ORIGINAL

ORIGINAL SIGNATURES

13-013

LONG-TERM CARE APPLICATION FOR PERMIT

RECEIVED
MAR 18 2013
HEALTH FACILITIES & SERVICES REVIEW BOARD

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 ☐ Specialized Long-term Care	☒ Establishment of a new LTC facility ☐ 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 Applicant's to the project are The Alden Group, Ltd (Parent), Alden Huntley Investments, LLC (owner) and Alden Estates-Courts of Huntley, Inc. (operator). The Applicants are proposing the establishment of Alden Estates of Huntley (Estates) and Alden Courts of Huntley (Courts), collectively a single 170 bed nursing facility. Alden Estates of Huntley will house the 110-general long-term nursing beds (73,970gsf) and it will be connected to Alden Courts of Huntley a 60 bed Skilled memory care facility (36,230gsf) treating residents suffering with Alzheimer's Disease and Related Disorders (ADRD) for a total of 110,200 gross square feet.

The Estates will be a three-story brick and masonry structure with a "main street commons" on the first floor and residents rooms on the second and third floors. The first floor will offer ancillary services and common area amenities for residents on all three floors to include an old fashion ice cream parlor, a beauty salon and barber shop, a non-denominational chapel, private dining room for residents and their guests and a club room. An out-patient therapy is also being contemplated to meet the needs of discharged Estates' residents who are still in need of additional therapy. In addition to the General Long-Term Care services to be provided, the Estates will provide sub-acute services to include pulmonary and ventilator care as well as orthopedic rehabilitation services.

The Courts will be a separate, distinct, and disclosed memory support facility in a single story structure. The physical layout will be provided with separate wings that will specialize in the different stages of dementia.

It should be noted that both the Estates and the Courts will offer separate and distinct common areas. However, the Applicant will have efficiencies built in through the shared use of a single kitchen and laundry facility. Furthermore, the proposed nursing beds are but two components to a greater campus. Specifically, in addition to the nursing facility's 6.92 acres site, the Applicant is proposing Huntley Horizon Senior Living Community on the adjacent 5.62 acre site. This affordable independent living development for seniors age 62 and older is not included as part of this Certificate of Need proposal.

Facility/Project Identification

Facility Name: **Alden Estates of Huntley & Alden Courts of Huntley**		
Street Address: **Northwest Corner of Princeton and Regency Parkway**		
City and Zip Code: **Huntley 60142**		
County: **Kane**	Health Service Area: **VIII**	Health Planning Area: **Kane**

Applicant /Co-Applicant Identification

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

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

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. MacArthur 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 South MacArthur Boulevard, Springfield, Illinois 62704**
Telephone Number: **(217) 544-1551**
E-mail Address: **cfoley@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Facility/Project Identification

Facility Name: **Alden Estates of Huntley & Alden Courts of Huntley**		
Street Address: **Northwest Corner of Princeton and Regency Parkway**		
City and Zip Code: **Huntley 60142**		
County: **Kane**	Health Service Area: **VIII**	Health Planning Area: **Kane**

Applicant /Co-Applicant Identification

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

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

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. MacArthur 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: **Randi Schullo**
Title: **Vice President**
Company Name: **Alden Estates-Courts of Huntley, Inc.**
Address: **4200 West Peterson Avenue, Chicago, Illinois 60646**
Telephone Number: **(773) 286-3030**
E-mail Address: **randi.schullo@thealdennetwork.com**
Fax Number:

Facility/Project Identification

Facility Name: **Alden Estates of Huntley & Alden Courts of Huntley**		
Street Address: **Northwest Corner of Princeton and Regency Parkway**		
City and Zip Code: **Huntley 60142**		
County: **Kane**	Health Service Area: **VIII**	Health Planning Area: **Kane**

Applicant /Co-Applicant Identification

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

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

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

Post Permit Contact

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

Name: **Randi Schullo**
Title: **President**
Company Name: **Alden Realty Services, Inc.**
Address: **4200 West Peterson Avenue, Chicago, Illinois 60646**
Telephone Number: **(773) 286-3030**
E-mail Address: **randi.schullo@thealdennetwork.com**
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Alden Huntley Investments, LLC**
Address of Site Owner: **4200 West Peterson Avenue, Chicago, Illinois 60646**
Street Address or Legal Description of Site: **SEE ATTACHMENT-2**
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: **Alden Estates-Courts of Huntley, Inc.**
Address: **4200 West Peterson Avenue, Chicago, Illinois 60646**

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (**http://www.hfsrb.illinois.gov**).

APPEND DOCUMENTATION AS ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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 Alden Huntley Investments, LLC * **in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE	SIGNATURE
Joan Carl	Randi Schullo
PRINTED NAME	PRINTED NAME
Manager	Manager
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 25 day of February	Notarization: Subscribed and sworn to before me this 25 day of February
Signature of Notary	Signature of Notary
OFFICIAL SEAL PHILIP RIZZO, JR. NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 04/12/2015 Seal	OFFICIAL SEAL PHILIP RIZZO, JR. NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 04/12/2015 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 Alden Estates-Courts of Huntley,* Inc **in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE	SIGNATURE
Joan Carl	Randi Schullo
PRINTED NAME	PRINTED NAME
Vice President	Vice President
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 25 day of February	Notarization: Subscribed and sworn to before me this 25 day of February
Signature of Notary	Signature of Notary
OFFICIAL SEAL PHILIP RIZZO, JR. NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 04/12/2015 Seal	OFFICIAL SEAL PHILIP RIZZO, JR. NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 04/12/2015 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 The Alden Group, Ltd * **in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE	SIGNATURE
Joan Carl	Randi Schullo
PRINTED NAME	PRINTED NAME
Vice President	Vice President
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 25 day of February	Notarization: Subscribed and sworn to before me this 25 day of February
Signature of Notary	Signature of Notary
OFFICIAL SEAL PHILIP RIZZO, JR. NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 04/12/2015 Seal	OFFICIAL SEAL PHILIP RIZZO, JR. NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 04/12/2015 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. **THIS ITEM IS NOT GERMANE**.

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**	**+170**
☐ **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, project is for the establishment

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

	.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

Continuum of Care – Establishment or Expansion	.520	Background of the Applicant
	.560(a)(1) through (3)	Continuum of Care Components
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
	.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

Defined Population – Establishment or Expansion	.520	Background of the Applicant
	.560(b)(1) & (2)	Defined Population to be Served
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
	.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

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

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

and shall be developed either after the housing complex has been established or as a part of a total housing construction program, provided that the entire complex is one inseparable project, that there is a documented demand for the housing, and that the licensed beds will not be built first, but will be built concurrently with or after the residential units.

3. The applicant shall demonstrate that:

   a. The proposed number of beds is needed. Documentation shall consist of a list of available patients/residents needing the proposed project. The proposed number of beds shall not exceed one licensed LTC bed for every five apartments or independent living units;

   b. There is a provision in the facility's written operational policies assuring that a resident of the retirement community who is transferred to the LTC facility will not lose his/her apartment unit or be transferred to another LTC facility solely because of the resident's altered financial status or medical indigency; and

   c. Admissions to the LTC unit will be limited to current residents of the independent living units and/or congregate housing.

Defined Population:

The applicant proposing a project for a defined population shall provide the following:

1. The applicant shall document that the proposed project will serve a defined population group of a religious, fraternal or ethnic nature from throughout the entire health service area or from a larger geographic service area (GSA) proposed to be served and that includes, at a minimum, the entire health service area in which the facility is or will be physically located.

2. The applicant shall document each of the following:

   a. A description of the proposed religious, fraternal or ethnic group proposed to be served;

   b. The boundaries of the GSA;

   c. The number of individuals in the defined population who live within the proposed GSA, including the source of the figures;

   d. That the proposed services do not exist in the GSA where the facility is or will be located;

   e. That the services cannot be instituted at existing facilities within the GSA in sufficient numbers to accommodate the group's needs. The applicant shall specify each proposed service that is not available in the GSA's existing facilities and the basis for determining why that service could not be provided.

   f. That at least 85% of the residents of the facility will be members of the defined population group. Documentation shall consist of a written admission policy insuring that the requirements of this subsection (b)(2)(F) will be met.

   g. That the proposed project is either directly owned or sponsored by, or affiliated with, the religious, fraternal or ethnic group that has been defined as the population to be served by the project. The applicant shall provide legally binding documents that prove ownership, sponsorship or affiliation.

APPEND DOCUMENTATION AS ATTACHMENT- 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

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:**

$ 6,662,534	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;
$28,768,700	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.
$35,431,234	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.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				2018
Current Ratio				5.47
Net Margin Percentage				23.52%
Percent Debt to Total Capitalization				62%
Projected Debt Service Coverage				5.85
Days Cash on Hand				211
Cushion Ratio				8.05

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	$208.41		110,200				$22,966,695		$22,966,695
Contingency	$20.82		110,200				$2,294,970		$2,294,970
TOTALS	$229.23		110,200				$25,261,665		$25,261,665

* 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	$60,891	$44,109	$105,000
Site Survey and Soil Investigation	$16,702	$12,098	$28,800
Site Preparation	$289,959	$210,041	$500,000
Off Site Work	$0	$0	$0
New Construction Contracts	$13,318,807	$9,647,888	$22,966,695
Modernization Contracts	$0	$0	$0
Contingencies	$1,330,895	$964,075	$2,294,970
Architectural/Engineering Fees	$913,139	$661,461	$1,574,600
Consulting and Other Fees	$63,791	$46,209	$110,000
Movable or Other Equipment (not in construction contracts)	$659,048	$477,402	$1,136,450
Bond Issuance Expense (project related)	$768,763	$556,877	$1,325,640
Net Interest Expense During Construction (project related)	$516,075	$373,835	$889,910
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs To Be Capitalized	$529,618	$383,645	$913,263
Acquisition of Building or Other Property (excluding land)	$0	$0	$0
TOTAL USES OF FUNDS	$18,467,688	$13,377,640	$31,845,328
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			$6,418,632
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			$25,426,696
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			$31,845,328

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: $ 1,500,206
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 $ 1,585,700 .

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 30, 2016

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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Department/Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE	-	-	-	-	-	-	-
Nursing	$12,597,398		43,593	43,593			
Living/Dining/Activity	$2,917,228		10,095	10,095			
Kitchen/Food Service	$1,200,702		4,155	4,155			
P.T./O.T.	$1,272,657		4,404	4,404			
Laundry	$372,781		1,290	1,290			
Beauty Shop/Ice Cream	$106,922		370	370			
Nursing Clinical	**$18,467,688**		**63,907**	**63,907**			
NON REVIEWABLE							
Housekeeping	$221,357		766	766			
Office/Administration	$668,405		2,313	2,313			
Employee Lounge/ Locker/Training	$265,570		919	919			
Mechanical/Electrical*	$1,593,134		5,513	5,513			
Lobby	$471,611		1,632	1,632			
Storage/Maintenance*	$1,023,559		3,542	3,542			
Corridor/Public Toilets	$7,348,122		25,428	25,428			
Stair/Elevators	$1,451,246		5,022	5,022			
Amenities	$334,636		1,158	1,158			
Nursing Non Review	**$13,377,640**		**46,293**	**46,293**			
Total Nursing	**$31,845,328**		**110,200**	**110,200**			

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	032-035
2	Site Ownership	036-055
3	Operating Identity/Licensee	056-058
4	Organizational Relationships	059-060
5	Flood Plain Requirements	061-066
6	Historic Preservation Act Requirements	067-068
	General Information Requirements	
10	Purpose of the Project	069-101
11	Alternatives to the Project	102-194
	Service Specific - General Long-Term Care	
12	Background of the Applicant	195-217
13	Planning Area Need	218-233
14	Establishment of General LTC Service or Facility	234-259
15	Expansion of General LTC Service or Facility N/A	
16	Variances N/A	260-386
17	Accessibility	
18	Unnecessary Duplication/Maldistribution	387-396
19	Staffing Availability	397-402
20	Bed Capacity	403
21	Community Relations	404-470
22	Project Size	471
23	Zoning	472-473
24	Assurances	474-475
25	Modernization N/A	
	Service Specific - Specialized Long-Term Care	
26	Specialized Long-Term Care – Review Criteria N/A	
	Financial and Economic Feasibility:	
27	Availability of Funds	476-479
28	Financial Waiver N/A	
29	Financial Viability	480-483
30	Economic Feasibility	484-487
FIN	Financial proformas, feasibility,misc	488-52
	APPENDICES	27
A	Project Costs and Sources of Funds	28
B	Related Project Costs	
C	Project Status and Completion Schedule	29
D	Cost/Space Requirements	30

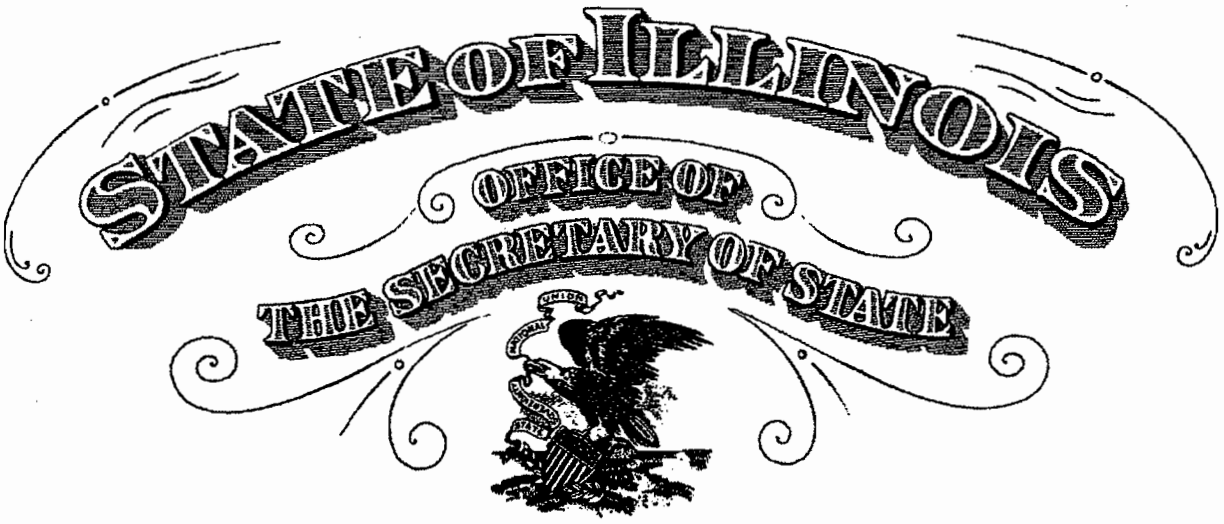
Applicant /Co-Applicant Identification

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

The owner of the proposed project's site and improvements will be Alden Huntley Investments, LLC. The operator/Licensee will be Alden Estates-Courts of Huntley, Inc. The parent of both of the ownership and operating entities is The Alden Group, Ltd. Collectively, these entities are the Applicant. The entities' respective Illinois Certificates of Good Standing are appended as **ATTACHMENT-1A.**

ATTACHMENT-1

File Number 0419150-1



To all to whom these Presents Shall Come, Greeting:

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

ALDEN HUNTLEY INVESTMENTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 04, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

Authentication #: 1305702056

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

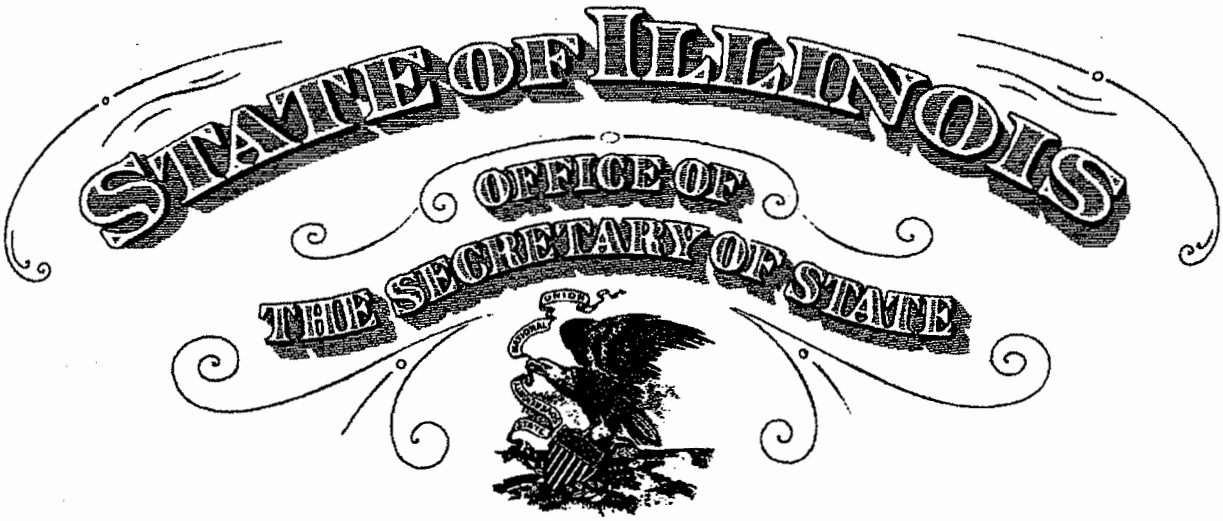
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 26TH *day of* FEBRUARY *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 6867-304-6



To all to whom these Presents Shall Come, Greeting:

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

ALDEN ESTATES-COURTS OF HUNTLEY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 05, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1305702044

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

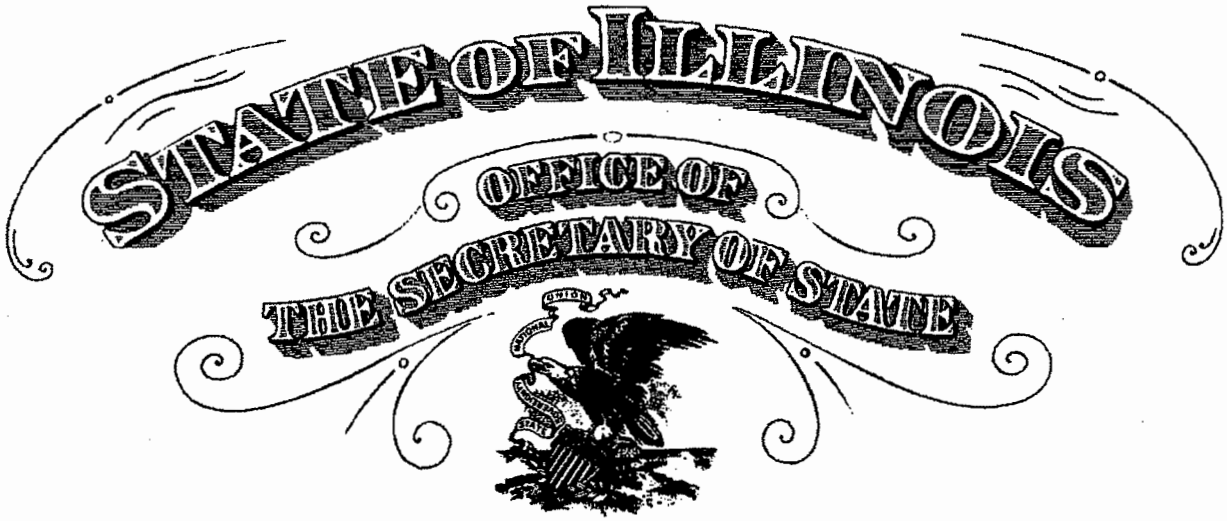
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 26TH *day of* FEBRUARY *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 5206-055-9



To all to whom these Presents Shall Come, Greeting:

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

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

Authentication #: 1304501564

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 14TH *day of* FEBRUARY *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

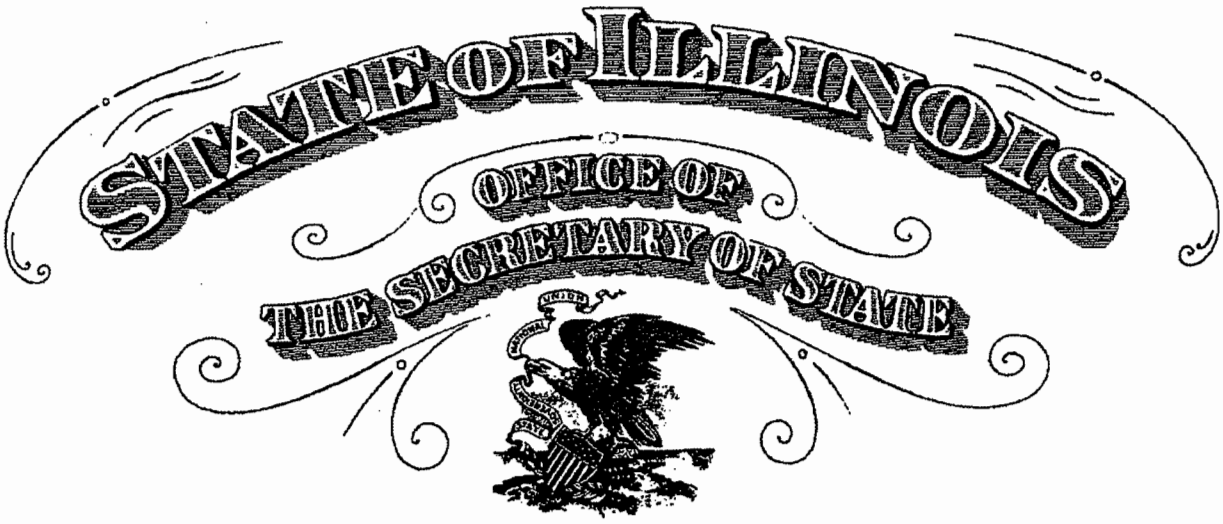
Site Ownership

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.

The owner of the site and its proposed improvements is Alden Huntley Investments, LLC. The required Certificate of Good Standing for this entity is appended as **ATTACHMENT-2A**. The legal description for the project is appended within the Real Estate Sale Contract, appended as **ATTACHMENT-2B**, which provides proof of site control.

ATTACHMENT-2

File Number 0419150-1



To all to whom these Presents Shall Come, Greeting:

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

ALDEN HUNTLEY INVESTMENTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 04, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

Authentication #: 1305702056

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 26TH *day of* FEBRUARY *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-2A

REAL ESTATE SALES CONTRACT
(this "**Contract**")

1. Alden Realty Services, Inc., or nominee (the "**Purchaser**"), agrees to a purchase the Property for a purchase price of $1,500,206.00. (See Rider, Paragraph B, for legal description of the Property.) The purchase price is based on the assumption that 6.92 acres of the Property is buildable and that 7.37 acres will be acquired (including right of way). Exact acreage shall be determined by the Survey (as defined in Section F of the Rider) prior to the end of the Inspection Period. In the event that the buildable area of the Property is less than 6.92 acres, the purchase price will be reduced by a sum equal to the product of the difference between the buildable area of the Property and 6.92 acres, multiplied by $4.50. "**Buildable Area**" of the Property will be determined by taking the total gross square footage of the Property less any portion of Princeton Drive and any delineated wetland areas within the Property. The Purchaser intends to subdivide the Property into a new lot (the "**Subdivided Lot**"). The Subdivided Lot will be developed as a Skilled Nursing and Memory Care Facility. If requested by Purchaser and provided further that the Village of Huntley approves a plat of subdivision, Seller agrees to direct the land trustee to execute the plat of subdivision and assist in presenting such plat of subdivision in recordable form before closing.

2. Pistakee Partners, L.L.C. ("**Seller**") agrees to sell the Property at the price and terms set forth herein and to convey or cause to be conveyed to Purchaser or nominee title thereto by a recordable Trustee's Deed, with release of homestead rights, if any, and a proper bill of sale, subject only to: (a) covenants, conditions and restrictions of record; (b) private, public and utility easements and roads and highways, if any, (c) general taxes not yet due or payables, building set back lines, building and zoning ordinances, terms and provisions of annexation agreement with Village of Huntley, rights of way for drainage tiles, laterals, feeders, ditches and pipes, if any. Seller represents and warrants to Purchaser that the Property is owned in a land trust (the "**Land Trust**") with Standard Bank and Trust Company, as Trustee under Trust Agreement dated July 24, 2002, and known as Trust Number 17383. Seller further represents and warrants to Purchaser that Seller is the sole beneficiary of the Land Trust and Seller holds 100% of the power of direction in the Land Trust. Seller covenants and agrees to exercise its power of direction to caser the Land Trust to consummate the transaction contemplated by this contract.

3. The Purchaser will deposit $10,000 (the "**Earnest Money**") into Strict Joint Order Escrow with Title Services, Inc. (the "**Escrow Holder**"), which will be applied toward the purchase of the Property at closing. If contract is terminated during due diligence period the Earnest Money will be returned to Purchaser. If extension periods are needed the Earnest Money will be credited at closing or non-refundable should closing not occur.

4. The time of closing shall be as stated in Paragraph E in the attached Rider unless subsequently mutually agreed otherwise, at the office of the title insurer or such other place as the parties agree or the mortgage lender, if any, provided title is shown to be good or is accepted by Purchaser.

ATTACHMENT-2B

5. A duplicate original of this contract, duly executed by Seller shall be delivered to Purchaser within five (5) days from the date hereof, otherwise, at the Purchaser's option, this contract shall become null and void.

This contract is subject to the Conditions and Stipulations and Rider set forth in the following pages hereof, which Conditions and Stipulations and Rider are made part of this contract.

INTENTIONALLY LEFT BLANK

CONDITIONS AND STIPULATIONS

1. Seller, at Seller's expense, shall deliver or cause to be delivered to Purchaser or Purchaser's agent, not less than thirty (30) days after the date of Seller's acceptance, a title commitment for an extended coverage owner's title insurance policy issued by Title Services, Inc., in the amount of $10,000.00 (to be increased to the amount of the Purchase Price at closing) covering title to the real estate on or after the date hereof, showing title in the intended grantor subject only to (a) the general exceptions contained in the policy, (b) the title exceptions set forth above, and (c) title exceptions pertaining to liens or encumbrances of a definite or ascertainable amount which may be removed by the payment of money at the time of closing and which the Seller shall or may so remove at that time by using the funds to be paid upon the delivery of the deed (all of which are herein referred to as the permitted exceptions). The title commitment shall be conclusive evidence of good title as therein shown as to all matters insured by the policy, subject only to the exceptions as therein stated. Seller also shall furnish Purchaser an affidavit of title in customary form covering the date of closing and showing title in Seller subject only to the permitted exceptions in foregoing items (a), (b) and (c) and unpermitted exceptions or defects in the title disclosed by the survey, if any, as to which the title insurer commits to extend insurance in the manner specified in paragraph II below. The Title Commitment furnished shall include a 3.0 zoning endorsement. At closing Seller shall pay the cost of the Owner's Title Insurance Policy with extended coverage endorsement and the 3.0 zoning endorsement. All other endorsements, if any, shall be at Purchaser's expense.

2. If the title commitment or Survey discloses either unpermitted exceptions or the Survey reveals survey matters that render the title unmarketable (herein referred to as "title or survey defects"), Seller shall have 30 days from the date Purchaser notifies Seller of same delivery thereof to have the exceptions removed from the commitment or to correct such survey defects or to have the title insurer commit to insure against loss or damage that may be occasioned by such exceptions or survey defects, and, in such event, the time of closing shall be 35 days after the delivery of the commitment or the time expressly specified in the Rider hereto, whichever is later. If Seller fails to have the exceptions removed or correct any survey defects, or in the alternative, to obtain the commitment for title insurance specified above as to such exceptions or survey defects within the specified time, Purchaser may terminate this contract. If Purchaser does so elect, this contract shall become null and void without further action of the parties, and all monies paid to Seller shall be returned to Purchaser on demand.

3. General taxes shall be adjusted ratably as of the time of closing. The amount of the current general taxes not then ascertainable shall be adjusted on the basis of 105% of the most recent ascertainable taxes. If the Property is taxed as part of a larger undivided parcel, the proration shall be based on the product of the tax bill of the parcel which the Property is a part and a fraction the numerator of which is the square feet of the Property and the denominator of which is the total square feet contained in the tax bill for which

the parcel of real estate of which the Property is a part. All prorations are final unless otherwise provided herein. Seller shall pay the amount of any stamp tax imposed by State and County law on the transfer of the title, and shall furnish a completed Real Estate Transfer Declaration signed by the Seller or the Seller's agent in the form required pursuant to the Real Estate Transfer Tax Act of the State of Illinois and shall furnish any declaration signed by the Seller or the Sellers's agent or meet other requirements as established by any local ordinance with regard to a transfer or transaction tax.

4. The provisions of the Uniform Vendor and Purchaser Risk Act of the State of Illinois shall be applicable to this contract.

5. If this Contract is terminated due to Seller's default, all monies paid to Seller shall be returned to the Purchaser, without limiting Purchaser's right to seek specific performance. Purchaser's sole and exclusive remedy will be that of specific performance. If the termination is caused by the Purchaser's fault, all monies paid to Seller and the Earnest Money shall be forfeited to the Seller, and are to be retained by the Seller as liquidated damages which shall be the Seller's sole remedy against Purchaser.

6. Time is of the essence of this contract.

7. All notices herein required shall be in writing and shall be served on the parties in the manner and at the address as set forth in Rider Paragraph T.

8. Seller represents that he is not a "foreign person" as defined in Section 1445 of the Internal Revenue Code and is therefore exempt from the withholding requirements of said Section. Seller will furnish Purchaser at closing the Exemption Certification set forth in said Section.

INTENTIONALLY LEFT BLANK

RIDER ATTACHED TO AND MADE A PART OF THAT CERTAIN
REAL ESTATE SALES CONTRACT
BY AND BETWEEN ALDEN REALTY SERVICES, INC.
OR NOMINEE, AS PURCHASER, AND
PISTAKEE PARTNERS, L.L.C., AS SELLER

A. Conflict. The above captioned and attached Contract is hereby modified, amended, and supplemented as herein below set forth. Insofar as the terms and provisions of this Rider purport to modify, amend, or are in conflict with the terms and provisions of said Contract, the terms and provisions of this Rider shall govern and control. In all other respects, the terms and provisions of the Contract shall remain in full force and effect and unmodified.

B. Property. The legal description of the property which is the subject of this Agreement ("**Property**") is:

(See Exhibit A attached)

C. Purchaser's Intended Use. The parties hereto acknowledge that Purchaser intends to develop the property as an approximately 150 bed skilled nursing and memory care facility.

D. Conditions Precedent to Purchaser's Obligations. In addition to, but without limitation of the other requirements and conditions of this Contract, Purchaser's obligations under this Contract are expressly contingent and conditioned upon the following:

1. Purchaser and its employees, officers, agents, engineers, surveyors, appraisers and other representatives shall have a period of 120 days after the date of the Contract ("**Inspection Period**") to conduct such site inspections and testing or other investigations (collectively referred to as "**Inspections**") on the Property in order to determine if the Property can be used for Purchaser's proposed use as affordable senior housing. Such Inspections may include, but shall not be limited to, the conducting of appraisals, environmental studies, wetland and flood plain surveys, soil tests and any investigations required to develop architectural and engineering plans. Inspections during this period will also assess any easements on the property to make sure that they will not interfere with Purchaser's proposed uses. The Seller shall reasonably assist Purchaser in conducting the Inspections by providing any available documentation and materials with respect to the title, construction and condition of the Property that are within the Seller's possession. Such Inspection will include review of title and survey. Furthermore, during the Inspection Period, Seller agrees to reasonably assist Purchaser in obtaining a written agreement from Standard Bank and Trust Company, the current mortgagor, in a form reasonably acceptable to

ATTACHMENT-2B

Purchaser, acknowledging that the bank will release the mortgage upon Seller's payment of the net proceeds from closing and that the bank will agree to honor the terms of this Contract in the event the bank forecloses on the Property.

2. Purchaser shall have twelve (12) months from the expiration of the Inspection Period (the "**Due Diligence Period**") described above to secure the following: a) Zoning and Governmental Approvals: Purchaser shall secure zoning, any special use permits and all other necessary approvals, from the Village of Huntley and other applicable Governmental Bodies for its proposed use. Seller's complete cooperation and assistance in obtaining the zoning and governmental approvals is essential. b) Financing: Purchaser will receive unconditional commitments (except for customary due diligence items) for financing from various lenders and financing sources, sufficient to acquire and develop the property as described herein. Purchaser shall promptly and diligently apply for all approvals, permits, commitments or permissions set forth above.

3. If contingencies set forth in Paragraph D2 above have not been satisfied by the end of the twelve (12) month Due Diligence Period and the Purchaser has diligently pursued obtaining the zoning and governmental approvals and financing, the Purchaser shall have two (2) options of extending the Due Diligence Period for successive seven (7) month periods. To exercise each of the extension options, Purchaser must notify Seller that Purchaser is exercising such option to extend the Due Diligence Period prior to the expiration of the existing Due Diligence Period and pay Seller $7,500 ("**Option Payment**") for each extension. The Option Payments will be deemed earned at the time of payment and will be non-refundable, however, such payments will be applied to the purchase price at Closing.

4. From and after the date of this Agreement, and at all times prior to Closing, Purchaser, its employees, representatives, or agents, shall have the right to enter upon any portion of the Property to examine, inspect, and make tests as to the feasibility and adaptability of the Property for Purchaser's intended use, such tests to include, without limitation, test borings, soil tests, toxicity tests, environmental tests (Seller to provide Purchaser with copies of all existing Phase I or Phase II reports in its possession, if any), percolation and/or compaction tests, engineering, feasibility and other studies, tests, and reports (all such tests being hereinafter collectively referred to as the "**Studies**"). All Studies are to be made at Purchaser's sole cost and expense and Seller shall provide Purchaser with all existing tests and surveys in his possession, which would assist Purchaser in determining the property's suitability. In the event the Studies disclose any contamination or environmental violation, Purchaser shall notify Seller. If Seller fails to clean up such contamination, Purchaser shall have the right to terminate this contract in which event the Earnest Money and any Option Payments will be returned to Purchaser. Purchaser shall indemnify

ATTACHMENT-2B

and hold harmless Seller from any and all liability occurring as a result of any injuries to any persons entering the property on their behalf for any reason pursuant to this paragraph; and Purchaser shall further indemnify and be solely responsible for any damages to the property as a result of the access to Purchaser and its agents, representatives, invitees, and contractors. Purchaser (i) shall not conduct any physically invasive tests without Seller's prior consent, which shall not be unreasonably withheld or delayed. Purchaser shall require anyone entering upon the Property to take reasonable precautions to minimize any disturbance to the Property and shall restore the ground surface to its condition prior to any tests, inspections or activities of Purchaser or its agents. Purchaser shall not allow any liens or claims to be filed against the Property as a result of any act or omission by Purchaser, its employees, agents, independent contractors or subcontractors. In the event that a lien or claim is filed against the Property or a claim is made against Seller as a result of any act or omission of Purchaser, its employees, agents, independent contractors or subcontractors, Purchaser shall hold Seller harmless and indemnified in regard to such lien, claim, demand and the cost of defending same or clearing same from title, to include but not limited to the costs of any legal action, suit, suit to quiet title and any reasonable attorneys' fees incurred by Seller. Notwithstanding any provision of the Contract or this Rider to the contrary, no portion of the Earnest Money shall be returned to the Purchaser until the Purchaser has presented reasonable evidence to the Seller that the costs and expenses of any and all engineering, environmental audits, soil tests and borings, surveys, studies, tests and inspections performed in regard to the Property have been fully paid and satisfied. The duties, obligations and liabilities of Purchaser set forth in this Section D4 shall survive any termination of the Contract.

5. If Purchaser, in its sole and absolute discretion, determines during the Inspection Period that it does not wish to proceed with the purchase of the Property, Purchaser shall notify Seller within five (5) days after the end of the Inspection Period that Purchaser wishes to terminate the Contract. In which case, the Earnest Money shall be returned to Purchaser (less any escrow fees) and neither party shall have any liability hereunder, except those that expressly survive. Failure by Purchaser to notify Seller that Purchaser wishes to terminate this Contract shall be deemed a waiver of Purchaser's rights to terminate this Contract, except in the event of a failure of one or more of the contingencies set forth in paragraph D2 above. If Purchaser, in its sole and absolute discretion, determines that one or more of the foregoing contingencies has failed, then Purchaser shall immediately notify Seller of said failure and Purchaser may, by written notice to Seller not later than five (5) days after the expiration of the Due Diligence Period as the same may be extended, terminate this Agreement, in which event Purchaser shall have no further obligations hereunder, except for any provisions hereof that expressly survive. Purchaser shall have the right to waive the aforesaid condition or to close the transaction contemplated by this Agreement if said conditions are not satisfied as aforesaid.

ATTACHMENT-2B

E. Closing. The Closing of the Property shall take place on a date no later than thirty (30) days from the expiration of the contingencies and any extensions set forth in this Contract, if not terminated sooner pursuant to the provisions of Paragraph D of this Rider, or otherwise hereunder. In the event Purchaser's construction loan is not ready to close on the date of Closing, Purchaser may extend the Closing for up to thirty (30) days so that the Closing can occur simultaneously with the opening of Purchaser's construction loan.

F. Survey. Not less than thirty (30) days after the date of Seller's acceptance, Purchaser shall obtain a current plat of survey of the Property certified to Purchaser and Purchaser's designated lending institution that has been prepared in accordance with the Minimum Standard Detail Requirements as adapted by to ALTA/ACSM 2005 Survey Standards (the "**Survey**"). The certification on the survey shall run to the benefit of Purchaser, the title insurer, and such other parties as Purchaser shall designate. The survey shall identify the Property by legal description and set forth the acreage and number of square feet contained therein, including any part thereof lying within any right-of-way, and the survey shall further show (i) the location, course and recording numbers, if applicable, of all water, gas, electric and sewer lines and other easements, either visible or recorded, and building lines; (ii) private streets, roads, alleys and highways; (iii) no encroachments thereon or by any improvements located thereon encroaching on adjacent property which interfere with Purchaser's intended use of the Property; (iv) flood plains, wetlands, or other special environmentally controlled or protected areas acceptable to Purchaser for its intended purpose; and (v) all natural monuments, existing fences, drainage ditches, tiles, water courses, building or site improvements, and other restriction lines which affect any portion of the Property, and said survey shall otherwise be reasonably satisfactory in form and substance to Purchaser. At closing, Seller shall reimburse Purchaser for the cost of the Survey.

G. Representations, Warranties, and Covenants. Without limitation of any other provision of this Agreement and as a material inducement to Purchasers entering into this Agreement, Seller represents, warrants, and covenants to Purchaser that:

1. From and after the date hereof Seller agrees not to sell, transfer or convey, or cause to be sold, transferred or conveyed, the Property or any part thereof, or alter or amend the zoning classification of the Property except as requested by Purchaser to permit its intended use of the Property, or otherwise perform or permit any act of deed which shall diminish or affect Purchaser's rights in and to the Property or prevent Seller from performing fully its obligations hereunder.

2. There are no violations of any Federal, state, county, or municipal statutes, laws codes, ordinances, rules, regulations, orders, decrees, and directives relating to the use and condition of the Property of which Seller has actual

notice. Seller covenants and warrants that it shall notify Purchaser in writing with respect to matters of which it has notice on or before the Closing. Seller warrants that the Seller has received no notices from any city, village or other governmental authority of zoning, building, fire or health code violations in respect to the Property that have not been heretofore corrected.

3. Except as otherwise expressly provided herein, Seller, or any agent thereof, has not received any notice from any governmental or quasi-governmental body or agency or from any person or entity with respect to, and does not know of, any actual or threatened taking of, the Property or any portion thereof for any public or quasi-public purpose by the exercise of the right of condemnation or eminent domain.

4. Except as otherwise provided in this paragraph, there is no claim, litigation, proceeding, or governmental investigation pending or, to the best actual knowledge of Seller without independent investigation, threatened against or relating to the Property or any portion thereof, or against the transaction contemplated by this Agreement or against Seller which affects Seller's ownership of the Property, this transaction, or the ability of Seller to perform hereunder. Seller is aware of the following mortgage foreclosure action which may be related to the Property: Standard Bank and Trust Company v. Standard Bank and Trust Company, as Trustee, et al., Case No. 12 CH 1704. Seller covenants and agrees to pay Standard Bank and Trust Company the net proceeds from the closing, which shall be comprised of the purchase price, less customary closing costs and credits to Purchaser, in order to cause the foreclosure action to be dismissed as to the Property and the existing mortgage lien to be released at closing.

5. Neither the execution nor delivery of this Agreement, consummation of the transaction contemplated hereby, nor fulfillment of or compliance with the terms and conditions hereof, to the best of Sellers actual knowledge without independent investigation, conflicts with or will result in a breach of any of the terms, conditions, or provisions of any agreement or instrument to which Seller is a party or by which it is bound, or constitutes a default under any of the foregoing, or results in the creation of a lien, claim, charge, or encumbrance on the Property other than those matters approved by Purchaser pursuant to the terms hereof; and this Agreement and all documents to be executed pursuant hereto by Seller as set forth in this Paragraph are true and correct as of the Closing Date, with the same effect as though made on the Closing Date.

6. To the best of Seller's knowledge, Seller has not (i) generated, manufactured, buried, spilled, leaked, or (ii) discharged, emitted, stored, disposed of, used or released any hazardous materials about the Property, and has permitted no other party to do any of the same. Seller has received no notice of and has no

knowledge of that (a) any hazardous material(s) is or has ever been generated, manufactured, buried, spilled, leaked, discharged, emitted, stored, disposed or, used or released about the Property or (b) that any above-ground or underground storage tanks or other containment facilities of any kind containing any hazardous materials are or have ever been located about the Property.

In the event any of the representations, covenants, and warranties set forth in this Section G are not true and accurate when made and as of Closing and Seller cannot or does not correct said representations, covenants, and warranties and accept liability for any damages incurred by Purchaser as a result of the inaccuracy thereof, Purchaser shall have the right to rescind this Agreement prior to or at the Closing, which shall be Purchaser's sole remedy, in which event any Earnest Money and Option Payments paid by Purchaser pursuant hereto shall be refunded to Purchaser upon demand.

H. Prohibited Transactions. From and after the date hereof, Seller shall not, without the express written consent of Purchaser: (i) enter into any lease, contract, or agreement or grant any rights (including licenses and easements) respecting the Property, or any portion thereof; (ii) create or suffer any right, claim, lien, or encumbrance of any kind or nature whatsoever on the Property, or any portion thereof; or nature whatsoever on the Property, or any portion thereof; or (iii) add or remove soil from the Property or otherwise dump or abandon any property, materials, or chemicals thereon.

I. Assurances of Cooperation. The parties hereby covenant and agree that they will at any time prior to or after the Closing, and from time to time do, execute, acknowledge, and deliver or will cause to be done, executed, acknowledged, and delivered all such further acts, documents, and instruments as may reasonably be required by the other party in order to carry out fully and effectuate the transaction herein contemplated in accordance with the provisions of this Agreement.

J. Possession. Seller agrees to deliver sole and exclusive possession of the Property to Purchaser on the Closing Date.

K. Closing Procedure. The date Purchaser acquires title to the Property is herein referred to as the "**Closing**". The Closing shall occur as provided in Paragraph E of this Rider. If the Closing or any other date on which any payments are required hereunder shall fall on a Saturday, Sunday, or legal holiday, then the date contemplated hereby shall be extended to the next business day.

L. Authority. Seller and Purchaser represent to one another that each has the power and authority to enter into this Agreement in the names, titles, and capacities herein stated and on behalf of entities, persons, estates, or firms represented or purported to be represented by such person and further represents that all formal requirements

necessary or required by any statutes, laws, ordinances, codes, rules, regulations, orders, decrees, directives, articles of incorporation, charters or by laws for it to enter into this Agreement have been complied with.

M. Condemnation. If, prior to the closing, any proceeding, judicial, administrative, or otherwise, is commenced which relates to the proposed taking of all or any portion of the Property by condemnation, eminent domain, or the taking or closing of any right of access to the Property, Purchaser shall have the right and option to terminate this Agreement by giving Seller written notice to such effect within twenty (20) days after the actual receipt of written notification of any such occurrence or occurrences. Failure to give such notice within such time period shall be conclusive evidence that Purchaser has waived the right and option to terminate by reason of the occurrence or occurrences of which it has received notice. If Purchaser elects or is required to close the subject transaction, Seller shall retain all of such condemnation proceeds and Purchaser shall be given credit therefor off the purchase price for the Property. Seller hereby agrees to give Purchaser written notice with respect to any such proceedings within seventy-two (72) hours of Seller's receipt of any such notice of the institution of such proceedings. If Purchaser elects to so terminate this Agreement, this Agreement shall become null and void and of no further force and effect, and all Earnest Money and the Option Payments shall be returned promptly to Purchaser.

N. Successors and Permitted Assigns. This Agreement shall be binding in all respects on, and shall inure to the benefit of, Seller and Purchaser and their respective successors and permitted assigns. Purchaser may assign all of its rights and obligations under this Agreement, in whole or in part, or transfer its interest in the Property to any person or entity who or which is owned or controlled by or affiliated with Purchaser, which persons or entity shall thereupon have all rights and obligations of Purchaser under this Agreement; provided however that no such assignment shall relieve Purchaser from its duties and obligations under or pursuant to this Agreement.

O. Entire Agreement. This Agreement represents the entire agreement between the parties hereto and shall not be modified or affected by any offer, proposal, statement, or representation, oral or written, made by or for either party in connection with the negotiation of the terms hereof. No future modification, termination, or amendment of this Agreement may be made, except by written agreement executed by the parties hereto. No failure by the parties hereto to insist upon the strict performance of any covenant, duty, agreement, or condition of this Agreement or to exercise any right or remedy upon a breach thereof shall constitute a waiver of any such right or remedy or any other covenant, agreement, term, or condition. Any part hereto, by written notice, may, but shall be under no obligation to, waive any of its rights or any conditions to the obligations hereunder, or any duty, obligation, or covenant of any other party hereto. No waiver shall affect or alter this Agreement, but each and every

covenant, agreement, term, and condition of this Agreement shall continue in full force and effect with respect to any other then existing or subsequent breach thereof.

P. Survival. All provisions of this Agreement which involve environmental concerns, obligations, duties, or rights which have not been determined or ascertained as of the closing made pursuant to this Agreement shall be deemed to survive the closing.

Q. Severability. If any provision of this Agreement or the application thereof to any person or circumstance shall be invalid or unenforceable to any extent, the remainder of this Agreement and the application of such provision to other persons or circumstances shall not be affected thereby and shall be enforced to the fullest extent permitted by law.

R. Time. Time shall be of the essence of this Agreement and the performance of all covenants, agreements, and obligations hereunder.

S. Non-Merger. The terms and provisions of this Agreement shall not merge with, be extinguished, or otherwise affected by any subsequent conveyance or instrument by or between Seller and Purchaser hereto unless such instrument shall specifically so state and be signed by Seller and Purchaser.

T. Notices. All elections, notices, and other communications to be given hereunder by either party to the other shall be in writing and sent by personal delivery, overnight courier with evidence of receipt, or certified or registered mail, return receipts requested, postage prepaid, addressed and by facsimile transmission:

If to Purchaser:
Randi Schullo
Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, Illinois 60646
Phone: 773-286-3883
Fax: 773-286-1562
Randi.schullo@thealdennetwork.com

With a copy to:
Steve Friedland
Applegate & Thorne-Thomsen
626 West Jackson Blvd., Suite 400
Chicago, Illinois 60661
Phone: 312-491-2207
Fax: 312-421-6162
sfriedland@att-law.com

If to Seller:
Pistakee Partners, L.L.C.
3220 West 98th Street

ATTACHMENT-2B

Evergreen Park, Illinois 60805

With a copy to: Gary S. Perlman
Louis F. Cainkar, Ltd.
30 North LaSalle Street, Suite 3922
Chicago, Illinois 60602
Telephone: (312) 236-3985
Facsimile: (312) 123-3989
E-Mail: gp@lfcltd.net

or at such other addresses as the parties may designate to the other by written notice in the manner herein provided. Any such notices or election shall be effective upon delivery, if personally delivered, one (1) day after delivery to the overnight courier or two (2) days after depositing same in the United States mails.

U. Captions. Captions of paragraphs herein are inserted only for convenience and are in no way to be construed as a part of this Agreement or as a limitation of the scope of the particular paragraphs to which they refer.

V. Default. Notwithstanding anything in this Agreement to the contrary, neither party shall exercise any rights to terminate this Agreement in the event of a default committed by the other party unless such default remains uncured at 5:00 p.m. on the fifth (5th) day next following the date on which the party not in default delivers to the party in default a written notice stating in reasonable detail the nature of the default. This provision shall not apply to the Closing.

W. Special Assessments. Seller warrants to Purchaser that there are no installments not due at the date of this Agreement of any special tax or assessment for improvements relating to the Property heretofore completed.

X. Broker. Except for the commission payable to RVG Commercial Realty ("**Broker**"), which shall be paid by Seller at Closing, each of the parties represents to the other that such party has not incurred any brokerage commission or finder's fee as a result of this transaction. Notwithstanding the foregoing, the parties acknowledge that Harding Real Estate and Alden Realty Services will receive a portion of the fee payable to Broker pursuant to agreements among those parties. Purchaser shall indemnify and hold Seller harmless from and against all losses, costs, damages, liabilities, claims or expenses, including, without limitation, reasonable attorneys' fees, arising out of the claim to a commission by any party which claim is based on the actions of Purchaser. Seller shall indemnify and hold Purchaser harmless from and against any and all claims, losses, costs, damages, liabilities and expenses, including, without limitation, reasonable counsel fees, resulting from a claim by any

ATTACHMENT-2B

other party that it is entitled to a commission as a result of the transaction contemplated by this Agreement. The indemnification set forth herein shall extend to all losses, costs, damages, attorneys' fees, court costs, and expenses which the indemnified party may incur, and which relate to the matters indemnified hereby and shall survive the Closing.

Y. Seller hereby grants the following rights to Purchaser with respect to the property located at north of and adjacent to the Property and legally described in Exhibit B attached hereto, (the "**Additional Property**"):

(i) Purchaser shall have the option (the "**Option**"), to purchase the Additional Property for a purchase price of $4.50 per square foot. Purchaser must exercise the Option by written notice to Seller within 120 days after the date of acceptance of this Contract (the "**Option Period**"). The closing for the Additional Property shall occur simultaneously with the Closing of the Property, as set forth in Paragraph E.

(ii) In the event Seller receives a bona fide offer ("**Offer**") to purchase the Additional Property at anytime during the Option Period, which offer Seller intends to accept, Purchaser shall have the right of first refusal (the "**ROFR**") to purchase the Additional Property on the same terms as such Offer. Purchaser must exercise the ROFR within ten (10) business days after Seller's delivery of the Offer to Purchaser. If Seller delivers an Offer to Purchaser which Offer Purchaser does not accept within the required time frame, the ROFR and Option shall expire, provided that the ROFR and Option will revive and be in full force and effect in the event that Seller does not sell the Additional Property in accordance with the Offer.

[signatures on following page]

ATTACHMENT-2B

IN WITNESS WHEREOF, Seller and Purchaser have executed this Contract and Rider on the date indicated; intending to be legally bound hereby and warranting authority to execute the same.

ACCEPTED BY PURCHASER:

ALDEN REALTY SERVICES, INC.

RANDI SCHULLO

Its: President

Dated: Oct. 5, 2012

ACCEPTED BY SELLER:

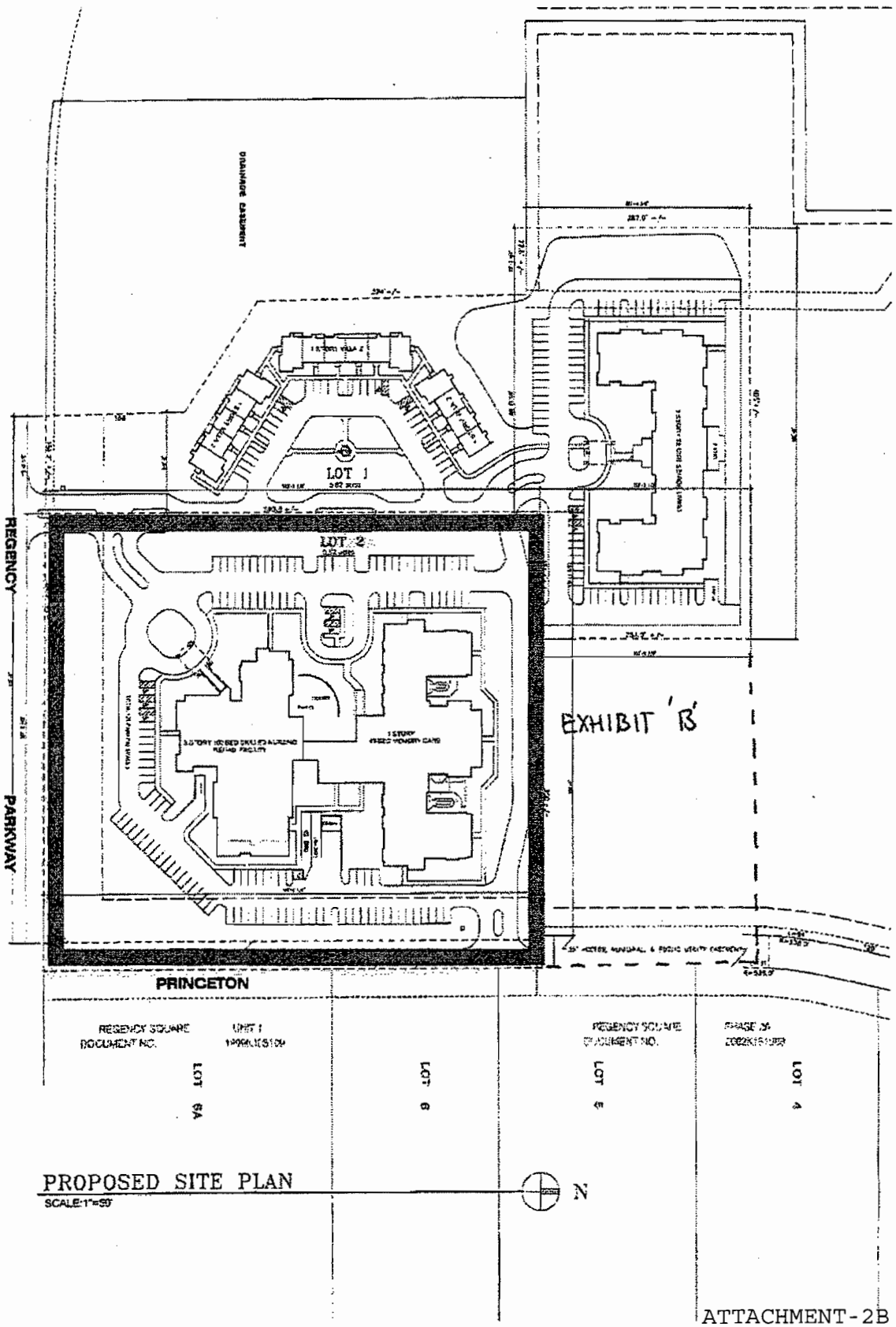
PISTAKEE PARTNERS, L.L.C.

By: PAUL DUGGAN

Its Manager

ATTACHMENT-2B

EXHIBIT 'A'



PROPOSED SITE PLAN

SCALE:1"=50'

ATTACHMENT-2B

EXHIBIT B

CONTRACT 2

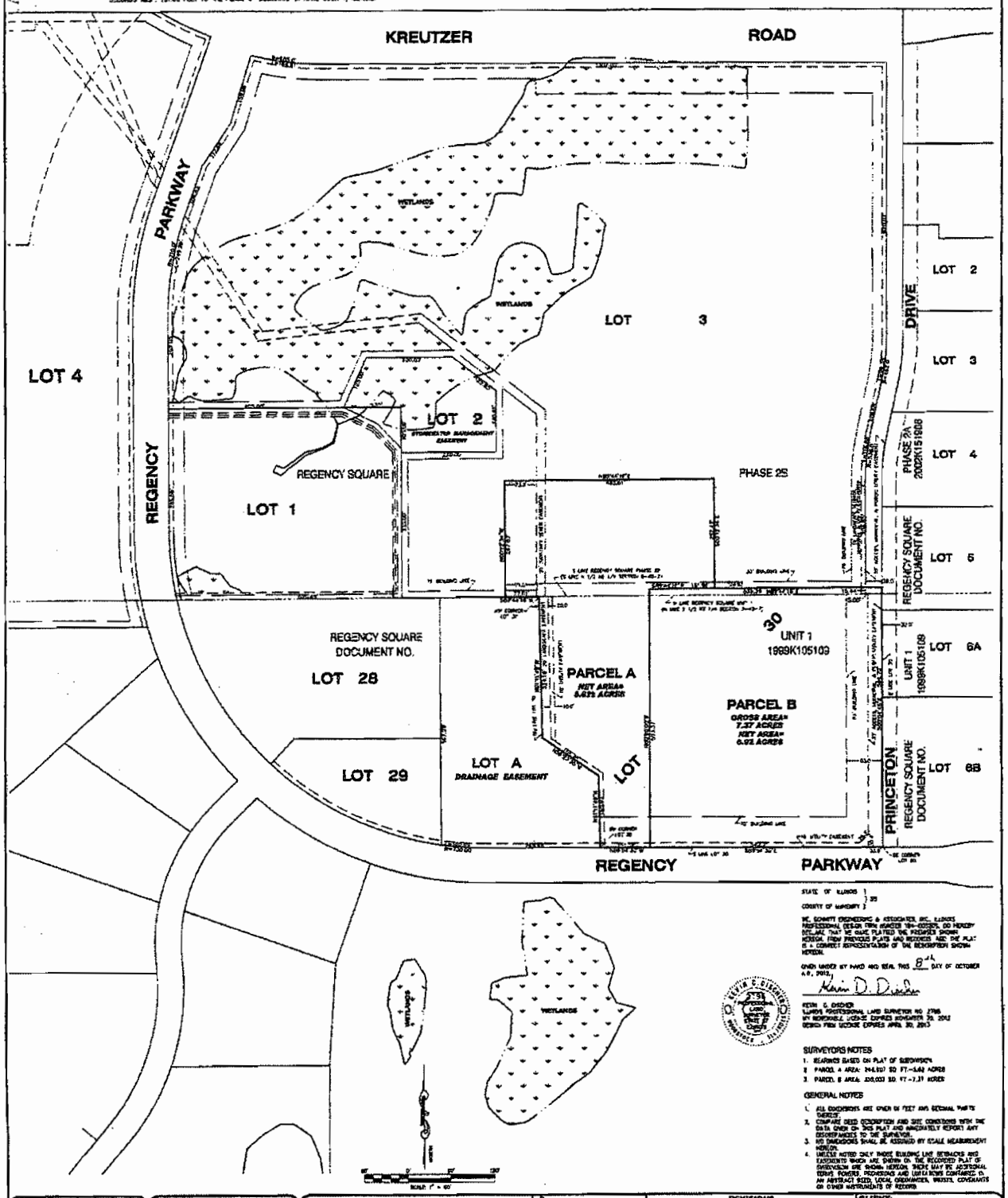
PLAT

PARCEL A

PART OF LOT 30 IN REGENCY SQUARE UNIT 1, BEING A SUBDIVISION OF PART OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF SECTION 5, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 3, 1999 AS DOCUMENT NO. 1999K105109 AND PART OF LOT 3 IN REGENCY SQUARE PHASE 2B, BEING A SUBDIVISION OF PART OF THE NORTH HALF OF THE NORTHEAST QUARTER OF SECTION 5, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 28, 2011 AS DOCUMENT NO. 2011K085974, ALL IN TOWNSHIP 42 NORTH, RANGE 7 EAST OF THE THIRD PRINCIPAL MERIDIAN BEING DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 30; THENCE NORTH 01 DEGREES 11 MINUTES 49 SECONDS WEST ALONG THE WESTERLY LINE THEREOF, 1010.7 FEET; THENCE CONTINUING NORTH 00 DEGREES 23 MINUTES 36 SECONDS WEST ALONG SAID WESTERLY LINE, 155.75 FEET; THENCE CONTINUING NORTH 01 DEGREES 11 MINUTES 49 SECONDS WEST ALONG SAID WESTERLY LINE, 524.19 FEET TO THE NORTHWEST CORNER OF SAID LOT 30; THENCE SOUTH 89 DEGREES 44 MINUTES 18 SECONDS WEST ALONG THE SOUTH LINE OF LOT 3 IN SAID REGENCY SQUARE UNIT PHASE 2B, A DISTANCE OF 77.61 FEET; THENCE NORTH 00 DEGREES 12 MINUTES 34 SECONDS WEST, 267.09 FEET; THENCE NORTH 89 DEGREES 44 MINUTES 18 SECONDS EAST PARALLEL WITH THE SOUTH LINE OF SAID REGENCY SQUARE PHASE 2B, A DISTANCE OF 495.81 FEET; THENCE SOUTH 50 DEGREES 12 MINUTES 34 SECONDS EAST, 253.47 FEET; THENCE SOUTH 89 DEGREES 44 MINUTES 18 SECONDS WEST, 151.66 FEET; THENCE SOUTH 40 DEGREES 00 MINUTES 00 SECONDS WEST, 583.57 FEET TO THE SOUTH OF SAID LOT 30; THENCE NORTH 89 DEGREES 54 MINUTES 30 SECONDS WEST, 151.06 FEET TO THE PLACE OF BEGINNING IN KANE COUNTY, ILLINOIS.

PARCEL B

PART OF LOT 30 IN REGENCY SQUARE UNIT 1, BEING A SUBDIVISION OF PART OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF SECTION 5, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 3, 1999 AS DOCUMENT NO. 1999K105109 AND PART OF LOT 3 IN REGENCY SQUARE PHASE 2B, BEING A SUBDIVISION OF PART OF THE NORTH HALF OF THE NORTHEAST QUARTER OF SECTION 5, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 28, 2011 AS DOCUMENT NO. 2011K085974, ALL IN TOWNSHIP 42 NORTH, RANGE 7 EAST OF THE THIRD PRINCIPAL MERIDIAN BEING DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF SAID LOT 30; THENCE SOUTH 89 DEGREES 54 MINUTES 30 SECONDS EAST ALONG THE SOUTH LINE THEREOF, 151.06 FEET TO THE PLACE OF BEGINNING; THENCE NORTH 40 DEGREES 00 MINUTES 00 SECONDS EAST, 583.57 FEET; THENCE NORTH 89 DEGREES 44 MINUTES 18 SECONDS EAST PARALLEL WITH THE NORTH LINE OF SAID REGENCY SQUARE UNIT 1, A DISTANCE OF 539.39 FEET TO THE EAST LINE OF SAID LOT 3 AND THE EAST LINE OF SAID LOT 30; THENCE SOUTH 00 DEGREES 04 MINUTES 49 SECONDS EAST ALONG THE EAST LINE OF SAID LOT 3, AND THE EAST LINE OF SAID LOT 30, A DISTANCE OF 996.70 FEET TO THE SOUTHEAST CORNER OF SAID LOT 30; THENCE NORTH 89 DEGREES 54 MINUTES 30 SECONDS WEST ALONG THE SOUTH LINE THEREOF, 540.21 FEET TO THE PLACE OF BEGINNING IN KANE COUNTY, ILLINOIS.



STATE OF ILLINOIS } SS
COUNTY OF MCHENRY }

WE, SCHMITT ENGINEERING & ASSOCIATES, INC., ILLINOIS PROFESSIONAL DESIGN FIRM NUMBER 184-000505, DO HEREBY DECLARE THAT WE HAVE PLATTED THE PREMISES SHOWN HEREON, FROM PREVIOUS PLATS AND RECORDED; AND THE PLAT IS A CORRECT REPRESENTATION OF THE DESCRIPTION SHOWN HEREON.

GIVEN UNDER MY HAND AND SEAL THIS 8th DAY OF OCTOBER A.D. 2012.

Kevin D. Discher

KEVIN D. DISCHER
ILLINOIS PROFESSIONAL LAND SURVEYOR NO. 2796
MY REGISTRATION NUMBER EXPIRES NOVEMBER 30, 2012
RENEWAL FOR VICTOR EXPIRES APRIL 30, 2013

SURVEYORS NOTES

1. BEARINGS BASED ON PLAT OF SUBDIVISION
2. PARCEL A AREA: 244,810 SQ FT.=5.62 ACRES
3. PARCEL B AREA: 300,033 SQ FT.=7.31 ACRES

GENERAL NOTES

1. ALL DIMENSIONS ARE GIVEN IN FEET AND DECIMAL PARTS THEREOF.
2. COMPARE DEED DESCRIPTION AND SITE CONDITIONS WITH THE DATA GIVEN ON THIS PLAT AND IMMEDIATELY REPORT ANY DISCREPANCIES TO THE SURVEYOR.
3. NO DIMENSIONS SHALL BE ASSUMED BY SCALE MEASUREMENT HEREON.
4. UNLESS NOTED ONLY THOSE BUILDING LINE SETBACKS AND EASEMENTS WHICH ARE SHOWN ON THE RECORDED PLAT OF SUBDIVISION ARE SHOWN HEREON. THERE MAY BE ADDITIONAL SERVICE POWERS, PROVISIONS AND USAGE RIGHTS CONTAINED IN AN ABSTRACT BOOK, LOCAL ORDINANCES, TRUSTS, COVENANTS OR OTHER INSTRUMENTS OF RECORD.

Drawing No.	1 of 1
Sheet Number	120707
Date	10/04/2012
Drawn By	KDD
Checked By	KDD
Scale	1:1

SCHMITT ENGINEERING
313 West Colfax Street, Wheaton, Illinois 60189
Phone (630) 337-0810 Fax (630) 337-0832
www.schmittengineering.com

REGENCY SQUARE PHASE 1 & 2B

PLAT

REVISIONS

DATE	NO.	DESCRIPTION

CLIENT:
PISTAKEE PARTNERS
3220 W 95th STREET
EVERGREEN PARK, IL 60805

ATTACHMENT-2B

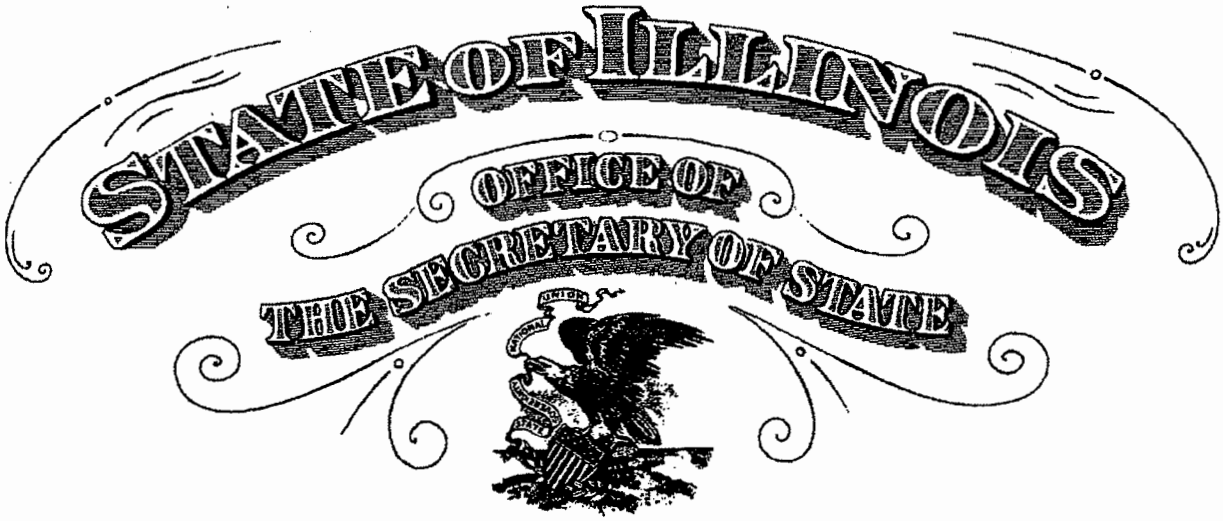
Operating Identity/Licensee

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

The operating entity/Licensee for the proposed project is Alden Estates-Courts of Huntley, Inc. This is a for-profit corporation that is in good standings in the State of Illinois. The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A**. The sole shareholder of the operator/licensee is The Alden Group, Ltd. This entity's certificate of Good Standing is appended in **ATTACHMENT-3B**.

ATTACHMENT-3

File Number 6867-304-6



To all to whom these Presents Shall Come, Greeting:

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

ALDEN ESTATES-COURTS OF HUNTLEY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 05, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1305702044

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

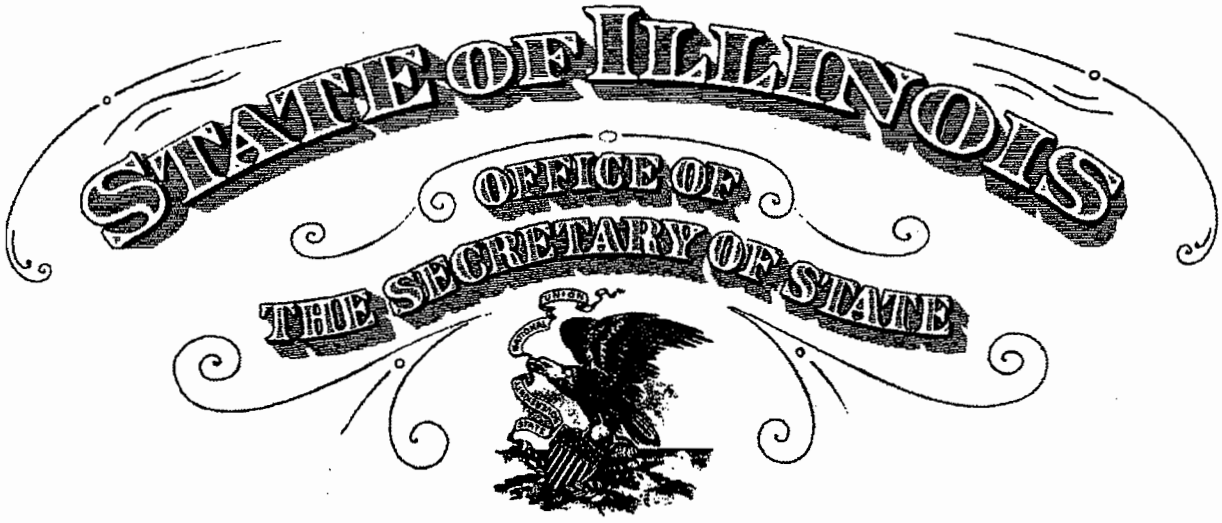
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 26TH *day of* FEBRUARY *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-3A

File Number 5206-055-9



To all to whom these Presents Shall Come, Greeting:

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

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

Authentication #: 1304501564

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 14TH *day of* FEBRUARY *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-3B

Organizational Relationships

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

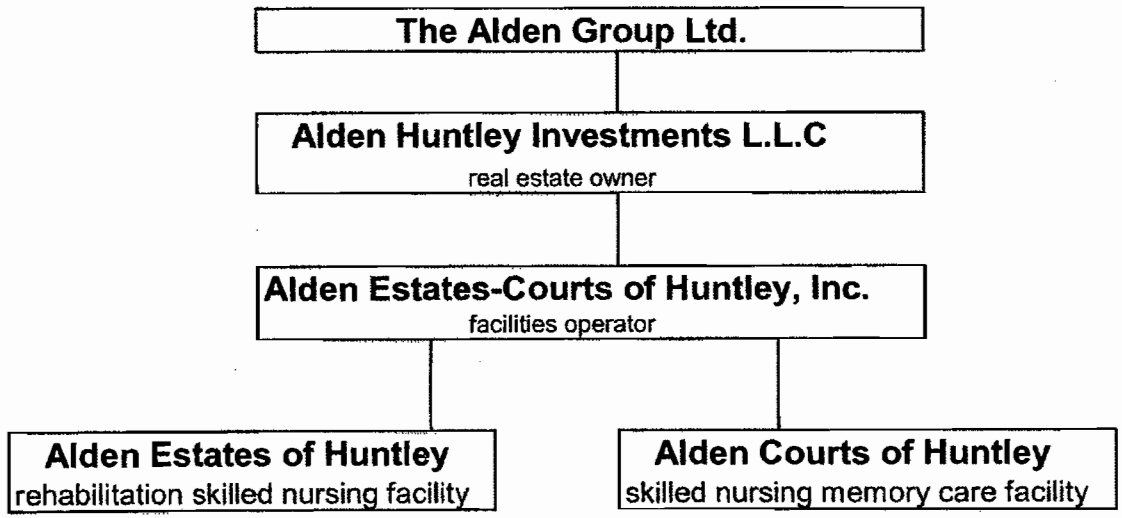
Appended as **ATTACHMENT-4A,** is a corporate organizational chart for this project. It should be known that as the ownership and operating/licensee entities have no history; therefore, the Parent will be sole financial contributor to the project.

ATTACHMENT-4

Alden of Huntley

Skilled nursing rehabilitation and memory care

Corporate Organizational Chart



ATTACHMENT-4A

Flood Plain Requirements

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org. This map must be in a readable format**. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 **(http://www.hfsrb.illinois.gov)**.

Appended as **ATTACHMENT-5A** is a map documenting that the proposed site is not located within a special flood hazard area.

ATTACHMENT-5

42° 07′ 30″
88° 30′ 00″

NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP
KANE COUNTY, ILLINOIS
AND INCORPORATED AREAS

PANEL 45 OF 410

(SEE MAP INDEX FOR PANELS NOT PRINTED)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
GILBERTS, VILLAGE OF	170928	0045	G
HUNTLEY, VILLAGE OF	170480	0045	G
KANE COUNTY	170896	0045	G

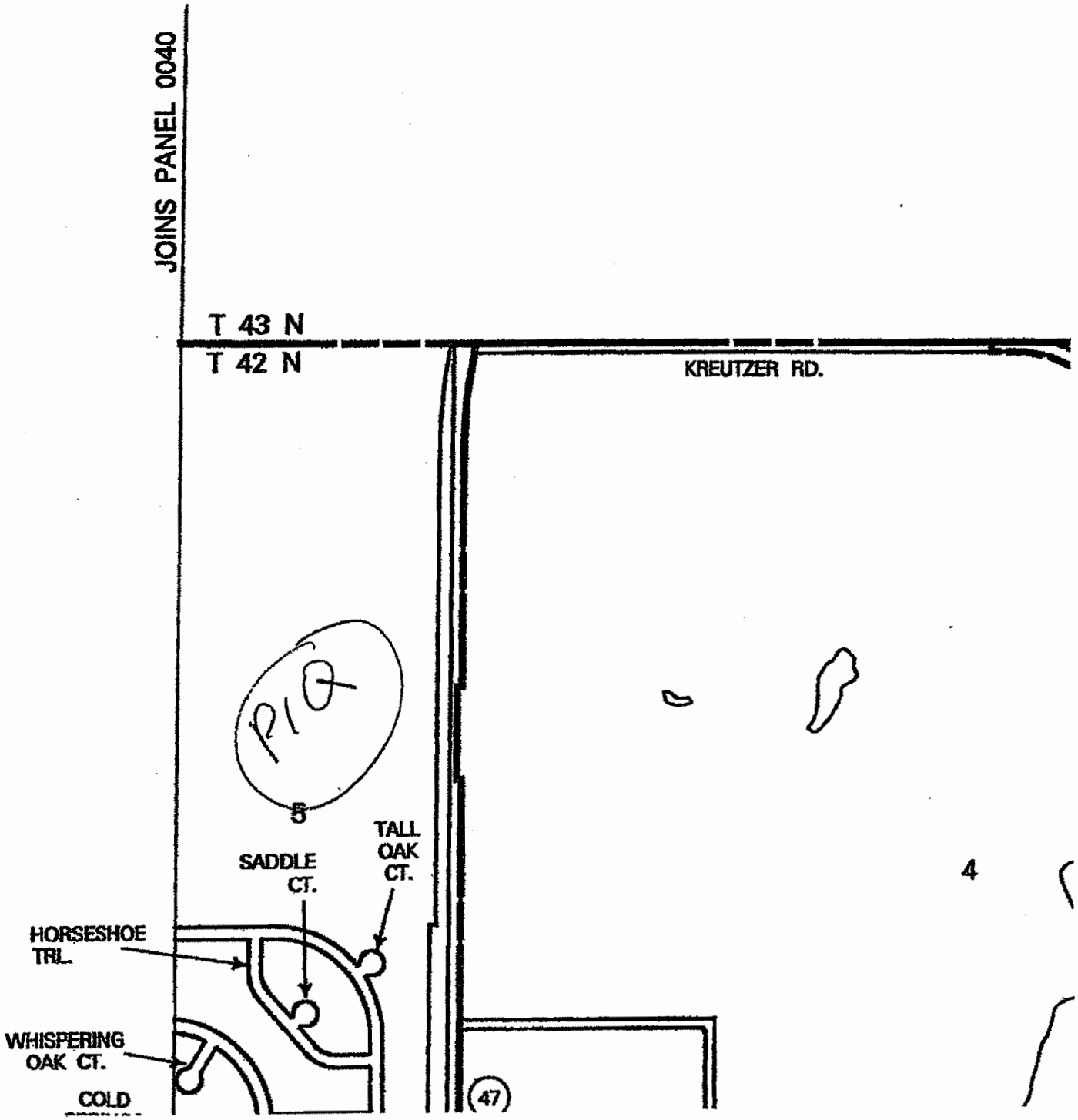
Notice to User: The MAP NUMBER shown below should be used when placing map orders; the COMMUNITY NUMBER shown above should be used on insurance applications for the subject community.

MAP NUMBER
17089C0045G

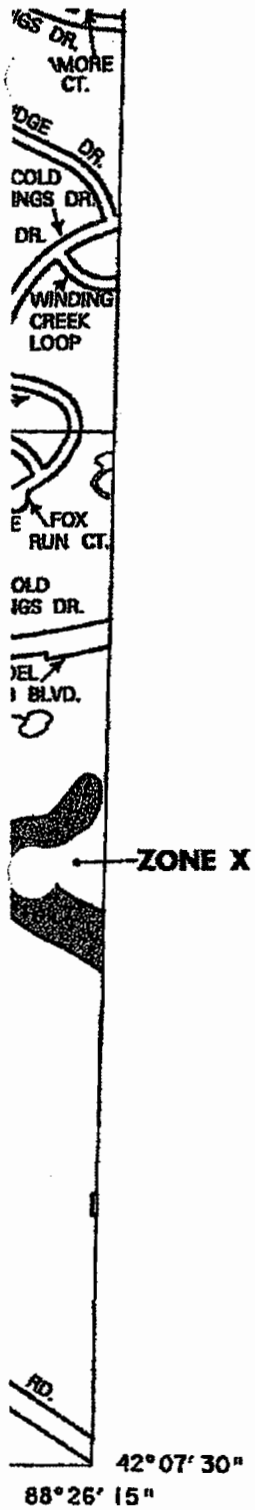
MAP REVISED:
NOVEMBER 16, 2006

Federal Emergency Management Agency

ATTACHMENT-5A



ATTACHMENT-5A



NATIONAL FLOOD INSURANCE PROGRAM

FIRM

FLOOD INSURANCE RATE MAP

KANE COUNTY,
ILLINOIS
AND INCORPORATED AREAS

PANEL 40 OF 410

(SEE MAP INDEX FOR PANELS NOT PRINTED)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
HAMPSHIRE, VILLAGE OF	170327	0040	G
HUNTLEY, VILLAGE OF	170480	0040	G
KANE COUNTY	170896	0040	G

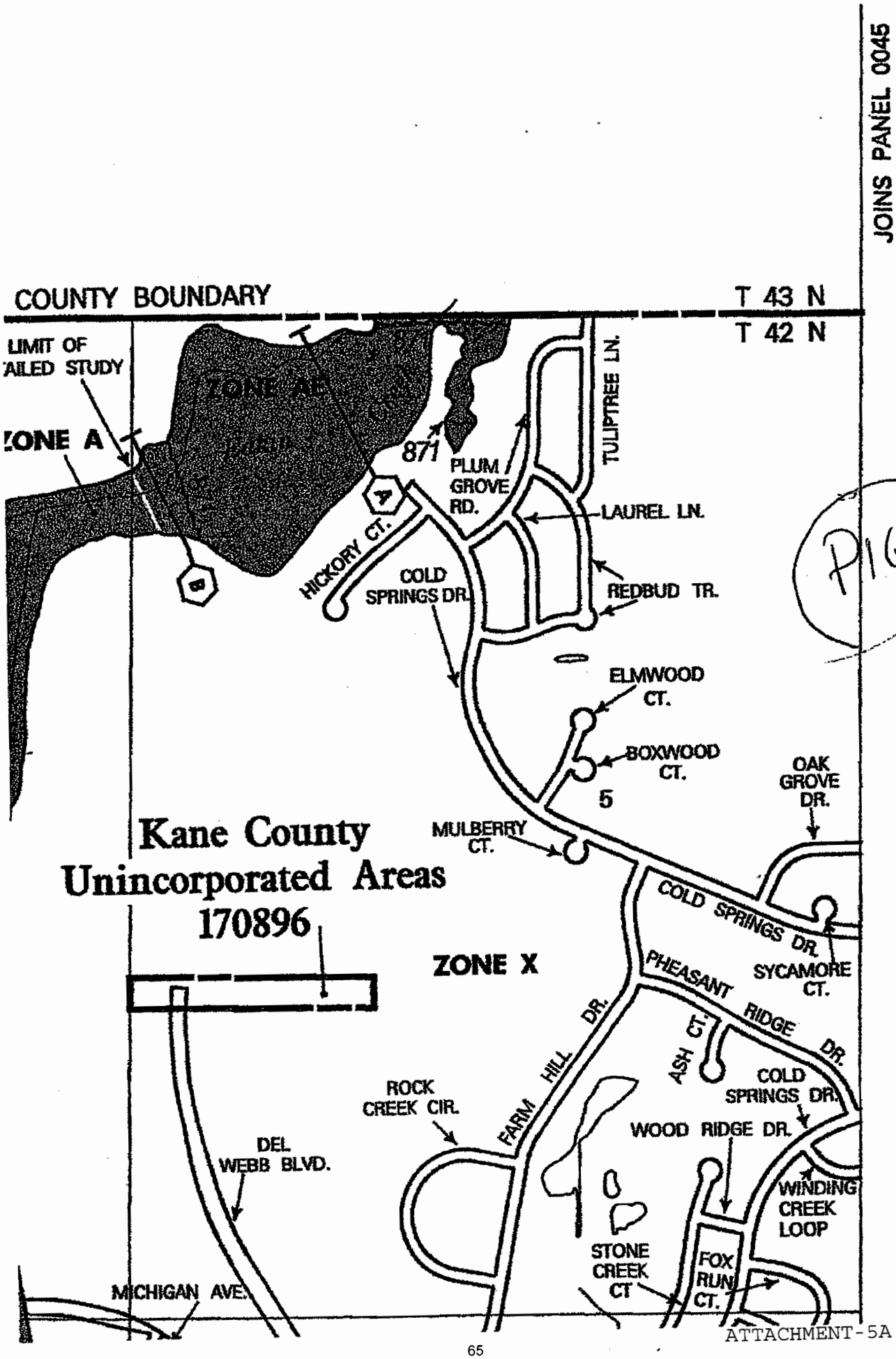
Notice to User: The MAP NUMBER shown below should be used when placing map orders; the COMMUNITY NUMBER shown above should be used on insurance applications for the subject community.

MAP NUMBER
17089C0040G

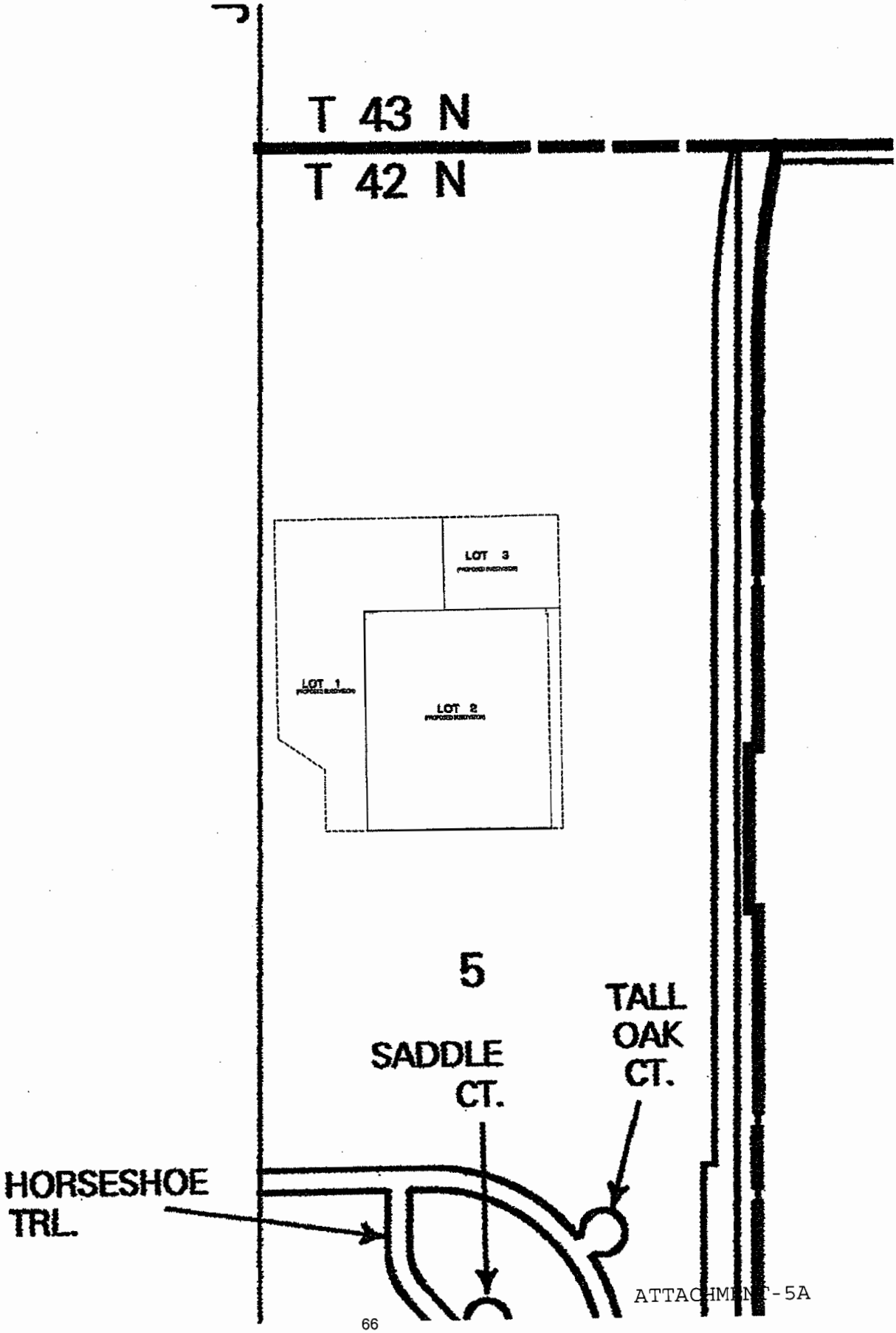
MAP REVISED:
NOVEMBER 16, 2006

Federal Emergency Management Agency

ATTACHMENT-5A



ATTACHMENT-5A



ATTACHMENT-5A

Historic Resources Preservation Act Requirements

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

Appended as **ATTACHMENT-6A** is a letter from the Illinois Historic Preservation Agency stating: "that no significant historic, architectural or archaeological resources are located within the proposed project area.

ATTACHMENT-6

Illinois Historic Preservation Agency

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

Kane County PLEASE REFER TO: IHPA LOG #011022813
Huntley
NW of Regency Parkway & Princeton Drive
IDPH
New construction, Alden of Huntley senior care facility

March 8, 2013

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

Dear Ms. Kniery:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

ATTACHMENT-6A

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

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.

The proposed project will establish a 170-bed general long-term care facility in Huntley, Illinois. The proposed site is located in Kane County on the border of McHenry and DeKalb Counties. The Planning Areas have bed needs of 428 beds, 469 beds and 15 beds respectively. This project will provide health services that will improve accessibility for nursing care services to the residents of the market area, i.e., a 30-minute travel time from the proposed site.

The Applicant is also proposing to not only provide general long-term care services but also provide rehabilitation and Alzheimer's Disease and Related Dementia (ADRD) care under the skilled nursing license. The rehab unit will be housed within the three-story 110 bed building (Alden Estates of Huntley) where the physical and occupational therapy department will be located. The ADRD beds will be provided in a separate and distinct building (although connected). This one-story memory care facility (Alden Courts of Huntley) will provide three levels, serving three stages of the disease, in three wings or "neighborhoods." The first neighborhood is for early stage ADRD residents who typically respond the best to programming and activities; the second neighborhood will provide for those in the mid-stages of the disease. The medical needs are more prevalent but they still do not outweigh the resident's programmatic needs. The third neighborhood will serve late-stage ADRD residents who have medical needs that outweigh their programmatic needs. It has been found that separating these groups is very important for the early and mid-stage residents and allows for greatest longevity in the earlier stages. Equally important as separating residents between level of care is to separate residents who have memory impairments from those who are physically frail.

ATTACHMENT-10

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

As the proposed project is to be located in Huntley, it should be noted that there are not any long-term care facilities in Huntley, Illinois, which is home to Sun City Huntley by Del Webb, an age restricted 55 and older residential community. Sun City Huntley has over 5,400 homes and is the largest of its kind in the entire Midwest. The Village of Huntley itself has a population of 24,291, according to the 2010 U.S. Census. This represents an increase of over 323 percent over the 2000 U.S. Census. Nearly 30 percent (7,082 persons) of the Huntley population is age 65 or older and that statistic has grown by over 600 percent from less than 1,000 people (998) 65 years of age and over in the 2000 U.S. Census. Therefore, by providing nursing care services to an immediate area where none exist and in which a population is present to more than support the proposed service implicitly documents that health care will be improved.

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

In accordance with the State's required travel time contour, the proposed market area is the thirty minute drive time contour adjusted per the 77 Illinois Administrative Code, Chapter II, Subchapter a, Section 1100.510(d). Moreover, the project is to be located in Huntley, Illinois of which there are no long-term care facilities within a 10 mile or 16 minute contour (primary market area).

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

Market	Population	Growth	Lic. Beds	Pop for 1-bed	65+ Pop	Growth	65+ Pop for 1-bed
Ilinois	12,830,632	5%	101,393	126.5	1,609,213	7.28%	15.9
Kane Co.	515,269	25%-	2,894	178.0	49,690	46.23%	17.2
McHenry Co.	308,760	15%-25%	1,032	299.2	31,320	49.76%	30.3
DeKalb Co.	105,160	5%-15%	742	141.7	10,337	18.67%	13.9
Elgin	108,188	14.50%	916	118.1	9,344	15.51%	10.2
So. Elgin	21,985	36.55%	416	52.8	602	65.29%	1.4
Crystal Lake	40,743	7.22%	257	158.5	660	19.35%	2.6
Woodstock	24,770	22.92%	358	69.2	2,500	26.20%	7.0
Huntley	**24,291**	**323.93%**	**170**	**142.9**	**7,082**	**609.62%**	**41.7**

Source: www2.illinois.gov/census/pages/default.aspy
http://www.hfsrb.illinois.gov/pdf/LTC%20Update%20Spreadsheet%202-5-13.pdf
http://www.hfsrb.illinois.gov/pdf/LTC%20Facility%20Profiles%202011%208-29-2012.pdf

The chart provided herein, portrays the issue that the proposed project seeks to address. Specifically,

ATTACHMENT-10

the Planning Areas of Kane, McHenry and DeKalb Counties each have a ratio of population per single nursing bed that is higher than that of the State. The proposed project seeks to add nursing beds to a substantial community with an overly disproportionate share of seniors (those 65 and older). Much of the unprecedented growth in the over 65 population is a result of the planned adult community, Sun City Huntley by Del Webb; however, the community as a whole has experienced a growth rate of over 300 percent. About one third of the population is accounted for from those over the age of 65. Even with the proposed 170-bed nursing facility, the ratio of population (65+) to nursing beds is by far the highest in comparison to any alternative market area listed. Therefore, the issue is the lack of accessibility to nursing services in Huntley as well as for the thirty-minute travel time contour (primary and secondary market areas).

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

a. Appended as **ATTACHMENT-10A** is a MapPoint map identifying the location of the proposed facility, the 30-minute market contour, location of other area nursing facilities and zip code areas.

b. Appended as **ATTACHMENT-10B** is a summary list of nursing facilities identified as within the market area contour, their number of nursing beds and travel times to the proposed site.

c. Appended as **ATTACHMENT-10C** is the Long-Term Care Facility Update (September 16, 2011 – February 6, 2013) to the IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services.

d. Appended as **ATTACHMENT-10D** is census data from Censusviewer.com for the communities listed above.

ATTACHMENT-10

e. Appended as **ATTACHMENT-10E** is an overview of Sun City Huntley by Dell Webb community.

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 proposed facility, in reality, is the combination of two facilities: the first a 110 bed general long-term care with a concentration in rehabilitation; and the second, a 60 bed nursing facility dedicated to ADRD care in its three levels of the disease. The proposed project also addresses the immediate need for nursing beds in Huntley and the issue of accessibility as defined in the Inventory of Health Care Facilities and Services and Need Determinations which calculates an outstanding need for 428, 469 and 15 additional nursing care beds in Kane, McHenry and DeKalb Counties respectively for a total need of 912 beds.

Appended as **ATTACHMENT-10F** are twelve physician letters of support stating that it is their intent to provide referrals should openings be available. It should be noted that these letters provide that collectively in the most recent 12-months, 2,868 referrals have been made to area nursing facilities. Specifically, for the proposed project, these same physicians have indicated that they could make referrals of 78 patients per month for the general geriatric nursing beds and 28 monthly referrals to the specialized ADRD nursing unit. On an annual basis these referrals account for 936 and 336 referrals to the respective nursing units of the proposed Alden Estate and Courts of Huntley. These referrals numbers are high and more than the proposed facility will be able to accommodate even when consideration is given for the average length of stay within each unit. The important point is that accessibility, although not fully satisfied, will be greatly improved.

ATTACHMENT-10

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

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

This project's goal is to serve and provide general long-term care services and innovative (ADRD) long-term care services to the geriatric population of the proposed 30-minute market contour that includes Kane, McHenry and DeKalb Counties Planning Areas since there is an outstanding need for 428, 469 and 15 additional nursing care beds respectively (912 beds needed in total). This goal will be measured by Applicant's ability to continuously fill its beds and provide the proposed services.

ATTACHMENT-10

AE&CoS Map

Population: total (2007) by ZIP Code

120,000

60,000

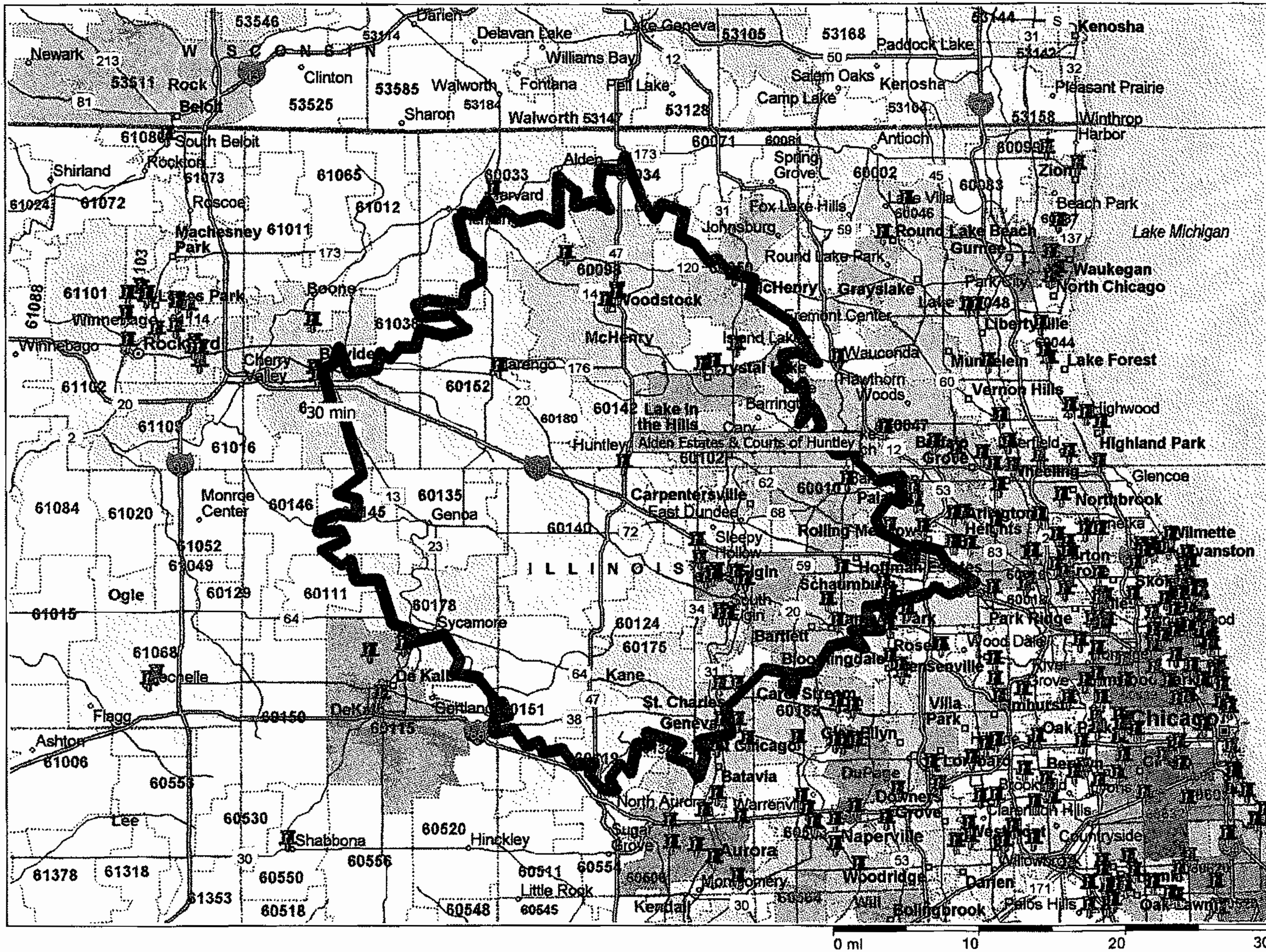
0

KEY by Street Address

- 720 to 900
- 540 to 719
- 360 to 539
- 180 to 359
- 0 to 179

Pushpins

- My pushpins



Copyright © and (P) 1988–2008 Microsoft Corporation and/or its suppliers. All rights reserved. http://www.microsoft.com/mappoint/
Certain mapping and direction data © 2008 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2008 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2008 by Applied Geographic Systems. All rights reserved.

ATTACHMENT-10A

Lont-Term Care Facilities
Travel Time and Distance
From Proposed Alden Estate/Courts of Huntley

FACID	KEY	FACNAME	ADDRESS	CITY	ZIP	Gen Beds	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
6014237	647	Rosewood Care Center of Elgin	2355 Royal Boulevard	Elgin	60123	139	16.1	10.05
6000392	42	Apostolic Christian Resthaven	2750 West Highland Avenue	Elgin	60123-0000	50	17.3	10.5
6002976	229	Fair Oaks Health Care Center	W Terra Cotta Ave & Ridge Ave	Crystal Lake	60014-0000	46	17.3	11.16
6012827	684	Sherman West Court	1950 Larkin Avenue	Elgin	60123-0000	120	19.6	11.96
6004758	471	Maplewood Care	50 North Jane Drive	Elgin	60123-0000	203	20.7	11.9
6005847	59	Asta Care Center Of Elgin	134 North Mclean Boulevard	Elgin	60123-0000	102	20.7	11.82
6000277	460	Manorcare of Elgin	180 South State Street	Elgin	60123-0000	88	20.7	12.82
6003180	246	Florence Nursing Home	546 East Grant Highway	Marengo	60152-0000	56	21.9	12.73
6009310	313	Hearthstone Manor	920 North Seminary Avenue	Woodstock	60098-0000	75	21.9	12.73
6010136	826	Woodstock Residence	309 Mchenry Avenue	Woodstock	60098-0000	115	21.9	12.55
6002299	182	Crystal Pines Rehab & HCC	335 Illinois St	Crystal Lake	60014-0000	114	21.9	12.72
6006902	344	Heritage Manor - Elgin	355 Raymond Street	Elgin	60120-0000	94	23.0	13.59
6013981	497	Memorial Medical Center	527 West South Street	Woodstock	60098-0000	40	23.0	12.58
6008718	692	South Elgin Rehab & Hlthcare Ct	746 Spring Street	South Elgin	60177-0000	90	25.3	15.47
6003263	763	Tower Hill Healthcare Center	759 Kane Street	South Elgin	60177-0000	206	25.3	15.2
6009542	773	Valley Hi Nursing Home	2406 Hartland Road	Woodstock	60098-0000	128	27.6	17.87
6001366	24	Alden-Poplar Creek Rehab &Care	1545 Barrington Road	Hoffman Estates	60194-0000	217	28.8	19.59
6011803	250	The Springs at Crystal Lake	1000 East Brighton Lane	Crystal Lake	60012-0000	97	28.8	15.46
6012975	432	Lexington Of Streamwood	815 East Irving Park Road	Streamwood	60107-3073	214	32.2	20.77
6003735	10	Alden Estates of Barrington	1420 South Barrington Road	Barrington	60010-0000	150	33.4	21.82
6008304	17	Alden Terrace Of McHenry Rehab	803 Front Royal Drive	Mchenry	60050-0000	316	34.5	18.99
6007439	599	Provena Pine View Care Center	611 Allen Lane	St. Charles	60174-0000	120	36.8	22.11
6008585	681	Sheltering Oak	27888 N Beech St	Island Lake	60042-0000	70	36.8	20.18
6014666	651	Rosewood Care Ctr St. Charles	850 Dunham Road	St. Charles	60174-0000	109	38.0	22.21
6003404	268	Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	60194-0000	250	38.0	23.39
6012553	431	Lexington Of Schaumburg	675 South Roselle Road	Schaumburg	60193-0000	214	39.1	23.85
New Permit	837	Addison Rehabilitation & Living Center	1754 Capital Street	Elgin	60124-0000	120	12.7	8.26
New Permit	841	Park Point South Elgin Healthcare	Illinois 25 & East Middle Street	South Elgin		120	27.6	17.14
New Permit	56	Assisi Healthcare Center at Clare Oaks	775 W Bartlett Rd	Bartlett	60103	120	32.2	20.85
New Permit	834	Meadowbrook Manor	37W220 Keslinger Road	Geneva	60134-0000	150	34.5	21.9
New Permit	833	Greenfields of Geneva	Lot 2 & 3 Mill Creek	Geneva	60134-0000	43	35.7	22.49
New Permit	146	Claremont-Hanover Park	2016 West Lake Street	Hanover Park	60133	150	36.8	22.28
New Permit	589	Prairieview at the Garlands	6000 GARLANDS LANE	Barrington	60010	20	39.1	18.21

Source: Microsoft MapPoint North America 2009
Inventory of Health Care Facilities and Services and Need Determinations, Volume II, Parts VI-VII, Long_Term Care Services, 2011 Edition.
Update to the Inventory of Health Care Facilities and Services and Need Determinations, thru 2.6.2013.

LONG_TERM CARE FACILITY UPDATES
9/16/2011 - 2/6/2013
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	652	13
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)

LONG_TERM CARE FACILITY UPDATES
9/16/2011 - 2/6/2013
CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 5			
Alexander/Pulaski	124	83	41
Bond	172	198	(26)
Clay	133	209	(76)
Crawford	246	220	26
Edwards/Wabash	175	139	36
Effingham	490	432	58
Fayette	255	261	(6)
Franklin	442	390	52
Gallatin/Hamilton/Saline	684	590	94
Hardin/Pope	95	113	(18)
Jackson	376	369	7
Jasper	82	57	25
Jefferson	424	346	78
Johnson/Massac	338	301	37
Lawrence	325	340	(15)
Marion	862	605	257
Perry	207	210	(3)
Randolph	580	490	90
Richland	360	309	51
Union	351	293	58
Washington	172	263	(91)
Wayne	133	169	(36)
White	354	353	1
Williamson	600	543	57
HEALTH SERVICE AREA 6			
Planning Area 6-A	5963	7194	(1231)
Planning Area 6-B	4252	4178	74
Planning Area 6-C	5209	4791	418
HEALTH SERVICE AREA 7			
Planning Area 7-A	4482	3323	1159
Planning Area 7-B	7180	6839	341
Planning Area 7-C	6867	6026	841
Planning Area 7-D	2519	2904	(385)
Planning Area 7-E	9328	9136	192
HEALTH SERVICE AREA 8			
Kane	3322	2894	428
Lake	5275	4734	541
McHenry	1501	1032	469
HEALTH SERVICE AREA 9			
Grundy	260	265	(5)
Kankakee	1290	1368	(78)
Kendall	219	185	34
Will	3479	2840	639
HEALTH SERVICE AREA 10			
Henry	452	500	(48)
Mercer	222	172	50
Rock Island	1243	1334	(91)
HEALTH SERVICE AREA 11			
Clinton	432	357	75
Madison	2048	2193	(145)
Monroe	435	250	185
St. Clair	2102	2294	(192)

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Population of Illinois: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts

Compare Versions Free Version

Compare population statistics about the State of Illinois by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Illinois - Overview	2010 Census Counts	Percentages	2000 Census Counts	Percentages	Change	2000-2010 Change Percentages

Total Population						
Total Population	12,830,632	100.00%	12,419,293	100.00%	411,339	3.31%
Population by Race						
American Indian and Alaska native alone	43,963	0.34%	31,006	0.25%	12,957	41.79%
Asian alone	586,934	4.57%	423,603	3.41%	163,331	38.56%
Black or African American alone	1,866,414	14.55%	1,876,875	15.11%	-10,461	-0.56%
Native Hawaiian and Other Pacific native alone	4,050	0.03%	4,610	0.04%	-560	-12.15%
Some other race alone	861,412	6.71%	722,712	5.82%	138,700	19.19%
Two or more races	289,982	2.26%	235,016	1.89%	54,966	23.39%
White alone	9,177,877	71.53%	9,125,471	73.48%	52,406	0.57%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	2,027,578	15.80%	1,530,262	12.32%	497,316	32.50%
Persons Not of Hispanic or Latino Origin	10,803,054	84.20%	10,889,031	87.68%	-85,977	-0.79%
Population by Gender						
Male	6,292,276	49.04%	6,080,336	48.96%	211,940	3.49%
Female	6,538,356	50.96%	6,338,957	51.04%	199,399	3.15%
Population by Age						
Persons 0 to 4 years	835,577	6.51%	876,549	7.06%	-40,972	-4.67%
Persons 5 to 17 years	2,293,602	17.88%	2,368,902	19.07%	-75,300	-3.18%
Persons 18 to 64 years	8,092,240	63.07%	7,673,817	61.79%	418,423	5.45%
Persons 65 years and over	1,609,213	12.54%	1,500,025	12.08%	109,188	7.28%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

ATTACHMENT - 10D

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Population of Kane County, Illinois: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Graphs, Quick Facts

Compare Versions Free Version

Compare population statistics about Kane County, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Kane County, Illinois - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages

Total Population						
Total Population	515,269	100.00%	404,119	100.00%	111,150	27.50%
Population by Race						
American Indian and Alaska native alone	2,887	0.56%	1,255	0.31%	1,632	130.04%
Asian alone	17,895	3.47%	7,296	1.81%	10,599	145.27%
Black or African American alone	29,422	5.71%	23,279	5.76%	6,143	26.39%
Native Hawaiian and Other Pacific native alone	193	0.04%	144	0.04%	49	34.03%
Some other race alone	66,818	12.97%	42,870	10.61%	23,948	55.86%
Two or more races	13,506	2.62%	8,935	2.21%	4,571	51.16%
White alone	384,548	74.63%	320,340	79.27%	64,208	20.04%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	158,390	30.74%	95,924	23.74%	62,466	65.12%
Persons Not of Hispanic or Latino Origin	356,879	69.26%	308,195	76.26%	48,684	15.80%
Population by Gender						
Male	256,815	49.84%	203,245	50.29%	53,570	26.36%
Female	258,454	50.16%	200,874	49.71%	57,580	28.66%
Population by Age						
Persons 0 to 4 years	39,870	7.74%	35,249	8.72%	4,621	13.11%
Persons 5 to 17 years	109,320	21.22%	87,046	21.54%	22,274	25.59%
Persons 18 to 64 years	316,389	61.40%	247,843	61.33%	68,546	27.66%
Persons 65 years and over	49,690	9.64%	33,981	8.41%	15,709	46.23%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Population of McHenry County, Illinois: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Graphs, Quick Facts

Compare Versions Free Version

Compare population statistics about McHenry County, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

McHenry County, Illinois - Overview	2010 Census	2000 Census	2000-2010 Change

	Counts	Percentages	Counts	Percentages	Change	Percentages
Total Population						
Total Population	308,760	100.00%	260,077	100.00%	48,683	18.72%
Population by Race						
American Indian and Alaska native alone	939	0.30%	445	0.17%	494	111.01%
Asian alone	7,807	2.53%	3,782	1.45%	4,025	106.43%
Black or African American alone	3,283	1.06%	1,523	0.59%	1,760	115.56%
Native Hawaiian and Other Pacific native alone	80	0.03%	55	0.02%	25	45.45%
Some other race alone	13,194	4.27%	7,211	2.77%	5,983	82.97%
Two or more races	5,200	1.68%	2,821	1.08%	2,379	84.33%
White alone	278,257	90.12%	244,240	93.91%	34,017	13.93%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	35,249	11.42%	19,602	7.54%	15,647	79.82%
Persons Not of Hispanic or Latino Origin	273,511	88.58%	240,475	92.46%	33,036	13.74%
Population by Gender						
Male	153,936	49.86%	130,474	50.17%	23,462	17.98%
Female	154,824	50.14%	129,603	49.83%	25,221	19.46%
Population by Age						
Persons 0 to 4 years	19,896	6.44%	21,110	8.12%	-1,214	-5.75%
Persons 5 to 17 years	64,279	20.82%	57,386	22.07%	6,893	12.01%
Persons 18 to 64 years	193,265	62.59%	160,668	61.78%	32,597	20.29%
Persons 65 years and over	31,320	10.14%	20,913	8.04%	10,407	49.76%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

ATTACHMENT - 10D

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Population of DeKalb County, Illinois: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Graphs, Quick Facts

Compare Versions Free Version

Compare population statistics about DeKalb County, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the populatinn in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

DeKalb County, Illinois - Overview	2010 Census Counts	2010 Census Percentages	2000 Census Counts	2000 Census Percentages	2000-2010 Change Change	2000-2010 Change Percentages

Total Population						
Total Population	105,160	100.00%	88,969	100.00%	16,191	18.20%
Population by Race						
American Indian and Alaska native alone	267	0.25%	197	0.22%	70	35.53%
Asian alone	2,438	2.32%	2,087	2.35%	351	16.82%
Black or African American alone	6,732	6.40%	4,084	4.59%	2,648	64.84%
Native Hawaiian and Other Pacific native alone	23	0.02%	58	0.07%	-35	-60.34%
Some other race alone	4,149	3.95%	2,440	2.74%	1,709	70.04%
Two or more races	2,098	2.00%	1,399	1.57%	699	49.96%
White alone	89,453	85.06%	78,704	88.46%	10,749	13.66%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	10,647	10.12%	5,830	6.55%	4,817	82.62%
Persons Not of Hispanic or Latino Origin	94,513	89.88%	83,139	93.45%	11,374	13.68%
Population by Gender						
Male	52,530	49.95%	44,086	49.55%	8,444	19.15%
Female	52,630	50.05%	44,883	50.45%	7,747	17.26%
Population by Age						
Persons 0 to 4 years	6,645	6.32%	5,551	6.24%	1,094	19.71%
Persons 5 to 17 years	16,845	16.02%	15,018	16.88%	1,827	12.17%
Persons 18 to 64 years	71,333	67.83%	59,689	67.09%	11,644	19.51%
Persons 65 years and over	10,337	9.83%	8,711	9.79%	1,626	18.67%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Elgin, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts

Compare Versions Free Version

Compare population statistics about Elgin, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Elgin, Illinois - Overview	2010 Census Counts	2010 Census Percentages	2000 Census Counts	2000 Census Percentages	2000-2010 Change	2000-2010 Change Percentages

Total Population						
Total Population	108,188	100.00%	94,487	100.00%	13,701	14.50%
Population by Race						
American Indian and Alaska native alone	1,468	1.36%	382	0.40%	1,086	284.29%
Asian alone	5,809	5.37%	3,668	3.88%	2,141	58.37%
Black or African American alone	7,982	7.38%	6,427	6.80%	1,555	24.19%
Native Hawaiian and Other Pacific native alone	37	0.03%	58	0.06%	-21	-36.21%
Some other race alone	17,661	16.32%	14,537	15.39%	3,124	21.49%
Two or more races	3,884	3.59%	2,815	2.98%	1,069	37.98%
White alone	71,347	65.95%	66,600	70.49%	4,747	7.13%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	47,121	43.55%	32,430	34.32%	14,691	45.30%
Persons Not of Hispanic or Latino Origin	61,067	56.45%	62,057	65.68%	-990	-1.60%
Population by Gender						
Male	53,888	49.81%	47,213	49.97%	6,675	14.14%
Female	54,300	50.19%	47,274	50.03%	7,026	14.86%
Population by Age						
Persons 0 to 4 years	9,492	8.77%	8,711	9.22%	781	8.97%
Persons 5 to 17 years	21,311	19.70%	18,713	19.80%	2,598	13.88%
Persons 18 to 64 years	68,041	62.89%	58,974	62.41%	9,067	15.37%
Persons 65 years and over	9,344	8.64%	8,089	8.56%	1,255	15.51%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

South Elgin, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts

Compare Versions Free Version

Compare population statistics about South Elgin, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

South Elgin, Illinois - Overview	2010 Census Counts	2010 Census Percentages	2000 Census Counts	2000 Census Percentages	2000-2010 Change Change	2000-2010 Change Percentages
Total Population						
Total Population	21,985	100.00%	16,100	100.00%	5,885	36.55%
Population by Race						
American Indian and Alaska native alone	94	0.43%	27	0.17%	67	248.15%
Asian alone	1,545	7.03%	881	5.47%	664	75.37%
Black or African American alone	740	3.37%	415	2.58%	325	78.31%
Native Hawaiian and Other Pacific native alone	7	0.03%	2	0.01%	5	250.00%
Some other race alone	1,058	4.81%	625	3.88%	433	69.28%
Two or more races	666	3.03%	300	1.86%	366	122.00%
White alone	17,875	81.31%	13,850	86.02%	4,025	29.06%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	3,402	15.47%	1,664	10.34%	1,738	104.45%
Persons Not of Hispanic or Latino Origin	18,583	84.53%	14,436	89.66%	4,147	28.73%
Population by Gender						
Male	10,867	49.43%	8,059	50.06%	2,808	34.84%
Female	11,118	50.57%	8,041	49.94%	3,077	38.27%
Population by Age						
Persons 0 to 4 years	1,672	7.61%	1,886	11.71%	-214	-11.35%
Persons 5 to 17 years	5,294	24.08%	2,802	17.40%	2,492	88.94%
Persons 18 to 64 years	13,495	61.38%	10,490	65.16%	3,005	28.65%
Persons 65 years and over	1,524	6.93%	922	5.73%	602	65.29%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

ATTACHMENT - 10D

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Crystal Lake, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts

Compare Versions Free Version

Compare population statistics about Crystal Lake, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Crystal Lake, Illinois - Overview	2010 Census Counts	2010 Census Percentages	2000 Census Counts	2000 Census Percentages	2000-2010 Change Change	2000-2010 Change Percentages
Total Population						
Total Population	40,743	100.00%	38,000	100.00%	2,743	7.22%
Population by Race						
American Indian and Alaska native alone	172	0.42%	62	0.16%	110	177.42%
Asian alone	1,023	2.51%	747	1.97%	276	36.95%
Black or African American alone	398	0.98%	212	0.56%	186	87.74%
Native Hawaiian and Other Pacific native alone	10	0.02%	8	0.02%	2	25.00%
Some other race alone	1,657	4.07%	826	2.17%	831	100.61%
Two or more races	735	1.80%	399	1.05%	336	84.21%
White alone	36,748	90.19%	35,746	94.07%	1,002	2.80%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	4,770	11.71%	2,662	7.01%	2,108	79.19%
Persons Not of Hispanic or Latino Origin	35,973	88.29%	35,338	92.99%	635	1.80%
Population by Gender						
Male	20,117	49.38%	18,785	49.43%	1,332	7.09%
Female	20,626	50.62%	19,215	50.57%	1,411	7.34%
Population by Age						
Persons 0 to 4 years	2,477	6.08%	3,094	8.14%	-617	-19.94%
Persons 5 to 17 years	8,962	22.00%	8,921	23.48%	41	0.46%
Persons 18 to 64 years	25,234	61.93%	22,575	59.41%	2,659	11.78%
Persons 65 years and over	4,070	9.99%	3,410	8.97%	660	19.35%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Woodstock, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts

Compare Versions Free Version

Compare population statistics about Woodstock, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Woodstock, Illinois - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages

Total Population						
Total Population	24,770	100.00%	20,151	100.00%	4,619	22.92%
Population by Race						
American Indian and Alaska native alone	97	0.39%	47	0.23%	50	106.38%
Asian alone	578	2.33%	406	2.01%	172	42.36%
Black or African American alone	562	2.27%	214	1.06%	348	162.62%
Native Hawaiian and Other Pacific native alone	17	0.07%	0	0%	17	0%
Some other race alone	2,313	9.34%	1,550	7.69%	763	49.23%
Two or more races	528	2.13%	306	1.52%	222	72.55%
White alone	20,675	83.47%	17,628	87.48%	3,047	17.29%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	5,852	23.63%	3,830	19.01%	2,022	52.79%
Persons Not of Hispanic or Latino Origin	18,918	76.37%	16,321	80.99%	2,597	15.91%
Population by Gender						
Male	12,434	50.20%	10,114	50.19%	2,320	22.94%
Female	12,336	49.80%	10,037	49.81%	2,299	22.91%
Population by Age						
Persons 0 to 4 years	1,862	7.52%	1,616	8.02%	246	15.22%
Persons 5 to 17 years	4,736	19.12%	4,009	19.89%	727	18.13%
Persons 18 to 64 years	15,672	63.27%	12,545	62.25%	3,127	24.93%
Persons 65 years and over	2,500	10.09%	1,981	9.83%	519	26.20%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

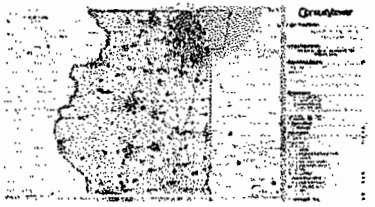
Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

ATTACHMENT - 10D

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Huntley, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about Huntley, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Huntley, Illinois - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages

Total Population						
Total Population	24,291	100.00%	5,730	100.00%	18,561	323.93%
Population by Race						
American Indian and Alaska native alone	74	0.30%	10	0.17%	64	640.00%
Asian alone	1,266	5.21%	122	2.13%	1,144	937.70%
Black or African American alone	301	1.24%	25	0.44%	276	1104.00%
Native Hawaiian and Other Pacific native alone	1	0.00%	0	0%	1	0%
Some other race alone	501	2.06%	72	1.26%	429	595.83%
Two or more races	407	1.68%	61	1.06%	346	567.21%
White alone	21,741	89.50%	5,440	94.94%	16,301	299.65%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	1,862	7.67%	245	4.28%	1,617	660.00%
Persons Not of Hispanic or Latino Origin	22,429	92.33%	5,485	95.72%	16,944	308.92%
Population by Gender						
Male	11,490	47.30%	2,799	48.85%	8,691	310.50%
Female	12,801	52.70%	2,931	51.15%	9,870	336.75%
Population by Age						
Persons 0 to 4 years	1,520	6.26%	477	8.32%	1,043	218.66%
Persons 5 to 17 years	4,172	17.18%	858	14.97%	3,314	386.25%
Persons 18 to 64 years	11,517	47.41%	3,397	59.28%	8,120	239.03%
Persons 65 years and over	7,082	29.15%	998	17.42%	6,084	609.62%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

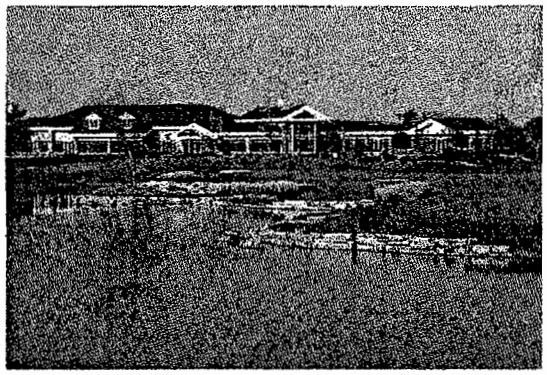
55PLACES.COM
Find the perfect 55+ active adult community

Sun City Huntley by Del Webb - Huntley, IL

Home **Illinois** **Northern Illinois** **Chicago Area** **Huntley** Sun City Huntley

Quickfacts

Builder:	Del Webb
Price Range:	Low $100s – High $500s
Home Types:	Single Family, Attached, Condos
Number of Homes:	5,489
New/Resale:	New and Resale Homes
Age Restriction:	55+
Construction Dates:	1998 – Present
Gated:	No
Rating:	3 Reviews



View Photos (1 of 30)

Overview | **Amenities** | **Models** | **Homes for Sale** | **Lifestyle** | **Map & Area** | **Reviews**

Sun City Huntley Overview

Del Webb Sun City Huntley, IL is one of the premier active adult communities in the Chicago area. With over 5,400 homes spread across 2,300 acres, Sun City Huntley is the largest and most amenity-laden 55+ community in the entire Midwest offering a lifestyle unrivaled by any community in the area.

Residents can enjoy golf, tennis and countless other activities in Del Webb Sun City Huntley's beautiful 94,000 square-foot clubhouse. There are over 80 different clubs and interest groups in the community. Del Webb Huntley offers some of the most reasonably priced homes of any active adult community in the Chicago area and residents can choose from a large assortment of condominiums, townhomes and single-family homes for sale.

Del Webb Sun City Huntley Amenities

ATTACHMENT-10E

The level of amenities in Del Webb Sun City Huntley reigns supreme to any other active adult community in the Chicago area. At the heart of Del Webb in Huntley is the Prairie Lodge. This magnificent 94,000 square-foot clubhouse boasts a bountiful lineup of amenities uniquely crafted for the needs of today's active adult buyers. In the Prairie Lodge there is a state-of-the-art fitness facility that includes weight and cardiovascular equipment and an indoor walking track. An indoor lap pool provides a great place for residents to stay fit by swimming laps or by participating in the many aquatic exercise classes offered in Del Webb's Sun City Huntley, IL. There is also a large 20 -person indoor spa and a resort-style outdoor pool at the Prairie Lodge.

Hobby and craft-minded residents will never find a shortage of activity at the Prairie Lodge. There are several multi-purpose rooms that include a card room, ceramics studio, arts and crafts studio, sewing room and computer lab. A grand ballroom with an elevated stage and dance floor plays host to many activities such as dinner parties, receptions, movies and theatrical productions.

Del Webb Huntley, IL also offers the Meadow View Lodge, which is a 20,000 square-foot facility that hosts even more amenities. Sun City Huntley's Meadow View Lodge has a large state-of-the-art fitness center with the latest high-end cardiovascular and weight training equipment. There are also several aerobics and dance studios, meeting rooms and an additional outdoor pool at the Meadow View Lodge in Sun City Huntley.

In addition to the world-class amenities in Sun City Huntley's Prairie Lodge and Meadow View Lodge, there are countless other enjoyable attractions in Sun City Huntley. Over one-third of the land in Sun City Huntley is protected open space and nature preserves. The several hundred acre Wildflower Park in the center of the community includes miles of walking and biking trails surrounding a 19-acre fishing lake. Additionally there is a softball field, bocce ball courts, volleyball courts, horseshoe pits and a tennis facility that features eight lighted courts including a stadium style court. Woodworkers will be amazed with the 4,800 square-foot Millgrove Woodworking shop that also features a model train room in the basement.

Avid golfers will fall in love with Sun City Huntley's Whisper Creek Golf Course. The course was designed by the award winning team of Hall-of-Famer Billy Casper and renowned golf course architect Greg Nash. Whisper Creek is a prairie style course that features impeccably manicured fairways and greens. Water comes into play on over half of the holes providing both scenic beauty as well as a formidable challenge for golfers of all skill levels. Residents of Del Webb Sun City Huntley enjoy discounted fees and can also sign up for annual membership programs.

Residents don't have to travel far for a great meal. Jameson's Charhouse in the Prairie Lodge serves up lunch and dinner seven days a week. Patrons can enjoy a great meal while overlooking Whisper Creek's ninth hole waterfall. For more casual dining, a sports pub and bar attached to Jameson's offers a great place to meet with friends for a drink after a round of golf or a fun place to watch your favorite sports team. For those who want a quick snack, Casper's Cafe at Whisper Creek is the perfect spot to grab a sandwich during a round of golf.

ATTACHMENT-10E

Del Webb Sun City Huntley Homes & Real Estate

Sun City Huntley, Illinois began construction in 1999 and home building continues today. Nearly all of the proposed 5,489 homes have already been built but there are a few remaining new construction opportunities. Since Del Webb began building in Sun City Huntley they have offered nearly 60 different floor plans in a variety of housing styles that include single-family homes, attached ranch townhomes and condos.

There are 34 different single-family home models in Sun City Huntley that range from 1,130 square feet all the way to over 3,000 square feet. All homes feature a minimum of two bedrooms, two baths and a two-car garage but larger models include three or more bedrooms, additional bathrooms and three car garages. Included features of the single-family homes vary from very basic features such as laminate countertops and vinyl flooring all the way to highly upgraded units that include tile or wood flooring, hard surface countertops, gourmet appliances and spa-like master bathrooms. Basements are available as options in Sun City Huntley but most homes are built on slabs. Premium homesites with views of Whisper Creek Golf Course or open space are available.

For homebuyers who want the ultimate in maintenance-free living, there are a variety of attached ranch style townhomes in Sun City Huntley. The monthly association fee for townhome residents includes full lawn care, snow removal and exterior maintenance of the unit. Several townhome products have been constructed since 1999 including clovers, villas and triplexes. In all, townhome buyers can select from 13 different floor plans that range from 1,014 to 1,599 square feet. The smallest plans include one bedroom and the larger plans include two bedrooms plus a den. All new construction townhomes in Sun City Huntley are completed and there are only resale units available.

For homebuyers who want the look and feel of a single-family home at a price that is more comparable to a townhome, the Clubhomes present a unique option. Clubhomes are detached duplexes that are attached at their foundations underground but there is no common wall above ground, so the unit is virtually a single-family home. For association fee purposes, Clubhome owners pay an association fee equivalent to a single-family home, which means that they are responsible for the exterior maintenance of the unit as well as lawn care and snow removal. However, lawn and snow services are available for residents who do not wish to do their own maintenance. There are three Clubhome floor plans that range from 1,197 to 1,551 square feet.

The Arcadia Condominium building is the ideal place for residents who prefer condo-style living with an elevator and underground parking. This four-story building is the only condo building in Sun City and includes five different floor plan options. It is located immediately adjacent to the Meadow View Lodge and outdoor pool.

Del Webb Sun City Huntley Lifestyle

ATTACHMENT-10E

Sun City Huntley offers the ultimate in active adult living. There are over 80 different clubs and interest groups that cater to nearly every imaginable interest. A full-time activities coordinator is continually updating an action packed calendar filled with new and exciting events, parties and group trips. Whether your interests include fitness activities such as aerobics, golf and tennis or more hobby related activities such as ceramics, woodworking or arts and crafts there is something for everyone at Del Webb in Huntley, IL.

Card and game enthusiasts can partake in clubs such as bridge, pinochle and scrabble. Sports enthusiasts will enjoy clubs such as a softball league, biking and fishing. The jazz band, Prairie Singers and Theatre Company are perfect for people who enjoy performing arts. The list of activities is endless at Del Webb Huntley and every month residents receive a new monthly newsletter that highlights all of the fun activities at their disposal.

Location and Area

Sun City Huntley is located approximately 45 miles from downtown Chicago, north of I-90 on Route 47. The location makes it an ideal choice for quick access to the Northwest suburbs, Woodfield Mall in Schaumburg, O'Hare Airport and is a manageable drive into downtown Chicago. Route 47 is emerging as one of the Northwest suburbs' main thoroughfares, making the area ideal for shopping, restaurants and everyday conveniences. The area around the community is already home to the Huntley Outlet Mall, Wal-Mart, a Jewel-Osco and numerous restaurants and shops. The bustling Randall Road corridor is only five miles east, where one will find the Algonquin Commons, home to 80 specialty shops and restaurants. In addition, Randall Road is home to a vast array of new retail outlets and dining opportunities.

55Places.com is in no way affiliated with the developer of Sun City Huntley. The information you submit is distributed to the Community Adviser. The information regarding Sun City Huntley has not been verified or approved by the developer. Please verify all information prior to purchasing. 55Places.com and the developer are not responsible for any errors regarding the information displayed on this website.

REALTOR®

EQUAL HOUSING OPPORTUNITY

Available States

Arizona California Colorado Delaware Florida Georgia Illinois Indiana Maryl
New Jersey New Mexico North Carolina Oregon Pennsylvania South Carolina Ten
Washington

©2007-2013 55Places.com

ATTACHMENT-10E

DR. JOHN O'CONNELL

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Huntley

Dear Ms. Schullo,

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer both the resident and his or her family.

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

I believe I would be able to refer in the future at least ten patients per month to your skilled facility and three per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please fee free to contact me.

Sincerely,

Dr. John O'Connell

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

1835 Rohlwing Road
Suite A
Rolling Meadows, IL
60008

PHONE 847 508 7514

ATTACHMENT-10F

Dr. Arun Narang
7432 Hancock Drive
Wonder Lake, IL 60097

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo,

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer both the resident and his or her family.

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

I believe I would be able to refer in the future at least six patients per month to your skilled facility and two per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Arun Narang
7432 Hancock Drive
Wonder Lake, IL 60097

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

ATTACHMENT-10F

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo,

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer both the resident and his or her family.

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

I believe I would be able to refer in the future at least five patients per month to your skilled facility and two per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

2/6/13

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

Rosa I. Molina

Dr. Raman Popli
4318-J Crystal Lake Road
McHenry, Illinois 60050
815 344 1500

ATTACHMENT-10F

Dr. Raman Popli Phone 815 344 1500
4318J Crystal Lake Road McHenry, Illinois 60050

DR. YELENA SHANCHUK
Midwest Internal Med Clinic
847-885-3500 or Fax 847-686-0070
1555 N Barrington Rd Suite 410
Build #1, Hoffman Estates,IL 60169

February 7, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

A cursory review of our files indicated that we had previously referred approximately 15 patients each month to area facilities.

I believe I would be able to refer in the future at least 5 patients per month to your skilled facility and 2 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Yelena Shanchuk

Elvia Zamora

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

ATTACHMENT-10F

Northwest Health Care Associates

1981 30 YEARS 2011

Doctors Office Building III
1555 Barrington Road
Suite 2300A
Hoffman Estates, IL 60169
(847) 843-7030

Doctors Office Building III
1555 Barrington Road
Suite 2300B
Hoffman Estates, IL 60169
(847) 843-0726

519 Dundee Avenue
East Dundee, IL 60118
(847) 428-3322

Eberle Medical Office Building
800 Biesterfield Road, Suite 705 B
Elk Grove Village, IL 60007
(847) 871-4540

Business Office
2360 Hassell Road, Suite #F
Hoffman Estates, IL 60169
(847) 843-0806

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave.
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

A cursory review of our files indicated that we had previously referred approximately 30 patients each month to area facilities.

I believe I would be able to refer in the future at least 7 patients per month to your skilled facility and 3 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Warren Pierce

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

ATTACHMENT-10F

Northwest Health Care Associates
1981 30 YEARS 2011

Doctors Office Building III
1555 Barrington Road
Suite 2300A
Hoffman Estates, IL 60169
(847) 843-7030

Doctors Office Building III
1555 Barrington Road
Suite 2300B
Hoffman Estates, IL 60169
(847) 843-0726

1141 East Main Street
Suite 105
East Dundee, IL 60118
(847) 428-3322

Eberle Medical Office Building
800 Biesterfield Road, Suite 705 B
Elk Grove Village, IL 60007
(847) 871-4540

Business Office
2360 Hassell Road, Suite #F
Hoffman Estates, IL 60169
(847) 843-0806

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

A cursory review of our files indicated that we had previously referred approximately 22 patients each month to area facilities.

I believe I would be able to refer in the future at least 6 patients per month to your skilled facility and 3 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Jemini Ignacio

Elvia Zamora

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

ATTACHMENT-10F

Northwest Health Care Associates

1981 30 YEARS 2011

Doctors Office Building III
1555 Barrington Road
Suite 2300A
Hoffman Estates, IL 60169
(847) 843-7030

Doctors Office Building III
1555 Barrington Road
Suite 2300B
Hoffman Estates, IL 60169
(847) 843-0726

1141 East Main Street
Suite 105
East Dundee, IL 60118
(847) 428-3322

Eberle Medical Office Building
800 Biesterfield Road Suite 705 B
Elk Grove Village, IL 60007
(847) 871-4540

Business Office
2360 Hassell Road, Suite #F
Hoffman Estates, IL 60169
(847) 843-0806

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

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 5 patients per month to your skilled facility and 3 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Gary Lewison

Elvia Zamora

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

ATTACHMENT-10F

Northwest Suburban Medical Group
2500 W Higgins Suite 340
Hoffman Estates, Il 60169
PH: 847-885-8480
Fax: 847-885-9201

February 1, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Estates of Huntley

Dear Ms.Schullo:

I am practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

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 4 patients per month to you skilled facility and 2 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON applications for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

Afshan Hameeduddin MD

ATTACHMENT-10F

Michelle Tabao, M.D.
Susan Zuckerman, M.D.
Gary M. Yarkony, M.D.

Physical Medicine and Rehabilitation
Board Certified

January 17, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Ave.
Chicago, IL. 60646

Re: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location and the convenience that a facility in that area would offer for both the resident and his or her family.

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 4 patients per month to your skilled facility and 0 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may of further assistance, please feel free to contact me.

Sincerely,

Michelle Tabao, M.D.

MT/vp

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

Elgin Rehabilitation Physicians
1975 Lin Lor Lane, Suite 195
Elgin, IL 60123
Phone (847) 468-1511 Fax: (847) 468-1555

ATTACHMENT-10F

Michelle Tabao, M.D.
Susan Zuckerman, M.D.
Gary M. Yarkony, M.D.

Physical Medicine and Rehabilitation
Board Certified

January 17, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Ave.
Chicago, IL. 60646

Re: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location and the convenience that a facility in that area would offer for both the resident and his or her family.

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 4 patients per month to your skilled facility and 0 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may of further assistance, please feel free to contact me.

Sincerely,

Gary M. Yarkony, M.D.

GMY/vp

Elvia Zamora

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

Elgin Rehabilitation Physicians
1975 Lin Lor Lane, Suite 195
Elgin, IL 60123
Phone (847) 468-1511 Fax: (847) 468-1555

ATTACHMENT-10F

Northwest
Pulmonary | Sleep | Wellness

360 Station Drive, Crystal Lake, IL 60014
1435 North Randall Road- Suite 410, Elgin, IL 60123
Willow Ponds: 900 West Main Street, Lake Zurich, IL 60047
1585 North Barrington Road- Suite 501, Hoffman Estates, IL 60169

877.775.3370
815.477.7350
Fax: 815.477.7351

Breathe well. Sleep well. Live well.

January 15, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

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 patients per month to your skilled facility and 5 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

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

Dr. Dennis F. Kellar, MD, FCCP, DABSM Dr. Mohammad Omari, MD, FCCP Dr. Elizabeth A. Schupp, MD, FCCP
Tess Sannar, MS, CNP Nonie Russell, MS, CNP

ATTACHMENT-10F

Dheeraj Mahajan, MD, CMD
Sapna Gujja, MD
Sagun Gautam, MD
Rajeev Panguluri, MD
Wilfredo J Romero Ubillus, MD
Gautam Malik, MD

Aparajita Mishra, MD
Annie Zambrano, PA-C
Shauna Laatz, ANP
Leah Maier, ANP
Vishal Jain, MD

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc
4200 W Peterson Avenue, Suite 140
Chicago, IL 60646

February 7, 2013

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Mr. Molitor:

This letter is to serve as confirmation of our support for the newly proposed 110 bed Skilled Nursing Facility, Alden Estates of Huntley and the 60 bed memory care facility, Alden Courts of Huntley, both located in Huntley Illinois.

Our primary care group practice, (CIMPAR, SC) consisting of nine physicians and two nurse practitioners specializes in providing post acute care services. We are affiliated with several Alden Nursing Centers and we can attest to the quality of patient centered care and the attractiveness of your facilities. Our growing practice anticipates further demand and need for skilled nursing and rehabitation services within the northwest (Huntley) area.

In the future, we estimate that our physicians will refer at least ten patients per month to your facility for skilled, post acute rehabilitation services, short term rehabilitation needs, or memory care. From our positive experience with Alden facilities, we know that our patients would definitely benefit from skilled care and post acute services that Alden offers. In addition, we believe a memory care facility in this area is much needed.

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

Sincerely,

Dheeraj Mahajan, MD, CMD
President and CEO

"OFFICIAL SEAL"
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/24/2014

1111 Superior St, Ste 104
Melrose Park, IL 60160

Phone: 708-486-2700
Fax: 708-486-2702

e-mail: info@cimpar.com
www.cimpar.com

ATTACHMENT-10F

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

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.

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.**

This project presents a situation that has become more common in areas around the State of Illinois in terms of health planning. The dichotomy is that within the Kane County Planning Area there is currently a large outstanding need for 428 nursing care beds according to the latest February 6, 2013 Illinois Department of Public Health (hereafter known as IDPH), Long-Term Care Facility Updates to Inventory of Health Care Facilities and Services and Need Determinations. However, at the same time, the State's latest available information (IDPH, Long-Term Care Questionnaire Data for 2011) shows that many facilities have utilization rates that are under the State's optimal rate of 90 percent (77 Illinois Administrative Code, Chapter II, Section 1125.210.c). It is hard to balance these two issues since the identified need for additional nursing beds is also significantly high in the neighboring McHenry County (469 beds needed), 7-A

ATTACHMENT-11

Planning Area (1,159 beds needed), Lake County (541 beds needed), DuPage County (7-C Planning Area (841 beds needed), DeKalb County (15 beds needed) and Boone County (26 beds needed). For the proposed market area, the State's identified need for additional capacity makes sense as the area's utilization rate (30-minute) is higher than that of the predefined service areas identified surrounding the proposed project. Moreover, the community of Huntley, although newer, has the elderly population of a more mature community like Elgin except for the issue that it has no immediate accessibility to nursing services either for general geriatric or specialized dementia care nursing services.

Market Area	Nursing Beds	Utilization
Illinois	100,450	77%
HSA I	5,976	77%
HSA VII	27,648	79%
HSA VIII	8,116	75%
DeKalb Co	742	82%
Kane Co.	2,383	82%
McHenry	1,032	73%
7A	3,128	82%
7C	5,795	79%
30-minute	**1,980**	**83%**

Source: LTC Fac. Questionnaire for 2011, IDPH, Health Systems Development

Therefore, the alternatives to the project as proposed are limited. The alternatives that were considered include: "Maintain the Status Quo", "Establish a Lesser Level of Care", "Establish a Larger Project" and the "Project as Proposed". It should be noted that all alternatives are limited based on the issue that there are no existing facilities to partner with in Huntley or its nearly 15-minute travel time (primary market area) from the proposed site.

	Population	Lic. Beds	65+ Pop	65+ Pop : bed
Illinois	12,830,632	101,393	1,609,213	15.9:1
Kane Co.	515,269	2,894	49,690	17.2:1
McHenry Co.	308,760	1,032	31,320	30.3:1
DeKalb Co.	105,160	742	10,337	13.9:1
Elgin	108,188	916	9,344	10.2:1
So. Elgin	21,985	416	602	1.4:1
Crystal Lake	40,743	257	660	2.6:1
Woodstock	24,770	358	2,500	7.0:1
Huntley	**24,291**	**170**	**7,082**	**41.7:1**

Source: www2.illinois.gov/census/pages/default.aspy
http://www.hfsrb.illinois.gov/pdf/LTC%20Update%20Spreadsheet%202-5-13.pdf
http://www.hfsrb.illinois.gov/pdf/LTC%20Facility%20Profiles%202011%208-29-2012.pdf

MAINTAIN THE STATUS QUO

Total Costs

There are no capital costs associated with this alternative. The true cost of this alternative is the inaccessibility to general and memory support long-term care services for the residents of

ATTACHMENT-11

the market area and those of the entire Planning Area that the proposed market area is part of. Specifically, this alternative maintains that there will be a large need for 912 nursing beds between Kane County, McHenry County and DeKalb County Planning Areas (see **ATTACHMENT-11A)** according to the Long-Term Care Facility Update, September 16, 2011 – February 6, 2013 to the IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services. Moreover, there appears to be an inverse maldistribution of services in Huntley. A typical maldistribution is that there would be too many beds in one area. Here, there are no beds in the primary market area to support the population. Coupled with the State's identified need for beds, there is inherently, a lack of nursing services within the proposed market.

Patient Access

Market	Population	Growth	Lic. Beds	Pop for 1-bed	65+ Pop	Growth	65+ Pop for 1-bed
Ilinois	12,830,632	5%	101,393	126.5	1,609,213	7.28%	15.9
Kane Co.	515,269	25%+	2,894	178.0	49,690	46.23%	17.2
McHenry Co.	308,760	15%-25%	1,032	299.2	31,320	49.76%	30.3
DeKalb Co.	105,160	5%-15%	742	141.7	10,337	18.67%	13.9
Elgin	108,188	14.50%	916	118.1	9,344	15.51%	10.2
So. Elgin	21,985	36.55%	416	52.8	602	65.29%	1.4
Crystal Lake	40,743	7.22%	257	158.5	660	19.35%	2.6
Woodstock	24,770	22.92%	358	69.2	2,500	26.20%	7.0
Huntley	**24,291**	**323.93%**	**170**	**142.9**	**7,082**	**609.62%**	**41.7**

Source: www2.illinois.gov/census/pages/default.aspy
http://www.hfsrb.illinois.gov/pdf/LTC%20Update%20Spreadsheet%202-5-13.pdf
http://www.hfsrb.illinois.gov/pdf/LTC%20Facility%20Profiles%202011%208-29-2012.pdf

Patient access is non-existent in Huntley. When the 30-minute market area contour is analyzed, there is accessibility to nursing services yet the 65+population to nursing beds is 138% of the next closest ratio of population to beds (see chart above). That ratio also presumes the inclusion of the proposed project's 170 nursing beds.

In addition to the immediate patient access of Huntley itself, the utilization rates of the 30-minute market area are higher than that of Illinois, the greater Health Service Areas (HSA's) encompassing portions of the 30-minute market

Market Area	Nursing Beds	Utilization
Illinois	100,450	77%
HSA I	5,976	77%
HSA VII	27,648	79%
HSA VIII	8,116	75%
DeKalb Co	742	82%
Kane Co.	2,383	82%
McHenry	1,032	73%
7A	3,128	82%
7C	5,795	79%
30-minute	1,980	83%

Source: LTC Fac. Questionnaire for 2011, IDPH, Health Systems Development

ATTACHMENT-11

contour, or the actual Planning Service Areas (PSA's) also of which portions are part of the project's market area. Thus, there is a specific pocket of need for additional services as can be visualized by the chart herein. It should be disclosed that there are two other pipeline projects for which permits have been granted. Both new permits are for 120 nursing beds and located 12.7 minutes and 27.6 minutes away respectively. A travel time and distance chart is appended as **ATTACHMENT-11B.**

Finally, in addition to the ratio of population per nursing bed and the area utilization rates, the 30-minute market area includes portions of Kane County, McHenry County and DeKalb County Planning Areas that cumulatively calculate a need for 912 nursing care beds over and above the approved new permit projects. Therefore, this alternative does not enhance patient accessibility and as such was not determined to be viable.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care and in physical plant environment but this alternative restricts the accessibility of those in need of long-term care for general geriatric and dementia nursing care. This alternative does not allow for greater quality of care for both the ADRD residents and the general geriatric residents as the populations will have to seek services in out-of area facilities as the use rates continue to increase.

Financial Benefits

As there is no project cost and no nursing services available within the primary market area, there can be no financial benefits as there is nothing to benefit from. In fact, there would appear to be a cost. The populations of Huntley, especially those 65 and over are at a disadvantage. This population must seek long-term care at a significant distance. As stated and

ATTACHMENT-11

documented, there are no nursing beds within Huntley or a 10 mile/16 minute radius of the proposed site. Although Huntley is a newer community as its population exploding between the 2000 and 2010 census's, it is one that has a large percent of elderly persons. The population is getting a new hospital with the approval of HFSRB Project Number 10-090. Within the community is Sun City Huntley by Del Webb and a Heritage Woods of Huntley an Illinois Department of Health Care Family Services approved Supportive Living/assisted living facility all neighbors of the proposed project. The only level of care not part of the continuum within the community is the nursing level of care. This alternative does not allow that to happen and as such was considered not viable.

ESTABLISH A LESSER LEVEL OF CARE

Total Costs

It is presumed that the cost of establishing an independent living and/or assisted living/supportive living facilities could be less in-terms of dollars per square foot as compared to establishing a nursing care facility due to the level of regulation and code requirements. However, typically in long-term care components that are more housing based models such as independent living and assisted/supporting living and sheltered care, there is a greater need and that demand is less for as the specificity or acuity of the service increases toward nursing care. As such, there are the 5,400 age restricted homes in Sun City Huntley by Del Webb, there will be the Applicant's 91 low-income independent living units and there is a 72 unit assisted living facility (Heritage Woods of Huntley) all in the immediate location of the proposed project. To build more beds/units for a level of care less than nursing would add to the issue that the continuum of care is not complete at a point in a person's life when they are most frail and their medical needs outweigh their programmatic needs.

ATTACHMENT-11

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

Patient Access

The Applicant explored the alternative of only constructing and establishing services for assisted living/supportive living and/or independent living levels of service. Alden is proposing to build a 91-unit affordable independent living community for seniors age 62 and older on a site adjacent to the 170-bed skilled nursing site. Establishing a lesser level of care is already part of this project, hence making the skilled nursing and memory care services part of a campus setting. The affordable independent living community will utilize a number of specialized housing finance programs, among them low income housing tax credits allocated by the Illinois Housing Development Authority (IHDA). The Huntley site has received preliminary approval from IHDA for low income housing tax credits.

The only way that the Applicant would consider the alternative of a lesser level of care would be under the context of a continuum of care retirement community (CCRC non-variance CON) which is the trend of future growth in the long-term care industry. A CCRC campus environment includes the lesser levels of care such as independent, assisted/supportive living or even sheltered care. However, the cornerstone of a CCRC is the nursing unit. This type of comprehensive environment allows residents to age-in-place so when they become most frail and vulnerable they do not have to leave their "home", i.e., the CCRC campus, for nursing services. Typically, the industry has found that the Applicant would need a five to one ratio of campus beds to nursing beds, thus, to also try to address the need for 170 potential elderly residents, the Applicant would also have to build 850 independent and assisted/supportive living (or sheltered care units). The CCRC variances through the State's own rules are contrary to open accessibility for general geriatric residents.

ATTACHMENT-11

Although, it is the intent of the Applicant to allow residents to age-in-place, any potential plan for a campus would not be available in time to satisfy the 2018 demand in a single campus setting. In further support of why there is a need for nursing care beds, the Applicant has provided a market study to supplement and provide further credibilitiy to the need calculation of the State. This study is appended as **ATTACHMENT-11C** and illustrates that the over-65 population is expected to continue to increase at a high rate from Year 2013 through 2018. It is important to also notice that the thirty (30) minute travel time contour fully resembles that of the State in terms of total growth and elderly growth. Both approaches are consistent and show high continued population increases.

It is also the intent of the Applicant to build and care for the general geriatric rehabilitative and the more specialized memory care residents of the Planning Area which is not the same as the thirty (30) minute market contour. The cause of this is based on the State's rules, i.e., 77 Illinois Administrative Code, Chapter II, Section 1125.580a)1) of Subchapter a, which states that the Applicant must also address beds and services under a "30 minute travel time" from the proposed site. This forces the Applicant to draw a service area contour that overlaps planning areas in this particular case. Since the need appears to be so overwhelming for Kane, McHenry and DeKalb Counties, the Applicant rejects the alternative to only establish assisted living/supportive living or sheltered care without first establishing the nursing unit and providing for the a portion of the identified need in the Planning Areas. This alternative cannot be considered since the Applicant also intend on providing services to the medically indigent. The Assisted Living and the sheltered care programs only accommodate private pay and the State's Supportive Living Facility program through the Illinois Department of Healthcare and Family Services is not accepting new applications. Therefore, this alternative would not allow for the

ATTACHMENT-11

Applicant to accommodate the Public Aid population.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states that it is committed to provide the highest quality in care and in physical plant environment whether in the project as being proposed (establishment) or in this alternative for establishment of a lesser level of care.

Financial Benefits

As the lesser levels of care are in-place or in the "pipeline" activity and that all of these lesser level services are in the immediate area of the proposed project, there does not appear to be any financial benefit to saturate the market further with additional capacity until it becomes more mature. The issue presented throughout this Certificate of Need is one of accessibility to nursing services. For this established senior population, there are not nursing care services without leaving the community and market area of 10-mile radius or 16-minute travel time contour. Even then, those collective facilities have an effective utilization nearing 90% (88% for patient listed in 2011 IDPH Annual Facility Profile) although their collective licensed bed capacity is at 83%. It should be noted that even the licensed capacity is higher than that of the State's utilization; the HSA's (I, VII and VIII) utilizations, and Planning Area's (DeKalb County, Kane County and McHenry County) utilization rates. As this alternative does not address the issue of accessibility to nursing care services, this alternative was considered not viable.

Market Area	Nursing Beds	Utilization
Illinois	100,450	77%
HSA I	5,976	77%
HSA VII	27,648	79%
HSA VIII	8,116	75%
DeKalb Co	742	82%
Kane Co.	2,383	82%
McHenry	1,032	73%
7A	3,128	82%
7C	5,795	79%
30-minute	**1,980**	**83%**

Source: LTC Fac. Questionnaire for 2011, IDPH, Health Systems Development

ATTACHMENT-11

ESTABLISH A LARGER PROJECT

Total Costs

The need in the three county Planning Areas of which the proposed project's 30-minute market contour envelopes collectively has a need for 912 nursing care beds. This number is too voluminous for an Applicant to even consider and there would be no consistent features such as land, construction type, staffing, administration, etc... Furthermore, a facility of this size or even one the size of the bed need in the Kane County Planning Area alone (428 nursing beds) would appear to create a maldistribution of services in Huntley and it would be in excess of the 250 bed capacity criterion (77 Illinois Administrative Code, Chapter II, Section 1125.600). As the proposed project has a construction and contingency cost per square feet of $229.23 and a total of 648 gsf/bed a project of 250 beds would cost $37.1 million as compared to the proposed cost of $25.2 million. Therefore, tt appears safe to estimate total costs for this alternative to far outweigh those being proposed.

Patient Access

Patient accessibility could actually be hurt in placing all nursing beds needed in the Kane, McHenry and Dekalb Counties Planning Areas in one location for an area that spans over 50 miles North to South and nearly 40 miles East to West. Therefore, to locate such a large number of beds in one location, although central throughout the area, could cause accessibility issues in the various other communities such as the accessibility issue present in Huntley.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states that it is committed to providing the highest quality in care and in physical plant environment

ATTACHMENT-11

regardless of bed capacity or size; that being said, there are quality concerns when a project becomes too big or too small.

Financial Benefits

Although the project does not appear to satisfy the entire demand for nursing services in the planning areas or more importantly the calculated demand derived from Huntley itself, the proposed project is right sized. The Applicant's intent with the size of the project was to effectively create no impact on the area's existing facilities. Therefore, to proceed with this alternative and thereby potentially impacting the utilization of other area facilities, could cause negative financial benefits for all. Thus, this alternative was considered not viable.

THE PROJECT AS PROPOSED

Total Costs

The proposed project cost is $31,845,328, to include land, start-up cost and operating deficits, the project cost is $35,431,234.

Patient Access

The proposed project improves accessibility in a responsible fashion. The project establishes a service in a substantially sized community with a large number of seniors. However, the project does not intend to placate the entire bed need nor improve the ratio of population to each nursing bed to a number more in line with that of the State's. The beds needed are derived from a ten year projection and for each entire county. As the proposed project's market contour takes in three Planning Service Areas, the 170 beds proposed are appropriate to ensure access without harming accessibility to other area facilities. Moreover, the 170 nursing beds are not solely serving a general geriatric or rehabilitative resident. It is important to remember that 60 of the total nursing beds will be located in a connected but

separate and distinct building specifically designed for residents suffering with Alzheimer's disease and related dementia (ADRD).

Alden Courts of Huntley, the memory support building, will be a one story structure with three distinct neighborhoods to care for the early, mid and late stages of memory support. A narrative of the Applicant's Dementia Memory Care Program is appended as **ATTACHMENT-11D**. The nursing category of service allows the Applicant the ability to care for residents should their funds become exhausted or if they have limited financial resources. Traditionally, specialized care is private pay and there is no specific reimbursement for ADRD nursing care. However, as a nursing care facility dually certified for Medicare and Medicaid, this specific population will have access to rehabilitative care should their medical situation require it. Medicaid will cover the cost of general nursing care so that the resident would not have to be discharged.

In addition to the ability to care for a wider range of Alzheimer's residents, there appears to be a need for this innovative service. According to the Alzheimer's Association, in 2010 there were 210,000 people over 65+ suffering with ADRD in Illinois (refer to **ATTACHMENT-11E**). According to the 2010 Census, Illinois has 1,609,213 people in that age cohort (refer to **ATTACHMENT-11F**). That implies that 13% of those 65 and over are afflicted with Alzheimer's disease. In addition, according to the statewide IDPH profile from the Annual Questionnaire Data (appended as **ATTACHMENT-**

Service Area	65+ Pop	Alz. Assoc. Incidence	Alz. Need	Illinois % in LTC	LTC Alz. Need
Illinois	1,609,213	13%	209,198	12%	25,103
Kane Co.	49,690	13%	6,460	12%	775.16
McHenry Co.	31,320	13%	4,072	12%	488.59
DeKalb Co.	10,337	13%	1,344	12%	161.26
Huntley	**7,082**	**13%**	**921**	**12%**	**110.48**

http://www.hfsrb.illinois.gov/pdf/LTC%20State%20Summary%202011%208-29-2012.pdf

http://www.alz.org/alzheimers_disease_facts_and_figures.asp

ATTACHMENT-11

11G), 12% of those in nursing beds have ADRD. Therefore, Huntley itself can support 110 ADRD beds. In further documenting the need for the both the general geriatric nursing services and the specialized ADRD nursing services, the Applicant has commissioned a market need assessment. This market study, appended as **ATTACHMENT-11C** illustrates a need for both nursing care services.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states that it is committed to provide the highest quality in care and in physical plant environment regardless of bed capacity or size. Moreover, the Applicant only has the highest appreciation for the other nursing providers in the area. Especially as the existing nursing homes have been operating the existing more traditional model homes at an occupancy rate considerably higher than that of the average home in the State, i.e., 83% for the 30-minute market contour as compared to 77% for the State. Therefore, quality is not of issue or of great concern.

Financial Benefits

Through the Applicant's ability address the accessibility issue of the three area planning Areas and that derived from the primary market area of Huntley, this Applicant will have the ability not only to benefit financially from the operations but the residents of Huntley will benefit also. As these elderly residents continue to age, they will not have to leave the community for nursing services. There is a resultant financial benefit of less travel for loved ones, friends and family members and for the community who will be able to keep their residents and their economic impact. There are many intangible financial benefits but there are also the one that result in jobs and the additional tax base income for the community. Due to this alternative's ability to address the issue of accessibility, its ability to offer a service in a quality manner that

indicative of the Alden's related facilities and it allows for multiple financial benefits; therefore, this alternative was considered the most viable.

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

The alternative of the "Project as Proposed" is based on the identified bed need (912 in tri-county planning area) and the need for specific ADRD beds within the Applicant's 30-minute market contour. Therefore, this alternative is not based solely or in part on improved quality of care. Moreover, there are no nursing beds in Huntley, a community with over 24,000 residents. The State has one nursing bed for every 126.5 persons or one nursing beds for every 15.0 seniors (65+). This would appear to suggest that Huntley alone could support 276 nursing beds of the 912 beds the State has identified as needed in addition to the existing inventory. Therefore, this item would appear to be not germane.

ATTACHMENT-11

LONG_TERM CARE FACILITY UPDATES
9/16/2011 - 2/6/2013
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	652	13
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)

LONG_TERM CARE FACILITY UPDATES
9/16/2011 - 2/6/2013
CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 5			
Alexander/Pulaski	124	83	41
Bond	172	198	(26)
Clay	133	209	(76)
Crawford	246	220	26
Edwards/Wabash	175	139	36
Effingham	490	432	58
Fayette	255	261	(6)
Franklin	442	390	52
Gallatin/Hamilton/Saline	684	590	94
Hardin/Pope	95	113	(18)
Jackson	376	369	7
Jasper	82	57	25
Jefferson	424	346	78
Johnson/Massac	338	301	37
Lawrence	325	340	(15)
Marion	862	605	257
Perry	207	210	(3)
Randolph	580	490	90
Richland	360	309	51
Union	351	293	58
Washington	172	263	(91)
Wayne	133	169	(36)
White	354	353	1
Williamson	600	543	57
HEALTH SERVICE AREA 6			
Planning Area 6-A	5963	7194	(1231)
Planning Area 6-B	4252	4178	74
Planning Area 6-C	5209	4791	418
HEALTH SERVICE AREA 7			
Planning Area 7-A	4482	3323	1159
Planning Area 7-B	7180	6839	341
Planning Area 7-C	6867	6026	841
Planning Area 7-D	2519	2904	(385)
Planning Area 7-E	9328	9136	192
HEALTH SERVICE AREA 8			
Kane	3322	2894	428
Lake	5275	4734	541
McHenry	1501	1032	469
HEALTH SERVICE AREA 9			
Grundy	260	265	(5)
Kankakee	1290	1368	(78)
Kendall	219	185	34
Will	3479	2840	639
HEALTH SERVICE AREA 10			
Henry	452	500	(48)
Mercer	222	172	50
Rock Island	1243	1334	(91)
HEALTH SERVICE AREA 11			
Clinton	432	357	75
Madison	2048	2193	(145)
Monroe	435	250	185
St. Clair	2102	2294	(192)

Lont-Term Care Facilities
Travel Time and Distance
From Proposed Alden Estate/Courts of Huntley

FACID	KEY	FACNAME	ADDRESS	CITY	ZIP	Gen Beds	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
6014237	647	Rosewood Care Center of Elgin	2355 Royal Boulevard	Elgin	60123	139	16.1	10.05
6000392	42	Apostolic Christian Resthaven	2750 West Highland Avenue	Elgin	60123-0000	50	17.3	10.5
6002976	229	Fair Oaks Health Care Center	W Terra Cotta Ave & Ridge Ave	Crystal Lake	60014-0000	46	17.3	11.16
6012827	684	Sherman West Court	1950 Larkin Avenue	Elgin	60123-0000	120	19.6	11.96
6004758	471	Maplewood Care	50 North Jane Drive	Elgin	60123-0000	203	20.7	11.9
6005847	59	Asta Care Center Of Elgin	134 North Mclean Boulevard	Elgin	60123-0000	102	20.7	11.82
6000277	460	Manorcare of Elgin	180 South State Street	Elgin	60123-0000	88	20.7	12.82
6003180	246	Florence Nursing Home	546 East Grant Highway	Marengo	60152-0000	56	21.9	12.73
6009310	313	Hearthstone Manor	920 North Seminary Avenue	Woodstock	60098-0000	75	21.9	12.73
6010136	826	Woodstock Residence	309 Mchenry Avenue	Woodstock	60098-0000	115	21.9	12.55
6002299	182	Crystal Pines Rehab & HCC	335 Illinois St	Crystal Lake	60014-0000	114	21.9	12.72
6006902	344	Heritage Manor - Elgin	355 Raymond Street	Elgin	60120-0000	94	23.0	13.59
6013981	497	Memorial Medical Center	527 West South Street	Woodstock	60098-0000	40	23.0	12.58
6008718	692	South Elgin Rehab & Hlthcare Ct	746 Spring Street	South Elgin	60177-0000	90	25.3	15.47
6003263	763	Tower Hill Healthcare Center	759 Kane Street	South Elgin	60177-0000	206	25.3	15.2
6009542	773	Valley Hi Nursing Home	2406 Hartland Road	Woodstock	60098-0000	128	27.6	17.87
6001366	24	Alden-Poplar Creek Rehab &Care	1545 Barrington Road	Hoffman Estates	60194-0000	217	28.8	19.59
6011803	250	The Springs at Crystal Lake	1000 East Brighton Lane	Crystal Lake	60012-0000	97	28.8	15.46
6012975	432	Lexington Of Streamwood	815 East Irving Park Road	Streamwood	60107-3073	214	32.2	20.77
6003735	10	Alden Estates of Barrington	1420 South Barrington Road	Barrington	60010-0000	150	33.4	21.82
6008304	17	Alden Terrace Of McHenry Rehab	803 Front Royal Drive	Mchenry	60050-0000	316	34.5	18.99
6007439	599	Provena Pine View Care Center	611 Allen Lane	St. Charles	60174-0000	120	36.8	22.11
6008585	681	Sheltering Oak	27888 N Beech St	Island Lake	60042-0000	70	36.8	20.18
6014666	651	Rosewood Care Ctr St. Charles	850 Dunham Road	St. Charles	60174-0000	109	38.0	22.21
6003404	268	Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	60194-0000	250	38.0	23.39
6012553	431	Lexington Of Schaumburg	675 South Roselle Road	Schaumburg	60193-0000	214	39.1	23.85
New Permit	837	Addison Rehabilitation & Living Center	1754 Capital Street	Elgin	60124-0000	120	12.7	8.26
New Permit	841	Park Point South Elgin Healthcare	Illinois 25 & East Middle Street	South Elgin		120	27.6	17.14
New Permit	56	Assisi Healthcare Center at Clare Oaks	775 W Bartlett Rd	Bartlett	60103	120	32.2	20.85
New Permit	834	Meadowbrook Manor	37W220 Keslinger Road	Geneva	60134-0000	150	34.5	21.9
New Permit	833	Greenfields of Geneva	Lot 2 & 3 Mill Creek	Geneva	60134-0000	43	35.7	22.49
New Permit	146	Claremont-Hanover Park	2016 West Lake Street	Hanover Park	60133	150	36.8	22.28
New Permit	589	Prairieview at the Garlands	6000 GARLANDS LANE	Barrington	60010	20	39.1	18.21

Source: Microsoft MapPoint North America 2009
Inventory of Health Care Facilities and Services and Need Determinations, Volume II, Parts VI-VII, Long_Term Care Services, 2011 Edition.
Update to the Inventory of Health Care Facilities and Services and Need Determinations, thru 2.6.2013.

Cooper
Valuation Group™

Appraisals

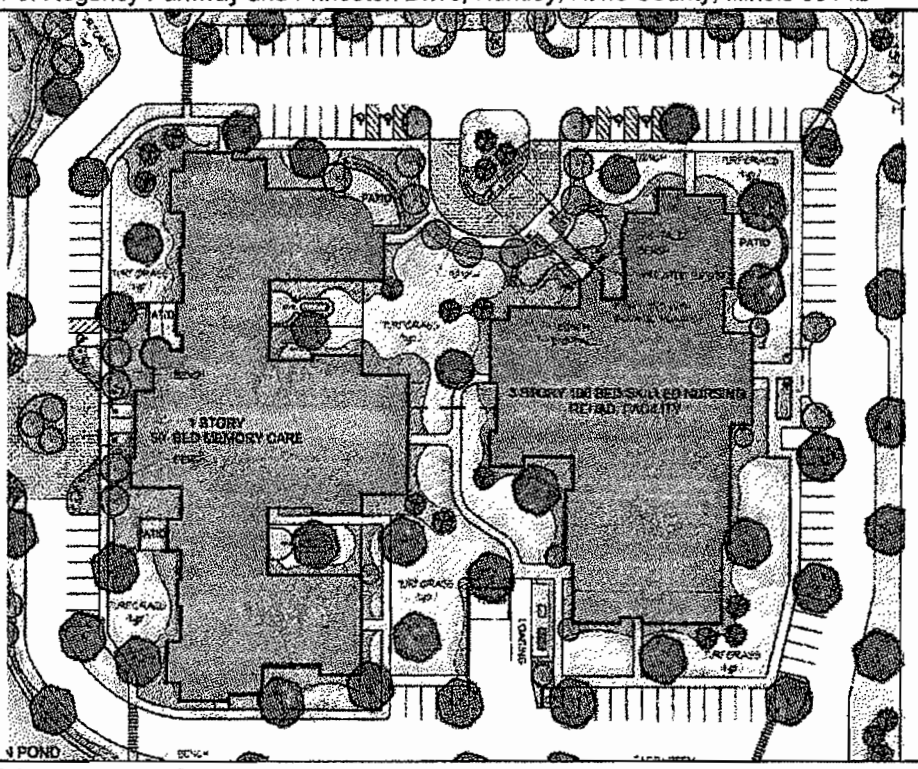
Market Studies

Specializing in Healthcare & Senior Housing

Cooper Valuation Group, 5 South Monroe, Hinsdale, Illinois 60521
Phone 630-734-3215 www.CooperValuationGroup.com

REAL PROPERTY CONSULTING REPORT

Property:
Two Proposed Skilled Nursing Facilities:
110-Bed "Standard" Long-Term Care (Alden Estates of Huntley) and
60-Bed Skilled Memory Care (Alden Courts of Huntley)
Northwest Corner of Regency Parkway and Princeton Drive, Huntley, Kane County, Illinois 60142

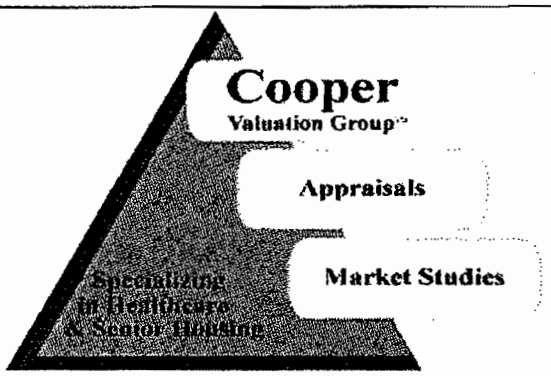


Date of Report: February 18, 2013

Prepared For:
Randi Schlossberg-Schullo
President
Alden Realty Services, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C



Cooper Valuation Group, 5 South Monroe, Hinsdale, IL 60521
Phone 630-734-3215 www.CooperValuationGroup.com

February 18, 2013

Randi Schlossberg-Schullo
President
Alden Realty Services, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

Assignment: **Real Property Consulting Report - Two Proposed Skilled Nursing Facilities:** 110-Bed "Standard" Long-Term Care (Alden Estates of Huntley) and 60-Bed Skilled Memory Care (Alden Courts of Huntley), Northwest Corner of Regency Parkway and Princeton Drive, Huntley, Kane County, Illinois 60142.

In accordance with your authorization, we present this Real Property Consulting Report. Per the Code of Professional Ethics of the Appraisal Institute ("CPE"), Real Property Consulting is defined as: "The act or process of developing and reporting an analysis, recommendation, or opinion concerning real property, where an opinion of value is not a component of the analysis, recommendation, or opinion." This report was completed in accordance with our best understanding of current FIRREA and CPE regulations.

Thank you for the opportunity to be of service. Should you have any questions or desire further information, please contact us at any time.

Respectfully,

Cooper Valuation Group

Michael L. Cooper, MAI
President, Cooper Valuation Group
Illinois Certified General Real Estate Appraiser, No. 553.001488, exp 9/30/13

CVG Internal Job# 1128

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

Assumptions and Limiting Conditions

This report is subject to the following conditions and to other specific and limiting conditions as described in the report.

1. We assume no responsibility for matters legal in nature affecting the property or its title, nor do we render any opinion as to the title, which is assumed to be good and marketable. All existing liens and encumbrances, if any, have been disregarded, and the property is treated as though free and clear and held under responsible ownership and competent management.

2. Information, estimates and opinions furnished to us and contained in the report were obtained from sources considered to be reliable and are believed to be true and correct. However, we assume no responsibility for their accuracy.

3. Although parcel dimensions were taken from a source considered reliable, this should not be construed as a land survey. The exact land size and legal description should be verified by a licensed engineer or land surveyor.

4. Sketches presented in the report may show approximate dimensions and are included to assist the reader in visualizing the property. We assume no responsibility for their accuracy, and we have made no survey of the property.

5. It is assumed that the utilization of the land and improvements is within the boundaries or property lines of the property and that there is no encroachment or trespass unless noted in the report.

6. This report is prepared for the sole and exclusive use of the client. No third parties are authorized to rely upon this report without express written consent.

7. It is assumed that all applicable zoning and use regulations and restrictions have been complied with unless a nonconformity was stated, defined and considered in the report.

8. It is assumed that all required licenses, certificates of occupancy, consents or other legislative or administrative authority from any local, state or national government or private entity or organization have been or can be obtained or renewed for any use on which this report is based.

9. Full compliance with all applicable federal, state and local environmental regulations and laws is assumed unless noncompliance is stated, defined and considered in the report.

10. In this assignment, the existence of potentially hazardous material, gases, toxic waste and mold, which may or may not be present on the property, was not observed; nor do we have any knowledge of the existence of such materials on or in the property. To the best of our knowledge, the presence of potentially hazardous waste, materials or gases has not been detected, or if they have been detected, it has been determined that the amount or level is considered to be safe according to standards established by the Environmental Protection Agency. However, we are not qualified to detect such substances and do not make any guarantees or warranties that the property has been tested for the presence of potentially hazardous waste material or gases or, if tested, that the tests were conducted pursuant to EPA-approved procedures. The existence of any potentially hazardous waste, gases, or mold may have an effect of the property. We urge the client to retain an expert in this field if desired. We are not property or environmental inspectors and do not guarantee that the property is free of defects of environmental issues.

11. It is assumed that the property will have an adequate supply of energy in the future.

12. The Americans with Disabilities Act (ADA) became effective January 26, 1992. We have not made a specific compliance survey and analysis of this property to determine whether or not it is in conformity with the various detailed requirements of the ADA. It is possible that a compliance survey of the property together with a detailed analysis of the requirements of the ADA could reveal that the property is not in compliance with one or more of the requirements of the act. If so, this fact could have a negative impact on the property. Since we have no direct evidence relating to this issue, possible noncompliance with the requirements of the ADA was not considered.

13. We assume there are no hidden or unapparent conditions of the property, subsoil or structures and we assume no responsibility for such conditions or for engineering that might be required to discover such factors.

14. No requirement shall be made of us to give testimony or appear in court by reason of this report of the property in question, unless arrangements have been made previously. If any courtroom or administrative testimony is required in connection with this report, an additional fee shall be charged for those services.

15. Possession of this report, or copy hereof, does not carry with it the right of publication nor may it be used for any purposes whatsoever by any but the client without the previous written consent of us or the client.

16. Neither all nor any part of the contents of this study shall be disseminated to the public through advertising media or public means of communication without prior written consent and approval.

17. Our inspection of the subject should in no way be construed as an engineering inspection for its structural soundness, its physical condition or for the condition of the mechanical systems; we recommend that interested parties obtain an engineering inspection by a competent engineer.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

TABLE OF CONTENTS

Introduction 5
Identification Of The Subject Property and Services 6
Market Analysis 33
Private Pay Rates - "Standard" SNF & ADRD 36
Supply 38
Demand - "Standard" SNF 41
Demand - ADRD SNF 43

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

INTRODUCTION

Client/Intended User(s)

The client identified on the certification page and the State of Illinois are the intended users of this report. This report is not intended to be (a) used by others and/or (b) used for other purposes.

Intended Use & Purpose of the Opinions and Conclusions

This report will likely be used by our client and the State of Illinois in determining need for additional nursing care beds in the market. This report is not intended to be (a) used by others and/or (b) used for other purposes.

Effective Date of Opinions and Conclusions

February 18, 2013 (date of report).

Scope of Work

This report was completed in accordance with our best understanding of current FIRREA and CPE regulations. Per our discussions with our client, the following is the scope of work:

- We reviewed the preliminary site plans for the subject.
- Patrick T. Riley (Illinois Certified Associate RE Trainee Appraiser No. 557.005669, exp. 9/30/13) visited the property on January 30, 2013 and assisted in the description of the neighborhood, Claritas data analysis, and competitive survey but was not involved in the demand analysis.
- Elisheva Beller assisted in the Claritas data analysis, competitive survey, and demand analysis.
- We analyzed demographic info provided by Claritas, Inc.
- We researched the Primary Market Area as defined by our client for competing facilities – both existing and proposed.
- We present demand indicators.

The scope of work completed provides credible assignment results. We possess the knowledge and experience to complete the assignment as we have completed many assignments on a variety of senior care properties in several states.

Abbreviations

CCRC = Continuing Care Retirement Community; NF = Nursing Facility; SNF = Skilled Nursing Facility; ICF = Intermediate Care Facility; DD = Developmental Disability; MI = Mentally Ill; SLF = Supportive Living Facility; ALF = Assisted Living Facility; ILF = Independent Living Facility; SCF = Sheltered Care Facility; ADLs = Activities of Daily Living; PRD = Per Occupied Resident Day; ADRD = Alzheimer's Disease and Related Dementias.

Alzheimer's Disease and Related Dementias - Defined

Source: **www.alz.org**.

Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. Memory loss is an example. Alzheimer's is the most common type of dementia. Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Alzheimer's disease accounts for 60 to 80 percent of cases. Vascular dementia, which occurs after a stroke, is the second most common dementia type. But there are many other conditions that can cause symptoms of dementia, including some that are reversible, such as thyroid problems and vitamin deficiencies.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

IDENTIFICATION OF THE PROPOSED SUBJECT PROPERTY AND SERVICES

Our client is proposing to build two Skilled Nursing Facilities (SNFs) at the northwest corner of Regency Parkway and Princeton Drive in Huntley which is in Kane County, Illinois. The following is their project narrative and selected exhibits:

Alden of Huntley Senior Campus
Alden Estates of Huntley
Alden Courts of Huntley
Huntley Horizon Senior Living Community

Alden of Huntley will be a small senior campus comprised of a 110-bed, state-of-the-art rehabilitation and long-term care facility (Alden Estates of Huntley) and a 60 bed skilled memory care facility (Alden Courts of Huntley). Both buildings will be located on a 6.92-acre vacant site on the northwest corner of Regency Parkway and Princeton Drive in Huntley in Kane County, Illinois.

Alden Estates of Huntley will be a three-story brick masonry building and will offer ancillary services and common area amenities on the first floor and resident rooms on the second and third floors. The building is designed to meet the desires of today's seniors, with both one-bed, private rooms with showers and deluxe two-bed rooms. Alden Estates will offer sub-acute services, including pulmonary and ventilator care, and orthopedic rehabilitation services. Keeping with the Alden network's signature, Alden Estates will provide tasteful and thoughtfully designed amenities, including a "Main Street commons" that will offer an old fashioned ice cream parlor, a beauty salon and barber shop, a gift shop, a non-denominational chapel, a private dining room for residents and their guests and a club room. Outpatient therapy is also being contemplated in this facility to meet the needs of seniors in the Huntley area, as well as Alden Estates residents who are discharged from the facility but still need additional therapy.

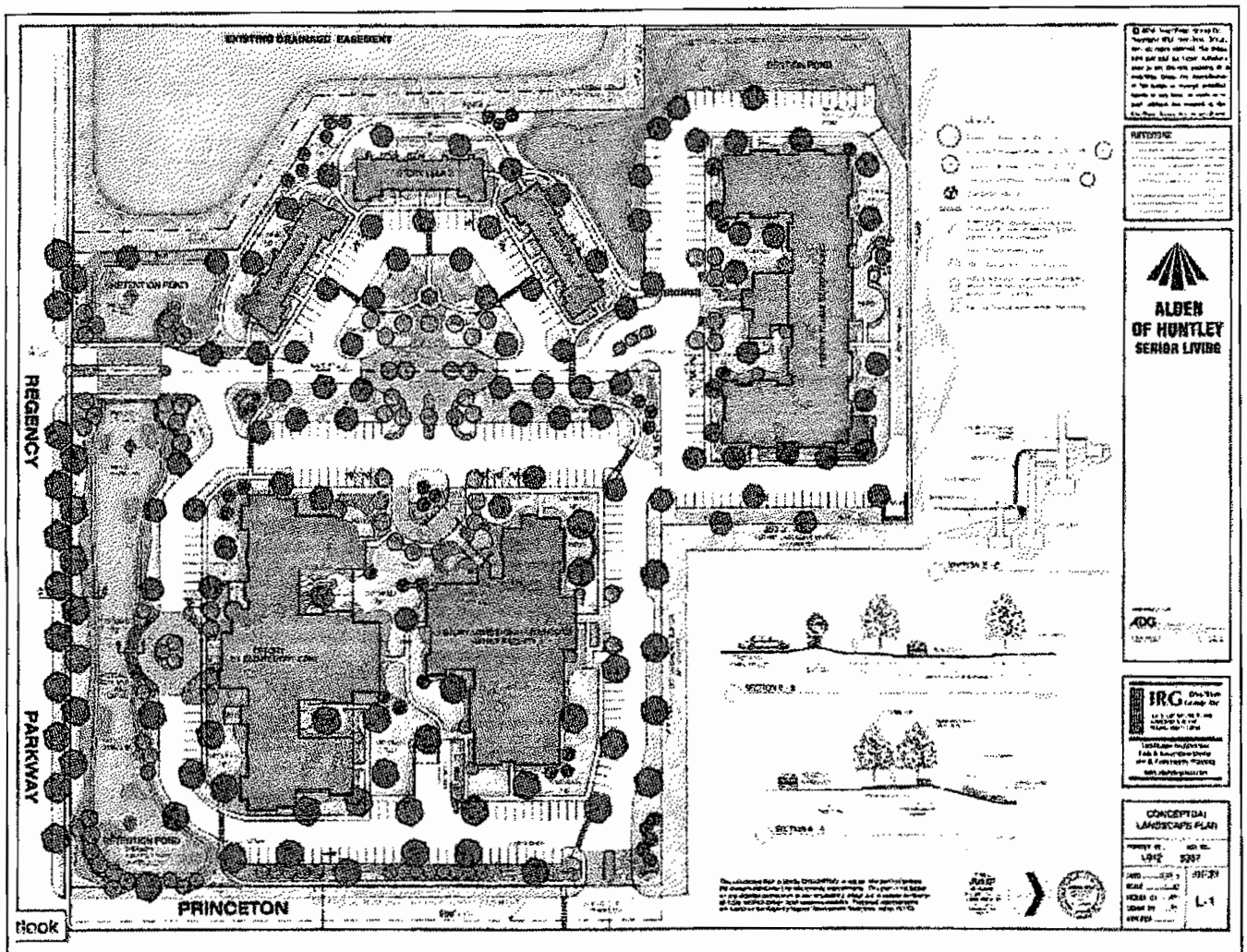
Alden Courts of Huntley will provide memory care suites. The proposed facility will be a single story, brick masonry building designed with wings that specialize in different stages of dementia. While the building will have its own common area amenities, separate from Alden Estates, it will share the skilled nursing facility's kitchen and laundry facility. Meals will be transported from Alden Estates kitchen to Alden Courts via a connecting link.

Additional plans for the campus also include Huntley Horizon Senior Living Community, an affordable independent living development for seniors, age 62 and older. Huntley Horizon will be located on an adjacent 5.62-acre site.

The subject SNFs will reportedly have modern unit mixes of 1-bed units and 2-bed units, rehab areas, then ample common areas including lounges, salon, gift shop, activity rooms, large kitchen, etc. Overall, the proposed layouts and designs will reportedly be superior to the competitors in the market.

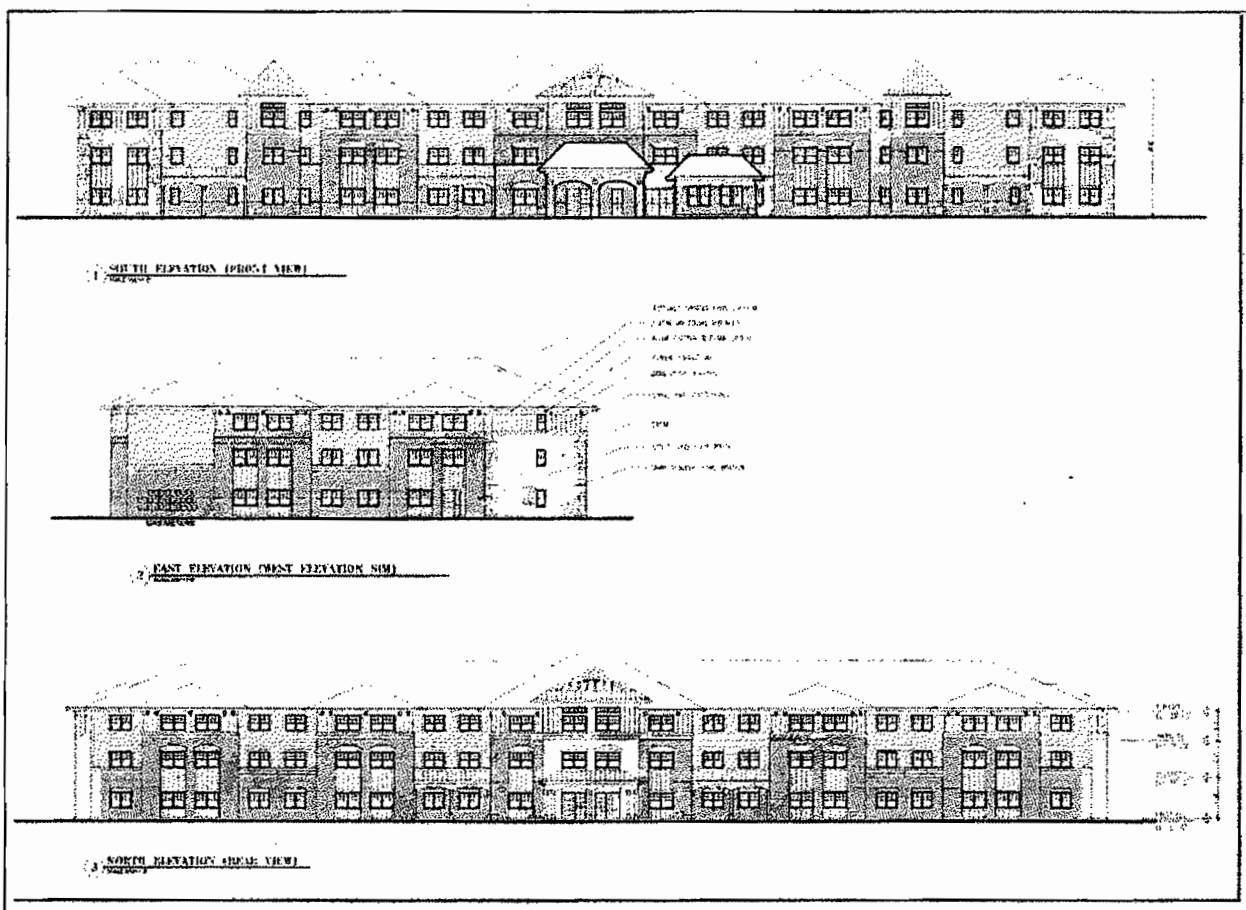
© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C



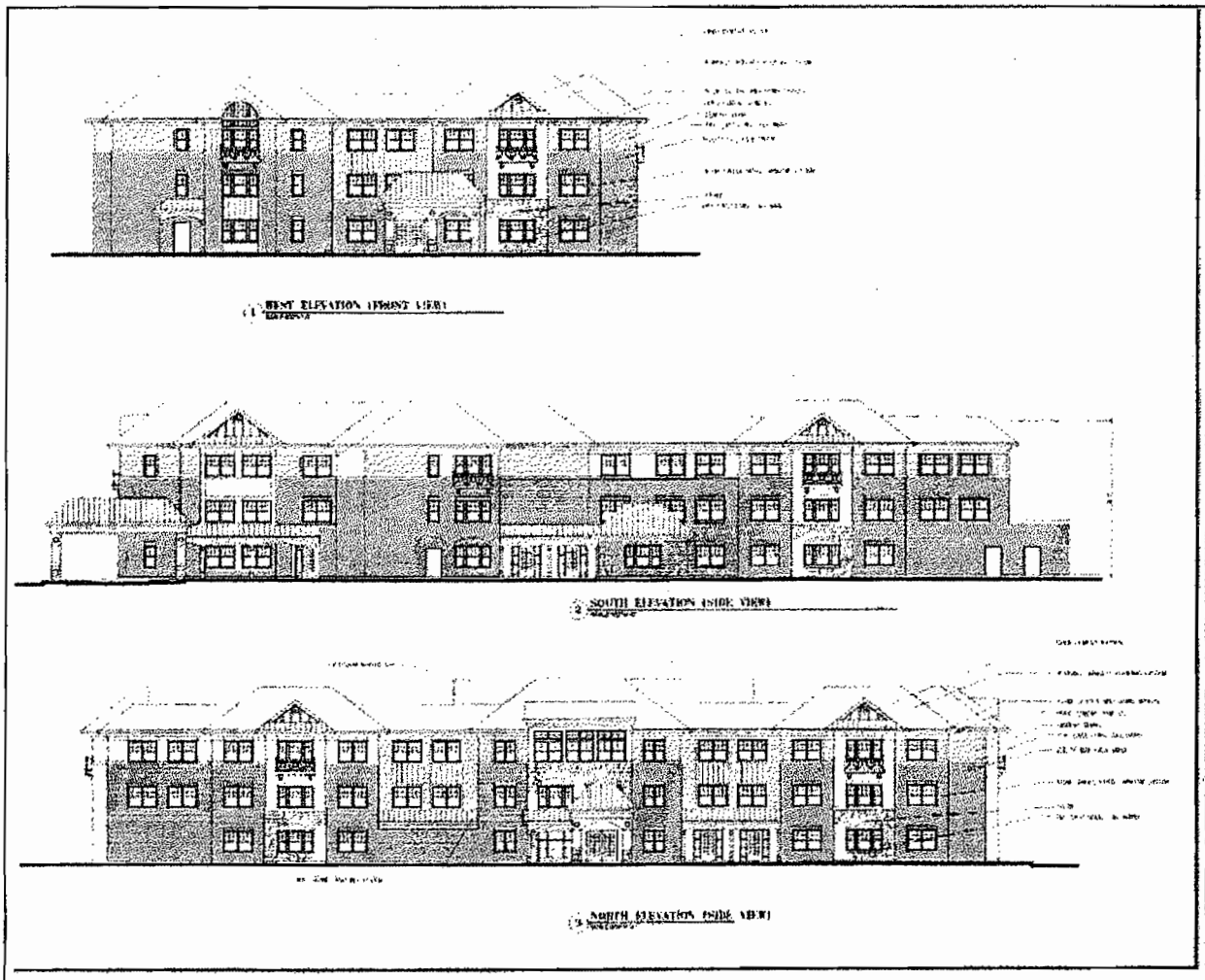
© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C



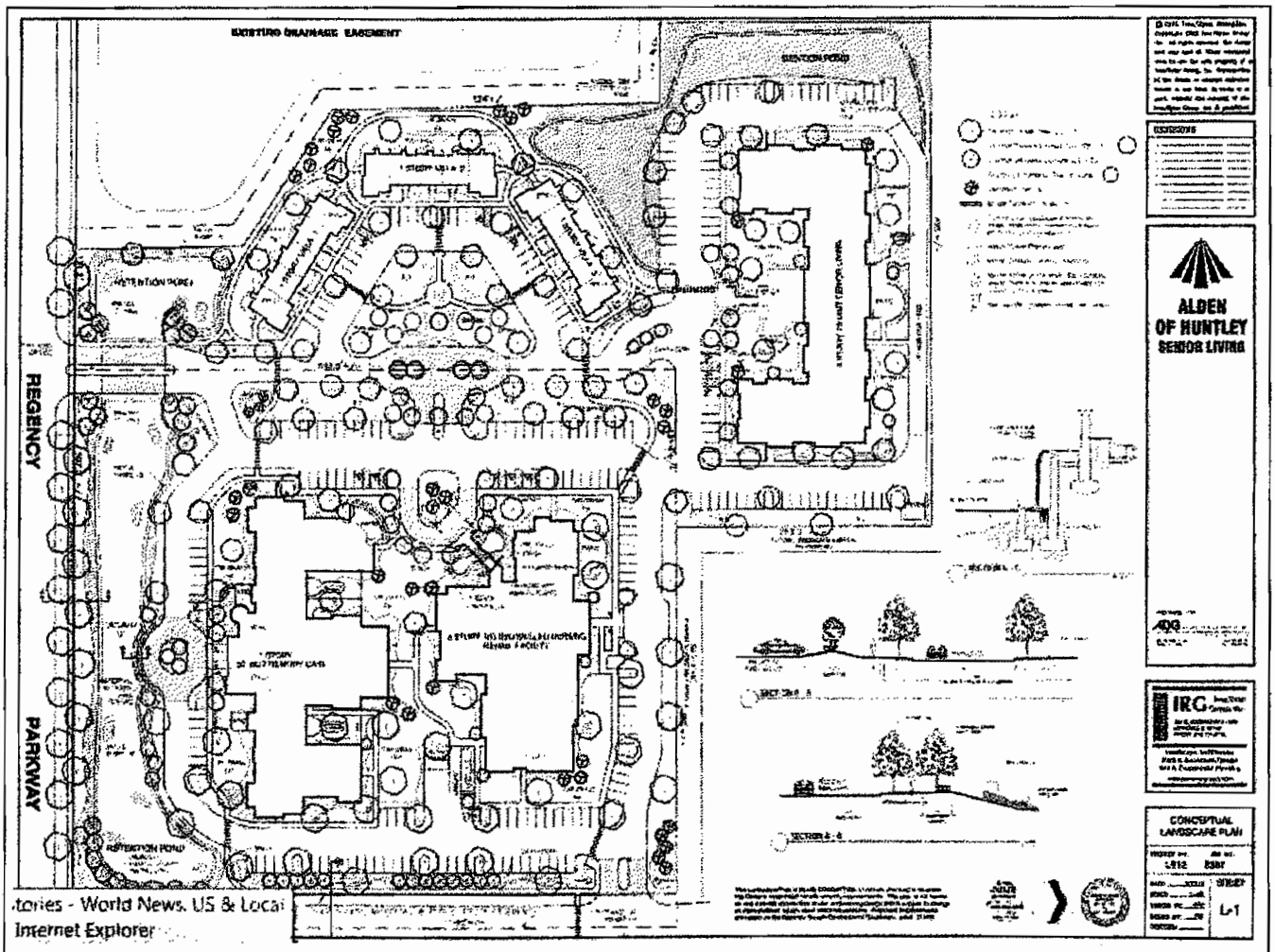
© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C



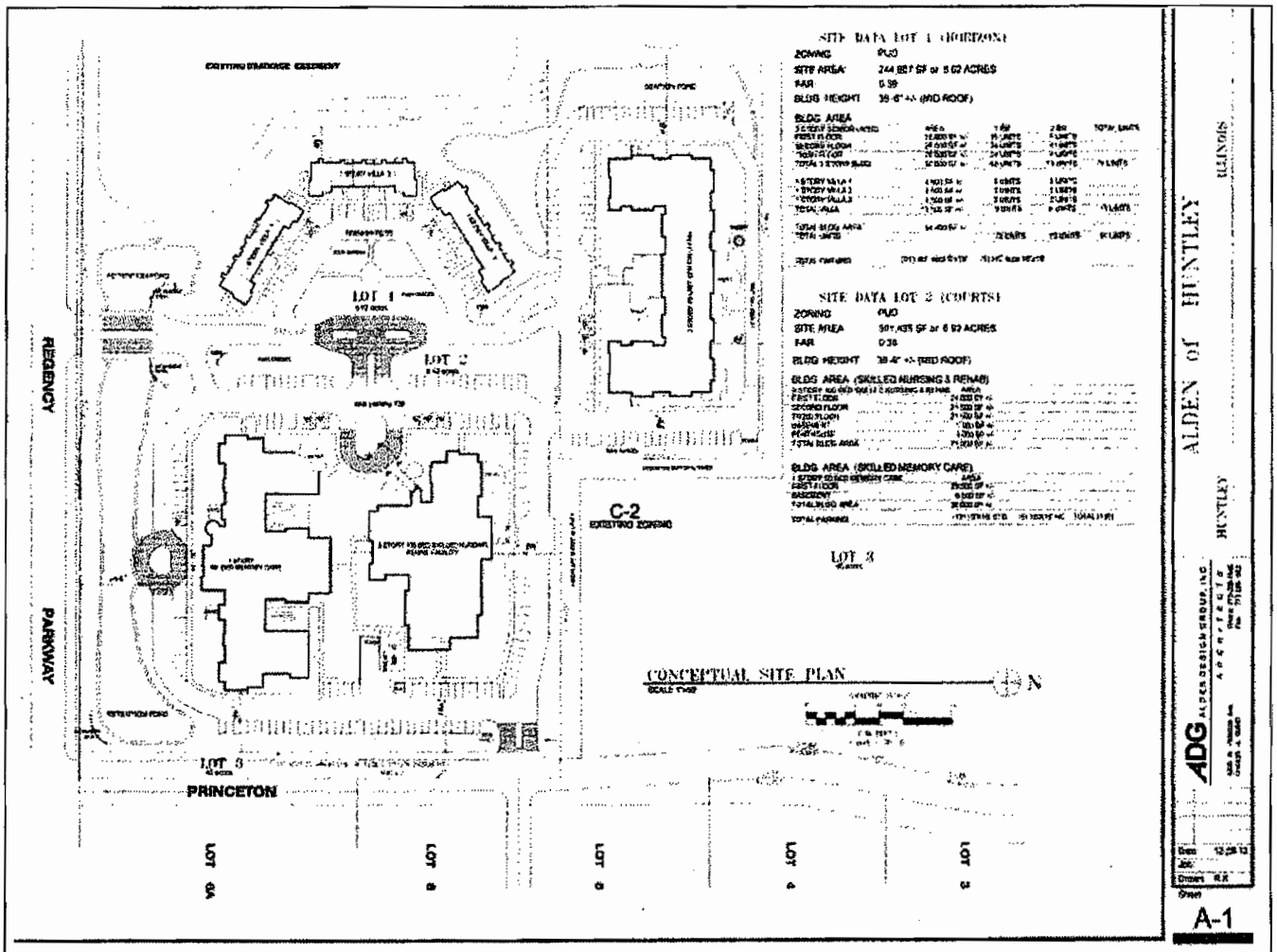
© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C



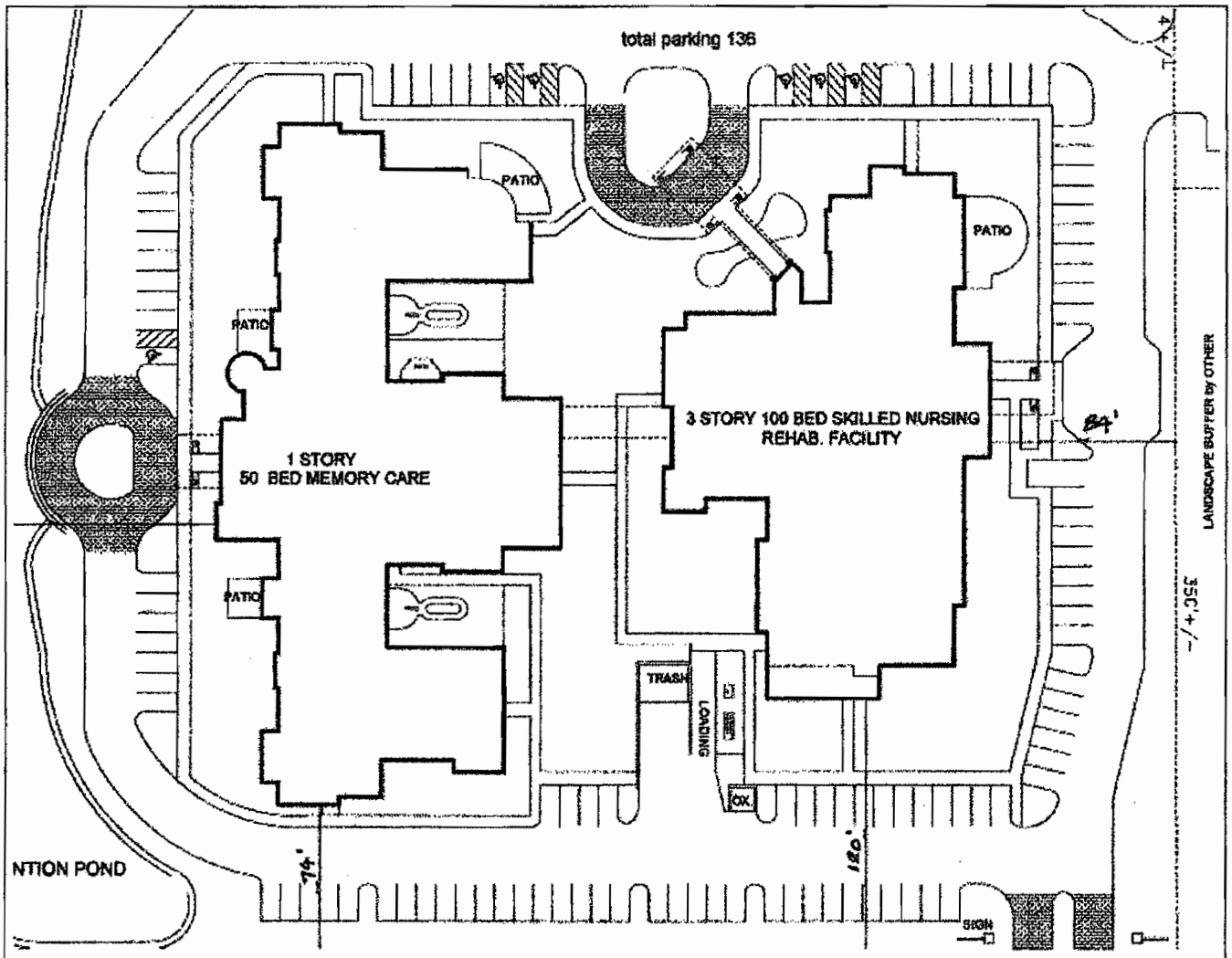
© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C



© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C



© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

SITE DATA LOT 1 (HORIZON)

ZONING: PUD

SITE AREA: 244,807 SF or 5.62 ACRES

FAR: 0.39

BLDG. HEIGHT 36'-6" +/- (MID ROOF)

BLDG. AREA

3 STORY SENIOR LIVING	AREA	1 BR.	2 BR.	TOTAL UNITS
FIRST FLOOR:	28,800 SF +/-	15 UNITS	5 UNITS	
SECOND FLOOR:	26,000 SF +/-	24 UNITS	4 UNITS	
THIRD FLOOR:	26,000 SF +/-	24 UNITS	4 UNITS	
TOTAL 3 STORY BLDG.	80,800 SF +/-	63 UNITS	13 UNITS	76 UNITS
1 STORY VILLA 1	4,500 SF +/-	3 UNITS	2 UNITS	
1 STORY VILLA 2	4,500 SF +/-	3 UNITS	2 UNITS	
1 STORY VILLA 3	4,500 SF +/-	3 UNITS	2 UNITS	
TOTAL VILLA	13,500 SF +/-	9 UNITS	6 UNITS	15 UNITS
TOTAL BLDG. AREA	94,300 SF +/-			
TOTAL UNITS		72 UNITS	19 UNITS	91 UNITS

TOTAL PARKING: (91) std. size 9'x19', (5) HC size 16'x19'

SITE DATA LOT 2 (COURTS)

ZONING: PUD

SITE AREA: 301,435 SF or 6.92 ACRES

FAR: 0.35

BLDG. HEIGHT 38'-6" +/- (MID ROOF)

BLDG. AREA (SKILLED NURSING & REHAB)

3 STORY 100 BED SKILLED NURSING & REHAB	AREA
FIRST FLOOR:	24,000 SF +/-
SECOND FLOOR:	21,500 SF +/-
THIRD FLOOR:	21,500 SF +/-
BASEMENT	1,300 SF +/-
PENTHOUSE	3,000 SF +/-
TOTAL BLDG. AREA	71,300 SF +/-

BLDG. AREA (SKILLED MEMORY CARE)

1 STORY 50 BED MEMORY CARE	AREA
FIRST FLOOR:	29,500 SF +/-
BASEMENT	6,500 SF +/-
TOTAL BLDG. AREA	36,000 SF +/-

TOTAL PARKING: (131) 9'X18' STD. (5) 16'X18' HC TOTAL (136)

LOT 3

.45 acres

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

On-Site Services

Skilled Nursing Facilities (SNFs) typically concentrate on the long-term, skilled geriatric care market as well as on rehabilitation (Medicare). One of the subject SNFs is to have a typical geriatric focus while the smaller SNF will be dedicated for memory care.

- Nursing: includes long-term medical and/or nursing care and short-term rehabilitation for injured, disabled or sick persons. The services also include special nursing programs designed specifically for people with ADRDs. Such services are generally at levels above those offered at ALFs or by most home health care services due to mental or physical conditions that are most appropriately handled in an institutional setting. Staff typically includes RNs, LPNs, and other staff such as Nursing Aides and Orderlies; as well as, specially trained nursing staff who work with residents having ADRDs. This includes proper administering of medications and nursing programs.
- Rehabilitation: includes physical, occupational, speech therapy staff and services to return or improve the resident's overall health.
- Social services and activities: includes social interaction programs and activities designed to improve the resident's overall health.
- Dietary: includes specialized meals to provide proper nutrition.

The following is a list of services typically provided to all SNF residents regardless of census type (private pay, Medicare, etc.):

- 24-hour nursing care
- 3 meals per day with snacks and special diets
- laundry services (personal and linens)
- full housekeeping services
- activities & social services,
- accounting records (payment assistance)

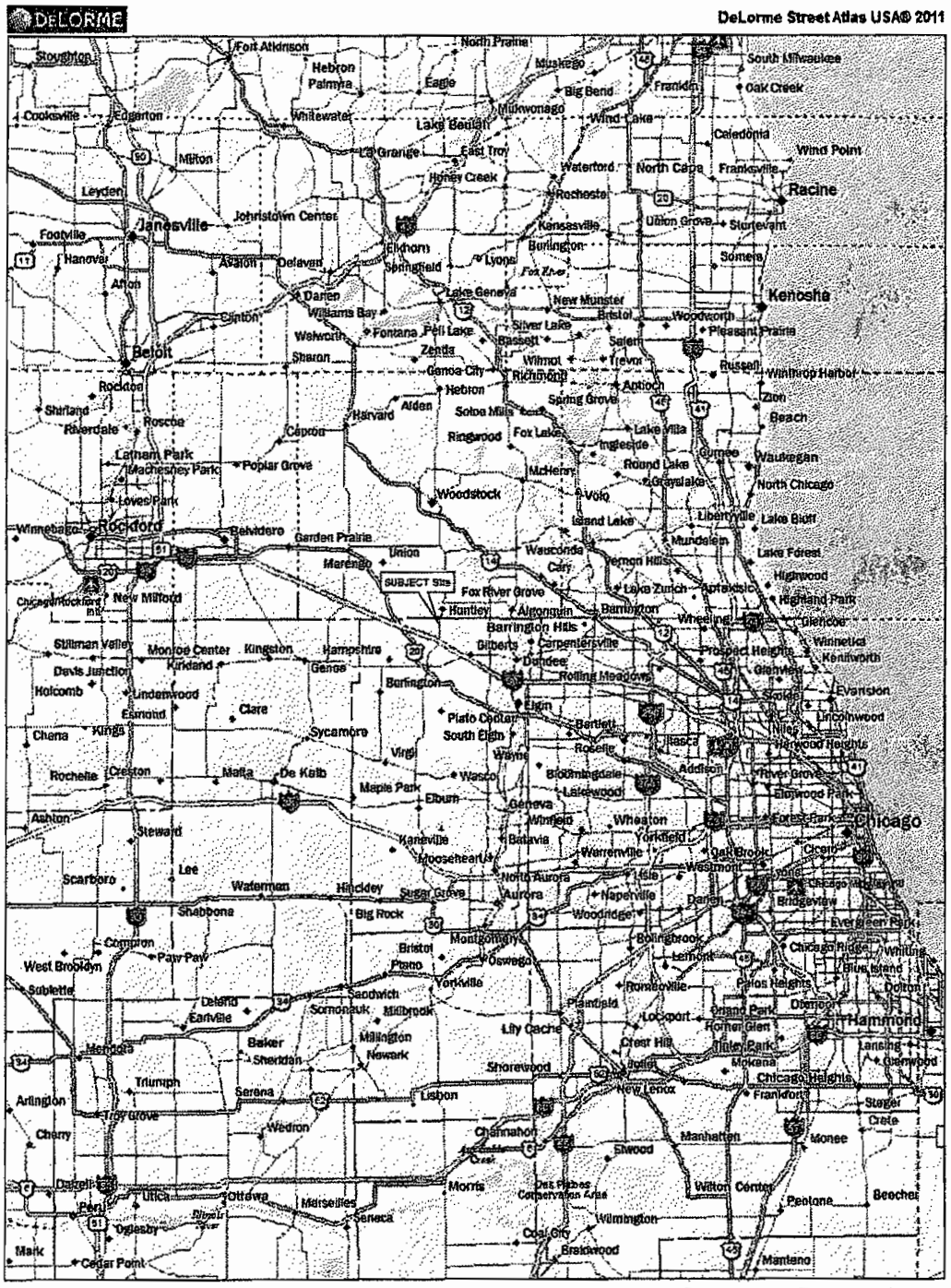
Additional charges are typical for therapy, supplies, prescription drugs, and other specific personal needs. The following is a list of additional charges that is generally allocated to the "Other Income" category:

- Cable TV
- Telephone
- Personal items (cigarettes, novelties, etc.)
- Gift shop purchases
- Special food requests not related to special diets

➢ Conclusion: The subject's proposed basic services and additional charges are consistent with nursing care and dementia markets.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

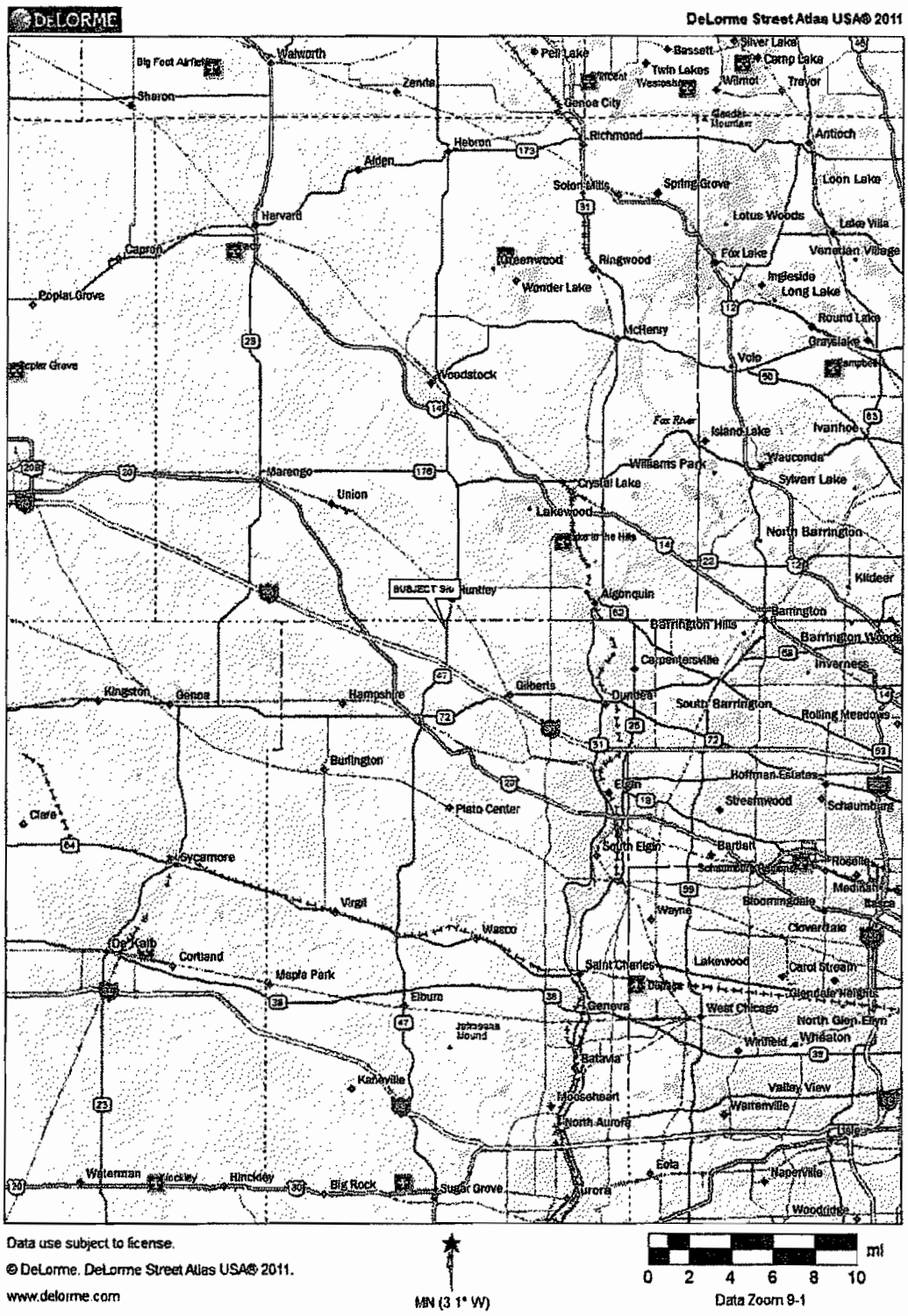
ATTACHMENT-11C



Location Map

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

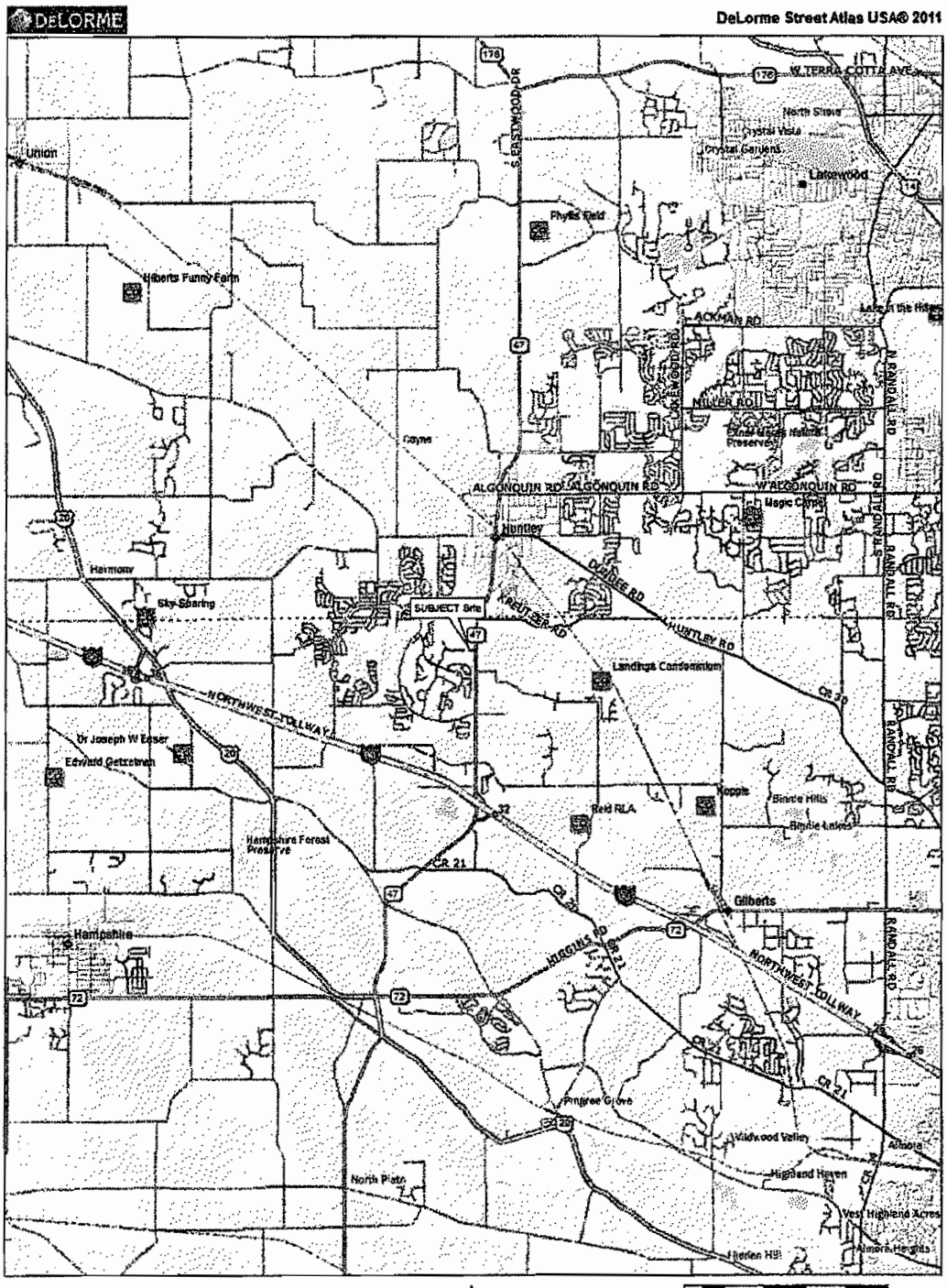
ATTACHMENT-11C



Location Map

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

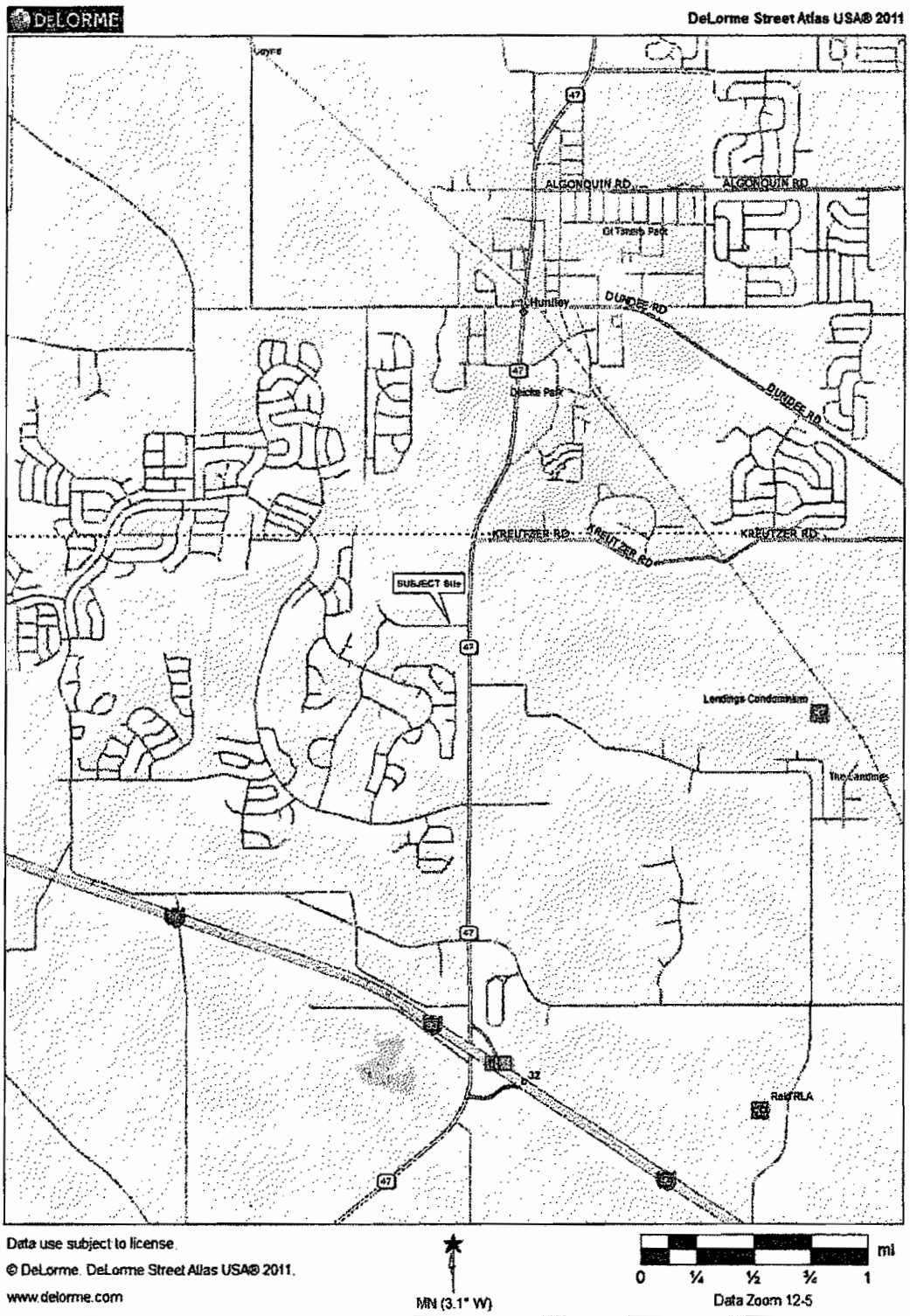
ATTACHMENT-11C



Location Map

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

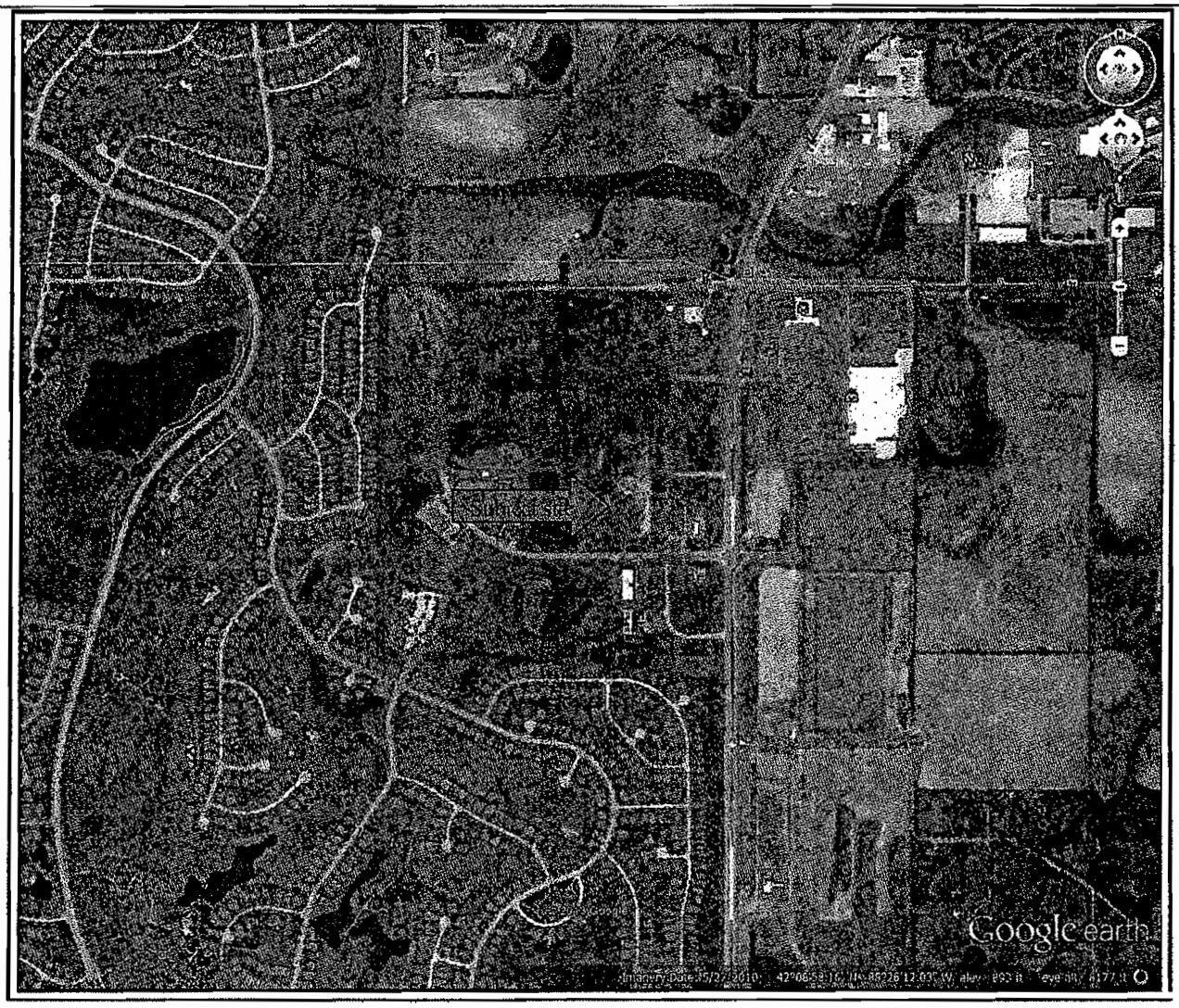
ATTACHMENT-11C



Location Map

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C



Aerial Map

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

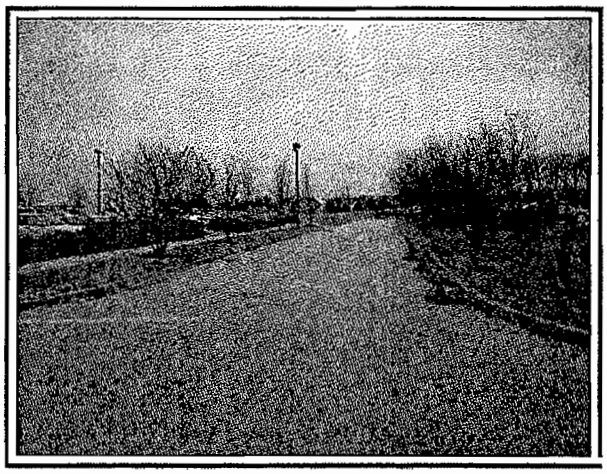
Land Uses Adjacent to the Subject Property

- The subject site is in a mixed use (commercial, residential and farming) area about 1.5 miles south of downtown Huntley. The subject location benefits from proximity to Route 47 with an interchange at Regency Parkway less than ¼ mile east of the subject site. Route 47 connects with I-90 about 1.7 miles south of the subject. Main Street and Algonquin Road are the main east-west streets for the area.

North: Vacant land, Rookies Pub, Starbucks Coffee, Chase Bank, Verizon Wireless and Walgreen's, followed by farmland and single-family homes.

View North along Princeton Drive

South: Provena Family Care Center, Heartland Bank, followed by single-family homes.



View South along Princeton Drive

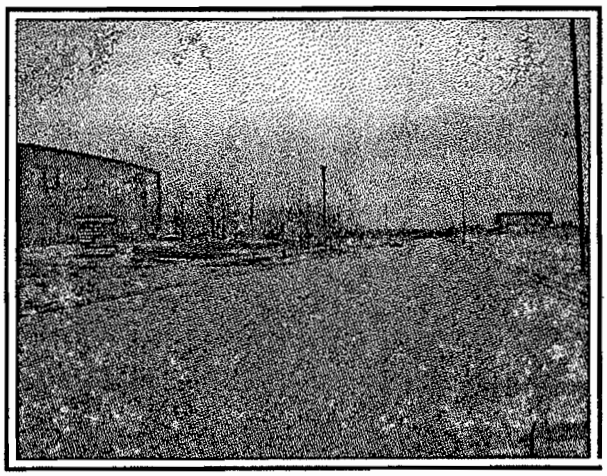
© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

East: 7-11 gas station, convenience store, Route 47, followed by Wal-Mart and farmland.

View East along Regency Parkway

West: Heritage Woods of Huntley (a Supportive Living Facility), Huntley Fire Station #3, Regency Square Professional Building, as well as Deerpath Supportive Living Community (currently under construction).

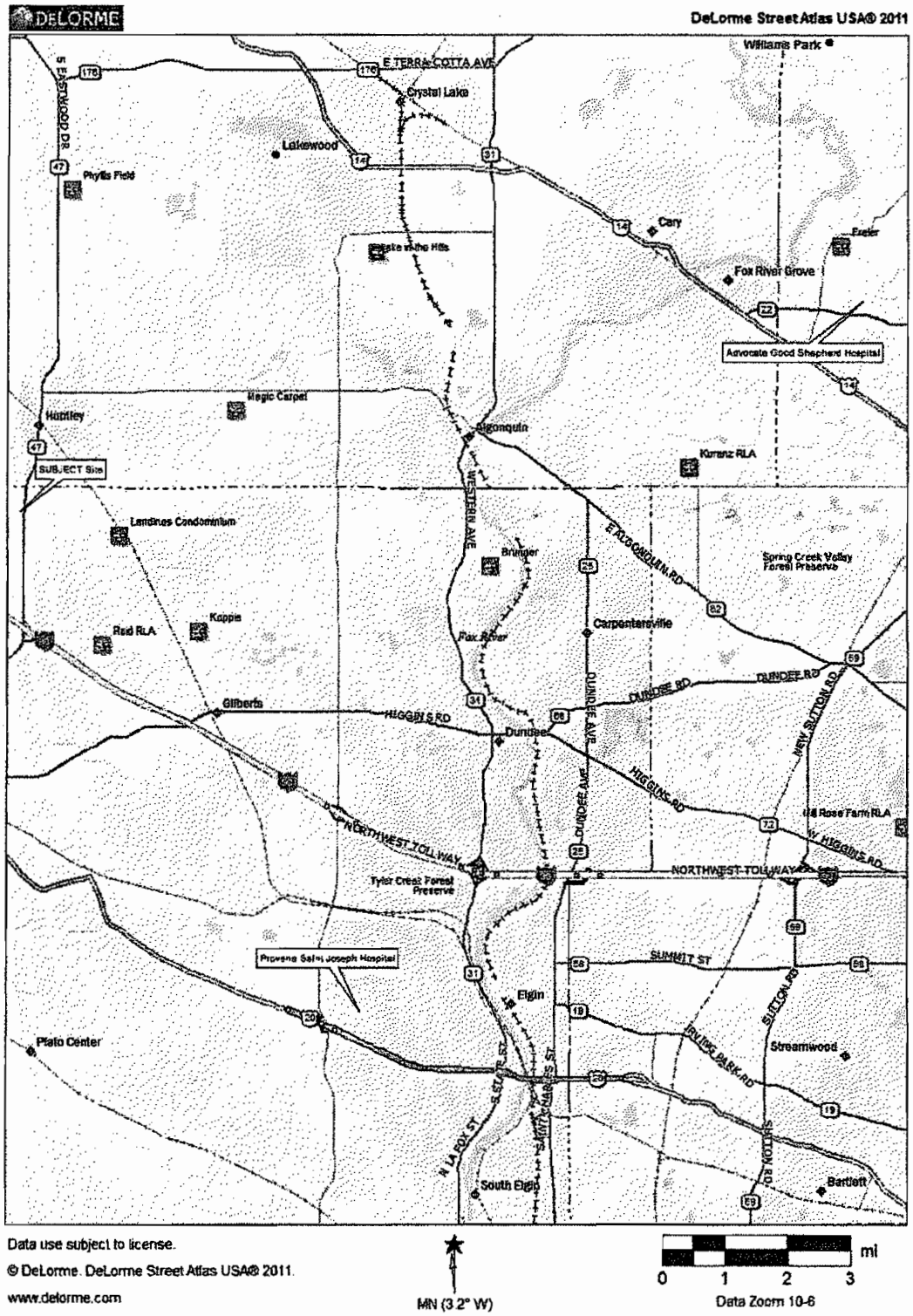


View West along Regency Parkway

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

NEARBY HOSPITALS

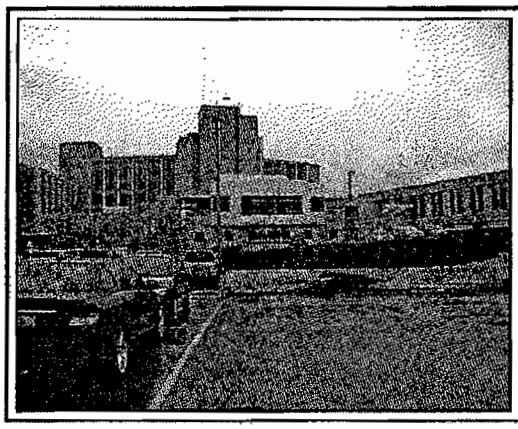


Provena St. Joseph Hospital, Advocate Good Shepherd Hospital and Proposed Subject Site

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

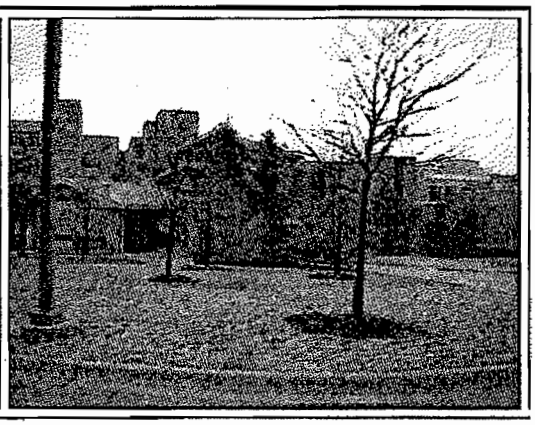
Provena St. Joseph Hospital



North elevation

West elevation

South elevation



East elevation

The following was taken from: http://www.provena.org/saintjoseph/:

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

Powerful Impact: Greater Elgin Community

2010 AT-A-GLANCE

PROVENA Health

Provena Saint Joseph Hospital
Provena Geneva Care Center
Provena Home Health
Provena Hospice
Provena Medical Group
Provena Pine View Care Center
The Greens of Elgin

With locations in Elgin, Carpentersville, Geneva, Hampshire, Lake in the Hills, and St. Charles, **WE ARE THE FOX RIVER VALLEY.**

Provena's high quality, nationally recognized ministries span a comprehensive range of services including acute care, outpatient care, home health, and conveniently-located physician offices.

We are a locally treasured tradition of care and service for 109 years.

2010 KEY STATISTICS

Inpatient Admissions: 7,598
Outpatient Visits: 176,768
Total Emergency Department Visits: 28,649
Total Surgeries and GI Cases: 6,361
Persons Served Through Community Benefit Programs: 28,419
Average Number of Individuals Who Received Care or Services at Our Senior Sites Daily: 247
Home Health Admissions: 1,246
Provena Medical Group Office Visits: 2,832
Number of Employees: 1,444
Number of Physicians: 352

GIVING

Provena ministries in the greater Elgin community are called to be much more than just providers of health services. In fact, in 2010, we contributed:

$8,555,294 in free care

- $5,557,726 charity care (at cost)
- $2,997,568 bad debt (at cost)
- $24,446,605 in care not reimbursed by State and Federal government (at cost)
- $1,340,460 in community benefit services

$34,342,359 In total charitable impact on our communities (at cost)*

2010 calculations are based on the Internal Revenue Services Form 990, Schedule H
* Estimated 2010 Figure

ELGIN AREA MINISTRIES

Carpentersville
- Provena Medical Group Family Practice

Elgin
- Provena Saint Joseph Hospital
- Provena Home Care
- Provena Hospice
- Provena Private Duty
- Provena Medical Group Internal Medicine
- Provena Occupational Health Center and Diabetes Nutrition Center
- Provena Outpatient Rehabilitation Services
- The Greens of Elgin*

Geneva
- Provena Health Center for Diagnostic Imaging
- Provena Geneva Care Center

Hampshire
- Provena Medical Group Family Practice

Lake in the Hills
- Provena Acute Care

St. Charles
- Provena Pine View Care Center

* managed facility

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

PROVENA SAINT JOSEPH HOSPITAL (PSJH)

PRESIDENT AND CEO
Eugene McMahon, MD, MBA, FCAP

BOARD OF DIRECTORS
Merne Derderian
Daniel DesRochers
Sister June Does
Ana Gephart, MD
Bradley Hawk, EdD
Cathy Hurlbut
Rob Laird
Leo Nelson
William Nelson, MD
Richard Park, MD (Vice Chair)
Jeff Rifken (Chair)
Art Sauceda
Michael Schwartz, MD
Cynthia Steimle
Pat Szpekowski (Secretary)
Daniel Westrope

FOUNDATION BOARD OF DIRECTORS
Donna Burridge (Secretary)
George Cumpata
Bruce Dahlquist
James Flahaven (Treasurer)
Gordon Gromer
Patrick Harnell
Ralph Hardy
Rosemary Herringer
Fred Imming
Robert Laird (Chair)
Michael McKay
Renee McMurry-Gilman
Doris Morency
Magdaline Nelson
Carolyn O'Neal (Vice Chair)
John Shales
Barbara Troeger
Dorothy Weise
Barbara Young

2010 KEY MINISTRY ACCOMPLISHMENTS

- Earned the Gold Seal of Approval™ from The Joint Commission (TJC) for Primary Stroke Centers, distinguishing PSJH as an expert provider for emergent stroke care.
- Became one of 255 hospitals nationally to be awarded the 2010 Emergency Medicine Excellence Award by HealthGrades®, meaning PSJH's Emergency Department is among the top 5% in the nation. PSJH has also received the following HealthGrades® distinctions:
  - Top 10% in the nation for cardiac and stroke care
  - Stroke Care Excellence Award™ (2008-2011)
  - Ranked among the top 10% in the nation for treatment of stroke (2008-2011)
  - Five-star rated for treatment of stroke (2008-2011)
  - Five-star rated for treatment of heart attack (2010-2011)
- Provena Medical Group re-accredited by the Accreditation Association for Ambulatory Health Care.
- Provena Home Health, Elgin was recognized as among the HomeCare Elite,™ a compilation of the most successful home health agencies in the United States. This annual review identifies the top 25 percent of agencies, ranked by a three-part analysis of performance measures including quality of care, quality improvement and financial performance.
- Opened a Comprehensive Breast Center, providing patients with the latest screening and diagnostic technology, state-of-the-art treatments, follow-up care plans and support.
- Opened the Women's Heart Center in February 2010. Developed and managed by women for the women of the community, the PSJH Heart & Vascular Institute's Women's Heart Center provides individualized expert consultation, preventative screenings, and educational services in a comfortable, non-threatening environment.
- Implemented policy and procedures for therapeutic hypothermia, which is now an option for cardiac arrest patients treated in the PSJH ED, as well as for inpatients. Lowering brain temperature, even by a few degrees, decreases ischemic brain damage.
- More than 300 people gathered to celebrate Sister June Does 60th Jubilee and honor her contributions. Special guests included representation from the Mayor of Elgin's office who presented Sister June with a special proclamation. Sister June has been a faithful presence at PSJH for more than 30 of her 60 years of service. During those years she served in many capacities and most recently serves as a development executive for the hospital's Foundation.
- Provena Hospice launched grief support groups – Monday Mourning Friends and New Directions – to meet the needs of community members who have experienced the loss of a loved one.
- Provena Hospice led its first Memory Bear workshop to assist persons in creating lasting memories of loved ones.

PSJH Women's Heart Center

PROVENA
Saint Joseph Hospital
77 N. Airlite Street
Elgin, IL 60123
(847) 695-3200
www.provena.org/saintjoseph

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

- Medical Services
- Interventional Radiology
- Women's Services
- Behavioral & Mental Health Programs
- Breast Center
- Heart & Vascular Institute
- Women's Heart Center
- EICU - enhanced ICU
- Cancer Care Services
- Emergency Services
- Home Care
- Hyperbaric Oxygen Therapy
- Imaging/Radiology
- Massage Therapy
- Occupational Health Services
- Pulmonary Services
- Rehabilitation Services
- Diabetes and Nutrition Education
- Surgery
- Stroke Care
- Wound Healing Center/Hyperbaric Oxygen Therapy

Medical Services

Powerful Expansion.
Powerful Care Advancements.
Powerful Caregivers.
That's Powerful Healing.

Elgin and Chicago's Northwest Suburban communities know Provena Saint Joseph Hospital as an extraordinary place of healing.

- Advanced technology and our commitment to bringing innovative services and treatments to our patients and the community we serve.
- Confidence of knowing that at Provena Saint Joseph Hospital you will find the advanced care provided by no other hospital in the area.
- The comfort of knowing this highly-advanced care is delivered by those with a calling to provide healing and hope to those in need in the spirit of Jesus Christ.
- At every stage of your visit, our professionals are committed to providing you the faith-based care and service that is representative of our mission.
- From inpatient care, outpatient services, emergency and urgent care and more - our communities trust Provena Saint Joseph Hospital to deliver the highest level of compassionate care.

That is the difference. And it makes our patients feel better.

Provena Saint Joseph Hospital - 77 N. Airlite Street - Elgin, Ill. - 60123 - 847-695-3200

Provena Saint Joseph Hospital is committed to our communities now and in the future. Watch how our care and services have grown along with the communities we are privileged to serve.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

New Bed Tower

Highlights of the Provena Saint Joseph Hospital New Bed Tower

Private Patient Rooms

The new Tower has 99 private patient rooms. The spacious rooms are all monitored for the highest level of patient care and security. Each room has a large flat screen television as well as spacious closets and hotel-like décor. Our guests enjoy room service and fine dining from our new Airlite Café or relax, read or take advantage of our free wireless service in our new Main Lobby.

Provena Saint Joseph Hospital Heart & Vascular Institute

Provena Saint Joseph Hospital cardiovascular services provides the most advanced, comprehensive cardiac care in the area, from prevention and education to diagnosis and treatment, including advanced cardiac surgery, to rehabilitation and aftercare. The fact is we treat patients whose severe heart conditions often require the kind of leading-edge technology that they won't find anywhere else in the area.

Hybrid Cardiac Catheterization Lab

The Hybrid Cardiac Catheterization Laboratory allows for "all-in-one-room care," including simultaneous catheterization and surgical procedures. Sophisticated diagnostic tests and a full range of invasive therapeutic procedures -- from implantation of stents, pacemakers and internal defibrilators -- and even cardiac surgery, if needed, to be performed in the same laboratory. Unlike the typical set-up at most hospitals where the patient would have to be moved from one area of the hospital to another if additional procedures were needed, the catheter patient at Provena Saint Joseph Hospital stays in one place, where all the technology that might be needed is on hand and interventional cardiologists, vascular interventionalists and surgeons are readily available.

Cardio Diagnostics

Provena Saint Joseph uses the latest equipment and technology to offer effective cardiac diagnostic services including, basic Electrocardiogram (EKG) regular stress tests, echo stress tests and nuclear stress tests, echocardiogram, transesophageal echo test and holter monitoring. Our state of the art technology includes the revolutionary Epiphany System for EKG viewing and reporting and the latest CPACS (Cardio Picture Archiving Communication System) for physician viewing and reporting of echocardiograms, cardiac cath lab images, and other heart studies.

Pulmonary Function

Our Pulmonary Function area measures lung volumes, capacities and function. The Body Box (Plethsymograph) is the most accurate method and ours is the only wheelchair accessible box in the region. Exercise PFT can assess for cardiopulmonary fitness and lung function during exercise as well as Resting energy expenditures for nutritional assessment.

Petals and Presents Gift Shop

Petals and Presents Gift Shop is staffed and operated by the Hospital Auxiliary. The shop open is Monday to Saturday from 9 a.m. to 8 p.m. and Sunday from 10 a.m.-8 p.m. as well as most holidays for the convenience of visitors and staff. The product lines include Willow Tree Angels, Yankee Candles, Boyd's Bears, plush from Ty and Aurora, Annaleece Crystal Jewelry as well as greeting cards, fresh flowers, religious and inspirational items. Proceeds from the Gift Shop assist the Auxiliary in supporting the Mission of Provena Saint Joseph Hospital.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

Surgical Platform

The new state-of-the-art Surgical Suites feature the most advanced technology to perform Orthopedic procedures such as Total Joint Replacement and Arthroscopic Procedures. Open Heart Procedures including Coronary Artery Bypass Graft and Valve Replacement will be performed in the newly designed Cardiovascular Surgical Suite.

Also, newly-constructed, 15-bed Phase II Recovery Unit. Expanded Ambulatory Surgical Unit Waiting Room, 15 bed Surgical Holding Unit, and 9 bed Post Anesthesia Care Unit

Electrophysiology Clinic

To assist patients in the ongoing management of arrhythmias, the Electrophysiology Clinic services include pacemaker checks, ICD checks, Arrhythmia and device consultations.

Electrophysiology Lab

Electrophysiology physicians provide state-of-the-art therapies for treating and correcting heart rhythm disorders using the latest in EP technology, including computer-assisted 3-D mapping which allows for pinpoint accuracy ablation in treating heart rhythm disturbances. The latest in pacemaker and defibrillator implantation, including biventricular pacing devices, is also provided.

Dialysis/Isolation Room

Each nursing unit has two large rooms on the outside corners that can serve as negative pressure isolation rooms for patients with respiratory infections, for bariatric patients or prepared for dialysis patients with all the necessary equipment in the walls, which help to eliminate long hoses and cords. There are 2 additional patient rooms on each unit with this special dialysis capability

Nursing Station

Each patient floor of the Tower has a centrally located nursing station with a state of the art call light system to effectively respond to patients' needs. The Nursing stations have two decentralized work areas, one on each side of the nursing station. This design assists staff with their workflow allowing them to remain on the unit with patients and families. The nursing stations have computer work stations for physicians and a Unit Clerk to meet customers' needs and process physician orders.

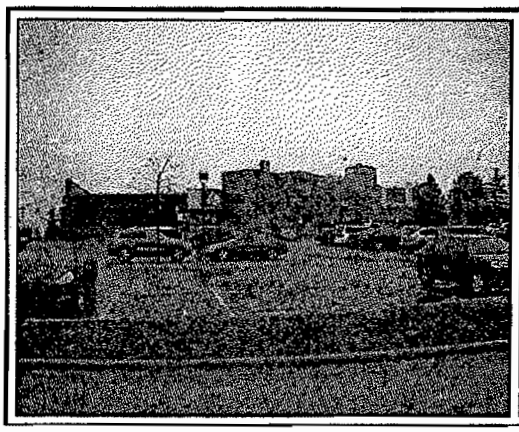
Family Room

Because we value the experience of family members, our Family Room is a comfortable respite area for loved ones to experience a change of scenery and some relaxation. Guests may watch television, read provided newspapers and magazines or catch up on online information using our wireless capabilities

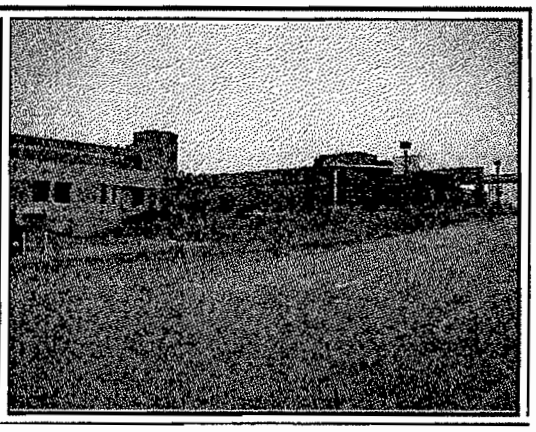
© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

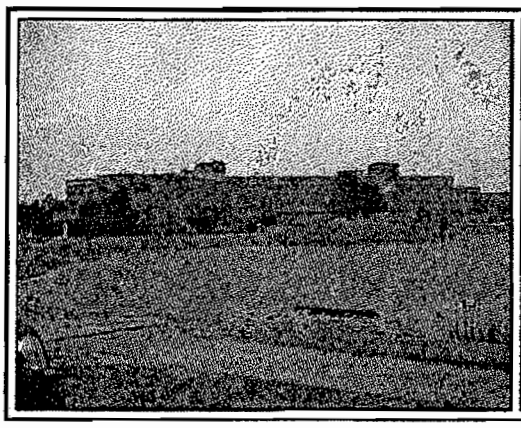
Advocate Good Shepherd Hospital



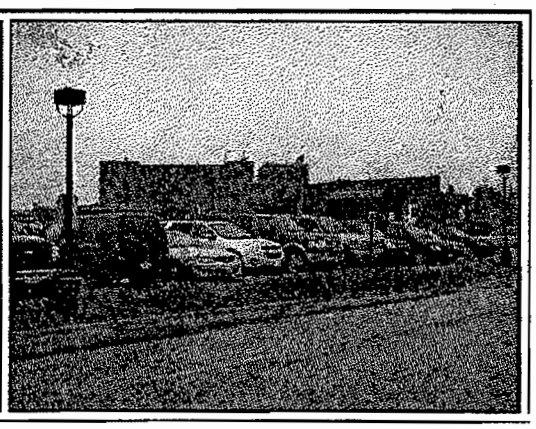
North elevation



West elevation



South elevation



East elevation

The following was taken from: http://www.advocatehealth.com/gshp/welcome:

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

welcome to Advocate Good Shepherd Hospital

450 W. Highway 22
Barrington, Illinois 60010
847.381.0123

- return to Good Shepherd Hospital homepage
- meet our leadership team

Commitment

Approximately 700 primary care and specialty physicians provide a comprehensive range of services at our 180-bed facility and care centers. Our nationally-recognized cancer program, renowned cardiac care, and an extensive range of outpatient services add to our health care program.

Expertise

Good Shepherd offers many of the most advanced technologies available today, from robotic-assisted surgery to pinpoint precision diagnostic tools. We apply these leading edge practices in every area from breast care and heart health to cancer therapies. Some notable examples:

- Our cardiovascular surgeons deliver expertise in off-pump open heart procedures and minimally invasive approaches to surgical repairs.
- In the ICU, a state-of-the-art electronic surveillance system keeps a watchful eye on patients 24-hours per day and delivers instant communication between physicians and onsite caregivers.

We also provide the full range specialty services to address women's health care needs through every stage of life.

Recognition

Good Shepherd is recognized nationally as among the top 5 percent for overall clinical quality for three years running, by HealthGrades, a leading U.S. healthcare ratings organization.

Close to learn more about Advocate Health Care

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

Fact Sheet

Advocate Good Shepherd Hospital

Advocate Good Shepherd Hospital in Barrington is an acute care facility with approximately 700 physicians representing 50 medical specialties. Highly skilled physicians and clinical professionals provide a comprehensive range of services. For 30 years, Good Shepherd Hospital has been doing good for its patients and communities by providing quality, compassionate health care, wellness programs and community outreach. It is a leader in delivering the most advanced technologies and techniques available in the northwest suburbs. Good Shepherd is part of Advocate Health Care, one of the top 10 health care systems in the country (Thomson-Reuters) and the largest health care delivery system in the State of Illinois.

Overview

- 183 licensed beds
- Comprehensive cardiac services through the Wayne and Patricia Kocourek Family Cardiac Center, including electrophysiology, catherization and open heart surgeries.
- Emergency and trauma services with a 56,000 sq. ft. state-of-the-art Level II trauma center
- Physicians and Diagnostic Services – Algonquin – offering medical specialists, full-service imaging and cardio-diagnostic services.
- State-of-the-art labor, delivery and birthing center offers the *"Pampered Pregnancy"*
- Health and fitness center with occupational therapy, physical therapy, physical fitness programs and personal trainers.
- Level II "Plus" birthing center with a special care nursery
- Outpatient Centers opened in Crystal Lake and Lake Zurich and an Immediate Care Center staffed by 100% emergency department physicians opened in Crystal Lake.

Clinical Excellence

- Two-time recipient of Outstanding Achievement Award from the American College of Surgeons Commission on Cancer. One of six Illinois hospitals recognized with the prestigious award and one of 66 hospitals nationally receiving it.
- American Association of Critical-Care Nurses (AACN) awarded Good Shepherd's cardiac center its Circle of Excellence Award (2006), and it's one of just 12 sites in Illinois named a Center of Distinction for Cardiac Care by Blue Cross/Blue Shield (2007).
- Provides advanced cardiac services, including diagnostic and interventional catheterizations, electro-physiology procedures and open-heart surgery.
- Dedicated Minimally-Invasive Surgical program, only one of its kind in Lake and McHenry counties, as well as the only site in those counties equipped with daVinci® robotic surgical system. Its robotic prostatectomy volumes are among the top five in all Chicago.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

- State-designated Level II Trauma Center with a pediatric treatment area and Illinois state EDAP (Emergency Departments Approved for Pediatrics) designation
- The Diabetes Self-Management Education Program at Good Shepherd Hospital re-certified and re-awarded recognition by the American Diabetes Association.
- Dedicated Breast Care Center and all offsite locations equipped with the latest digital mammography; first hospital in the State of Illinois to deploy SAVI brachytherapy for breast cancer patients, cutting down treatment time from six weeks to just five days.

Community Commitment and Philanthropy

Good Shepherd develops ongoing community health education programs and screenings that address identified health concerns including cardiac disease, cancer and women's health issues. Partnering with local communities to increase the health and safety awareness of its residents, the hospital:

- Equipped area EMS teams with wireless EKG systems to call cardiac alerts remotely from the field. Shortens door-to-balloon time significantly (angioplasty to clear blocked blood vessel.)
- Provides automatic electronic defibrillators (AED) to community groups
- Founding member of McHenry County Health Task Force
- Provides more than 1,000 immunizations annually through monthly immunization clinics
- Developed a Lake County-wide website to promote smoking prevention/cessation.
- Provides education to 500+ women on heart disease sign/symptoms, risk factors, and prevention strategies
- Provides bi-lingual breast cancer education and events to Latino women
- Received $4.7 million in philanthropic gifts from individuals, organizations corporations and foundations in 2007
- Innovative childhood anti-obesity program enabled the Village of Wauconda to earn the 2007 Governor's Hometown Award.
- Touched the lives of over 13,000 individuals through free health screenings community expos and fairs providing health education and information.
- Fully funded four advanced wireless tracking technology systems that serve as a safety net for McHenry County families and caregivers of loved ones with Alzheimer's, Autism and Downs.

Advanced Technology

- One of only four Illinois hospitals to offer Selective Interventional Radiation Therapy (SIRT) for liver, pancreatic cancer patients and others. Uses targeted, time-released radiation droplets delivered directly into the tumor site via a catheterization procedure.
- One of few sites in the region to offer highly accurate tumor targeting treatment with linear accelerator RapidARC technology (IMRT), as well as Image-Guided Radiation Therapy (IGRT)
- One of the only regional sites to offer 3-dimensional echocardiogram imaging.
- Electronic intensive care unit (eICU®) monitoring offers patients around-the clock, real-time audio and video monitoring of ICU patients from one central command center.
- Computerized dose reduction software system for CT scans

2009 Statistics

Admissions: 12,520	**Patients Served:** 225,745	**Medical Staff Physicians:** 733
Deliveries: 1,669	**Surgeries:** 9,587	**Volunteers:** 645
Emergency Dept. Visits: 36,181	**Outpatient Services:** 171,430	**Auxiliary Members:** 346

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

MARKET ANALYSIS

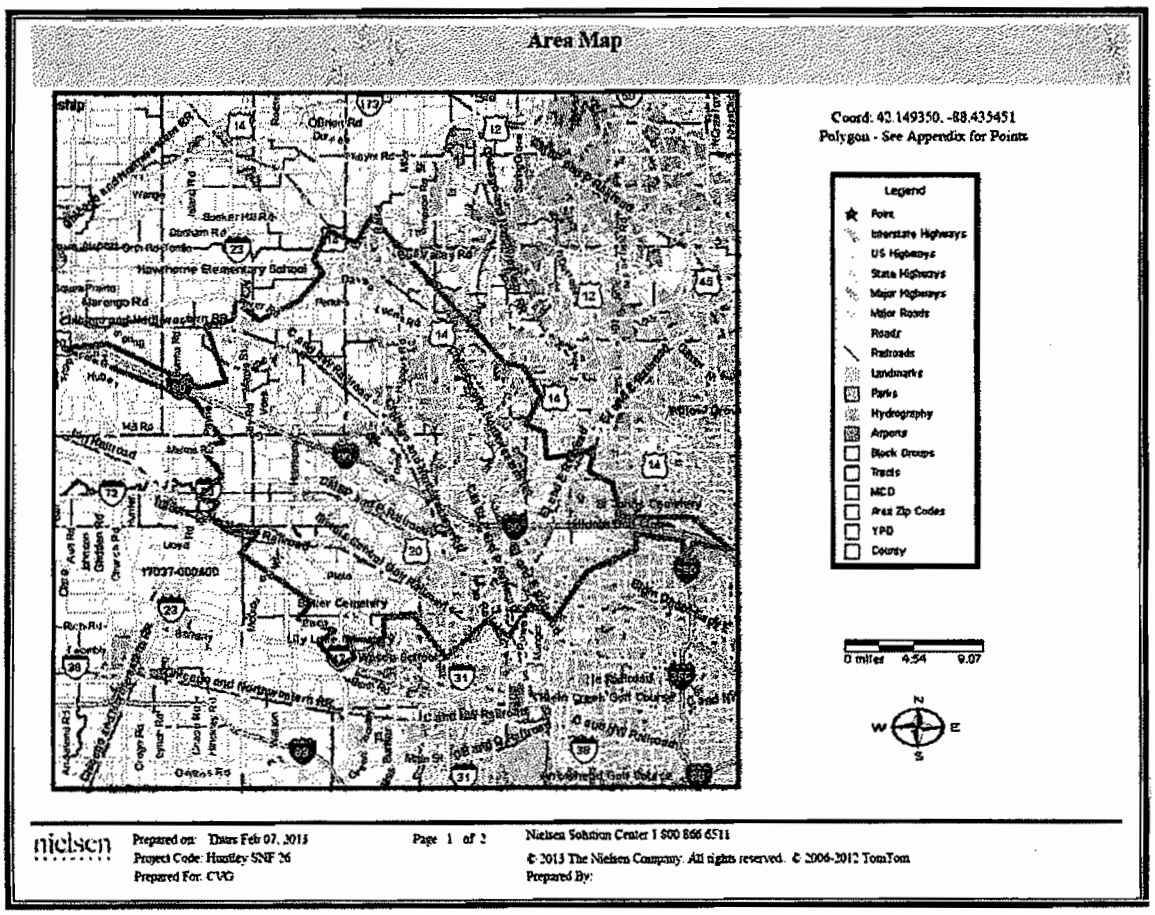
The Primary Market Area (PMA) is defined as the area from which most of the prospective residents originate. A variety of issues influence the boundaries of the PMA including factors such as drive times, man-made or natural boundaries, mileage, and social characteristics. Urban vs. rural locations can obviously have vastly different boundary characteristics based on density of land uses. In our experience, the PMA typically provides 70% to 80% of the residents with the remaining 20% to 30% coming from the SMA.

Definition of the Primary Market Area (PMA)

One of the subject SNFs is to have a typical geriatric focus while the smaller SNF will be dedicated for memory care.

- The target residents for private pay are persons aged 75+ in need of long-term skilled care with incomes above $50,000. The target residents for Medicaid are persons aged 75+ in need of long-term skilled care with incomes below $25,000. The target residents for Medicare are people age 65 and older, some disabled people under 65 years of age, and for people with end stage renal disease (permanent kidney failure treated with dialysis or transplant). Medicare is age and need driven only (not income driven).

The subject is in Huntley which is in Kane County. Per our client's directions driven by state requirements, the Primary Market Area (PMA) is defined as a 26-minute drive time from the subject site. As expected, the PMA stretches east-west along Interstate 90 and then north along Route 47. The following map shows the 26-minute drive time PMA, which includes portions of Kane, McHenry, Cook, DuPage, and Boone counties.

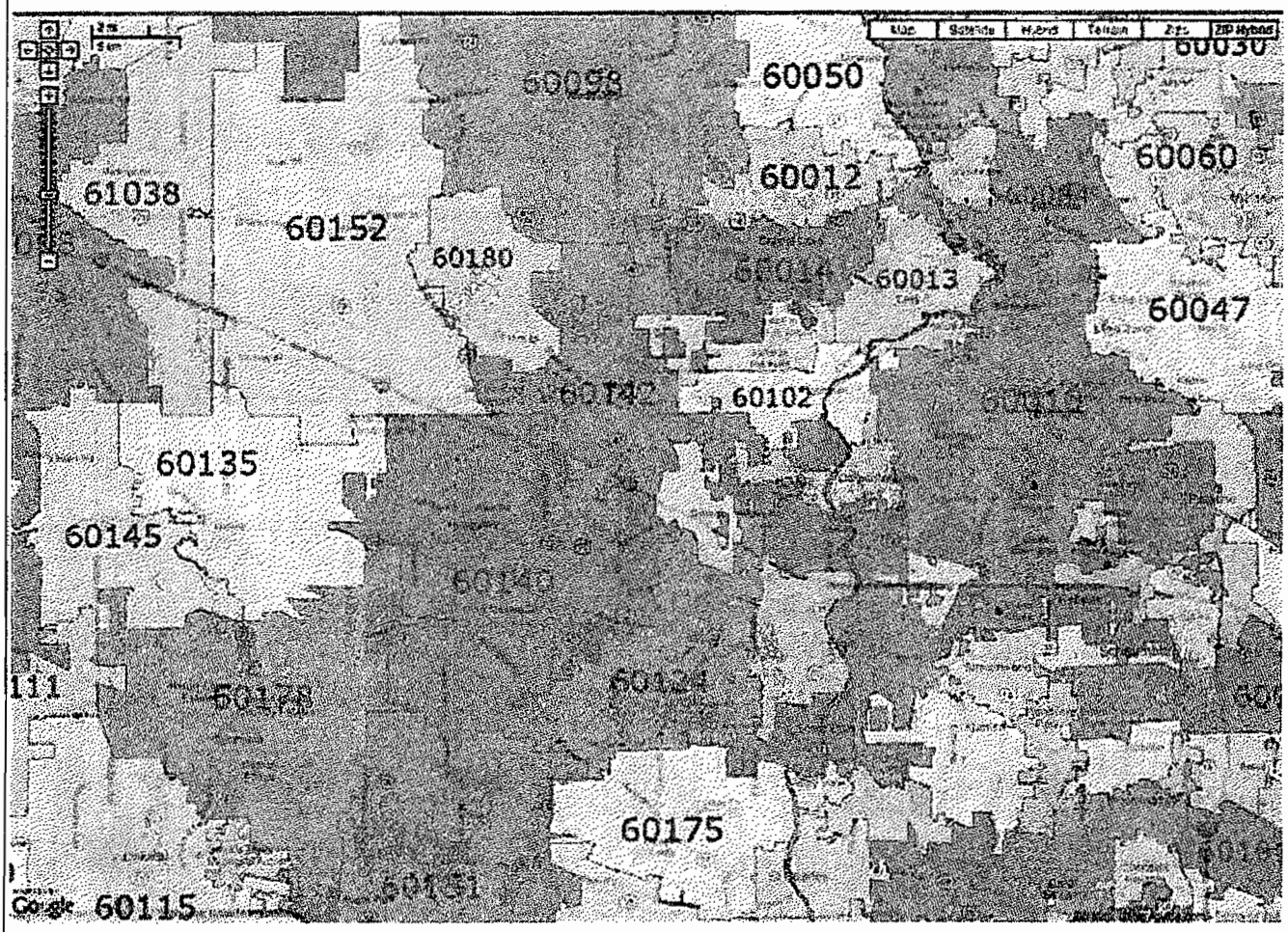


Market Area Map (26-minute drive time)

PMA Zip Codes

The Primary Market Area of a 26-minute drive time includes all or part of the following zip codes:

61008, 61038, 60152, 60180, 60135, 60178, 60140, 60151, 60175, 60124, 60098, 60012, 60013, 60014, 60010, 60102, 60142, 60156, 60118, 60110, 60123, 60177, 60120, 60192, 60107, 60103, 60194, 60169, 60195, 60184, 60173



Zip Code Map

Demographics

Total Population

PMA Population Projections							
	2000 Census		2013 Estimate		2018 Projection		Annual Change
	Number	% Total	Number	% Total	Number	% Total	2013 - 2018
Total Population	424,450	100%	531,068	100%	543,494	100%	0.5%
				% Change 2013-2018:		2.3%	

The PMA population is projected to increase at a rate of 0.5% per year, which is a solid growth rate.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

Elderly Population

PMA Elderly Population							
Population Over Age 75	2000 Census Number	% Total	2013 Estimate Number	% Total	2018 Projection Number	% Total	Annual Change 2013 - 2018
75-84	10,802	75%	15,613	72%	18,132	74%	3.2%
85 and Over	3,518	25%	6,121	28%	6,511	26%	1.3%
Total	14,320	100%	21,734	100%	24,643	100%	2.7%
				% Change 2013-2018:		13.4%	

The age 75-84 segment is projected to grow at a rate of 3.2% per year while the age 85+ growth rate is 1.3%. Both rates indicate solid future demand for SNFs as a significant percentage of the 75+ and 85+ cohorts typically require assistance with ADLs and skilled nursing care. Overall, the age 75+ population is projected to increase by 2,909 from 2013 to 2018. We also note that the age 65+ population is projected to increase by 11,513 from 2013 to 2018.

Adult Children Population

Adult children are often the decision-makers for housing options for their parents and are also a factor in relocating parents to be near their children and grandchildren.

PMA Adult Children Population							
	2000 Census Number	% Total	2013 Estimate Number	% Total	2018 Projection Number	% Total	Annual Change 2013 - 2018
Ages 45-64	85,768	100%	138,301	100%	144,598	100%	0.9%
Source: Claritas				% Change 2013-2018:		4.6%	

The "adult children" segment in the PMA is projected to increase at a rate of 0.9% per year (4.6% total from 2013 to 2018) which bodes well for long-term care facilities (ALFs, SNFs, etc.).

Incomes

Average Household Income Comparison				
	2000 Census	2013 Estimate	2018 Projection	Annual Change 2013 - 2018
PMA	$76,217	$84,879	$86,172	0.3%
Illinois	$61,629	$73,952	$75,801	0.5%
USA	$56,644	$69,637	$71,917	0.7%
Source: Claritas				

The PMA has an average household income that is higher than state and national averages but is projected to grow at a slightly slower rate than the state and nation.

Housing Values

Median All Owner-Occupied Housing Unit Values				
	2000 Census	2013 Estimate	2018 Projection	Annual Change 2013 - 2018
PMA	$163,072	$205,024	$192,356	-1.2%
Illinois	$127,526	$174,323	$171,102	-0.4%
USA	$112,465	$171,345	$176,692	0.6%
Source: Claritas				

The PMA has a median housing value higher than state and national averages. The sale of a home is often the main source of assets/income available to a senior to pay for long-term care. An American Seniors Housing Association survey

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

in May 2008 stated that 74% of seniors 75+ have paid off their mortgages. Assuming no debt, 10% sales costs, and a 3-year length of stay in a long-term care facility, the 2013 PMA data indicates $5,126 per month ($169 per day) available just from the sale of a home. With current private pay rates for "standard" SNF care starting around $170; this suggests that the sale of a home can provide for private pay care. Ample demand is suggested when combining with a senior's income (investments, retirement funds) and adult children assistance.

The following are private pay rates in the PMA for 1-bed and 2-bed "standard" SNF care:

Private Pay Rates Geriatric SNF						
		CVG Survey 12.23.2011		Recent IDPH Profiles		
		$/Day 1-Bed	$/Day 2-Bed	$/Day 1-Bed	$/Day 2-Bed	Overall Average Private Pay Rate
1	Rosewood Care Center of Elgin 2355 Royal Boulevard, Elgin, IL Kane	$203.00	$170.00	$171.00	$145.00	$200.85
2	Apostolic Christian Resthaven 2750 West Highland Avenue, Elgin, IL Kane	$218.00	$188.00	$203.00	$173.00	$166.11
3	Manorcare of Elgin 180 South State Street, Elgin, IL Kane	$296.00	$264.00	$267.00	$238.00	$201.77
4	Florence Nursing Home 546 East Grant Highway, Marengo, IL McHenry	$205.00	$190.00	$200.00	$165.00	$180.35
5	Fair Oaks Health Care Center 471 W Terra Cotta, Crystal Lake, IL McHenry	$275.00	$222.00	$257.00	$205.00	$218.02
6	Crystal Pines Rehab & HCC 335 Illinois St, Crystal Lake, IL McHenry	$275.00	$244.00	Not Avail	$195.00	$224.18

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

The following are private pay rates for ADRD SNF beds. We also include some facilities from the secondary market area as there are only two SNFs in the primary market area that have ADRD beds.

Private Pay Rates ADRD SNF beds		CVG Survey 2.12.2013			
		$/Day 1-bed	$/Day 2-bed	$/Day 3-bed	$/Day Overall Average
Primary Market Area					
1	Alden-Poplar Creek Rehab &Care 1545 Barrington Road, Hoffman Estates, IL Cook	$302	$296	$275	$291
2	Tower Hill Healthcare Center 759 Kane Street, South Elgin, IL Kane		$182	$162	$172
Secondary Market Area					
3	Lexington Of Streamwood 815 East Irving Park Road, Streamwood	$299	$267		$283
4	Claremont-Hanover Park 2016 West Lake Street, Hanover Park	$500	$250		$375
5	Friendship Village Schaumburg 350 West Schaumburg Road, Schaumburg	$380	$316		$348
6	Lexington Of Schaumburg 675 South Roselle Road, Schaumburg		$267		$267

With current private pay rates for ADRD SNF care starting around $162; this suggests that the sale of a home can provide for private pay care. Ample demand is suggested when combining with a senior's income (investments, retirement funds) and adult children assistance.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

EXISTING & PROPOSED SUPPLY – PMA

Huntley 26-Minute Max Drive Market Area

	Facility Name & Location County	Licensed Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Other % of Total	Date Source
1	South Elgin Rehab & Hlthcare CTR 746 West Spring Street, South Elgin, IL Kane	90	68 75.5%	54 79%	8 12%	6 9%	0 0%	2011 Medicaid Cost Report
					Quality Mix =	21%		
2	Tower Hill Healthcare Center 759 Kane Street, South Elgin, IL Kane	206	95 46.1%	57 60%	28 30%	9 10%	- 0%	2011 Medicaid Cost Report
					Quality Mix =	40%		
3	Rosewood Care Center of Elgin 2355 Royal Boulevard, Elgin, IL Kane	139	106 76.5%	35 33%	44 41%	27 25%	- 0%	2011 Medicaid Cost Report
					Quality Mix =	67%		
4	Sherman West Court 1950 Larkin Avenue, Elgin, IL Kane	120	81 67.9%	9 11%	30 37%	37 46%	6 7%	2011 Medicaid Cost Report
					Quality Mix =	82%		
5	Maplewood Care 50 North Jane Drive, Elgin, IL Kane	203	187 91.9%	172 92%	4 2%	8 4%	3 2%	2011 Medicaid Cost Report
					Quality Mix =	6%		
6	Asta Care Center Of Elgin 134 N. McClean Boulevard Elgin, IL Kane	102	85 83.0%	65 76%	5 6%	13 16%	2 2%	2011 Medicaid Cost Report
					Quality Mix =	21%		
7	Apostolic Christian Resthaven 2750 W. Highland Avenue, Elgin, IL Kane	50	46 92.3%	9 19%	37 81%	- 0%	- 0%	2011 Medicaid Cost Report
					Quality Mix =	81%		
8	Manorcare of Elgin 180 South State Street, Elgin, IL Kane	88	75 85.1%	50 66%	3 4%	15 20%	7 10%	2011 Medicaid Cost Report
					Quality Mix =	24%		
9	Heritage Manor - Elgin 355 Raymond Street, Elgin, IL Kane	94	79 83.9%	59 75%	8 10%	12 15%	- 0%	2011 Medicaid Cost Report
					Quality Mix =	25%		

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

Huntley 26-Minute Max Drive Market Area

	Facility Name & Location County	Licensed Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Other % of Total	Date Source
10	Alden-Poplar Creek Rehab &Care 1545 Barrington Road, Hoffman Estates, IL Cook	217	184 85.0%	130 71%	15 8%	32 17%	7 4%	2011 Medicaid Cost Report
					Quality Mix =	26%		
11	Florence Nursing Home 546 E. Grant Highway, Marengo, IL McHenry	52	46 89.4%	13 29%	23 50%	10 21%	- 0%	2011 Medicaid Cost Report
					Quality Mix =	71%		
12	Valley Hi Nursing Home 2406 Hartland Road, Woodstock, IL McHenry	128	123 95.7%	77 63%	23 19%	11 9%	11 9%	2011 Medicaid Cost Report
					Quality Mix =	28%		
13	Hearthstone Manor 920 North Seminary Avenue, Woodstock, IL McHenry	75	58 76.8%	21 37%	25 44%	11 19%	- 0%	2011 Medicaid Cost Report
					Quality Mix =	63%		
14	Crossroads Care Center 309 McHenry Avenue, Woodstock, IL McHenry	115	89 77.0%	63 72%	9 10%	11 12%	6 7%	2011 Medicaid Cost Report
					Quality Mix =	22%		
15	Fair Oaks Health Care Center 471 W Terra Cotta, Crystal Lake, IL McHenry	46	40 86.7%	7 17%	20 51%	12 31%	1 2%	2011 Medicaid Cost Report
					Quality Mix =	82%		
16	Crystal Pines Rehab & HCC 335 North Illinois Street, Crystal Lake, IL McHenry	107	95 88.4%	65 69%	15 16%	14 15%	- 0%	2011 Medicaid Cost Report
					Quality Mix =	31%		
		Licensed Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Other % of Total	
	Totals:	1,832	1,456 79.5%	886 61%	298 20%	229 16%	43 3%	
		Vacancy =	20.5%		Quality Mix =	36%		

Proposed / Under Construction	Licensed Beds
17 Addison Rehabilitation & Living Center 1754 Capital Street, Elgin, IL Kane	120
	Total Licensed Beds 1,952

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

PMA Notes

- The PMA has an average occupancy of 79.5% with a solid quality census mix of 36% (private pay and Medicare).
- We note that some SNFs have very high Medicare census mixes which means that they need to keep available/open beds for the volatile Medicare census – so the result is that the effective bed capacity total is likely lower than shown in the table.
- There is one sub-acute hospital unit (Centegra Specialty Hospital Woodstock, 40 beds) that was specifically not included as these are short-term rehab beds. This facility refers residents out to local SNFs for long-term care or to complete rehab stays.
- A 120-bed SNF was approved for South Elgin; however, the developer of that property has since gone into bankruptcy and the City of South Elgin confirmed that the property will not be developed with a SNF. Therefore, it was not included in the table above.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

DEMAND ANALYSIS (BED NEED) – STANDARD SNF

Bed Need Indicator #1: State-Calculated Bed Need

The subject is in Planning Area 8, which includes McHenry, Lake, and Kane Counties. The subject is in far northern Kane County near the border with McHenry County.

Planning Area: Health Service Area 8			
	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
Kane County	**3,322**	**2,894**	**428**
Lake County	5,275	4,734	541
McHenry County	1,501	1,032	469
	10,098	8,660	1,438

* Source: Long-Term Care Facility Updates - 9/19/2011-2/6/2013

Per the state, Kane County has a current state-calculated **bed need of 428 beds:**

Bed Need Indicator #2: Applying State HSA Use Rates to the PMA

According to the IHFPB and IDPH, the 2018 PSA Planned Use Rates for Kane County are follows:

Age	Kane County
0-64	391.7
65-74	3,943.2
75+	26,710.2

The next step is applying those average use rates to the 2018 PMA population forecasts as supplied by Claritas, Inc.

Based Upon: 2018 PSA Use Rates							
Age	2016 Population	Avg PSA Use Rate	Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ)	Less Total Beds	Bed Need
0-64	475,361	391.7	186,198.9	510.1	566.8		
65-74	43,489	3,943.2	171,485.8	469.8	522.0		
75+	24,643	26,710.2	658,219.5	1,803.3	2,003.7		
Market Area Totals			**1,015,904.2**	**2,783.3**	**3,092.6**	**1,952.0**	**1,140.6**

Applying state use rates to the Primary Market Area population forecast results in a **bed need 1,140.6 beds.**

Bed Need Indicator #3: General Population Use Rate

From our research, the vast majority of the PMA facilities focus on elderly residents as opposed to those aged 0-64. We do note that some focus on a younger MI census and that most facilities accept Medicare (age 65+ eligibility), so using the age 75+ segment would understate demand. Therefore, we use the age 65+ segment to calculate use rates for the geriatric nursing facilities in the PMA.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

The age 65+ PMA population for 2013 is 56,619 people. Our research of the PMA indicates 1,456 occupied NF beds, which is a use rate of 2.57% of the age 65+ PMA population. This is a similar ratio to other ratios we have calculated for similar markets.

The projected age 65+ PMA population for 2018 is 68,132, so using the same 2.57% use rate equates to 1,752 projected occupied beds in 2018. This is an increase of 296 occupied beds from the current level, which indicates growing demand in the PMA.

The current PMA average occupancy is 79.5% (1,456 occupied beds / 1,832 licensed beds). After including the 120 new beds already approved for the PMA (Addison Rehab, Elgin) plus the subject's proposed 110 beds, the supply will increase by 230 beds to 2,062 beds. With a projected occupancy of 1,752 beds in 2018, this would equate to an average PMA occupancy of 85% which is higher than the current occupancy. **This means that there is ample demand to support all 2,062 beds and still allow the existing SNFs to increase their occupancy from the current 79.5% to 85%.**

The following table summarizes our calculations:

Geriatric Demand Using Current Capture Rate	
2013 Age 65+ Population in PMA	56,619
Current Occupied Beds in PMA	1,456
Current Age 65+ Use Rate in PMA	2.57%
2018 Age 65+ Population in PMA	68,132
Current Age 65+ Use Rate in PMA	2.57%
Projected 2018 PMA Occupied Beds	1,752
Incremental Demand	296

Projected PMA Occupancy	
Current PMA Licensed Bed Supply	1,832
Current PMA Occupied Beds	1,456
Current PMA Occupancy %	79.5%
Projected PMA Bed Supply	2,062
Projected 2018 PMA Occupied Beds	1,752
Projected PMA Occupancy %	85.0%

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

DEMAND ANALYSIS (BED NEED) – DEMENTIA SNF

Current & Future Supply

Only 2 out of the existing 16 facilities in the PMA have a state-certified ADRD (Alzheimer's Disease and Related Disorders) unit.

Shorewood 30-Minute Max Drive Market Area - Facilities With Secured ADRD Unit

	Facility Name & Location County	# Secured ADRD Beds	Occupied Beds % Occupancy	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Combined MCR + Pvt. % of Total	Other/VA/ins. % of Total
1	Alden-Poplar Creek Rehab &Care 1545 Barrington Road Hoffman Estates, IL Cook County	44	44 100.0%	41 93%	2 5%	1 2%	0%	0%
					Quality Mix =	7%		
2	Tower Hill Healthcare Center 759 Kane Street South Elgin, IL Kane County	31	31 100.0%	25 81%	6 19%	0%	0%	0%
					Quality Mix =	19%		
		Total ADRD Beds	Occupied Occupancy %	# Medicaid % of Total	# Private Pay % of Total	# Medicare % of Total	# Combined % of Total	Other/VA/ins. % of Total
	Totals:	75	75 100.0%	66 88.0%	8 10.7%	1 1.3%	- 0.0%	- 0.0%
		Vacancy =	0.0%		Quality Mix =	12.0%		
		Total Licensed SNF Beds	ADRD Beds % of Total Beds					
		1,832	75 4.1%					

- Both are 100% occupied and Tower Hill reported they usually have a wait list.
- The quality mix is modest at 12%.
- The ADRD beds account for only 4.1% of the total licensed bed supply.

As both facilities are full and Tower Hill has a wait list, this indicates unmet demand for ADRD SNF beds in the PMA.

There are no known proposed or approved ADRD SNFs in the PMA. There is one proposed SNF in the market, Addison Rehab and Living Center in Elgin. We spoke with the Elgin planning department and the representative there stated that no permits have been granted on this property. As such, we do not know if an ADRD unit has been planned or approved for this proposed property.

ADRD Secured SNF Unit Demand

In order to estimate demand for ADRD SNF beds, we researched the number of people having or projected to have ADRD. The best statistics available were related to national (U.S.) estimates. We did not uncover any ADRD statistics specifically for the subject's PMA, the Chicago area, or Kane County.

ADRD Statistics

The following are some ADRD statistics (dementia, Alzheimer's, etc.):

Source #1

The following was taken from a press release as of February 6, 2013 from the American Academy of Neurology. http://www.aan.com/press/index.cfm?fuseaction=release.view&release=1142

Study: Number of People with Alzheimer's Disease May Triple by 2050

"This increase is due to an aging baby boom generation. It will place a huge burden on society, disabling more people who develop the disease, challenging their caregivers, and straining medical and social safety nets," said co-author Jennifer Weuve, MPH, ScD, assistant professor of medicine, Rush Institute for Healthy Aging at Rush University

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

Medical Center in Chicago. "Our study draws attention to an urgent need for more research, treatments and preventive strategies to reduce this epidemic."

For the study, researchers analyzed information from 10,802 African-American and Caucasian people living in Chicago, ages 65 and older, between 1993 and 2011. Participants were interviewed and assessed for dementia every three years. Age, race and level of education were factored into the research.

The data were combined with US death rates, education and current and future population estimates from the US Census Bureau.

The study found that the total number of people with Alzheimer's dementia in 2050 is projected to be 13.8 million, up from 4.7 million in 2010. About 7 million of those with the disease would be age 85 or older in 2050.

"Our detailed projections use the most up-to-date data, but they are similar to projections made years and decades ago. All of these projections anticipate a future with a dramatic increase in the number of people with Alzheimer's and should compel us to prepare for it," said Weuve.

Liesi Hebert, ScD, assistant professor, Rush University Medical Center, is lead author of the study.

The study was supported by the Alzheimer's Association and the National Institute on Aging of the National Institutes of Health.

According to the study, in 2010, there were 0.7 million people with Alzheimer's between 65 and 74 years old, 2.3 million between 75 to 84, and 1.8 million 85 and older. The total number of people aged 65+ with Alzheimer's was 4.7 million in 2010. The number is projected to increase to 13.8 million by 2050. The indicated increase is 227,500 per year (4.84% per year) over the next 40 years.

Source #2

The following information is from the Alzheimer's Association 2012 Facts and Figures report:

http://www.alz.org/documents_custom/2012_Facts_Figures_Fact_Sheet.pdf:

- Most people with Alzheimer's have one or more other serious medical conditions. Dementia complicates management of these conditions.
- A senior with diabetes and Alzheimer's costs Medicare 81 percent more than a senior who has diabetes but no Alzheimer's.
- A senior who has cancer and Alzheimer's costs Medicare 53 percent more than a senior with cancer but no Alzheimer's.
- Today, 5.4 million Americans are living with Alzheimer's disease – 5.2 million aged 65 and over, and 200,000 under the age of 65. By 2050, up to 16 million will have the disease.
- Of Americans aged 65 and over, 1 in 8 has Alzheimer's, and nearly half of people aged 85 and older have the disease.
- Another American develops Alzheimer's disease every 68 seconds. In 2050, an American will develop the disease every 33 seconds.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

Alzheimer's is not just memory loss – Alzheimer's kills.

- Alzheimer's disease is the 6th leading cause of death in the United States and the 5th leading cause of death for those aged 65 and older.
- Alzheimer's is the only cause of death among the top 10 in America without a way to prevent, cure or even slow its progression.
- Deaths from Alzheimer's increased 66 percent between 2000 and 2008, while deaths from other major diseases, including the number one cause of death (heart disease), decreased.

The article above states that 5,200,000 people in the United States aged 65+ have Alzheimer's Disease.

Source #3

Alzheimers Society, Statistics, 2009:

- The proportion of people with dementia doubles for every 5 year age group. 5% of people aged 65 and over, 20% of people aged 80 and over and 33% of people aged 90 and over have dementia.

Source #4

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=341:

- The proportion of people with dementia doubles for every 5 year age group.
- One third of people over 95 have dementia.
- **64% of people living in care homes have a form of dementia.**
- Two thirds of people with dementia live in the community while one third live in a care home.

Source #5

http://www.nia.nih.gov/sites/default/files/nia-who_report_booklet_oct-2011_a4_1-12-12_5.pdf:

The potential for an active, healthy old age is tempered by one of the most daunting and potentially costly consequences of ever-longer life expectancies: the increase in people with dementia, especially Alzheimer's disease. Most dementia patients eventually need constant care and help with the most basic activities of daily living, creating a heavy economic and social burden. Prevalence of dementia rises sharply with age. An estimated 25-30 percent of people aged 85 or older have dementia.

Alzheimer's disease (AD) is the most common form of dementia and accounted for between two-fifths and four-fifths of all dementia cases cited in the OECD report. More recent analyses have estimated the worldwide number of people living with AD/dementia at between 27 million and 36 million. The prevalence of AD and other dementias is very low at younger ages, then nearly doubles with every five years of age after age 65. In the OECD review, for example, dementia affected fewer than 3 percent of those aged 65 to 69, but almost 30 percent of those aged 85 to 89. More than one-half of women aged 90 or older had dementia in France and Germany, as did about 40 percent in the United States, and just under 30 percent in Spain.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

Source #6

Phone interview in 2002 with now retired G. Kent Barnheiser – former President and CEO of the Greater Illinois Chapter of the Alzheimer's Association (non-profit organization; 847-933-2413; www.*alz.org*). Mr. Barnheiser stated that 47% of those age 85+ require special dementia care and that of those, 70% stay at home for care. He also stated that there are not enough quality beds in the greater Chicago area, including the subject area, to satisfy demand.

ADRD Statistics - Conclusion

Only the first two sources provide a quantifiable number of persons aged 65+ having ADRD. These sources specifically use the diagnoses of "Alzheimer's Disease but we recognize there are other diseases that exhibit similar symptoms to Alzheimer's disease and therefore the estimate below maybe understated.

Source #	# people 65+ with Alzheimer's in the U.S.
1 - American Academy of Neurology Februart 6, 2013	4,700,000
2 - Alzheimer's Association 2012 Facts and Figures	5,200,000
Average	**4,950,000**

ADRD SNF Bed Demand in the PMA

We used a five step fundamental analysis process. We first analyze the **2013** demand.

2013 SNF ADRD Bed Need in PMA

Estimate % persons 65+ with ADRD in USA	
No. people aged 65+ with ADRD	4,950,000
÷ Estimated US Population 2013 Aged 65+	43,861,920
= % of people aged 65+ with ADRD	**11.29%**

Estimate % of population (use rate) in the PMA in area SNFs	
Current Occupied SNF Beds in PMA	1,456
÷ 2013 Age 65+ Population in PMA	56,619
= Current Age 65+ SNF Use Rate in PMA (all diagnoses)	**2.57%**

Estimate # of people in PMA with ADRD	
2013 Age 65+ Population in PMA	56,619
x % of people aged 65+ with ADRD (step 1)	11.29%
= Estimated people with ADRD in the PMA in 2013	**6,390**

Estimate 2013 PMA Demand (in # of beds) for ADRD SNF beds	
Estimated people with ADRD in the PMA (step 3)	6,390
x % of people aged 65+ in SNFs (step 2)	2.57%
= 2013 ADRD SNF bed need in PMA	**164**

Estimate 2013 total # Additional ADRD beds needed in PMA	
Total 2013 ADRD SNF bed need in PMA (step 4)	164
- Supply # of licensed beds	75
= 2013 Additional Beds Needed or Excess Beds ()	**89**

Step 1 – In the previous section we estimated that approximately 4,950,000 of people aged 65+ in the United States have ADRD. In order to estimate the percentage (use rate), we divide that by the total U.S. 2013 population aged 65+ (from Claritas). Conclusion = 11.29% people aged 65+ have ADRD.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

Step 2 – As we did in the Geriatric SNF analysis, we estimate the percentage (use rate) of people aged 65+ in the Primary Market Area in PMA SNFs by dividing the number of currently occupied SNF beds by the total 65+ population in the PMA. Conclusion = 2.57%.

Step 3 – We estimate the number of residents in the PMA having ADRD by multiplying 11.29% to the total population 65+ in the PMA. Conclusion = 6,390 persons 65+ in the PMA with ADRD.

Step 4 – Not all people with ADRDs need SNF levels of care. To estimate need for ADRD SNF beds specifically, we used the SNF use rate in the PMA of 2.57% and multiplied that by the estimated number of people 65+ with ADRD. Conclusion = 164 beds.

Step 5 – We estimate the additional ADRD SNF beds needed by subtracting the 75 existing licensed ADRD beds from the demand of 164 beds. Conclusion = An additional 89 ADRD SNF beds are needed to satisfy the current demand. This is likely the reason the 2 existing ADRD units in the PMA are both 100% occupied.

Below we estimate the bed need for **2018** using the same process.

2018 SNF ADRD Bed Need in PMA

Step 1

Estimate % persons 65+ with ADRD in USA	
No. people aged 65+ with ADRD	4,950,000
÷ Estimated US Population 2013 Aged 65+	43,861,920
= % of people aged 65+ with ADRD	**11.29%**

Step 2

Estimate % of population (use rate) in the PMA in area SNFs	
Projected Occupied SNF Beds in PMA	1,752
÷ 2018 Age 65+ Population in PMA	68,132
= Projected Age 65+ SNF Use Rate in PMA (all diagnoses)	**2.57%**

Step 3

Estimate # of people in PMA with ADRD	
2018 Age 65+ Population in PMA	68,132
x % of people aged 65+ with ADRD (step 1)	11.29%
= Estimated people with ADRD in the PMA in 2013	**7,689**

Step 4

Estimate 2013 PMA Demand (in # of beds) for ADRD SNF beds	
Estimated people with ADRD in the PMA (step 3)	7,689
x % of people aged 65+ in SNFs (step 2)	2.57%
= 2018 ADRD SNF bed need in PMA	**198**

Step 5

Estimate 2013 total # Additional ADRD beds needed in PMA	
Total 2013 ADRD SNF bed need in PMA	198
- Supply # of licensed beds (includes subject proposed SNF)	135
= 2018 Additional Beds Needed or Excess Beds ()	**63**

The table above reflects both the increasing age 65+ population and the increase in bed supply in Step 5. **Even with the addition of the subject's 60 ADRD SNF beds, there is still an additional need for 63 ADRD SNF beds.** So a facility/unit opening in two years would be able to satisfy pent-up demand almost immediately; meaning that, the impact on occupancy at other facilities in the PMA would be non-existent.

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

MICHAEL L. COOPER, MAI

Cooper Valuation Group™

Appraisals

Market Studies

Specializing in Healthcare & Senior Housing

PROFESSIONAL AFFILIATIONS:	PROFESSIONAL EXPERIENCE:
Received MAI designation in March 2012.	Cooper Valuation Group, President, Hinsdale, IL; January 2010 to present. Appraisal Research Counselors, VP-Senior Care Division, Chicago, IL; May 1993 to January 2010.
STATE CERTIFICATIONS:	EDUCATION:
Illinois Certified General Appraiser **Wisconsin** Certified General Appraiser **Indiana** Certified General Appraiser **Michigan** Certified General Appraiser **Missouri** Certified General Appraiser **Ohio** Certified General Appraiser	Bachelor of Business Administration Degree in Real Estate and Finance from the **University of Wisconsin-Madison, December 1991.**

Completed HUD Lean Appraisals (partial list)	**Attended HUD Lean Training**
2009: Manor Court of Peoria, 50-Bed SNF & 68-Bed ALF, Peoria, Illinois	• Seattle – December 2008
2010: Heritage at Deer Creek RCAC/CBRF, 43 ALF Units and 33 Memory Care ALF Units, New Berlin, Wisconsin	• Chicago – January 2010
2010: Hillsboro Rehabilitation and Health Care Center, 107-Bed SNF, Hillsboro, Illinois	• Chicago – September 2011
2010: Alden Estates of Skokie, 56-Bed SNF, Skokie, Illinois	
2010: Festus Manor, 120-Bed SNF, Festus, Missouri (sub-rehab)	
2011: Fair Oaks Rehabilitation and Health Care Center, 78-Bed SNF, South Beloit, Illinois	
2011: Lakeland Rehabilitation and Health Care Center, 133-Bed Skilled Nursing Facility, Effingham, Illinois	
2011: Carlinville Rehabilitation and Healthcare Center, 98-Bed Skilled Nursing Facility, Carlinville, Illinois	
2011: Prairie Winds of Urbana, 92-Unit Supportive Living Facility, Urbana, Illinois	
2012: Autumn Health Care of Cambridge, 50-Bed Skilled Nursing Facility, Cambridge, Ohio	
2012: Appleton Retirement Community, 104-Unit RCAC (ALF), Appleton, Wisconsin	
2012: Lee Manor Rehabilitation and Nursing, 260-Bed Skilled Nursing Facility, Des Plaines, Illinois	

Completed HUD MAP Appraisals (partial list)

2010: Villa Vianney Apartments, 54-Unit Apartment Complex, Sherman, Illinois (Elderly, Market-Rate)

2010: Carroll Tower Apartments, 108-Unit Apartment Building, St. Charles, Illinois (Elderly HAP)

2012: Morningside North Apartments, 256-Unit Apartment Building, Chicago, Illinois (Elderly HAP)

Significant experience with long-term and short-term care facilities including Market Studies and Appraisals for:

- Skilled Nursing Facilities (geriatric and pediatric)
- Intermediate Care Facilities, including MI and DD facilities
- Assisted Living Facilities (geriatric, dementia)
- Supportive Living Facilities (geriatric, disabled, dementia)
- Independent Living Facilities
- Age-Restricted Senior Housing
- Continuum of Care Retirement Communities
- Alzheimer / Dementia Facilities

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
553.001488

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.

EXPIRES
09/30/2013

CERTIFIED
GENERAL REAL ESTATE APPRAISER

MICHAEL L COOPER
5 SOUTH MONROE
HINSDALE, IL 60521

BRENT E. ADAMS
SECRETARY

JAY STEWART
DIRECTOR

The official status of this license can be verified at www.idfpr.com

5990150

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

ELISHEVA BELLER, MAI

PROFESSIONAL EXPERIENCE:

Appraiser – Cooper Valuation Group, Vice President, Hinsdale, IL 2010-Present
Appraiser - Appraisal Research Counselors, Chicago, IL 2007-2010
Property Manager, Oak Properties L.P., Westmont, IL 2005-Present
Appraiser - Appraisal Research Counselors, Chicago, IL 1999-2005
Appraiser - William A. McCann and Associates, Inc., Chicago, IL 1997-1999
Appraiser - Theodore R. Kowalski and Associates, Ltd., Chicago, IL 1995-1997

EDUCATION:

Bachelor of Arts Degree, Communication, University of Illinois at Chicago, 1990
Master of Arts Degree, Communication, University of Illinois at Chicago, 1994

PROFESSIONAL AFFILIATIONS

Appraisal Institute: MAI as of September 2012.

Attended HUD Lean Training:
- Chicago – January 2010
- Chicago – September 2011

CERTIFICATIONS:

State of Illinois Certified General Appraiser
State of Indiana Certified General Appraiser
State of Michigan Certified General Appraiser
State of Missouri Certified General Appraiser

APPRAISAL EXPERIENCE:

Ms. Beller's experience includes market value appraisals of varied property types for acquisition, condemnation, mortgage, estate, ad valorem tax, litigation, and other purposes.

From September 1995 to the present Ms. Beller has been involved in the valuation of real estate. Her experience includes the valuation of a wide variety of property types including residential, commercial, industrial, and special purpose properties. She is also experienced in the valuation of leasehold and leased fee interests. Appraisal assignments have been performed throughout the States of Wisconsin, Illinois, Missouri, Michigan and Indiana.

Significant Experience with senior care facilities including Market Studies and Appraisals for:

- Skilled Nursing Facilities (geriatric)
- Assisted Living Facilities
- Supportive Living Facilities
- Independent Living Facilities
- Continuum of Care Retirement Communities
- Alzheimer/Dementia Facilities

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
553.001186

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.

EXPIRES:
09/30/2013

CERTIFIED
GENERAL REAL ESTATE APPRAISER

ELIZABETH BELLER
3721 NORTH SPAULDING AVENUE
CHICAGO, IL 60618

BRENT E. ADAMS
SECRETARY

JAY STEWART
DIRECTOR

The official status of this license can be verified at www.idfpr.com

6156279

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
557.005669

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:

EXPIRES:
09/30/2013

ASSOCIATE
REAL ESTATE
TRAINEE APPRAISER

PATRICK T RILEY
98 VALLEY ROAD
GLEN ELLYN, IL 60137

BRENT E. ADAMS
SECRETARY

JAY STEWART
DIRECTOR

The official status of this license can be verified at www.idpr.com

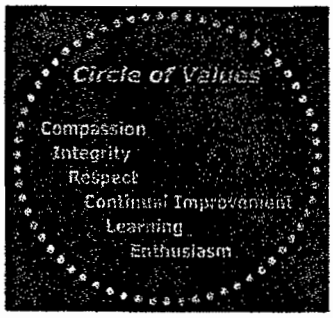
6194068

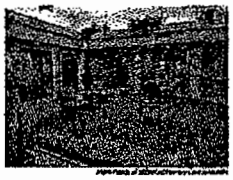
© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-11C

FOSTERING A CARING, LOVING, SUPPORTIVE

PATHWAYS MEMORY CARE PROGRAM





- OUR PROGRAM IS DEDICATED TO MEETING RESIDENTS' NEEDS AT ALL STAGES OF ALZHEIMER'S DISEASE AND OTHER RELATED DEMENTIA DIAGNOSES
- WE SHAPE OUR PROGRAM AROUND OUR RESIDENTS INDIVIDUALIZED NEEDS
- WE HAVE THREE LEVELS OF PROGRAMMING TO PROVIDE PERSON-CENTERED CARE
- THE DEVELOPMENT OF THE THREE-TIERED LEVELS: THE MEMORY STRENGTHENING, MEMORY PATH, AND EMOTIONS PATH LEVELS HELP TO PROVIDE MEMORIES, CARE AND COMFORT IN ASSISTING RESIDENTS TO FUNCTION AT THEIR HIGHEST LEVEL OF INDEPENDENCE

The Pathways Program is a Specialized Dementia-Care Program dedicated to enhance and comfort the lives of those residents living with Alzheimer's Disease and related dementias. Creating a home-like environment provides the residents with a sense of familiarity, comfort and love. Providing the residents with a pleasant, memory evoking, home-like environment can further help to decrease comorbid negative symptoms of Alzheimer's disease and dementias.

Pathways Program Locations

Alden of Lincoln Park
Alden of Wentworth
Alden Estates of Orland Park
Alden Estates of Naperville
Alden Courts of Des Plaines
Alden Courts of Waterford
Alden of McHenry
Alden of Long Grove
Alden of Town Manor
Alden of Park Strathmoor
Alden of Valley Ridge

ALDEN

ALDEN MANAGEMENT SERVICES

To be the best residential and long–term care provider for our customers.

ATTACHMENT-11D

DEMENTIA MEMORY CARE PROGRAM

Purpose: The Pathways Program is a Specialized Dementia Care Program dedicated to enhance and comfort the lives of those residents living with Alzheimer's Disease and related dementias. Creating a home like-environment provides the residents with a sense of familiarity, comfort, and love. Providing the residents with a pleasant, memory evoking, home-like environment can further help to decrease symptoms of Alzheimer's disease and dementias, such as agitation, anxiety, lack of enthusiasm, and aggravation. Furthermore, this program is dedicated to providing an environment that helps to stimulate and maintain a resident's level of cognitive functioning. Furthermore, staff develop relationships with patience, compassion and love. Dementia Care Units are secure, and promote safety, health, and wellbeing.

Pathways Memory Care Program

The Pathways Program is divided into three life skills/activity programming areas to capture the variety of cognitive levels that are exhibited on the dementia care units. They are as follows:

Memory Strengthening Program

The Memory Path Program is a program dedicated to those residents who are a high level of cognitive functioning. These residents may score high on cognitive testing, alert and oriented to the unit, staff, family, and other residents; they understand the structure of the Pathways Program.

This program provides the following:

Engagement:

This part of the program places emphasis of having residents assists other residents. These residents help to run activities, such as Bingo, JackPot, trivia, exercise, etc. These residents may enjoy helping to decorate for holidays, help hand out clothing protectors at meals, etc. This part of the program gives a resident a sense of belonging and helpfulness to others.

Enhancement:

This part of the program focuses on memory enhancement. These residents participate in memory/mind games, reading, trivia, etc, that help to maintain their knowledge and stimulate the mind. They may also participate in reminiscence and life skill activities. This program may be task oriented, with supervision rather than hands on assistance.

Evoking:

This part of the program also has a resident meeting, where the residents meet and discuss what activities they would like to see the dementia care unit. These residents also are given structure, but they are encouraged to still make

ATTACHMENT-11D

choices as so what they would like to be active in and what they would like to do to participate. The purpose of this portion of the program is to bring out their talents, abilities, choices, and individuality.

Memory Path Program:

The Memory Path Program is for those residents who require support and memory evoking programming in order to find a "path: to their memories and emotions. These residents may have cognitive function varying more often; require more assistance with activities of daily living, redirection and support.

The Memory Path Program Provides the following:

Engagement: This level of the program is dedicated to providing person centered engagement. Understanding the best cues and redirection techniques are key to maximizing participation and creating a connection with the program taking place. Furthermore, staff must understand the best approaches may vary day to day or even minute to minute.

Enhancement: This level of the program is dedicated to enhancing residents' emotions and sensory stimulation. Sights, sounds, smells are incorporated into their routine. Stimulating feelings within our residents can help to access memories and emotions that require stimulation to make a connection to their memories. Types of activities include baking, reminiscing, where many senses are stimulated at once.

Evoking: The program focus is to evoke emotions, feelings, sensations. This part of the program does stress that at any time of the day, during any activity, the staff can evoke feelings of care and comfort in our residents.

The Emotion Path Program

The emotions plan program is a link to emotions that stimulate feelings and/or memories. This is important throughout stages of programming for Alzheimer's; however this program emphasizes the senses, as residents abilities to demonstrate understanding and communicate their needs is limited to none in this stage.

Engagement: Resident Engagement is created by stimulating the senses. Sensory stimulation and programming is an aspect of all three programs; however in this activity program engagement is developed through response of sight, sound, touch, taste and smell. The focus is on stimulating the five senses daily; examples of these activities are taste testing, music, hand massages, etc. The use of Montessori activities are also used, to maintain abilities the residents still can maintain (for example, wrapping yarn around a soda bottle can help maintain the ability to move the hand).

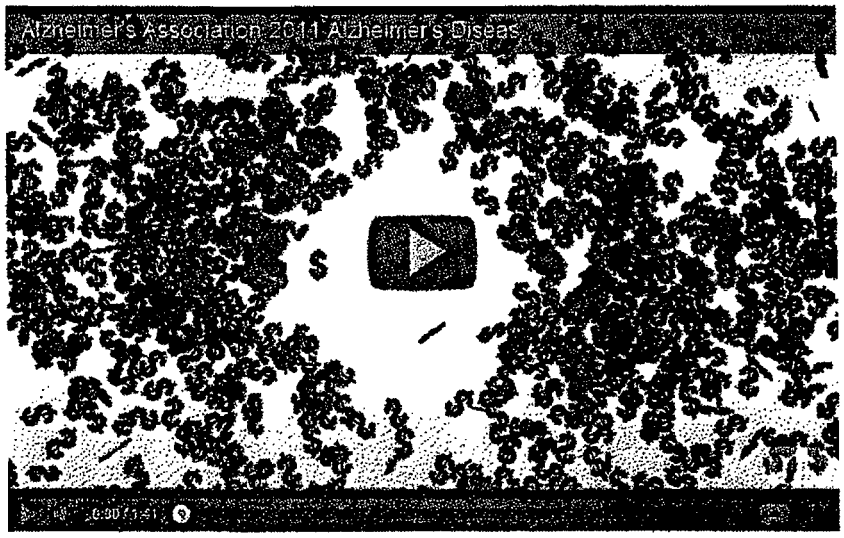
Enhancement: This level of the program uses engagement of the senses to evoke memories. Feelings are not affected by the disease, and emotions/feelings are used to evoke those feelings.

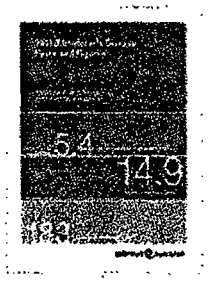
Evoking: This part of the program is about providing emotional support and love to our residents. These are the "unscheduled" moments were staff provide hugs, touch, and care, to evoke pleasant moments.

ATTACHMENT-11D

alzheimer's association

Alzheimer's Facts and Figures





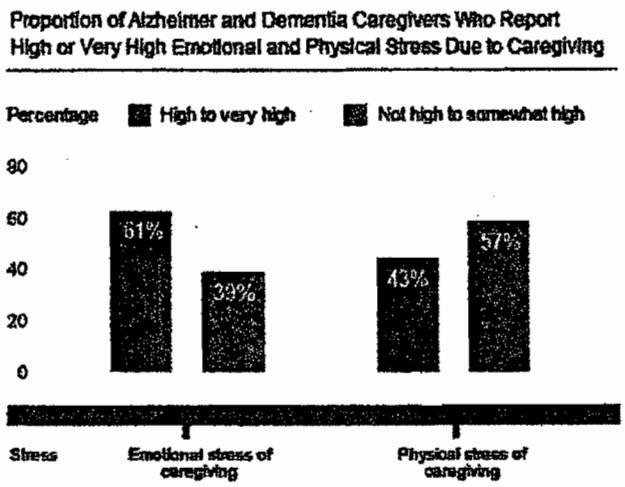
Facts and Figures, an annual report released by the Alzheimer's Association, reveals the burden of Alzheimer's and dementia on individuals, caregivers, government, and the nation's healthcare system.

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

Unpaid caregivers and stress

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

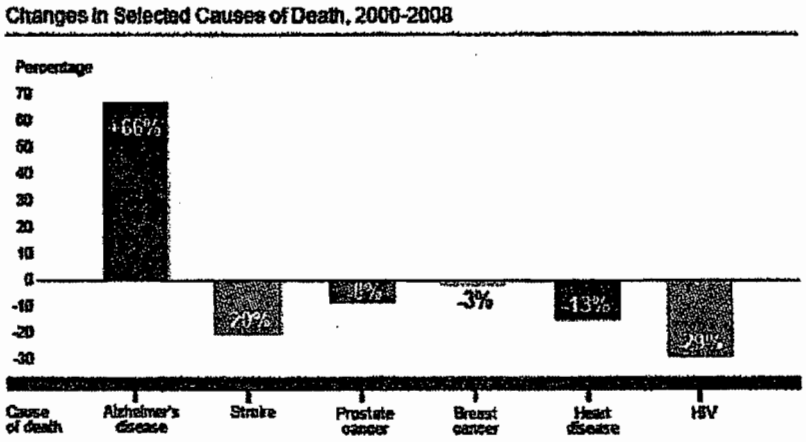
ATTACHMENT-11E



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

Deaths from Alzheimer's disease

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



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

Back to top

Alzheimer's facts in each state

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

ATTACHMENT-11E

alzheimer's association

Illinois

ALZHEIMER'S STATISTICS

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

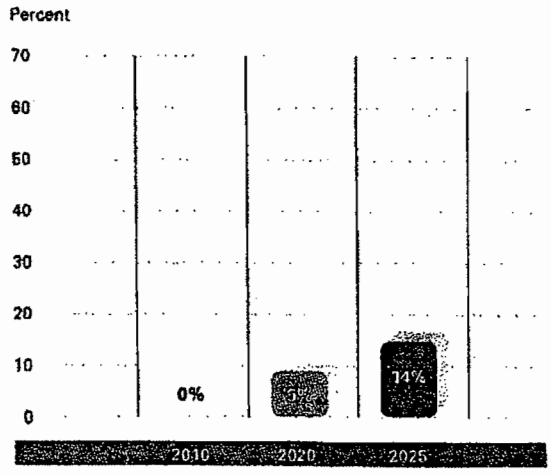
Number of People Aged 65 and Older with Alzheimer's by Age

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

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

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

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



Cognitive Impairment in Nursing Home Residents, 2008

Total Nursing Home Residents **170,454**

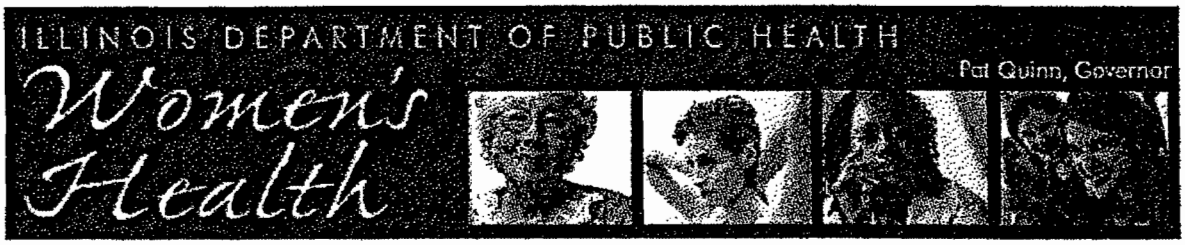
Level of Cognitive Impairment
- severe/moderate
- mild/very mild
- none

Number of Deaths Due to Alzheimer's Disease in 2007

2,734

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

ATTACHMENT-11E



Facts About Alzheimer's Disease

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

What is Alzheimer's disease?

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

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

Symptoms/warning signs of AD may include the following:

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

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

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

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

ATTACHMENT-11E

Why is an early diagnosis important?

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

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

Is there any treatment for Alzheimer's disease?

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

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

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

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

Is research on Alzheimer's disease being done?

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

Where can I get more information?

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

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

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

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

Downstate area (Illinois' remaining 93 counties):

Center for Alzheimer's Disease/Related Disorders

ATTACHMENT-11E

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Alzheimer's Disease

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

What is Alzheimer's disease?

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

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

Symptoms/warning signs of AD may include the following:

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

If several of these symptoms/warning signs are present, the person should be

ATTACHMENT-11E

evaluated by a physician. Frequently, the early symptoms of AD, which include forgetfulness and loss of concentration, are mistakenly dismissed as normal signs of aging.

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

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

Why is an early diagnosis important?

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

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

Is there any treatment for Alzheimer's disease?

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

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

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

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

Is research on Alzheimer's disease being done?

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

ATTACHMENT-11E

Where can I get more information?

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

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

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

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

Downstate area (Illinois' remaining 93 counties):

Center for Alzheimer's Disease/Related Disorders
Southern Illinois University School of Medicine
217-782-8249

idph online home
health fact sheets

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

ATTACHMENT-11E

alzheimer's association

Special Care Units

Introduction
Our position
What we are doing
Resources

Introduction

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

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

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

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

Our position

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

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

ATTACHMENT-11E

What we are doing

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

The study found that:

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

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

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

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

Resources

For more information and tools for advocates, see Resources.

A PETITION FOR A STRONG NATIONAL ALZHEIMER'S PLAN

Families Facing Alzheimer's Disease Can't Wait

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

Read the full text

Sign the Petition to President Obam

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

*First name: *Last name:

*Email:

*Address:

*City: *State: *Zip:

SIGN THE PETITIO

* required information

ATTACHMENT-11E

alzheimer's association

Seven Stages of Alzheimer's

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

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

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

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

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

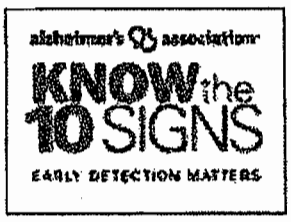
VIDEO Learn more: Risk Factors Identifying Mild Cognitive Impairment (approx 21 min.)

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

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

ATTACHMENT-11E

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



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

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

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

Help is available

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

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

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

Sign Our Petition to President Obama

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

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

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

ATTACHMENT-11E

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

Learn More: Daily Care and Behaviors

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

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

Remember:

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

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

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

Learn more: Late-Stage Care

ATTACHMENT-11E

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Subject	ZCTA5 60010		ZCTA5 60012		ZCTA5 60013		ZCTA5 60014		ZCTA5 60021		ZCTA5 60042	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE												
Total population	44,464	44,464	10,731	10,731	26,836	26,836	48,964	48,964	5,489	5,489	8,777	8,777
Male	22,213	50.0%	5,093	47.5%	13,360	49.8%	24,537	50.1%	2,692	49.0%	3,923	44.7%
Female	22,251	50.0%	5,638	52.5%	13,476	50.2%	24,427	49.9%	2,797	51.0%	4,854	55.3%
Under 5 years	2,319	5.2%	516	4.8%	1,717	6.4%	3,193	6.5%	255	4.6%	631	7.2%
5 to 9 years	2,836	6.4%	893	8.3%	2,254	8.4%	4,040	8.3%	523	9.5%	796	9.1%
10 to 14 years	3,621	8.1%	1,000	9.3%	2,347	8.7%	3,983	8.1%	405	7.4%	727	8.3%
15 to 19 years	3,319	7.5%	928	8.6%	2,402	9.0%	4,181	8.5%	368	6.7%	659	7.5%
20 to 24 years	1,912	4.3%	316	2.9%	1,298	4.8%	2,472	5.0%	453	8.3%	352	4.0%
25 to 34 years	2,294	5.2%	740	6.9%	2,493	9.3%	5,574	11.4%	413	7.5%	1,162	13.2%
35 to 44 years	5,589	12.6%	1,392	13.0%	4,038	15.0%	7,838	16.0%	796	14.5%	1,522	17.3%
45 to 54 years	8,771	19.7%	2,227	20.8%	5,692	21.2%	7,892	16.1%	1,182	21.5%	1,720	19.6%
55 to 59 years	3,523	7.9%	805	7.5%	1,736	6.5%	2,816	5.8%	391	7.1%	391	4.5%
60 to 64 years	3,098	7.0%	782	7.3%	1,314	4.9%	2,037	4.2%	188	3.4%	239	2.7%
65 to 74 years	4,339	9.8%	583	5.4%	1,001	3.7%	2,742	5.6%	318	5.8%	293	3.3%
75 to 84 years	2,145	4.8%	268	2.5%	363	1.4%	1,455	3.0%	174	3.2%	234	2.7%
85 years and over	698	1.6%	281	2.6%	181	0.7%	741	1.5%	23	0.4%	51	0.6%
Median age (years)	45.4	(X)	42.5	(X)	37.5	(X)	36.4	(X)	40.7	(X)	35.4	(X)
18 years and over	33,393	75.1%	7,635	71.1%	18,820	70.1%	35,076	71.6%	4,044	73.7%	6,119	69.7%
21 years and over	31,968	71.9%	7,315	68.2%	17,813	66.4%	33,103	67.6%	3,897	71.0%	5,877	67.0%
62 years and over	8,892	20.0%	1,564	14.6%	2,284	8.5%	6,078	12.4%	592	10.8%	715	8.1%
65 years and over	7,182	16.2%	1,132	10.5%	1,545	5.8%	4,938	10.1%	515	9.4%	578	6.6%
Male	16,410	49.1%	3,705	48.5%	9,183	48.8%	17,337	49.4%	1,920	47.5%	2,882	47.1%
Female	16,983	50.9%	3,930	51.5%	9,637	51.2%	17,739	50.6%	2,124	52.5%	3,237	52.9%
65 years and over	7,182	7,182	1,132	1,132	1,545	1,545	4,938	4,938	515	515	578	578
Male	3,284	45.7%	506	44.7%	790	51.1%	2,071	41.9%	200	38.8%	253	43.8%
Female	3,898	54.3%	626	55.3%	755	48.9%	2,867	58.1%	315	61.2%	325	56.2%

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

ZCTA5 60098		ZCTA5 60102		ZCTA5 60103		ZCTA5 60107		ZCTA5 60110		ZCTA5 60118		ZCTA5 60119		ZCTA5 60120	
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
32,641	32,641	31,686	31,686	41,252	41,252	40,007	40,007	38,375	38,375	15,700	15,700	9,569	9,569	50,682	50,682
16,182	49.6%	15,845	50.0%	20,690	50.2%	19,390	48.5%	19,256	50.2%	7,775	49.5%	5,049	52.8%	24,537	48.4%
16,459	50.4%	15,841	50.0%	20,562	49.8%	20,617	51.5%	19,119	49.8%	7,925	50.5%	4,520	47.2%	26,145	51.6%
2,090	6.4%	1,890	6.0%	3,041	7.4%	3,001	7.5%	3,359	8.8%	1,145	7.3%	582	6.1%	5,062	10.0%
2,213	6.8%	2,288	7.2%	2,982	7.2%	2,738	6.8%	4,188	10.9%	902	5.7%	689	7.2%	3,820	7.5%
2,359	7.2%	2,601	8.2%	3,399	8.2%	2,858	7.1%	3,768	9.8%	1,126	7.2%	988	10.3%	4,335	8.6%
2,454	7.5%	2,735	8.6%	3,444	8.3%	3,048	7.6%	2,621	6.8%	973	6.2%	782	8.2%	3,556	7.0%
1,638	5.0%	1,396	4.4%	1,897	4.6%	2,492	6.2%	2,588	6.7%	630	4.0%	421	4.4%	3,206	6.3%
4,062	12.4%	3,084	9.7%	5,117	12.4%	7,095	17.7%	6,313	16.5%	1,845	11.8%	940	9.8%	8,810	17.4%
4,930	15.1%	5,583	17.6%	6,840	16.6%	5,839	14.6%	6,458	16.8%	2,276	14.5%	1,527	16.0%	7,161	14.1%
5,124	15.7%	5,338	16.8%	7,045	17.1%	6,294	15.7%	4,862	12.7%	2,795	17.8%	1,772	18.5%	6,865	13.5%
2,207	6.8%	1,984	6.3%	2,339	5.7%	2,107	5.3%	1,297	3.4%	1,412	9.0%	450	4.7%	3,031	6.0%
1,614	4.9%	2,046	6.5%	2,003	4.9%	1,643	4.1%	1,279	3.3%	960	6.1%	510	5.3%	1,881	3.7%
2,156	6.6%	1,842	5.8%	2,045	5.0%	1,601	4.0%	917	2.4%	941	6.0%	531	5.5%	1,520	3.0%
1,171	3.6%	670	2.1%	705	1.7%	1,108	2.8%	596	1.6%	508	3.2%	328	3.4%	1,009	2.0%
623	1.9%	229	0.7%	395	1.0%	183	0.5%	129	0.3%	187	1.2%	49	0.5%	426	0.8%
38.0	(X)	39.1	(X)	36.1	(X)	33.1	(X)	29.5	(X)	40.7	(X)	38.6	(X)	31.4	(X)
24,432	74.9%	22,897	72.3%	29,568	71.7%	29,053	72.6%	25,481	66.4%	11,878	75.7%	6,798	71.0%	35,106	69.3%
23,260	71.3%	21,951	69.3%	28,002	67.9%	27,652	69.1%	24,121	62.9%	11,469	73.1%	6,429	67.2%	33,236	65.6%
4,815	14.8%	3,712	11.7%	4,186	10.1%	3,730	9.3%	2,410	6.3%	2,215	14.1%	1,202	12.6%	3,888	7.7%
3,950	12.1%	2,741	8.7%	3,145	7.6%	2,892	7.2%	1,642	4.3%	1,636	10.4%	908	9.5%	2,955	5.8%
11,873	48.6%	11,311	49.4%	14,487	49.0%	14,000	48.2%	13,026	51.1%	5,772	48.6%	3,346	49.2%	16,911	48.2%
12,559	51.4%	11,586	50.6%	15,081	51.0%	15,053	51.8%	12,455	48.9%	6,106	51.4%	3,452	50.8%	18,195	51.8%
3,950	3,950	2,741	2,741	3,145	3,145	2,892	2,892	1,642	1,642	1,636	1,636	908	908	2,955	2,955
1,669	42.3%	1,208	44.1%	1,353	43.0%	1,037	35.9%	685	41.7%	740	45.2%	407	44.8%	1,125	38.1%
2,281	57.7%	1,533	55.9%	1,792	57.0%	1,855	64.1%	957	58.3%	896	54.8%	501	55.2%	1,830	61.9%

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

ZCTA5 60123		ZCTA5 60124		ZCTA5 60133		ZCTA5 60134		ZCTA5 60135		ZCTA5 60136		ZCTA5 60140		ZCTA5 60142	
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
47,265	47,265	19,571	19,571	38,022	38,022	29,445	29,445	7,302	7,302	6,377	6,377	13,832	13,832	24,553	24,553
23,394	49.5%	9,625	49.2%	18,581	48.9%	14,877	50.5%	3,559	48.7%	3,073	48.2%	6,689	48.4%	11,442	46.6%
23,871	50.5%	9,946	50.8%	19,441	51.1%	14,568	49.5%	3,743	51.3%	3,304	51.8%	7,143	51.6%	13,111	53.4%
3,699	7.8%	1,595	8.1%	3,183	8.4%	2,168	7.4%	473	6.5%	644	10.1%	1,191	8.6%	1,857	7.6%
3,437	7.3%	1,304	6.7%	3,229	8.5%	2,509	8.5%	552	7.6%	512	8.0%	1,193	8.6%	2,089	8.5%
3,381	7.2%	1,592	8.1%	3,443	9.1%	2,697	9.2%	616	8.4%	459	7.2%	1,020	7.4%	1,469	6.0%
3,424	7.2%	1,231	6.3%	3,068	8.1%	2,211	7.5%	429	5.9%	537	8.4%	924	6.7%	874	3.6%
3,443	7.3%	992	5.1%	2,695	7.1%	1,375	4.7%	610	8.4%	216	3.4%	965	7.0%	479	2.0%
6,662	14.1%	2,253	11.5%	5,378	14.1%	2,353	8.0%	1,106	15.1%	1,139	17.9%	1,761	12.7%	2,285	9.3%
6,513	13.8%	3,067	15.7%	6,140	16.1%	4,712	16.0%	1,004	13.7%	1,022	16.0%	2,005	14.5%	3,765	15.3%
6,404	13.5%	2,901	14.8%	5,152	13.6%	5,543	18.8%	1,010	13.8%	1,076	16.9%	2,068	15.0%	2,106	8.6%
2,867	6.1%	1,426	7.3%	1,996	5.2%	1,818	6.2%	433	5.9%	314	4.9%	896	6.5%	1,288	5.2%
2,053	4.3%	1,142	5.8%	1,591	4.2%	1,288	4.4%	334	4.6%	150	2.4%	580	4.2%	1,751	7.1%
2,806	5.9%	1,232	6.3%	1,325	3.5%	1,451	4.9%	374	5.1%	234	3.7%	814	5.9%	4,507	18.4%
1,659	3.5%	659	3.4%	663	1.7%	1,005	3.4%	288	3.9%	74	1.2%	332	2.4%	1,834	7.5%
917	1.9%	177	0.9%	159	0.4%	315	1.1%	73	1.0%	0	0.0%	83	0.6%	249	1.0%
34.1	(X)	37.5	(X)	31.2	(X)	38.8	(X)	33.9	(X)	33.0	(X)	34.5	(X)	43.3	(X)
34,515	73.0%	14,137	72.2%	26,157	68.8%	20,691	70.3%	5,395	73.9%	4,352	68.2%	9,817	71.0%	18,558	75.6%
32,537	68.8%	13,546	69.2%	24,716	65.0%	19,478	66.2%	5,178	70.9%	4,140	64.9%	9,303	67.3%	18,179	74.0%
6,612	14.0%	2,562	13.1%	2,990	7.9%	3,418	11.6%	980	13.4%	363	5.7%	1,570	11.4%	7,580	30.9%
5,382	11.4%	2,068	10.6%	2,147	5.6%	2,771	9.4%	735	10.1%	308	4.8%	1,229	8.9%	6,590	26.8%
												7.6%			
16,791	48.6%	6,779	48.0%	13,133	50.2%	10,624	51.3%	2,588	48.0%	2,041	46.9%	4,619	47.1%	8,523	45.9%
17,724	51.4%	7,358	52.0%	13,024	49.8%	10,067	48.7%	2,807	52.0%	2,311	53.1%	5,198	52.9%	10,035	54.1%
5,382	5,382	2,068	2,068	2,147	2,147	2,771	2,771	735	735	308	308	1,229	1,229	6,590	6,590
2,263	42.0%	938	45.4%	1,036	48.3%	1,267	45.7%	339	46.1%	217	70.5%	571	46.5%	2,886	43.8%
3,119	58.0%	1,130	54.6%	1,111	51.7%	1,504	54.3%	396	53.9%	91	29.5%	658	53.5%	3,704	56.2%

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

ZCTA5 60145		ZCTA5 60151		ZCTA5 60152		ZCTA5 60156		ZCTA5 60169		ZCTA5 60173		ZCTA5 60174		ZCTA5 60175	
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
2,361	2,361	4,488	4,488	13,053	13,053	28,784	28,784	33,807	33,807	11,990	11,990	31,021	31,021	25,505	25,505
1,122	47.5%	2,325	51.8%	6,347	48.6%	14,534	50.5%	16,670	49.3%	6,271	52.3%	15,662	50.5%	13,192	51.7%
1,239	52.5%	2,163	48.2%	6,706	51.4%	14,250	49.5%	17,137	50.7%	5,719	47.7%	15,359	49.5%	12,313	48.3%
138	5.8%	243	5.4%	908	7.0%	1,974	6.9%	2,230	6.6%	654	5.5%	1,929	6.2%	1,298	5.1%
156	6.6%	435	9.7%	1,028	7.9%	2,826	9.8%	2,063	6.1%	349	2.9%	2,130	6.9%	1,980	7.8%
224	9.5%	260	5.8%	1,052	8.1%	2,577	9.0%	2,177	6.4%	695	5.8%	2,099	6.8%	2,731	10.7%
144	6.1%	246	5.5%	804	6.2%	2,411	8.4%	2,802	8.3%	631	5.3%	2,170	7.0%	2,194	8.6%
203	8.6%	198	4.4%	680	5.2%	1,217	4.2%	1,603	4.7%	1,134	9.5%	1,387	4.5%	1,322	5.2%
290	12.3%	513	11.4%	1,447	11.1%	3,132	10.9%	6,077	18.0%	3,365	28.1%	3,888	12.5%	1,571	6.2%
297	12.6%	606	13.5%	1,994	15.3%	5,712	19.8%	4,803	14.2%	1,814	15.1%	4,555	14.7%	3,852	15.1%
491	20.8%	650	14.5%	1,940	14.9%	4,723	16.4%	4,570	13.5%	1,367	11.4%	4,969	16.0%	5,085	19.9%
151	6.4%	388	8.6%	853	6.5%	1,382	4.8%	2,574	7.6%	725	6.0%	2,126	6.9%	2,412	9.5%
87	3.7%	334	7.4%	766	5.9%	1,326	4.6%	1,799	5.3%	410	3.4%	2,046	6.6%	1,201	4.7%
115	4.9%	385	8.6%	929	7.1%	1,039	3.6%	1,711	5.1%	597	5.0%	2,104	6.8%	1,121	4.4%
58	2.5%	190	4.2%	513	3.9%	379	1.3%	960	2.8%	204	1.7%	1,046	3.4%	601	2.4%
7	0.3%	40	0.9%	139	1.1%	86	0.3%	438	1.3%	45	0.4%	572	1.8%	137	0.5%
35.8	(X)	41.6	(X)	38.2	(X)	35.6	(X)	34.9	(X)	32.2	(X)	39.9	(X)	40.3	(X)
1,735	73.5%	3,407	75.9%	9,618	73.7%	19,859	69.0%	25,463	75.3%	9,901	82.6%	23,586	76.0%	17,981	70.5%
1,665	70.5%	3,273	72.9%	9,125	69.9%	18,779	65.2%	24,266	71.8%	9,394	78.3%	22,505	72.5%	16,996	66.6%
235	10.0%	870	19.4%	2,045	15.7%	2,160	7.5%	4,104	12.1%	945	7.9%	4,832	15.6%	2,373	9.3%
180	7.6%	615	13.7%	1,581	12.1%	1,504	5.2%	3,109	9.2%	846	7.1%	3,722	12.0%	1,859	7.3%
854	49.2%	1,684	49.4%	4,483	46.6%	9,843	49.6%	12,539	49.2%	5,061	51.1%	11,643	49.4%	9,382	52.2%
881	50.8%	1,723	50.6%	5,135	53.4%	10,016	50.4%	12,924	50.8%	4,840	48.9%	11,943	50.6%	8,599	47.8%
180	180	615	615	1,581	1,581	1,504	1,504	3,109	3,109	846	846	3,722	3,722	1,859	1,859
74	41.1%	312	50.7%	733	46.4%	683	45.4%	1,261	40.6%	443	52.4%	1,492	40.1%	867	46.6%
106	58.9%	303	49.3%	848	53.6%	821	54.6%	1,848	59.4%	403	47.6%	2,230	59.9%	992	53.4%

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

ZCTA5 60177		ZCTA5 60178		ZCTA5 60180		ZCTA5 60192		ZCTA5 60194		ZCTA5 60195		ZCTA5 60510	
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
21,911	21,911	21,707	21,707	1,228	1,228	16,119	16,119	19,600	19,600	4,154	4,154	28,619	28,619
11,386	52.0%	10,709	49.3%	585	47.6%	7,950	49.3%	9,592	48.9%	2,182	52.5%	13,933	48.7%
10,525	48.0%	10,998	50.7%	643	52.4%	8,169	50.7%	10,008	51.1%	1,972	47.5%	14,686	51.3%
1,940	8.9%	1,297	6.0%	60	4.9%	1,032	6.4%	1,488	7.6%	298	7.2%	1,934	6.8%
2,002	9.1%	1,507	6.9%	53	4.3%	1,282	8.0%	1,000	5.1%	118	2.8%	2,346	8.2%
2,126	9.7%	1,526	7.0%	90	7.3%	1,238	7.7%	965	4.9%	96	2.3%	2,372	8.3%
1,782	8.1%	1,598	7.4%	82	6.7%	1,043	6.5%	1,214	6.2%	133	3.2%	2,343	8.2%
651	3.0%	1,340	6.2%	125	10.2%	1,015	6.3%	1,218	6.2%	366	8.8%	1,401	4.9%
3,140	14.3%	3,255	15.0%	102	8.3%	1,627	10.1%	3,492	17.8%	1,583	38.1%	2,313	8.1%
4,809	21.9%	3,183	14.7%	126	10.3%	2,425	15.0%	2,808	14.3%	770	18.5%	4,002	14.0%
2,630	12.0%	3,287	15.1%	256	20.8%	3,028	18.8%	2,711	13.8%	226	5.4%	5,106	17.8%
938	4.3%	1,134	5.2%	79	6.4%	1,232	7.6%	1,322	6.7%	213	5.1%	2,377	8.3%
695	3.2%	1,177	5.4%	38	3.1%	980	6.1%	895	4.6%	126	3.0%	1,441	5.0%
596	2.7%	1,215	5.6%	111	9.0%	787	4.9%	1,291	6.6%	130	3.1%	1,377	4.8%
373	1.7%	911	4.2%	69	5.6%	327	2.0%	550	2.8%	55	1.3%	1,087	3.8%
229	1.0%	277	1.3%	37	3.0%	103	0.6%	646	3.3%	40	1.0%	520	1.8%
32.8	(X)	36.6	(X)	44.3	(X)	39.0	(X)	36.4	(X)	29.8	(X)	40.4	(X)
14,579	66.5%	16,328	75.2%	976	79.5%	11,973	74.3%	15,345	78.3%	3,577	86.1%	20,397	71.3%
13,926	63.6%	15,571	71.7%	943	76.8%	11,247	69.8%	14,686	74.9%	3,436	82.7%	19,287	67.4%
1,567	7.2%	2,994	13.8%	232	18.9%	1,857	11.5%	2,941	15.0%	251	6.0%	3,794	13.3%
1,198	5.5%	2,403	11.1%	217	17.7%	1,217	7.6%	2,487	12.7%	225	5.4%	2,984	10.4%
7,406	50.8%	7,951	48.7%	459	47.0%	5,787	48.3%	7,005	45.7%	1,940	54.2%	9,441	46.3%
7,173	49.2%	8,377	51.3%	517	53.0%	6,186	51.7%	8,340	54.3%	1,637	45.8%	10,956	53.7%
1,198	1,198	2,403	2,403	217	217	1,217	1,217	2,487	2,487	225	225	2,984	2,984
432	36.1%	955	39.7%	87	40.1%	572	47.0%	874	35.1%	76	33.8%	1,252	42.0%
766	63.9%	1,448	60.3%	130	59.9%	645	53.0%	1,613	64.9%	149	66.2%	1,732	58.0%

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	970
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	2,505
Skin Disorders	1,016
Muscuio-skeletal Disorders	6,109
Injuries and Poisonings	2,592
Other Medical Conditions	9,122
Non-Medical Conditions	824
TOTALS	86,320
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	5,965	5,847	5,846	5,694	376		6,018
Sheltered Care	3,318	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	88,700
Total Admissions 2011	160,447
Total Discharges 2011	160,620
Residents on 12/31/2011	88,527
Identified Offenders	2,899

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%	17,340,886	56.1%	500,164	471,158	6,635,092	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	256	10,544	0	2,063,798	93.2%	94.5%
Sheltered Care					12,050	0	660,608	17,887	710,545	58.7%	68.9%
TOTALS	4,072,883	16.7%	19,879,368	56.8%	520,209	471,821	8,330,161	47,311	31,121,753	77.0%	80.2%

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	285	6	8	3,066	2,685	5,731
65 to 74	4,950	6,796	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	6,811	12,835	19,446
85+	6,498	23,684	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	32,888	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		5,583	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	13,866	287	716	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	48	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	708	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	6,195.56
LPN's	6,836.29
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%
2,107,569,018	2,444,892,737	106,724,975	287,064,337	1,207,564,894	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

HEALTH SERVICE AREA	008
TOTAL FACILITIES	29
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	29
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	20
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	8
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	0
NON-PROFIT OWNERSHIP	14
FOR PROFIT OWNERSHIP	15
CONTINUING CARE COMMUNITY	1
LIFE CARE FACILITY	2

ADMISSION RESTRICTIONS	
Aggressive/Anti-Social	16
Chronic Alcoholism	16
Developmentally Disabled	8
Drug Addiction	16
Medicaid Recipient	0
Medicare Recipient	2
Mental Illness	10
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	1
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	27
Infectious Disease w/ Isolation	7
Other Restrictions	4
No Restrictions	2
Note: Reported restrictions denoted by '1'	

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	46
Endocrine/Metabolic	177
Blood Disorders	25
Nervous System Non Alzheimer	132
Alzheimer Disease	244
Mental Illness	289
Developmental Disability	139
Circulatory System	303
Respiratory System	179
Digestive System	22
Genitourinary System Disorders	71
Skin Disorders	22
Muscuto-skeletal Disorders	208
Injuries and Poisonings	52
Other Medical Conditions	195
Non-Medical Conditions	58
TOTALS	2,158

Total Residents Diagnosed as Mentally Ill 493

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	2,383	2,352	2,169	2,347	1,959	424	1706	1690
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	128	128	127	128	127	1		98
Sheltered Care	103	103	75	103	72	31		
TOTAL BEDS	2,614	2,583	2,371	2,578	2,158	456	1706	1988

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	2,168
Total Admissions 2011	4,983
Total Discharges 2011	4,993
Residents on 12/31/2011	2,158
Identified Offenders	30

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	115,516	18.6%	425,923	61.7%	9,813	20,989	137,360	16	709,516	81.6%	82.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			45,563	130.0%	189	0	365	0	46,117	98.7%	98.7%
Sheltered Care					0	0	25,817	0	25,817	68.7%	68.7%
TOTALS	115,516	18.6%	471,386	65.0%	10,002	20,989	163,542	15	781,450	81.9%	82.9%

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	35	11	0	0	40	44	0	0	75	55	130
45 to 59	118	99	0	0	11	27	1	1	130	127	257
60 to 64	61	71	0	0	3	0	0	1	64	72	136
65 to 74	119	166	0	0	1	1	7	7	127	174	301
75 to 84	165	363	0	0	0	0	1	13	166	366	532
85+	148	613	0	0	0	0	15	26	163	639	802
TOTALS	646	1,313	0	0	55	72	24	48	725	1,433	2,158

HEALTH SERVICE AREA 008

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	304	1,209	2	59	384	1	1,959
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		126	0	0	1	0	127
Sheltered Care			0	0	72	0	72
TOTALS	304	1,335	2	59	457	1	2,158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	233	189
Skilled Under 22	0	0
Intermediate DD	77	214
Shelter	38	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	21	0	8	0	29
Amer. Indian	3	0	0	0	3
Black	105	0	17	0	122
Hawaiian/Pac. Isl.	5	0	0	0	5
White	1,815	0	100	72	1,987
Race Unknown	10	0	2	0	12
Total	1,959	0	127	73	2,158

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	105	0	6	1	112
Non-Hispanic	1,782	0	121	71	1,974
Ethnicity Unknown	72	0	0	0	72
Total	1,959	0	127	72	2,158

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	25.99
Physicians	1.25
Director of Nursing	25.00
Registered Nurses	288.65
LPN's	165.21
Certified Aides	823.49
Other Health Staff	159.38
Non-Health Staff	693.05
Totals	2160.02

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
35.6%	39.5%	0.2%	4.2%	20.5%	100.0%		0.1%
56,233,082	62,528,511	373,011	6,625,679	32,371,037	158,131,302	129,327	

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

ATTACHMENT - 11G

HEALTH SERVICE AREA	008
TOTAL FACILITIES	11
HOSPITAL BASED UNITS	2
FREE STANDING FACILITIES	9
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	0
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	2
NON-PROFIT OWNERSHIP	3
FOR PROFIT OWNERSHIP	6
CONTINUING CARE COMMUNITY	1
LIFE CARE FACILITY	0

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	8
Chronic Alcoholism	7
Developmentally Disabled	5
Drug Addiction	10
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	7
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	2
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	11
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	15
Endocrine/Metabolic	44
Blood Disorders	11
Nervous System Non Alzheimer	38
Alzheimer Disease	84
Mental Illness	17
Developmental Disability	94
Circulatory System	145
Respiratory System	39
Digestive System	10
Genitourinary System Disorders	26
Skin Disorders	8
Musculo-skeletal Disorders	58
Injuries and Poisonings	32
Other Medical Conditions	220
Non-Medical Conditions	43
TOTALS	889

Total Residents Diagnosed as Mentally Ill 137

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	1,032	925	845	913	749	283	840	743
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	96	96	93	96	92	4		94
Sheltered Care	63	52	52	52	48	15		
TOTAL BEDS	1,191	1,073	990	1,061	889	302	840	837

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	885
Total Admissions 2011	2,806
Total Discharges 2011	2,802
Residents on 12/31/2011	889
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 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	50,834	16.6%	146,922	54.2%	12,160	3,787	59,660	41	273,424	72.6%	81.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			32,153	93.7%	162	0	365	0	32,680	93.3%	93.3%
Sheltered Care					2,464	0	15,596	365	18,425	80.1%	97.1%
TOTALS	50,834	16.6%	179,075	58.6%	14,786	3,787	75,641	406	324,529	74.7%	82.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKI. UNDER 22 Male	SKI. 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	5	0	0	8	15	0	0	14	20	34
45 to 59	16	19	0	0	26	15	0	0	42	34	76
60 to 64	20	18	0	0	9	3	0	0	29	21	50
65 to 74	43	53	0	0	4	6	0	2	47	61	108
75 to 84	81	130	0	0	3	3	0	4	84	146	210
85+	76	293	0	0	0	0	1	41	77	334	411
TOTALS	222	527	0	0	50	42	1	47	273	616	889

HEALTH SERVICE AREA 008

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	146	404	47	8	143	1	749
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		91	0	0	1	0	92
Sheltered Care			0	0	47	1	48
TOTALS	146	495	47	8	191	2	889

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	308	264
Skilled Under 22	0	0
Intermediate DD	128	128
Shelter	142	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	3	0	1	0	4
Amer. Indian	0	0	0	0	0
Black	3	0	7	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	596	0	84	48	728
Race Unknown	147	0	0	0	147
Total	749	0	92	48	889

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	5	0	14
Non-Hispanic	594	0	87	48	729
Ethnicity Unknown	146	0	0	0	146
Total	749	0	92	48	889

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	12.00
Physicians	0.00
Director of Nursing	11.00
Registered Nurses	127.19
LPN's	60.75
Certified Aides	341.18
Other Health Staff	09.72
Non-Health Staff	231.40
Totals	853.24

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
36.1%	34.6%	3.8%	3.1%	20.4%	100.0%		0.3%
25,995,588	23,598,826	2,594,869	2,098,488	13,907,088	68,194,843	184,917	

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

ATTACHMENT - 1

HEALTH SERVICE AREA	001
TOTAL FACILITIES	6
HOSPITAL BASED UNITS	0
FREE STANDING FACILITIES	8
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	6
SHELTERED CARE BEDS ONLY	0
DD CARE BEDS ONLY	1
MULTI-LICENSED FACILITIES	1
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	1
NON-PROFIT OWNERSHIP	2
FOR PROFIT OWNERSHIP	5
CONTINUING CARE COMMUNITY	1
LIFE CARE FACILITY	1

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	58
Blood Disorders	4
Nervous System Non Alzheimer	51
Alzheimer Disease	115
Mental Illness	38
Developmental Disability	20
Circulatory System	105
Respiratory System	57
Digestive System	16
Genitourinary System Disorders	17
Skin Disorders	8
Musculo-skeletal Disorders	68
Injuries and Poisonings	15
Other Medical Conditions	87
Non-Medical Conditions	0
TOTALS	667

Total Residents Diagnosed as Mentally Ill 152

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	742	734	688	734	627	115	450	657
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	15	16	14	2		16
Sheltered Care	49	49	49	49	26	23		
TOTAL BEDS	807	799	733	799	667	140	450	673

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	660
Total Admissions 2011	1,095
Total Discharges 2011	1,084
Residents on 12/31/2011	671
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 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	33,506	20.4%	109,736	45.8%	2,030	1,373	76,601	0	223,246	82.4%	83.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			4,713	80.7%	61	0	0	0	4,774	81.7%	81.7%
Sheltered Care					0	0	10,826	0	10,826	60.5%	60.5%
TOTALS	33,506	20.4%	114,449	46.6%	2,091	1,373	87,427	0	238,846	81.1%	81.9%

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	5	2	0	0	1	1	0	0	6	3	9
45 to 59	8	14	0	0	4	4	0	0	10	18	28
60 to 64	9	11	0	0	0	1	0	0	9	12	21
65 to 74	28	41	0	0	2	1	0	0	30	42	72
75 to 84	69	140	0	0	0	0	1	5	70	145	215
85+	62	240	0	0	0	0	3	17	65	257	322
TOTALS	179	448	0	0	7	7	4	22	190	477	667

HEALTH SERVICE AREA 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	101	309	3	30	184	0	627
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		14	0	0	0	0	14
Sheltered Care			0	0	26	0	26
TOTALS	101	323	3	30	210	0	667

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	150
Skilled Under 22	0	0
Intermediate DD	0	144
Shelter	117	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	616	0	14	26	656
Race Unknown	1	0	0	0	1
Total	627	0	14	26	667
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	7	0	0	0	7
Non-Hispanic	619	0	14	26	659
Ethnicity Unknown	1	0	0	0	1
Total	627	0	14	26	667

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	8.00
Physicians	0.00
Director of Nursing	7.00
Registered Nurses	97.43
LPN's	48.00
Certified Aides	318.02
Other Health Staff	14.00
Non-Health Staff	425.50
Totals	918.94

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
40.0%	31.1%	0.2%	3.1%	25.6%	100.0%		0.5%
17,088,881	13,307,520	71,386	1,303,328	10,958,710	42,729,832	212,860	

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

ATTACHMENT 11G

Criterion 1125.520 – Background of the Applicant

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

Appended as **ATTACHMENT-12A** identify all nursing facilities owned and operated by related entities as the Applicant only owns and operates Alden Estates-Courts of Huntley. A copy of all related facility licenses and certifications as applicable are appended under **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.

The required documentation with regards to adverse action as defined under 1125.520.c)2 is appended as **ATTACHMENT-12C**. It should be noted that the ownership and operating entity of the proposed Alden Estates-Courts of Huntley do not have any adverse action taken against them.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

The above requested authorization for the Health Facilities and Services Review Board and the Department of Public Health access to information is appended as **ATTACHMENT-12D**.

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 germane.

ATTACHMENT-12

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

Ownership Information

ALDEN ESTATES OF EVANSTON

2520 GROSS POINT ROAD
EVANSTON IL 60201

ADMINISTRATOR KAITLIN CRIST
TELEPHONE 847-328-6000

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

Facility	Percentage Owned
ALDEN VALLEY RIDGE REHAB & HCC	100.00
ALDEN VILLAGE NORTH	100.00
ALDEN POPLAR CREEK REHAB & HCC	100.00
ALDEN VILLAGE HEALTH FACILITY	100.00
ALDEN ESTATES OF BARRINGTON	100.00
HEATHER HEALTH CARE CENTER	100.00
ALDEN LAKELAND REHAB & HCC	100.00
ALDEN LONG GROVE REHAB & HCC	100.00
ALDEN ESTATES OF SKOKIE	100.00
ALDEN ESTATES OF NAPERVILLE	100.00
ALDEN PARK STRATHMOOR	90.51
ALDEN TERRACE OF MCHENRY REHAB	100.00
ALDEN LINCOLN REHAB & H C CTR	100.00
ALDEN WENTWORTH REHAB & HCC	100.00
ALDEN PRINCETON REHAB & HCC	100.00
ALDEN TOWN MANOR REHAB & HCC	100.00
ALDEN ESTATES OF EVANSTON	100.00
ALDEN NORTHMOOR REHAB & HCC	100.00
ALDEN DES PLAINES REHAB & HC	100.00
ALDEN NORTH SHORE REHAB & HCC	100.00
ALDEN OF WATERFORD	100.00
ALDEN TRAILS	100.00
ALDEN OF OLD TOWN EAST	100.00
ALDEN OF OLD TOWN WEST	100.00
ALDEN ORLAND PARK REHAB & HCC	100.00
ALDEN COURTS OF WATERFORD	53.63
ALDEN GARDENS OF WATERFORD	63.90
ALDEN GARDEN CTS OF DESPLAINES	100.00
ALDEN SPRINGS	100.00
ALDEN ESTATES OF SHOREWOOD	100.00

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

idph online home nursing homes in illinois

ATTACHMENT-12A

State of Illinois 2109120
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.

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2013	BG8E	0046524

LONG TERM CARE LICENSE
SKILLED 150

UNRESTRICTED 150 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF BARRINGTON, INC.

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON IL 60010
EFFECTIVE DATE: 11/01/12

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2109120
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2013	BG8E	0046524

LONG TERM CARE LICENSE
SKILLED 150

UNRESTRICTED 150 TOTAL BEDS

REGION 9

10/25/12

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON IL 60010

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2107098

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

MAR HASBROUCK, MD, MPH.
ECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/30/2014	BGBE	0042010

LONG TERM CARE LICENSE
SKILLED 110

UNRESTRICTED 110 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

EN - DES PLAINES REHABILITATION AND HEAL

LDEN DES PLAINES REHAB & HC
221 EAST GOLF ROAD
ES PLAINES IL 60016
EFFECTIVE DATE: 10/31/12

Use of this license has a criminal background. Printed by authority of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2107098

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/30/2014	BGBE	0042010

LONG TERM CARE LICENSE
SKILLED 110

UNRESTRICTED 110 TOTAL BEDS

REGION 9

10/10/12

ALDEN DES PLAINES REHAB & HC
1221 EAST GOLF ROAD
DES PLAINES IL 60016

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2062491

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

CRAIG COMOVER, M.D.
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/17/2013	[illegible]	0044529

LONG TERM CARE LICENSE
SHELTERED 042

UNRESTRICTED 042 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN-DES PLAINES REHABILITATION AND HEALTH

ALDEN GARDEN CTS OF DESPLAINES
1227 GOLF ROAD
DES PLAINES IL 60016
EFFECTIVE DATE: 11/[illegible]

The [illegible] is a [illegible] background. Printed by Authority of the State of Illinois • 4/97 •

ATTACHMENT 12B

ATTACHMENT-12B

State of Illinois 2078677
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.

ARTHUR KOHRMAN, M.D.
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID. NUMBER
03/14/2014	BGBE	0040733

LONG TERM CARE LICENSE
SKILLED 052
SHELTERED 047

UNRESTRICTED 099 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF EVANSTON, INC.

ALDEN ESTATES OF EVANSTON
2520 GROSS POINT ROAD
EVANSTON IL 60201
EFFECTIVE DATE: 03/15/12

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2078677
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID. NUMBER
03/14/2014	BGBE	0040733

LONG TERM CARE LICENSE
SKILLED 052
SHELTERED 047

UNRESTRICTED 099 TOTAL BEDS

REGION 9

02/27/12

ALDEN ESTATES OF EVANSTON
2520 GROSS POINT ROAD
EVANSTON IL 60201

FEE RECEIPT NO.

State of Illinois
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.

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/01/2013	3G8E	0023945

LONG TERM CARE LICENSE
SKILLED 173

UNRESTRICTED 173 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

HEATHER HEALTH CARE CENTER, INC.

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY IL 60426
EFFECTIVE DATE: 06/02/12

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATI

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/01/2013	3G8E	0023945

LONG TERM CARE LICENSE
SKILLED 173

UNRESTRICTED 173 TOTAL BE

REGION 9

06/29/12

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY IL 60426

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2104840
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.

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/30/2013	B68E	0017319

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - LAKELAND REHABILITATION AND HEALTH

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640
EFFECTIVE DATE: 10/01/12

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2104840
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/30/2013	B68E	0017319

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BE

REGION 8

09/21/12

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2109113
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.

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2013	BGBE	0040709

LONG TERM CARE LICENSE
SKILLED 034
INTERMEDIATE 062

UNRESTRICTED 096 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - LINCOLN PARK REHABILITATION AND HEA

ALDEN LINCOLN REHAB & H C CTR
504 WEST WELLINGTON AVENUE
CHICAGO IL 60657
EFFECTIVE DATE: 11/01/12

The Use of this Record Has a Related Background. Printed by Authority of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2109113
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATIO

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2013	BGBE	0040709

LONG TERM CARE LICENSE
SKILLED 034
INTERMEDIATE 062

UNRESTRICTED 096 TOTAL BE

REGION B

10/23/12

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

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2037820

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

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

LONG TERM CARE LICENSE
SKILLED 210
INTERMEDIATE 038

UNRESTRICTED 248 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN — LONG GROVE REHABILITATION AND HEALT

ALDEN LONG GROVE REHAB & HCC
BOX 2308, RFD OLD HICKS ROAD
LONG GROVE IL 60047
EFFECTIVE DATE: 03/07/11

The Mark of the Secret Plan is a Watermark Made by authority of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2037820

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LONG TERM CARE LICENSE
SKILLED 210
INTERMEDIATE 038

UNRESTRICTED 248 TOTAL BEDS

05/18/11

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

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2093778

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.

LA HAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	TO NUMBER
07/18/2013	BGBE	0040691

LONG TERM CARE LICENSE
SKILLED 316

UNRESTRICTED 316 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN TERRACE OF MCHENRY REHABILITATION AND

ALDEN TERRACE OF MCHENRY REHAB
803 ROYAL DRIVE
MCHENRY IL 60050
EFFECTIVE DATES 07/19/12

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2093778

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	TO NUMBER
07/18/2013	BGBE	0040691

LONG TERM CARE LICENSE
SKILLED 316

UNRESTRICTED 316 TOTAL BEDS

REGION 7

06/20/12

ALDEN TERRACE OF MCHENRY REHAB
803 ROYAL DRIVE
MCHENRY IL 60050

FEE RECEIPT NO.

State of Illinois 2109092

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.

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
11/08/2013	BGBE	0022509

LONG TERM CARE LICENSE
SKILLED 203

UNRESTRICTED 203 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF NAPERVILLE,INC

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE IL 60565
EFFECTIVE DATE: 11/09/12

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

ATTACHMENT-12B

State of Illinois 2025318

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

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

LONG TERM CARE LICENSE
SKILLED 198

UNRESTRICTED 198 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN — NORTHMOOR REHABILITATION AND HEALTH

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

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

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

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

LONG TERM CARE LICENSE
SKILLED 198

UNRESTRICTED 198 TOTAL BEDS

02/22/11

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

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2047761

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID. NUMBER
08/09/2013	BGBE	0042028

LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - NORTH SHORE REHABILITATION AND HEAL

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

EFFECTIVE DATE: 08/10/11

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2047761

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID. NUMBER
08/09/2013	BGBE	0042028

LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

07/28/11

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

FEE RECEIPT NO.

State of Illinois 2086262

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

UR KOHAMAN, M.D.
NG DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/08/2014	BGBE	0042069

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

N OF OLD TOWN EAST, INC.

DEN OF OLD TOWN EAST
8 SOUTH FIRST STREET
OOMINGDALE IL 60108
EFFECTIVE DATE: 05/09/12

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2086262

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/08/2014	BGBE	0042069

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

REGION 7

04/24/12

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

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2101291

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.

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/24/2014	BGBE	0047191

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN SPRINGS, INC.

ALDEN SPRINGS
207 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 09/25/12

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2101291
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATIO

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/24/2014	BGBE	0047191

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BED

REGION 7

08/24/12

ALDEN SPRINGS
207 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2086261
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.

ARTHUR KOHRMAN, M.D.
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/18/2014	BGBE	0042051

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN TRAILS, INC.

ALDEN TRAILS
273 ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/19/12

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2086261
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATIO

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/18/2014	BGBE	0042051

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BE

REGION 7

04/24/12

ALDEN TRAILS
273 ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2098123

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.

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/31/2014	BGBE	0042036

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN OF WATERFORD, L.L.C.

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA IL 60504
EFFECTIVE DATE: 08/01/12

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

ATTACHMENT-12B

State of Illinois 2069490
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.

KENNETH SOYEMI, M.D. M.P.H
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/09/2013	BGBE	0044503

LONG TERM CARE LICENSE
SHELTERED 121

UNRESTRICTED 121 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN GARDENS OF WATERFORD, L.L.C.

ALDEN GARDENS OF WATERFORD
1955 RANDI DRIVE
AURORA IL 60504

EFFECTIVE DATE: 01/10/12

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2069490
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/09/2013	BGBE	0044503

LONG TERM CARE LICENSE
SHELTERED 121

UNRESTRICTED 121 TOTAL BE

12/20/11

ALDEN GARDENS OF WATERFORD
1955 RANDI DRIVE
AURORA IL 60504

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2101191
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.

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/02/2013	86BE	0026435

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - WENTWORTH REHABILITATION AND HEALTH
ALDEN WENTWORTH REHAB & HCC
201 WEST 69TH STREET
CHICAGO IL 60621
EFFECTIVE DATES: 08/03/12

FORMS DESIGN PLUS/COLEMAN PRINTING (309) 685-8000 T50403 81451

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2101191
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/02/2013	86BE	0026435

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

REGION 8

08/23/12

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

FEE RECEIPT NO.

ATTACHMENT-12B

Alden Estates-Courts of Huntley, Inc.

February 25, 2013

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

Dear Mr. Galassie:

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

There are a few other Alden Facilities that have received final violations at the "A" level from the Illinois Department of Public Health. Notably, there are 33 Alden licensed long term care facilities in the state of Illinois. Since March of 2010, only 2 of those facilities have received final level "A" violations. Attached is a certified listing of the facilities with final level "A" violations.

Sincerely yours,
Alden Estates-Courts of Huntley, Inc.

Randi Schullo
Vice President

Attachments:

4200 West Peterson Ave. Chicago, Illinois 60646-6052 Phone: (773) 286-3883 Fax: (773) 286-2150
www.thealdennetwork.com

ATTACHMENT-12C

Certified List of Alden Long Term Care Facilities
With Final Determination of "A" level Violations since 2010

Year 2010

Alden-Town Manor
NH10-C102

Alden Gardens of Waterford
NH10-C0286(Tentative settlement)

Year 2011

Alden Town Manor
NH11-o0081

2/22/13

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

ATTACHMENT-12C

Alden Huntley Investments, LLC

January 3, 2013

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

Dear Mr. Galassie:

In accordance with Board review criterion § 1110.230.(3)(B) (C), we hereby authorize the Review Board and IDPH access to any documents necessary to verify the information submitted in this Certificate of Need application, including, but not limited to official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

Sincerely,

Randi Schullo
Co-Managing Member

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

ATTACHMENT-12D

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 HFSRB website, there is a calculated need for 428 nursing beds in Kane County. Additionally, as this project sits near the border of Kane and McHenry Counties, the HFSRB website also shows a calculated need for McHenry County of 469 beds. It is interesting to also note that the Planning Area directly to the east, 7-A (Northwestern corner of Cook County shows a need for 1,159 nursing beds, DuPage County (Planning Area 7-C) to the Southeast of the proposed project shows a calculated need for 841 nursing beds and directly to the West is DeKalb County Planning Area that also has a modest need for 15 additional nursing beds. A copy of the State's latest update to the Inventory of Health Care Facilities and Services and Need Determination is appended as **ATTACHMENT-13A.**

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 signing of this application, the Applicants attest that the primary purpose of this project is to serve primarily the residents of Huntley, which is located in both Kane County Planning Area (location of proposed project's site) and McHenry County Planning Area. As such, it is 50% of the residents will come from either 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-13B** are twelve physician referral letters; providing to the best of their abilities proposed and historical referrals. Collectively, these physicians have identified 2,868 referrals made to nursing facilities in the most recent 12-month period.

ATTACHMENT-13

Anticipating their respective workloads, these physician's were a able to identify that they would be able to make 936 referrals for general nursing care services and 336 referrals for the ADRD nursing care services. It should be noted that the projected referrals are well within the number of historical referrals made and are more than enough to fill the proposed project's beds given the average length of stay of area facilities. Refer to **ATTACHMENT-13C** for a chart listing the number of admissions and patient days by facility and the resulting average length of stay (ALOS). The ALOS for the 30-minute market contour is 163 days. Therefore, it will take 343 annual referrals with this ALOS to fill the facility to its target 90 percent utilization (170 beds x 365 days x 90% = 55,845patient days). Since 1,272 annual referrals are being estimated it would appear that there are nearly 4 times (3.7x) the referrals needed to support this project.

ATTACHMENT-13

LONG_TERM CARE FACILITY UPDATES
9/16/2011 - 2/6/2013
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	652	13
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)

LONG_TERM CARE FACILITY UPDATES
9/16/2011 - 2/6/2013
CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 5			
Alexander/Pulaski	124	83	41
Bond	172	198	(26)
Clay	133	209	(76)
Crawford	246	220	26
Edwards/Wabash	175	139	36
Effingham	490	432	58
Fayette	255	261	(6)
Franklin	442	390	52
Gallatin/Hamilton/Saline	684	590	94
Hardin/Pope	95	113	(18)
Jackson	376	369	7
Jasper	82	57	25
Jefferson	424	346	78
Johnson/Massac	338	301	37
Lawrence	325	340	(15)
Marion	862	605	257
Perry	207	210	(3)
Randolph	580	490	90
Richland	360	309	51
Union	351	293	58
Washington	172	263	(91)
Wayne	133	169	(36)
White	354	353	1
Williamson	600	543	57
HEALTH SERVICE AREA 6			
Planning Area 6-A	5963	7194	(1231)
Planning Area 6-B	4252	4178	74
Planning Area 6-C	5209	4791	418
HEALTH SERVICE AREA 7			
Planning Area 7-A	4482	3323	1159
Planning Area 7-B	7180	6839	341
Planning Area 7-C	6867	6026	841
Planning Area 7-D	2519	2904	(385)
Planning Area 7-E	9328	9136	192
HEALTH SERVICE AREA 8			
Kane	3322	2894	428
Lake	5275	4734	541
McHenry	1501	1032	469
HEALTH SERVICE AREA 9			
Grundy	260	265	(5)
Kankakee	1290	1368	(78)
Kendall	219	185	34
Will	3479	2840	639
HEALTH SERVICE AREA 10			
Henry	452	500	(48)
Mercer	222	172	50
Rock Island	1243	1334	(91)
HEALTH SERVICE AREA 11			
Clinton	432	357	75
Madison	2048	2193	(145)
Monroe	435	250	185
St. Clair	2102	2294	(192)

DR. JOHN O'CONNELL

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Huntley

Dear Ms. Schullo,

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer both the resident and his or her family.

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

I believe I would be able to refer in the future at least ten patients per month to your skilled facility and three per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please fee free to contact me.

Sincerely,

Dr. John O'Connell

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

1835 Rohlwing Road
Suite A
Rolling Meadows, IL
60008

PHONE 847 508 7514

ATTACHMENT-13B

Dr. Arun Narang
7432 Hancock Drive
Wonder Lake, IL 60097

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo,

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer both the resident and his or her family.

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

I believe I would be able to refer in the future at least six patients per month to your skilled facility and two per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Arun Narang
7432 Hancock Drive
Wonder Lake, IL 60097

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

ATTACHMENT-13B

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo,

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer both the resident and his or her family.

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

I believe I would be able to refer in the future at least five patients per month to your skilled facility and two per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

2/6/13

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

Dr. Raman Popli
4318-J Crystal Lake Road
McHenry, Illinois 60050
815 344 1500

ATTACHMENT-13B

Dr. Raman Popli, Phone: 815 344 1500
4318-J Crystal Lake Road, McHenry, Illinois 60050

DR. YELENA SHANCHUK
Midwest Internal Med Clinic
847-885-3500 or Fax 847-686-0070
1555 N Barrington Rd Suite 410
Build #1, Hoffman Estates,IL 60169

February 7, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

A cursory review of our files indicated that we had previously referred approximately 15 patients each month to area facilities.

I believe I would be able to refer in the future at least 5 patients per month to your skilled facility and 2 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Yelena Shanchuk

Elvia Zamora

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

ATTACHMENT-13B

Northwest Health Care Associates

1981 30 YEARS 2011

Doctors Office Building III
1555 Barrington Road
Suite 2300A
Hoffman Estates, IL 60169
(847) 843-7030

Doctors Office Building III
1555 Barrington Road
Suite 2300B
Hoffman Estates, IL 60169
(847) 843-0726

519 Dundee Avenue
East Dundee, IL 60118
(847) 428-3322

Eberle Medical Office Building
800 Biesterfield Road, Suite 705 B
Elk Grove Village, IL 60007
(847) 871-4540

Business Office
2360 Hassell Road, Suite #F
Hoffman Estates, IL 60169
(847) 843-0806

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

A cursory review of our files indicated that we had previously referred approximately 30 patients each month to area facilities.

I believe I would be able to refer in the future at least 7 patients per month to your skilled facility and 3 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Warren Pierce

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

ATTACHMENT-13B

Northwest Health Care Associates

1981 30 YEARS 2011

Doctors Office Building III
1555 Barrington Road
Suite 2300A
Hoffman Estates, IL 60169
(847) 843-7030

Doctors Office Building III
1555 Barrington Road
Suite 2300B
Hoffman Estates, IL 60169
(847) 843-0726

1141 East Main Street
Suite 105
East Dundee, IL 60118
(847) 428-3322

Eberle Medical Office Building
800 Biesterfield Road, Suite 705 B
Elk Grove Village, IL 60007
(847) 871-4540

Business Office
2360 Hassell Road, Suite #F
Hoffman Estates, IL 60169
(847) 843-0806

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

A cursory review of our files indicated that we had previously referred approximately 22 patients each month to area facilities.

I believe I would be able to refer in the future at least 6 patients per month to your skilled facility and 3 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Jemini Ignacio

Elvia Zamora

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

ATTACHMENT-13B

Northwest Health Care Associates

1981 30 YEARS 2011

Doctors Office Building III
1555 Barrington Road
Suite 2300A
Hoffman Estates, IL 60169
(847) 843-7030

Doctors Office Building III
1555 Barrington Road
Suite 2300B
Hoffman Estates, IL 60169
(847) 843-0726

1141 East Main Street
Suite 105
East Dundee, IL 60118
(847) 428-3322

Eberle Medical Office Building
800 Biesterfield Road, Suite 705 B
Elk Grove Village, IL 60007
(847) 871-4540

Business Office
2360 Hassell Road, Suite #F
Hoffman Estates, IL 60169
(847) 843-0806

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

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 5 patients per month to your skilled facility and 3 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Gary Lewison

Elvia Zamora

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

ATTACHMENT-13B

Northwest Suburban Medical Group
2500 W Higgins Suite 340
Hoffman Estates, Il 60169
PH: 847-885-8480
Fax: 847-885-9201

February 1, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Estates of Huntley

Dear Ms.Schullo:

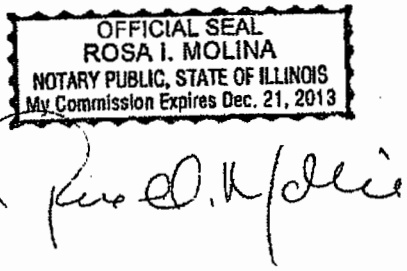
I am practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

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 4 patients per month to you skilled facility and 2 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON applications for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely



Afshan Hameeduddin MD

ATTACHMENT-13B

Michelle Tabao, M.D.
Susan Zuckerman, M.D.
Gary M. Yarkony, M.D.

Physical Medicine and Rehabilitation
Board Certified

January 17, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Ave.
Chicago, IL. 60646

Re: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location and the convenience that a facility in that area would offer for both the resident and his or her family.

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 4 patients per month to your skilled facility and 0 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may of further assistance, please feel free to contact me.

Sincerely,

Michelle Tabao, M.D.

MT/vp

Elvia Zamora

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

Elgin Rehabilitation Physicians
1975 Lin Lor Lane, Suite 195
Elgin, IL 60123
Phone (847) 468-1511 Fax: (847) 468-1555

ATTACHMENT-13B

Michelle Tabao, M.D.
Susan Zuckerman, M.D.
Gary M. Yarkony, M.D.

Physical Medicine and Rehabilitation
Board Certified

January 17, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Ave.
Chicago, IL. 60646

Re: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location and the convenience that a facility in that area would offer for both the resident and his or her family.

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 4 patients per month to your skilled facility and 0 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may of further assistance, please feel free to contact me.

Sincerely,

Gary M. Yarkony, M.D.

GMY/vp

Elvia Zamora

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

Elgin Rehabilitation Physicians
1975 Lin Lor Lane, Suite 195
Elgin, IL 60123
Phone (847) 468-1511 Fax: (847) 468-1555

ATTACHMENT-13B

Northwest
Pulmonary | Sleep | Wellness

360 Station Drive, Crystal Lake, IL 60014
1435 North Randall Road- Suite 410, Elgin, IL 60123
Willow Ponds: 900 West Main Street, Lake Zurich, IL 60047
1585 North Barrington Road- Suite 501, Hoffman Estates, IL 60169

877.775.3370
815.477.7350
Fax: 815.477.7351

Breathe well. Sleep well. Live well.

January 15, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

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 patients per month to your skilled facility and 5 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

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

Dr. Dennis F. Kellar, MD, FCCP, DABSM Dr. Mohammad Omari, MD, FCCP Dr. Elizabeth A. Schupp, MD, FCCP
Tess Sannar, MS, CNP Nonie Russell, MS, CNP

ATTACHMENT-13B

Dheeraj Mahajan, MD, CMD
Sapna Gujja, MD
Sagun Gautam, MD
Rajeev Panguluri, MD
Wilfredo J Romero Ubillus, MD
Gautam Malik, MD

Aparajita Mishra, MD
Annie Zambrano, PA-C
Shauna Laatz, ANP
Leah Maier, ANP
Vishal Jain, MD

February 7, 2013

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc
4200 W Peterson Avenue, Suite 140
Chicago, IL 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Mr. Molitor:

This letter is to serve as confirmation of our support for the newly proposed 110 bed Skilled Nursing Facility, Alden Estates of Huntley and the 60 bed memory care facility, Alden Courts of Huntley, both located in Huntley Illinois.

Our primary care group practice, (CIMPAR, SC) consisting of nine physicians and two nurse practitioners specializes in providing post acute care services. We are affiliated with several Alden Nursing Centers and we can attest to the quality of patient centered care and the attractiveness of your facilities. Our growing practice anticipates further demand and need for skilled nursing and rehabitation services within the northwest (Huntley) area.

In the future, we estimate that our physicians will refer at least ten patients per month to your facility for skilled, post acute rehabilitation services, short term rehabilitation needs, or memory care. From our positive experience with Alden facilities, we know that our patients would definitely benefit from skilled care and post acute services that Alden offers. In addition, we believe a memory care facility in this area is much needed.

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

Sincerely,

Dheeraj Mahajan, MD, CMD
President and CEO

"OFFICIAL SEAL"
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7/24/2014

1111 Superior St, Ste 104
Melrose Park, IL 60160

Phone: 708-486-2700
Fax: 708-486-2702

e-mail: info@cimpar.com
www.cimpar.com

ATTACHMENT-13B

Nursing Facilities with in 30-Minute Travel Time Contour
Licensed Beds, Peak Beds Set-up and Corresponding Utilization and ALOS

FACID	FACNAME	CITY	Lic NC Beds	Peak NC Beds Set-Up	Lic. NC Utilization	Peak NC Utilization	Potential Beds (+)Under/(-)over 90%	2011 Total Admissions	ALOS	Total Patients	Total Pts Lic Util.	Total Pts Peak Set-Up Util
	Hospital based Nursing											
6013981	Memorial Medical Center	Woodstock	40	30	53%	71%	14.7	680	11.4	16	40%	53%
	General Geriatric Nursing Facility											
6008718	South Elgin Rehab & Hithcare Ct	South Elgin	90	80	75%	85%	13.1	113	219.5	66	73%	83%
6003263	Tower Hill Healthcare Center	South Elgin	206	206	91%	91%	-2.2	127	539.0	192	93%	93%
6014237	Rosewood Care Center of Elgin	Elgin	139	139	77%	77%	18.4	564	69.1	102	73%	73%
6012827	Sherman West Court	Elgin	120	112	67%	72%	27.2	630	46.8	80	67%	71%
6004758	Maplewood Care	Elgin	203	203	92%	92%	-3.9	101	674.3	195	96%	96%
6005847	Asta Care Center Of Elgin	Elgin	102	99	83%	85%	7.2	70	441.3	82	80%	83%
6000392	Apostolic Christian Resthaven	Elgin	50	50	96%	96%	-3.0	21	835.0	46	92%	92%
6000277	Manorcare of Elgin	Elgin	88	83	84%	89%	5.0	231	117.3	73	83%	88%
6006902	Heritage Manor - Elgin	Elgin	94	94	84%	84%	5.8	80	359.7	78	83%	83%
6001366	Alden-Poplar Creek Rehab &Care	Hoffman Estates	217	217	85%	85%	10.6	656	102.8	192	88%	88%
6003180	Florence Nursing Home	Marengo	56	56	83%	83%	3.9	99	171.5	45	80%	80%
6009542	Valley Hi Nursing Home	Woodstock	128	128	96%	96%	-7.1	68	656.2	121	95%	95%
6009310	Hearthstone Manor	Woodstock	75	71	75%	79%	11.1	113	345.4	99	132%	139%
6010136	Woodstock Residence	Woodstock	115	115	77%	77%	15.3	122	263.9	89	77%	77%
6002976	Fair Oaks Health Care Center	Crystal Lake	46	46	85%	85%	2.5	100	142.1	41	89%	89%
6002299	Crystal Pines Rehab & HCC	Crystal Lake	114	110	88%	91%	2.0	112	327.8	104	91%	95%
6011803	The Springs at Crystal Lake	Crystal Lake	97	97	64%	64%	24.8	525	43.5	69	71%	71%
			1940	**1906**	**83%**	**85%**	**130.4**	**3732**	**163.0**	**1674**	**86%**	**88%**
	New Permit or Pipeline Projects											
New Permit	Park Point South Elgin Healthcare	South Elgin	120		0%	#DIV/0!			#DIV/0!			
New Permit	Addison Rehabilitation & Living Center	Elgin	120		0%	#DIV/0!			#DIV/0!			
Proposed	Alden Estate/Courts of Huntley	Huntley	170									
			410									
			2390									

Source: Long-Term Care Facility Questionnaire for 2011, 2010, and 2009, Illinois Department of Public Health, Health

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.

Appended as **ATTACHMENT-14A** are twelve physician letters identifying all referrals that they have made to area nursing facilities. The requested documentation is provided to the best of the physicians' ability.

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.

The physician referral letters appended in **ATTACHMENT-14A** use the historical referrals to area facilities as their basis of making projections. It should be noted that the physician's reviewed their patient files, and to the level that the information was available, were able to make conservative projections of referrals to the proposed project.

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

ATTACHMENT- 14

- 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

The referral letters, appended as **ATTACHMENT-14A**, anticipate monthly referrals of 78 residents for general nursing care services and 28 residents for ADRD nursing care services. Together and on an annualized basis the projected referrals equal 1,272 residents/patients. The historical annual referrals equate to 2,868 patients. Therefore, the anticipated number of referrals has not exceeded the historical number of referrals.

As the Applicant is proposing the establishment of a new facility, the portion of this item to document expansion project is not germane.

It should be noted that each physician signed their own letter and each signature was notarized. Moreover, each letter is on letterhead giving physician's typed name and 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.

Please note that each referral letter states that its patients referrals have not been used to support any other pending or approved CON application for this area. Refer to **ATTACHMENT-14A**.

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;

Although the Applicant's service area is the 30-minute travel area contour, its primary market is the community of Huntley. There are no existing nursing facilities

ATTACHMENT- 14

within 10 miles or 16 minutes from the proposed project site or more importantly, within Huntley itself. Moreover, the market area experiencing a "rapid" population growth is the community of Huntley.

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;

Service Area	Population	Lic. Beds	Pop : 1-bed	65+ Pop	65+ Pop : 1-bed	NC Beds Needed to = state ratio	ADRD Residents	Alz. Assoc. Incidence	Alz. Need	Illinois % in LTC	LTC Alz. Need
Illinois	12,830,632	101,393	126.5	1,609,213	15.9	-	11,910	13%	209,198	12%	25,103.72
Kane Co.	515,269	2,894	178.0	49,690	17.2	236.86	244	13%	6,460	12%	775.16
McHenry Co.	308,760	1,032	299.2	31,320	30.3	941.40	84	13%	4,072	12%	488.59
DeKalb Co.	105,160	742	141.7	10,337	13.9	(90.69)	115	13%	1,344	12%	161.26
Huntley	**24,291**	**170**	**142.9**	**7,082**	**41.7**	**276.22**		**13%**	**921**	**12%**	**110.48**

http://www.hfsrb.illinois.gov/pdf/LTC%20State%20Summary %202011%208-29-2012.pdf

http://www.alz.org/alzheimers_disease_facts_and_figures.asp

Appended as **ATTACHMENT-14B** are Huntley census compilations from the 2000 census and the 2010 census (also shown above). This data shows that Huntley has experienced growth of 323.93% in that time period. Moreover, the over 65 population has increased by 609.62% also in the same time period. The population in whole and for the over 65 age cohort is also substantial enough to support nursing beds of its own.

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

The population increase cited is the ten year increment between the last two censuses, 2000 and 2010. Please refer to **ATTACHMENT-14B**.

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

The need calculated is considered current need and not projected need. It should be noted that the current need for services is reflected as part of the beds needed as

ATTACHMENT- 14

determined by the latest IDPH Update to the Inventory of Health Care Facilities and Services and Need Determinations, ending February 6, 2013 in that between Kane County Planning Area, McHenry County Planning Area and DeKalb County Planning Area, there is a collective need for 912 additional nursing beds through 2018. Refer to **ATTACHMENT-14C** for a copy of the Update to the Inventory.

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;

The populations used to document "rapid" population is historical and not projections and it is the census data; therefore, all population changes in terms of births, deaths and net migration has been included.

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

The census data projected in **ATTACHMENT-14B** provides total population and the 65+ age cohort.

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

The methodology for the project is simply based on the census figures and the State's need calculations. The Applicant has not made any assumptions or adjustments.

DR. JOHN O'CONNELL

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Huntley

Dear Ms. Schullo,

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer both the resident and his or her family.

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

I believe I would be able to refer in the future at least ten patients per month to your skilled facility and three per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please fee free to contact me.

Sincerely,

Dr. John O'Connell

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

1835 Rohlwing Road
Suite A
Rolling Meadows, IL
60008

PHONE 847 508 7514

ATTACHMENT-14A

Dr. Arun Narang
7432 Hancock Drive
Wonder Lake, IL 60097

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo,

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer both the resident and his or her family.

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

I believe I would be able to refer in the future at least six patients per month to your skilled facility and two per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Arun Narang
7432 Hancock Drive
Wonder Lake, IL 60097

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

ATTACHMENT-14A

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo,

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer both the resident and his or her family.

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

I believe I would be able to refer in the future at least five patients per month to your skilled facility and two per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

2/6/13

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

Rosa I. Molina

Dr. Raman Popli
4318-J Crystal Lake Road
McHenry, Illinois 60050
815 344 1500

ATTACHMENT-14A

Dr. Raman Popli | Phone: 815-344-1500
4318J Crystal Lake Road McHenry, Illinois 60050

DR. YELENA SHANCHUK
Midwest Internal Med Clinic
847-885-3500 or Fax 847-686-0070
1555 N Barrington Rd Suite 410
Build #1, Hoffman Estates,IL 60169

February 7, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

A cursory review of our files indicated that we had previously referred approximately 15 patients each month to area facilities.

I believe I would be able to refer in the future at least 5 patients per month to your skilled facility and 2 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Yelena Shanchuk

Elvia Zamora

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

ATTACHMENT-14A

Northwest Health Care Associates

1981 30 YEARS 2011

Doctors Office Building III
1555 Barrington Road
Suite 2300A
Hoffman Estates, IL 60169
(847) 843-7030

Doctors Office Building III
1555 Barrington Road
Suite 2300B
Hoffman Estates, IL 60169
(847) 843-0726

519 Dundee Avenue
East Dundee, IL 60118
(847) 428-3322

Eberle Medical Office Building
800 Biesterfield Road, Suite 705 B
Elk Grove Village, IL 60007
(847) 871-4540

Business Office
2360 Hassell Road, Suite #F
Hoffman Estates, IL 60169
(847) 843-0806

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

A cursory review of our files indicated that we had previously referred approximately 30 patients each month to area facilities.

I believe I would be able to refer in the future at least 7 patients per month to your skilled facility and 3 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Warren Pierce

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

ATTACHMENT-14A

Northwest Health Care Associates

1981 30 YEARS 2011

Doctors Office Building III
1555 Barrington Road
Suite 2300A
Hoffman Estates, IL 60169
(847) 843-7030

Doctors Office Building III
1555 Barrington Road
Suite 2300B
Hoffman Estates, IL 60169
(847) 843-0726

1141 East Main Street
Suite 105
East Dundee, IL 60118
(847) 428-3322

Eberle Medical Office Building
800 Biesterfield Road, Suite 705 B
Elk Grove Village, IL 60007
(847) 871-4540

Business Office
2360 Hassell Road, Suite #F
Hoffman Estates, IL 60169
(847) 843-0806

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

A cursory review of our files indicated that we had previously referred approximately 22 patients each month to area facilities.

I believe I would be able to refer in the future at least 6 patients per month to your skilled facility and 3 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Jemini Ignacio

Elvira Zamora

OFFICIAL SEAL
ELVIRA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

ATTACHMENT-14A

Northwest Health Care Associates
1981 30 YEARS 2011

Doctors Office Building III
1555 Barrington Road
Suite 2300A
Hoffman Estates, IL 60169
(847) 843-7030

Doctors Office Building III
1555 Barrington Road
Suite 2300B
Hoffman Estates, IL 60169
(847) 843-0726

1141 East Main Street
Suite 105
East Dundee, IL 60118
(847) 428-3322

Eberle Medical Office Building
800 Biesterfield Road Suite 705 B
Elk Grove Village, IL 60007
(847) 871-4540

Business Office
2360 Hassell Road, Suite #F
Hoffman Estates, IL 60169
(847) 843-0806

February 6, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

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 5 patients per month to your skilled facility and 3 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Gary Lewison

Elvia Zamora

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

ATTACHMENT-14A

Northwest Suburban Medical Group
2500 W Higgins Suite 340
Hoffman Estates, Il 60169
PH: 847-885-8480
Fax: 847-885-9201

February 1, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Estates of Huntley

Dear Ms.Schullo:

I am practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

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 4 patients per month to you skilled facility and 2 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON applications for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Dec. 21, 2013

Afshan Hameeduddin MD

ATTACHMENT-14A

Michelle Tabao, M.D.
Susan Zuckerman, M.D.
Gary M. Yarkony, M.D.

Physical Medicine and Rehabilitation
Board Certified

January 17, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Ave.
Chicago, IL. 60646

Re: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area. near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location and the convenience that a facility in that area would offer for both the resident and his or her family.

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 4 patients per month to your skilled facility and 0 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may of further assistance, please feel free to contact me.

Sincerely,

Michelle Tabao, M.D.

MT/vp

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

Elgin Rehabilitation Physicians
1975 Lin Lor Lane, Suite 195
Elgin, IL 60123
Phone (847) 468-1511 Fax: (847) 468-1555

ATTACHMENT-14A

Michelle Tabao, M.D.
Susan Zuckerman, M.D.
Gary M. Yarkony, M.D.

Physical Medicine and Rehabilitation
Board Certified

January 17, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc.
4200 W. Peterson Ave.
Chicago, IL. 60646

Re: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley, Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location and the convenience that a facility in that area would offer for both the resident and his or her family.

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 4 patients per month to your skilled facility and 0 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may of further assistance, please feel free to contact me.

Sincerely,

Gary M. Yarkony, M.D.

GMY/vp

Elvia Zamora

OFFICIAL SEAL
ELVIA ZAMORA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/09/13

Elgin Rehabilitation Physicians
1975 Lin Lor Lane, Suite 195
Elgin, IL 60123
Phone (847) 468-1511 Fax: (847) 468-1555

ATTACHMENT-14A

Northwest
Pulmonary | Sleep | Wellness

360 Station Drive, Crystal Lake, IL 60014
1435 North Randall Road- Suite 410, Elgin, IL 60123
Willow Ponds: 900 West Main Street, Lake Zurich, IL 60047
1585 North Barrington Road- Suite 501, Hoffman Estates, IL 60169

877.775.3370
815.477.7350
Fax: 815.477.7351

Breathe well. Sleep well. Live well.

January 15, 2013

Ms. Randi Schullo
President, Alden Realty Service, Inc
4200 W Peterson Ave,
Chicago, IL. 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Ms. Schullo:

I am a practicing physician in the area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from local hospitals, or from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

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 patients per month to your skilled facility and 5 per month to your skilled memory care facility. Please note that these patient referrals have not been used to support any other pending or approved CON application for this area.

If I may be of further assistance, please feel free to contact me.

Sincerely,

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

Dr. Dennis F. Kellar, MD, FCCP, DABSM Dr. Mohammad Omari, MD, FCCP Dr. Elizabeth A. Schupp, MD, FCCP
Tess Sanner, MS, CNP Nonie Russell, MS, CNP

ATTACHMENT-14A

Dheeraj Mahajan, MD, CMD
Sapna Gujja, MD
Sagun Gautam, MD
Rajeev Panguluri, MD
Wilfredo J Romero Ubilius, MD
Gautam Malik, MD

Aparajita Mishra, MD
Annie Zambrano, PA-C
Shauna Laatz, ANP
Leah Maier, ANP
Vishal Jain, MD

February 7, 2013

Mr. Bob Molitor
Chief Operating Officer
Alden Management Services, Inc
4200 W Peterson Avenue, Suite 140
Chicago, IL 60646

RE: Alden Estates of Huntley
Alden Courts of Huntley

Dear Mr. Molitor:

This letter is to serve as confirmation of our support for the newly proposed 110 bed Skilled Nursing Facility, Alden Estates of Huntley and the 60 bed memory care facility, Alden Courts of Huntley, both located in Huntley Illinois.

Our primary care group practice, (CIMPAR, SC) consisting of nine physicians and two nurse practitioners specializes in providing post acute care services. We are affiliated with several Alden Nursing Centers and we can attest to the quality of patient centered care and the attractiveness of your facilities. Our growing practice anticipates further demand and need for skilled nursing and rehabitation services within the northwest (Huntley) area.

In the future, we estimate that our physicians will refer at least ten patients per month to your facility for skilled, post acute rehabilitation services, short term rehabilitation needs, or memory care. From our positive experience with Alden facilities, we know that our patients would definitely benefit from skilled care and post acute services that Alden offers. In addition, we believe a memory care facility in this area is much needed.

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

Sincerely,

Dheeraj Mahajan, MD, CMD
President and CEO

"OFFICIAL SEAL"
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/24/2014

1111 Superior St, Ste 104
Melrose Park, IL 60160

Phone: 708-486-2700
Fax: 708-486-2702

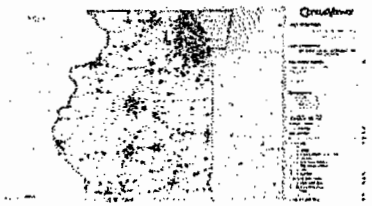
e-mail: info@cimpar.com
www.cimpar.com

ATTACHMENT-14A

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Population of Illinois: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about the State of Illinois by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Illinois - Overview	2010 Census Counts	Percentages	2000 Census Counts	Percentages	2000-2010 Change	Percentages
Total Population						
Total Population	12,830,632	100.00%	12,419,293	100.00%	411,339	3.31%
Population by Race						
American Indian and Alaska native alone	43,963	0.34%	31,006	0.25%	12,957	41.79%
Asian alone	586,934	4.57%	423,603	3.41%	163,331	38.56%
Black or African American alone	1,866,414	14.55%	1,876,875	15.11%	-10,461	-0.56%
Native Hawaiian and Other Pacific native alone	4,050	0.03%	4,610	0.04%	-560	-12.15%
Some other race alone	861,412	6.71%	722,712	5.82%	138,700	19.19%
Two or more races	289,982	2.26%	235,016	1.89%	54,966	23.39%
White alone	9,177,877	71.53%	9,125,471	73.48%	52,406	0.57%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	2,027,578	15.80%	1,530,262	12.32%	497,316	32.50%
Persons Not of Hispanic or Latino Origin	10,803,054	84.20%	10,889,031	87.68%	-85,977	-0.79%
Population by Gender						
Male	6,292,276	49.04%	6,080,336	48.96%	211,940	3.49%
Female	6,538,356	50.96%	6,338,957	51.04%	199,399	3.15%
Population by Age						
Persons 0 to 4 years	835,577	6.51%	876,549	7.06%	-40,972	-4.67%
Persons 5 to 17 years	2,293,602	17.88%	2,368,902	19.07%	-75,300	-3.18%
Persons 18 to 64 years	8,092,240	63.07%	7,673,817	61.79%	418,423	5.45%
Persons 65 years and over	1,609,213	12.54%	1,500,025	12.08%	109,188	7.28%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

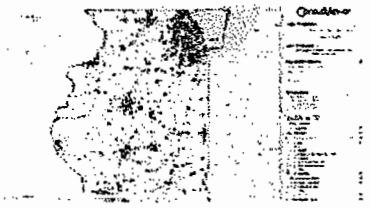
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Population of Kane County, Illinois: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Graphs, Quick Facts



Compare Versions Free Version

Compare population statistics about Kane County, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Kane County, Illinois - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages

Total Population						
Total Population	515,269	100.00%	404,119	100.00%	111,150	27.50%
Population by Race						
American Indian and Alaska native alone	2,887	0.56%	1,255	0.31%	1,632	130.04%
Asian alone	17,895	3.47%	7,296	1.81%	10,599	145.27%
Black or African American alone	29,422	5.71%	23,279	5.76%	6,143	26.39%
Native Hawaiian and Other Pacific native alone	193	0.04%	144	0.04%	49	34.03%
Some other race alone	66,818	12.97%	42,870	10.61%	23,948	55.86%
Two or more races	13,506	2.62%	8,935	2.21%	4,571	51.16%
White alone	384,548	74.63%	320,340	79.27%	64,208	20.04%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	158,390	30.74%	95,924	23.74%	62,466	65.12%
Persons Not of Hispanic or Latino Origin	356,879	69.26%	308,195	76.26%	48,684	15.80%
Population by Gender						
Male	256,815	49.84%	203,245	50.29%	53,570	26.36%
Female	258,454	50.16%	200,874	49.71%	57,580	28.66%
Population by Age						
Persons 0 to 4 years	39,870	7.74%	35,249	8.72%	4,621	13.11%
Persons 5 to 17 years	109,320	21.22%	87,046	21.54%	22,274	25.59%
Persons 18 to 64 years	316,389	61.40%	247,843	61.33%	68,546	27.66%
Persons 65 years and over	49,690	9.64%	33,981	8.41%	15,709	46.23%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

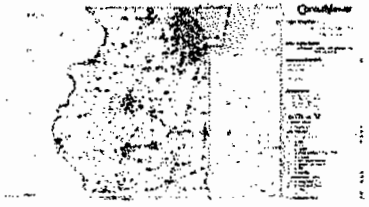
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Population of McHenry County, Illinois: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Graphs, Quick Facts



Compare Versions Free Version

Compare population statistics about McHenry County, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

McHenry County, Illinois - Overview	2010 Census	2000 Census	2000-2010 Change

	Counts	Percentages	Counts	Percentages	Change	Percentages
Total Population						
Total Population	308,760	100.00%	260,077	100.00%	48,683	18.72%
Population by Race						
American Indian and Alaska native alone	939	0.30%	445	0.17%	494	111.01%
Asian alone	7,807	2.53%	3,782	1.45%	4,025	106.43%
Black or African American alone	3,283	1.06%	1,523	0.59%	1,760	115.56%
Native Hawaiian and Other Pacific native alone	80	0.03%	55	0.02%	25	45.45%
Some other race alone	13,194	4.27%	7,211	2.77%	5,983	82.97%
Two or more races	5,200	1.68%	2,821	1.08%	2,379	84.33%
White alone	278,257	90.12%	244,240	93.91%	34,017	13.93%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	35,249	11.42%	19,602	7.54%	15,647	79.82%
Persons Not of Hispanic or Latino Origin	273,511	88.58%	240,475	92.46%	33,036	13.74%
Population by Gender						
Male	153,936	49.86%	130,474	50.17%	23,462	17.98%
Female	154,824	50.14%	129,603	49.83%	25,221	19.46%
Population by Age						
Persons 0 to 4 years	19,896	6.44%	21,110	8.12%	-1,214	-5.75%
Persons 5 to 17 years	64,279	20.82%	57,386	22.07%	6,893	12.01%
Persons 18 to 64 years	193,265	62.59%	160,668	61.78%	32,597	20.29%
Persons 65 years and over	31,320	10.14%	20,913	8.04%	10,407	49.76%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

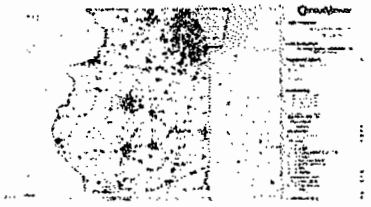
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Population of DeKalb County, Illinois: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Graphs, Quick Facts



Compare Versions Free Version

Compare population statistics about DeKalb County, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

DeKalb County, Illinois - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages

Total Population						
Total Population	105,160	100.00%	88,969	100.00%	16,191	18.20%
Population by Race						
American Indian and Alaska native alone	267	0.25%	197	0.22%	70	35.53%
Asian alone	2,438	2.32%	2,087	2.35%	351	16.82%
Black or African American alone	6,732	6.40%	4,084	4.59%	2,648	64.84%
Native Hawaiian and Other Pacific native alone	23	0.02%	58	0.07%	-35	-60.34%
Some other race alone	4,149	3.95%	2,440	2.74%	1,709	70.04%
Two or more races	2,098	2.00%	1,399	1.57%	699	49.96%
White alone	89,453	85.06%	78,704	88.46%	10,749	13.66%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	10,647	10.12%	5,830	6.55%	4,817	82.62%
Persons Not of Hispanic or Latino Origin	94,513	89.88%	83,139	93.45%	11,374	13.68%
Population by Gender						
Male	52,530	49.95%	44,086	49.55%	8,444	19.15%
Female	52,630	50.05%	44,883	50.45%	7,747	17.26%
Population by Age						
Persons 0 to 4 years	6,645	6.32%	5,551	6.24%	1,094	19.71%
Persons 5 to 17 years	16,845	16.02%	15,018	16.88%	1,827	12.17%
Persons 18 to 64 years	71,333	67.83%	59,689	67.09%	11,644	19.51%
Persons 65 years and over	10,337	9.83%	8,711	9.79%	1,626	18.67%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

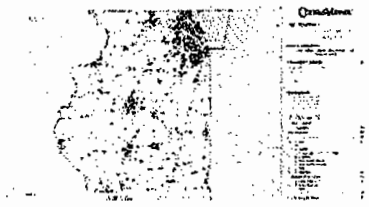
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Elgin, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about Elgin, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Elgin, Illinois - Overview	2010 Census Counts	2010 Census Percentages	2000 Census Counts	2000 Census Percentages	2000-2010 Change Change	2000-2010 Change Percentages
Total Population						
Total Population	108,188	100.00%	94,487	100.00%	13,701	14.50%
Population by Race						
American Indian and Alaska native alone	1,468	1.36%	382	0.40%	1,086	284.29%
Asian alone	5,809	5.37%	3,668	3.88%	2,141	58.37%
Black or African American alone	7,982	7.38%	6,427	6.80%	1,555	24.19%
Native Hawaiian and Other Pacific native alone	37	0.03%	58	0.06%	-21	-36.21%
Some other race alone	17,661	16.32%	14,537	15.39%	3,124	21.49%
Two or more races	3,884	3.59%	2,815	2.98%	1,069	37.98%
White alone	71,347	65.95%	66,600	70.49%	4,747	7.13%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	47,121	43.55%	32,430	34.32%	14,691	45.30%
Persons Not of Hispanic or Latino Origin	61,067	56.45%	62,057	65.68%	-990	-1.60%
Population by Gender						
Male	53,888	49.81%	47,213	49.97%	6,675	14.14%
Female	54,300	50.19%	47,274	50.03%	7,026	14.86%
Population by Age						
Persons 0 to 4 years	9,492	8.77%	8,711	9.22%	781	8.97%
Persons 5 to 17 years	21,311	19.70%	18,713	19.80%	2,598	13.88%
Persons 18 to 64 years	68,041	62.89%	58,974	62.41%	9,067	15.37%
Persons 65 years and over	9,344	8.64%	8,089	8.56%	1,255	15.51%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

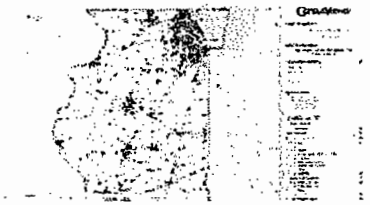
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

South Elgin, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about South Elgin, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

South Elgin, Illinois - Overview	2010 Census Counts	2010 Census Percentages	2000 Census Counts	2000 Census Percentages	2000-2010 Change Change	2000-2010 Change Percentages
Total Population						
Total Population	21,985	100.00%	16,100	100.00%	5,885	36.55%
Population by Race						
American Indian and Alaska native alone	94	0.43%	27	0.17%	67	248.15%
Asian alone	1,545	7.03%	881	5.47%	664	75.37%
Black or African American alone	740	3.37%	415	2.58%	325	78.31%
Native Hawaiian and Other Pacific native alone	7	0.03%	2	0.01%	5	250.00%
Some other race alone	1,058	4.81%	625	3.88%	433	69.28%
Two or more races	666	3.03%	300	1.86%	366	122.00%
White alone	17,875	81.31%	13,850	86.02%	4,025	29.06%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	3,402	15.47%	1,664	10.34%	1,738	104.45%
Persons Not of Hispanic or Latino Origin	18,583	84.53%	14,436	89.66%	4,147	28.73%
Population by Gender						
Male	10,867	49.43%	8,059	50.06%	2,808	34.84%
Female	11,118	50.57%	8,041	49.94%	3,077	38.27%
Population by Age						
Persons 0 to 4 years	1,672	7.61%	1,886	11.71%	-214	-11.35%
Persons 5 to 17 years	5,294	24.08%	2,802	17.40%	2,492	88.94%
Persons 18 to 64 years	13,495	61.38%	10,490	65.16%	3,005	28.65%
Persons 65 years and over	1,524	6.93%	922	5.73%	602	65.29%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

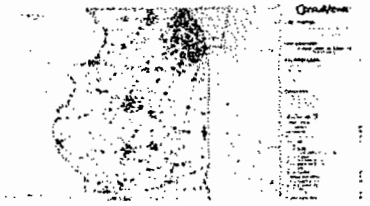
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Crystal Lake, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about Crystal Lake, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Crystal Lake, Illinois - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages

Total Population						
Total Population	40,743	100.00%	38,000	100.00%	2,743	7.22%
Population by Race						
American Indian and Alaska native alone	172	0.42%	62	0.16%	110	177.42%
Asian alone	1,023	2.51%	747	1.97%	276	36.95%
Black or African American alone	398	0.98%	212	0.56%	186	87.74%
Native Hawaiian and Other Pacific native alone	10	0.02%	8	0.02%	2	25.00%
Some other race alone	1,657	4.07%	826	2.17%	831	100.61%
Two or more races	735	1.80%	399	1.05%	336	84.21%
White alone	36,748	90.19%	35,746	94.07%	1,002	2.80%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	4,770	11.71%	2,662	7.01%	2,108	79.19%
Persons Not of Hispanic or Latino Origin	35,973	88.29%	35,338	92.99%	635	1.80%
Population by Gender						
Male	20,117	49.38%	18,785	49.43%	1,332	7.09%
Female	20,626	50.62%	19,215	50.57%	1,411	7.34%
Population by Age						
Persons 0 to 4 years	2,477	6.08%	3,094	8.14%	-617	-19.94%
Persons 5 to 17 years	8,962	22.00%	8,921	23.48%	41	0.46%
Persons 18 to 64 years	25,234	61.93%	22,575	59.41%	2,659	11.78%
Persons 65 years and over	4,070	9.99%	3,410	8.97%	660	19.35%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

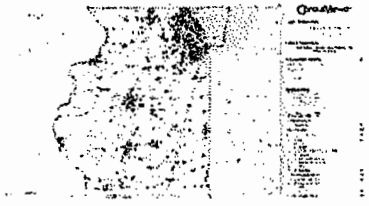
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Woodstock, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about Woodstock, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Woodstock, Illinois - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages

Total Population						
Total Population	24,770	100.00%	20,151	100.00%	4,619	22.92%
Population by Race						
American Indian and Alaska native alone	97	0.39%	47	0.23%	50	106.38%
Asian alone	578	2.33%	406	2.01%	172	42.36%
Black or African American alone	562	2.27%	214	1.06%	348	162.62%
Native Hawaiian and Other Pacific native alone	17	0.07%	0	0%	17	0%
Some other race alone	2,313	9.34%	1,550	7.69%	763	49.23%
Two or more races	528	2.13%	306	1.52%	222	72.55%
White alone	20,675	83.47%	17,628	87.48%	3,047	17.29%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	5,852	23.63%	3,830	19.01%	2,022	52.79%
Persons Not of Hispanic or Latino Origin	18,918	76.37%	16,321	80.99%	2,597	15.91%
Population by Gender						
Male	12,434	50.20%	10,114	50.19%	2,320	22.94%
Female	12,336	49.80%	10,037	49.81%	2,299	22.91%
Population by Age						
Persons 0 to 4 years	1,862	7.52%	1,616	8.02%	246	15.22%
Persons 5 to 17 years	4,736	19.12%	4,009	19.89%	727	18.13%
Persons 18 to 64 years	15,672	63.27%	12,545	62.25%	3,127	24.93%
Persons 65 years and over	2,500	10.09%	1,981	9.83%	519	26.20%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

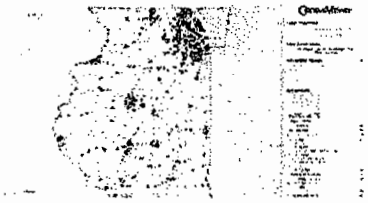
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Huntley, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about Huntley, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Huntley, Illinois - Overview	2010 Census Counts	2010 Census Percentages	2000 Census Counts	2000 Census Percentages	2000-2010 Change Change	2000-2010 Change Percentages

Total Population						
Total Population	24,291	100.00%	5,730	100.00%	18,561	323.93%
Population by Race						
American Indian and Alaska native alone	74	0.30%	10	0.17%	64	640.00%
Asian alone	1,266	5.21%	122	2.13%	1,144	937.70%
Black or African American alone	301	1.24%	25	0.44%	276	1104.00%
Native Hawaiian and Other Pacific native alone	1	0.00%	0	0%	1	0%
Some other race alone	501	2.06%	72	1.26%	429	595.83%
Two or more races	407	1.68%	61	1.06%	346	567.21%
White alone	21,741	89.50%	5,440	94.94%	16,301	299.65%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	1,862	7.67%	245	4.28%	1,617	660.00%
Persons Not of Hispanic or Latino Origin	22,429	92.33%	5,485	95.72%	16,944	308.92%
Population by Gender						
Male	11,490	47.30%	2,799	48.85%	8,691	310.50%
Female	12,801	52.70%	2,931	51.15%	9,870	336.75%
Population by Age						
Persons 0 to 4 years	1,520	6.26%	477	8.32%	1,043	218.66%
Persons 5 to 17 years	4,172	17.18%	858	14.97%	3,314	386.25%
Persons 18 to 64 years	11,517	47.41%	3,397	59.28%	8,120	239.03%
Persons 65 years and over	7,082	29.15%	998	17.42%	6,084	609.62%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

LONG_TERM CARE FACILITY UPDATES
9/16/2011 - 2/6/2013
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	652	13
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)

LONG_TERM CARE FACILITY UPDATES
9/16/2011 - 2/6/2013
CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 5			
Alexander/Pulaski	124	83	41
Bond	172	198	(26)
Clay	133	209	(76)
Crawford	246	220	26
Edwards/Wabash	175	139	36
Effingham	490	432	58
Fayette	255	261	(6)
Franklin	442	390	52
Gallatin/Hamilton/Saline	684	590	94
Hardin/Pope	95	113	(18)
Jackson	376	369	7
Jasper	82	57	25
Jefferson	424	346	78
Johnson/Massac	338	301	37
Lawrence	325	340	(15)
Marion	862	605	257
Perry	207	210	(3)
Randolph	580	490	90
Richland	360	309	51
Union	351	293	58
Washington	172	263	(91)
Wayne	133	169	(36)
White	354	353	1
Williamson	600	543	57
HEALTH SERVICE AREA 6			
Planning Area 6-A	5963	7194	(1231)
Planning Area 6-B	4252	4178	74
Planning Area 6-C	5209	4791	418
HEALTH SERVICE AREA 7			
Planning Area 7-A	4482	3323	1159
Planning Area 7-B	7180	6839	341
Planning Area 7-C	6867	6026	841
Planning Area 7-D	2519	2904	(385)
Planning Area 7-E	9328	9136	192
HEALTH SERVICE AREA 8			
Kane	3322	2894	428
Lake	5275	4734	541
McHenry	1501	1032	469
HEALTH SERVICE AREA 9			
Grundy	260	265	(5)
Kankakee	1290	1368	(78)
Kendall	219	185	34
Will	3479	2840	639
HEALTH SERVICE AREA 10			
Henry	452	500	(48)
Mercer	222	172	50
Rock Island	1243	1334	(91)
HEALTH SERVICE AREA 11			
Clinton	432	357	75
Madison	2048	2193	(145)
Monroe	435	250	185
St. Clair	2102	2294	(192)

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;

Although there is no absence of nursing care within Kane County or McHenry County Planning Areas, there is an absence of nursing services within the primary service area of the proposed site to include Huntley and a ten mile radius or 15 minute travel time contour of the proposed site. Although Huntley's population is new as it has grown by 323.93 percent in the 10 year period resulting between the 2000 and 2010 censuses, its elderly population has outpaced the growth rate of the population as a whole with an increase of 609.62 percent. The elderly population resembles one of a more established aging community as the over 65 age cohort is nearly 30 percent of the total population. As can be gathered from the chart herein, this elderly population is higher than any other service area examined and nearly triples that of Kane County, McHenry County, and DeKalb County Planning Area percentage of elderly to total population. Therefore, there appears to be a concentration of persons ages 65 and older in Huntley and that is mostly due to Sun City

	Population	65+ Pop	% of tot pop	Lic. Beds	Pop for 1-bed	65+ Pop for 1-bed
Illinois	12,830,632	1,609,213	13%	101,393	126.5	15.9
Kane Co.	515,269	49,690	10%	2,894	178.0	17.2
McHenry Co.	308,760	31,320	10%	1,032	299.2	30.3
DeKalb Co.	105,160	10,337	10%	742	141.7	13.9
Elgin	108,188	9,344	9%	916	118.1	10.2
So. Elgin	21,985	602	3%	416	52.8	1.4
Crystal Lake	40,743	660	2%	257	158.5	2.6
Woodstock	24,770	2,500	10%	358	69.2	7.0
Huntley	**24,291**	**7,082**	**29%**	**170**	**142.9**	**41.7**

Source: www2.illinois.gov/census/pages/default.aspy
http://www.hfsrb.illinois.gov/pdf/LTC%20Update%20 Spreadsheet%202-5-13.pdf
http://www.hfsrb.illinois.gov/pdf/LTC%20Facility%20Profiles%20 2011%208-29-2012.pdf

ATTACHMENT- 17

Huntley by Del Webb's age restricted retirement community. Therefore, the service is not available in the primary service 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;

As there are long-term care nursing beds and Medicare and Medicaid nursing beds in the area, there is not an absence of the service. However, there appears to be access limitations due to payment status as not all beds in all facilities accept Medicare and Medicaid. In fact, 23% (452 beds) of the beds are not certified for Medicare.

FACID	FACNAME	CITY	Lic NC Beds	Medicare Beds	Medicaid Beds	Medicare Bed %	Medicaid Bed %
	Hospital based Nursing						
6013981	Memorial Medical Center	Woodstock	40	40	0	100%	0%
	General Geriatric Nursing Facility						
6008718	South Elgin Rehab & Hlthcare Ct	South Elgin	90	14	90	16%	100%
6003263	Tower Hill Healthcare Center	South Elgin	206	206	206	100%	100%
6014237	Rosewood Care Center of Elgin	Elgin	139	48	41	35%	29%
6012827	Sherman West Court	Elgin	120	64	12	53%	10%
6004758	Maplewood Care	Elgin	203	203	203	100%	100%
6005847	Asta Care Center Of Elgin	Elgin	102	52	102	51%	100%
6000392	Apostolic Christian Resthaven	Elgin	50	0	50	0%	100%
6000277	Manorcare of Elgin	Elgin	88	88	61	100%	69%
6006902	Heritage Manor - Elgin	Elgin	94	94	94	100%	100%
6001366	Alden-Poplar Creek Rehab &Care	Hoffman Estates	217	217	217	100%	100%
6003180	Florence Nursing Home	Marengo	56	27	34	48%	61%
6009542	Valley Hi Nursing Home	Woodstock	128	128	128	100%	100%
6009310	Hearthstone Manor	Woodstock	75	29	32	39%	43%
6010136	Woodstock Residence	Woodstock	115	29	115	25%	100%
6002976	Fair Oaks Health Care Center	Crystal Lake	46	40	8	87%	17%
6002299	Crystal Pines Rehab & HCC	Crystal Lake	114	112	104	98%	91%
6011803	The Springs at Crystal Lake	Crystal Lake	97	97	0	100%	0%
	Total Existing Facilities		**1940**	1488	1497	77%	77%
	New Permit or Pipeline Projects						
New Permit	Park Point South Elgin Healthcare	South Elgin	120				
New Permit	Addison Rehabilitation & Living Center	Elgin	120				
Proposed	Alden Estate/Courts of Huntley	Huntley	170				
			410				
			2390				

Source: Long-Term Care Facility Questionnaire for 2011, 2010, and 2009, Illinois Department of Public Health, Health

Similarly, 23% or 443 beds are not certified for Medicaid. Therefore, not all beds are equal and accessible. It should be noted that all beds being proposed will be Medicare and Medicaid certified.

ATTACHMENT- 17

o Restrictive admission policies of existing providers; or

It is a restrictive admission policy where there is a calculated need for additional beds and services regardless of existing capacity. Moreover, the average cumulative utilization rate of the existing facilities for CY 2011 was 83% based on licensed capacity. This is six percentage points higher than the State's and four percent higher than Health Service Area Eight. The chart appended as **ATTACHMENT-17A** identifies that the utilization rate for the existing facilities within the 30-minute market contour appears to be realistically much improved as the peak utilization, based on the peak beds set-up, equates to 85%. Moreover, the State's facility profile provides the number of residents on the last day of the year. From this information, the utilization for licensed capacity equates to 86% and based upon peak beds set-up that utilization climbs to 88%. A utilization rate this high is a restrictive policy toward admissions as it skews to appearance of available capacity. Specifically, the potential available nursing beds within the 30-minute market contour under the State's target rate of 90% equates to only 130.4 nursing beds. Based upon the total number of patients provided in the facility profile, there appears to be only 72 potential beds available under the 90% use rate. With a tri-county planning area need of 912 beds, the limited number of nursing beds themselves is a restrictive admissions policy.

Market Area	Nursing Beds	Utilization
Illinois	100450	77%
HSA I	5976	77%
HSA VII	27648	79%
HSA VIII	8116	75%
DeKalb Co	742	82%
Kane Co.	2383	82%
McHenry	1032	73%
7A	3128	82%
7C	5795	79%
30-minute	**1980**	**83%**

Source: LTC Fac. Questionnaire for 2011, IDPH, Health Systems Development

ATTACHMENT- 17

- 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.

This item is not germane to this project as the issue is of accessibility to services due to the overwhelming need for addition beds that are documented.

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;

Appended as **ATTACHMENT-17B**, is a listing of the names and locations of other planning area service providers. A listing of the facilities' and their respective utilization rates are appended as **ATTACHMENT-17C**.

b. Patient/resident location information by zip code;

As the proposed project is for the establishment of a service and as a result there are no existing residents, location information by zip code is not germane.

c. Independent time-travel studies;

Appended as **ATTACHMENT-17B,** is a summary listing of the independent time-travel studies. The individual MapQuest time-travel studies are appended as **ATTACHMENT-17D**.

d. Certification of a waiting list;

As the proposed project is for the establishment of a service and as a result there are no existing residents, a wait list is not germane.

ATTACHMENT- 17

e. Admission restrictions that exist in area providers;

Refer to **ATTACHMENT-17A** for a listing of the admission restrictions discussed above.

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

Appended as **ATTACHMENT-17E,** is a copy of the 2011 Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, for Long-Term Care. Appended as **ATTACHMENT-17F**, is a summary chart and a population characteristics assessment for each service area identified to provide the 2000 and 2010 census data.

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

Appended as **ATTACHMENT-17E,** is a copy of the 2011 Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, for Long-Term Care. The IDPH annual facility questionnaire forms for 2011 are appended as **ATTACHMENT-17G.**

Nursing Facilities with in 30-Minute Travel Time Contour
Licensed Beds, Peak Beds Set-up and Corresponding Utilization and ALOS

FACID	FACNAME	CITY	Lic NC Beds	PeaK NC Beds Set-Up	Lic. NC Utilizaton	Peak NC Utilization	Potential Beds (+)Under/(-)over 90%	2011 Total Admissions	ALOS	Total Patients	Total Pts Lic Util.	Total Pts Peak Set-Up Util
	Hospital based Nursing											
6013981	Memorial Medical Center	Woodstock	40	30	53%	71%	14.7	680	11.4	16	40%	53%
	General Geriatric Nursing Facility											
6008718	South Elgin Rehab & Hlthcare Ct	South Elgin	90	80	75%	85%	13.1	113	219.5	66	73%	83%
6003263	Tower Hill Healthcare Center	South Elgin	206	206	91%	91%	-2.2	127	539.0	192	93%	93%
6014237	Rosewood Care Center of Elgin	Elgin	139	139	77%	77%	18.4	564	69.1	102	73%	73%
6012827	Sherman West Court	Elgin	120	112	67%	72%	27.2	630	46.8	80	67%	71%
6004758	Maplewood Care	Elgin	203	203	92%	92%	-3.9	101	674.3	195	96%	96%
6005847	Asta Care Center Of Elgin	Elgin	102	99	83%	85%	7.2	70	441.3	82	80%	83%
6000392	Apostolic Christian Resthaven	Elgin	50	50	96%	96%	-3.0	21	835.0	46	92%	92%
6000277	Manorcare of Elgin	Elgin	88	83	84%	89%	5.0	231	117.3	73	83%	88%
6006902	Heritage Manor - Elgin	Elgin	94	94	84%	84%	5.8	80	359.7	78	83%	83%
6001366	Alden-Poplar Creek Rehab &Care	Hoffman Estates	217	217	85%	85%	10.6	656	102.8	192	88%	88%
6003180	Florence Nursing Home	Marengo	56	56	83%	83%	3.9	99	171.5	45	80%	80%
6009542	Valley Hi Nursing Home	Woodstock	128	128	96%	96%	-7.1	68	656.2	121	95%	95%
6009310	Hearthstone Manor	Woodstock	75	71	75%	79%	11.1	113	345.4	99	132%	139%
6010136	Woodstock Residence	Woodstock	115	115	77%	77%	15.3	122	263.9	89	77%	77%
6002976	Fair Oaks Health Care Center	Crystal Lake	46	46	85%	85%	2.5	100	142.1	41	89%	89%
6002299	Crystal Pines Rehab & HCC	Crystal Lake	114	110	88%	91%	2.0	112	327.8	104	91%	95%
6011803	The Springs at Crystal Lake	Crystal Lake	97	97	64%	64%	24.8	525	43.5	69	71%	71%
			1940	**1906**	**83%**	**85%**	**130.4**	**3732**	**163.0**	**1674**	**86%**	**88%**
	New Permit or Pipeline Projects											
New Permit	Park Point South Elgin Healthcare	South Elgin	120		0%	#DIV/0!			#DIV/0!			
New Permit	Addison Rehabilitation & Living Center	Elgin	120		0%	#DIV/0!			#DIV/0!			
Proposed	Alden Estate/Courts of Huntley	Huntley	170									
			410									
			2390									

Source: Long-Term Care Facility Questionnaire for 2011, 2010, and 2009, Illinois Department of Public Health, Health

Facilities within 30-Minute Trave Time Contour
Medicare and Medicaid Restrictive Policies

FACID	FACNAME	CITY	Lic NC Beds	Medicare Beds	Medicaid Beds	Medicare Bed %	Medicaid Bed %
	Hospital based Nursing						
6013981	Memorial Medical Center	Woodstock	40	40	0	100%	0%
	General Geriatric Nursing Facility						
6008718	South Elgin Rehab & Hlthcare Ct	South Elgin	90	14	90	16%	100%
6003263	Tower Hill Healthcare Center	South Elgin	206	206	206	100%	100%
6014237	Rosewood Care Center of Elgin	Elgin	139	48	41	35%	29%
6012827	Sherman West Court	Elgin	120	64	12	53%	10%
6004758	Maplewood Care	Elgin	203	203	203	100%	100%
6005847	Asta Care Center Of Elgin	Elgin	102	52	102	51%	100%
6000392	Apostolic Christian Resthaven	Elgin	50	0	50	0%	100%
6000277	Manorcare of Elgin	Elgin	88	88	61	100%	69%
6006902	Heritage Manor - Elgin	Elgin	94	94	94	100%	100%
6001366	Alden-Poplar Creek Rehab &Care	Hoffman Estates	217	217	217	100%	100%
6003180	Florence Nursing Home	Marengo	56	27	34	48%	61%
6009542	Valley Hi Nursing Home	Woodstock	128	128	128	100%	100%
6009310	Hearthstone Manor	Woodstock	75	29	32	39%	43%
6010136	Woodstock Residence	Woodstock	115	29	115	25%	100%
6002976	Fair Oaks Health Care Center	Crystal Lake	46	40	8	87%	17%
6002299	Crystal Pines Rehab & HCC	Crystal Lake	114	112	104	98%	91%
6011803	The Springs at Crystal Lake	Crystal Lake	97	97	0	100%	0%
	Total Existing Facilities		**1940**	1488	1497	77%	77%
	New Permit or Pipeline Projects						
New Permit	Park Point South Elgin Healthcare	South Elgin	120				
New Permit	Addison Rehabilitation & Living Center	Elgin	120				
Proposed	Alden Estate/Courts of Huntley	Huntley	170				
			410				
			2390				

Source: Long-Term Care Facility Questionnaire for 2011, 2010, and 2009, Illinois Department of Public Health, Health

ATTACHMENT-17A

Facilities within 30-Minute Travel Time Contour
Size and Age of Facilities

FACID	KEY	FACNAME	Gen Beds	GSF	AGE			COST 3 YRS	
6014237	647	Rosewood Care Center of Elgin	139	43268	1994	311	19	191510	
6000392	42	Apostolic Christian Resthaven	50	24100	1985	482	28	758641	
6002976	229	Fair Oaks Health Care Center	46	27629	1988*	601	25	44871	* obtained from 2000 LTC cost reports
6012827	684	Sherman West Court	120	40260	1991	336	22	58679	
6004758	471	Maplewood Care	203	36780	1972	181	41	607029	
6005847	59	Asta Care Center Of Elgin	102	not listed	1988*		25	116314	
6000277	460	Manorcare of Elgin	88	23117	1965	263	48	149544	
6003180	246	Florence Nursing Home	56	12500	1988*	223	25	408494	* year acquired
6009310	313	Hearthstone Manor	75	60000	1950	800	63	153787	
6010136	826	Woodstock Residence	115	29252	1969	254	44	533111	
6002299	182	Crystal Pines Rehab & HCC	114	23000	1972	202	41	0	* obtained from 2000 LTC cost reports
6006902	344	Heritage Manor - Elgin	94	NO DATA AVAILABLE	1988*		25		
6013981	497	Memorial Medical Center	40	NO DATA AVAILABLE	1993		20		
6008718	692	South Elgin Rehab & Hlthcare Ct	90	15169	1970	169	43	51323	
6003263	763	Tower Hill Healthcare Center	206	41038	1988*	199	25	8560	*year acquired
6009542	773	Valley Hi Nursing Home	128	67754	2006	529	7	216445	
6001366	24	Alden-Poplar Creek Rehab &Care	217	249325	1988	1149	25	255319	
6011803	250	The Springs at Crystal Lake	97	NO DATA AVAILABLE	1989		24		
			1980	693192			550		
							30.6		
				421					

Source: IDHFS Medicare cost reports
: Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, LTC (1990-2011)

ATTACHMENT-17A

Lont-Term Care Facilities
Travel Time and Distance
From Proposed Alden Estate/Courts of Huntley

FACID	KEY	FACNAME	ADDRESS	CITY	ZIP	Gen Beds	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
6014237	647	Rosewood Care Center of Elgin	2355 Royal Boulevard	Elgin	60123	139	16.1	10.05
6000392	42	Apostolic Christian Resthaven	2750 West Highland Avenue	Elgin	60123-0000	50	17.3	10.5
6002976	229	Fair Oaks Health Care Center	W Terra Cotta Ave & Ridge Ave	Crystal Lake	60014-0000	46	17.3	11.16
6012827	684	Sherman West Court	1950 Larkin Avenue	Elgin	60123-0000	120	19.6	11.96
6004758	471	Maplewood Care	50 North Jane Drive	Elgin	60123-0000	203	20.7	11.9
6005847	59	Asta Care Center Of Elgin	134 North Mclean Boulevard	Elgin	60123-0000	102	20.7	11.82
6000277	460	Manorcare of Elgin	180 South State Street	Elgin	60123-0000	88	20.7	12.82
6003180	246	Florence Nursing Home	546 East Grant Highway	Marengo	60152-0000	56	21.9	12.73
6009310	313	Hearthstone Manor	920 North Seminary Avenue	Woodstock	60098-0000	75	21.9	12.73
6010136	826	Woodstock Residence	309 Mchenry Avenue	Woodstock	60098-0000	115	21.9	12.55
6002299	182	Crystal Pines Rehab & HCC	335 Illinois St	Crystal Lake	60014-0000	114	21.9	12.72
6006902	344	Heritage Manor - Elgin	355 Raymond Street	Elgin	60120-0000	94	23.0	13.59
6013981	497	Memorial Medical Center	527 West South Street	Woodstock	60098-0000	40	23.0	12.58
6008718	692	South Elgin Rehab & Hlthcare Ct	746 Spring Street	South Elgin	60177-0000	90	25.3	15.47
6003263	763	Tower Hill Healthcare Center	759 Kane Street	South Elgin	60177-0000	206	25.3	15.2
6009542	773	Valley Hi Nursing Home	2406 Hartland Road	Woodstock	60098-0000	128	27.6	17.87
6001366	24	Alden-Poplar Creek Rehab &Care	1545 Barrington Road	Hoffman Estates	60194-0000	217	28.8	19.59
6011803	250	The Springs at Crystal Lake	1000 East Brighton Lane	Crystal Lake	60012-0000	97	28.8	15.46
6012975	432	Lexington Of Streamwood	815 East Irving Park Road	Streamwood	60107-3073	214	32.2	20.77
6003735	10	Alden Estates of Barrington	1420 South Barrington Road	Barrington	60010-0000	150	33.4	21.82
6008304	17	Alden Terrace Of McHenry Rehab	803 Front Royal Drive	Mchenry	60050-0000	316	34.5	18.99
6007439	599	Provena Pine View Care Center	611 Allen Lane	St. Charles	60174-0000	120	36.8	22.11
6008585	681	Sheltering Oak	27888 N Beech St	Island Lake	60042-0000	70	36.8	20.18
6014666	651	Rosewood Care Ctr St. Charles	850 Dunham Road	St. Charles	60174-0000	109	38.0	22.21
6003404	268	Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	60194-0000	250	38.0	23.39
6012553	431	Lexington Of Schaumburg	675 South Roselle Road	Schaumburg	60193-0000	214	39.1	23.85
New Permit	837	Addison Rehabilitation & Living Center	1754 Capital Street	Elgin	60124-0000	120	12.7	8.26
New Permit	841	Park Point South Elgin Healthcare	Illinois 25 & East Middle Street	South Elgin		120	27.6	17.14
New Permit	56	Assisi Healthcare Center at Clare Oaks	775 W Bartlett Rd	Bartlett	60103	120	32.2	20.85
New Permit	834	Meadowbrook Manor	37W220 Keslinger Road	Geneva	60134-0000	150	34.5	21.9
New Permit	833	Greenfields of Geneva	Lot 2 & 3 Mill Creek	Geneva	60134-0000	43	35.7	22.49
New Permit	146	Claremont-Hanover Park	2016 West Lake Street	Hanover Park	60133	150	36.8	22.28
New Permit	589	Prairieview at the Garlands	6000 GARLANDS LANE	Barrington	60010	20	39.1	18.21

Source: Microsoft MapPoint North America 2009
Inventory of Health Care Facilities and Services and Need Determinations, Volume II, Parts VI-VII, Long_Term Care Services, 2011 Edition.
Update to the Inventory of Health Care Facilities and Services and Need Determinations, thru 2.6.2013.

Nursing Facilities with In 30-Minute Travel Time Contour
Licensed Beds, Patient Days Utilization
(CY2011, CY2010, CY2009)

				2011			2010			2009		
FACID	FACNAME	CITY	Lic NC Beds	NC Pt-Days	Lic. NC Utilization	Potential Beds (+)Under/(-)over 90%	NC Pt-Days	Lic. NC Utilization	Potential Beds (+)Under/(-)over 90%	NC Pt-Days	Lic. NC Utilization	Potential Beds (+)Under/(-)over 90%
	Hospital based Nursing											
6013981	Memorial Medical Center	Woodstock	40	7764	53%	14.7	7690	53%	14.9	7118	49%	16.5
	General Geriatric Nursing Facility											
6008718	South Elgin Rehab & Hlthcare Ct	South Elgin	90	24799	75%	13.1	20599	63%	24.6	20139	61%	25.8
6003263	Tower Hill Healthcare Center	South Elgin	206	68459	91%	-2.2	68737	91%	-2.9	68133	91%	-1.3
6014237	Rosewood Care Center of Elgin	Elgin	139	38952	77%	18.4	39998	79%	15.5	40654	80%	13.7
6012827	Sherman West Court	Elgin	120	29506	67%	27.2	30096	69%	25.5	29977	68%	25.9
6004758	Maplewood Care	Elgin	203	68108	92%	-3.9	68253	92%	-4.3	68148	92%	-4.0
6005847	Asta Care Center Of Elgin	Elgin	102	30890	83%	7.2	31883	86%	4.4	31659	85%	5.1
6000392	Apostolic Christian Resthaven	Elgin	50	17534	96%	-3.0	17027	93%	-1.6	17838	98%	-3.9
6000277	Manorcare of Elgin	Elgin	88	27099	84%	5.0	26143	81%	7.6	27105	84%	4.9
6006902	Heritage Manor - Elgin	Elgin	94	28779	84%	5.8	27387	80%	9.6	28732	84%	5.9
6001366	Alden-Poplar Creek Rehab &Care	Hoffman Estates	217	67431	85%	10.6	62271	79%	24.7	61122	77%	27.8
6003180	Florence Nursing Home	Marengo	56	16983	83%	3.9	17201	84%	3.3	16259	80%	5.9
6009542	Valley Hi Nursing Home	Woodstock	128	44624	96%	-7.1	44986	96%	-8.0	45186	97%	-8.6
6009310	Hearthstone Manor	Woodstock	75	20601	75%	11.1	20961	77%	10.1	21991	80%	7.3
6010136	Woodstock Residence	Woodstock	115	32198	77%	15.3	28362	68%	25.8	24905	59%	35.3
6002976	Fair Oaks Health Care Center	Crystal Lake	46	14208	85%	2.5	15187	90%	-0.2	14530	87%	1.6
6002299	Crystal Pines Rehab & HCC	Crystal Lake	114	36719	88%	2.0	37386	90%	0.2	36453	88%	2.7
6011803	The Springs at Crystal Lake	Crystal Lake	97	22817	64%	24.8	27291	77%	12.5	23698	67%	22.4
			1940	589707	83%	130.4	583768	82%	146.6	576529	81%	166.5
	New Permit or Pipeline Projects											
New Permit	Park Point South Elgin Healthcare	South Elgin	120		0%							
New Permit	Addison Rehabilitation & Living Center	Elgin	120		0%							
Proposed	Alden Estate/Courts of Huntley	Huntley	170									
			410									
			2390									

Source: Long-Term Care Facility Questionnaire for 2011, 2010, and 2009, Illinois Department of Public Health, Health

mapquest

Notes

Greenfields of Geneva

Trip to:

0n801 Friendship Way

Geneva, IL 60134-6207

22.49 miles / 31 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1.	Start out going **east** on **Regency Pky.** Map	**0.06 Mi**
2.	Take the 1st **right** onto **IL-47 S.** Map	**12.0 Mi**
3.	Turn **left** onto **Burlington Rd / CR-2.** Map	**5.4 Mi**
4.	**Burlington Rd / CR-2** becomes **CR-81.** Map	**4.0 Mi**
5.	Turn **left** onto **Keslinger Rd / CR-41.** Map	**0.9 Mi**
6.	Take the 1st **right** onto **Friendship Way.** Map	**0.2 Mi**
7.	**0N801 FRIENDSHIP WAY.** Map	

0n801 Friendship Way, Geneva, IL 60134-6207

Total Travel Estimate: **22.49 miles - about 31 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Meadowbrook Manor

Trip to:

37W220 Keslinger Rd
Geneva, IL 60134-3914
21.90 miles / 30 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
2. Take the 1st **right** onto **IL-47 S.** Map	**2.0 Mi**
3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 Mi**
4. Take the **Randall Rd** exit. Map	**0.3 Mi**
5. Keep **right** to take the ramp toward **Elgin.** Map	**0.05 Mi**
6. Merge onto **Randall Rd**. Map	**13.7 Mi**
7. Turn **right** onto **Keslinger Rd.** Map	**0.2 Mi**
8. **37W220 KESLINGER RD.** Map	

37W220 Keslinger Rd, Geneva, IL 60134-3914

Total Travel Estimate: **21.90 miles - about 30 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Provena Pine View Care Center

Trip to:

611 Allen Ln

Saint Charles, IL 60174-1355

22.11 miles / 32 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky**. Map	**0.06 MI**
2. Take the 1st **right** onto **IL-47 S**. Map	**2.0 MI**
3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 MI**
4. Take the **Randall Rd** exit. Map	**0.3 MI**
5. Keep **right** to take the ramp toward **Elgin**. Map	**0.05 MI**
6. Merge onto **Randall Rd**. Map	**6.7 MI**
7. Turn **left** onto **Stearns Rd**. Map	**3.3 MI**
8. Turn **right** onto **IL-25**. Map	**4.1 MI**
9. Turn **left** onto **Allen Ln**. Map	**0.1 MI**
10. **611 ALLEN LN** is on the **right**. Map	

611 Allen Ln, Saint Charles, IL 60174-1355

Total Travel Estimate: **22.11 miles - about 32 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

South Elgin Rehab & Healthcare Center

Trip to:

746 W Spring St
South Elgin, IL 60177-1424
15.47 miles / 22 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky.** Map	**0.06 Mi**
	2. Take the 1st **right** onto **IL-47 S.** Map	**2.0 Mi**
	3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 Mi**
	4. Take the **Randall Rd** exit. Map	**0.3 Mi**
	5. Keep **right** to take the ramp toward **Elgin.** Map	**0.05 Mi**
	6. Merge onto **Randall Rd.** Map	**5.9 Mi**
	7. Turn **sharp left** onto **Hopps Rd.** Map	**0.5 Mi**
	8. **Hopps Rd** becomes **W Spring St.** Map	**1.1 Mi**
	9. **746 W SPRING ST** is on the **left.** Map	

746 W Spring St, South Elgin, IL 60177-1424

Total Travel Estimate: **15.47 miles - about 22 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Tower Hill Healthcare Center

Trip to:

759 Kane St

South Elgin, IL 60177-1418

15.20 miles / 22 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
	2. Take the 1st **right** onto **IL-47 S**. Map	**2.0 Mi**
	3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 Mi**
EXIT	4. Take the **Randall Rd** exit. Map	**0.3 Mi**
RAMP	5. Keep **right** to take the ramp toward **Elgin**. Map	**0.05 Mi**
	6. Merge onto **Randall Rd**. Map	**5.1 Mi**
	7. Turn **left** onto **Bowes Rd / CR-17**. Map	**1.1 Mi**
	8. Turn **right** onto **N McLean Blvd**. Map	**0.6 Mi**
	9. Turn **left** onto **Kane St**. Map	**0.5 Mi**
	10. **759 KANE ST** is on the **right**. Map	

759 Kane St, South Elgin, IL 60177-1418

Total Travel Estimate: **15.20 miles - about 22 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Park Point South Elgin Healthcare

Trip to:

33 E Middle St

Bartlett, IL 60103

17.14 miles / 24 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
2. Take the 1st **right** onto **IL-47 S**. Map	**2.0 Mi**
3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 Mi**
4. Take the **Randall Rd** exit. Map	**0.3 Mi**
5. Keep **right** to take the ramp toward **Elgin**. Map	**0.05 Mi**
6. Merge onto **Randall Rd**. Map	**3.4 Mi**
7. Merge onto **US-20 E / Ulysses S Grant Memorial Hwy** toward **Elgin / Chicago**. Map	**3.8 Mi**
8. Take the ramp toward **IL-25**. Map	**0.05 Mi**
9. Stay **straight** to go onto **Grace St**. Map	**0.03 Mi**
10. Turn **left** onto **Bluff City Blvd**. Map	**0.1 Mi**
11. Take the 2nd **right** onto **St Charles St / IL-25**. Continue to follow **IL-25**. Map	**1.8 Mi**
12. Turn **right** onto **E Middle St**. Map	**0.03 Mi**
13. **33 E MIDDLE ST** is on the **left**. Map	

33 E Middle St, Bartlett, IL 6010341.993165, -88.268593
(Address is approximate)

Total Travel Estimate: **17.14 miles - about 24 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Trip to:

850 Dunham Rd
St Charles, IL 60174-1494
22.21 miles / 33 minutes

Notes
Rosewood Care Center of St. Charles

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky.** Map	**0.06 Mi**
2. Take the 1st **right** onto **IL-47 S.** Map	**2.0 Mi**
3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 Mi**
4. Take the **Randall Rd** exit. Map	**0.3 Mi**
5. Keep **right** to take the ramp toward **Elgin.** Map	**0.05 Mi**
6. Merge onto **Randall Rd.** Map	**3.4 Mi**
7. Merge onto **US-20 E / Ulysses S Grant Memorial Hwy** toward **Elgin / Chicago.** Map	**3.8 Mi**
8. Take the ramp toward **IL-25.** Map	**0.05 Mi**
9. Stay **straight** to go onto **Grace St.** Map	**0.03 Mi**
10. Turn **left** onto **Bluff City Blvd.** Map	**0.1 Mi**
11. Take the 2nd **right** onto **St Charles St / IL-25.** Continue to follow **IL-25 S.** Map	**2.9 Mi**
12. Stay **straight** to go onto **Dunham Rd.** Map	**2.5 Mi**
13. Turn **right** to stay on **Dunham Rd.** Map	**1.5 Mi**
14. **850 DUNHAM RD** is on the **left.** Map	

850 Dunham Rd, St Charles, IL 60174-1494

Total Travel Estimate: **22.21 miles - about 33 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Rosewood Care Center of Elgin

Trip to:

2355 Royal Blvd
Elgin, IL 60123-4716
10.05 miles / 14 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky.** Map	**0.06 MI**
	2. Take the 1st **right** onto **IL-47 S.** Map	**2.0 MI**
	3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 MI**
EXIT	4. Take the **Randall Rd** exit. Map	**0.3 MI**
RAMP	5. Keep **right** to take the ramp toward **Elgin.** Map	**0.05 MI**
	6. Merge onto **Randall Rd.** Map	**1.8 MI**
	7. Turn **left** onto **Royal Blvd.** Map	**0.3 MI**
	8. **2355 ROYAL BLVD** is on the **right.** Map	

2355 Royal Blvd, Elgin, IL 60123-4716

Total Travel Estimate: **10.05 miles - about 14 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Addison Rehabilitation & Living Center

Trip to:

1754 Capital St
Elgin, IL 60124-7890
8.26 miles / 11 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky**. Map	**0.06 MI**
	2. Take the 1st **right** onto **IL-47 S**. Map	**2.0 MI**
	3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 MI**
EXIT	4. Take the **Randall Rd** exit. Map	**0.3 MI**
RAMP	5. Keep **right** to take the ramp toward **Elgin**. Map	**0.05 MI**
	6. Merge onto **Randall Rd**. Map	**0.05 MI**
	7. Take the 1st **right** onto **Mason Rd**. Map	**0.04 MI**
	8. Stay **straight** to go onto **Westfield Dr**. Map	**0.06 MI**
	9. Take the 1st **right** onto **Capital St**. Map	**0.2 MI**
	10. **1754 CAPITAL ST** is on the **left**. Map	

1754 Capital St, Elgin, IL 60124-7890

Total Travel Estimate: **8.26 miles - about 11 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Sherman West Court

Trip to:

1950 Larkin Ave

Elgin, IL 60123-5843

11.96 miles / 17 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
	2. Take the 1st **right** onto **IL-47 S**. Map	**2.0 Mi**
	3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 Mi**
EXIT	4. Take the **Randall Rd** exit. Map	**0.3 Mi**
RAMP	5. Keep **right** to take the ramp toward **Elgin**. Map	**0.05 Mi**
	6. Merge onto **Randall Rd.** Map	**3.1 Mi**
	7. Turn **left** onto **Foothill Rd.** Map	**0.7 Mi**
	8. Turn **right** onto **N Airlite St**. Map	**0.02 Mi**
	9. Take the 1st **left** onto **Larkin Ave**. Map	**0.2 Mi**
	10. **1950 LARKIN AVE** is on the **left**. Map	

1950 Larkin Ave, Elgin, IL 60123-5843

Total Travel Estimate: **11.96 miles - about 17 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Maplewood Care

Trip to:

50 N Jane Dr

Elgin, IL 60123-5118

11.90 miles / 18 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1.	Start out going **east** on **Regency Pky.** Map	**0.06 Mi**
2.	Take the 1st **right** onto **IL-47 S.** Map	**2.0 Mi**
3.	Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 Mi**
4.	Take the **Randall Rd** exit. Map	**0.3 Mi**
5.	Keep **right** to take the ramp toward **Elgin.** Map	**0.05 Mi**
6.	Merge onto **Randall Rd.** Map	**2.2 Mi**
7.	Turn **left** onto **Highland Ave.** Map	**1.2 Mi**
8.	Turn **right** onto **Thomas More Dr.** Map	**0.2 Mi**
9.	Turn **left** onto **Lin Lor Ln.** Map	**0.2 Mi**
10.	Take the 1st **right** onto **N Jane Dr.** Map	**0.1 Mi**
11.	**50 N JANE DR** is on the **right.** Map	

50 N Jane Dr, Elgin, IL 60123-5118

Total Travel Estimate: **11.90 miles - about 18 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Asta Care Center of Elgin

Trip to:

134 N McLean Blvd
Elgin, IL 60123-5169
11.82 miles / 18 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky.** Map	**0.06 Mi**
	2. Take the 1st **right** onto **IL-47 S.** Map	**2.0 Mi**
	3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 Mi**
EXIT	4. Take the **Randall Rd** exit. Map	**0.3 Mi**
RAMP	5. Keep **right** to take the ramp toward **Elgin.** Map	**0.05 Mi**
	6. Merge onto **Randall Rd.** Map	**2.2 Mi**
	7. Turn **left** onto **Highland Ave.** Map	**1.6 Mi**
	8. Turn **right** onto **N McLean Blvd.** Map	**0.07 Mi**
	9. **134 N MCLEAN BLVD** is on the **right.** Map	

134 N McLean Blvd, Elgin, IL 60123-5169

Total Travel Estimate: **11.82 miles - about 18 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Apostolic Christian Resthaven

Trip to:

2750 W Highland Ave
Elgin, IL 60124-4202
10.50 miles / 15 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
	2. Take the 1st **right** onto **IL-47 S**. Map	**2.0 Mi**
	3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 Mi**
EXIT	4. Take the **Randall Rd** exit. Map	**0.3 Mi**
RAMP	5. Keep **right** to take the ramp toward **Elgin**. Map	**0.05 Mi**
	6. Merge onto **Randall Rd**. Map	**2.2 Mi**
	7. Turn **sharp right** onto **Highland Ave**. Map	**0.4 Mi**
	8. **2750 W HIGHLAND AVE** is on the **right**. Map	

2750 W Highland Ave, Elgin, IL 60124-4202

Total Travel Estimate: **10.50 miles - about 15 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Manor Care of Elgin

Trip to:

180 S State St
Elgin, IL 60123-6429
12.82 miles / 18 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
	2. Take the **1st right** onto **IL-47 S.** Map	**2.0 Mi**
	3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**7.9 Mi**
	4. Merge onto **N State St / IL-31 S.** Map	**2.8 Mi**
	5. **180 S STATE ST** is on the **right.** Map	

180 S State St, Elgin, IL 60123-6429

Total Travel Estimate: **12.82 miles - about 18 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Heritage Manor - Elgin

Trip to:

355 Raymond St
Elgin, IL 60120-7875
13.59 miles / 20 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
	2. Take the 1st **right** onto **IL-47 S.** Map	**2.0 Mi**
	3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**7.9 Mi**
	4. Merge onto **N State St / IL-31 S.** Map	**3.0 Mi**
	5. Turn **left** onto **National St.** Map	**0.4 Mi**
	6. Turn **right** onto **Raymond St.** Map	**0.1 Mi**
	7. **355 RAYMOND ST** is on the **left.** Map	

355 Raymond St, Elgin, IL 60120-7875

Total Travel Estimate: **13.59 miles - about 20 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Assisi Healthcare Center at Clare Oaks

Trip to:

775 W Bartlett Rd
Bartlett, IL 60103-4482
20.85 miles / 28 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
2. Take the 1st **right** onto **IL-47 S**. Map	**2.0 Mi**
3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**12.9 Mi**
4. Take the **IL-59** exit. Map	**0.4 Mi**
5. Turn **right** onto **IL-59 S / Sutton Rd / New Sutton Rd**. Continue to follow **IL-59 S / Sutton Rd**. Map	**5.0 Mi**
6. Turn **left** onto **W Bartlett Rd**. Map	**0.5 Mi**
7. **775 W BARTLETT RD** is on the **right**. Map	

775 W Bartlett Rd, Bartlett, IL 60103-4482

Total Travel Estimate: **20.85 miles - about 28 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Lexington of Streamwood

Trip to:

815 E Irving Park Rd
Streamwood, IL 60107-3073
20.77 miles / 28 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1.	Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
2.	Take the 1st **right** onto **IL-47 S**. Map	**2.0 Mi**
3.	Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**12.9 Mi**
4.	Take the **IL-59** exit. Map	**0.4 Mi**
5.	Turn **right** onto **IL-59 S / Sutton Rd / New Sutton Rd**. Continue to follow **IL-59 S / Sutton Rd**. Map	**3.2 Mi**
6.	Turn **left** onto **W Irving Park Rd / IL-19**. Map	**2.2 Mi**
7.	**815 E IRVING PARK RD** is on the **right**. Map	

815 E Irving Park Rd, Streamwood, IL 60107-3073

Total Travel Estimate: **20.77 miles - about 28 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Claremont-Hanover Park

Trip to:

2016 W Lake St

Hanover Park, IL 60133-4302

22.28 miles / 32 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
2. Take the 1st **right** onto **IL-47 S.** Map	**2.0 Mi**
3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**5.5 Mi**
4. Take the **Randall Rd** exit. Map	**0.3 Mi**
5. Keep **right** to take the ramp toward **Elgin**. Map	**0.05 Mi**
6. Merge onto **Randall Rd**. Map	**3.4 Mi**
7. Merge onto **US-20 E** toward **Elgin / Chicago**. Map	**10.6 Mi**
8. Make a **U-turn** onto **W Lake St / US-20 / Ulysses S Grant Memorial Hwy**. Map	**0.3 Mi**
9. **2016 W LAKE ST** is on the **right**. Map	

2016 W Lake St, Hanover Park, IL 60133-4302

Total Travel Estimate: **22.28 miles - about 32 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Alden Poplar Creek Rehab & Care

Trip to:

1545 Barrington Rd
Hoffman Estates, IL 60169-1018
19.59 miles / 25 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
2. Take the 1st **right** onto **IL-47 S.** Map	**2.0 Mi**
3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**12.9 Mi**
4. Take the **IL-59** exit. Map	**0.4 Mi**
5. Turn **right** onto **IL-59 S / Sutton Rd / New Sutton Rd**. Continue to follow **IL-59 S / Sutton Rd**. Map	**1.3 Mi**
6. Turn **left** onto **IL-58 / Golf Rd.** Map	**2.5 Mi**
7. Turn **left** onto **Barrington Rd.** Map	**0.4 Mi**
8. **1545 BARRINGTON RD** is on the **right**. Map	

1545 Barrington Rd, Hoffman Estates, IL 60169-1018

Total Travel Estimate: **19.59 miles - about 25 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Lexington of Schaumburg

Trip to:

675 S Roselle Rd
Schaumburg, IL 60193-3100
23.85 miles / 34 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
2. Take the 1st **right** onto **IL-47 S**. Map	**2.0 Mi**
3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**12.9 Mi**
4. Take the **IL-59** exit. Map	**0.4 Mi**
5. Turn **right** onto **IL-59 S / Sutton Rd / New Sutton Rd**. Map	**0.2 Mi**
6. Turn **left** onto **Shoe Factory Rd**. Map	**2.4 Mi**
7. Turn **right** onto **W Higgins Rd / IL-72 E**. Map	**3.8 Mi**
8. Turn **right** onto **N Roselle Rd**. Map	**2.1 Mi**
9. **675 S ROSELLE RD** is on the **left**. Map	

675 S Roselle Rd, Schaumburg, IL 60193-3100

Total Travel Estimate: **23.85 miles - about 34 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Friendship Village of Schaumburg

Trip to:

350 W Schaumburg Rd
Schaumburg, IL 60194-3464
23.39 miles / 33 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky.** Map	**0.06 Mi**
2. Take the 1st **right** onto **IL-47 S.** Map	**2.0 Mi**
3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**12.9 Mi**
4. Take the **IL-59** exit. Map	**0.4 Mi**
5. Turn **right** onto **IL-59 S / Sutton Rd / New Sutton Rd.** Map	**0.2 Mi**
6. Turn **left** onto **Shoe Factory Rd.** Map	**2.4 Mi**
7. Turn **right** onto **W Higgins Rd / IL-72 E.** Map	**3.8 Mi**
8. Turn **right** onto **N Roselle Rd.** Map	**1.2 Mi**
9. Turn **right** onto **W Schaumburg Rd.** Map	**0.4 Mi**
10. **350 W SCHAUMBURG RD** is on the **right.** Map	

350 W Schaumburg Rd, Schaumburg, IL 60194-3464

Total Travel Estimate: **23.39 miles - about 33 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT - 17D

mapquest

Notes

Alden Estates of Barrington

Trip to:

1420 S Barrington Rd
Barrington, IL 60010-5206
21.82 miles / 29 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky**. Map	**0.06 Mi**
2. Take the 1st **right** onto **IL-47 S**. Map	**2.0 Mi**
3. Merge onto **I-90 E / Jane Addams Memorial Tollway** via the ramp on the **left** toward **Chicago** (Portions toll). Map	**12.9 Mi**
4. Take the **IL-59** exit. Map	**0.4 Mi**
5. Turn **left** onto **IL-59 N / Sutton Rd / New Sutton Rd**. Continue to follow **IL-59 N / New Sutton Rd**. Map	**5.0 Mi**
6. Turn **slight right** onto **Dundee Rd / IL-68**. Map	**1.1 Mi**
7. Turn **left** onto **S Barrington Rd**. Map	**0.3 Mi**
8. **1420 S BARRINGTON RD** is on the **left**. Map	

1420 S Barrington Rd, Barrington, IL 60010-5206

Total Travel Estimate: **21.82 miles - about 29 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Trip to:

[3464-3498] Garlands Ln
Barrington, IL 60010
18.21 miles / 34 minutes

Notes
Prairieview at the Garlands

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky** toward **IL-47 S**. Map	**0.10 Mi**
2. Turn **left** onto **IL-47 N**. Map	**1.9 Mi**
3. Turn **right** onto **Algonquin Rd**. Map	**6.3 Mi**
4. Stay **straight** to go onto **Algonquin Rd / IL-62**. Map	**2.7 Mi**
5. Turn **slight left** onto **Lake Cook Rd**. Map	**0.3 Mi**
6. **Lake Cook Rd** becomes **County Line Rd**. Map	**3.0 Mi**
7. **County Line Rd** becomes **W Lake Cook Rd**. Map	**2.4 Mi**
8. **W Lake Cook Rd** becomes **W Main St**. Map	**1.3 Mi**
9. Turn **left** onto **N Northwest Hwy / US-14**. Map	**0.2 Mi**
10. Take the **1st right**. Map	**0.09 Mi**
11. Turn **left** onto **Garlands Ln**. Map	**0.05 Mi**
12. **[3464-3498] GARLANDS LN**. Map	

[3464-3498] Garlands Ln, Barrington, IL 60010

Total Travel Estimate: **18.21 miles - about 34 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Florence Nursing Home

Trip to:

546 E Grant Hwy
Marengo, IL 60152-3346
12.73 miles / 19 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky** toward **IL-47 S.** Map	**0.10 Mi**
2. Turn **left** onto **IL-47 N.** Map	**1.4 Mi**
3. Turn **left** onto **Main St.** Map	**1.5 Mi**
4. Turn **right** onto **Marengo Rd / CR-A47.** Map	**5.7 Mi**
5. Turn **right** onto **S Grant Hwy / US-20 / Ulysses S Grant Memorial Hwy.** Continue to follow **US-20.** Map	**4.0 Mi**
6. **546 E GRANT HWY** is on the **right.** Map	

546 E Grant Hwy, Marengo, IL 60152-3346

Total Travel Estimate: **12.73 miles - about 19 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Valley Hi Nursing Home

Trip to:

2406 Hartland Rd
Woodstock, IL 60098-9763
17.87 miles / 24 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky** toward **IL-47 S**. Map	**0.10 Mi**
	2. Turn **left** onto **IL-47 N**. Map	**10.4 Mi**
	3. Turn **left** onto **US-14 W**. Map	**5.9 Mi**
	4. Turn **right** onto **Hartland Rd / CR-T68**. Map	**1.5 Mi**
	5. **2406 HARTLAND RD** is on the **right**. Map	

2406 Hartland Rd, Woodstock, IL 60098-9763

Total Travel Estimate: **17.87 miles - about 24 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Memorial Medical Center

Trip to:

527 W South St
Woodstock, IL 60098-3756
12.58 miles / 20 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky** toward **IL-47 S.** Map	**0.10 Mi**
	2. Turn **left** onto **IL-47 N.** Map	**11.0 Mi**
	3. Turn **left** onto **Lake Ave.** Map	**0.9 Mi**
	4. Turn **slight left** onto **E South St.** Map	**0.6 Mi**
	5. **527 W SOUTH ST** is on the **left.** Map	

527 W South St, Woodstock, IL 60098-3756

Total Travel Estimate: **12.58 miles - about 20 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Hearthstone Manor

Trip to:

920 N Seminary Ave
Woodstock, IL 60098-2996
12.73 miles / 19 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky** toward **IL-47 S.** Map — **0.10 Mi**
2. Turn **left** onto **IL-47 N.** Map — **12.6 Mi**
3. **920 N SEMINARY AVE** is on the **right.** Map

920 N Seminary Ave, Woodstock, IL 60098-2996

Total Travel Estimate: **12.73 miles - about 19 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Woodstock Residence

Trip to:

309 McHenry Ave
Woodstock, IL 60098-2917
12.55 miles / 19 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky** toward **IL-47 S**. Map	**0.10 Mi**
	2. Turn **left** onto **IL-47 N**. Map	**12.3 Mi**
	3. Turn **right** onto **McHenry Ave / IL-120**. Map	**0.1 Mi**
	4. **309 MCHENRY AVE** is on the **left**. Map	

309 McHenry Ave, Woodstock, IL 60098-2917

Total Travel Estimate: **12.55 miles - about 19 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Fair Oaks Health Care Center

Trip to:

W Terra Cotta Ave & Ridge Ave
Crystal Lake, IL 60014
11.16 miles / 15 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky** toward **IL-47 S**. Map	**0.10 MI**
	2. Turn **left** onto **IL-47 N**. Map	**6.8 MI**
	3. Turn **right** onto **IL-176**. Map	**4.2 MI**
	4. **W TERRA COTTA AVE & RIDGE AVE**. Map	

W Terra Cotta Ave & Ridge Ave, Crystal Lake, IL 60014

Total Travel Estimate: **11.16 miles - about 15 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Crystal Pines Rehab & HCC

Trip to:

335 Illinois St
Crystal Lake, IL 60014-3618
12.72 miles / 19 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

1. Start out going **east** on **Regency Pky** toward **IL-47 S**. Map — **0.10 Mi**
2. Turn **left** onto **IL-47 N**. Map — **6.8 Mi**
3. Turn **right** onto **IL-176**. Map — **5.7 Mi**
4. Turn **left** onto **Illinois St**. Map — **0.1 Mi**
5. **335 ILLINOIS ST** is on the **right**. Map

335 Illinois St, Crystal Lake, IL 60014-3618

Total Travel Estimate: **12.72 miles - about 19 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

The Springs at Crystal Lake

Trip to:

1000 E Brighton Ln
Crystal Lake, IL 60012-2074
15.46 miles / 25 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky** toward **IL-47 S**. Map	**0.10 Mi**
	2. Turn **left** onto **IL-47 N**. Map	**6.8 Mi**
	3. Turn **right** onto **IL-176**. Map	**7.0 Mi**
	4. Turn **left** onto **IL-31**. Map	**1.3 Mi**
	5. Turn **right** onto **E Brighton Ln**. Map	**0.2 Mi**
	6. **1000 E BRIGHTON LN** is on the **left**. Map	

1000 E Brighton Ln, Crystal Lake, IL 60012-2074

Total Travel Estimate: **15.46 miles - about 25 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Alden Terrace of McHenry Rehab

Trip to:

803 Royal Dr Frnt
McHenry, IL 60050-4209
18.99 miles / 30 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky** toward **IL-47 S.** Map	**0.10 Mi**
	2. Turn **left** onto **IL-47 N.** Map	**6.8 Mi**
	3. Turn **right** onto **IL-176.** Map	**5.3 Mi**
	4. Turn **left** onto **Walkup Rd / N Walkup Ave.** Continue to follow **Walkup Rd.** Map	**5.3 Mi**
	5. **Walkup Rd** becomes **S Crystal Lake Rd.** Map	**1.5 Mi**
	6. Turn **left** onto **Front Royal Dr.** Map	**0.02 Mi**
	7. **803 ROYAL DR FRNT.** Map	

803 Royal Dr Frnt, McHenry, IL 60050-4209

Total Travel Estimate: **18.99 miles - about 30 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

mapquest

Notes

Sheltering Oak

Trip to:

27888 N Beech St
Island Lake, IL 60042-8402
20.18 miles / 32 minutes

Regency Pkwy & Princeton Dr, Huntley, IL 60142

	1. Start out going **east** on **Regency Pky** toward **IL-47 S.** Map	**0.10 Mi**
	2. Turn **left** onto **IL-47 N.** Map	**6.8 Mi**
	3. Turn **right** onto **IL-176.** Map	**7.0 Mi**
	4. Turn **slight left** to stay on **IL-176.** Map	**6.0 Mi**
	5. Turn **right** onto **Beech St.** Map	**0.2 Mi**
	6. **27888 N BEECH ST** is on the **right.** Map	

27888 N Beech St, Island Lake, IL 60042-8402

Total Travel Estimate: **20.18 miles - about 32 minutes**

©2013 MapQuest, Inc. Use of directions and maps is subject to the MapQuest Terms of Use. We make no guarantee of the accuracy of their content, road conditions or route usability. You assume all risk of use. View Terms of Use

ATTACHMENT-17D

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

Planning Area: DeKalb

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2008 Patient Days
BETHANY HLTH CARE & REHAB CTR.	DEKALB	DeKalb County	90	30,597
DEKALB COUNTY REHAB & NURSING	DEKALB	DeKalb County	190	65,608
KISHWAUKEE HOSPITAL (SWING BEDS)	DEKALB	DeKalb County	0	0
OAK CREST/DEKALB	DEKALB	DeKalb County	73	25,631
PINE ACRES REHAB & LIVING CENTER	DEKALB	DeKalb County	119	36,631
SANDWICH REHAB & HLTHCARE	SANDWICH	DeKalb County	63	11,951
SHABBONA NURSING HOME	SHABBONA	DeKalb County	91	25,986
VENCOR SYCAMORE (SWING BEDS)	SYCAMORE	DeKalb County	0	0
WILLOW CREST NURSING PAVILION	SANDWICH	DeKalb County	116	33,226
		Planning Area Totals	**742**	**229,630**

HEALTH SERVICE AREA	AGE GROUPS	2008 Patient Days	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates
001	0-64 Years Old	233,098	593,100	393.0	235.8	628.8
	65-74 Years Old	190,649	46,900	4,065.0	2,439.0	6,504.0
	75+ Years Old	1,293,584	46,300	27,939.2	16,763.5	44,702.7

	2008 PSA 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	12,463	91,500	136.2	235.8	628.8	235.8	100,500	23,699			
65-74 Years Old	19,262	4,700	4,098.3	2,439.0	6,504.0	4,098.3	6,600	27,049			
75+ Years Old	197,905	5,100	38,804.9	16,763.5	44,702.7	38,804.9	5,100	197,905			
						Planning Area Totals		248,653	681.2	757	15

ATTACHMENT-17E

Planning Area: Kane

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2008 Patient Days
ADDISON REHABILITATION & LIVING CENTER (PER	ELGIN	Kane County	120	
3/2/2010 09-030 Permit issued for the establishment of a 120 bed Nursing Care facility at 1754 Capital Street in Elgin.				
ALDEN OF WATERFORD	AURORA	Kane County	99	29,410
APOSTOLIC CHRISTIAN RESTHAVEN	ELGIN	Kane County	50	17,851
ASBURY PAVILION NURS & REH CTR (PERMIT)	NORTH AURORA	Kane County	75	
6/9/2010 09-077 Permit issued to establish a long-term care facility with 75 Nursing Care beds.				
ASTA CARE CENTER OF ELGIN	ELGIN	Kane County	102	32,674
AURORA REHAB & LIVING CENTER	AURORA	Kane County	158	62,680
10/18/2010 Bed Change Discontinued 37 Nursing Care beds; facility now has 158 Nursing Care beds.				
BATAVIA REHAB & HLTHCARE CTR	BATAVIA	Kane County	63	18,407
COUNTRYSIDE CARE CENTER	AURORA	Kane County	203	68,951
COVENANT HEALTH CARE CENTER	BATAVIA	Kane County	99	34,990
ELMWOOD TERRACE HEALTHCARE CTR	AURORA	Kane County	68	20,338
FOX RIVER PAVILION	AURORA	Kane County	121	36,593
FOX RIVER PAVILION (PERMIT)	AURORA	Kane County	-22	
GENEVA NURSING & REHAB CENTER	GENEVA	Kane County	107	33,359
7/8/2011 Name Change Formerly Provena Geneva Care Center.				
7/8/2011 CHOW Change of Ownership occurred.				
GREENFIELDS OF GENEVA (PERMIT)	GENEVA	Kane County	43	
9/1/2009 08-083 permit issued to establish a 40-bed Nursing Care facility.				
3/2/2010 Alteration Alteration to project approved; Bed count increased from 40 to 43 Nursing Care beds.				
HERITAGE MANOR - ELGIN	ELGIN	Kane County	94	30,469
JENNINGS TERRACE	AURORA	Kane County	60	17,057
MANORCARE OF ELGIN	ELGIN	Kane County	88	25,804
11/10/2008 Name Change Name changed from Manor Care - Elgin.				
MAPLEWOOD CARE	ELGIN	Kane County	203	71,736
MEADOWBROOK MANOR (PERMIT)	GENEVA	Kane County	150	
9/1/2009 08-099 permit issued to establish a 150-bed Nursing Care facility.				
NORTH AURORA CARE CENTER	NORTH AURORA	Kane County	129	41,465
PARK POINT SOUTH ELGIN HEALTHCARE (PERMIT)	SOUTH ELGIN	Kane	120	
12/14/2010 10-065 Permit issued to construct and establish a 120 bed General Nursing Care facility at Illinois Route 25 and East Middle Street in South Elgin.				
PROVENA MCAULEY MANOR	AURORA	Kane County	87	24,941
PROVENA PINE VIEW CARE CENTER	ST. CHARLES	Kane County	120	34,511
ROSEWOOD CARE CENTER OF ELGIN	ELGIN	Kane County	139	43,150
ROSEWOOD CARE CENTER ST. CHARLES	ST. CHARLES	Kane County	109	29,126
SHERMAN WEST COURT	ELGIN	Kane County	112	34,362
8/1/2010 Bed Change Facility discontinued 8 nursing care beds; facility now has 112 nursing care beds.				

Planning Area: Kane

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2008 Patient Days
SOUTH ELGIN REHAB & HLTHCARE CT	SOUTH ELGIN	Kane County	90	20,612
TOWER HILL HEALTHCARE CENTER	SOUTH ELGIN	Kane County	206	67,356
		Planning Area Totals	**2,993**	**795,842**

HEALTH SERVICE AREA	AGE GROUPS	2008 Patient Days	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates
008	0-64 Years Old	530,813	1,423,200	373.0	223.8	596.8
	65-74 Years Old	291,725	70,900	4,114.6	2,468.8	6,583.4
	75+ Years Old	1,525,347	58,700	25,985.5	15,591.3	41,576.7

	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	185,571	473,700	391.7	223.8	596.8	391.7	538,800	211,074			
65-74 Years Old	86,751	22,000	3,943.2	2,468.8	6,583.4	3,943.2	41,700	164,433			
75+ Years Old	523,520	19,600	26,710.2	15,591.3	41,576.7	26,710.2	26,800	715,833			
						Planning Area Totals		1,091,340	2,990.0	3,322	329

Planning Area: McHenry

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2008 Patient Days
ALDEN TERRACE OF MCHENRY REHAB	MCHENRY	McHenry County	316	64,457
CRYSTAL PINES REHAB & HCC	CRYSTAL LAKE	McHenry County	114	36,405
10/28/2010 CHOW Change of ownership occurred.				
FAIR OAKS HEALTH CARE CENTER	CRYSTAL LAKE	McHenry County	46	14,649
FLORENCE NURSING HOME	MARENGO	McHenry County	56	13,239
4/7/2011 Bed Change Facility added 4 nursing care beds; facility now has 56 nursing care beds.				
FOUNTAINS AT CRYSTAL LAKE	CRYSTAL LAKE	McHenry County	97	25,485
HEARTHSTONE MANOR	WOODSTOCK	McHenry County	75	23,391
MEMORIAL MEDICAL CENTER	WOODSTOCK	McHenry County	40	6,874
MERCY HARVARD HOSPITAL CARE CENTER	HARVARD	McHenry County	45	9,987
7/9/2011 Name Change Formerly Harvard Memorial Hospital.				
VALLEY HI NURSING HOME	WOODSTOCK	McHenry County	128	44,450
WOODSTOCK RESIDENCE	WOODSTOCK	McHenry County	115	23,559
		Planning Area Totals	**1,032**	**262,496**

HEALTH SERVICE AREA	AGE GROUPS	2008 Patient Days	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates
008	0-64 Years Old	530,813	1,423,200	373.0	223.8	596.8
	65-74 Years Old	291,725	70,900	4,114.6	2,468.8	6,583.4
	75+ Years Old	1,525,347	58,700	25,985.5	15,591.3	41,576.7

	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	17,622	296,500	59.4	223.8	596.8	223.8	349,300	78,167			
65-74 Years Old	33,041	13,200	2,503.1	2,468.8	6,583.4	2,503.1	29,300	73,341			
75+ Years Old	211,832	10,600	19,984.2	15,591.3	41,576.7	19,984.2	17,100	341,729			
						Planning Area Totals		493,237	1,351.3	1,501	469

Total Population By Zip Code
30-Minute Travel Time Contour

ZIP Code	2010 POPULATION
60010	44464
60012	10731
60013	26836
60014	48964
60021	5489
60042	8777
60098	32641
60102	31686
60103	41252
60107	40007
60110	38375
60118	15700
60119	9569
60120	50682
60123	47265
60124	19571
60133	38022
60134	29445
60135	7302
60136	6377
60140	13832
60142	24553
60145	2361
60151	4488
60152	13053
60156	28784
60169	33807
60173	11990
60174	31021
60175	25505
60177	21911
60178	21707
60180	1228
60192	16119
60194	19600
60195	4154
60510	28619
	855887

ATTACHMENT-17F

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Subject	ZCTA5 60010		ZCTA5 60012		ZCTA5 60013		ZCTA5 60014		ZCTA5 60021		ZCTA5 60042	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE												
Total population	44,464	44,464	10,731	10,731	26,836	26,836	48,964	48,964	5,489	5,489	8,777	8,777
Male	22,213	50.0%	5,093	47.5%	13,360	49.8%	24,537	50.1%	2,692	49.0%	3,923	44.7%
Female	22,251	50.0%	5,638	52.5%	13,476	50.2%	24,427	49.9%	2,797	51.0%	4,854	55.3%
Under 5 years	2,319	5.2%	516	4.8%	1,717	6.4%	3,193	6.5%	255	4.6%	631	7.2%
5 to 9 years	2,836	6.4%	893	8.3%	2,254	8.4%	4,040	8.3%	523	9.5%	796	9.1%
10 to 14 years	3,621	8.1%	1,000	9.3%	2,347	8.7%	3,983	8.1%	405	7.4%	727	8.3%
15 to 19 years	3,319	7.5%	928	8.6%	2,402	9.0%	4,181	8.5%	368	6.7%	659	7.5%
20 to 24 years	1,912	4.3%	316	2.9%	1,298	4.8%	2,472	5.0%	453	8.3%	352	4.0%
25 to 34 years	2,294	5.2%	740	6.9%	2,493	9.3%	5,574	11.4%	413	7.5%	1,162	13.2%
35 to 44 years	5,589	12.6%	1,392	13.0%	4,038	15.0%	7,838	16.0%	796	14.5%	1,522	17.3%
45 to 54 years	8,771	19.7%	2,227	20.8%	5,692	21.2%	7,892	16.1%	1,182	21.5%	1,720	19.6%
55 to 59 years	3,523	7.9%	805	7.5%	1,736	6.5%	2,816	5.8%	391	7.1%	391	4.5%
60 to 64 years	3,098	7.0%	782	7.3%	1,314	4.9%	2,037	4.2%	188	3.4%	239	2.7%
65 to 74 years	4,339	9.8%	583	5.4%	1,001	3.7%	2,742	5.6%	318	5.8%	293	3.3%
75 to 84 years	2,145	4.8%	268	2.5%	363	1.4%	1,455	3.0%	174	3.2%	234	2.7%
85 years and over	698	1.6%	281	2.6%	181	0.7%	741	1.5%	23	0.4%	51	0.6%
Median age (years)	45.4	(X)	42.5	(X)	37.5	(X)	36.4	(X)	40.7	(X)	35.4	(X)
18 years and over	33,393	75.1%	7,635	71.1%	18,820	70.1%	35,076	71.6%	4,044	73.7%	6,119	69.7%
21 years and over	31,968	71.9%	7,315	68.2%	17,813	66.4%	33,103	67.6%	3,897	71.0%	5,877	67.0%
62 years and over	8,892	20.0%	1,564	14.6%	2,284	8.5%	6,078	12.4%	592	10.8%	715	8.1%
65 years and over	7,182	16.2%	1,132	10.5%	1,545	5.8%	4,938	10.1%	515	9.4%	578	6.6%
Male	16,410	49.1%	3,705	48.5%	9,183	48.8%	17,337	49.4%	1,920	47.5%	2,882	47.1%
Female	16,983	50.9%	3,930	51.5%	9,637	51.2%	17,739	50.6%	2,124	52.5%	3,237	52.9%
65 years and over	7,182	7,182	1,132	1,132	1,545	1,545	4,938	4,938	515	515	578	578
Male	3,284	45.7%	506	44.7%	790	51.1%	2,071	41.9%	200	38.8%	253	43.8%
Female	3,898	54.3%	626	55.3%	755	48.9%	2,867	58.1%	315	61.2%	325	56.2%

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

ZCTA5 60098		ZCTA5 60102		ZCTA5 60103		ZCTA5 60107		ZCTA5 60110		ZCTA5 60118		ZCTA5 60119		ZCTA5 60120	
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
32,641	32,641	31,686	31,686	41,252	41,252	40,007	40,007	38,375	38,375	15,700	15,700	9,569	9,569	50,682	50,682
16,182	49.6%	15,845	50.0%	20,690	50.2%	19,390	48.5%	19,256	50.2%	7,775	49.5%	5,049	52.8%	24,537	48.4%
16,459	50.4%	15,841	50.0%	20,562	49.8%	20,617	51.5%	19,119	49.8%	7,925	50.5%	4,520	47.2%	26,145	51.6%
2,090	6.4%	1,890	6.0%	3,041	7.4%	3,001	7.5%	3,359	8.8%	1,145	7.3%	582	6.1%	5,062	10.0%
2,213	6.8%	2,288	7.2%	2,982	7.2%	2,738	6.8%	4,188	10.9%	902	5.7%	689	7.2%	3,820	7.5%
2,359	7.2%	2,601	8.2%	3,399	8.2%	2,858	7.1%	3,768	9.8%	1,126	7.2%	988	10.3%	4,335	8.6%
2,454	7.5%	2,735	8.6%	3,444	8.3%	3,048	7.6%	2,621	6.8%	973	6.2%	782	8.2%	3,556	7.0%
1,638	5.0%	1,396	4.4%	1,897	4.6%	2,492	6.2%	2,588	6.7%	630	4.0%	421	4.4%	3,206	6.3%
4,062	12.4%	3,084	9.7%	5,117	12.4%	7,095	17.7%	6,313	16.5%	1,845	11.8%	940	9.8%	8,810	17.4%
4,930	15.1%	5,583	17.6%	6,840	16.6%	5,839	14.6%	6,458	16.8%	2,276	14.5%	1,527	16.0%	7,161	14.1%
5,124	15.7%	5,338	16.8%	7,045	17.1%	6,294	15.7%	4,862	12.7%	2,795	17.8%	1,772	18.5%	6,865	13.5%
2,207	6.8%	1,984	6.3%	2,339	5.7%	2,107	5.3%	1,297	3.4%	1,412	9.0%	450	4.7%	3,031	6.0%
1,614	4.9%	2,046	6.5%	2,003	4.9%	1,643	4.1%	1,279	3.3%	960	6.1%	510	5.3%	1,881	3.7%
2,156	6.6%	1,842	5.8%	2,045	5.0%	1,601	4.0%	917	2.4%	941	6.0%	531	5.5%	1,520	3.0%
1,171	3.6%	670	2.1%	705	1.7%	1,108	2.8%	596	1.6%	508	3.2%	328	3.4%	1,009	2.0%
623	1.9%	229	0.7%	395	1.0%	183	0.5%	129	0.3%	187	1.2%	49	0.5%	426	0.8%
38.0	(X)	39.1	(X)	36.1	(X)	33.1	(X)	29.5	(X)	40.7	(X)	38.6	(X)	31.4	(X)
24,432	74.9%	22,897	72.3%	29,568	71.7%	29,053	72.6%	25,481	66.4%	11,878	75.7%	6,798	71.0%	35,106	69.3%
23,260	71.3%	21,951	69.3%	28,002	67.9%	27,652	69.1%	24,121	62.9%	11,469	73.1%	6,429	67.2%	33,236	65.6%
4,815	14.8%	3,712	11.7%	4,186	10.1%	3,730	9.3%	2,410	6.3%	2,215	14.1%	1,202	12.6%	3,888	7.7%
3,950	12.1%	2,741	8.7%	3,145	7.6%	2,892	7.2%	1,642	4.3%	1,636	10.4%	908	9.5%	2,955	5.8%
11,873	48.6%	11,311	49.4%	14,487	49.0%	14,000	48.2%	13,026	51.1%	5,772	48.6%	3,346	49.2%	16,911	48.2%
12,559	51.4%	11,586	50.6%	15,081	51.0%	15,053	51.8%	12,455	48.9%	6,106	51.4%	3,452	50.8%	18,195	51.8%
3,950	3,950	2,741	2,741	3,145	3,145	2,892	2,892	1,642	1,642	1,636	1,636	908	908	2,955	2,955
1,669	42.3%	1,208	44.1%	1,353	43.0%	1,037	35.9%	685	41.7%	740	45.2%	407	44.8%	1,125	38.1%
2,281	57.7%	1,533	55.9%	1,792	57.0%	1,855	64.1%	957	58.3%	896	54.8%	501	55.2%	1,830	61.9%

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

ZCTA5 60123		ZCTA5 60124		ZCTA5 60133		ZCTA5 60134		ZCTA5 60135		ZCTA5 60136		ZCTA5 60140		ZCTA5 60142	
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
47,265	47,265	19,571	19,571	38,022	38,022	29,445	29,445	7,302	7,302	6,377	6,377	13,832	13,832	24,553	24,553
23,394	49.5%	9,625	49.2%	18,581	48.9%	14,877	50.5%	3,559	48.7%	3,073	48.2%	6,689	48.4%	11,442	46.6%
23,871	50.5%	9,946	50.8%	19,441	51.1%	14,568	49.5%	3,743	51.3%	3,304	51.8%	7,143	51.6%	13,111	53.4%
3,699	7.8%	1,595	8.1%	3,183	8.4%	2,168	7.4%	473	6.5%	644	10.1%	1,191	8.6%	1,857	7.6%
3,437	7.3%	1,304	6.7%	3,229	8.5%	2,509	8.5%	552	7.6%	512	8.0%	1,193	8.6%	2,089	8.5%
3,381	7.2%	1,592	8.1%	3,443	9.1%	2,697	9.2%	616	8.4%	459	7.2%	1,020	7.4%	1,469	6.0%
3,424	7.2%	1,231	6.3%	3,068	8.1%	2,211	7.5%	429	5.9%	537	8.4%	924	6.7%	874	3.6%
3,443	7.3%	992	5.1%	2,695	7.1%	1,375	4.7%	610	8.4%	216	3.4%	965	7.0%	479	2.0%
6,662	14.1%	2,253	11.5%	5,378	14.1%	2,353	8.0%	1,106	15.1%	1,139	17.9%	1,761	12.7%	2,285	9.3%
6,513	13.8%	3,067	15.7%	6,140	16.1%	4,712	16.0%	1,004	13.7%	1,022	16.0%	2,005	14.5%	3,765	15.3%
6,404	13.5%	2,901	14.8%	5,152	13.6%	5,543	18.8%	1,010	13.8%	1,076	16.9%	2,068	15.0%	2,106	8.6%
2,867	6.1%	1,426	7.3%	1,996	5.2%	1,818	6.2%	433	5.9%	314	4.9%	896	6.5%	1,288	5.2%
2,053	4.3%	1,142	5.8%	1,591	4.2%	1,288	4.4%	334	4.6%	150	2.4%	580	4.2%	1,751	7.1%
2,806	5.9%	1,232	6.3%	1,325	3.5%	1,451	4.9%	374	5.1%	234	3.7%	814	5.9%	4,507	18.4%
1,659	3.5%	659	3.4%	663	1.7%	1,005	3.4%	288	3.9%	74	1.2%	332	2.4%	1,834	7.5%
917	1.9%	177	0.9%	159	0.4%	315	1.1%	73	1.0%	0	0.0%	83	0.6%	249	1.0%
34.1	(X)	37.5	(X)	31.2	(X)	38.8	(X)	33.9	(X)	33.0	(X)	34.5	(X)	43.3	(X)
34,515	73.0%	14,137	72.2%	26,157	68.8%	20,691	70.3%	5,395	73.9%	4,352	68.2%	9,817	71.0%	18,558	75.6%
32,537	68.8%	13,546	69.2%	24,716	65.0%	19,478	66.2%	5,178	70.9%	4,140	64.9%	9,303	67.3%	18,179	74.0%
6,612	14.0%	2,562	13.1%	2,990	7.9%	3,418	11.6%	980	13.4%	363	5.7%	1,570	11.4%	7,580	30.9%
5,382	11.4%	2,068	10.6%	2,147	5.6%	2,771	9.4%	735	10.1%	308	4.8%	1,229	8.9%	6,590	26.8%
												7.6%			
16,791	48.6%	6,779	48.0%	13,133	50.2%	10,624	51.3%	2,588	48.0%	2,041	46.9%	4,619	47.1%	8,523	45.9%
17,724	51.4%	7,358	52.0%	13,024	49.8%	10,067	48.7%	2,807	52.0%	2,311	53.1%	5,198	52.9%	10,035	54.1%
5,382	5,382	2,068	2,068	2,147	2,147	2,771	2,771	735	735	308	308	1,229	1,229	6,590	6,590
2,263	42.0%	938	45.4%	1,036	48.3%	1,267	45.7%	339	46.1%	217	70.5%	571	46.5%	2,886	43.8%
3,119	58.0%	1,130	54.6%	1,111	51.7%	1,504	54.3%	396	53.9%	91	29.5%	658	53.5%	3,704	56.2%

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

ZCTA5 60145		ZCTA5 60151		ZCTA5 60152		ZCTA5 60156		ZCTA5 60169		ZCTA5 60173		ZCTA5 60174		ZCTA5 60175	
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
2,361	2,361	4,488	4,488	13,053	13,053	28,784	28,784	33,807	33,807	11,990	11,990	31,021	31,021	25,505	25,505
1,122	47.5%	2,325	51.8%	6,347	48.6%	14,534	50.5%	16,670	49.3%	6,271	52.3%	15,662	50.5%	13,192	51.7%
1,239	52.5%	2,163	48.2%	6,706	51.4%	14,250	49.5%	17,137	50.7%	5,719	47.7%	15,359	49.5%	12,313	48.3%
138	5.8%	243	5.4%	908	7.0%	1,974	6.9%	2,230	6.6%	654	5.5%	1,929	6.2%	1,298	5.1%
156	6.6%	435	9.7%	1,028	7.9%	2,826	9.8%	2,063	6.1%	349	2.9%	2,130	6.9%	1,980	7.8%
224	9.5%	260	5.8%	1,052	8.1%	2,577	9.0%	2,177	6.4%	695	5.8%	2,099	6.8%	2,731	10.7%
144	6.1%	246	5.5%	804	6.2%	2,411	8.4%	2,802	8.3%	631	5.3%	2,170	7.0%	2,194	8.6%
203	8.6%	198	4.4%	680	5.2%	1,217	4.2%	1,603	4.7%	1,134	9.5%	1,387	4.5%	1,322	5.2%
290	12.3%	513	11.4%	1,447	11.1%	3,132	10.9%	6,077	18.0%	3,365	28.1%	3,888	12.5%	1,571	6.2%
297	12.6%	606	13.5%	1,994	15.3%	5,712	19.8%	4,803	14.2%	1,814	15.1%	4,555	14.7%	3,852	15.1%
491	20.8%	650	14.5%	1,940	14.9%	4,723	16.4%	4,570	13.5%	1,367	11.4%	4,969	16.0%	5,085	19.9%
151	6.4%	388	8.6%	853	6.5%	1,382	4.8%	2,574	7.6%	725	6.0%	2,126	6.9%	2,412	9.5%
87	3.7%	334	7.4%	766	5.9%	1,326	4.6%	1,799	5.3%	410	3.4%	2,046	6.6%	1,201	4.7%
115	4.9%	385	8.6%	929	7.1%	1,039	3.6%	1,711	5.1%	597	5.0%	2,104	6.8%	1,121	4.4%
58	2.5%	190	4.2%	513	3.9%	379	1.3%	960	2.8%	204	1.7%	1,046	3.4%	601	2.4%
7	0.3%	40	0.9%	139	1.1%	86	0.3%	438	1.3%	45	0.4%	572	1.8%	137	0.5%
35.8	(X)	41.6	(X)	38.2	(X)	35.6	(X)	34.9	(X)	32.2	(X)	39.9	(X)	40.3	(X)
1,735	73.5%	3,407	75.9%	9,618	73.7%	19,859	69.0%	25,463	75.3%	9,901	82.6%	23,586	76.0%	17,981	70.5%
1,665	70.5%	3,273	72.9%	9,125	69.9%	18,779	65.2%	24,266	71.8%	9,394	78.3%	22,505	72.5%	16,996	66.6%
235	10.0%	870	19.4%	2,045	15.7%	2,160	7.5%	4,104	12.1%	945	7.9%	4,832	15.6%	2,373	9.3%
180	7.6%	615	13.7%	1,581	12.1%	1,504	5.2%	3,109	9.2%	846	7.1%	3,722	12.0%	1,859	7.3%
854	49.2%	1,684	49.4%	4,483	46.6%	9,843	49.6%	12,539	49.2%	5,061	51.1%	11,643	49.4%	9,382	52.2%
881	50.8%	1,723	50.6%	5,135	53.4%	10,016	50.4%	12,924	50.8%	4,840	48.9%	11,943	50.6%	8,599	47.8%
180	180	615	615	1,581	1,581	1,504	1,504	3,109	3,109	846	846	3,722	3,722	1,859	1,859
74	41.1%	312	50.7%	733	46.4%	683	45.4%	1,261	40.6%	443	52.4%	1,492	40.1%	867	46.6%
106	58.9%	303	49.3%	848	53.6%	821	54.6%	1,848	59.4%	403	47.6%	2,230	59.9%	992	53.4%

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

ZCTA5 60177		ZCTA5 60178		ZCTA5 60180		ZCTA5 60192		ZCTA5 60194		ZCTA5 60195		ZCTA5 60510	
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
21,911	21,911	21,707	21,707	1,228	1,228	16,119	16,119	19,600	19,600	4,154	4,154	28,619	28,619
11,386	52.0%	10,709	49.3%	585	47.6%	7,950	49.3%	9,592	48.9%	2,182	52.5%	13,933	48.7%
10,525	48.0%	10,998	50.7%	643	52.4%	8,169	50.7%	10,008	51.1%	1,972	47.5%	14,686	51.3%
1,940	8.9%	1,297	6.0%	60	4.9%	1,032	6.4%	1,488	7.6%	298	7.2%	1,934	6.8%
2,002	9.1%	1,507	6.9%	53	4.3%	1,282	8.0%	1,000	5.1%	118	2.8%	2,346	8.2%
2,126	9.7%	1,526	7.0%	90	7.3%	1,238	7.7%	965	4.9%	96	2.3%	2,372	8.3%
1,782	8.1%	1,598	7.4%	82	6.7%	1,043	6.5%	1,214	6.2%	133	3.2%	2,343	8.2%
651	3.0%	1,340	6.2%	125	10.2%	1,015	6.3%	1,218	6.2%	366	8.8%	1,401	4.9%
3,140	14.3%	3,255	15.0%	102	8.3%	1,627	10.1%	3,492	17.8%	1,583	38.1%	2,313	8.1%
4,809	21.9%	3,183	14.7%	126	10.3%	2,425	15.0%	2,808	14.3%	770	18.5%	4,002	14.0%
2,630	12.0%	3,287	15.1%	256	20.8%	3,028	18.8%	2,711	13.8%	226	5.4%	5,106	17.8%
938	4.3%	1,134	5.2%	79	6.4%	1,232	7.6%	1,322	6.7%	213	5.1%	2,377	8.3%
695	3.2%	1,177	5.4%	38	3.1%	980	6.1%	895	4.6%	126	3.0%	1,441	5.0%
596	2.7%	1,215	5.6%	111	9.0%	787	4.9%	1,291	6.6%	130	3.1%	1,377	4.8%
373	1.7%	911	4.2%	69	5.6%	327	2.0%	550	2.8%	55	1.3%	1,087	3.8%
229	1.0%	277	1.3%	37	3.0%	103	0.6%	646	3.3%	40	1.0%	520	1.8%
32.8	(X)	36.6	(X)	44.3	(X)	39.0	(X)	36.4	(X)	29.8	(X)	40.4	(X)
14,579	66.5%	16,328	75.2%	976	79.5%	11,973	74.3%	15,345	78.3%	3,577	86.1%	20,397	71.3%
13,926	63.6%	15,571	71.7%	943	76.8%	11,247	69.8%	14,686	74.9%	3,436	82.7%	19,287	67.4%
1,567	7.2%	2,994	13.8%	232	18.9%	1,857	11.5%	2,941	15.0%	251	6.0%	3,794	13.3%
1,198	5.5%	2,403	11.1%	217	17.7%	1,217	7.6%	2,487	12.7%	225	5.4%	2,984	10.4%
7,406	50.8%	7,951	48.7%	459	47.0%	5,787	48.3%	7,005	45.7%	1,940	54.2%	9,441	46.3%
7,173	49.2%	8,377	51.3%	517	53.0%	6,186	51.7%	8,340	54.3%	1,637	45.8%	10,956	53.7%
1,198	1,198	2,403	2,403	217	217	1,217	1,217	2,487	2,487	225	225	2,984	2,984
432	36.1%	955	39.7%	87	40.1%	572	47.0%	874	35.1%	76	33.8%	1,252	42.0%
766	63.9%	1,448	60.3%	130	59.9%	645	53.0%	1,613	64.9%	149	66.2%	1,732	58.0%

Community Area Populations

	Population	Growth	65+ Pop	Growth
Illinois	12,830,632	5%	1,609,213	7.28%
Kane Co.	515,269	25%+	49,690	46.23%
McHenry Co.	308,760	15%-25%	31,320	49.76%
DeKalb Co.	105,160	5%-15%	10,337	18.67%
Elgin	108,188	14.50%	9,344	15.51%
So. Elgin	21,985	36.55%	602	65.29%
Crystal Lake	40,743	7.22%	660	19.35%
Woodstock	24,770	22.92%	2,500	26.20%
Huntley	**24,291**	**323.93%**	**7,082**	**609.62%**

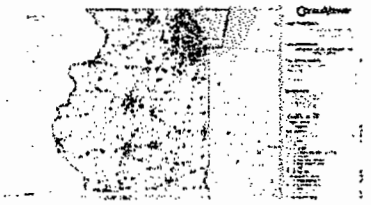
Source: www2.illinois.gov/census/pages/default.aspy
http://www.hfsrb.illinois.gov/pdf/LTC%20Update%20 Spreadsheet%202-5-13.pdf
http://www.hfsrb.illinois.gov/pdf/LTC%20Facility%20Profiles%20 2011%208-29-2012.pdf

ATTACHMENT-17F

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Population of Illinois: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about the State of Illinois by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Illinois - Overview	2010 Census Counts	2010 Census Percentages	2000 Census Counts	2000 Census Percentages	2000-2010 Change	2000-2010 Change Percentages
Total Population						
Total Population	12,830,632	100.00%	12,419,293	100.00%	411,339	3.31%
Population by Race						
American Indian and Alaska native alone	43,963	0.34%	31,006	0.25%	12,957	41.79%
Asian alone	586,934	4.57%	423,603	3.41%	163,331	38.56%
Black or African American alone	1,866,414	14.55%	1,876,875	15.11%	-10,461	-0.56%
Native Hawaiian and Other Pacific native alone	4,050	0.03%	4,610	0.04%	-560	-12.15%
Some other race alone	861,412	6.71%	722,712	5.82%	138,700	19.19%
Two or more races	289,982	2.26%	235,016	1.89%	54,966	23.39%
White alone	9,177,877	71.53%	9,125,471	73.48%	52,406	0.57%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	2,027,578	15.80%	1,530,262	12.32%	497,316	32.50%
Persons Not of Hispanic or Latino Origin	10,803,054	84.20%	10,889,031	87.68%	-85,977	-0.79%
Population by Gender						
Male	6,292,276	49.04%	6,080,336	48.96%	211,940	3.49%
Female	6,538,356	50.96%	6,338,957	51.04%	199,399	3.15%
Population by Age						
Persons 0 to 4 years	835,577	6.51%	876,549	7.06%	-40,972	-4.67%
Persons 5 to 17 years	2,293,602	17.88%	2,368,902	19.07%	-75,300	-3.18%
Persons 18 to 64 years	8,092,240	63.07%	7,673,817	61.79%	418,423	5.45%
Persons 65 years and over	1,609,213	12.54%	1,500,025	12.08%	109,188	7.28%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

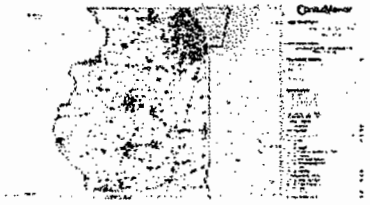
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Population of Kane County, Illinois: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Graphs, Quick Facts



Compare Versions Free Version

Compare population statistics about Kane County, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Kane County, Illinois - Overview	2010 Census Counts	2010 Census Percentages	2000 Census Counts	2000 Census Percentages	2000-2010 Change Change	2000-2010 Change Percentages

Total Population						
Total Population	515,269	100.00%	404,119	100.00%	111,150	27.50%
Population by Race						
American Indian and Alaska native alone	2,887	0.56%	1,255	0.31%	1,632	130.04%
Asian alone	17,895	3.47%	7,296	1.81%	10,599	145.27%
Black or African American alone	29,422	5.71%	23,279	5.76%	6,143	26.39%
Native Hawaiian and Other Pacific native alone	193	0.04%	144	0.04%	49	34.03%
Some other race alone	66,818	12.97%	42,870	10.61%	23,948	55.86%
Two or more races	13,506	2.62%	8,935	2.21%	4,571	51.16%
White alone	384,548	74.63%	320,340	79.27%	64,208	20.04%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	158,390	30.74%	95,924	23.74%	62,466	65.12%
Persons Not of Hispanic or Latino Origin	356,879	69.26%	308,195	76.26%	48,684	15.80%
Population by Gender						
Male	256,815	49.84%	203,245	50.29%	53,570	26.36%
Female	258,454	50.16%	200,874	49.71%	57,580	28.66%
Population by Age						
Persons 0 to 4 years	39,870	7.74%	35,249	8.72%	4,621	13.11%
Persons 5 to 17 years	109,320	21.22%	87,046	21.54%	22,274	25.59%
Persons 18 to 64 years	316,389	61.40%	247,843	61.33%	68,546	27.66%
Persons 65 years and over	49,690	9.64%	33,981	8.41%	15,709	46.23%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

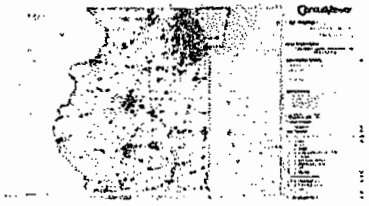
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Population of McHenry County, Illinois: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Graphs, Quick Facts



Compare Versions Free Version

Compare population statistics about McHenry County, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

McHenry County, Illinois - Overview	2010 Census	2000 Census	2000-2010 Change

	Counts	Percentages	Counts	Percentages	Change	Percentages
Total Population						
Total Population	308,760	100.00%	260,077	100.00%	48,683	18.72%
Population by Race						
American Indian and Alaska native alone	939	0.30%	445	0.17%	494	111.01%
Asian alone	7,807	2.53%	3,782	1.45%	4,025	106.43%
Black or African American alone	3,283	1.06%	1,523	0.59%	1,760	115.56%
Native Hawaiian and Other Pacific native alone	80	0.03%	55	0.02%	25	45.45%
Some other race alone	13,194	4.27%	7,211	2.77%	5,983	82.97%
Two or more races	5,200	1.68%	2,821	1.08%	2,379	84.33%
White alone	278,257	90.12%	244,240	93.91%	34,017	13.93%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	35,249	11.42%	19,602	7.54%	15,647	79.82%
Persons Not of Hispanic or Latino Origin	273,511	88.58%	240,475	92.46%	33,036	13.74%
Population by Gender						
Male	153,936	49.86%	130,474	50.17%	23,462	17.98%
Female	154,824	50.14%	129,603	49.83%	25,221	19.46%
Population by Age						
Persons 0 to 4 years	19,896	6.44%	21,110	8.12%	-1,214	-5.75%
Persons 5 to 17 years	64,279	20.82%	57,386	22.07%	6,893	12.01%
Persons 18 to 64 years	193,265	62.59%	160,668	61.78%	32,597	20.29%
Persons 65 years and over	31,320	10.14%	20,913	8.04%	10,407	49.76%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

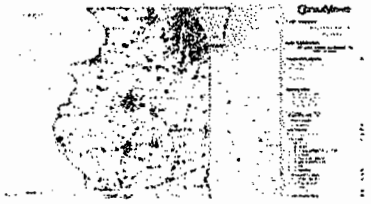
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Population of DeKalb County, Illinois: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Graphs, Quick Facts



Compare Versions Free Version

Compare population statistics about DeKalb County, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

DeKalb County, Illinois - Overview	2010 Census Counts	2010 Census Percentages	2000 Census Counts	2000 Census Percentages	2000-2010 Change	2000-2010 Change Percentages

Total Population						
Total Population	105,160	100.00%	88,969	100.00%	16,191	18.20%
Population by Race						
American Indian and Alaska native alone	267	0.25%	197	0.22%	70	35.53%
Asian alone	2,438	2.32%	2,087	2.35%	351	16.82%
Black or African American alone	6,732	6.40%	4,084	4.59%	2,648	64.84%
Native Hawaiian and Other Pacific native alone	23	0.02%	58	0.07%	-35	-60.34%
Some other race alone	4,149	3.95%	2,440	2.74%	1,709	70.04%
Two or more races	2,098	2.00%	1,399	1.57%	699	49.96%
White alone	89,453	85.06%	78,704	88.46%	10,749	13.66%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	10,647	10.12%	5,830	6.55%	4,817	82.62%
Persons Not of Hispanic or Latino Origin	94,513	89.88%	83,139	93.45%	11,374	13.68%
Population by Gender						
Male	52,530	49.95%	44,086	49.55%	8,444	19.15%
Female	52,630	50.05%	44,883	50.45%	7,747	17.26%
Population by Age						
Persons 0 to 4 years	6,645	6.32%	5,551	6.24%	1,094	19.71%
Persons 5 to 17 years	16,845	16.02%	15,018	16.88%	1,827	12.17%
Persons 18 to 64 years	71,333	67.83%	59,689	67.09%	11,644	19.51%
Persons 65 years and over	10,337	9.83%	8,711	9.79%	1,626	18.67%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

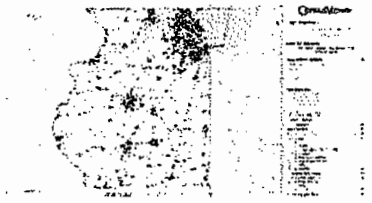
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Elgin, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about Elgin, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Elgin, Illinois - Overview	2010 Census Counts	2010 Census Percentages	2000 Census Counts	2000 Census Percentages	2000-2010 Change	2000-2010 Change Percentages
Total Population						
Total Population	108,188	100.00%	94,487	100.00%	13,701	14.50%
Population by Race						
American Indian and Alaska native alone	1,468	1.36%	382	0.40%	1,086	284.29%
Asian alone	5,809	5.37%	3,668	3.88%	2,141	58.37%
Black or African American alone	7,982	7.38%	6,427	6.80%	1,555	24.19%
Native Hawaiian and Other Pacific native alone	37	0.03%	58	0.06%	-21	-36.21%
Some other race alone	17,661	16.32%	14,537	15.39%	3,124	21.49%
Two or more races	3,884	3.59%	2,815	2.98%	1,069	37.98%
White alone	71,347	65.95%	66,600	70.49%	4,747	7.13%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	47,121	43.55%	32,430	34.32%	14,691	45.30%
Persons Not of Hispanic or Latino Origin	61,067	56.45%	62,057	65.68%	-990	-1.60%
Population by Gender						
Male	53,888	49.81%	47,213	49.97%	6,675	14.14%
Female	54,300	50.19%	47,274	50.03%	7,026	14.86%
Population by Age						
Persons 0 to 4 years	9,492	8.77%	8,711	9.22%	781	8.97%
Persons 5 to 17 years	21,311	19.70%	18,713	19.80%	2,598	13.88%
Persons 18 to 64 years	68,041	62.89%	58,974	62.41%	9,067	15.37%
Persons 65 years and over	9,344	8.64%	8,089	8.56%	1,255	15.51%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

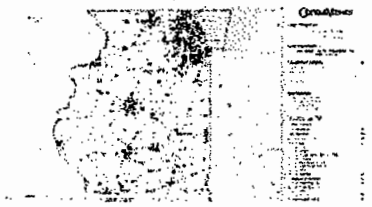
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

South Elgin, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about South Elgin, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

South Elgin, Illinois - Overview	2010 Census Counts	2010 Census Percentages	2000 Census Counts	2000 Census Percentages	2000-2010 Change	Change Percentages

Total Population						
Total Population	21,985	100.00%	16,100	100.00%	5,885	36.55%
Population by Race						
American Indian and Alaska native alone	94	0.43%	27	0.17%	67	248.15%
Asian alone	1,545	7.03%	881	5.47%	664	75.37%
Black or African American alone	740	3.37%	415	2.58%	325	78.31%
Native Hawaiian and Other Pacific native alone	7	0.03%	2	0.01%	5	250.00%
Some other race alone	1,058	4.81%	625	3.88%	433	69.28%
Two or more races	666	3.03%	300	1.86%	366	122.00%
White alone	17,875	81.31%	13,850	86.02%	4,025	29.06%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	3,402	15.47%	1,664	10.34%	1,738	104.45%
Persons Not of Hispanic or Latino Origin	18,583	84.53%	14,436	89.66%	4,147	28.73%
Population by Gender						
Male	10,867	49.43%	8,059	50.06%	2,808	34.84%
Female	11,118	50.57%	8,041	49.94%	3,077	38.27%
Population by Age						
Persons 0 to 4 years	1,672	7.61%	1,886	11.71%	-214	-11.35%
Persons 5 to 17 years	5,294	24.08%	2,802	17.40%	2,492	88.94%
Persons 18 to 64 years	13,495	61.38%	10,490	65.16%	3,005	28.65%
Persons 65 years and over	1,524	6.93%	922	5.73%	602	65.29%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

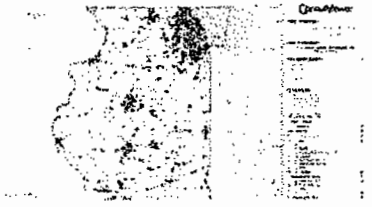
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Crystal Lake, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about Crystal Lake, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Crystal Lake, Illinois - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages

Total Population						
Total Population	40,743	100.00%	38,000	100.00%	2,743	7.22%
Population by Race						
American Indian and Alaska native alone	172	0.42%	62	0.16%	110	177.42%
Asian alone	1,023	2.51%	747	1.97%	276	36.95%
Black or African American alone	398	0.98%	212	0.56%	186	87.74%
Native Hawaiian and Other Pacific native alone	10	0.02%	8	0.02%	2	25.00%
Some other race alone	1,657	4.07%	826	2.17%	831	100.61%
Two or more races	735	1.80%	399	1.05%	336	84.21%
White alone	36,748	90.19%	35,746	94.07%	1,002	2.80%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	4,770	11.71%	2,662	7.01%	2,108	79.19%
Persons Not of Hispanic or Latino Origin	35,973	88.29%	35,338	92.99%	635	1.80%
Population by Gender						
Male	20,117	49.38%	18,785	49.43%	1,332	7.09%
Female	20,626	50.62%	19,215	50.57%	1,411	7.34%
Population by Age						
Persons 0 to 4 years	2,477	6.08%	3,094	8.14%	-617	-19.94%
Persons 5 to 17 years	8,962	22.00%	8,921	23.48%	41	0.46%
Persons 18 to 64 years	25,234	61.93%	22,575	59.41%	2,659	11.78%
Persons 65 years and over	4,070	9.99%	3,410	8.97%	660	19.35%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

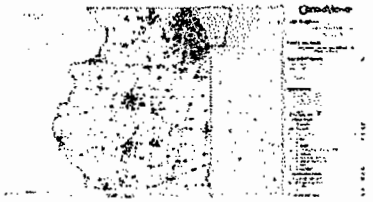
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Woodstock, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about Woodstock, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Woodstock, Illinois - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages

Total Population						
Total Population	24,770	100.00%	20,151	100.00%	4,619	22.92%
Population by Race						
American Indian and Alaska native alone	97	0.39%	47	0.23%	50	106.38%
Asian alone	578	2.33%	406	2.01%	172	42.36%
Black or African American alone	562	2.27%	214	1.06%	348	162.62%
Native Hawaiian and Other Pacific native alone	17	0.07%	0	0%	17	0%
Some other race alone	2,313	9.34%	1,550	7.69%	763	49.23%
Two or more races	528	2.13%	306	1.52%	222	72.55%
White alone	20,675	83.47%	17,628	87.48%	3,047	17.29%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	5,852	23.63%	3,830	19.01%	2,022	52.79%
Persons Not of Hispanic or Latino Origin	18,918	76.37%	16,321	80.99%	2,597	15.91%
Population by Gender						
Male	12,434	50.20%	10,114	50.19%	2,320	22.94%
Female	12,336	49.80%	10,037	49.81%	2,299	22.91%
Population by Age						
Persons 0 to 4 years	1,862	7.52%	1,616	8.02%	246	15.22%
Persons 5 to 17 years	4,736	19.12%	4,009	19.89%	727	18.13%
Persons 18 to 64 years	15,672	63.27%	12,545	62.25%	3,127	24.93%
Persons 65 years and over	2,500	10.09%	1,981	9.83%	519	26.20%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

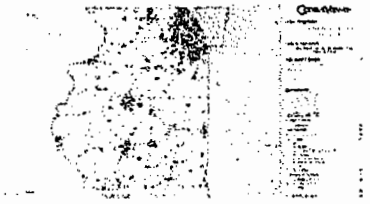
Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

Census Viewer

- Home
- Compare Versions
- F.A.Q.
- Images
- Blog
- Contact
- Subscribe
- Log In

Huntley, Illinois Population: Census 2010 and 2000 Interactive Map, Demographics, Statistics, Quick Facts



Compare Versions Free Version

Compare population statistics about Huntley, IL by race, age, gender, Latino/Hispanic origin etc. CensusViewer delivers detailed demographics and population statistics from the 2010 Census, 2000 Census, American Community Survey (ACS), registered voter files, commercial data sources and more.

Experience breakthrough technology for census data discovery, population analysis and visualization over Bing Maps. Visually "fly over" a state, viewing in great detail the census blocks, census tracts, cities, counties and various political districts in your selection or "zoom down" to the street level to get demographic statistics and information about the population in an individual census block or census tract.

Click on any map link to see our blazing-fast data visualization over Bing Maps in action. Read more about the unprecedented demographic insight and analytical power of CensusViewer interactive maps.

CensusViewer maps, data and statistics pages for all states, counties and cities.

Huntley, Illinois - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages

Total Population						
Total Population	24,291	100.00%	5,730	100.00%	18,561	323.93%
Population by Race						
American Indian and Alaska native alone	74	0.30%	10	0.17%	64	640.00%
Asian alone	1,266	5.21%	122	2.13%	1,144	937.70%
Black or African American alone	301	1.24%	25	0.44%	276	1104.00%
Native Hawaiian and Other Pacific native alone	1	0.00%	0	0%	1	0%
Some other race alone	501	2.06%	72	1.26%	429	595.83%
Two or more races	407	1.68%	61	1.06%	346	567.21%
White alone	21,741	89.50%	5,440	94.94%	16,301	299.65%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	1,862	7.67%	245	4.28%	1,617	660.00%
Persons Not of Hispanic or Latino Origin	22,429	92.33%	5,485	95.72%	16,944	308.92%
Population by Gender						
Male	11,490	47.30%	2,799	48.85%	8,691	310.50%
Female	12,801	52.70%	2,931	51.15%	9,870	336.75%
Population by Age						
Persons 0 to 4 years	1,520	6.26%	477	8.32%	1,043	218.66%
Persons 5 to 17 years	4,172	17.18%	858	14.97%	3,314	386.25%
Persons 18 to 64 years	11,517	47.41%	3,397	59.28%	8,120	239.03%
Persons 65 years and over	7,082	29.15%	998	17.42%	6,084	609.62%

CensusViewer - Graphs & Tables: Race by Age

CensusViewer - Graphs & Tables: Hispanic/Latino Origin

Privacy Policy | Terms of Use

Home | Compare Versions | F.A.Q. | Images | Blog | Contact | Subscribe | Log In

Copyright © 2011-2012 Moonshadow Mobile, Inc. All Rights Reserved

PROVENA PINE VIEW CARE CENTER
611 ALLEN LANE
ST. CHARLES, IL. 60174
Reference Numbers Facility ID 0007439
Health Service Area 006 Planning Service Area 089

Administrator
DAWN RENEE FURMAN

Contact Person and Telephone
Dawn Renee Furman
630-377-2211

Registered Agent Information
Kendra Albaand
19065 Hickory Creek Drive
Mokena, IL 60448

Date Completed
2/27/2012

FACILITY OWNERSHIP
NON-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	19
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	32
TOTALS	85
Total Residents Diagnosed as Mentally Ill	45

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	120	110	100	110	85	35	120	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	110	100	110	85	35	120	60

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	89
Total Admissions 2011	298
Total Discharges 2011	302
Residents on 12/31/2011	85
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	8097	18.5%	18179	83.0%	0	641	5427	0	32344	73.8%	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	8097	18.5%	18179	83.0%	0	641	5427	0	32344	73.8%	80.6%

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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	10	36	0	0	0	0	0	0	10	36	46
TOTALS	21	64	0	0	0	0	0	0	21	64	85

PROVENA PINE VIEW CARE CENTER
611 ALLEN LANE
ST. CHARLES, IL. 60174
Reference Numbers Facility ID 0007439
Health Service Area 006 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	50	0	1	15	0	85
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	50	0	1	15	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	337	234
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	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.95
LPN's	7.16
Certified Aides	33.74
Other Health Staff	7.50
Non-Health Staff	34.15
Totals	94.50

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
43.3%	31.5%	0.0%	2.6%	22.6%	100.0%		0.0%
3,106,244	2,262,450	0	184,712	1,621,381	7,174,787	0	

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

323

ATTACHMENT - 17G

SOUTH ELGIN REHAB & HLTHCARE CT
746 SPRING STREET
SOUTH ELGIN, IL. 60177
Reference Numbers Facility ID 6008718
Health Service Area 008 Planning Service Area 089

Administrator
MARY KARSON

Contact Person and Telephone
Marikay Snyder
300-691-8113

Registered Agent Information
Marikay L Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Completed
3/27/2012

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	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	27
Mental Illness	1
Developmental Disability	2
Circulatory System	2
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	66
Total Residents Diagnosed as Mentally Ill	6

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	90	80	75	80	66	24	14	90
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	90	80	75	80	66	24	14	90

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	63
Total Admissions 2011	113
Total Discharges 2011	110
Residents on 12/31/2011	66
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	2129	41.7%	18455	56.2%	1108	8	3099	0	24799	75.5%	84.9%
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	2129	41.7%	18455	56.2%	1108	8	3099	0	24799	75.5%	84.9%

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	3	0	0	0	0	0	0	0	3	0	3
45 to 59	13	10	0	0	0	0	0	0	13	10	23
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	31	35	0	0	0	0	0	0	31	35	66

SOUTH ELGIN REHAB & HLTHCARE CT
746 SPRING STREET
SOUTH ELGIN, IL. 60177
Reference Numbers Facility ID 6008718
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	51	2	0	9	0	66
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	4	51	2	0	9	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	138	208
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	0	0	0	0	0
Total	66	0	0	0	66

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	0	66

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	4.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	50.00

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
36.9%	55.7%	0.0%	0.7%	6.7%	100.0%		0.7%
1,898,007	2,859,685	0	33,828	342,185	5,131,705	34,987	

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

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL. 60177
Reference Numbers Facility ID 6003263
Health Service Area 008 Planning Service Area 089

Administrator
JEREMY AMSTER

Contact Person and Telephone
CHERYL CARL
847-882-2300

Registered Agent Information
SHELDON WOLFE
7434 SKOKIE BLVD
SKOKIE, IL 60077

Date Completed
3/8/2012

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	19
Blood Disorders	5
*Nervous System Non Alzheimer	9
Alzheimer Disease	12
Mental Illness	19
Developmental Disability	0
Circulatory System	30
Respiratory System	30
Digestive System	4
Genitourinary System Disorders	17
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	24
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	192
Total Residents Diagnosed as Mentally Ill	32

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	206	206	195	206	192	14	206	206
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	206	206	195	206	192	14	206	206

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	182
Total Admissions 2011	127
Total Discharges 2011	117
Residents on 12/31/2011	192
Identified Offenders	2

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	7666	10.1%	50971	67.8%	0	0	9892	0	68459	91.0%	91.0%
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	7666	10.1%	50971	67.8%	0	0	9892	0	68459	91.0%	91.0%

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	3	0	0	0	0	0	0	0	3	3
65 to 74	7	16	0	0	0	0	0	0	7	16	23
75 to 84	16	44	0	0	0	0	0	0	16	44	60
85+	24	81	0	0	0	0	0	0	24	81	105
TOTALS	47	145	0	0	0	0	0	0	47	145	192

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL. 60177
Reference Numbers Facility ID 6003263
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	140	0	0	32	0	192
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	20	140	0	0	32	0	192

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	187	0	0	0	187
Race Unknown	0	0	0	0	0
Total	192	0	0	0	192
ETHNICITY	**Nursing**	**Skl/Und22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	11	0	0	0	11
Non-Hispanic	181	0	0	0	181
Ethnicity Unknown	0	0	0	0	0
Total	192	0	0	0	192

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	14.00
Certified Aides	57.00
Other Health Staff	5.00
Non-Health Staff	56.00
Totals	149.00

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
26.2%	44.5%	0.0%	0.0%	29.3%	100.0%		0.0%
3,730,046	6,318,109	0	0	4,163,680	14,211,835	0	

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

ATTACHMENT-17G

ROSEWOOD CARE CTR ST. CHARLES
850 DUNHAM ROAD
ST. CHARLES, IL 60174
Reference Numbers Facility ID 6014666
Health Service Area 008 Planning Service Area 089

Administrator
Ivy Gleason

Contact Person and Telephone
JAN POELKER
314-994-9070, ext. 3025

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

Date Completed
2/29/2012

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	30
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	72
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	109	109	81	109	72	37	41	56
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	109	109	81	109	72	37	41	56

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	76
Total Admissions 2011	315
Total Discharges 2011	319
Residents on 12/31/2011	72
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	5627	37.6%	9960	46.7%	0	412	9655	0	25654	64.5%	64.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5627	37.6%	9960	46.7%	0	412	9655	0	25654	64.5%	64.5%

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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	4	17	0	0	0	0	0	0	4	17	21
85+	9	33	0	0	0	0	0	0	9	33	42
TOTALS	16	56	0	0	0	0	0	0	16	56	72

ROSEWOOD CARE CTR ST. CHARLES
850 DUNHAM ROAD
ST. CHARLES, IL 60174
Reference Numbers Facility ID 6014666
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	26	0	0	30	0	72
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	16	26	0	0	30	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	149
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	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	12.00
Certified Aides	38.00
Other Health Staff	7.00
Non-Health Staff	35.00
Totals	106.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.7%	19.6%	0.0%	3.6%	30.1%	100.0%		0.0%
2,936,072	1,234,740	0	225,860	1,895,460	6,292,132	0	

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

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123
Reference Numbers Facility ID 6014237
Health Service Area 008 Planning Service Area 089

Administrator
Peggy Aschenbrenner

Contact Person and Telephone
JAN POELKER
314-994-9070, ext. 9025

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

Date Completed
2/28/2012

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	9
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	102
Total Residents Diagnosed as Mentally Ill	22

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	139	139	118	139	102	37	48	41
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	139	139	118	139	102	37	48	41

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	114
Total Admissions 2011	564
Total Discharges 2011	576
Residents on 12/31/2011	102
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	10339	59.0%	12882	86.1%	0	518	15213	0	38952	76.8%	76.8%
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	10339	59.0%	12882	86.1%	0	518	15213	0	38952	76.8%	76.8%

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	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	4	5	0	0	0	0	0	0	4	5	9
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	7	62	0	0	0	0	0	0	7	62	69
TOTALS	20	82	0	0	0	0	0	0	20	82	102

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123
Reference Numbers Facility ID 6014237
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	34	0	4	38	0	102
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	34	0	4	38	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	171	145
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	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	4	0	0	0	4
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	13.00
Certified Aides	49.00
Other Health Staff	13.00
Non-Health Staff	42.00
Totals	137.00

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
51.2%	17.0%	0.0%	2.9%	28.9%	100.0%		0.0%
4,936,207	1,633,784	0	282,775	2,785,631	0,638,597	0	

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

327

ATTACHMENT-17G

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123
Reference Numbers Facility ID 6012827
Health Service Area 008 Planning Service Area 089

Administrator
JOSEPH MCMANUS

Contact Person and Telephone
JOSEPH MCMANUS
224-783-5275

Registered Agent Information
Rick Floyd
1950 Larkin Avenue

Date Completed
3/16/2012

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	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions deemed by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	38
Injuries and Poisonings	1
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	80
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	112	112	95	112	80	32	64	12
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	112	112	95	112	80	32	64	12

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	87
Total Admissions 2011	630
Total Discharges 2011	637
Residents on 12/31/2011	80
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	13894	59.5%	3144	71.8%	0	2330	10136	0	29506	72.2%	72.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13894	59.5%	3144	71.8%	0	2330	10136	0	29506	72.2%	72.2%

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	2	0	0	0	0	0	0	0	2	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	10	30	0	0	0	0	0	0	10	30	40
TOTALS	28	52	0	0	0	0	0	0	28	52	80

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123
Reference Numbers Facility ID 6012827
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	8	0	9	27	0	80
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	36	8	0	9	27	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	243	205
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	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	80	0	0	0	80

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	80	0	0	0	80

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.10
LPN's	1.00
Certified Aides	33.20
Other Health Staff	6.70
Non-Health Staff	31.97
Totals	100.97

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
63.9%	3.5%	0.0%	11.0%	21.6%	100.0%		0.5%
6,945,972	380,796	0	1,194,176	2,345,689	10,866,634	50,963	

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

FACILITY NOTES

Bed Change 8/1/2010 Facility discontinued 6 nursing care beds; facility now has 112 nursing care beds.

MAPLEWOOD CARE
50 NORTH JANE DRIVE
ELGIN, IL. 60123
Reference Numbers Facility ID 6004758
Health Service Area 008 Planning Service Area 089

Administrator
JAMIE LLOYD

Contact Person and Telephone
NIKI MEHTA
847-697-3750

Registered Agent Information
Thomas Winter
6840 N Lincoln Ave
Lincolnwood, IL 60172

Date Completed
3/6/2012

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	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	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	62
Mental Illness	89
Developmental Disability	2
Circulatory System	19
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscuto-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	195
Total Residents Diagnosed as Mentally Ill	89

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	200	203	195	8	203	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	200	203	195	8	203	203

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	195
Total Admissions 2011	101
Total Discharges 2011	101
Residents on 12/31/2011	195
Identified Offenders	7

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	3143	4.2%	63917	86.3%	0	349	699	0	68108	91.9%	91.9%
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	3143	4.2%	63917	86.3%	0	349	699	0	68108	91.9%	91.9%

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	9	5	0	0	0	0	0	0	9	5	14
45 to 59	45	30	0	0	0	0	0	0	45	30	75
60 to 64	17	14	0	0	0	0	0	0	17	14	31
65 to 74	22	24	0	0	0	0	0	0	22	24	46
75 to 84	8	9	0	0	0	0	0	0	8	9	17
85+	4	8	0	0	0	0	0	0	4	8	12
TOTALS	105	90	0	0	0	0	0	0	105	90	195

MAPLEWOOD CARE
50 NORTH JANE DRIVE
ELGIN, IL. 60123
Reference Numbers Facility ID 6004758
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	183	0	1	2	0	195
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	9	183	0	1	2	0	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	135
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	4	0	0	0	4
Amer. Indian	1	0	0	0	1
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	4	0	0	0	4
White	170	0	0	0	170
Race Unknown	1	0	0	0	1
Total	195	0	0	0	195

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	3	0	0	0	3
Total	195	0	0	0	195

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	7.00
Certified Aides	53.00
Other Health Staff	3.00
Non-Health Staff	72.00
Totals	152.00

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
16.9%	60.5%	1.4%	0.7%	20.6%	100.0%		0.0%
1,536,108	5,484,915	122,985	60,531	1,855,412	9,059,951	0	

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

329

ATTACHMENT-17G

ASTA CARE CENTER OF ELGIN
134 NORTH MCLEAN BOULEVARD
ELGIN, IL. 60123
Reference Numbers Facility ID 6005847
Health Service Area 008 Planning Service Area 089

Administrator
JACK SIEGEL

Contact Person and Telephone
JACK SIEGEL
847-742-8822

Registered Agent Information
Seth Gillman
134 N. McLean Blv.
Elgin, IL 60123

Date Completed
2/13/2012

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	2
Mental Illness	23
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82
Total Residents Diagnosed as Mentally Ill	23

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	96	99	82	17	52	102
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	96	99	82	17	52	102

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	85
Total Admissions 2011	70
Total Discharges 2011	73
Residents on 12/31/2011	82
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	4803	25.3%	22028	59.2%	1698	920	1441	0	30890	85.5%	85.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4803	25.3%	22028	59.2%	1698	920	1441	0	30890	85.5%	85.5%

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	4	1	0	0	0	0	0	0	4	1	5
45 to 59	10	7	0	0	0	0	0	0	10	7	17
60 to 64	8	9	0	0	0	0	0	0	8	9	17
65 to 74	16	6	0	0	0	0	0	0	16	6	22
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	48	34	0	0	0	0	0	0	48	34	82

ASTA CARE CENTER OF ELGIN
134 NORTH MCLEAN BOULEVARD
ELGIN, IL. 60123
Reference Numbers Facility ID 6005847
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	58	0	4	0	0	82
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	20	58	0	4	0	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	170
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	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	1	0	0	0	1
White	75	0	0	0	75
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	33.00
Other Health Staff	4.00
Non-Health Staff	38.00
Totals	90.00

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
41.7%	51.0%	0.0%	2.9%	4.5%	100.0%		0.0%
2,702,551	3,305,187	0	185,863	288,694	6,482,295	0	

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

APOSTOLIC CHRISTIAN RESTHAVEN
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124
Reference Numbers Facility ID 6000392
Health Service Area 008 Planning Service Area 089

Administrator
DAVID G. STIEGLITZ

Contact Person and Telephone
DAVID STIEGLITZ
847-741-4543

Registered Agent Information
David G. Stieglitz
5N598 Meadowview Ln.
St. Charles, IL 60175

Date Completed
2/21/2012

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	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 restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	21
Developmental Disability	0
Circulatory System	7
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	46
Total Residents Diagnosed as Mentally Ill	21

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	50	50	49	50	46	4	0	50
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	50	50	49	50	46	4	0	50

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	45
Total Admissions 2011	21
Total Discharges 2011	20
Residents on 12/31/2011	46
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%	3184	17.3%	0	0	14370	0	17534	96.1%	96.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3184	17.3%	0	0	14370	0	17534	96.1%	96.1%

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	0	0	2	2
75 to 84	1	11	0	0	0	0	0	0	1	11	12
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	8	38	0	0	0	0	0	0	8	38	46

APOSTOLIC CHRISTIAN RESTHAVEN
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124
Reference Numbers Facility ID 6000392
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	7	0	0	39	0	46
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	7	0	0	39	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	173
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	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	46	0	0	0	46
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	3.00
Certified Aides	28.00
Other Health Staff	1.00
Non-Health Staff	23.00
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
0.0%	22.3%	0.0%	0.0%	77.7%	100.0%		0.0%
0	676,976	0	0	2,364,571	3,041,547	0	

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

MANOR CARE OF ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123
Reference Numbers Facility ID 6000277
Health Service Area 008 Planning Service Area 089

Administrator
Pam Crenshaw

Contact Person and Telephone
Eric Talbert
419-252-5951

Registered Agent Information — Date Completed 3/9/2012

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	37
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	73

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	88	83	81	82	73	15	88	61
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	88	83	81	82	73	15	88	61

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	71
Total Admissions 2011	231
Total Discharges 2011	229
Residents on 12/31/2011	73
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	5134	16.0%	18600	83.5%	0	2607	758	0	27099	84.4%	89.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5134	16.0%	18600	83.5%	0	2607	758	0	27099	84.4%	89.5%

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	1	0	0	0	0	0	0	0	1	1
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	12	13	0	0	0	0	0	0	12	13	25
85+	5	20	0	0	0	0	0	0	5	20	25
TOTALS	28	45	0	0	0	0	0	0	28	45	73

MANOR CARE OF ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123
Reference Numbers Facility ID 6000277
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	54	0	2	3	0	73
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	14	54	0	2	3	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	267	238
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	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	68	0	0	0	68
Total	73	0	0	0	73

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.20
LPN's	6.00
Certified Aides	28.60
Other Health Staff	9.60
Non-Health Staff	5.70
Totals	64.10

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
50.6%	35.8%	2.7%	7.4%	3.5%	100.0%		0.0%
3,207,662	2,270,589	170,678	471,802	220,935	6,341,466	0	

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

HERITAGE HEALTH - ELGIN
355 RAYMOND STREET
ELGIN, IL. 60120
Reference Numbers Facility ID 6006902
Health Service Area 009 Planning Service Area 089

Administrator
LINDA B. HARTMANN

Contact Person and Telephone
Rebecca Howard
309-828-4361

Registered Agent Information

Date Completed
3/5/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	51
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	78

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	94	94	82	94	78	16	94	94
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	94	94	82	94	78	16	94	94

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	80
Total Admissions 2011	80
Total Discharges 2011	82
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	4403	12.8%	21560	62.8%	0	0	2816	0	28779	83.9%	83.9%
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	4403	12.8%	21560	62.8%	0	0	2816	0	28779	83.9%	83.9%

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	1	0	0	0	0	0	0	0	1	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	9	44	0	0	0	0	0	0	9	44	53
TOTALS	17	61	0	0	0	0	0	0	17	61	78

HERITAGE HEALTH - ELGIN
355 RAYMOND STREET
ELGIN, IL. 60120
Reference Numbers Facility ID 6006902
Health Service Area 009 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	59	0	0	9	0	78
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	10	59	0	0	9	0	78

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	1	0	0	0	1
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	4.00
Certified Aides	36.00
Other Health Staff	18.00
Non-Health Staff	11.00
Totals	87.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.4%	45.5%	0.0%	0.0%	12.1%	100.0%		0.0%
2,576,639	2,765,271	0	0	732,103	6,074,014	0	

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

LEXINGTON OF STREAMWOOD
615 EAST IRVING PARK ROAD
STREAMWOOD, IL. 60107
Reference Numbers Facility ID 6012976
Health Service Area 007 Planning Service Area 701

Administrator
Kalsang Youtso

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Registered Agent Information — Date Completed 3/20/2012

FACILITY OWNERSHIP
FOR-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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	2
Muscuto-skeletal Disorders	11
Injuries and Poisonings	5
Other Medical Conditions	98
Non-Medical Conditions	0
TOTALS	171
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	214	214	189	214	171	43	214	172
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	189	214	171	43	214	172

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	182
Total Admissions 2011	357
Total Discharges 2011	368
Residents on 12/31/2011	171
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	9141	11.7%	52769	84.1%	0	1267	3195	0	66372	85.0%	85.0%
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	9141	11.7%	52769	84.1%	0	1267	3195	0	66372	85.0%	85.0%

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	1	2	0	0	0	0	0	0	1	2	3
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	9	17	0	0	0	0	0	0	9	17	26
75 to 84	3	45	0	0	0	0	0	0	3	45	48
85+	11	74	0	0	0	0	0	0	11	74	85
TOTALS	27	144	0	0	0	0	0	0	27	144	171

LEXINGTON OF STREAMWOOD
615 EAST IRVING PARK ROAD
STREAMWOOD, IL. 60107
Reference Numbers Facility ID 6012975
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	147	0	4	8	0	171
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	147	0	4	8	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	160
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	3	0	0	0	3
Amer. Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	163	0	0	0	163
Race Unknown	0	0	0	0	0
Total	171	0	0	0	171

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	0	0	0	0	0
Total	171	0	0	0	171

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	23.00
Certified Aides	60.00
Other Health Staff	7.00
Non-Health Staff	58.00
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
38.3%	53.8%	0.0%	4.0%	6.2%	100.0%		0.0%
4,751,776	7,025,673	0	517,659	808,768	13,103,876	0	

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

ALDEN-POPLAR CREEK REHAB &CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60194
Reference Numbers Facility ID 6001368
Health Service Area 007 Planning Service Area 701

Administrator
JEFF RUSSELL

Contact Person and Telephone
CHRIS KUEHN
773-288-3883

Date Completed 3/8/2012

Registered Agent Information
KEN FISCH
4200 W. PETERSON AVENUE SUITE 102
Chicago, IL 60646

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	4
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	8
Developmental Disability	1
Circulatory System	16
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	128
Non-Medical Conditions	0
TOTALS	192
Total Residents Diagnosed as Mentally Ill	8

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	217	217	194	217	192	25	217	217
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	217	217	194	217	192	25	217	217

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	187
Total Admissions 2011	656
Total Discharges 2011	651
Residents on 12/31/2011	192
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	11704	14.8%	47485	60.0%	2464	1476	4302	0	67431	85.1%	85.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11704	14.8%	47485	60.0%	2464	1476	4302	0	67431	85.1%	85.1%

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	6	0	0	0	0	0	0	1	6	7
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	9	24	0	0	0	0	0	0	9	24	33
75 to 84	20	31	0	0	0	0	0	0	20	31	51
85+	25	69	0	0	0	0	0	0	25	69	94
TOTALS	58	134	0	0	0	0	0	0	58	134	192

ALDEN-POPLAR CREEK REHAB &CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60194
Reference Numbers Facility ID 6001368
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	135	7	4	10	0	192
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	36	135	7	4	10	0	192

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	315	285
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	7	0	0	0	7
Amer. Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	175	0	0	0	175
Race Unknown	4	0	0	0	4
Total	192	0	0	0	192
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	7	0	0	0	7
Non-Hispanic	181	0	0	0	181
Ethnicity Unknown	4	0	0	0	4
Total	192	0	0	0	192

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.22
LPN's	8.96
Certified Aides	39.70
Other Health Staff	2.07
Non-Health Staff	33.90
Totals	102.85

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.7%	43.4%	2.3%	3.4%	7.3%	100.0%		0.0%
6,545,762	6,500,777	347,269	504,599	1,091,753	14,990,160	0	

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

335

ATTACHMENT 1 - 17G

LEXINGTON OF SCHAUMBURG
675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL 60193
Reference Numbers Facility ID 6012553
Health Service Area 007 Planning Service Area 701

Administrator
Terri Bowen

Contact Person and Telephone
Bridgett Rummel
630-458-4635

Registered Agent Information

Date Completed
3/15/2012

FACILITY OWNERSHIP
FOR-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	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	38
Injuries and Poisonings	6
Other Medical Conditions	102
Non-Medical Conditions	0
TOTALS	181
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	214	214	201	214	181	33	214	160
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	201	214	181	33	214	160

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	194
Total Admissions 2011	445
Total Discharges 2011	458
Residents on 12/31/2011	181
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	14764	18.9%	47726	61.7%	0	1843	3963	0	68296	87.4%	87.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14764	18.9%	47726	61.7%	0	1843	3963	0	68296	87.4%	87.4%

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	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	10	16	0	0	0	0	0	0	10	16	26
75 to 84	23	45	0	0	0	0	0	0	23	45	68
85+	17	59	0	0	0	0	0	0	17	59	76
TOTALS	56	125	0	0	0	0	0	0	56	125	181

LEXINGTON OF SCHAUMBURG
675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL 60193
Reference Numbers Facility ID 6012553
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	130	0	4	7	0	181
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	130	0	4	7	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	262	201
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	8	0	0	0	8
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	171	0	0	0	171
Race Unknown	0	0	0	0	0
Total	181	0	0	0	181

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	0	0	0	0	0
Total	181	0	0	0	181

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	14.00
Certified Aides	66.00
Other Health Staff	10.00
Non-Health Staff	63.00
Totals	174.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.3%	38.4%	0.0%	4.2%	8.2%	100.0%		0.0%
8,194,687	6,377,496	0	691,884	1,361,989	16,626,016	0	

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

336

ATTACHMENT - 17G

FRIENDSHIP VILLAGE OF SCHAUMBURG
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL 60194
Reference Numbers Facility ID 6003404
Health Service Area 007 Planning Service Area 701

Administrator
Judy Pitzele

Contact Person and Telephone
Jeff Nyberg
847-843-4259

Registered Agent Information
STEVE YENCHEK
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL 60194

Date Completed 3/7/2012

FACILITY OWNERSHIP
NON-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY Yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	27
Mental Illness	0
Developmental Disability	0
Circulatory System	38
Respiratory System	32
Digestive System	13
Genitourinary System Disorders	18
Skin Disorders	8
Musculo-skeletal Disorders	6
Injuries and Poisonings	31
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	215

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	250	250	239	250	215	35	250	190
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	250	250	239	250	215	35	250	190

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	232
Total Admissions 2011	623
Total Discharges 2011	640
Residents on 12/31/2011	215
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	15577	17.1%	24904	35.9%	0	0	41607	223	82311	90.2%	90.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	15577	17.1%	24904	35.9%	0	0	41607	223	82311	90.2%	90.2%

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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	3	11	0	0	0	0	0	0	3	11	14
75 to 84	13	40	0	0	0	0	0	0	13	40	53
85+	26	120	0	0	0	0	0	0	26	120	146
TOTALS	43	172	0	0	0	0	0	0	43	172	215

FRIENDSHIP VILLAGE OF SCHAUMBURG
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL 60194
Reference Numbers Facility ID 6003404
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	61	0	0	114	1	215
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	39	61	0	0	114	1	215

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	358	297
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	136	0	0	0	136
Race Unknown	79	0	0	0	79
Total	215	0	0	0	215

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	215	0	0	0	215
Total	215	0	0	0	215

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.90
LPN's	10.00
Certified Aides	89.70
Other Health Staff	9.70
Non-Health Staff	14.90
Totals	158.20

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
40.1%	14.1%	0.0%	0.0%	45.8%	100.0%		2.9%
8,148,729	2,864,189	0	0	9,295,932	20,308,850	583,600	

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

337

ATTACHMENT - 17G

ALDEN ESTATES OF BARRINGTON, INC.
1420 SOUTH BARRINGTON ROAD
BARRINGTON, IL 60010
Reference Numbers Facility ID 6003735
Health Service Area 007 Planning Service Area 701

Administrator
GREGORY K. NIENABER

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information
Ken Fisch
4200 West Peterson Ave Suite 102
Chicago, IL 60646

Date Completed
3/6/2012

FACILITY OWNERSHIP
FOR-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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	93
Non-Medical Conditions	0
TOTALS	117

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	150	150	135	150	117	33	134	94
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	150	150	135	150	117	33	134	94

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	112
Total Admissions 2011	826
Total Discharges 2011	821
Residents on 12/31/2011	117
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	16814	34.4%	20845	60.8%	1411	2573	2708	0	44351	81.0%	81.0%
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	16814	34.4%	20845	60.8%	1411	2573	2708	0	44351	81.0%	81.0%

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	1	2	0	0	0	0	0	0	1	2	3
45 to 59	3	6	0	0	0	0	0	0	3	6	9
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	9	31	0	0	0	0	0	0	9	31	40
85+	13	29	0	0	0	0	0	0	13	29	42
TOTALS	36	81	0	0	0	0	0	0	36	81	117

ALDEN ESTATES OF BARRINGTON, INC.
1420 SOUTH BARRINGTON ROAD
BARRINGTON, IL 60010
Reference Numbers Facility ID 6003735
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	47	56	3	4	7	0	117
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	47	56	3	4	7	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	320
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	8	0	0	0	8
Amer. Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	1	0	0	0	1
Total	117	0	0	0	117

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	1	0	0	0	1
Total	117	0	0	0	117

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	7.00
Certified Aides	39.00
Other Health Staff	11.00
Non-Health Staff	52.00
Totals	134.00

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
60.1%	28.3%	1.5%	5.8%	4.2%	100.0%		0.0%
10,043,831	4,735,923	256,765	975,836	704,435	16,716,790	0	

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

338

ATTACHMENT - 17G

FLORENCE NURSING HOME
546 EAST GRANT HIGHWAY
MARENGO, IL. 60152
Reference Numbers Facility ID 6003180
Health Service Area 008 Planning Service Area 111

Administrator
KATHI MILLER

Contact Person and Telephone
KATHI MILLER
815-568-8322

Registered Agent Information
ABRAHAM STERN
SOUTH WACKER DR
Chicago, IL 60606

Date Completed
3/7/2012

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45
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	56	56	48	56	45	11	27	34
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	56	56	48	56	45	11	27	34

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	49
Total Admissions 2011	99
Total Discharges 2011	103
Residents on 12/31/2011	45
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	3676	37.3%	4846	39.0%	0	0	8461	0	16983	83.1%	83.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3676	37.3%	4846	39.0%	0	0	8461	0	16983	83.1%	83.1%

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	0	0	0	0	0	0	0	1	0	1
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	11	34	0	0	0	0	0	0	11	34	45

FLORENCE NURSING HOME
546 EAST GRANT HIGHWAY
MARENGO, IL. 60152
Reference Numbers Facility ID 6003180
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	12	0	0	21	0	45
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	12	0	0	21	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	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	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	4.00
Certified Aides	20.00
Other Health Staff	3.00
Non-Health Staff	11.00
Totals	45.00

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
48.2%	15.8%	0.0%	0.0%	36.0%	100.0%		0.0%
1,848,918	608,052	0	0	1,382,376	3,839,344	0	

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

339

ATTACHMENT - 17G

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6009542
Health Service Area 008 Planning Service Area 111

Administrator
THOMAS ANNARELLA

Contact Person and Telephone
SHELLY LUNSFORD
815-334-2806

Registered Agent Information

Date Completed
3/6/2012

FACILITY OWNERSHIP
COUNTY

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	9
Other Medical Conditions	23
Non-Medical Conditions	42
TOTALS	121
Total Residents Diagnosed as Mentally Ill	73

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	128	128	128	128	121	7	128	128
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	128	128	128	128	121	7	128	128

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	125
Total Admissions 2011	68
Total Discharges 2011	72
Residents on 12/31/2011	121
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	4277	9.2%	27991	59.9%	4065	174	8117	0	44624	95.5%	95.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4277	9.2%	27991	59.9%	4065	174	8117	0	44624	95.5%	95.5%

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	3	5	0	0	0	0	0	0	3	5	8
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	11	80	0	0	0	0	0	0	11	80	91
TOTALS	19	102	0	0	0	0	0	0	19	102	121

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6009542
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	72	15	0	21	0	121
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	13	72	15	0	21	0	121

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	120	0	0	0	120
Race Unknown	0	0	0	0	0
Total	121	0	0	0	121

ETHNICITY	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
Total	121	0	0	0	121

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.02
LPN's	9.14
Certified Aides	44.16
Other Health Staff	4.34
Non-Health Staff	48.23
Totals	126.89

NET REVENUE BY PAYOR SOURCE (Fiscal Year Date)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.8%	56.9%	5.5%	0.9%	14.9%	100.0%		0.0%
2,194,215	5,725,933	556,112	89,195	1,499,770	10,065,226	0	

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

CENTEGRA SPECIALTY HOSPITAL WOODSTOCK
527 WEST SOUTH STREET
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6013981
Health Service Area 008 Planning Service Area 111

Administrator
MICHAEL S. EESLEY

Contact Person and Telephone
LORI SULLIVAN
1-815-334-5517

Registered Agent Information — Date Completed 3/8/2012

FACILITY OWNERSHIP
HOSPITAL DISTRICT

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS	
DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	16
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	40	30	28	30	16	24	40	0
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	40	30	28	30	16	24	40	0

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	18
Total Admissions 2011	680
Total Discharges 2011	682
Residents on 12/31/2011	16
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	5760	39.5%	0	0.0%	0	1625	379	0	7764	53.2%	70.9%
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	5760	39.5%	0	0.0%	0	1625	379	0	7764	53.2%	70.9%

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	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	9	7	0	0	0	0	0	0	9	7	16

CENTEGRA SPECIALTY HOSPITAL WOODSTOCK
527 WEST SOUTH STREET
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6013981
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	0	0	3	0	1	16
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	0	0	3	0	1	16

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	754	754
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	15	0	0	0	15
Race Unknown	1	0	0	0	1
Total	16	0	0	0	16

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	15	0	0	0	15
Ethnicity Unknown	0	0	0	0	0
Total	16	0	0	0	16

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	0.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	49.00

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
71.5%	0.1%	0.0%	28.3%	0.1%	100.0%		3.9%
2,504,808	2,913	0	993,091	2,641	3,503,453	136,998	

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

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 0009310
Health Service Area 008 Planning Service Area 111

Administrator
RICHARD A. CURTIS

Contact Person and Telephone
RICHARD A. CURTIS
815-338-1740

Registered Agent Information
Terrance P. Egan
920 N Seminary Avenue
Woodstock, IL 60098

Date Completed
3/6/2012

FACILITY OWNERSHIP
NON-PROF CORPORATION

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	28
Mental Illness	16
Developmental Disability	0
Circulatory System	28
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	99
Total Residents Diagnosed as Mentally Ill	25

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	75	71	66	71	51	24	29	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	63	52	52	52	48	15		
TOTAL BEDS	138	123	118	123	99	39	29	32

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	98
Total Admissions 2011	113
Total Discharges 2011	112
Residents on 12/31/2011	99
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	3681	34.8%	5591	47.9%	1877	20	9432	0	20601	75.3%	79.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					2464	0	15596	365	18425	80.1%	97.1%
TOTALS	3681	34.8%	5591	47.9%	4341	20	25028	365	39026	77.5%	88.9%

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	0	0	0	0	0	0	0	0	0	0
65 to 74	2	0	0	0	0	0	0	2	2	2	4
75 to 84	3	8	0	0	0	0	0	4	3	12	15
85+	4	34	0	0	0	0	1	41	5	75	80
TOTALS	9	42	0	0	0	0	1	47	10	89	99

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 0009310
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	19	0	0	22	0	51
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	47	1	48
TOTALS	10	19	0	0	69	1	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	257	203
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	142	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	51	0	0	48	99
Race Unknown	0	0	0	0	0
Total	51	0	0	48	99

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	51	0	0	48	99
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	48	99

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.50
LPN's	6.00
Certified Aides	45.00
Other Health Staff	23.00
Non-Health Staff	18.00
Totals	107.50

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%	13.3%	0.0%	0.1%	55.7%	100.0%		0.6%
2,346,652	1,010,187	0	4,800	4,222,823	7,584,462	46,116	

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

342

ATTACHMENT - 17G

WOODSTOCK RESIDENCE
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6010136
Health Service Area 006 Planning Service Area 111

Administrator
SAMUEL BIBER

Contact Person and Telephone
SAMUEL BIBER
815-338-1700

Registered Agent Information

Date Completed
2/28/2012

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	8
Mental Illness	1
Developmental Disability	2
Circulatory System	14
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	12
Skin Disorders	4
Muscuio-skeletal Disorders	4
Injuries and Poisonings	10
Other Medical Conditions	1
Non-Medical Conditions	1
TOTALS	89
Total Residents Diagnosed as Mentally Ill	1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	101	115	89	26	29	115
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	115	115	101	115	89	26	29	115

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	87
Total Admissions 2011	122
Total Discharges 2011	120
Residents on 12/31/2011	89
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	3878	36.6%	25015	59.6%	0	331	2974	0	32198	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	3878	36.6%	25015	59.6%	0	331	2974	0	32198	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	5	6	0	0	0	0	0	0	5	6	11
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	9	7	0	0	0	0	0	0	9	7	16
75 to 84	8	21	0	0	0	0	0	0	8	21	29
85+	7	16	0	0	0	0	0	0	7	16	23
TOTALS	34	55	0	0	0	0	0	0	34	55	89

WOODSTOCK RESIDENCE
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6010136
Health Service Area 006 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	62	17	0	0	0	89
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	10	62	17	0	0	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	28.00
Other Health Staff	3.00
Non-Health Staff	30.00
Totals	76.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.8%	51.3%	0.0%	4.3%	10.6%	100.0%		0.0%
1,628,888	2,472,256	0	208,271	513,641	4,823,056	0	

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

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014
Reference Numbers Facility ID 6002976
Health Service Area 008 Planning Service Area 111

Administrator
JOYCE SURDICK

Contact Person and Telephone
JOYCE SURDICK
815-455-0550

Date Completed
2/15/2011

Registered Agent Information
Joyce Surdick
471 W. Terra Cotta Ave
Crystal Lake, IL 60014

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Muscuto-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	41
Total Residents Diagnosed as Mentally Ill	1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	46	46	46	46	41	5	40	8
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	46	46	46	46	41	5	40	8

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	42
Total Admissions 2011	100
Total Discharges 2011	101
Residents on 12/31/2011	41
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	4555	31.2%	2430	83.2%	0	79	7128	16	14208	84.6%	84.6%
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	0	0	0	0.0%	0.0%
TOTALS	4555	31.2%	2430	83.2%	0	79	7128	16	14208	84.6%	84.6%

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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	8	7	0	0	0	0	0	0	8	7	15
85+	6	13	0	0	0	0	0	0	6	13	19
TOTALS	16	25	0	0	0	0	0	0	16	25	41

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014
Reference Numbers Facility ID 6002976
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	6	0	0	19	0	41
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	16	6	0	0	19	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	257	205
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	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	5.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	51.00

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
56.2%	6.2%	0.0%	2.9%	34.7%	100.0%		0.1%
2,448,811	270,438	0	124,347	1,511,994	4,355,592	2,803	

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

CRYSTAL PINES REHAB & HCC
335 NORTH ILLINOIS AVENUE
CRYSTAL LAKE, IL. 60014
Reference Numbers Facility ID 6002299
Health Service Area 008 Planning Service Area 111

Administrator
MICHAEL A. ROSS

Contact Person and Telephone
MICHAEL A. ROSS
815-459-7791

Registered Agent Information
Dan Maher
926 South 7th street
Springfield, IL 62703

Date Completed
3/7/2012

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	44
Non-Medical Conditions	0
TOTALS	104
Total Residents Diagnosed as Mentally Ill	37

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	114	110	109	110	104	10	112	104
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	114	110	109	110	104	10	112	104

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	102
Total Admissions 2011	112
Total Discharges 2011	110
Residents on 12/31/2011	104
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	5270	12.9%	23483	61.9%	2048	206	5714	0	36719	88.2%	91.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5270	12.9%	23483	61.9%	2048	206	5714	0	36719	88.2%	91.5%

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	3	0	0	0	0	0	0	0	3	3
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	8	23	0	0	0	0	0	0	8	23	31
85+	9	46	0	0	0	0	0	0	9	46	55
TOTALS	23	81	0	0	0	0	0	0	23	81	104

CRYSTAL PINES REHAB & HCC
335 NORTH ILLINOIS AVENUE
CRYSTAL LAKE, IL. 60014
Reference Numbers Facility ID 6002299
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	67	8	0	17	0	104
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	67	8	0	17	0	104

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	6.00
Certified Aides	49.00
Other Health Staff	0.00
Non-Health Staff	28.00
Totals	99.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.8%	40.2%	0.0%	1.3%	18.7%	100.0%		0.0%
2,964,603	2,990,604	0	97,307	1,391,032	7,443,546	0	

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

FACILITY NOTES

CHOW 10/28/2010 Change of ownership occurred.

THE SPRINGS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL. 60012
Reference Numbers Facility ID 6011803
Health Service Area 008 Planning Service Area 111

Administrator
STEPHANIE DIMITRENKO

Contact Person and Telephone
STEPHANIE DIMITRENKO
815-477-6400

Registered Agent Information — Date Completed 2/23/2012

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	1
Medicaid Recipient	1
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	3
Endocrine/Metabolic	1
Blood Disorders	7
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	11
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	69
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	97	97	81	97	69	28	97	0
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	97	97	81	07	69	28	97	0

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	64
Total Admissions 2011	525
Total Discharges 2011	520
Residents on 12/31/2011	69
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	12656	35.7%	0	0.0%	0	892	9269	0	22817	64.4%	64.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12656	35.7%	0	0.0%	0	892	9269	0	22817	64.4%	64.4%

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	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	5	5	0	0	0	0	0	0	5	5	10
75 to 84	1	18	0	0	0	0	0	0	1	18	19
85+	14	26	0	0	0	0	0	0	14	26	40
TOTALS	20	49	0	0	0	0	0	0	20	49	69

THE SPRINGS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL. 60012
Reference Numbers Facility ID 6011803
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	0	0	2	26	0	69
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	41	0	0	2	26	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	268	225
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	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	5.00
Certified Aides	24.00
Other Health Staff	7.00
Non-Health Staff	27.00
Totals	74.00

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
73.9%	0.0%	0.0%	4.2%	21.9%	100.0%		0.0%
6,495,975	0	0	370,797	1,925,405	8,792,177	0	

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

ALDEN TERRACE OF MCHENRY REHAB
603 ROYAL DRIVE
MCHENRY, IL 60050
Reference Numbers Facility ID 6008304
Health Service Area 008 Planning Service Area 111

Administrator
Pamela Lamb

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information
Ken Fisch
4200 W. Peterson Avenue
Chicago, IL 60646

Date Completed 3/7/2012

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	138
Non-Medical Conditions	0
TOTALS	194

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	316	238	204	238	194	122	316	316
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	316	238	204	238	194	122	316	316

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	182
Total Admissions 2011	653
Total Discharges 2011	641
Residents on 12/31/2011	194
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	4356	3.8%	56723	49.2%	4172	216	3760	0	69227	60.0%	79.7%
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	4356	3.8%	56723	49.2%	4172	216	3760	0	69227	60.0%	79.7%

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	5	5	0	0	0	0	0	0	5	5	10
45 to 59	10	9	0	0	0	0	0	0	10	9	19
60 to 64	11	9	0	0	0	0	0	0	11	9	20
65 to 74	14	21	0	0	0	0	0	0	14	21	35
75 to 84	17	26	0	0	0	0	0	0	17	26	43
85+	16	51	0	0	0	0	0	0	16	51	67
TOTALS	73	121	0	0	0	0	0	0	73	121	194

ALDEN TERRACE OF MCHENRY REHAB
603 ROYAL DRIVE
MCHENRY, IL 60050
Reference Numbers Facility ID 6008304
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	163	7	3	8	0	194
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	13	163	7	3	8	0	194

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	269	252
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	48	0	0	0	48
Race Unknown	146	0	0	0	146
Total	194	0	0	0	194

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	146	0	0	0	146
Total	194	0	0	0	194

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	12.00
Certified Aides	44.00
Other Health Staff	9.00
Non-Health Staff	32.00
Totals	119.00

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
21.7%	64.2%	5.0%	0.7%	8.4%	100.0%		0.0%
2,290,744	6,772,999	526,635	76,579	882,881	10,549,838	0	

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

SHELTERING OAK
P.O. BOX 387
ISLAND LAKE, IL 60042
Reference Numbers Facility ID 6008565
Health Service Area 008 Planning Service Area 097

Administrator
NICK PAPP

Contact Person and Telephone
NICK PAPP
847-526-3636

Registered Agent Information
John Verchota
444 N. Route 31, Suite 104
Crystal Lake, IL 60012

Date Completed
3/8/2012

FACILITY OWNERSHIP
FOR-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	1
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	1
Circulatory System	13
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59
Total Residents Diagnosed as Mentally Ill	58

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	69	65	69	59	11	0	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	69	65	69	59	11	0	70

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	62
Total Admissions 2011	11
Total Discharges 2011	14
Residents on 12/31/2011	59
Identified Offenders	2

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%	22016	86.2%	0	0	365	0	22381	87.6%	88.9%
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	0	0.0%	22016	86.2%	0	0	365	0	22381	87.6%	88.9%

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	3	1	0	0	0	0	0	0	3	1	4
45 to 59	16	7	0	0	0	0	0	0	16	7	23
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	33	26	0	0	0	0	0	0	33	26	59

SHELTERING OAK
P.O. BOX 387
ISLAND LAKE, IL 60042
Reference Numbers Facility ID 6008565
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	58	0	0	1	0	59
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	58	0	0	1	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	110	100
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	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	55
Race Unknown	3	0	0	0	3
Total	59	0	0	0	59

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	3.00
Certified Aides	10.00
Other Health Staff	4.00
Non-Health Staff	19.00
Totals	41.00

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%	71.3%	0.0%	0.0%	28.7%	100.0%		0.0%
0	1,645,942	0	0	663,054	2,308,996	0	

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

SOUTH ELGIN REHAB & HLTHCARE CT
746 SPRING STREET
SOUTH ELGIN, IL. 60177
Reference Numbers Facility ID 6008718
Health Service Area 008 Planning Service Area 089

Administrator
MARY KARSON

Contact Person and Telephone
MARY KARSON
847-697-0565

Registered Agent Information
Markay L. Snyder
830 West Traiecreek Drive
Peoria, IL 61614

Date Completed
2/18/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	2
Circulatory System	11
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	64
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	90	80	87	80	64	26	14	90
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	90	80	87	80	64	26	14	90

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	57
Total Admissions 2010	77
Total Discharges 2010	70
Residents on 12/31/2010	64
Identified Offenders	4

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2175	42.6%	15154	48.1%	497	163	2610	0	20599	62.7%	70.6%
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	0	0	0	0.0%	0.0%
TOTALS	2175	42.6%	15154	48.1%	497	163	2610	0	20599	62.7%	70.6%

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	3	0	0	0	0	0	0	0	3	0	3
45 to 59	13	7	0	0	0	0	0	0	13	7	20
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	33	31	0	0	0	0	0	0	33	31	64

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

8/11/2011

SOUTH ELGIN REHAB & HLTHCARE CT
746 SPRING STREET
SOUTH ELGIN, IL. 60177
Reference Numbers Facility ID 6008718
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	44	1	3	11	0	64
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	5	44	1	3	11	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	138
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	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	1.00
Certified Aides	11.00
Other Health Staff	1.00
Non-Health Staff	13.00
Totals	35.00

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
40.7%	48.7%	0.0%	2.0%	8.6%	100.0%		0.0%
1,790,992	2,142,585	0	88,534	380,710	4,402,741	0	

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

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

8/11/2011

ATTACHMENT - 17G

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL. 60177
Reference Numbers Facility ID 6003263
Health Service Area 008 **Planning Service Area** 089

Administrator
JEREMY AMSTER

Contact Person and Telephone
CHERYL CARL
847-982-2300

Registered Agent Information
SHELDON WOLFE
7434 SKOKIE BLVD
SKOKIE, IL 60077

Date Completed 2/25/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	5
*Nervous System Non Alzheimer	4
Alzheimer Disease	8
Mental Illness	21
Developmental Disability	0
Circulatory System	35
Respiratory System	25
Digestive System	8
Genitourinary System Disorders	26
Skin Disorders	2
Muscule-skeletal Disorders	5
Injuries and Poisonings	23
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	182
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	206	206	194	206	182	24	206	206
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	206	206	194	206	182	24	206	206

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	191
Total Admissions 2010	134
Total Discharges 2010	143
Residents on 12/31/2010	182
Identified Offenders	2

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6835	9.1%	52013	69.2%	0	0	9889	0	68737	91.4%	91.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6835	9.1%	52013	69.2%	0	0	9889	0	68737	91.4%	91.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	7	16	0	0	0	0	0	0	7	16	23
75 to 84	18	41	0	0	0	0	0	0	18	41	59
85+	21	75	0	0	0	0	0	0	21	75	96
TOTALS	46	136	0	0	0	0	0	0	46	136	182

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL. 60177
Reference Numbers Facility ID 6003263
Health Service Area 008 **Planning Service Area** 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	138	0	0	22	0	182
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	138	0	0	22	0	182

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	160
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	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	176	0	0	0	176
Race Unknown	0	0	0	0	0
Total	182	0	0	0	182
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	10	0	0	0	10
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	0	0	0	0	0
Total	182	0	0	0	182

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	26.00
LPN's	14.00
Certified Aides	85.00
Other Health Staff	2.00
Non-Health Staff	76.00
Totals	204.00

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
28.9%	60.1%	0.0%	0.0%	13.0%	100.0%		0.0%
2,864,904	6,446,800	0	0	1,389,367	10,721,071	0	

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

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123
Reference Numbers Facility ID 6014237
Health Service Area 008 Planning Service Area 089

Administrator
Peggy Aschenbrenner

Contact Person and Telephone
JAN POELKER
314-994-9070, ext. 0026

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

Date Completed
2/28/2011

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	4
*Nervous System Non Alzheimer	7
Alzheimer Disease	22
Mental Illness	4
Developmental Disability	0
Circulatory System	17
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	0
Muscuto-skeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	114
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	139	139	122	139	114	25	48	41
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	139	139	122	139	114	25	48	41

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	111
Total Admissions 2010	535
Total Discharges 2010	532
Residents on 12/31/2010	114
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9662	55.1%	13001	86.9%	0	689	16646	0	39998	78.8%	78.8%
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	9662	55.1%	13001	86.9%	0	689	16646	0	39998	78.8%	78.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	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	7	0	0	0	0	0	0	2	7	9
75 to 84	12	30	0	0	0	0	0	0	12	30	42
85+	9	54	0	0	0	0	0	0	9	54	63
TOTALS	23	91	0	0	0	0	0	0	23	91	114

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123
Reference Numbers Facility ID 6014237
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	35	0	3	45	0	114
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	35	0	3	45	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	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	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	111	0	0	0	111
Total	114	0	0	0	114

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	13.00
Certified Aides	48.00
Other Health Staff	11.00
Non-Health Staff	45.00
Totals	135.00

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
43.5%	17.0%	0.0%	3.1%	36.3%	100.0%		0.0%
3,970,232	1,562,815	0	282,629	3,313,213	9,118,889	0	

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

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123
Reference Numbers Facility ID 6012827
Health Service Area 008 Planning Service Area 089

Administrator
JOSEPH MCMANUS

Contact Person and Telephone
MARY LARIVIERE
224-783-5289

Registered Agent Information

Date Completed
2/28/2011

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	24
Injuries and Poisonings	2
Other Medical Conditions	38
Non-Medical Conditions	0
TOTALS	87

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	112	112	102	112	87	25	54	20
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	112	112	102	112	87	25	54	20

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	75
Total Admissions 2010	847
Total Discharges 2010	835
Residents on 12/31/2010	87
Identified Offenders	1

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13499	66.5%	2372	32.5%	0	1804	12411	10	30096	73.6%	73.6%
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	0	0	0	0.0%	0.0%
TOTALS	13499	66.5%	2372	32.5%	0	1804	12411	10	30096	73.6%	73.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	9	39	0	0	0	0	0	0	9	39	48
TOTALS	22	65	0	0	0	0	0	0	22	65	87

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123
Reference Numbers Facility ID 6012827
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	7	0	8	33	0	87
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	39	7	0	8	33	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	171
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	2.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	87.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
58.0%	3.6%	0.0%	6.9%	31.5%	100.0%		0.1%
5,434,190	338,563	0	649,288	2,951,916	9,373,957	9,033	

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

FACILITY NOTES

Bed Change 8/1/2010 Facility discontinued 8 nursing care beds; facility now has 112 nursing care beds.

MAPLEWOOD CARE
60 NORTH JANE DRIVE
ELGIN, IL. 60123
Reference Numbers Facility ID 6004758
Health Service Area 008 Planning Service Area 089

Administrator
Jamie Lloyd

Contact Person and Telephone
Niki Mehta
847-697-3750

Registered Agent Information

Date Completed
2/24/2011

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	35
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	87
Developmental Disability	1
Circulatory System	23
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	191
Total Residents Diagnosed as Mentally Ill	94

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	198	0	191	12	203	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	198	0	191	12	203	203

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	188
Total Admissions 2010	83
Total Discharges 2010	80
Residents on 12/31/2010	191
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 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	1903	2.6%	64166	86.6%	812	117	1355	0	68353	92.3%	92.3%
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	1903	2.6%	64166	86.6%	812	117	1355	0	68353	92.3%	92.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	4	0	0	0	0	0	0	14	4	18
45 to 59	50	27	0	0	0	0	0	0	50	27	77
60 to 64	18	9	0	0	0	0	0	0	18	9	27
65 to 74	19	22	0	0	0	0	0	0	19	22	41
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	111	80	0	0	0	0	0	0	111	80	191

MAPLEWOOD CARE
60 NORTH JANE DRIVE
ELGIN, IL. 60123
Reference Numbers Facility ID 6004758
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	181	0	2	4	0	191
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	4	181	0	2	4	0	191

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	120
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	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	174	0	0	0	174
Race Unknown	0	0	0	0	0
Total	191	0	0	0	191

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	177	0	0	0	177
Total	191	0	0	0	191

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	5.00
Certified Aides	57.00
Other Health Staff	19.00
Non-Health Staff	51.00
Totals	149.00

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
12.6%	67.8%	1.0%	0.4%	18.2%	100.0%		0.0%
1,086,185	5,856,016	89,832	38,410	1,570,145	8,642,588	0	

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

ASTA CARE CENTER OF ELGIN
134 NORTH MCLEAN BOULEVARD
ELGIN, IL. 60123
Reference Numbers Facility ID 6005847
Health Service Area 008 Planning Service Area 089

Administrator
Jack Siegel

Contact Person and Telephone
Jack Siegel
847-742-8822

Registered Agent Information
Seth Gillman
134 N.McLean Blv
ELGIN, IL 60123

Date Completed 2/25/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	10
Mental Illness	2
Developmental Disability	0
Circulatory System	6
Respiratory System	13
Digestive System	11
Genitourinary System Disorders	9
Skin Disorders	4
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86
Total Residents Diagnosed as Mentally Ill	24

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	102	99	97	99	86	16	52	102
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	102	99	97	99	86	16	52	102

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	87
Total Admissions 2010	96
Total Discharges 2010	97
Residents on 12/31/2010	86
Identified Offenders	2

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4877	25.7%	21882	58.8%	2763	911	1450	0	31883	85.6%	88.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4877	25.7%	21882	58.8%	2763	911	1450	0	31883	85.6%	88.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	3	0	0	0	0	0	0	6	3	9
45 to 59	13	7	0	0	0	0	0	0	13	7	20
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	10	8	0	0	0	0	0	0	10	8	18
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	47	39	0	0	0	0	0	0	47	39	86

ASTA CARE CENTER OF ELGIN
134 NORTH MCLEAN BOULEVARD
ELGIN, IL. 60123
Reference Numbers Facility ID 6005847
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	63	0	3	6	0	86
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	63	0	3	6	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	33.00
Other Health Staff	4.00
Non-Health Staff	38.00
Totals	90.00

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
26.0%	63.6%	0.0%	6.5%	3.9%	100.0%		0.0%
1,484,701	3,504,782	0	304,590	218,846	5,510,919	0	

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

APOSTOLIC CHRISTIAN RESTHAVEN
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124
Reference Numbers Facility ID 6000392
Health Service Area 008 Planning Service Area 089

Administrator
David G. Stieglitz

Contact Person and Telephone
DAVID STIEGLITZ
847-741-4543

Registered Agent Information
David G. Stieglitz
5N568 Meadowview Ln
St. Charles, IL. 60175

Date Completed
2/24/2011

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	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	17
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45
Total Residents Diagnosed as Mentally Ill	17

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	50	50	49	50	45	5	0	50
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	50	50	49	50	45	5	0	50

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	47
Total Admissions 2010	22
Total Discharges 2010	24
Residents on 12/31/2010	45
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	4678	25.6%	0	0	12349	0	17027	93.3%	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	0	0.0%	4678	25.6%	0	0	12349	0	17027	93.3%	93.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	8	37	0	0	0	0	0	0	8	37	45

APOSTOLIC CHRISTIAN RESTHAVEN
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124
Reference Numbers Facility ID 6000392
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	11	0	0	34	0	45
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	11	0	0	34	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	173
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	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.40
LPN's	3.80
Certified Aides	27.10
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	65.30

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%	21.9%	0.0%	0.0%	78.1%	100.0%		0.0%
0	646,397	0	0	2,302,782	2,949,179	0	

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

MANOR CARE OF ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123
Reference Numbers Facility ID 6000277
Health Service Area 008 Planning Service Area 089

Administrator
Pam Crenshaw

Contact Person and Telephone
PAM CRENSHAW
847-742-3310

Registered Agent Information — Date Completed 2/21/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	19
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71
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	88	82	82	81	71	17	88	61
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	88	82	82	81	71	17	88	61

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	74
Total Admissions 2010	224
Total Discharges 2010	227
Residents on 12/31/2010	71
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4972	15.5%	18617	83.6%	0	1645	909	0	26143	81.4%	87.3%
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	4972	15.5%	18617	83.6%	0	1645	909	0	26143	81.4%	87.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	10	13	0	0	0	0	0	0	10	13	23
85+	7	17	0	0	0	0	0	0	7	17	24
TOTALS	27	44	0	0	0	0	0	0	27	44	71

MANOR CARE OF ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123
Reference Numbers Facility ID 6000277
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	54	0	2	4	0	71
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	11	54	0	2	4	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	254	227
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	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	71	0	0	0	71

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	10.00
Certified Aides	34.00
Other Health Staff	15.00
Non-Health Staff	40.00
Totals	118.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.0%	38.9%	3.0%	8.3%	3.8%	100.0%		0.0%
2,665,270	2,270,472	177,784	483,800	223,179	5,840,505	259	

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

HERITAGE MANOR ELGIN LLC
355 RAYMOND STREET
ELGIN, IL. 60120
Reference Numbers Facility ID 6006902
Health Service Area 008 Planning Service Area 089

Administrator
LINDA S. HARTMANN

Contact Person and Telephone
LINDA S. HARTMANN
847-607-6638

Registered Agent Information

Date Completed
2/18/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	37
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	11
Skin Disorders	1
Muscuto-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	79
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	94	94	83	94	79	15	94	94
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	94	94	83	94	79	15	94	94

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	79
Total Admissions 2010	68
Total Discharges 2010	68
Residents on 12/31/2010	79
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4157	12.1%	20137	58.7%	0	0	3093	0	27387	79.8%	79.8%
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	4157	12.1%	20137	58.7%	0	0	3093	0	27387	79.8%	79.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	22	0	0	0	0	0	0	6	22	28
85+	9	37	0	0	0	0	0	0	9	37	46
TOTALS	17	62	0	0	0	0	0	0	17	62	79

HERITAGE MANOR ELGIN LLC
355 RAYMOND STREET
ELGIN, IL. 60120
Reference Numbers Facility ID 6006902
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	56	0	0	8	0	79
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	56	0	0	8	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	170
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	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	4.00
Certified Aides	38.00
Other Health Staff	18.00
Non-Health Staff	11.00
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
41.2%	46.5%	0.0%	0.0%	12.4%	100.0%		0.0%
2,282,041	2,574,723	0	0	685,928	5,542,691	0	

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

ALDEN-POPLAR CREEK REHAB &CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60194
Reference Numbers Facility ID 6001368
Health Service Area 007 Planning Service Area 701

Administrator
Jeff Russell

Contact Person and Telephone
CHRIS REINHOFER
773-288-3683

Registered Agent Information
Ken Fisch
4200 W Peterson Ave, Suite 140
Chicago, IL 60646

Date Completed 2/26/2011

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 85 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	22
Alzheimer Disease	32
Mental Illness	7
Developmental Disability	3
Circulatory System	20
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	64
Injuries and Poisonings	17
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	188
Total Residents Diagnosed as Mentally Ill	12

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	217	198	188	198	188	29	217	217
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	217	198	188	198	188	29	217	217

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	163
Total Admissions 2010	689
Total Discharges 2010	664
Residents on 12/31/2010	188
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12120	15.3%	41273	52.1%	2972	1817	4089	0	62271	78.6%	87.0%
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	12120	15.3%	41273	52.1%	2972	1817	4089	0	62271	78.6%	87.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	15	24	0	0	0	0	0	0	15	24	39
75 to 84	20	39	0	0	0	0	0	0	20	39	59
85+	19	56	0	0	0	0	0	0	19	56	75
TOTALS	60	128	0	0	0	0	0	0	60	128	188

ALDEN-POPLAR CREEK REHAB &CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60194
Reference Numbers Facility ID 6001368
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	123	7	5	18	0	188
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	35	123	7	5	18	0	188

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	288	279
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	6	0	0	0	6
Amer. Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	169	0	0	0	169
Race Unknown	7	0	0	0	7
Total	188	0	0	0	188

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	7	0	0	0	7
Total	188	0	0	0	188

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.80
LPN's	13.94
Certified Aides	51.16
Other Health Staff	2.00
Non-Health Staff	42.10
Totals	128.00

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
44.8%	39.1%	2.8%	5.3%	7.9%	100.0%		0.0%
6,376,023	5,563,812	400,211	757,176	1,123,012	14,220,238	0	

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

FLORENCE NURSING HOME
546 EAST GRANT HIGHWAY
MARENGO, IL. 60152
Reference Numbers Facility ID 6003160
Health Service Area 008 Planning Service Area 111

Administrator
KATHI MILLER

Contact Person and Telephone
KATHI MILLER
815-568-8322

Registered Agent Information
ABRAHAM STERN

Chicago, IL 60645

Date Completed
2/28/2011

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Muscuto-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	49
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	52	52	50	52	49	3	27	34
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	52	52	50	52	49	3	27	34

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	48
Total Admissions 2010	101
Total Discharges 2010	98
Residents on 12/31/2010	49
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3456	35.1%	3041	24.5%	0	0	10704	0	17201	90.6%	90.6%
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	0	0	0	0.0%	0.0%
TOTALS	3456	35.1%	3041	24.5%	0	0	10704	0	17201	90.6%	90.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	6	6	0	0	0	0	0	0	6	5	11
85+	10	23	0	0	0	0	0	0	10	23	33
TOTALS	19	30	0	0	0	0	0	0	19	30	49

FLORENCE NURSING HOME
546 EAST GRANT HIGHWAY
MARENGO, IL. 60152
Reference Numbers Facility ID 6003160
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	9	0	0	28	0	49
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	9	0	0	28	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

ETHNICITY	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	18.00
Other Health Staff	3.00
Non-Health Staff	11.00
Totals	42.00

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
45.6%	10.6%	0.0%	0.0%	43.8%	100.0%		0.0%
1,655,067	383,629	0	0	1,588,344	3,627,040	0	

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

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6009542
Health Service Area 008 Planning Service Area 111

Administrator
THOMAS ANNARELLA

Contact Person and Telephone
SHELLY LUNSFORD
815-334-2808

Registered Agent Information

Date Completed
3/1/2011

FACILITY OWNERSHIP
COUNTY

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	0
Circulatory System	30
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	9
Other Medical Conditions	24
Non-Medical Conditions	32
TOTALS	125
Total Residents Diagnosed as Mentally Ill	74

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	128	128	128	128	125	3	128	128
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	128	128	128	128	125	3	128	128

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	123
Total Admissions 2010	54
Total Discharges 2010	52
Residents on 12/31/2010	125
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4054	8.7%	29815	63.8%	2426	0	8691	0	44986	96.3%	96.3%
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	4054	8.7%	29815	63.8%	2426	0	8691	0	44986	96.3%	96.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	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	2	0	0	0	0	0	0	1	2	3
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	4	25	0	0	0	0	0	0	4	25	29
85+	5	83	0	0	0	0	0	0	5	83	88
TOTALS	12	113	0	0	0	0	0	0	12	113	125

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6009542
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	71	8	0	36	0	125
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	10	71	8	0	36	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	195
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	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	122	0	0	0	122
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.40
LPN's	8.43
Certified Aides	50.25
Other Health Staff	4.73
Non-Health Staff	47.84
Totals	132.65

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
24.4%	53.0%	3.8%	0.0%	18.8%	100.0%		0.0%
2,074,865	4,498,902	319,573	0	1,594,722	8,488,054	0	

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

CENTEGRA SPECIALTY HOSPITAL WOODSTOCK
527 WEST SOUTH STREET
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6013981
Health Service Area 008 Planning Service Area 111

Administrator
Michael S. Easley

Contact Person and Telephone
AMBER DEAN
1-815-334-5076

Registered Agent Information — Date Completed 2/25/2011

FACILITY OWNERSHIP
HOSPITAL DISTRICT

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	5
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	40	30	28	30	18	22	40	0
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	40	30	28	30	18	22	40	0

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	13
Total Admissions 2010	669
Total Discharges 2010	664
Residents on 12/31/2010	18
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6156	42.2%	0	0.0%	0	1419	17	98	7690	52.7%	70.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6156	42.2%	0	0.0%	0	1419	17	98	7690	52.7%	70.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	5	2	0	0	0	0	0	0	5	2	7
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	3	1	0	0	0	0	0	0	3	1	4
TOTALS	12	6	0	0	0	0	0	0	12	6	18

CENTEGRA SPECIALTY HOSPITAL WOODSTOCK
527 WEST SOUTH STREET
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6013981
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	0	0	4	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	14	0	0	4	0	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	718	718
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	22.00
LPN's	0.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	3.00
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.

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6009310
Health Service Area 008 Planning Service Area 111

Administrator
Richard A. Curtis

Contact Person and Telephone
RICHARD A. CURTIS
815-338-1749

Date Completed
2/28/2011

Registered Agent Information
Terrance P Egan
920 N Seminary Avenue
Woodstock, IL 60098

FACILITY OWNERSHIP
NON-PROF CORPORATION

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	16
Mental Illness	33
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Muscuto-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	98
Total Residents Diagnosed as Mentally Ill	44

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	75	71	68	71	55	20	29	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	63	52	49	52	43	20		
TOTAL BEDS	138	123	115	123	98	40	29	32

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	101
Total Admissions 2010	175
Total Discharges 2010	178
Residents on 12/31/2010	98
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3812	38.0%	7089	60.7%	0	16	10044	0	20961	76.6%	80.6%
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					2628	0	12993	365	16186	70.4%	85.3%
TOTALS	3812	38.0%	7089	60.7%	2628	16	23037	365	37147	73.7%	82.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	1	0	0	0	0	0	0	1	1	1	2
75 to 84	3	10	0	0	0	0	0	5	3	15	18
85+	4	37	0	0	0	0	1	35	5	72	77
TOTALS	8	47	0	0	0	0	1	42	9	89	98

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

8/11/2011

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6009310
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	19	0	0	27	0	55
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			7	0	36	0	43
TOTALS	9	19	7	0	63	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	247	197
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	131	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	55	0	0	43	98
Race Unknown	0	0	0	0	0
Total	55	0	0	43	98
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	43	98
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	43	98

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.59
LPN's	9.22
Certified Aides	41.96
Other Health Staff	23.34
Non-Health Staff	16.71
Totals	101.81

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
19.2%	14.7%	0.0%	0.0%	66.0%	100.0%		0.7%
1,316,160	1,008,420	0	0	4,519,001	6,843,581	44,767	

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

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

8/11/2011

ATTACHMENT - 17G

WOODSTOCK RESIDENCE
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6010138
Health Service Area 008 Planning Service Area 111

Administrator
Samuel Biber

Contact Person and Telephone
SAMUEL BIBER
815-338-1700

Registered Agent Information — Date Completed 2/24/2011

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	9
Mental Illness	2
Developmental Disability	1
Circulatory System	15
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	13
Skin Disorders	2
Muscuto-skeletal Disorders	4
Injuries and Poisonings	9
Other Medical Conditions	2
Non-Medical Conditions	2
TOTALS	86
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	115	115	87	115	86	29	29	115
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	115	115	87	115	86	29	29	115

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	77
Total Admissions 2010	122
Total Discharges 2010	113
Residents on 12/31/2010	86
Identified Offenders	2

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3569	33.7%	20171	48.1%	1675	171	2776	0	28362	67.6%	67.6%
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	0	0	0	0.0%	0.0%
TOTALS	3569	33.7%	20171	48.1%	1675	171	2776	0	28362	67.6%	67.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	10	17	0	0	0	0	0	0	10	17	27
TOTALS	36	50	0	0	0	0	0	0	36	50	86

WOODSTOCK RESIDENCE
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6010138
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	55	0	1	20	0	86
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	55	0	1	20	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	180
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	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	8.50
Certified Aides	25.00
Other Health Staff	2.00
Non-Health Staff	32.50
Totals	75.50

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
31.2%	45.5%	2.9%	8.3%	12.1%	100.0%		0.0%
1,230,528	1,793,932	113,791	326,377	477,358	3,941,980	0	

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

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014
Reference Numbers Facility ID 6002976
Health Service Area 008 Planning Service Area 111

Administrator
Joyce Surdick

Contact Person and Telephone
JOYCE SURDICK
815-455-0550

Registered Agent Information
Joyce Surdick
471 W. Terra Cotta Ave.
Crystal Lake, IL 60014

Date Completed 3/7/2011

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	6
Mental Illness	9
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 9

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	46	46	46	46	42	4	40	8
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	46	46	46	46	42	4	40	8

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	41
Total Admissions 2010	74
Total Discharges 2010	73
Residents on 12/31/2010	42
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4036	27.6%	2970	101.7%	0	23	7958	200	15187	90.5%	90.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4036	27.6%	2970	101.7%	0	23	7958	200	15187	90.5%	90.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
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	2	3	0	0	0	0	0	0	2	3	5
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	13	29	0	0	0	0	0	0	13	29	42

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014
Reference Numbers Facility ID 6002976
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	8	0	0	25	0	42
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	9	8	0	0	25	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	247	197
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	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	50.00

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
50.1%	8.7%	0.0%	0.0%	41.2%	100.0%		1.0%
1,998,730	348,239	0	0	1,640,603	3,985,572	39,437	

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

CRYSTAL PINES REHAB & HCC
335 NORTH ILLINOIS AVENUE
CRYSTAL LAKE, IL. 60014
Reference Numbers Facility ID 6002299
Health Service Area 008 Planning Service Area 111

Administrator
IRENE GLASS

Contact Person and Telephone
IRENE GLASS
815-459-7791

Registered Agent Information — Date Completed 2/28/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	19
Digestive System	15
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	31
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	101
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	114	110	107	110	101	13	112	104
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	114	110	107	110	101	13	112	104

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	101
Total Admissions 2010	176
Total Discharges 2010	176
Residents on 12/31/2010	101
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4940	12.1%	24057	63.4%	0	514	7875	0	37386	89.6%	93.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4940	12.1%	24057	63.4%	0	514	7875	0	37386	89.6%	93.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	10	53	0	0	0	0	0	0	10	53	63
TOTALS	22	79	0	0	0	0	0	0	22	79	101

CRYSTAL PINES REHAB & HCC
335 NORTH ILLINOIS AVENUE
CRYSTAL LAKE, IL. 60014
Reference Numbers Facility ID 6002299
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	58	0	5	26	0	101
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	58	0	5	26	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKUnd22	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	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

ETHNICITY	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	7.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	107.00

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
32.3%	48.7%	0.0%	2.2%	16.8%	100.0%		0.0%
2,239,901	3,378,933	0	153,920	1,169,108	6,941,862	0	

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

FACILITY NOTES

CHOW 10/28/2010 Change of ownership occurred.

FOUNTAINS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL. 60012
Reference Numbers Facility ID 6011803
Health Service Area 008 Planning Service Area 111

Administrator
Stephanie Dimitrenko

Contact Person and Telephone
STEPHANIE DIMITRENKO
815-477-6400

Registered Agent Information

Data Completed
2/15/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	65
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	97	97	86	97	65	32	97	0
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	97	97	86	97	65	32	97	0

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	60
Total Admissions 2010	704
Total Discharges 2010	699
Residents on 12/31/2010	65
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14073	39.7%	0	0.0%	0	4641	8577	0	27291	77.1%	77.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14073	39.7%	0	0.0%	0	4641	8577	0	27291	77.1%	77.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	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	7	5	0	0	0	0	0	0	7	5	12
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	13	15	0	0	0	0	0	0	13	15	28
TOTALS	27	38	0	0	0	0	0	0	27	38	65

FOUNTAINS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL. 60012
Reference Numbers Facility ID 6011803
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	0	0	4	22	0	65
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	39	0	0	4	22	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	269	210
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

ETHNICITY	Nursing	Skl/Und22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	6.00
Certified Aides	24.00
Other Health Staff	5.00
Non-Health Staff	26.00
Totals	76.00

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
77.2%	0.0%	0.0%	3.4%	19.4%	100.0%		0.0%
6,733,603	0	0	297,189	1,689,722	8,720,514	0	

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

SOUTH ELGIN REHAB & HLTHCARE CT
748 SPRING STREET
SOUTH ELGIN, IL. 60177
Reference Numbers Facility ID 6008718
Health Service Area 008 Planning Service Area 089

Administrator
MARY KARSON

Contact Person and Telephone
MARY KARSON
847-697-0585

Date Completed
5/13/2010

Registered Agent Information
MARIKAY SNYDER
830 W TRAILCREEK DR
PEORIA, IL 61614

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	1
Circulatory System	3
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	4
Muscuio-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	10
TOTALS	57

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	90	88	61	88	57	33	14	90
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	90	88	61	88	57	33	14	90

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	49
Total Admissions 2009	91
Total Discharges 2009	83
Residents on 12/31/2009	57
Identified Offenders	2

FACILITY UTILIZATION - 2009
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	2210	43.2%	13958	42.5%	690	46	3233	0	20139	61.3%	62.7%
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	2210	43.2%	13958	42.5%	690	46	3233	0	20139	61.3%	62.7%

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	0	0	0	0	1	0	1
45 to 59	11	8	0	0	0	0	0	0	11	8	19
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	1	9	0	0	0	0	0	0	1	9	10
TOTALS	25	32	0	0	0	0	0	0	25	32	57

SOUTH ELGIN REHAB & HLTHCARE CT
748 SPRING STREET
SOUTH ELGIN, IL. 60177
Reference Numbers Facility ID 6008718
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	36	4	0	7	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	10	36	4	0	7	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	138
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	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	55	0	0	0	55
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	5.00
LPN's	0.00
Certified Aides	16.00
Other Health Staff	3.00
Non-Health Staff	13.00
Totals	39.00

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
40.1%	47.3%	0.2%	0.7%	11.6%	100.0%		0.0%
1,616,232	1,907,708	9,458	29,163	468,084	4,030,663	0	

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

367

ATTACHMENT - 17G

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL. 60177
Reference Numbers Facility ID 6003263
Health Service Area 008 Planning Service Area 089

Administrator
JEREMY AMSTER

Contact Person and Telephone
CHERYL CARL
847-982-2300

Date Completed
5/5/2010

Registered Agent Information
SHELDON WOLFE
7434 N. SKOKIE BLVD.
SKOKIE, IL 60077

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	1

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	10
Mental Illness	27
Developmental Disability	0
Circulatory System	36
Respiratory System	23
Digestive System	14
Genitourinary System Disorders	20
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	27
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	191
Total Residents Diagnosed as Mentally Ill	40

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	206	206	195	205	191	15	206	206
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	206	206	195	206	191	15	206	206

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	183
Total Admissions 2009	141
Total Discharges 2009	133
Residents on 12/31/2009	191
Identified Offenders	1

FACILITY UTILIZATION - 2009
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	7098	9.4%	47092	62.6%	0	0	13943	0	68133	90.6%	90.6%
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	0	0	0	0.0%	0.0%
TOTALS	7098	9.4%	47092	62.6%	0	0	13943	0	68133	90.6%	90.6%

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	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	4	0	0	0	0	0	0	0	4	4
65 to 74	8	13	0	0	0	0	0	0	8	13	21
75 to 84	19	48	0	0	0	0	0	0	19	48	67
85+	23	75	0	0	0	0	0	0	23	75	98
TOTALS	51	140	0	0	0	0	0	0	51	140	191

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL. 60177
Reference Numbers Facility ID 6003263
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	141	0	0	34	0	191
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	16	141	0	0	34	0	191

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	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	189	0	0	0	189
Race Unknown	0	0	0	0	0
Total	191	0	0	0	191

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
Total	191	0	0	0	191

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	10.00
Certified Aides	53.00
Other Health Staff	0.00
Non-Health Staff	62.00
Totals	141.00

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
18.8%	38.8%	0.0%	0.0%	42.4%	100.0%		0.0%
2,342,406	4,846,088	0	0	5,285,282	12,473,774	0	

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

368

ATTACHMENT - 17G

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123
Reference Numbers Facility ID 6014237
Health Service Area 008 Planning Service Area 089

Administrator
Peggy Aschenbrenner

Contact Person and Telephone
JAN POELKER
314-994-8070, ext. 9025

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

Date Completed
4/30/2010

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	15
Mental Illness	1
Developmental Disability	0
Circulatory System	29
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	5
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	111
Total Residents Diagnosed as Mentally Ill	15

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	139	139	123	139	111	28	48	41
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	139	139	123	139	111	28	48	41

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	117
Total Admissions 2009	439
Total Discharges 2009	445
Residents on 12/31/2009	111
Identified Offenders	0

FACILITY UTILIZATION - 2009
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	8555	49.4%	13029	87.1%	0	719	18251	0	40554	80.1%	80.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8555	49.4%	13029	87.1%	0	719	18251	0	40554	80.1%	80.1%

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	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	15	25	0	0	0	0	0	0	15	25	40
85+	9	51	0	0	0	0	0	0	9	51	60
TOTALS	29	82	0	0	0	0	0	0	29	82	111

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123
Reference Numbers Facility ID 6014237
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	35	0	1	49	0	111
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	35	0	1	49	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	166	138
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	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	13.00
Certified Aides	49.00
Other Health Staff	13.00
Non-Health Staff	44.00
Totals	138.00

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%	17.9%	0.0%	3.6%	36.8%	100.0%		0.0%
3,721,916	1,589,362	0	318,800	3,270,125	8,898,202	0	

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

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123
Reference Numbers Facility ID 6012627
Health Service Area 008 Planning Service Area 089

Administrator
JOSEPH MCMANUS

Contact Person and Telephone
MARY LARIVIERE
224-783-5201

Registered Agent Information

Date Completed
5/5/2010

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	9
Injuries and Poisonings	7
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	75
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	120	120	99	120	75	45	54	20
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	99	120	75	45	54	20

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	89
Total Admissions 2009	549
Total Discharges 2009	563
Residents on 12/31/2009	75
Identified Offenders	1

FACILITY UTILIZATION - 2009
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	11775	59.7%	3336	45.7%	0	1017	13842	7	29977	68.4%	68.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11775	59.7%	3336	45.7%	0	1017	13842	7	29977	68.4%	68.4%

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	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	4	3	0	0	0	0	0	0	4	3	7
75 to 84	10	16	0	0	0	0	0	0	10	16	26
85+	9	31	0	0	0	0	0	0	9	31	40
TOTALS	24	51	0	0	0	0	0	0	24	51	75

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123
Reference Numbers Facility ID 6012627
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	6	0	4	34	0	75
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	6	0	4	34	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	196	166
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.	1	0	0	0	1
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	2	0	0	0	2
Non-Hispanic	73	0	0	0	73
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	2.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	89.00

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
67.0%	5.8%	0.0%	5.1%	22.2%	100.0%		0.0%
8,748,903	751,335	0	664,103	2,900,708	13,065,052	883	

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

MAPLEWOOD CARE
50 NORTH JANE DRIVE
ELGIN, IL. 60123
Reference Numbers Facility ID 6004758
Health Service Area 008 Planning Service Area 089

Administrator
Jamie Lloyd

Contact Person and Telephone
Jamie Lloyd
847-697-3750

Registered Agent Information
Eric Rothner
2201 Main St.
Evanston, IL 60202

Date Completed 5/5/2010

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	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	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	65
Mental Illness	84
Developmental Disability	0
Circulatory System	26
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscuo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	185
Total Residents Diagnosed as Mentally Ill	120

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	203	203	198	203	185	18	203	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	198	203	185	18	203	203

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	188
Total Admissions 2009	73
Total Discharges 2009	76
Residents on 12/31/2009	185
Identified Offenders	7

FACILITY UTILIZATION - 2009
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	1706	2.3%	64626	87.2%	0	0	1816	0	68148	92.0%	92.0%
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	1706	2.3%	64626	87.2%	0	0	1816	0	68148	92.0%	92.0%

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	16	5	0	0	0	0	0	0	16	5	21
45 to 59	37	29	0	0	0	0	0	0	37	29	66
60 to 64	18	13	0	0	0	0	0	0	18	13	31
65 to 74	21	16	0	0	0	0	0	0	21	16	37
75 to 84	12	10	0	0	0	0	0	0	12	10	22
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	107	78	0	0	0	0	0	0	107	78	185

MAPLEWOOD CARE
50 NORTH JANE DRIVE
ELGIN, IL. 60123
Reference Numbers Facility ID 6004758
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	181	0	0	2	0	185
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	181	0	0	2	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	135
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	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	165	0	0	0	165
Race Unknown	0	0	0	0	0
Total	185	0	0	0	185

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	170	0	0	0	170
Ethnicity Unknown	0	0	0	0	0
Total	185	0	0	0	185

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	5.00
Certified Aides	43.00
Other Health Staff	0.00
Non-Health Staff	72.00
Totals	135.00

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
11.3%	68.4%	0.7%	0.6%	19.0%	100.0%		0.0%
974,339	5,919,613	61,360	53,019	1,649,141	8,657,472	0	

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

ASTA CARE CENTER OF ELGIN
134 NORTH MCLEAN BOULEVARD
ELGIN, IL. 60123

Reference Numbers Facility ID 6005847
Health Service Area 006 Planning Service Area 089

Administrator
David Meisolman

Contact Person and Telephone
DAVID MEISELMAN
847-742-8822

Registered Agent Information
Seth Gillman
134 N. Mc Lean Blv.
Elgin, IL 60123

Date Completed
5/5/2010

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	22
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	10
Mental Illness	10
Developmental Disability	1
Circulatory System	0
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	87
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	102	99	97	99	87	15	52	102
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	102	99	97	99	87	15	52	102

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	89
Total Admissions 2009	55
Total Discharges 2009	57
Residents on 12/31/2009	87
Identified Offenders	5

FACILITY UTILIZATION - 2009
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	3926	20.7%	22865	61.4%	2220	1471	1177	0	31659	85.0%	87.6%
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	0	0	0	0.0%	0.0%
TOTALS	3926	20.7%	22865	61.4%	2220	1471	1177	0	31659	85.0%	87.6%

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	7	2	0	0	0	0	0	0	7	2	9
45 to 59	13	11	0	0	0	0	0	0	13	11	24
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	8	6	0	0	0	0	0	0	8	6	14
85+	5	8	0	0	0	0	0	0	5	8	13
TOTALS	44	43	0	0	0	0	0	0	44	43	87

ASTA CARE CENTER OF ELGIN
134 NORTH MCLEAN BOULEVARD
ELGIN, IL. 60123

Reference Numbers Facility ID 6005847
Health Service Area 006 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	68	3	2	4	0	87
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	10	68	3	2	4	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pac. Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	1	0	0	0	1
Total	87	0	0	0	87

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	25.00
Other Health Staff	4.00
Non-Health Staff	38.00
Totals	82.00

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
26.9%	63.6%	0.0%	5.5%	3.9%	100.0%		0.0%
1,484,701	3,504,782	0	304,590	216,846	5,510,919	0	

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

372

ATTACHMENT - 17G

APOSTOLIC CHRISTIAN RESTHAVEN
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124
Reference Numbers Facility ID 0000392
Health Service Area 008 Planning Service Area 089

Administrator
David G. Stieglitz

Contact Person and Telephone
DAVID STIEGLITZ
847-741-4543

Registered Agent Information
David G. Stieglitz
5N508 Meadowview Ln
St. Charles, IL 60175

Date Completed
4/19/2010

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	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	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	18
Developmental Disability	0
Circulatory System	10
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	47
Total Residents Diagnosed as Mentally Ill	18

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	50	50	50	50	47	3	0	50
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	50	50	50	50	47	3	0	50

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	49
Total Admissions 2009	18
Total Discharges 2009	18
Residents on 12/31/2009	47
Identified Offenders	0

FACILITY UTILIZATION - 2009
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%	6416	35.2%	0	0	11422	0	17838	97.7%	97.7%
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	0	0.0%	6416	35.2%	0	0	11422	0	17838	97.7%	97.7%

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	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	0	0	2	2
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	7	28	0	0	0	0	0	0	7	28	35
TOTALS	10	37	0	0	0	0	0	0	10	37	47

Source:Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

10/8/2010

APOSTOLIC CHRISTIAN RESTHAVEN
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124
Reference Numbers Facility ID 0000392
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	15	0	0	32	0	47
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	15	0	0	32	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	191	168
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	47	0	0	0	47
Race Unknown	0	0	0	0	0
Total	47	0	0	0	47

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	47	0	0	0	47

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	5.00
Certified Aides	32.00
Other Health Staff	1.00
Non-Health Staff	28.00
Totals	78.00

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%	29.1%	0.0%	0.0%	70.9%	100.0%		0.0%
0	877,559	0	0	2,134,035	3,011,594	0	

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

Source:Long-Term Care Facility Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development

10/8/2010

ATTACHMENT - 17G

MANOR CARE OF ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123
Reference Numbers Facility ID 6000277
Health Service Area 008 Planning Service Area 089

Administrator
Pam Crenshaw

Contact Person and Telephone
PAM CRENSHAW
847-742-3310

Registered Agent Information

Date Completed
5/12/2010

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	30
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	23
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	72

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	88	82	77	82	72	16	88	81
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	88	82	77	82	72	16	88	81

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	70
Total Admissions 2009	244
Total Discharges 2009	242
Residents on 12/31/2009	72
Identified Offenders	0

FACILITY UTILIZATION - 2009
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	5749	17.9%	19434	67.3%	0	1202	720	0	27105	84.4%	90.8%
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	5749	17.9%	19434	67.3%	0	1202	720	0	27105	84.4%	90.8%

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	3	0	0	0	0	0	0	1	3	4
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	10	4	0	0	0	0	0	0	10	4	14
75 to 84	11	8	0	0	0	0	0	0	11	8	19
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	31	41	0	0	0	0	0	0	31	41	72

MANOR CARE OF ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123
Reference Numbers Facility ID 6000277
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	55	0	2	3	0	72
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	55	0	2	3	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	227
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	72	0	0	0	72

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	7.00
Certified Aides	27.00
Other Health Staff	11.00
Non-Health Staff	8.00
Totals	69.00

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
52.7%	27.4%	1.9%	7.8%	10.2%	100.0%		0.0%
3,321,639	1,729,844	118,213	490,639	641,125	6,301,860	0	

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

HERITAGE MANOR ELGIN LLC
355 RAYMOND STREET
ELGIN, IL. 60120
Reference Numbers Facility ID 6006002
Health Service Area 008 Planning Service Area 089

Administrator
LINDA S. HARTMANN

Contact Person and Telephone
LINDA S. HARTMANN
847-697-6030

Registered Agent Information — Date Completed 4/14/2010

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	8
Skin Disorders	1
Muscuin-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	78
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	94	94	85	94	78	16	94	94
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	94	94	85	94	78	16	94	94

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	76
Total Admissions 2009	187
Total Discharges 2009	185
Residents on 12/31/2009	78
Identified Offenders	0

FACILITY UTILIZATION - 2009
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	3964	11.6%	21983	64.0%	0	0	2805	0	28732	83.7%	83.7%
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	3964	11.6%	21983	64.0%	0	0	2805	0	28732	83.7%	83.7%

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	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	1	0	0	0	0	0	0	0	1	1
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	7	25	0	0	0	0	0	0	7	25	32
85+	7	33	0	0	0	0	0	0	7	33	40
TOTALS	17	61	0	0	0	0	0	0	17	61	78

HERITAGE MANOR ELGIN LLC
355 RAYMOND STREET
ELGIN, IL. 60120
Reference Numbers Facility ID 6006002
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	50	0	0	13	0	78
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	50	0	0	13	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	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	6	0	0	0	6
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	0	71
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	4.00
Certified Aides	34.00
Other Health Staff	15.00
Non-Health Staff	11.00
Totals	80.00

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
40.4%	48.0%	0.0%	0.0%	10.6%	100.0%		0.0%
2,282,921	2,762,488	0	0	599,334	5,644,742	0	

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

375

ATTACHMENT - 17G

ALDEN-POPLAR CREEK REHAB &CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60194
Reference Numbers Facility ID 6001366
Health Service Area 007 Planning Service Area 701

Administrator
Jeff Russell

Contact Person and Telephone
CHRIS REINHOFER
773-289-3883

Date Completed
5/7/2010

Registered Agent Information
Ken Fisch
4200 W Peterson Ave, Suite 140
Chicago, IL 60646

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	20
Alzheimer Disease	22
Mental Illness	7
Developmental Disability	3
Circulatory System	17
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	58
Injuries and Poisonings	16
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	163
Total Residents Diagnosed as Mentally Ill	12

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	217	196	176	196	163	54	217	217
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	217	196	176	196	163	54	217	217

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	171
Total Admissions 2009	817
Total Discharges 2009	826
Residents on 12/31/2009	163
Identified Offenders	0

FACILITY UTILIZATION - 2009
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	11902	15.0%	42778	54.0%	0	1418	5024	0	61122	77.2%	85.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11902	15.0%	42778	54.0%	0	1418	5024	0	61122	77.2%	85.4%

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	0	1	0	0	0	0	0	0	0	1	1
45 to 59	5	6	0	0	0	0	0	0	5	6	11
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	10	12	0	0	0	0	0	0	10	12	22
75 to 84	9	47	0	0	0	0	0	0	9	47	56
85+	13	54	0	0	0	0	0	0	13	54	67
TOTALS	39	124	0	0	0	0	0	0	39	124	163

ALDEN-POPLAR CREEK REHAB &CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60194
Reference Numbers Facility ID 6001366
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	121	0	2	10	0	163
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	30	121	0	2	10	0	163

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	280
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	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	2	0	0	0	2
Total	163	0	0	0	163

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	155	0	0	0	155
Ethnicity Unknown	2	0	0	0	2
Total	163	0	0	0	163

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.83
LPN's	5.69
Certified Aides	31.70
Other Health Staff	9.68
Non-Health Staff	32.59
Totals	93.47

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.5%	38.4%	3.6%	4.6%	9.9%	100.0%		0.0%
5,884,160	5,180,870	491,393	615,368	1,343,471	13,521,072	0	

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

FLORENCE NURSING HOME
546 EAST GRANT HIGHWAY
MARENGO, IL. 60152
Reference Numbers Facility ID 6003180
Health Service Area 008 Planning Service Area 111

Administrator
KATHI MILLER

Contact Person and Telephone
KATHI MILLER
815-568-8322

Registered Agent Information
ABRAHAM STERN

CHICAGO, IL 60645

Date Completed
5/24/2010

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	6
Developmental Disability	0
Circulatory System	13
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	46
Total Residents Diagnosed as Mentally Ill	6

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	52	52	50	52	46	6	28	52
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	52	52	50	52	46	6	28	52

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	37
Total Admissions 2009	93
Total Discharges 2009	84
Residents on 12/31/2009	46
Identified Offenders	0

FACILITY UTILIZATION - 2009
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	3399	33.3%	1095	5.8%	0	0	11765	0	16259	85.7%	85.7%
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	3399	33.3%	1095	5.8%	0	0	11765	0	16259	85.7%	85.7%

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	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	5	2	0	0	0	0	0	0	5	2	7
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	9	20	0	0	0	0	0	0	9	20	29
TOTALS	19	27	0	0	0	0	0	0	19	27	46

FLORENCE NURSING HOME
546 EAST GRANT HIGHWAY
MARENGO, IL. 60152
Reference Numbers Facility ID 6003180
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	5	0	0	33	0	46
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	8	5	0	0	33	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
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	46	0	0	0	46
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	14.00
Other Health Staff	3.00
Non-Health Staff	13.00
Totals	40.00

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
45.9%	3.8%	0.0%	0.0%	50.3%	100.0%		0.0%
1,563,991	130,805	0	0	1,713,134	3,407,930	0	

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

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6009542
Health Service Area 008 Planning Service Area 111

Administrator
THOMAS ANNARELLA

Contact Person and Telephone
SHELLY LUNSFORD
815-334-2808

Registered Agent Information — Date Completed 5/7/2010

FACILITY OWNERSHIP
COUNTY

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	40
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	41
Non-Medical Conditions	4
TOTALS	123

Total Residents Diagnosed as Mentally Ill 45

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	128	128	128	128	123	5	128	128
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	128	128	128	128	123	5	128	128

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	125
Total Admissions 2009	55
Total Discharges 2009	57
Residents on 12/31/2009	123
Identified Offenders	0

FACILITY UTILIZATION - 2009
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	3357	7.2%	27454	58.8%	2085	34	12256	0	45186	96.7%	96.7%
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	3357	7.2%	27454	58.8%	2085	34	12256	0	45186	96.7%	96.7%

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 16	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	3	0	0	0	0	0	0	1	3	4
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	4	26	0	0	0	0	0	0	4	26	30
85+	5	78	0	0	0	0	0	0	5	78	83
TOTALS	12	111	0	0	0	0	0	0	12	111	123

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6009542
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	85	4	0	28	0	123
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	6	85	4	0	28	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	185
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	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	121	0	0	0	121
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.25
LPN's	5.33
Certified Aides	47.92
Other Health Staff	5.31
Non-Health Staff	49.49
Totals	132.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.5%	49.6%	4.3%	0.2%	25.4%	100.0%		0.0%
1,687,763	4,089,084	356,993	17,407	2,094,088	8,245,337	0	

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

CENTEGRA SPECIALTY HOSPITAL WOODSTOCK
527 WEST SOUTH STREET
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6013981
Health Service Area 008 Planning Service Area 111

Administrator
DAVID A. SHINHERR

Contact Person and Telephone
Amber Dean
1-815-334-5076

Registered Agent Information

Date Completed
5/7/2010

FACILITY OWNERSHIP
HOSPITAL DISTRICT

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

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

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	40	30	29	30	14	26	40	0
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	40	30	29	30	14	26	40	0

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	24
Total Admissions 2009	612
Total Discharges 2009	622
Residents on 12/31/2009	14
Identified Offenders	0

FACILITY UTILIZATION - 2009
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	5333	36.5%	20	0.0%	0	1577	188	0	7118	48.8%	65.0%
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	5333	36.5%	20	0.0%	0	1577	188	0	7118	48.8%	65.0%

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	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	0	0	0	0	0	0	0	1	0	1
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	5	9	0	0	0	0	0	0	5	9	14

CENTEGRA SPECIALTY HOSPITAL WOODSTOCK
527 WEST SOUTH STREET
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6013981
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	1	0	2	0	0	14
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	11	1	0	2	0	0	14

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	684	684
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	14	0	0	0	14
Race Unknown	0	0	0	0	0
Total	14	0	0	0	14

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	14	0	0	0	14
Ethnicity Unknown	0	0	0	0	0
Total	14	0	0	0	14

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.50
LPN's	0.00
Certified Aides	16.30
Other Health Staff	0.00
Non-Health Staff	2.68
Totals	38.48

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
73.8%	0.0%	0.0%	26.2%	0.0%	100.0%		1.8%
2,406,020	0	0	854,069	0	3,260,089	57,368	

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

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6009310
Health Service Area 008 Planning Service Area 111

Administrator
Richard A. Curtis

Contact Person and Telephone
Richard A. Curtis
815-338-1749

Registered Agent Information
N/A

Date Completed
5/6/2010

FACILITY OWNERSHIP
NON-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	17
Mental Illness	41
Developmental Disability	0
Circulatory System	19
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	101
Total Residents Diagnosed as Mentally Ill	41

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	75	71	69	71	57	18	29	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	63	51	48	51	44	19		
TOTAL BEDS	138	122	117	122	101	37	29	32

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	105
Total Admissions 2009	172
Total Discharges 2009	176
Residents on 12/31/2009	101
Identified Offenders	0

FACILITY UTILIZATION - 2009
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	3417	32.3%	6511	55.7%	0	357	11708	0	21991	80.3%	84.9%
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					1223	0	14539	293	16055	69.8%	85.2%
TOTALS	3417	32.3%	6511	55.7%	1223	357	26246	293	38046	75.5%	85.4%

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	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	2	7	0	0	0	0	0	8	2	15	17
85+	7	41	0	0	0	0	0	34	7	75	82
TOTALS	9	48	0	0	0	0	0	44	9	92	101

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6009310
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	19	0	1	29	0	57
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			3	0	40	1	44
TOTALS	8	19	3	1	69	1	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	248	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	118	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	57	0	0	44	101
Race Unknown	0	0	0	0	0
Total	57	0	0	44	101

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	44	101
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	44	101

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.11
LPN's	6.67
Certified Aides	31.13
Other Health Staff	50.37
Non-Health Staff	8.09
Totals	107.37

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
22.5%	11.5%	0.0%	0.0%	66.0%	100.0%		0.5%
1,564,685	800,605	0	0	4,593,084	6,958,374	34,969	

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

380

ATTACHMENT - 17G

WOODSTOCK RESIDENCE
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6010136
Health Service Area 008 Planning Service Area 111

Administrator
Samuel Biber

Contact Person and Telephone
SAMUEL BIBER
815-338-1700

Registered Agent Information

Date Completed
5/7/2010

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
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	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	15
Mental Illness	5
Developmental Disability	4
Circulatory System	15
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	11
TOTALS	78
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	115	115	78	115	78	37	29	115
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	115	115	78	115	78	37	29	115

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	83
Total Admissions 2009	99
Total Discharges 2009	84
Residents on 12/31/2009	78
Identified Offenders	0

FACILITY UTILIZATION - 2009
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	4755	44.9%	16974	40.4%	1235	265	1676	0	24905	59.3%	59.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4755	44.9%	16974	40.4%	1235	265	1676	0	24905	59.3%	59.3%

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	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	6	0	0	0	0	0	0	3	6	9
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	9	17	0	0	0	0	0	0	9	17	26
85+	6	13	0	0	0	0	0	0	6	13	19
TOTALS	27	51	0	0	0	0	0	0	27	51	78

WOODSTOCK RESIDENCE
309 MCHENRY AVENUE
WOODSTOCK, IL. 60098
Reference Numbers Facility ID 6010136
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	57	0	3	5	0	78
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	13	57	0	3	5	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
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	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	78	0	0	0	78

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	82.00

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
41.4%	39.7%	2.6%	8.9%	7.3%	100.0%		0.0%
1,708,031	1,638,710	109,135	368,931	301,248	4,124,055	0	

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

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014
Reference Numbers Facility ID 6002976
Health Service Area 008 Planning Service Area 111

Administrator
Joyce Surdick

Contact Person and Telephone
JOYCE SURDICK
815-455-0550

Date Completed 5/8/2010

Registered Agent Information
Joyce Surdick
471 W. Terra Cotta Ave
Crystal Lake, IL 60014

FACILITY OWNERSHIP
NON-PROF CORPORATION

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	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	3
Mental Illness	9
Developmental Disability	0
Circulatory System	10
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	41
Total Residents Diagnosed as Mentally Ill	13

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	46	46	46	46	41	5	40	8
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	46	46	46	46	41	5	40	8

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	40
Total Admissions 2009	87
Total Discharges 2009	86
Residents on 12/31/2009	41
Identified Offenders	0

FACILITY UTILIZATION - 2009
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	4259	29.2%	2610	69.4%	0	121	7358	182	14530	86.5%	86.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4259	29.2%	2610	69.4%	0	121	7358	182	14530	86.5%	86.5%

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	0	0	0	0	1	0	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	6	6	0	0	0	0	0	0	6	6	11
85+	1	21	0	0	0	0	0	0	1	21	22
TOTALS	8	33	0	0	0	0	0	0	8	33	41

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL. 60014
Reference Numbers Facility ID 6002976
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	8	0	0	21	0	41
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	8	0	0	21	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
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	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	50.00

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
54.9%	7.4%	0.0%	0.0%	37.8%	100.0%		1.2%
2,109,000	282,459	0	0	1,451,099	3,842,560	47,902	

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

CRYSTAL PINES REHAB & HCC
335 NORTH ILLINOIS AVENUE
CRYSTAL LAKE, IL. 60014
Reference Numbers Facility ID 6002299
Health Service Area 008 Planning Service Area 111

Administrator
IRENE GLASS

Contact Person and Telephone
IRENE GLASS
815-459-7791

Registered Agent Information — Date Completed 4/30/2010

FACILITY OWNERSHIP
NON-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	48
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	13
Digestive System	12
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	102
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	114	111	109	111	102	12	112	104
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	114	111	109	111	102	12	112	104

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	104
Total Admissions 2009	125
Total Discharges 2009	127
Residents on 12/31/2009	102
Identified Offenders	0

FACILITY UTILIZATION - 2009
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	4469	10.9%	22258	58.6%	0	2905	6821	0	36453	87.6%	90.0%
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	4469	10.9%	22258	58.6%	0	2905	6821	0	36453	87.6%	90.0%

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	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	10	50	0	0	0	0	0	0	10	50	60
TOTALS	22	80	0	0	0	0	0	0	22	80	102

CRYSTAL PINES REHAB & HCC
335 NORTH ILLINOIS AVENUE
CRYSTAL LAKE, IL. 60014
Reference Numbers Facility ID 6002299
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	61	0	8	20	0	102
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	13	61	0	8	20	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	185
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	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	7.00
Certified Aides	42.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	97.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.2%	45.8%	0.0%	4.8%	19.2%	100.0%		0.0%
1,974,429	2,994,639	0	310,900	1,255,683	6,535,651	0	

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

FOUNTAINS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL 60012
Reference Numbers Facility ID 6011803
Health Service Area 008 Planning Service Area 111

Administrator
Stephanie Dimitrenko

Contact Person and Telephone
STEPHANIE DIMITRENKO
815-477-6400

Registered Agent Information — Date Completed 5/6/2010

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	56
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	97	97	84	97	56	41	97	0
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	97	97	84	97	56	41	97	0

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	68
Total Admissions 2009	657
Total Discharges 2009	669
Residents on 12/31/2009	56
Identified Offenders	0

FACILITY UTILIZATION - 2009
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	12693	35.9%	0	0.0%	0	1086	9919	0	23698	66.9%	66.9%
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	12693	35.9%	0	0.0%	0	1086	9919	0	23698	66.9%	66.9%

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	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	10	11	0	0	0	0	0	0	10	11	21
85+	6	15	0	0	0	0	0	0	6	15	21
TOTALS	22	34	0	0	0	0	0	0	22	34	56

FOUNTAINS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL 60012
Reference Numbers Facility ID 6011803
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	0	0	2	23	0	56
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	0	0	2	23	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	259	196
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	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	56	0	0	0	56

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	56	0	0	0	56
Ethnicity Unknown	0	0	0	0	0
Total	56	0	0	0	56

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	6.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	73.00

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
54.9%	0.0%	0.0%	5.2%	39.9%	100.0%		0.0%
2,570,926	0	0	244,146	1,867,311	4,682,383	0	

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

384

ATTACHMENT - 17G

ALDEN TERRACE OF MCHENRY REHAB
603 ROYAL DRIVE
MCHENRY, IL. 60050
Reference Numbers Facility ID 6008304
Health Service Area 008 Planning Service Area 111

Administrator
Lesley White

Contact Person and Telephone
CHRIS REINHOFER
773-286-3883

Registered Agent Information
Kenneth J. Fisch
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

Date Completed 4/28/2010

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	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	6
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	9
Mental Illness	55
Developmental Disability	4
Circulatory System	47
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	6
Other Medical Conditions	15
Non-Medical Conditions	17
TOTALS	190
Total Residents Diagnosed as Mentally Ill	67

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	316	256	203	256	190	126	316	316
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	316	256	203	256	190	126	316	316

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	183
Total Admissions 2009	794
Total Discharges 2009	787
Residents on 12/31/2009	190
Identified Offenders	2

FACILITY UTILIZATION - 2009
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	5378	4.7%	54698	47.4%	678	405	5738	0	66897	58.0%	71.6%
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	0	0	0	0.0%	0.0%
TOTALS	5378	4.7%	54698	47.4%	678	405	5738	0	66897	58.0%	71.6%

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	6	5	0	0	0	0	0	0	6	5	11
45 to 59	13	8	0	0	0	0	0	0	13	8	21
60 to 64	5	8	0	0	0	0	0	0	5	8	13
65 to 74	14	15	0	0	0	0	0	0	14	15	29
75 to 84	18	33	0	0	0	0	0	0	18	33	51
85+	13	52	0	0	0	0	0	0	13	52	65
TOTALS	69	121	0	0	0	0	0	0	69	121	190

ALDEN TERRACE OF MCHENRY REHAB
603 ROYAL DRIVE
MCHENRY, IL. 60050
Reference Numbers Facility ID 6008304
Health Service Area 008 Planning Service Area 111

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	162	2	0	13	0	190
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	13	162	2	0	13	0	190

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	225
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	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	186	0	0	0	186
Race Unknown	0	0	0	0	0
Total	190	0	0	0	190

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	185	0	0	0	185
Ethnicity Unknown	0	0	0	0	0
Total	190	0	0	0	190

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.47
LPN's	7.40
Certified Aides	33.62
Other Health Staff	4.00
Non-Health Staff	32.63
Totals	93.12

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.4%	58.3%	5.4%	1.5%	11.3%	100.0%		0.0%
2,453,034	6,112,362	569,585	101,697	1,185,135	10,482,013	0	

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

SHELTERING OAK
P.O. BOX 367
ISLAND LAKE, IL. 60042
Reference Numbers Facility ID 6008585
Health Service Area 008 Planning Service Area 097

Administrator
Joseph Agnello

Contact Person and Telephone
Joe Agnello
847-526-3636

Registered Agent Information
John Verchota
444 N. Route 31, St. 104
Crystal Lake, IL 60012

Date Completed
5/8/2010

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	1
Mental Illness	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
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	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	68
Developmental Disability	1
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscuto-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	69
Total Residents Diagnosed as Mentally Ill	68

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	70	69	70	69	1	0	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	70	69	70	69	1	0	70

ADMISSIONS AND DISCHARGES - 2009

Residents on 1/1/2009	63
Total Admissions 2009	23
Total Discharges 2009	17
Residents on 12/31/2009	69
Identified Offenders	2

FACILITY UTILIZATION - 2009
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%	22265	87.1%	0	0	1825	0	24090	94.3%	94.3%
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%	22265	87.1%	0	0	1825	0	24090	94.3%	94.3%

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	6	0	0	0	0	0	0	0	6	0	6
45 to 59	17	9	0	0	0	0	0	0	17	9	26
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	6	12	0	0	0	0	0	0	6	12	18
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	39	30	0	0	0	0	0	0	39	30	69

SHELTERING OAK
P.O. BOX 367
ISLAND LAKE, IL. 60042
Reference Numbers Facility ID 6008585
Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	61	0	0	8	0	69
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	61	0	0	8	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	100
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	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	69	0	0	0	69

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.60
LPN's	2.60
Certified Aides	11.20
Other Health Staff	6.00
Non-Health Staff	10.50
Totals	36.90

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%	73.1%	0.0%	0.0%	26.9%	100.0%		0.0%
0	1,607,519	0	0	591,831	2,199,350	0	

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

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 code areas that are located in total or in part within 30-minutes adjusted travel contour from 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

   Appended as **ATTACHMENT-18A**, also lists the corresponding population for the zip areas. The census data from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml is appended as **ATTACHMENT-18B**.

   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.

   A list of the names and locations of all existing and approved LTC facilities located within 30-minutes of the proposed project site is appended as **ATTACHMENT-18C**.

2. The applicant shall document that the project will not result in maldistribution of services.

Maldistribution is typified by having too many facilities together within the service area where as the ratio of "beds" to "population" is one and one half times greater than the ratio of the State as a whole.

The primary service area is that of the community of Huntley to include an approximate

10 mile radius or a 16 minute travel time contour. Within this area a ratio cannot be calculated as there are no nursing beds. Therefore, a maldistribution by the Board's definition will not result. Upon project completion, Huntley will have one nursing home bed for every 142.9 persons whereas the State has one nursing bed for every 126.5 people.

	Population	Lic. Beds	Pop for 1-bed
Illinois	12,830,632	101,393	126.5
Huntley	24,291	170	142.9

Source: www2.illinois.gov/census/pages/default.aspy
http://www.hfsrb.illinois.gov/pdf/LTC%20Update%20Spreadsheet%202-5-13.pdf
http://www.hfsrb.illinois.gov/pdf/LTC%20Facility%20Profiles%202011%208-29-2012.pdf

The actual ratio of "beds" to "population for the State and the 40-minute travel contour is as follows:

$$\frac{\text{2,560 (2,390 existing + 170 proposed beds)}}{\text{855,887}} = \mathbf{.002991}$$

(30-minute drive time)
Population (2010)
(30-minute drive time)

$$\frac{\text{101,393 (Existing on February 6, 2013)}}{\text{12,830,632}} = .007902 * 1.5 = \mathbf{.011853}$$

Total of Nursing Care Beds
(State of Illinois)
Population

The State's resultant ratio is one hundredths nursing beds to every person. The market contour's ratio is two thousandths nursing for every person, thus, it would appear that a "maldistribution" in accordance with the Board's definition does not exist.

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 average utilization rate for the "other area" facilities, i.e., the facilities within the 30-minute market area are below the State's target rate of 90%, item 3A above

ATTACHMENT- 18

is not germane. However, the Applicant has selected Huntley a fast growing community with a mature elderly population as its proposed site. This community and its surrounding market area (10 miles/16 minutes) have **NO** nursing home beds. As the elderly population has grown by over 600% in the last ten years, it is now that those elderly will start more regularly require nursing care. This project is uniquely positioned

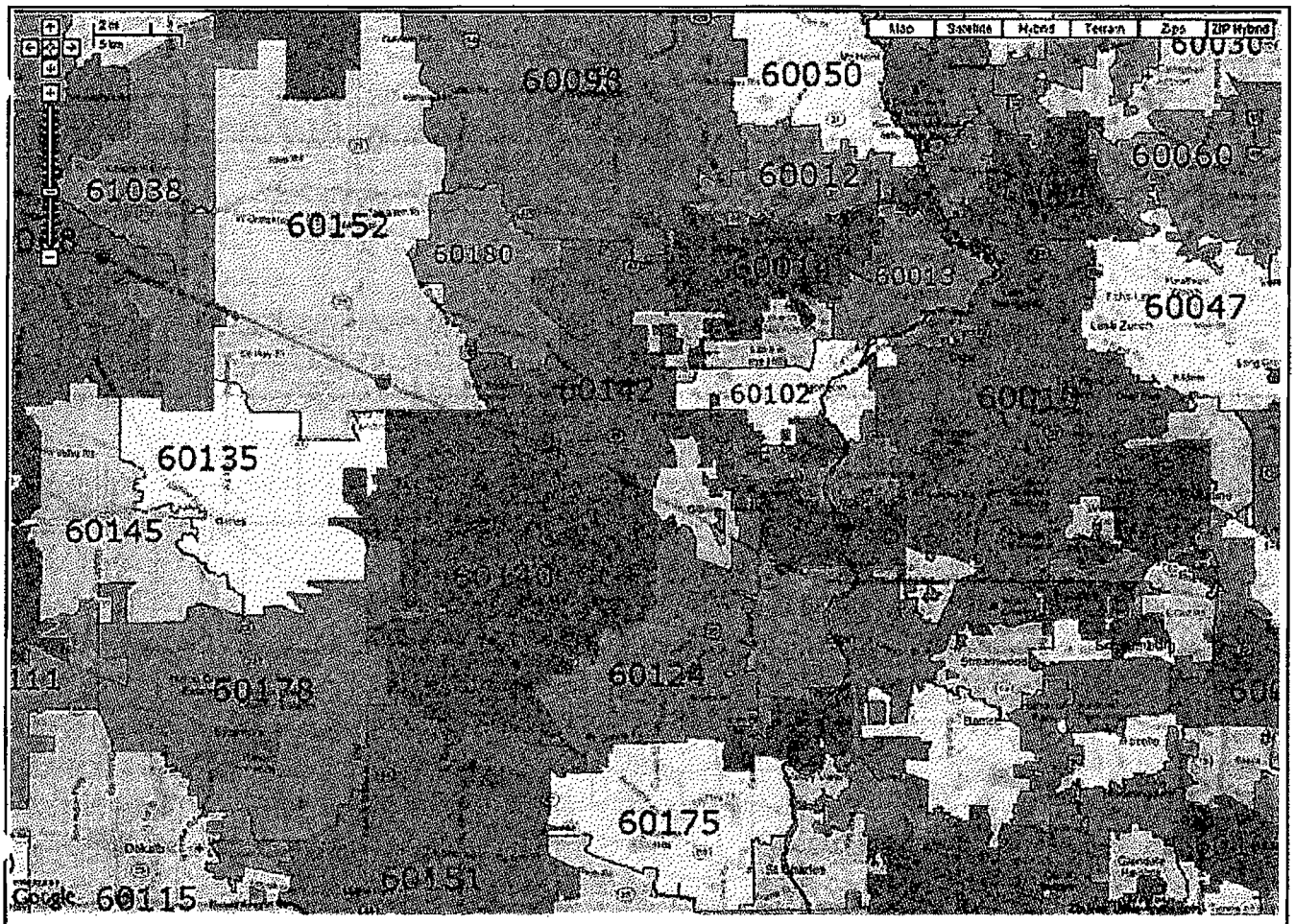
Service Area	Population	Lic. Beds	Pop : 1-bed	65+ Pop	65+ Pop : 1-bed	NC Beds Needed to = state ratio	ADRD Residents	Alz. Assoc. Incidence	Alz. Need	Illinois % in LTC	LTC · Alz. Need
Illinois	12,830,632	101,393	126.5	1,609,213	15.9	-	11,910	13%	209,198	12%	25,103.72
Kane Co.	515,269	2,894	178.0	49,690	17.2	236.86	244	13%	6,460	12%	775.16
McHenry Co.	308,760	1,032	299.2	31,320	30.3	941.40	84	13%	4,072	12%	488.59
DeKalb Co.	105,160	742	141.7	10,337	13.9	(90.69)	115	13%	1,344	12%	161.26
Huntley	24,291	170	142.9	7,082	41.7	276.22		13%	921	12%	110.48

http://www.hfsrb.illinois.gov/pdf/LTC%20State%20Summary %202011%208-29-2012.pdf

http://www.alz.org/alzheimers_disease_facts_and_figures.asp

to offer services for this "new" population. As illustrated throughout this document, the Applicant is only proposing 110 general long-term care beds with the balance being innovative ADRD nursing beds. Even the total number of beds being proposed will not satisfy the need this community will generate (refer to the chart above). Therefore, the proposed demand will not infringe on the referrals already given to the "other area" facilities, to include Alden's own Alden Poplar Creek Rehab & Care which is located within the required 30-minute market area.

ATTACHMENT- 18



Zip Code Map

PMA Zip Codes

The Primary Market Area of a 26-minute drive time includes all or part of the following zip codes:

61008, 61038, 60152, 60180, 60135, 60178, 60140, 60151, 60175, 60124, 60098, 60012, 60013, 60014, 60010, 60102, 60142, 60156, 60118, 60110, 60123, 60177, 60120, 60192, 60107, 60103, 60194, 60169, 60195, 60184, 60173

© 2013 Cooper Valuation Group
www.CooperValuationGroup.com

ATTACHMENT-18A

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Subject	ZCTA5 60010		ZCTA5 60012		ZCTA5 60013		ZCTA5 60014		ZCTA5 60021		ZCTA5 60042	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE												
Total population	44,464	44,464	10,731	10,731	26,836	26,836	48,964	48,964	5,489	5,489	8,777	8,777
Male	22,213	50.0%	5,093	47.5%	13,360	49.8%	24,537	50.1%	2,692	49.0%	3,923	44.7%
Female	22,251	50.0%	5,638	52.5%	13,476	50.2%	24,427	49.9%	2,797	51.0%	4,854	55.3%
Under 5 years	2,319	5.2%	516	4.8%	1,717	6.4%	3,193	6.5%	255	4.6%	631	7.2%
5 to 9 years	2,836	6.4%	893	8.3%	2,254	8.4%	4,040	8.3%	523	9.5%	796	9.1%
10 to 14 years	3,621	8.1%	1,000	9.3%	2,347	8.7%	3,983	8.1%	405	7.4%	727	8.3%
15 to 19 years	3,319	7.5%	928	8.6%	2,402	9.0%	4,181	8.5%	368	6.7%	659	7.5%
20 to 24 years	1,912	4.3%	316	2.9%	1,298	4.8%	2,472	5.0%	453	8.3%	352	4.0%
25 to 34 years	2,294	5.2%	740	6.9%	2,493	9.3%	5,574	11.4%	413	7.5%	1,162	13.2%
35 to 44 years	5,589	12.6%	1,392	13.0%	4,038	15.0%	7,838	16.0%	796	14.5%	1,522	17.3%
45 to 54 years	8,771	19.7%	2,227	20.8%	5,692	21.2%	7,892	16.1%	1,182	21.5%	1,720	19.6%
55 to 59 years	3,523	7.9%	805	7.5%	1,736	6.5%	2,816	5.8%	391	7.1%	391	4.5%
60 to 64 years	3,098	7.0%	782	7.3%	1,314	4.9%	2,037	4.2%	188	3.4%	239	2.7%
65 to 74 years	4,339	9.8%	583	5.4%	1,001	3.7%	2,742	5.6%	318	5.8%	293	3.3%
75 to 84 years	2,145	4.8%	268	2.5%	363	1.4%	1,455	3.0%	174	3.2%	234	2.7%
85 years and over	698	1.6%	281	2.6%	181	0.7%	741	1.5%	23	0.4%	51	0.6%
Median age (years)	45.4	(X)	42.5	(X)	37.5	(X)	36.4	(X)	40.7	(X)	35.4	(X)
18 years and over	33,393	75.1%	7,635	71.1%	18,820	70.1%	35,076	71.6%	4,044	73.7%	6,119	69.7%
21 years and over	31,968	71.9%	7,315	68.2%	17,813	66.4%	33,103	67.6%	3,897	71.0%	5,877	67.0%
62 years and over	8,892	20.0%	1,564	14.6%	2,284	8.5%	6,078	12.4%	592	10.8%	715	8.1%
65 years and over	7,182	16.2%	1,132	10.5%	1,545	5.8%	4,938	10.1%	515	9.4%	578	6.6%
Male	16,410	49.1%	3,705	48.5%	9,183	48.8%	17,337	49.4%	1,920	47.5%	2,882	47.1%
Female	16,983	50.9%	3,930	51.5%	9,637	51.2%	17,739	50.6%	2,124	52.5%	3,237	52.9%
65 years and over	7,182	7,182	1,132	1,132	1,545	1,545	4,938	4,938	515	515	578	578
Male	3,284	45.7%	506	44.7%	790	51.1%	2,071	41.9%	200	38.8%	253	43.8%
Female	3,898	54.3%	626	55.3%	755	48.9%	2,867	58.1%	315	61.2%	325	56.2%

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

ZCTA5 60098		ZCTA5 60102		ZCTA5 60103		ZCTA5 60107		ZCTA5 60110		ZCTA5 60118		ZCTA5 60119		ZCTA5 60120	
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
32,641	32,641	31,686	31,686	41,252	41,252	40,007	40,007	38,375	38,375	15,700	15,700	9,569	9,569	50,682	50,682
16,182	49.6%	15,845	50.0%	20,690	50.2%	19,390	48.5%	19,256	50.2%	7,775	49.5%	5,049	52.8%	24,537	48.4%
16,459	50.4%	15,841	50.0%	20,562	49.8%	20,617	51.5%	19,119	49.8%	7,925	50.5%	4,520	47.2%	26,145	51.6%
2,090	6.4%	1,890	6.0%	3,041	7.4%	3,001	7.5%	3,359	8.8%	1,145	7.3%	582	6.1%	5,062	10.0%
2,213	6.8%	2,288	7.2%	2,982	7.2%	2,738	6.8%	4,188	10.9%	902	5.7%	689	7.2%	3,820	7.5%
2,359	7.2%	2,601	8.2%	3,399	8.2%	2,858	7.1%	3,768	9.8%	1,126	7.2%	988	10.3%	4,335	8.6%
2,454	7.5%	2,735	8.6%	3,444	8.3%	3,048	7.6%	2,621	6.8%	973	6.2%	782	8.2%	3,556	7.0%
1,638	5.0%	1,396	4.4%	1,897	4.6%	2,492	6.2%	2,588	6.7%	630	4.0%	421	4.4%	3,206	6.3%
4,062	12.4%	3,084	9.7%	5,117	12.4%	7,095	17.7%	6,313	16.5%	1,845	11.8%	940	9.8%	8,810	17.4%
4,930	15.1%	5,583	17.6%	6,840	16.6%	5,839	14.6%	6,458	16.8%	2,276	14.5%	1,527	16.0%	7,161	14.1%
5,124	15.7%	5,338	16.8%	7,045	17.1%	6,294	15.7%	4,862	12.7%	2,795	17.8%	1,772	18.5%	6,865	13.5%
2,207	6.8%	1,984	6.3%	2,339	5.7%	2,107	5.3%	1,297	3.4%	1,412	9.0%	450	4.7%	3,031	6.0%
1,614	4.9%	2,046	6.5%	2,003	4.9%	1,643	4.1%	1,279	3.3%	960	6.1%	510	5.3%	1,881	3.7%
2,156	6.6%	1,842	5.8%	2,045	5.0%	1,601	4.0%	917	2.4%	941	6.0%	531	5.5%	1,520	3.0%
1,171	3.6%	670	2.1%	705	1.7%	1,108	2.8%	596	1.6%	508	3.2%	328	3.4%	1,009	2.0%
623	1.9%	228	0.7%	395	1.0%	183	0.5%	129	0.3%	187	1.2%	49	0.5%	426	0.8%
38.0	(X)	39.1	(X)	36.1	(X)	33.1	(X)	29.5	(X)	40.7	(X)	38.6	(X)	31.4	(X)
24,432	74.9%	22,897	72.3%	29,568	71.7%	29,053	72.6%	25,481	66.4%	11,878	75.7%	6,798	71.0%	35,106	69.3%
23,260	71.3%	21,951	69.3%	28,002	67.9%	27,652	69.1%	24,121	62.9%	11,469	73.1%	6,429	67.2%	33,236	65.6%
4,815	14.8%	3,712	11.7%	4,186	10.1%	3,730	9.3%	2,410	6.3%	2,215	14.1%	1,202	12.6%	3,888	7.7%
3,950	12.1%	2,741	8.7%	3,145	7.6%	2,892	7.2%	1,642	4.3%	1,636	10.4%	908	9.5%	2,955	5.8%
11,873	48.6%	11,311	49.4%	14,487	49.0%	14,000	48.2%	13,026	51.1%	5,772	48.6%	3,346	49.2%	16,911	48.2%
12,559	51.4%	11,586	50.6%	15,081	51.0%	15,053	51.8%	12,455	48.9%	6,106	51.4%	3,452	50.8%	18,195	51.8%
3,950	3,950	2,741	2,741	3,145	3,145	2,892	2,892	1,642	1,642	1,636	1,636	908	908	2,955	2,955
1,669	42.3%	1,208	44.1%	1,353	43.0%	1,037	35.9%	685	41.7%	740	45.2%	407	44.8%	1,125	38.1%
2,281	57.7%	1,533	55.9%	1,792	57.0%	1,855	64.1%	957	58.3%	896	54.8%	501	55.2%	1,830	61.9%

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

ZCTA5 60123		ZCTA5 60124		ZCTA5 60133		ZCTA5 60134		ZCTA5 60135		ZCTA5 60136		ZCTA5 60140		ZCTA5 60142	
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
47,265	47,265	19,571	19,571	38,022	38,022	29,445	29,445	7,302	7,302	6,377	6,377	13,832	13,832	24,553	24,553
23,394	49.5%	9,625	49.2%	18,581	48.9%	14,877	50.5%	3,559	48.7%	3,073	48.2%	6,689	48.4%	11,442	46.6%
23,871	50.5%	9,946	50.8%	19,441	51.1%	14,568	49.5%	3,743	51.3%	3,304	51.8%	7,143	51.6%	13,111	53.4%
3,699	7.8%	1,595	8.1%	3,183	8.4%	2,168	7.4%	473	6.5%	644	10.1%	1,191	8.6%	1,857	7.6%
3,437	7.3%	1,304	6.7%	3,229	8.5%	2,509	8.5%	552	7.6%	512	8.0%	1,193	8.6%	2,089	8.5%
3,381	7.2%	1,592	8.1%	3,443	9.1%	2,697	9.2%	616	8.4%	459	7.2%	1,020	7.4%	1,469	6.0%
3,424	7.2%	1,231	6.3%	3,068	8.1%	2,211	7.5%	429	5.9%	537	8.4%	924	6.7%	874	3.6%
3,443	7.3%	992	5.1%	2,695	7.1%	1,375	4.7%	610	8.4%	216	3.4%	965	7.0%	479	2.0%
6,662	14.1%	2,253	11.5%	5,378	14.1%	2,353	8.0%	1,106	15.1%	1,139	17.9%	1,761	12.7%	2,285	9.3%
6,513	13.8%	3,067	15.7%	6,140	16.1%	4,712	16.0%	1,004	13.7%	1,022	16.0%	2,005	14.5%	3,765	15.3%
6,404	13.5%	2,901	14.8%	5,152	13.6%	5,543	18.8%	1,010	13.8%	1,076	16.9%	2,068	15.0%	2,106	8.6%
2,867	6.1%	1,426	7.3%	1,996	5.2%	1,818	6.2%	433	5.9%	314	4.9%	896	6.5%	1,288	5.2%
2,053	4.3%	1,142	5.8%	1,591	4.2%	1,288	4.4%	334	4.6%	150	2.4%	580	4.2%	1,751	7.1%
2,806	5.9%	1,232	6.3%	1,325	3.5%	1,451	4.9%	374	5.1%	234	3.7%	814	5.9%	4,507	18.4%
1,659	3.5%	659	3.4%	663	1.7%	1,005	3.4%	288	3.9%	74	1.2%	332	2.4%	1,834	7.5%
917	1.9%	177	0.9%	159	0.4%	315	1.1%	73	1.0%	0	0.0%	83	0.6%	249	1.0%
34.1	(X)	37.5	(X)	31.2	(X)	38.8	(X)	33.9	(X)	33.0	(X)	34.5	(X)	43.3	(X)
34,515	73.0%	14,137	72.2%	26,157	68.8%	20,691	70.3%	5,395	73.9%	4,352	68.2%	9,817	71.0%	18,558	75.6%
32,537	68.8%	13,546	69.2%	24,716	65.0%	19,478	66.2%	5,178	70.9%	4,140	64.9%	9,303	67.3%	18,179	74.0%
6,612	14.0%	2,562	13.1%	2,990	7.9%	3,418	11.6%	980	13.4%	363	5.7%	1,570	11.4%	7,580	30.9%
5,382	11.4%	2,068	10.6%	2,147	5.6%	2,771	9.4%	735	10.1%	308	4.8%	1,229	8.9%	6,590	26.8%
												7.6%			
16,791	48.6%	6,779	48.0%	13,133	50.2%	10,624	51.3%	2,588	48.0%	2,041	46.9%	4,619	47.1%	8,523	45.9%
17,724	51.4%	7,358	52.0%	13,024	49.8%	10,067	48.7%	2,807	52.0%	2,311	53.1%	5,198	52.9%	10,035	54.1%
5,382	5,382	2,068	2,068	2,147	2,147	2,771	2,771	735	735	308	308	1,229	1,229	6,590	6,590
2,263	42.0%	938	45.4%	1,036	48.3%	1,267	45.7%	339	46.1%	217	70.5%	571	46.5%	2,886	43.8%
3,119	58.0%	1,130	54.6%	1,111	51.7%	1,504	54.3%	396	53.9%	91	29.5%	658	53.5%	3,704	56.2%

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

ZCTA5 60145		ZCTA5 60151		ZCTA5 60152		ZCTA5 60156		ZCTA5 60169		ZCTA5 60173		ZCTA5 60174		ZCTA5 60175	
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
2,361	2,361	4,488	4,488	13,053	13,053	28,784	28,784	33,807	33,807	11,990	11,990	31,021	31,021	25,505	25,505
1,122	47.5%	2,325	51.8%	6,347	48.6%	14,534	50.5%	16,670	49.3%	6,271	52.3%	15,662	50.5%	13,192	51.7%
1,239	52.5%	2,163	48.2%	6,706	51.4%	14,250	49.5%	17,137	50.7%	5,719	47.7%	15,359	49.5%	12,313	48.3%
138	5.8%	243	5.4%	908	7.0%	1,974	6.9%	2,230	6.6%	654	5.5%	1,929	6.2%	1,298	5.1%
156	6.6%	435	9.7%	1,028	7.9%	2,826	9.8%	2,063	6.1%	349	2.9%	2,130	6.9%	1,980	7.8%
224	9.5%	260	5.8%	1,052	8.1%	2,577	9.0%	2,177	6.4%	695	5.8%	2,099	6.8%	2,731	10.7%
144	6.1%	246	5.5%	804	6.2%	2,411	8.4%	2,802	8.3%	631	5.3%	2,170	7.0%	2,194	8.6%
203	8.6%	198	4.4%	680	5.2%	1,217	4.2%	1,603	4.7%	1,134	9.5%	1,387	4.5%	1,322	5.2%
290	12.3%	513	11.4%	1,447	11.1%	3,132	10.9%	6,077	18.0%	3,365	28.1%	3,888	12.5%	1,571	6.2%
297	12.6%	606	13.5%	1,994	15.3%	5,712	19.8%	4,803	14.2%	1,814	15.1%	4,555	14.7%	3,852	15.1%
491	20.8%	650	14.5%	1,940	14.9%	4,723	16.4%	4,570	13.5%	1,367	11.4%	4,969	16.0%	5,085	19.9%
151	6.4%	388	8.6%	853	6.5%	1,382	4.8%	2,574	7.6%	725	6.0%	2,126	6.9%	2,412	9.5%
87	3.7%	334	7.4%	766	5.9%	1,326	4.6%	1,799	5.3%	410	3.4%	2,046	6.6%	1,201	4.7%
115	4.9%	385	8.6%	929	7.1%	1,039	3.6%	1,711	5.1%	597	5.0%	2,104	6.8%	1,121	4.4%
58	2.5%	190	4.2%	513	3.9%	379	1.3%	960	2.8%	204	1.7%	1,046	3.4%	601	2.4%
7	0.3%	40	0.9%	139	1.1%	86	0.3%	438	1.3%	45	0.4%	572	1.8%	137	0.5%
35.8	(X)	41.6	(X)	38.2	(X)	35.6	(X)	34.9	(X)	32.2	(X)	39.9	(X)	40.3	(X)
1,735	73.5%	3,407	75.9%	9,618	73.7%	19,859	69.0%	25,463	75.3%	9,901	82.6%	23,586	76.0%	17,981	70.5%
1,665	70.5%	3,273	72.9%	9,125	69.9%	18,779	65.2%	24,266	71.8%	9,394	78.3%	22,505	72.5%	16,996	66.6%
235	10.0%	870	19.4%	2,045	15.7%	2,160	7.5%	4,104	12.1%	945	7.9%	4,832	15.6%	2,373	9.3%
180	7.6%	615	13.7%	1,581	12.1%	1,504	5.2%	3,109	9.2%	846	7.1%	3,722	12.0%	1,859	7.3%
854	49.2%	1,684	49.4%	4,483	46.6%	9,843	49.6%	12,539	49.2%	5,061	51.1%	11,643	49.4%	9,382	52.2%
881	50.8%	1,723	50.6%	5,135	53.4%	10,016	50.4%	12,924	50.8%	4,840	48.9%	11,943	50.6%	8,599	47.8%
180	180	615	615	1,581	1,581	1,504	1,504	3,109	3,109	846	846	3,722	3,722	1,859	1,859
74	41.1%	312	50.7%	733	46.4%	683	45.4%	1,261	40.6%	443	52.4%	1,492	40.1%	867	46.6%
106	58.9%	303	49.3%	848	53.6%	821	54.6%	1,848	59.4%	403	47.6%	2,230	59.9%	992	53.4%

Census Data by Zip Codes
Within 30-Minute Travel Time Contour
From
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

ZCTA5 60177		ZCTA5 60178		ZCTA5 60180		ZCTA5 60192		ZCTA5 60194		ZCTA5 60195		ZCTA5 60510	
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
21,911	21,911	21,707	21,707	1,228	1,228	16,119	16,119	19,600	19,600	4,154	4,154	28,619	28,619
11,386	52.0%	10,709	49.3%	585	47.6%	7,950	49.3%	9,592	48.9%	2,182	52.5%	13,933	48.7%
10,525	48.0%	10,998	50.7%	643	52.4%	8,169	50.7%	10,008	51.1%	1,972	47.5%	14,686	51.3%
1,940	8.9%	1,297	6.0%	60	4.9%	1,032	6.4%	1,488	7.6%	298	7.2%	1,934	6.8%
2,002	9.1%	1,507	6.9%	53	4.3%	1,282	8.0%	1,000	5.1%	118	2.8%	2,346	8.2%
2,126	9.7%	1,526	7.0%	90	7.3%	1,238	7.7%	965	4.9%	96	2.3%	2,372	8.3%
1,782	8.1%	1,598	7.4%	82	6.7%	1,043	6.5%	1,214	6.2%	133	3.2%	2,343	8.2%
651	3.0%	1,340	6.2%	125	10.2%	1,015	6.3%	1,218	6.2%	366	8.8%	1,401	4.9%
3,140	14.3%	3,255	15.0%	102	8.3%	1,627	10.1%	3,492	17.8%	1,583	38.1%	2,313	8.1%
4,809	21.9%	3,183	14.7%	126	10.3%	2,425	15.0%	2,808	14.3%	770	18.5%	4,002	14.0%
2,630	12.0%	3,287	15.1%	256	20.8%	3,028	18.8%	2,711	13.8%	226	5.4%	5,106	17.8%
938	4.3%	1,134	5.2%	79	6.4%	1,232	7.6%	1,322	6.7%	213	5.1%	2,377	8.3%
695	3.2%	1,177	5.4%	38	3.1%	980	6.1%	895	4.6%	126	3.0%	1,441	5.0%
596	2.7%	1,215	5.6%	111	9.0%	787	4.9%	1,291	6.6%	130	3.1%	1,377	4.8%
373	1.7%	911	4.2%	69	5.6%	327	2.0%	550	2.8%	55	1.3%	1,087	3.8%
229	1.0%	277	1.3%	37	3.0%	103	0.6%	646	3.3%	40	1.0%	520	1.8%
32.8	(X)	36.6	(X)	44.3	(X)	39.0	(X)	36.4	(X)	29.8	(X)	40.4	(X)
14,579	66.5%	16,328	75.2%	976	79.5%	11,973	74.3%	15,345	78.3%	3,577	86.1%	20,397	71.3%
13,926	63.6%	15,571	71.7%	943	76.8%	11,247	69.8%	14,686	74.9%	3,436	82.7%	19,287	67.4%
1,567	7.2%	2,994	13.8%	232	18.9%	1,857	11.5%	2,941	15.0%	251	6.0%	3,794	13.3%
1,198	5.5%	2,403	11.1%	217	17.7%	1,217	7.6%	2,487	12.7%	225	5.4%	2,984	10.4%
7,406	50.8%	7,951	48.7%	459	47.0%	5,787	48.3%	7,005	45.7%	1,940	54.2%	9,441	46.3%
7,173	49.2%	8,377	51.3%	517	53.0%	6,186	51.7%	8,340	54.3%	1,637	45.8%	10,956	53.7%
1,198	1,198	2,403	2,403	217	217	1,217	1,217	2,487	2,487	225	225	2,984	2,984
432	36.1%	955	39.7%	87	40.1%	572	47.0%	874	35.1%	76	33.8%	1,252	42.0%
766	63.9%	1,448	60.3%	130	59.9%	645	53.0%	1,613	64.9%	149	66.2%	1,732	58.0%

Lont-Term Care Facilities
Travel Time and Distance
From Proposed Alden Estate/Courts of Huntley

FACID	KEY	FACNAME	ADDRESS	CITY	ZIP	Gen Beds	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
6014237	647	Rosewood Care Center of Elgin	2355 Royal Boulevard	Elgin	60123	139	16.1	10.05
6000392	42	Apostolic Christian Resthaven	2750 West Highland Avenue	Elgin	60123-0000	50	17.3	10.5
6002976	229	Fair Oaks Health Care Center	W Terra Cotta Ave & Ridge Ave	Crystal Lake	60014-0000	46	17.3	11.16
6012827	684	Sherman West Court	1950 Larkin Avenue	Elgin	60123-0000	120	19.6	11.96
6004758	471	Maplewood Care	50 North Jane Drive	Elgin	60123-0000	203	20.7	11.9
6005847	59	Asta Care Center Of Elgin	134 North Mclean Boulevard	Elgin	60123-0000	102	20.7	11.82
6000277	460	Manorcare of Elgin	180 South State Street	Elgin	60123-0000	88	20.7	12.82
6003180	246	Florence Nursing Home	546 East Grant Highway	Marengo	60152-0000	56	21.9	12.73
6009310	313	Hearthstone Manor	920 North Seminary Avenue	Woodstock	60098-0000	75	21.9	12.73
6010136	826	Woodstock Residence	309 Mchenry Avenue	Woodstock	60098-0000	115	21.9	12.55
6002299	182	Crystal Pines Rehab & HCC	335 Illinois St	Crystal Lake	60014-0000	114	21.9	12.72
6006902	344	Heritage Manor - Elgin	355 Raymond Street	Elgin	60120-0000	94	23.0	13.59
6013981	497	Memorial Medical Center	527 West South Street	Woodstock	60098-0000	40	23.0	12.58
6008718	692	South Elgin Rehab & Hlthcare Ct	746 Spring Street	South Elgin	60177-0000	90	25.3	15.47
6003263	763	Tower Hill Healthcare Center	759 Kane Street	South Elgin	60177-0000	206	25.3	15.2
6009542	773	Valley Hi Nursing Home	2406 Hartland Road	Woodstock	60098-0000	128	27.6	17.87
6001366	24	Alden-Poplar Creek Rehab &Care	1545 Barrington Road	Hoffman Estates	60194-0000	217	28.8	19.59
6011803	250	The Springs at Crystal Lake	1000 East Brighton Lane	Crystal Lake	60012-0000	97	28.8	15.46
6012975	432	Lexington Of Streamwood	815 East Irving Park Road	Streamwood	60107-3073	214	32.2	20.77
6003735	10	Alden Estates of Barrington	1420 South Barrington Road	Barrington	60010-0000	150	33.4	21.82
6008304	17	Alden Terrace Of McHenry Rehab	803 Front Royal Drive	Mchenry	60050-0000	316	34.5	18.99
6007439	599	Provena Pine View Care Center	611 Allen Lane	St. Charles	60174-0000	120	36.8	22.11
6008585	681	Sheltering Oak	27888 N Beech St	Island Lake	60042-0000	70	36.8	20.18
6014666	651	Rosewood Care Ctr St. Charles	850 Dunham Road	St. Charles	60174-0000	109	38.0	22.21
6003404	268	Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	60194-0000	250	38.0	23.39
6012553	431	Lexington Of Schaumburg	675 South Roselle Road	Schaumburg	60193-0000	214	39.1	23.85
New Permit	837	Addison Rehabilitation & Living Center	1754 Capital Street	Elgin	60124-0000	120	12.7	8.26
New Permit	841	Park Point South Elgin Healthcare	Illinois 25 & East Middle Street	South Elgin		120	27.6	17.14
New Permit	56	Assisi Healthcare Center at Clare Oaks	775 W Bartlett Rd	Bartlett	60103	120	32.2	20.85
New Permit	834	Meadowbrook Manor	37W220 Keslinger Road	Geneva	60134-0000	150	34.5	21.9
New Permit	833	Greenfields of Geneva	Lot 2 & 3 Mill Creek	Geneva	60134-0000	43	35.7	22.49
New Permit	146	Claremont-Hanover Park	2016 West Lake Street	Hanover Park	60133	150	36.8	22.28
New Permit	589	Prairieview at the Garlands	6000 GARLANDS LANE	Barrington	60010	20	39.1	18.21

Source: Microsoft MapPoint North America 2009
Inventory of Health Care Facilities and Services and Need Determinations, Volume II, Parts VI-VII, Long_Term Care Services, 2011 Edition.
Update to the Inventory of Health Care Facilities and Services and Need Determinations, thru 2.6.2013.

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.

Appended as **ATTACHMENT-19A,** is the proposed staffing pattern by position title for the 170-bed long-term care facility. This project is atypical from traditional start-up projects as this is only a small addition to an already existing facility. The majority of personnel is or will be in place as the initial project proceeds through fill-up and by the time this project's construction is completed. Specifically, this project proposes to have 63 full time equivalents in the Estates (110-bed general nursing building) and 29.5 full time equivalents (60-bed specialized ADRD nursing building) at full utilization. To achieve adequate staffing levels, the Applicant will start by reviewing and interviewing from the employment applications currently on file. To further explain the internal process in recruiting and hiring staff a narrative description is provided below:

> The Applicants are related to a much larger organization that operates several general and several specialized long-term care facilities. Therefore, the Applicant and its administrative service company have the resources of general long-term care facilities throughout Illinois. This organization also has several

ATTACHMENT- 19

assisted living and independent living units within Illinois. It is the policy of the organization to begin a comprehensive recruitment program for every new facility approximately four to six months prior to the opening in order to insure that the new facility has all of the necessary positions filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools has generally been sufficient in attracting the needed professional health care manpower.

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

1. A listing is obtained from the Illinois Board of Nurses in the geographic area of the proposed facility. Letters are mailed to announce the opening of the new facility in the specific areas and the positions that are available;

2. Advertisement in the local newspaper;

3. A special day for nurses will be held in the community. The nurses from the surrounding area will be invited to a special open house and tour of the facility. A film will also be shown to introduce the Applicant and its other Long-Term Care facilities, concluding with a question and answer session on the philosophy of the organization;

4. Announcement of the opening of the facility will be sent to the area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program and a continual in-service training program enhances the attraction of new employees and helps retain qualified and dedicated staff.

ATTACHMENT- 19

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

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

ATTACHMENT- 19

HUNTLEY COURTS - 60 bed Unit

Staffing

POSITION	# FTE's			Annual
Administrator	1 @ $80,000 per year salaried >>	Based on	>>	$80,000
Marketing	1 @ $60,000 per year salaried >>	census of	>>	$60,000
DON	1 @ $80,000 per year salaried >>	0-10	>>	$80,000

	# FTE's	Hrs. per day	Total Hrs. per day	Days per year (7day wk)	Rate per hour	Annual Hourly Expense
RN's/LPN's	5	8	40	365	$30	$438,000
CNA's	15	7.5	112.5	365	$11	$451,688
Dietary	2	7.5	15	365	$10	$54,750
Housekeeping	2	7.5	15	365	$10	$54,750
Program Coordinator	1	8	8	365	$25	$73,000
Activities	2	7.5	15	365	$10	$54,750

Yearly Salary Expense

	Annual	24%	TOTAL
Administrator	$80,000	$19,200	$99,200
Marketing	$60,000	$14,400	$74,400
DON	$80,000	$19,200	$99,200
RN'S/LPN's	$438,000	$105,120	$543,120
CNA's	$451,688	$108,405	$560,093
Dietary	$54,750	$13,140	$67,890
Housekeeping	$54,750	$13,140	$67,890
Program Coordinator	$73,000	$17,520	$90,520
Activities	$54,750	$13,140	$67,890

Shared Positions with Rehab

Maintenance Director	$40,000
Houskeeping Supv.	$35,000
Food Service Supv.	$40,000
Chefs	$30 per hr.
Laundry Aides	$10 per hr.

Hourly Staff-Up Plan **Staffing Needs / Occupancy**

Projected Fill-Up Plan - 4 per month

Positions	**Census**					
	0-10	**11-22**	**23-32**	**33-42**	**43-50**	**51-60**
Administrator/Pgm Coord	1	1	1	1	1	1
Receptionist - 12 hours	1	1	1	1	1	1
Dietary	2.5	2.5	2.5	2.5	2.5	2.5
RN's/LPN's	3	3	3	4	5	5
CNA's	3	5	8	10	13	14
Activity/Alz Director	1	1	1	1	1	1
Activity/Alz Aides	1	1	1	2	2	2
Housekeeping Aide	1	2	2	2	3	3
Total	**13.5**	**16.5**	**19.5**	**23.5**	**28.5**	**29.5**

ATTACHMENT-19A

HUNTLEY ESTATES - 110 bed Facility
Opening Staffing Projections (Based on Census of 0-10 residents)

DEPT HEADS

	YEARLY	MONTHLY		
ADMINISTRATOR	$115,000	$9,583		
DON	$100,000	$8,333		
SOCIAL SERVICES	$50,000	$4,166		
BLDG/MAINTENANCE	$65,000	$5,416		
MDS/RCC	$70,000	$5,833		
FSS	$60,000	$5,000		
ACTIVITY DIRECTOR	$50,000	$4,166		
ADMISSIONS DIRECTOR	$60,000	$5,000		
CSS	$60,000	$5,000		
OFFICE MANAGER	$30,000	$2,500		
ACCOUNT MANAGER	$60,000	$5,000		
TOTAL		$59,997	plus 24%	$14,399
				$74,396

HOURLY STAFF

	$ per HR.	# FTE's	$'s per MO.		
RN's / LPN's	$30	3	$21,900		
CNA's	$12	3	$8,213		
HSKPNG	$10	2	$4,563		
CHEFS	$30	2	$14,600		
DIETARY	$10	1	$2,281		
LAUNDRY	$10	1	$2,281		
TOTAL			$53,838	plus 24%	$12,921
					$66,759

TOTAL MONTHLY PAYROLL EXPENSE $141,155

Hourly Staff-Up Plan **Staffing Needs / Occupancy**

Positions	**Census**					
	0-20	**21-40**	**41-60**	**61-80**	**81-85**	**86-110**
RN's/LPN's	3	6	8	10	13	15
CNA's	3	10	15	22	24	30
Unit Manager	0	1	1	1	1	1
Activity Aides	0	1	2	2	2	2
Dietary Aides	2	2	3	4	4	4
Dining Room Aides	1	2	4	4	4	4
Housekeeping Aides	1	2	3	4	5	5
Laundry Aides	1	2	2	2	2	2
Total	**11**	**26**	**38**	**49**	**55**	**63**

ATTACHMENT-19A

Staffing Achievement Plan

We will utilize all available print, online, and face to face advertising to publicize the opening and available positions including but not limited to the following options:

- Post a banner ad (3x's) in the local Huntley newspaper announcing the expected facility opening, scheduled to be posted 3-, 2-, and 1-month prior to opening.
- Hold a day-long job fair locally to recruit and interview candidates 1-2 months prior to opening.
- Create and add to the Alden Network website 2 individual home pages applicable to each facility listing information about construction progress, facility services and open positions including online application cabability.
- Utilize available contracted job postings through CareerBuilder and LinkedIn.
- Utilize available contracted recruiters for major positions search.
- Advertise internally within our current network of facilities for staff transfers and/or promotions.
- Signage at the job site will include contact phone number for career information.

ATTACHMENT-19A

Criterion 1125.600 Bed Capacity

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

This project is for a 170 bed long-term care facility. Therefore, this item is not germane.

ATTACHMENT- 20

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 thirteen (13) letters of support from Michael Eesley, CEO of Centegra Health System; Karen Lambert, President of Advocate Good Shepherd Hospital; Mr. Charles H. Sass, Village President of the Village of Huntley; the honorable Karen McConnaughay, State Senator of the 33rd District; Kane County Board Chairman Christopher J. Lauzen; McHenry County Board Chairwoman Tina R. Hill; Meg LaMonica, Associate Director of Senior Services Associates, Inc.; the honorable Timothy L. Schmitz, Deputy Republican Leader of the Illinois House of Representatives; Monsignor Stephen J. Knox, Pastor of St. Mary Catholic Church; Linda Moore, Grafton Township Supervisor; Margaret H. Sanders, Rutland Township Supervisor; Rajiv Sood, MD, Attending Physician of Advance Midwest Medical; and Dennis Kellar, MD of Northwest Pulmonary Sleep and Wellness. Appended as **ATTACHMENT-21B** are fifty-three (53) letters from residents of the Huntley area expressing support for the proposed project. It should known that these support letters represent those living in Sun City Huntley by Del Webb.

ATTACHMENT- 21

CentegraHealthSystem

Centegra Corporate Office
385 Millennium Drive
Crystal Lake, IL 60012
815-788-5826

Michael S. Eesley
Chief Executive Officer

February 21, 2013

Ms. Randi Schullo
Alden Estates of Huntley
Alden Courts of Huntley
4200 W. Peterson Ave., Suite 140
Chicago, IL 60646

RE: Alden Estates of Huntley, Huntley Illinois
Alden Courts of Huntley, Huntley Illinois

Dear Ms. Schullo:

Centegra Health System and Centegra Hospital-Huntley in Huntley, Illinois support Alden's proposal to build Alden Estates of Huntley, a 110-bed skilled nursing center and Alden Courts of Huntley, a 60-bed skilled memory care facility in Huntley, Illinois. We believe the proposed nursing and memory care services of Alden Estates and Alden Courts will provide unique services to the community.

Sincerely,

Michael Eesley
Chief Executive Officer
Centegra Health System

ATTACHMENT-21A

450 West Highway 22
Barrington, Illinois 60010-1901
Telephone 847.381.9600

Advocate Good Shepherd Hospital

February 1, 2013

Ms. Joan Carl
Alden Estates of Huntley
Alden Courts of Huntley
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

RE: Alden Estates of Huntley, Huntley, Illinois
Alden Courts of Huntley, Huntley, Illinois

Dear Ms. Carl:

Advocate Good Shepherd Hospital in Barrington, Illinois, supports Alden's proposal to build Alden Estates of Huntley, a 110 bed skilled nursing center and Alden Courts of Huntley, a 60 unit skilled memory care facility, on the vacant property located at Regency Parkway and Princeton Drive in Huntley. While there are many inpatient hospital facilities available to serve Huntley and the surrounding communities, we believe the proposed nursing care and memory care services that Alden Estates and Alden Courts will provide unique services.

Sincerely,

Karen Lambert

Karen Lambert
President

teg

ATTACHMENT-21A

VILLAGE OF HUNTLEY

VILLAGE PRESIDENT
Charles H. Sass

BOARD OF TRUSTEES
Pam Fender
Ron Hahn
Nick Hanson
Niko Kanakaris
Harry Leopold
John Piwko

VILLAGE MANAGER
David J. Johnson

February 28, 2013

Mr. Dale Galassie, Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Alden Estates of Huntley, Huntley Illinois
Alden Courts of Huntley, Huntley Illinois

Dear Mr. Galassie,

The Village of Huntley supports Alden's proposal to build Alden Estates of Huntley, a 110 bed skilled nursing center and Alden Courts of Huntley a 60 bed skilled memory care facility in Huntley Illinois. We believe there is a tremendous need for these proposed facilities as Alden Estates & Alden Courts of Huntley will provide unique and much needed service to our community.

I urge you to give Alden's certificate of need application every consideration. Thank you for your consideration.

Sincerely,

Charles H. Sass

You run a great meeting!

Charles H. Sass
Village President

10987 Main Street • Huntley, Illinois 60142 • 847-515-5200
www.huntley.il.us

ATTACHMENT-21A

STATE CAPITOL
SENATE POST OFFICE
SPRINGFIELD, ILLINOIS 62706

STATE OF ILLINOIS
98TH GENERAL ASSEMBLY
ILLINOIS STATE SENATE

KAREN McCONNAUGHAY
STATE SENATOR
33RD DISTRICT

February 25, 2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

Karen McConnaughay

State Senator Karen McConnaughay
33rd District

ATTACHMENT-21A

RECYCLED PAPER - SOYBEAN INKS

COUNTY OF KANE

Christopher J. Lauzen
Kane County Board Chairman

Kane County Government Center
719 South Batavia Avenue
Geneva, IL 60134
(630) 232-5930
clauzen@kanecoboard.org
www.countyofkane.org

January 15, 2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 100-bed rehabilitation and health care center, and Alden Courts of Huntley, a 50-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Very sincerely,

Christopher J. Lauzen
Kane County Board Chairman

ATTACHMENT-21A

McHENRY COUNTY BOARD

TINA R. HILL, CHAIRWOMAN

McHENRY COUNTY GOVERNMENT CENTER
2200 N. SEMINARY AVENUE
WOODSTOCK, IL 60098
815/334-4221
Fax 815/338-3991
Email: TRHill@co.mchenry.il.us

March 4, 2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

Tina R. Hill

Tina R. Hill, Chairwoman
McHenry County Board

ATTACHMENT-21A

Senior Services Associates, Inc.

January 16, 2013

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Application for Certificate of Need for Alden of Huntley, Rehabilitation and Memory Care, Regency Parkway and Princeton Road, Huntley, IL

Dear Mr. Galassie,

Senior Services Associates Inc. is please to express our support of Alden's proposed 110 bed rehabilitation and health care center at Alden Estates of Huntley, which is proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley Illinois. Due to the close proximity of Del Webb's active adult community and the aging population of the area, these proposed services are much needed.

Please give Alden's certificate of need application the consideration and attention that it deserves.

Respectfully,

Meg LaMonica
Associate Director
Senior Services Associates, Inc.
110 W. Woodstock St
Crystal Lake, IL 60014
815-356-7457

ATTACHMENT-21A

DISTRICT OFFICE:
127 Hamilton Street, Ste. D
Geneva, Illinois 60134
630/845-9590
630/845-9592 Fax

GENERAL ASSEMBLY
State of Illinois

SPRINGFIELD OFFICE:
224-N Stratton Building
Springfield, Illinois 62706
217/782-5457
217/782-1275 Fax

TIMOTHY L. SCHMITZ
ASSISTANT REPUBLICAN LEADER
State Representative • 49th District

January 8, 2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

Timothy L. Schmitz
Deputy Republican Leader
Illinois House of Representatives
49th District

ATTACHMENT-21A

RECYCLED PAPER • SOYBEAN INK

ST. MARY CATHOLIC CHURCH

10307 Dundee Road, Huntley, Illinois 60142
Phone: (847) 669-3137 · Fax: (847) 669-3138
Website: www.stmaryhuntley.org

January 24, 2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I am the pastor of St. Mary Parish in Huntley, Illinois which is very close to the Del Webb community. I think this facility is greatly needed in our community. I urge you to give Alden's certificate of need application every consideration.

Sincerely,

Msgr. Stephen J. Knox
Pastor

ATTACHMENT-21A

Grafton Township
McHenry County, IL
P.O. Box 37, Huntley, IL 60142
847-669-3328 • Fax: 847-669-9256 • www.graftontownship.net

January 16, 2013

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

Linda Moore

Linda Moore

Grafton Township Supervisor

ATTACHMENT-21A

RUTLAND TOWNSHIP
P.O. BOX 29 • 16N491 POWERS ROAD
GILBERTS, ILLINOIS 60136
(847) 428-6560 • FAX (847) 428-9895
WWW.RUTLANDTOWNSHIP.COM

MARGARET SANDERS
TOWNSHIP SUPERVISOR

DEBRA SCHULTZ
TOWNSHIP CLERK

January 9, 2013

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

RE: Application for Certificate of Need for Alden of Huntley, Rehabilitation and Memory Care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am writing to add my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley.

I live in the nearby Del Webb active adult community and know that many of the residents of Del Webb and the aging population in the Huntley area are in need of these services.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

Margaret H Sanders

Margaret H. Sanders
Rutland Township Supervisor

ATTACHMENT-21A

Advance Midwest Medical, S.C.
Rajiv K. Sood, MD

1585 N. Barrington Road
Doctors Bldg 2 – Suite 501
Hoffman Estates, IL 60169-5020
Tel: 847.490.8900 Fax: 847.490.8999

December 21, 2012

Ms. Randi Schullo
President, Alden Realty Service, Inc

Dear Ms. Schullo:

I am a practicing physician in the Barrington area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from Advocate Good Shepherd Hospital or other local hospitals from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Sincerely,

Rajiv Sood, MD
Attending Physician-
Board Certified Internal Medicine

ATTACHMENT-21A

Northwest
Pulmonary | Sleep | Wellness

360 Station Drive, Crystal Lake, IL 60014
1435 North Randall Road- Suite 410, Elgin, IL 60123
Willow Ponds: 900 West Main Street, Lake Zurich, IL 60047
1585 North Barrington Road- Suite 501, Hoffman Estates, IL 60169

877.775.3370
815.477.7350
Fax: 815.477.7351

Breathe well. Sleep well. Live well.

December 21, 2012

Ms. Randi Schullo
President, Alden Realty Service, Inc

Dear Ms. Schullo:

I am a practicing physician in the Barrington area, near your proposed project in Huntley Illinois. I often encounter the need for long term and short term care after discharge from Advocate Good Shepherd Hospital or other local hospitals from my office. I understand that you are considering a new Alden facility in the Huntley area. I simply want this letter to state that after reviewing my records, I feel that a significant number of my patients would be excellent candidates for such a new facility in the Huntley area. I say this not only because of their underlying medical and rehabilitative needs, but also because of their geographic location, and the convenience that a facility in that area would offer for both the resident and his or her family.

If I may be of further assistance, please feel free to contact me.

Sincerely,

Dr. Dennis F. Kellar

Dr. Dennis F. Kellar, MD, FCCP, DABSM Dr. Mohammad Omari, MD, FCCP Dr. Elizabeth A. Schupp, MD, FCCP
Tess Saunar, MS, CNP Nonie Russell, MS, CNP

ATTACHMENT-21A

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Dolores Vedrine

PRINT NAME DOLORES VEDRINE

STREET ADDRESS 11915 BLOOMFIELD DR

CITY AND STATE HUNTLEY IL 60142

ATTACHMENT-21B

DATE:_____

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Toni Kraska

PRINT NAME_____

STREET ADDRESS 12886 W. Bull Ridge

CITY AND STATE Huntley IL

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Joyce Bauer

PRINT NAME JOYCE BAUER

STREET ADDRESS 13497 Morgan Way

CITY AND STATE Huntley, IL 60142

ATTACHMENT-21B

DATE:_____

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Ann Mulvey

PRINT NAME ANN MULVEY

STREET ADDRESS 811 Southwick Dr

CITY AND STATE Algonquin IL

ATTACHMENT-21B

DATE: 1-15-2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Vivian Lakowski

PRINT NAME VIVIAN LAKOWSKI

STREET ADDRESS 13412 MORGAN WAY

CITY AND STATE Huntley, IL. 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Lucille Mackey

PRINT NAME LUCILLE MACKEY

STREET ADDRESS 761 ROGER RD

CITY AND STATE WOODSTOCK, IL 60098

ATTACHMENT-21B

DATE: 1/16/2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Barbara House

PRINT NAME Barbara House

STREET ADDRESS 13061 Penn Ave

CITY AND STATE Huntley, IL 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Marilyn Hayes

PRINT NAME Marilyn Hayes

STREET ADDRESS 13084 Illinois Dr, ~~Huntley, Il~~

CITY AND STATE Huntley, Il 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Mary Jane Poppenga

PRINT NAME MARY JANE POPPENGA

STREET ADDRESS 12195 Acorn Ct

CITY AND STATE Huntley, IL 60142

ATTACHMENT-21B

DATE: 1-15-2012

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Arlene Adamick

PRINT NAME ARLENE ADAMICK

STREET ADDRESS 13555 DAKOTA FIELDS DR

CITY AND STATE HUNTLEY, IL 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Mary Ann Joda

PRINT NAME MARY ANN JODA

STREET ADDRESS 12231 CHERRY HILL LN.

CITY AND STATE HUNTLEY, IL. 60142

ATTACHMENT-21B

DATE: 1/15/13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 bed. rehabilitation and health care center, and Alden Courts of Huntley, a 60 bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Shirley Grant

PRINT NAME SHIRLEY GRANT

STREET ADDRESS 13253 SIERRA GLEN RD.

CITY AND STATE HUNTLEY, IL 60142

ATTACHMENT-21B

DATE: 1/15/13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Susan M. Proskey

PRINT NAME SUSAN M. PROSKEY

STREET ADDRESS 13233 SIERRA GLEN DR.

CITY AND STATE Huntley, IL 60142

ATTACHMENT-21B

DATE: 1-15-2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Katherine E. Kraus

PRINT NAME KATHERINE E. KRAUS

STREET ADDRESS 13415 Michigan ave

CITY AND STATE Huntley IL. 60142

ATTACHMENT-21B

DATE: 1/15/13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Edward J Nowakowski

PRINT NAME EDWARD J NOWAKOWSKI

STREET ADDRESS 12950 BIG HORN DR.

CITY AND STATE HUNTLEY ILL

ATTACHMENT-21B

DATE: Jan 15, 2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Carol D. Loew-Kalbas

PRINT NAME CAROL D LOEW-KALBAS

STREET ADDRESS 11878 Meadow Drive

CITY AND STATE Huntley, IL 60142

ATTACHMENT-21B

DATE: Jan 15, 2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Annette Kopczynski

PRINT NAME Annette Kopczynski

STREET ADDRESS 11702 Evergreen Lane

CITY AND STATE Huntley, IL. 60142

ATTACHMENT-21B

DATE: Jan. 15, 2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Mary Ann Marino

PRINT NAME MARY ANN MARINO

STREET ADDRESS 11748 TANGLEWOOD LN.

CITY AND STATE HUNTLEY, IL. 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 - bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Evelyn T. Lewandowski

PRINT NAME EVELYN T. LEWANDOWSKI

STREET ADDRESS 13463 DEARBORN TR.

CITY AND STATE HUNTLEY IL. 60142

ATTACHMENT-21B

DATE: [illegible]

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE [illegible]

PRINT NAME [illegible]

STREET ADDRESS [illegible]

CITY AND STATE [illegible]

ATTACHMENT-21B

DATE: Jan 15/13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE [signature]

PRINT NAME TRINI GUTIERREZ

STREET ADDRESS 13015 BIG HORN DR.

CITY AND STATE Huntley, IL

ATTACHMENT-21B

DATE: Jan 15, 2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Jn Palmer

PRINT NAME JEANNINE PALMER

STREET ADDRESS 12987 W. SUMMERVIEW DR.

CITY AND STATE Huntley IL 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Ruth A. Kahl

PRINT NAME RUTH A KAHL

STREET ADDRESS 11903 BORDEN ST.

CITY AND STATE HUNTLEY IL. 60142

ATTACHMENT-21B

DATE: 1/15/12

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 - bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 - bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Ruth Holcomb

PRINT NAME Ruth Holcomb

STREET ADDRESS 11511 Douglas

CITY AND STATE Huntley IL. 60142

ATTACHMENT-21B

DATE: 1-15-2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE John Leprich

PRINT NAME JOHN LEPRICH

STREET ADDRESS 13526 WINDY PRAIRIE

CITY AND STATE HUNTLEY ILL 60142

ATTACHMENT-21B

DATE: 1-15-2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Erika Leprich

PRINT NAME ERIKA LEPRICH

STREET ADDRESS 13526 WINDY PRAIRIE

CITY AND STATE HUNTLEY, IL 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 - bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Patricia L Lull

PRINT NAME PATRICIA L LULL

STREET ADDRESS 13568 DELANEY RD

CITY AND STATE HUNTLEY IL 60142

ATTACHMENT-21B

DATE: 1-15-2012

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Marie Fettes

PRINT NAME Marie Fettes

STREET ADDRESS 10854 Turner Dr

CITY AND STATE Huntley Ill 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Shirley Jablonski

PRINT NAME SHIRLEY JABLONSKI

STREET ADDRESS 11511 Douglas Ave

CITY AND STATE Huntley IL 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Dorothy J Liss

PRINT NAME DOROTHY J. LISS

STREET ADDRESS 198 TYLER CREEK.

CITY AND STATE GILBERTS, IL 60136

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Loretta Wirch

PRINT NAME Loretta Wirch

STREET ADDRESS 11623 Joan Ave.

CITY AND STATE Huntley, Il. 60142

ATTACHMENT-21B

DATE: 01/15/13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Janice K. Shuff

PRINT NAME JANICE K SHUFF

STREET ADDRESS 11417 E. Main St. Apt. 1

CITY AND STATE Huntley Ill 60142

ATTACHMENT-21B

DATE: 1/15/13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Richard Curylo

PRINT NAME RICHARD CURYLO

STREET ADDRESS 13178 W. STONEBRIDGE LN

CITY AND STATE HUNTLEY IL 60142

ATTACHMENT-21B

DATE: 1-5-2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Arlene Wille

PRINT NAME Arlene Diane Wille

STREET ADDRESS 13470 Crestview Drive

CITY AND STATE Huntley, IL 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE W. Richard Wille

PRINT NAME W. RICHARD WILLE

STREET ADDRESS 13470 CRESTVIEW DR.

CITY AND STATE HUNTLEY, IL 60142

ATTACHMENT-21B

DATE: 1/15/13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Patricia Pecorard

PRINT NAME PATRICIA PECORARO

STREET ADDRESS 11742 NOTTINGHAM DR.

CITY AND STATE HUNTLEY, IL

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Louise Carnizzo

PRINT NAME LOUISE CARNIZZO

STREET ADDRESS 11461 PRIMROSE

CITY AND STATE HUNTLEY

ATTACHMENT-21B

DATE: JAN-15-2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 - bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Biagio Imperiale

PRINT NAME BIAGIO IMPERIALE

STREET ADDRESS 12864 W. MILBROOK DRIVE

CITY AND STATE HUNTLEY - IL. 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Arlene Anderson

PRINT NAME Arlene Anderson

STREET ADDRESS 13335 Red Alder Ave.

CITY AND STATE Huntley, IL 60142

ATTACHMENT-21B

DATE: 1-15-12

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Jean Montwicki

PRINT NAME JEAN MONTWICKI

STREET ADDRESS 13625 IVY DRIVE

CITY AND STATE HUNTLEY, IL 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE John Martinez

PRINT NAME JOHN MARTINEZ

STREET ADDRESS 11464 MORNING GLORY LN

CITY AND STATE HUNTLEY, IL 60142

ATTACHMENT-21B

DATE: _____

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Annie Schoenfisch

PRINT NAME ANNIE SCHOENFISCH

STREET ADDRESS 13044 STONE CREEK CT

CITY AND STATE HUNTLEY, IL 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Diane Kurzer

PRINT NAME DIANE KURZER

STREET ADDRESS 13334 JASMINE

CITY AND STATE HUNTLEY, IL 60142

ATTACHMENT-21B

DATE: Jan 15, 2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Rosalie Caccatore

PRINT NAME ROSALIE CACCIATORE

STREET ADDRESS 11072 PRESTON PWY

CITY AND STATE HUNTLEY, IL. 60142

ATTACHMENT-21B

DATE: 1-15-13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Marie Groch

PRINT NAME MARIE GROCH

STREET ADDRESS 13361 GREEN MEADOW AVE

CITY AND STATE HUNTLEY, IL 60142

ATTACHMENT-21B

DATE: 11/15/13

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE James J Sieczkowski

PRINT NAME JAMES J SIECZKOWSKI

STREET ADDRESS 11847 MESSINER DRIVE

CITY AND STATE HUNTLEY, IL 60142

ATTACHMENT-21B

DATE: Jan 15-2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Shirley Cohen

PRINT NAME SHIRLEY COHEN

STREET ADDRESS 11724 Rowan Terrace Ln.

CITY AND STATE Huntley, IL 60142

ATTACHMENT-21B

DATE: 1-15-2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Sidney Cohen

PRINT NAME SIDNEY COHEN

STREET ADDRESS 11724 RIVER TERRACE LANE

CITY AND STATE HUNTLEY ILL 60142-7638

ATTACHMENT-21B

DATE: January 15, 2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Jean Siegel

PRINT NAME Jean Siegel

STREET ADDRESS 12965 Renefield Lane

CITY AND STATE Huntley, IL 60142

ATTACHMENT-21B

DATE: 1-15-2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110-bed rehabilitation and health care center, and Alden Courts of Huntley, a 60-bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Anthony Kopera

PRINT NAME ANTHONY KOPERA

STREET ADDRESS 13416 DAKOTA FIELDS DR

CITY AND STATE HUNTLEY, IL. 60142

ATTACHMENT-21B

DATE: JAN 15-2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 -bed rehabilitation and health care center, and Alden Courts of Huntley, a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Rosemarie Kopera

PRINT NAME ROSEMARIE KOPERA

STREET ADDRESS 13416 DAKOTA FIELDS

CITY AND STATE HUNTLEY IL

ATTACHMENT-21B

DATE: 11/15/2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 bed rehabilitation and health care center, and Alden Courts of Huntley, 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE [illegible]

PRINT NAME JOHN STECHMAN

STREET ADDRESS 13158 STONEBRIDGE

CITY AND STATE IL, 60142

ATTACHMENT-21B

DATE: 1-15-2013

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

RE: Application for Certificate of Need for Alden of Huntley, rehabilitation and memory care, Regency Parkway and Princeton Road, Huntley, Illinois

Dear Mr. Galassie:

I am a resident of the Huntley area and I am writing to express my support for Alden's proposed Alden Estates of Huntley, a 110 bed rehabilitation and health care center, and Alden Courts of Huntley a 60 -bed memory care facility, which are proposed for the northwest corner of Regency Parkway and Princeton Road in Huntley. With the nearby Del Webb active adult community, along with the aging population of the Huntley area, these services are very much needed.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Barbara Stechman

PRINT NAME BARBARA STECHMAN

STREET ADDRESS 13158 W STONERIDGE LN

CITY AND STATE HUNTLEY IL 60142

ATTACHMENT-21B

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.

It should be noted that the proposed project is in compliance with this criterion as the full bed compliment of 170 nursing beds will be provided in 110,200 gross square feet which calculates to 648 gross square feet per bed well within the upper range limit of 713 gross square feet per bed.

ATTACHMENT- 22

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 letter from the Village of Huntley's Mr. Charles Nordman, AICP Director of Development Services. This letter indicates the current status of zoning and that a variance of a "special use permit" for the proposed project is to be sought.

ATTACHMENT- 23

VILLAGE OF HUNTLEY

VILLAGE PRESIDENT
Charles H. Sass

BOARD OF TRUSTEES
Pam Fender
Ron Hahn
Nick Hanson
Niko Kanakaris
Harry Leopold
John Piwko

VILLAGE MANAGER
David J. Johnson

March 12, 2013

Ms. Randi Schullo, President
Alden Realty Services, Inc.
4200 W. Peterson, Suite 140
Chicago, IL 60646

Re: Development Application – Alden of Huntley Senior Living Community

Dear Ms. Schullo:

This letter is to confirm receipt of Alden's development application for a senior living community proposed on a 13-acre site located at the northwest corner of Princeton Drive and Regency Parkway. The site is currently zoned "C-2" Regional Retail which requires approval of a Special Use Permit for a nursing home and sheltered care home.

I look forward to working with you on this exciting project. As always, please do not hesitate to contact me should you have any questions.

Sincerely,

Charles Nordman, AICP
Director of Development Services

Cc: File

ATTACHMENT-23A

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.

The proposed project is for the establishment of a freestanding nursing care facility and not a continuum of care campus. Therefore, item number two above is not applicable to this project. Appended as **ATTACHMENT-24A**, is a letter signed by the Applicant addressing item number one.

ATTACHMENT- 24

Alden Estates-Courts of Huntley, Inc.

March 15, 2013

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

RE: Alden Estates of Huntley / Alden Courts of Huntley
Assurance for Criterion 1125.210 (c)

Dear Mr. Glassie:

This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, Alden Estates of Huntley / Alden Courts of Huntley that it understands that it is expected to achieve and maintain the occupancy specified in §1125.210(c) by the second year of operation after project completion. Our ability to maintain this occupancy level could be affected by various factors outside of our control, such as natural disasters, regulatory changes in healthcare, interruption of necessary utilities, physical plant problems, or other unexpected issues outside of our control which could have a direct or indirect effect upon our occupancy rate.

Sincerely,

Alden Estates-Courts of Huntley, Inc.

Randi Schullo
Vice President

Notarization:

Subscribed and sworn to before me this 15 day of MARCH, 20 13

Signature of Notary

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

Seal

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

ATTACHMENT-24A

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:**

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;

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.

Appended as **ATTACHMENT-27A,** is a letter from the Applicant's chief financial officer attesting that the Applicant has cash and securities to meet the equity portion of the project.

Appended as **ATTACHMENT-27B**, is a letter from Capital Funding, LLC attesting to its expectation to make the loan and providing the terms and conditions of the mortgage.

ATTACHMENT - 27

Alden Management Services, Inc.

March 13, 2013

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

Dear Mr. Galassie:

In documentation of item 1120.120 Availability of Funds (a) Cash and Securities, please be advised that I am familiar with the financial condition of the Applicants of the Alden Estates of Huntley/Alden Courts of Huntley, Certificate of Need and wish to advise you that they have sufficient finances, in excess of the $6,662,534.00 necessary to fund the equity required for the project.

If you have any questions, please do not hesitate to contact my office.

Sincerely,

Steven M. Kroll
Chief Financial Officer

Notarization:
Subscribed and sworn to before me this 13 day of MARCH, 2013

Signature of Notary

Seal: "OFFICIAL SEAL"
[illegible] GOLDSTEIN
[illegible] STATE OF ILLINOIS
[illegible] EXPIRES 8/24/2014

ATTACHMENT-27A

CAPITAL FUNDING, LLC

January 22, 2013

Ms. Joan Carl
Alden Management Services, Inc.
4200 West Peterson, Suite 140
Chicago, IL 6046

RE: Alden Estates of Huntley
Huntley, IL
A Proposed 100-Bed Skilled Nursing Facility and 50-Bed Skilled Memory Care Facility

Dear Joan:

This is to advise that Capital Funding, LLC will entertain providing the construction and permanent first mortgage financing for the new construction of the above referenced 100-bed skilled nursing facility and 50-bed skilled memory care facility in Huntley, Illinois.

It is anticipated that the interest rate applicable to both the construction loan and the permanent loan will be 3.50%. The construction term is anticipated to be 15 months. The permanent loan term is anticipated to be 40 years.

The total amount of the construction loan is anticipated to be approximately $28,768,700. The total amount of the permanent loan is also anticipated to be approximately $28,768,700. Both the construction and the permanent financing are anticipated to provide utilizing mortgage insurance issued by the United States Department of Housing and Urban Development through Section 232 of the National Housing Act.

We look forward to working with you on this transaction.

Very truly yours,

Brian Reynolds
Executive Vice President

1422 Clarkview Road, Baltimore, MD 21209 T. 410-342-3155 F. 410-342-7101 www.capfundinc.com

ATTACHMENT-27B

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.

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.

   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.

Appended as **ATTACHMENT-29A,** are the worksheets providing the calculations for each entity, i.e., Alden Huntley Investments, LLC (owner), Alden Estates-Courts of Huntley, Inc. (facility operator), and on a combined basis.

ALDEN HUNTLEY INVESTMENTS, LLC
FORECASTED VIABILITY RATIOS WORKSHEET
LTC FACILITY OWNER

	2018
CURRENT RATIO	
1. CURRENT ASSETS	$1,841,785
2. CURRENT LIABILITIES	$368,543
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	5.00
NET MARGIN PERCENTAGE	
4. NET INCOME OR (LOSS)	$157,422
5. NET OPERATING REVENUE	$2,491,418
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	6.32%
DEBT SERVICE COVERAGE RATIO	
7. NET INCOME(LOSS)+DEPR+ INTEREST+AMORTIZATION	$1,970,485
8. PRINCIPAL + INTEREST	$1,325,463
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	1.49
DEBT CAPITALIZATION RATIO	
10. LONG TERM DEBT	$27,139,865
11. LONG TERM DEBT + EQUITY	$32,387,744
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	84%
DAYS CASH	
13. CASH AND INVESTMENTS	$1,471,799
14. OPER EXPENSE LESS DEPR/365	$4,083.59
15. DAYS CASH ON HAND(LINE13/LINE 14)	360
CUSHION RATIO	
16. CASH AND INVESTMENTS	$1,471,799
17. MAX ANNUAL DEBT SER	$1,325,463
18. CUSHION (LINE 16/LINE 17)	1.11

ATTACHMENT-29A

ALDEN ESTATES-COURTS OF HUNTLEY, INC.
FORECASTED VIABILITY RATIOS WORKSHEET
170 BED LONG-TERM CARE FACILITY OPERATOR

	2018
CURRENT RATIO	
1. CURRENT ASSETS	$14,220,025
2. CURRENT LIABILITIES	$2,583,633
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	5.50
NET MARGIN PERCENTAGE	
4. NET INCOME OR (LOSS)	$5,787,405
5. NET OPERATING REVENUE	$25,275,887
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	22.90%
DEBT SERVICE COVERAGE RATIO	
7. NET INCOME(LOSS)+DEPR+ INTEREST+AMORTIZATION	$5,787,405
8. PRINCIPAL + INTEREST	$0
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	N/A
DEBT CAPITALIZATION RATIO	
10. LONG TERM DEBT	$0
11. LONG TERM DEBT + EQUITY	$11,636,392
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	0.00%
DAYS CASH	
13. CASH AND INVESTMENTS	$9,099,586
14. OPER EXPENSE LESS DEPR/365	$53,393
15. DAYS CASH ON HAND(LINE13/LINE 14)	170.4
CUSHION RATIO	
16. CASH AND INVESTMENTS	$9,099,586
17. MAX ANNUAL DEBT SER	$0
18. CUSHION (LINE 16/LINE 17)	N/A

ATTACHMENT-29A

COMBINNED ALDEN HUNTLEY ENTITIES
FORECASTED VIABILITY RATIOS WORKSHEET
170 BED LONG-TERM CARE FACILITY-OWNER AND OPERATOR

	2018
CURRENT RATIO	
1. CURRENT ASSETS	$16,161,233
2. CURRENT LIABILITIES	$2,952,176
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	5.47
NET MARGIN PERCENTAGE	
4. NET INCOME OR (LOSS)	$5,944,828
5. NET OPERATING REVENUE	$25,275,887
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	23.52%
DEBT SERVICE COVERAGE RATIO	
NET INCOME(LOSS)+DEPR+ 7. INTEREST+AMORTIZATION	$7,757,890
8. PRINCIPAL + INTEREST	$1,325,463
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	5.9
DEBT CAPITALIZATION RATIO	
10. LONG TERM DEBT	$27,139,865
11. LONG TERM DEBT + EQUITY	$44,024,136
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	61.6%
DAYS CASH	
13. CASH AND INVESTMENTS	$10,670,808
14. OPER EXPENSE LESS DEPR/365	$50,651
15. DAYS CASH ON HAND(LINE13/LINE 14)	211
CUSHION RATIO	
16. CASH AND INVESTMENTS	$10,670,808
17. MAX ANNUAL DEBT SER	$1,325,463
18. CUSHION (LINE 16/LINE 17)	8.1

ATTACHMENT-29A

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.

Appended as **ATTACHMENT-30A,** is a letter from the Applicant addressing Reasonableness of Financing Arrangements.

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.

ATTACHMENT-30

Appended as **ATTACHMENT-30B** is the Conditions of Debt Financing letter.

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.

Salaries	$5,692,397	
Supplies	$1,261,621	
Tax, Welfare and Benefits	$1,366,175	
Total Direct Cost	$8,320,193	
Year of Target Utilization		2018
Patient Days Per Year	55,845	
Resultant Costs Per Patient Day		**$148.99**

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.

Depreciation	$810,344	
Interest Expense	$969,577	
Amortization of Capital Finance Charges	$33,141	
Insurance Expense	$28,900	
Mortgage Insurace	$156,798	
Real Estate Taxes	$323,435	
Total Annual Capital Costs	$2,322,195	
Year of Target Utilization		2018
Patient Days Per Year	55,845	
Capital Cost Per Patient Day		**$41.58**

ATTACHMENT - 30

Alden Huntley Investments, L.L.C.

March 13, 2013

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

RE: Certificate of Need Application for Alden Estates-Courts of Huntley, Inc.: reasonableness of financing arrangements

Dear Mr. Glassie:

The total estimated project costs and related costs will be funded in part by borrowing because 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. Also, it should be noted that The Alden Group Ltd. and Alden Huntley Investments, L.L.C. are not guarantors of the debt for Alden Estates-Courts of Huntley, Inc.

Respectfully,

Joan Carl
Co-Managing Member

Randi Schullo
Co-Managing Member

Notarization:

Subscribed and sworn to before me this 13 day of March, 2013

Signature of Notary

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

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

ATTACHMENT-30A

Alden Huntley Investments, L.L.C.

March 13, 2013

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

RE: Certificate of Need Application for Alden Estates-Courts of Huntley, Inc.: conditions of debt financing

Dear Mr. Glassie:

The conditions of the proposed HUD FHA-insured debt financing are reasonable because this form of financing is the lowest net cost available and is most advantageous with respect to its 40-year amortization and term and prepayment penalties.

Respectfully,

Randi Schullo
Co-Managing Member

Joan Carl
Co-Managing Member

Notarization:
Subscribed and sworn to before me this 13 date of March, 2013

Signature of Notary

Seal

"OFFICIAL SEAL"
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/24/2014

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

ATTACHMENT-30B

3/13/2013 corrected	Huntley CON development budget NO PHASING 170 beds	SNF CON budget costs	MC CON budget	total both buildings costs	
ACQUISITION COSTS	Land	750,103	750,103	1,500,206.00	
	Existing Structures			-	
	Holding RE Taxes			-	
	Pre-Construction Holding			-	
	Legal Fees - Acquisition			-	
	Purchase agmt extension fees			-	
SITE WORK	Demolition / Clearance			-	
	Site Improvements			-	
	Remediation			-	
	Other Site Preparation Costs			-	
CONSTRUCTION / REHABILITATION COSTS	New Construction (includes $81k for permits/fees)	15,475,665	7,944,030	23,419,695.00	
	Rehabilitation			-	
	Construction Contingency	1,547,567	794,403	2,341,969.50	
	Payment & Performance Bond or LOC			-	
	Village Impact fees (permit fees in construction cost)	464,270	238,321	702,590.85	other costs to be capitalized
	Major Moveable Equipment & Furnishings	735,350	401,100	1,136,450.00	
	Minor Moveables			-	
	Other Hard Costs			-	
PROFESSIONAL FEES	Architect's Fee - Design	1,039,577.05	535,022.95	1,574,600.00	
	Architect's Fee - Supervision			-	
	Soils report	4,800		4,800.00	
	Phase I	8,000	4,000	12,000.00	Preplanning
	Accounting / Audits	10,000	10,000	20,000.00	other costs to be capitalized
	Architectural / Cost Analysis Report			-	
	Appraisal	17,000	17,000	34,000.00	bond issuance exp/fin costs
	Market Study	5,000	5,000	10,000.00	Preplanning
	Environmental Report			-	
	Legal/Transactional	25,000	25,000	50,000.00	
	Survey	12,000	12,000	24,000.00	
	CON Consultant	40,000	20,000	60,000.00	
	Zoning Legal (A&T-T)	30,000		30,000.00	Preplanning
	Zoning & permits - village review & legal fees	30,000	15,000	45,000.00	Preplanning
	Other consultants for zoning (traffic consultant)	8,000		8,000.00	Preplanning
SOFT COSTS	Title & Recording	22,000	22,000	44,000.00	other costs to be capitalized
	IHFPB Filing Fee & reporting fees	36,432	20,240	56,672.00	other costs to be capitalized
	IDPH Plan Review Fee			-	
	Marketing			-	
	Other Soft Costs			-	
FINANCING COSTS	Loan Application Fees			-	
	Lender's Legal/Financing Fees	330,538	177,982	508,520.00	bond issuance exp/fin costs
	Loan Origination Fee - 2nd			-	
	Miscellaneous payments to Cambridge			-	
	FHA - MIP During Construction	376,813	202,899	579,712.80	bond issuance exp/fin costs
	Miscellaneous			-	
	HUD Exam fee	49,581	26,697	76,278.00	bond issuance exp/fin costs
	FHA - Inspection Fee	82,635	44,496	127,130.00	bond issuance exp/fin costs
INTERIM COSTS	Construction Period Interest - 1st	578,442	311,469	889,910.00	
	Construction Period Interest - 2nd			-	
	Construction Period Real Estate Taxes	15,000	15,000	30,000.00	other costs to be capitalized
	Construction Period Insurance	30,000	30,000	60,000.00	other costs to be capitalized
	Other Interim Costs			-	
SUBTOTAL DEVELOPMENT COSTS		21,723,772	11,621,763	33,345,534	
	HUD loans	$16,526,900	$8,899,100	25,426,000.00	HUD mortgage

ATTACHMENT-FIN

LONG TERM CARE EQUIPMENT

SERVICE AREA/ITEM NAME	UNITS	COST/ UNIT	TOTAL COST	AREA SUB TOTAL
PATIENT ROOMS				
HEADBOARD & FOOTBOARD	60	$17.36	$1,041.60	
HIGH LOW BEDS	60	$170.50	$10,230.00	
MATTRESSES	60	$40.30	$2,418.00	
PILLOWS	60	$9.98	$598.80	
BLANKETS	60	$16.50	$990.00	
BED COVERS	60	$19.20	$1,152.00	
BED SHEETS AND TOWELS	180	$13.49	$2,428.20	
OVERBED TABLES	60	$46.50	$2,790.00	
SAFETY SIDE RAILS	60	$52.70	$3,162.00	
BEDSIDE CABINETS	60	$68.20	$4,092.00	
DRESSERS	60	$279.00	$16,740.00	
HIGHBACK	60	$74.40	$4,464.00	
LAMPS	60	$31.00	$1,860.00	
NOMENCLATURE SIGNS	1	$1,500.00	$1,500.00	
TELEVISIONS	30	$425.00	$12,750.00	
AREA SUB TOTAL				$66,216.60
DINNING ROOM				
TABLES & TOPS 42" SQ.	20	$155.00	$3,100.00	
TABLES & TOPS 24X36	5	$86.80	$434.00	
TABLES & TOPS 36X72	1	$217.00	$217.00	
CHAIRS	80	$68.20	$5,456.00	
CABINET & GLASS TOP	2	$232.50	$465.00	
TABLE LINEN	36	$7.95	$286.20	
AREA SUB TOTAL				$9,958.20
LOBBY				
LOUNGE CHAIRS	2	$238.70	$477.40	
BREAKFRONT	1	$1,302.00	$1,302.00	
RATAN TABLE	1	$155.00	$155.00	
COCKTAIL TABLE	2	$186.00	$372.00	
LOVE SEAT	1	$744.00	$744.00	
			$0.00	
AREA SUB TOTAL				$3,050.40
ADMINISTRATIVE OFFICES				
EXECUTIVE DESK	2	$403.00	$806.00	
CREDENZA	2	$217.00	$434.00	
EXECUTIVE CHAIR	2	$198.40	$396.80	
CONFERENCE CHAIRS	4	$161.20	$644.80	
COMPUTER SYSTEM	1	$9,800.00	$9,800.00	
SUB TOTAL				$12,081.60
GENERAL OFFICES				
SINGLE PED DESKS & MILLER	1	$306.90	$306.90	
DBL PED DESKS MILLER 690	1	$201.50	$201.50	
CONFER.TABLE MILLER 6800	1	$337.90	$337.90	
CONFR.CHAIRS HO143 G17	8	$238.70	$1,909.60	
TWO-DRAWER LATERAL FILES	5	$130.20	$651.00	

ATTACHMENT-FIN

LONG TERM CARE EQUIPMENT

SERVICE AREA/ITEM NAME	UNITS	COST/ UNIT	TOTAL COST	AREA SUB TOTAL
VERTICAL FILES	5	$68.20	$341.00	
EXECUTIVE CHAIR	1	$198.40	$198.40	
SECR. CHAIRS BG203/D6595	1	$83.70	$83.70	
BOOK CASES	3	$198.00	$594.00	
SUB TOTAL				$4,624.00
CORRIDORS				
PICTURES	30	$496.00	$14,880.00	
S/3 PLANTERS	10	$27.90	$279.00	
LARGE PLANTERS	5	$117.67	$588.35	
S/12 WALL MOLDS	1	$500.00	$500.00	
			$0.00	
SUB TOTAL				$16,247.35
OCCUPATONAL THERAPY				
FOLDING TABLES	0	$77.50	$0.00	
STACK CHAIRS	0	$31.00	$0.00	
DESK	0	$170.50	$0.00	
CHAIR	0	$58.90	$0.00	
			$0.00	
SUB TOTAL				$0.00
DOCTORS EXAMINING ROOM				
EXAM TABLE	0	$186.00	$0.00	
DESK/SINGLE PED 2 BOX DR	0	$164.30	$0.00	
TREATMENT CART	0	$52.70	$0.00	
ASPIRATORS	0	$117.80	$0.00	
CLINICAL SCALES	0	$99.20	$0.00	
BED SCALE	0	$223.20	$0.00	
EXAM STOOL	0	$58.90	$0.00	
WASTE RECEPTACLE	0	$23.56	$0.00	
			$0.00	
SUB TOTAL				$0.00
BEAUTY & BARBER	0	$992.00	$0.00	$0.00
GROUP R. SH. FREIGHT	1	$3,700.00	$3,700.00	$3,700.00
LOUNGES				
LOVESEATS	10	$350.30	$3,503.00	
LOUNGE CHAIRS	5	$263.50	$1,317.50	
PICTURES	4	$62.00	$248.00	
PLANTS	4	$58.90	$235.60	
ARM CHAIRS	5	$71.30	$356.50	
END TABLE	3	$288.30	$864.90	
ROUND TABLE	2	$127.10	$254.20	

ATTACHMENT-FIN

LONG TERM CARE EQUIPMENT

SERVICE AREA/ITEM NAME	UNITS	COST/ UNIT	TOTAL COST	AREA SUB TOTAL
LAMPS	4	$46.50	$186.00	
LAMPS	2	$61.38	$122.76	
LAMPS	2	$24.80	$49.60	
LAMPS	2	$52.70	$105.40	
LOVESEATS (CUDDLER)	0	$310.00	$0.00	
LOVESEATS (CUDDLER)	0	$368.90	$0.00	
T.V.	3	$930.00	$2,790.00	
CABINET	2	$682.00	$1,364.00	
COCKTAIL TABLES	2	$182.90	$365.80	
BOOKCASES	5	$198.00	$990.00	
SUB TOTAL				$12,753.26
MEDICAL				
DIAGNOSTIC SET	1	$89.90	$89.90	
EXAMINING LAMP	1	$40.30	$40.30	
WASTE CAN	2	$52.70	$105.40	
TEACHING STETH	2	$15.50	$31.00	
MANUAL REBREATHABLE	1	$61.38	$61.38	
MOBILE SYPHYG	1	$83.70	$83.70	
WALL MOUNT SYPHYG.	0	$52.70	$0.00	
ANEROIDS	2	$12.40	$24.80	
DOCTOR STETH./DUAL HEAD	2	$15.50	$31.00	
COMMODES	1	$40.30	$40.30	
RAISED TOILET SEATS	1	$27.90	$27.90	
INFUSION STAND	1	$27.90	$27.90	
ADJUSTABLE WALKERS	5	$24.80	$124.00	
DROP ARM COMMODES	4	$71.30	$285.20	
PATIENT TRAPEZE UNIT	1	$68.20	$68.20	
WHEEL CHAIR/DTCH FT REST	10	$133.30	$1,333.00	
SWING AWAY FR. REST	10	$133.30	$1,333.00	
SAME AS ABV/W DESK ARMS	10	$148.80	$1,488.00	
SMALL BASE QUAD CANES	8	$18.60	$148.80	
LARGE BASE QUAD CANES	8	$18.60	$148.80	
TRANSFER BOARD	2	$27.90	$55.80	
QUADRICEPS BOARD	2	$40.30	$80.60	
PARRAFIN BATH	2	$83.70	$167.40	
TREATED PARAFFIN REFILLS	2	$15.50	$31.00	
VELCRO WT SET W/RACK	2	$201.50	$403.00	
HOT PACK UNIT/SS CABINET	2	$151.90	$303.80	
STANDARD SIZE HOT PACKS	2	$6.20	$12.40	
STND SIZE HOT PACK COVERS	2	$12.40	$24.80	
GERRY CHAIRS	15	$239.00	$3,585.00	
SUB TOTAL				$10,156.38
NURSES STATION				
REFRIGERATORS	1	$102.30	$102.30	
RING BINDERS /SIDE OPEN	60	$6.20	$372.00	
DIVIDER SET/11 TAB SIDE	60	$3.72	$223.20	
MOBIL CHART RCK/30/CHRT/P	3	$151.90	$455.70	

LONG TERM CARE EQUIPMENT

SERVICE AREA/ITEM NAME	UNITS	COST/ UNIT	TOTAL COST	AREA SUB TOTAL
BUMPERS WALL PROTECTORS	3	$27.90	$83.70	
NURSE,SOLED/CLN NOURSH.	2	$9.30	$18.60	
UTILITY CARTS	2	$58.90	$117.80	
BASKETS FOR ABOVE 6"	2	$15.50	$31.00	
			$0.00	
SUB TOTAL				$1,404.30
KITCHEN				
COOLER FREEZER @ COMPS.	0	$11,470.00	$0.00	
ALL S S TABLES	0	$12,090.00	$0.00	
HOTFOOD TBL/REF.RANDELL	0	$1,519.00	$0.00	
DISP#FD-2-150 HOBART	0	$1,246.20	$0.00	
SOUTHBEND#302, FRYTOP	0	$1,023.00	$0.00	
SOUTHBEND #300,6 BUR	0	$868.00	$0.00	
DISHWASHER HOBART	0	$11,470.00	$0.00	
HOBART SLICER # 1612	0	$1,246.20	$0.00	
SKATEWHEEL 16 FT	0	$1,767.00	$0.00	
TRAY CARTS LAKESIDE	0	$589.00	$0.00	
CAN RACKS	0	$279.00	$0.00	
DUNNAGE RACKS	0	$279.00	$0.00	
SHELV.DRY STORAGE CHROM	0	$2,100.00	$0.00	
			$0.00	
SUB TOTAL				$0.00
OTHER				
BED PAN,AUTOCLAVABLE	60	$1.55	$93.00	
MALE URINAL	60	$0.62	$37.20	
EMESIS BASIN	60	$0.62	$37.20	
WASH BASIN	60	$0.68	$40.80	
WATER TUMBLER& CARAFE	60	$0.93	$55.80	
SOAP DISH	60	$0.62	$37.20	
FRACTURE PAN	5	$1.24	$6.20	
HAIR RINSERS	1	$9.30	$9.30	
ELECTRIC HEATING PADS	20	$7.44	$148.80	
STOPPERLES WTR BOTTLES	20	$2.17	$43.40	
DIETETIC SCALE	2	$13.33	$26.66	
ALT.,PRESSURE PADS	4	$102.30	$409.20	
EMRGNCY OXYGEN UNIT	3	$117.80	$353.40	
			$0.00	
SUB TOTAL				$1,298.16
CROWN CUBICLE CLOTH				
SIZE W 10'6" X 5'0" DUNE	30	$40.30	$1,209.00	
SIXE W 10'6"X 5'0" DUNE	30	$40.30	$1,209.00	
IFC 98 TRACK	60	$34.10	$2,046.00	
			$0.00	
SUB TOTAL				$4,464.00

LONG TERM CARE EQUIPMENT

SERVICE AREA/ITEM NAME	UNITS	COST/ UNIT	TOTAL COST	AREA SUB TOTAL
HANDRAILS				
ALUM PIPE 1 1/4 #553	600	$1.71	$1,026.00	
ALUM BRACKETS #4579	75	$4.65	$348.75	
WALL FITITINGS #11003	100	$7.75	$775.00	
ELBO #11005	18	$8.84	$159.12	
ALUM LAG BOLTS #6839	210	$1.21	$254.10	
INSTALLATION	1	$4,800.00	$4,800.00	
SUB TOTAL				$7,362.97
GENERAL				
ALL WHITE MINI BLINDS	50	$5.00	$250.00	
ALL DRAPES-DRAPES & INST	50	$25.00	$1,250.00	
FREIGHT & SET UP	1	$4,000.00	$4,000.00	
			$0.00	
SUB TOTAL				$5,500.00

ATTACHMENT-FIN

PROJECT: ALDEN COURTS OF HUNTLEY **PAGE #1**

PLELIMINARY PLANNING FF&E BUDGET

DATE: 03.13.13

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : RESIDENT ROOM						
1	R/ART-1	38	BULLETIN BOARD / ART COMBO-BED 1			$ 30.00	$1,140.00
2	R/ART-2	22	BULLETIN BOARD / ART COMBO-BED 2			$ 30.00	$660.00
3	R/ART-3	60	ARTWORK - 3			$ 30.00	$1,800.00
4	R/BD-1	60	RESIDENT HEALTHCARE BED			$ 160.00	$9,600.00
5	R/BD-1A	60	HEALTHCARE MATTRESS			$ 100.00	$6,000.00
6	R/BD-1B	80	BEDSPREAD			$ 100.00	$8,000.00
7	R/CG-1	60	3-DRAWER NIGHTSTAND			$ 150.00	$9,000.00
8	R/CG-2	60	PAIR HEAD / FOOTBOARDS			$ 100.00	$6,000.00
9	R/CG-3	60	TV HUTCH			$ 150.00	$9,000.00
10	R/CG-4	35	WARDROBES			$ 150.00	$5,250.00
11	R/CG-5	22	DIVIDER PANELS			$ 150.00	$3,300.00
12	R/CG-6	35	OVERBED TABLES			$ 50.00	$1,750.00
13	R/CG-7	16	END TABLES			$ 75.00	$1,200.00
14	R/EQ-1	60	FLAT SCREEN TVS			$ 150.00	$9,000.00
15	R/L-1	60	BEDSIDE WALL LAMP			$ 50.00	$3,000.00
16	R/L-2	20	END TABLE LAMPS			$ 50.00	$1,000.00
17	R/PC-1	30	PRIVACY CURTAINS & HARDWARE			$ 200.00	$6,000.00
18	R/UPG-1	50	RESIDENT CHAIR			$ 150.00	$7,500.00
19	R/UPG-2	20	LOUNGE CHAIR			$ 175.00	$3,500.00
20	R/WT-1	47	WINDOW TREATMENTS + HARDWARE			$ 200.00	$9,400.00
						SUBTOTAL - RESIDENT ROOM FF&E	**$102,100.00**
	LOCATION : RESIDENT BATHROOM						
1	RB/ART-1	38	ART #1			$ 30.00	$1,140.00
2	RB/MIR-1	38	FRAMED MIRROR			$ 50.00	$1,900.00
3	RB/ MW-1	38	BATHROOM MILLWORK			$ 50.00	$1,900.00
4	RB-PC-1	38	CUBICLE CURTAIN IN DOORWAY			$ 75.00	$2,850.00
5	RB/SC-1	6	SHOWER CURTAIN; LINER; &			$ 75.00	$450.00
						SUBTOTAL - RESIDENT BATHROOM FF&E	**$8,240.00**
	LOCATION : GENERAL OFFICE						
1	O/CG-1	1	36" 2-HIGH LATERALS			$ 150.00	$150.00
2	O/CG-2	1	36" LATERAL FILE TOP			$ 50.00	$50.00
3	O/EQ-1	1	TELEPHONE SYSTEM			$ 1,000.00	$1,000.00
4	O/EQ-2	1	COMPUTER			$ 1,000.00	$1,000.00
						SUBTOTAL - GENERAL OFFICE FF&E	**$2,200.00**
	LOCATION : ADMINISTRATOR'S OFFICE						
1	AD/ART-1	1	ADMIN. ART #1			$ 125.00	$125.00
2	AD/ART-2	1	ADMIN. ART #2			$ 125.00	$125.00
3	AD/CG-1	1	ADMINISTRATOR'S DESK			$ 1,595.00	$1,595.00
4	AD/CG-2	1	ADMINISTRATOR'S BRIDGE			$ 300.00	$300.00
5	AD/CG-3	1	ADMINISTRATOR'S CREDENZA			$ 1,000.00	$1,000.00
6	AD/CG-4	1	ADMINISTRATOR'S KEYBOARD TRAY			$ 240.00	$240.00
7	AD/CG-5	1	ADMIN. HUTCH WITH DOORS			$ 1,025.00	$1,025.00
8	AD/CG-6	1	ADMIN. TACKBOARD			$ 150.00	$150.00
9	AD/CG-7	1	ADMIN. TASKLIGHT			$ 125.00	$125.00
10	AD/CG-8	1	ADMIN. CONFERENCE TABLE			$ 650.00	$650.00
11	AD/UPG-1	1	ADMIN. DESK CHAIR			$ 600.00	$600.00
12	AD/UPG-2	6	ADMIN. SIDE CHAIR			$ 365.00	$2,190.00
13	AD/WT-1	1	ADMIN. WINDOW TREATMENTS			$ 900.00	$900.00
						SUBTOTAL - ADMINISTRATOR'S OFFICE FF&E	**$9,025.00**
						SUBTOTAL - PAGE #1 FF&E	**$121,565.00**

ATTACHMENT-FIN

PROJECT: ALDEN COURTS OF HUNTLEY **PAGE #2**
PLELIMINARY PLANNING FF&E BUDGET
DATE: 03.13.13

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : ADMISSIONS OFFICE						
1	AM/ART-1	1	ART #1			$ 125.00	$125.00
2	AM/ART-2	1	ART #2			$ 125.00	$125.00
3	AM/ART-3	1	ART #3			$ 100.00	$100.00
4	AM/CG-1	1	DESK			$ 1,900.00	$1,900.00
5	AM/CG-2	1	CREDENZA			$ 1,000.00	$1,000.00
6	AM/CG-3	1	DINING TABLE			$ 1,000.00	$1,000.00
7	AM/L-1	1	DESK LAMP			$ 125.00	$125.00
8	AM/UPG-1	1	DESK CHAIR			$ 600.00	$600.00
9	AM/UPG-2	4	SIDE CHAIR			$ 350.00	$1,400.00
10	AM/WT-1	1	WINDOW TREATMENTS			$ 1,380.00	$1,380.00
						SUBTOTAL - ADMISSIONS OFFICE FF&E	**$7,755.00**
	LOCATION : OFFICE 1						
1	P/ART-1	1	ART #1			$ 100.00	$100.00
2	P/ART-2	1	ART #2			$ 100.00	$100.00
3	P/CG-1	1	DESK			$ 585.00	$585.00
4	P/CG-2	1	BRIDGE			$ 215.00	$215.00
5	P/CG-3	1	CREDENZA			$ 485.00	$485.00
6	P/CG-4	1	KEYBOARD TRAY			$ 240.00	$240.00
7	P/CG-5	1	OVERHEAD STORAGE			$ 495.00	$495.00
8	P/CG-6	1	TACKBOARD			$ 100.00	$100.00
9	P/CG-7	1	TASKLIGHT			$ 125.00	$125.00
10	P/CG-8	1	42" 5-HIGH LATERAL			$ 970.00	$970.00
11	P/UPG-1	1	DESK CHAIR			$ 190.00	$190.00
12	P/UPG-2	2	GUEST CHAIR			$ 140.00	$280.00
						SUBTOTAL - OFFICE 1 FF&E	**$3,885.00**
	LOCATION : OFFICE 2						
1	P/ART-1	1	ART #1			$ 100.00	$100.00
2	P/ART-2	1	ART #2			$ 100.00	$100.00
3	P/CG-1	1	DESK			$ 585.00	$585.00
4	P/CG-2	1	BRIDGE			$ 215.00	$215.00
5	P/CG-3	1	CREDENZA			$ 485.00	$485.00
6	P/CG-4	1	KEYBOARD TRAY			$ 240.00	$240.00
7	P/CG-5	1	OVERHEAD STORAGE			$ 495.00	$495.00
8	P/CG-6	1	TACKBOARD			$ 100.00	$100.00
9	P/CG-7	1	TASKLIGHT			$ 125.00	$125.00
10	P/CG-8	1	42" 5-HIGH LATERAL			$ 970.00	$970.00
11	P/UPG-1	1	DESK CHAIR			$ 190.00	$190.00
12	P/UPG-2	2	GUEST CHAIR			$ 140.00	$280.00
						SUBTOTAL - OFFICE 2 FF&E	**$3,885.00**
	LOCATION : OFFICE BATHROOM						
1	OFB/MIR-1	1	MIRROR			$ 160.00	$160.00
2	OFB/ART-1	1	ARTWORK-1			$ 30.00	$30.00
						SUBTOTAL - OFFICE BATHROOM FF&E	**$190.00**
	LOCATION : VESTIBULE						
1	VEST/CG-1	1	BENCH			$ 200.00	$200.00
2	VEST/ART-1	1	ARTWORK-1			$ 30.00	$30.00
						SUBTOTAL - VESTIBULE FF&E	**$230.00**
	LOCATION : LOBBY						
1	LOB/ART-1	1	ART #1			$ 125.00	$125.00
2	LOB/ART-2	1	ART #2			$ 125.00	$125.00
3	LOB/ART-3	1	ART#3			$ 125.00	$125.00
4	LOB/CG-1	2	END TABLE			$ 640.00	$1,280.00
5	LOB/CG-2	1	COCKTAIL TABLE			$ 800.00	$800.00
6	LOB/CG-3	1	BUFFET			$ 2,000.00	$2,000.00
7	LOB/CG-4	1	DESK			$ 1,800.00	$1,800.00
8	LOB/CG-5	1	BRIDGE			$ 630.00	$630.00
9	LOB/CG-6	1	CREDENZA			$ 1,425.00	$1,425.00
10	LOB/L-1	2	END TABLE LAMPS			$ 150.00	$300.00
11	LOB/UPG-1	1	LOVESEATS			$ 1,550.00	$1,550.00
12	LOB/UPG-2	2	LOUNGE CHAIR			$ 940.00	$1,880.00
13	LOB/UPG-3	1	DESK CHAIR			$ 450.00	$450.00
14	LOB/WT-1	1	WINDOW TREATMENTS			$ 1,800.00	$1,800.00
							$0.00
						SUBTOTAL - LOBBY FF&E	**$14,290.00**
						SUBTOTAL - PAGE #2 FF&E	**$30,235.00**

ATTACHMENT-FIN

PROJECT: ALDEN COURTS OF HUNTLEY **PAGE #3**

PLELIMINARY PLANNING FF&E BUDGET

DATE: 03.13.13

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : NURSE'S STATION						
1	NRS/UPG-1	6	NURSE'S STATION CHAIRS			$ 160.00	$960.00
						SUBTOTAL - NURSE'S STATION FF&E	**$960.00**
	LOCATION : CORRIDORS						
1	COR/ART	1	LOT - ARTWORK			$ 13,000.00	$13,000.00
2	COR/SN-1	1	LOT - SIGNAGE			$ 8,000.00	$8,000.00
3	COR/UPG-1	3	SETTEES			$ 1,000.00	$3,000.00
4		1	FURNITURE INSTALLATION			$ 20,000.00	$20,000.00
5		38	SHADOW BOXES			$ 175.00	$6,650.00
						SUBTOTAL - CORRIDORS FF&E	**$50,650.00**
	LOCATION : LOUNGE (6)						
1	LG/ART-1	6	ART #1			$ 125.00	$750.00
2	LG/ART-2	6	ART #2			$ 125.00	$750.00
3	LG/ART-3	6	ART #3			$ 125.00	$750.00
4	LG/ART-4	6	ART #4			$ 125.00	$750.00
5	LG/CG-1	12	END TABLE			$ 190.00	$2,280.00
6	LG/CG-2	6	TV CONSOLE			$ 800.00	$4,800.00
7	LG/CG-3	6	FLAT SCREEN TV FRAME			$ 500.00	$3,000.00
8	LG/L-1	12	END TABLE LAMPS			$ 150.00	$1,800.00
9	LG/EQ-1	6	TV W/ DVD			$ 1,200.00	$7,200.00
10	LG/TB-1	6	TABLE BASE			$ 230.00	$1,380.00
11	LG/TP-1	6	TABLE TOP			$ 300.00	$1,800.00
12	LG/UPG-1	6	SOFAS			$ 1,600.00	$9,600.00
13	LG/UPG-2	12	LOUNGE CHAIR			$ 885.00	$10,620.00
14	LG/UPG-3	12	ARM CHAIR			$ 380.00	$4,560.00
15	LG/WT-1	6	WINDOW TREATMENTS			$ 800.00	$4,800.00
						SUBTOTAL - LOUNGES (2) FF&E	**$54,840.00**
	LOCATION : DINING ROOMS/ SITTING RM (3)						
1	DR/ART-1	3	ART #1			$ 125.00	$375.00
2	DR/ART-2	3	ART #2			$ 125.00	$375.00
3	DR/ART-3	3	ART #3			$ 125.00	$375.00
4	DR/ART-4	3	ART #4			$ 125.00	$375.00
5	DR/ART-5	3	ART #5			$ 125.00	$375.00
6	DR/CG-1	6	END TABLES			$ 190.00	$1,140.00
7	DR/CG-2	3	TV CONSOLE			$ 800.00	$2,400.00
8	DR/CG-3	3	FLAT SCREEN TV FRAME			$ 500.00	$1,500.00
9	DR/EQ-1	3	TV WITH DVD			$ 1,200.00	$3,600.00
10	DR/TB-1	12	TABLE BASE FOR 42" TOPS			$ 230.00	$2,760.00
11	DR/TP-1	12	42" TABLE TOPS			$ 300.00	$3,600.00
12	DR/UPG-1	48	ARM CHAIRS			$ 300.00	$14,400.00
13	DR/UPG-2	3	SOFA			$ 1,600.00	$4,800.00
14	DR/UPG-3	3	LOVESEATS			$ 1,500.00	$4,500.00
15	DR/UPG-4	3	LOUNGE CHAIRS			$ 885.00	$2,655.00
16	DR/WT-1	3	LOT - WINDOW TREATMENTS			$ 2,000.00	$6,000.00
						SUBTOTAL - DINING ROOMS (3) FF&E	**$49,230.00**
	LOCATION : BATHING ROOMS (3)						
1	BA/ART-1	3	ART #1			$ 100.00	$300.00
2	BA/ART-2	3	ART #2			$ 100.00	$300.00
3	BA/ART-3	3	ART #3			$ 100.00	$300.00
4	BA/PC-1	3	PRIVACY CURTAINS & HARDWARE			$ 1,800.00	$5,400.00
						SUBTOTAL - BATHING ROOM (3) FF&E	**$6,300.00**
	LOCATION : GIFT SHOP						
1	GFT/SW-1	1	SLATWALL, DISPLAYS, INSTALL			$ 12,400.00	$12,400.00
						SUBTOTAL - GIFT SHOP FF&E	**$12,400.00**
	LOCATION : ACTIVITY OFFICE						
1	ACO/ART-1	1	ART #1			$ 75.00	$75.00
2	ACO/ART-2	1	ART #2			$ 75.00	$75.00
3	ACO/CG-1	1	DESKS WITH RETURNS			$ 900.00	$900.00
4	ACO/CG-2	1	2-DRAWER LATERAL FILE			$ 525.00	$525.00
5	ACO/UPG-1	1	DESK CHAIRS			$ 190.00	$190.00
6	ACO/UPG-2	2	SIDE CHAIRS			$ 140.00	$280.00
						SUBTOTAL - ACTIVITY OFFICE FF&E	**$2,045.00**
						SUBTOTAL - PAGE #3 FF&E	**$176,425.00**

ATTACHMENT-FIN

PROJECT: ALDEN COURTS OF HUNTLEY

PAGE #4

PLELIMINARY PLANNING FF&E BUDGET

DATE: 03.13.13

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : ACTIVITY ROOM (2)						
1	ACT/ART-1	2	ART #1			$ 75.00	$150.00
2	ACT/ART-2	2	ART #2			$ 75.00	$150.00
3	ACT/ART-3	2	ART #3			$ 75.00	$150.00
4	ACT/ART-4	2	ART #4			$ 75.00	$150.00
5	ACT/ART-5	2	ART #5			$ 75.00	$150.00
6	ACT/ART-6	2	ART #6			$ 75.00	$150.00
7	ACT/EQ-1	1	PROJECTION TV			$ 5,000.00	$5,000.00
8	ACT/TB-1	8	FOLDING TABLE			$ 180.00	$1,440.00
9	ACT/UPG-1	50	STACK CHAIRS			$ 90.00	$4,500.00
10	ACT/WT-1	2	WINDOW TREATMENTS			$ 1,200.00	$2,400.00
						SUBTOTAL - ACTIVITY ROOM FF&E	$14,240.00
	LOCATION : ICECREAM SHOP						
1	ICE/ART-1	1	ART #1			$ 75.00	$75.00
2	ICE/ART-2	1	ART #2			$ 75.00	$75.00
3	ICE/ART-3	1	ART #3			$ 75.00	$75.00
4	ICE/ART-4	1	ART #4			$ 75.00	$75.00
5	ICE/TB-1	2	TABLE BASE			$ 150.00	$300.00
6	ICE/TP-1	2	TABLE TOP			$ 225.00	$450.00
7	ICE/UPG-1	6	CAFÉ CHAIRS			$ 155.00	$930.00
8	ICE/WT-1	1	WINDOW TREATMENT			$ 1,000.00	$1,000.00
						SUBTOTAL - ICECREAM SHOP FF&E	$2,980.00
	LOCATION : BEAUTY SALON						
1	BT/ART-1	1	ART #1			$ 100.00	$100.00
2	BT/ART-2	1	ART #2			$ 100.00	$100.00
3	BT/ART-3	1	ART #3			$ 100.00	$100.00
4	BT/EQ-1	1	FREESTANDING DRYER			$ 280.00	$280.00
5	BT/TB-1	1	MANICURE TABLE			$ 300.00	$300.00
6	BT/UPG-1	1	HYDROLIC CHAIR			$ 600.00	$600.00
7	BT/UPG-2	1	SHAMPOO CHAIR			$ 350.00	$350.00
8	BT/UPG-3	1	DRYER CHAIR			$ 650.00	$650.00
9	BT/UPG-4	1	MANICURIST STOOL			$ 200.00	$200.00
10	BT/UPG-5	1	MANICURE CHAIR			$ 210.00	$210.00
11	BT/UPG-6	2	WAITING CHAIRS			$ 210.00	$420.00
12	COR/WT-1	1	WINDOW TREATMENTS			$ 1,500.00	$1,500.00
						SUBTOTAL - BEAUTY SALON FF&E	$4,810.00
	LOCATION : MALL LOUNGE						
1	ML-CG-1	4	LOUNGE CHAIRS			$ 500.00	$2,000.00
2	ML-CG-2	3	END TABLES			$ 250.00	$750.00
						SUBTOTAL - MALL LOUNGE FF&E	$2,750.00
	LOCATION : MALL						
1	MAL/TB-1	3	CAFE TABLE			$ 375.00	$1,125.00
2	MAL/UPG-1	12	CAFÉ CHAIRS			$ 155.00	$1,860.00
3	MAL/UPG-2	6	BENCH			$ 450.00	$2,700.00
						SUBTOTAL - ATRIUM / MALL FF&E	$5,685.00
	LOCATION : PATIO (4)						
1	BP/CG-1	8	PATIO END TABLE			$ 300.00	$2,400.00
3	BP/TB-1	4	PATIO TABLE			$ 575.00	$2,300.00
4	BP/UMB-1	4	MARKET UMBRELLA			$ 600.00	$2,400.00
5	BP/UPG-1	4	PATIO SOFA			$ 1,200.00	$4,800.00
6	BP/UPG-2	6	PATIO LOUNGE CHAIR			$ 575.00	$3,450.00
7	BP/UPG-3	12	PATIO DINING CHAIRS			$ 270.00	$3,240.00
						SUBTOTAL - PATIO FF&E	$18,590.00
						SUBTOTAL - PAGE #4 FF&E	$49,055.00

ATTACHMENT-FIN

PROJECT: ALDEN COURTS OF HUNTLEY

PLELIMINARY PLANNING FF&E BUDGET

DATE: 03.13.13

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : TV LOUNGE (3)						
1	TVL/ART-1	3	ART #1			$ 125.00	$375.00
2	TVLART-2	3	ART #2			$ 125.00	$375.00
3	TVL/ART-3	3	ART #3			$ 125.00	$375.00
4	TVL/CG-1	8	END TABLES			$ 190.00	$1,520.00
5	TVL/CG-2	3	TV CONSOLE			$ 600.00	$1,800.00
6	TVL/CG-3	3	FLAT SCREEN TV FRAME			$ 550.00	$1,650.00
7	TVL/EQ-1	3	TV WITH DVD			$ 300.00	$900.00
8	DR/UPG-1	3	SOFA			$ 500.00	$1,500.00
9	DR/UPG-2	3	LOUNGE CHAIRS			$ 300.00	$900.00
10	DR/WT-1	2	LOT - WINDOW TREATMENTS			$ 1,102.50	$2,205.00
						SUBTOTAL - TV LOUNGES (3) FF&E	$11,600.00
	LOCATION : PUBLIC TOILETS						
1	RB/ART-1	5	FRAMED MIRROR			$ 150.00	$750.00
2	RB/MIR-1	5	ARTWORK			$ 125.00	$625.00
						SUBTOTAL - PUBLIC TOILETS FF&E	$1,375.00
	LOCATION : EXAM ROOMS						
1	EX/ ART 1	1	ARTWORK			$ 120.00	$120.00
2	EX/ ART 2	1	ARTWORK			$ 120.00	$120.00
3	EX/ CG-1	1	RECLINER			$ 200.00	$200.00
						SUBTOTAL - PUBLIC TOILETS FF&E	$440.00
	LOCATION : DON						
1	P/ART-1	1	ART #1			$ 100.00	$100.00
2	P/ART-2	1	ART #2			$ 100.00	$100.00
3	P/CG-1	1	DESK			$ 585.00	$585.00
4	P/CG-2	1	BRIDGE			$ 215.00	$215.00
5	P/CG-3	1	CREDENZA			$ 485.00	$485.00
6	P/CG-4	1	KEYBOARD TRAY			$ 240.00	$240.00
7	P/CG-5	1	OVERHEAD STORAGE			$ 495.00	$495.00
8	P/CG-6	1	TACKBOARD			$ 100.00	$100.00
9	P/CG-7	1	TASKLIGHT			$ 125.00	$125.00
11	P/UPG-1	1	DESK CHAIR			$ 190.00	$190.00
12	P/UPG-2	2	GUEST CHAIR			$ 140.00	$280.00
						SUBTOTAL - DON FF&E	$2,915.00
	LOCATION : NURSE'S OFFICE (2)						
1	P/ART-1	2	ART #1			$ 100.00	$200.00
2	P/ART-2	2	ART #2			$ 100.00	$200.00
3	P/CG-1	2	DESK			$ 585.00	$1,170.00
4	P/CG-2	2	BRIDGE			$ 215.00	$430.00
5	P/CG-3	2	CREDENZA			$ 485.00	$970.00
6	P/CG-4	2	KEYBOARD TRAY			$ 240.00	$480.00
7	P/CG-5	2	OVERHEAD STORAGE			$ 495.00	$990.00
8	P/CG-6	2	TACKBOARD			$ 100.00	$200.00
9	P/CG-7	2	TASKLIGHT			$ 125.00	$250.00
10	P/CG-8	2	42" 5-HIGH LATERAL			$ 970.00	$1,940.00
11	P/UPG-1	2	DESK CHAIR			$ 190.00	$380.00
12	P/UPG-2	2	GUEST CHAIR			$ 140.00	$280.00
						SUBTOTAL - NURSE'S OFFICE FF&E	$7,490.00
						SUBTOTAL - PAGE #5 FF&E	$23,820.00
						SUBTOTAL - ALL FF&E ITEMS	$401,100.00

ATTACHMENT-FIN

PROJECT: ALDEN COURTS OF HUNTLEY

PAGE #5

PLELIMINARY PLANNING FF&E BUDGET

DATE: 03.13.13

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : TV LOUNGE (3)						
1	TVLART-1	1	ART #1			$ [illegible]	$[illegible]
2	TVLART-2	1	ART #2			$ [illegible]	$[illegible]
3	TVLART-3	1	ART #3			$ [illegible]	$[illegible]
4	TVLCG-1	2	END TABLES			$ [illegible]	$[illegible]
5	TVLCG-2	1	TV CONSOLE			$ [illegible]	$[illegible]
6	TVLCG-3	1	FLAT SCREEN TV FRAME			$ [illegible]	$[illegible]
7	TVLEQ-1	1	TV WITH DVD			$ [illegible]	$[illegible]
8	DRUPS-1	1	SOFA			$ [illegible]	$[illegible]
9	DRUPS-2	3	LOUNGE CHAIRS			$ [illegible]	$[illegible]
10	DRWTT-1	1	LOT - WINDOW TREATMENTS			$ [illegible]	$[illegible]
					SUBTOTAL - TV LOUNGES (3) FF&E		$11,600.00
	LOCATION : PUBLIC TOILETS						
1	PBART-1	6	FRAMED MIRROR			$ [illegible]	$[illegible]
2	PBUPS-1	6	ARTWORK			$ [illegible]	$[illegible]
					SUBTOTAL - PUBLIC TOILETS FF&E		$1,375.00
	LOCATION : EXAM ROOMS						
1	EXART-1	1	ARTWORK			$ [illegible]	$[illegible]
2	EXART-2	1	ARTWORK			$ [illegible]	$[illegible]
3	EXCG-1	1	RECLINER			$ [illegible]	$[illegible]
					SUBTOTAL - PUBLIC TOILETS FF&E		$440.00
	LOCATION : DON						
1	PART-1	1	ART #1			$ [illegible]	$[illegible]
2	PART-2	1	ART #2			$ [illegible]	$[illegible]
3	PCG-1	1	DESK			$ [illegible]	$[illegible]
4	PCG-2	1	BRIDGE			$ [illegible]	$[illegible]
5	PCG-3	1	CREDENZA			$ [illegible]	$[illegible]
6	PCG-4	1	KEYBOARD TRAY			$ [illegible]	$[illegible]
7	PCG-5	1	OVERHEAD STORAGE			$ [illegible]	$[illegible]
8	PCG-6	1	TACKBOARD			$ [illegible]	$[illegible]
9	PCG-7	1	TASKLIGHT			$ [illegible]	$[illegible]
10	PUPS-1	1	DESK CHAIR			$ [illegible]	$[illegible]
11	PUPS-2	2	GUEST CHAIR			$ [illegible]	$[illegible]
					SUBTOTAL - DON FF&E		$2,915.00
	LOCATION : NURSE'S OFFICE (2)						
1	PART-1	2	ART #1			$ [illegible]	$[illegible]
2	PART-2	2	ART #2			$ [illegible]	$[illegible]
3	PCG-1	2	DESK			$ [illegible]	$[illegible]
4	PCG-2	2	BRIDGE			$ [illegible]	$[illegible]
5	PCG-3	2	CREDENZA			$ [illegible]	$[illegible]
6	PCG-4	2	KEYBOARD TRAY			$ [illegible]	$[illegible]
7	PCG-5	2	OVERHEAD STORAGE			$ [illegible]	$[illegible]
8	PCG-6	2	TACKBOARD			$ [illegible]	$[illegible]
9	PCG-7	2	TASKLIGHT			$ [illegible]	$[illegible]
10	PCG-8	2	42" HIGH LATERAL			$ [illegible]	$[illegible]
11	PUPS-1	2	DESK CHAIR			$ [illegible]	$[illegible]
12	PUPS-2	2	GUEST CHAIR			$ [illegible]	$[illegible]
					SUBTOTAL - NURSE'S OFFICE FF&E		$7,490.00
					SUBTOTAL - PAGE #5 FF&E		$23,820.00
					SUBTOTAL - ALL FF&E ITEMS		$401,100.00

PG 5

ATTACHMENT-FIN

PROJECT: ALDEN ESTATES OF HUNTLEY

F.F.& E PRELIMINARY PLANNING BUDGET

DATE: MARCH 13, 2013

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : BEAUTY SALON						
1	BT/ART-1	1	ART #1			$ 85.00	$85.00
2	BT/ART-2	1	ART #2			$ 85.00	$85.00
3	BT/ART-3	1	ART #3			$ 85.00	$85.00
4	BT/EQ-1	2	FREESTANDING DRYER			$ 280.00	$560.00
5	BT/TB-1	1	MANICURE TABLE			$ 300.00	$300.00
6	BT/UPG-1	2	HYDRAULIC CHAIR			$ 600.00	$1,200.00
7	BT/UPG-2	1	SHAMPOO CHAIR			$ 350.00	$350.00
8	BT/UPG-3	1	DRYER CHAIR			$ 650.00	$650.00
9	BT/UPG-4	1	MANICURIST STOOL			$ 150.00	$150.00
10	BT/UPG-5	1	MANICURE CHAIR			$ 150.00	$150.00
11	BT/UPG-6	2	WAITING CHAIRS			$ 150.00	$300.00
		1	END TABLE			$ 200.00	$200.00
12	COR/WT-1	1	WINDOW TREATMENTS			$ 591.00	$591.00
						SUBTOTAL - BEAUTY SALON FF&E	**$4,706.00**
	LOCATION : COMPUTER ALCOVE						
1		3	CHAIRS			$ 150.00	$450.00
2		1	ART #1			$ 85.00	$85.00
3		1	ART #2			$ 85.00	$85.00
						SUBTOTAL - BASEMENT COMPUTER ALCOVE FF&E	**$620.00**
	LOCATION : MALL						
1		4	CAFÉ TABLE			$ 300.00	$1,200.00
2		12	CAFÉ CHAIRS			$ 125.00	$1,500.00
3		6	BENCH			$ 350.00	$2,100.00
		1	POPCORN MACHINE			$ 1,500.00	$1,500.00
		0	INTERIOR AWNINGS			$ 10,000.00	$0.00
		9	SIGNAGE			$ 350.00	$3,150.00
3		1	XTERIOR WINDOW TREATMENTS			$ 1,600.00	$1,600.00
						SUBTOTAL - ATRIUM / MALL FF&E	**$11,050.00**
	LOCATION : PATIO						
1	BP/CG-1	0	PATIO END TABLE			$ 300.00	$0.00
2	BP/CG-2	0	COCKTAIL TABLE			$ 400.00	$0.00
3	BP/TB-1	4	PATIO TABLE			$ 350.00	$1,400.00
4	BP/UMB-1	2	MARKET UMBRELLA			$ 300.00	$600.00
5	BP/UPG-1	0	PATIO SOFA			$ 1,200.00	$0.00
6	BP/UPG-2	2	PATIO LOUNGE CHAIR			$ 450.00	$900.00
7	BP/UPG-3	16	PATIO DINING CHAIRS			$ 150.00	$2,400.00
						SUBTOTAL - PATIO FF&E	**$5,300.00**
	LOCATION : STAFF DINING ROOM						
1	SD/ART-1	1	ART #1			$ 85.00	$85.00
2	SD/ART-2	1	ART #2			$ 85.00	$85.00
3	SD/ART-3	1	ART #3			$ 85.00	$85.00
4	SD/BT-1	5	PLY MOLD BOOTH SEATING			$ 800.00	$4,000.00
						SUBTOTAL - STAFF DINING ROOM FF&E	**$4,255.00**
	LOCATION : LAUNDRY						
1		2	WASHER			$ 10,000.00	$20,000.00
2		2	DRYER			$ 7,000.00	$14,000.00
3		0	IRONER			$ 14,000.00	$0.00
4							$0.00
						SUBTOTAL - LAUNDRY FF&E	**$34,000.00**
						SUBTOTAL - PAGE #6 FF&E	**$59,931.00**
						SUBTOTAL - ALL FF&E ITEMS	**$735,350.00**

ATTACHMENT-FIN

3/13/201311:56 AM

PAGE 13-ATTACHMENT 15

PERCENTAGE OF UTILIZATION IN PATIENT DAYS

YEAR	2016	2017	2018
PATIENT DAYS BY TYPE	UTILIZED	UTILIZED	UTILIZED
PRIVATE PAY	7320	18626	22995
EXCEPTIONAL CARE	0	0	0
MEDICAID	1069	2782	3285
MEDICARE	7144	18557	22010
INSURANCE	2449	6350	7556
TOTAL NURSING DAYS USED	17982	46315	55845
TOTAL NURSING DAYS AVAILABLE	56780	62050	62050
UTILIZATION PERCENT	31.67%	74.64%	90.00%
MEET STATE STANDARD OF 90%	NO	NO	YES

ATTACHMENT-FIN

FHA MORTGAGE

LOAN AMOUNT		$28,512,602.00
INTEREST RATE	3.50%	0.002916666667
TERM(MONTHS)	40	480
PAYMENT AMOUNT		$110,455.24
FIRST PAYMENT	FEB 2016	

LOAN AMORTIZATION $28,512,602 NEW MORTGAGE

PAYMENT #		PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
2016	1	$110,455.24	$27,293.49	$83,161.76	$28,485,308.51
	2	$110,455.24	$27,373.09	$83,082.15	$28,457,935.42
	3	$110,455.24	$27,452.93	$83,002.31	$28,430,482.49
	4	$110,455.24	$27,533.00	$82,922.24	$28,402,949.49
	5	$110,455.24	$27,613.31	$82,841.94	$28,375,336.18
	6	$110,455.24	$27,693.85	$82,761.40	$28,347,642.33
	7	$110,455.24	$27,774.62	$82,680.62	$28,319,867.71
	8	$110,455.24	$27,855.63	$82,599.61	$28,292,012.09
	9	$110,455.24	$27,936.87	$82,518.37	$28,264,075.21
	10	$110,455.24	$28,018.36	$82,436.89	$28,236,056.86
	11	$110,455.24	$28,100.08	$82,355.17	$28,207,956.78
2017	12	$110,455.24	$28,182.04	$82,273.21	$28,179,774.74
	13	$110,455.24	$28,264.23	$82,191.01	$28,151,510.51
	14	$110,455.24	$28,346.67	$82,108.57	$28,123,163.84
	15	$110,455.24	$28,429.35	$82,025.89	$28,094,734.49
	16	$110,455.24	$28,512.27	$81,942.98	$28,066,222.22
	17	$110,455.24	$28,595.43	$81,859.81	$28,037,626.80
	18	$110,455.24	$28,678.83	$81,776.41	$28,008,947.96
	19	$110,455.24	$28,762.48	$81,692.76	$27,980,185.49
	20	$110,455.24	$28,846.37	$81,608.87	$27,951,339.12
	21	$110,455.24	$28,930.50	$81,524.74	$27,922,408.61
	22	$110,455.24	$29,014.88	$81,440.36	$27,893,393.73
	23	$110,455.24	$29,099.51	$81,355.73	$27,864,294.22
2018	24	$110,455.24	$29,184.38	$81,270.86	$27,835,109.83
	25	$110,455.24	$29,269.51	$81,185.74	$27,805,840.33
	26	$110,455.24	$29,354.88	$81,100.37	$27,776,485.45
	27	$110,455.24	$29,440.49	$81,014.75	$27,747,044.96
	28	$110,455.24	$29,526.36	$80,928.88	$27,717,518.60
	29	$110,455.24	$29,612.48	$80,842.76	$27,687,906.12
	30	$110,455.24	$29,698.85	$80,756.39	$27,658,207.27
	31	$110,455.24	$29,785.47	$80,669.77	$27,628,421.80
	32	$110,455.24	$29,872.35	$80,582.90	$27,598,549.45
	33	$110,455.24	$29,959.47	$80,495.77	$27,568,589.98
	34	$110,455.24	$30,046.86	$80,408.39	$27,538,543.12
	35	$110,455.24	$30,134.49	$80,320.75	$27,508,408.63
2019	36	$110,455.24	$30,222.38	$80,232.86	$27,478,186.24
	37	$110,455.24	$30,310.53	$80,144.71	$27,447,875.71
	38	$110,455.24	$30,398.94	$80,056.30	$27,417,476.77
	39	$110,455.24	$30,487.60	$79,967.64	$27,386,989.17
	40	$110,455.24	$30,576.52	$79,878.72	$27,356,412.65
	41	$110,455.24	$30,665.71	$79,789.54	$27,325,746.94
	42	$110,455.24	$30,755.15	$79,700.10	$27,294,991.79
	43	$110,455.24	$30,844.85	$79,610.39	$27,264,146.94

FHA MORTGAGE

LOAN AMOUNT		$28,512,602.00
INTEREST RATE	3.50%	0.002916666667
TERM(MONTHS)	40	480
PAYMENT AMOUNT		$110,455.24
FIRST PAYMENT	FEB 2016	

LOAN AMORTIZATION $28,512,602 NEW MORTGAGE

	PAYMENT #	PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
	44	$110,455.24	$30,934.81	$79,520.43	$27,233,212.13
	45	$110,455.24	$31,025.04	$79,430.20	$27,202,187.09
	46	$110,455.24	$31,115.53	$79,339.71	$27,171,071.56
	47	$110,455.24	$31,206.28	$79,248.96	$27,139,865.27
2020	48	$110,455.24	$31,297.30	$79,157.94	$27,108,567.97
	49	$110,455.24	$31,388.59	$79,066.66	$27,077,179.38
	50	$110,455.24	$31,480.14	$78,975.11	$27,045,699.25
	51	$110,455.24	$31,571.95	$78,883.29	$27,014,127.29
	52	$110,455.24	$31,664.04	$78,791.20	$26,982,463.26
	53	$110,455.24	$31,756.39	$78,698.85	$26,950,706.86
	54	$110,455.24	$31,849.01	$78,606.23	$26,918,857.85
	55	$110,455.24	$31,941.91	$78,513.34	$26,886,915.94
	56	$110,455.24	$32,035.07	$78,420.17	$26,854,880.87
	57	$110,455.24	$32,128.51	$78,326.74	$26,822,752.36
	58	$110,455.24	$32,222.22	$78,233.03	$26,790,530.15
	59	$110,455.24	$32,316.20	$78,139.05	$26,758,213.95
2021	60	$110,455.24	$32,410.45	$78,044.79	$26,725,803.50
	61	$110,455.24	$32,504.98	$77,950.26	$26,693,298.52
	62	$110,455.24	$32,599.79	$77,855.45	$26,660,698.73
	63	$110,455.24	$32,694.87	$77,760.37	$26,628,003.86
	64	$110,455.24	$32,790.23	$77,665.01	$26,595,213.63
	65	$110,455.24	$32,885.87	$77,569.37	$26,562,327.76
	66	$110,455.24	$32,981.79	$77,473.46	$26,529,345.97
	67	$110,455.24	$33,077.98	$77,377.26	$26,496,267.99
	68	$110,455.24	$33,174.46	$77,280.78	$26,463,093.52
	69	$110,455.24	$33,271.22	$77,184.02	$26,429,822.30
	70	$110,455.24	$33,368.26	$77,086.98	$26,396,454.04
	71	$110,455.24	$33,465.59	$76,989.66	$26,362,988.46
	72	$110,455.24	$33,563.19	$76,892.05	$26,329,425.26
	73	$110,455.24	$33,661.09	$76,794.16	$26,295,764.18
	74	$110,455.24	$33,759.26	$76,695.98	$26,262,004.92
	75	$110,455.24	$33,857.73	$76,597.51	$26,228,147.19
	76	$110,455.24	$33,956.48	$76,498.76	$26,194,190.71
	77	$110,455.24	$34,055.52	$76,399.72	$26,160,135.19
	78	$110,455.24	$34,154.85	$76,300.39	$26,125,980.34
	79	$110,455.24	$34,254.47	$76,200.78	$26,091,725.87
	80	$110,455.24	$34,354.38	$76,100.87	$26,057,371.50
	81	$110,455.24	$34,454.58	$76,000.67	$26,022,916.92
	82	$110,455.24	$34,555.07	$75,900.17	$25,988,361.85
	83	$110,455.24	$34,655.85	$75,799.39	$25,953,706.00
	84	$110,455.24	$34,756.93	$75,698.31	$25,918,949.06
	85	$110,455.24	$34,858.31	$75,596.93	$25,884,090.76
	86	$110,455.24	$34,959.98	$75,495.26	$25,849,130.78

FHA MORTGAGE

LOAN AMOUNT		$28,512,602.00
INTEREST RATE	3.50%	0.002916666667
TERM(MONTHS)	40	480
PAYMENT AMOUNT		$110,455.24
FIRST PAYMENT	FEB 2016	

LOAN AMORTIZATION $28,512,602 NEW MORTGAGE

PAYMENT #	PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
87	$110,455.24	$35,061.94	$75,393.30	$25,814,068.83
88	$110,455.24	$35,164.21	$75,291.03	$25,778,904.62
89	$110,455.24	$35,266.77	$75,188.47	$25,743,637.85
90	$110,455.24	$35,369.63	$75,085.61	$25,708,268.22
91	$110,455.24	$35,472.79	$74,982.45	$25,672,795.43
92	$110,455.24	$35,576.26	$74,878.99	$25,637,219.17
93	$110,455.24	$35,680.02	$74,775.22	$25,601,539.15
94	$110,455.24	$35,784.09	$74,671.16	$25,565,755.06
95	$110,455.24	$35,888.46	$74,566.79	$25,529,866.61
96	$110,455.24	$35,993.13	$74,462.11	$25,493,873.47
97	$110,455.24	$36,098.11	$74,357.13	$25,457,775.36
98	$110,455.24	$36,203.40	$74,251.84	$25,421,571.96
99	$110,455.24	$36,308.99	$74,146.25	$25,385,262.97
100	$110,455.24	$36,414.89	$74,040.35	$25,348,848.08
101	$110,455.24	$36,521.10	$73,934.14	$25,312,326.98
102	$110,455.24	$36,627.62	$73,827.62	$25,275,699.36
103	$110,455.24	$36,734.45	$73,720.79	$25,238,964.90
104	$110,455.24	$36,841.60	$73,613.65	$25,202,123.31
105	$110,455.24	$36,949.05	$73,506.19	$25,165,174.26
106	$110,455.24	$37,056.82	$73,398.42	$25,128,117.44
107	$110,455.24	$37,164.90	$73,290.34	$25,090,952.54
108	$110,455.24	$37,273.30	$73,181.94	$25,053,679.24
109	$110,455.24	$37,382.01	$73,073.23	$25,016,297.23
110	$110,455.24	$37,491.04	$72,964.20	$24,978,806.19
111	$110,455.24	$37,600.39	$72,854.85	$24,941,205.80
112	$110,455.24	$37,710.06	$72,745.18	$24,903,495.74
113	$110,455.24	$37,820.05	$72,635.20	$24,865,675.69
114	$110,455.24	$37,930.36	$72,524.89	$24,827,745.33
115	$110,455.24	$38,040.99	$72,414.26	$24,789,704.35
116	$110,455.24	$38,151.94	$72,303.30	$24,751,552.41
117	$110,455.24	$38,263.21	$72,192.03	$24,713,289.19
118	$110,455.24	$38,374.82	$72,080.43	$24,674,914.38
119	$110,455.24	$38,486.74	$71,968.50	$24,636,427.64
120	$110,455.24	$38,599.00	$71,856.25	$24,597,828.64
121	$110,455.24	$38,711.58	$71,743.67	$24,559,117.06
122	$110,455.24	$38,824.48	$71,630.76	$24,520,292.58
123	$110,455.24	$38,937.72	$71,517.52	$24,481,354.86
124	$110,455.24	$39,051.29	$71,403.95	$24,442,303.57
125	$110,455.24	$39,165.19	$71,290.05	$24,403,138.37
126	$110,455.24	$39,279.42	$71,175.82	$24,363,858.95
127	$110,455.24	$39,393.99	$71,061.26	$24,324,464.96
128	$110,455.24	$39,508.89	$70,946.36	$24,284,956.08
129	$110,455.24	$39,624.12	$70,831.12	$24,245,331.96

FHA MORTGAGE

LOAN AMOUNT		$28,512,602.00
INTEREST RATE	3.50%	0.002916666667
TERM(MONTHS)	40	480
PAYMENT AMOUNT		$110,455.24
FIRST PAYMENT	FEB 2016	

LOAN AMORTIZATION $28,512,602 NEW MORTGAGE

PAYMENT #	PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
130	$110,455.24	$39,739.69	$70,715.55	$24,205,592.27
131	$110,455.24	$39,855.60	$70,599.64	$24,165,736.67
132	$110,455.24	$39,971.84	$70,483.40	$24,125,764.82
133	$110,455.24	$40,088.43	$70,366.81	$24,085,676.39
134	$110,455.24	$40,205.35	$70,249.89	$24,045,471.04
135	$110,455.24	$40,322.62	$70,132.62	$24,005,148.42
136	$110,455.24	$40,440.23	$70,015.02	$23,964,708.20
137	$110,455.24	$40,558.18	$69,897.07	$23,924,150.02
138	$110,455.24	$40,676.47	$69,778.77	$23,883,473.55
139	$110,455.24	$40,795.11	$69,660.13	$23,842,678.43
140	$110,455.24	$40,914.10	$69,541.15	$23,801,764.34
141	$110,455.24	$41,033.43	$69,421.81	$23,760,730.91
142	$110,455.24	$41,153.11	$69,302.13	$23,719,577.80
143	$110,455.24	$41,273.14	$69,182.10	$23,678,304.66
144	$110,455.24	$41,393.52	$69,061.72	$23,636,911.13
145	$110,455.24	$41,514.25	$68,940.99	$23,595,396.88
146	$110,455.24	$41,635.34	$68,819.91	$23,553,761.55
147	$110,455.24	$41,756.77	$68,698.47	$23,512,004.78
148	$110,455.24	$41,878.56	$68,576.68	$23,470,126.21
149	$110,455.24	$42,000.71	$68,454.53	$23,428,125.50
150	$110,455.24	$42,123.21	$68,332.03	$23,386,002.29
151	$110,455.24	$42,246.07	$68,209.17	$23,343,756.23
152	$110,455.24	$42,369.29	$68,085.96	$23,301,386.94
153	$110,455.24	$42,492.86	$67,962.38	$23,258,894.07
154	$110,455.24	$42,616.80	$67,838.44	$23,216,277.27
155	$110,455.24	$42,741.10	$67,714.14	$23,173,536.17
156	$110,455.24	$42,865.76	$67,589.48	$23,130,670.41
157	$110,455.24	$42,990.79	$67,464.46	$23,087,679.62
158	$110,455.24	$43,116.18	$67,339.07	$23,044,563.44
159	$110,455.24	$43,241.93	$67,213.31	$23,001,321.51
160	$110,455.24	$43,368.06	$67,087.19	$22,957,953.46
161	$110,455.24	$43,494.55	$66,960.70	$22,914,458.91
162	$110,455.24	$43,621.40	$66,833.84	$22,870,837.51
163	$110,455.24	$43,748.63	$66,706.61	$22,827,088.87
164	$110,455.24	$43,876.23	$66,579.01	$22,783,212.64
165	$110,455.24	$44,004.21	$66,451.04	$22,739,208.43
166	$110,455.24	$44,132.55	$66,322.69	$22,695,075.88
167	$110,455.24	$44,261.27	$66,193.97	$22,650,814.61
168	$110,455.24	$44,390.37	$66,064.88	$22,606,424.24
169	$110,455.24	$44,519.84	$65,935.40	$22,561,904.41
170	$110,455.24	$44,649.69	$65,805.55	$22,517,254.72
171	$110,455.24	$44,779.92	$65,675.33	$22,472,474.80
172	$110,455.24	$44,910.52	$65,544.72	$22,427,564.28

FHA MORTGAGE

LOAN AMOUNT		$28,512,602.00
INTEREST RATE	3.50%	0.002916666667
TERM(MONTHS)	40	480
PAYMENT AMOUNT		$110,455.24
FIRST PAYMENT	FEB 2016	

LOAN AMORTIZATION $28,512,602 NEW MORTGAGE

PAYMENT #	PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
173	$110,455.24	$45,041.51	$65,413.73	$22,382,522.76
174	$110,455.24	$45,172.88	$65,282.36	$22,337,349.88
175	$110,455.24	$45,304.64	$65,150.60	$22,292,045.24
176	$110,455.24	$45,436.78	$65,018.47	$22,246,608.46
177	$110,455.24	$45,569.30	$64,885.94	$22,201,039.16
178	$110,455.24	$45,702.21	$64,753.03	$22,155,336.95
179	$110,455.24	$45,835.51	$64,619.73	$22,109,501.44
180	$110,455.24	$45,969.20	$64,486.05	$22,063,532.24
181	$110,455.24	$46,103.27	$64,351.97	$22,017,428.97
182	$110,455.24	$46,237.74	$64,217.50	$21,971,191.22
183	$110,455.24	$46,372.60	$64,082.64	$21,924,818.62
184	$110,455.24	$46,507.86	$63,947.39	$21,878,310.77
185	$110,455.24	$46,643.50	$63,811.74	$21,831,667.26
186	$110,455.24	$46,779.55	$63,675.70	$21,784,887.72
187	$110,455.24	$46,915.99	$63,539.26	$21,737,971.73
188	$110,455.24	$47,052.83	$63,402.42	$21,690,918.91
189	$110,455.24	$47,190.06	$63,265.18	$21,643,728.84
190	$110,455.24	$47,327.70	$63,127.54	$21,596,401.14
191	$110,455.24	$47,465.74	$62,989.50	$21,548,935.40
192	$110,455.24	$47,604.18	$62,851.06	$21,501,331.22
193	$110,455.24	$47,743.03	$62,712.22	$21,453,588.20
194	$110,455.24	$47,882.28	$62,572.97	$21,405,705.92
195	$110,455.24	$48,021.93	$62,433.31	$21,357,683.98
196	$110,455.24	$48,162.00	$62,293.24	$21,309,521.99
197	$110,455.24	$48,302.47	$62,152.77	$21,261,219.52
198	$110,455.24	$48,443.35	$62,011.89	$21,212,776.16
199	$110,455.24	$48,584.65	$61,870.60	$21,164,191.52
200	$110,455.24	$48,726.35	$61,728.89	$21,115,465.17
201	$110,455.24	$48,868.47	$61,586.77	$21,066,596.70
202	$110,455.24	$49,011.00	$61,444.24	$21,017,585.69
203	$110,455.24	$49,153.95	$61,301.29	$20,968,431.74
204	$110,455.24	$49,297.32	$61,157.93	$20,919,134.43
205	$110,455.24	$49,441.10	$61,014.14	$20,869,693.33
206	$110,455.24	$49,585.30	$60,869.94	$20,820,108.02
207	$110,455.24	$49,729.93	$60,725.32	$20,770,378.09
208	$110,455.24	$49,874.97	$60,580.27	$20,720,503.12
209	$110,455.24	$50,020.44	$60,434.80	$20,670,482.68
210	$110,455.24	$50,166.34	$60,288.91	$20,620,316.34
211	$110,455.24	$50,312.65	$60,142.59	$20,570,003.69
212	$110,455.24	$50,459.40	$59,995.84	$20,519,544.29
213	$110,455.24	$50,606.57	$59,848.67	$20,468,937.72
214	$110,455.24	$50,754.17	$59,701.07	$20,418,183.55
215	$110,455.24	$50,902.21	$59,553.04	$20,367,281.34

FHA MORTGAGE

LOAN AMOUNT		$28,512,602.00
INTEREST RATE	3.50%	0.002916666667
TERM(MONTHS)	40	480
PAYMENT AMOUNT		$110,455.24
FIRST PAYMENT	FEB 2016	

LOAN AMORTIZATION $28,512,602 NEW MORTGAGE

PAYMENT #	PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
216	$110,455.24	$51,050.67	$59,404.57	$20,316,230.67
217	$110,455.24	$51,199.57	$59,255.67	$20,265,031.10
218	$110,455.24	$51,348.90	$59,106.34	$20,213,682.19
219	$110,455.24	$51,498.67	$58,956.57	$20,162,183.52
220	$110,455.24	$51,648.87	$58,806.37	$20,110,534.65
221	$110,455.24	$51,799.52	$58,655.73	$20,058,735.13
222	$110,455.24	$51,950.60	$58,504.64	$20,006,784.53
223	$110,455.24	$52,102.12	$58,353.12	$19,954,682.41
224	$110,455.24	$52,254.09	$58,201.16	$19,902,428.33
225	$110,455.24	$52,406.49	$58,048.75	$19,850,021.83
226	$110,455.24	$52,559.35	$57,895.90	$19,797,462.49
227	$110,455.24	$52,712.64	$57,742.60	$19,744,749.84
228	$110,455.24	$52,866.39	$57,588.85	$19,691,883.45
229	$110,455.24	$53,020.58	$57,434.66	$19,638,862.87
230	$110,455.24	$53,175.23	$57,280.02	$19,585,687.65
231	$110,455.24	$53,330.32	$57,124.92	$19,532,357.32
232	$110,455.24	$53,485.87	$56,969.38	$19,478,871.46
233	$110,455.24	$53,641.87	$56,813.38	$19,425,229.59
234	$110,455.24	$53,798.32	$56,656.92	$19,371,431.27
235	$110,455.24	$53,955.23	$56,500.01	$19,317,476.03
236	$110,455.24	$54,112.60	$56,342.64	$19,263,363.43
237	$110,455.24	$54,270.43	$56,184.81	$19,209,092.99
238	$110,455.24	$54,428.72	$56,026.52	$19,154,664.27
239	$110,455.24	$54,587.47	$55,867.77	$19,100,076.80
240	$110,455.24	$54,746.69	$55,708.56	$19,045,330.12
241	$110,455.24	$54,906.36	$55,548.88	$18,990,423.75
242	$110,455.24	$55,066.51	$55,388.74	$18,935,357.25
243	$110,455.24	$55,227.12	$55,228.13	$18,880,130.13
244	$110,455.24	$55,388.20	$55,067.05	$18,824,741.93
245	$110,455.24	$55,549.75	$54,905.50	$18,769,192.19
246	$110,455.24	$55,711.77	$54,743.48	$18,713,480.42
247	$110,455.24	$55,874.26	$54,580.98	$18,657,606.16
248	$110,455.24	$56,037.22	$54,418.02	$18,601,568.94
249	$110,455.24	$56,200.67	$54,254.58	$18,545,368.27
250	$110,455.24	$56,364.59	$54,090.66	$18,489,003.68
251	$110,455.24	$56,528.98	$53,926.26	$18,432,474.70
252	$110,455.24	$56,693.86	$53,761.38	$18,375,780.84
253	$110,455.24	$56,859.22	$53,596.03	$18,318,921.63
254	$110,455.24	$57,025.05	$53,430.19	$18,261,896.57
255	$110,455.24	$57,191.38	$53,263.87	$18,204,705.20
256	$110,455.24	$57,358.19	$53,097.06	$18,147,347.01
257	$110,455.24	$57,525.48	$52,929.76	$18,089,821.53
258	$110,455.24	$57,693.26	$52,761.98	$18,032,128.27

FHA MORTGAGE

LOAN AMOUNT		$28,512,602.00
INTEREST RATE	3.50%	0.002916666667
TERM(MONTHS)	40	480
PAYMENT AMOUNT		$110,455.24
FIRST PAYMENT	FEB 2016	

LOAN AMORTIZATION $28,512,602 NEW MORTGAGE

PAYMENT #	PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
259	$110,455.24	$57,861.54	$52,593.71	$17,974,266.73
260	$110,455.24	$58,030.30	$52,424.94	$17,916,236.43
261	$110,455.24	$58,199.55	$52,255.69	$17,858,036.88
262	$110,455.24	$58,369.30	$52,085.94	$17,799,667.58
263	$110,455.24	$58,539.55	$51,915.70	$17,741,128.03
264	$110,455.24	$58,710.29	$51,744.96	$17,682,417.75
265	$110,455.24	$58,881.52	$51,573.72	$17,623,536.22
266	$110,455.24	$59,053.26	$51,401.98	$17,564,482.96
267	$110,455.24	$59,225.50	$51,229.74	$17,505,257.46
268	$110,455.24	$59,398.24	$51,057.00	$17,445,859.22
269	$110,455.24	$59,571.49	$50,883.76	$17,386,287.73
270	$110,455.24	$59,745.24	$50,710.01	$17,326,542.49
271	$110,455.24	$59,919.49	$50,535.75	$17,266,623.00
272	$110,455.24	$60,094.26	$50,360.98	$17,206,528.74
273	$110,455.24	$60,269.53	$50,185.71	$17,146,259.21
274	$110,455.24	$60,445.32	$50,009.92	$17,085,813.89
275	$110,455.24	$60,621.62	$49,833.62	$17,025,192.27
276	$110,455.24	$60,798.43	$49,656.81	$16,964,393.83
277	$110,455.24	$60,975.76	$49,479.48	$16,903,418.07
278	$110,455.24	$61,153.61	$49,301.64	$16,842,264.47
279	$110,455.24	$61,331.97	$49,123.27	$16,780,932.50
280	$110,455.24	$61,510.86	$48,944.39	$16,719,421.64
281	$110,455.24	$61,690.26	$48,764.98	$16,657,731.38
282	$110,455.24	$61,870.19	$48,585.05	$16,595,861.18
283	$110,455.24	$62,050.65	$48,404.60	$16,533,810.54
284	$110,455.24	$62,231.63	$48,223.61	$16,471,578.91
285	$110,455.24	$62,413.14	$48,042.11	$16,409,165.77
286	$110,455.24	$62,595.18	$47,860.07	$16,346,570.59
287	$110,455.24	$62,777.75	$47,677.50	$16,283,792.85
288	$110,455.24	$62,960.85	$47,494.40	$16,220,832.00
289	$110,455.24	$63,144.48	$47,310.76	$16,157,687.52
290	$110,455.24	$63,328.65	$47,126.59	$16,094,358.86
291	$110,455.24	$63,513.36	$46,941.88	$16,030,845.50
292	$110,455.24	$63,698.61	$46,756.63	$15,967,146.89
293	$110,455.24	$63,884.40	$46,570.85	$15,903,262.49
294	$110,455.24	$64,070.73	$46,384.52	$15,839,191.77
295	$110,455.24	$64,257.60	$46,197.64	$15,774,934.17
296	$110,455.24	$64,445.02	$46,010.22	$15,710,489.15
297	$110,455.24	$64,632.98	$45,822.26	$15,645,856.16
298	$110,455.24	$64,821.50	$45,633.75	$15,581,034.67
299	$110,455.24	$65,010.56	$45,444.68	$15,516,024.11
300	$110,455.24	$65,200.17	$45,255.07	$15,450,823.94

FHA MORTGAGE

LOAN AMOUNT		$28,512,602.00
INTEREST RATE	3.50%	0.002916666667
TERM(MONTHS)	40	480
PAYMENT AMOUNT		$110,455.24
FIRST PAYMENT	FEB 2016	

LOAN AMORTIZATION $28,512,602 NEW MORTGAGE

PAYMENT #	PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
ANNUAL TOTALS				
				$0.00
2015				$28,512,602.00
2016	$1,215,007.67	$304,645.22	$910,362.45	$28,207,956.78
2017	$1,325,462.91	$343,662.56	$981,800.35	$27,864,294.22
2018	$1,325,462.91	$355,885.59	$969,577.32	$27,508,408.63
2019	$1,325,462.91	$368,543.36	$956,919.56	$27,139,865.27

ATTACHMENT-FIN

ALDEN HUNTLEY INVESTMENTS, LLC
FORECASTED BALANCE SHEET
LTC FACILITY OWNER

	2016	2017	2018
ASSETS			
CURRENT ASSETS:			
CASH	$472,749	$870,695	$1,471,799
REPLACEMENT RESERVES	$209,248	$359,210	$369,986
TOTAL CURRENT ASSETS	$681,997	$1,229,905	$1,841,785
NON-CURRENT ASSETS:			
LAND	$1,500,206	$1,500,206	$1,500,206
BUILDING	$29,383,238	$29,383,238	$29,383,238
EQUIPMENT	$1,136,450	$1,136,450	$1,136,450
LOAN COSTS	$1,325,641	$1,325,641	$1,325,641
LESS ACCUM DEPRECIATION	($810,344)	($1,620,688)	($2,431,032)
LESS ACCUM AMORTIZATION	($33,141)	($66,282)	($99,423)
TOTAL NON-CURRENT ASSETS	$32,535,190	$31,724,846	$30,914,502
TOTAL ASSETS	$33,217,188	$32,954,751	$32,756,287
LIABILITIES AND EQUITY			
CURRENT LIABILITIES:			
PARTNER'S LOANS	$0	$0	$0
CURRENT PORTION OF MORTGAGE	$343,663	$355,886	$368,543
TOTAL CURRENT LIABILITIES	$343,663	$355,886	$368,543
NON-CURRENT LIABILITIES:			
MORTGAGE PAYABLE	$27,864,294	$27,508,409	$27,139,865
OPTION DEPOSIT	$0		
TOTAL NON-CURRENT LIABILITIES:	$27,864,294	$27,508,409	$27,139,865
TOTAL LIABILITIES	$28,207,957	$27,864,294	$27,508,409
EQUITY:			
CAPITAL	$4,918,632	$5,009,231	$5,090,457
OPERATING PROFIT OR LOSS	$90,599	$81,226	$157,422
TOTAL EQUITY	$5,009,231	$5,090,457	$5,247,879
TOTAL LIABILITIES AND EQUITY	$33,217,188	$32,954,751	$32,756,287

ATTACHMENT-FIN

ALDEN HUNTLEY INVESTMENTS, LLC
FORCASTED INCOME STATEMENT
LTC FACILITY OWNER

	2016	2017	2018
RENT	$2,348,400	$2,418,852	$2,491,418
OPERATING COSTS AND EXPENSES			
MISCELLANEOUS ADMIN	5500	5700	5900
AUDIT FEES	5500	5700	5900
REAL ESTATE TAXES	$304,869	$314,015	$323,435
INTEREST EXPENSE	$910,362	$981,800	$969,577
INSURANCE EXPENSE	$27,300	$28,100	$28,900
MORTGAGE INSURANCE	$160,785	$158,826	$156,798
AMORTIZATION OF CAPITAL FIN. CHGS.	$33,141	$33,141	$33,141
DEPRECIATION	$810,344	$810,344	$810,344
TOTAL OPERATING COSTS	$2,257,801	$2,337,626	$2,333,995
NET INCOME OR (LOSS)	$90,599	$81,226	$157,422

ATTACHMENT-FIN

ALDEN ESTATES-COURTS OF HUNTLEY, INC.
FORECASTED BALANCE SHEET
170 BED LONG-TERM CARE FACILITY OPERAT

	2016	2017	2018
ASSETS			
CURRENT ASSETS:			
CASH	$337,532	$3,706,707	$9,099,586
ACCOUNTS RECEIVABLE	$1,541,491	$4,109,462	$5,055,177
INVENTORY	$24,000	$63,361	$65,261
TOTAL CURRENT ASSETS	$1,903,023	$7,879,530	$14,220,025
TOTAL ASSETS	$1,903,023	$7,879,530	$14,220,025
LIABILITIES AND EQUITY			
CURRENT LIABILITIES:			
ACCOUNTS PAYABLE	$776,468	$1,619,597	$2,078,115
ACCRUED EXPENSES	$154,149	$410,946	$505,518
TOTAL CURRENT LIABILITIES	$930,617	$2,030,543	$2,583,633
LONG-TERM DEBT	$0	$0	$0
TOTAL LIABILITIES	$930,617	$2,030,543	$2,583,633
EQUITY:			
CAPITAL	$2,000,000	$972,406	$5,848,986
OPERATING PROFIT OR LOSS	($1,027,594)	$4,876,580	$5,787,405
TOTAL EQUITY	$972,406	$5,848,986	$11,636,392
TOTAL LIABILITIES AND EQUITY	$1,903,023	$7,879,529	$14,220,025

ATTACHMENT-FIN

ALDEN ESTATES-COURTS OF HUNTLEY, INC.
FORECASTED INCOME STATEMENT
LONG-TERM CARE FACILITY OPERATOR

	2016	2017	2018
INCOME	$7,707,453	$20,547,311	$25,275,887
OPERATING COSTS AND EXPENSES			
NURSING COSTS	$1,468,647	$3,983,484	$5,695,752
ACTIVITY COSTS	$138,547	$190,213	$212,379
SOCIAL SERVICES COSTS	$64,022	$81,174	$88,887
REHABILITATION COSTS	$180,775	$1,012,193	$1,525,583
DIETARY COSTS	$471,971	$1,152,317	$1,406,259
HOUSEKEEPING AND PLANT COSTS	$798,145	$1,279,401	$1,381,682
LAUNDRY COSTS	$45,838	$121,603	$151,023
EMPLOYEE WELFARE COSTS	$587,665	$1,053,388	$1,366,175
GENERAL AND ADMINISTRATIVE COSTS	$2,129,768	$3,510,644	$4,113,020
MARKETING	$235,793	$286,704	$353,648
BAD DEBTS EXPENSE	$176,845	$465,609	$561,415
TOTAL OPERATING COSTS	$6,298,015	$13,136,730	$16,855,825
NET OPERATING INCOME	$1,409,438	$7,410,581	$8,420,062
CAPITAL EXPENSES			
DEPRECIATION	$0	$0	$0
INTEREST EXPENSE	$0	$0	$0
RENT	$2,348,400	$2,418,852	$2,491,418
REAL ESTATE TAXES	$0	$0	$0
AMORTIZATION OF LOAN COSTS	$0	$0	$0
TOTAL CAPITAL EXPENSES	$2,348,400	$2,418,852	$2,491,418
ANCILLARY EXPENSE.			
SPECIAL COST CENTERS	$3,461	$22,074	$48,164
PROVIDER PARTICIPATION FEE	$85,170	$93,075	$93,075
TOTAL ANCILLARY EXPENSE	$88,631	$115,149	$141,239
NET INCOME OR (LOSS)	($1,027,594)	$4,876,580	$5,787,405

ATTACHMENT-FIN

COMBINNED ALDEN HUNTLEY ENTITIES
FORECASTED BALANCE SHEET
170 BED LONG-TERM CARE FACILITY-OWNER AND OPERATOR

	2016	2017	2018
ASSETS			
CURRENT ASSETS:			
CASH	$843,422	$4,643,683	$10,670,808
ACCOUNTS RECEIVABLE	$1,541,491	$4,109,462	$5,055,177
REPLACEMENT RESERVES	$209,248	$359,210	$369,986
INVENTORY	$24,000	$63,361	$65,261
TOTAL CURRENT ASSETS	$2,618,161	$9,175,716	$16,161,233
NON-CURRENT ASSETS:			
LAND	$1,500,206	$1,500,206	$1,500,206
BUILDING	$29,383,238	$29,383,238	$29,383,238
EQUIPMENT	$1,136,450	$1,136,450	$1,136,450
LOAN COSTS	$1,325,641	$1,325,641	$1,325,641
LESS ACCUM DEPRECIATION	($810,344)	($1,620,688)	($2,431,032)
LESS ACCUM AMORTIZATION	($33,141)	($66,282)	($99,423)
TOTAL NON-CURRENT ASSETS	$32,502,049	$31,658,564	$30,815,079
TOTAL ASSETS	$35,120,210	$40,834,280	$46,976,312
LIABILITIES AND EQUITY			
CURRENT LIABILITIES:			
ACCOUNTS PAYABLE	$776,468	$1,619,597	$2,078,115
PARTNERS LOANS	$0	$0	$0
ACCRUED EXPENSES	$154,149	$410,946	$505,518
CURRENT PORTION OF MORTGAGE	$343,663	$355,886	$368,543
TOTAL CURRENT LIABILITIES	$1,274,279	$2,386,429	$2,952,176
NON-CURRENT LIABILITIES:			
MORTGAGE PAYABLE	$27,864,294	$27,508,409	$27,139,865
TOTAL NON-CURRENT LIABILITIES:	$27,864,294	$27,508,409	$27,139,865
TOTAL LIABILITIES	$29,138,574	$29,894,837	$30,092,042
EQUITY:			
CAPITAL	$6,918,632	$5,981,637	$10,939,443
OPERATING PROFIT OR LOSS	($936,995)	$4,957,806	$5,944,828
TOTAL EQUITY	$5,981,637	$10,939,443	$16,884,271
TOTAL LIABILITIES AND EQUITY	$35,120,211	$40,834,280	$46,976,312

ATTACHMENT-FIN

COMBINNED ALDEN HUNTLEY ENTITIES
FORECASTED INCOME STATEMENT
170 BED LONG-TERM CARE FACILITY-OWNER AND OPERATOR

	YEAR 2016	2017	2018
INCOME	$7,707,453	$20,547,311	$25,275,887
OPERATING COSTS AND EXPENSES			
NURSING COSTS	$1,468,647	$3,983,484	$5,695,752
ACTIVITY COSTS	$138,547	$190,213	$212,379
SOCIAL SERVICES COSTS	$64,022	$81,174	$88,887
REHABILITATION COSTS	$180,775	$1,012,193	$1,525,583
DIETARY COSTS	$471,971	$1,152,317	$1,406,259
HOUSEKEEPING AND PLANT COSTS	$798,145	$1,279,401	$1,381,682
LAUNDRY COSTS	$45,838	$121,603	$151,023
EMPLOYEE WELFARE COSTS	$587,665	$1,053,388	$1,366,175
GENERAL AND ADMINISTRATIVE COSTS	$2,140,768	$3,522,044	$4,124,820
MARKETING	$235,793	$286,704	$353,648
BAD DEBTS EXPENSE	$176,845	$465,609	$561,415
TOTAL OPERATING COSTS	$6,309,015	$13,148,130	$16,867,625
NET OPERATING INCOME	$1,398,438	$7,399,181	$8,408,262
CAPITAL EXPENSES			
DEPRECIATION	$810,344	$810,344	$810,344
INTEREST EXPENSE	$910,362	$981,800	$969,577
AMORTIZATION OF CAPITAL FIN. CHGS.	$33,141	$33,141	$33,141
INSURANCE EXPENSE	$27,300	$28,100	$28,900
MORTGAGE INSURANCE	$160,785	$158,826	$156,798
REAL ESTATE TAXES	$304,869	$314,015	$323,435
TOTAL CAPITAL EXPENSES	$2,246,801	$2,326,226	$2,322,195
ANCILLARY EXPENSE.			
SPECIAL COST CENTERS	$3,461	$22,074	$48,164
PROVIDER PARTICIPATION FEE	$85,170	$93,075	$93,075
TOTAL ANCILLARY EXPENSE	$88,631	$115,149	$141,239
NET INCOME OR (LOSS)	($936,995)	$4,957,806	$5,944,828

ATTACHMENT-FIN

COMBINNED ALDEN HUNTLEY ENTITIES
FORECASTED INCOME STATEMENT
170 BED LONG-TERM CARE FACILITY-OWNER AND OPEF

	YEAR 2018
SCHEDULE 1-PROJECTED REVENUE	
PATIENT DAYS BY TYPE	
PRIVATE PAY	22995
EXCEPTIONAL CARE	0
MEDICAID	3285
MEDICARE	22010
TOTAL	55845
EST REVENUE BY TYPE	
PRIVATE	$5,930,153
SHELTER	$0
MEDICAID	$495,068
MEDICARE	$14,033,274
TOTAL	$25,275,887
SCHEDULE 2-PROJECTED COSTS	
NURSING COSTS	
SALARIES	$3,545,060
NURSING SUPPLIES	$356,748
QUALITY ASSUR NURSING	$53,431
MEDICAL LIBRARIAN	$11,941
MEDICAL DIRECTOR	$119,405
PHARMACY	$83,584
VETERANS EXPENSE	
TOTAL NURSING COSTS	$5,695,752
ACTIVITY COSTS	
SALARIES	$212,379
SUPPLIES	$11,336
TOTAL ACTIVITY	$223,715
SOCIAL SERVICES COSTS	
SALARIES	$86,899
SOCIAL WORKER CONSULTANT	$1,987
TOTAL SCOCIAL SERVICES	$88,887
REHABILITATION COSTS	
CONTRACT FEES	$1,525,583
SUPPLIES	$0
CONSULTANT	$0
TOTAL REHAB	$1,525,583

ATTACHMENT-FIN

COMBINNED ALDEN HUNTLEY ENTITIES
FORECASTED INCOME STATEMENT
170 BED LONG-TERM CARE FACILITY-OWNER AND OPEF

	YEAR 2018
DIETARY COSTS	
SALARIES	$666,526
FOOD COST	$566,796
KITCHEN SUPPLIES	$89,354
DIETICIAN	$83,584
TOTAL DIETARY	$1,406,259
HOUSEKEEPING AND PLANT COSTS	
SALARIES	$410,151
SUPPLIES	$86,020
UTILITIES	$383,256
SCAVENGER & EXTERMINATOR	$63,876
REPAIRS & MAINTENANCE	$255,504
ELEVATOR MAINTENANCE	$127,752
FIRE CONSULTANT	$23,185
LANDSCAPING	$31,938
TOTAL PLANT	$1,381,682
LAUNDRY COSTS	
SALARIES	$72,339
SUPPLIES	$78,685
LINEN REPLACEMENT	$0
TOTAL LAUNDRY	$151,023
GENERAL AND ADMINISTRATIVE COSTS	
SALARIES	$699,042
SUPPLIES	$50,678
LICENSE, PERMITS AND FEES	$10,975
INSURANCE	$356,068
TELEPHONE	$17,309
PROFESSIONAL FEES	$1,542,583
TRANSPORTATION	$15,086
EQUIPMENT RENTAL	$4,807
ADVERTISING AND PROMOTION	$0
DUES AND SUBSCRIPTIONS	$19,330
HOLIDAY EXPENSE	$6,967
MANAGEMENT FEES	$1,390,174
TOTAL ADMIN	$4,113,020

ATTACHMENT-FIN

COMBINNED ALDEN HUNTLEY ENTITIES
FORECASTED INCOME STATEMENT
170 BED LONG-TERM CARE FACILITY-OWNER AND OPEF

	YEAR 2018
EMPLOYEE WELFARE COSTS	
PAYROLL TAXES	$533,794
HEALTH,WELFARE, AND EMP BEN	$243,658
WORKERS COMP INSURANCE	$154,743
RETIREMENT PROGRAMS	$38,784
EMPLOYEE RELATIONS COSTS	$395,196
TOTAL EMPLOYEE WELFARE	$1,366,175

ATTACHMENT-FIN

Alden Estates of Huntley
Alden Courts of Huntley

Financial Plan Summary

Alden of Huntley will be a small senior living campus that will include Alden Estates of Huntley and Alden Courts of Huntley. Alden Estates will be a 110 bed Skilled Nursing facility that will provide long-term care and rehabilitation services to the general senior populace of the market area. Alden Courts will be a 60 bed memory care facility providing skilled nursing care to that segment of the market populace that are afflicted with Alzheimer's Disease or other memory disorders. Application is being made to the Illinois Health Facilities and Services Review Board for a permit to build both of the senior care facilities.

Alden of Huntley will be developed by units of the Alden Group Ltd. Alden Huntley Investments, LLC will own the real estate of the campus, while Alden Estates-Courts of Huntley, Inc. will operate both long-term care facilities. The Alden Group is an old, well established provider of senior living services throughout Northeast Illinois.

Development of the Huntley facility is expected to have direct project costs of $31,845,328 plus related project costs of $3,585,906 for a total funding requirement of $35,431,234. The funds required to develop the facility and support its operations until reaching target occupancy will be supplied by an FHA mortgage of $28,768,700 and equity contributions of $6,662,534 from other units or principals of the Alden Group. The FHA mortgage will be a 1st mortgage on the facility real estate with no other assets being pledged. Thus no outside investment will be required and both Huntley business entities will be wholly owned by Alden Group, Ltd.

Various other units of the Alden Group will provide goods and services used in the development and operation of the Huntley campus. Design and construction, general management, medical equipment, therapy services and pharmaceutical services are among these related activities. The cost of the goods and services provided to the Huntley entities by related organizations is expected to be at market rates.

Construction on the Huntley campus is planned to begin in September of 2014 and to be completed in December of 2015. Target occupancy for the facility is 90% of total capacity, or 153 patients. It is expected that the facility will reach that level of occupancy by the 1st of January 2018 and will operate at that level thereafter.

The financial results of the senior services to be provided at Alden of Huntley are very dependent on the type of patient and the varying charges, or government reimbursement, that is available for each type. The projected financial statements for this project have been prepared using the following assumed mix of patients:

Type	% In Mix	Type	% In Mix
Medicare	36.5	Medicare (Mem Care)	2.9
Medicaid	5.9		
Private	10.6	Private (Mem Care)	30.6
Private Insurance	11.8	Insurance (Mem Care)	1.8

ATTACHMENT-FIN

Examination of the accompanying combined financial statements for the year 2018 reveal the following financial characteristics of the project:

Total patient days at 90% occupancy	55,845
Total expenses per year	$19,331,059
Total fixed expenses	$6,588,254
Total variable expenses	$12,742,805
Total Assets	$46,976,312
Total Equity	$16,884,271
Long-term Debt	$27,139,865
Total Net Income	$5,944,828
Ratio of long-term debt to equity	1.6
Before tax rate of return on total assets	12.7%
Before tax rate of return on total equity	35.2%
Estimated break-even point in patients	80
Estimated break-even point in % of capacity	47%

ATTACHMENT-FIN