ORIGINAL SIGNATURES

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

LTC APPLICATION FOR PERMIT
July 2012 Edition

14-008

LONG-TERM CARE
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

RECEIVED

FEB 14 2014

HEALTH FACILITIES & SERVICES REVIEW BOARD

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, Neighbors Property, LLC (Owner) and Neighbors Rehabilitation Center, LLC (Operator/Licensee) together are proposing the renovation of the existing 101 licensed nursing beds and the addition of 30 additional nursing care beds to the existing facility known as Neighbors Rehabilitation Center located at 811 West 2nd Street, Byron, Ogle County, Planning Area 141, Illinois. Upon project completion, the total licensed nursing beds will equal 131-beds in a total of 59,765 gross square feet comprised in a single story structure with a partial basement. There is 32,622 gsf of existing space (23,013 gsf renovated and 9,609 gsf as is) and 27,143 gsf of newly constructed space. The total project cost is estimated to be $9,018,858 of which $1,218,858 will be cash and securities and the balance of $7,800,000 will be financed through a mortgage.

This project is classified as substantive in accordance with 77Illinois Administrative Code, Chapter II of Subchapter b, Section 1125.140 as the project proposes the modernization along with the addition of beds over and above the 10 percent/20-beds allowance [20 ILCS 3960/12].

Facility/Project Identification

Facility Name: **Neighbors Rehabilitation Center**
Street Address: **811 West 2nd Street**
City and Zip Code: **Byron, Illinois 61010**
County: **Ogle** Health Service Area: **001** Health Planning Area: **141 Ogle County**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Neighbors Property, LLC**
Address: **6840 North Lincoln Avenue**
Name of Registered Agent: **Thomas Winter, CFO**
Name of Chief Executive Officer: **Michael Giannini, Manager**
CEO Address: **6840 North Lincoln Avenue, Lincolnwood, Illinois 60712**
Telephone Number: **(847) 675-7979**

Type of Ownership (Applicant/Co-Applicants)

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries]

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **133 South 4th Street, Springfield, Illinois 62701**
Telephone Number: **(217) 544-1551**
E-mail Address: **jkniery@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Additional Contact

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

Name: **Charles H. Foley, MHSA**
Title: **Health Care Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **133 South 4th Street, Springfield, Illinois 62701**
Telephone Number: **(217) 544-1551**
E-mail Address: **cfoley@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Facility/Project Identification

Facility Name: **Neighbors Rehabilitation Center**
Street Address: **811 West 2nd Street**
City and Zip Code: **Byron, Illinois 61010**
County: **Ogle** Health Service Area: **001** Health Planning Area: **141 Ogle County**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Neighbors Rehabilitation Center, LLC**
Address: **822 West 2nd Street**
Name of Registered Agent: **Thomas Winter, CFO**
Name of Chief Executive Officer: **Michael Giannini, Manager**
CEO Address: **6840 North Lincoln Avenue, Lincolnwood, Illinois 60712**
Telephone Number: **(847) 675-7979**

Type of Ownership (Applicant/Co-Applicants)

☐ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
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Telephone Number: **(217) 544-1551**
E-mail Address: **cfoley@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Post Permit Contact

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

Name: **Kirsten Barrish**
Title: **VP of Physical Plant and Dietary Services**
Company Name: **S.I.R, Management, Inc.**
Address: **6840 North Lincoln Avenue, Lincolnwood, Illinois 60712**
Telephone Number: **(847) 675-7979**
E-mail Address: **kbarrish@sirmanagement.com**
Fax Number: **(847) 675-0555**

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Neighbors Property, LLC**
Address of Site Owner: **6840 North Lincoln Avenue, Lincolnwood, Illinois 60712**
Street Address or Legal Description of Site: **6840 North Lincoln Avenue**
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: **Neighbors Rehabilitation Center, LLC**
Address: **P.O. Box 585, 811 West 2nd Street, Byron, Illinois 61010**

☐	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 Neighbors Property, 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], Pres.	[signature]
SIGNATURE	SIGNATURE
Michael R. Giannini	Eryan G. Bannish
PRINTED NAME	PRINTED NAME
President, Bradlor Mgt, Inc.	President, Erysson Care, LLC
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 4th day of November 2013	Notarization: Subscribed and sworn to before me this 4th day of November 2013
[signature]	[signature]
Signature of Notary	Signature of Notary
Seal OFFICIAL SEAL KIMBERLY A WALSH NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/15/14	Seal OFFICIAL SEAL KIMBERLY A WALSH NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/15/14

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Neighbors Rehabilitation Center, 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], Pres.	[signature]
SIGNATURE	SIGNATURE
Michael R. Giannini	Eryan G. Bannish
PRINTED NAME	PRINTED NAME
President, Bradlor Mgmt, Inc.	President, Erysson Care, LLC.
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 4th day of November, 2013	Notarization: Subscribed and sworn to before me this 4th day of November, 2013
[signature]	[signature]
Signature of Notary	Signature of Notary
Seal OFFICIAL SEAL KIMBERLY A WALSH NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/15/14	Seal OFFICIAL SEAL KIMBERLY A WALSH NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/15/14

*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	101	131
☐ 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	2012 2013*	83	33,857
☐ Specialized Long-Term Care			

***2013 data not final. IDPH Facility Profile not due until April 4, 2014.**

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

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

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

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

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

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

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

Criterion 1125.530 - Planning Area Need

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

than the number of years projected;

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

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

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

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

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

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

1. Historical Service Demand

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

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

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

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

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

Criterion 1125.560 - Variances to Computed Bed Need –THIS ITEM IS NOT GERMANE

Continuum of Care:

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

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

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

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

3. The applicant shall demonstrate that:

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

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

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

Defined Population:

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

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

2. The applicant shall document each of the following:

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

   b. The boundaries of the GSA;

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

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

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

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

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

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

Criterion 1125.570 - Service Accessibility –THIS ITEM IS NOT GERMANE

1. Service Restrictions

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

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

2. Additional documentation required:

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

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

   b. Patient/resident location information by zip code;

   c. Independent time-travel studies;

   d. Certification of a waiting list;

   e. Admission restrictions that exist in area providers;

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

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

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution –THIS ITEM IS NOT GERMANE

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

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

Criterion 1125.590 - Staffing Availability

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

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

Criterion 1125.600 Bed Capacity

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

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

Criterion 1125.610 - Community Related Functions

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

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

Criterion 1125.620 - Project Size

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

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

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

Criterion 1125.630 - Zoning

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

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

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

Criterion 1125.640 - Assurances

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

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

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

Criterion 1125.650 - Modernization

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:**

$1,218,858	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;
$7,800,000	d.	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.

_____	e.	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f.	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g.	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$9,018,858	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- THIS ITEM IS NOT GERMANE

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

COMBINED (NEIGHBORS PROPERTY, LLC & NEIGHBORS REHABILITATION, LLC)

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:	2011	2012	2013	2018
Current Ratio	1.0	1.0	1.0	2.0
Net Margin Percentage	41.5	43.8	30.0	17.3
Percent Debt to Total Capitalization	71.0	68.2	70.6	79.9
Projected Debt Service Coverage	3.1	3.6	2.6	4.0
Days Cash on Hand	5.8	10.4	3.4	79.5
Cushion Ratio	0.3	0.6	0.2	3.0

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

_____	e.	Governmental Appropriations - a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f.	Grants - a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g.	All Other Funds and Sources - verification of the amount and type of any other funds that will be used for the project.
$9,018,858	TOTAL FUNDS AVAILABLE	

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

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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.

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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.

NEIGHBORS PROPERTY, LLC

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:	2011	2012	2013	2018
Current Ratio	0.5	0.6	1.0	2.2
Net Margin Percentage	-27.1	-28.5	-26.2	-58.6
Percent Debt to Total Capitalization	87.9	85.5	88.6	110.2
Projected Debt Service Coverage	0.4	1.1	1.1	1.0
Days Cash on Hand	5.2	31.4	17.7	57.4
Cushion Ratio	0.0	.01	.01	.02

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

_____	e.	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f.	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g.	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$9,018,858	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- THIS ITEM IS NOT GERMANE

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.

NEIGHBORS REHABILITATION, LLC

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:	2011	2012	2013	2018
Current Ratio	1.1	1.1	1.0	2.0
Net Margin Percentage	63.9	68.4	76.8	24.7
Percent Debt to Total Capitalization	N/A	N/A	N/A	N/A
Projected Debt Service Coverage	44.7	24.5	26.7	54.4
Days Cash on Hand	5.9	9.5	2.7	81.4
Cushion Ratio	1.7	4.3	1.3	42.6

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

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

2. Variance

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

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

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

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

B. Conditions of Debt Financing

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

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

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY SERVICE

Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Nursing-New	**$190.06**	**$69.07**	**30,021****		**23,013**		**$5,705,767**	**$1,589,415**	**$7,295,182**
Contingency	**$13.22**	**$4.86**	**30,021****		**23,013**		**$396,864***	**$111,936***	**$508,800**
TOTALS	**$203.28**	**$73.93**	**30,021****		**23,013**		**$6,102,631**	**$1,701,351**	**$7,803,982**

* Include the percentage (%) of space for circulation

*Contingency Cost breakdown based on Total Contract Costs (New Construction is 78%, Modernization is 22%)
**New Construction of 27,143gsf + vacated (demolition) space of 2,878gsf as demolition costs are in the construction contract line item.

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.

Project Costs and Sources of Funds

APPENDIX A

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	$65,151.84	$34,848	$100,000
Site Survey and Soil Investigation	$11,401.57	$6,098.43	$17,500
Site Preparation	$65,151.84	$34,848.16	$100,000
Off Site Work	$15,534.81	$8,309.19	$23,844
New Construction Contracts	$3,717,412.46	$1,988,354.54	$5,705,767
Modernization Contracts	$1,035,533.19	$553,881.81	$1,589,415
Contingencies	$331,492.59	$177,307.41	$508,800
Architectural/Engineering Fees	$415,347.57	$222,159.43	$637,507
Consulting and Other Fees	$39,091.11	$20,908.89	$60,000
Movable or Other Equipment (not in construction contracts)	$179,835.38	$96,189.62	$276,025
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	$5,875,952.36	$3,142,906	$9,018,858
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$794,108.47	$424,749.53	$1,218,858
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	$5,081,843.89	$2,718,156.11	$7,800,000
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$5,875,952.36	$3,142,905.64	$9,018,858

*Clinical Cost equates to Appendix D's Total Clinical space as a percentage of the whole (78%); Conversely, Nonclinical Cost equates to Appendix D's Total Nonclinical space as a percentage of the whole (22%).

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: $ **100,000**
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ **Not Germane**.

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): **February 2017***

*** Construction completion is May of 2016. The additional time towards project completion is to allow for licensure.**

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

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

☒ Project obligation will occur after permit issuance.

APPENDIX D

Cost/Space Requirements

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

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Department/Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
New Resident Rooms & Bath Rooms	$ 1,241,347	468	8,226	7,758	468		
Existing Rsident Rooms and Toilet Rooms	$ 1,790,190	11,863	11,863		11,863		
Nursing Support	$ 244,618	513	1,621	1,108	288	225	
Utility Rooms	$ 159,960	731	1,060	329	115	616	
Living/Dining/Activity	$ 1,511,619	5,076	10,017	4,941	1,937	3,139	
PT / OT	$ 411,519	0	2,727	2,727			
Alzheimers Dayroom and Toilet		1,393					1,393
Food Service	$ 286,117	1,598	1,896	298	500	1,098	
Shower Rooms/Toilets-existing	$ 230,583	1,528	1,528			1,528	
TOTAL CLINICAL	$ 5,875,952	23,170	38,938	17,161	15,171	6,606	1,393
NON-CLINICAL							
Chapel and Support	$ 253,370	1,679	1,679			1,679	
Office / Administration	$ 332,444	198	2,203	2,005		198	
Maintenance Stoage		534					534
Commons	$ 689,939	702	4,572	3,870	702		
Dietary Office		124					124
Staff Lounge		351					351
Plaza	$ 298,340	1,977	1,977		1,977		
Support Departments	$ 247,032	0	1,637	1,637			
Building Storage	$ 44,970	0	298	298			
Mechanical Room	$ 99,748	566	661	95		566	
Lobby		476					476
Building Support	$ 516,700	1,347	3,424	2,077	787	560	
Existing Corridor Renovations	$ 660,362	4,376	4,376		4,376		
Total Non-Clinical	**$ 3,142,906**	**12,330**	**20,827**	**9,982**	**7,842**	**3,003**	**1,485**
TOTAL	**$9,018,858**	**35,500**	**59,765**	**27,143**	**23,013**	**9,609**	**2,878**

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

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

The owner of the proposed project is **Neighbors Property, LLC**. The operator/Licensee will be **Neighbors Rehabilitation Center, LLC**. Collectively these entities are the Applicant. The entities' Illinois Certificates of Good Standing are appended as **ATTACHMENT-1A.**

ATTACHMENT-1

File Number 0246605-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

NEIGHBORS PROPERTY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 21, 2008, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 20TH *day of* NOVEMBER *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

Authentication #: 1332402436

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

ATTACHMENT-1A

File Number 0245608-7

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

NEIGHBORS REHABILITATION CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 21, 2008, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 20TH *day of* NOVEMBER *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

Authentication #: 1332402402

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

ATTACHMENT-1A

Site Ownership

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

The owner of the existing building and site is **Neighbors Property, LLC**. The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-2A**. As an existing ongoing business, the legal description of the project's site is appended within the 2012 Real Estate Tax Bill, appended as **ATTACHMENT-2B.** Additionally, as part of this project, adjacent land is being acquired and being made part of this project. Appended as **ATTACHMENT-2C**, is a signed Letter of Intent to Purchase Vacant Land. Together these attachments serve as proof of site control.

ATTACHMENT-2

File Number 0246605-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 20TH *day of* NOVEMBER *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

Authentication #: 1332402436

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

ATTACHMENT-2A

OGLE COUNTY
JOHN H. COFFMAN, COUNTY COLLECTOR
OGLE COUNTY COURTHOUSE
P.O. BOX 40
OREGON, IL 61061-0040

THIS IS THE ONLINE TEE YOU WILL RECEIVE FOR BOTH INSTALLMENTS

NEIGHBORS PROPERTY LLC
6840 N LINCOLN AVE
LINCOLNWOOD IL 60712-

2012 REAL ESTATE TAX BILL

PLEASE READ the instructions on the back of this bill regarding when and where to pay your taxes. Additional information is provided for changing your mailing address and tax exemptions in which you might be entitled.

The County Treasurer only collects your taxes and is not responsible for the amount of your assessment or the amount of your tax bill. We will be happy to assist you or direct you to the proper authority regarding questions about your tax bill.

ASSESSED TO: NEIGHBORS PROPERTY LLC

PROPERTY DESCRIPTION	PARCEL NUMBER (PIN)
RNG/BLK:11 TWP:25 SECT/LOT:31 W 481.02FT E 987FT W1/2 NE4 LYING N OF 2ND ST EX N1199FT	05-31-201-004
	ACRES: 3.91 — TAXABLE VALUE: 735,194
	CLASS CODE: 0080 — TAX CODE: 00340
LOCATION OF PROPERTY 611 W 2ND ST BYRON, IL 61010	TOWNSHIP: Byron

RECEIPT PORTION - KEEP FOR YOUR RECORDS
2012 OGLE COUNTY REAL ESTATE TAX
PAY TO: OGLE COUNTY COLLECTOR

FORMULA FOR TAX CALCULATION - 2012

LAND		58,653
STRUCTURES/BLDGS.		676,541
FARM BLDG.		0
FARM LAND		0
BD OF REVIEW EQUALIZED VALUE	=	735,194
HOME IMPROVEMENT EXEMPTION	-	0
VETERANS' EXEMPTION	-	0
VALUE PRIOR TO STATE EQUALIZE	=	735,194
STATE EQUALIZATION FACTOR***	X	1.0000
STATE EQUALIZED VALUE	=	735,194
OWNER OCCUPIED EXEMPTION	-	0
SENIOR HOMESTEAD EXEMPTION	-	0
SENIOR ASSESSMENT FREEZE	-	0
DISABLED PERSONS' EXEMPTION	-	0
RETURNING VETERANS' EXEMPTION	-	0
DISABLED VETERANS' EXEMPTION	-	0
MISC. EXEMPTION	-	0
TAXABLE VALUE	=	735,194
TAX RATE	X	7.95468
TOTAL TAX	=	$58,482.34

***NOT TO BE USED FOR FARM LAND AND FARM BUILDINGS

INTEREST 1½% PER MONTH	TOTAL TAX DUE
	$58,482.34
1977 EQUALIZED VALUE: 186,234	FAIR MARKET VALUE: 2,205,582

TAXING BODY		PRIOR RATE	PRIOR AMOUNT	CURRENT RATE	CURRENT AMOUNT
OGLE COUNTY		0.54566	$4,010.84	0.55358	$4,069.80
OGLE CO. MENTAL HEALTH		0.05301	$389.73	0.05321	$391.20
OGLE CO. EXTENSION		0.00982	$72.20	0.00985	$72.42
OGLE CO. VETERANS ASSISTANCE		0.00628	$46.17	0.00631	$46.39
OGLE CO. SENIOR SERVICES		0.01473	$108.29	0.01478	$108.66
OGLE COUNTY	PENSION	0.09588	$704.90	0.09920	$729.32
BYRON FIRE DISTRICT		0.41583	$3,057.15	0.40686	$2,991.21
BYRON FIRE DISTRICT	PENSION	0.02803	$206.08	0.02743	$201.68
ROCK VALLEY COM COL 511		0.45320	$3,331.60	0.44707	$3,288.83
BYRON UNIT 226		3.81111	$28,548.67	3.74033	$27,488.67
BYRON UNIT 226	PENSION	0.05381	$395.60	0.05532	$406.72
BYRON LIBRARY DIST		0.16034	$1,178.61	0.16013	$1,177.26
BYRON LIBRARY DIST	PENSION	0.00355	$26.10	0.00604	$44.41
BYRON MUSEUM DISTRICT		0.01666	$122.48	0.01631	$119.91
BYRON PARK DIST		0.30300	$2,227.64	0.30985	$2,278.00
BYRON PARK DIST	PENSION	0.01793	$131.82	0.02222	$163.36
BYRON TOWNSHIP ROAD		0.44273	$3,254.92	0.45158	$3,319.98
BYRON FOREST PRES		0.33292	$2,447.60	0.39912	$2,934.95
BYRON FOREST PRES	PENSION	0.01235	$90.80	0.01360	$99.99
BYRON TOWNSHIP		0.14992	$1,102.20	0.15978	$1,174.69
CITY OF BYRON		0.85350	$6,274.86	0.82880	$6,093.28
CITY OF BYRON	PENSION	0.11841	$870.54	0.17431	$1,281.52
		7.69867	$56,589.42		

STAMP PAID HERE — 1ST INSTALLMENT

STAMP PAID HERE — 2ND INSTALLMENT

ATTACHMENT-2B

LAW OFFICE OF
STEPHEN N. SHER PC
5750 OLD ORCHARD ROAD, SUITE 420
SKOKIE, ILLINOIS 60077

TELEPHONE (847) 324-7990

December 20, 2013

BY EMAIL

Mr. Ron Glisan
The United Church of Byron
701 W. 2nd Street,
Byron, Illinois 61010

Re: Letter of Intent for Purchase of Vacant Land

Dear Mr. Gilsan:

This letter of intent ("Letter of Intent") sets forth the basic terms and conditions upon which Neighbors Property, LLC, an Illinois limited liability company ("Purchaser"), is interested in purchasing the Property set forth below from The United Church of Byron ("Seller"), which is the owner of the Property set forth below.

Property	Real property on the west side of the Church and 100 feet wide by 349 feet long with at least 34,961 square feet (approximately .80 acre), as indicated on the attached drawing.
Purchase Price	$100,000.00, with standard prorations for real property, including, without limitation, real estate taxes, if any, all payable in cash or by wire transfer at the Closing of the transaction as described below. At Closing, the Purchaser will covenant to construct the parking lot on Seller's property adjacent to the west per the attached drawing. The Closing will not be subject to Purchaser obtaining financing.
Closing Date	The closing of the transaction shall occur on the 30th day following execution of a purchase agreement.
Earnest Money	Within three (3) business days of the full execution of an asset purchase agreement (the "Purchase Agreement"), Purchaser shall deposit Twenty Five Thousand Dollars ($25,000.00) as earnest money into a Strict Joint Order Escrow with a nationally recognized title company determined by Purchaser (the "Title Company"). All earnest money shall be credited to Purchaser against the Purchase Price at Closing.
Purchase Agreement	Within five (5) business days of acceptance of this Letter of Intent, Purchaser shall deliver to Seller's counsel a first draft of the Purchase Agreement, which shall contain provisions, representations and warranties related to the real property as customarily provided in a purchase involving vacant land. Thereafter,

ATTACHMENT-2C

Seller and Purchaser shall proceed to use their best efforts to negotiate and execute a definitive Purchase Agreement satisfactory to all parties prior to the end of the Exclusivity Period.

Title/Survey The Owner's Title Policy shall be obtained through the Title Company. Buyer shall arrange at its cost for a current ALTA survey on the Property. Seller shall additionally pay the cost of any fees for the title search, title commitment and title policy, but Purchaser shall pay the cost of any endorsements. At Closing, Seller shall convey to Purchaser good and marketable fee simple title to the real property by warranty deed. Purchaser need not accept title to the real property encumbered by liens, claims or encumbrances of any kind or nature.

Exclusive Negotiations In consideration of Purchaser entering into this Letter of Intent, Seller agrees to deal in good faith while negotiating these transactions and agrees to negotiate exclusively with Purchaser with respect to these transactions for thirty (30) days after Purchaser's receipt of a fully executed Letter of Intent.

Non-Binding Except for the obligations and liabilities set forth under the heading "Exclusive Negotiations", this Letter of Intent does not constitute a binding agreement on either party hereto, but is intended to specify the primary terms and conditions of the proposed transaction herein outlined, and, except with respect to exclusivity, neither party may claim any legal rights against the other by reason of signing of this Letter of Intent or by taking any action in reliance thereon.

By execution of this Letter of Intent each party acknowledges the transaction terms described generally herein are acceptable. Seller shall have until 5:00 pm (Central) on the fifth (5th) business day after the date of this Letter of Intent, to accept in writing this Letter of Intent at which point, if we have not received your acceptance to the same, we may withdraw and terminate this Letter of Intent. This Letter of Intent supersedes and cancels all prior understandings between the parties, if any, and may be executed in counterparts.

Very truly yours,

Stephen N. Sher

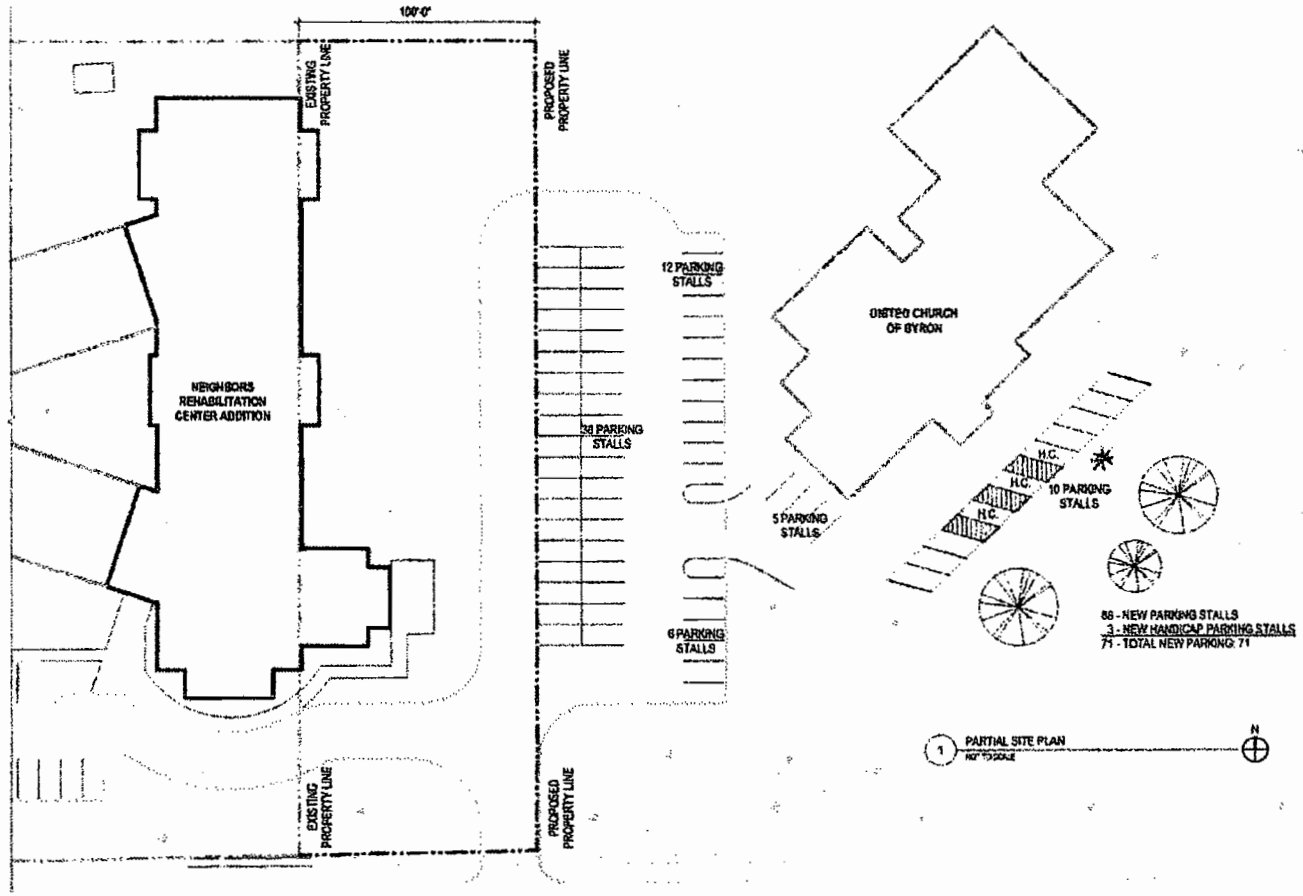
ACCEPTED AND AGREED

SELLER:

By: Gregory A. Bertel
Name: Gregory A. Bertel, Senior Steward, UC Byron
Its:
Date: Dec. 23, 2013

ATTACHMENT-2C

NEIGHBORS REHABILITATION CENTER



LEGATARCHITECTS sustainability performance design

* 5 H.C parking instead of 3

12-23-2013

NOVEMBER 19, 2013

ATTACHMENT-2C

Operating Identity/Licensee

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.

- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

The operator/Licensee of the existing **Neighbors Rehabilitation Center** is **Neighbors Rehabilitation Center, LLC**. The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A**. Please refer to the listing below for an identification of all persons with 5 percent or greater interest in this entity, the licensee.

Atied Associates, LLC	36.2816%
Barrish, Bryan Trust dtd 9/1/02	12.7476%
Barrish Group Limited Partnership	12.7476%
Gesualdo, Ralph	12.7476%
Ralph Gesualdo Children's Trust	12.7476%
Giannini, Michael Trust dtd 3/13/00	10.7864%
Total	**98.0700%**

ATTACHMENT-3

File Number 0245608-7

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

NEIGHBORS REHABILITATION CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 21, 2008, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 20TH *day of* NOVEMBER *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

Authentication #: 1332402402

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

ATTACHMENT-3A

Organizational Relationships

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

The organizational relationship for Neighbors Rehabilitation Center is simply **Neighbors Property, LLC** as the owner and **Neighbors Rehabilitation Center, LLC** as the operator/Licensee. There are no other direct entities or facilities. However, according to the definitions of related entities, there are twelve long-term nursing care facilities that are considered "related": It should be noted that none of the "related" entities will be participating in the development or funding of the project other than the owner and operator of the Subject facility.

Facility Name	Barrish	Gesualdo	Giannini
Albany Care, Inc.	7.314%		7.314%
Applewood Rehabilitation Center, LLC	11.171%	11.171%	
Bryn Mawr Care, Inc.	13.506%		
Columbas Park Nursing & Rehab Center, Inc.	7.193%		6.604%
Decatur Manor Healthcare, LLC	8.799%	8.799%	
Elmwood Care, Inc	14.250%		11.574%
Fairview Nursing Plaza, Inc.	14.200%		14.200%
Greenwood Care, Inc.	15.517%		
Maplewood Care, Inc.	13.000%		17.973%
Regency Rehabilitation Center, LLC	12.153%	12.153%	10.417%
Rock Island Nursing & Rehab Center, LLC	9.479%	9.479%	
Wilson Care, Inc.	11.111%		

ATTACHMENT-4

Flood Plain Requirements

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

A map identifying that the area is not within a special flood zone is appended as **ATTACHMENT-5A.**

ATTACHMENT-5

ATTACHMENT-5A

Historic Resources Preservation Act Requirements

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

Appended as **ATTACHMENT-6A** is a letter from the Illinois Historic Preservation Agency's Ms. Anne E. Haacker, Deputy State Historic Preservation Officer dated February 5, 2014, stating that "**no** historic, architectural or archaeological sites exist within the project area".

ATTACHMENT-6

Illinois Historic
Preservation Agency

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525
www.illinoishistory.gov

Ogle County
Byron
CON - New Addition for Long-Term Care Facility, Neighbors Rehabilitation Center
811 W. 2nd St.
IHPA Log #007012314

February 5, 2014

Kathy Harris
Foley and Associates, Inc.
133 S. 4th St., Suite 200
Springfield, IL 62701

Dear Ms. Harris:

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

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

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

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

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

For TTY communication, dial 888-440-9009. It is not a voice or fax line.

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

Criterion 1125.320 – Purpose of the Project

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

The proposed project is for the renovation of the existing 101-bed nursing care facility plus the facility's expansion. The need for the project is to improve the accessibility of the existing health care resource as the facility has had to turn away residents seeking services from Neighbors Rehabilitation Center. Specifically, the facility turned away 267 potential residents of which 65 were due to the facility's inability to accept the admission for reasons of male or female incompatibility, existing residents needing isolation thereby tying up the potentially available bed, end stage of life issues as well as the fact that residents are now seeking more private rooms for their short term rehab. This project seeks to address all of those accessibility issues by renovating the existing structure and adding 30 beds which will be in accordance with resident preference.

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

The primary market area is a 30 minute drive time from the Applicant's facility. In a recent zip code analysis for all admissions during the most recent 24-month period, over 82% were from within the 30-minute market area.

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

There may be no industry that is changing as fast and dramatically as health care and more specifically, long-term nursing care in the United States. The Applicant has experienced this first hand and is the only provider of long-term nursing care in Byron and the immediate 15-minute travel time (no adjustment) from the facility, Neighbors Rehabilitation Center. This facility in each of the last three years for which IDPH has published facility profiles (2010, 2011

ATTACHMENT-10

and 2012), document that the facility has exceeded the Board's target utilization rate of 90%, respectively the facility averaged 91.6%, 92.6% and 91.8%. In CY 2013, the facility has actually had to turn away potential residents seeking admission due to issues of gender incompatibility, medical isolation and end of life issues. To address these issues of inaccessibility for area residents seeking admission, the Applicant is proposing the addition of 30 additional nursing beds.

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

Appended as **ATTACHMENT-10A,** is the Applicant's listing of residents turned away and the rationale for the action.

Appended as **ATTACHMENT-10B,** is the Zip Code analysis for the admissions to Neighbors Rehabilitation Center supporting the identification of the primary service area.

Appended as **ATTACHMENT-10C,** is the map of the primary service area, a/k/a the 30-minute travel time contour.

Appended as **ATTACHMENT-10D,** is the travel time study of area nursing home facilities as performed using the online mapping/directional software, MapQuest.com.

Appended as **ATTACHMENT-10E,** are the 2010, 2011, and 2012 IDPH facility profiles for the Subject facility, Neighbors Rehabilitation Center.

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

In addition, and more important than the proposed additional capacity, is the renovation of the existing 101-bed nursing care facility. As the Subject facility is existing and its utilization has remained in excess of the State's target rate of 90%, it is imperative to utilize the addition of

nursing beds to phase in the renovation of the existing space (Please refer to **ATTACHMENT-10E** for the most recent three years of historical facility data). Then both the existing space and the addition can be utilized to address the inaccessibility issue with the facility turning potential residents away.

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

The Applicant's goal is to again reach and maintain as it has in the past the State's target utilization rate of 90 percent by the second full year of operation after project completeness.

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.

The modernization of the existing facility, Neighbors Rehabilitation Center, is one that addresses curb appeal and resident comfort, i.e., desirability and marketability. There are those issues of physical plant which are also being addressed, such as the replacement of resident room windows throughout, as it only makes sense to perform many major maintenance items at the same time thereby allowing for efficiencies in time and personnel.

ATTACHMENT-10

NEIGHBORS
Rehabilitation Center

Street Address:
811 W. 2nd Street
Byron, Illinois 61010

Mailing Address:
P.O. Box 585
Byron, Illinois 61010

February 11, 2014

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

RE: Historical Service Demand

Dear Ms. Avery:

Neighbors Rehabilitation Center (NRC) has utilized a waiting list at different times over the past 24 months. Also during that time frame, 65 referrals were referred to other care facilities due to lack of bed availability at NRC. Attached you will find a complete list of these referrals.

Please contact me if you have any questions or concerns regarding this information.

Sincerely,

Pawn Thammarath
Administrator

PT:pk

enc

NRC - HISTORICAL SERVICE DEMAND
1/1/12 - 12/31/13

Date	Referral	SOR	Reason for referral
Jan. 3, 2012	J.T.	Swedish American Hosp.	No female bed available
Feb. 1, 2012	C.G.	Univ. of Wisconsin Hosp.	private room d/t age
Feb. 20, 2012	M.K.	Swedish American Hosp.	private room
Feb. 20, 2012	J.S.	family	no bed available on Special Care Unit
Feb. 23, 2012	B.A.	KSB Hosp.	isolation
Mar. 12, 2012	I.S.	family	no beds available
Mar. 23, 2012	Male	family	wanted a more updated room
Mar. 23, 2012	Female	family	wanted a nicer looking facility
Mar. 24, 2012	Male	Freeport Memorial Hosp.	no bed available on Special Care Unit
Apr. 6, 2012	Male	Freeport Memorial Hosp.	no beds available
Apr. 11, 2012	K.J.	OSF St. Francis Hosp.	private room d/t age
Apr. 11, 2012	J.C.	Swedish American Hosp.	isolation
Apr.19, 2012	K.C.	Swedish American Hosp.	different facility with private room
Apr. 28, 2012	D.C.	Rockford Memorial Hosp.	no beds available
May. 24, 2012	S.D.	OSF St. Anthony Hosp.	isolation
Jul. 13, 2012	E.S.	family	private room
Aug. 1, 2012	H.S.	Rockford Memorial Hosp.	no bed available on Special Care Unit
Aug. 7, 2012	J.S.	OSF St. Anthony Hosp.	isolation
Aug. 27, 2012	A.P.	Swedish American Hosp.	isolation
Aug. 27, 2012	J.B.	Kindred Hosp.	isolation
Aug. 29, 2012	S.C.	OSF St. Anthony Hosp.	private room d/t medical needs
Nov. 8, 2012	D.E.	Heartland Hospice	no beds available
Nov. 15, 2012	R.M.	Univ. of Wisconsin Hosp.	no beds available
Nov. 15, 2012	D.L.	Kindred Hosp.	private room d/t age
Nov. 20, 2012	J.B.	Select Specialty Hosp.	no bed available
Nov. 23, 2012	M.V.	Kishwaukee Hosp.	isolation
Nov. 26, 2012	R.P.	Heritage Health	no bed avilable
Nov. 27, 2012	M.F.	Illinois Masonic Hosp.	no bed available
Nov. 27, 2012	W.B.		no bed on Special Care Unit
Nov. 27, 2012	C.S.	Swedish American Hosp	no beds available
Dec. 4, 2012	W.H.	St. Anthony Hospital	different facility w/ private room
Dec. 18, 2012	B.C.	Rockford Memorial Hospital	different facility w/ private room
Dec. 21, 2012	P.E.	MacNeal Hosp.	private room d/t medical needs
Dec. 21, 2012	P.T.	OSF St. Francis Hosp.	private room d/t medical needs
Jan. 22, 2013	R.S.	Kindred Hosp.	private room d/t medical needs

ATTACHMENT-10A

NRC - HISTORICAL SERVICE DEMAND
1/1/12 - 12/31/13

Date	Referral	SOR	Reason for referral
Feb. 5, 2013	D.G.	Univ. of Wisconsin Hosp.	isolation
Feb. 5, 2013	K.T.	Kindred Hosp.	private room d/t medical needs
Feb. 6, 2013	E.F.	Kindred Hosp.	isolation
Feb. 21, 2013	D.S.	Rockford Memorial Hosp.	isolation
Mar. 8, 2013	M.I.	family	private room
Mar. 11, 2013	W.M.	Kindred Hosp.	private room d/t medical needs
Mar. 20, 2013	R.O.	Swedish American Hosp.	private room
Mar. 22, 2013	C.S.	Fairview Nursing Plaza	private room d/t age
Mar. 22, 2013	M.R.	Rush Medical Center	private room d/t medical needs
Mar. 22, 2013	D.R.	Edwards Hosp.	private room d/t medical needs
Mar. 28, 2013	S.S.	Kindred Hosp.	private room d/t age
Apr. 24, 2013	W.T.	Swedish American Hosp.	private room d/t medical needs
Apr. 30, 2013	R.B.	Kindred Hosp.	isolation
May. 2, 2013	E.L.	Kindred Hosp.	isolation
May. 9, 2013	C.H.	Kindred Hosp.	isolation
May. 15, 2013	L.D.	Vitas Hospice	isolation
Jun. 3, 2013	K.N.	Rockford Memorial Hospital	private room
Jul. 8, 2013	L.M.	Kindred Hosp.	private room d/t medical needs
Jul. 30, 2013	D.S.	Kindred Hosp.	isolation
Aug. 6, 2013	G.W.	Rockford Memorial Hosp.	private room
Aug. 8, 2013	W.B.	Kindred Hosp	private room d/t medical needs
Aug. 9, 2013	J.V.	Kindred Hosp.	private room d/t medical needs
Aug. 9, 2013	M.T.	St. Anthony's Hospital	private room
Aug. 12, 2013	L.K.	St. Anthony's Hospital	private room
Sept. 3, 2013	W.B.	Kindred Hosp.	private room d/t medical needs
Nov. 1, 2013	A.V.	St. Anthony Hospital	private room
Nov. 6, 2013	H.Y.	Kindred Hosp.	private room
Nov. 6, 2013	A.V.	St. Anthony Hospital	private room
Nov. 15, 2013	H.Y.	Swedish American Hospital	private room
Dec. 11, 2013	P.S.	Kindred Hosp	private room
Dec. 17, 2013	M.M.	Kindred Hosp	private room

ATTACHMENT-10A

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Jan. 2012			
J.T.		61010	Rosewood, zip-61108
L.P.			unknown
R.G.			waiting list, was placed elsewhere
D.B.		61020	Discharged Home
I. S.		61077	unknown
A.W.			Van Matre acute rehab hosp
O.W.		61024	unknown
Feb. 2012			
J.T.			unknown
C.G.			unknown
Female			waiting list, placed elsewhere
Male			waiting list, was placed elsewhere
J.S.			waiting list, placed elsewhere
M.K.			waiting list, placed elsewhere
B.A.			waiting list, placed elsewhere
R.S.			waiting list, was placed elsewhere
R.L.			unknown
M.M.		61010	waiting list. Eventually admitted to Neighbors
Mar.2012			
S.V.			Went home from hospital
K.R.		61010	unknown
I.S.		61077	waiting list, placed elsewhere
Male			waiting list, placed elsewhere
Male		m	Stayed home
Female			St, Annes, zip code - 61107, not impressed with our building
Apr. 2012			
Male			waiting list, placed elsewhere
K.J.			unknown
J.C.			waiting list, placed elsewhere
K.C.		61010	Hospice House, zip - 61061
D.C.			waiting list, placed elsewhere

ATTACHMENT-10A

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
May. 2012			
C.H.			died in hosp
C.A.			waiting list, placed elsewhere
Male			unknown
S.D.			waiting list, placed elsewhere
Jun. 2012			
R.W.			waiting list, placed elsewhere
M.K.			unknown
M.M.			waiting list, placed elsewhere
L.S.			waiting list, placed elsewhere
B.K.			waiting list, placed elsewhere
Female			unknown
D.K.		61047	Crimson Pointe assisted living, zip code - 61107
M.K.			died in hosp
Jul. 2012			
Z.F.			Pinecrest (61054)
D.R.			unknown
R.W.			unknown
E.H.			unknown
K.F.			waiting list, placed elsewhere
H.S.			waiting list, placed elsewhere
E.S.			Pinecrest (61054)
Aug. 2012			
H.S.			waiting list, placed elsewhere
J.S.			waiting list, placed elsewhere
V.L.			unknown
H.H.			waiting list, placed elsewhere
M.S.			unknown
S.R.			unknown
Male			waiting list, placed elsewhere
J.D.			unknown
D.H.			unknown
A.P.		61047	Park Strathmoor, zip code - 61107

ATTACHMENT-10A

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
J.B.			waiting list, was placed elsewhere
S.C.			unknown
D.D.			Going to different facility
Sept. 2012			
B.C.			unknown
R.C.			Went to different facility
K.W.			unknown
G.J.			unknown
L.W.			Nelson Debes, zip code -61108
J.B.			unknown
G.S.			unknown
B.L.		61024	staying at current facility, zip code - 61024
Oct. 2012			
J.M.			unknown
R.M.			unknown
N.W.			unknown S.O.R. Glen Oaks
D.G.			unknown
P.D.			Went to another facility S.O.R. ABBHH
L.V.			waiting list, placed elsewhere
D.S.			unknown
Nov. 2012			
A.P.			waiting list, placed elsewhere
O.H.			unknown
B.G.			waiting list, placed elsewhere
D.E.			waiting list, placed elsewhere
A.D.			unknown
D.M.			waiting list, placed elsewhere
M.C.			waiting list, placed elsewhere
R.M.			waiting list, placed elsewhere
D.L.			unknown
M.T.			unknown
J.B.			waiting list, placed elsewhere
M.V.			waiting list, placed elsewhere

ATTACHMENT-10A

Disposition of referrals not admitted to Neighbors

1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
R.M.			Went home with family & home health
R.P.			waiting list, placed elsewhere
W.B.			waiting list, placed elsewhere
C.S.			waiting list, placed elsewhere
M.F.			waiting list, placed elsewhere
Dec. 2012			
W.H.		61102	hospice house , zip code - 61061
M.B.			Different facility - 61031 Franklin Grove
H.F.			Different facility - 61061 Returned to Oregon
R.N.			waiting list, placed elsewhere
M.O.			waiting list, placed elsewhere
J.E.		61061	St Annes, zip-61107
D.M.			Went home from hospital
B.C.		61010	Hospice House, zip code - 61061
Male			unknown
D.W.			waiting list, placed elsewhere
P.E.			unknown
P.T.			unknown
E.G.			unknown
Jan. 2013			
D.H.			unknown
K.L.			unknown
M.T.			unknown
R.S.		ls	unknown
R.S.			unknown
T.J.			unknown
A.T.			unknown
J.F.			Died at hospital
B.G.			unknown
P.J.			unknown
B.P.			waiting list, placed at assisted living

ATTACHMENT-10A

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Feb. 2013			
D.S.			Amberwood, zip code - 61103
N.O.			Went to different facility S.O.R. - Select Spec. Hosp
Male			Died at hospital
W.B.			unknown
C.R.			unknown
K.K.			unknown
J.C.		61021	Dixon, IL facility, zip code - 61021
E.F.			Amberwood, zip code - 61103
A.B.			Fairview Nsg Plaza, zip code -61108
K.T.			unknown
D.G.			waiting list, placed elsewhere
T.C.		61115	unknown
Mar. 2013			
W.R.			unknown
H.K.			Discharged home from hosp
C.T.			unknown
R.O.			Pinecrest zip code-61054
L.E.		61010	Went home; later went to Pinecrest (61054)
J.A.			facility in Elgin
M.I.			Highview in the Woodlands zip code-61072
C.S.		61108	Stayed at current facility
M.R.			unknown
D.R.			unknown
R.G.			unknown
J.W.			unknown
J.P.			unknown
T.C.			unknown
W.M.		[redacted]	unknown
C.K.			unknown
S.S.			unknown

ATTACHMENT-10A

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Apr. 2013			
H.S.			unknown
S.G.			unnown
R.N.			waiting list, placed elsewhere
W.T.			unknown
F.D.			Discharged home from hosp
C.A.			Discharged home from hosp
E.B.		61061	Oregon Healthcare, zip code - 61061
R.B.			waiting list, placed elsewhere
J.A.			unknown
P.B.			unknown
K.K.			unknown
J.L.			unknown
R.M.			waiting list, placed elsewhere
H.M.			unknown
May. 2013			
O.A.			Oregon Healthcare, zip code - 61061
G.G.			Died at hospital
E.Q.			Van Matre acute rehab hospital
S.B.		61102	Returning to assisted living facility, zip code - 61102
D.C.			unknown
L.H.		61074	Staying at current facilitiy, zip code - 61074
D.S.			waiting list, placed elsewhere
E.S.			unknown
N.O.			unknown
D.P.			unknown
V.N.			unknown
E.L.			waiting list, placed elsewhere
C.H.			waiting list, placed elsewhere
L.D.			waiting list, placed elsewhere

ATTACHMENT-10A

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Jun. 2013			
S.M.			unknown
C.R.			dishcarged home from hospital
V.M.			P.A. Peterson, zip code - 61107
G.J.			Discharged home from hospital
K.N.		61047	Pinecrest, zip code - 61054
G.H.			Went to Van Matre, acute rehab hospital
J.K.			Discharged home from hospital
A.P.			Sherman Westcourt in Elgin
M.M.			Prairieview assisted living, zip code - 61088
R.M.			Prairieview assisted living, zip code - 61088
B.M.			Polo Rehab, zip code - 61064
E.L.			Staying at current facility, zip code - 61024
Female			unknown
G.J.			Went to stay with family
Female			unknown
A.C.			unknown
L.D.			unknown
E.L.			unknown
B.S.			unknown
E.W.			waiting list, placed elsewhere
Jul. 2013			
A.P.			Amberwood, zip code - 61103
D.P.			Died in hospital
D.V.			Van Matre Acute Rehab Hospital
J.C.			Discharged home
D.W.			Bethany, zip code - 60115
E.R.			Alpine Fireside, zip code - 61114
V.E.			Staying at current facility, zip code - 61108
C.V.			unknown
W.L.			unknown
D.S.			waiting list, placed elsewhere
H.D.			unknown

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Female			waiting list, placed elsewhere
L.M.		[redacted]	unknown
Aug. 2013			
F.K.			Green Acres, zip code - 61310
R.S.			Freeport facility, zip code - 61032, closer to home
M.T.			St. Annes, zip code - 61107
L.K.			Pinecrest, zip code - 61054
D.M.		61115	Rockford facility, husb is moving there
G.P.			unknown
S.B.			Homebridge, zip code - 61008
M.J.			unknown
R.N.			unknown
J.M.			unnown
M.C.		61102	unknown
W.B.		[redacted]	unknown
J.V.			uknown
V.C.			Staying at current facility, zip code - 61068
D.L.			unknown
G.W.			Rosewood, zip code - 61108
Sept. 2013			
W.B.		[redacted]	unknown
K.F.			unknown
K.W.		61054	Oregon Healthcare, zip code - 61061
R.P.		61084	Oregon Healthcare, zip code - 61061, wife is there
J.K.			unknown
Oct. 2013			
A.B.		61061	unknown
B.W.		61107	unknown
S.M.			unknown
T.M.		60178	unknown
B.B.		45459	unknown
B.W.		72450	unknown
R.N.		61010	unknown

ATTACHMENT-10A

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/ Res.	[redacted]	Home Zip Code	Disposition
Nov. 2013			
S.S.		61008	Rochelle Rehab, zip code - 61068
S.N.		61021	unknown
L.M.		61102	unknown
J.C.			unknown
M.J.			unknown
S.S.		61008	unknown
D.S.			unknown
M.P.			unknown
A.V.		61084	Cor Mariae, zip code - 61114
H.Y.			St. Anne's, zip code - 61107
R.E.		61061	unknown
Dec. 2013			
Y.V.			Discharge home from hospital
J.J.		61018	Willowcrest, zip code - 60548
M.M.			St. Anne's, zip code - 61107
E.B.			unknown, closer to family
J.G.			unknown
R.C.		61103	Glen Lakes, zip code - 60085
E.R.			unknown
B.K.			unknown
M.C.			unknown
D.L.			Stayed at current facility, zip code - 61108
S.D.		61020	Prairieview assisted living, zip code - 61088
R.S.			unknown
V.P.			unknown
S.W.			unknown
Female			unknown
P.S.		61054	Pinecest, zip code - 61054
W.M.			unknown
Female			unknown
Female			unknown

ATTACHMENT-10A

Disposition of referrals not admitted to Neighbors

1/1/12 - 12/31/2013

Month/ Res.	[redacted]	Home Zip Code	Disposition
Male			unknown
J.V.			unknown
Male			unknown

ATTACHMENT-10A

Neighbors Rehabilitation
2012 Admissions by Zip Code Analysis

2012 RESIDENT	ZIP CODE	
LC	60033	McHenry
LT	60177	Kane
DR	61008	Boone
DR	61008	Boone
DR	61008	Boone
JG	61010	Ogle
BW	61010	Ogle
RD	61010	Ogle
MM	61010	Ogle
SG	61010	Ogle
_M	61010	Ogle
_S	61010	Ogle
EL	61010	Ogle
DV	61010	Ogle
MM	61010	Ogle
RB	61010	Ogle
SJ	61010	Ogle
MB	61010	Ogle
DG	61010	Ogle
BW	61010	Ogle
MO	61010	Ogle
CG	61010	Ogle
DH	61010	Ogle
MO	61010	Ogle
JK	61010	Ogle
MS	61010	Ogle
HS	61010	Ogle
GS	61010	Ogle
DW	61010	Ogle
PW	61010	Ogle
JR	61010	Ogle
DB	61020	Ogle
WM	61020	Ogle
AM	61021	Lee
RA	61021	Lee
PS	61032	Stephenson
CB	61032	Stephenson
HB	61046	Carroll
SB	61046	Carroll
GR	61047	Ogle
WK	61047	Ogle
VF	61047	Ogle
LK	61047	Ogle
JB	61047	Ogle
JC	61047	Ogle
KN	61047	Ogle
RB	61049	Ogle
FS	61054	Ogle
JS	61061	Ogle
WR	61061	Ogle
DE	61061	Ogle
MR	61068	Ogle
MR	61068	Ogle
MR	61068	Ogle
MR	61068	Ogle
MR	61068	Ogle
IS	61077	Winnebago
JH	61084	Ogle
WH	61084	Ogle
NV	61084	Ogle
DC	61088	Winnebago
EC	61088	Winnebago
AK	61088	Winnebago
RS	61088	Winnebago
LZ	61102	Winnebago
WP	61102	Winnebago
JV	61102	Winnebago
LG	61102	Winnebago
WD	61103	Winnebago
AS	61104	Winnebago
VC	61104	Winnebago
TH	61107	Winnebago
TH	61107	Winnebago
AP	61108	Winnebago
VM	61108	Winnebago
JR	61109	Winnebago
AM	61109	Winnebago
PW	61111	Winnebago
GS	61114	Winnebago
LB	61114	Winnebago
BC	61114	Winnebago
TK	61115	Winnebago
VP	61115	Winnebago

2012 TOTAL	**83**	
in Ogle County	48	58%
In Winnebago County	24	29%

30 min zip codes		
	60129	
	60146	
	61007	
	61010	26
	61015	
	61016	
	61020	2
	61030	
	61039	
	61047	7
	61049	1
	61052	
	61054	1
	61061	3
	61063	
	61067	
	61084	3
	61088	4
	61101	
	61102	4
	61104	2
	61108	2
	61109	2
	61112	
Total admissions within 30 min		57
% of total admissions within 30 min		69%

ATTACHMENT-10B

Neighbors Rehabilitation
2013 Admissions by Zip Code Analysis

2013 RESIDENT ZIP CODE		
DB	52807	Davenport, IA
PF	60018	Cook
JD	60150	Dekalb
DB	61008	Boone
LL	61008	Boone
VG	61008	Boone
LS	61008	Boone
NM	61008	Boone
EM	61010	Ogle
SB	61010	Ogle
DM	61010	Ogle
MS	61010	Ogle
BF	61010	Ogle
EW	61010	Ogle
MS	61010	Ogle
GF	61010	Ogle
CR	61010	Ogle
CF	61010	Ogle
JC	61010	Ogle
JE	61010	Ogle
DR	61010	Ogle
JE	61010	Ogle
RM	61010	Ogle
JF	61010	Ogle
MS	61010	Ogle
DS	61010	Ogle
JR	61010	Ogle
JF	61010	Ogle
NC	61010	Ogle
HM	61015	Ogle
DM	61015	Ogle
PM	61015	Ogle
KH	61020	Ogle
BZ	61020	Ogle
FS	61020	Ogle
RS	61020	Ogle
WM	61020	Ogle
MH	61020	Ogle
MS	61021	Lee
RM	61021	Lee
PS	61021	Lee
JC	61021	Lee

RL	61032	Stephenson
VC	61047	Ogle
AP	61047	Ogle
DS	61047	Ogle
HS	61047	Ogle
VC	61047	Ogle
JL	61054	Ogle
SN	61054	Ogle
GC	61054	Ogle
JL	61054	Ogle
PM	61054	Ogle
GC	61054	Ogle
RE	61061	Ogle
MH	61061	Ogle
JH	61061	Ogle
CW	61061	Ogle
NL	61061	Ogle
JG	61061	Ogle
RR	61061	Ogle
CW	61061	Ogle
MG	61063	Winnebago
CW	61063	Winnebago
MB	61068	Ogle
MV	61068	Ogle
WA	61068	Ogle
DH	61071	Whiteside
MB	61072	Winnebago
LS	61084	Ogle
RH	61084	Ogle
FH	61084	Ogle
HH	61084	Ogle
MS	61088	Winnebago
CL	61088	Winnebago
JK	61088	Winnebago
AA	61088	Winnebago
CJ	61088	Winnebago
RM	61088	Winnebago
JJL	61088	Winnebago
DO	61088	Winnebago
BH	61088	Winnebago
DC	61102	Winnebago
RP	61102	Winnebago
MS	61102	Winnebago
DE	61102	Winnebago

RM	61102	Winnebago
PB	61103	Winnebago
LW	61103	Winnebago
SM	61104	Winnebago
LS	61104	Winnebago
LT	61104	Winnebago
TD	61107	Winnebago
GL	61107	Winnebago
CM	61107	Winnebago
EC	61107	Winnebago
RR	61107	Winnebago
EC	61108	Winnebago
DR	61108	Winnebago
DJ	61108	Winnebago
TR	61108	Winnebago
IT	61108	Winnebago
JG	61108	Winnebago
HL	61108	Winnebago
CF	61108	Winnebago
HL	61108	Winnebago
LP	61109	Winnebago
DM	61109	Winnebago
EH	61109	Winnebago
JM	61109	Winnebago
CB	61115	Winnebago
2013 TOTAL	**111**	
in Ogle County	56	50%
in Winnebego County	41	37%

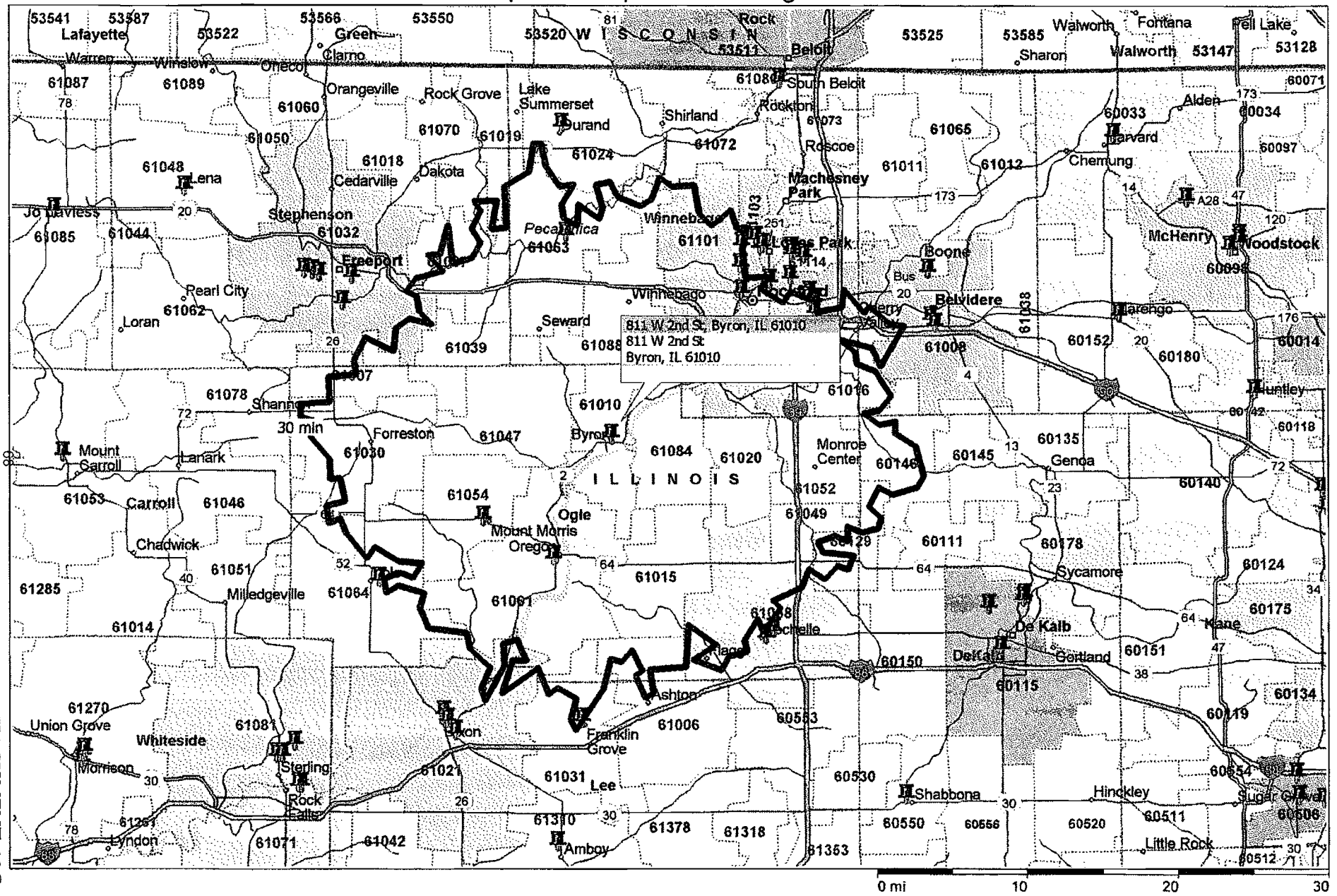
30 min zip codes		
	60129	
	60146	
	61007	
	61010	21
	61015	3
	61016	
	61020	6
	61030	
	61039	
	61047	5
	61049	
	61052	
	61054	6
	61061	8
	61063	2
	61067	
	61084	4
	61088	9
	61101	
	61102	5
	61104	3
	61108	9
	61109	4
	61112	
Total admissions within 30 min		**85**
% of total admissions within 30 min		77%

most recent 24 months		
2012 & 2013		
TOTAL ADMISSIONS	**194**	
in Ogle County	104	54%
in Winnebego County	65	34%

most recent 24 months	
2012 & 2013	
Total admissions within 30 min	**159**
% of total admissions within 30 min	**82%**

ATTACHMENT-10B

MapPoint map 30 min - Neighbors



ATTACHMENT-10C

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Neighbors Rehabilitation Center
Utilization Data

FACID	FACNAME	CITY	Gen Beds	# of Licensed Nursing Beds	Peak Beds Set-up	Nursing Patient Days	Nursing Occupancy	Set-Up NRSG Occupancy	Admissions	ALOS	Drive Distance	Drive Time
6006514	Neighbors Rehab Ctr	Byron	101	101	101	33858	91.8%	91.8%	83			
6009989	Oregon Living & Rehab Center (1)	Oregon	104	104	104	25716	67.7%	67.7%	82	313.6	11.13	17
6007447	Pinecrest Manor	Mount Morris	125	125	125	39297	86.1%	86.1%	182	215.9	12.09	17
10-072	Warrior's Gateway	Rockford	120								15.75	24
10-031	Pecatonica Pavilion	Pecatonica	24								17.78	25
6014658	Rosewood Care Center of Rockford	Rockford	120	120	120	26500	60.5%	60.5%	363	73.0	19.71	26
6000103	Alden-Alma Nelson Manor (2)	Rockford	268	268	239	68118	69.6%	78.1%	656	103.8	20.56	27
6001135	Fairview Nursing Plaza	Rockford	213	213	213	72705	93.5%	93.5%	76	956.6	20.38	28
6001267	Amberwood Nursing & Rehab Ctr.	Rockford	143	143	137	40811	78.2%	81.6%	306	133.4	19.47	29

(1) 09/01/2011 Name change / CHOW; formerly Oregon Healthcare Center
(2) inventory & export Alden-Alma Nelson Manor; Profile & Website Alden-Debes - John checking on this

Source: Long-Term Care Facility Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2013 - Long-Term Care Services

ATTACHMENT-10D

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Notes

Oregon Healthcare Center

Trip to:

811 S 10th St

Oregon, IL 61061-2129

11.13 miles / 17 minutes

	A	**811 W 2nd St**, Byron, IL 61010-1464	**Download Free App**
●		1. Start out going **west** on **W 2nd St** toward **Grant St**. Map	**0.02 Mi** *0.02 Mi Total*
↰		2. Take the 1st **left** onto **Grant St**. Map *If you reach Blanchard Ct you've gone a little too far*	**0.09 Mi** *0.1 Mi Total*
↱	2	3. Turn **right** onto **IL-2 / IL-72**. Continue to follow **IL-2**. Map	**10.6 Mi** *10.7 Mi Total*
↱		4. Turn **right** onto **Webster St**. Map *Webster St is just past Clay St* *If you are on Gale St and reach S 5th St you've gone about 0.1 miles too far*	**0.4 Mi** *11.1 Mi Total*
↰		5. Turn **left** onto **S 10th St**. Map	**0.01 Mi** *11.1 Mi Total*
■		6. **811 S 10TH ST** is on the **left**. Map *If you reach Rhoads Pl you've gone about 0.1 miles too far*	
	B	**811 S 10th St**, Oregon, IL 61061-2129	

Total Travel Estimate: **11.13 miles - about 17 minutes**

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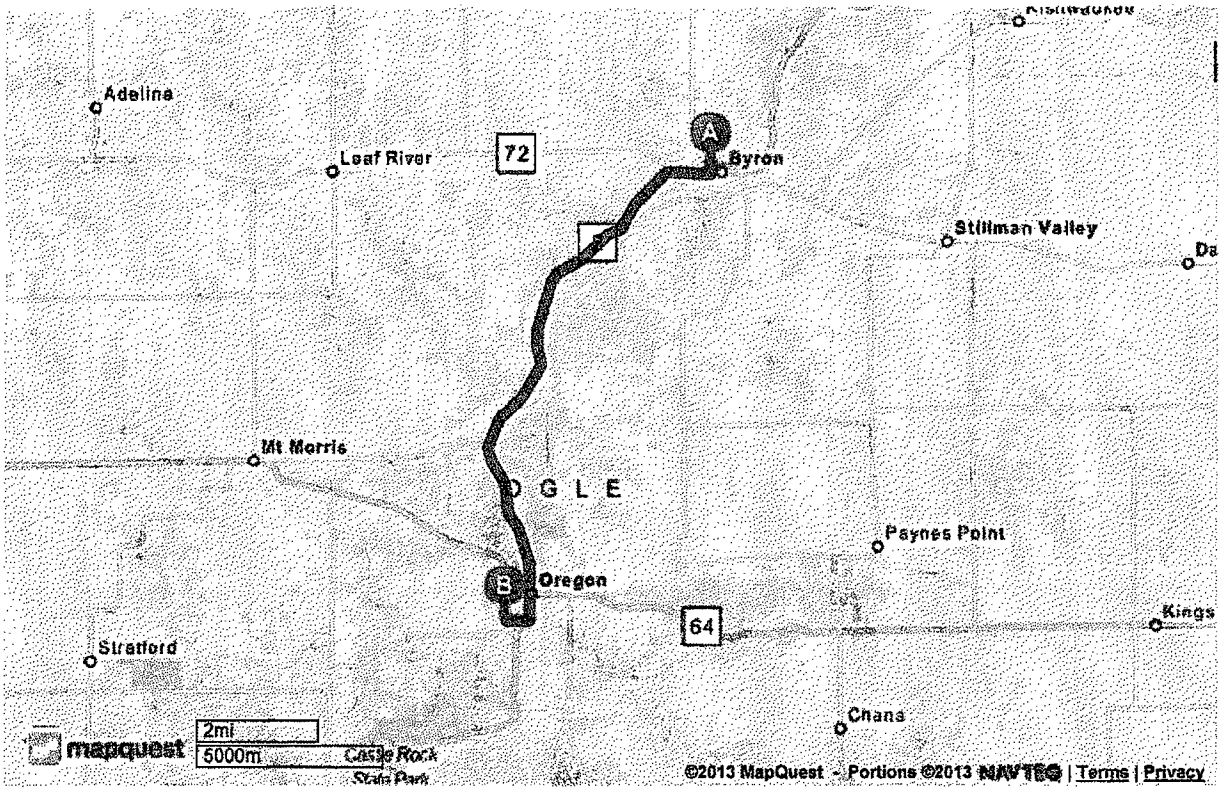

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Notes
Pinecrest Manor

Trip to:
414 S Wesley Ave
Mount Morris, IL 61054-1428
12.09 miles / 17 minutes

811 W 2nd St, Byron, IL 61010-1464 — Download Free App

1. Start out going **west** on **W 2nd St** toward **Grant St**. Map	**0.02 Mi**	*0.02 Mi Total*
2. Take the 1st **left** onto **Grant St**. Map *If you reach Blanchard Ct you've gone a little too far*	**0.09 Mi**	*0.1 Mi Total*
3. Turn **right** onto **IL-2 / IL-72**. Continue to follow **IL-2**. Map	**7.2 Mi**	*7.3 Mi Total*
4. Turn **right** onto **W Mud Creek Rd**. Map *W Mud Creek Rd is 0.5 miles past E Indian Cove Dr* *If you reach Cultra Dr you've gone about 1.1 miles too far*	**3.9 Mi**	*11.2 Mi Total*
5. **W Mud Creek Rd** becomes **E Hitt St**. Map	**0.3 Mi**	*11.5 Mi Total*
6. Turn **right** onto **IL-64**. Map *Garden View Family Restaurant is on the corner*	**0.3 Mi**	*11.8 Mi Total*
7. Turn **left** onto **N Wesley Ave**. Map *Pepper Mill is on the corner* *If you are on W Hitt St and reach N Seminary Ave you've gone about 0.1 miles too far*	**0.3 Mi**	*12.1 Mi Total*
8. **414 S WESLEY AVE** is on the **right**. Map *Your destination is just past W Brayton Rd* *If you reach the end of S Wesley Ave you've gone a little too far*		

414 S Wesley Ave, Mount Morris, IL 61054-1428

Total Travel Estimate: **12.09 miles - about 17 minutes**

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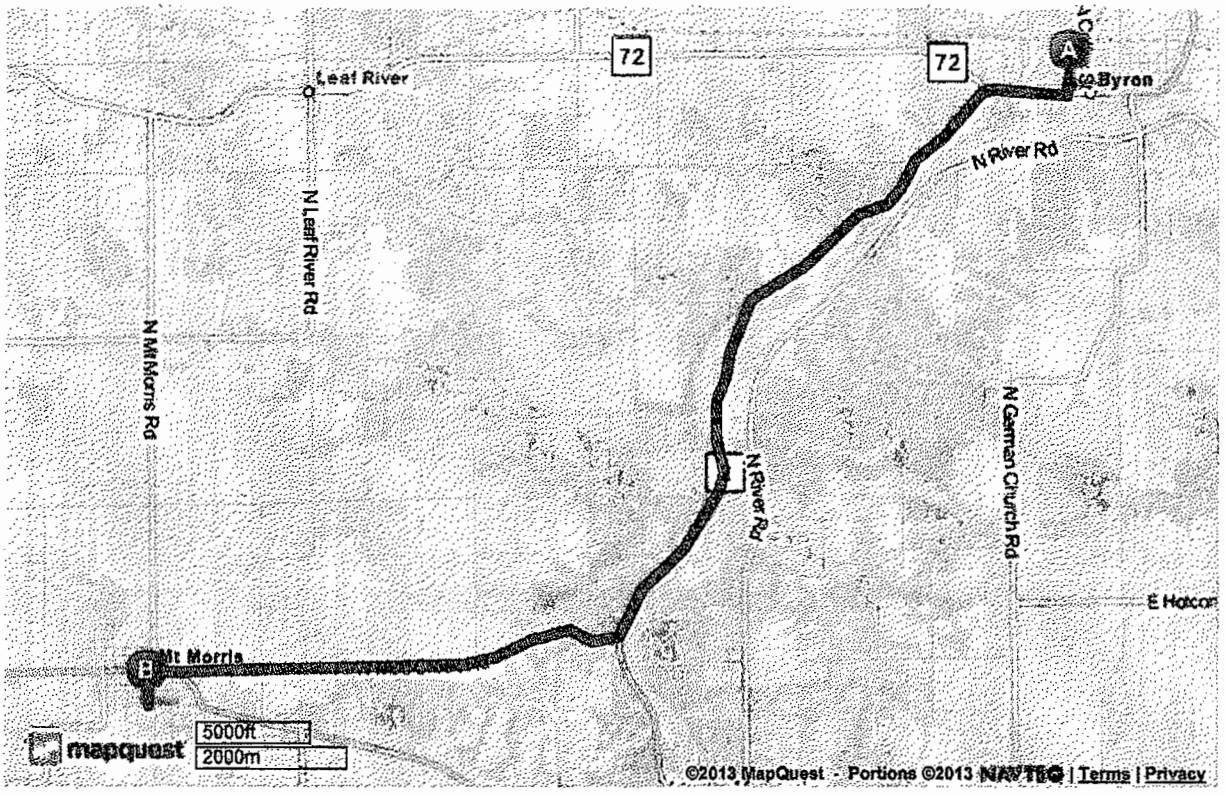

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Notes
Warrior's Gateway

Trip to:
254 Elm St
Rockford, IL 61101-1264
15.75 miles / 24 minutes

811 W 2nd St, Byron, IL 61010-1464 — Download Free App

1. Start out going **east** on **W 2nd St** toward **N Lincoln St**. Map	**0.1 Mi**	
	0.1 Mi Total	
2. Take the 2nd **right** onto **N Colfax St / N Tower Rd**. Map *N Colfax St is just past N Lincoln St* *If you reach N Lafayette St you've gone about 0.1 miles too far*	**0.09 Mi** *0.2 Mi Total*	
3. Turn **left** onto **IL-2 / IL-72**. Continue to follow **IL-2**. Map *Casey's Carry-Out Pizza is on the corner*	**11.0 Mi** *11.2 Mi Total*	
4. Turn **left** onto **S Main St / IL-2**. Continue to follow **S Main St**. Map *Road Ranger is on the corner* *If you reach the end of Hanger Dr you've gone a little too far*	**4.3 Mi** *15.5 Mi Total*	
5. Turn **slight right** onto **Wyman Crossover / IL-2 N**. Continue to follow **IL-2 N**. Map *IL-2 N is just past Cedar St*	**0.2 Mi** *15.7 Mi Total*	
6. Turn **left** onto **Elm St**. Map *Elm St is just past Chestnut St* *Happy Wok is on the corner* *If you reach W State St you've gone a little too far*	**0.02 Mi** *15.8 Mi Total*	
7. **254 ELM ST** is on the **left**. Map *If you reach S Main St you've gone a little too far*		

254 Elm St, Rockford, IL 61101-1264

Total Travel Estimate: **15.75 miles - about 24 minutes**

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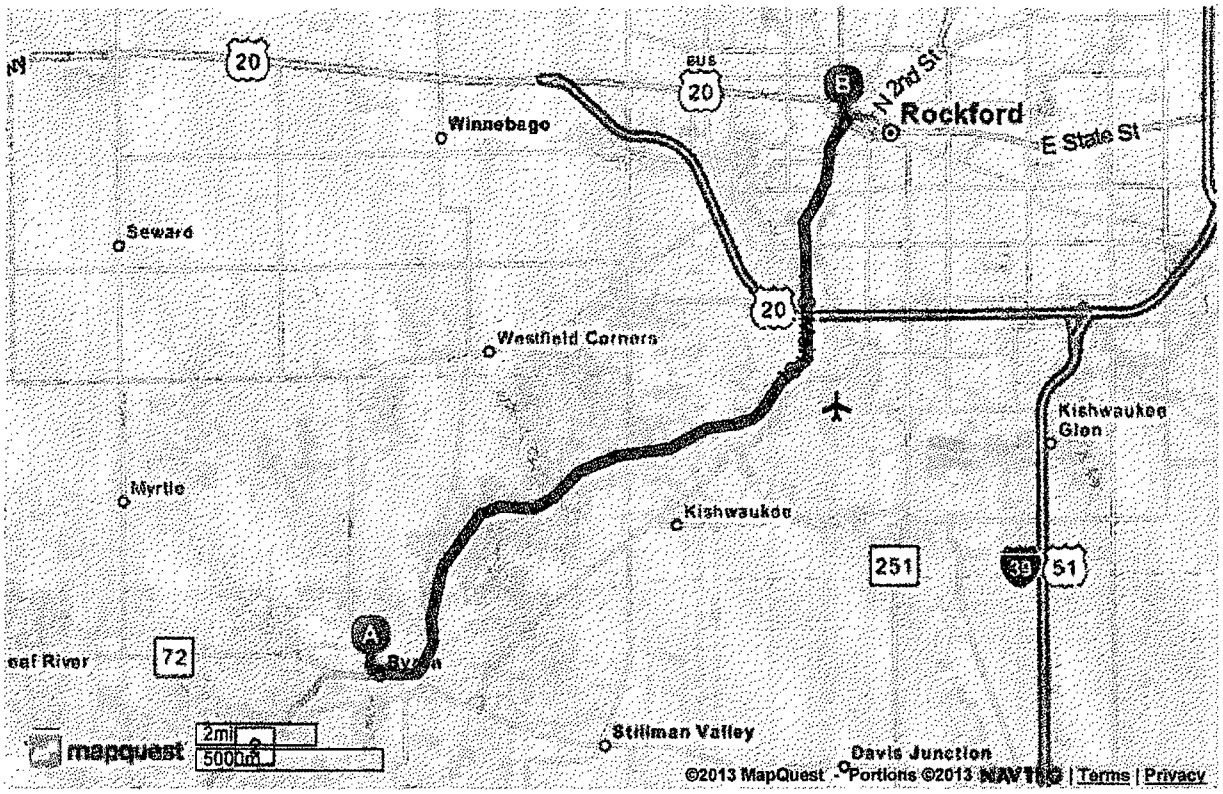

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Notes
Pecatonica Pavilion

Trip to:
599 W 7th St
Pecatonica, IL 61063-9741
17.78 miles / 25 minutes

811 W 2nd St, Byron, IL 61010-1464 — **Download Free App**

1. Start out going **east** on **W 2nd St** toward **N Lincoln St**. Map	**0.1 Mi**	*0.1 Mi Total*
2. Take the 1st **left** onto **N Colfax St / N Tower Rd**. Continue to follow **N Tower Rd**. Map *N Tower Rd is just past N Lincoln St* *If you reach N Lafayette St you've gone about 0.1 miles too far*	**5.7 Mi**	*5.8 Mi Total*
3. Turn **left** onto **Montague Rd**. Map	**1.2 Mi**	*7.1 Mi Total*
4. Turn **right** onto **S Hoisington Rd**. Map *S Hoisington Rd is 0.9 miles past Kendall Rd* *If you reach N Conger Rd you've gone about 0.9 miles too far*	**5.7 Mi**	*12.8 Mi Total*
5. Turn **left** onto **US-20 W / Ulysses S Grant Memorial Hwy**. Map *US-20 W is 0.6 miles past Comly Rd* *If you are on N Hoisington Rd and reach Berglund Rd you've gone about 0.8 miles too far*	**3.0 Mi**	*15.8 Mi Total*
6. Turn **right** onto **N Pecatonica Rd**. Map *N Pecatonica Rd is 0.2 miles past N Jackson Rd* *If you reach Grove Rd you've gone about 0.4 miles too far*	**1.5 Mi**	*17.3 Mi Total*
7. Turn **left** onto **W 7th St**. Map *W 7th St is just past E 8th St* *If you reach E 6th St you've gone a little too far*	**0.5 Mi**	*17.8 Mi Total*
8. **599 W 7TH ST**. Map *Your destination is 0.1 miles past John St* *If you reach Grove St you've gone a little too far*		

599 W 7th St, Pecatonica, IL 61063-974142.308881,-89.368723
(Address is approximate)

Total Travel Estimate: **17.78 miles - about 25 minutes**

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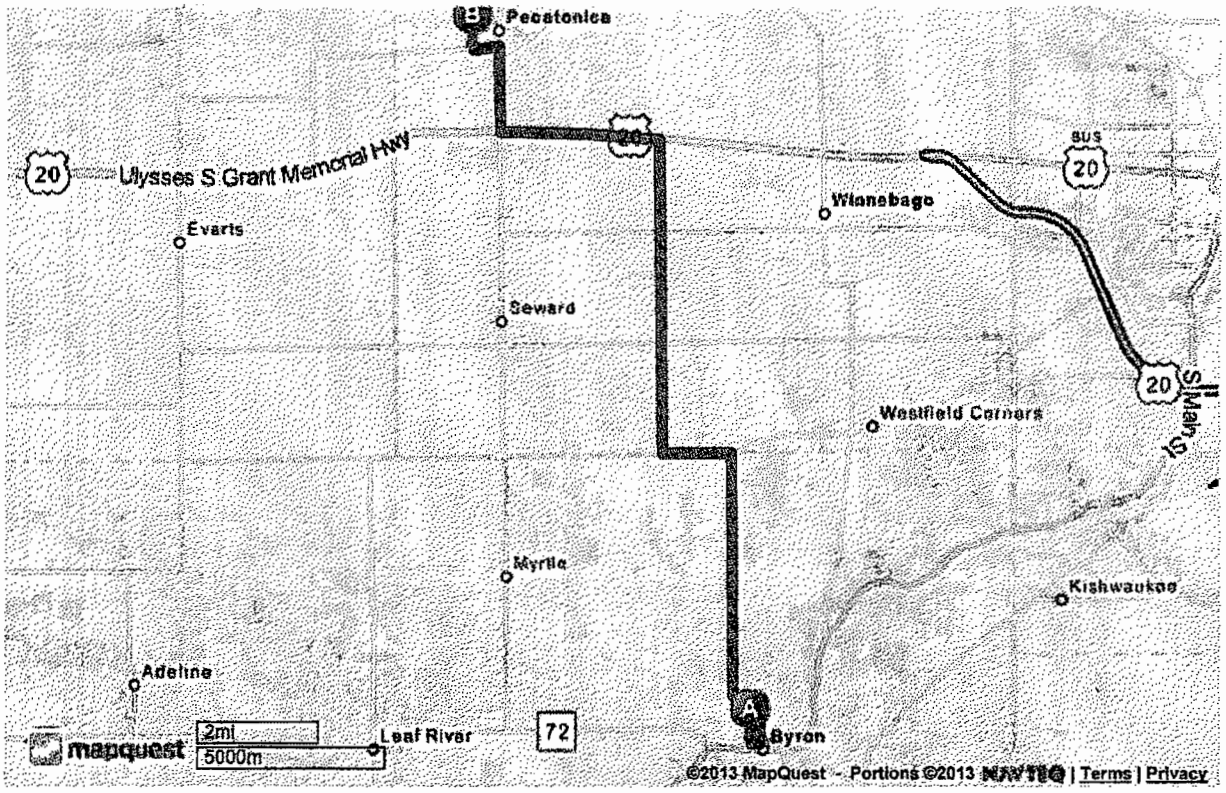

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Notes

Rosewood Care Center of Rockford

Trip to:

1660 S Mulford Rd

Rockford, IL 61108-6760

19.71 miles / 26 minutes

		811 W 2nd St, Byron, IL 61010-1464	**Download Free App**
		1. Start out going **east** on **W 2nd St** toward **N Lincoln St**. Map	**0.1 Mi** *0.1 Mi Total*
		2. Take the 2nd **right** onto **N Colfax St / N Tower Rd**. Map *N Colfax St is just past N Lincoln St* *If you reach N Lafayette St you've gone about 0.1 miles too far*	**0.09 Mi** *0.2 Mi Total*
	2	3. Turn **left** onto **IL-2 / IL-72**. Continue to follow **IL-2**. Map *Casey's Carry-Out Pizza is on the corner*	**11.0 Mi** *11.2 Mi Total*
	2	4. Turn **left** onto **S Main St / IL-2**. Map *Road Ranger is on the corner* *If you reach the end of Hanger Dr you've gone a little too far*	**0.5 Mi** *11.7 Mi Total*
	EAST 20	5. Merge onto **US-20 E / Ulysses S Grant Memorial Hwy** toward **I-90 / Belvidere**. Map	**4.0 Mi** *15.7 Mi Total*
EXIT		6. Take the **Alpine Rd** exit. Map	**0.3 Mi** *16.0 Mi Total*
		7. Turn **left** onto **S Alpine Rd**. Map *If you reach US-20 E you've gone about 0.2 miles too far*	**1.4 Mi** *17.4 Mi Total*
		8. Turn **right** onto **Harrison Ave**. Map *Harrison Ave is 0.1 miles past Manchester Dr* *Walgreens is on the corner* *If you reach Beach St you've gone a little too far*	**1.5 Mi** *18.9 Mi Total*
		9. Turn **left** onto **S Mulford Rd**. Map *S Mulford Rd is 0.1 miles past Wendy Ln* *Angelo's Restaurant & Pizzeria is on the left* *If you reach Dudley Dr you've gone about 0.2 miles too far*	**0.8 Mi** *19.7 Mi Total*
		10. **1660 S MULFORD RD** is on the **right**. Map *Your destination is just past Carriage Green Way* *If you reach Phaeton Dr you've gone a little too far*	
		1660 S Mulford Rd, Rockford, IL 61108-6760	

Total Travel Estimate: **19.71 miles - about 26 minutes**

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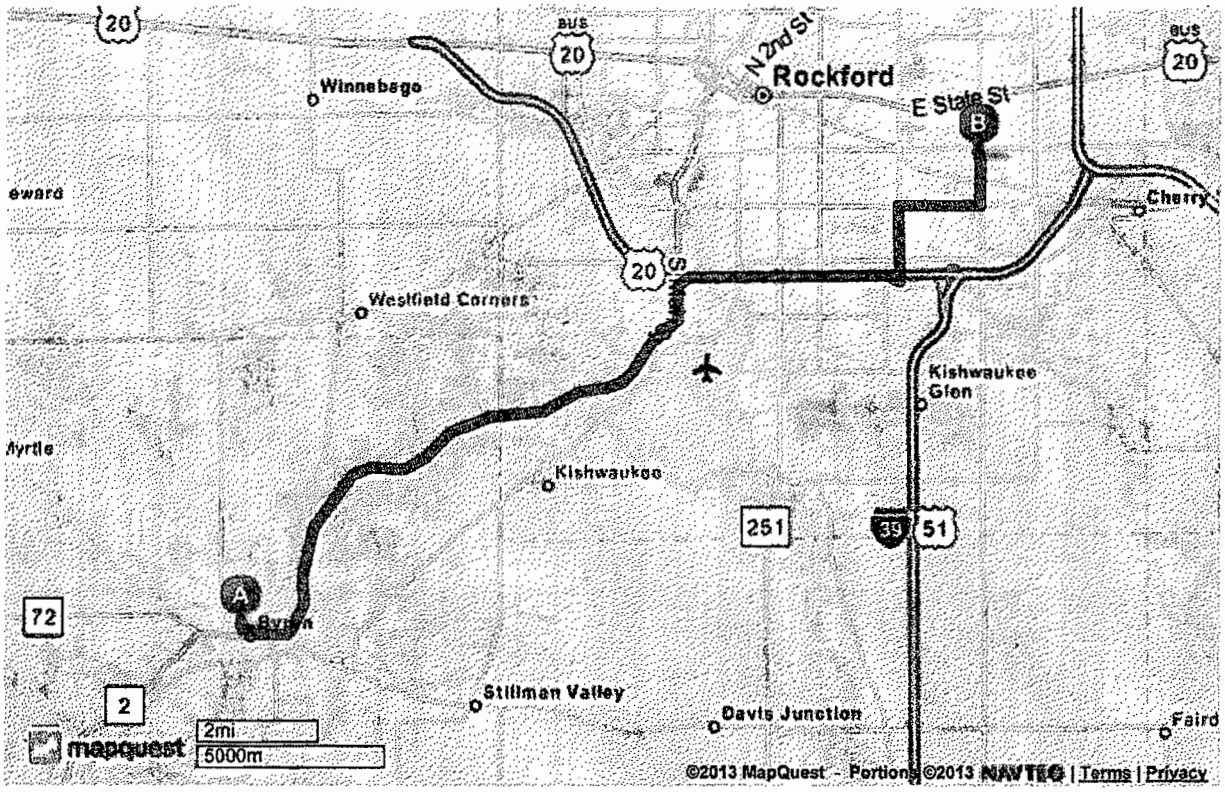

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Trip to:
550 S Mulford Rd
Rockford, IL 61108-2511
20.56 miles / 27 minutes

Notes
Alden-Alma Nelson Manor

811 W 2nd St, Byron, IL 61010-1464

Download Free App

1. Start out going **east** on **W 2nd St** toward **N Lincoln St**. Map	**0.1 Mi**	*0.1 Mi Total*
2. Take the 2nd **right** onto **N Colfax St / N Tower Rd**. Map *N Colfax St is just past N Lincoln St* *If you reach N Lafayette St you've gone about 0.1 miles too far*	**0.09 Mi**	*0.2 Mi Total*
3. Turn **left** onto **IL-2 / IL-72**. Continue to follow **IL-2**. Map *Casey's Carry-Out Pizza is on the corner*	**11.0 Mi**	*11.2 Mi Total*
4. Turn **left** onto **S Main St / IL-2**. Map *Road Ranger is on the corner* *If you reach the end of Hanger Dr you've gone a little too far*	**0.5 Mi**	*11.7 Mi Total*
5. Merge onto **US-20 E / Ulysses S Grant Memorial Hwy** toward **I-90 / Belvidere**. Map	**4.0 Mi**	*15.7 Mi Total*
6. Take the **Alpine Rd** exit. Map	**0.3 Mi**	*16.0 Mi Total*
7. Turn **left** onto **S Alpine Rd**. Map *If you reach US-20 E you've gone about 0.2 miles too far*	**1.4 Mi**	*17.4 Mi Total*
8. Turn **right** onto **Harrison Ave**. Map *Harrison Ave is 0.1 miles past Manchester Dr* *Walgreens is on the corner* *If you reach Beach St you've gone a little too far*	**1.5 Mi**	*18.9 Mi Total*
9. Turn **left** onto **S Mulford Rd**. Map *S Mulford Rd is 0.1 miles past Wendy Ln* *Angelo's Restaurant & Pizzeria is on the left* *If you reach Dudley Dr you've gone about 0.2 miles too far*	**1.7 Mi**	*20.6 Mi Total*
10. **550 S MULFORD RD** is on the **right**. Map *Your destination is just past Alma Dr* *If you reach Elaine Dr you've gone a little too far*		

550 S Mulford Rd, Rockford, IL 61108-2511

Total Travel Estimate: **20.56 miles - about 27 minutes**

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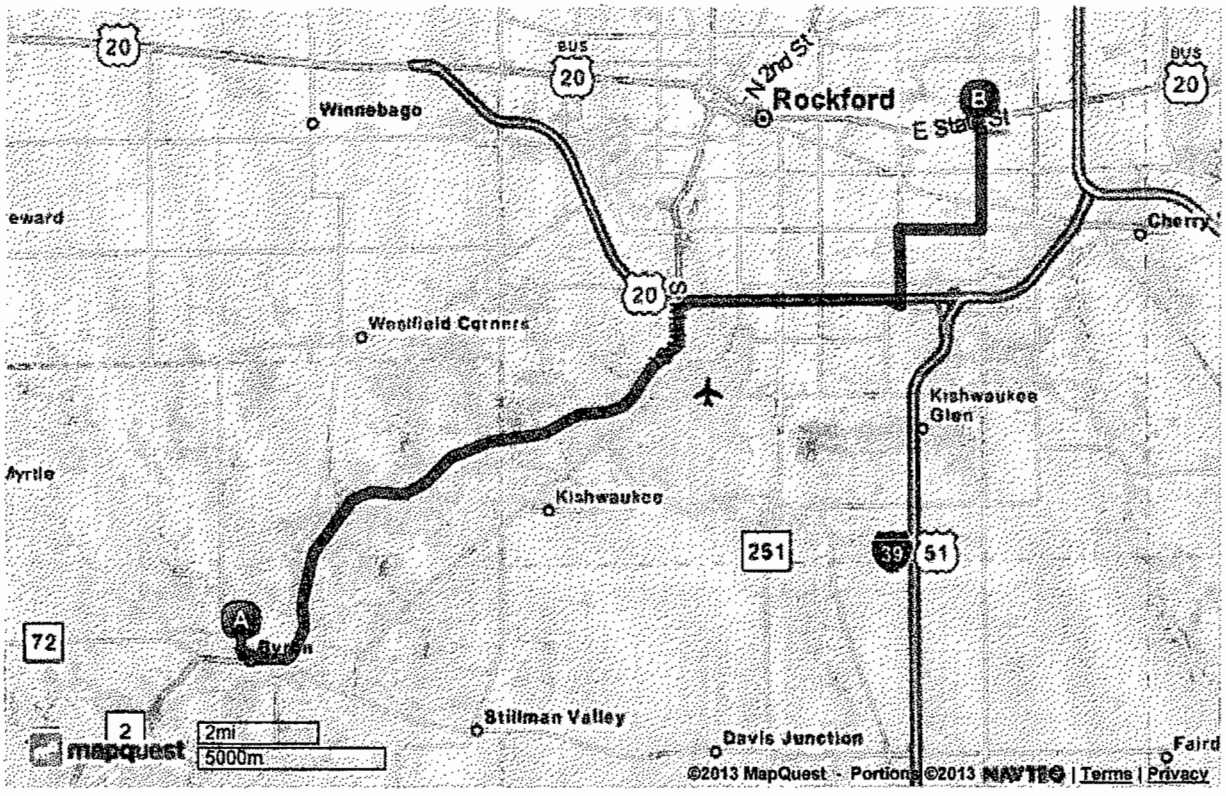

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Notes

Fairview Nursing Plaza

Trip to:

321 Arnold Ave

Rockford, IL 61108-2315

20.38 miles / 28 minutes

	A	**811 W 2nd St**, Byron, IL 61010-1464	**Download Free App**
●		1. Start out going **east** on **W 2nd St** toward **N Lincoln St**. Map	**0.1 Mi** *0.1 Mi Total*
↱		2. Take the 2nd **right** onto **N Colfax St / N Tower Rd**. Map *N Colfax St is just past N Lincoln St* *If you reach N Lafayette St you've gone about 0.1 miles too far*	**0.09 Mi** *0.2 Mi Total*
↰	2	3. Turn **left** onto **IL-2 / IL-72**. Continue to follow **IL-2**. Map *Casey's Carry-Out Pizza is on the corner*	**11.0 Mi** *11.2 Mi Total*
↰	2	4. Turn **left** onto **S Main St / IL-2**. Map *Road Ranger is on the corner* *If you reach the end of Hanger Dr you've gone a little too far*	**0.5 Mi** *11.7 Mi Total*
↑	EAST 20	5. Merge onto **US-20 E / Ulysses S Grant Memorial Hwy** toward **I-90 / Belvidere**. Map	**4.0 Mi** *15.7 Mi Total*
EXIT		6. Take the **Alpine Rd** exit. Map	**0.3 Mi** *16.0 Mi Total*
↰		7. Turn **left** onto **S Alpine Rd**. Map *If you reach US-20 E you've gone about 0.2 miles too far*	**3.2 Mi** *19.2 Mi Total*
↱	BR 20	8. Turn **right** onto **E State St / US-20-BR**. Map *E State St is just past Manheim Rd* *Illinois State Of; Secretary of State Police Department is on the right* *If you are on N Alpine Rd and reach Raven St you've gone about 0.1 miles too far*	**1.1 Mi** *20.3 Mi Total*
↱		9. Turn **right** onto **Arnold Ave**. Map *Arnold Ave is 0.3 miles past S New Towne Dr* *Lino's is on the corner* *If you are on E State St and reach Justin Ct you've gone a little too far*	**0.1 Mi** *20.4 Mi Total*
■		10. **321 ARNOLD AVE** is on the **right**. Map *Your destination is just past Justin Ct* *If you reach Elaine Dr you've gone a little too far*	
	B	**321 Arnold Ave**, Rockford, IL 61108-2315	

Total Travel Estimate: **20.38 miles - about 28 minutes**

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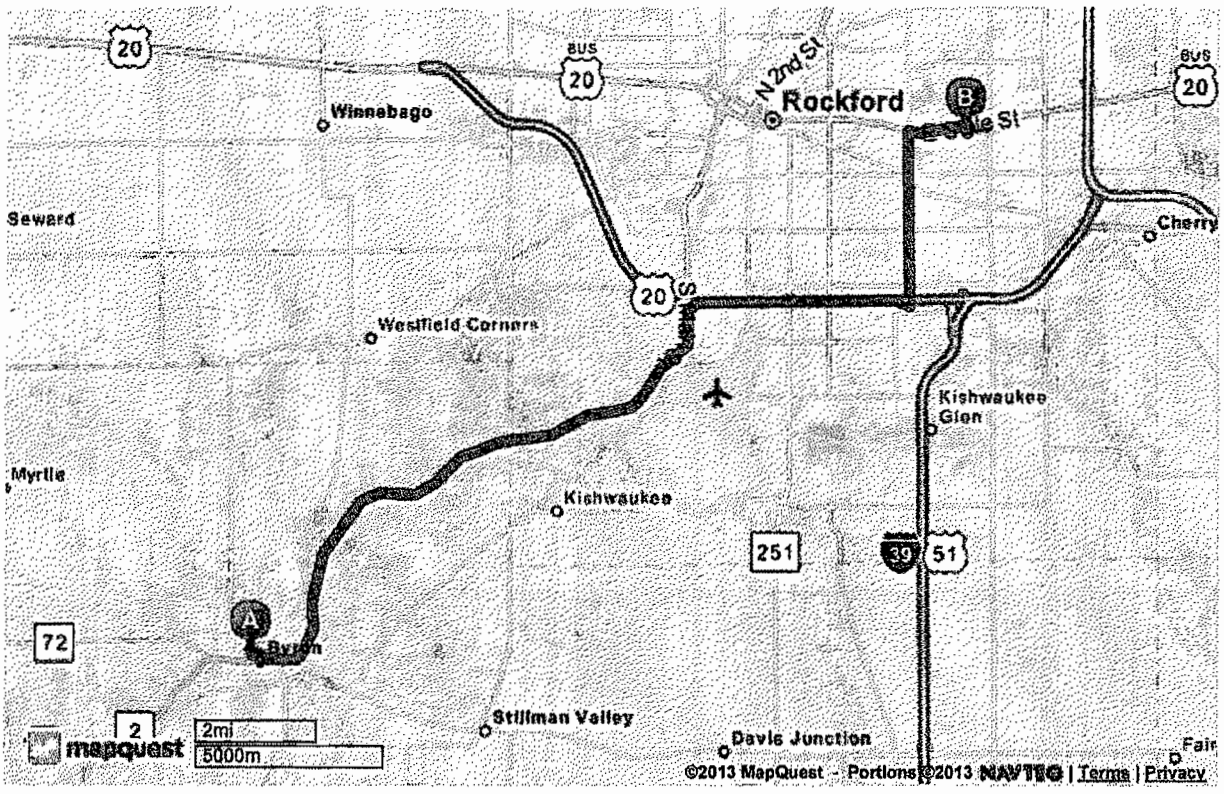

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Notes
Amberwood Nursing & Rehab Ctr.

Trip to:
2313 N Rockton Ave
Rockford, IL 61103-3618
19.47 miles / 29 minutes

811 W 2nd St, Byron, IL 61010-1464 — **Download Free App**

1. Start out going **east** on **W 2nd St** toward **N Lincoln St**. Map	**0.1 Mi**	*0.1 Mi Total*
2. Take the 2nd **right** onto **N Colfax St / N Tower Rd**. Map *N Colfax St is just past N Lincoln St* *If you reach N Lafayette St you've gone about 0.1 miles too far*	**0.09 Mi**	*0.2 Mi Total*
3. Turn **left** onto **IL-2 / IL-72**. Continue to follow **IL-2**. Map *Casey's Carry-Out Pizza is on the corner*	**7.1 Mi**	*7.3 Mi Total*
4. Turn **left** onto **S Meridian Rd**. Map *If you are on S Main St and reach Gold River Ave you've gone about 0.4 miles too far*	**7.6 Mi**	*14.9 Mi Total*
5. Turn **right** onto **Auburn St**. Map *Auburn St is just past Havaview Dr*	**4.0 Mi**	*18.9 Mi Total*
6. Turn **left** onto **N Rockton Ave**. Map *N Rockton Ave is just past Auburn Ct* *Pizza Hut is on the corner* *If you reach Tacoma Ave you've gone a little too far*	**0.6 Mi**	*19.5 Mi Total*
7. **2313 N ROCKTON AVE** is on the **right**. Map *Your destination is just past Van Wie Ave* *If you reach Fulton Ave you've gone a little too far*		

2313 N Rockton Ave, Rockford, IL 61103-3618

Total Travel Estimate: **19.47 miles - about 29 minutes**

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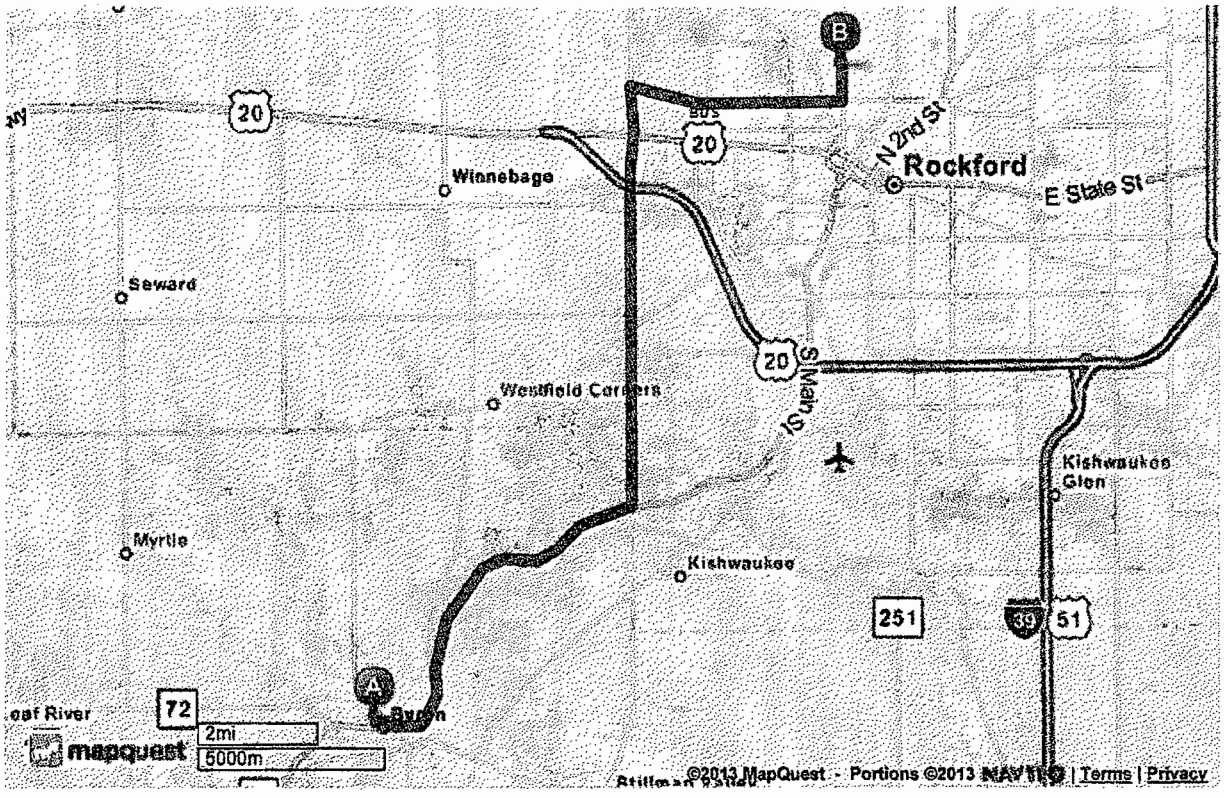

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NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010
Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

Administrator
Pawn Thammarath

Contact Person and Telephone
PAWN THAMMARATH
815-234-2511

Registered Agent Information
Stephen N Sher
5750 Old Orchard RD Suite 420
Skokie, IL 60077

Date Completed
2/21/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	36
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscule-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	99	101	93	8	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	99	101	93	8	101	101

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	97
Total Admissions 2010	65
Total Discharges 2010	69
Residents on 12/31/2010	93
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2966	8.0%	23735	64.4%	1645	464	4949	0	33759	91.6%	91.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2966	8.0%	23735	64.4%	1645	464	4949	0	33759	91.6%	91.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	7	40	0	0	0	0	0	0	7	40	47
85+	11	23	0	0	0	0	0	0	11	23	34
TOTALS	22	71	0	0	0	0	0	0	22	71	93

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010
Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	63	8	2	9	0	93
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	63	8	2	9	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	1	0	0	0	1
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	32.00
Other Health Staff	35.00
Non-Health Staff	19.00
Totals	108.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.8%	41.1%	3.7%	3.5%	28.0%	100.0%		0.0%
1,230,753	2,126,944	191,053	180,579	1,448,308	5,177,637	0	

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

ATTACHMENT-10E

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010
Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

Administrator
PAWN THAMMARATH

Contact Person and Telephone
PAWN THAMMARATH
815-234-2511

Registered Agent Information
Thomas Winter
6840 N Lincoln Ave
Lincolnwood, IL 60712

Date Completed 3/1/2012

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	40
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	99	101	96	5	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	99	101	96	5	101	101

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	93
Total Admissions 2011	147
Total Discharges 2011	144
Residents on 12/31/2011	96
Identified Offenders	0

FACILITY UTILIZATION - 2011
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3567	9.7%	23316	63.2%	2770	119	4371	0	34143	92.6%	92.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3567	9.7%	23316	63.2%	2770	119	4371	0	34143	92.6%	92.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	13	20	0	0	0	0	0	0	13	20	33
85+	16	39	0	0	0	0	0	0	16	39	55
TOTALS	29	67	0	0	0	0	0	0	29	67	96

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010
Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	61	7	6	10	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	61	7	6	10	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	200	185

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	96	0	0	0	96
Total	96	0	0	0	96

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	12.00
Certified Aides	37.00
Other Health Staff	3.00
Non-Health Staff	41.00
Totals	104.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.8%	38.3%	5.1%	0.8%	25.9%	100.0%		0.0%
1,644,207	2,109,223	283,145	51,382	1,425,503	5,513,441	0	

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

ATTACHMENT-10E

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010

Reference Numbers Facility ID 6008514
Health Service Area 001 Planning Service Area 141

Administrator
Pawn Thammarath

Contact Person and Telephone
PAWN THAMMARATH
815-234-2511

Date Completed
4/1/2013

Registered Agent Information
Thomas Winter
6840 north Lincoln Ave
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	40
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	99	101	85	16	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	99	101	85	16	101	101

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	96
Total Admissions 2011	83
Total Discharges 2011	94
Residents on 12/31/2011	85
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3109	8.4%	22795	61.8%	3540	189	4225	0	33858	91.8%	91.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3109	8.4%	22795	61.8%	3540	189	4225	0	33858	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	14	37	0	0	0	0	0	0	14	37	51
TOTALS	26	59	0	0	0	0	0	0	26	59	85

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010

Reference Numbers Facility ID **Health Service Area** 001 **Planning Service Area** 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	65	0	1	10	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	65	0	1	10	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	200	185

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	85	0	0	0	85
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	42.00
Other Health Staff	3.00
Non-Health Staff	41.00
Totals	111.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.1%	35.8%	7.0%	1.4%	27.6%	100.0%		0.0%
1,613,565	2,125,998	463,280	84,240	1,658,189	5,945,280	0	

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

ATTACHMENT-10E

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

Criterion 1125.330 – Alternatives

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

   Alternative options **must** include:

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

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

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

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

2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

ALTERNATIVE #1 Lesser Scope: Only the modernization of Neighbors Rehabilitation Center.

Cost

The proposed modernization contracts line item for this project is estimated to be $1,589,415 not including contingencies.

Patient Access

The issue facing this facility is that there is an increased demand for additional private occupancy resident rooms. The proposed renovation does not take this into account as no semi-private rooms are to be converted to private. The physical plant layout with 36 of the semi-private rooms sharing a toilet with adjacent semi-private room does not lend itself to efficiently and cost effectively convert rooms into private accommodations. On the other hand, for the

ATTACHMENT-11

Applicant to reduce the total number of beds available would further only exacerbate the issue that the facility has been turning potential admissions away due to the lack of beds that are available because of gender incompatibility and isolation needs for infection issues. The remedy would only be a trade off as the facility has historically been operating in excess of the State's target of 90%. Therefore, there appears to be no available nursing beds. According the Applicant's listing of potential residents turned away in the last two Calendar Year (2012 & 2013) there were 65 residents turned away (refer to **ATTACHMENT-11A**). Therefore, to reduce the total number of beds licensed beds would only make the issue of patient access more restrictive.

Quality

The historically high utilization of Neighbors Rehabilitation Center speaks to the high quality and passion that this facility provides and shows to its residents. In CY 2010, 2011 and 2012, the facility maintained an average use rate in excess of 90%, 91.6%, 92.6% and 91.8% respectively. According to the Facility's administrator, the falling utilization comes from the evolving long-term care marketplace where hospitals are diagnosing more infection issues and today's rehab patients are demanding private rooms. The fall off in utilization is not a result of quality as the facility had to turn away so many inquiries (65 potential residents as illustrated in **ATTACHMENT-11A**). In addition, with the hospital knowing that the facility does not have the availability of private rooms, they limit their referrals to the Subject facility. Likewise, community residents also know that the facility lacks private room accommodations and inquire at facilities outside the community and often the county. Moreover, the issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care but this alternative restricts the accessibility of those in need of

long-term care. This alternative does not allow for greater quality of care for existing residents as they have and will continue to have to seek services at other facilities as their medical needs outweigh their programmatic needs.

Financial Benefits

While the capital costs of this alternative are less expensive than that of the proposed project, there are no financial benefits to this alternative. Potential residents are being turned away at an increasing rate (CY2012 105 and CY2013 with 162). Refer to **ATTACHMENT-11B** for the total referrals deferred by the Applicant. Should this trend continue, the facility could suffer irreparable damage to its reputation and desirability, thereby, making the facility less marketable.

For these reasons listed under this alternative, this option was considered not viable.

ALTERNATIVE #2 Greater Scope: The total replacement of Neighbors Rehabilitation Center.

Cost

To estimate the raw construction cost of a bed-for-bed replacement, regardless if it is on-site or off-site, it would be presumed that all 101 beds were to be replaced in approximately 500 gross square feet per bed (50,500 gsf) at a construction contract cost of $220 per gsf. This would equate to a construction contract line item of well over $11 million. This does not include any of the soft costs or new equipment that would most assuredly be part of the project.

Patient Access

The presumptions included above would not be large enough for an all private room facility. However, even if half of the rooms could be the more desirable, private rooms with private baths, the applicant had an average use rate in excess of 90% for the most recent 3 years for which historical data is available. It would appear that no potential availability exists under

the State's target use rate. Thus, no potential accessibility plus the 65 residents who were turned away, falls short on improving patient accessibility.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care but this alternative restricts the accessibility of those in need of long-term care. This alternative does not allow for greater quality of care for existing residents as they have and will continue to have to seek services at other facilities as their medical needs outweigh their programmatic needs.

Financial Benefits

There does not appear to be any financial benefits to the proposed project. The capital costs to this alternative are higher than that of the project as being proposed. To not remedy the inaccessibility to the care and services being sought could also do irreparable harm to the facility's reputation and thus its desirability.

For the reasons stated under this alternative, this option was considered not viable.

ALTERNATIVE #3 Pursuing a Joint Venture or Utilizing Other Health Care Resources:

Cost

There is no cost to this alternative. Neighbors Rehabilitation Center is the only long-term nursing care facility in more than 10-miles and nearly 17 minutes travel time from the existing facility. There is not a hospital in Byron (with the closet being Swedish American in Rockford which is approximately 26-miles in distance) to subsidize or fill in the care gaps left by this facility (refer to **ATTACHMENT-11C**). Thus, to pursue a joint venture and the utilization of other health care resources are truly not viable alternatives.

ATTACHMENT-11

Patient Access

As this alternative is not viable to implement, patient access would also not be improved by this alternative.

Quality

The Applicant states and continues to offer its commitment to the highest quality in care but this alternative restricts the accessibility of those in need of long-term care. This alternative does not allow for greater quality of care for existing residents as they have and will continue to have to seek services other facilities as their medical needs outweigh their programmatic needs.

Financial Benefits

As this alternative is not viable to implement, then there would not be any financial benefits to this alternative.

ALTERNATIVE #4 the Proposed Project:

Cost

The comparable basis for cost is to look at the construction and modernization line items of this project resulting in a capital cost of $7,295,182.

Patient Access

This alternative addresses the access issue for the potential residents who were turned away and the desirability of the existing nursing care facility. It should be known that the addition will allow the facility to phase in the renovations of the existing population with the least disruption to the existing residents. Thus, both the renovated existing space and the proposed 30 nursing bed addition are essential to, at least in part, address the inaccessibility in finding general long-term care services in Byron and in the more than 15 minute travel time in which no other long-term care services exist with the exception of that of the Applicant.

ATTACHMENT-11

Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care but this alternative restricts the accessibility of those in need of long-term care. This alternative will allow for greater quality of care for existing residents as they have again have the ability to seek and find services near their home.

Financial Benefits

The financial benefit of this alternative is ultimately the continued and ongoing viability of providing nursing care and services in Byron through Neighbors Rehabilitation Center.

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

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care and in physical plant environment; therefore, this issue is not germane.

ATTACHMENT-11

NEIGHBORS
Rehabilitation Center

Street Address:
811 W. 2nd Street
Byron, Illinois 61010

Mailing Address:
P.O. Box 585
Byron, Illinois 61010

February 11, 2014

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

RE: Historical Service Demand

Dear Ms. Avery:

Neighbors Rehabilitation Center (NRC) has utilized a waiting list at different times over the past 24 months. Also during that time frame, 65 referrals were referred to other care facilities due to lack of bed availability at NRC. Attached you will find a complete list of these referrals.

Please contact me if you have any questions or concerns regarding this information.

Sincerely,

Pawn Thammarath
Administrator

PT:pk

enc

NRC - HISTORICAL SERVICE DEMAND
1/1/12 - 12/31/13

Date	Referral	SOR	Reason for referral
Jan. 3, 2012	J.T.	Swedish American Hosp.	No female bed available
Feb. 1, 2012	C.G.	Univ. of Wisconsin Hosp.	private room d/t age
Feb. 20, 2012	M.K.	Swedish American Hosp.	private room
Feb. 20, 2012	J.S.	family	no bed available on Special Care Unit
Feb. 23, 2012	B.A.	KSB Hosp.	isolation
Mar. 12, 2012	I.S.	family	no beds available
Mar. 23, 2012	Male	family	wanted a more updated room
Mar. 23, 2012	Female	family	wanted a nicer looking facility
Mar. 24, 2012	Male	Freeport Memorial Hosp.	no bed available on Special Care Unit
Apr. 6, 2012	Male	Freeport Memorial Hosp.	no beds available
Apr. 11, 2012	K.J.	OSF St. Francis Hosp.	private room d/t age
Apr. 11, 2012	J.C.	Swedish American Hosp.	isolation
Apr.19, 2012	K.C.	Swedish American Hosp.	different facility with private room
Apr. 28, 2012	D.C.	Rockford Memorial Hosp.	no beds available
May. 24, 2012	S.D.	OSF St. Anthony Hosp.	isolation
Jul. 13, 2012	E.S.	family	private room
Aug. 1, 2012	H.S.	Rockford Memorial Hosp.	no bed available on Special Care Unit
Aug. 7, 2012	J.S.	OSF St. Anthony Hosp.	isolation
Aug. 27, 2012	A.P.	Swedish American Hosp.	isolation
Aug. 27, 2012	J.B.	Kindred Hosp.	isolation
Aug. 29, 2012	S.C.	OSF St. Anthony Hosp.	private room d/t medical needs
Nov. 8, 2012	D.E.	Heartland Hospice	no beds available
Nov. 15, 2012	R.M.	Univ. of Wisconsin Hosp.	no beds available
Nov. 15, 2012	D.L.	Kindred Hosp.	private room d/t age
Nov. 20, 2012	J.B.	Select Specialty Hosp.	no bed available
Nov. 23, 2012	M.V.	Kishwaukee Hosp.	isolation
Nov. 26, 2012	R.P.	Heritage Health	no bed avilable
Nov. 27, 2012	M.F.	Illinois Masonic Hosp.	no bed available
Nov. 27, 2012	W.B.		no bed on Special Care Unit
Nov. 27, 2012	C.S.	Swedish American Hosp	no beds available
Dec. 4, 2012	W.H.	St. Anthony Hospital	different facility w/ private room
Dec. 18, 2012	B.C.	Rockford Memorial Hospital	different facility w/ private room
Dec. 21, 2012	P.E.	MacNeal Hosp.	private room d/t medical needs
Dec. 21, 2012	P.T.	OSF St. Francis Hosp.	private room d/t medical needs
Jan. 22, 2013	R.S.	Kindred Hosp.	private room d/t medical needs

ATTACHMENT-11A

NRC - HISTORICAL SERVICE DEMAND

1/1/12 - 12/31/13

Date	Referral	SOR	Reason for referral
Feb. 5, 2013	D.G.	Univ. of Wisconsin Hosp.	isolation
Feb. 5, 2013	K.T.	Kindred Hosp.	private room d/t medical needs
Feb. 6, 2013	E.F.	Kindred Hosp.	isolation
Feb. 21, 2013	D.S.	Rockford Memorial Hosp.	isolation
Mar. 8, 2013	M.I.	family	private room
Mar. 11, 2013	W.M.	Kindred Hosp.	private room d/t medical needs
Mar. 20, 2013	R.O.	Swedish American Hosp.	private room
Mar. 22, 2013	C.S.	Fairview Nursing Plaza	private room d/t age
Mar. 22, 2013	M.R.	Rush Medical Center	private room d/t medical needs
Mar. 22, 2013	D.R.	Edwards Hosp.	private room d/t medical needs
Mar. 28, 2013	S.S.	Kindred Hosp.	private room d/t age
Apr. 24, 2013	W.T.	Swedish American Hosp.	private room d/t medical needs
Apr. 30, 2013	R.B.	Kindred Hosp.	isolation
May. 2, 2013	E.L.	Kindred Hosp.	isolation
May. 9, 2013	C.H.	Kindred Hosp.	isolation
May. 15, 2013	L.D.	Vitas Hospice	isolation
Jun. 3, 2013	K.N.	Rockford Memorial Hospital	private room
Jul. 8, 2013	L.M.	Kindred Hosp.	private room d/t medical needs
Jul. 30, 2013	D.S.	Kindred Hosp.	isolation
Aug. 6, 2013	G.W.	Rockford Memorial Hosp.	private room
Aug. 8, 2013	W.B.	Kindred Hosp	private room d/t medical needs
Aug. 9, 2013	J.V.	Kindred Hosp.	private room d/t medical needs
Aug. 9, 2013	M.T.	St. Anthony's Hospital	private room
Aug. 12, 2013	L.K.	St. Anthony's Hospital	private room
Sept. 3, 2013	W.B.	Kindred Hosp.	private room d/t medical needs
Nov. 1, 2013	A.V.	St. Anthony Hospital	private room
Nov. 6, 2013	H.Y.	Kindred Hosp.	private room
Nov. 6, 2013	A.V.	St. Anthony Hospital	private room
Nov. 15, 2013	H.Y.	Swedish American Hospital	private room
Dec. 11, 2013	P.S.	Kindred Hosp	private room
Dec. 17, 2013	M.M.	Kindred Hosp	private room

ATTACHMENT-11A

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Jan. 2012			
J.T.		61010	Rosewood, zip-61108
L.P.			unknown
R.G.			waiting list, was placed elsewhere
D.B.		61020	Discharged Home
I. S.		61077	unknown
A.W.			Van Matre acute rehab hosp
O.W.		61024	unknown
Feb. 2012			
J.T.			unknown
C.G.			unknown
Female			waiting list, placed elsewhere
Male			waiting list, was placed elsewhere
J.S.			waiting list, placed elsewhere
M.K.			waiting list, placed elsewhere
B.A.			waiting list, placed elsewhere
R.S.			waiting list, was placed elsewhere
R.L.			unknown
M.M.		61010	waiting list. Eventually admitted to Neighbors
Mar.2012			
S.V.			Went home from hospital
K.R.		61010	unknown
I.S.		61077	waiting list, placed elsewhere
Male			waiting list, placed elsewhere
Male		n	Stayed home
Female			St, Annes, zip code - 61107, not impressed with our building
Apr. 2012			
Male			waiting list, placed elsewhere
K.J.			unknown
J.C.			waiting list, placed elsewhere
K.C.		61010	Hospice House, zip - 61061
D.C.			waiting list, placed elsewhere

ATTACHMENT-11B

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
May. 2012			
C.H.			died in hosp
C.A.			waiting list, placed elsewhere
Male			unknown
S.D.			waiting list, placed elsewhere
Jun. 2012			
R.W.			waiting list, placed elsewhere
M.K.			unknown
M.M.			waiting list, placed elsewhere
L.S.			waiting list, placed elsewhere
B.K.			waiting list, placed elsewhere
Female			unknown
D.K.		61047	Crimson Pointe assisted living, zip code - 61107
M.K.			died in hosp
Jul. 2012			
Z.F.			Pinecrest (61054)
D.R.			unknown
R.W.			unknown
E.H.			unknown
K.F.			waiting list, placed elsewhere
H.S.			waiting list, placed elsewhere
E.S.			Pinecrest (61054)
Aug. 2012			
H.S.			waiting list, placed elsewhere
J.S.			waiting list, placed elsewhere
V.L.			unknown
H.H.			waiting list, placed elsewhere
M.S.			unknown
S.R.			unknown
Male			waiting list, placed elsewhere
J.D.			unknown
D.H.			unknown
A.P.		61047	Park Strathmoor, zip code - 61107

ATTACHMENT-11B

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
J.B.			waiting list, was placed elsewhere
S.C.			unknown
D.D.			Going to different facility
Sept. 2012			
B.C.			unknown
R.C.			Went to different facility
K.W.			unknown
G.J.			unknown
L.W.			Nelson Debes, zip code -61108
J.B.			unknown
G.S.			unknown
B.L.		61024	staying at current facility, zip code - 61024
Oct. 2012			
J.M.			unknown
R.M.			unknown
N.W.			unknown S.O.R. Glen Oaks
D.G.			unknown
P.D.			Went to another facility S.O.R. ABBITT
L.V.			waiting list, placed elsewhere
D.S.			unknown
Nov. 2012			
A.P.			waiting list, placed elsewhere
O.H.			unknown
B.G.			waiting list, placed elsewhere
D.E.			waiting list, placed elsewhere
A.D.			unknown
D.M.			waiting list, placed elsewhere
M.C.			waiting list, placed elsewhere
R.M.			waiting list, placed elsewhere
D.L.			unknown
M.T.			unknown
J.B.			waiting list, placed elsewhere
M.V.			waiting list, placed elsewhere

ATTACHMENT-11B

Disposition of referrals not admitted to Neighbors

1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
R.M.			Went home with family & home health
R.P.			waiting list, placed elsewhere
W.B.			waiting list, placed elsewhere
C.S.			waiting list, placed elsewhere
M.F.			waiting list, placed elsewhere
Dec. 2012			
W.H.		61102	hospice house , zip code - 61061
M.B.			Different facility - 61031 Franklin Grove
H.F.			Different facility - 61061 Returned to Oregon
R.N.			waiting list, placed elsewhere
M.O.			waiting list, placed elsewhere
J.E.		61061	St Annes, zip-61107
D.M.			Went home from hospital
B.C.		61010	Hospice House, zip code - 61061
Male			unknown
D.W.			waiting list, placed elsewhere
P.E.			unknown
P.T.			unknown
E.G.			unknown
Jan. 2013			
D.H.			unknown
K.L.			unknown
M.T.			unknown
R.S.		ls	unknown
R.S.			unknown
T.J.			unknown
A.T.			unknown
J.F.			Died at hospital
B.G.			unknown
P.J.			unknown
B.P.			waiting list, placed at assisted living

ATTACHMENT-11B

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Feb. 2013			
D.S.			Amberwood, zip code - 61103
N.O.			Went to different facility S.O.R. - Select Spec. Hosp
Male			Died at hospital
W.B.			unknown
C.R.			unknown
K.K.			unknown
J.C.		61021	Dixon, IL facility, zip code - 61021
E.F.			Amberwood, zip code - 61103
A.B.			Fairview Nsg Plaza, zip code -61108
K.T.			unknown
D.G.			waiting list, placed elsewhere
T.C.		61115	unknown
Mar. 2013			
W.R.			unknown
H.K.			Discharged home from hosp
C.T.			unknown
R.O.			Pinecrest zip code-61054
L.E.		61010	Went home; later went to Pinecrest (61054)
J.A.			facility in Elgin
M.I.			Highview in the Woodlands zip code-61072
C.S.		61108	Stayed at current facility
M.R.			unknown
D.R.			unknown
R.G.			unknown
J.W.			unknown
J.P.			unknown
T.C.			unknown
W.M.		[redacted]	unknown
C.K.			unknown
S.S.			unknown

ATTACHMENT-11B

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Apr. 2013			
H.S.			unknown
S.G.			unnown
R.N.			waiting list, placed elsewhere
W.T.			unknown
F.D.			Discharged home from hosp
C.A.			Discharged home from hosp
E.B.		61061	Oregon Healthcare, zip code - 61061
R.B.			waiting list, placed elsewhere
J.A.			unknown
P.B.			unknown
K.K.			unknown
J.L.			unknown
R.M.			waiting list, placed elsewhere
H.M.			unknown
May. 2013			
O.A.			Oregon Healthcare, zip code - 61061
G.G.			Died at hospital
E.Q.			Van Matre acute rehab hospital
S.B.		61102	Returning to assisted living facility, zip code - 61102
D.C.			unknown
L.H.		61074	Staying at current facilitiy, zip code - 61074
D.S.			waiting list, placed elsewhere
E.S.			unknown
N.O.			unknown
D.P.			unknown
V.N.			unknown
E.L.			waiting list, placed elsewhere
C.H.			waiting list, placed elsewhere
L.D.			waiting list, placed elsewhere

ATTACHMENT-11B

Disposition of referrals not admitted to Neighbors

1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Jun. 2013			
S.M.			unknown
C.R.			dishcarged home from hospital
V.M.			P.A. Peterson, zip code - 61107
G.J.			Discharged home from hospital
K.N.		61047	Pinecrest, zip code - 61054
G.H.			Went to Van Matre, acute rehab hospital
J.K.			Discharged home from hospital
A.P.			Sherman Westcourt in Elgin
M.M.			Prairieview assisted living, zip code - 61088
R.M.			Prairieview assisted living, zip code - 61088
B.M.			Polo Rehab, zip code - 61064
E.L.			Staying at current facility, zip code - 61024
Female			unknown
G.J.			Went to stay with family
Female			unknown
A.C.			unknown
L.D.			unknown
E.L.			unknown
B.S.			unknown
E.W.			waiting list, placed elsewhere
Jul. 2013			
A.P.			Amberwood, zip code - 61103
D.P.			Died in hospital
D.V.			Van Matre Acute Rehab Hospital
J.C.			Discharged home
D.W.			Bethany, zip code - 60115
E.R.			Alpine Fireside, zip code - 61114
V.E.			Staying at current facility, zip code - 61108
C.V.			unknown
W.L.			unknown
D.S.			waiting list, placed elsewhere
H.D.			unknown

ATTACHMENT-11B

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Female			waiting list, placed elsewhere
L.M.		[redacted]	unknown
Aug. 2013			
F.K.			Green Acres, zip code - 61310
R.S.			Freeport facility, zip code - 61032, closer to home
M.T.			St. Annes, zip code - 61107
L.K.			Pinecrest, zip code - 61054
D.M.		61115	Rockford facility, husb is moving there
G.P.			unknown
S.B.			Homebridge, zip code - 61008
M.J.			unknown
R.N.			unknown
J.M.			unnown
M.C.		61102	unknown
W.B.		[redacted]	unknown
J.V.			uknown
V.C.			Staying at current facility, zip code - 61068
D.L.			unknown
G.W.			Rosewood, zip code - 61108
Sept. 2013			
W.B.		[redacted]	unknown
K.F.			unknown
K.W.		61054	Oregon Healthcare, zip code - 61061
R.P.		61084	Oregon Healthcare, zip code - 61061, wife is there
J.K.			unknown
Oct. 2013			
A.B.		61061	unknown
B.W.		61107	unknown
S.M.			unknown
T.M.		60178	unknown
B.B.		45459	unknown
B.W.		72450	unknown
R.N.		61010	unknown

ATTACHMENT-11B

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/ Res.	[redacted]	Home Zip Code	Disposition
Nov. 2013			
S.S.		61008	Rochelle Rehab, zip code - 61068
S.N.		61021	unknown
L.M.		61102	unknown
J.C.			unknown
M.J.			unknown
S.S.		61008	unknown
D.S.			unknown
M.P.			unknown
A.V.		61084	Cor Mariae, zip code - 61114
H.Y.			St. Anne's, zip code - 61107
R.E.		61061	unknown
Dec. 2013			
Y.V.			Discharge home from hospital
J.J.		61018	Willowcrest, zip code - 60548
M.M.			St. Anne's, zip code - 61107
E.B.			unknown, closer to family
J.G.			unknown
R.C.		61103	Glen Lakes, zip code - 60085
E.R.			unknown
B.K.			unknown
M.C.			unknown
D.L.			Stayed at current facility, zip code - 61108
S.D.		61020	Prairieview assisted living, zip code - 61088
R.S.			unknown
V.P.			unknown
S.W.			unknown
Female			unknown
P.S.		61054	Pinecest, zip code - 61054
W.M.			unknown
Female			unknown
Female			unknown

ATTACHMENT-11B

Disposition of referrals not admitted to Neighbors

1/1/12 - 12/31/2013

Month/ Res.	[redacted]	Home Zip Code	Disposition
Male			unknown
J.V.			unknown
Male			unknown

ATTACHMENT-11B

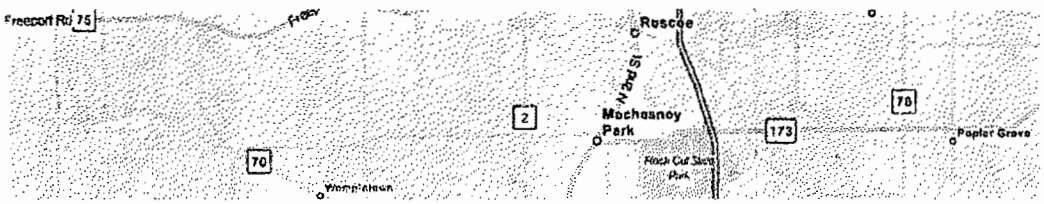
mapquest

Notes
Swedish American Health System

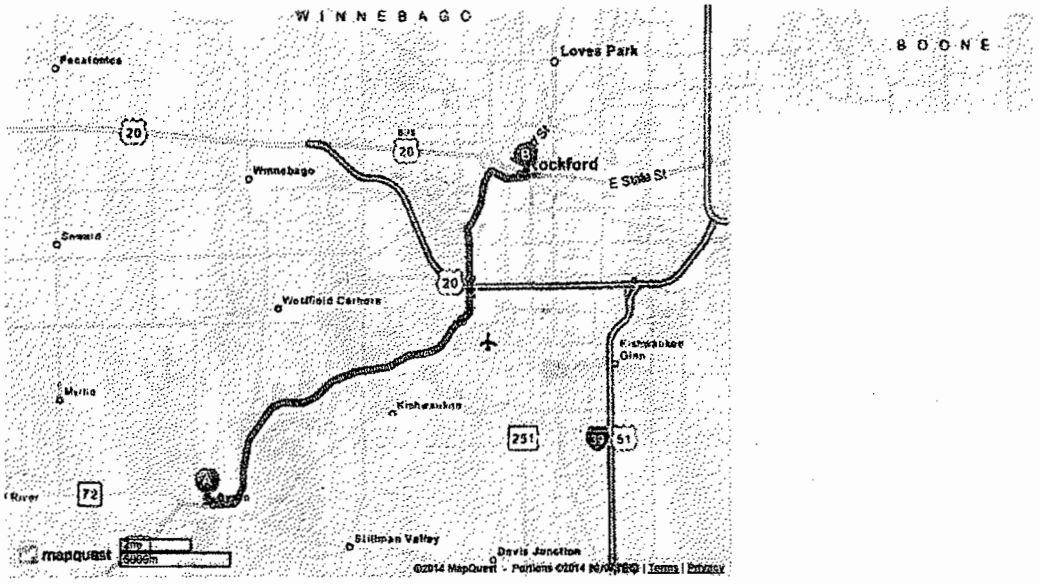
Trip to:
1401 E State St
Rockford, IL 61104-2315
16.88 miles / 27 minutes

Download Free App

	811 W 2nd St, Byron, IL 61010-1464	
	1. Start out going east on **W 2nd St** toward **N Lincoln St**. Map	**0.1 Mi** *0.1 Mi Total*
	2. Take the 2nd right onto **N Colfax St / N Tower Rd**. Map *N Colfax St is just past N Lincoln St* *If you reach N Lafayette St you've gone about 0.1 miles too far*	**0.09 Mi** *0.2 Mi Total*
	3. Turn **left** onto **IL-2 / IL-72**. Continue to follow **IL-2**. Map *Casey's Carry-Out Pizza is on the corner*	**11.0 Mi** *11.2 Mi Total*
	4. Turn **left** onto **S Main St / IL-2**. Continue to follow **S Main St**. Map *Road Ranger is on the corner* *If you reach the end of Hanger Dr you've gone a little too far*	**4.3 Mi** *15.5 Mi Total*
	5. Turn **slight right** onto **Wyman Crossover / IL-2 N**. Continue to follow **IL-2 N**. Map *IL-2 N is just past Cedar St*	**0.1 Mi** *15.7 Mi Total*
	6. Turn **right** onto **Chestnut St / US-20-BR E**. Continue to follow **US-20-BR E**. Map *US-20-BR E is just past S Wyman St* *If you reach Elm St you've gone a little too far*	**0.9 Mi** *16.5 Mi Total*
	7. Turn **left** onto **S Longwood St / US-20-BR E**. Map *S Longwood St is just past 7th St* *If you are on Charles St and reach 2nd Ave you've gone about 0.1 miles too far*	**0.06 Mi** *16.6 Mi Total*
	8. Take the 1st **right** onto **E State St / US-20-BR**. Map *U S. Bank - East State Office is on the right* *If you are on N Longwood St and reach Spafford Ave you've gone about 0.1 miles too far*	**0.3 Mi** *16.9 Mi Total*
	9. **1401 E STATE ST** is on the **right**. Map *Your destination is 0.1 miles past 9th St* *If you reach Regan St you've gone a little too far*	
	1401 E State St, Rockford, IL 61104-2315	



ATTACHMENT-11C



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GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

The applicant shall provide:

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

ATTACHMENT-12A identifies all nursing facilities owned and operated by the Applicant or its related entities. A copy of all the aforementioned facilities' licenses and certifications as applicable are appended under **ATTACHMENT-12B.**

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

The required documentation with regards to adverse action, as required under 1125.520, c) 2, is appended as **ATTACHMENT-12C.** It should be noted that the ownership and operating entities of the proposed Neighbors Rehabilitation Center do not have any adverse action taken against them.

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

The above requested authorization for the HFSRB and the DPH access to information is appended as **ATTACHMENT-12D.**

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

This item is not germane.

ATTACHMENT-12

Nursing Homes in Illinois

Who Regulates Nursing Homes?
A Listing of Illinois Nursing Homes
How to Select a Nursing Home
Centers for Medicare and Medicaid Services Nursing Home Database
Quarterly Reports of Nursing Home Violation
Illinois Law on Advance Directives
Nursing Homes with No Certification Deficiencies
Nursing Home Care Act
Illinois Health Care Worker Registry
Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

Ownership Information

NEIGHBORS REHABILITATION CTR

811 WEST 2ND STREET
BYRON IL 61010

ADMINISTRATOR PAWN THAMMARATH
TELEPHONE 815-234-2511

BRYAN G BARRISH
has ownership interest in the following long term care entities

Facility	Percentage Owned
APPLEWOOD REHABILITATION CTR	12.07
FAIRVIEW NURSING PLAZA	14.20
BRYN MAWR CARE	13.50
COLUMBUS PARK N & REHAB CENTER	7.20
MAPLEWOOD CARE	13.00
NEIGHBORS REHABILITATION CTR	11.83
DECATUR MANOR HEALTHCARE	8.90
REGENCY REHABILITATION CENTER	12.15
ALBANY CARE	7.31
ROCK ISLAND NSG & REHAB CTR	9.48
ELMWOOD CARE	14.25
WILSON CARE	11.11

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Nursing Homes in Illinois

Who Regulates Nursing Homes?
A Listing of Illinois Nursing Homes
How to Select a Nursing Home
Centers for Medicare and Medicaid Services Nursing Home Database
Quarterly Reports of Nursing Home Violation
Illinois Law on Advance Directives
Nursing Homes with No Certification Deficiencies
Nursing Home Care Act
Illinois Health Care Worker Registry
Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

Ownership Information

NEIGHBORS REHABILITATION CTR

811 WEST 2ND STREET
BYRON IL 61010

ADMINISTRATOR PAWN THAMMARATH
TELEPHONE 815-234-2511

RALPH_J. GESUALDO
has ownership interest in the following long term care entities

Facility	Percentage Owned
NEIGHBORS REHABILITATION CTR	11.83
DECATUR MANOR HEALTHCARE	8.90
REGENCY REHABILITATION CENTER	12.15
ROCK ISLAND NSG & REHAB CTR	9.48

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Nursing Homes in Illinois

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Nursing Home Care Act
Illinois Health Care Worker Registry
Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

Ownership Information

NEIGHBORS REHABILITATION CTR

811 WEST 2ND STREET
BYRON IL 61010

ADMINISTRATOR PAWN THAMMARATH
TELEPHONE 815-234-2511

MICHAEL R GIANNINI
has ownership interest in the following long term care entities

Facility	Percentage Owned
COLUMBUS PARK N & REHAB CENTER	6.60
MAPLEWOOD CARE	18.00
NEIGHBORS REHABILITATION CTR	10.01
REGENCY REHABILITATION CENTER	10.42
ALBANY CARE	7.31
ELMWOOD CARE	11.57

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LICENSE

Be it known that this facility is licensed to engage in the activities specified in the annual license certificate displayed below for the period designated in that certificate.

This Document is valid only so long as a current license certificate is displayed at right.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES

State of Illinois 2115337
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/19/2014	BG8E	0049973

LONG TERM CARE LICENSE
SKILLED 101

UNRESTRICTED 101 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

NEIGHBORS REHABILITATION CENTER,LLC

NEIGHBORS REHABILITATION CTR
811 WEST 2ND STREET
BYRON IL 61010
EFFECTIVE DATE: 01/20/13

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

ATTACHMENT-12B

RON

State of Illinois 2119492

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/12/2015	BGSE	0037762

LONG TERM CARE LICENSE
INTERMEDIATE 417

UNRESTRICTED 417 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALBANY CARE, INC.

ALBANY CARE
901 MAPLE AVENUE
EVANSTON IL 60202
EFFECTIVE DATE: 02/13/13

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

ATTACHMENT-12B

To: Kim
copy for
book too
[illegible]

State of Illinois 2141900
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

AR HASBROUCK, MD, MPH
CTOR

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

EXPIRATION DATE	CATEGORY	A.D. NUMBER
07/31/2014	BGBE	0051359

LONG TERM CARE LICENSE
SKILLED 115

UNRESTRICTED 115 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

EW REHABILITATION CENTER, LLC

PLEWOOD REHABILITATION CTR
020 KOSTNER AVENUE
TTESON IL 60443
EFFECTIVE DATE: 08/01/13

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2141900
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	A.D. NUMBER
07/31/2014	BGBE	0051359

LONG TERM CARE LICENSE
SKILLED 115

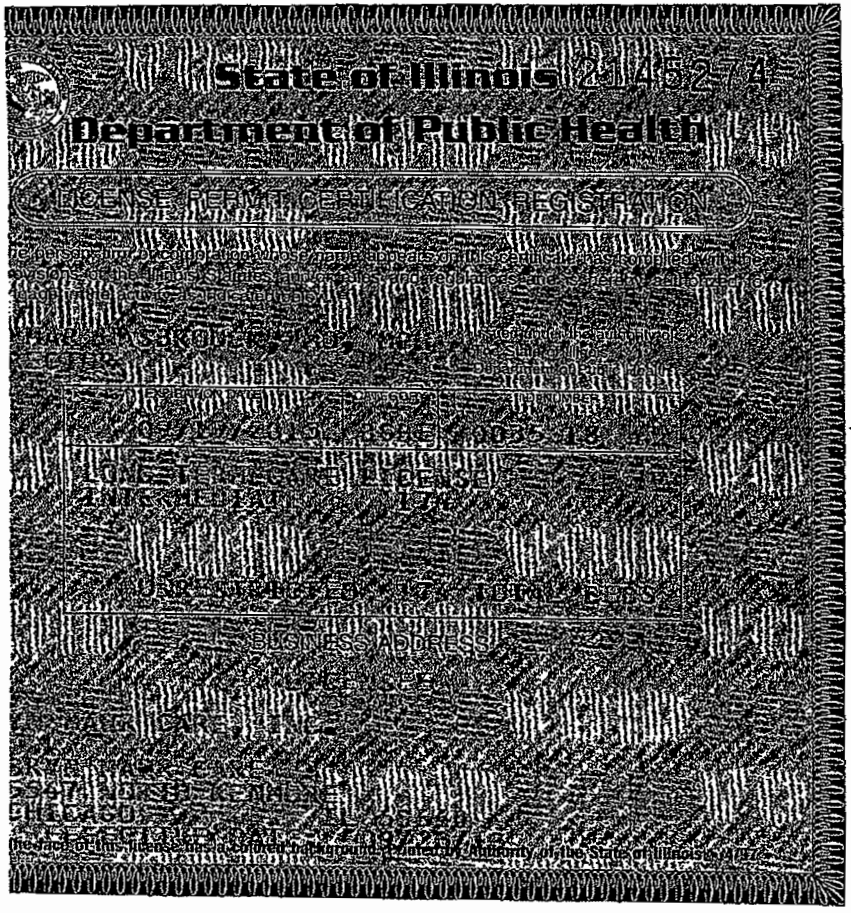
UNRESTRICTED 115 TOTAL BEDS

REGION 9

07/23/13

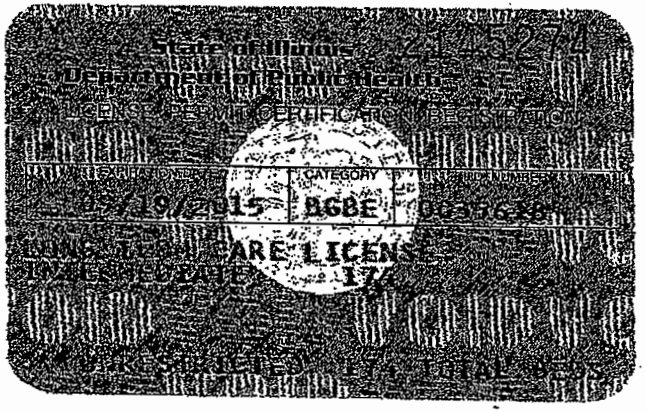
APPLEWOOD REHABILITATION CTR
21020 KOSTNER AVENUE
MATTESON IL 60443

ATTACHMENT-12B
FEE RECEIPT NO.



DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



REGION 8

08/27/13

BRYN MAWR CARE
5547 NORTH KENMORE
CHICAGO IL 60640

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2132154
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/30/2014	BGBE	0037960

LONG TERM CARE LICENSE
SKILLED 108
INTERMEDIATE 108

UNRESTRICTED 216 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

COLUMBUS PARK NURSING & REHABILITATION CENT

COLUMBUS PARK N & REHAB CENTER
901 SOUTH AUSTIN
CHICAGO IL 60644

EFFECTIVE DATE- 05/31/13

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← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

↓

State of Illinois 2132154
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/30/2014	BGBE	0037960

LONG TERM CARE LICENSE
SKILLED 108
INTERMEDIATE 108

UNRESTRICTED 216 TOTAL BEDS

REGION 8

04/30/13

COLUMBUS PARK N & REHAB CENTER
901 SOUTH AUSTIN
CHICAGO IL 60644

FEE RECEIPT NO.

State of Illinois 2109863
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR MASSBOUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/30/2014	868E	0049262

LONG TERM CARE LICENSE
INTERMEDIATE 147

UNRESTRICTED 147 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

DECATUR MANOR HEALTHCARE, LLC

DECATUR MANOR HEALTHCARE
1016 W. PERSHING RD.
DECATUR IL 62526

EFFECTIVE DATE: 12/01/12

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/87 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2109863
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/30/2014	868E	0049262

LONG TERM CARE LICENSE
INTERMEDIATE 147

UNRESTRICTED 147 TOTAL BEDS

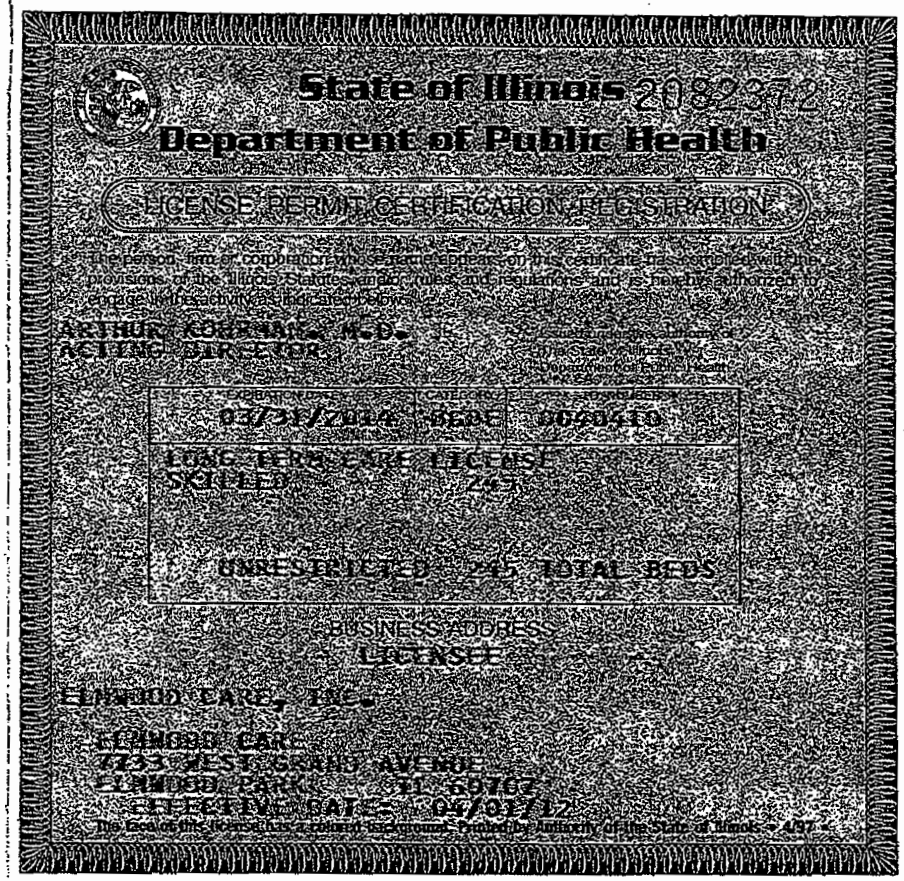
REGION 5

11/26/12

DECATUR MANOR HEALTHCARE
1016 W. PERSHING RD.
DECATUR IL 62526

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2082372
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

ARTHUR KOHRMAN, M.D.
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	NUMBER
03/31/2014	BGBE	0040410

LONG TERM CARE LICENSE
SKILLED 245

UNRESTRICTED 245 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ELMWOOD CARE, INC.

ELMWOOD CARE
7733 WEST GRAND AVENUE
ELMWOOD PARK IL 60707
EFFECTIVE DATE: 04/01/12

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2082372
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	NUMBER
03/31/2014	BGBE	0040410

LONG TERM CARE LICENSE
SKILLED 245

UNRESTRICTED 245 TOTAL BEDS

REGION 9

03/27/12

ELMWOOD CARE
7733 WEST GRAND AVENUE
ELMWOOD PARK IL 60707

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2119489
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/21/2015	BGBE	0037655

LONG TERM CARE LICENSE
SKILLED 099
INTERMEDIATE 114

UNRESTRICTED 213 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

FAIRVIEW NURSING PLAZA, INC.

FAIRVIEW NURSING PLAZA
321 ARNOLD AVENUE
ROCKFORD IL 61108

EFFECTIVE DATE: 02/22/13

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

ATTACHMENT-12B

State of Illinois 2075507
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

KENNETH SOYEMI, M.D. M.P.H
ACTING DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/15/2014	BGBE	0031971

LONG TERM CARE LICENSE
INTERMEDIATE 145

UNRESTRICTED 145 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

GREENWOOD CARE, INC.

GREENWOOD CARE
1406 CHICAGO AVENUE
EVANSTON IL 60201

EFFECTIVE DATE 02/16/12

The [illegible] Authority of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2075507
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/15/2014	BGBE	0031971

LONG TERM CARE LICENSE
INTERMEDIATE 145

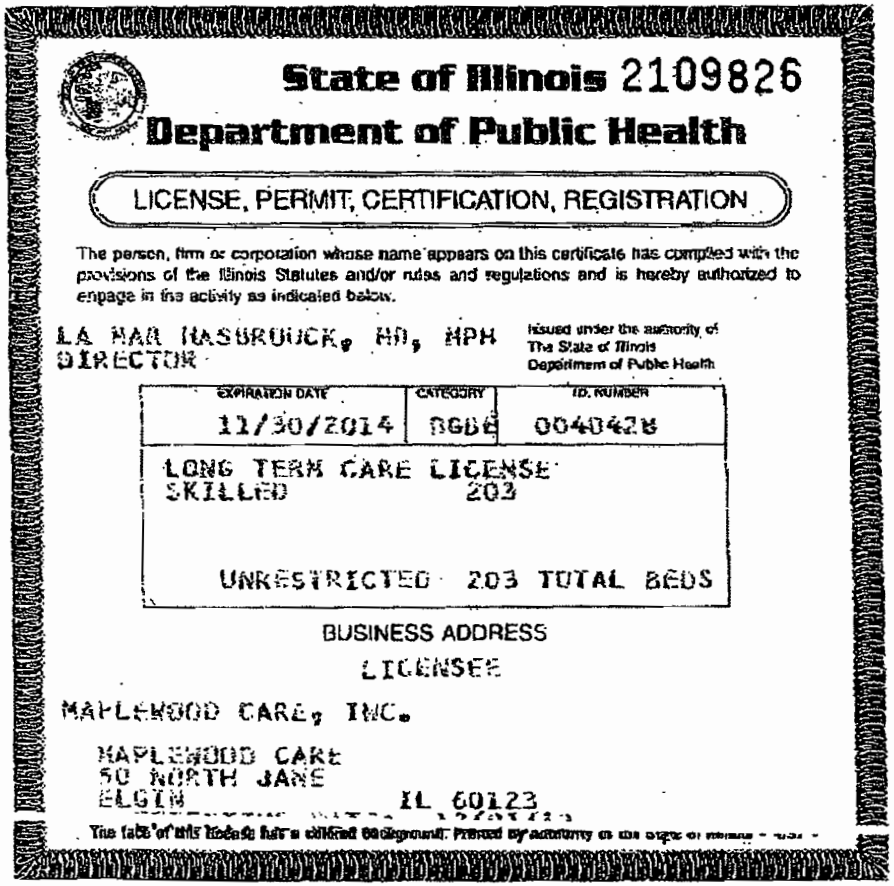
UNRESTRICTED 145 TOTAL BEDS

REGION 9

01/31/12

GREENWOOD CARE
1406 CHICAGO AVENUE
EVANSTON IL 60201

FEE RECEIPT NO.



State of Illinois 2109826

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/30/2014	BGBE	0040428

LONG TERM CARE LICENSE
SKILLED 203

UNRESTRICTED 203 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

MAPLEWOOD CARE, INC.

MAPLEWOOD CARE
50 NORTH JANE
ELGIN IL 60123

The face of this license has a colored background. Printed by authority of the State of Illinois - [illegible]

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2109826

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/30/2014	BGBE	0040428

LONG TERM CARE LICENSE
SKILLED 203

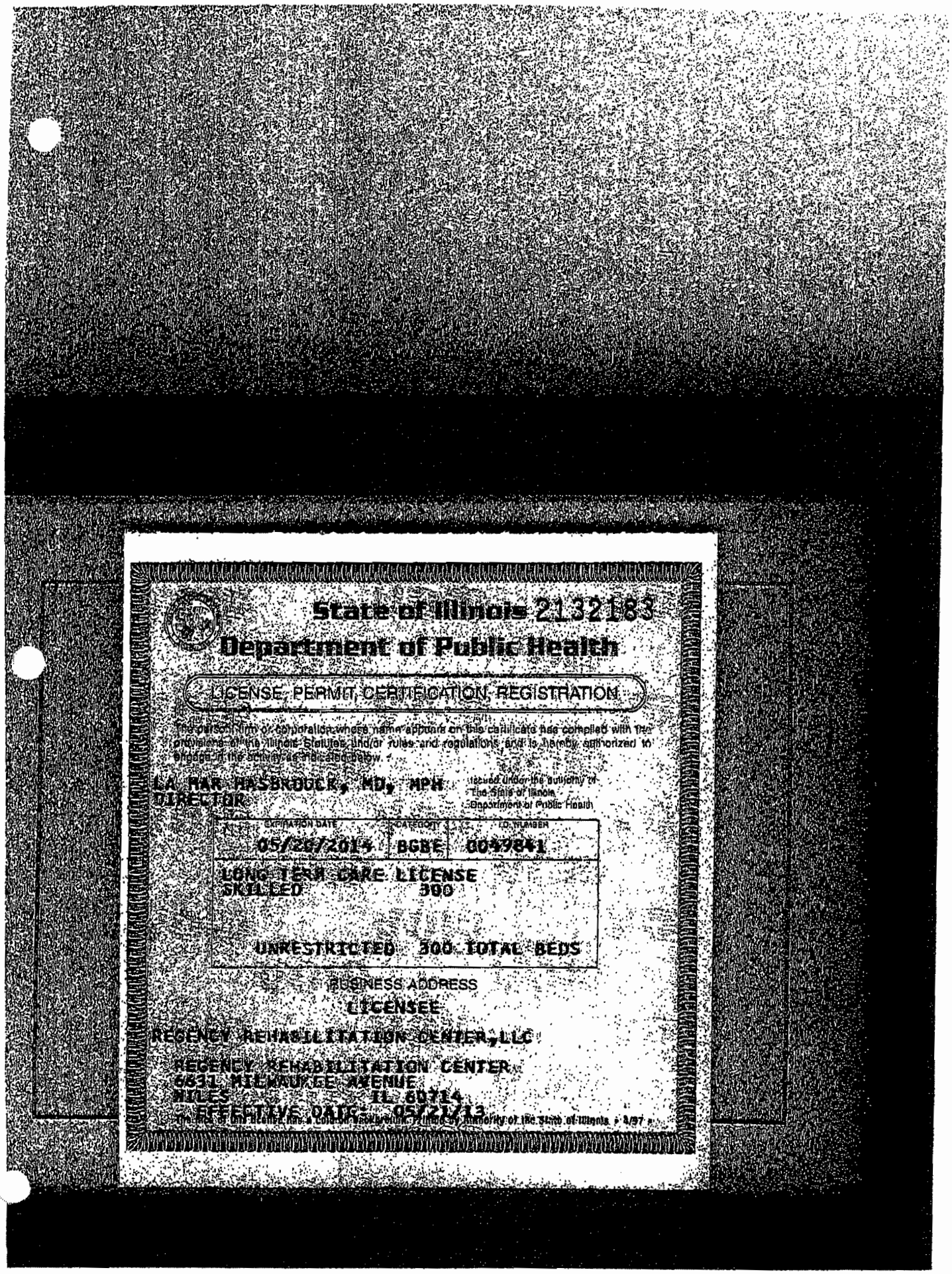
UNRESTRICTED 203 TOTAL BEDS

REGION 7

11/28/12

MAPLEWOOD CARE
50 NORTH JANE
ELGIN IL 60123

FEE RECEIPT NO.



State of Illinois 2132183

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/20/2014	BGBE	0049841

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS

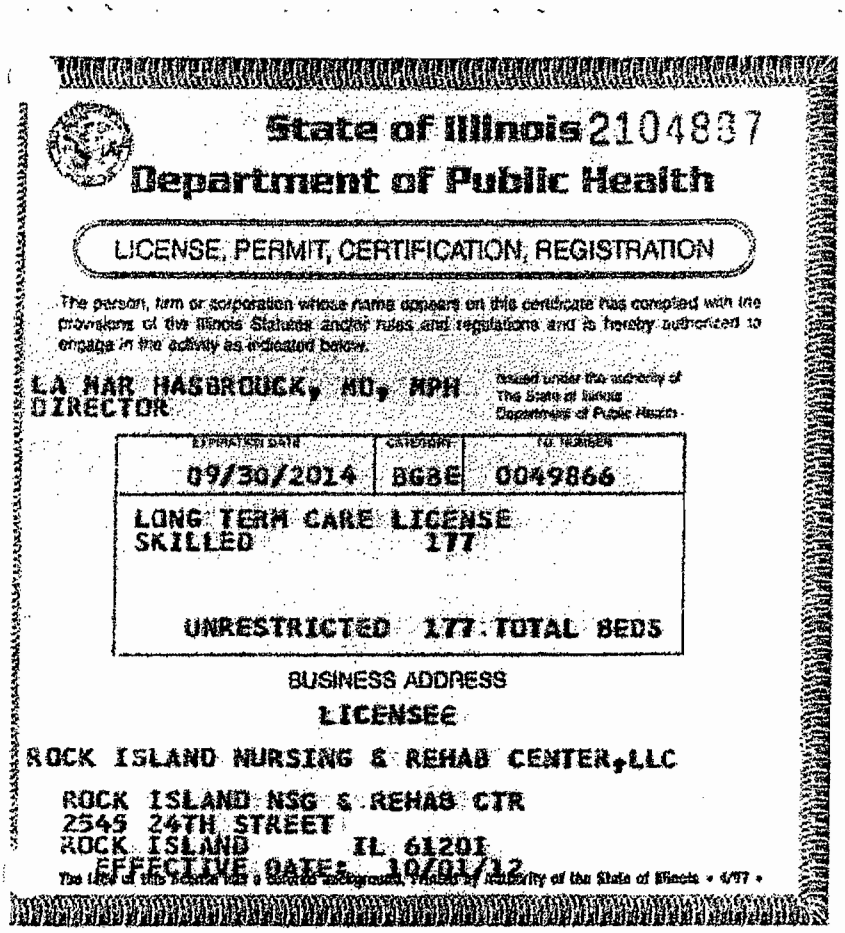
LICENSEE

REGENCY REHABILITATION CENTER,LLC

REGENCY REHABILITATION CENTER
6631 MILWAUKEE AVENUE
NILES IL 60714
EFFECTIVE DATE: 05/21/13

The face of this license has a color of background. Printed by Authority of the State of Illinois • 8/97 •

ATTACHMENT-12B



State of Illinois 2104887

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/30/2014	BGBE	0049866

LONG TERM CARE LICENSE
SKILLED 177

UNRESTRICTED 177 TOTAL BEDS

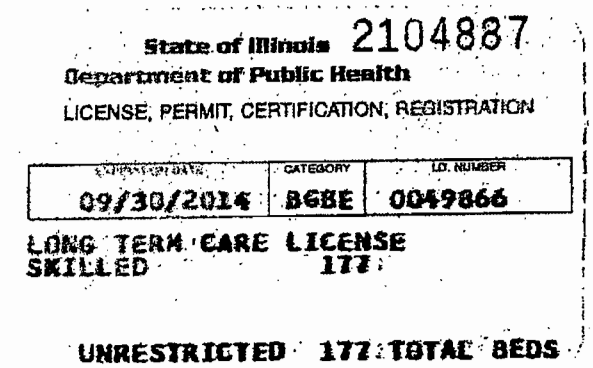
BUSINESS ADDRESS

LICENSEE

ROCK ISLAND NURSING & REHAB CENTER,LLC

ROCK ISLAND NSG & REHAB CTR
2545 24TH STREET
ROCK ISLAND IL 61201
EFFECTIVE DATE: 10/01/12

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



State of Illinois 2104887

Department of Public Health

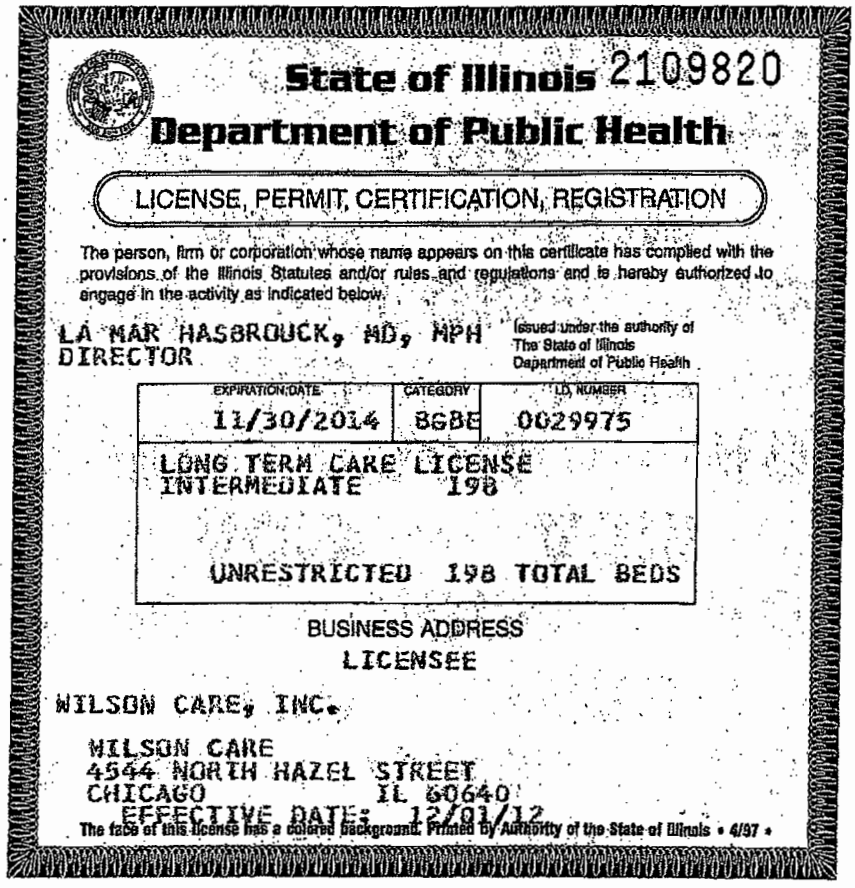
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/30/2014	BGBE	0049866

LONG TERM CARE LICENSE
SKILLED 177

UNRESTRICTED 177 TOTAL BEDS

ATTACHMENT-12B



State of Illinois 2109820

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/30/2014	BGBE	0029975

LONG TERM CARE LICENSE
INTERMEDIATE 198

UNRESTRICTED 198 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

WILSON CARE, INC.

WILSON CARE
4544 NORTH HAZEL STREET
CHICAGO IL 60640

EFFECTIVE DATE: 12/01/12

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

ATTACHMENT-12B

NEIGHBORS
Rehabilitation Center

Street Address:
811 W. 2nd Street
Byron, Illinois 61010

Mailing Address:
P.O. Box 585
Byron, Illinois 61010

November 1, 2013

Ms. Courtney
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Pawn Thammarath
Administrator

Subscribed and sworn to before me
this 1 day of Nov, 2013

Notary Public Mary Logston

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
MARY LOGSTON
MY COMMISSION EXPIRES
DECEMBER 28, 2013

Albany Care

901 Maple Avenue
Evanston, Illinois 60202
phone: 847.475.4000
fax: 847.475.8316

November 18, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Dennis Tossi
Administrator

Subscribed and sworn to before me
This 18th day of November 2013

Notary Public Stella Elaine Geroulis

OFFICIAL SEAL
STELLA ELAINE GEROULIS
Notary Public - State of Illinois
My Commission Expires Aug 13, 2017

APPLEWOOD
Rehabilitation Center

21020 Kostner Avenue
Matteson, IL 60443
Phone: 708-747-1300
Fax: 708-747-6282

November 18, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Dianne C. O'Connor
Administrator

Subscribed and sworn to before me
This 18 day of November 2013
Janet E. Harper
Notary Public

OFFICIAL SEAL
JANET E. HARPER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES JUN. 20, 2016

Bryn Mawr Care

5547 N. Kenmore
Chicago, IL 60640
Phone: (773) 561-7040
Fax: (773) 561-7543

November 18, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Cynthia Schofield
Administrator

Subscribed and sworn to before me
This 18th day of November, 2013

Notary Public

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

Columbus Park
Nursing & Rehabilitation Center
901 S. Austin Blvd, Chicago, IL 60644
phone: 773-287-5959 fax:773-287-7909

November 18, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Patrick Baalke
Administrator

Subscribed and sworn to before me
This 18th day of November, 2013

Notary Public

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

DECATUR MANOR HEALTHCARE

Specialists In Rehabilitation, Experts In Caring

1016 W. Pershing Road
Decatur, Illinois 62526
Telephone: 217-875-0833
Fax: 217-875-6851

November 18, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Ruth Huber
Administrator

Subscribed and sworn to before me
This 18 day of November 2013

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

Notary Public

7733 W. Grand Avenue
Elmwood Park, Illinois 60707
phone: 708.452.9200
fax: 708.452.7913

November 18, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Colleen R. Swanson
Administrator

Subscribed and sworn to before me
This 18th day of November, 2013

Notary Public

NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

ATTACHMENT-12C

FAIRVIEW
NURSING PLAZA

321 Arnold
Rockford, Illinois 61108
phone: 815.397.5531
fax: 815.397.6131

November 18, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Marla D Murphy

Marla D Murphy-Kenney
Administrator

Subscribed and sworn to before me
This 18th day of June, 2013

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

Notary Public

Kimberly A. Walsh

Greenwood Care

1406 N. Chicago Avenue
Evanston, Illinois 60201
phone: 847.328.6503
fax: 847.869.4878

November 18, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Arleen M. Siap

Arleen M. Siap
Administrator

Subscribed and sworn to before me
This 18th day of January, 2013

Notary Public

Kimberly A. Walsh

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

MAPLEWOOD CARE

50 N. Jane Drive
Elgin, Illinois 60123
phone: 847.697.3750
fax: 847.697.5385

November 18, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Jamie Lloyd
Administrator

Subscribed and sworn to before me
This 18th day of November 2013

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

Notary Public

Regency
Rehabilitation Center
Specialists in Rehabilitation
Experts in Caring

November 18, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Lori Barrish
Administrator

Subscribed and sworn to before me
This 18 day of Nov, 2013

OFFICIAL SEAL
EDUARDO PUNZALAN
Notary Public - State of Illinois
My Commission Expires Jan 05, 2014

Notary Public

6631 N. Milwaukee Ave., Niles, Illinois 60714 phone: 847.647.7444 fax:847.647.6403
www.regencyrehabcenter.com

ATTACHMENT-12C

Rock Island
Nursing & Rehabilitation Center

2545 24th Street Rock Island, IL 61201
Phone (309) 788-0458 Fax (309) 788-5234

November 18, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Shaila Hart
Administrator

Subscribed and sworn to before me
This 18 day of November 2013

Notary Public

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

ATTACHMENT-12C

4544 North Hazel Street
Chicago, IL 60640
Phone: 773-561-7241
Fax: 773-561-0327

November 18, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please be advised that no "adverse action" as defined under 1125.140 has been taken against the Applicant or against any health care facility owned or operated by the Applicant, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Sincerely,

Augie Beley
Administrator

Subscribed and sworn to before me
This 18th day of January 2013

Notary Public

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

Neighbors Property, LLC

6840 N. Lincoln Ave.
Lincolnwood, Illinois 60712
Ph: 847.675.5959

December 10, 2013

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Heath (IDPH) access to any documents necessary to verify the information submitted, including but not limited to: official records of IDPH or other State agencies; the licensing or certification records of the states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of the Application as it pertains to 1125.520.(3)

Sincerely,

Michael Giannini
President, Bradlor Management
Manager of Neighbors Property, LLC

NEIGHBORS
Rehabilitation Center

Street Address:
811 W. 2nd Street
Byron, Illinois 61010

Mailing Address:
P.O. Box 585
Byron, Illinois 61010

October 14, 2013

Ms. Courtney
Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of the states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of the Application as it pertains to 1125.520.(3)

Sincerely,

Pawn Thammarath
Administrator

www.neighborsbyron.com
ph: 815.234.2511 fax: 815.234.3114

Criterion 1125.530 - Planning Area Need

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

According to the "Applicable Review Criteria Outlined" chart on pages 9 and 10 of this application referring to "77 Ill Admin Code 1125", this item is not germane.

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

The Applicant's patient origin data for admissions to Neighbors Rehabilitation Center is appended as **ATTACHMENT-13A.** This data illustrates that 82% of the known residents' zip code of origin are derived from the primary market area of the 30-minute travel time contour. Moreover, 54% of the resident's admissions are from within HSA 001, Health Planning Area 141 (Ogle County). The zip code areas are provided from the Microsoft MapPoint North America 2009 software utilizing the HFSRB's mapped PSA's. Please refer to the map appended as **ATTACHMENT-13B.**

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

Appended as **ATTACHMENT-13C** are 2 hospital's referral letters providing 53-60 of the proposed and historical referrals. Moreover, appended as **ATTACHMENT-13D** are three referral letters identifying 88 historical and projected referrals. Collectively, these referral sources have identified 141-148 historical and potential annual referrals to Neighbors Rehabilitation Center for the next two years.

ATTACHMENT-13

Neighbors Rehabilitation
2012 Admissions by Zip Code Analysis

2012 RESIDENT	ZIP CODE	
LC	60033	McHenry
LT	60177	Kane
DR	61008	Boone
DR	61008	Boone
DR	61008	Boone
JG	61010	Ogle
BW	61010	Ogle
RD	61010	Ogle
MM	61010	Ogle
SG	61010	Ogle
_M	61010	Ogle
_S	61010	Ogle
EL	61010	Ogle
DV	61010	Ogle
MM	61010	Ogle
RB	61010	Ogle
SJ	61010	Ogle
MB	61010	Ogle
DG	61010	Ogle
BW	61010	Ogle
MO	61010	Ogle
CG	61010	Ogle
DH	61010	Ogle
MO	61010	Ogle
JK	61010	Ogle
MS	61010	Ogle
HS	61010	Ogle
GS	61010	Ogle
DW	61010	Ogle
PW	61010	Ogle
JR	61010	Ogle
DB	61020	Ogle
WM	61020	Ogle
AM	61021	Lee
RA	61021	Lee
PS	61032	Stephenson
CB	61032	Stephenson
HB	61046	Carroll
SB	61046	Carroll
GR	61047	Ogle
WK	61047	Ogle
VF	61047	Ogle
LK	61047	Ogle
JB	61047	Ogle
JC	61047	Ogle
KN	61047	Ogle
RB	61049	Ogle
FS	61054	Ogle
JS	61061	Ogle
WR	61061	Ogle
DE	61061	Ogle
MR	61068	Ogle
MR	61068	Ogle
MR	61068	Ogle
MR	61068	Ogle
MR	61068	Ogle
IS	61077	Winnebago
JH	61084	Ogle
WH	61084	Ogle
NV	61084	Ogle
DC	61088	Winnebago
EC	61088	Winnebago
AK	61088	Winnebago
RS	61088	Winnebago
LZ	61102	Winnebago
WP	61102	Winnebago
JV	61102	Winnebago
LG	61102	Winnebago
WD	61103	Winnebago
AS	61104	Winnebago
VC	61104	Winnebago
TH	61107	Winnebago
TH	61107	Winnebago
AP	61108	Winnebago
VM	61108	Winnebago
JR	61109	Winnebago
AM	61109	Winnebago
PW	61111	Winnebago
GS	61114	Winnebago
LB	61114	Winnebago
BC	61114	Winnebago
TK	61115	Winnebago
VP	61115	Winnebago

2012 TOTAL	**83**	
in Ogle County	48	58%
In Winnebago County	24	29%

30 min zip codes	
60129	
60146	
61007	
61010	26
61015	
61016	
61020	2
61030	
61039	
61047	7
61049	1
61052	
61054	1
61061	3
61063	
61067	
61084	3
61088	4
61101	
61102	4
61104	2
61108	2
61109	2
61112	
Total admissions within 30 min	57
% of total admissions within 30 min	69%

Neighbors Rehabilitation
2013 Admissions by Zip Code Analysis

2013 RESIDENT ZIP CODE		
DB	52807	Davenport, IA
PF	60018	Cook
JD	60150	Dekalb
DB	61008	Boone
LL	61008	Boone
VG	61008	Boone
LS	61008	Boone
NM	61008	Boone
EM	61010	Ogle
SB	61010	Ogle
DM	61010	Ogle
MS	61010	Ogle
BF	61010	Ogle
EW	61010	Ogle
MS	61010	Ogle
GF	61010	Ogle
CR	61010	Ogle
CF	61010	Ogle
JC	61010	Ogle
JE	61010	Ogle
DR	61010	Ogle
JE	61010	Ogle
RM	61010	Ogle
JF	61010	Ogle
MS	61010	Ogle
DS	61010	Ogle
JR	61010	Ogle
JF	61010	Ogle
NC	61010	Ogle
HM	61015	Ogle
DM	61015	Ogle
PM	61015	Ogle
KH	61020	Ogle
BZ	61020	Ogle
FS	61020	Ogle
RS	61020	Ogle
WM	61020	Ogle
MH	61020	Ogle
MS	61021	Lee
RM	61021	Lee
PS	61021	Lee
JC	61021	Lee
RL	61032	Stephenson
VC	61047	Ogle
AP	61047	Ogle
DS	61047	Ogle
HS	61047	Ogle
VC	61047	Ogle
JL	61054	Ogle
SN	61054	Ogle
GC	61054	Ogle
JL	61054	Ogle
PM	61054	Ogle
GC	61054	Ogle
RE	61061	Ogle
MH	61061	Ogle
JH	61061	Ogle
CW	61061	Ogle
NL	61061	Ogle
JG	61061	Ogle
RR	61061	Ogle
CW	61061	Ogle
MG	61063	Winnebago
CW	61063	Winnebago
MB	61068	Ogle
MV	61068	Ogle
WA	61068	Ogle
DH	61071	Whiteside
MB	61072	Winnebago
LS	61084	Ogle
RH	61084	Ogle
FH	61084	Ogle
HH	61084	Ogle
MS	61088	Winnebago
CL	61088	Winnebago
JK	61088	Winnebago
AA	61088	Winnebago
CJ	61088	Winnebago
RM	61088	Winnebago
JJL	61088	Winnebago
DO	61088	Winnebago
BH	61088	Winnebago
DC	61102	Winnebago
RP	61102	Winnebago
MS	61102	Winnebago
DE	61102	Winnebago
RM	61102	Winnebago
PB	61103	Winnebago
LW	61103	Winnebago
SM	61104	Winnebago
LS	61104	Winnebago
LT	61104	Winnebago
TD	61107	Winnebago
GL	61107	Winnebago
CM	61107	Winnebago
EC	61107	Winnebago
RR	61107	Winnebago
EC	61108	Winnebago
DR	61108	Winnebago
DJ	61108	Winnebago
TR	61108	Winnebago
IT	61108	Winnebago
JG	61108	Winnebago
HL	61108	Winnebago
CF	61108	Winnebago
HL	61108	Winnebago
LP	61109	Winnebago
DM	61109	Winnebago
EH	61109	Winnebago
JM	61109	Winnebago
CB	61115	Winnebago

2013 TOTAL	**111**	
in Ogle County	56	50%
in Winnebego County	41	37%

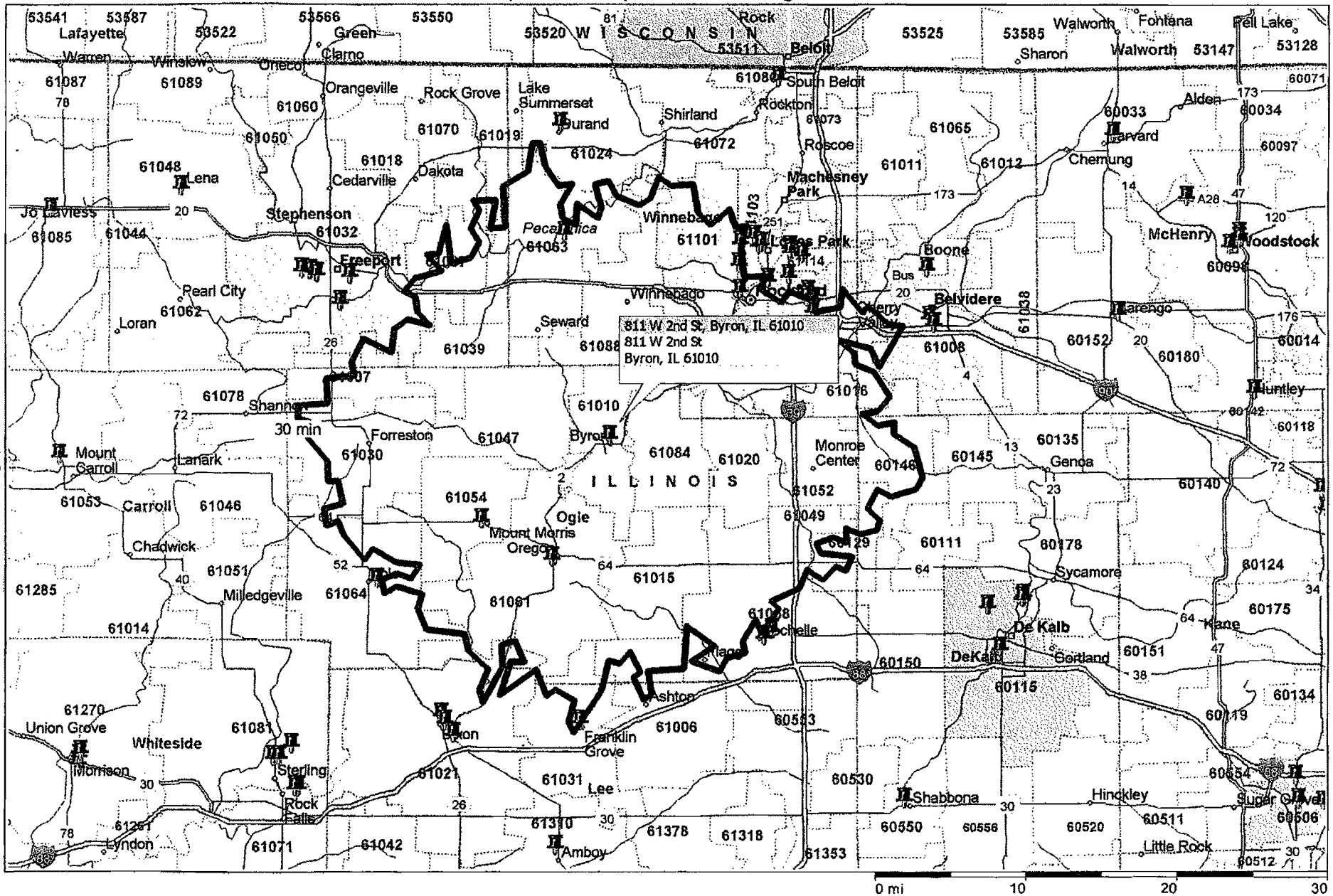
most recent 24 months 2012 & 2013		
TOTAL ADMISSIONS	194	
in Ogle County	104	54%
in Winnebego County	65	34%

30 min zip codes		
	60129	
	60146	
	61007	
	61010	21
	61015	3
	61016	
	61020	6
	61030	
	61039	
	61047	5
	61049	
	61052	
	61054	6
	61061	8
	61063	2
	61067	
	61084	4
	61088	9
	61101	
	61102	5
	61104	3
	61108	9
	61109	4
	61112	
Total admissions within 30 min		**85**
% of total admissions within 30 min		**77%**

most recent 24 months 2012 & 2013	
Total admissions within 30 min	**159**
% of total admissions within 30 min	**82%**

ATTACHMENT-13A

MapPoint map 30 min - Neighbors



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ATTACHMENT-13B

SWEDISHAMERICAN HEALTH SYSTEM

Winner Of The Lincoln Award For Excellence

WILLIAM R. GORSKI, M.D.
PRESIDENT AND CHIEF EXECUTIVE OFFICER

SwedishAmerican Hospital
SwedishAmerican Medical Group/Belvidere
SwedishAmerican Medical Group/Brookside
SwedishAmerican Medical Group/Byron
SwedishAmerican Medical Group/Davis Junction
SwedishAmerican Medical Group/Five Points
SwedishAmerican Medical Group/Midtown
SwedishAmerican Medical Group/Northwest
SwedishAmerican Medical Group/Roscoe
SwedishAmerican Medical Group/Valley
SwedishAmerican Medical Group/Woodside
SwedishAmerican Camelot OB/GYN
American Camelot Pediatrics
SwedishAmerican Breast Health Center
SwedishAmerican Health Alliance
SwedishAmerican Health Management Corporation
SwedishAmerican Home Health Care
SwedishAmerican Immediate Care
SwedishAmerican Infusion Services/DME
SwedishAmerican Medical Foundation
SwedishAmerican MSO
SwedishAmerican Realty
Greater Rockford Hematology/Oncology Center
Midwest Center For Health And Healing
Medical Arts Center
Medworks
Northern Illinois Health Care Network
Northern Illinois Surgery Center

November 27, 2013

Ms. Pawn Thammarath
Neighbors Rehabilitation Center
P.O. Box 585
Byron, Illinois 61010

Dear Pawn:

Swedish American Hospital has had a long-standing working relationship with Neighbors in Byron, Illinois. I understand that you will be seeking permission from the Illinois Health and Service Review Board through its certificate of need program to add 15 to 20 "Medicare Suites" to your current complement of beds. I understand you also hope to be adding a new gymnasium and other kinds of space which will allow you to take on more medically complex patients.

Swedish American Hospital has had a long-standing positive working relationship with Neighbors. We do send patients to you who need post acute nursing care in a structured setting. Our current rate of referrals to your facility is 4 cases per month. We have no reason to conclude that these numbers will drop as we move forward over the next two years. Therefore, Neighbors could expect to see approximately forty-eight patient referrals from Swedish American to your facility on an annual basis. These referrals have not been used to support another pending or approved CON application.

If you should have any questions or concerns, please feel free to reach our Director of Case Management, Nancy Halford, at 779-696-6545.

Sincerely,

GINA BOETTCHER
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
September 30, 2017

12/5/13

Bill Gorski, MD

attachment

1313 East State Street, Rockford, Illinois 61104-2227 Phone (815) 489-4000 Fax (815) 967-5423 www.swedishamerican.org

SWEDISH AMERICAN HOSPITAL

ZIP CODES

61108
61107
61114
61103
61111
61080
61072
61024
61008
61074
61053
60115
60548
60550
61021
61031
61310
61081
61071
60050
60098
60014
60033
60012
61010
61061
61054
61064
61068
61032
61048
53511
53546
53525
53545
53547
61087
60631
60611
60608

ROCKFORD HEALTH system

Respectful Care

Office of the President and CEO
Gary E. Kaatz
Rockford Medical Building
2350 North Rockton Avenue, Suite 402
Rockford, Illinois 61103
Phone (815) 971-7250
Fax (815) 968-4908

January 20, 2014

Ms. Pawn Thammarath
Administrator
Neighbors Rehabilitation Center
P.O. Box 585
Byron, IL 61010

Dear Ms. Thammarath,

Thank you for asking me to provide a letter of support of the proposed Neighbors Rehabilitation Center (NRC) addition and renovation. This project will be of great benefit to Byron and surrounding communities.

Rockford Health System has enjoyed a long standing working relationship with NRC and believe this will continue into the foreseeable future. Over the past 12 months (1/1-13 – 12/31/13) Rockford Memorial Hospital has transferred a total of 1313 patients to Post Acute Care Skilled Nursing Facilities in the Northern Illinois region (see attached list of number of patients per zip code). In that time frame, Rockford Memorial Hospital transferred 13 of those patients to NRC.

I anticipate that Rockford Memorial Hospital will continue to refer patients to NRC and that the hospital would transfer 13 to 20 patients to NRC each year for the 24 month period after NRC completes their renovation and expansion project. These referrals have not been used to support another pending or approved CON application.

If I can be of further assistance, please contact me.

Sincerely,

GARY E. KAATZ
President and CEO

RMH

2013 Discharges to a Skilled Nursing Facility by Patient Zip Code

Patient Zip Code	Discharges
32950	3
33982	1
34748	1
38482	1
53511	4
535113474	1
53520	1
53563	1
53587	1
55106	1
55987	1
60014	1
60033	4
600331836	1
60050	1
600743725	1
60098	1
60108	1
60115	3
60133	1
60142	1
60152	1
60404	1
60518	5
60548	1
60559	1
60622	1
60634	1
61006	1
61008	19
610084459	1
61010	18
610101464	1
61011	9
61013	2
61014	2
61016	3
61019	13
61020	1
61021	8
61024	21

610240398	1
610249590	1
61025	1
61028	1
61030	3
61031	1
61032	23
61036	1
61039	4
61046	2
61047	5
61048	2
61054	12
61060	1
61061	14
610611815	1
610612222	1
61063	11
61064	2
61065	7
610677704	1
61068	3
61071	5
61072	30
610722115	1
61073	38
610735653	1
61074	2
61077	1
61078	1
61079	2
61080	29
610802001	2
61081	3
61084	3
61085	6
61088	27
610880699	1
61089	1
61101	114
611015530	2
611016066	1
61102	54
611021231	1
61103	301

611031573	1
611031922	1
611032026	2
611032869	1
611033618	2
611034372	1
611034617	2
61104	35
611041234	1
611045360	1
611045547	1
61105	4
61107	59
611071818	1
611071823	1
611074144	3
611075238	2
61108	62
61109	16
611092806	1
611094972	1
61111	100
611115049	1
61112	3
61114	58
611147091	1
61115	50
611151810	2
611152069	1
611152575	1
61132	1
611325281	1
61277	2
61301	2
61310	2
61317	1
61326	1
61342	10
61354	4
61367	1
61373	2
61378	1
62418	1
63146	1
65203	1

66503	1
802092590	1
Total	1313

November 5, 2013

LTC Medical, Inc
7117 Crimson Ridge
Rockford, IL 61107

This letter is written on behalf of Neighbor's nursing facility in Byron, IL.

Dr. Eckburg, Dr. Aguero and I strongly recommend the addition and renovation of expanded Medicare beds. We support, without hesitation the application for CON and subsequent board approval.

Our MD/NP group specifically and exclusively provides care to resident's of LTC/SNF facilities and feels there is a palpable growing need for Neighbor's to be able to care for a larger number of residents in this community. We have a positive and active relationship with all three major health systems in Rockford who will be able to support their growth.

During the previous 12 months, we have provided care to 44 patients in the Byron area. Following the completion of the building addition and renovation I would anticipate referring 15 patients to Neighbors Rehab each year over the ensuing 24 months. These referrals have not been used to support another pending or approved CON application.

Neighbor's nursing facility delivers a high standard of patient-centered care in the Byron community and warrants their ability to provide this excellent care to more patients.

If there is anything we can do to be of assistance, please do not hesitate to contact me.

Heather Hartman, CNP, A/GNP

815-608-0867

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
MARY LOBSTON
MY COMMISSION EXPIRES DECEMBER 28, 2013

Mary Logston 12-13-13

ATTACHMENT-13D

Heather Hartman/Carlos Aguero/Joseph Eckburg patients	
Zip Code	
61020	
61054	
61115	
61010	
61107	
61108	
61061	
61088	
61104	
61032	
61047	
61008	
52807	
61068	
61109	
60018	
60150	
61021	
61063	
61072	
61102	
61071	

NEIGHBORS
Rehabilitation Center

Street Address:
811 W. 2nd Street
Byron, Illinois 61010

Mailing Address:
P.O. Box 585
Byron, Illinois 61010

November 12, 2013

Chester Dumas, MD
P.O. Box 7732
Rockford, IL 61126

Pawn Thammarath, Administrator
Neighbors Rehabilitation Center
P.O. Box 585
Byron, IL 61010

Dear Ms. Thammarath:

Thank you for asking me to provide a letter of support of the proposed Neighbors Rehabilitation Center (NRC) addition and renovation. This project will be of great benefit to Byron and surrounding communities.

As a physician who works primarily with skilled nursing facility patients, I can attest to the changing needs and demands placed on skilled nursing facilities. One of the service gaps in the Byron community is the lack of private resident rooms to accommodate individuals who require medical isolation and/or specialized medical equipment. Due to the lack of private rooms, residents of Byron and the surrounding communities are forced to go outside of the area to receive the necessary services.

During the previous 12 months, I have provided care to 48 patients in the Byron area. Following the completion of the building addition and renovation, I would anticipate referring 25 patients to NRC each year over the ensuing 24 months. These referrals have not been used to support another pending or approved CON application.

I look forward to working with you and applaud your efforts to improve the services offered in our community. If there is anything I can do to be assistance, please do not hesitate to contact me.

Sincerely,

Chester Dumas, MD

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
MARY LOGSTON
MY COMMISSION EXPIRES
DECEMBER 28, 2013

Mary Logston
11-21-13

www.neighborsbyron.com
ph: 815.234.2511 fax: 815.234.3114

Dr. Durnas patients		
Zip Codes		
61047		
61102		
61010		
61109		
61107		
61015		
60194		
61103		
61068		
61008		
61072		
60950		
61061		
61088		
61063		
61054		
61115		
61084		
61021		
61020		
61023		
61104		
61046		

OSF

SAINT ANTHONY MEDICAL CENTER

January 13, 2014

Pawn Thammarath
Neighbors Rehabilitation Center
P.O. Box 585
Byron, IL 61010

Dear Ms. Thammarath,

OSF Saint Anthony Medical Center recommends the addition and renovation project which is proposed for Neighbors Rehabilitation Center. We support your application for CON Board Approval.

Within the past 12 months, OSF Saint Anthony Medical Center transferred 2,078 patients to existing skilled care facilities. Please see the attached table for the home zip codes of these patients.

We estimate the number of patients that OSF Saint Anthony will refer annually within a 24 – month period after the project completion to Neighbors Rehabilitation Center will be an average of 40 per year, this is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As OSF has a new primary care office in Byron, we anticipate a potentially increased relationship, and look forward to working with you. We commend your efforts to improve the quality of care and quality of life for those served in our community.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Paula Carynski

Paula Carynski , MS, RN, NEA-BC, FACHE
President

Date: 1-13-2014

Notary: Pamela S. Jenkins
Pamela S. Jenkins

OFFICIAL SEAL
PAMELA S JENKINS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/18/15

OSF Saint Anthony Medical Center
Transfer to Skilled Care
DISCHARGE DATE RANGE: 10/01/2012 - 09/30/2013
SOURCE: HPM; REPORT RUN DATE: 11/20/2013

Zip Code	City	Encounters
61108	ROCKFORD	299
61107	ROCKFORD	246
61008	BELVIDERE	233
61114	ROCKFORD	138
61111	LOVES PARK	133
61115	MACHESNEY PARK	96
61109	ROCKFORD	85
61068	ROCHELLE	69
61073	ROSCOE	54
61103	ROCKFORD	54
61102	ROCKFORD	48
61065	POPLAR GROVE	47
61104	ROCKFORD	47
61021	DIXON	39
61101	ROCKFORD	39
61016	CHERRY VALLEY	28
60152	MARENGO	27
61061	OREGON	18
60115	DEKALB	15
60178	SYCAMORE	15
61010	BYRON	15
61081	STERLING	15
61011	CALEDONIA	14
61072	ROCKTON	14
61088	WINNEBAGO	14
60145	KINGSTON	13
61080	SOUTH BELOIT	11
60135	GENOA	10
61112	ROCKFORD	10
60146	KIRKLAND	9
61024	DURAND	9
61054	MOUNT MORRIS	9
61012	CAPRON	8

61032	FREEPORT	8
61063	PECATONICA	8
60033	HARVARD	7
53511	BELOIT	6
61019	DAVIS	6
61071	ROCK FALLS	6
61038	GARDEN PRAIRIE	5
61064	POLO	5
61084	STILLMAN VALLEY	5
61310	AMBOY	5
60180	UNION	4
61006	ASHTON	4
61020	DAVIS JUNCTION	4
61342	MENDOTA	4
61376	WALNUT	4
49684	TRAVERSE CITY	3
60013	CARY	3
60098	WOODSTOCK	3
60113	CRESTON	3
60150	MALTA	3
60520	HINCKLEY	3
61270	MORRISON	3
61277	PROPHETSTOWN	3
61378	WEST BROOKLYN	3
80403	GOLDEN	3
53545	JANESVILLE	2
60062	NORTHBROOK	2
60102	ALGONQUIN	2
60112	CORTLAND	2
60151	MAPLE PARK	2
60603	CHICAGO	2
60914	BOURBONNAIS	2
61015	CHANA	2
61041	HANOVER	2
61126	ROCKFORD	2
61132	LOVES PARK	2
61354	PERU	2
61802	URBANA	2
62959	MARION	2
33990	CAPE CORAL	1
34287	NORTH PORT	1
37187	WHITE BLUFF	1
46113	CAMBY	1

46307	CROWN POINT	1
48092	WARREN	1
49519	WYOMING	1
52403	CEDAR RAPIDS	1
52722	BETTENDORF	1
53548	JANESVILLE	1
53570	MONTICELLO	1
53803	BENTON	1
54401	WAUSAU	1
55305	MINNETONKA	1
60014	CRYSTAL LAKE	1
60020	FOX LAKE	1
60050	MCHENRY	1
60093	WINNETKA	1
60123	ELGIN	1
60134	GENEVA	1
60142	HUNTLEY	1
60183	WASCO	1
60518	EARLVILLE	1
60530	LEE	1
60542	NORTH AURORA	1
60548	SANDWICH	1
60550	SHABBONA	1
60553	STEWARD	1
60556	WATERMAN	1
60560	YORKVILLE	1
60620	CHICAGO	1
61001	APPLE RIVER	1
61018	DAKOTA	1
61030	FORRESTON	1
61031	FRANKLIN GROVE	1
61039	GERMAN VALLEY	1
61046	LANARK	1
61048	LENA	1
61052	MONROE CENTER	1
61053	MOUNT CARROLL	1
61062	PEARL CITY	1
61074	SAVANNA	1
61105	ROCKFORD	1
61261	LYNDON	1
61265	MOLINE	1
61348	OGLESBY	1
61350	OTTAWA	1

61356	PRINCETON	1
61364	STREATOR	1
61367	SUBLETTE	1
61443	KEWANEE	1
61447	KIRKWOOD	1
61517	BRIMFIELD	1
62401	EFFINGHAM	1
62480	WILLOW HILL	1
69039	MOOREFIELD	1
92105	SAN DIEGO	1
98387	BETHEL	1

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.

   In CY2012, CY2011 and CY2010, the facility reported utilization rates of 91.8%, 92.6% and 91.6% respectively. Refer to **ATTACHMENT-15A** for the cited facilities most recent 3-year IDPH Profile.

   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.

   Appended as **ATTACHMENT-15B,** is a listing of all (267) residents turned away by the facility in the past 24-months (105 in CY2012 and 162 in CY2013). Of that number (267), 65 of those were turned away due to the existing rooms having gender, isolation or end of life issues that eliminated a bed or a rooms from being used or because the proposed residents demand for private rooms for their rehabilitation (refer to **ATTACHMENT-15C**).

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

Appended as **ATTACHMENT-15D** are 2 hospital referrals letters providing 53-60 of the proposed and historical referrals. Moreover, appended as **ATTACHMENT-15E** are three referral letters identifying 88 historical and projected referrals. Collectively, these referral

sources have identified 141-148 historical and potential annual referrals to Neighbors Rehabilitation Center for the next two years.

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).

The need for this project is based upon the historical lack of accessibility of the existing population. Moreover, this geographic service area has not been experiencing a rapid population growth; therefore, this item is not germane.

ATTACHMENT-15

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010
Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

Administrator
Pawn Thammarath

Contact Person and Telephone
PAWN THAMMARATH
815-234-2511

Registered Agent Information
Stephen N Sher
5750 Old Orchard RD Suite 420
Skokie, IL 60077

Date Completed
2/21/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	36
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscolo-skelatal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	99	101	93	8	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	99	101	93	8	101	101

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	97
Total Admissions 2010	85
Total Discharges 2010	89
Residents on 12/31/2010	93
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2966	8.0%	23735	64.4%	1645	464	4949	0	33759	91.6%	91.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2966	8.0%	23735	64.4%	1645	464	4949	0	33759	91.6%	91.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	7	40	0	0	0	0	0	0	7	40	47
85+	11	23	0	0	0	0	0	0	11	23	34
TOTALS	22	71	0	0	0	0	0	0	22	71	93

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010
Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	63	8	2	9	0	93
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	63	8	2	9	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	32.00
Other Health Staff	35.00
Non-Health Staff	19.00
Totals	108.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.8%	41.1%	3.7%	3.5%	28.0%	100.0%		0.0%
1,230,753	2,128,944	191,053	180,579	1,448,308	5,177,637	0	

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

ATTACHMENT-15A

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010
Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

Administrator
PAWN THAMMARATH

Contact Person and Telephone
PAWN THAMMARATH
815-234-2511

Registered Agent Information
Thomas Winter
6840 N Lincoln Ave
Lincolnwood, IL 60712

Date Completed
3/1/2012

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	40
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	99	101	96	5	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	99	101	96	5	101	101

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	93
Total Admissions 2011	147
Total Discharges 2011	144
Residents on 12/31/2011	96
Identified Offenders	0

FACILITY UTILIZATION - 2011
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3567	9.7%	23316	63.2%	2770	119	4371	0	34143	92.6%	92.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3567	9.7%	23316	63.2%	2770	119	4371	0	34143	92.6%	92.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	13	20	0	0	0	0	0	0	13	20	33
85+	16	39	0	0	0	0	0	0	16	39	55
TOTALS	29	67	0	0	0	0	0	0	29	67	96

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010
Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	61	7	6	10	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	61	7	6	10	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	200	185

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	96	0	0	0	96
Total	96	0	0	0	96

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	12.00
Certified Aides	37.00
Other Health Staff	3.00
Non-Health Staff	41.00
Totals	104.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.8%	36.3%	5.1%	0.9%	25.9%	100.0%		0.0%
1,644,207	2,109,223	283,146	51,382	1,425,503	5,513,441	0	

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

ATTACHMENT-15A

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010

Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

Administrator
Pawn Thammarath

Contact Person and Telephone
PAWN THAMMARATH
815-234-2511

Registered Agent Information
Thomas Winter
6840 north Lincoln Ave
Lincolnwood, IL 60712

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	40
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	99	101	85	16	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	99	101	85	16	101	101

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	96
Total Admissions 2011	83
Total Discharges 2011	94
Residents on 12/31/2011	85
Identified Offenders	0

FACILITY UTILIZATION - 2012

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3109	8.4%	22795	61.8%	3540	189	4225	0	33858	91.8%	91.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3109	8.4%	22795	61.8%	3540	189	4225	0	33858	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	14	37	0	0	0	0	0	0	14	37	51
TOTALS	26	59	0	0	0	0	0	0	26	59	85

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010

Reference Numbers Facility ID Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	65	0	1	10	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	65	0	1	10	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	200	185

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	85	0	0	0	85
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	42.00
Other Health Staff	3.00
Non-Health Staff	41.00
Totals	111.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.1%	35.8%	7.8%	1.4%	27.9%	100.0%		0.0%
1,613,565	2,125,998	463,268	84,240	1,658,189	5,945,260	0	

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

ATTACHMENT-15A

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Jan. 2012			
J.T.		61010	Rosewood, zip-61108
L.P.			unknown
R.G.			waiting list, was placed elsewhere
D.B.		61020	Discharged Home
I. S.		61077	unknown
A.W.			Van Matre acute rehab hosp
O.W.		61024	unknown
Feb. 2012			
J.T.			unknown
C.G.			unknown
Female			waiting list, placed elsewhere
Male			waiting list, was placed elsewhere
J.S.			waiting list, placed elsewhere
M.K.			waiting list, placed elsewhere
B.A.			waiting list, placed elsewhere
R.S.			waiting list, was placed elsewhere
R.L.			unknown
M.M.		61010	waiting list. Eventually admitted to Neighbors
Mar.2012			
S.V.			Went home from hospital
K.R.		61010	unknown
I.S.		61077	waiting list, placed elsewhere
Male			waiting list, placed elsewhere
Male		n	Stayed home
Female			St, Annes, zip code - 61107, not impressed with our building
Apr. 2012			
Male			waiting list, placed elsewhere
K.J.			unknown
J.C.			waiting list, placed elsewhere
K.C.		61010	Hospice House, zip - 61061
D.C.			waiting list, placed elsewhere

ATTACHMENT-15B

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
May. 2012			
C.H.			died in hosp
C.A.			waiting list, placed elsewhere
Male			unknown
S.D.			waiting list, placed elsewhere
Jun. 2012			
R.W.			waiting list, placed elsewhere
M.K.			unknown
M.M.			waiting list, placed elsewhere
L.S.			waiting list, placed elsewhere
B.K.			waiting list, placed elsewhere
Female			unknown
D.K.		61047	Crimson Pointe assisted living, zip code - 61107
M.K.			died in hosp
Jul. 2012			
Z.F.			Pinecrest (61054)
D.R.			unknown
R.W.			unknown
E.H.			unknown
K.F.			waiting list, placed elsewhere
H.S.			waiting list, placed elsewhere
E.S.			Pinecrest (61054)
Aug. 2012			
H.S.			waiting list, placed elsewhere
J.S.			waiting list, placed elsewhere
V.L.			unknown
H.H.			waiting list, placed elsewhere
M.S.			unknown
S.R.			unknown
Male			waiting list, placed elsewhere
J.D.			unknown
D.H.			unknown
A.P.		61047	Park Strathmoor, zip code - 61107

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
J.B.			waiting list, was placed elsewhere
S.C.			unknown
D.D.			Going to different facility
Sept. 2012			
B.C.			unknown
R.C.			Went to different facility
K.W.			unknown
G.J.			unknown
L.W.			Nelson Debes, zip code -61108
J.B.			unknown
G.S.			unknown
B.L.		61024	staying at current facility, zip code - 61024
Oct. 2012			
J.M.			unknown
R.M.			unknown
N.W.			unknown S.O.R. Glen Oaks
D.G.			unknown
P.D.			Went to another facility S.O.R. ABBHH
L.V.			waiting list, placed elsewhere
D.S.			unknown
Nov. 2012			
A.P.			waiting list, placed elsewhere
O.H.			unknown
B.G.			waiting list, placed elsewhere
D.E.			waiting list, placed elsewhere
A.D.			unknown
D.M.			waiting list, placed elsewhere
M.C.			waiting list, placed elsewhere
R.M.			waiting list, placed elsewhere
D.L.			unknown
M.T.			unknown
J.B.			waiting list, placed elsewhere
M.V.			waiting list, placed elsewhere

ATTACHMENT-15B

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
R.M.			Went home with family & home health
R.P.			waiting list, placed elsewhere
W.B.			waiting list, placed elsewhere
C.S.			waiting list, placed elsewhere
M.F.			waiting list, placed elsewhere
Dec. 2012			
W.H.		61102	hospice house , zip code - 61061
M.B.			Different facility - 61031 Franklin Grove
H.F.			Different facility - 61061 Returned to Oregon
R.N.			waiting list, placed elsewhere
M.O.			waiting list, placed elsewhere
J.E.		61061	St Annes, zip-61107
D.M.			Went home from hospital
B.C.		61010	Hospice House, zip code - 61061
Male			unknown
D.W.			waiting list, placed elsewhere
P.E.			unknown
P.T.			unknown
E.G.			unknown
Jan. 2013			
D.H.			unknown
K.L.			unknown
M.T.			unknown
R.S.		s	unknown
R.S.			unknown
T.J.			unknown
A.T.			unknown
J.F.			Died at hospital
B.G.			unknown
P.J.			unknown
B.P.			waiting list, placed at assisted living

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Feb. 2013			
D.S.			Amberwood, zip code - 61103
N.O.			Went to different facility S.O.R. - Select Spec. Hosp
Male			Died at hospital
W.B.			unknown
C.R.			unknown
K.K.			unknown
J.C.		61021	Dixon, IL facility, zip code - 61021
E.F.			Amberwood, zip code - 61103
A.B.			Fairview Nsg Plaza, zip code -61108
K.T.			unknown
D.G.			waiting list, placed elsewhere
T.C.		61115	unknown
Mar. 2013			
W.R.			unknown
H.K.			Discharged home from hosp
C.T.			unknown
R.O.			Pinecrest zip code-61054
L.E.		61010	Went home; later went to Pinecrest (61054)
J.A.			facility in Elgin
M.I.			Highview in the Woodlands zip code-61072
C.S.		61108	Stayed at current facility
M.R.			unknown
D.R.			unknown
R.G.			unknown
J.W.			unknown
J.P.			unknown
T.C.			unknown
W.M.		[redacted]	unknown
C.K.			unknown
S.S.			unknown

ATTACHMENT-15B

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Apr. 2013			
H.S.			unknown
S.G.			unnown
R.N.			waiting list, placed elsewhere
W.T.			unknown
F.D.			Discharged home from hosp
C.A.			Discharged home from hosp
E.B.		61061	Oregon Healthcare, zip code - 61061
R.B.			waiting list, placed elsewhere
J.A.			unknown
P.B.			unknown
K.K.			unknown
J.L.			unknown
R.M.			waiting list, placed elsewhere
H.M.			unknown
May. 2013			
O.A.			Oregon Healthcare, zip code - 61061
G.G.			Died at hospital
E.Q.			Van Matre acute rehab hospital
S.B.		61102	Returning to assisted living facility, zip code - 61102
D.C.			unknown
L.H.		61074	Staying at current facilitiy, zip code - 61074
D.S.			waiting list, placed elsewhere
E.S.			unknown
N.O.			unknown
D.P.			unknown
V.N.			unknown
E.L.			waiting list, placed elsewhere
C.H.			waiting list, placed elsewhere
L.D.			waiting list, placed elsewhere

ATTACHMENT-15B

Disposition of referrals not admitted to Neighbors

1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Jun. 2013			
S.M.			unknown
C.R.			dishcarged home from hospital
V.M.			P.A. Peterson, zip code - 61107
G.J.			Discharged home from hospital
K.N.		61047	Pinecrest, zip code - 61054
G.H.			Went to Van Matre, acute rehab hospital
J.K.			Discharged home from hospital
A.P.			Sherman Westcourt in Elgin
M.M.			Prairieview assisted living, zip code - 61088
R.M.			Prairieview assisted living, zip code - 61088
B.M.			Polo Rehab, zip code - 61064
E.L.			Staying at current facility, zip code - 61024
Female			unknown
G.J.			Went to stay with family
Female			unknown
A.C.			unknown
L.D.			unknown
E.L.			unknown
B.S.			unknown
E.W.			waiting list, placed elsewhere
Jul. 2013			
A.P.			Amberwood, zip code - 61103
D.P.			Died in hospital
D.V.			Van Matre Acute Rehab Hospital
J.C.			Discharged home
D.W.			Bethany, zip code - 60115
E.R.			Alpine Fireside, zip code - 61114
V.E.			Staying at current facility, zip code - 61108
C.V.			unknown
W.L.			unknown
D.S.			waiting list, placed elsewhere
H.D.			unknown

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/Res.	[redacted]	Home Zip Code	Disposition
Female			waiting list, placed elsewhere
L.M.		[redacted]	unknown
Aug. 2013			
F.K.			Green Acres, zip code - 61310
R.S.			Freeport facility, zip code - 61032, closer to home
M.T.			St. Annes, zip code - 61107
L.K.			Pinecrest, zip code - 61054
D.M.		61115	Rockford facility, husb is moving there
G.P.			unknown
S.B.			Homebridge, zip code - 61008
M.J.			unknown
R.N.			unknown
J.M.			unnown
M.C.		61102	unknown
W.B.		[redacted]	unknown
J.V.			uknown
V.C.			Staying at current facility, zip code - 61068
D.L.			unknown
G.W.			Rosewood, zip code - 61108
Sept. 2013			
W.B.		[redacted]	unknown
K.F.			unknown
K.W.		61054	Oregon Healthcare, zip code - 61061
R.P.		61084	Oregon Healthcare, zip code - 61061, wife is there
J.K.			unknown
Oct. 2013			
A.B.		61061	unknown
B.W.		61107	unknown
S.M.			unknown
T.M.		60178	unknown
B.B.		45459	unknown
B.W.		72450	unknown
R.N.		61010	unknown

ATTACHMENT-15B

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/ Res.	[redacted]	Home Zip Code	Disposition
Nov. 2013			
S.S.		61008	Rochelle Rehab, zip code - 61068
S.N.		61021	unknown
L.M.		61102	unknown
J.C.			unknown
M.J.			unknown
S.S.		61008	unknown
D.S.			unknown
M.P.			unknown
A.V.		61084	Cor Mariae, zip code - 61114
H.Y.			St. Anne's, zip code - 61107
R.E.		61061	unknown
Dec. 2013			
Y.V.			Discharge home from hospital
J.J.		61018	Willowcrest, zip code - 60548
M.M.			St. Anne's, zip code - 61107
E.B.			unknown, closer to family
J.G.			unknown
R.C.		61103	Glen Lakes, zip code - 60085
E.R.			unknown
B.K.			unknown
M.C.			unknown
D.L.			Stayed at current facility, zip code - 61108
S.D.		61020	Prairieview assisted living, zip code - 61088
R.S.			unknown
V.P.			unknown
S.W.			unknown
Female			unknown
P.S.		61054	Pinecest, zip code - 61054
W.M.			unknown
Female			unknown
Female			unknown

ATTACHMENT-15B

Disposition of referrals not admitted to Neighbors
1/1/12 - 12/31/2013

Month/ Res.	[redacted]	Home Zip Code	Disposition
Male			unknown
J.V.			unknown
Male			unknown

ATTACHMENT-15B

NEIGHBORS
Rehabilitation Center

Street Address:
811 W. 2nd Street
Byron, Illinois 61010

Mailing Address:
P.O. Box 585
Byron, Illinois 61010

February 11, 2014

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

RE: Historical Service Demand

Dear Ms. Avery:

Neighbors Rehabilitation Center (NRC) has utilized a waiting list at different times over the past 24 months. Also during that time frame, 65 referrals were referred to other care facilities due to lack of bed availability at NRC. Attached you will find a complete list of these referrals.

Please contact me if you have any questions or concerns regarding this information.

Sincerely,

Pawn Thammarath
Administrator

PT:pk

enc

NRC - HISTORICAL SERVICE DEMAND
1/1/12 - 12/31/13

Date	Referral	SOR	Reason for referral
Jan. 3, 2012	J.T.	Swedish American Hosp.	No female bed available
Feb. 1, 2012	C.G.	Univ. of Wisconsin Hosp.	private room d/t age
Feb. 20, 2012	M.K.	Swedish American Hosp.	private room
Feb. 20, 2012	J.S.	family	no bed available on Special Care Unit
Feb. 23, 2012	B.A.	KSB Hosp.	isolation
Mar. 12, 2012	I.S.	family	no beds available
Mar. 23, 2012	Male	family	wanted a more updated room
Mar. 23, 2012	Female	family	wanted a nicer looking facility
Mar. 24, 2012	Male	Freeport Memorial Hosp.	no bed available on Special Care Unit
Apr. 6, 2012	Male	Freeport Memorial Hosp.	no beds available
Apr. 11, 2012	K.J.	OSF St. Francis Hosp.	private room d/t age
Apr. 11, 2012	J.C.	Swedish American Hosp.	isolation
Apr.19, 2012	K.C.	Swedish American Hosp.	different facility with private room
Apr. 28, 2012	D.C.	Rockford Memorial Hosp.	no beds available
May. 24, 2012	S.D.	OSF St. Anthony Hosp.	Isolation
Jul. 13, 2012	E.S.	family	private room
Aug. 1, 2012	H.S.	Rockford Memorial Hosp.	no bed available on Special Care Unit
Aug. 7, 2012	J.S.	OSF St. Anthony Hosp.	isolation
Aug. 27, 2012	A.P.	Swedish American Hosp.	Isolation
Aug. 27, 2012	J.B.	Kindred Hosp.	isolation
Aug. 29, 2012	S.C.	OSF St. Anthony Hosp.	private room d/t medical needs
Nov. 8, 2012	D.E.	Heartland Hospice	no beds available
Nov. 15, 2012	R.M.	Univ. of Wisconsin Hosp.	no beds available
Nov. 15, 2012	D.L.	Kindred Hosp.	private room d/t age
Nov. 20, 2012	J.B.	Select Specialty Hosp.	no bed available
Nov. 23, 2012	M.V.	Kishwaukee Hosp.	isolation
Nov. 26, 2012	R.P.	Heritage Health	no bed avilable
Nov. 27, 2012	M.F.	Illinois Masonic Hosp.	no bed available
Nov. 27, 2012	W.B.		no bed on Special Care Unit
Nov. 27, 2012	C.S.	Swedish American Hosp	no beds available
Dec. 4, 2012	W.H.	St. Anthony Hospital	different facility w/ private room
Dec. 18, 2012	B.C.	Rockford Memorial Hospital	different facility w/ private room
Dec. 21, 2012	P.E.	MacNeal Hosp.	private room d/t medical needs
Dec. 21, 2012	P.T.	OSF St. Francis Hosp.	private room d/t medical needs
Jan. 22, 2013	R.S.	Kindred Hosp.	private room d/t medical needs

ATTACHMENT-15C

NRC - HISTORICAL SERVICE DEMAND

1/1/12 - 12/31/13

Date	Referral	SOR	Reason for referral
Feb. 5, 2013	D.G.	Univ. of Wisconsin Hosp.	isolation
Feb. 5, 2013	K.T.	Kindred Hosp.	private room d/t medical needs
Feb. 6, 2013	E.F.	Kindred Hosp.	isolation
Feb. 21, 2013	D.S.	Rockford Memorial Hosp.	isolation
Mar. 8, 2013	M.I.	family	private room
Mar. 11, 2013	W.M.	Kindred Hosp.	private room d/t medical needs
Mar. 20, 2013	R.O.	Swedish American Hosp.	private room
Mar. 22, 2013	C.S.	Fairview Nursing Plaza	private room d/t age
Mar. 22, 2013	M.R.	Rush Medical Center	private room d/t medical needs
Mar. 22, 2013	D.R.	Edwards Hosp.	private room d/t medical needs
Mar. 28, 2013	S.S.	Kindred Hosp.	private room d/t age
Apr. 24, 2013	W.T.	Swedish American Hosp.	private room d/t medical needs
Apr. 30, 2013	R.B.	Kindred Hosp.	isolation
May. 2, 2013	E.L.	Kindred Hosp.	isolation
May. 9, 2013	C.H.	Kindred Hosp.	isolation
May. 15, 2013	L.D.	Vitas Hospice	isolation
Jun. 3, 2013	K.N.	Rockford Memorial Hospital	private room
Jul. 8, 2013	L.M.	Kindred Hosp.	private room d/t medical needs
Jul. 30, 2013	D.S.	Kindred Hosp.	isolation
Aug. 6, 2013	G.W.	Rockford Memorial Hosp.	private room
Aug. 8, 2013	W.B.	Kindred Hosp	private room d/t medical needs
Aug. 9, 2013	J.V.	Kindred Hosp.	private room d/t medical needs
Aug. 9, 2013	M.T.	St. Anthony's Hospital	private room
Aug. 12, 2013	L.K.	St. Anthony's Hospital	private room
Sept. 3, 2013	W.B.	Kindred Hosp.	private room d/t medical needs
Nov. 1, 2013	A.V.	St. Anthony Hospital	private room
Nov. 6, 2013	H.Y.	Kindred Hosp.	private room
Nov. 6, 2013	A.V.	St. Anthony Hospital	private room
Nov. 15, 2013	H.Y.	Swedish American Hospital	private room
Dec. 11, 2013	P.S.	Kindred Hosp	private room
Dec. 17, 2013	M.M.	Kindred Hosp	private room

ATTACHMENT-15C

SWEDISHAMERICAN HEALTH SYSTEM

Winner Of The Lincoln Award For Excellence

WILLIAM R. GORSKI, M.D.
PRESIDENT AND CHIEF EXECUTIVE OFFICER

SwedishAmerican Hospital
SwedishAmerican Medical Group/Belvidere
SwedishAmerican Medical Group/Brookside
SwedishAmerican Medical Group/Byron
SwedishAmerican Medical Group/Davis Junction
SwedishAmerican Medical Group/Five Points
SwedishAmerican Medical Group/Midtown
SwedishAmerican Medical Group/Northwest
SwedishAmerican Medical Group/Roscoe
SwedishAmerican Medical Group/Valley
SwedishAmerican Medical Group/Woodside
SwedishAmerican Camelot OB/GYN
American Camelot Pediatrics
SwedishAmerican Breast Health Center
SwedishAmerican Health Alliance
SwedishAmerican Health Management Corporation
SwedishAmerican Home Health Care
SwedishAmerican Immediate Care
SwedishAmerican Infusion Services/DME
SwedishAmerican Medical Foundation
SwedishAmerican MSO
SwedishAmerican Realty
Greater Rockford Hematology/Oncology Center
Midwest Center For Health And Healing
Medical Arts Center
Medworks
Northern Illinois Health Care Network
Northern Illinois Surgery Center

November 27, 2013

Ms. Pawn Thammarath
Neighbors Rehabilitation Center
P.O. Box 585
Byron, Illinois 61010

Dear Pawn:

Swedish American Hospital has had a long-standing working relationship with Neighbors in Byron, Illinois. I understand that you will be seeking permission from the Illinois Health and Service Review Board through its certificate of need program to add 15 to 20 "Medicare Suites" to your current complement of beds. I understand you also hope to be adding a new gymnasium and other kinds of space which will allow you to take on more medically complex patients.

Swedish American Hospital has had a long-standing positive working relationship with Neighbors. We do send patients to you who need post acute nursing care in a structured setting. Our current rate of referrals to your facility is 4 cases per month. We have no reason to conclude that these numbers will drop as we move forward over the next two years. Therefore, Neighbors could expect to see approximately forty-eight patient referrals from Swedish American to your facility on an annual basis. These referrals have not been used to support another pending or approved CON application.

If you should have any questions or concerns, please feel free to reach our Director of Case Management, Nancy Halford, at 779-696-6545.

Sincerely,

GINA BOETTCHER
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
September 30, 2017

Gina Boettcher
12/5/13

Bill Gorski, MD

attachment

SWEDISH AMERICAN HOSPITAL

ZIP CODES

61108
61107
61114
61103
61111
61080
61072
61024
61008
61074
61053
60115
60548
60550
61021
61031
61310
61081
61071
60050
60098
60014
60033
60012
61010
61061
61054
61064
61068
61032
61048
53511
53546
53525
53545
53547
61087
60631
60611
60608

ATTACHMENT-15D

ROCKFORD HEALTH
system
Respectful Care

Office of the President and CEO
Gary E. Kaatz
Rockford Medical Building
2350 North Rockton Avenue, Suite 402
Rockford, Illinois 61103
Phone (815) 971-7250
Fax (815) 968-4908

January 20, 2014

Ms. Pawn Thammarath
Administrator
Neighbors Rehabilitation Center
P.O. Box 585
Byron, IL 61010

Dear Ms. Thammarath,

Thank you for asking me to provide a letter of support of the proposed Neighbors Rehabilitation Center (NRC) addition and renovation. This project will be of great benefit to Byron and surrounding communities.

Rockford Health System has enjoyed a long standing working relationship with NRC and believe this will continue into the foreseeable future. Over the past 12 months (1/1-13 – 12/31/13) Rockford Memorial Hospital has transferred a total of 1313 patients to Post Acute Care Skilled Nursing Facilities in the Northern Illinois region (see attached list of number of patients per zip code). In that time frame, Rockford Memorial Hospital transferred 13 of those patients to NRC.

I anticipate that Rockford Memorial Hospital will continue to refer patients to NRC and that the hospital would transfer 13 to 20 patients to NRC each year for the 24 month period after NRC completes their renovation and expansion project. These referrals have not been used to support another pending or approved CON application.

If I can be of further assistance, please contact me.

Sincerely,

GARY E. KAATZ
President and CEO

RMH

2013 Discharges to a Skilled Nursing Facility by Patient Zip Code

Patient Zip Code	Discharges
32950	3
33982	1
34748	1
38482	1
53511	4
535113474	1
53520	1
53563	1
53587	1
55106	1
55987	1
60014	1
60033	4
600331836	1
60050	1
600743725	1
60098	1
60108	1
60115	3
60133	1
60142	1
60152	1
60404	1
60518	5
60548	1
60559	1
60622	1
60634	1
61006	1
61008	19
610084459	1
61010	18
610101464	1
61011	9
61013	2
61014	2
61016	3
61019	13
61020	1
61021	8
61024	21

610240398	1
610249590	1
61025	1
61028	1
61030	3
61031	1
61032	23
61036	1
61039	4
61046	2
61047	5
61048	2
61054	12
61060	1
61061	14
610611815	1
610612222	1
61063	11
61064	2
61065	7
610677704	1
61068	3
61071	5
61072	30
610722115	1
61073	38
610735653	1
61074	2
61077	1
61078	1
61079	2
61080	29
610802001	2
61081	3
61084	3
61085	6
61088	27
610880699	1
61089	1
61101	114
611015530	2
611016066	1
61102	54
611021231	1
61103	301

611031573	1
611031922	1
611032026	2
611032869	1
611033618	2
611034372	1
611034617	2
61104	35
611041234	1
611045360	1
611045547	1
61105	4
61107	59
611071818	1
611071823	1
611074144	3
611075238	2
61108	62
61109	16
611092806	1
611094972	1
61111	100
611115049	1
61112	3
61114	58
611147091	1
61115	50
611151810	2
611152069	1
611152575	1
61132	1
611325281	1
61277	2
61301	2
61310	2
61317	1
61326	1
61342	10
61354	4
61367	1
61373	2
61378	1
62418	1
63146	1
65203	1

66503	1
802092590	1
Total	1313

November 5, 2013

LTC Medical, Inc
7117 Crimson Ridge
Rockford, IL 61107

This letter is written on behalf of Neighbor's nursing facility in Byron, IL.

Dr. Eckburg, Dr. Aguero and I strongly recommend the addition and renovation of expanded Medicare beds. We support, without hesitation the application for CON and subsequent board approval.

Our MD/NP group specifically and exclusively provides care to resident's of LTC/SNF facilities and feels there is a palpable growing need for Neighbor's to be able to care for a larger number of residents in this community. We have a positive and active relationship with all three major health systems in Rockford who will be able to support their growth.

During the previous 12 months, we have provided care to 44 patients in the Byron area. Following the completion of the building addition and renovation I would anticipate referring 15 patients to Neighbors Rehab each year over the ensuing 24 months. These referrals have not been used to support another pending or approved CON application.

Neighbor's nursing facility delivers a high standard of patient-centered care in the Byron community and warrants their ability to provide this excellent care to more patients.

If there is anything we can do to be of assistance, please do not hesitate to contact me.

Heather Hartman, CNP, A/GNP

815-608-0867

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
MARY LOGSTON
MY COMMISSION EXPIRES
DECEMBER 28, 2013

Mary Logston 12-13-13

ATTACHMENT-15E

Heather Hartman/Carlos Aguero/Joseph Eckburg patients	
Zip Code	
61020	
61054	
61115	
61010	
61107	
61108	
61061	
61088	
61104	
61032	
61047	
61008	
52807	
61068	
61109	
60018	
60150	
61021	
61063	
61072	
61102	
61071	

NEIGHBORS
Rehabilitation Center

Street Address:
811 W. 2nd Street
Byron, Illinois 61010

Mailing Address:
P.O. Box 585
Byron, Illinois 61010

November 12, 2013

Chester Durnas, MD
P.O. Box 7732
Rockford, IL 61126

Pawn Thammarath, Administrator
Neighbors Rehabilitation Center
P.O. Box 585
Byron, IL 61010

Dear Ms. Thammarath:

Thank you for asking me to provide a letter of support of the proposed Neighbors Rehabilitation Center (NRC) addition and renovation. This project will be of great benefit to Byron and surrounding communities.

As a physician who works primarily with skilled nursing facility patients, I can attest to the changing needs and demands placed on skilled nursing facilities. One of the service gaps in the Byron community is the lack of private resident rooms to accommodate individuals who require medical isolation and/or specialized medical equipment. Due to the lack of private rooms, residents of Byron and the surrounding communities are forced to go outside of the area to receive the necessary services.

During the previous 12 months, I have provided care to 48 patients in the Byron area. Following the completion of the building addition and renovation, I would anticipate referring 25 patients to NRC each year over the ensuing 24 months. These referrals have not been used to support another pending or approved CON application.

I look forward to working with you and applaud your efforts to improve the services offered in our community. If there is anything I can do to be assistance, please do not hesitate to contact me.

Sincerely,

Chester Durnas, MD

NOTARY PUBLIC OFFICIAL SEAL STATE OF ILLINOIS
MARY LOGSTON
MY COMMISSION EXPIRES
DECEMBER 28, 2013

Mary Logston
11-21-13

www.neighborsbyron.com
ph: 815.234.2511 fax: 815.234.3114

Dr. Durnas patients		
Zip Codes		
61047		
61102		
61010		
61109		
61107		
61015		
60194		
61103		
61068		
61008		
61072		
60950		
61061		
61088		
61063		
61054		
61115		
61084		
61021		
61020		
61023		
61104		
61046		

OSF

SAINT ANTHONY MEDICAL CENTER

January 13, 2014

Pawn Thammarath
Neighbors Rehabilitation Center
P.O. Box 585
Byron, IL 61010

Dear Ms. Thammarath,

OSF Saint Anthony Medical Center recommends the addition and renovation project which is proposed for Neighbors Rehabilitation Center. We support your application for CON Board Approval.

Within the past 12 months, OSF Saint Anthony Medical Center transferred 2,078 patients to existing skilled care facilities. Please see the attached table for the home zip codes of these patients.

We estimate the number of patients that OSF Saint Anthony will refer annually within a 24 – month period after the project completion to Neighbors Rehabilitation Center will be an average of 40 per year, this is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

As OSF has a new primary care office in Byron, we anticipate a potentially increased relationship, and look forward to working with you. We commend your efforts to improve the quality of care and quality of life for those served in our community.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Paula Carynski

Paula Carynski , MS, RN, NEA-BC, FACHE
President

Date: 1-13-2014

Notary: Pamela S. Jenkins
Pamela S. Jenkins

OFFICIAL SEAL
PAMELA S JENKINS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/18/15

OSF Saint Anthony Medical Center
Transfer to Skilled Care
DISCHARGE DATE RANGE: 10/01/2012 - 09/30/2013
SOURCE: HPM; REPORT RUN DATE: 11/20/2013

Zip Code	City	Encounters
61108	ROCKFORD	299
61107	ROCKFORD	246
61008	BELVIDERE	233
61114	ROCKFORD	138
61111	LOVES PARK	133
61115	MACHESNEY PARK	96
61109	ROCKFORD	85
61068	ROCHELLE	69
61073	ROSCOE	54
61103	ROCKFORD	54
61102	ROCKFORD	48
61065	POPLAR GROVE	47
61104	ROCKFORD	47
61021	DIXON	39
61101	ROCKFORD	39
61016	CHERRY VALLEY	28
60152	MARENGO	27
61061	OREGON	18
60115	DEKALB	15
60178	SYCAMORE	15
61010	BYRON	15
61081	STERLING	15
61011	CALEDONIA	14
61072	ROCKTON	14
61088	WINNEBAGO	14
60145	KINGSTON	13
61080	SOUTH BELOIT	11
60135	GENOA	10
61112	ROCKFORD	10
60146	KIRKLAND	9
61024	DURAND	9
61054	MOUNT MORRIS	9
61012	CAPRON	8

ATTACHMENT-15E

61032	FREEPORT	8
61063	PECATONICA	8
60033	HARVARD	7
53511	BELOIT	6
61019	DAVIS	6
61071	ROCK FALLS	6
61038	GARDEN PRAIRIE	5
61064	POLO	5
61084	STILLMAN VALLEY	5
61310	AMBOY	5
60180	UNION	4
61006	ASHTON	4
61020	DAVIS JUNCTION	4
61342	MENDOTA	4
61376	WALNUT	4
49684	TRAVERSE CITY	3
60013	CARY	3
60098	WOODSTOCK	3
60113	CRESTON	3
60150	MALTA	3
60520	HINCKLEY	3
61270	MORRISON	3
61277	PROPHETSTOWN	3
61378	WEST BROOKLYN	3
80403	GOLDEN	3
53545	JANESVILLE	2
60062	NORTHBROOK	2
60102	ALGONQUIN	2
60112	CORTLAND	2
60151	MAPLE PARK	2
60603	CHICAGO	2
60914	BOURBONNAIS	2
61015	CHANA	2
61041	HANOVER	2
61126	ROCKFORD	2
61132	LOVES PARK	2
61354	PERU	2
61802	URBANA	2
62959	MARION	2
33990	CAPE CORAL	1
34287	NORTH PORT	1
37187	WHITE BLUFF	1
46113	CAMBY	1

46307	CROWN POINT	1
48092	WARREN	1
49519	WYOMING	1
52403	CEDAR RAPIDS	1
52722	BETTENDORF	1
53548	JANESVILLE	1
53570	MONTICELLO	1
53803	BENTON	1
54401	WAUSAU	1
55305	MINNETONKA	1
60014	CRYSTAL LAKE	1
60020	FOX LAKE	1
60050	MCHENRY	1
60093	WINNETKA	1
60123	ELGIN	1
60134	GENEVA	1
60142	HUNTLEY	1
60183	WASCO	1
60518	EARLVILLE	1
60530	LEE	1
60542	NORTH AURORA	1
60548	SANDWICH	1
60550	SHABBONA	1
60553	STEWARD	1
60556	WATERMAN	1
60560	YORKVILLE	1
60620	CHICAGO	1
61001	APPLE RIVER	1
61018	DAKOTA	1
61030	FORRESTON	1
61031	FRANKLIN GROVE	1
61039	GERMAN VALLEY	1
61046	LANARK	1
61048	LENA	1
61052	MONROE CENTER	1
61053	MOUNT CARROLL	1
61062	PEARL CITY	1
61074	SAVANNA	1
61105	ROCKFORD	1
61261	LYNDON	1
61265	MOLINE	1
61348	OGLESBY	1
61350	OTTAWA	1

61356	PRINCETON	1
61364	STREATOR	1
61367	SUBLETTE	1
61443	KEWANEE	1
61447	KIRKWOOD	1
61517	BRIMFIELD	1
62401	EFFINGHAM	1
62480	WILLOW HILL	1
69039	MOOREFIELD	1
92105	SAN DIEGO	1
98387	BETHEL	1

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.

Nursing care is the only category of service applicable. It should be known that this project includes the existing operations in good standing with IDPH and CMMS that meet all licensing requirements to include staffing. Moreover, upon project completion, the facility will maintain its good standing with IDPH and CMMS. The facility is not currently JCAHO accredited; however it has been applied for and is awaiting JCAHO survey.

2. Provide the following documentation:

   a. The name and qualification of the person currently filling the position, if applicable; and

   b. Letters of interest from potential employees; and

   c. Applications filed for each position; and

   d. Signed contracts with the required staff; or

   e. A narrative explanation of how the proposed staffing will be achieved.

Appended as **ATTACHMENT-19A**, is the existing staffing pattern for the 101 bed facility and the proposed staffing pattern for the proposed 131 nursing care beds, by position title. This project will result in an increase of full time equivalents, from 83.13 full time equivalents to 107.97 full time equivalents, a net increase of 24.84 full time equivalents. The proposed staffing will be achieved in the following manner:

1. Neighbors Rehabilitation Center will maintain a copy of applications for all candidates who apply for positions at the facility going forward. Applicants will be contacted 90 days prior to opening to the opening of the unit to arrange for interviews,

ATTACHMENT-19

hiring and training.

2. The facility will be utilizing the consultant recruiting service at SIR Management in Lincolnwood, Illinois to identify potential candidates to full all available positions and assist with recruitment.

3. Internet sources for posting and recruitment of candidates such as Career Builders, LinkedIn, Health Callings, and Indeed will be utilized.

4. Advertising for positions will be places in the local newspaper.

5. A plan has been developed to determine the direct care staffing needs of the facility based on census and level of care. Staff will be hired as census increases to ensure the needs of the residents will be met and staffing regulations are complied with.

ATTACHMENT- 19

Neighbors Rehabilitation Center
811 West 2nd Street
Byron, Illinois 61010

Staff	Current Staffing	Proposed Staffing
DON	1 FTE	1 FTE
ADON	1FTE	1 FTE
Staff Nurse	11.4 FTE	16.8 FTE
Certified Nurses Aid	32.2 FTE	41.1 FTE
Medical Records	1 FTE	1FTE
Activity Department MDS/ Care Plan	4 FTE 1FTE	5.4 FTE 2FTE
Social Services	2.8 FTE	3 FTE
Restorative Nurse Restorative Aids	1 FTE 1.8 FTE	1 FTE 4.2 FTE
Housekeeping Laundry Maintenance	6.3 FTE 3.4 FTE 1.75 FTE	9.3 FTE 3.4 FTE 2 FTE
Dietary	10.48 FTE	11.97 FTE
Administrators Office	1 FTE 3 FTE	1 FTE 3.8 FTE

ATTACHMENT-19A

Criterion 1125.600 Bed Capacity

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

This project is only for the addition of 30 nursing beds to an existing 101-bed long term care nursing facility. Upon project completion the licensed be capacity will be 131 nursing beds. Therefore, as the proposed project is complaint with this criterion.

ATTACHMENT- 20

Criterion 1125.610 - Community Related Functions

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

Appended as **ATTACHMENT-21A** are nine (9) letters of support for the proposed addition to Neighbors Rehabilitation Center. These letters are from Chris Millard, Mayor of Byron; Deanna Mershon, Executive Director of Byron Area Chamber of Commerce; John Rickard, City of Byron Alderman, Chairman of Community Services Committee; Todd R. Murray, Chief of Police of Byron Police Department; Galen Bennett, Fire Chief of Byron Fire Protection District; Reverend Randy L Snider, Senior Pastor of First Baptist Church; Jerry Bueche, President of Byron Kiwanis; Dr. Eckburg, Dr. Aguero and Heather Hartman, CNA, A/GNP of LTC Medical, Inc.; and Diann Frison, President of Byron Women's Club.

ATTACHMENT- 21

Christopher R. Millard - Mayor

October 18, 2013

Pawn Thammarath, Administrator
Neighbors Rehabilitation Center
P.O. Box 585
Byron, IL 61010

Dear Ms. Thammarath:

I am happy to write a letter of endorsement on behalf of Neighbors Rehabilitation Center (NRC). As a lifetime Byron resident, I have worked with NRC in multiple ways over the years first as a Byron firefighter and now as Mayor.

I'm very happy that our community has a facility that can provide rehabilitation as well as long term care for residents who are in need of those services. In addition to the excellent care you provide, I think it's important to mention the home town nature of NRC. People from the Byron area want to be able to receive their healthcare services in the Byron area. By completing your expansion and renovation, more of our local residents will be able to stay in their home community to receive the necessary services. As a firefighter, I saw many families' lives disrupted by illness and injuries. Following a hospitalization, people just want to get home. Your proposed expansion and renovation will allow more of our residents to get one step closer to home.

In addition to the benefit for residents and families, your proposed project will also benefit businesses in Byron. For each of the residents you serve, his/her family will be patronizing our restaurants, grocery stores, etc.

I appreciate the work you're doing and look forward to many more years working with NRC. Please feel free to contact me if I can be of further assistance.

Sincerely,

Chris Millard
Mayor of Byron

Christopher R. Millard - Mayor

November 5, 2013

Pawn Thammarath, Administrator
Neighbors Rehabilitation Center
P.O. Box 55
Byron, IL 61010

Dear Ms. Thammarath,

Thank you for asking me to write a letter of endorsement for Neighbors Rehabilitation Center. As a City Council member, I am always interested in projects that will improve the city of Byron. I anticipate the addition of private rooms and renovation of your existing building will increase the amount and types of healthcare services that could be provided in Byron. This would add value to the city and be of great benefit to its citizens. As you are aware Byron's population has grown tremendously over the past 30 years. Our local businesses need to grow and continue to adapt in order to remain responsive to the needs of the population.
I support your proposed project and look forward to the changes in store for Neighbors Rehabilitation Center. Please let me know if I can be of further assistance in the future.

Sincerely,

John Rickard
City of Byron Alderman
Chairman of Community Services Committee

(815) 234-2762 FAX (815) 234-2646 • P.O. BOX 916 • 232 WEST SECOND STREET • BYRON, ILLINOIS 61010
WWW.CITYOFBYRON.COM

ATTACHMENT-21A

BYRON POLICE DEPARTMENT

232 WEST SECOND STREET
P.O. BOX 923
BYRON, ILLINOIS 61010

Phone: 815-234-5000
Fax: 815-234-2523
email: byronpolice@byronil.net

TODD R. MURRAY
Chief of Police

October 21, 2013

Pawn Thammarath, Administrator
Neighbors Rehabilitation Center
P.O. Box 585
Byron, IL 61010

Dear Ms. Thammarath,

I am pleased to write a letter of endorsement for Neighbors Rehabilitation Center (NRC). As the Byron Chief of Police, I have enjoyed a positive working relationship with NRC over the years.

As you know, the Police Department is especially interested in public safety. I appreciate the efforts made to protect the safety of your residents from internal and external events; e.g., fire , severe weather, nuclear disaster, and elopement drills.

I am pleased to hear about your plans to expand and renovate your facility. I think it is important that the Byron community be able to offer the very best services to our residents. Updating and modernizing NRC will be a real benefit to Byron. People who need rehabilitation will be able to return to their home community and continue receiving the support of their family, friends, and neighbors. Being closer to home will ensure a feeling of safety and security, not just for your residents, but their families as well.

I greatly appreciate NRC's presence and participation in the Byron community. Please feel free to contact me if I can be of further assistance.

Sincerely,

Todd R. Murray
Chief of Police
Byron Police Department

BYRON FIRE PROTECTION DISTRICT

Galen Bennett, Fire Chief

123 N. Franklin Street
P.O. Box 904
BYRON IL 61010-0904

PH (815)234-4911
FAX (815)234-2580

BOARD OF TRUSTEES

PRESIDENT
Ralph E. Larson

VICE-PRESIDENT
Ron Boyer

SECRETARY
Jay Hoover

TREASURER
Gene Smith

ASST. TREASURER
Randy Leek

October 23, 2013

Pawn Thammarath, Administrator
Neighbors Rehabilitation Center
P.O. Box 585
Byron, IL 61010-0585

Dear Ms. Thammarath:

On behalf of the Byron Fire Protection District and Board of Trustees, I am please to endorse Neighbors Rehabilitation Center (NRC). Neighbors has been a part of the Byron community providing inpatient skilled nursing and therapy services since 1971. During this time, the Byron Fire District has provided ambulance service to their patients. Moreover, the Fire District has worked directly with NCR employees by way of Fire Extinguisher Training and promoting Fire Prevention. Part of the Fire District's mission statement is to provide "quality care" to the Residents of Byron, when we transport patients from NCR we are assured that the patients we are transporting have been receiving quality care. It is nice to see the personal relationships that are built between the patients and workers, this bond is visible, and duly noted.

Over the years, the Fire District has participated in many community activities including the homecoming parade and Memorial Day parade, both of these parade include visiting NCR. NCR has made "community" a priority. NCR is aware that their patients are members of the Byron Community and that is evident in their involvement with the community. It is my opinion that their patients are not treated as numbers, but as people and respected members of the Byron Community.

It is our hope that NCR is allowed to expand and/or remodel it's current facility in order to continue to provide the quality care to members of the Byron Community. It has been our pleasure to work with NCR over the years, and we look forward to working with NCR for many more years to come.

Sincerely,

Galen Bennett

Galen Bennett
Fire Chief

ATTACHMENT-21A

FIRST BAPTIST CHURCH

205 North Peru Street
Byron, Illinois 61010
815-234-8737

October 23, 2013

Randy Snider, Senior Pastor
First Baptist Church
205 N. Peru St.
Byron, Il. 61010

Dear Ms. Thammarath,

I would like to give a letter of endorsement for the Neighbors Rehabilitation Center of Byron, Illinois. Neighbors has been in our community for the past 42 years. As Youth Pastor and now Senior Pastor I have been involved in the Neighbors for the past 34 years. I also worked part time as night custodian. I have done volunteer work there in preaching on Sunday afternoons and often visited members from our church at the facility.

Neighbors has always impressed me for their cleanliness and their staff is always personal and caring. We are a small town community and people tend to be friendly and caring. Much of their staff comes from our community and carry on that attitude. I think it is of great value to have Neighbors in our community so that our residents can stay here locally and have the personal touch. I have seen how difficult it is for families to care for older loved ones and what a relief it is to have a local facility for their care. It has also been a blessing for those who just need rehab after a surgery or illness.

Neighbors have also been very involved in the community hosting events like Gospelfest and Memorial Day. Every parade begins or passes through the Neighbors. They host Salad luncheons and community picnics and support local churches when we host an event.

I have been glad to see some recent renovations to modernize the facility. As the leader of our church I know the importance of keeping a facility kept up and updated. I think it's important for the Neighbors to modernize and expand so we can keep our people close to home for their care. Our community has grown, our schools have built new, so should our skilled care and rehab needs grow.

I hope this is helped you. Please feel free to contact me if I can be of further help. I look forward to working with the Neighbors Rehab for the coming years.

Sincerely,

Rev Randy L Snider

Rev. Randy L. Snider

November 6, 2013

Pam Thammarath, Administrator
Neighbors Rehabilitation Center
P.O. Box 585
Byron, IL 61010

Dear Ms. Thammarath,

On behalf of the Byron Kiwanis Club, I am pleased to write this letter of endorsement for Neighbors Rehabilitation Center (NRC). NRC has been a highly valued part of the Byron community since 1971, and as such it is well known to the members of our community service organization. I recognize that NRC is the only provider of inpatient skilled nursing and therapy services in Byron, and the availability of a quality provider of these services within our community enables citizens of the Byron area to receive vital care while remaining in the community they have long been a part of. NRC also allows members of the Byron community to receive this care while remaining close to their friends and family, which can greatly contribute to their quality of life.

Many of our Kiwanis club members have participated in activities with NRC through various Byron school, community and local church organizations. We have witnessed the value of having NRC located in the heart of our community. It's close proximity to the Byron schools enables our young people to interact with the senior members of our community through various activities including the Halloween parade (where young school children march to NRC to share their costumes with the residents) and the Homecoming parade, which goes right in front of NRC and where student athletes come up to and individually greet the NRC residents. Furthermore the Byron Key Club, a Kiwanis organization for high school students, is one of the groups which supports Bingo activities at NRC.

I recently had an opportunity to tour the NRC facility and to learn of the desire to renovate and make additions to the existing facility. I wholeheartedly agree that the proposed improvements and additions will significantly improve NRC's contribution to the Byron community and improve the quality of life for their residents. If one of my family members were to require the type of care offered by NRC, I would not want to have to choose between the amenities of a modernized facility and remaining within the community where they can enjoy ready access to family, friends, church, and neighbors. I also think both being in a home community and high quality care and living facilities can strongly affect the health and recovery of inpatients, and therefore I anticipate the proposed addition and modernizations will favorably impact the health costs for both the patients and the community at large.

I hope that this information and sharing of my opinions and those of the Byron Kiwanis club regarding NRC's proposed facility improvements has been helpful, and we look forward to many more years of working with NRC and enjoying the services you provide to our community. Please feel free to contact me if I can be of further assistance.

Sincerely,

Jerry Bueche

Jerry Bueche
President, Byron Kiwanis

November 5th, 2013

LTC Medical, Inc

7117 Crimson Ridge

Rockford, IL 61107

This letter is written on behalf of Neighbor's nursing facility in Byron, IL.

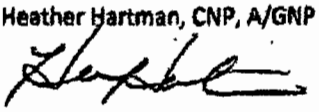
Dr Eckburg, Dr Aguero and I strongly recommend the addition and renovation of expanded Medicare beds. We support, without hesitation the application for CON and subsequent board approval.

Our MD/NP group specifically and exclusively provides care to resident's of LTC/SNF facilities and feels there is a palpable growing need for Neighbor's to be able to care for a larger number of resident's in this community. We have a positive and active relationship with all three major health systems in Rockford who will be able to support their growth

Neighbor's nursing facility delivers a high standard of patient-centered care in the Byron community and warrants their ability to provide this excellent care to more patients.

If there is anything we an do to be of assistance, please do not hesitate to contact me.

Heather Hartman, CNP, A/GNP



815-608-0867

ATTACHMENT-21A

November 19, 2013

Pawn Thammarath, Administrator

Neighbors Rehabilitation Center

P.O. Box 585

Byron, Il, 61010

Dear Ms. Thammarath:

This is a letter of endorsement for Neighbors Rehabilitation Center (NRC), a facility in the Byron Community since 1971. It is the hope of the community that this facility can extend its services with the addition and renovation of the current building. This addition can better meet the needs of post op physical therapy and convalescence. This transition from hospital to home is difficult for the patient and family, but would be smoother and easier with a facility near the homes of residents from Byron and surrounding communities. Receiving care in the patient's home community allows the patient to preserve relationships with friends and family as well as giving them the feeling of "one step closer" to familiar surroundings.

I am president of Byron women's Club and speak for many who feel this addition would be a great asset to NRC. My mother is a resident in this facility and has received exceptional nursing care for the past six years. She enjoys the holiday parties, luncheons, picnics, and "Gospelfest." The schools and churches in Byron are excellent at making NRC the focus for the Homecoming Parade, Halloween Parade, and Memorial Day Parade. After a recent hospitalization my mother was part of a challenging but tolerable Physical Therapy regime. Had it not been for the diligence and dedication of the "PT" staff she would not be ambulatory today. The addition of a bigger facility would be an invitation for more patients to benefit from the staff at NRC.

Sincerely, Diann Frison, President of Byron Women's Club

Diann Frison

ATTACHMENT-21A

Criterion 1125.620 - Project Size

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

Upon project completion, Neighbors Rehabilitation Center will comprise 59,765 gross square feet of space for 130 nursing care beds. This equates to 459.73 gsf per bed upon project completion. It should be noted that the proposed project is in compliance with this criterion as the full bed compliment is well within the range limit of 435-713 gross square feet per bed.

ATTACHMENT- 22

Criterion 1125.630 - Zoning

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

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

Part of this process is the acquisition of additional land. The Applicant has not approached the City of Byron regarding zoning as one of the required submittals is a current land survey that has not yet been completed. The survey has been ordered and will be submitted upon receipt. It should be noted that this project does require a Special Use Permit and will need to be submitted to the City of Byron Zoning Board for review. It is the Applicant's desire to work on the zoning process parallel to that of the Certificate of Need. One of the required submittals for zoning is a current land survey. This is not yet complete although the survey has been ordered and will be submitted upon receipt.

ATTACHMENT- 23

Criterion 1125.640 – Assurances

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

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

Appended as **ATTACHMENT-24A**, is a letter signed by the Applicant addressing item number 1.

The proposed project is for the expansion of a free standing nursing care facility and not part of a continuum of care community (CCRC). Therefore, item number 2 above is not applicable to this project.

NEIGHBORS
Rehabilitation Center

Street Address:
811 W. 2nd Street
Byron, Illinois 61010

Mailing Address:
P.O. Box 585
Byron, Illinois 61010

November 30th, 2013

Ms. Courtney Avery, Administrator

Health Facilities and Services Review Board

525 W. Jefferson St., 2nd Floor

Springfield, IL. 62761

Dear Ms. Avery:

This is to certify that Neighbors Rehabilitation Center understands and intends to maintain capacity of newly constructed unit at an in-house annual bed census of 90 % or greater by the second year of operation after the project completion. The facility will provide sorely needed private rooms within this unit, which are currently often requested by consumers but that facility is currently unable to provide. In addition, the proposed therapy gym will be of an adequate size to allow facility to provide additional equipment needed by therapists to properly treat a variety of diagnosed conditions thus allowing facility to accept a wider range of potential consumers.

Pawn Thammaranth

Administrator

Nursing and Rehabilitation Center

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.

The above does not directly apply to the facility, Neighbors Rehabilitation Center. The facility appears to be in good repair although dated according to their architect. The facility is in compliance with all licensing and life safety codes; this Applicant fully sprinkled the facility ahead of the deadline (see 2012 cost report data appended as **ATTACHMENT-25A**). Since 2008 (6 years of history), this applicant has spent nearly $650,000 in upkeep and improvements to the existing building. Thus, the issue appears to be not a change in the standards of care but the change in environment and amenities that are demanded by today's residents specifically those seeking Medicare rehabilitative or end of life services.

More specifically, Neighbors Rehabilitation Center is currently less able to attract and accommodate many potential residents due to the following issues: The number of residents requiring isolation has risen due partly to the increased infection screenings done at hospitals. This facility consists mostly of two-bed rooms with a connecting bathroom. Should a resident require strict isolation, two two-bed rooms are often utilized to accommodate just one resident due to the fact that an isolated resident must have a private bathroom that cannot be shared with any other resident.

ATTACHMENT-25

Additionally, potential residents are demanding private rooms with private bathrooms. Many potential admissions are not interested in recuperating in a semi-private room and sharing a toilet with up to three other patients.

The facility also lacks the space to provide a state of the art therapy gym and equipment as well as other therapy related lab-areas such as a home type bedroom, kitchen, and laundry room. These areas are needed by professional therapists to work with patients in a home-like environment in order to prepare them for their return to the community.

Finally, the building, although clean and well maintained, is lacking in the updates aesthetics that both families and residents desire. Collectively, for the aforementioned issues the modernization is being proposed.

2. 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).

The proposed project involves the modernization and expansion of the long-term nursing care category of service, as such, the 77 Illinois Administrative Code, Chapter II of Subchapter b, Section 1125.210(c) sets the target utilization rate at 90 percent. Neighbors Rehabilitation Center, in the most recent three calendar years for which the State has published date, shows the average utilization at 91.6%, 92.6% and 91.8% for CY2010, CY2011, and CY2012. Refer to **ATTACHMENT-25B** for the State's most recent three years of facility profiles for the Subject facility. Therefore, this project is in compliance with this criterion.

ATTACHMENT-25

		FOR BHF USE					

LL1

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0049973

Facility Name: Neighbors Rehabilitation Center

Address: 811 West Second (Number) Byron (City) 61010 (Zip Code)

County: Ogle

Telephone Number: (815) 234-2511 Fax # (815) 234-3114

HFS ID Number:

Date of Initial License for Current Owners: 07/10/08

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steve Lavenda Telephone Number: (847) 236-1111
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

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

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

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name)

(Title)

Paid Preparer

(Signed) (Date)

(Print Name and Title) Cary N. Drazner, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax # (847) 236-1155

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

SEE ACCOUNTANTS' COMPILATION REPORT

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ATTACHMENT-25A

Facility Name & ID Number Neighbors Rehabilitation Center # 0049973 Report Period Beginning: 01/01/12 Ending: 12/31/12

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	101	Skilled (SNF)	101	36,966	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	101	TOTALS	101	36,966	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	22,781	4,232	6,844	33,857	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	22,781	4,232	6,844	33,857	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.59%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 6/1/2008

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 6/1/2008 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 101 and days of care provided 3,109

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/12 Fiscal Year: 12/31/12

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

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ATTACHMENT-25A

Facility Name & ID Number Neighbors Rehabilitation Center # 0049973 Report Period Beginning: 01/01/12 Ending: 12/31/12

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,195 B. General Construction Type: Exterior Brick Frame Concrete Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).
Physical Therapy Room for non-residents. Applicable costs have been adjusted out on Page 5A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$	1
2					2
3	TOTALS			$	3

SEE ACCOUNTANTS' COMPILATION REPORT

ATTACHMENT-25A

Facility Name & ID Number Neighbors Rehabilitation Center # 0049973 Report Period Beginning: 01/01/12 Ending: 12/31/12

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	101		2008	1971	$ 2,175,000	$ 92,017	39	$ 55,769	$ (36,248)	$ 255,608	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2008	30,221		20	1,511	1,511	6,044	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

ATTACHMENT-25A

Facility Name & ID Number Neighbors Rehabilitation Center # 0049973 Report Period Beginning: 01/01/12 Ending: 12/31/12

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 2,277,127	$ 124,003		$ 60,250	$ (63,753)	$ 291,321	1
2	Sign	2009	3,451		20	345	345	1,265	2
3	Nurse Station	2009	16,260		20	813	813	3,117	3
4	Water Heater	2009	5,560		20	278	278	1,066	4
5	Boiler Work	2009	6,695		20	335	335	1,227	5
6	Electrical Work	2010	9,400		20	470	470	1,332	6
7	Flooring - Carpet	2010	12,484		20	1,783	1,783	4,607	7
8	Furnace - 300 Wing	2010	4,796		20	240	240	520	8
9	Furnace	2010	2,850		20	143	143	309	9
10	Water Heater	2011	6,381		20	319	319	558	10
11	Closet Units (100 Built-In)	2011	57,000		20	2,850	2,850	5,225	11
12	Sprinkler System	2011	152,422		20	7,621	7,621	12,067	12
13	Sprinkler System	2011	26,898		20	1,345	1,345	1,793	13
14	Steel Fencing	2011	9,893		20	495	495	866	14
15	Sprinkler Monitoring System	2011	5,697		20	285	285	498	15
16	Generator Transfer Switch	2012	4,720		20	236	236	236	16
17	Sprinkler System	2012	28,360		20	1,064	1,064	1,064	17
18	Wiring For Emergency Recepticles	2012	3,075		20	38	38	38	18
19	Generator	2012	72,600		20	1,210	1,210	1,210	19
20	Condensing Unit	2012	2,625		20	131	131	131	20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,708,294	$ 124,003		$ 80,251	$ (43,752)	$ 328,450	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Neighbors Rehabilitation Center # 0049973 Report Period Beginning: 01/01/12 Ending: 12/31/12

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party Information		$	$		$	$	$	1
2	Buildings:								2
3	Alloc. - S.I.R. Management	2009	9,919		39	254	254	774	3
4	Alloc. - S.I.R. Properties - S.I.R. Management	1993	17,960	570	35	513	(57)	10,006	4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9	Alloc. - S.I.R. Management	1993	4,554	127	20	226	99	4,515	9
10	Alloc. - S.I.R. Management	1994	14		20			14	10
11	Alloc. - S.I.R. Management	1995	104		20	5	5	91	11
12	Alloc. - S.I.R. Management	1997	6,997	157	20	343	186	5,517	12
13	Alloc. - S.I.R. Management	1999	550		20	28	28	364	13
14	Alloc. - S.I.R. Management	2000	650		20	32	32	407	14
15	Alloc. - S.I.R. Management	2007	2,087	142	20	104	(38)	542	15
16	Alloc. - S.I.R. Management	2008	5,752	549	20	363	(186)	1,756	16
17	Alloc. - S.I.R. Management	2009	14,292	131	20	715	584	2,319	17
18	Alloc. - S.I.R. Management	2011	354	35	20	35		50	18
19	Alloc. - S.I.R. Management	2012	1,132	24	20	24		24	19
20									20
21	Alloc. - S.I.R. Properties - S.I.R. Management	2012	1,100	585	20	5	(580)	5	21
22	Alloc. - S.I.R. Properties - S.I.R. Management	2010	1,084		20	54	54	126	22
23	Alloc. - S.I.R. Properties - S.I.R. Management	2009	1,078	67	20	54	(13)	205	23
24	Alloc. - S.I.R. Properties - S.I.R. Management	2007	314	25	20	16	(9)	94	24
25	Alloc. - S.I.R. Properties - S.I.R. Management	2002	71		20	4	4	38	25
26	Alloc. - S.I.R. Properties - S.I.R. Management	1999	2,276		20	114	114	1,536	26
27	Alloc. - S.I.R. Properties - S.I.R. Management	1998	1,088		20	54	54	788	27
28	Alloc. - S.I.R. Properties - S.I.R. Management	1997	68		20	3	3	56	28
29	Alloc. - S.I.R. Properties - S.I.R. Management	1994	171	4	20	9	5	158	29
30	Alloc. - S.I.R. Properties - S.I.R. Management	1993	291	2	20	15	13	284	30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

ATTACHMENT-25A

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010
Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

Administrator
Pawn Thammarath

Contact Person and Telephone
PAWN THAMMARATH
815-234-2511

Registered Agent Information
Stephen N Sher
5750 Old Orchard RD Suite 420
Skokie, IL 60077

Date Completed
2/21/2011

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	36
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscolo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	93

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	99	101	93	8	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	99	101	93	8	101	101

ADMISSIONS AND DISCHARGES - 2010

Residents on 1/1/2010	97
Total Admissions 2010	85
Total Discharges 2010	89
Residents on 12/31/2010	93
Identified Offenders	0

FACILITY UTILIZATION - 2010
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2966	8.0%	23735	64.4%	1645	464	4949	0	33759	91.6%	91.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2966	8.0%	23735	64.4%	1645	464	4949	0	33759	91.6%	91.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	7	40	0	0	0	0	0	0	7	40	47
85+	11	23	0	0	0	0	0	0	11	23	34
TOTALS	22	71	0	0	0	0	0	0	22	71	93

Source:Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

ATTACHMENT-25B

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010
Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	63	8	2	9	0	93
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	63	8	2	9	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	0	0	0	0	0
Total	93	0	0	0	93
ETHNICITY	**Nursing**	**SklUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	1	0	0	0	1
Non-Hispanic	92	0	0	0	92
Ethnicity Unknown	0	0	0	0	0
Total	93	0	0	0	93

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	12.00
Certified Aides	32.00
Other Health Staff	35.00
Non-Health Staff	19.00
Totals	108.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.8%	41.1%	3.7%	3.5%	28.0%	100.0%		0.0%
1,230,753	2,126,944	191,053	180,579	1,448,308	5,177,637	0	

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

Source:Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010
Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

Administrator
PAWN THAMMARATH

Contact Person and Telephone
PAWN THAMMARATH
815-234-2511

Date Completed
3/1/2012

Registered Agent Information
Thomas Winter
6840 N Lincoln Ave
Lincolnwood, IL 60712

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	40
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	99	101	96	5	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	99	101	96	5	101	101

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	93
Total Admissions 2011	147
Total Discharges 2011	144
Residents on 12/31/2011	96
Identified Offenders	0

FACILITY UTILIZATION - 2011
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3567	9.7%	23316	63.2%	2770	119	4371	0	34143	92.6%	92.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3567	9.7%	23316	63.2%	2770	119	4371	0	34143	92.6%	92.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	0	5	0	0	0	0	0	0	0	5	5
75 to 84	13	20	0	0	0	0	0	0	13	20	33
85+	16	39	0	0	0	0	0	0	16	39	55
TOTALS	29	67	0	0	0	0	0	0	29	67	96

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010
Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	61	7	6	10	0	96
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	61	7	6	10	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	200	185

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96
ETHNICITY	**Nursing**	**SkiUnd22**	**ICF/DD**	**Shelter**	**Totals**
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	96	0	0	0	96
Total	96	0	0	0	96

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	12.00
Certified Aides	37.00
Other Health Staff	3.00
Non-Health Staff	41.00
Totals	104.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.8%	36.3%	5.1%	0.9%	25.9%	100.0%		0.0%
1,644,207	2,109,223	283,146	51,362	1,425,503	5,513,441	0	

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

ATTACHMENT-25B

NEIGHBORS REHABILITATION CENTER
P O. BOX 585
BYRON, IL. 61010

Reference Numbers Facility ID 6006514
Health Service Area 001 Planning Service Area 141

Administrator
Pawn Thammarath

Contact Person and Telephone
PAWN THAMMARATH
815-234-2511

Registered Agent Information
Thomas Winter
6840 north Lincoln Ave
Lincolnwood, IL 60712

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	40
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscolo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	101	101	99	101	85	16	101	101
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	101	101	99	101	85	16	101	101

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	99
Total Admissions 2011	83
Total Discharges 2011	94
Residents on 12/31/2011	85
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3109	8.4%	22795	61.8%	3540	189	4225	0	33858	91.8%	91.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3109	8.4%	22795	61.8%	3540	189	4225	0	33858	91.8%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2012

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	8	1	0	0	0	0	0	0	9	1	1
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	14	37	0	0	0	0	0	0	14	37	51
TOTALS	26	59	0	0	0	0	0	0	26	59	85

ATTACHMENT-25B

NEIGHBORS REHABILITATION CENTER
P.O. BOX 585
BYRON, IL. 61010

Reference Numbers Facility ID Health Service Area 001 Planning Service Area 141

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	65	0	1	10	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	65	0	1	10	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	200	185

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	85	0	0	0	85
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	12.00
Certified Aides	42.00
Other Health Staff	3.00
Non-Health Staff	41.00
Totals	111.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.1%	35.8%	7.8%	1.4%	27.9%	100.0%		0.0%
1,613,565	2,125,998	463,268	84,240	1,658,189	5,945,260	0	

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

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:

The cash and securities that will be used to fund the project are coming out of the facility's existing cash and the cash generated through ongoing operations with the added benefit of traditionally member disbursements not being made until the equity portion of the project is fully funded. Appended as **ATTACHMENT-27A** are copies of the owner's and the operator's projected and historical financial statements for the most current three years and through the first full year at target utilization. Appended as **ATTACHMENT-27B,** is a members resolution to stop disbursements outside of covering tax liabilities to assist in funding the equity portion of the project costs, as well as an amendment to the management consulting agreement stipulating that their annual management fee would be reduce.

ATTACHMENT-27

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:

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.;

Appended as **ATTACHMENT-27C** is a letter from The PrivateBank's Michael Monticello, Managing Director and Patrick Malone, Officer providing the terms and conditions and stating it's expectations in making the loan. Appended as **ATTACHMENT-27D** is also a letter from The PrivateBank's Michael Monticello, Managing Director and Patrick Malone, Officer describing this long-standing history that The PrivateBank has with Neighbors Rehabilitation Center and its strong intent to provide the project's financing. It should be known that The PrivateBank is the existing Mortgage holder for the facility. Moreover, it is The PrivateBank's position that it cannot finalize its commitment to finance without Certificate of Need approval among other due diligence items.

ATTACHMENT-27

NEIGHBORS - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
CURRENT ASSETS										
Cash in Banks - Total	435,871		679,078		59,505		792,760		1,626,760	
Accounts Receivable	1,225,000		1,285,000		1,465,000		1,700,000		1,700,000	
Prepaid Expenses	30,000		30,000		30,000		30,000		30,000	
Total Current Assets	1,690,871		1,994,078		1,554,505		2,522,760		3,356,760	
FIXED ASSETS - COST	4,082,500		4,107,500		4,127,500		4,157,500		4,207,500	
Construction Project	1,305,000		6,525,000		9,268,858		9,268,858		9,268,858	
less: Accum. Depr	(1,074,521)		(1,254,521)		(1,614,521)		(2,054,521)		(2,494,521)	
	4,312,979		9,377,979		11,781,837		11,371,837		10,981,837	
OTHER ASSETS										
Other Assets	320,000		350,000		0		0		0	
Total Assets	6,323,850		11,722,057		13,336,342		13,894,597		14,338,597	
CURRENT LIABILITIES										
Accounts Payable	150,000		188,503		217,700		213,700		208,000	
Accrued Expenses	310,065		310,065		390,065		390,065		340,065	
Accrued Vacation Pay	130,000		120,000		150,000		150,000		150,000	
Payables & Accruals	590,065		618,568		757,765		753,765		698,065	
Patient Trust Fund-net	0		0		0		0		0	
Line of Credit -Private B.	900,000		1,000,000		1,000,000		1,000,000		900,000	
Note Payable - Van	9,000		5,000		0		0		0	
Mortgage-current portion	0		0		0		0		0	
Deferred Repl. Tax	11,000		11,000		10,000		10,000		10,000	
Total Current Liabilities	1,510,065		1,634,568		1,767,765		1,763,765		1,608,065	
Long Term Liabilities										
Due To Operator	0		0		0		0		0	
Mortgage Payable	2,337,642		2,337,642		2,337,642		2,337,642		2,337,642	
Mortgage - add'l	1,305,000		6,525,000		7,830,000		7,830,000		7,830,000	
Total Liabilities	5,152,707		10,497,210		11,935,407		11,931,407		11,775,707	
EQUITY										
Member Equity	1,053,100		1,053,100		1,053,100		1,053,100		1,053,100	
Retained Earnings	(76,210)		118,043		171,747		347,835		910,090	
Distributions	(190,000)		(50,000)		(70,000)		(553,831)		(586,797)	
Current Year Profit	384,253		103,704		246,088		1,116,086		1,186,497	
Total Equity	1,171,143		1,224,847		1,400,935		1,963,190		2,562,890	
Total Liabilities & Equity	6,323,850		11,722,057		13,336,342		13,894,597		14,338,597	

NEIGHBORS - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
Total Resident Income	5,400,871	171.06	5,486,150	172.76	6,880,907	188.05	8,565,134	198.87	8,785,444	203.98
Provider Bed Tax	(55,298)		(55,298)		(67,616)		(71,723)		(71,723)	
Provider Assessments	(170,043)		(170,597)		(189,153)		(217,124)		(217,124)	
Net Resident Income	5,175,530	163.93	5,260,255	165.65	6,624,139	181.03	8,276,287	192.16	8,496,597	197.27
Operating Expenses										
Nursing	2,152,000	68.16	2,287,300	72.03	2,701,500	73.83	2,996,500	69.57	3,073,900	71.37
Employee Welfare	472,000	14.95	504,000	15.87	555,000	15.17	580,000	13.47	598,000	13.88
Housekeeping & Plant	432,000	13.68	488,000	15.37	579,000	15.82	640,000	14.86	656,000	15.23
Laundry & Linen	104,000	3.29	110,000	3.46	126,000	3.44	136,000	3.16	140,000	3.25
Dietary	448,000	14.19	470,801	14.83	535,800	14.64	596,800	13.86	608,400	14.13
General and Admin.	786,900	24.92	704,350	22.18	913,250	24.96	1,143,901	26.56	1,166,800	27.09
Total Operating Expense	4,394,902	139.20	4,564,451	143.74	5,410,550	147.86	6,093,201	141.47	6,243,100	144.95
Income on Operations	780,628	24.72	695,804	21.91	1,213,589	33.17	2,183,086	50.69	2,253,497	52.32
Capital Expenses										
Mortgage Interest	118,000	3.74	118,000	3.72	118,000	3.22	118,000	2.74	118,000	2.74
Mtg.-Const. Period Int.	10,875	0.34	206,700	6.51	389,500	10.64	396,000	9.19	396,000	9.19
Real Estate Taxes	60,000	1.90	62,000	1.95	64,000	1.75	68,000	1.58	68,000	1.58
Interest	24,000	0.76	25,400	0.80	32,000	0.87	30,000	0.70	30,000	0.70
Depreciation & Amort.	180,000	5.70	180,000	5.67	360,000	9.84	440,000	10.22	440,000	10.22
State Replacement Tax	3,500	0.11	0	0.00	4,000	0.11	15,000	0.35	15,000	0.35
Total Capital Expenses	396,375	12.55	592,100	18.65	967,500	26.44	1,067,000	24.77	1,067,000	24.77
Income From Operations	384,253	12.17	103,704	3.27	246,089	6.73	1,116,086	25.91	1,186,497	27.55
Other Income	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Income	384,253	12.17	103,704	3.27	246,089	6.73	1,116,086	25.91	1,186,497	27.55
Net Income	384,253		103,704		246,089		1,116,086		1,186,497	
Int,Tax,Depr,Amort,Rent	336,375		530,100		903,500		999,000		999,000	
EBITDAR for period	720,628		633,804		1,149,589		2,115,086		2,185,497	
Debt Service Coverage	5.6		2.0		2.3		4.1		4.3	

ATTACHMENT-27A

NEIGHBORS - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
AVERAGE PER DAY										
Private	13.5		13.5		15.4		19.0		19.0	
Public Aid	54.3		54.5		59.9		68.0		68.0	
Medicare	9.8		10.0		14.9		20.0		20.0	
Hospice	8.0		8.0		8.3		8.0		8.0	
Insurance	1.0		1.0		1.9		3.0		3.0	
Avg. Per Day - in house	86.5		87.0		100.3		118.0		118.0	
TOTAL CENSUS										
Census-Private	4,928		4,928		5,612		6,935		6,935	
Census-Medicaid	19,801		19,893		21,854		24,820		24,820	
Census-Medicare	3,559		3,650		5,429		7,300		7,300	
Census-Hospice	2,920		2,920		3,011		2,920		2,920	
Census-HMO	365		365		684		1,095		1,095	
Census-In House	31,573		31,755		36,591		43,070		43,070	
Days in Period	365		365		365		365		365	
Bed Capacity	101		101		119		131		131	
Percent to Capacity	85.6%		86.1%		84.2%		90.1%		90.1%	
INCOME										
Private	960,647	194.96	960,863	195.00	1,138,116	202.80	1,421,675	205.00	1,456,350	210.00
Medicare	1,659,838	466.41	1,747,438	478.75	2,678,644	493.36	3,650,000	500.00	3,796,000	520.00
Public Aid	2,616,537	132.14	2,638,541	132.64	2,933,051	134.21	3,354,175	135.14	3,391,405	136.64
P.A. - Rate Incr. $6.60	0		0		77,088		161,403	6.50	161,403	6.50
Hospice	385,849	132.14	387,309	132.64	404,020	134.17	394,609	135.14	398,989	136.64
Hospice-Rate Incr. $6.60	0		0		10,238		19,272	6.60	19,272	6.60
HMO	146,000	400.00	146,000	400.00	273,750	400.00	438,000	400.00	454,425	415.00
Day Care	2,000		2,000		2,000		2,000		2,000	
Ancillary Exp. - Part A	(390,000)	(109.59)	(420,000)	(115.07)	(660,000)	(121.56)	(900,000)	(123.29)	(918,000)	(125.75)
Ancillary Inc. - Other	120,000		140,000		140,000		140,000		143,000	
Ancillary Exp. - Other	(100,000)		(116,000)		(116,000)		(116,000)		(119,400)	
Total Resident Income	5,400,871	171.06	5,486,150	172.76	6,880,907	188.05	8,565,134	198.87	8,785,444	203.98
Other Income(Expense)										
Illinois Bed Tax	(55,298)		(55,298)		(67,616)		(71,723)		(71,723)	
Provider Assessment Tax	(170,043)		(170,597)		(189,153)		(217,124)		(217,124)	
Miscellaneous Income	0		0		0		0		0	
Total Income	5,175,530	163.93	5,260,255	165.65	6,624,139	181.03	8,276,287	192.16	8,496,597	197.27

NEIGHBORS - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
NURSING										
Salary - Dir of Nursing	80,000	2.53	84,000	2.65	88,000	2.40	92,000	2.14	95,000	2.21
Salary - Asst Dir	60,000	1.90	64,000	2.02	68,000	1.86	69,000	1.60	71,000	1.65
Salary - RN's & LPN's	600,000	19.00	684,000	21.54	852,000	23.28	969,000	22.50	989,000	22.96
Salary - Program Aides	840,000	26.61	906,500	28.55	1,042,500	28.49	1,150,000	26.70	1,185,000	27.51
Salary - Therapy Dept.	104,000	3.29	114,000	3.59	135,000	3.69	151,000	3.51	156,000	3.62
Salary - Med Rec/CPC	80,000	2.53	84,000	2.65	92,000	2.51	100,000	2.32	102,000	2.37
Contract Nurses	60,000	1.90	0	0.00	0	0.00	0	0.00	0	0.00
Salary - Psycho Social	60,000	1.90	62,000	1.95	81,000	2.21	93,000	2.16	95,000	2.21
Salary - Activity	112,000	3.55	116,000	3.65	134,500	3.68	144,000	3.34	147,000	3.41
Total Salaries	1,996,000	63.22	2,114,500	66.59	2,493,000	68.13	2,768,000	64.27	2,840,000	65.94
Nursing Supplies	60,000	1.90	68,000	2.14	85,000	2.32	95,000	2.21	98,000	2.28
Wound Care Supplies	4,000	0.13	5,200	0.16	6,500	0.18	7,400	0.17	7,700	0.18
Enteral Supplies	12,000	0.38	16,000	0.50	20,700	0.57	23,000	0.53	23,700	0.55
Nursing Equip. Rental	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Oxygen,Lab, X-Ray	5,000	0.16	5,200	0.16	6,500	0.18	7,400	0.17	7,800	0.18
Prescription Drugs	4,000	0.13	4,800	0.15	6,000	0.16	6,800	0.16	7,200	0.17
Activity Programs	9,000	0.29	9,600	0.30	11,700	0.32	12,900	0.30	13,500	0.31
CONSULTANTS										
Activity	2,000	0.06	1,600	0.05	2,000	0.05	2,400	0.06	2,400	0.06
Physical & Occup. Therapy	1,000	0.03	2,000	0.06	4,300	0.12	4,600	0.11	4,600	0.11
Social Worker	1,600	0.05	1,600	0.05	2,000	0.05	2,400	0.06	2,400	0.06
Medical Records	1,000	0.03	1,200	0.04	1,700	0.05	2,000	0.05	2,000	0.05
Pharmacy	7,000	0.22	8,000	0.25	9,500	0.26	10,000	0.23	10,000	0.23
Speech Therapy	1,000	0.03	1,200	0.04	1,700	0.05	2,200	0.05	2,200	0.05
Medical Director	10,000	0.32	10,000	0.31	12,500	0.34	14,000	0.33	14,000	0.33
Specialized Rehab	9,600	0.30	9,600	0.30	9,600	0.26	9,600	0.22	9,600	0.22
Nursing	28,800	0.91	28,800	0.91	28,800	0.79	28,800	0.67	28,800	0.67
Total Other Nursing	156,000	4.94	172,800	5.44	208,500	5.70	228,500	5.31	233,900	5.43
Total Nursing	2,152,000	68.16	2,287,300	72.03	2,701,500	73.83	2,996,500	69.57	3,073,900	71.37

NEIGHBORS - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
EMPLOYEE WELFARE										
Payroll Taxes	260,000	8.24	280,000	8.82	309,000	8.44	320,000	7.43	329,000	7.64
Workers Comp. Insur.	52,000	1.65	56,000	1.76	62,000	1.69	64,000	1.49	66,000	1.53
Employee Insurance	120,000	3.80	128,000	4.03	142,000	3.88	152,000	3.53	158,000	3.67
Classified Advertising	8,000	0.25	8,000	0.25	8,000	0.22	8,000	0.19	8,000	0.19
Employee Benefits	32,000	1.01	32,000	1.01	34,000	0.93	36,000	0.84	37,000	0.86
Total Employee Welfare	472,000	14.95	504,000	15.87	555,000	15.17	580,000	13.47	598,000	13.88
HOUSEKEEPING & PLANT										
Salary - Housekeeping	140,000	4.43	148,000	4.66	181,000	4.95	200,000	4.64	205,000	4.76
Salary - Maintenance	48,000	1.52	52,000	1.64	58,500	1.60	63,000	1.46	64,700	1.50
Dir. of Envir. Services	12,000	0.38	12,000	0.38	12,000	0.33	12,000	0.28	12,000	0.28
Housekeeping Supply	20,000	0.63	24,000	0.76	31,000	0.85	33,000	0.77	33,600	0.78
Grounds Maintenance	8,000	0.25	8,000	0.25	8,000	0.22	9,000	0.21	9,200	0.21
Paint & Deferred Maint	8,000	0.25	10,000	0.31	16,000	0.44	19,000	0.44	20,000	0.46
Equip Mtce & Repair	28,000	0.89	40,000	1.26	44,000	1.20	45,000	1.04	46,000	1.07
Maintenance Supplies	40,000	1.27	44,000	1.39	48,000	1.31	50,000	1.16	51,000	1.18
Scavenger	16,000	0.51	18,000	0.57	21,500	0.59	24,000	0.56	25,000	0.58
Exterminator	2,000	0.06	2,000	0.06	2,000	0.05	2,000	0.05	2,000	0.05
Fire Service	10,000	0.32	10,000	0.31	10,000	0.27	11,000	0.26	11,500	0.27
Utilities - Total	100,000	3.17	120,000	3.78	147,000	4.02	172,000	3.99	176,000	4.09
Total Housekeep&Plant	432,000	13.68	488,000	15.37	579,000	15.82	640,000	14.86	656,000	15.23
LAUNDRY & LINEN										
Salary - Laundry	80,000	2.53	84,000	2.65	93,000	2.54	98,000	2.28	100,000	2.32
Laundry Supplies	16,000	0.51	17,000	0.54	20,500	0.56	23,000	0.53	24,000	0.56
Linen Replacement	8,000	0.25	9,000	0.28	12,500	0.34	15,000	0.35	16,000	0.37
Total Laundry	104,000	3.29	110,000	3.46	126,000	3.44	136,000	3.16	140,000	3.25
DIETARY										
Salary - Dietary	248,000	7.85	260,000	8.19	280,000	7.65	290,000	6.73	297,000	6.90
Food	160,000	5.07	168,001	5.29	205,200	5.61	247,400	5.74	251,000	5.83
Dietary Supplies	18,000	0.57	20,000	0.63	26,500	0.72	34,000	0.79	35,000	0.81
Sales Tax	600	0.02	800	0.03	1,100	0.03	1,400	0.03	1,400	0.03
Dietary Consultant	9,400	0.30	10,000	0.31	11,000	0.30	12,000	0.28	12,000	0.28
Dir. of Food Service	12,000	0.38	12,000	0.38	12,000	0.33	12,000	0.28	12,000	0.28
Total Dietary	448,000	14.19	470,801	14.83	535,800	14.64	596,800	13.86	608,400	14.13

ATTACHMENT-27A

NEIGHBORS - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
GENERAL & ADMINISTRATIVE										
Salary-Administrative	92,000	2.91	96,000	3.02	102,000	2.79	110,000	2.55	113,000	2.62
Salary-Office	108,000	3.42	112,200	3.53	126,000	3.44	136,000	3.16	140,000	3.25
Dir. of Admissions	14,400	0.46	14,400	0.45	14,400	0.39	14,400	0.33	14,400	0.33
Dir. of Reimb. Services	14,400	0.46	14,400	0.45	14,400	0.39	14,400	0.33	14,400	0.33
Dir. of Admin. Services	28,800	0.91	28,800	0.91	28,800	0.79	28,800	0.67	28,800	0.67
Dir. of Regulatory Serv.	14,400	0.46	14,400	0.45	14,400	0.39	14,400	0.33	14,400	0.33
Ancillary Admin Charge	24,000	0.76	24,000	0.76	24,000	0.66	24,000	0.56	24,000	0.56
Accounting Fees	54,000	1.71	54,000	1.70	54,000	1.48	54,000	1.25	54,000	1.25
Advertising & Promo	27,200	0.86	30,000	0.94	32,000	0.87	34,000	0.79	35,000	0.81
Bookkeeping Services	49,600	1.57	49,600	1.56	49,600	1.36	49,600	1.15	49,600	1.15
Computer Support	8,800	0.28	8,800	0.28	8,000	0.22	8,000	0.19	8,000	0.19
Contributions	2,000	0.06	2,000	0.06	2,000	0.05	2,000	0.05	2,000	0.05
Dues & Subscriptions	24,000	0.76	24,800	0.78	25,600	0.70	26,500	0.62	27,000	0.63
Education & Seminars	6,000	0.19	6,400	0.20	6,800	0.19	7,500	0.17	8,000	0.19
Equipment Rental	4,000	0.13	4,000	0.13	4,000	0.11	4,000	0.09	4,000	0.09
General Insurance	78,000	2.47	82,000	2.58	91,000	2.49	96,000	2.23	98,000	2.28
Legal Fees	4,000	0.13	4,000	0.13	4,000	0.11	4,000	0.09	4,000	0.09
License, Fees, Permits	2,800	0.09	4,000	0.13	4,000	0.11	4,000	0.09	4,000	0.09
Management Fees	160,900	5.10	54,900	1.73	226,600	6.19	428,300	9.94	439,300	10.20
Office Expense	22,700	0.72	25,050	0.79	28,700	0.78	29,901	0.69	30,400	0.71
Other Prof. Fees	20,900	0.66	21,700	0.68	21,700	0.59	21,700	0.50	21,700	0.50
Telephone	18,000	0.57	20,100	0.63	21,700	0.59	22,400	0.52	22,800	0.53
Travel-Staff & Enter.	8,000	0.25	8,800	0.28	9,550	0.26	10,000	0.23	10,000	0.23
Total General & Admin.	786,900	24.92	704,350	22.18	913,250	24.96	1,143,901	26.56	1,166,800	27.09
CAPITAL AND REPLACEMENT TAX										
Mortgage Interest	118,000	3.74	118,000	3.72	118,000	3.22	118,000	2.74	118,000	2.74
Mtg.-Const. Period Int.	10,875	0.34	206,700	6.51	389,500	10.64	396,000	9.19	396,000	9.19
Real Estate Taxes	60,000	1.90	62,000	1.95	64,000	1.75	68,000	1.58	68,000	1.58
Interest Expenses	24,000	0.76	25,400	0.80	32,000	0.87	30,000	0.70	30,000	0.70
Depreciation & Amort.	180,000	5.70	180,000	5.67	360,000	9.84	440,000	10.22	440,000	10.22
State Repl. Tax	3,500	0.11	0	0.00	4,000	0.11	15,000	0.35	15,000	0.35
Total Capital Expenses	396,375	12.55	592,100	18.65	967,500	26.44	1,067,000	24.77	1,067,000	24.77
Total Expenses	4,791,275	151.75	5,156,551	162.39	6,378,050	174.31	7,160,201	166.25	7,310,100	169.73
NET INCOME	384,255	12.17	103,704	3.27	246,089	6.73	1,116,086	25.91	1,186,497	27.55

NEIGHBORS - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
STMT. OF CASH FLOWS										
Operating Activities										
Net Income	384,253		103,704		246,088		1,116,086		1,186,497	
Non-Cash Items	180,000		180,000		360,000		440,000		440,000	
Change in Current Assets	0		(60,000)		(180,000)		(235,000)		0	
Change in Current Liab.	(20,000)		28,502		138,197		(4,000)		(55,700)	
Cash Flows From Operating	544,253		252,206		564,285		1,317,086		1,570,797	
Investing Activities										
Fixed Asset Purchases	(25,000)		(25,000)		(20,000)		(30,000)		(50,000)	
Construction Project	(1,305,000)		(5,220,000)		(2,743,858)		0		0	
Change in Other Assets	(135,000)		(30,000)		350,000		0		0	
Cash Flows From Investing	(1,465,000)		(5,275,000)		(2,413,858)		(30,000)		(50,000)	
Financing Activities										
Note Pay-Private Bank	200,000		100,000		0		0		(100,000)	
Note Pay-Van	(4,000)		(4,000)		(5,000)		0		0	
Mortgage Proceeds - net	1,305,000		5,220,000		1,305,000		0		0	
Distributions	(190,000)		(50,000)		(70,000)		(553,831)		(586,797)	
Cash Flows From Financing	1,311,000		5,266,000		1,230,000		(553,831)		(686,797)	
Net Cash Flow	390,253		243,206		(619,573)		733,255		834,000	
Cash Balance - Beginning	45,618		435,871		679,078		59,505		792,760	
Cash Balance - Ending	435,871		679,077		59,505		792,760		1,626,760	

ATTACHMENT-27A

NEIGHBORS PROPERTY Description	12/31/2011 Amount	12/31/2012 Amount	12/31/2013 Amount	12/31/2014 Amount	12/31/2015 Amount	12/31/2016 Amount	12/31/2017 Amount	12/31/2018 Amount
CURRENT ASSETS								
Cash in Banks - Total	3,056	18,149	10,618	34,618	58,618	43,760	67,760	91,760
Rent Receivable	61,800	60,000	60,000	60,000	60,000	60,000	60,000	60,000
Total Current Assets	64,856	78,149	70,618	94,618	118,618	103,760	127,760	151,760
FIXED ASSETS - COST	3,407,500	3,407,500	3,407,500	3,407,500	3,407,500	3,407,500	3,407,500	3,407,500
Construction Project	0	0	0	1,305,000	6,525,000	7,868,858	7,868,858	7,868,858
less: Accum. Depr	(493,417)	(631,521)	(769,521)	(909,521)	(1,049,521)	(1,369,521)	(1,749,521)	(2,129,521)
Property & Equip - net of Depr	2,914,083	2,775,979	2,637,979	3,802,979	8,882,979	9,906,837	9,526,837	9,146,837
OTHER ASSETS								
Unamortized Costs	23,731	6,981	0	0	0	0	0	0
Total Assets	3,002,670	2,861,109	2,708,597	3,897,597	9,001,597	10,010,597	9,654,597	9,298,597
LIABILITIES & EQUITY								
Current Liabilities								
Accrued Expenses	75,229	72,463	70,065	70,065	70,065	70,065	70,065	70,065
Mortgage-current portion	55,608	59,064	0	0	0	0	0	0
Total Current Liab.	130,837	131,527	70,065	70,065	70,065	70,065	70,065	70,065
Long Term Liabilities								
Due To Operator	130,000	0	0	0	0	0	0	0
Mortgage Payable	2,393,800	2,332,720	2,337,642	2,337,642	2,337,642	2,337,642	2,337,642	2,337,642
Mortgage - add'l	0	0	0	1,305,000	6,525,000	7,830,000	7,830,000	7,830,000
Total Liabilities	2,654,637	2,464,247	2,407,707	3,712,707	8,932,707	10,237,707	10,237,707	10,237,707
EQUITY								
Member Equity	706,800	816,200	816,200	795,600	795,600	795,600	795,600	795,600
Accumulated Earnings	(259,653)	(338,167)	(419,338)	(494,710)	(610,710)	(726,710)	(1,022,710)	(1,378,710)
Distributions	(20,600)	0	(20,600)	0	0	0	0	0
Current Year Profit	(78,514)	(81,171)	(75,372)	(116,000)	(116,000)	(296,000)	(356,000)	(356,000)
Total Equity	348,033	396,862	300,890	184,890	68,890	(227,110)	(583,110)	(939,110)
Total Liabilities & Equity	3,002,670	2,861,109	2,708,597	3,897,597	9,001,597	10,010,597	9,654,597	9,298,597

NEIGHBORS PROPERTY Description	12/31/2011 Amount	12/31/2012 Amount	12/31/2013 Amount	12/31/2014 Amount	12/31/2015 Amount	12/31/2016 Amount	12/31/2017 Amount	12/31/2018 Amount
RENTAL INCOME								
Base Rent				144,000	144,000	144,000	144,000	144,000
Construction Interest				10,875	206,700	389,500	396,000	396,000
Real Estate Taxes				60,000	62,000	64,000	68,000	68,000
Total Rental Income	289,800	284,600	288,000	214,875	412,700	597,500	608,000	608,000
EXPENSES								
Interest Expense - Base	154,417	151,338	132,157	118,000	118,000	118,000	118,000	118,000
Construction Interest	0	0	0	10,875	206,700	389,500	396,000	396,000
Real Estate Taxes	57,844	56,599	58,483	60,000	62,000	64,000	68,000	68,000
Professional Fees	0	1,500	26,301	900	900	900	900	900
Office Expense	1,200	1,480	1,450	1,100	1,100	1,100	1,100	1,100
Total Capital Expense	213,461	210,917	218,391	190,875	388,700	573,500	584,000	584,000
Income - Cash Basis	76,339	73,683	69,609	24,000	24,000	24,000	24,000	24,000
Amortization Exp.	(16,750)	(16,750)	(6,981)	0	0	0	0	0
Depreciation Exp.	(138,103)	(138,104)	(138,000)	(140,000)	(140,000)	(320,000)	(380,000)	(380,000)
Net Income	(78,514)	(81,171)	(75,372)	(116,000)	(116,000)	(296,000)	(356,000)	(356,000)

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NEIGHBORS PROPERTY Description	12/31/2011 Amount	12/31/2012 Amount	12/31/2013 Amount	12/31/2014 Amount	12/31/2015 Amount	12/31/2016 Amount	12/31/2017 Amount	12/31/2018 Amount
STMT OF CASH FLOWS								
Operating Activities								
Net Income		(81,171)	(75,372)	(116,000)	(116,000)	(296,000)	(356,000)	(356,000)
Depr. & Amort.		154,854	144,981	140,000	140,000	320,000	380,000	380,000
Change in Current Assets		1,800	0	0	0	0	0	0
Change in Current Liab.		(2,766)	(2,398)	0	0	0	0	0
Cash Flows From Operating		72,717	67,211	24,000	24,000	24,000	24,000	24,000
Investing Activities								
Fixed Asset Purchases		0	0	(1,305,000)	(5,220,000)	(1,343,858)	0	0
Other		0	0	0	0	0	0	0
Cash Flows From Investing		0	0	(1,305,000)	(5,220,000)	(1,343,858)	0	0
Financing Activities								
Mortgage Payments		(57,624)	(54,142)	0	0	0	0	0
Mortgage Proceeds		0	0	1,305,000	5,220,000	1,305,000	0	0
Distributions		0	(20,600)	0	0	0	0	0
Cash Flows From Financing		(57,624)	(74,742)	1,305,000	5,220,000	1,305,000	0	0
Net Cash Flow		15,093	(7,531)	24,000	24,000	(14,858)	24,000	24,000
Cash Balance - Beginning		3,056	18,149	10,618	34,618	58,618	43,760	67,760
Cash Balance - Ending		18,149	10,618	34,618	58,618	43,760	67,760	91,760

NEIGHBORS REHAB.	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
CURRENT ASSETS										
Cash in Banks - Total	401,253		620,460		15,745		725,000		1,535,000	
Accounts Receivable	1,225,000		1,285,000		1,465,000		1,700,000		1,700,000	
Prepaid Expenses	30,000		30,000		30,000		30,000		30,000	
Total Current Assets	1,656,253		1,935,460		1,510,745		2,455,000		3,265,000	
FIXED ASSETS - COST	675,000		700,000		720,000		750,000		800,000	
Construction Project	0		0		1,400,000		1,400,000		1,400,000	
less: Accum. Depr	(165,000)		(205,000)		(245,000)		(305,000)		(365,000)	
	510,000		495,000		1,875,000		1,845,000		1,835,000	
OTHER ASSETS										
Other Deposits	320,000		350,000		0		0		0	
Total Assets	2,486,253		2,780,460		3,385,745		4,300,000		5,100,000	
CURRENT LIABILITIES										
Accounts Payable	150,000		188,503		217,700		213,700		208,000	
Accrued Expenses	300,000		300,000		380,000		380,000		330,000	
Accrued Vacation Pay	130,000		120,000		150,000		150,000		150,000	
Payables & Accruals	580,000		608,503		747,700		743,700		688,000	
Patient Trust Fund-net	0		0		0		0		0	
Line of Credit -Private B.	900,000		1,000,000		1,000,000		1,000,000		900,000	
Note Payable - Van	9,000		5,000		0		0		0	
Deferred Repl. Tax	11,000		11,000		10,000		10,000		10,000	
Total Liabilities	1,500,000		1,624,503		1,757,700		1,753,700		1,598,000	
EQUITY										
Member Equity	257,500		257,500		257,500		257,500		257,500	
Retained Earnings	418,500		728,753		898,457		1,370,545		2,288,800	
Distributions	(190,000)		(50,000)		(70,000)		(553,831)		(586,797)	
Current Year Profit	500,253		219,704		542,088		1,472,086		1,542,497	
Total Equity	986,253		1,155,957		1,628,045		2,546,300		3,502,000	
Total Liabilities & Equity	2,486,253		2,780,460		3,385,745		4,300,000		5,100,000	

NEIGHBORS REHAB.	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
Total Resident Income	5,400,871	171.06	5,486,150	172.76	6,880,907	188.05	8,565,134	198.87	8,785,444	203.98
Provider Bed Tax	(55,298)		(55,298)		(67,616)		(71,723)		(71,723)	
Provider Assessments	(170,043)		(170,597)		(189,153)		(217,124)		(217,124)	
Net Resident Income	5,175,530	163.93	5,260,255	165.65	6,624,139	181.03	8,276,287	192.16	8,496,597	197.27
Operating Expenses										
Nursing	2,152,000	68.16	2,287,300	72.03	2,701,500	73.83	2,996,500	69.57	3,073,900	71.37
Employee Welfare	472,000	14.95	504,000	15.87	555,000	15.17	580,000	13.47	598,000	13.88
Housekeeping & Plant	432,000	13.68	488,000	15.37	579,000	15.82	640,000	14.86	656,000	15.23
Laundry & Linen	104,000	3.29	110,000	3.46	126,000	3.44	136,000	3.16	140,000	3.25
Dietary	448,000	14.19	470,801	14.83	535,800	14.64	596,800	13.86	608,400	14.13
General and Admin.	784,900	24.86	702,350	22.12	911,250	24.90	1,141,901	26.51	1,164,800	27.04
Total Operating Expense	4,392,902	139.14	4,562,451	143.68	5,408,550	147.81	6,091,201	141.43	6,241,100	144.91
Income on Operations	782,628	24.79	697,804	21.97	1,215,589	33.22	2,185,086	50.73	2,255,497	52.37
Capital Expenses										
Rent	144,000	4.56	144,000	4.53	144,000	3.94	144,000	3.34	144,000	3.34
Rent-Const. Period Int.	10,875	0.34	206,700	6.51	389,500	10.64	396,000	9.19	396,000	9.19
Rent-R/E Taxes	60,000	1.90	62,000	1.95	64,000	1.75	68,000	1.58	68,000	1.58
Interest	24,000	0.76	25,400	0.80	32,000	0.87	30,000	0.70	30,000	0.70
Depreciation & Amort.	40,000	1.27	40,000	1.26	40,000	1.09	60,000	1.39	60,000	1.39
State Replacement Tax	3,500	0.11	0	0.00	4,000	0.11	15,000	0.35	15,000	0.35
Total Capital Expenses	282,375	8.94	478,100	15.06	673,500	18.41	713,000	16.55	713,000	16.55
Income From Operations	500,253	15.84	219,704	6.92	542,089	14.81	1,472,086	34.18	1,542,497	35.81
Other Income	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Income	500,253	15.84	219,704	6.92	542,089	14.81	1,472,086	34.18	1,542,497	35.81
Net Income	500,253		219,704		542,089		1,472,086		1,542,497	
Int,Tax,Depr,Amort,Rent	222,375		416,100		609,500		645,000		645,000	
EBITDAR for period	722,628		635,804		1,151,589		2,117,086		2,187,497	
Debt Service Coverage	4.7		1.8		2.2		3.9		4.1	

NEIGHBORS REHAB.	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
AVERAGE PER DAY										
Private	13.5		13.5		15.4		19.0		19.0	
Public Aid	54.3		54.5		59.9		68.0		68.0	
Medicare	9.8		10.0		14.9		20.0		20.0	
Hospice	8.0		8.0		8.3		8.0		8.0	
Insurance	1.0		1.0		1.9		3.0		3.0	
Avg. Per Day - in house	86.5		87.0		100.3		118.0		118.0	
TOTAL CENSUS										
Census-Private	4,928		4,928		5,612		6,935		6,935	
Census-Medicaid	19,801		19,893		21,854		24,820		24,820	
Census-Medicare	3,559		3,650		5,429		7,300		7,300	
Census-Hospice	2,920		2,920		3,011		2,920		2,920	
Census-HMO	365		365		684		1,095		1,095	
Census-In House	31,573		31,755		36,591		43,070		43,070	
Days in Period	365.00		365.00		365.00		365.00		365.00	
Bed Capacity	101		101		119		131		131	
Percent to Capacity	85.6%		86.1%		84.2%		90.1%		90.1%	
INCOME										
Private	960,647	194.96	960,863	195.00	1,138,116	202.80	1,421,675	205.00	1,456,350	210.00
Medicare	1,659,838	466.41	1,747,438	478.75	2,678,644	493.36	3,650,000	500.00	3,796,000	520.00
Public Aid	2,616,537	132.14	2,638,541	132.64	2,933,051	134.21	3,354,175	135.14	3,391,405	136.64
P.A. - Rate Incr. $6.60	0		0		77,088		161,403	6.50	161,403	6.50
Hospice	385,849	132.14	387,309	132.64	404,020	134.17	394,609	135.14	398,989	136.64
Hospice-Rate Incr. $6.60	0		0		10,238		19,272	6.60	19,272	6.60
HMO	146,000	400.00	146,000	400.00	273,750	400.00	438,000	400.00	454,425	415.00
Day Care	2,000		2,000		2,000		2,000		2,000	
Ancillary Exp. - Part A	(390,000)	(109.59)	(420,000)	(115.07)	(660,000)	(121.56)	(900,000)	(123.29)	(918,000)	(125.75)
Ancillary Inc. - Other	120,000		140,000		140,000		140,000		143,000	
Ancillary Exp. - Other	(100,000)		(116,000)		(116,000)		(116,000)		(119,400)	
Total Resident Income	5,400,871	171.06	5,486,150	172.76	6,880,907	188.05	8,565,134	198.87	8,785,444	203.98
Other Income(Expense)										
Illinois Bed Tax	(55,298)		(55,298)		(67,616)		(71,723)		(71,723)	
Provider Assessment Tax	(170,043)		(170,597)		(189,153)		(217,124)		(217,124)	
Miscellaneous Income	0		0		0		0		0	
Total Income	5,175,530	163.93	5,260,255	165.65	6,624,139	181.03	8,276,287	192.16	8,496,597	197.27

ATTACHMENT-27A

NEIGHBORS REHAB.	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
NURSING										
Salary - Dir of Nursing	80,000	2.53	84,000	2.65	88,000	2.40	92,000	2.14	95,000	2.21
Salary - Asst Dir	60,000	1.90	64,000	2.02	68,000	1.86	69,000	1.60	71,000	1.65
Salary - RN's & LPN's	600,000	19.00	684,000	21.54	852,000	23.28	969,000	22.50	989,000	22.96
Salary - Program Aides	840,000	26.61	906,500	28.55	1,042,500	28.49	1,150,000	26.70	1,185,000	27.51
Salary - Therapy Dept.	104,000	3.29	114,000	3.59	135,000	3.69	151,000	3.51	156,000	3.62
Salary - Med Rec/CPC	80,000	2.53	84,000	2.65	92,000	2.51	100,000	2.32	102,000	2.37
Contract Nurses	60,000	1.90	0	0.00	0	0.00	0	0.00	0	0.00
Salary - Psycho Social	60,000	1.90	62,000	1.95	81,000	2.21	93,000	2.16	95,000	2.21
Salary - Activity	112,000	3.55	116,000	3.65	134,500	3.68	144,000	3.34	147,000	3.41
Total Salaries	1,996,000	63.22	2,114,500	66.59	2,493,000	68.13	2,768,000	64.27	2,840,000	65.94
Nursing Supplies	60,000	1.90	68,000	2.14	85,000	2.32	95,000	2.21	98,000	2.28
Wound Care Supplies	4,000	0.13	5,200	0.16	6,500	0.18	7,400	0.17	7,700	0.18
Enteral Supplies	12,000	0.38	16,000	0.50	20,700	0.57	23,000	0.53	23,700	0.55
Nursing Equip. Rental	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Oxygen,Lab, X-Ray	5,000	0.16	5,200	0.16	6,500	0.18	7,400	0.17	7,800	0.18
Prescription Drugs	4,000	0.13	4,800	0.15	6,000	0.16	6,800	0.16	7,200	0.17
Activity Programs	9,000	0.29	9,600	0.30	11,700	0.32	12,900	0.30	13,500	0.31
CONSULTANTS										
Activity	2,000	0.06	1,600	0.05	2,000	0.05	2,400	0.06	2,400	0.06
Physical & Occup. Therapy	1,000	0.03	2,000	0.06	4,300	0.12	4,600	0.11	4,600	0.11
Social Worker	1,600	0.05	1,600	0.05	2,000	0.05	2,400	0.06	2,400	0.06
Medical Records	1,000	0.03	1,200	0.04	1,700	0.05	2,000	0.05	2,000	0.05
Pharmacy	7,000	0.22	8,000	0.25	9,500	0.26	10,000	0.23	10,000	0.23
Speech Therapy	1,000	0.03	1,200	0.04	1,700	0.05	2,200	0.05	2,200	0.05
Medical Director	10,000	0.32	10,000	0.31	12,500	0.34	14,000	0.33	14,000	0.33
Specialized Rehab	9,600	0.30	9,600	0.30	9,600	0.26	9,600	0.22	9,600	0.22
Nursing	28,800	0.91	28,800	0.91	28,800	0.79	28,800	0.67	28,800	0.67
Total Other Nursing	156,000	4.94	172,800	5.44	208,500	5.70	228,500	5.31	233,900	5.43
Total Nursing	2,152,000	68.16	2,287,300	72.03	2,701,500	73.83	2,996,500	69.57	3,073,900	71.37

ATTACHMENT-27A

NEIGHBORS REHAB.	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
EMPLOYEE WELFARE										
Payroll Taxes	260,000	8.24	280,000	8.82	309,000	8.44	320,000	7.43	329,000	7.64
Workers Comp. Insur.	52,000	1.65	56,000	1.76	62,000	1.69	64,000	1.49	66,000	1.53
Employee Insurance	120,000	3.80	128,000	4.03	142,000	3.88	152,000	3.53	158,000	3.67
Classified Advertising	8,000	0.25	8,000	0.25	8,000	0.22	8,000	0.19	8,000	0.19
Employee Benefits	32,000	1.01	32,000	1.01	34,000	0.93	36,000	0.84	37,000	0.86
Total Employee Welfare	472,000	14.95	504,000	15.87	555,000	15.17	580,000	13.47	598,000	13.88
HOUSEKEEPING & PLANT										
Salary - Housekeeping	140,000	4.43	148,000	4.66	181,000	4.95	200,000	4.64	205,000	4.76
Salary - Maintenance	48,000	1.52	52,000	1.64	58,500	1.60	63,000	1.46	64,700	1.50
Dir. of Envir. Services	12,000	0.38	12,000	0.38	12,000	0.33	12,000	0.28	12,000	0.28
Housekeeping Supply	20,000	0.63	24,000	0.76	31,000	0.85	33,000	0.77	33,600	0.78
Grounds Maintenance	8,000	0.25	8,000	0.25	8,000	0.22	9,000	0.21	9,200	0.21
Paint & Deferred Maint	8,000	0.25	10,000	0.31	16,000	0.44	19,000	0.44	20,000	0.46
Equip Mtce & Repair	28,000	0.89	40,000	1.26	44,000	1.20	45,000	1.04	46,000	1.07
Maintenance Supplies	40,000	1.27	44,000	1.39	48,000	1.31	50,000	1.16	51,000	1.18
Scavenger	16,000	0.51	18,000	0.57	21,500	0.59	24,000	0.56	25,000	0.58
Exterminator	2,000	0.06	2,000	0.06	2,000	0.05	2,000	0.05	2,000	0.05
Fire Service	10,000	0.32	10,000	0.31	10,000	0.27	11,000	0.26	11,500	0.27
Utilities - Total	100,000	3.17	120,000	3.78	147,000	4.02	172,000	3.99	176,000	4.09
Total Housekeep&Plant	432,000	13.68	488,000	15.37	579,000	15.82	640,000	14.86	656,000	15.23
LAUNDRY & LINEN										
Salary - Laundry	80,000	2.53	84,000	2.65	93,000	2.54	98,000	2.28	100,000	2.32
Laundry Supplies	16,000	0.51	17,000	0.54	20,500	0.56	23,000	0.53	24,000	0.56
Linen Replacement	8,000	0.25	9,000	0.28	12,500	0.34	15,000	0.35	16,000	0.37
Total Laundry	104,000	3.29	110,000	3.46	126,000	3.44	136,000	3.16	140,000	3.25
DIETARY										
Salary - Dietary	248,000	7.85	260,000	8.19	280,000	7.65	290,000	6.73	297,000	6.90
Food	160,000	5.07	168,001	5.29	205,200	5.61	247,400	5.74	251,000	5.83
Dietary Supplies	18,000	0.57	20,000	0.63	26,500	0.72	34,000	0.79	35,000	0.81
Sales Tax	600	0.02	800	0.03	1,100	0.03	1,400	0.03	1,400	0.03
Dietary Consultant	9,400	0.30	10,000	0.31	11,000	0.30	12,000	0.28	12,000	0.28
Dir. of Food Service	12,000	0.38	12,000	0.38	12,000	0.33	12,000	0.28	12,000	0.28
Total Dietary	448,000	14.19	470,801	14.83	535,800	14.64	596,800	13.86	608,400	14.13

NEIGHBORS REHAB.	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
GENERAL & ADMINISTRATIVE										
Salary-Administrative	92,000	2.91	96,000	3.02	102,000	2.79	110,000	2.55	113,000	2.62
Salary-Office	108,000	3.42	112,200	3.53	126,000	3.44	136,000	3.16	140,000	3.25
Dir. of Admissions	14,400	0.46	14,400	0.45	14,400	0.39	14,400	0.33	14,400	0.33
Dir. of Reimb. Services	14,400	0.46	14,400	0.45	14,400	0.39	14,400	0.33	14,400	0.33
Dir. of Admin. Services	28,800	0.91	28,800	0.91	28,800	0.79	28,800	0.67	28,800	0.67
Dir. of Regulatory Serv.	14,400	0.46	14,400	0.45	14,400	0.39	14,400	0.33	14,400	0.33
Ancillary Admin Charge	24,000	0.76	24,000	0.76	24,000	0.66	24,000	0.56	24,000	0.56
Accounting Fees	54,000	1.71	54,000	1.70	54,000	1.48	54,000	1.25	54,000	1.25
Advertising & Promo	27,200	0.86	30,000	0.94	32,000	0.87	34,000	0.79	35,000	0.81
Bookkeeping Services	49,600	1.57	49,600	1.56	49,600	1.36	49,600	1.15	49,600	1.15
Computer Support	8,800	0.28	8,800	0.28	8,000	0.22	8,000	0.19	8,000	0.19
Contributions	2,000	0.06	2,000	0.06	2,000	0.05	2,000	0.05	2,000	0.05
Dues & Subscriptions	24,000	0.76	24,800	0.78	25,600	0.70	26,500	0.62	27,000	0.63
Education & Seminars	6,000	0.19	6,400	0.20	6,800	0.19	7,500	0.17	8,000	0.19
Equipment Rental	4,000	0.13	4,000	0.13	4,000	0.11	4,000	0.09	4,000	0.09
General Insurance	78,000	2.47	82,000	2.58	91,000	2.49	96,000	2.23	98,000	2.28
Legal Fees	4,000	0.13	4,000	0.13	4,000	0.11	4,000	0.09	4,000	0.09
License, Fees, Permits	2,800	0.09	4,000	0.13	4,000	0.11	4,000	0.09	4,000	0.09
Management Fees	160,900	5.10	54,900	1.73	226,600	6.19	428,300	9.94	439,300	10.20
Office Expense	21,600	0.68	23,950	0.75	27,600	0.75	28,801	0.67	29,300	0.68
Other Prof. Fees	20,000	0.63	20,800	0.66	20,800	0.57	20,800	0.48	20,800	0.48
Telephone	18,000	0.57	20,100	0.63	21,700	0.59	22,400	0.52	22,800	0.53
Travel-Staff & Enter.	8,000	0.25	8,800	0.28	9,550	0.26	10,000	0.23	10,000	0.23
Total General & Admin.	784,900	24.86	702,350	22.12	911,250	24.90	1,141,901	26.51	1,164,800	27.04
CAPITAL AND REPLACEMENT TAX										
Rent	144,000	4.56	144,000	4.53	144,000	3.94	144,000	3.34	144,000	3.34
Construction Interest	10,875	0.34	206,700	6.51	389,500	10.64	396,000	9.19	396,000	9.19
Real Estate Taxes	60,000	1.90	62,000	1.95	64,000	1.75	68,000	1.58	68,000	1.58
Interest Expenses	24,000	0.76	25,400	0.80	32,000	0.87	30,000	0.70	30,000	0.70
Depreciation & Amort.	40,000	1.27	40,000	1.26	40,000	1.09	60,000	1.39	60,000	1.39
State Repl. Tax	3,500	0.11	0	0.00	4,000	0.11	15,000	0.35	15,000	0.35
Total Capital Expenses	282,375	8.94	478,100	15.06	673,500	18.41	713,000	16.55	713,000	16.55
Total Expenses	4,675,275	148.08	5,040,551	158.73	6,082,050	166.22	6,804,201	157.98	6,954,100	161.46
NET INCOME	500,255	15.84	219,704	6.92	542,089	14.81	1,472,086	34.18	1,542,497	35.81

NEIGHBORS REHAB.	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
NEIGHBORS REHAB.										
STMT. OF CASH FLOWS	12/31/14		12/31/15		12/31/16		12/31/17		12/31/18	
Operating Activities										
Net Income	500,253		219,704		542,088		1,472,086		1,542,497	
Non-Cash Items	40,000		40,000		40,000		60,000		60,000	
Change in Current Assets	0		(60,000)		(180,000)		(235,000)		0	
Change in Current Liab.	(20,000)		28,502		138,197		(4,000)		(55,700)	
Cash Flows From Operating	520,253		228,206		540,285		1,293,086		1,546,797	
Investing Activities										
Fixed Asset Purchases	(25,000)		(25,000)		(20,000)		(30,000)		(50,000)	
Construction Project	0		0		(1,400,000)		0		0	
Change in Other Assets	(135,000)		(30,000)		350,000		0		0	
Cash Flows From Investing	(160,000)		(55,000)		(1,070,000)		(30,000)		(50,000)	
Financing Activities										
Note Pay-Private Bank	200,000		100,000		0		0		(100,000)	
Note Pay-Van	(4,000)		(4,000)		(5,000)		0		0	
Distributions	(190,000)		(50,000)		(70,000)		(553,831)		(586,797)	
Cash Flows From Financing	6,000		46,000		(75,000)		(553,831)		(686,797)	
Net Cash Flow	366,253		219,206		(604,715)		709,255		810,000	
Cash Balance - Beginning	35,000		401,253		620,460		15,745		725,000	
Cash Balance - Ending	401,253		620,459		15,745		725,000		1,535,000	

NEIGHBORS PROPERTY, LLC
BALANCE SHEET
DECEMBER 31, 2012 AND 2011

ASSETS

	12/31/12	12/31/11
CURRENT ASSETS		
Cash and Cash Equivalents	$18,149	$3,056
Rent Receivable	60,000	61,800
TOTAL CURRENT ASSETS	$78,149	$64,856
PROPERTY AND EQUIPMENT		
Acquisition	$2,550,000	$2,550,000
Goodwill	657,500	657,500
Partner Redemption Account	200,000	200,000
Total Cost Basis	$3,407,500	$3,407,500
Less: Accumulated Depreciation	(631,521)	(493,417)
NET CARRYING VALUE	$2,775,979	$2,914,083
OTHER ASSETS		
Mortgage Costs	$83,752	$83,752
Less: Accumulated Amortization	(76,771)	(60,021)
TOTAL OTHER ASSETS	$6,981	$23,731
TOTAL ASSETS	$2,861,109	$3,002,670

LIABILITIES AND MEMBERS' EQUITY

LIABILITIES		
Accrued Interest	$12,463	$13,429
Accrued Real Estate Taxes	60,000	61,800
Due To Neighbors Rehab Center, LLC	0	130,000
Mortgage Payable - Private Bank	2,391,784	2,449,408
TOTAL LIABILITIES	$2,464,247	$2,654,637
MEMBERS' EQUITY		
Capital Contributed - net	$816,200	$706,800
Accumulated Earnings(Losses)	(338,167)	(259,653)
Net Income	(81,171)	(78,514)
Partners Distributions	0	(20,600)
TOTAL MEMBERS' EQUITY	$396,862	$348,033
TOTAL LIABILITIES AND MEMBERS' EQUITY	$2,861,109	$3,002,670

NEIGHBORS PROPERTY, LLC
STATEMENT OF INCOME AND EXPENSE
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	Year Ended 12/31/12	Year Ended 12/31/11
RENTAL INCOME	$284,600	$289,800
CAPITAL EXPENSES		
Amortization of Mortgage Costs - Private Bank	$16,750	$16,750
Depreciation Expense	138,104	138,103
Fees	275	0
Interest Expense	151,338	154,417
Real Estate Tax Expense	56,599	57,844
Professional Fees	1,500	0
Office Expense	1,205	1,200
TOTAL CAPITAL EXPENSES	365,771	368,314
INCOME (LOSS) BEFORE OTHER INCOME	($81,171)	($78,514)
Other Income - Interest Income	0	0
NET INCOME	($81,171)	($78,514)

NEIGHBORS PROPERTY, LLC
BALANCE SHEET
DECEMBER 31, 2011 AND 2010

ASSETS

	12/31/11	12/31/10
CURRENT ASSETS		
Cash and Cash Equivalents	$3,056	$2,083
Rent Receivable	61,800	61,800
TOTAL CURRENT ASSETS	$64,856	$63,883
PROPERTY AND EQUIPMENT		
Acquisition	$2,550,000	$2,550,000
Goodwill	657,500	657,500
Partner Redemption Account	200,000	200,000
Total Cost Basis	$3,407,500	$3,407,500
Less: Accumulated Depreciation	(493,418)	(355,314)
NET CARRYING VALUE	$2,914,082	$3,052,186
OTHER ASSETS		
Mortgage Costs	$83,752	$83,752
Less: Accumulated Amortization	(60,021)	(43,271)
TOTAL OTHER ASSETS	$23,731	$40,481
TOTAL ASSETS	$3,002,669	$3,156,550

LIABILITIES AND MEMBERS' EQUITY

LIABILITIES		
Accrued Interest	$13,429	$13,947
Accrued Real Estate Taxes	61,800	61,800
Due To Neighbors Rehab Center, LLC	130,000	260,000
Member Loans Payable	0	0
Mortgage Payable - Private Bank	2,449,408	2,503,656
TOTAL LIABILITIES	$2,654,637	$2,839,403
MEMBERS' EQUITY		
Capital Contributed - net	$706,800	$597,400
Accumulated Earnings(Losses)	(259,653)	(174,796)
Net Income	(78,515)	(84,857)
Partners Distributions	(20,600)	(20,600)
TOTAL MEMBERS' EQUITY	$348,032	$317,147
TOTAL LIABILITIES AND MEMBERS' EQUITY	$3,002,669	$3,156,550

NEIGHBORS PROPERTY, LLC
STATEMENT OF INCOME AND EXPENSE
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	Year Ended 12/31/11	Year Ended 12/31/10
RENTAL INCOME	$289,800	$289,800
CAPITAL EXPENSES		
Amortization of Mortgage Costs - Private Bank	$16,750	$16,750
Depreciation Expense	138,103	138,103
Fees	0	618
Interest Expense	154,418	158,766
Real Estate Tax Expense	57,844	60,020
Professional Fees	0	0
Office Expense	1,200	400
TOTAL CAPITAL EXPENSES	368,315	374,657
INCOME (LOSS) BEFORE OTHER INCOME	($78,515)	($84,857)
Other Income - Interest Income	0	0
NET INCOME	($78,515)	($84,857)

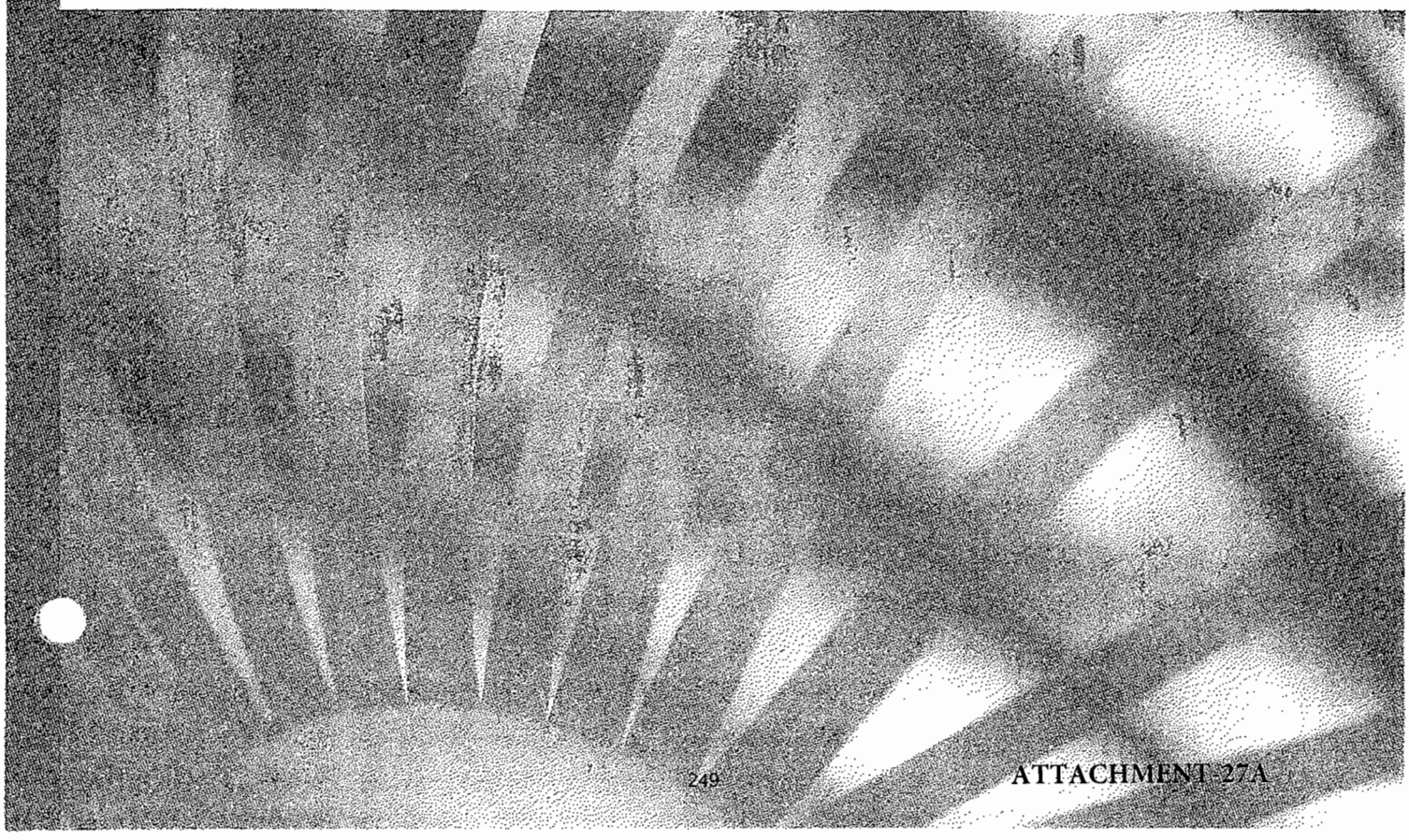
Frost Ruttenberg & Rothblatt PC

CPAs & Business Advisors

Neighbors Rehabilitation Center, LLC

Financial Statements and Supplementary Information

December 31, 2012



Neighbors Rehabilitation Center, LLC
December 31, 2012

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Frost
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Deerfield, Illinois 60015
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To the Members
Neighbors Rehabilitation Center, LLC

Independent Accountant's Review Report

We have reviewed the accompanying balance sheet of Neighbors Rehabilitation Center, LLC (the "Company") as of December 31, 2012, and the related statements of operations and cash flows for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, with the exception of the matter described below, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

As disclosed in Note (1) D to the financial statements, accounting principles generally accepted in the United States of America require the primary beneficiary of a variable interest entity to consolidate the variable interest entity in its financial statements. Management has informed us that the Company's financial statements do not include the accounts of Neighbors Property, LLC, that the Company has determined is a variable interest entity and in which the Company holds a variable interest and is the primary beneficiary.

ATTACHMENT-27A

DFK

Our review was made primarily for the purpose of expressing a conclusion that there are no material modifications that should be made to the financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America. The supplementary information included in the accompanying schedules is presented for purposes of additional analysis and is not a required part of the basic financial statements. The supplementary information has not been subjected to the inquiry and analytical procedures applied in the review of the basic financial statements, but has been compiled from information that is the representation of management, We have not audited or reviewed the supplementary information, and accordingly, we do not express an opinion or provide any assurance on such supplementary information.

Frost, Ruttenberg & Rothblatt, P.C.

March 27, 2013

Financial Statements

Neighbors Rehabilitation Center, LLC
Balance Sheet
December 31, 2012

ASSETS		
Current Assets		
Cash and cash equivalents	$	121,645
Accounts receivable, net of allowance for doubtful accounts		1,266,050
Prepaid insurance		30,806
Prepaid expenses		4,960
Total Current Assets		**1,423,461**
Property and Equipment		
Leasehold improvements		432,540
Furniture, fixtures and equipment		127,115
Computer equipment		31,374
Vehicles		19,000
Total Cost		**610,029**
Less: accumulated depreciation		(83,935)
Property and Equipment, Net		**526,094**
Other Assets		
Construction in process		62,282
Total Other Assets		**62,282**
TOTAL ASSETS	$	**2,011,837**

See independent accountant's review report and accompanying notes.

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC
Balance Sheet
December 31, 2012

LIABILITIES		
Current Liabilities		
Accounts Payable		
Trade	$	139,254
Accrued Liabilities		
Payroll and payroll taxes		130,378
Vacation pay		118,177
Expenses		130,183
Rent		60,000
Consulting fees		7,569
Line of credit		700,000
Residents' trust fund liability, net		70
Deferred replacement tax		11,000
Note payable - vehicle - current portion		3,500
Total Current Liabilities		**1,300,131**
Long-Term Liabilities		
Note payable - vehicle		16,780
Less: current portion		(3,500)
Total Long-Term Liabilities		**13,280**
TOTAL LIABILITIES		**1,313,411**
MEMBERS' EQUITY		
Members' Equity - Beginning		680,412
Net income		570,314
Distributions		(552,300)
Total Members' Equity - Ending		**698,426**
TOTAL LIABILITIES AND MEMBERS' EQUITY	$	**2,011,837**

See independent accountant's review report and accompanying notes.

Neighbors Rehabilitation Center, LLC

Statement of Operations

For the Year Ended December 31, 2012

	Amount	Amount Per Resident Day
Net Resident Revenue	$ 5,199,047	$ 153.56
Operating Expenses		
Nursing	2,053,933	60.65
Housekeeping and plant	393,694	11.65
Dietary	439,928	12.99
Employee welfare	471,466	13.92
Laundry and linen	103,937	3.08
Total Operating Expenses	3,462,958	102.29
Income Before General and Administrative Expenses	1,736,089	51.27
General and administrative expenses	902,816	26.67
Income Before Capital Expenses	833,273	24.60
Capital Expenses		
Rent	282,800	8.35
Interest expense	25,484	0.75
Depreciation	29,568	0.87
Total Capital Expenses	337,852	9.97
Income Before Other Income	495,421	14.63
Other Income		
Interest income	3,973	0.12
Other income	4,996	0.15
Total Other Income	8,969	0.27
Income Before Revision of Prior Accounting Estimates	504,390	14.90
Revision of prior accounting estimates	65,924	1.95
NET INCOME	$ 570,314	$ 16.85

See independent accountant's review report and accompanying notes.

Neighbors Rehabilitation Center, LLC
Statement of Cash Flows
For the Year Ended December 31, 2012

CASH FLOWS FROM OPERATING ACTIVITIES		
Net Income	$	570,314
Adjustments To Reconcile Net Income To Net Cash Provided By Operating Activities		
Depreciation		29,568
Bad debts		9,295
(Increase) Decrease in Assets		
Accounts receivable		569,496
Prepaid expenses and other assets		10,106
Increase (Decrease) in Liabilities		
Accounts payable		5,481
Accrued expenses and other current liabilities		(27,101)
Total Adjustments		596,845
Net Cash Provided by Operating Activities		1,167,159
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for acquisition of property and equipment		(129,611)
Payments for construction in process		(15,184)
Net Cash Provided by (Used in) Investing Activities		(144,795)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on line of credit - net		(400,000)
Payments on loan payable - member		(150,000)
Payments on note payable - vehicle		(2,220)
Member distributions		(422,300)
Net Cash Provided by (Used in) Financing Activities		(974,520)
NET INCREASE IN CASH AND CASH EQUIVALENTS		47,844
Cash and cash equivalents - December 31, 2011		73,801
CASH AND CASH EQUIVALENTS - DECEMBER 31, 2012	$	121,645

See independent accountant's review report and accompanying notes.

Neighbors Rehabilitation Center, LLC
Notes to Financial Statements
December 31, 2012

Note (1) Nature of Operations and Summary of Significant Accounting Policies

A. Nature of Operations

Neighbors Rehabilitation Center, LLC (the "Company") is an Illinois Limited Liability Company which operates a Long-Term Care facility located in Byron, Illinois and is licensed by the Illinois Department of Public Health (IDPH) to operate 101 beds, all of which are licensed for skilled nursing care. The Company has been certified by the Centers for Medicare and Medicaid Services (CMS) for 101 Medicare beds. The annual inspection for Medicare beds is performed by the Illinois Department of Public Health (IDPH).

B. Form of Organization

The Company is a Limited Liability Company ("L.L.C."), which is governed by an Operating Agreement ("Agreement") and is managed by its owners ("Members"). The more significant provisions of the Agreement include:

Profit and Loss and cash distributions are in accordance with ownership,
There is a single class of Member,
The L.L.C. is perpetual until an occurrence of a qualifying event

C. Property and Equipment

Property and equipment are carried at cost. Depreciation is provided using the straight-line method over the following estimated useful lives:

	Years
Leasehold improvements	20-40
Furniture, fixtures and equipment	5-20
Computer equipment	3-10
Vehicles	10

The Company reviews the recoverability of long-lived assets when circumstances indicate that the carrying amount may not be recoverable. The carrying amount of assets held and used is generally not recoverable if it exceeds the undiscounted sum of cash flows expected to result from the use and eventual disposition of the asset, or for assets held for sale if it exceeds market value. If the Company identifies impairment for long-lived assets to be held and used, the Company compares the assets' current carrying value to the assets' fair value. Fair value is based on current market values or discounted future cash flows. The Company records impairment when the carrying value exceeds fair value. There were no impairment indicators during the year ended December 31, 2012.

The Company has made expenditures of $62,282 toward a potential facility renovation project. As of December 31, 2012, the Company has not made any commitments toward future construction.

Note (1) Nature of Operations and Summary of Significant Accounting Policies - Continued

D. Variable Interest Entities

The Consolidation of Variable Interest Entities Topic requires either the consolidation of, or certain disclosures about, previously unconsolidated related parties that constitute "variable interest entities", as defined (VIEs). The Topic addresses the consolidation of business enterprises to which the usual condition (ownership of a majority voting interest) of consolidation does not apply. Such determinations and other aspects of applying the provisions are extremely complex and often require extensive analysis to complete. Management has elected to omit the required consolidation of related party lessor.

Neighbors Property, L.L.C., with total unaudited assets, liabilities, revenues and expenses of $2,861,000, $2,464,000, $282,800, and $366,000, respectively as of and for the year ended December 31, 2012, has been determined to be a VIE (See Note (3)).

E. Income Taxes

The Company has elected to be taxed as a Limited Liability Company. Under those provisions, the Company does not pay federal income taxes on its taxable income. Instead, the Members are liable for individual income taxes on their respective share of the Company's taxable income. The Company is liable for Illinois Replacement Tax. The tax returns of the Company are filed on the cash basis of accounting.

Deferred taxes are provided for based on the cumulative timing differences between income reported on the financial statements and the tax return. These differences relate primarily to the differences between the accrual and cash methods of recording revenues and expenses.

The Company accounts for any potential interest or penalties related to the possible future liabilities for unrecognized income tax benefits as interest/other expense. The Company is no longer subject to examination by tax authorities for federal, state or local income taxes for periods before 2008.

F. Revision of Prior Accounting Estimates

Revision of prior accounting estimates consists primarily of prior years' revenues and expenses, which for financial statement purposes have been segregated to present more meaningful "Per Resident Day" amounts.

Note (1) Nature of Operations and Summary of Significant Accounting Policies - Continued

G. Cash Flows

The Company considers cash equivalents to be all highly liquid investments with a maturity of three months or less when purchased.

Cash flows from operating activities reflect cash payments for interest of $25,484 for the year ended December 31, 2012.

During the year ended December 31, 2012, the Company converted $130,000 due from an affiliate to a member distribution. In addition the Company financed the purchase of a vehicle with a $19,000 note payable (See Note (7)). These transactions have been treated as non cash activities for purposes of the statement of cash flows.

H. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. While actual results may differ from those estimates, management does not expect the differences, if any, to have a material effect on the financial statements.

I. Cash Balances in Excess of Insured Amounts

The Company maintains its cash in accounts which, at times, may exceed federally insured limits. The Company has not experienced any losses due to these limits.

J. Advertising

The Company expenses advertising costs as incurred. Advertising expense was $21,859 for the year ended December 31, 2012.

K. Subsequent Events

The Company evaluated all significant events or transactions that occurred through March 27, 2013, the date that the financial statements were available to be issued. During this period, the Company did not have any material recognizable subsequent events.

Note (2) Revenue Recognition

Revenue and the related accounts receivable is recognized for each day a resident resides in the facility. The amounts are based on a reimbursement methodology determined by the rules and regulations of the applicable third-party payor or by the facility for private pay residents. The third-party payor rules and regulations and required record keeping and documentation requirements are complex and noncompliance may result in delay, adjustment or loss of revenue.

The majority of the Company's revenue is based on the rules of the following third-party payors:

Healthcare and Family Services (HFS) - the Medicaid Program - A daily rate is established utilizing three components - capital, support and nursing services. The Company's daily rate ranged from $129.14 to $132.47 during the year ended December 31, 2012. The capital and support rates are based on the annual cost report filings in accordance with HFS policy. The nursing component of the rate is determined by resident clinical documentation that is derived using mandated software and may increase or decrease on a quarterly basis. Amounts billed under the Medicaid program can take 60 to 120 days or more for collection. The amounts paid are subject to audit and are reviewed on a retroactive basis, normally for a period of one to two years.

Centers for Medicare and Medicaid Services (CMS) - The Medicare program uses a Prospective Payment System (PPS) which is based upon the RUGS (Resource Utilization Groups) IV System. The RUG category, and therefore the amount of revenue, is determined by resident clinical documentation and level of care information that is derived using mandated software. The amounts paid are subject to post payment medical review and may be adjusted retroactively normally for a period of one to two years. Each RUG category is assigned a geographically adjusted federal reimbursement rate.

Estimates are made to provide for uncollectible amounts billed and for adjustments made by the above third-party payors, however, those estimates are subject to revision and the resulting change, shown as revision of prior accounting estimates on the Statement of Operations, may be significant. As of December 31, 2012, the Company has established a $90,000 allowance for uncollectible accounts.

Note (3) Lease

The Company leases its facility from Neighbors Property, L.L.C., a related entity. The lease expired on April 1, 2012, but automatically renews for one year terms. Under terms of the lease, the Company is required to pay base rent plus real estate taxes and insurance. During the year ended December 31, 2012, the Company made monthly rent payments of $19,000 and payments for real estate taxes totaling $60,000.

Future minimum lease payments for 2013 are $72,000.

See independent accountant's review report.

Note (4) Related Party Transactions

During the year ended December 31, 2012, the Company incurred costs of approximately $533,000 from related entities for various operating expenses, administrative expenses and consulting fees of $271,944.

Note (5) Employee Benefit Plan

A. Health and Welfare Plan

Through May 31, 2012, the Company participated in a Voluntary Employee Benefit Association (VEBA) to provide health insurance coverage for eligible employees. Contributions to the Plan were at the discretion of the Board of Directors, provided that the contributions provide the VEBA with sufficient funds to meet its obligations. Effective June 1, 2012, the Company withdrew from the VEBA. Simultaneously, the Company together with other related entities, created its own partially self insurance program. Management believes that premiums paid for the initial period ended December 31, 2012 are sufficient to cover any incurred but unreported claims of the Plan which have not been determined as of the date of this report.

B. Incentive Savings Plan

The Company has a 401(k) Plan covering eligible employees, which allows employee contributions under a deferred salary arrangement as described in Section 401(k) of the Internal Revenue code. The Company paid $9,813 in matching contributions to the Plan for the year ended December 31, 2012.

Note (6) Line of Credit

The Company has $1,350,000 revolving line of credit arrangement with The PrivateBank and Trust Company, which matures on May 25, 2013. The note is secured by substantially all assets of the Company and is guaranteed by certain shareholders. The note bears interest at prime (3.25% as of December 31, 2012). As of December 31, 2012, total borrowings outstanding on the line of credit were $700,000. The line of credit requires the Company to meet certain financial covenants including specific debt service ratios.

Note (7) Note Payable – Vehicle

During 2012, the Company financed a vehicle for the original loan amount of $19,000. The loan bears interest at 5.24%, requires sixty monthly payments of principal and interest in the amount of $361, and matures in April 2017. As of December 31, 2012, the outstanding balance on the loan was $16,780. The loan is secured by the vehicle.

Maturities of the note are as follows:

2013	$ 3,500
2014	3,732
2015	3,932
2016	4,144
2017	1,472
Total	**$ 16,780**

Note (8) Collective Bargaining Agreement

The majority of the Company's employees are members of a collective bargaining agreement that expired December 31, 2011. The Company is presently negotiating with the union to renew the collective bargaining agreement. Management does not anticipate that the new agreement will have a material impact on the Company's operations.

Supplementary Information

Neighbors Rehabilitation Center, LLC
Schedule of Resident Income
For the Year Ended December 31, 2012

	Resident Days	Average Residents Per Day	Amount	Amount Per Resident Day
Routine Services				
Private	4,232	11.6	$ 808,089	$ 190.95
Private - bedhold	-	-	3,395	$ -
Medicare	3,109	8.5	1,396,671	$ 449.23
Medicaid	22,781	62.2	2,980,398	$ 130.83
Hospice	3,546	9.7	463,268	$ 130.65
HMO	189	0.5	76,162	$ 402.97
Day care services	-	-	1,600	$ -
Total Routine Services	**33,857**	**92.5**	**5,729,583**	**$ 169.23**
Less: Provider license fee and assessments			(239,838)	(7.08)
Net Routine Services	**33,857**	**92.5**	**5,489,745**	**162.15**
Net ancillary services			(290,698)	(8.59)
Net Resident Income	**33,857**	**92.5**	**$ 5,199,047**	**$ 153.56**

Census	**33,857**
Average Residents Per Day	**92.5**
Percent to Capacity	**91.6%**

See independent accountant's review report.

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC

Schedule of Net Ancillary Services

For the Year Ended December 31, 2012

	Part A Charges	Other Charges	Total Charges	Cost	Profit or (Loss)
Pharmacy	$ 63,760	$ 6,976	$ 70,736	$ 79,519	$ (8,783)
Radiology	2,724	202	2,926	3,261	(335)
Laboratory	5,112	500	5,612	6,131	(519)
Physical therapy	374,600	189,120	563,720	175,075	388,645
Speech therapy	293,700	167,400	461,100	86,094	375,006
Occupational therapy	352,100	171,530	523,630	161,922	361,708
Medical supplies	3,401	-	3,401	2,971	430
Rentals	1,706	-	1,706	671	1,035
Enteral products	260	2,301	2,561	27	2,534
Total Ancillary Services	1,097,363	538,029	1,635,392	515,671	1,119,721
Less: Contractual adjustments			(1,410,419)		(1,410,419)
Net Ancillary Services	$ 1,097,363	$ 538,029	$ 224,973	$ 515,671	$ (290,698)

See independent accountant's review report.

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC
Schedule of Operating Expenses
For the Year Ended December 31, 2012

	Amount	Amount Per Resident Day
Nursing Salaries		
Director of nursing	$ 77,014	$ 2.27
Assistant director of nursing	57,091	1.69
Registered nurses	211,736	6.25
Licensed practical nurses	358,731	10.60
Nurses aides	812,443	24.00
Therapy aides	104,706	3.09
Care plan and medical records	76,325	2.25
Total Nursing Salaries	**1,698,046**	**50.15**
Contract nursing	33,447	0.99
Total Nursing Labor	**1,731,493**	**51.14**
Activity Salaries		
Psycho-social	56,480	1.67
Director and assistants	104,980	3.10
Total Activity Salaries	**161,460**	**4.77**
Total Nursing and Activity Salaries	**1,892,953**	**55.91**
Other Nursing Costs		
Medical and nursing supplies	58,336	1.72
Wound care supplies	4,122	0.12
Infusion supplies	50	-
Enteral supplies	15,609	0.46
Oxygen	6,442	0.19
Prescription drugs	5,858	0.17
Activity program expense	9,457	0.28
Consultants		
Activity	1,734	0.05
Social worker	1,734	0.05
Medical records	800	0.02
Pharmacy	7,052	0.21
Speech therapy	1,102	0.03
Medical director	9,900	0.29
Specialized rehab	9,696	0.29
Nursing program	29,088	0.86
Total Other Nursing Costs	**160,980**	**4.74**
Total Nursing	**$ 2,053,933**	**$ 60.65**

See independent accountant's review report.

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC
Schedule of Operating Expenses - Continued
For the Year Ended December 31, 2012

	Amount	Amount Per Resident Day
Housekeeping and Plant		
Housekeeping salaries	$ 125,348	$ 3.70
Maintenance salaries	40,809	1.21
Director of environmental services	12,120	0.36
Housekeeping supplies	20,161	0.60
Grounds maintenance	4,598	0.14
Painting and decorating	28,277	0.84
Equipment repair and maintenance	20,258	0.60
Maintenance supplies	23,201	0.69
Outside labor	1,035	0.03
Scavenger	9,943	0.29
Exterminating service	905	0.03
Fire service	8,455	0.25
Utilities	98,584	2.91
Total Housekeeping and Plant	**$ 393,694**	**$ 11.65**
Dietary		
Dietary salaries	$ 247,527	$ 7.31
Food	150,050	4.43
Dietary supplies	19,751	0.58
Sales tax - food	526	0.02
Dietary consultant	9,954	0.29
Director of food services	12,120	0.36
Total Dietary	**$ 439,928**	**$ 12.99**

See independent accountant's review report.

Neighbors Rehabilitation Center, LLC
Schedule of Operating Expenses - Continued
For the Year Ended December 31, 2012

	Amount	Amount Per Resident Day
Employee Welfare		
Payroll taxes	$ 238,162	$ 7.03
Workers' compensation insurance	61,159	1.81
Employee insurance	144,020	4.25
Classified advertising	1,210	0.04
Other employee benefits	26,915	0.79
Total Employee Welfare	**$ 471,466**	**$ 13.92**
Laundry and Linen		
Laundry salaries	$ 80,814	$ 2.39
Laundry supplies	15,443	0.46
Linen replacement	7,680	0.23
Total Laundry and Linen	**$ 103,937**	**$ 3.08**

See independent accountant's review report.

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC
Schedule of General and Administrative Expenses
For the Year Ended December 31, 2012

	Amount	Amount Per Resident Day
General and Administrative Expenses		
Administrative salaries	$ 90,091	$ 2.66
Office salaries	105,775	3.12
Director of admissions	14,544	0.43
Director of reimbursements	14,544	0.43
Director of administrative services	29,088	0.86
Director of regulatory services	14,544	0.43
Ancillary administrative charges	29,640	0.88
Accounting fees	54,213	1.60
Advertising and promotion	21,859	0.65
Bad debts	9,295	0.27
Bank charges	6,998	0.21
Bookkeeping services	49,692	1.47
Computer support charges	8,484	0.25
Consulting fees	271,944	8.03
Contributions	1,750	0.05
Dues and subscriptions	22,215	0.66
Education and seminars	6,953	0.21
Equipment rental	3,009	0.09
General insurance	73,217	2.16
Legal fees	9,289	0.27
Licenses and permits	5,434	0.16
Office expense	14,929	0.44
Other professional fees	18,925	0.56
Telephone	18,274	0.54
Travel - staff	8,110	0.24
Total General and Administrative Expenses	$ 902,816	$ 26.67

See independent accountant's review report.

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC

Financial Statements and Supplementary Information

December 31, 2011

Neighbors Rehabilitation Center, LLC
December 31, 2011

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Frost
Ruttenberg &
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CPAs & Business Advisors

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Main 847.236.1111

To the Members
Neighbors Rehabilitation Center, LLC

Independent Accountant's Review Report

We have reviewed the accompanying balance sheet of Neighbors Rehabilitation Center, LLC (the "Company") as of December 31, 2011, and the related statements of income and cash flows for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, with the exception of the matter described below, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

As disclosed in Note (1) D to the financial statements, accounting principles generally accepted in the United States of America require the primary beneficiary of a variable interest entity to consolidate the variable interest entity in its financial statements. Management has informed us that the Company's financial statements do not include the accounts of Neighbors Property, LLC, that the Company has determined is a variable interest entity and in which the Company holds a variable interest and is the primary beneficiary.

Our review was made primarily for the purpose of expressing a conclusion that there are no material modifications that should be made to the financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America. The supplementary information included in the accompanying schedules is presented for purposes of additional analysis and is not a required part of the basic financial statements. The supplementary information has not been subjected to the inquiry and analytical procedures applied in the review of the basic financial statements, but has been compiled from information that is the representation of management, We have not audited or reviewed the supplementary information, and accordingly, we do not express an opinion or provide any assurance on such supplementary information.

Frost, Ruttenberg & Kalkblatt, P.C

March 27, 2012

Financial Statements

Neighbors Rehabilitation Center, LLC
Balance Sheet
December 31, 2011

ASSETS		
Current Assets		
Cash	$	73,801
Accounts receivable, net of allowance for doubtful accounts		1,844,840
Prepaid insurance		44,212
Prepaid expenses		1,660
Total Current Assets		**1,964,513**
Property and Equipment		
Leasehold improvements		321,485
Computer equipment		23,661
Furniture and fixtures		116,272
Deposits on equipment		47,098
Total Cost		**508,516**
Less: Accumulated depreciation		(54,367)
Property and Equipment, Net		**454,149**
Other Assets		
Due from affiliate		130,000
Total Other Assets		**130,000**
TOTAL ASSETS	$	**2,548,662**

See Independent Accountant's Review Report and accompanying Notes to Financial Statements.

Neighbors Rehabilitation Center, LLC
Balance Sheet
December 31, 2011

LIABILITIES		
Current Liabilities		
Accounts payable	$	133,774
Accrued Liabilities		
Payroll and payroll taxes		111,782
Vacation		113,556
Expenses		150,705
Management fees		35,625
Rent		61,800
Line of credit		1,100,000
Residents' trust fund liability, net		10
Deferred replacement tax		11,000
Loan payable - member		150,000
Total Current Liabilities		**1,868,252**
TOTAL LIABILITIES		**1,868,252**
MEMBERS' EQUITY		
Members' equity		471,590
Net Income		565,420
Distributions		(356,600)
Total Members' Equity		**680,410**
TOTAL LIABILITIES AND MEMBERS' EQUITY	$	**2,548,662**

See Independent Accountant's Review Report and accompanying Notes to Financial Statements.

Neighbors Rehabilitation Center, LLC

Statement of Operations

For the Year Ended December 31, 2011

	Amount	Amount Per Resident Day
Net Resident Revenue	$ 5,180,494	$ 153.23
Operating Expenses		
Nursing	2,034,956	60.20
Housekeeping and plant	446,395	13.20
Dietary	426,351	12.61
Employee welfare	424,575	12.56
Laundry and linen	101,204	2.99
Total Operating Expenses	3,433,481	101.56
Income Before General and Administrative Expenses	1,747,013	51.67
General and administrative expenses	862,337	25.55
Income Before Capital Expenses	884,676	26.12
Capital Expenses		
Rent	289,800	8.57
Interest expense	13,443	0.40
Depreciation	22,199	0.66
Total Capital Expenses	325,442	9.63
Income Before Other Income	559,234	16.49
Interest income	5,445	0.16
Other income	2,720	0.08
Total Other Income	8,165	0.24
Income Before Revision of Prior Accounting Estimates	567,399	16.73
Revision of prior accounting estimates	1,521	0.04
Income Before State Replacement Tax	568,920	16.77
State replacement tax	(3,500)	(0.10)
NET INCOME	$ 565,420	$ 16.67

See Independent Accountant's Review Report and accompanying Notes to Financial Statements.

Neighbors Rehabilitation Center, LLC
Statement of Cash Flows
For the Year Ended December 31, 2011

CASH FLOWS FROM OPERATING ACTIVITIES		
Net Income	$	565,420
Adjustments To Reconcile Net Income To Net Cash Provided By (Used In) Operating Activities		
Depreciation		22,199
Bad debt		3,600
Deferred replacement tax		7,250
(Increase) Decrease in Assets		
Accounts receivable		(1,103,946)
Prepaid expenses and other assets		9,409
Increase (Decrease) in Liabilities		
Accounts payable		51,233
Accrued expenses and other current liabilities		138,215
Total Adjustments		(872,039)
Net Cash Provided by (Used in) Operating Activities		(306,619)
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for acquisition of property and equipment		(297,597)
Payments for deposits on equipment		(47,098)
Net Cash Provided by (Used in) Investing Activities		(344,695)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds on line of credit - net		650,000
Increase in loan payable - member		150,000
Distributions		(226,600)
Net Cash Provided by Financing Activities		573,400
NET INCREASE (DECREASE) IN CASH		(77,914)
Cash - December 31, 2010		151,715
CASH - DECEMBER 31, 2011	$	73,801

See Independent Accountant's Review Report and accompanying Notes to Financial Statements.

Neighbors Rehabilitation Center, LLC
Notes to Financial Statements
December 31, 2011

Note (1) Nature of Operations and Summary of Significant Accounting Policies

A. Nature of Operations

Neighbors Rehabilitation Center, LLC (the "Company") is an Illinois Limited Liability Company which operates a Long-Term Care facility located in Byron, Illinois and is licensed by the Illinois Department of Public Health (IDPH) to operate 101 beds, all of which are licensed for skilled nursing care. The Company began operations on June 1, 2008. The Company has been certified by the Centers for Medicare and Medicaid Services (CMS), for 101 Medicare beds. The annual inspection for Medicare beds is performed by the Illinois Department of Public Health.

B. Form of Organization

The Company is a Limited Liability Company ("L.L.C."), which is governed by an Operating Agreement ("Agreement") and is managed by its owners ("Members"). The more significant provisions of the Agreement include:

Profit and Loss and cash distributions are in accordance with ownership,

There is a single class of Member,

The L.L.C. is perpetual until an occurrence of a qualifying event

C. Property and Equipment

Property and equipment are carried at cost. Depreciation is provided using the straight-line method over the following estimated useful lives:

	Years
Leasehold improvements	10-30
Furniture, fixtures and equipment	5-20
Computer equipment	3

The Company reviews the recoverability of long-lived assets when circumstances indicate that the carrying amount may not be recoverable. The carrying amount of assets held and used is generally not recoverable if it exceeds the undiscounted sum of cash flows expected to result from the use and eventual disposition of the asset, or for assets held for sale if it exceeds market value. If the Company identifies impairment for long-lived assets to be held and used, the Company compares the assets' current carrying value to the assets' fair value. Fair value is based on current market values or discounted future cash flows. The Company records impairment when the carrying value exceeds fair value. There were no impairment indicators during the year ended December 31, 2011.

Note (1) Nature of Operations and Summary of Significant Accounting Policies - Continued

D. Variable Interest Entities

The Consolidation of Variable Interest Entities Topic requires either the consolidation of, or certain disclosures about, previously unconsolidated related parties that constitute "variable interest entities", as defined (VIEs). The Topic addresses the consolidation of business enterprises to which the usual condition (ownership of a majority voting interest) of consolidation does not apply. Such determinations and other aspects of applying the provisions are extremely complex and often require extensive analysis to complete. Management has elected to omit the required consolidation of related party lessor.

Neighbors Property, L.L.C., with total unaudited assets, liabilities, revenues and expenses of $3,002,000, $2,655,000, $290,000, and $370,000, respectively as of and for the year ended December 31, 2011, has been determined to be a VIE.

E. Income Taxes

The Company has elected to be taxed as a Limited Liability Company. Under those provisions, the Company does not pay federal income taxes on its taxable income. Instead, the Members are liable for individual income taxes on their respective share of the Company's taxable income. The Company is liable for Illinois Replacement Tax and has net operating loss carryforwards of approximately $570,000 expiring from December 31, 2020 through December 31, 2023.

Deferred taxes are provided for based on the cumulative timing differences between income reported on the financial statements and the tax return. These differences relate primarily to the differences between the accrual and cash methods of recording revenues and expenses.

The Company accounts for any potential interest or penalties related to the possible future liabilities for unrecognized income tax benefits as interest/other expense.

F. Cash Flows

The Company considers cash equivalents to be all highly liquid investments with a maturity of three months or less when purchased.

Cash flows from operating activities reflect cash payments for interest of $13,443 for the year ended December 31, 2011.

During the year ended December 31, 2011, the Company made a $130,000 non cash transfer to Neighbors Property, L.L.C, a related entity.

Note (1) Nature of Operations and Summary of Significant Accounting Policies - Continued

G. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. While actual results may differ from those estimates, management does not expect the differences, if any, to have a material effect on the financial statements.

H. Cash Balances in Excess of Insured Amounts

The Company maintains its cash in accounts which, at times, may exceed federally insured limits. The Company has not experienced any losses due to these limits.

I. Advertising

The Company expenses advertising costs as incurred. Advertising expense was $23,884 for the year ended December 31, 2011.

J. Subsequent Events

The Company evaluated all significant events or transactions that occurred through March 27, 2012, the date that the financial statements were available to be issued. During this period, the Company did not have any material recognizable subsequent events.

Note (2) Revenue Recognition

Revenue and the related accounts receivable is recognized for each day a resident resides in the facility. The amounts are based on a reimbursement methodology determined by the rules and regulations of the applicable third-party payor or by the facility for private pay residents. The third-party payor rules and regulations and required record keeping and documentation requirements are complex and noncompliance may result in delay, adjustment or loss of revenue.

The majority of the Company's revenue is based on the rules of the following third-party payors:

Healthcare and Family Services (HFS) - the Medicaid Program - A daily rate is established utilizing three components - capital, support and nursing services. The Company's daily rate ranged from $114.96 to $132.43 during 2011. The capital and support rates are based on the annual cost report filings in accordance with HFS policy. The nursing component of the rate is determined by resident clinical documentation that is derived using mandated software and may increase or decrease on a quarterly basis. Amounts billed under the Medicaid program can take 60 to 120 days or more for collection. The amounts paid are subject to audit and are reviewed on a retroactive basis, normally for a period of one to two years.

Centers for Medicare and Medicaid Services (CMS) – The Medicare Program uses a Prospective Payment System (PPS) which is based upon the RUGS (Resource Utilization Groups) IV System. The RUG category, and therefore the amount of revenue is based on the RUGS IV System. The RUG category, and therefore the amount of revenue, is determined by resident clinical documentation and level of care information that is derived using mandated software. The amounts paid are subject to post payment medical review and may be adjusted retroactively normally for a period of one to two years. Each RUG category is assigned a geographically adjusted federal reimbursement rate.

For the year ending December 31, 2011, as a result of a law signed by Governor Quinn during February, 2011 and subsequently approved by CMS in early January, 2012 the Company has recorded a receivable and corresponding revenue for a Medicaid rate increase retroactive to May, 2011 in the amount of $245,000 and a payable and corresponding expense for a provider tax increase retroactive to May, 2011 in the amount of $122,000, which results in a net increase in net income and member's equity of $123,000. Any adjustment to this retroactive rate increase and provider tax increase will be reflected in the future period's financial statements.

Estimates are made to provide for uncollectible amounts billed and for adjustments made by the above third-party payors, however, those estimates are subject to revision and the resulting change, shown as revision of prior accounting estimates on the Statement of Operations, may be significant. As of December 31, 2011, the Company has established a $65,000 allowance for uncollectible accounts.

Note (3) Lease

The Company leases its facility from Neighbors Property, L.L.C., a related entity, and is currently paying $19,000 per month plus real estate taxes. The lease expired on April 1, 2011 and automatically renews for one year terms. Future minimum lease payments for 2012 are $228,000.

Note (4) Related Party Transactions

During the year ended December 31, 2011, the Company incurred costs of approximately $523,000 from related entities for various operating expenses, administrative expenses and consulting fees of $267,890.

Note (5) Employee Benefit Plan

A. Health and Welfare Plan

The Company participates in a Voluntary Employee Benefit Association (VEBA) to provide health insurance coverage for eligible employees. The VEBA provides coverage for numerous related entities through a combination of various options, which include limited self-funding and "stop-gap" insurance. Contributions to the Plan are at the discretion of the Board of Directors, provided that the contributions provide the VEBA with sufficient funds to meet its obligations. Contributions to the VEBA could vary significantly and the results of such variations could be material.

B. Incentive Savings Plan

The Company has a 401(k) Plan covering eligible employees, which allows employee contributions under a deferred salary arrangement as described in Section 401(k) of the Internal Revenue code. The Company paid $12,782 in matching contributions to the Plan for the year ended December 31, 2011.

Note (6) Line of Credit and Loan Payable - Member

The Company has entered into a line of credit arrangement with Private Bank, in which the assets of the Company are used to collateralize the line of credit in the amount of $1,350,000. The line of credit bears interest at prime (3.25% as of December 31, 2011) and matures on December 22, 2012. As of December 31, 2011, total debt on the bank line of credit was $1,100,000.

The line of credit requires the Company to maintain specific debt service ratios and is also partially guaranteed by certain members of the Company.

In addition, the Company owed its members $150,000 at December 31, 2011.

The Company was charged $13,443 for its portion of interest on the above loans.

Note (7) Due from Affiliate

The Company has a $130,000 noninterest bearing receivable from Neighbors Property, L.L.C., a related entity.

Note (8) Collective Bargaining Agreement

The majority of the Company's employees are members of a collective bargaining agreement that expired December 31, 2011. The Company is presently negotiating with the union to renew the collective bargaining agreement. Management does not anticipate that the new agreement will have a material impact on the Company's operations.

Supplementary Information

Neighbors Rehabilitation Center, LLC

Schedule of Resident Income

For the Year Ended December 31, 2011

Routine Services	Resident Days	Average Residents Per Day	Amount	Amount Per Resident Day
Private	4,375	11.9	$ 829,103	$ 189.51
Medicare	3,562	9.8	1,524,805	$ 428.08
Medicaid	23,291	63.8	2,941,533	$ 126.29
HMO	119	0.3	51,362	$ 431.61
Hospice	2,463	6.7	283,146	$ 114.96
Total Routine Services	**33,810**	**92.5**	**5,629,949**	**$ 166.52**
Less: Illinois nursing home license fee			(177,298)	(5.24)
Net Routine Services	**33,810**	**92.5**	**5,452,651**	**161.28**
Net ancillary services			(272,157)	(8.05)
Net Resident Income	**33,810**	**92.5**	**$ 5,180,494**	**$ 153.23**

Census	**33,810**
Average Residents Per Day	**92.5**
Percent to Capacity	**91.6%**

See Independent Accountant's Review Report.

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC
Schedule of Net Ancillary Services
For the Year Ended December 31, 2011

	Part A Charges	Other Charges	Total Charges	Cost	Profit or (Loss)
Pharmacy	$ 70,704	$ 7,659	$ 78,363	$ 77,662	$ 701
Radiology	3,518	-	3,518	3,348	170
Laboratory	-	8,770	8,770	8,733	37
Physical therapy	335,550	128,770	464,320	151,233	313,087
Speech therapy	49,800	16,100	65,900	9,988	55,912
Occupational therapy	296,120	113,380	409,500	139,624	269,876
Medical supplies	2,767	-	2,767	2,834	(67)
Rentals	8,906	-	8,906	4,509	4,397
Vent Supplies	958	399	1,357	6,318	(4,961)
Enteral Products	105	5,505	5,610	-	5,610
Total Ancillary Services	768,428	280,583	1,049,011	404,249	644,762
Less: Contractual adjustments			(916,919)		(916,919)
Net Ancillary Services	**$ 768,428**	**$ 280,583**	**$ 132,092**	**$ 404,249**	**$ (272,157)**

See Independent Accountant's Review Report.

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC
Schedule of Operating Expenses
For the Year Ended December 31, 2011

	Amount	Amount Per Resident Day
Nursing Salaries		
Director of nurses	$ 75,856	$ 2.24
Assistant director of nurses	57,355	1.70
Registered nurses	293,657	8.69
Licensed practical nurses	268,881	7.95
Nurses aides	805,903	23.84
Care plan and medical records	75,589	2.24
Rehab aides	99,649	2.95
Total Nursing Salaries	**1,676,890**	**49.61**
Contract nursing	36,898	1.09
Total Nursing Labor	**1,713,788**	**50.70**
Activity Salaries		
Director and assistants	108,411	3.21
Psycho-social	58,241	1.72
Total Activity Salaries	**166,652**	**4.93**
Total Nursing and Activity Salaries	**1,880,440**	**55.63**
Other Nursing Costs		
Medical and nursing supplies	61,498	1.82
Oxygen	2,605	0.08
Enteral supplies	12,669	0.37
Equipment rental	2,858	0.08
Pharmacy	4,294	0.13
Prescription drugs	11,380	0.34
Consultants		
Activity	1,774	0.05
Physical therapy	1,227	0.04
Occupational therapy	1,086	0.03
Social worker	1,774	0.05
Speech therapy	75	-
Medical records	960	0.03
Nursing program	24,240	0.72
Pharmacy	6,056	0.18
Medical director	9,900	0.29
Specialized rehab	12,120	0.36
Total Other Nursing Costs	**154,516**	**4.57**
Total Nursing	**$ 2,034,956**	**$ 60.20**

See Independent Accountant's Review Report.

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC
Schedule of Operating Expenses - Continued
For the Year Ended December 31, 2011

	Amount	Amount Per Resident Day
Housekeeping and Plant		
Housekeeping salaries	$ 125,164	$ 3.70
Maintenance salaries	41,996	1.24
Director of enviromental services	12,120	0.36
Outside labor	25,438	0.75
Housekeeping supplies	18,853	0.56
Grounds maintenance	5,529	0.16
Painting and decorating	14,019	0.41
Repairs and maintenance	65,490	1.94
Scavenger	21,562	0.64
Exterminating service	893	0.03
Fire service	13,072	0.39
Utilities	102,259	3.02
Total Housekeeping and Plant	**$ 446,395**	**$ 13.20**
Dietary		
Dietary salaries	$ 240,599	$ 7.12
Food	144,796	4.28
Dietary supplies	17,251	0.51
Sales tax - food	423	0.01
Dietary consultant	11,162	0.33
Director of food services	12,120	0.36
Total Dietary	**$ 426,351**	**$ 12.61**

See Independent Accountant's Review Report.

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC
Schedule of Operating Expenses - Continued
For the Year Ended December 31, 2011

	Amount	Amount Per Resident Day
Employee Welfare		
Payroll taxes	$ 217,252	$ 6.43
Workers' compensation insurance	67,194	1.99
Classified Advertising	2,044	0.06
Other employee benefits	29,416	0.87
Employee insurance	108,669	3.21
Total Employee Welfare	**$ 424,575**	**$ 12.56**
Laundry and Linen		
Laundry salaries	$ 77,415	$ 2.29
Laundry supplies	16,660	0.49
Linen replacement	7,129	0.21
Total Laundry and Linen	**$ 101,204**	**$ 2.99**

See Independent Accountant's Review Report.

Neighbors Rehabilitation Center, LLC

Schedule of General and Administrative Expenses

For the Year Ended December 31, 2011

	Amount	Amount Per Resident Day
General and Administrative Expenses		
Salaries		
Administrator	$ 85,043	$ 2.52
Office	100,935	2.99
Director of admissions	12,120	0.36
Director of reimbursements	12,120	0.36
Director of administrative services	24,240	0.72
Director of regulatory services	12,120	0.36
Ancillary administrative charges	24,240	0.72
Accounting fees	57,013	1.69
Advertising and promotion	23,884	0.71
Bad debts	3,600	0.11
Bank charges	7,808	0.23
Bookkeeping and data processing services	44,844	1.33
Computer support	3,636	0.11
Contributions	750	0.02
ues and subscriptions	21,908	0.65
Education and seminars	5,030	0.15
Equipment rental	4,319	0.13
General insurance	71,945	2.13
Legal	8,721	0.26
Licenses and permits	2,815	0.08
Consulting fees	267,890	7.92
Office expense	18,800	0.56
Professional fees	21,989	0.65
Telephone	19,236	0.57
Transportation	7,331	0.22
Total General and Administrative Expenses	**$ 862,337**	**$ 25.55**

See Independent Accountant's Review Report.

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC
Additional Management Information
December 31, 2011

Analysis of Nursing Staff salaries and hours paid for the year ended December 31, 2011, is as follows:

		Amount	Hours Worked	Hours Paid		Cost Per Hour
DON and ADON	$	133,211	3,888	4,304	$	30.95
RNs		293,657	11,894	12,370	$	23.74
LPNs		268,881	11,879	12,600	$	21.34
Aides		905,552	67,602	73,228	$	12.37
CPC/Medical Records		75,589	3,935	4,146	$	18.23
Contract Nursing		36,898	1,004	1,004	$	36.75
Total Salaries	$	1,713,788	100,202	107,652	$	15.92

Total Resident Days	33,825
Average Number of Hours Worked per Resident Day	2.96

See Independent Accountant's Review Report.

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC

Financial Statements and Supplementary Information

December 31, 2010

Neighbors Rehabilitation Center, LLC
December 31, 2010

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To the Members
Neighbors Rehabilitation Center, LLC

Independent Accountant's Review Report

We have reviewed the accompanying balance sheet of Neighbors Rehabilitation Center, LLC (an Illinois Limited Liability Company) as of December 31, 2010, and the related statements of operations and cash flows for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, with the exception of the matter described below, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

As disclosed in Note (1) B to the financial statements, accounting principles generally accepted in the United States of America require the primary beneficiary of a variable interest entity to consolidate the variable interest entity in its financial statements. Management has informed us that the Company's financial statements do not include the accounts of Neighbors Property, LLC that the Company has determined is a variable interest entity and in which the Company holds a variable interest and is the primary beneficiary. The effects of this departure from accounting principles generally accepted in the United States of America on the financial position, results of operations, and cash flows have not been determined.

Our review was made for the purpose of expressing a conclusion that there are no material modifications that should be made to the financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America. The information included in the accompanying supplementary schedules is presented only for purposes of additional analysis and has not been subjected to the inquiry and analytical procedures applied in the review of the basic financial statements, but was compiled from information that is the representation of management, without audit or review. Accordingly, we do not express an opinion or any other form of assurance on the supplementary information.

Frost, Rattenberg & Rothblatt, P.C.

March 25, 2011

Financial Statements

ATTACHMENT-27A

Neighbors Rehabilitation Center, LLC
Balance Sheet
December 31, 2010

Assets		
Current Assets		
Cash and Cash Equivalents	$	151,715
Accounts Receivable - (Net of Allowance for Uncollectible Accounts)		744,495
Prepaid Expenses		
Insurance		44,300
Expenses		10,982
Total Current Assets		**951,492**
Property and Equipment		
Leasehold Improvements		68,891
Furniture, Fixtures and Equipment		79,477
Computer Equipment		15,451
Total		**163,819**
Less: Accumulated Depreciation		(32,168)
Net Property and Equipment		**131,651**
Other Assets		
Due from Affiliated Organization		260,000
Total Other Assets		**260,000**
Total Assets	**$**	**1,343,143**

See Accountant's Review Report and accompanying Notes to Financial Statements.

Neighbors Rehabilitation Center, LLC
Balance Sheet
December 31, 2010

Liabilities and Members' Equity		
Current Liabilities		
Accounts Payable	$	82,541
Accrued Liabilities		
Expenses		27,358
Consulting Fees		13,735
Payroll		103,206
Payroll Taxes		12,219
Rent		61,800
Vacation Pay		112,932
Replacement Tax		3,750
Commitment - Line of Credit		450,000
Deferred Replacement Tax		3,750
Residents' Trust Fund Liability - (Net of Cash of $6,241)		263
Total Current Liabilities		**871,554**
Members' Equity		
Members' Equity - January 1, 2010		695,992
Net Income		208,197
Less: Dividends		(432,600)
Total Members' Equity		**471,589**
Total Liabilities and Members' Equity	**$**	**1,343,143**

See Accountant's Review Report and accompanying Notes to Financial Statements.

Neighbors Rehabilitation Center, LLC
Statement of Operations
For the Year Ended December 31, 2010

	Amount	Amount Per Resident Day
Net Resident Income	**$ 4,760,786**	**$ 141.00**
Operating Expenses		
Nursing	2,046,341	60.61
Housekeeping and Plant	401,238	11.88
Dietary	422,467	12.51
Employee Welfare	413,167	12.24
Laundry and Linen	105,024	3.11
Total Operating Expenses	**3,388,237**	**100.35**
Income Before General and Administrative Expenses	**1,372,549**	**40.65**
General and Administrative Expenses	850,983	25.20
Income Before Capital Expenses	**521,566**	**15.45**
Capital Expenses		
Rent	289,800	8.58
Interest Expense	9,965	0.30
Depreciation	16,524	0.49
Total Capital Expenses	**316,289**	**9.37**
Income From Operations	**205,277**	**6.08**
Other Income		
Interest Income	394	0.01
Miscellaneous Income	1,917	0.06
Total Other Income	**2,311**	**0.07**
Income Before Revision of Prior Accounting Estimates	**207,588**	**6.15**
Revision of Prior Accounting Estimates	1,259	0.04
Income Before State Replacement Tax	**208,847**	**6.19**
State Replacement Tax	650	0.02
Net Income	**$ 208,197**	**$ 6.17**

See Accountant's Review Report and accompanying Notes to Financial Statements.

Neighbors Rehabilitation Center, LLC
Statement of Cash Flows
For the Year Ended December 31, 2010

Cash Flows From Operating Activities		
Net Income	**$**	**208,197**
Adjustments to Reconcile Net Income to Net Cash Provided By (Used In) Operating Activities		
Depreciation		16,524
Bad Debt		39,734
Decrease in Deferred Income Taxes		(3,100)
(Increase) Decrease in Assets		
Accounts Receivable		215,685
Prepaid Expenses and Other Assets		(12,641)
Increase (Decrease) in Liabilities		
Accounts Payable		(42,079)
Accrued Expenses and Other Current Liabilities		(19,995)
Total Adjustments		**194,128**
Net Cash Provided By (Used In) Operating Activities		**402,325**
Cash Flows From Investing Activities		
Payments for Acquisition of Property and Equipment		(31,446)
Net Cash Provided By (Used In) Investing Activities		**(31,446)**
Cash Flows From Financing Activities		
Proceeds on Commitment - Line of Credit		100,000
Dividends		(432,600)
Net Cash Provided By (Used In) Financing Activities		**(332,600)**
Increase (Decrease) in Cash and Cash Equivalents		**38,279**
Cash and Cash Equivalents - Beginning of Year		113,436
Cash and Cash Equivalents - End of Year	**$**	**151,715**

See Accountant's Review Report and accompanying Notes to Financial Statements.

Neighbors Rehabilitation Center, LLC
Notes to Financial Statements
December 31, 2010

Note (1) Summary of Significant Accounting Policies

A. Business

Neighbors Rehabilitation Center, LLC (the "Company") is an Illinois Limited Liability Company which operates a Long-Term Care facility located in Byron, Illinois, and is licensed by the Illinois Department of Public Health (IDPH) to operate 101 beds, all of which are licensed for skilled nursing care. The Company began operations on June 1, 2008. The Company has been certified by the Centers for Medicare and Medicaid Services (CMS), for 101 Medicare beds. The annual inspection for the Medicare beds is performed by the Illinois Department of Public Health.

B. Form of Organization

The Company is a Limited Liability Company ("L.L.C."), which is governed by an Operating Agreement ("Agreement") and is managed by its owners ("Members"). The more significant provisions of the Agreement include:

Profit and Loss and cash distributions are in accordance with ownership,

There is a single class of Member,

The L.L.C. is perpetual until an occurrence of a qualifying

C. Variable Interest Entities

The Consolidation of Variable Interest Entities Topic requires either the consolidation of, or certain disclosures about, previously unconsolidated related parties that constitute "variable interest entities," as defined (VIEs). The Topic addresses the consolidation of business enterprises to which the usual condition (ownership of a majority of voting interest) of consolidation does not apply. Such determinations and other aspects of applying the provisions are extremely complex and often require extensive analysis to complete. Management has elected to omit the required consolidation of related party lessor.

Neighbors Property, L.L.C. with total unaudited assets, liabilities, revenues and expenses of $3,160,000, $2,840,000, $290,000, and $370,000, respectively as of and for the year ended December 31, 2010, has been determined to be a VIE.

See Accountant's Review Report.

Note (1) Summary of Significant Accounting Policies - Continued

D. Property and Equipment

Property and equipment are recorded at cost. Depreciation is provided on the straight-line method over the following estimated useful lives:

	Years
Leasehold Improvements	10-30
Furniture, Fixtures and Equipment	5-20
Computer Equipment	3

The Company reviews the recoverability of long-lived assets when circumstances indicate that the carrying amount may not be recoverable. The carrying amount of assets held and used is generally not recoverable if it exceeds the undiscounted sum of cash flows expected to result from the use and eventual disposition of the asset, or for assets held for sale if it exceeds market value. If the Company identifies impairment for long-lived assets to be held and used, the Company compares the assets' current carrying value to the assets' fair value. Fair value is based on current market value or discounted future cash flows. The Company records impairment when the carrying value exceeds fair market value. There were no impairment indicators during the year ended December 31, 2010.

E. Income Taxes

The Company has elected to be taxed as a Limited Liability Company. Under those provisions, the Company does not pay federal income taxes on its taxable income. Instead, the members are liable for individual income taxes on their respective share of the Company's taxable income. The tax returns of the Company are filed on the cash basis of accounting. The Company is liable for Illinois Replacement Tax. The Company has approximately $550,000 of State net operating loss carryforwards at December 31, 2010 due to expire in 2020.

Deferred taxes are provided for based on the cumulative timing differences between income reported on the financial statements and the tax return. These differences relate primarily to the differences between the accrual and cash methods of recording revenues and expenses.

The Company accounts for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as interest/other expense.

Neighbors Rehabilitation Center, LLC
Notes to Financial Statements
December 31, 2010

Note (1) Summary of Significant Accounting Policies - Continued

F. Cash Flows

Cash equivalents are all highly liquid investments with a maturity of three months or less when purchased.

Cash flows from operating activities reflect payments of $9,965 for interest in 2010.

G. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. While actual results may differ from those estimates, management does not expect the differences, if any, to have a material effect on the financial statements.

H. Cash Balances in Excess of Insured Amounts

The Company maintains its cash in bank accounts which, at times, may exceed federally insured limits. The Company has not experienced any losses due to these limits.

I. Advertising

The Company expenses advertising costs as they are incurred. For the year ended December 31, 2010, advertising expense was $23,158.

J. Subsequent Events

The Company evaluated all significant events or transactions, that occurred through March 25, 2010, the date that the financial statements were available to be issued. During this period, the Company did not have any material recognizable subsequent events.

See Accountant's Review Report.

Neighbors Rehabilitation Center, LLC
Notes to Financial Statements
December 31, 2010

Note (2) Revenue Recognition

Revenue and the related accounts receivable is recognized for each day a resident resides in the facility. The amounts are based on a reimbursement methodology determined by the rules and regulations of the applicable third-party payor or by the facility for private pay residents. The third-party payor rules and regulations and required record keeping and documentation requirements are complex and noncompliance may result in delay, adjustment or loss of revenue.

The majority of the Company's revenue is based on the rules of the following third-party payors:

Healthcare and Family Services (HFS) - the Medicaid Program - A daily rate, which may be recalculated on a quarterly basis, is established utilizing three components - capital, support and nursing services. The Company's daily rate was $112.13 to $113.70 for the year ended December 31, 2010. The capital and support rates are based on the annual cost report filings in accordance with HFS policy. The nursing component of the rate is determined by resident clinical documentation that is derived using mandated software and may increase or decrease on a quarterly basis. Amounts billed under the Medicaid program can take 60 to 120 days or more for collection. The amounts paid are subject to audit and are reviewed on a retroactive basis. The Company's new Medicaid rate is $114.96 effective January 1, 2011.

Centers for Medicare and Medicaid Services (CMS) - The Medicare Program uses a Prospective Payment System (PPS) which is based upon the RUGS (Resource Utilization Groups) III System through September 30, 2010. Effective October 1, 2010, reimbursement is based on the RUGS IV System. The RUG category, and therefore the amount of revenue, is determined by resident clinical documentation and level of care information that is derived using mandated software. The amounts paid are subject to post payment medical review and may be adjusted retroactively normally for a period of one to two years. Each RUG category is assigned a geographically adjusted federal reimbursement rate.

Estimates are made to provide for uncollectible amounts billed and for adjustments made by the above third-party payors, however, those estimates are subject to revision and the resulting change, shown as revision of prior accounting estimates on the Statement of Income, may be significant. As of December 31, 2010, the Company has established a $40,000 allowance for uncollectible accounts.

See Accountant's Review Report.

Neighbors Rehabilitation Center, LLC
Notes to Financial Statements
December 31, 2010

Note (3) Lease

The Company leases its facility from Neighbors Property, L.L.C., a related entity, and is currently paying $19,000 per month plus real estate taxes. The lease term expires on April 1, 2011, and automatically renews for one year terms. Future minimum lease payments for 2011 are $76,000.

Note (4) Related Party Transactions

During the year ended December 31, 2010, the Company incurred costs of approximately $463,000 with related entities. These costs were for various operating expenses, administrative expenses, and consulting fees of $240,000.

Note (5) Employee Benefit Plan

A. Health and Welfare Plan

The Company participates in a Voluntary Employee Benefit Association (VEBA) to provide health insurance coverage for eligible employees. The VEBA provides coverage for numerous related entities through a combination of various options, which include limited self-funding and "stop-gap" insurance. Contributions to the Plan are at the discretion of the Board of Directors, provided that the contributions provide the VEBA with sufficient funds to meet its obligations. Contributions to the VEBA could vary significantly and the results of such variations could be material.

B. Incentive Savings Plan

The Company has a 401(k) Plan covering eligible employees, which allows employee contributions under a deferred salary arrangement as described in Section 401(k) of the Internal Revenue code. The Company paid $10,000 in matching contributions to the Plan during 2010.

See Accountant's Review Report.

Neighbors Rehabilitation Center, LLC
Notes to Financial Statements
December 31, 2010

Note (6) Commitment - Line of Credit

The Company has entered into a line of credit arrangement with Private Bank, in which the assets of the Company are used to collateralize a line of credit in the amount of $900,000. The line of credit bears interest at prime (3.25% as of December 31, 2010) and matures on May 28, 2011. As of December 31, 2010, total debt on the bank line of credit was $450,000. Interest expense on the line of credit was $9,965 during 2010.

The line of credit requires the Company to maintain specified debt service ratios and is also partially guaranteed by certain members of the Company.

Note (7) Collective Bargaining Agreement

The majority of the Company's employees are members of a collective bargaining that expires December 31, 2011.

See Accountant's Review Report.

Supplementary Information

Neighbors Rehabilitation Center, LLC
Schedule of Resident Income
For the Year Ended December 31, 2010

	Resident Days	Average Residents Per Day	Amount	Amount Per Resident Day
Routine Services				
Private	4,520	12.4	$ 848,308	$ 187.68
Medicaid	24,191	66.3	2,726,944	$ 112.73
HMO	468	1.3	158,672	$ 339.04
Hospice	1,695	4.6	191,053	$ 112.72
Medicare	2,891	7.9	1,096,845	$ 379.40
Total Routine Services	**33,765**	**92.5**	**5,021,822**	**$ 148.73**
Less: Illinois Nursing Home License Fee			55,298	1.64
Net Routine Services	**33,765**	**92.5**	**4,966,524**	**147.09**
Net Ancillary Services			(205,738)	(6.09)
Net Resident Income	**33,765**	**92.5**	**$ 4,760,786**	**$ 141.00**

Census	**33,765**
Average Residents Per Day	**92.5**
Percent to Capacity	**91.6%**

See Accountant's Review Report.

Neighbors Rehabilitation Center, LLC
Schedule of Ancillary Services
For the Year Ended December 31, 2010

	Income	Cost	Gross Profit
Supplies and I.V. Therapy	$ 1,753	$ 4	$ 1,749
Pharmacy	104,047	83,516	20,531
Vent Supplies	1,672	1,895	(223)
Physical Therapy	353,790	142,695	211,095
Speech Therapy	59,850	13,515	46,335
Laboratory Expense	5,794	7,454	(1,660)
Occupational Therapy	304,720	123,274	181,446
Equipment Rental	2,044	0	2,044
X-Ray	2,535	3,212	(677)
Gross Ancillary Services	836,205	375,565	460,640
Less: Contractual Adjustments	(666,378)	0	(666,378)
Net Ancillary Services	**$ 169,827**	**$ 375,565**	**$ (205,738)**

See Accountant's Review Report.

Neighbors Rehabilitation Center, LLC
Schedule of Operating Expenses
For the Year Ended December 31, 2010

	Amount	Amount Per Resident Day
Nursing Salaries		
Director of Nursing	$ 70,430	$ 2.09
Assistant Director of Nursing	51,011	1.51
Registered Nurses	225,494	6.68
Licensed Practical Nurses	352,939	10.45
Nurses Aides	789,438	23.38
Rehab Nurses	98,560	2.92
Care Plan and Medical Records	77,540	2.29
Total Nursing Salaries	1,665,412	49.32
Contract Nursing	69,788	2.07
Total Nursing Labor	**1,735,200**	**51.39**
Activity Salaries		
Director and Assistants	107,355	3.18
Psycho-Social	49,528	1.47
Total Activity Salaries	**156,883**	**4.65**
Total Nursing and Activity	**1,892,083**	**56.04**
Other Nursing Costs		
Medical and Nursing Supplies	62,454	1.85
Oxygen	1,105	0.03
Enteral Supplies	9,347	0.28
Nursing Equipment Rental	8,444	0.25
Prescription Drugs	6,876	0.20
Activity Program Expense	10,809	0.32
Consultants		
Activity	1,700	0.05
Physical Therapy	1,344	0.04
Occupational Therapy	1,118	0.03
Social Worker	1,700	0.05
Speech Therapy	187	0.01
Medical Records	720	0.02
Nursing	21,816	0.65
Pharmacy	5,830	0.17
Medical Director	9,900	0.29
Specialized Rehab	10,908	0.32
Total Other Nursing Costs	**154,258**	**4.57**
Total Nursing Costs	**$ 2,046,341**	**$ 60.61**

See Accountant's Review Report.

Neighbors Rehabilitation Center, LLC
Schedule of Operating Expenses - Continued
For the Year Ended December 31, 2010

	Amount	Amount Per Resident Day
Housekeeping and Plant		
Housekeeping Salaries	$ 123,038	$ 3.64
Maintenance Salaries	50,802	1.50
Director of Environmental Service	10,908	0.32
Outside Labor	5,037	0.15
Housekeeping Supplies	18,696	0.55
Grounds Maintenance	11,168	0.33
Painting and Decorating	14,220	0.42
Repairs and Maintenance	45,269	1.34
Scavenger	19,977	0.61
Exterminator	744	0.02
Fire Service	7,022	0.21
Utilities	94,357	2.79
Total Housekeeping and Plant	**$ 401,238**	**$ 11.88**
Dietary		
Dietary Salaries	$ 244,295	$ 7.24
Food	141,744	4.19
Dietary Supplies	15,517	0.46
Sales Tax on Food	667	0.02
Dietary Consultant	9,336	0.28
Director of Food Services	10,908	0.32
Total Dietary	**$ 422,467**	**$ 12.51**

See Accountant's Review Report.

Neighbors Rehabilitation Center, LLC
Schedule of Operating Expenses - Continued
For the Year Ended December 31, 2010

	Amount	Amount Per Resident Day
Employee Welfare		
Payroll Taxes	$ 207,771	$ 6.15
Workers' Compensation Insurance	73,753	2.18
Classified Advertising	2,875	0.10
Employees' Benefits	26,353	0.78
Employee Insurance	102,415	3.03
Total Employee Welfare	**$ 413,167**	**$ 12.24**
Laundry and Linen		
Laundry Salaries	$ 80,962	$ 2.40
Laundry Supplies	18,197	0.55
Linen Replacement	5,865	0.16
Total Laundry and Linen	**$ 105,024**	**$ 3.11**

See Accountant's Review Report.

Neighbors Rehabilitation Center, LLC
Schedule of General and Administrative Expenses
For the Year Ended December 31, 2010

	Amount	Amount Per Resident Day
Administrative Salaries	$ 75,145	$ 2.23
Office Salaries	100,401	2.97
Director of Admission	10,908	0.32
Director of Reimbursement	10,908	0.32
Director of Administrative Services	21,816	0.65
Director of Regulatory Services	10,908	0.32
Ancillary Administrative Charges	22,428	0.66
Accounting Fees	55,275	1.64
Advertising and Promotions	23,158	0.69
Bad Debts	39,734	1.18
Bank Fees	8,115	0.24
Bookkeeping Services	42,408	1.26
Computer Support Charges	2,424	0.07
Contributions	2,438	0.07
Dues and Subscriptions	25,028	0.74
Education and Seminars	4,895	0.14
Equipment Rental	1,810	0.05
General Insurance	67,092	1.99
Legal	7,789	0.23
Licenses and Fees	1,723	0.05
Consulting Fees	240,104	7.11
Office Supplies	22,057	0.68
Other Professional Fees	30,003	0.89
Telephone	17,265	0.51
Travel - Staff	7,151	0.19
Total General and Administrative Expenses	**$ 850,983**	**$ 25.20**

See Accountant's Review Report.

Neighbors Rehabilitation Center, LLC
Additional Management Information
For the Year Ended December 31, 2010

Comment (A) **Analysis of Nursing Staff salaries and hours paid for year ended December 31, 2010, is as follows:**

	Amount	Hours Worked	Hours Paid	Cost Per Hour
DON and ADON	$ 121,441	3,791	4,201	$ 28.91
RNs	225,494	8,802	9,246	$ 24.39
LPNs	352,939	15,135	16,473	$ 21.43
Aides	887,998	65,360	71,857	$ 12.36
CPC/Medical Records	77,540	3,584	4,046	$ 19.16
Contract Nursing	69,788	2,901	2,901	$ 24.06
Total Salaries	**$ 1,735,200**	**99,573**	**108,724**	**$ 15.96**

Total Resident Days	**33,765**
Average Number of Hours Worked Per Resident Day	**2.95**

Comment (B) **Illinois Nursing Home License Fee**

Effective July 1, 1993, this fee is computed at $1.50 multiplied by the total licensed beds on a daily basis and is paid quarterly to the Illinois Department of Healthcare and Family Services.

This fee has been recorded as a reduction of resident income.

See Accountant's Review Report.

NEIGHBORS REHABILITATION CENTER, LLC

RESOLUTION

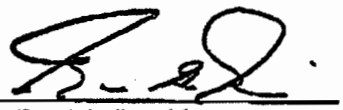
WHEREAS, Neighbors Rehabilitation Center, LLC, an Illinois limited liability company (the "***Company***"), is the licensee of that certain skilled nursing facility commonly known as The Neighbors, located at 811 West 2nd Street, Byron, Illinois, which is to be constructed (the "***Facility***"); and

WHEREAS, the Company intends on performing construction at the Facility that will necessitate additional costs and expenses.

RESOLVED, in order to ensure the Company has sufficient funds to complete the construction, the Managers of the Company agree to not make any distributions while construction is ongoing (from the date on which construction commences until substantial completion) except to pay for members' income taxes associated with each member's share of the profits in the Company.

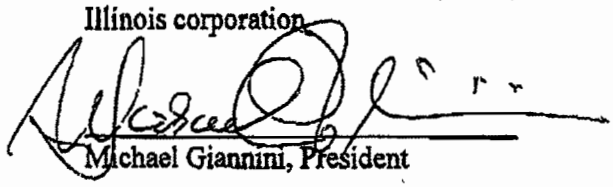
IN WITNESS WHEREOF, the Managers of the Company have entered into this Resolution as of the ____ day of _____, 2014.

BRYSSON CARE, INC., an Illinois corporation



Bryan G. Barrish, President

BRADLOR MANAGEMENT, INC., an Illinois corporation



Michael Giannini, President

CENTRAL STREET MANAGEMENT, LLC, an Illinois limited liability company

Steven Miretzky, Manager

ATTACHMENT-27B

NEIGHBORS REHABILITATION CENTER, LLC

RESOLUTION

WHEREAS, Neighbors Rehabilitation Center, LLC, an Illinois limited liability company (the "***Company***"), is the licensee of that certain skilled nursing facility commonly known as The Neighbors, located at 811 West 2nd Street, Byron, Illinois, which is to be constructed (the "***Facility***"); and

WHEREAS, the Company intends on performing construction at the Facility that will necessitate additional costs and expenses

RESOLVED, in order to ensure the Company has sufficient funds to complete the construction, the Managers of the Company agree to not make any distributions while construction is ongoing (from the date on which construction commences until substantial completion) except to pay for members' income taxes associated with each member's share of the profits in the Company.

IN WITNESS WHEREOF, the Managers of the Company have entered into this Resolution as of the ____ day of _____, 2014.

BRYSSON CARE, INC., an Illinois corporation

_____

Bryan G. Barrish, President

BRADLOR MANAGEMENT, INC., an Illinois corporation

_____

Michael Giannini, President

CENTRAL STREET MANAGEMENT, LLC, an Illinois limited liability company

_____

Steven Miretzky, Manager

ATTACHMENT-27B

FIRST AMENDMENT TO CONSULTING AGREEMENT

THIS FIRST AMENDMENT TO CONSULTING AGREEMENT (this "***First Amendment to Consulting Agreement***") is made and entered into as of the _____ day of _____, 2014 by and between **Neighbors Rehabilitation Center, LLC**, an Illinois limited liability company ("***Licensee***"), and **S.I.R. Management, Inc.**, an Illinois corporation ("***Consultant***").

RECITALS:

A. Licensee and Consultant entered into a Consulting Agreement dated October 1, 2009 (the "***Consulting Agreement***") whereby Licensee retained the services of Consultant with respect to the operations of that certain assisted living facility commonly known as The Neighbors, located at 811 West 2nd Street, Byron, Illinois (the "***Facility***")."

B. Licensee and Consultant hereby desire and have agreed to, among other things, amend the terms and conditions of the Consulting Agreement with the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the foregoing recitals, which are incorporated herein by this reference, the mutual covenants contained herein, and other good and valuable consideration, the receipt, adequacy, and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. Amendment. Exhibit B of the Consulting Agreement is hereby replaced with a new Exhibit B, attached hereto.

2. Terms of the Consulting Agreement. Capitalized terms used but not defined in this Amendment shall have the meanings ascribed thereto in the Consulting Agreement.

3. Ratification of the Consulting Agreement. Except as otherwise amended hereby, the terms and covenants of the Consulting Agreement remain in full force and effect and the parties hereto, by execution of this Amendment, ratify and confirm same.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties hereto have executed this First Amendment to Consulting Agreement as of the date first above written.

CONSULTANT:

S.I.R. MANAGEMENT, INC.

By: [signature]
Name: Michael Giarrini
Its: Secretary

LICENSEE:

NEIGHBORS REHABILITATION CENTER, LLC

By: [signature]
Name: Tawn Thammarath
Its: Administrator

ATTACHMENT-27B

EXHIBIT B

Pursuant to Section 8 of the Consulting Agreement between Licensee and Consultant, for the period commencing with the construction at the property and ending eighteen (18) months thereafter, the annual fee shall be one percent (1%) of Resident Income. After such eighteen (18) month period, the annual fee shall increase to five percent (5%) of Resident Income.

The PrivateBank

January 31, 2014

Neighbors Rehabilitation Center
c/o Tom Winter

To whom it may concern:

We have worked with Bryan Barrish and Michael Giannini for over 10 years on a variety of financings. They have been excellent customers, handling all accounts as agreed. In all of the loans, they and their affiliates have provided the equity necessary for a successful transaction.

The Bank would consider providing construction financing for the addition to the Neighbors Rehabilitation Center, in Byron, IL. The Bank currently provides approximately a $2.3mln mortgage to the RE entity and a $1.35mln operating working capital line of credit. The request for the construction loan is approximately $7.8mln. The total $10.1mln would represent no more than 75% as complete / as stabilized value, secured by the subject facility. The contemplated terms include both construction and post construction financing. The underwriting process and due diligence would be done under this pretext.

It is important to note that this is not a commitment and that a commitment would be subject to the successful completion of a thorough due diligence and approval process, including finalization of terms and conditions, formal approval by the Bank's loan committee, and documentation acceptable to the Bank and its counsel in its sole discretion. Any final commitment would also require approval of the Certificate of Need from the Health Facilities and Services Review Board.

Please feel free to contact me as noted below.

Sincerely,

Michael Monticello
Managing Director
(312) 564-1223
mmonticello@theprivatebank.com

Patrick Malone
Officer
(312) 564-6917
pmalone@theprivatebank.com

The PrivateBank

January 31, 2014

Neighbors Rehabilitation Center
c/o Tom Winter

To whom it may concern:

We have worked with Bryan Barrish and Michael Giannini for over 10 years on a variety of financings. They have been excellent customers, handling all accounts as agreed. In all of the loans, they and their affiliates have provided the equity necessary for a successful transaction.

The Bank would consider providing construction financing for the addition to the Neighbors Rehabilitation Center, in Byron, IL. The Bank currently provides approximately a $2.33mln mortgage to the RE entity and a $1.35mln operating working capital line of credit. The Bank engaged a 3rd party valuation group to appraise the property. The appraisal effective September 19, 2013 indicates As-Is Market Value of $4.60mln. Effective in place LTV is 50.7% based on As-Is Value.

It is important to note that this is not a commitment and that a commitment would be subject to the successful completion of a thorough due diligence and approval process, including finalization of terms and conditions, formal approval by the Bank's loan committee, and documentation acceptable to the Bank and its counsel in its sole discretion. Any final commitment would also require approval of the Certificate of Need from the Health Facilities and Services Review Board.

Please feel free to contact me as noted below.

Sincerely,

Michael Monticello
Managing Director
(312) 564-1223
mmonticello@theprivatebank.com

Patrick Malone
Officer
(312) 564-6917
pmalone@theprivatebank.com

Financial Viability

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.

The worksheets for the all viability ratios from both the ownership and operating entities as well as for the entities on a combined basis are appended as **ATTACHMENT-29A**. The corresponding financial statements are previously appended as **ATTACHMENT-27A**.

ATTACHMENT-29

NEIGHBORS REHABILITATION CENTER
VIABILITY RATIOS WORKSHEET
LTC FACILITY OWNER OPERATOR COMBINED

	2011	2012	2013	2018
CURRENT RATIO				
1. CURRENT ASSETS	$ 2,029,369	$ 1,501,610	$ 1,360,618	$ 3,416,760
2. CURRENT LIABILITIES	$ 1,999,089	$ 1,431,658	$ 1,385,065	$ 1,668,065
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	1.0	1.0	1.0	2.0
NET MARGIN PERCENTAGE				
4. NET INCOME OR (LOSS)	$ 486,906	$ 489,143	$ 190,603	$ 1,186,497
5. NET OPERATING REVENUE	$ 1,174,476	$ 1,117,873	$ 634,366	$ 6,849,100
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	41.5%	43.8%	30.0%	17.3%
DEBT SERVICE COVERAGE				
NET INCOME(LOSS) + DEPR +				
7. INTEREST + AMORTIZATION	$ 679,140	$ 850,387	$ 521,741	$ 2,170,497
8. PRINCIPAL + INTEREST	$ 222,626	$ 235,412	$ 200,697	$ 544,000
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	3.1	3.6	2.6	4.0
DEBT CAPITALIZATION RATIO				
10. LONG TERM DEBT	$ 2,523,800	$ 2,346,000	$ 2,346,642	$ 10,167,642
11. LONG TERM DEBT + EQUITY	$ 3,552,243	$ 3,441,288	$ 3,323,532	$ 12,730,532
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	71.0%	68.2%	70.6%	79.9%
DAYS CASH				
13. CASH AND INVESTMENTS	$ 76,857	$ 139,794	$ 45,618	$ 1,626,760
14. OPER EXPENSE LESS DEPR/365	$ 13,185	$ 13,383	$ 13,379	$ 20,460
15. DAY CASH ON HAND (LINE 13 / LINE 14)	5.8	10.4	3.4	79.5
CUSHION RATIO				
16. CASH AND INVESTMENTS	$ 76,857	$ 139,794	$ 45,618	$ 1,626,760
17. MAX ANNUAL DEBT SERVICE	$ 253,183	$ 237,928	$ 216,697	$ 550,000
18. CUSHION (LINE 16 / LINE 17)	0.3	0.6	0.2	3.0

ATTACHMENT-29A

NEIGHBORS REHABILITATION CENTER
VIABILITY RATIOS WORKSHEET
LTC FACILITY OWNER - NEIGHBORS PROPERTY, LLC

	2011	2012	2013	2018
CURRENT RATIO				
1. CURRENT ASSETS	$ 64,856	$ 78,149	$ 70,618	151760
2. CURRENT LIABILITIES	$ 130,837	$ 131,527	$ 70,065	70065
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	0.5	0.6	1.0	2.2
NET MARGIN PERCENTAGE				
4. NET INCOME OR (LOSS)	$ (78,514)	$ (81,171)	$ (75,372)	$ (356,000)
5. NET OPERATING REVENUE	$ 289,800	$ 284,600	$ 288,000	$ 608,000
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	-27.1%	-28.5%	-26.2%	-58.6%
DEBT SERVICE COVERAGE				
NET INCOME(LOSS) + DEPR +				
7. INTEREST + AMORTIZATION	$ 78,078	$ 225,021	$ 201,766	$ 538,000
8. PRINCIPAL + INTEREST	$ 209,183	$ 209,928	$ 188,697	$ 514,000
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	0.4	1.1	1.1	1.0
DEBT CAPITALIZATION RATIO				
10. LONG TERM DEBT	$ 2,523,800	$ 2,332,720	$ 2,337,642	$ 10,167,642
11. LONG TERM DEBT + EQUITY	$ 2,871,833	$ 2,729,582	$ 2,638,532	$ 9,228,532
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	87.9%	85.5%	88.6%	110.2%
DAYS CASH				
13. CASH AND INVESTMENTS	$ 3,056	$ 18,149	$ 10,618	$ 91,760
14. OPER EXPENSE LESS DEPR/365	$ 585	$ 578	$ 598	$ 1,600
15. DAY CASH ON HAND (LINE 13 / LINE 14)	5.2	31.4	17.7	57.4
CUSHION RATIO				
16. CASH AND INVESTMENTS	$ 3,056	$ 18,149	$ 10,618	$ 91,760
17. MAX ANNUAL DEBT SERVICE	$ 209,183	$ 209,928	$ 188,697	$ 514,000
18. CUSHION (LINE 16 / LINE 17)	0.0	0.1	0.1	0.2

ATTACHMENT-29A

NEIGHBORS REHABILITATION CENTER
VIABILITY RATIOS WORKSHEET
LTC FACILITY OPERATOR - NEIGHBORS REHABILITATION CENTER, LLC

	2011	2012	2013	2018
CURRENT RATIO				
1. CURRENT ASSETS	$ 1,964,513	$ 1,423,461	$ 1,290,000	$ 3,265,000
2. CURRENT LIABILITIES	$ 1,868,252	$ 1,300,131	$ 1,315,000	$ 1,598,000
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	1.1	1.1	1.0	2.0
NET MARGIN PERCENTAGE				
4. NET INCOME OR (LOSS)	$ 565,420	$ 570,314	$ 265,975	$ 1,542,497
5. NET OPERATING REVENUE	$ 884,676	$ 833,273	$ 346,366	$ 6,241,100
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	63.9%	68.4%	76.8%	24.7%
DEBT SERVICE COVERAGE				
NET INCOME(LOSS) + DEPR + 7. INTEREST + AMORTIZATION	$ 601,062	$ 625,366	$ 319,975	$ 1,632,497
8. PRINCIPAL + INTEREST	$ 13,443	$ 25,484	$ 12,000	$ 30,000
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	44.7	24.5	26.7	54.4
DEBT CAPITALIZATION RATIO				
10. LONG TERM DEBT	$ -	$ 13,280	$ 9,000	$ -
11. LONG TERM DEBT + EQUITY	680410	711706	685000	3502000
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	0	0	0	0
DAYS CASH				
13. CASH AND INVESTMENTS	$ 73,801	$ 121,645	$ 35,000	$ 1,535,000
14. OPER EXPENSE LESS DEPR/365	$ 12,600	$ 12,806	$ 12,780	$ 18,860
15. DAY CASH ON HAND (LINE 13 / LINE 14)	5.9	9.5	2.7	81.4
CUSHION RATIO				
16. CASH AND INVESTMENTS	$ 73,801	$ 121,645	$ 35,000	$ 1,535,000
17. MAX ANNUAL DEBT SERVICE	$ 44,000	$ 28,000	$ 28,000	$ 36,000
18. CUSHION (LINE 16 / LINE 17)	1.7	4.3	1.3	42.6

ATTACHMENT-29A

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

Appended as **ATTACHMENT-30A,** is a letter from the owner addressing reasonableness of financing arrangements.

B. Conditions of Debt Financing

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

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

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

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

Appended as **ATTACHMENT-30B** is a letter from the owner addressing the conditions of debt financing.

NEIGHBORS PROPERTY, LLC
6840 N. Lincoln Avenue
Lincolnwood, IL 60712

January 8, 2014

Ms. Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Certificate of Need Application for
Neighbors Property, LLC
reasonableness of financing arrangements

Dear Ms. Olson:

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.

Respectfully,

Bryssón Care, Inc., Manager
Neighbors Property, LLC

Notarization:
Subscribed and sworn to before me
this 9th day of January 2014

Signature of Notary
Seal

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

Bradlor Management, Inc., Manager
Neighbors Property, LLC

Notarization:
Subscribed and sworn to before me
this 9th day of January 2014

Signature of Notary
Seal

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

NEIGHBORS PROPERTY, LLC
6840 N. Lincoln Avenue
Lincolnwood, IL 60712

January 8, 2014

Ms. Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Certificate of Need Application for
Neighbors Property, LLC;
conditions of debt financing

Dear Ms. Olson:

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.

Respectfully,

Brysson Care, Inc., Manager
Neighbors Property, LLC

Bradlor Management, Inc., Manager
Neighbors Property, LLC

Notarization:
Subscribed and sworn to before me
this 9th day of January 2014

Signature of Notary

Seal

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

Notarization:
Subscribed and sworn to before me
this 9th day of January 2014

Signature of Notary

Seal

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/14

ATTACHMENT-30B

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.

	2018	
Salaries	$3,759,700	
Benefits	$ 598,000	
Supplies	$ 315,800	
Patient Days @ 90%		43,033
Total/Operating Cost/PT Day	$4,673,500	**$108.60**

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.

	2018	
Depreciation	$440,000	
Interest Expense	$544,000	
Patient Days @ 90%		43,033
Total/Operating Cost/PT Day	$984,000	**$22.87**

ATTACHMENT - 30