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13-048

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

LTC APPLICATION FOR PERMIT
July 2012 Edition

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HEALTH FACILITIES & SERVICES REVIEW BOARD

LONG-TERM CARE APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

DESCRIPTION OF PROJECT

Project Type

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

Narrative Description

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

The Applicant proposes to construct and operate AegeanMed Transitional Care Center of Lockport, a short-term skilled rehabilitation skilled nursing facility offering post-acute rehabilitation services for patients with high rehabilitation and complex care needs, focusing on high acuity patients. This facility will consist of 110 beds permitted under the general long-term care category and 30 recovery suites to be licensed as assisted living. AegeanMed Transitional Care Center of Lockport will be located near the intersection of 167th Street and Prime Boulevard in Lockport, Will County, Illinois.

AegeanMed Transitional Care Center will be a state-of-the art facility with coordination of care across acute and post-acute settings with the goal of generating positive outcomes at a substantially lower cost. The facility will be differentiated from other traditional skilled nursing facilities in that we will offer mainly private rooms with a hospitality-focused design. AegeanMed is innovative in its approach to partner with hospitals and physicians in offering intensive therapy through patient-focused clinical pathways with the ultimate goal of improving outcomes, preventing readmissions, and returning the patients home.

Our specialized services will include cardiopulmonary rehabilitation; neurological and physical rehabilitation, including strokes, neuromuscular diseases; orthopedic rehabilitation; post-operative surgical care, including general surgery, ENT; cardiac and neurological surgeries; nutritional support, including enteral feedings, diabetic teaching; infectious diseases, including IV infusion therapy, wound care; and oncological patients requiring strengthening.

The modern, fully equipped nursing facility will be certified for Medicare and Medicaid and will conform with all federal, state and local regulations relating to construction, staffing, sanitation and environmental protection.

The proposed transitional care and assisted living facilities will be a three-story building containing 109,392 gross square feet. The general long-term care portion of the facility will contain mostly private one bed skilled nursing rooms. Construction is projected to commence November 2013, and the facility is projected to open in October 2015.

A review of this project is classified as 'substantive' as it involves the development of new long-term care beds with a capital expenditure in excess of the threshold amount.

Facility/Project Identification

Facility Name: AegeanMed Transitional Care Center of Lockport
Street Address: 16805 South Prime Boulevard
City and Zip Code: Lockport 60441
County: Will Health Service Area: 9 Health Planning Area: Will

Applicant /Co-Applicant Identification

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

Exact Legal Name: AegeanMed Healthcare, LLC
Address: 16805 South Prime Boulevard, Lockport, IL 60441
Name of Registered Agent: Betty Tsamis
Name of Chief Executive Officer: Peter Roumeliotis, MD
CEO Address: 21525 Mattox Lane, Shorewood, IL 60404
Telephone Number: 815-942-5200

Type of Ownership (Applicant/Co-Applicants)

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries)

Name: Peter Roumeliotis, MD
Title: President
Company Name: AegeanMed Healthcare, LLC
Address: 21525 Mattox Lane, Shorewood, IL 60404
Telephone Number: 815-942-5200
E-mail Address: gerokomeio@gmail.com
Fax Number: 815-942-5330

Additional Contact

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

Name: Christopher J. Dials
Title: Director
Company Name: Revere Healthcare, Ltd.
Address: 112 Cary Street, Cary, IL 60013
Telephone Number: 847-516-4900 x312
E-mail Address: cdials@reverehc.com
Fax Number: 847-516-2260

Post Permit Contact

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

Name: Peter Roumeliotis, MD
Title: President
Company Name: AegeanMed Healthcare, LLC
Address: 21525 Mattox Lane, Shorewood, IL 60404
Telephone Number: 815-942-5200
E-mail Address: gerokomeio@gmail.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Gerokomeio, LLC
Address of Site Owner: 16805 South Prime Boulevard, Lockport, IL 60441
Street Address or Legal Description of Site: 16805 South Prime Boulevard, Lockport, IL 60441
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: AegeanMed Healthcare, LLC
Address: 16805 South Prime Boulevard, Lockport, IL 60441

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

SIGNATURE

Peter C. Rumeliotis
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3 day of July 2013

Signature of Notary

Official Seal
Tina Atkinson
Notary Public State of Illinois
My Commission Expires 11/28/2016

Seal

SIGNATURE

Patty P. Rumeliotis
PRINTED NAME

Vice-President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3 day of July 2013

Signature of Notary

Official Seal
Tina Atkinson
Notary Public State of Illinois
My Commission Expires 11/28/2016

Seal

*Insert EXACT legal name of the applicant

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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

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

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

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

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

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

   Alternative options **must** include:

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

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

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

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

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

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

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

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

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

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

Criterion 1125.510 – Introduction

Bed Capacity

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

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
☒ General Long-Term Care	2,840	2,950
☐ 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	2013	0	0
☐ Specialized Long-Term Care			

Applicable Review Criteria - Guide

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

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

GENERAL LONG-TERM CARE

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

Expansion of Existing Services	.520	Background of the Applicant
	.530(b)	Service to Planning Area Residents
	.550(a) + (b) or (c)	Service Demand – Expansion of General Long-Term Care
	.590	Staffing Availability
	.600	Bed Capacity
	.620	Project Size
	.640	Assurances
	.560(a)(1) through (3)	Continuum of Care Components
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions

	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Continuum of Care – Establishment or Expansion	.520	Background of the Applicant
	.560(a)(1) through (3)	Continuum of Care Components
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Defined Population – Establishment or Expansion	.520	Background of the Applicant
	.560(b)(1) & (2)	Defined Population to be Served
	.590	Staffing Availability
	.600	Bed Capacity
	.610	Community Related Functions
	.630	Zoning
	.640	Assurances
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Modernization	.650(a)	Deteriorated Facilities
	.650(b) & (c)	Documentation
	.650(d)	Utilization
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

SPECIALIZED LONG-TERM CARE

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	**Subject**
Establishment of LTC Developmentally Disabled – (Adult)	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(g)	Establishment of Beds – Developmentally Disable -Adult
	.720(j)	State Board Consideration of Public Hearing Testimony
	.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

Establishment of LTC Developmentally Disabled - Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.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

Establishment of Chronic Mental Illness	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(f)	Zoning
	.720(g)	Establishment of Chronic Mental Illness
	.720(j)	State Board Consideration of Public Hearing Testimony
	.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

Establishment of Long Term Medical Care for Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(e)	Long-Term Medical Care for Children-Category of Service
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

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

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1125.530 - Planning Area Need

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

2. Attest that the primary purpose of the project is to serve residents of the planning area and that at least 50% of the patients will come from within the planning area.

3. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used, as described in Section 1125.540.

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

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

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

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

2. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used.

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

    - The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload.

    - The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion

    - Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address

4. Provide verification by the referral sources that the prospective resident referrals have not been used to support another pending or approved Certificate of Need (CON) application for the subject services.

5. **If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area** (as experienced annually within the latest 24-month period), the projected service demand shall be determined as follows:

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

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

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

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

than the number of years projected;

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

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

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

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

Criterion 1125.550 - Service Demand – Expansion of General Long-Term Care

The applicant shall document #1 **and** either #2 or #3:

1. Historical Service Demand

   a. An average annual occupancy rate that has equaled or exceeded occupancy standards for general LTC, as specified in Section 1125.210(c), for each of the latest two years.

   b. If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including completed applications that could not be accepted due to lack of the subject service and documentation from referral sources, with identification of those patients by initials and date.

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

3. **If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area** (as experienced annually within the latest 24-month period), the projected service demand shall be determined as described in Section 1125.540 (e).

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

Criterion 1125.560 - Variances to Computed Bed Need

Continuum of Care:

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

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

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

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

3. The applicant shall demonstrate that:

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

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

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

Defined Population:

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

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

2. The applicant shall document each of the following:

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

   b. The boundaries of the GSA;

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

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

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

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

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

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

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

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

2. Additional documentation required:

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

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

   b. Patient/resident location information by zip code;

   c. Independent time-travel studies;

   d. Certification of a waiting list;

   e. Admission restrictions that exist in area providers;

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

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

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

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

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

Criterion 1125.590 - Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.
2. Provide the following documentation:
   a. The name and qualification of the person currently filling the position, if applicable; and
   b. Letters of interest from potential employees; and
   c. Applications filed for each position; and
   d. Signed contracts with the required staff; or
   e. A narrative explanation of how the proposed staffing will be achieved.

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

Criterion 1125.600 Bed Capacity

The maximum bed capacity of a general LTC facility is 250 beds, unless the applicant documents that a larger facility would provide personalization of patient/resident care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards (77 Ill. Adm. Code: Chapter I, Subchapter c (Long-Term Care Facilities)) over a two-year period.

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

Criterion 1125.610 - Community Related Functions

The applicant shall document cooperation with and the receipt of the endorsement of community groups in the town or municipality where the facility is or is proposed to be located, such as, but not limited to, social, economic or governmental organizations or other concerned parties or groups. Documentation shall consist of copies of all letters of support from those organizations.

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

Criterion 1125.620 - Project Size

The applicant shall document that the amount of physical space proposed for the project is necessary and not excessive. The proposed gross square footage (GSF) cannot exceed the GSF standards as stated in Appendix A of 77 Ill. Adm. Code 1125 (LTC rules), unless the additional GSF can be justified by documenting one of the following:

1. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
2. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix A;
3. The project involves the conversion of existing bed space that results in excess square footage.

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

Criterion 1125.630 - Zoning

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

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

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

Criterion 1125.640 - Assurances

1. The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c) for each category of service involved in the proposal.

2. For beds that have been approved based upon representations for continuum of care (Section 1125.560(a)) or defined population (Section 1125.560(b)), the facility shall provide assurance that it will maintain admissions limitations as specified in those Sections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFSRB will be required.

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

Criterion 1125.650 - Modernization

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

   a. High cost of maintenance;

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

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

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

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

   a. Copies of maintenance reports;

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

   c. Other pertinent reports and data.

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

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

SPECIALIZED LONG-TERM CARE

Criterion 1125.720 - Specialized Long-Term Care – Review Criteria

This section is applicable to all projects proposing specialized long-term care services or beds.

1. **Community Related Functions**

   Read the criterion and submit the following information:

   a. a description of the process used to inform and receive input from the public including those residents living in close proximity to the proposed facility's location;

   b. letters of support from social, social service and economic groups in the community;

   c. letters of support from municipal/elected officials who represent the area where the project is located.

2. **Availability of Ancillary and Support Services**

   Read the criterion, which applies only to ICF/DD 16 beds and fewer facilities, and submit the following:

   a. a copy of the letter, sent by certified mail return receipt requested, to each of the day programs in the area requesting their comments regarding the impact of the project upon their programs and any response letters;

   b. a description of the public transportation services available to the proposed residents;

   c. a description of the specialized services (other than day programming) available to the residents;

   d. a description of the availability of community activities available to the facility's residents.

   e. documentation of the availability of community workshops.

3. **Recommendation from State Departments**

   Read the criterion and submit a copy of the letters sent, including the date when the letters were sent, to the Departments of Human Services and Healthcare and Family Services requesting these departments to indicate if the proposed project meets the department's planning objectives regarding the size, type, and number of beds proposed, whether the project conforms or does not conform to the department's plan, and how the project assists or hinders the department in achieving its planning objectives.

4. **Long-term Medical Care for Children Category of Service**

Read the criterion and submit the following information:

   a. a map outlining the target area proposed to be served;

   b. the number of individuals age 0-18 in the target area and the number of individuals in the target area that require the type of care proposed, include the source documents for this estimate;

   c. any reports/studies that show the points of origin of past patients/residents admissions to the facility;

d. describe the special programs or services proposed and explain the relationship of these programs to the needs of the specialized population proposed to be served.

e. indicate why the services in the area are insufficient to meet the needs of the area population;

f. documentation that the 90% occupancy target will be achieved within the first full year of

5. **Zoning**

Read the criterion and provide a letter from an authorized zoning official that verifies appropriate zoning.

6. **Establishment of Chronic Mental Illness**

Read the criterion and provide the following:

a. documentation of how the resident population has changed making the proposed project necessary.

b. indicate which beds will be closed to accommodate these additional beds.

c. the number of admissions for this type of care for each of the last two years.

7. **Variance to Computed Bed Need for Establishment of Beds for Developmentally Disabled Placement of Residents from DHS State Operated Beds**

Read this criterion and submit the following information:

a. documentation that all of the residents proposed to be served are now residents of a DHS facility;

b. documentation that each of the proposed residents has at least one interested family member who resides in the planning area or at least one interested family member that lives out of state but within 15 miles of the planning area boundary where the facility is or will be located;

c. if the above is not the case then you must document that the proposed resident has lived in a DHS operated facility within the planning area in which the proposed facility is to be located for more than 2 years and that the consent of the legal guardian has been obtained;

d. a letter from DHS indicating which facilities in the planning area have refused to accept referrals from the department and the dates of any refusals and the reasons cited for each refusal;

e. a copy of the letter (sent certified--return receipt requested) to each of the underutilized facilities in the planning area asking if they accept referrals from DHS-operated facilities, listing the dates of each past refusal of a referral, and requesting an explanation of the basis for each refusal;

f. documentation that each of the proposed relocations will save the State money;

g. a statement that the facility will only accept future referrals from an area DHS facility if a bed is available;

h. an explanation of how the proposed facility conforms with or deviates from the DHS comprehensive long range development plan for developmental disabilities services.

APPEND DOCUMENTATION AS ATTACHMENT-26, 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:**

$10,741,507	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;
$14,082,704	d.	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.

_____	e.	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f.	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g.	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$24,824,211	**TOTAL FUNDS AVAILABLE**	

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

Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. **"A" Bond rating or better**
2. **All of the projects capital expenditures are completely funded through internal sources**
3. **The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent**
4. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

1. The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				
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

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 29, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

2. That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A. A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 1.5 times for LTC facilities; or

   B. Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1. That the selected form of debt financing for the project will be at the lowest net cost available;

2. That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3. That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

Identify each area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY SERVICE									
Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	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.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (listed below)	A	B	C	D	E	F	G	H	
	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft.		Const. $	Mod. $	Total cost
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)
Nursing Care/Assited Livin	$ 213	$ -	109,335	-	-	-	$ 23,240,550	$ -	$ 23,240,550
Contingency	$ 14	$ -	109,335	-	-	-	$ 1,583,661	$ -	$ 1,583,661
TOTALS	$ 227	$ -	109,335	-	-	-	$ 24,824,211	$ -	$ 24,824,211

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			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			

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: $ 875,000
Fair Market Value: $ 875,000

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 $ 140,987.

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): October 2015

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:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
CLINICAL							
Total Review							
NON CLINICAL							
Total Non-clinical							
TOTAL							

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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Attachment 1

File Number 0445263-1

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

AEGEANMED HEALTHCARE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 05, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 5TH *day of* JULY *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

Authentication #: 1318601428

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

Attachment 2

Tsamis
Law Firm, P.C.
Always On Your Side

1509 West Berwyn, Suite 201E
866-703-5509, office

Chicago, Illinois 60640
773-506-2792, fax

BTsamis@tsamislaw.com

Betty Tsamis
Attorney

October 4, 2012

Algis Lieponis
PBC LLC
15470 West 167th Street
Lockport, Illinois 60441

Re: Letter of Intent for Sale and Purchase of that certain real property and all related improvements more fully identified herein and located in that subdivision in the City of Lockport, Illinois known as the Prime Business Campus ("the Property") from PBC LLC, as seller ("Seller") to GEROKOMEIO LLC, or its nominee, as purchaser ("Purchaser").

Dear Mr. Lieponis:

The purpose of this letter is to advise you that the Purchaser referenced above, is willing to enter into negotiations to purchase from the Seller referenced above, the Property identified herein on the following terms and conditions. In the event Seller and Purchaser reach agreement on the terms of such a purchase and sale, that agreement will be memorialized in a written purchase agreement ("the Purchase Agreement"). **In no event will this Letter of Intent be construed or serve as an offer or contract for purchase.**

1. The Property. The property which is the subject of this Letter of Intent consists of all Seller's right, title and interest in and to two (2) separate parcels of vacant land located in the subdivision known as the Prime Business Campus in the City of Lockport, Illinois consisting of approximately 27.97 acres, together with all assignable approvals, permits, marketing studies, feasibility studies, engineering reports, environmental reports, financing commitments, assignable contracts and rights Purchaser elects to assume, together with all related improvements and other rights appurtenant to or running with the land, including but not limited to any water, sewer, and electricity service currently delivered to the property line of the Property. The Property conveyed will include all rights appurtenant to any Master Planned Unit Development approved for the Property, should any exist, and two-way ingress and egress for each parcel to and from Prime Boulevard (collectively "the Entitlements"). Parcel One is

comprised of Prime Business Campus Lots 2, 3 and 4 and Parcel Two is comprised of Prime Business Campus Lots 8, 9, 10 and 11. Said lots are depicted on the map attached hereto as Exhibit A.

2. The Purpose. Purchaser seeks to acquire subject property to construct upon it a transitional (short-term/disabled) and geriatric care (long-term/chronic) facility subject to applicable rules, laws, and regulations.

3. The Purchase Agreement. Purchaser and Seller will endeavor to negotiate, execute and deliver the Purchase Agreement within thirty (30) days following the date hereof. Purchaser will deliver a draft Purchase Agreement based upon the terms and conditions in this letter within five (5) days of the date of this letter. The Purchase Agreement between Purchaser and Seller will be based upon the terms of this Letter of Intent, as well as on additional consistent terms and conditions negotiated by the parties. The Purchase Agreement will include the provisions detailed below, among others.

a. Purchase Price. The purchase price ("Purchase Price") for the Property will be $4,000,000; provided, however, the amount of the Purchase Price will be subject to Purchaser's inspection, testing and assessment of the Property during the Investigation Period (defined below) and the underwriters analysis of the Property and loan to value analysis. The Purchase Price will be firmly established, plus or minus credits and prorations, at the Closing (defined below).

b. Investigation Period. For a period of ninety (90) days after (a) the date of the final execution and delivery of the Purchase Agreement by both Seller and Purchaser (the "Contract Date") and (b) Purchaser's receipt of the Records (defined below) (the "Investigation Period"), Purchaser, together with its agents and contractors, will have the right of reasonable access to the Property and the right, but not the obligation, to make: a complete physical inspection, investigation and testing (which will include, if necessary, subsurface investigation) of the Property and all systems and components thereof; investigations regarding the Entitlements, zoning and other code requirements and violations, if any; environmental, soil and engineering studies of the Property; examinations of the status of title to the Property; market studies; investigations of available and acceptable financing; and satisfactory review of leases, rent rolls, letters of intent, service contracts, management agreements, environmental reports and studies, title documents, surveys, insurance policies and records, financial statements and records, operating statements, books and records, architectural and engineering plans, studies and specifications, tax information, and any and all other information, documents, agreements, undertakings, studies, reports and correspondence, whether public or private, pertaining to Seller's ownership and operation of the Property (collectively "the Records"). Seller covenants and agrees that it will provide Purchaser with access to, and copies of, all Records in Seller's possession or control within two (2) business days after the Contract Date.

c. Termination. On or before expiration of the Investigation Period, if Purchaser, in its sole discretion, determines that the Property is not satisfactory for purchase or operation by Purchaser, for any reason or for no reason at all, then Purchaser may terminate the Purchase Agreement by written notice to the Seller and the Escrow Agent, and any Earnest Money will be returned to Purchaser.

d. Financing Contingency. Commencing on the date which is the later of (a) the Contract Date and (b) Purchaser's receipt of the Records, and continuing until the date which is the later of (i) one hundred fifty (150) days thereafter or (ii) the date Purchaser receives a binding written loan commitment, approved by HUD, for Purchaser's acquisition and development of the Property (the "Financing Contingency Period"), Purchaser will procure first mortgage financing for completion of the transaction. If Purchaser is unable to obtain first mortgage financing for the acquisition of the Property during the Financing Contingency Period, Purchaser will have the right, in its sole discretion, but not the obligation, to terminate the Purchase Agreement and the Earnest Money will then be returned to Purchaser.

e. Title and Survey. Within an agreed upon number of days after the commencement of the Investigation Period, Seller will provide Purchaser, at Seller's expense, with a title commitment issued by Chicago Title Insurance Company or other title company mutually and reasonably acceptable to Seller and Purchaser ("Title Company"), together with copies of all recorded documents evidencing the exceptions to title which are described on Schedule B of the title commitment. At Closing, Seller will furnish to Purchaser, at Seller's expense, an ALTA Owner's Title Insurance Policy issued by the Title Company, in the amount of the Purchase Price, showing fee simple title to the Property in Purchaser's (or its assignee) name, subject only to (i) general real estate taxes not yet due and payable, and (ii) easements, rights-of-way, and such other title-related matters as are approved by Purchaser during the Investigation Period. The title policy will afford full "extended coverage" over the standard printed exceptions, and all other title endorsements reasonably requested by Purchaser and its attorneys during the Investigation Period.

Within an agreed upon number of days after the commencement of the Investigation Period, Seller will also furnish to Purchaser, at Seller's expense, a current ALTA plat of survey ("Survey") of the Property. The survey will be sufficient to cause the Title Company to issue the required owner's title policy with extended coverage over standard survey exceptions and free of any exceptions for survey matters.

Purchaser will have the right to object to title and survey defects, which Seller will have the option to remove or insure over at or prior to Closing. In the event Seller fails to remove or insure over title or survey defects, Purchaser may elect to either: (i) terminate the Purchase Agreement and receive the immediate repayment of the Earnest Money or (ii) take title as it then is, with the right to deduct from Sellers' proceeds an amount equal to all monetary liens and encumbrances of a definite or ascertainable amount. Prior to Closing, the Survey will be updated, at Seller's expense, to remove or insure over any

survey objections raised by Purchaser during the title objection period and which Seller agrees to remove or insure over pursuant to the terms of the Contract.

f. Closing Date. The closing of the purchase and sale of the Property ("the Closing") will take place no later than thirty (30) days after the expiration of the Financing Contingency Period or at an earlier date upon not less than thirty (30) days written notice from Purchaser, at an office of the Title Company or other location, mutually and reasonably acceptable to both Seller and Purchaser.

4. Prorations, Costs and Transfer Taxes. Due to the complicated nature of ascertaining accurate property taxes, the parties will enter into a separate, mutually agreeable Reproration Agreement at the time the Purchase Agreement is entered.

Lease rents (if any), operating expenses and all other items customarily prorated in commercial transactions of this type will be prorated between Seller and Purchaser at Closing and will not be reported after Closing. All leases and other tenancies (if any) will be terminated as of Closing. Purchaser will receive full possession of the Property upon Closing.

Seller will pay any transfer taxes imposed on the sale of the Property by the State of Illinois and/or Will County. Purchaser will pay any transfer taxes imposed on the sale of the Property by the City of Lockport. Seller and Purchaser will each pay one-half (½) of the costs of all of the escrows necessary to facilitate the Closing, other than any money lenders escrow required by Purchaser's lender, which escrow fee will be paid by Purchaser.

5. Representations and Warranties. The Purchase Agreement will provide for such representations and warranties as are normal or appropriate in transactions of this size and character, including, but not limited to, representations and warranties relating to the following matters: title to the Premises; the status of any leases; management, service and other agreements affecting the Premises; the Entitlements and the assignability of the Entitlements to Purchaser; the existence of water, sewer and electric utility service to within ten feet of the property line; real estate taxes and assessments; litigation; compliance with laws; zoning; fire prevention standards; licenses and permits; eminent domain; structural components of the improvements; and mechanical systems serving improvements. These representations and warranties will be made as of the date of the Purchase Agreement and as of the date of the Closing and will survive the Closing. Seller will indemnify Purchaser for any loss, cost, or expense incurred by Purchaser by reason of any breach of any representation or warranty.

6. Broker. Seller will pay any real estate broker retained by, or claiming through Seller, regarding the Purchase Agreement or any of the transactions described in this letter. Purchaser represents that such party has not worked with or retained any broker or finder regarding the Purchase Agreement or any of the transactions described in this letter. Each of the parties will indemnify and save the other harmless from any claim by any broker or other person for commissions or other compensation for bringing about the transactions contemplated hereby

where such claim is based on the purported employment or authorization of such other broker or other person by such party.

7. Operation. Until the Closing or termination of the Purchase Agreement in accordance with its terms, Seller will manage, maintain and operate the Property in compliance with the terms of the Lease and in the same manner as prior to entering into the Purchase Agreement. Without the prior written consent of Purchaser (which will not be unreasonably withheld) Seller will not enter into, modify or cancel any agreements or leases which affect the Property.

8. Confidentiality and Non-circumvention. Seller hereby agrees to exclusively negotiate with the Purchaser during the period from the execution of this Letter of Intent until the execution of the Purchase Agreement. Seller hereby acknowledges and agrees that the negotiations (the "Negotiations") relating to the terms and conditions to be contained in the Contract which may be entered into between Purchaser and the Seller, any correspondence, documents, memorandums or other written materials delivered or received by Seller relating to the Purchase Agreement, all oral communications received by Seller, and any and all information of any nature relating to the acquisition of the Property by Purchaser will be collectively referred to as "Confidential Information."

Seller acknowledges and agrees that the enforcement of this provision is necessary for the proper protection of Purchaser's business and competitive position. In the event of any breach by Seller of any provision contained in this paragraph, Purchaser will be entitled to enforce same through injunctive relief in addition to any other rights and remedies it may have at law or in equity, including legal fees incurred.

9. Other Sale Negotiations. Upon execution and acceptance of this Letter of Intent by Seller, Seller will cease to market the Property for sale and will not solicit or accept any offers or engage in any discussions concerning the sale of the Property from the date of Seller's execution hereof through the completion and execution of the Purchase Agreement. Seller may accept backup offers, after the Purchase Agreement is executed, but the backup offers may not violate or invalidate the Purchase Agreement between Purchaser and Seller.

10. Execution in Counterpart; Original Signatures. This Letter of Intent may be executed in any number of counterparts with the same effect as if all parties executed the same document. All counterparts will constitute one Letter of Intent. Signatures to this Letter of Intent sent by facsimile transmission or e-mail PDF will be deemed original binding signatures hereto.

11. NOT A BINDING OFFER OR PURCHASE AGREEMENT. The purpose of this Letter of Intent is to determine whether or not the parties are in sufficient accord as to the basic terms of the proposed transaction to warrant having the parties, together with their respective attorneys, draft and negotiate toward the execution of a definitive and binding Purchase Agreement. This letter does not constitute a binding offer to purchase, and will not, upon execution by Seller,

become a binding contract to purchase or sell the Property by either Seller or Purchaser. This Letter of Intent, though not binding, is intended to serve as the basis for negotiating a final written agreement which will contain material terms not mentioned in this letter. It is specifically understood that no binding agreement or contract will be created unless and until the Purchase Agreement is executed by both Purchaser and Seller.

Either party, in their sole discretion, may terminate negotiations pursuant to this Letter of Intent at any time. Partial performance by either party of the terms of this Letter of Intent, or the efforts by either party to perform due diligence or carry out other acts in contemplation of consummating this transaction, will not be deemed evidence of intent by either party to be bound by the terms of this letter.

By their execution of this Letter of Intent, the parties agree that (i) no legally binding agreement relating to the transactions described herein will come into effect unless and until definitive, written documentation embodying their agreement is executed and delivered by both parties; (ii) neither will assert any claim against the other based on any alleged oral agreement relating to or connected with the transaction (including, without limitation, an alleged agreement to prepare or sign a written agreement); and (iii) each will indemnify the other against all costs, including, without limitation, reasonable attorneys' fees, incurred by the other party by reason of the indemnitor's breach of the agreement contained in clause (ii) above.

12. Governing Law and Venue. The provisions of this Letter, and those of the Purchase Agreement and any other ensuing agreement, will be construed according to, and otherwise governed by, Illinois law without reference to principles of choice of law. The parties further agree that any legal proceedings will be brought in the Circuit Court of the State of Illinois located in the City of Joliet, Will County, Illinois.

If the terms of this Letter of Intent are acceptable to you, please execute the enclosed duplicate copy of this letter in the space below and return it to the undersigned so that we may commence preparation of the Contract. If Seller has not executed this letter and delivered a copy to Purchaser on or before 5:00 P.M. on October 8, 2012, the terms of this letter will be automatically revoked.

Sincerely,
Tsamis Law Firm PC
/s/ Betty Tsamis
Betty Tsamis, Esq.
Attorney for Gerokomeio LLC

ACCEPTED AND AGREED this ____ day of October, 2012.

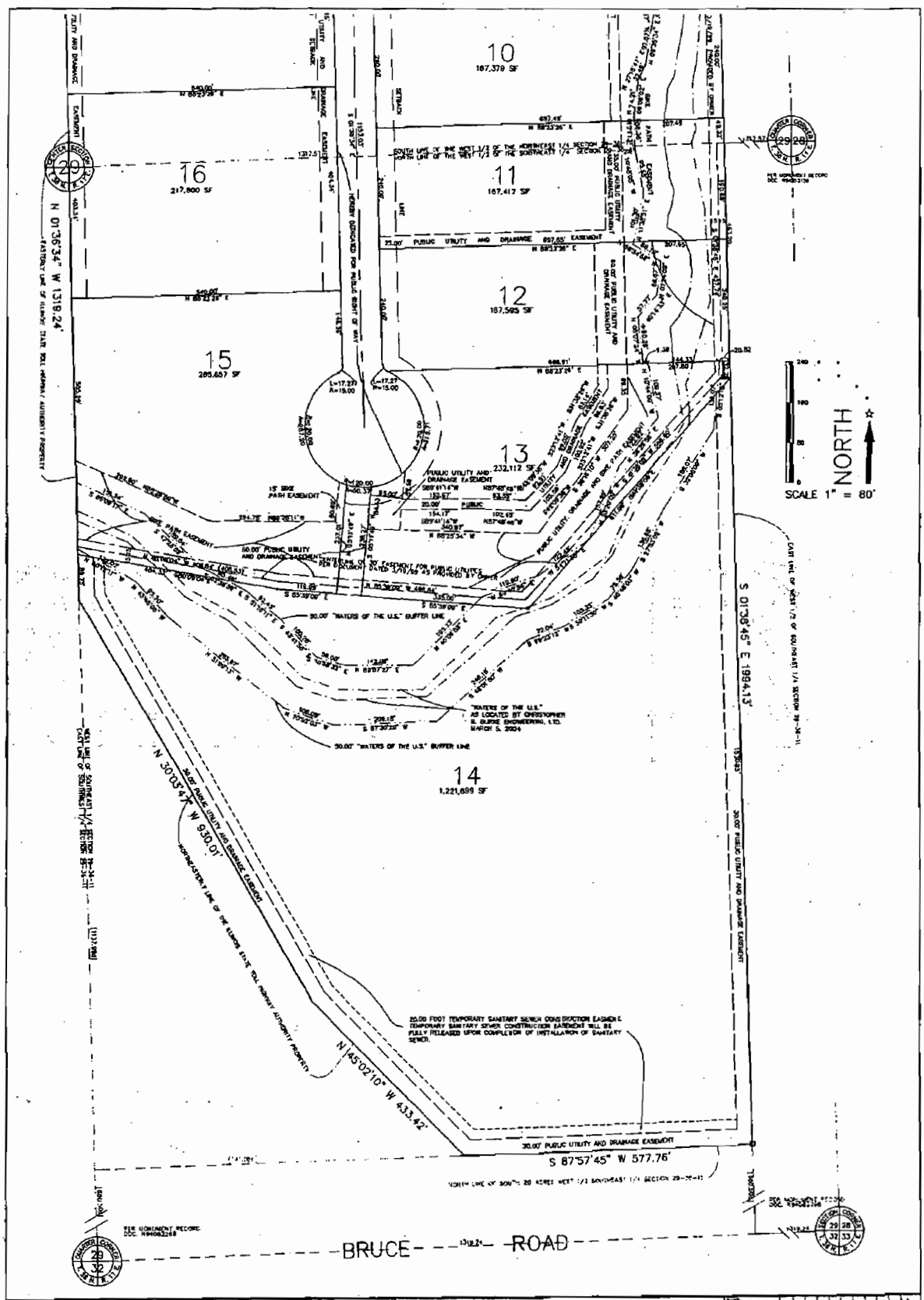
GEROKOMEIO LLC
An Illinois Limited Liability Company, or its nominee

By:_____
Name:_____
Its:_____

ACCEPTED AND AGREED this ____ day of October, 2012.

PBC LLC
An Illinois Limited Liability Company

By:_____
Name:_____
Its:_____



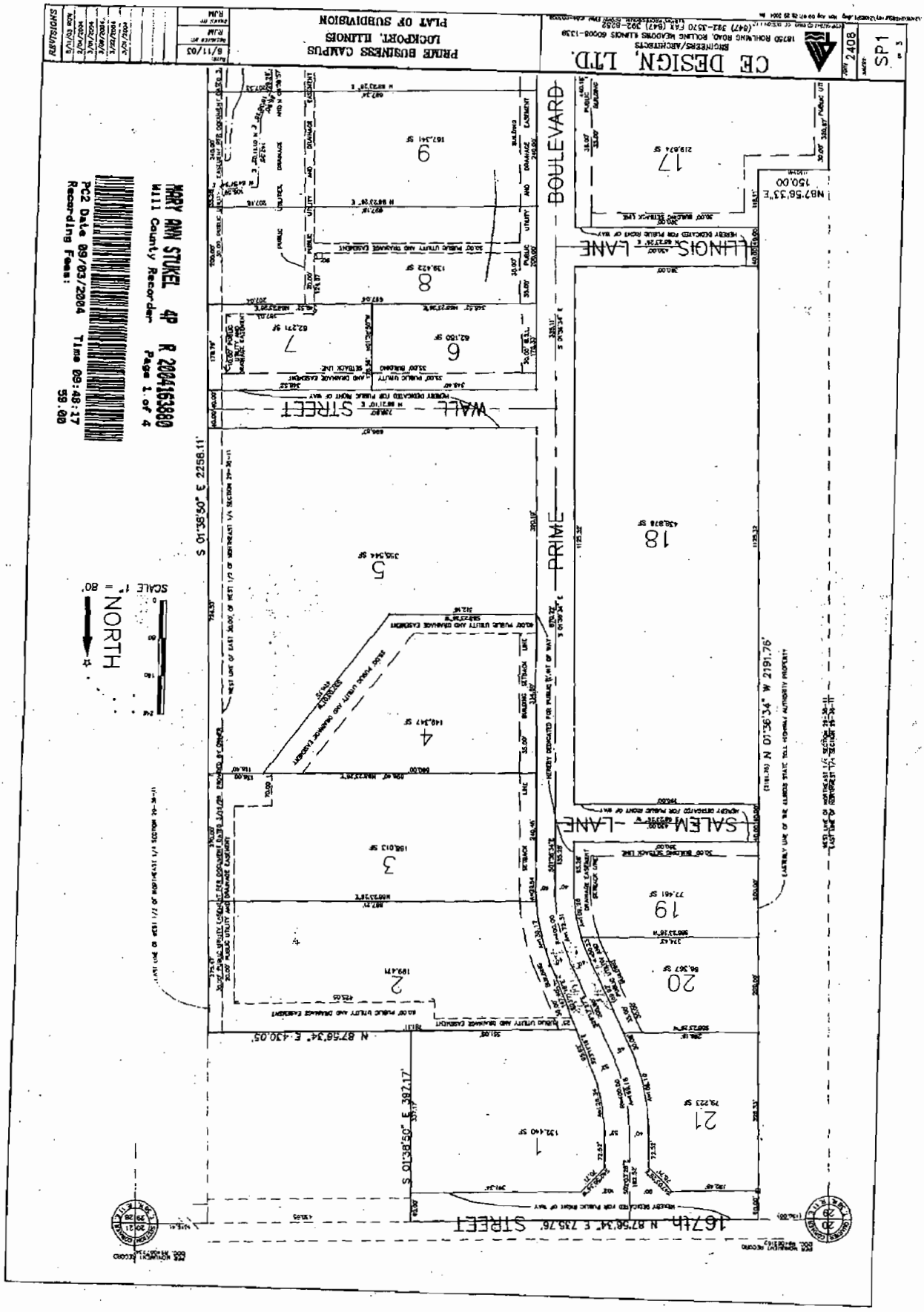
CE DESIGN, LTD.
ENGINEERS/ARCHITECTS
18750 ROHLWING ROAD, ROLLING MEADOWS ILLINOIS 60008-1338
(847) 392-3570 FAX (847) 392-8252

PRIME BUSINESS CAMPUS
LOCKPORT, ILLINOIS
PLAT OF SUBDIVISION

DATE 5/11/03
DRAWN BY RJM
CHK'D BY RJM

JOB NO. 2,408
SHEET SP2 OF 3 SHEETS

REVISIONS


PRIME BUSINESS CAMPUS
LOCKPORT, ILLINOIS
PLAT OF SUBDIVISION
CE DESIGN, LTD.
ENGINEERS/ARCHITECTS
18350 HOLLWING ROAD, ROLLING MEADOWS ILLINOIS 60008-1339
(847) 392-3570 FAX (847) 392-8282
2408
SP1
MARY ANN STUKEL 4P R 2004163880
Will County Recorder Page 1 of 4
PC2 Date 09/03/2004 Time 09:48:17
Recording Fees: 59.00
NORTH
SCALE 1" = 80'
PRIME BOULEVARD
WALL STREET
ILLINOIS LANE
SALEM LANE
167th STREET
S 01°38'50" E 2258.11'
N 01°36'34" W 2191.76'
N 87°56'34" E 430.05'
S 01°38'50" E 397.17'
N 87°56'34" E 735.76'
N87°56'33"E 150.00
1
2
3
4
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8
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17
18
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21

EASEMENT PROVISIONS
COMMONWEALTH EDISON COMPANY
AND
SBC, GRANTEES,

THEIR RESPECTIVE SUCCESSORS AND ASSIGNS, JOINTLY AND SEVERALLY, TO INSTALL, OPERATE, MAINTAIN AND REMOVE, FROM TIME TO TIME, FACILITIES USED IN CONNECTION WITH OVERHEAD AND UNDERGROUND TRANSMISSION AND DISTRIBUTION OF ELECTRICITY AND SOUNDS AND SIGNALS IN, OVER, UNDER, ACROSS, ALONG AND UPON THE SURFACE OF THE PROPERTY SHOWN WITHIN THE DOTTED LINES ON THE PLAT AND MARKED "EASEMENT", AND THE PROPERTY DESIGNATED ON THE PLAT FOR STREETS AND ALLEYS, WHETHER PUBLIC OR PRIVATE, TOGETHER WITH THE RIGHT TO INSTALL REQUIRED SERVICE CONNECTIONS OVER OR UNDER THE SURFACE OF EACH LOT TO SERVE IMPROVEMENTS THEREON OR ON ADJACENT LOTS, THE RIGHT TO CUT, TRIM OR REMOVE TREES, BUSHES AND ROOTS AS MAY BE REASONABLE REQUIRED INCIDENT TO THE RIGHTS HEREIN GIVEN, AND THE RIGHT TO ENTER UPON THE SUBDIVIDED PROPERTY FOR ALL SUCH PURPOSES. OBSTRUCTIONS SHALL NOT BE PLACED OVER GRANTEES' FACILITIES OR IN, UPON OR OVER THE PROPERTY WITHIN THE DOTTED LINES MARKED "EASEMENT" WITHOUT THE PRIOR WRITTEN CONSENT OF GRANTEES. AFTER INSTALLATION OF SUCH FACILITIES, THE GRADE OF THE SUBDIVIDED PROPERTY SHALL NOT BE ALTERED IN ANY MANNER SO AS TO INTERFERE WITH THE PROPER OPERATION AND MAINTENANCE THEREOF.

RELOCATION OF FACILITIES WILL BE DONE BY GRANTEES AT COST OF GRANTOR/LOT OWNER, UPON WRITTEN REQUEST.

STATE OF ILLINOIS }S.S.
COUNTY OF

WE, COMMONWEALTH EDISON COMPANY, SBC, Inc. NORTHERN ILLINOIS GAS COMPANY AND LOCAL CABLE COMPANY BY OUR SIGNATURES HEREON, DO HEREBY ACKNOWLEDGE THAT WE HAVE RECEIVED A COPY OF THIS PLAT AND HEREBY CONSENT TO THE RECORDING OF SAID PLAT AS PREPARED.

COMMONWEALTH EDISON COMPANY	SBC
BY: *[signature]*	BY: *[signature]*
Shelly B. Hott PRINT NAME OF SIGNER	*Curt C. [illegible]* PRINT NAME OF SIGNER
8-25-04 DATE	*8/25/04* DATE
NORTHERN ILLINOIS GAS COMPANY	LOCAL CABLE COMPANY
BY: *R. Huddle*	BY: *[signature]*
Ron Huddleston PRINT NAME OF SIGNER	*Cac Becotte* PRINT NAME OF SIGNER
8-20-04 DATE	*9/1/04* DATE

PUBLIC UTILITY AND DRAINAGE EASEMENTS

AN EASEMENT IS HEREBY RESERVED AND GRANTED TO THE SBC TELEPHONE COMPANY, COMMONWEALTH EDISON COMPANY, NORTHERN ILLINOIS GAS COMPANY, AND THE CITY OF LOCKPORT, CITY OF LOCKPORT SANITARY DISTRICT, WILL COUNTY, ILLINOIS AND THEIR RESPECTIVE SUCCESSORS AND ASSIGNS WITHIN THE STRIPS OF GROUND, AS SHOWN AS DASHED LINES ON THE PLAT AND THE WIDTHS OF WHICH ARE SHOWN ON THIS PLAT AND MARKED "EASEMENT" TO INSTALL, CONSTRUCT, RENEW, OPERATE AND MAINTAIN UNDERGROUND CONDUITS AND CABLES, SEWERS AND WATER MAINS WITH ALL NECESSARY MANHOLES, WATER VALVES, AND OTHER EQUIPMENT FOR THE PURPOSE OF SERVING THE SUBDIVISION AND OTHER PROPERTY WITH TELEPHONE, ELECTRIC, SEWER, GAS AND WATER SERVICE; THE RIGHT TO ENTER UPON THE LOTS AT ALL TIMES TO INSTALL, LAY, CONSTRUCT, RENEW, OPERATE AND MAINTAIN WITHIN SAID EASEMENT AREA SAID CONDUITS, CABLES, MANHOLES, WATER VALVES AND OTHER EQUIPMENT; AND FINALLY THE RIGHT IS HEREBY GRANTED TO CUT DOWN AND REMOVE OR TRIM AND KEEP TRIMMED ANY TREES, SHRUBS, OR SAPLINGS THAT INTERFERE OR THREATEN TO INTERFERE WITH ANY OF THE SAID PUBLIC UTILITY EQUIPMENT. ALL INSTALLATIONS SHALL BE UNDERGROUND OR ON THE SURFACE, BUT NOT OVERHEAD. IT IS FURTHER UNDERSTOOD THE ABOVE EASEMENTS SHALL BE NON-EXCLUSIVE.

NO PERMANENT BUILDINGS OR OTHER STRUCTURES ARE TO BE ERECTED OR MAINTAINED UPON SAID STRIPS OF LAND, BUT OWNERS OF LOTS IN THIS SUBDIVISION SHALL TAKE UP THEIR TITLES SUBJECT TO THE RIGHTS OF THE PUBLIC UTILITIES AND TO THE RIGHTS OF THE OWNERS OF OTHER LOTS IN THIS SUBDIVISION.

ALL EASEMENTS ARE MUNICIPAL UTILITY EASEMENTS EXCLUSIVELY FOR THE USE OF THE CITY OF LOCKPORT, FOR THE MAINTENANCE AND OPERATION OF MUNICIPAL UTILITIES (E.G. NICOR, COMED, TELEPHONE, CATV) AND FOR THE MAINTENANCE OF SIDEYARD AND REARYARD DRAINAGE SWALES BY THE CITY OF LOCKPORT.

A BLANKET EASEMENT IS HEREBY RESERVED AND GRANTED OVER, UNDER, UPON AND ACROSS ALL OF LOTS 1, 5, 15, 18 AND 21 FOR THE PURPOSE OF PUBLIC UTILITIES AND DRAINAGE.
NO PERMANENT BUILDINGS OR OTHER LIKE STRUCTURES ARE TO BE ERECTED OR MAINTAINED UPON SAID LOTS 1, 5, 15, 18 AND 21.

PUBLIC UTILITY, DRAINAGE AND BIKE PATH EASEMENT
THE PUBLIC UTILITIES, DRAINAGE AND BIKE PATH EASEMENT ON LOTS 8 THROUGH 13, INCLUSIVE, ARE SUBJECT TO THE FOLLOWING RESTRICTIONS:
THE DEVELOPMENT OF STRUCTURES, PARKING FACILITIES, ETC. WITHIN THE EASEMENT ARE PROHIBITED. WITH THE EXCEPTION OF THE BIKE PATH, THE EASEMENT MUST REMAIN IN ITS NATURAL CONDITION.

WILL COUNTY RECORDER'S CERTIFICATE

STATE OF ILLINOIS)
COUNTY OF WILL) SS

THIS INSTRUMENT NUMBER *R04-163880* WAS FILED FOR RECORD IN THE RECORDER'S OFFICE OF WILL COUNTY, ILLINOIS, ON THIS *3rd* DAY OF *September* A.D., 2004, AT *[illegible]* O'CLOCK *[illegible]* M IN BOOK *[illegible]* OF PLATS, PAGE *[illegible]*

[signature]
WILL COUNTY RECORDER

CITY ENGINEER'S CERTIFICATE

STATE OF ILLINOIS)
COUNTY OF WILL) SS

THE UNDERSIGNED, AS CITY ENGINEER FOR THE CITY OF LOCKPORT, AND RELYING UPON THE FOLLOWING CERTIFICATION OF THE CITY CLERK:

I CERTIFY THAT A BOND FOR COMPLETION OF THIS SUBDIVISION'S IMPROVEMENTS HAS BEEN DEPOSITED WITH MY OFFICE ON *26th* DAY OF *August* 2004.
[signature]
CITY CLERK

HEREBY CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THIS PLAT OF SUBDIVISION MEETS ALL THE REQUIREMENTS OF THE ORDINANCES OF THE CITY OF LOCKPORT AS OF THIS *26* DAY OF *August* 2004.
[signature] P.E.
CITY ENGINEER

OWNER'S CERTIFICATE

STATE OF ILLINOIS }
COUNTY OF } SS

THIS IS TO CERTIFY THAT THE UNDERSIGNED, FIRST MIDWEST BANK *#Trust 72-21620* IS (ARE) THE LEGAL OWNER(S) OF THE LAND DESCRIBED ON THE PLAT HEREON DRAWN AND SHOWN HEREON AS SUBDIVIDED; THAT HE (THEY) HAS (HAVE) CAUSED SAID LAND TO BE SURVEYED, SUBDIVIDED, STAKED AND PLATTED AS SHOWN HEREON, FOR THE PURPOSE OF HAVING THIS PLAT RECORDED AS PROVIDED BY LAW, AND TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF THE DRAINAGE OF SURFACE WATERS WILL NOT BE CHANGED BY THE CONSTRUCTION OF SUCH SUBDIVISION OR PART THEREOF, OR, THAT IF SUCH SURFACE WATER DRAINAGE WILL BE CHANGED, REASONABLE PROVISION HAS BEEN MADE FOR THE COLLECTION AND DIVERSION OF SUCH SURFACE WATERS INTO PUBLIC AREAS, OR DRAINS WHICH THE SUBDIVIDER HAS A RIGHT TO USE, AND THAT SUCH SURFACE WATERS WILL BE PLANNED FOR IN ACCORDANCE WITH GENERALLY ACCEPTED ENGINEERING PRACTICES SO AS TO REDUCE THE LIKELIHOOD OF DAMAGE TO THE ADJOINING PROPERTY BECAUSE OF THE CONSTRUCTION OF THE SUBDIVISION.

IN WITNESS WHEREOF I (WE) HAVE HERETO SET MY (OUR) HAND(S) AND SEAL(S) THIS *25th* DAY OF *August* A.D. 2004.
[signature] (SEAL)
[signature] (SEAL)

NOTARY'S CERTIFICATE

STATE OF ILLINOIS}
COUNTY OF } SS

I, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR THE COUNTY AND STATE AFORESAID, DO HEREBY CERTIFY THAT DONNA J. WROBEL *& [illegible]* OF FIRST MIDWEST BANK PERSONALLY KNOWN

TO ME TO BE THE SAME PERSON OR PERSONS WHOSE NAME OR NAMES ARE SUBSCRIBED TO THE FOREGOING INSTRUMENT AS *[illegible]* RESPECTIVELY APPEARED BEFORE ME THIS DAY IN PERSON AND ACKNOWLEDGED THAT THEY SIGNED AND DELIVERED THE SAID INSTRUMENT AS THEIR OWN FREE AND VOLUNTARY ACT OF SAID COMPANY FOR THE USES AND PURPOSES THEREIN SET FORTH AND SAID SECRETARY DID ALSO THEN AND THERE ACKNOWLEDGE THAT HE OR SHE AS CUSTODIAN OF THE CORPORATE SEAL OF SAID COMPANY DID AFFIX THE SAID CORPORATE SEAL OF SAID COMPANY TO THE SAID INSTRUMENT AS HIS OR HER OWN FREE VOLUNTARY ACT, AND AS THE FREE AND VOLUNTARY ACT OF SAID COMPANY FOR THE USES AND PURPOSES SET FORTH.

GIVEN UNDER MY HAND AND NOTARIAL SEAL, THIS *25* DAY OF *August* 2004.
[signature] (SEAL)
NOTARY PUBLIC

AREA TABLE

LOTS	110.1352 ACRES
RIGHT OF WAY	10.5085 ACRES
TOTAL	120.6437 ACRES

PLAT SUBMITTED BY CERTIFICATE

THE PERSON LISTED IN THE FOLLOWING NOTE IS HEREBY GRANTED PERMISSION TO RECORD THIS PLAT ON BEHALF OF ROBERT J. McINTOSH ILLINOIS PROFESSIONAL LAND SURVEYOR #3223

SIGNED *[signature]*

THIS PLAT SUBMITTED FOR RECORDING BY:
NAME *Al Giedraitis*
BUSINESS
ADDRESS *14200 S. Parker*
CITY/STATE/ZIP *Homer Glen*
DATE

COUNTY ENGINEER'S CERTIFICATE
STATE OF ILLINOIS)
COUNTY OF WILL) SS

DIRECT ACCESS TO 167th STREET (DIVISION STREET), COUNTY HIGHWAY 75 FROM LOTS 1 AND 21 IS PROHIBITED.

APPROVED THIS *30th* DAY OF *August* A.D. 2004, AS TO ROADWAY ACCESS TO COUNTY HIGHWAY 75, ALSO KNOWN AS 167th STREET (DIVISION STREET).
[signature]
WILL COUNTY ENGINEER

CITY CLERK CERTIFICATE
STATE OF ILLINOIS)
COUNTY OF WILL) SS

I, CITY CLERK, OF THE CITY OF LOCKPORT, DO HEREBY CERTIFY THAT THE ANNEXED PLAT WAS PRESENTED TO AND, BY RESOLUTION DULY APPROVED BY THE BOARD OF TRUSTEES OF SAID CITY AT ITS MEETING HELD ____ DAY OF ____ A.D. 20__ AND THAT THE REQUIRED BOND OR OTHER GUARANTEE HAS POSTED FOR THE COMPLETION OF THE IMPROVEMENTS REQUIRED BY THE REGULATIONS OF SAID CITY.

IN WITNESS WHEREOF, I HAVE HERETO SET MY HAND AND SEAL OF THE CITY OF LOCKPORT, DATED THIS *[illegible]* DAY OF *[illegible]* A.D. 2004.
[signature]
CITY CLERK
LOCKPORT, ILLINOIS

CITY COUNCIL'S APPROVAL
STATE OF ILLINOIS)
COUNTY OF WILL) SS

APPROVED AND ACCEPTED BY THE CITY COUNCIL THIS *24th* DAY OF *August* A.D. 2004.
[signature]
CITY MAYOR
ATTEST: *[signature]*
CITY CLERK

CITY TREASURER'S CERTIFICATE
STATE OF ILLINOIS)
COUNTY OF WILL) SS

MY SIGNATURE, AS TREASURER OF THE CITY OF LOCKPORT, CERTIFIES THAT THERE ARE NO DELINQUENT OR UNPAID, CURRENT OR FORFEITED SPECIAL ASSESSMENTS OR ANY DEFERRED INSTALLMENT THEREOF THAT HAS BEEN APPORTIONED AGAINST THE LAND INCLUDED IN THIS PLAT OF SUBDIVISION.

DATED THIS *24th* DAY OF *August* A.D. 2004.
[signature]
CITY TREASURER

CITY OF LOCKPORT PLANNING COMMISSION'S CERTIFICATE
STATE OF ILLINOIS)
COUNTY OF WILL) SS

APPROVED BY THE PLAN COMMISSION THIS ____ DAY OF ____ A.D. 2004.
Thomas E. [illegible]
CITY OF LOCKPORT PLAN COMMISSION CHAIRMAN

COUNTY CLERK'S CERTIFICATE
STATE OF ILLINOIS)
COUNTY OF WILL) SS

I, *Nancy Schultz Voots* COUNTY CLERK OF WILL COUNTY, ILLINOIS, DO HEREBY CERTIFY THAT THERE ARE NO DELINQUENT GENERAL TAXES, NO UNPAID GENERAL TAXES, NO UNPAID FORFEITED TAXES, AND NO REDEEMABLE TAX AGAINST ANY OF THE LAND INCLUDED IN THE ANNEXED PLAT.

I FURTHER CERTIFY THAT I HAVE RECEIVED ALL STATUTORY FEES IN CONNECTION WITH THE ANNEXED PLAT.

GIVEN UNDER MY HAND AND SEAL OF THE COUNTY CLERK AT JOLIET, ILLINOIS, THIS *[illegible]* DAY OF *August* A.D. 2004
[signature]
COUNTY CLERK

SCHOOL DISTRICT CERTIFICATE

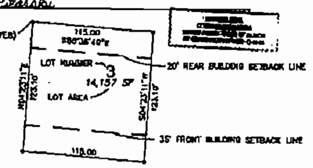
THIS IS TO CERTIFY THAT *First Midwest Bank #Trust 72-21620* AS OWNER OF THE PROPERTY DESCRIBED AS PRIME BUSINESS CAMPUS, AND LEGALLY DESCRIBED ON THE PLAT OF THE SAME NAME, HAVE DETERMINED TO THE BEST OF MY KNOWLEDGE THE SCHOOL DISTRICT IN WHICH EACH OF THE LOTS LIE.
[signature]
SIGNATURE OF OWNER(S)

SCHOOL DISTRICTS
ELEMENTARY – HOMER TOWNSHIP CONSOLIDATED DISTRICT 33c
HIGH SCHOOL – [illegible]

STATE OF ILLINOIS) SS
COUNTY OF WILL)

I, *Corinne M. Pilarski* A NOTARY PUBLIC DO HEREBY CERTIFY THAT *[illegible]* OWNER OF THE PROPERTY COMMONLY KNOWN AS PRIME BUSINESS CAMPUS, APPEARED BEFORE ME THIS DAY IN PERSON AND ACKNOWLEDGED THE EXECUTION OF THIS STATEMENT AS HIS FREE AND VOLUNTARY ACT.

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS *25* DAY OF *August* A.D. 2004, AT *Joliet* ILLINOIS.
[signature]
NOTARY PUBLIC



LOT TYPICAL
(UNLESS OTHERWISE NOTED)

PLAT OF SUBDIVISION
OF
PRIME BUSINESS CAMPUS

PART OF THE NORTHEAST QUARTER AND PART OF THE SOUTHEAST QUARTER OF SECTION 28, TOWNSHIP 36 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN WILL COUNTY, ILLINOIS.

STATE OF ILLINOIS)
COUNTY OF WILL)

I, *Rhonda R. Novak* DIRECTOR OF THE TAX MAPPING OFFICE DO HEREBY CERTIFY THAT I HAVE CHECKED THE PROPERTY DESCRIPTION ON THIS PLAT AGAINST AVAILABLE COUNTY RECORDS AND FIND SAID DESCRIPTION TO BE TRUE AND CORRECT. THE PROPERTY HEREIN DESCRIBED IS LOCATED ON TAX MAP PAGE *[illegible]* AND IDENTIFIED AS PERMANENT REAL ESTATE TAX INDEX NUMBER (PIN): *[illegible]*

DATED THIS *25th* DAY OF *August* A.D. 2004.
Rhonda R. Novak
SIGNATURE

SURVEYOR'S CERTIFICATE

STATE OF ILLINOIS)
COUNTY OF COOK) S.S.

I CERTIFY THAT AT THE REQUEST OF THE OWNER, I HAVE SURVEYED AND SUBDIVIDED THE FOLLOWING DESCRIBED PARCELS AS PRIME BUSINESS CAMPUS:

PARCEL 1
THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 28, TOWNSHIP 36 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPTING THEREFROM THE EAST 101.00 FEET OF THE NORTH 397.10 FEET ALSO EXCEPTING THEREFROM THE WEST 320.04 FEET OF THE EAST 421.04 FEET OF THE NORTH 397.16 FEET; ALSO EXCEPTING THEREFROM THAT PART TAKEN IN CONDEMNATION CASE NO. 98ED2371, WILL COUNTY, ILLINOIS.

PARCEL 2
THE NORTH 3/4 OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 28, TOWNSHIP 36 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPTING THAT PART TAKEN BY CONDEMNATION CASE NO. 98ED2371, WILL COUNTY, ILLINOIS.

DIMENSIONS ARE GIVEN IN FEET AND DECIMAL PARTS THEREOF. DIMENSIONS ALONG CIRCULAR CURVES ARE ARC DISTANCES. IRON PINS HAVE BEEN FOUND OR WILL BE SET WITHIN THE LIMITS OF STATE STATUTE AT ALL POINTS MARKED ON THE PLAT WITH A SOLID DOT, UNLESS OTHERWISE SPECIFIED.

I FURTHER CERTIFY THAT THE LANDS EMBRACED WITHIN THIS SUBDIVISION ARE WITHIN THE CORPORATE LIMITS OF THE CITY OF LOCKPORT, ILLINOIS AND THAT THE SUBDIVISION CONTROL ORDINANCE OF LOCKPORT HAS BEEN COMPLIED WITH IN THE PREPARATION OF THIS PLAT.

I HEREBY CERTIFY THAT THE PROPERTY SHOWN HEREON IS NOT IN THE FLOOD PLAIN AS PER COMMUNITY PANEL NUMBER 1710700180 E DATED SEPTEMBER 6, 1995.
GIVEN UNDER MY HAND AND SEAL THIS 11TH DAY OF AUGUST, A.D. 2004

[signature]
ROBERT J. McINTOSH P.L.S. #3223
CE DESIGN, LTD.
18750 ROHLWING ROAD
ROLLING MEADOWS, ILLINOIS 60008-1339

ROBERT J. McINTOSH 035-003223 PROFESSIONAL LAND SURVEYOR ROLLING MEADOWS, ILLINOIS

REVISIONS
8/11/03 ROW
2/04/2004
3/01/2004
3/08/2004
3/31/2004
8/11/2004

DATE: 06/10/03
DESIGNED BY: RJM
DRAWN BY: CFH

PRIME BUSINESS CAMPUS
LOCKPORT, ILLINOIS
PLAT OF SUBDIVISION

CE DESIGN, LTD.
ENGINEERS/ARCHITECTS
18750 ROHLWING ROAD, ROLLING MEADOWS ILLINOIS 60008-1339
(847) 392-3570 FAX (847) 392-8252
ILLINOIS PROFESSIONAL DESIGN FIRM #184-003008
COPYRIGHT © 2003 CE DESIGN LTD.

JOB 2408
SHEET SP3 OF 3

Attachment 3

Operating Identity/Licensee

The certificate of good standing is provided in Attachment 1.

Persons with 5% or greater interest in AegeanMed Healthcare LLC (the licensee) are as follows:

Peter Roumeliotis, MD (50% ownership)

Patty Roumeliotis (50% ownership)

See Attachment 4 for more information

Attachment 4

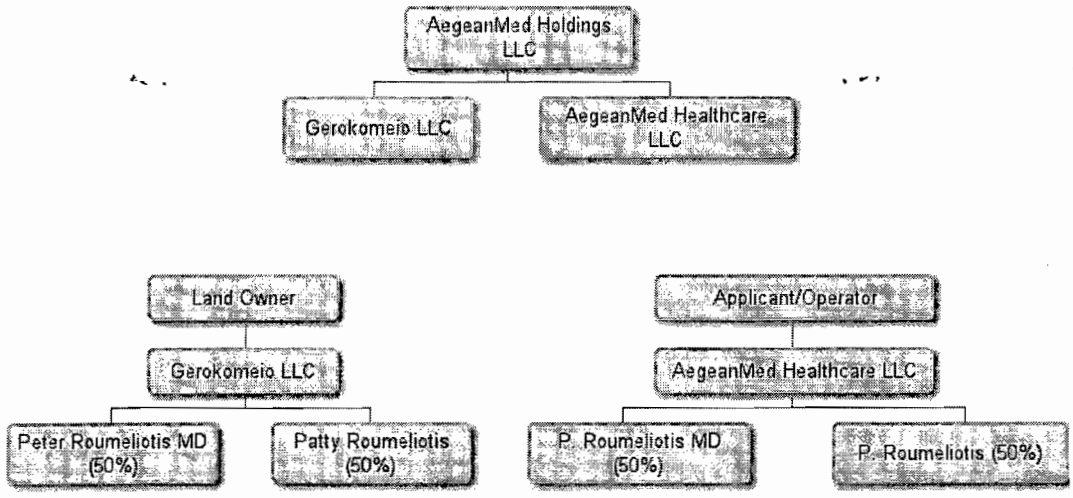
Applicant Information

Organizational Charts

See attached organizational chart for AegeanMed Healthcare LLC, Gerokomeio LLC, and AegeanMed Holdings LLC.

ATTACHMENT 4

Organizational Charts



The relationship between Gerokomeio LLC and AegeanMed Healthcare LLC is defined by a passthrough lease.

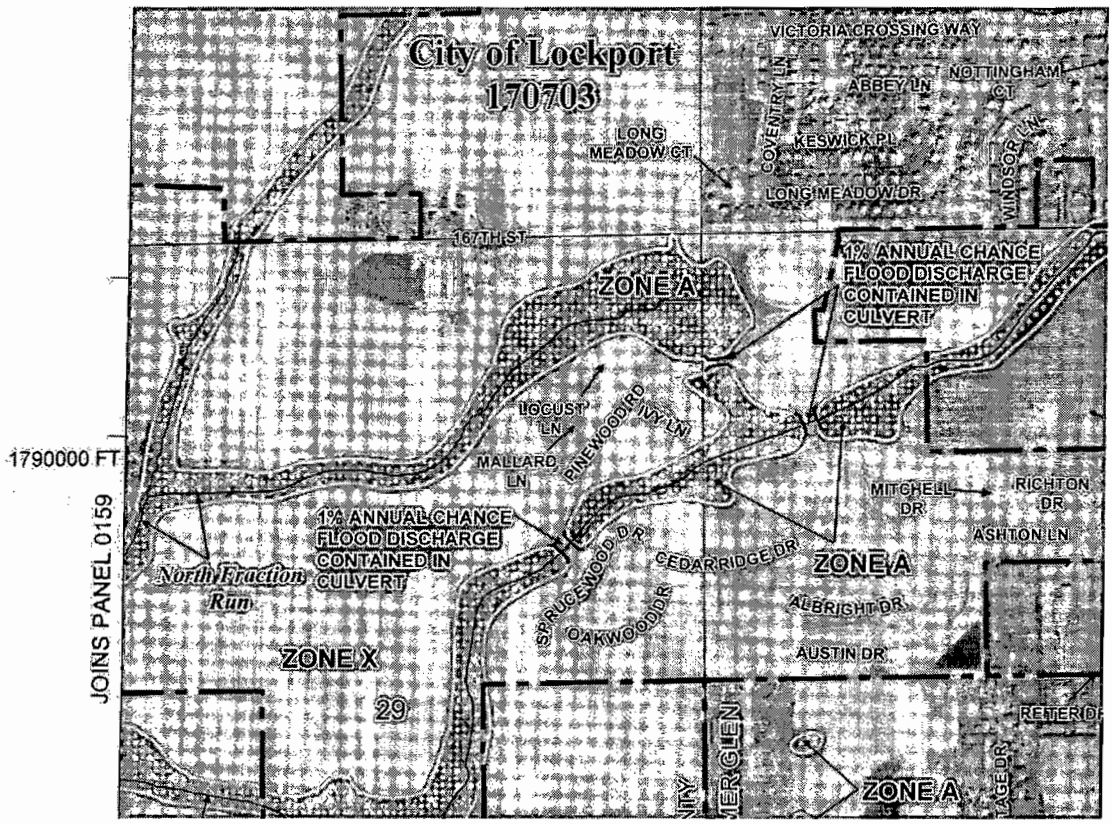
Peter Roumeliotis, MD and Patty Roumeliotis are Class A voting members for and hold all officer positions within AegeanMed Holdings LLC, Gerokomeio LLC, and AegeanMed Healthcare LLC.

ATTACHMENT 4

Attachment 5

Flood Plain Map

The site is located in Panel #0180 of the Will County DFIRM. The picture below is a subset of Panel #0180 which depicts the site indicated by a white "plus" sign south of 167th Street. The site is bordered by a Zone A Special Flood Hazard Area to the east and south. Zone A is defined as "no base flood elevations determined" in a 1% annual flood chance (100 year) flood.



NOTES TO USERS

This map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. The community map repository should be consulted for possible updated or additional flood hazard information.

To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to consult the Flood Profiles and Floodway Data and/or Summary of Stillwater Elevations tables contained within the Flood Insurance Study (FIS) report that accompanies this FIRM. Users should be aware that BFEs shown on the FIRM represent rounded whole-foot elevations. These BFEs are intended for flood insurance rating purposes only and should not be used as the sole source of flood elevation information. Accordingly, flood elevation data presented in the FIS report should be utilized in conjunction with the FIRM for purposes of construction and/or floodplain management.

Coastal Base Flood Elevations shown on this map apply only landward of 0.0' North American Vertical Datum of 1988 (NAVD 88). Users of this FIRM should be aware that coastal flood elevations are also provided in the Summary of Stillwater Elevations table in the Flood Insurance Study report for this jurisdiction. Elevations shown in the Summary of Stillwater Elevations table should be used for construction and/or floodplain management purposes when they are higher than the elevations shown on this FIRM.

Boundaries of the floodways were computed at cross sections and interpolated between cross sections. The floodways were based on hydraulic considerations with regard to requirements of the National Flood Insurance Program. Floodway widths and other pertinent floodway data are provided in the Flood Insurance Study report for this jurisdiction.

In the State of Illinois, any portion of a stream or watercourse that lies within the floodway fringe of a studied (AE) stream may have a state regulated floodway. The FIRM may not depict these state regulated floodways.

Floodways restricted by anthropogenic features such as bridges and culverts are drawn to reflect natural conditions and may not agree with the model computed widths listed in the Floodway Data tables in the Flood Insurance Study report.

Multiple topographic sources may have been used in the delineation of Special Flood Hazard Areas. See Flood Insurance Study report for details on source resolution and geographic extent.

Certain areas not in Special Flood Hazard Areas may be protected by flood control structures. Refer to Section 2.4 "Flood Protection Measures" of the Flood Insurance Study report for information on flood control structures for this jurisdiction.

The projection used in the preparation of this map was Universal Transverse Mercator (UTM) zone 16. The horizontal datum was NAD 83, GRS80 spheroid. Differences in datum, spheroid, projection or UTM zones used in the production of FIRMs for adjacent jurisdictions may result in slight positional differences in map features across jurisdiction boundaries. These differences do not affect the accuracy of this FIRM.

Flood elevations on this map are referenced to the North American Vertical Datum of 1988. These flood elevations must be compared to structure and ground elevations referenced to the same vertical datum. For information regarding conversion between the National Geodetic Vertical Datum of 1929 and the North American Vertical Datum of 1988, visit the National Geodetic Survey website at www.ngs.noaa.gov or contact the National Geodetic Survey at the following address:

NGS Information Services, NOAA, N/NGS12
National Geodetic Survey SSMC-3, #9202
1315 East-West Highway
Silver Spring, Maryland 20910-3282
(301) 713-3242

To obtain current elevation, description, and/or location for bench marks shown on this map, please contact the Information Services Branch of the National Geodetic Survey at (301) 713-3242, or visit its website at www.ngs.noaa.gov.

Base map information shown on this FIRM was provided in digital format by the United States Geological Survey. Digital orthoimagery with a spatial resolution of 0.3 meter ground sample distance were photogrammetrically compiled from aerial photography acquired during the leaf-off period of spring 2005.

This map reflects more detailed and up to date stream channel configurations than those shown on the previous FIRM for this jurisdiction. The Special Flood Hazard Areas and floodways that were transferred from the previous FIRM may have been adjusted to conform to these new stream channel configurations. As a result, the Flood Profiles and Floodway Data tables in the Flood Insurance Study report (which contains authoritative hydraulic data) may reflect stream channel distances that differ from what is shown on this map.

Corporate limits shown on this map are based on the best data available at the time of publication. Because changes due to annexations or de-annexations may have occurred after this map was published, map users should contact appropriate community officials to verify current corporate limit locations.

Please refer to the separately printed Map Index for an overview map of the county showing the layout of map panels, community map repository addresses, and a Listing of Communities table containing National Flood Insurance Program dates for each community as well as a listing of the panels on which each community is located.

Contact the FEMA Map Service Center at 1-800-358-9616 for information on available products associated with this FIRM. Available products may include previously issued Letters of Map Change, a Flood Insurance Study report, and/or digital versions of this map. The FEMA Map Service Center may also be reached by fax at 1-800-358-9620 and its website at www.msc.fema.gov.

If you have questions about this map or questions concerning the National Flood Insurance Program in general, please call 1-877-FEMA MAP (1-877-336-2627) or visit the FEMA website at www.fema.gov/business/nfip/.

PANEL INDEX

Panel Not Printed

LEGEND

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

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

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

FLOODWAY AREAS IN ZONE AE

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

OTHER FLOOD AREAS

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

OTHER AREAS

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

COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

OTHERWISE PROTECTED AREAS (OPAs)

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

	1% annual chance floodplain boundary
	0.2% annual chance floodplain boundary
	Floodway boundary
	Zone D boundary
	CBRS and OPA boundary
	Boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.
~~ 513 ~~~	Base Flood Elevation line and value; elevation in feet*
(EL 987)	Base Flood Elevation value where uniform within zone; elevation in feet*

*Referenced to the North American Vertical Datum of 1988

(A)——(A)	Cross section line
(23)- - - -(23)	Transect line
45° 02' 08", 93° 02' 12"	Geographic coordinates referenced to the North American Datum of 1983 (NAD 83)
[illegible] N	1000-meter Universal Transverse Mercator grid values, zone 16
1525000 FT	5000-foot grid ticks: Illinois State Plane East Coordinate System, 1201 zone (FIPSZONE 1201) Transverse Mercator
DX5510 ×	Bench mark (see explanation in Notes to Users section of this FIRM panel)
• M1.5	River Mile

MAP REPOSITORIES
Refer to Map Repositories list on Map Index

EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP
SEPTEMBER 6, 1995

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

November 6, 2000 - [illegible]

PRELIM - to reflect updated topographic information, to incorporate previously issued Letters of Map Revision, to change Base Flood Elevations, to add Special Flood Hazard Areas and Base Flood Elevations, and to change zone designations.

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

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

MAP SCALE 1" = 1000'

500 0 1000 2000 FEET

300 0 300 600 METERS

NFIP NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0180G

FIRM
FLOOD INSURANCE RATE MAP

WILL COUNTY, ILLINOIS AND INCORPORATED AREAS

PANEL 180 OF 585

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
HOMER GLEN, VILLAGE OF	171080	0180	G
LOCKPORT, CITY OF	170703	0180	G
NEW LENOX, VILLAGE OF	170706	0180	G
WILL COUNTY	170695	0180	G

PRELIMINARY

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

MAP NUMBER 17197C0180G

MAP REVISED to be determined

Federal Emergency Management Agency

Attachment 6

Illinois Historic Preservation Agency

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

Will County PLEASE REFER TO: IHPA LOG #001050713
Lockport
SE of 167th Street & Prime Blvd.
IDPH
New construction, AegeanMed Transitional Care Center

May 10, 2013

Christopher Dials
Revere Healthcare, Inc.
112 Cary St.
Cary, IL 60013

Dear Mr. Dials:

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

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

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

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

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

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

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

Attachment 10

Purpose of Project

1. The Applicant proposes to construct and operate AegeanMed Transitional Care Center of Lockport, a short-term skilled rehabilitation skilled nursing facility offering post-acute rehabilitation services for patients with high rehabilitation and complex care needs, focusing on high acuity patients. This facility will consist of 110 beds permitted under the general long-term care category and 30 recovery suites to be licensed as assisted living. AegeanMed Transitional Care Center of Lockport will be located near the intersection of 167th Street and Prime Boulevard in Lockport, Will County, Illinois.

AegeanMed Transitional Care Center will be a state-of-the art facility with coordination of care across acute and post-acute settings with the goal of generating positive outcomes at a substantially lower cost. The facility will be differentiated from other traditional skilled nursing facilities in that we will offer mainly private rooms with a hospitality-focused design. AegeanMed is innovative in its approach to partner with hospitals and physicians in offering intensive therapy through patient-focused clinical pathways with the ultimate goal of improving outcomes, preventing readmissions, and returning the patients home.

Our specialized services will include cardiopulmonary rehabilitation; neurological and physical rehabilitation, including strokes, neuromuscular diseases; orthopedic rehabilitation; post-operative surgical care, including general surgery, ENT; cardiac and neurological surgeries; nutritional support, including enteral feedings, diabetic teaching; infectious diseases, including IV infusion therapy, wound care; and oncological patients requiring strengthening.

2. The market area is planning area 9 - Will County Illinois.

3. Existing problems that exist that will be addressed by the proposed project include:

- Readmission to hospitals from nursing homes is too high. ObamaCare has created an incentive for hospitals to choose high quality post-acute care providers capable of accepting high acuity patients without abnormally high levels of readmissions.

- Since 1980 the average length of stay (ALOS) in a hospital for those over the age of 65 decreased from 10.7 days to 5.5 days. As a result of the shortened stays, patients are being discharged more quickly and with more intense post-acute care needs. This trend will continue as cost containment efforts are refined.

- Approximately 35% of the rapidly growing age 65+ population are admitted to a hospital each year. In the market area, this population will grow from 69,807 in 2013 to 83,427 in 2018 for a growth of 19.5%. This is on top of dramatic growth from 2000 of 68%!

- In 2009 SNF revenue for short-term stays (generally less than 30 days, paid for by insurers, managed care companies and Medicare) will exceed $40B (28% of their total revenue). By 2018 expenditures on short-term SNF stays are projected to grow to $60B (25%). Rehab Hospitals and Long Term Hospitals generate another $15B in revenue as providers of post-acute.

- Many existing skilled nursing facilities have an undesirable product, particularly for the patient age under 65 years. For example, these facilities typically have semi-private rooms and shared showers.

4. Sources of information for above:

Centers for Medicare & Medicaid Services
Nielsen Claritas, Inc.

5. Detail of how the proposed project will address the above listed problems:

AegeanMed Transitional Care Center will focus on high acuity patients treated in coordination with hospitals and physicians. The delivery of care across the acute and post-acute continuum will be highly coordinated and generate positive outcomes at a lower cost.

- Purpose-built, state-of-the-art physical plant that is differentiated from traditional skilled nursing facilities.
- Specialized clinical pathways working within the health care continuum to properly manage care for each patient.
- Licensed as skilled nursing but with quality and service mix unlike existing SNFs.

Some traditional skilled nursing facilities currently serve patients that may approach the acuity levels AegeanMed Transitional Care Center contemplates, but AegeanMed will have competitive advantages relative to the traditional nursing home including:

- AegeanMed Transitional Care Center's strategic partnerships with hospitals and physicians enable AegeanMed Transitional Care Center to admit patients with higher care needs than the traditional SNF while still generating positive outcomes.
- AegeanMed Transitional Care Center's high acuity focus does not require payers (Medicare, Managed Care, Private Insurance) to subsidize long term patients in the facility who are reimbursed by lesser payers.
- AegeanMed Transitional Care Center's state-of-the-art physical plant with a rehab focus versus the traditional model that is dated (semi-private rooms, no in-room showers, limited therapy space/equipment) and combines a mix of high acuity patients with long term indigent patients.

AegeanMed Transitional Care Center's delivery model will offer seamless, high quality post-acute care to patients that also benefits the strategic partners who influence referrals and or control reimbursements including:

- Physicians – seek positive outcomes in a systematic manner enabling them to effectively manage and grow their practices.
- Hospitals – seek positive outcomes while managing capacity and reimbursement.
- Payers - motivated to provide positive outcomes in a cost effective manner.

AegeanMed Transitional Care Center's role in the health care continuum will be that of a post-acute "relief-valve" for all of its strategic partners; AegeanMed Transitional Care Center provides high acuity care that is:

✓ At a lower cost than other settings such as hospitals, rehab hospitals, or long term acute care hospitals; and

- ✓ In a more coordinated manner, located in a physical plant far more desirable than the typical skilled nursing facility.

AegeanMed Transitional Care Center's role as the low-cost provider of high acuity post-acute services positions the facility to capitalize on efforts to reform health care. AegeanMed Transitional Care Center will be poised for success in an environment that may include bundling, a single post-acute reimbursement system, or a managed care model.

6. Goals with measurable objectives and timeframes:

Serve 180 residents requiring skilled nursing and rehabilitative services and discharge to home by 2017.

Attachment 11

Criterion 1125.330 Alternatives

The following alternatives to the proposed project were analyzed.

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

The size of the facility being proposed meets the needs of the area in the most cost efficient method possible. The proposed project provides the program in a modern physical plant at the lowest possible cost.

A facility of smaller size (eg 80 beds) still requires certain staff, such as an Administrator and a Director of Nursing, whose salaries would then be spread over fewer beds. Furthermore, the somewhat lower cost of new construction would also be offset by lower revenues. We estimate the project cost for this alternative to be $18-20 million.

A facility of larger size (eg 150 beds) would exceed the need of the service area. In doing so, operation of a larger facility would result in under utilization and less revenue per bed constructed. In the short term the impact would be relatively minor, but in the long term the under utilization would have an impact on operations. This alternative was rejected due to the construction cost in excess of the project proposed as well as the inefficiency of operations over the long term. We estimate the project cost for this alternative to be $38-42 million.

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:

This was rejected because the applicant was not able to identify a suitable partner in Lockport. The proper licensure for the program is skilled nursing facility (SNF). No licensed skilled nursing facilities exist in Lockport. A key component of the proposed program is proximity to the new Silver Cross Hospital location as well as accessibility via Interstate 355. A joint venture between AegeanMed and an existing SNF would require moving the project substantially further from the hospital.

Although a joint venture could achieve the desired level of quality of care, an existing SNF would require extensive renovation to provide the proposed transitional care program. We estimate a total project cost of $15-25 million or more for such an alternative, presuming that all parties could come to an agreement. Furthermore, the program would need to be downsized considerably due to decreased utilization resulting from a less desirable location. As a result, this alternative would not provide either the needed program size or substantial cost savings over the proposed project.

The proposed project will also provide assisted living services for those patients who require additional recovery time, and this is the primary alternative to licensed skilled nursing beds. Therefore, this alternative setting is being developed to meet a portion of the project's intended purposes. Utilizing an existing assisted living facility for this purpose was rejected due to the inability to manage the care of a patient at another separate location. This is a critical aspect of the specialized care pathways developed for the program.

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:

Utilizing other licensed skilled nursing facilities was addressed in option 'b' above. Outside of these facilities, home health care and adult day health care agencies are already utilized by area hospitals. However, these home and community based alternatives do not meet the need for a high quality provider of 24-hour nursing, rehabilitation, and transitional care in a modern facility in Lockport, Illinois.

Caring for a patient of this acuity would require staffing, equipment, and supplies in the home setting, coupled with frequent transportation to and from the physician's office, therapy, and so on. The intensity of care for high acuity patients would be cost prohibitive in the home. We believe that the proposed provision of 24-hour skilled nursing and rehabilitation services is the most efficient method of service delivery, but lack the ability to analyze these costs. As such, this alternative was rejected.

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

As stated in option 'a', the size of the facility being proposed meets the needs of the area in the most cost efficient method possible in both the short and long term. The proposed project provides the program in a modern physical plant at the lowest possible cost required to achieve optimal utilization.

AegeanMed Transitional Care Center will be a state-of-the art facility with coordination of care across acute and post-acute settings. The goal of the program is to generate positive outcomes at a substantially lower cost than existing options such as acute care med/surg beds or acute rehabilitation beds. The facility will be differentiated from other traditional skilled nursing facilities in that we will offer mainly private rooms with a hospitality-focused design.

AegeanMed is innovative in its approach to partner with hospitals and physicians in offering intensive therapy through patient-focused clinical pathways by talented staff with the ultimate goal of improving outcomes, preventing readmissions, and returning the patients home.

The program will bring specialized transitional care services not currently offered in the planning area: cardiopulmonary rehabilitation; neurological and physical rehabilitation; neuromuscular diseases; orthopedic rehabilitation; post-operative surgical care; cardiac and neurological surgeries; nutritional support; infectious diseases; IV infusion therapy; wound care; and oncological patients.

The end result is a higher quality of care at a lower cost, which is why this option was chosen.

Attachment 12

Peter C. Roumeliotis, MD
Iatros MD, SC
FEIN# 36-3914396
Allen Medical Center
1300 West Dresden Drive
Morris, Illinois 60450 USA
(815) 942-5200
p.roumeliotis@allenmedicalcenter.net

SPECIALTY Internal Medicine

EXPERIENCE

1993-Present	***Allen Medical Center*** - Illinois Private practice in Internal Medicine
1993-Present	***Morris Hospital*** - Morris, Illinois Attending Physician
2013-Present	***Joliet Area Community Hospice*** - Joliet, Illinois Medical Director
2013	***Transitions Hospice*** - Huntley, Illinois Medical Director
2012-Present	***Willow Home Care*** - Plainfield, Illinois Medical Director
2012-Present	***Vital Wellness Home Health*** - Ottawa, Illinois Medical Director
2011-Present	***Passages Hospice*** - Lisle, Illinois Medical Director
2005-Present	***Morris Healthcare & Rehabilitation Center*** - Morris, Illinois Medical Director
2005-Present	***Rivershores Nursing Home*** - Marseilles, Illinois Medical Director
1993-2005 & 2007-Present	***Walnut Grove Nursing Home*** - Morris, Illinois Medical Director
1993-2005	***Grundy County Nursing Home*** - Morris, Illinois Medical Director
1993-2005	***Morris Lincoln Nursing Home*** - Morris, Illinois Medical Director
1990-1993	***Mercy Hospital and Medical Center*** - Chicago, Illinois Completed my residency in Internal Medicine -- September 1990 to August 1993
1989-1996	***ArcVentures Educational Services*** - Chicago, Illinois Lecturer/instructor/tutor for students preparing for the Basic and Clinical Science components of the NMBE, FMGEMS and FLEX -- June 1989 to 1996

Attachment 12

EDUCATION 1980-1987	***University of Patras Medical School*** - Patras, Greece Completed training in Basic and Clinical Sciences Degree: Doctor of Medicine -- Graduated in May 1987
1978-1979	***University of Illinois-Circle Campus*** - Chicago, Illinois Liberal Arts and Sciences (completed 4 trimesters)
PERSONAL	**Born:** February 24, 1961 - Chicago, Illinois **Languages:** Fluent in English and Greek **Citizenship:** USA **Marital Status:** Married with 3 children (triplets)
REFERENCES	Available upon request

Attachment 12

Attachment 12

Item 1

List of Facilities Owned

Neither Peter Roumeliotis, MD nor Patty Roumeliotis own or operate existing licensed health care facilities. AegeanMed Holdings LLC, AegeanMed Healthcare LLC, and Gerokomeio LLC were created for this project and do not own or operate existing licensed health care facilities.

Attachment 12

Item 2

July 3, 2013

Dale Galassie, Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

RE: AegeanMed Healthcare LLC

Please be advised that no adverse action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Thank you.

Sincerely,

PETER C. ROUMELIOTIS, MD

June 7, 2013

Dale Galassie, Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

RE: AegeanMed Transitional Care Center

Please be advised that no adverse action as defined under 1110.230.a).3)B has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Thank you.

Sincerely,

Patty P. Rammelkotter

Attachment 12

Item 3

July 3, 2013

Dale Galassie, Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

RE: AegeanMed Healthcare LLC

I authorized the Illinois Health Facilities & Services Review Board and the Illinois Department of Public Health to obtain access to information in order to verify any documentation or information submitted in this permit application regarding the requirements of the Background of Applicant Criteria, or to obtain any additional documentation or information which the State Board or Agency finds pertinent to this subsection.

Thank you.

Sincerely,

PETER C. ROUMELIOTIS, MD

June 7, 2013

Dale Galassie, Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

RE: AegeanMed Transitional Care Center

I authorized the Illinois Health Facilities & Services Review Board and the Illinois Department of Public Health to obtain access to information in order to verify any documentation or information submitted in this permit application regarding the requirements of the Background of Applicant Criteria, or to obtain any additional documentation or information which the State Board or Agency finds pertinent to this subsection.

Thank you.

Sincerely,

Patty P. Ruemelcotis

Attachment 13

Criterion 1125.530 – Planning Area Need

1. **Bed Need Determination 1125.530(a)**

According to the *Inventory of Health Care Facilities and Services and Need Determinations 2011*, or "2011 Inventory", a bed need exists in Planning Area 9 – Will County. The bed need stands at 669 beds as of the *2011 Inventory*.

As of the latest update to 2011 Inventory of LTC Facilities, this planning area has the following need/(surplus):

639 bed need

Therefore, the 110 beds established by the project is in conformance with the projected bed need. Including the proposed project's 110 beds, there will be a reduction in the calculated bed need to 529 beds as a result of the project.

The relevant pages of the 2011 Inventory and the latest update are included as **Attachment 13 Item 1**.

2. **Service to Planning Area Residents 1125.530(b)**

The applicant attests that over 50% of projected residents of the transitional care facility will come from Planning Area 9 - Will County.

The primary service area for this project is those residents within a 30-minute drive time of the facility. The secondary market is the larger Planning Area 9 - Will County as well as portions of Planning Areas 7c – Dupage County and 7e – Cook County. As the proposed project establishes a 110-bed facility, Transitional Care Center of Naperville will provide necessary long-term care services to the primary and secondary service areas.

The ZIP code listing and planning area map are provided in **Attachment 13 Item 2**.

3. **Projected Referrals 1125.540(d)**

Adventist Bolingbrook Hospital estimates referrals to long-term care facilities at 650 patients in the year ending December 31, 2012. Furthermore, Adventist Bolingbrook Hospital estimates referrals to AegeanMed Transitional Care Center of Lockport to be 325 per year.

Letters from Adventist Bolingbrook Hospital and Morris Hospital that attest to the total number of prospective residents referrals are attached as **Attachment 13 Item 3.**

Morris Hospital estimates referrals to long-term care facilities at 548 patients in the year ending December 31, 2012. Furthermore, Morris Hospital estimates referrals to AegeanMed Transitional Care Center of Lockport to be 6-12 per year.

Letters from Adventist Bolingbrook Hospital and Morris Hospital documenting these referrals are attached as in the following section as **Attachment 14 Item 3**.

The project received letters of support from physicians pledging 245-247 referrals per year. A total of 14 support letters were received for this project. However, these letters did not meet all of the criteria to be included in the Planning Area Need section and are included as Attachment 21.

Attachment 13

Item 1

Planning Area: Will

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2008 Patient Days
ALDEN ESTATES OF SHOREWOOD (PERMIT)	SHOREWOOD	Will County	100	
4/8/2008 07-102 Permit issued to establish a 100-bed nursing care facility.				
BEECHER MANOR NURSING & REHAB CTR	BEECHER	Will County	130	32,240
DEERBROOK CARE CENTRE	JOLIET	Will County	214	62,013
EMBASSY HEALTH CARE CENTER INC	WILMINGTON	Will County	171	54,591
FAIRVIEW CARE CENTER OF JOLIET	JOLIET	Will County	203	42,795
FRANKFORT TERRACE	FRANKFORT	Will County	120	40,895
HILLCREST NURSING & REHAB CTR	JOLIET	Will County	168	56,027
12/16/2009 Name Change Formerly Hillcrest Healthcare Center.				
12/16/2009 CHOW Change of ownership occurred.				
JOLIET TERRACE	JOLIET	Will County	120	43,399
LAKEWOOD NURSING & REHAB CENTER	PLAINFIELD	Will County	131	40,492
MEADOWBROOK MANOR	BOLINGBROOK	Will County	298	97,387
OUR LADY OF ANGELS RETIREMENT HOME	JOLIET	Will County	87	28,238
PROVENA VILLA FRANCISCAN	JOLIET	Will County	176	60,932
ROSEWOOD CARE CENTER	JOLIET	Will County	120	34,181
SALEM VILLAGE NURSING & REHAB	JOLIET	Will County	266	79,684
SMITH CROSSING	ORLAND PARK	Will County	30	9,302
SMITH CROSSING(PERMIT)	ORLAND PARK	Will County	16	
7/27/2010 10-005 Permit issued to add 10 Nursing Care beds to existing facility; upon completion, facility will have 46 Nursing Care beds.				
ST. JAMES MANOR & VILLA	CRETE	Will County	110	27,104
3/1/2009 Own. Change Change of ownership occurred.				
SUNNY HILL NURSING HOME WILL COUNTY	JOLIET	Will County	300	76,235
VICTORIAN VILLAGE (PERMIT)	HOMER GLEN	Will County	50	
9/1/2009 08-082 permit issued to establish a 50-bed Nursing Care facility.				
		Planning Area Totals	**2,810**	**785,515**

HEALTH SERVICE AREA	AGE GROUPS	2008 Patient Days	2008 Population	2008 Use Rates (Per 1,000)	2008 Minimum Use Rates	2008 Maximum Use Rates
009	0-64 Years Old	351,115	857,200	409.6	245.8	655.4
	65-74 Years Old	170,676	45,400	3,759.4	2,255.6	6,015.0
	75+ Years Old	812,158	40,600	20,003.9	12,002.3	32,006.2

	2008 PSA Patient Days	2008 PSA Estimated Populations	2008 PSA Use Rates (Per 1,000)	2008 HSA Minimum Use Rates	2008 HSA Maximum Use Rates	2018 PSA Planned Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	212,360	630,300	336.9	245.8	655.4	336.9	770,900	259,731			
65-74 Years Old	114,487	31,200	3,669.5	2,255.6	6,015.0	3,669.5	59,100	216,865			
75+ Years Old	458,669	26,300	17,439.9	12,002.3	32,006.2	17,439.9	38,200	666,204			
						Planning Area Totals		**1,142,799**	**3,131.0**	**3,479**	**669**

Application Pages

LONG-TERM CARE FACILITY UPDATES

9/16/2011 - 6/27/2013

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
	Name Change	11/15/2012	Grove of Skokie Living & Rehabilitation, Skokie	Formerly Grove North Living & Rehabilitation Center.
	Bed Change	3/11/2013	Lee Manor, Des Plaines	Facility added 2 Nursing Care beds. Facility now has 262 Nursing Care beds.
Planning Area 7-C	11-055	10/13/2011	Transitional Care Center Of Naperville, Naperville	Permit issued to establish a 120 bed Nursing care facility at Arbiter Court and East Diehl Road in Naperville.
	Bed Change	10/13/2011	Beacon Hill, Lombard	Added 2 nursing care beds; facility now has 110 nursing care beds.
	CHOW	1/3/2012	Burgess Square, Westmont	Change of ownership occurred.
	Bed Change	2/9/2012	Dupage Convalescent Home, Wheaton	Discontinued 140 Nursing Care beds. Facility now has 368 Nursing Care beds.
	12-006	4/17/2012	Elmhurst Memorial Hospital , Elmhurst	Permit issued to discontinue 38 bed Skilled Care (Lomg-Term Care) category of service.
	07-071	4/17/2012	Park Place Christian Village, Elmhurst	Permit abandoned.
	Name Change	4/17/2012	Park Place Christian Village, Elmhurst	Formerly Park Place Christian Community.
	12-007	4/17/2012	Park Place Christian Village, Elmhurst	Permit issued to establish a facility with 37 Nursing Care beds.
	07-042	6/1/5400	Marianjoy Rehab Hospital Wheaton	Completed project to establish 20 bed skilled nursing (long-term care) category of service.
	CHOW	6/27/2012	West Chicago Terrace, West Chicago	Change of ownership occurred.
	Name Change	6/27/2012	West Chicago Terrace Nursing Home, West Chicago	Formerly West Chicago Terrace.
	Licensure	8/1/2012	Park Place Cnristian Community, Elmhurst	Facility licensed for operation with 37 Nursing Care beds.
	12-036	10/31/2012	Healthcare Center at Monarch Landing, Naperville	Received permit to establish a facility with 96 Nursing Care beds.
	Name Change	11/30/2012	Winfield Woods Healthcare Center, Winfield	Formerly Winfield Woods.
Planning Area 7-D	Bed Change	9/29/2011	Greek American Rehab & Care Center, Wheeling	Facility discontinued 6 Nursing Care beds; facility now has 198 Nursing Care beds.
	Name Change	1/3/2012	Oakridge Healthcare Center, Hillside	Name changed from Oakridge Nursing & Rehab. Center.
	CHOW	1/3/2012	Oakridge Healthcare Center, Hillside	Change of ownership occurred.
Planning Area 7-E	Correction	1/6/2012	Pershing Gardens Healthcare Center, Stickney	City location corrected from Berwyn to Stickney.
	Correction	1/6/2012	Pershing Gardens Healthcare Center, Stickney	Record corrected to indicate facility location in Stickney, not Berwyn as previously indicated.
	CHOW	1/6/2012	Pershing Gardens Healthcare Center, Stickney	Change of ownership occurred.
	Name Change	1/6/2012	Pershing Gardens Healthcare Center, Stickney	Name changed from Pershing Convalescent Center.
	CHOW	1/13/2012	Crestwood Care Centre, Crestwood	Change of Ownership occurred.
	Bed Change	2/29/2012	Manorcare Of South Holland, South Holland	Added 16 Nursing Care beds to existing facility; facility now has 216 Nursing Care beds.
	11-104	4/17/2012	Mcallister Nursing & Rehab(Permit), Tinley Park	Permit issued to add 89 Nursing Care beds to existing facility; facilitiy now authorized for 200 beds.
	12-003	4/17/2012	Holy Family Villa(Permit), Palos Park	Permit issued to add 30 Nursing Care beds to existing
	Bed Change	5/17/2012	Manorcare Of Homewood, Homewood	Added 12 Nursing Care beds to existing facility; facility now has 132 Nursing Care beds.
	CHOW	6/27/2012	Crestwood Terrace, Crestwood	Change of Ownership occurred.
	Name Change	6/27/2012	Crestwood Terrace Nursing Center, Crestwood	Name changed from Crestwood Terrace.
	Name Change	8/2/2012	Symphony of Crestwood, Crestwood	Formerly Crestwood Care Centre.
	CHOW	11/1/2012	Burnham Healthcare, Burnham	Change of Ownership occurred.
	Name Change	11/1/2012	River Oaks Healthcare Rehabilitation Center, Burnham	Formerly Burnham Healthcare.

LONG-TERM CARE FACILITY UPDATES

9/16/2011 - 6/27/2013

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
Kane	Name Change	10/1/2011	Heritage Health - Elgin, Elgin	Formerly Heritage Manor - Elgin.	
	Closure	10/13/2011	Fox River Pavilion, Aurora	Facility deemed closed; 99 Nursing care beds removed from inventory by Board order.	
	09-030	12/6/2011	Addison Rehabilitation & Living Center (Permit), Elgin	Permit renewal granted through December 31, 2014.	
	CHOW	1/10/2012	Countryside Care Center, Aurora	Change of Ownership occurred.	
	08-083	6/21/2012	Greenfields of Geneva, Geneva	Permit to establish 43 bed Nursing Care facility revoked.	
	12-086	2/5/2013	Greenfields of Geneva, Geneva	Received permit to establish a 43 bed Nursing Care facility at 0N801 Friendship Way in Geneva.	
	Licensure	1/15/2013	Greenfields of Geneva, Geneva	Received license for operation.	
	Name Change	6/1/2013	Highland Oaks, Elgin	Formerly Apostolic Christian Resthaven.	**New**
Lake	Bed Change	10/1/2011	Rolling Hills Manor Nursing Home, Zion	Discontinued 12 Nursing care beds; facility now has 115 nursing care beds.	
	Closure	10/13/2011	Helia Healthcare Of Zion, Zion	Facility deemed closed; 116 Nursing care beds removed from inventory by Board order.	
	Bed Change	11/4/2011	Hillcrest Retirement Village, Rnd Lake Beach	Added 2 Nursing care beds; facility now has 144 Nursing care beds.	
	11-009	11/29/2011	Radford Green, Lincolnshire	Project completed to add 44 Nursing Care beds; facility now has 88 Nursing Care beds.	
	11/6/2009	Bed Change	The Wealshire, Lincolnshire	Facility added 2 Nursing Care beds and discontinued 2 Sheltered Care beds. Facility now has 144 Nursing Care beds and 0 Sheltered Care beds.	
	CHOW	6/27/2012	The Terrace Nursing Home, Waukegan	Change of ownership occurred.	
	12-062	10/30/2012	Wauconda Healthcare & Rehabilitation Center, Wauconda	Received permit to add 40 Nursing Care beds to existing facility. Facility will have 175 Nursing Care beds upon completion.	
	Board Action	7/23/2012	Northwestern Lake Forest Hospital, Lake Forest	Board reduced long-term care beds from 88 to 84.	
	Bed Change	1/17/2013	Radford Green, Lincolnshire	Facility discontinued 4 Nursing Care beds; facility now has 84 Nursing Care beds.	
McHenry	CHOW	1/1/2012	Woodstock Residence, Woodstock	Change of ownership occurred.	
	Name Change	6/1/2012	Crossroads Care Center Woodstock, Woodstock	Name changed from Woodstock Residence.	
	Bed Change	3/29/2013	Fair Oaks Health Care Center, Crystal Lake	Added 5 Nursing Care beds. Facility now has 51 Nursing Care beds.	
	13-013	6/26/2013	Alden Estates of Huntley, Huntley	Received permit to establish a facility with 170 General Nursing Care beds.	**New**
			Health Service Area 9		
Kankakee	CHOW	6/27/2012	Kankakee Terrace, Kankakee	Change of ownership occurred.	
	Name Change	6/27/2012	Kankakee Terrace Nursing Center, Kankakee	Formerly Kankakee Terrace	
	CHOW	6/27/2012	Bourbonnais Terrace, Bourbonnais	Change of ownership occurred.	
	Name Change	6/27/2012	Bourbonnais Terrace Nursing Home, Bourbonnais	Formerly Bourbonnais Terrace	
Will	10-005	11/17/2011	Smith Crossing, Orland Park	Facility licensed 16 Nursing Care beds under permit 10-005; facility now has a total of 46 Nursing Care beds.	
	Bed Change	12/7/2011	Sunny Hill Nursing Home Will County, Joliet	Facility discontinued 20 Nursing Care beds; facility now has 280 Nursing Care beds.	
	CHOW	1/10/2012	Deerbrook Care Centre, Joliet	Change of Ownership occurred.	
	07-102	3/9/2012	Alden Estates Of Shorewood, Shorewood	Facility licensed for operation with 100 Nursing Care beds.	
	CHOW	6/27/2012	Joliet Terrace, Joliet	Change of ownership occurred.	

LONG-TERM CARE FACILITY UPDATES

9/16/2011 - 6/27/2013

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION
	Name Change	6/27/2012	Joliet Terrace Nursing Center, Joliet	Formerly Joliet Terrace
	CHOW	6/27/2012	Frankfort Terrace, Frankfort	Change of ownership occurred.
	Name Change	6/27/2012	Frankfort Terrace Nursing Center, Frankfort	Formerly Frankfort Terrace
	Name Change	8/2/2012	Symphony of Joliet	Formerly Deerbrook Care Centre.
	12-032	10/31/2012	Alden Estates Of Shorewood, Shorewood	Received permit to add 50 Nursing Care beds (to be known as Alden Courts of Shorewood) to existing facility; facility will have 150 Nursing Care beds upon completion.
			Health Service Area 10	
Henry	Bed Change	7/12/2011	Hammond-Henry District Hospital, Geneseo	Discontinued 18 nursing care beds, total now 38 nursing care beds.
Mercer	12-044	10/30/2012	Mercer County Hospital, Aledo	Received permit to discontinue 14 bed Long-Term Care facility.
	CHOW	2/1/2013	Mercer County Nursing Home, Aledo	Change of Ownership occurred.
	Name Change	2/1/2013	Genesis Senior Living, Aledo	Formerly Mercer County Nursing Home.
Rock Island	Bed Change	8/21/2012	Illini Restorative Care, Silvis	Converted 8 beds from Sheltered Care to Nursing Care. Facility now has 83 Nursing Care beds and 37 Sheltered Care beds.
	Bed Change	3/1/2013	Friendship Manor, Rock Island	Converted 8 beds from Sheltered Care to Nursing Care. Facility now has 81 Nursing Care beds and 5 Sheltered Care beds.
			Health Service Area 11	
Clinton	Closure	9/25/2012	Brookside Manor, Centralia	Facility ceased operation. 49 Nursing Care beds removed from Facility Inventory.
Madison	Bed Change	10/28/2011	St. Clare'S Hospital, Alton	Facility discontinued 4 Nursing Care beds; facility now has 26 Nursing Care beds.
	Bed Change	1/17/2012	Collinsville Rehab & Health Care Ctr., Collinsville	Facility discontinued 2 Nursing Care beds; facility now has 98 Nursing Care beds.
Monroe	Closure	6/22/2012	Canterbury Manor Nursing Center, Waterloo	Facility ceased operation. 74 Nursing Care beds removed from Facility Inventory.
St. Clair	13-003	3/26/2013	St. Paul's Home for the Aged, Belleville	Received permit for facility modernization, including the discontinuation of 5 Nursing Care beds. Facility will have 108 Nursing Care and 62 Sheltered Care beds.

CHANGES TO SPECIALIZED LONG-TERM CARE

			Health Service Area 2		
LaSalle	Closure	3/28/2012	Knox Estates, Streator	Facility ceased operations; 16 ICF/DD beds removed from inventory.	
			Health Service Area 3		
Morgan	12-074	10/30/2012	Jacksonville Development Center, Jacksonville	Received permit for complete discontinuation of facility.	
			Health Service Area 5		
Clay	Closure	2/10/2013	Prairie Estates, Flora	Facility discontinued 16 bed ICF/DD Category of Service; facility converted to CILA	
Edwards/Wabash	Closure	4/1/2012	River Oaks, Mount Carmel	Facility ceased operations; 16 ICF/DD beds removed from inventory.	
Franklin	Closure	5/21/2013	Colonial Manor, Zeigler	Facility ceased operation; 49 ICF/DD beds removed from Inventory.	**New**
Gallatin/Hamilton/Saline	Closure	5/1/2012	Brooke Hill, Eldorado	Facility ceased operation; 16 ICF/DD beds removed from Inventory.	
	Closure	2/1/2013	Shawnee House, Harrisburg	Facility discontinued 16 bed ICF/DD Category of Service; facility converted to CILA	
Lawrence	Closure	10/17/2011	Hickory Estates, Sumner	Facility closed; 16 ICF/DD beds removed from inventory.	
Union	Closure	12/28/2011	Village Inn - Cobden, Cobden	Facility closed 12/28/2011; 16 ICF/DD beds removed from inventory.	
	Closure	4/2/2012	Holly Hill, Anna	Facility ceased operations; 16 ICF/DD beds removed from inventory.	
Washington	Closure	9/17/2012	Colonial Plaza, Nashville	Facility ceased operations; 16 ICF/DD beds removed from inventory.	

LONG-TERM CARE FACILITY UPDATES

9/16/2011 - 6/27/2013

CHANGES TO GENERAL LONG-TERM CARE

PLANNING AREA	ACTION	EFFECTIVE DATE	FACILITY	DESCRIPTION	
Williamson	Closure	10/13/2011	Independence Place, Herrin	Facility deemed closed; 16 ICF/DD Adult beds removed from inventory by Board order.	
	Closure	8/31/2012	Chestnut Manor, Herrin	Facility discontinued 16 bed ICF/DD Category of Service; facility converted to CILA	
			Health Service Area 6, 7, 8, 9		
Kankakee	Closure	3/31/2012	Gravlin Square, Bradley	Facility ceased operations; 16 ICF/DD beds removed from inventory.	
Planning Area 7-D	CHOW	3/1/2012	Bellwood Nursing Center, Bellwood	Change of Ownership occurred.	
	Name Change	3/2/2012	Bellwood Nursing Center, Bellwood	Formerly Aspire on Eastern.	
Planning Area 7-E	Closure	4/10/2012	Bethshan II, Palos Heights	Facility ceased operation; 16 ICF/DD beds removed from Inventory.	
	Closure	3/27/2013	Helping Hand IC Facility, Summit	Facility ceased operation; 16 ICF/DD beds removed from Inventory.	**New**
			Health Service Area 10		
Rock Island	Closure	6/4/2013	Tish Hewitt House, Moline	Facility ceased operations; 8 ICF/DD beds removed from inventory.	**New**

CHANGES TO CHRONIC MENTAL ILLNESS

			Health Service Area 1		
Winnebago Health Service Area 1	12-060	9/12/2012	H. Douglas Singer Mental Health Center, Rockford	Permit issued for discontinuation of 76 bed Mental Health Center.	

LONG-TERM CARE FACILITY UPDATES

9/16/2011 - 6/27/2013

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
LONG-TERM CARE NURSING CARE BED NEED			
HEALTH SERVICE AREA 1			
Boone	305	279	26
Carroll	187	148	39
DeKalb	757	742	15
Jo Daviess	231	155	76
Lee	299	342	(43)
Ogle	599	535	64
Stephenson	665	662	3
Whiteside	717	843	(126)
Winnebago	2399	2366	33
HEALTH SERVICE AREA 2			
Bureau/Putnam	429	373	56
Fulton	523	615	(92)
Henderson/Warren	245	218	27
Knox	823	950	(127)
LaSalle	1364	1389	(25)
McDonough	379	376	3
Marshall/Stark	346	427	(81)
Peoria	1760	1731	29
Tazewell	1516	1246	270
Woodford	655	592	63
HEALTH SERVICE AREA 3			
Adams	1188	1495	(307)
Brown/Schuyler	183	186	(3)
Calhoun/Pike	301	337	(36)
Cass	186	150	36
Christian	412	472	(60)
Greene	154	119	35
Hancock	190	184	6
Jersey	411	369	42
Logan	502	468	34
Macoupin	686	744	(58)
Mason	143	164	(21)
Menard	230	106	124
Montgomery	567	490	77
Morgan/Scott	573	561	12
Sangamon	1344	12S4	90

LONG-TERM CARE FACILITY UPDATES

9/16/2011 - 6/27/2013

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 4			
Champaign	1037	908	129
Clark	290	255	35
Coles/Cumberland	759	939	(180)
DeWitt	219	190	29
Douglas	238	233	5
Edgar	260	299	(39)
Ford	240	434	(194)
Iroquois	461	486	(25)
Livingston	494	550	(56)
McLean	1306	1118	188
Macon	1331	1253	78
Moultrie	318	361	(43)
Piatt	160	160	0
Shelby	264	265	(1)
Vermilion	692	779	(87)
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

LONG-TERM CARE FACILITY UPDATES

9/16/2011 - 6/27/2013

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
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	1207	294
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)

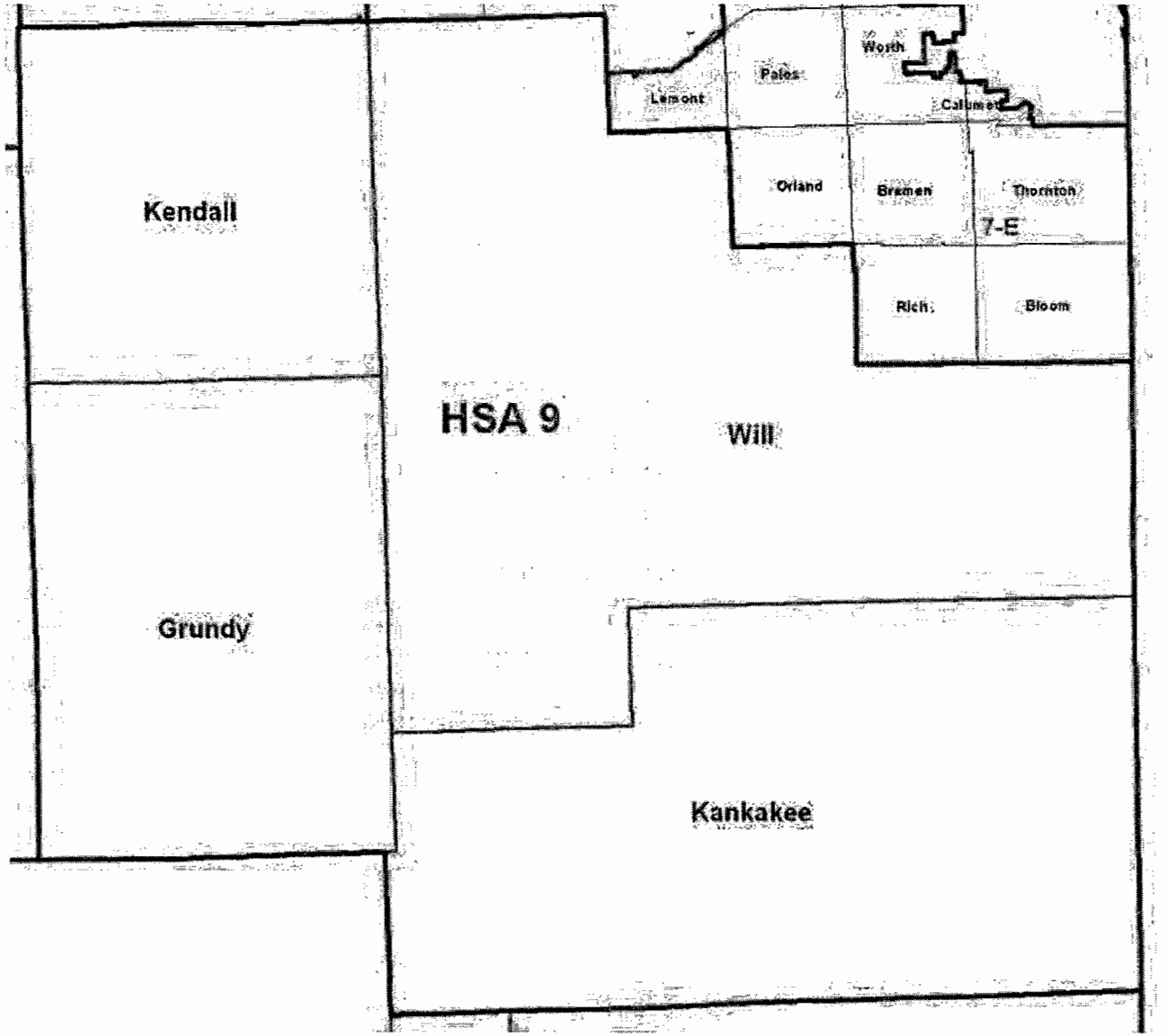
LONG-TERM CARE ICF/DD 16 BED NEED

HSA 1	268	360	(92)
HSA 2	268	317	(49)
HSA 3	230	383	(153)
HSA 4	322	334	(12)
HSA 5	255	527	(272)
HSA 6, 7, 8, 9	3429	1085	2344
HSA 10	82	32	50
HSA 11	220	384	(164)

Attachment 13

Item 2

Health Service Area 9



Zip Codes: 30 minute drive time

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Attachment 13

Item 3

Adventist
Bolingbrook Hospital
Keeping you well

June 3, 2013

To Whom It May Concern:

Adventist Bolingbrook Hospital referred 650 patients to area transitional care facilities (SNF, LTC, ICF, rehab) in the January 1, 2012 to December 31, 2012 period. The following lists these referrals by ZIP code of patient's residence:

80206 DENVER
72042 DE WITT
66206 LEAWOOD
62340 GRIGGSVILLE
61856 MONTICELLO
61104 ROCKFORD
60804 CICERO
60706 HARWOOD HTS
60655 CHICAGO
60653 CHICAGO
60638 CHICAGO
60632 CHICAGO
60619 CHICAGO
60617 CHICAGO
60616 CHICAGO
60586 PLAINFIELD
60585 PLAINFIELD
60565 NAPERVILLE
60564 NAPERVILLE
60563 NAPERVILLE
60561 DARIEN
60559 WESTMONT
60551 SHERIDAN
60548 SANDWICH
60544 PLAINFIELD
60543 OSWEGO
60532 LISLE
60527 WILLOWBROOK
60525 LA GRANGE
60517 WOODRIDGE
60516 DOWNERS GROVE
60515 DOWNERS GROVE
60505 AURORA
60504 AURORA
60501 SUMMIT ARGO
60491 HOMER GLEN
60490 BOLINGBROOK
60487 TINLEY PARK
60464 PALOS PARK
60447 MINOOKA
60446 ROMEOVILLE
60443 MATTESON
60441 LOCKPORT
60440 BOLINGBROOK
60439 LEMONT
60436 JOLIET
60435 JOLIET
60433 JOLIET
60432 JOLIET
60431 JOLIET
60423 FRANKFORT
60410 CHANNAHON
60406 BLUE ISLAND
60404 SHOREWOOD
60403 CREST HILL
60402 BERWYN
60187 WHEATON
46140 GREENFIELD
43040 MARYSVILLE
36303 DOTHAN
02882 NARRAGANSETT

Sincerely,

Rick D. Mace, FACHE
Chief Executive Officer

OFFICIAL SEAL
KIM M BARNFIELD
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/15/14

MORRIS
HOSPITAL
& HEALTHCARE CENTERS

May 15, 2013

To Whom It May Concern:

Morris Hospital & Healthcare Centers referred 548 patients to area long term care facilities in the prior calendar year (01/01/12 through 12/31/12). The attachment lists these referrals by ZIP code of patient's residence.

Sincerely,

Mark Steadham
President & CEO

SUBSCRIBED AND SWORN TO
before me this 15th day of May, 2013.

Notary Public

OFFICIAL SEAL
ANN M. FINNEGAN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 5-15-2014

Attachment: Zip Code Origin Data

REPORT: CSIZI ORG/APG STANDARD NORMALIZED REPORT FORMAT
SUB FIELD1 SUB FIELD2 PATIENT STATISTICS

MAJOR SORT: ZIP
MINOR SORT: DIS DISPOS
ACCOUNT SORT: NAME
VERSION SORT: NO OVERRIDE VERSION SORT: STOP PRINT AFTER TOP:

COMPILE
STATUS: COMPILED
STARTED: 05/14/13 1314
STOPPED: 05/14/13 1319

	SELECT FIELD	SUB FIELD1	SUB FIELD2	HAS INDEX	INC EXC NIL ANY	FROM VALUE	THRU VALUE	EXACT MATCH	USES INDEX	SUB FIELD1 LABEL	SUB FIELD2 LABEL
1	ABS STATUS			Y	I	FINAL	NONE		Y		
2	DIS DATE			Y	I	01/01/2012	12/31/2012		Y		
3	DIS DISPOS			N	I	LTC	LTC		N		
4	DIS DISPOS			N	I	SNF	SNF		N		
5	ZIP			N	I	00210	99950		N		
6	PT CLASS			Y	I	INPT	INPTMCD		Y		

SELECT RELATIONSHIP

DRG/APG STANDARD NORMALIZED REPORT FORMAT
COMPILED 05/14/13

VERSION SORT: NO SUB FIELD1 SUB FIELD2
MAJOR SORT: ZIP
MINOR SORT: DIS DISPOS

TYPE: PATIENT STATISTICS
STOP PRINT AFTER TOP:

			NORM RANK			COUNT			DISPOSITION					LOS	TOTAL	LOS	CHG	AVG	TOTAL	TOTAL		AGE DISTRIBUTION					
			PAT	LOS	REM	DIF	F	M	PAT	EXP	HOM	TRN	OTH	OUT	LOS	VAR	OUT	CSTWT	REIMBUR	CHARGES	DIFFS	Newbn	Ped	Yg Ad	Adult	Sr Ad
	60450																									
	LTC	LONGTERM CARE FACILITY					1		1			1				9.0	1		5001.56	61307.61	-56306.05					1
	SNF	SNF					199	111	310			310				7.8	310		3080500.88	12114437.81	-9033936.93				10	300
1	60450		1	13	1	1	200	111	311			311				7.8	311		3085502.44	12175745.42	-9090242.98				10	301
	60420																									
	LTC	LONGTERM CARE FACILITY					1		1			1				0.0	1		7362.46	47062.03	-39699.57					1
	SNF	SNF					36	16	52			52				6.4	52		402336.52	1685916.96	-1283580.44				3	49
2	60420	TOTAL	2	17	3	2	37	16	53			53				6.5	53		409698.98	1732978.99	-1323280.01				3	50
	61341																									
	LTC	LONGTERM CARE FACILITY						1	1			1				9.0	1		11104.30	50000.60	-47704.30					1
	SNF	SNF					17	14	31			31				8.2	31		281473.80	1320419.38	-1038945.58				7	24
3	61341	TOTAL	3	11	4	4	17	15	32			32				8.2	32		292578.18	1379308.06	-1086729.88				7	25
	60416																									
	SNF	SNF					20	9	29			29				8.8	29		488161.97	1632367.72	-1144205.75					29
4	60416	TOTAL	4	8	2	3	20	9	29			29				8.8	29		488161.97	1632367.72	-1144205.75					29
	60481																									
	SNF	SNF					6	6	12			12				5.1	12		90965.07	379675.52	-288710.45				2	10
5	60481	TOTAL	5	26	10	9	6	6	12			12				5.1	12		90965.07	379675.52	-288710.45				2	10
	60444																									
	SNF	SNF					8	4	12			12				5.2	12		132768.92	461642.26	-328873.34				2	10
6	60444	TOTAL	6	22	7	7	8	4	12			12				5.2	12		132768.92	461642.26	-328873.34				2	10
	61360																									
	SNF	SNF					6	5	11			11				8.6	11		93293.97	530808.40	-437514.43				3	8
7	61360	TOTAL	7	9	9	6	6	5	11			11				8.6	11		93293.97	530808.40	-437514.43				3	8
	61350																									
	SNF	SNF					4	6	10			10				8.4	10		166541.91	607010.72	-440468.81					10
8	61350	TOTAL	8	10	6	5	4	6	10			10				8.4	10		166541.91	607010.72	-440468.81					10

VERSION SORT: NO SUB FIELD1 SUB FIELD2 DRG/APG/STANDARD NORMALIZED REPORT FORMAT TYPE: PATIENT STATISTICS
MAJOR SORT: ZIP COMPILED 05/14/13 STOP PRINT AFTER TOP:
MINOR SORT: DIS DISPOS

			NORM	RANK		COUNT		DISPOSITION				LOS	TOTAL	LOS	CHG	AVG	TOTAL	TOTAL		AGE DISTRIBUTION					
		PAT	LOS	REN	DIF	F	M	PAT	EXP	HOM	TRN	OTR	OUT	LOS	VAR	OUT	CSTWT	REIMBUR	CHARGES	DIFFS	Newbn	Ped	Tg Ad	Adult	Sr Ad
	60447																								
	SNF SNF					8	2	10			10				7.4	10		120168.63	427842.97	-307674.34					10
9	60447 TOTAL	9	14	8	8	8	2	10			10				7.4	10		120168.63	427842.97	-307674.34					10
	60408																								
	SNF SNF					7	1	8			8				5.2	8		75280.43	263883.67	-188603.24				2	6
10	60408 TOTAL	10	25	12	12	7	1	8			8				5.2	8		75280.43	263883.67	-188603.24				2	6
	60410																								
	SNF SNF					3	3	6			6				5.2	6		40003.71	182832.21	-142828.50					6
11	60410 TOTAL	11	24	15	13	3	3	6			6				5.2	6		40003.71	182832.21	-142828.50					6
	60541																								
	SNF SNF						4	4			4				6.2	4		55114.74	166677.65	-111562.91				1	3
12	60541 TOTAL	12	18	13	16		4	4			4				6.2	4		55114.74	166677.65	-111562.91				1	3
	60474																								
	SNF SNF					4		4			4				5.3	4		26348.90	119969.28	-93620.38					4
13	60474 TOTAL	13	21	20	17	4		4			4				5.3	4		26348.90	119969.28	-93620.38					4
	60435																								
	SNF SNF					4		4			4				4.1	4		33801.82	101258.39	-67456.57					4
14	60435 TOTAL	14	33	17	21	4		4			4				4.1	4		33801.82	101258.39	-67456.57					4
	60424																								
	SNF SNF					3	1	4			4				5.2	4		34122.33	103777.80	-69655.47					4
15	60424 TOTAL	15	23	16	20	3	1	4			4				5.2	4		34122.33	103777.80	-69655.47					4
	60407																								
	SNF SNF					2	2	4			4				4.8	4		45397.16	157156.04	-111758.88					4
16	60407 TOTAL	16	30	14	15	2	2	4			4				4.8	4		45397.16	157156.04	-111758.88					4
	85742																								
	SNF SNF					3		3			3				5.5	3		20920.02	88086.35	-67166.33					3
17	85742 TOTAL	17	20	22	22	3		3			3				5.5	3		20920.02	88086.35	-67166.33					3

VERSION SORT: NO
MAJOR SORT: ZIP
MINOR SORT: DIS DISPOS

SUB FIELD1 SUB FIELD2

DRG/APG STANDARD NORMALIZED REPORT FORMAT
COMPILED 05/14/13

TYPE: PATIENT STATISTICS
STOP PRINT AFTER TOP:

			NORM LOS	RANK REM	RANK DIF	COUNT F	COUNT M	DISPOSITION PAT	DISPOSITION EXP	DISPOSITION HOM	DISPOSITION TRN	DISPOSITION OTH	LOS OUT	TOTAL LOS	LOS VAR	CHG OUT	AVG CSTWT	TOTAL REIMBUR	TOTAL CHARGES	DIFFS	AGE DISTRIBUTION Newbn	Ped	Yg Ad	Adult	Sr Ad
	60479																								
	SNF SNF					2	1	3			3				8.8	3		24411.62	226927.12	-202515.50				1	2
18	60479 TOTAL	18	7	21	10	2	1	3			3				8.8	3		24411.62	226927.12	-202515.50				1	2
	61301																								
	SNF SNF					1	1	2			2				4.5	2		17307.66	95093.48	-77785.82				2	
19	61301 TOTAL	19	31	24	19	1	1	2			2				4.5	2		17307.66	95093.48	-77785.82				2	
	60436																								
	SNF SNF					2		2			2				4.1	2		31434.64	54355.88	-22921.24					2
20	60436 TOTAL	20	32	18	37	2		2			2				4.1	2		31434.64	54355.88	-22921.24					2
	60077																								
	SNF SNF						2	2			2				11.9	2		28232.63	157693.87	-129461.24					2
21	60077 TOTAL	21	5	19	14		2	2			2				11.9	2		28232.63	157693.87	-129461.24					2
	727 14																								
	SNF SNF					1		1			1				6.0	1		8674.11	22740.53	-14066.42					1
22	727 14 TOTAL	22	19	34	38	1		1			1				6.0	1		8674.11	22740.53	-14066.42					1
	62650-1384																								
	SNF SNF					1		1			1				10.0	1		3520.63	42789.62	-39268.99					1
23	62650-1384 TOTAL	23	6	43	27	1		1			1				10.0	1		3520.63	42789.62	-39268.99					1
	61956																								
	SNF SNF						1	1			1				5.0	1		11127.46	20820.84	-9693.38					1
24	61956 TOTAL	24	27	32	41		1	1			1				5.0	1		11127.46	20820.84	-9693.38					1
	61523																								
	SNF SNF						1	1			1				14.0	1		167178.64	167291.04	-112.40				1	
25	61523 TOTAL	25	3	5	43		1	1			1				14.0	1		167178.64	167291.04	-112.40				1	
	61364																								
	SNF SNF						1	1			1				7.0	1		5865.70	39329.80	-33464.10					1
26	61364 TOTAL	26	15	37	31		1	1			1				7.0	1		5865.70	39329.80	-33464.10					1

VERSION SORT: NO SUB FIELD1 SUB FIELD2
MAJOR SORT: ZIP
MINOR SORT: DIS DISPOS

DRG/APS STANDARD NORMALIZED REPORT FORMAT
COMPILED 05/14/13

TYPE: PATIENT STATISTICS
STOP PRINT AFTER TOP:

		NORM RANK				COUNT		DISPOSITION				LOS	TOTAL	LOS	LOS CHG	AVG	TOTAL	TOTAL		AGE DISTRIBUTION					
		PAT	LOS	REM	DIF	F	M	PAT	EXP	HOM	TRN	OTH	OUT	LOS	VAR	OUT	CSTWT	REIMBUR	CHARGES	DIFFS	Newbn	Ped	Yg Ad	Adult	Sr Ad
	61325																								
	SNF SNF					1		1			1				5.0	1		12231.61	46483.79	-34252.18					1
27	61325 TOTAL	27	28	26	29	1		1			1				5.0	1		12231.61	46483.79	-34252.18					1
	60935																								
	SNF SNF					1		1			1				12.0	1		18294.95	103428.05	-85133.10					1
28	60935 TOTAL	28	4	23	18	1		1			1				12.0	1		18294.95	103428.05	-85133.10					1
	60657																								
	SNF SNF					1		1			1				3.0	1		7637.39	13076.33	-5438.94					1
29	60657 TOTAL	29	39	36	42	1		1			1				3.0	1		7637.39	13076.33	-5438.94					1
	60586																								
	SNF SNF					1		1			1				4.0	1		12107.31	47155.91	-35048.60					1
30	60586 TOTAL	30	34	29	28	1		1			1				4.0	1		12107.31	47155.91	-35048.60					1
	60551																								
	SNF SNF					1		1			1				15.0	1		4877.76	55374.84	-50497.08					1
31	60551 TOTAL	31	2	40	23	1		1			1				15.0	1		4877.76	55374.84	-50497.08					1
	60544																								
	SNF SNF						1	1			1				4.0	1		3828.55	28355.30	-24526.75					1
32	60544 TOTAL	32	35	41	35		1	1			1				4.0	1		3828.55	28355.30	-24526.75					1
	60510																								
	SNF SNF					1		1			1				8.0	1		12149.17	55415.55	-43266.38					1
33	60510 TOTAL	33	12	28	24	1		1			1				8.0	1		12149.17	55415.55	-43266.38					1
	60470																								
	SNF SNF					1		1			1				3.0	1		5584.20	16947.12	-11362.92					1
34	60470 TOTAL	34	40	38	40	1		1			1				3.0	1		5584.20	16947.12	-11362.92					1
	60467																								
	SNF SNF					1		1			1				5.0	1		11073.85	51756.84	-40682.99					1
35	60467 TOTAL	35	29	33	26	1		1			1				5.0	1		11073.85	51756.84	-40682.99					1

VERSION SORT: NO
MAJOR SORT: ZIP
MINOR SORT: DIS DISPOS

SUB FIELD1 SUB FIELD2

DRG/APS STANDARD NORMALIZED REPORT FORMAT
COMPILED 05/14/13

TYPE: PATIENT STATISTICS
STOP PRINT AFTER TOP:

			NORM RANK		COUNT		DISPOSITION					LOS	TOTAL	LOS	CHG	AVG	TOTAL	TOTAL		AGE DISTRIBUTION				
		PAT	LOS	REM	DIE	F	M	PAT	EXP	HOM	TRN	OTH	OUT	LOS	VAR	OUT	CSTWT	REIMBUR	CHARGES	DIFFS	Newbn	Ped	Yg Ad	Adult	Sr Ad
	60460																								
	SNF SNF						1	1			1				7.0	1		4897.48	38566.41	-33668.93					1
36	60460 TOTAL	36	16	39	30		1	1			1				7.0	1		4897.48	38566.41	-33668.93					1
	60443																								
	SNF SNF					1		1			1				31.0	1		77665.43	266380.99	-188715.56					1
37	60443 TOTAL	37	1	11	11	1		1			1				31.0	1		77665.43	266380.99	-188715.56					1
	60437																								
	SNF SNF					1		1			1				4.0	1		3813.04	30986.18	-27173.14					1
38	60437 TOTAL	38	36	42	34	1		1			1				4.0	1		3813.04	30986.18	-27173.14					1
	60408-1601																								
	SNF SNF					1		1			1				3.0	1		11772.17	24662.27	-12890.10					1
39	60408-1601 TOTAL	39	41	30	39	1		1			1				3.0	1		11772.17	24662.27	-12890.10					1
	60404																								
	SNF SNF					1		1			1				3.0	1		12479.23	36025.47	-23546.24					1
40	60404 TOTAL	40	42	25	36	1		1			1				3.0	1		12479.23	36025.47	-23546.24					1
	60403																								
	SNF SNF					1		1			1				3.0	1		12213.88	40159.60	-27945.72					1
41	60403 TOTAL	41	43	27	33	1		1			1				3.0	1		12213.88	40159.60	-27945.72					1
	60188																								
	SNF SNF					1		1			1				4.0	1		7840.38	50741.93	-42901.55					1
42	60188 TOTAL	42	37	35	25	1		1			1				4.0	1		7840.38	50741.93	-42901.55					1
	55305																								
	SNF SNF					1		1			1				4.0	1		11171.05	39447.07	-28274.02					1
43	55305 TOTAL	43	38	31	32	1		1			1				4.0	1		11171.05	39447.07	-28274.02					1
GRAND TOTALS						354	194	548			548				7.6	548		5738052.52	22283028.08	-16544965.56				34	514

Attachment 14

Criterion 1125.540 Service Demand – Establishment of General Long Term Care

1. N/A

2. Letters from Adventist Bolingbrook Hospital and Morris Hospital that attest to the total number of prospective residents are attached previously as **Attachment 13 Item 3**.

3. Adventist Bolingbrook Hospital estimates referrals to long-term care facilities at 650 patients in the year ending December 31, 2012. Furthermore, Adventist Bolingbrook Hospital estimates referrals to AegeanMed Transitional Care Center of Lockport to be 325 per year. Morris Hospital estimates referrals to long-term care facilities at 548 patients in the year ending December 31, 2012. Furthermore, Morris Hospital estimates referrals to AegeanMed Transitional Care Center of Lockport to be 6-12 per year. To support the need for this project, project referrals from Adventist Bolingbrook Hospital and Morris Hospital are attached as **Attachment 14 Item 3**.

4. As documented in the letters, these referrals have not been used to support another pending or approved CON application.

Attachment 14

Item 3

Adventist
Bolingbrook Hospital
Keeping you well

June 3, 2013

To Whom It May Concern:

We anticipate that AegeanMed HealthCare will become a crucial discharge destination for Adventist Bolingbrook Hospital, and we look forward to the increased access to high quality post-acute care that will be provided as a result of the proposed project.

Adventist Bolingbrook Hospital anticipates that it can refer 325 patients annually to AegeanMed HealthCare within a 24-month period after the project is completed.

These projected patient referrals:

- Do not exceed Adventist Bolingbrook Hospital's total discharges to long-term care facilities in the 1/1/2012 – 12/31/2012 period.
- Have not been used to support another pending or approved CON application.

Sincerely,

Rick D. Mace, FACHE
Chief Executive Officer

OFFICIAL SEAL
KIM M BARNFIELD
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/15/14

pg 100

MORRIS
HOSPITAL
& HEALTHCARE CENTERS

May 15, 2013

To Whom It May Concern:

We anticipate that AegeanMed HealthCare will become a discharge destination for Morris Hospital & Healthcare Centers, and we look forward to the increased access to high quality post-acute care that will be provided as a result of the proposed project.

Morris Hospital & Healthcare Centers could refer six to twelve or more patients annually to AegeanMed HealthCare within a 24 month period after the project is completed.

These projected patient referrals:

- Do not exceed Morris Hospital & Healthcare Center's total discharges to long term care facilities in 2012.
- Have not been used to support another pending or approved CON application.

Sincerely,

Mark Steadham
President & CEO

SUBSCRIBED AND SWORN TO
before me this 15th day of May, 2013.

Notary Public

OFFICIAL SEAL
ANN M. FINNEGAN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 5-15-2014

Attachment 17

Criterion 1125.570 Service Accessibility

1. Service Restrictions

Although there is not a total absence of the proposed service, general long-term care beds, a bed need of 639 beds has been identified in the IDPH *Inventory of Long Term Care Facilities 2011* inclusive of the latest update dated June 27, 2013. Furthermore, there is an absence of the proposed service in the sense that an innovative transitional care facility does not currently exist in the planning area.

2. Additional Documentation

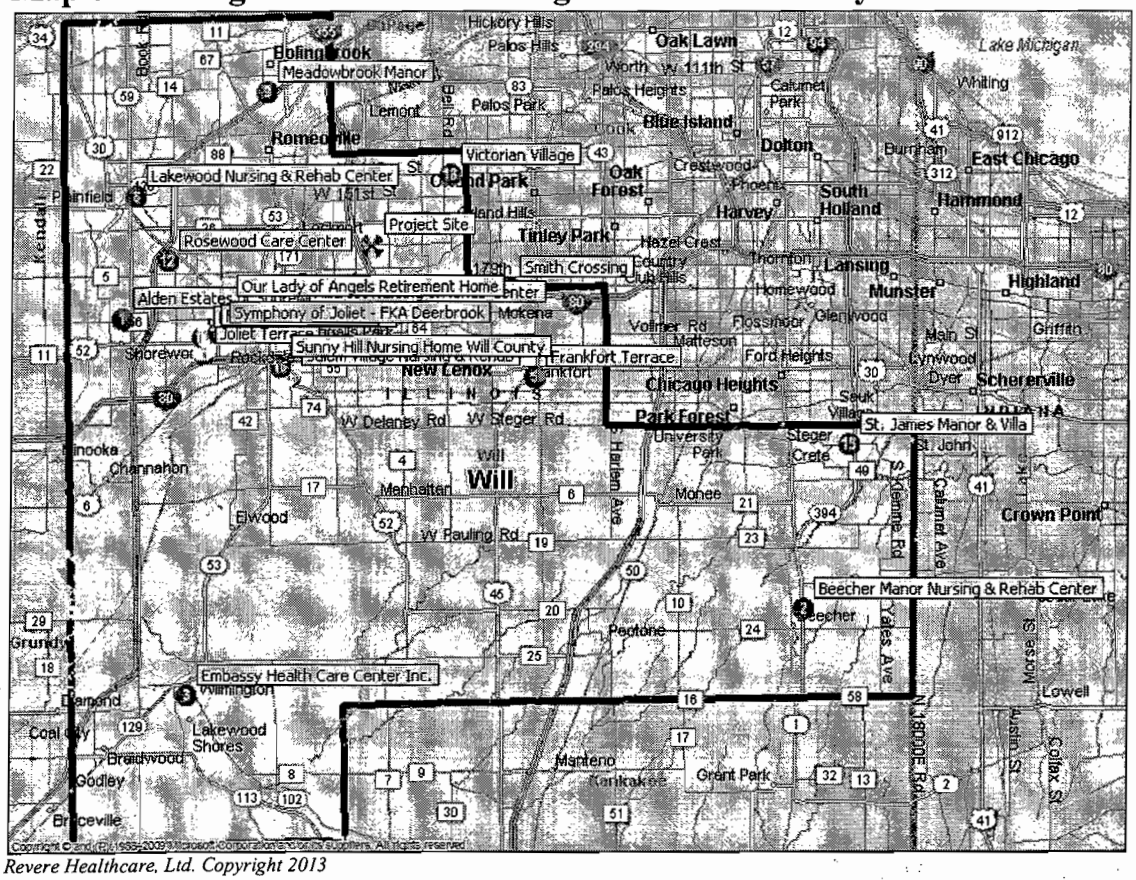
a. The location and utilization of other planning area service providers is provided as **Attachment 17 Item 1**. Source: *Long Term Care Facility Data Profiles 2011*.
b. Patient/resident location information is not applicable.
c. Independent time-travel studies are not applicable.
d. Certification of a waiting list is not applicable.
e. An assessment of admission restrictions at area providers is not applicable.
f. An assessment of area population characteristics is not applicable.
g. The most recently published IDPH Long Term Care Facilities Inventory and Data was previously provided as **Attachment 13 Item 1**.

Attachment 17

Item 1

Whiteside County SNFs		Lic.	Peak Beds	Medi-			2011	2011	Payor Source Days					Licensed	Peak-beds
Home	City/Town	Beds	Set-up	care			MC ADC	Occ.	Medicare	Medicaid	Private	Other	All	Occupied	Occupied
Alden Estates of Shorewood															
Beecher Manor Nuring & Rehab CTR	Beecher	130	127	128	18.92%	24	19	81.0%	7107	22823	6927	698	37555	79.1%	81.0%
Embassy Health Care Center Inc	Wilmington	171	171	80	9.14%	16	14	92.5%	5280	44507	3648	4311	57746	92.5%	92.5%
Fairview Care Center of Joliet	Joliet	203	174	203	18.92%	38	22		8140	31500	2299	1095	43034	58.1%	67.8%
Frankfort Terrace	Frankfort	120	120	0	0.00%	0	0	98.5%	0	42631	151	360	43142	98.5%	98.5%
Hillcrest Nursing	Joliet	168	168	84	7.65%	13	6	44.8%	2103	25137	0	233	27473	44.8%	44.8%
Joliet Terrace	Joliet	120	120	120	0.00%	0	0	97.5%	0	42705	0	0	42705	97.5%	97.5%
Lakewood Nuring & Rehab Center	Plainfield	131	131	131	23.52%	31	27	88.6%	9964	25956	5985	451	42356	88.6%	88.6%
Meadowbrook Manor	Bolingbrook	298	298	298	13.84%	41	38	91.1%	13705	73396	8722	3235	99058	91.1%	91.1%
Our Lady of Angels Retirement Home	Joliet	87	85	37	25.20%	22	13	62.3%	4869	14453	0	0	19322	60.8%	62.3%
Presence Villa Franciscan	Joliet	176	176	176	42.38%	75	64	86.1%	23432	20007	10500	1356	55295	86.1%	86.1%
Rosewood Care Center	Joliet	120	120	68	42.06%	29	37	73.0%	13450	5949	10879	1700	31978	73.0%	73.0%
Salem	Joliet	266	266	230	19.47%	45	42	80.7%	15257	41381	17843	3886	78367	80.7%	80.7%
Smith Crossing	Orland Park	46	46	46	10.16%	5	3	62.2%	1061	2293	6439	649	10442	62.2%	62.2%
St. James Manor & Villa	Crete	110	110	110	40.57%	45	37	81.9%	13338	11171	6704	1663	32876	81.9%	81.9%
Sunny Hill	Joliet	280	228	280	10.69%	30	23	76.2%	8318	56970	12555	0	77843	76.2%	93.5%
Symphony of Joliet	Joliet	214	214	214	15.11%	32	25		9178	43992	3711	3860	60741	77.8%	77.8%
		2640	2554	2205		445	370		135,202	504,871	96,363	23,497	759,933	78.9%	81.5%

Map of Nursing Facilities in Planning Area – Will County



Revere Healthcare, Ltd. Copyright 2013

Attachment 18

1125.210(c) Maldistribution

1) Information provided in compliance with 1125.210(c):

a. The ZIP codes located within 30 minutes normal travel time include:

60403, 60404, 60410, 60421, 60423, 60426, 60428,60429, 60430, 60431, 60432, 60433, 60435, 60436, 60439, 60440, 60441, 60442, 60443, 60445, 60446, 60447, 60448, 60449, 60450, 60451, 60452, 60455, 60457, 60458, 60461, 60462, 60463, 60464, 60465, 60467, 60469, 60471, 60477, 60478, 60480, 60482, 60487, 60490, 60491, 60514, 60515, 60516, 60517, 60521, 60525, 60527, 60532, 60540, 60544, 60558, 60559, 60561, 60565, 60585, 60586, 60803

b. Total population of Will County was 706,639 in 2010 according to the latest DCEO population projections.

c. The names and locations of all existing or approved facilities located within 30 minutes normal drive time and grouped by HSA:

Will County - HSA 9					
Name	**Address**	**City**	**State**	**Zipcode**	**Beds**
Alden Estates of Shorewood	710 West Black Rd.	Shorewood	IL	60404	150
Beecher Manor Nursing & Rehab Center	1201 Dixie Hwy.	Beecher	IL	60401	130
Symphony of Joliet	306 N Larkin Ave.	Joliet	IL	60435	214
Embassy Health Care Center Inc.	555 West Kahler Rd.	Wilmington	IL	60481	171
Fairview Care Center of Joliet	222 North Hammes	Joliet	IL	60435	203
Frankfort Terrace	40 Smith St.	Frankfort	IL	60423	120
Hillcrest Nursing & Rehab Center	777 Draper Ave.	Joliet	IL	60432	168
Joliet Terrace	2230 MCDonough St.	Joliet	IL	60436	120
Lakewood Nursing & Rehab Center	14718 S Eastern Ave.	Plainfield	IL	60544	131
Meadowbrook Manor	431 W. Remngton Blvd.	Bolingbrook	IL	60440	298
Our Lady of Angels Retirement Home	1201 Wyoming Ave.	Joliet	IL	60435	87
Presence Villa Franciscan	210 North Springfield Ave.	Joliet	IL	60435	176
Rosewood Care Center	3401 Hennepin Dr.	Joliet	IL	60435	120
Salem Village Nursing & Rehab	1314 Rowell Ave.	Joliet	IL	60433	266
Smith Crossing	10501 Emilie Ln.	Orland Park	IL	60467	46
St. James Manor & Villa	1251 E. Richton Rd.	Crete	IL	60417	110
Sunny Hill Nursing Home Will County	421 Doris Ave.	Joliet	IL	60433	280
Victorian Village	12600 W Renaissance Cir.	Homer Glen	IL	60491	50

ATTACHMENT-18

Dupage Area 7-C					
Name	**Address**	**City**	**State**	**Zipcode**	**Beds**
Alden Estates of Naperville	1525 South Oxford Lane	Naperville	IL	60565	203
Beacon Hill	2400 S. Finley Rd.	Lombard	IL	60148	110
Burgess Square Healthcare Center	5801 S. Cass Ave.	Westmont	IL	60559	203
Chateau Nursing & Rehab Center	7050 Madison St.	Willobrook	IL	60521	150
Emeritus at Burr Ridge	6801 Highgrove Blvd.	Burr Ridge	IL	60521	30
Oak Trace	250 Village Dr.	Downers Grove	IL	60516	160
Lexington Health Care Center - Lombard	2100 S. Finley Rd.	Lombard	IL	60148	224
Manorcare of Hinsdale	600 W. Ogden Ave.	Hinsdale	IL	60521	202
Manorcare of Naperville	200 Martin Ave.	Naperville	IL	60540	118
Manorcare of Westmont	512 E. Ogden Ave.	Westmont	IL	60559	155
Providence Downers Grove	3450 Saratoga Ave.	Downers Grove	IL	60515	145
Snow Valley Nursing & Rehab Center	5000 Lincoln Ave.	Lisle	IL	60532	51
Westbury Care Center	1800 Robin Lane	Lisle	IL	60532	55
Westmont Nursing & Rehab Center	6501 S. Cass	Westmont	IL	60559	215

Cook 7-E Planning Area					
Name	**Address**	**City**	**State**	**Zipcode**	**Beds**
Advocate South Suburban Hospital	17800 S. Kedzie Ave.	Hazel Crest	IL	60429	41
Alden-Orland Park Rehab & HCC	16450 S 97th Ave.	Orland Park	IL	60467	200
Applewood Nrsg & Rehab Center	21020 Kostner Ave.	Matteson	IL	60443	115
Chicago Ridge Nursing Center	10602 Southwest Highway	Chicago Ridge	IL	60415	231
Crestwood Care Centre	14255 S Cicero Ave.	Crestwood	IL	60445	303
Crestwood Terrace	13301 Central Ave.	Crestwood	IL	60445	126
Franciscan Village	1270 Village Dr.	Lemont	IL	60439	127
Glenshire Nursing & Rehab Centre	22660 Cicero Ave.	Richton Park	IL	60471	294
Hickory Nursing Pavilion	9246 S Roberts Rd.	Hickory Hills	IL	60457	74
Holy Family Villa	12375 McCarthy Rd.	Lemont	IL	60439	99
Imperial of Hazel Crest	3300 175th St.	Hazel Crest	IL	60429	199
King Bruwaert House	6101 S County Line Rd.	Burr Ridge	IL	60527	49
Lemont Nursing & Rehab Center	12450 Walker Rd.	Lemont	IL	60439	158
Lexington Health Care Center	14601 John Humphrey Dr.	Orland Park	IL	60462	278
Lexington of Chicago Ridge	10300 Southwest Hwy.	Chicago Ridge	IL	60415	203
Lexington of Lagrange	4735 S. Willow Springs Rd.	La Grange	IL	60525	120
Manorcare of Palos Heights East	7850 W College Dr.	Palos Heights	IL	60463	184
Manorcare of Palos Heights West	11860 Southwest Hwy.	Palos Heights	IL	60463	130
Mcallister Nursing & Rehab	18300 S Lavergne Ave.	Country Club Hills	IL	60478	111
Oak Forest Hospital	15900 S Cicero Ave.	Oak Forest	IL	60452	10
Palos Hills Healthcare	10426 S. Roberts	Palos Hills	IL	60465	203
Park Villa Nursing and Rehab Center	12550 S Ridgeland Ave.	Palos Heights	IL	60463	101
Plaza Nuring & Rehab Center	3249 W 147th St.	Midlothian	IL	60445	91
Providence of Palos Heights	13259 S Central Ave.	Palos Heights	IL	60463	193
Rosary Hill Home	9000 W 81st St.	Justice	IL	60458	29

2) The proposed project will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100 of 90%; and will not lower to a further extent the utilization of other facilities currently operating below the occupancy standards. Our rationale is as follows:

The calculated bed need for the planning area is 639 beds. Including the proposed project, a bed need of 529 will remain once the project is completed.

The unique nature of the proposed facility will spread the impact on area providers between the skilled nursing facilities and rehabilitation hospitals currently serving the population that will be served by the proposed AegeanMed Transitional Care Center. As there are over 57 facilities of this nature and 8,116 beds within a 30 minute drive time of the proposed site in Lockport, the impact on any one facility will be minimal.

Additionally, many patients to be served by AegeanMed Transitional Care Center remain in hospitals for extra days and sometimes weeks due to lack of an adequate discharge destination. AegeanMed Transitional Care Center will relieve pressures on hospitals in the project's service area by providing a post-acute setting capable of accepting high acuity patients requiring transitional care and rehabilitation.

Therefore, the impact of the project on other area providers will be negligible in 2 years.

3) Certification that the project will not lower the utilization of other area providers below the occupancy standards and will not lower, to a further extent, the utilization of other area facilities that are currently operating below the occupancy standards are included as **Attachment 18 Item 3**.

Attachment 18

Item 3

July 3, 2013

Dale Galassie, Chairman
Illinois Health Facilities & Services Review Board
525 West Jefferson St., Second Floor
Springfield, IL. 62761

RE: AegeanMed Healhtcare LLC

I certify that the project will not lower the utilization of other area providers below the occupancy standards set by Illinois Health Facilities & Services Review Board. Furthermore, I certify that the project will not lower, to a further extent, the utilization of other area facilities that are currently operating below the occupancy standards.

Thank you.

Sincerely,

PETER C. PAUL KELIOTIS, MD

Attachment 19

1125.590 Staffing Availability

The professional staffing needs of the proposed project at stabilized occupancy are as follows:

	FTE
Administrator	1.0
Assistant Admin	1.0
Nursing Salaries:	-
RN	12.1
LPN	14.3
CNA	50.6
Rehab Aides	2.2
Nursing admin	3.0
Dietary Supervisor	1.0
Dietary	16.0
Activities	4.0
Laundry	3.0
Housekeeping	6.0
Maintenance	2.0
Social Service	3.0
Clerical	3.0
Total	122.2

Dr. Peter Roumeliotis currently serves as the medical director of 3 licensed nursing facilities and has relationships with acting Licensed Nursing Home Administrators and Directors of Nursing. However, an extensive search will be conducted to identify ideal leadership candidates for the project.

Professional nursing staff – RNs, LPNs, and CNAs – can be recruited from the existing labor pool, as well as from each of the nursing schools in Chicago area. The remaining facility staffing needs can be met by the local labor pool in Lockport and surrounding communities. Staffing projections by the Illinois Department of Employment Security is provided as **Attachment 19 Item 1**.

Attachment 19

Item 1

State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
19-4041	Geological & Petroleum Technicians	*	*	*	*	*	*	*	*
19-4051	Nuclear Technicians	*	*	*	*	*	*	*	*
19-4061	Social Science Research Assistants	*	*	*	*	*	*	*	*
19-4091	Environmental Sci & Protectn Techs	70	77	7	10.00	1	3	4	0.96
19-4092	Forensic Science Technicians	19	21	2	10.53	0	1	1	1.01
19-4093	Forest and Conservation Technicians	5	5	0	0.00	0	0	0	0.00
19-4099	Life/Physical/Social Sci Techs, AO	45	48	3	6.67	0	2	2	0.65
21-0000	Community & Social Services Occs	2,637	3,003	366	13.88	37	58	95	1.31
21-1000	Counselors/Soc Wrkrs/Comm Srv Specs	2,255	2,590	335	14.86	34	50	84	1.39
21-1011	Substnce Abuse/Bhvrl Dsrdr Counslrs	92	112	20	21.74	2	2	4	1.99
21-1012	Educ'l, Voc'l & School Counselors	393	432	39	9.92	4	8	12	0.95
21-1013	Marriage and Family Therapists	5	6	1	20.00	0	0	0	1.84
21-1014	Mental Health Counselors	133	174	41	30.83	4	3	7	2.72
21-1015	Rehabilitation Counselors	98	116	18	18.37	2	2	4	1.70
21-1019	Counselors, All Other	48	55	7	14.58	1	1	2	1.37
21-1021	Child, Family & School Social Wrkrs	462	505	43	9.31	4	12	16	0.89
21-1022	Medical/Public Health Social Wrkrs	94	113	19	20.21	2	2	4	1.86
21-1023	Mental Hlth/Substnce Abuse Soc Wkrs	127	152	25	19.69	3	3	6	1.81
21-1029	Social Workers, All Other	165	174	9	5.45	1	4	5	0.53
21-1091	Health Educators	48	54	6	12.50	1	1	2	1.18
21-1092	Probatn Officrs & Corr Trtmnt Specs	112	120	8	7.14	1	2	3	0.69
21-1093	Social and Human Service Assistants	318	392	74	23.27	7	7	14	2.11
21-1099	Community and Soc Serv Specs, AO	160	185	25	15.63	3	3	6	1.46
21-2000	Religious Workers	382	413	31	8.12	3	8	11	0.78
21-2011	Clergy	330	357	27	8.18	3	7	10	0.79
21-2021	Directors, Religious Activities/Educ	29	32	3	10.34	0	1	1	0.99
21-2099	Religious Workers, All Other	23	24	1	4.35	0	0	0	0.43
23-0000	Legal Occupations	926	1,031	105	11.34	11	16	27	1.08
23-1000	Lawyers, Judges, & Related Workers	683	745	62	9.08	6	13	19	0.87
23-1011	Lawyers	630	690	60	9.52	6	12	18	0.91
23-1021	Adm Law Judges/Adjdctrs/Hrng Offcrs	*	*	*	*	*	*	*	*
23-1022	Arbitrators/Mediators/Conciliators	7	8	1	14.29	0	0	0	1.34
23-1023	Judges and Magistrates	*	*	*	*	*	*	*	*
23-2000	Legal Support Workers	243	286	43	17.70	4	3	7	1.64
23-2011	Paralegals and Legal Assistants	128	159	31	24.22	3	2	5	2.19
23-2091	Court Reporters	*	*	*	*	*	*	*	*
23-2092	Law Clerks	65	73	8	12.31	1	1	2	1.17
23-2093	Title Examiners/Abstractrs/Searchrs	23	22	-1	-4.35	0	0	0	-0.44
23-2099	Legal Support Workers, All Other	*	*	*	*	*	*	*	*
25-0000	Education, Training & Library Occs	17,264	19,847	2,583	14.96	258	403	661	1.40
25-1000	Postsecondary Faculty	1,132	1,238	106	9.36	11	20	31	0.90

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

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State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
27-2031	Dancers	16	18	2	12.50	0	1	1	1.18
27-2032	Choreographers	*	*	*	*	*	*	*	*
27-2041	Music Directors and Composers	25	26	1	4.00	0	1	1	0.39
27-2042	Musicians and Singers	112	119	7	6.25	1	2	3	0.61
27-2099	Entertnrs/Performrs/Sports Wkrs, AO	*	*	*	*	*	*	*	*
27-3000	Media and Communication Workers	641	691	50	7.80	6	16	22	0.75
27-3011	Radio and Television Announcers	18	15	-3	-16.67	0	1	1	-1.81
27-3012	Public Address System Announcers	*	*	*	*	*	*	*	*
27-3021	Broadcast News Analysts	*	*	*	*	*	*	*	*
27-3022	Reporters and Correspondents	53	50	-3	-5.66	0	2	2	-0.58
27-3031	Public Relations Specialists	195	232	37	18.97	4	5	9	1.75
27-3041	Editors	167	162	-5	-2.99	0	4	4	-0.30
27-3042	Technical Writers	39	44	5	12.82	1	1	2	1.21
27-3043	Writers and Authors	64	71	7	10.94	1	1	2	1.04
27-3091	Interpreters and Translators	57	67	10	17.54	1	1	2	1.63
27-3099	Media & Communication Workers, AO	30	30	0	0.00	0	1	1	0.00
27-4000	Media & Communication Equipmnt Wkrs	428	467	39	9.11	4	10	14	0.88
27-4011	Audio & Video Equipment Technicians	28	29	1	3.57	0	1	1	0.35
27-4012	Broadcast Technicians	26	29	3	11.54	0	1	1	1.10
27-4013	Radio Operators	*	*	*	*	*	*	*	*
27-4014	Sound Engineering Technicians	22	23	1	4.55	0	1	1	0.45
27-4021	Photographers	275	301	26	9.45	3	6	9	0.91
27-4031	Camera Operatrs, TV/Video/Motn Pict	15	16	1	6.67	0	0	0	0.65
27-4032	Film and Video Editors	42	47	5	11.90	1	1	2	1.13
27-4099	Media & Communication Eqpt Wkrs, AO	*	*	*	*	*	*	*	*
29-0000	Healthcare Practitionrs & Tech Occs	10,206	12,386	2,180	21.36	218	215	433	1.95
29-1000	Health Diagnosng/Treatng Practitnrs	5,781	6,959	1,178	20.38	118	110	228	1.87
29-1011	Chiropractors	121	144	23	19.01	2	2	4	1.76
29-1021	Dentists, General	233	262	29	12.45	3	7	10	1.18
29-1022	Oral and Maxillofacial Surgeons	*	*	*	*	*	*	*	*
29-1023	Orthodontists	20	22	2	10.00	0	1	1	0.96
29-1024	Prosthodontists	*	*	*	*	*	*	*	*
29-1029	Dentists, All Other Specialists	*	*	*	*	*	*	*	*
29-1031	Dietitians and Nutritionists	55	62	7	12.73	1	2	3	1.21
29-1041	Optometrists	102	114	12	11.76	1	3	4	1.12
29-1051	Pharmacists	594	672	78	13.13	8	13	21	1.24
29-1061	Anesthesiologists	87	106	19	21.84	2	2	4	1.99
29-1062	Family and General Practitioners	94	111	17	18.09	2	2	4	1.68
29-1063	Internists, General	86	103	17	19.77	2	2	4	1.82
29-1064	Obstetricians and Gynecologists	37	46	9	24.32	1	1	2	2.20
29-1065	Pediatricians, General	32	37	5	15.63	1	1	2	1.46

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

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State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
29-1066	Psychiatrists	22	26	4	18.18	0	0	0	1.68
29-1067	Surgeons	134	158	24	17.91	2	2	4	1.66
29-1069	Physicians and Surgeons, All Other	203	237	34	16.75	3	4	7	1.56
29-1071	Physician Assistants	54	77	23	42.59	2	1	3	3.61
29-1081	Podiatrists	18	19	1	5.56	0	0	0	0.54
29-1111	Registered Nurses	2,676	3,259	583	21.79	58	47	105	1.99
29-1121	Audiologists	14	18	4	28.57	0	0	0	2.54
29-1122	Occupational Therapists	157	205	48	30.57	5	3	8	2.70
29-1123	Physical Therapists	249	329	80	32.13	8	3	11	2.83
29-1124	Radiation Therapists	18	22	4	22.22	0	0	0	2.03
29-1125	Recreational Therapists	41	50	9	21.95	1	1	2	2.00
29-1126	Respiratory Therapists	98	120	22	22.45	2	2	4	2.05
29-1127	Speech-Language Pathologists	323	381	58	17.96	6	6	12	1.67
29-1129	Therapists, All Other	87	100	13	14.94	1	2	3	1.40
29-1131	Veterinarians	115	153	38	33.04	4	2	6	2.90
29-1199	Health Diag/Treat Practitioners, AO	99	114	15	15.15	2	2	4	1.42
29-2000	Health Technologists & Technicians	4,212	5,172	960	22.79	96	98	194	2.07
29-2011	Med & Clinical Lab Technologists	123	134	11	8.94	1	2	3	0.86
29-2012	Medical & Clinical Lab Technicians	201	238	37	18.41	4	4	8	1.70
29-2021	Dental Hygienists	323	424	101	31.27	10	7	17	2.76
29-2031	Cardiovascular Technolgsts/Technens	44	55	11	25.00	1	1	2	2.26
29-2032	Diagnostic Medical Sonographers	40	45	5	12.50	1	1	2	1.18
29-2033	Nuclear Medicine Technologists	15	17	2	13.33	0	0	0	1.26
29-2034	Radiologic Technologsts/Technicians	181	208	27	14.92	3	3	6	1.40
29-2041	Emer Med Technicians & Paramedics	666	876	210	31.53	21	14	35	2.78
29-2051	Dietetic Technicians	63	74	11	17.46	1	2	3	1.62
29-2052	Pharmacy Technicians	1,061	1,337	276	26.01	28	27	55	2.34
29-2053	Psychiatric Technicians	100	101	1	1.00	0	3	3	0.10
29-2054	Respiratory Therapy Technicians	*	*	*	*	*	*	*	*
29-2055	Surgical Technologists	76	94	18	23.68	2	2	4	2.15
29-2056	Veterinary Technologsts/Technicians	107	142	35	32.71	4	3	7	2.87
29-2061	Licensed Practical Nurses	705	857	152	21.56	15	22	37	1.97
29-2071	Med Records & Health Info Technicns	179	214	35	19.55	4	4	8	1.80
29-2081	Opticians, Dispensing	152	159	7	4.61	1	3	4	0.45
29-2091	Orthotists and Prosthetists	*	*	*	*	*	*	*	*
29-2099	Health Technologsts/Technicians, AO	157	177	20	12.74	2	3	5	1.21
29-9000	Other Health Practitnrs & Tech Occs	213	255	42	19.72	4	7	11	1.82
29-9011	Occupational Health & Safety Specs	29	30	1	3.45	0	1	1	0.34
29-9012	Occupational Health & Safety Techs	*	*	*	*	*	*	*	*
29-9091	Athletic Trainers	*	*	*	*	*	*	*	*
29-9099	Healthcre Prctitnrs & Tech Wkrs, AO	153	185	32	20.92	3	5	8	1.92

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

Application Page 118

State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
31-0000	Healthcare Support Occupations	4,764	6,021	1,257	26.39	127	55	182	2.37
31-1000	Nursing, Psych & Home Health Aides	2,456	3,178	722	29.40	72	24	96	2.61
31-1011	Home Health Aides	684	1,011	327	47.81	33	7	40	3.98
31-1012	Nursing Aides, Orderlies/Attendants	1,748	2,138	390	22.31	39	17	56	2.03
31-1013	Psychiatric Aides	24	29	5	20.83	1	0	1	1.91
31-2000	Occ & Phys Therapist Assts & Aides	228	303	75	32.89	8	3	11	2.88
31-2011	Occupational Therapist Assistants	60	75	15	25.00	2	1	3	2.26
31-2012	Occupational Therapist Aides	19	29	10	52.63	1	0	1	4.32
31-2021	Physical Therapist Assistants	91	122	31	34.07	3	1	4	2.98
31-2022	Physical Therapist Aides	58	77	19	32.76	2	1	3	2.87
31-9000	Other Healthcre Support Occupations	2,080	2,540	460	22.12	47	28	75	2.02
31-9011	Massage Therapists	227	276	49	21.59	5	3	8	1.97
31-9091	Dental Assistants	539	709	170	31.54	17	10	27	2.78
31-9092	Medical Assistants	543	691	148	27.26	15	6	21	2.44
31-9093	Medical Equipment Preparers	35	37	2	5.71	0	0	0	0.56
31-9094	Medical Transcriptionists	85	95	10	11.76	1	1	2	1.12
31-9095	Pharmacy Aides	134	121	-13	-9.70	0	2	2	-1.02
31-9096	Vet Assts & Lab Animal Caretakers	174	208	34	19.54	3	2	5	1.80
31-9099	Healthcare Support Workers, AO	343	403	60	17.49	6	4	10	1.63
33-0000	Protective Service Occupations	6,000	6,533	533	8.88	53	174	227	0.85
33-1000	1st-Line Spvrs/Mgrs, Prot Serv Wkrs	454	498	44	9.69	4	20	24	0.93
33-1011	1st-Line Svrs/Mgrs, Corrctnl Offcrs	43	47	4	9.30	0	2	2	0.89
33-1012	1st-Line Spvrs/Mgrs, Police/Detctvs	219	239	20	9.13	2	10	12	0.88
33-1021	1st-Line Spvrs/Mgrs, FireFight/Prev	139	153	14	10.07	1	7	8	0.96
33-1099	1st-Line Spvrs/Mgrs, AO Prot Serv	53	59	6	11.32	1	2	3	1.08
33-2000	Fire Fighting & Prevention Workers	875	959	84	9.60	8	27	35	0.92
33-2011	Fire Fighters	853	935	82	9.61	8	26	34	0.92
33-2021	Fire Inspectors and Investigators	*	*	*	*	*	*	*	*
33-2022	Forest Fire Inspectors & Prev Specs	*	*	*	*	*	*	*	*
33-3000	Law Enforcement Workers	2,635	2,789	154	5.84	16	64	80	0.57
33-3011	Bailiffs	*	*	*	*	*	*	*	*
33-3012	Correctional Officers and Jailers	945	944	-1	-0.11	0	21	21	-0.01
33-3021	Detectives & Criminal Investigators	87	92	5	5.75	1	2	3	0.56
33-3031	Fish and Game Wardens	*	*	*	*	*	*	*	*
33-3041	Parking Enforcement Workers	24	26	2	8.33	0	1	1	0.80
33-3051	Police & Sheriff's Patrol Officers	1,488	1,628	140	9.41	14	38	52	0.90
33-3052	Transit and Railroad Police	19	20	1	5.26	0	1	1	0.51
33-9000	Other Protective Service Workers	2,036	2,287	251	12.33	25	63	88	1.17
33-9011	Animal Control Workers	31	33	2	6.45	0	1	1	0.63
33-9021	Private Detectives & Investigators	58	71	13	22.41	1	1	2	2.04
33-9031	Gaming Surveillance Officers	150	178	28	18.67	3	3	6	1.73

Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = *Data suppressed due to confidentiality requirements.*

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State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
33-9032	Security Guards	1,210	1,351	141	11.65	14	25	39	1.11
33-9091	Crossing Guards	160	176	16	10.00	2	4	6	0.96
33-9092	Lifeguards/Other Rec Prot Serv Wkrs	330	367	37	11.21	4	22	26	1.07
33-9099	Protective Service Workers, AO	97	111	14	14.43	1	7	8	1.36
35-0000	Food Prep & Serving Occupations	17,258	19,892	2,634	15.26	263	616	879	1.43
35-1000	Supervisors, Food Prep/Serving Wkrs	1,374	1,544	170	12.37	17	13	30	1.17
35-1011	Chefs and Head Cooks	229	246	17	7.42	2	2	4	0.72
35-1012	1st-Line Svrs/Mgrs, Food Prep/Serv	1,145	1,298	153	13.36	15	11	26	1.26
35-2000	Cooks and Food Preparation Workers	4,933	5,570	637	12.91	64	145	209	1.22
35-2011	Cooks, Fast Food	1,072	1,235	163	15.21	16	27	43	1.43
35-2012	Cooks, Institution and Cafeteria	561	642	81	14.44	8	14	22	1.36
35-2013	Cooks, Private Household	*	*	*	*	*	*	*	*
35-2014	Cooks, Restaurant	1,185	1,368	183	15.44	18	30	48	1.45
35-2015	Cooks, Short Order	230	244	14	6.09	1	6	7	0.59
35-2019	Cooks, All Other	*	*	*	*	*	*	*	*
35-2021	Food Preparation Workers	1,834	2,017	183	9.98	18	66	84	0.96
35-3000	Food and Beverage Serving Workers	8,694	10,194	1,500	17.25	150	348	498	1.60
35-3011	Bartenders	987	1,137	150	15.20	15	35	50	1.42
35-3021	Comb Food Prep/Srv Wkrs, Fast Food	3,506	4,250	744	21.22	74	74	148	1.94
35-3022	Counter Attendants, Cafe/Cffee Shop	838	975	137	16.35	14	62	76	1.53
35-3031	Waiters and Waitresses	3,126	3,562	436	13.95	44	173	217	1.31
35-3041	Food Servers, Nonrestaurant	237	270	33	13.92	3	4	7	1.31
35-9000	Other Food Prep/Serving Workers	2,257	2,584	327	14.49	33	111	144	1.36
35-9011	Dining Rm/Cafe/Brtndr Attndts/Hlprs	760	851	91	11.97	9	33	42	1.14
35-9021	Dishwashers	803	965	162	20.17	16	33	49	1.85
35-9031	Hosts, Restaurnt/Lounge/Coffee Shop	493	566	73	14.81	7	34	41	1.39
35-9099	Food Prep/Serving Related Wrkrs, AO	201	202	1	0.50	0	10	10	0.05
37-0000	Building & Grounds Clean/Maint Occs	8,048	9,073	1,025	12.74	103	133	236	1.21
37-1000	Spvrs, Bldg/Ground Clean/Maint Wkrs	630	712	82	13.02	8	7	15	1.23
37-1011	1st-Line Spvrs/Mgrs Hskpng/Janitor	340	368	28	8.24	3	4	7	0.79
37-1012	1st-Line Svrs/Mgrs, Lndscp/LawnServ	290	344	54	18.62	5	3	8	1.72
37-2000	Bldg Cleaning & Pest Control Wrkrs	5,427	5,894	467	8.61	47	102	149	0.83
37-2011	Janitors & Cleaners, exc Maid/Hskpr	3,970	4,309	339	8.54	34	75	109	0.82
37-2012	Maids and Housekeeping Cleaners	1,367	1,476	109	7.97	11	25	36	0.77
37-2019	Building Cleaning Workers, AO	17	20	3	17.65	0	0	0	1.64
37-2021	Pest Control Workers	73	89	16	21.92	2	3	5	2.00
37-3000	Grounds Maintenance Workers	1,991	2,467	476	23.91	48	24	72	2.17
37-3011	Landscaping/Groundskeeping Workers	1,839	2,284	445	24.20	45	22	67	2.19
37-3012	Pesticide Handlrs/Sprayrs/Applictrs	63	75	12	19.05	1	1	2	1.76
37-3013	Tree Trimmers and Pruners	44	55	11	25.00	1	1	2	2.26
37-3019	Grounds Maintenance Workers, AO	45	53	8	17.78	1	1	2	1.65

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State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
39-0000	Personal Care & Service Occupations	7,075	8,466	1,391	19.66	139	183	322	1.81
39-1000	Suprvisors, Personal Care/Serv Wkrs	384	438	54	14.06	5	10	15	1.32
39-1011	Gaming Supervisors	143	168	25	17.48	3	3	6	1.62
39-1012	Slot Key Persons	33	33	0	0.00	0	1	1	0.00
39-1021	1st-Line Spvrs/Mgrs, Pers Serv Wkrs	208	237	29	13.94	3	6	9	1.31
39-2000	Animal Care and Service Workers	279	334	55	19.71	6	6	12	1.82
39-2011	Animal Trainers	21	25	4	19.05	0	0	0	1.76
39-2021	Nonfarm Animal Caretakers	258	309	51	19.77	5	6	11	1.82
39-3000	Entertainment Attendants & Rel Wkrs	1,332	1,564	232	17.42	23	66	89	1.62
39-3011	Gaming Dealers	417	509	92	22.06	9	18	27	2.01
39-3012	Gaming & Sports Book Writers	30	36	6	20.00	1	1	2	1.84
39-3019	Gaming Service Workers, All Other	55	66	11	20.00	1	2	3	1.84
39-3021	Motion Picture Projectionists	20	21	1	5.00	0	1	1	0.49
39-3031	Ushers/Lobby Attndnts/Ticket Takers	186	208	22	11.83	2	12	14	1.12
39-3091	Amusement and Recreation Attendants	435	500	65	14.94	7	23	30	1.40
39-3092	Costume Attendants	6	7	1	16.67	0	0	0	1.55
39-3093	Locker Rm/Coatroom/Dress Rm Attndts	76	92	16	21.05	2	4	6	1.93
39-3099	Entertainment Attendants/Wkrs, AO	107	125	18	16.82	2	6	8	1.57
39-4000	Funeral Service Workers	78	88	10	12.82	1	4	5	1.21
39-4011	Embalmers	11	11	0	0.00	0	1	1	0.00
39-4021	Funeral Attendants	67	77	10	14.93	1	3	4	1.40
39-5000	Personal Appearance Workers	1,399	1,612	213	15.23	21	21	42	1.43
39-5011	Barbers	*	*	*	*	*	*	*	*
39-5012	Hairdressers/Stylists/Cosmetologsts	1,001	1,148	147	14.69	15	15	30	1.38
39-5091	Makeup Artists, Theatricl/Perfrmnce	*	*	*	*	*	*	*	*
39-5092	Manicurists and Pedicurists	163	182	19	11.66	2	2	4	1.11
39-5093	Shampooers	77	84	7	9.09	1	1	2	0.87
39-5094	Skin Care Specialists	93	125	32	34.41	3	1	4	3.00
39-6000	Transprtatn/Tourism/Lodging Attdnts	199	228	29	14.57	3	5	8	1.37
39-6011	Baggage Porters and Bellhops	34	40	6	17.65	1	1	2	1.64
39-6012	Concierges	24	28	4	16.67	0	1	1	1.55
39-6021	Tour Guides and Escorts	10	13	3	30.00	0	0	0	2.66
39-6022	Travel Guides	*	*	*	*	*	*	*	*
39-6031	Flight Attendants	*	*	*	*	*	*	*	*
39-6032	Transprtatn Attndts, exc Flt Attdts	121	137	16	13.22	2	3	5	1.25
39-9000	Other Personal Care/Service Workers	3,404	4,202	798	23.44	80	72	152	2.13
39-9011	Child Care Workers	1,112	1,296	184	16.55	18	33	51	1.54
39-9021	Personal and Home Care Aides	711	931	220	30.94	22	9	31	2.73
39-9031	Fitness Trainrs/Aerobics Instructrs	655	895	240	36.64	24	12	36	3.17
39-9032	Recreation Workers	610	711	101	16.56	10	11	21	1.54
39-9041	Residential Advisors	33	36	3	9.09	0	1	1	0.87

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State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
39-9099	Personal Care & Service Workers, AO	283	333	50	17.67	5	6	11	1.64
41-0000	Sales and Related Occupations	24,663	26,147	1,484	6.02	157	755	912	0.59
41-1000	Supervisors, Sales Workers	3,255	3,449	194	5.96	19	69	88	0.58
41-1011	1st-Line Svrs/Mgrs, Retl Sales Wkrs	2,665	2,831	166	6.23	17	57	74	0.61
41-1012	1st-Line Svrs/Mgrs, NonRetlSalesWkr	590	618	28	4.75	3	12	15	0.46
41-2000	Retail Sales Workers	15,002	16,024	1,022	6.81	103	536	639	0.66
41-2011	Cashiers	6,631	6,904	273	4.12	27	298	325	0.40
41-2012	Gaming Change Prsns & Booth Cshiers	189	180	-9	-4.76	0	9	9	-0.49
41-2021	Counter and Rental Clerks	713	747	34	4.77	3	19	22	0.47
41-2022	Parts Salespersons	329	350	21	6.38	2	12	14	0.62
41-2031	Retail Salespersons	7,140	7,843	703	9.85	70	199	269	0.94
41-3000	Sales Representatives, Services	1,483	1,622	139	9.37	14	37	51	0.90
41-3011	Advertising Sales Agents	127	132	5	3.94	1	3	4	0.39
41-3021	Insurance Sales Agents	235	271	36	15.32	4	6	10	1.44
41-3031	Secs, Commdts & Fin Srvs Sales Agts	303	336	33	10.89	3	9	12	1.04
41-3041	Travel Agents	38	41	3	7.89	0	0	0	0.76
41-3099	Sales Representatives, Services, AO	780	842	62	7.95	6	19	25	0.77
41-4000	Sales Reps, Wholesale/Manufacturing	3,491	3,640	149	4.27	15	81	96	0.42
41-4011	Sales Reps, Whls/Mfg, Tech/SciProds	874	935	61	6.98	6	20	26	0.68
41-4012	Sales Reps, Wholesale/Manufacturing	2,617	2,705	88	3.36	9	61	70	0.33
41-9000	Other Sales and Related Workers	1,432	1,412	-20	-1.40	5	32	37	-0.14
41-9011	Demonstrators and Product Promoters	178	196	18	10.11	2	5	7	0.97
41-9021	Real Estate Brokers	*	*	*	*	*	*	*	*
41-9022	Real Estate Sales Agents	162	180	18	11.11	2	3	5	1.06
41-9031	Sales Engineers	*	*	*	*	*	*	*	*
41-9041	Telemarketers	225	202	-23	-10.22	0	6	6	-1.07
41-9091	DoorToDoor SlsWkrs/NewsStreetVendrs	340	292	-48	-14.12	0	6	6	-1.51
41-9099	Sales and Related Workers, AO	371	383	12	3.23	1	8	9	0.32
43-0000	Office & Administratve Support Occs	30,680	32,463	1,783	5.81	236	646	882	0.57
43-1000	Supervisors, Office/Admin Supp Wkrs	1,545	1,664	119	7.70	12	35	47	0.74
43-1011	1st-Line Svrs/Mgrs, Ofc/AdmSuppWkrs	1,545	1,664	119	7.70	12	35	47	0.74
43-2000	Communications Equipment Operators	207	189	-18	-8.70	0	4	4	-0.91
43-2011	Switchbrd Opers, inc Answering Serv	189	171	-18	-9.52	0	4	4	-1.00
43-2021	Telephone Operators	*	*	*	*	*	*	*	*
43-2099	Communications Equipment Opers, AO	*	*	*	*	*	*	*	*
43-3000	Financial Clerks	4,650	5,068	418	8.99	43	87	130	0.86
43-3011	Bill and Account Collectors	462	557	95	20.56	10	9	19	1.89
43-3021	Billing/Posting Clerks & Mach Opers	684	758	74	10.82	7	11	18	1.03
43-3031	Bookkeeping/Accntng/Auditing Clerks	2,320	2,518	198	8.53	20	28	48	0.82
43-3041	Gaming Cage Workers	146	138	-8	-5.48	0	3	3	-0.56
43-3051	Payroll and Timekeeping Clerks	306	301	-5	-1.63	0	7	7	-0.16

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State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
43-3061	Procurement Clerks	72	76	4	5.56	0	2	2	0.54
43-3071	Tellers	660	720	60	9.09	6	27	33	0.87
43-4000	Information and Record Clerks	6,827	7,358	531	7.78	73	202	275	0.75
43-4011	Brokerage Clerks	56	53	-3	-5.36	0	2	2	-0.55
43-4021	Correspondence Clerks	7	6	-1	-14.29	0	0	0	-1.53
43-4031	Court, Municipal & License Clerks	150	164	14	9.33	1	4	5	0.90
43-4041	Credit Authorizers/Checkers/Clerks	68	62	-6	-8.82	0	2	2	-0.92
43-4051	Customer Service Representatives	2,832	3,262	430	15.18	43	89	132	1.42
43-4061	Eligibility Interviewrs, Govt Progs	29	30	1	3.45	0	1	1	0.34
43-4071	File Clerks	228	182	-46	-20.18	0	6	6	-2.23
43-4081	Hotel, Motel & Resort Desk Clerks	104	124	20	19.23	2	4	6	1.77
43-4111	Interviewers, exc Eligibility&Loan	214	220	6	2.80	1	5	6	0.28
43-4121	Library Assistants, Clerical	350	385	35	10.00	4	15	19	0.96
43-4131	Loan Interviewers and Clerks	200	209	9	4.50	1	5	6	0.44
43-4141	New Accounts Clerks	153	154	1	0.65	0	4	4	0.07
43-4151	Order Clerks	383	265	-118	-30.81	0	11	11	-3.62
43-4161	Human Resources Assistants	168	156	-12	-7.14	0	5	5	-0.74
43-4171	Receptionists & Information Clerks	1,727	1,935	208	12.04	21	47	68	1.14
43-4181	Resrvtn/Trans TcktAgts & TrvelClrks	40	45	5	12.50	1	1	2	1.18
43-4199	Information and Record Clerks, AO	118	106	-12	-10.17	0	3	3	-1.07
43-5000	Material Recrd/Sched/Disp/Dist Wkrs	6,854	7,032	178	2.60	36	161	197	0.26
43-5011	Cargo and Freight Agents	289	327	38	13.15	4	7	11	1.24
43-5021	Couriers and Messengers	132	127	-5	-3.79	0	3	3	-0.39
43-5031	Police, Fire & Ambulnce Dispatchers	211	246	35	16.59	4	4	8	1.55
43-5032	Dispatchers, exc Police, Fire & Amb	320	308	-12	-3.75	0	7	7	-0.38
43-5041	Meter Readers, Utilities	91	82	-9	-9.89	0	3	3	-1.04
43-5051	Postal Service Clerks	71	66	-5	-7.04	0	2	2	-0.73
43-5052	Postal Service Mail Carriers	390	436	46	11.79	5	12	17	1.12
43-5053	Postal Serv Mail Sorters/Mach Opers	242	193	-49	-20.25	0	2	2	-2.24
43-5061	Production/Planning/Expeditg Clerks	400	396	-4	-1.00	0	10	10	-0.10
43-5071	Shipping Receiving & Traffic Clerks	1,250	1,169	-81	-6.48	0	31	31	-0.67
43-5081	Stock Clerks and Order Fillers	3,362	3,602	240	7.14	24	77	101	0.69
43-5111	Weighers/Measurers/Checkers/Samplrs	96	80	-16	-16.67	0	3	3	-1.81
43-6000	Secretaries & Admin Assistants	5,112	5,489	377	7.37	38	69	107	0.71
43-6011	Executive Secretaries & Admin Assts	2,154	2,345	191	8.87	19	29	48	0.85
43-6012	Legal Secretaries	184	221	37	20.11	4	3	7	1.85
43-6013	Medical Secretaries	463	572	109	23.54	11	6	17	2.14
43-6014	Secretaries, exc Legal/Medical/Exec	2,311	2,351	40	1.73	4	31	35	0.17
43-9000	Other Office/Admin Support Workers	5,485	5,663	178	3.25	34	88	122	0.32
43-9011	Computer Operators	110	84	-26	-23.64	0	1	1	-2.66
43-9021	Data Entry Keyers	361	338	-23	-6.37	0	8	8	-0.66

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State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth*
43-9022	Word Processors and Typists	43	41	-2	-4.65	0	0	0	-0.48
43-9031	Desktop Publishers	48	34	-14	-29.17	0	1	1	-3.39
43-9041	Insurnce Claims & Policy Proc Clrks	152	157	5	3.29	1	2	3	0.32
43-9051	Mail Clrks/Mch Oprs, exc PostalServ	127	105	-22	-17.32	0	2	2	-1.88
43-9061	Office Clerks, General	3,583	3,921	338	9.43	34	49	83	0.91
43-9071	Office Mach Operators, exc Computer	78	67	-11	-14.10	0	3	3	-1.51
43-9081	Proofreaders and Copy Markers	12	12	0	0.00	0	0	0	0.00
43-9111	Statistical Assistants	7	7	0	0.00	0	0	0	0.00
43-9199	Office & Admin Support Workers, AO	964	897	-67	-6.95	0	22	22	-0.72
45-0000	Farming/Fishing/Forestry Occupatns	332	329	-3	-0.90	0	9	9	-0.09
45-1000	Supervisors, Farm/Fish/Forest Wrkrs	*	*	*	*	*	*	*	*
45-1011	1st-Line Svrs/Mgrs, Farming Workers	*	*	*	*	*	*	*	*
45-2000	Agricultural Workers	293	291	-2	-0.68	0	8	8	-0.07
45-2011	Agricultural Inspectors	*	*	*	*	*	*	*	*
45-2041	Graders and Sorters, Agric Products	49	49	0	0.00	0	1	1	0.00
45-2091	Agricultural Equipment Operators	36	34	-2	-5.56	0	1	1	-0.57
45-2092	Farmwkrs/Labrs, Crop/Nursery/Grnhse	172	173	1	0.58	0	5	5	0.06
45-2093	Farmworkers, Farm and Ranch Animals	17	16	-1	-5.88	0	1	1	-0.60
45-2099	Agricultural Workers, All Other	*	*	*	*	*	*	*	*
45-4000	Forest, Conservation & Logging Wkrs	*	*	*	*	*	*	*	*
45-4011	Forest and Conservation Workers	10	11	1	10.00	0	0	0	0.96
45-4021	Fallers	*	*	*	*	*	*	*	*
45-4022	Logging Equipment Operators	6	4	-2	-33.33	0	0	0	-3.97
45-4023	Log Graders and Scalers	*	*	*	*	*	*	*	*
45-4029	Logging Workers, All Other	*	*	*	*	*	*	*	*
47-0000	Construction and Extraction Occs	14,477	15,705	1,228	8.48	125	246	371	0.82
47-1000	Supervsrs, Constructn/Extractn Wkrs	821	909	88	10.72	9	16	25	1.02
47-1011	1st-Line Svrs/Mgrs, ConstTrades/Ext	821	909	88	10.72	9	16	25	1.02
47-2000	Construction Trades Workers	12,348	13,385	1,037	8.40	105	199	304	0.81
47-2011	Boilermakers	63	69	6	9.52	1	1	2	0.91
47-2021	Brickmasons and Blockmasons	465	498	33	7.10	3	12	15	0.69
47-2022	Stonemasons	21	22	1	4.76	0	1	1	0.47
47-2031	Carpenters	2,688	2,857	169	6.29	17	34	51	0.61
47-2041	Carpet Installers	129	126	-3	-2.33	0	3	3	-0.24
47-2042	Floor Layers, exc Carpt/Wd/HardTile	*	*	*	*	*	*	*	*
47-2043	Floor Sanders and Finishers	37	40	3	8.11	0	1	1	0.78
47-2044	Tile and Marble Setters	128	140	12	9.38	1	3	4	0.90
47-2051	Cement Masons & Concrete Finishers	424	448	24	5.66	2	11	13	0.55
47-2053	Terrazzo Workers and Finishers	*	*	*	*	*	*	*	*
47-2061	Construction Laborers	2,715	3,132	417	15.36	42	18	60	1.44
47-2071	Paving/Surfacing/Tamping Eqpt Opers	79	80	1	1.27	0	1	1	0.13

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

State of Illinois
Occupational Employment Projections (Long-term)
2008-2018

Standard Occupational Classification (SOC) Code	Title	Base Year Employment 2008	Projected Year Employment 2018	Employment Change 2008-2018 Number	Employment Change 2008-2018 Percent	Average Annual Job Openings due to Growth	Average Annual Job Openings due to Replacements	Average Annual Job Openings due to Total	Annual Compound Growth
49-9031	Home Appliance Repairers	110	119	9	8.18	1	2	3	0.79
49-9041	Industrial Machinery Mechanics	347	394	47	13.54	5	5	10	1.28
49-9042	General Maintenance & Repair Workrs	1,793	1,917	124	6.92	12	28	40	0.67
49-9043	Maintenance Workers, Machinery	181	190	9	4.97	1	3	4	0.49
49-9044	Millwrights	56	57	1	1.79	0	1	1	0.18
49-9045	Refractory Materials Repairers	*	*	*	*	*	*	*	*
49-9051	Elec Power-Line Installrs/Repairers	163	165	2	1.23	0	6	6	0.12
49-9052	Telecomm Line Installers/Repairers	153	157	4	2.61	0	2	2	0.26
49-9061	Camera/Photographic Eqpt Repairers	*	*	*	*	*	*	*	*
49-9062	Medical Equipment Repairers	45	57	12	26.67	1	1	2	2.39
49-9063	Musical Instrument Repairers/Tuners	17	17	0	0.00	0	1	1	0.00
49-9064	Watch Repairers	*	*	*	*	*	*	*	*
49-9069	Precisn Instrumt Eqpt Repairers, AO	21	22	1	4.76	0	1	1	0.47
49-9091	Coin/Vend/Amusement Mach Servicers	48	52	4	8.33	0	2	2	0.80
49-9093	Fabric Menders, Except Garment	*	*	*	*	*	*	*	*
49-9094	Locksmiths and Safe Repairers	20	22	2	10.00	0	0	0	0.96
49-9095	Manuf Bldg & Mobile Home Installers	8	8	0	0.00	0	0	0	0.00
49-9096	Riggers	17	18	1	5.88	0	0	0	0.57
49-9097	Signal and Track Switch Repairers	21	21	0	0.00	0	0	0	0.00
49-9098	Helpers--Install/Maint/Repair Wrkrs	169	188	19	11.24	2	8	10	1.07
49-9099	Installation/Maint/Repair Wkrs, AO	277	298	21	7.58	2	4	6	0.73
51-0000	Production Occupations	16,000	15,407	-593	-3.71	24	318	342	-0.38
51-1000	Supervisors, Production Workers	1,159	1,092	-67	-5.78	0	16	16	-0.59
51-1011	1st-Line Svrs/Mgrs, Prod/Oper Wkrs	1,159	1,092	-67	-5.78	0	16	16	-0.59
51-2000	Assemblers and Fabricators	2,630	2,573	-57	-2.17	2	57	59	-0.22
51-2011	Aircraft Struc/Surfs Sys Assemblers	*	*	*	*	*	*	*	*
51-2021	Coil Winders, Tapers, and Finishers	39	25	-14	-35.90	0	1	1	-4.35
51-2022	Electric/Electronic Eqpt Assemblers	222	170	-52	-23.42	0	3	3	-2.63
51-2023	Electromechanical Eqpmnt Assemblers	63	51	-12	-19.05	0	1	1	-2.09
51-2031	Engine and Other Machine Assemblers	*	*	*	*	*	*	*	*
51-2041	Structural Metal Fabrcators/Fitters	71	71	0	0.00	0	2	2	0.00
51-2091	Fiberglass Laminators & Fabricators	11	11	0	0.00	0	0	0	0.00
51-2092	Team Assemblers	1,651	1,665	14	0.85	1	37	38	0.08
51-2093	Timing Device Assemblers/Adjusters	*	*	*	*	*	*	*	*
51-2099	Assemblers & Fabricators, All Other	520	530	10	1.92	1	12	13	0.19
51-3000	Food Processing Workers	1,376	1,422	46	3.34	5	40	45	0.33
51-3011	Bakers	333	334	1	0.30	0	9	9	0.03
51-3021	Butchers and Meat Cutters	339	352	13	3.83	1	11	12	0.38
51-3022	Meat/Poultry/Fish Cutters & Trimmrs	202	217	15	7.43	2	7	9	0.72
51-3023	Slaughterers and Meat Packers	161	162	1	0.62	0	5	5	0.06
51-3091	Food Roast/Bake Mach Opers & Tendrs	42	43	1	2.38	0	1	1	0.24

*Source: Illinois Department of Employment Security, Economic Information & Analysis Division * = Data suppressed due to confidentiality requirements.*

Application Page 125

Attachment 20

1125.600 Bed Capacity

The criterion reads:

The maximum size of a general long term care facility is 250 beds unless the applicant documents that a larger facility would provide personalization of patient care and documents provision of quality care based on the experience of the applicant and compliance with IDPH's licensure standards.

This does not apply, as the facility is proposing 110 general long-term care beds.

Attachment 21

1125.610 Community Related Functions

The project received letters of support from physicians pledging 245-247 referrals. A total of 14 support letters were received for this project. However, these letters did not meet all of the criteria to be included in the Planning Area Need section and are included here.

Spyro Analytis, MD

Internal Medicine

460 North Broadway

Coal City, IL 60416

(815)634-8030

June 16, 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Dear Sir or Madam:

I am writing this letter in support of the proposed AegeanMed Transitional Care application to construct and operate a 110-bed skilled nursing facility in Will County, Illinois.

As a physician serving Lockport and surrounding communities, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for elderly patients and the families that care for them. We are confident as well that AegeanMed Transitional Care Center of Lockport will provide a valuable service to the community members of the area.

Based on recent experience, I could refer 6-12 patients per month from this area to the AegeanMed Transitional Care Center of Lockport for skilled nursing and/or rehabilitation. I served 40 patients who have received care at existing skilled nursing facilities in the past year.

I fully support the proposed facility.

Sincerely,

Spyro Analytis, MD

SUBSCRIBED and SWORN to before me this 17th day of June, 2013.

JOAN C. NAINES
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
May 22, 2016

Joan C. Naines
Notary Public

Spyro Analytis, MD

Internal Medicine

460 North Broadway

Coal City, IL 60416

(815)634-8030

June 16, 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

Sincerely,

Spyro Analytis, MD

SUBSCRIBED and SWORN to before me this 17th day of June, 2013.

JOAN C. NAINES
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
May 22, 2016

Joan C. Naines
Notary Public

Adventist
Midwest Geriatrics Specialists
Keeping you well

5101 S. Willow Springs Rd
LaGrange IL 60525
708-245-4073
708-245-5614 Fax

RAJEEV KUMAR, M.D., C.M.D., F.A.C.P., MEDICAL DIRECTOR
PETER E. NORVID, M.D., C.M.D., F.A.C.P.
LAWRENCE R. LAPALIO, M.D., C.M.D., F.A.C.P., MEDICAL DIRECTOR EMERITUS
RAHMAWATI SIH, M.D., C.M.D., F.A.C.P.
SHAHLA M. NYAEME, M.D., C.M.D.
ROBERT J. DUCH, M.D., M.P.H.
AHMED NAZIMUDDIN, M.D.
ROBERT E. JOHNSON, M.D., C.M.D.
MOHAMMAD T. SIDDIQUE, M.D.
VYJAYANTHI ATLURI, M.D.
ARSHEA SIDDIQUI, M.D., C.M.D.
MARIE CARCELLAR, ANP
MICHELLE BUIKEMA, NP-C

24 May 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport's application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

As a physician serving Lockport and the surrounding communities, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for patients and the families that care for them. We are confident as well that AegeanMed Transitional Care Center of Lockport will provide a valuable service to the community members of the area.

Based on recent experience, I could refer 20 patients per year from this area to the AegeanMed Transitional Care Center of Lockport for skilled nursing and/or rehabilitation. I have served 75-80 patients who have received care at existing skilled nursing facilities in the past year.

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

I fully support the proposed facility.

Sincerely,

Rajeev Kumar, M.D., C.M.D., F.A.C.P.
Medical Director

OFFICIAL SEAL
PAULA J PIZZURRO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES SEP. 03, 2014

Adventist
Midwest Geriatrics Specialists
Keeping you well

5101 S. Willow Springs Rd
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VYJAYANTHI ATLURI, M.D.
ARSHEA SIDDIQUI, M.D., C.M.D.
MARIE CARCELLAR, ANP
MICHELLE BUIKEMA, NP-C

May 24, 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

On behalf of the physicians in our group, I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport's application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

Our physicians serve Lockport and surrounding communities, and we are familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

We anticipate that AegeanMed Transitional Care will become a crucial discharge destination for Adventist Midwest Geriatrics Specialists, and we look forward to the increased access to high-quality post-acute care that will be provided as a result of the proposed project. Furthermore, we are confident that AegeanMed Transitional Care will provide a valuable service to the community members of the area.

Our group has served 75-80 patients who have received care at existing skilled nursing facilities in the past year. Within a 24-month period after project completion, our physicians could refer 20 patients to the AegeanMed Transitional Care Center of Lockport for skilled nursing and rehabilitation services.

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

The physicians of Adventist Midwest Geriatrics Specialists fully support the proposed AegeanMed Transitional Care Center of Lockport.

Sincerely,

Rajeev Kumar, M.D., C.M.D., F.A.C.P.

OFFICIAL SEAL
PAULA J PIZZURRO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES SEP. 03, 2014

DIGESTIVE HEALTH ASSOCIATES, P.C.

Specializing in Digestive Tract and Liver Disease

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Bashar Hamad, M.D.
Board Certified
Gastroenterology & Internal Medicine

Richard Rotnicki, D.O., FACG, FACOI
Board Certified
Gastroenterology & Internal Medicine

13 May 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport's application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

As a physician serving Lockport and the surrounding communities, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for patients and the families that care for them. We are confident as well that AegeanMed Transitional Care Center of Lockport will provide a valuable service to the community members of the area.

Based on recent experience, I could refer 6-12 patients per year from this area to the AegeanMed Transitional Care Center of Lockport for skilled nursing and/or rehabilitation. I have served 25-35 patients who have received care at existing skilled nursing facilities in the past year.

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

I fully support the proposed facility.

Sincerely,

B. Hamad

Bashar Hamad MD

Notarization: Toni Durham

TONI DURHAM
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
August 22, 2016

Date: 5-14-13

DIGESTIVE HEALTH ASSOCIATES, P.C.

Specializing in Digestive Tract and Liver Disease

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Gastroenterology & Internal Medicine

13 May 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport's application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

As a physician serving Lockport and the surrounding communities, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for patients and the families that care for them. We are confident as well that AegeanMed Transitional Care Center of Lockport will provide a valuable service to the community members of the area.

Based on recent experience, I could refer 6-12 patients per year from this area to the AegeanMed Transitional Care Center of Lockport for skilled nursing and/or rehabilitation. I have served 30-40 patients who have received care at existing skilled nursing facilities in the past year.

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

I fully support the proposed facility.

Sincerely,

Richard Rotnicki DO

Notarization:

TONI DURHAM
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
August 22, 2016

Date: 5/15/13

DAVID MCFADDEN M.D.
NEPHROLOGIST
1499 LAKEWOOD DRIVE
MORRIS,IL 60450

MAY 14, 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport's application to construct and operate a 120 bed skilled nursing facility in Will County, Illinois.

As a physician serving Lockport and the surrounding communities, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for patients and the families that care for them. We are confident as well that AegeanMed Transitional Care Center of Lockport will provide a valuable service to the community members of the area.

Based on recent experience, I could refer 13 to 26 per year from this area to the AegeanMed Transitional Care Center of Lockport for skilled nursing and/or rehabilitation. I have served 100 patients who have received care at existing skilled nursing facilities in the past year.

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

I fully support the proposed facility.

Sincerely,

DAVID MCFADDEN M.D.

Official Seal
Tina Atkinson
Notary Public State of Illinois
My Commission Expires 11/28/2016

5-15-13

HEARTLAND CARDIOVASCULAR CENTER, L.L.C.℠
Hearts Are the Core of Our Practice ℠

Administrative Office
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Julie Frommelt, APRN
Joliet (Madison St.)

Practice Limited to
Cardiovascular Disease
Board Certified in
Cardiovascular Disease

3 May 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport's application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

As a physician serving Lockport and the surrounding communities, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for patients and the families that care for them. We are confident as well that AegeanMed Transitional Care Center of Lockport will provide a valuable service to the community members of the area.

Based on recent experience, I could refer 12 to 24 patients per year from this area to the AegeanMed Transitional Care Center of Lockport for skilled nursing and/or rehabilitation. I have served 24 to 40 patients who have received care at existing skilled nursing facilities in the past year.

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

I fully support the proposed facility.

OFFICIAL SEAL
LUANN LAMIQUIZ
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/07/15

Sincerely,

Luann Lamiquiz
5/3/13

Abdul Sankari, M.D.

Notary

137

• 301 N. Madison St. Ste. 207 Joliet, IL 815.729.3280 Tel./815.729.3294 Fax
• 1802 N. Division St. Ste. 605 Morris, IL 815.942.5790 Tel./815.941.5704 Fax
• 222 Colorado Ave. Frankfort, IL 815.740.1900 Tel./815.726.6651 Fax
• 1913 S. Chicago St. Joliet, IL 815.740.1900 Tel./815.723.3912 Fax
• 12935 S. Gregory St., Blue Island, IL 815.740.100 Tel./815.726.6651 Fax
• 1890 Silver Cross Blvd., Pavillion A Suite 240 New Lenox, IL 815.740.1900 Tel./815.726.6651 Fax
• 305 Vine St., New Lenox, IL 815.729.3280 Tel./815.729.3274 Fax
• 1209 Starfire Dr. Ottawa, IL 815.434.2448 Tel./815.941.1770 Fax
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Joliet (Madison St.)

Julie Frommelt, APRN
Joliet (Madison St.)

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Cardiovascular Disease
Board Certified in
Cardiovascular Disease

May 3, 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

Sincerely,

Abdul Sankari, M.D.

Notary

OFFICIAL SEAL
LUANN LAMIQUIZ
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/07/15

Luann Lamiquiz
5/3/13

• 301 N. Madison St. Ste. 207 Joliet, IL 815.729.3280 Tel./815.729.3294 Fax
• 1802 N. Division St. Ste. 605 Morris, IL 815.942.5790 Tel./815.941.5704 Fax
• 222 Colorado Ave. Frankfort, IL 815.740.1900 Tel./815.726.6651 Fax
• 1913 S. Chicago St. Joliet, IL 815.740.1900 Tel./815.723.3912 Fax
• 12935 S. Gregory St., Blue Island, IL 815.740.100 Tel./815.726.6651 Fax
• 1890 Silver Cross Blvd., Pavillion A Suite 240 New Lenox, IL 815.740.1900 Tel./815.726.6651 Fax
• 305 Vine St., New Lenox, IL 815.729.3280 Tel./815.729.3274 Fax
• 1209 Starfire Dr. Ottawa, IL 815.434.2448 Tel./815.941.1770 Fax
• 15300 W. Ave. Ste. 204 E. Orland Park, IL 815.740.1900 Tel./815.726..6651 Fax

JOHN R. BOLDEN, JR., M.D.
Infectious Disease

114 Waverly Street
Morris, IL 60450

phone 815.941.2076
fax 815.941.1584

May 17, 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

On behalf of the physicians in our group, I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport's application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

Our physicians serve Lockport and surrounding communities, and we are familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

We anticipate that AegeanMed Transitional Care will become a crucial discharge destination for John Bolden, M.D, S.C, and we look forward to the increased access to high-quality post-acute care that will be provided as a result of the proposed project. Furthermore, we are confident that AegeanMed Transitional Care will provide a valuable service to the community members of the area.

Our group has served 50 patients who have received care at existing skilled nursing facilities in the past year. Within a 24-month period after project completion, our physicians could refer 6-12 patients to the AegeanMed Transitional Care Center of Lockport for skilled nursing and rehabilitation services.

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

The physicians of John Bolden, M.D, S.C fully support the proposed AegeanMed Transitional Care Center of Lockport.

Sincerely,

JR Bolden MD

SUBSCRIBED and SWORN to before me this
17th day of May, 2013.

Joan C. Naines
Notary Public

JOAN C. NAINES
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
May 22, 2016

JOHN R. BOLDEN, JR., M.D.
Infectious Disease

114 Waverly Street
Morris, IL 60450

phone 815.941.2076
fax 815.941.1584

17 May 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport's application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

As a physician serving Lockport and the surrounding communities, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for patients and the families that care for them. We are confident as well that AegeanMed Transitional Care Center of Lockport will provide a valuable service to the community members of the area.

Based on recent experience, I could refer 6-12 patients per year from this area to the AegeanMed Transitional Care Center of Lockport for skilled nursing and/or rehabilitation. I have served 50 patients who have received care at existing skilled nursing facilities in the past year.

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

I fully support the proposed facility.

Sincerely,

JR Bolden, MD

SUBSCRIBED and SWORN to before me this
17th day of May, 2013.

Joan C. Naines
Notary Public

JOAN C. NAINES
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
May 22, 2016

Agha Medical, Ltd.
Mousab Almusaddy, M.D.

1600 Plainfield Road
Joliet, IL 60435
Ph: 815-729-0111
Fx: 815-729-3399

1367 N. Division St.
Morris, IL 60450
Ph: 815-941-2007
Fx: 815-941-2132

13303 S. Ridgeland Ave. Unit C
Palos Heights, IL 60463
Ph: 708-385-6000
Fx: 708-385-9077

17 April 2013

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, IL 62761

To Whom It May Concern:

I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport's application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

As a physician serving Lockport and the surrounding communities, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for patients and the families that care for them. We are confident as well that AegeanMed Transitional Care Center of Lockport will provide a valuable service to the community members of the area.

Based on recent experience, I could refer 12-24 patients per year from this area to the AegeanMed Transitional Care Center of Lockport for skilled nursing and/or rehabilitation. I have served 60 patients per month who have received care at existing skilled nursing facilities in the past year.

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

I fully support the proposed facility.

Sincerely,

Mousab Almusaddy, M.D.
Pulmonary, Critical Care & Sleep Medicine

OFFICIAL SEAL
KIMBERLY MARQUES
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/16/15

Kimberly Marques 4/17/13

Agha Medical, Ltd.
Ahmad J. Agha, M.D.

1600 Plainfield Road
Joliet, IL 60435
Ph: 815-729-0111
Fx: 815-729-3399

1367 N. Division St.
Morris, IL 60450
Ph: 815-941-2007
Fx: 815-941-2132

13303 S. Ridgeland Ave. Unit C
Palos Heights, IL 60463
Ph: 708-385-6000
Fx: 708-385-9077

17 April 2013

Illinois Health Facilities and Services Review Board

525 West Jefferson Street, Second Floor

Springfield, IL 62761

To Whom It May Concern:

I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport's application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

As a physician serving Lockport and the surrounding communities, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for patients and the families that care for them. We are confident as well that AegeanMed Transitional Care Center of Lockport will provide a valuable service to the community members of the area.

Based on recent experience, I could refer 12-24 patients per year from this area to the AegeanMed Transitional Care Center of Lockport for skilled nursing and/or rehabilitation. I have served 60 patients per month who have received care at existing skilled nursing facilities in the past year.

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

I fully support the proposed facility.

Sincerely,

Ahmad J. Agha, M.D.
Pulmonary, Critical Care & Sleep Medicine

OFFICIAL SEAL
KIMBERLY MARQUES
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/15/15

4/17/13

MERIDIAN MEDICAL ASSOCIATES

Progressive Care, Personal Touch

7 April 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport's application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

As a physician serving Lockport and the surrounding communities, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for patients and the families that care for them. We are confident as well that AegeanMed Transitional Care Center of Lockport will provide a valuable service to the community members of the area.

Based on recent experience, I could refer 30-35 patients per year from this area to the AegeanMed Transitional Care Center of Lockport for skilled nursing and/or rehabilitation. I have served 45patients who have received care at existing skilled nursing facilities in the past year.

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

I fully support the proposed facility.

Sincerely,

"OFFICIAL SEAL"
Jane Stukel
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 10-05-2015

4-8-2013
Jane Stukel

Joliet Medical Building
2100 Glenwood Ave.
Joliet, IL 60435
(815) 725-2121

Medical Plaza II
23909 W. Renwick Rd.
Suite 107
Plainfield, IL 60544
(815) 254-1296

Hammes Professional Building
333 N. Hammes Ave.
Suite 100
Joliet, IL 60435
(815) 725-2121

Provena Medical Building
7000 Caton Farm Rd.
Suite C
Plainfield, IL 60586
(815) 436-4208

Allergy & Asthma Clinic
229 N. Hammes Ave.
Joliet, IL 60435
(815) 744-2300

Community Orthopedics
1240 Essington Rd.
Joliet, IL 60435
(815) 725-7700

Madison Professional Building
330 N Madison
Suite 103
Joliet, IL 60435
(815) 741-2900

Medical Services Building
1870 Silver Cross Blvd.
Suite 240
New Lenox, IL 60451
(815) 514-2600

Shorewood Plaza
700 W. Jefferson
Shorewood, IL 60404
(815) 741-2888

JOLIET HEADACHE & NEUROLOGY CENTER

Peter Analytis, MD
801 N. Larkin Ave
Joliet, IL 60435
(815) 744-6460

April 17, 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

On behalf of the physicians in our group, I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

Our physicians serve Lockport and surrounding communities, and we are familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

We anticipate that AegeanMed Transitional Care will become a crucial discharge destination for Joliet Headache and Neurology Center, and we look forward to the increased access to high quality post-acute care that will be provided as a result of the proposed project. Furthermore, we are confident that AegeanMed Transitional Care will provide a valuable service to the community members of the area.

Our group served numerous patients who have received care at existing skilled nursing facilities in the past year. Within a 24-month period after project completion, our physicians could refer 12-24 patients to the AegeanMed Transitional Care Center of Lockport for skilled nursing and rehabilitation services.

The physicians of Joliet Headache and Neurology Center fully support the proposed AegeanMed Transitional Care Center of Lockport.

Sincerely,

P. Analytis MD

Peter Analytis MD

OFFICIAL SEAL
JOANNE ANALYTIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/25/13

4-17-13 Joanne Analytis

JOLIET HEADACHE & NEUROLOGY CENTER

Peter Analytis, MD
801 N. Larkin Ave
Joliet, IL 60435
(815) 744-6460

April 17, 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

Sincerely,

P. Analytis MD

Peter Analytis, M.D.

OFFICIAL SEAL
JOANNE ANALYTIS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/25/13

4-17-13 Joanne Analytis

REZIN ORTHOPEDICS AND SPORTS MEDICINE
Work. Play. Live.

Orthopedic Surgeons
Keith M. Rezin, MD
Raymond J. Meyer, MD
Eric T. Ortinau, MD
Paul A. Sauer, MD
Stephen H. Treacy, MD

Physical Medicine & Rehabilitation
Jason T. Franklin, DO

Podiatric Medicine & Surgery
Robert K. MacNab, DPM

Administrator
Michael Topielec

April 10, 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

On behalf of the physicians in our group, I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

Our physicians serve Lockport and surrounding communities, and we are familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

We anticipate that AegeanMed Transitional Care will become a crucial discharge destination for Rezin Orthopedics and Sports Medicine, and we look forward to the increased access to high quality post-acute care that will be provided as a result of the proposed project. Furthermore, we are confident that AegeanMed Transitional Care will provide a valuable service to the community members of the area.

Our records indicate that our group served 86 patients who have received skilled nursing care at existing skilled nursing facilities in the past twelve months. Within a 24-month period after project completion, our physicians could refer 80 patients to the AegeanMed Transitional Care Center of Lockport for skilled nursing and rehabilitation services.

The physicians of Rezin Orthopedics and Sports Medicine fully support the proposed AegeanMed Transitional Care Center of Lockport.

Sincerely,

Keith M. Rezin, M.D.
President and Founder

OFFICIAL SEAL
CAROL A WILLS
Notary Public - State of Illinois
My Commission Expires Dec 27, 2015

Carol A. Wills April 10, 2013

Morris
1051 West U.S. Rt 6, Ste. 100
Morris, IL 60450
p. 815.942.4875
f. 815.942.5046

Ottawa
1306 Gemini Cir., Ste. 2
Ottawa, IL 61350
p. 815.433.0850
f. 815.433.3655

Joliet
1310 Houbolt Rd.
Joliet, IL 60431
p. 815.741.4000
f. 815.741.4222

Bolingbrook
329 Remington Blvd., Ste. 200
Bolingbrook, IL 60440
p. 630.226.6822
f. 630.226.1381

WWW.REZINORTHO.COM

REZIN ORTHOPEDICS AND SPORTS MEDICINE
years 1991-2011

Orthopedic Surgeons
Keith M. Rezin, MD
Raymond J. Meyer, MD
Eric T. Ortinau, MD
Raghu R. Pulluru, MD
Stephen H. Treacy, MD
Paul A. Sauer, MD

Physical Medicine & Rehabilitation
Jason T. Franklin, DO

Podiatric Medicine & Surgery
Robert K. MacNab, DPM

Administrator
Michael Topielec

April 10, 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

Sincerely,

Keith M. Rezin, M.D.
President and Founder

OFFICIAL SEAL
CAROL A WILLS
Notary Public - State of Illinois
My Commission Expires Dec 27, 2015

April 10, 2013

Morris
1051 West U.S. Rt 6, Ste. 100
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Joliet
1122 Houbolt Rd.
Joliet, IL 60431
p. 815.741.4000
f. 815.741.4222

Bolingbrook
329 Remington Blvd., Ste. 200
Bolingbrook, IL 60440
p. 630-226-6822
f. 630.226.1381

WWW.REZINORTHO.COM

Acct Number	Pat City	Pat Zip
21620	OTTAWA	61350
94482	OTTAWA	61350
92636	COAL CITY	60416
91626	COAL CITY	60416
93882	EARLVILLE	60518
80335	MORRIS	60450
94961	MORRIS	60450
81250	OTTAWA	61350
59858	MORRIS	60450
93218	OTTAWA	61350
92974	OTTAWA	61350
92064	OTTAWA	61350
47524	SENECA	61360
94818	MAZON	60444
15710	OTTAWA	61350
30146	OTTAWA	61350
90891	MARSEILLES	61341
3932	MORRIS	60450
90623	MORRIS	60450
95546	OTTAWA	61350
86647	OTTAWA	61350
93183	MORRIS	60450
32145	OTTAWA	61350
93016	OTTAWA	61350
92057	MORRIS	60450
58046	MORRIS	60450
45440	SENECA	61360
89772	OTTAWA	61350
56349	MORRIS	60450
78106	OTTAWA	61350
64176	OTTAWA	61350
91224	JOLIET	60435
2275	OTTAWA	61350
94707	MORRIS	60450
63455	OTTAWA	61350
91012	MORRIS	60450
44091	MARSEILLES	61341
91361	BRACEVILLE	60407
71725	MAZON	60444
94616	SENECA	61360
76898	MARSEILLES	61341
92871	MORRIS	60450
64501	MORRIS	60450
20154	MORRIS	60450
35799	MORRIS	60450
406	OTTAWA	61350
38844	OTTAWA	61350
27304	OTTAWA	61350
95572	OTTAWA	61350
91859	COAL CITY	60416
91794	MINOOKA	60447
91531	MORRIS	60450
90736	MORRIS	60450
91658	OTTAWA	61350
73684	MORRIS	60450
63058	MARSEILLES	61341
92975	SENECA	61360
25693	OTTAWA	61350
35671	MORRIS	60450
15232	MORRIS	60450
94714	MORRIS	60450
3933	COAL CITY	60416
95139	MARSEILLES	61341
40902	RANSOM	60470
71217	SENECA	61360
91174	OTTAWA	61350
12724	MORRIS	60450
85860	COAL CITY	60416
88462	MORRIS	60450
93117	OTTAWA	61350
93656	OTTAWA	61350
12111	COAL CITY	60416
90104	OTTAWA	61350
90004	WILMINGTON	60481
95695	MORRIS	60450
92981	MORRIS	60450
91800	OTTAWA	61350
72643	HOPKINS	55305
89326	MORRIS	60450
61561	OTTAWA	61350
21062	COAL CITY	60416
54677	OTTAWA	61350
90365	MORRIS	60450
89040	DIAMOND	60416
64590	COAL CITY	60416
91555	MORRIS	60450

148

Acct Number	Pat City	Pat Zip
72643	HOPKINS	55305
91361	BRACEVILLE	60407
92636	COAL CITY	60416
91626	COAL CITY	60416
91859	COAL CITY	60416
3933	COAL CITY	60416
85860	COAL CITY	60416
12111	COAL CITY	60416
21062	COAL CITY	60416
89040	DIAMOND	60416
64590	COAL CITY	60416
91224	JOLIET	60435
94818	MAZON	60444
71725	MAZON	60444
91794	MINOOKA	60447
80335	MORRIS	60450
94961	MORRIS	60450
59858	MORRIS	60450
3932	MORRIS	60450
90623	MORRIS	60450
93183	MORRIS	60450
92057	MORRIS	60450
58046	MORRIS	60450
56349	MORRIS	60450
94707	MORRIS	60450
91012	MORRIS	60450
92871	MORRIS	60450
64501	MORRIS	60450
20154	MORRIS	60450
35799	MORRIS	60450
91531	MORRIS	60450
90736	MORRIS	60450
73684	MORRIS	60450
35671	MORRIS	60450
15232	MORRIS	60450
94714	MORRIS	60450
12724	MORRIS	60450
88462	MORRIS	60450
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63058	MARSEILLES	61341
95139	MARSEILLES	61341
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93218	OTTAWA	61350
92974	OTTAWA	61350
92064	OTTAWA	61350
15710	OTTAWA	61350
30146	OTTAWA	61350
95546	OTTAWA	61350
86647	OTTAWA	61350
32145	OTTAWA	61350
93016	OTTAWA	61350
89772	OTTAWA	61350
78106	OTTAWA	61350
64176	OTTAWA	61350
2275	OTTAWA	61350
63455	OTTAWA	61350
406	OTTAWA	61350
38844	OTTAWA	61350
27304	OTTAWA	61350
95572	OTTAWA	61350
91658	OTTAWA	61350
25693	OTTAWA	61350
91174	OTTAWA	61350
93117	OTTAWA	61350
93656	OTTAWA	61350
90104	OTTAWA	61350
91800	OTTAWA	61350
61561	OTTAWA	61350
54677	OTTAWA	61350
47524	SENECA	61360
45440	SENECA	61360
94616	SENECA	61360
92975	SENECA	61360
71217	SENECA	61360

SNF patients by Ins Code 3-1-12 thru 2-28-2013.xlsx

Patient Zip	Count
55305	1
60407	1
60416	9
60435	1
60444	2
60447	1
60450	28
60470	1
60481	1
60518	1
61341	5
61350	30
61360	5
Total	86

150

JOHA
Excellence in Cancer Care

Founding Member
CANCER CLINICS OF EXCELLENCE

Medical Oncology/Hematology
S.K. Pundaleeka, M.D.
K.M. Sivarajan, M.D.
N.D. Burhani, M.D.
S.S. Modi, M.D.
J.J. Suh, M.D.
A.R. Lakhani, M.D.
E. Gustafson, M.D.
W. Abboud, M.D.
A. Kumar, M.D.
L.N. Rao, M.D.
P.L. McGinnis, M.D.
V. Macrinici, M.D.

Radiation Oncology
O. Hla, M.D.
R. Bendre, M.D.
N. Kabre, M.D.

Offices
Joliet-West
2614 W. Jefferson St.
Joliet, Illinois 60435
(815) 725-1355
(815) 725-9861 Fax

Joliet-East
(815) 723-8939
(815) 723-8995 Fax

Morris
(815) 942-2791
(815) 942-2983 Fax

Plainfield
(815) 725-1355
(815) 725-9861 Fax

Bolingbrook
(630) 759-7519
(630) 759-7558 Fax

Glen Oaks
(630) 545-4900
(630) 545-4905 Fax

Research Department
(815) 730-3098

Radiology Department
(815) 730-3019

Radiation Oncology
(815) 730-3533

Billing
(815) 730-3096

Pharmacy
(815) 730-3030

Nutrition
(815) 725-1355

Website
www.jolietoncology.com

March 22, 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

On behalf of the physicians in our group, I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport application to construct and operate a 120-bed skilled nursing facility in Will County, Illinois.

Our physicians serve Lockport and surrounding communities, and we are familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

We anticipate that AegeanMed Transitional Care will become a crucial discharge destination for JOHA, and we look forward to the increased access to high quality post-acute care that will be provided as a result of the proposed project. Furthermore, we are confident that AegeanMed Transitional Care will provide a valuable service to the community members of the area.

Our group served approximately 120 patients who have received care at existing skilled nursing facilities in the past year. This data was retrieved from our electronic medical record database and included patients from zip codes 61360, 60450, 60416, 60447, 60410, 60447, 60431, 60404, 60421, 60436, 60435, 60403, 60432, 60433, 60451, 60441, and 60491. Within a 24-month period after project completion, our physicians could refer 20-25% of these patients to the AegeanMed Transitional Care Center of Lockport for skilled nursing and rehabilitation services.

The physicians of JOHA fully support the proposed AegeanMed Transitional Care Center of Lockport.

Sincerely,

Sarode K. Pundaleeka, M.D., Ph.D.
President

Thakore N. Patel 3/22/13

OFFICIAL SEAL
THAKORE N PATEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/17/15

151

JOHA
Excellence in Cancer Care

Founding Member
CANCER CLINICS OF EXCELLENCE

Medical Oncology/Hematology
S.K. Pundaleeka, M.D.
K.M. Sivarajan, M.D.
N.D. Burhani, M.D.
S.S. Modi, M.D.
J.J. Suh, M.D.
A.R. Lakhani, M.D.
E. Gustafson, M.D.
W. Abboud, M.D.
A. Kumar, M.D.
L.N. Rao, M.D.
P.L. McGinnis, M.D.
V. Macrinici, M.D.

Radiation Oncology
O. Hla, M.D.
R. Bendre, M.D.
N. Kabre, M.D.

Offices
Joliet-West
2614 W. Jefferson St.
Joliet, Illinois 60435
(815) 725-1355
(815) 725-9861 Fax

Joliet-East
(815) 723-8939
(815) 723-8995 Fax

Morris
(815) 942-2791
(815) 942-2983 Fax

Plainfield
(815) 725-1355
(815) 725-9861 Fax

Bolingbrook
(630) 759-7519
(630) 759-7558 Fax

Glen Oaks
(630) 545-4900
(630) 545-4905 Fax

Research Department
(815) 730-3098

Radialogy Department
(815) 730-3019

Radiation Oncology
(815) 730-3533

Billing
(815) 730-3096

Pharmacy
(815) 730-3030

Nutrition
(815) 725-1355

Website
www.jolietoncology.com

March 21, 2013

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

To Whom It May Concern:

The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

Thank you.

Sincerely,

Sarode K. Pundaleeka, M.D., Ph.D.
President

Thakore N. Patel 3/21/13

OFFICIAL SEAL
THAKORE N PATEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/17/15

Attachment 22

Project Scope, Utilization, and Unfinished/Shell Space

Size of Project:

1. The physical space is necessary for delivering the program – 110 skilled nursing beds, nurses stations, therapy rooms, clean and dirty linen rooms, shower rooms, etc.

2. The gross square footage is in line with the BGSF standards in Appendix A.

SIZE OF PROJECT

DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
General Long-Term Care	697 BGSF/Bed	435-713 BGSF/Bed	N/A	Yes

Attachment 23

Section 1125.630 Zoning

The current zoning for the site is O-2 General Office. The proposed use is permitted in O-2 General Office Zoning District. Staff has recommended to Applicant that the Applicant proceed with public hearings, which has been initiated effective May 29, 2013. A letter from Robert L. Palmer, Interim Director of Community Development for the City of Lockport follows this page.

LOCKPORT

Mayor
Steve Streit

City Clerk
Alice Matteucci

Interm Administrator
Frank Koehler

Alderman
Pete Colarelli - 1st Ward
Kris Capadona - 1st Ward
Kelly Turner - 2nd Ward
Brian Smith - 2nd Ward
Jason Vandermeer - 3rd Ward
Darren Deskin - 3rd Ward
Denise Marynowski - 4th Ward
Robert Perretta - 4th Ward

City of Historic Pride

921 S State Street ♦ Lockport, IL 60441-3497

May 24, 2013

Mr. and Mrs. Peter Roumeliotis
Aegean Med Healthcare
21525 South Mattox Lane
Joliet, IL

Re: Aegean Med Healthcare Zoning Status

Dear Mr. and Mrs. Roumeliotis:

This letter is to confirm your submittal of a Development Plan Application relating to the proposed skilled nursing and assisted living development to be located within the Prime Business Campus, west of I-355 on Division Street (167th Street) and south on Prime Boulevard.

The current zoning classification for the property proposed for development is O-2 General Office. The proposed use is permitted in the O-2 General Office Zoning District.

Your application submittals, which were presented to the Community Development Department on May 13, 2013, are in keeping with the City's requirements. Our next process step will be an informal public meeting with area residents scheduled for May 29, 2013 at 7 PM. Following this meeting, and allowing for any adjustments per public input, the development process would continue to the Planning Commission to conduct the formal public hearing. Following Plan Commission review and recommendation, the proposal would continue to the City Council for consideration.

Staff is currently reviewing your submittals, it is anticipated that some revisions will likely be required prior to forwarding the Development Plan Application to the Plan Commission. City staff feels that this proposed skilled nursing and assisted living development concept is one with great potential to serve the residents of the City of Lockport.

We look forward to working with you and your consultants as we review and develop this concept.

Sincerely,

Robert L. Palmer
Interim Director of Community Development

Attachment 24

Section 1125.640 Assurances

Assurances regarding the applicant's understanding that, by the second year of operation after project completion, the project will achieve and maintain the occupancy standards specified in Section 1125.210(c).

Assurances Statement

This statement is being filed pursuant to Section 1110.1730(K) of the Board's Rules (771L Adm.Code 1110.1730). The undersigned is an authorized representative of the applicant and attests that the applicant understands that by the second year of operation after the project completion the applicant will make every attempt to achieve and maintain the occupancy standards specified in Part 1100 of the Board's Rules for the long term care category of service.

July 3, 2013 _____

July 3, 2013 _____

Notary: _____ Date: 7-3-13

Official Seal
Tina Atkinson
Notary Public State of Illinois
My Commission Expires 11/28/2016

Attachment 27

Criterion 1125.800 Availability of Funds

The type of financing selected is a combination of a conventional loan ; EB-5 international lenders, and cash from equity participants.

1. Statements and bank letters related to the availability of funds is provided as **Attachment 27 Item 1**.

2. A resolution from the Board of the Applicant authorizing a cash call in the amount of $1,550,000 is provided as **Attachment 27 Item 2**.

Attachment 27

Item 1

July 3, 2013

Dale Galassie, Chairman
Illinois Health Facilities Planning Board
525 West Jefferson St., Second Floor
Springfield IL 62761

RE: AegeanMed Healthcare LLC

Pursuant to the corporate resolution dated July 3, 2013, I have cash and securities available to meet the cash call of $1,550,000 from AegeanMed Healthcare LLC in the event that a CON Permit is granted.

Sincerely,

PETER P. ROUMELIOTIS, MD

BRIDGE
INVESTMENT PARTNERS

August 1, 2013

Dr. Peter Roumeliotis, MD
21525 South Mattox Lane
Shorewood, IL 60404

RE: AegeanMed Transitional Care Center of Lockport

Dear Mr. Roumeliotis:

Bridge Investment Group is pleased to be raising $2 million in EB5 Capital for AegeanMed Transitional Care Center of Lockport. We have had the benefit of reviewing this project with you, Revere Healthcare and Lamp Construction. We believe that this project has significant potential given the team assembled and the market demand.

Bridge has enjoyed success in raising EB5 capital for similar skilled and assisted living accommodations developed with the involvement of both Revere Healthcare and Lamp Construction. We look forward to successfully raising capital for this project as well. Please call me with any questions at 847-530-3534.

Sincerely,

John Mangel

John Mangel
C.E.O.

Attachment 27

Item 2

AegeanMed Healthcare LLC

Board Resolution

July 3, 2013

Capital Call

WHEREAS, this Board of Directors deems it desirable and in the best interest of this corporation to initiate a capital call from all equity holders in the event of the granting of a CON Permit by the Illinois Health and Services Planning Board on or about September 24, 2013.

NOW, THEREFORE, BE IT RESOLVED, that this corporation be funded in the amount of $1,550,000 via capital call to establish the equity position for the venture.

WE hereby certify that the foregoing resolution is a true copy of a resolution adopted by this Board of Directors at a meeting convened on July 3, 2013 and that such resolution is now in full force and effect and is in accordance with the provisions of the charter and by-laws of the Corporation. We further certify that this Corporation is duly organized and existing, and has the power to take the action called for by the foregoing resolution.

DIRECTORS

Peter C. Roumeliotis _____ 7/3/13 _____

Date

Patty P. Roumeliotis _____ 7.3.13 _____

Date

Attachment 29

Criterion 1125.800 Statement on Historical Financial Viability Data

Pursuant to 1125.800, AegeanMed Healthcare LLC is a new corporation established for the purposes of this project and, as such, no historical financial data exists for the corporation. However, an independent third party prepared a financial feasibility report (provided as **Appendix 1**) that included three year projections for the proposed project. Ratios are provided based upon these projections.

Viability Ratios

Using first full year of stabilized occupancy

Provide Data for Projects Classified as:	Category A or Category B (last three years)	Category B (Projected)
Enter Historical and/or Projected Years:		**2017**
Current Ratio		20.32
Net Margin Percentage		11.13%
Percent Debt to Total Capitalization		47%
Projected Debt Service Coverage		3.38
Days Cash on Hand		151.90
Cushion Ratio		4.04

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. Insert the worksheets after this page.

	Year 3
Current Assets	$6,068,887
Current Liabilities	$298,626
Current ratio (A/B)	20.32
Net Income/(Loss)	$1,419,456
Net Operating Revenue	$12,758,243
Net Margin percentage (C/D)	11.13%
LT Debt	$13,470,665
LT Debt + Equity	$28,446,876
Debt service coverage ratio (E/F)	47%
Net inc + depr+int+amort/P&I payment	$3,298,709
Principal and interest payment	$974,655
Debt capitalization ratio (G/H)	3.38
Cash + investments	$3,936,688
Operating expense-depreciation/365	$25,917
Days cash on hand (I/J)	152
Cash + investments	$3,936,688
Max Annual Debt Service	$974,655
Cushion Ratio (K/L)	4.04

Attachment 30

Criterion 1125.800 Economic Feasibility

The type of financing selected is a combination of a conventional loan, EB-5 international lenders, and cash from equity participants.

1. A statement attesting that the total estimated project costs will be fund in part by borrowing in order to maintain a current ratio of 1.5 is provided as **Attachment 30 Item 1**.

2. A statement regarding the reasonableness of financing arrangements is provided as **Attachment 30 Item 2**.

3. The projected direct annual operating costs is provided as **Attachment 30 Item 3**.

4. The total projected direct annual annual capital costs are provided as **Attachment 30 Item 4**.

Attachment 30

Item 1

July 3, 2013

Mr. Dale Galassie
Chairman
Illinois Health Facility and Services Review Board
525 West Jefferson Street
Springfield, Illinois 62761

Re: Certificate of Need Application for AegeanMed Healthcare LLC, Attachment 30 – Reasonableness of Financing Arrangement

Dear Mr. Galassie:

This letter is sent in regard to the AegeanMed Healthcare LLC, a project applying for a Certificate of Need permit to construct a new skilled nursing facility. This notarized statement signed by an authorized representative attests that the total estimated project costs and related costs will be funded in part by borrowing because 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 1.5.

Sincerely,

Notarization:

Subscribed and sworn to before me this 3 day of July, 2013

Official Seal
Tina Atkinson
Notary Public State of Illinois
My Commission Expires 11/28/2016

Attachment 30

Item 2

Certificate of Financing at Lowest Net Cost Available

This statement is being filed pursuant to Section 1120.310(b) of the Board's Rules (77 Ill.Adm.Code 1120.310). The undersigned are authorized representatives of the applicant and attest that the mortgage selected to finance the project is at the lowest net cost available.

Dated this 3rd day of July 2013:

PETER C. ROUMELIOTIS, MD

Attachment 30

Item 3

Criterion 1120.310(d) Projected Operating Costs		
For first full year of stabilized occupancy		
Salaries	$	4,041,699
Supplies and Fees	$	4,609,495
Benefits	$	808,340
Total direct costs	$	9,459,534
Year of Target Utilization		Year 3
Patient days per year	$	48,545
Cost per patient day	$	194.86

Attachment 30

Item 4

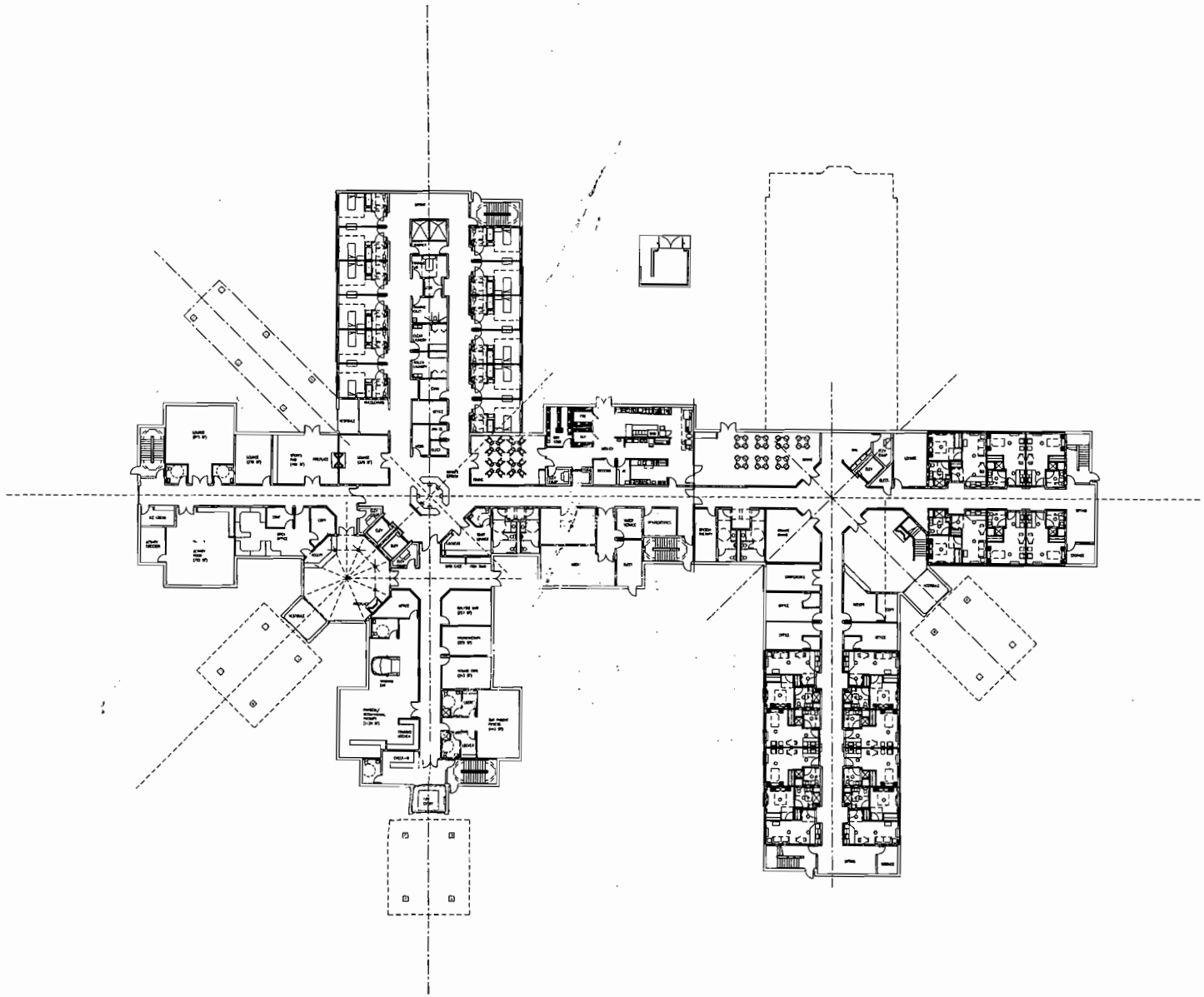
Criterion 1120.310(e) Total Effect of the Project on Capital Costs		
Depreciation	$	1,117,840
Interest	$	761,413
Property Tax	$	149,972
Total annual capital cost	$	2,029,225
Year of Target Utilization		Year 3
Patient days per year	$	48,545
Capital cost per day	$	47.54

ATTACHMENT 30-5

Appendix A

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$ 7,080	$ 12,920	$ 20,000
Site Survey and Soil Investigation	$ -	$ -	$ -
Site Preparation	$ 265,500	$ 484,500	$ 750,000
Off Site Work	$ -	$ -	$ -
New Construction Contracts	$ 6,011,139	$ 10,969,481	$ 16,980,620
Modernization Contracts	$ -	$ -	$ -
Contingencies	$ 560,616	$ 1,023,045	$ 1,583,661
Architectural/Engineering Fees	$ 361,447	$ 659,589	$ 1,021,035
Consulting and Other Fees	$ 757,560	$ 1,382,440	$ 2,140,000
Movable or Other Equipment (not in construction contracts)	$ 459,846	$ 839,154	$ 1,299,000
Bond Issuance Expense (project related)	$ -	$ -	$ -
Net Interest Expense During Construction (project related)	$ 190,098	$ 346,902	$ 537,000
Fair Market Value of Leased Space or Equipment	$ -	$ -	$ -
Other Costs To Be Capitalized	$ 174,485	$ 318,410	$ 492,895
Acquisition of Building or Other Property (excluding land)	$ -	$ -	$ -
TOTAL USES OF FUNDS	$ 8,787,771	$ 16,036,440	$ 24,824,211
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$ 3,802,493	$ 6,939,014	$ 10,741,507
Pledges	$ -	$ -	$ -
Gifts and Bequests	$ -	$ -	$ -
Bond Issues (project related)	$ -	$ -	$ -
Mortgages	$ 4,985,277	$ 9,097,427	$ 14,082,704
Leases (fair market value)	$ -	$ -	$ -
Governmental Appropriations	$ -	$ -	$ -
Grants	$ -	$ -	$ -
Other Funds and Sources	$ -	$ -	$ -
TOTAL SOURCES OF FUNDS	$ 8,787,771	$ 16,036,440	$ 24,824,211

Appendix C



FIRST FLOOR
SCALE: 1/16" = 1'

GLEASON
ARCHITECTS, P.C.
709 Hereford Drive, Unit A
Sugar Grove, Illinois 60554
Phone: 630-466-8740
Fax: 630-466-8760
Email: [illegible]

NOTE: OWNER'S INDUCING ALL DESIGN, DETAILS, SPECIFICATIONS AND INFORMATION, ARE THE SOLE PROPERTY OF GLEASON ARCHITECTS, P.C. AND ARE THE SOLE PROPERTY OF GLEASON ARCHITECTS, P.C. AND ARE THE SOLE PROPERTY OF GLEASON ARCHITECTS, P.C. THIS DRAWING IS NOT TO BE USED ON ANY OTHER PROJECT, NOR SHALL ANY OTHER PROJECT BE ASSIGNED AND SHALL NOT BE USED FOR THIS PROJECT, WITHOUT THE WRITTEN PERMISSION OF GLEASON ARCHITECTS, P.C.

ISSUED	DATE
FOR APPROVAL	
FOR PERMIT	
FOR BID	
FOR CONST.	

REVISIONS	DATE

PROJECT:
AEGEANMED HEALTHCARE
LOTS 2 AND 3, PRIME BUSINESS PARK
LOCKPORT, IL

CLIENT:
PETER AND PATTY ROUMELIOTIS

JOB NO. 12-088
DATE 4/29/13
FILE [illegible]
PLOT SCALE 1:1

OWNER APPROVAL

Signature

Date

SHEET TITLE
FIRST FLOOR PLAN

SHEET NUMBER
A2.1

Appendix D

Cost/Space Requirements

Type of gross square footage: DGSF

		Gross Square Feet		Amount of Proposed Total Gross Square Feet that is:			
Dept./Area	Cost	Existing	Proposed	New Construction	Modernized	As Is	Vacated Space
CLINICAL							
Patient Rooms	4,382,920	-	19,304	19,304	-	-	-
Patient Bathrooms	1,144,318	-	5,040	5,040	-	-	-
Nurses Station/Med Prep	182,546	-	804	804	-	-	-
LR/DR/Activity	1,538,699	-	6,777	6,777	-	-	-
Exam Room	58,578	-	258	258	-	-	-
PT/OT	1,023,302	-	4,507	4,507	-	-	-
Laundry	72,201	-	318	318	-	-	-
Janitor Closet	38,598	-	170	170	-	-	-
Clean/Soiled Linen	196,169	-	864	864	-	-	-
Beauty/Barber	171,875	-	757	757	-	-	-
Total CLINICAL	**8,809,206**	**-**	**38,799**	38,799	**-**	**-**	**-**
NON CLINICAL							
Office/Admin	434,568	-	1,914	1,914	-	-	-
Kitchen	495,871	-	2,184	2,184			
EE Lounge	186,633	-	822	822	-	-	-
Locker, Training	-	-	-	-	-	-	-
Mechanical	208,429	-	918	918	-	-	-
Lobby	200,483	-	883	883	-	-	-
Storage/Maint	244,303	-	1,076	1,076	-	-	-
Corridor/Public Toilet	4,230,117	-	18,631	18,631	-	-	-
Structure/Misc	9,374,327	-	41,288	41,288	-	-	-
Stairs/Elevators	640,273	-	2,820	2,820	-	-	-
Total NON CLINICAL	**16,015,005**	**-**	**70,536**	**70,536**	**-**	**-**	**-**
TOTAL	**24,824,211**	**-**	**109,335**	**109,335**	**-**	**-**	**-**

Note: The non-clinical cost and square footage includes the assisted living facility which is part of this structure.

Appendix 1

3rd Party Financial Feasibility Report by Revere Healthcare, Ltd.

	A	B	C	D	E	F	G	H	I	J	K
1	**Lockport SNF and AL**										
5	**140**	Units									
6											
7											
8											
9	SQUARE FOOTAGE			109,335				Second Year Inflation factor			103.50%
10	EST'D COST PER SQ FT			169 65/82				Third Year Inflation Factor			103.50%
11	EB-5 INT RATE			12%							
12	EST'D END FINANCING INT RT			4.50%							
13	EST'D CONST FINANCING INT RT			4.50%							
14	YEARS PROJECTED					2013	2014	2015			
15	Private			40	$	195.00	$202	$209	36%		
16	Medicaid			30	$	130.41	$135	$140	27%		
17	Transitional/VA			25	$	468.48	$485	$502	23%		
18	Medicare			15	$	468.48	$485	$502	14%		
19	SLF										
20	Private AL	$ 3,950.00	month	30		$130	$134	$139			
21											
22	Vocational Training rental										
23											
24	TOTAL NUMBER OF UNITS			140							
26	AMOUNT MORTGAGED			$12,082,704		Term	=	30	years		
28	CONSTRUCTION PERIOD			14							
33	ILU/ALU CONSTRUCTION COSTS:							ILU/ALU SOURCE OF FUNDS:			
34	Construction Cost			Per Lamp	Original	$16,262,591	$116,161				
35	Increase from Lamp					$718,029		Mortgage			$12,082,704
36	Construction Contingency					$1,583,661		2nd Mortgage/EB 5		$2,000,000	
37	Subtotal Construction Cost				$18,564,281			Equity		$11,616,507	
38	Land					$875,000					
39	Land Improvements					$750,000		Land Equity			
40	Architectural and Engineering Fees, Permits		5.5%			$1,021,035					
41	and Associated Costs										
42	Owners Contingency										$13,616,507
43											
44	Organizational Costs					$2,140,000		Total Funds			$25,699,211
45	Capitalized Interest					$537,000					
46											
47	Insurance during construction and rounding					$20,000					
48	Working Capital per calculation										
49				$5,343,035	$5,343,035	$23,907,316					
50											
51	Financing Fee			3.50%		$492,895					
52											
53	Furnishings & Equipment:					$1,299,000					
54											
55											
56	Subtotal: Escrows/Additional Costs					$1,791,895					
57											
58	Total uses of Funds					$25,699,211					
59											
60											
61	Architectural and Engineering:										
62	A&E Fees	5.50%	of construction cost			$1,021,035					
63	Permits & Other										
64	Total A&E					$1,021,035					
65											
66	Organizational:										
67	Legal and Accounting					$50,000					
68	Initial Marketing		7500			$1,050,000					
69	Title and recording					$25,000					
70											
71	Development fee		10%		Flat Fee	$1,000,000					
72	Taxes, Title & Insurance					$15,000					
73											
74	Organization Costs										
75						$2,140,000					
76											
77	Furnishings & Equipment:										
78	Furniture/Furnishings (included)		140	$ 7,143		$1,000,000					
79	Phone system, cable, computer					$250,000					
81	minor moveable escrow		350			$49,000					
82						$1,299,000					

Lockport SNF and AL

PROJECTED STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN RETAINED EARNINGS

	As of December 31		
	Yr 1	Yr 2	Yr 3
SERVICE REVENUES			
Private	$1,483,404	$2,771,784	$3,049,778
Medicaid	$744,062	$1,390,302	$1,529,741
Transitional/VA	$2,227,375	$4,161,915	$4,579,330
Medicare	$1,336,425	$2,497,149	$2,747,598
SLF			
Private AL	$740,920	$1,384,432	$1,523,282
Vocational Training rental			
TOTAL SERVICE REVENUES	**$6,532,186**	**$12,205,581**	**$13,429,730**
Less Vacancy	$326,609	$610,279	$671,486
Net Income	**$6,205,577**	**$11,595,302**	**$12,758,243**
OPERATING EXPENSES			
Management Fee	$310,279	$579,765	$637,912
Administrator	$83,200	$86,112	$89,126
Assistant Admin/ALF	$55,120	$57,049	$59,046
Nursing Salaries:			
RN	$326,827	$610,685	$671,933
LPN	$295,015	$551,245	$606,531
CNA	$658,036	$1,229,559	$1,352,876
Rehab Aides	$35,378	$63,870	$67,899
Nursing admin	$218,400	$226,044	$233,956
Dietary Supervisor	$33,280	$34,445	$35,650
Dietary	$173,402	$324,008	$356,504
Activities	$47,686	$89,102	$98,039
Laundry	$29,262	$54,676	$60,160
Housekeeping	$58,523	$109,353	$120,320
Maintenance	$70,720	$73,195	$75,757
Social Service	$106,080	$109,793	$113,636
Business Office/Clerical	$93,600	$96,876	$100,267
Employee Benefits and payroll taxes	$518,962	$743,202	$808,340
Therapy	$760,720	$1,421,428	$1,563,989
Pharmacy	$304,288	$568,571	$625,595
Medical Supplies	$107,075	$193,308	$205,503
Medicare Ancillary	$60,858	$113,714	$125,119
Raw Food	$199,689	$373,125	$410,547
Dietary Supplies	$26,625	$40,132	$42,664
Laundry	$6,656	$12,437	$13,685
Utilities	$218,670	$226,323	$234,245
Maintenance	$50,000	$51,750	$53,561
Housekeeping Supplies	$26,020	$46,976	$49,939
Accounting and Legal	$30,000	$36,225	$37,493
Office Supplies	$7,721	$14,427	$15,874
Social Service Supplies	$11,685	$20,397	$22,443
Telephone/Internet	$7,800	$8,073	$8,356
Property Taxes	$140,000	$144,900	$149,972
Insurance	$75,000	$77,625	$80,342
Medical Director and Physiatrist	$18,000	$18,630	$19,282
Consulting	$36,000	$37,260	$38,564
Bed Taxes	$60,225	$60,225	$60,225
Medicaid Assesment	$104,184	$188,088	$199,953
Auto-Transportation	$6,923	$12,935	$14,232
TOTAL OPERATING EXPENSES	**$5,371,909**	**$8,705,528**	**$9,459,534**
INCOME (LOSS) BEFORE OTHER EXPENSE (INCOME)	**$833,668**	**$2,889,775**	**$3,298,709**
OTHER EXPENSES (INCOME)			
Depreciation and Amortization	($1,115,840)	($1,116,840)	($1,117,840)
Interest Income			
Interest Expense	($779,734)	($770,779)	($761,413)
TOTAL OTHER EXPENSES (INCOME)	**($1,895,574)**	**($1,887,620)**	**($1,879,254)**
NET INCOME (LOSS)	**($1,061,906)**	**$1,002,155**	**$1,419,456**
RETAINED EARNINGS			
Beginning of Period		($1,061,906)	($59,752)
End of Period	**($1,061,906)**	**($59,752)**	**$1,359,704**

Lockport SNF and AL
PROJECTED BALANCE SHEETS

	As of December 31		
	2013	2014	2015
ASSETS			
CURRENT ASSETS			
Cash	$541,606	$1,803,611	$3,936,688
Accounts Receivable	$1,433,763	$2,060,096	$2,132,200
TOTAL CURRENT ASSETS	**$1,975,369**	**$3,863,707**	**$6,068,887**
PLANT, PROPERTY & EQUIPMENT			
Land	$1,625,000	$1,625,000	$1,625,000
Land Improvements			
Building	$20,142,316	$20,142,316	$20,142,316
Equipment	$1,304,000	$1,309,000	$1,314,000
	$23,071,316	$23,076,316	$23,081,316
Less Accumulated Depreciation	($671,411)	($1,343,821)	($2,017,232)
TOTAL PLANT, PROPERTY & EQUIPMENT	**$22,399,906**	**$21,732,495**	**$21,064,085**
OTHER ASSETS			
Financing Costs (Net of Amortization)	$476,465	$460,035	$443,605
Organizational Costs (Net of Amortization)	$1,712,000	$1,284,000	$856,000
Debt Service Reserve Fund			
Replacement Reserve - Building	$4,308	$8,616	$12,925
Replacement Reserve - Equipment	$100,000	$200,000	$300,000
TOTAL OTHER ASSETS	**$2,292,773**	**$1,952,651**	**$1,612,530**
TOTAL ASSETS	**$26,668,048**	**$27,548,854**	**$28,745,502**
LIABILITIES AND STOCKHOLDERS' EQUITY			
CURRENT LIABILITIES			
Accounts Payable	$225,665	$308,192	$298,626
Current Portion of Long-Term Debt			
Accrued Payroll and Payroll Taxes			
TOTAL CURRENT LIABILITIES	**$225,665**	**$308,192**	**$298,626**
LONG-TERM DEBT			
Mortgage	$13,887,783	$13,683,907	$13,470,665
Bank Letter of Credit			
TOTAL LONG-TERM DEBT	**$13,887,783**	**$13,683,907**	**$13,470,665**
OTHER LIABILITIES			
Deposits			
TOTAL OTHER LIABILITIES			
TOTAL LIABILITIES	**$14,113,447**	**$13,992,099**	**$13,769,291**
Unrestricted Net Assets			
FUND BALANCE	$13,616,507	$13,616,507	$13,616,507
Retained Earnings	($1,061,906)	($59,752)	$1,359,704
TOTAL STOCKHOLDERS' EQUITY	**$12,554,601**	**$13,556,755**	**$14,976,211**
TOTAL LIABILITIES AND STOCKHOLDERS	**$26,668,048**	**$27,548,854**	**$28,745,502**

Projected Statements of Cash Flows

	2013	2014	2015
CASH FLOWS FROM OPERATING ACTIVITIES			
Net Income (Loss)	($1,061,906)	$1,002,155	$1,419,456
Adjustments to Reconcile Net Revenues (Expenses) to Net Cash Provided (Used) By Operating Activities:			
Depreciation and Amortization	$1,115,840	$1,116,840	$1,117,840
Changes in Current Assets and Liabilities:			
Accounts Receivable			
Other Current Assets			
Accounts Payable	$225,665	$82,528	($9,566)
Accrued Payroll and Payroll Taxes			
Operating Deficit Reserve			
Working Capital Reserve			
Deposits			
Replacement Reserves	($104,308)	($104,308)	($104,308)
TOTAL CASH PROVIDED (USED) BY OPERATING ACTIVITIES	**$279,599**	**$2,201,523**	**$2,527,730**
CASH FROM FINANCING ACTIVITIES			
Land	$13,616,507		
Loan Acquistion Costs	($492,895)		
Proceeds from Long-Term Debt	$14,082,704		
Principal Payments on Long-Term Debt	($194,921)	($203,876)	($213,242)
TOTAL CASH FROM (USED IN) FINANCING ACTIVITIES	**$27,011,395**	**($203,876)**	**($213,242)**
CASH FROM (USED IN) INVESTING ACTIVITIES			
Capitalized Organization Costs	($2,140,000)		
Purchase of Land	($1,625,000)		
Purchase of Plant and Equipment	($21,446,316)	($5,000)	($5,000)
TOTAL CASH FROM (USED IN) INVESTING ACTIVITIES	**($25,211,316)**	**($5,000)**	**($5,000)**
INCREASE (DECREASE) IN CASH	**$541,606**	**$1,262,005**	**$2,133,077**
INVESTMENT INCOME			
CASH - BEGINNING OF PERIOD		**$541,606**	**$1,803,611**
CASH - END OF PERIOD	**$541,606**	**$1,803,611**	**$3,936,688**