LONG-TERM CARE
APPLICATION FOR PERMIT

RECEIVED

MAY 10 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	☐	Establishment of a new LTC facility
☐	Specialized Long-term Care	☐	Establishment of new LTC services
		☒	Expansion of an existing LTC facility or service
		☐	Modernization of an existing facility

Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.
Include: the number and type of beds involved; the actions proposed (establishment, expansion and/or modernization); the ESTIMATED total project cost and the funding source(s) for the project.

Alden Estates of Evanston is a 99-bed facility with 58-licensed nursing care beds and 41-sheltered care licensed beds. The Applicant for this facility, Alden Estates of Evanston II, Inc. (owner) and Alden Estates of Evanston, Inc. (operator/licensee), are proposing to convert all 41-sheltered care beds to nursing care ending with a total of 99-nursing care beds.

There is no construction or renovations as part of this project; the entire building meets nursing care standards. The existing building is a three story 53,964 gross square foot structure. The sheltered care beds comprise 14,712 gross square feet of the 15,783 gross square feet on the 2nd floor. All ancillary services to support the converted units are and will remain in-common and in-place and as such are listed within this application as part of the existing nursing square footage.

This project is classified as substantive as it is the addition of nursing beds to the existing nursing category of in accordance with 77 Illinois Administrative Code, Chapter II, Subchapter a, criterion 1110.40.

Facility/Project Identification

Facility Name: **Alden Estates of Evanston**
Street Address: **2520 Gross Pointe Road**
City and Zip Code: **Evanston 60201**
County: **Cook** Health Service Area: **7** Health Planning Area: **702**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Alden Estates of Evanston II, Inc.**
Address: **4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646**
Name of Registered Agent: **Mary Chelotti-Smith**
Name of Chief Executive Officer: **Floyd A. Schlossberg**
CEO Address: **4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646**
Telephone Number: **(773) 286-3886**

Type of Ownership (Applicant/Co-Applicants)

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries)

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 of Evanston, Inc.**
Address: **4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646**
Telephone Number: **(773) 286-3886**
E-mail Address: **randi.schullo@thealdennetwork.com**
Fax Number: **(773) 286-1562**

Facility/Project Identification

Facility Name: **Alden Estates of Evanston**
Street Address: **2520 Gross Pointe Road**
City and Zip Code: **Evanston 60201**
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CEO Address: **4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646**
Telephone Number: **(773) 286-3886**

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.

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Telephone Number: **(773) 286-3886**
E-mail Address: **randi.schullo@thealdennetwork.com**
Fax Number: **(773) 286-1562**

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: **Vice President**
Company Name: **Alden Estates of Evanston II, Inc.**
Address: **4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646**
Telephone Number: **(773) 286-3886**
E-mail Address: **randi.schullo@thealdennetwork.com**
Fax Number: **(773) 286-1562**

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Alden Estates of Evanston II, Inc.**
Address of Site Owner: **4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646**
Street Address or Legal Description of Site: **2520 Gross Pointe Road, Evanston, IL 60201**
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 of Evanston, Inc.**

Address: **4200 West Peterson Avenue, Suite 140, Chicago, Illinois 60646**

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

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

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 ESTATES OF EVANSTON II, 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 15 day of FEBRUARY, 2013	Notarization: Subscribed and sworn to before me this 15 day of FEBRUARY, 2013
Signature of Notary	Signature of Notary
Seal "OFFICIAL SEAL" ANNA GOLDSTEIN NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 2/24/2014	Seal "OFFICIAL SEAL" ANNA GOLDSTEIN NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 2/24/2014

*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 OF EVANSTON, 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 15 day of FEBRUARY, 2013

Signature of Notary

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

Notarization:
Subscribed and sworn to before me
this 15 day of FEBRUARY, 2013

Signature of Notary

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

*Insert EXACT legal name of the applicant

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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

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

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.
APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. Each item (1-6) must be identified in Attachment 10.

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

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

   Alternative options **must** include:

   a. Proposing a project of greater or lesser scope and cost;

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

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

   d. Provide the reasons why the chosen alternative was selected.

2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long

term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

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

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

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

Criterion 1125.510 – Introduction

Bed Capacity

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

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
☒ **General Long-Term Care**	**58**	**99**
☐ **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:

Category of Service	Year	Admissions	Patient Days
☒ **General Long Term Care**	**12-mo ending March 31, 2013**	**398**	**14,039**
☐ **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 (Not Germane)	.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 (Germane)	.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 (Not Germane)	.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 (Not Germane)	.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 (Not Germane)	.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".
   NOT GERMANE
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.
   NOT GERMANE

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

NOT GERMANE

- **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).

NOT GERMANE

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- NOT GERMANE

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- NOT GERMANE

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- NOT GERMANE

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- NOT GERMANE

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

   a. High cost of maintenance;

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

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

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

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

   a. Copies of maintenance reports;

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

   c. Other pertinent reports and data.

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

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

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

$71,500	a.	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b.	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c.	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	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;
$2,403,340	g.	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$2,474,840	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.

Not Applicable due to compliance due to financial waiver section above.

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

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

applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance- **NOT GERMANE**

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- NOT GERMANE

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 – Not Germane

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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* 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	$0	$0	$0
Site Survey and Soil Investigation	$0	$0	$0
Site Preparation	$0	$0	$0
Off Site Work	$0	$0	$0
New Construction Contracts	$0	$0	$0
Modernization Contracts	$0	$0	$0
Contingencies	$0	$0	$0
Architectural/Engineering Fees	$0	$0	$0
Consulting and Other Fees	$42,571	$28,929	$71,500
Movable or Other Equipment (not in construction contracts)	$0	$0	$0
Bond Issuance Expense (project related)	$0	$0	$0
Net Interest Expense During Construction (project related)	$0	$0	$0
Fair Market Value of Leased Space or Equipment	$0	$0	$0
Other Costs To Be Capitalized	$0	$0	$0
Acquisition of Building or Other Property (excluding land) **(Fair Market Value)**	$1,430,941	$972,399	$2,403,340
TOTAL USES OF FUNDS	$1,473,512	$1,001,328	$2,474,840
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$42,571	$28,929	$71,500
Pledges	$0	$0	$0
Gifts and Bequests	$0	$0	$0
Bond Issues (project related)	$0	$0	$0
Mortgages	$0	$0	$0
Leases (fair market value)	$0	$0	$0
Governmental Appropriations	$0	$0	$0
Grants	$0	$0	$0
Other Funds and Sources	$1,430,941	$972,399	$2,403,340
TOTAL SOURCES OF FUNDS	$1,473,512	$1,001,328	$2,474,840

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: $_____
Fair Market Value: $ 5,803,186 (/ 99 beds = 58,618 * 41 beds = $2,403,340)

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 $ _____.

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): September 2013

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

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

☒ Project obligation will occur after permit issuance.

APPENDIX D

Cost/Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Department/Area	Cost	Existing	Proposed	New Const.	Converted	As Is	Vacated Space
REVIEWABLE	-	-	-	-	-		-
Nursing	$1,355,516	11,637	21,040	N/A	9,403.03	11,636.59	N/A
Living/Dining/Activity	$103,946	3,809	4,530	N/A	721.06	3,808.55	N/A
Kitchen/Food Service	$14,050	2,495	2,592	N/A	97.46	2,494.61	N/A
P.T./O.T.	$0	2,910	2,910	N/A	0.00	2,910.13	N/A
Laundry	$0	1,059	1,059	N/A	0.00	1,059.01	N/A
Nursing Clinical	**$1,473,512**	**21,909**	32,130		**10,221.55**		
NON REVIEWABLE							
Housekeeping	$6,689	353	383	N/A	30.00	353.38	N/A
Office/Administration	$28,400	1,173	1,301	N/A	127.37	1,173.36	N/A
Employee Lounge/	$0	595	595	N/A	0.00	594.54	N/A
Locker/Training							N/A
Mechanical/Electrical*	$59,793	3,015	3,283	N/A	268.16	3,014.75	N/A
Lobby	$0	968	968	N/A	0.00	967.81	N/A
Storage/Maintenance*	$42,416	1,271	1,461	N/A	190.23	1,271.04	N/A
Corridor/Public Toilets	$652,257	6,568	9,493	N/A	2,925.25	6,568.13	N/A
Stair/Elevators	$211,772	2,478	3,428	N/A	949.76	2,478.14	N/A
Amenities	$0	922	922			921.74	
Nursing Non Review	**$1,001,328**	**17,343**	**21,834**		**4,490.77**	**17,342.89**	
Total Nursing	**$2,474,840**	**39,252**	**53,964**		**14,712.32**	**17,342.89**	

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

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SECTION I - IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
Continued i

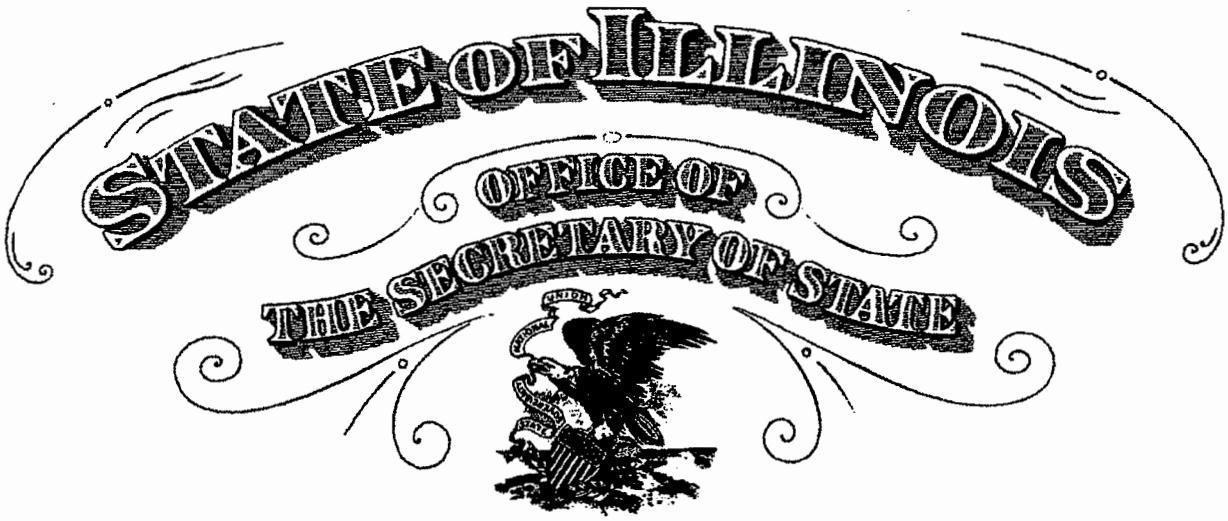
Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

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

The Applicants for Alden Estates of Evanston are Alden Estates of Evanston II, Inc. (owner) and Alden Estates of Evanston, Inc. (operator/Licensee). An Illinois Secretary of State Certificate of Good Standing for each entity is appended as **ATTACHMENT-1A.**

ATTACHMENT-1

File Number 6009-549-3



To all to whom these Presents Shall Come, Greeting:

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

ALDEN ESTATES OF EVANSTON II, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 20, 1998, 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 #: 1306001768

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

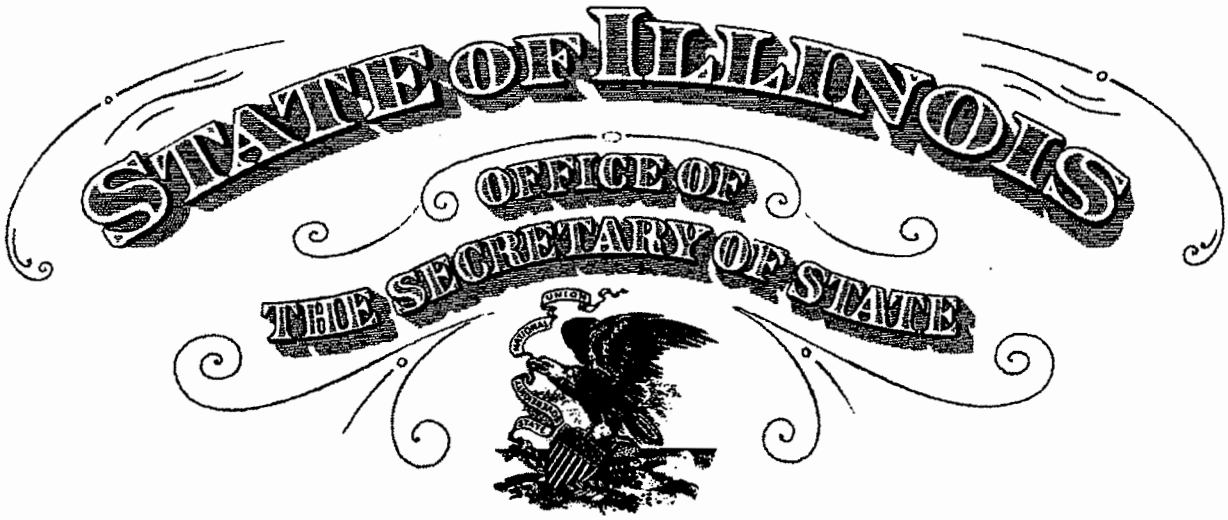
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* MARCH *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 5819-120-5



To all to whom these Presents Shall Come, Greeting:

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

ALDEN ESTATES OF EVANSTON, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 09, 1995, 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 #: 1306001782

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* 1ST *day of* MARCH *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

SECTION I - IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
Continued ii

Site Ownership

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.

The ownership entity for Alden Estates of Evanston is Alden Estates of Evanston II, Inc. A copy of this entity's Illinois Secretary of State's Certificate of Good Standing is appended as **ATTACHMENT-2A**. A copy of the trust agreement documenting proof of ownership is appended as **ATTACHMENT-2B**.

ATTACHMENT-2

File Number 6009-549-3

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

ALDEN ESTATES OF EVANSTON II, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 20, 1998, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* MARCH *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

Authentication #: 1306001768

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

ATTACHMENT-2A

This Trust Agreement, dated this 10th day of August, 1998

_____, and known as Trust Number 126378-02 _____, is to certify that AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, a corporation duly organized and existing as a national banking association under the laws of the United States of America, and duly authorized to accept and execute trusts within the State of Illinois, as Trustee hereunder, is about to take legal and equitable title to the following described real estate in Cook County, Illinois, to-wit:

SEE ATTACHED LEGAL DESCRIPTION

Permanent index number 10-10-200-077-0000

Commonly known as 2520 Gross Pointe Road, Evanston, Illinois 60201

When the Trustee has taken title to this real estate or to any other real estate conveyed to it as Trustee hereunder, the Trustee will hold it for the uses and purposes and upon the trusts herein stated. The following named persons shall be entitled to the earnings, avails and proceeds of said real estate according to the respective interests herein set forth:

ALDEN ESTATES OF EVANSTON II, INC., an Illinois corporation, as to One Hundred (100%) percent of the Beneficial Interest.

The interest of every beneficiary and of any person who may become entitled to any interest under this trust shall consist only of (1) the power to direct the Trustee to deal with title to the real estate, (2) the power to manage, possess, use and control the real estate and (3) the right to receive the earnings, avails and proceeds from leases and other uses and from mortgages, sales and other dispositions of the property. Such rights and powers shall be personal property and may be assigned as such. In case of the death of any beneficiary during the existence of this trust, his or her right and interest shall except as otherwise specifically provided, pass to his or her executor or administrator, and not to his or her heirs at law. No beneficiary now has and no beneficiary at any time shall have any right, title or interest in or to any portion of said real estate as such, either legal or equitable, but only an interest in the earnings, avails and proceeds. Nothing herein contained shall be construed as imposing any obligation on the Trustee to file any income, profit or other tax reports or schedules, it being expressly understood that the beneficiaries will individually make all such reports and pay any and all taxes growing out of their interest under this Trust Agreement. The death of any beneficiary shall not terminate the trust nor in any manner affect the powers of the Trustee. No assignment of an interest shall be binding on the Trustee until the original or a duplicate of the assignment is lodged with the Trustee, and its acknowledgment indicated thereon.

In case the Trustee shall make any advances of money on account of this trust or shall be made a party to any litigation on account of holding title to said real estate or in connection with this trust, or in case the Trustee shall be compelled to pay any sum of money on account of this trust, whether on account of breach of contract, injury to person or property, fines or penalties under any law, judgments or decrees, or otherwise, the beneficiaries do jointly and severally agree as follows: (1) that they will, upon demand, pay to the Trustee, with interest thereon at the highest rate per annum permitted by law, all such disbursements or advances or payments made by the Trustee, together with its expenses, including reasonable attorney's fees; (2) that the Trustee shall not be required to convey or otherwise deal with the real estate or any other property which may become subject to the terms of this Trust Agreement at any time until all of said disbursements, payments, advances and expenses made or incurred by the Trustee shall have been fully paid, together with interest thereon at the highest rate per annum permitted by law and (3) that in case of non-payment within ten (10) days after demand the Trustee may sell all or any part of said real estate at public or private sale on such terms as it may see fit, and retain from the proceeds of the sale a sufficient sum to reimburse itself for all such disbursements, payments, advances and interest thereon and expenses, including the expenses of such sale and attorneys' fees, rendering the overplus, if any, to the then beneficiaries. However, nothing herein contained shall be construed as requiring the Trustee to advance or pay out any money on account of this trust or to prosecute or defend any legal proceeding involving this trust or any property or interest thereunder unless it shall elect to do so and shall be furnished with funds sufficient therefor or be satisfactorily indemnified in respect thereto. In the event the Trustee is served with process or notice of legal proceedings or of any other matter concerning the trust or the trust property, the sole duty of the Trustee in connection therewith shall be to forward the process or notice by first class mail to the person designated as the person to whom inquiries or notices shall be sent or, in the absence of such designation, to any person having a beneficial interest herein. The last address appearing in the records of the Trustee shall be used for such mailing.

It is further understood and agreed that neither American National Bank and Trust Company of Chicago, individually or as Trustee, nor its successor or successors in trust, shall incur any personal liability or be subjected to any claim, judgment or decree for anything it or they or its or their agents or attorneys may do or omit to do in or about the real estate or under the provisions of the deed or deeds in trust or this Trust Agreement, or any amendment thereof, or for injury to person or property happening in or about said real estate, any and all such liability being hereby expressly waived and released. Any contract, obligation or indebtedness incurred or entered into by the Trustee in connection with said real estate shall be entered into by it, as Trustee of an express trust and not individually (and the Trustee shall have no obligation whatsoever with respect to any such contract, obligation or indebtedness except only so far as the trust property and funds in the actual possession of the Trustee shall be applicable to the payment and discharge thereof).

In no case shall any party dealing with the Trustee, or any successor in trust, in relation to said real estate or to whom said real estate or any part shall be conveyed, contracted to be sold, leased or mortgaged by the Trustee or successor in trust, be obliged to see to the application of any purchase money, rent or money borrowed or advanced on the real estate, or be obliged to see that the terms of this trust have been complied with, or be obliged to inquire into the authority, necessity or expendiency of any act of the Trustee, or successor in trust, or be obliged or privileged to inquire into any of the terms of this Trust Agreement; and every deed, trust deed, mortgage, lease or other instrument executed by the Trustee, or successor in trust, in relation to the real estate shall be conclusive evidence in favor of every person relying upon or claiming under any such conveyance, lease or other instrument, (1) that at the time of the delivery, the trust created by this Trust Agreement was in full force and effect; (2) that such conveyance or other instrument was executed in accordance with the trusts, conditions and limitations contained in this Trust Agreement and all amendments, if any, and was binding upon all beneficiaries under this Trust Agreement; (3) that the Trustee, or successor in trust, was duly authorized and empowered to execute and deliver every such deed, trust deed, lease, mortgage or other instrument; and (4) if a conveyance has been made to a successor or successors in trust, that such successor or successors in trust have been properly appointed and are fully vested with all the title, estate, rights, powers, authorities, duties and obligations of its, his or their predecessor in trust.

This Trust Agreement shall not be placed of record in the Recorder's Office of the county in which the real estate is situated, or elsewhere, and the recording of the same shall not be considered as notice of the rights of any person, derogatory to the title or powers of the Trustee.

AAB 0094 000

ATTACHMENT-2B

each of the then beneficiaries at his or her address last known to the Tr ee. Such resignation shall become effective ten days after the mailing of s notices by the Trustee. In the event of s. resignation, a successor or successors may be appointed by the person · ersons then entitled to direct the Trustee in the disposition of the trust property, and the Trustee shall thereupon convey the trust property to such successor or successors in trust. In the event that no successor in trust is named as above provided within ten days after the mailing of such notice by the Trustee, then the Trustee may convey the trust property to the beneficiaries in accordance with their respective interests hereunder, or the Trustee may, at its option, file a bill for appropriate relief in any court of competent jurisdiction. The Trustee may, at its option, cause any such deed of conveyance to be recorded or registered. The Trustee, notwithstanding such resignation, shall continue to have a first lien on the trust property for its costs, expenses and attorneys' fees and for its reasonable compensation.

Every successor trustee or trustees appointed shall become fully vested with all the estate properties, rights, powers, trusts, duties and obligations of its, his or their predecessor.

While American National Bank and Trust Company of Chicago is the sole owner of record of the real estate referred to and, so far as the public is concerned, has full power to deal therewith, it is understood and agreed by the parties hereto and by any person who may hereafter become a party hereto or a beneficiary hereunder, that American National Bank and Trust Company of Chicago will (subject to its rights as Trustee) convey title to the real estate, execute and deliver deeds, including deeds conveying directly to a trustee grantee, pay the proceeds of any mortgage, sale or conveyance of, or otherwise deal with the trust estate or proceeds thereof, only when authorized to do so in writing. The Trustee will so act on the written direction of:

FLOYD A. SCHLOSSBERG, President, or JOAN CARL, Secretary, of ALDEN ESTATES OF EVANSTON II, INC., or their duly authorized and elected successors.

or upon the written direction of such other person or persons as shall from time to time be named in writing by each beneficiary. Each beneficiary has the right to personally exercise or delegate in writing, to another, his or her power of direction and the right to rescind any such delegation made by him or her. In the absence of a written designation from any beneficiary, then the Trustee shall act upon the written direction of that beneficiary also. However, the Trustee shall not be required to enter into any personal obligation or liability in dealing with the real estate or to make itself liable for any damages, costs, expenses, fines or penalties, or to deal with the title so long as any money is due the Trustee. Otherwise, the Trustee shall not be required to inquire into the propriety of any such direction. Mortgages or trust deeds made and executed by the Trustee may include waiver of any and all rights of redemption from sale under any order or decree of foreclosure of such mortgage or trust deed.

The beneficiary or beneficiaries shall in his, her or their own right have the full management of the real estate and control of the selling, renting and handling thereof. Any beneficiary or his or her agent shall handle the rents and the proceeds of any sales of the property. The Trustee shall not be required to do anything in the management or control of the real estate or in respect to insurance, litigation or otherwise, except on written direction as above provided and after the payment to it of all monies necessary to carry out the instructions. The beneficiaries agree to operate and maintain the real estate in accordance with all laws, codes, regulations and ordinances respecting the use, occupancy, maintenance or control thereof. All beneficiaries jointly and severally indemnify the Trustee for any damage, claim or judgment made or entered against Trustee or costs, including attorney's fees, incurred by the Trustee due to failure of any beneficiary or any predecessor in interest to any beneficiary or to the Trustee (and whether of the beneficial interest hereunder or of the real estate held) to lawfully operate, control or maintain the real estate. No beneficiary shall have any authority to contract for or in the name of the Trustee or to bind the Trustee personally. If any property remains in this trust twenty years from this date it shall be sold at public sale by the Trustee upon reasonable notice, in writing, sent by registered or certified mail, to each of the then beneficiaries, at his or her address last known to the Trustee. The proceeds of sale shall be divided among the beneficiaries in accordance with their respective interests hereunder.

American National Bank and Trust Company of Chicago shall receive for its services in accepting this trust and in taking title to the real estate the sum of $250.00 ; also the sum of $250.00 per year for holding title after the 10 day of August, 1995, subject to adjustment in accordance with its schedule of fees from time to time in effect, so long as the Trustee shall act under this Trust Agreement. The Trustee shall also receive compensation pursuant to its regular schedule of fees for making deeds, mortgages, leases and/or other instruments as may be required from time to time, and it shall receive reasonable compensation for any special services which may be rendered by it and for taking and holding any other property or improvement which may hereafter be deeded to or acquired by the Trustee. In the event the value of the property held is increased for any reason after the Trustee has accepted title thereto, the Trustee shall also be entitled to reasonable additional fees for holding title. The beneficiaries jointly and severally agree to pay all of such fees and compensations. It is understood and agreed that all such fees and compensations and any other monies due Trustee shall constitute a first lien on the real estate and property held hereunder.

IN TESTIMONY WHEREOF, American National Bank and Trust Company of Chicago has caused these presents to be signed by one of its officers, as and for the act and deed of American National Bank and Trust Company of Chicago on the day and year first above written.

American National Bank and Trust Company of Chicago

BY _____

ON THIS DAY THE BENEFICIARIES HAVE SIGNED THIS TRUST AGREEMENT IN ORDER TO SIGNIFY THEIR ASSENT TO THE ABOVE TERMS.

SIGNATURE Floyd A. Schlossberg SSN or EIN _____

Address 4200 W. Peterson Ave., Chicago, Il. 60646 Phone (773) 286-3883

SIGNATURE _____ SSN or EIN _____

Address 4200 W. Peterson Ave., Chicago, Il. 60646 Phone (773) 286-3883

SIGNATURE _____ SSN or EIN _____

Address _____ Phone _____

SIGNATURE _____ SSN or EIN _____

Address _____ Phone _____

To whom shall inquiries, notices and other matters be referred? _____

JOAN CARL

To whom shall bills be mailed? JOAN CARL

May oral inquiries be referred directly? NO

ATTACHMENT-2B

Trust No. 124378-02

LEGAL DESCRIPTION

LOT 2 IN ENGLE'S RESUBDIVISION, BEING A SUBDIVISION OF LANDECK'S DIVISION OF LOT 2 OF EVERT AND SCHAEFER SUBDIVISION OF PART OF THE NORTHEAST FRACTIONAL 1/4 OF SECTION 10, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, RECORDED MARCH 27, 1990 AS DOCUMENT 90135710, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 10-10-200-077-0000

Common Address: 2520 Gross Pointe Road, Evanston, Illinois 60201

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 operator/Licensee of Alden Estates of Evanston is Alden Estates of Evanston, Inc. A copy of this entity's Illinois Secretary of State's Certificate of Good Standing is appended as **ATTACHMENT-3A**. The Alden Group, Ltd has 100 percent interest in the Licensee entity.

ATTACHMENT-3

File Number 5819-120-5

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

ALDEN ESTATES OF EVANSTON, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 09, 1995, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* MARCH *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

Authentication #: 1306001782

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

ATTACHMENT-3A

Organizational Relationships

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

The corporate organizational chart for Alden Estates of Evanston is simply Alden Estates of Evanston II, Inc as the owner and Alden Estates of Evanston, Inc as the operator/Licensee. However, there are other related entities through The Alden Group, Ltd. who is sole corporate interest holder of the entities. This entity also has interest is several other facilities that should be considered as "related" (please see the listing of related facilities appended as **ATTACHMENT-4A**). It should be noted that this is a minimal cost ($71,500) project as there will be no new construction or renovations; therefore, the operating entity is solely funding this project through internal operations.

ATTACHMENT-4

Nursing Homes in Illinois

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 KATHERINE DORNEY
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

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Private Payment Rates

idph online home nursing homes in illinois

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)**.

As there are no construction/renovation activities that will be part of this project, this item is not germane.

ATTACHMENT-5

Historic Resources Preservation Act Requirements

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

As this project does not include any demolition, construction or renovation to the existing physical plant, this item is not applicable.

ATTACHMENT-6

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 project is for the conversion of 41 sheltered care beds into nursing care beds. It should be noted that 21 of these beds are utilized and the facility's medical director estimates that these residents will need nursing care services within the next 12 months. The facility is located in Evanston, Illinois which is within the Northeastern Cook County, the 7-B Planning Area. This health planning area has an outstanding need for 339 additional nursing care beds. While this project improves the accessibility by lowering the total number of nursing beds needed, it is not intended to placate the entire need for additional beds and services.

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

The market area for this existing facility is a 30-minute travel contour from the facility. Appended as **ATTACHMENT-10A** is the Applicant's patient origin data that illustrates 335 out of 349 patients (96%) admitted in the most recent twelve month period ending March 31, 2013 come from the 30-minute travel time contour.

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

There are two issues being addressed through this proposed project. The first is that Alden Estates of Evanston's sheltered care residents are aging out and within the next year, these residents will be in need of nursing care. The second issue is the improvement of economies-of-scale to allow the facility to improve the overall utilization of the building.

It should be known that the utilization that is presented as part of this project is based upon fifty-two (52) nursing beds and forty-seven (47) sheltered care beds. The nursing beds have been utilized at a rate of 74% with an average daily census of 38.5 and an average

ATTACHMENT-10

length of stay of 36.2 days. In contrast, the sheltered care beds are utilized at a rate of 63.4% with an average daily census of 24.3 residents and an average length of stay of 885.7 days. The issue is with the number of beds, now 58 nursing and 41 sheltered (as of March/April 2013 the facility increased its nursing capacity by 6-beds, now total of 58 Nursing beds), the nursing beds are effectively full (as explained below). The sheltered level of care has been competitively edged out by the comparable level of care called Assisted Living and its Medicaid counterpart, Supportive Living. The three levels of care are almost synonymous. With the aging out of the existing residents and the effective capacity of the existing nursing beds, these residents cannot be easily transitioned without this conversion.

There are a myriad of factors that affect the utilization of a nursing home. As they relate specifically to Alden Estates of Evanston, the nursing unit has the minimum required number of private rooms (2) as compared to semi-private rooms (25). One of the positive points is that each bedroom has its own bath and does not share a bathroom between rooms; however, the double rooms have to contend with resident's behavior, isolation for risk of infection, and gender issues all of which renders the unit effectively utilized. The conversion of the sheltered care licensed beds to nursing beds will increase the number of private rooms from two (2) up to nine (9). This and the ability to arrange residents who are more compatible, in need of isolation for the same reason, and who are of the same sex should allow the facility to be better utilized.

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

   a. Update to the Inventory of Health Care Facilities and Services and Need Determinations, 2011 Long Term Care Services. See **ATTACHMENT-10B.**

   b. List of Zip Codes within 30-minute from Microsoft MapPoint North America 2009. See **ATTACHMENT-10C.**

   c. Alden Estate of Evanston admission data. See **ATTACHMENT-10D.**

ATTACHMENT-10

d. Alden Estates of Evanston patient origin delineation of those within 30-minute market contour. See **ATTACHMENT-10A.**

e. Alden Estates of Evanston patient days and admissions for 12-month period ending March 31, 2013. See **ATTACHMENT-10E.**

f. Alden Estates of Evanston 2011 IDPH Annual Questionnaire Form. See **ATTACHMENT-10F.**

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

Through the increasing of: number of beds, number of private room, and overall economies-of-scale the utilization of the existing health care resource can be better utilized.

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

The goal for this project is the increased overall utilization of Alden Estates of Evanston.

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 specific project does not include any modernization. Alden's commitment in all of their facilities is the continual rehabilitation of all structures. As shown in each year's Medicare/Medicaid Cost Reports as filed with the Illinois Department of Healthcare & Family Services, Alden expends money on the on-going maintenance and renovations in order to maintain a modern facility for its residents.

ATTACHMENT-10

Alden Estates of Evanston
Patient Origin Within 30-Minute Market Contour
April 2012-March 2013

Home Zip code	Date of Adm.	# of Patients	Pts in 30 min zips
33428	6/13/2012	1	
60004	9/28/2012	1	1
60010	7/16/2012	1	
60016	4/24/2012	1	1
60022	8/23/2012	1	1
60025	4/11/2012	7	7
60035	5/10/2012	1	1
60053	11/8/2012	4	4
60062	3/19/2013	1	1
60070	5/2/2012	3	3
60076	4/7/2012	41	41
60077	4/30/2012	25	25
60085	7/24/2012	1	
60090	3/5/2013	1	1
60091	4/27/2012	34	34
60093	5/1/2012	7	7
60142	3/30/2013	1	
60201	4/30/2012	76	76
60202	4/13/2012	35	35
60203	4/21/2012	8	8
60204	12/26/2012	1	
60466	**1/12/2013**	1	
60515	6/21/2012	1	
60544	10/23/2012	1	
60613	5/17/2012	2	2
60614	5/30/2012	4	4
60615	2/25/2013	1	
60618	7/12/2012	4	4
60626	4/21/2012	14	14
60630	9/1/2012	2	2
60640	4/18/2012	3	3
60641	9/4/2012	2	2
60645	4/27/2012	15	15
60646	4/19/2012	9	9
60656	1/4/2013	1	1
60657	5/1/2012	4	4
60659	9/17/2012	2	2
60660	**4/27/2012**	7	7
60676	3/15/2013	1	
60712	4/19/2012	15	15
60714	6/20/2012	5	5
61832	3/3/2013	1	
80906	6/16/2012	1	
91335	4/18/2012	1	
95118	6/18/2012	1	
Home Zip code	**Date of Adm.**	**# of Patients***	**Pts in 30 min zips**
		349	335

* Total admissions does not reflect residents readmitted within a 24hr period. Total admissions actually 398.

ATTACHMENT-10A

LONG-TERM CARE FACILITY UPDATES

9/16/2011 - 4/23/2013

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	603	259
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	351	3
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	6841	339
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	4733	542
McHenry	1501	1037	464
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	1342	(99)
HEALTH SERVICE AREA 11			
Clinton	432	357	75
Madison	2048	2193	(145)
Monroe	435	250	185
St. Clair	2102	2289	(187)

ATTACHMENT-10B

Listing of Zip Codes
Within 30-Minute Market Contour
From Alden Estates of Evanston

ZIP Code	Population-2007	ZIP Code	Population-2007
60004	49787	60613	49370
60015	26905	60614	66352
60016	60346	60618	94286
60018	28630	60622	52896
60022	8021	60625	79784
60025	38257	60626	51029
60026	13316	60630	55571
60029	528	60631	29554
60035	30017	60634	74795
60037	not available on census	60639	90858
60040	5464	60640	64952
60043	2565	60641	70874
60044	10384	60645	45511
60045	20936	60646	27829
60053	23070	60647	86345
60056	55052	60651	64182
60062	39723	60654	14059
60068	37272	60656	26219
60069	8282	60657	68809
60070	15939	60659	39586
60076	33337	60660	41840
60077	26316	60661	6648
60082	not available on census	60666	not available on census
60089	41705	60706	22958
60090	37257	60707	42164
60091	27008	60712	12483
60093	19228	60714	29718
60171	10414		
60176	11736		
60201	42648		
60202	31501		
60203	4552		
60208	not available on census		
60601	8275		
60602	1151		
60603	480		
60604	393		
60605	20522		
60606	2123		
60607	22964		
60610	37309		
60611	28071		
60612	34569		

Source: Microsoft MapPoint North America 2009

ATTACHMENT-10C

Alden Estates of Evanston
Patient Origin Data
April 2012-March 2013

Initials	Origin/Transfer from	Home Zip code	Date of Adm.
H.F.	Boca Raton Hosp	33428	6/13/2012
HR	Northwest Community Hospital	60004	9/28/2012
E.S.	Skokie	60010	7/16/2012
R.G.	Skokie	60016	4/24/2012
CJ	Rush university Medical Ctr.	60022	8/23/2012
BK	Skokie Hospital	60025	2/8/2013
CE	Saint Joseph Hospital	60025	1/7/2013
CN	Skokie Hospital	60025	10/24/2012
CN	Glenview Terrace	60025	9/17/2012
BK	Skokie Hospital	60025	8/20/2012
P.M.	Glenbrok	60025	6/23/2012
N.C	Skokie	60025	4/11/2012
P.P.	Home	60035	5/10/2012
JS	Saint Francis Hospital	60053	3/31/2013
SE	Skokie Hospital	60053	12/12/2012
SR	St. Francis Hospital	60053	12/26/2012
SE	Skokie Hospital	60053	11/8/2012
GI	Glenbrook Hospital	60062	3/19/2013
ST	Glenbrook Hospital	60070	10/26/2012
ST	Glenbrook Hospital	60070	9/23/2012
T.S.	Glenbrok	60070	5/2/2012
HP	Evanston Hospital	60076	3/6/2013
ML	Evanston Hospital	60076	3/11/2013
CS	Skokie Hospital	60076	2/5/2013
RS	Evanston Hospital	60076	1/3/2013
HJ	Skokie Hospital	60076	1/4/2013
AJ	Skokie Hospital	60076	1/11/2013
BS	Skokie Hospital	60076	1/15/2013
MG	Skokie Hospital	60076	1/24/2013
WW	Evanston Hospital	60076	1/28/2013
DV	Evanston Hospital	60076	12/18/2012
BM	Evanston Hospital	60076	12/19/2012
RS	Skokie Hospital	60076	11/1/2012
CM	Hinsdale Hospital	60076	11/1/2012
WC	Skokie Hospital	60076	11/4/2012
GN	Skokie Hospital	60076	11/28/2012
FS	Home	60076	10/1/2012
HH	Skokie Hospital	60076	10/2/2012
TL	Skokie Hospital	60076	10/10/2012
HP	Skokie Hospital	60076	10/18/2012
FL	Evanston Hospital	60076	10/27/2012
FM	Skokie Hospital	60076	9/12/2012
SE	Skokie Hospital	60076	9/15/2012
TL	St. Francis Hospital	60076	9/24/2012
KP	Skokie Hospital	60076	9/26/2012
LM	Evanston Hospital	60076	8/1/2012
SS	Evanston Hospital	60076	8/7/2012
GG	Home	60076	8/30/2012
H.J.	Skokie	60076	7/19/2012
R.S.	Evanston	60076	7/25/2012

Alden Estates of Evanston
Patient Origin Data
April 2012-March 2013

E.M	Skokie	60076	7/30/2012
W.S.	Glenbrok	60076	6/8/2012
D.L.	Skokie	60076	6/11/2012
H.L.	Skokie	60076	6/21/2012
N.T.	Skokie	60076	5/4/2012
G.G.	Skokie	60076	5/12/2012
R.S	N.H.	60076	5/14/2012
M.F.	Skokie	60076	5/16/2012
B.R.	Home	60076	5/18/2012
E.K.	Skokie	60076	4/1/2012
J.P.	Skokie	60076	4/5/2012
M.S.	Skokie	60076	4/7/2012
BJ	Loyola Hospital	60077	3/7/2013
RB	Skokie Hospital	60077	3/9/2013
GD	Evanston Hospital	60077	3/13/2013
FH	Skokie Hospital	60077	3/26/2013
RB	Skokie Hospital	60077	3/30/2013
TJ	Skokie Hospital	60077	2/8/2013
GR	Skokie Hospital	60077	2/12/2013
HJ	Skokie Hospital	60077	2/25/2013
FI	Skokie Hospital	60077	2/28/2013
BT	Skokie Hospital	60077	1/22/2013
AN	Skokie Hospital	60077	12/8/2012
AN	Evanston Hospital	60077	12/19/2012
EL	Evanston Hospital	60077	12/23/2012
KM	Glenbrook Hospital	60077	11/5/2012
GA	Skokie Hospital	60077	11/19/2012
KR	Skokie Hospital	60077	10/15/2012
CM	Home	60077	8/13/2012
SB	Skokie Hospital	60077	8/23/2012
RT	Evanston Hospital	60077	8/28/2012
H.K.	Skokie	60077	7/3/2012
S.L.	Skokie	60077	7/17/2012
D.P.	Skokie	60077	8/11/2012
D.M.	Skokie	60077	4/3/2012
R.H.	Skokie	60077	4/11/2012
O.C.	Skokie	60077	4/30/2012
J.B.	Evanston	60085	7/24/2012
BE	Evanston Hospital	60090	3/5/2013
ZT	Evanston Hospital	60091	3/13/2013
WL	Saint Francis Hospital	60091	3/15/2013
HJ	Evanston Hospital	60091	2/7/2013
BR	Evanston Hospital	60091	2/9/2013
FB	Evanston Hospital	60091	2/24/2013
GT	Evanston Hospital	60091	1/10/2013
SM	Evanston Hospital	60091	1/19/2013
PC	Evanston Hospital	60091	12/5/2012
KA	Evanston Hospital	60091	12/7/2012
WE	Evanston Hospital	60091	12/8/2012
WE	Evanston Hospital	60091	12/29/2012
NE	Skokie Hospital	60091	11/2/2012

ATTACHMENT - 10D

Alden Estates of Evanston
Patient Origin Data
April 2012-March 2013

CE	Evanston Hospital	60091	11/14/2012
GME	Evanston Hospital	60091	10/11/2012
TB	Skokie Hospital	60091	9/4/2012
FC	Skokie Hospital	60091	9/6/2012
LC	St. Francis Hospital	60091	9/18/2012
CE	Evanston Hospital	60091	9/19/2012
DH	Home	60091	9/27/2012
SI	Evanston Hospital	60091	9/27/2012
KV	St. Francis Hospital	60091	9/28/2012
DH	Home	60091	8/3/2012
FH	Skokie Hospital	60091	8/20/2012
NJ	Evanston Hospital	60091	8/21/2012
E.G.	Evanston	60091	7/22/2012
S.J.	Home	60091	6/5/2012
W.W.	Glenbrok	60091	6/19/2012
H.D.	Home	60091	6/19/2012
N.P.	Evanston	60091	5/4/2012
M.S.	Evanston	60091	5/17/2012
E.W.	Evanston	60091	5/25/2012
W.G.	Evanston	60091	5/30/2012
L.M.	St. Francis	60091	4/23/2012
H.D.	Evanston	60091	4/27/2012
LW	Northwestern Memorial Hospital	60093	3/1/2013
LWM	Northwestern Memorial Hospital	60093	3/8/2013
LM	Northwestern Memorial Hospital	60093	3/24/2013
PP	Evanston Hospital	60093	3/26/2013
BT	Northwestern Memorial Hospital	60093	9/2/2012
DJ	Northwestern Memorial Hospital	60093	9/13/2012
M.F.	Skokie	60093	5/1/2012
SS	Saint Francis Hospital	60142	3/30/2013
PA	Skokie Hospital	60201	3/1/2013
SA	Evanston Hospital	60201	3/1/2013
GL	Evanston Hospital	60201	3/2/2013
DB	Evanston Hospital	60201	3/5/2013
DB	Evanston Hospital	60201	3/6/2013
OP	Evanston Hospital	60201	3/8/2013
WD	Skokie Hospital	60201	3/15/2013
BD	Northwest Community hopsital	60201	3/30/2013
SJ	Evanston Hospital	60201	2/5/2013
PA	Evanston Hospital	60201	2/21/2013
GR	Evanston Hospital	60201	1/5/2013
TW	Saint Francis Hospital	60201	1/8/2013
SA	Evanston Hospital	60201	1/10/2013
HJ	Evanston Hospital	60201	1/12/2013
RE	Evanston Hospital	60201	1/12/2013
PA	Evanston Hospital	60201	1/16/2013
NE	Saint Francis Hospital	60201	1/17/2013
PA	Skokie Hospital	60201	1/24/2013
MM	Home	60201	1/30/2013

Alden Estates of Evanston
Patient Origin Data
April 2012-March 2013

SS	Skokie Hospital	60201	12/5/2012
BA	St. Francis Hospital	60201	12/7/2012
WB	Evanston Hospital	60201	12/7/2012
SR	Skokie Hospital	60201	12/10/2012
SB	Skokie Hospital	60201	12/13/2012
BE	Evanston Hospital	60201	12/13/2012
RR	Evanston Hospital	60201	12/17/2012
CJ	Evergreen Health Care Ctr.	60201	12/20/2012
GV	Evanston Hospital	60201	12/22/2012
MD	Evanston Hospital	60201	12/26/2012
SS	Skokie Hospital	60201	12/28/2013
PE	Evanston Hospital	60201	12/31/2012
PM	Glenbrook Hospital	60201	11/1/2012
WT	Evanston Hospital	60201	11/6/2012
PM	Skokie Hospital	60201	11/10/2012
DS	Evanston Hospital	60201	11/12/2012
AL	Evanston Hospital	60201	11/20/2012
WS	Evanston Hospital	60201	11/22/2012
SS	Skokie Hospital	60201	11/23/2012
HC	Evanston Hospital	60201	11/26/2012
HM	Skokie Hospital	60201	10/13/2012
HP	Highland Park Hospital	60201	10/19/2012
MA	Evanston Hospital	60201	10/24/2012
AB	St. Francis Hospital	60201	10/30/2012
RN	Massachusetts General Hospital	60201	9/21/2012
CE	Evanston Hospital	60201	9/25/2012
HT	St. Francis Hospital	60201	8/4/2012
EW	Evanston Hospital	60201	8/8/2012
SV	Glenbrook Hospital	60201	8/12/2012
ST	Skokie Hospital	60201	8/13/2012
HT	St. Francis Hospital	60201	8/14/2012
PA	Evanston Hospital	60201	8/19/2012
SJ	St. Francis Hospital	60201	8/29/2012
YG	St. Francis Hospital	60201	8/29/2012
WJ	Glenbrook Hospital	60201	8/30/2012
B.S.	Evanston	60201	7/3/2012
E.D	Evanston	60201	7/4/2012
H.L.	Skokie	60201	7/12/2012
N.B.	Evanston	60201	7/17/2012
J.S.	Evanston	60201	7/26/2012
C.M	Skokie	60201	7/29/2012
N.H.	Evanston	60201	6/4/2012
M.G.	Evanston	60201	6/4/2012
M.S.	Evanston	60201	6/5/2012
A.M.	Evanston	60201	6/12/2012
P.J.	Skokie	60201	6/18/2012
T.V.	Evanston	60201	6/23/2012
J.C.	Glenbrok	60201	5/5/2012
H.H.	Evanston	60201	5/11/2012
E.S.	Skokie	60201	5/25/2012
W.L.	Evanston	60201	5/26/2012

Alden Estates of Evanston
Patient Origin Data
April 2012-March 2013

D.A.	Evanston	60201	5/31/2012
D.K.	Swedish	60201	4/10/2012
V.K.S.	Evanston	60201	4/20/2012
C.B.	Evanston	60201	4/24/2012
C.J.P.	Evanston	60201	4/28/2012
D.A	Evanston	60201	4/30/2012
PR	Skokie Hospital	60202	3/1/2013
SG	Evanston Hospital	60202	3/7/2013
NE	Saint Francis Hospital	60202	2/8/2013
DF	Evanston Hospital	60202	2/12/2013
NE	Skokie Hospital	60202	2/16/2013
YE	Evanston Hospital	60202	2/26/2013
HA	Evanston Hospital	60202	2/27/2013
BA	Evanston Hospital	60202	1/29/2013
FS	St. Francis Hospital	60202	12/1/2012
BD	Evanston Hospital	60202	12/1/2012
LK	University Of Chicago	60202	12/12/2012
BD	Evanston Hospital	60202	12/26/2012
YG	Evanston Hospital	60202	11/23/2012
LK	University of Chicago Hospital	60202	11/27/2012
EK	Evanston Hospital	60202	10/9/2012
RA	Evanston Hospital	60202	10/11/2012
YG	Evanston Hospital	60202	10/12/2012
MJ	Evanston Hospital	60202	10/15/2012
EK	Evanston Hospital	60202	10/21/2012
CW	Evanston Hospital	60202	9/4/2012
SM	Evanston Hospital	60202	9/5/2012
LR	Evanston Hospital	60202	9/22/2012
YG	Evanston Hospital	60202	8/29/2012
LR	Evanston Hospital	60202	8/30/2012
W.U.	Northwestern	60202	7/3/2012
S.C.	Evanston	60202	7/11/2012
G.S.	Evanston	60202	7/13/2012
D.K.	Evanston	60202	7/13/2012
B.F.	Glenbrok	60202	6/3/2012
B.C.	Evanston	60202	6/19/2012
C.B	Evanston	60202	6/28/2012
L.F.	St. Francis	60202	5/13/2012
S.B.	Evanston	60202	5/21/2012
R.L	N.H.	60202	5/30/2012
B.P.	St. Francis	60202	4/13/2012
SM	St. Francis Hospital	60203	12/2/2012
KL	Evanston Hospital	60203	11/7/2012
MA	Glenbrook Hospital	60203	10/11/2012
KL	Evanston Hospital	60203	10/11/2012
LK	Evanston Hospital	60203	10/30/2012
E.R.	Evanston	60203	6/19/2012
C.C.	St. Francis	60203	5/18/2012
A.M.	Skokie	60203	4/21/2012
WR	Evanston Hospital	60204	12/26/2012
RS	Alden North Shore Rehab	60466	1/12/2013

Alden Estates of Evanston
Patient Origin Data
April 2012-March 2013

M.T.	Evanston	60515	6/21/2012
GJ	Edward Hospital	60544	10/23/2012
J.L.	Rehab Institute	60613	7/6/2012
J.L.	Northwestern	60613	5/17/2012
KW	Glenbrook Hospital	60614	10/27/2012
KW	Skokie Hospital	60614	9/20/2012
KW	Northwest Community Hospital	60614	8/25/2012
B.S.	Northwestern	60614	5/30/2012
BG	Northwestern Memorial Hospital	60615	2/25/2013
WW	Our Lady of Resurrection	60618	10/27/2012
WW	Our Lady Of Resurrection	60618	6/14/2012
SJ	Highland Park Hospital	60618	8/26/2012
L.T.	Skokie	60618	7/12/2012
ES	Northwestern Memorial hospital	60626	12/1/2012
GD	Skokie Hospital	60626	12/5/2012
KV	St. Francis Hospital	60626	11/18/2012
GD	St. Francis Hospital	60626	10/19/2012
DG	St. Francis Hospital	60626	10/31/2012
RM	St. Francis Hospital	60626	9/2/2012
GE	St. Francis Hospital	60626	9/10/2012
BR	St. Francis Hospital	60626	9/13/2012
GD	St. Francis Hospital	60626	9/18/2012
BR	St. Francis Hospital	60626	8/4/2012
JR	Alden Des Plaines	60626	8/31/2012
D.O.	Skokie	60626	6/6/2012
S.H	N.H.	60626	5/16/2012
D.O.	St. Francis	60626	4/21/2012
HME	Skokie Hospital	60630	12/20/2012
SO	Rehabilitation Institute of Chicago	60630	9/1/2012
GR	Skokie Hospital	60640	11/2/2012
DM	Northwestern Memorial Hospital	60640	8/10/2012
M.K.	St. Francis	60640	4/18/2012
BB	Glenbrook Hospital	60641	10/26/2012
BB	Glenbrook Hospital	60641	9/4/2012
TJ	Swedish Covenant Hospital	60645	3/28/2013
WS	Saint Francis Hospital	60645	1/8/2013
KE	Saint Francis Hospital	60645	1/14/2013
EF	Skokie Hospital	60645	11/2/2012
BI	St. Francis Hospital	60645	11/3/2012
GS	St. Francis Hospital	60645	11/19/2012
LJ	St. Francis Hospital	60645	11/19/2012
BR	Rehabilitation Institute Chicago	60645	11/28/2012
HR	St. Francis Hospital	60645	10/17/2012
GS	Evanston Hospital	60645	9/12/2012
CR	St. Joseph Hospital	60645	9/14/2012
F.L.	Skokie	60645	5/1/2012
R.H.	Home	60645	5/12/2012
D.G.	Skokie	60645	5/14/2012
V.B	Evanston	60645	4/27/2012
AL	Home	60646	3/1/2013
HK	Rehabilitation Institute of Chicago	60646	3/23/2013

Alden Estates of Evanston
Patient Origin Data
April 2012-March 2013

Total Admissions 349	Origin/Transfer from	Home Zip code	Date of Adm.
LE	Evanston Hospital	60646	1/31/2013
AL	Home	60646	12/27/2012
ML	Skokie Hospital	60646	10/7/2012
ML	Skokie Hospital	60646	9/25/2012
HR	Skokie Hospital	60646	8/27/2012
K.H.	Northwestern	60645	6/28/2012
G.C.	Skokie	60646	4/19/2012
HM	Glenbrook Hospital	60656	1/4/2013
BB	Illinois Masonic	60657	12/20/2012
FF	Skokie Hospital	60657	9/7/2012
FF	Skokie Hospital	60657	8/17/2012
F.F.	Illinois Masonic	60657	5/1/2012
PR	Rush University Medical Ctr	60659	2/8/2013
BMB	Skokie Hospital	60659	9/17/2012
SL	Evanston Hospital	60660	2/4/2013
GF	Home	60660	2/28/2013
BJ	St. Francis Hospital	60660	12/27/2012
GF	Home	60660	11/19/2012
F.G.	Skokie	60660	7/10/2012
F.G.	Home	60660	6/9/2012
F.G.	Home	60660	4/27/2012
KJ	Evanston Hospital	60676	3/16/2013
KF	Skokie Hospital	60712	1/11/2013
EM	Skokie Hospital	60712	12/2/2012
MT	Home	60712	12/8/2012
EM	Skokie Hospital	60712	12/26/2012
SR	Evanston Hospital	60712	11/3/2012
MC	Skokie Hospital	60712	10/9/2012
LP	Skokie Hospital	60712	10/29/2012
BH	Evanston Hospital	60712	9/8/2012
FG	Rush University Medical Ctr.	60712	8/2/2012
FG	Rush University Medical Ctr.	60712	8/8/2012
GL	Northwestern Memorial Hospital	60712	8/28/2012
G.G.	Rush	60712	7/25/2012
G.F.	N.H.	60712	6/5/2012
W.N.	Skokie	60712	5/26/2012
D.C.	Glenbrook	60712	4/19/2012
AD	Lutheran General Hospital	60714	1/31/2013
MD	Skokie Hospital	60714	11/6/2012
SJ	Skokie Hospital	60714	8/21/2012
A.M.	Evanston	60714	7/26/2012
J.S.	Lutheran General	60714	6/20/2012
SJ	Evanston Hospital	61832	3/3/2013
A.G	St. Francis	80906	6/16/2012
C.J	Evanston	91335	4/18/2012
K.W.	Mercy	95118	6/18/2012

Alden Estates of Evanston
Patient Days and Admission Data
12-Months Ending March 31, 2013

2012	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total	30	33	31	29	39	38	32	33	43

	Jan	Feb	Mar
Total	29	25	36

398 all but 10 SNF

4/1/2012 to 3/31/13	398	Admissions				
	22,896	patient days	Sheltered	8,857	Skilled	14,039
Utilization	63.4%			51.6%		74.0%
Ave. Daily Census	62.7			24.3		38.5
Ave. Length of Stay	57.5			885.7		36.2

ATTACHMENT - 10E

ALDEN ESTATES OF EVANSTON
2520 GROSS POINTE ROAD
EVANSTON, IL. 60201
Reference Numbers Facility ID 6013429
Health Service Area 007 Planning Service Area 702

Administrator
Katherine Donney-Cao

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information — 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	0
Developmentally Disabled	0
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	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	38
Non-Medical Conditions	0
TOTALS	59

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	46	52	35	17	52	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	47	47	25	47	24	23		
TOTAL BEDS	99	99	71	99	59	40	52	52

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	51
Total Admissions 2011	405
Total Discharges 2011	397
Residents on 12/31/2011	59
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	7307	38.5%	3807	20.1%	192	1609	1618	0	14533	76.6%	76.6%
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	7928	0	7928	46.2%	46.2%
TOTALS	7307	38.5%	3807	20.1%	192	1609	9546	0	22461	62.2%	62.2%

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	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	7	0	0	0	0	0	4	4	11	15
85+	8	6	0	0	0	0	1	19	9	25	34
TOTALS	15	20	0	0	0	0	1	23	16	43	59

ALDEN ESTATES OF EVANSTON
2520 GROSS POINTE ROAD
EVANSTON, IL. 60201
Reference Numbers Facility ID 6013429
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	9	0	3	4	0	35
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	19	9	0	3	28	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	432	260
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	145	81

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	1	2
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	30	0	0	23	53
Race Unknown	0	0	0	0	0
Total	35	0	0	24	59

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	24	59
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	24	59

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	18.00
Other Health Staff	1.00
Non-Health Staff	30.00
Totals	59.00

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
58.5%	7.7%	0.4%	8.7%	24.7%	100.0%		0.0%
4,206,908	555,179	28,821	624,963	1,778,565	7,194,436	0	

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

55 ATTACHMENT - OF

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

Criterion 1125.330 – Alternatives

2. 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.

Alden Estates of Evanston is an existing facility with 21 sheltered care residents in 41 beds. According to the facility's medical director Jack Morgan, MD, all of these residents will be in need of nursing level of care within the next 12-months based upon their current medical history and progression (see **ATTACHMENT-11A**). Additionally, the facility has 40-nursing care residents in 58-beds (six beds recently converted) which represents an effective full capacity. This project proposes to convert the sheltered care beds into nursing care beds to allow these residents to continue to age-in-place. Moreover, with all 99-beds licensed as nursing care, the rooms can be better utilized by allowing gender, isolation and behavior issues to be more effectively grouped together thus opening up additional capacity. It should be noted that this is all being accomplished at little cost. As such, the alternatives are limited to maintaining the Status Quo or the Project as Being Proposed.

ATTACHMENT-11

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

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.**

Status Quo

Total Cost

There are minimal capital costs to this alternative. However, this alternative does nothing to improve the utilization of the existing health care resource, Alden Estates of Evanston.

Patient Access

Alden Estates of Evanston in March-April of this year converted ten (10) percent or six beds of its existing fifty-two (52) nursing care facility to additional nursing beds; total licensed nursing care beds are now fifty-eight (58). Therefore, no additional beds can be converted for a minimum of two years from this past April (2013). The immediate issue is that it is estimated that the twenty-one (21) existing sheltered care residents will need nursing care within the next twelve months. Approximately ten (10) of this residents will need 24-hour nursing care upon approval of this project. This alternative does not allow for these residents and therefore, patient access is restricted. Thus, this alternative was considered not 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. This alternative does not allow for greater quality of care for existing residents as they will have to seek services other facilities as their medical needs outweigh their programmatic needs.

ATTACHMENT-11

Financial Benefits

As the Applicant does not have the ability to transition its existing sheltered care residents to nursing care beds or to more effectively utilize its existing beds through the greater economies-of-scale the financial implications of this alternative project a negative outlook.

Project as Being Proposed

Total Cost

The cost of this project is one that is comprised of the fair market value of the lease for the space being converted and the fees associated with filing the Certificate of Need application. As such the project has no capital costs.

Patient Access

This alternative allows for full accessibility for the existing 21 sheltered care residents who are projected to be in need of nursing care as a result of changing medical and programmatic needs. Moreover, the additional nursing beds and increased number of private rooms will allow the Applicant with a greater ability to maximize the overall facility utilization. Therefore, this alternative was considered most 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.

Financial Benefits

The financial benefits of this alternative are strong as the potential for greater utilization is cultivated through the approval of this application.

ATTACHMENT-11

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

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; therefore, this issue is not germane.

ATTACHMENT-11

Dr. Jack Morgan
9669 Kenton Ave, Suite 404
Skokie, IL 60076
Office Phone: (847) 679-9100 Fax # (847) 679-6343

March 13, 2013

Ms. Randi Schullo
President, Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Evanston

Dear Ms. Schullo:

As the Medical Director at Alden Estates of Evanston, it is of my clinical judgment that of the 21 residents currently residing in the Sheltered Care unit, I believe all 21 of those residents would require nursing care services within the next 12 months.

Thank you,

Dr. Jack Morgan
Medical Director
9669 N. Kenton, Suite 404
Skokie, IL 60076

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

ATTACHMENT-11A

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** is a listing that identifies all nursing facilities owned and operated by related entities as the Applicant only owns and operates Alden Estates of Evanston. 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 of Evanston 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

Nursing Homes in Illinois

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 KATHERINE DORNEY
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

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Admissions & Discharges
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Primary Diagnosis
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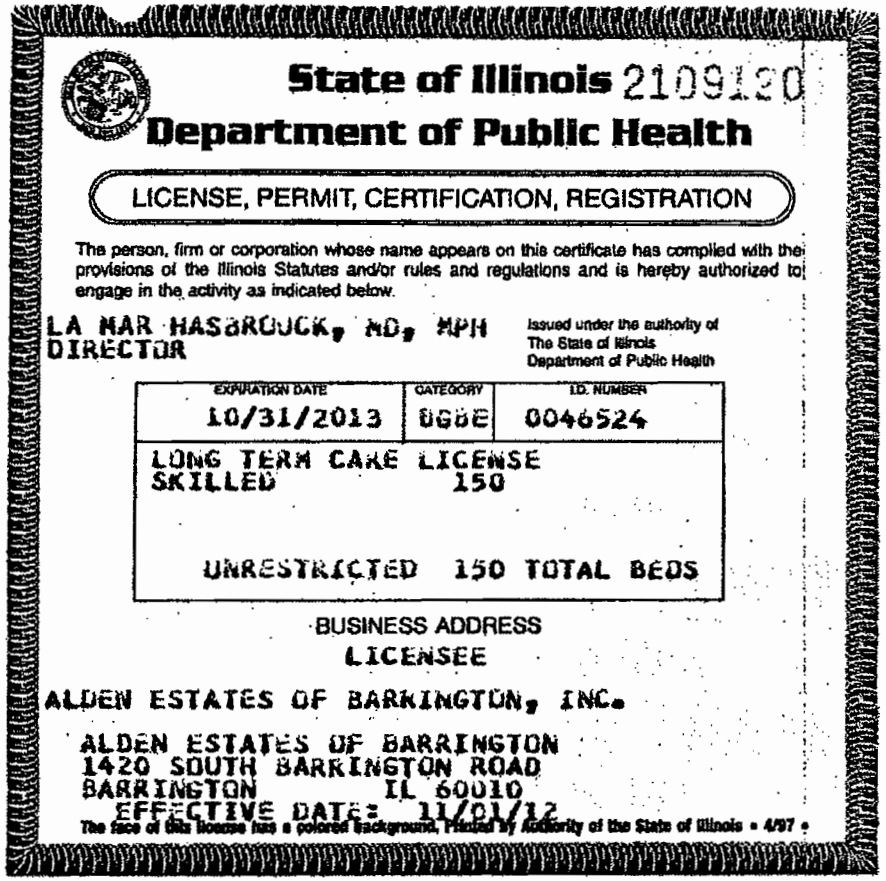
Racial / Ethnic Groups
Patient Days
Level of Care
Payment Source
Private Payment Rates

idph online home nursing homes in illinois



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 NAR 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	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

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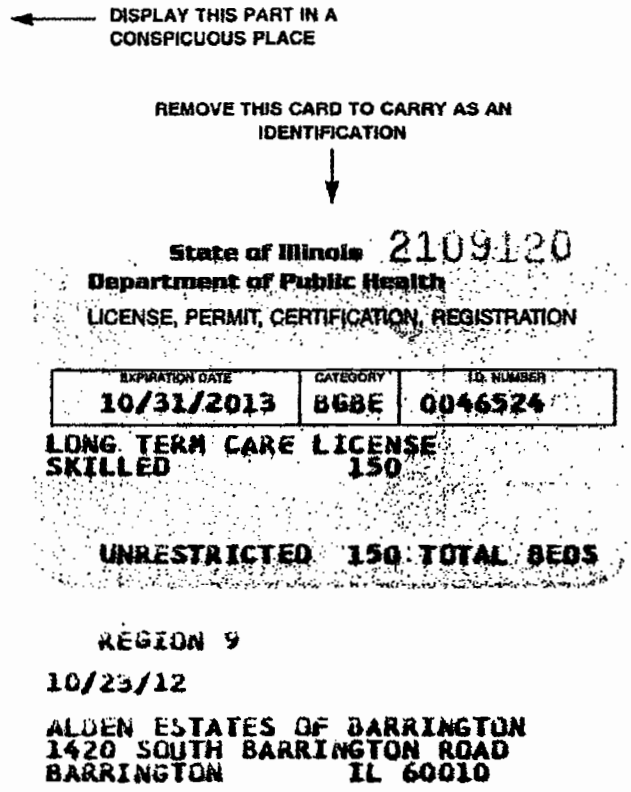

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2109120
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2013	BGBE	0046524

LONG TERM CARE LICENSE
SKILLED 150

UNRESTRICTED 150 TOTAL BEDS

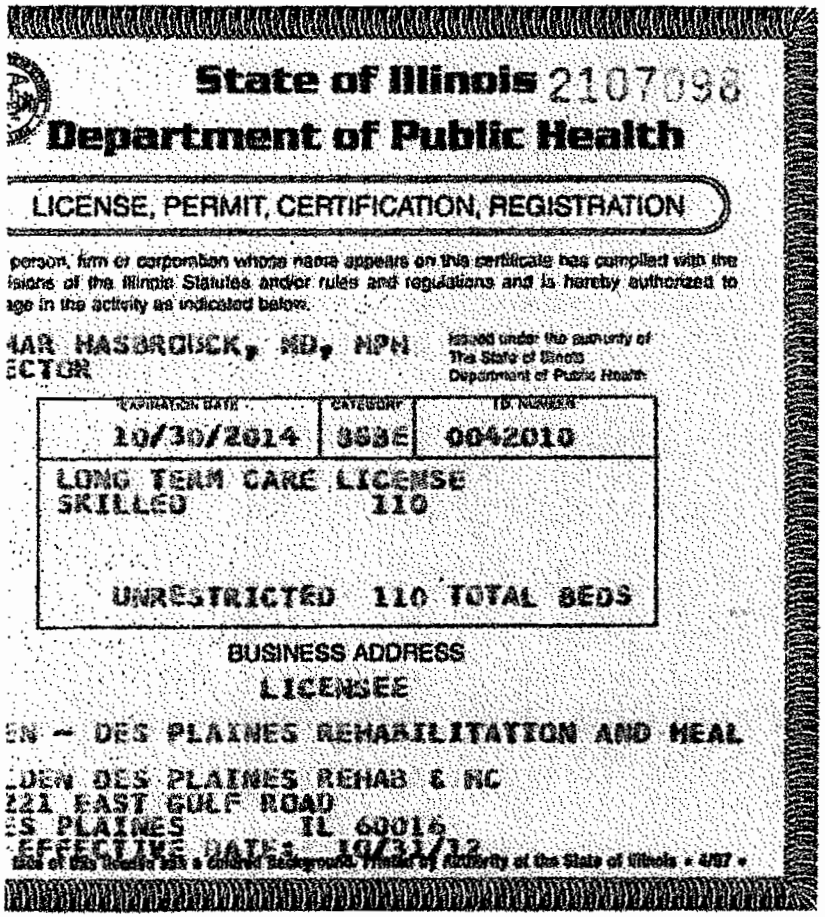
REGION 9

10/23/12

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 age in the activity as indicated below.

MAR HASSAROUCK, MD, MPN
ECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
10/30/2014	868E	0042010

LONG TERM CARE LICENSE
SKILLED 110

UNRESTRICTED 110 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

EN - DES PLAINES REHABILITATION AND HEAL

LDEN DES PLAINES REHAB & NC
221 EAST GOLF ROAD
ES PLAINES IL 60016
EFFECTIVE DATE: 10/31/12

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State of Illinois 2107098
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
10/30/2014	868E	0042010

LONG TERM CARE LICENSE
SKILLED 110

UNRESTRICTED 110 TOTAL BEDS

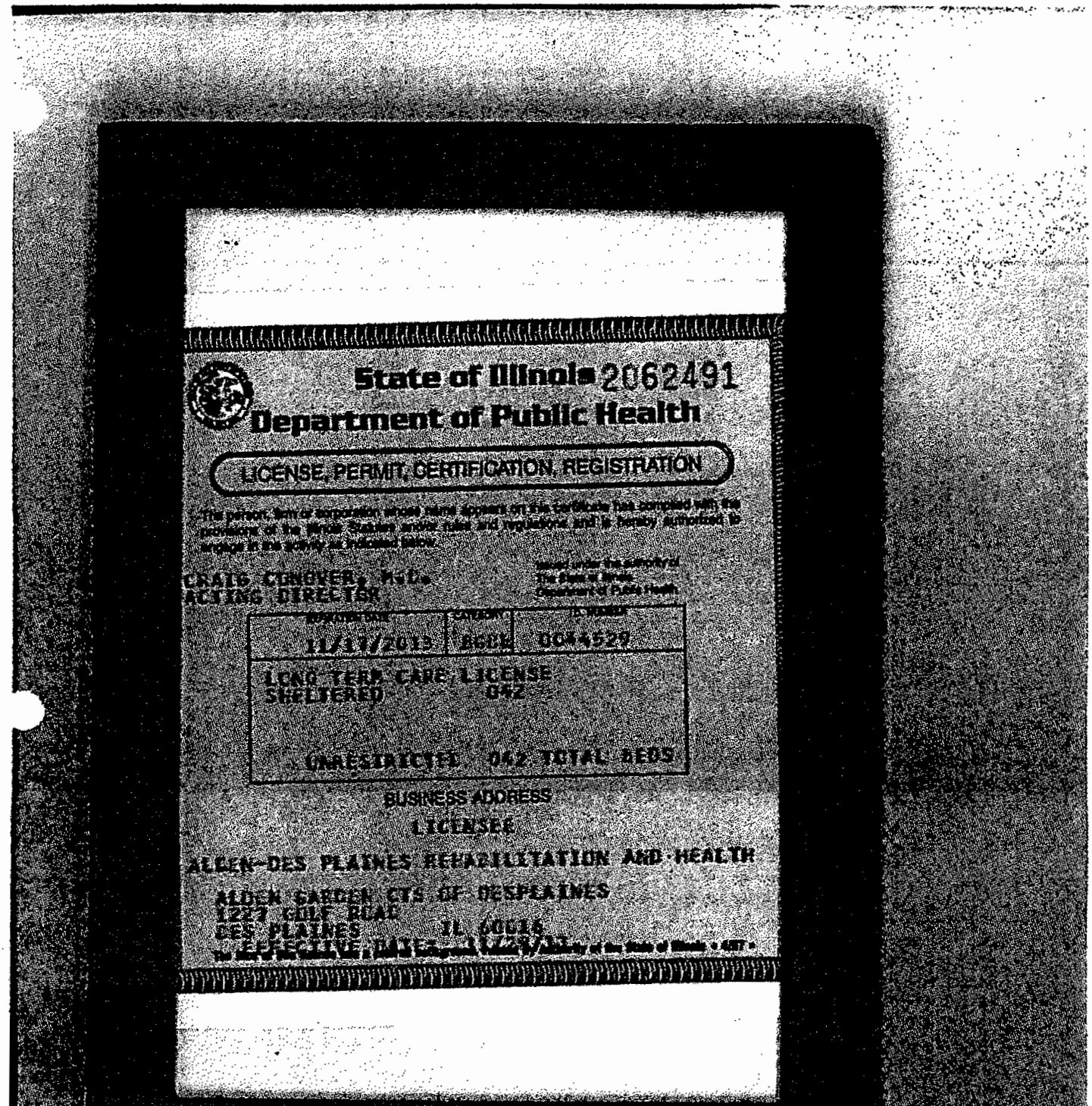
REGION 9

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

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CRAIG CONOVER, M.D.
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
11/17/2013	BGCE	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: 11/29/11

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State of Illinois 2078677
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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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
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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

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State of Illinois 2078677
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/14/2014	BGBE	0040733

LONG TERM CARE LICENSE
SKILLED 052
SHELTERED 047

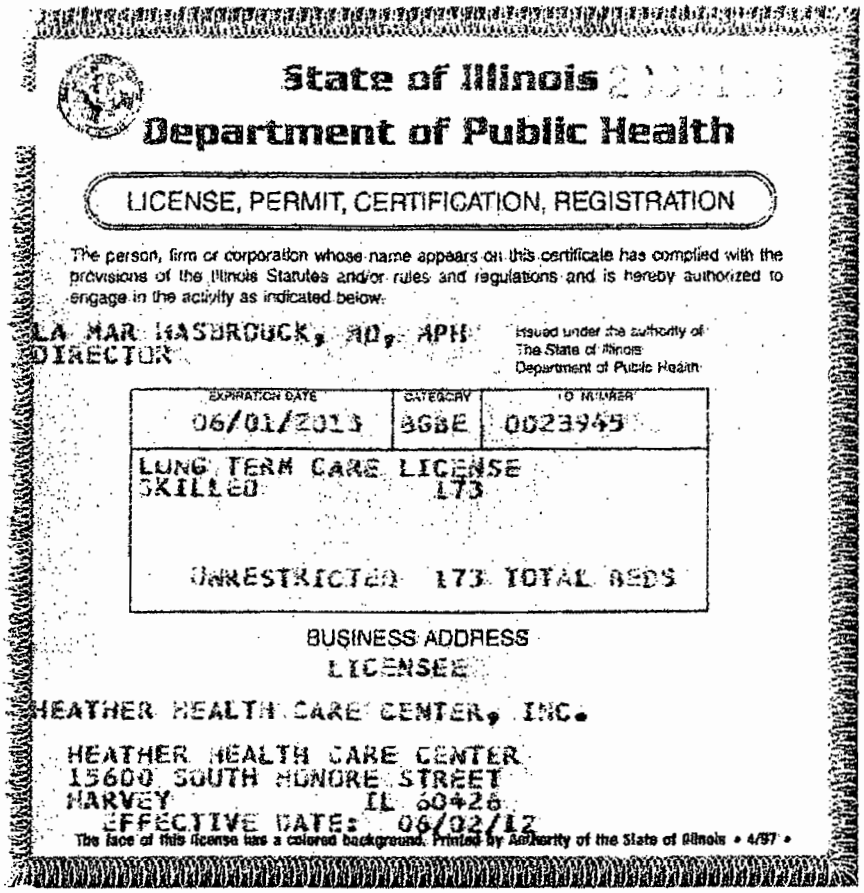
UNRESTRICTED 099 TOTAL BEDS

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, APH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/01/2013	BGBE	0023945

LONG TERM CARE LICENSE
SKILLED 173

UNRESTRICTED 173 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

HEATHER HEALTH CARE CENTER, INC.

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY IL 60426
EFFECTIVE DATE: 06/02/12

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Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATI

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/01/2013	BGBE	0023945

LONG TERM CARE LICENSE
SKILLED 173

UNRESTRICTED 173 TOTAL BE

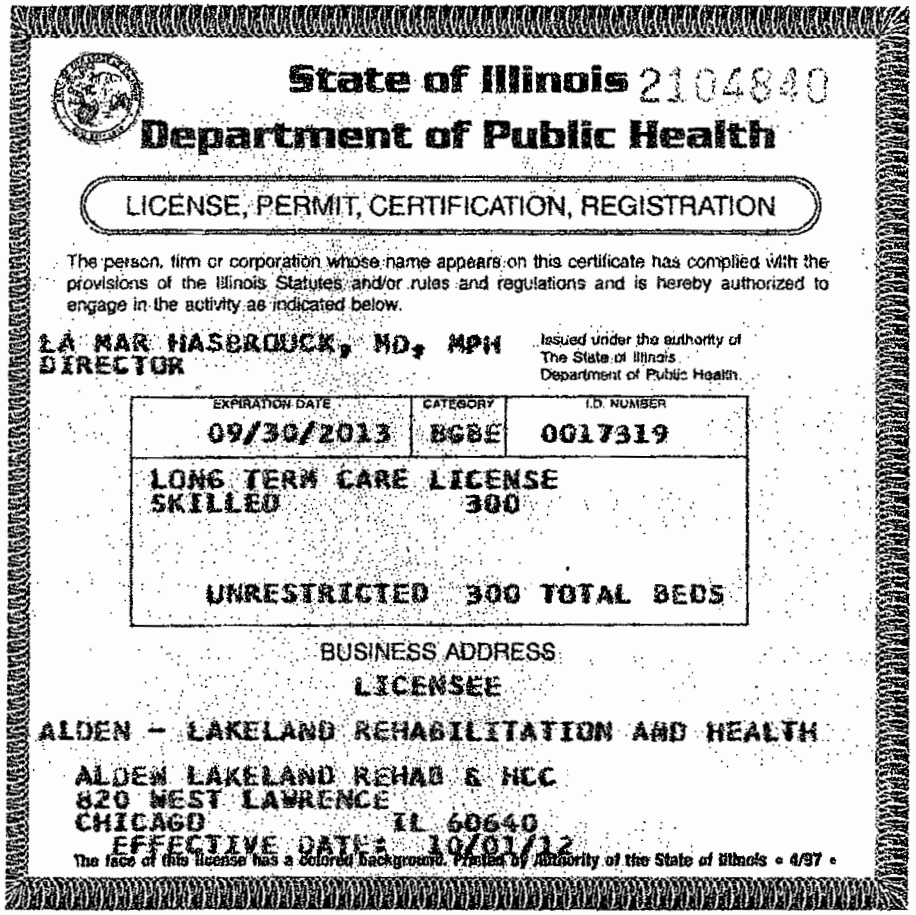
REGION 9

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

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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	BGBE	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

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State of Illinois 2104840
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/30/2013	BGBE	0017319

LONG TERM CARE LICENSE
SKILLED 300

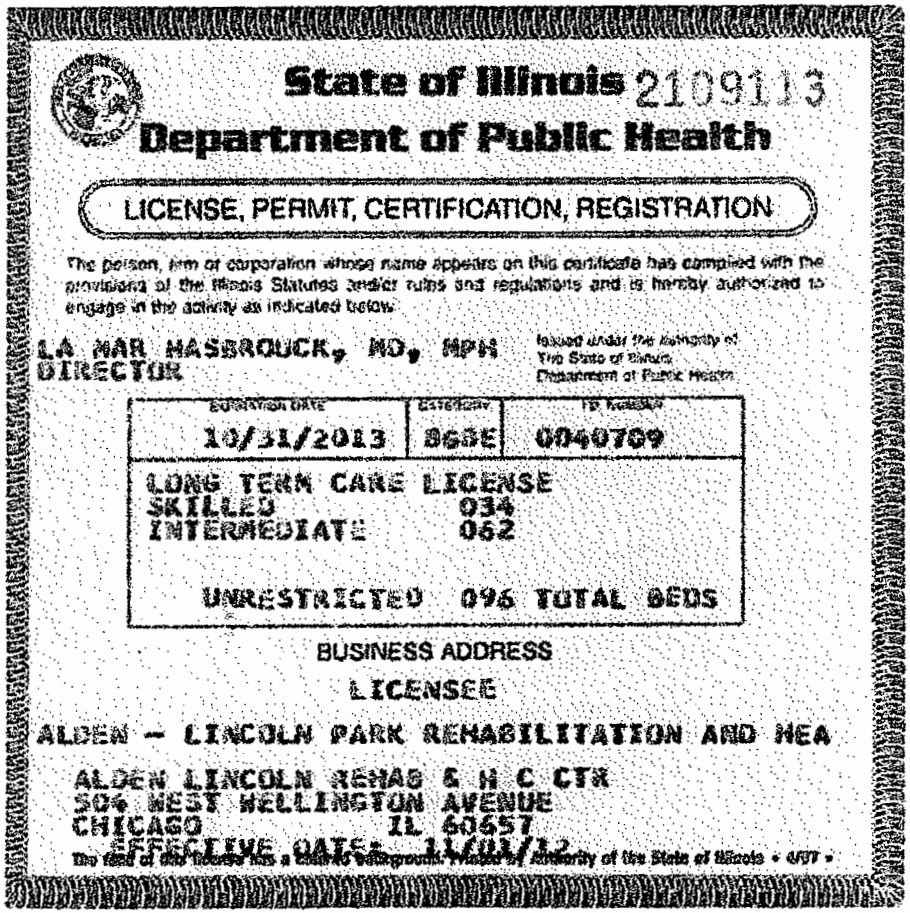
UNRESTRICTED 300 TOTAL BE

REGION 8

09/21/12

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640

FEE RECEIPT NO.



State of Illinois 2109113
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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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

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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

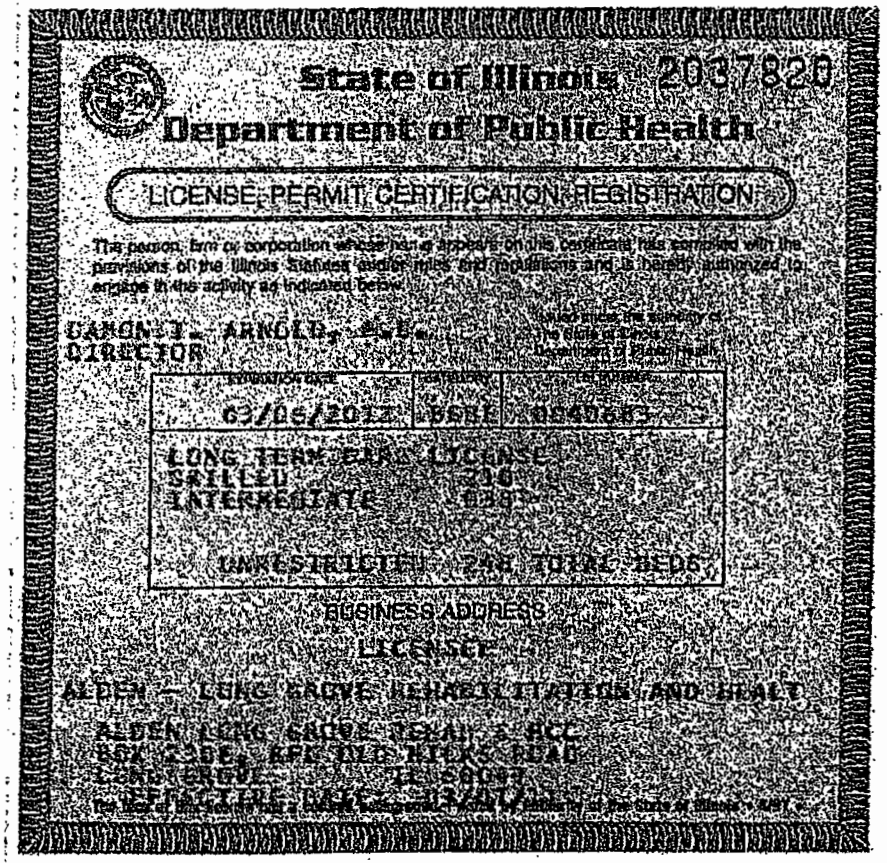
REGION 8

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

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

CANON I. ARNOLD, M.D.
DIRECTOR

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/05/2012	LP66C	0040663

LONG TERM CARE LICENSE
SKILLED 216
INTERMEDIATE 038

UNRESTRICTED 240 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/

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
03/05/2012	LP66C	0040663

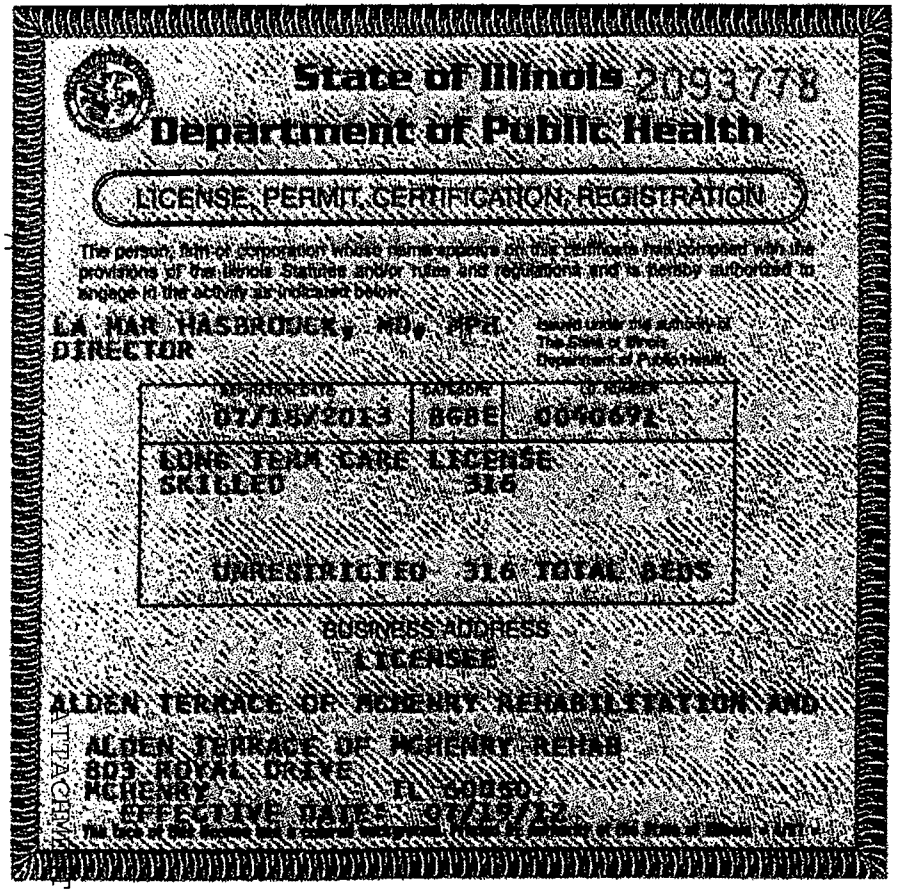
LONG TERM CARE LICENSE
SKILLED 216
INTERMEDIATE 038

UNRESTRICTED 240 TOTAL BEDS

05/16/11

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

FEE RECEIPT NO.



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 MAR HASBROUCK, MD, MPH
DIRECTOR
Issued under the authority of The State of Illinois, Department of Public Health
07/18/2013 | 868E | 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 DATE: 07/19/12
This card is the property of the Department of Public Health of the State of Illinois

ATTACHMENT-12B

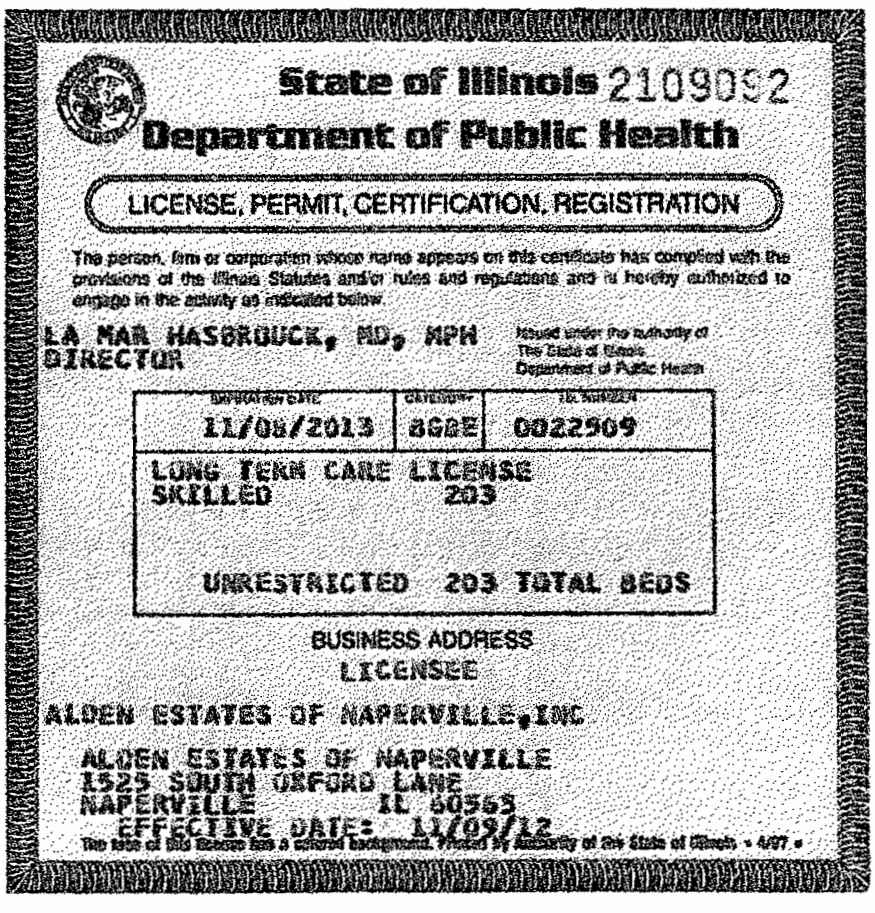
← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2093778
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
07/18/2013 | 868E | 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	I.D. NUMBER
11/08/2013	BGBE	0022909

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 60563
EFFECTIVE DATE: 11/09/12

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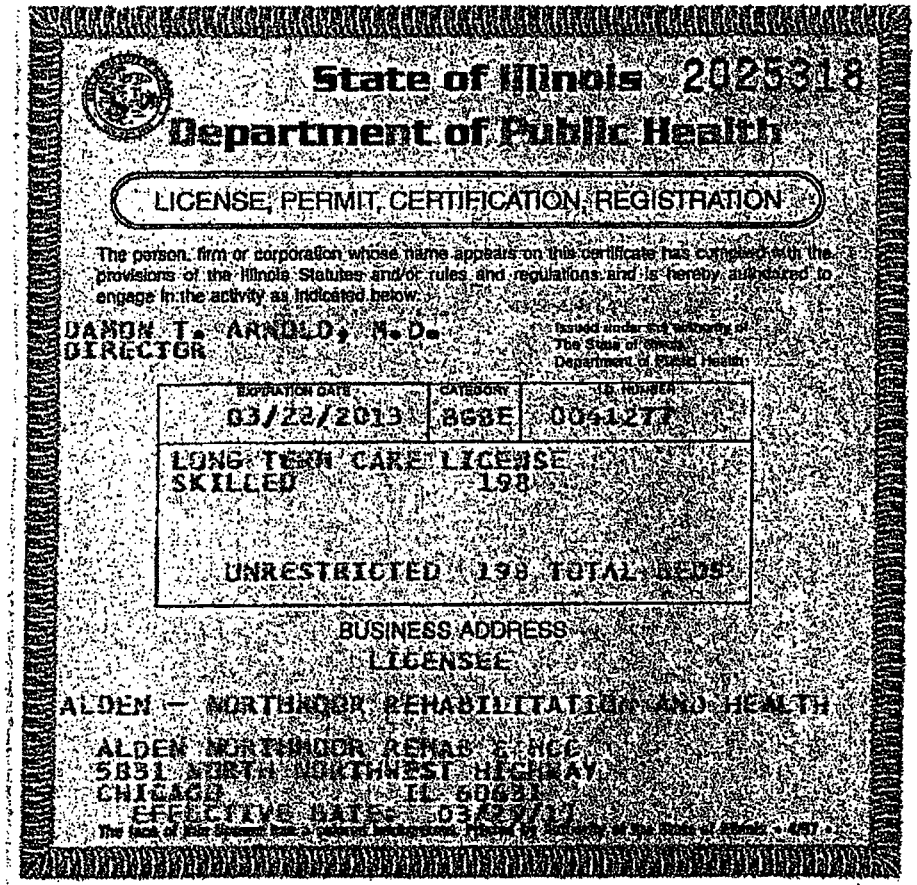
ATTACHMENT-12B



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

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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
03/22/2013	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	I.D. NUMBER
08/09/2013	BGBE	0042028

LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - NORTH SHORE REHABILITATION AND HEAL

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

EFFECTIVE DATE: 08/10/11

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State of Illinois 2047761
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

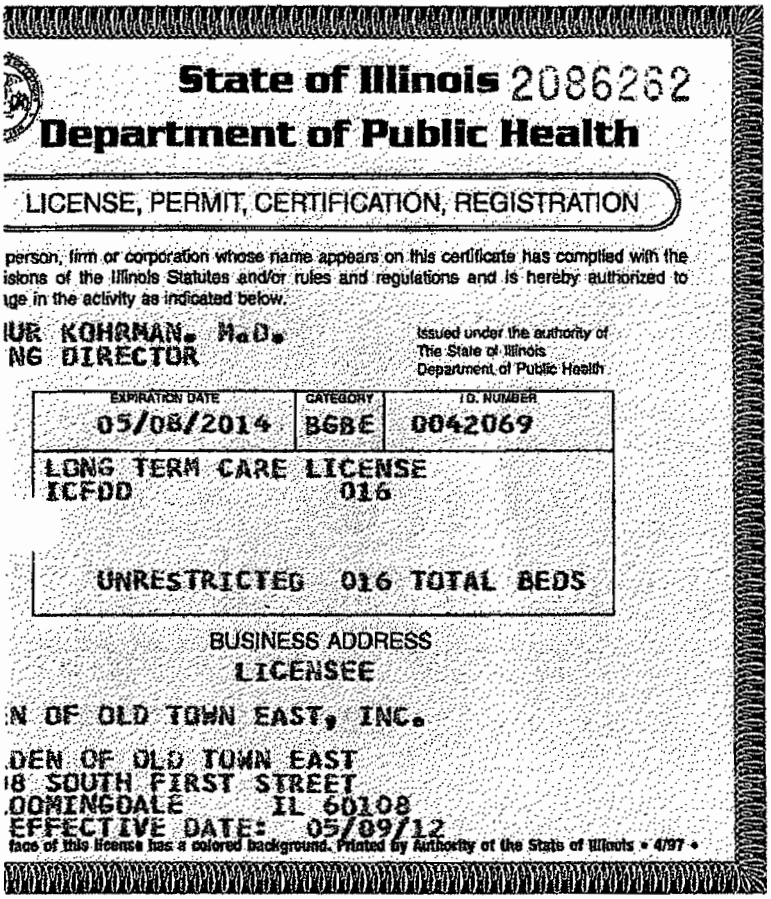
LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

07/28/11

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

FEE RECEIPT NO.



State of Illinois 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 KOHRMAN, 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
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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

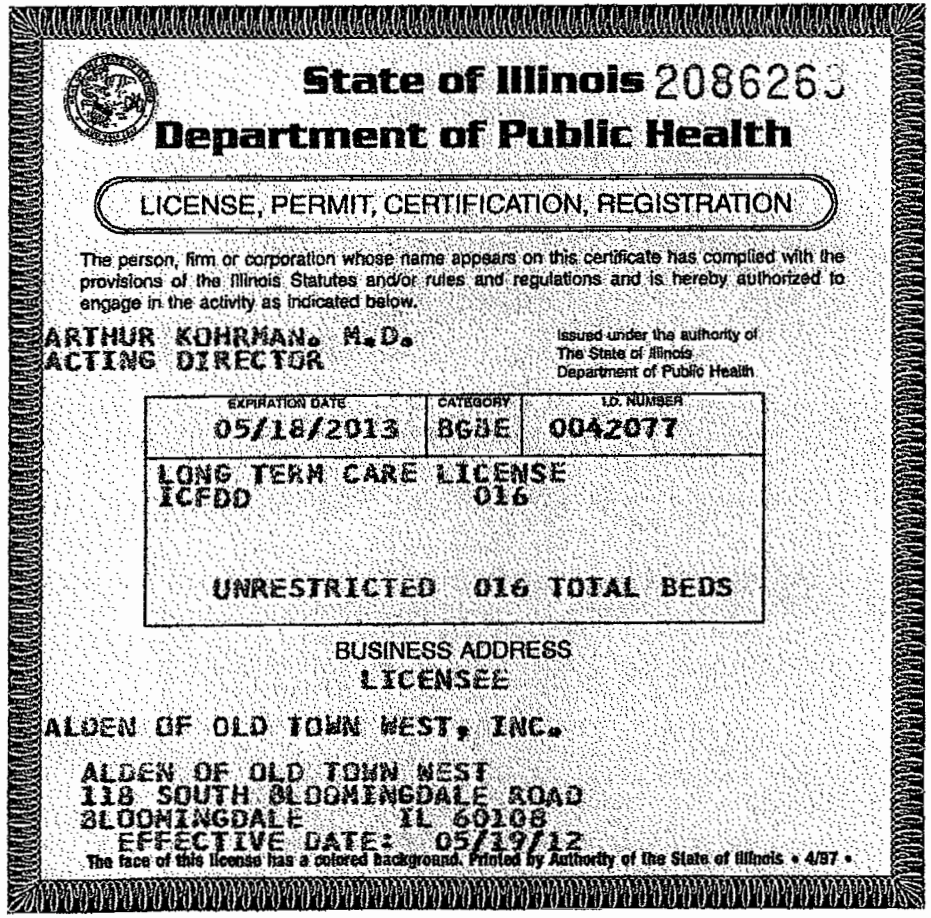
REGION 7

04/24/12

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

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2086263
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
05/18/2013	8GBE	0042077

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF OLD TOWN WEST, INC.

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/19/12

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State of Illinois 2086263
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/18/2013	8GBE	0042077

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

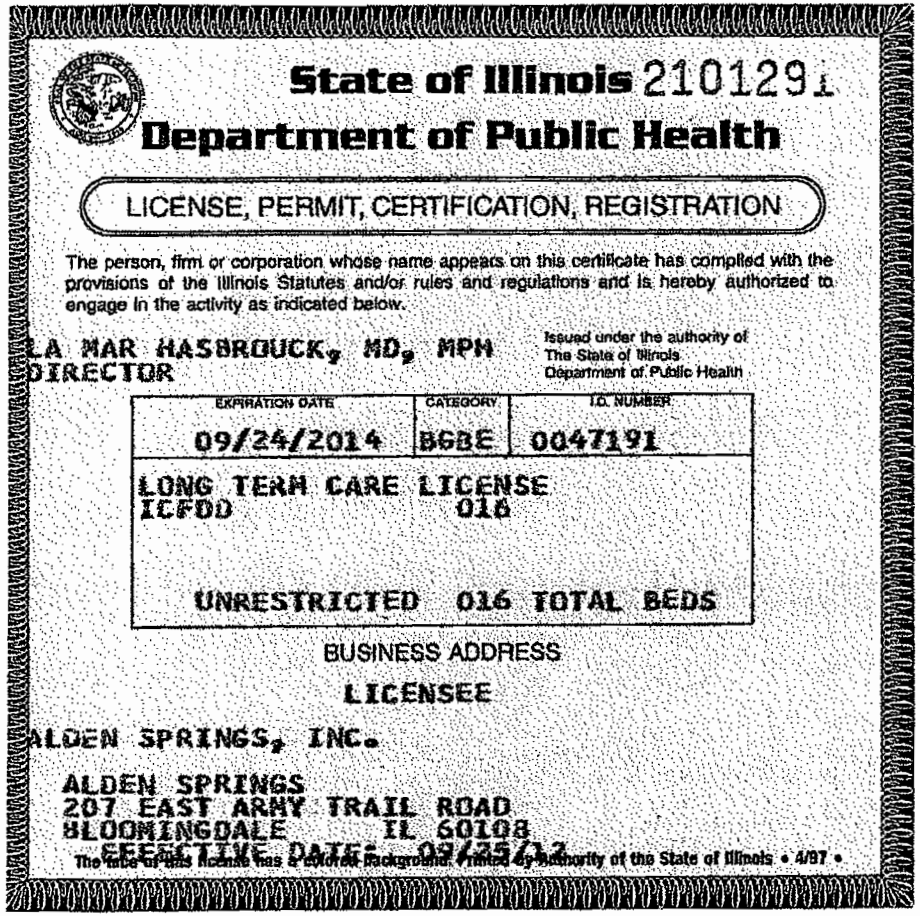
REGION 7

04/24/12

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
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

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State of Illinois 2101291

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/24/2014	BGBE	0047191

LONG TERM CARE LICENSE
ICFDD 016

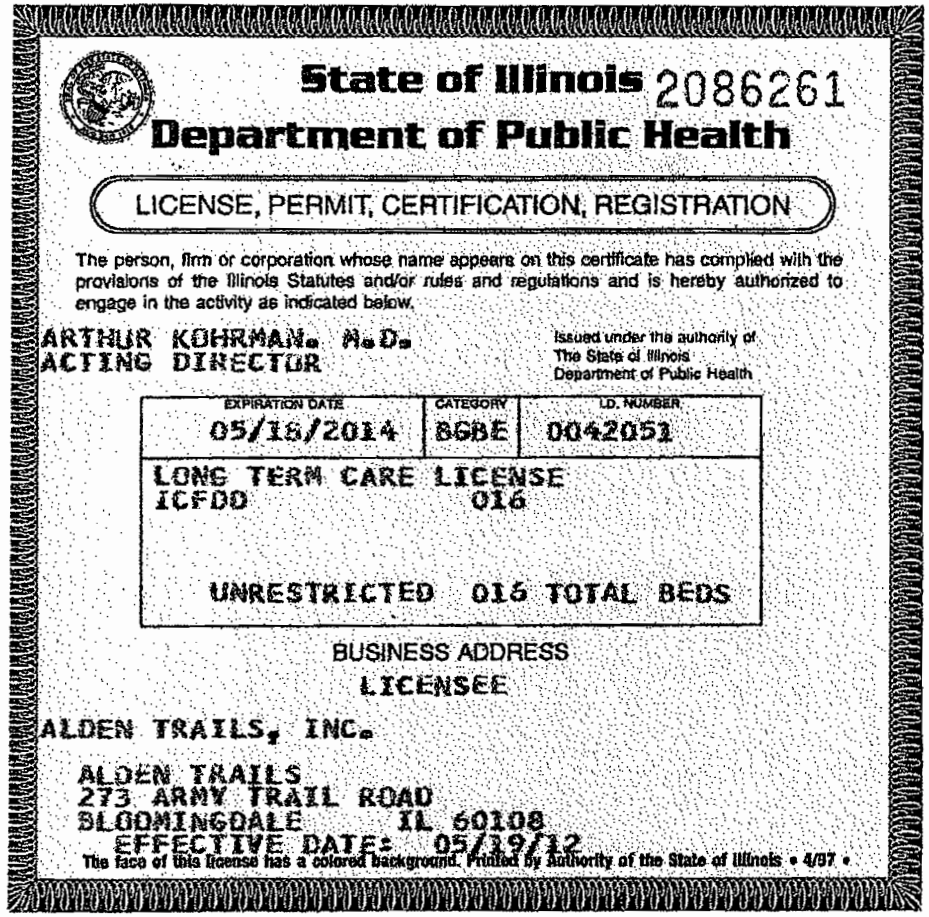
UNRESTRICTED 016 TOTAL BEDS

REGION 7

08/24/12

ALDEN SPRINGS
207 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.



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

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State of Illinois 208625
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

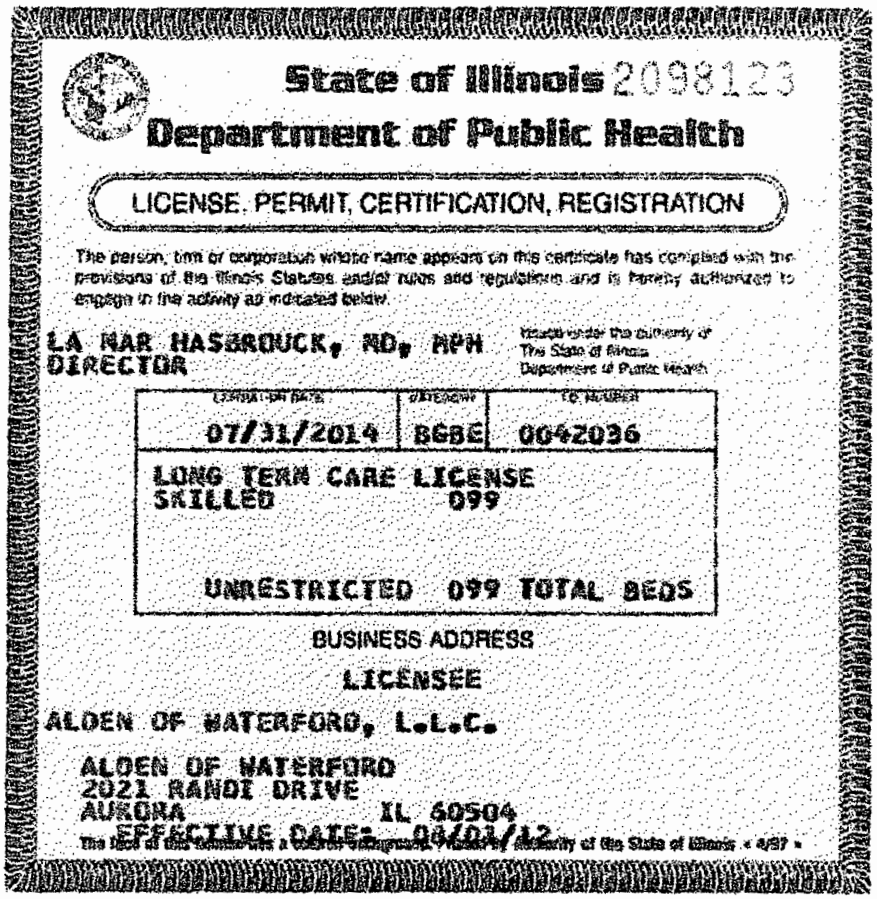
UNRESTRICTED 016 TOTAL BE

REGION 7

04/24/12

ALDEN TRAILS
273 ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.



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

LICENSE OR DATE	CATEGORY	I.D. NUMBER
07/31/2014	BGBE	0042036

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL BEDS

BUSINESS ADDRESS

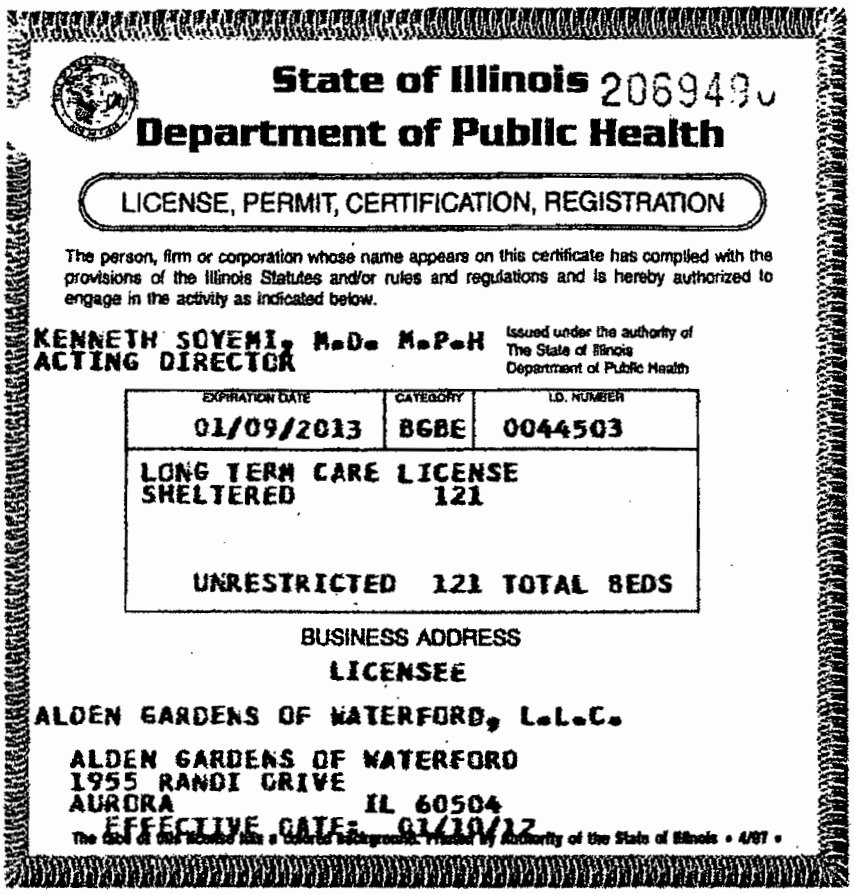
LICENSEE

ALDEN OF WATERFORD, L.L.C.

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA IL 60504
EFFECTIVE DATE: 08/01/12

The [illegible] of the State of Illinois « 4/97 »

ATTACHMENT-12B



State of Illinois 206949U
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

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 206949C
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATIOI

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/09/2013	BGBE	0044503

LONG TERM CARE LICENSE
SHELTERED 121

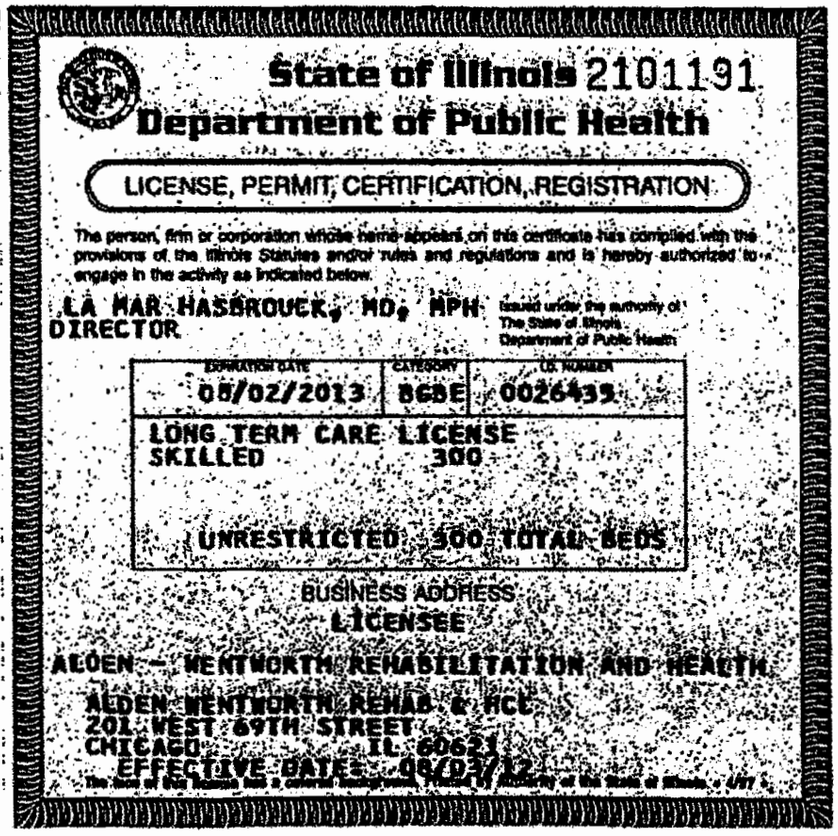
UNRESTRICTED 121 TOTAL BE

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	BGBE	0026435

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - WENTWORTH REHABILITATION AND HEALTH

ALDEN WENTWORTH REHAB & HCC
201 WEST 69TH STREET
CHICAGO IL 60621
EFFECTIVE DATE: 08/03/12

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FORMS DESIGN PLUS/COLEMAN PRINTING (309) 685-6000 T50403 61415

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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	BGBE	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 of Evanston, Inc.

February 26, 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 Estates of Evanston, Inc., Alden Estates of Evanston II, Inc.) within three years preceding the filing of the Certificated of Need application.

There are a few other Alden Facilities that have received violations at the "A" level from the Illinois Department of Public Health. Notably, there are 33 Alden licensed long term care facilities in the state of Illinois. Since March of 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 of Evanston, 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 ESTATES OF EVANSTON, INC.

February 14, 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
Vice President

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

ATTACHMENT-12D

ALDEN ESTATES OF EVANSTON II, INC.

February 14, 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
Vice President

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

ATTACHMENT-12D

Criterion 1125.530 - Planning Area Need

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 update to the Inventory of Health Care Facilities and Services and Need Determinations-2011 Long-Term Care Services, the Board's website (hard copy appended as **ATTACHMENT-13A**) identifies a need for 339 additional nursing care beds in the 7-B Planning Area.

1. 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.

Appended as **ATTACHMENT-13B** is a listing of all residents by zip code and whether that zip code is within the 30-minute market area contour. The facilities patient origin analysis shows that 335 out of 349 (96%) of the resident admissions are derived from within the Applicant's service area which is primarily also the 7-B Planning Area. Therefore, through the signing of this Certificate of Need application, the Applicants attest that the primary purpose of the project is to serve the residents of the 7-B Planning Area/30-minute market contour and that at least 50% of the admission with come from within this area.

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, as described in Section 1125.540.

The physician and hospital referral letters appended in **ATTACHMENT-13C** and **13D** respectively 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.

Appended as **ATTACHMENT-13C** are five physician letters offering historical and projected referrals to Alden Estates of Evanston. Specifically, these five physicians have made over 600 historical referrals and are estimating that they will make 33 referrals a month which equates to 396 referrals annually. In further documentation of existing and continued resident referrals, appended as **ATTACHMENT-13D** is a letter from North Shore University Health System, Evanston Hospital's Chief Medical Quality Officer stating that it has and will continue to refer approximately 266 patients to the facility of which 120 are residents of Evanston let alone the 7-B Planning Area. Finally, appended as **ATTACHMENT-13E**, is a letter from Jack Morgan, MD, medical director of Alden Estates of Evanston. Dr. Morgan has indicated that the entire sheltered care population in the facility will be in need of nursing care within twelve months. Therefore, in light of the historical referrals and existing resident need, the projected referrals will help to improve the utilization of this existing health care resource.

ATTACHMENT-13

LONG-TERM CARE FACILITY UPDATES

9/16/2011 - 4/23/2013

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	603	259
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	351	3
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	6841	339
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	4733	542
McHenry	1501	1037	464
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	1342	(99)
HEALTH SERVICE AREA 11			
Clinton	432	357	75
Madison	2048	2193	(145)
Monroe	435	250	185
St. Clair	2102	2289	(187)

ATTACHMENT-13A

Alden Estates of Evanston
Patient Origin Within 30-Minute Market Contour
April 2012-March 2013

Home Zip code	Date of Adm.	# of Patients	Pts in 30 min zips
33428	6/13/2012	1	
60004	9/28/2012	1	1
60010	7/16/2012	1	
60016	4/24/2012	1	1
60022	8/23/2012	1	1
60025	4/11/2012	7	7
60035	5/10/2012	1	1
60053	11/8/2012	4	4
60062	3/19/2013	1	1
60070	5/2/2012	3	3
60076	4/7/2012	41	41
60077	4/30/2012	25	25
60085	7/24/2012	1	
60090	3/5/2013	1	1
60091	4/27/2012	34	34
60093	5/1/2012	7	7
60142	3/30/2013	1	
60201	4/30/2012	76	76
60202	4/13/2012	35	35
60203	4/21/2012	8	8
60204	12/26/2012	1	
60466	**1/12/2013**	1	
60515	6/21/2012	1	
60544	10/23/2012	1	
60613	5/17/2012	2	2
60614	5/30/2012	4	4
60615	2/25/2013	1	
60618	7/12/2012	4	4
60626	4/21/2012	14	14
60630	9/1/2012	2	2
60640	4/18/2012	3	3
60641	9/4/2012	2	2
60645	4/27/2012	15	15
60646	4/19/2012	9	9
60656	1/4/2013	1	1
60657	5/1/2012	4	4
60659	9/17/2012	2	2
60660	**4/27/2012**	7	7
60676	3/15/2013	1	
60712	4/19/2012	15	15
60714	6/20/2012	5	5
61832	3/3/2013	1	
80906	6/16/2012	1	
91335	4/18/2012	1	
95118	6/18/2012	1	
Home Zip code	**Date of Adm.**	**# of Patients***	**Pts in 30 min zips**
		349	335

* Total admissions does not reflect residents readmitted within a 24hr period. Total admissions actually 398.

ATTACHMENT-13B

February 28, 2013

Ms. Randi Schullo
President, Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Evanston

Dear Ms. Schullo:

I am a practicing physician in the Evanston area and do hold credentials with Alden Estates of Evanston. I regularly refer residents to skilled nursing facilities in the Chicago and Evanston area. Skilled nursing care is often needed for my patients that I see both in my office as well as residents that are discharging from the hospital. I simply want this letter to state that I support the additional forty seven skilled beds for Alden Estates of Evanston. A significant number of patients would benefit from the facilities ability to serve a greater amount of Chicago and Evanston residents and families.

After review of our files, we can confirm that we have previously referred a significant number of patients each month to area skilled nursing facilities.

The proximity of Alden to local hospitals, including Northshore University Health System's Skokie and Evanston Hospital and Resurrection Health Care, St. Francis Hospital, would allow closer to home, quality care for my patients.

I believe that I would refer at least five patients per month to your skilled facility. Please note that these patient referrals have not been used to support any pending or approved Certificate of Need application in the area.

Please give Alden Estates of Evanston's Certificate of Need application your consideration and approval.

Sincerely,

Dr. Praful Kurani
2740 West Foster
Suite 201
Chicago, IL 60625

Gary Novak MD

February 28, 2013

Ms. Randi Schullo
President, Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Evanston

Dear Ms. Schullo:

I am a practicing physician in the Evanston area and do hold credentials with Alden Estates of Evanston. I regularly refer residents to skilled nursing facilities in the Evanston area. Skilled nursing care is often needed for my patients that I see both in my office as well as residents that are discharging from the hospital. I simply want this letter to state that I support the additional forty seven skilled beds for Alden Estates of Evanston. A significant number of patients would benefit from the facilities ability to serve a greater amount of Evanston residents and families.

After review of our files, we can confirm that we have previously referred a significant number of patients each month to area skilled nursing facilities.

The proximity of Alden to local hospitals, including Northshore University Health System and Resurrection Health Care, St. Francis Hospital, would allow closer to home, quality care for my patients.

I believe that I would refer at least three patients per month to your skilled facility. Please note that these patient referrals have not been used to support any pending or approved Certificate of Need application in the area.

Please give Alden Estates of Evanston's Certificate of Need application your consideration and approval.

Sincerely,

Dr. Gary Novak
1921 Lake Avenue
Suite B
Wilmette, IL 60091

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

1921 Lake Avenue, Suite B, Wilmette, IL. 60091

ATTACHMENT-13C

NorthShoreConnect
Physician

February 28, 2013

Ms. Randi Schullo
President, Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Evanston

Dear Ms. Schullo:

I am a practicing physician in the Evanston area and do hold credentials with Alden Estates of Evanston. I regularly refer residents to skilled nursing facilities in the Evanston area. Skilled nursing care is often needed for my patients that I see both in my office as well as residents that are discharging from the hospital. I simply want this letter to state that I support the additional forty seven skilled beds for Alden Estates of Evanston. A significant number of patients would benefit from the facilities ability to serve a greater amount of Evanston residents and families.

After review of our files, we can confirm that we have previously referred approximately fifteen patients each month to area skilled nursing facilities.

The proximity of Alden to local hospitals, including Northshore University Health System and Resurrection Health Care, St. Francis Hospital, would allow closer to home, quality care for my patients.

I believe that I would refer at least ten patients per month to your skilled facility. Please note that these patient referrals have not been used to support any pending or approved Certificate of Need application in the area.

Please give Alden Estates of Evanston's Certificate of Need application your consideration and approval.

Sincerely,

Dr. Jack Morgan
9669 N. Kenton, Suite 404
Skokie, IL 60076

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

ATTACHMENT-13C

February 28, 2013

Ms. Randi Schullo
President, Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Evanston

Dear Ms. Schullo:

I am a practicing physician in the Evanston area and do hold credentials with Alden Estates of Evanston. I regularly refer residents to skilled nursing facilities in the Chicago and Evanston area. Skilled nursing care is often needed for my patients that I see both in my office as well as residents that are discharging from the hospital. I simply want this letter to state that I support the additional forty seven skilled beds for Alden Estates of Evanston. A significant number of patients would benefit from the facilities ability to serve a greater amount of Chicago and Evanston residents and families.

After review of our files, we can confirm that we have previously referred a significant number of patients each month to area skilled nursing facilities.

The proximity of Alden to local hospitals, including Northshore University Health System's Skokie and Evanston Hospital and Resurrection Health Care, St. Francis Hospital, would allow closer to home, quality care for my patients.

I believe that I would refer at least five patients per month to your skilled facility. Please note that these patient referrals have not been used to support any pending or approved Certificate of Need application in the area.

Please give Alden Estates of Evanston's Certificate of Need application your consideration and approval.

Sincerely,

A. RAJ
2/26/13

Dr. Anshu Raj
9555 Karlov
Skokie, IL 60076

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

NorthShore
University HealthSystem

Neurological Institute

Julian E. Bailes, Jr., MD
Bennett-Tarkington Chairman

Clinical Professor of Neurosurgery
Department of Neurosurgery
2650 Ridge Avenue
Evanston, IL 60201

(847) 570-4224
(847) 570-1442 Fax
www.northshore.org

May 3, 2013

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

RE: Alden Estates of Evanston

Dear Mr. Molitor:

I am writing you this letter in support of your proposal to convert the current forty one sheltered care beds at Alden Estates of Evanston to skilled nursing beds. It is my understanding that this will enhance the continuation of the best in nursing and rehabilitation services.

A cursory review of our files indicates that we have previously referred approximately 35-40 patients on a monthly basis to area facilities. Due to several factors, including and especially the coming changes in healthcare related to the Affordable Care Act as well as your outstanding services, I believe that in the future we would be able to refer an increasing number of patients to your facility. While it is difficult to predict with total accuracy, I would estimate that we could potentially refer up to 10 patients monthly to your facility for skilled, post-acute rehabilitation services.

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

Sincerely,

Julian E. Bailes, Jr., MD
Bennett-Tarkington Chair
Department of Neurosurgery, NorthShore University HealthSystem
Co-Director, NorthShore Neurological Institute
Clinical Professor of Neurosurgery
Pritzker School of Medicine University of Chicago

ATTACHMENT-13C

NorthShore
University HealthSystem

Evanston Hospital

2650 Ridge Avenue
Evanston, IL 60201
www.northshore.org

(847) 570-2000

April 22, 2013

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

RE: Alden Estates of Evanston

Dear Ms. Schullo:

A cursory review of our files indicated that we had previously referred approximately 266 patients over the past 12 months to Alden Estates of Evanston. Of these patients, close to120 resided in Evanston.

I believe Evanston Hospital would be able to continue to refer in the future at least this number of patients to Alden Estates of Evanston, as in the previous 12 months.

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

Sincerely,

Kenneth Anderson, DO
Chief Medical Quality Officer

ATTACHMENT-13D

Dr. Jack Morgan
9669 Kenton Ave, Suite 404
Skokie, IL 60076
Office Phone: (847) 679-9100 Fax # (847) 679-6343

March 13, 2013

Ms. Randi Schullo
President, Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Evanston

Dear Ms. Schullo:

As the Medical Director at Alden Estates of Evanston, it is of my clinical judgment that of the 21 residents currently residing in the Sheltered Care unit, I believe all 21 of those residents would require nursing care services within the next 12 months.

Thank you,

Dr. Jack Morgan
Medical Director
9669 N. Kenton, Suite 404
Skokie, IL 60076

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

ATTACHMENT-13E

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.

Appended as **ATTACHMENT-15A** are the 2010 and 2011 IDPH Annual Questionnaire Forms for the Subject facility. It should be noted that the utilization rates are consistent during this time frame, 14,509 patient days or 76.4% utilization in 2010 and 14,533 patient days or 76.6% utilization in 2011. For the respective years the facility realized peak census of 47 and 46 residents for the 51 skilled beds licensed at that time. Bed utilization is affected due to the having semi-private rooms which creates issues of resident gender, behavior or compatibility, and isolation which effectively render the existing small bed compliment as full. With the existing Sheltered Care residents aging-out and soon to be in need of nursing care, the conversion will enhance the Applicant's ability to more effectively utilize the beds to increase the overall utilization.

   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.

According to **ATTACHMENT-15B**, a letter from the Alden Estates of Evanston's administrator states that an average of eleven referrals per month (or 132 referrals on an annual basis based upon the most recent six months of data collected) are referred to other area facilities. The facility continues to realize the occasional

peak census around 46 or 47 beds. However, these are not consistent due to the high turnover (average length of stay of 36.2 days, refer to **ATTACHMENT-15C**), issues of resident gender, behavior compatibility, and isolation that render the facility effectively full. The proposed project seeks to remedy this issue with the ability of a greater number of beds so that the issues of gender, behavior or isolation as well as high resident turn over can be more easily accommodated.

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

Appended as **ATTACHMENT-15D** is a letter from North Shore University Health System, Evanston Hospital's Chief Medical Quality Officer stating that it has and will continue to refer approximately 266 patients to the facility of which 120 are residents of Evanston let alone the 7-B Planning Area. In further documentation of existing and continued resident referrals, appended as **ATTACHMENT-15E** are five physician letters offering historical and projected referrals to Alden Estates of Evanston. Specifically, these five physicians have made over 600 historical referrals and are estimating that they will make 33 referrals a month which equates to 396 referrals annually. Finally, appended as **ATTACHMENT-15F**, is a letter from Jack Morgan, MD, medical director of Alden Estates of Evanston. Dr. Morgan has indicated that the entire sheltered care population in the facility will be in need of nursing care within twelve months. Therefore, in light of the historical referrals and existing resident need, the projected referrals will help to improve the utilization of this existing health care resource.

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).

This item is not germane.

ATTACHMENT-15

ALDEN ESTATES OF EVANSTON
2520 GROSS POINTE ROAD
EVANSTON, IL. 60201

Reference Numbers Facility ID 6013429
Health Service Area 007 Planning Service Area 702

Administrator
Katherine Dorney-Ceo

Contact Person and Telephone
CHRIS REINHOFER
773-268-3883

Registered Agent Information
Ken Fisch
4200 West Peterson Avenue, Suite 140
Chicago, IL 60646

Date Completed: 2/28/2011

FACILITY OWNERSHIP
FOR-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	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	1
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	1
Circulatory System	12
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	52	52	47	52	33	19	52	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	47	47	25	47	19	28		
TOTAL BEDS	99	99	72	99	52	47	52	52

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	59
Total Admissions 2010	383
Total Discharges 2010	390
Residents on 12/31/2010	52
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	8109	42.7%	2165	11.4%	0	1048	3189	0	14509	76.4%	76.4%
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	7839	0	7839	45.7%	45.7%
TOTALS	8109	42.7%	2165	11.4%	0	1048	11028	0	22348	61.8%	61.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	3	10	0	0	0	0	1	1	4	11	15
85+	6	8	0	0	0	0	1	16	7	24	31
TOTALS	11	22	0	0	0	0	2	17	13	39	52

ALDEN ESTATES OF EVANSTON
2520 GROSS POINTE ROAD
EVANSTON, IL. 60201

Reference Numbers Facility ID 6013429
Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	11	0	2	7	0	33
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	19	0	19
TOTALS	13	11	0	2	26	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	432	250
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	206	147

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	1	1
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	28	0	0	18	46
Race Unknown	0	0	0	0	0
Total	33	0	0	19	52
ETHNICITY	**Nursing**	**SkilUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	0	0	0	0	0
Non-Hispanic	33	0	0	19	52
Ethnicity Unknown	0	0	0	0	0
Total	33	0	0	19	52

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	18.00
Other Health Staff	1.00
Non-Health Staff	31.00
Totals	60.00

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
61.9%	4.0%	0.3%	5.1%	28.7%	100.0%		0.0%
4,417,945	283,473	19,300	367,348	2,049,695	7,137,761	0	

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

99
ATTACHMENT - 15A

ALDEN ESTATES OF EVANSTON
2520 GROSS POINTE ROAD
EVANSTON, IL. 60201
Reference Numbers Facility ID 6013429
Health Service Area 007 Planning Service Area 702

Administrator
Katherine Domey-Ceo

Contact Person and Telephone
CHRIS KUEHN
773-286-3983

Registered Agent Information

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	0
Developmentally Disabled	0
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	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	38
Non-Medical Conditions	0
TOTALS	59

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	48	52	35	17	52	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	47	47	23	47	24	23		
TOTAL BEDS	99	99	71	99	59	40	52	52

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	51
Total Admissions 2011	405
Total Discharges 2011	397
Residents on 12/31/2011	59
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	7307	38.5%	3807	20.1%	192	1609	1618	0	14533	76.6%	76.6%
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	7928	0	7928	46.2%	46.2%
TOTALS	7307	38.5%	3807	20.1%	192	1609	9546	0	22461	62.2%	62.2%

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	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	7	0	0	0	0	0	4	4	11	15
85+	8	6	0	0	0	0	1	19	9	25	34
TOTALS	15	20	0	0	0	0	1	23	16	43	59

ALDEN ESTATES OF EVANSTON
2520 GROSS POINTE ROAD
EVANSTON, IL. 60201
Reference Numbers Facility ID 6013429
Health Service Area 007 Planning Service Area 702

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	9	0	3	4	0	35
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	19	9	0	3	28	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	432	280
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	145	81

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	1	2
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	30	0	0	23	53
Race Unknown	0	0	0	0	0
Total	35	0	0	24	59
ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	24	59
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	24	59

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	16.00
Other Health Staff	1.00
Non-Health Staff	30.00
Totals	59.00

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
58.5%	7.7%	0.4%	8.7%	24.7%	100.0%		0.0%
4,206,908	555,179	28,821	624,983	1,778,565	7,194,456	0	

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

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ATTACHMENT - 15A

Alden Estates of Evanston, Inc.

May 3, 2013

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

Re: Alden Estates of Evanston's CON for the conversion of Sheltered Care Beds to Skilled Nursing Beds

Dear Chairman Galassie:

Please accept this correspondence as further documentation for the above referenced project. It should be noted that after reviewing the past six month of facility data through March 2013, I have identified an average of 11 potential skilled nursing residents per month whom the facility has had to turn away due to not having a suitable skilled nursing bed available. The decision for turning away a potential resident is not taken lightly, and our facility does everything possible to accommodate as many referrals as possible. However, these denied referrals taken away from Alden Estates of Evanston were primarily due to not having an appropriate gender bed available, isolation issues for the existing and/or proposed residents, behavior issues for the existing and/or proposed residents, or due to the facility being "out-of-network" of potential resident's insurance plans.

Specifically, over the past six months Alden Estates of Evanston has had to deny admission to the following referrals:

- 12 in October 2012
- 9 in November 2012
- 13 in December 2012
- 10 in January 2013
- 11 in February 2013
- 11 in March 2013

This information stated above is true and accurate to the best of my knowledge. If you have any questions or concerns, or want more information, please do not hesitate to contact me.

Sincerely,

Kathy Crist

Administrator
Alden Estates of Evanston
(847) 328-6000

2520 Gross Point Road Evanston, Illinois 60201 Phone: (847) 328-6000 Fax: (847) 328-6166
www.thealdennetwork.com

ATTACHMENT-15B

Alden Estates of Evanston
Patient Days and Admission Data
12-Months Ending March 31, 2013

2012	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total	30	33	31	29	39	38	32	33	43

	Jan	Feb	Mar
Total	29	25	36

398 all but 10 SNF

4/1/2012 to 3/31/13	398	Admissions				
	22,896	patient days	Sheltered	8,857	Skilled	14,039
Utilization	63.4%			51.6%		74.0%
Ave. Daily Census	62.7			24.3		38.5
Ave. Length of Stay	57.5			885.7		36.2

ATTACHMENT-15C

NorthShore
University HealthSystem

Evanston Hospital

2650 Ridge Avenue
Evanston, IL 60201
www.northshore.org

(847) 570-2000

April 22, 2013

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

RE: Alden Estates of Evanston

Dear Ms. Schullo:

A cursory review of our files indicated that we had previously referred approximately 266 patients over the past 12 months to Alden Estates of Evanston. Of these patients, close to120 resided in Evanston.

I believe Evanston Hospital would be able to continue to refer in the future at least this number of patients to Alden Estates of Evanston, as in the previous 12 months.

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

Sincerely,

Kenneth Anderson, DO
Chief Medical Quality Officer

February 28, 2013

Ms. Randi Schullo
President, Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Evanston

Dear Ms. Schullo:

I am a practicing physician in the Evanston area and do hold credentials with Alden Estates of Evanston. I regularly refer residents to skilled nursing facilities in the Chicago and Evanston area. Skilled nursing care is often needed for my patients that I see both in my office as well as residents that are discharging from the hospital. I simply want this letter to state that I support the additional forty seven skilled beds for Alden Estates of Evanston. A significant number of patients would benefit from the facilities ability to serve a greater amount of Chicago and Evanston residents and families.

After review of our files, we can confirm that we have previously referred a significant number of patients each month to area skilled nursing facilities.

The proximity of Alden to local hospitals, including Northshore University Health System's Skokie and Evanston Hospital and Resurrection Health Care, St. Francis Hospital, would allow closer to home, quality care for my patients.

I believe that I would refer at least five patients per month to your skilled facility. Please note that these patient referrals have not been used to support any pending or approved Certificate of Need application in the area.

Please give Alden Estates of Evanston's Certificate of Need application your consideration and approval.

Sincerely,

Dr. Praful Kurani
2740 West Foster
Suite 201
Chicago, IL 60625

Gary Novak MD

February 28, 2013

Ms. Randi Schullo
President, Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Evanston

Dear Ms. Schullo:

I am a practicing physician in the Evanston area and do hold credentials with Alden Estates of Evanston. I regularly refer residents to skilled nursing facilities in the Evanston area. Skilled nursing care is often needed for my patients that I see both in my office as well as residents that are discharging from the hospital. I simply want this letter to state that I support the additional forty seven skilled beds for Alden Estates of Evanston. A significant number of patients would benefit from the facilities ability to serve a greater amount of Evanston residents and families.

After review of our files, we can confirm that we have previously referred a significant number of patients each month to area skilled nursing facilities.

The proximity of Alden to local hospitals, including Northshore University Health System and Resurrection Health Care, St. Francis Hospital, would allow closer to home, quality care for my patients.

I believe that I would refer at least three patients per month to your skilled facility. Please note that these patient referrals have not been used to support any pending or approved Certificate of Need application in the area.

Please give Alden Estates of Evanston's Certificate of Need application your consideration and approval.

Sincerely,

Dr. Gary Novak
1921 Lake Avenue
Suite B
Wilmette, IL 60091

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

ATTACHMENT-15E

NorthShoreConnect
Physician

February 28, 2013

Ms. Randi Schullo
President, Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Evanston

Dear Ms. Schullo:

I am a practicing physician in the Evanston area and do hold credentials with Alden Estates of Evanston. I regularly refer residents to skilled nursing facilities in the Evanston area. Skilled nursing care is often needed for my patients that I see both in my office as well as residents that are discharging from the hospital. I simply want this letter to state that I support the additional forty seven skilled beds for Alden Estates of Evanston. A significant number of patients would benefit from the facilities ability to serve a greater amount of Evanston residents and families.

After review of our files, we can confirm that we have previously referred approximately fifteen patients each month to area skilled nursing facilities.

The proximity of Alden to local hospitals, including Northshore University Health System and Resurrection Health Care, St. Francis Hospital, would allow closer to home, quality care for my patients.

I believe that I would refer at least ten patients per month to your skilled facility. Please note that these patient referrals have not been used to support any pending or approved Certificate of Need application in the area.

Please give Alden Estates of Evanston's Certificate of Need application your consideration and approval.

Sincerely,

Dr. Jack Morgan
9669 N. Kenton, Suite 404
Skokie, IL 60076

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

February 28, 2013

Ms. Randi Schullo
President, Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Evanston

Dear Ms. Schullo:

I am a practicing physician in the Evanston area and do hold credentials with Alden Estates of Evanston. I regularly refer residents to skilled nursing facilities in the Chicago and Evanston area. Skilled nursing care is often needed for my patients that I see both in my office as well as residents that are discharging from the hospital. I simply want this letter to state that I support the additional forty seven skilled beds for Alden Estates of Evanston. A significant number of patients would benefit from the facilities ability to serve a greater amount of Chicago and Evanston residents and families.

After review of our files, we can confirm that we have previously referred a significant number of patients each month to area skilled nursing facilities.

The proximity of Alden to local hospitals, including Northshore University Health System's Skokie and Evanston Hospital and Resurrection Health Care, St. Francis Hospital, would allow closer to home, quality care for my patients.

I believe that I would refer at least five patients per month to your skilled facility. Please note that these patient referrals have not been used to support any pending or approved Certificate of Need application in the area.

Please give Alden Estates of Evanston's Certificate of Need application your consideration and approval.

Sincerely,

A-Raj
2/26/13

Dr. Anshu Raj
9555 Karlov
Skokie, IL 60076

"OFFICIAL SEAL"
ANNE GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/4/2014

NorthShore
University HealthSystem

Neurological Institute

Julian E. Bailes, Jr., MD
Bennett-Tarkington Chairman

Clinical Professor of Neurosurgery
Department of Neurosurgery
2650 Ridge Avenue
Evanston, IL 60201

(847) 570-4224
(847) 570-1442 Fax
www.northshore.org

May 3, 2013

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

RE: Alden Estates of Evanston

Dear Mr. Molitor:

I am writing you this letter in support of your proposal to convert the current forty one sheltered care beds at Alden Estates of Evanston to skilled nursing beds. It is my understanding that this will enhance the continuation of the best in nursing and rehabilitation services.

A cursory review of our files indicates that we have previously referred approximately 35-40 patients on a monthly basis to area facilities. Due to several factors, including and especially the coming changes in healthcare related to the Affordable Care Act as well as your outstanding services, I believe that in the future we would be able to refer an increasing number of patients to your facility. While it is difficult to predict with total accuracy, I would estimate that we could potentially refer up to 10 patients monthly to your facility for skilled, post-acute rehabilitation services.

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

Sincerely,

Julian E. Bailes, Jr., MD
Bennett-Tarkington Chair
Department of Neurosurgery, NorthShore University HealthSystem
Co-Director, NorthShore Neurological Institute
Clinical Professor of Neurosurgery
Pritzker School of Medicine University of Chicago

ATTACHMENT-15E

Dr. Jack Morgan
9669 Kenton Ave, Suite 404
Skokie, IL 60076
Office Phone: (847) 679-9100 Fax # (847) 679-6343

March 13, 2013

Ms. Randi Schullo
President, Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, IL 60646

Re: Alden Estates of Evanston

Dear Ms. Schullo:

As the Medical Director at Alden Estates of Evanston, it is of my clinical judgment that of the 21 residents currently residing in the Sheltered Care unit, I believe all 21 of those residents would require nursing care services within the next 12 months.

Thank you,

Dr. Jack Morgan
Medical Director
9669 N. Kenton, Suite 404
Skokie, IL 60076

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

ATTACHMENT-15F

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 99-bed long-term care facility. It should be known that the staff is in place and will not change except to accommodate increase admissions as outlined in the appended staffing pattern. This project is not a typical start-up projects as this is only a bed conversion from sheltered care to nursing care with many (21-22) existing residents in-place. The personnel is or will be in place and only CNA's will be added with marked censes increases. Specifically, this project has 58.5 full time equivalents in the Estates. To maintain 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

ALDEN NURSING CENTER - Estates of Evanston
STAFFING BUDGET

ADMINISTRATIVE	FTE BUDGET	DAILY HOURS	Explanation for over Budget
Administrator	1	8.00	
Office Manager (5 Days)	1	8.00	
Receptionist (Monday - Friday)	1	4.00	
Receptionist (Saturday & Sunday)	1	12.00	
Personnel Director	1	8.00	
Social Service Director	1	8.00	
Admissions Director	1	8.00	
ADON RCC (Resident Care Coordinator)	1	8.00	
Customer Service Liaison	1	8.00	
NURSING			
D.O.N.	1	8.00	
Nurse Supervisor	1	8.00	
Professionals	12	96.00	
C.N.A.'s	---	---	
Unit Manager	1	8.00	
REHAB			
Aides	0.5	3.75	
DIETARY			
Dietary Supervisor	1	8.00	
Dietary Chefs	2	16.00	
Dietary Aides	1.5	11.25	
Dining Room Hostess	2	16.00	
Dining Room Aides	5	37.50	
HOUSEKEEPING			
Building Manager	1	8.00	
Housekeeping Aides	3	22.50	
Laundry Aides	2	15.00	
ACTIVITIES			
Activity Director	1	8.00	
Asst. Activity Director	0.5	4.00	
Activity Aides (5 Days)	2	15.00	

Census	# CNA's
99-95	19
94-89	18
88-83	17
82-77	16
76-71	15
70-65	14
64-59	13
58-53	12
52-47	11
46-41	10
40-35	9
34-29	8
28-23	7
22-17	6

ADMINISTRATOR APPROVAL

DATE

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 99 bed long-term care facility. Therefore, this item is not germane.

ATTACHMENT- 20

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued x

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 eleven letters of support from Eugene Kim, Orchard Cleaners; Naum Mishiyev, Ideal Gifts & Flowers; Jeffrey Tepora, Owner of Access Medical; Bob Fisher, Owner of Evanston Lumber; Daniel Biss, State Senator of the 9th District; Kurt Horvath, President of Intrinsic Landscaping; Rachel Hershinow, Owner of Stella Boutique; Randy Miles, Owner of Village Inn Pizza; Randy Miles, President of the Independent Merchants of Downtown Skokie; Joyce Wankansky, President of the National Asthma Council; and from Julian E. Bailes, Jr. MD, Bennett-Tarkington Chair, Department of Neurosurgery, NorthShore University HealthSystem, Co-Director of NorthShore Neurological Unstitue, Clinical Professor of Neurosurgery, Pritzker School of Medicine-University of Chicago.

ATTACHMENT- 21

Orchard Cleaners
2504 Gross Point Rd.
Evanston, IL 60201

April 20, 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 Evanston,

Dear Mr. Galassie:

I am writing to express my support for Alden Estates of Evanston's proposal to convert the current forty one sheltered care beds to skilled nursing beds. The conversion would allow for the opportunity to care for additional members of our community, as well as assist with the aging population currently residing at Alden.

Alden Estates of Evanston has been an integral part of our community for years. I look forward to watching them grow!

Sincerely,

Eugene Kim

ATTACHMENT-21A

Date: 04/19/13

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 Evanston,

Dear Mr. Galassie:

I am writing to express my support for Alden Estates of Evanston's proposal to convert the current forty one sheltered care beds to skilled nursing beds. The conversion would allow for the opportunity to care for additional members of our community, as well as assist with the aging population currently residing at Alden.

Alden Estates of Evanston has been an integral part of our community for years.

Sincerely,

Naum Mishiyev
Ideal Gifts & Flowers
4039 Dempster St
Skokie IL 60076
847-677-GIFT (4438)
www.idealgiftsandflowers.com

ATTACHMENT-21A

Access Medical Transportation Services
4857 Enfield Ave.
Skokie, IL

April 18, 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 Evanston,

Dear Mr. Galassie:

I am writing to express my support for Alden Estates of Evanston's proposal to convert the current forty one sheltered care beds to skilled nursing beds. The conversion would allow for the opportunity to care for additional members of our community, as well as assist with the aging population currently residing at Alden.

Alden Estates of Evanston has been an integral part of our community for years. I look forward to watching the organization grow to serve more members of this community.

Sincerely,

Jeffrey Tepora
Access Medical, Owner

ATTACHMENT-21A

Evanston Lumber

April 19, 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 Evanston,

Dear Mr. Galassie:

I am writing to express my support for Alden Estates of Evanston's proposal to convert the current forty one sheltered care beds to skilled nursing beds. The conversion would allow for the opportunity to care for additional members of our community, as well as assist with the aging population currently residing at Alden.

Alden Estates of Evanston has been an integral part of our community for years.

Sincerely,

Bob Fisher
Evanson Lumber, Owner

EST. 1948
1001 Sherman Ave
Evanston, IL 60202
t 847.864.7700
f 847.864.3618
www.evanstonlumber.com

helping you build better

ATTACHMENT-21A

DISTRICT OFFICE
3706 DEMPSTER STREET
SKOKIE, ILLINOIS 60076
(847) 568-1250
FAX (847) 568-1256

STATE OF ILLINOIS
DANIEL BISS
ILLINOIS STATE SENATE
STATE SENATOR · 9th DISTRICT

CAPITOL OFFICE
M121 STATE CAPITOL
301 SOUTH SECOND STREET
SPRINGFIELD, ILLINOIS 62706
(217) 782-2119
FAX (217) 782-0715

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 Estates of Evanston 2520 Gross Point Rd Evanston, Illinois

Dear Mr. Galassie,

I am writing to express my support for Alden's proposed change to convert the balance of their Sheltered Care Beds to Skilled Care Beds in the above facility. Alden has been in our community for many years and is a benefit to our area. We look forward to their continued success in Evanston well into the future.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

Daniel Biss
Senator 9th District

ATTACHMENT-21A

INTRINSIC
landscaping

April 24, 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 Evanston,

Dear Mr. Galassie:

I am writing to express my support for Alden Estates of Evanston's remodel proposal to convert the current forty one sheltered care beds to skilled nursing beds. The conversion would allow for the opportunity to care for additional members of our community, as well as assist with the aging population currently residing at Alden.

Please give Alden's certificate of need application every consideration.

Sincerely,

Kurt Horvath
President

[illegible] Regency Drive • [illegible], IL • T: [illegible] • F: [illegible]
[illegible]

ATTACHMENT-21A

2118 Central St. Evanston, IL 60201 847/864-5666 (t) 847/329-9562 (f)

Stella

April 18, 2013

Mr. Dale Galassie
Chairman
Illinois Health Facilities Planning Board
525 W. Jefferson St., 2nd Flr
Springfield, IL 62761

RE: Application for Certificate of need for Alden of Evanston

Dear Mr. Galassie:

I am writing to express my support for Alden Estates of Evanston's proposal to convert the current forty-one sheltered car beds to skilled nursing beds. The conversion would allow for the opportunity to care for additional members of our community, as well as assist with the aging population currently residing at Alden.

Alden Estates of Evanston has been an integral part of our community for years.

Sincerely,

Rachel Hershinow
Stella Boutique, Owner

ATTACHMENT-21A

Village Inn Pizza
8050 Lincoln Ave.
Skokie, IL 60077

April 26, 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 Evanston,

Dear Mr. Galassie:

Please consider Alden Estates of Evanston's Certificate of Need with great detail. We truly enjoy sharing the same community as Alden, and look forward to watching them grow. Alden is a great asset to the Evanston and surrounding communities. This proposal will only help to continue to assist in the betterment of lives in our shared communities, by giving them the opportunity to care for more patients.

Thank you for your consideration.

Sincerely,

Randy Miles

Randy Miles
Village Inn Pizza, Owner

ATTACHMENT-21A

I M O D S

Independent Merchants of Downtown Skokie

"The Vision of the Village"

April 30, 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 Evanston,

Dear Mr. Galassie:

Please see this as a letter of support for Alden Estates of Evanston's Certificate of Need Application. Alden has been an integral part of our community at large for several years.

Sincerely,

Randy Miles

Randy Miles
President of IMODS

ATTACHMENT-21A

5/1/2013

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 Evanston,

Dear Mr. Galassie:

Please see this letter as a token of my support toward Alden Estates of Evanston's proposal to convert the current forty one sheltered care beds to skilled nursing beds. We have enjoyed being members of the same community for several years. We look forward to watching Estates of Evanston continue to grow and be able to care for more members of our shared community.

Please give Alden's certificate of need application your furthest consideration.

Sincerely,

Joyce Wankowski
President
N.A.C

ATTACHMENT-21A

NorthShore
University HealthSystem

Neurological Institute

Julian E. Bailes, Jr., MD
Bennett-Tarkington Chairman

Clinical Professor of Neurosurgery
Department of Neurosurgery
2650 Ridge Avenue
Evanston, IL 60201

(847) 570-4224
(847) 570-1442 Fax
www.northshore.org

May 3, 2013

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

RE: Alden Estates of Evanston

Dear Ms. Schullo:

I am writing you this letter in support of your proposal to convert the current forty one sheltered care beds at Alden Estates of Evanston to skilled nursing beds. It is of my understanding that this will enhance the continuation of the best in nursing and rehabilitation services.

In order to keep up with the demands of our aging population, this conversion would allow for the current residents living in the sheltered care beds to remain 'home'. Furthermore, this would allow Alden Estates of Evanston the opportunity to care for additional members of our community. This capability also becomes increasingly important as we look to the coming changes in healthcare and its delivery under the Affordable Care Act.

Alden Estates of Evanston is a true asset to this community, and I look forward to watching the organization grow to serve more members of this community.

Sincerely,

Julian E. Bailes, Jr., MD
Bennett-Tarkington Chair
Department of Neurosurgery, NorthShore University HealthSystem
Co-Director, NorthShore Neurological Institute
Clinical Professor of Neurosurgery
Pritzker School of Medicine University of Chicago

ATTACHMENT-21A

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:

The Applicant has a total of 53,964.1 existing gross square feet of space in the building known as Alden Estates of Evanston. This equates to 545.1gross square feet per bed for all 99 beds upon project completion. It should be noted that the proposed project is in compliance with this criterion as the full bed compliment is 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;

   Not germane.

2. Zoning approval has been received; or

   Appended as **ATTACHMENT-23A,** is the zoning ordinance from the City Council of the City of Evanston, Cook County granting the appropriate zoning for the facility. As there are no physical changes to the building as part of this project, zoning is and will remain in-place.

3. A variance in zoning for the project is to be sought.

   Not applicable.

ATTACHMENT- 23

and January 14, 2013, the City Council considered, amended, and adopted the recommendation of the P&D Committee, as amended,

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF EVANSTON, COOK COUNTY, ILLINOIS, THAT:

SECTION 1: The foregoing recitals are found as fact and made a part hereof.

SECTION 2: The City Council hereby amends Ordinances 147-O-89, 29-O-96, and 62-O-09 to amend Sections 2a and 2e of 29-O-96 to permit the Applicant to operate a Special Use for a Sheltered Care Home/Skilled Care Home on the Subject Property with ninety-nine (99) beds, with a total of eight (8) skilled care beds committed to Evanston Medicaid patients.

SECTION 3: Pursuant to Subsection 6-3-5-12 of the Zoning Ordinance, violation of any of the conditions on the grant of a Special Use imposed herein and/or by Ordinances 147-O-89, 29-O-96, and 62-O-09, as amended, shall constitute grounds for revocation thereof pursuant to Subsection 6-3-10-6 of the Zoning Ordinance.

SECTION 4: Except as otherwise provided for herein, all applicable regulations of Ordinances 147-O-89, 29-O-96, and 62-O-09 and the City Code shall apply with full force and effect to the Subject Property and the use and development of the same. To the extent that the terms and provisions of any of said documents conflict with the terms herein, this ordinance, 95-O-12, shall govern and control.

SECTION 5: The Applicant, at its cost, shall record a certified copy of this ordinance, including all Exhibits attached hereto, with the Cook County Recorder of Deeds, no later than thirty (30) days after its effective date.

SECTION 6: When necessary to effectuate the terms, conditions, and purposes of this ordinance, "Applicant" shall be read as "Applicant's agents, assigns, and successors in interest."

SECTION 7: The findings and recitals contained herein are declared to be prima facie evidence of the law of the City and shall be received in evidence as provided by the Illinois Compiled Statutes and the courts of the State of Illinois.

SECTION 8: All ordinances or parts of ordinances in conflict herewith are hereby repealed.

SECTION 9: If any provision of this ordinance or application thereof to any person or circumstance is held unconstitutional or otherwise invalid, such invalidity shall not affect other provisions or applications of this ordinance that can be given effect without the invalid application or provision, and each invalid provision or invalid application of this ordinance is severable.

SECTION 10: This ordinance shall be in full force and effect from and after its passage, approval and publication in the manner provided by law.

Introduced: November 12, 2012

Adopted: January 14, 2013

Approved:

January 16, 2013

Elizabeth B. Tisdahl

Elizabeth B. Tisdahl, Mayor

Attest:

Rodney Greene

Rodney Greene, City Clerk

Approved as to form:

W. Grant Farrar, Corporation Counsel

EXHIBIT 1

Legal Description

LOT 2 IN ENGLE'S RESUBDIVISION, BEING A RESUBDIVISION OF LANDECK'S DIVISION OF LOT 2 OF EVERT AND SCHAEFER SUBDIVISION OF PART OF THE NORTHEAST FRACTIONAL QUARTER OF SECTION 10, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, RECORDED MARCH 27, 1990 AS DOCUMENT 90135710, IN COOK COUNTY ILLINOIS.

PIN: 10-10-200-077-0000

COMMONLY KNOWN AS: 2520 Gross Point Road, Evanston, Illinois.

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.

Appended as **ATTACHMENT-24A**, is a letter signed by the Applicant addressing item number one. Item number two is not applicable to this project.

ATTACHMENT- 24

Alden Estates of Evanston, Inc.

April 12, 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 Evanston, Inc.
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 Evanston 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 of Evanston, Inc.

Randi Schullo
Vice President

Notarization:

Subscribed and sworn to before me this 12 day of APRIL, 2013

Signature of Notary
Seal

"OFFICIAL SEAL"
ARNA 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-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

Appended as **ATTACHMENT-27A** is a copy of the facility's financial statements illustrating that there is $71,500 in cash and securities available for this project.

g. All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.

The Fair Market Value for this project is $2,403,340. It should be known that this amount is the per bed basis for the 41-sheltered care beds being converted to nursing care. The total facility fair market value is $5,803,186 or $58,618.04 per bed.

ATTACHMENT-27

Alden Estates of Evanston, Inc.
Balance Sheet

	12/31/12
ASSETS	
Current Assets	
Cash and Cash Equivalents	$700.00
Accounts Receivable	1,022,344.31
Allowance for Doubtful Accounts	(52,000.00)
Receivables - Medicare Settlements/Lump Sum	5,087.60
Prepaid Expenses and Deposits	5,952.11
Inventory	793.50
Total Current Assets	**982,887.52**
Fixed Assets	
Major Moveable Equipment	376,541.50
Major Repairs	339,327.58
Total Fixed Assets	**715,869.08**
Accumulated Depreciation	(543,457.63)
Net Fixed Assets	**172,411.45**
Other Assets	
Due from Affiliated Companies	85,968.78
Total Other Assets	**85,968.78**
TOTAL ASSETS	**1,241,267.75**
LIABILITIES AND STOCKHOLDERS' EQUITY (DEFICIT)	
Current Liabilities	
Checks Issued in Excess of Bank Balance	162,875.28
Accounts Payable	353,851.66
Accrued - Salaries	271,858.68
Accrued - Payroll Withholdings	42,387.86
Accrued - Other Expenses	28,864.76
Trade Payables-Affiliates	1,080,473.35
Rent Payable - Affiliate ST	61,904.95
Due to State Agency	25,343.68
Residents' Deposits and Credit Balances	184,188.48
Total Current Liabilities	**2,221,746.71**
Long-Term Liabilities	
Due to Affiliated Companies	3,771,795.69
Total Long-Term Liabilities	**3,771,795.69**
Stockholders' Equity (Deficit)	
Common Stock	1,000.00
Retained Earnings (Deficit)	(4,562,641.11)
Net Income (Loss)	(190,633.54)
Total Stockholders' Equity (Deficit)	**(4,752,274.65)**
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY (DEFICIT)	**1,241,267.75**

ATTACHMENT-27A

Alden Estates of Evanston, Inc.
Statements of Revenure and Expense
For the YTD Period Ending

	December, 2012	
	Amount	$/PT/DY
Total Revenues:		
Routine Services	$6,923,274.48	$302.75
Ancilliary Income	28,956.81	1.27
Non-Operating Income	7,490.47	0.33
Total Revenues	**6,959,721.76**	**304.34**
Operating Expenses		
Nursing Costs	3,247,296.10	142.00
Therapy & Activity Costs	92,726.34	4.05
Employee Costs	411,582.92	18.00
Dietary Costs	690,839.53	30.21
Housekeeping & Plant	578,000.24	25.28
Laundry & Linen	94,185.72	4.12
Marketing	57,231.93	2.50
General & Administration	1,101,381.86	48.16
Total Operating Expenses	**6,273,244.64**	**274.32**
Operating Gross Margin	**686,477.12**	**30.02**
Rent, Taxes and Insurance		
Rent Expense	643,269.00	28.13
Real Estate Tax Expense	118,278.00	5.17
General Insurance Expense	104,270.40	4.56
Interest on Loans	93,602.35	4.09
Total Rent, Taxes & Insurance	**959,419.75**	**41.95**
Operating Income (Loss)	**(272,942.63)**	**(11.94)**
Overhead Costs		
Bad Debt Expense	1,021.11	0.04
Depreciation Expense	42,478.90	1.86
Total Overhead Costs	**43,500.01**	**1.90**
Income Before Extraordinary Items	**(316,442.64)**	**(13.84)**
Extraordinary Items		
Interest & Penalties	1,430.00	0.06
Vendor Settlements	(150.08)	(0.01)
Total Extraordinary Items	**1,279.92**	**0.06**
Total Net Income <Loss> Before Taxes	**(317,722.56)**	**(13.89)**
Income Tax Expense <Benefit>	**(127,089.02)**	**(5.56)**
Total Net Income <Loss> Before Taxes	**(190,633.54)**	**(8.34)**

ATTACHMENT-27A

Alden Estates of Evanston, Inc.
Statements of Routine Revenure
For the YTD Period Ending

	December, 2012 Year To Date		
	Census	Amount	$/PT/DY
Public Aid:			
PA Active Revenue	2,613	$433,186.85	$165.78
PA-No Authorization (PN) Revenue	(14)	(2,041.62)	145.83
License Fee	-	(88,376.66)	0.00
Total Public Aid	**2,599**	**342,768.57**	**131.88**
Medicare:			
Medicare Revenue	8,182	4,316,719.17	527.59
Total Medicare	**8,182**	**4,316,719.17**	**527.59**
Other Routine Services:			
Hospice	91	15,137.99	166.35
Private	10,351	1,586,932.41	153.31
Sale Allowances & Discounts	-	(57.59)	0.00
Insurance	1,460	631,915.98	432.82
Private - Bedholds	185	29,857.95	161.39
Status Changes	-	0.00	0.00
Total Other	**12,087**	**2,263,786.74**	**187.29**
Total Routine Services	***22,868***	***6,923,274.48***	***302.75***
Average Bedholds	1		
Average Public Aid (Excluding PA BH)	7		
Average Medicare	22		
Average Insurance	4		
Average Other (Excluding Bedholds & Ins)	29		
Average Census	62		

ATTACHMENT-27A

Estates of Evanston II, Inc.
Statement of Operations
For the YTD Ending December 31, 2012

	December, 2012 Amount
Rental Income	781,547
Net Rental Income	781,547
Interest	
Interest Income	62
Net Interest Income	62
Net Revenues	781,609
Operating Expenses	
Housekeeping Costs	1,889
Total Operating Expenses	1,889
G & A Fees	
Accoutning Fees	5,400
Legal Fees Non Collections	17,945
Licenses & Inspections	72
Dues & Subscriptions	750
Bank & Credit Card Processing Charges	44
Total G & A Fees	24,211
Financing Fees	
Insurance	8,378
Real Estate Tax Expense	118,278
Interest Expense	391,142
Mortgage Insurance Premium	36,852
Total Financing Fees	554,651
Other Expenses	
Depreciation	247,925
Amortization	7,155
Total Other Expenses	255,080
Total Expenses	835,830
Net Income	(74,222)
OUT OF BALANCE	0

ATTACHMENT-27A

Estates of Evanston II, Inc.
Balance Sheet
As of December 31, 2012

ASSETS	
Current Assets	
Cash and Cash Equivalents	5,472
Prepaid Expenses and Deposits	32,346
Prepaid Rent	61,905
Total Current Assets	**99,723**
Fixed Assets	
Building	6,278,135
Land	980,000
Major Moveable Equipment	785,050
Major Repairs	249,797
Construction In Progress	152,991
Total Fixed Assets	**8,445,973**
Accumulated Depreciation	(2,662,208)
Net Fixed Assets	**5,783,765**
Other Assets	
Escrows	127,451
Replacement Reserves	75,312
Financing Fees (Net of Accum Amort)	132,973
Total Other Assets	**335,736**
TOTAL ASSETS	**6,219,224**
LIABILITIES AND STOCKHOLDERS' EQUITY (DEFICIT)	
Current Liabilities	
Debt - Current Portion of Long Term	116,392
Accounts Payable	17,945
Accrued - Real Estate Taxes	158,700
Accrued - Interest	33,508
Trade Payables-Affiliates	91,729
Deferred Revenues - Current	13,028
Total Current Liabilities	**431,302**
Long-Term Liabilities	
Debt - Loans Payable	7,194,518
Due to Affiliated Companies	11,000
Deferred Revenues (Net of Current)	177,254
Total Long-Term Liabilities	**7,382,772**
Stockholders' Equity (Deficit)	
Common Stock	1,000
Retained Earnings (Deficit)	(1,595,850)
Total Stockholders' Equity (Deficit)	**(1,594,850)**
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY (DEFICIT)	**6,219,224**

ATTACHMENT-27A

Evanston II

Compound Period ..... : Monthly

Nominal Annual Rate .... : 5.500 %

CASH FLOW DATA

	Event	Date	Amount	Number	Period	End Date
1	Loan	06/29/2005	8,000,800.00	1		
2	Payment	07/01/2005	Interest Only	1		
3	Payment	08/01/2005	42,965.60	420	Monthly	07/01/2040

AMORTIZATION SCHEDULE - Normal Amortization

	Date	Payment	Interest	Principal	Balance
Loan	06/29/2005				8,000,800.00
1	07/01/2005	2,411.20	2,411.20	0.00	8,000,800.00
2	08/01/2005	42,965.60	36,670.33	6,295.27	7,994,504.73
3	09/01/2005	42,965.60	36,641.48	6,324.12	7,988,180.61
4	10/01/2005	42,965.60	36,612.49	6,353.11	7,981,827.50
5	11/01/2005	42,965.60	36,583.38	6,382.22	7,975,445.28
6	12/01/2005	42,965.60	36,554.12	6,411.48	7,969,033.80
2005 Totals		217,239.20	185,473.00	31,766.20	
7	01/01/2006	42,965.60	36,524.74	6,440.86	7,962,592.94
8	02/01/2006	42,965.60	36,495.22	6,470.38	7,956,122.56
9	03/01/2006	42,965.60	36,465.56	6,500.04	7,949,622.52
10	04/01/2006	42,965.60	36,435.77	6,529.83	7,943,092.69
11	05/01/2006	42,965.60	36,405.84	6,559.76	7,936,532.93
12	06/01/2006	42,965.60	36,375.78	6,589.82	7,929,943.11
13	07/01/2006	42,965.60	36,345.57	6,620.03	7,923,323.08
14	08/01/2006	42,965.60	36,315.23	6,650.37	7,916,672.71
15	09/01/2006	42,965.60	36,284.75	6,680.85	7,909,991.86
16	10/01/2006	42,965.60	36,254.13	6,711.47	7,903,280.39
17	11/01/2006	42,965.60	36,223.37	6,742.23	7,896,538.16
18	12/01/2006	42,965.60	36,192.47	6,773.13	7,889,765.03
2006 Totals		515,587.20	436,318.43	79,268.77	
19	01/01/2007	42,965.60	36,161.42	6,804.18	7,882,960.85
20	02/01/2007	42,965.60	36,130.24	6,835.36	7,876,125.49
21	03/01/2007	42,965.60	36,098.91	6,866.69	7,869,258.80
22	04/01/2007	42,965.60	36,067.44	6,898.16	7,862,360.64
23	05/01/2007	42,965.60	36,035.82	6,929.78	7,855,430.86
24	06/01/2007	42,965.60	36,004.06	6,961.54	7,848,469.32
25	07/01/2007	42,965.60	35,972.15	6,993.45	7,841,475.87
26	08/01/2007	42,965.60	35,940.10	7,025.50	7,834,450.37
27	09/01/2007	42,965.60	35,907.90	7,057.70	7,827,392.67
28	10/01/2007	42,965.60	35,875.55	7,090.05	7,820,302.62
29	11/01/2007	42,965.60	35,843.05	7,122.55	7,813,180.07
30	12/01/2007	42,965.60	35,810.41	7,155.19	7,806,024.88

Evanston II

	Date	Payment	Interest	Principal	Balance
2007 Totals		515,587.20	431,847.05	83,740.15	
31	01/01/2008	42,965.60	35,777.61	7,187.99	7,798,836.89
32	02/01/2008	42,965.60	35,744.67	7,220.93	7,791,615.96
33	03/01/2008	42,965.60	35,711.57	7,254.03	7,784,361.93
34	04/01/2008	42,965.60	35,678.33	7,287.27	7,777,074.66
35	05/01/2008	42,965.60	35,644.93	7,320.67	7,769,753.99
36	06/01/2008	42,965.60	35,611.37	7,354.23	7,762,399.76
37	07/01/2008	42,965.60	35,577.67	7,387.93	7,755,011.83
38	08/01/2008	42,965.60	35,543.80	7,421.80	7,747,590.03
39	09/01/2008	42,965.60	35,509.79	7,455.81	7,740,134.22
40	10/01/2008	42,965.60	35,475.62	7,489.98	7,732,644.24
41	11/01/2008	42,965.60	35,441.29	7,524.31	7,725,119.93
42	12/01/2008	42,965.60	35,406.80	7,558.80	7,717,561.13
2008 Totals		515,587.20	427,123.45	88,463.75	
43	01/01/2009	42,965.60	35,372.16	7,593.44	7,709,967.69
44	02/01/2009	42,965.60	35,337.35	7,628.25	7,702,339.44
45	03/01/2009	42,965.60	35,302.39	7,663.21	7,694,676.23
46	04/01/2009	42,965.60	35,267.27	7,698.33	7,686,977.90
47	05/01/2009	42,965.60	35,231.98	7,733.62	7,679,244.28
48	06/01/2009	42,965.60	35,196.54	7,769.06	7,671,475.22
49	07/01/2009	42,965.60	35,160.93	7,804.67	7,663,670.55
50	08/01/2009	42,965.60	35,125.16	7,840.44	7,655,830.11
51	09/01/2009	42,965.60	35,089.22	7,876.38	7,647,953.73
52	10/01/2009	42,965.60	35,053.12	7,912.48	7,640,041.25
53	11/01/2009	42,965.60	35,016.86	7,948.74	7,632,092.51
54	12/01/2009	42,965.60	34,980.42	7,985.18	7,624,107.33
2009 Totals		515,587.20	422,133.40	93,453.80	
55	01/01/2010	42,965.60	34,943.83	8,021.77	7,616,085.56
56	02/01/2010	42,965.60	34,907.06	8,058.54	7,608,027.02
57	03/01/2010	42,965.60	34,870.12	8,095.48	7,599,931.54
58	04/01/2010	42,965.60	34,833.02	8,132.58	7,591,798.96
59	05/01/2010	42,965.60	34,795.75	8,169.85	7,583,629.11
60	06/01/2010	42,965.60	34,758.30	8,207.30	7,575,421.81
61	07/01/2010	42,965.60	34,720.68	8,244.92	7,567,176.89
62	08/01/2010	42,965.60	34,682.89	8,282.71	7,558,894.18
63	09/01/2010	42,965.60	34,644.93	8,320.67	7,550,573.51
64	10/01/2010	42,965.60	34,606.80	8,358.80	7,542,214.71
65	11/01/2010	42,965.60	34,568.48	8,397.12	7,533,817.59
66	12/01/2010	42,965.60	34,530.00	8,435.60	7,525,381.99
2010 Totals		515,587.20	416,861.86	98,725.34	
67	01/01/2011	42,965.60	34,491.33	8,474.27	7,516,907.72
68	02/01/2011	42,965.60	34,452.49	8,513.11	7,508,394.61
69	03/01/2011	42,965.60	34,413.48	8,552.12	7,499,842.49
70	04/01/2011	42,965.60	34,374.28	8,591.32	7,491,251.17
71	05/01/2011	42,965.60	34,334.90	8,630.70	7,482,620.47

ATTACHMENT-27A

Evanston II

	Date	Payment	Interest	Principal	Balance
72	06/01/2011	42,965.60	34,295.34	8,670.26	7,473,950.21
73	07/01/2011	42,965.60	34,255.61	8,709.99	7,465,240.22
74	08/01/2011	42,965.60	34,215.68	8,749.92	7,456,490.30
75	09/01/2011	42,965.60	34,175.58	8,790.02	7,447,700.28
76	10/01/2011	42,965.60	34,135.29	8,830.31	7,438,869.97
77	11/01/2011	42,965.60	34,094.82	8,870.78	7,429,999.19
78	12/01/2011	42,965.60	34,054.16	8,911.44	7,421,087.75
2011 Totals		515,587.20	411,292.96	104,294.24	
79	01/01/2012	42,965.60	34,013.32	8,952.28	7,412,135.47
80	02/01/2012	42,965.60	33,972.29	8,993.31	7,403,142.16
81	03/01/2012	42,965.60	33,931.07	9,034.53	7,394,107.63
82	04/01/2012	42,965.60	33,889.66	9,075.94	7,385,031.69
83	05/01/2012	42,965.60	33,848.06	9,117.54	7,375,914.15
84	06/01/2012	42,965.60	33,806.27	9,159.33	7,366,754.82
85	07/01/2012	42,965.60	33,764.29	9,201.31	7,357,553.51
86	08/01/2012	42,965.60	33,722.12	9,243.48	7,348,310.03
87	09/01/2012	42,965.60	33,679.75	9,285.85	7,339,024.18
88	10/01/2012	42,965.60	33,637.19	9,328.41	7,329,695.77
89	11/01/2012	42,965.60	33,594.44	9,371.16	7,320,324.61
90	12/01/2012	42,965.60	33,551.49	9,414.11	7,310,910.50
2012 Totals		515,587.20	405,409.95	110,177.25	
91	01/01/2013	42,965.60	33,508.34	9,457.26	7,301,453.24
92	02/01/2013	42,965.60	33,464.99	9,500.61	7,291,952.63
93	03/01/2013	42,965.60	33,421.45	9,544.15	7,282,408.48
94	04/01/2013	42,965.60	33,377.71	9,587.89	7,272,820.59
95	05/01/2013	42,965.60	33,333.76	9,631.84	7,263,188.75
96	06/01/2013	42,965.60	33,289.62	9,675.98	7,253,512.77
97	07/01/2013	42,965.60	33,245.27	9,720.33	7,243,792.44
98	08/01/2013	42,965.60	33,200.72	9,764.88	7,234,027.56
99	09/01/2013	42,965.60	33,155.96	9,809.64	7,224,217.92
100	10/01/2013	42,965.60	33,111.00	9,854.60	7,214,363.32
101	11/01/2013	42,965.60	33,065.83	9,899.77	7,204,463.55
102	12/01/2013	42,965.60	33,020.46	9,945.14	7,194,518.41
2013 Totals		515,587.20	399,195.11	116,392.09	
103	01/01/2014	42,965.60	32,974.88	9,990.72	7,184,527.69
104	02/01/2014	42,965.60	32,929.09	10,036.51	7,174,491.18
105	03/01/2014	42,965.60	32,883.08	10,082.52	7,164,408.66
106	04/01/2014	42,965.60	32,836.87	10,128.73	7,154,279.93
107	05/01/2014	42,965.60	32,790.45	10,175.15	7,144,104.78
108	06/01/2014	42,965.60	32,743.81	10,221.79	7,133,882.99
109	07/01/2014	42,965.60	32,696.96	10,268.64	7,123,614.35
110	08/01/2014	42,965.60	32,649.90	10,315.70	7,113,298.65
111	09/01/2014	42,965.60	32,602.62	10,362.98	7,102,935.67
112	10/01/2014	42,965.60	32,555.12	10,410.48	7,092,525.19
113	11/01/2014	42,965.60	32,507.41	10,458.19	7,082,067.00
114	12/01/2014	42,965.60	32,459.47	10,506.13	7,071,560.87

Evanston II

	Date	Payment	Interest	Principal	Balance
2014 Totals		515,587.20	392,629.66	122,957.54	
115	01/01/2015	42,965.60	32,411.32	10,554.28	7,061,006.59
116	02/01/2015	42,965.60	32,362.95	10,602.65	7,050,403.94
117	03/01/2015	42,965.60	32,314.35	10,651.25	7,039,752.69
118	04/01/2015	42,965.60	32,265.53	10,700.07	7,029,052.62
119	05/01/2015	42,965.60	32,216.49	10,749.11	7,018,303.51
120	06/01/2015	42,965.60	32,167.22	10,798.38	7,007,505.13
121	07/01/2015	42,965.60	32,117.73	10,847.87	6,996,657.26
122	08/01/2015	42,965.60	32,068.01	10,897.59	6,985,759.67
123	09/01/2015	42,965.60	32,018.07	10,947.53	6,974,812.14
124	10/01/2015	42,965.60	31,967.89	10,997.71	6,963,814.43
125	11/01/2015	42,965.60	31,917.48	11,048.12	6,952,766.31
126	12/01/2015	42,965.60	31,866.85	11,098.75	6,941,667.56
2015 Totals		515,587.20	385,693.89	129,893.31	
127	01/01/2016	42,965.60	31,815.98	11,149.62	6,930,517.94
128	02/01/2016	42,965.60	31,764.87	11,200.73	6,919,317.21
129	03/01/2016	42,965.60	31,713.54	11,252.06	6,908,065.15
130	04/01/2016	42,965.60	31,661.97	11,303.63	6,896,761.52
131	05/01/2016	42,965.60	31,610.16	11,355.44	6,885,406.08
132	06/01/2016	42,965.60	31,558.11	11,407.49	6,873,998.59
133	07/01/2016	42,965.60	31,505.83	11,459.77	6,862,538.82
134	08/01/2016	42,965.60	31,453.30	11,512.30	6,851,026.52
135	09/01/2016	42,965.60	31,400.54	11,565.06	6,839,461.46
136	10/01/2016	42,965.60	31,347.53	11,618.07	6,827,843.39
137	11/01/2016	42,965.60	31,294.28	11,671.32	6,816,172.07
138	12/01/2016	42,965.60	31,240.79	11,724.81	6,804,447.26
2016 Totals		515,587.20	378,366.90	137,220.30	
139	01/01/2017	42,965.60	31,187.05	11,778.55	6,792,668.71
140	02/01/2017	42,965.60	31,133.06	11,832.54	6,780,836.17
141	03/01/2017	42,965.60	31,078.83	11,886.77	6,768,949.40
142	04/01/2017	42,965.60	31,024.35	11,941.25	6,757,008.15
143	05/01/2017	42,965.60	30,969.62	11,995.98	6,745,012.17
144	06/01/2017	42,965.60	30,914.64	12,050.96	6,732,961.21
145	07/01/2017	42,965.60	30,859.41	12,106.19	6,720,855.02
146	08/01/2017	42,965.60	30,803.92	12,161.68	6,708,693.34
147	09/01/2017	42,965.60	30,748.18	12,217.42	6,696,475.92
148	10/01/2017	42,965.60	30,692.18	12,273.42	6,684,202.50
149	11/01/2017	42,965.60	30,635.93	12,329.67	6,671,872.83
150	12/01/2017	42,965.60	30,579.42	12,386.18	6,659,486.65
2017 Totals		515,587.20	370,626.59	144,960.61	
151	01/01/2018	42,965.60	30,522.65	12,442.95	6,647,043.70
152	02/01/2018	42,965.60	30,465.62	12,499.98	6,634,543.72
153	03/01/2018	42,965.60	30,408.33	12,557.27	6,621,986.45
154	04/01/2018	42,965.60	30,350.77	12,614.83	6,609,371.62
155	05/01/2018	42,965.60	30,292.95	12,672.65	6,596,698.97

Evanston II

	Date	Payment	Interest	Principal	Balance
156	06/01/2018	42,965.60	30,234.87	12,730.73	6,583,968.24
157	07/01/2018	42,965.60	30,176.52	12,789.08	6,571,179.16
158	08/01/2018	42,965.60	30,117.90	12,847.70	6,558,331.46
159	09/01/2018	42,965.60	30,059.02	12,906.58	6,545,424.88
160	10/01/2018	42,965.60	29,999.86	12,965.74	6,532,459.14
161	11/01/2018	42,965.60	29,940.44	13,025.16	6,519,433.98
162	12/01/2018	42,965.60	29,880.74	13,084.86	6,506,349.12
2018 Totals		515,587.20	362,449.67	153,137.53	
163	01/01/2019	42,965.60	29,820.77	13,144.83	6,493,204.29
164	02/01/2019	42,965.60	29,760.52	13,205.08	6,479,999.21
165	03/01/2019	42,965.60	29,700.00	13,265.60	6,466,733.61
166	04/01/2019	42,965.60	29,639.20	13,326.40	6,453,407.21
167	05/01/2019	42,965.60	29,578.12	13,387.48	6,440,019.73
168	06/01/2019	42,965.60	29,516.76	13,448.84	6,426,570.89
169	07/01/2019	42,965.60	29,455.12	13,510.48	6,413,060.41
170	08/01/2019	42,965.60	29,393.19	13,572.41	6,399,488.00
171	09/01/2019	42,965.60	29,330.99	13,634.61	6,385,853.39
172	10/01/2019	42,965.60	29,268.49	13,697.11	6,372,156.28
173	11/01/2019	42,965.60	29,205.72	13,759.88	6,358,396.40
174	12/01/2019	42,965.60	29,142.65	13,822.95	6,344,573.45
2019 Totals		515,587.20	353,811.53	161,775.67	
175	01/01/2020	42,965.60	29,079.29	13,886.31	6,330,687.14
176	02/01/2020	42,965.60	29,015.65	13,949.95	6,316,737.19
177	03/01/2020	42,965.60	28,951.71	14,013.89	6,302,723.30
178	04/01/2020	42,965.60	28,887.48	14,078.12	6,288,645.18
179	05/01/2020	42,965.60	28,822.96	14,142.64	6,274,502.54
180	06/01/2020	42,965.60	28,758.14	14,207.46	6,260,295.08
181	07/01/2020	42,965.60	28,693.02	14,272.58	6,246,022.50
182	08/01/2020	42,965.60	28,627.60	14,338.00	6,231,684.50
183	09/01/2020	42,965.60	28,561.89	14,403.71	6,217,280.79
184	10/01/2020	42,965.60	28,495.87	14,469.73	6,202,811.06
185	11/01/2020	42,965.60	28,429.55	14,536.05	6,188,275.01
186	12/01/2020	42,965.60	28,362.93	14,602.67	6,173,672.34
2020 Totals		515,587.20	344,686.09	170,901.11	
187	01/01/2021	42,965.60	28,296.00	14,669.60	6,159,002.74
188	02/01/2021	42,965.60	28,228.76	14,736.84	6,144,265.90
189	03/01/2021	42,965.60	28,161.22	14,804.38	6,129,461.52
190	04/01/2021	42,965.60	28,093.37	14,872.23	6,114,589.29
191	05/01/2021	42,965.60	28,025.20	14,940.40	6,099,648.89
192	06/01/2021	42,965.60	27,956.72	15,008.88	6,084,640.01
193	07/01/2021	42,965.60	27,887.93	15,077.67	6,069,562.34
194	08/01/2021	42,965.60	27,818.83	15,146.77	6,054,415.57
195	09/01/2021	42,965.60	27,749.40	15,216.20	6,039,199.37
196	10/01/2021	42,965.60	27,679.66	15,285.94	6,023,913.43
197	11/01/2021	42,965.60	27,609.60	15,356.00	6,008,557.43
198	12/01/2021	42,965.60	27,539.22	15,426.38	5,993,131.05

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MORTGAGE AMORTIZATION

ANNUAL TOTALS SUMMARY

	PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
2012				$7,310,910.50
2013	$515,587.20	$116,392.09	$399,195.11	$7,194,518.41
2014	$515,587.20	$122,957.54	$392,629.66	$7,071,560.87
2015	$515,587.20	$129,893.31	$385,693.89	$6,941,667.56
2016	$515,587.20	$137,220.30	$378,366.90	$6,804,447.26

COMBINNED ALDEN EVANSTON ENTITIES
FORECASTED INCOME STATEMENT
99 BED LONG-TERM CARE FACILITY-OWNER AND OPERATOR

	YEAR 2015
INCOME	$15,387,853
OPERATING COSTS AND EXPENSES	
NURSING COSTS	$2,443,449
ACTIVITY COSTS	$101,419
SOCIAL SERVICES COSTS	$90,195
REHABILITATION COSTS	$1,441,774
DIETARY COSTS	$1,029,051
HOUSEKEEPING AND PLANT COSTS	$770,514
LAUNDRY COSTS	$140,314
EMPLOYEE WELFARE COSTS	$924,197
GENERAL AND ADMINISTRATIVE COSTS	$2,641,931
MARKETING	$181,140
BAD DEBTS EXPENSE	$461,636
TOTAL OPERATING COSTS	$10,225,620
NET OPERATING INCOME	$5,162,233
CAPITAL EXPENSES	
DEPRECIATION	$376,406
INTEREST EXPENSE	$489,374
AMORTIZATION OF CAPITAL FIN. CHGS.	$7,155
INSURANCE EXPENSE	$9,200
MORTGAGE INSURANCE	$39,568
REAL ESTATE TAXES	$187,176
TOTAL CAPITAL EXPENSES	$1,108,879
ANCILLARY EXPENSE.	
SPECIAL COST CENTERS	$34,375
PROVIDER PARTICIPATION FEE	$139,858
TOTAL ANCILLARY EXPENSE	$174,232
NET INCOME OR (LOSS)	$3,879,122

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COMBINNED ALDEN EVANSTON ENTITIES
FORECASTED BALANCE SHEET
99 BED LONG-TERM CARE FACILITY-OWNER AND OPERATOR

	2015
ASSETS	
CURRENT ASSETS:	
CASH	$993,460
ACCOUNTS RECEIVABLE	$3,077,571
PREPAID EXPENSES	$106,359
REPLACEMENT RESERVES	$89,698
INVENTORY	$33,536
ESCROWS	$151,796
TOTAL CURRENT ASSETS	$4,452,420
NON-CURRENT ASSETS:	
LAND	$980,000
BUILDING	$6,278,135
EQUIPMENT	$1,161,592
MAJOR REPAIRS	$1,042,116
LOAN COSTS	$132,973
LESS ACCUM DEPRECIATION	($4,243,598)
LESS ACCUM AMORTIZATION	($21,465)
TOTAL NON-CURRENT ASSETS	$5,329,752
TOTAL ASSETS	$9,782,172
LIABILITIES AND EQUITY	
CURRENT LIABILITIES:	
ACCOUNTS PAYABLE	$1,264,285
DEFERRED REVENUE	$14,236
ACCRUED EXPENSES	$527,074
PATIENT DEPOSITS	$355,493
CURRENT PORTION OF MORTGAGE	$137,220
TOTAL CURRENT LIABILITIES	$2,298,309
NON-CURRENT LIABILITIES:	
MORTGAGE PAYABLE	$6,804,447
DEFERRED REVENUE	$193,690
TOTAL NON-CURRENT LIABILITIES:	$6,998,137
TOTAL LIABILITIES	$9,296,446
EQUITY:	
CAPITAL STOCK	$2,000
RETAINED EARNINGS (DEFICIT)	($3,395,396)
OPERATING PROFIT OR LOSS	$3,879,122
TOTAL EQUITY	$485,726
TOTAL LIABILITIES AND EQUITY	$9,782,172

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ALDEN ESTATES OF EVANSTON II, INC.
FORCASTED INCOME STATEMENT
LTC FACILITY OWNER

	2012	2013	2014	2015
RENT	$761,609	$944,769	$999,821	$1,057,393
OPERATING COSTS AND EXPENSES				
MISCELLANEOUS ADMIN	$20,701	$5,500	$5,700	$5,900
AUDIT FEES	$5,400	$5,500	$5,700	$5,900
REAL ESTATE TAXES	$118,278	$124,506	$154,950	$187,176
INTEREST EXPENSE	$391,142	$399,195	$392,630	$385,694
INSURANCE EXPENSE	$8,378	$8,600	$8,900	$9,200
MORTGAGE INSURANCE	$36,852	$41,009	$40,308	$39,568
AMORTIZATION OF CAPITAL FIN. CHGS.	$7,155	$7,155	$7,155	$7,155
DEPRECIATION	$247,925	$272,718	$299,989	$329,988
TOTAL OPERATING COSTS	$835,831	$864,183	$915,332	$970,581
NET INCOME OR (LOSS)	($74,222)	$80,587	$84,489	$86,812

ATTACHMENT-27A

ALDEN ESTATES OF EVANSTON II, INC.
FORECASTED BALANCE SHEET
99 BED LONG-TERM CARE FACILITY-OWNER

	2012	2013	2014	2015
ASSETS				
CURRENT ASSETS:				
CASH	$5,472	$52,326	$86,131	$401,444
PREPAID EXPENSES	$94,251	$90,000	$92,700	$95,481
REPLACEMENT RESERVES	$75,312	$79,831	$84,621	$89,698
ESCROWS	$127,451	$135,098	$143,204	$151,796
TOTAL CURRENT ASSETS	$302,486	$357,255	$406,656	$738,419
NON-CURRENT ASSETS:				
LAND	$980,000	$980,000	$980,000	$980,000
BUILDING	$6,278,135	$6,278,135	$6,278,135	$6,278,135
EQUIPMENT	$785,050	$785,050	$785,050	$785,050
MAJOR REPAIRS	$249,797	$402,788	$552,788	$702,788
CONSTRUCTION IN PROGRESS	$152,991	$150,000	$150,000	$0
LESS ACCUM DEPRECIATION	($2,662,208)	($2,934,926)	($3,234,915)	($3,564,903)
LOAN COSTS	$132,973	$132,973	$132,973	$132,973
LESS ACCUM AMORTIZATION	NET	($7,155)	($14,310)	($21,465)
TOTAL NON-CURRENT ASSETS	$5,916,738	$5,786,865	$5,629,721	$5,292,578
TOTAL ASSETS	$6,219,224	$6,144,120	$6,036,377	$6,030,997
LIABILITIES AND EQUITY				
CURRENT LIABILITIES:				
ACCOUNTS PAYABLE	$109,674	$10,101	$5,051	$5,047
ACCRUED EXPENSES	$192,208	$157,773	$187,669	$219,317
DEFERRED REVENUES	$13,028	$13,419	$13,821	$14,236
CURRENT PORTION OF MORTGAGE	$116,392	$122,958	$129,893	$137,220
TOTAL CURRENT LIABILITIES	$431,302	$304,250	$336,434	$375,821
NON-CURRENT LIABILITIES:				
MORTGAGE PAYABLE	$7,194,518	$7,071,561	$6,941,668	$6,804,447
DUE TO AFFILIATES	$11,000	$100,000	$0	$0
DEFERRED REVENUE	$177,254	$182,572	$188,049	$193,690
TOTAL NON-CURRENT LIABILITIES:	$7,382,772	$7,354,132	$7,129,716	$6,998,137
TOTAL LIABILITIES	$7,814,074	$7,658,383	$7,466,151	$7,373,958
EQUITY:				
CAPITAL STOCK	$1,000	$1,000	$1,000	$1,000
RETAINED EARNINGS (DEFICIT)	($1,521,628)	($1,595,850)	($1,515,263)	($1,430,774)
OPERATING PROFIT OR (LOSS)	($74,222)	$80,587	$84,489	$86,812
TOTAL EQUITY	($1,594,850)	($1,514,263)	($1,429,774)	($1,342,962)
TOTAL LIABILITIES AND EQUITY	$6,219,224	$6,144,120	$6,036,376	$6,030,997

ATTACHMENT-27A

	2013	2014	2015
SCHEDULE 1-PROJECTED REVENUE			
PATIENT DAYS BY TYPE			
PRIVATE PAY	3687	5913	6935
EXCEPTIONAL CARE	0	0	0
MEDICAID	776	1245	1460
MEDICARE	11643	18673	21900
INSURANCE	1358	2179	2555
TOTAL	17465	28010	32850
EST REVENUE BY TYPE			
PRIVATE PAY	$664,592	$1,097,834	$1,328,181
EXCEPTIONAL CARE	$0	$0	$0
MEDICAID	$131,119	$216,595	$261,643
MEDICARE	$6,366,096	$10,499,588	$12,683,282
INSURANCE	$559,656	$924,492	$1,116,767
TOTAL	$7,711,463	$12,738,507	$15,387,853
SCHEDULE 2-PROJECTED COSTS			
NURSING COSTS			
SALARIES	$1,446,220	$1,843,387	$2,085,015
NURSING SUPPLIES	$143,346	$238,791	$286,039
QUALITY ASSUR NURSING	$26,176	$33,400	$37,093
MEDICAL LIBRARIAN	$10,220	$13,040	$14,482
MEDICAL DIRECTOR	$12,264	$15,648	$17,378
PHARMACY	$2,428	$3,098	$3,441
THERAPY CONTRACTS			
TOTAL NURSING COSTS	$1,640,654	$2,145,364	$2,443,449
ACTIVITY COSTS			
SALARIES	$85,954	$95,105	$101,419
SUPPLIES	$2,050	$2,695	$3,082
TOTAL ACTIVITY	$88,004	$97,799	$104,501
SOCIAL SERVICES COSTS			
SALARIES	$73,614	$83,073	$89,384
SOCIAL WORKER CONSULTANT	$572	$730	$811
TOTAL SOCIAL SERVICES	$74,187	$83,803	$90,195
REHABILITATION COSTS			
CONTRACT FEES	$955,125	$1,188,685	$1,435,883
SUPPLIES	$1,643	$3,045	$3,678
CONSULTANT	$1,562	$1,993	$2,213
TOTAL REHAB	$958,529	$1,193,702	$1,441,774
DIETARY COSTS			
SALARIES	$435,329	$551,903	$618,497
FOOD COST	$246,756	$324,293	$370,959
KITCHEN SUPPLIES	$26,338	$34,613	$39,594
DIETICIAN	$0	$0	$0
TOTAL DIETARY	$708,423	$910,810	$1,029,051
HOUSEKEEPING AND PLANT COSTS			
SALARIES	$221,062	$272,960	$304,989
SUPPLIES	$63,738	$83,766	$95,821
UTILITIES	$157,605	$162,334	$167,204
SCAVENGER & EXTERMINATOR	$0	$0	$0
REPAIRS & MAINTENANCE	$188,146	$193,790	$199,604
ELEVATOR MAINTENANCE	$0	$0	$0
FIRE CONSULTANT	$2,044	$2,808	$2,896
LANDSCAPING	$0	$0	$0
TOTAL PLANT	$632,595	$715,458	$770,514
LAUNDRY COSTS			
SALARIES	$53,228	$68,955	$80,022
SUPPLIES	$40,105	$52,708	$60,292
TOTAL LAUNDRY	$93,334	$122,662	$140,314
GENERAL AND ADMINISTRATIVE COSTS			
SALARIES	$538,690	$554,851	$571,496
SUPPLIES	$24,451	$32,134	$36,759
LICENSE, PERMITS AND FEES	$11,115	$13,833	$16,710
INSURANCE	$109,761	$136,599	$166,008
TELEPHONE	$9,162	$11,403	$13,774
PROFESSIONAL FEES	$489,130	$781,511	$944,048
TRANSPORTATION	$833	$1,036	$1,252
EQUIPMENT RENTAL	$22,284	$27,732	$33,500
ADVERTISING AND PROMOTION	$0	$0	$0
DUES AND SUBSCRIPTIONS	$0	$0	$0
HOLIDAY EXPENSE	$833	$1,036	$1,252
MANAGEMENT FEES	$424,130	$700,618	$846,332
START-UP COSTS	$0		
TOTAL ADMIN	$1,630,389	$2,260,753	$2,630,131

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EMPLOYEE WELFARE COSTS			
PAYROLL TAXES	$267,638	$325,509	$361,104
HEALTH,WELFARE, AND EMP BEN	$122,167	$148,583	$164,831
WORKERS COMP INSURANCE	$77,586	$94,363	$104,662
RETIREMENT PROGRAMS	$19,446	$23,650	$26,237
EMPLOYEE RELATIONS COSTS	$198,146	$240,991	$267,344
TOTAL EMPLOYEE WELFARE	$684,984	$833,096	$924,197

ATTACHMENT-27A

ALDEN ESTATES OF EVANSTON, INC.
FORECASTED INCOME STATEMENT
LONG-TERM CARE FACILITY OPERATOR

	2012	2013	2014	2015
INCOME	$6,959,722	$7,711,463	$12,738,507	$15,387,853
OPERATING COSTS AND EXPENSES				
NURSING COSTS	$3,247,296	$1,640,654	$2,145,364	$2,443,449
ACTIVITY COSTS	$92,726	$85,954	$95,105	$101,419
SOCIAL SERVICES COSTS	$0	$74,187	$83,803	$90,195
REHABILITATION COSTS	$0	$958,529	$1,193,702	$1,441,774
DIETARY COSTS	$690,840	$708,423	$910,810	$1,029,051
HOUSEKEEPING AND PLANT COSTS	$578,000	$632,595	$715,458	$770,514
LAUNDRY COSTS	$94,186	$93,334	$122,662	$140,314
EMPLOYEE WELFARE COSTS	$411,583	$684,984	$833,096	$924,197
GENERAL AND ADMINISTRATIVE COSTS	$1,205,652	$1,630,389	$2,260,753	$2,630,131
MARKETING	$57,232	$120,492	$149,953	$181,140
BAD DEBTS EXPENSE	$1,021	$77,115	$254,770	$461,636
TOTAL OPERATING COSTS	$6,378,536	$6,706,655	$8,765,477	$10,213,820
NET OPERATING INCOME	$581,186	$1,004,808	$3,973,030	$5,174,033
CAPITAL EXPENSES				
DEPRECIATION	$42,479	$43,753	$45,066	$46,418
INTEREST EXPENSE	$94,882	$97,729	$100,661	$103,680
RENT	$643,269	$820,263	$844,871	$870,217
REAL ESTATE TAXES	$118,278	$124,506	$154,950	$187,176
AMORTIZATION OF LOAN COSTS	$0	$0	$0	$0
TOTAL CAPITAL EXPENSES	$898,908	$1,086,251	$1,145,547	$1,207,491
ANCILLARY EXPENSE				
SPECIAL COST CENTERS	$0	$8,976	$20,371	$34,375
PROVIDER PARTICIPATION FEE	$0	$93,031	$115,778	$139,858
TOTAL ANCILLARY EXPENSE	$0	$102,007	$136,149	$174,232
INCOME TAX EXPENSE (BENEFIT)	($127,089)	($280,769)	$0	$0
NET INCOME OR (LOSS)	($190,633)	$97,319	$2,691,334	$3,792,310

ATTACHMENT-27A

ALDEN ESTATES OF EVANSTON, INC.
FORECASTED BALANCE SHEET
99 BED LONG-TERM CARE FACILITY OPERATOR

	2012	2013	2014	2015
ASSETS				
CURRENT ASSETS:				
CASH	$700	$136,607	$89,091	$592,016
ACCOUNTS RECEIVABLE	$1,061,411	$1,542,293	$2,547,701	$3,077,571
PREPAID EXPENSES	$5,952	$6,083	$7,512	$10,878
INVENTORY	$794	$24,895	$32,559	$33,536
TOTAL CURRENT ASSETS	$1,068,856	$1,709,878	$2,676,863	$3,714,001
FIXED ASSETS:				
MOVEABLE EQUIPMENT	$376,542	$376,542	$376,542	$376,542
MAJOR REPAIRS	$339,328	$339,328	$339,328	$339,328
LESS ACCUMULATED DEPRECIATION	($543,458)	($587,211)	($632,277)	($678,695)
TOTAL FIXED ASSETS	$172,411	$128,658	$83,592	$37,174
TOTAL ASSETS	$1,241,268	$1,838,536	$2,760,455	$3,751,175
LIABILITIES AND EQUITY				
CURRENT LIABILITIES:				
ACCOUNTS PAYABLE	$542,071	$826,848	$1,080,675	$1,259,238
ACCRUED EXPENSES	$343,109	$154,229	$254,770	$307,757
DUE TO AFFILIATES	$1,152,378	$1,552,378	$0	$0
RESIDENT DEPOSITS	$184,188	$188,240	$245,469	$355,493
TOTAL CURRENT LIABILITIES	$2,221,747	$2,721,696	$1,580,914	$1,922,488
LONG-TERM DEBT				
DUE TO AFFILIATES	$3,771,796	$3,771,796	$3,143,163	$0
TOTAL LIABILITIES	$5,993,542	$6,493,492	$4,724,077	$1,922,488
EQUITY:				
CAPITAL STOCK	$1,000	$1,000	$1,000	$1,000
RETAINED EARNINGS	($4,562,641)	($4,753,275)	($4,655,956)	($1,964,622)
OPERATING PROFIT OR LOSS	($190,633)	$97,319	$2,691,334	$3,792,310
TOTAL EQUITY	($4,752,275)	($4,654,956)	($1,963,622)	$1,828,688
TOTAL LIABILITIES AND EQUITY	$1,241,268	$1,838,536	$2,760,455	$3,751,176

ATTACHMENT-27A

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW Continued ii

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

There are not significant project costs associated with this project. The total project cost is made up of the fair market value of the beds to be converted and the incidental costs of preparing, filing, and licensing the beds to be converted. There is no construction or renovations required for the conversion from Sheltered Care to Nursing Care. It should be noted that the "soft" costs related to this project are being funded through "internal" sources, i.e., normal operations. A copy of the facility's financial statements illustrating the internal funds are available is appended as **ATTACHMENT-27A.**

ATTACHMENT-28

Economic Feasibility

A. Reasonableness of Financing Arrangements

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

1. That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

The total estimated project costs will be funded in total with cash of ongoing operations. The fair market value included in the total project cost is not costs in that actually have to be funded. Appended as **ATTACHMENT-27A** is a copy of the facility's financial statements illustrating that the project cost will be funded in cash.

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:

This item is not germane. The project does not involve debt financing.

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).

This item is not germane as this project does not involve new construction, modernization or contingency cost.

ATTACHMENT-30

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	$3,850,821	
Supplies	$896,225	
Tax, Welfare, and Benefits	$924,197	
Total Direct Cost	$5,671,243	
Year of Target Utilization		2015
Patient Days Per Year	32,850	
Resultant Costs Per Patient Day		**$172.64**

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	$376,406	
Interest Expense	$489,374	
Amortization of Capital Finance Charges	$7,155	
Insurance Expense	$9,200	
Mortgage Insurance	$39,568	
Real Estate Taxes	$187,176	
Total Annual Capital Costs	$1,108,879	
Year of Target Utilization		2015
Patient Days Per Year	32,850	
Capital Costs Per Year		**$33.76**

ATTACHMENT-30

Alden Estates of Evanston

Financial Plan Summary

Alden of Evanston is an existing facility at 2520 Gross Point Road, Evanston, Illinois. Alden Estates of Evanston is a 99-bed long-term care institution with 58-beds licensed for nursing care and 41-beds licensed for sheltered care. Alden Estates of Evanston has faced some financial challenges in the recent past that seem to result from lower than desired occupancy rates. One reason for low occupancy at the facility seems to be a declining demand for licensed sheltered care. Alden Estates of Evanston finds itself in a market where its residents and potential customers are aging fast and have an increased need for more acute care than can be provided at the sheltered care level. Accordingly, application is being made to the Illinois Health Facilities and Services Review Board for a permit to convert Alden Evanston's 41 sheltered care beds to nursing care.

Alden Estates of Evanston is owned and operated by units of the Alden Group Ltd. The Alden Group is an old, well established provider of senior living services throughout Northeastern Illinois. Alden Estates of Evanston II owns the real estate and major equipment of the facility. The owning entity is in the process of making gradual improvement to the physical plant. These improvements are not of a scope to require a permit from the Illinois Health Facilities and Services Review Board, but are designed to increase both the efficiency and marketability of the facility.

Alden Estates of Evanston, Inc. is the operator of Alden's Evanston facility. It is making plans to redirect the focus of operations at Alden Evanston toward concentrating on a shorter term, more acute care resident. This type of resident requires more intensive care and rehabilitation services than are appropriate under the current sheltered care license. Therefore, The Alden Group is seeking permission to convert its 41 sheltered care beds at Evanston to skilled nursing category of service. It is felt that, together with the other planned changes in plant and operations at the Evanston facility, this change in level of care will aid in correcting the current imbalance of revenue with costs that has plagued the Alden Estates of Evanston facility. The resulting changes will spark a return to profitability at the facility that is reflected in the financial information presented with this CON application.

The actual project costs for this conversion application are quite reasonable with the total cost of $2,474,840 including the fair market value of the 41 beds which is $2,403,340 (the total facility fair market value of 99-bed facility is $5,803,186). Thus the actual funds required to complete this conversion are only $71,500 in fees and miscellaneous administrative costs. No new construction or equipment is included in the project. No new equity contributions of financing are necessary since this modest level of funds can readily be generated by the normal operations of the facility.

Various other units of the Alden Group will continue to provide goods and services used in the operations of the Evanston facility. General management, medical equipment, therapy services and pharmaceutical services are among these related activities. The cost of the goods and services provided to the Evanston entities by related organizations will continue to be at market rates.

Conversion of the sheltered care beds at Evanston is planned to begin in September of 2013 and to be completed in December of 2014. Target occupancy for the facility is 90% of total capacity, to 90 patients. It is expected that the facility will reach that level of occupancy by the 1st of January 2015 and will operate at that level thereafter.

The financial results of the senior services to be provided at Alden Estates of Evanston are very dependent on the type of patient and the varying charges, or government reimbursement, which 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
Medicare	66.6
Medicaid	4.44
Private	21.1
Private Insurance	7.78

Examination of the accompanying combined financial statements for the year 2015 reveals the following financial characteristics of the project:

Total patient days at 90% occupancy	32,850
Total expenses per year	$11,508,731
Total fixed expenses	$1,248,737
Total variable expenses	$10,259,994
Total Assets	$9,782,172
Total Equity	$485,726
Long-term Debt	$6,804,447
Total Net Income	$3,879,122
Ratio of long-term debt to equity	14.0
Before tax rate of return on total assets	39.7%
Before tax rate of return on total equity	800%
Estimated break-even point in patients	22
Estimated break-even point in % of capacity	22%