria	1760	1731	29
Tazewell	1516	1246	270
Woodford	655	592	63
HEALTH SERVICE AREA 3			
Adams	1188	1495	(307)
Brown/Schuyler	183	186	(3)
Calhoun/Pike	301	337	(36)
Cass	186	150	36
Christian	412	472	(60)
Greene	154	119	35
Hancock	190	184	6
Jersey	411	369	42
Logan	502	468	34
Macoupin	686	744	(58)
Mason	143	164	(21)
Menard	230	106	124
Montgomery	567	490	77
Morgan/Scott	573	561	12
Sangamon	1344	1254	90
HEALTH SERVICE AREA 4			
Champaign	1037	908	129
Clark	290	255	35
Coles/Cumberland	759	939	(180)
DeWitt	219	190	29
Douglas	238	233	5
Edgar	260	299	(39)
Ford	240	427	(187)
Iroquois	461	486	(25)
Livingston	494	550	(56)
McLean	1306	1118	188
Macon	1331	1253	78
Moultrie	318	361	(43)
Piatt	160	160	0
Shelby	264	265	(1)
Vermilion	692	779	(87)

Nursing Care Facilities and Services
Within Sangamon County Planning Area

Facility Name	City	# of Licensed Nursing Beds	Peak Beds Set-Up	Nursing Patient Days	Nursing Occupancy	Peak Beds Occupancy	Admissions	ALOS	Potential Beds (+)Under/(-)over 90%	Peak Potential Beds (+)Under/(-)over 90%
Hospital Setting										
St. John's Hospital	Springfield	37	37	10,355	76.7%	76.7%	894	12		
Sub-Total		**37**	**37**	**10,355**	**76.7%**	**76.7%**	**894**	**12**		
Nursing Setting										
Auburn Nursing & Rehab Center	Auburn	70	65	22,143	86.7%	93.3%	68	326	2	-2
Capitol Care Center	Springfield	251	220	64,876	70.8%	80.8%	241	269	48	20
Heritage Manor-Springfield	Springfield	178	176	60,315	92.8%	93.9%	571	106	-5	-7
Illinois Presbyterian Home	Springfield	15	9	1,622	29.6%	49.4%	31	781	9	4
Lewis Memorial Christian Village	Springfield	155	155	51,905	91.7%	91.7%	383	136	-3	-3
Oak Terrace Care Center	Springfield	78	60	17,115	60.1%	78.2%	77	309	23	7
Regency Nursing Care Residence	Springfield	95	95	29,248	84.3%	84.3%	146	205	5	5
Springfield Care Center	Springfield	65	65	20,946	88.3%	88.3%	49	427	1	1
St. Joseph's Home for Aged	Springfield	72	71	25,029	95.2%	96.6%	51	702	-4	-5
Villa Health Care East	Sherman	99	99	34,315	95.0%	95.0%	207	166	-5	-5
Sub-Total		**1,078**	**1,015**	**327,514**	**83.2%**	88.4%	**1,824**	**312**	**73**	16
TOTAL		**1,115**	**1,052**	**337,869**	**83.0%**	88.0%			78	21
New Permits										
Concordia Village (1)	Springfield	64	64							
Springfield Nursing & Rehab.(2)	Springfield	75	75							
		139	**139**							
		1,254	**1,191**	5%						

Source: 2011 Illinois Department of Public Health Long-Term Care Facility Profiles
7/25/2011 Inventory of Health Care Facilities and Services and Need Determinations
9/16/2011 Long-Term Care Facility Updates to the Inventory of Health Care Facilities and Services and Need Determinations

(1) Permit issued to establish a 64-bed Nursing Care facility on 9/1/2009, Permit #: 08-080. Facility licensed for operation with 64-Nursing Care Beeds on 12/16/2011.

(2) Permit issued to establish a 75-bed Nursing Care Facility on 4/21/2009, Permit #:08-086

179

ATTACHMENT-18E

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XII)

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.

Refer to **ATTACHMENT-19A** for the proposed staffing pattern by position for the Nursing category of service. The proposed project will require 71 FTE's upon project completion.

2. Provide the following documentation:

   a. The name and qualification of the person currently filling the position, if applicable; and

   b. Letters of interest from potential employees; and

   c. Applications filed for each position; and

   d. Signed contracts with the required staff; or

   e. A narrative explanation of how the proposed staffing will be achieved.

The Applicant has 13 related long-term care facilities in both Illinois and Missouri. It is the policy of the organization to begin a comprehensive recruitment program for every new facility approximately four to six months prior to the opening in order to insure that the new facility has all of the necessary positions filled with qualified personnel. Local advertizing 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 recruits both locally and regionally for highly qualified staff.

The following steps are taken to actively recruit new 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 an open house and tour of the facility. A video will 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 area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program and a continual in-service training program enhance the attraction of new employees and helps retain qualified and dedicated staff.

It should be noted that the Applicant's related entities has existing employees within the Springfield area. These employees will, as will the proposed employees of the new facility in Springfield, have paid continuing education credits, competitive wages, and pensions offered. With such a large number of existing employees one strong focus of recruitment will be by word of mouth by the Applicant's existing employees. Furthermore, the management company will provide an upward mobility transfer for those employees within the market area.

Furthermore, the staffing study performed by the Illinois Department of Employment Security (IDES)(refer to **ATTACHMENT-19B**) for the original project indicated that there were applicants (registered nurses, licensed practical nurses, and aides/orderlies/attendants) seeking employment opportunities. An update to that study is appended as **ATTACHMENT-19C**. This data illustrates that the original data is relevant if not understated.

75 Bed Medicare/Private Pay Staffing

DEPARTMENT	DAYS # OF STAFF	EVENINGS # OF STAFF	NIGHTS # OF STAFF	
HOUSEKEEPING	3 + MGR	1	0	
LAUNDRY	1 ½	1 ½	1	
DIETARY	1 COOK;1 PREP;1 DISH;1 MGR	1 COOK;1 PREP;1 DISH; ½ PERSON TO ASSIST	0	
DIRECTOR OF NURSING	1 SALARIED	NA	NA	
ADON/WOUNDS	1 SALARIED	NA	NA	
RN	1	1	1	
LPN	3	3	1	
C.N.A.	7	6	4	
ACTIVITY	1 MGR AND ½	½	0	
SOCIAL SERVICE	2	0	0	
MEDICAL RECORDS/RECEPTIONIST	1	½	0	
BUSINESS OFFICE HUMAN RESOURCE	1 OF EACH 1	0	0	
ADMISSSIONS/MARKETING	1	0	0	
ADMINISTRATOR	1	NA	NA	
MAINTANCE/INTERIOR	2			
CARE PLANS	2			

ATTACHMENT - 19A

75 Bed Medicare/Private Pay Staffing

PT	1		
PTA	5		
OT	1		
OTA	5		
SP	1		

ILLINOIS
DEPARTMENT OF
EMPLOYMENT
SECURITY

June 4, 2008

Mr. John Kniery
Foley & Associates
1638 South MacArthur Boulevard
Springfield, Illinois 62704

Dear John:

The requested data describing projections for the registered nurse, licensed practical nurse, and nursing aide, orderly and attendant occupations in the Springfield, Illinois labor market is shown below. The five county area administered by Workforce Board #20 for workforce issues- Cass, Christian, Logan, Menard, and Sangamon- is taken as the relevant labor market area for a Springfield, Il worksite.

OCCUPATIONAL EMPLOYMENT PROJECTIONS
2004 to 2014
WORKFORCE BOARD #20 LABOR MARKET
(Cass, Christian, Logan, Menard, & Sangamon Counties)

	EMPLOYMENT			AVG. ANNUAL OPENINGS		
	2004	2014	Change	Total	Growth	Replacement
Registered Nurse	3,258	3,789	531-16%	121	53	68
Licensed Practical Nurse	735	770	35- 5%	20	4	16
Nursing Aides, Orderlies, & Attendants	1,868	2,059	191-10%	44	19	25

Rod R. Blagojevich, Governor
James P. Sledge, Director

33 SOUTH STATE STREET
CHICAGO, ILLINOIS 60603-2802
www.ides.state.il.us

ATTACHMENT-19B

For these counties, the number of job seekers registered with the Illinois Department of Employment Security's Illinois Skills Match employment system for these occupations in the July 1, 2007 to May 31, 2008 time period is shown below. This is as always an indication, neither comprehensive nor complete, of workforce availability in the Workforce Board #20 area. Not all job seekers, particularly RN's, register with Skills Match. These include individual job seekers available at least part of the 7/1/07-5/31/08 period but not necessarily the entire period.

RN-25

LPN-23

Aide/Orderly/Attendant-37

Sincerely

R.W. Kaye

Richard W. Kaye
Chicago Labor Market Economist
Illinois Department of Employment Security.

Definitions of Workforce Investment Areas (WIAs)

- WIA 1 - Lake County
- WIA 2 - Mc Henry County
- WIA 3 - Boone, and Winnebago Counties
- WIA 4 - Carroll, Jo Daviess, Ogle, Stephenson, and Whiteside Counties
- WIA 5 - De Kalb, Kane, and Kendall Counties
- WIA 6 - Du Page County
- WIA 7,8,9 - Cook County
- WIA 10 - Will County
- WIA 11 - Grundy, Kankakee, and Livingston Counties
- WIA 12 - Bureau, La Salle, Lee, and Putnam Counties
- WIA 13 - Henry, Mercer, and Rock Island Counties
- WIA 14 - Adams, Brown, Hancock, Henderson, Knox, Mc Donough, Pike, Schuyler, and Warren Counties
- WIA 15 - Marshall, Peoria, Stark, and Woodford Counties
- WIA 16 - Fulton, Mc Lean, Mason, and Tazewell Counties
- WIA 17 - Champaign, Ford, Iroquois, and Piatt Counties
- WIA 18 - Vermilion County
- WIA 19 - De Witt, and Macon Counties
- WIA 20 - Cass, Christian, Logan, Menard, and Sangamon Counties
- WIA 21 - Calhoun, Greene, Jersey, Macoupin, Montgomery, Morgan, Scott, and Shelby Counties
- WIA 22 - Bond, and Madison Counties
- WIA 23 - Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Lawrence, Marion, Moultrie, and Richland Counties
- WIA 24 - Clinton, Monroe, Randolph, St. Clair, and Washington Counties
- WIA 25 - Franklin, Jackson, Jefferson, Perry, and Williamson Counties
- WIA 26 - Alexander, Edwards, Gallatin, Hamilton, Hardin, Johnson, Massac, Pope, Pulaski, Saline, Union, Wabash, Wayne, and White Counties

ATTACHMENT-19C

LWA 20

State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
10-0000	**Total, All Occupations**	**150,251**	**161,168**	**10,917**	**7.27**	**1,252**	**3,443**	**4,695**	**0.70**
11-0000	Management Occupations	12,004	12,088	84	0.70	38	250	288	0.07
11-1000	Top Executives	3,380	3,293	-87	-2.57	0	97	97	-0.26
11-1011	Chief Executives	969	929	-40	-4.13	0	27	27	-0.42
11-1021	General and Operations Managers	2,242	2,191	-51	-2.27	0	65	65	-0.23
11-1031	Legislators	169	173	4	2.37	0	5	5	0.23
11-2000	Advertising, Mktng, PR & Sales Mgrs	585	640	55	9.40	6	13	19	0.90
11-2011	Advertising and Promotions Managers	51	50	-1	-1.96	0	1	1	-0.20
11-2021	Marketing Managers	139	146	7	5.04	1	3	4	0.49
11-2022	Sales Managers	345	388	43	12.46	4	7	11	1.18
11-2031	Public Relations Managers	50	56	6	12.00	1	1	2	1.14
11-3000	Operations Specialties Managers	1,656	1,707	51	3.08	7	34	41	0.30
11-3011	Administrative Services Managers	661	675	14	2.12	1	14	15	0.21
11-3021	Computer & Information Systems Mgrs	232	260	28	12.07	3	4	7	1.15
11-3031	Financial Managers	446	468	22	4.93	2	8	10	0.48
11-3041	Compensation and Benefits Managers	37	37	0	0.00	0	1	1	0.00
11-3042	Training and Development Managers	21	23	2	9.52	0	0	0	0.91
11-3049	Human Resources Managers, All Other	59	61	2	3.39	0	1	1	0.33
11-3051	Industrial Production Managers	76	66	-10	-13.16	0	3	3	-1.40
11-3061	Purchasing Managers	54	54	0	0.00	0	2	2	0.00
11-3071	Transportation, Storage & Dist Mgrs	70	63	-7	-10.00	0	2	2	-1.05
11-9000	Other Management Occupations	6,383	6,448	65	1.02	25	106	131	0.10
11-9011	Farm, Ranch & Other Agric. Managers	137	137	0	0.00	0	3	3	0.00
11-9012	Farmers and Ranchers	2,530	2,346	-184	-7.27	0	16	16	-0.75
11-9021	Construction Managers	233	263	30	12.88	3	2	5	1.22
11-9031	Educ. Admins., Preschool/Child Care	62	73	11	17.74	1	2	3	1.65
11-9032	Educ. Administrators, Elem. & Sec.	364	379	15	4.12	2	11	13	0.40
11-9033	Educ. Administrators, Postsecondary	65	64	-1	-1.54	0	2	2	-0.15
11-9039	Education Administrators, All Other	14	14	0	0.00	0	0	0	0.00
11-9041	Engineering Managers	118	115	-3	-2.54	0	2	2	-0.26
11-9051	Food Service Managers	269	294	25	9.29	3	5	8	0.89
11-9061	Funeral Directors	32	33	1	3.13	0	1	1	0.31
11-9081	Lodging Managers	33	37	4	12.12	0	1	1	1.15
11-9111	Medical & Health Services Managers	265	304	39	14.72	4	5	9	1.38
11-9121	Natural Sciences Managers	14	14	0	0.00	0	0	0	0.00
11-9131	Postmasters & Mail Superintendents	30	29	-1	-3.33	0	1	1	-0.34
11-9141	Property, RE & Comm Assn Mgrs	122	129	7	5.74	1	2	3	0.56
11-9151	Social & Community Service Managers	118	134	16	13.56	2	3	5	1.28

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

LWA 20

State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
11-9199	Managers, All Other	1,977	2,083	106	5.36	11	51	62	0.52
13-0000	Business & Financial Opers. Occs	8,596	9,437	841	9.78	86	181	267	0.94
13-1000	Business Operations Specialists	5,435	5,918	483	8.89	49	122	171	0.86
13-1011	Agents/Mgrs of Performers/Athletes	17	18	1	5.88	0	0	0	0.57
13-1021	Purchasing Agents/Buyer, Farm Prods	15	15	0	0.00	0	0	0	0.00
13-1022	Wholesale/Retail Buyers, exc Farm	90	86	-4	-4.44	0	2	2	-0.45
13-1023	Purchasing Agents, exc Retail/Farm	214	228	14	6.54	1	6	7	0.64
13-1031	Claims Adjusters/Examnrs/Invstgatrs	424	445	21	4.95	2	11	13	0.48
13-1032	Insurance Appraisers, Auto Damage	12	12	0	0.00	0	0	0	0.00
13-1041	Compliance Officers, exc Hlth/Safty	254	272	18	7.09	2	3	5	0.69
13-1051	Cost Estimators	164	191	27	16.46	3	4	7	1.54
13-1061	Emergency Management Specialists	9	10	1	11.11	0	0	0	1.06
13-1071	Employment/Recruitmnt/Placmnt Specs	165	212	47	28.48	5	4	9	2.54
13-1072	Compnsatn/Bnfts & JobAnalysis Specs	111	134	23	20.72	2	3	5	1.90
13-1073	Training & Development Specialists	225	268	43	19.11	4	6	10	1.76
13-1079	HR/Trng/Labor Rels Specs, All Other	493	569	76	15.42	8	13	21	1.44
13-1081	Logisticians	69	79	10	14.49	1	2	3	1.36
13-1111	Management Analysts	455	517	62	13.63	6	8	14	1.29
13-1121	Meeting and Convention Planners	77	88	11	14.29	1	2	3	1.34
13-1199	Business Operations Specialists, AO	2,641	2,774	133	5.04	13	59	72	0.49
13-2000	Financial Specialists	3,161	3,519	358	11.33	37	59	96	1.08
13-2011	Accountants and Auditors	1,394	1,631	237	17.00	24	24	48	1.58
13-2021	Appraisers/Assessors of Real Estate	58	61	3	5.17	0	1	1	0.51
13-2031	Budget Analysts	52	55	3	5.77	0	1	1	0.56
13-2041	Credit Analysts	68	79	11	16.18	1	1	2	1.51
13-2051	Financial Analysts	208	236	28	13.46	3	4	7	1.27
13-2052	Personal Financial Advisors	76	101	25	32.89	3	1	4	2.88
13-2053	Insurance Underwriters	277	271	-6	-2.17	0	8	8	-0.22
13-2061	Financial Examiners	73	79	6	8.22	1	1	2	0.79
13-2071	Loan Counselors	41	40	-1	-2.44	0	0	0	-0.25
13-2072	Loan Officers	374	415	41	10.96	4	4	8	1.05
13-2081	Tax Examiners/Collectors & Rev Agts	244	237	-7	-2.87	0	9	9	-0.29
13-2082	Tax Preparers	111	117	6	5.41	1	2	3	0.53
13-2099	Financial Specialists, All Other	185	197	12	6.49	1	3	4	0.63
15-0000	Computer & Mathematical Occupations	3,213	3,520	307	9.55	36	61	97	0.92
15-1000	Computer Specialists	3,080	3,384	304	9.87	35	57	92	0.95
15-1011	Computer/Info. Scientists, Research	15	19	4	26.67	0	0	0	2.39
15-1021	Computer Programmers	475	430	-45	-9.47	0	9	9	-0.99

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
19-3022	Survey Researchers	13	16	3	23.08	0	0	0	2.10
19-3031	Clin./Counselng/Sch. Psychologists	157	167	10	6.37	1	5	6	0.62
19-3039	Psychologists, All Other	8	10	2	25.00	0	0	0	2.26
19-3051	Urban and Regional Planners	18	21	3	16.67	0	0	0	1.55
19-3091	Anthropologists and Archeologists	*	*	*	*	*	*	*	*
19-3092	Geographers	*	*	*	*	*	*	*	*
19-3093	Historians	*	*	*	*	*	*	*	*
19-3094	Political Scientists	*	*	*	*	*	*	*	*
19-3099	Soc Scientists & Related Workrs, AO	16	16	0	0.00	0	1	1	0.00
19-4000	Life/Physical/Social Science Techs	302	314	12	3.97	1	12	13	0.39
19-4011	Agricultural and Food Sci Technicians	14	14	0	0.00	0	1	1	0.00
19-4021	Biological Technicians	18	20	2	11.11	0	1	1	1.06
19-4031	Chemical Technicians	15	15	0	0.00	0	0	0	0.00
19-4041	Geological & Petroleum Technicians	*	*	*	*	*	*	*	*
19-4051	Nuclear Technicians	*	*	*	*	*	*	*	*
19-4061	Social Science Research Assistants	6	5	-1	-16.67	0	0	0	-1.81
19-4091	Environmental Sci & Protectn Techs	62	68	6	9.68	1	3	4	0.93
19-4092	Forensic Science Technicians	136	135	-1	-0.74	0	6	6	-0.07
19-4093	Forest and Conservation Technicians	6	6	0	0.00	0	0	0	0.00
19-4099	Life/Physical/Social Sci Techs, AO	40	45	5	12.50	1	2	3	1.18
21-0000	Community & Social Services Occs	4,818	5,177	359	7.45	38	109	147	0.72
21-1000	Counselors/Soc Wrkrs/Comm Srv Specs	4,205	4,499	294	6.99	31	97	128	0.68
21-1011	Substnce Abuse/Bhvrl Dsrdr Counslrs	90	113	23	25.56	2	2	4	2.30
21-1012	Educ'l, Voc'l & School Counselors	286	322	36	12.59	4	6	10	1.19
21-1013	Marriage and Family Therapists	*	*	*	*	*	*	*	*
21-1014	Mental Health Counselors	145	182	37	25.52	4	3	7	2.30
21-1015	Rehabilitation Counselors	242	263	21	8.68	2	5	7	0.84
21-1019	Counselors, All Other	*	*	*	*	*	*	*	*
21-1021	Child, Family & School Social Wrkrs	1,079	1,083	4	0.37	0	27	27	0.04
21-1022	Medical/Public Health Social Wrkrs	100	119	19	19.00	2	3	5	1.75
21-1023	Mental Hlth/Substnce Abuse Soc Wkrs	148	177	29	19.59	3	4	7	1.81
21-1029	Social Workers, All Other	895	886	-9	-1.01	0	23	23	-0.10
21-1091	Health Educators	58	69	11	18.97	1	1	2	1.75
21-1092	Probatn Officrs & Corr Trtmnt Specs	353	346	-7	-1.98	0	8	8	-0.20
21-1093	Social and Human Service Assistants	490	591	101	20.61	10	10	20	1.89
21-1099	Community and Soc Serv Specs, AO	266	292	26	9.77	3	6	9	0.94
21-2000	Religious Workers	613	678	65	10.60	7	12	19	1.01
21-2011	Clergy	539	597	58	10.76	6	11	17	1.03

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
21-2021	Directors, Religious Activities/Educ	38	42	4	10.53	0	1	1	1.01
21-2099	Religious Workers, All Other	36	39	3	8.33	0	1	1	0.80
23-0000	Legal Occupations	1,684	1,797	113	6.71	13	29	42	0.65
23-1000	Lawyers, Judges, & Related Workers	1,306	1,372	66	5.05	8	25	33	0.49
23-1011	Lawyers	822	900	78	9.49	8	15	23	0.91
23-1021	Adm Law Judges/Adjdctrs/Hrng Offcrs	*	*	*	*	*	*	*	*
23-1022	Arbitrators/Mediators/Conciliators	25	26	1	4.00	0	1	1	0.39
23-1023	Judges and Magistrates	*	*	*	*	*	*	*	*
23-2000	Legal Support Workers	378	425	47	12.43	5	5	10	1.18
23-2011	Paralegals and Legal Assistants	182	221	39	21.43	4	2	6	1.96
23-2091	Court Reporters	*	*	*	*	*	*	*	*
23-2092	Law Clerks	97	103	6	6.19	1	1	2	0.60
23-2093	Title Examiners/Abstractrs/Searchrs	41	39	-2	-4.88	0	1	1	-0.50
23-2099	Legal Support Workers, All Other	*	*	*	*	*	*	*	*
25-0000	Education, Training & Library Occs	9,604	10,616	1,012	10.54	102	218	320	1.01
25-1000	Postsecondary Faculty	872	920	48	5.50	5	15	20	0.54
25-1011	Business Faculty	50	54	4	8.00	0	1	1	0.77
25-1021	Computer Science Faculty	22	22	0	0.00	0	0	0	0.00
25-1022	Mathematical Science Faculty	33	35	2	6.06	0	1	1	0.59
25-1031	Architecture Faculty	*	*	*	*	*	*	*	*
25-1032	Engineering Faculty	10	11	1	10.00	0	0	0	0.96
25-1041	Agricultural Sciences Faculty	*	*	*	*	*	*	*	*
25-1042	Biological Science Faculty	23	25	2	8.70	0	0	0	0.84
25-1051	Atmospheric/Earth/Space Sci Faculty	*	*	*	*	*	*	*	*
25-1052	Chemistry Faculty	13	13	0	0.00	0	0	0	0.00
25-1054	Physics Faculty	5	5	0	0.00	0	0	0	0.00
25-1061	Anthropology and Archeology Faculty	*	*	*	*	*	*	*	*
25-1062	Area/Ethnic/Culturl Studies Faculty	*	*	*	*	*	*	*	*
25-1063	Economics Faculty	6	6	0	0.00	0	0	0	0.00
25-1064	Geography Faculty	*	*	*	*	*	*	*	*
25-1065	Political Science Faculty	8	9	1	12.50	0	0	0	1.18
25-1066	Psychology Faculty	21	22	1	4.76	0	0	0	0.47
25-1067	Sociology Faculty	11	11	0	0.00	0	0	0	0.00
25-1071	Health Specialties Faculty	24	25	1	4.17	0	0	0	0.41
25-1072	Nursing Instructors and Faculty	34	35	1	2.94	0	1	1	0.29
25-1081	Education Faculty	45	48	3	6.67	0	1	1	0.65
25-1082	Library Science Faculty	5	5	0	0.00	0	0	0	0.00
25-1111	Criminal Justice & Law Enf. Faculty	7	9	2	28.57	0	0	0	2.54

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

LWA 20

State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
27-4000	Media & Communication Equipmnt Wkrs	295	320	25	8.47	3	7	10	0.82
27-4011	Audio & Video Equipment Technicians	35	38	3	8.57	0	1	1	0.83
27-4012	Broadcast Technicians	50	51	1	2.00	0	2	2	0.20
27-4013	Radio Operators	*	*	*	*	*	*	*	*
27-4014	Sound Engineering Technicians	12	13	1	8.33	0	0	0	0.80
27-4021	Photographers	126	137	11	8.73	1	3	4	0.84
27-4031	Camera Operatrs, TV/Video/Motn Pict	16	16	0	0.00	0	0	0	0.00
27-4032	Film and Video Editors	24	29	5	20.83	1	1	2	1.91
27-4099	Media & Communication Eqpt Wkrs, AO	*	*	*	*	*	*	*	*
29-0000	Healthcare Practitionrs & Tech Occs	9,608	11,179	1,571	16.35	157	196	353	1.53
29-1000	Health Diagnosng/Treatng Practitnrs	6,027	7,072	1,045	17.34	105	111	216	1.61
29-1011	Chiropractors	54	64	10	18.52	1	1	2	1.71
29-1021	Dentists, General	108	121	13	12.04	1	3	4	1.14
29-1022	Oral and Maxillofacial Surgeons	*	*	*	*	*	*	*	*
29-1023	Orthodontists	8	9	1	12.50	0	0	0	1.18
29-1029	Dentists, All Other Specialists	*	*	*	*	*	*	*	*
29-1031	Dietitians and Nutritionists	65	69	4	6.15	0	2	2	0.60
29-1041	Optometrists	43	50	7	16.28	1	1	2	1.52
29-1051	Pharmacists	262	293	31	11.83	3	6	9	1.12
29-1061	Anesthesiologists	112	134	22	19.64	2	2	4	1.81
29-1062	Family and General Practitioners	112	131	19	16.96	2	2	4	1.58
29-1063	Internists, General	118	137	19	16.10	2	2	4	1.50
29-1064	Obstetricians and Gynecologists	52	61	9	17.31	1	1	2	1.61
29-1065	Pediatricians, General	44	52	8	18.18	1	1	2	1.68
29-1066	Psychiatrists	21	24	3	14.29	0	0	0	1.34
29-1067	Surgeons	188	218	30	15.96	3	3	6	1.49
29-1069	Physicians and Surgeons, All Other	301	340	39	12.96	4	5	9	1.23
29-1071	Physician Assistants	75	97	22	29.33	2	1	3	2.61
29-1081	Podiatrists	10	10	0	0.00	0	0	0	0.00
29-1111	Registered Nurses	3,466	4,107	641	18.49	64	61	125	1.71
29-1121	Audiologists	13	16	3	23.08	0	0	0	2.10
29-1122	Occupational Therapists	113	134	21	18.58	2	2	4	1.72
29-1123	Physical Therapists	185	227	42	22.70	4	2	6	2.07
29-1124	Radiation Therapists	25	31	6	24.00	1	1	2	2.17
29-1125	Recreational Therapists	76	87	11	14.47	1	3	4	1.36
29-1126	Respiratory Therapists	136	164	28	20.59	3	3	6	1.89
29-1127	Speech-Language Pathologists	176	198	22	12.50	2	3	5	1.18
29-1129	Therapists, All Other	90	96	6	6.67	1	2	3	0.65

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

LWA 20

State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
29-1131	Veterinarians	51	65	14	27.45	1	1	2	2.46
29-1199	Health Diag/Treat Practitioners, AO	115	128	13	11.30	1	2	3	1.08
29-2000	Health Technologists & Technicians	3,335	3,835	500	14.99	50	77	127	1.41
29-2011	Med & Clinical Lab Technologists	176	181	5	2.84	1	3	4	0.28
29-2012	Medical & Clinical Lab Technicians	243	256	13	5.35	1	5	6	0.52
29-2021	Dental Hygienists	136	178	42	30.88	4	3	7	2.73
29-2031	Cardiovascular Technolgsts/Technens	66	80	14	21.21	1	1	2	1.94
29-2032	Diagnostic Medical Sonographers	60	66	6	10.00	1	1	2	0.96
29-2033	Nuclear Medicine Technologists	24	26	2	8.33	0	0	0	0.80
29-2034	Radiologic Technologsts/Technicians	244	269	25	10.25	3	4	7	0.98
29-2041	Emer Med Technicians & Paramedics	311	353	42	13.50	4	6	10	1.27
29-2051	Dietetic Technicians	62	71	9	14.52	1	2	3	1.36
29-2052	Pharmacy Technicians	413	514	101	24.46	10	10	20	2.21
29-2053	Psychiatric Technicians	148	149	1	0.68	0	4	4	0.07
29-2054	Respiratory Therapy Technicians	*	*	*	*	*	*	*	*
29-2055	Surgical Technologists	108	132	24	22.22	2	3	5	2.03
29-2056	Veterinary Technologsts/Technicians	44	57	13	29.55	1	1	2	2.62
29-2061	Licensed Practical Nurses	732	866	134	18.31	13	23	36	1.70
29-2071	Med Records & Health Info Technicns	240	278	38	15.83	4	5	9	1.48
29-2081	Opticians, Dispensing	70	77	7	10.00	1	1	2	0.96
29-2091	Orthotists and Prosthetists	*	*	*	*	*	*	*	*
29-2099	Health Technologsts/Technicians, AO	233	257	24	10.30	2	5	7	0.99
29-9000	Other Health Practitnrs & Tech Occs	246	272	26	10.57	3	8	11	1.01
29-9011	Occupational Health & Safety Specs	31	31	0	0.00	0	1	1	0.00
29-9012	Occupational Health & Safety Techs	*	*	*	*	*	*	*	*
29-9091	Athletic Trainers	*	*	*	*	*	*	*	*
29-9099	Healthcre Prctitnrs & Tech Wkrs, AO	196	218	22	11.22	2	7	9	1.07
31-0000	Healthcare Support Occupations	4,304	5,239	935	21.72	94	48	142	1.99
31-1000	Nursing, Psych.& Home Health Aides	2,511	3,117	606	24.13	61	25	86	2.19
31-1011	Home Health Aides	680	945	265	38.97	27	7	34	3.35
31-1012	Nursing Aides, Orderlies/Attendants	1,809	2,145	336	18.57	34	18	52	1.72
31-1013	Psychiatric Aides	22	27	5	22.73	1	0	1	2.07
31-2000	Occ & Phys Therapist Assts & Aides	210	251	41	19.52	4	3	7	1.80
31-2011	Occupational Therapist Assistants	53	62	9	16.98	1	1	2	1.58
31-2012	Occupational Therapist Aides	15	17	2	13.33	0	0	0	1.26
31-2021	Physical Therapist Assistants	72	89	17	23.61	2	1	3	2.14
31-2022	Physical Therapist Aides	70	83	13	18.57	1	1	2	1.72
31-9000	Other Healthcre Support Occupations	1,583	1,871	288	18.19	30	20	50	1.69

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings Total	Annual Compound Growth
31-9011	Massage Therapists	106	129	23	21.70	2	1	3	1.98
31-9091	Dental Assistants	234	301	67	28.63	7	4	11	2.55
31-9092	Medical Assistants	556	696	140	25.18	14	6	20	2.27
31-9093	Medical Equipment Preparers	38	40	2	5.26	0	0	0	0.51
31-9094	Medical Transcriptionists	114	125	11	9.65	1	1	2	0.93
31-9095	Pharmacy Aides	52	45	-7	-13.46	0	1	1	-1.44
31-9096	Vet Assts & Lab Animal Caretakers	70	84	14	20.00	1	1	2	1.84
31-9099	Healthcare Support Workers, AO	413	451	38	9.20	4	5	9	0.88
33-0000	Protective Service Occupations	4,907	5,081	174	3.55	18	144	162	0.35
33-1000	1st-Line Spvrs/Mgrs, Prot Serv Wkrs	563	565	2	0.36	1	24	25	0.04
33-1011	1st-Line Svrs/Mgrs, Corrctnl Offcrs	117	115	-2	-1.71	0	4	4	-0.17
33-1012	1st-Line Spvrs/Mgrs, Police/Detctvs	342	340	-2	-0.58	0	15	15	-0.06
33-1021	1st-Line Spvrs/Mgrs, FireFight/Prev	68	70	2	2.94	0	3	3	0.29
33-1099	1st-Line Spvrs/Mgrs, AO Prot Serv	36	40	4	11.11	0	1	1	1.06
33-2000	Fire Fighting & Prevention Workers	429	447	18	4.20	2	13	15	0.41
33-2011	Fire Fighters	404	421	17	4.21	2	12	14	0.41
33-2021	Fire Inspectors and Investigators	25	26	1	4.00	0	1	1	0.39
33-3000	Law Enforcement Workers	2,569	2,592	23	0.90	2	61	63	0.09
33-3011	Bailiffs	*	*	*	*	*	*	*	*
33-3012	Correctional Officers and Jailers	1,177	1,182	5	0.42	1	26	27	0.04
33-3021	Detectives & Criminal Investigators	191	190	-1	-0.52	0	4	4	-0.05
33-3031	Fish and Game Wardens	*	*	*	*	*	*	*	*
33-3041	Parking Enforcement Workers	11	11	0	0.00	0	0	0	0.00
33-3051	Police & Sheriff's Patrol Officers	1,146	1,164	18	1.57	2	30	32	0.16
33-3052	Transit and Railroad Police	9	9	0	0.00	0	0	0	0.00
33-9000	Other Protective Service Workers	1,346	1,477	131	9.73	13	46	59	0.93
33-9011	Animal Control Workers	21	22	1	4.76	0	1	1	0.47
33-9021	Private Detectives & Investigators	39	47	8	20.51	1	1	2	1.88
33-9032	Security Guards	837	929	92	10.99	9	17	26	1.05
33-9091	Crossing Guards	76	80	4	5.26	0	2	2	0.51
33-9092	Lifeguards/Other Rec Prot Serv Wkrs	216	239	23	10.65	2	15	17	1.02
33-9099	Protective Service Workers, AO	157	160	3	1.91	0	11	11	0.19
35-0000	Food Prep & Serving Occupations	11,448	13,149	1,701	14.86	170	404	574	1.39
35-1000	Supervisors, Food Prep/Serving Wkrs	1,036	1,140	104	10.04	10	10	20	0.96
35-1011	Chefs and Head Cooks	147	157	10	6.80	1	1	2	0.66
35-1012	1st-Line Svrs/Mgrs, Food Prep/Serv	889	983	94	10.57	9	9	18	1.01
35-2000	Cooks and Food Preparation Workers	3,274	3,686	412	12.58	41	96	137	1.19
35-2011	Cooks, Fast Food	681	788	107	15.71	11	17	28	1.47

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings Total	Annual Compound Growth
35-2012	Cooks, Institution and Cafeteria	419	472	53	12.65	5	11	16	1.20
35-2013	Cooks, Private Household	*	*	*	*	*	*	*	*
35-2014	Cooks, Restaurant	774	894	120	15.50	12	20	32	1.45
35-2015	Cooks, Short Order	146	157	11	7.53	1	4	5	0.73
35-2019	Cooks, All Other	*	*	*	*	*	*	*	*
35-2021	Food Preparation Workers	1,215	1,327	112	9.22	11	44	55	0.89
35-3000	Food and Beverage Serving Workers	5,648	6,624	976	17.28	98	225	323	1.61
35-3011	Bartenders	684	797	113	16.52	11	24	35	1.54
35-3021	Comb Food Prep/Srv Wkrs, Fast Food	2,200	2,670	470	21.36	47	47	94	1.96
35-3022	Counter Attendants, Cafe/Cffee Shop	514	595	81	15.76	8	38	46	1.47
35-3031	Waiters and Waitresses	2,033	2,315	282	13.87	28	112	140	1.31
35-3041	Food Servers, Nonrestaurant	217	247	30	13.82	3	4	7	1.30
35-9000	Other Food Prep/Serving Workers	1,490	1,699	209	14.03	21	73	94	1.32
35-9011	Dining Rm/Cafe/Brtndr Attndts/Hlprs	495	555	60	12.12	6	22	28	1.15
35-9021	Dishwashers	529	633	104	19.66	10	22	32	1.81
35-9031	Hosts, Restaurnt/Lounge/Coffee Shop	317	365	48	15.14	5	22	27	1.42
35-9099	Food Prep/Serving Related Wrkrs, AO	149	146	-3	-2.01	0	8	8	-0.20
37-0000	Building & Grounds Clean/Maint Occs	4,717	5,116	399	8.46	40	79	119	0.82
37-1000	Spvrs, Bldg/Ground Clean/Maint Wkrs	358	389	31	8.66	3	4	7	0.83
37-1011	1st-Line Spvrs/Mgrs Hskpng/Janitor	221	229	8	3.62	1	2	3	0.36
37-1012	1st-Line Svrs/Mgrs, Lndscp/LawnServ	137	160	23	16.79	2	2	4	1.56
37-2000	Bldg Cleaning & Pest Control Wrkrs	3,445	3,628	183	5.31	18	64	82	0.52
37-2011	Janitors & Cleaners, exc Maid/Hskpr	2,199	2,301	102	4.64	10	42	52	0.45
37-2012	Maids and Housekeeping Cleaners	1,212	1,286	74	6.11	7	22	29	0.59
37-2019	Building Cleaning Workers, AO	7	8	1	14.29	0	0	0	1.34
37-2021	Pest Control Workers	27	33	6	22.22	1	1	2	2.03
37-3000	Grounds Maintenance Workers	914	1,099	185	20.24	19	11	30	1.86
37-3011	Landscaping/Groundskeeping Workers	829	1,004	175	21.11	18	10	28	1.93
37-3012	Pesticide Handlrs/Sprayrs/Applictrs	40	45	5	12.50	1	1	2	1.18
37-3013	Tree Trimmers and Pruners	18	19	1	5.56	0	0	0	0.54
37-3019	Grounds Maintenance Workers, AO	27	31	4	14.81	0	0	0	1.39
39-0000	Personal Care & Service Occupations	4,171	4,858	687	16.47	69	99	168	1.54
39-1000	Suprvisors, Personal Care/Serv Wkrs	137	155	18	13.14	2	4	6	1.24
39-1021	1st-Line Spvrs/Mgrs, Pers Serv Wkrs	137	155	18	13.14	2	4	6	1.24
39-2000	Animal Care and Service Workers	189	220	31	16.40	3	4	7	1.53
39-2011	Animal Trainers	14	17	3	21.43	0	0	0	1.96
39-2021	Nonfarm Animal Caretakers	175	203	28	16.00	3	4	7	1.50
39-3000	Entertainment Attendants & Rel Wkrs	416	468	52	12.50	5	23	28	1.18

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XIV)

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.

The Applicant is in compliance with this item as even upon project completion, the facility's licensed capacity will only be 75 beds.

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XV)

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-21A** are copies of the original letters supporting this project. The Applicant is seeking for all letters to be updated. To date, three letters of support have been received from: State Senator Larry K. Bomke, State Representative Raymond Poe, and Dr. Kathleen Sgro of Alterna-Care (**ATTACHMENT-21B**). The remaining letters will be submitted upon receipt.

Office of the Mayor
City of Springfield, Illinois
Timothy J. Davlin
Mayor

September 17, 2008

Mr. Brian Levinson
Platinum Healthcare, LLC
7444 North Long Avenue
Skokie, Illinois 60077

Dear Mr. Levinson.

I am writing in strong support of Capitol Care Center's plans to build a 75 bed facility here in the City of Springfield. The facility, to be located on our west side in close proximity to Koke Mill Medical Center, will integrate a best practices approach for individuals who need rehabilitative services, rather than long-term care.

The proposed state of the art facility will consist of all private rooms with attached bathrooms. There will be many congregate areas for patients and visitors, both in and out of doors, plus a large therapy department.

Capitol Care Center has been in this industry for 25 plus years and has recognized the need to separate the rehab-oriented candidate who plans to return home from the long-term placed geriatric or disabled patient. By matching the facility and services to the specialized needs of each population, Capitol Care Center can provide the optimum environment of care.

With the SIU School of Medicine, Memorial Medical Center, St. John's Hospital, the expanded Springfield Clinic campus and with our new medical district, the City of Springfield has become a regional leader in health care. The services proposed by Capitol Care Center will provide a level of specialized services not currently offered here and that is why I am in full support of their proposal.

Sincerely,

Timothy J. Davlin
Mayor

300 Municipal Center East • Springfield, Illinois 62701 • (217) 789-2200 • Fax (217) 789-2109

ATTACHMENT - 21A

DISTRICT OFFICE/CAPITOL OFFICE
307 STATE CAPITOL
SPRINGFIELD, ILLINOIS 62706
217/782-0228
FAX: 217/782-5406
EMAIL: senatorbomke@yahoo.com

LINCOLN OFFICE
120 S. McLEAN STREET
LINCOLN, ILLINOIS 62656
217/782-0228
FAX: 217/782-5406
EMAIL: senatorbomke@yahoo.com

ILLINOIS STATE SENATE

COMMITTEES:
MINORITY SPOKESMAN:
TRANSPORTATION
MEMBER:
FINANCIAL INSTITUTIONS
STATE GOVERNMENT

LARRY K. BOMKE

STATE SENATOR · 50TH DISTRICT

September 17, 2008

Mr. Brian Levinson
Platinum Healthcare, LLC
7444 Long Avenue
Skokie, Illinois 60077

Dear Mr. Levinson:

I am writing this letter in support of your plans to build a 75 bed facility in my 50th legislative district at 3089 Old Jacksonville Road in Springfield, Illinois.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community. It is also my understanding that this type of service is underserved in the community and will benefit those who will attend it.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

Larry K. Bomke
State Senator
50th District

SPRINGFIELD OFFICE:
E-1 Stratton Building
Springfield, Illinois 62706
217/782-0044
FAX: 217/782-0897

COMMITTEES:
- Appropriations - Higher Education
- Personnel & Pensions
  Minority Spokesperson
- Prison Reform
- Smart Growth & Regional Planning
- Special House Committee on Housing & Urban Development

RAYMOND POE
STATE REPRESENTATIVE - 99TH DISTRICT

September 10, 2008

Mr. Brian Levinson
Platinum Healthcare, LLC
7444 North Long Ave.
Skokie, IL 60077

Dear Mr. Levinson:

A Platinum Health Care group in my legislative district is planning to a build a 75 bed facility at 3089 Old Jacksonville Road in Springfield, Illinois. This site is on the north side of Old Jacksonville Road, across the street to the North of Koke Mill Medical Center.

This facility will be state of the art, consisting of all private rooms with attached bathrooms. There will be many congregate areas for patients and visitors, both in and out of doors, a large therapy department and this is only to name a few of the advantages in having this facility.

The Platinum Health Care group has been in this industry for 25 plus years and has reorganized the need to separate the rehab oriented candidate who plans to return to the community, from the long term placed geriatric or disabled patient. Intermingling the two is not an appropriate environment conductive to healing.

I feel that a building of this size will allow them to work closely with physicians and develop or utilize care pathways that are specific to each physician according to their preferences.

If you have any questions or concerns, please feel free to contact my office.

Sincerely,

Raymond Poe
State Representative
99th District

RP:smb

The Chamber

The Greater Springfield Chamber of Commerce

QUANTUM GROWTH PARTNERSHIP 2007-2011

Transforming the economy of Sangamon County.

September 26, 2008

Mr. Brian Levinson
Platinum Healthcare, LLC
744 Long Avenue
Skokie, IL 60077

Dear Mr. Levinson,

The Greater Springfield Chamber of Commerce is in full support of Platinum Healthcare's plan to build a 75 bed medical/rehabilitation facility at 3089 Old Jacksonville Road in Springfield, Illinois.

The Chamber's Quantum Growth Partnership (Q5) is a five year, $5.2 million strategic plan for economic growth in the greater Springfield Metro area. The medical industry was identified as an emerging opportunity for economic growth in the community. Workforce development, commercialization of medical discoveries, marketing, and administrative support for the MIMD commission are the four focal areas of the initiative.

Q5 understands that this facility will serve the skilled care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community. We consider this type of service to help fill a need in our community and the medical industry initiative.

It is our understanding in addition to serving the medical and rehabilitation needs to the community, this facility will also generate approximately 80 full time employees both medical and ancillary.

We wish you success in your endeavor.

Sincerely,

Gary Plummer
President/CEO

3 South
(tate Capitol Plaza
Springfield, IL 62701
Ph: 217.525.1173
Fax: 217.525.8768
www.gscc.org

Southern
Illinois University
School of Medicine

September 15, 2008

Mr. Brian Levinson
Platinum Health Care

Dear Mr. Levinson:

This letter is in support of the plans for a 75-bed skilled rehabilitation facility for Springfield. My understanding is that the facility would be for short-term rehabilitation for patients who have the potential to return to independent living in the community. I understand that the rooms would be private which would appeal to many people. In addition, a focus on short-term rehabilitation for the entire facility would support a culture of improvement of functional status for all patients.

With the aging of the population, I believe that a facility such as this will become increasingly important for the Springfield area.

Respectfully,

Sherry Robinson, PhD, GCNS-BC, APN

Sherry Robinson, PhD, GCNS-BC, APN
Gerontological Clinical Nurse Specialist

Department of Medicine, Division of General Internal Medicine
www.siumed.edu/medicine/gim
Southern Illinois University School of Medicine
701 N. First St. - Room C402
PO Box 19636
Springfield, Illinois 62794-9636
217 | 545-0170 Fax: 217 | 545-7127
www.siumed.edu

Springfield Clinic *Memorandum*

Springfield Clinic 1025 S. 6th Street Springfield, IL 62794-9248 Phone: (217) 528-7541 Fax: (217) 757-7003

To: Cindy Schaaf, RN via email: cschaaf@platinumhc.net
Administrator
Capitol Care Center
3089 Old Jacksonville Road
Springfield, Illinois

From: Mark J. Kuhn, Chief Administrative Officer
Subject: OJCC, LLC
Date: September 15, 2008

Ms. Schaaf:

Springfield Clinic is excited and encouraged to learn of the OJCC, LLC project and your intent to develop a 75 bed long term facility at 3089 Old Jacksonville Road to serve Springfield and the surrounding community. In our discussions with our physicians, it is our understanding that this type of service is underserved in our community and will be supported. We are not in a position to provide long term care referral statistics. We wish you well in your developing project.

cc: Brian Levinson
Platinum Health Care, LLC
7444 North Long Avenue
Skokie, IL 60077

Randall A. Bryant, Springfield Clinic
David Hoelzer, MD, Springfield Clinic

Alterna·Care
HOME HEALTH AGENCY

9.18.2008

Brian Levinson
Platinum Healthcare
553 W. Carpenter
Springfield, IL 62701

Dear Mr. Levinson:

I am so pleased to hear that your organization is contemplating the construction of a Rehab-to-Home facility in our area. As a home health care provider and the daughter of an eighty-seven year old mother, I can validate the need for such a facility.

Alterna-Care has many patients each year who are able to live independently at home with a little support. When these patients need a joint replacement or experience a fall resulting in a fracture and need a short term inpatient stay for rehabilitation, their only option is a nursing home.

When these patients reside in a nursing home with the general nursing home population, their mental status seems to decline. I personally experienced this with my mother who fell and fractured her leg this past year. She needed help with toileting and our only option was to place her in a nursing home. My mother appeared to take on the behavior of the other patients. She quit eating, and began sitting in her wheelchair with a blank stare. After one month her mental status deteriorated to the point that we knew if we didn't bring her home soon, she would not recover mentally.

We were able to bring her home after the cast was removed and she returned to her previous level of independence. I believe that if my mother and the other orthopedic seniors had an alternative facility with intense therapy in a non-nursing home setting, their recovery would be much quicker.

I look forward to celebrating this addition of services to our community.

Sincerely,

Kathleen Sgro

Kathleen Sgro, DNP, MBA, RN
Administrator/President

319 East Madison
Suite 3N
Springfield, Illinois 62701
217.525.3733
Alterna-Care.com

Passages HOSPICE

Phone: 847.695.1431 | Fax: 847.329.9215 | 134 N. McLean Blvd. Elgin, IL 60

Phone: 309-828-8139 / Fax: 309-827-4878 / 315 N Prairie St., Bloomington, IL 61701

Mr. Brian Levinson:

I am writing this letter on behalf of Capitol Care Center in Springfield, Illinois. My name is Mercedes DeFano, and I am the Regional Marketing Director for Passages Hospice. Passages works with Capitol Care providing hospice care for their patients. This letter is in support of their plans to build a smaller facility in Springfield that will provide rehabilitation and other services not currently available to patients at their current residence or after being in a hospital.

Since July, I have been working with Capitol Care in assuring their patients have quality hospice care in their facility. Every time I step foot into the facility the staff and residents are all very pleasant and happy to see me. The care that they give and ensure to residents and families of residents alike is unmatched. They treat their residents like family and that is truly special to see. Beyond the care they give to residents, their staff is very professional and willing to help at any time. They take pride in their work, and want nothing but the best for patients and staff. The working relationship I have established with them has grown by leaps and bounds, and I am proud to say that I work with everyone in Capitol Care Center.

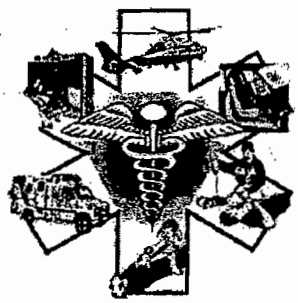
The planned facility sounds like a great asset to the community. It seems like a great residence for people planning to return to the community, and seems like a great facility for doctors and patients to attain goals that are set. I hope Capitol Care is successful in their goal of building another facility providing quality care and building on their reputation of a great place to work.

Sincerely,

Mercedes DeFano

Mercedes DeFano
Regional Marketing Director
Passages Hospice

"OFFICIAL SEAL"
CYNTHIA A SCHAAF
Notary Public–State of Illinois
My Commission Expires: 06-13-2012



Medics First Inc.

D.B.A.

Springfield Area Ambulance

3219 E. Carpenter
Springfield, IL. 62702
Phone (217) 535-0100
Fax (217) 535-2385

Mr. Brian Levinson
Platinum Health Care LLC
7444 North Long Avenue
Skokie, Illinois

Re: OJCC, LLC
3089 Old Jacksonville Rd.
Springfield, Illinois

Dear Mr. Levinson:

This letter is in support for 75 general long-term beds to the above referenced facility in Springfield, Illinois. We at Medics First do not refer patients, but do transfer many patients that have a need for this type of facility. Any time you are able to target a patients special care needs it only benefits towards the patients recovery.

Sincerely,

Mike Dozier

President Medics First Inc.

DISTRICT OFFICE/CAPITOL OFFICE
307 STATE CAPITOL
SPRINGFIELD, ILLINOIS 62706
217/782-0228
FAX: 217/782-5406
EMAIL: senatorbomke@yahoo.com

LINCOLN OFFICE
120 S. McLEAN STREET
LINCOLN, ILLINOIS 62656
217/782-0228
FAX: 217/782-5406
EMAIL: senatorbomke@yahoo.com

ILLINOIS STATE SENATE

COMMITTEES:
MINORITY SPOKESMAN:
TRANSPORTATION
MEMBER:
FINANCIAL INSTITUTIONS
STATE GOVERNMENT

LARRY K. BOMKE

STATE SENATOR · 50TH DISTRICT

September 18, 2012

Mr. Brian Levinson
Platinum Healthcare, LLC
7444 Long Avenue
Skokie, Illinois 60077

Dear Mr. Levinson:

I am writing this letter in support of your plans to build a 75 bed facility in my 50th legislative district at 3089 Old Jacksonville Road in Springfield, Illinois.

It is my understanding that this facility will serve the skilled care needs of the post hospital patient needing additional therapy/treatment prior to returning to the community. It is also my understanding that this type of service is underserved in the community and will benefit those who will attend it.

Thank you and I wish you success in your endeavor of this project.

Sincerely,

Larry K. Bomke
State Senator
50th District

ATTACHMENT- 21B

SPRINGFIELD OFFICE:
E-1 Stratton Building
Springfield, Illinois 62706
217/782-0044
FAX: 217/782-0897

RAYMOND POE
STATE REPRESENTATIVE - 99TH DISTRICT

COMMITTEES:

- Personnel & Pensions
  Minority Spokesperson
- Environment & Energy
- Appropriations - Higher Education
- Transportation, Regulation,
  Roads, & Bridges
- Commission on Government
  Forecasting & Accountability

September 18, 2012

Mr. Brian Levinson
Platinum Healthcare, LLC
7444 North Long Ave.
Skokie, IL 60077

Dear Mr. Levinson:

A Platinum Health Care group in my legislative district is planning to a build a 75 bed facility at 3089 Old Jacksonville Road in Springfield, Illinois. This site is on the north side of Old Jacksonville Road, across the street to the North of Koke Mill Medical Center.

This facility will be state of the art, consisting of all private rooms with attached bathrooms. There will be many congregate areas for patients and visitors, both in and out of doors, a large therapy department and this is only to name a few of the advantages in having this facility.

The Platinum Health Care group has been in this industry for 25 plus years and has reorganized the need to separate the rehab oriented candidate who plans to return to the community, from the long term placed geriatric or disabled patient. Intermingling the two is not an appropriate environment conductive to healing.

I feel that a building of this size will allow them to work closely with physicians and develop or utilize care pathways that are specific to each physician according to their preferences.

If you have any questions or concerns, please feel free to contact my office.

Sincerely,

Raymond Poe
State Representative
99th District

RP:th

RECYCLED PAPER • SOYBEAN INKS

Alterna·Care
HOME HEALTH SYSTEM

9.18.2012

Brian Levinson
Platinum Healthcare
553 W. Carpenter
Springfield, IL 62701

Dear Mr. Levinson:

I am so pleased to hear that your organization is contemplating the construction of a Rehab-to-Home facility in our area. As a home health care provider and the daughter of an eighty-seven year old mother, I can validate the need for such a facility.

Alterna-Care has many patients each year who are able to live independently at home with a little support. When these patients need a joint replacement or experience a fall resulting in a fracture and need a short term inpatient stay for rehabilitation, their only option is a nursing home.

When these patients reside in a nursing home with the general nursing home population, their mental status seems to decline. I personally experienced this with my mother who fell and fractured her leg this past year. She needed help with toileting and our only option was to place her in a nursing home. My mother appeared to take on the behavior of the other patients. She quit eating, and began sitting in her wheelchair with a blank stare. After one month her mental status deteriorated to the point that we knew if we didn't bring her home soon, she would not recover mentally.

We were able to bring her home after the cast was removed and she returned to her previous level of independence. I believe that if my mother and the other orthopedic seniors had an alternative facility with intense therapy in a non-nursing home setting, their recovery would be much quicker.

I look forward to celebrating this addition of services to our community.

Sincerely,

Dr. Kathleen Sgro

Kathleen Sgro, DNP, MBA, RN
Administrator/President

319 East Madison
Suite 3L
Springfield, Illinois 62701
217.525.3733
Alterna-Care.com

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XVI)

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 as stated in Appendix A of 77 Ill. Adm. Code 1125 (LTC rules), 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.

This Applicant is proposing to establish 75 nursing care beds in 45,271 gross square feet of space. This equates to 603.6 gross square feet per bed. The State's standards for size allow a range of between 435-713 gross square feet per bed. The proposed is well within this range so this item is in compliance.

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XVII)

Criterion 1125.630 - Zoning

The applicant shall document **one** of the following:

1. The property to be utilized has been zoned for the type of facility to be developed;
2. Zoning approval has been received; or
3. A variance in zoning for the project is to be sought.

Appended as **ATTACHMENT-23A** is a copy of the approved zoning variance for the subject project.

BUILDING AND ZONING DEPARTMENT
CITY OF SPRINGFIELD, ILLINOIS

August 2, 2011

Todd M. Turner
Sorling, Northrup, Hanna,
Cullen & Cochran, Ltd.
Suite 800, Illinois Building
Springfield, IL 62705

Brian Levinson
7444 North Long Ave.
Skokie, IL 60077

RE: 3089 Old Jacksonville Road
Docket # 2011-022

Dear Sirs:

Enclosed is your copy of the Ordinance granted by the Springfield City Council.

If you should have any questions concerning this matter, please do not hesitate to contact me.

Sincerely,

Matt McLaughlin
Assistant Zoning Administrator

MM:llc

304 MUNICIPAL CENTER WEST • SPRINGFIELD, ILLINOIS 62701 • (217) 789-2171 • FAX (217) 789-2048

ATTACHMENT-23A

AN ORDINANCE GRANTING THE PROPERTY LOCATED AT 3089 OLD JACKSONVILLE ROAD, A VARIANCE OF SECTION 155.020(a), REGULATIONS OF THE OFF, OFFICE DISTRICT, OF THE SPRINGFIELD ZONING ORDINANCE

DOCKET #2011-022

WHEREAS, the City of Springfield is a home rule unit as defined in Article VII, Section 6(a) of the 1970 Illinois Constitution and has jurisdiction over matters pertaining to its government and affairs; and

WHEREAS, on June 15, 2011, the Springfield Planning and Zoning Commission heard a petition for a Variance of Section 155.020(a), Regulations of the OFF, Office District, for the property located at 3089 Old Jacksonville Road, and legally described as follows:

> **The West Five (5) acres of the East Ten (10) acres of the South Quarter of the East Half of the Southeast Quarter of Section 36, Township 16 North, Range 6 West of the Third Principal Meridian, Sangamon County, Illinois. Except the coal and other minerals underlying the surface of said land and all rights and easements in favor of the estate of said coal and minerals. Tax ID 13-36-0-476-005**

WHEREAS, all statutory notice requirements have been fulfilled in regard to said hearing; and

WHEREAS, the Springfield Planning and Zoning Commission recommended that the Springfield City council approve the petition as submitted; and

WHEREAS, the Springfield City Council agrees with the recommendation of the Springfield Planning and Zoning Commission, and finds adequate factual basis for said recommendation adopting the Commission's findings as it own findings.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE CITY OF SPRINGFIELD, ILLINOIS:

Section 1: That the property located at 3089 Old Jacksonville Road, as legally described above, is hereby granted a Variance of Section 155.020(a), Regulations of the OFF, Office District, to allow a facility up to 50,000 square feet.

Section 2: The Zoning Administrator is hereby directed to amend the map according to the provisions stated herein.

Section 3: This Ordinance shall become effective immediately upon its passage and recording by the City Clerk.

PASSED: July 19, 2011

RECORDED: July 27, 2011

ATTEST: _____
CITY CLERK

SIGNED: 7.21, 2011

_____
MAYOR

Approved as to legal sufficiency:

THP 7.21.11
Office of Corporation Counsel/Date

S:\WPDOCS\ORDINANCE\ZONERS\2011\Variance\3089 Old Jacksonville Road.doc

SSCRPC Springfield Sangamon County Regional Planning Commission

Staff Findings and Recommendation

(Inspected 8-20-10 by MB & AB)

SPRINGFIELD ZONING CASE # 2010-063

ADDRESS 3089 Old Jacksonville Road

Property Index # 13-36-476-005

REQUESTED ZONING: Vary sections 155.020 (a) Regulations of the OFF, Office District (maximum square footage), and section 155.069, Fences.

PROPOSED LAND USE: Construction of a medical office containing a rehabilitation center to provide inpatient rehabilitation care on a short term basis for people recovering from surgery, accident, or illness. The petitioner is requesting a variance to allow a facility of 55,000 square feet instead of the required 30,000 square feet. Petitioner is also seeking a variance to allow an 8 foot high privacy fence to be built along the length of the eastern boundary of the property and to allow the fence to be built in the required front yard setback along the eastern boundary of the property.

EXISTING:

ZONING: OFF, Office District

LAND USE: Residential structure that will be demolished.

ROAD FRONTAGE: Old Jacksonville Road – 330.5 — Good

STRUCTURE DESIGNED FOR: N/A

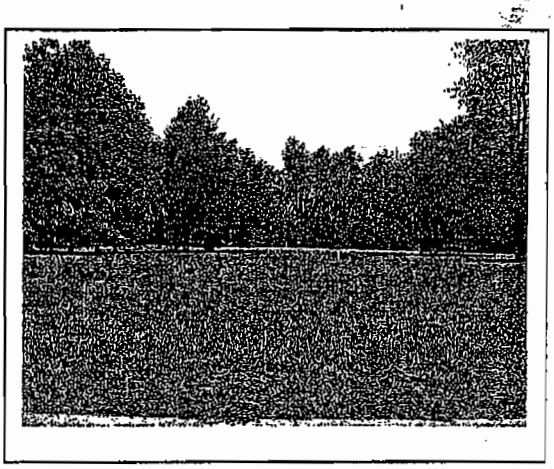
CONDITION OF STRUCTURE: N/A

LOT AREA: 5 acres

FRONT YARD: N/A

SIDE YARDS: N/A

REAR YARD: N/A



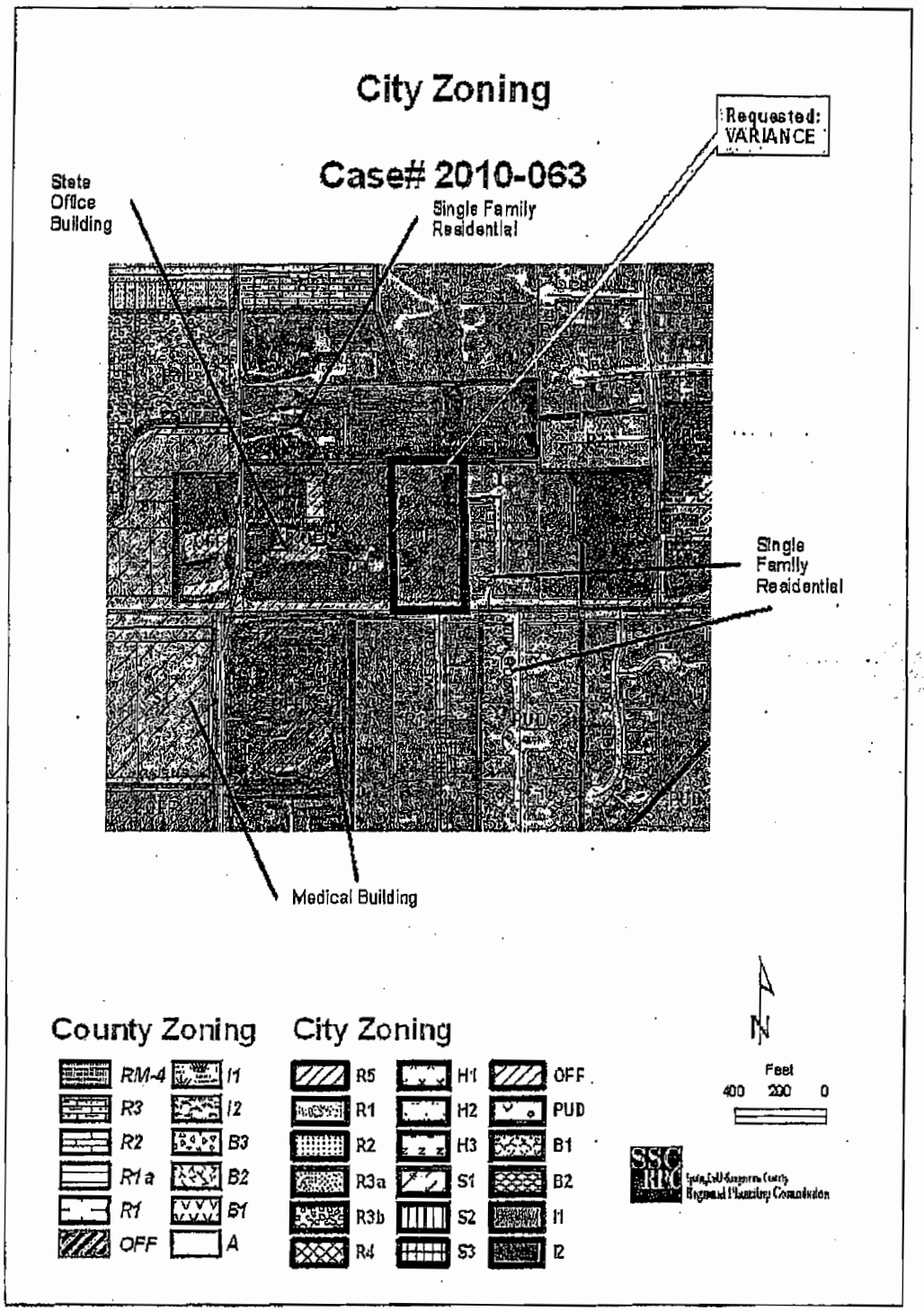
Would the proposed zoning be spot zoning? N/A

Is the proposed zoning in accord with the City Plan? N/A

If not in accord, is the request an acceptable variation? N/A

PLANNING COMMISSION STAFF RECOMMENDATION:

Recommend approval of the variance to increase the building size from 30,000 to 55,000 square feet. This is a five (5) acre parcel and it will support a building of this size without having a negative impact on the area. Recommend approval of the variance request to construct an eight (8) foot privacy fence along the eastern boundary of the property and to allow the fence to be built in the required front yard setback. The height and location of the fence is requested by the neighbors to provide additional buffering between the residential properties and the medical facility.


City Zoning
Case# 2010-063
Requested: VARIANCE
State Office Building
Single Family Residential
Single Family Residential
Medical Building
County Zoning
RM-4
R3
R2
R1a
R1
OFF
I1
I2
B3
B2
B1
A
City Zoning
R5
R1
R2
R3a
R3b
R4
H1
H2
H3
S1
S2
S3
OFF
PUD
B1
B2
I1
I2
N
Feet
400 200 0
SSC RPC

RECOMMENDED - STANDARDS FOR VARIATIONS

Case #: **2010-063**

Address: **3089 Old Jacksonville Road**

(i) Can the property in question be economically used or yield a reasonable return, if permitted to be used only for the conditions allowed by the regulations?

The proposed development will be a medical office and an inpatient rehabilitation center. While the proposed structure could be built in compliance with the bulk regulations, it is likely to yield an increased return if the size of the structure were allowed to be 55,000 square feet.

While the fence could also be constructed in compliance with the regulations, allowing an eight (8) foot fence will provide more screening for the residential area to the east.

(ii) Is the plight of the owner due to unique circumstances?

This is a new construction and the petitioner seeks to maximize the economic benefit of the medical facility/rehabilitation center at this location while addressing the State of Illinois regulatory requirements of a facility of this nature.

The neighbors have requested the eight (8) foot fence and the petitioner has agreed to address this need.

(iii) Will the variation, if granted, alter the essential character of the locality, impair an adequate supply of light and air to adjacent property, increase the congestion of traffic, or diminish or impair property values in the locality?. . . . .

No. This is a five (5) acre parcel and it will easily accommodate a structure that is 55,000 square feet.

It does not appear that the eight (8) foot fence will have a negative impact on the area. Instead additional height will provide an increased buffer between the facility and the residential properties to the east.

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA (CONTINUED XIII)

Criterion 1125.640 - Assurances

1. 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.

   Appended as **ATTACHMENT-24A**, is a letter from the licensee committing to this item.

2. 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.

   This item is not germane.

OJCC, LLC

7444 N. Long Ave.

Skokie, IL 60077

September 25, 2012

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Springfield Nursing and Rehabilitation Center

Dear Ms. Avery:

This letter is to attest that OJC, LLC understands the occupancy standards set forth under the 77 Illinois Administrative Code, Chapter II, Subchapter a, Section 1125.210c. Furthermore, the operator (co-Applicant) will make every effort to achieve and maintain 90% occupancy by the second full year of operations from the start of operations not withstanding issues that may arise which are out of the operator's control that may affect overall utilization.

Sincerely,

Brian Levinson

OJCC, LLC

OFFICIAL SEAL
DAVID PORUSH
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7-26-2015

ATTACHMENT-24A

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

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:**

2,597,500	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;
11,000,000	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.
13,597,500	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Appended as **ATTACHMENT-27A,** is a copy of the MS Springfield, L.P.'s letter to OJCC, Realty, LLC stating that they are providing 100% financing tto OJCC for the development. Appended as **ATTACHMENT-27B**, is a copy of the loan/financing commitment

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW (CONTINUED II)

Criterion 1125.800 Estimated Total Project Cost (Continued ii)

from Town and Country Financial Corporation to MS Springfield, L.P. Finally, Appended as **ATTACHMENT-27C** is confirmation from Town and Country Financial Corporation that the entire $2.59 million of representing the equity component of the project has been deposited with documentation.

town and country financial corp.

July 6, 2011

Mr. Clint Mitchell
Managing Director
LCG Capital Group, LLC
450 East 96th Street, Suite 500
Indianapolis, IN 46240

Via e-mail: cmitchell@lcgcapital.com

RE: MS Springfield, LLC
3089 Old Jacksonville Road
Springfield, Illinois

Dear Mr. Mitchell:

Town & Country Bank is pleased to provide this commitment letter for a loan package in the total amount of $10,360,000 for the purpose of constructing and providing mini-perm financing for a proposed 45,000 square foot, 75-bed, skilled nursing facility in Springfield, Illinois. This Commitment will expire on October 6, 2011. The financing package will be subject to and made in accordance with the terms and conditions of this letter (the "Commitment).

Our Financing Commitment is as follows:

Construction Loan:

Borrower:	MS Springfield, LLC, or some entity created to own the subject real estate.
Loan Amount:	Up to $10,360,000.00
Purpose:	To provide construction financing for an approximately 45,000 square foot, 75 bed nursing facility at 3089 Old Jacksonville Road, Springfield, Illinois.
Term:	Up to twenty-four (24) month construction phase with monthly payments of accrued interest from an interest reserve account.
Interest Rate:	Floating monthly at Wall Street Journal Prime Rate, plus 0%, subject to an interest rate floor of 4.50%.

Thank you for the opportunity to provide you with this commitment for financing. If you are in agreement with the terms and conditions outlined within this Commitment Letter, please have an authorized representative of the company sign the Acceptance below, and return one copy of this letter with their check in the amount of $10,360.00 which will be held as a deposit and applied to closing costs.

I can be reached at (217) 321-3612, or by e-mail at gfranklin@townandcountrybank.com. My mailing address is Town and Country Bank, 1925 S. MacArthur Blvd., Springfield, Illinois 62704.

Sincerely,

Grant N. Franklin
Senior Vice President

ACCEPTANCE

The Borrower hereby agrees to the above terms and conditions and accepts this Commitment for Financing provided by Town and Country Bank.

By,

DCM

Signature of Authorized Representative of
MS Springfield, LLC

7/7/11

Date

Town and Country Bank
SidebySide

SPRINGFIELD
2401 Wabash Avenue
3601 Wabash Avenue
2601 North Dirksen Parkway
1925 South MacArthur Boulevard

DECATUR
445 North Franklin

FORSYTH
107 East Highland Drive

MT. ZION
1645 State Highway 121

www.townandcountrybank.com

P: 217.787.3100
Toll Free: 866.770.3100

Mailing Address:
P.O. Box 13255
Springfield, IL 62791

A subsidiary of Town and Country Financial Corp.

June 28, 2012

Mr. V. Edward Grogg
MS Springfield, LP
109 W. Jackson Street
Cicero, IN 46034

RE: OJCC Realty, LLC & OJCC, LLC
75 Bed Nursing Home
3089 Old Jacksonville Road, Springfield, IL 62704

Dear Ed:

At your request, I am providing you with some confirmation of funding on the above referenced project:

1. Pursuant to our bank's Commitment Letter for financing in the amount of $10,360,000, MS Springfield has contributed total equity in excess of $2,590,000 on this $12,950,000 project. The equity contribution was used for land acquisition and construction related expenses prior to the disbursement of construction loan funds as required by Town and Country Bank. This equity contribution is documented by closing and construction escrow transactions administered by Chicago Title and Trust Company. A copy of our Commitment Letter dated July 6, 2011 is attached. Please advise if any additional detail is required.

2. In addition, a depository account was established pursuant to an agreement between MS Springfield, LLC and Town and Country Bank. This account is for the Benefit of MS Springfield. The initial deposit to this account was $1,050,000, with a current balance including accrued interest of $1,051,714.58.

I hope this information is helpful to you. If you need anything additional, please do not hesitate to let me know. I can be reached at (217) 321-3612, or by e-mail at gfranklin@townandcountrybank.com. My mailing address is Town and Country Bank, 1925 S. MacArthur Blvd., Springfield, IL 62704.

Thank you for allowing Town and Country Bank to be of service to you!

Sincerely,

Grant N. Franklin
Senior Vice President

Town and Country Bank
Peoples Prosperity Bank
SidebySide

MAILING ADDRESS
P.O. Box 13255
Springfield, IL 62791

ACCOUNT NUMBER	500132519
PAYMENT DUE DATE	9/19/12
PAYMENT AMOUNT	.00
TOTAL CURRENT DUE	**22,940.87**

TOTAL AMOUNT YOU ARE PAYING

MS Springfield, LLC
c/o Kylee Turner McMurray
109 W Jackson Street
POB 767
Cicero IN 46034

:500132519:

PLEASE RETURN TOP PORTION OF STATEMENT WITH YOUR PAYMENT (MADE PAYABLE TO: **TOWN AND COUNTRY BANK**)

STATEMENT DATE - 8/31/12 **PAGE 1**

ACCOUNT NUMBER	500132519	PAYMENT DUE DATE	9/19/12
CURRENT BALANCE	5,094,852.00	PRINCIPAL DUE	.00
INTEREST RATE	5.0800%	INTEREST DUE	22,940.87
INTEREST PAID YTD	50,155.45	ESCROW/OTHER CHGS	.00
MATURITY DATE	12/19/16	**TOTAL CURRENT DUE**	**22,940.87**
CREDIT LIMIT	10,360,000.00	PAST DUE AMOUNT	.00
		LATE CHARGES DUE	.00
AVAILABLE CREDIT	5,265,148.00	**TOTAL AMOUNT DUE**	**22,940.87**

DATE	DESCRIPTION OF TRANSACTIONS	AMOUNT	BALANCE
	BEGINNING BALANCE (GL / Excel)		3,550,624.42
8/16/12	PRINCIPAL ADVANCE 1,534,705.34 e	1,544,227.58 e	5,094,852.00
8/16/12	INTEREST PAYMENT SPLIT OUT	9,522.24 e	5,094,852.00 ✓

MAILING ADDRESS
P.O. Box 13255
Springfield, IL 62791

If you have questions in regard to your account, please call 217.787.3100 or Toll-Free 866.770.3100.
Visit our website at townandcountrybank.com or ourprosperity.com or call our 24-hour automated service Anytime Line: 800.505.5124

EQUAL HOUSING LENDER

AFFIDAVIT FOR PURPOSE OF PLAT ACT AND TRACT SURVEY REQUIREMENTS
Relevant Zoning and Subdivision Ordinances Will Also Apply

STATE OF ILLINOIS
COUNTY OF SANGAMON

October 19, 2011

Affiant is a resident of Springfield, Illinois, and is attorney for Grantors in a Deed bearing the above date transferring an interest in the real estate described in the accompanying documents. Affiant further states this transfer is exempt from the Illinois Plat Act because it is:

(x) a. NOT A DIVISION OF LAND:
1. Conveyance of entire parcel as described in current tax records; Tax I.D. No. 13-36.0-476-005
2. Conveyance of a parcel resulting from a division contained in a document recorded prior to November 1, 1987. Indicate recording date and Document No.

( ) b. A division or subdivision of land into tracts of five acres or more in size which does not involve any new streets or easements of access;
** ( ) 1. Division by metes and bounds description;
( ) 2. Fractional Parts Division;

( ) c. A division of lots or blocks in any approved and recorded subdivision which does not involve any new streets or easements of access;
** ( ) 1. Division is being done to create a new building site;
( ) 2. Division is being done to add land to a contiguous lot and no drainage or utility easements are affected;

** ( ) d. A sale or exchange of land between owners of adjoining and contiguous land, provided a new building site is not being created;

( ) e. A conveyance of land for use as a right of way for railroad or other public utilities which does not involve any new streets or easements of access;

( ) f. A conveyance of land owned by a railroad or other public utility which does not involve any new streets or easements of access;

( ) g. A conveyance of land for highway or other public purposes and grants relating to the dedication or vacation of land for public use;

( ) h. A conveyance made to correct descriptions in prior conveyances;

** ( ) i. A conveyance of land resulting from the one-time division of a parcel which is less than five acres and existed on July 17, 1959, and which does not involve any new streets or easements of access;

** ( ) j. A conveyance of land less than five acres resulting from the one-time division of a parcel greater than five acres which existed on October 1, 1973, and which does not involve any new streets or easements of access.

** ( ) k. A division of land to allow fee simple sale of a duplex.

** ( ) l. Division meets criteria for agricultural exemption.

** If an exemption with a double asterisk is checked, also check one of the following:

_____ Plat Officer approval is required and attached.

_____ Plat Officer approval is not required because the parcel is located wholly within the municipal limits of _____, which does not require Plat Officer review.

_____ Agricultural Exemption Certificate attached.

FURTHER AFFIANT SAYETH NOT.

J. PATRICK JOYCE, JR.

SUBSCRIBED AND SWORN TO before me this 19th day of October, 2011.

Notary Public

OFFICIAL SEAL
VICKI COLLINS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-4-2013

221

Chicago Title & Trust Company

SELLER'S SETTLEMENT STATEMENT PAGE: 01

ESCROW NUMBER: 01271-710105493-001 ORDER NUMBER: 01271-710105493

CLOSING DATE: 10/19/11 CLOSER: Eric W. Campbell

BUYER: OJCC Realty, LLC

SELLER: Joe Angermeier and Shirley Angermeier

PROPERTY: 3089 Old Jacksonville Road, Springfield, Illinois 62711

	CHARGE SELLER	CREDIT SELLER
Sales Price	$	$ 1,198,000.00
UNITED COMMUNITY BANK	18,126.10	
EARNEST DEPOSIT	80,000.00	
Prorations And Adjustments		
County Taxes from 01/01/11 to 10/19/11	2,025.07	
Total amount $ 2,410.80 for 365 days		
CREDIT TO BUYER FOR SURVEY CHARGE	2,200.00	
Total commission $ 47,920.00		
Re/Max Professionals 47,920.00		
Commission paid at Settlement	47,920.00	
Title Insurance	3,725.70	
City/County Tax/Stamps	599.00	
State Tax/Stamps	1,198.00	
Funds Due To Seller At Closing	1,042,206.13	
TOTALS	$ 1,198,000.00	$ 1,198,000.00

JOSEPH J. ANGERMEIER, III

SHIRLEY JEAN ANGERMEIER

DATE: 10/13/11 14:36:2

Chicago Title & Trust Company

BUYER'S/BORROWER'S SETTLEMENT STATEMENT PAGE: 01

ESCROW NUMBER: 01271-710105493-001 ORDER NUMBER: 01271-710105493

CLOSING DATE: 10/19/11 CLOSER: Eric W. Campbell

BUYER/BORROWER: OJCC Realty, LLC and MS SPRINGFIELD, LLC

SELLER: Joe Angermeier and Shirley Angermeier

PROPERTY: 3089 Old Jacksonville Road, Springfield, Illinois 62711

	CHARGE BUYER	CREDIT BUYER
Sales Price	$ 1,198,000.00	$
WIRE DEPOSIT BY MS SPRINGFIELD LLC		350,000.00
EARNEST DEPOSIT BY OJCC REALTY LLC		80,000.00
WIRE DEPOSIT BY OJCC REALTY LLC		696,000.33
WIRE DEPOSIT BY MS SPRINGFIELD LLC		37,624.63
WIRE DEPOSIT BY MS SPRINGFIELD LLC		1,000,000.00
New Loan From Town & Country Bank		10,360,000.00
WIRE DEPOSIT BY MS SPRINGFIELD LLC		1,000,000.00
Loan Charges To Town & Country Bank		
FLOOD CERT TO TOWN & COUNTYR BANK	11.00	
UCC FILING FEE TO TOWN & COUNTRY BANK	72.00	
LOAN FEE TO TOWN & COUNTRY BANK	25,900.00	
FUNDS RETAINED BY LENDER FOR CONSTRUCTIO	10,360,000.00	
Appraisal Fee To TELLATIN, SORT & HANSEN INC	6,500.00	
Prorations And Adjustments		
County Taxes from 01/01/11 to 10/19/11		2,025.07
Total amount $ 2,410.80 for 365 days		
CREDIT TO BUYER FOR SURVEY CHARGE		2,200.00
Title Insurance	17,442.70	
ADDITIONAL CLOSING SERVICES	500.00	
Recording Fees	85.00	
RECORD ASSGN OF LEASES & RENTS TO SANGAMON COUNTY R	45.00	
RECORD SNDA TO SANGAMON COUNTY RECORDER	42.00	
OWNERS DEPOSIT OF CONSTRUCTION FUNDS HELD BY T&C BA	457,533.83	
GUARANTY DEPOSIT BY OJCC REALTY LLC HELD BY T&C BAN	1,050,000.00	
ADVISOR FEE TO LCG CAPITOL GROUP LLC	84,543.50	
LEGAL FEES TO HART, SOUTHWORTH & WITSMAN	23,375.00	
INTREST RESERVE TO T2 OPPERTUNITY FUND	250,000.00	
CLOSING FEE T2 OPPERTUNITY FUND LLC	10,000.00	
LEGAL FEES TO VEDDER PRICE PC	43,800.00	
TOTALS	$ 13,527,850.03	$ 13,527,850.03

See attached addendum for division of charges and credits to buyer (OJCC Realty, LLC) and borrower (MS Springfield, LLC

OJCC Realty, LLC

BLHS

MS SPRINGFIELD, LLC CFO

DATE: 10/20/11 12:09:38

Chicago Title & Trust Company

BUYER'S/BORROWER'S SETTLEMENT STATEMENT PAGE: 01

ESCROW NUMBER: 01271-710105493-001 ORDER NUMBER: 01271-710105493

CLOSING DATE: 10/19/11 CLOSER: Eric W. Campbell

BUYER/BORROWER: OJCC Realty, LLC and MS SPRINGFIELD, LLC

SELLER: Joe Angermeier and Shirley Angermeier

PROPERTY: 3089 Old Jacksonville Road, Springfield, Illinois 62711

	CHARGE BUYER	CREDIT BUYER
Sales Price	$ 1,198,000.00	$
WIRE DEPOSIT BY MS SPRINGFIELD LLC		350,000.00
EARNEST DEPOSIT BY OJCC REALTY LLC		80,000.00
WIRE DEPOSIT BY OJCC REALTY LLC		696,000.33
WIRE DEPOSIT BY MS SPRINGFIELD LLC		37,624.63
WIRE DEPOSIT BY MS SPRINGFIELD LLC		1,000,000.00
New Loan From Town & Country Bank		10,360,000.00
WIRE DEPOSIT BY MS SPRINGFIELD LLC		1,000,000.00
Loan Charges To Town & Country Bank		
FLOOD CERT TO TOWN & COUNTYR BANK	11.00	
UCC FILING FEE TO TOWN & COUNTRY BANK	72.00	
LOAN FEE TO TOWN & COUNTRY BANK	25,900.00	
FUNDS RETAINED BY LENDER FOR CONSTRUCTIO	10,360,000.00	
Appraisal Fee To TELLATIN, SORT & HANSEN INC	6,500.00	
Prorations And Adjustments		
County Taxes from 01/01/11 to 10/19/11		2,025.07
Total amount $ 2,410.80 for 365 days		
CREDIT TO BUYER FOR SURVEY CHARGE		2,200.00
Title Insurance	17,442.70	
ADDITIONAL CLOSING SERVICES	500.00	
Recording Fees	85.00	
RECORD ASSGN OF LEASES & RENTS TO SANGAMON COUNTY R	45.00	
RECORD SNDA TO SANGAMON COUNTY RECORDER	42.00	
OWNERS DEPOSIT OF CONSTRUCTION FUNDS HELD BY T&C BA	457,533.83	
GUARANTY DEPOSIT BY OJCC REALTY LLC HELD BY T&C BAN	1,050,000.00	
ADVISOR FEE TO LCG CAPITOL GROUP LLC	84,543.50	
LEGAL FEES TO HART, SOUTHWORTH & WITSMAN	23,375.00	
INTREST RESERVE TO T2 OPPERTUNITY FUND	250,000.00	
CLOSING FEE T2 OPPERTUNITY FUND LLC	10,000.00	
LEGAL FEES TO VEDDER PRICE PC	43,800.00	
TOTALS	$ 13,527,850.03	$ 13,527,850.03

See attached addendum for division of charges and credits to buyer (OJCC Realty, LLC) and borrower (MS Springfield, LLC

Mary Carol Decker as Counsel for OJCC Realty, LLC

OJCC Realty, LLC

MS SPRINGFIELD, LLC

DATE: 10/20/11 12:09:38

Addendum to Buyer/Borrower's Settlement Statement (page 1 of 2)						
Buyer (OJCC Realty, LLC)		**Charges**		**Credits**		**Net Due From / (To)**
Acquisition						
Purchase Price		$1,198,000.00				
Deposit by MS Springfield, LLC				$1,198,000.00		
Earnest Money Deposit				$80,000.00		
Guaranty Deposit (to be held in escrow by Town and Country Bank)		$1,050,000.00				
Title Insurance Costs						
Survey Endorsement (ALTA 25)	$200.00					
Access Endorsement (ALTA 17)	$100.00					
Easement Damage (ALTA 28)	$250.00					
Util Facility Easement (UTIL)	$100.00					
Zoning Endors (ALTA 3.1)	$400.00					
Tx Pol Endrs (ALTA 18)	$125.00					
Comp Endrs - Opol (ALTA 9.2)	$300.00					
Location Endrs (ALTA 22)	$100.00					
Update Search & Exam - 10/10/2011	$100.00					
Agency Escrow Fee	$300.00					
Total Title Costs		$1,975.00				
Recording Fees		$39.00				
Prorations and Adjustments						
County Taxes				2,025.07		
Credit to Buyer for Survey Charge				$2,200.00		
Reimburs. of Project Costs Incurred by Purchaser				$271,788.60		
Loan		$0.00		$0.00		
Totals for Acquisition and Loan		$2,250,014.00		$1,554,013.67		$696,000.33

325

Addendum to Buyer/Borrower's Settlement Statement (page 2 of 2)						
Borrower (MS Springfield, LLC)		**Charges**		**Credits**		**Net Due From / (To)**
Acquisition						
Option Payment		$1,198,000.00				
Reimburs. of Project Costs incurred by Purchaser		$271,788.60				
Title Costs						
Arbitration Endrs (ARB)	$100.00					
Environmental Endrs (ALTA 8.2)	$100.00					
Search & Exam	$70.00					
Loan Pol Premium $10,360,000.00	$7,787.70					
Simultaneously Issued Loan Policy	$285.00					
10 Updates for Construction Draws	$1,000.00					
10 Draw Construction Escrow Fee	$5,500.00					
Document Escrow (AGMT TO ASGN INT)	$300.00					
Comp Endrs - Lpol (ALTA 9)	$225.00					
Usury Endr (ALTA 27)	$100.00					
Additional Closing Services	$500.00					
Total Title Costs		$15,967.70				
Loan						
Flood Cert to Town & Country Bank		$11.00				
UCC Filing Fee to Town & Country Bank		$72.00				
Loan Fee to Town & Country Bank		$25,900.00				
Appraisal Fee to Tellatin, Sort & Hansen, Inc.		$6,500.00				
Recording Fees		$88.00				
Record Assgn of Leases & Rents to Sangamon Co.		$45.00				
Owner's Deposit of Construction Funds		$457,533.83				
Advisor Fee to LCG Capitol Group, LLC		$84,543.50				
Legal Fees to Hare, Southworth & Witsman		$23,375.00				
Interest Reserve to T2 Opportunity Fund		$250,000.00				
Closing Fee T Opportunity Fund LLC		$10,000.00				

Legal Fees to Vedder Price PC		$43,800.00				
Totals for Acquisition and Loan		$2,387,624.63		$0.00		$2,387,624.63

227

PTAX-203
Illinois Real Estate Transfer Declaration

Please read the instructions before completing this form.
This form can be completed electronically at tax.illinois.gov/retd.

Do not write in this area. County Recorder's Office use.
County:
Date:
Doc. No.:
Vol.:
Page:
Received by:

Step 1: Identify the property and sale information.

1 3089 OLD JACKSONVILLE ROAD
Street address of property (or 911 address, if available)
SPRINGFIELD 62704
City or village ZIP
CAPITAL
Township

2 Write the total number of parcels to be transferred. 1

3 Write the parcel identifying numbers and lot sizes or acreage.

	Property index number (PIN)	Lot size or acreage
a	13-36.0-476-005	APPROX. 5 ACRES
b		
c		
d		

Write additional property index numbers, lot sizes or acreage in Step 3.

4 Date of instrument: 0 9 / 2 0 1 1 (Month / Year)

5 Type of instrument (Mark with an "X."): X Warranty deed ____ Quit claim deed ____ Executor deed ____ Trustee deed ____ Beneficial interest ____ Other (specify):

6 ____ Yes X No Will the property be the buyer's principal residence?

7 X Yes ____ No Was the property advertised for sale? (i.e., media, sign, newspaper, realtor)

8 Identify the property's current and intended primary use.

	Current	Intended	(Mark only one item per column with an "X.")
a			Land/lot only
b	X		Residence (single-family, condominium, townhome, or duplex)
c			Mobile home residence
d			Apartment building (6 units or less) No. of units:
e			Apartment building (over 6 units) No. of units:
f			Office
g			Retail establishment
h		X	Commercial building (specify): NURSING HOME
i			Industrial building
j			Farm
k			Other (specify):

9 Identify any significant physical changes in the property since January 1 of the previous year and **write the date of the change.**
Date of significant change: ____ ____ / ____ ____ ____ ____ (Month / Year)
(Mark with an "X.")
____ Demolition/damage ____ Additions ____ Major remodeling ____ New construction ____ Other (specify):

10 Identify only the items that apply to this sale. (Mark with an "X.")
a ____ Fulfillment of installment contract — year contract initiated:
b ____ Sale between related individuals or corporate affiliates
c ____ Transfer of less than 100 percent interest
d ____ Court-ordered sale
e ____ Sale in lieu of foreclosure
f ____ Condemnation
g ____ Short sale
h ____ Bank REO (real estate owned)
i ____ Auction sale
j ____ Seller/buyer is a relocation company
k ____ Seller/buyer is a financial institution or government agency
l ____ Buyer is a real estate investment trust
m ____ Buyer is a pension fund
n ____ Buyer is an adjacent property owner
o ____ Buyer is exercising an option to purchase
p ____ Trade of property (simultaneous)
q ____ Sale-leaseback
r ____ Other (specify):
s ____ Homestead exemptions on most recent tax bill:
1 General/Alternative $ 0.00
2 Senior Citizens $ 0.00
3 Senior Citizens Assessment Freeze $ 0.00

Step 2: Calculate the amount of transfer tax due.

Note: Round Lines 11 through 18 to the next highest whole dollar. If the amount on Line 11 is over $1 million and the property's current use on Line 8 above is marked "e," "f," "g," "h," "i," or "k," complete Form PTAX-203-A, Illinois Real Estate Transfer Declaration Supplemental Form A. If you are recording a beneficial interest transfer, do not complete this step. Complete Form PTAX-203-B, Illinois Real Estate Transfer Declaration Supplemental Form B.

11	Full actual consideration	11	$ 1,198,000.00
12a	Amount of personal property included in the purchase	12a	$ 0.00
12b	Was the value of a mobile home included on Line 12a?	12b	____ Yes X No
13	Subtract Line 12a from Line 11. This is the net consideration for real property.	13	$ 1,198,000.00
14	Amount for other real property transferred to the seller (in a simultaneous exchange) as part of the full actual consideration on Line 11	14	$ 0.00
15	Outstanding mortgage amount to which the transferred real property remains subject	15	$ 0.00
16	If this transfer is exempt, use an "X" to identify the provision.	16	____b ____k ____m
17	Subtract Lines 14 and 15 from Line 13. **This is the net consideration subject to transfer tax.**	17	$ 1,198,000.00
18	Divide Line 17 by 500. Round the result to the next highest whole number (e.g., 61.002 rounds to 62).	18	2,396.00
19	Illinois tax stamps — multiply Line 18 by 0.50.	19	$ 1,198.00
20	County tax stamps — multiply Line 18 by 0.25.	20	$ 599.00
21	Add Lines 19 and 20. **This is the total amount of transfer tax due.**	21	$ 1,797.00

This form is authorized in accordance with 35 ILCS 200/31-1 *et seq.* Disclosure of this information is REQUIRED. This form has been approved by the Forms Management Center. IL-492-0227

ID: INT, Declaration Number: W131-M540-X489-2458

228

Step 3: Write the legal description from the deed. Write, type (minimum 10-point font required), or attach the legal description from the deed. If you prefer, submit an 8½" x 11" copy of the extended legal description with this form. You may also use the space below to write additional property index numbers, lots sizes or acreage from Step 1, Line 3.

THE WEST FIVE (5) ACRES OF THE EAST TEN (10) ACRES OF THE SOUTH QUARTER OF THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 36, TOWNSHIP 16 NORTH, RANGE 6 WEST OF THE THIRD PRINCIPAL MERIDIAN, SANGAMON COUNTY, ILLINOIS.

Step 4: Complete the requested information.

The buyer and seller (or their agents) hereby verify that to the best of their knowledge and belief, the full actual consideration and facts stated in this declaration are true and correct. If this transaction involves any real estate located in Cook County, the buyer and seller (or their agents) hereby verify that to the best of their knowledge, the name of the buyer shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois. Any person who willfully falsifies or omits any information required in this declaration shall be guilty of a Class B misdemeanor for the first offense and a Class A misdemeanor for subsequent offenses. Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

Seller Information (Please print.)

JOSEPH J. AND SHIRLEY J. ANGERMEIER			
Seller's or trustee's name		Seller's trust number (if applicable - not an SSN or FEIN)	
3089 OLD JACKSONVILLE ROAD	SPRINGFIELD	IL	62704
Street address (after sale)	City	State	ZIP
Joseph J Angermeier III	(217) 546-3290	Ext.	
Seller's or agent's signature	Seller's daytime phone		

Buyer Information (Please print.)

OJCC REALTY, LLC C/O PLATINUM HEALTHCARE, LLC			
Buyer's or trustee's name		Buyer's trust number (if applicable - not an SSN or FEIN)	
7444 LONG AVENUE	SKOKIE	IL	60077
Street address (after sale)	City	State	ZIP
	(847) 329-4100	Ext.	
Buyer's or agent's signature	Buyer's daytime phone		

Mail tax bill to:

C/O PLATINUM HEALTHCARE,	7444 LONG AVENUE	SKOKIE	IL	60077
Name or company	Street address	City	State	ZIP

Preparer Information (Please print.)

J. PATRICK JOYCE, JR.			
Preparer's and company's name		Preparer's file number (if applicable)	
205 S. FIFTH STREET	SPRINGFIELD	IL	62701
Street address	City	State	ZIP
J Patrick Joyce	(217) 544-8491	Ext. 247	
Preparer's signature	Preparer's daytime phone		
jpjoyce@bhslaw.com			
Preparer's e-mail address (if available)			

Identify any required documents submitted with this form. (Mark with an "X.") ____ Extended legal description ____ Form PTAX-203-A
____ Itemized list of personal property ____ Form PTAX-203-B

To be completed by the Chief County Assessment Officer

1 ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
County Township Class Cook-Minor Code 1 Code 2

2 Board of Review's final assessed value for the assessment year prior to the year of sale.
Land ___,___,___,___
Buildings ___,___,___,___
Total ___,___,___,___

3 Year prior to sale ___ ___ ___ ___

4 Does the sale involve a mobile home assessed as real estate? ___ Yes ___ No

5 Comments

Illinois Department of Revenue Use	Tab number

PERSONAL UNDERTAKING
(GAP)

WHEREAS, the Chicago Title Insurance Company, hereinafter referred to as the "Company", is about to issue its title insurance policy or policies or commitments therefor, all hereinafter referred to as the "Title Insurance Policy", No. 1271 710105493 SPR , in respect to the land described therein;

AND WHEREAS, the Company has raised as title exceptions on the Title Insurance Policy certain defects, liens, encumbrances, adverse claims, or other matters, all hereinafter referred to as "Exceptions to Title", described as follows:

"Defects, liens, encumbrances, adverse claims or other matters, if any, created, first appearing in the public records or attaching subsequent to the effective date hereof but prior to the date the proposed insured acquires for value of record the estate or interest or mortgage thereon covered by this commitment."

AND WHEREAS, the Company has been requested to issue the Title Insurance Policy, and may hereafter, in the ordinary course of its business, issue title insurance policy or policies or commitments therefor in the form or forms now or then commonly used by the Company, or issue hold harmless or indemnity letters to induce other title insurance companies to issue title insurance policies or commitments therefor, in respect to the land or to some part or parts thereof, or interests therein, all of the foregoing being hereafter referred to as "Future Policies or Commitments", either free and clear of all mention of the aforesaid Exceptions to Title, or insuring against loss or damage by reason thereof;

NOW THEREFORE, in consideration of the issuance of the Title Insurance Policy as aforesaid, the undersigned, jointly and severally, for themselves, heirs, personal representatives, successors and assigns do hereby covenant and agree with the Company: (1) to forever fully protect, defend, and save the Company harmless from and against all the Exceptions to Title, in and from any and all loss, costs, damages, attorneys' fees, and expenses of every kind and nature which it may suffer, expend or incur under, or by reason, or in consequence of the Title Insurance Policy on account, or in consequence, or growing out of the Exceptions to Title or on account of the assertion or enforcement or attempted assertion or enforcement thereof or of any rights existing or hereafter arising, or which may be claimed to exist under, or by reason , or in consequence, or growing out of the Exceptions to Title or any of them including all reasonable amounts expended by the Company under this Agreement and also including loss, costs, damages, fees and expenses (including attorney's fees and expenses) incurred by the Company in enforcing this Agreement; (2) to provide for the defense, at their own expense, on behalf and for the protection of the Company and the parties insured or who may become insured, against loss or damage under the Title Insurance Policy (but without prejudice to the right of the Company to defend if it so elects) in all litigation consisting of actions or proceedings based on any Exceptions to Title which may be asserted or attempted to be asserted, established or enforced in, to, upon, against or in respect to the land or any part thereof, or interest therein; (3) to pay, discharge, satisfy, and remove from the title to the land, and clear from the public record all of the Exceptions to Title; and (4) that each and every provision herein shall extend and be in force concerning Future Policies or Commitments.

The foregoing notwithstanding, it is hereby covenanted and agreed, and expressly made a part of this agreement, that the liability of the undersigned hereunder shall cease and determine at such time as the Company shall have completed all of its various title searches and examination thereof covering the date of recording of the instruments creating or vesting the estate or interest to be insured required for the issuance of the above policy; provided, however that (1) no rights, interests, liens, claims, encumbrances, or defects in title or any of them, or any rights existing by reason or in consequence thereof or growing out thereof are disclosed by the various title searches and examination thereof; (2) there is then pending no suit, action, or proceedings, either direct or collateral, to assert, establish, or enforce the said mentioned rights, interests, liens, claims, encumbrances, or defects in title, or in any of them, or any rights existing or arising by reason or in consequence thereof or growing out thereof; (3) that no judgment, order, or decree rendered in any such proceeding remains unsatisfied; and (4) that the undersigned is not in default in the performance of any of the terms, covenants, and conditions hereof.

FOR CORPORATIONS

IN WITNESS WHEREOF, the undersigned, being the hereinafter named corporation, has caused these presents to be signed by its President and attested by its Secretary and has caused its corporate seal to be hereto affixed this _____ day of _____ A.D. _____.

_____

BY: _____
President

ATTEST: _____
Secretary

ADDRESS OF CORPORATION:

_____

_____

Date: _____

FOR INDIVIDUALS

IN WITNESS WHEREOF, the undersigned have executed this agreement this 14th day of October A.D. 2011.

Joseph J. Angermeier III
Joseph J. Angermeier, III (SEAL)

Social Security Number:
Address: 3089 Old Jacksonville Road
Springfield, IL 62704

Shirley Jean Angermeier
Shirley Jean Angermeier (SEAL)

Social Security Number:
Address: 3089 Old Jacksonville Road
Springfield, IL 62704

Accepted and Approved By:

_____
(NAME)

GPERSUND CLP

CHICAGO TITLE INSURANCE COMPANY

1043 SOUTH FIFTH STREET, SPRINGFIELD, IL 62703

STATEMENT REQUIRED FOR THE ISSUANCE OF ALTA OWNERS AND LOAN POLICIES

Commitment No. 1271 710105493 SPR Loan No.

Date October 2011

To the best knowledge and belief of the undersigned, the following is hereby certified with respect to the land described in the above commitment.

1. That, except as noted at the end of this paragraph, within the last six (6) months (a) no labor, service or materials have been furnished to improve the land, or to rehabilitate, repair, refurbish, or remodel the building(s) situated on the land; (b) nor have any goods, chattels, machinery, apparatus or equipment been attached to the building(s) thereon, as fixtures; (c) nor have any contracts been let for the furnishing of labor, service, materials, machinery, apparatus or equipment which are to be completed subsequent to the date hereof; (d) nor have any notices of lien been received, except the following, if any:

   None as to Sellers

2. There are no revolving credit mortgages, line of credit mortgages, home equity loan mortgages, or other voluntary liens or mortgages affecting title, other than those shown on Schedule B of the Commitment, except the following, if any:

   None as to Sellers

3. That all management fees, if any, are fully paid, except the following:

   None as to Sellers

4. That there are no unrecorded security agreements, leases, financing statements, chattel mortgages or conditional sales agreements in respect to any appliances, equipment or chattels that have or are to become attached to the land or any improvements thereon as fixtures, except the following, if any:

   None as to Sellers

5. That there are no unrecorded contracts or options to purchase the land, except the following, if any:

   None as to Sellers

6. That there are no unrecorded leases, easements or other servitudes to which the land or building, or portions thereof, are subject, except the following, if any:

   None as to Sellers

7. That, in the event the undersigned is a mortgagor in a mortgage to be insured under a loan policy to be issued pursuant to the above commitment, the mortgage and the principal obligations it secures are good and valid and free from all defenses; that any person purchasing the mortgage and the obligations it secures, or otherwise acquiring any interest therein, may do so in reliance upon the truth of the matters herein recited; and that this certification is made for the purpose of better enabling the holder or holders, from time to time, of the above mortgage and obligations to sell, pledge or otherwise dispose of the same freely at any time, and to insure the purchasers or pledgees thereof against any defenses thereto by the mortgagor or the mortgagor's heirs, personal representative or assigns.

8. That, I/we am/are the purchaser(s) or mortgagor(s) of land improved with a residential dwelling not exceeding four units, and no current survey or mortgagee's inspection report has been furnished to or is available to me/us. [DELETE STATEMENT IF NOT APPLICABLE.]

The undersigned makes the above statement for the purpose of inducing Chicago Title Insurance Company to issue its owners or loan policy pursuant to the above commitment.

Seller or Owner

Joseph G. Angermeier, III

Shirley Jean Angermeier

Print Name

Subscribed and sworn to before me this 19th day of October, 2011,

Vicki Collins

Notary Public

OFFICIAL SEAL
VICKI COLLINS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-4-2012

Purchaser

OJCC Realty LLC

By:

Its Authorized Representative

Print Name

Subscribed and sworn to before me this _____ day of October, 2011,

Notary Public

LENDER'S DISBURSEMENT STATEMENT

The undersigned hereby certifies that the proceeds of the loan secured by the mortgage to be insured under the loan policy to be issued pursuant to the above commitment were fully disbursed to or on the order of the mortgagor on _____. You are hereby authorized to date down the above commitment to cover the date of said disbursement.

Dated

Signature

ALTAST 10/04 DGG CLP

AFFIDAVIT OF TITLE

STATE OF ILLINOIS)
)
COUNTY OF SANGAMON)

The Affiants, JOSEPH J. ANGERMEIER, III and SHIRLEY JEAN ANGERMEIER, husband and wife, being of legal age and under no legal disability, after being duly sworn, warrant and state as follows:

1. Joseph J. Angermeier, III and Shirley Jean Angermeier, husband and wife, are the Grantors in the deed dated October ____, 2011, to OJCC Realty, LLC, an Illinois limited liability company, the Grantee, conveying the real estate situated in Springfield, Illinois, commonly known as 3089 Old Jacksonville Road, Springfield, Illinois, and described on *Exhibit* A attached hereto and by this reference incorporated herein (the "Property").

2. Since September 3, 2011, the date of the Title Commitment, issued by Chicago Title Insurance Company, as Commitment Number 710105493, Affiants have not done or caused to be done anything that could in any way affect the title to the Property, and no proceedings have been filed by or against the Affiants nor has any judgment or order been rendered against the Affiants related to the Property.

3. Affiants are in undisputed possession of the Property, and no other parties have any rights or claims to the possession of the Property.

4. The real estate taxes assessed against the Property are current and not delinquent.

5. No labor or material has been furnished for the Property by Affiants that has not been paid for.

6. That these representations and warranties will survive the transfer, sale and conveyance of the Property to Grantee and are made for the purpose of inducing the Grantee to complete the purchase of Property.

Dated: October 19, 2011

JOSEPH J. ANGERMEIER, III

SHIRLEY JEAN ANGERMEIER

SUBSCRIBED AND SWORN to before me this 19th day of October, 2011.

Notary Public

OFFICIAL SEAL
VICKI COLLINS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8-4-2013

EXHIBIT A

The West Five (5) acres of the East Ten (10) acres of the South Quarter of the East Half of the Southeast Quarter of Section 36, Township 16 North, Range 6 West of the Third Principal Meridian, Sangamon County, Illinois; excepting therefrom the existing right-of-way as said right-of way is described in a survey made by Richard Tonellato of Greene & Bradford, Inc., dated September 26, 2011, known as Project No. 08-197, as follows:

Part of the Southeast Quarter of the Southeast Quarter of Section 36, Township 16 North, Range 6 West of the Third Principal Meridian, described more particularly as follows: Commencing at a disk marking the Southwest corner of the East Half of the Southeast Quarter of the aforementioned Section 36, thence South 89 degrees 29 minutes 35 seconds East along the Section line a distance of 672.60 feet to the true point of beginning, thence North 00 degrees 05 minutes 28 seconds East 52.92 feet to an iron pin, thence South 89 degrees 31 minutes 30 seconds East 330.50 feet to an iron pin, thence South 00 degrees 06 minutes 28 seconds West 53.10 feet to a point on the Section line, thence North 89 degrees 29 minutes 35 seconds West along the Section line a distance of 330.48 feet to the true point of beginning.

The above-described real estate is also described in the above-mentioned survey by Richard Tonellato as follows:

Part of the Southeast Quarter of the Southeast Quarter of Section 36, Township 16 North, Range 6 West of the Third Principal Meridian, described more particularly as follows: Commencing at a disk marking the Southwest corner of the East Half of the Southeast Quarter of the aforementioned Section 36, thence South 89 degrees 29 minutes 35 seconds East along the Section line a distance of 672.60 feet, thence North 00 degrees 05 minutes 28 seconds East 52.92 feet to an iron pin marking the true point of beginning, thence continuing North 00 degrees 05 minutes 28 seconds East 606.26 feet to an iron pin on the South line of Lewis E. Wood Estate Plat, thence South 89 degrees 31 minutes 14 seconds East along said South line a distance of 330.67 feet to an iron pin marking the Northwest corner of Townley Place Subdivision, thence South 00 degrees 06 minutes 28 seconds West along the West line of said subdivision a distance of 606.23 feet to an iron pin on the North right of way line of Sangamon County Highway 8, thence North 89 degress 31 minutes 30 seconds West along said right of way line a distance of 330.50 feet to the true point of beginning.

Except all coal, minerals and mining rights heretofore conveyed or reserved of record Situated in Sangamon County, Illinois

Permanent Index Number(s): 13-36.0-476-005

Address of Real Estate: 3089 Old Jacksonville Road, Springfield, Illinois 62704

FIRPTA AFFIDAVIT

Section 1445 of the Internal Revenue Code provides that a transferee of a U.S. real property interest must withhold tax if the transferor is a foreign person. To inform the transferee that withholding of tax is not required upon the disposition of a U.S. real property interest by JOSEPH J. ANGERMEIER, III (the "Seller"), the undersigned hereby certifies on behalf of Seller:

1. Seller is not a foreign corporation, foreign partnership, foreign trust, or foreign estate (as those terms are defined in the Internal Revenue Code and Income Tax Regulations);

2. Seller's social security number is 333-32-0119; and

3. Seller's address is 3089 Old Jacksonville Road, Springfield, Illinois 62704.

Seller understands that this certification may be disclosed to the Internal Revenue Service by Buyer and that any false statement made here could be punished by fine, imprisonment, or both. Under penalties of perjury, Seller declares that it has examined this certification and to the best of its knowledge and belief it is true, correct and complete.

Under penalties of perjury I declare that I have examined this certification and to the best of my knowledge and belief it is true, correct and complete, and I further declare that I have authority to sign this document on behalf of Seller.

Dated as of 19th day of October, 2011.

SELLER:

Joseph J. Angermeier III

JOSEPH J. ANGERMEIER, III

FIRPTA AFFIDAVIT

Section 1445 of the Internal Revenue Code provides that a transferee of a U.S. real property interest must withhold tax if the transferor is a foreign person. To inform the transferee that withholding of tax is not required upon the disposition of a U.S. real property interest by SHIRLEY JEAN ANGERMEIER (the "Seller"), the undersigned hereby certifies on behalf of Seller:

1. Seller is not a foreign corporation, foreign partnership, foreign trust, or foreign estate (as those terms are defined in the Internal Revenue Code and Income Tax Regulations);

2. Seller's social security number is 359-34-7203; and

3. Seller's address is 3089 Old Jacksonville Road, Springfield, Illinois 62704.

Seller understands that this certification may be disclosed to the Internal Revenue Service by Buyer and that any false statement made here could be punished by fine, imprisonment, or both. Under penalties of perjury, Seller declares that it has examined this certification and to the best of its knowledge and belief it is true, correct and complete.

Under penalties of perjury I declare that I have examined this certification and to the best of my knowledge and belief it is true, correct and complete, and I further declare that I have authority to sign this document on behalf of Seller.

Dated as of 19th day of October, 2011.

SELLER:

SHIRLEY JEAN ANGERMEIER

Step 3: Write the legal description from the deed. Write, type (minimum 10-point font required), or attach the legal description from the deed. If you prefer, submit an 8½" x 11" copy of the extended legal description with this form. You may also use the space below to write additional property index numbers, lots sizes or acreage from Step 1, Line 3.

THE WEST FIVE (5) ACRES OF THE EAST TEN (10) ACRES OF THE SOUTH QUARTER OF THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 36, TOWNSHIP 16 NORTH, RANGE 6 WEST OF THE THIRD PRINCIPAL MERIDIAN, SANGAMON COUNTY, ILLINOIS.

Step 4: Complete the requested information.

The buyer and seller (or their agents) hereby verify that to the best of their knowledge and belief, the full actual consideration and facts stated in this declaration are true and correct. If this transaction involves any real estate located in Cook County, the buyer and seller (or their agents) hereby verify that to the best of their knowledge, the name of the buyer shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois. Any person who willfully falsifies or omits any information required in this declaration shall be guilty of a Class B misdemeanor for the first offense and a Class A misdemeanor for subsequent offenses. Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

Seller Information (Please print.)

JOSEPH J. AND SHIRLEY J. ANGERMEIER Seller's or trustee's name	 Seller's trust number (if applicable - not an SSN or FEIN)
3089 OLD JACKSONVILLE ROAD Street address (after sale)	SPRINGFIELD IL 62704 City State ZIP
 Seller's or agent's signature	(217) 546-3290 Ext. Seller's daytime phone

Buyer Information (Please print.)

OJCC REALTY, LLC C/O PLATINUM HEALTHCARE, LLC Buyer's or trustee's name	 Buyer's trust number (if applicable - not an SSN or FEIN)
7444 LONG AVENUE Street address (after sale)	SKOKIE IL 60077 City State ZIP
 Buyer's or agent's signature	(847) 329-4100 Ext. Buyer's daytime phone

Mail tax bill to: OJCC REALTY, LLC

C/O PLATINUM HEALTHCARE,	7444 LONG AVENUE	SKOKIE	IL 60077
Name or company	Street address	City	State ZIP

Preparer Information (Please print.)

J. PATRICK JOYCE, JR. Preparer's and company's name	 Preparer's file number (if applicable)
205 S. FIFTH STREET , SUITE 700 Street address	SPRINGFIELD IL 62701 City State ZIP
 Preparer's signature	(217) 544-8491 Ext. 247 Preparer's daytime phone

jpjoyce@bhslaw.com
Preparer's e-mail address (if available)

Identify any required documents submitted with this form. (Mark with an "X") ___ Extended legal description ___ Form PTAX-203-A
___ Itemized list of personal property ___ Form PTAX-203-B

To be completed by the Chief County Assessment Officer

1 ___ ___ ___ ___ ___ ___ ___ ___ ___
County Township Class Cook-Minor Code 1 Code 2

2 Board of Review's final assessed value for the assessment year prior to the year of sale.
Land ___,___,___
Buildings ___,___,___
Total ___,___,___

3 Year prior to sale ____

4 Does the sale involve a mobile home assessed as real estate? ___ Yes ___ No

5 Comments

Illinois Department of Revenue Use	Tab number

236

CHICAGO TITLE INSURANCE COMPANY

1043 SOUTH FIFTH STREET, SPRINGFIELD, IL 62703

STATEMENT REQUIRED FOR THE ISSUANCE OF ALTA OWNERS AND LOAN POLICIES

Commitment No. 1271 710105493 SPR Loan No.

Date October 19, 2011

To the best knowledge and belief of the undersigned, the following is hereby certified with respect to the land described in the above commitment.

1. That, except as noted at the end of this paragraph, within the last six (6) months (a) no labor, service or materials have been furnished to improve the land, or to rehabilitate, repair, refurbish, or remodel the building(s) situated on the land; (b) nor have any goods, chattels, machinery, apparatus or equipment been attached to the building(s) thereon, as fixtures; (c) nor have any contracts been let for the furnishing of labor, service, materials, machinery, apparatus or equipment which are to be completed subsequent to the date hereof; (d) nor have any notices of lien been received, except the following, if any:
   None

2. There are no revolving credit mortgages, line of credit mortgages, home equity loan mortgages, or other voluntary liens or mortgages affecting title, other than those shown on Schedule B of the Commitment, except the following, if any:
   There will be a mortgage with Town and Country Bank at closing on the subject property.

3. That all management fees, if any, are fully paid, except the following:
   None

4. That there are no unrecorded security agreements, leases, financing statements, chattal mortgages or conditional sales agreements in respect to any appliances, equipment or chattels that have or are to become attached to the land or any improvements thereon as fixtures, except the following, if any:
   See responses to questions 5 and 6 below.

5. That there are no unrecorded contracts or options to purchase the land, except the following, if any:
   Option Agreement by and between OSCC Realty, LLC, an Illinois limited liability company and MS Springfield, LLC, an Indiana limited liability company, dated as of July 28, 2010.

6. That there are no unrecorded leases, easements or other servitudes to which the land or building, or portions thereof, are subject, except the following, if any:
   Lease Agreement between MS Springfield, LLC, an Indiana limited liability company and OSC Realty, LLC, an Illinois limited liability company, dated as of July 28, 2010.

7. That, in the event the undersigned is a mortgagor in a mortgage to be insured under a loan policy to be issued pursuant to the above commitment, the mortgage and the principal obligations it secures are good and valid and free from all defenses; that any person purchasing the mortgage and the obligations it secures, or otherwise acquiring any interest therein, may do so in reliance upon the truth of the matters herein recited; and that this certification is made for the purpose of better enabling the holder or holders, from time to time, of the above mortgage and obligations to sell, pledge or otherwise dispose of the same freely at any time, and to insure the purchasers or pledgees thereof against any defenses thereto by the mortgagor or the mortgagor's heirs, personal representative or assigns.

8. That, I/we am/are the purchaser(s) or mortgagor(s) of land improved with a residential dwelling not exceeding four units, and no current survey or mortgagee's inspection report has been furnished to or is available to me/us. [DELETE STATEMENT IF NOT APPLICABLE.]
   Survey available and provided to Chicago Title Insurance Company

The undersigned makes the above statement for the purpose of inducing Chicago Title Insurance Company to issue its owners or loan policy pursuant to the above commitment.

Seller or Owner	Purchaser
Print Name	Print Name
Subscribed and sworn to before me this ____ day of _____, 20 ___,	Subscribed and sworn to before me this 19 day of Oct, 2011,
Notary Public	Notary Public

LENDER'S DISBURSEMENT STATEMENT

The undersigned hereby certifies that the proceeds of the loan secured by the mortgage to be insured under the loan policy to be issued pursuant to the above commitment were fully disbursed to or on the order of the mortgagor on _____. You are hereby authorized to date down the above commitment to cover the date of said disbursement.

Dated

Signature

ALTAST 10/04 DGG CLP

Chicago Title & Trust Company

BUYER'S/BORROWER'S SETTLEMENT STATEMENT

ESCROW NUMBER: 01271-710105493-001 ORDER NUMBER: 01271-710105493

CLOSING DATE: 10/19/11 CLOSER: Eric W. Campbell

BUYER/BORROWER: OJCC Realty, LLC and MS SPRINGFIELD, LLC

SELLER: Joe Angermeier and Shirley Angermeier

PROPERTY: 3089 Old Jacksonville Road, Springfield, Illinois 62711

	CHARGE BUYER	CREDIT BUYER
Sales Price	$ 1,198,000.00	$
WIRE DEPOSIT BY MS SPRINGFIELD LLC		350,000.00
EARNEST DEPOSIT BY OJCC REALTY LLC		80,000.00
WIRE DEPOSIT BY OJCC REALTY LLC		696,000.33
WIRE DEPOSIT BY MS SPRINGFIELD LLC		37,624.63
WIRE DEPOSIT BY MS SPRINGFIELD LLC		1,000,000.00
New Loan From Town & Country Bank		10,360,000.00
WIRE DEPOSIT BY MS SPRINGFIELD LLC		1,000,000.00
Loan Charges To Town & Country Bank		
FLOOD CERT TO TOWN & COUNTYR BANK	11.00	
UCC FILING FEE TO TOWN & COUNTRY BANK	72.00	
LOAN FEE TO TOWN & COUNTRY BANK	25,900.00	
FUNDS RETAINED BY LENDER FOR CONSTRUCTIO	10,360,000.00	
Appraisal Fee To TELLATIN, SORT & HANSEN INC	6,500.00	
Prorations And Adjustments		
County Taxes from 01/01/11 to 10/19/11		2,025.07
Total amount $ 2,410.80 for 365 days		
CREDIT TO BUYER FOR SURVEY CHARGE		2,200.00
Title Insurance	17,442.70	
ADDITIONAL CLOSING SERVICES	500.00	
Recording Fees	85.00	
RECORD ASSGN OF LEASES & RENTS TO SANGAMON COUNTY R	45.00	
RECORD SNDA TO SANGAMON COUNTY RECORDER	42.00	
OWNERS DEPOSIT OF CONSTRUCTION FUNDS HELD BY T&C BA	457,533.83	
GUARANTY DEPOSIT BY OJCC REALTY LLC HELD BY T&C BAN	1,050,000.00	
ADVISOR FEE TO LCG CAPITOL GROUP LLC	84,543.50	
LEGAL FEES TO HART, SOUTHWORTH & WITSMAN	23,375.00	
INTREST RESERVE TO T2 OPPERTUNITY FUND	250,000.00	
CLOSING FEE T2 OPPERTUNITY FUND LLC	10,000.00	
LEGAL FEES TO VEDDER PRICE PC	43,800.00	
TOTALS	$ 13,527,850.03	$ 13,527,850.03

See attached addendum for division of charges and credits to buyer (OJCC Realty, LLC) and borrower (MS Springfield, LLC

Mary Carol Doeden as Counsel for OJCC Realty, LLC

OJCC Realty, LLC

MS SPRINGFIELD, LLC

DATE: 10/20/11 12:09:38

Chicago Title & Trust Company

BUYER'S/BORROWER'S SETTLEMENT STATEMENT

ESCROW NUMBER: 01271-710105493-001 ORDER NUMBER: 01271-710105493

CLOSING DATE: 10/19/11 CLOSER: Eric W. Campbell

BUYER/BORROWER: OJCC Realty, LLC and MS SPRINGFIELD, LLC

SELLER: Joe Angermeier and Shirley Angermeier

PROPERTY: 3089 Old Jacksonville Road, Springfield, Illinois 62711

	CHARGE BUYER	CREDIT BUYER
Sales Price	$ 1,198,000.00	$
WIRE DEPOSIT BY MS SPRINGFIELD LLC		350,000.00
EARNEST DEPOSIT BY OJCC REALTY LLC		80,000.00
WIRE DEPOSIT BY OJCC REALTY LLC		696,000.33
WIRE DEPOSIT BY MS SPRINGFIELD LLC		37,624.63
WIRE DEPOSIT BY MS SPRINGFIELD LLC		1,000,000.00
New Loan From Town & Country Bank		10,360,000.00
WIRE DEPOSIT BY MS SPRINGFIELD LLC		1,000,000.00
Loan Charges To Town & Country Bank		
FLOOD CERT TO TOWN & COUNTYR BANK	11.00	
UCC FILING FEE TO TOWN & COUNTRY BANK	72.00	
LOAN FEE TO TOWN & COUNTRY BANK	25,900.00	
FUNDS RETAINED BY LENDER FOR CONSTRUCTIO	10,360,000.00	
Appraisal Fee To TELLATIN, SORT & HANSEN INC	6,500.00	
Prorations And Adjustments		
County Taxes from 01/01/11 to 10/19/11		2,025.07
Total amount $ 2,410.80 for 365 days		
CREDIT TO BUYER FOR SURVEY CHARGE		2,200.00
Title Insurance	17,442.70	
ADDITIONAL CLOSING SERVICES	500.00	
Recording Fees	85.00	
RECORD ASSGN OF LEASES & RENTS TO SANGAMON COUNTY R	45.00	
RECORD SNDA TO SANGAMON COUNTY RECORDER	42.00	
OWNERS DEPOSIT OF CONSTRUCTION FUNDS HELD BY T&C BA	457,533.83	
GUARANTY DEPOSIT BY OJCC REALTY LLC HELD BY T&C BAN	1,050,000.00	
ADVISOR FEE TO LCG CAPITOL GROUP LLC	84,543.50	
LEGAL FEES TO HART, SOUTHWORTH & WITSMAN	23,375.00	
INTREST RESERVE TO T2 OPPERTUNITY FUND	250,000.00	
CLOSING FEE T2 OPPERTUNITY FUND LLC	10,000.00	
LEGAL FEES TO VEDDER PRICE PC	43,800.00	
TOTALS	$ 13,527,850.03	$ 13,527,850.03

See attached addendum for division of charges and credits to buyer (OJCC Realty, LLC) and borrower (MS Springfield, LLC

OJCC Realty, LLC

BLHF

MS SPRINGFIELD, LLC CFO

DATE: 10/20/11 12:09:38

Addendum to Buyer/Borrower's Settlement Statement (page 1 of 2)						
Buyer (OJCC Realty, LLC)		**Charges**		**Credits**		**Net Due From / (To)**
Acquisition						
Purchase Price		$1,198,000.00				
Deposit by MS Springfield, LLC				$1,198,000.00		
Earnest Money Deposit				$80,000.00		
Guaranty Deposit (to be held in escrow by Town and Country Bank)		$1,050,000.00				
Title Insurance Costs						
Survey Endorsement (ALTA 25)	$200.00					
Access Endorsement (ALTA 17)	$100.00					
Easement Damage (ALTA 28)	$250.00					
Util Facility Easement (UTIL)	$100.00					
Zoning Endors (ALTA 3.1)	$400.00					
Tx Pcl Endrs (ALTA 18)	$125.00					
Comp Endrs - Opol (ALTA 9.2)	$300.00					
Location Endrs (ALTA 22)	$100.00					
Update Search & Exam - 10/10/2011	$100.00					
Agency Escrow Fee	$300.00					
Total Title Costs		$1,975.00				
Recording Fees		$39.00				
Prorations and Adjustments						
County Taxes				2,025.07		
Credit to Buyer for Survey Charge				$2,200.00		
Reimburs. of Project Costs incurred by Purchaser				$271,788.60		
Loan		$0.00		$0.00		
Totals for Acquisition and Loan		$2,250,014.00		$1,554,013.67		$696,000.33

Addendum to Buyer/Borrower's Settlement Statement (page 2 of 2)						
Borrower (MS Springfield, LLC)		**Charges**		**Credits**		**Net Due**
						From / (To)
Acquisition						
Option Payment		$1,198,000.00				
Reimburs. of Project Costs incurred by Purchaser		$271,788.60				
Title Costs						
Arbitration Endrs (ARB)	$100.00					
Environmental Endrs (ALTA 8.2)	$100.00					
Search & Exam	$70.00					
Loan Pol Premium $10,360,000.00	$7,787.70					
Simultaneously Issued Loan Policy	$285.00					
10 Updates for Construction Draws	$1,000.00					
10 Draw Construction Escrow Fee	$5,500.00					
Document Escrow (AGMT TO ASGN INT)	$300.00					
Comp Endrs - Lpol (ALTA 9)	$225.00					
Usury Endr (ALTA 27)	$100.00					
Additional Closing Services	$500.00					
Total Title Costs		$15,967.70				
Loan						
Flood Cert to Town & Country Bank		$11.00				
UCC Filing Fee to Town & Country Bank		$72.00				
Loan Fee to Town & Country Bank		$25,900.00				
Appraisal Fee to Tellatin, Sort & Hansen, Inc.		$6,500.00				
Recording Fees		$88.00				
Record Assgn of Leases & Rents to Sangamon Co.		$45.00				
Owner's Deposit of Construction Funds		$457,533.83				
Advisor Fee to LCG Capitol Group, LLC		$84,543.50				
Legal Fees to Hare, Southworth & Witsman		$23,375.00				
Interest Reserve to T2 Opportunity Fund		$250,000.00				
Closing Fee T Opportunity Fund LLC		$10,000.00				

Legal Fees to Vedder Price PC		$43,800.00				
Totals for Acquisition and Loan		$2,387,624.63		$0.00		$2,387,624.63

mainstreet
investing more than capital

April 13, 2011

OJCC, Realty, LLC
Attn: Mr. Brian Levinson
7444 N. Long Ave.
Skokie, IL 60077

Re: 3089 Old Jacksonville Road
Springfield, IL

Dear Mr. Levinson:

We have reviewed the CON application of OJCC Realty, LLC and OJCC, LLC (together, "OJCC") for the development of a nursing home facility at the above referenced address. Based on our due diligence and the executed Development Agreement with OJCC, Mainstreet will provide 100% of the financing to OJCC for the development.

Mainstreet Capital Partners, LLC

By: Paul Ezekiel Turner

Zeke Turner
Chief Executive Officer

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW (CONTINUED III)

Financial Viability

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.

The co-Applicant, MS Springfield, L.P. is responsible for obtaining financing of the project. Appended as **ATTACHMENT-28A**, is confirmation from Town and Country Financial Corporation that the entire $2.59 million of representing the equity component of the project has been deposited with documentation. As the project does not meet any of the four items of this criterion, the financial viability ratios are provided as part of the CON application form.

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW (CONTINUED IV)

Financial Viability Ratios

Appended as **ATTACHMENT-29A** are the separate worksheet pages for the viability ratios that have been provided.

Ratios	2011	Ratio	2012	Ratio	2013	Ratio
Current Ratio:						
Current Assets	726,952	3.05	750,605	2.51	749,473	2.45
Current liabilities	238,648		299,054		306,220	
Net Margin Percentage:						
Net Income	(188,628)	-22.49%	(248,175)	-22.18%	(248,708)	-22.24%
Net Operating income	838,730		1,118,898		1,118,166	
Percent of debt to total Capitalization:						
Long term debt	10,916,931	81.92%	10,799,187	83.33%	10,672,931	84.81%
Long term debt plus shareholder's equity	13,325,804		12,959,884		12,584,920	
Projected Debt Service Coverage:						
Net Income+Depredation+Interest	661,953	1.01	878,946	1.00	869,902	0.99
Principal and Interest	658,647		878,196		878,196	
Days Cash on Hand:						
Cash in bank	653,328	10355.87	652,440	8674.80	651,308	8524.06
Operating Expenses/365	63		75		76	
Cushion Ratio:						
Cash and investments	653,328	0.99	652,440	0.74	651,308	0.74
Maxtnum Annual Debt Service	658,647		878,196		878,196	

Ratios	2011	Ratio	2012	Ratio	2013
Current Ratio:					
Current Assets	994,143	5.98	2,939,640	7.44	4,726,986
Current liabilities	166,329		395,280		422,720
Net Margin Percentage:					
Net Income	327,814	11.79%	1,716,546	24.79%	1,759,905
Net Operating income	2,780,988		6,925,031		7,264,313
Percent of debt to total Capitalization:					
Long term debt	0	0.00%	0	0.00%	0
Long term debt plus shareholder's equity	827,814		2,544,360		4,304,265
Projected Debt Service Coverage:					
Net Income+Depredation+Interest	327,814	#DIV/0!	1,716,546	#DIV/0!	1,759,905
Principal and Interest					
Days Cash on Hand:					
Cash in bank	462,233	104.50	832,312	74.28	1,056,798
Operating Expenses/365	4,423		11,204		12,017
Cushion Ratio:					
Cash and investments	462,233	#DIV/0!	832,312	#DIV/0!	1,056,798
Maxtnum Annual Debt Service	0		0		0

Ratios	2011	Ratio		2012	Ratio		2013	Ratio
Current Ratio: >1.5								
Current Assets	1,623,497	4.53		2,951,839	5.63		4,124,491	7.54
Current liabilities	358,107			524,661			546,960	
Net Margin Percentage: >2.5%								
Net Income	157,902	6.89%		841,318	18.85%		774,619	16.99%
Net Operating income	2,293,000			4,463,678			4,560,375	
Percent of debt to total Capitalization: <80%								
Long term debt	10,916,931	77.03%		10,799,187	72.50%		10,672,931	68.66%
Long term debt plus shareholder's equity	14,172,333			14,895,906			15,544,269	
Projected Debt Service Coverage: >1.5								
Net Income+Depredation+Interest	1,008,482	1.53		1,968,439	2.24		1,893,228	2.16
Principal and Interest	658,647			878,196			878,196	
Days Cash on Hand: >75 Days								
Cash in bank	1,115,561	360.09		1,484,752	237.41		1,708,107	254.81
Operating Expenses/365	3,098			6,254			6,703	
Cushion Ratio: >3.0								
Cash and investments	1,115,561	1.69		1,484,752	1.69		1,708,107	1.95
Maxtnum Annual Debt Service	658,647			878,196			878,196	
Cushion+Current Ratio:								
Total Current Assets	1,623,497	1.60		2,951,839	2.10		4,124,491	2.89
Total Current Liabilities+Maximum Annual Debt Service	1,016,754			1,402,857			1,425,156	

MS Springfield
Projected Ratios

		2013	2014	2015
Current Ratio	(1)	31.41	63.88	100.23
Net Margin Percentage	(2)	53.09%	54.32%	56.34%
Percent Debt to Total Capitalization	(3)	80.24%	79.91%	79.54%
Projected Debt Service Coverage	(4)	1.69	1.70	1.75
Days Cash on Hand	(5)	309	626	976
Cushion Ratio	(6)	3.44	2.89	2.44

(1) - Current ratio calculated as total current assets (line 2, proforma balance sheet) divided by total current liabilities (line 3, proforma balance sheet).
(2) - Net margin percentage calculated as the sum of net income (line 6, proforma income statement) and depreciation (line 5, proforma income statement) divided by gross income (line 1, proforma income statement).
(3) - Percent debt to total capitalization calculated as total long-term debt (line 4, proforma balance sheet) divided by the sum of total long-term debt (line 4, proforma balance sheet) and preferred and common equity (line 6, proforma balance sheet).
(4) - Projected debt service coverage calculated as net operating income (line 3, proforma income statement) divided by total debt service (line 7, proforma income statement).
(5) - Days cash on hand calculated as unrestricted cash (line 1, proforma balance sheet), divided by the sum of annual operating expenses (line 2, proforma income statement) and annual interest expense (line 4, per proforma income statement), divided by 365 days.
(6) - Cushion ratio calculated as total liabilities (line 5, proforma balance sheet) divided by total equity (line 7, proforma balance sheet).

MPG Healthcare LP
Historical Ratios

		2009	2010	2011
Current Ratio	(1)	1.43	1.28	2.22
Net Margin Percentage	(2)	41.96%	43.95%	54.70%
Percent Debt to Total Capitalization	(3)	77.16%	60.94%	72.96%
Projected Debt Service Coverage	(4)	1.66	1.46	1.61
Days Cash on Hand	(5)	29	150	194
Cushion Ratio	(6)	3.54	1.65	3.22

(1) - Current ratio calculated as total current assets (line 2, statement of financial position) divided by total current liabilities (line 3, statement of financial position).

(2) - For 2010 and 2011, net margin percentage calculated as the sum of net income (line 4, statement of comprehensive income) and depreciation (not applicable for 2010 and 2011) divided by gross income (line 1, statement of comprehensive income). For 2009, net margin percentage calculated as the sum of net income (line 4, statement of operations) and depreciation (line 1, statement of cash flows) divided by gross income (line 1, statement of operations).

(3) - Percent debt to total capitalization calculated as total long-term debt (line 4, statement of financial position) divided by the sum of total long-term debt (line 4, statement of financial position) and preferred and common equity (lines 6 and 7, statement of financial position).

(4) - For 2010 and 2011, projected debt service coverage calculated as net operating income (line 3, statement of comprehensive income) divided by total debt service (see total debt service worksheet). For 2009, projected debt service coverage calculated as net operating income (line 1 less line 2, statement of operations) divided by total debt service (see total debt service worksheet).

(5) - For 2010 and 2011, days cash on hand calculated as unrestricted cash (line 1, statement of financial position) divided by the sum of annual operating expenses (line 2, statement of comprehensive income) and annual interest expense (line 1, statement of cash flows), divided by 365 days. For 2009, days cash on hand calculated as unrestricted cash (line 1, balance sheet) divided by the sum of annual operating expenses (line 2, statement of operations) and annual interest expense (line 3, statement of operations), divided by 365 days.

(6) - Cushion ratio calculated as total liabilities (line 5, statement of financial position) divided by total equity (lines 6 and 7, statement of financial position).

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW (CONTINUED V)

Economic Feasibility

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 1.5 times for LTC 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.

Appended as **ATTACHMENT-30A** is a notarized statement from the Applicant's Licensee stating that the total estimated project costs and related costs will be funded in total or in part by borrowing.

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.

	CY2012
Direct cost	$3,290,166
Patient Days	24,656
Operating cost per Pat. Day	**$133.44**

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.

	CY2012
Capital cost	$1,338,985
Patient Days	24,656
Capital cost per Pat. Day	**$53.17**

ATTACHMENT-30

OJCC, LLC

7444 Long Avenue
Skokie, IL 60077

B. Criterion 1120.310(b), Conditions of Debt Financing

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;

2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

Board Member or Officer
Brian Levinson

Board Member
Mark Shapiro

Notarization:
Subscribed and sworn to me
this 10 day of OCTOBER 2008

Signature of Notary

Seal

OFFICIAL SEAL
DAVID PORUSH
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7-2-2011

Notarization:
Subscribed and sworn before me
this 10 day of OCTOBER 2008

Signature of Notary

Seal

OFFICIAL SEAL
DAVID PORUSH
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7-2-2011

OJCC REALTY, LLC - REALTY ENTITY - PROJECTED STATEMENT OF OPERATIONS						
	2011	PPD	2012	PPD	2013	PPD
Revenues:						
Rent	838,730		1,118,898		1,118,166	
Total Revenue	**838,730**	**$0.00**	**1,118,898**	**$0.00**	**1,118,166**	**$0.00**
Expenses:						
Misc Expenses	6,000		10,000		10,000	
Insurance	17,027		17,452		17,889	
Total expenses	**23,027**	**$0.00**	**27,452**	**$0.00**	**27,889**	**$0.00**
Gross Profit	**815,703**	**$0.00**	**1,091,446**	**$0.00**	**1,090,277**	**$0.00**
Capital costs:						
Real estate taxes	112,500	$11.69	157,500	$6.39	165,375	$6.57
Interest expense	575,580	$59.80	760,455	$30.84	751,943	$29.86
Mortgage insurance	41,250	$4.29	55,000	$2.23	55,000	$2.18
Depreciation	275,000	$28.57	366,667	$14.87	366,667	$14.56
Total capital costs	**1,004,330**	**$104.35**	**1,339,622**	**$54.33**	**1,338,985**	**$53.17**
Net Income	**(188,628)**	**($104.35)**	**(248,175)**	**($54.33)**	**(248,708)**	**($53.17)**
Occupancy	9,625		24,656		25,185	
Average Census	35		68		69	
Days	275		365		365	
Beds	75		75		75	
Available Days	20,625		27,375		27,375	
Occupancy	46.67%		90.07%		92.00%	
Number of Months in Operation	9		12		12	

OJCC REALTY, LLC - REALTY ENTITY - PROJECTED BALANCE SHEET			
BALANCE SHEET			
Current Assets			
Cash In bank and on hand	653,328	652,440	651,308
Accounts recaivabte net of allowance for doubtful accounts			
Tax and Insurance Escrows	73,624	98,165	98,165
Inventory			
Total current assets	**726,952**	**750,605**	**749,473**
Fixed Assets:			
Land, Building, Movables	13,000,000	13,000,000	13,000,000
Less: Accumulated Depreciation	275,000	641,667	1,008,333
Net Fixed Assets	**12,725,000**	**12,358,333**	**11,991,667**
Other Assets:			
Replacement Reserve	112,500	150,000	150,000
Total assets	**13,564,452**	**13,258,938**	**12,891,140**
Liabilities and Stockholder's Equity			
Current Liabilities:			
Accounts Payable			
Accrued payroll taxes			
Accrued salaries			
Current portion of Mortgage Payable	73,183	73,183	73,183
Accrued R/E Taxes	112,500	157,500	165,375
Accrued Interest	47,965	63,371	62,662
Other Liabilities	5,000	5,000	5,000
Total current liabilities	**238,648**	**299,054**	**306,220**
Long Term Debt Mortgage Payable	10,916,931	10,799,187	10,672,931
Total Liabilities	**11,155,579**	**11,098,241**	**10,979,151**
Stockholder's equity			
Contributed Capital	2,597,500	2,597,500	2,597,500
Retained earnings	(188,628)	(436,803)	(685,511)
Total stockholders equity	**2,408,873**	**2,160,697**	**1,911,989**
Total liabilities and stockholder's equity	**13,564,452**	**13,258,938**	**12,891,140**
Balance	0	0	(0)

OJCC, LLC - OPERATING ENTITY - PROJECTED STATEMENT OF OPERATIONS					
	2011	PPD	2012	PPD	2013
Revenues:					
Room & Board	2,822,050	$366.50	6,966,094	$375.00	7,305,375
Provider tax	(41,063)	($5.33)	(41,063)	($2.21)	(41,063)
Other					
Total Revenue	**2,780,988**	**$361.17**	**6,925,031**	**$372.79**	**7,264,313**
Expenses:					
Nursing & Ancillary	684,453	$88.89	1,733,805	$93.33	1,859,573
Activities	23,485	$3.05	59,490	$3.20	63,806
Employee Costs	108,108	$14.04	273,851	$14.74	293,716
Dietary costs	99,792	$12.96	252,786	$13.61	271,122
Housekeeping & repairs	66,143	$8.59	167,548	$9.02	179,702
Laundry & linen	43,428	$5.64	110,009	$5.92	117,988
Marketing expenses	84,623	$10.99	214,361	$11.54	229,910
General and administrative	269,500	$35.00	682,677	$36.75	732,198
Bad debts	36,806	$4.78	93,234	$5.02	99,997
Insurance expense	198,106	$25.73	501,826	$27.01	538,228
Total expenses	**1,614,444**	**$209.67**	**4,089,587**	**$220.15**	**4,386,241**
Gross Profit	**1,166,544**	**$151.50**	**2,835,444**	**$152.64**	**2,878,071**
Capital costs:					
Rent	838,730	$108.93	1,118,898	$60.23	1,118,166
Total capital costs	**838,730**	**$108.93**	**1,118,898**	**$60.23**	**1,118,166**
Net Income	**327,814**	**$42.57**	**1,716,546**	**$92.41**	**1,759,905**
Occupancy	7,700		18,576		18,975
Average Census	28		68		69
Days	275		275		275
Beds	75		75		75
Available Days	20,625		20,625		20,625
Occupancy	37.33%		90.07%		92.00%
Number of Months in Operation	9		12		12

OJCC, LLC - OPERATING ENTITY - PROJECTED BALANCE SHEET			
BALANCE SHEET			
Current Assets			
Cash In bank and on hand	462,233	832,312	1,056,798
Accounts recaivabte net of allowance for doubtful accounts	514,410	2,089,828	3,652,688
Tax and Insurance Escrows			
Inventory	17,500	17,500	17,500
Total current assets	**994,143**	**2,939,640**	**4,726,986**
Total assets	**994,143**	**2,939,640**	**4,726,986**
Liabilities and Stockholder's Equity			
Current Liabilities:			
Accounts Payable	113,011	286,271	307,037
Accrued payroll taxes	36,325	92,016	98,690
Accrued salaries	16,993	16,993	16,993
Total current liabiities	**166,329**	**395,280**	**422,720**
Stockholder's equity			
Contributed Capital	500,000	500,000	500,000
Retained earnings	327,814	2,044,360	3,804,265
Total stockholders equity	**827,814**	**2,544,360**	**4,304,265**
Total liabilities and stockholder's equity	**994,143**	**2,939,640**	**4,726,986**
Balance	(0)	0	(0)

OJCC - CONSOLIDATED - PROJECTED STATEMENT OF OPERATIONS						
	2011	PPD	2012	PPD	2013	PPD
Revenues:						
Room & Board	2,334,063		4,504,741		4,601,438	
Provider tax	(41,063)		(41,063)		(41,063)	
Other						
Total Revenue	**2,293,000**	**$0.00**	**4,463,678**	**$0.00**	**4,560,375**	**$0.00**
Expenses:						
Nursing & Ancillary	457,958		928,051		995,371	
Activities	9,818		19,895		21,338	
Employee Costs	135,135		273,851		293,716	
Dietary costs	124,740		252,786		271,122	
Housekeeping & repairs	45,815		92,844		99,579	
Laundry & linen	24,929		50,518		54,183	
Marketing expenses	105,779		214,361		229,910	
General and administrative	114,281		239,881		256,556	
Bad debts	12,031		24,381		26,150	
Insurance expense	100,283		186,171		198,846	
Total expenses	**1,130,768**	**$0.00**	**2,282,739**	**$0.00**	**2,446,772**	**$0.00**
Gross Profit	**1,162,232**	**$0.00**	**2,180,939**	**$0.00**	**2,113,603**	**$0.00**
Capital costs:						
Real estate taxes	112,500	$11.69	157,500	$6.39	165,375	$6.57
Interest expense	575,580	$59.80	760,455	$30.84	751,943	$29.86
Mortgage insurance	41,250	$4.29	55,000	$2.23	55,000	$2.18
Depreciation	275,000	$28.57	366,667	$14.87	366,667	$14.56
Total capital costs	**1,004,330**	**$104.35**	**1,339,622**	**$54.33**	**1,338,985**	**$53.17**
Net Income	**157,902**	**($104.35)**	**841,318**	**($54.33)**	**774,619**	**($53.17)**
Occupancy	9,625		24,656		25,185	
Average Census	35		68		69	
Days	275		365		365	
Beds	75		75		75	
Available Days	20,625		27,375		27,375	
Occupancy	46.67%		90.07%		92.00%	
Number of Months in Operation	9		12		12	

OJCC - CONSOLIDATED - PROJECTED BALANCE SHEET			
BALANCE SHEET			
Current Assets			
Cash In bank and on hand	1,115,561	1,484,752	1,708,107
Accounts receivabte net of allowance for doubtful accounts	416,813	1,351,422	2,300,719
Tax and Insurance Escrows	73,624	98,165	98,165
Inventory	17,500	17,500	17,500
Total current assets	**1,623,497**	**2,951,839**	**4,124,491**
Fixed Assets:			
Land, Building, Movables	13,000,000	13,000,000	13,000,000
Less: Accumulated Depreciation	275,000	641,667	1,008,333
Net Fixed Assets	**12,725,000**	**12,358,333**	**11,991,667**
Other Assets:			
Replacement Reserve	112,500	150,000	150,000
Total assets	**14,460,997**	**15,460,173**	**16,266,157**
Liabilities and Stockholder's Equity			
Current Liabilities:			
Accounts Payable	77,542	157,870	169,322
Accrued payroll taxes	24,924	50,744	54,425
Accrued salaries	16,993	16,993	16,993
Current portion of Mortgage Payable	73,183	73,183	73,183
Accrued R/E Taxes	112,500	157,500	165,375
Accrued Interest	47,965	63,371	62,662
Other Liabilities	5,000	5,000	5,000
Total current liabilities	**358,107**	**524,661**	**546,960**
Long Term Debt Mortgage Payable	10,916,931	10,799,187	10,672,931
Total Liabilities	**11,275,038**	**11,323,848**	**11,219,891**
Stockholder's equity			
Contributed Capital	3,097,500	3,097,500	3,097,500
Retained earnings	157,902	999,219	1,773,838
Total stockholders equity	**3,255,402**	**4,096,719**	**4,871,338**
Total liabilities and stockholder's equity	**14,530,440**	**15,420,568**	**16,091,229**
Balance	(69,443)	39,605	174,929

MS Springfield LP
Proforma Balance Sheet

	2013	2014	2015
Line 1 – Cash	540,535	1,076,426	1,651,438
Line 2 - Total current assets	540,535	1,076,426	1,651,438
Assets	12,950,000	12,950,000	12,950,000
Accumulated depreciation	(238,662)	(487,700)	(736,738)
Total fixed assets	12,711,338	12,462,300	12,213,262
Total assets	13,251,873	13,538,726	13,864,700
Interest payable	17,207	16,851	16,476
Line 3 - Total current liabilities	17,207	16,851	16,476
Security deposit	87,500	87,500	87,500
Total other long-term liabilities	87,500	87,500	87,500
Long-term debt	10,161,409	9,951,616	9,729,989
Line 4 - Total long-term debt	10,161,409	9,951,616	9,729,989
Total long-term liabilities	10,248,909	10,039,116	9,817,489
Line 5 - Total liabilities	10,266,116	10,055,967	9,833,965
Line 6 - Common equity	2,502,500	2,502,500	2,502,500
Retained earnings	483,257	980,259	1,528,235
Line 7 - Total equity	2,985,757	3,482,759	4,030,735
Total liabilities and equity	13,251,873	13,538,726	13,864,700

Cash Flow and Resale Detailed Report - Years 1-10

MS Springfield - ANALYSIS OF TAXABLE INCOME OR LOSS

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Line 1 - **GROSS INCOME**	1,359,750	1,373,348	1,414,548	1,456,984	1,500,694	1,545,715	1,592,086	1,639,849	1,689,044	1,739,716
- Vacancy & Credit Allowance	0	0	0	0	0	0	0	0	0	0
Line 2 - - Operating Expenses	72,988	73,667	75,727	77,849	80,035	82,286	84,604	86,992	89,452	91,986
Line 3 = **NET OPERATING INCOME**	1,286,763	1,299,680	1,338,821	1,379,135	1,420,659	1,463,429	1,507,482	1,552,856	1,599,592	1,647,730
Capitalization Rate	9.94%	10.04%	10.34%	10.65%	10.97%	11.30%	11.64%	11.99%	12.35%	12.72%
Debt Coverage Ratio	1.69	1.70	1.75	1.81	1.86	1.77	1.82	1.88	1.93	1.99
Line 4 - - Interest, First Mortgage	564,843	553,641	541,807	529,306	516,099	594,289	578,674	562,013	544,235	525,268
- Interest, Equity- Coupon Payment	0	0	0	0	0	0	0	0	0	0
- Interest, Third Mortgage	0	0	0	0	0	0	0	0	0	0
- Interest, Refinance	0	0	0	0	0	0	0	0	0	0
Line 5 - - Depreciation, Real Property	238,662	249,038	249,038	249,038	249,038	249,038	249,038	249,038	249,038	249,038
- Depreciation (39-year), Capital Improvements	0	0	0	0	0	0	0	0	0	0
- Depreciation, Tenant Improvements	0	0	0	0	0	0	0	0	0	0
- Depreciation, Personal Property	0	0	0	0	0	0	0			
- Amortization of Leasing Commissions	0	0	0	0	0	0	0	0	0	0
- Amortization of Points, First Mortgage	0	0	0	0	0	0	0	0	0	0
- Amortization of Points, Equity- Coupon Payment	0	0	0	0	0	0	0	0	0	0
- Amortization of Points, Third Mortgage	0	0	0	0	0	0	0	0	0	0
- Amortization of Points, Refinance	0	0	0	0	0	0	0	0	0	0
+ Interest, Funded Reserves	0	0	0	0	0	0	0	0	0	0
Line 6 - **INCOME OR (LOSS)**	483,257	497,000	547,975	600,791	655,521	620,101	679,770	741,805	806,318	873,424
(LOSS) UTILIZED THIS YEAR	0	0	0	0	0	0	0	0	0	0
TAXABLE INCOME	483,257	497,000	547,975	600,791	655,521	620,101	679,770	741,805	806,318	873,424

260

ANALYSIS OF OPERATING CASH FLOWS

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
NET OPERATING INCOME	1,286,763	1,299,680	1,338,821	1,379,135	1,420,659	1,463,429	1,507,482	1,552,856	1,599,592	1,647,730
Line 7 - - Debt Service, First Mortgage	763,434	763,434	763,434	763,434	763,434	827,455	827,455	827,455	827,455	827,455
- Debt Service, Equity- Coupon Payment	0	0	0	0	0	0	0	0	0	0
- Debt Service, Third Mortgage	0	0	0	0	0	0	0	0	0	0
- Debt Service, Refinance	0	0	0	0	0	0	0	0	0	0
+ Proceeds of Equity- Coupon Payment, Less Pts (after BOY	0	0	0	0	0	0	0	0	0	0
+ Proceeds of Third Mortgage, Less Pts (after BOY 1)	0	0	0	0	0	0	0	0	0	0
+ Proceeds of Refinance, Less Points	0	0	0	0	0	0	0	0	0	0
- Funded Reserves*	0	0	0	0	0	0	0	0	0	0
Interest Earned on Funded Reserves	0	0	0	0	0	0	0	0	0	0
- Capital Additions*	0	0	0	0	0	0	0	0	0	0
- Tenant Improvements	0	0	0	0	0	0	0	0	0	0
- Leasing Commissions	0	0	0	0	0	0	0	0	0	0
CASH FLOW BEFORE TAXES	523,329	536,246	575,387	615,702	657,226	635,974	680,027	725,402	772,137	820,275
Cash on Cash Return (CFBT/Initial investment)	20.21%	20.70%	22.22%	23.77%	25.38%	24.55%	26.26%	28.01%	29.81%	31.67%
Reserves Utilized	0	0	0	0	0	0	0	0	0	0
Reserves Remaining	0	0	0	0	0	0	0	0	0	0
NET CASH FLOW AFTER UTILIZING RESERVES	523,329	536,246	575,387	615,702	657,226	635,974	680,027	725,402	772,137	820,275
- Income Tax Attributable to Property	0	0	0	0	0	0	0	0	0	0
CASH FLOW AFTER TAXES AND RESERVES	523,329	536,246	575,387	615,702	657,226	635,974	680,027	725,402	772,137	820,275
Cumulative Cash Flow After Taxes	523,329	1,059,575	1,634,962	2,250,664	2,907,889	3,543,864	4,223,891	4,949,292	5,721,430	6,541,705

MAINSTREET SENIOR CARE PORTFOLIO

Combined Financial Statements
As of December 31, 2011 and 2010, and January 1, 2010
and for the years ended December 31, 2011 and 2010
(With Independent Auditors' Report Thereon)

MAINSTREET SENIOR CARE PORTFOLIO
COMBINED STATEMENTS OF FINANCIAL POSITION
(In U.S. dollars)

	December 31, 2011	December 31, 2010	January 1, 2010
Assets			
Current assets:			
Line1 - Cash	$ 565,639	$ 541,324	$ 102,018
Restricted cash (note 4)	17,314,897	322,633	402,834
Other assets (note 5)	2,985,825	339,127	725,466
Line2 - Total current assets	20,866,361	1,203,084	1,230,318
Noncurrent assets:			
Income properties (note 6)	23,570,000	23,153,718	22,745,612
Properties under development (note 6)	31,668,339	2,584,116	—
Total noncurrent assets	55,238,339	25,737,834	22,745,612
Total assets	$76,104,700	$26,940,918	$23,975,930
Liabilities and Members' Equity			
Current liabilities:			
Accounts payable and accrued liabilities	$ 2,137,287	$ 494,941	$ 463,450
Construction payables	2,713,114	—	—
Mortgages payable	4,548,575	443,258	399,246
Line3 - Total current liabilities	9,398,976	938,199	862,696
Noncurrent liabilities:			
Mortgages payable and line of credit (note 7)	18,459,224	15,847,280	16,240,337
Subordinated debt (note 7)	2,871,600	—	1,594,416
Development bonds (note 7)	27,339,368	—	—
Line4 - Total noncurrent liabilities	48,670,192	15,847,280	17,834,753
Line5 - Total liabilities	58,069,168	16,785,479	18,697,449
Line6 - Common equity (note 8)	18,035,532	7,820,439	5,278,481
Line7 - Preferred equity (note 8)	—	2,335,000	—
Total liabilities and members' equity	$76,104,700	$26,940,918	$23,975,930

Commitments and contingencies (note 15)
Subsequent events (note 17)

See accompanying notes to combined financial statements.

MAINSTREET SENIOR CARE PORTFOLIO

COMBINED STATEMENTS OF COMPREHENSIVE INCOME

Years ended December 31, 2011 and 2010
(In U.S. dollars)

	2011	2010
Line 1 – Rentals from income properties (note 9)	$2,350,511	$2,346,659
Line 2 – Property operating expenses	193,419	199,833
Line 3 – Property operating income	2,157,092	2,146,826
Finance cost	877,852	1,117,557
Finance income	(6,498)	(2,123)
Net finance cost	871,354	1,115,434
Line 4 – Income before fair value adjustment of income properties and properties under development	1,285,738	1,031,392
Fair value adjustment of income properties and properties under development (note 6)	5,353,023	1,623,427
Net earnings and comprehensive income	$6,638,761	$2,654,819

See accompanying notes to combined financial statements.

MAINSTREET SENIOR CARE PORTFOLIO

COMBINED STATEMENTS OF CHANGES IN MEMBERS' EQUITY

Years ended December 31, 2011 and 2010
(In U.S. dollars)

	Common Equity	Preferred Equity	Retained earnings	Total
Balance at January 1, 2010	$ 420,000	$ —	$ 4,858,481	$ 5,278,481
Net earnings and comprehensive income	—	—	2,654,819	2,654,819
Capital contributions from members	733,734	750,000	—	1,483,734
Conversion of subordinated debt to equity	9,416	1,585,000	—	1,594,416
Common distributions to members	—	—	(696,994)	(696,994)
Preferred distributions to members	—	—	(159,017)	(159,017)
Balance at December 31, 2010	1,163,150	2,335,000	6,657,289	10,155,439
Net earnings and comprehensive income	—	—	6,638,761	6,638,761
Capital contributions from members	1,457,366	500,000	—	1,957,366
Conversion of preferred equity to common equity	2,835,000	(2,835,000)		
Common distributions to members	—	—	(379,500)	(379,500)
Preferred distributions to members	—	—	(336,534)	(336,534)
Balance at December 31, 2011	$5,455,516	$ —	$12,580,016	$18,035,532

See accompanying notes to combined financial statements.

MAINSTREET SENIOR CARE PORTFOLIO
COMBINED STATEMENTS OF CASH FLOWS
Years ended December 31, 2011 and 2010
(In U.S. dollars)

	2011	2010
Cash flows from operating activities:		
Net earnings	$ 6,638,761	$ 2,654,819
Adjustments to reconcile net earnings to cash provided by operating activities:		
Fair value adjustment of income properties and properties under development	(5,353,023)	(1,623,427)
Increase in accrued straight-line rent receivable	(177,299)	(214,737)
Increase in accounts payable and accrued liabilities	1,820,360	13,091
Line 1 – Interest expense	937,914	1,067,357
Interest expense — swap agreement	(147,300)	—
Amortization expense	80,740	50,200
Interest paid	(894,300)	(1,018,453)
Interest paid — swap agreement	(118,500)	—
Changes in operating assets and liabilities:		
Decrease (increase) in other assets	(590,312)	386,339
Net cash provided by operating activities	2,197,041	1,315,189
Cash flows from investing activities:		
Purchases of income properties and properties under development (note 6)	(23,970,183)	(1,154,058)
Receipts of restricted cash related to development	(21,115,576)	—
Disbursements of restricted cash related to development	6,416,393	—
Construction payables incurred	8,888,438	—
Payments of construction payables	(6,781,498)	—
Issuance of notes receivable — related parties	(1,450,212)	—
Net cash used by investing activities	(38,012,638)	(1,154,058)
Cash flows from financing activities:		
Issuance of mortgages payable and line of credit	14,781,409	—
Line 2 – Payments of mortgages payable and line of credit	(8,271,041)	(399,246)
Issuance of subordinated debt	3,571,600	—
Issuance of development bonds	28,200,000	—
Receipts of restricted cash related to debt	(2,667,074)	(2,649)
Disbursements of restricted cash related to debt	373,993	82,851
Payments for loan fees	(1,434,479)	—
Capital contributions from members	1,457,366	733,734
Common distributions to members	(379,500)	(727,498)
Preferred contributions from members	500,000	750,000
Preferred distributions to members	(292,362)	(159,017)
Net cash provided by financing activities	35,839,912	278,175
Net increase in cash	24,315	439,306
Cash, beginning of period	541,324	102,018
Cash, end of period	$ 565,639	$ 541,324
Noncash investing and financing activities:		
Conversion of subordinated debt to preferred equity	$ —	$ 1,585,000
Conversion of subordinated debt to common equity	—	9,416
Conversion of preferred equity to common equity	2,835,000	—
Conversion of preferred distributions to common distributions	495,550	—
Decrease in distributions payable	—	(30,504)
Increase in preferred distributions payable	44,172	—

Total Debt Service Worksheet
2010 and 2011

	2011	2010
Debt principal payments (line 2, statement of cash flows)	8,271,041	399,246
Less: Debt refinancing payoffs	(7,869,082)	-
Debt principal payments	401,959	399,246
Total interest expense (line 1, statement of cash flows)	937,914	1,067,357
Total debt service	1,339,873	1,466,603

MAINSTREET SENIOR CARE PORTFOLIO

Combined Financial Statements
December 31, 2010 and 2009
(With Independent Auditors' Report Thereon)

MAINSTREET SENIOR CARE PORTFOLIO
COMBINED BALANCE SHEETS
December 31, 2010 and 2009

	2010	2009
Assets		
Income properties, net	$16,155,484	$16,734,156
Properties under development	1,154,058	—
Accrued straight-line rent receivable	1,050,531	835,794
Other assets	486,463	923,002
Line 1 -- Cash and cash equivalents	541,324	102,018
Restricted cash	322,633	402,834
Total assets	$19,710,493	$18,997,804
Liabilities and Members' Equity		
Liabilities:		
Mortgages payable	$16,437,874	$16,837,119
Accounts payable and accrued liabilities	494,941	463,450
Subordinated debt	—	1,594,416
Total liabilities	16,932,815	18,894,985
Common equity	601,695	102,819
Preferred equity	2,175,983	—
Total liabilities and members' equity	$19,710,493	$18,997,804

See accompanying notes to combined financial statements.

MAINSTREET SENIOR CARE PORTFOLIO
COMBINED STATEMENTS OF OPERATIONS
Years ended December 31, 2010 and 2009

	2010	2009
Operating revenue —		
Line 1 — Rentals from income properties	$2,348,782	$2,375,625
Total revenue	2,348,782	2,375,625
Operating expenses:		
Line 2 — Property operating costs	199,833	222,826
Line 3 — Interest	1,067,358	1,076,256
Depreciation and amortization	628,872	683,406
Total operating expenses	1,896,063	1,982,488
Line 4 — Net earnings	$ 452,719	$ 393,137

See accompanying notes to combined financial statements.

MAINSTREET SENIOR CARE PORTFOLIO
COMBINED STATEMENTS OF MEMBERS' EQUITY
Years ended December 31, 2010 and 2009

	2010	2009
Balance of members' equity, January 1	$ 102,819	$(133,962)
Net earnings	452,719	393,137
Conversion of subordinated debt to common equity	9,416	—
Conversion of subordinated debt to preferred equity	1,585,000	—
Common contributions	733,734	—
Preferred contributions	750,000	—
Common distributions to members	(696,993)	(156,356)
Preferred distributions to members	(159,017)	—
Balance of members' equity, December 31	$2,777,678	$ 102,819

See accompanying notes to combined financial statements.

MAINSTREET SENIOR CARE PORTFOLIO
COMBINED STATEMENTS OF CASH FLOWS
Years ended December 31, 2010 and 2009

	2010	2009
Cash flows from operating activities:		
Net earnings	$ 452,719	$ 393,137
Adjustments to reconcile net earnings to cash provided by operating activities:		
Line 1 – Depreciation expense	578,672	603,666
Amortization expense	50,200	79,740
Changes in operating assets and liabilities:		
(Increase) decrease in other assets	386,339	(482,951)
Increase in accrued straight-line rent	(214,737)	(255,248)
Increase (decrease) in accounts payable and accrued liabilities	61,995	143,041
Net cash provided by operating activities	1,315,188	481,385
Cash flows from investing activities:		
Purchases of property and equipment	(1,154,058)	—
Net cash used by investing activities	(1,154,058)	—
Cash flows from financing activities:		
Issuance of mortgages payable	—	4,793,600
Line 2 – Payments of mortgages payable	(399,245)	(4,426,180)
Line 3 – Payments of subordinated debt	—	(166,751)
Payments for loan fees	—	(225,084)
Common contributions	733,734	—
Preferred contributions	750,000	—
Common distributions to members	(727,497)	(125,852)
Preferred distributions to members	(159,017)	—
(Increase) decrease in restricted cash	80,201	(271,501)
Net cash provided by (used in) financing activities	278,176	(421,768)
Net increase in cash and cash equivalents	439,306	59,617
Cash and cash equivalents, beginning of year	102,018	42,401
Cash and cash equivalents, end of year	$ 541,324	$ 102,018
Supplemental disclosure:		
Cash paid for interest	1,018,453	1,019,562
Non-cash investing and financing activities:		
Extinguishment of subordinated debt and issuance of preferred equity	1,585,000	—
Conversion of subordinated debt to common equity	9,416	—
Increase (decrease) in distributions payable	(30,504)	30,504

See accompanying notes to combined financial statements.