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MAY 30 2014

HEALTH FACILITIES & SERVICES REVIEW BOARD

LONG-TERM CARE APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

14-022

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, DesPlaines Property, LLC (Owner), and Asbury Court Nursing and Rehabilitation, LLC (Operator), together are proposing the establishment of a single-story Long-Term Care facility located at 1750 Elmhurst Road in Des Plaines, Cook County, Planning Area 7A. The proposed project will have 71 nursing care beds which will comprise a total of 29,056 gross square feet of which 23,971 square feet will be newly constructed space, 1,634 square feet of adjacent space to be modernized for this project and 3,427 square feet of adjacent existing space "as is" to be part of this project. The existing campus has 225 Independent Living units and 150 Supportive Living units. The nursing unit will only be an ancillary service to the entire campus.

This project was previously approved on January 27, 2009 under Project No.08-064. This project will include the abandonment of the previously approved project thus applying for the re-establishment of a new service.

The proposed project is classified as "substantive" per the *77 Illinois Administrative Code, Chapter II, Section 1110.140.b of subchapter a,* since this project is for the construction of new nursing beds and the establishment of a new category of service.

Facility/Project Identification

Facility Name: **Asbury Court Nursing and Rehabilitation**
Street Address: **1750 Elmhurst Road**
City and Zip Code: **Des Plaines 60018**
County: **Cook** Health Service Area: **7** Health Planning Area: **701**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **DesPlaines Property, LLC**
Address: **1750 Elmhurst Road, Des Plaines, Illinois 60018**
Name of Registered Agent: **Stephen N. Sher**
Name of Chief Executive Officer: **Moshe Kahn**
CEO Address: **29 East Madison Street, Suite 1510, Chicago, Illinois 60602**
Telephone Number: **312-727-4860**

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: **Asbury Court Nursing and Rehabilitation**
Street Address: **1750 Elmhurst Road**
City and Zip Code: **Des Plaines 60018**
County: **Cook** Health Service Area: **7** Health Planning Area: **701**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Asbury Court Nursing and Rehabilitation, LLC**
Address: **1750 Elmhurst Road, Des Plaines, Illinois 60018**
Name of Registered Agent: **Stephen N. Sher**
Name of Chief Executive Officer: **Moshe Kahn, Managing Member**
CEO Address: **29 East Madison Street, Suite 1510, Chicago, Illinois 60602**
Telephone Number: **312-727-4860**

Type of Ownership (Applicant/Co-Applicants)

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

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

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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: **Michael Zahtz**
Title: **Officer**
Company Name: **Ashley Management**
Address: **8170 McCormick Boulevard, Suite 104, Skokie, Illinois 60076**
Telephone Number: **(847) 676-1700**
E-mail Address: **mzahtz@ashley-management.com**
Fax Number: **(847) 675-1700**

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Des Plaines Property, LLC**
Address of Site Owner: **1750 Elmhurst Road, Des Plaines, Illinois 60018**
Street Address or Legal Description of Site: **See Attachment-2A, Exhibit A for legal description.**
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: **Asbury Court Nursing & Rehabilitation, LLC**

Address: **1750 Elmhurst Road, Des Plaines, Illinois 60018**

☐	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 DesPlaines 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	SIGNATURE
MOSHE KAHN	Michael Zahtz
PRINTED NAME	PRINTED NAME
MANAGER	Secretary
PRINTED TITLE	PRINTED TITLE

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

Signature of Notary

OFFICIAL SEAL
RIVKA PISEM
Notary Public - State of Illinois
My Commission Expires Apr 4, 2015

Seal

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

Signature of Notary

OFFICIAL SEAL
RIVKA PISEM
Notary Public - State of Illinois
My Commission Expires Apr 4, 2015

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Asbury Court Nursing and Rehabilitation, 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

Moshe Kahn
PRINTED NAME

MANAGER
PRINTED TITLE

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

Signature of Notary

OFFICIAL SEAL
RIVKA PISEM
Notary Public - State of Illinois
My Commission Expires Apr 4, 2015

Seal

SIGNATURE

Michael Zahtz
PRINTED NAME

Secretary
PRINTED TITLE

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

Signature of Notary

OFFICIAL SEAL
RIVKA PISEM
Notary Public - State of Illinois
My Commission Expires Apr 4, 2015

Seal

*Insert EXACT legal name of the applicant

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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

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

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

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	75 (permitted Beds)	71
☐ 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	NOT APPLICABLE-Previous permit still under construction, no history.		
☐ Specialized Long-Term Care			

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

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

GENERAL LONG-TERM CARE

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

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

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

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

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

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

SPECIALIZED LONG-TERM CARE

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
	Section	**Subject**
Establishment of LTC Developmentally Disabled – (Adult)	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(g)	Establishment of Beds – Developmentally Disable -Adult
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

Establishment of LTC Developmentally Disabled - Children	.720(a)	Facility Size
	.720(b)	Community Related Functions
	.720(c)	Availability of Ancillary and Support Programs
	.720(d)	Recommendations from State Departments
	.720(f)	Zoning
	.720(j)	State Board Consideration of Public Hearing Testimony
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

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

	Appendix A	Project Costs and Sources of Funds
	Appendix B	Related Project Costs
	Appendix C	Project Status and Completion Schedule
	Appendix D	Project Status and Completion Schedule

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

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

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

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

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

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

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

Criterion 1125.530 - Planning Area Need

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

than the number of years projected;

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

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

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

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

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

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

1. Historical Service Demand

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

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

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

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

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

Criterion 1125.560 - Variances to Computed Bed Need

Continuum of Care:

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

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

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

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

3. The applicant shall demonstrate that:

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

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

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

Defined Population:

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

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

2. The applicant shall document each of the following:

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

   b. The boundaries of the GSA;

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

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

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

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

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

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

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

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

2. Additional documentation required:

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

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

   b. Patient/resident location information by zip code;

   c. Independent time-travel studies;

   d. Certification of a waiting list;

   e. Admission restrictions that exist in area providers;

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

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

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

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

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

Criterion 1125.590 - Staffing Availability

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

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

Criterion 1125.600 Bed Capacity

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

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

Criterion 1125.610 - Community Related Functions

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

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

Criterion 1125.620 - Project Size

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

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

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

Criterion 1125.630 - Zoning

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

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

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

Criterion 1125.640 - Assurances

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

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

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

Criterion 1125.650 - Modernization

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

   a. High cost of maintenance;

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

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

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

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

   a. Copies of maintenance reports;

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

   c. Other pertinent reports and data.

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

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

SPECIALIZED LONG-TERM CARE

Criterion 1125.720 - Specialized Long-Term Care – Review Criteria

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

1. **Community Related Functions**

   Read the criterion and submit the following information:

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

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

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

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

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

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

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

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

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

   e. documentation of the availability of community workshops.

3. **Recommendation from State Departments**

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

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

Read the criterion and submit the following information:

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

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

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

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

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

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

5. **Zoning**

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

6. **Establishment of Chronic Mental Illness**

Read the criterion and provide the following:

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

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

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

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

Read this criterion and submit the following information:

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

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

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

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

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

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

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

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

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

$1,442,587	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;
$5,770,347	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.
$7,212,934		**TOTAL FUNDS AVAILABLE**

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

Financial Viability

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

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:
1. **"A" Bond rating or better**
2. **All of the projects capital expenditures are completely funded through internal sources**
3. **The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent**
4. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

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

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

COMBINED (ASBURY COURT NURSING AND REHABILITATION, LLC & DES PLAINES 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	2017
Current Ratio	N/A	N/A	N/A	0.76
Net Margin Percentage	N/A	N/A	N/A	5.85
Percent Debt to Total Capitalization	N/A	N/A	N/A	87.95
Projected Debt Service Coverage	N/A	N/A	N/A	2.78
Days Cash on Hand	N/A	N/A	N/A	112.9
Cushion Ratio	N/A	N/A	N/A	0.8

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.
$7,212,934	TOTAL FUNDS AVAILABLE	

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

Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

DES PLAINES 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	2017
Current Ratio	-0.62	0.12	0.18	0.53
Net Margin Percentage	18.97	37.17	34.88	10.72
Percent Debt to Total Capitalization	109	104	103	90
Projected Debt Service Coverage	1.36	1.83	1.34	1.26
Days Cash on Hand	45	95	105	201
Cushion Ratio	0.13	0.27	0.31	0.55

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.
$7,212,934		**TOTAL FUNDS AVAILABLE**

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

Financial Viability

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

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:
1. **"A" Bond rating or better**
2. **All of the projects capital expenditures are completely funded through internal sources**
3. **The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent**
4. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

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

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

ASBURY COURT NURSING AND 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	2017
Current Ratio	N/A	N/A	N/A	1.67
Net Margin Percentage	N/A	N/A	N/A	2.98
Percent Debt to Total Capitalization	N/A	N/A	N/A	0.00
Projected Debt Service Coverage	N/A	N/A	N/A	N/A
Days Cash on Hand	N/A	N/A	N/A	23.1
Cushion Ratio	N/A	N/A	N/A	N/A

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

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

2. Variance

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

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

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

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

B. Conditions of Debt Financing

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

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

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY SERVICE

Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Nursing	$215.79	$151.16	23,971	0	1,634	0	$5,172,609	$246,947	$5,419,556
Contingency	$10.79	$7.56	23,971	0	1,634	0	$258,630	$12,348	$270,978
TOTALS	$226.57	$158.72	23,971	0	1,634	0	$5,431,239	$259,295	$5,690,534

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT - 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

APPENDIX A

Project Costs and Sources of Funds

Complete the following table listing all costs associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$ 27,482	$ 12,118	$39,600
Site Survey and Soil Investigation	$ 10,688	$ 4,712	$15,400
Site Preparation	$ 21,375	$ 9,425	$30,800
Off Site Work	$ 68,706	$ 30,294	$99,000
New Construction Contracts	$3,589,791	$1,582,818	$5,172,609
Modernization Contracts	$ 171,381	$ 75,566	$246,947
Contingencies	$ 188,059	$ 82,919	$270,978
Architectural/Engineering Fees	$ 359,631	$ 158,569	$518,200
Consulting and Other Fees	$ 179,399	$ 79,101	$258,500
Movable or Other Equipment (not in construction contracts)	$ 389,265	$ 171,635	$560,900
Bond Issuance Expense (project related)	$0	$ -	$0
Net Interest Expense During Construction (project related)	$0	$ -	$0
Fair Market Value of Leased Space or Equipment	$0	$ -	$0
Other Costs To Be Capitalized	$0	$ -	$0
Acquisition of Building or Other Property (excluding land)	$0	$ -	$0
TOTAL USES OF FUNDS	**$5,005,776**	**$2,207,158**	**$7,212,934**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	1,001,155	$ 441,432	$1,442,587
Pledges		$ -	$0
Gifts and Bequests		$ -	$0
Bond Issues (project related)		$ -	$0
Mortgages	$4,004,621	$1,765,726	$5,770,347
Leases (fair market value)		$ -	$0
Governmental Appropriations		$ -	$0
Grants		$ -	$0
Other Funds and Sources		$ -	$0
TOTAL SOURCES OF FUNDS	**$5,005,776**	**$2,207,158**	**$7,212,934**

*Clinical Cost equates to Appendix D's Total Clinical space as a percentage of the whole (69.4%); Conversely, Nonclinical Cost equates to Appendix D's Total Nonclinical space as a percentage of the whole (30.6%).

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: $ N/A
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 $ 180,000.00.

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): July 2016

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

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

APPENDIX D

Cost/Space Requirements

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

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Department/Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL	-	-	-	-	-	-	-
Nursing	$3,599,484		14,500	12,988			
Living/Dining/Activity	$537,850		2,167	2,279			
Kitchen/Food Service	$705,505		2,842	191		2,842	
P.T./O.T.	$0			812			
Laundry	$0						
Janitor Closets	$3,426		14	13			
Clean/Soiled Utility	$91,229		368	344			
Beauty/Barber	$71,494		288			288	
Total Clinical	$5,008,987	0.0	20,178	16,626	0	3,130	
NON-CLINICAL							
Office/Administration	$384,478		1,549	535	653		
Employee Lounge/	$68,043		274	252			
Locker/Training	$0						
Mechanical/Electrical	$52,553		212	369			
Lobby	$131,593		530	408	90		
Storage/Maintenance	$224,237		903	818	70		
Corridor/Public Toilets	$1,314,096		5,294	4,425	782	297	
Stair/Elevators	$28,945		117	539	40		
Total Non-clinical	$2,203,947	0.0	8,878	7,345	1634	297	
TOTAL	**$7,212,934**	**0.0**	**29,056**	**23,971**	**1634**	**3,427**	

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

INDEX OF ATTACHMENTS

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

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

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

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

The Applicants are **Des Plaines Property, LLC** and **Asbury Court Nursing & Rehabilitation, LLC**, respectively the ownership (site) and operating entities for **Asbury Court Nursing and Rehabilitation**. Appended as **ATTACHMENT-1A** are the Illinois Certificates of Good Standing for both Applicant entities and their corresponding Articles of Organization.

ATTACHMENT-1

File Number 0001481-8

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

DESPLAINES PROPERTY, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 27, 1994, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* FEBRUARY *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Authentication #: 1405601138

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

ATTACHMENT-☒A

File Number 0450842-4

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

ASBURY COURT NURSING & REHABILITATION, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 23, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* FEBRUARY *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Authentication #: 1405601208

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

ATTACHMENT-☒A

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 site is **Des Plaines Property, LLC**. Appended as **ATTACHMENT-2A**, is the Trustee's Deed.

ATTACHMENT-2

TRUSTEE'S DEED

THIS INDENTURE, dated **December 21, 2004** between **LASALLE BANK NATIONAL ASSOCIATION**, a National Banking Association, successor trustee to American National Bank and Trust Company of Chicago duly authorized to accept and execute trusts within the State of Illinois, not personally but as Trustee under the provisions of a deed or deeds in trust duly recorded and delivered to said Bank in pursuance of a certain Trust Agreement dated **August 15, 1994** and known as Trust Number **118748-07** party of the first part, and **DesPlaines Property, LLC, an Illinois limited liability company of 29 East Madison, Suite 1510, Chicago, IL 60602**

Doc#: 0436432108
Eugene "Gene" Moore Fee: $28.00
Cook County Recorder of Deeds
Date: 12/29/2004 02:41 PM Pg: 1 of 3

(Reserved for Recorders Use Only)

party/parties of the second part. WITNESSETH, that said party of the first part, in consideration of the sum of TEN ($10.00) Dollars and other good and valuable consideration in hand paid, does hereby convey and **QUIT-CLAIM** unto said party/parties of the second part, the following described real estate, situated in **Cook** County, Illinois, to-wit:

SEE EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF

Exempt deed or instrument eligible for recordation without payment of tax.

S. Brown 12/28/04

City of Des Plaines

Commonly Known As: 1750 South Elmhurst Road, DesPlaines, IL

Property Index Numbers: 08-26-201-031-0000

3

together with the tenements and appurtenances thereunto belonging.

TO HAVE AND TO HOLD, the same unto said party of the second part, and to the proper use, benefit and behoof, forever, of said party of the second part.

This deed is executed by the party of the first part, as Trustee, as aforesaid, pursuant to and in the exercise of the power and authority granted to and vested in it by the terms of said Deed or Deeds in Trust and the provisions of said Trust Agreement above mentioned, and of every other power and authority thereunto enabling. This deed is made subject to the liens of all trust deeds and/or mortgages upon said real estate, if any, recorded or registered in said county.

IN WITNESS WHEREOF, said party of the first part has caused its corporate seal to be hereto affixed, and has caused its name to be signed to these presents by one of its officers, the day and year first above written.

LASALLE BANK NATIONAL ASSOCIATION, as trustee and not personally,

By: _____
Kathleen E. Shields, Trust Officer

FIRST AMERICAN TITLE
NCS
ORDER # 120817
EB 10 6 DEC

Prepared By: LASALLE BANK NATIONAL ASSOCIATION, 135 S. LASALLE ST, SUITE 2500, CHICAGO IL 60603

STATE OF ILLINOIS) I, the undersigned, a Notary Public in and for said County and State, do hereby certify
COUNTY OF COOK) **Kathleen E. Shields, Trust Officer** of LaSalle Bank National Association personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that said officer of said association signed and delivered this instrument as a free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and seal this **21st** day of **December, 2004**

_____
NOTARY PUBLIC

"OFFICIAL SEAL"
PATRICIA L. ALVAREZ
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 10/29/2008

MAIL TO: Stephen N. Sher
Winston & Strawn 35 W. Wacker Dr.
Chicago, IL 60601-9703

SEND FUTURE TAX BILLS TO:
Asbury Court c/o J. Reiss
29 E. Madison Suite 1510
Chicago IL 60602

Send To

Rev. 8/00

ATTACHMENT-2A

EXHIBIT A

LOT 2 IN ROYAL COURT INN PLAT OF RESUBDIVISION, BEING A RESUBDIVISION OF LOTS 1, 3 AND 4 IN ROYAL COURT SUBDIVISION OF PART OF THE NORTH ½ OF THE NORTHEAST ¼ OF THE NORTHEAST ¼ OF SECTION 26, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 19, 1996 AS DOCUMENT 96716993, IN COOK COUNTY, ILLINOIS.

Exempt under provisions of Paragraph E
Section 31-45, Property Tax Code.

12-28-04
Date

Buyer, Seller, or Representative

First American

ATTACHMENT-2A

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated DECEMBER 27, 2004 Signature _____
~~Grantor or~~ Agent

Subscribed and sworn to before
me by the said STEPHEN N. SHER affiant
this 27TH day of DECEMBER
2004.
Notary Public _____

"OFFICIAL SEAL"
LISA M. WASHLOW
Notary Public, State of Illinois
My Commission Expires 6/4/07

The grantee or his agent affirms and verified that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquired and hold title real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated DECEMBER 27, 2004 Signature _____
~~Grantee~~ or Agent

Subscribed and sworn to before
me by the said STEPHEN N. SHER affiant
this 27TH day of DECEMBER
2004.
Notary Public _____

"OFFICIAL SEAL"
LISA M. WASHLOW
Notary Public, State of Illinois
My Commission Expires 6/4/07

Note: Any person who knowingly submits a false statement concerning the identify of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

First American

ATTACHMENT-2A

Operating Identity/Licensee

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

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

The operating entity/licensee is **Asbury Court Nursing & Rehabilitation, LLC**. The Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A.**

ATTACHMENT-3

File Number 0450842-4

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

ASBURY COURT NURSING & REHABILITATION, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 23, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* FEBRUARY *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Authentication #: 1405601208

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

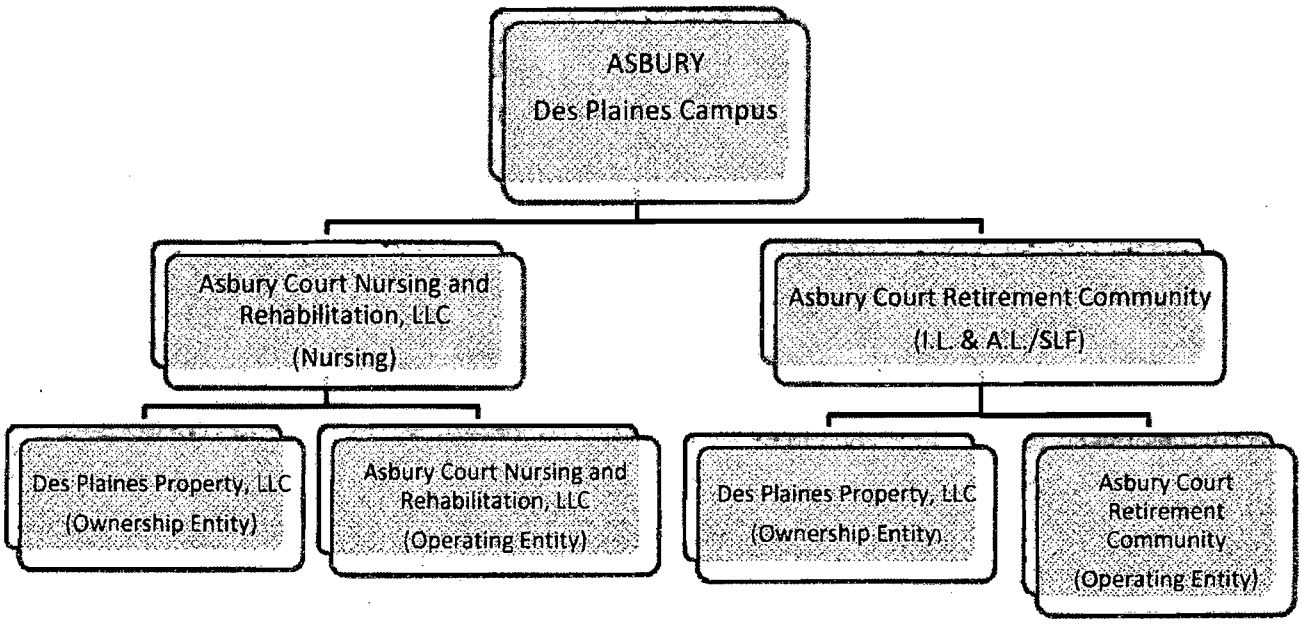
ATTACHMENT-☒A

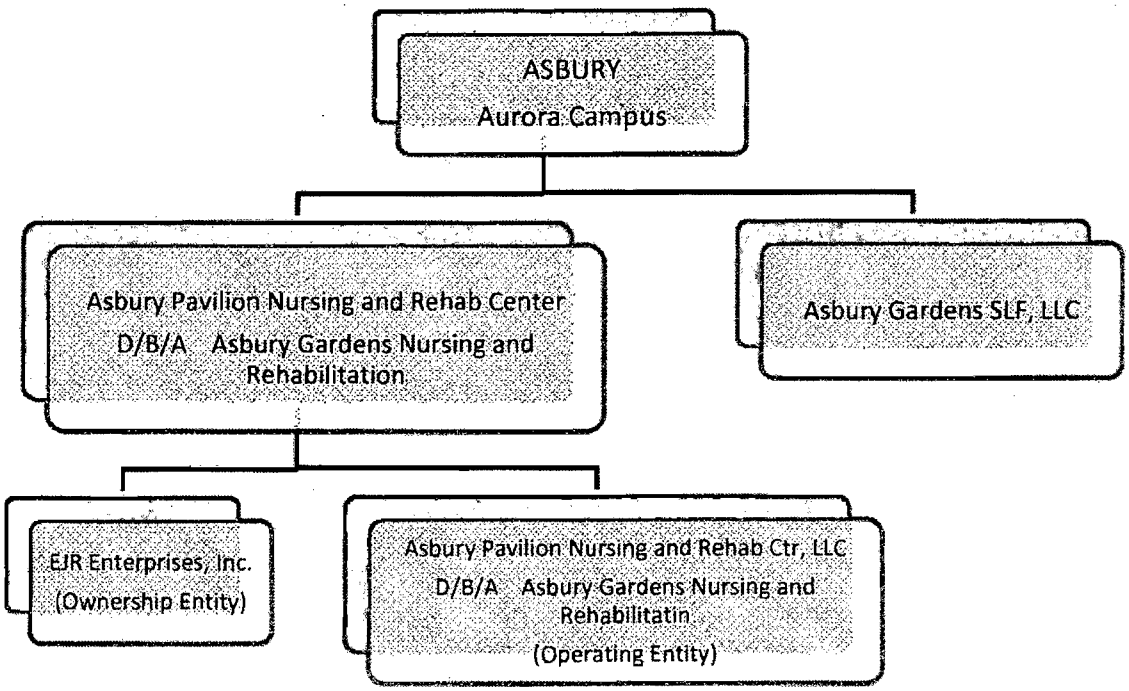
Organizational Relationships

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

Appended as **ATTACHMENT-4A,** is the organizational chart for the project.

ATTACHMENT-4





ATTACHMENT-⊠A

Flood Plain Requirements

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

Appended as **ATTACHMENT-5A**, is a letter from Greg Boehm, P.E., Project Designer, of W-T Civil Engineering, LLC addressing the flood plain requirements. Moreover, appended as **ATTACHMENT-5B**, is the accompanying Flood Insurance Rate Map. It should be known that the proposed new building addition is on the northwest limit of the property and is not within a floodplain on the site.

ATTACHMENT-5

W-T CIVIL ENGINEERING, LLC

CIVIL AND STRUCTURAL ENGINEERS
2675 PRATUM AVENUE – HOFFMAN ESTATES, ILLINOIS 60192-3703
(224)293-6333
FAX (224)293-6444

February 24, 2014

Illinois Department of Public Health
Division of Environmental Health
525 West Jefferson Street
Springfield, Illinois 62761-0001

Re: Asbury Court Building Addition – 1750 South Elmhurst Road in Des Plaines
Property in Floodplain, Building out

Dear Sir or Madam:

All of the existing building and its proposed addition are out of the floodplain with the lowest floor and lowest adjacent grade above the Base Flood Elevation (BFE).

The accompanying Flood Insurance Rate Map indicates the BFE of Higgins Creek at the property between elevations 656 and 657. The lowest adjacent grade to the existing building is 657.36 and above the BFE. The only portion of the property within the floodplain is i n the immediate area of the creek within the channel banks. The top of the channel bank within the property is two feet above the BFE, so the floodplain through the property reach is contained within the channel. The floodplain area is approximately less than 5% of the property area.

The new building addition is proposed on the northwest limit of the property where the existing grade varies from 664 to a lowest adjacent grade of 658.75. The addition is to the north and west of the existing building. The proposed lowest floor of the proposed addition is 661.75.

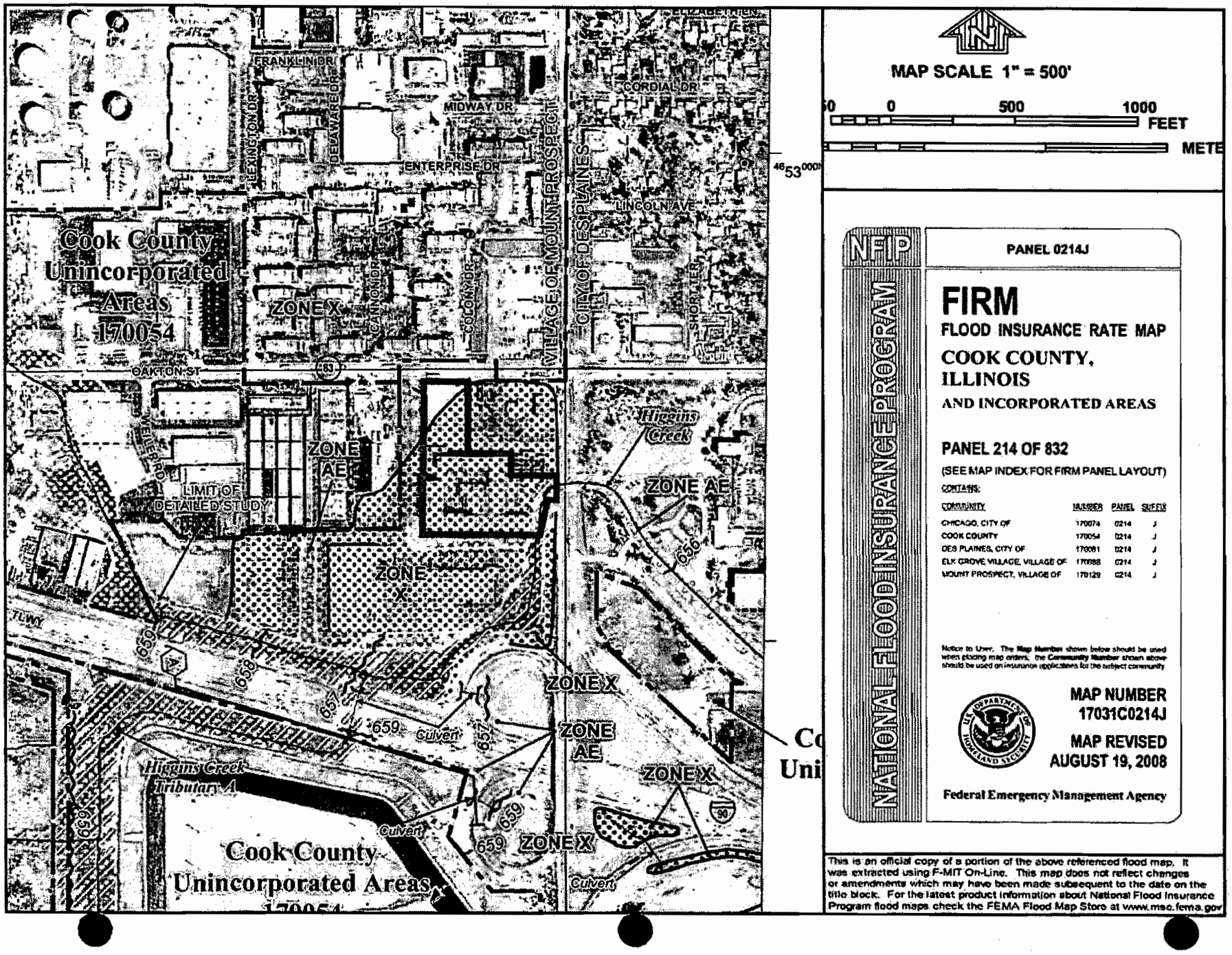
Please do not hesitate to call if we may facilitate your review and approval. Thank you for your consideration.

Respectfully,

W-T CIVIL ENGINEERING, LLC

Greg Boehm, P.E.
Project Designer

ATTACHMENT-☒A



ATTACHMENT-☒B

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 dated November 25, 2013 from the Illinois Historic Preservation Agency, signed by Anne E. Haaker, Deputy State Historic Preservation Officer, stating: "Our review of the records indicates 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) 782-8161
www.illinoishistory.gov

DEC 0 2 2013

Cook County
Des Plaines
Discontinuation of General Long-Term Care Beds and Establish Nursing Care Beds,
The Ashley Management & Development Corporation
1750 Elmhurst Road
IHPA Log #028111213

November 25, 2013

Kathy Harris
Foley and Associates, Inc.
1638 S. MacArthur Blvd.
Springfield, IL 62704

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

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNAIVES – 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 for 71 general long-term care beds will be part of an existing retirement community consisting of 225 Independent Living units and 150 Supportive Living units/beds thereby complementing the existing services. All proposed nursing beds will be certified for both Medicare and Medicaid. This project will not only improve the level of service that is currently being provided on the campus by being certified for Medicare but the purpose of the project is to increase access for the campus's existing residents including its Medicaid recipients and those of the community. Moreover, the purpose of this project is to alleviate the on-going problem of discharging existing residents in the retirement community to nursing care facilities outside of the campus setting and to address the outstanding need for additional nursing beds in the 7-A Planning Area. It should be noted that this project was previously approved under Project No. 08-064 which will be abandoned upon approval of this project.

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

In accordance with the State's required travel time contour, the proposed primary market area is a 30-minute travel contour from the Applicant's facility as taken from MapPoint. Reinforcing the reality of the 30-minute travel time as the primary service area is the resident origin data for admissions over Calendar years 2012 and 2013. This data shows that 120 out of 169 residents (or 71%) were derived within the 30-minute travel contour.

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

Foremost, there is an issue that the Applicant's existing residents in the Supportive Living

ATTACHMENT-10

Units and the Independent Living Units have to be discharged out of the campus (of which they choose) when their medical needs outweigh their programmatic needs. Secondarily, there is an issue of needing additional nursing beds within the 7-A Planning Area as identified in the State's latest update to its Inventory of Facilities and Services and Need Determinations.

Existing residents are being transferred to other area facilities causing conflicts with residents and sometimes even family members. In the past three 12-months periods ending January 31st, (2012, 2013 and 2014) a total of 242 residents were transferred to area nursing care facilities. Life in a campus setting develops into a family-like relationship with other residents and staff. Often times residents lose contact with their friends (within the campus setting) when they are transferred out for nursing services since it is difficult for either to visit. Often times the "campus family" is their only family. Although the facility does provide transportation service, logistically round trip visits are hard to coordinate and as a result do not happen.

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

Appended as **ATTACHMENT-10A**, is the permit letter dated January 31, 2009 approving project No. 08-064, as well as documentation that post permit requirements have been met.

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

Appended as **ATTACHMENT-10C**, is a chart identifying patient origin by zip code.

Appended as **ATTACHMENT-10D**, is a chart identifying patients discharged to area Nursing Homes.

ATTACHMENT-10

SECTION II – PURPOSE OF THE PROJECT, AND ALTERNAIVES – INFORMATION REQUIREMENTS Continued iii

Appended as **ATTACHMENT-10E**, is the Long-Term Care Facility Update (dated March 13, 2014) to the 2013 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Long-Term Care Services.

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

This project will provide for Medicaid and Medicare certified nursing beds thus allowing residents to remain on campus, remaining close to their friends and their familiar environment. Creating this level of service eliminates the traumatic nature of a move out of the campus setting, their home. Moreover, the establishment of the nursing category of service will address, in part, the identified outstanding need for 446 nursing care beds in the 7-A Planning Area.

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

The goal is to provide general long-term care services to the population of the proposed 30-minute market contour within Planning Area 7-A (which includes the existing residents of the Applicant's campus) since there is an outstanding need for 446 nursing care beds. The goal will be measured by the Applicant's ability to continuously fill its beds and provide the proposed service.

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.

Since this project is for the establishment of a new category of service, all space, newly constructed or renovated must meet new construction standards. As a new service this item is not germane.

ATTACHMENT-10

RECEIVED 2/13/09

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

January 31, 2009

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

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

Dear Mr. Foley:

On January 27, 2009, the Illinois Health Facilities Planning Board approved the application for permit for the referenced project based upon the project's substantial conformance with the applicable standards and criteria of Part 1110 and 1120. In arriving at a decision, the State Board considered the findings contained in the State Agency Report, the application material, and any testimony made before the State Board.

- **PROJECT: #08-064 – Asbury Health Services** – The applicants are approved for the establishment of a 75-bed long term care category of service under the continuum of care variance in 14,920/GSF of new construction and 8,310/GSF of modernized space. The facility will be located at 1750 Elmhurst Road, Des Plaines, Illinois 60018.

- **PERMIT HOLDERS:** The applicants are Des Plaines Properties, LLC, and Ashley Management and Development Corporation, 29 East Madison, Chicago, Illinois. The operating entity licensee is Ashley Management and Development Corporation and the owner of the site is Des Plaines Properties, LLC.

- **PERMIT AMOUNT**: $ $4,223,760

- **PROJECT OBLIGATED BY**: July 27, 2010
- **PROJECT COMPLETION DATE**: January 31, 2011

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

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

1. OBLIGATION-PART 1130.720

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

2. ANNUAL PROGRESS REPORT-PART 1130.760

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

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

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

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

Sincerely,

Jeffrey S. Mark
Executive Secretary

cc: William Bell
Karen Senger
Jody Gudgel
Project File

ATTACHMENT-⊠A

Asbury Court
Retirement Community

RECEIVED
JAN 11 2010
HEALTH FACILITIES & SERVICES REVIEW BOARD

Michael Mills
Illinois Department of Public Health Compliance Coordinator
525 West Jefferson Ave.
2nd Floor
Springfield, Illinois 62761
Regarding: Project #08-064

January 8, '10

Dear Mr. Mills,

On January 27th, 2009 Asbury Health Services was approved for the establishment of a 75-bed long term care category of service under the continuum of care variance for the construction of 14,920/GSF of new construction and 8,310/GSF of modernized space, to be located at 1750 Elmhurst Road, Des Plaines, Illinois 60018. As required under "Annual Progress Report-Part 1130.760", please accept this letter as formal submission of the current conditions for our project.

Current Conditions of Site Condition

All soil borings have been taken and all City of Des Plaines Building Civil, Fire and Zoning Departments have submitted their final comments and we therefore anticipate submitting a set of architectural plans for the issuance of permits within 45 days.

Current Conditions of Financial Status

Financing for the construction and operation of the project is still in place and presents no concerns. Financing for the project remains as stated in the application.

1750 South Elmhurst Road • Des Plaines, Illinois 60018 • (847) 228-1500 • Fax: (847) 228-1579

ATTACHMENT-XXA

Current Conditions of Costs Paid To Date

Item	*Cost*	*Paid to Date*	*Balance*
Preplanning Costs	$36,000.00	$ 5,700.00	$30,300.00
Site Survey & Soil Investigation	$5,200.00	$ 3,750.00	$1,450.00
Site Preparation	$15,300.00	$ -	$15,300.00
Off Site Work	$13,000.00	$ -	$13,000.00
New Construction Contracts	$2,165,600.00	$ -	$2,165,600.00
Modernization Contracts	$835,000.00	$ -	$835,000.00
Contingencies	$300,060.00	$ -	$300,060.00
Architectural/Engineering Fees	$185,000.00	$ 127,848.03	$57,151.97
Consulting & Other Fees	$67,000.00	$ -	$67,000.00
Movable or Other Equipment (not in construction contracts)	$510,000.00	$ -	$510,000.00
Bond Issuance Expense (project related)	$0.00	$ -	$0.00
Net Interest Expense During Construction (project related)	$0.00	$ -	$0.00
Fair Market Value of Leased Space or Equipment	$0.00	$ -	$0.00
Other Costs To Be Capitalized	$91,600.00	$ -	$91,600.00
Acquisition of Building or Other Property (excluding land)	$0.00	$ -	$0.00
ESTIMATED TOTAL PROJECT COST	**$4,223,760.00**	**$137,298.03**	**$4,086,461.97**

As of today, the applicants have paid for the soil boring testing to determine foundational construction. Additionally the applicants have paid for 85% of the civil engineering costs and 50% of the architectural fees. At this time 85% of the architectural plans have been completed and we expect final drawings to be submitted to the City of Des Plaines for permit issuance within 60 days. Please refer to the above table for a cost by cost detailed description of expenses to date.

Current Conditions of Scope of Project

The approved square footage of our project - 14,920/GSF of new construction and 8,310/GSF of modernized space and the amount of approved beds – 75, has not changed.

Current Conditions of Completion Date Status

We continue to anticipate breaking ground within 90 days of this letter and consider the completion date of January 31, 2011 as presented in the Permit letter dated January 31, 2009, achievable.

In closing, please feel free to call me at 773-619-8378 if there remain any questions or comments you wish to discuss. Thank you.

Sincerely,

Hillel Shapiro

Asbury Health Services Project Manager

Asbury Court
Retirement Community

RECEIVED
JAN 30 2012
HEALTH FACILITIES &
SERVICES REVIEW BOARD

January 26, 2012

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761
Re: Asbury Health Services (Project #08-064)

Dear Ms. Courtney Avery,

On January 27th, 2009 Asbury Health Services was approved to establish a 75-bed long term care unit as part of a Continuum of Care Retirement Community for the construction of a building with 14,920 GSF of new construction and 8,310/GSF of modernized space to be located at 1750 Elmhurst Road, Des Plaines, Illinois 60018. As required under "Annual Progress Report-Part 1130.760", please accept this letter as formal submission of the current conditions for our project.

Current Conditions of Site Condition

On May 23, 2011, Mr. Dan Wilson, the plan examiner from the Illinois Department of Public Health assigned to review our building plans for the above referenced project, officially approved those plans. Additionally on June 14, 2011, The City of Des Plaines issued Permit #10070476 for this project. Furthermore, as of July 21, 2011 the project has obligated over one third of the project costs through negotiating and letting contract bids which include demolition, concrete, underground site utilities, electrical and plumbing.

1750 South Elmhurst Road • Des Plaines, Illinois 60018 • (847) 228-1500 • Fax: (847) 228-1579

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Current Conditions of Financial Status

Financing for the construction and operation of the project is still in place and remains as stated in the application.

Current Conditions of Costs Paid To Date

Item	*Cost*	*Paid to Date*	*% Expended*
Preplanning Costs	$36,000.00	$ 35,700.00	99%
Site Survey & Soil Investigation	$5,200.00	$ 3,750.00	72%
Site Preparation	$15,300.00	$ 2,150.00	14%
Off Site Work	$13,000.00	$ -	0%
New Construction Contracts	$2,165,600.00	$ -	0%
Modernization Contracts	$835,000.00	$ -	0%
Contingencies	$300,060.00	$ -	0%
Architectural/Engineering Fees	$185,000.00	$ 265,000.00	143%
Consulting & Other Fees	$67,000.00	$ 66,230.00	98%
Movable or Other Equipment (not in construction contracts)	$510,000.00	$ -	0%
Bond Issuance Expense (project related)	$0.00	$ -	0%
Net Interest Expense During Construction (project related)	$0.00	$ -	0%
Fair Market Value of Leased Space or Equipment	$0.00	$ -	0%
Other Costs To Be Capitalized	$91,600.00	$ -	0%
Acquisition of Building or Other Property (excluding land)	$0.00	$ -	0%
ESTIMATED TOTAL PROJECT COST	**$4,223,760.00**	**$ 372,830.00**	**9%**

As of today, the applicants have paid for all architectural drawings and permit fees to The City of Des Plaines and have received final approval from the Illinois Department of Public Health and have received all necessary building permits from the City of Des Plaines to commence work.

Current Conditions of Scope of Project

The approved square footage of our project - 14,920/GSF of new construction and 8,310/GSF of modernized space and the amount of approved beds, 75, has not changed.

Current Conditions of Completion Date Status

There currently exists a Freddie Mac mortgage loan on the property. The collateral for this mortgage loan includes the land area proposed for the nursing home construction. When this loan was entered into, verbal assurances were given to us by the lender that we would be allowed to construct a nursing home on this section of land. However, after the mortgage fall out of 2008-09 and specifically the issues Freddie Mac has been facing in the home mortgage market, the officials at Freddie Mac are discussing how to proceed. Although the release of this collateral was contemplated at the mortgages' inception, Freddie Mac was initially reluctant to modify any written conditions in the loan documents. Our attorneys have been working on this matter for a year and we anticipate Freddie Mac will either agree to allow us to build on the mortgage property (thereby increasing the value of their collateral) or allow a partial release of the mortgage, so we can build on the then non-mortgaged portion of the property. I have attached to this letter a timeline of events associated with Oak Grove prepared by our counsel. We believe this matter will be resolved in the next 90 days.

We are prepared to break ground immediately and continue to anticipate a completion date of December 30, 2013 as extended in our request for extension dated December 14, 2010.

In closing, please feel free to call me at 847-228-1500 if there remain any questions or comments you wish to discuss. Thank you.

Sincerely,

Hillel Shapiro
Asbury Health Services Assistant Project Manager
attachments

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

TELEPHONE (847) 324-7990

847-324-7979
steve@sherlaw.net

January 10, 2012

BY ELECTRONIC MAIL

Paul Kisselburg, Esq.
Oppenheimer, Wolff & Donnelly LLP
45 South Seventh Street
Plaza VII, Suite 3300
Minneapolis, MN 55402
PKisselburg@oppenheimer.com

Re: Asbury Court Retirement Community – Freddie Mac Approval of SNF Construction

Dear Paul:

After relying on verbal representations made by your client's predecessor, Glasser Financial, my client invested over $500,000 in the pre-construction phase of a new nursing home on the mortgaged property, resulting in the issuance of a Certificate of Need. After the issuance of the CON, Oak Grove informed us that Freddie Mac would not allow and had rejected the proposal to construct the nursing home on the mortgaged property. As a result of this apparent rejection by Freddie Mac, our clients have had numerous discussions over the past year related to a possible lot split and partial mortgage release. As the servicer of the loan, it was Oak Grove's responsibility to formally submit a recommendation along with supporting materials to Freddie Mac for their approval. After working toward a lot split for nine months, late last year we were told that Freddie Mac may be receptive to a proposal to construct the nursing home on the mortgaged property. Again, your client, as the servicer, must submit a complete package to Freddie Mac before it will formally consider the request for approval. During the past couple of months, my client has responded timely to several new requests by Oak Grove for the latest submission, however after each response, the file appears to languish for a week or more at a time with no visible progress on the submission.

In my client's opinion, little has been accomplished to move this project from Oak Grove to Freddie Mac Asset Management for approval. Prior to January 27, 2012, we need to submit a critical report to Illinois Health Facilities Planning Board, the issuer of our Certificate of Need. If the Board unfavorably views the results of our progress, my client is legitimately concerned that the Board could penalize my client or rescind the CON resulting in a derailment of the entire project, a total loss of my client's investment, a loss of future income, a loss of increased value for the retirement center as well as a loss of jobs in the community. Although I suspect that Oak Grove has little financial incentive to submit the borrower's request for construction of the nursing home on the mortgaged property, I question what else my client can do to move this process along quickly. We both know that litigation is not an attractive option

ATTACHMENT-XXA

and wholly unnecessary so long as our CON is in existence, but time to get this project done is running short.

You will have to forgive our frustration with this situation, but have been dealing with this submission in one form or another for well over a year. All we ask is that your client complete and quickly submit the complete package to Freddie Mac, so it can decide on the construction before our certificate of need is further jeopardized. Thank you for your attention to this matter.

Very truly yours,

Stephen N. Sher

Stephen N. Sher

cc: Mr. Mark Kahn (by email mkahn329@aol.com)
Mr. Michael Zahtz (by email Michaelzahtz@asburyretirement.com)
Mr. Andrew Field (by email Andrew_field@kirk.senate.gov)

ATTACHMENT-⊠A

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

TELEPHONE (847) 324-7990

847-324-7979
steve@sherlaw.net

October 5, 2011

BY EMAIL AND FEDEX (FRIDAY DELIVERY)

Paul Kisselburg, Esq.
Oppenheimer, Wolff & Donnelly LLP
45 South Seventh Street
Plaza VII, Suite 3300
Minneapolis, MN 55402
PKisselburg@oppenheimer.com

Re: Asbury Court Retirement Community – Partial Release of Mortgage

Dear Paul:

As you may or may not know, Asbury Court Retirement Community has a current value of $24,400,000 and is encumbered with the Freddie Mac mortgage securing a note with a balance of $11,500,000 (representing a loan to balance under 50%). The addition of the nursing home to the continuum of care will increase the value of the retirement center because those new tenants my client lost because of not having an adjacent nursing home will now become residents of the retirement center. This increase in value will decrease the loan to value even more, thereby decreasing risk to the lender and Freddie Mac. The nursing home project will also create residual benefits to the Des Plaines community and the State of Illinois generally in the form of construction costs and new nursing jobs created for employees operating the nursing home. For those reasons, my client has recently had discussions with U.S. Senator Kirk's office, who has taken an interest in this Project.

I have attached revised easements and specific responses to your most recent questions and hope this provides you with everything required to complete your legal review of the partial release. The late delivery of the zoning report has delayed your report, Oak Grove's submission to Freddie Mac of its recommendation and, hopefully, Freddie Mac's approval. My client has state imposed deadlines tied to their certificate of need, which cannot be further extended and fear that further setbacks will jeopardize the project altogether. Therefore, it would assist us greatly if you could quickly complete your legal review for Oak Grove. I will ask my client to contact Ms. Rhodes to discuss the process for making the formal recommendation to Freddie Mac.

ATTACHMENT-XXA

Please contact our office as soon as possible with any further questions you or Oak Grove may have so that we can now quickly address your concerns and move this submission to Freddie Mac. Thank you for your attention to this matter.

Very truly yours,

Stephen N. Sher

Enclosures

cc: Mr. Mark Kahn (by email w/o encl.)
Mr. Michael Zahtz (by email w/o encl.)
Mr. Andrew Field (by email w/o encl. Andrew_field@kirk.senate.gov)

ATTACHMENT-XXA

TIMELINE OF ASBURY AND OAK GROVE DISCUSSIONS

Date	Description
12/16/2010	Michael Zahtz, on behalf of borrower, requests supplemental financing for construction of 75 bed nursing facility on property, which would be included as collateral.
1/4/2011	Michael Leonard, on behalf of Oak Grove Capital, LLC, discussed request with Freddie Mac and rejected our request for additional funding. Michael Leonard suggested we submit a request for a partial release of the vacant portion of the property, thus allowing us the right to construct the nursing home wing.
1/10/2011	Melissa Rhodus of Oak Grove Capital, LLC sends borrower the Engagement Letter.
1/14/2011	Melissa Rhodus of Oak Grove Capital, LLC sends borrower the Engagement Letter revised per conversations with borrower.
1/17/2011	Engagement letter accepted by borrower.
1/28/2011	Conference call re separate PINs and proposal re subdivision and possible condominium formation.
4/13/2011	Borrower finalized new structure with City of Des Plaines, which will allowing borrower to create two PINs (one for the existing retirement center and another for the new nursing home) without performing a formal subdivision.
5/11/2011	Submission by Stephen Sher to Oak Grove Capital, LLC of Borrower responsible submissions under Engagement Letter.
5/18/2011	Borrower discussion with Paul Kisselburg related to lot division.
6/13/2011	Borrower received existing title policy from Paul Kisselburg. Borrower to order date down to existing policy.
6/13/2011	Informed by Melissa Rhodus of Oak Grove Capital, LLC of the requirement for Zoning Report. Told that they were ordering it immediately.
7/7/2011	Borrower's counsel forwarded date down endorsement and draft access easement to Paul Kisselburg.
7/19/2011	Paul Kissleburg requests comments on Modification Agreement.
7/29/2011	Borrower's counsel comments to Modification Agreement.
9/7/2011	Paul Kissleburg sends borrower draft zoning report.
9/19/2011	Paul Kissleburg sends borrower open items raised by zoning report.
10/5/2011	Borrower's counsel responds to open items with detailed memo, revised easements and City of Des Plaines Agreement re division of tax parcel.
12/2/2011	Oak Grove indicates that it is now supportive of building of SNF on property.
12/20/2011	Oak Grove requests plans and drawings, easements, budget and construction contract in connection with accepting SNF on mortgaged property.
12/20/2011	Borrower responded to Oak Grove with all items.

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Asbury Court
Retirement Community

RECEIVED
MAY 17 2013
HEALTH FACILITIES &
SERVICES REVIEW BOARD

May 17, 2013

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
525 West Jefferson Street
Springfield, Illinois 62761
Re: Asbury Health Services (Project #08-064)

Dear Ms. Courtney Avery,

On January 27th, 2009 Asbury Health Services was approved to establish a 75-bed long term care unit as part of a Continuum of Care Retirement Community for the construction of a building with 14,920 GSF of new construction and 8,310/GSF of modernized space to be located at 1750 Elmhurst Road, Des Plaines, Illinois 60018. As required under "Annual Progress Report-Part 1130.760", please accept this letter as formal submission of the current conditions for our project.

Current Conditions of Site Condition

The single story structure has been demolished to make room for the addition. The adjacent utilities have been relocated so not to interfere with the new foundation walls. Excavation for the piers and foundations is more than 90% complete and should be completed within a week to two. Footings for the foundation walls have been formed and steel reinforcement bar installed. Concrete is scheduled to be poured on Monday May 20 in those formed footings. Those footings are approximately 40% of the total. Concrete will continue. The pad has been cut down to grade and hauled away. The underground sanitary sewer has been completed. Approximately 20% of the underground storm sewer system (not including the detention system) has been installed and continues. A new water line to re-feed an adjacent property is complete.

1750 South Elmhurst Road • Des Plaines, Illinois 60018 • (847) 228-1500 • Fax: (847) 228-1579

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Current Conditions of Financial Status

Financing for the construction and operation of the project is still in place and remains as stated in the application.

Current Conditions of Costs Paid To Date

Item	*Cost*	*Paid to Date*	*% Expended*
Preplanning Costs	$36,000.00	$ 35,700.00	99%
Site Survey & Soil Investigation	$5,200.00	$ 3,750.00	72%
Site Preparation	$15,300.00	$ 2,150.00	14%
Off Site Work	$13,000.00	$ 980.00	0%
New Construction Contracts	$2,165,600.00	$ 127,736.00	0%
Modernization Contracts	$835,000.00	$ -	0%
Contingencies	$300,060.00	$ -	0%
Architectural/Engineering Fees	$185,000.00	$ 312,846.30	143%
Consulting & Other Fees	$67,000.00	$ 66,230.00	98%
Movable or Other Equipment (not in construction contracts)	$510,000.00	$ -	0%
Bond Issuance Expense (project related)	$0.00	$ -	0%
Net Interest Expense During Construction (project related)	$0.00	$ -	0%
Fair Market Value of Leased Space or Equipment	$0.00	$ -	0%
Other Costs To Be Capitalized	$91,600.00	$ -	0%
Acquisition of Building or Other Property (excluding land)	$0.00	$ -	0%
ESTIMATED TOTAL PROJECT COST	**$4,223,760.00**	**$ 549,392.30**	**13%**

As of today, the applicants have paid for all architectural drawings and permit fees to The City of Des Plaines and have received final approval from the Illinois Department of Public Health and have received all necessary building permits from the City of Des Plaines to commence work.

Current Conditions of Scope of Project

The approved square footage of our project - 14,920/GSF of new construction and 8,310/GSF of modernized space and the amount of approved beds, 75, has not changed.

Current Conditions of Completion Date Status

The project is still on schedule to substantially complete the construction within months, however, in-light of recent policy changes in needing all realized project costs submitted back to the HFSRB prior to commencement of the IDPH Licensure process, the Applicant is estimating that a more realistic completion date will be June 30, 2014. It should be noted that the appropriate request for permit renewal will be made prior to 45-days of the permit expiration date (December 31, 2013).

In closing, please feel free to call me at 847-228-1500 or our CON Consultant John P. Kniery at 217-544-1551 if there remain any questions or comments you wish to discuss. Thank you.

Sincerely,

Hillel Shapiro

Constantino, Mike

From: John Kniery [JKniery@foleyandassociates.com]
Sent: Friday, May 17, 2013 4:50 PM
To: Constantino, Mike
Cc: Hillel Shapiro; Tom McNulty
Subject: Asbury Gardens DesPlaines, HFSB # 08-064
Attachments: SCFA13051715340.pdf

Michael: Not sure if the notice for obligation on the above referenced project was provided to you previously or not. It should be noted that the project was obligated on July 21, 2011. This project requested and received a one year obligation extension from July 27, 2010 to July 27, 2011. Please find five contracts totaling $1,491,050 or 35.3% of the project that were respectively executed on July, 21, 2011, July 19, 2011, July 20, 2011, July 21, 2011, and July 17, 2011. Therefore, the project was obligated in accordance with the 77 IAC, Chapter II, of Subchapter b, Section 1130.720.

If you should have any questions or concerns, please do not hesitate to contact me. Thanks.

John P. Kniery

Health Care Consultant
Foley & Associates, Inc.
1638 So. MacArthur Boulevard
Springfield, Illinois 62704
217.544.1551 - Office
217.544.3615 - Facsimile
foley@foleyandassociates.com

jkniery@foleyandassociates.com

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From: Administrator
Sent: Friday, May 17, 2013 3:35 PM
To: John Kniery
Subject: Message from KMBT_363

AIA® Document A101™ – 2007

Standard Form of Agreement Between Owner and Contractor where the basis of payment is a Stipulated Sum

AGREEMENT made as of the day of in the year
(In words, indicate day, month and year.)

BETWEEN the Owner:
(Name, legal status, address and other information)

Des Plaines Property L.L.C.
1750 Elmhurst Road
Des Plaines, Illinois 60018

and the Contractor:
(Name, legal status, address and other information)
Prairie Plumbing Contractors
975 North Main St.
Glen Ellyn, Illinois 60137

for the following Project:
(Name, location and detailed description)
Asbury Court Retirement Community
Renovation & Addition
1750 Elmhurst Road
Des Plaines, Illinois 60018

The Architect:
(Name, legal status, address and other information)

The Syntec Group
5366 North Elston Ave.
Chicago, Illinois 60630

The Owner and Contractor agree as follows.

Init.
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ATTACHMENT-⊠A

TABLE OF ARTICLES

1 THE CONTRACT DOCUMENTS

2 THE WORK OF THIS CONTRACT

3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

4 CONTRACT SUM

5 PAYMENTS

6 DISPUTE RESOLUTION

7 TERMINATION OR SUSPENSION

8 MISCELLANEOUS PROVISIONS

9 ENUMERATION OF CONTRACT DOCUMENTS

10 INSURANCE AND BONDS

ARTICLE 1 THE CONTRACT DOCUMENTS

The Contract Documents consist of this Agreement, Conditions of the Contract (General, Supplementary and other Conditions), Drawings, Specifications, Addenda issued prior to execution of this Agreement, other documents listed in this Agreement and Modifications issued after execution of this Agreement, all of which form the Contract, and are as fully a part of the Contract as if attached to this Agreement or repeated herein. The Contract represents the entire and integrated agreement between the parties hereto and supersedes prior negotiations, representations or agreements, either written or oral. An enumeration of the Contract Documents, other than a Modification, appears in Article 9.

ARTICLE 2 THE WORK OF THIS CONTRACT

The Contractor shall fully execute the Work described in the Contract Documents, except as specifically indicated in the Contract Documents to be the responsibility of others. Interior Plumbing Installation, All plumbing piping, valves, drains and accessories to main water connection

ARTICLE 3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

§ 3.1 The date of commencement of the Work shall be the date of this Agreement unless a different date is stated below or provision is made for the date to be fixed in a notice to proceed issued by the Owner.

(Insert the date of commencement if it differs from the date of this Agreement or, if applicable, state that the date will be fixed in a notice to proceed.)

July 21, '11

If, prior to the commencement of the Work, the Owner requires time to file mortgages and other security interests, the Owner's time requirement shall be as follows:

§ 3.2 The Contract Time shall be measured from the date of commencement.

§ 3.3 The Contractor shall achieve Substantial Completion of the entire Work not later than ( ) days from the date of commencement, or as follows:

(Insert number of calendar days. Alternatively, a calendar date may be used when coordinated with the date of commencement. If appropriate, insert requirements for earlier Substantial Completion of certain portions of the Work.)

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User Notes: (1832202613)

Init. 2

ATTACHMENT-⊠A

Portion of Work	Substantial Completion Date

, subject to adjustments of this Contract Time as provided in the Contract Documents.
(Insert provisions, if any, for liquidated damages relating to failure to achieve Substantial Completion on time or for bonus payments for early completion of the Work.)

ARTICLE 4 CONTRACT SUM

§ 4.1 The Owner shall pay the Contractor the Contract Sum in current funds for the Contractor's performance of the Contract. The Contract Sum shall be ($), subject to additions and deductions as provided in the Contract Documents. $ 328,000.00 Three Hundred Twenty Three Thousand & 00/xx Dollars

§ 4.2 The Contract Sum is based upon the following alternates, if any, which are described in the Contract Documents and are hereby accepted by the Owner:
(State the numbers or other identification of accepted alternates. If the bidding or proposal documents permit the Owner to accept other alternates subsequent to the execution of this Agreement, attach a schedule of such other alternates showing the amount for each and the date when that amount expires.)

§ 4.3 Unit prices, if any:
(Identify and state the unit price; state quantity limitations, if any, to which the unit price will be applicable.)

Item	Units and Limitations	Price Per Unit ($0.00)

§ 4.4 Allowances included in the Contract Sum, if any:
(Identify allowance and state exclusions, if any, from the allowance price.)

Item	Price

ARTICLE 5 PAYMENTS

§ 5.1 PROGRESS PAYMENTS

§ 5.1.1 Based upon Applications for Payment submitted to the Architect by the Contractor and Certificates for Payment issued by the Architect, the Owner shall make progress payments on account of the Contract Sum to the Contractor as provided below and elsewhere in the Contract Documents.

§ 5.1.2 The period covered by each Application for Payment shall be one calendar month ending on the last day of the month, or as follows:

§ 5.1.3 Provided that an Application for Payment is received by the Architect not later than the 15th day of a month, the Owner shall make payment of the certified amount to the Contractor not later than the 1st day of the month. ~~If an Application for Payment is received by the Architect after the application date fixed above, payment shall be made by the Owner not later than ( ) days after the Architect receives the Application for Payment.~~
(Federal, state or local laws may require payment within a certain period of time.)

§ 5.1.4 Each Application for Payment shall be based on the most recent schedule of values submitted by the Contractor in accordance with the Contract Documents. The schedule of values shall allocate the entire Contract Sum among the various portions of the Work. The schedule of values shall be prepared in such form and supported

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3

ATTACHMENT-XXA

IN WITNESS WHEREOF, Owner and Contractor have executed this Rider the day and year first above written.

Owner:	Contractor:
DES PLAINES PROPERTY LLC	Prairie Plumbing Contractors
By Tom McNulty	By Mike Rahm
Name: TOM McNULTY	Name: Mike Rahm
Its: CONST. MGR.	Its: President

AIA Document A101™ – 2007

Standard Form of Agreement Between Owner and Contractor where the basis of payment is a Stipulated Sum

AGREEMENT made as of the 19 day of July in the year 2011
(In words, indicate day, month and year.)

BETWEEN the Owner:
(Name, legal status, address and other information)
Des Plaines Property L.L.C.
1750 Elmhurst Rd.
Des Plaines, Ill. 60018

and the Contractor:
(Name, legal status, address and other information)
MIKE NERI SEWER & WATER
1230 Dover Lane
Elk Grove Village 60007

for the following Project:
(Name, location and detailed description)
Asbury Court Retirement Community Nursing Home
Renovation & New Construction
1750 Elmhurst Rd.
Des Plaines, Ill. 60018

The Architect:
(Name, legal status, address and other information)

The Owner and Contractor agree as follows.

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ATTACHMENT-XXA

TABLE OF ARTICLES

1 THE CONTRACT DOCUMENTS

2 THE WORK OF THIS CONTRACT

3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

4 CONTRACT SUM

5 PAYMENTS

6 DISPUTE RESOLUTION

7 TERMINATION OR SUSPENSION

8 MISCELLANEOUS PROVISIONS

9 ENUMERATION OF CONTRACT DOCUMENTS

10 INSURANCE AND BONDS

ARTICLE 1 THE CONTRACT DOCUMENTS

The Contract Documents consist of this Agreement, Conditions of the Contract (General, Supplementary and other Conditions), Drawings, Specifications, Addenda issued prior to execution of this Agreement, other documents listed in this Agreement and Modifications issued after execution of this Agreement, all of which form the Contract, and are as fully a part of the Contract as if attached to this Agreement or repeated herein. The Contract represents the entire and integrated agreement between the parties hereto and supersedes prior negotiations, representations or agreements, either written or oral. An enumeration of the Contract Documents, other than a Modification, appears in Article 9.

ARTICLE 2 THE WORK OF THIS CONTRACT

The Contractor shall fully execute the Work described in the Contract Documents, except as specifically indicated in the Contract Documents to be the responsibility of others. INSTALLATION OF ALL UNDERGROUND SEWER CATCH BASIN, WATER MAIN LINES WATERLINE VALVES, FIRE HYDRANT, SANITARY SEWER MANHOLES AND WATER RETENTION VAULT AND LINES.

ARTICLE 3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

§ 3.1 The date of commencement of the Work shall be the date of this Agreement unless a different date is stated below or provision is made for the date to be fixed in a notice to proceed issued by the Owner.

(Insert the date of commencement if it differs from the date of this Agreement or, if applicable, state that the date will be fixed in a notice to proceed.)

July 19, 11

If, prior to the commencement of the Work, the Owner requires time to file mortgages and other security interests, the Owner's time requirement shall be as follows:

§ 3.2 The Contract Time shall be measured from the date of commencement.

§ 3.3 The Contractor shall achieve Substantial Completion of the entire Work not later than ( ) days from the date of commencement, or as follows:

(Insert number of calendar days. Alternatively, a calendar date may be used when coordinated with the date of commencement. If appropriate, insert requirements for earlier Substantial Completion of certain portions of the Work.)

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2

Portion of Work	Substantial Completion Date

, subject to adjustments of this Contract Time as provided in the Contract Documents.
(Insert provisions, if any, for liquidated damages relating to failure to achieve Substantial Completion on time or for bonus payments for early completion of the Work.)

ARTICLE 4 CONTRACT SUM

§ 4.1 The Owner shall pay the Contractor the Contract Sum in current funds for the Contractor's performance of the Contract. The Contract Sum shall be ($), subject to additions and deductions as provided in the Contract Documents.
$ 230,000 00 ~~+/- 10~~
Two Hundred Thirty Thousand

§ 4.2 The Contract Sum is based upon the following alternates, if any, which are described in the Contract Documents and are hereby accepted by the Owner:
(State the numbers or other identification of accepted alternates. If the bidding or proposal documents permit the Owner to accept other alternates subsequent to the execution of this Agreement, attach a schedule of such other alternates showing the amount for each and the date when that amount expires.)

§ 4.3 Unit prices, if any:
(Identify and state the unit price; state quantity limitations, if any, to which the unit price will be applicable.)

Item	Units and Limitations	Price Per Unit ($0.00)

§ 4.4 Allowances included in the Contract Sum, if any:
(Identify allowance and state exclusions, if any, from the allowance price.)

Item	Price

ARTICLE 5 PAYMENTS

§ 5.1 PROGRESS PAYMENTS

§ 5.1.1 Based upon Applications for Payment submitted to the Architect by the Contractor and Certificates for Payment issued by the Architect, the Owner shall make progress payments on account of the Contract Sum to the Contractor as provided below and elsewhere in the Contract Documents.

§ 5.1.2 The period covered by each Application for Payment shall be one calendar month ending on the last day of the month, or as follows:

§ 5.1.3 Provided that an Application for Payment is received by the Architect not later than the 1st day of a month, the Owner shall make payment of the certified amount to the Contractor not later than the 7th day of the month. ~~If an Application for Payment is received by the Architect after the application date fixed above, payment shall be made by the Owner not later than ( ) days after the Architect receives the Application for Payment.~~
(Federal, state or local laws may require payment within a certain period of time.)

§ 5.1.4 Each Application for Payment shall be based on the most recent schedule of values submitted by the Contractor in accordance with the Contract Documents. The schedule of values shall allocate the entire Contract Sum among the various portions of the Work. The schedule of values shall be prepared in such form and supported

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IN WITNESS WHEREOF, Owner and Contractor have executed this Rider the day and year first above written.

Owner:

DES PLAINES PROPERTY LLC

By Tom McNulty

Name: TOM MCNULTY

Its: CONST. MGR.

Contractor:

By Mike Neri

Name: MIKE NERI

Its: OWNER

ATTACHMENT-☒☒A

AIA® Document A101™ – 2007

Standard Form of Agreement Between Owner and Contractor where the basis of payment is a Stipulated Sum

AGREEMENT made as of the 20 day of July in the year 2011
(In words, indicate day, month and year.)

BETWEEN the Owner:
(Name, legal status, address and other information)
Des Plaines Property LLC
1750 Elmhurst Rd
Des Plaines Illinois 60018

and the Contractor:
(Name, legal status, address and other information)
Pueblo Concrete LLC
18 Acorn Lane
Yorkville, Ill. 60560

for the following Project:
(Name, location and detailed description)
Asbury Court Retirement Community Nursing Home
Renovation & Addition
1750 Elmhurst Rd
Des Plaines, Ill. 60018

The Architect:
(Name, legal status, address and other information)
Leytec Group
5366 N. Elston Ave.
Chicago, Ill. 60630

The Owner and Contractor agree as follows.

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ATTACHMENT-☒A

TABLE OF ARTICLES

1 THE CONTRACT DOCUMENTS

2 THE WORK OF THIS CONTRACT

3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

4 CONTRACT SUM

5 PAYMENTS

6 DISPUTE RESOLUTION

7 TERMINATION OR SUSPENSION

8 MISCELLANEOUS PROVISIONS

9 ENUMERATION OF CONTRACT DOCUMENTS

10 INSURANCE AND BONDS

ARTICLE 1 THE CONTRACT DOCUMENTS

The Contract Documents consist of this Agreement, Conditions of the Contract (General, Supplementary and other Conditions), Drawings, Specifications, Addenda issued prior to execution of this Agreement, other documents listed in this Agreement and Modifications issued after execution of this Agreement, all of which form the Contract, and are as fully a part of the Contract as if attached to this Agreement or repeated herein. The Contract represents the entire and integrated agreement between the parties hereto and supersedes prior negotiations, representations or agreements, either written or oral. An enumeration of the Contract Documents, other than a Modification, appears in Article 9.

ARTICLE 2 THE WORK OF THIS CONTRACT

The Contractor shall fully execute the Work described in the Contract Documents, except as specifically indicated in the Contract Documents to be the responsibility of others. Installation of concrete foundational walls, piers, footings, and concrete floors

ARTICLE 3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

§ 3.1 The date of commencement of the Work shall be the date of this Agreement unless a different date is stated below or provision is made for the date to be fixed in a notice to proceed issued by the Owner.
(Insert the date of commencement if it differs from the date of this Agreement or, if applicable, state that the date will be fixed in a notice to proceed.)

If, prior to the commencement of the Work, the Owner requires time to file mortgages and other security interests, the Owner's time requirement shall be as follows:

§ 3.2 The Contract Time shall be measured from the date of commencement.

§ 3.3 The Contractor shall achieve Substantial Completion of the entire Work not later than ( ) days from the date of commencement, or as follows:
(Insert number of calendar days. Alternatively, a calendar date may be used when coordinated with the date of commencement. If appropriate, insert requirements for earlier Substantial Completion of certain portions of the Work.)

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Portion of Work	Substantial Completion Date

, subject to adjustments of this Contract Time as provided in the Contract Documents.
(Insert provisions, if any, for liquidated damages relating to failure to achieve Substantial Completion on time or for bonus payments for early completion of the Work.)

ARTICLE 4 CONTRACT SUM

§ 4.1 The Owner shall pay the Contractor the Contract Sum in current funds for the Contractor's performance of the Contract. The Contract Sum shall be ($), subject to additions and deductions as provided in the Contract Documents. $263,500 Two Hundred Sixty Three Thousand Five Hundred & 00

§ 4.2 The Contract Sum is based upon the following alternates, if any, which are described in the Contract Documents and are hereby accepted by the Owner:
(State the numbers or other identification of accepted alternates. If the bidding or proposal documents permit the Owner to accept other alternates subsequent to the execution of this Agreement, attach a schedule of such other alternates showing the amount for each and the date when that amount expires.)

§ 4.3 Unit prices, if any:
(Identify and state the unit price; state quantity limitations, if any, to which the unit price will be applicable.)

Item	Units and Limitations	Price Per Unit ($0.00)

§ 4.4 Allowances included in the Contract Sum, if any:
(Identify allowance and state exclusions, if any, from the allowance price.)

Item	Price

ARTICLE 5 PAYMENTS

§ 5.1 PROGRESS PAYMENTS

§ 5.1.1 Based upon Applications for Payment submitted to the Architect by the Contractor and Certificates for Payment issued by the Architect, the Owner shall make progress payments on account of the Contract Sum to the Contractor as provided below and elsewhere in the Contract Documents.

§ 5.1.2 The period covered by each Application for Payment shall be one calendar month ending on the last day of the month, or as follows:

§ 5.1.3 Provided that an Application for Payment is received by the Architect not later than the 25th day of a month, the Owner shall make payment of the certified amount to the Contractor not later than the 1st day of the month. ~~If an Application for Payment is received by the Architect after the application date fixed above, payment shall be made by the Owner not later than ( ) days after the Architect receives the Application for Payment.~~
(Federal, state or local laws may require payment within a certain period of time.)

§ 5.1.4 Each Application for Payment shall be based on the most recent schedule of values submitted by the Contractor in accordance with the Contract Documents. The schedule of values shall allocate the entire Contract Sum among the various portions of the Work. The schedule of values shall be prepared in such form and supported

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Init. 3

ATTACHMENT-☒A

Contractor and Owner have read this Exhibit A as of March _____, 2011, and agrees with the provisions contained within.

OWNER:

Des Plaines Property LLC

By: Tom McNulty
Name: TOM MCNULTY
Its: ~~President~~ CONST. MGR.

CONTRACTOR:

Pueblo Concrete LLC

By: Lewis Anguiano
Name: Lewis Anguiano
Its: President

ATTACHMENT-☒A

AIA® Document A101™ – 2007

Standard Form of Agreement Between Owner and Contractor where the basis of payment is a Stipulated Sum

AGREEMENT made as of the day of in the year
(In words, indicate day, month and year.)

BETWEEN the Owner:
(Name, legal status, address and other information)

Des Plaines Property L.L.C.
1750 Elmhurst Road
Des Plaines, Illinois 60018

and the Contractor:
(Name, legal status, address and other information)

AGD Electric Inc.
5931 W. Lawrence Ave
Chicago, Ill 60630

for the following Project:
(Name, location and detailed description)

Asbury Court Retirement Community
Renovation & Addition
1750 Elmhurst Road
Des Plaines, Illinois 60018

The Architect:
(Name, legal status, address and other information)

The Syntec Group
5366 North Elston Ave.
Chicago, Illinois 60630

The Owner and Contractor agree as follows.

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ATTACHMENT-☒A

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1 THE CONTRACT DOCUMENTS

2 THE WORK OF THIS CONTRACT

3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

4 CONTRACT SUM

5 PAYMENTS

6 DISPUTE RESOLUTION

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ARTICLE 2 THE WORK OF THIS CONTRACT

The Contractor shall fully execute the Work described in the Contract Documents, except as specifically indicated in the Contract Documents to be the responsibility of others. ELECTRICAL wiring, distribution, fixtures and all electrical matters

ARTICLE 3 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

§ 3.1 The date of commencement of the Work shall be the date of this Agreement unless a different date is stated below or provision is made for the date to be fixed in a notice to proceed issued by the Owner.

(Insert the date of commencement if it differs from the date of this Agreement or, if applicable, state that the date will be fixed in a notice to proceed.)

July 21, '11

If, prior to the commencement of the Work, the Owner requires time to file mortgages and other security interests, the Owner's time requirement shall be as follows:

§ 3.2 The Contract Time shall be measured from the date of commencement.

§ 3.3 The Contractor shall achieve Substantial Completion of the entire Work not later than ( ) days from the date of commencement, or as follows:

(Insert number of calendar days. Alternatively, a calendar date may be used when coordinated with the date of commencement. If appropriate, insert requirements for earlier Substantial Completion of certain portions of the Work.)

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(1632208813)

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2

Portion of Work	Substantial Completion Date

, subject to adjustments of this Contract Time as provided in the Contract Documents.
(Insert provisions, if any, for liquidated damages relating to failure to achieve Substantial Completion on time or for bonus payments for early completion of the Work.)

ARTICLE 4 CONTRACT SUM

§ 4.1 The Owner shall pay the Contractor the Contract Sum in current funds for the Contractor's performance of the Contract. The Contract Sum shall be ($), subject to additions and deductions as provided in the Contract Documents. $400,000 00/100 Four Hundred Thousand & 00/—

§ 4.2 The Contract Sum is based upon the following alternates, if any, which are described in the Contract Documents and are hereby accepted by the Owner:
(State the numbers or other identification of accepted alternates. If the bidding or proposal documents permit the Owner to accept other alternates subsequent to the execution of this Agreement, attach a schedule of such other alternates showing the amount for each and the date when that amount expires.) The cost for electrical fixtures + 5% including tax and shipping

§ 4.3 Unit prices, if any:
(Identify and state the unit price; state quantity limitations, if any, to which the unit price will be applicable.)

Item	Units and Limitations	Price Per Unit ($0.00)
		$40.00 per hour

§ 4.4 Allowances included in the Contract Sum, if any:
(Identify allowance and state exclusions, if any, from the allowance price.)

Item	Price

ARTICLE 6 PAYMENTS

§ 5.1 PROGRESS PAYMENTS

§ 5.1.1 Based upon Applications for Payment submitted to the Architect by the Contractor and Certificates for Payment issued by the Architect, the Owner shall make progress payments on account of the Contract Sum to the Contractor as provided below and elsewhere in the Contract Documents.

§ 5.1.2 The period covered by each Application for Payment shall be one calendar month ending on the last day of the month, or as follows:

§ 5.1.3 Provided that an Application for Payment is received by the Architect not later than the 25 day of a month, the Owner shall make payment of the certified amount to the Contractor not later than the 4 day of the month. ~~If an Application for Payment is received by the Architect after the application date fixed above, payment shall be made by the Owner not later than ( ) days after the Architect receives the Application for Payment.~~
(Federal, state or local laws may require payment within a certain period of time.)

§ 5.1.4 Each Application for Payment shall be based on the most recent schedule of values submitted by the Contractor in accordance with the Contract Documents. The schedule of values shall allocate the entire Contract Sum among the various portions of the Work. The schedule of values shall be prepared in such form and supported

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This Master Subcontract Agreement is executed as of the day and year first above written.

Subcontractor/Provider

By: [illegible]

Name: [illegible]

Title: [illegible]

Contractor/Purchaser

By: Tom McNulty

Name: TOM MCNULTY

Title: CONST. MGR.

ATTACHMENT-XXA

Mr. Hillel Shapiro
Director
Asbury Court
1750 Elmhurst Rd.
Des Plaines, IL. 60018

04/16/2010
edited: 05/17/2010

Re: Proposal for Skilled Care Wing Addition

Dear Mr. Shapiro
Pursuant to our conversations the following proposal has been developed to equitably adjust the proposal through the completion of the permit and bid process.

1. **PROJECT DESCRIPTION:**

An outgrowth of the facility was the determination by Asbury Court to design and build a new skilled care wing. Focusing on upgrading and expanding the facility, efficiency and aesthetic appearance of the skilled care wing. Currently the exact scope of the project is still under discussion and review. Therefore project budgets and fees may be modified as the project definition is finalized. The attached documents reflect Syntec's current understanding of the project scope. The attached documents are an integral part of this proposal::

1- Project Status Report 00A dated 05-17-2010
2- Final approved floor plan SK-107
3- Contract Modification (condensed version) 04-15-2010

The professional architectural/engineering services to be provided within the scope of this proposal are as follows:

- Completion of permit/bid construction documents per final approved floor plan SK-107
- Response and clarifications requested by regulatory agencies (expediting and additional meetings are not included- see below)
- Construction administration service as originally agreed would be limited to 1 meeting per month for a 9-month construction period.

2. **ADDITIONAL SERVICES (NIC)**

- Permit and regulatory review process (time and material only)
- Construction and/ or project management services (Given the number of variables that may be requested in these services Syntec will be happy to provide a proposal once the specific options and scope of services that Asbury Court would like included or excluded have been identified)
- Providing special surveys, environmental studies and submissions required for approvals of governmental authorities or others having jurisdiction over the

ATTACHMENT-XXA

DA Syntec LTD.
Project Management
Construction Management
5306 N. Elston Ave. 2nd.
Chicago, Illinois 60630
Tel: 773.725.8314
Fax: 773.725.8478

6. INVOICING:

The project will be invoiced on a monthly basis. Payments will be due promptly no later than 30 days passed the date on written invoice. As with all contracts prompt payments is of significant importance. The retainer(s) listed below are an integral part of, and due upon execution of this proposal:

Architectural/Engineering Services: **$00.00**

7. REIMBURSABLE:

Reimbursable expenses shall be billed at 1.10 time the actual invoice and shall include standard expenses as defined by AIA contract B151.

Upon proper execution of this proposal DA Syntec, Ltd. is ready to initiate the project.

Respectfully submitted:

Steven S. Salzman, President
DASyntec, Ltd.

Accepted:

Mr. Hillel Shapiro, Director
Asbury Court

Construction Management
Facility Management
Tel: 773.725.8578
Fax: 773.725.8578

Project.

- Providing interior design and other similar services required for or in connection with the selection, procurement or installation of furniture, furnishings and related equipment.
- Preparing a set of reproducible record drawings showing significant changes in the Work made during construction based on marked-up prints, drawings and other data furnished by the Contractor to the Architect.
- Additional insurance coverage requested by the Owner in excess of the coverage limits normally maintained by Syntec Ltd.
- Providing any other services not otherwise included in this Agreement or not customarily furnished in accordance with generally accepted architectural practice.
- Rerouting or pumping station that may be required by the Village will be an additional service of $2,500.

3. **PROECT SCHEDULE:**
   - To be determined

4. **PROJECT BUDGET:**
   - See attached document

5. **PROJECT FEES:**
   - Services provided under this proposal will be provided for a fixed fee:

Two hundred ninety seven thousand nine hundred Dollars ($297,900)

$ 269,550

This fee recognizes an unreimbursed time investment by Syntec of $12,195

The fees above have been established and any additional services will be invoiced based upon the fee schedule below:

Billing Rates: (Syntec, Ltd.)	
Principal	$170.00/hr
Senior Project Manager	$115.00/hr
Sr Project Arch/Eng	$105.00/hr
Project Manager	$ 90.00/hr
Project Arch/Eng	$ 75.00/hr
Information Specialist	$ 65.00/hr
Administrative Support	$ 45.00/hr

If the project is cancelled Asbury Court will be responsible solely for the fees incurred for services rendered as of the date Syntec receives written notice.

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

December 18, 2013

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mark Kahn, Operating Manager
Reiss, Inc.
29 East Madison Street, Ste 1510
Chicago, IL 60602

RE: Permit Renewal for Project #08-064 Asbury Health Services, Des Plaines
Permit Holder: Ashley Management and Development Corporation – Des Plaines Property, LLC

Dear Mr. Kahn:

On December 17, 2013 the Illinois Health Facilities and Services Review Board/Chairman approved the permit holder's request for a permit renewal for the above-referenced project. Therefore, the permit for this project has been renewed until June 30, 2015.

Should the permit holder determine that it will be unable to complete the project by June 30, 2015, the permit holder may request another renewal of the permit. 77 IAC 1130.740 provides that the State Agency must be in receipt of a permit renewal request AT LEAST 45 DAYS PRIOR TO THE EXPIRATION DATE OF THE REQUIRED COMPLETION PERIOD.

The permit holder is reminded that permits for projects which are not completed within the required time frame shall expire for lack of due diligence, unless renewed by the State Board. The permit holder is also reminded of the other post-permit requirements contained in "Subpart G" of Part 1130. Adherence to these requirements is essential in maintaining a valid permit and is the sole responsibility of the permit holder.

Should you have any questions, please contact Mike Constantino or George Roate at (217) 782-3516 and ask to speak to a staff person about post permit requirements.

Sincerely,

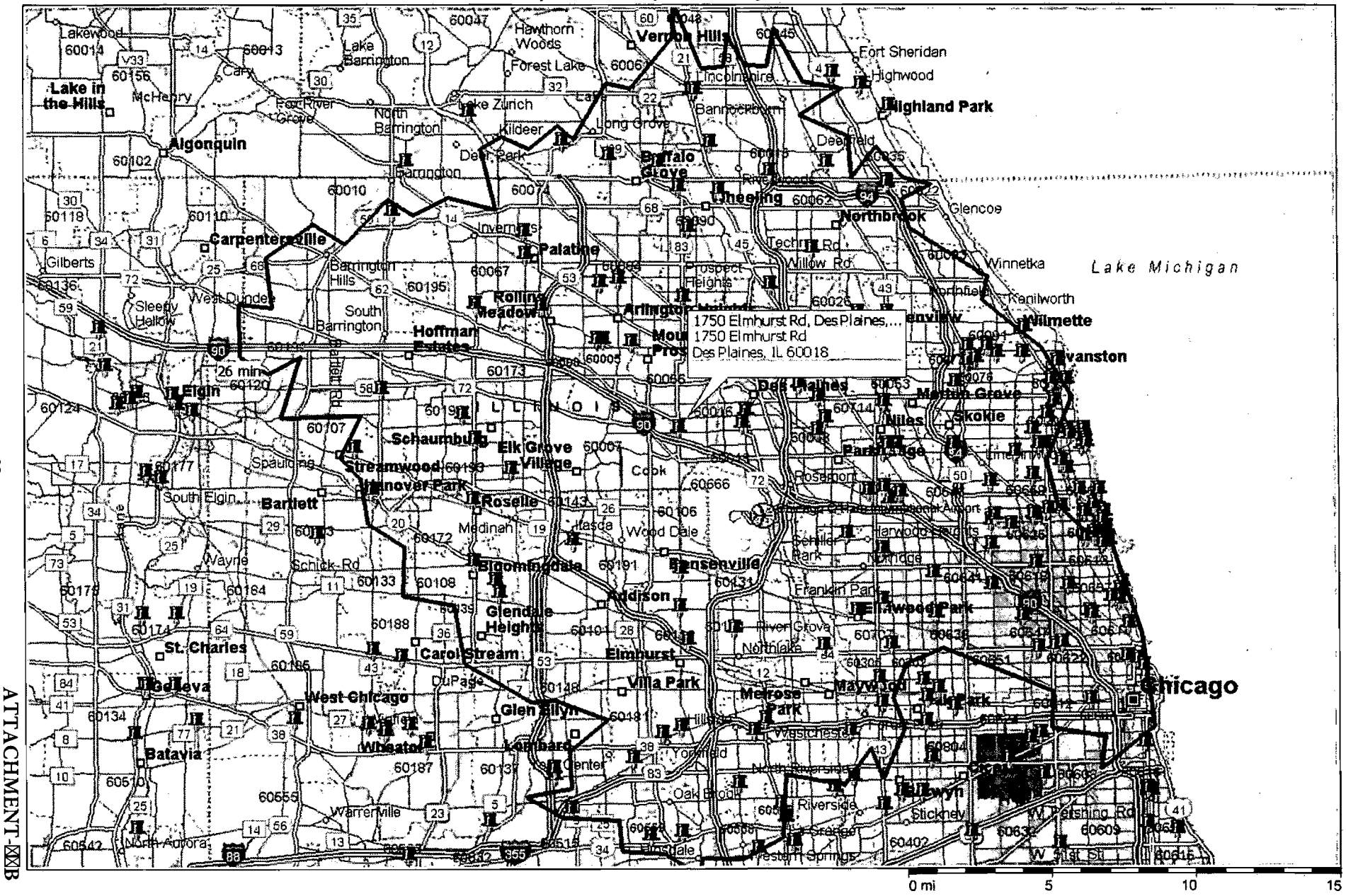
Courtney Avery

Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board

cc: Kathy J. Olson, Chairwoman

ATTACHMENT-XXA

MapPoint Map - Asbury Health



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Asbury Court Nursing and Rehabilitation - DesPlaines
Patient Origin within 30-Minute Market Contour
CY2012 and CY2013

2012

Resident Initials	Admission Date	Contact Zip	# Admits per Zip Code	# Admits within 30-Min Zip Codes
TC	5/12/2012	60004		
RS	8/18/2012	60004		
RS	11/17/2012	60004	3	3
EM	5/22/2012	60005		
MA	6/24/2012	60005		
AP	11/7/2012	60005	3	3
VG	6/29/2012	60007	1	1
ER	2/25/2012	60010		
BD	4/10/2012	60010		
RN	5/26/2012	60010	3	3
PP	8/9/2012	60014	1	
EL	7/1/2012	60016		
AW	6/18/2012	60016		
LW	12/5/2012	60016	3	3
HD	3/17/2012	60025	1	1
HL	10/22/2012	60035	1	
OC	6/30/2012	60050	1	
NS	9/29/2012	60053	1	1
DB	5/26/2012	60056		
JB	7/7/2012	60056		
GP	8/7/2012	60056		
JB	8/17/2012	60056		
LF	10/8/2012	60056	5	5
JS	5/12/2012	60068		
MS	8/12/2012	60068	2	2
IN	12/4/2012	60069	1	1
JW	3/30/2012	60070		
PR	5/5/2012	60070	2	2
HB	7/27/2012	60076	1	1
EM	7/5/2012	60081	1	
KS	9/26/2012	60088	1	
RG	7/14/2012	60089	1	1
SA	3/31/2012	60090	1	1
JD	2/24/2012	60101	1	1
MS	8/18/2012	60107	1	
JD	4/27/2012	60108		
CM	11/20/2012	60108	2	2
WH	7/31/2012	60160	1	1
DT	12/1/2012	60163	1	1
KG	2/14/2012	60169	1	1
MS	7/9/2012	60192	1	1
DC	5/8/2012	60193	1	1
FA	7/1/2012	60194	1	1
JJ	11/24/2012	60201	1	1
MH	2/9/2012	60202		
DT	9/1/2012	60202	2	2
RL	11/17/2012	60417	1	
GM	1/17/2012	60601	1	1
JZ	6/19/2012	60602	1	1
DW	6/16/2012	60605	1	
EM	5/31/2012	60606	1	1
BK	8/5/2012	60631		
PP	12/1/2012	60631	2	2
HB	3/20/2012	60634	1	1
MK	9/15/2012	60654	1	1
RB	10/2/2012	60656	1	1
MB	9/19/2012	60660	1	
JM	4/21/2012	60706	1	1
WP	8/6/2012	60714	1	1
PZ	4/21/2012	97214	1	
			60	50
CK	3/17/2012	A Place for Mom	1	
CM	12/1/2012	A Place for Mom	1	
AN	10/31/2012	Asbury Aurora	1	
CS	11/15/2012	Daily Herald	1	
MS	9/22/2012	Diane LeBeau	1	
JC	9/24/2012	Drive By	1	
JB	11/20/2012	Drive By	1	
MW	2/21/2012	Erin Vogt	1	
SL	9/1/2012	Friend	1	
JS	10/30/2012	Friend	1	
MP	6/28/2012	Frisbie Sr Ct	1	
SD	2/6/2013	Lainie Roth	1	
WG	11/9/2012	Mary Gould	1	
LR	6/29/2012	Niles Senior Cent	1	
BR	5/5/2012	Northwest Hospi	1	
RN	8/10/2012	Patty Kehl	1	
GR	2/27/2012	Public Guardian	1	
GP	11/20/2012	Public Guardian	1	
CB	12/29/2012	Resident	1	
KK	3/22/2012	St. Alexius Hospi	1	
EA	9/19/2012	Therese Arnold	1	
MM	10/29/2012	Vera Watkins	1	
		unknown-zip origin	22	
		Total	82	

2013

Resident Initials	Admission Date	Contact Zip	# Admits per Zip Code	# Admits within 30-Min Zip Codes
YK	10/3/2013	33445	1	
AM	3/3/2013	60004		
JL	7/1/2013	60004		
PL	7/1/2013	60004	3	3
JW	1/22/2013	60005		
EB	5/15/2013	60005	2	2
CF	7/27/2013	60007	1	1
JF	4/4/2013	60015	1	1
DF	3/16/2013	60016		
EB	4/6/2013	60016		
HB	8/31/2013	60016	3	3
JS	1/17/2013	60018		
GK	2/5/2013	60018		
WS	3/9/2013	60018		
RT	3/15/2013	60018		
DC	4/1/2013	60018		
CM	5/1/2013	60018		
RP	5/13/2013	60018		
EW	5/13/2013	60018		
CS	5/15/2013	60018		
MS	5/30/2013	60018		
DW	6/13/2013	60018		
DL	6/26/2013	60018		
LR	7/15/2013	60018		
MR	7/17/2013	60018		
GO	8/4/2013	60018		
LO	8/4/2013	60018		
CK	8/6/2013	60018		
NG	8/11/2013	60018		
RO	9/15/2013	60018		
BS	9/20/2013	60018		
TD	9/26/2013	60018		
BD	9/26/2013	60018		
DW	10/10/2013	60018		
CS	10/21/2013	60018		
JM	11/15/2013	60018		
TV	11/30/2013	60018		
CS	12/21/2013	60018	27	27
JW	8/24/2013	60025		
CK	11/19/2013	60025		
ER	11/19/2013	60025	3	3
AI	1/15/2013	60030	1	
DB	4/14/2013	60035	1	
JL	10/26/2013	60050		
NL	10/26/2013	60050	2	
ER	1/21/2013	60056		
JB	3/3/2013	60056		
JC	3/16/2013	60056		
FM	10/11/2013	60056		
CG	10/20/2013	60056	5	5
DS	9/3/2013	60067	1	1
AD	4/4/2013	60068		
BU	8/24/2013	60068		
LU	8/24/2013	60068	3	3
TT	5/11/2013	60069	1	1
BH	10/31/2013	60070	1	1
IV	5/4/2013	60086	1	
FL	4/13/2013	60090		
DC	4/16/2013	60090	2	2
HS	7/1/2013	60102	1	
ER	5/31/2013	60108	1	1
JM	3/29/2013	60131	1	1
PB	11/2/2013	60172	1	1
AZ	1/29/2013	60191	1	1
JJ	7/23/2013	60193	1	1
LC	5/26/2013	60194	1	1
GE	7/27/2013	60302	1	1
NC	11/30/2013	60478	1	
ES	8/24/2013	60527	1	
EF	6/14/2013	60614	1	1
NM	5/10/2013	60618	1	1
HR	7/8/2013	60626	1	
FJ	5/10/2013	60628		
FJ	8/31/2013	60628	2	
GM	3/2/2013	60630	1	1
MV	2/9/2013	60634		
MF	10/19/2013	60634	2	2
JZ	7/19/2013	60641	1	1
MM	11/30/2013	60654	1	1
DC	11/20/2013	60656	1	1
FS	1/12/2013	60701	1	
WK	6/14/2013	60714		2
OJ	8/31/2013	60714	2	
RL	11/24/2013	62791	1	
VV	4/19/2013	72543	1	
KM	5/31/2013	80467		
JM	5/31/2013	80467	2	
		Total	87	70

	Total # of Admissions	# Admissions within 30-Min	Total % within 30-Min
CY 2012	82	50	61%
CY 2013	87	70	80%
CY2012 & CY2013 Combined	169	120	71%

ATTACHMENT-XXC

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

Asbury Court SLF/Indepent Living Facility
Admit/Discharge Report: 01/01/2011 - 01/31/2014

Date	Resident Initials	LOC			
01/01/2011	KF	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/07/2011	PO	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/21/2011	JH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/21/2011	VO	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/21/2011	DB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/22/2011	HM	IL	1		Discharged to home or self care (routine discharge)
01/23/2011	WK	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/28/2011	VL	IL	1		Discharged to home or self care (routine discharge)
01/31/2011	PF	IL	1		Discharged to home or self care (routine discharge)
02/04/2011	DK	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/04/2011	HS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/06/2011	FP	SLF	1		Discharged to home or self care (routine discharge)
02/07/2011	GS	SLF	1		Discharged to home or self care (routine discharge)
02/11/2011	RG	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/14/2011	EH	SLF	1		Discharged to home or self care (routine discharge)
02/16/2011	MP	SLF	1		Discharged to home or self care (routine discharge)
02/17/2011	MK	SLF	1		Discharged to home or self care (routine discharge)
02/21/2011	EJ	IL	1		Discharged to home or self care (routine discharge)
02/22/2011	CT	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/22/2011	AM	SLF	1		Discharged to home or self care (routine discharge)
02/22/2011	GS	IL	1		Discharged to home or self care (routine discharge)
02/22/2011	AK	SLF	1		Discharged to home or self care (routine discharge)
02/23/2011	MK	IL	1		Discharged to home or self care (routine discharge)
02/25/2011	AG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/26/2011	FP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/27/2011	GS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/02/2011	ES	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/04/2011	VO	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/08/2011	RC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/13/2011	PO	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/13/2011	LZ	IL	1		Discharged to home or self care (routine discharge)
03/15/2011	CB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/15/2011	RJ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/16/2011	PU	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/22/2011	LJ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/23/2011	GS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/25/2011	VD	IL	1		Discharged to home or self care (routine discharge)
03/25/2011	RC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/27/2011	CYO	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/30/2011	EH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/31/2011	NM	IL	1		Discharged to home or self care (routine discharge)
04/05/2011	JD	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/06/2011	SG	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/12/2011	ER	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/15/2011	MF	IL	1		Discharged to home or self care (routine discharge)
04/18/2011	AP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/19/2011	EH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/27/2011	MC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/05/2011	AD	SLF	1		Discharged to home or self care (routine discharge)
05/10/2011	LP	IL	1		Discharged to home or self care (routine discharge)
05/15/2011	BK	SLF	1		Discharged/transferred to hospital for inpatient care
05/16/2011	JS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/17/2011	CS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/17/2011	GJ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/25/2011	GS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/31/2011	SG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/02/2011	JB	IL	1		Discharged to home or self care (routine discharge)
06/07/2011	WJ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

ATTACHMENT-XX

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

06/08/2011	LF	IL	1		Discharged to home or self care (routine discharge)
06/11/2011	MP	IL	1		Discharged to home or self care (routine discharge)
06/13/2011	IW	IL	1		Discharged to home or self care (routine discharge)
06/17/2011	FW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/18/2011	DE	IL	1		Discharged to home or self care (routine discharge)
06/22/2011	VZ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/23/2011	CB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/28/2011	MH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/08/2011	RS	IL	1		Discharged to home or self care (routine discharge)
07/09/2011	DD	IL			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
07/09/2011	CK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/18/2011	DR	IL	1		Discharged to home or self care (routine discharge)
07/19/2011	ED	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/19/2011	AT	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/21/2011	JS	IL	1		Discharged to home or self care (routine discharge)
07/21/2011	LW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/22/2011	CK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/27/2011	DV	IL	1		Discharged to home or self care (routine discharge)
07/28/2011	GS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/30/2011	JD	IL	1		Discharged to home or self care (routine discharge)
08/03/2011	LM	IL	1		Discharged to home or self care (routine discharge)
08/09/2011	JG	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/09/2011	YK	SLF	1		Discharged to home or self care (routine discharge)
08/19/2011	AN	SLF	1		Discharged/transferred to hospital for inpatient care
08/22/2011	WS	IL	1		Discharged to home or self care (routine discharge)
08/31/2011	MJ	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/31/2011	KL	IL	1		Discharged to home or self care (routine discharge)
08/31/2011	JB	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/01/2011	ES	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/01/2011	JM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/02/2011	HJ	IL	1		Discharged to home or self care (routine discharge)
09/04/2011	JS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/05/2011	RE	IL	1		Discharged to home or self care (routine discharge)
09/06/2011	MW	IL	1		Discharged to home or self care (routine discharge)
09/06/2011	LF	IL	1		Discharged to home or self care (routine discharge)
09/07/2011	CW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/07/2011	FM	IL	1		Discharged to home or self care (routine discharge)
09/09/2011	RW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/09/2011	MM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/10/2011	LL	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/15/2011	GM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/17/2011	EC	IL	1		Discharged to home or self care (routine discharge)
09/20/2011	YK	SLF	1		Discharged to home or self care (routine discharge)
09/22/2011	LF	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/22/2011	AR	SLF	1		Discharged to home or self care (routine discharge)
09/23/2011	VL	IL	1		Discharged to home or self care (routine discharge)
09/25/2011	RC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/28/2011	JK	IL	1		Discharged to home or self care (routine discharge)
09/30/2011	RC	IL	1		Discharged to home or self care (routine discharge)
09/30/2011	RJ	IL	1		Discharged to home or self care (routine discharge)
09/30/2011	RP	IL	1		Discharged to home or self care (routine discharge)
09/30/2011	DN	IL	1		Discharged to home or self care (routine discharge)
10/04/2011	CB	IL	1		Discharged to home or self care (routine discharge)
10/05/2011	MD	IL	1		Discharged to home or self care (routine discharge)
10/05/2011	MF	IL	1		Discharged to home or self care (routine discharge)
10/15/2011	JS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/17/2011	ZC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/19/2011	VZ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/23/2011	FM	IL	1		Discharged to home or self care (routine discharge)
10/23/2011	JH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/27/2011	PR	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/29/2011	GL	IL	1		Discharged to home or self care (routine discharge)
10/31/2011	HV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

ATTACHMENT-[redacted]

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

11/03/2011	ET	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/17/2011	GM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/19/2011	PH	IL	1		Discharged to home or self care (routine discharge)
11/27/2011	HH	IL	1		Discharged to home or self care (routine discharge)
11/30/2011	MM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/01/2011	WA	SLF	1		Discharged to home or self care (routine discharge)
12/01/2011	TS	IL	1		Discharged to home or self care (routine discharge)
12/02/2011	ED	IL	1		Discharged to home or self care (routine discharge)
12/07/2011	ET	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/09/2011	GW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/11/2011	MH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/12/2011	ND	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/17/2011	DT	IL			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
12/18/2011	AD	IL	1		Discharged to home or self care (routine discharge)
12/20/2011	GB	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/27/2011	JW	IL	1		Discharged to home or self care (routine discharge)
12/27/2011	JW	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/27/2011	JW	IL	1		Discharged to home or self care (routine discharge)
12/29/2011	RA	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/31/2011	ED	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
2011 Total Discharged			**139**	**77**	**Total Discharged to SNF**
01/02/2012	MG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/04/2012	JD	IL	1		Discharged to home or self care (routine discharge)
01/05/2012	HS	IL	1		Discharged to home or self care (routine discharge)
01/13/2012	JL	SLF	1		Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
01/14/2012	RB	IL	1		Discharged/transferred to hospital for inpatient care
01/18/2012	AN	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/19/2012	JK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/21/2012	RM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2012	AP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/27/2012	JS	IL	1		Discharged to home or self care (routine discharge)
02/04/2012	AC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/09/2012	LU	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/13/2012	CR	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/17/2012	SG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/18/2012	MV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/24/2012	JK	IL	1		Discharged/transferred to hospital for inpatient care
02/27/2012	RB	IL	1		Discharged to home or self care (routine discharge)
03/02/2012	RA	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/05/2012	SF	IL	1		Discharged to home or self care (routine discharge)
03/06/2012	GM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/12/2012	FM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/14/2012	SM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/14/2012	KG	IL	1		Discharged to home or self care (routine discharge)
03/15/2012	NS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/17/2012	DB	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/20/2012	SC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/20/2012	HB	IL	1		Discharged to home or self care (routine discharge)
03/25/2012	ET	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/26/2012	ES	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/29/2012	MK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/30/2012	CG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/31/2012	TS	IL	1		Discharged to home or self care (routine discharge)
04/01/2012	EM	IL	1		Discharged to home or self care (routine discharge)
04/02/2012	LM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/07/2012	CS	IL	1		Discharged to home or self care (routine discharge)
04/08/2012	PU	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/10/2012	HV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/12/2012	TM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/13/2012	CS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/18/2012	HN	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

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Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

04/20/2012	JM	IL	1	Discharged to home or self care (routine discharge)
04/21/2012	DH	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/22/2012	GM	IL	1	Discharged to home or self care (routine discharge)
04/30/2012	GB	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/10/2012	SC	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/16/2012	AS	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/17/2012	MN	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/18/2012	MP	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/19/2012	HS	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/22/2012	CB	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/25/2012	HB	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/30/2012	EM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/30/2012	FK	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/02/2012	TY	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/03/2012	HD	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/05/2012	JS	IL	1	Discharged to home or self care (routine discharge)
06/13/2012	JD	IL	1	Discharged to home or self care (routine discharge)
06/15/2012	CS	IL		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
06/19/2012	CG	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/19/2012	JZ	IL	1	Discharged to home or self care (routine discharge)
06/19/2012	MK	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/20/2012	ET	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/22/2012	AR	SLF	1	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
06/23/2012	PR	IL	1	Discharged to home or self care (routine discharge)
06/26/2012	IR	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/29/2012	JC	SLF	1	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
06/29/2012	WV	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/29/2012	RB	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/01/2012	MF	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/03/2012	MH	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/06/2012	AR	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/19/2012	GD	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/22/2012	NM	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/30/2012	CB	SLF	1	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/31/2012	RS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/31/2012	KK	SLF	1	Discharged to home or self care (routine discharge)
08/01/2012	CO	IL	1	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/01/2012	JB	IL	1	Discharged to home or self care (routine discharge)
08/04/2012	PH	IL	1	Discharged to home or self care (routine discharge)
08/04/2012	SK	IL	1	Discharged to home or self care (routine discharge)
08/09/2012	PP	IL	1	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/09/2012	VG	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/14/2012	IA	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/21/2012	EM	IL	1	Discharged to home or self care (routine discharge)
08/23/2012	AW	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/25/2012	HB	IL	1	Discharged to home or self care (routine discharge)
08/28/2012	PH	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/30/2012	PS	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/07/2012	RR	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/18/2012	MR	SLF		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
09/19/2012	AG	SLF	1	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
09/21/2012	RN	IL	1	Discharged to home or self care (routine discharge)
09/21/2012	BW	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/01/2012	MA	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/04/2012	MS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/04/2012	RR	SLF		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/05/2012	GP	IL	1	Discharged to home or self care (routine discharge)
10/06/2012	TC	IL		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/06/2012	JD	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/06/2012	LC	SLF	1	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/08/2012	IA	SLF		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/11/2012	ED	SLF	1	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/11/2012	ER	SLF	1	Discharge/transfer to another type of health care institution not defined elsewhere in the code list

ATTACHMENT-[redacted]

10/11/2012	AP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/14/2012	MA	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/14/2012	ML	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/15/2012	CK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/18/2012	MK	SLF	1		Discharged/transferred to hospital for inpatient care
10/26/2012	HB	IL	1		Discharged to home or self care (routine discharge)
10/29/2012	KS	IL	1		Discharged to home or self care (routine discharge)
10/30/2012	RG	SLF	1		Discharged to home or self care (routine discharge)
10/31/2012	WH	IL	1		Discharged to home or self care (routine discharge)
11/19/2012	JC	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
11/19/2012	JW	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/24/2012	DF	IL	1		Discharged to home or self care (routine discharge)
11/30/2012	JS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/30/2012	KS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/01/2012	JM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/04/2012	IN	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
12/05/2012	LW	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
12/06/2012	EL	IL	1		Discharged to home or self care (routine discharge)
12/06/2012	ND	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/08/2012	KH	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/11/2012	JO	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/18/2012	ES	IL	1		Discharged to home or self care (routine discharge)
12/20/2012	EV	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2012	MM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2012	JB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2012	SG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/26/2012	KS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/28/2012	BS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
2012 Total Discharged			**126**	**78**	**Total Discharged to SNF**
01/02/2013	JM	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
01/15/2013	AN	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
03/10/2013	AE	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
05/30/2013	LP	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/03/2013	FJ	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/12/2013	JJ	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/17/2013	HD	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/31/2013	SS	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/31/2013	HS	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/07/2013	DV	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/28/2013	RN	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
09/24/2013	PR	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
01/29/2013	PP	SLF	1	1	Discharge/Transferred to an inpatient rehab facility including rehab unit of a hospital
01/01/2013	DG	IL	1		Discharged to home or self care (routine discharge)
01/03/2013	JB	IL	1		Discharged to home or self care (routine discharge)
01/17/2013	DB	IL	1		Discharged to home or self care (routine discharge)
01/18/2013	SG	IL	1		Discharged to home or self care (routine discharge)
01/22/2013	TT	SLF	1		Discharged to home or self care (routine discharge)
01/25/2013	VG	IL	1		Discharged to home or self care (routine discharge)
02/16/2013	MM	IL	1		Discharged to home or self care (routine discharge)
02/17/2013	SB	IL	1		Discharged to home or self care (routine discharge)
02/23/2013	SB	IL	1		Discharged to home or self care (routine discharge)
03/01/2013	RD	IL	1		Discharged to home or self care (routine discharge)
03/10/2013	RY	IL	1		Discharged to home or self care (routine discharge)
03/15/2013	SL	IL	1		Discharged to home or self care (routine discharge)
03/21/2013	EK	IL	1		Discharged to home or self care (routine discharge)
03/24/2013	FS	IL	1		Discharged to home or self care (routine discharge)
04/13/2013	CS	IL	1		Discharged to home or self care (routine discharge)
04/23/2013	HK	IL	1		Discharged to home or self care (routine discharge)
04/25/2013	FM	IL	1		Discharged to home or self care (routine discharge)
05/29/2013	AZ	IL	1		Discharged to home or self care (routine discharge)
05/31/2013	JB	SLF	1		Discharged to home or self care (routine discharge)

ATTACHMENT-XX

06/05/2013	WS	IL	1	Discharged to home or self care (routine discharge)
06/28/2013	OW	IL	1	Discharged to home or self care (routine discharge)
06/30/2013	FA	IL	1	Discharged to home or self care (routine discharge)
06/30/2013	WG	IL	1	Discharged to home or self care (routine discharge)
08/02/2013	RL	IL	1	Discharged to home or self care (routine discharge)
08/27/2013	KF	IL	1	Discharged to home or self care (routine discharge)
08/31/2013	KB	SLF	1	Discharged to home or self care (routine discharge)
07/02/2013	DR	SLF	1	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
09/01/2013	MH	SLF	1	Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care
01/04/2013	EA	SLF	1	Discharged/transferred to Hospice - medical facility
04/15/2013	PP	IL	1	Discharged/transferred to hospital for inpatient care
01/06/2013	MH	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/13/2013	MJ	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/13/2013	RS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/16/2013	EM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/18/2013	RB	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/18/2013	PP	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2013	AP	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2013	ML	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2013	WD	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/09/2013	ED	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/12/2013	CS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/19/2013	AW	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/22/2013	PD	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/24/2013	JR	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/31/2013	RM	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/01/2013	LW	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/06/2013	EM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/11/2013	LG	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/16/2013	QC	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/30/2013	JW	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/01/2013	JK	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/01/2013	LK	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/07/2013	JM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/22/2013	RF	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/24/2013	NM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/24/2013	ER	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/31/2013	MH	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/24/2013	LO	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/24/2013	GO	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/25/2013	AP	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/31/2013	MR	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/31/2013	PZ	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/19/2013	RK	SLF		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
04/22/2013	AC	IL		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
05/19/2013	EM	IL		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/03/2013	GJ	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/11/2013	MR	IL	1	Discharged to home or self care (routine discharge)
10/15/2013	KG	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/16/2013	AI	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/22/2013	BK	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/22/2013	RV	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/26/2013	AM	IL	1	Discharged to home or self care (routine discharge)
10/28/2013	LN	IL	1	Discharged to home or self care (routine discharge)
11/13/2013	HG		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/16/2013	SS		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2013	L		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/08/2013	EV	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/10/2013	DS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/12/2013	AA	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/14/2013	BK	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/15/2013	MM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/24/2013	CM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

ATTACHMENT-XXX

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

01/24/2013	JD	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/18/2013	JC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/22/2013	LF	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/25/2013	SG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/01/2013	MM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/20/2013	MS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/23/2013	CG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/26/2013	ER	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/15/2013	ZL	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/24/2013	SP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/25/2013	LC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/16/2013	HS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/18/2013	LP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/31/2013	HB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/04/2013	MH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/14/2013	MV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/20/2013	HK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/21/2013	RV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/30/2013	GE	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/01/2013	MJ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/03/2013	JH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/12/2013	MM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/13/2013	SK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/22/2013	NG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/04/2013	FJ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/24/2013	CG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/27/2013	JW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/3/2013	PN		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/19/2013	LC		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/27/2013	RV		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/4/2013	JW		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
2013 Total Discharged			**123**	**78**	**Total Discharged to SNF**
1/2/2014	DV		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/2/2014	RL		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/4/2014	JB		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/5/2014	JS		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/10/2014	EK		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/11/2014	CS		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/14/2014	JC		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/21/2014	IN		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/28/2014	ER		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/29/2014	EG		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/29/2014	BH		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/30/2014	EP		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/31/2014	MV		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/31/2014	FL		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/31/2014	JM		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/2014 Total Discharged			**15**	**15**	**Total Discharged to SNF**

	TOTAL DISCHARGED	DISCHARGED TO SNF	
2011	139	77	55%
2012	126	78	62%
2013	123	78	63%
1/14	15	15	100%
02/01/11 - 01/31/12	140	76	54%
02/01/12 - 01/31/13	118	73	62%
02/01/13 - 01/31/14	136	93	68%

ATTACHMENT-XX

LONG-TERM CARE FACILITY UPDATES

3/13/2014

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3769	3323	446
Planning Area 7-B	6268	6827	(559)
Planning Area 7-C	5913	5868	45
Planning Area 7-D	2590	2904	(314)
Planning Area 7-E	8247	9126	(879)
HEALTH SERVICE AREA 8			
Kane	2816	3064	(248)
Lake	4191	4663	(472)
McHenry	1095	1037	58
HEALTH SERVICE AREA 9			
Grundy	268	265	3
Kankakee	1107	1368	(261)
Kendall	279	185	94
Will	2671	2840	(169)
HEALTH SERVICE AREA 10			
Henry	455	500	(45)
Mercer	167	172	(5)
Rock Island	1177	1205	(28)
HEALTH SERVICE AREA 11			
Clinton	353	357	(4)
Madison	1955	2212	(257)
Monroe	355	250	105
St. Clair	2011	2289	(278)

LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED

HSA 1	242	350	(108)
HSA 2	245	309	(64)
HSA 3	211	375	(164)
HSA 4	305	302	3
HSA 5	227	511	(284)
HSA 6, 7, 8, 9	3095	1085	2010
HSA 10	77	32	45
HSA 11	218	368	(150)

ATTACHMENT-⊠E

Criterion 1125.330 – Alternatives

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

   Alternative options **must** include:

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

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

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

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

   The alternatives considered by this Applicant were to continue the status quo, establish a freestanding 150-bed nursing care facility off-site, to establish a 50-bed ancillary nursing unit to the campus and the project as being proposed. The rational on the viability of each alternative is provided in the required comparison of alternatives below.

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-Continue the Status Quo

Cost

There is zero capital cost in the alternative of continuing of referring residents outside of the campus for nursing care services. The cost is an intangible one where existing campus residents must leave their home, their friends and in many cases their family in order to receive

ATTACHMENT-11

nursing services. There is an inherent cost to the Applicant for not having the full continuum of care for residents and that appears in the form of slower than normal admissions into the campus.

Patient Access

Accessibility is an issue based on point of view. From the State's published inventory there is an outstanding need for 446 additional nursing care beds in the 7-A Planning Area and an additional 45-nursing care beds in the 7-C Planning Area the two service areas that comprise the majority of the 30-minute travel contour making up the Applicant's service area. From the independent and Supportive (assisted) living residents within the Asbury Des Plaines community, there are no nursing services so they must leave their home to obtain said services. Thus, from both perspectives there is an accessibility issue that would not be positively addressed by this alternative.

Quality

The issue herein is not about quality as it is about accessibility and need for the service. This Applicant does not intend to comment on the quality of beds and services that are available to the service and market area. The issue herein is one where existing campus residents primarily low income or on Medicaid waivers have to leave their home to obtain nursing services. There is no continuity of care in seeking nursing services especially in an area that is under-bedded by a cumulative 491-nursing care beds.

Financial Benefits

As this alternative has no services on campus there are no financial benefits. As discussed, there is a cost however, one that is borne by the residents in terms of having to leave home, family and friends and the overall disruption and discontinuity to their life.

ATTACHMENT-11

As this alternative has no cost or financial benefit, does not improve patient access and does not provide continuity of care, this alternative was considered not viable.

ALTERNATIVE #2-Establish A Freestanding 150-Bed Nursing Care Facility Off-Site

Cost

The Health Facilities and Services Review Board utilized the RS Means report to determine the construction cost per gross square foot for a potential project. The Means number for a project in Planning Area 7-A, Des Plaines, Cook County, is $227 per gross square feet. The State's norm for gross square feet per bed is between 435 -713 gross square feet per bed. At 550 gross square feet per bed just under the midpoint (574GSF/bed) of the range, this alternative would have a construction only cost of $18,727,500. This excludes land, equipment, and all development related soft costs that projects require.

Patient Access

This alternative does address and provides for improved patient access. However, it misses on the point of patient access for the existing residents of the Applicant's substantial adult age restricted continuum that is in place. The existing campus has 225 Independent Living units and 150 Supportive Living units which together have in the past three 12-months periods ending January 31st, (2012, 2013 and 2014) referred a total of 242 residents out of the campus for nursing services. This alternative is not the most viable in addressing improved patient access for these existing community residents.

Quality

The issue herein is not about quality as it is about accessibility and need for the service. This Applicant does not intend to comment on the quality of beds and services that are available

to the service and market area. The issue herein is one where existing campus residents primarily low income or on Medicaid waivers have to leave their home to obtain nursing services. There is no continuity of care in seeking nursing services especially in an area that is under-bedded by a cumulative 491-nursing care beds (Planning Areas 7-A and 7-C).

Financial Benefits

The right mix of Medicare, Medicaid and private pay can yield significant financial benefits. That is not the Applicant's intent though. The Applicant is not in the general long-term nursing care business as they are in the housing business for seniors for whom nursing care is ancillary, yet necessary. To be able to provide the rehabilitation and nursing services that a campus demands, some ability to off-set costs need to be allowed, i.e., open admissions although it is the intent of the Applicant to give preferential admissions to the residents from within the campus community.

As this alternative has a much higher project cost and does not address the existing campus residents' accessibility to nursing needs renders this alternative as not-viable.

ALTERNATIVE #3-Establish a 50-bed Ancillary Nursing Unit To The Campus

Cost

The alternative of a smaller nursing unit in-place of that being proposed may prove to be of lower costs but it becomes one that is only marginally so as the infrastructure of a 71 bed unit is comparable to one of a 50 bed unit based upon Illinois Department of Public Health's minimum nursing care standards. Minimum standards require nurses stations, med rooms, clean and soiled utilities, dietary, laundry, and living/dining/activity areas, just to name a few all which

ATTACHMENT-11

require a set amount of space that varies only slightly when considering the smaller facility size of 50 to 71 nursing care beds. The same holds true for staff, there is a minimum requirement for each department required and again only varies slightly with the range of residents these alternatives are evaluating.

Patient Access

This alternative addresses the accessibility of the existing campus residents but it does nothing to address the overwhelming need that the State has identified between Planning Areas 7-A and 7-C of 491 additional nursing beds. Moreover, this alternative increases that need as upon approval of this project, 75 nursing beds that were approved will be taken out of the inventory, thereby increasing the need in Planning Area 7-A from 446 to 471 (75 added to the additional need for beds and then 50 beds subtracted out).

Quality

The issue herein is not about quality as it is about accessibility and need for the service. This Applicant does not intend to comment on the quality of beds and services that are available to the service and market area. Although the existing campus residents (primarily low income or on Medicaid waivers) will have access to nursing services, the under-bedded Planning Area of 7-A and 7-C will not have improved access as a result of this alternative.

Financial Benefits

The alternative of a smaller unit does not yield the financial benefits at 50-nursing beds as it would at 71-nursing care beds which are necessary to allow this ancillary unit to be self supporting. It is the Applicant's contention that some economies-of-scale must be realized for this nursing unit to have the ability to off-set the losses incurred from in-house residents with the

income possible from residents outside of the campus, make the right mix to be self sustaining which is a tenant of the Board's financial rules for nursing care facilities.

As this alternative is not self sustaining and negatively affects the outstanding need for additional nursing care beds, this alternative is not viable.

ALTERNATIVE #4-Project As Being Proposed

Cost

The total project cost for this project is $7,212,934.

Patient Access

Patient access is addressed by this alternative for both the internal residents of the Applicant's existing campus and for the potential residents of the 7-A and 7-C Planning Areas. Although this alternative does not fully address the under-bedded nature of the planning areas in question, it does its part.

Quality

This Applicant does not intend to comment on the quality of beds and services that are available to the service and market area. Quality is addressed by the Applicant in-terms of continuity of care and accessibility.

Financial Benefits

Although the financial portion of this project has been provided and the nursing unit can be self sustaining, the nursing unit is meant to be ancillary to the campus itself as the Applicant is in the senior housing market and not the healthcare market.

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

ATTACHMENT-11

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

This Applicant does not intend to comment on the quality of beds and services that are available to the service and market area. The evidence of quality will be the outcome data as it relates to the facility's resultant utilization.

ATTACHMENT-11

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

The applicant shall provide:

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

The ownership and operating entities for this project do not own or operate any other nursing care facility(ies). The Applicant does own the existing Supportive Living and Independent Living units on the Asbury Court Retirement Community campus in Des Plaines since 1994 before which time they only operated the independent living units. The majority partners of the Applicant currently own and operate a CCRC setting in North Aurora. This facility, Asbury Gardens Nursing and Rehabilitation Center, a 75-nursing bed facility, was licensed on November 20, 2013 by the Illinois Department of Public Health also complementing that existing campus setting (SLF and ILF) of Asbury Court North and Asbury Gardens. The nursing license and the supportive living certifications are appended as **ATTACHMENT-12A**.

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

The required documentation with regards to adverse action as defined under 1125.520.c)2 is appended as **ATTACHMENT-12B**. It should be noted the ownership and operating entity of the proposed Asbury Court Nursing and Rehabilitation 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.**

ATTACHMENT-12

The above referenced authorization for the Health Facilities and Services Review Board and the Department of Public Health access to information is appended as **ATTACHMENT-12C.**

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

P.1
PAGE 04/04
ASBURY COURT
Feb 23 2009 3:52PM HP LASERJET FAX
04/25/2006 09:51 18472281579
ATTACHMENT #2A

State of Illinois
Department of Healthcare and Family Services

Supportive Living Program Certification

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

Name: Asbury Court North

Address: 1750 Elmhurst Road

City/State/Zip: Des Plaines, Illinois 60018

Number of Units: 150 Maximum Number of Residents: 179

Rod R. Blagojevich, Governor

Barry S. Maram, Director

July 22, 2005
Effective Date

State of Illinois
Department of Public Aid

Supportive Living Program Certification

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

Name: Asbury Gardens

Address: 210 Airport Road

City/State/Zip: North Aurora, Illinois 60542

Number of Units: 150 Maximum Number of Residents: 193

Rod R. Blagojevich, Governor

Barry S. Maram, Director

November 13, 2003
Effective Date

ATTACHMENT-⊠2A

Feb 23 2009 3:51PM HP LASERJET FAX

State of Illinois 2164743
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH - DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/20/2014	BGBE	0051193

LONG TERM CARE LICENSE
SKILLED 075

PROBATIONARY 075 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ASBURY PAVILION NURSING & REHABILITATION CE

ASBURY GARDENS NRSG & REHAB
210 AIRPORT ROAD
NORTH AURORA IL 60542

EFFECTIVE DATE: 02/20/14

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2164743
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/20/2014	BGBE	0051193

LONG TERM CARE LICENSE
SKILLED 075

PROBATIONARY 075 TOTAL BEDS

REGION 7

02/20/14

ASBURY GARDENS NRSG & REHAB
210 AIRPORT ROAD
NORTH AURORA IL 60542

FEE RECEIPT NO.

ATTACHMENT-2A

The Ashley

Management and Development Corp.

9/23/13

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

Michael Zahtz

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

Notary Public

OFFICIAL SEAL
RIVKA PISEM
Notary Public - State of Illinois
My Commission Expires Apr 4, 2015

Twenty Nine East Madison Street
Chicago, Illinois 60602
(312) 726-4860

ATTACHMENT-☒2B

The Ashley

Management and Development Corp.

9/23/13

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

Dear Ms. 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 other 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 this Application as it pertains to 1125.520.(3).

Sincerely,

Michael Zahtz

Twenty Nine East Madison Street
Chicago, Illinois 60602
(312) 726-4860

ATTACHMENT-☒2C

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued iii

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 March 13, 2014 Update to the Inventory of Health Care Facilities and Services and Need Determinations the Board's website (hard copy appended as **ATTACHMENT-13A)** identifies a need for 446 additional nursing care beds in the 7-A Planning Area. Moreover, the 7-C Planning Area for which part of the 30-minute market contour encumbers as the site is on in the 7-A Planning Area but on the 7-A/7-C Planning Area line, has an identified need for 45 additional nursing beds. To complicate this matter even further, the Applicant has an outstanding valid permit that will be abandoned as a result of this project that will take 75 additional beds out of the supply, thus, increasing the need for additional beds in the 7-A planning are to 521-nursing beds. Should this project be approved, there will still be a net increase in additional nursing beds needed from 446-beds up to 450-nursing care beds.

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

Through the signing of this application, the Applicants attest that the primary purpose of this project is to serve primarily the residents of Des Plaines, which is located in Northwestern Cook County, 7-A Planning Area. As such, 50% of the residents will come from the Planning Area . Although this is a new service (nursing care) and the Applicant does not have patient origin data to document for nursing care services, the project will be on a campus setting whose resident origin of admissions further documents this item. Appended as **ATTACHMENT-13B** is a listing of all residents by zip code and whether that zip code is in the 30-minute market area

ATTACHMENT-13

contour. The Applicant's patient origin data analysis illustrates that 70 out of 87 (or 80.5%) during CY2013 and 50 out of 82 (or 61%) during CY2012 of resident admissions are derived from within the Applicant's 30-minute travel contour. Moreover, this project will give preferential admissions to the residents of the campus (all within the 7-A Planning Area) for which it has historically referred seventy-eight residents in each of the last two years (CY2013 and CY2012) to nursing care facilities (refer to **ATTACHMENT-13C** for this historical discharge data). Therefore, the primary purpose of the project is to serve the residents in the 7-A Planning Area/30 minute market contour and that at least 50% of the admissions will come from within this area.

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

Appended as **ATTACHMENT-13D** is a letter from Ilya Fishman, MD stating that she had referred between sixty and one hundred and twenty of her patients to nursing care annually and that she would make all the referrals to Asbury should the services be available. In addition, based upon historical practices, the campus setting will be the source of referrals of 78 residents (refer to **ATTACHMENT-13C**).

ATTACHMENT-13

LONG-TERM CARE FACILITY UPDATES

3/13/2014

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3769	3323	446
Planning Area 7-B	6268	6827	(559)
Planning Area 7-C	5913	5868	45
Planning Area 7-D	2590	2904	(314)
Planning Area 7-E	8247	9126	(879)
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HSA 3	211	375	(164)
HSA 4	305	302	3
HSA 5	227	511	(284)
HSA 6, 7, 8, 9	3095	1085	2010
HSA 10	77	32	45
HSA 11	218	368	(150)

ATTACHMENT-XXA

Asbury Court Nursing and Rehabilitation - DesPlaines
Patient Origin within 30-Minute Market Contour
CY2012 and CY2013

2012

Resident Initials	Admission Date	Contact Zip	# Admits per Zip Code	# Admits within 30-Min Zip Codes
TC	5/12/2012	60004		
RS	8/18/2012	60004		
RS	11/17/2012	60004	3	3
EM	5/22/2012	60005		
MA	6/24/2012	60005		
AP	11/7/2012	60005	3	3
VG	6/29/2012	60007	1	1
ER	2/25/2012	60010		
BD	4/10/2012	60010		
RN	5/26/2012	60010	3	3
PP	8/9/2012	60014	1	
EL	2/1/2012	60016		
AW	6/18/2012	60016		
EW	12/5/2012	60016	3	3
HD	3/17/2012	60025	1	1
HL	10/22/2012	60035	1	
OC	6/30/2012	60050	1	
NS	9/29/2012	60053	1	1
OB	5/26/2012	60056		
JB	7/7/2012	60056		
GP	8/7/2012	60056		
JB	8/17/2012	60056		
LF	10/8/2012	60056	5	5
JS	5/12/2012	60068		
MS	8/12/2012	60068	2	2
IN	12/4/2012	60069	1	1
FW	3/30/2012	60070		
PR	5/5/2012	60070	2	2
HB	7/27/2012	60076	1	1
EM	7/5/2012	60081	1	
KS	9/26/2012	60088	1	
RG	7/14/2012	60089	1	1
SA	3/31/2012	60090	1	1
JD	2/24/2012	60101	1	1
MS	8/18/2012	60107	1	
JD	4/27/2012	60108		
CM	11/20/2012	60108	2	2
WH	7/31/2012	60160	1	1
DT	12/1/2012	60163	1	1
RG	2/14/2012	60169	1	1
MS	7/9/2012	60192	1	1
DC	5/8/2012	60193	1	1
FA	7/1/2012	60194	1	1
JJ	11/24/2012	60201	1	1
MH	2/9/2012	60202		
DT	9/1/2012	60202	2	2
RL	11/17/2012	60417	1	
GM	1/17/2012	60601	1	1
JZ	6/19/2012	60602	1	1
DW	6/16/2012	60605	1	
EM	5/31/2012	60606	1	1
BK	8/5/2012	60631		
PP	12/1/2012	60631	2	2
HB	3/20/2012	60634	1	1
MK	9/15/2012	60654	1	1
RB	10/2/2012	60656	1	1
MB	9/19/2012	60660	1	
JM	4/21/2012	60706	1	1
WP	8/6/2012	60714	1	1
PZ	4/21/2012	97214	1	
			60	50
CK	3/17/2012	A Place for Mom	1	
CM	12/1/2012	A Place for Mom	1	
AN	10/31/2012	Asbury Aurora	1	
CS	11/15/2012	Daily Herald	1	
MS	9/22/2012	Diane LeBeau	1	
JC	9/24/2012	Drive By	1	
JB	11/20/2012	Drive By	1	
MW	2/21/2012	Erin Vogt	1	
SL	9/1/2012	Friend	1	
JS	10/30/2012	Friend	1	
MP	6/28/2012	Frisbie Sr Ct	1	
SD	2/6/2013	Lainie Roth	1	
WG	11/9/2012	Mary Gould	1	
LR	6/29/2012	Niles Senior Cent	1	
BR	5/5/2012	Northwest Hospi	1	
RN	8/10/2012	Patty Kehl	1	
GB	2/27/2012	Public Guardian	1	
GP	11/20/2012	Public Guardian	1	
CB	12/29/2012	Resident	1	
KK	3/22/2012	St. Alexius Hospi	1	
EA	8/19/2012	Therese Arnold	1	
MM	10/29/2012	Vera Watkins	1	
		unknown zip origin	22	
		Total	82	

2013

Resident Initials	Admission Date	Contact Zip	# Admits per Zip Code	# Admits within 30-Min Zip Codes
YK	10/3/2013	33445	1	
AM	3/3/2013	60003		
JL	7/1/2013	60004		
PL	7/1/2013	60004	3	3
JW	1/22/2013	60005		
EB	5/15/2013	60005	2	2
CF	7/27/2013	60007	1	1
JF	4/4/2013	60015	1	1
DF	3/16/2013	60016		
EB	4/6/2013	60016		
HB	8/31/2013	60016	3	3
JS	1/17/2013	60018		
GK	2/5/2013	60018		
WS	3/9/2013	60018		
RT	3/15/2013	60018		
DC	4/1/2013	60018		
CM	5/1/2013	60018		
RP	5/13/2013	60018		
EW	5/13/2013	60018		
CS	5/15/2013	60018		
MS	5/30/2013	60018		
OW	6/13/2013	60018		
DL	6/28/2013	60018		
LR	7/15/2013	60018		
MR	7/17/2013	60018		
GO	8/4/2013	60018		
LO	8/4/2013	60018		
CK	8/6/2013	60018		
NG	8/11/2013	60018		
RO	9/15/2013	60018		
BS	9/20/2013	60018		
TD	9/26/2013	60018		
BD	9/26/2013	60018		
OW	10/10/2013	60018		
CS	10/21/2013	60018		
JM	11/13/2013	60018		
TV	11/30/2013	60018		
CS	12/21/2013	60018	27	27
JW	8/24/2013	60025		
CK	11/19/2013	60025		
EK	11/19/2013	60025	3	3
AI	1/15/2013	60030	1	
DB	4/14/2013	60035	1	
JL	10/26/2013	60050		
NL	10/26/2013	60050	2	
EK	1/21/2013	60056		
JB	3/3/2013	60056		
JC	3/16/2013	60056		
FM	10/11/2013	60056		
CG	10/20/2013	60056	5	5
DS	9/3/2013	60067	1	1
AD	4/4/2013	60068		
BU	8/24/2013	60068		
LU	8/24/2013	60068	3	3
TT	5/11/2013	60069	1	1
BH	10/31/2013	60070	1	1
IV	5/4/2013	60085	1	
FL	4/13/2013	60090		
DC	4/16/2013	60090	2	2
HS	7/1/2013	60102	1	
ER	5/31/2013	60108	1	1
JM	3/29/2013	60131	1	1
PB	11/2/2013	60172	1	1
AZ	1/29/2013	60191	1	1
JJ	7/23/2013	60193	1	1
LC	5/26/2013	60194	1	1
GE	7/27/2013	60302	1	1
NC	11/30/2013	60478	1	
ES	8/24/2013	60527	1	
EF	6/14/2013	60614	1	1
NM	5/10/2013	60618	1	1
HR	7/8/2013	60626	1	
FJ	5/10/2013	60628		
FJ	8/31/2013	60628	2	
GM	3/2/2013	60630	1	1
MV	2/9/2013	60634		
MF	10/19/2013	60634	2	2
JZ	7/19/2013	60641	1	1
MM	11/30/2013	60654	1	1
DC	11/20/2013	60656	1	1
FS	1/12/2013	60701	1	
WK	6/14/2013	60714		2
OJ	8/31/2013	60714	2	
RL	11/24/2013	62791	1	
VV	4/19/2013	72543	1	
NM	5/31/2013	80467		
JM	5/31/2013	80467	2	
		Total	87	70

	Total # of Admissions	# Admissions within 30-Min	Total % within 30-Min
CY 2012	82	50	61%
CY 2013	87	70	80%
CY2012 & CY2013 Combined	169	120	71%

ATTACHMENT-⊠B

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

Asbury Court SLF/Indepent Living Facility
Admit/Discharge Report: 01/01/2011 - 01/31/2014

Date	Resident Initials	LOC			
01/02/2012	MG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/04/2012	JD	IL	1		Discharged to home or self care (routine discharge)
01/05/2012	HS	IL	1		Discharged to home or self care (routine discharge)
01/13/2012	JL	SLF	1		Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
01/14/2012	RB	IL	1		Discharged/transferred to hospital for inpatient care
01/18/2012	AN	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/19/2012	JK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/21/2012	RM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2012	AP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/27/2012	JS	IL	1		Discharged to home or self care (routine discharge)
02/04/2012	AC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/09/2012	LU	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/13/2012	CR	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/17/2012	SG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/18/2012	MV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/24/2012	JK	IL	1		Discharged/transferred to hospital for inpatient care
02/27/2012	RB	IL	1		Discharged to home or self care (routine discharge)
03/02/2012	RA	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/05/2012	SF	IL	1		Discharged to home or self care (routine discharge)
03/06/2012	GM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/12/2012	FM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/14/2012	SM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/14/2012	KG	IL	1		Discharged to home or self care (routine discharge)
03/15/2012	NS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/17/2012	DB	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/20/2012	SC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/20/2012	HB	IL	1		Discharged to home or self care (routine discharge)
03/25/2012	ET	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/26/2012	ES	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/29/2012	MK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/30/2012	CG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/31/2012	TS	IL	1		Discharged to home or self care (routine discharge)
04/01/2012	EM	IL	1		Discharged to home or self care (routine discharge)
04/02/2012	LM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/07/2012	CS	IL	1		Discharged to home or self care (routine discharge)
04/08/2012	PU	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/10/2012	HV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/12/2012	TM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/13/2012	CS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/18/2012	HN	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/20/2012	JM	IL	1		Discharged to home or self care (routine discharge)
04/21/2012	DH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/22/2012	GM	IL	1		Discharged to home or self care (routine discharge)
04/30/2012	GB	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

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05/10/2012	SC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/16/2012	AS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/17/2012	MN	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/18/2012	MP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/19/2012	HS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/22/2012	CB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/25/2012	HB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/30/2012	EM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/30/2012	FK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/02/2012	TY	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/03/2012	HD	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/05/2012	JS	IL	1		Discharged to home or self care (routine discharge)
06/13/2012	JD	IL	1		Discharged to home or self care (routine discharge)
06/15/2012	CS	IL			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
06/19/2012	CG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/19/2012	JZ	IL	1		Discharged to home or self care (routine discharge)
06/19/2012	MK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/20/2012	ET	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/22/2012	AR	SLF	1		Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
06/23/2012	PR	IL	1		Discharged to home or self care (routine discharge)
06/28/2012	IR	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/29/2012	JC	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
06/29/2012	WV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/29/2012	RB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/01/2012	MF	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/03/2012	MH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/06/2012	AR	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/19/2012	GD	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/22/2012	NM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/30/2012	CB	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/31/2012	RS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/31/2012	KK	SLF	1		Discharged to home or self care (routine discharge)
08/01/2012	CO	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/01/2012	JB	IL	1		Discharged to home or self care (routine discharge)
08/04/2012	PH	IL	1		Discharged to home or self care (routine discharge)
08/04/2012	SK	IL	1		Discharged to home or self care (routine discharge)
08/09/2012	PP	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/09/2012	VG	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/14/2012	IA	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/21/2012	EM	IL	1		Discharged to home or self care (routine discharge)
08/23/2012	AW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/25/2012	HB	IL	1		Discharged to home or self care (routine discharge)
08/28/2012	PH	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/30/2012	PS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/07/2012	RR	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/18/2012	MR	SLF			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
09/19/2012	AG	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
09/21/2012	RN	IL	1		Discharged to home or self care (routine discharge)
09/21/2012	BW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/01/2012	MA	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/04/2012	MS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

10/04/2012 RR	SLF			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/05/2012 GP	IL	1		Discharged to home or self care (routine discharge)
10/06/2012 TC	IL			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/06/2012 JD	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/06/2012 LC	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/08/2012 IA	SLF			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/11/2012 ED	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/11/2012 ER	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/11/2012 AP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/14/2012 MA	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/14/2012 ML	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/15/2012 CK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/18/2012 MK	SLF	1		Discharged/transferred to hospital for inpatient care
10/26/2012 HB	IL	1		Discharged to home or self care (routine discharge)
10/29/2012 KS	IL	1		Discharged to home or self care (routine discharge)
10/30/2012 RG	SLF	1		Discharged to home or self care (routine discharge)
10/31/2012 WH	IL	1		Discharged to home or self care (routine discharge)
11/19/2012 JC	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
11/19/2012 JW	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/24/2012 DF	IL	1		Discharged to home or self care (routine discharge)
11/30/2012 JS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/30/2012 KS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/01/2012 JM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/04/2012 IN	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
12/05/2012 LW	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
12/06/2012 EL	IL	1		Discharged to home or self care (routine discharge)
12/06/2012 ND	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/08/2012 KH	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/11/2012 JO	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/18/2012 ES	IL	1		Discharged to home or self care (routine discharge)
12/20/2012 EV	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2012 MM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2012 JB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2012 SG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/26/2012 KS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/28/2012 BS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
2012 Total Discharged		**126**	**78**	**Total Discharged to SNF**
01/02/2013 JM	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
01/15/2013 AN	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
03/10/2013 AE	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
05/30/2013 LP	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
06/03/2013 FJ	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/12/2013 JJ	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/17/2013 HD	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/31/2013 SS	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/31/2013 HS	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/07/2013 DV	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/28/2013 RN	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
09/24/2013 PR	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list

ATTACHMENT-XXC

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

01/29/2013 PP	SLF	1	1	Discharge/Transferred to an inpatient rehab facility including rehab unit of a hospital
01/01/2013 DG	IL	1		Discharged to home or self care (routine discharge)
01/03/2013 JB	IL	1		Discharged to home or self care (routine discharge)
01/17/2013 DB	IL	1		Discharged to home or self care (routine discharge)
01/18/2013 SG	IL	1		Discharged to home or self care (routine discharge)
01/22/2013 TT	SLF	1		Discharged to home or self care (routine discharge)
01/25/2013 VG	IL	1		Discharged to home or self care (routine discharge)
02/16/2013 MM	IL	1		Discharged to home or self care (routine discharge)
02/17/2013 SB	IL	1		Discharged to home or self care (routine discharge)
02/23/2013 SB	IL	1		Discharged to home or self care (routine discharge)
03/01/2013 RD	IL	1		Discharged to home or self care (routine discharge)
03/10/2013 RY	IL	1		Discharged to home or self care (routine discharge)
03/15/2013 SL	IL	1		Discharged to home or self care (routine discharge)
03/21/2013 EK	IL	1		Discharged to home or self care (routine discharge)
03/24/2013 FS	IL	1		Discharged to home or self care (routine discharge)
04/13/2013 CS	IL	1		Discharged to home or self care (routine discharge)
04/23/2013 HK	IL	1		Discharged to home or self care (routine discharge)
04/25/2013 FM	IL	1		Discharged to home or self care (routine discharge)
05/29/2013 AZ	IL	1		Discharged to home or self care (routine discharge)
05/31/2013 JB	SLF	1		Discharged to home or self care (routine discharge)
06/05/2013 WS	IL	1		Discharged to home or self care (routine discharge)
06/28/2013 OW	IL	1		Discharged to home or self care (routine discharge)
06/30/2013 FA	IL	1		Discharged to home or self care (routine discharge)
06/30/2013 WG	IL	1		Discharged to home or self care (routine discharge)
08/02/2013 RL	IL	1		Discharged to home or self care (routine discharge)
08/27/2013 KF	IL	1		Discharged to home or self care (routine discharge)
08/31/2013 KB	SLF	1		Discharged to home or self care (routine discharge)
07/02/2013 DR	SLF	1		Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
09/01/2013 MH	SLF	1		Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care
01/04/2013 EA	SLF	1		Discharged/transferred to Hospice - medical facility
04/15/2013 PP	IL	1		Discharged/transferred to hospital for inpatient care
01/06/2013 MH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/13/2013 MJ	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/13/2013 RS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/16/2013 EM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/18/2013 RB	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/18/2013 PP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2013 AP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2013 ML	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2013 WD	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/09/2013 ED	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/12/2013 CS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/19/2013 AW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/22/2013 PD	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/24/2013 JR	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/31/2013 RM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/01/2013 LW	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/06/2013 EM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/11/2013 LG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/16/2013 OC	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/30/2013 JW	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

ATTACHMENT-☒C

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

06/01/2013	JK	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/01/2013	LK	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/07/2013	JM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/22/2013	RF	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/24/2013	NM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/24/2013	ER	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/31/2013	MH	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/24/2013	LO	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/24/2013	GO	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/25/2013	AP	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/31/2013	MR	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/31/2013	PZ	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/19/2013	RK	SLF		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
04/22/2013	AC	IL		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
05/19/2013	EM	IL		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/03/2013	GJ	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/11/2013	MR	IL	1	Discharged to home or self care (routine discharge)
10/15/2013	KG	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/16/2013	AI	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/22/2013	BK	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/22/2013	RV	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/26/2013	AM	IL	1	Discharged to home or self care (routine discharge)
10/28/2013	LN	IL	1	Discharged to home or self care (routine discharge)
11/13/2013	HG		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/16/2013	SS		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2013	L		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/08/2013	EV	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/10/2013	DS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/12/2013	AA	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/14/2013	BK	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/15/2013	MM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/24/2013	CM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/24/2013	JD	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/18/2013	JC	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/22/2013	LF	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/25/2013	SG	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/01/2013	MM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/20/2013	MS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/23/2013	CG	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/26/2013	ER	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/15/2013	ZL	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/24/2013	SP	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/25/2013	LC	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/16/2013	HS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/18/2013	LP	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/31/2013	HB	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/04/2013	MH	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/14/2013	MV	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/20/2013	HK	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/21/2013	RV	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/30/2013	GE	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

ATTACHMENT-[redacted]C

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

09/01/2013 MJ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/03/2013 JH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/12/2013 MM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/13/2013 SK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/22/2013 NG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/04/2013 FJ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/24/2013 CG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/27/2013 JW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/3/2013 PN		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/19/2013 LC		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/27/2013 RV		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/4/2013 JW		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
2013 Total Discharged		**123**	**78**	**Total Discharged to SNF**
1/2/2014 DV		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/2/2014 RL		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/4/2014 JB		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/5/2014 JS		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/10/2014 EK		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/11/2014 CS		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/14/2014 JC		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/21/2014 IN		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/28/2014 ER		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/29/2014 EG		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/29/2014 BH		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/30/2014 EP		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/31/2014 MV		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/31/2014 FL		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/31/2014 JM		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/2014 Total Discharged		**15**	**15**	**Total Discharged to SNF**

	TOTAL DISCHARGED	DISCHARGED TO SNF	
2011	139	77	55%
2012	126	78	62%
2013	123	78	63%
1/14	15	15	100%
02/01/11 - 01/31/12	140	76	54%
02/01/12 - 01/31/13	118	73	62%
02/01/13 - 01/31/14	136	93	68%

ATTACHMENT-[illegible]C

ALEXIAN BROTHERS
Medical Group

December 15, 2013

Re: Certificate of Need Asbury Court

To Whom It May Concern:

I currently have an out-patient based practice located within the facility of Asbury Court. Most of these residents have multiple chronic conditions which result in frequent hospital admissions. Upon discharge from the hospital many of them then require additional skilled care services that Asbury Court is currently unable to provide resulting in admissions to unfamiliar facilities. It is generally in the patient's best interest for them to remain within close proximity to familiar surroundings and remain close to family members when appropriate.

Due to the nature of my Geriatrics based practice, I admit patients to skilled facilities regularly, approximately 5-10 per month. This would work out to approximately 60 -120 admissions annually. I would certainly utilize this service if it were to be available on the campus of Asbury Court.

Should you need any other information, please contact me directly.

Sincerely,

Ilya Fishman, MD

IF/pal

Older Adult Healthcare 800 Biesterfield Road, Suite 605, Elk Grove Village, Illinois 60007 phone 847.364.6724 fax 847.364.6720

ATTACHMENT-XXX

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

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

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

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

Appended as **ATTACHMENT-14A**, is the Applicant's discharge report for each of the last two years CY2012 and CY2013 identifying 156 residents discharged to other facilities for skilled nursing care out of a total of total of 249 total campus discharges.

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.

Appended as **ATTACHMENT-14B** is a letter from Ilya Fishman, MD referring 5-10 patients per month should the services be available.

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:

ATTACHMENTS-14A and **14B** each provides estimated number of prospective residents whom the referral sources will refer annually to the proposed nursing facility within a 24-month period addressing the items of this criterion.

ATTACHMENT-14

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.

The physician referral letter provided as **ATTACHMENT-14B** addresses this item. **ATTACHMENT-14A** provides internal referrals made as nursing services were not available. As such, none of the referrals were used to justify permitted (yet not completed) Certificate of Need applications

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:

Although the Applicant bases the demand for service on internal need for discharges made to nursing facilities and by its physician referral sources, it appears that the State's calculated need for additional nursing beds is in part based upon rapid population growth. This growth is documented by the 65 plus and 75 and over age cohorts growth rate of the Health Service Areas (7 & 8) and further documented by the elderly population growth rates of the individual Planning Service Areas (7-A, 7-B, 7-C, Kane, Lake, and McHenry). Please refer to the chart appended as **ATTACHMENT-14C**. The interesting issue that puts the concept of rapid population into context is the existing utilization rates of the HSA and PSAs. Appended as **ATTACHMENT-14D** are the HSA and PSA IDPH profiles for the service areas listed in ATTACHMENT-14C. Respectively, these service areas reflect utilization rates of HSA 7, 7-A, and 7-C are 76.3%, 78.5% and 77.1%. It should be noted that the State's bed need formula starts with the area historical use rates, these lower than ninety percent utilization and still the State's need methodology calculates a need for additional nursing beds and services when applying the use rates to the projected population by age cohort. Moreover, it is this low use rate that is

projected forward over the 2015 projected population when the project will not be complete until after this projected year. That implies that the population growth provides the rational for the calculated bed need, hence a rapid population growth.

ATTACHMENT- 14

Asbury Court SLF/Indepent Living Facility
Admit/Discharge Report: 01/01/2011 - 01/31/2014

Date	Resident Initials	LOC			
01/02/2012	MG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/04/2012	JD	IL	1		Discharged to home or self care (routine discharge)
01/05/2012	HS	IL	1		Discharged to home or self care (routine discharge)
01/13/2012	JL	SLF	1		Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
01/14/2012	RB	IL	1		Discharged/transferred to hospital for inpatient care
01/18/2012	AN	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/19/2012	JK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/21/2012	RM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2012	AP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/27/2012	JS	IL	1		Discharged to home or self care (routine discharge)
02/04/2012	AC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/09/2012	LU	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/13/2012	CR	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/17/2012	SG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/18/2012	MV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/24/2012	JK	IL	1		Discharged/transferred to hospital for inpatient care
02/27/2012	RB	IL	1		Discharged to home or self care (routine discharge)
03/02/2012	RA	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/05/2012	SF	IL	1		Discharged to home or self care (routine discharge)
03/06/2012	GM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/12/2012	FM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/14/2012	SM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/14/2012	KG	IL	1		Discharged to home or self care (routine discharge)
03/15/2012	NS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/17/2012	DB	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/20/2012	SC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/20/2012	HB	IL	1		Discharged to home or self care (routine discharge)
03/25/2012	ET	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/26/2012	ES	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/29/2012	MK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/30/2012	CG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/31/2012	TS	IL	1		Discharged to home or self care (routine discharge)
04/01/2012	EM	IL	1		Discharged to home or self care (routine discharge)
04/02/2012	LM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/07/2012	CS	IL	1		Discharged to home or self care (routine discharge)
04/08/2012	PU	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/10/2012	HV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/12/2012	TM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/13/2012	CS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/18/2012	HN	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/20/2012	JM	IL	1		Discharged to home or self care (routine discharge)
04/21/2012	DH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/22/2012	GM	IL	1		Discharged to home or self care (routine discharge)
04/30/2012	GB	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

ATTACHMENT-☒A

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

05/10/2012 SC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/16/2012 AS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/17/2012 MN	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/18/2012 MP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/19/2012 HS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/22/2012 CB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/25/2012 HB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/30/2012 EM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/30/2012 FK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/02/2012 TY	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/03/2012 HD	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/05/2012 JS	IL	1		Discharged to home or self care (routine discharge)
06/13/2012 JD	IL	1		Discharged to home or self care (routine discharge)
06/15/2012 CS	IL			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
06/19/2012 CG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/19/2012 JZ	IL	1		Discharged to home or self care (routine discharge)
06/19/2012 MK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/20/2012 ET	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/22/2012 AR	SLF	1		Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
06/23/2012 PR	IL	1		Discharged to home or self care (routine discharge)
06/28/2012 IR	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/29/2012 JC	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
06/29/2012 WV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/29/2012 RB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/01/2012 MF	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/03/2012 MH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/06/2012 AR	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/19/2012 GD	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/22/2012 NM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/30/2012 CB	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/31/2012 RS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/31/2012 KK	SLF	1		Discharged to home or self care (routine discharge)
08/01/2012 CO	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/01/2012 JB	IL	1		Discharged to home or self care (routine discharge)
08/04/2012 PH	IL	1		Discharged to home or self care (routine discharge)
08/04/2012 SK	IL	1		Discharged to home or self care (routine discharge)
08/09/2012 PP	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/09/2012 VG	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/14/2012 IA	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/21/2012 EM	IL	1		Discharged to home or self care (routine discharge)
08/23/2012 AW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/25/2012 HB	IL	1		Discharged to home or self care (routine discharge)
08/28/2012 PH	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/30/2012 PS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/07/2012 RR	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/18/2012 MR	SLF			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
09/19/2012 AG	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
09/21/2012 RN	IL	1		Discharged to home or self care (routine discharge)
09/21/2012 BW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/01/2012 MA	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/04/2012 MS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

ATTACHMENT-☒A

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

10/04/2012 RR	SLF			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/05/2012 GP	IL	1		Discharged to home or self care (routine discharge)
10/06/2012 TC	IL			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/06/2012 JD	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/06/2012 LC	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/08/2012 IA	SLF			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/11/2012 ED	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/11/2012 ER	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/11/2012 AP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/14/2012 MA	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/14/2012 ML	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/15/2012 CK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/18/2012 MK	SLF	1		Discharged/transferred to hospital for inpatient care
10/26/2012 HB	IL	1		Discharged to home or self care (routine discharge)
10/29/2012 KS	IL	1		Discharged to home or self care (routine discharge)
10/30/2012 RG	SLF	1		Discharged to home or self care (routine discharge)
10/31/2012 WH	IL	1		Discharged to home or self care (routine discharge)
11/19/2012 JC	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
11/19/2012 JW	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/24/2012 DF	IL	1		Discharged to home or self care (routine discharge)
11/30/2012 JS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/30/2012 KS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/01/2012 JM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/04/2012 IN	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
12/05/2012 LW	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
12/06/2012 EL	IL	1		Discharged to home or self care (routine discharge)
12/06/2012 ND	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/08/2012 KH	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/11/2012 JO	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/18/2012 ES	IL	1		Discharged to home or self care (routine discharge)
12/20/2012 EV	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2012 MM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2012 JB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2012 SG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/26/2012 KS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/28/2012 BS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
2012 Total Discharged		**126**	**78**	**Total Discharged to SNF**
01/02/2013 JM	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
01/15/2013 AN	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
03/10/2013 AE	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
05/30/2013 LP	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
06/03/2013 FJ	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/12/2013 JJ	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/17/2013 HD	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/31/2013 SS	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/31/2013 HS	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/07/2013 DV	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/28/2013 RN	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
09/24/2013 PR	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list

ATTACHMENT-☒A

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

01/29/2013	PP	SLF	1	1 Discharge/Transferred to an inpatient rehab facility including rehab unit of a hospital
01/01/2013	DG	IL	1	Discharged to home or self care (routine discharge)
01/03/2013	JB	IL	1	Discharged to home or self care (routine discharge)
01/17/2013	DB	IL	1	Discharged to home or self care (routine discharge)
01/18/2013	SG	IL	1	Discharged to home or self care (routine discharge)
01/22/2013	TT	SLF	1	Discharged to home or self care (routine discharge)
01/25/2013	VG	IL	1	Discharged to home or self care (routine discharge)
02/16/2013	MM	IL	1	Discharged to home or self care (routine discharge)
02/17/2013	SB	IL	1	Discharged to home or self care (routine discharge)
02/23/2013	SB	IL	1	Discharged to home or self care (routine discharge)
03/01/2013	RD	IL	1	Discharged to home or self care (routine discharge)
03/10/2013	RY	IL	1	Discharged to home or self care (routine discharge)
03/15/2013	SL	IL	1	Discharged to home or self care (routine discharge)
03/21/2013	EK	IL	1	Discharged to home or self care (routine discharge)
03/24/2013	FS	IL	1	Discharged to home or self care (routine discharge)
04/13/2013	CS	IL	1	Discharged to home or self care (routine discharge)
04/23/2013	HK	IL	1	Discharged to home or self care (routine discharge)
04/25/2013	FM	IL	1	Discharged to home or self care (routine discharge)
05/29/2013	AZ	IL	1	Discharged to home or self care (routine discharge)
05/31/2013	JB	SLF	1	Discharged to home or self care (routine discharge)
06/05/2013	WS	IL	1	Discharged to home or self care (routine discharge)
06/28/2013	OW	IL	1	Discharged to home or self care (routine discharge)
06/30/2013	FA	IL	1	Discharged to home or self care (routine discharge)
06/30/2013	WG	IL	1	Discharged to home or self care (routine discharge)
08/02/2013	RL	IL	1	Discharged to home or self care (routine discharge)
08/27/2013	KF	IL	1	Discharged to home or self care (routine discharge)
08/31/2013	KB	SLF	1	Discharged to home or self care (routine discharge)
07/02/2013	DR	SLF	1	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
09/01/2013	MH	SLF	1	Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care
01/04/2013	EA	SLF	1	Discharged/transferred to Hospice - medical facility
04/15/2013	PP	IL	1	Discharged/transferred to hospital for inpatient care
01/06/2013	MH	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/13/2013	MJ	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/13/2013	RS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/16/2013	EM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/18/2013	RB	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/18/2013	PP	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2013	AP	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2013	ML	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2013	WD	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/09/2013	ED	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/12/2013	CS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/19/2013	AW	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/22/2013	PD	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/24/2013	JR	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/31/2013	RM	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/01/2013	LW	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/06/2013	EM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/11/2013	LG	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/16/2013	OC	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/30/2013	JW	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

ATTACHMENT-☒A

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

06/01/2013	JK	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/01/2013	LK	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/07/2013	JM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/22/2013	RF	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/24/2013	NM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/24/2013	ER	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/31/2013	MH	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/24/2013	LO	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/24/2013	GO	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/25/2013	AP	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/31/2013	MR	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/31/2013	PZ	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/19/2013	RK	SLF		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
04/22/2013	AC	IL		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
05/19/2013	EM	IL		Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/03/2013	GJ	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/11/2013	MR	IL	1	Discharged to home or self care (routine discharge)
10/15/2013	KG	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/16/2013	AI	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/22/2013	BK	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/22/2013	RV	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/26/2013	AM	IL	1	Discharged to home or self care (routine discharge)
10/28/2013	LN	IL	1	Discharged to home or self care (routine discharge)
11/13/2013	HG		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/16/2013	SS		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2013	L		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/08/2013	EV	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/10/2013	DS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/12/2013	AA	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/14/2013	BK	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/15/2013	MM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/24/2013	CM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/24/2013	JD	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/18/2013	JC	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/22/2013	LF	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/25/2013	SG	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/01/2013	MM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/20/2013	MS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/23/2013	CG	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/26/2013	ER	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/15/2013	ZL	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/24/2013	SP	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/25/2013	LC	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/16/2013	HS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/18/2013	LP	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/31/2013	HB	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/04/2013	MH	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/14/2013	MV	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/20/2013	HK	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/21/2013	RV	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/30/2013	GE	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

ATTACHMENT-☒A

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

09/01/2013	MJ	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/03/2013	JH	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/12/2013	MM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/13/2013	SK	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/22/2013	NG	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/04/2013	FJ	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/24/2013	CG	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/27/2013	JW	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/3/2013	PN		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/19/2013	LC		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/27/2013	RV		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/4/2013	JW		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
2013 Total Discharged			**123**	**78 Total Discharged to SNF**
1/2/2014	DV		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/2/2014	RL		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/4/2014	JB		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/5/2014	JS		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/10/2014	EK		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/11/2014	CS		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/14/2014	JC		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/21/2014	IN		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/28/2014	ER		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/29/2014	EG		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/29/2014	BH		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/30/2014	EP		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/31/2014	MV		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/31/2014	FL		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/31/2014	JM		1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/2014 Total Discharged			**15**	**15 Total Discharged to SNF**

	TOTAL DISCHARGED	DISCHARGED TO SNF	
2011	139	77	55%
2012	126	78	62%
2013	123	78	63%
1/14	15	15	100%
02/01/11 - 01/31/12	140	76	54%
02/01/12 - 01/31/13	118	73	62%
02/01/13 - 01/31/14	136	93	68%

ATTACHMENT-XXA

ALEXIAN BROTHERS
Medical Group

December 15, 2013

Re: Certificate of Need Asbury Court

To Whom It May Concern:

I currently have an out-patient based practice located within the facility of Asbury Court. Most of these residents have multiple chronic conditions which result in frequent hospital admissions. Upon discharge from the hospital many of them then require additional skilled care services that Asbury Court is currently unable to provide resulting in admissions to unfamiliar facilities. It is generally in the patient's best interest for them to remain within close proximity to familiar surroundings and remain close to family members when appropriate.

Due to the nature of my Geriatrics based practice, I admit patients to skilled facilities regularly, approximately 5-10 per month. This would work out to approximately 60 -120 admissions annually. I would certainly utilize this service if it were to be available on the campus of Asbury Court.

Should you need any other information, please contact me directly.

Sincerely,

Ilya Fishman, MD

IF/pal

Older Adult Healthcare 800 Biesterfield Road, Suite 605, Elk Grove Village, Illinois 60007 phone 847.364.6724 fax 847.364.6720

ATTACHMENT-XXB

Asbury Des Plaines
Service Area Populatioin Study

Age Group	HSA/PSA	2010 Population	2015 Population	Growth Rate	% of 65+ pop
0-64	7A	530,400	529,300	-0.2%	
65+		76,600	94,100	22.8%	15.1%
65-74		40,600	54,200	33.5%	
75+		36,000	39,900	10.8%	
		607,000	**623,400**	**2.7%**	
0-64	7B	377,100	376,300	-0.2%	
65+		80,000	89,100	11.4%	19.1%
65-74		37,600	45,700	21.5%	
75+		42,400	43,400	2.4%	
		457,100	**465,400**	**1.8%**	
0-64		810,800	809,400	-0.2%	
65+	7C	107,200	130,300	21.5%	13.9%
65-74		58,200	78,600	35.1%	
75+		49,000	51,700	5.5%	
		918,000	**939,700**	**2.4%**	
0-64		2,969,200	2,968,400	0.0%	
65+	HSA 7	450,700	521,700	15.8%	14.9%
65-74		232,100	296,900	27.9%	
75+		218,600	224,800	2.8%	
		3,419,900	**3,490,100**	**2.1%**	
0-64		466,200	472,700	1.4%	
65+	8 Kane	50,100	60,700	21.2%	11.4%
65-74		28,400	37,100	30.6%	
75+		21,700	23,600	8.8%	
		516,300	**533,400**	**3.3%**	
0-64		630,800	625,000	-0.9%	
65+	8 Lake	73,800	88,400	19.8%	12.4%
65-74		40,900	53,600	31.1%	
75+		32,900	34,800	5.8%	
		704,600	**713,400**	**1.2%**	
0-64		277,600	271,000	-2.4%	
65+	8 McHenry	31,600	38,300	21.2%	12.4%
65-74		18,800	24,000	27.7%	
75+		12,800	14,300	11.7%	
		309,200	**309,300**	**0.0%**	
0-64		1,374,600	1,368,700	-0.4%	
65+	HSA 8	155,500	187,400	20.5%	12.0%
65-74		88,100	114,700	30.2%	
75+		67,400	72,700	7.9%	
		1,530,100	**1,556,100**	**1.7%**	
65+	Illinois		1,609,213		12.5%
Total			**12,830,632**		

Source: Inventory of Health Care Facilities & Services & Need Determinations, 2013 Long-Term Care Services

ATTACHMENT-XXC

Planning Area: Planning Area 7-A

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2010 Patient Days
		Planning Area Totals	3,323	913,450

HEALTH SERVICE AREA	AGE GROUPS	2010 Patient Days	2010 Population	2010 Use Rates (Per 1,000)	2010 Minimum Use Rates	2010 Maximum Use Rates
007	0-64 Years Old	2,249,866	2,969,200	757.7	454.6	1,212.4
	65-74 Years Old	1,072,661	232,100	4,621.5	2,772.9	7,394.5
	75+ Years Old	4,912,419	218,600	22,472.2	13,483.3	35,955.5

	2010 PSA Patient Days	2010 PSA Estimated Populations	2010 PSA Use Rates (Per 1,000)	2010 HSA Minimum Use Rates	2010 HSA Maximum Use Rates	2015 PSA Planned Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	51,375	530,400	96.9	454.6	1,212.4	454.6	529,300	240,641			
65-74 Years Old	97,648	40,600	2,405.1	2,772.9	7,394.5	2,772.9	54,200	150,293			
75+ Years Old	764,427	36,000	21,234.1	13,483.3	35,955.5	21,234.1	39,900	847,240			
						Planning Area Totals		1,238,174	3,392.3	3,769	446

ATTACHMENT-[redacted]

Planning Area: Planning Area 7-B

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2010 Patient Days
PRESENCE BALLARD NURSING CENTER	DES PLAINES	Maine Township	231	43,428
10/1/2012 Name Change Formerly Ballard Nursing Center.				
PRESENCE MARYHAVEN NURSING & REHAB CTR	GLENVIEW	Northfield Township	135	41,575
10/1/2012 Name Change Formerly Maryhaven Nursing and Rehabilitation Center.				
PRESENCE RESURRECTION NURSING & REHAB CTR	PARK RIDGE	Maine Township	298	92,368
10/1/2012 Name Change Formerly Resurrection Nursing and Rehabilitation Center				
PRESENCE ST. ANDREW LIFE CENTER	NILES	Niles Township	55	17,952
10/1/2012 Name Change Formerly St. Andrew Life Center.				
PRESENCE ST. BENEDICT NURSING & REHAB CTR	NILES	Niles Township	99	34,109
10/1/2012 Name Change Formerly St. Benedict Nursing and Rehabilitation Center.				
REGENCY REHABILITATION CENTER	NILES	Niles Township	300	83,439
ROSEWOOD CARE CENTER - NORTHBROOK	NORTHBROOK	Northfield Township	147	45,813
SKOKIE MEADOWS NURSING CENTER II	SKOKIE	Niles Township	111	37,526
ST. MATTHEW CENTER FOR HEALTH	PARK RIDGE	Maine Township	140	43,186
THE GROVE OF EVANSTON	EVANSTON	Evanston Township	124	32,921
THE MATHER	EVANSTON	Evanston Township	37	914
THREE CROWNS PARK	EVANSTON	Evanston Township	48	11,019
VI AT THE GLEN	GLENVIEW	Northfield Township	38	13,577
VI AT THE GLEN(PERMIT)	GLENVIEW	Northfield Township	9	
10/30/2012 12-070 Permit issued to add 9 Nursing Care beds to existing facility; facility will have 47 beds upon project completion.				
WESTMINSTER PLACE	EVANSTON	Evanston Township	204	64,040
		Planning Area Totals	**6,779**	**2,040,212**

HEALTH SERVICE AREA	AGE GROUPS	2010 Patient Days	2010 Population	2010 Use Rates (Per 1,000)	2010 Minimum Use Rates	2010 Maximum Use Rates
007	0-64 Years Old	2,249,866	2,969,200	757.7	454.6	1,212.4
	65-74 Years Old	1,072,661	232,100	4,621.5	2,772.9	7,394.5
	75+ Years Old	4,912,419	218,600	22,472.2	13,483.3	35,955.5

	2010 PSA Patient Days	2010 PSA Estimated Populations	2010 PSA Use Rates (Per 1,000)	2010 HSA Minimum Use Rates	2010 HSA Maximum Use Rates	2015 PSA Planned Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	525,437	377,100	1,393.4	454.6	1,212.4	1,212.4	376,300	456,217			
65-74 Years Old	273,404	37,600	7,271.4	2,772.9	7,394.5	7,271.4	45,700	332,302			
75+ Years Old	1,241,371	42,400	29,277.6	13,483.3	35,955.5	29,277.6	43,400	1,270,649			
						Planning Area Totals		**2,059,168**	**5,641.6**	**6,268**	**511**

ATTACHMENT-XX

Planning Area: Planning Area 7-C

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2010 Patient Days
4/17/2012 Name Change **Formerly Park Place Christian Community.**				
4/17/2012 12-007 **Permit issued to establish a facility with 37 Nursing Care beds.**				
4/17/2012 07-071 **Permit abandoned.**				
8/1/2012 Licensure **Facility licensed for operation.**				
PROVIDENCE OF DOWNERS GROVE	DOWNERS GROVE	Downers Grove Township	145	36,742
SNOW VALLEY NURSING & REHAB CENTER	LISLE	Lisle Township	51	14,763
ST. PATRICK'S RESIDENCE	NAPERVILLE	Naperville Township	209	71,875
TABOR HILLS HEALTHCARE	NAPERVILLE	Naperville Township	211	69,981
TRANSITIONAL CARE CENTER OF NAPERVILLE (PER	NAPERVILLE	Lisle Township	120	
10/13/2011 11-055 **Permit issued to establish a 120 bed Nursing care facility at Arbiter Court and East Diehl Road in Naperville.**				
WEST CHICAGO TERRACE NURSING HOME	WEST CHICAGO	Winfield Township	120	41,786
6/27/2012 Name Change **Formerly 'West Chicago Terrace'.**				
6/27/2012 CHOW **Change of ownership occurred.**				
WEST SUBURBAN NURSING & REHAB CENTER	BLOOMINGDALE	Bloomingdale Township	259	65,267
WESTBURY CARE CENTER	LISLE	Lisle Township	55	17,663
WESTMONT NURSING AND REHABILITATION CENTE	WESTMONT	Downers Grove Township	215	71,835
WHEATON CARE CENTER	WHEATON	Milton Township	123	41,578
WINDSOR PARK MANOR	CAROL STREAM	Bloomingdale Township	80	20,971
WINFIELD WOODS HEALTHCARE CENTER	WINFIELD	Winfield Township	138	44,064
11/30/2012 Name Change **Formerly Winfield Woods.**				
WOOD GLEN NURSING & REHAB CENTER	WEST CHICAGO	Wayne Township	207	72,757
WYNSCAPE	WHEATON	Milton Township	209	45,388
		Planning Area Totals	**6,033**	**1,739,030**

HEALTH SERVICE AREA	AGE GROUPS	2010 Patient Days	2010 Population	2010 Use Rates (Per 1,000)	2010 Minimum Use Rates	2010 Maximum Use Rates
007	0-64 Years Old	2,249,866	2,969,200	757.7	454.6	1,212.4
	65-74 Years Old	1,072,661	232,100	4,621.5	2,772.9	7,394.5
	75+ Years Old	4,912,419	218,600	22,472.2	13,483.3	35,955.5

	2010 PSA Patient Days	2010 PSA Estimated Populations	2010 PSA Use Rates (Per 1,000)	2010 HSA Minimum Use Rates	2010 HSA Maximum Use Rates	2015 PSA Planned Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	308,396	810,800	380.4	454.6	1,212.4	454.6	809,400	367,986			
65-74 Years Old	219,393	58,200	3,769.6	2,772.9	7,394.5	3,769.6	78,600	296,294			
75+ Years Old	1,211,241	49,000	24,719.2	13,483.3	35,955.5	24,719.2	51,700	1,277,983			
						Planning Area Totals		**1,942,263**	**5,321.3**	**5,913**	120

ATTACHMENT-XX

Planning Area: Kane

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2010 Patient Days
SHERMAN WEST COURT	ELGIN	Kane County	112	30,096
SOUTH ELGIN REHAB & HLTHCARE CT	SOUTH ELGIN	Kane County	90	20,599
TOWER HILL HEALTHCARE CENTER	SOUTH ELGIN	Kane County	206	68,737
		Planning Area Totals	**3,064**	**708,325**

HEALTH SERVICE AREA	AGE GROUPS	2010 Patient Days	2010 Population	2010 Use Rates (Per 1,000)	2010 Minimum Use Rates	2010 Maximum Use Rates
008	0-64 Years Old	633,189	1,374,600	460.6	276.4	737.0
	65-74 Years Old	298,117	88,100	3,383.8	2,030.3	5,414.2
	75+ Years Old	1,477,194	67,400	21,916.8	13,150.1	35,066.9

	2010 PSA Patient Days	2010 PSA Estimated Populations	2010 PSA Use Rates (Per 1,000)	2010 HSA Minimum Use Rates	2010 HSA Maximum Use Rates	2015 PSA Planned Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	271,322	466,200	582.0	276.4	737.0	582.0	472,700	275,105			
65-74 Years Old	99,809	28,400	3,514.4	2,030.3	5,414.2	3,514.4	37,100	130,384			
75+ Years Old	477,785	21,700	22,017.7	13,150.1	35,066.9	22,017.7	23,600	519,619			
						Planning Area Totals		**925,108**	**2,534.5**	**2,816**	248

ATTACHMENT-XX

Planning Area: Lake

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2010 Patient Days
THE WEALSHIRE	LINCOLNSHIRE	Lake County	144	44,721
WAUCONDA HEALTHCARE & REHAB	WAUCONDA	Lake County	135	43,871
WAUCONDA HEALTHCARE & REHAB(PERMIT)	WAUCONDA	Lake County	40	
10/30/2012 12-062	**Permit issued to add 40 Nursing Care beds to existing facility; facility will have 175 beds upon project completion.**			
WHITEHALL- NORTH	DEERFIELD	Lake County	190	59,326
WINCHESTER HOUSE NURSING HOME	LIBERTYVILLE	Lake County	360	65,742
		Planning Area Totals	**4,663**	**1,283,058**

HEALTH SERVICE AREA	AGE GROUPS	2010 Patient Days	2010 Population	2010 Use Rates (Per 1,000)	2010 Minimum Use Rates	2010 Maximum Use Rates
008	0-64 Years Old	633,189	1,374,600	460.6	276.4	737.0
	65-74 Years Old	298,117	88,100	3,383.8	2,030.3	5,414.2
	75+ Years Old	1,477,194	67,400	21,916.8	13,150.1	35,066.9

	2010 PSA Patient Days	2010 PSA Estimated Populations	2010 PSA Use Rates (Per 1,000)	2010 HSA Minimum Use Rates	2010 HSA Maximum Use Rates	2015 PSA Planned Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	330,045	630,800	523.2	276.4	737.0	523.2	625,000	327,010			
65-74 Years Old	165,022	40,900	4,034.8	2,030.3	5,414.2	4,034.8	53,600	216,264			
75+ Years Old	787,991	32,900	23,951.1	13,150.1	35,066.9	23,951.1	34,800	833,498			
						Planning Area Totals		**1,376,772**	**3,772.0**	**4,191**	472

ATTACHMENT-XX

Planning Area: McHenry

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2010 Patient Days
ALDEN TERRACE OF MCHENRY REHAB	MCHENRY	McHenry County	316	67,926
CROSSROADS CARE CENTER WOODSTOCK	WOODSTOCK	McHenry County	115	28,362
1/1/2012 CHOW Change of ownership occurred.				
6/1/2012 Name Change Formerly Woodstock Residence.				
CRYSTAL PINES REHAB & HCC	CRYSTAL LAKE	McHenry County	114	37,386
FAIR OAKS HEALTH CARE CENTER	CRYSTAL LAKE	McHenry County	51	15,187
3/29/2013 Bed Change Facility added 5 Nursing Care beds. Facility now has 51 Nursing Care beds.				
FLORENCE NURSING HOME	MARENGO	McHenry County	56	17,201
FOUNTAINS AT CRYSTAL LAKE	CRYSTAL LAKE	McHenry County	97	27,291
HEARTHSTONE MANOR	WOODSTOCK	McHenry County	75	20,961
MEMORIAL MEDICAL CENTER	WOODSTOCK	McHenry County	40	7,690
MERCY HARVARD HOSPITAL CARE CENTER	HARVARD	McHenry County	45	9,536
7/9/2011 Name Change Formerly Harvard Memorial Hospital.				
VALLEY HI NURSING HOME	WOODSTOCK	McHenry County	128	44,986
		Planning Area Totals	**1,037**	**276,526**

HEALTH SERVICE AREA	AGE GROUPS	2010 Patient Days	2010 Population	2010 Use Rates (Per 1,000)	2010 Minimum Use Rates	2010 Maximum Use Rates
008	0-64 Years Old	633,189	1,374,600	460.6	276.4	737.0
	65-74 Years Old	298,117	88,100	3,383.8	2,030.3	5,414.2
	75+ Years Old	1,477,194	67,400	21,916.8	13,150.1	35,066.9

	2010 PSA Patient Days	2010 PSA Estimated Populations	2010 PSA Use Rates (Per 1,000)	2010 HSA Minimum Use Rates	2010 HSA Maximum Use Rates	2015 PSA Planned Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	31,822	277,600	114.6	276.4	737.0	276.4	271,000	74,899			
65-74 Years Old	33,286	18,800	1,770.5	2,030.3	5,414.2	2,030.3	24,000	48,727			
75+ Years Old	211,418	12,800	16,517.0	13,150.1	35,066.9	16,517.0	14,300	236,194			
						Planning Area Totals		**359,820**	**985.8**	**1,095**	**58**

ATTACHMENT-XX

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

o The absence of the proposed service within the planning area;

Although there is no absence of nursing care within the 7-A or 7-C Planning Areas, there is access limitations in the two planning areas as documented by the overwhelming need for additional beds in the State's Inventory of Health Care Facilities and Services and Need Determinations (see March 31, 2014 update to State's Inventory appended as **ATTACHMENT-17A**).

Although the Health Service Area's population is only projected to increase by approximately two percent, its elderly population has outpaced the growth rate of the population as a whole with an increase of 15.8 percent for HSA 7 and 20.5% for HSA 8. The individual Planning Service Areas are as staggering with the 7-A Planning Service Area's sixty-five and over population increasing be 22.8% and the 7-C population increasing by 21.5%. The elderly population resembles one of a more established aging community as the over 65 age cohort is nearly 15 percent of the total population for HSA 7. As can be gathered from the chart herein, this elderly population of Planning Service Area 7A is higher than that of its surrounding service areas examined and that of the State of Illinois. Therefore, the proposed service is needed in the primary service area. Please refer to **ATTACHMENT-17B** for the chart illustrating the above referenced population estimates and projections.

o Access limitations due to payor status of patients/residents, including, but not

limited to, individuals with LTC coverage through Medicare, Medicaid, managed care or charity care;

As there are long-term care nursing beds and Medicare and Medicaid nursing beds in the area, there is not an absence of the service. However, there appears to be access limitations due to several factors:

a. 22.4% or 3,235 beds are at or over target utilization of 90% and as such are not accessible.

b. There are 2,666 nursing care beds that are not Medicare Certified (18% of total licensed beds), therefore, restrictive to those nursing residents in need of rehabilitative Medicare services.

c. There are 3,411 beds that are not Medicaid Certified (24% of the total licensed beds), therefore, restrictive to those Medicaid recipients.

d. There are 3,974 beds that have average length of stays of less than 100 days (27.5% of the total beds), therefore, catering to the more acute care short term rehabilitative resident and hence restrictive toward the general geriatric nursing resident.

e. The average age of all the existing nursing care facilities within the 30-minute travel time contour (for which data is available) is 33.4 years with only 19 of the 88 existing long-term care facilities in operation less than 20 years. This represents 11,338 nursing beds or 78.5% of the total nursing beds 20 year old or older.

f. 1,093 nursing beds or 8% of the total nursing beds are licensed for Intermediate Care (ICF), thus, limiting admissions to the Skilled Nursing (SNF) residents.

g. The current HFSRB's rules for gross square footage per bed provides a

ATTACHMENT-17

range for the nursing category of service of between 435 -713 gross square feet per bed for nursing facilities. There are 5,448 beds under the 400 gross square feet per bed level. This is a individual choice issue effecting accessibility.

h. There are two hospital based nursing units that are the typically the most acute short term rehabilitative care available in the nursing category of care spectrum. These beds are not your typical general long-term nursing residents.

Therefore, not all beds are equal and accessible. It should be noted that all beds being proposed will be Medicare and Medicaid certified. Creating further access limitations are the beds that are reported as not set-up or staffed. Within the 30-minute contour 5% or 698 nursing care licensed beds are not available for use. Moreover, there appears to be utilization inconsistencies between the IDPH profile data and the Department of Healthcare and Family Services Facility Cost Report data that illustrates an eleven and one half percent improvement in utilization which calls into question the availability of those beds and if they are accessible. These are significant access limitations to an area with a rapidly growing senior population. For the above restrictive admission issues, please refer to **ATTACHMENT-17C**.

2. Additional documentation required:

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

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

Appended as **ATTACHMENT-17D**, is a listing of the names and locations of other planning area service providers. A listing of the facilities' and their respective utilization rates are appended as **ATTACHMENT-17E**.

ATTACHMENT-17

b. Patient/resident location information by zip code;

As the proposed project is for the establishment of a service and as a result there are no existing residents or location information by zip code for those residents. However, the proposed project is part of a campus, as such the resident location information for those residents (patient origin by Zip Code for admissions) is appended as **ATTACHMENT-17F**.

c. Independent time-travel studies;

Appended as **ATTACHMENT-17D,** is a summary listing of the independent time-travel studies. The individual MapQuest time-travel studies are appended as **ATTACHMENT-17G**.

d. Certification of a waiting list;

As the proposed project is for the establishment of a service one cannot establish a wait list for nursing services. However, this project is unique as it is part of an existing campus that has Independent Living and Supportive Living services. As such, the campus as a whole has discharged residents (an unofficial wait list) for nursing services that would otherwise go to the proposed project. A listing of these discharges is appended as **ATTACHMENT-17H**.

e. Admission restrictions that exist in area providers;

Refer to **ATTACHMENT-17C** for a listing of the admission restrictions discussed above.

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

Appended as **ATTACHMENT-17I,** is a copy of the 2011 Inventory of Health

Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, for Long-Term Care. Appended as **ATTACHMENT-17B**, is a summary chart and a population characteristics assessment for each service area identified to provide the 2010 and 2015 population estimates and projections.

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

Appended as **ATTACHMENT-17I** is a copy of the 2011 Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, for Long-Term Care. The IDPH annual facility questionnaire forms for 2012 are appended as **ATTACHMENT-17J**.

LONG-TERM CARE FACILITY UPDATES

3/13/2014

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3769	3323	446
Planning Area 7-B	6268	6827	(559)
Planning Area 7-C	5913	5868	45
Planning Area 7-D	2590	2904	(314)
Planning Area 7-E	8247	9126	(879)
HEALTH SERVICE AREA 8			
Kane	2816	3064	(248)
Lake	4191	4663	(472)
McHenry	1095	1037	58
HEALTH SERVICE AREA 9			
Grundy	268	265	3
Kankakee	1107	1368	(261)
Kendall	279	185	94
Will	2671	2840	(169)
HEALTH SERVICE AREA 10			
Henry	455	500	(45)
Mercer	167	172	(5)
Rock Island	1177	1205	(28)
HEALTH SERVICE AREA 11			
Clinton	353	357	(4)
Madison	1955	2212	(257)
Monroe	355	250	105
St. Clair	2011	2289	(278)

LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED

HSA 1	242	350	(108)
HSA 2	245	309	(64)
HSA 3	211	375	(164)
HSA 4	305	302	3
HSA 5	227	511	(284)
HSA 6, 7, 8, 9	3095	1085	2010
HSA 10	77	32	45
HSA 11	218	368	(150)

ATTACHMENT-☒7A

Asbury Des Plaines
Service Area Populatioin Study

Age Group	HSA/PSA	2010 Population	2015 Population	Growth Rate	% of 65+ pop
0-64	7A	530,400	529,300	-0.2%	
65+		76,600	94,100	22.8%	15.1%
65-74		40,600	54,200	33.5%	
75+		36,000	39,900	10.8%	
		607,000	**623,400**	**2.7%**	
0-64	7B	377,100	376,300	-0.2%	
65+		80,000	89,100	11.4%	19.1%
65-74		37,600	45,700	21.5%	
75+		42,400	43,400	2.4%	
		457,100	**465,400**	**1.8%**	
0-64	7C	810,800	809,400	-0.2%	
65+		107,200	130,300	21.5%	13.9%
65-74		58,200	78,600	35.1%	
75+		49,000	51,700	5.5%	
		918,000	**939,700**	**2.4%**	
0-64	HSA 7	2,969,200	2,968,400	0.0%	
65+		450,700	521,700	15.8%	14.9%
65-74		232,100	296,900	27.9%	
75+		218,600	224,800	2.8%	
		3,419,900	**3,490,100**	**2.1%**	
0-64	8 Kane	466,200	472,700	1.4%	
65+		50,100	60,700	21.2%	11.4%
65-74		28,400	37,100	30.6%	
75+		21,700	23,600	8.8%	
		516,300	**533,400**	**3.3%**	
0-64	8 Lake	630,800	625,000	-0.9%	
65+		73,800	88,400	19.8%	12.4%
65-74		40,900	53,600	31.1%	
75+		32,900	34,800	5.8%	
		704,600	**713,400**	**1.2%**	
0-64	8 McHenry	277,600	271,000	-2.4%	
65+		31,600	38,300	21.2%	12.4%
65-74		18,800	24,000	27.7%	
75+		12,800	14,300	11.7%	
		309,200	**309,300**	**0.0%**	
0-64	HSA 8	1,374,600	1,368,700	-0.4%	
65+		155,500	187,400	20.5%	12.0%
65-74		88,100	114,700	30.2%	
75+		67,400	72,700	7.9%	
		1,530,100	**1,556,100**	**1.7%**	
65+	**Illinois**		1,609,213		12.5%
Total			**12,830,632**		

Source: Inventory of Health Care Facilities & Services & Need Determinations, 2013 Long-Term Care Services

ATTACHMENT-7B

Long-Term Care FACNAME	CITY	Licensed NRSG Beds	Medicare Certified	Medicaid Certified	Peak Beds Set-up	Profile Lic Occupancy	Profile Set-up Occupancy	ALOS	CR Lic Occupancy	CR Set-up Occupancy	Building GSF	GSF per Bed	Year Built	BLDG Age	$ Put into Bldg 2010	$ Put into Bldg 2011	$ Put into Bldg 2012	SNF Beds	ICF Beds
Oakton Pavilion	Des Plaines	294	195	152	195	45.7%	68.9%	187.2	45.7%	68.9%	92000	313	1975	39	69906	1600355	52263	294	0
Lee Manor (1)	Des Plaines	262	260	260	260	93.0%	93.7%	170.6	93.0%	93.7%	106300	406	1979	35	571585	476621	496064	262	0
Alden - Des Plaines Rehab/HCC	Des Plaines	110	110	22	95	66.2%	76.7%	32.0	66.2%	76.7%	51490	468	1978	36	28461	20606	7445	110	0
Bridgeview Christian Village Rehab & SNF	Bensenville	222	222	148	187	72.5%	86.1%	143.7	72.5%	86.1%	124352	560	1975	39	765215	262282	0	222	0
Church Creek	Arlington Heights	56	56	0	56	72.0%	72.0%	36.9	72.0%	72.0%								56	0
Manorcare of Arlington Heights	Arlington Heights	151	151	42	126	68.2%	81.7%	40.3	70.1%	84.0%	35667	236	1969	45	129416	181622		151	0
Presence Nazarethville (2)	Des Plaines	68	0	68	68	95.6%	95.6%	1100.6	106.5%	106.5%			1974	40				0	68
The Moorings Health Center	Arlington Heights	116	84	17	105	67.2%	74.2%	76.8	67.2%	74.2%	115857	999	1994	20	250632	19000	209965	84	32
Park Ridge Care Center	Park Ridge	46	46	46	46	89.6%	89.6%	716.2	89.6%	89.6%	13300	289	1961	53	82797	33267	25060	46	0
Presence Resurrection Nsg & Rehab Ctr (3)	Park Ridge	298	296	254	285	76.0%	79.4%	182.0	82.1%	85.9%	99460	334	1982	32	112600	102293	441741	298	0
Elmbrook Nursing (4)	Elmhurst	180	117	180	180	89.4%	89.4%	345.7	89.4%	89.4%	44800	249	1977	37	10071	846106	243002	176	4
Manor Care of Rolling Meadows	Rolling Meadows	155	155	109	126	5.7%	7.0%	10.9	69.0%	84.9%	38523	249	1977	37	39413	102223	4162	155	0
Presence Ballard Nursing Center (5)	Des Plaines	231	231	231	191	58.4%	70.6%	62.6	58.4%	70.6%	52917	229	1973	41		60421	53601	231	0
Central Baptist Village	Norridge	120	68	120	120	82.4%	82.4%	499.8	82.4%	82.4%	90707	756	1978	36	243525	400533	168119	120	0
Alden-Northmoor Rehab & Hc Ctr	Chicago	198	198	198	198	90.6%	90.6%	147.7	90.6%	90.6%	63872	424	1978	36	14934	55634	31916	198	0
Presence Resurrection Life Ctr (7a & 7b)	Chicago	157	122	157	157	92.1%	92.1%	131.5	97.4%	97.4%	81000	516	1996	18	22578	362369	225896	122	35
Emeritus at Prospect Heights	Prospect Hgts	30	30	0	27	65.7%	73.0%	162.9	65.7%	73.0%								30	0
Forest View Rehab & Nursing Center	Itasca	144	14	144	86	55.5%	93.0%	374.1	55.5%	93.0%	46391	322	2011	3		22181	320363	76	68
St. Matthew Center for Health	Park Ridge	140	43	44	140	85.1%	85.1%	164.7	85.1%	85.1%	82590	590	1959	55	426190	410889	591445	101	39
Danish Home, The	Chicago	17	0	0	15	55.8%	63.2%	798.6	55.8%	63.2%								17	0
Norwood Crossing	Chicago	131	131	88	130	95.3%	96.0%	156.1	95.3%	96.0%	120294	918	1909	105	271565	377639	646924	131	0
Abington Of Glenview	Glenview	192	100	0	175	59.6%	65.4%	45.8	59.6%	65.4%								100	92
Elmhurst Extended Care Center	Elmhurst	108	39	22	104	72.6%	75.4%	109.3	72.6%	75.4%	33019	306	1961	53	17289	136373	61440	108	0
Friendship Village Schaumburg	Schaumburg	250	250	190	250	86.5%	86.5%	134.0	89.6%	89.6%	364499	1458	1977	37	1584	135484		250	0
Glen Bridge Nursing Center (8)	Niles	302	0	302	290	89.8%	93.5%	149.0	89.8%	93.5%	46058	153	1970	44	276423	21813	19162	302	0
Lutheran Home For Aged	Arlington Heights	334	264	237	334	95.6%	95.6%	95.0	95.6%	95.6%	315041	943	1953	61	144550	401201	407537	274	60
Manor Care - Elk Grove Village	Elk Grove Village	190	190	105	182	88.0%	91.9%	57.7	88.0%	91.9%	70963	373	1990	24	269051	470924	18751	190	0
Niles Nursing & Rehab Center	Niles	304	152	304	304	89.2%	89.2%	568.9	89.2%	89.2%			2012	2	70134	525233	352840	304	0
Regency Rehabilitation Center	Niles	300	300	300	300	84.1%	84.1%	422.4	84.1%	84.1%	89951	300	1976	38	913677	7457283	131015	300	0
Lexington Health Care-Wheeling	Wheeling	215	215	184	215	88.3%	88.3%	288.6	88.3%	88.3%	85551	398	1995	19	293432	81307	55633	215	0
Lexington Of Schaumburg	Schaumburg	214	214	160	214	87.0%	87.0%	131.5	87.0%	87.0%	85541	400	1988	26	125264	393525	63429	214	0
Manor Care of Northbrook	Northbrook	158	159	83	140	74.4%	84.0%	70.3	76.4%	86.2%	65393	414	1999	15	14473	56060		158	0
Norridge Hither & Rehab Centre	Norridge	292	292	292	292	93.2%	93.2%	282.9	93.2%	93.2%	89972	308	1976	38	777129	1198489	230441	292	0
Rosewood Care Center Inverness	Inverness	142	40	58	142	65.0%	65.0%	80.4	65.0%	65.0%	58690	413	1995	19		3600	28933	142	0
Abbington Rehab & Nursing Ctr	Roselle	82	19	74	82	87.3%	87.3%	235.5	87.3%	87.3%			1976	38	27215	57257	18109	22	60
Presence St. Andrew Life Center (9)	Niles	55	0	55	55	94.3%	94.3%	996.3	94.3%	94.3%	15550	283	1951	63	19513	177531	103029	0	55
Presence Villa Scalabrini Nsg & Rehab (10)	Northlake	253	171	202	253	87.7%	87.7%	257.2	87.7%	87.7%	195174	771	2000	14	117737	269271	222676	171	82
Bethany Terrace Nursing Center (11)	Morton Grove	211	103	87	172	56.4%	69.1%	85.3	56.4%	69.1%	92175	437	1965	49	323633	13537	23955	93	118
Forest Ville Nsg. & Reh. Ctr.	Niles	212	212	212	166	66.2%	84.6%	90.4	69.9%	89.2%	31000	146	1964	50	37459	1985301	241892	212	0
Grosse Pointe Manor	Niles	99	99	99	99	87.6%	87.6%	518.7	87.6%	87.6%			1972	42	84446	239823	9228	99	0
Plum Grove Nursing & Rehab Ctr	Palatine	69	5	69	67	90.9%	93.6%	520.4	90.9%	93.6%	23500	341	1961	53	108922	373818	117450	69	0
Presence St. Benedict Nsg. & Rehab Ctr (12)	Niles	99	99	19	99	96.6%	96.6%	130.7	96.6%	96.6%	56961	575	1991	23		105972	45086	99	0
Alden-Poplar Creek Rehab &Care	Hoffman Estates	217	217	217	217	83.9%	83.9%	120.8	83.9%	83.9%	62115	286	1988	26	22775	137581	49372	217	0
Alden-Valley Ridge Rehab &Care	Bloomingdale	207	207	207	207	72.5%	72.5%	188.2	83.1%	83.1%	72046	348	1978	36	40161	43704	126901	207	0
Covenant Health Care Center	Northbrook	102	102	102	93	72.9%	80.0%	120.1	78.4%	86.0%	77894	764	1974	40	421594	34694	0	102	0
Elmwood Care	Elmwood Park	245	245	245	245	81.9%	81.9%	368.1	81.9%	81.9%	46565	190	1975	39	257115	130057	54760	245	0
Glenview Terrace Nursing Ctr	Glenview	314	314	314	309	85.8%	87.2%	46.6	85.8%	87.2%	79000	252	1975	39	64211	183418	129851	314	0
Elston Nursing & Rehab Center	Chicago	117	32	117	117	92.5%	92.5%	407.4	92.5%	92.5%	28220	241	1964	50	18285		82955	117	0
Addolorata Villa	Wheeling	98	88	30	98	81.5%	81.5%	260.8	84.6%	84.6%	66613	680	1996	18	69766	158756	29200	88	10
Alden North Shore Rehab & Hc	Skokie	93	93	10	80	70.1%	81.5%	26.1	70.1%	81.5%	45208	486	1999	15	26341	19345	597589	93	0
Claremont-Hanover Park	Hanover Park	150	150	14	100	56.0%	84.0%	32.8	56.0%	84.0%	74800	499	2011	3	2228	31187	134	150	0
Lexington of Elmhurst	Elmhurst	145	142	77	145	83.2%	83.2%	80.4	83.2%	83.2%	52608	363	1991	23	118119	104685	47848	145	0
Oak Brook Health Care Center	Oak Brook	156	126	87	156	87.0%	87.0%	123.2	87.0%	87.0%			1988	26		48890	231149	128	28
St. Joseph's Home For Elderly	Palatine	59	0	51	59	95.9%	95.9%	3651.3	95.9%	95.9%	119979	2034	1966	48	24655	764550	14233	20	39
Vi at the Glen (17) (13)	Glenview	38	38	0	38	98.3%	98.3%	216.5	98.3%	98.3%	29312	771	2005	9				38	0
West Suburban Nursing & Rehab Center	Bloomingdale	255	30	259	259	72.6%	72.6%	158.8	72.6%	72.6%	67047	259	2007	7	175227	64781	445723	259	0
Fairmont Care Centre	Chicago	176	104	161	176	87.4%	87.4%	371.9	87.4%	87.4%			1995	19	266736	84800	34866	104	72
Harmony Nursing And Rehab Ctr	Chicago	180	180	180	180	89.1%	89.1%	103.4	89.1%	89.1%	64216	357	1993	21	125941	8250	14324	180	0
Greek American Rehab & Care Center	Wheeling	198	198	175	198	92.3%	92.3%	417.0	92.3%	92.3%	90669	458	1994	20	189437	286094	72075	198	0
Lexington Health Care Center-Bloomingdale	Bloomingdale	166	166	131	166	89.8%	89.8%	197.1	89.8%	89.8%	34554	208	1987	27	982967	301448	20418	166	0
Rosewood Care Ctr-Northbrook	Northbrook	147	147	137	147	88.2%	88.2%	330.8	88.2%	88.2%	63834	434	1995	19	38381	8222	3011	147	0
Ambassador Nursing & Rehab Center	Chicago	190	190	190	190	74.9%	74.9%	316.5	74.9%	74.9%	40497	213	1977	37	82280	54629	12688	190	0
St. Joseph Village	Chicago	54	54	11	54	87.0%	87.0%	109.2	87.0%	87.0%	46408	859	2006	8	4092	0	4255	54	0
Alden-Long Grove Rehab/HC Ctr	Long Grove	248	208	246	203	76.3%	93.2%	143.6	76.3%	93.2%	89632	361	1995	19	34297	52165	81960	210	38
Aria Post Acute Care (14) (15)	Hillside	198	198	190	198	92.0%	92.0%	127.3	92.0%	92.0%								198	0
Arlington Rehab & Living Ctr.	Long Grove	190	190	190	190	92.1%	92.1%	212.3	92.1%	92.1%	60302	317	1995	19	90641	12253	208817	190	0
Oakridge Healthcare Center	Hillside	73	18	73	73	82.1%	82.1%	520.7	85.2%	85.2%			1962	52			40766	58	15
Park Place Christian Village (15) (16)	Elmhurst	37	0	0	37	8.0%	8.0%	12.3	8.0%	8.0%								37	0
Presence Marytown Nsg. & Rehab Ctr (16) (17)	Glenview	135	135	61	135	80.9%	80.9%	297.3	80.9%	80.9%	83762	620	1961	53		57630	32225	135	0
The Grove of LaGrange Park	Lagrange Park	131	131	131	131	83.6%	83.6%	223.3	83.6%	83.6%	43000	328	1975	39	122966	168413	39396	131	0
Bethesda Home & Retirement Ctr	Chicago	113	74	53	80	54.6%	77.1%	183.0	54.6%	77.1%	67403	596	1935	89	13479	142332	873260	46	67
Peterson Park Nursing Home (18)	Chicago	188	92	188	188	91.0%	91.0%	200.0	93.5%	93.5%	51900	276	1979	35	752749	237103	255877	188	0
St. Paul's House & Healthcare	Chicago	110	110	32	110	75.1%	75.1%	136.7	75.1%	75.1%	91138	829	1921	93	186608	201296	125761	110	0
Claremont Rehab & Living Ctr.	Lincolnshire	200	200	200	177	80.0%	90.4%	113.6	80.0%	90.4%	85000	430	1994	20	66827	40455	44494	200	0
Lexington Of Streamwood	Streamwood	214	214	172	214	83.4%	83.4%	210.8	83.4%	83.4%	83942	392	1991	23	107086	212982	98864	214	0
Westchester Health & Reheb	Westchester	120	120	120	120	92.3%	92.3%	252.8	92.3%	92.3%	37531	313	1988	26	183390	5203	8697	120	0
Alden Estates of Barrington	Barrington	150	150	150	150	80.0%	80.0%	55.6	80.0%	80.0%	59500	397	2003	11	20293	205286	17667	150	0
Brentwood North Healthcare & Rehab	Riverwoods	240	240	128	240	53.3%	53.3%	57.2	53.3%	53.3%	90758	378	1975	39	35579	105645	55500	240	0
Manor Care of Hinsdale	Hinsdale	202	202	20	202	81.7%	81.7%	41.5	83.0%	83.0%	78479	389	1980	34	868209	255080	73202	202	0
Manor Care of Westmont	Westmont	155	155	67	141	74.4%	82%	65.1	76.7%	84.4%	40294	260	1977	37	1067050	17165	7886	155	0
Woodbridge Nursing Pavilion	Chicago	222	222	222	220	90.3%	91.1%	658.9	90.3%	91.1%	44560	201	1975	39	782386	338883	141951	222	0
Berkeley Nursing & Rehab. Ctr	Oak Park	72	72	72	72	82.8%	82.8%	345.2	82.8%	82.8%			2009	5	33003	6490	366697	72	0
Berkshire Nursing & Rehab Center (19)	Forest Park	232	227	232	215	68.4%	73.8%	201.7	68.4%	73.8%	99467	429	2007	7	373651	240578	125942	232	0
Cambridge Nursing & Rehab	Skokie	113	113	113	108	85.7%	89.7%	366.3	85.7%	89.7%	32048	284	1987	27	76184	28545	13203	113	0
Lieberman Center for Health & Rehab	Skokie	240	240	216	240	90.7%	90.7%	111.1	90.7%	90.7%	150487	627	1980	34	205542	1394553	125890	240	0
Lincolnwood Place (20)	Lincolnwood	40	0	0	40	78.1%	78.1%	51.4	78.1%	78.1%								40	0
Skokie Meadows Nursing Center II	Skokie	111	0	111	108	87.2%	89.7%	1071.0	87.2%	89.7%	22213	200	1987	27	124310	44708	11100	0	111
Whitehall- North	Deerfield	190	190	0	190	84.2%	84.2%	35.5	84.2%	84.2%			1982	32				190	0
Total/Average		**14442**	**11776**	**11031**	**13744**	**69.5**	**72.7**	**274.5**	**81.0%**	**85.1%**		**389**		**33.4**	$ 14,738,380	$ 25,671,699	$ 10,389,079	13348	1083
Percentage of Total			82%	76%	95%										$ 1,020	$ 1,778	$ 719	92%	8%
			18%	24%	5%														

Hospitals FACNAME	CITY	# of Licensed Nursing Beds	Medicare Certified	Medicaid Certified	Peak Beds Set-up	Profile Lic Occupancy	Profile Set-up Occupancy	ALOS	CR Lic Occupancy	CR Set-up Occupancy
Gottlieb Memorial Hospital	Melrose Park	34	34	34	32	79.4%	84.4%	13.1	79.4%	84.4%
Our Lady Of Resurrect Med Ctr (13) (14)	Chicago	66	66	0	56	57.3%	67.5%	11.2	57.3%	67.5%
		100			88	64.8%	74%	12.0	64.8%	74%
New Permits										
Asbury Healthcare	Des Plaines	75								
Transitional Care of Arlington Heights (6)	Arlington Heights	120								

ATTACHMENT-☒7C

Total 14737

(1) Bed change: Added 2 nursing Care beds; facility now has 262 Nursing Care beds 03/11/2013
(2) Inventory & exported Name: Nazarethville; Profile name: Presence Nazarethville
(3) Name Change: Formerly Resurrection Nursing and Rehabilitation Center 10/01/2012
(4) Name Change: Name changed form Elm Brook Health Care & Rehab Center 10/27/2010
(5) Name Change: Formerly Ballard Nursing Center 10/01/2012
(6) permit issued 6/28/2011 to establish a new facility with 120 Nursing Care beds. hsa 7A 11-006
(7a) Name Change: Formerly Resurrection Life Center 10/01/2012
(7b) profile: 146 licensed Nsg beds. Inventory: 157 licensed Nsg beds. PATIENT DAYS ARE MISSING. Used 2011 Total Nsg Pt Days (56002) and # of Total Nsg Care Residents (155), and 2012 # of Total Nsg Care Residents (146) and 2012 Licensed Nsg Care Beds per Inventory (157) to infer a calculation of 2012 nsg pt days and nsg occupancy (56002 / 155) * 146 = 52,750 pt days (52750 / 365) / 157 = 92.1% occupancy
(8) profile name: Glenbridge Nursing & Rehabilitation Ctr. Inventory name: Glen Bridge Nursing Center
(9) Name Change: Formerly St. Andrew Life Center 10/01/2012
(10a) Name Change: Formerly Villa Scalabrini Nursing and Rehabilitation 10/01/2012;
(10b) PATIENT DAYS ARE MISSING. Used 2011 Total Nsg Pt Days (78110) and # of Total Nsg Care Residents (214), and 2012 # of Total Nsg Care Residents (222) and 2012 Licensed Nsg Care Beds (253) to infer a calculation of 2012 nsg pt days and nsg occupancy (78110 /214) * 222 = 81030 pt days (81030 / 365) / 253 = 87.7% occupancy
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(12) Name Change: Formerly St. Benedict Nursing and Rehabilitation Center 10/01/2012
(13) 10/30/2012 12-070 Permit issued add 9 Nsg Care beds to existing facility, will have 47 beds on completion; exported addr 1400 Patriot Bvd, Profile addr 2401 Indigo Ln.
(14) Inventory Name: Our Lady of Resurrection Medical Center / Profile Name: Presence Our Lady of Resurrection Med
(15) Name Change: Formerly The Renaissance at Hillside 09/28/2012
(16) Name Change: Formerly Park Place Christian Community 04/17/12.
(17) Name Change: Formerly Maryhaven Nursing & Rehab Center 10/01/2012
(18) Profile Name: Peterson Park Health Care Center. Export & Inventory Name is Peterson Park Nursing Home
(19) PATIENT DAYS ARE MISSING. Used 2011 Total Nsg Pt Days (52503) and # of Total Nsg Care Residents (156), and 2012 # of Total Nsg Care Residents (172) and 2012 Licensed Nsg Care Beds (232) to infer a calculation of 2012 nsg pt days and nsg occupancy (52503 / 156) * 172 = 57888 pt days (57888 / 365) /232 = 68.4% occupancy
(20) PATIENT DAYS ARE MISSING. Used 2011 Total Nsg Pt Days (11776) and # of Total Nsg Care Residents (32), and 2012 # of Total Nsg Care Residents (31) and 2012 Licensed Nsg Care Beds (40) to infer a calculation of 2012 nsg pt days and nsg occupancy (11776 /32) * 31 = 11408 pt days (11408 / 365) / 40 = 78.1% occupancy

Long-Term Care Facility Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development (COLUMNS: A-L)
www.mapquest.com (COLUMNS: Y, Z)
Inventory of Health Care Facilities and Services and Need Determinations - 2013 - Long-Term Care Services (COLUMNS: M, N, O, Q, W)
IDPH Nursing Homes in Illinois (https://ltc.dph.illinois.gov/webapp/LTCApp/ltc.jsp)(COLUMNS: AL-AP)
Illinois Department of Healthcare and Family Services Cost Reports (http://www2.illinois.gov/hfs/MedicalProvider/CostReports/Pages/default.aspx) (COLUMNS: AB, AE, AF, AG, AH, AI, AK)

ATTACHMENT-☒7C

30-Minute Travel Time Contour
from
Asbury DesPlaines

Hospitals

FACID	FACNAME	ADDRESS	CITY	ZIP	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
6003727	Gottlieb Memorial Hospital	701 West North Avenue	Melrose Park	60160-0000	34	12.45	25.3
6004931	Our Lady Of Resurrect Med Ctr (13) (14)	5645 West Addison Street	Chicago	60634-0000	66	13.08	26.25
					100		

Long-Term Care

FACID	FACNAME	ADDRESS	CITY	ZIP	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
6006837	Oakton Pavilion	1660 Oakton Place	Des Plaines	60018-0000	294	2.35	5.75
6005284	Lee Manor (1)	1301 Lee Street	Des Plaines	60018-0000	262	2.83	6.9
6014757	Alden - Des Plaines Rehab/HCC	1221 East Golf Road	Des Plaines	60016-0000	110	4.45	10.35
6000353	Bridgeway Christian Village Rehab & SNF	111 East Washington	Bensenville	60106-0000	222	5.09	10.35
6001754	Church Creek	1200 West Central Road	Arlington Heights	60005-0000	56	5.48	11.5
6000228	Manorcare of Arlington Heights	715 West Central Road	Arlington Heights	60005-0000	151	5.15	11.5
6006506	Presence Nazarethville (2)	300 North River Road	Des Plaines	60016-0000	68	5	11.5
6005698	The Moorings Health Center	751 Old Barn Lane	Arlington Heights	60005-0000	116	4.55	12.65
6007157	Park Ridge Care Center	665 Busse Highway	Park Ridge	60068-0000	46	5.03	13.8
6007892	Presence Resurrection Nsg & Rehab Ctr (3)	1001 North Greenwood Avenue	Park Ridge	60068-0000	298	5.23	13.8
6010144	Elmbrook Nursing (4)	127 West Diversey Avenue	Elmhurst	60126-0000	180	6.49	14.95
6000327	Manor Care of Rolling Meadows	4225 Kirchoff Road	Rolling Meadows	60008-0000	155	7.54	14.95
6000640	Presence Bellard Nursing Center (5)	9300 Ballard Road	Des Plaines	60016-0000	231	9.41	14.95
6001564	Central Baptist Village	4747 North Canfield Avenue	Norridge	60706-0000	120	8.17	16.1
6014500	Alden-Northmoor Rehab & Hc Ctr	5821 North Northwest Highway	Chicago	60631-0000	198	9.43	16.25
6014575	Presence Resurrection Life Center (7a & 7b)	7370 West Talcott	Chicago	60631	157	8.64	16.25
6014328	Emeritus at Prospect Heights	700 East Euclid Avenue	Prospect Hgts	60070-0000	30	7.73	17.25
6000483	Forest View Rehab & Nursing Center	535 South Elm	Itasca	60143-0000	144	8.06	17.25
6009096	St. Matthew Center for Health	1601 North Western Avenue	Park Ridge	60068-0000	140	9.85	17.25
6008692	Danish Home, The	5656 North Newcastle Avenue	Chicago	60631-0000	17	9.68	17.5
6006696	Norwood Crossing	6016 North Nina Avenue	Chicago	60631-0000	131	8.85	17.5
6012595	Abington Of Glenview	3901 Glenview Road	Glenview	60025-0000	192	7.52	18.4
6002828	Elmhurst Extended Care Center	200 East Lake Street	Elmhurst	60126-2079	108	7.8	18.4
6003404	Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	60194-0000	250	8.67	18.4
6006191	Glen Bridge Nursing Center (8)	8333 West Golf Road	Niles	60714-0000	302	7.52	18.4
6005607	Lutheran Home For Aged	800 West Oakton Street	Arlington Heights	60004-0000	334	7.15	18.4
6012686	Manor Care - Elk Grove Village	1920 Nerge Road	Elk Grove Village	60007-0000	190	8.22	18.4
6003644	Niles Nursing & Rehab Center	9777 Greenwood	Niles	60714-0000	304	7.45	18.4
6007793	Regency Rehabilitation Center	6631 Milwaukee Avenue	Niles	60714-0000	300	10.46	18.4
6014369	Lexington Health Care-Wheeling	730 West Hintz Road	Wheeling	60090-0000	215	7.36	19.55
6012553	Lexington Of Schaumburg	675 South Roselle Road	Schaumburg	60193-0000	214	9.12	19.55
6015168	Manor Care of Northbrook	3300 Milwaukee Avenue	Northbrook	60062-0000	158	9.17	19.55
6006571	Norridge Hither & Rehab Centre	7001 West Cullom	Norridge	60706-0000	292	9.9	19.55
6014633	Rosewood Care Center Inverness	1800 Colonial Parkway	Inverness	60067-0000	142	9.9	19.55
6000020	Abbington Rehab & Nursing Ctr	31 West Central	Roselle	60172-0000	82	11.07	20.7
6008833	Presence St. Andrew Life Center (9)	7000 North Newark	Niles	60714-0000	55	11.32	20.7
6009591	Presence Villa Scalabrini Nsg & Rehab (10)	480 North Wolf Road	Northlake	60164-0000	253	8.44	20.7
6000889	Bethany Terrace Nursing Center (11)	8425 Waukegan Road	Morton Grove	60053-0000	211	7.74	21.85
6003214	Forest Villa Nsg. & Reh. Ctr.	6840 West Touhy Avenue	Niles	60714-0000	212	8.31	21.85
6003511	Grosse Pointe Manor	6601 West Touhy Avenue	Niles	60714-0000	99	10.95	21.85
6007520	Plum Grove Nursing & Rehab Ctr	24 South Plum Grove Road	Palatine	60067-0000	69	10.2	21.85
6008874	Presence St. Benedict Nsg. & Rehab Center (12)	6930 West Touhy Avenue	Niles	60714-0000	99	8.14	21.85
6001366	Alden-Poplar Creek Rehab &Care	1545 Barrington Road	Hoffman Estates	60194-0000	217	11.31	23
6000459	Alden-Valley Ridge Rehab &Care	275 East Army Trail Road	Bloomingdale	60108-0000	207	12.66	23
6001093	Covenant Health Care Center	2155 Pfingsten Road	Northbrook	60062-0000	102	14.69	23
6008270	Elmwood Care	7733 Grand Avenue	Elmwood Park	60635-0000	245	11.05	23
6003610	Glenview Terrace Nursing Ctr	1511 Greenwood Road	Glenview	60025-0000	314	10.31	23
6002851	Elston Nursing & Rehab Center	4340 North Keystone	Chicago	60641-0000	117	13.06	23.75
6000046	Addolorata Villa	555 Mchenry Road	Wheeling	60090-0000	98	8.81	24.15
6014765	Alden North Shore Rehab & Hc	5050 West Touhy	Skokie	60077	93	12.7	24.15
6016554	Claremont-Hanover Park	2000 West Lake Street	Hanover Park	60133	150	14.02	24.15
6013098	Lexington of Elmhurst	420 W Butterfield Rd	Elmhurst	60126-0000	145	13.52	24.15
6006720	Oak Brook Health Care Center	2013 Midwest Road	Oak Brook	60521-0000	156	13.63	24.15
6009005	St. Joseph's Home For Elderly	80 West Northwest Highway	Palatine	60067-0000	59	11	24.15
6015689	Vi at the Glen (17) (13)	2401 Indigo Lane	Glenview	60026	38	13.96	24.15
6001002	West Suburban Nursing & Rehab Center	311 Edgewater Drive	Bloomingdale	60108-0000	259	13.26	24.15
6001051	Fairmont Care Centre	5061 North Pulaski Road	Chicago	60630-0000	176	12.75	25
6013684	Harmony Nursing And Rehab Ctr	3919 West Foster Avenue	Chicago	60625-0000	180	13.03	25
6015499	Greek American Rehab & Care Center	220 North First Street	Wheeling	60090	198	10.45	25.3
6011993	Lexington Health Care Center-Bloomingdale	165 South Bloomingdale Road	Bloomingdale	60108-0000	166	12.85	25.3
6019723	Rosewood Care Ctr-Northbrook	4101 Lake Cook Road	Northbrook	60062	147	17.52	25.3
6003057	The Grove of LaGrange Park	701 North Lagrange Road	Lagrange Park	60525-0000	131	18.76	26.45
6000186	Ambassador Nursing & Rehab Center	4900 North Bernard	Chicago	60625-0000	190	13.24	26.25
6008957	St. Joseph Village	4021 West Belmont Avenue	Chicago	60641	54	14.35	26.25
6005714	Alden-Long Grove Rehab/HC Ctr	2308 Old Hicks Road	Long Grove	60047-0000	248	15.36	26.45
6014906	Arla Post Acute Care (14) (15)	4600 North Frontage Road	Hillside	60162-0000	198	17	26.45
6014344	Arlington Rehab & Living Ctr.	1666 Checker Road	Long Grove	60047-0000	190	15.26	26.45
6006829	Oakridge Healthcare Center	323 Oakridge Avenue	Hillside	60162-0000	73	16.78	26.45
6016430	Park Place Christian Village (15) (16)	1050 Euclid Avenue	Elmhurst	60126	37	14.4	26.45
6005854	Presence Maryhaven Nsg. & Rehab. Ctr. (16) (17)	1700 East Lake Avenue	Glenview	60025-0000	135	12.19	26.45
6006688	Bethesda Home & Retirement Ctr	2833 North Nordica Avenue	Chicago	60634-0000	113	11.78	27.5
6007371	Peterson Park Nursing Home (18)	6141 North Pulaski Road	Chicago	60646-0000	188	14.1	27.5
6009112	St. Paul's House & Healthcare	3800 North California Avenue	Chicago	60618-0000	110	14.72	27.5
6014195	Claremont Rehab & Living Ctr.	150 Weiland Rd	Lincolnshire	60089-0000	200	10.12	27.6
6012975	Lexington Of Streamwood	815 East Irving Park Road	Streamwood	60107-3073	214	14.76	27.6
6012173	Westchester Health & Rehab	2901 Wolf Road	Westchester	60154-0000	120	17.86	27.6
6003735	Alden Estates of Barrington	1420 South Barrington Road	Barrington	60010-0000	150	16.3	28.75
6001119	Brentwood North Healthcare & Rehab	3705 Deerfield Road	Riverwoods	60015-0000	240	13.25	28.75
6006332	Manor Care of Hinsdale	600 West Ogden Avenue	Hinsdale	60521-0000	202	16.07	28.75
6000335	Manor Care of Westmont	512 East Ogden Avenue	Westmont	60559-0000	155	16.61	28.75
6007074	Woodbridge Nursing Pavilion	2242 North Kedzie	Chicago	60647-0000	222	16.12	28.75
6010110	Berkeley Nursing & Rehab. Ctr	6909 West North Avenue	Oak Park	60302-0000	72	13.92	29.9
6015383	Berkshire Nursing & Rehab Center (19)	8200 West Roosevelt Road	Forest Park	60130	232	19.34	29.9
6008635	Cambridge Nursing & Rehab	9615 North Knox Avenue	Skokie	60076-0000	113	12.21	29.9

ATTACHMENT-☒7☒

30-Minute Travel Time Contour
from
Asbury DesPlaines

6005375	Lieberman Center for Health & Rehab	9700 Gross Point Road	Skokie	60076-0000	240	12.52	29.9
6013213	Lincolnwood Place (20)	7000 North Mccormick Blvd	Lincolnwood	60712-0000	40	14.7	29.9
6008643	Skokie Meadows Nursing Center II	4600 West Golf Road	Skokie	60076-0000	111	12.27	29.9
6010003	Whitehall- North	300 Waukegan Rd	Deerfield	60015-0000	190	19.38	29.9
					14442		
	New Permits						
permit	Asbury Healthcare	1750 Elmhurst Road	Des Plaines	60018	75		0
permit	Transitional Care of Arlington Heights (6)	1200 North Arlington Heights Road	Arlington Heights		120	6.7	16.1

(1) Bed change: Added 2 nursing Care beds; facility now has 262 Nursing Care beds 03/11/2013
(2) Inventory & exported Name: Nazarethville; Profile name: Presence Nazarethville
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www.mapquest.com (COLUMNS: Y, Z)
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ATTACHMENT-☒7☒

Asbury Health Services-Des Plaines
30-Min Facility Utilization Data

FACID	FACNAME	CITY	ZIP	# of Licensed Nursing Beds	Peak Beds Set-up	Nursing Patient Days	Nursing Occupancy	Set-Up NRSG Occupancy			MCD CR Patient Days	Lic Occupancy	Set-up Occupancy		
Hospitals															
6003727	Gottlieb Memorial Hospital	Melrose Park	60160-0000	34	32	9853	79.4%	84.4%			9853	79.4%	84.4%		
6004931	Our Lady Of Resurrect Med Ctr (13) (14)	Chicago	60634-0000	66	56	13801	57.3%	67.5%			13801	57.3%	67.5%		
				100	88	23654	64.8%	74%			23654	64.8%	74%		
									Licensed	Set-up				Licensed	Set-up
Long-Term Care															
FACID	FACNAME	CITY	ZIP	# of Licensed Nursing Beds	Peak Beds Set-up	Nursing Patient Days	Nursing Occupancy	Set-Up NRSG Occupancy	Potential Beds under/(over) 90%	Potential Beds under/(over) 90%	MCD CR Patient Days	Lic Occupancy	Set-up Occupancy	Potential Beds under/(over) 90%	Potential Beds under/(over) 90%
6006837	Oakton Pavilion	Des Plaines	60018-0000	294	195	49049	45.7%	68.9%	130.22	41.12	49049	45.7%	68.9%	130.22	41.12
6005284	Lee Manor (1)	Des Plaines	60018-0000	262	260	88905	93.0%	93.7%	-7.78	-9.58	88905	93.0%	93.7%	-7.78	-9.58
6014757	Alden - Des Plaines Rehab/HCC	Des Plaines	60016-0000	110	95	26580	66.2%	76.7%	26.18	12.68	26590	66.2%	76.7%	26.15	12.65
6000353	Bridgeway Christian Village Rehab & SNF	Bensenville	60106-0000	222	187	58762	72.5%	86.1%	38.81	7.31	58762	72.5%	86.1%	38.81	7.31
6001754	Church Creek	Arlington Heights	60005-0000	56	56	14720	72.0%	72.0%	10.07	10.07	14720	72.0%	72.0%	10.07	10.07
6000228	Manorcare of Arlington Heights	Arlington Heights	60005-0000	151	126	37576	68.2%	81.7%	32.95	10.45	38640	70.1%	84.0%	30.04	7.54
6006506	Presence Nazarethville (2)	Des Plaines	60016-0000	68	68	23732	95.6%	95.6%	-3.82	-3.82	26439	106.5%	106.5%	-11.24	-11.24
6005698	The Moorings Health Center	Arlington Heights	60005-0000	116	105	28447	67.2%	74.2%	26.46	16.56	28447	67.2%	74.2%	26.46	16.56
6007157	Park Ridge Care Center	Park Ridge	60068-0000	46	46	15040	89.6%	89.6%	0.19	0.19	15040	89.6%	89.6%	0.19	0.19
6007892	Presence Resurrection Nsg & Rehab Ctr (3)	Park Ridge	60068-0000	298	285	82612	76.0%	79.4%	41.87	30.17	89317	82.1%	85.9%	23.50	11.80
6010144	Elmbrook Nursing (4)	Elmhurst	60126-0000	180	180	58766	89.4%	89.4%	1.00	1.00	58766	89.4%	89.4%	1.00	1.00
6000327	Manor Care of Rolling Meadows	Rolling Meadows	60008-0000	155	126	3197	5.7%	7.0%	130.74	104.64	39043	69.0%	84.9%	32.53	6.43
6000640	Presence Ballard Nursing Center (5)	Des Plaines	60016-0000	231	191	49234	58.4%	70.6%	73.01	37.01	49234	58.4%	70.6%	73.01	37.01
6001564	Central Baptist Village	Norridge	60706-0000	120	120	36113	82.4%	82.4%	9.06	9.06	36113	82.4%	82.4%	9.06	9.06
6014500	Alden-Northmoor Rehab & Hc Ctr	Chicago	60631-0000	198	198	65446	90.6%	90.6%	-1.10	-1.10	65446	90.6%	90.6%	-1.10	-1.10
6014575	Presence Resurrection Life Center (7a & 7b)	Chicago	60631	157	157	52750	92.1%	92.1%	-3.22	-3.22	55815	97.4%	97.4%	-11.62	-11.62
6014328	Emeritus at Prospect Heights	Prospect Hgts	60070-0000	30	27	7190	65.7%	73.0%	7.30	4.60	7190	65.7%	73.0%	7.30	4.60
6000483	Forest View Rehab & Nursing Center	Itasca	60143-0000	144	86	29182	55.5%	93.0%	49.65	-2.55	29182	55.5%	93.0%	49.65	-2.55
6009096	St. Matthew Center for Health	Park Ridge	60068-0000	140	140	43492	85.1%	85.1%	6.84	6.84	43492	85.1%	85.1%	6.84	6.84
6008692	Danish Home, The	Chicago	60631-0000	17	15	3461	55.8%	63.2%	5.82	4.02	3461	55.8%	63.2%	5.82	4.02
6006696	Norwood Crossing	Chicago	60631-0000	131	130	45545	95.3%	96.0%	-6.88	-7.78	45545	95.3%	96.0%	-6.88	-7.78
6012595	Abington Of Glenview	Glenview	60025-0000	192	175	41800	59.6%	65.4%	58.28	42.98	41800	59.6%	65.4%	58.28	42.98
6002828	Elmhurst Extended Care Center	Elmhurst	60126-2079	108	104	28630	72.6%	75.4%	18.76	15.16	28630	72.6%	75.4%	18.76	15.16
6003404	Friendship Village Schaumburg	Schaumburg	60194-0000	250	250	78930	86.5%	86.5%	8.75	8.75	81763	89.6%	89.6%	0.99	0.99
6006191	Glen Bridge Nursing Center (8)	Niles	60714-0000	302	290	98942	89.8%	93.5%	0.73	-10.07	98942	89.8%	93.5%	0.73	-10.07
6005607	Lutheran Home For Aged	Arlington Heights	60004-0000	334	334	116596	95.6%	95.6%	-18.84	-18.84	116596	95.6%	95.6%	-18.84	-18.84
6012686	Manor Care - Elk Grove Village	Elk Grove Village	60007-0000	190	182	61018	88.0%	91.9%	3.83	-3.37	61018	88.0%	91.9%	3.83	-3.37
6003644	Niles Nursing & Rehab Center	Niles	60714-0000	304	304	98997	89.2%	89.2%	2.38	2.38	98997	89.2%	89.2%	2.38	2.38
6007793	Regency Rehabilitation Center	Niles	60714-0000	300	300	92077	84.1%	84.1%	17.73	17.73	92077	84.1%	84.1%	17.73	17.73
6014369	Lexington Health Care-Wheeling	Wheeling	60090-0000	215	215	69266	88.3%	88.3%	3.73	3.73	69266	88.3%	88.3%	3.73	3.73
6012553	Lexington Of Schaumburg	Schaumburg	60193-0000	214	214	67980	87.0%	87.0%	6.35	6.35	67980	87.0%	87.0%	6.35	6.35
6015168	Manor Care of Northbrook	Northbrook	60062-0000	158	140	42910	74.4%	84.0%	24.64	8.44	44072	76.4%	86.2%	21.45	5.25
6006571	Norridge Hither & Rehab Centre	Norridge	60706-0000	292	292	99312	93.2%	93.2%	-9.29	-9.29	99312	93.2%	93.2%	-9.29	-9.29
6014633	Rosewood Care Center Inverness	Inverness	60067-0000	142	142	33681	65.0%	65.0%	35.52	35.52	33681	65.0%	65.0%	35.52	35.52
6000020	Abbington Rehab & Nursing Ctr	Roselle	60172-0000	82	82	26143	87.3%	87.3%	2.18	2.18	26143	87.3%	87.3%	2.18	2.18
6008833	Presence St. Andrew Life Center (9)	Niles	60714-0000	55	55	18930	94.3%	94.3%	-2.36	-2.36	18930	94.3%	94.3%	-2.36	-2.36
6009591	Presence Villa Scalabrini Nsg & Rehab (10)	Northlake	60164-0000	253	253	81030	87.7%	87.7%	5.70	5.70	81030	87.7%	87.7%	5.70	5.70
6000889	Bethany Terrace Nursing Center (11)	Morton Grove	60053-0000	211	172	43408	56.4%	69.1%	70.97	35.87	43408	56.4%	69.1%	70.97	35.87
6003214	Forest Villa Nsg. & Reh. Ctr.	Niles	60714-0000	212	166	51236	66.2%	84.6%	50.43	9.03	54057	69.9%	89.2%	42.70	1.30
6003511	Grosse Pointe Manor	Niles	60714-0000	99	99	31639	87.6%	87.6%	2.42	2.42	31639	87.6%	87.6%	2.42	2.42
6007520	Plum Grove Nursing & Rehab Ctr	Palatine	60067-0000	69	67	22899	90.9%	93.6%	-0.64	-2.44	22899	90.9%	93.6%	-0.64	-2.44
6008874	Presence St. Benedict Nsg. & Rehab Center (12)	Niles	60714-0000	99	99	34904	96.6%	96.6%	-6.53	-6.53	34904	96.6%	96.6%	-6.53	-6.53
6001366	Alden-Poplar Creek Rehab &Care	Hoffman Estates	60194-0000	217	217	66420	83.9%	83.9%	13.33	13.33	66420	83.9%	83.9%	13.33	13.33
6000459	Alden-Valley Ridge Rehab &Care	Bloomingdale	60108-0000	207	207	54775	72.5%	72.5%	36.23	36.23	62765	83.1%	83.1%	14.34	14.34
6001093	Covenant Health Care Center	Northbrook	60062-0000	102	93	27146	72.9%	80.0%	17.43	9.33	29181	78.4%	86.0%	11.85	3.75
6008270	Elmwood Care	Elmwood Park	60635-0000	245	245	73252	81.9%	81.9%	19.81	19.81	73252	81.9%	81.9%	19.81	19.81
6003610	Glenview Terrace Nursing Ctr	Glenview	60025-0000	314	309	98321	85.8%	87.2%	13.23	8.73	98321	85.8%	87.2%	13.23	8.73
6002851	Elston Nursing & Rehab Center	Chicago	60641-0000	117	117	39519	92.5%	92.5%	-2.97	-2.97	39519	92.5%	92.5%	-2.97	-2.97
6000046	Addolorata Villa	Wheeling	60090-0000	98	98	29153	81.5%	81.5%	8.33	8.33	30260	84.6%	84.6%	5.30	5.30
6014765	Alden North Shore Rehab & Hc	Skokie	60077	93	80	23792	70.1%	81.5%	18.52	6.82	23792	70.1%	81.5%	18.52	6.82
6016554	Claremont-Hanover Park	Hanover Park	60133	150	100	30642	56.0%	84.0%	51.05	6.05	30642	56.0%	84.0%	51.05	6.05
6013098	Lexington of Elmhurst	Elmhurst	60126-0000	145	145	44043	83.2%	83.2%	9.83	9.83	44043	83.2%	83.2%	9.83	9.83
6006720	Oak Brook Health Care Center	Oak Brook	60521-0000	156	156	49514	87.0%	87.0%	4.75	4.75	49514	87.0%	87.0%	4.75	4.75
6009005	St. Joseph's Home For Elderly	Palatine	60067-0000	59	59	20662	95.9%	95.9%	-3.51	-3.51	20662	95.9%	95.9%	-3.51	-3.51
6015689	Vi at the Glen (17) (13)	Glenview	60026	38	38	13640	98.3%	98.3%	-3.17	-3.17	13640	98.3%	98.3%	-3.17	-3.17
6001002	West Suburban Nursing & Rehab Center	Bloomingdale	60108-0000	259	259	68617	72.6%	72.6%	45.11	45.11	68617	72.6%	72.6%	45.11	45.11
6001051	Fairmont Care Centre	Chicago	60630-0000	176	176	56163	87.4%	87.4%	4.53	4.53	56163	87.4%	87.4%	4.53	4.53
6013684	Harmony Nursing And Rehab Ctr	Chicago	60625-0000	180	180	58530	89.1%	89.1%	1.64	1.64	58530	89.1%	89.1%	1.64	1.64
6015499	Greek American Rehab & Care Center	Wheeling	60090	198	198	66714	92.3%	92.3%	-4.58	-4.58	66714	92.3%	92.3%	-4.58	-4.58

ATTACHMENT-☒7E

Asbury Health Services-Des Plaines
30-Min Facility Utilization Data

6011993	Lexington Health Care Center-Bloomingdale	Bloomingdale	60108-0000	166	166	54400	89.8%	89.8%	0.36	0.36	54400	89.8%	89.8%	0.36	0.36
6019723	Rosewood Care Ctr-Northbrook	Northbrook	60062	147	147	47305	88.2%	88.2%	2.70	2.70	47305	88.2%	88.2%	2.70	2.70
6000186	Ambassador Nursing & Rehab Center	Chicago	60625-0000	190	190	51909	74.9%	74.9%	28.78	28.78	51909	74.9%	74.9%	28.78	28.78
6008957	St. Joseph Village	Chicago	60641	54	54	17144	87.0%	87.0%	1.63	1.63	17144	87.0%	87.0%	1.63	1.63
6005714	Alden-Long Grove Rehab/HC Ctr	Long Grove	60047-0000	248	203	69048	76.3%	93.2%	34.03	-6.47	69048	76.3%	93.2%	34.03	-6.47
6014906	Aria Post Acute Care (14) (15)	Hillside	60162-0000	198	198	66469	92.0%	92.0%	-3.91	-3.91	66469	92.0%	92.0%	-3.91	-3.91
6014344	Arlington Rehab & Living Ctr.	Long Grove	60047-0000	190	190	63898	92.1%	92.1%	-4.06	-4.06	63898	92.1%	92.1%	-4.06	-4.06
6006829	Oakridge Healthcare Center	Hillside	60162-0000	73	73	21868	82.1%	82.1%	5.79	5.79	22702	85.2%	85.2%	3.50	3.50
6016430	Park Place Christian Village (15) (16)	Elmhurst	60126	37	37	1080	8.0%	8.0%	30.34	30.34	1080	8.0%	8.0%	30.34	30.34
6005854	Presence Maryhaven Nsg. & Rehab. Ctr. (16) (17)	Glenview	60025-0000	135	135	39844	80.9%	80.9%	12.34	12.34	39844	80.9%	80.9%	12.34	12.34
6003057	The Grove of LaGrange Park	Lagrange Park	60525-0000	131	131	39979	83.6%	83.6%	8.37	8.37	39979	83.6%	83.6%	8.37	8.37
6006688	Bethesda Home & Retirement Ctr	Chicago	60634-0000	113	80	22523	54.6%	77.1%	39.99	10.29	22523	54.6%	77.1%	39.99	10.29
6007371	Peterson Park Nursing Home (18)	Chicago	60646-0000	188	188	62415	91.0%	91.0%	-1.80	-1.80	64144	93.5%	93.5%	-6.54	-6.54
6009112	St. Paul's House & Healthcare	Chicago	60618-0000	110	110	30158	75.1%	75.1%	16.38	16.38	30158	75.1%	75.1%	16.38	16.38
6014195	Claremont Rehab & Living Ctr.	Lincolnshire	60089-0000	200	177	58372	80.0%	90.4%	20.08	-0.62	58372	80.0%	90.4%	20.08	-0.62
6012975	Lexington Of Streamwood	Streamwood	60107-3073	214	214	65149	83.4%	83.4%	14.11	14.11	65149	83.4%	83.4%	14.11	14.11
6012173	Westchester Health & Rehab	Westchester	60154-0000	120	120	40448	92.3%	92.3%	-2.82	-2.82	40448	92.3%	92.3%	-2.82	-2.82
6003735	Alden Estates of Barrington	Barrington	60010-0000	150	150	43824	80.0%	80.0%	14.93	14.93	43824	80.0%	80.0%	14.93	14.93
6001119	Brentwood North Healthcare & Rehab	Riverwoods	60015-0000	240	240	46694	53.3%	53.3%	88.07	88.07	46694	53.3%	53.3%	88.07	88.07
6006332	Manor Care of Hinsdale	Hinsdale	60521-0000	202	202	60220	81.7%	81.7%	16.81	16.81	61232	83.0%	83.0%	14.04	14.04
6000335	Manor Care of Westmont	Westmont	60559-0000	155	141	42116	74.4%	82%	24.11	11.51	43416	76.7%	84.4%	20.55	7.95
6007074	Woodbridge Nursing Pavilion	Chicago	60647-0000	222	220	73139	90.3%	91.1%	-0.58	-2.38	73139	90.3%	91.1%	-0.58	-2.38
6010110	Berkeley Nursing & Rehab. Ctr	Oak Park	60302-0000	72	72	21748	82.8%	82.8%	5.22	5.22	21748	82.8%	82.8%	5.22	5.22
6015333	Berkshire Nursing & Rehab Center (19)	Forest Park	60130	232	215	57888	68.4%	73.8%	50.20	34.90	57888	68.4%	73.8%	50.20	34.90
6008635	Cambridge Nursing & Rehab	Skokie	60076-0000	113	108	35355	85.7%	89.7%	4.84	0.34	35355	85.7%	89.7%	4.84	0.34
6005375	Lieberman Center for Health & Rehab	Skokie	60076-0000	240	240	79427	90.7%	90.7%	-1.61	-1.61	79427	90.7%	90.7%	-1.61	-1.61
6013213	Lincolnwood Place (20)	Lincolnwood	60712-0000	40	40	11408	78.1%	78.1%	4.75	4.75	11408	78.1%	78.1%	4.75	4.75
6008643	Skokie Meadows Nursing Center II	Skokie	60076-0000	111	108	35342	87.2%	89.7%	3.07	0.37	35342	87.2%	89.7%	3.07	0.37
6010003	Whitehall- North	Deerfield	60015-0000	190	190	58361	84.2%	84.2%	11.11	11.11	58361	84.2%	84.2%	11.11	11.11
				14442	13744	4198561	69.5	72.7	1494.9	866.7	4270781	81.0%	85.1%	1297.03	668.83
					95%										
	New Permits				5%										
permit	Asbury Healthcare	Des Plaines	60018	75											
permit	Transitional Care of Arlington Heights (6)	Arlington Heights		120											
				14737											

(1) Bed change: Added 2 nursing Care beds; facility now has 262 Nursing Care beds 03/11/2013
(2) Inventory & exported Name: Nazarethville; Profile name: Presence Nazarethville
(3) Name Change: Formerly Resurrection Nursing and Rehabilitation Center 10/01/2012
(4) Name Change: Name changed form Elm Brook Health Care & Rehab Center 10/27/2010
(5) Name Change: Formerly Ballard Nursing Center 10/01/2012
(6) permit issued 6/28/2011 to establish a new facility with 120 Nursing Care beds. hsa 7A 11-006
(7a) Name Change: Formerly Resurrection Life Center 10/01/2012.
(7b) profile: 146 licensed Nsg beds. Inventory: 157 licensed Nsg beds. PATIENT DAYS ARE MISSING. Used 2011 Total Nsg Pt Days (56002) and # of Total Nsg Care Residents (155), and 2012 # of Total Nsg Care Residents (146) and 2012 Licensed Nsg Care Beds per Inventory (157) to infer a calculation of 2012 nsg pt days and nsg occupancy (56002 / 155) * 146 = 52,750 pt days (52750 / 365) / 157 = 92.1% occupancy
(8) profile name: Glenbridge Nursing & Rehabilitation Ctr. Inventory name: Glen Bridge Nursing Center
(9) Name Change: Formerly St. Andrew Life Center 10/01/2012
(10a) Name Change: Formerly Villa Scalabrini Nursing and Rehabilitation 10/01/2012;
(10b) PATIENT DAYS ARE MISSING. Used 2011 Total Nsg Pt Days (78110) and # of Total Nsg Care Residents (214), and 2012 # of Total Nsg Care Residents (222) and 2012 Licensed Nsg Care Beds (253) to infer a calculation of 2012 nsg pt days and nsg occupancy (78110 /214) * 222 = 81030 pt days (81030 / 365) / 253 = 87.7% occupancy
(11) 06/17/13 Bed Change: Discontinued 62 Nursing Care Beds; facility now has 211 Nursing Care beds.
(12) Name Change: Formerly St. Benedict Nursing and Rehabilitation Center 10/01/2012
(13) 10/30/2012 12-070 Permit issued add 9 Nsg Care beds to existing facility, will have 47 beds on completion; exported addr 1400 Patriot Blvd, Profile addr 2401 Indigo Ln.
(14) Inventory Name: Our Lady of Resurrection Medical Center / Profile Name: Presence Our Lady of Resurrection Med
(15) Name Change: Formerly The Renaissance at Hillside 09/28/2012
(16) Name Change: Formerly Park Place Christian Community 04/17/12.
(17) Name Change: Formerly Maryhaven Nursing & Rehab Center 10/01/2012
(18) Profile Name: Peterson Park Health Care Center, Export & Inventory Name is Peterson Park Nursing Home
(19) PATIENT DAYS ARE MISSING. Used 2011 Total Nsg Pt Days (52503) and # of Total Nsg Care Residents (156), and 2012 # of Total Nsg Care Residents (172) and 2012 Licensed Nsg Care Beds (232) to infer a calculation of 2012 nsg pt days and nsg occupancy (52503 / 156) * 172 = 57888 pt days (57888 / 365) /232 = 68.4% occupancy
(20) PATIENT DAYS ARE MISSING. Used 2011 Total Nsg Pt Days (11776) and # of Total Nsg Care Residents (32), and 2012 # of Total Nsg Care Residents (31) and 2012 Licensed Nsg Care Beds (40) to infer a calculation of 2012 nsg pt days and nsg occupancy (11776 /32) * 31 = 11408 pt days (11408 / 365) / 40 = 78.1% occupancy

Source: Long-Term Care Facility Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development -HFSRB database (COLUMNS: M-V)
Inventory of Health Care Facilities and Services and Need Determinations - 2013 - Long-Term Care Services (COLUMNS: A-F)
Illinois Department of Healthcare and Family Services Cost Reports (http://www2.illinois.gov/hfs/MedicalProvider/CostReports/Pages/default.aspx) (COLUMN: AD)

ATTACHMENT #7E

Asbury Court Nursing and Rehabilitation - DesPlaines
Patient Origin within 30-Minute Market Contour
CY2012 and CY2013

2012

Resident Initials	Admission Date	Contact Zip	# Admits per Zip Code	# Admits within 30-Min Zip Codes
TC	5/12/2012	60004		
RS	8/18/2012	60004		
RS	11/17/2012	60004	3	3
EM	5/22/2012	60005		
MA	6/24/2012	60005		
AP	11/7/2012	60005	3	3
VG	6/29/2012	60007	1	1
ER	2/25/2012	60010		
BD	4/10/2012	60010		
RN	5/26/2012	60010	3	3
PP	8/9/2012	60014	1	
EL	2/1/2012	60016		
AW	6/18/2012	60016		
LW	12/5/2012	60016	3	3
HD	3/17/2012	60025	1	1
HL	10/22/2012	60035	1	
OC	6/30/2012	60050	1	
NS	9/29/2012	60053	1	1
DB	5/26/2012	60056		
JB	7/7/2012	60056		
GP	8/7/2012	60056		
JB	8/17/2012	60056		
LF	10/8/2012	60056	5	5
JS	5/12/2012	60058		
MS	8/12/2012	60068	2	2
IN	12/4/2012	60069	1	1
JW	3/30/2012	60070		
PR	5/5/2012	60070	2	2
HB	7/27/2012	60076	1	1
EM	7/5/2012	60081	1	
KS	9/26/2012	60088	1	
RG	7/14/2012	60089	1	1
SA	3/31/2012	60090	1	1
JD	2/24/2012	60101	1	1
MS	5/18/2012	60107	1	
JD	4/27/2012	60108		
CM	11/20/2012	60108	2	2
WH	7/31/2012	60160	1	1
DT	12/1/2012	60163	1	1
KG	2/14/2012	60169	1	1
MS	7/9/2012	60192	1	1
DC	5/8/2012	60193	1	1
FA	7/1/2012	60194	1	1
JJ	11/24/2012	60201	1	1
MH	2/9/2012	60202		
DT	9/1/2012	60202	2	2
RL	11/17/2012	60417	1	
GM	1/17/2012	60601	1	1
JZ	6/15/2012	60602	1	1
DW	6/16/2012	60605	1	
EM	5/31/2012	60606	1	1
BK	8/5/2012	60631		
PP	12/1/2012	60631	2	2
HB	3/20/2012	60634	1	1
MK	9/15/2012	60654	1	1
RB	10/2/2012	60656	1	1
MB	9/19/2012	60660	1	
JM	4/21/2012	60706	1	1
WP	8/6/2012	60714	1	1
PZ	4/21/2012	97214	1	
			60	50
CK	3/17/2012	A Place for Mom	1	
CM	12/1/2012	A Place for Mom	1	
AN	10/31/2012	Asbury Aurora	1	
CS	11/15/2012	Daily Herald	1	
MS	9/22/2012	Diane LeBeau	1	
JC	9/24/2012	Drive By	1	
JB	11/20/2012	Drive By	1	
MW	2/21/2012	Erin Vogt	1	
SL	9/1/2012	Friend	1	
JS	10/30/2012	Friend	1	
MP	6/28/2012	Frisbie Sr Ct	1	
SD	2/6/2013	Lainie Roth	1	
WG	11/9/2012	Mary Gould	1	
LR	6/29/2012	Niles Senior Cent	1	
BR	5/5/2012	Northwest Hospi	1	
RN	8/10/2012	Patty Kehl	1	
GB	2/27/2012	Public Guardian	1	
GP	11/20/2012	Public Guardian	1	
CB	12/29/2012	Resident	1	
KK	3/22/2012	St. Alexius Hospi	1	
EA	8/19/2012	Therese Arnold	1	
MM	10/29/2012	Vera Watkins	1	
		unknown zip origin	22	
		Total	82	

2013

Resident Initials	Admission Date	Contact Zip	# Admits per Zip Code	# Admits within 30-Min Zip Codes
YK	10/3/2013	33445	1	
AM	3/3/2013	60004		
JL	7/1/2013	60004		
PL	7/1/2013	60004	3	3
JW	1/22/2013	60005		
EB	5/15/2013	60005	2	2
CF	7/27/2013	60007	1	1
JF	4/4/2013	60015	1	1
DF	3/15/2013	60016		
EB	4/6/2013	60016		
HB	8/31/2013	60016	3	3
JS	1/17/2013	60018		
GK	2/5/2013	60018		
WS	3/9/2013	60018		
RT	3/15/2013	60018		
DC	4/1/2013	60018		
CM	5/1/2013	60018		
RP	5/13/2013	60018		
EW	5/13/2013	60018		
CS	5/15/2013	60018		
MS	5/30/2013	60018		
OW	6/13/2013	60018		
DL	6/28/2013	60018		
LR	7/15/2013	60018		
MR	7/17/2013	60018		
GO	8/4/2013	60018		
LO	8/4/2013	60018		
CK	8/6/2013	60018		
NG	8/11/2013	60018		
RO	9/15/2013	60018		
BS	9/20/2013	60018		
TD	9/26/2013	60018		
BO	9/26/2013	60018		
DW	10/10/2013	60018		
CS	10/21/2013	60018		
JM	11/13/2013	60018		
TV	11/30/2013	60018		
CS	12/21/2013	60018	27	27
JW	8/24/2013	60025		
CK	11/19/2013	60025		
EK	11/19/2013	60025	3	3
AI	1/15/2013	60030	1	
DB	4/14/2013	60035	1	
JL	10/26/2013	60050		
NL	10/26/2013	60050	2	
EK	1/21/2013	60056		
JB	3/3/2013	60056		
JC	3/16/2013	60056		
FM	10/11/2013	60056		
CG	10/20/2013	60056	5	5
DS	9/3/2013	60067	1	1
AD	4/4/2013	60068		
BU	8/24/2013	60068		
LU	8/24/2013	60068	3	3
TT	5/11/2013	60069	1	1
BH	10/31/2013	60070	1	1
IV	5/4/2013	60086	1	
FL	4/13/2013	60090		
DC	4/16/2013	60090	2	2
HS	7/1/2013	60102	1	
ER	5/31/2013	60108	1	1
JM	3/29/2013	60131	1	1
PB	11/2/2013	60172	1	1
AZ	1/29/2013	60191	1	1
JJ	7/23/2013	60193	1	1
LC	5/26/2013	60194	1	1
GE	7/27/2013	60302	1	1
NC	11/30/2013	60478	1	
ES	8/24/2013	60527	1	
EF	6/14/2013	60614	1	1
NM	5/10/2013	60618	1	1
HR	7/8/2013	60626	1	
FJ	5/10/2013	60628		
FJ	8/31/2013	60628	2	
GM	3/2/2013	60630	1	1
MV	2/9/2013	60634		
MF	10/19/2013	60634	2	2
JZ	7/19/2013	60641	1	1
MM	11/30/2013	60654	1	1
DC	11/20/2013	60656	1	1
FS	1/12/2013	60701	1	
WK	6/14/2013	60714		2
OI	8/31/2013	60714	2	
RL	11/24/2013	62791	1	
VV	4/19/2013	72543	1	
KM	5/31/2013	80467		
JM	5/31/2013	80467	2	
		Total	87	70

	Total # of Admissions	# Admissions within 30-Min	Total % within 30-Min
CY 2012	82	50	61%
CY 2013	87	70	80%
CY2012 & CY2013 Combined	169	120	71%

ATTACHMENT-7

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Notes
Oakton Pavilion

Trip to:
1660 Oakton Pl
Des Plaines, IL 60018-2045
2.35 miles / 5 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi** *0.09 Mi Total*
2.	Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**2.2 Mi** *2.3 Mi Total*
3.	Turn **right** onto **Oakton Pl**. Map *Oakton Pl is just past Executive Way* *If you reach Times Dr you've gone a little too far*	**0.07 Mi** *2.3 Mi Total*
4.	**1660 OAKTON PL** is on the **right**. Map *If you reach the end of Oakton Pl you've gone a little too far*	

1660 Oakton Pl, Des Plaines, IL 60018-2045

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Total Travel Estimate: **2.35 miles - about 5 minutes**

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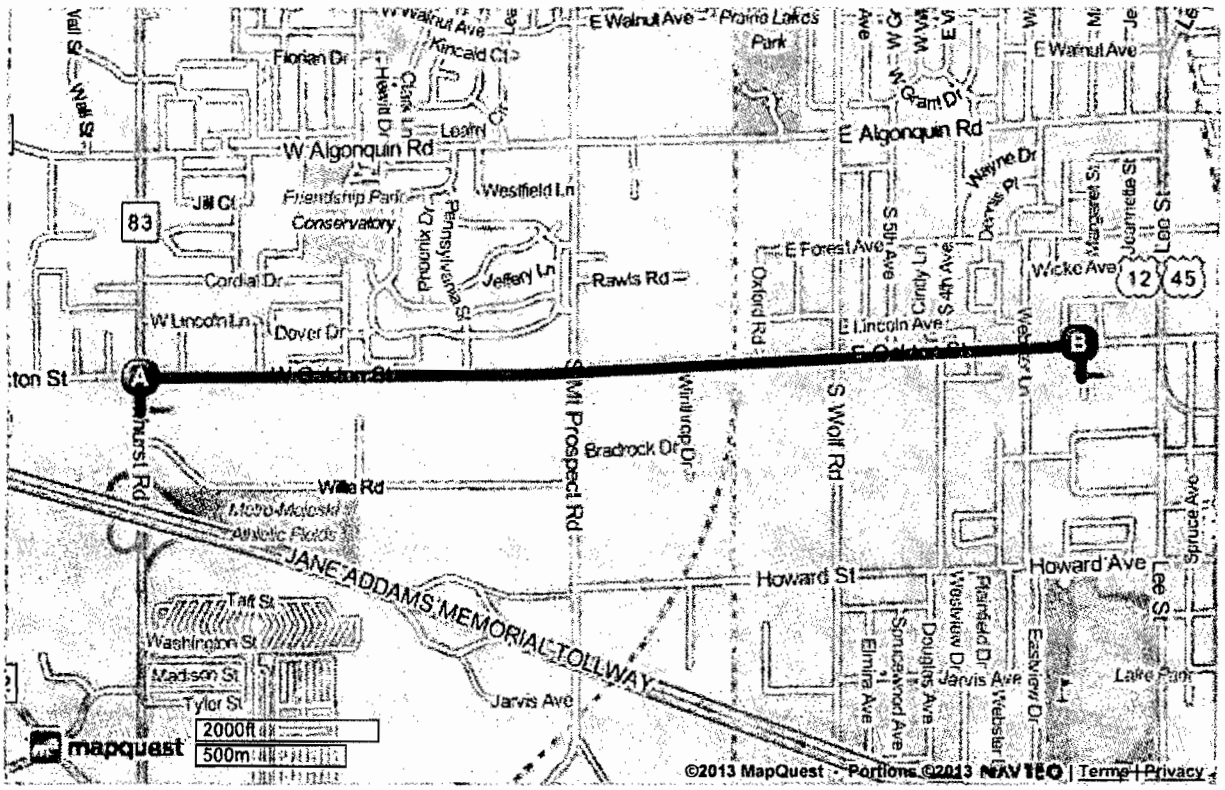

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Notes

Lee Manor

Trip to:

1301 Lee St

Des Plaines, IL 60018-1514

2.83 miles / 6 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi**	
	0.09 Mi Total	
2. Take the **1st right** onto **W Oakton St**. Map	**2.4 Mi**	
7-Eleven is on the right	*2.5 Mi Total*	
If you reach W Lincoln Ln you've gone about 0.1 miles too far		
3. Turn **left** onto **Mannheim Rd / Lee St / US-45 / US-12**. Map	**0.4 Mi**	
Mannheim Rd is 0.1 miles past Times Dr	*2.8 Mi Total*	
Wendy's is on the corner		
If you reach Spruce Ave you've gone a little too far		
4. **1301 LEE ST** is on the **right**. Map		
Your destination is 0.1 miles past E Forest Ave		
If you reach Van Buren St you've gone a little too far		

1301 Lee St, Des Plaines, IL 60018-1514

Total Travel Estimate: **2.83 miles - about 6 minutes**

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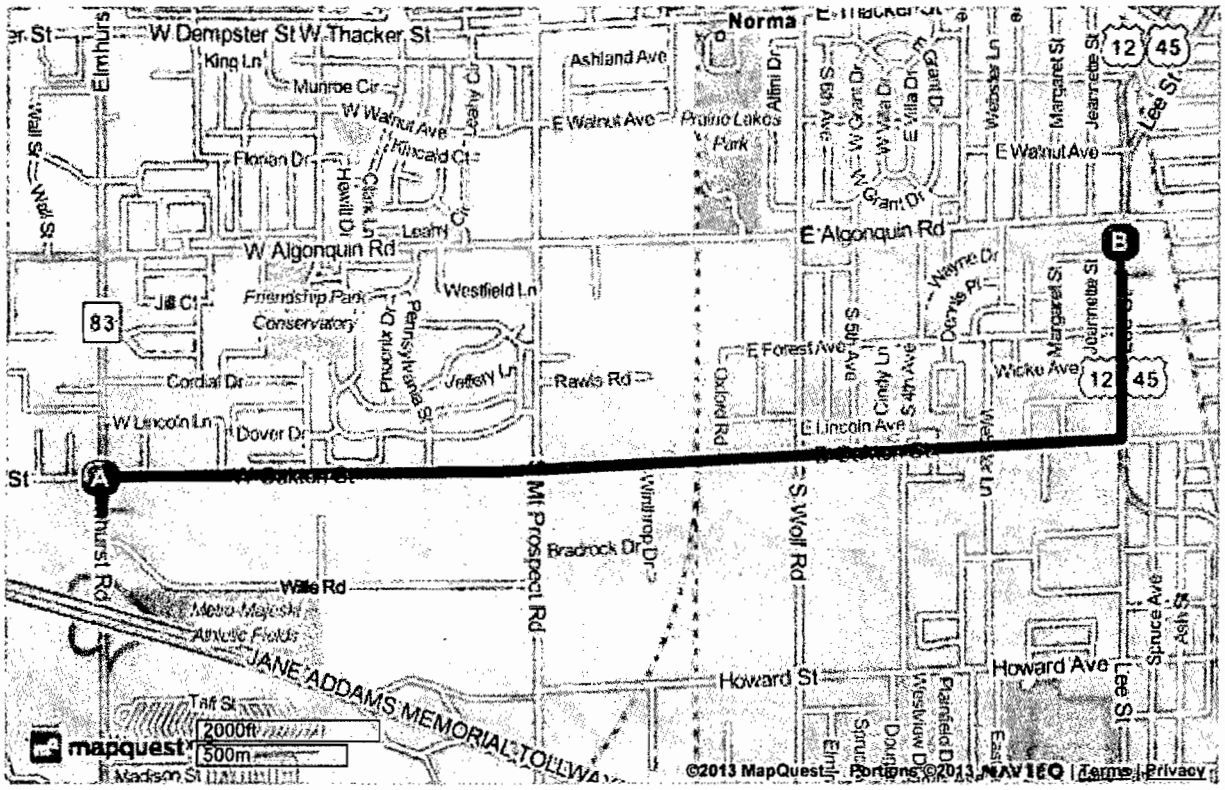

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Notes

Alden - Des Plaines Rehab/HCC

Trip to:

1221 E Golf Rd

Des Plaines, IL 60016-1213

4.45 miles / 9 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi**	
	0.09 Mi Total	
2. Take the 1st **right** onto **W Oakton St**. Map	**1.0 Mi**	
7-Eleven is on the right	*1.1 Mi Total*	
If you reach W Lincoln Ln you've gone about 0.1 miles too far		
3. Turn **left** onto **S Mt Prospect Rd**. Map	**1.8 Mi**	
S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave	*2.9 Mi Total*	
Taco Burrito King Fourteen Inc is on the corner		
If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far		
4. Turn **right** onto **E Golf Rd / IL-58**. Pass through 1 roundabout. Map	**1.6 Mi**	
E Golf Rd is 0.2 miles past E Washington St	*4.4 Mi Total*	
BUSSE MARATHON is on the corner		
If you reach S Josephine Ct you've gone about 0.1 miles too far		
5. **1221 E GOLF RD** is on the **right**. Map		
Your destination is 0.2 miles past US-12		
If you reach Mary St you've gone about 0.1 miles too far		

1221 E Golf Rd, Des Plaines, IL 60016-1213

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Total Travel Estimate: **4.45 miles - about 9 minutes**

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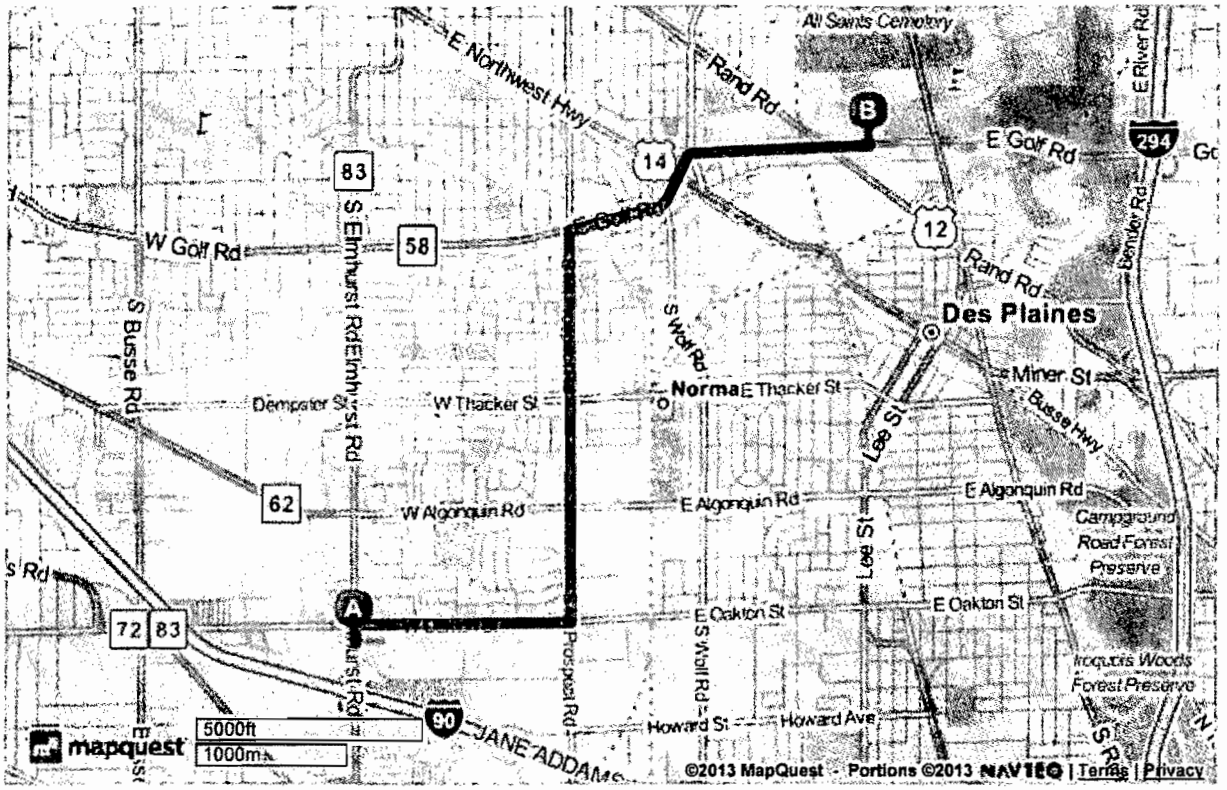

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Trip to:
111 E Washington St
Bensenville, IL 60106-2674
5.09 miles / 9 minutes

Notes
Bridgeway Christian Village Rehab & SNF

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **south** on **Elmhurst Rd** toward **Wille Rd.** Map	**2.3 Mi** *2.3 Mi Total*
2.	**Elmhurst Rd** becomes **N York Rd.** Map	**2.7 Mi** *5.1 Mi Total*
3.	Turn **left** onto **E Washington St.** Map *E Washington St is 0.1 miles past W Memorial Rd* *If you reach W Jefferson St you've gone about 0.1 miles too far*	**0.02 Mi** *5.1 Mi Total*
4.	**111 E WASHINGTON ST** is on the **left.** Map *If you reach May St you've gone a little too far*	

111 E Washington St, Bensenville, IL 60106-2674

Total Travel Estimate: **5.09 miles - about 9 minutes**

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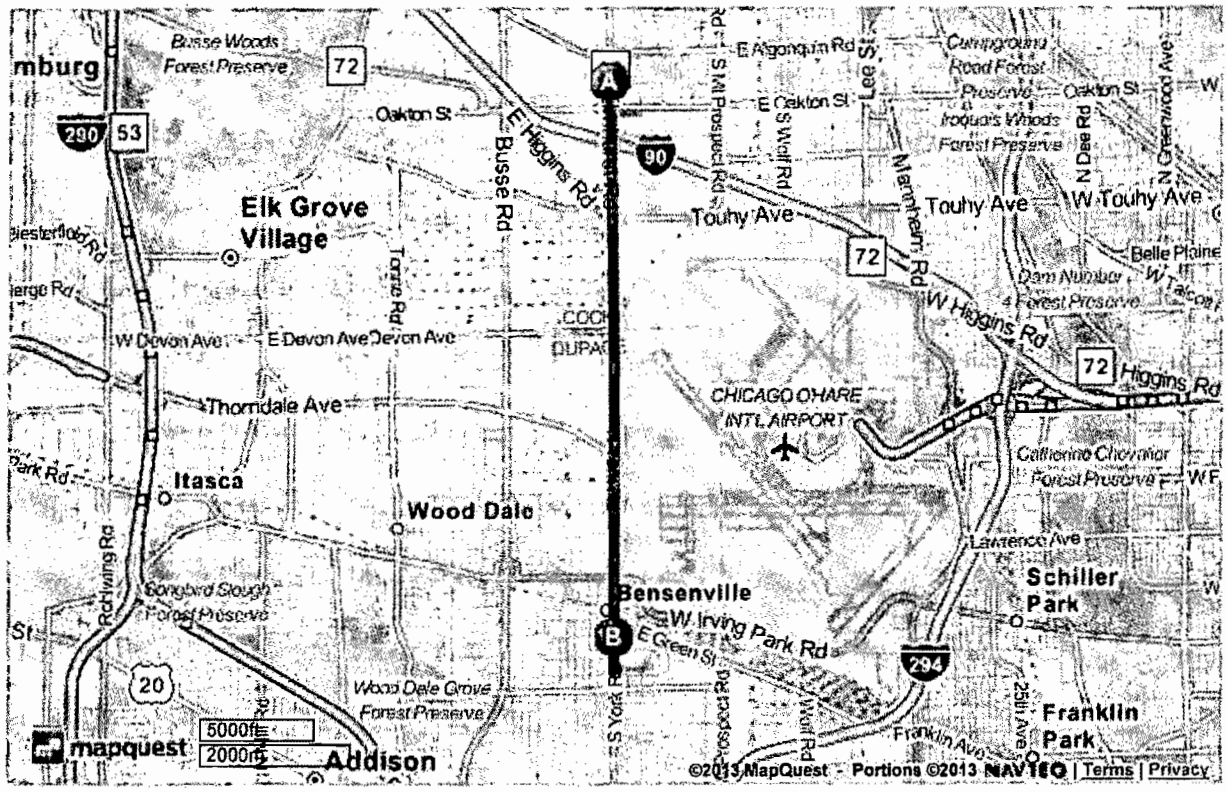

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Notes

Church Creek

Trip to:

1200 W Central Rd

Arlington Heights, IL 60005-2403

5.48 miles / 10 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map — **0.6 Mi** / *0.6 Mi Total*

2. Turn **left** onto **W Algonquin Rd / IL-62**. Map — **3.8 Mi** / *4.4 Mi Total*
   W Algonquin Rd is 0.1 miles past Devonshire Dr
   SPEEDWAY #7576 is on the corner
   If you reach Holiday Ln you've gone about 0.1 miles too far

3. Turn **right** onto **S New Wilke Rd**. Map — **0.7 Mi** / *5.1 Mi Total*
   S New Wilke Rd is 0.3 miles past S Kennicott Dr
   Burger King is on the corner
   If you reach Chateau you've gone a little too far

4. Turn **right** onto **W Central Rd**. Map — **0.4 Mi** / *5.5 Mi Total*
   W Central Rd is 0.4 miles past W White Oak St
   Marathon Petroleum is on the corner
   If you reach W Orchard Pl you've gone a little too far

5. **1200 W CENTRAL RD** is on the **left**. Map
   Your destination is 0.1 miles past S Dwyer Ave
   If you reach S Fernandez Ave you've gone about 0.2 miles too far

1200 W Central Rd, Arlington Heights, IL 60005-2403

ATTACHMENT-7

Total Travel Estimate: **5.48 miles - about 10 minutes**

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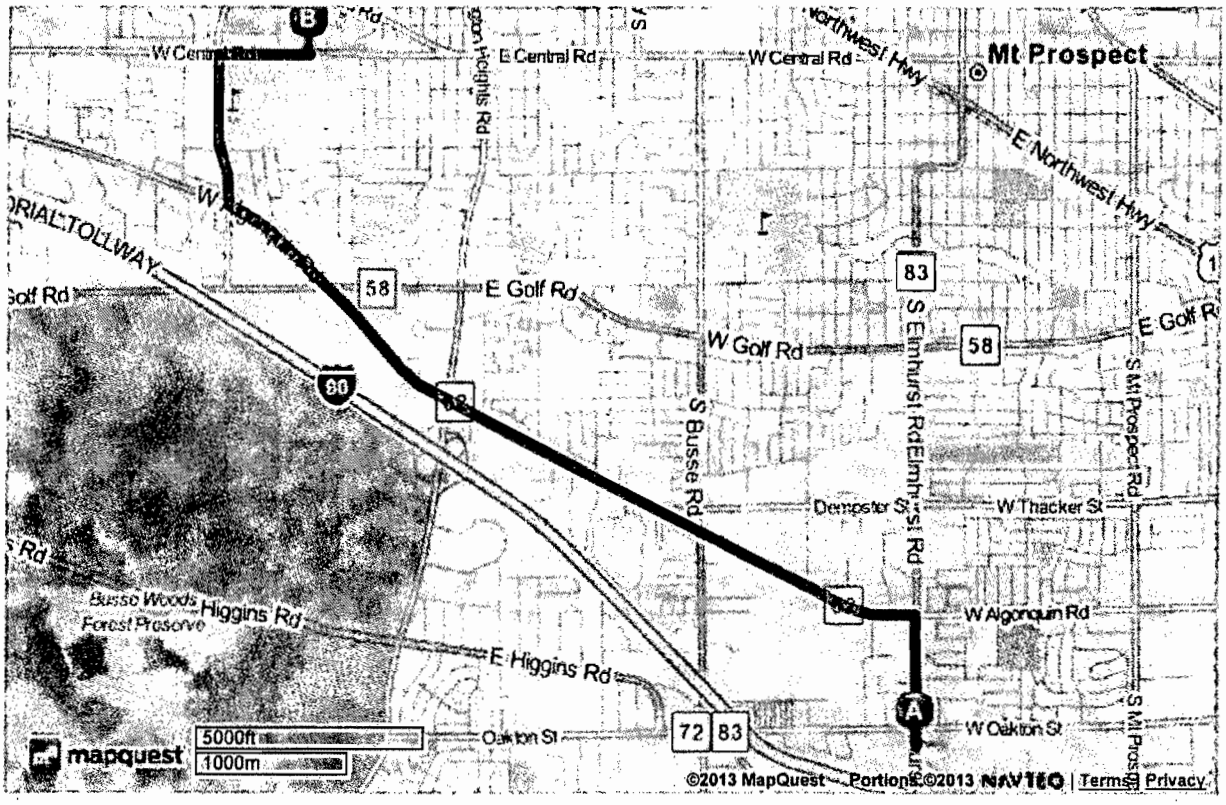

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Trip to:
715 W Central Rd
Arlington Heights, IL 60005-2348
5.15 miles / 10 minutes

Notes
Manorcare of Arlington Heights

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.6 Mi**	
	0.6 Mi Total	
2. Turn **left** onto **W Algonquin Rd / IL-62**. Map *W Algonquin Rd is 0.1 miles past Devonshire Dr* *SPEEDWAY #7576 is on the corner* *If you reach Holiday Ln you've gone about 0.1 miles too far*	**2.4 Mi** *3.0 Mi Total*	
3. Turn **right** onto **S Arlington Heights Rd**. Map *S Arlington Heights Rd is 0.1 miles past S Tonne Dr* *Red Roof Inn - Chicago O'hare Airport is on the corner* *If you are on W Algonquin Rd and reach S Martin Ln you've gone about 0.1 miles too far*	**1.6 Mi** *4.6 Mi Total*	
4. Turn **left** onto **E Central Rd**. Map *E Central Rd is 0.1 miles past E Magnolia St* *If you reach E Orchard St you've gone about 0.1 miles too far*	**0.6 Mi** *5.1 Mi Total*	
5. **715 W CENTRAL RD** is on the **left**. Map *Your destination is just past S Fernandez Ave* *If you reach S Dwyer Ave you've gone about 0.3 miles too far*		

715 W Central Rd, Arlington Heights, IL 60005-2348

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Total Travel Estimate: **5.15 miles - about 10 minutes**

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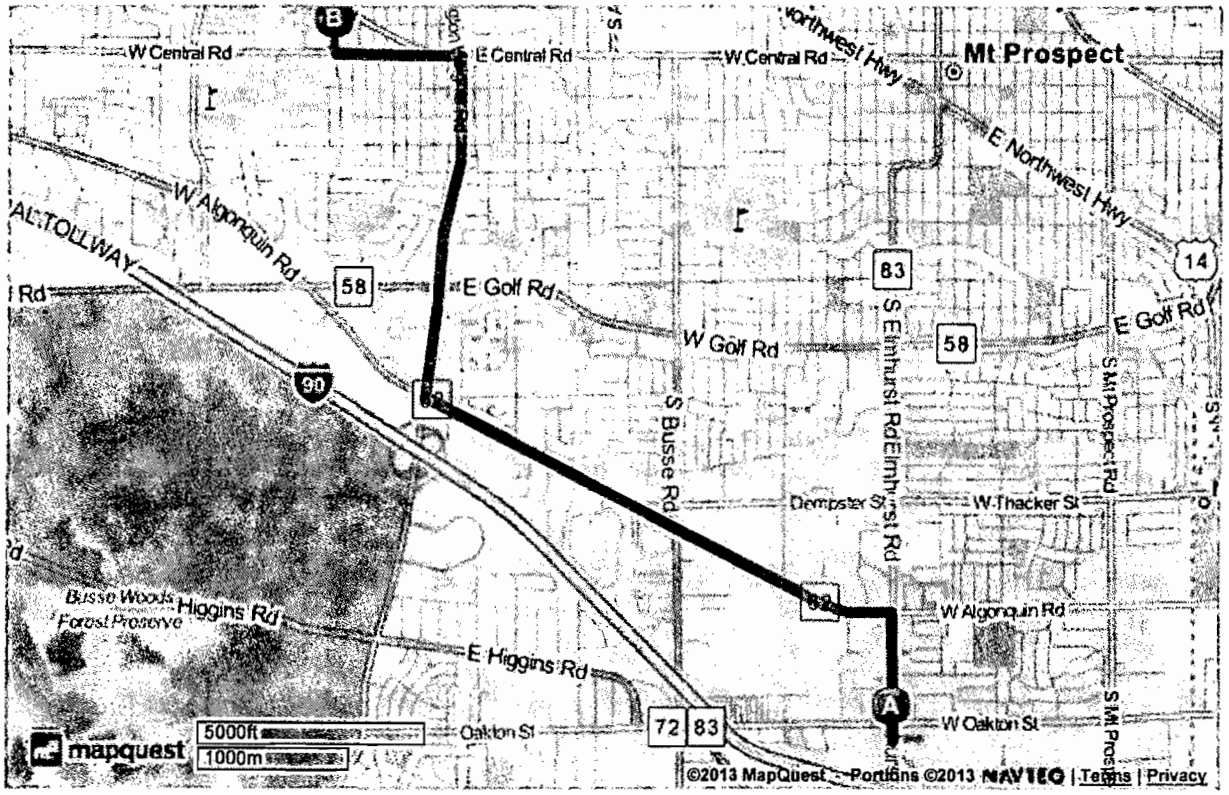

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Trip to:
300 N River Rd
Des Plaines, IL 60016-1211
5.00 miles / 10 minutes

Notes
Nazarethville

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi**	
	0.09 Mi Total	
2. Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi** *1.1 Mi Total*	
3. Turn **left** onto **S Mt Prospect Rd**. Map *S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave* *Taco Burrito King Fourteen Inc is on the corner* *If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far*	**1.8 Mi** *2.9 Mi Total*	
4. Turn **right** onto **E Golf Rd / IL-58**. Pass through 1 roundabout. Map *E Golf Rd is 0.2 miles past E Washington St* *BUSSE MARATHON is on the corner* *If you reach S Josephine Ct you've gone about 0.1 miles too far*	**1.9 Mi** *4.7 Mi Total*	
5. Turn **left** onto **N Des Plaines River Rd / US-45 / N River Rd**. Map *N Des Plaines River Rd is 0.1 miles past Mary St* *Chidren's Choice Learning Centers is on the corner* *If you are on IL-58 and reach College Dr you've gone about 0.1 miles too far*	**0.3 Mi** *5.0 Mi Total*	
6. **300 N RIVER RD** is on the **left**. Map *If you are on N River Rd and reach E Central Rd you've gone about 0.5 miles too far*		

300 N River Rd, Des Plaines, IL 60016-1211

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Total Travel Estimate: **5.00 miles - about 10 minutes**

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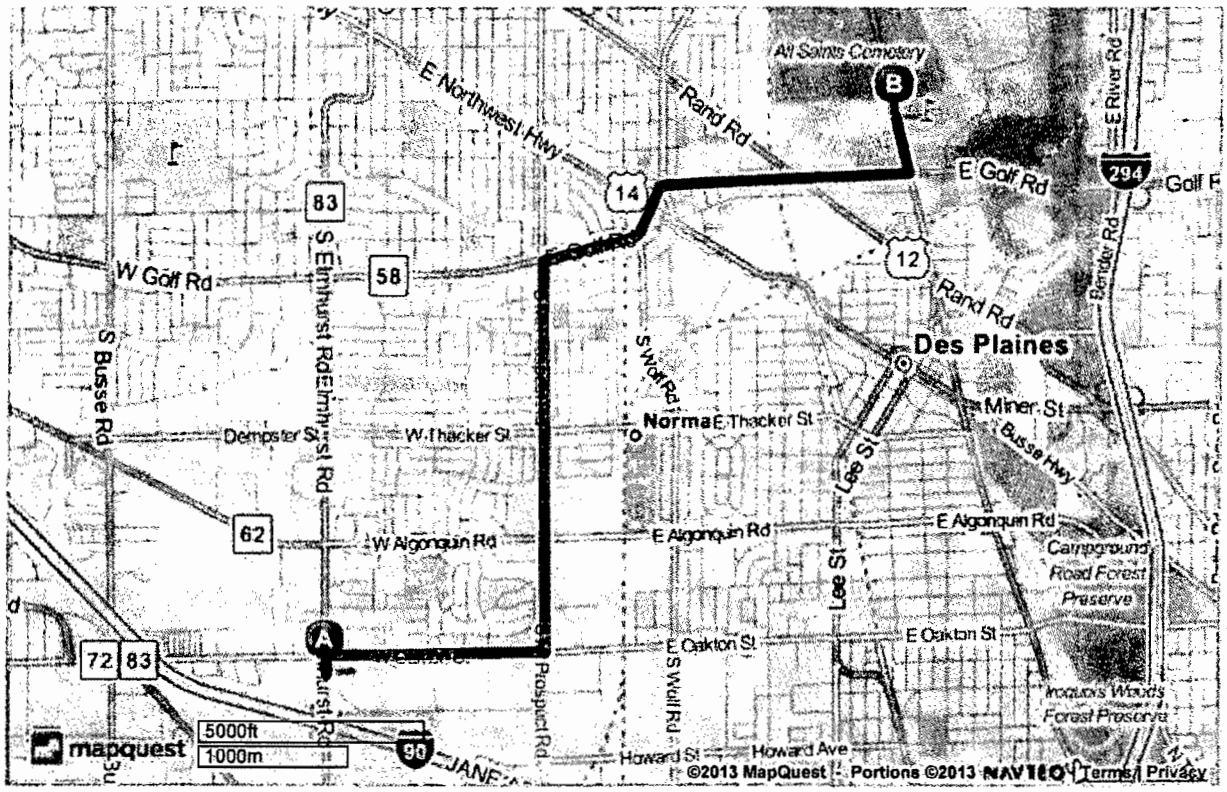

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Trip to:
761 E Old Barn Ln
Arlington Heights, IL 60005-3272
4.55 miles / 11 minutes

Notes
The Moorings Health Center

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.6 Mi**	*0.6 Mi Total*
2. Turn **left** onto **W Algonquin Rd / IL-62**. Map *W Algonquin Rd is 0.1 miles past Devonshire Dr* *SPEEDWAY #7576 is on the corner* *If you reach Holiday Ln you've gone about 0.1 miles too far*	**1.1 Mi**	*1.7 Mi Total*
3. Turn **slight right** onto **S Busse Rd**. Map *S Busse Rd is 0.5 miles past S Linneman Rd* *Jameson's Char House is on the corner* *If you are on W Algonquin Rd and reach Dempster Ave you've gone about 0.2 miles too far*	**2.1 Mi**	*3.8 Mi Total*
4. Turn **left** onto **W Central Rd**. Map *Tortorice's Pizzeria is on the corner*	**0.5 Mi**	*4.4 Mi Total*
5. Turn **left** onto **Entrance Dr**. Map *Entrance Dr is just past S Audrey Ln* *If you reach S Scarsdale Ct you've gone a little too far*	**0.1 Mi**	*4.5 Mi Total*
6. Take the **2nd right** onto **E Old Barn Ln**. Map *E Old Barn Ln is just past E Crescent Dr* *If you reach S Moorings Dr you've gone about 0.1 miles too far*	**0.06 Mi**	*4.5 Mi Total*
7. **761 E OLD BARN LN** is on the **left**. Map *If you reach S Moorings Dr you've gone a little too far*		

761 E Old Barn Ln, Arlington Heights, IL 60005-3272

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Total Travel Estimate: **4.55 miles - about 11 minutes**

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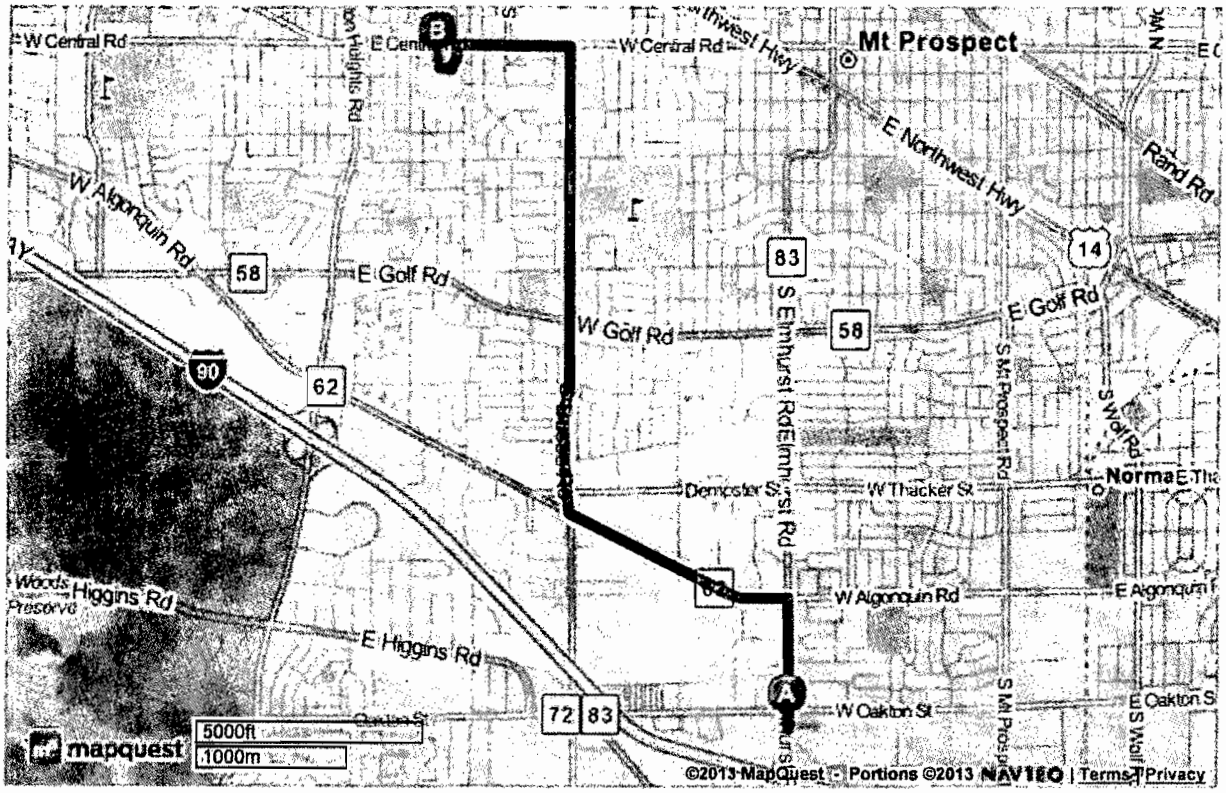

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Trip to:
665 Busse Hwy
Park Ridge, IL 60068-2523
5.08 miles / 12 minutes

Notes
Park Ridge Care Center

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi** *0.09 Mi Total*
2. Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**4.3 Mi** *4.4 Mi Total*
3. Turn **slight right** onto **Busse Hwy**. Map *Busse Hwy is just past Avondale Ave* *Enterprise Rent-A-Car is on the corner* *If you are on Oakton St and reach N Dee Rd you've gone a little too far*	**0.7 Mi** *5.1 Mi Total*
4. **665 BUSSE HWY** is on the **left**. Map *Your destination is just past N Seminary Ave* *If you reach N Western Ave you've gone a little too far*	

665 Busse Hwy, Park Ridge, IL 60068-2523

Total Travel Estimate: **5.08 miles - about 12 minutes**

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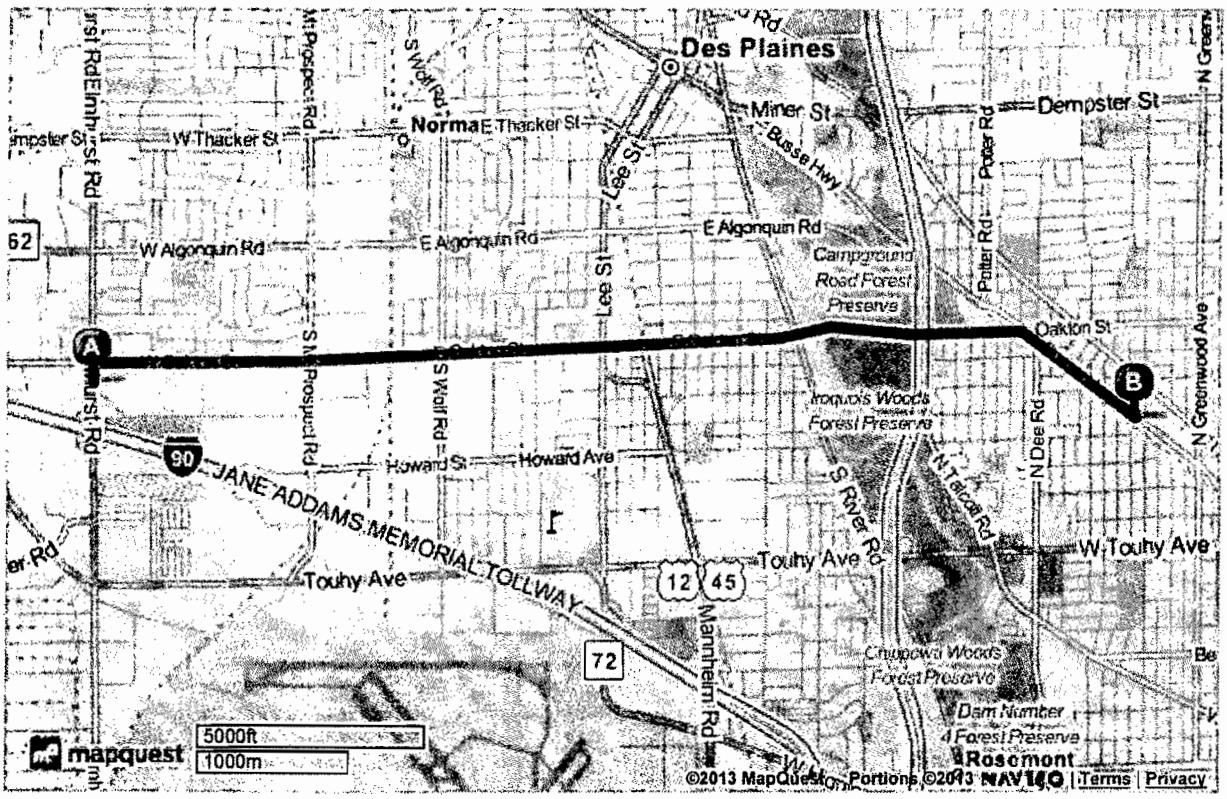

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Trip to:
1001 N Greenwood Ave
Park Ridge, IL 60068-2054
5.23 miles / 12 minutes

Notes
Resurrection Nsg & Rehab Ctr

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi** *0.09 Mi Total*
2.	Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**5.1 Mi** *5.2 Mi Total*
3.	Turn **left** onto **N Greenwood Ave**. Map *N Greenwood Ave is just past N Delphia Ave* *If you reach Beau Dr you've gone about 0.1 miles too far*	**0.01 Mi** *5.2 Mi Total*
4.	**1001 N GREENWOOD AVE** is on the **right**. Map *If you reach Greenview Ave you've gone about 0.1 miles too far*	

1001 N Greenwood Ave, Park Ridge, IL 60068-2054

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Total Travel Estimate: **5.23 miles - about 12 minutes**

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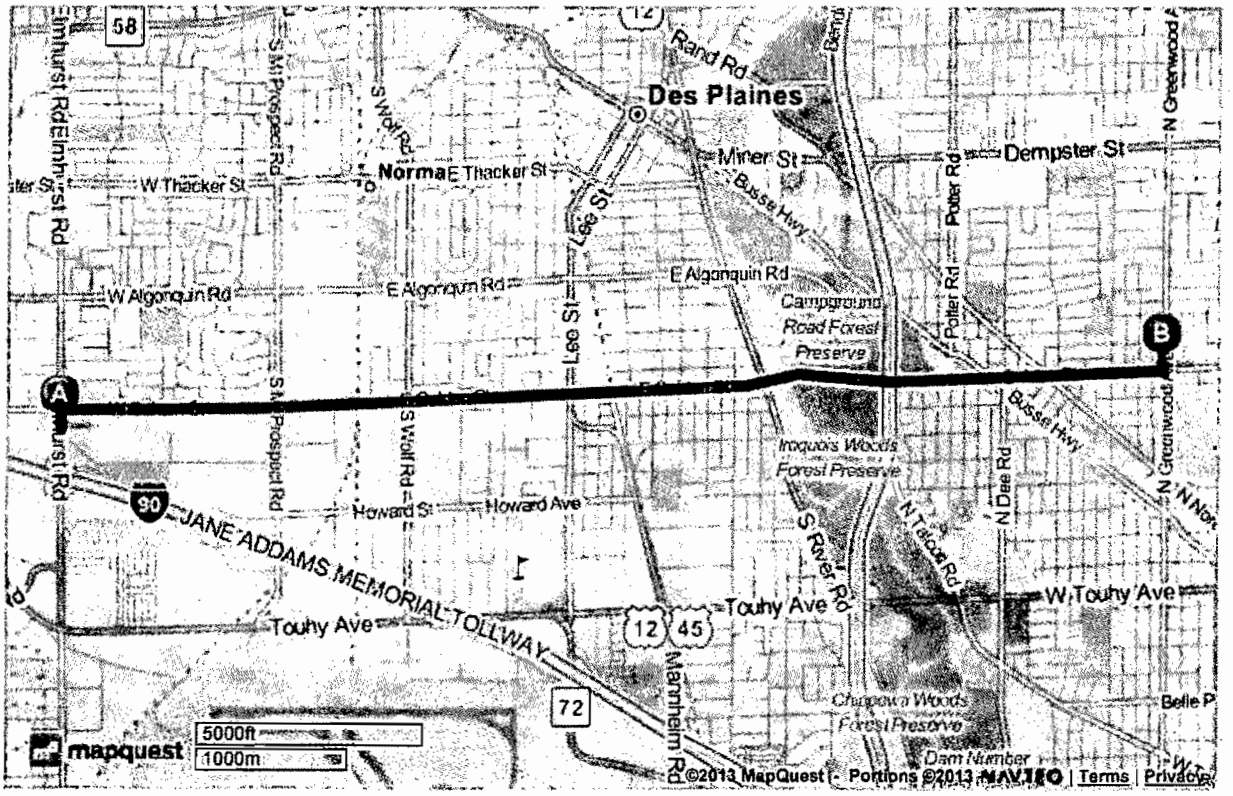

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ATTACHMENT-7

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Trip to:
127 W Diversey Ave
Elmhurst, IL 60126-1101
6.49 miles / 13 minutes

Notes
Elm Brook Hlth C & Rehab Ctre

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

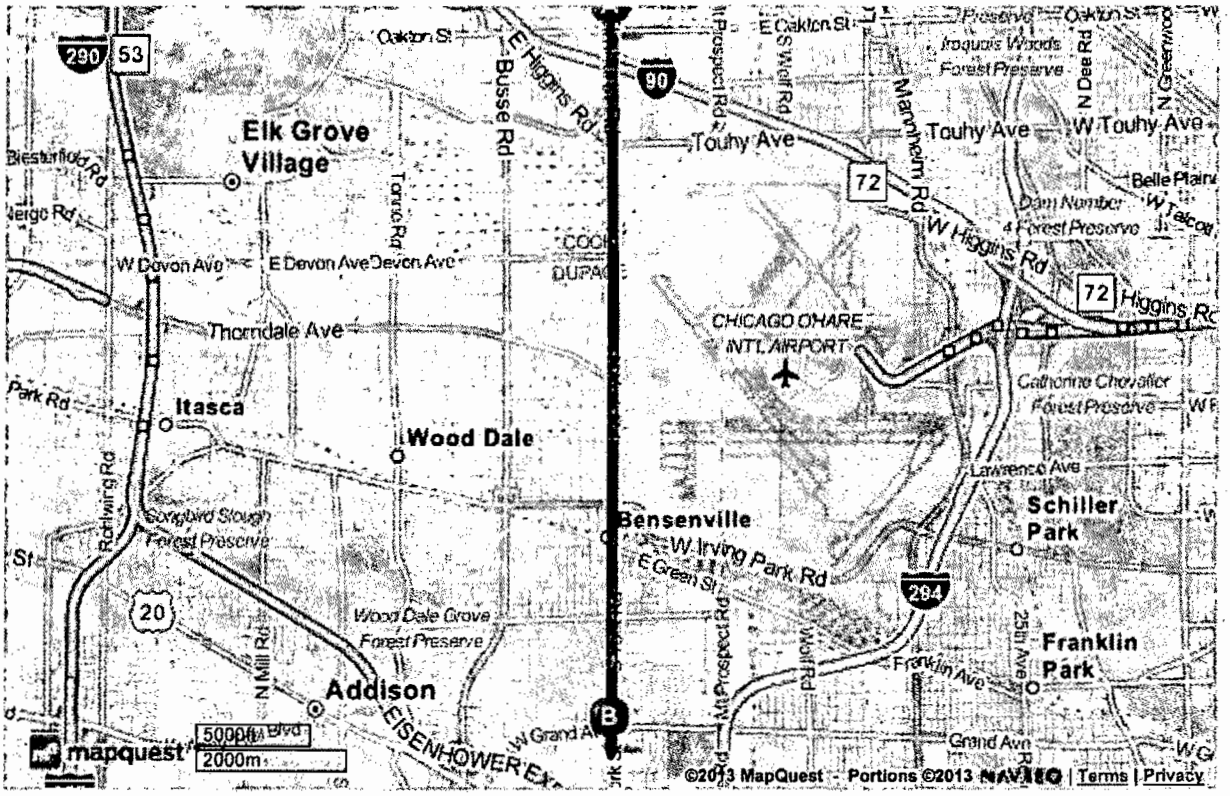
1.	Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**2.3 Mi** *2.3 Mi Total*
2.	**Elmhurst Rd** becomes **N York Rd**. Map	**4.1 Mi** *6.5 Mi Total*
3.	Turn **right** onto **W Diversey Ave**. Map *W Diversey Ave is 0.2 miles past W Grand Ave* *SHELL is on the right* *If you reach W Wrightwood Ave you've gone about 0.2 miles too far*	**0.03 Mi** *6.5 Mi Total*
4.	**127 W DIVERSEY AVE** is on the **right**. Map *If you reach N York Rd you've gone about 0.3 miles too far*	

127 W Diversey Ave, Elmhurst, IL 60126-1101

ATTACHMENT-7

Total Travel Estimate: **6.49 miles - about 13 minutes**

BOOK TRAVEL with **mapquest** (877) 577-5766



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Notes

Manor Care of Rolling Meadows

Trip to:
4225 Kirchoff Rd
Rolling Meadows, IL 60008-2005
7.54 miles / 13 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.6 Mi** *0.6 Mi Total*
2. Turn **left** onto **W Algonquin Rd / IL-62**. Map *W Algonquin Rd is 0.1 miles past Devonshire Dr* *SPEEDWAY #7576 is on the corner* *If you reach Holiday Ln you've gone about 0.1 miles too far*	**2.4 Mi** *3.0 Mi Total*
3. Turn **left** onto **S Arlington Heights Rd**. Map *S Arlington Heights Rd is 0.1 miles past S Tonne Dr* *Red Roof Inn - Chicago O'hare Airport is on the corner* *If you are on W Algonquin Rd and reach S Martin Ln you've gone about 0.1 miles too far*	**0.08 Mi** *3.1 Mi Total*
4. Merge onto **I-90 W / Jane Addams Memorial Tollway** toward **Rockford** (Portions toll). Map	**2.0 Mi** *5.1 Mi Total*
5. Merge onto **IL-53 N** toward **Northwest Suburbs**. Map	**1.9 Mi** *7.0 Mi Total*
6. Take the **Kirchoff Rd** exit. Map	**0.3 Mi** *7.3 Mi Total*
7. Turn **left** onto **Kirchoff Rd**. Map	**0.3 Mi** *7.5 Mi Total*
8. **4225 KIRCHOFF RD** is on the **left**. Map *Your destination is just past Brookwood Way Dr* *If you reach St George Dr you've gone about 0.1 miles too far*	

4225 Kirchoff Rd, Rolling Meadows, IL 60008-2005

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Total Travel Estimate: **7.54 miles - about 13 minutes**

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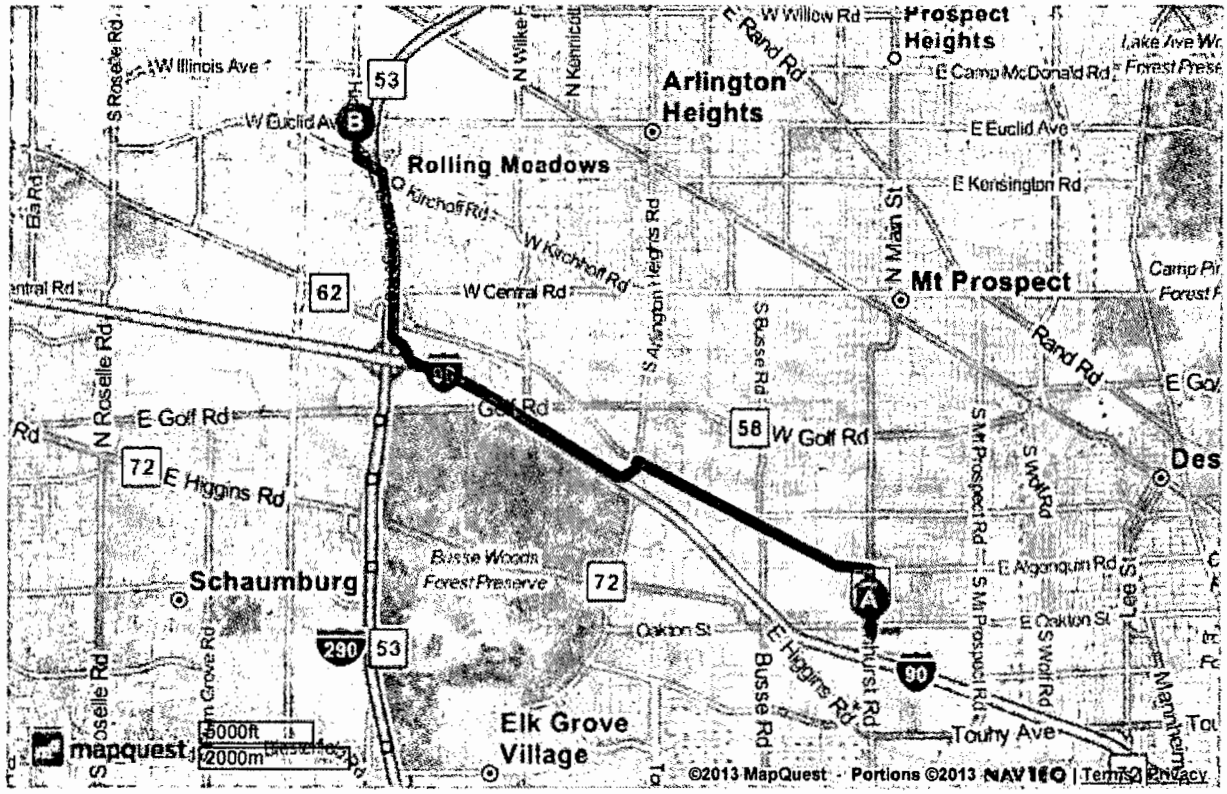

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Trip to:
9300 W Ballard Rd
Des Plaines, IL 60016-4904
9.41 miles / 13 minutes

Notes
Ballard Nursing Center

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E / Jane Addams Memorial Tollway** toward **Chicago** (Portions toll). Map	**4.6 Mi**	*4.8 Mi Total*
3. Merge onto **I-294 N** toward **Milwaukee** (Portions toll). Map	**3.5 Mi**	*8.3 Mi Total*
4. Merge onto **Dempster St / US-14 E**. Map	**0.6 Mi**	*8.9 Mi Total*
5. Turn **left** onto **Potter Rd**. Map *If you reach Carleah St you've gone about 0.1 miles too far*	**0.3 Mi**	*9.2 Mi Total*
6. Take the 2nd **right** onto **W Ballard Rd**. Map *W Ballard Rd is just past Seminary Ave* *Sayuri Fusion is on the corner* *If you reach Senate Dr you've gone a little too far*	**0.3 Mi**	*9.4 Mi Total*
7. **9300 W BALLARD RD** is on the **left**. Map *Your destination is just past N Lincoln Dr* *If you reach Kennedy Dr you've gone a little too far*		

9300 W Ballard Rd, Des Plaines, IL 60016-4904

Total Travel Estimate: **9.41 miles - about 13 minutes**

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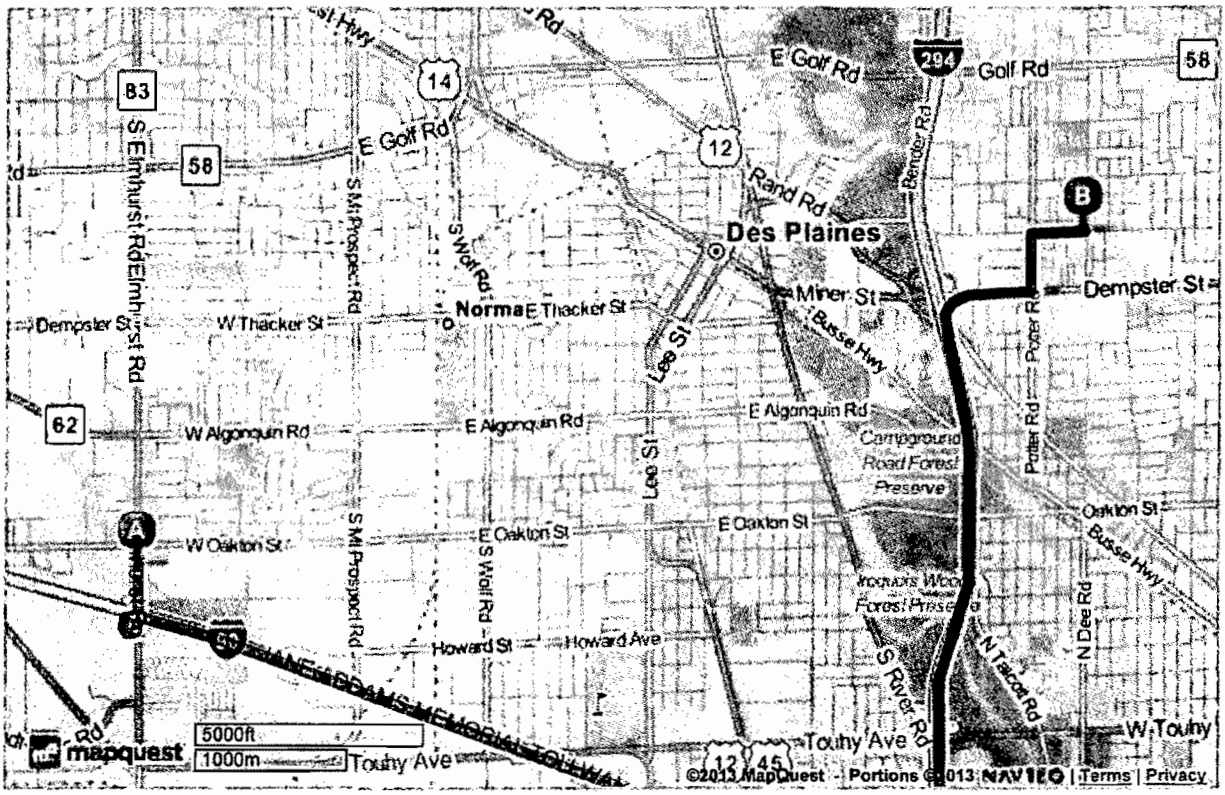

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Notes

Central Baptist Village

Trip to:

4747 N Canfield Ave

Norridge, IL 60706-4480

8.17 miles / 14 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi** *0.3 Mi Total*
2.	Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**5.9 Mi** *6.2 Mi Total*
3.	Merge onto **N Cumberland Ave / IL-171 S via EXIT 79A**. Map	**1.4 Mi** *7.6 Mi Total*
4.	Turn **left** onto **W Lawrence Ave**. Map *W Lawrence Ave is just past W Gunnison St* *Walgreens is on the corner* *If you reach W Leland Ave you've gone about 0.1 miles too far*	**0.5 Mi** *8.1 Mi Total*
5.	Turn **right** onto **N Canfield Ave**. Map *Lawrence & Canfld BP is on the corner* *If you reach N Orange Ave you've gone about 0.1 miles too far*	**0.06 Mi** *8.2 Mi Total*
6.	**4747 N CANFIELD AVE** is on the **left**. Map *If you reach W Leland Ave you've gone a little too far*	

4747 N Canfield Ave, Norridge, IL 60706-4480

Total Travel Estimate: **8.17 miles - about 14 minutes**

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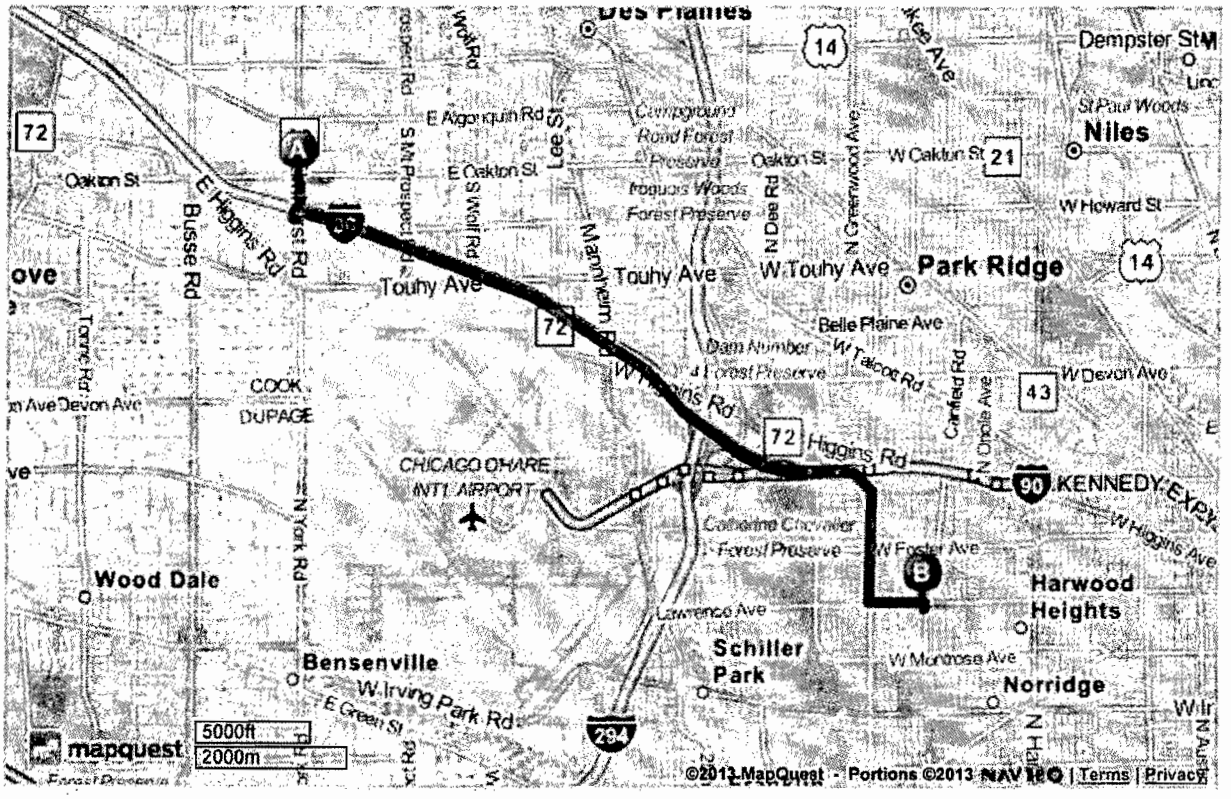

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Notes

Alden-Northmoor Rehab & Hc Ctr

Trip to:

5821 N Northwest Hwy

Chicago, IL 60631-2642

9.43 miles / 13 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**8.5 Mi**	*8.8 Mi Total*
3. Take **EXIT 82A** toward **Nagle Ave**. Map	**0.2 Mi**	*9.0 Mi Total*
4. Turn **slight left** onto **W Gregory St**. Map	**0.02 Mi**	*9.0 Mi Total*
5. Take the 1st **left** onto **N Nagle Ave**. Map *If you reach N Mulligan Ave you've gone a little too far*	**0.3 Mi**	*9.3 Mi Total*
6. Turn **left** onto **N Northwest Hwy**. Map *N Northwest Hwy is just past N Avondale Ave* *Natalie's Drive In is on the corner* *If you reach W Ardmore Ave you've gone a little too far*	**0.1 Mi**	*9.4 Mi Total*
7. **5821 N NORTHWEST HWY** is on the **right**. Map *Your destination is just past N Napoleon Ave* *If you reach N Nashotah Ave you've gone a little too far*		

5821 N Northwest Hwy, Chicago, IL 60631-2642

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Total Travel Estimate: **9.43 miles - about 13 minutes**

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Notes

Resurrection Life Center

Trip to:

7370 W Talcott Ave

Chicago, IL 60631-3751

8.64 miles / 13 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**7.4 Mi**	*7.7 Mi Total*
3. Take **EXIT 81A** toward **IL-43 / Harlem Ave**. Map	**0.2 Mi**	*7.9 Mi Total*
4. Stay **straight** to go onto **W Higgins Ave / IL-72 E**. Map	**0.2 Mi**	*8.0 Mi Total*
5. Turn **left** onto **N Harlem Ave / IL-43**. Map *SHELL SORO is on the right* *If you reach N Neva Ave you've gone a little too far*	**0.3 Mi**	*8.4 Mi Total*
6. Turn **left** onto **W Talcott Ave**. Map *W Talcott Ave is 0.1 miles past W Seminole St* *If you reach W Thorndale Ave you've gone about 0.1 miles too far*	**0.3 Mi**	*8.6 Mi Total*
7. **7370 W TALCOTT AVE** is on the **right**. Map *Your destination is just past N Odell Ave* *If you reach N Oketo Ave you've gone a little too far*		

7370 W Talcott Ave, Chicago, IL 60631-3751

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Total Travel Estimate: **8.64 miles - about 13 minutes**

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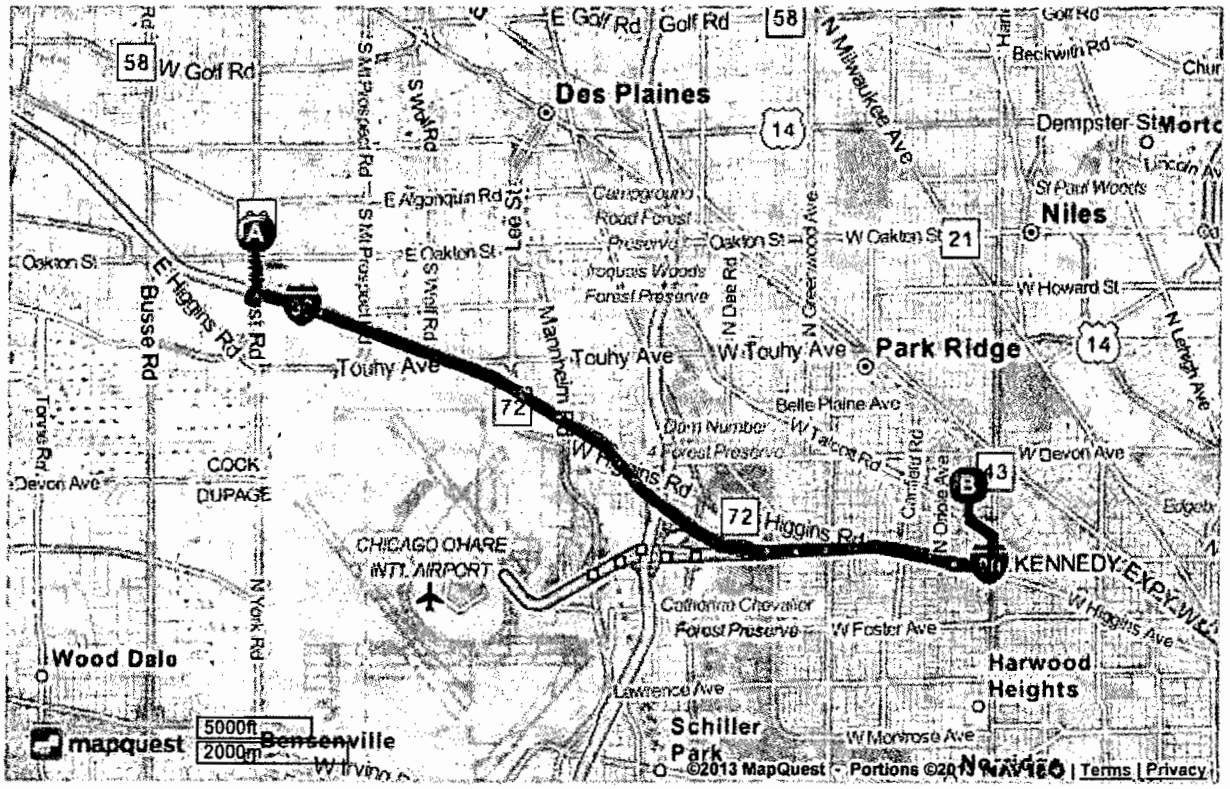

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Notes
Emeritus at Prospect Heights

Trip to:
700 E Euclid Ave
Prospect Heights, IL 60070-3408
7.73 miles / 15 minutes

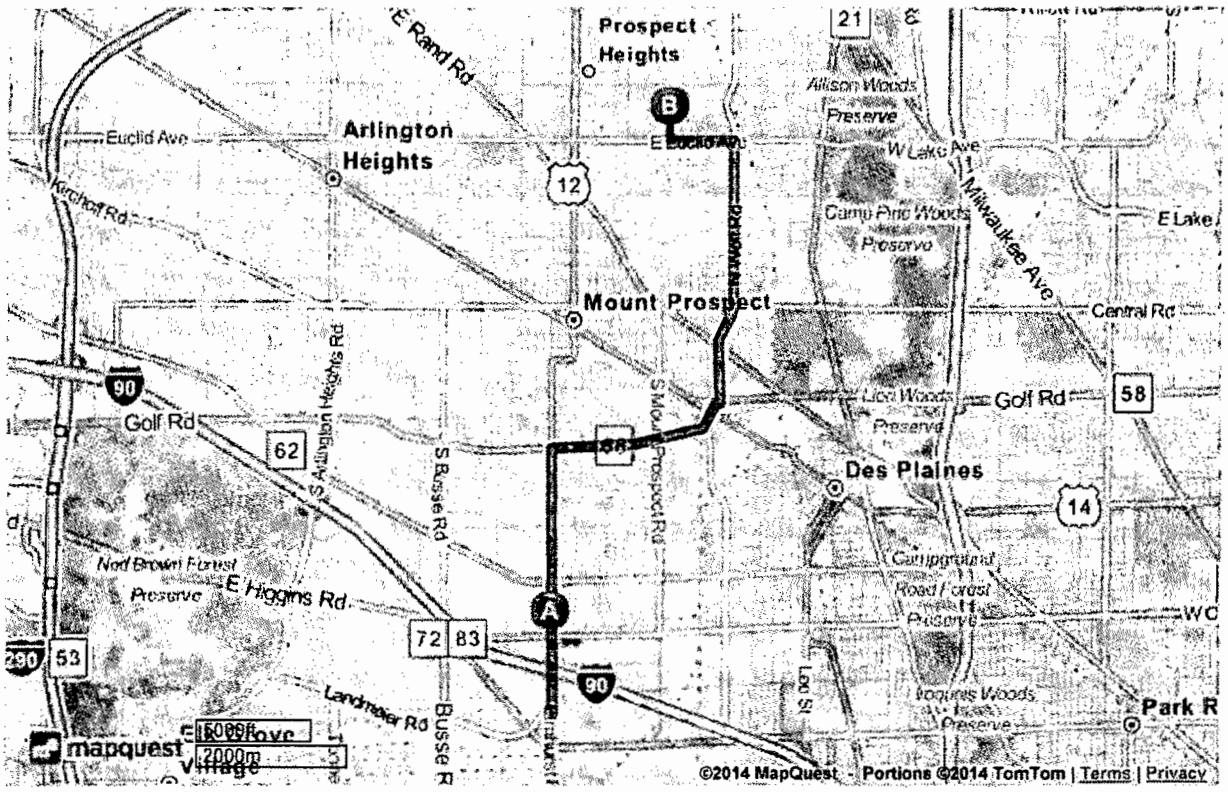
1750 Elmhurst Rd, Des Plaines, IL 60018-1816

Download Free App

1. Start out going **south** on **Elmhurst Rd** toward **Landmeier Rd**. Map	**0.6 Mi**	*0.6 Mi Total*
2. Make a **U-turn** at **Landmeier Rd** onto **Elmhurst Rd**. Map	**2.4 Mi**	*3.0 Mi Total*
3. Turn **right** onto **W Golf Rd / IL-58**. Map	**1.7 Mi**	*4.7 Mi Total*
4. Enter next roundabout and take the 3rd exit onto **N Wolf Rd**. Map	**2.4 Mi**	*7.2 Mi Total*
5. Turn **left** onto **E Euclid Ave**. Map	**0.6 Mi**	*7.7 Mi Total*
6. **700 E EUCLID AVE** is on the **right**. Map		

700 E Euclid Ave, Prospect Heights, IL 60070-3408

Total Travel Estimate: **7.73 miles - about 15 minutes**



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Trip to:
535 S Elm St
Itasca, IL 60143-2187
8.06 miles / 15 minutes

Notes
Forest View Rehab & Nursing Center

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi**	
	0.09 Mi Total	
2. Take the 1st **left** onto **IL-83 / W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi** *1.1 Mi Total*	
3. Turn **left** onto **Busse Rd / IL-83 S**. Map *Busse Rd is just past E Higgins Rd* *Dunkin Donuts is on the left* *If you reach IL-72 W you've gone about 0.1 miles too far*	**2.7 Mi** *3.8 Mi Total*	
4. Turn **right** onto **Thorndale Ave**. Map *Thorndale Ave is 0.1 miles past Tower Ln* *If you reach Bryn Mawr Ave you've gone about 0.2 miles too far*	**2.0 Mi** *5.8 Mi Total*	
5. Turn **left** onto **N Prospect Ave**. Map *N Prospect Ave is 0.6 miles past Mittel Dr* *If you reach Parkside Ave you've gone about 0.2 miles too far*	**1.2 Mi** *7.0 Mi Total*	
6. Turn **right** onto **E Irving Park Rd / IL-19**. Map *E Irving Park Rd is 0.1 miles past Highlands Ave* *Mcdonald's is on the corner* *If you reach E Washington St you've gone a little too far*	**0.3 Mi** *7.3 Mi Total*	
7. Turn **left** onto **Parkside Ave**. Map *Parkside Ave is just past Emmerson Ave* *If you reach Bonnie Brae Ave you've gone a little too far*	**0.3 Mi** *7.6 Mi Total*	
8. Turn **right** onto **E George St**. Map *E George St is 0.1 miles past E Washington St* *If you are on N Mill Rd and reach W Potter St you've gone about 0.2 miles too far*	**0.4 Mi** *8.0 Mi Total*	
9. Turn **left** onto **S Elm St**. Map *S Elm St is 0.1 miles past S Rush St* *If you reach S Walnut Ave you've gone a little too far*	**0.05 Mi** *8.1 Mi Total*	
10. **535 S ELM ST** is on the **left**. Map *If you reach the end of S Elm St you've gone a little too far*		

535 S Elm St, Itasca, IL 60143-2187

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Total Travel Estimate: **8.06 miles - about 15 minutes**

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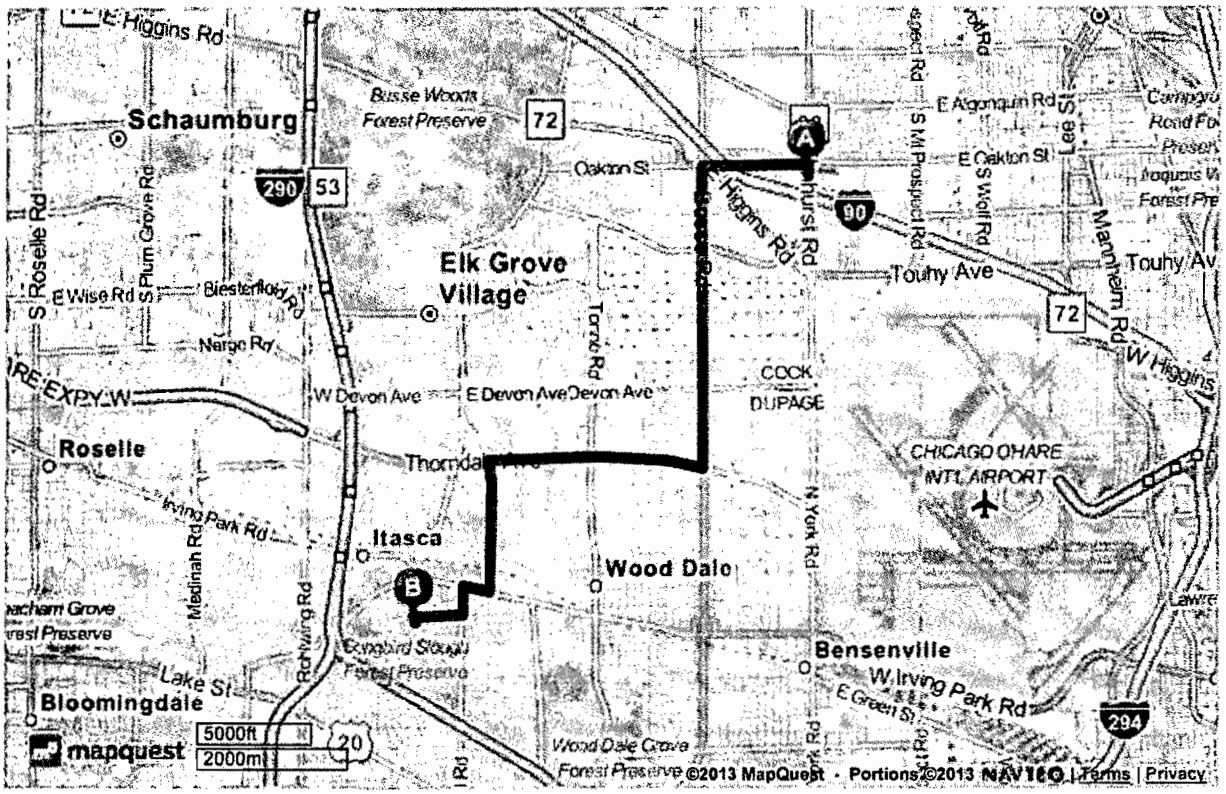

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Trip to:
1601 N Western Ave
Park Ridge, IL 60068-1233
9.85 miles / 15 minutes

Notes
St. Matthew Center for Health

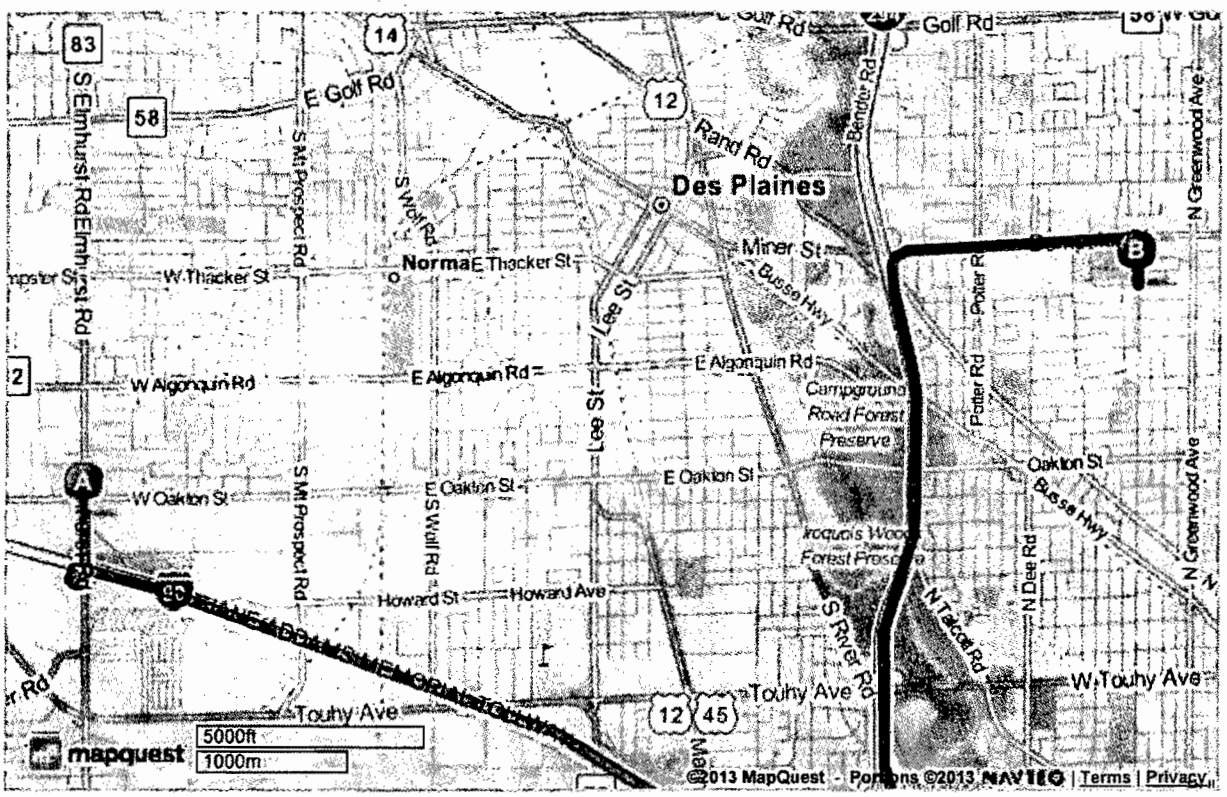
1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi** *0.3 Mi Total*
2. Merge onto **I-90 E / Jane Addams Memorial Tollway** toward **Chicago** (Portions toll). Map	**4.6 Mi** *4.8 Mi Total*
3. Merge onto **I-294 N** toward **Milwaukee** (Portions toll). Map	**3.5 Mi** *8.3 Mi Total*
4. Merge onto **Dempster St / US-14 E**. Map	**1.3 Mi** *9.6 Mi Total*
5. Turn **right** onto **N Western Ave**. Map *N Western Ave is 0.1 miles past Parkside Dr* *Portillo's Hot Dogs Inc is on the left* *If you reach N Greenwood Ave you've gone about 0.2 miles too far*	**0.2 Mi** *9.8 Mi Total*
6. **1601 N WESTERN AVE** is on the **left**. Map *Your destination is just past Crain St* *If you reach Weeg Way you've gone a little too far*	

1601 N Western Ave, Park Ridge, IL 60068-1233

Total Travel Estimate: **9.85 miles - about 15 minutes**

BOOK TRAVEL with **mapquest** (877) 577-5766



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Notes

Danish Home, The

Trip to:

5656 N Newcastle Ave

Chicago, IL 60631-3108

9.68 miles / 14 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**8.5 Mi**	*8.8 Mi Total*
3. Take **EXIT 82A** toward **Nagle Ave**. Map	**0.2 Mi**	*9.0 Mi Total*
4. Turn **slight left** onto **W Gregory St**. Map	**0.02 Mi**	*9.0 Mi Total*
5. Take the 1st **left** onto **N Nagle Ave**. Map *If you reach N Mulligan Ave you've gone a little too far*	**0.06 Mi**	*9.1 Mi Total*
6. Take the 1st **left** onto **W Bryn Mawr Ave**. Map *If you reach N Avondale Ave you've gone about 0.1 miles too far*	**0.5 Mi**	*9.6 Mi Total*
7. Turn **right** onto **N Newcastle Ave**. Map *N Newcastle Ave is 0.1 miles past N Newark Ave* *If you reach W Talcott Ave you've gone about 0.1 miles too far*	**0.09 Mi**	*9.7 Mi Total*
8. **5656 N NEWCASTLE AVE** is on the **left**. Map *Your destination is just past W Hobart Ave* *If you reach W Hurlbut St you've gone a little too far*		

5656 N Newcastle Ave, Chicago, IL 60631-3108

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Total Travel Estimate: **9.68 miles - about 14 minutes**

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Trip to:
6016 N Nina Ave
Chicago, IL 60631-2439
8.85 miles / 14 minutes

Notes
Norwood Crossing

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**7.4 Mi**	*7.7 Mi Total*
3. Take **EXIT 81A** toward **IL-43 / Harlem Ave**. Map	**0.2 Mi**	*7.9 Mi Total*
4. Stay **straight** to go onto **W Higgins Ave / IL-72 E**. Map	**0.2 Mi**	*8.0 Mi Total*
5. Turn **left** onto **N Harlem Ave / IL-43**. Map *SHELL SORO is on the right* *If you reach N Neva Ave you've gone a little too far*	**0.3 Mi**	*8.4 Mi Total*
6. Turn **right** onto **N Nina Ave**. Map *N Nina Ave is 0.1 miles past W Seminole St* *If you reach W Thorndale Ave you've gone about 0.1 miles too far*	**0.5 Mi**	*8.9 Mi Total*
7. **6016 N NINA AVE**. Map *Your destination is just past N East Circle Ave* *If you are on W Raven St and reach N Avondale Ave you've gone about 0.1 miles too far*		

6016 N Nina Ave, Chicago, IL 60631-2439

Total Travel Estimate: **8.85 miles - about 14 minutes**

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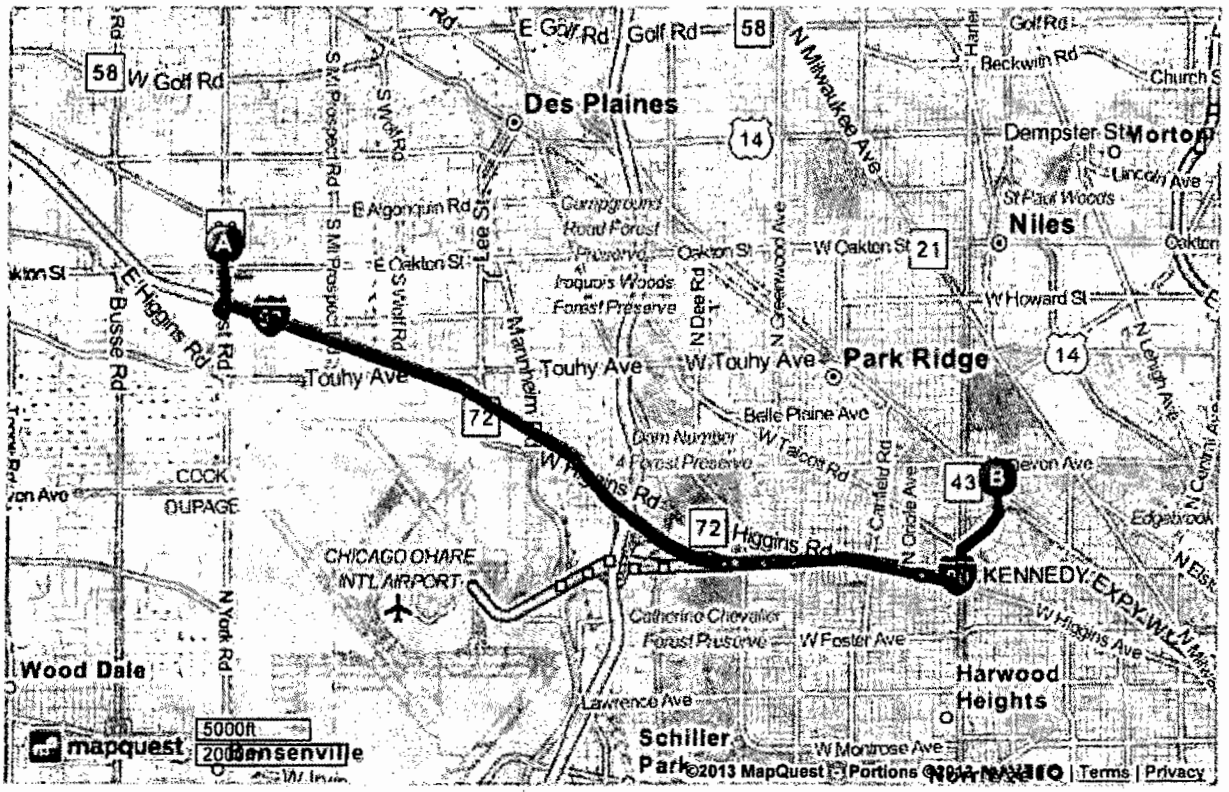

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Trip to:
3901 Glenview Rd
Glenview, IL 60025-2467
7.52 miles / 16 minutes

Notes
Abington Of Glenview

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi** *0.09 Mi Total*
2.	Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi** *1.1 Mi Total*
3.	Turn **left** onto **S Mt Prospect Rd**. Map *S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave* *Taco Burrito King Fourteen Inc is on the corner* *If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far*	**1.8 Mi** *2.9 Mi Total*
4.	Turn **right** onto **E Golf Rd / IL-58**. Map *E Golf Rd is 0.2 miles past E Washington St* *BUSSE MARATHON is on the corner* *If you reach S Josephine Ct you've gone about 0.1 miles too far*	**0.7 Mi** *3.6 Mi Total*
5.	Enter next roundabout and take the 3rd exit onto **N Wolf Rd**. Map	**0.9 Mi** *4.5 Mi Total*
6.	Turn **right** onto **E Central Rd**. Map *Giacomo's Ristorante Italiano is on the corner* *If you reach Mark Ave you've gone about 0.1 miles too far*	**2.3 Mi** *6.8 Mi Total*
7.	Turn **left** onto **Dearlove Rd**. Map *Dearlove Rd is 0.1 miles past Lyman Ave* *If you reach Meadow Ln you've gone a little too far*	**0.6 Mi** *7.4 Mi Total*
8.	**Dearlove Rd** becomes **Glenview Rd**. Map	**0.09 Mi** *7.5 Mi Total*
9.	**3901 GLENVIEW RD** is on the **right**. Map *If you reach Bette Ln you've gone a little too far*	

3901 Glenview Rd, Glenview, IL 60025-2467

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Total Travel Estimate: **7.52 miles - about 16 minutes**

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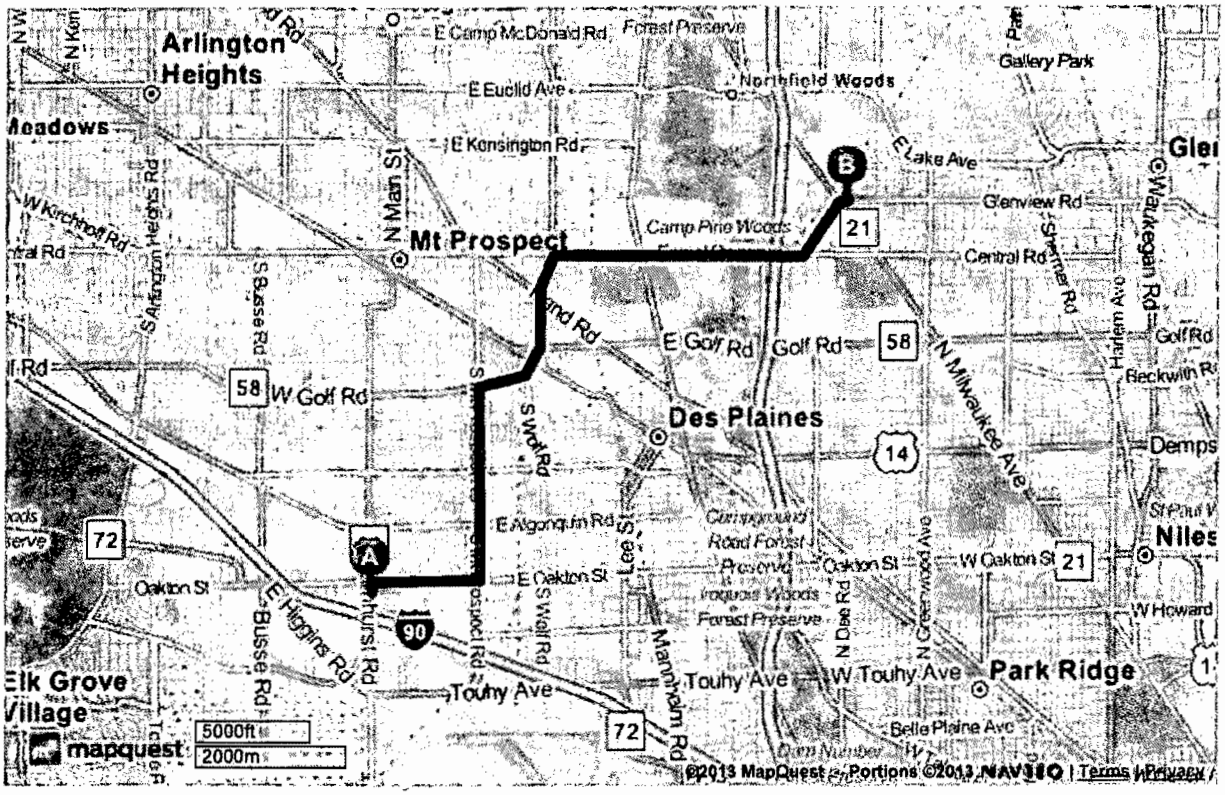

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Trip to:
200 E Lake St
Elmhurst, IL 60126-2013
7.80 miles / 16 minutes

Notes
Elmhurst Extended Care Center

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**2.3 Mi** *2.3 Mi Total*
2.	**Elmhurst Rd** becomes **N York Rd**. Map	**5.2 Mi** *7.5 Mi Total*
3.	Turn **left** onto **Lake St**. Map *If you reach W Fremont Ave you've gone about 0.1 miles too far*	**0.3 Mi** *7.8 Mi Total*
4.	**200 E LAKE ST** is on the **right**. Map *Your destination is 0.1 miles past Elmcrest Ave* *If you reach E Grantley Ave you've gone about 0.2 miles too far*	

200 E Lake St, Elmhurst, IL 60126-2013

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Total Travel Estimate: **7.80 miles - about 16 minutes**

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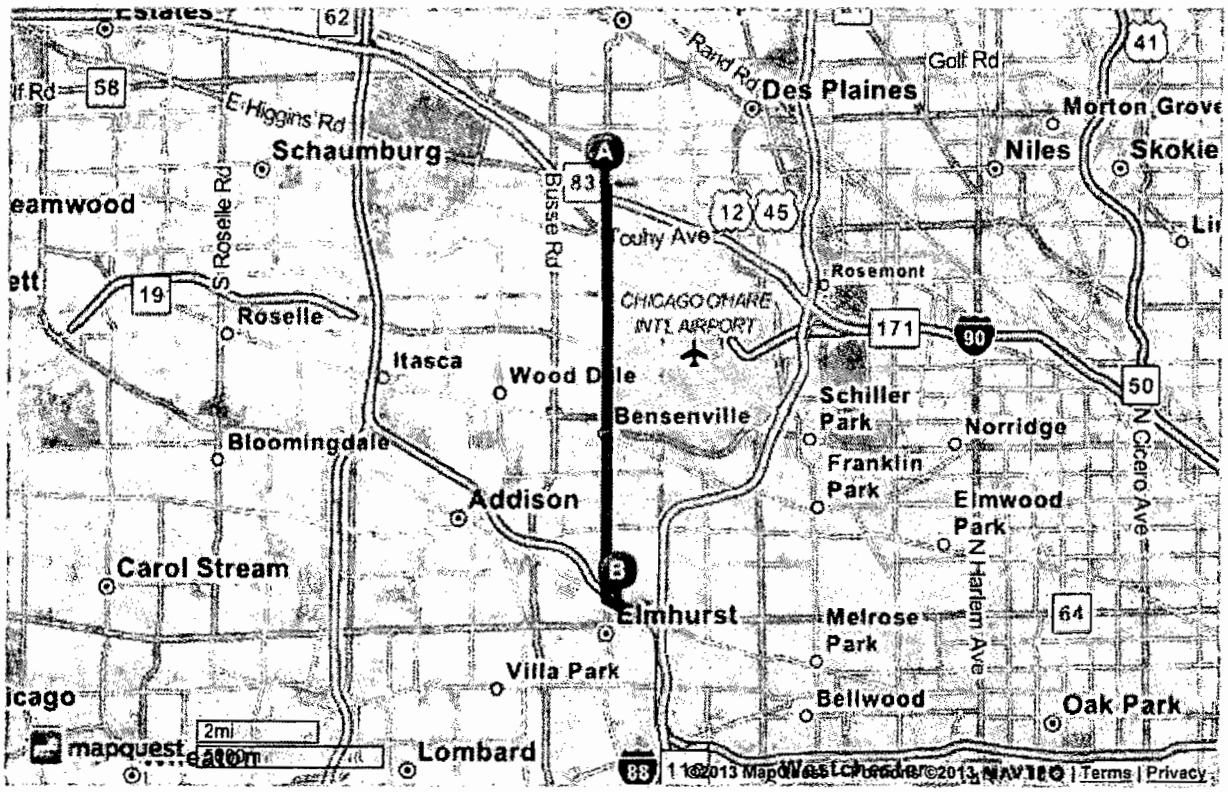

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Trip to:
350 W Schaumburg Rd
Schaumburg, IL 60194-3464
8.67 miles / 16 minutes

Notes
Friendship Village Schaumburg

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi** *0.09 Mi Total*
2.	Take the 1st **left** onto **IL-83 / W Oakton St**. Continue to follow **W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.2 Mi** *1.2 Mi Total*
3.	Turn **right** onto **E Higgins Rd / IL-72 W**. Map *E Higgins Rd is 0.1 miles past Busse Rd* *If you are on IL-72 and reach IL-72 E you've gone a little too far*	**4.5 Mi** *5.8 Mi Total*
4.	Turn **left** onto **N Meacham Rd**. Map *If you are on E Higgins Rd and reach National Pky you've gone about 0.2 miles too far*	**0.7 Mi** *6.5 Mi Total*
5.	Turn **right** onto **E Schaumburg Rd**. Map *E Schaumburg Rd is 0.1 miles past Shady Ln* *If you are on S Meacham Rd and reach Sturgeon Bay Ct you've gone about 0.1 miles too far*	**2.2 Mi** *8.7 Mi Total*
6.	**350 W SCHAUMBURG RD** is on the **right**. Map *Your destination is just past Sumac Ln* *If you reach Branchwood Dr you've gone a little too far*	

350 W Schaumburg Rd, Schaumburg, IL 60194-3464

ATTACHMENT-7

Total Travel Estimate: **8.67 miles - about 16 minutes**

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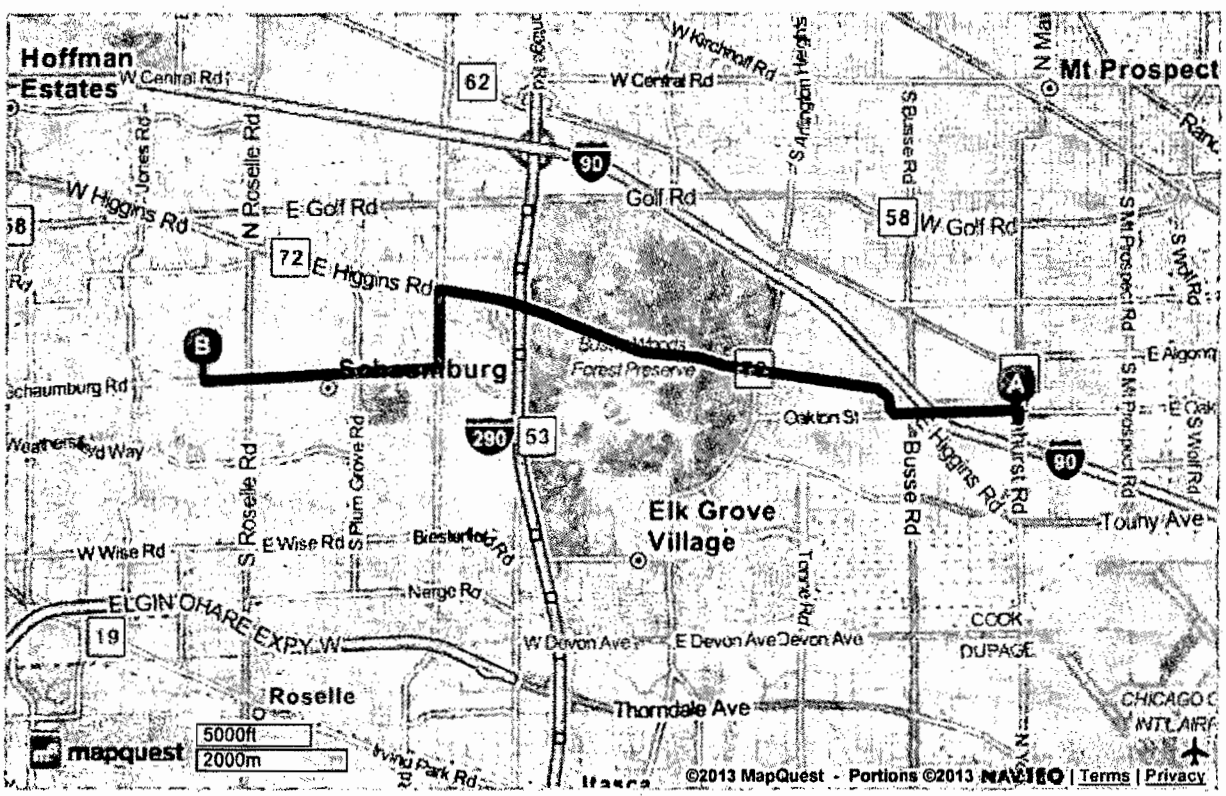

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ATTACHMENT-☒7☒

mapquest

Trip to:
8333 W Golf Rd
Niles, IL 60714-1113
7.52 miles / 16 minutes

Notes
Glen Bridge Nursing Center

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the **1st right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **S Mt Prospect Rd**. Map *S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave* *Taco Burrito King Fourteen Inc is on the corner* *If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far*	**1.8 Mi**	*2.9 Mi Total*
4. Turn **right** onto **E Golf Rd / IL-58**. Pass through 1 roundabout. Map *E Golf Rd is 0.2 miles past E Washington St* *BUSSE MARATHON is on the corner* *If you reach S Josephine Ct you've gone about 0.1 miles too far*	**4.6 Mi**	*7.5 Mi Total*
5. **8333 W GOLF RD** is on the **right**. Map *Your destination is 0.1 miles past N Milwaukee Ave* *If you are on IL-58 and reach Michael Mnr you've gone about 0.2 miles too far*		

8333 W Golf Rd, Niles, IL 60714-1113

ATTACHMENT-☒7☒

Total Travel Estimate: **7.52 miles - about 16 minutes**

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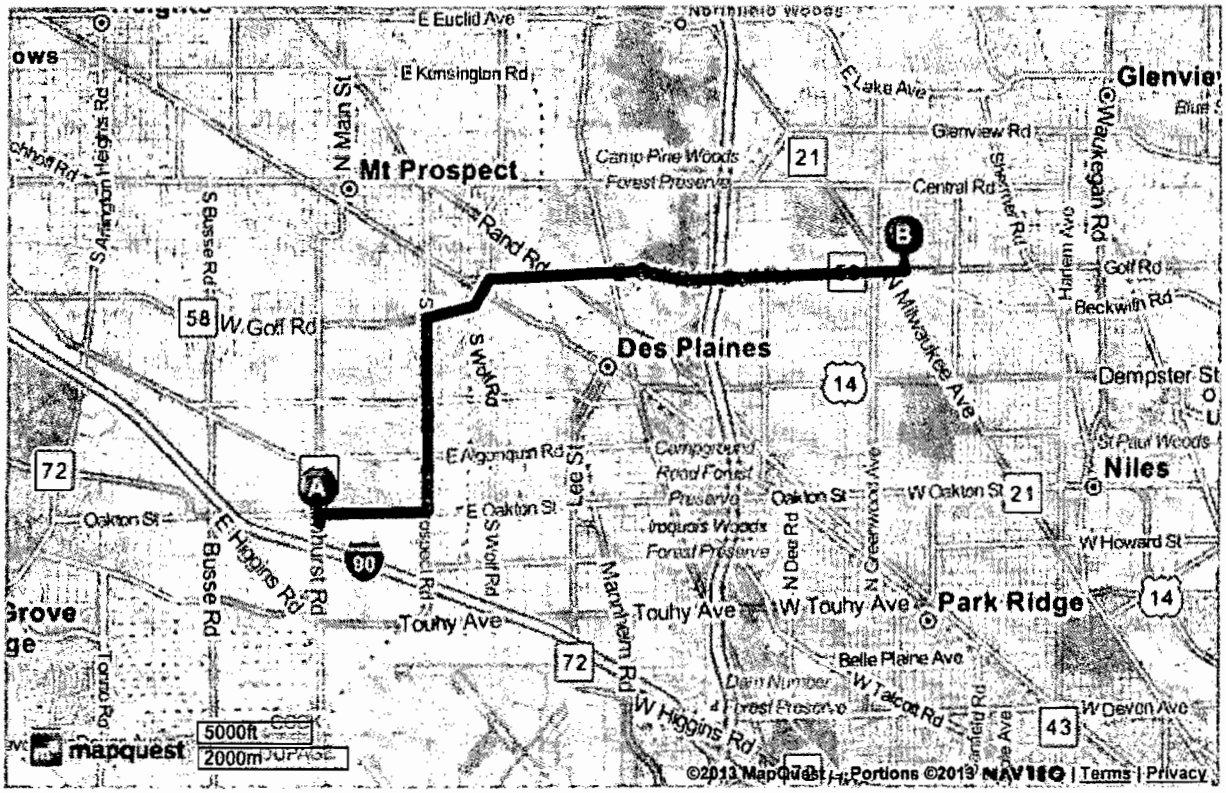

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ATTACHMENT-☒7☒

mapquest

Trip to:
800 W Oakton St
Arlington Heights, IL 60004-4602
7.15 miles / 16 minutes

Notes
Lutheran Home For Aged

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.6 Mi**	*0.6 Mi Total*
2. Turn **left** onto **W Algonquin Rd / IL-62**. Map *W Algonquin Rd is 0.1 miles past Devonshire Dr* *SPEEDWAY #7576 is on the corner* *If you reach Holiday Ln you've gone about 0.1 miles too far*	**2.4 Mi**	*3.0 Mi Total*
3. Turn **right** onto **S Arlington Heights Rd**. Map *S Arlington Heights Rd is 0.1 miles past S Tonne Dr* *Red Roof Inn - Chicago O'hare Airport is on the corner* *If you are on W Algonquin Rd and reach S Martin Ln you've gone about 0.1 miles too far*	**2.7 Mi**	*5.7 Mi Total*
4. Turn **slight left** onto **E Northwest Hwy / US-14**. Map *E Northwest Hwy is 0.1 miles past E Sigwalt St* *If you are on N Arlington Heights Rd and reach E Wing St you've gone a little too far*	**0.9 Mi**	*6.6 Mi Total*
5. Turn **right** onto **N Kennicott Ave**. Map *N Kennicott Ave is just past N Kaspar Ave* *If you reach N Patton Ave you've gone a little too far*	**0.4 Mi**	*7.0 Mi Total*
6. Take the 2nd **right** onto **W Oakton St**. Map *W Oakton St is 0.1 miles past W Elm St* *If you reach Concordia Ln you've gone a little too far*	**0.1 Mi**	*7.2 Mi Total*
7. **800 W OAKTON ST** is on the **left**. Map *Your destination is just past N Kaspar Ave* *If you reach N Salem Ave you've gone a little too far*		

800 W Oakton St, Arlington Heights, IL 60004-4602

ATTACHMENT-7

Total Travel Estimate: **7.15 miles - about 16 minutes**

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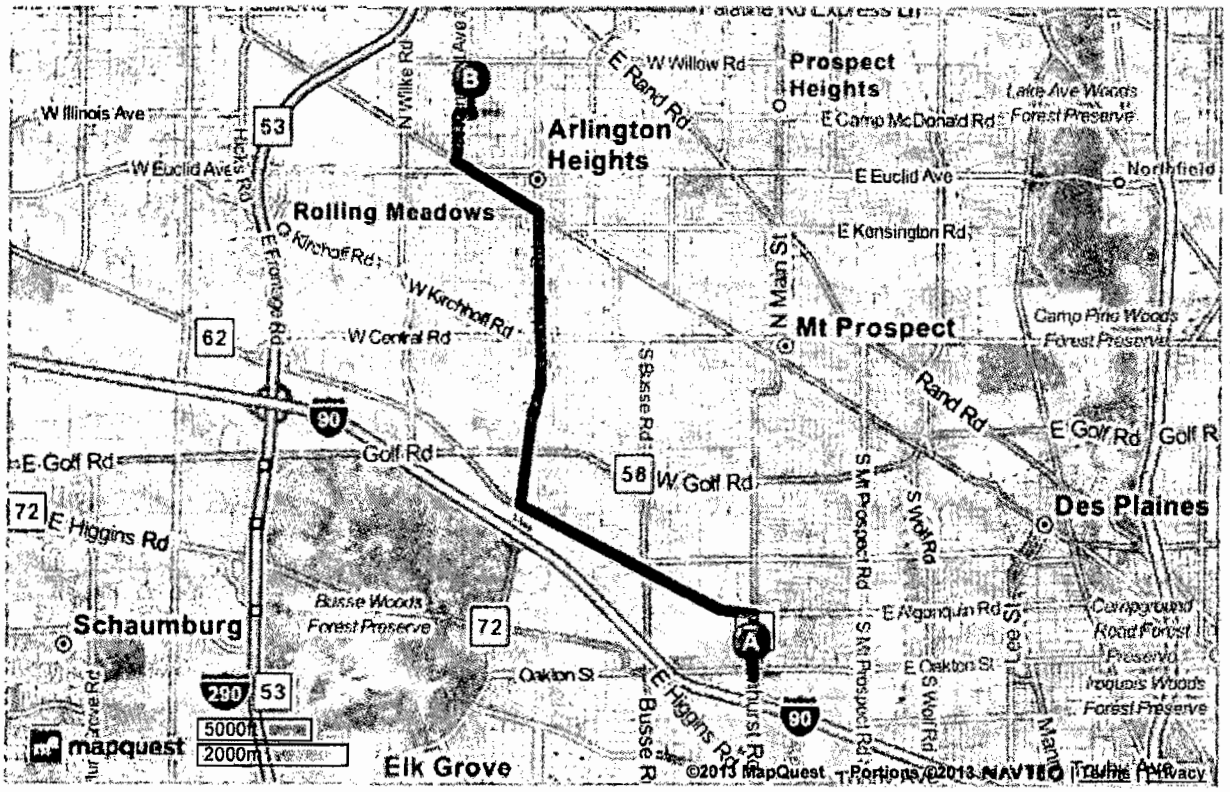

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ATTACHMENT-7

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Notes

Manor Care - Elk Grove Village

Trip to:

1920 Nerge Rd

Elk Grove Village, IL 60007-2972

8.22 miles / 16 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**1.9 Mi**	*1.9 Mi Total*
2. Turn **right** onto **E Devon Ave**. Map *E Devon Ave is 0.1 miles past Arthur Ave* *THORNTONS #122 is on the corner* *If you reach Pan am Blvd you've gone about 0.4 miles too far*	**4.7 Mi**	*6.6 Mi Total*
3. Turn **right** onto **Rohlwing Rd / IL-53**. Map *RONS ELK GROVE SERVICE is on the right*	**0.2 Mi**	*6.9 Mi Total*
4. Take the **1st left** onto **Nerge Rd**. Map *Mr Dog is on the right* *If you reach Huntington Dr you've gone about 0.1 miles too far*	**1.3 Mi**	*8.2 Mi Total*
5. **1920 NERGE RD** is on the **right**. Map *Your destination is just past Arkansas Dr* *If you are on E Nerge Rd and reach Sara Ct you've gone about 0.1 miles too far*		

1920 Nerge Rd, Elk Grove Village, IL 60007-2972

ATTACHMENT-☒7☒

Total Travel Estimate: **8.22 miles - about 16 minutes**

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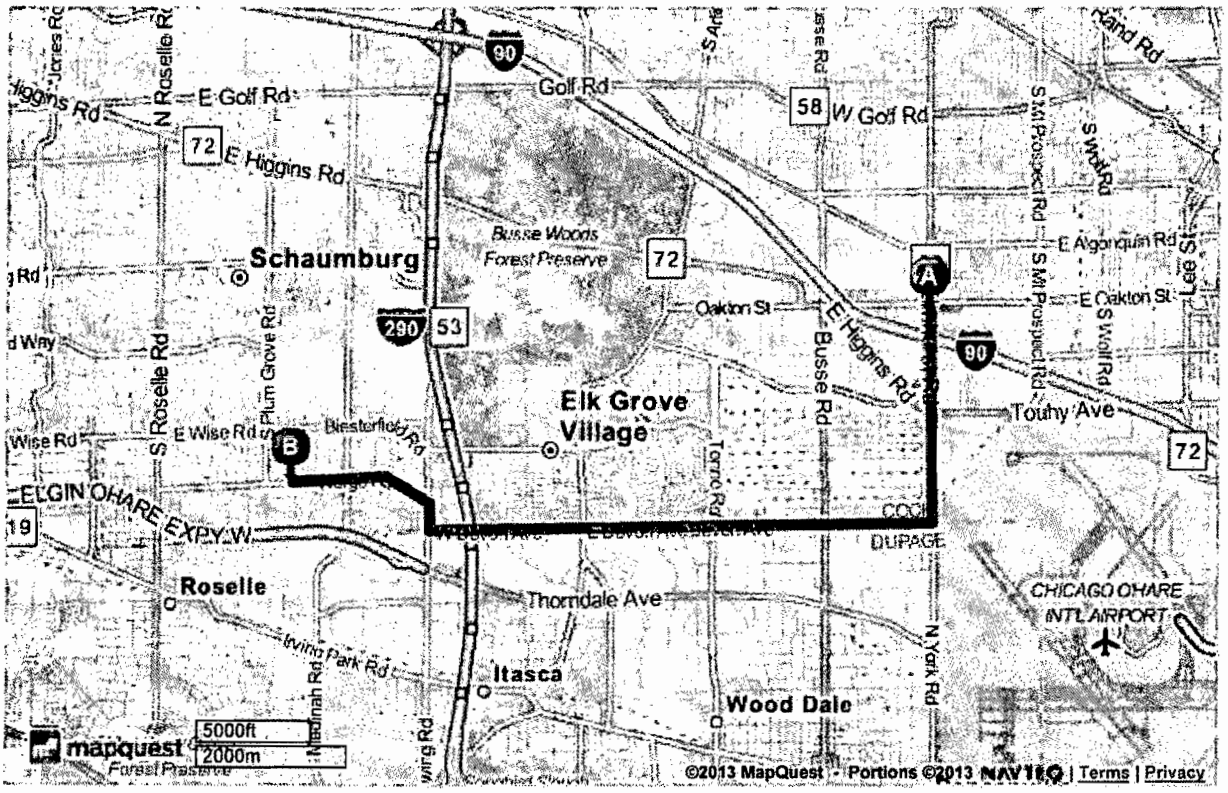

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ATTACHMENT-☒7☒

mapquest

Trip to:
9777 N Greenwood Ave
Niles, IL 60714-1002
7.45 miles / 16 minutes

Notes
Niles Nursing & Rehab Center

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **S Mt Prospect Rd**. Map *S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave* *Taco Burrito King Fourteen Inc is on the corner* *If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far*	**1.8 Mi**	*2.9 Mi Total*
4. Turn **right** onto **E Golf Rd / IL-58**. Pass through 1 roundabout. Map *E Golf Rd is 0.2 miles past E Washington St* *BUSSE MARATHON is on the corner* *If you reach S Josephine Ct you've gone about 0.1 miles too far*	**4.3 Mi**	*7.2 Mi Total*
5. Turn **left** onto **N Greenwood Ave**. Map *N Greenwood Ave is 0.1 miles past Greenwood Dr* *If you are on W Golf Rd and reach N Milwaukee Ave you've gone about 0.1 miles too far*	**0.2 Mi**	*7.5 Mi Total*
6. **9777 N GREENWOOD AVE** is on the **right**. Map *Your destination is just past N Milwaukee Ave* *If you reach W Maynard Rd you've gone a little too far*		

9777 N Greenwood Ave, Niles, IL 60714-1002

ATTACHMENT-☒7☒

Total Travel Estimate: **7.45 miles - about 16 minutes**

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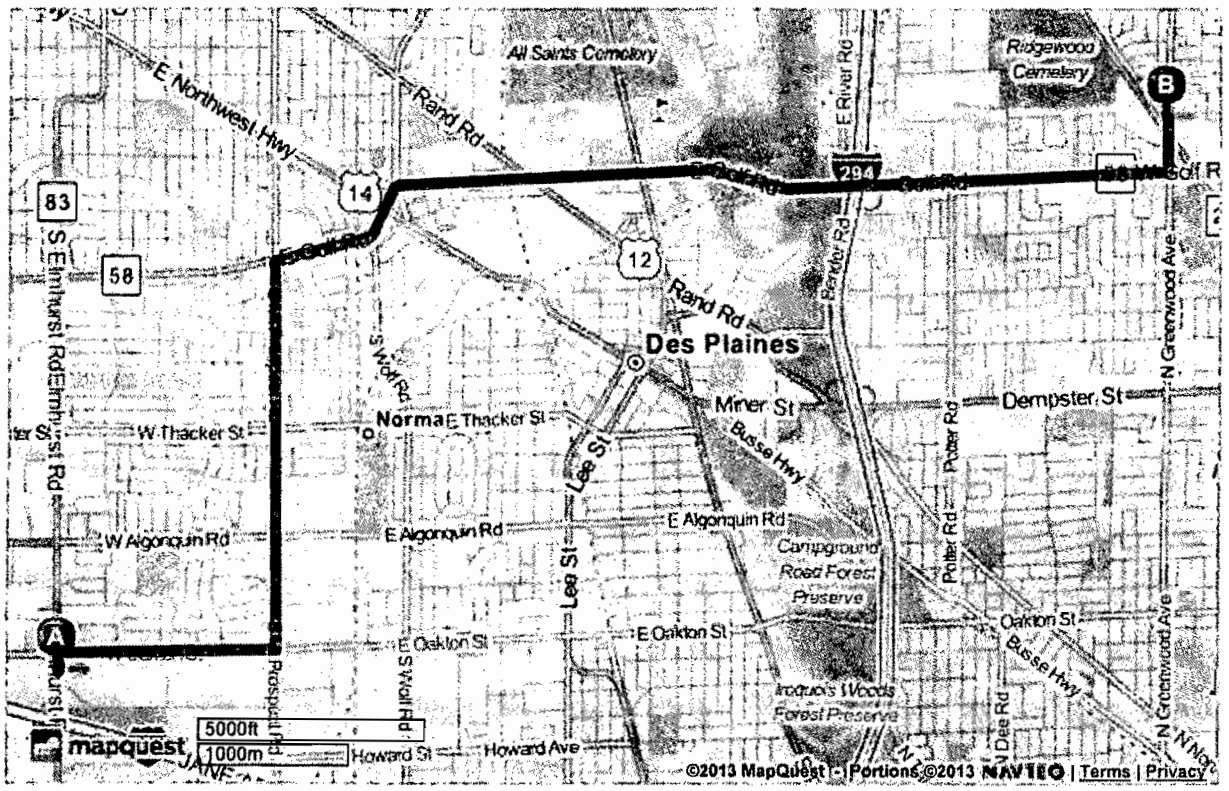

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mapquest

Trip to:
6631 N Milwaukee Ave
Niles, IL 60714-4416
10.46 miles / 16 minutes

Notes
Regency Rehabilitation Center

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi** *0.3 Mi Total*
2.	Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**8.5 Mi** *8.8 Mi Total*
3.	Take **EXIT 82A** toward **Nagle Ave**. Map	**0.2 Mi** *9.0 Mi Total*
4.	Turn **slight left** onto **W Gregory St**. Map	**0.02 Mi** *9.0 Mi Total*
5.	Take the 1st **left** onto **N Nagle Ave**. Map *If you reach N Mulligan Ave you've gone a little too far*	**1.0 Mi** *10.1 Mi Total*
6.	Turn **slight left** onto **N Milwaukee Ave**. Map *N Milwaukee Ave is just past W Palatine Ave* *Superdawg Drive-In is on the corner* *If you are on N Nagle Ave and reach W Devon Ave you've gone a little too far*	**0.4 Mi** *10.5 Mi Total*
7.	**6631 N MILWAUKEE AVE** is on the **right**. Map *Your destination is just past W Albion Ave* *If you reach W Ebinger Dr you've gone about 0.4 miles too far*	

6631 N Milwaukee Ave, Niles, IL 60714-4416

ATTACHMENT-☒7☒

Total Travel Estimate: **10.46 miles - about 16 minutes**

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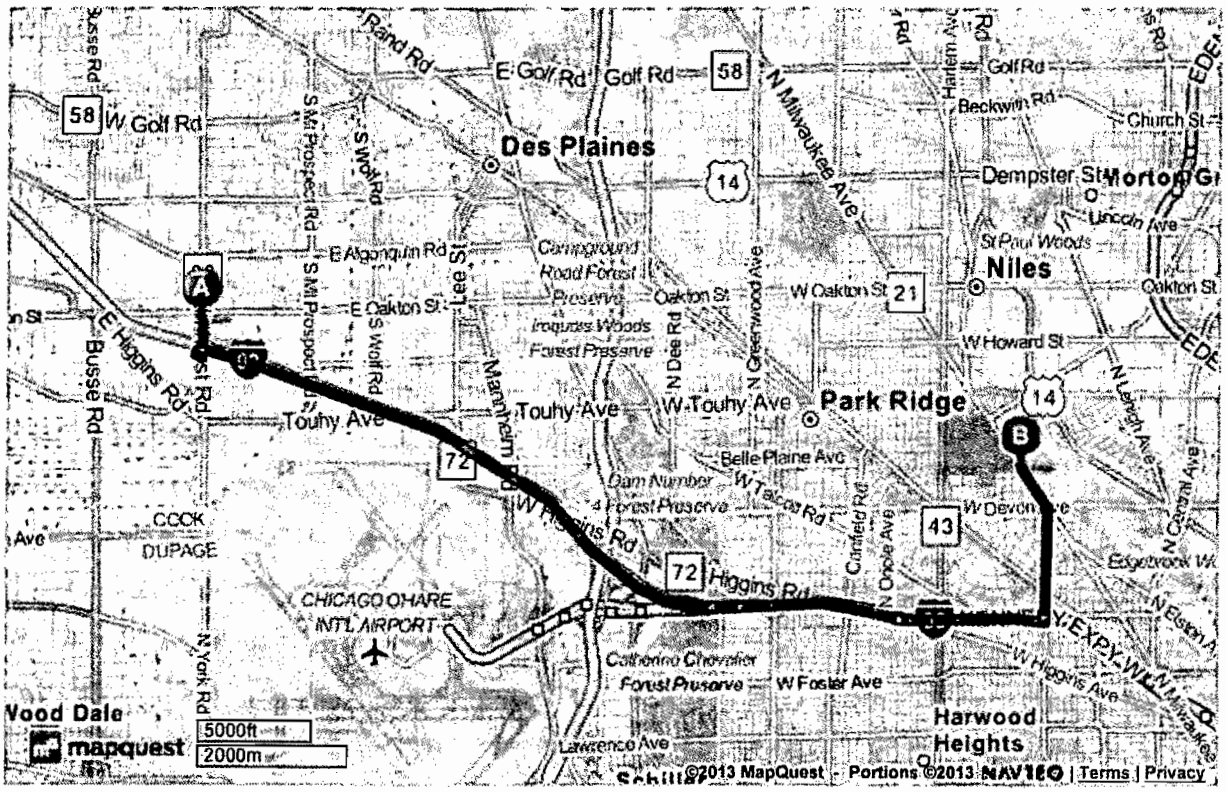

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mapquest

Trip to:
730 W Hintz Rd
Wheeling, IL 60090-5501
7.36 miles / 17 minutes

Notes
Lexington Health Care-Wheeling

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**2.7 Mi** *2.7 Mi Total*
2. **Elmhurst Rd** becomes **IL-83 / W Lincoln St**. Map	**0.09 Mi** *2.8 Mi Total*
3. Turn **left** onto **S Main St / IL-83**. Continue to follow **IL-83**. Map *IL-83 is just past S Wille St*	**4.5 Mi** *7.3 Mi Total*
4. Turn **right** onto **W Hintz Rd**. Map *W Hintz Rd is 0.1 miles past Rose Ln* *J K Gyros is on the right* *If you are on S Elmhurst Rd and reach Kristy Ln you've gone a little too far*	**0.08 Mi** *7.4 Mi Total*
5. **730 W HINTZ RD** is on the left. Map *If you reach Maple Ln you've gone a little too far*	

730 W Hintz Rd, Wheeling, IL 60090-5501

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Total Travel Estimate: **7.36 miles - about 17 minutes**

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Notes

Lexington Of Schaumburg

Trip to:

675 S Roselle Rd

Schaumburg, IL 60193-3100

9.12 miles / 17 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **left** onto **IL-83 / W Oakton St**. Continue to follow **W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.2 Mi**	*1.2 Mi Total*
3. Turn **right** onto **E Higgins Rd / IL-72 W**. Map *E Higgins Rd is 0.1 miles past Busse Rd* *If you are on IL-72 and reach IL-72 E you've gone a little too far*	**4.5 Mi**	*5.8 Mi Total*
4. Turn **left** onto **N Meacham Rd**. Map *If you are on E Higgins Rd and reach National Pky you've gone about 0.2 miles too far*	**0.7 Mi**	*6.5 Mi Total*
5. Turn **right** onto **E Schaumburg Rd**. Map *E Schaumburg Rd is 0.1 miles past Shady Ln* *If you are on S Meacham Rd and reach Sturgeon Bay Ct you've gone about 0.1 miles too far*	**1.8 Mi**	*8.3 Mi Total*
6. Turn **left** onto **S Roselle Rd**. Map *S Roselle Rd is just past Fulbright Ln* *Lou Malnati's Pizzeria is on the left* *If you are on W Schaumburg Rd and reach Pleasant Dr you've gone about 0.1 miles too far*	**0.9 Mi**	*9.1 Mi Total*
7. **675 S ROSELLE RD** is on the **left**. Map *Your destination is just past Windsor Dr* *If you reach S Waterford Rd you've gone a little too far*		

675 S Roselle Rd, Schaumburg, IL 60193-3100

ATTACHMENT-7

Total Travel Estimate: **9.12 miles - about 17 minutes**

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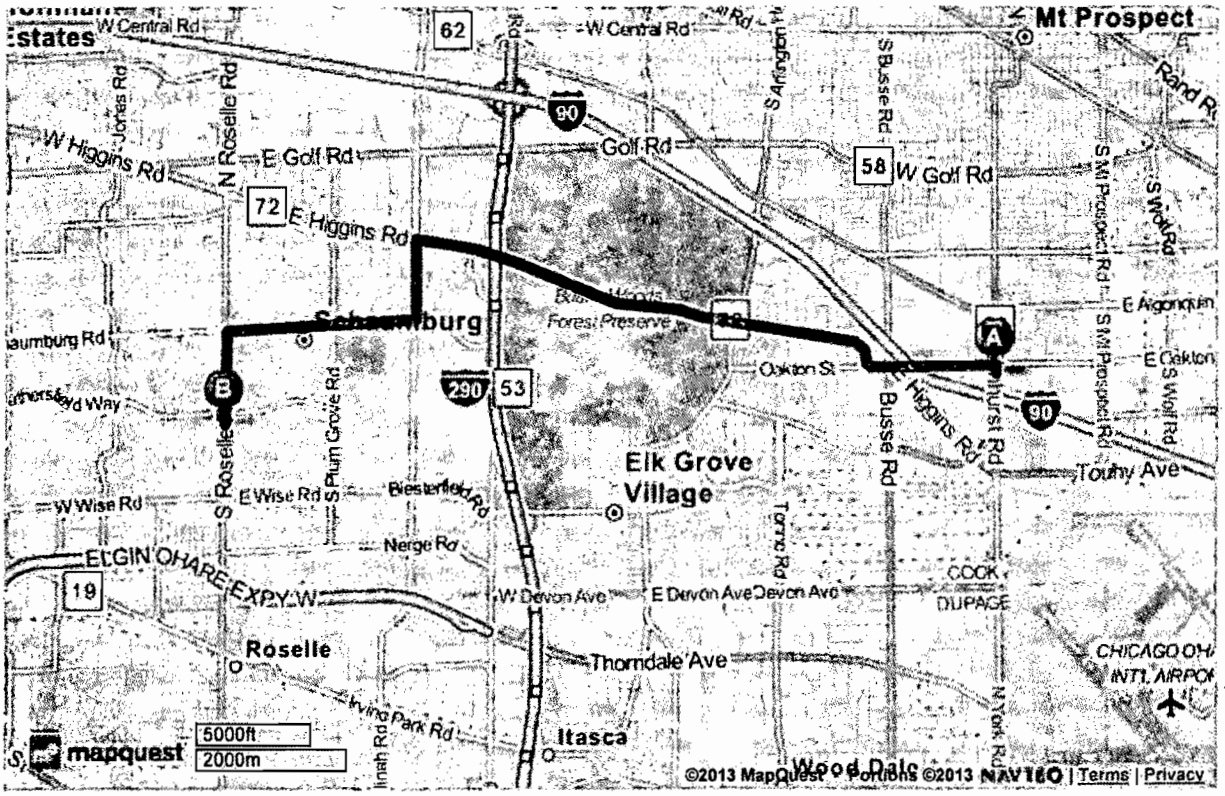

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Trip to:
3300 Milwaukee Ave
Northbrook, IL 60062-7126
9.17 miles / 17 minutes

Notes
Manor Care of Northbrook

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the **1st right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **S Mt Prospect Rd**. Map *S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave* *Taco Burrito King Fourteen Inc is on the corner* *If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far*	**1.8 Mi**	*2.9 Mi Total*
4. Turn **right** onto **E Golf Rd / IL-58**. Pass through **1** roundabout. Map *E Golf Rd is 0.2 miles past E Washington St* *BUSSE MARATHON is on the corner* *If you reach S Josephine Ct you've gone about 0.1 miles too far*	**1.9 Mi**	*4.7 Mi Total*
5. Turn **left** onto **N Des Plaines River Rd / US-45 / N River Rd**. Continue to follow **US-45 N / N River Rd**. Map *US-45 N is 0.1 miles past Mary St* *Chidren's Choice Learning Centers is on the corner* *If you are on IL-58 and reach College Dr you've gone about 0.1 miles too far*	**3.5 Mi**	*8.2 Mi Total*
6. Turn **right** onto **IL-21 / N Milwaukee Ave**. Map *IL-21 is 0.1 miles past E Old Willow Rd*	**0.9 Mi**	*9.2 Mi Total*
7. **3300 MILWAUKEE AVE** is on the **right**. Map *Your destination is 0.6 miles past Winkleman Rd* *If you reach Sanders Rd you've gone about 0.2 miles too far*		

3300 Milwaukee Ave, Northbrook, IL 60062-7126

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Total Travel Estimate: **9.17 miles - about 17 minutes**

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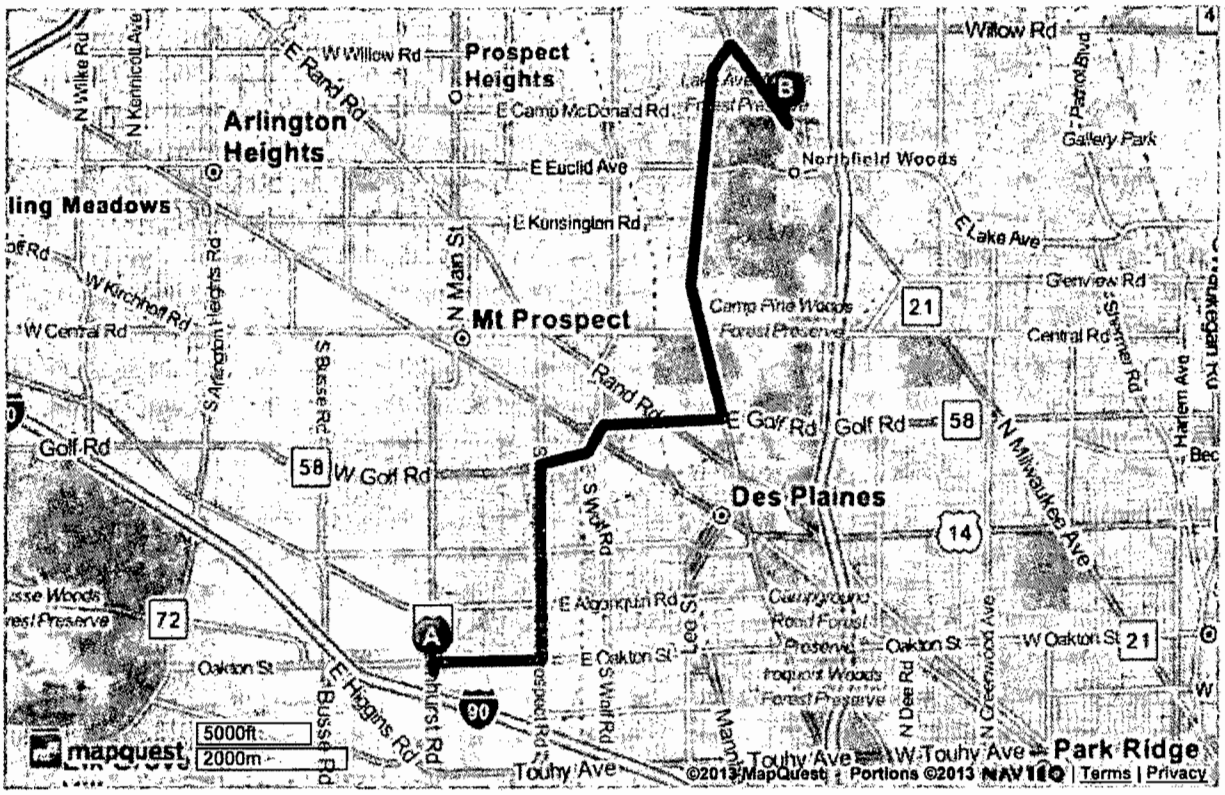

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Trip to:
7001 W Cullom Ave
Norridge, IL 60706-7100
9.90 miles / 17 minutes

Notes
Norridge Hlthcr & Rehab Centre

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi** *0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**7.4 Mi** *7.7 Mi Total*
3. Take **EXIT 81A** toward **IL-43 / Harlem Ave**. Map	**0.2 Mi** *7.9 Mi Total*
4. Stay **straight** to go onto **W Higgins Ave / IL-72 E**. Map	**0.2 Mi** *8.0 Mi Total*
5. Turn **right** onto **N Harlem Ave / IL-43**. Map *SHELL SORO is on the right* *If you reach N Neva Ave you've gone a little too far*	**1.6 Mi** *9.6 Mi Total*
6. Turn **left** onto **W Cullom Ave**. Map *W Cullom Ave is just past W Pensacola Ave* *Furniture City Inc is on the right* *If you reach W Forest Preserve Ave you've gone about 0.3 miles too far*	**0.1 Mi** *9.7 Mi Total*
7. Take the 1st **right** onto **N Nottingham Ave**. Map	**0.05 Mi** *9.8 Mi Total*
8. **N Nottingham Ave** becomes **W Cullom Ave**. Map	**0.1 Mi** *9.9 Mi Total*
9. **7001 W CULLOM AVE** is on the **right**. Map *If you reach N Sayre Ave you've gone a little too far*	

7001 W Cullom Ave, Norridge, IL 60706-7100

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Total Travel Estimate: **9.90 miles - about 17 minutes**

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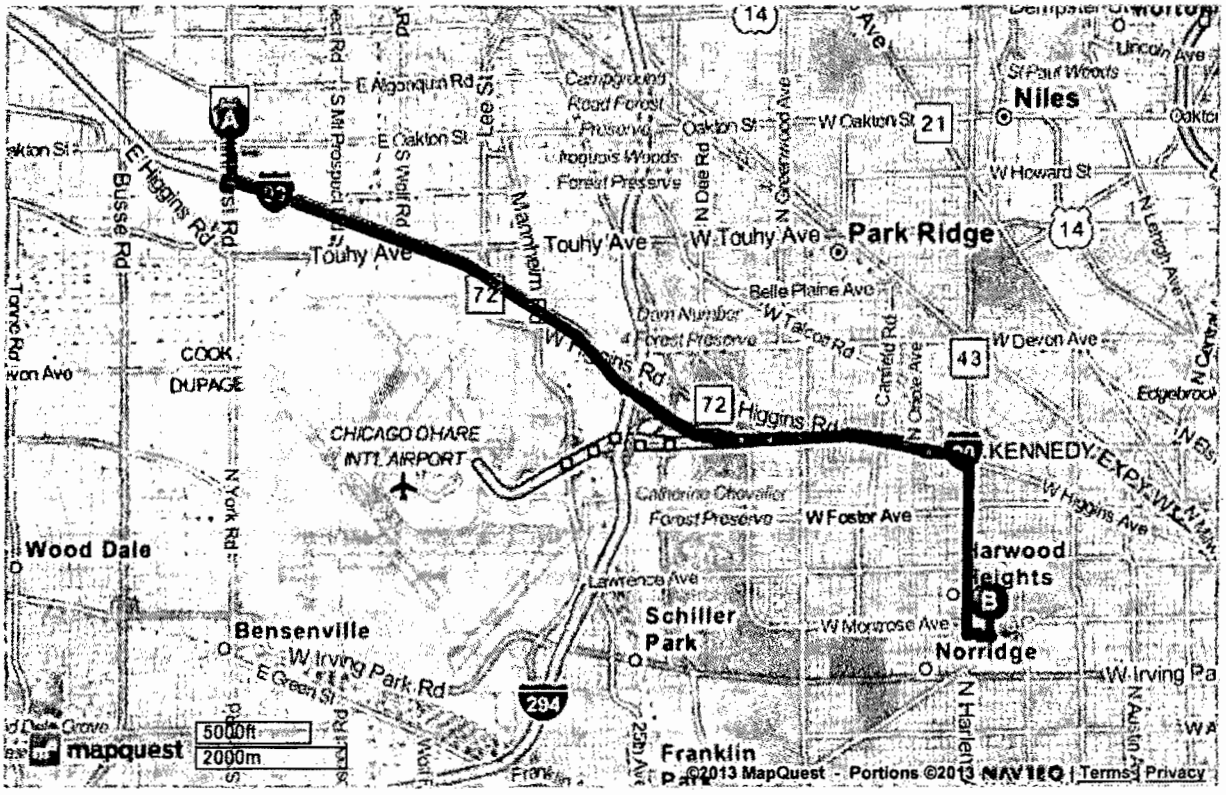

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Trip to:
1800 W Colonial Pkwy
Inverness, IL 60067-1216
9.90 miles / 17 minutes

Notes
Rosewood Care Center Inverness

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.6 Mi**	*0.6 Mi Total*
2. Turn **left** onto **W Algonquin Rd / IL-62**. Map *W Algonquin Rd is 0.1 miles past Devonshire Dr* *SPEEDWAY #7576 is on the corner* *If you reach Holiday Ln you've gone about 0.1 miles too far*	**2.4 Mi**	*3.0 Mi Total*
3. Turn **left** onto **S Arlington Heights Rd**. Map *S Arlington Heights Rd is 0.1 miles past S Tonne Dr* *Red Roof Inn - Chicago O'hare Airport is on the corner* *If you are on W Algonquin Rd and reach S Martin Ln you've gone about 0.1 miles too far*	**0.08 Mi**	*3.1 Mi Total*
4. Merge onto **I-90 W / Jane Addams Memorial Tollway** toward **Rockford** (Portions toll). Map	**4.9 Mi**	*7.9 Mi Total*
5. Take the **Roselle Rd** exit. Map	**0.4 Mi**	*8.3 Mi Total*
6. Keep **right** to take the ramp toward **Palatine / Little City**. Map	**0.05 Mi**	*8.4 Mi Total*
7. Merge onto **N Roselle Rd**. Map	**1.4 Mi**	*9.8 Mi Total*
8. Turn **left** onto **W Colonial Pky**. Map *If you reach Shire Cir you've gone about 0.1 miles too far*	**0.1 Mi**	*9.9 Mi Total*
9. **1800 W COLONIAL PKWY**. Map *If you reach W Colonial Pky you've gone about 0.3 miles too far*		

1800 W Colonial Pkwy, Inverness, IL 60067-1216

ATTACHMENT-7

Total Travel Estimate: **9.90 miles - about 17 minutes**

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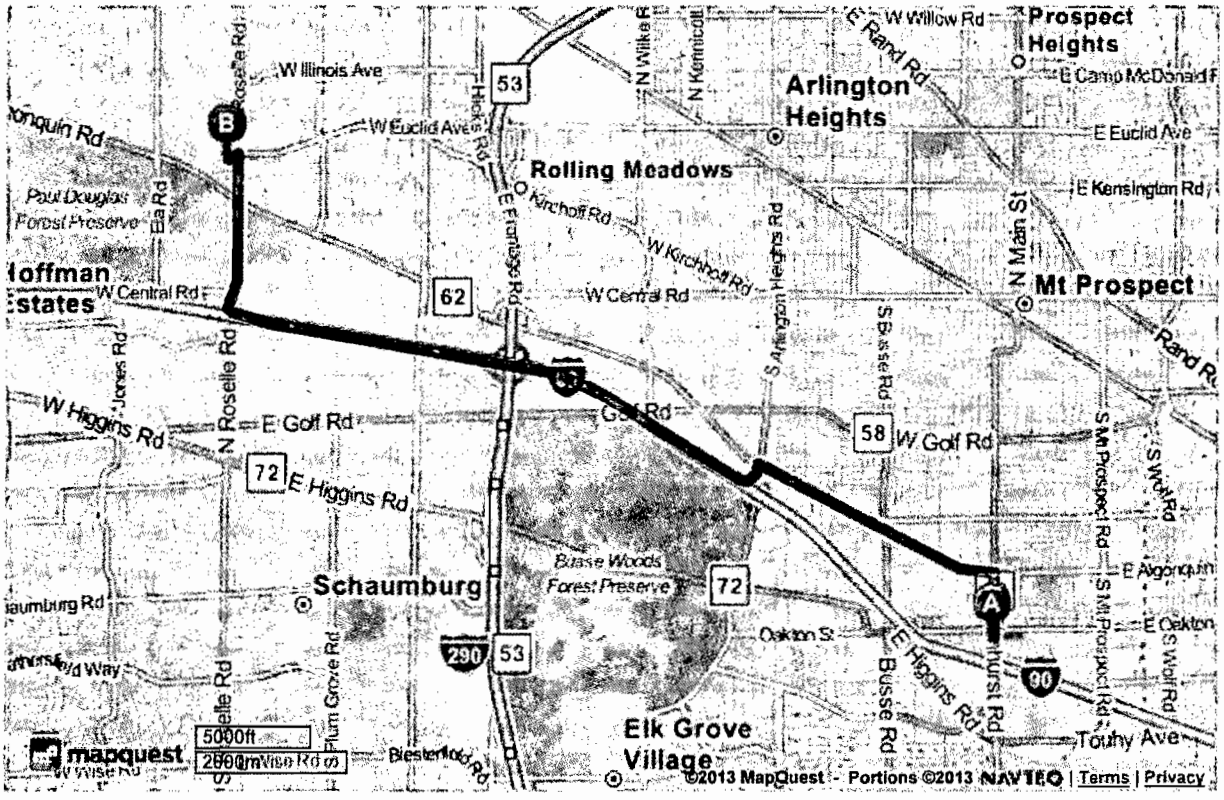

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ATTACHMENT-7

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Trip to:
31 Central Ave
Roselle, IL 60172-1903
11.07 miles / 18 minutes

Notes
Abbington Rehab & Nursing Ctr

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi** *0.09 Mi Total*
2. Take the 1st **left** onto **IL-83 / W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi** *1.1 Mi Total*
3. Turn **left** onto **Busse Rd / IL-83 S**. Map *Busse Rd is just past E Higgins Rd* *Dunkin Donuts is on the left* *If you reach IL-72 W you've gone about 0.1 miles too far*	**2.7 Mi** *3.8 Mi Total*
4. Turn **right** onto **Thorndale Ave**. Map *Thorndale Ave is 0.1 miles past Tower Ln* *If you reach Bryn Mawr Ave you've gone about 0.2 miles too far*	**3.8 Mi** *7.6 Mi Total*
5. Stay **straight** to go onto **Elgin OHare Expy W**. Map	**2.3 Mi** *9.9 Mi Total*
6. Take the **Roselle Rd** exit. Map	**0.3 Mi** *10.2 Mi Total*
7. Turn **left** onto **N Roselle Rd / S Roselle Rd**. Continue to follow **N Roselle Rd**. Map *If you reach Elgin OHare Expy W you've gone about 0.2 miles too far*	**0.8 Mi** *11.0 Mi Total*
8. Turn **right** onto **Central Ave**. Map *Central Ave is just past W Irving Park Rd* *Starbucks Coffee is on the corner* *If you are on S Roselle Rd and reach Clara Dr you've gone a little too far*	**0.07 Mi** *11.1 Mi Total*
9. **31 CENTRAL AVE** is on the **left**. Map *If you reach Hill St you've gone about 0.1 miles too far*	

31 Central Ave, Roselle, IL 60172-1903

ATTACHMENT-7

Total Travel Estimate: **11.07 miles - about 18 minutes**

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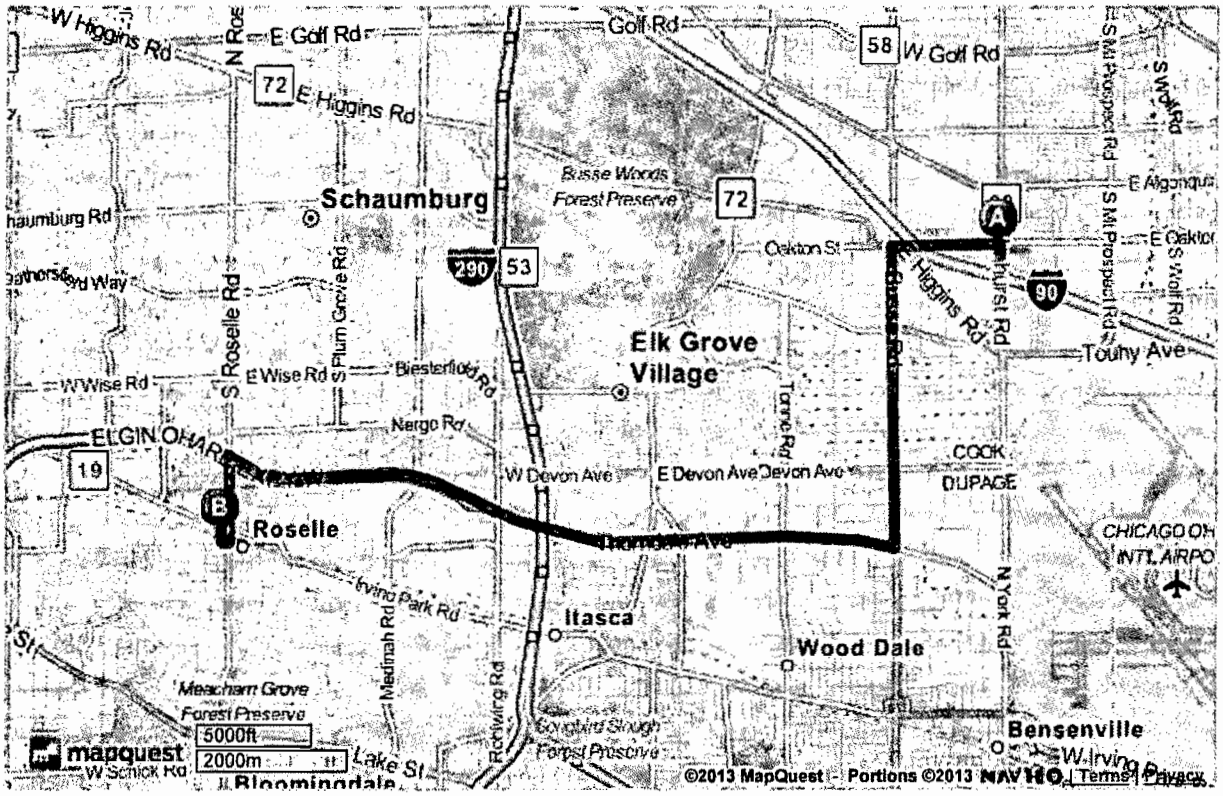

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Notes

St. Andrew Life Center

Trip to:

7000 N Newark Ave

Niles, IL 60714-4577

11.32 miles / 18 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**8.5 Mi**	*8.8 Mi Total*
3. Take **EXIT 82A** toward **Nagle Ave**. Map	**0.2 Mi**	*9.0 Mi Total*
4. Turn **slight left** onto **W Gregory St**. Map	**0.02 Mi**	*9.0 Mi Total*
5. Take the 1st **left** onto **N Nagle Ave**. Map *If you reach N Mulligan Ave you've gone a little too far*	**1.0 Mi**	*10.1 Mi Total*
6. Turn **slight left** onto **N Milwaukee Ave**. Map *N Milwaukee Ave is just past W Palatine Ave* *Superdawg Drive-In is on the corner* *If you are on N Nagle Ave and reach W Devon Ave you've gone a little too far*	**1.1 Mi**	*11.2 Mi Total*
7. Turn **left** onto **N Newark Ave**. Map *N Newark Ave is 0.1 miles past W Harts Rd* *If you reach W Touhy Ave you've gone about 0.1 miles too far*	**0.09 Mi**	*11.2 Mi Total*
8. Turn **left** to stay on **N Newark Ave**. Map	**0.08 Mi**	*11.3 Mi Total*
9. **7000 N NEWARK AVE** is on the **right**. Map *If you reach W Hayes Ave you've gone about 0.6 miles too far*		

7000 N Newark Ave, Niles, IL 60714-4577

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Total Travel Estimate: **11.32 miles - about 18 minutes**

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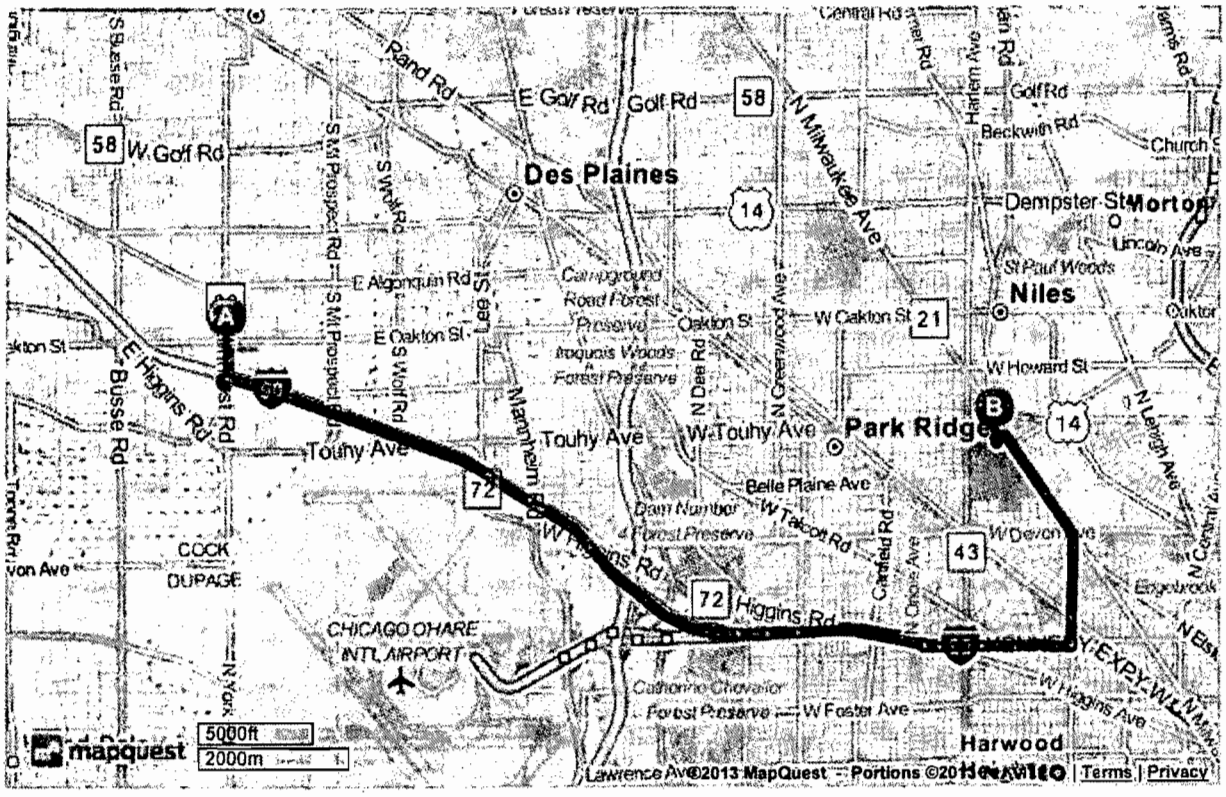

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Trip to:
480 N Wolf Rd
Northlake, IL 60164-1650
8.44 miles / 18 minutes

Notes
Villa Scalabrini Nsg & Rehab

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**2.3 Mi** *2.3 Mi Total*
2.	**Elmhurst Rd** becomes **N York Rd**. Map	**2.2 Mi** *4.6 Mi Total*
3.	Turn **left** onto **E Green St**. Map *E Green St is just past Lincoln Ave* *York & Green BP is on the corner* *If you reach E Wood Ave you've gone about 0.1 miles too far*	**1.2 Mi** *5.8 Mi Total*
4.	**E Green St** becomes **Franklin Ave**. Map	**0.7 Mi** *6.5 Mi Total*
5.	Turn **right** onto **N Wolf Rd**. Map *N Wolf Rd is 0.1 miles past Sandra St*	**1.9 Mi** *8.4 Mi Total*
6.	**480 N WOLF RD**. Map *Your destination is just past E Palmer Ave* *If you reach E Village Dr you've gone about 0.1 miles too far*	

480 N Wolf Rd, Northlake, IL 60164-1650

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Total Travel Estimate: **8.44 miles - about 18 minutes**

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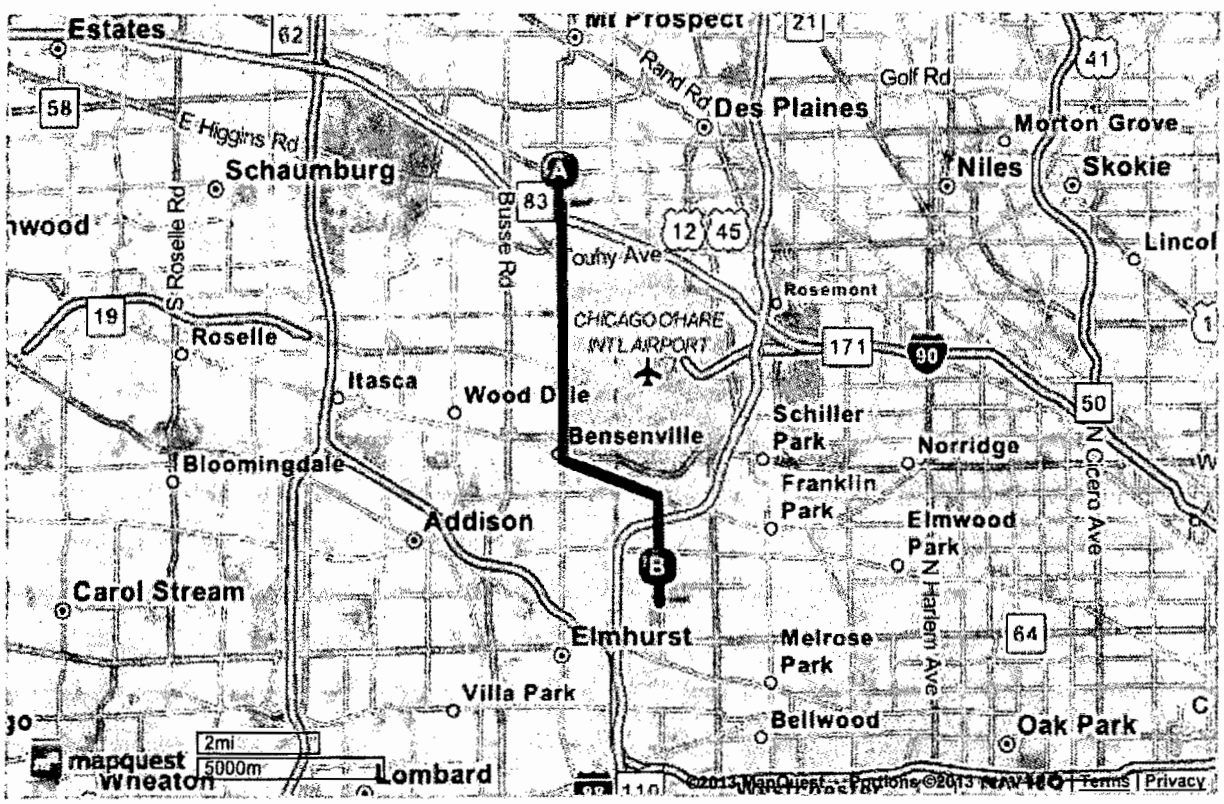

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Trip to:
8425 Waukegan Rd
Morton Grove, IL 60053-2202
7.74 miles / 19 minutes

Notes
Bethany Terrace Nursing Center

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi** *0.09 Mi Total*
2. Take the **1st right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**7.1 Mi** *7.2 Mi Total*
3. Turn **left** onto **N Waukegan Rd / IL-43**. Continue to follow **IL-43**. Map *IL-43 is just past N Neva Ave* *Post Office-Niles is on the corner* *If you reach Civic Center Dr you've gone a little too far*	**0.5 Mi** *7.7 Mi Total*
4. **8425 WAUKEGAN RD** is on the **right**. Map *If you reach W Georgia Dr you've gone a little too far*	

8425 Waukegan Rd, Morton Grove, IL 60053-2202

Total Travel Estimate: **7.74 miles - about 19 minutes**

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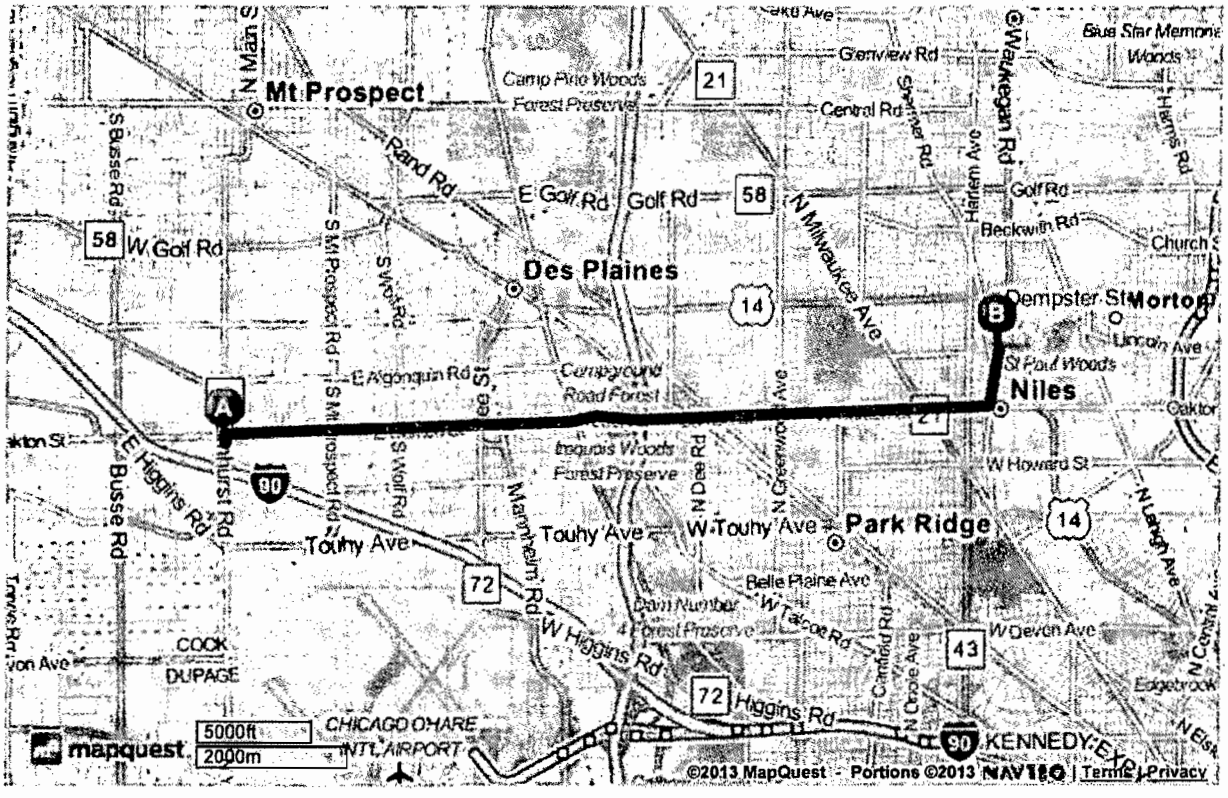

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Notes

Forest Villa Nsg. & Reh. Ctr.

Trip to:

6840 W Touhy Ave

Niles, IL 60714-4520

8.31 miles / 19 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.9 Mi** *0.9 Mi Total*
2.	Turn **left** onto **Touhy Ave / IL-72 / W Touhy Ave**. Continue to follow **Touhy Ave**. Map *Touhy Ave is 0.2 miles past Tyler St* *Super 8 Ohare Elk Grove is on the corner* *If you reach Old Higgins Rd you've gone a little too far*	**7.4 Mi** *8.3 Mi Total*
3.	**6840 W TOUHY AVE** is on the **left**. Map *Your destination is 0.1 miles past N Franks Ave* *If you reach N Riverside Dr you've gone a little too far*	

6840 W Touhy Ave, Niles, IL 60714-4520

ATTACHMENT-7

Total Travel Estimate: **8.31 miles - about 19 minutes**

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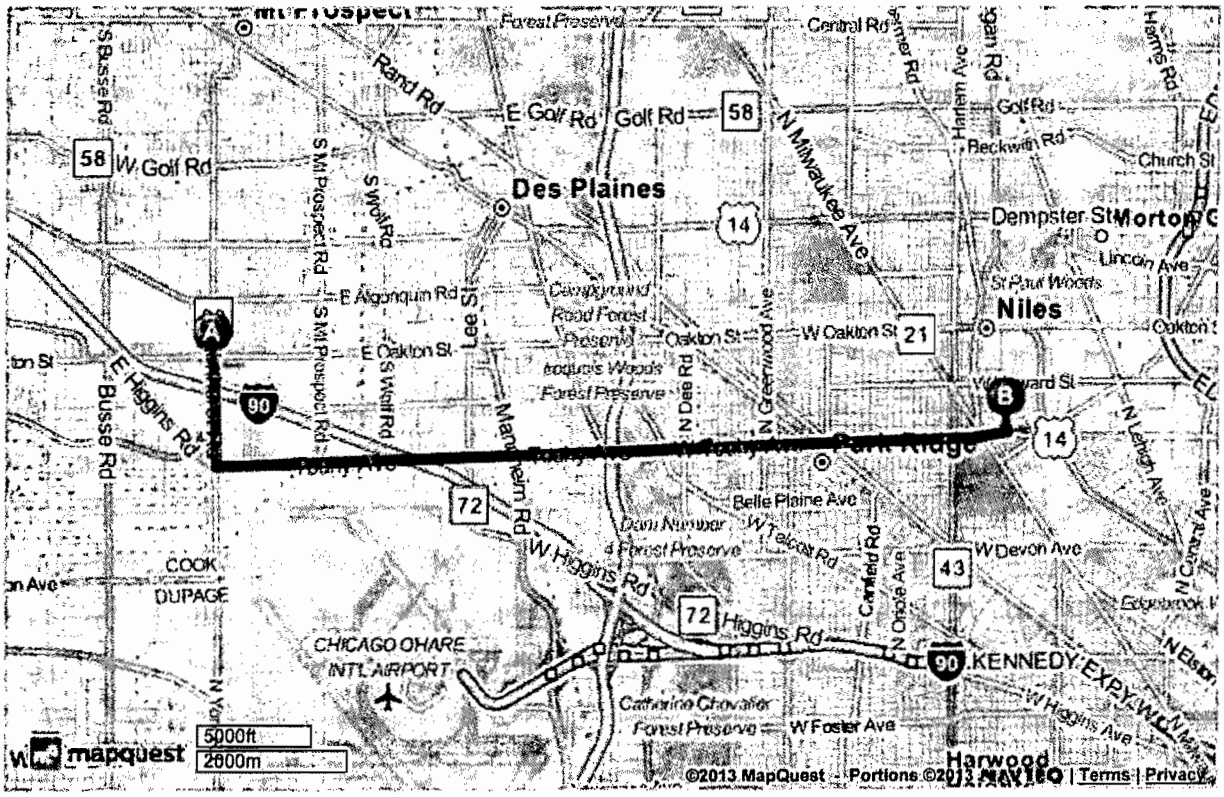

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Trip to:
6601 W Touhy Ave
Niles, IL 60714-4515
10.95 miles / 19 minutes

Notes
Grosse Pointe Manor

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**7.4 Mi**	*7.7 Mi Total*
3. Take **EXIT 81A** toward **IL-43 / Harlem Ave**. Map	**0.2 Mi**	*7.9 Mi Total*
4. Stay **straight** to go onto **W Higgins Ave / IL-72 E**. Map	**0.2 Mi**	*8.0 Mi Total*
5. Turn **left** onto **N Harlem Ave / IL-43**. Map *SHELL SORO is on the right* *If you reach N Neva Ave you've gone a little too far*	**2.1 Mi**	*10.2 Mi Total*
6. Turn **right** onto **W Touhy Ave**. Map *W Touhy Ave is just past W Fitch Ave* *Nick's Drive-In is on the corner* *If you reach W Chase Ave you've gone about 0.1 miles too far*	**0.8 Mi**	*11.0 Mi Total*
7. **6601 W TOUHY AVE** is on the **right**. Map *Your destination is 0.1 miles past N Oak Park Ave* *If you reach W Harts Rd you've gone a little too far*		

6601 W Touhy Ave, Niles, IL 60714-4515

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Total Travel Estimate: **10.95 miles - about 19 minutes**

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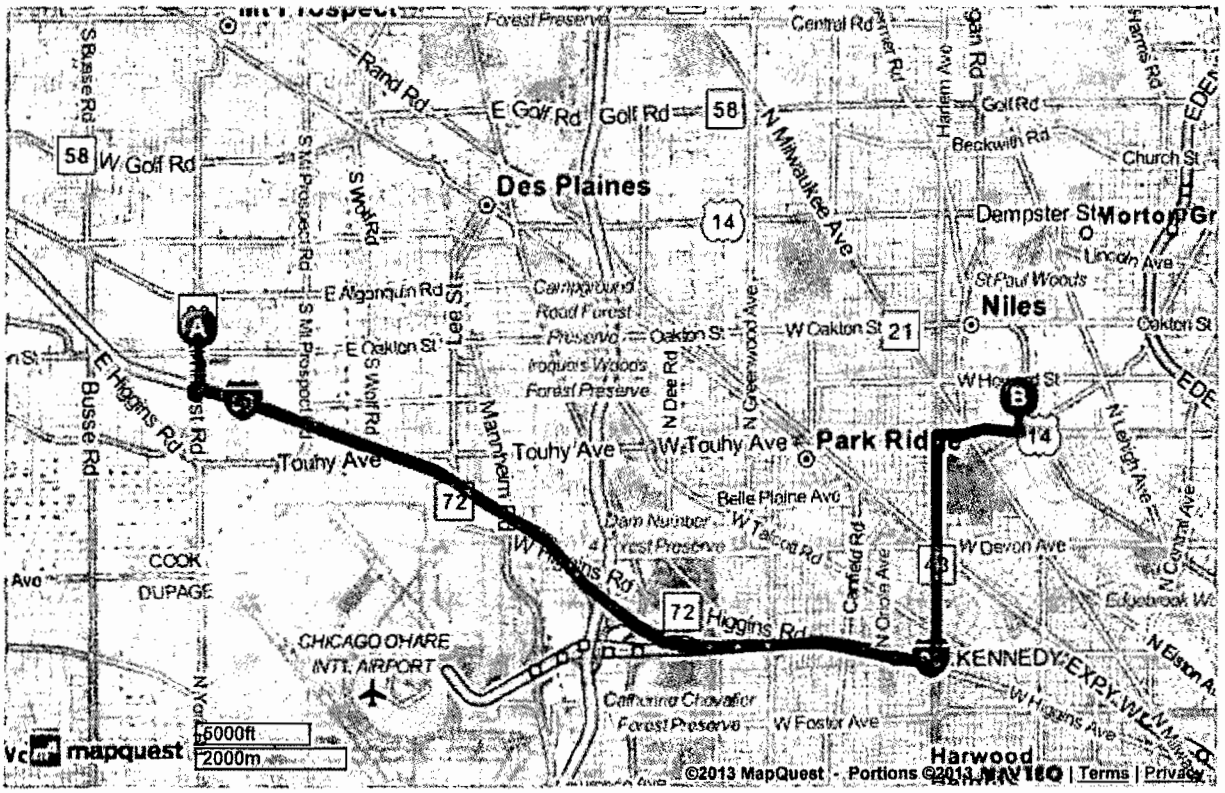

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Trip to:
24 S Plum Grove Rd
Palatine, IL 60067-6243
10.20 miles / 19 minutes

Notes
Plum Grove Nursing & Rehab Ctr

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.6 Mi**	*0.6 Mi Total*
2. Turn **left** onto **W Algonquin Rd / IL-62**. Map *W Algonquin Rd is 0.1 miles past Devonshire Dr* *SPEEDWAY #7576 is on the corner* *If you reach Holiday Ln you've gone about 0.1 miles too far*	**2.4 Mi**	*3.0 Mi Total*
3. Turn **left** onto **S Arlington Heights Rd**. Map *S Arlington Heights Rd is 0.1 miles past S Tonne Dr* *Red Roof Inn - Chicago O'hare Airport is on the corner* *If you are on W Algonquin Rd and reach S Martin Ln you've gone about 0.1 miles too far*	**0.08 Mi**	*3.1 Mi Total*
4. Merge onto **I-90 W / Jane Addams Memorial Tollway** toward **Rockford** (Portions toll). Map	**2.0 Mi**	*5.1 Mi Total*
5. Merge onto **IL-53 N** toward **Northwest Suburbs**. Map	**2.7 Mi**	*7.8 Mi Total*
6. Merge onto **W Euclid Ave**. Map	**1.0 Mi**	*8.7 Mi Total*
7. Turn **right** onto **Plum Grove Rd**. Map *Plum Grove Rd is 0.1 miles past Kings Walk Dr* *Cvs Pharmacy is on the corner* *If you reach S Brockway St you've gone about 0.1 miles too far*	**1.5 Mi**	*10.2 Mi Total*
8. **24 S PLUM GROVE RD** is on the **left**. Map *Your destination is just past W Johnson St* *If you reach E Palatine Rd you've gone a little too far*		

24 S Plum Grove Rd, Palatine, IL 60067-6243

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Total Travel Estimate: **10.20 miles - about 19 minutes**

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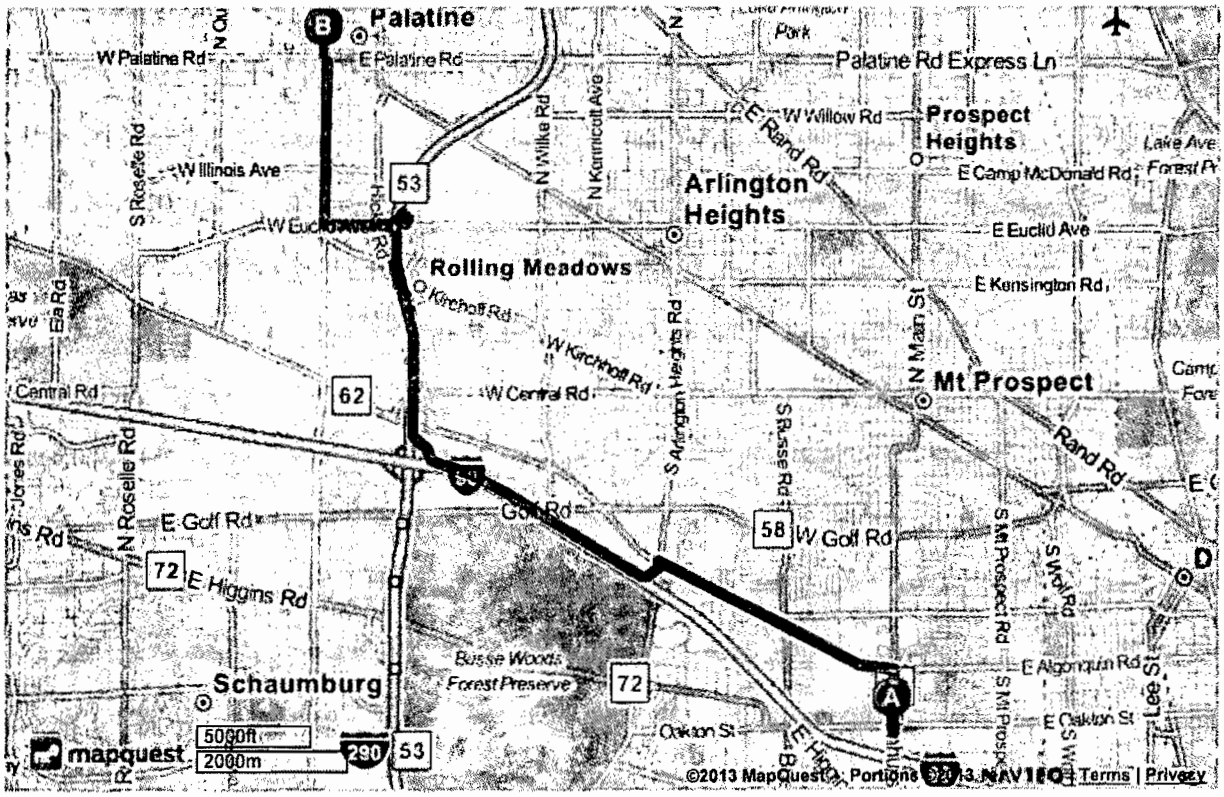

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Notes

St. Benedict Nsg. & Rehab. Ctr

Trip to:

6930 W Touhy Ave

Niles, IL 60714-4522

8.14 miles / 19 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.9 Mi** *0.9 Mi Total*
2. Turn **left** onto **Touhy Ave / IL-72 / W Touhy Ave**. Continue to follow **Touhy Ave**. Map *Touhy Ave is 0.2 miles past Tyler St* *Super 8 Ohare Elk Grove is on the corner* *If you reach Old Higgins Rd you've gone a little too far*	**7.2 Mi** *8.1 Mi Total*
3. **6930 W TOUHY AVE** is on the **left**. Map *Your destination is just past N Milwaukee Ave* *If you reach N Franks Ave you've gone a little too far*	

6930 W Touhy Ave, Niles, IL 60714-4522

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Total Travel Estimate: **8.14 miles - about 19 minutes**

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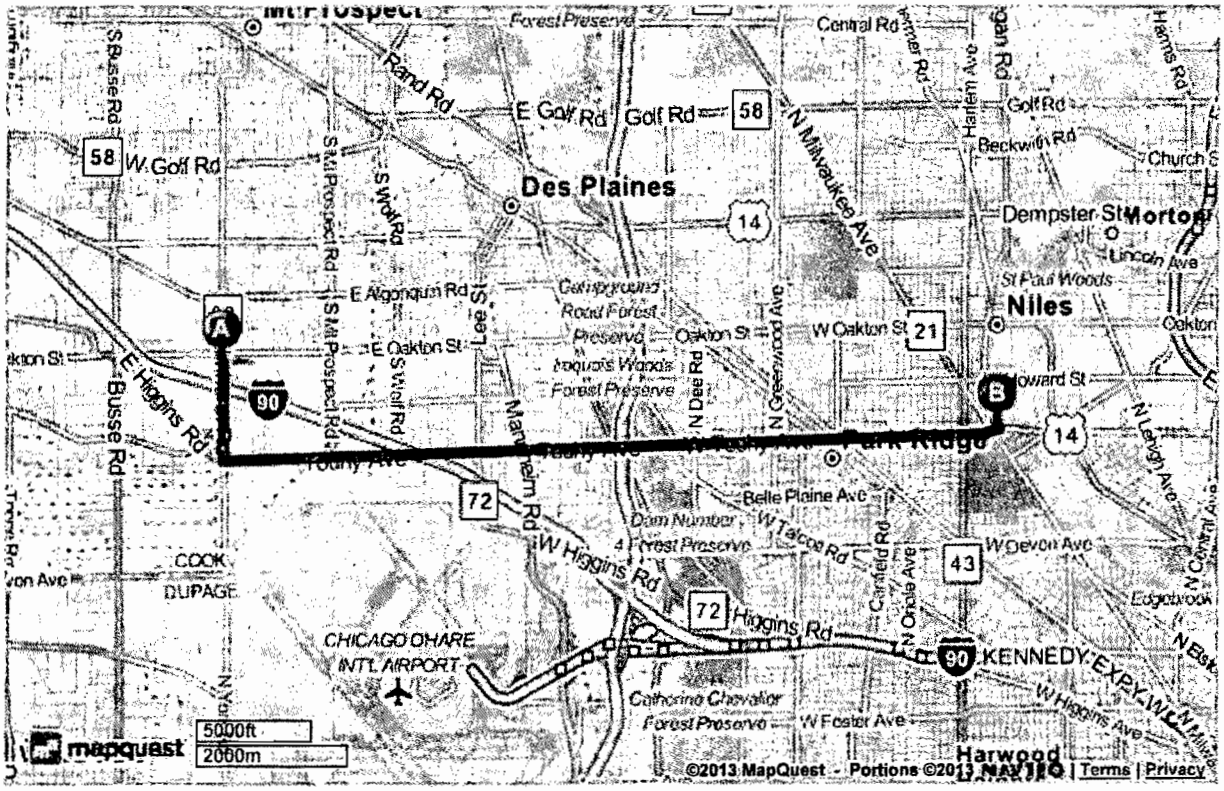

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Trip to:
1545 Barrington Rd
Hoffman Estates, IL 60169-1018
11.31 miles / 20 minutes

Notes
Alden-Poplar Creek Rehab &Care

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi** *0.09 Mi Total*
2.	Take the 1st **left** onto **IL-83 / W Oakton St**. Continue to follow **W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.2 Mi** *1.2 Mi Total*
3.	Turn **right** onto **E Higgins Rd / IL-72 W**. Map *E Higgins Rd is 0.1 miles past Busse Rd* *If you are on IL-72 and reach IL-72 E you've gone a little too far*	**7.2 Mi** *8.4 Mi Total*
4.	Turn **slight left** onto **IL-58 W / W Golf Rd**. Map *IL-58 W is 0.1 miles past Valley Ln* *If you are on W Higgins Rd and reach Jones Rd you've gone about 0.2 miles too far*	**2.5 Mi** *10.9 Mi Total*
5.	Turn **right** onto **Barrington Rd**. Map *Barrington Rd is 0.3 miles past N Knollwood Dr* *BARRINGTON AND GOLF MART is on the left*	**0.4 Mi** *11.3 Mi Total*
6.	**1545 BARRINGTON RD** is on the **right**. Map *If you reach St Alexius Medical Ctr you've gone a little too far*	

1545 Barrington Rd, Hoffman Estates, IL 60169-1018

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Total Travel Estimate: **11.31 miles - about 20 minutes**

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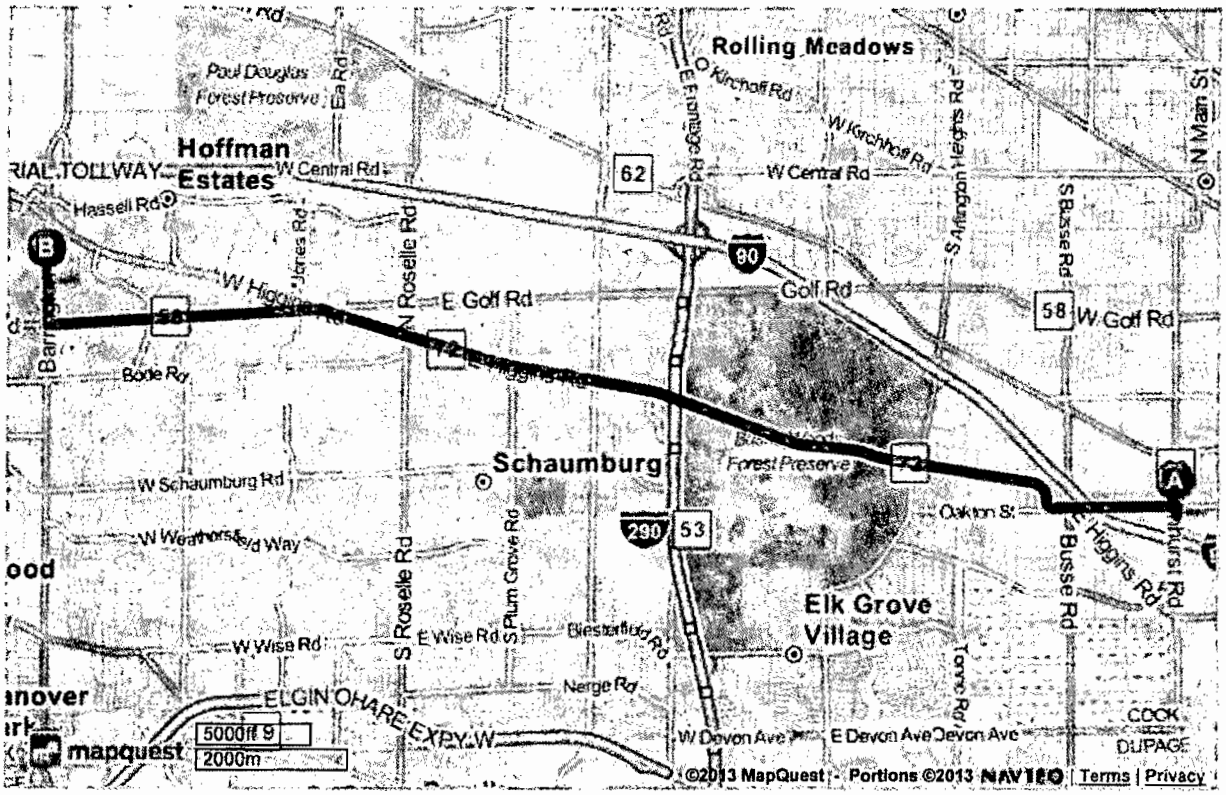

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Notes

Alden-Valley Ridge Rehab &Care

Trip to:

275 E Army Trail Rd

Bloomingdale, IL 60108-2135

12.66 miles / 20 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **left** onto **IL-83 / W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **Busse Rd / IL-83 S**. Map *Busse Rd is just past E Higgins Rd* *Dunkin Donuts is on the left* *If you reach IL-72 W you've gone about 0.1 miles too far*	**2.7 Mi**	*3.8 Mi Total*
4. Turn **right** onto **Thorndale Ave**. Map *Thorndale Ave is 0.1 miles past Tower Ln* *If you reach Bryn Mawr Ave you've gone about 0.2 miles too far*	**3.3 Mi**	*7.2 Mi Total*
5. Merge onto **I-290 E** toward **Chicago**. Map	**1.4 Mi**	*8.5 Mi Total*
6. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet**. Map	**2.5 Mi**	*11.1 Mi Total*
7. Take the **Army Trail Rd** exit. Map	**0.4 Mi**	*11.4 Mi Total*
8. Keep **right** to take the ramp toward **Bloomingdale / Glendale Hts**. Map	**0.03 Mi**	*11.4 Mi Total*
9. Merge onto **Army Trail Rd**. Map	**1.2 Mi**	*12.7 Mi Total*
10. **275 E ARMY TRAIL RD** is on the **right**. Map *Your destination is 0.1 miles past Brookdale Dr* *If you reach Glen Ellyn Rd you've gone a little too far*		

275 E Army Trail Rd, Bloomingdale, IL 60108-2135

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Total Travel Estimate: **12.66 miles - about 20 minutes**

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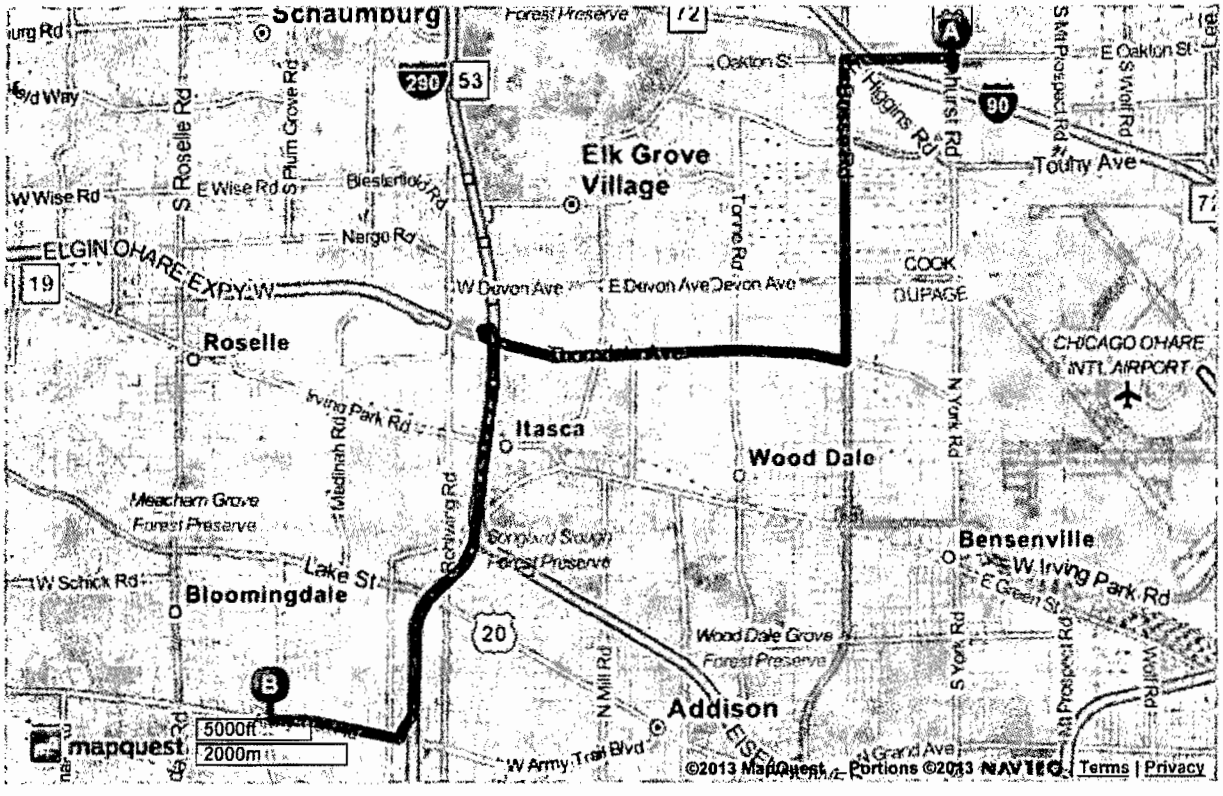

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Notes

Covenant Health Care Center

Trip to:

2155 Pfingsten Rd

Northbrook, IL 60062-6427

14.69 miles / 20 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E / Jane Addams Memorial Tollway** toward **Chicago** (Portions toll). Map	**4.6 Mi**	*4.8 Mi Total*
3. Merge onto **I-294 N** toward **Milwaukee** (Portions toll). Map	**8.1 Mi**	*12.9 Mi Total*
4. Take the **Willow Rd** exit. Map	**0.3 Mi**	*13.2 Mi Total*
5. Keep **right** to take the ramp toward **Glenview / Northbrook**. Map	**0.05 Mi**	*13.2 Mi Total*
6. Merge onto **Willow Rd**. Map	**0.9 Mi**	*14.1 Mi Total*
7. Take the 2nd **left** onto **Pfingsten Rd**. Map *Pfingsten Rd is 0.2 miles past Charlie Ct* *Bank of America ATM is on the corner* *If you reach Quail Ln you've gone about 0.2 miles too far*	**0.6 Mi**	*14.7 Mi Total*
8. **2155 PFINGSTEN RD** is on the **right**. Map *Your destination is just past White Pine Dr* *If you reach Foxglove Dr you've gone a little too far*		

2155 Pfingsten Rd, Northbrook, IL 60062-6427

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Total Travel Estimate: **14.69 miles - about 20 minutes**

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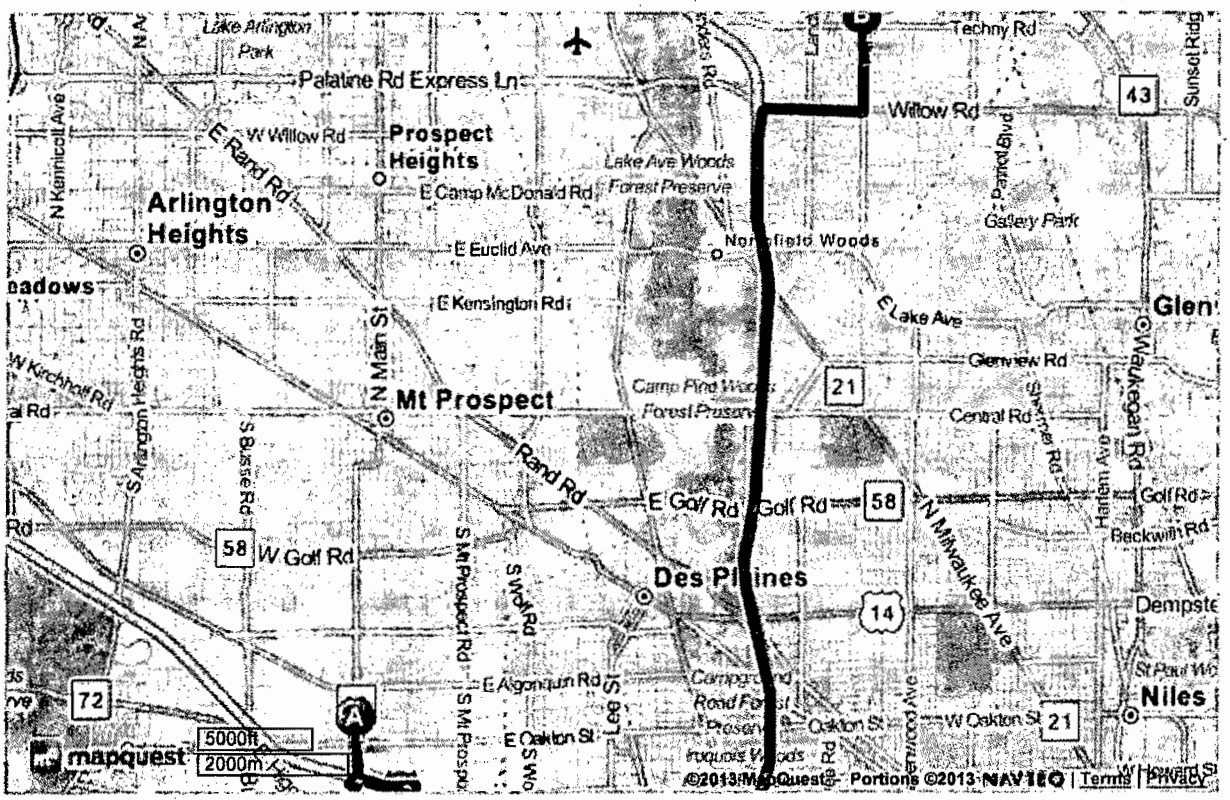

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Notes

Elmwood Care

Trip to:

7733 W Grand Ave

Elmwood Park, IL 60707-1820

11.05 miles / 20 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**5.9 Mi**	*6.2 Mi Total*
3. Merge onto **IL-171 S** via **EXIT 79A**. Map	**4.0 Mi**	*10.2 Mi Total*
4. Turn **left** onto **W Grand Ave**. Map *W Grand Ave is just past W Center Ave* *If you reach W River Grove Ave you've gone a little too far*	**0.8 Mi**	*11.1 Mi Total*
5. **7733 W GRAND AVE** is on the **right**. Map *Your destination is just past N 78th Ave* *If you reach N 77th Ct you've gone a little too far*		

7733 W Grand Ave, Elmwood Park, IL 60707-1820

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Total Travel Estimate: **11.05 miles - about 20 minutes**

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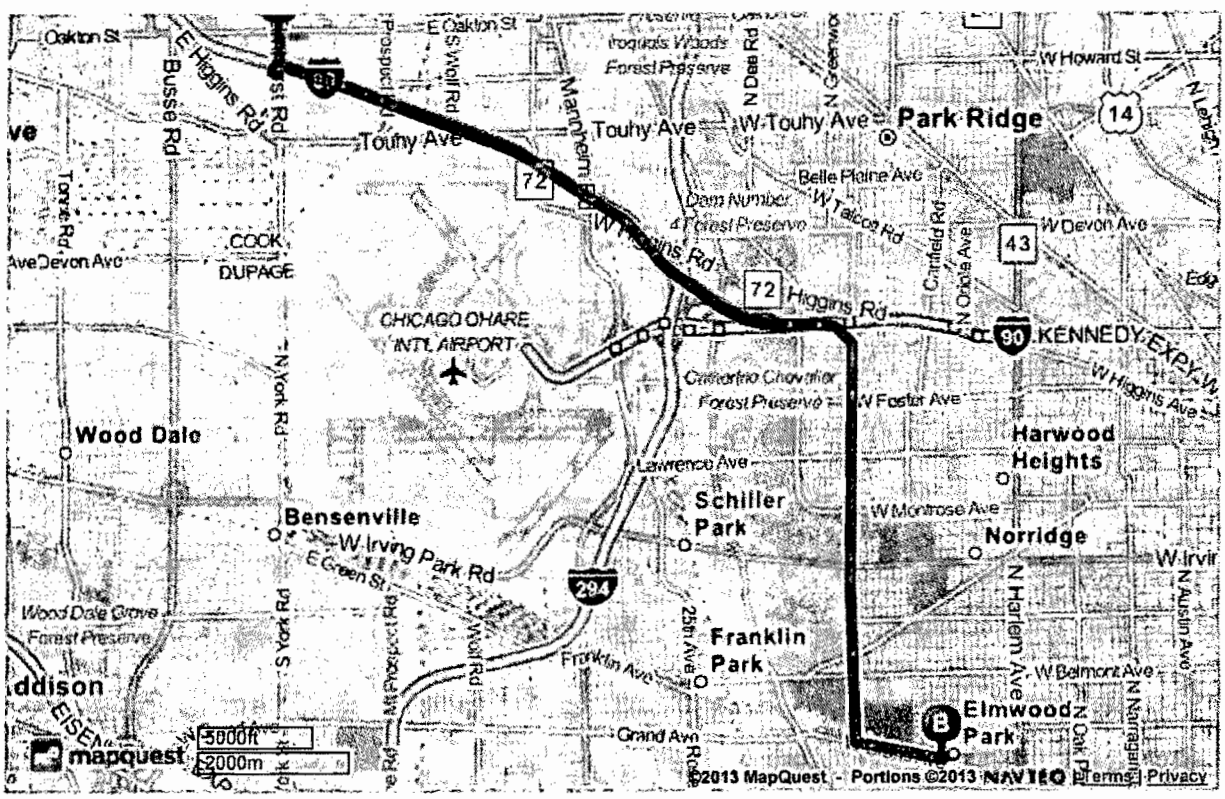

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Trip to:
1511 Greenwood Rd
Glenview, IL 60026-1513
10.31 miles / 20 minutes

Notes
Glenview Terrace Nursing Ctr

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **S Mt Prospect Rd**. Map *S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave* *Taco Burrito King Fourteen Inc is on the corner* *If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far*	**1.8 Mi**	*2.9 Mi Total*
4. Turn **right** onto **E Golf Rd / IL-58**. Pass through 1 roundabout. Map *E Golf Rd is 0.2 miles past E Washington St* *BUSSE MARATHON is on the corner* *If you reach S Josephine Ct you've gone about 0.1 miles too far*	**1.9 Mi**	*4.7 Mi Total*
5. Turn **left** onto **N Des Plaines River Rd / US-45 / N River Rd**. Continue to follow **US-45 / N River Rd**. Map *US-45 is 0.1 miles past Mary St* *Chidren's Choice Learning Centers is on the corner* *If you are on IL-58 and reach College Dr you've gone about 0.1 miles too far*	**2.3 Mi**	*7.1 Mi Total*
6. Turn **right** onto **Euclid Ave / W Lake Ave**. Continue to follow **W Lake Ave**. Map *W Lake Ave is 0.1 miles past E Ivy Ln* *If you are on US-45 and reach Chinkapinoak Dr you've gone a little too far*	**3.0 Mi**	*10.1 Mi Total*
7. Turn **left** onto **Greenwood Rd**. Map *Greenwood Rd is 0.8 miles past Pfingsten Rd* *If you reach Huber Ln you've gone about 0.2 miles too far*	**0.2 Mi**	*10.3 Mi Total*
8. **1511 GREENWOOD RD** is on the **right**. Map *If you reach Buckingham Glen Cir you've gone a little too far*		

1511 Greenwood Rd, Glenview, IL 60026-1513

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Total Travel Estimate: **10.31 miles - about 20 minutes**

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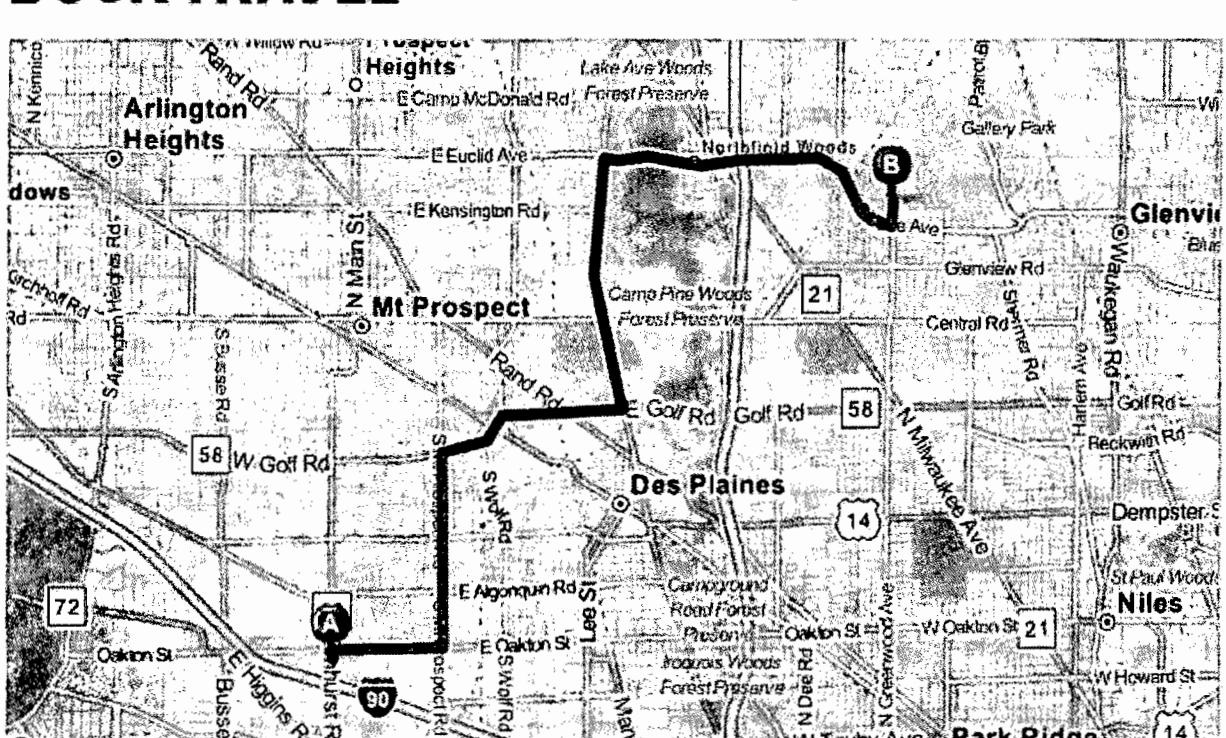

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Notes

Elston Nursing & Rehab Center

Trip to:

4340 N Keystone Ave

Chicago, IL 60641-2121

13.06 miles / 19 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**12.0 Mi**	*12.3 Mi Total*
3. Take the **Keeler Ave** exit, **EXIT 44A**, toward **IL-19 / Irving Park Rd**. Map	**0.2 Mi**	*12.5 Mi Total*
4. Turn **left** onto **N Keeler Ave**. Map *If you reach W Irving Park Rd you've gone a little too far*	**0.3 Mi**	*12.8 Mi Total*
5. Turn **right** onto **W Cullom Ave**. Map *W Cullom Ave is 0.1 miles past W Berteau Ave* *If you reach W Montrose Ave you've gone about 0.1 miles too far*	**0.2 Mi**	*13.0 Mi Total*
6. Turn **left** onto **N Keystone Ave**. Map *N Keystone Ave is just past N Kedvale Ave* *If you reach N Pulaski Rd you've gone a little too far*	**0.05 Mi**	*13.1 Mi Total*
7. **4340 N KEYSTONE AVE** is on the **left**. Map *If you reach N Elston Ave you've gone a little too far*		

4340 N Keystone Ave, Chicago, IL 60641-2121

ATTACHMENT-☒7☒

Total Travel Estimate: **13.06 miles - about 19 minutes**

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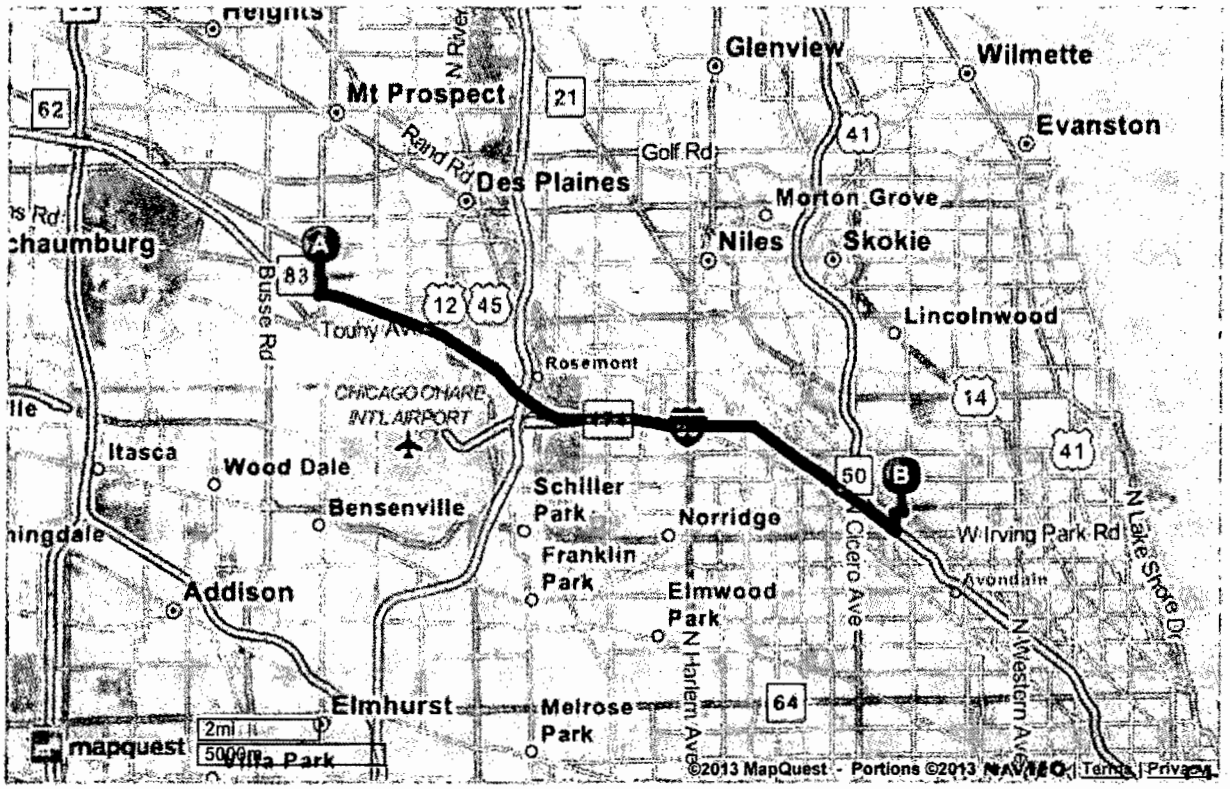

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mapquest

Trip to:
555 McHenry Rd
Wheeling, IL 60090-3856
8.81 miles / 21 minutes

Notes
Addolorata Villa

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

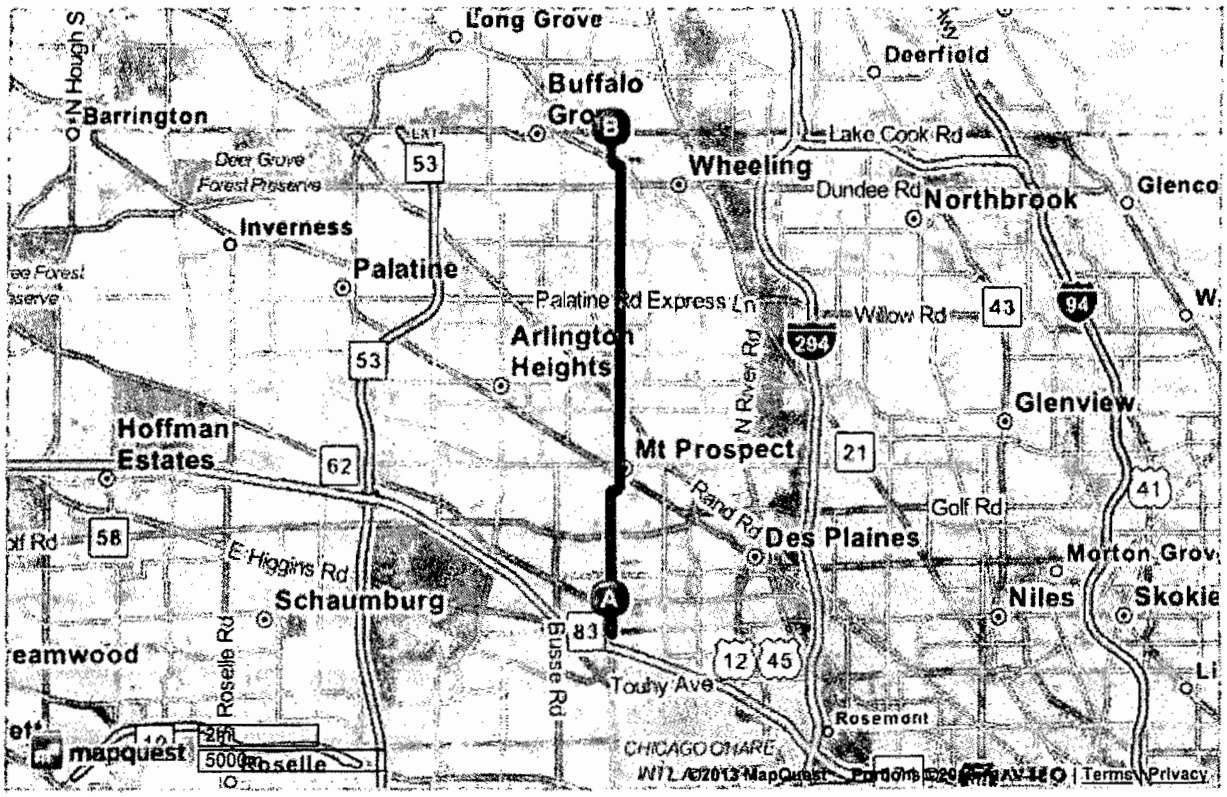
1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**2.7 Mi**	*2.7 Mi Total*
2. **Elmhurst Rd** becomes **IL-83 / W Lincoln St**. Map	**0.09 Mi**	*2.8 Mi Total*
3. Turn **left** onto **S Main St / IL-83**. Continue to follow **IL-83**. Map *IL-83 is just past S Wille St*	**5.9 Mi**	*8.6 Mi Total*
4. Turn **left** onto **McHenry Rd / IL-83**. Map *McHenry Rd is just past Colonial Dr* *If you are on Chelsea Dr and reach Barnaby Pl you've gone a little too far*	**0.2 Mi**	*8.8 Mi Total*
5. **555 MCHENRY RD** is on the **right**. Map *Your destination is just past Haben Ln* *If you reach Lexington Dr you've gone about 0.2 miles too far*		

555 McHenry Rd, Wheeling, IL 60090-3856

ATTACHMENT-☒7☒

Total Travel Estimate: **8.81 miles - about 21 minutes**

BOOK TRAVEL with **mapquest** (877) 577-5766



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Notes

Alden North Shore Rehab & Hc

Trip to:

5050 Touhy Ave

Skokie, IL 60077-3542

12.70 miles / 21 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**8.5 Mi**	*8.8 Mi Total*
3. Take **EXIT 82A** toward **Nagle Ave**. Map	**0.2 Mi**	*9.0 Mi Total*
4. Turn **slight left** onto **W Gregory St**. Map	**0.02 Mi**	*9.0 Mi Total*
5. Take the 1st **left** onto **N Nagle Ave**. Map *If you reach N Mulligan Ave you've gone a little too far*	**1.1 Mi**	*10.1 Mi Total*
6. Turn **right** onto **W Devon Ave**. Map	**1.2 Mi**	*11.3 Mi Total*
7. Turn **left** onto **N Central Ave**. Map *N Central Ave is just past N Kinzua Ave* *Lockwood Castle Restaurant is on the left* *If you reach N Minnehaha Ave you've gone a little too far*	**0.8 Mi**	*12.1 Mi Total*
8. **N Central Ave** becomes **Carpenter Rd**. Map	**0.2 Mi**	*12.3 Mi Total*
9. Turn **right** onto **Touhy Ave**. Map *Touhy Ave is 0.1 miles past Fairview Ln* *McDonald's Restaurants is on the corner* *If you are on Niles Center Rd and reach N Wells St you've gone about 0.1 miles too far*	**0.4 Mi**	*12.7 Mi Total*
10. **5050 TOUHY AVE** is on the **left**. Map *Your destination is just past Leclaire Ave*		

5050 Touhy Ave, Skokie, IL 60077-3542

ATTACHMENT-☒7☒

Total Travel Estimate: **12.70 miles - about 21 minutes**

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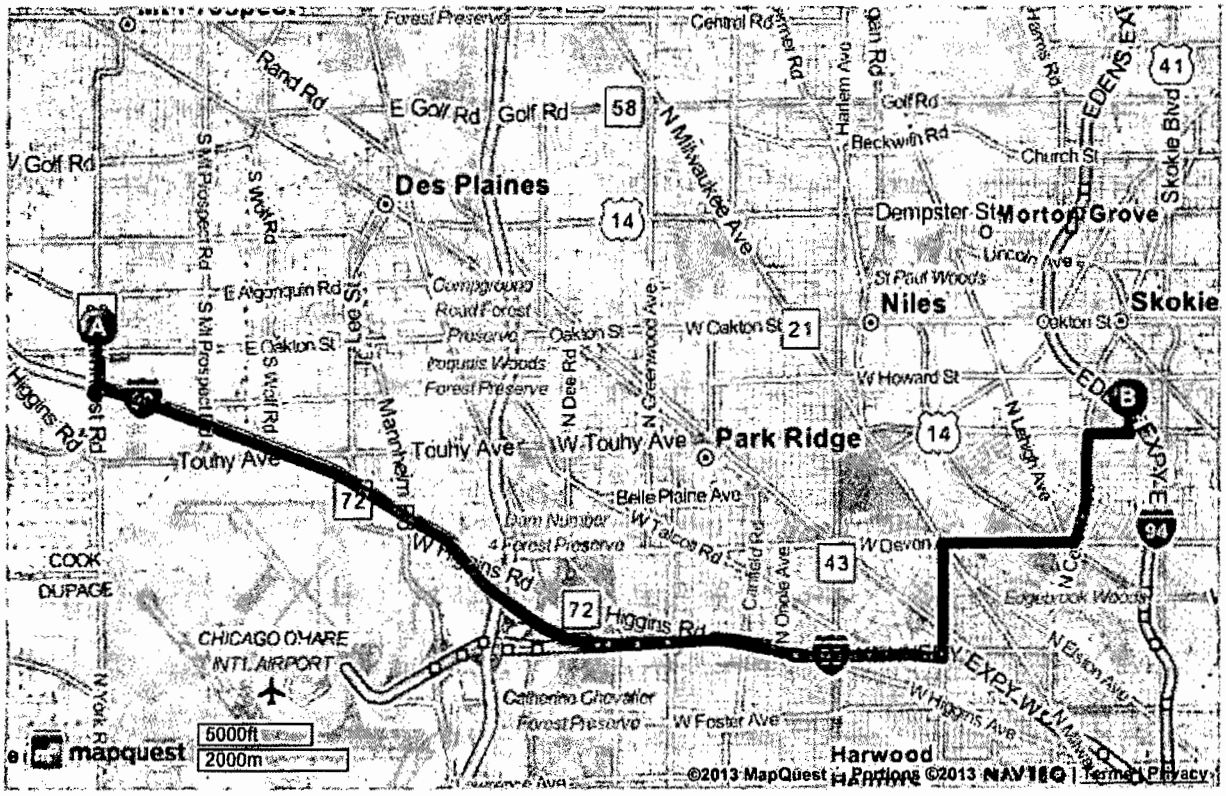

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Notes

Lexington of Elmhurst

Trip to:

420 W Butterfield Rd

Elmhurst, IL 60126-4980

13.52 miles / 21 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

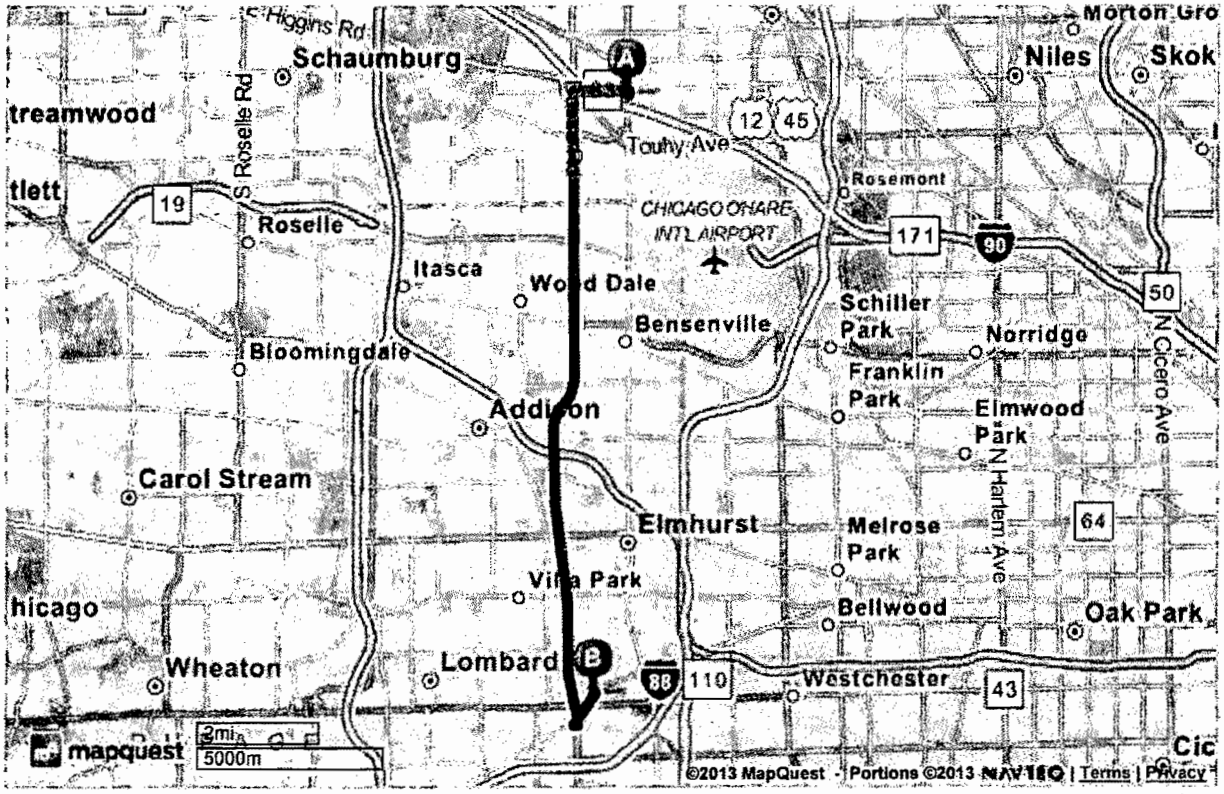
1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **left** onto **IL-83 / W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **Busse Rd / IL-83 S**. Continue to follow **IL-83 S**. Map *IL-83 S is just past E Higgins Rd* *Dunkin Donuts is on the left* *If you reach IL-72 W you've gone about 0.1 miles too far*	**11.6 Mi**	*12.6 Mi Total*
4. Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**0.9 Mi**	*13.5 Mi Total*
5. **420 W BUTTERFIELD RD** is on the **right**. Map *Your destination is just past Commonwealth Ln* *If you reach S Spring Rd you've gone about 0.2 miles too far*		

420 W Butterfield Rd, Elmhurst, IL 60126-4980

ATTACHMENT-☒7☒

Total Travel Estimate: **13.52 miles - about 21 minutes**

BOOK TRAVEL with **mapquest** (877) 577-5766



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Notes

Oak Brook Health Care Center

Trip to:

2013 Midwest Rd

Oak Brook, IL 60523-1312

13.63 miles / 21 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **left** onto **IL-83 / W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **Busse Rd / IL-83 S**. Continue to follow **IL-83 S**. Map *IL-83 S is just past E Higgins Rd* *Dunkin Donuts is on the left* *If you reach IL-72 W you've gone about 0.1 miles too far*	**11.5 Mi**	*12.5 Mi Total*
4. Merge onto **Butterfield Rd / IL-56 W**. Map	**0.9 Mi**	*13.5 Mi Total*
5. Turn **left** onto **Midwest Rd / Summit Ave**. Map *Midwest Rd is 0.1 miles past Marshall Rd* *Moogie's Gyros is on the left* *If you reach Versailles Dr you've gone about 0.2 miles too far*	**0.1 Mi**	*13.6 Mi Total*
6. **2013 MIDWEST RD** is on the **left**. Map *If you reach 22nd St you've gone about 0.1 miles too far*		

2013 Midwest Rd, Oak Brook, IL 60523-1312

ATTACHMENT-☒7☒

Total Travel Estimate: **13.63 miles - about 21 minutes**

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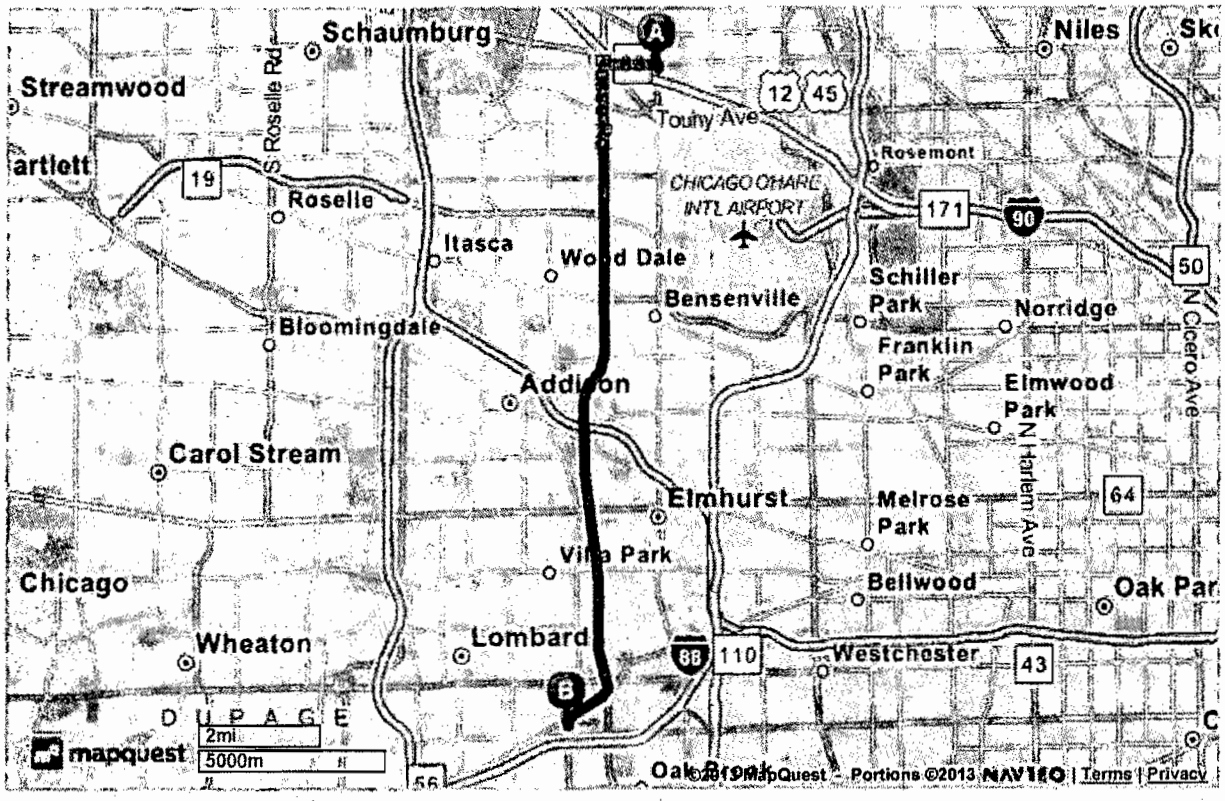

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Notes

St. Joseph's Home For Elderly

Trip to:

80 W Northwest Hwy
Palatine, IL 60067-3582
11.00 miles / 21 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.6 Mi** *0.6 Mi Total*
2. Turn **left** onto **W Algonquin Rd / IL-62**. Map *W Algonquin Rd is 0.1 miles past Devonshire Dr* *SPEEDWAY #7576 is on the corner* *If you reach Holiday Ln you've gone about 0.1 miles too far*	**2.4 Mi** *3.0 Mi Total*
3. Turn **left** onto **S Arlington Heights Rd**. Map *S Arlington Heights Rd is 0.1 miles past S Tonne Dr* *Red Roof Inn - Chicago O'hare Airport is on the corner* *If you are on W Algonquin Rd and reach S Martin Ln you've gone about 0.1 miles too far*	**0.08 Mi** *3.1 Mi Total*
4. Merge onto **I-90 W / Jane Addams Memorial Tollway** toward **Rockford** (Portions toll). Map	**2.0 Mi** *5.1 Mi Total*
5. Merge onto **IL-53 N** toward **Northwest Suburbs**. Map	**2.7 Mi** *7.8 Mi Total*
6. Merge onto **W Euclid Ave**. Map	**0.5 Mi** *8.2 Mi Total*
7. Turn **right** onto **Hicks Rd**. Map *2059 Hicks Gas&Food is on the corner* *If you reach Vermont St you've gone about 0.1 miles too far*	**1.2 Mi** *9.5 Mi Total*
8. Turn **left** onto **E Northwest Hwy / US-14 W / S Hicks Rd**. Continue to follow **E Northwest Hwy / US-14 W**. Map *State Farm Insurance is on the corner*	**1.5 Mi** *11.0 Mi Total*
9. **80 W NORTHWEST HWY** is on the **right**. Map *Your destination is 0.1 miles past N Plum Grove Rd* *If you reach N Brockway St you've gone a little too far*	

80 W Northwest Hwy, Palatine, IL 60067-3582

ATTACHMENT-☒7☒

Total Travel Estimate: **11.00 miles - about 21 minutes**

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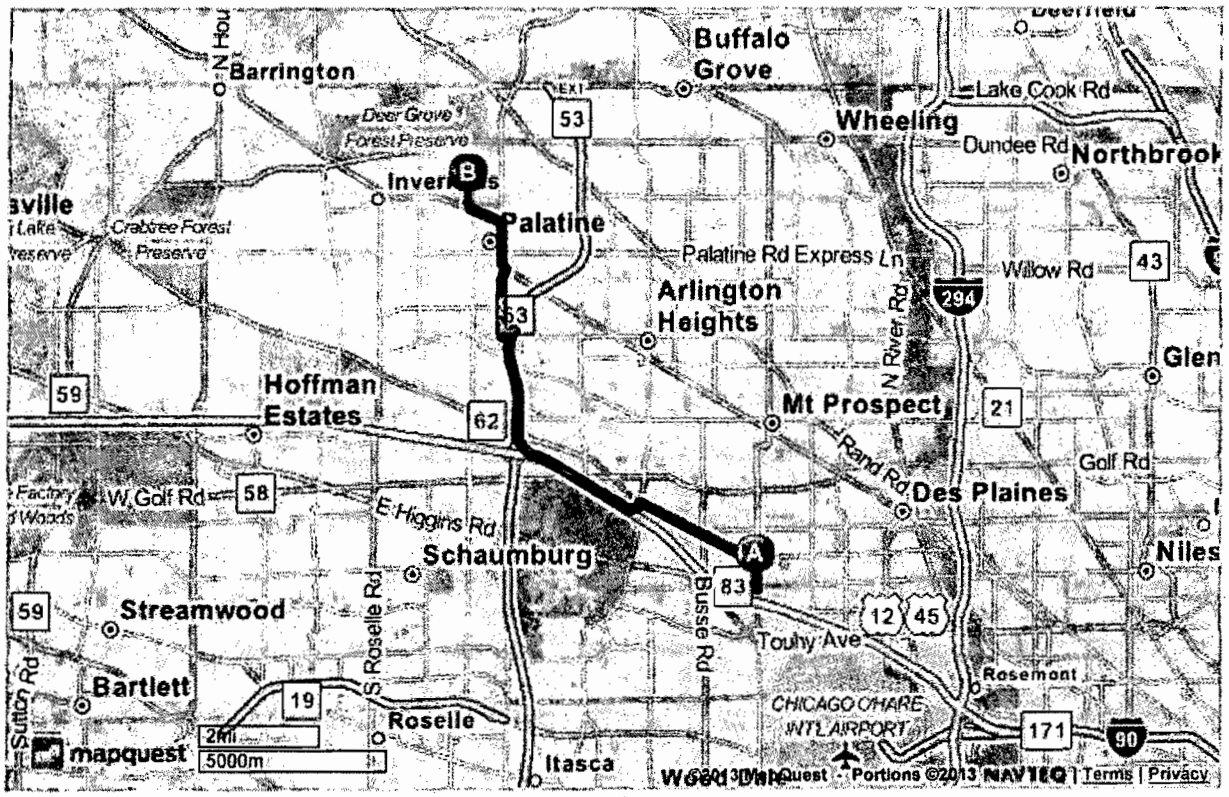

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ATTACHMENT-7

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Trip to:
311 Edgewater Dr
Bloomingdale, IL 60108-1979
13.26 miles / 21 minutes

Notes
West Suburban Nursing & Rehab Center

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi** *0.09 Mi Total*
2. Take the 1st **left** onto **IL-83 / W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi** *1.1 Mi Total*
3. Turn **left** onto **Busse Rd / IL-83 S**. Map *Busse Rd is just past E Higgins Rd* *Dunkin Donuts is on the left* *If you reach IL-72 W you've gone about 0.1 miles too far*	**2.7 Mi** *3.8 Mi Total*
4. Turn **right** onto **Thorndale Ave**. Map *Thorndale Ave is 0.1 miles past Tower Ln* *If you reach Bryn Mawr Ave you've gone about 0.2 miles too far*	**3.3 Mi** *7.2 Mi Total*
5. Merge onto **I-290 E** toward **Chicago**. Map	**1.4 Mi** *8.5 Mi Total*
6. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet**. Map	**2.5 Mi** *11.1 Mi Total*
7. Take the **Army Trail Rd** exit. Map	**0.4 Mi** *11.4 Mi Total*
8. Keep **right** to take the ramp toward **Bloomingdale / Glendale Hts**. Map	**0.03 Mi** *11.4 Mi Total*
9. Merge onto **Army Trail Rd**. Map	**1.2 Mi** *12.7 Mi Total*
10. Turn **right** onto **Glen Ellyn Rd**. Map *Glen Ellyn Rd is 0.1 miles past Brookdale Dr* *SHELL is on the corner* *If you are on Army Trail Rd and reach Harvard Ln you've gone about 0.1 miles too far*	**0.4 Mi** *13.1 Mi Total*
11. Turn **left** onto **Edgewater Dr**. Map *Edgewater Dr is just past Oakwood Ln* *Ristorante Amalfi is on the corner* *If you reach Byron Ave you've gone a little too far*	**0.2 Mi** *13.3 Mi Total*
12. **311 EDGEWATER DR** is on the **right**. Map *Your destination is just past Colony Green Dr* *If you reach Laurel Ln you've gone a little too far*	

ATTACHMENT-☒7☒

311 Edgewater Dr, Bloomingdale, IL 60108-1979

ATTACHMENT-7

Total Travel Estimate: **13.26 miles - about 21 minutes**

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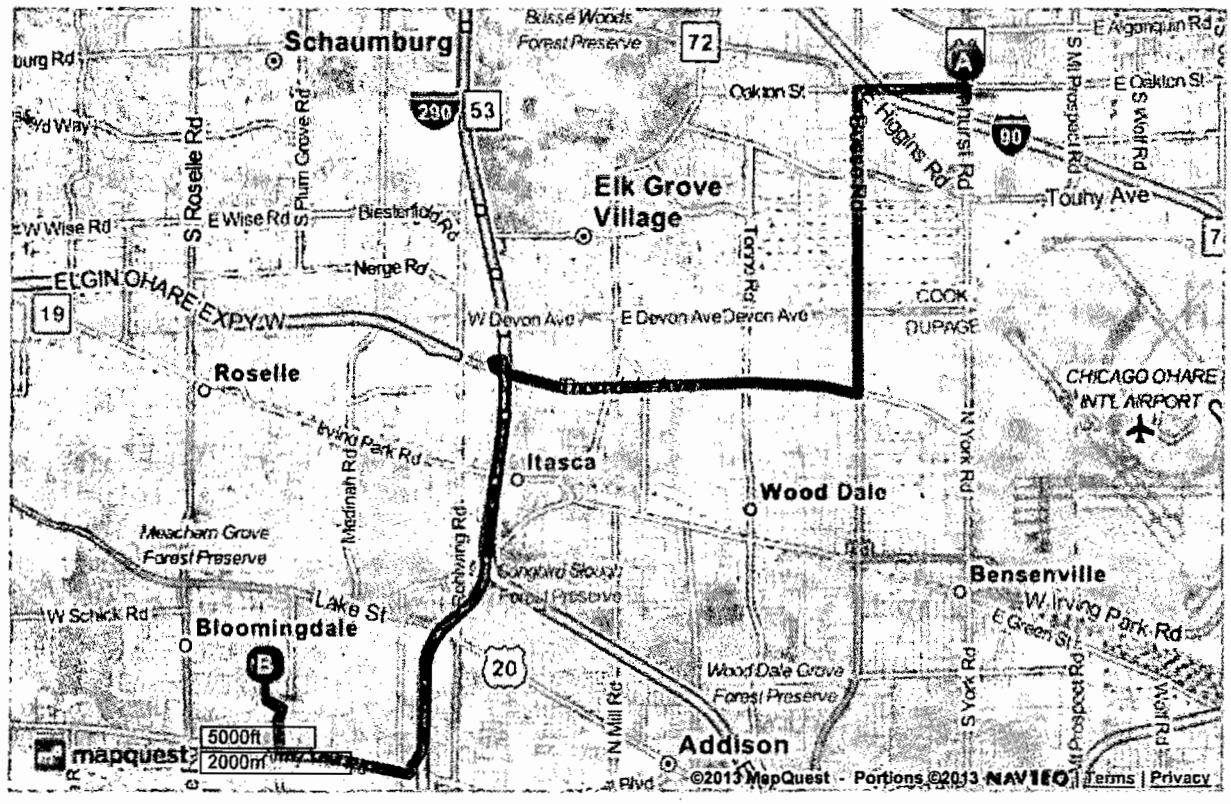

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Notes

Claremont-Hanover Park

Trip to:

2000 W Lake St

Hanover Park, IL 60133-4302

14.02 miles / 21 minutes

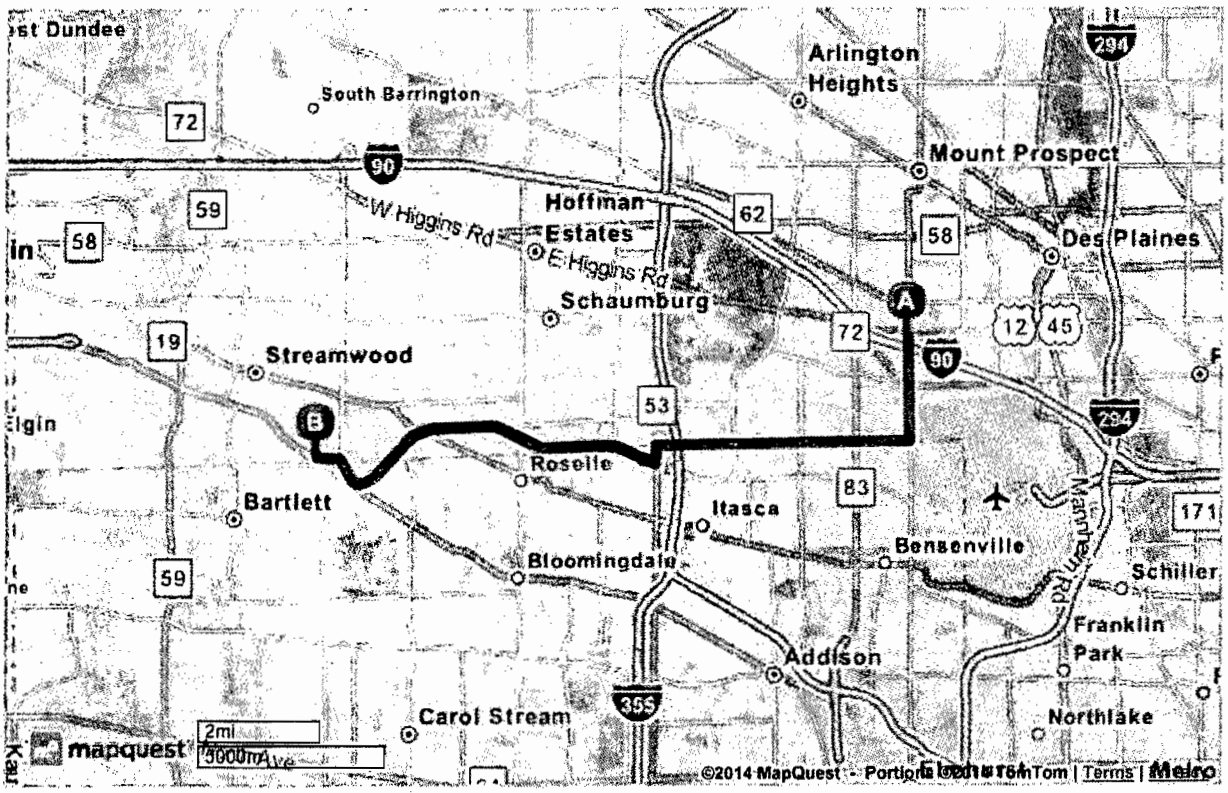
1750 Elmhurst Rd, Des Plaines, IL 60018-1816 — Download Free App

1. Start out going **south** on **Elmhurst Rd** toward **Landmeier Rd**. Map	**1.9 Mi**
2. Turn **right** onto **E Devon Ave**. Map	**4.7 Mi**
3. Turn **left** onto **Rohlwing Rd / IL-53**. Map	**0.2 Mi**
4. Take the **ELGIN-OHARE EXPRESSWAY** ramp. Map	**0.1 Mi**
5. Stay **straight** to go onto **Elgin Ohare Expy W**. Map	**5.9 Mi**
6. Merge onto **E Lake St / US-20 W**. Map	**1.1 Mi**
7. 2000 W LAKE ST. Map	

2000 W Lake St, Hanover Park, IL 60133-4302

ATTACHMENT-7

Total Travel Estimate: **14.02 miles - about 21 minutes**



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Trip to:
2401 Indigo Ln
Glenview, IL 60026-1299
13.96 miles / 21 minutes

Notes
Vi at the Glen

1750 Elmhurst Rd, Des Plaines, IL 60018-1816 — Download Free App

1. Start out going **south** on **Elmhurst Rd**. Map		**0.3 Mi**
2. Merge onto **I-90 E / Jane Addams Memorial Tollway E** (Portions toll). Map		**4.5 Mi**
3. Merge onto **I-294 N / Tri State Tollway N** toward **Milwaukee** (Portions toll). Map		**3.5 Mi**
4. Merge onto **E Dempster St / US-14 E**. Map		**1.6 Mi**
5. Turn **left** onto **N Greenwood Ave**. Map		**1.3 Mi**
6. **N Greenwood Ave** becomes **Greenwood Rd**. Map		**1.3 Mi**
7. Turn **right** onto **E Lake Ave**. Map		**1.2 Mi**
8. Turn **left** onto **Patriot Blvd**. Map		**0.1 Mi**
9. Take the 1st **right** onto **Indigo Ln**. Map		**0.03 Mi**
10. Turn **right** to stay on **Indigo Ln**. Map		**0.08 Mi**
11. **2401 INDIGO LN** is on the **right**. Map		

2401 Indigo Ln, Glenview, IL 60026-1299

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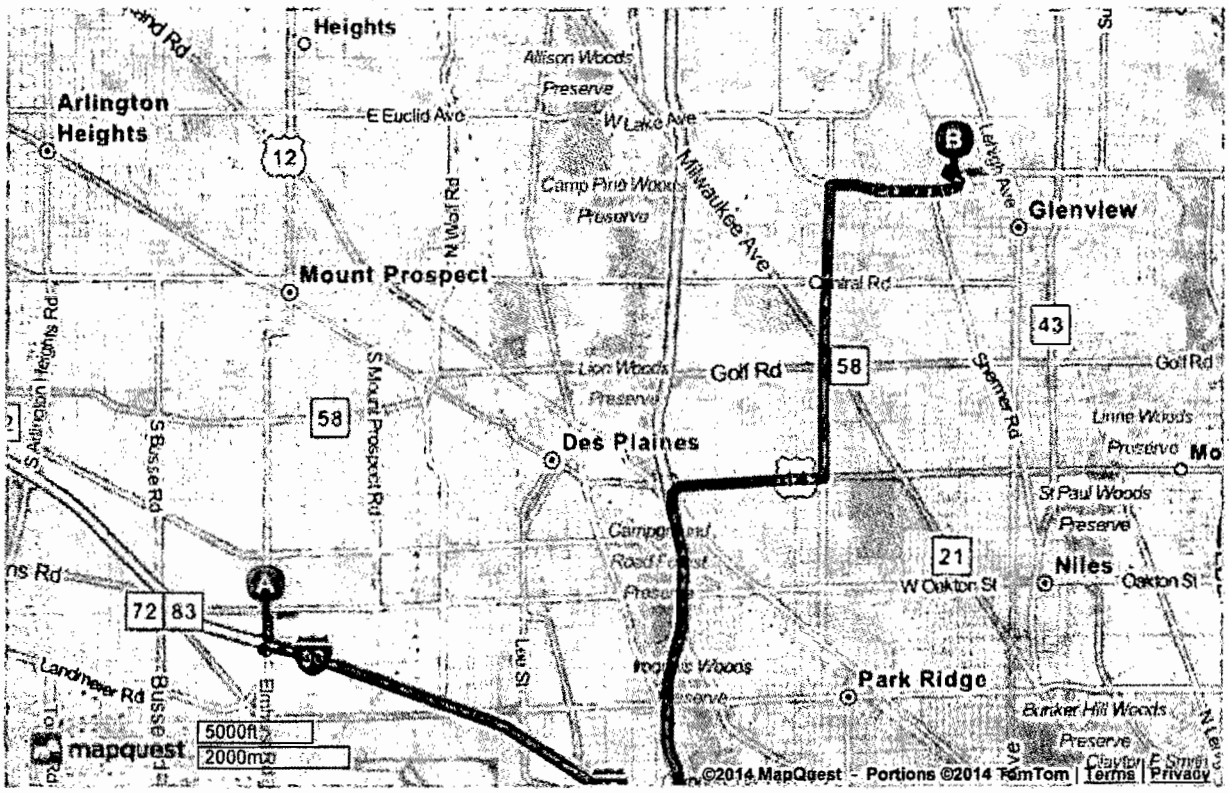
Total Travel Estimate: **13.96 miles - about 21 minutes**



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ATTACHMENT-7

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Trip to:
5061 N Pulaski Rd
Chicago, IL 60630-2706
12.75 miles / 20 minutes

Notes
Fairmont Care Centre

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**10.5 Mi**	*10.8 Mi Total*
3. Take the **Lawrence Ave exit**, **EXIT 84**. Map	**0.2 Mi**	*10.9 Mi Total*
4. Turn **slight left** onto **W Lawrence Ave**. Map *If you reach I-90 E you've gone about 0.1 miles too far*	**1.5 Mi**	*12.4 Mi Total*
5. Turn **left** onto **N Pulaski Rd**. Map *N Pulaski Rd is just past N Keystone Ave* *Restaurant Jerez is on the corner* *If you reach N Harding Ave you've gone a little too far*	**0.3 Mi**	*12.8 Mi Total*
6. **5061 N PULASKI RD** is on the **right**. Map *Your destination is just past W Argyle St* *If you reach W Foster Ave you've gone about 0.1 miles too far*		

5061 N Pulaski Rd, Chicago, IL 60630-2706

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Total Travel Estimate: **12.75 miles - about 20 minutes**

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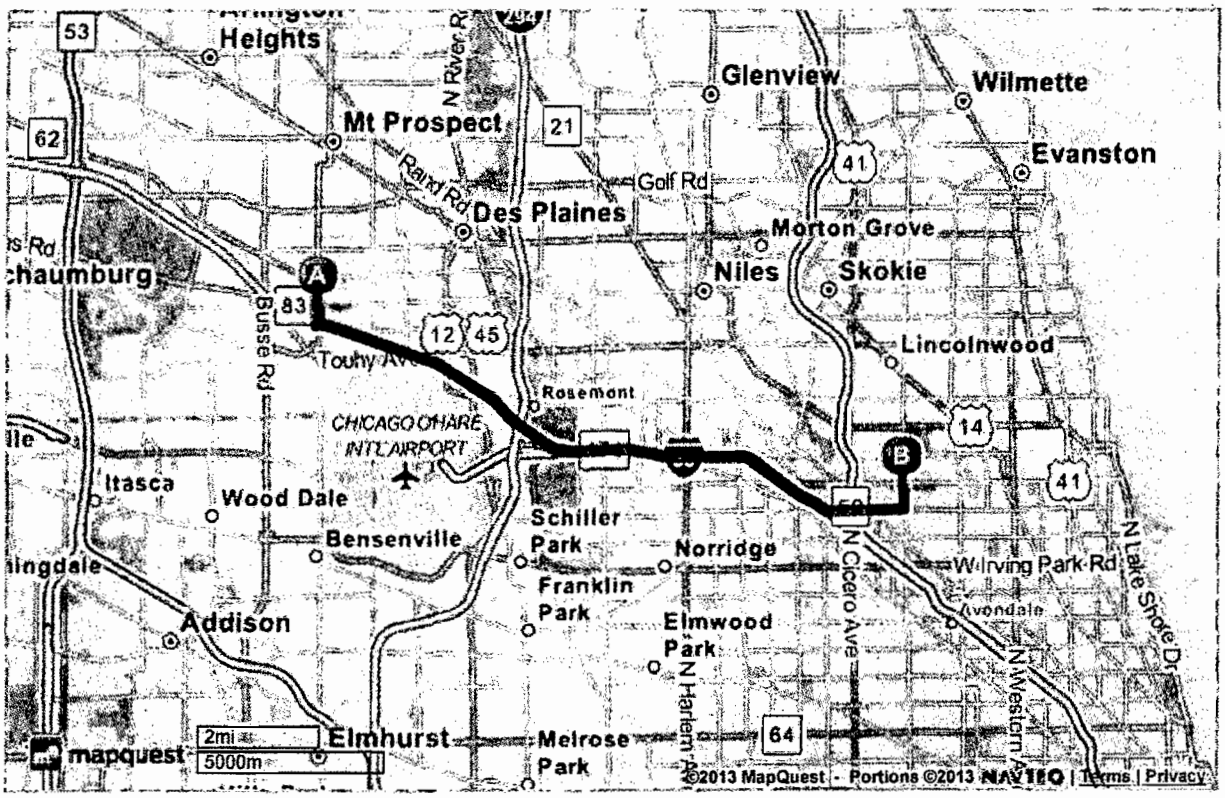

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Trip to:
3919 W Foster Ave
Chicago, IL 60625-6056
13.03 miles / 20 minutes

Notes
Harmony Nursing And Rehab Ctr

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**10.5 Mi**	*10.8 Mi Total*
3. Take the **Lawrence Ave** exit, **EXIT 84**. Map	**0.2 Mi**	*10.9 Mi Total*
4. Turn **slight left** onto **W Lawrence Ave**. Map *If you reach I-90 E you've gone about 0.1 miles too far*	**0.5 Mi**	*11.4 Mi Total*
5. Turn **left** onto **N Cicero Ave / IL-50**. Map *If you reach N Keating Ave you've gone a little too far*	**0.5 Mi**	*11.9 Mi Total*
6. Turn **right** onto **W Foster Ave**. Map *W Foster Ave is 0.1 miles past N Elston Ave* *MARATHON is on the corner* *If you reach W Berwyn Ave you've gone about 0.1 miles too far*	**1.1 Mi**	*13.0 Mi Total*
7. **3919 W FOSTER AVE** is on the **right**. Map *Your destination is 0.1 miles past N Pulaski Rd* *If you reach N Springfield Ave you've gone a little too far*		

3919 W Foster Ave, Chicago, IL 60625-6056

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Total Travel Estimate: **13.03 miles - about 20 minutes**

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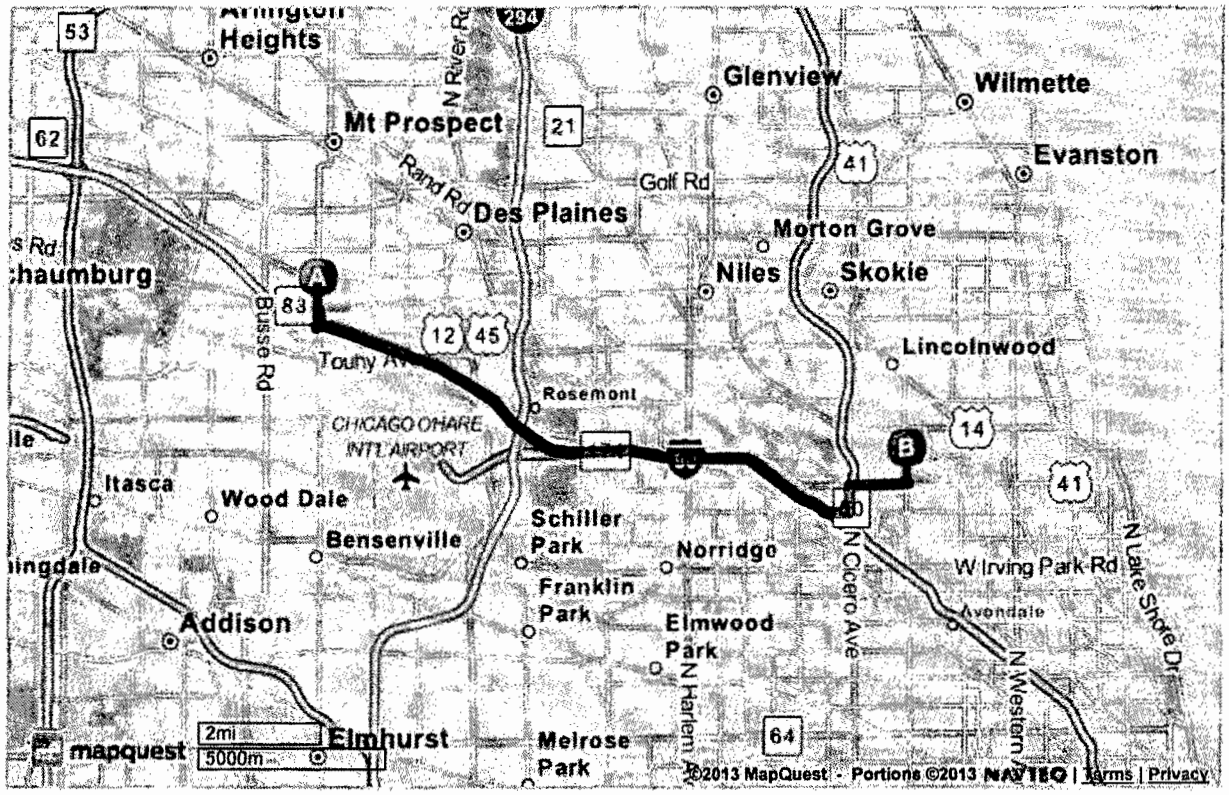

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Trip to:
701 W North Ave
Melrose Park, IL 60160-1612
12.45 miles / 22 minutes

Notes
Gottlieb Memorial Hospital

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E / Jane Addams Memorial Tollway** toward **Chicago** (Portions toll). Map	**4.3 Mi**	*4.5 Mi Total*
3. Merge onto **I-294 S** toward **Indiana** (Portions toll). Map	**2.4 Mi**	*6.9 Mi Total*
4. Merge onto **Irving Park Rd / IL-19 E**. Map	**1.8 Mi**	*8.7 Mi Total*
5. Turn **right** onto **Des Plaines River Rd**. Map *Des Plaines River Rd is 0.1 miles past Bobby Ln*	**2.9 Mi**	*11.5 Mi Total*
6. Turn **slight right** onto **N 1st Ave / IL-171**. Map	**0.5 Mi**	*12.1 Mi Total*
7. Turn **right** onto **W North Ave / IL-64 W**. Map *If you are on 1st Ave and reach Braddock Dr you've gone about 0.4 miles too far*	**0.4 Mi**	*12.5 Mi Total*
8. **701 W NORTH AVE** is on the **right**. Map *Your destination is 0.1 miles past N 5th Ave* *If you reach N 9th Ave you've gone about 0.1 miles too far*		

701 W North Ave, Melrose Park, IL 60160-1612

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Total Travel Estimate: **12.45 miles - about 22 minutes**

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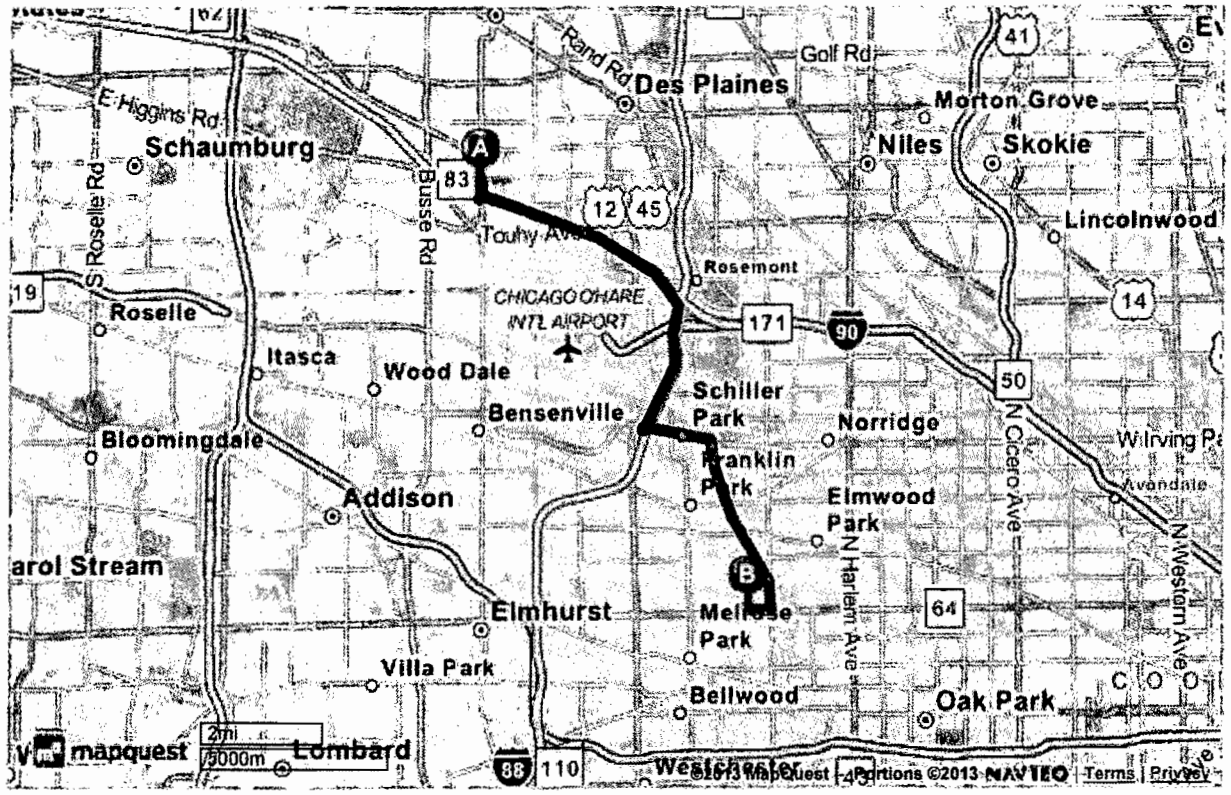

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Trip to:
220 N 1st St
Wheeling, IL 60090-2980
10.45 miles / 22 minutes

Notes
Greek American Rehab & Care Center

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

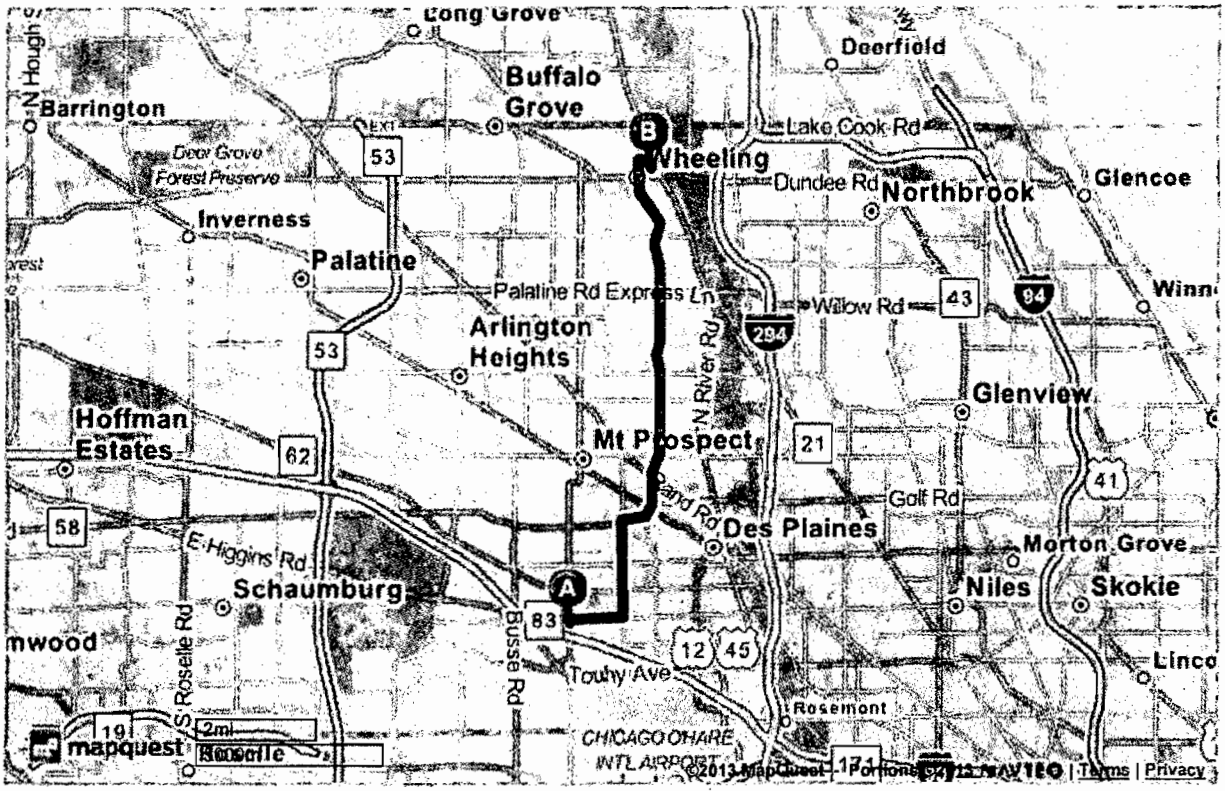
1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **S Mt Prospect Rd**. Map *S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave* *Taco Burrito King Fourteen Inc is on the corner* *If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far*	**1.8 Mi**	*2.9 Mi Total*
4. Turn **right** onto **E Golf Rd / IL-58**. Map *E Golf Rd is 0.2 miles past E Washington St* *BUSSE MARATHON is on the corner* *If you reach S Josephine Ct you've gone about 0.1 miles too far*	**0.7 Mi**	*3.6 Mi Total*
5. Enter next roundabout and take the 3rd exit onto **N Wolf Rd**. Map	**6.5 Mi**	*10.1 Mi Total*
6. Turn **right** onto **E Strong St**. Map *If you reach Mayer Ave you've gone about 0.1 miles too far*	**0.2 Mi**	*10.3 Mi Total*
7. Take the 3rd **right** onto **N 1st St**. Map *N 1st St is just past 2nd St* *If you reach N Milwaukee Ave you've gone about 0.1 miles too far*	**0.1 Mi**	*10.4 Mi Total*
8. **220 N 1ST ST** is on the **right**. Map *Your destination is at the end of N 1st St*		

220 N 1st St, Wheeling, IL 60090-2980

ATTACHMENT-☒7☒

Total Travel Estimate: **10.45 miles - about 22 minutes**

BOOK TRAVEL with **mapquest** (877) 577-5766



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Notes

Lexington Health Care Center-Bloomingdale

Trip to:

165 S Bloomingdale Rd

Bloomingdale, IL 60108-1434

12.85 miles / 22 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

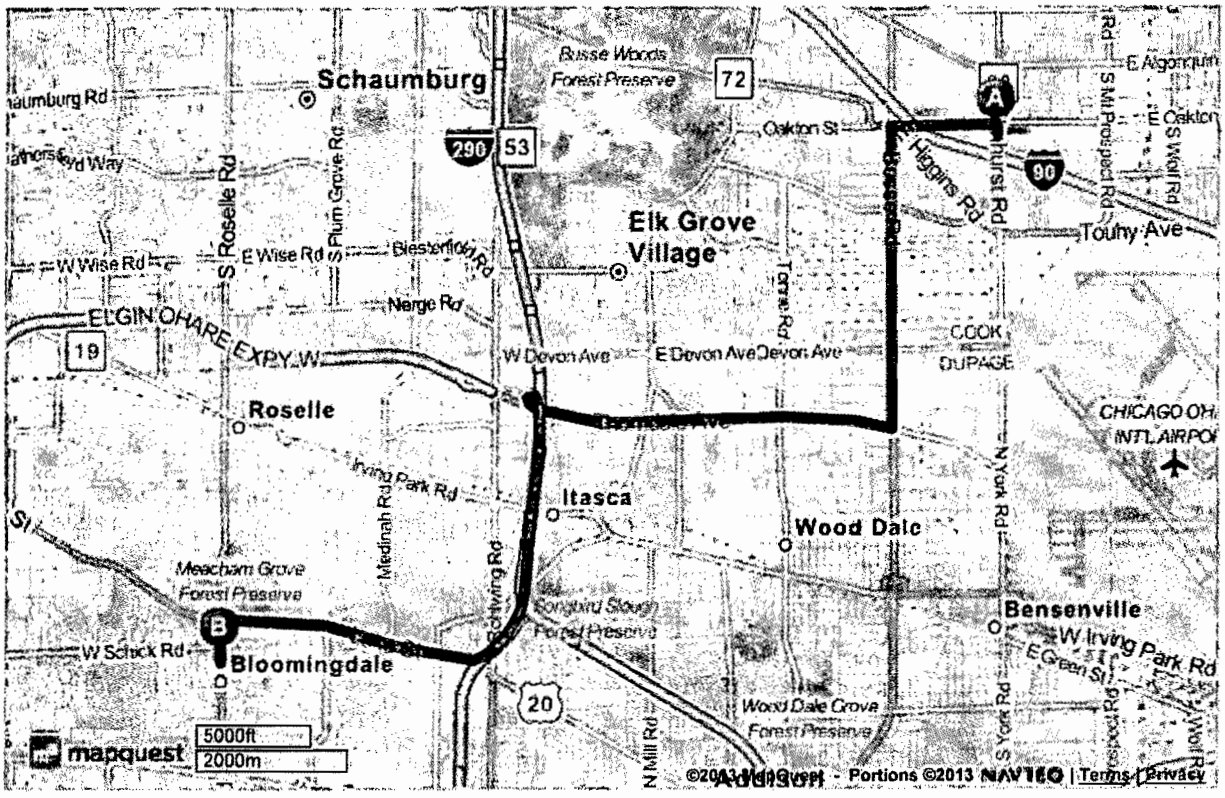
1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **left** onto **IL-83 / W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **Busse Rd / IL-83 S**. Map *Busse Rd is just past E Higgins Rd* *Dunkin Donuts is on the left* *If you reach IL-72 W you've gone about 0.1 miles too far*	**2.7 Mi**	*3.8 Mi Total*
4. Turn **right** onto **Thorndale Ave**. Map *Thorndale Ave is 0.1 miles past Tower Ln* *If you reach Bryn Mawr Ave you've gone about 0.2 miles too far*	**3.3 Mi**	*7.2 Mi Total*
5. Merge onto **I-290 E** toward **Chicago**. Map	**1.4 Mi**	*8.5 Mi Total*
6. Keep **left** to take **I-355 S** via **EXIT 7** toward **Joliet**. Map	**0.8 Mi**	*9.3 Mi Total*
7. Take the **US-20 / Lake St** exit. Map	**0.7 Mi**	*10.1 Mi Total*
8. Merge onto **US-20 W** toward **Bloomingdale**. Map	**2.4 Mi**	*12.4 Mi Total*
9. Turn **left** onto **S Bloomingdale Rd**. Map *S Bloomingdale Rd is 0.1 miles past Ridge Ave* *McDonald's Restaurants is on the corner* *If you reach N Maple Ave you've gone about 0.1 miles too far*	**0.4 Mi**	*12.8 Mi Total*
10. **165 S BLOOMINGDALE RD** is on the **left**. Map *Your destination is 0.1 miles past E Schick Rd* *If you reach Fairfield Way you've gone about 0.2 miles too far*		

165 S Bloomingdale Rd, Bloomingdale, IL 60108-1434

ATTACHMENT-☒7☒

Total Travel Estimate: **12.85 miles - about 22 minutes**

BOOK TRAVEL with **mapquest** (877) 577-5766



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Trip to:
4101 Lake Cook Rd
Northbrook, IL 60062-1112
17.52 miles / 22 minutes

Notes
Rosewood Care Ctr-Northbrook

A	**1750 Elmhurst Rd**, Des Plaines, IL 60018-1862	
●	1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi** *0.3 Mi Total*
EAST 90	2. Merge onto **I-90 E / Jane Addams Memorial Tollway** toward **Chicago** (Portions toll). Map	**4.6 Mi** *4.8 Mi Total*
NORTH 294	3. Merge onto **I-294 N** toward **Milwaukee** (Portions toll). Map	**12.0 Mi** *16.8 Mi Total*
EXIT	4. Take the **Lake-Cook Road** exit. Map	**0.4 Mi** *17.2 Mi Total*
↰	5. Turn **left** onto **Lake Cook Rd**. Map	**0.4 Mi** *17.5 Mi Total*
■	6. **4101 LAKE COOK RD** is on the **left**. Map *Your destination is just past Pointe Dr* *If you reach Constance Ln you've gone about 0.1 miles too far*	
B	**4101 Lake Cook Rd**, Northbrook, IL 60062-1112	

ATTACHMENT-☒7☒

Total Travel Estimate: **17.52 miles - about 22 minutes**

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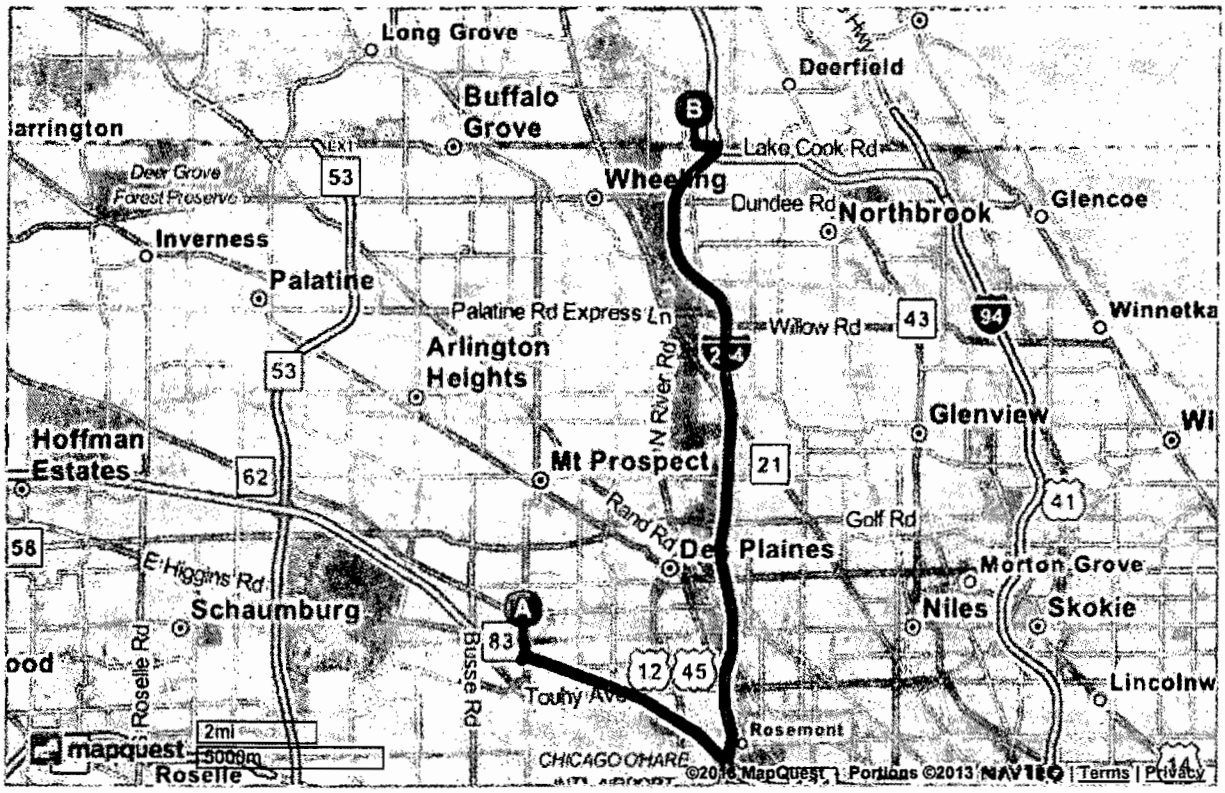

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Notes

The Grove of La Grange Park

Trip to:

701 N La Grange Rd

La Grange Park, IL 60526-1520

18.76 miles / 23 minutes

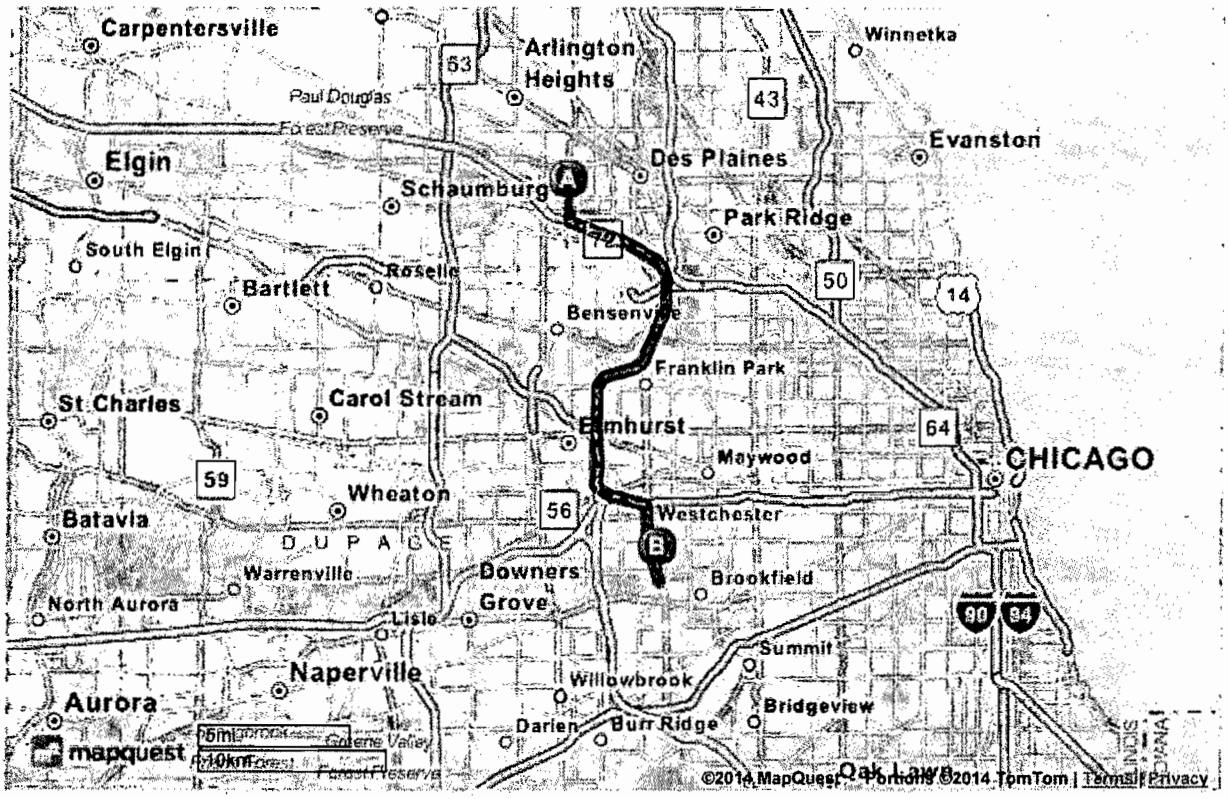
1750 Elmhurst Rd, Des Plaines, IL 60018-1816 — Download Free App

1. Start out going **south** on **Elmhurst Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E / Jane Addams Memorial Tollway E** (Portions toll). Map	**4.2 Mi**	*4.5 Mi Total*
3. Merge onto **I-294 S / Tri State Tollway S** toward **Indiana** (Portions toll). Map	**9.0 Mi**	*13.4 Mi Total*
4. Merge onto **I-290 E / Eisenhower Expy E** toward **Chicago**. Map	**1.0 Mi**	*14.5 Mi Total*
5. Take the **US-45 / US-12 / US-20 / Mannheim Rd** exit, **EXIT 17**. Map	**1.1 Mi**	*15.6 Mi Total*
6. Merge onto **US-45 S / US-20 E / US-12 E** via **EXIT 17A**. Map	**3.2 Mi**	*18.8 Mi Total*
7. **701 N LA GRANGE RD** is on the **left**. Map		

701 N La Grange Rd, La Grange Park, IL 60526-1520

ATTACHMENT-☒7☒

Total Travel Estimate: **18.76 miles - about 23 minutes**



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ATTACHMENT-7

mapquest

Trip to:
4900 N Bernard St
Chicago, IL 60625-5146
13.24 miles / 21 minutes

Notes
Ambassador Nursing & Rehab Center

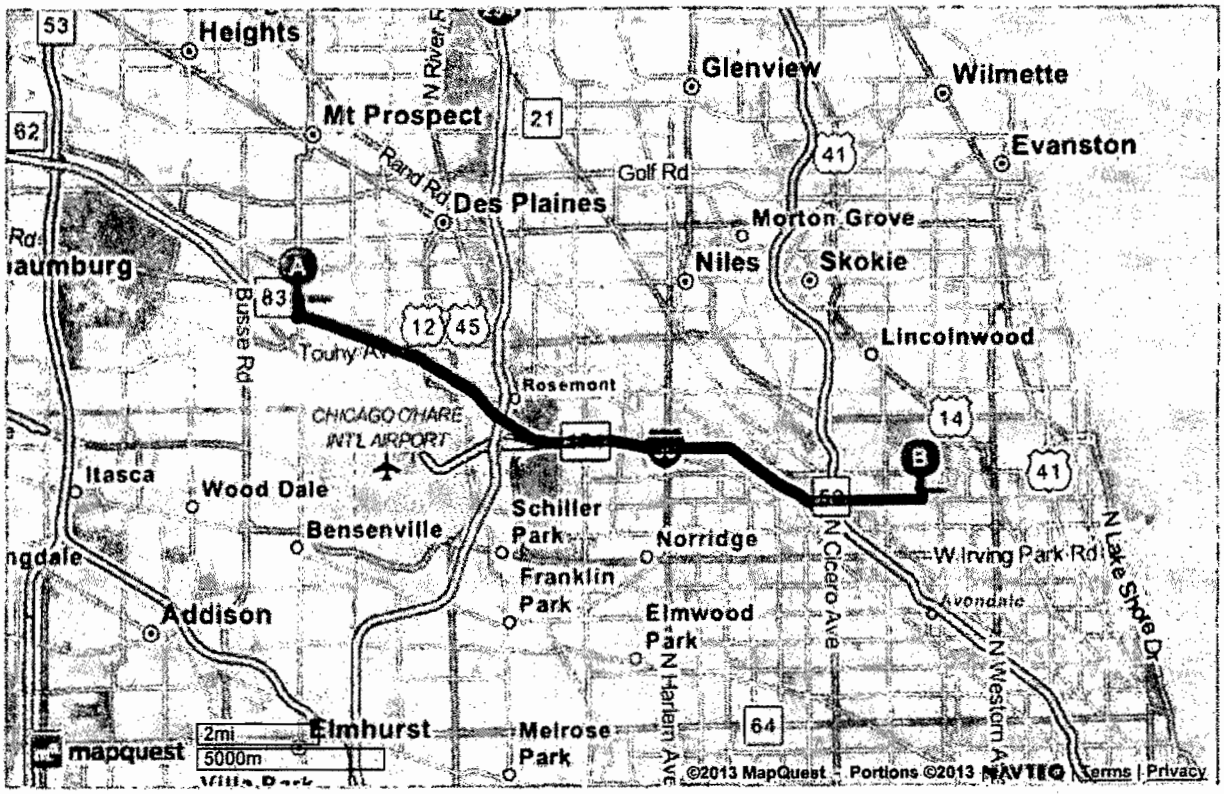
1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi** *0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**10.5 Mi** *10.8 Mi Total*
3. Take the **Lawrence Ave** exit, **EXIT 84**. Map	**0.2 Mi** *10.9 Mi Total*
4. Turn **slight left** onto **W Lawrence Ave**. Map *If you reach I-90 E you've gone about 0.1 miles too far*	**2.2 Mi** *13.1 Mi Total*
5. Turn **left** onto **N Bernard St**. Map *N Bernard St is just past N St Louis Ave* *Furnielectro Discount is on the left* *If you reach N Kimball Ave you've gone a little too far*	**0.1 Mi** *13.2 Mi Total*
6. **4900 N BERNARD ST** is on the **left**. Map *If you reach the end of N Bernard St you've gone about 0.1 miles too far*	

4900 N Bernard St, Chicago, IL 60625-5146

Total Travel Estimate: **13.24 miles - about 21 minutes**

BOOK TRAVEL with **mapquest** (877) 577-5766



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Trip to:
5645 W Addison St
Chicago, IL 60634-4403
13.08 miles / 21 minutes

Notes
Our Lady Of Resurrect Med Ctr

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi** *0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**10.5 Mi** *10.8 Mi Total*
3. Take the **Lawrence Ave** exit, **EXIT 84**. Map	**0.2 Mi** *10.9 Mi Total*
4. Turn **sharp right** onto **W Lawrence Ave**. Map *If you reach I-90 E you've gone about 0.1 miles too far*	**0.6 Mi** *11.5 Mi Total*
5. Turn **left** onto **N Central Ave**. Map *N Central Ave is just past N Luna Ave* *Cvs Pharmacy is on the corner* *If you reach N Major Ave you've gone about 0.1 miles too far*	**1.5 Mi** *13.0 Mi Total*
6. Turn **right** onto **W Addison St**. Map *W Addison St is just past W Patterson Ave* *Cochiaro's Pizza is on the corner* *If you reach W Eddy St you've gone a little too far*	**0.06 Mi** *13.1 Mi Total*
7. **5645 W ADDISON ST** is on the **left**. Map *If you reach N Major Ave you've gone a little too far*	

5645 W Addison St, Chicago, IL 60634-4403

ATTACHMENT-☒7☒

Total Travel Estimate: **13.08 miles - about 21 minutes**

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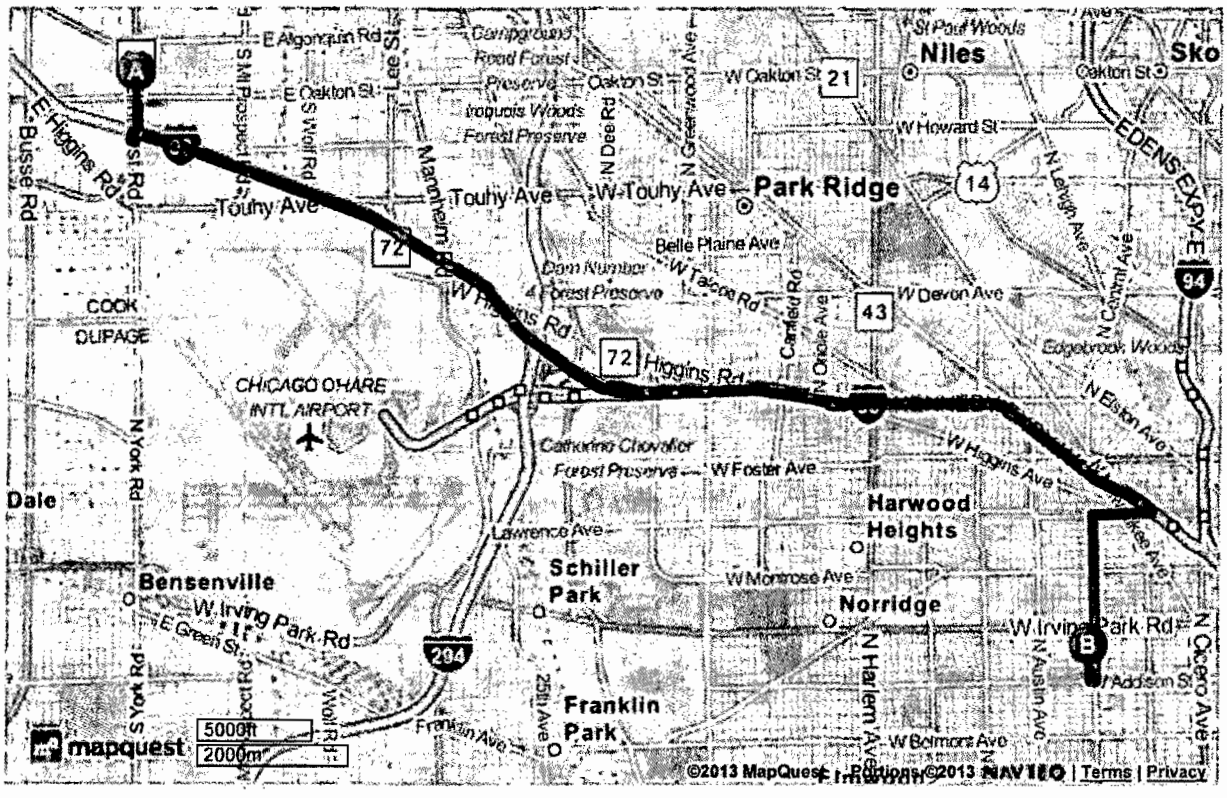

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ATTACHMENT-7

mapquest

Trip to:
4021 W Belmont Ave
Chicago, IL 60641-4771
14.35 miles / 21 minutes

Notes
St. Joseph's Village

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**12.9 Mi**	*13.2 Mi Total*
3. Take the **Addison St** exit, **EXIT 45A**. Map	**0.2 Mi**	*13.4 Mi Total*
4. Turn **right** onto **W Addison St**. Map	**0.4 Mi**	*13.8 Mi Total*
5. Turn **left** onto **N Pulaski Rd**. Map *N Pulaski Rd is just past N Harding Ave* *7-Eleven is on the left* *If you reach N Karlov Ave you've gone a little too far*	**0.5 Mi**	*14.3 Mi Total*
6. Turn **right** onto **W Belmont Ave**. Map *W Belmont Ave is just past W Melrose St* *Papa Rays Pizza and Wings is on the right* *If you reach W Barry Ave you've gone about 0.1 miles too far*	**0.03 Mi**	*14.3 Mi Total*
7. **4021 W BELMONT AVE** is on the **left**. Map *If you reach N Karlov Ave you've gone a little too far*		

4021 W Belmont Ave, Chicago, IL 60641-4771

ATTACHMENT-7

Total Travel Estimate: **14.35 miles - about 21 minutes**

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Notes

Alden-Long Grove Rehab/HC Ctr

Trip to:

2308 Old Hicks Rd

Long Grove, IL 60047-5024

15.36 miles / 23 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.6 Mi**	*0.6 Mi Total*
2. Turn **left** onto **W Algonquin Rd / IL-62**. Map *W Algonquin Rd is 0.1 miles past Devonshire Dr* *SPEEDWAY #7576 is on the corner* *If you reach Holiday Ln you've gone about 0.1 miles too far*	**2.4 Mi**	*3.0 Mi Total*
3. Turn **left** onto **S Arlington Heights Rd**. Map *S Arlington Heights Rd is 0.1 miles past S Tonne Dr* *Red Roof Inn - Chicago O'hare Airport is on the corner* *If you are on W Algonquin Rd and reach S Martin Ln you've gone about 0.1 miles too far*	**0.08 Mi**	*3.1 Mi Total*
4. Merge onto **I-90 W / Jane Addams Memorial Tollway** toward **Rockford** (Portions toll). Map	**2.0 Mi**	*5.1 Mi Total*
5. Merge onto **IL-53 N** toward **Northwest Suburbs**. Map	**6.5 Mi**	*11.6 Mi Total*
6. Stay **straight** to go onto **IL-53-EXT N**. Map	**2.0 Mi**	*13.6 Mi Total*
7. Turn **slight right** onto **Lake Cook Rd**. Map	**0.2 Mi**	*13.8 Mi Total*
8. Take the **1st right** onto **Hicks Rd / IL-53**. Continue to follow **IL-53**. Map *Community Food Mart is on the corner* *If you reach N Hazelcrest Rd you've gone about 0.4 miles too far*	**1.4 Mi**	*15.2 Mi Total*
9. Turn **right** onto **Old Hicks Rd**. Map *Old Hicks Rd is just past Mardan Dr* *If you reach Middlesex Dr you've gone about 0.1 miles too far*	**0.1 Mi**	*15.4 Mi Total*
10. **2308 OLD HICKS RD** is on the **right**. Map *If you reach Coach Rd you've gone about 0.1 miles too far*		

2308 Old Hicks Rd, Long Grove, IL 60047-5024

ATTACHMENT-☒7☒

Total Travel Estimate: **15.36 miles - about 23 minutes**

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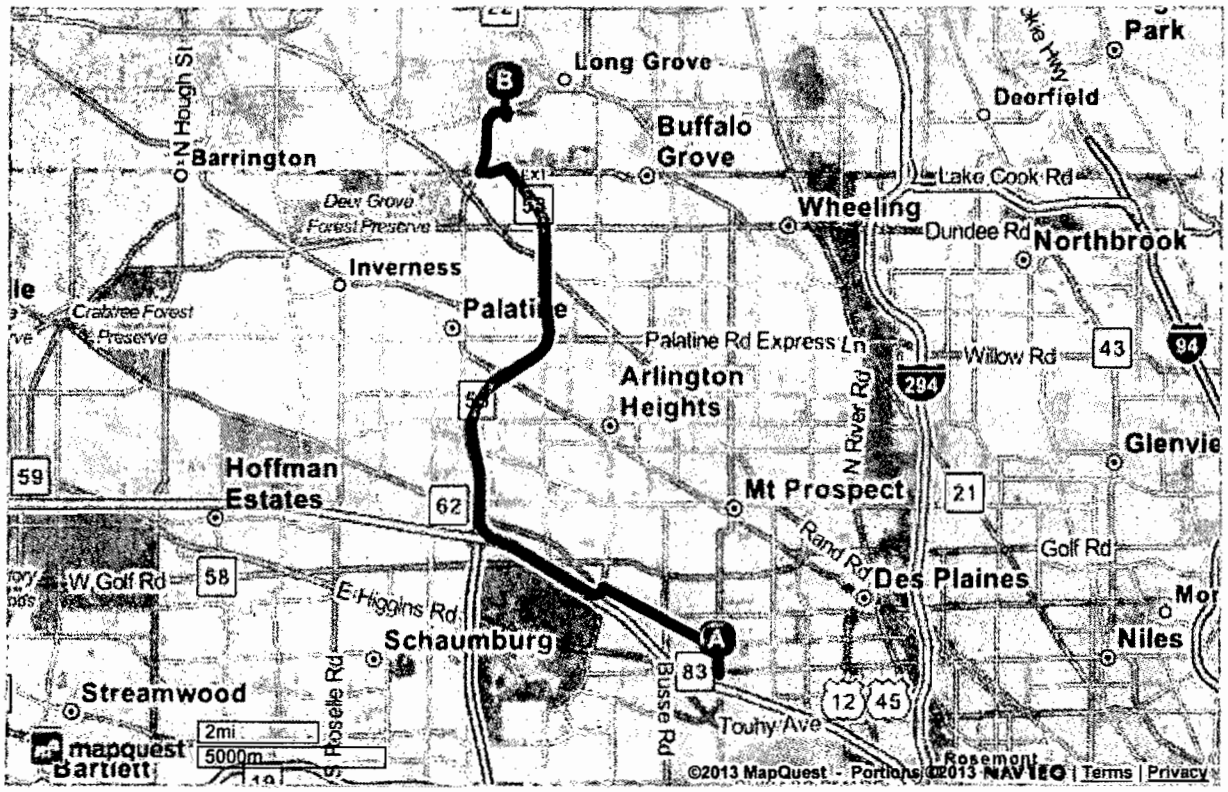

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Notes

The Renaissance At Hillside

Trip to:

4600 Frontage Rd

Hillside, IL 60162-1761

17.00 miles / 23 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E / Jane Addams Memorial Tollway** toward **Chicago** (Portions toll). Map	**4.3 Mi**	*4.5 Mi Total*
3. Merge onto **I-294 S** toward **Indiana** (Portions toll). Map	**9.0 Mi**	*13.5 Mi Total*
4. Merge onto **I-290 E / Eisenhower Expy E** toward **Chicago**. Map	**1.1 Mi**	*14.7 Mi Total*
5. Take the **US-12 / US-20 / US-45 / Mannheim Rd** exit, **EXIT 17**. Map	**1.3 Mi**	*16.0 Mi Total*
6. Merge onto **US-20 N / US-45 N / US-12 N / N Mannheim Rd** via **EXIT 17B**. Map	**0.3 Mi**	*16.2 Mi Total*
7. Turn **left** onto **N Frontage Rd**. Map *If you reach Congress St you've gone a little too far*	**0.7 Mi**	*17.0 Mi Total*
8. **4600 FRONTAGE RD** is on the **right**. Map *If you reach N Jackson Blvd you've gone about 0.2 miles too far*		

4600 Frontage Rd, Hillside, IL 60162-1761

ATTACHMENT-7

Total Travel Estimate: **17.00 miles - about 23 minutes**

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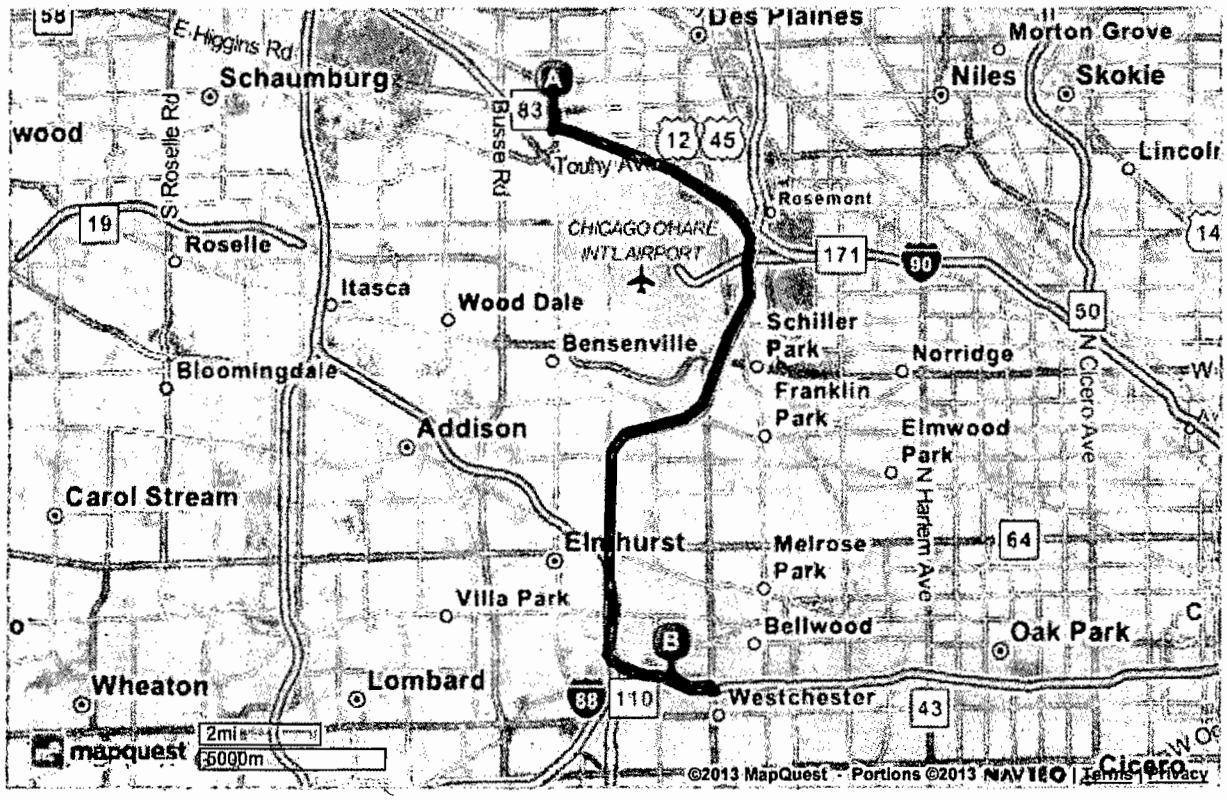

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Notes

Arlington Rehab & Living Ctr.

Trip to:

1666 Checker Rd

Long Grove, IL 60047-5289

15.26 miles / 23 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.6 Mi**	*0.6 Mi Total*
2. Turn **left** onto **W Algonquin Rd / IL-62**. Map *W Algonquin Rd is 0.1 miles past Devonshire Dr* *SPEEDWAY #7576 is on the corner* *If you reach Holiday Ln you've gone about 0.1 miles too far*	**2.4 Mi**	*3.0 Mi Total*
3. Turn **left** onto **S Arlington Heights Rd**. Map *S Arlington Heights Rd is 0.1 miles past S Tonne Dr* *Red Roof Inn - Chicago O'hare Airport is on the corner* *If you are on W Algonquin Rd and reach S Martin Ln you've gone about 0.1 miles too far*	**0.08 Mi**	*3.1 Mi Total*
4. Merge onto **I-90 W / Jane Addams Memorial Tollway** toward **Rockford** (Portions toll). Map	**2.0 Mi**	*5.1 Mi Total*
5. Merge onto **IL-53 N** toward **Northwest Suburbs**. Map	**6.5 Mi**	*11.6 Mi Total*
6. Stay **straight** to go onto **IL-53-EXT N**. Map	**1.3 Mi**	*12.9 Mi Total*
7. Take the **East Lake Cook Rd** exit. Map	**0.3 Mi**	*13.2 Mi Total*
8. Merge onto **Lake Cook Rd**. Map	**1.4 Mi**	*14.6 Mi Total*
9. Turn **left** onto **N Arlington Heights Rd**. Map *N Arlington Heights Rd is 0.1 miles past N Highland Ave* *If you reach Timber Hill Rd you've gone about 0.1 miles too far*	**0.5 Mi**	*15.1 Mi Total*
10. Turn **left** onto **Checker Rd / W Checker Rd**. Map *Checker Rd is 0.1 miles past Auburn Ln* *If you reach Bernay Ln you've gone about 0.1 miles too far*	**0.2 Mi**	*15.3 Mi Total*
11. **1666 CHECKER RD** is on the **right**. Map *If you reach Bordeaux Ln you've gone a little too far*		

1666 Checker Rd, Long Grove, IL 60047-5289

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Total Travel Estimate: **15.26 miles - about 23 minutes**

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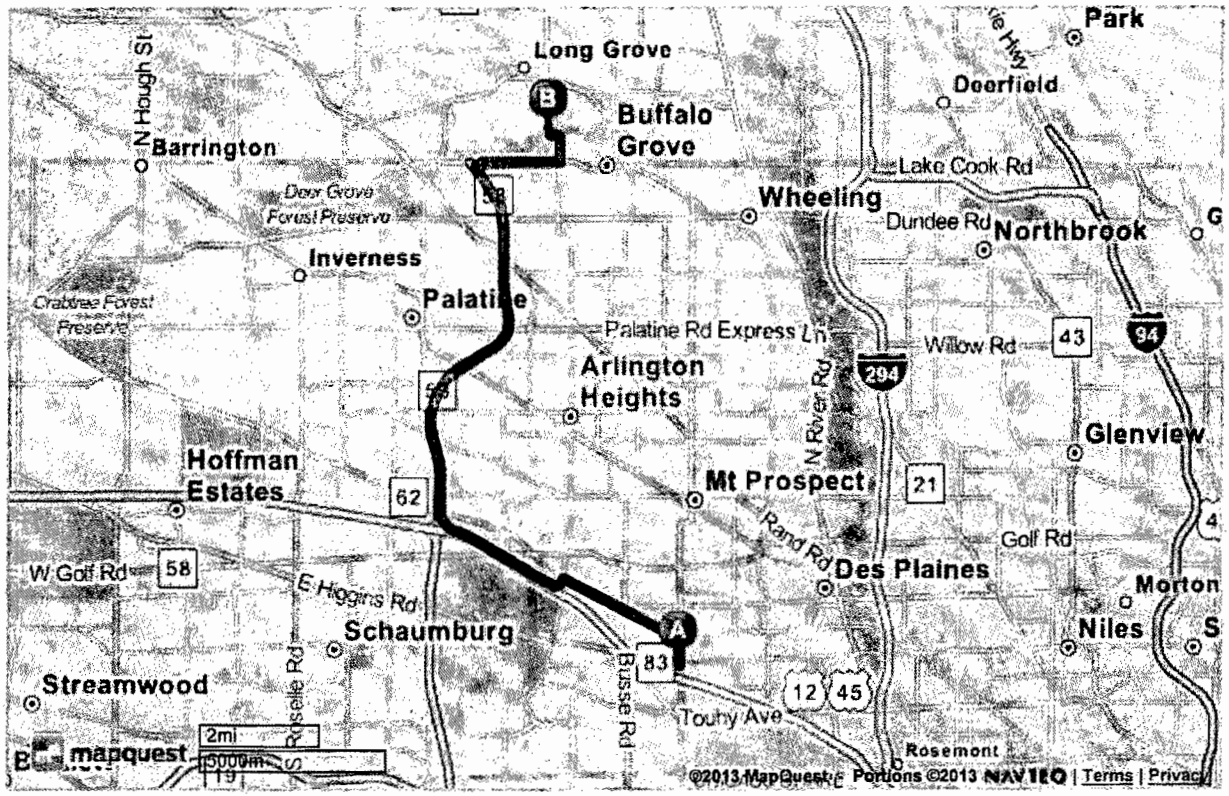

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ATTACHMENT-7

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Trip to:
323 Oak Ridge Ave
Hillside, IL 60162-2019
16.78 miles / 23 minutes

Notes
Oakridge Healthcare Center

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E / Jane Addams Memorial Tollway** toward **Chicago** (Portions toll). Map	**4.3 Mi**	*4.5 Mi Total*
3. Merge onto **I-294 S** toward **Indiana** (Portions toll). Map	**9.0 Mi**	*13.5 Mi Total*
4. Merge onto **I-290 E / Eisenhower Expy E** toward **Chicago**. Map	**1.1 Mi**	*14.7 Mi Total*
5. Take the **US-12 / US-20 / US-45 / Mannheim Rd** exit, **EXIT 17**. Map	**1.0 Mi**	*15.7 Mi Total*
6. Merge onto **S Mannheim Rd / US-20 S / US-45 S / US-12 S** via **EXIT 17A**. Map	**0.7 Mi**	*16.3 Mi Total*
7. Take the 3rd **right** onto **Roosevelt Rd / IL-38**. Map *Roosevelt Rd is just past May St* *McDonald's is on the right* *If you reach Pelham St you've gone a little too far*	**0.4 Mi**	*16.7 Mi Total*
8. Turn **right** onto **Oak Ridge Ave**. Map *Oak Ridge Ave is 0.2 miles past Center St* *Priscilla's Ultimate Soulfood Cafeteria is on the corner* *If you are on Roosevelt Rd and reach Orchard Ave you've gone a little too far*	**0.09 Mi**	*16.8 Mi Total*
9. **323 OAK RIDGE AVE** is on the **right**. Map *If you reach Edgewater Ave you've gone a little too far*		

323 Oak Ridge Ave, Hillside, IL 60162-2019

Total Travel Estimate: **16.78 miles - about 23 minutes**

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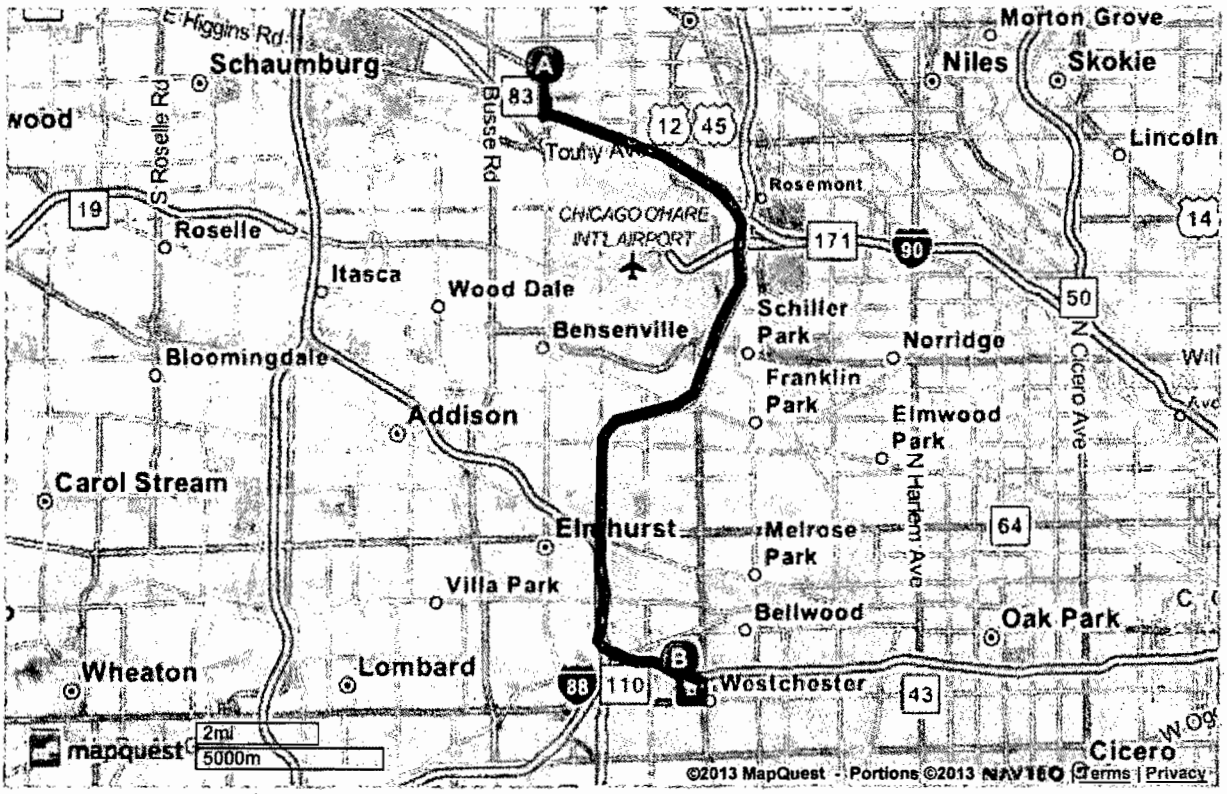

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Notes

Park Place Christian Village

Trip to:

1050 S Euclid Ave

Elmhurst, IL 60126-5169

14.40 miles / 23 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **left** onto **IL-83 / W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **Busse Rd / IL-83 S**. Continue to follow **IL-83 S**. Map *IL-83 S is just past E Higgins Rd* *Dunkin Donuts is on the left* *If you reach IL-72 W you've gone about 0.1 miles too far*	**11.6 Mi**	*12.6 Mi Total*
4. Merge onto **IL-56 E / Butterfield Rd** toward **IL-38 E / Roosevelt Rd**. Map	**1.6 Mi**	*14.3 Mi Total*
5. Turn **right** onto **S Euclid Ave**. Map *S Euclid Ave is 0.1 miles past S Bryan St* *Bryan Middle School is on the left* *If you are on Butterfield Rd and reach S Kent Ave you've gone a little too far*	**0.1 Mi**	*14.4 Mi Total*
6. **1050 S EUCLID AVE**. Map *If you reach the end of S Euclid Ave you've gone a little too far*		

1050 S Euclid Ave, Elmhurst, IL 60126-5169

ATTACHMENT-☒7☒

Total Travel Estimate: **14.40 miles - about 23 minutes**

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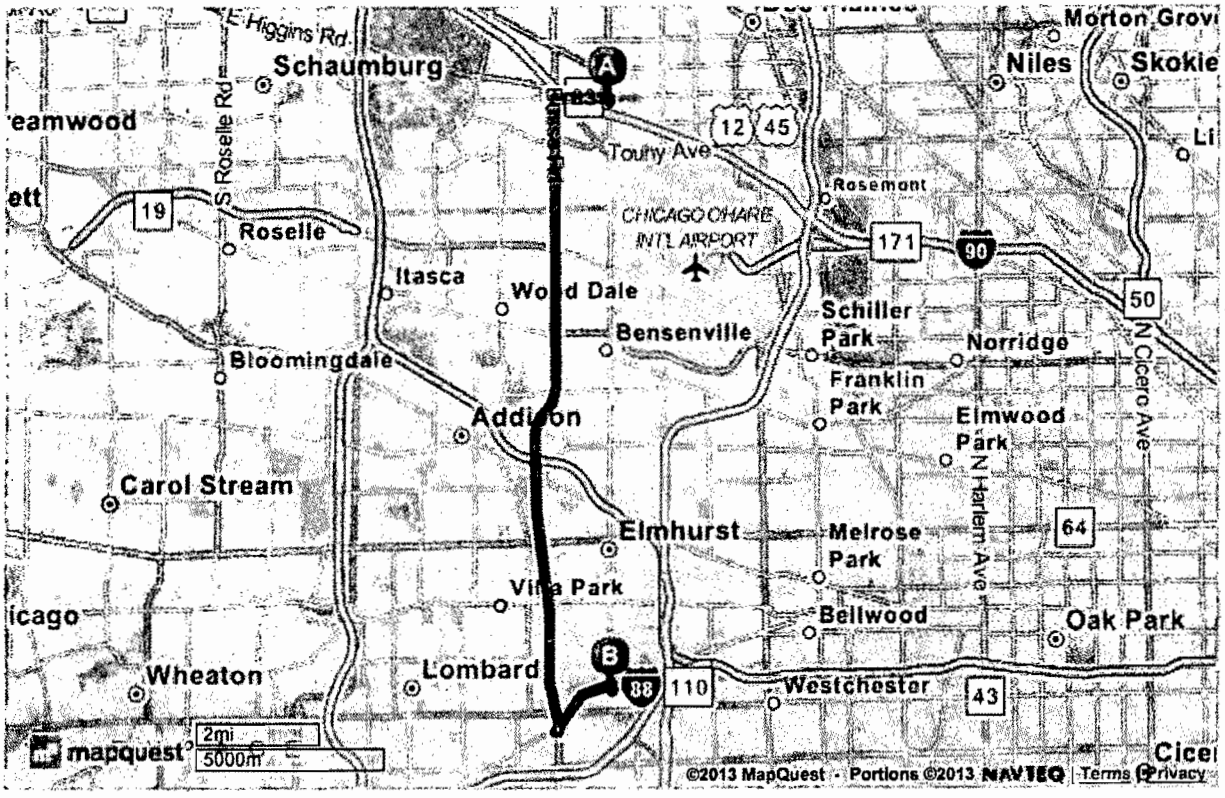

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Notes

Maryhaven Nsg. & Rehab. Ctr.

Trip to:

1700 E Lake Ave

Glenview, IL 60025-2003

12.19 miles / 23 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **S Mt Prospect Rd**. Map *S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave* *Taco Burrito King Fourteen Inc is on the corner* *If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far*	**1.8 Mi**	*2.9 Mi Total*
4. Turn **right** onto **E Golf Rd / IL-58**. Pass through 1 roundabout. Map *E Golf Rd is 0.2 miles past E Washington St* *BUSSE MARATHON is on the corner* *If you reach S Josephine Ct you've gone about 0.1 miles too far*	**1.9 Mi**	*4.7 Mi Total*
5. Turn **left** onto **N Des Plaines River Rd / US-45 / N River Rd**. Continue to follow **US-45 / N River Rd**. Map *US-45 is 0.1 miles past Mary St* *Chidren's Choice Learning Centers is on the corner* *If you are on IL-58 and reach College Dr you've gone about 0.1 miles too far*	**2.3 Mi**	*7.1 Mi Total*
6. Turn **right** onto **Euclid Ave / W Lake Ave**. Continue to follow **W Lake Ave**. Map *W Lake Ave is 0.1 miles past E Ivy Ln* *If you are on US-45 and reach Chinkapinoak Dr you've gone a little too far*	**5.1 Mi**	*12.2 Mi Total*
7. **1700 E LAKE AVE** is on the **left**. Map *Your destination is 0.2 miles past Tall Tree Rd* *If you reach Waukegan Rd you've gone a little too far*		

1700 E Lake Ave, Glenview, IL 60025-2003

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Total Travel Estimate: **12.19 miles - about 23 minutes**

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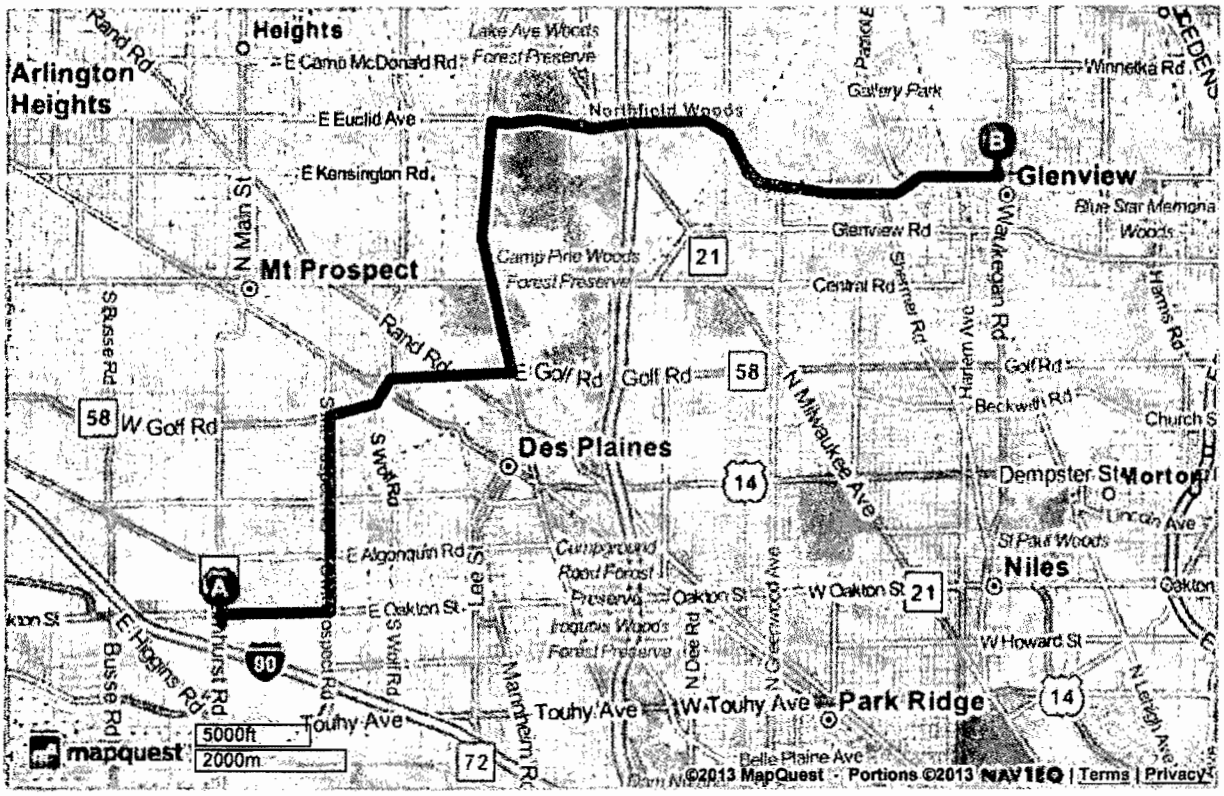

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Notes

Bethesda Home & Retirement Ctr

Trip to:

2833 N Nordica Ave

Chicago, IL 60634-4726

11.78 miles / 22 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**7.4 Mi**	*7.7 Mi Total*
3. Take **EXIT 81A** toward **IL-43 / Harlem Ave**. Map	**0.2 Mi**	*7.9 Mi Total*
4. Stay **straight** to go onto **W Higgins Ave / IL-72 E**. Map	**0.2 Mi**	*8.0 Mi Total*
5. Turn **right** onto **N Harlem Ave / IL-43**. Map *SHELL SORO is on the right* *If you reach N Neva Ave you've gone a little too far*	**3.5 Mi**	*11.5 Mi Total*
6. Turn **left** onto **W Diversey Ave**. Map *Arturos Mexican Food is on the left* *If you reach W Schubert Ave you've gone about 0.1 miles too far*	**0.2 Mi**	*11.7 Mi Total*
7. Turn **left** onto **N Nordica Ave**. Map *N Nordica Ave is just past N Mont Clare Ave* *If you reach N Sayre Ave you've gone a little too far*	**0.07 Mi**	*11.8 Mi Total*
8. **2833 N NORDICA AVE** is on the **right**. Map *Your destination is just past W Wolfram St* *If you reach W George St you've gone a little too far*		

2833 N Nordica Ave, Chicago, IL 60634-4726

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Total Travel Estimate: **11.78 miles - about 22 minutes**

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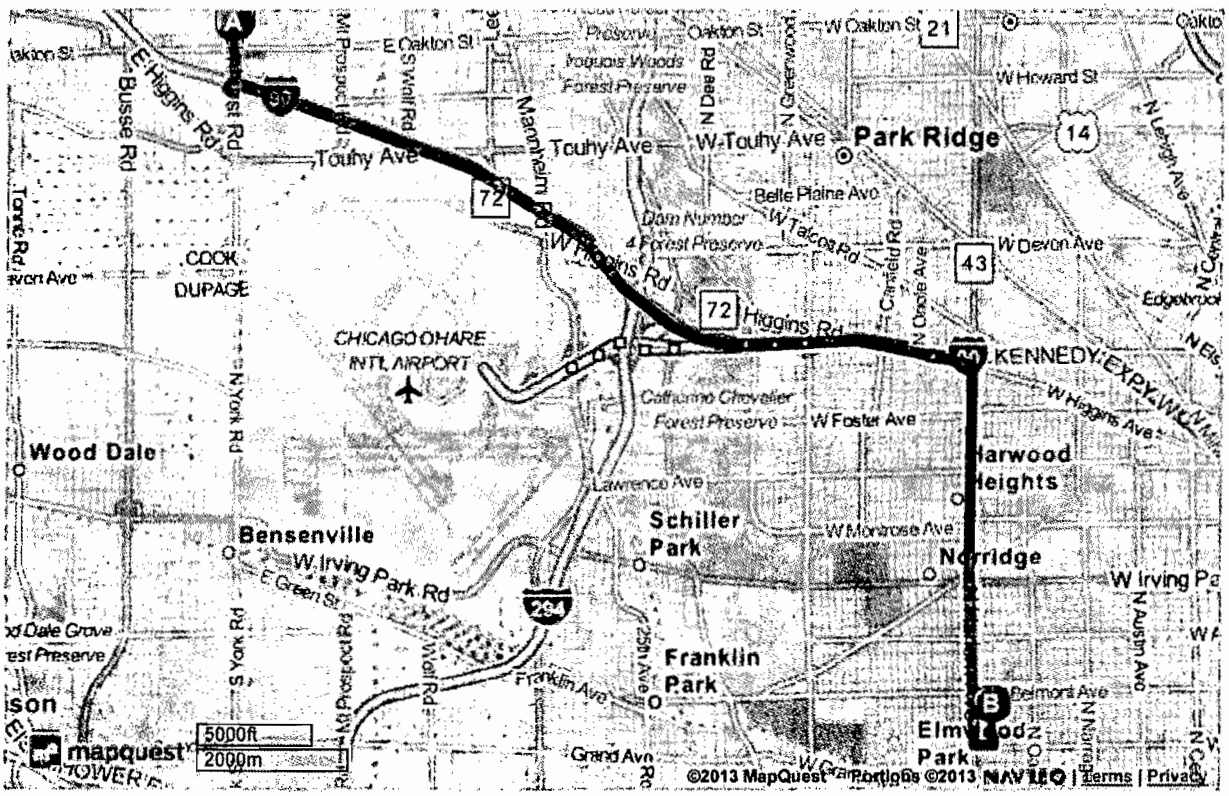

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Notes

Peterson Park Nursing Home

Trip to:

6141 N Pulaski Rd

Chicago, IL 60646-5215

14.10 miles / 22 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**10.5 Mi**	*10.8 Mi Total*
3. Take the **Lawrence Ave** exit, **EXIT 84**. Map	**0.2 Mi**	*10.9 Mi Total*
4. Turn **slight left** onto **W Lawrence Ave**. Map *If you reach I-90 E you've gone about 0.1 miles too far*	**0.5 Mi**	*11.4 Mi Total*
5. Turn **left** onto **N Cicero Ave / IL-50**. Map *If you reach N Keating Ave you've gone a little too far*	**1.5 Mi**	*12.9 Mi Total*
6. Turn **right** onto **W Peterson Ave / US-14**. Map *W Peterson Ave is just past N Caldwell Ave* *If you reach W Glenlake Ave you've gone about 0.1 miles too far*	**1.0 Mi**	*13.9 Mi Total*
7. Turn **left** onto **N Pulaski Rd**. Map *N Pulaski Rd is just past N Keystone Ave* *BP is on the corner* *If you are on W Peterson Ave and reach N Lawndale Ave you've gone about 0.3 miles too far*	**0.2 Mi**	*14.1 Mi Total*
8. **6141 N PULASKI RD** is on the **right**. Map *Your destination is just past W Glenlake Ave* *If you reach W Granville Ave you've gone a little too far*		

6141 N Pulaski Rd, Chicago, IL 60646-5215

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Total Travel Estimate: **14.10 miles - about 22 minutes**

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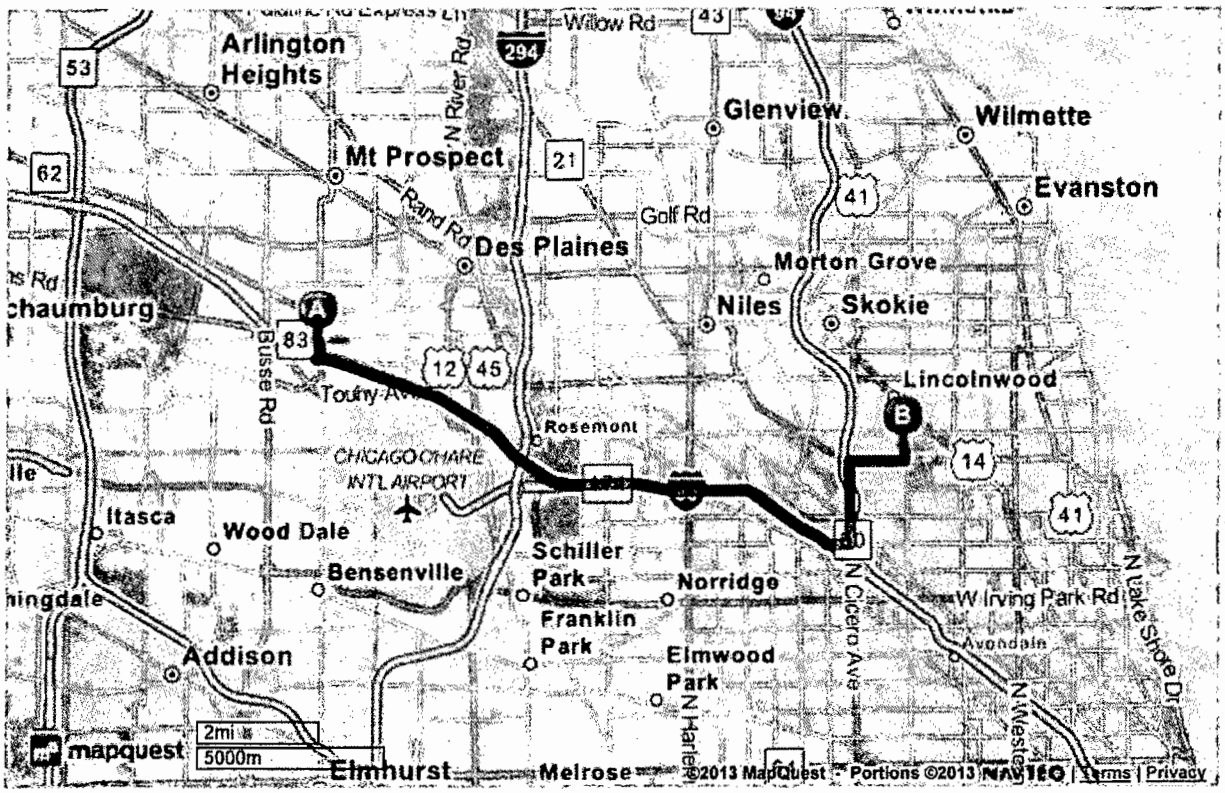

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Notes

St. Paul's House & Healthcare

Trip to:

3800 N California Ave

Chicago, IL 60618-3606

14.72 miles / 22 minutes

	1750 Elmhurst Rd, Des Plaines, IL 60018-1862	
	1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi** *0.3 Mi Total*
EAST 90	2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**12.9 Mi** *13.2 Mi Total*
45A EXIT	3. Take the **Addison St** exit, **EXIT 45A**. Map	**0.2 Mi** *13.4 Mi Total*
	4. Turn **left** onto **W Addison St**. Map	**1.1 Mi** *14.5 Mi Total*
	5. Turn **left** onto **N California Ave**. Map *N California Ave is just past N Mozart St* *If you reach N Talman Ave you've gone about 0.1 miles too far*	**0.3 Mi** *14.7 Mi Total*
	6. **3800 N CALIFORNIA AVE** is on the **left**. Map *Your destination is 0.1 miles past W Waveland Ave* *If you reach W Byron St you've gone about 0.1 miles too far*	
	3800 N California Ave, Chicago, IL 60618-3606	

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Total Travel Estimate: **14.72 miles - about 22 minutes**

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Trip to:
150 Weiland Rd
Buffalo Grove, IL 60089-7047
10.12 miles / 24 minutes

Notes
Claremont Rehab & Living Ctr.

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**2.7 Mi**	*2.7 Mi Total*
2. **Elmhurst Rd** becomes **IL-83 / W Lincoln St**. Map	**0.09 Mi**	*2.8 Mi Total*
3. Turn **left** onto **S Main St / IL-83**. Continue to follow **IL-83**. Map *IL-83 is just past S Wille St*	**5.9 Mi**	*8.6 Mi Total*
4. Turn **left** onto **McHenry Rd / IL-83**. Map *McHenry Rd is just past Colonial Dr* *If you are on Chelsea Dr and reach Barnaby Pl you've gone a little too far*	**1.2 Mi**	*9.8 Mi Total*
5. Turn **right** onto **Weiland Rd**. Map *Weiland Rd is 0.4 miles past Fairway View Dr* *If you are on McHenry Rd and reach E Lake Cook Rd you've gone about 0.1 miles too far*	**0.3 Mi**	*10.1 Mi Total*
6. **150 WEILAND RD**. Map *Your destination is 0.1 miles past E Lake Cook Rd* *If you reach Woodstone Dr you've gone about 0.1 miles too far*		

150 Weiland Rd, Buffalo Grove, IL 60089-7047

ATTACHMENT-7

Total Travel Estimate: **10.12 miles - about 24 minutes**

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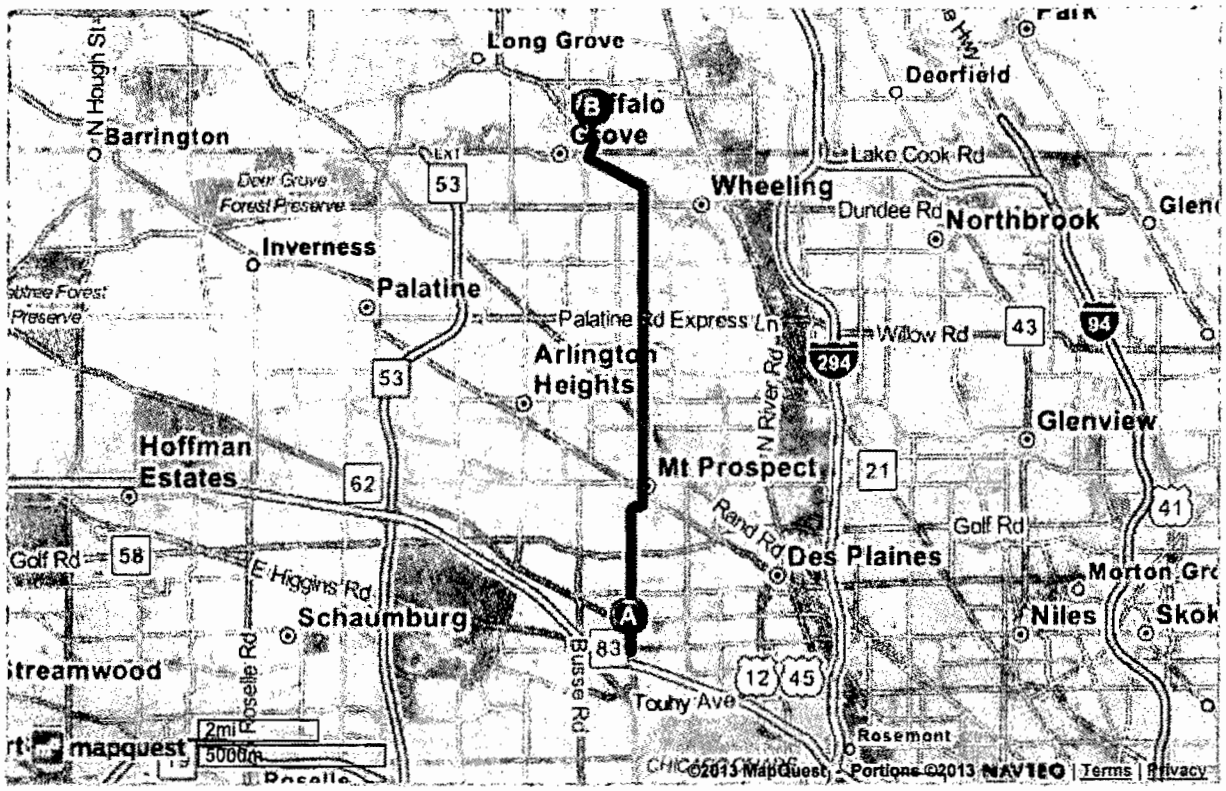

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Trip to:
815 E Irving Park Rd
Streamwood, IL 60107-3073
14.76 miles / 24 minutes

Notes
Lexington Of Streamwood

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi** *0.09 Mi Total*
2. Take the 1st **left** onto **IL-83 / W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi** *1.1 Mi Total*
3. Turn **left** onto **Busse Rd / IL-83 S**. Map *Busse Rd is just past E Higgins Rd* *Dunkin Donuts is on the left* *If you reach IL-72 W you've gone about 0.1 miles too far*	**2.7 Mi** *3.8 Mi Total*
4. Turn **right** onto **Thorndale Ave**. Map *Thorndale Ave is 0.1 miles past Tower Ln* *If you reach Bryn Mawr Ave you've gone about 0.2 miles too far*	**3.8 Mi** *7.6 Mi Total*
5. Stay **straight** to go onto **Elgin OHare Expy W**. Map	**4.2 Mi** *11.8 Mi Total*
6. Take the **Irving Park Rd / IL-19** exit toward **Springinsguth Rd**. Map	**0.4 Mi** *12.2 Mi Total*
7. Turn **right** onto **W Irving Park Rd / IL-19**. Map *If you reach S Springinsguth Rd you've gone about 0.1 miles too far*	**2.6 Mi** *14.8 Mi Total*
8. **815 E IRVING PARK RD** is on the **left**. Map *Your destination is just past Lincoln Ave* *If you reach Shirley Ave you've gone a little too far*	

815 E Irving Park Rd, Streamwood, IL 60107-3073

ATTACHMENT-7

Total Travel Estimate: **14.76 miles - about 24 minutes**

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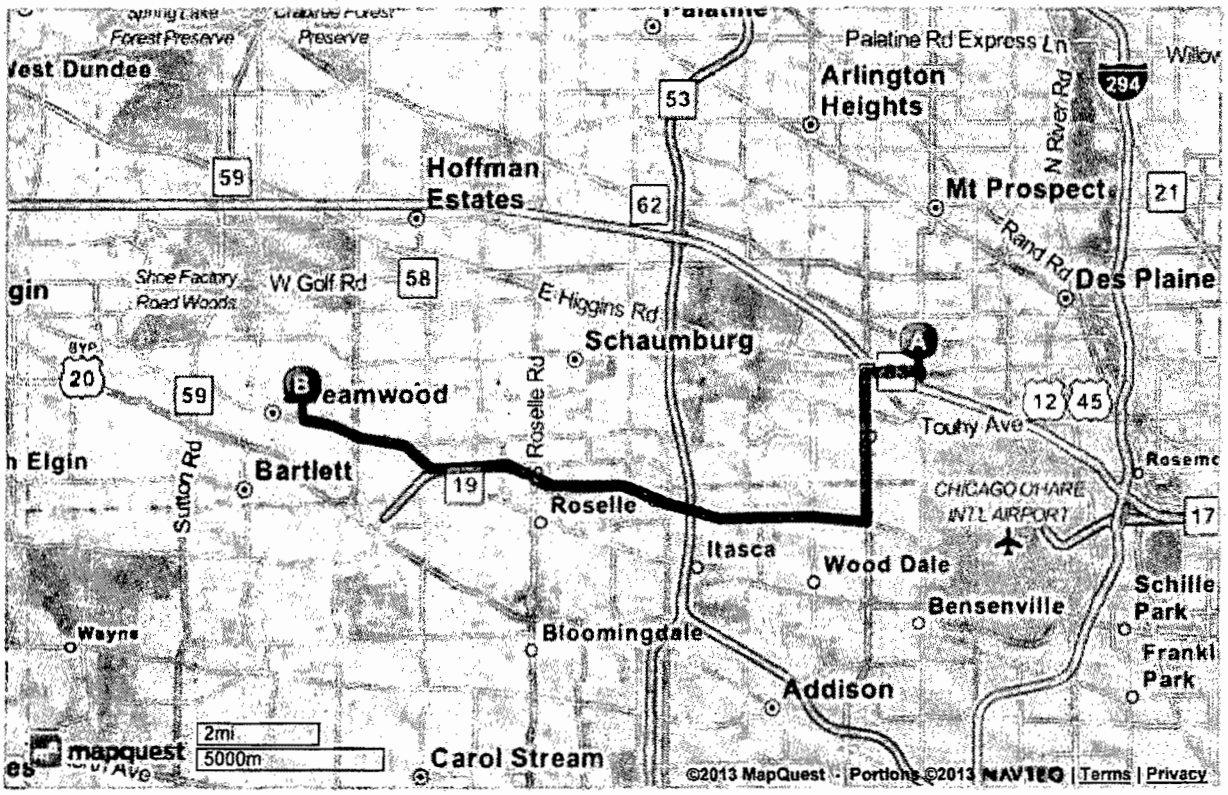

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Notes

Westchester Health & Rehab

Trip to:
2901 Wolf Rd
Westchester, IL 60154-5623
17.86 miles / 24 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E / Jane Addams Memorial Tollway** toward **Chicago** (Portions toll). Map	**4.3 Mi**	*4.5 Mi Total*
3. Merge onto **I-294 S** toward **Indiana** (Portions toll). Map	**11.5 Mi**	*16.0 Mi Total*
4. Take the **Cermak Rd / 22nd Street** exit. Map	**0.1 Mi**	*16.1 Mi Total*
5. Keep **right** at the fork in the ramp. Map	**0.09 Mi**	*16.2 Mi Total*
6. Merge onto **Cermak Rd / W 22nd St**. Map	**0.9 Mi**	*17.1 Mi Total*
7. Turn **right** onto **Wolf Rd / S Wolf Rd**. Continue to follow **Wolf Rd**. Map *Wolf Rd is 0.4 miles past Enterprise Dr* *BP is on the right* *If you are on Cermak Rd and reach Mandel Ave you've gone a little too far*	**0.7 Mi**	*17.9 Mi Total*
8. **2901 WOLF RD** is on the **left**. Map *Your destination is just past Wakefield St* *If you reach 31st St you've gone about 0.2 miles too far*		

2901 Wolf Rd, Westchester, IL 60154-5623

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Total Travel Estimate: **17.86 miles - about 24 minutes**

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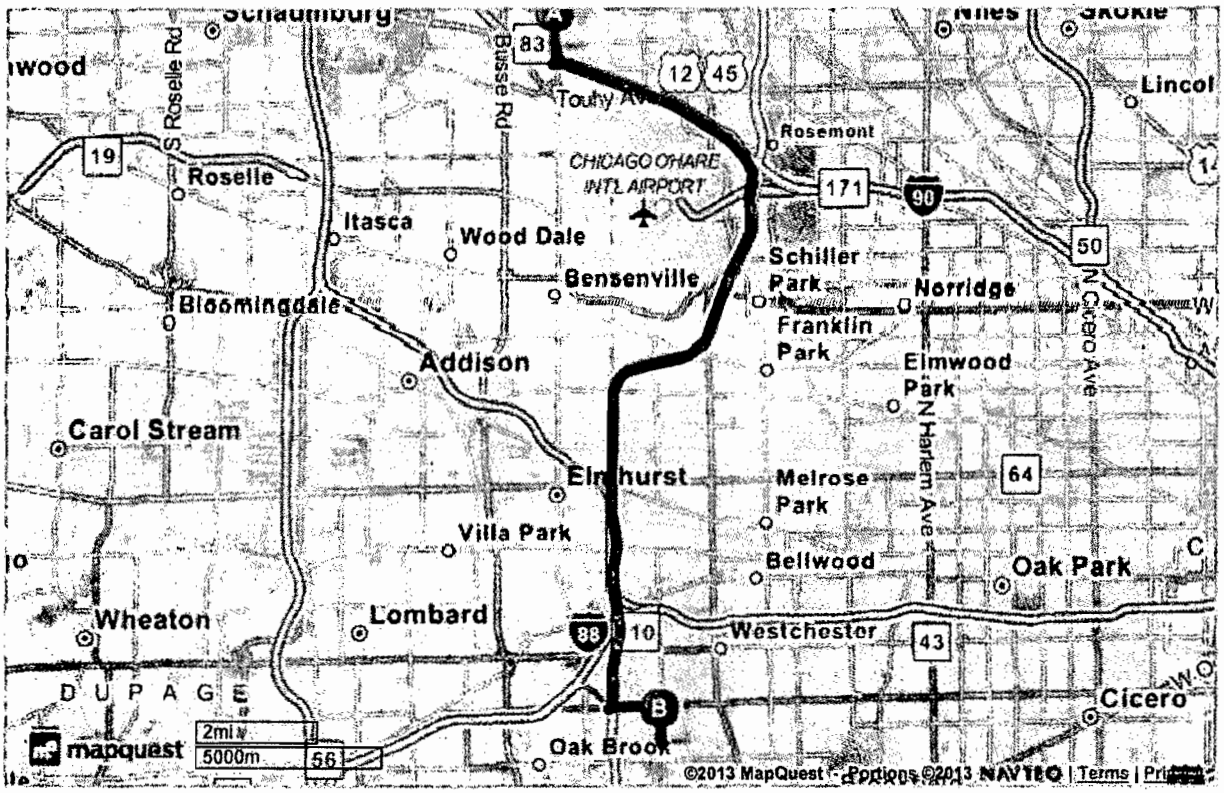

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Notes

Alden Estates of Barrington

Trip to:

1420 S Barrington Rd

Barrington, IL 60010-5206

16.30 miles / 25 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.6 Mi** *0.6 Mi Total*
2. Turn **left** onto **W Algonquin Rd / IL-62**. Map *W Algonquin Rd is 0.1 miles past Devonshire Dr* *SPEEDWAY #7576 is on the corner* *If you reach Holiday Ln you've gone about 0.1 miles too far*	**2.4 Mi** *3.0 Mi Total*
3. Turn **left** onto **S Arlington Heights Rd**. Map *S Arlington Heights Rd is 0.1 miles past S Tonne Dr* *Red Roof Inn - Chicago O'hare Airport is on the corner* *If you are on W Algonquin Rd and reach S Martin Ln you've gone about 0.1 miles too far*	**0.08 Mi** *3.1 Mi Total*
4. Merge onto **I-90 W / Jane Addams Memorial Tollway** toward **Rockford** (Portions toll). Map	**8.1 Mi** *11.2 Mi Total*
5. Take the **Barrington Rd** exit. Map	**0.3 Mi** *11.5 Mi Total*
6. Keep **right** to take the **Barrington Rd North** ramp. Map	**0.2 Mi** *11.7 Mi Total*
7. Merge onto **Barrington Rd**. Map	**4.6 Mi** *16.3 Mi Total*
8. **1420 S BARRINGTON RD** is on the **left**. Map *If you reach E Cornell Ave you've gone about 0.1 miles too far*	

1420 S Barrington Rd, Barrington, IL 60010-5206

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Total Travel Estimate: **16.30 miles - about 25 minutes**

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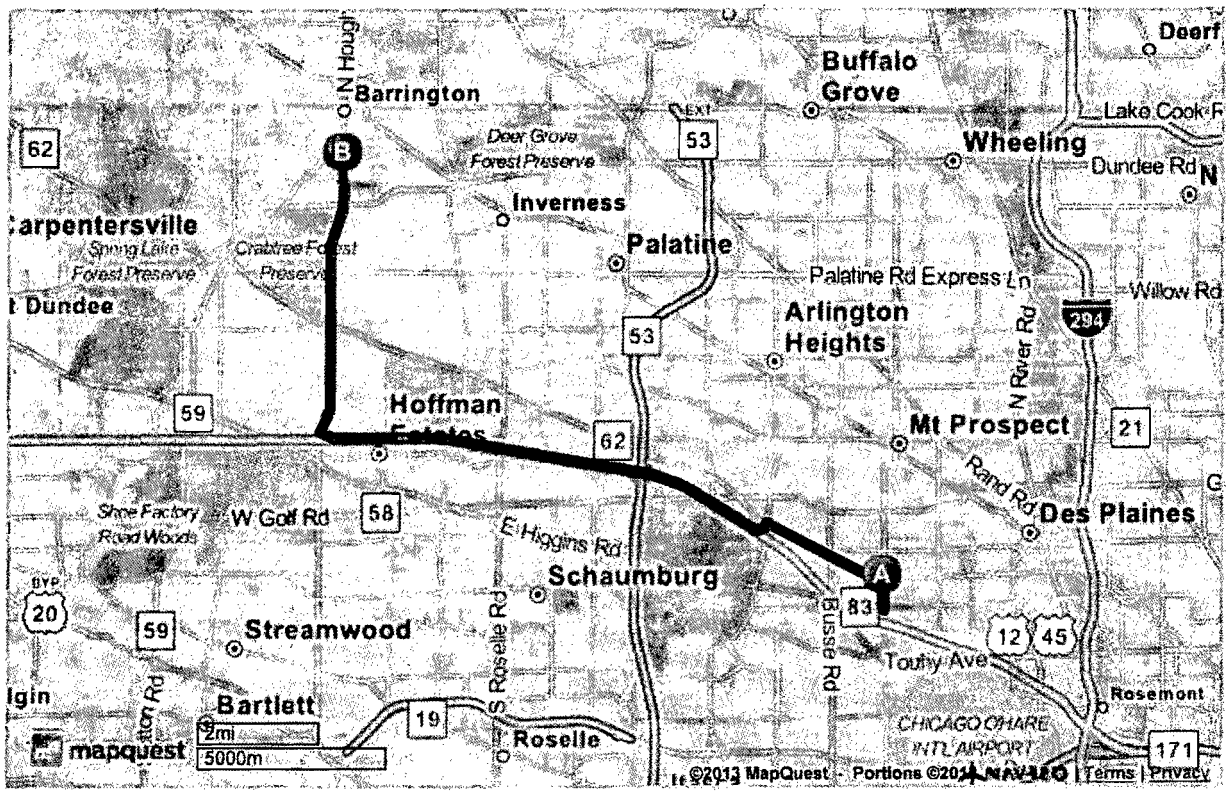

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Notes

Brentwood North Healthcare & Rehab

Trip to:
3705 Deerfield Rd
Riverwoods, IL 60015-3540
13.25 miles / 25 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi** *0.09 Mi Total*
2. Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi** *1.1 Mi Total*
3. Turn **left** onto **S Mt Prospect Rd**. Map *S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave* *Taco Burrito King Fourteen Inc is on the corner* *If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far*	**1.8 Mi** *2.9 Mi Total*
4. Turn **right** onto **E Golf Rd / IL-58**. Pass through 1 roundabout. Map *E Golf Rd is 0.2 miles past E Washington St* *BUSSE MARATHON is on the corner* *If you reach S Josephine Ct you've gone about 0.1 miles too far*	**1.9 Mi** *4.7 Mi Total*
5. Turn **left** onto **N Des Plaines River Rd / US-45 / N River Rd**. Continue to follow **US-45 N / N River Rd**. Map *US-45 N is 0.1 miles past Mary St* *Chidren's Choice Learning Centers is on the corner* *If you are on IL-58 and reach College Dr you've gone about 0.1 miles too far*	**3.5 Mi** *8.2 Mi Total*
6. Turn **left** onto **US-45 N / IL-21 N / N Milwaukee Ave**. Continue to follow **US-45 N / IL-21 N**. Map *US-45 N is 0.1 miles past E Old Willow Rd*	**4.8 Mi** *13.1 Mi Total*
7. Turn **right** onto **Deerfield Rd**. Map *Deerfield Rd is 0.2 miles past Pekara Dr* *Jimmy's Charhouse Riverwoods is on the corner* *If you reach Chicory Ln you've gone about 0.2 miles too far*	**0.2 Mi** *13.3 Mi Total*
8. **3705 DEERFIELD RD** is on the **right**. Map *If you reach Chicory Ln you've gone about 0.1 miles too far*	

3705 Deerfield Rd, Riverwoods, IL 60015-3540

Total Travel Estimate: **13.25 miles - about 25 minutes**

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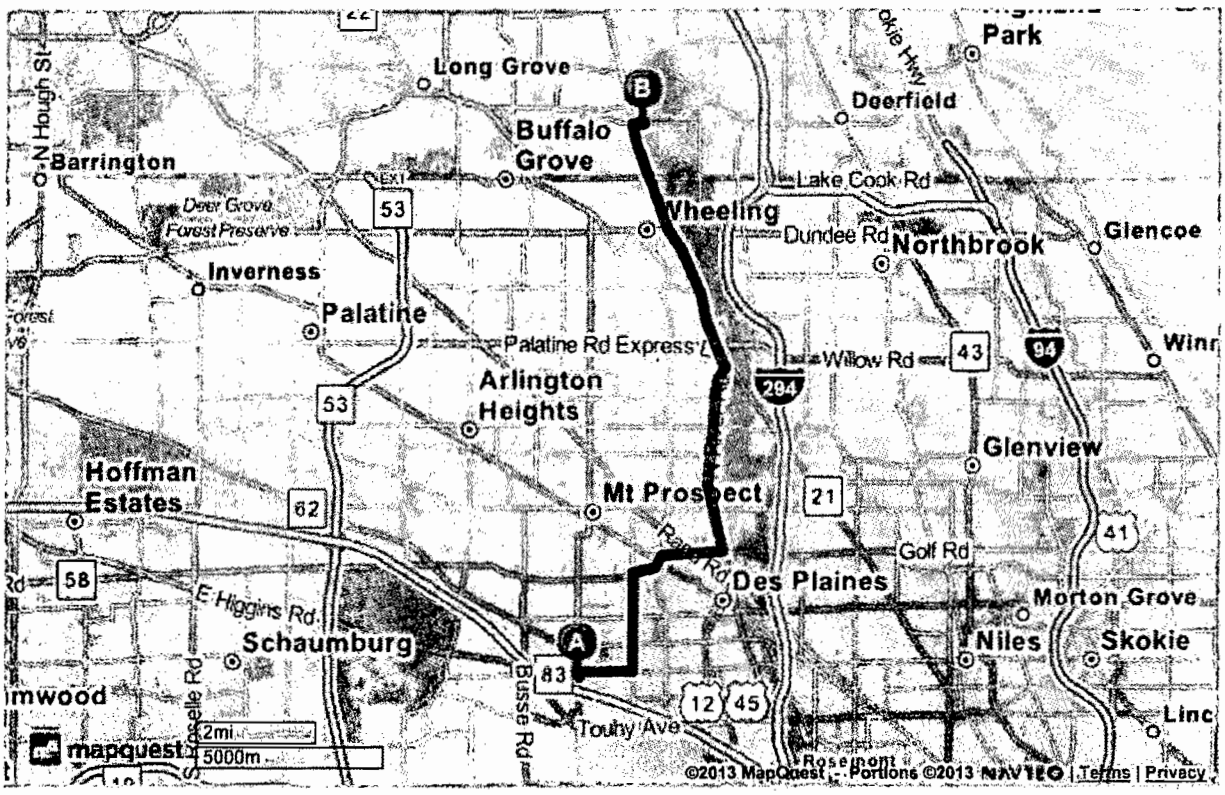

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Notes

Manor Care of Hinsdale

Trip to:
600 W Ogden Ave
Hinsdale, IL 60521-3158
16.07 miles / 25 minutes

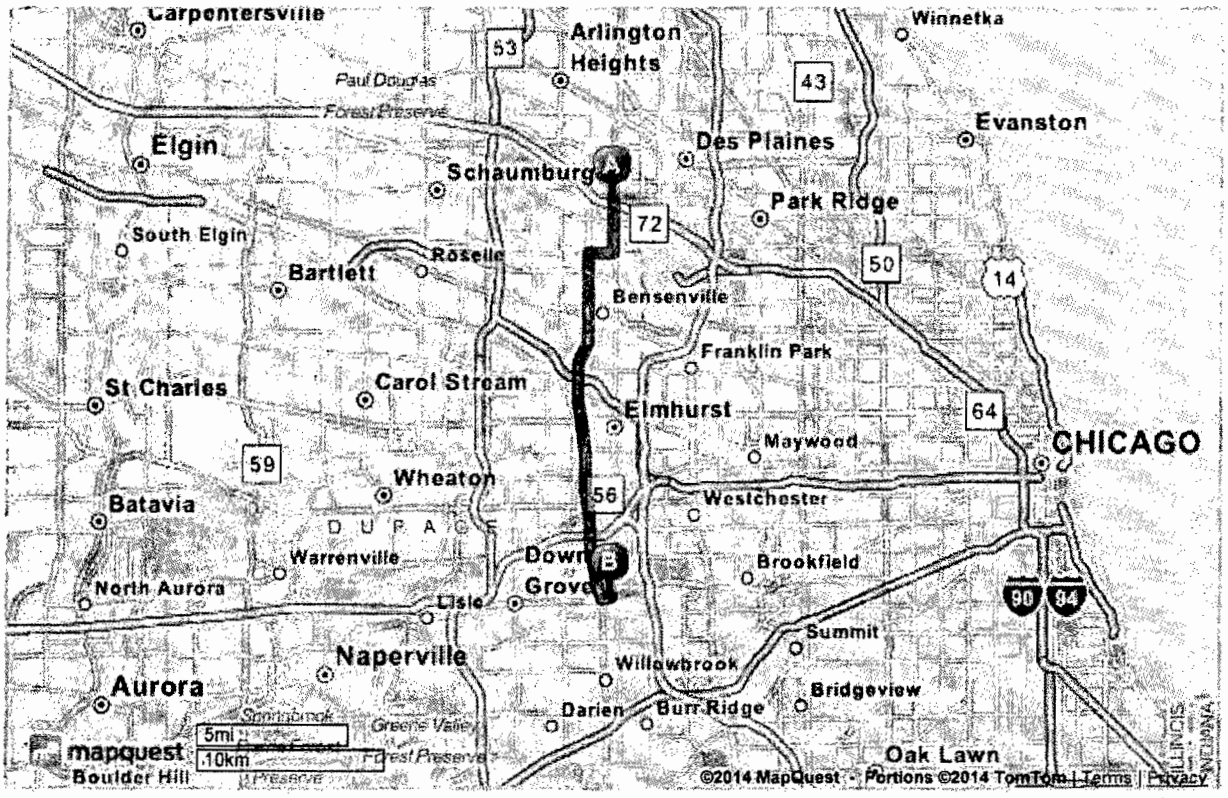
1750 Elmhurst Rd, Des Plaines, IL 60018-1816 — Download Free App

1.	Start out going **south** on **Elmhurst Rd** toward **Landmeier Rd**. Map	**1.9 Mi**
2.	Turn **right** onto **E Devon Ave**. Map	**1.0 Mi**
3.	Turn **left** onto **Busse Rd / IL-83**. Continue to follow **IL-83 S**. Map	**12.4 Mi**
4.	Take the **US-34 / Ogden Ave** ramp. Map	**0.3 Mi**
5.	Keep **left** at the fork in the ramp. Map	**0.09 Mi**
6.	Turn **left** onto **Ogden Ave / US-34 E**. Map	**0.4 Mi**
7.	**600 W OGDEN AVE** is on the **right**. Map	

600 W Ogden Ave, Hinsdale, IL 60521-3158

ATTACHMENT-7

Total Travel Estimate: **16.07 miles - about 25 minutes**



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Trip to:
512 E Ogden Ave
Westmont, IL 60559-1228
16.61 miles / 25 minutes

Notes
Manor Care of Westmont

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **left** onto **IL-83 / W Oakton St**. Map *7-Eleven is on the corner* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **Busse Rd / IL-83 S**. Continue to follow **IL-83 S**. Map *IL-83 S is just past E Higgins Rd* *Dunkin Donuts is on the left* *If you reach IL-72 W you've gone about 0.1 miles too far*	**14.5 Mi**	*15.6 Mi Total*
4. Take the **US-34** ramp. Map	**0.4 Mi**	*16.0 Mi Total*
5. Turn **right** onto **Ogden Ave / E Ogden Ave / US-34**. Map *Rosati's Pizza is on the right*	**0.6 Mi**	*16.6 Mi Total*
6. **512 E OGDEN AVE** is on the **right**. Map *Your destination is 0.1 miles past Oakwood Dr* *If you reach Oxford Ave you've gone a little too far*		

512 E Ogden Ave, Westmont, IL 60559-1228

Total Travel Estimate: **16.61 miles - about 25 minutes**

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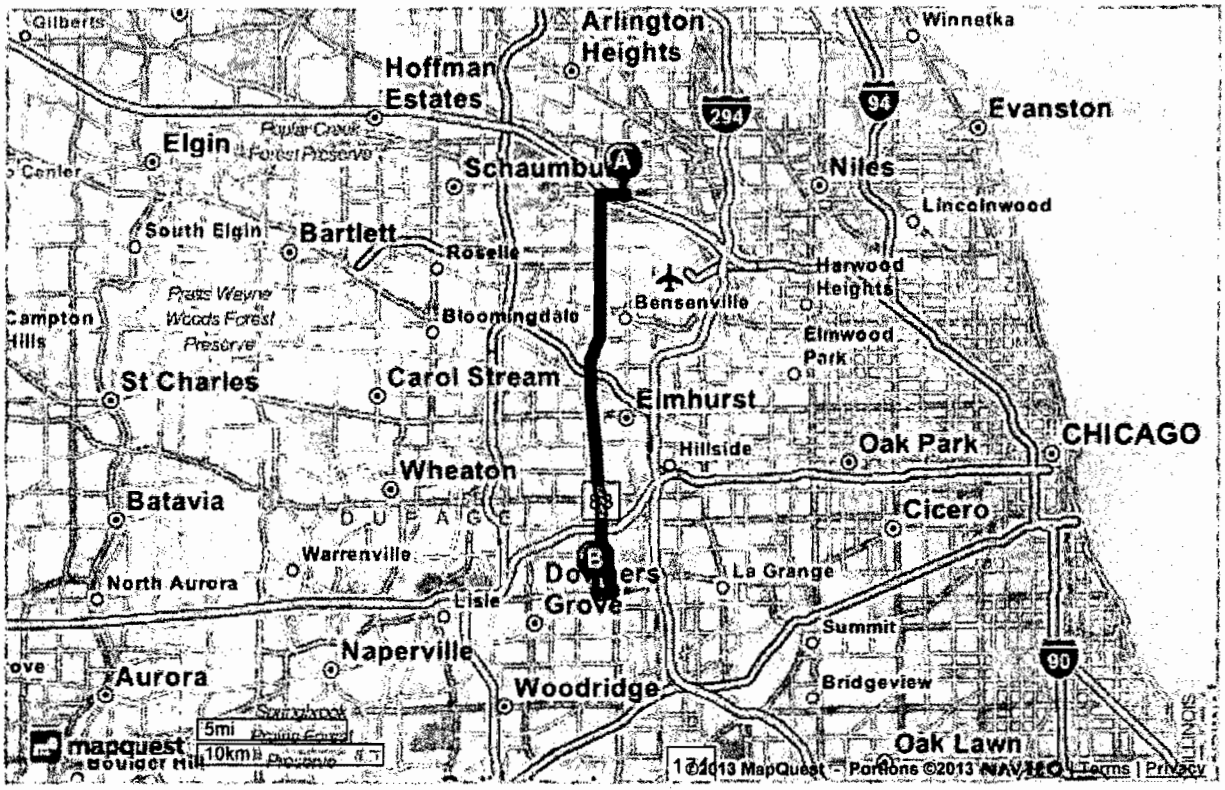

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Notes

Woodbridge Nursing Pavilion

Trip to:

2242 N Kedzie Blvd

Chicago, IL 60647-2504

16.12 miles / 23 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi** *0.3 Mi Total*
2.	Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**14.5 Mi** *14.7 Mi Total*
3.	Take the **California Ave** exit, **EXIT 46A**. Map	**0.1 Mi** *14.9 Mi Total*
4.	Turn **slight right** onto **N California Ave**. Map	**0.5 Mi** *15.4 Mi Total*
5.	Turn **right** onto **W Fullerton Ave**. Map *W Fullerton Ave is 0.1 miles past W Altgeld St* *Full-Cal Amoco is on the right* *If you reach W Medill Ave you've gone a little too far*	**0.5 Mi** *15.9 Mi Total*
6.	Turn **left** onto **N Kedzie Blvd**. Map *N Kedzie Blvd is just past N Kedzie Ave* *If you reach N Kedzie Ave you've gone a little too far*	**0.2 Mi** *16.1 Mi Total*
7.	**2242 N KEDZIE BLVD**. Map *If you reach W Palmer Sq you've gone a little too far*	

2242 N Kedzie Blvd, Chicago, IL 60647-2504

ATTACHMENT-☒7☒

Total Travel Estimate: **16.12 miles - about 23 minutes**

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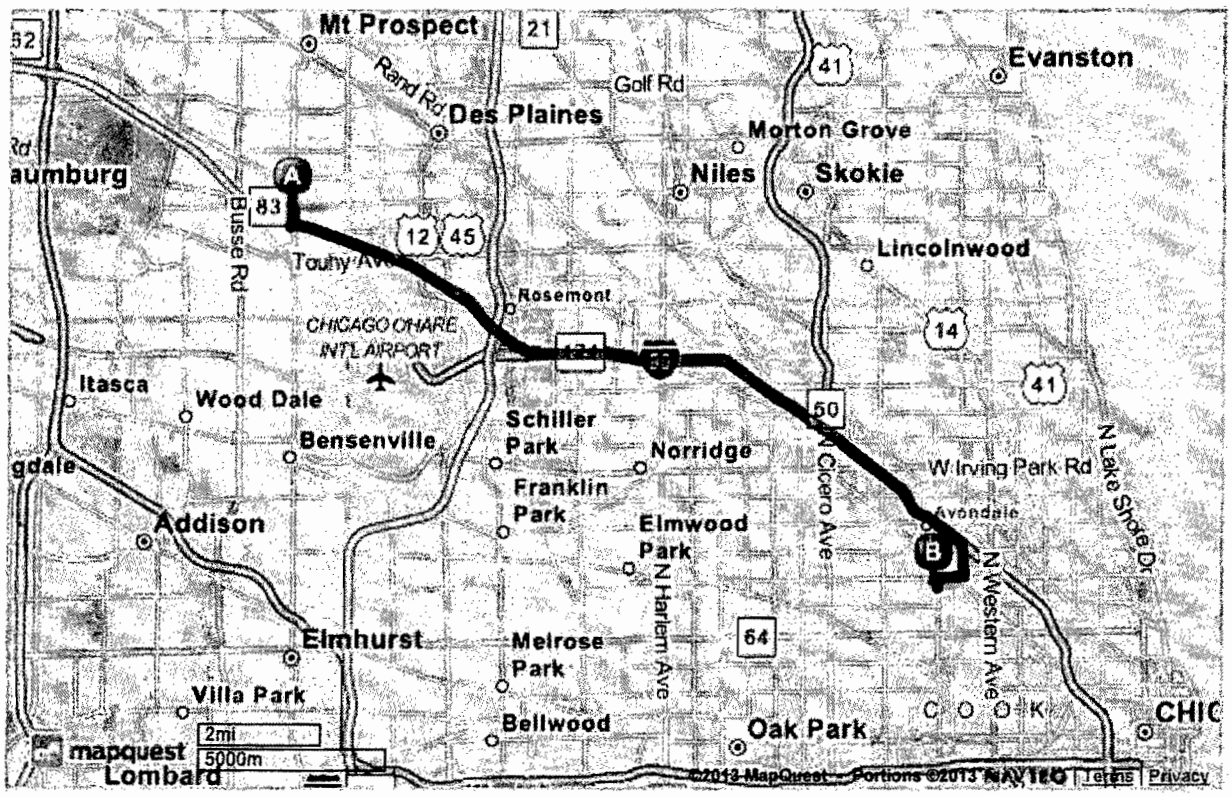

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Notes

Berkeley Nursing & Rehab. Ctr

Trip to:

6909 W North Ave

Oak Park, IL 60302

13.92 miles / 26 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E / Jane Addams Memorial Tollway** toward **Chicago** (Portions toll). Map	**4.3 Mi**	*4.5 Mi Total*
3. Merge onto **I-294 S** toward **Indiana** (Portions toll). Map	**2.4 Mi**	*6.9 Mi Total*
4. Merge onto **Irving Park Rd / IL-19 E**. Map	**1.8 Mi**	*8.7 Mi Total*
5. Turn **right** onto **Des Plaines River Rd**. Map *Des Plaines River Rd is 0.1 miles past Bobby Ln*	**2.9 Mi**	*11.5 Mi Total*
6. Turn **slight right** onto **N 1st Ave / IL-171**. Map	**0.5 Mi**	*12.1 Mi Total*
7. Turn **left** onto **W North Ave / IL-64**. Map *If you are on 1st Ave and reach Braddock Dr you've gone about 0.4 miles too far*	**1.9 Mi**	*13.9 Mi Total*
8. **6909 W NORTH AVE** is on the **right**. Map *Your destination is just past Woodbine Ave N* *If you reach N Newland Ave you've gone a little too far*		

6909 W North Ave, Oak Park, IL 60302

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Total Travel Estimate: **13.92 miles - about 26 minutes**

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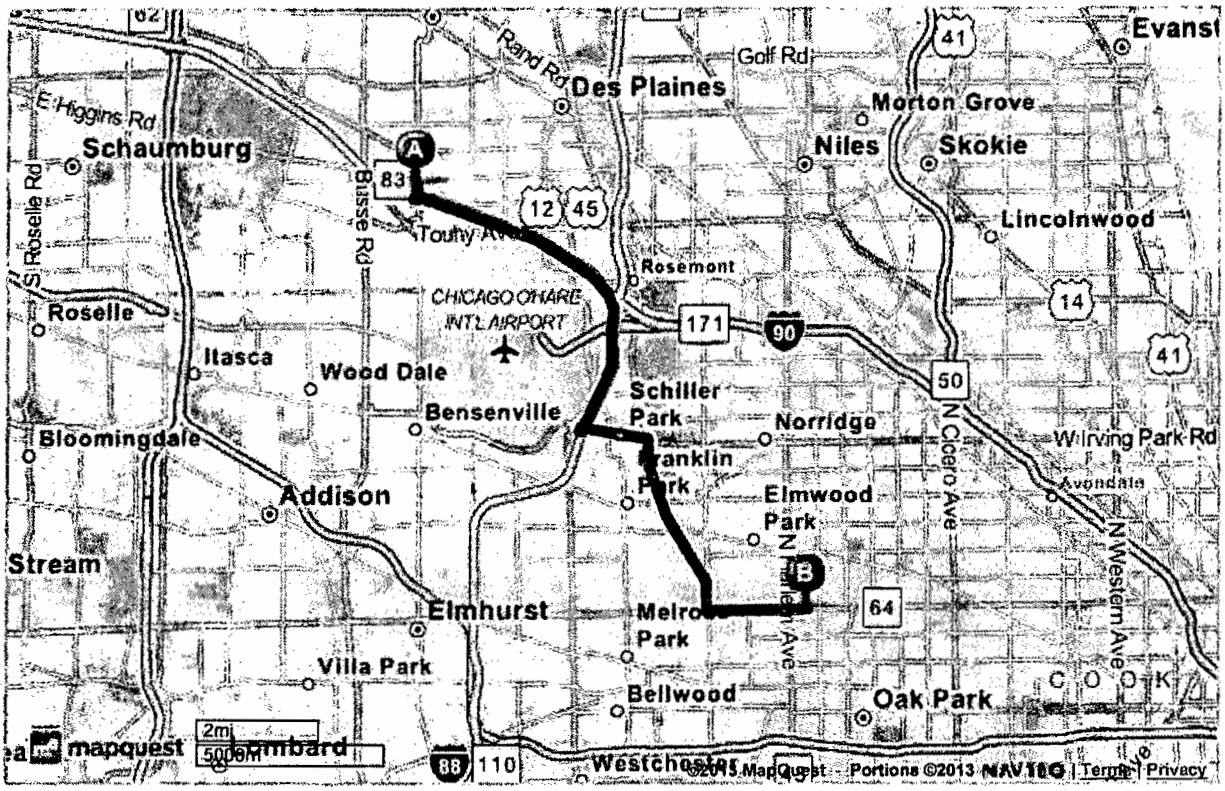

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Notes

Berkshire Nursing & Rehab Center

Trip to:
8200 W Roosevelt Rd
Forest Park, IL 60130-2528
19.34 miles / 26 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E / Jane Addams Memorial Tollway** toward **Chicago** (Portions toll). Map	**4.3 Mi**	*4.5 Mi Total*
3. Merge onto **I-294 S** toward **Indiana** (Portions toll). Map	**9.0 Mi**	*13.5 Mi Total*
4. Merge onto **I-290 E / Eisenhower Expy E** toward **Chicago**. Map	**1.1 Mi**	*14.7 Mi Total*
5. Keep **left** to take **I-290 E / Eisenhower Expy E** toward **Chicago**. Map	**3.6 Mi**	*18.3 Mi Total*
6. Take **EXIT 20** toward **IL-171 / 1st Ave**. Map	**0.2 Mi**	*18.4 Mi Total*
7. Stay **straight** to go onto **Bataan Dr**. Map	**0.06 Mi**	*18.5 Mi Total*
8. Take the 1st **right** onto **S 1st Ave / IL-171**. Map *If you reach I-290 E you've gone about 0.1 miles too far*	**0.5 Mi**	*18.9 Mi Total*
9. Turn **left** onto **Roosevelt Rd / W Roosevelt Rd**. Map *Roosevelt Rd is 0.1 miles past Fillmore St* *Burger King is on the corner* *If you are on S 1st Ave and reach 13th St you've gone about 0.1 miles too far*	**0.4 Mi**	*19.3 Mi Total*
10. **8200 W ROOSEVELT RD** is on the **right**. Map *If you reach Des Plaines Ave you've gone about 0.3 miles too far*		

8200 W Roosevelt Rd, Forest Park, IL 60130-2528

Total Travel Estimate: **19.34 miles - about 26 minutes**

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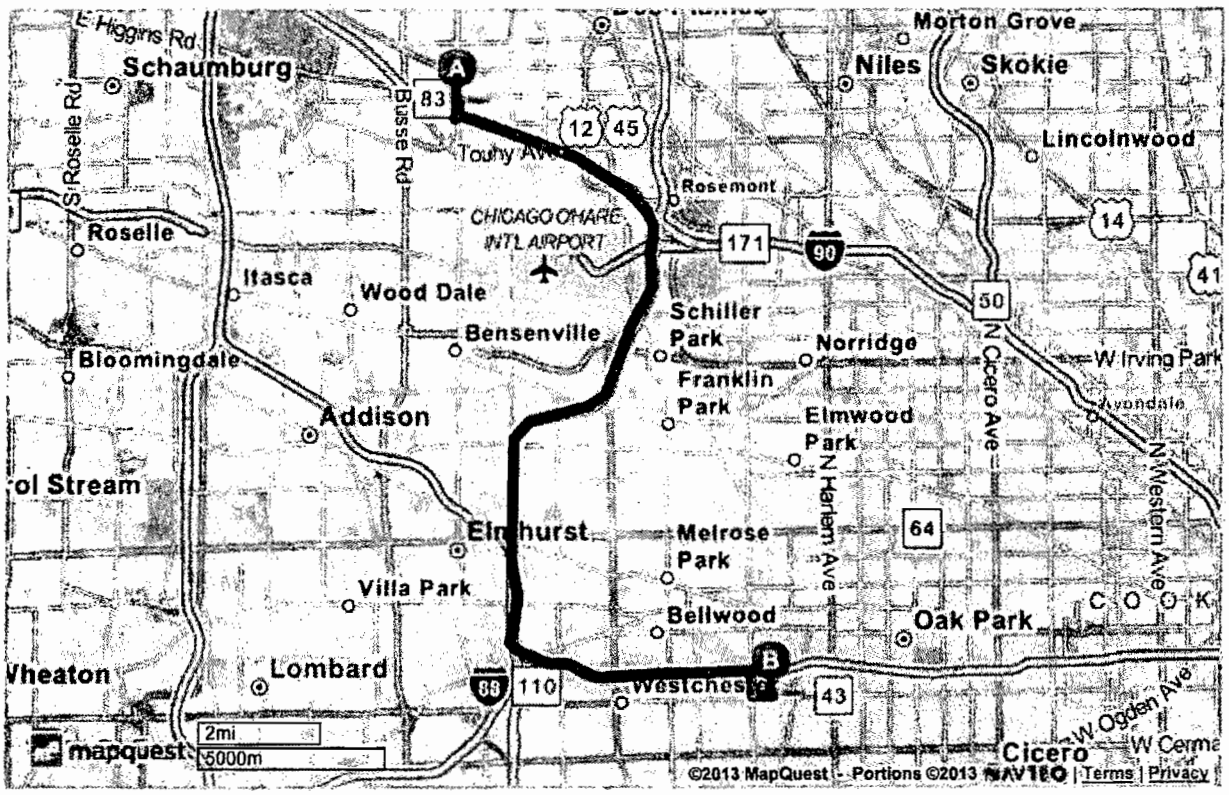

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Trip to:
9615 Knox Ave
Skokie, IL 60076-1219
12.21 miles / 26 minutes

Notes
Cambridge Nursing & Rehab

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1.	Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi** *0.09 Mi Total*
2.	Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi** *1.1 Mi Total*
3.	Turn **left** onto **S Mt Prospect Rd**. Map *S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave* *Taco Burrito King Fourteen Inc is on the corner* *If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far*	**1.8 Mi** *2.9 Mi Total*
4.	Turn **right** onto **E Golf Rd / IL-58**. Map *E Golf Rd is 0.2 miles past E Washington St* *BUSSE MARATHON is on the corner* *If you reach S Josephine Ct you've gone about 0.1 miles too far*	**0.7 Mi** *3.6 Mi Total*
5.	Enter next roundabout and take the 2nd exit onto **E Golf Rd**. Map	**8.6 Mi** *12.2 Mi Total*
6.	Turn **left** onto **Knox Ave**. Map *If you reach Kenton Ave you've gone a little too far*	**0.01 Mi** *12.2 Mi Total*
7.	**9615 KNOX AVE** is on the **right**. Map *If you reach Kenton Ave you've gone about 0.1 miles too far*	

9615 Knox Ave, Skokie, IL 60076-1219

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Total Travel Estimate: **12.21 miles - about 26 minutes**

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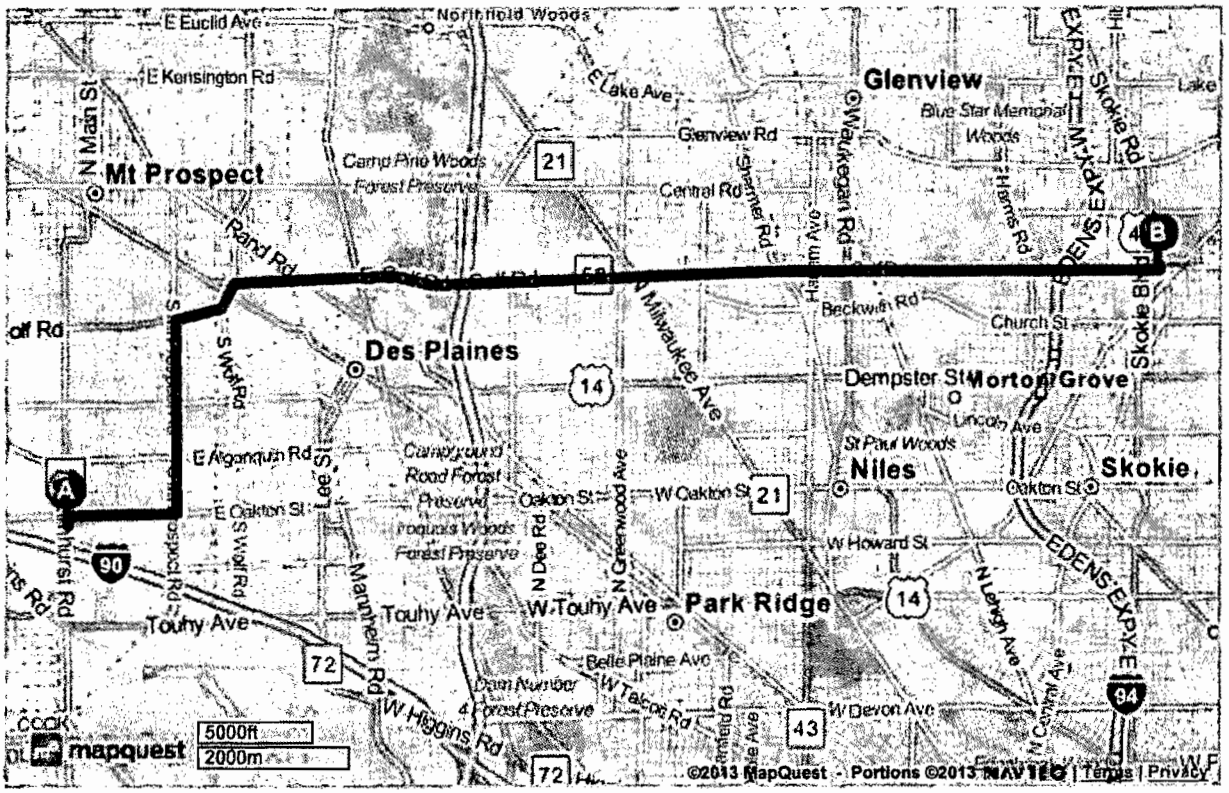

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Notes

Lieberman Center for Health & Rehab

Trip to:

9700 Gross Point Rd

Skokie, IL 60076-1175

12.52 miles / 26 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **S Mt Prospect Rd**. Map *S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave* *Taco Burrito King Fourteen Inc is on the corner* *If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far*	**1.8 Mi**	*2.9 Mi Total*
4. Turn **right** onto **E Golf Rd / IL-58**. Map *E Golf Rd is 0.2 miles past E Washington St* *BUSSE MARATHON is on the corner* *If you reach S Josephine Ct you've gone about 0.1 miles too far*	**0.7 Mi**	*3.6 Mi Total*
5. Enter next roundabout and take the 2nd exit onto **E Golf Rd**. Map	**8.8 Mi**	*12.4 Mi Total*
6. Turn **left** onto **Gross Point Rd**. Map *4511 Golf Rd Svc 504 is on the corner* *If you reach Kilbourn Ave you've gone a little too far*	**0.1 Mi**	*12.5 Mi Total*
7. **9700 GROSS POINT RD** is on the **left**. Map *If you reach Lowell Ave you've gone about 0.1 miles too far*		

9700 Gross Point Rd, Skokie, IL 60076-1175

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Total Travel Estimate: **12.52 miles - about 26 minutes**

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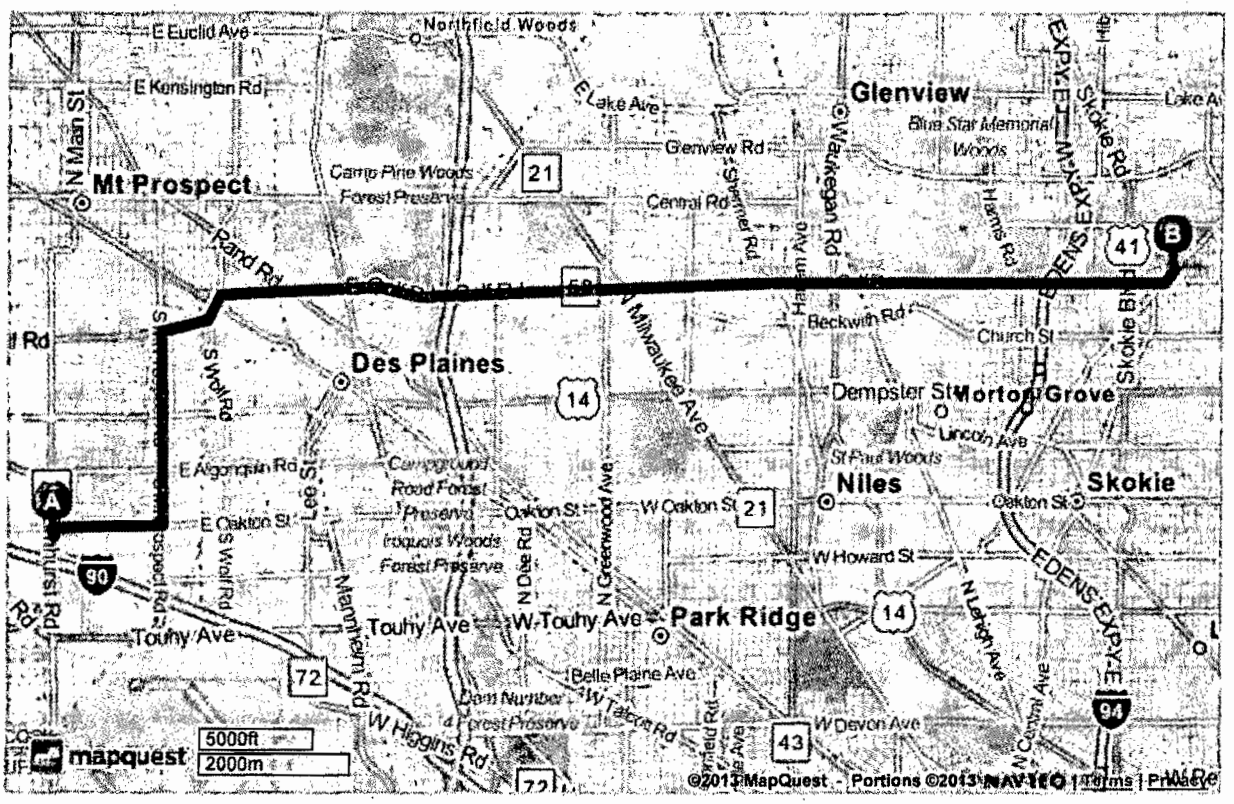

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Trip to:
7000 N McCormick Blvd
Lincolnwood, IL 60712-2726
14.70 miles / 26 minutes

Notes
Lincolnwood Place

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**8.5 Mi**	*8.8 Mi Total*
3. Take **EXIT 82A** toward **Nagle Ave**. Map	**0.2 Mi**	*9.0 Mi Total*
4. Turn **slight left** onto **W Gregory St**. Map	**0.02 Mi**	*9.0 Mi Total*
5. Take the 1st **left** onto **N Nagle Ave**. Map *If you reach N Mulligan Ave you've gone a little too far*	**1.1 Mi**	*10.1 Mi Total*
6. Turn **right** onto **W Devon Ave**. Map	**3.9 Mi**	*14.0 Mi Total*
7. Turn **left** onto **N McCormick Blvd**. Map *N McCormick Blvd is just past N Christiana Ave* *Jaffe Bakery is on the corner* *If you reach N Kedzie Ave you've gone about 0.1 miles too far*	**0.7 Mi**	*14.7 Mi Total*
8. **7000 N MCCORMICK BLVD** is on the **left**. Map *Your destination is 0.1 miles past Northeast Pky* *If you reach W Touhy Ave you've gone about 0.2 miles too far*		

7000 N McCormick Blvd, Lincolnwood, IL 60712-2726

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Total Travel Estimate: **14.70 miles - about 26 minutes**

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Notes

Skokie Meadows Nursing Center II

Trip to:

4600 Golf Rd

Skokie, IL 60076-1210

12.27 miles / 26 minutes

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **north** on **Elmhurst Rd** toward **IL-83 / W Oakton St**. Map	**0.09 Mi**	*0.09 Mi Total*
2. Take the 1st **right** onto **W Oakton St**. Map *7-Eleven is on the right* *If you reach W Lincoln Ln you've gone about 0.1 miles too far*	**1.0 Mi**	*1.1 Mi Total*
3. Turn **left** onto **S Mt Prospect Rd**. Map *S Mt Prospect Rd is 0.2 miles past Pennsylvania Ave* *Taco Burrito King Fourteen Inc is on the corner* *If you are on E Oakton St and reach Winthrop Dr you've gone about 0.2 miles too far*	**1.8 Mi**	*2.9 Mi Total*
4. Turn **right** onto **E Golf Rd / IL-58**. Map *E Golf Rd is 0.2 miles past E Washington St* *BUSSE MARATHON is on the corner* *If you reach S Josephine Ct you've gone about 0.1 miles too far*	**0.7 Mi**	*3.6 Mi Total*
5. Enter next roundabout and take the 2nd exit onto **E Golf Rd**. Map	**8.7 Mi**	*12.3 Mi Total*
6. Make a **U-turn** onto **Golf Rd**. Map *If you reach Gross Point Rd you've gone about 0.1 miles too far*	**0.01 Mi**	*12.3 Mi Total*
7. **4600 GOLF RD** is on the **right**. Map *If you reach Knox Ave you've gone a little too far*		

4600 Golf Rd, Skokie, IL 60076-1210

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Total Travel Estimate: **12.27 miles - about 26 minutes**

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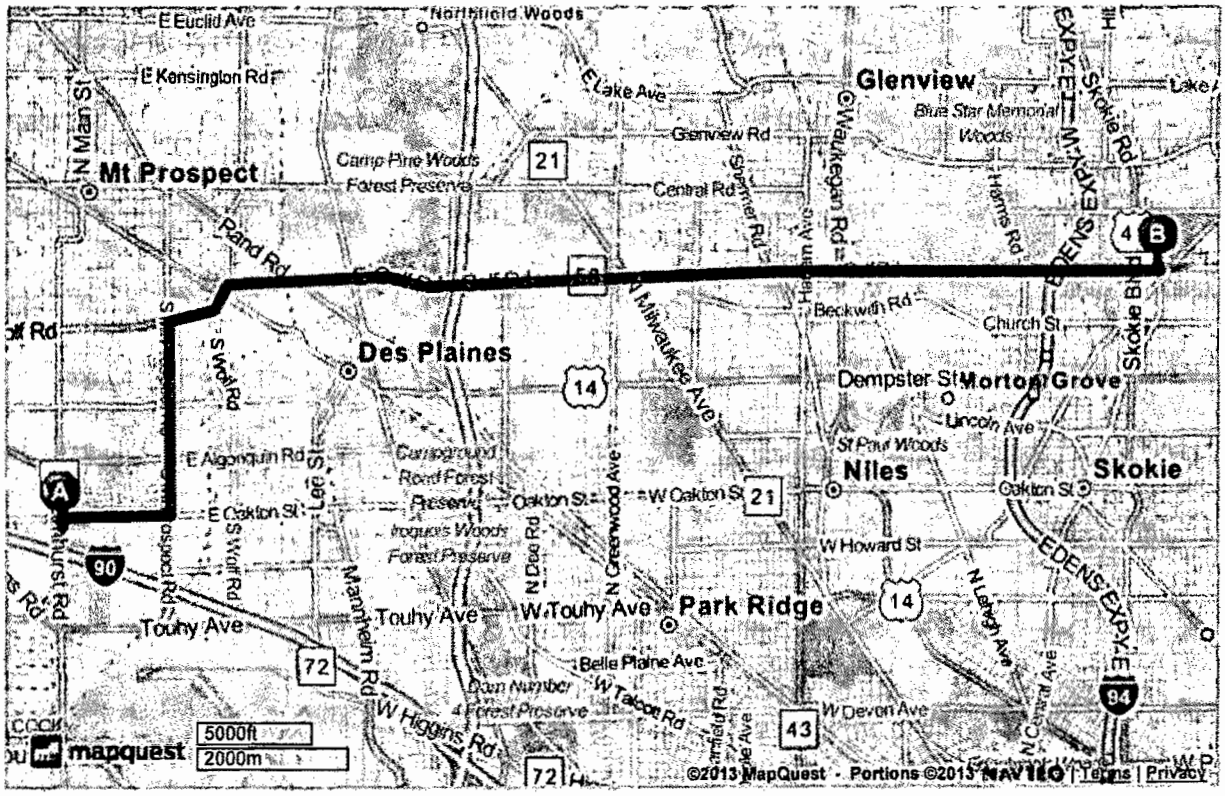

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Trip to:
300 Waukegan Rd
Deerfield, IL 60015-4908
19.38 miles / 26 minutes

Notes
Whitehall- North

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E / Jane Addams Memorial Tollway** toward **Chicago** (Portions toll). Map	**4.6 Mi**	*4.8 Mi Total*
3. Merge onto **I-294 N** toward **Milwaukee** (Portions toll). Map	**12.0 Mi**	*16.8 Mi Total*
4. Take the **Lake-Cook Road** exit. Map	**0.4 Mi**	*17.2 Mi Total*
5. Turn **right** onto **Lake Cook Rd**. Map	**1.9 Mi**	*19.0 Mi Total*
6. Turn **left** onto **Waukegan Rd / IL-43**. Map *Waukegan Rd is 0.1 miles past Lake Cook Rd* *Shell is on the left* *If you reach Ellendale Rd you've gone about 0.1 miles too far*	**0.4 Mi**	*19.4 Mi Total*
7. **300 WAUKEGAN RD**. Map *Your destination is 0.1 miles past Oakmont Dr* *If you reach Kates Rd you've gone a little too far*		

300 Waukegan Rd, Deerfield, IL 60015-4908

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Total Travel Estimate: **19.38 miles - about 26 minutes**

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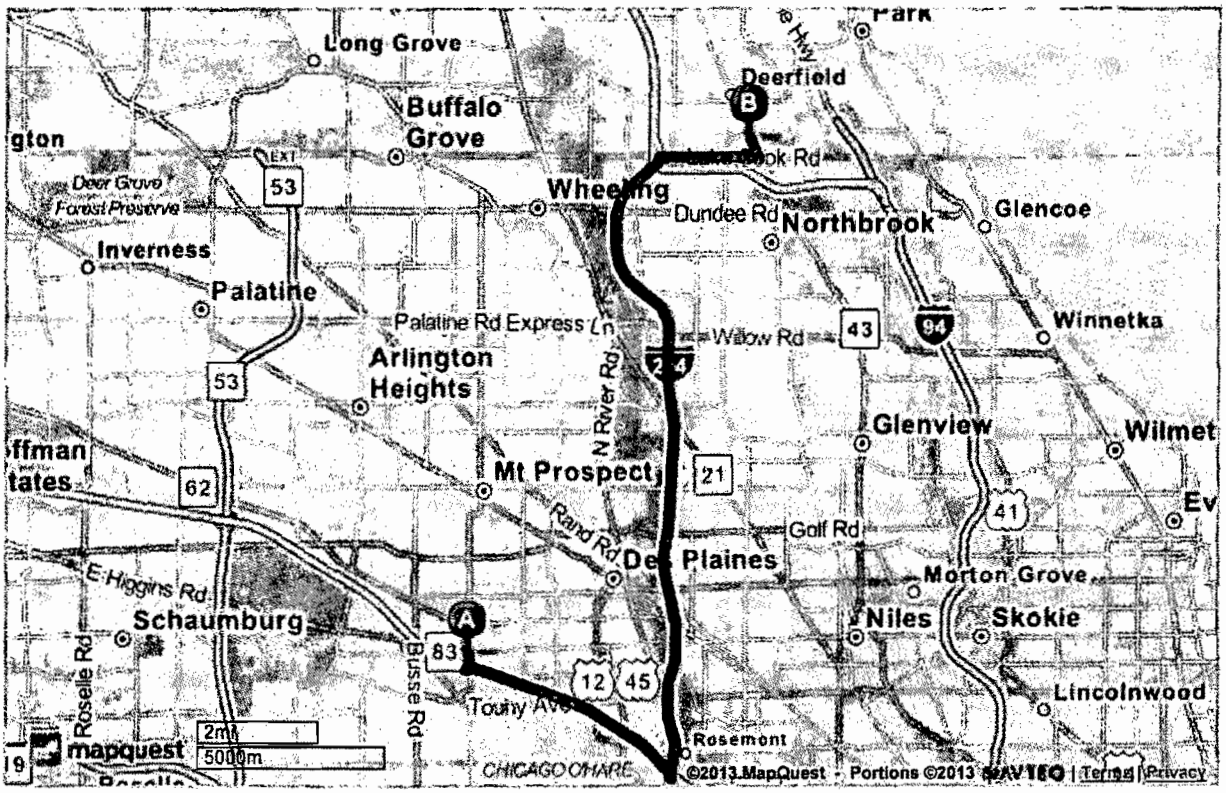

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Trip to:
1936 W Belmont Ave
Chicago, IL 60657-2025
15.85 miles / 24 minutes

Notes
Belmont Nursing Home

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi**	*0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**13.5 Mi**	*13.8 Mi Total*
3. Take the **Kimball Ave** exit, **EXIT 45B**. Map	**0.2 Mi**	*13.9 Mi Total*
4. Turn **right** onto **N Kimball Ave**. Map *If you reach I-90 E you've gone about 0.1 miles too far*	**0.08 Mi**	*14.0 Mi Total*
5. Turn **left** onto **W Belmont Ave**. Map *W Belmont Ave is just past W Melrose St* *Walgreens is on the corner* *If you reach W Barry Ave you've gone about 0.1 miles too far*	**1.8 Mi**	*15.8 Mi Total*
6. **1936 W BELMONT AVE** is on the **left**. Map *Your destination is just past N Damen Ave* *If you reach N Wolcott Ave you've gone a little too far*		

1936 W Belmont Ave, Chicago, IL 60657-2025

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Total Travel Estimate: **15.85 miles - about 24 minutes**

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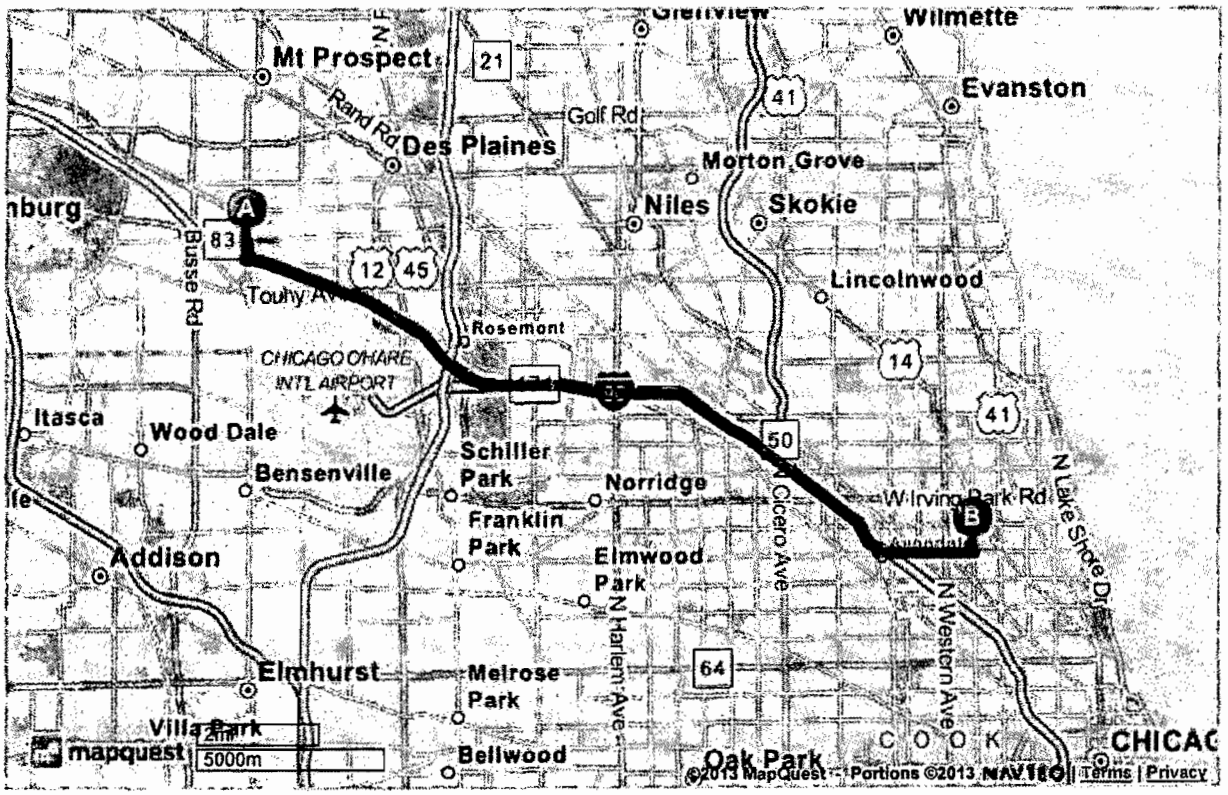

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Trip to:
2840 W Foster Ave
Chicago, IL 60625-3506
14.38 miles / 24 minutes

Notes
Foster Health & Rehabilitation Center

	1750 Elmhurst Rd, Des Plaines, IL 60018-1862	
	1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi** *0.3 Mi Total*
	2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**10.5 Mi** *10.8 Mi Total*
	3. Take the **Lawrence Ave** exit, **EXIT 84**. Map	**0.2 Mi** *10.9 Mi Total*
	4. Turn **slight left** onto **W Lawrence Ave**. Map *If you reach I-90 E you've gone about 0.1 miles too far*	**0.5 Mi** *11.4 Mi Total*
	5. Turn **left** onto **N Cicero Ave / IL-50**. Map *If you reach N Keating Ave you've gone a little too far*	**0.5 Mi** *11.9 Mi Total*
	6. Turn **right** onto **W Foster Ave**. Map *W Foster Ave is 0.1 miles past N Elston Ave* *MARATHON is on the corner* *If you reach W Berwyn Ave you've gone about 0.1 miles too far*	**2.5 Mi** *14.4 Mi Total*
	7. **2840 W FOSTER AVE** is on the **left**. Map *Your destination is just past N Francisco Ave* *If you reach N California Ave you've gone a little too far*	
	2840 W Foster Ave, Chicago, IL 60625-3506	

Total Travel Estimate: **14.38 miles - about 24 minutes**

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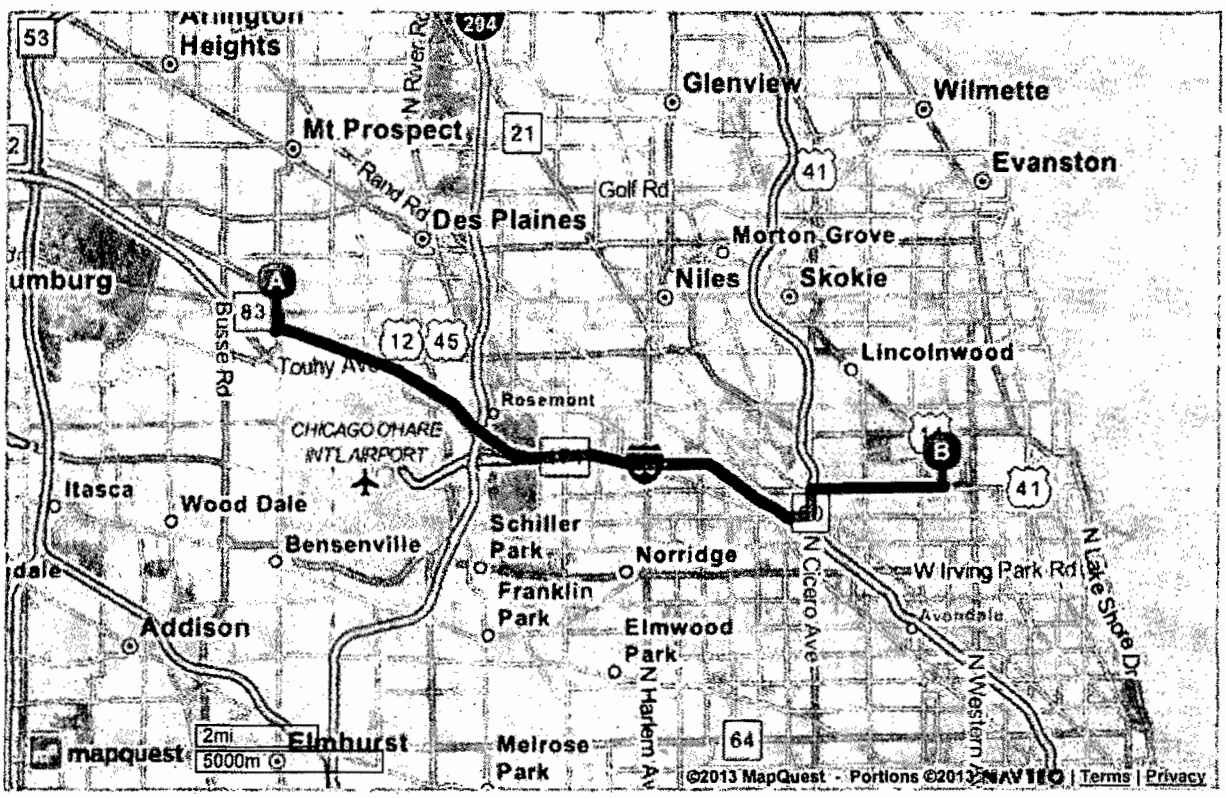

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Trip to:
1366 W Fullerton Ave
Chicago, IL 60614-2129
16.87 miles / 24 minutes

Notes
Imperial Grove Pavilion

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi** *0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**15.3 Mi** *15.5 Mi Total*
3. Take the **Fullerton Ave** exit, **EXIT 47A**. Map	**0.2 Mi** *15.8 Mi Total*
4. Turn **slight left** onto **W Fullerton Ave**. Map *If you reach I-90 E you've gone about 0.1 miles too far*	**1.1 Mi** *16.9 Mi Total*
5. **1366 W FULLERTON AVE** is on the **left**. Map *Your destination is just past N Southport Ave* *If you reach N Wayne Ave you've gone a little too far*	

1366 W Fullerton Ave, Chicago, IL 60614-2129

Total Travel Estimate: **16.87 miles - about 24 minutes**

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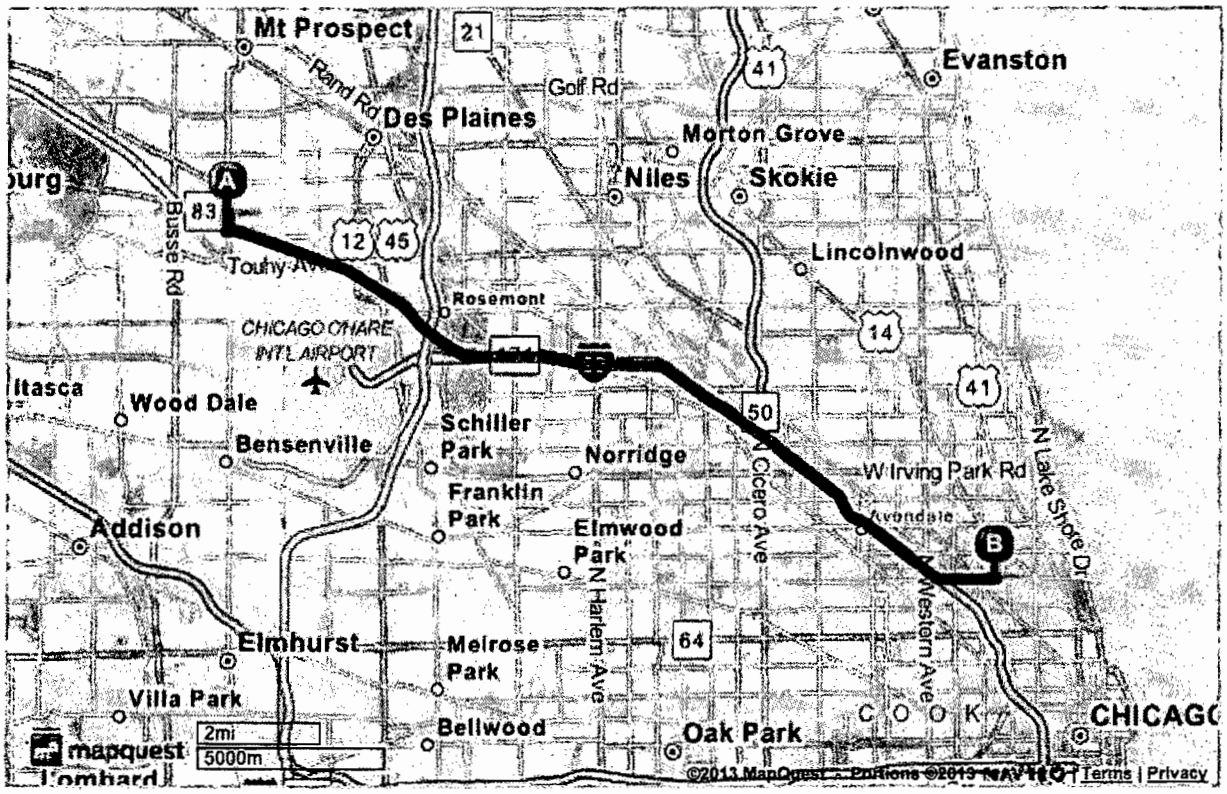

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Trip to:
2325 N Lakewood Ave
Chicago, IL 60614-3112
17.05 miles / 24 minutes

Notes
Little Sisters Of The Poor

1750 Elmhurst Rd, Des Plaines, IL 60018-1862

1. Start out going **south** on **Elmhurst Rd** toward **Wille Rd**. Map	**0.3 Mi** *0.3 Mi Total*
2. Merge onto **I-90 E** toward **Chicago** (Portions toll). Map	**15.3 Mi** *15.5 Mi Total*
3. Take the **Fullerton Ave** exit, **EXIT 47A**. Map	**0.2 Mi** *15.8 Mi Total*
4. Turn **slight left** onto **W Fullerton Ave**. Map *If you reach I-90 E you've gone about 0.1 miles too far*	**1.2 Mi** *17.0 Mi Total*
5. Turn **right** onto **N Lakewood Ave**. Map *N Lakewood Ave is just past N Wayne Ave* *If you reach N Surrey Ct you've gone a little too far*	**0.09 Mi** *17.0 Mi Total*
6. **2325 N LAKEWOOD AVE** is on the **left**. Map *If you reach W Belden Ave you've gone a little too far*	

2325 N Lakewood Ave, Chicago, IL 60614-3112

ATTACHMENT-7

Total Travel Estimate: **17.05 miles - about 24 minutes**

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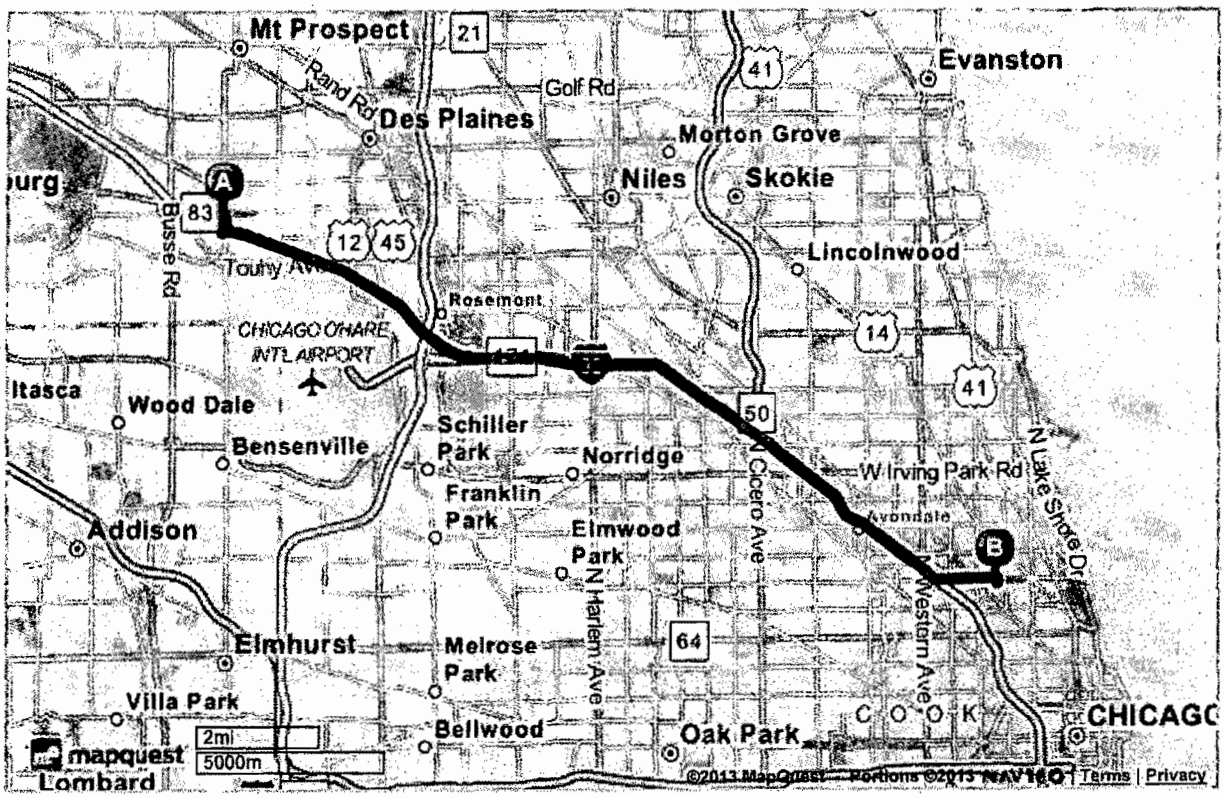

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ATTACHMENT-7

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

Asbury Court SLF/Indepent Living Facility
Admit/Discharge Report: 01/01/2011 - 01/31/2014

Date	Resident Initials	LOC			
01/02/2012	MG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/04/2012	JD	IL	1		Discharged to home or self care (routine discharge)
01/05/2012	HS	IL	1		Discharged to home or self care (routine discharge)
01/13/2012	JL	SLF	1		Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
01/14/2012	RB	IL	1		Discharged/transferred to hospital for inpatient care
01/18/2012	AN	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/19/2012	JK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/21/2012	RM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2012	AP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/27/2012	JS	IL	1		Discharged to home or self care (routine discharge)
02/04/2012	AC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/09/2012	LU	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/13/2012	CR	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/17/2012	SG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/18/2012	MV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/24/2012	JK	IL	1		Discharged/transferred to hospital for inpatient care
02/27/2012	RB	IL	1		Discharged to home or self care (routine discharge)
03/02/2012	RA	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/05/2012	SF	IL	1		Discharged to home or self care (routine discharge)
03/06/2012	GM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/12/2012	FM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/14/2012	SM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/14/2012	KG	IL	1		Discharged to home or self care (routine discharge)
03/15/2012	NS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/17/2012	DB	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/20/2012	SC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/20/2012	HB	IL	1		Discharged to home or self care (routine discharge)
03/25/2012	ET	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/26/2012	ES	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/29/2012	MK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/30/2012	CG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/31/2012	TS	IL	1		Discharged to home or self care (routine discharge)
04/01/2012	EM	IL	1		Discharged to home or self care (routine discharge)
04/02/2012	LM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/07/2012	CS	IL	1		Discharged to home or self care (routine discharge)
04/08/2012	PU	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/10/2012	HV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/12/2012	TM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/13/2012	CS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/18/2012	HN	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/20/2012	JM	IL	1		Discharged to home or self care (routine discharge)
04/21/2012	DH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/22/2012	GM	IL	1		Discharged to home or self care (routine discharge)
04/30/2012	GB	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

ATTACHMENT-☒7H

05/10/2012 SC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/16/2012 AS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/17/2012 MN	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/18/2012 MP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/19/2012 HS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/22/2012 CB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/25/2012 HB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/30/2012 EM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/30/2012 FK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/02/2012 TY	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/03/2012 HD	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/05/2012 JS	IL	1		Discharged to home or self care (routine discharge)
06/13/2012 JD	IL	1		Discharged to home or self care (routine discharge)
06/15/2012 CS	IL			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
06/19/2012 CG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/19/2012 JZ	IL	1		Discharged to home or self care (routine discharge)
06/19/2012 MK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/20/2012 ET	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/22/2012 AR	SLF	1		Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
06/23/2012 PR	IL	1		Discharged to home or self care (routine discharge)
06/28/2012 IR	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/29/2012 JC	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
06/29/2012 WV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/29/2012 RB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/01/2012 MF	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/03/2012 MH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/06/2012 AR	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/19/2012 GD	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/22/2012 NM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/30/2012 CB	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/31/2012 RS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/31/2012 KK	SLF	1		Discharged to home or self care (routine discharge)
08/01/2012 CO	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/01/2012 JB	IL	1		Discharged to home or self care (routine discharge)
08/04/2012 PH	IL	1		Discharged to home or self care (routine discharge)
08/04/2012 SK	IL	1		Discharged to home or self care (routine discharge)
08/09/2012 PP	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/09/2012 VG	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/14/2012 IA	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/21/2012 EM	IL	1		Discharged to home or self care (routine discharge)
08/23/2012 AW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/25/2012 HB	IL	1		Discharged to home or self care (routine discharge)
08/28/2012 PH	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/30/2012 PS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/07/2012 RR	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/18/2012 MR	SLF			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
09/19/2012 AG	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
09/21/2012 RN	IL	1		Discharged to home or self care (routine discharge)
09/21/2012 BW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/01/2012 MA	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

ATTACHMENT-☒7H

10/04/2012 MS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/04/2012 RR	SLF			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/05/2012 GP	IL	1		Discharged to home or self care (routine discharge)
10/06/2012 TC	IL			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/06/2012 JD	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/06/2012 LC	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/08/2012 IA	SLF			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/11/2012 ED	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/11/2012 ER	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/11/2012 AP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/14/2012 MA	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/14/2012 ML	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
10/15/2012 CK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/18/2012 MK	SLF	1		Discharged/transferred to hospital for inpatient care
10/26/2012 HB	IL	1		Discharged to home or self care (routine discharge)
10/29/2012 KS	IL	1		Discharged to home or self care (routine discharge)
10/30/2012 RG	SLF	1		Discharged to home or self care (routine discharge)
10/31/2012 WH	IL	1		Discharged to home or self care (routine discharge)
11/19/2012 JC	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
11/19/2012 JW	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/24/2012 DF	IL	1		Discharged to home or self care (routine discharge)
11/30/2012 JS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/30/2012 KS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/01/2012 JM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/04/2012 IN	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
12/05/2012 LW	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
12/06/2012 EL	IL	1		Discharged to home or self care (routine discharge)
12/06/2012 ND	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/08/2012 KH	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/11/2012 JO	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/18/2012 ES	IL	1		Discharged to home or self care (routine discharge)
12/20/2012 EV	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2012 MM	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2012 JB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2012 SG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/26/2012 KS	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/28/2012 BS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
2012 Total Discharged		**126**	**78**	**Total Discharged to SNF**
01/02/2013 JM	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
01/15/2013 AN	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
03/10/2013 AE	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
05/30/2013 LP	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
06/03/2013 FJ	SLF	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/12/2013 JJ	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/17/2013 HD	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/31/2013 SS	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
07/31/2013 HS	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list
08/07/2013 DV	IL	1		Discharge/transfer to another type of health care institution not defined elsewhere in the code list

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Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

08/28/2013	RN	IL	1	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
09/24/2013	PR	IL	1	Discharge/transfer to another type of health care institution not defined elsewhere in the code list
01/29/2013	PP	SLF	1	1 Discharge/Transferred to an inpatient rehab facility including rehab unit of a hospital
01/01/2013	DG	IL	1	Discharged to home or self care (routine discharge)
01/03/2013	JB	IL	1	Discharged to home or self care (routine discharge)
01/17/2013	DB	IL	1	Discharged to home or self care (routine discharge)
01/18/2013	SG	IL	1	Discharged to home or self care (routine discharge)
01/22/2013	TT	SLF	1	Discharged to home or self care (routine discharge)
01/25/2013	VG	IL	1	Discharged to home or self care (routine discharge)
02/16/2013	MM	IL	1	Discharged to home or self care (routine discharge)
02/17/2013	SB	IL	1	Discharged to home or self care (routine discharge)
02/23/2013	SB	IL	1	Discharged to home or self care (routine discharge)
03/01/2013	RD	IL	1	Discharged to home or self care (routine discharge)
03/10/2013	RY	IL	1	Discharged to home or self care (routine discharge)
03/15/2013	SL	IL	1	Discharged to home or self care (routine discharge)
03/21/2013	EK	IL	1	Discharged to home or self care (routine discharge)
03/24/2013	FS	IL	1	Discharged to home or self care (routine discharge)
04/13/2013	CS	IL	1	Discharged to home or self care (routine discharge)
04/23/2013	HK	IL	1	Discharged to home or self care (routine discharge)
04/25/2013	FM	IL	1	Discharged to home or self care (routine discharge)
05/29/2013	AZ	IL	1	Discharged to home or self care (routine discharge)
05/31/2013	JB	SLF	1	Discharged to home or self care (routine discharge)
06/05/2013	WS	IL	1	Discharged to home or self care (routine discharge)
06/28/2013	OW	IL	1	Discharged to home or self care (routine discharge)
06/30/2013	FA	IL	1	Discharged to home or self care (routine discharge)
06/30/2013	WG	IL	1	Discharged to home or self care (routine discharge)
08/02/2013	RL	IL	1	Discharged to home or self care (routine discharge)
08/27/2013	KF	IL	1	Discharged to home or self care (routine discharge)
08/31/2013	KB	SLF	1	Discharged to home or self care (routine discharge)
07/02/2013	DR	SLF	1	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
09/01/2013	MH	SLF	1	Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care
01/04/2013	EA	SLF	1	Discharged/transferred to Hospice - medical facility
04/15/2013	PP	IL	1	Discharged/transferred to hospital for inpatient care
01/06/2013	MH	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/13/2013	MJ	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/13/2013	RS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/16/2013	EM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/18/2013	RB	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/18/2013	PP	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2013	AP	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2013	ML	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/25/2013	WD	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/09/2013	ED	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/12/2013	CS	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/19/2013	AW	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/22/2013	PD	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/24/2013	JR	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/31/2013	RM	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/01/2013	LW	IL	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/06/2013	EM	SLF	1	1 Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

ATTACHMENT-☒7H

04/11/2013 LG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/16/2013 OC	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/30/2013 JW	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/01/2013 JK	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/01/2013 LK	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/07/2013 JM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/22/2013 RF	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
06/24/2013 NM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/24/2013 ER	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/31/2013 MH	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/24/2013 LO	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/24/2013 GO	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/25/2013 AP	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/31/2013 MR	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/31/2013 PZ	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/19/2013 RK	SLF			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
04/22/2013 AC	IL			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
05/19/2013 EM	IL			Expired in a medical facility, such as a hospital, SNF, ICF or freestanding hospice (Hospice claims only)
10/03/2013 GJ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/11/2013 MR	IL	1		Discharged to home or self care (routine discharge)
10/15/2013 KG	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/16/2013 AI	IL	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/22/2013 BK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/22/2013 RV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/26/2013 AM	IL	1		Discharged to home or self care (routine discharge)
10/28/2013 LN	IL	1		Discharged to home or self care (routine discharge)
11/13/2013 HG		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/16/2013 SS		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/22/2013 L		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/08/2013 EV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/10/2013 DS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/12/2013 AA	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/14/2013 BK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/15/2013 MM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/24/2013 CM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/24/2013 JD	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/18/2013 JC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/22/2013 LF	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
02/25/2013 SG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/01/2013 MM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/20/2013 MS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
03/23/2013 CG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
04/26/2013 ER	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/15/2013 ZL	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/24/2013 SP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
05/25/2013 LC	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/16/2013 HS	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/18/2013 LP	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
07/31/2013 HB	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/04/2013 MH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care

Asbury Court Nursing and Rehabilitation - DesPlaines
Discharges 01/01/2011 - 01/31/2014

08/14/2013 MV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/20/2013 HK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/21/2013 RV	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
08/30/2013 GE	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/01/2013 MJ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/03/2013 JH	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/12/2013 MM	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/13/2013 SK	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
09/22/2013 NG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/04/2013 FJ	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/24/2013 CG	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
10/27/2013 JW	SLF	1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/3/2013 PN		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/19/2013 LC		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
11/27/2013 RV		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
12/4/2013 JW		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
2013 Total Discharged		**123**	**78**	**Total Discharged to SNF**

1/2/2014 DV		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/2/2014 RL		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/4/2014 JB		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/5/2014 JS		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/10/2014 EK		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/11/2014 CS		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/14/2014 JC		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/21/2014 IN		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/28/2014 ER		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/29/2014 EG		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/29/2014 BH		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/30/2014 EP		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/31/2014 MV		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/31/2014 FL		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
1/31/2014 JM		1	1	Discharged/transferred to SNF with Medicare certification in anticipation of covered skilled care
01/2014 Total Discharged		**15**	**15**	**Total Discharged to SNF**

	TOTAL DISCHARGED	DISCHARGED TO SNF	
2011	139	77	55%
2012	126	78	62%
2013	123	78	63%
1/14	15	15	100%
02/01/11 - 01/31/12	140	76	54%
02/01/12 - 01/31/13	118	73	62%
02/01/13 - 01/31/14	136	93	68%

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Planning Area: Planning Area 7-A

General Nursing Care

Facility Name	City	County/Area	Beds	2010 Patient Days
		Planning Area Totals	3,323	913,450

HEALTH SERVICE AREA	AGE GROUPS	2010 Patient Days	2010 Population	2010 Use Rates (Per 1,000)	2010 Minimum Use Rates	2010 Maximum Use Rates
007	0-64 Years Old	2,249,866	2,969,200	757.7	454.6	1,212.4
	65-74 Years Old	1,072,661	232,100	4,621.5	2,772.9	7,394.5
	75+ Years Old	4,912,419	218,600	22,472.2	13,483.3	35,955.5

	2010 PSA Patient Days	2010 PSA Estimated Populations	2010 PSA Use Rates (Per 1,000)	2010 HSA Minimum Use Rates	2010 HSA Maximum Use Rates	2015 PSA Planned Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	51,375	530,400	96.9	454.6	1,212.4	454.6	529,300	240,641			
65-74 Years Old	97,648	40,600	2,405.1	2,772.9	7,394.5	2,772.9	54,200	150,293			
75+ Years Old	764,427	36,000	21,234.1	13,483.3	35,955.5	21,234.1	39,900	847,240			
						Planning Area Totals		1,238,174	3,392.3	3,769	446

ATTACHMENT-☒7☒

Planning Area: Planning Area 7-C

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2010 Patient Days
4/17/2012 Name Change	**Formerly Park Place Christian Community.**			
4/17/2012 12-007	**Permit issued to establish a facility with 37 Nursing Care beds.**			
4/17/2012 07-071	**Permit abandoned.**			
8/1/2012 Licensure	**Facility licensed for operation.**			
PROVIDENCE OF DOWNERS GROVE	DOWNERS GROVE	Downers Grove Township	145	36,742
SNOW VALLEY NURSING & REHAB CENTER	LISLE	Lisle Township	51	14,763
ST. PATRICK'S RESIDENCE	NAPERVILLE	Naperville Township	209	71,875
TABOR HILLS HEALTHCARE	NAPERVILLE	Naperville Township	211	69,981
TRANSITIONAL CARE CENTER OF NAPERVILLE (PER	NAPERVILLE	Lisle Township	120	
10/13/2011 11-055	**Permit issued to establish a 120 bed Nursing care facility at Arbiter Court and East Diehl Road in Naperville.**			
WEST CHICAGO TERRACE NURSING HOME	WEST CHICAGO	Winfield Township	120	41,786
6/27/2012 Name Change	**Formerly 'West Chicago Terrace'.**			
6/27/2012 CHOW	**Change of ownership occurred.**			
WEST SUBURBAN NURSING & REHAB CENTER	BLOOMINGDALE	Bloomingdale Township	259	65,267
WESTBURY CARE CENTER	LISLE	Lisle Township	55	17,663
WESTMONT NURSING AND REHABILITATION CENTE	WESTMONT	Downers Grove Township	215	71,835
WHEATON CARE CENTER	WHEATON	Milton Township	123	41,578
WINDSOR PARK MANOR	CAROL STREAM	Bloomingdale Township	80	20,971
WINFIELD WOODS HEALTHCARE CENTER	WINFIELD	Winfield Township	138	44,064
11/30/2012 Name Change	**Formerly Winfield Woods.**			
WOOD GLEN NURSING & REHAB CENTER	WEST CHICAGO	Wayne Township	207	72,757
WYNSCAPE	WHEATON	Milton Township	209	45,388
		Planning Area Totals	**6,033**	**1,739,030**

HEALTH SERVICE AREA	AGE GROUPS	2010 Patient Days	2010 Population	2010 Use Rates (Per 1,000)	2010 Minimum Use Rates	2010 Maximum Use Rates
007	0-64 Years Old	2,249,866	2,969,200	757.7	454.6	1,212.4
	65-74 Years Old	1,072,661	232,100	4,621.5	2,772.9	7,394.5
	75+ Years Old	4,912,419	218,600	22,472.2	13,483.3	35,955.5

	2010 PSA Patient Days	2010 PSA Estimated Populations	2010 PSA Use Rates (Per 1,000)	2010 HSA Minimum Use Rates	2010 HSA Maximum Use Rates	2015 PSA Planned Use Rates	2015 PSA Projected Populations	2015 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds
0-64 Years Old	308,396	810,800	380.4	454.6	1,212.4	454.6	809,400	367,986			
65-74 Years Old	219,393	58,200	3,769.6	2,772.9	7,394.5	3,769.6	78,600	296,294			
75+ Years Old	1,211,241	49,000	24,719.2	13,483.3	35,955.5	24,719.2	51,700	1,277,983			
						Planning Area Totals		**1,942,263**	**5,321.3**	**5,913**	120

ATTACHMENT-[illegible]

MANORCARE OF WESTMONT
512 EAST OGDEN AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID 6000335
Health Service Area 007 Planning Service Area 703

Administrator
Kristen Felker

Contact Person and Telephone
Anthony Harwood
419-254-5359

Registered Agent Information

Date Completed
4/1/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	31
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	14
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	155	141	132	141	98	57	155	67
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	141	132	141	98	57	155	67

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	112
Total Admissions 2011	647
Total Discharges 2011	661
Residents on 12/31/2011	98
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES 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	15915	28.1%	16056	65.7%	1755	3588	4804	0	42118	74.4%	81.8%
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	15915	28.1%	16056	65.7%	1755	3588	4804	0	42118	74.4%	81.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	0	0	1	2	3
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	5	18	0	0	0	0	0	0	5	18	23
85+	11	41	0	0	0	0	0	0	11	41	52
TOTALS	24	74	0	0	0	0	0	0	24	74	98

MANORCARE OF WESTMONT
612 EAST OGDEN AVENUE
WESTMONT, IL. 60559

Reference Numbers Facility ID Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	41	3	8	12	0	98
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	34	41	3	8	12	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	450	276
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	15.00
Certified Aides	55.00
Other Health Staff	40.00
Non-Health Staff	30.00
Totals	167.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
61.8%	15.3%	1.1%	13.7%	8.1%	100.0%		0.0%
9,864,202	2,445,520	175,291	2,191,348	1,285,267	15,961,626	0	

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

355

ATTACHMENT-⊠7⊠

MANORCARE OF HINSDALE
600 WEST OGDEN AVENUE
HINSDALE, IL 60521

Reference Numbers Facility ID 6006332
Health Service Area 007 Planning Service Area 703

Administrator
Diane Lube

Contact Person and Telephone
Anthony Harwood

Registered Agent Information — **Date Completed** 4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	38
Respiratory System	30
Digestive System	13
Genitourinary System Disorders	10
Skin Disorders	19
Muscula-skeletal Disorders	45
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	188

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	202	202	186	187	186	16	202	20
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	202	202	186	187	186	16	202	20

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	146
Total Admissions 2011	1,451
Total Discharges 2011	1,411
Residents on 12/31/2011	186
Identified Offenders	2

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES 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	34745	47.1%	5345	73.2%	0	10355	9775	0	60220	81.7%	81.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	34745	47.1%	5345	73.2%	0	10355	9775	0	60220	81.7%	81.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	0	0	0	0	0	0	0	4	0	4
45 to 59	5	7	0	0	0	0	0	0	5	7	12
60 to 64	9	7	0	0	0	0	0	0	9	7	16
65 to 74	11	12	0	0	0	0	0	0	11	12	23
75 to 84	20	30	0	0	0	0	0	0	20	30	50
85+	27	54	0	0	0	0	0	0	27	54	81
TOTALS	76	110	0	0	0	0	0	0	76	110	186

MANORCARE OF HINSDALE
600 WEST OGDEN AVENUE
HINSDALE, IL 60521

Reference Numbers Facility ID — **Health Service Area** 007 — **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	103	15	0	29	39	0	186
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	103	15	0	29	39	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	290
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
Total	186	0	0	0	186

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	176	0	0	0	176
Ethnicity Unknown	0	0	0	0	0
Total	186	0	0	0	186

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	25.00
Certified Aides	71.00
Other Health Staff	57.00
Non-Health Staff	62.00
Totals	249.00

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
72.8%	2.3%	0.2%	15.8%	8.9%	100.0%		0.0%
22,301,123	714,204	60,098	4,842,182	2,706,430	30,624,037	0	

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

356

ATTACHMENT 7

LEXINGTON OF STREAMWOOD
815 EAST IRVING PARK ROAD
STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6012875
Health Service Area 007 Planning Service Area 701

Administrator
Kalsang Youtso

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	5
Nervous System Non Alzheimer	10
Alzheimer Disease	1
Mental Illness	8
Developmental Disability	0
Circulatory System	38
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	1
Muscule-skeletal Disorders	10
Injuries and Poisonings	7
Other Medical Conditions	77
Non-Medical Conditions	0
TOTALS	182

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	214	214	191	214	182	32	214	172
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	191	214	182	32	214	172

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	171
Total Admissions 2011	309
Total Discharges 2011	298
Residents on 12/31/2011	182
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	11209	14.4%	50242	80.0%	0	1548	2150	0	65148	83.4%	83.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11209	14.4%	50242	80.0%	0	1548	2150	0	65148	83.4%	83.4%

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	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	7	0	0	0	0	0	0	1	7	8
65 to 74	12	16	0	0	0	0	0	0	12	16	28
75 to 84	6	42	0	0	0	0	0	0	6	42	48
85+	14	82	0	0	0	0	0	0	14	82	96
TOTALS	34	148	0	0	0	0	0	0	34	148	182

357

ATTACHMENT 7

LEXINGTON OF STREAMWOOD
815 EAST IRVING PARK ROAD
STREAMWOOD, IL. 60107

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	117	0	11	31	0	182
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	23	117	0	11	31	0	182

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	9	0	0	0	9
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	164	0	0	0	164
Race Unknown	0	0	0	0	0
Total	182	0	0	0	182

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	0	0	0	0	0
Total	182	0	0	0	182

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	23.00
Certified Aides	63.00
Other Health Staff	9.00
Non-Health Staff	60.00
Totals	166.00

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
37.5%	46.8%	0.0%	4.0%	10.8%	100.0%		0.0%
5,371,200	8,702,204	0	708,212	1,550,411	14,332,027	0	

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

CLAREMONT-HANOVER PARK
2000 WEST LAKE STREET
HANOVER PARK, IL. 60133

Reference Numbers Facility ID 6016554
Health Service Area 007 Planning Service Area 701

Administrator
Lisa Ulm

Contact Person and Telephone
LISA ULM
630-556-2000

Registered Agent Information
MS Registered Agent Service
191 N Wacker Drive Suite 18
Chicago, IL 60606

Date Completed 4/19/2012

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 05 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	16
Digestive System	3
Genitourinary System Disorders	23
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	100	88	100	80	70	150	14
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	100	88	100	80	70	150	14

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	70
Total Admissions 2011	933
Total Discharges 2011	923
Residents on 12/31/2011	80
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	20721	37.8%	2568	50.2%	0	5503	1852	0	30642	56.0%	84.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	20721	37.8%	2568	50.2%	0	5503	1852	0	30642	56.0%	84.0%

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	2	3	0	0	0	0	0	0	2	3	5
60 to 64	6	9	0	0	0	0	0	0	6	9	15
65 to 74	4	23	0	0	0	0	0	0	4	23	27
75 to 84	2	19	0	0	0	0	0	0	2	19	21
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	16	64	0	0	0	0	0	0	16	64	80

358

ATTACHMENT #7

CLAREMONT-HANOVER PARK
2000 WEST LAKE STREET
HANOVER PARK, IL. 60133

Reference Numbers Facility ID Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	55	2	0	11	12	0	80
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	55	2	0	11	12	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	1	0	0	0	1
White	71	0	0	0	71
Race Unknown	4	0	0	0	4
Total	80	0	0	0	80

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	4	0	0	0	4
Total	80	0	0	0	80

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	10.00
Certified Aides	26.00
Other Health Staff	3.00
Non-Health Staff	24.00
Totals	81.00

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
81.6%	0.4%	0.0%	13.7%	4.1%	100.0%		0.0%
11,493,857	52,559	0	1,917,870	569,448	14,033,543	0	

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

LEXINGTON HLTH CARE CTR-BLOOMINGDALE
165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6011903
Health Service Area 007 Planning Service Area 703

Administrator
Rupal Mistry

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	5
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	18
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	74
TOTALS	147

Total Residents Diagnosed as Mentally Ill 9

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	166	166	157	166	147	19	166	131
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	166	166	157	166	147	19	166	131

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	149
Total Admissions 2011	276
Total Discharges 2011	278
Residents on 12/31/2011	147
Identified Offenders	0

FACILITY UTILIZATION - 2012
PATIENT DAYS AND OCCUPANCY RATES 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	11841	19.5%	35102	73.4%	0	1039	6418	0	54400	89.8%	89.8%
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	11841	19.5%	35102	73.4%	0	1039	6418	0	54400	89.8%	89.8%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	11	9	0	0	0	0	0	0	11	9	20
75 to 84	14	24	0	0	0	0	0	0	14	24	38
85+	13	65	0	0	0	0	0	0	13	65	78
TOTALS	44	103	0	0	0	0	0	0	44	103	147

359

ATTACHMENT #7

LEXINGTON HLTH CARE CTR-BLOOMINGDALE
165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	95	0	3	20	0	147
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	29	95	0	3	20	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	364	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	134	0	0	0	134
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	143	0	0	0	143
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	10.00
Certified Aides	53.00
Other Health Staff	7.00
Non-Health Staff	53.00
Totals	138.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.0%	35.7%	0.0%	2.8%	15.5%	100.0%		0.0%
6,344,100	4,921,963	0	392,248	2,146,437	13,804,838	0	

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

ABBINGTON REHAB & NURSING CTR
31 WEST CENTRAL
ROSELLE, IL 60172

Reference Numbers Facility ID 6000020
Health Service Area 007 Planning Service Area 703

Administrator
TERI SCHULTZ

Contact Person and Telephone
HOWARD WENGROW
847-870-2121

Registered Agent Information
Abraham J. Stern
105 Wacker Dr.
Chicago, IL 60606

Date Completed
1/22/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	20
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	5
Developmental Disability	0
Circulatory System	1
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 5

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	82	82	72	82	65	17	19	74
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	82	82	72	82	65	17	19	74

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	111
Total Discharges 2011	118
Residents on 12/31/2011	65
Identified Offenders	2

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	2289	33.2%	21717	80.4%	0	0	2127	0	26143	87.3%	87.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2289	33.2%	21717	80.4%	0	0	2127	0	26143	87.3%	87.3%

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	10	3	0	0	0	0	0	0	10	3	13
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	8	12	0	0	0	0	0	0	8	12	20
TOTALS	32	33	0	0	0	0	0	0	32	33	65

360

ATTACHMENT 78

ABBINGTON REHAB & NURSING CTR
31 WEST CENTRAL
ROSELLE, IL 60172

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	52	0	0	6	0	65
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	7	52	0	0	6	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	100
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	5	0	0	0	5
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	1	0	0	0	1
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	3.00
Certified Aides	19.00
Other Health Staff	2.00
Non-Health Staff	19.00
Totals	51.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.4%	78.8%	0.0%	0.0%	8.8%	100.0%		0.0%
539,757	3,437,492	0	0	384,437	4,361,686	0	

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

ALDEN-POPLAR CREEK REHAB &CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60169

Reference Numbers Facility ID 6001366
Health Service Area 007 Planning Service Area 701

Administrator
Jeff Russell

Contact Person and Telephone
CHRIS KUEHN
773-286-3883 ext 6534

Registered Agent Information
MARY CHELOTTI- SMITH
4200 W PETERSON AVE SUITE 140
Chicago, IL 60646

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	35
Blood Disorders	4
*Nervous System Non Alzheimer	2
Alzheimer Disease	6
Mental Illness	3
Developmental Disability	0
Circulatory System	32
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	94
Non-Medical Conditions	0
TOTALS	188

Total Residents Diagnosed as Mentally Ill 3

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	217	217	196	217	188	29	217	217
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	217	217	196	217	188	29	217	217

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	181
Total Admissions 2011	550
Total Discharges 2011	553
Residents on 12/31/2011	188
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	10808	13.6%	47404	59.8%	838	2825	4545	0	66420	83.9%	83.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10808	13.6%	47404	59.8%	838	2825	4545	0	66420	83.9%	83.9%

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	3	5	0	0	0	0	0	0	3	5	8
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	5	22	0	0	0	0	0	0	5	22	27
75 to 84	25	41	0	0	0	0	0	0	25	41	66
85+	18	64	0	0	0	0	0	0	18	64	82
TOTALS	52	136	0	0	0	0	0	0	52	136	188

ALDEN-POPLAR CREEK REHAB &CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60169

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	130	1	8	13	0	188
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	36	130	1	8	13	0	188

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	305
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	162	0	0	0	162
Race Unknown	11	0	0	0	11
Total	188	0	0	0	188

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	1	0	0	0	1
Total	188	0	0	0	188

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.28
LPN's	9.41
Certified Aides	39.51
Other Health Staff	1.35
Non-Health Staff	34.14
Totals	99.69

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.8%	47.3%	0.8%	6.4%	7.9%	100.0%		0.0%
5,754,509	7,249,005	121,801	975,216	1,217,323	15,317,854	0	

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

ATTACHMENT #7

LEXINGTON OF SCHAUMBURG
675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL. 60193

Reference Numbers Facility ID 6012553
Health Service Area 007 Planning Service Area 701

Administrator
Terri Bowen

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	46
Injuries and Poisonings	4
Other Medical Conditions	111
Non-Medical Conditions	0
TOTALS	187

Total Residents Diagnosed as Mentally Ill 6

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	214	214	199	214	187	27	214	160
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	199	214	187	27	214	160

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	181
Total Admissions 2011	517
Total Discharges 2011	511
Residents on 12/31/2011	187
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	14933	19.1%	47414	81.2%	0	2033	3600	0	67980	87.0%	87.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14933	19.1%	47414	81.2%	0	2033	3600	0	67980	87.0%	87.0%

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	4	5	0	0	0	0	0	0	4	5	9
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	11	19	0	0	0	0	0	0	11	19	30
75 to 84	16	44	0	0	0	0	0	0	16	44	60
85+	16	68	0	0	0	0	0	0	16	68	84
TOTALS	48	139	0	0	0	0	0	0	48	139	187

LEXINGTON OF SCHAUMBURG
675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL. 60193

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	45	100	0	5	37	0	187
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	45	100	0	5	37	0	187

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	207
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	172	0	0	0	172
Race Unknown	0	0	0	0	0
Total	187	0	0	0	187

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
Total	187	0	0	0	187

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	12.00
Certified Aides	67.00
Other Health Staff	7.00
Non-Health Staff	63.00
Totals	171.00

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
47.4%	38.4%	0.0%	5.0%	9.2%	100.0%		0.0%
7,717,987	6,241,011	0	819,383	1,492,930	16,272,211	0	

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

362

ATTACHMENT 78

FRIENDSHIP VILLAGE OF SCHAUMBURG
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL. 60194

Reference Numbers Facility ID 6003404
Health Service Area 007 Planning Service Area 701

Administrator
Tony Madl

Contact Person and Telephone
Jeff Nyberg
847-843-4259

Registered Agent Information
STEPHEN A YENCHEK
350 WEST SCHAUMBURG ROAD
Schaumburg, IL 60194

Date Completed
4/26/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY Yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System Non Alzheimer	15
Alzheimer Disease	41
Mental Illness	0
Developmental Disability	0
Circulatory System	53
Respiratory System	27
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	60
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	227

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	250	250	231	250	227	23	250	100
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	250	250	231	250	227	23	250	100

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	215
Total Admissions 2011	589
Total Discharges 2011	577
Residents on 12/31/2011	227
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	14310	15.7%	22893	33.0%	0	0	41635	92	78930	86.5%	86.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14310	15.7%	22893	33.0%	0	0	41635	92	78930	86.5%	86.5%

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	1	0	0	0	0	0	0	0	1	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	9	0	0	0	0	0	0	1	9	10
75 to 84	14	44	0	0	0	0	0	0	14	44	58
85+	27	129	0	0	0	0	0	0	27	129	156
TOTALS	42	185	0	0	0	0	0	0	42	185	227

FRIENDSHIP VILLAGE OF SCHAUMBURG
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL. 60194

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	53	56	0	0	117	1	227
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	53	56	0	0	117	1	227

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	375	311
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	99	0	0	0	99
Total	227	0	0	0	227

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	227	0	0	0	227
Total	227	0	0	0	227

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.70
LPN's	8.30
Certified Aides	85.40
Other Health Staff	19.50
Non-Health Staff	18.20
Totals	165.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.8%	14.7%	45.5%	0.0%	0.0%	100.0%		3.4%
8,279,071	3,068,661	9,463,624	0	0	20,812,256	700,000	

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

363

ATTACHMENT #7

ROSEWOOD CARE CENTER OF INVERNESS
1800 COLONIAL PARKWAY
INVERNESS, IL 60067

Reference Numbers Facility ID 6014633
Health Service Area 007 Planning Service Area 701

Administrator
Patrick DiPaolo

Contact Person and Telephone
JAN POELKER
314/994-0070x3025

Registered Agent Information
Daniel Maher
412 East Lawrence Ave
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

Date Completed
4/10/2013

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	30
Digestive System	10
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	142	142	105	142	101	41	40	58
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	142	142	105	142	101	41	40	58

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	419
Total Discharges 2011	401
Residents on 12/31/2011	101
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	7975	54.6%	11129	52.6%	0	464	14113	0	33681	65.0%	65.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7975	54.6%	11129	52.6%	0	464	14113	0	33681	65.0%	65.0%

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	1	9	0	0	0	0	0	0	1	9	10
75 to 84	18	48	0	0	0	0	0	0	18	48	66
85+	10	14	0	0	0	0	0	0	10	14	24
TOTALS	29	72	0	0	0	0	0	0	29	72	101

ROSEWOOD CARE CENTER OF INVERNESS
1800 COLONIAL PARKWAY
INVERNESS, IL 60067

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	34	0	1	40	0	101
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	26	34	0	1	40	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	161	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101
ETHNICITY	**Nursing Care**	**Skilled Under 22**	**Intermediate DD**	**Sheltered Care**	**Totals**
Hispanic	0	0	0	0	0
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	9.00
Certified Aides	42.00
Other Health Staff	10.00
Non-Health Staff	43.00
Totals	124.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
48.7%	18.0%	0.0%	2.7%	30.6%	100.0%		0.0%
4,153,791	1,536,252	0	232,226	2,610,846	8,533,115	0	

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

364

ATTACHMENT #7

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON, IL 60010

Reference Numbers Facility ID 6003735
Health Service Area 007 Planning Service Area 701

Administrator
Lorrie Woebbeking

Contact Person and Telephone
CHRIS KUEHN
773-260-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suit 140
Chicago, IL 60646

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	0
Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	13
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	69
Non-Medical Conditions	0
TOTALS	118

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	150	150	131	150	118	32	150	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	131	150	118	32	150	150

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	118
Total Admissions 2011	788
Total Discharges 2011	788
Residents on 12/31/2011	118
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	20540	37.5%	16879	30.5%	735	3200	2670	0	43824	80.0%	80.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	20540	37.5%	16879	30.5%	735	3200	2670	0	43824	80.0%	80.0%

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	1	2	0	0	0	0	0	0	1	2	3
45 to 59	5	8	0	0	0	0	0	0	5	8	13
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	12	0	0	0	0	0	0	4	12	16
75 to 84	12	32	0	0	0	0	0	0	12	32	44
85+	8	31	0	0	0	0	0	0	8	31	39
TOTALS	32	86	0	0	0	0	0	0	32	86	118

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON, IL 60010

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	53	45	2	9	9	0	118
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	53	45	2	9	9	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	340
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	14	0	0	0	14
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	8	0	0	0	8
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	5.00
Certified Aides	33.00
Other Health Staff	7.00
Non-Health Staff	39.00
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
57.1%	28.4%	0.8%	9.1%	4.6%	100.0%		0.0%
9,492,201	4,719,060	134,763	1,510,652	762,660	16,628,336	0	

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

365

ATTACHMENT #7

ALDEN-VALLEY RIDGE REHAB &CARE
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6000459
Health Service Area 007 Planning Service Area 703

Administrator
Trevor Huisinga

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. peterson Ave. Suite 140
Chicago, IL 60646

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	7
*Nervous System Non Alzheimer	6
Alzheimer Disease	52
Mental Illness	17
Developmental Disability	0
Circulatory System	5
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	43
TOTALS	169

Total Residents Diagnosed as Mentally Ill 17

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	207	207	185	198	169	38	207	207
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	207	207	185	198	169	38	207	207

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	178
Total Admissions 2011	291
Total Discharges 2011	208
Residents on 12/31/2011	169
Identified Offenders	2

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	6234	8.3%	42615	56.4%	949	688	4289	0	54775	72.5%	72.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6234	8.3%	42615	56.4%	949	688	4289	0	54775	72.5%	72.5%

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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	5	6	0	0	0	0	0	0	5	6	11
60 to 64	6	11	0	0	0	0	0	0	6	11	17
65 to 74	15	12	0	0	0	0	0	0	15	12	27
75 to 84	12	31	0	0	0	0	0	0	12	31	43
85+	17	53	0	0	0	0	0	0	17	53	70
TOTALS	56	113	0	0	0	0	0	0	56	113	169

ALDEN-VALLEY RIDGE REHAB &CARE
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	110	25	5	11	0	169
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	18	110	25	5	11	0	169

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	9	0	0	0	9
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	147	0	0	0	147
Race Unknown	8	0	0	0	8
Total	169	0	0	0	169

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	1	0	0	0	1
Total	169	0	0	0	169

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.42
LPN's	13.55
Certified Aides	33.01
Other Health Staff	22.00
Non-Health Staff	23.22
Totals	101.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.4%	53.0%	8.6%	1.8%	6.1%	100.0%		0.0%
3,647,183	6,349,048	1,030,474	218,142	735,408	11,980,255	0	

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

366

ATTACHMENT #7

WEST SUBURBAN NURSING & REHAB CENTER
311 EDGEWATER DRIVE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID 6001002
Health Service Area 007 Planning Service Area 703

Administrator
Christopher Correll

Contact Person and Telephone
CHRISTOPHER CORRELL
630-894-7400

Registered Agent Information

Date Completed
4/30/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	12
*Nervous System Non Alzheimer	20
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	37
Digestive System	10
Genitourinary System Disorders	24
Skin Disorders	6
Musculo-skeletal Disorders	10
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	185

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	259	259	107	259	185	74	30	259
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	259	259	107	259	185	74	30	259

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	192
Total Admissions 2011	432
Total Discharges 2011	439
Residents on 12/31/2011	185
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	6841	62.5%	57146	60.4%	0	1179	3451	0	68617	72.6%	72.6%
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	6841	62.5%	57146	60.4%	0	1179	3451	0	68617	72.6%	72.6%

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	3	2	0	0	0	0	0	0	3	2	5
60 to 64	5	23	0	0	0	0	0	0	5	23	28
65 to 74	5	27	0	0	0	0	0	0	5	27	32
75 to 84	24	38	0	0	0	0	0	0	24	38	62
85+	23	35	0	0	0	0	0	0	23	35	58
TOTALS	60	125	0	0	0	0	0	0	60	125	185

WEST SUBURBAN NURSING & REHAB CENTER
311 EDGEWATER DRIVE
BLOOMINGDALE, IL. 60108

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	154	0	3	9	0	185
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	19	154	0	3	9	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	25	0	0	0	25
American Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pacific Isl.	10	0	0	0	10
White	132	0	0	0	132
Race Unknown	0	0	0	0	0
Total	185	0	0	0	185

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	5	0	0	0	5
Total	185	0	0	0	185

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	18.00
Certified Aides	55.00
Other Health Staff	20.00
Non-Health Staff	20.00
Totals	135.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.1%	66.8%	0.0%	0.4%	5.7%	100.0%		0.0%
3,420,500	8,432,170	0	47,160	724,710	12,624,540	0	

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

367

ATTACHMENT #7

MANOR CARE - ELK GROVE VILLAGE
1920 NERGE ROAD
ELK GROVE VILLAGE, IL. 60007

Reference Numbers Facility ID 0012686
Health Service Area 007 Planning Service Area 701

Administrator
Brian Gross

Contact Person and Telephone
Eric Talbert
410-252-5051

Registered Agent Information
ManorCare of Elk Grove Village IL, LLC
1920 Nerge Rd.
Elk Grove Village, IL 60007

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	40
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	93
Non-Medical Conditions	0
TOTALS	156

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	190	182	182	182	156	34	190	105
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	190	182	182	182	156	34	190	105

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	174
Total Admissions 2011	1,057
Total Discharges 2011	1,075
Residents on 12/31/2011	156
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	27284	39.3%	22107	57.7%	0	6183	0	5444	61018	88.0%	91.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	27284	39.3%	22107	57.7%	0	6183	0	5444	61018	88.0%	91.9%

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	1	1	0	0	0	0	0	0	1	1	2
45 to 59	2	3	0	0	0	0	0	0	2	3	5
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	13	16	0	0	0	0	0	0	13	16	29
75 to 84	20	33	0	0	0	0	0	0	20	33	53
85+	13	51	0	0	0	0	0	0	13	51	64
TOTALS	50	106	0	0	0	0	0	0	50	106	156

MANOR CARE - ELK GROVE VILLAGE
1920 NERGE ROAD
ELK GROVE VILLAGE, IL. 60007
Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	61	59	0	16	20	0	156
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	61	59	0	16	20	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	392	366
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	152	0	0	0	152
Race Unknown	0	0	0	0	0
Total	156	0	0	0	156

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	151	0	0	0	151
Ethnicity Unknown	0	0	0	0	0
Total	156	0	0	0	156

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	50.00
LPN's	9.00
Certified Aides	82.00
Other Health Staff	69.00
Non-Health Staff	58.00
Totals	270.00

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
65.2%	14.8%	1.9%	11.2%	7.0%	100.0%		0.0%
14,636,749	3,322,202	423,174	2,506,781	1,566,122	22,455,028	0	

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

ATTACHMENT #7

FOREST VIEW REHAB & NURSING CENTER
535 SOUTH ELM
ITASCA, IL. 60143

Reference Numbers Facility ID 6000483
Health Service Area 007 Planning Service Area 703

Administrator
Joseph G Javier

Contact Person and Telephone
Joseph G. Javier
630-773-0418

Date Completed
4/19/2013

Registered Agent Information
David Gross
240 Fencl Lane
Hillside, IL 60162

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restriction denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	57
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	83

Total Residents Diagnosed as Mentally Ill 4

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	144	86	86	0	83	61	14	144
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	144	86	86	0	83	61	14	144

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	80
Total Admissions 2011	78
Total Discharges 2011	83
Residents on 12/31/2011	75
Identified Offenders	1

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	2542	49.7%	22314	42.5%	0	0	4326	0	29182	55.5%	93.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2542	49.7%	22314	42.5%	0	0	4326	0	29182	55.5%	93.0%

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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	3	0	0	0	0	0	0	0	3	3
65 to 74	4	14	0	0	0	0	0	0	4	14	18
75 to 84	5	18	0	0	0	0	0	0	5	18	23
85+	5	31	0	0	0	0	0	0	5	31	36
TOTALS	17	66	0	0	0	0	0	0	17	66	83

FOREST VIEW REHAB & NURSING CENTER
535 SOUTH ELM
ITASCA, IL. 60143

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	66	0	0	11	0	83
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	6	66	0	0	11	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	83	0	0	0	83
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	3.00
Certified Aides	18.00
Other Health Staff	1.00
Non-Health Staff	18.00
Totals	49.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
51.3%	28.9%	0.0%	0.2%	19.5%	100.0%		0.0%
2,698,612	1,517,497	0	12,922	1,027,501	5,256,622	0	

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

369

ATTACHMENT #7

OAK BROOK HEALTH CARE CENTER
2013 MIDWEST ROAD
OAK BROOK, IL. 60523

Reference Numbers Facility ID 6006720
Health Service Area 007 Planning Service Area 703

Administrator
Jina Lebert-Davies

Contact Person and Telephone
JINA LEBERT-DAVIES
630-495-0220

Registered Agent Information
Laurence Zung
5081 N Pulaski Road
Chicago, IL 60630

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	14
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	120
Total Residents Diagnosed as Mentally Ill	22

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	156	156	146	141	120	36	126	87
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	156	156	146	141	120	36	126	87

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	134
Total Admissions 2011	402
Total Discharges 2011	416
Residents on 12/31/2011	120
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	9530	20.7%	22139	69.7%	0	1084	16761	0	49514	87.0%	87.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9530	20.7%	22139	69.7%	0	1084	16761	0	49514	87.0%	87.0%

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	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	2	8	0	0	0	0	0	0	2	8	10
75 to 84	5	20	0	0	0	0	0	0	5	20	25
85+	11	70	0	0	0	0	0	0	11	70	81
TOTALS	20	100	0	0	0	0	0	0	20	100	120

OAK BROOK HEALTH CARE CENTER
2013 MIDWEST ROAD
OAK BROOK, IL. 60523

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	48	0	3	43	0	120
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	28	48	0	3	43	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	256	221
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	115	0	0	0	115
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	9.00
Certified Aides	66.00
Other Health Staff	17.00
Non-Health Staff	60.00
Totals	183.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.6%	25.7%	0.0%	3.1%	31.6%	100.0%		0.0%
5,077,150	3,297,551	0	395,104	4,044,866	12,814,761	0	

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

370

ATTACHMENT-17

LEXINGTON OF ELMHURST
420 WEST BUTTERFIELD ROAD
ELMHURST, IL. 60126

Reference Numbers Facility ID 0013098
Health Service Area 007 Planning Service Area 703

Administrator
Sandra Cubas

Contact Person and Telephone
Bridgett Rummel
630-457-4700

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	4
Other Medical Conditions	89
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	145	145	132	145	115	30	142	77
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	145	145	132	145	115	30	142	77

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	117
Total Admissions 2011	548
Total Discharges 2011	550
Residents on 12/31/2011	115
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	15453	29.8%	15566	55.4%	0	2075	10949	0	44043	83.2%	83.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	15453	29.8%	15566	55.4%	0	2075	10949	0	44043	83.2%	83.2%

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	1	4	0	0	0	0	0	0	1	4	5
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	11	0	0	0	0	0	0	2	11	13
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	10	63	0	0	0	0	0	0	10	63	73
TOTALS	19	96	0	0	0	0	0	0	19	96	115

LEXINGTON OF ELMHURST
420 WEST BUTTERFIELD ROAD
ELMHURST, IL. 60126

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	36	0	11	26	0	115
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	42	36	0	11	26	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	192
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	13.00
Certified Aides	44.00
Other Health Staff	8.00
Non-Health Staff	48.00
Totals	124.00

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
57.5%	14.9%	0.0%	5.7%	21.9%	100.0%		0.0%
8,050,780	2,079,951	0	792,529	3,069,215	13,992,484	0	

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

371

ATTACHMENT-8

PARK PLACE CHRISTIAN COMMUNITY
1150 EUCLID AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 0016430
Health Service Area 007 Planning Service Area 703

Administrator
Richard Nolden

Contact Person and Telephone
Richard Nolden
630-936-4100

Registered Agent Information
William DeYoung
18601 N. Creek Drive
Tinley Park, IL 60477

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	26

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	37	37	27	37	26	11	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	37	37	27	37	26	11	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	0
Total Admissions 2011	88
Total Discharges 2011	62
Residents on 12/31/2011	26
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	974	8.0%	0	0.0%	0	100	6	0	1080	8.0%	8.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	974	8.0%	0	0.0%	0	100	6	0	1080	8.0%	8.0%

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	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	11	15	0	0	0	0	0	0	11	15	26

PARK PLACE CHRISTIAN COMMUNITY
1150 EUCLID AVENUE
ELMHURST, IL. 60126.

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	0	0	4	0	0	26
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	22	0	0	4	0	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	355	355
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	1	0	0	0	1
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	24	0	0	0	24
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.50
LPN's	2.80
Certified Aides	27.20
Other Health Staff	9.33
Non-Health Staff	21.60
Totals	73.43

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
91.8%	0.0%	0.0%	8.2%	0.0%	100.0%		0.0%
450,981	0	0	40,477	0	491,458	0	

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

FACILITY NOTES

Name Change	4/17/2012	Formerly Park Place Christian Community.
12-007	4/17/2012	Permit issued to establish a facility with 37 Nursing Care beds.
07-071	4/17/2012	Permit abandoned.
Licensure	8/1/2012	Facility licensed for operation.

372

ATTACHMENT-☒

ELMHURST EXTENDED CARE CENTER
200 EAST LAKE STREET
ELMHURST, IL. 60126

Reference Numbers Facility ID 0002826
Health Service Area 007 Planning Service Area 703

Administrator
John Massard

Contact Person and Telephone
Love Dave
(630) 516-5000

Registered Agent Information
Keith Goldberg, Attorney at Law
1701 E. Lake Ave. #255
Glenview, IL 60025

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	68
Total Residents Diagnosed as Mentally Ill	56

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	108	104	87	76	68	40	38	22
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	108	104	87	76	68	40	38	22

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	77
Total Admissions 2011	262
Total Discharges 2011	271
Residents on 12/31/2011	68
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	6254	43.9%	4126	51.4%	0	570	17680	0	28630	72.6%	75.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6254	43.9%	4126	51.4%	0	570	17680	0	28630	72.6%	75.4%

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	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	9	42	0	0	0	0	0	0	9	42	51
TOTALS	14	54	0	0	0	0	0	0	14	54	68

ELMHURST EXTENDED CARE CENTER
200 EAST LAKE STREET
ELMHURST, IL. 60126

Reference Numbers Facility ID Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	12	0	1	43	0	68
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	12	12	0	1	43	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
Total	68	0	0	0	68

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	8.00
Certified Aides	33.00
Other Health Staff	7.00
Non-Health Staff	28.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.1%	8.8%	0.0%	3.3%	49.0%	100.0%		0.0%
2,834,533	625,711	0	237,413	3,552,035	7,249,692	0	

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

373

ATTACHMENT-7

WESTCHESTER HEALTH & REHAB.
2901 WOLF ROAD
WESTCHESTER, IL. 60154

Reference Numbers Facility ID 6012173
Health Service Area 007 Planning Service Area 704

Administrator
Martin Lee

Contact Person and Telephone
Martin Lee
708-531-1441

Registered Agent Information
C T CORPORATION SYSTEM
208 S. LASALLE ST., SUITE 814
Chicago, IL 60604

Date Completed
5/3/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions deemed by IT

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	30
Non-Medical Conditions	9
TOTALS	116

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	120	120	116	120	116	4	120	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	116	120	116	4	120	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	111
Total Admissions 2011	160
Total Discharges 2011	155
Residents on 12/31/2011	116
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	5080	11.8%	31926	72.9%	0	524	2909	0	40448	92.3%	92.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5080	11.8%	31926	72.9%	0	524	2909	0	40448	92.3%	92.3%

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	5	3	0	0	0	0	0	0	5	3	8
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	14	16	0	0	0	0	0	0	14	16	30
85+	9	46	0	0	0	0	0	0	9	46	55
TOTALS	38	78	0	0	0	0	0	0	38	78	116

ATTACHMENT 37

WESTCHESTER HEALTH & REHAB.
2901 WOLF ROAD
WESTCHESTER, IL. 60154

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	85	0	4	9	0	116
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	18	85	0	4	9	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	351	264
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	44	0	0	0	44
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	15.00
Certified Aides	34.00
Other Health Staff	11.00
Non-Health Staff	21.00
Totals	88.00

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
31.6%	50.0%	6.7%	2.5%	9.2%	100.0%		0.0%
2,617,223	4,136,195	554,929	207,827	760,195	8,276,369	0	

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

PRESENCE VILLA SCALABRINI NURSING-REHAB
480 NORTH WOLF ROAD
NORTHLAKE, IL. 60164

Reference Numbers Facility ID 6009591
Health Service Area 007 Planning Service Area 704

Administrator
Michael Kaplan

Contact Person and Telephone
BRENDA DAVIS

Registered Agent Information
Sandra Bruce
7435 West Talcott Avenue
Chicago, IL 60631

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	32
Blood Disorders	10
*Nervous System Non Alzheimer	28
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	82
Respiratory System	22
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	36
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	222

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	253	253	222	253	222	31	171	202
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	253	253	222	253	222	31	171	202

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	214
Total Admissions 2011	315
Total Discharges 2011	294
Residents on 12/31/2011	235
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	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

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	8	0	0	0	0	0	0	0	8	8
45 to 59	7	9	0	0	0	0	0	0	7	9	16
60 to 64	10	20	0	0	0	0	0	0	10	20	30
65 to 74	21	30	0	0	0	0	0	0	21	30	51
75 to 84	12	54	0	0	0	0	0	0	12	54	66
85+	21	30	0	0	0	0	0	0	21	30	51
TOTALS	71	151	0	0	0	0	0	0	71	151	222

PRESENCE VILLA SCALABRINI NURSING-REHAB
480 NORTH WOLF ROAD
NORTHLAKE, IL. 60164

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	43	122	1	5	45	6	222
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	43	122	1	5	45	6	222

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	286
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	32	0	0	0	32
Hawaiian/Pacific Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	5	0	0	0	5
Total	222	0	0	0	222

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	40	0	0	0	40
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	5	0	0	0	5
Total	222	0	0	0	222

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	48.00
LPN's	11.00
Certified Aides	110.00
Other Health Staff	28.00
Non-Health Staff	85.00
Totals	264.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Date)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.3%	40.7%	0.0%	3.9%	15.2%	100.0%		0.6%
7,210,691	7,286,681		698,399	2,720,815	17,925,786	109,211	

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

FACILITY NOTES

Name Change	10/1/2012	Formerly Villa Scalabrini Nursing and Rehabilitation.

375

ATTACHMENT #17

ELMBROOK NURSING
127 WEST DIVERSEY AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID 6010144
Health Service Area 007 Planning Service Area 703

Administrator
MARK MURPHEY

Contact Person and Telephone
SUNNY JOSEPH
6305305225

Registered Agent Information

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions detailed by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	7
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	31
Digestive System	2
Genitourinary System Disorders	16
Skin Disorders	5
Musculo-skeletal Disorders	15
Injuries and Poisonings	3
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	152

Total Residents Diagnosed as Mentally Ill 36

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	180	180	168	180	152	28	117	180
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	180	180	168	180	152	28	117	180

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	157
Total Admissions 2011	170
Total Discharges 2011	175
Residents on 12/31/2011	152
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	12775	20.8%	40515	61.7%	730	183	4563	0	58766	89.4%	89.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12775	20.0%	40515	61.7%	730	183	4563	0	58766	89.4%	89.4%

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	1	0	0	0	0	0	0	0	1	1
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	5	6	0	0	0	0	0	0	5	6	11
65 to 74	12	18	0	0	0	0	0	0	12	18	30
75 to 84	14	36	0	0	0	0	0	0	14	36	50
85+	14	44	0	0	0	0	0	0	14	44	58
TOTALS	47	105	0	0	0	0	0	0	47	105	152

ELMBROOK NURSING
127 WEST DIVERSEY AVENUE
ELMHURST, IL. 60126

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	97	7	0	12	0	152
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	36	97	7	0	12	0	152

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	142	0	0	0	142
Race Unknown	0	0	0	0	0
Total	152	0	0	0	152

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	19	0	0	0	19
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	133	0	0	0	133
Total	152	0	0	0	152

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	22.00
Certified Aides	66.00
Other Health Staff	23.00
Non-Health Staff	22.00
Totals	146.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
48.8%	43.1%	0.0%	1.9%	6.2%	100.0%		0.0%
7,075,809	6,255,735	0	278,399	906,193	14,514,136	0	

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

376

ATTACHMENT #2

BRIDGEWAY CHRISTIAN VILLAGE REHAB & SNF
111 EAST WASHINGTON
BENSENVILLE, IL. 60106

Reference Numbers Facility ID 0000353
Health Service Area 007 Planning Service Area 703

Administrator
Linda Pyfer

Contact Person and Telephone
Susan McGhee
217-732-9951

Registered Agent Information
Timothy Phillippe
200 N Postville Dr

Date Completed
4/26/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	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	7
Endocrine/Metabolic	8
Blood Disorders	4
Nervous System Non Alzheimer	7
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	15
Digestive System	8
Genitourinary System Disorders	10
Skin Disorders	8
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	41
Non-Medical Conditions	0
TOTALS	150
Total Residents Diagnosed as Mentally Ill	9

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	222	187	168	187	150	72	222	143
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	222	187	168	187	150	72	222	143

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	157
Total Admissions 2011	409
Total Discharges 2011	416
Residents on 12/31/2011	150
Identified Offenders	1

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	12293	15.2%	34592	66.3%	864	318	10697	0	58762	72.5%	86.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12293	15.2%	34592	66.3%	864	318	10697	0	58762	72.5%	86.1%

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	2	5	0	0	0	0	0	0	2	5	7
60 to 64	1	8	0	0	0	0	0	0	1	8	9
65 to 74	5	16	0	0	0	0	0	0	5	16	21
75 to 84	10	39	0	0	0	0	0	0	10	39	49
85+	7	57	0	0	0	0	0	0	7	57	64
TOTALS	25	125	0	0	0	0	0	0	25	125	150

BRIDGEWAY CHRISTIAN VILLAGE REHAB & SNF
111 EAST WASHINGTON
BENSENVILLE, IL. 60106

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	97	0	4	20	0	150
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	29	97	0	4	20	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	305	268
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	2	0	0	0	2
White	143	0	0	0	143
Race Unknown	0	0	0	0	0
Total	150	0	0	0	150

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	150	0	0	0	150

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	37.00
LPN's	15.00
Certified Aides	67.00
Other Health Staff	8.00
Non-Health Staff	51.00
Totals	181.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.6%	34.0%	0.0%	3.7%	17.9%	100.0%		0.0%
6,570,867	5,260,774	0	566,310	2,695,295	15,083,348	0	

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

377

ATTACHMENT-☒

MANOR CARE OF ROLLING MEADOWS
4225 KIRCHOFF ROAD
ROLLING MEADOWS, IL 60008

Reference Numbers Facility ID 6000327
Health Service Area 007 Planning Service Area 701

Administrator
Kathryn Berg

Contact Person and Telephone
Antony Anthony
419-254-5359

Registered Agent Information

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	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	22
Developmental Disability	0
Circulatory System	25
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	2
Muscuto-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 65

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	155	128	103	128	103	52	155	109
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	155	128	103	128	103	52	155	109

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	101
Total Admissions 2011	293
Total Discharges 2011	291
Residents on 12/31/2011	103
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	537	0.9%	1913	4.8%	0	127	620	0	3197	5.7%	7.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	537	0.9%	1913	4.8%	0	127	620	0	3197	5.7%	7.0%

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	1	0	0	0	0	0	0	0	1	1
45 to 59	5	1	0	0	0	0	0	0	5	1	6
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	3	11	0	0	0	0	0	0	3	11	14
75 to 84	6	21	0	0	0	0	0	0	6	21	27
85+	8	45	0	0	0	0	0	0	8	45	53
TOTALS	23	80	0	0	0	0	0	0	23	80	103

ATTACHMENT #7

MANOR CARE OF ROLLING MEADOWS
4225 KIRCHOFF ROAD
ROLLING MEADOWS, IL 60008

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	60	0	4	19	0	103
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	20	60	0	4	19	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	267	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	10.00
Certified Aides	34.00
Other Health Staff	10.00
Non-Health Staff	40.00
Totals	113.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.6%	30.1%	4.5%	6.0%	14.9%	100.0%		0.0%
4,325,406	2,917,164	431,721	583,038	1,440,170	9,698,099	0	

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

CHURCH CREEK
1200 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL 60005

Reference Numbers Facility ID 6001754
Health Service Area 007 Planning Service Area 701

Administrator
ANGEL AGUILAR

Contact Person and Telephone
ANGEL AGUILAR
847-506-3224

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	42
Total Residents Diagnosed as Mentally Ill	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	56	56	49	56	42	14	56	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	56	56	49	56	42	14	56	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	32
Total Admissions 2011	309
Total Discharges 2011	300
Residents on 12/31/2011	42
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	10525	51.5%	0	0.0%	0	245	3950	0	14720	72.0%	72.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10525	51.5%	0	0.0%	0	245	3950	0	14720	72.0%	72.0%

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	0	0	0	0	0	0	0	0	0	0
65 to 74	2	25	0	0	0	0	0	0	2	25	27
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	5	37	0	0	0	0	0	0	5	37	42

CHURCH CREEK
1200 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL 60005
Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	0	0	1	11	0	42
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	30	0	0	1	11	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	288	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	20.00
Other Health Staff	3.00
Non-Health Staff	25.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
73.7%	0.0%	0.0%	1.6%	24.7%	100.0%		0.0%
2,838,260	0	0	62,345	951,140	3,849,765	0	

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

FACILITY NOTES

CHOW	11/1/2012	Change of Ownership occurred.

379

ATTACHMENT-7

MANOR CARE OF ARLINGTON HEIGHTS
715 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005

Reference Numbers Facility ID 6000228
Health Service Area 007 Planning Service Area 701

Administrator
Clara Leonard

Contact Person and Telephone
Eric Talbert
419-252-5951

Registered Agent Information
CT Corporation
2008 south LaSalle St.
Chicago, IL 60604

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

Date Completed
4/19/2013

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	4
Mental Illness	2
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	8
Genitourinary System Disorders	6
Skin Disorders	5
Musculo-skeletal Disorders	10
Injuries and Poisonings	16
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	151	126	120	126	101	50	151	42
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	151	126	120	126	101	50	151	42

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	100
Total Admissions 2011	833
Total Discharges 2011	832
Residents on 12/31/2011	101
Identified Offenders	1

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	16077	29.2%	10940	71.4%	0	5730	4820	0	37576	68.2%	81.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	16077	29.2%	10940	71.4%	0	5730	4820	0	37576	68.2%	81.7%

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	2	0	0	0	0	0	0	0	2	2
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	6	15	0	0	0	0	0	0	6	15	21
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	8	26	0	0	0	0	0	0	8	26	34
TOTALS	32	69	0	0	0	0	0	0	32	69	101

MANOR CARE OF ARLINGTON HEIGHTS
715 WEST CENTRAL ROAD
ARLINGTON HEIGHTS, IL. 60005
Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	48	29	0	12	14	0	101
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	48	29	0	12	14	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	298	265
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	101	0	0	0	101
Total	101	0	0	0	101

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	101	0	0	0	101
Total	101	0	0	0	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	5.00
Certified Aides	38.00
Other Health Staff	24.00
Non-Health Staff	39.00
Totals	135.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
64.3%	8.2%	0.0%	16.4%	10.3%	100.0%		0.0%
9,655,744	1,225,435	129,986	2,464,667	1,550,908	15,026,720	0	

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

380

ATTACHMENT-7

LUTHERAN HOME FOR AGED
800 WEST OAKTON STREET
ARLINGTON HEIGHTS, IL. 60004

Reference Numbers Facility ID 6005607
Health Service Area 007 Planning Service Area 701

Administrator
Phil Hemmer

Contact Person and Telephone
SARAH KURTH
847-368-7459

Date Completed
4/12/2013

Registered Agent Information
Roger Paulsberg
800 West Oakton Street
Arlington Heights, IL 60004

CONTINUING CARE COMMUNITY LIFE CARE FACILITY Yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	7
Blood Disorders	6
*Nervous System Non Alzheimer	4
Alzheimer Disease	59
Mental Illness	0
Developmental Disability	0
Circulatory System	64
Respiratory System	41
Digestive System	29
Genitourinary System Disorders	30
Skin Disorders	6
Musculo-skeletal Disorders	24
Injuries and Poisonings	57
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	355

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	334	334	334	334	307	27	284	237
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	58	58	58	58	48	10		
TOTAL BEDS	392	392	392	392	355	37	284	237

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	381
Total Admissions 2011	1,435
Total Discharges 2011	1,441
Residents on 12/31/2011	355
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	29423	30.5%	31987	37.0%	0	2433	52800	144	116506	95.8%	95.8%
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	18518	1258	19776	93.4%	93.4%
TOTALS	29423	30.5%	31987	37.0%	0	2433	71127	1402	136282	95.3%	95.3%

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	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	25	48	0	0	0	0	2	7	27	55	82
85+	43	168	0	0	0	0	2	37	45	205	250
TOTALS	76	229	0	0	0	0	4	44	82	273	355

LUTHERAN HOME FOR AGED
800 WEST OAKTON STREET
ARLINGTON HEIGHTS, IL. 60004

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	71	73	0	13	149	1	307
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	45	3	48
TOTALS	71	73	0	13	194	4	355

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	370	357
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	265	255

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	304	0	0	48	352
Race Unknown	0	0	0	0	0
Total	307	0	0	48	355

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	306	0	0	48	354
Ethnicity Unknown	0	0	0	0	0
Total	307	0	0	48	355

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	62.12
LPN's	13.78
Certified Aides	172.39
Other Health Staff	42.65
Non-Health Staff	155.28
Totals	448.42

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.8%	14.5%	0.0%	0.0%	55.6%	100.0%		3.4%
11,462,345	5,561,804	0	0	21,308,190	38,332,139	########	

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

381

ATTACHMENT-#7

ST. JOSEPH'S HOME FOR ELDERLY
80 WEST NORTHWEST HIGHWAY
PALATINE, IL. 60067

Reference Numbers Facility ID 0009005
Health Service Area 007 Planning Service Area 701

Administrator
Sr. Marguerite McCarthy

Contact Person and Telephone
SR. MARGUERITE MCCARTHY
847-358-5700

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	19
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	16
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	59	59	59	59	55	4	0	51
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	7	7	6	7	2	5		
TOTAL BEDS	66	66	65	66	57	9	0	51

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	63
Total Admissions 2011	6
Total Discharges 2011	12
Residents on 12/31/2011	57
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	0	0.0%	19022	#####	0	0	1640	0	20662	95.9%	95.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	1246	0	1246	48.8%	48.8%
TOTALS	0	0.0%	19022	#####	0	0	2886	0	21908	90.9%	90.9%

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	1	2	0	0	0	0	0	0	1	2	3
75 to 84	3	5	0	0	0	0	0	2	3	7	10
85+	4	39	0	0	0	0	0	0	4	39	43
TOTALS	8	47	0	0	0	0	0	2	8	49	57

ST. JOSEPH'S HOME FOR ELDERLY
80 WEST NORTHWEST HIGHWAY
PALATINE, IL. 60067

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	48	0	0	7	0	55
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	2	0	2
TOTALS	0	48	0	0	9	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	45	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	2	55
Race Unknown	0	0	0	0	0
Total	55	0	0	2	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	52	0	0	2	54
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	2	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	6.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	5.00
Non-Health Staff	33.00
Totals	76.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	89.5%	0.0%	0.0%	10.5%	100.0%		0.0%
0	2,343,857	0	0	273,980	2,617,837	0	

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

FACILITY NOTES

Bed Change	3/16/2012	Discontinued 1 Nursing Care bed; facility now has 59 Nursing Care and 7 Sheltered Care beds.

382

ATTACHMENT #3

PLUM GROVE NURSING & REHAB CENTER
24 SOUTH PLUM GROVE ROAD
PALATINE, IL. 60067

Reference Numbers Facility ID 0007520
Health Service Area 007 Planning Service Area 701

Administrator
Scott Sklar

Contact Person and Telephone
Scott Sklar
847-358-0311

Registered Agent Information
Frederick Frankel
8131 Monticello
SKOKIE, IL 60076

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	44
Blood Disorders	17
Nervous System Non Alzheimer	16
Alzheimer Disease	8
Mental Illness	25
Developmental Disability	1
Circulatory System	55
Respiratory System	12
Digestive System	13
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	31
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	240

Total Residents Diagnosed as Mentally Ill 40

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	69	67	67	67	61	8	5	69
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	69	67	67	67	61	8	5	69

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	44
Total Discharges 2011	52
Residents on 12/31/2011	61
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	1813	99.3%	15754	62.6%	0	1381	3951	0	22899	90.9%	93.6%
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	1813	99.3%	15754	62.6%	0	1381	3951	0	22899	90.9%	93.6%

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	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	8	19	0	0	0	0	0	0	8	19	25
TOTALS	18	45	0	0	0	0	0	0	18	45	61

PLUM GROVE NURSING & REHAB CENTER
24 SOUTH PLUM GROVE ROAD
PALATINE, IL. 60067

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	49	0	0	7	0	61
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	5	49	0	0	7	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	42.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
6.6%	68.2%	0.0%	5.7%	19.4%	100.0%		0.0%
268,400	2,774,878	0	232,234	790,689	4,066,201	0	

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

383

ATTACHMENT-7

ALDEN-LONG GROVE REHAB/HC CENTER
BOX 2308 RFD OLD HICKS ROAD
LONG GROVE, IL. 60047

Reference Numbers Facility ID 8005714
Health Service Area 008 Planning Service Area 097

Administrator
Lesley Hloras

Contact Person and Telephone
CHRIS KUEHN
773-724-6834

Date Completed
4/15/2013

Registered Agent Information
Mary Cheloiti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
Nervous System Non Alzheimer	18
Alzheimer Disease	0
Mental Illness	31
Developmental Disability	88
Circulatory System	26
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	185

Total Residents Diagnosed as Mentally Ill 31

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	248	203	198	203	185	63	208	248
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	248	203	198	203	185	63	208	248

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	192
Total Admissions 2011	481
Total Discharges 2011	488
Residents on 12/31/2011	185
Identified Offenders	1

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	5842	7.7%	57210	63.7%	2742	441	2813	0	69048	76.3%	93.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5842	7.7%	57210	63.7%	2742	441	2813	0	69048	76.3%	93.2%

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	10	2	0	0	0	0	0	0	10	2	12
45 to 59	12	9	0	0	0	0	0	0	12	9	21
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	16	13	0	0	0	0	0	0	16	13	29
75 to 84	16	32	0	0	0	0	0	0	16	32	48
85+	13	52	0	0	0	0	0	0	13	52	65
TOTALS	74	111	0	0	0	0	0	0	74	111	185

ALDEN-LONG GROVE REHAB/HC CENTER
BOX 2308 RFD OLD HICKS ROAD
LONG GROVE, IL. 60047

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	152	7	1	5	0	185
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	20	152	7	1	5	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	4	0	0	0	4
Total	185	0	0	0	185

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	181	0	0	0	181
Ethnicity Unknown	0	0	0	0	0
Total	185	0	0	0	185

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	5.00
Certified Aides	47.00
Other Health Staff	4.00
Non-Health Staff	39.00
Totals	114.00

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
25.5%	65.7%	3.4%	1.3%	4.1%	100.0%		0.6%
3,062,513	7,895,397	412,550	158,882	488,724	12,018,068	75,827	

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

ATTACHMENT-☒

ARLINGTON REHAB & LIVING CENTER
1886 CHECKER ROAD
LONG GROVE, IL. 60047

Reference Numbers Facility ID 6014344
Health Service Area 008 Planning Service Area 097

Administrator
Mark Morley

Contact Person and Telephone
Jan Moran
847-410-1111

Registered Agent Information
Charles Sheets
321 N. Clark Street

Date Completed
6/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	17
Blood Disorders	19
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	23
Developmental Disability	0
Circulatory System	43
Respiratory System	21
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	165

Total Residents Diagnosed as Mentally Ill 23

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	190	190	180	165	165	25	190	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	190	180	165	165	25	190	190

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	166
Total Admissions 2011	301
Total Discharges 2011	302
Residents on 12/31/2011	165
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	13649	19.7%	44286	63.9%	0	937	5026	0	63898	92.1%	92.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13649	19.7%	44286	63.9%	0	937	5026	0	63898	92.1%	92.1%

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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	9	17	0	0	0	0	0	0	9	17	26
75 to 84	8	32	0	0	0	0	0	0	8	32	40
85+	20	63	0	0	0	0	0	0	20	63	83
TOTALS	46	119	0	0	0	0	0	0	46	119	165

ARLINGTON REHAB & LIVING CENTER
1886 CHECKER ROAD
LONG GROVE, IL. 60047

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	97	0	4	50	0	165
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	14	97	0	4	50	0	165

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	2	0	0	0	2
Hawaiian/Pacific Isl.	3	0	0	0	3
White	159	0	0	0	159
Race Unknown	0	0	0	0	0
Total	165	0	0	0	165

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	0	0	0	0	0
Total	165	0	0	0	165

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	25.00
Certified Aides	67.00
Other Health Staff	0.00
Non-Health Staff	54.00
Totals	162.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.5%	48.4%	0.0%	3.6%	11.5%	100.0%		0.0%
4,709,388	6,246,693	0	463,823	1,488,148	12,908,052	0	

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

385
ATTACHMENT #7

THE MOORINGS HEALTH CENTER
761 OLD BARN LANE
ARLINGTON HEIGHTS, IL 60005

Reference Numbers Facility ID 6005898
Health Service Area 007 Planning Service Area 701

Administrator
John Denkert

Contact Person and Telephone
MONIQUE SCHROEDER
847-718-1258

Registered Agent Information
John Burns, COO Presbyterian Homes
3200 Grant Street
Evanston, IL 60201

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	22
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Muscular-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	91

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	116	105	101	105	91	25	84	17
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	44	43	37	43	28	16		
TOTAL BEDS	160	148	138	148	119	41	84	17

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	118
Total Admissions 2011	509
Total Discharges 2011	508
Residents on 12/31/2011	119
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	9506	31.0%	365	5.9%	0	473	18103	0	28447	67.2%	74.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	10632	0	10632	66.2%	67.7%
TOTALS	9506	31.0%	365	5.9%	0	473	28735	0	39079	66.9%	72.3%

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	0	0	0	0	0	0	0	0	0	0
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	13	16	0	0	0	0	0	8	13	24	37
85+	11	45	0	0	0	0	1	19	12	64	76
TOTALS	25	66	0	0	0	0	1	27	26	93	119

THE MOORINGS HEALTH CENTER
761 OLD BARN LANE
ARLINGTON HEIGHTS, IL 60005

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	1	0	0	61	10	91
Skilled Under 22	0	0	0	0	0	10	0
Intermediate D		0	0	0	0	10	0
Sheltered Care			0	0	28	10	28
TOTALS	20	1	0	0	89	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	383	268
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	186	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	28	119
Race Unknown	0	0	0	0	0
Total	91	0	0	28	119
ETHNICITY	**Nursing Care**	**Skilled Under 22**	**Intermediate DD**	**Sheltered Care**	**Totals**
Hispanic	2	0	0	0	2
Non-Hispanic	89	0	0	28	117
Ethnicity Unknown	0	0	0	0	0
Total	91	0	0	28	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.60
LPN's	2.80
Certified Aides	38.00
Other Health Staff	20.65
Non-Health Staff	40.52
Totals	138.77

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.6%	0.1%	0.0%	0.0%	88.3%	100.0%		0.0%
2,369,080	15,996	0	0	18,028,351	20,413,428	0	

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

386
ATTACHMENT-8

EMERITUS AT PROSPECT HEIGHTS
700 EAST EUCLID AVENUE
PROSPECT HEIGHTS, IL. 60070

Reference Numbers Facility ID 6014328
Health Service Area 007 Planning Service Area 701

Administrator
Anne M. Berg

Contact Person and Telephone
ANNE M. BERG
847-797-2700

Registered Agent Information
Emeritare Inc.
3131 Elliott Avenue Suite 500
Seattle, WA 98121

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions determined by IT

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	25
Respiratory System	21
Digestive System	3
Genitourinary System Disorders	17
Skin Disorders	3
Muscule-skeletal Disorders	19
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	30	27	27	27	19	11	30	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	128	128	76	128	76	52		
TOTAL BEDS	158	155	103	155	95	63	30	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	83
Total Admissions 2011	201
Total Discharges 2011	189
Residents on 12/31/2011	95
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	3448	31.5%	0	0.0%	0	360	3382	0	7190	65.7%	73.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	25550	0	25550	54.7%	54.7%
TOTALS	3448	31.5%	0	0.0%	0	360	28932	0	32740	56.8%	57.9%

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	0	0	0	0	0	0	1	0	1	1
65 to 74	1	0	0	0	0	0	3	4	4	4	8
75 to 84	2	8	0	0	0	0	4	5	6	11	17
85+	0	10	0	0	0	0	11	48	11	58	69
TOTALS	3	18	0	0	0	0	18	58	21	74	95

EMERITUS AT PROSPECT HEIGHTS
700 EAST EUCLID AVENUE
PROSPECT HEIGHTS, IL. 60070

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	0	0	0	9	0	19
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	76	0	76
TOTALS	10	0	0	0	85	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	76	95
Race Unknown	0	0	0	0	0
Total	19	0	0	76	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	3	3
Non-Hispanic	19	0	0	73	92
Ethnicity Unknown	0	0	0	0	0
Total	19	0	0	76	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	6.00
Certified Aides	13.00
Other Health Staff	25.00
Non-Health Staff	39.00
Totals	102.00

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
31.6%	0.0%	0.0%	2.2%	66.2%	100.0%		0.0%
2,184,780	0	0	154,232	4,571,131	6,910,149	0	

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

387

ATTACHMENT-#7

OAKTON PAVILION
1660 OAKTON PLACE
DES PLAINES, IL. 60018

Reference Numbers Facility ID 6006837
Health Service Area 007 Planning Service Area 702

Administrator
Jay Lewkowitz

Contact Person and Telephone
JAY LEWKOWITZ
(847) 299-5588

Registered Agent Information
Fred Weiss
1745 W. Fulton St
Chicago, IL 60612

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	21
Respiratory System	11
Digestive System	5
Genitourinary System Disorders	14
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	17
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	130
Total Residents Diagnosed as Mentally Ill	54

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	PEAK BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	264	195	135	195	130	164	195	152
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	264	195	135	195	130	164	195	152

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	138
Total Admissions 2011	262
Total Discharges 2011	270
Residents on 12/31/2011	130
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	5736	8.1%	25616	46.2%	843	374	16480	0	49049	45.7%	68.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5736	8.1%	25616	46.2%	843	374	16480	0	49049	45.7%	68.9%

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	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	14	21	0	0	0	0	0	0	14	21	35
85+	19	64	0	0	0	0	0	0	19	64	83
TOTALS	37	93	0	0	0	0	0	0	37	93	130

OAKTON PAVILION
1660 OAKTON PLACE
DES PLAINES, IL. 60018

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	61	3	2	49	0	130
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	15	61	3	2	49	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	7.00
Certified Aides	83.00
Other Health Staff	33.00
Non-Health Staff	28.00
Totals	178.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.0%	34.7%	1.2%	12.2%	39.9%	100.0%		0.0%
1,174,352	3,401,660	118,174	1,196,974	3,918,140	9,811,300	0	

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

388

ATTACHMENT-☒-☒

LEE MANOR
1301 LEE STREET
DES PLAINES, IL 60018

Reference Numbers Facility ID 0005264
Health Service Area 007 Planning Service Area 702

Administrator
WILLIAM MCNIFF

Contact Person and Telephone
ZENY A. ENGRACIA
847-635-6047

Registered Agent Information

Date Completed
4/19/2013

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	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	29
Mental Illness	7
Developmental Disability	0
Circulatory System	48
Respiratory System	30
Digestive System	4
Genitourinary System Disorders	23
Skin Disorders	6
Musculo-skeletal Disorders	13
Injuries and Poisonings	17
Other Medical Conditions	39
Non-Medical Conditions	0
TOTALS	238

Total Residents Diagnosed as Mentally Ill 7

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	260	260	251	260	238	22	260	260
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	260	260	251	260	238	22	260	260

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	242
Total Admissions 2011	521
Total Discharges 2011	525
Residents on 12/31/2011	238
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	6354	8.8%	66758	70.3%	0	1404	12024	365	86905	93.7%	93.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6354	8.8%	66758	70.3%	0	1404	12024	365	86905	93.7%	93.7%

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	1	1	0	0	0	0	0	0	1	1	2
45 to 59	5	6	0	0	0	0	0	0	5	6	11
60 to 64	1	8	0	0	0	0	0	0	1	8	9
65 to 74	10	26	0	0	0	0	0	0	10	26	36
75 to 84	20	55	0	0	0	0	0	0	20	55	75
85+	24	81	0	0	0	0	0	0	24	81	105
TOTALS	61	177	0	0	0	0	0	0	61	177	238

LEE MANOR
1301 LEE STREET
DES PLAINES, IL 60018

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	171	0	2	34	1	238
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	30	171	0	2	34	1	238

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	232	0	0	0	232
Race Unknown	0	0	0	0	0
Total	238	0	0	0	238

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	229	0	0	0	229
Ethnicity Unknown	0	0	0	0	0
Total	238	0	0	0	238

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	53.00
LPN's	7.00
Certified Aides	100.00
Other Health Staff	16.00
Non-Health Staff	84.00
Totals	262.00

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
24.9%	60.9%	0.0%	3.1%	11.2%	100.0%		0.4%
4,571,391	11,165,063	0	562,551	2,048,138	18,348,043	73,730	

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

389

ATTACHMENT-

ALDEN - DES PLAINES REHAB/HCC
1221 EAST GOLF ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 0014757
Health Service Area 007 Planning Service Area 702

Administrator
Bryan Pottow

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave Suite 140
Chicago, IL 60646

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	65
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	95	90	95	73	37	110	22
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	110	95	90	95	73	37	110	22

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	66
Total Admissions 2011	831
Total Discharges 2011	824
Residents on 12/31/2011	73
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	16246	40.5%	5088	63.4%	355	2490	2401	8	26580	66.2%	76.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	16246	40.5%	5088	63.4%	355	2490	2401	0	26580	66.2%	76.7%

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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	1	6	0	0	0	0	0	0	1	6	7
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	12	29	0	0	0	0	0	0	12	29	41
TOTALS	21	52	0	0	0	0	0	0	21	52	73

ALDEN - DES PLAINES REHAB/HCC
1221 EAST GOLF ROAD
DES PLAINES, IL. 60016
Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	18	0	3	8	0	73
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	46	18	0	3	8	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	290
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	2	0	0	0	2
White	68	0	0	0	68
Race Unknown	1	0	0	0	1
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	6.00
Certified Aides	21.00
Other Health Staff	1.00
Non-Health Staff	44.00
Totals	81.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
77.6%	6.9%	0.5%	9.1%	5.8%	100.0%		0.0%
8,845,259	787,221	55,386	1,038,725	664,689	11,391,280	0	

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

390
ATTACHMENT #4

CLAREMONT REHAB & LIVING CTR.
150 NORTH WEILAND ROAD
BUFFALO GROVE, IL. 60089

Reference Numbers Facility ID 6014195
Health Service Area 008 Planning Service Area 097

Administrator
Todd Tedrow

Contact Person and Telephone
Todd Tedrow
847-465-0200 Ext 5109

Registered Agent Information
MS Registered Agent Services
191 N. Wacker Drive, Suite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

Date Completed
4/17/2013

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	80
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	159

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	200	177	176	177	159	41	200	200
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	200	177	176	177	159	41	200	200

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	167
Total Admissions 2011	514
Total Discharges 2011	522
Residents on 12/31/2011	159
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	13170	18.0%	34290	47.0%	0	2502	8320	0	58372	80.0%	90.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13170	18.0%	34290	47.0%	0	2502	8320	0	58372	80.0%	90.4%

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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	6	12	0	0	0	0	0	0	6	12	18
75 to 84	16	34	0	0	0	0	0	0	16	34	50
85+	17	62	0	0	0	0	0	0	17	62	79
TOTALS	46	113	0	0	0	0	0	0	46	113	159

CLAREMONT REHAB & LIVING CTR.
150 NORTH WEILAND ROAD
BUFFALO GROVE, IL. 60089

Reference Numbers Facility ID Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	86	9	7	31	0	159
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	26	86	9	7	31	0	159

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	295	253
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	147	0	0	0	147
Race Unknown	2	0	0	0	2
Total	159	0	0	0	159

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	0	0	0	0	0
Total	159	0	0	0	159

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	16.00
Certified Aides	66.00
Other Health Staff	13.00
Non-Health Staff	52.00
Totals	180.00

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
47.5%	29.1%	0.0%	6.7%	16.6%	100.0%		0.0%
7,103,111	4,352,631	0	1,007,077	2,478,809	14,941,518	0	

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

391

ATTACHMENT-8

ADDOLORATA VILLA
555 MCHENRY ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID 6000048
Health Service Area 007 Planning Service Area 701

Administrator
Brian Celerio

Contact Person and Telephone
Brian Celerio
(847)403-5567

Registered Agent Information
CT Corporation
208 S. LaSalle Street
Chicago, IL 60604

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 05 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	2
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	2
Non-Medical Conditions	44
TOTALS	108

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	PEAK BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98	98	92	98	83	15	68	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	43	31	31	31	25	18		
TOTAL BEDS	141	129	123	129	108	33	68	30

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	106
Total Admissions 2011	152
Total Discharges 2011	152
Residents on 12/31/2011	108
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	3060	12.3%	5384	40.2%	0	147	19662	0	28153	81.5%	81.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	9783	708	10491	66.8%	92.7%
TOTALS	3060	12.3%	5384	40.2%	0	147	29445	708	38644	77.0%	84.2%

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	0	0	0	0	0	0	0	0	0	0
65 to 74	2	3	0	0	0	0	0	1	2	4	6
75 to 84	3	11	0	0	0	0	1	0	4	20	24
85+	13	51	0	0	0	0	2	12	15	63	78
TOTALS	18	65	0	0	0	0	3	22	21	87	108

ADDOLORATA VILLA
555 MCHENRY ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	15	0	2	61	0	83
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	22	3	25
TOTALS	5	15	0	2	83	3	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	315	288
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	160	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	25	108
Race Unknown	0	0	0	0	0
Total	83	0	0	25	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	1	2
Non-Hispanic	82	0	0	24	106
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	25	108

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	3.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	6.00
Certified Aides	38.00
Other Health Staff	16.00
Non-Health Staff	61.00
Totals	139.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.8%	9.5%	0.0%	1.0%	60.7%	100.0%		1.3%
2,446,056	812,193	0	81,012	5,168,163	8,507,424	113,755	

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

392

ATTACHMENT 47

LEXINGTON HEALTH CARE - WHEELING
730 WEST HINTZ ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID 6014389
Health Service Area 007 Planning Service Area 701

Administrator
Anne Wagner

Contact Person and Telephone
Bridgett Rummel
630-458-4700

Registered Agent Information

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	17
Mental Illness	2
Developmental Disability	0
Circulatory System	21
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	38
Injuries and Poisonings	0
Other Medical Conditions	06
Non-Medical Conditions	0
TOTALS	194

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	215	215	201	215	194	21	215	194
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	215	215	201	215	194	21	215	194

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	183
Total Admissions 2011	240
Total Discharges 2011	229
Residents on 12/31/2011	194
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	6437	8.2%	56863	84.7%	0	1302	4574	0	69266	88.3%	88.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6437	8.2%	56863	84.7%	0	1302	4574	0	69266	88.3%	88.3%

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	1	0	0	0	0	0	0	0	1	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	11	50	0	0	0	0	0	0	11	50	61
85+	16	85	0	0	0	0	0	0	16	85	101
TOTALS	43	151	0	0	0	0	0	0	43	151	194

ATTACHMENT - 393

LEXINGTON HEALTH CARE - WHEELING
730 WEST HINTZ ROAD
WHEELING, IL. 60090

Reference Numbers Facility ID Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	128	0	1	46	0	194
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	19	128	0	1	46	0	194

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	319	178
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	188	0	0	0	188
Race Unknown	0	0	0	0	0
Total	194	0	0	0	194

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	187	0	0	0	187
Ethnicity Unknown	0	0	0	0	0
Total	194	0	0	0	194

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	18.00
Certified Aides	70.00
Other Health Staff	7.00
Non-Health Staff	59.00
Totals	170.00

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
23.2%	56.5%	0.0%	8.8%	11.5%	100.0%		0.0%
3,138,080	7,641,239	0	1,197,263	1,559,124	13,535,715	0	

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

GREEK AMERICAN REHAB & CARE CENTER
220 NORTH 1ST STREET
WHEELING, IL. 60090

Reference Numbers Facility ID 6015499
Health Service Area 007 Planning Service Area 701

Administrator
Helen Ifantis

Contact Person and Telephone
Helen Ifantis
847-459-8700

Registered Agent Information
Peter Kyrahalios
23 Polo Drive
South Barrington, IL 60010

Date Completed
5/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	40
Blood Disorders	5
*Nervous System Non Alzheimer	7
Alzheimer Disease	38
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	18
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	179
Total Residents Diagnosed as Mentally Ill	13

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	198	198	198	198	179	19	198	175
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	198	198	198	198	179	19	198	175

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	174
Total Admissions 2011	160
Total Discharges 2011	155
Residents on 12/31/2011	179
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	5783	8.0%	49683	77.8%	0	156	11092	0	66714	92.3%	92.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5783	8.0%	49683	77.8%	0	156	11092	0	66714	92.3%	92.3%

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	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	9	33	0	0	0	0	0	0	9	33	42
85+	29	97	0	0	0	0	0	0	29	97	126
TOTALS	42	137	0	0	0	0	0	0	42	137	179

GREEK AMERICAN REHAB & CARE CENTER
220 NORTH 1ST STREET
WHEELING, IL. 60090

Reference Numbers Facility ID Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	135	0	1	32	0	179
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	11	135	0	1	32	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	176	0	0	0	176
Race Unknown	0	0	0	0	0
Total	179	0	0	0	179

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	0	0	0	0	0
Total	179	0	0	0	179

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	12.00
Certified Aides	71.00
Other Health Staff	6.00
Non-Health Staff	68.00
Totals	183.00

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
22.2%	58.8%	0.0%	0.3%	18.6%	100.0%		0.1%
2,776,137	7,384,339	0	41,490	2,329,968	12,531,934	16,000	

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

394

ATTACHMENT 7

BRENTWOOD-NORTH HLTHCRE & REHAB CENT
3705 DEERFIELD ROAD
RIVERWOODS, IL 60015

Reference Numbers Facility ID 6001119
Health Service Area 008 Planning Service Area 007

Administrator
Phil Thompson

Contact Person and Telephone
Phil Thompson

Registered Agent Information

Date Completed
5/21/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	37
Developmental Disability	0
Circulatory System	14
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	70
Non-Medical Conditions	0
TOTALS	132

Total Residents Diagnosed as Mentally Ill 45

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	240	240	150	240	132	108	240	128
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	240	240	150	240	132	108	240	128

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	112
Total Admissions 2011	817
Total Discharges 2011	797
Residents on 12/31/2011	132
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	15104	17.2%	12146	26.0%	3025	3376	13041	0	46694	53.3%	53.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	15104	17.2%	12146	26.0%	3025	3376	13041	0	46694	53.3%	53.3%

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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	15	15	0	0	0	0	0	0	15	15	30
65 to 74	22	26	0	0	0	0	0	0	22	26	48
75 to 84	14	33	0	0	0	0	0	0	14	33	47
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	56	76	0	0	0	0	0	0	56	76	132

BRENTWOOD-NORTH HLTHCRE & REHAB CENT
3705 DEERFIELD ROAD
RIVERWOODS, IL 60015

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 007

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	32	10	6	49	0	132
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	35	32	10	6	49	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	242	181
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	131	0	0	0	131
Race Unknown	0	0	0	0	0
Total	132	0	0	0	132

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	131	0	0	0	131
Ethnicity Unknown	0	0	0	0	0
Total	132	0	0	0	132

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	23.00
Certified Aides	81.00
Other Health Staff	7.00
Non-Health Staff	40.00
Totals	183.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

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

395

ATTACHMENT-#

THE GROVE OF LAGRANGE PARK
701 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID 6003057
Health Service Area 007 Planning Service Area 705

Administrator
PATRICIA LONG

Contact Person and Telephone
PATRICIA LONG
7083547300

Registered Agent Information
ILLINOIS SERVICE CORPORATION
801 ADLAI STEVENSON DRIVE
Springfield, IL 2703

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	3
Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	13
Developmental Disability	0
Circulatory System	31
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	112
Total Residents Diagnosed as Mentally Ill	13

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	131	131	118	131	112	19	131	131
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	131	131	118	131	112	19	131	131

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	111
Total Admissions 2011	170
Total Discharges 2011	178
Residents on 12/31/2011	112
Identified Offenders	1

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	8679	18.2%	25892	54.2%	0	1836	3572	0	39979	83.6%	83.6%
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	8679	18.2%	25892	54.2%	0	1836	3572	0	39979	83.6%	83.6%

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	3	1	0	0	0	0	0	0	3	1	4
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	15	13	0	0	0	0	0	0	15	13	28
75 to 84	14	24	0	0	0	0	0	0	14	24	38
85+	7	29	0	0	0	0	0	0	7	29	36
TOTALS	43	69	0	0	0	0	0	0	43	69	112

THE GROVE OF LAGRANGE PARK
701 NORTH LAGRANGE ROAD
LAGRANGE PARK, IL. 60526

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	75	0	6	10	0	112
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	21	75	0	6	10	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pacific Isl.	1	0	0	0	1
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	13.00
Certified Aides	37.00
Other Health Staff	3.00
Non-Health Staff	33.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.4%	43.4%	0.0%	4.8%	5.3%	100.0%		0.0%
4,541,951	4,243,836	0	471,785	522,488	9,780,060	0	

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

396

ATTACHMENT-6

OAKRIDGE HEALTHCARE CENTER
323 OAKRIDGE AVENUE
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6006629
Health Service Area 007 Planning Service Area 704

Administrator
Elisha Alkin

Contact Person and Telephone
LISA BOIVIN
7085470595

Registered Agent Information

Date Completed
5/24/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
Nervous System Non Alzheimer	1
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	8
Circulatory System	0
Respiratory System	2
Digestive System	6
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	54

Total Residents Diagnosed as Mentally Ill 30

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	73	73	70	73	54	19	18	73
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	73	73	70	73	54	19	18	73

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	67
Total Admissions 2011	42
Total Discharges 2011	55
Residents on 12/31/2011	54
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	1640	25.0%	14004	55.0%	830	1546	2948	0	21868	82.1%	82.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1640	25.0%	14004	55.9%	830	1546	2948	0	21868	82.1%	82.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKI. UNDER 22 Male	SKI. UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	5	0	0	0	0	0	0	2	5	7
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	8	1	0	0	0	0	0	0	8	1	9
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	22	32	0	0	0	0	0	0	22	32	54

ATTACHMENT-#

OAKRIDGE HEALTHCARE CENTER
323 OAKRIDGE AVENUE
HILLSIDE, IL. 60162

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	32	7	3	6	0	54
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	6	32	7	3	6	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	0	0	0	0	0
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	49	0	0	0	49
Ethnicity Unknown	0	0	0	0	0
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	5.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	37.00

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
19.9%	54.6%	3.4%	7.4%	14.8%	100.0%		0.0%
766,072	2,102,096	130,767	283,359	571,040	3,853,334	0	

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

FACILITY NOTES

Name Change	1/3/2012	Name changed from Oakridge Nursing & Rehab. Center.
CHOW	1/3/2012	Change of ownership occurred.

ARIA POST ACUTE CARE
4600 NORTH FRONTAGE ROAD
HILLSIDE, IL. 60162

Reference Numbers Facility ID 6014906
Health Service Area 007 Planning Service Area 704

Administrator
Mo Polstein

Contact Person and Telephone
Mo Polstein
708-544-9933

Registered Agent Information
Abraham J Stern
10 South Wacker Drive, 40th Floor
Chicago, IL 60606

Date Completed
3/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	73
Mental Illness	0
Developmental Disability	1
Circulatory System	19
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	16
Injuries and Poisonings	1
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	181

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	198	198	196	198	181	17	198	198
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	198	198	196	198	181	17	198	198

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	176
Total Admissions 2011	522
Total Discharges 2011	517
Residents on 12/31/2011	181
Identified Offenders	7

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	7872	10.9%	48753	70.3%	5070	1941	2468	365	66469	92.0%	92.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7872	10.9%	48753	70.3%	5070	1941	2468	365	66469	92.0%	92.0%

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	16	10	0	0	0	0	0	0	16	10	26
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	18	18	0	0	0	0	0	0	18	18	34
75 to 84	26	18	0	0	0	0	0	0	26	18	44
85+	18	48	0	0	0	0	0	0	18	48	64
TOTALS	80	101	0	0	0	0	0	0	83	101	181

ARIA POST ACUTE CARE
4600 NORTH FRONTAGE ROAD
HILLSIDE, IL. 60162

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	139	10	5	6	1	181
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	20	139	10	5	6	1	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	128	0	0	0	128
Hawaiian/Pacific Isl	0	0	0	0	0
White	53	0	0	0	53
Race Unknown	0	0	0	0	0
Total	181	0	0	0	181
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	0	0	0	0	0
Total	181	0	0	0	181

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	26.00
Certified Aides	52.00
Other Health Staff	7.00
Non-Health Staff	37.00
Totals	137.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.9%	77.8%	4.3%	0.0%	3.0%	100.0%		0.0%
410,964	2,198,580	121,683	0	85,475	2,825,712	0	

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

FACILITY NOTES

Name Change	6/28/2012	Formerly The Renaissance at Hillside.
CHOW	9/28/2012	Change of ownership occurred.

398

ATTACHMENT-

BERKSHIRE NURSING & REHAB CENTER
8200 WEST ROOSEVELT ROAD
FOREST PARK, IL. 60130

Reference Numbers Facility ID 6015333
Health Service Area 007 Planning Service Area 704

Administrator
Lisa Ulbert

Contact Person and Telephone
Lisa Ulbert
708-488-0850

Registered Agent Information
Frederick Frankel
8131 Monticello
SKOKIE, IL 60076

Date Completed
4/19/2013

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	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	62
Mental Illness	0
Developmental Disability	0
Circulatory System	37
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	12
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	157

Total Residents Diagnosed as Mentally Ill 23

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	232	215	172	215	172	60	227	232
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	232	215	172	215	172	60	227	232

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	156
Total Admissions 2011	287
Total Discharges 2011	282
Residents on 12/31/2011	161
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	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

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	12	5	0	0	0	0	0	0	12	5	17
45 to 59	14	10	0	0	0	0	0	0	14	10	24
60 to 64	10	18	0	0	0	0	0	0	10	18	28
65 to 74	11	20	0	0	0	0	0	0	11	20	31
75 to 84	16	25	0	0	0	0	0	0	16	25	41
85+	4	27	0	0	0	0	0	0	4	27	31
TOTALS	67	105	0	0	0	0	0	0	67	105	172

BERKSHIRE NURSING & REHAB CENTER
8200 WEST ROOSEVELT ROAD
FOREST PARK, IL. 60130

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	142	0	3	1	0	172
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	28	142	0	3	1	0	172

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	101	0	0	0	101
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	0	55
Race Unknown	15	0	0	0	15
Total	172	0	0	0	172

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	12	0	0	0	12
Total	172	0	0	0	172

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	11.00
Certified Aides	80.00
Other Health Staff	15.00
Non-Health Staff	50.00
Totals	158.00

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
15.1%	79.7%	0.0%	3.5%	1.7%	100.0%		0.0%
1,416,810	7,497,100	0	325,549	161,935	9,401,494	0	

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

399

ATTACHMENT #7

GOTTLIEB MEMORIAL HOSPITAL
701 WEST NORTH AVENUE
MELROSE PARK, IL. 60160

Reference Numbers Facility ID 0003727
Health Service Area 007 Planning Service Area 704

Administrator
Mary Morrow

Contact Person and Telephone
LaTosha Rivers
(708) 450-4960

Registered Agent Information
Jill Roppis
2160 S. First Ave.
Maywood, IL 60153

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	28

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	34	32	32	32	28	6	34	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	34	32	32	32	28	6	34	34

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	26
Total Admissions 2011	750
Total Discharges 2011	748
Residents on 12/31/2011	28
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	8926	71.9%	149	1.2%	13	587	178	0	9853	79.4%	84.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8926	71.9%	149	1.2%	13	587	178	0	9853	79.4%	84.4%

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	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	6	1	0	0	0	0	0	0	6	1	7
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	11	17	0	0	0	0	0	0	11	17	28

GOTTLIEB MEMORIAL HOSPITAL
701 WEST NORTH AVENUE
MELROSE PARK, IL. 60160

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	0	0	1	1	0	28
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	26	0	0	1	1	0	28

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	763	889
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	28	0	0	0	28
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	28	0	0	0	28
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	0	28

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.80
LPN's	2.00
Certified Aides	10.00
Other Health Staff	3.00
Non-Health Staff	3.90
Totals	35.70

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
88.6%	2.6%	0.0%	7.2%	1.6%	100.0%		0.9%
4,394,000	127,000	0	359,000	81,000	4,961,000	43,319	

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

400

ATTACHMENT #7

CENTRAL BAPTIST VILLAGE
4747 NORTH CANFIELD AVENUE
NORRIDGE, IL 60706

Reference Numbers Facility ID 6001564
Health Service Area 007 Planning Service Area 704

Administrator
CHARLES G. NEWTON

Contact Person and Telephone
PAMELA YOELIN
708-583-8539

Date Completed
4/17/2013

Registered Agent Information
Charles G. Newton
4747 N. Canfield Avenue
Norridge, IL 60706

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	68
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	118
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	120	120	105	120	93	27	68	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	30	30	30	30	23	7		
TOTAL BEDS	150	150	135	150	116	34	68	120

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	127
Total Admissions 2011	91
Total Discharges 2011	102
Residents on 12/31/2011	116
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	3872	15.6%	16013	36.6%	0	0	18228	0	36113	82.4%	82.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	9366	0	9366	85.5%	85.5%
TOTALS	3872	15.6%	16013	36.6%	0	0	25594	0	45479	83.1%	83.1%

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	2	0	0	0	0	0	0	0	2	2
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	8	15	0	0	0	0	0	7	8	22	30
85+	8	50	0	0	0	0	3	13	11	72	83
TOTALS	16	77	0	0	0	0	3	20	19	97	116

401

ATTACHMENT-☒/☒

CENTRAL BAPTIST VILLAGE
4747 NORTH CANFIELD AVENUE
NORRIDGE, IL 60706

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	31	0	0	50	0	93
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	23	0	23
TOTALS	12	31	0	0	73	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	308	278
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	172	172

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	23	110
Race Unknown	4	0	0	0	4
Total	93	0	0	23	116
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	89	0	0	23	112
Ethnicity Unknown	4	0	0	0	4
Total	93	0	0	23	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	8.00
Certified Aides	50.00
Other Health Staff	2.00
Non-Health Staff	88.00
Totals	163.00

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
19.6%	27.4%	0.0%	0.0%	53.0%	100.0%		0.0%
1,962,473	2,747,981	0	0	5,309,496	10,019,950	0	

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

ELMWOOD CARE
7733 GRAND AVENUE
ELMWOOD PARK, IL. 60707

Reference Numbers Facility ID 6008270
Health Service Area 007 Planning Service Area 704

Administrator
Colleen Rodney

Contact Person and Telephone
COLLEEN RODNEY
708-452-9200

Registered Agent Information
Elmwood-Grand LLC
6840 Lincoln Avenue
Lincolnwood, IL 60712

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	35
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	48
Mental Illness	33
Developmental Disability	4
Circulatory System	8
Respiratory System	58
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	195

Total Residents Diagnosed as Mentally Ill 33

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	245	245	211	245	195	50	245	245
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	245	245	211	245	195	50	245	245

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	205
Total Admissions 2011	199
Total Discharges 2011	209
Residents on 12/31/2011	195
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	5498	6.1%	52040	69.4%	2136	550	3028	0	73252	81.9%	81.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5498	6.1%	52040	69.4%	2136	550	3028	0	73252	81.9%	81.9%

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	9	2	0	0	0	0	0	0	9	2	11
45 to 59	24	19	0	0	0	0	0	0	24	19	43
60 to 64	15	15	0	0	0	0	0	0	15	15	30
65 to 74	27	25	0	0	0	0	0	0	27	25	52
75 to 84	16	20	0	0	0	0	0	0	16	20	36
85+	6	17	0	0	0	0	0	0	6	17	23
TOTALS	97	98	0	0	0	0	0	0	97	98	195

ATTACHMENT-4

ELMWOOD CARE
7733 GRAND AVENUE
ELMWOOD PARK, IL. 60707

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	163	5	1	7	0	195
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	19	163	5	1	7	0	195

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	66	0	0	0	66
Hawaiian/Pacific Isl.	0	0	0	0	0
White	123	0	0	0	123
Race Unknown	0	0	0	0	0
Total	195	0	0	0	195

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	24	0	0	0	24
Non-Hispanic	171	0	0	0	171
Ethnicity Unknown	0	0	0	0	0
Total	195	0	0	0	195

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	24.00
Certified Aides	57.00
Other Health Staff	17.00
Non-Health Staff	57.00
Totals	173.00

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
20.7%	63.8%	2.5%	1.9%	11.0%	100.0%		0.0%
3,568,020	10,983,309	438,897	322,644	1,894,433	17,205,803	0	

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

BETHESDA HOME & RETIREMENT CTR
2833 NORTH NORDICA AVENUE
CHICAGO, IL. 60634

Reference Numbers Facility ID 0000688
Health Service Area 006 Planning Service Area 602

Administrator
Julie Boggess

Contact Person and Telephone
JULIE BOGGESS
7738363201

Registered Agent Information
Julie Boggess
c/o 2833 N Nordica Ave
Chicago, IL 60634

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions deemed by F

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	35
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	113	80	64	80	61	52	74	53
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	20	9	20	8	41		
TOTAL BEDS	162	100	73	100	69	93	74	53

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	66
Total Admissions 2011	139
Total Discharges 2011	136
Residents on 12/31/2011	69
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	3769	14.0%	7333	37.9%	0	0	11421	0	22523	54.6%	77.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	2920	0	2920	18.3%	40.0%
TOTALS	3769	14.0%	7333	37.9%	0	0	14341	0	25443	43.0%	60.7%

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	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	1	1	3	4
75 to 84	10	7	0	0	0	0	0	3	10	10	20
85+	6	34	0	0	0	0	0	4	6	38	44
TOTALS	17	44	0	0	0	0	0	8	17	52	69

BETHESDA HOME & RETIREMENT CTR
2833 NORTH NORDICA AVENUE
CHICAGO, IL. 60634

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	23	0	0	27	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	8	0	8
TOTALS	11	23	0	0	35	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	175	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	55	0	0	8	63
Race Unknown	0	0	0	0	0
Total	61	0	0	8	69
ETHNICITY	**Nursing Care**	**Skilled Under 22**	**Intermediate DD**	**Sheltered Care**	**Totals**
Hispanic	1	0	0	0	1
Non-Hispanic	60	0	0	8	68
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	8	69

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.02
Director of Nursing	3.80
Registered Nurses	7.10
LPN's	6.40
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	39.50
Totals	94.82

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.4%	15.9%	0.0%	0.0%	52.7%	100.0%		0.0%
1,914,196	969,107	0	0	3,210,758	6,094,061	0	

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

403

ATTACHMENT-

PRESENCE RESURRECTION LIFE CENTER
7370 WEST TALCOTT
CHICAGO, IL. 60631

Reference Numbers Facility ID 6014575
Health Service Area 006 Planning Service Area 601

Administrator
Nancy Razo

Contact Person and Telephone
BRENDA DAVIS

Registered Agent Information
Sandra Bruce
7435 West Talcott
Chicago, IL 60631

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	9
Developmental Disability	0
Circulatory System	21
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	4
Musculo-skeletal Disorders	42
Injuries and Poisonings	3
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	151

Total Residents Diagnosed as Mentally Ill 9

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	146	157	140	157	146	0	122	157
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	5	5	5	5	5	0		
TOTAL BEDS	151	162	151	162	151	0	122	157

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	159
Total Admissions 2011	401
Total Discharges 2011	409
Residents on 12/31/2011	151
Identified Offenders	1

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	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

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	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	8	32	0	0	0	0	0	1	8	33	41
85+	17	84	0	0	0	0	0	4	17	88	105
TOTALS	28	118	0	0	0	0	0	5	28	123	151

ATTACHMENT #4

PRESENCE RESURRECTION LIFE CENTER
7370 WEST TALCOTT
CHICAGO, IL. 60631

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	85	0	0	28	1	146
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	5	0	5
TOTALS	32	85	0	0	33	1	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	181	0

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	144	0	0	5	149
Race Unknown	0	0	0	0	0
Total	146	0	0	5	151

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	144	0	0	5	149
Ethnicity Unknown	0	0	0	0	0
Total	148	0	0	5	151

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.80
LPNs	4.20
Certified Aides	56.00
Other Health Staff	22.35
Non-Health Staff	42.59
Totals	150.94

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.0%	35.3%	0.0%	3.3%	26.4%	100.0%		0.0%
5,104,120	5,151,238		481,438	3,846,645	14,583,439	0	

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

FACILITY NOTES

Name Change 10/1/2012 Formerly Resurrection Life Center.

BERKELEY NURSING & REHAB CENTER
6900 WEST NORTH AVENUE
OAK PARK, IL. 60302

Reference Numbers Facility ID 0010110
Health Service Area 007 Planning Service Area 704

Administrator
Dr. Michael Gottesman

Contact Person and Telephone
Dr. Michael Gottesman
708-

Registered Agent Information
Michael Bilsko
240 Fencl Lane
Hillside, IL 60162

Date Completed
4/16/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	1
Mental Illness	15
Developmental Disability	0
Circulatory System	16
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 15

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	72	72	65	72	59	13	72	72
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	72	72	65	72	59	13	72	72

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	59
Total Admissions 2011	83
Total Discharges 2011	83
Residents on 12/31/2011	59
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	2737	10.4%	17435	66.3%	0	661	915	0	21748	82.8%	82.8%
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	2737	10.4%	17435	66.3%	0	661	915	0	21748	82.8%	82.8%

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	1	2	0	0	0	0	0	0	1	2	3
45 to 59	6	1	0	0	0	0	0	0	6	1	7
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	3	13	0	0	0	0	0	0	3	13	16
85+	1	14	0	0	0	0	0	0	1	14	15
TOTALS	18	41	0	0	0	0	0	0	18	41	59

BERKELEY NURSING & REHAB CENTER
6900 WEST NORTH AVENUE
OAK PARK, IL. 60302

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	51	0	2	2	0	59
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	4	51	0	2	2	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	43	0	0	0	43
Hawaiian/Pacific Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	0	0	0	0	0
Total	59	0	0	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	0	0	0	0	0
Total	59	0	0	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	13.00
Certified Aides	30.00
Other Health Staff	4.00
Non-Health Staff	28.00
Totals	81.00

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
31.5%	67.7%	0.0%	0.0%	0.8%	100.0%		0.0%
1,316,730	2,832,848	0	1,753	31,932	4,183,263	0	

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

405 ATTACHMENT

NORRIDGE HEALTHCARE & REHAB CENTRE
7001 WEST CULLOM AVE
NORRIDGE, IL. 60706

Reference Numbers Facility ID 000657 I
Health Service Area 007 Planning Service Area 704

Administrator
Safet Kajtazi

Contact Person and Telephone
Julie Manchester
708-457-0700

Registered Agent Information

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	46
Blood Disorders	3
*Nervous System Non Alzheimer	20
Alzheimer Disease	29
Mental Illness	0
Developmental Disability	0
Circulatory System	81
Respiratory System	24
Digestive System	8
Genitourinary System Disorders	14
Skin Disorders	8
Musculo-skeletal Disorders	9
Injuries and Poisonings	27
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	257

Total Residents Diagnosed as Mentally Ill 87

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	292	292	287	292	257	35	292	292
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	292	292	287	292	257	35	292	292

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	279
Total Admissions 2011	351
Total Discharges 2011	373
Residents on 12/31/2011	257
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	19161	18.0%	62657	58.8%	0	726	16768	0	99312	93.2%	93.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	19161	18.0%	62657	58.8%	0	726	16768	0	99312	93.2%	93.2%

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	8	4	0	0	0	0	0	0	8	4	12
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	16	15	0	0	0	0	0	0	16	15	31
75 to 84	25	56	0	0	0	0	0	0	25	56	81
85+	26	102	0	0	0	0	0	0	26	102	128
TOTALS	77	180	0	0	0	0	0	0	77	180	257

ATTACHMENT-

NORRIDGE HEALTHCARE & REHAB CENTRE
7001 WEST CULLOM AVE
NORRIDGE, IL. 60706

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	59	155	0	1	42	0	257
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	59	155	0	1	42	0	257

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	248
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	236	0	0	0	236
Race Unknown	0	0	0	0	0
Total	257	0	0	0	257

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	27	0	0	0	27
Non-Hispanic	230	0	0	0	230
Ethnicity Unknown	0	0	0	0	0
Total	257	0	0	0	257

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	13.00
Certified Aides	106.00
Other Health Staff	15.00
Non-Health Staff	104.00
Totals	272.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.6%	39.6%	0.0%	1.1%	16.7%	100.0%		0.0%
10,071,067	9,368,087	0	258,112	3,953,679	23,651,545	0	

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

CENTRAL NURSING & REHAB CENTER
2450 NORTH CENTRAL AVENUE
CHICAGO, IL. 60639

Reference Numbers Facility ID 6001580
Health Service Area 006 Planning Service Area 602

Administrator
PHILIP MORGENSTEIN

Contact Person and Telephone
PHILIP MORGENSTEIN
773-889-1333

Registered Agent Information
David Gross
240 Fencl Ln
Hillside, IL 60162

Date Completed
4/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	28
Blood Disorders	11
*Nervous System Non Alzheimer	11
Alzheimer Disease	2
Mental Illness	65
Developmental Disability	0
Circulatory System	21
Respiratory System	25
Digestive System	10
Genitourinary System Disorders	13
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	214

Total Residents Diagnosed as Mentally Ill 101

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	245	245	230	245	214	31	11	124
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	245	245	230	245	214	31	11	124

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	230
Total Admissions 2011	130
Total Discharges 2011	155
Residents on 12/31/2011	214
Identified Offenders	10

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	4535	113.0%	76083	######	322	56	9	0	81005	90.6%	90.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4535	113.0%	76083	######	322	56	9	0	81005	90.6%	90.6%

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	12	7	0	0	0	0	0	0	12	7	19
45 to 59	59	17	0	0	0	0	0	0	59	17	76
60 to 64	29	7	0	0	0	0	0	0	29	7	36
65 to 74	44	11	0	0	0	0	0	0	44	11	55
75 to 84	14	8	0	0	0	0	0	0	14	8	22
85+	0	6	0	0	0	0	0	0	0	6	6
TOTALS	158	56	0	0	0	0	0	0	158	56	214

CENTRAL NURSING & REHAB CENTER
2450 NORTH CENTRAL AVENUE
CHICAGO, IL. 60639

Reference Numbers Facility ID Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	200	0	0	0	0	214
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	14	200	0	0	0	0	214

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	77	0	0	0	77
Hawaiian/Pacific Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	214	0	0	0	214

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	189	0	0	0	189
Ethnicity Unknown	0	0	0	0	0
Total	214	0	0	0	214

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	10.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	43.00
Totals	110.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.2%	81.2%	0.0%	0.6%	0.0%	100.0%		0.0%
2,162,032	9,640,606	0	72,417	0	11,875,055	0	

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

407
ATTACHMENT-

PRESENCE OUR LADY OF RESURRECTION MED
5645 WEST ADDISON STREET
CHICAGO, IL. 60634

Reference Numbers Facility ID 6004031
Health Service Area 006 Planning Service Area 601

Administrator
Diane Ortolano

Contact Person and Telephone
Brenda Davis
847-813-3712

Registered Agent Information
Sandra Bruce
7435 West Talcott Avenue
Chicago, IL 60631

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

Date Completed
4/3/2013

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

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

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	66	56	45	50	36	30	66	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	66	56	45	50	36	30	66	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	37
Total Admissions 2011	1,228
Total Discharges 2011	1,229
Residents on 12/31/2011	36
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	12471	51.8%	0	0.0%	0	1330	0	0	13801	57.3%	67.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12471	51.8%	0	0.0%	0	1330	0	0	13801	57.3%	67.5%

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	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	8	28	0	0	0	0	0	0	8	28	36

ATTACHMENT-#

PRESENCE OUR LADY OF RESURRECTION MED
5645 WEST ADDISON STREET
CHICAGO, IL. 60634

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	0	0	5	0	0	36
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	31	0	0	5	0	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	831	831
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	33	0	0	0	33
Race Unknown	0	0	0	0	0
Total	36	0	0	0	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	0	36

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.30
LPN's	0.98
Certified Aides	18.35
Other Health Staff	10.95
Non-Health Staff	13.46
Totals	76.04

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

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

THE DANISH HOME
5656 NORTH NEWCASTLE AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 0008692
Health Service Area 008 Planning Service Area 001

Administrator
SCOTT L. SWANSON

Contact Person and Telephone
MICHAEL DASANBIAGIO
773-775-7383

Registered Agent Information
SCOTT L. SWANSON
5656 N NEWCASTLE AVE.
Chicago, IL. 60631

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions deemed by IT

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	33

Total Residents Diagnosed as Mentally Ill 18

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	17	15	12	15	9	8	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	42	33	24	30	24	18		
TOTAL BEDS	59	48	36	45	33	26	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	30
Total Admissions 2011	15
Total Discharges 2011	12
Residents on 12/31/2011	33
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	0	0.0%	0	0.0%	0	0	3461	0	3461	55.8%	63.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	8518	0	8518	55.6%	70.7%
TOTALS	0	0.0%	0	0.0%	0	0	11979	0	11979	55.6%	68.4%

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	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	2	0	3	3
75 to 84	0	3	0	0	0	0	3	7	3	10	13
85+	0	5	0	0	0	0	0	12	0	17	17
TOTALS	0	9	0	0	0	0	3	21	3	30	33

THE DANISH HOME
5656 NORTH NEWCASTLE AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID **Health Service Area** 008 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	9	0	9
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	0	0	0	0	33	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	130	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	9	0	0	23	32
Race Unknown	0	0	0	0	0
Total	9	0	0	24	33

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	9	0	0	24	33
Ethnicity Unknown	0	0	0	0	0
Total	9	0	0	24	33

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	1.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	21.00
Totals	34.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		0.0%
0	0	0	0	1,753,518	1,753,518	0	

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

409
ATTACHMENT-8

ALDEN-NORTHMOOR REHAB & HC CENTER
5831 NORTH NORTHWEST HIGHWAY
CHICAGO, IL. 60631

Reference Numbers Facility ID 6014500
Health Service Area 006 Planning Service Area 601

Administrator
Karen Glazin

Contact Person and Telephone
CHRIS KUEHN
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Ave. Suite 140
Chicago, IL 60646

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	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	26
Blood Disorders	3
Nervous System Non Alzheimer	14
Alzheimer Disease	12
Mental Illness	2
Developmental Disability	0
Circulatory System	68
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	177

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	198	198	198	198	177	21	198	198
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	198	198	198	198	177	21	198	198

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	184
Total Admissions 2011	443
Total Discharges 2011	450
Residents on 12/31/2011	177
Identified Offenders	1

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	7707	10.8%	49814	68.0%	1882	1424	4465	64	65446	90.6%	90.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7707	10.8%	49814	68.9%	1882	1424	4465	64	65446	90.6%	90.6%

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	7	0	0	0	0	0	0	6	7	13
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	13	16	0	0	0	0	0	0	13	16	29
75 to 84	24	33	0	0	0	0	0	0	24	33	57
85+	11	62	0	0	0	0	0	0	11	62	73
TOTALS	58	119	0	0	0	0	0	0	58	119	177

ALDEN-NORTHMOOR REHAB & HC CENTER
5831 NORTH NORTHWEST HIGHWAY
CHICAGO, IL. 60631

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	131	3	5	14	0	177
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	24	131	3	5	14	0	177

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	11	0	0	0	11
American Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	137	0	0	0	137
Race Unknown	14	0	0	0	14
Total	177	0	0	0	177

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	29	0	0	0	29
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	3	0	0	0	3
Total	177	0	0	0	177

FACILITY 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	37.00
Other Health Staff	27.00
Non-Health Staff	13.00
Totals	99.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.1%	55.6%	2.1%	4.3%	8.9%	100.0%		0.0%
4,054,698	7,744,601	293,260	604,920	1,237,595	13,935,272	0	

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

410

ATTACHMENT #57

NORWOOD CROSSING
6016 N. NINA AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID 6006896
Health Service Area 006 Planning Service Area 601

Administrator
Silvia Merici

Contact Person and Telephone
SILVIA MORICI
773-577-5327

Registered Agent Information
Michael Tooley Chief Executive Director
6016-20 N. Nina Ave.
Chicago, IL 60631

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	16
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	62
Respiratory System	16
Digestive System	4
Genitourinary System Disorders	17
Skin Disorders	3
Muscula-skeletal Disorders	16
Injuries and Poisonings	18
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	185

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	131	130	127	130	118	13	131	88
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	130	78	77	78	67	63		
TOTAL BEDS	261	208	204	208	185	76	131	88

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	191
Total Admissions 2011	472
Total Discharges 2011	478
Residents on 12/31/2011	185
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	13856	29.0%	14493	45.1%	0	1237	15222	737	45545	95.3%	96.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					12920	0	15194	14	28137	59.3%	98.6%
TOTALS	13856	29.0%	14493	45.1%	12920	1237	30416	751	73682	77.3%	97.1%

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	0	0	0	0	0	0	1	0	1	1
65 to 74	8	5	0	0	0	0	2	5	8	10	18
75 to 84	11	31	0	0	0	0	1	19	12	50	62
85+	16	49	0	0	0	0	9	30	25	79	104
TOTALS	33	85	0	0	0	0	12	55	45	140	185

NORWOOD CROSSING
6016 N. NINA AVENUE
CHICAGO, IL. 60631

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	34	0	4	39	1	118
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			32	0	35	0	67
TOTALS	40	34	32	4	74	1	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	272
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	153	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	3	0	0	0	3
White	112	0	0	67	179
Race Unknown	0	0	0	0	0
Total	118	0	0	67	185
ETHNICITY	**Nursing Care**	**Skilled Under 22**	**Intermediate DD**	**Sheltered Care**	**Totals**
Hispanic	2	0	0	0	2
Non-Hispanic	116	0	0	67	183
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	67	185

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	16.00
Certified Aides	110.00
Other Health Staff	11.00
Non-Health Staff	106.00
Totals	284.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.4%	13.5%	4.3%	1.9%	38.0%	100.0%		1.3%
6,467,909	2,054,448	660,602	285,957	5,792,150	15,261,146	200,263	

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

411

ATTACHMENT-17

PRESENCE SAINT ANDREW LIFE CENTER
7000 NORTH NEWARK
NILES, IL. 60714

Reference Numbers Facility ID 6008833
Health Service Area 007 Planning Service Area 702

Administrator
Alpana Patel

Contact Person and Telephone
Brenda Davis
847-813-3712

Registered Agent Information
SANDRA BRUCE
7435 WEST TALCOTT AVENUE
Chicago, IL 60631

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscular-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	46

Total Residents Diagnosed as Mentally Ill 7

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	55	55	55	55	46	9	0	55
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	55	55	55	55	46	9	0	55

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	55
Total Admissions 2011	19
Total Discharges 2011	28
Residents on 12/31/2011	46
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	0	0.0%	9423	46.9%	0	0	9300	207	18930	94.3%	94.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	9423	46.9%	0	0	9300	207	18930	94.3%	94.3%

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	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	8	28	0	0	0	0	0	0	8	28	36
TOTALS	12	34	0	0	0	0	0	0	12	34	46

ATTACHMENT #7

412

PRESENCE SAINT ANDREW LIFE CENTER
7000 NORTH NEWARK
NILES, IL. 60714

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	20	0	0	24	2	46
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	0	20	0	0	24	2	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	219
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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.	1	0	0	0	1
White	43	0	0	0	43
Race Unknown	0	0	0	0	0
Total	46	0	0	0	46

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.60
LPN's	3.00
Certified Aides	15.80
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	24.40

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
1.3%	22.1%	0.0%	0.0%	76.7%	100.0%		1.6%
78,660	1,378,753			4,793,652	6,252,065	109,823	

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

FACILITY NOTES

Name Change	10/1/2012	Formerly St. Andrew Life Center.

ST. JOSEPH VILLAGE
4021 WEST BELMONT AVENUE
CHICAGO, IL. 60641

Reference Numbers Facility ID 0008057
Health Service Area 006 Planning Service Area 601

Administrator
Norma Torres

Contact Person and Telephone
Norma Torres
773-328-5501

Registered Agent Information
CT Corporation
208 South LaSalle, suite #814
Chicago, IL 60604

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
Nervous System Non Alzheimer	4
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	44
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	54	54	54	54	44	10	54	11
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	54	54	54	54	44	10	54	11

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	54
Total Admissions 2011	157
Total Discharges 2011	167
Residents on 12/31/2011	44
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	6420	32.6%	1187	29.6%	0	330	9207	0	17144	87.0%	87.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6420	32.6%	1187	29.6%	0	330	9207	0	17144	87.0%	87.0%

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 50	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	8	17	0	0	0	0	0	0	8	17	25
TOTALS	14	30	0	0	0	0	0	0	14	30	44

ST. JOSEPH VILLAGE
4021 WEST BELMONT AVENUE
CHICAGO, IL. 60641

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	5	0	1	27	0	44
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	11	5	0	1	27	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	274
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Ist.	1	0	0	0	1
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	5.00
Certified Aides	18.00
Other Health Staff	4.00
Non-Health Staff	31.00
Totals	69.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
51.1%	2.7%	0.0%	2.5%	43.6%	100.0%		1.0%
3,101,876	167,491	0	154,190	2,709,567	6,193,124	63,736	

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

413

ATTACHMENT-7

ELSTON NURSING & REHAB CENTER
4340 N. KEYSTONE AVE.
CHICAGO, IL. 60641

Reference Numbers Facility ID 0002851
Health Service Area 006 Planning Service Area 001

Administrator
ANTOINETTE BEEDON

Contact Person and Telephone
ANTOINETTE BEEDON
773-545-8700

Registered Agent Information

Date Completed
5/31/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	59
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 65

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	117	117	109	117	103	14	32	117
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	117	117	109	117	103	14	32	117

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	107
Total Admissions 2011	97
Total Discharges 2011	101
Residents on 12/31/2011	103
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	2486	21.3%	35144	82.3%	366	191	1332	0	39519	92.5%	92.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2486	21.3%	35144	82.3%	366	191	1332	0	39519	92.5%	92.5%

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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	12	7	0	0	0	0	0	0	12	7	19
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	12	9	0	0	0	0	0	0	12	9	21
75 to 84	10	22	0	0	0	0	0	0	10	22	32
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	44	59	0	0	0	0	0	0	44	59	103

ELSTON NURSING & REHAB CENTER
4340 N. KEYSTONE AVE.
CHICAGO, IL. 60641

Reference Numbers Facility ID Health Service Area 006 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	99	1	0	3	0	103
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	0	99	1	0	3	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	24	0	0	0	24
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	24	0	0	0	24
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	7.00
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	27.00
Totals	84.00

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
15.1%	70.9%	1.0%	0.7%	3.4%	100.0%		0.0%
987,661	5,230,031	63,467	45,506	219,780	6,556,345	0	

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

414

ATTACHMENT #8

FAIRMONT CARE CENTRE
5061 NORTH PULASKI ROAD
CHICAGO, IL. 60630

Reference Numbers Facility ID: 8001051
Health Service Area 006 Planning Service Area 601

Administrator
Joanne Ventrella

Contact Person and Telephone
JOANNE VENTRELLA
(773) 604-8112

Registered Agent Information
Christopher Vicere
5061 N Pulaski Rd
Chicago, IL 60630

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	28
Blood Disorders	5
*Nervous System Non Alzheimer	14
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	51
Respiratory System	17
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	4
Muscuto-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	150

Total Residents Diagnosed as Mentally Ill 42

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	176	176	163	176	150	26	104	161
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	176	176	163	176	150	26	104	161

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	156
Total Admissions 2011	151
Total Discharges 2011	157
Residents on 12/31/2011	150
Identified Offenders	4

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	5825	15.3%	46908	79.8%	0	504	2926	0	56163	87.4%	87.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5825	15.3%	46908	79.8%	0	504	2926	0	56163	87.4%	87.4%

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	5	5	0	0	0	0	0	0	5	5	10
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	13	14	0	0	0	0	0	0	13	14	27
75 to 84	10	32	0	0	0	0	0	0	10	32	42
85+	16	45	0	0	0	0	0	0	16	45	61
TOTALS	50	100	0	0	0	0	0	0	50	100	150

FAIRMONT CARE CENTRE
5061 NORTH PULASKI ROAD
CHICAGO, IL. 60630

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	115	16	1	9	0	150
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	115	16	1	0	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	261	226
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	59	0	0	0	59
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	150	0	0	0	150

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	22	0	0	0	22
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	150	0	0	0	150

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	11.00
Certified Aides	52.00
Other Health Staff	31.00
Non-Health Staff	35.00
Totals	166.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.0%	65.2%	0.0%	1.4%	6.5%	100.0%		0.0%
3,025,978	7,332,104	0	159,178	735,720	11,252,980	0	

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

415

ATTACHMENT-17

HARMONY NURSING AND REHAB CTR
3910 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6013684
Health Service Area 006 Planning Service Area 601

Administrator
JACK CROPP

Contact Person and Telephone
JACK KROPP
7735880500

Date Completed
4/15/2013

Registered Agent Information
Sandra Cedrins, CPA
6633 N. Lincoln Avenue
Lincolnwood, IL. 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	21
Blood Disorders	3
Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	2
Circulatory System	43
Respiratory System	24
Digestive System	4
Genitourinary System Disorders	13
Skin Disorders	3
Musculo-skeletal Disorders	14
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	158

Total Residents Diagnosed as Mentally Ill 6

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	180	180	176	180	158	22	180	180
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	180	180	176	180	158	22	180	180

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	161
Total Admissions 2011	566
Total Discharges 2011	569
Residents on 12/31/2011	158
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	7823	11.9%	44585	67.9%	736	1972	3414	0	58530	89.1%	89.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7823	11.9%	44585	67.9%	736	1972	3414	0	58530	89.1%	89.1%

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	1	0	0	0	0	0	0	0	1	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	19	12	0	0	0	0	0	0	19	12	31
75 to 84	20	29	0	0	0	0	0	0	20	29	49
85+	15	52	0	0	0	0	0	0	15	52	67
TOTALS	60	98	0	0	0	0	0	0	60	98	158

ATTACHMENT #7

HARMONY NURSING AND REHAB CTR
3910 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	108	10	5	15	0	158
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	20	108	10	5	15	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	178
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	32	0	0	0	32
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	4	0	0	0	4
White	87	0	0	0	87
Race Unknown	23	0	0	0	23
Total	158	0	0	0	158

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	32	0	0	0	32
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	13	0	0	0	13
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	4.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	17.00
Certified Aides	50.00
Other Health Staff	7.00
Non-Health Staff	60.00
Totals	161.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.2%	58.4%	1.0%	5.4%	5.0%	100.0%		0.0%
3,738,760	7,230,234	118,807	668,960	623,636	12,380,517	0	

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

416

PETERSON PARK HEALTH CARE CENTER
6141 NORTH PULASKI ROAD
CHICAGO, IL. 60646

Reference Numbers Facility ID 0007371
Health Service Area 006 Planning Service Area 001

Administrator
Alice Oshinski

Contact Person and Telephone
ALICE OSHINSKI
773-478-2000

Date Completed
4/9/2013

Registered Agent Information
MS REGISTERED AGENT SERVICES I
191 North Wacker Drive Suite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	48
Blood Disorders	16
*Nervous System Non Alzheimer	15
*Alzheimer Disease	18
Mental Illness	17
Developmental Disability	0
Circulatory System	10
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	171

Total Residents Diagnosed as Mentally Ill 17

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	188	188	171	171	171	17	92	188
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	188	188	171	171	171	17	92	188

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	168
Total Admissions 2011	312
Total Discharges 2011	309
Residents on 12/31/2011	171
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	7741	23.1%	48483	70.7%	456	41	5604	0	62415	91.0%	91.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7741	23.1%	48483	70.7%	456	41	5604	0	62415	91.0%	91.0%

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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	7	4	0	0	0	0	0	0	7	4	11
65 to 74	19	17	0	0	0	0	0	0	19	17	36
75 to 84	23	41	0	0	0	0	0	0	23	41	64
85+	15	37	0	0	0	0	0	0	15	37	52
TOTALS	68	103	0	0	0	0	0	0	68	103	171

417

ATTACHMENT #

PETERSON PARK HEALTH CARE CENTER
6141 NORTH PULASKI ROAD
CHICAGO, IL. 60646

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	118	20	0	10	0	171
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	23	118	20	0	10	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	68	0	0	0	68
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
Race Unknown	0	0	0	0	0
Total	171	0	0	0	171

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	156	0	0	0	156
Ethnicity Unknown	0	0	0	0	0
Total	171	0	0	0	171

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	2.00
Certified Aides	54.00
Other Health Staff	0.00
Non-Health Staff	63.00
Totals	152.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.8%	60.5%	0.8%	0.1%	7.0%	100.0%		0.0%
4,257,193	8,140,209	108,506	14,690	941,346	13,459,947	0	

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

PRESENCE BALLARD NURSING CENTER
9300 BALLARD ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6000640
Health Service Area 007 Planning Service Area 702

Administrator
Jennifer Roach

Contact Person and Telephone
BRENDA DAVIS
847-813-3712

Date Completed
4/15/2013

Registered Agent Information
Sandra Bruce
7435 W. Talcott Ave
Chicago, IL 60631

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	24
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	11
Other Medical Conditions	67
Non-Medical Conditions	0
TOTALS	126

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	231	191	151	191	126	105	231	231
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	231	191	151	191	126	105	231	231

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	153
Total Admissions 2011	786
Total Discharges 2011	813
Residents on 12/31/2011	126
Identified Offenders	1

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	12002	14.2%	26587	31.5%	0	5171	3674	1800	49234	58.4%	70.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12002	14.2%	26587	31.5%	0	5171	3674	1800	49234	58.4%	70.6%

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	7	2	0	0	0	0	0	0	7	2	9
45 to 59	12	7	0	0	0	0	0	0	12	7	19
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	15	18	0	0	0	0	0	0	15	18	33
75 to 84	10	18	0	0	0	0	0	0	10	18	28
85+	7	16	0	0	0	0	0	0	7	16	23
TOTALS	60	68	0	0	0	0	0	0	60	68	128

PRESENCE BALLARD NURSING CENTER
9300 BALLARD ROAD
DES PLAINES, IL. 60016

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	66	0	10	9	5	126
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	36	66	0	10	9	5	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	309	232
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	22	0	0	0	22
Total	126	0	0	0	126

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	13	0	0	0	13
Total	126	0	0	0	126

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	33.70
LPN's	6.00
Certified Aides	48.20
Other Health Staff	56.00
Non-Health Staff	64.20
Totals	211.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.9%	35.3%	0.0%	0.0%	17.8%	100.0%		2.1%
8,216,331	6,187,095			3,120,730	17,524,156	363,366	

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

FACILITY NOTES

Name Change	10/1/2012	Formerly Ballard Nursing Center.

418

ATTACHMENT-#7

PRESENCE NAZARETHVILLE
300 NORTH RIVER ROAD
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6006508
Health Service Area 007 Planning Service Area 702

Administrator
Sister M. Lucille Madura

Contact Person and Telephone
BRENDA DAVIS
847 813-3712

Date Completed
4/15/2013

Registered Agent Information
SANDRA BRUCE
7435 West Talcott Avenue
Chicago, IL 60632

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76
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	68	68	68	68	65	3	0	68
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	15	15	11	15	11	4		
TOTAL BEDS	83	83	79	83	76	7	0	68

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	73
Total Admissions 2011	25
Total Discharges 2011	22
Residents on 12/31/2011	76
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	0	0.0%	12862	51.0%	0	0	11070	0	23732	95.6%	95.6%
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	3782	0	3782	69.1%	69.1%
TOTALS	0	0.0%	12862	51.0%	0	0	14852	0	27514	90.8%	90.8%

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	2	0	0	0	0	0	0	0	2	2
65 to 74	1	1	0	0	0	0	0	1	1	2	3
75 to 84	0	10	0	0	0	0	0	1	0	11	11
85+	5	46	0	0	0	0	0	9	5	55	60
TOTALS	6	59	0	0	0	0	0	11	6	70	76

PRESENCE NAZARETHVILLE
300 NORTH RIVER ROAD
DES PLAINES, IL. 60016

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	32	0	0	33	0	65
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	11	0	11
TOTALS	0	32	0	0	44	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	200	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	11	76
Race Unknown	0	0	0	0	0
Total	65	0	0	11	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	64	0	0	11	75
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	11	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.30
LPN's	2.80
Certified Aides	30.80
Other Health Staff	8.00
Non-Health Staff	17.60
Totals	71.30

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	44.9%	0.0%	0.0%	55.1%	100.0%		0.0%
	1,910,160			2,356,016	4,275,176	0	

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

419

ATTACHMENT-8

MANORCARE OF NORTHBROOK
3300 MILWAUKEE AVENUE
NORTHBROOK, IL. 60062

Reference Numbers Facility ID 0015168
Health Service Area 007 Planning Service Area 702

Administrator
Anshu Raina

Contact Person and Telephone
Anthony Harwood
410-254-5359

Registered Agent Information
CT Corporate System
208 S. LaSalle Street, Ste 814
Chicago, IL 60604

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

Date Completed
4/18/2013

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	12
Mental Illness	16
Developmental Disability	0
Circulatory System	19
Respiratory System	11
Digestive System	8
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	5
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	118
Total Residents Diagnosed as Mentally Ill	26

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	158	140	128	140	118	40	158	83
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	158	140	128	140	118	40	158	83

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	124
Total Admissions 2011	610
Total Discharges 2011	616
Residents on 12/31/2011	118
Identified Offenders	1

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	11620	20.1%	25189	83.1%	0	2380	3720	1	42910	74.4%	84.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11620	20.1%	25189	83.1%	0	2380	3720	1	42910	74.4%	84.0%

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	4	6	0	0	0	0	0	0	4	6	10
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	8	13	0	0	0	0	0	0	8	13	21
75 to 84	15	20	0	0	0	0	0	0	15	20	35
85+	7	42	0	0	0	0	0	0	7	42	49
TOTALS	36	82	0	0	0	0	0	0	36	82	118

MANORCARE OF NORTHBROOK
3300 MILWAUKEE AVENUE
NORTHBROOK, IL. 60062

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	85	0	5	13	0	118
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	35	85	0	5	13	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	326	301
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	6	0	0	0	6
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	116	0	0	0	116
Ethnicity Unknown	0	0	0	0	0
Total	118	0	0	0	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	7.00
Certified Aides	44.00
Other Health Staff	21.00
Non-Health Staff	49.00
Totals	148.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
52.9%	26.1%	2.1%	9.5%	9.4%	100.0%		0.0%
6,780,049	3,347,400	270,046	1,217,773	1,203,066	12,818,334	0	

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

420

ATTACHMENT #7

ABINGTON OF GLENVIEW
3901 GLENVIEW ROAD
GLENVIEW, IL. 60025

Reference Numbers Facility ID 0012595
Health Service Area 007 Planning Service Area 702

Administrator
Marilyn Novak

Contact Person and Telephone
JONATHAN DIXON
(847) 729-0000, ext. 103

Date Completed
4/19/2013

Registered Agent Information
James M. Mainzer
180 N. LaSalle, Suite 3300
Chicago, IL 60601

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	46
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	119

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 SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	192	175	129	175	119	73	100	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	192	175	129	175	119	73	100	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	118
Total Admissions 2011	912
Total Discharges 2011	911
Residents on 12/31/2011	119
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	16961	48.5%	0	0.0%	0	2397	22442	0	41800	59.6%	65.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	16961	48.5%	0	0.0%	0	2397	22442	0	41800	59.6%	65.4%

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	2	0	0	0	0	0	0	0	2	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	9	23	0	0	0	0	0	0	9	23	32
85+	17	53	0	0	0	0	0	0	17	53	70
TOTALS	31	88	0	0	0	0	0	0	31	88	119

ATTACHMENT #

ABINGTON OF GLENVIEW
3901 GLENVIEW ROAD
GLENVIEW, IL. 60025

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	0	0	7	71	0	119
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	41	0	0	7	71	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	6	0	0	0	6
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	3.00
Certified Aides	39.00
Other Health Staff	3.00
Non-Health Staff	64.00
Totals	125.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
60.8%	0.0%	0.0%	5.7%	33.5%	100.0%		0.0%
8,572,476	0	0	802,465	4,725,630	14,100,571	0	

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

421

PARK RIDGE CARE CENTER
665 BUSSE HIGHWAY
PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6007157
Health Service Area 007 Planning Service Area 702

Administrator
rob weisz

Contact Person and Telephone
ROB WEISZ
847-825-5517

Registered Agent Information Date Completed 4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	20
Mental Illness	1
Developmental Disability	10
Circulatory System	0
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	46	46	46	46	41	5	46	46
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	46	46	46	46	41	5	46	46

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	44
Total Admissions 2011	21
Total Discharges 2011	24
Residents on 12/31/2011	41
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	1428	8.5%	11833	70.5%	0	1682	97	0	15040	89.6%	89.6%
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	1428	8.5%	11833	70.5%	0	1682	97	0	15040	89.6%	89.6%

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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	5	13	0	0	0	0	0	0	5	13	18
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	3	1	0	0	0	0	0	0	3	1	4
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	16	25	0	0	0	0	0	0	16	25	41

422

ATTACHMENT #

PARK RIDGE CARE CENTER
665 BUSSE HIGHWAY
PARK RIDGE, IL. 60068

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	37	0	0	1	0	41
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	3	37	0	0	1	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	38	0	0	0	38
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	1.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	12.00
Totals	27.00

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
7.4%	91.8%	0.0%	0.0%	0.7%	100.0%		0.0%
176,928	2,181,485	0	0	17,645	2,376,058	0	

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

PRESENCE RESURRECTION NSG & REHAB CTR
1001 NORTH GREENWOOD AVENUE
PARK RIDGE, IL. 60068

Reference Numbers Facility ID 0007892
Health Service Area 007 Planning Service Area 702

Administrator
James R. Farlee

Contact Person and Telephone
BRENDA DAVIS

Registered Agent Information — Date Completed 4/5/2013
Sandra Bruce
7435 West Talcott Ave
Chicago, IL 60637

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	51
Blood Disorders	0
*Nervous System Non Alzheimer	48
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	16
Digestive System	5
Genitourinary System Disorders	17
Skin Disorders	0
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	208

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	208	285	249	249	208	90	208	254
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	208	285	249	249	208	90	208	254

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	252
Total Admissions 2011	454
Total Discharges 2011	498
Residents on 12/31/2011	208
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	14693	13.0%	49140	53.0%	0	1753	15609	1417	82612	76.0%	79.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14693	13.6%	49140	53.0%	0	1753	15609	1417	82612	76.0%	79.4%

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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	5	0	0	0	0	0	0	6	5	11
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	15	9	0	0	0	0	0	0	15	9	24
75 to 84	10	32	0	0	0	0	0	0	10	32	42
85+	25	97	0	0	0	0	0	0	25	97	122
TOTALS	62	146	0	0	0	0	0	0	62	146	208

PRESENCE RESURRECTION NSG & REHAB CTR
1001 NORTH GREENWOOD AVENUE
PARK RIDGE, IL. 60068

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	124	0	5	37	2	208
Skilled Under 22	0	0	0	0	0	0	0
Intermediate O		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	40	124	0	5	37	2	208

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	241
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	204	0	0	0	204
Race Unknown	0	0	0	0	0
Total	208	0	0	0	208

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	199	0	0	0	199
Ethnicity Unknown	0	0	0	0	0
Total	208	0	0	0	208

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	69.50
LPN's	2.00
Certified Aides	112.00
Other Health Staff	12.00
Non-Health Staff	85.00
Totals	282.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.7%	44.9%	0.0%	4.6%	12.8%	100.0%		0.3%
7,586,628	9,042,275		930,612	2,572,476	20,131,991	54,556	

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

FACILITY NOTES

Name Change	10/1/2012	Formerly Resurrection Nursing and Rehabilitation Center

423

ATTACHMENT-☒

ST. MATTHEW CENTER FOR HEALTH
1601 NORTH WESTERN AVENUE
PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6006096
Health Service Area 007 Planning Service Area 702

Administrator
Jonathan C. Moy

Contact Person and Telephone
JONATHAN C MOY
847-825-5531

Registered Agent Information
Craig Colmar
2201 Waukegan Road, Suite 260
Bannockburn, IL 60015

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	9
Alzheimer Disease	23
Mental Illness	12
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	109
Total Residents Diagnosed as Mentally Ill	12

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	140	140	133	140	109	31	43	44
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	140	140	133	140	109	31	43	44

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	123
Total Admissions 2011	264
Total Discharges 2011	278
Residents on 12/31/2011	109
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	5654	36.0%	11085	60.0%	0	358	26395	0	43492	85.1%	85.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5654	36.0%	11085	60.0%	0	358	26395	0	43492	85.1%	85.1%

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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	15	19	0	0	0	0	0	0	15	19	34
85+	14	55	0	0	0	0	0	0	14	55	69
TOTALS	32	77	0	0	0	0	0	0	32	77	109

ST. MATTHEW CENTER FOR HEALTH
1601 NORTH WESTERN AVENUE
PARK RIDGE, IL. 60068

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	24	0	1	73	0	109
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	11	24	0	1	73	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	244	234
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	0	0	0	0	0
Total	109	0	0	0	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	109	0	0	0	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	24.40
LPN's	7.00
Certified Aides	54.10
Other Health Staff	0.00
Non-Health Staff	65.20
Totals	152.90

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.6%	13.5%	0.0%	11.5%	35.4%	100.0%		0.0%
5,090,902	1,728,717	0	1,480,027	4,540,961	12,840,607	0	

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

424

ATTACHMENT #7

REGENCY REHABILITATION CENTER
6631 MILWAUKEE AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6007793
Health Service Area 007 Planning Service Area 702

Administrator
Lori Bardish

Contact Person and Telephone
Marianne Guzzi
847-647-7444

Registered Agent Information

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	37
Blood Disorders	0
Nervous System Non Alzheimer	62
Alzheimer Disease	60
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	18
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	1
TOTALS	238

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	300	300	264	300	238	62	300	300
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	300	300	264	300	238	62	300	300

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	238
Total Admissions 2011	218
Total Discharges 2011	218
Residents on 12/31/2011	238
Identified Offenders	3

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	10832	9.9%	67865	62.0%	2837	901	9642	0	92077	84.1%	84.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10832	9.9%	67865	62.0%	2837	901	9642	0	92077	84.1%	84.1%

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	1	0	0	0	0	0	0	0	1	1
45 to 59	7	15	0	0	0	0	0	0	7	15	22
60 to 64	8	5	0	0	0	0	0	0	8	5	13
65 to 74	13	21	0	0	0	0	0	0	13	21	34
75 to 84	25	40	0	0	0	0	0	0	25	40	65
85+	21	82	0	0	0	0	0	0	21	82	103
TOTALS	74	164	0	0	0	0	0	0	74	164	238

REGENCY REHABILITATION CENTER
6631 MILWAUKEE AVENUE
NILES, IL. 60714

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	154	15	4	34	0	238
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	31	154	15	4	34	0	238

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	4	0	0	0	4
White	197	0	0	0	197
Race Unknown	21	0	0	0	21
Total	238	0	0	0	238

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	23	0	0	0	23
Non-Hispanic	215	0	0	0	215
Ethnicity Unknown	0	0	0	0	0
Total	238	0	0	0	238

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	24.00
Certified Aides	97.00
Other Health Staff	0.00
Non-Health Staff	90.00
Totals	245.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.6%	44.7%	2.4%	2.4%	21.9%	100.0%		0.0%
5,425,875	8,466,125	450,902	452,971	4,158,863	18,954,736	0	

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

425

ATTACHMENT #7

GLENBRIDGE NURSING & REHABILITATION CTR
8333 WEST GOLF ROAD
NILES, IL. 60714

Reference Numbers Facility ID 6000191
Health Service Area 007 Planning Service Area 702

Administrator
Daniel Glenner

Contact Person and Telephone
ADMINISTRATOR
847-966-0160

Registered Agent Information

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	18
Blood Disorders	2
*Nervous System Non Alzheimer	13
Alzheimer Disease	37
Mental Illness	20
Developmental Disability	2
Circulatory System	37
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	101
Non-Medical Conditions	0
TOTALS	262
Total Residents Diagnosed as Mentally Ill	47

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	302	290	283	288	262	40	0	302
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	302	290	283	288	262	40	0	302

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	259
Total Admissions 2011	664
Total Discharges 2011	661
Residents on 12/31/2011	262
Identified Offenders	1

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	7261	0.0%	88531	80.3%	335	1433	1382	0	98942	89.8%	93.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7261	0.0%	88531	80.3%	335	1433	1382	0	98942	89.8%	93.5%

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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	25	16	0	0	0	0	0	0	25	16	41
60 to 64	14	13	0	0	0	0	0	0	14	13	27
65 to 74	28	20	0	0	0	0	0	0	28	20	48
75 to 84	20	33	0	0	0	0	0	0	20	33	53
85+	27	63	0	0	0	0	0	0	27	63	90
TOTALS	116	146	0	0	0	0	0	0	116	146	262

GLENBRIDGE NURSING & REHABILITATION CTR
8333 WEST GOLF ROAD
NILES, IL. 60714

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	241	1	0	3	0	262
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	17	241	1	0	3	0	262

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	65	0	0	0	65
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	187	0	0	0	187
Race Unknown	0	0	0	0	0
Total	262	0	0	0	262

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	252	0	0	0	252
Ethnicity Unknown	0	0	0	0	0
Total	262	0	0	0	262

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	36.00
LPN's	13.00
Certified Aides	80.00
Other Health Staff	15.00
Non-Health Staff	70.00
Totals	216.00

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
20.7%	75.6%	0.3%	1.7%	1.4%	100.0%		0.0%
3,608,112	13,208,936	57,520	303,609	239,445	17,415,631	0	

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

426

ATTACHMENT 7

NILES NURSING & REHABILITATION CENTER
0777 GREENWOOD
NILES, IL. 60714

Reference Numbers Facility ID 6000644
Health Service Area 007 Planning Service Area 702

Administrator
Michael Perl

Contact Person and Telephone
MICHAEL PERL
8479667700

Registered Agent Information
David Gross
240 Fencl Ln
Hillside, IL 60162

Date Completed
4/11/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	20
Blood Disorders	2
*Nervous System Non Alzheimer	27
Alzheimer Disease	25
Mental Illness	52
Developmental Disability	6
Circulatory System	76
Respiratory System	22
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	278

Total Residents Diagnosed as Mentally Ill 68

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	304	304	284	304	276	28	152	304
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	304	304	284	304	276	28	152	304

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	261
Total Admissions 2011	174
Total Discharges 2011	150
Residents on 12/31/2011	278
Identified Offenders	10

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	6879	12.4%	80640	80.8%	0	79	2393	0	98997	89.2%	89.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6879	12.4%	80640	80.8%	0	79	2393	0	98997	89.2%	89.2%

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	6	5	0	0	0	0	0	0	6	5	11
45 to 59	36	21	0	0	0	0	0	0	36	21	57
60 to 64	9	9	0	0	0	0	0	0	9	9	18
65 to 74	25	24	0	0	0	0	0	0	25	24	49
75 to 84	18	31	0	0	0	0	0	0	18	31	49
85+	15	77	0	0	0	0	0	0	15	77	92
TOTALS	109	167	0	0	0	0	0	0	109	167	276

NILES NURSING & REHABILITATION CENTER
9777 GREENWOOD
NILES, IL. 00714

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	250	0	0	9	0	276
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	17	250	0	0	9	0	276

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	127	0	0	0	127
American Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	10	0	0	0	10
Total	276	0	0	0	276

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	266	0	0	0	266
Ethnicity Unknown	0	0	0	0	0
Total	276	0	0	0	276

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	14.00
Certified Aides	86.00
Other Health Staff	5.00
Non-Health Staff	55.00
Totals	182.00

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
20.8%	76.5%	0.0%	0.1%	2.6%	100.0%		0.0%
3,563,270	13,105,565	0	17,145	439,146	17,125,126	0	

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

ATTACHMENT #7

GLENVIEW TERRACE NURSING CTR
1511 GREENWOOD ROAD
GLENVIEW, IL 60026

Reference Numbers Facility ID 6003610
Health Service Area 007 Planning Service Area 702

Administrator
ABER HOLLANDER

Contact Person and Telephone
ABER HOLLANDER
847-729-9090

Registered Agent Information
Sandra Cedrins
6633 N. Lincoln Ave
Lincolnwood, IL 60712

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	18
Alzheimer Disease	76
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	13
Digestive System	11
Genitourinary System Disorders	16
Skin Disorders	6
Muscule-skeletal Disorders	28
Injuries and Poisonings	12
Other Medical Conditions	20
Non-Medical Conditions	15
TOTALS	251

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	314	309	293	309	251	63	314	314
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	314	309	293	309	251	63	314	314

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	256
Total Admissions 2011	2,108
Total Discharges 2011	2,113
Residents on 12/31/2011	251
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	26508	23.1%	46723	40.8%	22	6583	18475	0	98321	85.8%	87.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	26508	23.1%	46723	40.8%	22	6583	18475	0	98321	85.8%	87.2%

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 16	0	0	0	0	0	0	0	0	0	0	0
16 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	8	0	0	0	0	0	0	7	8	15
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	11	22	0	0	0	0	0	0	11	22	33
75 to 84	26	33	0	0	0	0	0	0	26	33	59
85+	23	113	0	0	0	0	0	0	23	113	136
TOTALS	71	180	0	0	0	0	0	0	71	180	251

GLENVIEW TERRACE NURSING CTR
1511 GREENWOOD ROAD
GLENVIEW, IL 60026

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	87	117	0	16	51	0	251
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	87	117	0	16	51	0	251

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	1	0	0	0	1
White	224	0	0	0	224
Race Unknown	7	0	0	0	7
Total	251	0	0	0	251

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	20	0	0	0	20
Ethnicity Unknown	224	0	0	0	224
Total	251	0	0	0	251

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	56.00
LPN's	31.00
Certified Aides	128.00
Other Health Staff	37.00
Non-Health Staff	125.00
Totals	379.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
46.0%	29.1%	0.0%	10.1%	14.8%	100.0%		0.0%
12,213,754	7,724,950	3,787	2,695,198	3,920,690	26,558,379	0	

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

428

ATTACHMENT-8

VI AT THE GLEN
2401 INDIGO LANE
GLENVIEW, IL. 60026

Reference Numbers Facility ID 0015689
Health Service Area 007 Planning Service Area 702

Administrator
Cherie Getlin

Contact Person and Telephone
CHERIE GETLIN
847-904-4710

Registered Agent Information Date Completed 4/18/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Muscullo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	35

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	38	38	38	38	35	3	38	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	38	38	38	38	35	3	38	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	38
Total Admissions 2011	63
Total Discharges 2011	66
Residents on 12/31/2011	35
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	1627	11.7%	0	0.0%	0	0	12013	0	13640	98.3%	98.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1627	11.7%	0	0.0%	0	0	12013	0	13640	98.3%	98.3%

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	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	6	0	0	0	0	0	0	0	6	6
85+	8	21	0	0	0	0	0	0	8	21	29
TOTALS	8	27	0	0	0	0	0	0	8	27	35

VI AT THE GLEN
2401 INDIGO LANE
GLENVIEW, IL. 60026

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	0	0	0	27	0	35
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	8	0	0	0	27	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	336	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
Race Unknown	0	0	0	0	0
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	35	0	0	0	35

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	8.50
LPN's	0.80
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	44.40

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
38.7%	0.0%	0.0%	0.4%	62.9%	100.0%		0.0%
992,947	0	0	0,580	1,701,034	2,703,561	0	

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

429

ATTACHMENT 7

COVENANT HEALTH CARE CENTER
2155 PFINGSTEN ROAD
NORTHBROOK, IL 60062

Reference Numbers Facility ID 0001093
Health Service Area 007 Planning Service Area 702

Administrator
Jonathan Kaspar

Contact Person and Telephone
JONATHAN KASPAR
847 480 0350

Registered Agent Information
none

Date Completed
5/9/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	33
Developmental Disability	0
Circulatory System	11
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 33

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	102	93	91	93	82	20	102	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	93	91	93	82	20	102	102

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	77
Total Admissions 2011	226
Total Discharges 2011	221
Residents on 12/31/2011	82
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	4721	12.7%	5089	13.7%	0	113	17223	0	27146	72.9%	80.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4721	12.7%	5089	13.7%	0	113	17223	0	27146	72.9%	80.0%

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	0	0	0	0	0	0	0	0	0	0
65 to 74	0	3	0	0	0	0	0	0	0	3	3
75 to 84	10	3	0	0	0	0	0	0	10	3	13
85+	14	52	0	0	0	0	0	0	14	52	66
TOTALS	24	58	0	0	0	0	0	0	24	58	82

ATTACHMENT #7

COVENANT HEALTH CARE CENTER
2155 PFINGSTEN ROAD
NORTHBROOK, IL 60062

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	11	0	0	57	0	82
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	14	11	0	0	57	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	481	263
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	5.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	94.25

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
27.0%	10.7%	0.0%	0.6%	60.8%	100.0%		0.1%
2,186,804	836,733	0	45,158	4,763,334	7,832,027	8,359	

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

ROSEWOOD CARE CENTER - NORTHBROOK
4101 LAKE COOK ROAD
NORTHBROOK, IL 60062

Reference Numbers Facility ID 6019723
Health Service Area 007 Planning Service Area 702

Administrator
Amy Saltzman

Contact Person and Telephone
JAN POELKER
314/994-9070x3025

Date Completed
4/3/2013

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	13
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	32
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	2
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 3

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	147	147	134	147	125	22	147	137
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	147	147	134	147	125	22	147	137

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	128
Total Admissions 2011	143
Total Discharges 2011	146
Residents on 12/31/2011	125
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	4070	7.8%	37735	75.5%	0	0	5500	0	47305	88.2%	88.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4070	7.8%	37735	75.5%	0	0	5500	0	47305	88.2%	88.2%

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	1	0	0	0	0	0	0	0	1	1
60 to 64	0	4	0	0	0	0	0	0	0	4	4
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	15	66	0	0	0	0	0	0	15	66	81
TOTALS	27	98	0	0	0	0	0	0	27	98	126

ATTACHMENT #47

ROSEWOOD CARE CENTER - NORTHBROOK
4101 LAKE COOK ROAD
NORTHBROOK, IL 60062

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	102	0	0	11	0	125
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	12	102	0	0	11	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	123	0	0	0	123
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	14.00
Certified Aides	47.00
Other Health Staff	16.00
Non-Health Staff	37.00
Totals	133.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.0%	56.0%	0.0%	0.0%	10.0%	100.0%		0.0%
3,114,777	5,147,624	0	0	922,117	9,184,518	0	

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

WHITEHALL- NORTH
300 WAUKEGAN ROAD
DEERFIELD, IL, 60015

Reference Numbers Facility ID 6010003
Health Service Area 008 Planning Service Area 097

Administrator
Jeremy Kantel

Contact Person and Telephone
Cindy Cohen
(847)580-8293

Data Completed
4/16/2013

Registered Agent Information
Mark Hollander
300 Waukegan Road
Deerfield, IL 60015

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	16
Alzheimer Disease	34
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	33
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	148

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	190	190	175	190	148	42	190	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	190	175	190	148	42	190	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	148
Total Admissions 2011	1,643
Total Discharges 2011	1,641
Residents on 12/31/2011	150
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	31117	44.9%	0	0.0%	0	23295	3049	0	58361	84.2%	84.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	31117	44.9%	0	0.0%	0	23295	3049	0	58361	84.2%	84.2%

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	4	0	0	0	0	0	0	0	4	0	4
60 to 64	10	2	0	0	0	0	0	0	10	2	12
65 to 74	4	16	0	0	0	0	0	0	4	16	20
75 to 84	10	29	0	0	0	0	0	0	10	29	39
85+	20	53	0	0	0	0	0	0	20	53	73
TOTALS	48	100	0	0	0	0	0	0	48	100	148

WHITEHALL- NORTH
300 WAUKEGAN ROAD
DEERFIELD, IL, 60015

Reference Numbers Facility ID Health Service Area 008 Planning Service Area 097

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	70	0	0	14	64	0	148
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	70	0	0	14	64	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	148	0	0	0	148
Race Unknown	0	0	0	0	0
Total	148	0	0	0	148

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	148	0	0	0	148
Total	148	0	0	0	148

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	37.00
LPN's	8.00
Certified Aides	75.00
Other Health Staff	35.00
Non-Health Staff	182.00
Totals	339.00

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
62.1%	0.0%	0.0%	7.3%	30.6%	100.0%		0.0%
15,760,635	0	0	1,857,982	7,761,071	25,385,688	0	

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

ATTACHMENT-47

432

PRESENCE ST. BENEDICT NURSING & REHAB
6930 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6008874
Health Service Area 007 Planning Service Area 702

Administrator
Bernadine Ladra

Contact Person and Telephone
BRENDA DAVIS
847-813-3712

Date Completed
4/8/2013

Registered Agent Information
Sandra Bruce
7435 West Talcott Avenue
Chicago, IL 60631

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	4
Mental Illness	13
Developmental Disability	1
Circulatory System	22
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 13

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	99	99	99	99	95	4	99	19
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	95	4	99	19

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	95
Total Admissions 2011	267
Total Discharges 2011	267
Residents on 12/31/2011	95
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	8578	23.7%	7426	######	0	1014	17472	414	34904	96.6%	96.8%
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	8578	23.7%	7426	######	0	1014	17472	414	34904	96.6%	96.8%

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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	17	53	0	0	0	0	0	0	17	53	70
TOTALS	29	66	0	0	0	0	0	0	29	66	95

PRESENCE ST. BENEDICT NURSING & REHAB
6930 WEST TOUHY AVENUE
NILES, IL. 60714

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	19	0	2	48	1	95
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	25	19	0	2	48	1	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	241
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	95	0	0	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.76
LPN's	4.14
Certified Aides	40.61
Other Health Staff	12.40
Non-Health Staff	44.01
Totals	113.92

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.1%	12.6%	0.0%	6.7%	40.6%	100.0%		0.0%
4,381,587	1,377,087		729,753	4,436,934	10,925,361	0	

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

FACILITY NOTES

Name Change 10/1/2012 Formerly St. Benedict Nursing and Rehabilitation Center

433

ATTACHMENT-2

FOREST VILLA NSG. & REH. CTR.
6840 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 0003214
Health Service Area 007 Planning Service Area 702

Administrator
Amanda Andrews

Contact Person and Telephone
Amanda Andrews
847-647-6400

Registered Agent Information
Barry Carr
7257 North Lincoln Ave
Lincolnwood, IL 60712

Date Completed
4/10/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	13
Endocrine/Metabolic	28
Blood Disorders	4
*Nervous System Non Alzheimer	22
Alzheimer Disease	14
Mental Illness	44
Developmental Disability	0
Circulatory System	14
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	157

Total Residents Diagnosed as Mentally Ill 44

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	212	166	159	166	157	55	212	212
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	212	166	159	166	157	55	212	212

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	151
Total Admissions 2011	567
Total Discharges 2011	561
Residents on 12/31/2011	157
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	9213	11.9%	31152	40.3%	3827	3098	4146	0	51236	66.2%	84.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9213	11.9%	31152	40.3%	3827	3098	4146	0	51236	66.2%	84.6%

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	4	7	0	0	0	0	0	0	4	7	11
60 to 64	12	9	0	0	0	0	0	0	12	9	21
65 to 74	11	15	0	0	0	0	0	0	11	15	26
75 to 84	18	28	0	0	0	0	0	0	18	28	46
85+	5	48	0	0	0	0	0	0	5	48	53
TOTALS	50	107	0	0	0	0	0	0	50	107	157

FOREST VILLA NSG. & REH. CTR.
6840 WEST TOUHY AVENUE
NILES, IL. 60714

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	90	14	9	15	0	157
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	29	90	14	9	15	0	157

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	279	239
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	15	0	0	0	15
Total	157	0	0	0	157

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	0	157

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	20.00
Certified Aides	42.00
Other Health Staff	8.00
Non-Health Staff	41.00
Totals	127.00

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
15.9%	63.7%	8.9%	0.0%	11.6%	100.0%		0.0%
1,372,208	5,491,080	763,721	0	998,984	8,625,993	0	

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

434

ATTACHMENT-#7

GROSSE POINTE MANOR
6601 WEST TOUHY AVENUE
NILES, IL. 60714

Reference Numbers Facility ID 6003511
Health Service Area 007 Planning Service Area 702

Administrator
Dovie Mauer

Contact Person and Telephone
DOVIE MAUER
847-647-6875

Registered Agent Information
Abraham J. Stern
191 N. Wacker Dr. - Suite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

Date Completed
4/17/2013

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	37
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	16
Digestive System	8
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

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	99	99	99	99	82	17	99	99
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	99	99	82	17	99	99

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	84
Total Admissions 2011	61
Total Discharges 2011	63
Residents on 12/31/2011	82
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	2950	8.2%	26805	74.2%	0	281	1603	0	31639	87.6%	87.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2950	8.2%	26805	74.2%	0	281	1603	0	31639	87.6%	87.6%

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	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	8	18	0	0	0	0	0	0	8	18	26
85+	8	42	0	0	0	0	0	0	8	42	50
TOTALS	19	63	0	0	0	0	0	0	19	63	82

ATTACHMENT #

GROSSE POINTE MANOR
6601 WEST TOUHY AVENUE
NILES, IL. 60714

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	68	0	0	5	0	82
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	68	0	0	5	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	41	0	0	0	41
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	0	0	0	0	0
Total	82	0	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	28.00
Other Health Staff	6.00
Non-Health Staff	25.00
Totals	75.00

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
8.5%	86.4%	0.0%	0.0%	5.2%	100.0%		0.0%
468,782	4,788,850	0	0	285,585	5,543,217	0	

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

BETHANY TERRACE NURSING CENTER
8425 WAUKEGAN ROAD
MORTON GROVE, IL. 60053

Reference Numbers Facility ID 6000889
Health Service Area 007 Planning Service Area 702

Administrator
Frank A. Bensema

Contact Person and Telephone
Frank A. Bensema
847-965-8100

Registered Agent Information

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	24
Alzheimer Disease	7
Mental Illness	34
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	114
Total Residents Diagnosed as Mentally Ill	34

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	273	172	172	172	114	159	103	87
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	2	0	0	0	0	2		
TOTAL BEDS	275	172	172	172	114	161	103	87

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	118
Total Admissions 2011	509
Total Discharges 2011	514
Residents on 12/31/2011	114
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	8342	22.2%	11024	37.5%	0	1329	21813	0	43408	43.6%	69.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8342	22.2%	11024	37.5%	0	1329	21813	0	43408	43.2%	69.1%

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	2	0	0	0	0	0	0	0	2	0	2
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	0	20	0	0	0	0	0	0	0	20	20
85+	12	56	0	0	0	0	0	0	12	56	68
TOTALS	28	86	0	0	0	0	0	0	28	86	114

BETHANY TERRACE NURSING CENTER
8425 WAUKEGAN ROAD
MORTON GROVE, IL. 60053

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	28	0	3	59	0	114
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	24	28	0	3	59	0	114

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	2	0	0	0	2
White	105	0	0	0	105
Race Unknown	2	0	0	0	2
Total	114	0	0	0	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	2	0	0	0	2
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	3.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	10.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	52.00
Totals	129.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

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

436

ATTACHMENT #7

PRESENCE MARYHAVEN NURSING & REHAB CT
1700 EAST LAKE AVENUE
GLENVIEW, IL 60025

Reference Numbers Facility ID 6005854
Health Service Area 007 Planning Service Area 702

Administrator
Lisa Orzada

Contact Person and Telephone
BRENDA DAVIS

Registered Agent Information
Sandra Bruce
7435 West Talcott Ave
Chicago, IL 60631

Date Completed
6/26/2013

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	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	12
Blood Disorders	2
Nervous System Non Alzheimer	4
Alzheimer Disease	36
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	28
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 4

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	135	135	116	128	102	33	135	61
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	135	135	116	128	102	33	135	61

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	112
Total Admissions 2011	134
Total Discharges 2011	144
Residents on 12/31/2011	102
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	4333	8.8%	20700	93.0%	0	725	12532	1554	39844	80.9%	80.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4333	8.8%	20700	93.0%	0	725	12532	1554	39844	80.9%	80.9%

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	1	0	0	0	0	0	0	0	1	1
45 to 59	3	0	0	0	0	0	0	0	3	0	3
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	21	0	0	0	0	0	0	3	21	24
85+	13	54	0	0	0	0	0	0	13	54	67
TOTALS	22	80	0	0	0	0	0	0	22	80	102

PRESENCE MARYHAVEN NURSING & REHAB CT
1700 EAST LAKE AVENUE
GLENVIEW, IL 60025

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	48	0	1	35	2	102
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	16	48	0	1	35	2	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	219
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.75
LPN's	5.25
Certified Aides	41.20
Other Health Staff	12.00
Non-Health Staff	36.25
Totals	116.45

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
29.3%	41.4%	0.0%	4.1%	25.2%	100.0%		2.3%
2,533,616	3,584,029		353,022	2,164,458	8,655,125	196,752	

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

FACILITY NOTES

Name Change	10/1/2012	Formerly Maryhaven Nursing and Rehabilitation Center.

437

ATTACHMENT #7

ALDEN NORTH SHORE REHAB & HC
5050 WEST TOUHY
SKOKIE, IL. 60077

Reference Numbers Facility ID 8014765
Health Service Area 007 Planning Service Area 702

Administrator
Jennifer Ilaide

Contact Person and Telephone
CHRIS KUEHN
773-286-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	61
Non-Medical Conditions	0
TOTALS	63

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	93	80	77	80	63	30	93	10
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	93	80	77	80	63	30	93	10

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	911
Total Discharges 2011	920
Residents on 12/31/2011	63
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	18133	53.4%	1188	32.0%	0	3737	754	0	23792	70.1%	81.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	18133	53.4%	1188	32.0%	0	3737	754	0	23792	70.1%	81.5%

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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	1	10	0	0	0	0	0	0	1	10	11
75 to 84	11	15	0	0	0	0	0	0	11	15	26
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	20	43	0	0	0	0	0	0	20	43	63

ATTACHMENT #

ALDEN NORTH SHORE REHAB & HC
5050 WEST TOUHY
SKOKIE, IL. 60077

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	50	2	0	9	2	0	63
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	50	2	0	9	2	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	1	0	0	0	1
Total	63	0	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	1	0	0	0	1
Total	63	0	0	0	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.26
LPN's	1.41
Certified Aides	18.92
Other Health Staff	33.77
Non-Health Staff	2.36
Totals	68.72

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
83.1%	1.5%	0.0%	13.2%	2.1%	100.0%		0.0%
9,610,998	172,665	4,204	1,530,327	244,919	11,563,114	0	

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

CAMBRIDGE NURSING & REHAB
9615 NORTH KNOX AVENUE
SKOKIE, IL. 60076

Reference Numbers Facility ID 6008635
Health Service Area 007 Planning Service Area 702

Administrator
EUGENE BERGER

Contact Person and Telephone
MARK APPEL
847-679-4161

Registered Agent Information
MARK APPEL
9615 N KNOX
SKOKIE, IL 60076

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	30
Blood Disorders	1
*Nervous System Non Alzheimer	40
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	2
Circulatory System	2
Respiratory System	0
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 31

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	113	106	104	0	96	17	113	113
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	113	106	104	0	96	17	113	113

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	104
Total Admissions 2011	96
Total Discharges 2011	104
Residents on 12/31/2011	96
Identified Offenders	1

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	2824	6.8%	26911	65.2%	2036	0	3584	0	35355	85.7%	89.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2824	6.8%	26911	65.2%	2036	0	3584	0	35355	85.7%	89.7%

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	6	3	0	0	0	0	0	0	6	3	9
60 to 64	6	1	0	0	0	0	0	0	6	1	7
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	15	18	0	0	0	0	0	0	15	18	33
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	41	55	0	0	0	0	0	0	41	55	96

CAMBRIDGE NURSING & REHAB
9615 NORTH KNOX AVENUE
SKOKIE, IL. 60076

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	69	7	0	13	0	96
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	7	69	7	0	13	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	188
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	13	0	0	0	13
Hawaiian/Pacific Isl.	2	0	0	0	2
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	4.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	42.00
Totals	110.00

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
20.9%	56.2%	4.0%	0.0%	7.9%	100.0%		0.0%
1,400,100	4,619,206	344,877	0	554,214	6,078,397	0	

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

439

ATTACHMENT-8

SKOKIE MEADOWS NURSING CENTER II
4600 WEST GOLF ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6008643
Health Service Area 007 Planning Service Area 702

Administrator
JOAN WILLEY

Contact Person and Telephone
MARK APPEL
847-679-4151

Registered Agent Information
MARK APPEL
9615 N KNOX AVE
SKOKIE, IL 60076

Date Completed
4/5/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

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

Total Residents Diagnosed as Mentally Ill 98

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	111	108	101	108	98	13	0	111
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	111	108	101	108	98	13	0	111

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	97
Total Admissions 2011	33
Total Discharges 2011	32
Residents on 12/31/2011	98
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	0	0.0%	26255	64.8%	8690	0	397	0	35342	87.2%	89.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	26255	64.8%	8690	0	397	0	35342	87.2%	89.7%

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	14	3	0	0	0	0	0	0	14	3	17
45 to 59	39	2	0	0	0	0	0	0	39	2	41
60 to 64	17	2	0	0	0	0	0	0	17	2	19
65 to 74	17	2	0	0	0	0	0	0	17	2	19
75 to 84	2	0	0	0	0	0	0	0	2	0	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	89	9	0	0	0	0	0	0	89	9	98

ATTACHMENT-23

SKOKIE MEADOWS NURSING CENTER II
4600 WEST GOLF ROAD
SKOKIE, IL. 60076

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	71	24	0	3	0	98
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	0	71	24	0	3	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	1.00
Certified Aides	12.00
Other Health Staff	4.00
Non-Health Staff	33.00
Totals	60.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	69.5%	29.3%	0.0%	1.2%	100.0%		0.0%
0	3,150,546	1,329,748	0	52,545	4,532,839	0	

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

LIEBERMAN CENTER FOR HEALTH & REHAB
9700 GROSS POINT ROAD
SKOKIE, IL. 60076

Reference Numbers Facility ID 6005375
Health Service Area 007 Planning Service Area 702

Administrator
Ron Benner

Contact Person and Telephone
CINDY PEDERSEN
847.929.3022

Registered Agent Information
Joe Atkin, CFO, CJE Senior Life
3003 W. Touhy Ave
Chicago, IL 60645

Date Completed
4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	72
Mental Illness	0
Developmental Disability	0
Circulatory System	42
Respiratory System	15
Digestive System	8
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	52
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	220

Total Residents Diagnosed as Mentally Ill 7

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	240	240	228	240	220	20	240	216
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	240	240	228	240	220	20	240	216

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	208
Total Admissions 2011	715
Total Discharges 2011	703
Residents on 12/31/2011	220
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	11095	12.7%	53629	68.0%	0	185	14518	0	79427	90.7%	90.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11095	12.7%	53629	68.0%	0	185	14518	0	79427	90.7%	90.7%

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	1	2	0	0	0	0	0	0	1	2	3
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	2	11	0	0	0	0	0	0	2	11	13
75 to 84	12	31	0	0	0	0	0	0	12	31	43
85+	29	127	0	0	0	0	0	0	29	127	156
TOTALS	46	174	0	0	0	0	0	0	46	174	220

LIEBERMAN CENTER FOR HEALTH & REHAB
9700 GROSS POINT ROAD
SKOKIE, IL. 60076

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

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	151	0	0	45	0	220
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	24	151	0	0	45	0	220

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	219	0	0	0	219
Race Unknown	0	0	0	0	0
Total	220	0	0	0	220

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	220	0	0	0	220
Ethnicity Unknown	0	0	0	0	0
Total	220	0	0	0	220

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	5.00
Certified Aides	101.00
Other Health Staff	8.00
Non-Health Staff	86.00
Totals	228.00

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
29.6%	37.7%	0.0%	0.0%	32.7%	100.0%		0.0%
5,719,382	7,287,567	0	0	6,320,135	19,327,084	0	

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

441

ATTACHMENT-8

WOODBRIDGE NURSING PAVILION
2242 NORTH KEDZIE BLVD.
CHICAGO, IL. 60647

Reference Numbers Facility ID 6007074
Health Service Area 006 Planning Service Area 602

Administrator
Philip Bim

Contact Person and Telephone
Philip Bim
773-486-7700

Registered Agent Information
MS Services
191 N. Wacker Suite 1800
Chicago, IL. 60606

Date Completed
4/9/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	33
Blood Disorders	7
*Nervous System Non Alzheimer	13
Alzheimer Disease	2
Mental Illness	32
Developmental Disability	0
Circulatory System	56
Respiratory System	16
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	202

Total Residents Diagnosed as Mentally Ill 81

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	222	220	212	220	202	20	222	222
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	222	220	212	220	202	20	222	222

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	199
Total Admissions 2011	111
Total Discharges 2011	108
Residents on 12/31/2011	202
Identified Offenders	10

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	7765	9.6%	63082	77.9%	855	0	1437	0	73139	90.3%	91.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7765	9.6%	63082	77.9%	855	0	1437	0	73130	90.3%	91.1%

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	5	4	0	0	0	0	0	0	5	4	9
45 to 59	18	14	0	0	0	0	0	0	18	14	32
60 to 64	19	13	0	0	0	0	0	0	19	13	32
65 to 74	29	21	0	0	0	0	0	0	29	21	50
75 to 84	34	19	0	0	0	0	0	0	34	19	53
85+	11	15	0	0	0	0	0	0	11	15	26
TOTALS	116	86	0	0	0	0	0	0	116	86	202

WOODBRIDGE NURSING PAVILION
2242 NORTH KEDZIE BLVD.
CHICAGO, IL. 60647

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	178	3	0	2	0	202
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	19	178	3	0	2	0	202

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	32	0	0	0	32
Hawaiian/Pacific Isl.	0	0	0	0	0
White	169	0	0	0	169
Race Unknown	0	0	0	0	0
Total	202	0	0	0	202

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	158	0	0	0	158
Non-Hispanic	44	0	0	0	44
Ethnicity Unknown	0	0	0	0	0
Total	202	0	0	0	202

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	17.00
Certified Aides	72.00
Other Health Staff	14.00
Non-Health Staff	38.00
Totals	156.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.0%	86.5%	0.0%	0.0%	2.5%	100.0%		0.0%
1,092,744	8,586,007	0	0	250,702	9,929,453	0	

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

442

ATTACHMENT-☒

CENTER HOME HISPANIC ELDERLY
1401 NORTH CALIFORNIA
CHICAGO, IL. 60622

Reference Numbers Facility ID 0001523
Health Service Area 006 Planning Service Area 002

Administrator
Patricia Correa

Contact Person and Telephone
PATRICIA CORREA
Patricia Correa

Date Completed
4/17/2013

Registered Agent Information
Abaham Stern
161 N. Wacker Drive Suite 1800
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	24
Blood Disorders	3
*Nervous System Non Alzheimer	12
Alzheimer Disease	32
Mental Illness	0
Developmental Disability	2
Circulatory System	40
Respiratory System	15
Digestive System	9
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	144

Total Residents Diagnosed as Mentally Ill 19

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	156	158	156	156	144	12	98	156
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	156	158	156	156	144	12	98	156

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	148
Total Admissions 2011	88
Total Discharges 2011	92
Residents on 12/31/2011	144
Identified Offenders	3

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	4194	11.7%	44480	78.1%	5315	0	165	0	54155	95.1%	95.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4194	11.7%	44480	78.1%	5315	0	165	0	54155	95.1%	95.1%

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	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	10	14	0	0	0	0	0	0	10	14	24
75 to 84	32	35	0	0	0	0	0	0	32	35	67
85+	14	31	0	0	0	0	0	0	14	31	45
TOTALS	62	82	0	0	0	0	0	0	62	82	144

CENTER HOME HISPANIC ELDERLY
1401 NORTH CALIFORNIA
CHICAGO, IL. 60622

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 002

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	120	12	0	0	0	144
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	12	120	12	0	0	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	0	0	0	0	0
Total	144	0	0	0	144

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	141	0	0	0	141
Non-Hispanic	3	0	0	0	3
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	16.00
Certified Aides	46.00
Other Health Staff	0.00
Non-Health Staff	42.00
Totals	115.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.9%	82.6%	0.0%	0.0%	0.6%	100.0%		0.0%
1,773,097	8,682,660	0	0	62,283	10,518,040	0	

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

443

ATTACHMENT-#

PRESENCE HEALTH ST. ELIZABETH HOSPITAL
1431 NORTH CLAREMONT AVENUE
CHICAGO, IL. 60622

Reference Numbers Facility ID 6010730
Health Service Area 006 Planning Service Area 602

Administrator
Suzanne Lambert

Contact Person and Telephone
BRENDA DAVIS
847-613-3712

Date Completed
4/4/2013

Registered Agent Information
Sandra Bruce
7435 West Talcott Avenue
Chicago, IL 60631

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Muscullo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	13

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	28	25	25	25	13	15	28	28
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	28	25	25	25	13	15	28	28

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	8
Total Admissions 2011	401
Total Discharges 2011	396
Residents on 12/31/2011	13
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	4197	41.1%	0	0.0%	0	1206	9	0	5412	53.0%	59.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4197	41.1%	0	0.0%	0	1206	9	0	5412	53.0%	59.3%

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	0	0	0	0	0	0	0	0	0	0
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	2	2	0	0	0	0	0	0	2	2	4
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	6	7	0	0	0	0	0	0	6	7	13

PRESENCE HEALTH ST. ELIZABETH HOSPITAL
1431 NORTH CLAREMONT AVENUE
CHICAGO, IL. 60622

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	0	0	2	0	0	13
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	11	0	0	2	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	809	809
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	4	0	0	0	4
Total	13	0	0	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	0	0	0	0	0
Total	13	0	0	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	2.00
Certified Aides	6.00
Other Health Staff	2.00
Non-Health Staff	2.00
Totals	24.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

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

444

ATTACHMENT #7

WINSTON MANOR CONVALESCENT
2155 WEST PIERCE
CHICAGO, IL. 60622

Reference Numbers Facility ID 6010102
Health Service Area 006 Planning Service Area 602

Administrator
Arleen Batorek

Contact Person and Telephone
ARLEEN BATOREK
773/252-2066

Registered Agent Information
Marvin Mermelstein
6500 N. Hamlin
Lincolnwood, IL 60712

Date Completed 4/18/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	42
Blood Disorders	11
*Nervous System Non Alzheimer	22
Alzheimer Disease	0
Mental Illness	12
Developmental Disability	0
Circulatory System	22
Respiratory System	25
Digestive System	6
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	169

Total Residents Diagnosed as Mentally Ill 95

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	180	180	172	180	169	11	0	180
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	180	180	172	180	169	11	0	180

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	158
Total Admissions 2011	175
Total Discharges 2011	164
Residents on 12/31/2011	169
Identified Offenders	22

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	0	0.0%	61623	93.8%	0	0	62	0	61685	93.9%	93.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	61623	93.8%	0	0	62	0	61685	93.9%	93.9%

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	10	5	0	0	0	0	0	0	10	5	15
45 to 59	42	26	0	0	0	0	0	0	42	26	68
60 to 64	25	24	0	0	0	0	0	0	25	24	49
65 to 74	18	7	0	0	0	0	0	0	18	7	26
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	101	68	0	0	0	0	0	0	101	68	169

WINSTON MANOR CONVALESCENT
2155 WEST PIERCE
CHICAGO, IL. 60622

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	167	0	0	2	0	169
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	0	167	0	0	2	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	61	0	0	0	61
Hawaiian/Pacific Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	0	0	0	0	0
Total	169	0	0	0	169

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	29	0	0	0	29
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	169	0	0	0	169

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	1.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	82.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	99.8%	0.0%	0.0%	0.2%	100.0%		0.0%
0	6,418,771	0	0	13,075	6,431,846	0	

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

445

ATTACHMENT #4

ST. PAUL'S HOUSE & HEALTHCARE
3900 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60618

Reference Numbers Facility ID 6009112
Health Service Area 000 Planning Service Area 601

Administrator
Judy Pitzele

Contact Person and Telephone
Judy Pitzele
224-543-2309

Registered Agent Information
Roger Paulsberg, CEO
3150 Salt Creek Ln.
Arlington Heights, IL 60005

Date Completed
5/29/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Muscolo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	110	110	99	110	73	37	110	32
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	68	56	31	56	28	40		
TOTAL BEDS	178	166	130	166	101	77	110	32

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	105
Total Admissions 2011	294
Total Discharges 2011	298
Residents on 12/31/2011	101
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	10504	26.2%	9518	61.5%	0	325	9898	115	30156	75.1%	75.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	8927	1095	10022	40.4%	49.0%
TOTALS	10504	26.2%	9518	61.5%	0	325	18825	1210	40180	61.8%	66.3%

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	1	3	0	0	0	0	1	0	2	3	5
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	10	14	0	0	0	0	2	6	12	20	32
85+	4	33	0	0	0	0	2	17	6	50	56
TOTALS	17	56	0	0	0	0	5	23	22	79	101

ST. PAUL'S HOUSE & HEALTHCARE
3900 NORTH CALIFORNIA AVENUE
CHICAGO, IL. 60618

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	18	29	1	0	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	25	3	28
TOTALS	25	18	29	1	25	3	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	223
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	100	180

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	0	0	0	0	0
Black	10	0	0	1	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	25	70
Race Unknown	13	0	0	2	15
Total	73	0	0	28	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	69	0	0	28	97
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	28	101

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	11.00
Certified Aides	40.00
Other Health Staff	4.00
Non-Health Staff	57.00
Totals	127.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.7%	15.1%	0.0%	0.0%	44.3%	100.0%		5.1%
4,152,732	1,540,843	0	0	4,520,363	10,213,938	520,338	

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

446

ATTACHMENT 47

BELMONT NURSING HOME
1936 WEST BELMONT AVENUE
CHICAGO, IL. 60657

Reference Numbers Facility ID 6000848
Health Service Area 006 Planning Service Area 602

Administrator
Donna Harris

Contact Person and Telephone
Donna Harris
773-525-7176

Registered Agent Information
Eileen Conway
1936 West Belmont Ave
Chicago, IL 60657

Date Completed
4/8/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	50
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscullo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	50

Total Residents Diagnosed as Mentally Ill 50

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	61	59	55	59	50	11	0	61
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	61	59	55	59	50	11	0	61

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	51
Total Admissions 2011	29
Total Discharges 2011	30
Residents on 12/31/2011	50
Identified Offenders	3

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	0	0.0%	18526	83.2%	0	0	0	0	18526	83.2%	86.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	18526	83.2%	0	0	0	0	18526	83.2%	86.0%

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	4	4	0	0	0	0	0	0	4	4	8
45 to 59	23	7	0	0	0	0	0	0	23	7	30
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	33	17	0	0	0	0	0	0	33	17	50

BELMONT NURSING HOME
1936 WEST BELMONT AVENUE
CHICAGO, IL. 60657

Reference Numbers Facility ID Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	50	0	0	0	0	50
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	0	50	0	0	0	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	1	0	0	0	1
Total	50	0	0	0	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	1	0	0	0	1
Total	50	0	0	0	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	3.00
Certified Aides	6.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	22.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	75.1%	0.0%	0.0%	24.9%	100.0%		0.0%
0	1,432,965	0	0	475,447	1,908,412	0	

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

447

ATTACHMENT #7

AMBASSADOR NURSING & REHAB CENTER
4900 NORTH BERNARD
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000180
Health Service Area 006 Planning Service Area 601

Administrator
Juvenal Jay Gonzalez

Contact Person and Telephone
Juvenal Jay Gonzalez
773-583-7130

Date Completed
4/19/2013

Registered Agent Information
David Gross
240 Fencl lane
Hillside, IL 60162

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	45
Blood Disorders	12
*Nervous System Non Alzheimer	15
Alzheimer Disease	7
Mental Illness	18
Developmental Disability	0
Circulatory System	37
Respiratory System	0
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	152
Total Residents Diagnosed as Mentally Ill	18

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	190	190	158	169	152	38	190	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	190	158	169	152	38	190	190

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	150
Total Admissions 2011	164
Total Discharges 2011	162
Residents on 12/31/2011	152
Identified Offenders	15

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	4581	6.6%	46590	67.2%	0	96	642	0	51909	74.9%	74.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4581	6.6%	46590	67.2%	0	96	642	0	51909	74.9%	74.9%

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	6	4	0	0	0	0	0	0	6	4	10
45 to 59	31	14	0	0	0	0	0	0	31	14	45
60 to 64	16	4	0	0	0	0	0	0	16	4	20
65 to 74	17	11	0	0	0	0	0	0	17	11	28
75 to 84	15	17	0	0	0	0	0	0	15	17	32
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	90	62	0	0	0	0	0	0	90	62	152

AMBASSADOR NURSING & REHAB CENTER
4900 NORTH BERNARD
CHICAGO, IL. 60625
Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	129	0	0	5	0	152
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	18	129	0	0	5	0	152

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	7	0	0	0	7
American Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	152	0	0	0	152
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	57	0	0	0	57
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	152	0	0	0	152

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	18.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	16.00
Certified Aides	54.00
Other Health Staff	1.00
Non-Health Staff	39.00
Totals	155.00

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
24.8%	74.0%	0.0%	0.1%	1.0%	100.0%		0.0%
2,371,825	7,069,320	0	9,024	99,278	9,550,357	0	

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

448

ATTACHMENT-

SWEDISH COVENANT HOSPITAL
5145 NORTH CALIFORNIA AVE
CHICAGO, IL 60625

Reference Numbers Facility ID 0010649
Health Service Area 006 Planning Service Area 601

Administrator
MARY SHEHAN

Contact Person and Telephone
MARYBELLE CALDERON
773-878-8200 EXT 1354

Registered Agent Information

Date Completed
4/12/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	13

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	37	25	25	24	13	24	37	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	37	25	25	24	13	24	37	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	13
Total Admissions 2011	602
Total Discharges 2011	602
Residents on 12/31/2011	13
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	5288	39.2%	48	0.0%	0	1000	0	37	6382	47.3%	69.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5288	39.2%	48	0.0%	0	1000	0	37	6382	47.3%	69.9%

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	1	0	0	0	0	0	0	0	1	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	0	0	1	0	1
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	5	8	0	0	0	0	0	0	5	8	13

ATTACHMENT-#

SWEDISH COVENANT HOSPITAL
5145 NORTH CALIFORNIA AVE
CHICAGO, IL 60625

Reference Numbers Facility ID Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	0	0	4	0	0	13
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	0	0	4	0	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	965	965
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	12	0	0	0	12
Race Unknown	0	0	0	0	0
Total	13	0	0	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	13	0	0	0	13
Ethnicity Unknown	0	0	0	0	0
Total	13	0	0	0	13

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	6.10
LPN's	3.70
Certified Aides	8.20
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	21.00

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
78.6%	0.4%	0.0%	21.0%	0.0%	100.0%		1.2%
2,240,082	11,281	0	601,691	0	2,861,054	34,762	

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

FOSTER HEALTH & REHAB CENTER
2840 WEST FOSTER AVENUE
CHICAGO, IL. 60625

Reference Numbers Facility ID 6000137
Health Service Area 006 Planning Service Area 001

Administrator
SCOTT SCHAYER

Contact Person and Telephone
JUDD SCHNEIDER
773.561.2010

Registered Agent Information
Judd Schneider
2835 W. North Shore Ave.
Chicago, IL 60645

Date Completed
4/17/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	7
Circulatory System	12
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 3

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	48	48	46	48	44	4	0	48
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	48	48	46	48	44	4	0	48

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	43
Total Admissions 2011	24
Total Discharges 2011	23
Residents on 12/31/2011	44
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	0	0.0%	7932	45.3%	0	0	408	0	8340	47.6%	47.6%
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	0	0.0%	7932	45.3%	0	0	408	0	8340	47.6%	47.6%

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	4	6	0	0	0	0	0	0	4	6	10
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	2	10	0	0	0	0	0	0	2	10	12
75 to 84	1	10	0	0	0	0	0	0	1	9	10
85+	0	9	0	0	0	0	0	0	0	9	9
TOTALS	9	35	0	0	0	0	0	0	9	35	44

FOSTER HEALTH & REHAB CENTER
2840 WEST FOSTER AVENUE
CHICAGO, IL. 60625
Reference Numbers Facility ID Health Service Area 006 Planning Service Area 001

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	41	0	0	3	0	44
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	0	41	0	0	3	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	39	0	0	0	39
Race Unknown	0	0	0	0	0
Total	44	0	0	0	44
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	0	44

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	2.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	31.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	96.7%	0.0%	0.0%	3.3%	100.0%		0.0%
0	1,086,530	0	0	36,533	1,123,063	0	

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

FACILITY NOTES

Name Change	7/1/2012	Formerly 'Alshore House'.
CHOW	7/1/2012	Change of ownership occurred.

450

ATTACHMENT #7

LINCOLNWOOD PLACE
7000 NORTH MCCORMICK BLVD
LINCOLNWOOD, IL 60712

Reference Numbers Facility ID 6013213
Health Service Area 007 Planning Service Area 702

Administrator
Moira L. Tannen

Contact Person and Telephone
MOIRA L. TANNEN
847 329-2410

Registered Agent Information
Steve Levy
111 East Wacker
Chicago, IL 60601

Date Completed
9/19/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	23
TOTALS	53

Total Residents Diagnosed as Mentally Ill 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	40	40	40	40	31	9	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	25	25	25	25	22	3		
TOTAL BEDS	65	65	65	65	53	12	0	0

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2012	52
Total Admissions 2012	222
Total Discharges 2012	221
Residents on 12/31/2012	53
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	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%

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	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	1	0	1	1	2
75 to 84	3	3	0	0	0	0	0	2	3	5	8
85+	9	15	0	0	0	0	5	14	14	29	43
TOTALS	12	19	0	0	0	0	6	16	18	35	53

LINCOLNWOOD PLACE
7000 NORTH MCCORMICK BLVD
LINCOLNWOOD, IL 60712

Reference Numbers 6013213 **Health Service Area** 007 **Planning Service Area** 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	0	0	2	11	0	31
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	22	0	22
TOTALS	18	0	0	2	33	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	270
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	30	0	0	22	52
Race Unknown	0	0	0	0	0
Total	31	0	0	22	53

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	31	0	0	22	53
Ethnicity Unknown	0	0	0	0	0
Total	31	0	0	22	53

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	14.00
LPNs	12.00
Certified Aides	27.00
Other Health Staff	15.00
Non-Health Staff	8.00
Totals	78.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
56.5%	0.0%	0.0%	3.0%	40.5%	100.0%		0.0%
3,805,055	0	0	202,211	2,732,764	6,740,030	0	

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

451

ATTACHMENT #7

IMPERIAL GROVE PAVILION
1368 WEST FULLERTON AVENUE
CHICAGO, IL 60614

Reference Numbers Facility ID 0004733
Health Service Area 006 Planning Service Area 802

Administrator
GINA McCARTHY

Contact Person and Telephone
GINA McCARTHY
773-248-9300

Date Completed
5/2/2013

Registered Agent Information
MURCH SHELIST
191 NORTH WACKER DRIVE
Chicago, IL 60606

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY yes

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscule-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	8

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	248	248	228	248	228	20	248	248
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	248	248	228	248	228	20	248	248

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	233
Total Admissions 2011	676
Total Discharges 2011	681
Residents on 12/31/2011	228
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	16509	18.2%	54338	60.0%	0	7063	4683	0	82593	91.2%	91.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	16509	18.2%	54338	60.0%	0	7063	4683	0	82593	91.2%	91.2%

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	2	1	0	0	0	0	0	0	2	1	3
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	15	20	0	0	0	0	0	0	15	20	35
65 to 74	40	40	0	0	0	0	0	0	40	40	80
75 to 84	40	30	0	0	0	0	0	0	40	30	70
85+	23	9	0	0	0	0	0	0	23	9	32
TOTALS	125	103	0	0	0	0	0	0	125	103	228

IMPERIAL GROVE PAVILION
1368 WEST FULLERTON AVENUE
CHICAGO, IL 60614

Reference Numbers Facility ID **Health Service Area** 006 **Planning Service Area** 802

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	143	6	23	10	0	228
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	46	143	6	23	10	0	228

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	0	5
American Indian	1	0	0	0	1
Black	86	0	0	0	86
Hawaiian/Pacific Isl.	26	0	0	0	26
White	110	0	0	0	110
Race Unknown	0	0	0	0	0
Total	228	0	0	0	228

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	32	0	0	0	32
Non-Hispanic	196	0	0	0	196
Ethnicity Unknown	0	0	0	0	0
Total	228	0	0	0	228

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	50.00
LPN's	23.00
Certified Aides	100.00
Other Health Staff	62.00
Non-Health Staff	49.00
Totals	286.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.3%	38.3%	0.0%	14.3%	8.2%	100.0%		0.0%
8,401,753	8,191,117	0	3,059,217	1,749,807	21,307,894	0	

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

452

ATTACHMENT-☒

LITTLE SISTERS OF THE POOR
2325 NORTH LAKEWOOD AVENUE
CHICAGO, IL. 60614

Reference Numbers Facility ID 6005563
Health Service Area 006 Planning Service Area 602

Administrator
Sr. Mary Fisher

Contact Person and Telephone
SR. PATRICIA MARY METZGAR
773-935-9600

Registered Agent Information
Edward X Clinton Sr.
30 N LaSalle St. Suite 3400
Chicago, IL 60602

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

Date Completed
3/31/2013

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	1
Circulatory System	40
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 57

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	76	76	75	76	73	3	0	76
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	76	76	75	76	73	3	0	76

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	72
Total Admissions 2011	20
Total Discharges 2011	19
Residents on 12/31/2011	73
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	0	0.0%	24995	90.1%	0	0	1253	0	26248	94.6%	94.6%
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	0	0.0%	24995	90.1%	0	0	1253	0	26248	94.6%	94.6%

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	5	1	0	0	0	0	0	0	5	1	6
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	11	38	0	0	0	0	0	0	11	38	49
TOTALS	22	51	0	0	0	0	0	0	22	51	73

LITTLE SISTERS OF THE POOR
2325 NORTH LAKEWOOD AVENUE
CHICAGO, IL. 60614

Reference Numbers Facility ID Health Service Area 006 Planning Service Area 602

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	65	0	0	8	0	73
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	0	65	0	0	8	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	125	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	69	0	0	0	69
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	38.00
Other Health Staff	1.00
Non-Health Staff	30.00
Totals	88.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.1%	0.0%	0.0%	1.9%	100.0%		0.0%
0	2,368,367	0	0	46,723	2,415,091	0	

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

453

ATTACHMENT-#8

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

1. The applicant shall provide the following information:

   a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

   Appended as **ATTACHMENT-18A** is a listing of Zip Codes within 30-minutes in accordance to the computer software Microsoft MapPoint North America, 2009 edition.

   b. The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

   Appended as **ATTACHMENT-18A**, also lists the corresponding population for the zip areas. The census data from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml is appended as **ATTACHMENT-18B.**

   c. The names and locations of all existing or approved LTC facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

   A list of the names and locations of all existing and approved LTC facilities located within 30-minutes of the proposed project site is appended as **ATTACHMENT-18C.**

2. The applicant shall document that the project will not result in maldistribution of services.

Maldistribution is typified by having too many facilities clustered together within the service area where as the ratio of "beds" to "population" is one and one half times greater than the ratio of the State as a whole.

ATTACHMENT-18

The primary service area is that of the 30-minute travel time contour from Des Plaines. As the chart herein shows, the State has 126.9 persons for each nursing bed. In the 30-minute service area, there are 190.6 persons for each nursing bed. Therefore, a maldistribution by the Board's definition will not result. Upon project completion, the 7-A Planning Service Area will actually result in a higher number of people per bed as the Applicant currently has 75 beds in the inventory of which this project will only use 71.

	Population	Lic. Beds	Pop for 1-bed
Illinois	12,830,632	101,093	126.9
30-min Cont.	**2,809,009**	**14,737**	**190.61**

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

The actual ratio of "beds" to "population for the State and the 30-minute travel contour is as follows:

$$\frac{\text{(30-minute drive time) Population (2010) (30-minute drive time)}}{\text{14,733 (14,737 existing -75 existing +71 proposed beds)}} = \frac{\text{14,733 (14,737 existing -75 existing +71 proposed beds)}}{\text{2,809,009}} = \mathbf{.005245}$$

$$\frac{\text{Total of Nursing Care Beds (State of Illinois) Population}}{\text{101,093 (Existing on March 13, 2014)}} = \frac{\text{101,093 (Existing on March 13, 2014)}}{\text{12,830,632}} = .007879 * 1.5 = \mathbf{.011819}$$

The State's resultant ratio is one hundredths nursing beds to every person. The market contour's ratio is five thousandths nursing for every person, thus, it would appear that a "maldistribution" in accordance with the Board's definition does not exist.

3. The applicant shall document that, within 24 months after project completion, the proposed project:

   a. Will not lower the utilization of other area providers below the occupancy standards specified in Section 1125.210(c); and

   b. Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

ATTACHMENT-18

As the average utilization rate for the "other area" facilities, i.e., the facilities within the 30-minute market area are below the State's target rate of 90%, item 3A above is not germane. However, the Applicant has selected the 7-A Planning Service Area as one of the fastest growing elderly population areas.

Age Group	HSA/PSA	2010 Population	2015 Population	Growth Rate
0-64	7A	530,400	529,300	-0.2%
65+		76,600	94,100	22.8%
		607,000	**623,400**	**2.7%**
0-64	7B	377,100	376,300	-0.2%
65+		80,000	89,100	11.4%
		457,100	**465,400**	**1.8%**
0-64	7C	810,800	809,400	-0.2%
65+		107,200	130,300	21.5%
		918,000	**939,700**	**2.4%**
0-64	HSA 7	2,969,200	2,968,400	0.0%
65+		450,700	521,700	15.8%
		3,419,900	**3,490,100**	**2.1%**
0-64	8 Kane	466,200	472,700	1.4%
65+		50,100	60,700	21.2%
		516,300	**533,400**	**3.3%**
0-64	8 Lake	630,800	625,000	-0.9%
65+		73,800	88,400	19.8%
		704,600	**713,400**	**1.2%**
0-64	8	277,600	271,000	-2.4%
65+	McHenry	31,600	38,300	21.2%
		309,200	**309,300**	**0.0%**
0-64	HSA 8	1,374,600	1,368,700	-0.4%
65+		155,500	187,400	20.5%
		1,530,100	**1,556,100**	**1.7%**

Source:http://www.hfsrb.illinois.gov/pdf/2013%20Long-Term%20Care%20Inventory%20-%20Final.pdf

As the elderly population will have grown by over 22.8% by the end of next year (CY2015), it is now that those elderly will start more regularly require nursing care. This project is uniquely positioned to offer services for this "new" population. As illustrated throughout this document, the Applicant is only proposing 71-general long-term care beds after the reduction of its 75 nursing beds that will be abandoned and therefore, creating a net reduction in overall beds in the State's inventory.

Service Area	Population	Lic. Beds	Pop : 1-bed	65+ Pop	65+ Pop: 1-bed	NC Beds Needed to = state ratio
Illinois	12,830,632	101,093	126.9	1,609,213	15.9	-
30-minute	2,809,099	14733	190.7	345,441	23.4	6,968
7-A	623,400	3323	187.6	94100	28.3	2,588
7-B	465,400	6827	68.2	89100	13.1	(1,230)
7-C	939,700	5868	160.1	130300	22.2	**2,318**

http://www.hfsrb.illinois.gov/pdf/LTC%202012%20PSA%20Profiles.pdf

ATTACHMENT- 18

Asbury Court Nursing and Rehabilitation - DesPlaines
Utilization Data 2013

ZIP Code	Population
60004	49,787
60005	30,147
60007	33,868
60008	22,138
60010	44,464
60015	26,905
60016	60,346
60018	28,630
60025	38,257
60026	13,316
60029	528
60053	23,070
60056	55,052
60062	39,723
60067	37,892
60068	37,272
60069	8,282
60070	15,939
60074	38,477
60076	33,337
60077	26,316
60082	zip not in Fact Finder
60089	41,705
60090	37,257
60091	21,008
60093	19,228
60101	39,259
60104	19,096
60106	20,030
60108	22,639
60126	45,842
60130	14,245
60131	17,941
60133	38,022
60139	34,349
60141	257
60143	10,113
60148	50,807
60153	24,302
60154	16,637
60155	7,928
60157	2,177
60160	25,025
	1,171,613

ZIP Code	Population
60162	8,106
60163	5,186
60164	22,162
60165	4,934
60169	33,807
60171	10,414
60172	24,192
60173	11,990
60176	11,736
60181	29,683
60191	13,973
60192	16,119
60193	39,973
60194	19,600
60195	4,154
60201	42,648
60202	31,501
60203	4,552
60301	2,357
60302	31,907
60304	17,368
60305	11,164
60521	17,649
60523	9,541
60558	12,747
60601	8,275
60602	1,151
60603	480
60604	393
60606	2,123
60607	22,964
60610	37,309
60612	34,569
60613	49,370
60614	66,352
60618	94,286
60622	52,896
60625	79,784
60630	55,571
60631	29,554
60634	74,795
60639	90,858
60641	70,874
	1,209,067

ZIP Code	Population
60645	45,511
60646	27,829
60647	86,345
60654	14,059
60656	26,216
60657	68,809
60659	39,586
60661	6,648
60666	zip not in Fact Finder
60706	22,958
60707	42,164
60712	12,483
60714	29,718
	422,326

Total	2,803,006

ATTACHMENT-⊠A

Subject	ZCTA5 60004		ZCTA5 60005		ZCTA5 60007		ZCTA5 60008		ZCTA5 60010		ZCTA5 60015		ZCTA5 60016		ZCTA5 60018		ZCTA5 60025		ZCTA5 60026		ZCTA5 60
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
SEX AND AGE																					
Total population	49,787	49,787	30,147	30,147	33,868	33,868	22,138	22,138	44,464	44,464	26,905	26,905	60,346	60,346	28,630	28,630	38,257	38,257	13,316	13,316	528
Male	23,976	48.2%	14,725	48.8%	16,828	49.7%	10,819	48.9%	22,213	50.0%	13,290	49.4%	28,279	46.6%	14,017	49.0%	18,197	47.3%	6,020	45.2%	291
Female	25,811	51.8%	15,422	51.2%	17,040	50.3%	11,319	51.1%	22,251	50.0%	13,615	50.6%	32,067	53.1%	14,613	51.0%	20,150	52.7%	7,296	54.8%	237
Under 5 years	2,881	5.8%	2,401	8.0%	1,762	5.2%	1,920	8.7%	2,318	5.2%	1,604	6.0%	3,941	6.5%	1,896	6.6%	2,084	5.4%	672	5.0%	38
5 to 9 years	3,464	7.0%	1,513	5.0%	1,655	4.9%	1,405	6.3%	2,836	6.4%	1,994	7.4%	3,051	5.1%	1,739	6.1%	2,694	7.0%	1,086	8.2%	66
10 to 14 years	2,978	6.0%	1,944	6.4%	2,368	7.0%	1,013	4.6%	3,621	8.1%	2,241	8.3%	2,852	4.9%	1,773	6.2%	2,585	6.8%	712	5.3%	61
15 to 19 years	2,904	6.0%	1,547	5.1%	2,218	6.5%	1,416	6.4%	3,319	7.5%	2,308	8.6%	3,070	5.1%	2,073	7.2%	2,411	6.3%	852	6.4%	46
20 to 24 years	2,055	4.1%	1,632	5.4%	2,009	5.9%	1,480	6.7%	1,912	4.3%	1,256	4.7%	3,785	6.3%	2,153	7.5%	1,619	4.2%	643	4.8%	17
25 to 34 years	5,959	12.0%	4,285	14.2%	4,065	12.0%	3,594	16.2%	2,294	5.2%	1,652	6.1%	9,737	16.1%	3,299	11.5%	3,105	8.1%	1,200	9.0%	2
35 to 44 years	6,627	13.3%	4,402	14.6%	4,649	13.7%	2,946	13.3%	5,580	12.6%	3,595	13.4%	8,051	13.3%	4,054	14.2%	5,157	13.5%	1,725	13.0%	89
45 to 54 years	8,194	16.5%	4,522	15.0%	5,988	17.7%	3,378	15.3%	8,771	19.7%	4,935	18.3%	9,137	15.1%	3,784	13.2%	6,209	16.2%	2,051	15.4%	114
55 to 59 years	3,271	6.6%	1,272	4.2%	2,291	6.8%	1,430	6.5%	3,523	7.9%	2,112	7.8%	4,132	6.8%	2,359	8.2%	2,787	7.3%	1,090	8.2%	14
60 to 64 years	3,001	6.2%	1,719	5.7%	1,988	5.8%	792	3.6%	3,098	7.0%	1,545	5.7%	3,520	5.8%	1,460	5.1%	2,663	7.0%	763	5.7%	23
65 to 74 years	3,984	8.0%	2,330	7.7%	2,393	7.1%	1,489	6.7%	4,339	9.8%	1,878	7.0%	4,403	7.3%	1,891	6.6%	3,501	9.2%	1,174	8.8%	49
75 to 84 years	3,025	6.1%	1,730	5.7%	1,825	5.4%	905	4.1%	2,145	4.8%	1,216	4.5%	3,253	5.4%	1,359	4.7%	2,376	6.2%	821	6.2%	11
85 years and over	1,264	2.5%	850	2.8%	685	2.0%	353	1.6%	666	1.5%	569	2.1%	1,314	2.2%	760	2.8%	1,066	2.8%	527	4.0%	4
Median age (years)	42.0	(X)	38.9	(X)	41.6	(X)	35.5	(X)	45.4	(X)	41.6	(X)	39.2	(X)	38.1	(X)	43.9	(X)	43.7	(X)	40.5
18 years and over	38,463	77.3%	23,288	77.2%	26,583	78.5%	16,972	76.7%	33,393	75.1%	19,525	72.6%	48,445	80.3%	21,959	76.7%	29,267	76.5%	10,261	77.1%	334
21 years and over	36,999	74.3%	22,585	74.9%	25,473	75.2%	16,190	73.1%	31,968	71.9%	18,362	68.2%	46,878	77.7%	20,684	72.2%	28,161	73.6%	9,890	74.3%	323
62 years and over	10,063	20.2%	5,917	19.6%	5,836	17.2%	3,080	13.9%	8,892	20.0%	4,807	17.1%	10,846	18.0%	4,878	17.0%	8,355	21.8%	3,010	22.6%	76
65 years and over	8,273	16.6%	4,910	16.3%	4,903	14.5%	2,747	12.4%	7,182	16.2%	3,863	13.6%	8,970	14.9%	4,040	14.1%	6,943	18.1%	2,522	18.9%	64
18 years and over	38,463	38,463	23,288	23,288	26,583	26,583	16,972	16,972	33,393	33,393	19,525	19,525	48,445	48,445	21,959	21,959	29,267	29,267	10,261	10,261	334
Male	18,226	47.4%	11,175	48.0%	12,978	48.8%	8,387	49.4%	16,410	49.1%	9,263	47.4%	22,662	46.8%	10,580	48.2%	13,569	46.4%	4,594	44.8%	165
Female	20,237	52.6%	12,113	52.0%	13,605	51.2%	8,585	50.6%	16,983	50.9%	10,262	52.6%	25,783	53.2%	11,378	51.8%	15,698	53.6%	5,667	55.2%	169
65 years and over	8,273	8,273	4,910	4,910	4,903	4,903	2,747	2,747	7,182	7,182	3,863	3,863	8,970	8,970	4,040	4,040	6,943	6,943	2,522	2,522	64
Male	3,487	42.1%	2,046	41.7%	2,269	46.3%	946	34.4%	3,284	45.7%	1,808	46.9%	3,402	38.9%	1,660	41.1%	2,893	41.5%	978	38.8%	29
Female	4,786	57.9%	2,864	58.3%	2,634	53.7%	1,801	65.6%	3,898	54.3%	2,055	56.1%	5,476	61.1%	2,380	58.9%	4,050	58.5%	1,544	61.2%	35
RACE																					
Total population	49,787	49,787	30,147	30,147	33,868	33,868	22,138	22,138	44,464	44,464	26,905	26,905	60,346	60,346	28,630	28,630	38,257	38,257	13,316	13,316	528
One race	49,052	98.5%	29,656	98.4%	33,188	98.0%	21,774	98.4%	43,850	98.6%	26,578	98.8%	59,730	99.0%	28,401	99.2%	37,778	98.7%	13,047	98.0%	490
Two or more races	735	1.5%	491	1.6%	680	2.0%	364	1.6%	614	1.4%	327	1.2%	616	1.0%	229	0.8%	479	1.3%	269	2.0%	38
One race	49,052	98.5%	29,656	98.4%	33,188	98.0%	21,774	98.4%	43,850	98.6%	26,578	98.8%	59,730	99.0%	28,401	99.2%	37,778	98.7%	13,047	98.0%	490
White	44,281	88.9%	24,036	79.7%	27,224	80.4%	16,666	75.3%	39,661	89.2%	24,986	92.9%	41,786	69.2%	19,695	68.8%	30,987	81.0%	9,936	74.6%	455
Black or African American	694	1.4%	773	2.6%	321	0.9%	676	3.1%	149	0.3%	217	0.8%	1,459	2.4%	628	2.2%	506	1.3%	463	3.5%	12
American Indian and Alaska Native	21	0.0%	158	0.5%	66	0.3%	25	0.1%	18	0.0%	37	0.1%	53	0.1%	70	0.2%	30	0.1%	0	0.0%	0
Cherokee tribal grouping	0	0.0%	0	0.0%	1	0.0%	0	0.0%	3	0.0%	37	0.1%	3	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Chippewa tribal grouping	0	0.0%	0	0.0%	24	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	20	0.1%	0	0.0%	0
Navajo tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sioux tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	37	0.1%	0	0.0%	0	0.0%	0
Asian	3,865	7.4%	2,823	9.4%	3,298	9.7%	1,443	6.5%	3,652	8.2%	1,245	4.6%	13,055	21.6%	2,926	10.2%	5,845	15.5%	2,532	19.0%	7
Asian Indian	847	1.7%	678	2.2%	1,291	3.8%	329	1.5%	1,091	2.5%	227	0.8%	7,476	12.4%	1,505	5.3%	1,360	3.6%	475	3.6%	0
Chinese	1,056	2.1%	339	1.1%	358	1.1%	148	0.7%	978	2.2%	371	1.4%	569	0.9%	306	1.1%	441	1.2%	394	3.0%	0
Filipino	715	1.4%	635	2.1%	596	1.8%	357	1.6%	623	1.4%	18	0.1%	2,093	3.5%	888	3.1%	647	1.7%	108	0.8%	0
Japanese	287	0.6%	323	1.1%	421	1.2%	117	0.5%	138	0.3%	200	0.7%	165	0.3%	120	0.5%	249	0.7%	16	0.1%	0
Korean	452	0.9%	605	1.7%	431	1.3%	391	1.8%	577	1.3%	336	1.2%	1,439	2.4%	72	0.3%	2,358	6.2%	1,464	11.0%	5
Vietnamese	52	0.1%	103	0.3%	27	0.1%	15	0.1%	61	0.1%	0	0.0%	102	0.2%	7	0.0%	120	0.3%	0	0.0%	0
Other Asian	256	0.5%	240	0.8%	174	0.5%	86	0.4%	183	0.4%	93	0.3%	1,211	2.0%	19	0.1%	709	2.0%	75	0.6%	2
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	16	0.0%	38	0.1%	0	0.0%	0	0.0%	0
Native Hawaiian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Guamanian or Chamorro	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	38	0.1%	0	0.0%	0	0.0%	0
Samoan	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	16	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Some other race	411	0.8%	1,860	6.2%	2,249	6.6%	2,964	13.4%	370	0.8%	93	0.3%	3,381	5.6%	5,044	17.6%	310	0.8%	116	0.9%	16
Two or more races	735	1.5%	491	1.6%	680	2.0%	364	1.6%	614	1.4%	327	1.2%	616	1.0%	229	0.8%	479	1.3%	269	2.0%	38
White and Black or African American	43	0.1%	173	0.6%	141	0.4%	12	0.1%	30	0.1%	22	0.1%	94	0.2%	40	0.1%	19	0.0%	7	0.1%	24
White and American Indian and Alaska	148	0.3%	44	0.1%	68	0.2%	51	0.2%	92	0.2%	11	0.0%	109	0.2%	39	0.1%	63	0.1%	0	0.0%	0
White and Asian	210	0.4%	126	0.4%	257	0.8%	75	0.3%	335	0.8%	267	1.0%	158	0.3%	27	0.1%	264	0.7%	78	0.6%	14
Black or African American and American	10	0.0%	0	0.0%	0	0.0%	23	0.1%	17	0.0%	0	0.0%	7	0.0%	0	0.0%	1	0.0%	80	0.6%	0
Race alone or in combination with one or																					
Total population	49,787	49,787	30,147	30,147	33,868	33,868	22,138	22,138	44,464	44,464	26,905	26,905	60,346	60,346	28,630	28,630	38,257	38,257	13,316	13,316	528
White	44,915	90.2%	24,527	81.4%	27,792	82.1%	17,007	76.8%	40,191	90.4%	25,310	94.1%	42,330	70.1%	19,976	69.4%	31,382	82.0%	10,119	76.0%	493
Black or African American	857	1.7%	946	3.1%	482	1.4%	711	3.2%	218	0.5%	239	0.9%	1,587	2.6%	673	2.4%	593	1.6%	556	4.2%	36
American Indian and Alaska Native	331	0.7%	202	0.7%	164	0.5%	99	0.4%	143	0.3%	48	0.2%	176	0.3%	109	0.4%	84	0.2%	86	0.6%	0
Asian	4,079	8.2%	2,973	9.9%	3,693	10.9%	1,518	6.9%	4,066	9.1%	1,512	5.6%	13,275	22.0%	2,998	10.5%	6,316	16.5%	2,610	19.6%	21
Native Hawaiian and Other Pacific Islander	0	0.0%	67	0.2%	39	0.1%	0	0.0%	12	0.0%	3	0.0%	29	0.0%	41	0.1%	27	0.1%	0	0.0%	0
Some other race	583	1.2%	1,947	6.5%	2,424	7.2%	3,167	14.3%	476	1.1%	120	0.4%	3,589	5.9%	5,162	18.0%	358	0.9%	214	1.6%	16
HISPANIC OR LATINO AND RACE																					
Total population	49,787	49,787	30,147	30,147	33,868	33,868	22,138	22,138	44,464	44,464	26,905	26,905	60,346	60,346	28,630	28,630	38,257	38,257	13,316	13,316	528
Hispanic or Latino (of any race)	3,215	6.5%	3,684	12.2%	3,806	11.2%	5,489	24.8%	2,265	5.1%	1,150	4.3%	7,362	12.2%	9,113	31.8%	2,293	6.0%	732	5.5%	27
Mexican	2,628	5.3%	2,677	8.9%	2,987	8.8%	4,684	21.2%	906	2.0%	842	3.1%	5,277	8.7%	8,091	28.3%	1,411	3.7%	322	2.4%	7
Puerto Rican	193	0.4%	86	0.3%	113	0.3%	136	0.6%	106	0.2%	32	0.1%	497	0.8%	94	0.3%	203	0.8%	93	0.7%	0
Cuban	160	0.3%	51	0.2%	119	0.4%	11	0.0%	389	0.9%	72	0.3%	61	0.1%	78	0.3%	11	0.0%	76	0.6%	0
Other Hispanic or Latino	234	0.5%	870	2.9%	587	1.7%	656	3.0%	864	1.9%	204	0.8%	1,527	2.5%	850	3.0%	578	1.5%	241	1.8%	20
Not Hispanic or Latino	46,572	93.5%	26,463	87.8%	30,062	88.8%	16,649	75.2%	42,199	94.9%	25,755	95.7%	52,984	87.8%	19,517	68.2%	35,964	94.0%	12,584	94.5%	501
White alone	41,557	83.5%	22,452	74.5%	25,817	76.2%	14,381	65.0%	37,747	84.9%	23,949	89.0%	37,479	62.1%	15,935	55.7%	29,058	76.0%	9,365	70.3%	428
Black or African American alone	657	1.3%	731	2.4%	308	0.9%	664	3.0%	97	0.2%	216	0.8%	1,450	2.4%	626	2.2%	472	1.2%	463	3.5%	12
American Indian and Alaska Native alone	21	0.0%	0	0.0%	54	0.2%	0	0.0%	3	0.0%	15	0.1%	43	0.1%	70	0.2%	30	0.1%	0	0.0%	0
Asian alone	3,665	7.4%	2,823	9.4%	3,298	9.7%	1,443	6.5%	3,592	8.1%	1,245	4.6%	12,969	21.5%	2,725	9.5%	5,945	15.5%	2,532	19.0%	7
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	16	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Some other race alone	68	0.2%	10	0.0%	54	0.2%	0	0.0%	182	0.4%	27	0.1%	473	0.8%	0	0.0%	41	0.1%	53	0.4%	16
Two or more races	584	1.2%	447	1.5%	531	1.6%	161	0.7%	578	1.3%	303	1.1%	554	0.9%	159	0.6%	418	1.1%	171	1.3%	38
Two races including Some other race	58	0.1%	13	0.0%	113	0.3%	0	0.0%	70	0.2%	3	0.0%	166	0.3%	56	0.2%	29	0.1%	0	0.0%	0
Two races excluding Some other race	526	1.1%	434	1.4%	418	1.2%	161	0.7%	508	1.1%	300	1.1%	388	0.6%	103	0.4%	389	1.0%	171	1.3%	38
Total housing units	20,633	(X)	13,059	(X)	13,665	(X)	8,902	(X)	17,023	(X)	9,541	(X)	24,967	(X)	10,746	(X)	15,230	(X)	5,182	(X)	153

ATTACHMENT-⊠B

Subject	029	ZCTA5 60053		ZCTA5 60056		ZCTA5 60062		ZCTA5 60067		ZCTA5 60068		ZCTA5 60069		ZCTA5 60070		ZCTA5 60074		ZCTA5 60076		ZCTA5 60077	
	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE																					
Total population	528	23,070	23,070	55,052	55,052	39,723	39,723	37,892	37,892	37,272	37,272	8,282	8,282	15,939	15,939	38,477	38,477	33,337	33,337	26,316	26,316
Male	55.1%	11,077	48.0%	27,412	49.8%	19,318	48.6%	18,053	49.2%	17,830	47.8%	3,939	47.6%	8,120	50.9%	18,637	48.4%	16,179	48.5%	12,803	48.7%
Female	44.9%	11,993	52.0%	27,640	50.2%	20,405	51.4%	19,239	50.8%	19,442	52.2%	4,343	52.4%	7,819	49.1%	19,840	51.6%	17,158	51.5%	13,513	51.3%
Under 5 years	7.2%	1,297	5.6%	3,266	5.9%	1,837	4.6%	2,218	5.9%	1,727	4.6%	240	2.9%	990	6.2%	3,092	8.0%	1,810	5.4%	1,248	4.7%
5 to 9 years	12.5%	1,370	5.9%	3,580	6.5%	2,807	6.6%	2,436	6.4%	2,634	7.1%	563	6.8%	1,124	7.1%	2,830	7.4%	1,990	6.0%	1,213	4.6%
10 to 14 years	11.6%	1,203	5.2%	3,130	5.7%	2,619	6.6%	2,421	6.4%	2,769	7.4%	714	8.6%	908	5.7%	2,709	7.0%	2,028	6.1%	1,223	4.6%
15 to 19 years	7.6%	1,252	5.4%	3,223	5.9%	2,974	7.5%	2,506	6.6%	2,889	7.8%	436	5.3%	838	5.3%	2,457	6.4%	2,018	6.1%	1,869	7.1%
20 to 24 years	3.2%	1,086	4.7%	2,904	5.4%	1,738	4.4%	1,902	5.0%	1,619	4.3%	254	3.1%	1,266	8.0%	2,539	6.6%	2,137	6.4%	1,505	5.7%
25 to 34 years	0.4%	2,547	11.0%	7,858	14.3%	2,226	5.6%	4,372	11.5%	2,304	6.4%	192	2.3%	2,486	15.7%	6,675	17.3%	3,776	11.3%	3,140	11.9%
35 to 44 years	16.9%	2,900	12.0%	7,583	13.8%	4,958	12.5%	5,106	13.5%	4,950	13.3%	1,003	12.1%	2,053	12.9%	5,535	14.4%	3,528	10.6%	3,434	13.0%
45 to 54 years	21.0%	3,378	14.6%	8,725	15.8%	6,892	17.4%	6,587	17.4%	6,914	18.6%	1,199	14.5%	2,456	15.4%	5,482	14.2%	5,381	16.1%	4,084	15.5%
55 to 59 years	2.7%	1,641	7.1%	3,924	6.6%	2,699	6.8%	2,930	7.8%	2,727	7.3%	855	10.3%	806	5.1%	2,086	5.4%	2,593	7.8%	2,153	8.2%
60 to 64 years	4.4%	1,773	7.7%	2,710	4.9%	2,376	6.0%	2,380	6.3%	2,105	5.6%	683	8.2%	676	4.2%	1,641	4.3%	2,293	6.9%	1,491	5.7%
65 to 74 years	9.3%	2,449	10.6%	4,331	7.9%	4,201	10.6%	2,813	7.4%	2,918	7.8%	815	9.8%	1,393	8.7%	1,707	4.4%	2,800	8.4%	2,395	9.1%
75 to 84 years	2.1%	1,591	6.9%	2,709	4.9%	3,138	7.9%	1,756	4.6%	2,447	6.6%	864	10.4%	744	4.7%	1,270	3.3%	1,989	6.0%	1,487	5.6%
85 years and over	0.8%	585	2.5%	1,304	2.4%	1,461	3.7%	456	1.2%	1,179	3.2%	464	5.6%	187	1.2%	454	1.2%	990	3.0%	1,093	4.2%
Median age (years)	(X)	44.5	(X)	40.0	(X)	46.4	(X)	41.3	(X)	44.3	(X)	50.8	(X)	36.4	(X)	32.9	(X)	43.2	(X)	42.9	(X)
18 years and over	83.3%	18,372	79.6%	43,102	78.3%	30,637	77.1%	29,123	76.9%	28,295	75.9%	6,425	77.6%	12,431	78.0%	28,356	73.7%	26,238	78.7%	21,487	81.6%
21 years and over	81.2%	17,680	76.6%	41,260	74.9%	29,232	73.6%	27,929	73.7%	26,908	72.2%	6,281	75.8%	11,942	75.0%	26,950	70.0%	25,129	75.4%	20,588	78.2%
62 years and over	14.4%	5,489	23.8%	9,880	17.9%	10,101	25.4%	6,262	16.5%	7,635	20.5%	2,504	30.2%	2,718	17.1%	4,375	11.4%	7,149	21.4%	5,779	22.0%
65 years and over	12.1%	4,625	20.0%	8,344	15.2%	8,800	22.2%	5,025	13.3%	6,544	17.6%	2,143	25.9%	2,324	14.6%	3,431	8.9%	5,779	17.3%	4,955	18.8%
18 years and over	334	18,372	18,372	43,102	43,102	30,637	30,637	29,123	29,123	28,295	28,295	6,425	6,425	12,431	12,431	28,356	28,356	26,238	26,238	21,487	21,487
Male	49.4%	8,715	47.4%	21,606	50.1%	14,370	46.9%	13,957	47.9%	13,314	47.1%	3,063	47.7%	6,505	52.3%	13,817	48.7%	12,327	47.0%	10,138	47.2%
Female	50.6%	9,657	52.6%	21,496	49.9%	16,267	53.1%	15,166	52.1%	14,981	52.9%	3,362	52.3%	5,926	47.7%	14,539	51.3%	13,911	53.0%	11,349	52.8%
65 years and over	64	4,625	4,625	8,344	8,344	8,800	8,800	5,025	5,025	6,544	6,544	2,143	2,143	2,324	2,324	3,431	3,431	5,779	5,779	4,955	4,955
Male	45.3%	1,907	41.2%	3,730	44.7%	3,899	44.3%	2,248	44.7%	2,715	41.5%	980	45.7%	1,001	43.1%	1,347	39.3%	2,517	43.6%	2,140	43.2%
Female	54.7%	2,718	58.8%	4,614	55.3%	4,901	55.7%	2,777	55.3%	3,829	58.5%	1,163	54.3%	1,323	56.9%	2,084	60.7%	3,262	56.4%	2,815	56.8%
RACE																					
Total population	528	23,070	23,070	55,052	55,052	39,723	39,723	37,892	37,892	37,272	37,272	8,282	8,282	15,939	15,939	38,477	38,477	33,337	33,337	26,316	26,316
One race	92.8%	22,082	95.7%	53,918	97.9%	39,433	99.3%	37,326	98.5%	36,934	99.1%	8,164	98.6%	15,727	98.7%	37,689	98.0%	32,652	97.9%	25,889	98.4%
Two or more races	7.2%	988	4.3%	1,134	2.1%	290	0.7%	566	1.5%	338	0.9%	118	1.4%	212	1.3%	788	2.0%	685	2.1%	427	1.6%
One race	92.8%	22,082	95.7%	53,918	97.9%	39,433	99.3%	37,326	98.5%	36,934	99.1%	8,164	98.6%	15,727	98.7%	37,689	98.0%	32,652	97.9%	25,889	98.4%
White	88.2%	15,066	65.3%	41,260	74.9%	32,661	82.2%	32,092	84.7%	34,880	93.6%	7,730	93.3%	13,458	84.4%	30,073	78.2%	21,663	65.0%	16,469	62.6%
Black or African American	2.3%	131	0.6%	1,118	2.0%	737	1.9%	655	1.7%	321	0.9%	41	0.5%	220	1.4%	1,481	3.8%	2,630	7.9%	1,448	5.5%
American Indian and Alaska Native	0.0%	55	0.2%	112	0.2%	0	0.0%	29	0.1%	15	0.0%	14	0.2%	0	0.0%	0	0.0%	8	0.0%	27	0.1%
Cherokee tribal grouping	0.0%	0	0.0%	86	0.2%	0	0.0%	14	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	0.0%
Chippewa tribal grouping	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Navajo tribal grouping	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sioux tribal grouping	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	1.3%	6,324	27.4%	6,630	12.0%	5,719	14.4%	4,087	10.8%	1,265	3.4%	379	4.6%	935	5.9%	3,984	10.4%	7,665	23.0%	7,605	28.9%
Asian Indian	0.0%	1,976	8.6%	3,387	6.2%	527	1.3%	1,134	3.0%	452	1.2%	14	0.2%	383	2.4%	1,425	3.7%	1,415	4.2%	1,411	5.4%
Chinese	0.0%	519	2.2%	505	0.9%	943	2.4%	950	2.5%	216	0.6%	165	2.0%	57	0.4%	592	1.5%	1,086	3.3%	713	2.7%
Filipino	0.0%	1,674	7.3%	1,053	1.9%	612	1.5%	355	0.9%	351	0.9%	58	0.7%	332	2.1%	665	1.7%	1,674	5.0%	2,399	9.1%
Japanese	0.0%	102	0.4%	168	0.3%	82	0.2%	487	1.3%	65	0.2%	0	0.0%	20	0.1%	141	0.4%	185	0.6%	138	0.5%
Korean	0.0%	1,226	5.3%	704	1.3%	3,186	8.0%	981	2.6%	105	0.3%	133	1.6%	143	0.9%	654	1.7%	1,033	3.1%	906	3.4%
Vietnamese	0.0%	237	1.0%	198	0.4%	15	0.0%	52	0.1%	0	0.0%	0	0.0%	0	0.0%	143	0.4%	653	2.0%	345	1.3%
Other Asian	0.4%	590	2.6%	617	1.1%	354	0.9%	128	0.3%	76	0.2%	9	0.1%	0	0.0%	364	0.9%	1,617	4.9%	1,693	6.4%
Native Hawaiian and Other Pacific	0.0%	50	0.2%	0	0.0%	28	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Native Hawaiian	0.0%	0	0.0%	0	0.0%	28	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guamanian or Chamorro	0.0%	50	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Samoan	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Pacific Islander	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race	3.0%	456	2.0%	4,788	8.7%	288	0.7%	463	1.2%	433	1.2%	0	0.0%	1,114	7.0%	2,151	5.6%	886	2.1%	342	1.3%
Two or more races	7.2%	988	4.3%	1,134	2.1%	290	0.7%	566	1.5%	338	0.9%	118	1.4%	212	1.3%	788	2.0%	685	2.1%	427	1.6%
White and Black or African American	4.5%	345	1.5%	129	0.2%	106	0.3%	35	0.1%	28	0.1%	8	0.1%	124	0.8%	177	0.5%	193	0.6%	90	0.3%
White and American Indian and Alaska	0.0%	32	0.1%	156	0.3%	40	0.1%	38	0.1%	52	0.1%	0	0.0%	0	0.0%	66	0.2%	26	0.1%	49	0.2%
White and Asian	2.7%	323	1.4%	193	0.4%	118	0.3%	408	1.1%	246	0.7%	78	0.9%	0	0.0%	180	0.5%	191	0.6%	266	0.8%
Black or African American and American	0.0%	0	0.0%	128	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	17	0.1%	0	0.0%
Race alone or in combination with one or																					
Total population	528	23,070	23,070	55,052	55,052	39,723	39,723	37,892	37,892	37,272	37,272	8,282	8,282	15,939	15,939	38,477	38,477	33,337	33,337	26,316	26,316
White	93.4%	15,966	69.2%	41,870	76.1%	32,951	83.0%	32,573	86.0%	35,207	94.5%	7,846	94.8%	13,670	85.8%	30,608	79.6%	22,181	66.5%	16,790	63.8%
Black or African American	6.8%	649	2.8%	1,466	2.7%	889	2.2%	732	1.9%	349	0.9%	49	0.6%	344	2.2%	1,724	4.5%	2,896	8.7%	1,539	5.8%
American Indian and Alaska Native	0.0%	270	1.2%	541	1.0%	40	0.1%	67	0.2%	87	0.2%	46	0.6%	0	0.0%	86	0.2%	166	0.5%	91	0.3%
Asian	4.0%	6,735	29.2%	7,225	13.1%	5,837	14.7%	4,580	12.1%	1,542	4.1%	457	5.5%	935	5.9%	4,361	11.3%	8,050	24.1%	7,917	30.1%
Native Hawaiian and Other Pacific Islander	0.0%	50	0.2%	309	0.6%	28	0.1%	16	0.0%	0	0.0%	0	0.0%	44	0.3%	0	0.0%	0	0.0%	35	0.1%
Some other race	3.0%	556	2.4%	5,148	9.4%	314	0.8%	490	1.3%	445	1.2%	32	0.4%	1,158	7.3%	2,485	6.5%	821	2.5%	371	1.4%
HISPANIC OR LATINO AND RACE																					
Total population	528	23,070	23,070	55,052	55,052	39,723	39,723	37,892	37,892	37,272	37,272	8,282	8,282	15,939	15,939	38,477	38,477	33,337	33,337	26,316	26,316
Hispanic or Latino (of any race)	5.1%	1,836	8.0%	7,959	14.5%	977	2.5%	2,200	5.8%	1,849	5.0%	266	3.2%	5,545	34.8%	11,042	28.7%	3,397	10.2%	1,655	6.3%
Mexican	1.3%	1,529	6.6%	6,188	11.2%	452	1.1%	1,686	4.5%	1,152	3.1%	134	1.6%	5,279	33.1%	9,676	25.1%	1,868	5.6%	694	2.6%
Puerto Rican	0.0%	92	0.4%	615	1.1%	81	0.2%	124	0.3%	285	0.8%	34	0.4%	102	0.6%	373	1.0%	315	0.9%	215	0.8%
Cuban	0.0%	43	0.2%	86	0.2%	153	0.4%	54	0.1%	116	0.3%	45	0.5%	50	0.3%	129	0.3%	46	0.1%	182	0.7%
Other Hispanic or Latino	3.8%	174	0.8%	1,070	1.9%	291	0.7%	334	0.9%	294	0.8%	55	0.7%	114	0.7%	864	2.2%	1,168	3.5%	564	2.1%
Not Hispanic or Latino	94.9%	21,232	92.0%	47,093	85.5%	38,746	97.5%	35,692	94.2%	35,423	95.0%	8,014	96.8%	10,394	65.2%	27,435	71.3%	29,940	89.8%	24,661	93.7%
White alone	61.1%	13,802	59.8%	38,153	69.3%	32,016	80.6%	30,394	80.2%	33,499	89.9%	7,508	90.7%	9,247	58.0%	21,467	55.8%	18,796	56.3%	15,171	57.6%
Black or African American alone	2.3%	131	0.6%	1,092	2.0%	718	1.8%	594	1.6%	321	0.9%	41	0.5%	166	1.1%	1,404	3.6%	2,614	7.9%	1,446	5.5%
American Indian and Alaska Native alone	0.0%	7	0.0%	86	0.2%	0	0.0%	0	0.0%	15	0.0%	0	0.0%	0	0.0%	0	0.0%	8	0.0%	9	0.0%
Asian alone	1.3%	6,260	27.1%	6,630	12.0%	5,686	14.3%	4,074	10.8%	1,246	3.3%	379	4.6%	935	5.9%	3,976	10.3%	7,665	23.0%	7,605	28.9%
Native Hawaiian and Other Pacific	0.0%	0	0.0%	0	0.0%	28	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race alone	3.0%	70	0.3%	25	0.0%	74	0.2%	84	0.2%	28	0.1%	0	0.0%	0	0.0%	22	0.1%	254	0.8%	34	0.1%
Two or more races	7.2%	962	4.2%	1,107	2.0%	226	0.6%	586	1.5%	314	0.8%	88	1.0%	44	0.3%	508	1.5%	633	1.9%	360	1.5%
Two races including Some other race	0.0%	87	0.4%	35	0.1%	0	0.0%	27	0.1%	0	0.0%	0	0.0%	0	0.0%	208	0.5%	92	0.3%	11	0.0%
Two races excluding Some other race	7.2%	875	3.8%	1,072	1.9%	226	0.6%	539	1.4%	314	0.8%	88	1.0%	44	0.3%	358	0.9%	541	1.6%	385	1.5%
Total housing units	(X)	9,003	(X)	21,999	(X)	15,905	(X)	18,131	(X)	14,721	(X)	3,625	(X)	6,521	(X)	15,204	(X)	12,011	(X)	11,140	(X)

ATTACHMENT-⊠B

Subject	ZCTA5 60089		ZCTA5 60090		ZCTA5 60091		ZCTA5 60093		ZCTA5 60101		ZCTA5 60104		ZCTA5 60106		ZCTA5 60108		ZCTA5 60126		ZCTA5 60130		ZCTA5 60
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
SEX AND AGE																					
Total population	41,705	41,705	37,257	37,257	27,008	27,008	19,228	19,228	39,259	39,259	19,096	19,096	20,030	20,030	22,639	22,639	45,842	45,842	14,245	14,245	17,941
Male	20,308	48.7%	17,881	48.0%	13,487	49.9%	9,250	48.1%	19,459	49.6%	8,740	45.8%	10,227	51.1%	11,152	49.3%	22,415	48.9%	6,701	47.0%	8,899
Female	21,397	51.3%	19,376	52.0%	13,521	50.1%	9,978	51.9%	19,800	50.4%	10,356	54.2%	9,803	48.9%	11,487	50.7%	23,427	51.1%	7,544	53.0%	9,042
Under 5 years	2,765	6.6%	2,540	6.8%	1,482	5.5%	1,201	6.2%	3,071	7.8%	1,185	6.2%	1,442	7.2%	1,081	4.8%	2,571	5.6%	949	6.7%	1,208
5 to 9 years	2,858	6.9%	2,389	6.4%	2,010	7.4%	1,585	8.2%	3,236	8.2%	1,352	7.1%	1,675	8.4%	1,305	5.8%	3,547	7.7%	628	4.4%	1,259
10 to 14 years	2,574	6.2%	1,855	5.0%	2,525	9.3%	1,712	8.9%	2,060	5.2%	1,430	7.5%	1,293	6.5%	1,152	5.1%	3,783	8.3%	541	3.8%	1,438
15 to 19 years	2,647	6.3%	2,441	6.6%	2,388	8.8%	1,828	9.5%	2,575	6.6%	1,807	9.5%	1,421	7.1%	1,384	6.1%	3,644	7.9%	579	4.1%	1,369
20 to 24 years	1,571	3.8%	2,259	6.1%	915	3.4%	486	2.5%	2,864	7.3%	1,403	7.3%	1,252	6.3%	1,005	4.4%	2,743	6.0%	808	5.7%	1,030
25 to 34 years	4,415	10.6%	6,469	17.4%	1,110	4.1%	919	4.8%	6,929	17.6%	2,805	14.7%	3,150	15.7%	3,264	14.4%	3,654	8.0%	2,717	19.1%	2,531
35 to 44 years	6,473	15.5%	5,454	14.6%	3,488	12.8%	2,355	12.2%	4,757	12.1%	2,438	12.8%	2,730	13.6%	3,102	13.7%	6,298	13.7%	2,157	15.1%	2,699
45 to 54 years	7,799	18.7%	4,882	13.1%	4,787	17.7%	3,336	17.3%	5,326	13.6%	2,380	12.5%	3,090	15.4%	3,202	14.1%	7,761	16.9%	2,226	15.6%	2,598
55 to 59 years	3,259	7.8%	2,331	6.3%	2,070	7.7%	1,450	7.5%	2,615	6.7%	1,316	6.9%	874	4.4%	1,888	8.3%	2,892	6.3%	1,011	7.1%	1,065
60 to 64 years	2,424	5.8%	1,981	5.3%	1,724	6.4%	1,202	6.3%	1,808	4.6%	1,060	5.6%	975	4.9%	1,870	8.3%	2,098	4.6%	730	5.1%	723
65 to 74 years	2,384	5.7%	2,399	6.4%	2,077	7.7%	1,734	9.0%	2,295	5.8%	1,043	5.5%	869	4.3%	1,895	8.4%	3,141	6.9%	981	6.9%	1,181
75 to 84 years	1,656	4.0%	1,595	4.3%	1,768	6.5%	1,134	5.9%	1,348	3.4%	718	3.8%	788	3.9%	871	3.8%	2,270	5.0%	617	4.3%	565
85 years and over	890	2.1%	682	1.8%	683	2.5%	288	1.5%	377	1.0%	159	0.8%	471	2.4%	622	2.7%	1,432	3.1%	301	2.1%	277
Median age (years)	41.6	(X)	36.3	(X)	44.1	(X)	43.5	(X)	33.1	(X)	34.1	(X)	34.5	(X)	42.2	(X)	40.1	(X)	39.1	(X)	35.5
18 years and over	31,520	75.6%	28,784	77.3%	19,164	71.0%	13,430	69.8%	29,304	74.6%	13,981	73.2%	14,827	74.0%	18,156	80.2%	33,721	73.6%	11,785	82.7%	13,182
21 years and over	30,685	73.6%	27,889	74.3%	18,455	68.3%	12,749	66.3%	27,870	71.0%	12,832	67.7%	14,006	69.9%	17,531	77.4%	31,616	69.0%	11,442	80.3%	12,488
62 years and over	6,227	14.9%	5,762	15.5%	5,531	20.5%	3,919	20.4%	5,145	13.1%	2,501	13.1%	2,581	12.9%	4,464	19.7%	8,071	17.6%	2,318	16.3%	2,422
65 years and over	4,930	11.8%	4,656	12.5%	4,528	16.8%	3,154	16.4%	4,020	10.2%	1,920	10.1%	2,128	10.6%	3,388	15.0%	6,843	14.9%	1,899	13.3%	2,023
18 years and over	31,520	31,520	28,784	28,784	19,164	19,164	13,430	13,430	29,304	29,304	13,981	13,981	14,827	14,827	18,156	18,156	33,721	33,721	11,785	11,785	13,182
Male	15,020	47.7%	13,794	47.9%	9,084	47.4%	6,480	48.3%	14,596	49.8%	6,262	44.8%	7,558	51.0%	8,846	48.7%	16,060	47.6%	5,477	46.5%	6,427
Female	16,500	52.3%	14,990	52.1%	10,080	52.6%	6,950	51.7%	14,708	50.2%	7,719	55.2%	7,269	49.0%	9,310	51.3%	17,661	52.4%	6,308	53.5%	6,755
65 years and over	4,930	4,930	4,656	4,656	4,528	4,528	3,154	3,154	4,020	4,020	1,920	1,920	2,128	2,128	3,388	3,388	6,843	6,843	1,899	1,899	2,023
Male	2,137	43.3%	1,980	42.5%	1,885	41.6%	1,434	45.5%	1,814	45.1%	798	41.6%	842	39.6%	1,562	46.1%	2,782	40.7%	691	36.4%	896
Female	2,793	56.7%	2,676	57.5%	2,643	58.4%	1,720	54.5%	2,206	54.9%	1,122	58.4%	1,286	60.4%	1,826	53.9%	4,061	59.3%	1,208	63.6%	1,127
RACE																					
Total population	41,705	41,705	37,257	37,257	27,008	27,008	19,228	19,228	39,259	39,259	19,096	19,096	20,030	20,030	22,639	22,639	45,842	45,842	14,245	14,245	17,941
One race	40,819	97.9%	36,659	98.4%	26,609	98.5%	18,790	97.7%	38,859	99.0%	18,790	98.4%	19,692	98.3%	22,405	99.0%	45,218	98.6%	13,797	96.9%	17,829
Two or more races	886	2.1%	598	1.6%	399	1.5%	438	2.3%	400	1.0%	306	1.6%	338	1.7%	234	1.0%	624	1.4%	448	3.1%	112
One race	40,819	97.9%	36,659	98.4%	26,609	98.5%	18,790	97.7%	38,859	99.0%	18,790	98.4%	19,692	98.3%	22,405	99.0%	45,218	98.6%	13,797	96.9%	17,829
White	33,619	80.6%	28,083	75.4%	23,452	86.8%	17,440	90.7%	31,745	80.9%	1,918	10.0%	15,987	79.8%	18,714	82.7%	41,026	89.5%	7,677	53.9%	13,094
Black or African American	279	0.7%	629	1.7%	161	0.6%	46	0.2%	1,346	3.4%	14,427	75.5%	993	5.0%	571	2.5%	742	1.6%	4,955	34.8%	99
American Indian and Alaska Native	49	0.1%	60	0.2%	13	0.0%	44	0.2%	42	0.1%	0	0.0%	76	0.4%	134	0.6%	30	0.1%	11	0.1%	84
Cherokee tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	0.0%	16	0.0%	0	0.0%	0
Chippewa tribal grouping	15	0.0%	0	0.0%	13	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	10	0.0%	21	0.0%	0	0.0%	0
Navajo tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sioux tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Asian	6,363	15.3%	4,803	12.9%	2,920	10.8%	860	4.5%	2,021	5.1%	62	0.3%	878	4.4%	2,728	12.1%	2,619	5.7%	715	5.0%	619
Asian Indian	2,293	5.5%	2,050	5.5%	233	0.9%	74	0.4%	1,247	3.2%	25	0.1%	329	1.6%	1,459	6.4%	1,324	2.9%	388	2.7%	98
Chinese	1,477	3.5%	488	1.3%	1,156	4.3%	152	0.8%	198	0.5%	0	0.0%	0	0.0%	276	1.2%	376	0.8%	57	0.4%	99
Filipino	387	0.9%	698	1.9%	225	0.8%	233	1.2%	290	0.7%	0	0.0%	213	1.1%	793	3.5%	153	0.3%	203	1.4%	323
Japanese	484	1.1%	57	0.2%	104	0.4%	8	0.0%	47	0.1%	0	0.0%	0	0.0%	55	0.2%	92	0.2%	23	0.2%	5
Korean	1,221	2.9%	829	2.2%	969	3.6%	309	1.6%	70	0.2%	0	0.0%	65	0.3%	112	0.5%	243	0.5%	37	0.3%	0
Vietnamese	326	0.8%	211	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50	0.2%	0	0.0%	139	0.3%	0	0.0%	28
Other Asian	195	0.5%	472	1.3%	233	0.9%	84	0.4%	168	0.4%	37	0.2%	221	1.1%	33	0.1%	202	0.6%	7	0.0%	66
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	23	0.1%	0	0.0%	0	0.0%	13	0.0%	0	0.0%	0
Native Hawaiian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Guamanian or Chamorro	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	23	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Samoan	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	13	0.0%	0	0.0%	0
Some other race	509	1.2%	3,084	8.3%	63	0.2%	400	2.1%	3,705	9.4%	2,360	12.4%	1,758	8.8%	258	1.1%	779	1.7%	439	3.1%	3,923
Two or more races	886	2.1%	598	1.6%	399	1.5%	438	2.3%	400	1.0%	306	1.6%	338	1.7%	234	1.0%	624	1.4%	448	3.1%	112
White and Black or African American	123	0.3%	84	0.2%	9	0.0%	84	0.4%	12	0.0%	192	1.0%	5	0.0%	24	0.1%	153	0.3%	84	0.6%	0
White and American Indian and Alaska	127	0.3%	120	0.3%	53	0.2%	64	0.3%	8	0.0%	0	0.0%	255	1.3%	37	0.2%	32	0.1%	42	0.3%	0
White and Asian	371	0.9%	133	0.4%	207	0.8%	170	0.9%	152	0.4%	0	0.0%	5	0.0%	134	0.6%	170	0.4%	20	0.1%	85
Black or African American and American	0	0.0%	0	0.0%	0	0.0%	0	0.0%	54	0.1%	0	0.0%	0	0.0%	0	0.0%	17	0.0%	13	0.1%	0
Race alone or in combination with one or																					
Total population	41,705	41,705	37,257	37,257	27,008	27,008	19,228	19,228	39,259	39,259	19,096	19,096	20,030	20,030	22,639	22,639	45,842	45,842	14,245	14,245	17,941
White	34,401	82.5%	28,502	76.8%	23,830	88.2%	17,819	92.7%	32,074	81.7%	2,224	11.6%	16,310	81.4%	18,943	83.7%	41,486	90.5%	7,903	55.5%	13,179
Black or African American	471	1.1%	753	2.0%	170	0.6%	154	0.8%	1,437	3.7%	14,636	76.6%	1,014	5.1%	595	2.6%	981	2.1%	5,177	36.3%	126
American Indian and Alaska Native	204	0.5%	180	0.5%	66	0.2%	132	0.7%	104	0.3%	0	0.0%	343	1.7%	176	0.8%	88	0.2%	66	0.5%	94
Asian	6,907	16.6%	4,994	13.4%	3,168	11.7%	1,084	5.6%	2,201	5.6%	71	0.4%	883	4.4%	2,867	12.7%	2,890	6.3%	828	5.8%	704
Native Hawaiian and Other Pacific Islander	33	0.1%	0	0.0%	0	0.0%	5	0.0%	0	0.0%	23	0.1%	0	0.0%	0	0.0%	36	0.1%	0	0.0%	0
Some other race	658	1.6%	3,328	8.9%	193	0.7%	496	2.6%	3,879	9.9%	2,474	13.0%	1,830	9.1%	292	1.3%	985	2.1%	719	5.0%	3,050
HISPANIC OR LATINO AND RACE																					
Total population	41,705	41,705	37,257	37,257	27,008	27,008	19,228	19,228	39,259	39,259	19,096	19,096	20,030	20,030	22,639	22,639	45,842	45,842	14,245	14,245	17,941
Hispanic or Latino (of any race)	2,411	5.8%	11,236	30.2%	911	3.4%	1,084	5.6%	16,094	41.0%	3,610	18.9%	10,034	50.1%	1,748	7.7%	2,405	5.2%	1,362	9.6%	8,167
Mexican	1,720	4.1%	9,945	26.7%	448	1.7%	619	3.2%	14,128	36.0%	2,921	15.3%	8,048	40.2%	1,138	5.0%	1,620	3.5%	943	6.6%	6,653
Puerto Rican	43	0.1%	172	0.5%	64	0.2%	220	1.2%	917	2.3%	386	2.0%	377	1.9%	184	0.8%	221	0.5%	223	1.6%	723
Cuban	25	0.1%	15	0.0%	38	0.1%	0	0.0%	123	0.3%	0	0.0%	37	0.2%	141	0.6%	273	0.6%	29	0.2%	22
Other Hispanic or Latino	623	1.5%	1,104	3.0%	361	1.3%	236	1.2%	916	2.3%	303	1.6%	1,572	7.8%	285	1.3%	291	0.6%	167	1.2%	769
Not Hispanic or Latino	39,294	94.2%	26,021	69.8%	26,097	96.6%	18,144	94.4%	23,175	59.0%	15,486	81.1%	9,996	49.9%	20,891	92.3%	43,437	94.8%	12,883	90.4%	9,774
White alone	31,733	76.1%	20,165	54.1%	22,698	84.0%	16,807	87.4%	19,572	49.9%	1,003	5.3%	8,163	40.8%	17,342	76.6%	39,443	86.0%	6,868	48.2%	9,027
Black or African American alone	279	0.7%	610	1.6%	150	0.6%	46	0.2%	1,263	3.2%	14,241	74.6%	907	4.5%	571	2.5%	737	1.6%	4,943	34.7%	91
American Indian and Alaska Native alone	49	0.1%	40	0.1%	13	0.0%	44	0.2%	15	0.0%	0	0.0%	8	0.0%	25	0.1%	37	0.1%	11	0.1%	0
Asian alone	6,342	15.2%	4,803	12.9%	2,920	10.8%	860	4.5%	2,021	5.1%	62	0.3%	878	4.4%	2,728	12.1%	2,619	5.7%	706	5.0%	594
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	13	0.0%	0	0.0%	0
Some other race alone	107	0.3%	13	0.0%	17	0.1%	0	0.0%	42	0.1%	13	0.1%	30	0.1%	13	0.1%	91	0.2%	88	0.6%	0
Two or more races	784	1.9%	390	1.0%	299	1.1%	387	2.0%	262	0.7%	167	0.9%	10	0.0%	212	0.9%	497	1.1%	267	1.9%	82
Two races including Some other race	47	0.1%	62	0.2%	10	0.0%	54	0.3%	0	0.0%	0	0.0%	0	0.0%	14	0.1%	111	0.2%	99	0.7%	0
Two races excluding Some other race,	737	1.8%	328	0.9%	289	1.1%	333	1.7%	262	0.7%	167	0.9%	10	0.0%	198	0.9%	380	0.8%	168	1.2%	82
Total housing units	16,627	(X)	15,329	(X)	10,041	(X)	7,402	(X)	13,533	(X)	6,510	(X)	7,494	(X)	9,558	(X)	17,448	(X)	7,668	(X)	6,270

Subject	131	ZCTA5 60133		ZCTA5 60139		ZCTA5 60141		ZCTA5 60143		ZCTA5 60148		ZCTA5 60153		ZCTA5 60154		ZCTA5 60155		ZCTA5 60157		ZCTA5 60160	
	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE																					
Total population	17,941	38,022	38,022	34,349	34,349	257	257	10,113	10,113	50,807	50,807	24,302	24,302	16,637	16,637	7,928	7,928	2,177	2,177	25,025	25,025
Male	49.9%	18,581	48.9%	17,023	49.6%	211	82.1%	5,086	50.3%	24,655	48.9%	11,471	47.2%	8,093	48.6%	4,016	50.7%	1,100	50.5%	12,684	50.7%
Female	50.4%	19,441	51.1%	17,326	50.4%	46	17.9%	5,027	49.7%	25,952	51.1%	12,831	52.8%	8,544	51.4%	3,912	49.3%	1,077	49.5%	12,341	49.3%
Under 5 years	6.7%	3,183	8.4%	3,062	8.9%	16	6.2%	538	5.3%	2,482	4.9%	1,223	5.0%	1,023	6.1%	518	6.5%	0	0.0%	2,506	10.0%
5 to 9 years	7.0%	3,229	8.5%	2,864	8.3%	0	0.0%	689	6.8%	2,755	5.4%	1,829	7.5%	870	5.3%	420	5.3%	78	3.6%	1,800	7.2%
10 to 14 years	8.0%	3,443	9.1%	2,599	7.6%	0	0.0%	556	5.5%	3,213	6.3%	1,873	7.7%	795	4.8%	468	5.9%	154	7.1%	2,094	8.4%
15 to 19 years	7.6%	3,068	8.1%	2,146	6.2%	0	0.0%	421	4.2%	3,423	6.7%	2,003	8.2%	801	4.8%	431	5.4%	192	8.8%	1,810	7.2%
20 to 24 years	5.7%	2,695	7.1%	2,271	6.6%	29	11.3%	504	5.0%	3,283	6.5%	1,672	6.9%	820	5.0%	422	5.3%	182	8.4%	2,120	8.5%
25 to 34 years	14.1%	5,376	14.1%	5,766	16.8%	34	13.2%	1,315	13.0%	7,771	15.3%	3,373	13.9%	1,718	10.3%	1,079	13.6%	58	2.7%	3,864	15.4%
35 to 44 years	15.0%	6,140	16.1%	5,025	14.6%	34	13.2%	1,440	14.2%	7,068	13.9%	3,549	14.6%	2,149	12.9%	1,204	15.2%	124	5.7%	3,948	15.8%
45 to 54 years	14.5%	5,152	13.6%	4,937	14.4%	39	15.2%	1,689	16.7%	8,392	16.5%	3,234	13.3%	2,404	14.4%	1,224	15.4%	605	27.8%	2,716	10.9%
55 to 59 years	5.9%	1,998	5.2%	1,966	5.7%	11	4.3%	728	7.2%	2,826	5.6%	1,519	6.3%	1,147	6.9%	636	8.0%	186	8.5%	966	3.9%
60 to 64 years	4.0%	1,591	4.2%	1,416	4.1%	9	3.5%	747	7.4%	2,707	5.3%	1,149	4.7%	1,231	7.4%	669	8.4%	79	3.6%	871	3.5%
65 to 74 years	6.6%	1,325	3.5%	1,706	5.0%	14	5.4%	780	7.7%	3,155	6.2%	1,672	6.9%	1,557	9.4%	565	7.1%	306	14.1%	1,211	4.8%
75 to 84 years	3.1%	663	1.7%	451	1.3%	54	21.0%	525	5.2%	2,197	4.3%	898	3.7%	1,380	8.3%	200	2.5%	198	9.0%	762	3.0%
85 years and over	1.5%	159	0.4%	138	0.4%	17	6.6%	181	1.8%	1,535	3.0%	308	1.3%	727	4.4%	92	1.2%	17	0.8%	357	1.4%
Median age (years)	(X)	31.2	(X)	32.6	(X)	54.0	(X)	42.7	(X)	39.2	(X)	35.4	(X)	45.5	(X)	40.0	(X)	49.0	(X)	30.0	(X)
18 years and over	73.5%	26,157	68.8%	24,699	71.9%	241	93.8%	8,037	79.5%	40,265	79.3%	18,150	74.7%	13,426	80.7%	6,233	78.6%	1,832	84.2%	17,442	69.7%
21 years and over	69.6%	24,710	65.0%	23,431	68.2%	241	93.8%	7,816	77.3%	38,442	75.7%	16,946	69.7%	12,991	78.1%	6,069	76.6%	1,717	78.9%	16,450	65.7%
62 years and over	13.5%	2,990	7.9%	2,943	8.6%	90	35.0%	1,813	17.9%	8,278	16.3%	3,537	14.6%	4,405	26.5%	1,108	14.0%	594	27.3%	2,918	11.7%
65 years and over	11.3%	2,147	5.6%	2,297	6.7%	85	33.1%	1,486	14.7%	6,887	13.6%	2,878	11.8%	3,664	22.0%	857	10.8%	519	23.8%	2,330	9.3%
18 years and over	13,182	26,157	26,157	24,699	24,699	241	241	8,037	8,037	40,265	40,265	18,150	18,150	13,426	13,426	6,233	6,233	1,832	1,832	17,442	17,442
Male	48.8%	13,133	50.2%	12,542	50.8%	195	80.9%	3,964	49.3%	19,253	47.8%	8,376	46.1%	6,353	47.3%	3,126	50.2%	891	48.6%	8,702	49.9%
Female	51.2%	13,024	49.8%	12,157	49.2%	46	19.1%	4,073	50.7%	21,012	52.2%	9,774	53.9%	7,073	52.7%	3,107	49.8%	941	51.4%	8,740	50.1%
65 years and over	2,023	2,147	2,147	2,297	2,297	85	85	1,486	1,486	6,887	6,887	2,878	2,878	3,664	3,664	857	857	519	519	2,330	2,330
Male	44.3%	1,036	48.3%	978	42.6%	85	100.0%	686	46.2%	2,711	39.4%	1,177	40.9%	1,455	39.7%	369	43.1%	282	54.3%	876	37.6%
Female	55.7%	1,111	51.7%	1,319	57.4%	0	0.0%	800	53.8%	4,176	60.6%	1,701	59.1%	2,209	60.3%	488	56.9%	237	45.7%	1,454	62.4%
RACE																					
Total population	17,941	38,022	38,022	34,349	34,349	257	257	10,113	10,113	50,807	50,807	24,302	24,302	16,637	16,637	7,928	7,928	2,177	2,177	25,025	25,025
One race	99.4%	37,261	98.0%	33,462	97.4%	257	100.0%	9,601	94.9%	49,739	97.9%	24,110	99.2%	16,492	99.1%	7,833	98.8%	2,177	100.0%	24,700	98.7%
Two or more races	0.6%	761	2.0%	887	2.6%	0	0.0%	512	5.1%	1,068	2.1%	192	0.8%	145	0.9%	95	1.2%	0	0.0%	325	1.3%
One race	99.4%	37,261	98.0%	33,462	97.4%	257	100.0%	9,601	94.9%	49,739	97.9%	24,110	99.2%	16,492	99.1%	7,833	98.8%	2,177	100.0%	24,700	98.7%
White	73.0%	19,880	52.3%	21,607	62.9%	185	72.0%	6,413	63.2%	41,680	82.0%	2,665	11.0%	11,486	69.0%	1,450	18.3%	2,084	95.7%	13,903	55.6%
Black or African American	0.8%	3,091	8.1%	2,333	6.8%	64	24.9%	93	0.9%	2,247	4.4%	18,484	76.1%	2,788	16.8%	5,811	73.3%	18	0.7%	1,338	5.3%
American Indian and Alaska Native	0.5%	11	0.0%	301	0.9%	0	0.0%	0	0.0%	69	0.1%	12	0.0%	18	0.1%	13	0.2%	0	0.0%	6	0.0%
Cherokee tribal grouping	0.0%	11	0.0%	0	0.0%	0	0.0%	0	0.0%	17	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Chippewa tribal grouping	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Navajo tribal grouping	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sioux tribal grouping	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	3.5%	6,473	17.0%	7,765	22.6%	0	0.0%	979	9.7%	4,536	8.9%	65	0.3%	788	4.7%	116	1.5%	77	3.5%	385	1.5%
Asian Indian	0.5%	4,273	11.2%	3,089	9.0%	0	0.0%	610	6.0%	2,565	5.0%	0	0.0%	64	0.4%	0	0.0%	0	0.0%	177	0.7%
Chinese	0.8%	243	0.6%	124	0.4%	0	0.0%	15	0.1%	252	0.5%	0	0.0%	158	0.9%	72	0.9%	23	1.1%	20	0.1%
Filipino	1.8%	931	2.4%	1,994	5.8%	0	0.0%	121	1.2%	1,046	2.1%	9	0.0%	553	3.3%	15	0.2%	0	0.0%	9	0.0%
Japanese	0.0%	0	0.0%	30	0.1%	0	0.0%	76	0.8%	112	0.2%	10	0.0%	13	0.1%	0	0.0%	54	2.5%	0	0.0%
Korean	0.0%	212	0.6%	120	0.3%	0	0.0%	125	1.2%	179	0.4%	37	0.2%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
Vietnamese	0.2%	51	0.1%	1,527	4.4%	0	0.0%	32	0.3%	15	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	101	0.4%
Other Asian	0.4%	763	2.0%	881	2.6%	0	0.0%	0	0.0%	367	0.7%	9	0.0%	0	0.0%	29	0.4%	0	0.0%	77	0.3%
Native Hawaiian and Other Pacific	0.0%	25	0.1%	72	0.2%	0	0.0%	0	0.0%	0	0.0%	42	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Native Hawaiian	0.0%	0	0.0%	25	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guamanian or Chamorro	0.0%	25	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	42	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Samoan	0.0%	0	0.0%	33	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Pacific Islander	0.0%	0	0.0%	14	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race	21.9%	7,781	20.5%	1,384	4.0%	6	3.1%	116	1.1%	1,207	2.4%	2,842	11.7%	1,412	8.5%	443	5.6%	0	0.0%	9,070	36.2%
Two or more races	0.6%	761	2.0%	887	2.6%	0	0.0%	512	5.1%	1,068	2.1%	192	0.8%	145	0.9%	95	1.2%	0	0.0%	325	1.3%
White and Black or African American	0.0%	91	0.2%	160	0.5%	0	0.0%	68	0.7%	338	0.7%	59	0.2%	15	0.1%	9	0.1%	0	0.0%	63	0.3%
White and American Indian and Alaska	0.0%	270	0.7%	72	0.2%	0	0.0%	74	0.7%	221	0.4%	0	0.0%	22	0.1%	18	0.2%	0	0.0%	10	0.0%
White and Asian	0.5%	30	0.1%	69	0.2%	0	0.0%	43	0.4%	214	0.4%	0	0.0%	47	0.3%	0	0.0%	0	0.0%	47	0.2%
Black or African American and American	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	15	0.0%	61	0.3%	0	0.0%	8	0.1%	0	0.0%	0	0.0%
Race alone or in combination with one or																					
Total population	17,941	38,022	38,022	34,349	34,349	257	257	10,113	10,113	50,807	50,807	24,302	24,302	16,637	16,637	7,928	7,928	2,177	2,177	25,025	25,025
White	73.5%	20,507	53.9%	22,242	64.8%	185	72.0%	8,910	88.1%	42,606	83.9%	2,765	11.4%	11,002	69.7%	1,514	19.1%	2,084	95.7%	14,211	56.8%
Black or African American	0.7%	3,230	8.5%	2,512	7.3%	64	24.9%	172	1.7%	2,631	5.2%	18,655	76.8%	2,827	17.0%	5,898	74.3%	16	0.7%	1,428	5.7%
American Indian and Alaska Native	0.5%	291	0.8%	497	1.4%	0	0.0%	74	0.7%	312	0.6%	93	0.4%	43	0.3%	77	1.0%	0	0.0%	29	0.1%
Asian	3.9%	6,632	17.4%	8,171	23.8%	0	0.0%	1,037	10.3%	4,846	9.5%	77	0.3%	837	5.0%	116	1.5%	77	3.5%	432	1.7%
Native Hawaiian and Other Pacific Islander	0.0%	69	0.2%	122	0.4%	0	0.0%	0	0.0%	51	0.1%	42	0.2%	2	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race	22.0%	8,088	21.3%	1,821	5.3%	8	3.1%	443	4.4%	1,436	2.8%	2,882	11.9%	1,471	8.8%	485	6.9%	0	0.0%	9,202	37.0%
HISPANIC OR LATINO AND RACE																					
Total population	17,941	38,022	38,022	34,349	34,349	257	257	10,113	10,113	50,807	50,807	24,302	24,302	16,637	16,637	7,928	7,928	2,177	2,177	25,025	25,025
Hispanic or Latino (of any race)	45.5%	13,566	35.7%	9,839	28.6%	12	4.7%	1,030	10.2%	4,298	8.5%	4,920	20.3%	2,254	13.5%	705	8.9%	81	3.7%	17,598	70.3%
Mexican	37.1%	12,093	31.8%	8,668	25.2%	12	4.7%	835	8.3%	3,150	6.2%	4,221	17.4%	1,746	10.5%	691	8.7%	3	0.1%	15,504	62.2%
Puerto Rican	4.0%	437	1.1%	313	0.9%	0	0.0%	106	1.0%	445	0.9%	456	1.9%	283	1.7%	14	0.2%	47	2.2%	764	3.1%
Cuban	0.1%	150	0.4%	104	0.3%	0	0.0%	21	0.2%	38	0.1%	142	0.6%	39	0.2%	0	0.0%	31	1.4%	294	1.2%
Other Hispanic or Latino	4.3%	896	2.4%	754	2.2%	0	0.0%	68	0.7%	665	1.3%	110	0.5%	186	1.1%	0	0.0%	0	0.0%	976	3.9%
Not Hispanic or Latino	54.5%	24,456	64.3%	24,510	71.4%	245	95.3%	9,083	89.8%	46,509	91.5%	19,373	79.7%	14,383	86.5%	7,223	91.1%	2,096	96.3%	7,427	29.7%
White alone	50.3%	14,515	38.2%	13,986	40.7%	181	70.4%	7,688	76.0%	38,796	76.4%	924	3.8%	10,674	64.2%	1,223	15.4%	2,003	92.0%	5,693	22.7%
Black or African American alone	0.5%	2,879	7.6%	2,244	6.5%	64	24.9%	93	0.9%	2,239	4.4%	18,165	74.7%	2,788	16.8%	5,799	73.1%	16	0.7%	1,253	5.0%
American Indian and Alaska Native alone	0.0%	11	0.0%	76	0.2%	0	0.0%	0	0.0%	69	0.1%	0	0.0%	11	0.1%	0	0.0%	0	0.0%	6	0.0%
Asian alone	3.3%	6,463	17.0%	7,717	22.5%	0	0.0%	979	9.7%	4,536	8.9%	65	0.3%	788	4.7%	116	1.5%	77	3.5%	385	1.5%
Native Hawaiian and Other Pacific	0.0%	0	0.0%	72	0.2%	0	0.0%	0	0.0%	0	0.0%	42	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race alone	0.0%	157	0.4%	0	0.0%	0	0.0%	52	0.5%	0	0.0%	20	0.1%	49	0.3%	12	0.2%	0	0.0%	0	0.0%
Two or more races	0.3%	411	1.1%	415	1.2%	0	0.0%	271	2.7%	869	1.7%	157	0.6%	74	0.4%	73	0.9%	0	0.0%	90	0.4%
Two races including Some other race	0.0%	16	0.0%	64	0.2%	0	0.0%	75	0.7%	66	0.1%	19	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Two races excluding Some other race,	0.3%	395	1.0%	351	1.0%	0	0.0%	196	1.9%	803	1.6%	138	0.6%	74	0.4%	73	0.9%	0	0.0%	90	0.4%
Total housing units	(X)	11,706	(X)	12,154	(X)	46	(X)	4,128	(X)	21,931	(X)	9,203	(X)	8,605	(X)	3,188	(X)	945	(X)	8,447	(X)

ATTACHMENT-ØB

Subject	ZCTA5 60162		ZCTA5 60163		ZCTA5 60164		ZCTA5 60165		ZCTA5 60169		ZCTA5 60171		ZCTA5 60172		ZCTA5 60173		ZCTA5 60176		ZCTA5 60181		ZCTA5 60
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
SEX AND AGE																					
Total population	8,106	8,106	5,186	5,186	22,162	22,162	4,934	4,934	33,807	33,807	10,414	10,414	24,192	24,192	11,990	11,990	11,736	11,736	29,683	29,683	13,973
Male	3,847	48.7%	2,359	45.5%	11,175	50.4%	2,508	50.8%	16,670	49.3%	4,994	48.0%	11,768	48.6%	6,271	52.3%	6,084	51.8%	14,727	49.6%	7,080
Female	4,159	51.3%	2,827	54.5%	10,987	49.6%	2,426	49.2%	17,137	50.7%	5,420	52.0%	12,424	51.4%	5,719	47.7%	5,652	48.2%	14,956	50.4%	6,904
Under 5 years	427	5.3%	294	5.7%	1,393	6.3%	570	11.6%	2,230	6.6%	736	7.1%	1,604	6.6%	654	5.5%	905	7.7%	1,830	6.2%	576
5 to 9 years	426	5.3%	360	7.3%	1,437	6.5%	490	9.9%	2,069	6.1%	486	4.8%	1,698	7.0%	349	2.9%	952	8.1%	1,831	6.2%	870
10 to 14 years	557	6.9%	338	6.5%	1,851	8.4%	476	9.6%	2,177	6.4%	522	5.0%	1,992	8.2%	695	5.8%	833	5.4%	2,056	6.9%	1,004
15 to 19 years	565	7.0%	440	8.5%	1,874	8.5%	424	8.6%	2,802	8.3%	575	5.5%	1,042	6.8%	631	5.3%	828	5.4%	2,167	7.3%	1,009
20 to 24 years	399	4.9%	195	3.8%	1,577	7.1%	296	6.0%	1,603	4.7%	823	7.9%	1,277	5.3%	1,134	9.5%	913	7.8%	1,703	5.7%	661
25 to 34 years	1,054	13.0%	601	11.6%	3,184	14.3%	846	17.1%	6,077	18.0%	2,001	19.2%	3,452	14.3%	3,365	28.1%	2,302	19.6%	4,466	15.0%	1,427
35 to 44 years	1,224	15.1%	727	14.0%	2,681	12.1%	708	14.2%	4,803	14.2%	1,111	10.7%	3,739	15.5%	1,814	15.1%	1,575	13.4%	4,111	13.8%	2,051
45 to 54 years	1,245	15.4%	1,148	22.1%	3,457	15.6%	509	10.3%	4,570	13.5%	1,254	12.0%	3,714	15.4%	1,367	11.4%	1,629	13.9%	4,723	15.9%	2,704
55 to 59 years	688	8.9%	216	4.2%	1,147	5.2%	150	3.0%	2,574	7.6%	775	7.4%	1,744	7.2%	725	6.0%	576	4.9%	1,930	6.5%	847
60 to 64 years	509	6.3%	214	4.1%	805	3.6%	121	2.5%	1,789	5.3%	585	5.6%	1,097	4.5%	410	3.4%	489	4.2%	1,553	5.2%	406
65 to 74 years	497	6.1%	362	7.0%	1,261	5.7%	154	3.1%	1,711	5.1%	938	9.0%	1,417	5.9%	597	5.0%	592	5.0%	1,688	5.7%	1,322
75 to 84 years	459	5.7%	232	4.5%	967	4.4%	73	1.5%	960	2.8%	394	3.8%	574	2.4%	264	1.7%	394	3.4%	1,193	4.0%	782
85 years and over	184	2.3%	39	0.8%	548	2.5%	27	0.5%	438	1.3%	204	2.0%	242	1.0%	45	0.4%	148	1.3%	426	1.4%	164
Median age (years)	41.0	(X)	39.2	(X)	34.3	(X)	27.6	(X)	34.9	(X)	36.0	(X)	36.3	(X)	32.2	(X)	33.2	(X)	36.8	(X)	41.5
18 years and over	6,401	79.0%	3,932	75.8%	16,295	73.5%	3,144	63.7%	25,463	75.3%	8,306	79.8%	17,819	73.7%	9,901	82.6%	8,894	75.8%	22,633	76.2%	10,771
21 years and over	6,118	75.5%	3,857	70.5%	15,393	69.5%	2,887	58.1%	24,266	71.8%	7,931	76.2%	16,994	70.2%	9,394	78.3%	8,446	72.0%	21,520	72.5%	10,298
62 years and over	1,401	17.3%	730	14.1%	3,076	13.9%	349	7.1%	4,104	12.1%	1,890	18.1%	2,848	11.8%	945	7.9%	1,325	11.3%	4,173	14.1%	2,563
65 years and over	1,140	14.1%	633	12.2%	2,776	12.5%	264	5.1%	3,109	9.2%	1,536	14.7%	2,233	9.2%	846	7.1%	1,134	9.7%	3,307	11.1%	2,258
18 years and over	6,401	6,401	3,932	3,932	16,295	16,295	3,144	3,144	25,463	25,463	8,306	8,306	17,819	17,819	9,901	9,901	8,894	8,894	22,633	22,633	10,771
Male	3,091	48.3%	1,776	45.2%	7,916	48.6%	1,582	50.3%	12,530	49.2%	4,028	48.5%	8,479	47.6%	5,061	51.1%	4,681	52.6%	10,918	48.2%	5,128
Female	3,310	51.7%	2,156	54.8%	8,379	51.4%	1,562	49.7%	12,924	50.8%	4,278	51.5%	9,340	52.4%	4,840	48.9%	4,213	47.4%	11,715	51.8%	5,643
65 years and over	1,140	1,140	633	633	2,776	2,776	264	264	3,109	3,109	1,536	1,536	2,233	2,233	846	846	1,134	1,134	3,307	3,307	2,258
Male	564	49.5%	228	36.0%	1,109	39.9%	98	36.6%	1,261	40.6%	703	45.8%	1,098	49.2%	443	52.4%	513	45.2%	1,377	41.6%	837
Female	576	50.5%	405	64.0%	1,667	60.1%	166	61.4%	1,848	59.4%	833	54.2%	1,135	50.8%	403	47.6%	621	54.8%	1,930	58.4%	1,421
RACE																					
Total population	8,106	8,106	5,186	5,186	22,162	22,162	4,934	4,934	33,807	33,807	10,414	10,414	24,192	24,192	11,990	11,990	11,736	11,736	29,683	29,683	13,973
One race	7,874	97.1%	5,134	99.0%	21,723	98.0%	4,809	97.5%	33,455	99.0%	10,242	98.3%	24,002	99.2%	11,525	96.1%	11,376	96.9%	29,189	98.3%	13,582
Two or more races	232	2.9%	52	1.0%	439	2.0%	125	2.5%	352	1.0%	172	1.7%	190	0.8%	465	3.9%	360	3.1%	494	1.7%	391
One race	7,874	97.1%	5,134	99.0%	21,723	98.0%	4,809	97.5%	33,455	99.0%	10,242	98.3%	24,002	99.2%	11,525	96.1%	11,376	96.9%	29,189	98.3%	13,582
White	2,684	33.1%	2,408	46.4%	15,519	70.0%	2,421	49.1%	18,894	55.9%	8,591	82.5%	20,772	85.9%	6,643	55.4%	9,174	78.2%	23,934	80.6%	12,316
Black or African American	3,382	41.7%	1,274	24.6%	443	2.0%	46	0.9%	2,085	6.2%	103	1.0%	821	3.4%	428	3.6%	283	2.4%	1,166	3.9%	126
American Indian and Alaska Native	0	0.0%	0	0.0%	76	0.3%	115	2.3%	40	0.1%	40	0.4%	137	0.6%	0	0.0%	0	0.0%	29	0.1%	15
Cherokee tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Chippewa tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Navajo tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	22	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sioux tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	10	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	0.0%	0
Asian	330	4.1%	187	3.6%	556	2.5%	74	1.5%	7,893	23.3%	476	4.6%	2,102	8.7%	3,936	32.8%	1,074	9.2%	2,469	8.3%	525
Asian Indian	154	1.9%	47	0.9%	183	0.8%	0	0.0%	4,729	14.0%	0	0.0%	1,085	4.5%	1,956	16.3%	380	3.2%	837	2.8%	366
Chinese	4	0.0%	0	0.0%	39	0.2%	0	0.0%	422	1.2%	30	0.3%	368	1.5%	328	2.7%	0	0.0%	283	1.0%	76
Filipino	130	1.6%	122	2.4%	163	0.7%	74	1.5%	1,100	3.3%	290	2.8%	343	1.4%	373	3.1%	384	3.3%	194	0.7%	30
Japanese	0	0.0%	16	0.3%	0	0.0%	0	0.0%	273	0.8%	6	0.0%	118	0.5%	197	1.6%	14	0.1%	159	0.5%	0
Korean	22	0.3%	0	0.0%	10	0.0%	0	0.0%	634	1.9%	103	1.0%	91	0.4%	749	6.2%	0	0.0%	45	0.2%	29
Vietnamese	0	0.0%	0	0.0%	48	0.2%	0	0.0%	14	0.0%	53	0.5%	0	0.0%	0	0.0%	268	2.3%	0	0.0%	0
Other Asian	20	0.2%	0	0.0%	113	0.5%	0	0.0%	721	2.1%	0	0.0%	97	0.4%	333	2.8%	28	0.2%	951	3.2%	24
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	12	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	18	0.1%	0
Native Hawaiian	0	0.0%	0	0.0%	12	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Guamanian or Chamorro	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Samoan	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	18	0.1%	0
Some other race	1,478	18.2%	1,265	24.4%	5,117	23.1%	2,153	43.6%	4,743	14.0%	1,032	9.9%	176	0.7%	518	4.3%	839	7.1%	1,573	5.3%	600
Two or more races	232	2.9%	52	1.0%	439	2.0%	125	2.5%	352	1.0%	172	1.7%	190	0.8%	465	3.9%	366	3.1%	494	1.7%	391
White and Black or African American	102	1.3%	22	0.4%	153	0.7%	26	0.5%	48	0.1%	0	0.0%	43	0.2%	50	0.4%	0	0.0%	83	0.3%	167
White and American Indian and Alaska	0	0.0%	30	0.6%	108	0.5%	44	0.9%	11	0.0%	16	0.2%	70	0.3%	0	0.0%	13	0.1%	52	0.2%	172
White and Asian	0	0.0%	0	0.0%	62	0.3%	0	0.0%	175	0.5%	29	0.3%	35	0.1%	238	2.0%	52	0.4%	90	0.3%	0
Black or African American and American	0	0.0%	0	0.0%	0	0.0%	0	0.0%	18	0.0%	15	0.1%	0	0.0%	0	0.0%	0	0.0%	24	0.1%	0
Race alone or in combination with one or																					
Total population	8,106	8,106	5,186	5,186	22,162	22,162	4,934	4,934	33,807	33,807	10,414	10,414	24,192	24,192	11,990	11,990	11,736	11,736	29,683	29,683	13,973
White	2,832	34.9%	2,460	47.4%	15,958	72.0%	2,546	51.6%	18,990	56.2%	8,748	84.0%	20,929	86.5%	6,969	58.1%	9,371	79.8%	24,203	81.5%	12,707
Black or African American	3,614	44.6%	1,298	25.0%	664	2.7%	72	1.5%	2,149	6.4%	118	1.1%	864	3.6%	478	4.0%	283	2.4%	1,292	4.4%	293
American Indian and Alaska Native	35	0.4%	30	0.6%	217	1.0%	159	3.2%	67	0.2%	71	0.7%	207	0.9%	0	0.0%	13	0.1%	186	0.6%	187
Asian	358	4.4%	187	3.6%	618	2.8%	74	1.5%	8,108	24.0%	505	4.8%	2,170	9.0%	4,313	36.0%	1,342	11.4%	2,760	9.3%	525
Native Hawaiian and Other Pacific Islander	0	0.0%	0	0.0%	12	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	25	0.1%	0
Some other race	1,545	19.1%	1,265	24.4%	5,225	23.6%	2,208	44.8%	4,845	14.3%	1,144	11.0%	212	0.9%	695	5.8%	1,140	9.7%	1,730	5.8%	652
HISPANIC OR LATINO AND RACE																					
Total population	8,106	8,106	5,186	5,186	22,162	22,162	4,934	4,934	33,807	33,807	10,414	10,414	24,192	24,192	11,990	11,990	11,736	11,736	29,683	29,683	13,973
Hispanic or Latino (of any race)	2,337	28.8%	1,790	34.5%	12,049	54.4%	4,336	87.9%	7,060	20.9%	2,312	22.2%	1,517	6.3%	1,008	8.4%	2,438	20.8%	5,735	19.3%	2,808
Mexican	1,642	20.3%	1,510	29.1%	9,951	44.9%	3,944	79.9%	5,756	17.0%	1,121	10.8%	714	3.0%	614	5.1%	1,584	13.5%	4,799	16.2%	2,233
Puerto Rican	414	5.1%	162	3.1%	845	3.8%	147	3.0%	354	1.0%	572	5.5%	379	1.6%	86	0.7%	495	4.2%	323	1.1%	229
Cuban	42	0.5%	0	0.0%	48	0.2%	54	1.1%	57	0.2%	57	0.5%	48	0.2%	0	0.0%	115	1.0%	53	0.2%	110
Other Hispanic or Latino	239	2.9%	118	2.3%	1,207	5.4%	191	3.9%	893	2.6%	562	5.4%	376	1.6%	306	2.6%	244	2.1%	560	1.9%	236
Not Hispanic or Latino	5,769	71.2%	3,396	65.5%	10,113	45.6%	598	12.1%	26,747	79.1%	8,102	77.8%	22,675	93.7%	10,984	91.6%	9,298	79.2%	23,948	80.7%	11,165
White alone	1,856	23.0%	1,675	36.2%	8,945	40.4%	478	9.7%	16,511	48.8%	7,526	72.3%	19,519	80.7%	6,193	51.7%	7,694	65.6%	19,820	66.8%	10,370
Black or African American alone	3,306	40.8%	1,274	24.6%	321	1.4%	46	0.9%	2,085	6.2%	32	0.3%	821	3.4%	428	3.6%	283	2.4%	1,166	3.9%	95
American Indian and Alaska Native alone	0	0.0%	0	0.0%	3	0.0%	0	0.0%	18	0.1%	26	0.2%	94	0.4%	0	0.0%	0	0.0%	29	0.1%	15
Asian alone	330	4.1%	187	3.6%	556	2.5%	74	1.5%	7,825	23.1%	476	4.6%	2,102	8.7%	3,936	32.8%	1,074	9.2%	2,469	8.3%	525
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	12	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	18	0.1%	0
Some other race alone	98	1.2%	17	0.3%	22	0.1%	0	0.0%	18	0.1%	0	0.0%	0	0.0%	0	0.0%	113	1.0%	16	0.1%	0
Two or more races	169	2.1%	43	0.8%	254	1.1%	0	0.0%	290	0.9%	42	0.4%	139	0.6%	427	3.6%	134	1.1%	430	1.4%	160
Two races including Some other race	4	0.0%	0	0.0%	0	0.0%	0	0.0%	40	0.1%	11	0.1%	0	0.0%	139	1.2%	121	1.0%	132	0.4%	0
Two races excluding Some other race,	165	2.0%	43	0.8%	254	1.1%	0	0.0%	250	0.7%	31	0.3%	139	0.6%	288	2.4%	13	0.1%	298	1.0%	160
Total housing units	3,311	(X)	1,947	(X)	7,474	(X)	1,434	(X)	12,972	(X)	4,417	(X)	9,396	(X)	7,106	(X)	4,653	(X)	11,912	(X)	5,376

ATTACHMENT-⊠⊠B

Subject	191	ZCTA5 60192		ZCTA5 60193		ZCTA5 60194		ZCTA5 60195		ZCTA5 60201		ZCTA5 60202		ZCTA5 60203		ZCTA5 60301		ZCTA5 60302		ZCTA5 60304	
	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE																					
Total population	13,973	16,119	16,119	39,973	39,973	19,600	19,600	4,154	4,154	42,648	42,648	31,501	31,501	4,552	4,552	2,357	2,357	31,907	31,907	17,368	17,368
Male	50.6%	7,950	49.3%	19,132	47.9%	9,592	48.9%	2,182	52.5%	20,646	48.4%	15,456	49.1%	2,159	47.4%	1,186	49.5%	14,802	45.8%	7,951	45.8%
Female	49.4%	8,169	50.7%	20,841	52.1%	10,008	51.1%	1,972	47.5%	22,002	51.6%	16,045	50.9%	2,393	52.6%	1,191	50.5%	17,305	54.2%	9,417	54.2%
Under 5 years	4.1%	1,032	6.4%	2,211	5.5%	1,488	7.6%	298	7.2%	2,445	5.7%	2,224	7.1%	348	7.6%	99	4.2%	2,269	7.1%	1,473	8.5%
5 to 9 years	6.9%	1,282	8.0%	2,390	6.0%	1,000	5.1%	116	2.8%	2,187	5.1%	2,140	6.8%	357	7.8%	56	2.4%	2,144	6.7%	1,283	7.4%
10 to 14 years	7.2%	1,238	7.7%	2,076	5.2%	965	4.9%	96	2.3%	1,650	3.9%	1,367	4.3%	363	8.0%	78	3.3%	2,038	6.4%	1,228	7.1%
15 to 19 years	7.2%	1,043	6.5%	2,371	5.9%	1,214	6.2%	133	3.2%	5,161	12.1%	1,647	5.2%	239	5.3%	76	3.2%	1,825	5.7%	1,088	6.3%
20 to 24 years	4.7%	1,015	6.3%	2,390	6.0%	1,218	6.2%	366	8.8%	5,780	13.6%	1,530	4.9%	299	6.6%	82	3.5%	1,463	4.6%	860	5.0%
25 to 34 years	10.2%	1,827	10.1%	5,423	13.6%	3,492	17.8%	1,583	38.1%	5,516	12.9%	5,373	17.1%	345	7.6%	645	27.4%	3,977	12.5%	2,123	12.2%
35 to 44 years	14.7%	2,425	15.0%	5,958	14.9%	2,808	14.3%	770	18.5%	4,716	11.1%	5,467	17.4%	527	11.6%	228	9.7%	5,267	16.5%	2,834	16.3%
45 to 54 years	19.8%	3,028	18.8%	6,709	16.8%	2,711	13.8%	226	5.4%	4,962	11.6%	4,697	14.9%	735	16.1%	253	10.7%	5,239	16.4%	3,061	17.6%
55 to 59 years	8.1%	1,232	7.6%	2,650	6.6%	1,322	6.7%	213	5.1%	2,298	5.4%	2,365	7.5%	364	8.0%	148	6.3%	2,410	7.6%	1,078	6.2%
60 to 64 years	2.9%	980	6.1%	2,730	6.8%	895	4.6%	126	3.0%	2,232	5.2%	1,673	5.3%	269	5.9%	243	10.3%	1,921	6.0%	942	5.4%
65 to 74 years	9.5%	787	4.9%	3,009	7.5%	1,291	6.6%	130	3.1%	2,616	6.1%	1,802	5.7%	380	8.3%	197	8.4%	1,866	5.8%	856	4.9%
75 to 84 years	5.6%	327	2.0%	1,522	3.8%	550	2.8%	55	1.3%	1,789	4.2%	798	2.5%	239	5.3%	78	3.3%	1,102	3.5%	405	2.3%
85 years and over	1.1%	103	0.6%	538	1.3%	346	3.3%	40	1.0%	1,306	3.1%	418	1.3%	87	1.9%	162	6.9%	386	1.2%	137	0.8%
Median age (years)	(X)	39.0	(X)	40.9	(X)	36.4	(X)	29.8	(X)	31.5	(X)	37.9	(X)	40.3	(X)	40.9	(X)	39.1	(X)	38.6	(X)
18 years and over	77.1%	11,973	74.3%	31,795	79.5%	15,345	78.3%	3,577	86.1%	35,035	82.1%	24,697	78.4%	3,302	72.5%	2,091	88.7%	23,939	75.0%	12,625	72.7%
21 years and over	73.7%	11,247	69.8%	30,535	76.4%	14,688	74.9%	3,436	82.7%	29,508	69.2%	23,679	75.8%	3,131	68.8%	2,016	85.5%	23,447	73.5%	12,198	70.2%
62 years and over	16.3%	1,857	11.5%	6,707	16.8%	2,941	15.0%	251	6.0%	6,983	16.4%	3,825	12.1%	857	18.8%	507	21.5%	4,360	13.7%	1,903	11.0%
65 years and over	16.2%	1,217	7.6%	5,069	12.7%	2,487	12.7%	225	5.4%	5,711	13.4%	3,018	9.6%	706	15.5%	437	18.5%	3,354	10.5%	1,397	8.0%
18 years and over	10,771	11,973	11,973	31,795	31,795	15,345	15,345	3,577	3,577	35,035	35,035	24,697	24,697	3,302	3,302	2,091	2,091	23,939	23,939	12,625	12,625
Male	47.6%	5,787	48.3%	14,886	46.8%	7,005	45.7%	1,940	54.2%	16,561	47.3%	11,369	46.0%	1,527	46.2%	1,001	47.9%	10,673	44.6%	5,721	45.3%
Female	52.4%	6,186	51.7%	16,909	53.2%	8,340	54.3%	1,637	45.8%	18,474	52.7%	13,328	54.0%	1,775	53.8%	1,090	52.1%	13,266	55.4%	6,904	54.7%
65 years and over	2,256	1,217	1,217	5,069	5,069	2,487	2,487	225	225	5,711	5,711	3,018	3,018	706	706	437	437	3,354	3,354	1,397	1,397
Male	37.1%	572	47.0%	1,969	38.8%	874	35.1%	76	33.8%	2,105	36.9%	1,413	46.8%	327	46.3%	183	41.9%	1,332	39.7%	574	41.1%
Female	62.9%	645	53.0%	3,100	61.2%	1,613	64.9%	149	66.2%	3,606	63.1%	1,605	53.2%	379	53.7%	254	58.1%	2,022	60.3%	823	58.9%
RACE																					
Total population	13,973	16,119	16,119	39,973	39,973	19,600	19,600	4,154	4,154	42,648	42,648	31,501	31,501	4,552	4,552	2,357	2,357	31,907	31,907	17,368	17,368
One race	97.2%	15,756	97.8%	38,886	97.3%	19,472	99.3%	4,106	98.8%	41,520	97.4%	30,428	96.6%	4,440	97.5%	2,264	96.1%	31,228	97.9%	16,828	96.9%
Two or more races	2.8%	361	2.2%	1,087	2.7%	128	0.7%	48	1.2%	1,128	2.6%	1,073	3.4%	112	2.5%	93	3.9%	679	2.1%	540	3.1%
One race	97.2%	15,756	97.8%	38,886	97.3%	19,472	99.3%	4,106	98.8%	41,520	97.4%	30,428	96.6%	4,440	97.5%	2,264	96.1%	31,228	97.9%	16,828	96.9%
White	88.1%	11,751	72.9%	31,748	79.4%	13,897	70.9%	2,405	57.9%	29,880	70.1%	20,263	64.3%	3,752	82.4%	1,625	68.7%	22,313	69.9%	12,235	70.4%
Black or African American	0.9%	73	0.5%	1,257	3.1%	1,121	5.7%	307	7.4%	7,005	16.4%	7,209	22.9%	443	9.7%	359	15.2%	6,702	21.0%	3,323	19.1%
American Indian and Alaska Native	0.1%	0	0.0%	39	0.1%	14	0.1%	5	0.1%	32	0.1%	10	0.0%	0	0.0%	0	0.0%	88	0.3%	12	0.1%
Cherokee tribal grouping	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	10	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Chippewa tribal grouping	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Navajo tribal grouping	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sioux tribal grouping	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	18	0.1%	0	0.0%
Asian	3.6%	3,865	24.0%	4,597	11.5%	3,054	15.6%	1,249	30.1%	3,805	8.9%	1,819	5.8%	236	5.2%	149	6.3%	1,440	4.5%	953	5.5%
Asian Indian	2.6%	1,767	11.0%	1,942	4.9%	1,573	8.0%	900	21.9%	1,170	2.7%	335	1.1%	39	0.9%	14	0.6%	229	0.7%	351	2.0%
Chinese	0.5%	722	4.5%	553	1.4%	211	1.1%	78	1.9%	1,150	2.7%	433	1.4%	0	0.0%	61	3.6%	414	1.3%	232	1.3%
Filipino	0.2%	386	2.4%	377	0.9%	220	1.1%	96	2.3%	174	0.4%	207	0.7%	35	0.8%	34	1.4%	126	0.4%	162	0.9%
Japanese	0.0%	193	1.2%	250	0.6%	205	1.0%	0	0.0%	144	0.3%	156	0.5%	7	0.2%	0	0.0%	77	0.2%	148	0.9%
Korean	0.2%	593	3.7%	1,154	2.9%	411	2.1%	100	2.4%	817	1.9%	180	0.6%	6	0.1%	10	0.4%	65	0.2%	0	0.0%
Vietnamese	0.0%	179	1.1%	23	0.1%	81	0.4%	11	0.3%	207	0.5%	129	0.4%	49	1.1%	0	0.0%	49	0.2%	0	0.0%
Other Asian	0.2%	25	0.2%	298	0.7%	353	1.8%	55	1.3%	143	0.3%	379	1.2%	100	2.2%	0	0.0%	480	1.5%	60	0.3%
Native Hawaiian and Other Pacific	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Native Hawaiian	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guamanian or Chamorro	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Samoan	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Pacific Islander	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race	4.3%	69	0.4%	1,245	3.1%	1,386	7.1%	140	3.4%	798	1.9%	1,127	3.6%	9	0.2%	231	9.8%	685	2.1%	306	1.8%
Two or more races	2.8%	361	2.2%	1,087	2.7%	128	0.7%	48	1.2%	1,128	2.6%	1,073	3.4%	112	2.5%	93	3.9%	679	2.1%	540	3.1%
White and Black or African American	1.2%	19	0.1%	409	1.0%	30	0.2%	0	0.0%	254	0.6%	339	1.1%	0	0.0%	35	1.5%	290	0.9%	157	0.9%
White and American Indian and Alaska	1.2%	13	0.1%	103	0.3%	11	0.1%	0	0.0%	58	0.1%	178	0.6%	0	0.0%	17	0.7%	0	0.0%	32	0.2%
White and Asian	0.0%	122	0.8%	182	0.5%	42	0.2%	0	0.0%	567	1.3%	370	1.2%	112	2.5%	0	0.0%	222	0.7%	180	1.0%
Black or African American and American	0.0%	0	0.0%	28	0.1%	0	0.0%	0	0.0%	0	0.0%	29	0.1%	0	0.0%	0	0.0%	10	0.0%	8	0.0%
Race alone or in combination with one or																					
Total population	13,973	16,119	16,119	39,973	39,973	19,600	19,600	4,154	4,154	42,648	42,648	31,501	31,501	4,552	4,552	2,357	2,357	31,907	31,907	17,368	17,368
White	90.9%	11,935	74.0%	32,575	81.5%	14,003	71.4%	2,413	58.1%	30,899	72.5%	21,256	67.5%	3,804	84.9%	1,618	68.6%	22,944	71.9%	12,679	73.0%
Black or African American	2.1%	233	1.4%	1,694	4.2%	1,160	5.9%	307	7.4%	7,368	17.3%	7,686	24.4%	443	9.7%	435	18.5%	7,073	22.2%	3,553	20.5%
American Indian and Alaska Native	1.3%	13	0.1%	347	0.9%	34	0.2%	5	0.1%	173	0.4%	275	0.9%	0	0.0%	58	2.5%	169	0.5%	61	0.4%
Asian	3.8%	4,173	25.9%	5,025	12.6%	3,118	15.9%	1,289	31.0%	4,450	10.4%	2,197	7.0%	348	7.6%	149	6.3%	1,700	5.3%	1,221	7.0%
Native Hawaiian and Other Pacific Islander	0.0%	20	0.1%	101	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	38	0.1%	15	0.1%
Some other race	4.7%	115	0.7%	1,332	3.3%	1,422	7.3%	188	4.5%	938	2.2%	1,218	3.9%	9	0.2%	231	9.8%	733	2.3%	379	2.2%
HISPANIC OR LATINO AND RACE																					
Total population	13,973	16,119	16,119	39,973	39,973	19,600	19,600	4,154	4,154	42,648	42,648	31,501	31,501	4,552	4,552	2,357	2,357	31,907	31,907	17,368	17,368
Hispanic or Latino (of any race)	20.1%	553	3.4%	2,829	7.1%	1,939	9.9%	504	12.1%	2,851	6.7%	3,904	12.4%	404	8.9%	296	12.6%	2,091	6.3%	977	5.6%
Mexican	16.0%	444	2.8%	1,667	4.2%	1,298	6.6%	258	6.2%	1,647	4.3%	2,877	9.1%	95	2.1%	98	4.2%	975	3.1%	651	3.7%
Puerto Rican	1.6%	45	0.3%	575	1.4%	150	0.8%	21	0.5%	78	0.2%	217	0.7%	0	0.0%	28	1.2%	285	0.9%	85	0.5%
Cuban	0.8%	12	0.1%	25	0.1%	19	0.1%	0	0.0%	129	0.3%	23	0.1%	309	6.8%	0	0.0%	119	0.4%	18	0.1%
Other Hispanic or Latino	1.7%	52	0.3%	562	1.4%	472	2.4%	225	5.4%	797	1.9%	787	2.5%	0	0.0%	170	7.2%	622	1.9%	223	1.3%
Not Hispanic or Latino	79.9%	15,566	96.6%	37,144	92.9%	17,661	90.1%	3,650	87.9%	39,797	93.3%	27,597	87.6%	4,148	91.1%	2,061	87.4%	29,806	93.7%	16,391	94.4%
White alone	74.2%	11,289	70.0%	30,304	75.8%	13,351	68.1%	2,097	50.5%	28,016	65.7%	17,513	55.6%	3,357	73.7%	1,516	64.3%	21,112	66.2%	11,016	86.9%
Black or African American alone	0.7%	62	0.4%	1,147	2.9%	1,081	5.5%	307	7.4%	6,929	16.2%	7,161	22.7%	443	9.7%	359	15.2%	6,662	20.7%	3,323	19.1%
American Indian and Alaska Native alone	0.1%	0	0.0%	39	0.1%	14	0.1%	5	0.1%	22	0.1%	10	0.0%	0	0.0%	0	0.0%	18	0.1%	0	0.0%
Asian alone	3.8%	3,865	24.0%	4,597	11.5%	3,054	15.6%	1,228	29.6%	3,780	8.9%	1,796	5.7%	236	5.2%	149	6.3%	1,440	4.5%	953	5.5%
Native Hawaiian and Other Pacific	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race alone	0.0%	10	0.1%	21	0.1%	47	0.2%	13	0.3%	36	0.1%	125	0.4%	0	0.0%	12	0.5%	107	0.3%	27	0.2%
Two or more races	1.1%	340	2.1%	1,036	2.6%	114	0.6%	0	0.0%	1,014	2.4%	992	3.1%	112	2.5%	25	1.1%	627	2.0%	472	2.7%
Two races including Some other race	0.0%	25	0.2%	71	0.2%	22	0.1%	0	0.0%	46	0.1%	25	0.1%	0	0.0%	0	0.0%	0	0.0%	14	0.1%
Two races excluding Some other race,	1.1%	315	2.0%	965	2.4%	92	0.5%	0	0.0%	968	2.3%	967	3.1%	112	2.5%	25	1.1%	627	2.0%	458	2.6%
Total housing units	(X)	5,307	(X)	16,732	(X)	8,193	(X)	2,349	(X)	17,773	(X)	14,793	(X)	1,839	(X)	1,967	(X)	15,422	(X)	7,132	(X)

ATTACHMENT-⊠B

Subject	ZCTA5 60305		ZCTA5 60521		ZCTA5 60523		ZCTA5 60558		ZCTA5 60601		ZCTA5 60602		ZCTA5 60603		ZCTA5 60604		ZCTA5 60606		ZCTA5 60607		ZCTA5 60
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
SEX AND AGE																					
Total population	11,164	11,164	17,649	17,649	9,541	9,541	12,747	12,747	8,275	8,275	1,151	1,151	480	480	393	393	2,123	2,123	22,964	22,964	37,309
Male	5,291	47.4%	8,654	49.0%	4,534	47.5%	6,212	48.7%	4,085	49.4%	482	41.9%	194	40.4%	207	52.7%	1,191	56.1%	11,881	51.7%	16,978
Female	5,873	52.6%	8,995	51.0%	5,007	52.5%	6,535	51.3%	4,190	50.6%	669	58.1%	286	59.6%	186	47.3%	932	43.9%	11,083	48.3%	20,431
Under 5 years	676	6.1%	1,075	6.1%	171	1.8%	763	6.0%	175	2.1%	96	8.3%	0	0.0%	10	2.5%	38	1.8%	1,220	5.3%	1,135
5 to 9 years	900	8.1%	1,608	9.1%	360	3.8%	1,156	9.1%	67	0.8%	30	2.6%	0	0.0%	0	0.0%	0	0.0%	484	2.1%	1,059
10 to 14 years	661	5.9%	1,851	10.5%	570	6.0%	1,277	10.0%	14	0.2%	0	0.0%	0	0.0%	0	0.0%	89	4.2%	461	2.0%	1,116
15 to 19 years	1,316	11.8%	1,636	9.3%	529	5.5%	1,170	9.2%	182	2.2%	89	7.7%	76	15.8%	0	0.0%	0	0.0%	1,517	6.6%	1,367
20 to 24 years	862	7.7%	553	3.1%	446	4.7%	403	3.2%	1,154	13.9%	100	8.7%	122	25.4%	24	6.1%	289	13.6%	2,757	12.0%	3,401
25 to 34 years	486	4.4%	885	5.0%	557	5.8%	802	6.3%	2,521	30.5%	351	30.5%	165	34.4%	69	17.6%	745	35.1%	7,645	33.3%	10,904
35 to 44 years	1,206	10.8%	2,414	13.7%	839	8.8%	1,651	13.0%	791	9.6%	168	14.6%	5	1.0%	76	19.3%	385	18.1%	3,192	13.9%	4,398
45 to 54 years	1,765	15.8%	3,095	17.5%	1,025	10.7%	2,150	16.9%	868	10.5%	128	11.1%	67	14.0%	66	16.8%	193	9.1%	2,122	9.2%	3,915
55 to 59 years	994	8.9%	1,160	6.6%	784	8.2%	978	7.7%	818	9.9%	90	7.8%	0	0.0%	49	12.5%	150	7.1%	1,268	5.5%	2,001
60 to 64 years	676	6.1%	1,148	6.5%	1,007	10.6%	556	4.4%	543	6.6%	77	6.7%	34	7.1%	56	14.2%	133	6.3%	977	4.3%	2,256
65 to 74 years	880	7.9%	1,052	6.0%	1,400	14.7%	905	7.1%	645	7.8%	7	0.6%	11	2.3%	43	10.9%	86	3.1%	865	3.8%	3,310
75 to 84 years	499	4.5%	684	3.9%	1,295	13.6%	976	5.3%	358	4.3%	0	0.0%	0	0.0%	0	0.0%	27	1.3%	286	1.2%	1,828
85 years and over	241	2.2%	478	2.7%	558	5.8%	280	2.0%	139	1.7%	15	1.3%	0	0.0%	0	0.0%	8	0.4%	170	0.7%	619
Median age (years)	41.3	(X)	41.4	(X)	57.0	(X)	41.5	(X)	35.3	(X)	33.2	(X)	27.2	(X)	51.9	(X)	33.0	(X)	30.6	(X)	34.5
18 years and over	8,340	74.7%	11,852	67.2%	8,092	84.8%	8,614	67.6%	8,019	96.9%	989	85.9%	480	100.0%	383	97.5%	1,996	94.0%	20,443	89.0%	33,440
21 years and over	7,294	65.3%	11,315	64.1%	7,797	81.7%	8,308	65.2%	7,724	93.3%	916	79.6%	395	82.3%	383	97.5%	1,989	93.7%	18,792	81.8%	32,256
62 years and over	1,982	17.8%	2,855	16.2%	3,845	40.3%	2,181	17.1%	1,452	17.5%	86	7.5%	33	6.9%	84	21.4%	220	10.4%	1,803	7.9%	7,093
65 years and over	1,620	14.5%	2,224	12.6%	3,253	34.1%	1,841	14.4%	1,142	13.8%	22	1.9%	11	2.3%	43	10.9%	101	4.8%	1,321	5.8%	5,757
18 years and over	8,340	8,340	11,852	11,852	8,092	8,092	8,614	8,614	8,019	8,019	989	989	480	480	383	383	1,996	1,996	20,443	20,443	33,440
Male	3,838	46.0%	5,721	48.3%	3,748	46.3%	4,087	47.4%	3,919	48.9%	392	39.6%	194	40.4%	207	54.0%	1,097	55.0%	10,412	50.9%	14,049
Female	4,502	54.0%	6,131	51.7%	4,344	53.7%	4,527	52.6%	4,100	51.1%	597	60.4%	286	59.6%	176	46.0%	899	45.0%	10,031	49.1%	18,491
65 years and over	1,620	1,620	2,224	2,224	3,253	3,253	1,841	1,841	1,142	1,142	22	22	11	11	43	43	101	101	1,321	1,321	5,757
Male	758	46.7%	967	43.5%	1,311	40.3%	835	45.4%	527	46.1%	7	31.8%	11	100.0%	39	88.4%	58	57.4%	593	44.9%	2,551
Female	864	53.3%	1,257	56.5%	1,942	59.7%	1,006	54.6%	615	53.9%	15	68.2%	0	0.0%	5	11.6%	43	42.6%	728	55.1%	3,206
RACE																					
Total population	11,164	11,164	17,649	17,649	9,541	9,541	12,747	12,747	8,275	8,275	1,151	1,151	480	480	393	393	2,123	2,123	22,964	22,964	37,309
One race	10,951	98.1%	17,414	98.7%	9,345	97.9%	12,650	99.2%	8,185	98.9%	1,092	94.9%	480	100.0%	367	93.4%	2,061	97.1%	22,392	97.5%	36,845
Two or more races	213	1.9%	235	1.3%	196	2.1%	97	0.8%	90	1.1%	59	5.1%	0	0.0%	26	6.6%	62	2.9%	572	2.5%	464
One race	10,951	98.1%	17,414	98.7%	9,345	97.9%	12,650	99.2%	8,185	98.9%	1,092	94.9%	480	100.0%	367	93.4%	2,061	97.1%	22,392	97.5%	36,845
White	9,794	87.7%	16,120	91.3%	7,037	73.8%	12,462	97.8%	5,844	70.6%	850	73.8%	321	66.9%	326	83.0%	1,874	88.3%	13,577	59.1%	26,502
Black or African American	639	5.7%	92	0.5%	224	2.3%	35	0.3%	603	7.3%	17	1.5%	21	4.4%	0	0.0%	44	2.1%	4,337	18.9%	7,227
American Indian and Alaska Native	10	0.1%	10	0.1%	0	0.0%	0	0.0%	15	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	59	0.3%	51
Cherokee tribal grouping	10	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Chippewa tribal grouping	0	0.0%	10	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	28
Navajo tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0
Sioux tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Asian	449	4.0%	1,145	6.5%	2,084	21.8%	84	0.7%	1,436	17.4%	225	19.5%	138	28.8%	41	10.4%	143	6.7%	3,834	16.7%	2,540
Asian Indian	158	1.4%	185	1.0%	1,043	10.9%	37	0.3%	595	7.2%	55	4.8%	3	0.6%	0	0.0%	61	2.9%	1,510	6.6%	900
Chinese	131	1.2%	354	2.0%	374	3.9%	11	0.1%	427	5.2%	18	1.6%	16	3.3%	20	5.1%	27	1.3%	1,060	4.6%	544
Filipino	84	0.8%	146	0.8%	134	1.4%	11	0.1%	56	0.7%	67	5.8%	11	2.3%	12	3.1%	13	0.6%	326	1.4%	320
Japanese	0	0.0%	0	0.0%	6	0.1%	0	0.0%	67	1.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	38	0.2%	165
Korean	5	0.0%	229	1.3%	0	0.0%	25	0.2%	269	3.3%	30	2.6%	106	22.1%	0	0.0%	42	2.0%	488	2.1%	293
Vietnamese	3	0.0%	44	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	0	0.0%	101	0.4%	98
Other Asian	68	0.6%	187	1.1%	527	5.5%	0	0.0%	0	0.0%	55	4.8%	0	0.0%	9	2.3%	0	0.0%	309	1.3%	200
Native Hawaiian and Other Pacific	6	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	17
Native Hawaiian	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Guamanian or Chamorro	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	17
Samoan	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Some other race	59	0.5%	47	0.3%	0	0.0%	69	0.5%	287	3.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	585	2.5%	508
Two or more races	213	1.9%	235	1.3%	196	2.1%	97	0.8%	90	1.1%	59	5.1%	0	0.0%	26	6.6%	62	2.9%	572	2.5%	464
White and Black or African American	35	0.3%	34	0.2%	46	0.5%	0	0.0%	25	0.3%	0	0.0%	0	0.0%	0	0.0%	10	0.5%	91	0.4%	232
White and American Indian and Alaska	73	0.7%	6	0.0%	0	0.0%	0	0.0%	12	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	74	0.3%	17
White and Asian	27	0.2%	177	1.0%	118	1.2%	22	0.2%	42	0.5%	27	2.3%	0	0.0%	10	2.5%	25	1.2%	215	0.9%	92
Black or African American and American	32	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	24	0.1%	23
Race alone or in combination with one or																					
Total population	11,164	11,164	17,649	17,649	9,541	9,541	12,747	12,747	8,275	8,275	1,151	1,151	480	480	393	393	2,123	2,123	22,964	22,964	37,309
White	9,957	89.2%	16,355	92.7%	7,200	75.5%	12,503	98.1%	5,934	71.7%	894	77.7%	321	66.9%	352	89.6%	1,909	89.9%	14,081	61.3%	26,890
Black or African American	742	6.6%	126	0.7%	269	2.8%	66	0.5%	828	7.6%	17	1.5%	21	4.4%	0	0.0%	54	2.5%	4,537	19.8%	7,513
American Indian and Alaska Native	115	1.0%	16	0.1%	0	0.0%	0	0.0%	27	0.3%	15	1.3%	0	0.0%	0	0.0%	0	0.0%	202	0.9%	131
Asian	482	4.3%	1,322	7.5%	2,235	23.4%	162	1.3%	1,478	17.9%	267	23.2%	138	28.8%	51	13.0%	198	9.2%	4,074	17.7%	2,650
Native Hawaiian and Other Pacific Islander	5	0.0%	0	0.0%	0	0.0%	19	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	0.0%	17
Some other race	94	0.8%	65	0.4%	33	0.3%	94	0.7%	298	3.6%	17	1.5%	0	0.0%	16	4.1%	27	1.3%	683	3.0%	590
HISPANIC OR LATINO AND RACE																					
Total population	11,164	11,164	17,649	17,649	9,541	9,541	12,747	12,747	8,275	8,275	1,151	1,151	480	480	393	393	2,123	2,123	22,964	22,964	37,309
Hispanic or Latino (of any race)	406	3.6%	1,406	8.0%	344	3.6%	494	3.9%	490	5.9%	171	14.9%	10	2.1%	16	4.1%	178	8.4%	1,561	6.8%	2,002
Mexican	256	2.3%	382	2.2%	86	1.0%	233	1.8%	243	2.9%	60	5.2%	10	2.1%	16	4.1%	90	4.2%	845	3.7%	1,071
Puerto Rican	95	0.9%	59	0.3%	30	0.3%	46	0.4%	49	0.6%	0	0.0%	0	0.0%	0	0.0%	78	3.7%	342	1.5%	290
Cuban	11	0.1%	472	2.7%	39	0.4%	77	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	75	0.3%	103
Other Hispanic or Latino	44	0.4%	493	2.8%	179	1.9%	138	1.1%	198	2.4%	111	9.6%	0	0.0%	0	0.0%	10	0.5%	299	1.3%	538
Not Hispanic or Latino	10,758	96.4%	16,243	92.0%	9,197	96.4%	12,253	96.1%	7,785	94.1%	980	85.1%	470	97.9%	377	95.9%	1,945	91.6%	21,403	93.2%	35,307
White alone	9,461	84.7%	14,792	83.8%	6,728	70.5%	12,081	94.8%	5,639	68.1%	723	62.8%	311	64.8%	326	83.0%	1,690	79.9%	12,786	55.6%	25,159
Black or African American alone	623	5.6%	92	0.5%	224	2.3%	20	0.2%	603	7.3%	17	1.5%	21	4.4%	0	0.0%	44	2.1%	4,237	18.5%	7,102
American Indian and Alaska Native alone	10	0.1%	10	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	32	0.1%	51
Asian alone	449	4.0%	1,132	6.4%	2,049	21.5%	84	0.7%	1,436	17.4%	225	19.5%	138	28.8%	41	10.4%	143	6.7%	3,820	16.6%	2,517
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Some other race alone	7	0.1%	0	0.0%	0	0.0%	0	0.0%	28	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	137	0.6%	74
Two or more races	208	1.9%	217	1.2%	190	2.1%	68	0.5%	79	1.0%	15	1.3%	0	0.0%	10	2.5%	62	2.9%	411	1.8%	404
Two races including Some other race	18	0.2%	0	0.0%	33	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	27	1.3%	27	0.1%	22
Two races excluding Some other race,	190	1.7%	217	1.2%	163	1.7%	68	0.5%	79	1.0%	15	1.3%	0	0.0%	10	2.5%	35	1.6%	384	1.7%	382
Total housing units	4,234	(X)	6,335	(X)	4,652	(X)	4,380	(X)	7,202	(X)	683	(X)	316	(X)	371	(X)	1,580	(X)	12,028	(X)	25,578

ATTACHMENT-ⓧⓧB

Subject	60	ZCTA5 60012		ZCTA5 60613		ZCTA5 60614		ZCTA5 60618		ZCTA5 60622		ZCTA5 60625		ZCTA5 60630		ZCTA5 60631		ZCTA5 60634		ZCTA5 60639	
	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE																					
Total population	37,309	34,569	34,569	49,370	49,370	66,352	66,352	94,286	94,286	52,896	52,896	79,784	79,784	55,571	55,571	29,554	29,554	74,795	74,795	90,858	90,858
Male	45.2%	16,606	48.0%	24,512	49.6%	32,353	48.8%	47,524	50.4%	26,437	50.0%	40,806	51.1%	27,330	49.2%	14,300	48.4%	37,252	49.8%	44,541	49.0%
Female	54.8%	17,963	52.0%	24,858	50.4%	33,999	51.2%	46,762	49.6%	26,459	50.0%	38,978	48.9%	28,241	50.8%	15,254	51.6%	37,543	50.2%	46,317	51.0%
Under 5 years	3.0%	2,573	7.4%	2,562	5.2%	3,261	4.9%	7,893	8.4%	3,383	6.4%	6,396	8.0%	3,772	6.8%	1,557	5.3%	4,380	5.9%	7,316	8.1%
5 to 9 years	2.8%	2,184	6.3%	1,427	2.9%	2,595	3.9%	5,283	5.6%	2,202	4.2%	4,193	5.3%	3,332	6.0%	2,293	7.8%	4,260	5.7%	7,185	7.9%
10 to 14 years	3.0%	2,865	8.3%	1,099	2.2%	1,922	2.9%	4,728	5.0%	2,306	4.4%	4,347	5.4%	3,323	6.0%	1,549	5.2%	4,380	5.9%	8,021	8.8%
15 to 19 years	3.7%	3,150	9.1%	937	1.9%	3,112	4.7%	4,203	4.5%	2,099	4.0%	5,101	6.4%	3,429	6.2%	1,121	3.8%	4,301	5.8%	8,197	9.0%
20 to 24 years	9.1%	2,650	7.7%	5,886	11.9%	9,530	14.4%	6,735	7.1%	4,535	8.6%	5,793	7.3%	3,408	6.1%	1,503	5.1%	4,607	6.2%	7,718	8.5%
25 to 34 years	20.2%	6,869	19.1%	16,430	33.3%	19,618	29.6%	22,632	24.0%	18,512	35.0%	17,865	22.4%	8,113	14.6%	3,392	11.5%	11,696	15.6%	13,997	15.4%
35 to 44 years	11.8%	4,767	13.8%	8,169	16.5%	9,631	14.5%	15,869	16.8%	8,047	15.2%	12,772	16.0%	8,617	15.5%	4,645	15.7%	9,886	13.2%	13,037	14.3%
45 to 54 years	10.5%	3,985	11.5%	5,038	10.2%	6,263	9.4%	10,553	11.2%	4,994	9.4%	9,224	11.6%	8,474	15.2%	4,592	15.5%	10,662	14.3%	11,871	13.1%
55 to 59 years	5.4%	1,605	4.6%	2,068	4.2%	2,912	4.4%	5,108	5.4%	1,797	3.4%	4,588	5.8%	3,633	6.5%	2,077	7.0%	5,508	7.4%	4,498	5.0%
60 to 64 years	6.0%	1,434	4.1%	1,677	3.4%	2,617	3.9%	3,590	3.8%	1,639	3.1%	2,991	3.7%	2,370	4.3%	1,371	4.6%	4,757	6.4%	2,908	3.2%
65 to 74 years	8.9%	1,427	4.1%	2,173	4.4%	2,781	4.2%	4,691	5.0%	1,874	3.5%	3,589	4.5%	3,353	6.0%	2,126	7.2%	4,997	6.7%	4,047	4.5%
75 to 84 years	4.9%	830	2.4%	1,184	2.4%	1,387	2.1%	2,229	2.4%	1,059	2.0%	2,117	2.7%	2,439	4.4%	1,952	6.6%	3,668	4.9%	1,437	1.6%
85 years and over	1.7%	488	1.4%	740	1.5%	725	1.1%	766	0.8%	459	0.9%	809	1.0%	1,308	2.4%	1,382	4.7%	1,673	2.2%	628	0.7%
Median age (years)	(X)	30.6	(X)	31.8	(X)	30.4	(X)	32.7	(X)	30.7	(X)	32.7	(X)	37.8	(X)	42.5	(X)	38.9	(X)	30.4	(X)
18 years and over	69.6%	24,831	71.8%	43,747	88.6%	57,641	86.9%	73,753	78.2%	43,725	82.7%	62,192	78.0%	43,111	77.6%	23,366	79.1%	59,233	79.2%	63,606	70.0%
21 years and over	66.5%	23,262	67.3%	43,069	87.2%	53,767	81.0%	71,269	75.6%	42,420	80.2%	58,512	73.3%	40,954	73.7%	22,635	76.6%	56,709	75.8%	58,347	64.2%
62 years and over	19.0%	3,636	10.5%	5,060	10.2%	6,358	9.6%	9,702	10.3%	4,264	8.1%	8,231	10.3%	8,447	15.2%	6,110	20.7%	13,074	17.5%	7,967	8.8%
65 years and over	15.4%	2,731	7.9%	4,077	8.3%	4,893	7.4%	7,686	8.2%	3,392	6.4%	6,514	8.2%	7,100	12.8%	5,454	18.5%	10,338	13.8%	6,112	6.7%
16 years and over	33,440	24,831	24,831	43,747	43,747	57,641	57,641	73,753	73,753	43,725	43,725	62,192	62,192	43,111	43,111	23,366	23,366	59,233	59,233	63,606	63,606
Male	44.7%	11,536	46.5%	21,733	49.7%	27,803	48.3%	37,449	50.8%	21,736	49.7%	31,364	50.4%	20,780	48.2%	11,184	47.9%	28,992	48.9%	31,303	49.2%
Female	55.3%	13,295	53.5%	22,014	50.3%	29,778	51.7%	36,304	49.2%	21,989	50.3%	30,828	49.6%	22,331	51.8%	12,182	52.1%	30,241	51.1%	32,303	50.8%
65 years and over	5,757	2,731	2,731	4,077	4,077	4,893	4,893	7,686	7,686	3,392	3,392	6,514	6,514	7,100	7,100	5,454	5,454	10,338	10,338	6,112	6,112
Male	44.3%	1,106	40.5%	1,447	35.5%	2,427	49.6%	3,248	42.3%	1,374	40.5%	2,919	44.8%	2,823	39.8%	2,062	37.8%	3,758	36.4%	2,682	43.9%
Female	55.7%	1,625	59.5%	2,630	64.5%	2,466	50.4%	4,438	57.7%	2,018	59.5%	3,595	55.2%	4,277	60.2%	3,392	62.2%	6,580	63.6%	3,430	56.1%
RACE																					
Total population	37,309	34,569	34,569	49,370	49,370	66,352	66,352	94,286	94,286	52,896	52,896	79,784	79,784	55,571	55,571	29,554	29,554	74,795	74,795	90,858	90,858
One race	98.8%	33,929	98.1%	48,452	98.1%	65,423	98.6%	91,876	97.4%	51,779	97.9%	77,430	97.0%	53,932	97.1%	29,086	98.4%	73,380	98.1%	89,734	98.8%
Two or more races	1.2%	640	1.9%	918	1.9%	929	1.4%	2,410	2.6%	1,117	2.1%	2,354	3.0%	1,639	2.9%	468	1.6%	1,415	1.9%	1,124	1.2%
One race	98.8%	33,929	98.1%	48,452	98.1%	65,423	98.6%	91,876	97.4%	51,779	97.9%	77,430	97.0%	53,932	97.1%	29,086	98.4%	73,380	98.1%	89,734	98.8%
White	71.0%	9,360	27.1%	40,342	81.7%	57,926	87.3%	63,391	67.2%	38,498	72.8%	39,109	49.0%	41,049	73.9%	26,758	90.5%	55,632	74.4%	25,062	27.6%
Black or African American	19.4%	20,877	60.4%	3,161	6.4%	2,675	4.0%	2,643	2.8%	4,580	8.7%	3,549	4.4%	541	1.0%	243	0.8%	1,179	1.6%	16,283	17.9%
American Indian and Alaska Native	0.1%	36	0.1%	65	0.1%	150	0.2%	156	0.2%	225	0.4%	250	0.3%	158	0.3%	75	0.3%	136	0.2%	204	0.2%
Cherokee tribal grouping	0.0%	0	0.0%	0	0.0%	10	0.0%	104	0.1%	0	0.0%	18	0.0%	14	0.0%	0	0.0%	0	0.0%	0	0.0%
Chippewa tribal grouping	0.1%	0	0.0%	20	0.0%	7	0.0%	0	0.0%	0	0.0%	10	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Navajo tribal grouping	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sioux tribal grouping	0.0%	0	0.0%	0	0.0%	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	60	0.1%	0	0.0%
Asian	6.8%	1,793	5.2%	3,224	6.5%	3,761	5.7%	4,935	5.2%	1,602	3.0%	11,212	14.1%	5,196	9.4%	710	2.4%	3,443	4.6%	777	0.9%
Asian Indian	2.4%	476	1.4%	883	1.8%	1,110	1.7%	626	0.7%	183	0.3%	2,233	2.8%	930	1.7%	350	1.2%	278	0.4%	11	0.0%
Chinese	1.5%	451	1.3%	556	1.1%	888	1.3%	302	0.3%	234	0.4%	654	0.8%	443	0.8%	94	0.3%	108	0.1%	54	0.1%
Filipino	0.9%	324	0.9%	865	1.8%	493	0.7%	2,763	2.9%	501	0.9%	3,525	4.4%	2,147	3.9%	103	0.3%	2,251	3.0%	476	0.5%
Japanese	0.5%	6	0.0%	169	0.3%	352	0.5%	237	0.3%	77	0.1%	286	0.4%	115	0.2%	16	0.1%	37	0.0%	51	0.1%
Korean	0.8%	341	1.0%	378	0.8%	451	0.7%	368	0.4%	369	0.7%	1,412	1.8%	193	0.3%	46	0.2%	144	0.2%	0	0.0%
Vietnamese	0.3%	13	0.0%	161	0.3%	75	0.1%	161	0.2%	121	0.2%	805	1.0%	604	1.1%	14	0.0%	183	0.2%	0	0.0%
Other Asian	0.5%	182	0.5%	192	0.4%	392	0.6%	476	0.5%	117	0.2%	2,297	2.9%	784	1.4%	87	0.3%	442	0.6%	185	0.2%
Native Hawaiian and Other Pacific	0.0%	32	0.1%	0	0.0%	0	0.0%	20	0.0%	25	0.0%	124	0.2%	0	0.0%	0	0.0%	19	0.0%	0	0.0%
Native Hawaiian	0.0%	32	0.1%	0	0.0%	0	0.0%	0	0.0%	25	0.0%	35	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Guamanian or Chamorro	0.0%	0	0.0%	0	0.0%	0	0.0%	29	0.0%	0	0.0%	89	0.1%	0	0.0%	0	0.0%	19	0.0%	0	0.0%
Samoan	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Pacific Islander	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race	1.4%	1,831	5.3%	1,660	3.4%	911	1.4%	20,722	22.0%	6,849	12.9%	23,177	29.0%	6,988	12.6%	1,300	4.4%	12,971	17.3%	47,408	52.2%
Two or more races	1.2%	640	1.9%	918	1.9%	929	1.4%	2,410	2.6%	1,117	2.1%	2,354	3.0%	1,639	2.9%	468	1.6%	1,415	1.9%	1,124	1.2%
White and Black or African American	0.6%	270	0.8%	284	0.6%	115	0.2%	517	0.5%	138	0.3%	202	0.3%	132	0.2%	26	0.1%	214	0.3%	155	0.2%
White and American Indian and Alaska	0.0%	35	0.1%	106	0.2%	111	0.2%	150	0.2%	57	0.1%	110	0.1%	242	0.4%	4	0.0%	27	0.0%	38	0.0%
White and Asian	0.2%	52	0.2%	335	0.7%	595	0.9%	896	1.0%	419	0.8%	744	0.9%	395	0.7%	71	0.2%	399	0.5%	127	0.1%
Black or African American and American	0.1%	8	0.0%	0	0.0%	0	0.0%	31	0.0%	8	0.0%	35	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Race alone or in combination with one or																					
Total population	37,309	34,569	34,569	49,370	49,370	66,352	66,352	94,286	94,286	52,896	52,896	79,784	79,784	55,571	55,571	29,554	29,554	74,795	74,795	90,858	90,858
White	72.1%	9,867	28.5%	41,190	83.4%	59,837	88.7%	65,524	69.5%	39,544	74.8%	40,725	51.0%	42,533	76.5%	27,200	92.0%	56,985	76.2%	25,031	28.5%
Black or African American	20.1%	21,261	61.5%	3,507	7.1%	2,781	4.2%	3,290	3.5%	4,825	9.1%	4,076	5.1%	781	1.4%	269	0.9%	1,444	1.9%	16,657	18.3%
American Indian and Alaska Native	0.4%	90	0.3%	181	0.4%	261	0.4%	404	0.4%	332	0.6%	503	0.6%	455	0.8%	79	0.3%	177	0.2%	319	0.4%
Asian	7.1%	1,925	5.6%	3,605	7.3%	4,373	6.6%	6,148	6.5%	2,119	4.0%	12,588	15.8%	5,826	10.5%	807	2.7%	3,874	5.2%	935	1.0%
Native Hawaiian and Other Pacific Islander	0.0%	32	0.1%	0	0.0%	0	0.0%	96	0.1%	111	0.2%	291	0.4%	75	0.1%	0	0.0%	19	0.0%	0	0.0%
Some other race	1.6%	2,056	5.9%	1,815	3.7%	1,019	1.5%	21,371	22.7%	7,193	13.6%	24,146	30.3%	7,899	13.9%	1,687	5.6%	13,725	18.4%	48,182	53.0%
HISPANIC OR LATINO AND RACE																					
Total population	37,309	34,569	34,569	49,370	49,370	66,352	66,352	94,286	94,286	52,896	52,896	79,784	79,784	55,571	55,571	29,554	29,554	74,795	74,795	90,858	90,858
Hispanic or Latino (of any race)	5.4%	4,412	12.8%	4,932	10.0%	3,944	5.9%	42,816	45.4%	15,445	29.2%	31,117	39.0%	13,534	24.4%	3,558	12.0%	25,027	33.5%	66,559	73.3%
Mexican	2.9%	3,109	9.0%	2,807	5.7%	1,910	2.9%	25,219	26.7%	6,595	12.5%	18,820	23.3%	7,928	14.3%	1,777	6.0%	14,443	19.3%	42,312	46.6%
Puerto Rican	0.8%	884	2.6%	710	1.4%	788	1.2%	6,648	7.1%	6,820	12.0%	2,948	3.7%	2,561	4.6%	697	2.4%	5,943	7.9%	15,907	17.5%
Cuban	0.3%	26	0.1%	200	0.4%	391	0.6%	738	0.8%	152	0.3%	760	1.0%	412	0.7%	88	0.3%	530	0.7%	273	0.3%
Other Hispanic or Latino	1.4%	393	1.1%	1,215	2.5%	855	1.3%	10,211	10.8%	1,878	3.6%	8,760	11.0%	2,633	4.7%	996	3.4%	4,111	5.5%	8,067	8.9%
Not Hispanic or Latino	94.6%	30,157	87.2%	44,438	90.0%	62,408	94.1%	51,470	54.6%	37,451	70.8%	48,667	61.0%	42,037	75.6%	25,996	88.0%	49,768	66.5%	24,299	26.7%
White alone	67.4%	7,046	20.4%	37,368	75.7%	55,062	83.0%	42,283	44.8%	30,688	58.0%	32,089	40.2%	35,157	63.3%	24,948	84.4%	44,710	59.8%	7,378	8.1%
Black or African American alone	19.0%	20,759	60.1%	3,094	6.3%	2,584	3.9%	2,169	2.3%	4,183	7.9%	3,452	4.3%	512	0.9%	243	0.8%	1,044	1.4%	15,360	16.9%
American Indian and Alaska Native alone	0.1%	9	0.0%	39	0.1%	101	0.2%	112	0.1%	118	0.2%	76	0.1%	65	0.1%	8	0.0%	104	0.1%	30	0.0%
Asian alone	6.7%	1,781	5.2%	3,201	6.5%	3,744	5.6%	4,740	5.0%	1,558	2.9%	11,164	14.0%	5,107	9.2%	656	2.2%	3,213	4.3%	845	0.7%
Native Hawaiian and Other Pacific	0.0%	32	0.1%	0	0.0%	0	0.0%	0	0.0%	25	0.0%	124	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Some other race alone	0.2%	167	0.5%	41	0.1%	82	0.1%	392	0.4%	244	0.5%	284	0.4%	283	0.5%	0	0.0%	66	0.1%	599	0.7%
Two or more races	1.1%	363	1.1%	695	1.4%	825	1.3%	1,784	1.9%	635	1.2%	1,478	1.9%	913	1.6%	141	0.5%	629	0.8%	281	0.3%
Two races including Some other race	0.1%	43	0.1%	24	0.0%	25	0.0%	142	0.2%	0	0.0%	367	0.5%	62	0.1%	40	0.1%	110	0.1%	66	0.1%
Two races excluding Some other race,	1.0%	320	0.9%	671	1.4%	810	1.2%	1,642	1.7%	635	1.2%	1,111	1.4%	851	1.5%	101	0.3%	519	0.7%	215	0.2%
Total housing units	(X)	15,902	(X)	29,783	(X)	37,105	(X)	39,844	(X)	26,533	(X)	32,005	(X)	22,519	(X)	12,542	(X)	27,399	(X)	28,839	(X)

ATTACHMENT-⊠B

Subject	ZCTA5 60641		ZCTA5 60645		ZCTA5 60646		ZCTA5 60647		ZCTA5 60654		ZCTA5 60656		ZCTA5 60657		ZCTA5 60659		ZCTA5 60661		ZCTA5 60706		ZCTA5 6
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
SEX AND AGE																					
Total population	70,874	70,874	45,511	45,511	27,829	27,829	86,345	86,345	14,059	14,059	26,219	26,219	68,809	68,809	39,586	39,586	6,648	6,648	22,958	22,958	42,164
Male	35,127	49.6%	21,307	46.8%	13,415	48.2%	43,866	50.8%	6,601	47.0%	12,835	49.0%	34,343	49.9%	19,712	49.8%	3,395	51.1%	10,646	46.4%	20,485
Female	35,747	50.4%	24,204	53.2%	14,414	51.8%	42,479	49.2%	7,458	53.0%	13,384	51.0%	34,466	50.1%	19,874	50.2%	3,253	48.9%	12,312	53.6%	21,679
Under 5 years	4,802	6.8%	3,661	8.0%	2,042	7.3%	5,879	6.8%	672	4.8%	1,751	6.7%	3,555	5.2%	3,413	8.6%	164	2.5%	861	3.8%	2,446
5 to 9 years	4,388	6.2%	3,528	7.8%	1,797	6.5%	4,808	5.6%	76	0.5%	1,270	4.8%	1,835	2.7%	2,714	6.9%	18	0.3%	912	4.0%	2,616
10 to 14 years	4,975	7.0%	3,200	7.0%	1,576	5.7%	4,344	5.0%	191	1.4%	1,145	4.4%	1,020	1.5%	2,784	7.0%	113	1.7%	1,235	5.4%	2,419
15 to 19 years	4,410	6.2%	3,041	6.7%	1,510	5.4%	5,005	5.8%	164	1.2%	846	3.2%	1,155	1.7%	2,251	5.7%	97	1.5%	1,461	6.4%	2,341
20 to 24 years	5,107	7.2%	3,051	6.7%	1,340	4.8%	7,789	9.0%	930	6.6%	1,617	6.2%	8,812	12.8%	2,631	6.6%	820	12.3%	1,562	6.8%	3,354
25 to 34 years	11,795	16.6%	6,126	13.5%	2,829	10.2%	23,389	27.1%	5,798	41.2%	4,321	16.5%	26,192	38.1%	6,257	15.8%	3,298	49.6%	2,528	11.0%	6,323
35 to 44 years	10,983	15.5%	5,962	13.1%	3,623	13.0%	14,094	16.3%	2,360	16.8%	3,823	14.6%	11,127	16.2%	5,669	14.3%	1,116	16.8%	2,785	12.1%	5,456
45 to 54 years	10,306	14.5%	6,460	14.2%	4,428	15.9%	9,504	11.0%	1,819	12.9%	3,605	13.7%	6,398	9.3%	5,036	12.7%	621	9.3%	3,452	15.0%	6,182
55 to 59 years	4,182	5.9%	2,590	5.7%	1,902	6.8%	3,359	3.9%	877	6.2%	2,156	8.2%	2,430	3.5%	2,361	6.0%	203	3.1%	1,530	6.7%	3,179
60 to 64 years	3,695	5.1%	2,336	5.1%	1,023	3.8%	2,689	3.1%	509	3.6%	1,474	5.6%	1,907	2.8%	2,277	5.8%	107	1.6%	1,256	5.5%	1,826
65 to 74 years	3,412	4.8%	2,901	6.4%	2,368	8.5%	3,302	3.8%	433	3.1%	2,133	8.1%	2,310	3.4%	2,449	6.2%	57	0.9%	1,824	7.9%	2,667
75 to 84 years	2,143	3.0%	1,668	3.7%	1,750	6.3%	1,689	2.0%	210	1.5%	1,449	5.5%	1,185	1.7%	1,201	3.0%	1	0.0%	2,489	10.8%	2,377
85 years and over	736	1.0%	988	2.2%	1,041	3.7%	454	0.5%	20	0.1%	629	2.4%	883	1.3%	543	1.4%	33	0.5%	1,063	4.6%	978
Median age (years)	35.0	(X)	35.2	(X)	42.6	(X)	31.1	(X)	32.9	(X)	40.6	(X)	30.6	(X)	34.5	(X)	30.8	(X)	45.4	(X)	37.8
18 years and over	53,915	76.1%	33,098	72.7%	21,402	76.9%	68,312	79.1%	13,066	92.9%	21,579	82.3%	61,896	90.0%	29,356	74.2%	6,310	94.9%	19,167	83.5%	33,230
21 years and over	51,351	72.5%	31,425	69.0%	20,708	74.4%	64,900	75.2%	12,884	91.6%	21,029	80.2%	60,502	87.9%	27,895	70.5%	6,161	92.7%	18,182	79.2%	31,690
62 years and over	8,071	11.4%	6,776	14.9%	6,124	22.0%	7,960	9.2%	976	6.9%	5,105	19.5%	5,484	8.0%	5,507	13.9%	156	2.3%	6,070	26.4%	7,044
65 years and over	6,291	8.9%	5,557	12.2%	5,159	18.5%	5,505	6.4%	663	4.7%	4,211	16.1%	4,378	6.4%	4,193	10.6%	91	1.4%	5,376	23.4%	6,022
18 years and over	53,915	53,915	33,098	33,098	21,402	21,402	68,312	68,312	13,066	13,066	21,579	21,579	61,896	61,896	29,356	29,356	6,310	6,310	19,167	19,167	33,230
Male	26,799	49.7%	15,606	47.2%	10,240	47.8%	34,911	51.1%	6,066	46.4%	10,321	47.8%	31,038	50.1%	14,410	49.1%	3,250	51.5%	8,669	45.2%	15,551
Female	27,116	50.3%	17,492	52.8%	11,162	52.2%	33,401	48.9%	7,000	53.6%	11,258	52.2%	30,858	49.9%	14,946	50.9%	3,060	48.5%	10,498	54.8%	17,679
65 years and over	6,291	6,291	5,557	5,557	5,159	5,159	5,505	5,505	663	663	4,211	4,211	4,378	4,378	4,193	4,193	91	91	5,376	5,376	6,022
Male	2,501	39.8%	2,048	36.9%	2,096	40.6%	2,436	44.3%	285	43.0%	1,671	39.7%	2,129	48.6%	1,852	44.2%	61	67.0%	1,934	36.0%	2,252
Female	3,790	60.2%	3,509	63.1%	3,063	59.4%	3,069	55.7%	378	57.0%	2,540	60.3%	2,249	51.4%	2,341	55.8%	30	33.0%	3,442	64.0%	3,770
RACE																					
Total population	70,874	70,874	45,511	45,511	27,829	27,829	86,345	86,345	14,059	14,059	26,219	26,219	68,809	68,809	39,586	39,586	6,648	6,648	22,958	22,958	42,164
One race	69,100	97.5%	44,047	96.8%	26,956	96.9%	84,151	97.5%	13,847	98.5%	25,739	98.2%	67,706	98.4%	38,727	97.8%	6,517	98.0%	22,728	99.0%	41,171
Two or more races	1,774	2.5%	1,464	3.2%	873	3.1%	2,194	2.5%	212	1.5%	480	1.8%	1,103	1.6%	859	2.2%	131	2.0%	230	1.0%	993
One race	69,100	97.5%	44,047	96.8%	26,956	96.9%	84,151	97.5%	13,847	98.5%	25,739	98.2%	67,706	98.4%	38,727	97.8%	6,517	98.0%	22,728	99.0%	41,171
White	41,003	57.9%	24,532	53.9%	22,673	81.5%	60,950	70.6%	10,815	76.9%	22,645	87.1%	50,779	86.9%	19,467	49.2%	4,526	68.1%	20,518	89.4%	30,040
Black or African American	2,104	3.0%	8,014	17.6%	455	1.6%	6,522	7.6%	578	4.1%	666	0.6%	1,881	2.7%	3,460	8.7%	526	7.9%	116	0.5%	2,910
American Indian and Alaska Native	340	0.5%	185	0.4%	26	0.1%	148	0.2%	105	0.7%	46	0.2%	59	0.1%	271	0.7%	21	0.3%	17	0.1%	96
Cherokee tribal grouping	46	0.1%	0	0.0%	14	0.1%	7	0.0%	0	0.0%	0	0.0%	11	0.0%	7	0.0%	21	0.3%	0	0.0%	0
Chippewa tribal grouping	13	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6
Navajo tribal grouping	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	174	0.4%	0	0.0%	17	0.1%	0
Sioux tribal grouping	19	0.0%	0	0.0%	0	0.0%	0	0.0%	18	0.1%	0	0.0%	0	0.0%	22	0.1%	0	0.0%	0	0.0%	0
Asian	3,078	4.3%	7,176	15.8%	2,907	10.7%	2,582	3.0%	1,708	12.1%	1,840	7.0%	4,555	6.6%	10,795	27.3%	1,314	19.6%	1,243	5.4%	1,219
Asian Indian	578	0.8%	1,907	4.2%	673	2.4%	451	0.5%	569	4.0%	495	1.9%	803	1.2%	2,739	6.9%	784	11.8%	13	0.1%	145
Chinese	292	0.4%	761	1.7%	605	2.2%	456	0.5%	246	1.7%	228	0.9%	1,139	1.6%	726	1.8%	304	4.6%	58	0.3%	85
Filipino	1,801	2.3%	1,331	2.9%	832	3.0%	593	0.7%	219	1.6%	653	2.5%	812	1.2%	1,651	4.2%	29	0.4%	944	4.1%	683
Japanese	150	0.2%	75	0.2%	105	0.4%	73	0.1%	277	2.0%	11	0.0%	460	0.7%	186	0.5%	0	0.0%	26	0.1%	51
Korean	300	0.4%	628	1.4%	297	1.1%	466	0.5%	142	1.0%	25	0.1%	521	0.8%	708	1.8%	77	1.2%	137	0.6%	50
Vietnamese	28	0.0%	693	1.5%	362	1.3%	220	0.3%	61	0.4%	118	0.5%	375	0.5%	1,265	3.2%	92	1.4%	30	0.1%	0
Other Asian	129	0.2%	1,783	3.9%	92	0.3%	333	0.4%	74	0.5%	310	1.2%	464	0.7%	3,500	8.8%	28	0.4%	35	0.2%	205
Native Hawaiian and Other Pacific	32	0.0%	57	0.1%	35	0.1%	20	0.0%	0	0.0%	0	0.0%	57	0.1%	0	0.0%	0	0.0%	0	0.0%	0
Native Hawaiian	32	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	9	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Guamanian or Chamorro	0	0.0%	43	0.1%	35	0.1%	20	0.0%	0	0.0%	0	0.0%	48	0.1%	0	0.0%	0	0.0%	0	0.0%	0
Samoan	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Other Pacific Islander	0	0.0%	14	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Some other race	22,543	31.8%	4,081	9.0%	800	2.9%	13,929	16.1%	641	4.6%	842	3.2%	1,375	2.0%	4,734	12.0%	128	1.9%	832	3.6%	6,906
Two or more races	1,774	2.5%	1,464	3.2%	873	3.1%	2,194	2.5%	212	1.5%	480	1.8%	1,103	1.6%	859	2.2%	131	2.0%	230	1.0%	993
White and Black or African American	296	0.4%	568	1.2%	62	0.2%	611	0.7%	13	0.1%	13	0.0%	227	0.3%	310	0.8%	51	0.8%	35	0.2%	206
White and American Indian and Alaska	58	0.1%	87	0.2%	124	0.4%	231	0.3%	49	0.3%	149	0.6%	129	0.2%	28	0.1%	0	0.0%	72	0.3%	79
White and Asian	478	0.7%	323	0.7%	334	1.2%	358	0.4%	49	0.3%	166	0.6%	516	0.7%	226	0.6%	39	0.6%	53	0.2%	76
Black or African American and American	28	0.0%	230	0.5%	13	0.0%	42	0.0%	0	0.0%	0	0.0%	6	0.0%	13	0.0%	0	0.0%	0	0.0%	0
Race alone or in combination with one or																					
Total population	70,874	70,874	45,511	45,511	27,829	27,829	86,345	86,345	14,059	14,059	26,219	26,219	68,809	68,809	39,586	39,586	6,648	6,648	22,958	22,958	42,164
White	42,542	60.0%	25,742	56.6%	23,445	84.2%	62,879	72.8%	10,950	78.0%	23,288	88.8%	60,600	88.4%	20,167	50.9%	4,629	69.6%	20,721	90.3%	30,639
Black or African American	2,446	3.5%	8,889	19.5%	602	2.2%	7,387	8.6%	604	4.3%	194	0.7%	2,211	3.2%	3,604	9.6%	591	8.9%	171	0.7%	3,205
American Indian and Alaska Native	610	0.9%	593	1.3%	191	0.7%	529	0.6%	154	1.1%	217	0.8%	250	0.4%	312	0.8%	21	0.3%	107	0.5%	175
Asian	3,556	5.0%	7,513	16.5%	3,402	12.2%	3,061	3.5%	1,812	12.9%	2,028	7.7%	5,156	7.5%	11,186	28.3%	1,383	20.8%	1,323	5.8%	1,600
Native Hawaiian and Other Pacific Islander	176	0.2%	69	0.2%	71	0.3%	48	0.1%	33	0.2%	0	0.0%	122	0.2%	0	0.0%	16	0.2%	0	0.0%	403
Some other race	23,328	32.9%	4,248	9.3%	1,039	3.7%	14,742	17.1%	709	5.0%	972	3.7%	1,468	2.1%	4,995	12.6%	139	2.1%	884	3.9%	7,135
HISPANIC OR LATINO AND RACE																					
Total population	70,874	70,874	45,511	45,511	27,829	27,829	86,345	86,345	14,059	14,059	26,219	26,219	68,809	68,809	39,586	39,586	6,648	6,648	22,958	22,958	42,164
Hispanic or Latino (of any race)	37,300	52.6%	9,229	20.3%	3,088	11.1%	44,313	51.3%	1,044	7.4%	2,668	10.2%	5,144	7.5%	9,247	23.4%	318	4.8%	1,943	8.5%	12,522
Mexican	20,345	28.7%	6,451	14.2%	1,704	6.1%	24,121	27.9%	424	3.0%	1,080	4.2%	2,794	4.1%	6,068	15.3%	109	1.6%	1,022	4.5%	6,544
Puerto Rican	9,238	13.0%	1,125	2.5%	746	2.7%	14,241	16.5%	46	0.3%	750	2.9%	796	1.2%	733	1.9%	38	0.6%	454	2.0%	3,418
Cuban	465	0.7%	200	0.4%	25	0.1%	504	0.6%	39	0.3%	41	0.2%	324	0.5%	375	0.9%	17	0.3%	15	0.1%	165
Other Hispanic or Latino	7,252	10.2%	1,453	3.2%	613	2.2%	5,447	6.3%	535	3.8%	779	3.0%	1,228	1.8%	2,071	5.2%	154	2.3%	452	2.0%	2,395
Not Hispanic or Latino	33,574	47.4%	36,282	79.7%	24,741	88.9%	42,032	48.7%	13,015	92.6%	23,551	89.8%	63,665	92.5%	30,339	76.6%	6,330	95.2%	21,015	91.5%	29,642
White alone	27,440	38.7%	20,467	45.0%	20,949	75.3%	32,106	37.2%	10,199	72.5%	21,310	81.3%	56,072	81.5%	15,171	38.3%	4,258	64.0%	19,512	85.0%	24,778
Black or African American alone	1,926	2.7%	7,327	16.1%	443	1.6%	6,008	7.0%	578	4.1%	166	0.6%	1,844	2.7%	3,398	8.6%	510	7.7%	84	0.4%	2,672
American Indian and Alaska Native alone	125	0.2%	64	0.1%	14	0.1%	44	0.1%	105	0.7%	0	0.0%	24	0.0%	258	0.7%	0	0.0%	0	0.0%	31
Asian alone	2,977	4.2%	7,178	15.8%	2,884	10.4%	2,533	2.9%	1,708	12.1%	1,823	7.0%	4,491	6.5%	10,674	27.0%	1,314	19.8%	1,208	5.3%	1,151
Native Hawaiian and Other Pacific	32	0.0%	14	0.0%	35	0.1%	0	0.0%	0	0.0%	0	0.0%	9	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Some other race alone	292	0.4%	223	0.5%	0	0.0%	83	0.1%	223	1.6%	13	0.0%	205	0.3%	174	0.4%	126	1.9%	64	0.3%	90
Two or more races	782	1.1%	1,009	2.2%	416	1.5%	1,258	1.5%	212	1.5%	239	0.9%	1,020	1.5%	664	1.7%	120	1.8%	147	0.6%	720
Two races including Some other race	84	0.1%	42	0.1%	33	0.1%	48	0.1%	68	0.5%	25	0.1%	30	0.0%	110	0.3%	0	0.0%	11	0.0%	19
Two races excluding Some other race	698	1.0%	967	2.1%	383	1.4%	1,210	1.4%	144	1.0%	214	0.8%	990	1.4%	554	1.4%	120	1.8%	136	0.6%	701
Total housing units	27,177	(X)	17,466	(X)	11,365	(X)	38,873	(X)	11,314	(X)	12,132	(X)	40,742	(X)	14,099	(X)	5,079	(X)	9,629	(X)	16,829

Subject	707	ZCTA5 60712		ZCTA5 60714	
	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE					
Total population	42,164	12,483	12,483	29,718	29,718
Male	48.6%	6,234	49.9%	14,366	48.3%
Female	51.4%	6,249	50.1%	15,352	51.7%
Under 5 years	5.8%	511	4.1%	1,321	4.4%
5 to 9 years	6.2%	804	6.4%	1,273	4.3%
10 to 14 years	5.7%	781	6.3%	1,461	4.9%
15 to 19 years	5.6%	882	7.1%	1,417	4.8%
20 to 24 years	8.0%	720	5.8%	1,369	4.6%
25 to 34 years	15.0%	919	7.4%	3,681	12.4%
35 to 44 years	12.9%	1,120	9.0%	3,124	10.5%
45 to 54 years	14.7%	1,710	13.7%	4,097	13.8%
55 to 59 years	7.5%	1,065	8.5%	2,158	7.3%
60 to 64 years	4.3%	858	6.9%	2,225	7.5%
65 to 74 years	6.3%	1,444	11.6%	3,228	10.9%
75 to 84 years	5.0%	1,094	8.8%	2,924	9.8%
85 years and over	2.3%	560	4.5%	1,440	4.8%
Median age (years)	(X)	47.7	(X)	48.4	(X)
18 years and over	78.8%	9,881	79.2%	24,804	83.5%
21 years and over	75.2%	9,318	74.6%	24,120	81.2%
62 years and over	10.7%	3,559	28.5%	8,715	29.3%
65 years and over	14.3%	3,098	24.8%	7,592	25.5%
18 years and over	33,230	9,881	9,881	24,804	24,804
Male	46.8%	4,648	47.0%	11,667	47.0%
Female	53.2%	5,233	53.0%	13,137	53.0%
65 years and over	6,022	3,098	3,098	7,592	7,592
Male	37.4%	1,456	47.0%	2,997	39.5%
Female	62.6%	1,642	53.0%	4,595	60.5%
RACE					
Total population	42,164	12,483	12,483	29,718	29,718
One race	97.6%	12,362	99.0%	29,271	98.5%
Two or more races	2.4%	121	1.0%	447	1.5%
One race	97.6%	12,362	99.0%	29,271	98.5%
White	71.2%	8,545	68.5%	22,192	74.7%
Black or African American	6.6%	283	2.1%	407	1.4%
American Indian and Alaska Native	0.2%	206	1.7%	67	0.2%
Cherokee tribal grouping	0.0%	0	0.0%	0	0.0%
Chippewa tribal grouping	0.0%	179	1.4%	0	0.0%
Navajo tribal grouping	0.0%	0	0.0%	0	0.0%
Sioux tribal grouping	0.0%	0	0.0%	0	0.0%
Asian	2.9%	3,216	25.8%	5,600	18.8%
Asian Indian	0.3%	1,414	11.3%	2,245	7.6%
Chinese	0.2%	50	0.4%	305	1.0%
Filipino	1.6%	326	2.6%	1,043	3.5%
Japanese	0.1%	42	0.3%	68	0.2%
Korean	0.1%	272	2.2%	1,042	3.5%
Vietnamese	0.0%	405	3.2%	129	0.4%
Other Asian	0.5%	709	5.7%	768	2.6%
Native Hawaiian and Other Pacific	0.0%	0	0.0%	0	0.0%
Native Hawaiian	0.0%	0	0.0%	0	0.0%
Guamanian or Chamorro	0.0%	0	0.0%	0	0.0%
Samoan	0.0%	0	0.0%	0	0.0%
Other Pacific Islander	0.0%	0	0.0%	0	0.0%
Some other race	16.4%	130	1.0%	1,005	3.4%
Two or more races	2.4%	121	1.0%	447	1.5%
White and Black or African American	0.5%	45	0.4%	64	0.2%
White and American Indian and Alaska	0.2%	62	0.5%	38	0.1%
White and Asian	0.2%	0	0.0%	112	0.4%
Black or African American and American	0.0%	8	0.1%	4	0.0%
Race alone or in combination with one or					
Total population	42,164	12,483	12,483	29,718	29,718
White	72.7%	8,658	69.4%	22,562	75.9%
Black or African American	7.6%	316	2.5%	524	1.8%
American Indian and Alaska Native	0.4%	276	2.2%	234	0.8%
Asian	3.8%	3,218	25.8%	5,820	19.6%
Native Hawaiian and Other Pacific Islander	1.0%	0	0.0%	70	0.2%
Some other race	16.0%	136	1.1%	1,070	3.6%
HISPANIC OR LATINO AND RACE					
Total population	42,164	12,483	12,483	29,718	29,718
Hispanic or Latino (of any race)	29.7%	763	6.1%	2,881	9.7%
Mexican	15.5%	269	2.2%	1,938	6.5%
Puerto Rican	8.1%	51	0.4%	300	1.0%
Cuban	0.4%	170	1.4%	97	0.3%
Other Hispanic or Latino	5.7%	273	2.2%	546	1.8%
Not Hispanic or Latino	70.3%	11,720	93.9%	26,837	90.3%
White alone	58.6%	8,018	64.2%	20,398	68.6%
Black or African American alone	6.8%	283	2.1%	407	1.4%
American Indian and Alaska Native alone	0.1%	206	1.7%	67	0.2%
Asian alone	2.7%	3,218	25.8%	5,560	18.8%
Native Hawaiian and Other Pacific	0.0%	0	0.0%	0	0.0%
Some other race alone	0.2%	0	0.0%	24	0.1%
Two or more races	1.7%	15	0.1%	355	1.2%
Two races including Some other race	0.0%	0	0.0%	21	0.1%
Two races excluding Some other race,	1.7%	15	0.1%	334	1.1%
Total housing units	(X)	4,734	(X)	12,419	(X)

2007-2011 American Community Survey 5-Year Estimates

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

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

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

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

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

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

While the 2007-2011 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

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

Source: U.S. Census Bureau, 2007-2011 American Community Survey

Explanation of Symbols:

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

30-Minute Travel Time Contour
from
Asbury Des Plaines

FACID	Hospitals FACNAME	ADDRESS	CITY	ZIP	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
6003727	Gottlieb Memorial Hospital	701 West North Avenue	Melrose Park	60160-0000	34	12.45	25.3
6004931	Our Lady Of Resurrect Med Ctr (13) (14)	5645 West Addison Street	Chicago	60634-0000	66	13.08	26.25
					100		

FACID	Long-Term Care FACNAME	ADDRESS	CITY	ZIP	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
6006837	Oakton Pavilion	1660 Oakton Place	Des Plaines	60018-0000	254	2.35	5.75
6005284	Lee Manor (1)	1301 Lee Street	Des Plaines	60018-0000	262	2.83	6.9
6014757	Alden - Des Plaines Rehab/HCC	1721 East Golf Road	Des Plaines	60016-0000	110	4.45	10.35
6000353	Bridgeway Christian Village Rehab & SNF	111 East Washington	Bensenville	60106-0000	222	5.09	10.35
6001754	Church Creek	1200 West Central Road	Arlington Heights	60005-0000	56	5.48	11.5
6000228	Manorcare of Arlington Heights	715 West Central Road	Arlington Heights	60005-0000	151	5.15	11.5
6006506	Presence Nazarethville (2)	300 North River Road	Des Plaines	60016-0000	68	5	11.5
6005698	The Moorings Health Center	761 Old Barn Lane	Arlington Heights	60005-0000	116	4.55	12.65
6007157	Park Ridge Care Center	665 Busse Highway	Park Ridge	60068-0000	46	5.08	13.8
6007892	Presence Resurrection Nsg & Rehab Ctr (3)	1001 North Greenwood Avenue	Park Ridge	60068-0000	298	5.23	13.8
6010144	Elmbrook Nursing (4)	127 West Diversey Avenue	Elmhurst	60126-0000	180	6.49	14.95
6000327	Manor Care of Rolling Meadows	4225 Kirchoff Road	Rolling Meadows	60008-0000	155	7.54	14.95
6000640	Presence Ballard Nursing Center (5)	9300 Ballard Road	Des Plaines	60016-0000	231	9.41	14.95
6001564	Central Baptist Village	4747 North Canfield Avenue	Norridge	60706-0000	120	8.17	16.1
6014500	Alden-Northmoor Rehab & Hc Ctr	5821 North Northwest Highway	Chicago	60631-0000	198	9.43	16.25
6014575	Presence Resurrection Life Center (7a & 7b)	7370 West Talcott	Chicago	60631	157	8.64	16.25
6014328	Emeritus at Prospect Heights	700 East Euclid Avenue	Prospect Hgts	60070-0000	30	7.73	17.25
6000483	Forest View Rehab & Nursing Center	535 South Elm	Itasca	60143-0000	144	8.06	17.25
6009096	St. Matthew Center for Health	1601 North Western Avenue	Park Ridge	60068-0000	140	9.85	17.25
6008692	Danish Home, The	5656 North Newcastle Avenue	Chicago	60631-0000	17	9.68	17.5
6006696	Norwood Crossing	6016 North Nina Avenue	Chicago	60631-0000	131	8.85	17.5
6012595	Abington Of Glenview	3901 Glenview Road	Glenview	60025-0000	192	7.52	18.4
6002825	Elmhurst Extended Care Center	200 East Lake Street	Elmhurst	60126-2079	108	7.8	18.4
6003404	Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	60194-0000	250	8.67	18.4
6006191	Glen Bridge Nursing Center (8)	8333 West Golf Road	Niles	60714-0000	302	7.52	18.4
6005607	Lutheran Home For Aged	800 West Oakton Street	Arlington Heights	60004-0000	334	7.15	18.4
6012686	Manor Care - Elk Grove Village	1920 Nerge Road	Elk Grove Village	60007-0000	190	8.22	18.4
6003644	Niles Nursing & Rehab Center	9777 Greenwood	Niles	60714-0000	304	7.45	18.4
6007793	Regency Rehabilitation Center	6631 Milwaukee Avenue	Niles	60714-0000	300	10.46	18.4
6014369	Lexington Health Care-Wheeling	730 West Hintz Road	Wheeling	60090-0000	215	7.36	19.55
6012553	Lexington Of Schaumburg	675 South Roselle Road	Schaumburg	60193-0000	214	9.12	19.55
6015168	Manor Care of Northbrook	3300 Milwaukee Avenue	Northbrook	60062-0000	158	9.17	19.55
6006571	Norridge Hither & Rehab Centre	7001 West Cullom	Norridge	60706-0000	292	9.9	19.55
6014633	Rosewood Care Center Inverness	1800 Colonial Parkway	Inverness	60067-0000	142	9.9	19.55
6000020	Abbington Rehab & Nursing Ctr	31 West Central	Roselle	60172-0000	82	11.07	20.7
6008833	Presence St. Andrew Life Center (9)	7000 North Newark	Niles	60714-0000	55	11.32	20.7
6009591	Presence Villa Scalabrini Nsg & Rehab (10)	480 North Wolf Road	Northlake	60164-0000	253	8.44	20.7
6000889	Bethany Terrace Nursing Center (11)	8425 Waukegan Road	Morton Grove	60053-0000	211	7.74	21.85
6003214	Forest Villa Nsg. & Reh. Ctr.	6840 West Touhy Avenue	Niles	60714-0000	212	8.31	21.85
6003511	Grosse Pointe Manor	6601 West Touhy Avenue	Niles	60714-0000	99	10.95	21.85
6007520	Plum Grove Nursing & Rehab Ctr	24 South Plum Grove Road	Palatine	60067-0000	69	10.2	21.85
6008874	Presence St. Benedict Nsg. & Rehab Center (12)	6930 West Touhy Avenue	Niles	60714-0000	99	8.14	21.85
6001366	Alden-Poplar Creek Rehab &Care	1545 Barrington Road	Hoffman Estates	60194-0000	217	11.31	23
6000459	Alden-Valley Ridge Rehab &Care	275 East Army Trail Road	Bloomingdale	60108-0000	207	12.66	23
6001093	Covenant Health Care Center	2155 Pfingsten Road	Northbrook	60062-0000	102	14.69	23
6008270	Elmwood Care	7733 Grand Avenue	Elmwood Park	60635-0000	245	11.05	23
6003610	Glenview Terrace Nursing Ctr	1511 Greenwood Road	Glenview	60025-0000	314	10.51	23
6002851	Elston Nursing & Rehab Center	4340 North Keystone	Chicago	60641-0000	117	13.06	23.75
6000046	Addolorata Villa	555 Mchenry Road	Wheeling	60090-0000	98	8.81	24.15
6014765	Alden North Shore Rehab & Hc	5050 West Touhy	Skokie	60077	93	12.7	24.15
6016554	Claremont-Hanover Park	2000 West Lake Street	Hanover Park	60133	150	14.02	24.15
6013098	Lexington of Elmhurst	420 W Butterfield Rd	Elmhurst	60126-0000	145	13.52	24.15
6006720	Oak Brook Health Care Center	2013 Midwest Road	Oak Brook	60521-0000	156	13.63	24.15
6009005	St. Joseph's Home For Elderly	80 West Northwest Highway	Palatine	60067-0000	59	11	24.15
6015689	Vi at the Glen (17) (13)	2401 Indigo Lane	Glenview	60026	38	13.96	24.15
6001002	West Suburban Nursing & Rehab Center	311 Edgewater Drive	Bloomingdale	60108-0000	259	13.26	24.15
6001051	Fairmont Care Centre	5061 North Pulaski Road	Chicago	60630-0000	176	12.75	25
6013684	Harmony Nursing And Rehab Ctr	3919 West Foster Avenue	Chicago	60625-0000	180	13.03	25
6015499	Greek American Rehab & Care Center	220 North First Street	Wheeling	60090	198	10.45	25.3
6011993	Lexington Health Care Center-Bloomingdale	165 South Bloomingdale Road	Bloomingdale	60108-0000	166	12.85	25.3
6019723	Rosewood Care Ctr-Northbrook	4101 Lake Cook Road	Northbrook	60062	147	17.52	25.3
6003057	The Grove of LaGrange Park	701 North Lagrange Road	Lagrange Park	60525-0000	131	18.76	26.45
6000186	Ambassador Nursing & Rehab Center	4900 North Bernard	Chicago	60625-0000	190	13.24	26.25
6008957	St. Joseph Village	4021 West Belmont Avenue	Chicago	60641	54	14.35	26.25
6005714	Alden-Long Grove Rehab/HC Ctr	2308 Old Hicks Road	Long Grove	60047-0000	248	15.36	26.45
6014906	Aria Post Acute Care (14) (15)	4600 North Frontage Road	Hillside	60162-0000	198	17	26.45
6014344	Arlington Rehab & Living Ctr.	1666 Checker Road	Long Grove	60047-0000	190	15.26	26.45
6006829	Oakridge Healthcare Center	323 Oakridge Avenue	Hillside	60162-0000	73	16.78	26.45
6016430	Park Place Christian Village (15) (16)	1050 Euclid Avenue	Elmhurst	60126	37	14.4	26.45
6005854	Presence Maryhaven Nsg. & Rehab. Ctr. (16) (17)	1700 East Lake Avenue	Glenview	60025-0000	135	12.19	26.45
6006588	Bethesda Home & Retirement Ctr	2833 North Nordica Avenue	Chicago	60634-0000	113	11.78	27.5
6007371	Peterson Park Nursing Home (18)	6141 North Pulaski Road	Chicago	60646-0000	188	14.1	27.5
6009112	St. Paul's House & Healthcare	3800 North California Avenue	Chicago	60618-0000	110	14.72	27.5
6014195	Claremont Rehab & Living Ctr.	150 Welland Rd	Lincolnshire	60069-0000	200	19.12	27.6
6012975	Lexington Of Streamwood	815 East Irving Park Road	Streamwood	60107-3073	214	14.76	27.6
6012173	Westchester Health & Rehab	2901 Wolf Road	Westchester	60154-0000	120	17.86	27.6
6003735	Alden Estates of Barrington	1420 South Barrington Road	Barrington	60010-0000	150	16.3	28.75
6001119	Brentwood North Healthcare & Rehab	3705 Deerfield Road	Riverwoods	60015-0000	240	13.25	28.75
6006332	Manor Care of Hinsdale	600 West Ogden Avenue	Hinsdale	60521-0000	202	16.07	28.75
6000335	Manor Care of Westmont	512 East Ogden Avenue	Westmont	60559-0000	155	16.61	28.75
6007074	Woodbridge Nursing Pavilion	2242 North Kedzie	Chicago	60647-0000	222	16.12	28.75
6010110	Berkeley Nursing & Rehab. Ctr	6909 West North Avenue	Oak Park	60302-0000	72	13.92	29.9
6015333	Berkshire Nursing & Rehab Center (19)	8200 West Roosevelt Road	Forest Park	60130	232	19.34	29.9
6008635	Cambridge Nursing & Rehab	9615 North Knox Avenue	Skokie	60076-0000	113	12.21	29.9
6005375	Lieberman Center for Health & Rehab	9700 Gross Point Road	Skokie	60076-0000	240	12.52	29.9
6013213	Lincolnwood Place (20)	7000 North Mccormick Blvd	Lincolnwood	60712-0000	40	14.7	29.9
6008643	Skokie Meadows Nursing Center il	4600 West Golf Road	Skokie	60076-0000	111	12.27	29.9
6010003	Whitehall- North	300 Waukegan Rd	Deerfield	60015-0000	190	19.38	29.9
					14442		

	New Permits						
permit	Asbury Healthcare	1750 Elmhurst Road	Des Plaines	60018	75		0
permit	Transitional Care of Arlington Heights (6)	1200 North Arlington Heights Road	Arlington Heights		120	6.7	16.1

Source: Long-Term Care Facility Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development (COLUMNS: A-M)
www.mapquest.com (COLUMNS: AA, AC)

ATTACHMENT-XXC

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.

PROPOSED STAFFING PATTERN	
Position Title	**FTE**
Administrator	1
Director of Nursing	1
Activities/Social Worker	5
Maintenance Director	1
Housekeeping	4
Dietary	1
ADON	1
MDS Coordinator	1
Registered Nurses	4
Licensed Practical Nurses	8
Certified Nursing Assistants	19
Admissions	1
Business Office	1
Receptionist/Office	3
Total	51

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.

It should be known that the proposed project is part of a larger campus that includes Independent and Supportive Living. As such, the Applicant is well aware of the availability of staff especially health care staff and has not had any issues to-date.

ATTACHMENT- 19

As the staffing for the existing campus has not been an issue even with the required health care staff, it does not appear that finding health care staff for this nursing unit will be problematic. Related entities to the Applicant currently own and operate one other campus (with nursing beds). It is the policy of the organization to begin a comprehensive recruitment program for every new facility approximately four to six months prior to the opening in order to insure that the new unit has all of the necessary positions filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools has generally been sufficient in attracting the needed professional health care manpower.

Furthermore, it is the policy of the organization to promote from within their company whenever possible which allows the transfer of top professionals in their field to start-up facilities. The Applicant recruits both locally and regionally for highly qualified staff.

The following steps are taken to actively recruit new staff:

1. A listing is obtained from the Illinois Board of Nurses n the geographic area of the proposed facility. Letters are mailed to announce the opening of the new facility in the specific areas and the positions that are available;

2. Advertisement in the local newspaper;

3. A special day for nurses will be held in the community. The nurses from the surrounding area will be invited to a special open house and tour of the facility concluding with a question and answer session on the philosophy of the organization;

4. Announcement of the opening of the facility will be sent to the area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program

ATTACHMENT- 19

and a continual in-service training program enhance the attraction of new employees and helps retain qualified and dedicated staff.

It should be noted that all employees of the Applicant's facilities have, as will the proposed employees of **Asbury Health Services** have paid continuing education credits, competitive wages, and pension offered. With such a large number of existing employees one strong focus of recruitment will be by word of mouth by these existing employees to their respective communities. Furthermore, the Applicant would provide an upward mobility transfer for those employees within the market area.

ATTACHMENT- 19

Criterion 1125.600 Bed Capacity

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

This project is for a 71-bed long-term care facility, well under the 250-nursing care beds limit. Therefore, this item is in compliance.

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 four letters of support from Diane M. Drews, Administrator, Best Care Home Health, Inc.; Dr. Fred Huss, Doctor of Podiatric Medicine; Barbara K. Ryan, Executive Director, Des Plaines Chamber of Commerce & Industry; and Stephen H. Samuelson, MPA, Des Plaines Community Senior Center D/B/A Frisbie Senior Center endorsing the proposed project.

ATTACHMENT- 21

Best Care
Home Health, Inc.

March 5, 2014

Mr. Michael Zahtz
Asbury Court Retirement Community
1750 Elmhurst Road
DesPlaines, IL 60018

Dear Mr. Zahtz:

I am very excited about the idéa of a nursing home adjacent to the Retirement Building. Many times families ask my staff for information about nursing homes when their loved one has reached a level of care that we are unable to provide at Asbury Court. Families are always worried that the change would dramatically affect their loved one. The new facility would be a definite asset for the people at Asbury Court as well as the Des Plaines area. Residents will be able to remain within close proximity to familiar surroundings. In addition, the new facility will allow that married couples not be separated as one member requires a higher level of care.

Since my mother is a resident at Asbury Court, this new addition affects me personally, as well. I would not have to worry where to send my mom when she can no longer stay at Asbury Court. I can just move her next door.

If there is anything else I can do to help this project go through, please do not hesitate to ask me.

Sincerely,

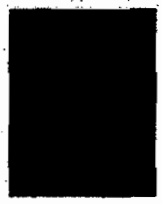
Diane M Drews

Diane M. Drews
Administrator

600 22nd Street, Ste. 301 / Oak Brook, IL 60523 / (630) 645-9600 / Fax (630) 645-1455

ATTACHMENT-2⊠A

DR. FRED HUSS



DOCTOR OF PODIATRIC MEDICINE

I HAVE ENJOYED A 12 YEAR AFFILIATION WITH ASBURY COURT IN MY CAPACITY AS PODIATRIST. IT HAS BEEN MY PLEASURE TO WORK WITH THE STAFF HERE AT ASBURY COURT. THEY HAVE SHOWN THEMSELVES TO BE COMPASSIONATE AND CARING TO ALL THE RESIDENTS AND HOLD THEMSELVES TO THE HIGHEST PROFESSIONAL STANDARDS.

THE ADDITION OF A NURSING HOME WING WOULD CONTINUE THE LONG HISTORY OF QUALITY HEALTHCARE THAT ASBURY COURT EXEMPLIFIES FOR ITS RESIDENTS.

SINCERELY,

FRED HUSS, DPM

2815 W GREENLEAF AVE CHICAGO, IL 60645-2913 773 274-3338

Des Plaines Chamber of Commerce & Industry

1401 Oakton Street • Des Plaines, IL 60018 • Telephone 847-824-4200 • Fax 847-824-7932
Email: info@dpchamber.com • www.DesPlainesChamber.com

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Horton Wellness & Chiropractic

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Abbott Molecular

KIM SUTTER
Café La Cave

ELLEN YEARWOOD
Yearwood and Associates, Ltd.

HERMAN ZELK
Solutions Networking Corp.

March 26, 2014

State of Illinois
Department of Planning
Springfield, IL

The Des Plaines Chamber of Commerce & Industry supports the addition of nursing home care at Asbury Court Retirement Community, 1750 S Elmhurst Road, Des Plaines, IL.

Asbury Court serves not only residents of Des Plaines but retirees from all over the Northwest area. The addition of nursing home care will make it possible for clients to have a smooth transition from assisted living to a nursing home with minimal disruptions for the client and their family.

As our population ages, there is more and more need for skilled nursing home care and this addition to Asbury Court will give people another option when seeking this type of care.

Asbury Court is an important part of our community and we urge you to approve the addition of nursing home care.

Sincerely,

Barbara K. Ryan
Executive Director
Des Plaines Chamber of Commerce & Industry

ATTACHMENT-2☒A

Board of Directors

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AlphaGraphics

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The Patterson Law Firm

Donald A. Smith
Ptasinski & Smith, P.C.

Tony Wierer
Senior Advisory Council

Directors Emeritus

Larry G. Gille
Clifford Hagedorn
Donna McAllister

3 April 2014

State of Illinois

I am writing on behalf of Asbury Court in Des Plaines to request your support for their plans to add a nursing home to their senior living community. This facility will complement the well established residential housing options currently offered at their Des Plaines location.

As President & CEO of the Frisbie Senior Center (d/b/a Frisbie Senior Center), I am well acquainted with the services offered by Asbury Court. Already a well-respected provider that has been supporting seniors at their Des Plaines facility, the addition of a skilled nursing facility will enhance Asbury Court's offerings and provide a more comprehensive on-site continuum of care. The addition of these services assures that those residents, who need skilled nursing, can receive this increased support and care while remaining in the same location and maintaining the connections that they have already developed with Asbury Court's staff, volunteers, providers and – especially – other residents.

I encourage you to give careful consideration to Asbury Court's request to build a nursing home. It is through important projects like this that they will continue to be a multi-faceted provider of exceptional residential senior care in our community.

Sincerely,

Stephen H. Samuelson, MPA
President & CEO

Criterion 1125.620 - Project Size

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

1. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

2. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix A;

3. The project involves the conversion of existing bed space that results in excess square footage.

It should be noted that this proposed project is in compliance with this criterion as the full bed complement of 71 nursing care beds will be provided in the proposed 29,056 gross square footage (total) which calculates to 409.2 gross square feet per bed, which is within the range limit of 350-570 departmental gross square feet per bed.

ATTACHMENT- 22

Criterion 1125.630 - Zoning

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

1. The property to be utilized has been zoned for the type of facility to be developed;

2. Zoning approval has been received; or

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

Appended as **ATTACHMENT-23A**, is a letter from the City of Des Plaines' Scott Mangum, AICP, Senior Planner, Community and Economic Development. This letter indicates that a "Conditional Use Permit and Parking Variation" was approved for the proposed expansion of the facility.

ATTACHMENT- 23

City of Des Plaines
Community Development
Planning & Zoning Division
1420 Miner Street
Des Plaines, IL 60016
Tel: 847-391-5306
Fax: 847-827-2196

February 18, 2014

Tom McNulty
Asbury Court
1750 S. Elmhurst Rd.
Des Plaines, IL 60018

RE: 1750 Elmhurst Road, Asbury Court

Dear Mr. McNulty:

This letter is in response to your inquiry about the property at 1750 Elmhurst Road.

A Conditional Use Permit and Parking Variation were approved for the expansion of the facility at 1750 Elmhurst Road.

Please feel free to contact me if you have any questions. Additionally, our Zoning Ordinance is available online at: http://www.desplaines.org/index.aspx?NID=118

Sincerely,

Scott Mangum, AICP, Senior Planner
Community and Economic Development
847-391-5392
smangum@desplaines.org

Criterion 1125.640 – Assurances

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

   Appended as **ATTACHMENT-24A** is an attestation of the Applicant's understanding of this item.

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

   This item is not germane.

ATTACHMENT- 24

Asbury Court
Retirement Community

May 27, 2014

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Long-Term Care Assurances

Dear Chair Olson:

Pursuant to 77 Ill. Admin. Code § 1125.640, I hereby certify that by the second year of operation after the project completion date, the annual utilization of Asbury Court Nursing and Rehabilitation will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1125.210(c).

Sincerely,

Michael Zahtz
Manager
Asbury Court Nursing & Rehabilitation, LLC

Subscribed and sworn to me
This 28 day of May, 2014

Notary Public

OFFICIAL SEAL
RIVKA PISEM
Notary Public - State of Illinois
My Commission Expires Apr 4, 2015

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:

Appended as **ATTACHMENT-27A**, are the financial statements (3 years historical and projected through 2017 as applicable).

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-27B** is a letter from Bank Leumi USA's Mike Johnson, Vice President providing the required documentation on the project's financing.

Appended as **ATTACHMENT-27C** is the amortization schedule representing the terms.

ATTACHMENT-27

FORECASTED BALANCE SHEET
COMBINED OWNER AND OPERATOR

	2017
ASSETS	
CURRENT ASSETS:	
CASH	$1,063,595
ACCOUNTS RECEIVABLE	$374,280
PREPAID EXPENSES	$184,086
DUE FROM AFFILIATES	$273,550
TOTAL CURRENT ASSETS	$1,895,511
NON-CURRENT ASSETS	
LAND	$375,000
BUILDING	$15,478,842
EQUIPMENT	$560,900
LOAN COSTS	$3,397
RESERVES AND ESCROWS	$3,361,366
LESS ACCUM DEPRECIATION	($1,068,132)
TOTAL NON-CURRENT ASSETS	$18,711,373
TOTAL ASSETS	$20,606,884
LIABILITIES AND EQUITY	
CURRENT LIABILITIES:	
ACCOUNTS PAYABLE	$321,939
ACCRUED EXPENSES	$559,984
DUE TO AFFILIATES	$1,611,092
TOTAL CURRENT LIABILITIES	$2,493,014
NON-CURRENT LIABILITIES:	
MORTGAGE PAYABLE	$15,930,832
TOTAL NON-CURRENT LIABILITIES:	$15,930,832
TOTAL LIABILITIES	$18,423,845
EQUITY:	
CAPITAL	$1,812,356
OPERATING PROFIT OR LOSS	$370,682
TOTAL EQUITY	$2,183,038
TOTAL LIABILITIES AND EQUITY	$20,606,884

FORCASTED INCOME STATEMENT COMBINED OWNER AND OPERATOR	YEAR 2017
INCOME	$6,340,856
OPERATING COSTS AND EXPENSES	
NURSING COSTS	$1,728,930
ACTIVITY COSTS	$73,200
SOCIAL SERVICES COSTS	$32,538
REHABILITATION COSTS	$427,343
DIETARY COSTS	$279,300
HOUSEKEEPING AND PLANT COSTS	$368,200
LAUNDRY COSTS	$83,038
EMPLOYEE WELFARE COSTS	$354,770
GENERAL AND ADMINISTRATIVE COSTS	$520,638
START UP AND MOVING COSTS	$60,000
TOTAL OPERATING COSTS	$3,927,957
NET OPERATING INCOME	$2,412,900
CAPITAL EXPENSES	
DEPRECIATION	$534,066
INTEREST EXPENSE	$992,696
REAL ESTATE TAXES	$469,305
TOTAL CAPITAL EXPENSES	$1,996,068
ANCILLARY EXPENSE.	
SPECIAL COST CENTERS	$6,150
PROVIDER PARTICIPATION FEE	$40,000
TOTAL ANCILLARY EXPENSE	$46,150
NET INCOME OR (LOSS)	$370,682

DES PLAINES PROPERTIES, LLC
FORECASTED BALANCE SHEET
LTC FACILITY OWNER

	2011	2012	2013	2017
ASSETS				
CURRENT ASSETS:				
CASH	$135,022	$274,518	$318,892	$784,351
DUE FROM AFFILIATES	$125,000	$125,000	$273,550	$273,550
TOTAL CURRENT ASSETS	$260,022	$399,518	$592,441	$1,057,901
NON-CURRENT ASSETS:				
LAND	$375,000	$375,000	$375,000	$375,000
BUILDING	$8,553,479	$8,426,398	$8,826,808	$15,478,842
EQUIPMENT	$69,821	$0	$0	$560,900
LOAN COSTS	$5,102	$3,397	$3,397	$3,397
RESERVES AND ESCROWS	$499,979	$4,373,603	$3,588,754	$3,361,366
LESS ACCUM DEPRECIATION	$0	$0	$0	($1,068,132)
LESS ACCUM AMORTIZATION	$0	$0	$0	$0
TOTAL NON-CURRENT ASSETS	$9,503,381	$13,178,399	$12,793,960	$18,711,373
TOTAL ASSETS	$9,763,403	$13,577,917	$13,386,401	$19,769,273
LIABILITIES AND EQUITY				
CURRENT LIABILITIES:				
DUE TO AFFILIATES	($687,483)	$3,027,737	$3,027,737	$1,611,092
ACCRUED EXPENSES	$269,237	$269,237	$269,237	$379,982
TOTAL CURRENT LIABILITIES	($418,246)	$3,296,974	$3,296,974	$1,991,073
NON-CURRENT LIABILITIES:				
MORTGAGE PAYABLE	$11,081,723	$10,737,667	$10,371,489	$15,930,832
TOTAL NON-CURRENT LIABILITIES:	$11,081,723	$10,737,667	$10,371,489	$15,930,832
TOTAL LIABILITIES	$10,663,477	$14,034,640	$13,668,462	$17,921,905
EQUITY:				
CAPITAL	($1,231,120)	($1,275,073)	($877,070)	$1,612,357
OPERATING PROFIT OR LOSS	$331,046	$818,350	$595,009	$235,011
TOTAL EQUITY	($900,074)	($456,723)	($282,061)	$1,847,368
TOTAL LIABILITIES AND EQUITY	$9,763,403	$13,577,917	$13,386,401	$19,769,273

DES PLAINES PROPERTIES, LLC
FORCASTED INCOME STATEMENT
LTC FACILITY OWNER

	2011	2012	2013	2017
RENT	$1,744,997	$2,201,435	$1,706,000	$2,192,116
OPERATING COSTS AND EXPENSES				
DEPRECIATION AND AMORTIZATION	$330,371	$330,372	$0	$534,066
INTEREST EXPENSE	$647,286	$629,822	$607,700	$992,696
ADMINISTATION EXPENSE	$8,073	$5,656	$102,189	$11,038
REAL ESTATE TAXES AND INSURANCE	$428,221	$417,235	$401,101	$419,305
TOTAL OPERATING COSTS	$1,413,951	$1,383,085	$1,110,991	$1,957,106
NET INCOME OR (LOSS)	$331,046	$818,350	$595,009	$235,011

ASBURY COURT NURSING & REHABILITATION
FORECASTED BALANCE SHEET
LONG-TERM CARE FACILITY OPERATOR

	2017
ASSETS	
CURRENT ASSETS:	
CASH	$279,244
ACCOUNTS RECEIVABLE	$374,280
PREPAID EXPENSES	$184,086
INVENTORY	$0
TOTAL CURRENT ASSETS	$837,610
RESERVES AND OTHER ASSETS	$0
TOTAL ASSETS	$837,610
LIABILITIES AND EQUITY	
CURRENT LIABILITIES:	
ACCOUNTS PAYABLE	$321,939
ACCRUED EXPENSES	$180,000
CURRENT PORTION OF LONG-TERM	$0
SECURITY DEPOSITS	$0
DUE TO AFFILIATES	$0
TOTAL CURRENT LIABILITIES	$501,939
LONG-TERM DEBT	$0
TOTAL LIABILITIES	$501,939
EQUITY:	
CAPITAL	$200,000
OPERATING PROFIT OR LOSS	$135,672
TOTAL EQUITY	$335,672
TOTAL LIABILITIES AND EQUITY	$837,610

ASBURY COURT NURSING & REHABILITATION
FORECASTED INCOME STATEMENT
LONG-TERM CARE FACILITY OPERATOR

	2017
INCOME	$4,553,740
OPERATING COSTS AND EXPENSES	
NURSING COSTS	$1,728,930
ACTIVITY COSTS	$73,200
SOCIAL SERVICES COSTS	$32,538
REHABILITATION COSTS	$427,343
DIETARY COSTS	$279,300
HOUSEKEEPING AND PLANT COSTS	$368,200
LAUNDRY COSTS	$83,038
EMPLOYEE WELFARE COSTS	$354,770
GENERAL AND ADMINISTRATIVE COSTS	$412,600
MARKETING	$97,000
START UP AND MOVING COSTS	$60,000
TOTAL OPERATING COSTS	$3,916,919
NET OPERATING INCOME	$636,822
CAPITAL EXPENSES	
DEPRECIATION	$0
INTEREST EXPENSE	$0
RENT	$405,000
REAL ESTATE TAXES	$50,000
AMORTIZATION OF LOAN COSTS	$0
TOTAL CAPITAL EXPENSES	$455,000
ANCILLARY EXPENSE.	
SPECIAL COST CENTERS	$6,150
PROVIDER PARTICIPATION FEE	$40,000
TOTAL ANCILLARY EXPENSE	$46,150
NET INCOME OR (LOSS)	$135,672

BANK LEUMI USA
MEMBER FDIC

May 19, 2014

DesPlaines Property, L.L.C.
Attn: Moshe Kahn
8170 McCormick Boulevard, Suite 104
Skokie, Illinois 60076

RE: Asbury Court Nursing & Rehabilitation, LLC

Dear DesPlaines Property, L.L.C.:

I am reviewing your financing request for land acquisition and construction of a skilled nursing unit in Des Plaines, Illinois. This is a project that Bank of Leumi ("Lender") would consider pursuing with you. This letter is NOT a commitment to lend. The purpose of this letter is to provide an initial conceptual outline of the request and serve as a basis of ongoing discussions concerning your request. As such, it does not set forth all the terms and conditions of a future credit facility but rather is only an outline, in summary format, of some of the points of understanding which will begin to form as negotiations progress.

Borrower(s):	DesPlaines Property, L.L.C. ("Borrower").
Loan Purpose:	The Loan shall be for the purpose of constructing a 71 bed skilled nursing facility located in Des Plaines IL. ("Project").
Type of Credit:	5 year balloon note.
Loan Amount:	The amount of the Loan shall be $6,800,000 ("Loan Amount") limited to 80% of the appraised value of the Project.
Interest Rate:	During the Construction Period, as hereinafter defined, the interest rate charged on the Loan shall be in the area of 30 Day LIBOR plus 325 bps, adjusting daily or Prime rate based. Notwithstanding the foregoing, the variable interest rate provided on the Loan will not be less than some as yet undetermined "floor" or more than the maximum rate allowed by applicable law. We would entertain the possibility of allowing the Borrower to convert this facility to a fixed rate facility under some as yet undetermined fixed interest rate provided some predetermined financial and performance criteria are met. A) 30 day

One North LaSalle Street
Suite 200
Chicago, IL 60602
312.419.4040
312.419.4044 fax
www.leumiusa.com

ATTACHMENT-27B

	LIBOR + 325 bps, floating
Loan Fee:	Approximately 1% ($68,000) of the total loan amount.
Repayment:	Borrower would be required to make interest only payments monthly on disbursed funds during the period in which the Project is being constructed (the "Construction Period"). At the earlier of 24 months from the licensure of the facility or at which time the Project has achieved a 1.75x DSCR based on trailing 90 day information at 5% and 25 year amortization, (the period of time not to exceed 40 months from closing the Loan) the loan will be modified to a permanent loan ("Permanent Loan Period") with a 5 year maturity. Borrower shall make monthly principal and interest payments amortized over a 25 year period until Maturity.
Maturity:	The full amount of the Loan would be due and payable at the end of 5 years from the Closing Date ("Maturity").
Guaranty:	Jack Reiss and any other individual owners of the borrowing entity representing individual ownership of greater than 20%
Late Charge:	If any payment on the Loan is not made when due, a late charge equal to five percent (5%) of such payment shall be charged. The late charge only applies to the monthly payments due.
Prepayment Premium:	Borrower may prepay this Loan in full or in part upon paying to Lender a prepayment premium in an amount equal to the Yield Maintenance (as such term would be defined in the Promissory Note or other supporting documents). This prepayment penalty only applies if the Borrower chooses the fixed rate during the Permanent Loan Period and would be refinanced with another financial institution other than "HUD".
Equity Funds:	Borrower agrees to inject cash or other assets into the Project in the amount of $1,700,000 ("Equity Funds") or 20% of the total project budget/cost whichever is greater. The cash equity will be expended on the Project prior to any disbursements of the Loan.
Collateral:	As Collateral for the Loan, Lender shall receive a first future advance deed of trust or mortgage and assignment of rents on the Project, as well as a security interest in all Project assets including but not limited to all furniture, fixtures, equipment, machinery, accounts, and general intangibles. Additionally, Lender shall receive an Assignment of Borrower's membership interest in Asbury Court Nursing & Rehabilitation, LLC and Assignment of the lease between the Borrower and operating entity.

Appraisal:	Project shall be appraised by an appraiser approved by Lender and such appraisal must accepted by Lender (appraisal fees to be paid by Borrower). In the event the Project appraises for less than $8,500,000, Lender shall lower the Loan Amount such that the Loan Amount not exceed 80% of the appraised value. A re-certification of the appraised value is required upon completion of the Project to indicate a final market value (such appraisal and re-certification to be paid for by Borrower).
No Other Encumbrances:	Borrower will not, without the prior written consent of Lender, create, place or permit to be created or placed, or allow to remain, any deed of trust, mortgage, voluntary or involuntary lien, security interest, encumbrance or charge against or covering the Project, or any part thereof, regardless of whether the same are expressly or otherwise subordinate to the lien or security interest created in Lender's deed of trust or mortgage. Borrower will cause any of such encumbrances that arise outside of the ordinary course of business and without the prior written consent of Lender to be promptly discharged and released.
Zoning:	Borrower will provide acceptable evidence that the Project is zoned for the intended use.
Skilled Nursing Facility State Requirements:	It is the Lender's understanding that a Certificate of Need is required by the state of Illinois. The Borrower will provide acceptable evidence that all required document/permits have been obtained to operate a skilled nursing facility upon construction completion.
Title Insurance:	Lender requires an ALTA lender's extended coverage title insurance commitment from a company acceptable to Lender ("Title Company") insuring Lender for the Loan Amount, evidencing Borrower's title to the Collateral and showing Lender's lien on the Project is or will be upon recordation of a valid first lien.
Plans/Specs:	A complete set of final working plans, including drawings, specifications, details and manuals, for the Project ("Plans"). Borrower represents and warrants that the Plans shall be in full accordance with all applicable statutes, laws, ordinances, regulations and requirements of all governmental agencies having jurisdiction over the Project, including without limitation the Americans With Disabilities Act and any other statutes, laws, ordinances, regulations and requirements dealing with access to real estate properties by persons with disabilities. All specialized drawings shall be signed by licensed engineers of the respective

disciplines normally responsible for such drawings.

Contractors: A list of all contractors, subcontractors, and materialmen to be employed in connection with the Project. Said list shall provide a name and telephone number, a general description of the nature of the work to be performed, and an approximate dollar value of the services or material to be provided. Lender is hereby authorized to confirm this information.

Permits: Copies of all permits required for each phase of the construction of the Project

Organizational Documents: Financial statements, tax returns and lists of contingent liabilities for Borrower, and Guarantors, which shall be acceptable to Lender.

If Borrower is an organization, complete and current copies of Borrower's organizational documents, including, as applicable, Articles of Incorporation, bylaws, Articles of Organization, operating agreements, partnership agreements, incumbency certificates, certificates of good standing and such other documents as Lender may require.

Budget: A detailed budget showing a schedule of the estimated construction costs and the estimated timing of disbursements. Lender is hereby authorized to confirm this information.

All fully executed construction contracts for the construction of the improvements shown on the Plans.

Insurance: During the Construction Period, evidence the Project is covered by an all-risks course of construction policy (builder's risk policy) in an amount satisfactory to Lender and showing Lender as Loss Payee. Borrower shall also provide evidence that the general contractor is covered by general liability and workmen's compensation insurance policies.

Written confirmation from the suppliers of water, storm and sanitary sewer, gas, electric and telephone utilities for the Project.

Survey: An ALTA survey (at Borrower's expense) showing that the Project, if constructed in accordance with the plans and specifications provided, shall lie wholly within the boundaries of the property described on Lender's deed of trust or mortgage without encroachment or violation of any zoning ordinances, building codes or regulations, or setback requirements. This survey must show the complete legal description and zoning of the Project. The survey must be acceptable to the title company

such that the title company will remove the standard survey exception from the final title policy covering Lender's deed of trust or mortgage. The survey must be updated with a "footing certificate" once footings are in place and an "as-built" certificate upon completion of the Project.

Environmental:

A current report, prepared in accordance with the Environmental Protection Agency (EPA) "all appropriate inquiry" regulation set forth in 40 Code Fed. Reg. Part 312 and the Standard Practice for Environmental Site Assessment Process ASTM Standard El 527 (2005), which shall (a) be prepared by a qualified environmental engineer or consultant satisfactory to Lender, (b) be satisfactory in form and substance to Lender, (c) identify and evaluate any "recognized environmental condition" associated with the Project, (d) evaluate current and past uses of the Project and the Land, (e) state that there are no Hazardous Materials (as defined below) in, on or under the Project which would give rise to any liability, responsibility or notification requirement on the part of Borrower or Lender, or both, under the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA), the Resource Conservation and Recovery Act (RCRA), or any other Federal, state or local statute, law, rule, regulation or ordinance respecting the environment or the use and management of Hazardous Substances, including but not limited to the presence of any asbestos in any form or condition or underground storage tanks in, on or under the Project, whether or not such presence gives rise to any liabilities. The term "Hazardous Materials" means any substances or materials defined or designated as hazardous waste, hazardous material, a hazardous substance, or infectious or toxic material, substance or waste, or other similar term, by any federal, state or local environmental statute, regulation, ordinance or decree presently in effect or that may be promulgated in the future, as such statutes, regulations, and ordinances may be amended from time to time, including without limitation, asbestos in any form or condition, radioactive materials, petroleum products regardless of form, mining wastes, fly ash and agricultural chemical products. Borrower shall also provide at the Closing a Borrower's Certificate regarding environmental matters, containing such covenants, warranties and representations as Lender may require, concerning the status of the Project's compliance with all environmental laws and regulations, and the status of specific environmental conditions, including filled ground, underground storage tanks, dumping activities, water contamination, the presence or use of Hazardous Materials, and also including indemnity provisions, in form and substance satisfactory to Lender and its counsel.

Such other agreements, documents and exhibits, without limitation, which may be required, in Lender's judgment, to assure compliance with the requirements of this Letter.

Flood Insurance: Should the Project at any time prior to the Closing Date or during the term of the Loan be deemed to be located in an area designated by the Director of the Federal Emergency Management Agency as a special flood hazard area, Borrower agrees to obtain and maintain federal flood insurance, if available, for the full unpaid principal balance of the Loan and any prior liens on the Collateral, up to the maximum policy limits set forth under the National Flood Insurance Program, or as otherwise required by Lender. Flood insurance may be purchased under the National Flood Insurance Program or from private insurers; however, the amount of insurance must be approved by Lender.

Cost Overruns: If Lender, in its sole discretion, determines at any time that the contingency amount of within the approved budget has been erased due to Change Orders and that the Loan Amount is or will be insufficient to fully complete and pay for the Project, Borrower shall fund any such deficiency as part of the following month's draw. Borrower shall take all steps necessary to prevent the actual costs of the Project from exceeding the projected costs.

Change Orders: Borrower will notify Lender of Change Orders that will in aggregate exceed the contingency as referenced in the budget submitted and approved by Bank. Lender must approve all requests in excess of $50,000 for major modifications, additions, and/or deletions to the original plans and specifications and/or contracts, other than minor items involving no extra aggregate Project cost. These requests must be submitted in writing and signed by Borrower and architect. Borrower will not permit the performance of any work related to any modification, addition, or deletion prior to Lender's approval.

Disbursements on Loan: Disbursements shall be made through a title company satisfactory to Lender or disbursements shall be made by Borrower. Updated title insurance endorsements insuring Lender against mechanics liens will be obtained with each disbursement. Borrower agrees to pay all fees and expenses related to these services.

Third Party Disbursement Requests and Inspection Reports: All disbursement requests must be signed by Borrower and general contractor (if applicable) and submitted on the standard AIA G702—G703 payment request form (or any payment request form required by HUD). The form must detail amounts requested and certify that the construction has been performed in a workman-like manner and in accordance with plans and

specifications. Each disbursement request must also be accompanied by a written inspection report completed by a qualified third party individual satisfactory to Lender stating that the percentage of completion is equal to the amount of funds disbursed. Supporting invoices and all contractor/sub contractor lien waivers identifying the specific project must accompany any disbursement request. Failure to submit proper documentation may result in denied disbursement requests.

Operating Accounts: Borrower shall maintain all operating accounts for the Project with Lender throughout the term of the Loan.

Financial and Other Information: Periodically during the term of the Loan, as provided in the Loan Documents, Borrower shall provide Lender with financial statements and tax returns for each Borrower and Guarantor.

Financial Covenants: Another anticipated area of ongoing discussion would likely include certain financial covenants which may include, by way of example:

(a) Debt Service Coverage Ratio — Maintain a Debt Service Coverage Ratio of 1.75 to 1.00. The term Debt Service Coverage Ratio, as used herein, shall mean: (1) Net Operating Income for the Project for the period of calculation; divided by (2) Debt service for the period of calculation. For purposes of this Note, the term "Net Operating Income" shall mean all revenue or other income produced by or derived from the Project, including but not limited to all rental Income ("Gross Income") less all normal and customary operating expenses, including by not limited to, administrative expenses, legal expenses, accounting expenses, management fees, all payroll and wages and benefits, insurance, advertising and other marketing expenses, leasing commissions, utilities, repairs, and maintenance, service contracts, supplies, and real estate and property taxes but excluding interest and principal payments due under the Note (Operating Expenses). Gross Income shall not include security deposits received from tenants or interest income or income from sources other than the project, Operating Expenses shall not include security deposit refunds and capital expenses with respect to the Project that would normally be capitalized in accordance with generally accepted accounting principles. Debt Service shall mean the aggregate principal and interest payments due under the Note for the period of calculation, assuming a fixed interest rate of 5% per annum and a 25 year amortization period. Such Debt Service Coverage Ratio shall be calculated by Lender at the end of each fiscal quarter of Maker and shall be based upon the financial performance of the Project during such trailing fiscal quarter utilizing the financial

statements to be provided to Lender.

Additional Requirements: Borrower shall provide all due diligence items reasonably requested by Lender, and all due diligence shall be subject to the approval of Lender in Lender's sole discretion. Approval of all due diligence, all Loan Documents, and all documentation associated with any other source of funding for the Project, shall be approved by Lender.

Borrower agrees not to disclose, directly or indirectly, this Letter or the contents of the foregoing to any person without the prior approval of Lender except that you may disclose this Letter and the contents hereof (a) to your officers, employees, attorneys, accountants and advisors directly involved in the consideration of this matter on a confidential basis and (b) as required by applicable law or compulsory legal process (in which case you agree (to the extent that you may lawfully do so) to inform us promptly thereof). This Letter is tendered only to Borrower and is not available to any other party.

Lender hereby notifies you that, pursuant to the requirements of the U.S.A. PATRIOT ACT (Title III of Pub. L. 107 56 (signed into law October 26, 2001)) (the "Patriot Act"), Lender may be required to obtain, verify and record information that identifies you and each of your respective subsidiaries, which information may include your name and address, the name and address of each of your respective subsidiaries, and other information that will allow Lender to identify you and each of your respective subsidiaries in accordance with the Patriot Act. This notice is given in accordance with the requirements of the Patriot Act and is effective for Lender.

Lender participates in the U. S. Department of Treasury's Small Business Lending Fund (SBLF) and is required to comply with all aspects of the Small Business Jobs Act of 2010, including the requirement that Borrower make certain affirming statements. If the Borrower should be unable to do so then Lender shall be relieved of its commitment. Please visit the following website for further information: littp://www.treasury.goviresource-center/sb-programs/Pages/FAOs-SBLF.aspx

Closing Costs: Borrower will pay all of Lender's costs associated with the Loan including but not limited to fees and expenses for disbursements, inspections, attorney fees, and filing and recording fees. Borrower will further agrees to pay all out-of-pocket costs associated with any commitment issued by Lender and the

preparation of loan documents.

The terms and conditions discussed herein are NOT A COMMITMENT to lend and serve only as a basis for ongoing discussion. They are non-binding and subject to change upon full underwriting of the loan request. Any future commitment to lend on this project will first be subject to receipt of the required certificate of need, full underwriting and due diligence by Lender and approval by the Bank of Leumi Loan Committee; therefore, the terms and conditions below CANNOT be construed as a commitment to lend or in any way as a binding obligation.

Oral agreements or commitments to loan money, extend credit or to forebear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable, regardless of the legal theory upon which it is based that is in any way related to the credit agreement. To protect you (Borrower(s)) and us (Lender) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.

If you have any questions regarding the above, please do not hesitate to call.

Sincerely,

Mike Johnson, VP

Accepted this __ day of May, 2014

DesPlaines Property, L.L.C.

Moshe Kahn, Manager

NEW DEBT
CONVENTIONAL MORTGAGE

LOAN AMOUNT		$5,770,346.64
INTEREST RATE	5.00%	0.0041666667
TERM(MONTHS)	25	300
PAYMENT AMOUNT		$33,732.87
FIRST PAYMENT	FEB 2016	

LOAN AMORTIZATION			$5,770,347 NEW MORTGAGE		
	PAYMENT #	PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
	1	$33,732.87	$9,689.76	$24,043.11	$5,760,656.88
	2	$33,732.87	$9,730.13	$24,002.74	$5,750,926.74
	3	$33,732.87	$9,770.68	$23,962.19	$5,741,156.06
	4	$33,732.87	$9,811.39	$23,921.48	$5,731,344.68
	5	$33,732.87	$9,852.27	$23,880.60	$5,721,492.41
	6	$33,732.87	$9,893.32	$23,839.55	$5,711,599.09
	7	$33,732.87	$9,934.54	$23,798.33	$5,701,664.54
	8	$33,732.87	$9,975.94	$23,756.94	$5,691,688.61
	9	$33,732.87	$10,017.50	$23,715.37	$5,681,671.11
	10	$33,732.87	$10,059.24	$23,673.63	$5,671,611.86
2016	11	$33,732.87	$10,101.16	$23,631.72	$5,661,510.71
	12	$33,732.87	$10,143.24	$23,589.63	$5,651,367.46
	13	$33,732.87	$10,185.51	$23,547.36	$5,641,181.96
	14	$33,732.87	$10,227.95	$23,504.92	$5,630,954.01
	15	$33,732.87	$10,270.56	$23,462.31	$5,620,683.45
	16	$33,732.87	$10,313.36	$23,419.51	$5,610,370.09
	17	$33,732.87	$10,356.33	$23,376.54	$5,600,013.76
	18	$33,732.87	$10,399.48	$23,333.39	$5,589,614.28
	19	$33,732.87	$10,442.81	$23,290.06	$5,579,171.47
	20	$33,732.87	$10,486.32	$23,246.55	$5,568,685.14
	21	$33,732.87	$10,530.02	$23,202.85	$5,558,155.12
	22	$33,732.87	$10,573.89	$23,158.98	$5,547,581.23
2017	23	$33,732.87	$10,617.95	$23,114.92	$5,536,963.28
	24	$33,732.87	$10,662.19	$23,070.68	$5,526,301.09
	25	$33,732.87	$10,706.62	$23,026.25	$5,515,594.47
	26	$33,732.87	$10,751.23	$22,981.64	$5,504,843.25
	27	$33,732.87	$10,796.02	$22,936.85	$5,494,047.22
	28	$33,732.87	$10,841.01	$22,891.86	$5,483,206.21
	29	$33,732.87	$10,886.18	$22,846.69	$5,472,320.03
	30	$33,732.87	$10,931.54	$22,801.33	$5,461,388.49
	31	$33,732.87	$10,977.09	$22,755.79	$5,450,411.41
	32	$33,732.87	$11,022.82	$22,710.05	$5,439,388.58
	33	$33,732.87	$11,068.75	$22,664.12	$5,428,319.83
	34	$33,732.87	$11,114.87	$22,618.00	$5,417,204.96
2018	35	$33,732.87	$11,161.18	$22,571.69	$5,406,043.77
	36	$33,732.87	$11,207.69	$22,525.18	$5,394,836.08
	37	$33,732.87	$11,254.39	$22,478.48	$5,383,581.70
	38	$33,732.87	$11,301.28	$22,431.59	$5,372,280.42

NEW DEBT
CONVENTIONAL MORTGAGE

LOAN AMOUNT		$5,770,346.64
INTEREST RATE	5.00%	0.0041666667
TERM(MONTHS)	25	300
PAYMENT AMOUNT		$33,732.87
FIRST PAYMENT	FEB 2016	

LOAN AMORTIZATION $5,770,347 NEW MORTGAGE

	PAYMENT #	PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
	39	$33,732.87	$11,348.37	$22,384.50	$5,360,932.05
	40	$33,732.87	$11,395.65	$22,337.22	$5,349,536.39
	41	$33,732.87	$11,443.14	$22,289.73	$5,338,093.25
	42	$33,732.87	$11,490.82	$22,242.06	$5,326,602.44
	43	$33,732.87	$11,538.69	$22,194.18	$5,315,063.74
	44	$33,732.87	$11,586.77	$22,146.10	$5,303,476.97
	45	$33,732.87	$11,635.05	$22,097.82	$5,291,841.92
	46	$33,732.87	$11,683.53	$22,049.34	$5,280,158.39
2019	47	$33,732.87	$11,732.21	$22,000.66	$5,268,426.18
	48	$33,732.87	$11,781.10	$21,951.78	$5,256,645.08
	49	$33,732.87	$11,830.18	$21,902.69	$5,244,814.90
	50	$33,732.87	$11,879.48	$21,853.40	$5,232,935.42
	51	$33,732.87	$11,928.97	$21,803.90	$5,221,006.44
	52	$33,732.87	$11,978.68	$21,754.19	$5,209,027.77
	53	$33,732.87	$12,028.59	$21,704.28	$5,196,999.18
	54	$33,732.87	$12,078.71	$21,654.16	$5,184,920.47
	55	$33,732.87	$12,129.04	$21,603.84	$5,172,791.43
	56	$33,732.87	$12,179.57	$21,553.30	$5,160,611.86
	57	$33,732.87	$12,230.32	$21,502.55	$5,148,381.54
	58	$33,732.87	$12,281.28	$21,451.59	$5,136,100.25
	59	$33,732.87	$12,332.45	$21,400.42	$5,123,767.80
	60	$33,732.87	$12,383.84	$21,349.03	$5,111,383.96

NEW DEBT
CONVENTIONAL MORTGAGE

LOAN AMOUNT		$5,770,346.64
INTEREST RATE	5.00%	0.0041666667
TERM(MONTHS)	25	300
PAYMENT AMOUNT		$33,732.87
FIRST PAYMENT	FEB 2016	

LOAN AMORTIZATION $5,770,347 NEW MORTGAGE

PAYMENT # ANNUAL TOTALS	PAYMENT	PRINCIPAL	INTEREST	REMAIN BAL
				$0.00
2015				$5,770,346.64
2016	$371,061.59	$78,658.03	$191,204.95	$5,691,688.61
2017	$404,794.46	$123,003.47	$281,790.99	$5,647,343.17
2018	$404,794.46	$129,296.56	$275,497.90	$5,518,046.61
2019	$404,794.46	$135,911.61	$268,882.85	$5,382,135.00

Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided.

This item is not germane.

ATTACHMENT-28

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

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

The viability ratios are provided in the Application pages for the Owner, operator/Licensee and on a combined basis. The methodology and worksheets utilized in determining the ratios are provided as **ATTACHMENT-29A**.

ATTACHMENT-29

FORECASTED VIABILITY RATIOS WORKSHEET
LONG-TERM CARE FACILITY-OWNER AND OPERATOR

	2017
CURRENT RATIO	
1. CURRENT ASSETS	$1,895,511
2. CURRENT LIABILITIES	$2,493,014
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	0.76
NET MARGIN PERCENTAGE	
4. NET INCOME OR (LOSS)	$370,682
5. NET OPERATING REVENUE	$6,340,856
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	5.85%
DEBT SERVICE COVERAGE RATIO	
NET INCOME(LOSS)+DEPR+	
7. INTEREST+AMORTIZATION	$3,893,512
8. PRINCIPAL + INTEREST	$1,402,874
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	2.78
DEBT CAPITALIZATION RATIO	
10. LONG TERM DEBT	$15,930,832
11. LONG TERM DEBT + EQUITY	$18,113,870
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	87.95%
DAYS CASH	
13. CASH AND INVESTMENTS	$1,063,595
14. OPER EXPENSE LESS DEPR/365	$9,425
15. DAYS CASH ON HAND(LINE13/LINE 14)	112.9
CUSHION RATIO	
16. CASH AND INVESTMENTS	$1,063,595
17. MAX ANNUAL DEBT SER	$1,402,874
18. CUSHION (LINE 16/LINE 17)	0.8

DES PLAINES PROPERTIES, LLC
FORECASTED VIABILITY RATIOS WORKSHEET
LTC FACILITY OWNER

	2011	2012	2013	2017
CURRENT RATIO				
1. CURRENT ASSETS	$260,022	$399,518	$592,441	$1,057,901
2. CURRENT LIABILITIES	($418,246)	$3,296,974	$3,296,974	$1,991,073
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	-0.62	0.12	0.18	0.53
NET MARGIN PERCENTAGE				
4. NET INCOME OR (LOSS)	$331,046	$818,350	$595,009	$235,011
5. NET OPERATING REVENUE	$1,744,997	$2,201,435	$1,706,000	$2,192,116
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	18.97%	37.17%	34.88%	10.72%
DEBT SERVICE COVERAGE RATIO				
NET INCOME(LOSS)+DEPR+ 7. INTEREST+AMORTIZATION	$1,316,777	$1,784,200	$1,304,899	$1,772,811
8. PRINCIPAL + INTEREST	$969,342	$973,878	$973,878	$1,402,874
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	1.36	1.83	1.34	1.26
DEBT CAPITALIZATION RATIO				
10. LONG TERM DEBT	$11,081,723	$10,737,667	$10,371,489	$15,930,832
11. LONG TERM DEBT + EQUITY	$10,181,649	$10,280,943	$10,089,428	$17,778,200
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	109%	104%	103%	90%
DAYS CASH				
13. CASH AND INVESTMENTS	$135,022	$274,518	$318,892	$784,351
14. OPER EXPENSE LESS DEPR/365	$2,969	$2,884	$3,044	$3,899
15. DAYS CASH ON HAND(LINE13/LINE 14)	45	95	105	201
CUSHION RATIO				
16. CASH AND INVESTMENTS	$135,022	$274,518	$318,892	$784,351
17. MAX ANNUAL DEBT SER	$1,013,464	$1,013,464	$1,013,464	$1,418,259
18. CUSHION (LINE 16/LINE 17)	0.13	0.27	0.31	0.55

ASBURY COURT NURSING & REHABILITATION
FORECASTED VIABILITY RATIOS WORKSHEET
LONG-TERM CARE FACILITY OPERATOR

	2017
CURRENT RATIO	
1. CURRENT ASSETS	$837,610
2. CURRENT LIABILITIES	$501,939
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	1.67
NET MARGIN PERCENTAGE	
4. NET INCOME OR (LOSS)	$135,672
5. NET OPERATING REVENUE	$4,553,740
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	2.98%
DEBT SERVICE COVERAGE RATIO	
NET INCOME(LOSS)+DEPR+ 7. INTEREST+AMORTIZATION	$1,673,472
8. PRINCIPAL + INTEREST	$0
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	N/A
DEBT CAPITALIZATION RATIO	
10. LONG TERM DEBT	$0
11. LONG TERM DEBT + EQUITY	$335,672
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	0.00%
DAYS CASH	
13. CASH AND INVESTMENTS	$279,244
14. OPER EXPENSE LESS DEPR/365	$12,104
15. DAYS CASH ON HAND(LINE13/LINE 14)	23.1
CUSHION RATIO	
16. CASH AND INVESTMENTS	$279,244
17. MAX ANNUAL DEBT SER	$0
18. CUSHION (LINE 16/LINE 17)	N/A

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 Applicant addressing Reasonableness of Financing Arrangements.

B. Conditions of Debt Financing

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

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

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

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

Appended as **ATTACHMENT-30B**, is a letter from the Applicant addressing Condition of Debt Financing.

ATTACHMENT-30

C. Reasonableness of Project and Related Costs

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).

Documentation is provided in chart within application pages for this document.

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.

	2017	
Salaries	$2,088,791	
Benefits	$ 354,770	
Supplies	$ 292,400	
Patient Days @ 90%		23,360
Total/Operating Cost/Pt Day	$2,735,961	$117.12

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.

	2017	
Capital Cost	$455,000	
Patient Days @ 90%		23,360
Cost/Pt Day		$19.48

ATTACHMENT - 30

Ashley Management

8170 MCCORMICK BLVD, SUITE 104 SKOKIE, IL 60076
Tel: 847.676.1700 Fax: 847.675.1700

3/11/14

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 **Asbury Court Nursing and Rehabilitation, 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,

Board Member or Officer

Notarization:
Subscribed and sworn to before me
this 12 day of March, 2014

Signature of Notary
Seal

OFFICIAL SEAL
RIVKA PISEM
Notary Public - State of Illinois
My Commission Expires Apr 4, 2015

Board Member or Officer

Notarization:
Subscribed and sworn to before me
this 12 day of March, 2014

Signature of Notary
Seal

OFFICIAL SEAL
RIVKA PISEM
Notary Public - State of Illinois
My Commission Expires Apr 4, 2015

ATTACHMENT-☒A

Ashley Management

8170 MCCORMICK BLVD, SUITE 104 SKOKIE, IL 60076
Tel: 847.676.1700 Fax: 847.675.1700

3/11/14

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 **Asbury Court Nursing and Rehabilitation, 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,

Board Member or Officer

Board Member or Officer

Notarization:
Subscribed and sworn to before me
this 12 day of March, 2014

Signature of Notary

Seal

OFFICIAL SEAL
RIVKA PISEM
Notary Public - State of Illinois
My Commission Expires Apr 4, 2015

Notarization:
Subscribed and sworn to before me
this 12 day of March, 2014

Signature of Notary

Seal

OFFICIAL SEAL
RIVKA PISEM
Notary Public - State of Illinois
My Commission Expires Apr 4, 2015

ATTACHMENT-XXB

Appended, as **ATTACHMENT-Appendix A1**, is a further breakdown of project costs to include a furniture and equipment budget.

ATTACHMENT-APPENDIX A

MISCELLANEOUS PROJECT COSTS

Preplanning Costs	
Pre Design and Drawings	$9,900
Architechtural Cost Analysis	$9,900
Phase-one Enviro Study	$9,900
Preliminary Engineering	$9,900
Total	$39,600
Site Survey	
Topographic Survey and Site Plan	$8,800
Subsoil Drilling and Testing	$6,600
Total	$15,400
Site Preparation	
Demolition	$27,500
Curb Cutting	$1,100
Temporary Entrance	$2,200
Total	$30,800
Off Site Work	
Storm Sewers	$35,200
Asphalt Paving	$63,800
Total	$99,000
Consulting and Fees	
City of Des Plaines	$93,500
IDPH	$27,500
Insurance	$16,500
CON Consultants	$121,000
Total	$258,500

ITEM	COST
Furniture and Equipment Budget	
Bed spreads	$10,000.00
over tables	$10,200.00
chairs - resident/lounge	$34,100.00
Desks	$34,100.00
Dining chairs	$13,600.00
Dining tables	$6,800.00
Bedside cabinets	$38,200.00
Wardrobes	$103,700.00
Matresses	$16,400.00
Freestanding Tub	$12,500.00
Electric Beds	$102,300.00
Footboard	$10,200.00
Assist Rails	$12,000.00
Artwork	$13,600.00
Therapy Equipment	$68,200.00
Computers/Monitors	$75,000.00
TOTAL	$560,900.00