14-045

ORIGINAL SIGNATURES

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AUG 26 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.

DESCRIPTION OF PROJECT

Project Type

[Check one]		[check one]	
☐	General Long-term Care	☐	Establishment of a new LTC facility
		☐	Establishment of new LTC services
☐	Specialized Long-term Care	☒	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 Lutheran Home, located at 6901 North Galena Road, Peoria, Peoria County Planning Area, Illinois, is an existing nursing care facility with 85 licensed nursing care beds (1 private room and 42 semi-private rooms) located within the retirement community of Lutheran Hillside Village. The Applicant is **Lutheran Hillside Village, Inc.**, owner and operator/Licensee. As the sole corporate member of Lutheran Hillside Village, Inc., **Lutheran Senior Services**, the parent corporation is considered as a co-Applicant. Together they are proposing renovation and repositioning of the nursing unit on the campus. The existing 85-beds will lose 10-beds and reposition the room mix to 5 privates with 35 semi-private rooms. The existing 20-bed attached all private room assisted living memory care unit will be converted to nursing care and finally there will be an addition of 24 newly constructed nursing care beds (all private room). The net result will be a 34-bed increase in licensed capacity and the repositioning of 42 semi-private rooms to only 35 double resident rooms and from only a single private room to a total of 49 private resident rooms. The square footage will go from 41,429 gross square feet (485.3 GSF/bed) to 73,201 gross square feet (615 GSF/bed) all in a single story structure. The total project cost of $12,174,817 will be funded through cash.

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

Facility/Project Identification

Facility Name: **The Lutheran Home**		
Street Address: **6901 North Galena Road**		
City and Zip Code: **Peoria 61614**		
County: **Peoria**	Health Service Area: **002**	Health Planning Area: **143**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Lutheran Hillside Village, Inc.**
Address: **6901 North Galena Road**
Name of Registered Agent: **Lorraine K. Neitzer**
Name of Chief Executive Officer: **John Kotovsky**
CEO Address: **1150 Hanley Industrial Court, St. Louis, Missouri 63144**
Telephone Number: **(314) 446-2553**

Type of Ownership (Applicant/Co-Applicants)

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries)

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **133 South 4th Street, Suite 200, 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 and Associates, Inc.**
Address: **133 South 4th Street, Suite 200, Springfield, Illinois 62701**
Telephone Number: **(217) 544-1551**
E-mail Address: **cfoley@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Facility/Project Identification

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Street Address: **6901 North Galena Road**		
City and Zip Code: **Peoria 61614**		
County: **Peoria**	Health Service Area: **002**	Health Planning Area: **143**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Lutheran Senior Services**
Address: **1150 Hanley Industrial Court, St. Louis, Missouri 63144**
Name of Registered Agent: **C T Corporation System**
Name of Chief Executive Officer: **John Kotovsky**
CEO Address: **1150 Hanley Industrial Court, St. Louis, Missouri 63144**
Telephone Number: **(314) 446-2553**

Type of Ownership (Applicant/Co-Applicants)

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

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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: **Lorraine Neitzer**
Title: **Executive Director**
Company Name: **Lutheran Hillside Village**
Address: **6901 North Galena Road, Peoria, Illinois 61614**
Telephone Number: **(309) 689-9675**
E-mail Address: **lneitzer@lssliving.org**
Fax Number: **(309) 589-8589**

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Lutheran Hillside Village, Inc.**
Address of Site Owner: **6901 North Galena Road, Peoria, Illinois 61614**
Street Address or Legal Description of Site: **6901 North Galena Road**
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: **Lutheran Hillside Village, Inc.**
Address: **6901 North Galena Road, Peoria, Illinois 61614**

☒ 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. **NOT GERMANE**

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

SIGNATURE	SIGNATURE
John Kotovsky	Paul Ogier
PRINTED NAME	PRINTED NAME
President & CEO	CFO
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 18th day of August 2014	Notarization: Subscribed and sworn to before me this 18th day of August 2014
Joanne Roetemeyer	Joanne Roetemeyer
Signature of Notary	Signature of Notary
Seal	Seal

JOANNE ROETEMEYER
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: Oct. 26, 2014
Commission # 10101623

*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 Lutheran Senior Services * 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
John Kotovsky	Paul Ogier
PRINTED NAME	PRINTED NAME
President & CEO	CFO
PRINTED TITLE	PRINTED TITLE

Notarization:
Subscribed and sworn to before me this 18th day of August 2014

Joanne Roetemeyer
Signature of Notary

Notarization:
Subscribed and sworn to before me this 18th day of August 2014

Joanne Roetemeyer
Signature of Notary

JOANNE ROETEMEYER
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: Oct. 26, 2014
Commission # 10101623

Seal

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	85	119
☐ Specialized Long-Term Care		
☐		

***Existing number of beds as authorized by IDPH and posted in the "LTC Bed Inventory" on the HFSRB website (www.hrfsb.illinois.gov). PLEASE NOTE:** ANY bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

Utilization

Utilization for the most current CALENDAR YEAR:

Category of Service	Year	Admissions	Patient Days
☒ General Long Term Care	2012 2013	252 156	26,775 28,143
☐ Specialized Long-Term Care			

Applicable Review Criteria - Guide

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

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

GENERAL LONG-TERM CARE

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

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

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

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

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

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

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1125.530 - Planning Area Need

1. Identify the calculated number of beds needed (excess) in the planning area. See HFSRB website (http://hfsrb.illinois.gov) and click on "Health Facilities Inventories & Data".
2. Attest that the primary purpose of the project is to serve residents of the planning area and that at least 50% of the patients will come from within the planning area.
3. Provide letters from referral sources (hospitals, physicians, social services and others) that attest to total number of prospective residents (by zip code of residence) who have received care at existing LTC facilities located in the area during the 12-month period prior to submission of the application. Referral sources shall verify their projections and the methodology used, as described in Section 1125.540.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

than the number of years projected;

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

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

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

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

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

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

1. Historical Service Demand

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

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

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

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

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

Criterion 1125.560 - Variances to Computed Bed Need

Continuum of Care:

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

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

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

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

3. The applicant shall demonstrate that:

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

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

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

Defined Population:

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

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

2. The applicant shall document each of the following:

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

   b. The boundaries of the GSA;

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

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

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

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

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

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

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

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

2. Additional documentation required:

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

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

   b. Patient/resident location information by zip code;

   c. Independent time-travel studies;

   d. Certification of a waiting list;

   e. Admission restrictions that exist in area providers;

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

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

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

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

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

Criterion 1125.590 - Staffing Availability

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

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

Criterion 1125.600 Bed Capacity

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

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

Criterion 1125.610 - Community Related Functions

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

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

Criterion 1125.620 - Project Size

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

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

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

Criterion 1125.630 - Zoning

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

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

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

Criterion 1125.640 - Assurances

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

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

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

Criterion 1125.650 - Modernization

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

   a. High cost of maintenance;

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

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

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

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

   a. Copies of maintenance reports;

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

   c. Other pertinent reports and data.

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

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

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

$12,174,817	a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b. Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c. Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d. Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.

_____	e.	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f.	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g.	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$12,174,817	**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-Waiver met with capital expenditures funded through internal sources

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.

Item 1 and 2 are not germane as financial viability waiver met with total funding of project through internal sources

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

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

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

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

2. Variance

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

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

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

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

B. Conditions of Debt Financing-NOT APPLICABLE

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).

Clinical Cost and Gross Square Footage Only

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)	
Clinical NSG	$192.87	$112.49	12,020		28,623		$2,318,297	$3,219,801	$5,538,098
Contingency	$ 21.43	$ 19.85	12,020		28,623		$ 257,588	$ 568,167	$ 825,755
TOTALS	$214.30	$132.34	12,020		28,623		$2,575,885	$3,787,968	$6,363,853

* 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	$ -	$ -	$ -
Site Survey and Soil Investigation	$ 44,987	$ 26,763	$71,750
Site Preparation	$ 261,669	$ 155,666	$417,335
Off Site Work			$0
New Construction Contracts	$ 2,318,297	$ 1,477,192	$3,795,489
Modernization Contracts	$ 3,219,801	$ 1,586,406	$4,806,207
Contingencies	$ 825,755	$ 444,120	$1,269,875
Architectural/Engineering Fees	$ 439,316	$ 261,347	$700,663
Consulting and Other Fees	$ 47,025	$ 27,975	$75,000
Movable or Other Equipment (not in construction contracts)	$ 651,138	$ 387,360	$1,038,498
Bond Issuance Expense (project related)	$ -	$ -	$ -
Net Interest Expense During Construction (project related)	$ -	$ -	$ -
Fair Market Value of Leased Space or Equipment	$ -	$ -	$ -
Other Costs To Be Capitalized	$ -	$ -	$ -
Acquisition of Building or Other Property (excluding land)	$ -	$ -	$ -
TOTAL USES OF FUNDS	**$ 7,807,988**	**$ 4,366,829**	**$12,174,817**
SOURCE OF FUNDS			**Total**
Cash and Securities	$ 7,807,988	$ 4,366,829	$12,174,817
Pledges	$ -	$ -	$ -
Gifts and Bequests	$ -	$ -	$ -
Bond Issues (project related)	$ -	$ -	$ -
Mortgages	$ -	$ -	$ -
Leases (fair market value)	$ -	$ -	$ -
Governmental Appropriations	$ -	$ -	$ -
Grants	$ -	$ -	$ -
Other Funds and Sources	$ -	$ -	$ -
TOTAL SOURCES OF FUNDS	**$ 7,807,988**	**$ 4,366,829**	**$12,174,817**

APPENDIX B

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

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 $ **N/A**.

APPENDIX C

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary

☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): **September 30, 2018**

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	$ 5,106,571	22,221	30,009	7,788	16,980	5,241	
Living/Dining/Activity	$ 1,705,253	8,841	10,021	1,180	8,841		
Kitchen/Food Service	$ 343,229	1,645	2,017	372	1,645		
P.T./O.T.	$ 342,378	2,227	2,012	2,012			2,227
Laundry	$ 28,248	116	166	50	116		
Janitor Closets	$ 45,095	219	265	46	219		
Clean/Soiled Utility	$ 162,170	697	953	256	697		
Beauty/Barber	$ 75,044	125	441	316	125		
Total Clincal	**$ 7,807,988**	**36,091**	**45,884**	**12,020**	**28,623**	**5,241**	**2,227**
NON-CLINICAL							
Office/Administration	$ 399,004	1,763	2,496	733	1,556	207	
Employee Lounge/ Locker/Training	$ 73,055	332	457	125	332		
Mechanical/Electrical	$ 680,034	3,903	4,254	351	184	3,719	
Lobby	$ 81,687	121	511	390	-	121	
Storage/Maintenance	$ 328,507	1,204	2,055	851	335	869	
Corridor/Public Toilets	$ 2,804,542	12,335	17,544	5,209	11,695	640	
Total Non-clinical	**$ 4,366,829**	**19,658**	**27,317**	**7,659**	**14,102**	**5,556**	**-**
TOTAL	**$ 12,174,817**	**55,749**	**73,201**	**19,679**	**42,725**	**10,797**	**2,227**

*** It should be known that 14,500 GSF of the existing 55,749 GSF of space comes from the existing 20-assisted living beds that are being converted.**

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

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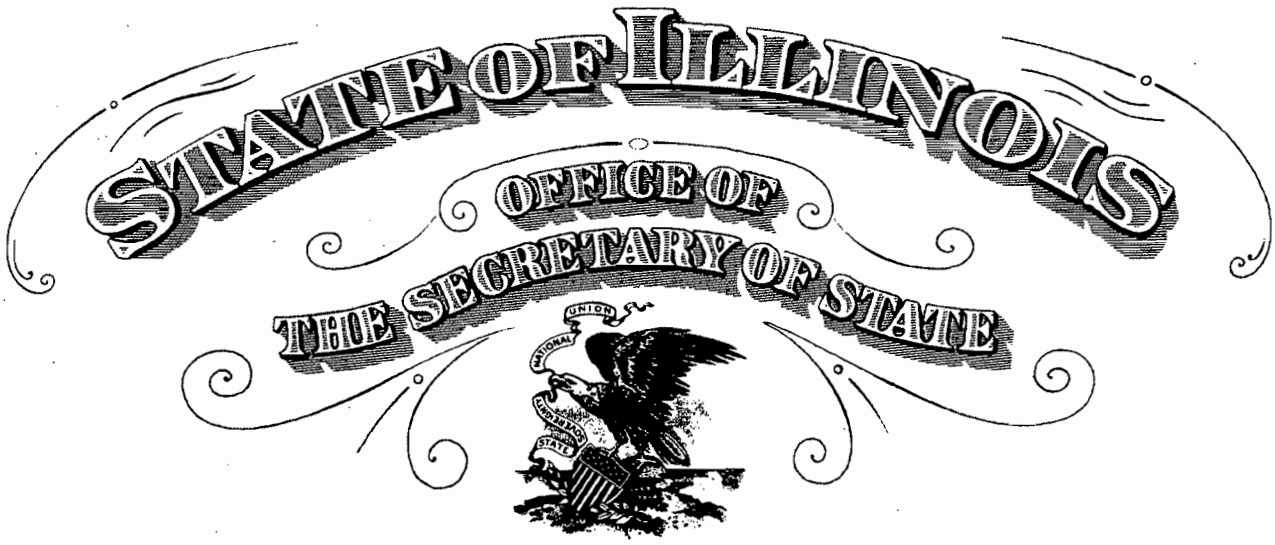
Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

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

The Applicant is **Lutheran Hillside Village, Inc.**, an Illinois 501(c)(3) not-for-profit corporation. This entity will be the owner and operator/Licensee of the proposed project. The Illinois Certificate of Good Standing is appended as **ATTACHMENT-1A**. In addition, the sole corporate member of **Lutheran Hillside Village, Inc.** is **Lutheran Senior Services**, an Illinois 501(c)(3) not-for-profit corporation. As such, **Lutheran Senior Services** is also considered a co-Applicant. Their Illinois Certificate of Good Standing is appended as **ATTACHMENT-1B**.

ATTACHMENT-1

File Number 3967-073-9



To all to whom these Presents Shall Come, Greeting:

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

LUTHERAN HILLSIDE VILLAGE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 08, 1960, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1422602226

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

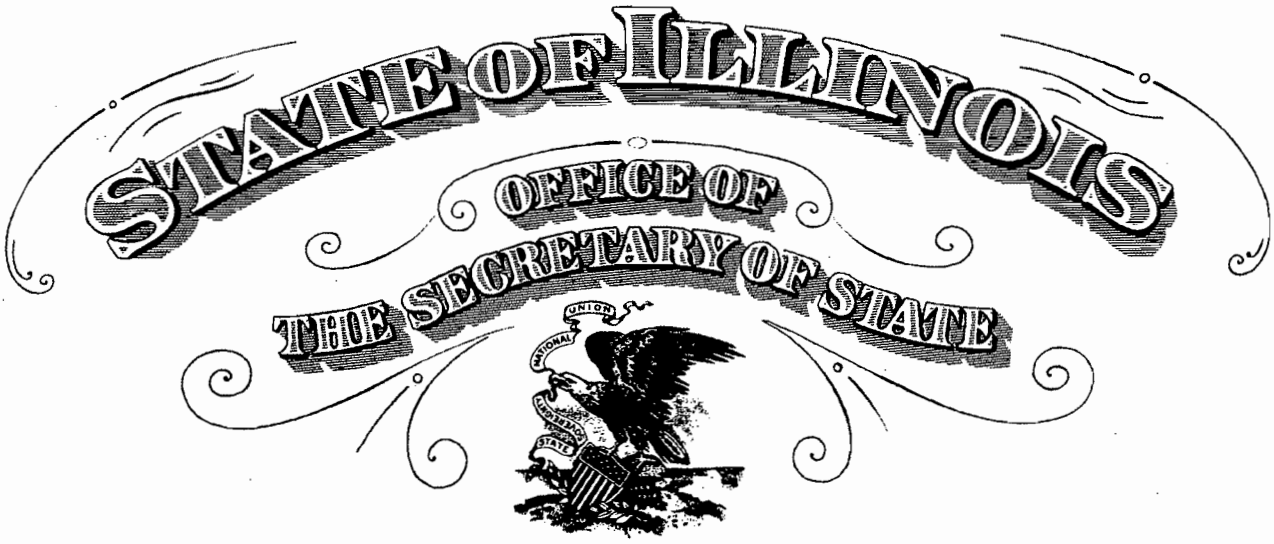
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 14TH *day of* AUGUST *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 6298-480-5



To all to whom these Presents Shall Come, Greeting:

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

LUTHERAN SENIOR SERVICES, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JULY 15, 2003, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.

Authentication #: 1422602186

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 14TH *day of* AUGUST *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-1B

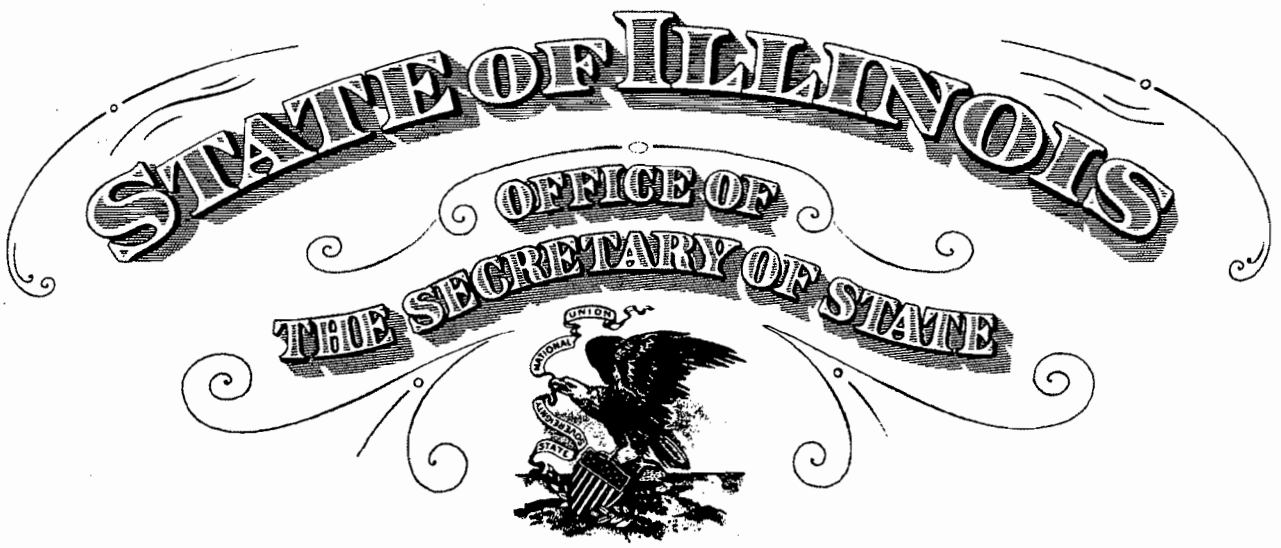
Site Ownership

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

The owner of the existing building and site is **Lutheran Hillside Village, Inc**. The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-2A**. As an existing ongoing business, the legal description of the project's site is appended within the Mortgage and Security Agreement appended as **ATTACHMENT-2B,** providing proof of site control.

ATTACHMENT-2

File Number 3967-073-9



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Authentication #: 1422602226

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 14TH *day of* AUGUST *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-2A

01-25344

FILED
PEORIA COUNTY
STATE OF ILLINOIS
19 JUL 01 10 30
Bradley E. Horton
RECORDER OF DEEDS

45

MORTGAGE AND SECURITY AGREEMENT

By and Between

THE LUTHERAN HOME INC.

Mortgagor,

and

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO,
as Master Trustee,

Mortgagee

Dated as of June 1, 2001

01-25344

This instrument was prepared by
and upon recording return to:

Jones, Day, Reavis & Pogue
77 West Wacker
Chicago, Illinois 60601
Attention: John F. Bibby, Jr.

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MORTGAGE AND SECURITY AGREEMENT

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Exhibit A — Description of Land

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This is a Mortgage and Security Agreement dated as of June 1, 2001 ("this Mortgage"), between The Lutheran Home Inc., an Illinois not for profit corporation, as Mortgagor (the "Mortgagor"), and American National Bank and Trust Company of Chicago, a national banking association duly established and existing under and by virtue of the laws of the United States, not personally but as master trustee under the Master Indenture hereinafter referred to (the "Master Trustee"), as mortgagee.

WITNESSETH

WHEREAS, the Mortgagor, together with Lutheran Senior Ministries Inc., Lutheran Assisted Living Organization, Lutheran Estates Organization and Lutheran Senior Ministries Foundation, as the initial Members of an Obligated Group, have entered into a Master Trust Indenture dated as of June 1, 2001 (the "Master Indenture") with the Master Trustee. Pursuant to the Master Indenture, the Mortgagor and the other Members of the Obligated Group (as such terms are defined in the Master Indenture) are authorized to issue Direct Note Obligations from time to time, including without limitation the Direct Note Obligation, Series 2001A-1 issued on the date hereof in the principal amount of $6,916,000, the Direct Note Obligation, Series 2001A-2 issued on the date hereof in the principal amount of $26,972,400, the Direct Note Obligation, Series 2001A-3 issued on the date hereof in the principal amount of $691,600, the Direct Note Obligation, Series 2001B-1 issued on the date hereof in the principal amount of $1,000,000, the Direct Note Obligation, Series 2001B-2 issued on the date hereof in the principal amount of $23,000,000, the Direct Note Obligation, Series 2001B-3 issued on the date hereof in the principal amount of $1,000,000 and the Direct Note Obligation, Series 2001B-4 issued on the date hereof in the principal amount of $25,376,713 (together with any Obligations hereinafter issued pursuant to the Master Indenture, the "Obligations") all of which Obligations are hereby incorporated by reference; and

WHEREAS, the Mortgagor is the owner in fee simple of the real estate described in *Exhibit A* hereto (the "Land"); and

WHEREAS, the Mortgagor wishes to mortgage and assign to the Master Trustee its interest in the Land and other Mortgaged Property described herein as security for the Obligations and the performance of the obligations of the Obligated Group under the Master Indenture and the Mortgagor hereunder; provided, however, that the maximum aggregate principal amount of Obligations that may be secured hereby is expressly limited to $500,000,000;

NOW, THEREFORE, in consideration of the premises, the acceptance of the Obligations by the purchasers thereof and for other good and valuable consideration the receipt whereof is hereby acknowledged, and in order to secure the payment of the principal of, premium, if any, and interest payable on the Obligations and the performance of all the obligations of the Obligated Group contained in the Master Indenture and of the Mortgagor contained herein, the Mortgagor has executed and delivered this Mortgage and by these presents does assign, grant, mortgage, warrant, convey, transfer, pledge, set over and confirm unto the Master Trustee and its successors and assigns forever, and grant a security interest thereunto in, all of the Mortgagor's right, title and interest in, to and under any and all of the following described property (herein called the "Mortgaged Property"):

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GRANTING CLAUSES

DIVISION I

The Land described in *Exhibit A* hereto, together with the entire interest (whether now owned or hereafter acquired) in and to said Land and in and to all buildings, structures, improvements and appurtenances now standing, or at any time hereafter constructed or placed upon the Land, including all building materials, building equipment and fixtures of every kind and nature whatsoever on the Land or in any building, structure or improvement now standing or hereafter constructed or placed thereon, and the reversion or reversions, and remainder or remainders, in and to the Land, and together with the entire interest of the Mortgagor in and to all and singular the tenements, hereditaments, easements, rights of way, rights, privileges and appurtenances to the Land, belonging or in any way appertaining thereto, and all right, title and interest of the Mortgagor in, to and under any streets, ways or alleys adjoining the Land or any part thereof including all bridges thereover and tunnels thereunder, including without limitation all claims or demands whatsoever of the Mortgagor either in law or in equity, in possession or expectancy of, in and to the Land, it being the intention of the parties hereto that, so far as may be permitted by law, all property of the character hereinabove described, which is now owned or hereafter acquired by the Mortgagor and affixed to or attached to or placed on the Land shall be deemed to be, and shall be considered as, fixtures and appurtenances to said Land, together with all rents, income, issues and profits therefrom (collectively, the "Mortgaged Land");

DIVISION II

All of the machinery, equipment, furniture, spare parts and other personal property, including all present and future attachments and accessories thereto and replacements thereof, all as defined in Article 9 of the Uniform Commercial Code, as amended, of Illinois, located on the Land described in *Exhibit A* hereto or used or useful in connection with the Mortgaged Land and owned by the Mortgagor (the "Machinery and Equipment");

DIVISION III

All judgments, awards of damages, settlements and other compensation heretofore or hereafter made resulting from condemnation proceedings or the taking of the property described in Division I or any part thereof or any building or other improvement now or at any time hereafter located thereon or any easement or other appurtenance thereto under the power of eminent domain, or any similar power or right (including without limitation any award from the United States Government at any time after the allowance of the claim therefor, the ascertainment of the amount thereof and the issuance of the warrant for the payment thereof), whether permanent or temporary, or for any damage (whether caused by such taking or otherwise) to said property or any part thereof or the improvements thereon or any part thereof, or to any rights appurtenant thereto, including without limitation severance and consequential damage, and any award for change of grade of streets (collectively, "Condemnation Awards"); and

DIVISION IV

Any and all other property of every kind and nature from time to time hereafter owned by the Mortgagor, by delivery or by writing of any kind, conveyed, pledged, assigned or transferred as and for additional security hereunder by the Mortgagor or by anyone on its behalf to the Master Trustee, together with all proceeds, including without limitation insurance proceeds with respect to anything referred to in Division I through IV hereof;

Subject, however, to Permitted Encumbrances, as defined in the Master Indenture;

To Have and To Hold all and singular, the Mortgaged Property, whether now owned or hereafter acquired, unto the Master Trustee, its successors and assigns forever; provided, however, that this Mortgage is upon the express condition that if the Mortgagor shall pay or cause to be paid all indebtedness secured hereby and shall keep, perform and observe all and singular the covenants and promises in the Obligations, in the Master Indenture and in this Mortgage expressed to be kept, performed and observed by the Mortgagor or the Obligated Group, then this Mortgage and the rights hereby granted shall cease, determine and be void, otherwise to remain in full force and effect.

The Mortgagor and the Master Trustee hereby further covenant and agree as follows:

ARTICLE I

DEFINITIONS

In addition to the words and terms elsewhere defined in this Mortgage, the following words and terms as used in this Mortgage shall have the following meanings unless the context or use indicates another or different meaning or intent:

"Collateral" has the meaning set forth in Section 3.20.

"Condemnation Awards" has the meaning set forth in Division III of the Granting Clauses.

"Event of Default" has the meaning set forth in Section 4.1.

"Hazardous Machinery and Equipment" has the meaning set forth in Division II of the Granting Clauses.

"Hazardous Materials" has the meaning set forth in Article II(c).

"indebtedness secured hereby" means the Obligations and the other amounts payable under the Master Indenture and this Mortgage.

"IRPTA" has the meaning set forth in Section 3.12(b).

"Land" means the real estate described in *Exhibit A* hereto.

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"Machinery and Equipment" has the meaning set forth in Division II of the Granting Clauses.

"Master Trustee" means American National Bank and Trust Company of Chicago, a national banking association duly established and existing under and by virtue of the laws of the United States.

"Mortgage" means this Mortgage and Security Agreement, as supplemented and amended from time to time.

"Mortgaged Land" has the meaning set forth in Division I of the Granting Clauses.

"Mortgaged Property" means the property described in Divisions I, II, III and IV of the Granting Clauses.

"Obligations" has the meaning set forth in the preliminary statement of this Mortgage, all of which are hereby incorporated in this Mortgage by reference, as if set forth herein.

"Released Property" has the meaning set forth in Section 5.2(A).

"State" means the State of Illinois.

"Substituted Property" has the meaning set forth in Section 5.2(B)(1).

"Tax and Insurance Deposits" has the meaning set forth in Section 3.9.

"Taxes" has the meaning set forth in Section 3.7.

"Uniform Commercial Code" means the Illinois Uniform Commercial Code, 810 ILCS 5/1-101 *et seq.*

The other terms used in this Mortgage shall have the same meanings as set forth in the Master Indenture. All accounting terms not otherwise defined in the Master Indenture or herein shall have the meanings assigned to them in accordance with generally accepted accounting principles.

All references in this instrument to designated "Articles", "Sections" and other subdivisions are to the designated Articles, Sections and other subdivisions of this instrument as originally executed. The words "herein", "hereof" and "hereunder" and other words of similar import refer to this Mortgage as a whole and not to any particular Article, Section or other subdivision unless the context indicates otherwise.

ARTICLE II

REPRESENTATIONS AND WARRANTIES

The Mortgagor makes the following representations and warranties as the basis for its covenants herein:

(a) It is a not for profit corporation duly incorporated under the laws of the State, is in good standing and duly authorized to conduct its business in the State, is duly authorized and has full power under the laws of the State and all other applicable provisions of law and its articles of incorporation and by-laws to create, issue, enter into, execute and deliver this Mortgage, and all action on its part necessary for the valid execution and delivery of this Mortgage has been duly and effectively taken.

(b) The execution and delivery of this Mortgage, the consummation of the transactions contemplated hereby, and the fulfillment of the terms and conditions hereof do not and will not conflict with or result in a breach of any of the terms or conditions of any corporate restriction or of any agreement or instrument to which it is now a party, and do not and will not constitute a default under any of the foregoing, or result in the creation or imposition of any Lien, charge or encumbrance of any nature upon any of its Property except for Permitted Encumbrances. The Mortgagor has good and marketable fee simple title to the Land and is the lawful owner and is now lawfully seized and possessed of the Mortgaged Property (other than that not presently in existence), free and clear of all Liens whatsoever except Permitted Encumbrances. The Mortgagor has full power and lawful authority to mortgage and grant a security interest in the Mortgaged Property to the Master Trustee and will preserve, warrant and defend the same unto the Master Trustee against the claims of all persons and parties. This Mortgage constitutes (i) a valid first mortgage lien upon the Land, including the fixtures, subject only to Permitted Encumbrances; (ii) a security interest in the Machinery and Equipment, which security interest is (a) perfected to the extent the same may be perfected by filing under the Uniform Commercial Code and (b) prior to any other security interest in such Machinery and Equipment, subject only to Permitted Encumbrances and (iii) a legal, valid and binding obligation of the Mortgagor, enforceable in accordance with its terms. The easements, rights-of-way, liens, encumbrances, covenants, conditions, restrictions, exceptions, minor defects, irregularities of title and encroachments on adjoining real estate which are Permitted Encumbrances, if any, now existing with respect to the Land do not and will not materially adversely affect the value of the Facilities or the Property currently affected thereby, or materially impair or materially interfere with the operation and usefulness thereof for the purpose for which they were acquired or are held by the Mortgagor.

(c) Except as previously disclosed in writing by the Mortgagor to the Master Trustee and except in accordance with applicable law, neither the Mortgagor, nor to the best of the Mortgagor's knowledge, any lessee nor any previous owner, tenant, occupant or user of the Mortgaged Property, has used, generated, released, discharged, stored or disposed of, or is using, generating, releasing, discharging, storing or disposing of, any Hazardous Materials (as defined below) on, under or in the Mortgaged Property, or has transported, or is transporting, any Hazardous Materials to or from the Mortgaged Property and no Hazardous Materials are present

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on the Mortgaged Property. The Mortgagor shall not, except in accordance with applicable law, cause, suffer to exist or permit the presence, use, generation, release, discharge, storage or disposal of any Hazardous Materials on, under or in, or the transportation of any Hazardous Materials to or from, the Mortgaged Property. The term "Hazardous Materials" shall include any flammable materials, explosives, radioactive materials, hazardous materials, petroleum, asbestos, polychlorinated biphenyls, hazardous waste, hazardous or toxic substances or related materials described in the Clean Water Act, 33 U.S.C. §1251 *et seq* (33 U.S.C. §1321) or listed pursuant to Section 307 of the Clean Water Act (33 U.S.C. §1371), or described in the Resource Conservation and Recovery Act, 42 U.S.C. §6901 *et seq.* (42 U.S.C. §6903), the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. §9601 *et seq.* (42 U.S.C. §9601), the Toxic Substances Control Act, 15 U.S.C. §2601 *et seq.* (15 U.S.C. §2605), or under any other applicable federal, state or local environmental law, ordinance, rule or regulation.

(d) The Mortgaged Property and its intended use substantially and materially comply with applicable laws, ordinances, governmental rules and regulations and the terms of any enforcement action commenced by any federal, State, regional or local governmental agency, including, without limitation, all applicable federal, State and local laws pertaining to air and water quality, hazardous waste, waste disposal, underground storage tanks, and other environmental matters, including, but not limited to, the Clean Air, Federal Water Pollution Control, Solid Waste Disposal, Resource Conservation and Recovery and Comprehensive Environmental Response, Compensation and Liability Acts, and the rules, regulations and ordinances of all applicable federal, State and local agencies and bureaus (collectively, the "Applicable Environmental Regulations"). The Mortgagor covenants that the Mortgaged Property and its use shall at all times substantially and materially comply with all Applicable Environmental Regulations.

ARTICLE III

GENERAL COVENANTS AND AGREEMENTS

Section 3.1. Master Indenture Covenants. Each and all of the representations, warranties, terms, provisions, restrictions, covenants and agreements set forth in the Master Indenture, and in each and every supplement thereto or amendment thereof which may at any time or from time to time be executed and delivered by the parties thereto or their successors and assigns, are incorporated herein by reference to the same extent as though each and all of said representations, warranties, terms, provisions, restrictions, covenants and agreements were fully set out herein and as though any amendment or supplement to the Master Indenture were fully set out in an amendment or supplement to this Mortgage; and the Mortgagor hereby covenants and agrees well and truly to abide by, perform and be governed and restricted by each and all of the matters provided for by the Master Indenture and so incorporated herein to the same extent and with the same force and effect as if each and all of said representations, warranties, terms, provisions, restrictions, covenants and agreements so incorporated hereby by reference were set out and repeated herein at length. Without limiting the foregoing, the Mortgagor covenants and agrees to pay all taxes, assessments and governmental charges or levies imposed upon this

Mortgage, the Obligations or any other indebtedness secured hereby and such amounts shall constitute so much additional indebtedness secured hereby.

Section 3.2. Further Assurances; After-Acquired Property. (a) The Mortgagor will execute, acknowledge and deliver, or cause to be done, executed, acknowledged and delivered, such agreements supplemental hereto and all such further acts, deeds, conveyances, mortgages, assignments, instruments, transfers and assurances as the Master Trustee reasonably may require for the better assuring, transferring, mortgaging, conveying, pledging, assigning and confirming unto the Master Trustee all and singular the Mortgaged Property as now or hereafter constituted.

(b) All right, title and interest of the Mortgagor in and to all improvements, betterments, renewals, substitutions and replacements of the Mortgaged Property or any part thereof hereafter constructed or acquired by the Mortgagor, immediately upon such construction or acquisition, and without any further mortgaging, conveyance or assignment, shall become and be part of the Mortgaged Property and shall be subject to the lien and security interest of this Mortgage as fully and completely and with the same effect as though now owned by the Mortgagor, but at any and all times the Mortgagor will execute and deliver to the Master Trustee all such further assurances, mortgages, conveyances or assignments therefor and other instruments with respect thereto as the Master Trustee may reasonably require for the purpose of expressly and specifically subjecting the same to the lien and security interest of this Mortgage.

Section 3.3. Payment of Principal, Premium, if any, and Interest. The Mortgagor will duly and punctually pay the principal of, premium, if any, and interest on the Obligations secured hereby according to the terms thereof.

Section 3.4. Maintenance of Lien; Recording. (a) The Mortgagor will, at its own expense, take all necessary action to maintain and preserve the lien and security interest of this Mortgage so long as the Obligations are outstanding.

(b) The Mortgagor will, forthwith after the execution and delivery of this Mortgage and thereafter from time to time, cause this Mortgage and the Master Indenture (including any amendments thereto and supplements thereof) and any financing statements in respect thereof to be filed, registered and recorded in such manner and in such places as may be required by law in order to publish notice of and fully to perfect and protect the lien and security interest hereof upon, and the title of the Mortgagor to, the Mortgaged Property, and from time to time will perform or cause to be performed any other act as provided by law and will execute or cause to be executed any and all continuation statements and further instruments that may be requested by the Master Trustee for such publication, perfection and protection. Except to the extent it is exempt therefrom, the Mortgagor will pay or cause to be paid all filing, registration and recording fees incident to such filing, registration and recording, and all expenses incident to the preparation, execution and acknowledgment of such instruments of further assurance, and all federal and State fees and other similar fees, duties, imposts, assessments and charges arising out of or in connection with the execution and delivery of this Mortgage and such instruments of further assurance.

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Section 3.5. Maintenance, Repair, Restoration, Liens. The Mortgagor shall (a) pay, when due, any indebtedness that may be secured by a lien or charge on the Mortgaged Property (whether senior, of equal priority, or junior to the lien hereof) and, upon request, exhibit to the Master Trustee satisfactory evidence of the discharge of such lien; (b) complete, in accordance with the provisions of the Loan Agreement, any building(s) or other improvements now or at any time in the process of erection or rehabilitation upon the Mortgaged Property; (c) comply with all requirements of law, municipal ordinances, and restrictions and covenants of record with respect to the Mortgaged Property or the use thereof; (d) suffer or permit no unlawful use of, or nuisance to exist upon, the Mortgaged Property; and (e) cause the Mortgaged Property to be managed in a competent and professional manner.

Section 3.6. Priority of Lien. It is further made an express condition and covenant hereof, that while this Mortgage is in effect, the lien of this Mortgage shall extend to any and all improvements and fixtures owned by the Mortgagor, now or hereafter on the Mortgaged Property, prior to any other lien thereon that may be claimed by any Person, so that subsequently accruing claims for lien on the Mortgaged Property shall be junior to this Mortgage, except for Permitted Encumbrances.

Section 3.7. Taxes. The Mortgagor shall pay all general and special taxes, assessments, water charges, sewer charges and other fees and charges of every kind and nature whether or not assessed against the Mortgagor, if applicable to the Mortgaged Property or any interest therein or any obligation or agreement secured hereby (collectively, the "Taxes") in accordance with Section 406 of the Master Indenture; and the Mortgagor shall, upon written request, furnish to the Master Trustee duplicate receipts therefor.

Section 3.8. Insurance Coverage. The Mortgagor, at its own expense will insure, or will cause to be insured, including during any construction and thereafter, all of the buildings and improvements now or hereafter included within the Mortgaged Property, and each and every part and parcel thereof as required by the Master Indenture, and in any event including:

(a) During construction (if any), all-risks package of builder's risk insurance, including owner's, contractor's, and employer's liability insurance, workmen's compensation insurance, and physical damage insurance;

(b) Flood insurance, where appropriate, but only if available; and

(c) Other insurance of the types and in amounts not less than customarily carried by persons owning or operating like properties.

Section 3.9. Deposits for Taxes and Insurance Premiums. As long as there is no Event of Default outstanding under this Mortgage or the Master Indenture, or if an Event of Default has occurred but has been cured, the Mortgagor shall pay all taxes and insurance premiums in accordance with the Master Indenture. Upon the occurrence of an Event of Default or upon the occurrence of an event which, but for notice or the passage of time, would constitute an Event of Default of which the Master Trustee has actual knowledge, the Master Trustee may (and, upon the written direction of all Obligation holders, shall), upon five days written notice, require the

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Mortgagor to deposit with the Master Trustee on the first day of each and every month, commencing with the month following the month required by the Master Trustee, an amount equal to:

(i) If the Mortgaged Property is subject to real estate taxes, one-twelfth (1/12) of the real estate taxes next to become due upon the Mortgaged Property; provided that in the case of the first such deposit, there shall be deposited in addition an amount which, when added to the aggregate amount of monthly sums next payable under this subsection (i), will result in a sufficient reserve to pay the Taxes next becoming due one month prior to the date when such real estate taxes are due and payable; plus

(ii) One-twelfth (1/12) of the annual premiums on each policy of insurance upon the Mortgaged Property; provided that in the case of the first such deposit, there shall be deposited in addition an amount which, when added to the aggregate amount of monthly sums next payable under this subsection (ii), will result in a sufficient reserve to pay the insurance premiums next becoming due one month prior to the date when such insurance premiums are, in fact, due and payable;.

provided that the amount of such deposits (herein generally called "Tax and Insurance Deposits") shall be based upon the Master Trustee's reasonable estimate as to the amount of real estate taxes and insurance premiums next to be payable as provided by the Insurance Consultant; and all Tax and Insurance Deposits shall be held by the Master Trustee with an allowance of interest thereon, if such interest-bearing accounts are available to the Master Trustee at no additional cost or expense to the Master Trustee. Interest on such deposits, if any, shall be retained by the Master Trustee and applied against future payments for taxes and insurance paid by the Master Trustee.

The Master Trustee will, out of the Tax and Insurance Deposits, upon the presentation to the Master Trustee by the Mortgagor of the bills therefor, pay the insurance premiums and real estate taxes or will, upon the presentation of receipted bills therefor, reimburse the Mortgagor for such payments made by the Mortgagor. If the total Tax and Insurance Deposits on hand shall not be sufficient to pay all of the real estate taxes and insurance premiums when the same shall become due, then the Mortgagor shall pay to the Master Trustee on demand any amount necessary to make up the deficiency and such amount shall constitute so much additional indebtedness secured hereby.

In the event of a default in any of the provisions contained herein or in the Obligations, the Master Trustee may, at its option, without being required so to do, apply any Tax and Insurance Deposits on hand in such manner as provided in Section 507 of the Master Indenture. When the indebtedness secured hereby has been fully paid, then any remaining Tax and Insurance Deposits shall be paid to the Mortgagor.

Section 3.10. Proceeds of Insurance. In case of loss covered by policies of insurance, the proceeds of any insurance shall be applied as provided in Section 410 of the Master Indenture.

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Section 3.11. Condemnation. In case of any award or claim for damages for any of the Mortgaged Property taken or damaged under the power of eminent domain or by condemnation, including any payments made in lieu of or in settlement of a claim or threat of condemnation, the proceeds of any award or claim shall be applied as provided in Section 411 of the Master Indenture.

Section 3.12. Hazardous Materials. (a) The Mortgagor hereby indemnifies the Master Trustee and the owners of any Related Bonds, including such owners' officers, directors, affiliates, agents or employees ("Bondholder Indemnities"), and agrees to hold the Master Trustee and the Bondholder Indemnities harmless from and against any and all losses, liabilities, damages, injuries, costs, expenses and claims of any and every kind whatsoever paid, including without limitation reasonable attorneys fees and expenses incurred or suffered by, or asserted against, the Master Trustee or any Bondholder Indemnities for, with respect to, or as a direct or indirect result of, the presence on or under or the escape, seepage, leakage, spillage, discharge, emission, discharging, or release from, the Mortgaged Property of any Hazardous Materials (including, without limitation, any losses, liabilities, damages, injuries, costs, expenses or claims asserted or arising under the Comprehensive Environmental Response, Compensation and Liability Act, any so-called "Superfund" or "Superlien" law, or any other present or future Federal, state or local statute, law, ordinance, code, rule, regulation, order or decree regulating, relating to or imposing liability or standards of conduct concerning, any Hazardous Materials or the protection of the environment), regardless of whether or not caused by, or within the control of, the Mortgagor, unless resulting solely from the negligent acts or willful misconduct of the Master Trustee or the owners of any Related Bonds. The provisions of this Section 312(a) shall continue after the Obligated Group pays or causes to be paid the Obligations and shall survive the resignation or removal of the Master Trustee.

(b) The Mortgagor shall comply with the provisions of the Illinois Responsible Property Transfer Act of 1988, 765 ILCS 90/1 *et seq* (*"IRPTA"*). Irrespective of any such waiver, if an IRPTA disclosure statement is required pursuant to IRPTA, the Mortgagor shall insure that the IRPTA disclosure statement is recorded with the appropriate recorders and filed with the Illinois Environmental Protection Agency on or before the time required by Section 6 (765 ILCS 90/6) of IRPTA; evidence of such compliance shall be timely provided to the Master Trustee.

(c) The Mortgagor shall at all times and in all respects be in substantial and material compliance with all applicable Environmental Laws. The Mortgagor's duty of compliance with applicable Environmental Laws includes, without limitation, the duty to undertake the following specific actions: (i) the Mortgagor will, at its own expense, procure, maintain in effect, and comply with all conditions of any and all permits, licenses and other governmental and regulatory approvals required by all applicable Environmental Laws, including without limitation, permits required for the discharge of (appropriately treated) Hazardous Materials into the ambient air or any sanitary sewers serving any real property owned or leased by the Mortgagor and (ii) except as discharged into the ambient air or a sanitary sewer in compliance with all applicable Environmental Laws, and all Hazardous Materials to be treated and/or disposed of by the Mortgagor will be removed and transported solely by duly licensed transporters to a duly licensed treatment and/or disposal facility for final treatment and/or

disposal (except when applicable Environmental Laws permit on site treatment or disposal in a sanitary landfill).

Section 3.13. Stamp Tax. If, by the laws of the United States of America, or of any state or municipality having jurisdiction over the Mortgagor or the Mortgaged Property, any tax is imposed or becomes due in respect of the issuance of the Obligations, the Mortgagor shall pay such tax in the manner required by such law.

Section 3.14. Effect of Extensions of Time and Amendments. If the payment of the indebtedness secured hereby, or any part thereof, be extended or varied, or if any part of the security therefor be released, all Persons now or at any time hereafter liable therefor, or interested in the Mortgaged Property, shall be held to assent to such extension, variation, or release; and their liability, and the lien, and all provisions hereof, shall continue in full force and effect; the right of recourse against all such Persons being expressly reserved by the Master Trustee, notwithstanding any such extension, variation, or release. Any Person, firm, or corporation taking a junior mortgage or other lien upon the Mortgaged Property or any interest therein shall take the said lien subject to the rights of the Master Trustee to amend, modify, and supplement this Mortgage, the Obligations or the Loan Agreements and to extend the maturity of the indebtedness secured hereby, in each and every case without obtaining the consent of the holder of such junior lien and without the lien of this Mortgage losing its priority over the rights of any such junior lien.

Section 3.15. Master Trustee's Performance of the Mortgagor's Obligation. When any Event of Default has occurred and is continuing, the Master Trustee, either before or after acceleration of the indebtedness secured hereby or the foreclosure of the lien hereof and during any period of redemption may, but shall not be required to, make any payment or perform any act herein required of the Mortgagor in any form and manner deemed expedient to the Master Trustee; and the Master Trustee may, but shall not be required to, make full or partial payments of principal or interest on any prior encumbrances and purchase, discharge, compromise or settle any tax lien or other prior lien or title or claim thereof, or redeem from any tax sale or forfeiture affecting the Mortgaged Property or contest any tax or assessment, and may, but shall not be required to, complete construction, rehabilitation, furnishing, and equipping of the improvements upon the Land and rent, operate and manage the Mortgaged Property and such improvements and pay operating costs and expenses, including without limitation management fees, of every kind and nature in connection therewith, so that the Mortgaged Property and improvements shall be operational and usable for their intended purposes. All monies paid for any of the purposes herein authorized, and all expenses paid or incurred in connection therewith, including reasonable attorneys' fees and expenses and other monies advanced by the Master Trustee to protect the Mortgaged Property and the lien hereof, or to complete construction, furnishing and equipping or to rent, operate and manage the Mortgaged Property and such improvements or to pay any such operating costs and expenses thereof or to keep the Mortgaged Property and improvements operational and usable for its intended purpose, shall be so much additional indebtedness secured hereby, and shall become immediately due and payable without notice, and with interest thereon at the prime rate of the Master Trustee plus 3% per annum. Inaction of the Master Trustee shall never be considered as a waiver of any right accruing to it on account of any default on the part of the Mortgagor. The Master Trustee, in making any payment hereby

authorized (a) relating to Taxes, may do so according to any bill, statement, or estimate, without inquiry into the validity of any Taxes, sale, forfeiture, tax lien, or title or claim thereof; (b) for the purchase, discharge, compromise or settlement of any other prior lien, may do so without inquiry as to the validity or amount of any claim for lien which may be asserted; or (c) in connection with the completion of construction, rehabilitation, furnishing or equipping of the improvements or the rental, operation or management of the Mortgaged Property or the payment of operating costs and expenses thereof, may do so in such amounts and to such Persons as the Master Trustee may deem appropriate.

Section 3.16. Inspection of Mortgaged Property and Records. The Master Trustee and any Bondholder shall have the right to inspect the Mortgaged Property and all books, records and documents relating thereto at all reasonable times, and access thereto shall be permitted for that purpose.

Section 3.17. Restrictions on Transfer. It shall be an Event of Default hereunder if (i) the Mortgagor shall create, effect, consent to or suffer or permit any conveyance, sale, assignment, lease, transfer, lien, pledge, mortgage, security interest or other encumbrance or alienation of the Mortgaged Land (but not including the Machinery and Equipment) or any part thereof or interest therein, other than Permitted Encumbrances, transfers to another Member of the Obligated Group subject to the lien of this Mortgage and transfers a permitted by Section 5.2 hereof or (ii) any action is brought to foreclose or enforce any lien or other lien with respect to the Mortgaged Land, provided that the commencement of any such action shall not constitute an Event of Default hereunder so long as the Mortgagor shall contest such action in accordance with Section 406 of the Master Indenture. Notwithstanding anything to the contrary contained herein, the Mortgagor shall not transfer the Mortgaged Land or any portion thereof to any Member of the Obligated Group as permitted by this Section 3.17 unless the Mortgagor provides the Master Trustee with the following: (i) instruments of transfer and other documentation in form and substance satisfactory to the Master Trustee evidencing the transferee's assumption of the obligations and covenants set forth in this Mortgage, (ii) a title insurance policy in form and substance satisfactory to the Master Trustee insuring the interest of the Master Trustee in this Mortgage and (iii) an opinion of Counsel to the transferee in form and substance satisfactory to the Master Trustee to the effect that this Mortgage is valid, binding and enforceable against the transferee in accordance with its terms.

Section 3.18. Mortgagor's Right of Possession. So long as the Mortgagor is in full compliance with the terms and provisions of this Mortgage and the Obligated Group is in full compliance with the terms and provisions of the Master Indenture, the Mortgagor shall be suffered and permitted to possess, use and enjoy the properties and appurtenances constituting the Mortgaged Property.

Section 3.19. Machinery and Equipment.

The proceeds of any disposition of Machinery and Equipment will not be subject to the lien of this Mortgage.

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The Mortgagor shall furnish the Master Trustee with the annual financial statements delivered pursuant to Section 414 of the Master Indenture, and from time to time at the Master Trustee's reasonable request written statements and schedules further identifying and describing the Machinery and Equipment in such detail as the Master Trustee may reasonably require.

The Mortgagor shall only transfer any assets constituting Machinery and Equipment in accordance with the asset transfer tests of Section 417 of the Master Indenture.

Section 3.20. Illinois Uniform Commercial Code. This Mortgage constitutes a security agreement under the Uniform Commercial Code of Illinois with respect to any part of the Mortgaged Property which may or might now or hereafter be or be deemed to be personal property, fixtures or property other than real estate (all for the purposes of this Section 3.20 called "Collateral"); all of the terms, provisions, conditions and agreements contained in this Mortgage pertain and apply to the Collateral as fully and to the same extent as to any other property comprising the Mortgaged Property; and the following provisions of this Section 3.20 shall not limit the generality or applicability of any other provision of this Mortgage but shall be in addition thereto:

(a) The Mortgagor (being the "debtor" as that term is used in the Uniform Commercial Code) is and will be the true and lawful owner of the Collateral, subject to no liens, charges or encumbrances other than Permitted Encumbrances.

(b) The Collateral is to be used by the Mortgagor solely for corporate purposes of the Mortgagor, being installed upon the Mortgaged Property for the Mortgagor's own use or as the equipment and furnishings furnished by the Mortgagor, as landlord, to tenants of the Mortgaged Property.

(c) The Collateral will be kept at the Land comprised within the Mortgaged Property, and will not be removed therefrom except in accordance with Section 3.19 hereof or with the consent of the Master Trustee (being the "secured party" as that term is used in the Uniform Commercial Code) which consent shall not be unreasonably withheld, and the Collateral may be affixed to such real estate but will not be affixed to any other real estate.

(d) No financing statement covering any of the Collateral or any proceeds thereof is on file in any public office (other than financing statements with respect to Permitted Encumbrances); and the Mortgagor will at its own cost and expense, upon demand, furnish to the Master Trustee such further information, execute and deliver to the Master Trustee such financing statements and other documents in form satisfactory to the Master Trustee, and do all such acts and things as the Master Trustee may at any time or from time to time reasonably request or as may be necessary or appropriate to establish and maintain a perfected security interest in the Collateral as security for the indebtedness secured hereby, subject to no liens, charges or encumbrances other than Permitted Encumbrances. The Mortgagor will at its own cost and expense pay the cost of filing or recording such financing statements or other documents and this instrument in all public

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offices wherever filing or recording is deemed by the Master Trustee to be necessary or desirable.

(e) Upon any Event of Default hereunder and the continuance thereof, the Master Trustee at its option may, and if any Related Bonds have been accelerated, the Master Trustee shall promptly, declare the indebtedness secured hereby immediately due and payable, all as more fully described in Section 4.2 hereof, and thereupon the Master Trustee shall have the remedies of a secured party under the Uniform Commercial Code, including, without limitation, the right to take immediate and exclusive possession of the Collateral, or any part thereof, and for that purpose may, with or without judicial process, enter without breach of the peace upon any place that the Collateral or any part thereof may be situated and remove the same therefrom (provided that if Collateral is affixed to real estate, such removal shall be subject to the conditions stated in the Uniform Commercial Code); and the Master Trustee shall be entitled to hold, maintain, preserve, and prepare the Collateral for sale, until disposed of, or may propose to retain the Collateral. The Master Trustee, without removal, may render the Collateral unusable and dispose of the Collateral on the Mortgaged Property. The Master Trustee may require the Mortgagor to assemble the Collateral and make it available to the Master Trustee for its possession at a place to be designated by the Master Trustee. The Master Trustee will give the Mortgagor reasonable notice of the time and place of any public sale thereof or of the time after which any private sale or any other intended disposition thereof is made. The requirements of reasonable notice shall be met if such notice is mailed, by first class mail, postage prepaid, to the address of the Mortgagor shown in this Mortgage or in the Master Trustee's records at least ten (10) days before the time of the sale or other disposition. The Master Trustee may buy at any public sale, and if the Collateral is of a type customarily sold in a recognized market or is of a type which is the subject of widely distributed standard price quotations, the Master Trustee may buy at private sale. Any such sale may be held as part of and in conjunction with any foreclosure sale of the real estate comprised within the Mortgaged Property, the Collateral and real estate to be sold as one lot if the Master Trustee so elects. The net proceeds realized upon any such disposition, after deduction for the expenses or retaking, holding, preparing for sale, selling or the like and reasonable attorney's fees and legal expenses incurred by the Master Trustee, shall be applied against the indebtedness secured hereby. The Master Trustee will dispose of any surplus realized upon such disposition in accordance with the provisions of Section 507 and 801 of the Master Indenture.

(f) The remedies of the Master Trustee hereunder are cumulative and the exercise of any one or more of the remedies provided for herein or under the Uniform Commercial Code shall not be construed as a waiver of any of the other remedies of the Master Trustee, including having the Collateral deemed part of the realty upon any foreclosure thereof so long as any part of the indebtedness secured hereby remains unsatisfied.

(g) The terms and provisions contained in this Section 3.20 shall, unless the context otherwise requires, have the meanings and be construed as provided in the Uniform Commercial Code.

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(h) This Mortgage is intended to be a financing statement within the purview of Section 9-402(6) of the Uniform Commercial Code with respect to the Collateral and the goods described at the beginning of this Mortgage, which goods are or are to become fixtures relating to the Mortgaged Property. The addresses of the Mortgagor (Debtor) and the Master Trustee (Secured Party) are set forth in Section 6.3 hereof. This Mortgage is to be filed for record with the Recorder of the County or Counties where the Mortgaged Property is located.

Section 3.21. Assignment of Leases, Rents, and Contracts. The Mortgagor hereby bargains, sells, transfers, assigns, conveys, and delivers to the Master Trustee all of the Mortgagor's right, title, and interest in all rents, issues and profits of the Mortgaged Property, as further security for the payment of the indebtedness secured hereby. This assignment is absolute and is effective immediately. Notwithstanding the foregoing, until a notice is sent to the Mortgagor in writing that an Event of Default or an event that with notice or passage of time or both might become an Event of Default has occurred under the terms and conditions of this Mortgage (a "Notice"), the Mortgagor may receive, collect and enjoy the rents, income, and profits accruing from the Mortgaged Property.

If any Event of Default or event that with notice or passage of time or both might become an Event of Default occurs hereunder, at its option, the Master Trustee may after service of a Notice, receive and collect all such rents, income, and profits as they become due, from the Mortgaged Property and under any and all leases of all or any part of the Mortgaged Property ("Leases"). The Master Trustee shall thereafter continue to receive and collect all such rents, income, and profits, as long as such default(s) shall exist, and during the pendency of any foreclosure proceedings.

From and after the service of a Notice, the Master Trustee is hereby vested with full power to use all measures, legal and equitable, it may deem necessary or proper to enforce this assignment and to collect the rents, income, and profits assigned hereunder, including the right of the Master Trustee or its designee to enter upon the Mortgaged Property, or any part thereof, with or without process of law, take possession (to the extent permitted by law) of all or any part of the Mortgaged Property and all personal property, fixtures, documents, books, records, papers, and accounts of the Mortgagor relating thereto, and exclude the Mortgagor and its agents and servants wholly therefrom. The Mortgagor hereby grants full power and authority to the Master Trustee to exercise all rights, privileges, and powers herein granted at any and all times after service of a Notice, without further notice to the Mortgagor, with full power to use and apply all of the rents and other income herein assigned to the payment of the costs of managing and operating the Mortgaged Property and of the indebtedness secured hereby. The Master Trustee shall be under no obligation to exercise or prosecute any of the rights or claims assigned to it hereunder or to perform or carry out any of the obligations of the lessor under any of the leases and does not assume any of the liabilities in connection with or arising or growing out of the covenants and agreements of the Mortgagor in the leases. This assignment shall not operate to place responsibility for the control, care, management, or repair of the Mortgaged Property, or parts thereof, upon the Master Trustee, nor shall it operate to make the Master Trustee liable for the performance of any of the terms and conditions of any of the leases, for any waste of the Mortgaged Property by any lessee under any of the leases or any other person, for any dangerous

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or defective condition of the Mortgaged Property, or for any negligence in the management, upkeep, repair or control of the Mortgaged Property resulting in loss, injury, or death to any lessee, licensee, employee, or stranger.

The assignment under this Section is given as a primary pledge and assignment of the rights described herein and such assignment shall not be deemed secondary to the security interest and mortgage granted by the Mortgagor in the Mortgaged Property. The Master Trustee shall have the right to exercise any rights under this Section before, together with, or after exercising any other rights under this Mortgage. Nothing herein shall be deemed to obligate the Master Trustee to perform or discharge any obligation, duty, or liability of the Mortgagor under this assignment, and the Mortgagor shall and does hereby indemnify and hold the Master Trustee harmless from any and all cost (including without limitation reasonable attorneys' fees and legal expenses), liability, loss, or damage which the Master Trustee may or might incur by reason of this assignment; and any and all such cost, liability, loss, or damage incurred by the Master Trustee, including reasonable attorney's fees and expenses incurred by the Master Trustee in the defense of any claims or demands therefor (whether successful or not), shall be so much additional indebtedness secured hereby, and the Mortgagor shall reimburse the Master Trustee therefor on demand, together with interest at the prime rate of the Master Trustee plus 3% per annum.

ARTICLE IV

DEFAULTS AND REMEDIES THEREFOR

Section 4.1. Event of Default Defined. The Mortgagor acknowledges and agrees that each and all of the terms and provisions of Article V of the Master Indenture have been and are incorporated into this Mortgage by reference to the same extent as though fully set out herein and that the term "Event of Default" wherever used in this Mortgage shall mean (i) an Event of Default as defined in Article V of the Master Indenture, (ii) the failure of the Mortgagor to comply with any covenant, agreement or warranty contained in this Mortgage within 30 days after the Master Trustee shall have given written notice thereof to the Mortgagor and the Obligated Group Agent, provided that, if such default cannot with due diligence and dispatch be wholly cured within 30 days but can be wholly cured, it shall be cured within the time specified in Section 502(b) of the Master Indenture or (iii) the abandonment of the Mortgaged Property or any portion thereof by the Mortgagor for three consecutive days.

Section 4.2. Remedies. When any Event of Default has occurred and is continuing, the Master Trustee may, in addition to the remedies hereinafter described, exercise any one or more or all, and in any order, of the remedies set forth in Article V of the Master Indenture, including without limitation the remedies provided therein with respect to real property; it being expressly understood that no remedy herein or in the Master Indenture conferred is intended to be exclusive of any other remedy or remedies, but each and every remedy shall be cumulative and shall be in addition to every other remedy given herein or now or hereafter existing at law or in equity or by statute.

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Section 4.3. Possession by the Master Trustee. When any Event of Default has occurred and is continuing, the Master Trustee shall, if applicable law permits, have the right to enter into and upon the Mortgaged Property and take possession thereof or to appoint an agent or trustee for the collection of the rents, issues and profits of the Mortgaged Property.

Section 4.4. Foreclosure. When any Event of Default has occurred and is continuing, the Master Trustee shall have the right to foreclose the lien hereof for the indebtedness secured hereby or any part thereof. In any suit to foreclose the lien hereof, there shall be allowed and included as additional indebtedness secured hereby in the judgment of foreclosure, all costs and expenses that may be paid or incurred by or on behalf of the Master Trustee for reasonable attorneys' fees, appraiser's fees, outlays for documentary and expert evidence, stenographer's charges, publication costs and costs (which may be estimated as to items to be expended after entry of the judgment) of procuring all such abstracts of title, title searches and examinations, title insurance policies, environmental studies and similar data and assurance with respect to title or property, as the Master Trustee may deem reasonably necessary either to prosecute such suit or to evidence to bidders at sales which may be had pursuant to such judgment, the true conditions of the title to or the value of the Mortgaged Property. All expenditures and expenses of the nature mentioned in this Section, and such other expenses and fees as may be incurred in the protection of the Mortgaged Property and the maintenance of the lien of this Mortgage, including without limitation the reasonable fees and expenses of any attorney employed by the Master Trustee in any litigation or proceedings affecting this Mortgage, the Obligations or the Mortgaged Property, including probate, bankruptcy and appellate proceedings, or in preparation of the commencement or defense of any proceedings or threatened suit or proceeding, shall be so much additional indebtedness secured hereby and shall be immediately due and payable by the Mortgagor.

Section 4.5. Receiver. Upon, or at any time after, the acceleration of any series of Related Bonds or the filing of a complaint to foreclose this Mortgage, a court of competent jurisdiction may, upon the application of the Master Trustee, appoint a receiver (at the Mortgagor's expense) of the Mortgaged Property. Such appointment may be made either before or after sale, without regard to solvency or insolvency of the Mortgagor at the time of application for such receiver, and without regard to the then value of the Mortgaged Property or whether the same shall be then occupied as a homestead or not; and the Master Trustee hereunder or any employee or agent thereof may be appointed as such receiver. Such receiver shall have the power to collect the rents, issues and profits of the Mortgaged Property during the pendency of such foreclosure suit and, in case of a sale and deficiency, during the full statutory period of redemption, if any, whether there be a redemption or not, as well as during any further times when the Mortgagor, except for the intervention of such receiver, would be entitled to collection of such rents, issues and profits and all other powers which may be necessary or are usual in such cases for the protection, possession, control, management and operation of the Mortgaged Property during the whole of said period. The court may, from time to time, authorize the receiver to apply the net income from the Mortgaged Property in his hands in payment in whole or in part of: (a) the indebtedness secured hereby or the indebtedness secured by a judgment foreclosing this Mortgage, or any tax, special assessment, or other lien that may be or become superior to the lien hereof or of such judgment, provided such application is made prior to the foreclosure sale; or (b) the deficiency in case of a sale and deficiency.

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Section 4.6. Application of Moneys. The proceeds of any right given or action taken under the provisions of this Article by the Master Trustee shall be distributed and applied as provided in Section 507 of the Master Indenture.

Section 4.7. Insurance Upon Foreclosure. In case of an insured loss after foreclosure proceedings have been instituted, the proceeds of any insurance policy or policies, if not applied in rebuilding or restoring the buildings or improvements as herein provided, shall be used to pay the amount due in accordance with any decree of foreclosure that may be entered in any such proceedings, and the balance, if any, shall be paid as the court may direct. In the event of foreclosure sale, the Master Trustee is hereby authorized, without the consent of the Mortgagor, to assign any and all insurance policies to the purchaser at the sale, or to take such other steps as the Master Trustee may deem advisable to cause the interest of such purchaser to be protected by any of the said insurance policies without credit or allowance to the Mortgagor for prepaid premiums thereon.

Section 4.8. Rights Cumulative. Each right, power, and remedy herein conferred upon the Master Trustee is cumulative and in addition to every other right, power or remedy, express or implied, given now or hereafter existing, at law or in equity, and each and every right, power and remedy herein set forth or otherwise so existing may be exercised from time to time as often and in such order as may be deemed expedient to the Master Trustee and the exercise or the beginning of the exercise of one right, power or remedy shall not be a waiver of the right to exercise at the same time or thereafter any other right, power or remedy; and no delay or omission of the Master Trustee in the exercise of any right, power or remedy accruing hereunder or arising otherwise shall impair any such right, power or remedy, or be construed to be a waiver of any default or acquiescence therein.

Section 4.9. Successors and Assigns. This Mortgage and each and every covenant, agreement and other provision hereof shall be binding upon the Mortgagor and its successors and permitted assigns (including, without limitation, each and every record owner from time to time of the Mortgaged Property or any other Person having an interest therein), and shall inure to the benefit of the Master Trustee and its successors and assigns.

Section 4.10. Waiver of Redemption, Reinstatement, Extension, Appraisement, Stay, Laws. To the extent permitted by law, the Mortgagor will not during the continuance of any Event of Default hereunder insist upon, or plead, or in any manner whatever claim or take any benefit or advantage of, any stay or extension law wherever enacted, now or at any time hereafter in force, which may affect the covenants and terms of performance of this Mortgage; nor claim, take or insist upon any benefit or advantage of any law now or hereafter in force providing for the valuation or appraisement of the Mortgaged Property, or any part thereof, prior to any sale or sales thereof which may be made pursuant to any provision herein contained, or pursuant to the decree, judgment or order of any court of competent jurisdiction; nor before or after any such sale or sales, claim or exercise any right under any statute heretofore or hereafter enacted by the United States of America or by the State to redeem the property so sold or any part thereof; and the Mortgagor hereby expressly waive all benefits or advantage of any such law or laws and covenant not to hinder, delay or impede the execution of any power herein granted or delegated to the Master Trustee, but to suffer and permit the execution of every power as though no such

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law or laws had been made or enacted. The Mortgagor for itself and all who may claim through or under the Mortgagor waives any and all right to have the property and estates comprising the Mortgaged Property marshalled upon any foreclosure of the lien hereof and agrees that any court having jurisdiction to foreclose such lien may order the Mortgaged Property sold as an entirety. In the event of any sale made under or by virtue of this Mortgage, the whole of the Mortgaged Property may be sold in one parcel as an entirety or in separate parcels at the same or different times, all as the Master Trustee may determine. The Mortgagor waives the right of redemption and, to the extent permitted by law, the right of reinstatement, under the Illinois Mortgage Foreclosure Law, 735 ILCS 5/15-1101.

ARTICLE V

SUPPLEMENTS AND AMENDMENTS TO THIS MORTGAGE; RELEASE AND SUBSTITUTION OF MORTGAGED LAND

Section 5.1. Supplements and Amendments to this Mortgage. The Mortgagor, with the consent of the Master Trustee, may from time to time enter into such supplements and amendments to this Mortgage as it may deem necessary or desirable to effectuate the purposes or intent hereof; provided, however, that no such amendment shall be effective if not adopted in accordance with the terms of the Master Indenture.

Section 5.2. Conditions for Release. So long as no Event of Default shall have occurred and be continuing under this Mortgage or under the Master Indenture, the Master Trustee shall release:

(a) Machinery and Equipment in accordance with Section 3.19 hereof; and

(b) Mortgaged Land (i) upon receipt by the Master Trustee of the following:

(A) A Written Request of the Obligated Group Agent for such release, describing the Mortgaged Land to be released (referred to in this Article V as the "Released Property");

(B) A certificate of the Obligated Group Agent to the Master Trustee certifying:

1. The fair market value of the Released Property and of the Property (referred to in this Article V as the "Substituted Property") other than cash to be substituted for the Released Property pursuant to the terms hereof;

2. The disposition to be made of the Released Property and the consideration (which may include cash) to be received for the Released Property and the fair market value of consideration (other than money);

3. That the disposition of the Released Property and the substitution therefor of the Substituted Property will not materially adversely affect the operations of the Mortgagor's elderly housing or health care Facilities or any other Property of the Mortgagor;

4. That the Substituted Property other than cash or investment securities is necessary or useful to the operation of the Mortgagor's elderly housing or health care Facilities;

5. That the cash or the fair market value of the Substituted Property together with cash, if any, to be received is at least equal to the fair market value of the Released Property;

6. That the execution and delivery of the release by the Master Trustee and the subjection of the Substituted Property to the lien of this Mortgage will not result in a default hereunder or under the Master Indenture;

7. That all permits and authorizations of all federal, state and local governmental bodies and agencies have been granted to effect such disposition or that no such permits or authorizations are required; and

8. No default or Event of Default shall exist and be continuing hereunder and no event shall have occurred which would become an Event of Default upon the giving of notice and/or passage of time.

(C) An appraisal of the fair market value of the Released Property by a member of the American Institute of Real Estate Appraisers (an "MAI Appraiser") if the Released Property is real property, or by another expert acceptable to the Master Trustee if the Released Property is not real property; provided, however, that no such appraisal shall be required for the release of real or personal Released Property with an aggregate value of $100,000 or less;

(D) An appraisal of the fair market value of the Substituted Property by an MAI Appraiser if the Substituted Property is real property, or by another expert acceptable to the Master Trustee if the Substituted Property is not real property; provided, however, that no such appraisal shall be required for the substitution of real or personal Substituted Property with an aggregate value of $100,000 or less;

(E) A supplement to this Mortgage and to the Master Indenture (if necessary) and other documents reasonably requested by, and in form satisfactory to, the Master Trustee necessary to subject the Substituted Property to the lien of this Mortgage and, if the Substituted Property is real property, an endorsement to the existing ALTA mortgage loan policy or an additional mortgagee's loan insurance policy, evidencing that the Substituted Property is subject to the lien of this Mortgage subject only to Permitted Encumbrances;

(F) If the fair market value of the Released Property when added to the fair market value of other Property released pursuant to the provisions of this Article V within the same 12-month period is in excess of $500,000, a certificate of a Consultant acceptable to the Master Trustee to the effect set forth in paragraph (B)(3) of this Section 5.2; and

(G) (i) An opinion addressed to the Master Trustee from Independent Counsel satisfactory to the Master Trustee to the effect that:

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1. The release of the Property requested by the Mortgagor is authorized hereunder;

2. The Substituted Property is subject to the lien of this Mortgage subject only to Permitted Encumbrances;

3. The execution and delivery of the requested release and the acceptance of the Substituted Property will not violate any provisions of this Mortgage or of the Master Indenture; all necessary action required to be taken by the Mortgagor and the Master Trustee to effect the release of the Released Property and the conveyance of the Substituted Property has been taken;

4. The supplemental amendment hereto, the supplemental indenture to the Master Indenture, if required, and all other documents required to effect the release of the Released Property and substitution therefor of the Substituted Property have been duly authorized, executed and delivered and are binding upon the parties executing and delivering the same in accordance with their respective terms (subject to customary exceptions for laws affecting creditors' rights and the applicability of equitable principles); and

5. To the knowledge of such Independent Counsel, all permits and authorizations of all federal, State and local governmental bodies and agencies have been granted, or that no such permits or authorizations are required; or

(ii) upon receipt by the Master Trustee of a written consent to the release of the Mortgaged Land of a majority in aggregate principal amount of the holders of the outstanding Obligations.

Notwithstanding anything to the contrary contained in this Article V, if the Mortgagor shall deliver to the Master Trustee an Officer's Certificate which states that, in the good faith and reasonable judgment of the signer, the Mortgaged Property described in such Certificate is obsolete or worn out, the Mortgagor may remove such items of equipment from its Facilities and sell, trade in, exchange or otherwise dispose of them (as a whole or in part) free of the lien of the Mortgage and without complying with Section 5.2 hereof, subject, in the case of Machinery and Equipment, to the provisions of Section 3.19 hereof, and subject, in the case of Mortgaged Property financed with the proceeds of the Series 2001 Bonds, to the provisions of Section 8.9 of the Loan Agreement.

The foregoing notwithstanding, upon defeasance of the Master Indenture and Obligations thereunder in full, this Mortgage shall be deemed released and the Master Trustee shall cooperate with the Mortgagee to take any and all action appropriate to evidence such release.

Section 5.3. Disposition of Substituted Property. The Mortgagor agrees that (i) the Master Trustee shall invest any cash delivered to it as Substituted Property in Qualified Investments pursuant to a Written Request of the Mortgagor, and any such cash and Qualified Investments shall be held by the Master Trustee in a separate trust account for the benefit and security of the outstanding Obligations; (ii) all income from Qualified Investments pursuant to

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this Section 5.3 shall be added to the funds held pursuant to this Section 5.3; (iii) funds from time to time on deposit with the Master Trustee pursuant to this Section 5.3 shall be used to make up any deficiencies in the amount available to pay when due the principal, interest and redemption premium on any Obligations, and to the extent funds are used to make up such deficiencies, the Mortgagor will make payment directly to the Master Trustee for deposit in such trust account in the amount of any such deficiencies forthwith; (iv) upon compliance with the terms and provisions of Section 5.2 hereof within three years of the date of initial deposit in such trust account of moneys constituting Substituted Property, such moneys may be released in return for other Substituted Property; and (v) at the end of such three-year period or upon Written Request of the Mortgagor and provided that no Event of Default shall have occurred and be continuing under the Master Indenture or this Mortgage or no event shall have occurred which would become an Event of Default upon the giving of notice and/or the passage of time, any funds held by the Master Trustee pursuant to this Section 5.3 shall be applied by the Master Trustee to redeem or purchase Obligations in accordance with Article III of the Master Indenture. Notwithstanding anything to the contrary, any moneys on deposit with the Master Trustee shall be invested in accordance with, and subject to the terms of, the Tax Exemption Agreement to the extent applicable.

ARTICLE VI

MISCELLANEOUS PROVISIONS

Section 6.1. Mortgage for Benefit of Parties Hereto. Nothing in this Mortgage, express or implied, is intended or shall be construed to confer upon, or to give to, any Person other than the parties hereto and the holders of the Obligations, any right, remedy or claim under or by reason of this Mortgage or any covenant, condition or stipulation hereof; and the covenants, stipulations and agreements in this Mortgage contained are and shall be for the sole and exclusive benefit of the parties hereto, their successors and assigns and the holders of the Obligations.

Section 6.2. Severability. In case any one or more of the provisions contained in this Mortgage or in the Obligations shall be invalid, illegal or unenforceable in any respect the validity, legality and enforceability of the remaining provisions contained herein and therein shall not in any way be affected or impaired thereby.

Section 6.3. Notices. All notices, certificates or other communications hereunder shall be sufficiently given and shall be deemed given when personally delivered or mailed by registered or certified mail, postage prepaid, return receipt requested, with proper address as indicated below. The Mortgagor and the Master Trustee may, by written notice given by each to the other, designate any address or addresses to which notices, certificates or other communications to them shall be sent when required as contemplated by this Mortgage. Until otherwise provided by the respective parties, all notices, certificates and communications to each of them shall be addressed as follows:

To the Authority:

Illinois Health Facilities Authority
Two Prudential Plaza
180 N. Stetson Avenue
Chicago, Illinois 60601
Attention: Executive Director

To the Mortgagor:

The Lutheran Home Inc.
6901 North Galena Road
Peoria, Illinois 61614
Attention: Chief Executive Officer
Telephone: (309) 692-4494

To the Master Trustee:

American National Bank and Trust Company of Chicago
120 South LaSalle Street, 4th Floor
Mail Suite IL1-1250
Chicago, Illinois 60603
Attention: Corporate Trust Department, Patricia Martirano

To the Initial Series 2001B Credit Facility Issuer:

LaSalle Bank National Association
135 South LaSalle Street
Chicago, Illinois 60603
Attention: Jody Staszesky

A copy of each notice provided for hereunder shall be provided to the Initial Series 2001B Credit Facility Issuer.

Section 6.4. Successors and Assigns. Whenever in this Mortgage any of the parties hereto is named or referred to, the successors and assigns of such party shall be deemed to be included and all the covenants, promises and agreements in this Mortgage contained by or on behalf of the Mortgagor, or by or on behalf of the Master Trustee, shall bind and inure to the benefit of their respective successors and assigns, whether so expressed or not.

Section 6.5. Counterparts. This Mortgage is being executed in any number of counterparts, each of which is an original and all of which are identical. Each counterpart of this Mortgage is to be deemed an original hereof and all counterparts collectively are to be deemed but one instrument.

Section 6.6. Governing Law. It is the intention of the parties hereto that this Mortgage and the rights and obligations of the parties hereunder and the Obligations and the rights and

obligations of the parties thereunder, shall be governed by and construed and enforced in accordance with, the laws of the State of Illinois.

Section 6.7. Immunity of Officers, Employees and Members of the Authority and the Mortgagor. No recourse shall be had for the payment of the principal of or premium or interest on the Obligations or for any claim based thereon or upon any representation, obligation, covenant or agreement in this Mortgage contained against any past, present or future officer, director, member, employee or agent of the Master Trustee, the Mortgagor or, respectively, of any successor public or private corporation thereto, as such, either directly or through the Master Trustee, the Mortgagor or, respectively, any successor public or private corporation thereto, under any rule of law or equity, statute or constitution or by the enforcement of any assessment or penalty or otherwise, and all such liability of any such officers, members, employees, directors or agents, as such, is hereby expressly waived and released as a condition of and consideration for the execution of this Mortgage and the issuance of the Obligations.

Section 6.8. Conflicts with Master Indenture. In the event any of the terms or provisions hereof conflict with the Master Indenture, the Master Indenture shall control.

01-25344

IN WITNESS WHEREOF, the Mortgagor and the Master Trustee have caused this Mortgage to be executed in their respective corporate names and attested by their duly authorized officers, all as of the date first above written.

THE LUTHERAN HOME INC.

By _____
Its CEO

(Seal)

Attest:

By _____
Its: Secretary

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, as Master Trustee

By _____
Its Vice President

(Seal)

Attest:

By _____
Its: Vice President

ATTACHMENT-2B

State of Illinois)
) SS
County of Peoria)

The foregoing instrument was acknowledged before me this 18th day of July, 2001, by Donna Sears the secretary and Ron Jacobs, the CEO, respectively, of THE LUTHERAN HOME INC., an Illinois not for profit corporation, on behalf of The Lutheran Home Inc.

OFFICIAL SEAL
Kathleen S. Malson
Notary Public, State of Illinois
My Commission Expires 6/8/2002

Kathleen Malson
Notary Public

My commission expires: 6/8/02

ATTACHMENT-2B

State of Illinois)
) SS
County of Cook)

The foregoing instrument was acknowledged before me this 13th day of July, 2001, by Patricia Martirano the Vice President and Richard Pollock, the Vice President, respectively, of AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, on behalf of the Master Trustee under the Master Indenture.

Kathleen A. White
Notary Public

My commission expires:

OFFICIAL SEAL
KATHLEEN A WHITE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/09/02

EXHIBIT A

DESCRIPTION OF LAND

A PART OF THE SOUTH HALF OF SECTION TEN (10), TOWNSHIP NINE (9) NORTH, RANGE EIGHT (8) EAST OF THE FOURTH PRINCIPAL MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF LOT 7 OF RIVER BEND VIEW, A SUBDIVISION OF PART OF THE SOUTHEAST QUARTER OF SAID SECTION 10, THENCE SOUTH 54°-56'-00" WEST (BEARING ASSUMED FOR THE PURPOSE OF DESCRIPTION ONLY), ALONG THE NORTHWESTERLY LINE OF SAID RIVER BEND VIEW SUBDIVISION, 354.34 FEET; THENCE SOUTH 57°-12'-47" WEST ALONG THE NORTHWESTERLY LINE 301.76 FEET; THENCE SOUTH 11°-34'-54" EAST, ALONG THE WEST LINE OF SAID RIVER BEND VIEW SUBDIVISION, 50.86 FEET; THENCE SOUTH 00°-26'-54" EAST, ALONG THE WEST LINE OF SAID RIVER BEND VIEW SUBDIVISION, 60.00 FEET TO THE SOUTH LINE OF THE SOUTHWEST QUARTER OF SAID SECTION 10; THENCE SOUTH 89°-34'-55" WEST, ALONG SAID SOUTH LINE, 593.19 FEET TO THE EASTERLY LINE OF SKYLINE SUBDIVISION, SECTION ONE, A SUBDIVISION OF PART OF THE SOUTHWEST QUARTER OF SAID SECTION 10; THENCE NORTH 05°-29'-18" WEST, ALONG SAID EASTERLY LINE, 200.75 FEET; THENCE NORTH 35°-13'-44" WEST, ALONG SAID EASTERLY LINE, 254.20 FEET; THENCE NORTH 00°-50'-16" EAST, ALONG SAID EASTERLY LINE, 346.75 FEET; THENCE NORTH 03°-51'-46" EAST, ALONG SAID EASTERLY LINE, 176.53 FEET; THENCE SOUTH 64°-16'-50" WEST, ALONG THE BOUNDARY OF SAID SKYLINE SUBDIVISION, SECTION ONE, 110.50 FEET TO THE EASTERLY RIGHT OF WAY LINE OF SKYLINE DRIVE; THENCE NORTH 10°-16'-50" EAST, ALONG SAID EASTERLY RIGHT OF WAY LINE 55.72 FEET; THENCE NORTH 25°-56'-50" EAST, ALONG SAID EASTERLY RIGHT OF WAY LINE, 56.44 FEET; THENCE NORTH 03°-51'-50" EAST, ALONG SAID EASTERLY RIGHT OF WAY LINE, 71.02 FEET; THENCE NORTH 23°-50'-10" WEST, ALONG SAID EASTERLY RIGHT OF WAY LINE, 68.90 FEET; THENCE NORTH 35°-52'-10" WEST, ALONG SAID EASTERLY RIGHT OF WAY LINE, 62.68 FEET; THENCE NORTH 13°-24'-10" WEST, ALONG SAID EASTERLY RIGHT OF WAY LINE, 40.14 FEET; THENCE NORTH 08°-39'-50" EAST, ALONG SAID EASTERLY RIGHT OF WAY LINE, 41.65 FEET; THENCE NORTH 24°-37'-50" EAST, ALONG SAID EASTERLY RIGHT OF WAY LINE, 42.01 FEET; THENCE NORTH 46°-58'-56" EAST, ALONG THE SOUTHERLY RIGHT OF WAY LINE OF SKYLINE DRIVE, 41.36 FEET; THENCE NORTH 63°-50'-00" EAST, ALONG SAID SOUTHERLY RIGHT OF WAY LINE, 841.33 FEET TO THE SOUTHWESTERLY RIGHT OF WAY LINE OF ILLINOIS ROUTE 29; THENCE SOUTH 26°-50'-00" EAST, ALONG SAID SOUTHWESTERLY RIGHT OF WAY LINE 1350.05 FEET, TO THE POINT OF BEGINNING, SITUATED IN PEORIA COUNTY, ILLINOIS.

PIN 14-10-378-001
14-10-378-002
14-10-378-004
14-10-378-007

01-25344

P 31 of 31

CH-1159305v3

A-1

ATTACHMENT-2B

06-12029

FORM **NFP 110.30** (rev. Dec. 2003)
ARTICLES OF AMENDMENT
General Not For Profit Corporation Act

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-1832
http://www.cyberdriveillinois.com

FILED
APR 11 2006
JESSE WHITE
SECRETARY OF STATE

Remit payment in the form of a check or money order payable to the Secretary of State.

FILED
PEORIA COUNTY
STATE OF ILLINOIS

06 APR 20 11 30

Bradley E. Horton
RECORDER OF DEEDS

File # 39670739 Filing Fee: $25.00 Approved: 39

Submit in duplicate — Type or Print clearly in black ink — Do not write above this line

1. Corporate name (Note 1): The Lutheran Home, Inc.

2. Manner of adoption of amendment:
The following amendment of Articles of Incorporation was adopted on November 10, 2005 (Month, Day & Year) in the manner indicated below (Check one only):

✓ By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15. (Note 2)

____ By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45 (Note 3)

____ By members at a meeting of members entitled to vote by the affirmative vote of the members having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the articles of incorporation or the bylaws, in accordance with Section 110.20. (Note 4)

____ By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the articles of incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20. (Note 5)

3. Text of amendment
(a.) When an amendment effects a name change, insert the new corporate name below. Use 3 (b) below for all other amendments. *Article 1: The name of the corporation is:

Lutheran Hillside Village, Inc.
(New Name)

(b) All amendments other than name change.
(If amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety.) If there is not sufficient space to add the full text of the amendment, add one or more sheets of this size.

(COMPLETE ITEM 4 OR, IF APPLICABLE, ITEM 5.) *ALL SIGNATURES MUST BE IN BLACK INK.*

06-12029

C-130.14

ATTACHMENT-2B

Att 2

4. The undersigned corporation has caused these articles to be signed by duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**.)

Dated 3/24/2006 (Month & Day) 2006 (Year) The Lutheran Home, Inc. (Exact Name of Corporation)

(Any Authorized Officer's Signature)

Eugene C. Phillips, President

(Print Name and Title)

5. If there are no duly authorized officers, then the persons designated under Section 101.10(b)(2) must sign below and print name and title.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Dated _____ (Month, Day & Year)

Signature	Print Name and Title

NOTES

Note 1: State the true and exact corporate name as it appears on the records of the Secretary of State, BEFORE any amendment herein reported.

Note 2: Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15

Note 3: Director approval may be (1) by vote at a director's meeting *(either annual or special)* or (2) by consent, in writing, without a meeting.

Note 4: All amendments not adopted under Sec. 110.15 require (1) that the board of directors adopt a resolution setting forth the proposed amendment and (2) that the members approve the amendment.

Member approval may be (1) by vote at a members meeting *(either annual or special)* or (2) by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least 2/3 of the outstanding members entitled to vote on the amendment, *(but if class voting applies, then also at least a 2/3 vote within each class is required).*

The articles of incorporation may supersede the 2/3 vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote and not less than a majority within each when class voting applies. *(Sec. 110.20)*

Note 5: When member approval is by written consent, all members must be given notice of the proposed amendment at least 5 days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. *(Sec. 107.10 & 110.20)*

06-12029

ATTACHMENT-2B

2 of 2

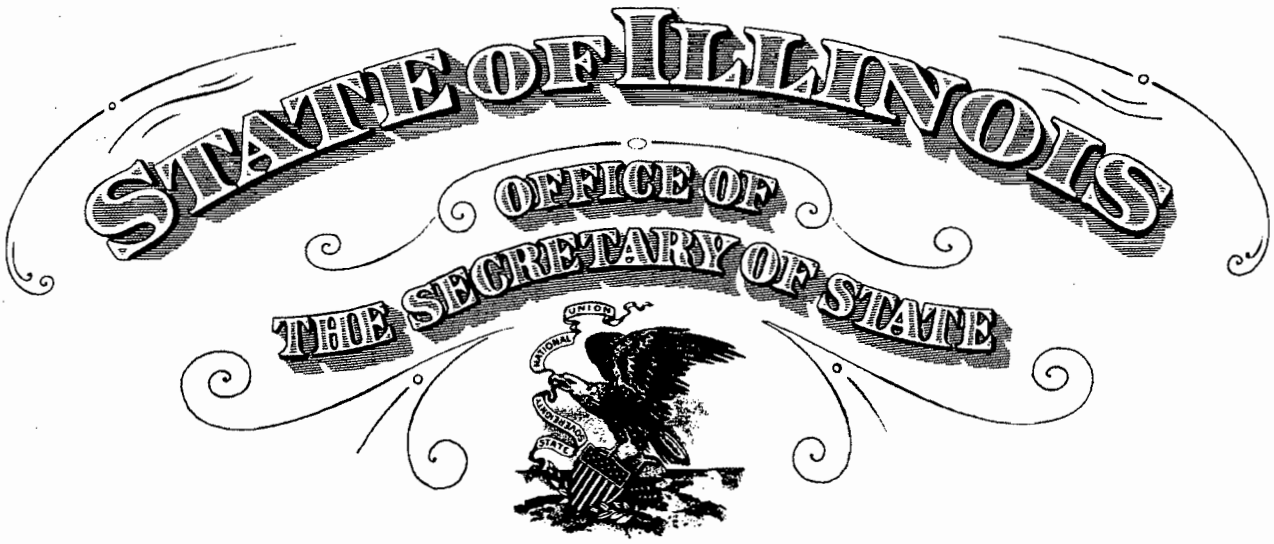
Operating Identity/Licensee

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

The operator/Licensee of the existing facility, **The Lutheran Home**, is **Lutheran Hillside Village, Inc.** The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A**.

ATTACHMENT-3

File Number 3967-073-9



To all to whom these Presents Shall Come, Greeting:

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

LUTHERAN HILLSIDE VILLAGE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 08, 1960, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1422602226

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 14TH *day of* AUGUST *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-3A

Organizational Relationships

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

Appended as **ATTACHMENT-4A**, is the overall corporate organizational chart for Lutheran Senior Services. It should be noted that **The Lutheran Home** is at the retirement community of Lutheran Hillside Village located in Peoria, Peoria County, Meridian Village Care Center is located at the retirement community of Meridian Village in Glen Carbon, Madison County and Concordia Village is at the retirement community of Concordia Village Retirement Community located in Springfield, Sangamon County. These are the only existing Illinois nursing facilities owned and/or operated (as licensee) by the Applicant. All of the other facilities listed are located in the State of Missouri.

As pointed out later in the financial criteria, the Parent, Lutheran Senior Services has the cash to fund the entire project.

ATTACHMENT-4

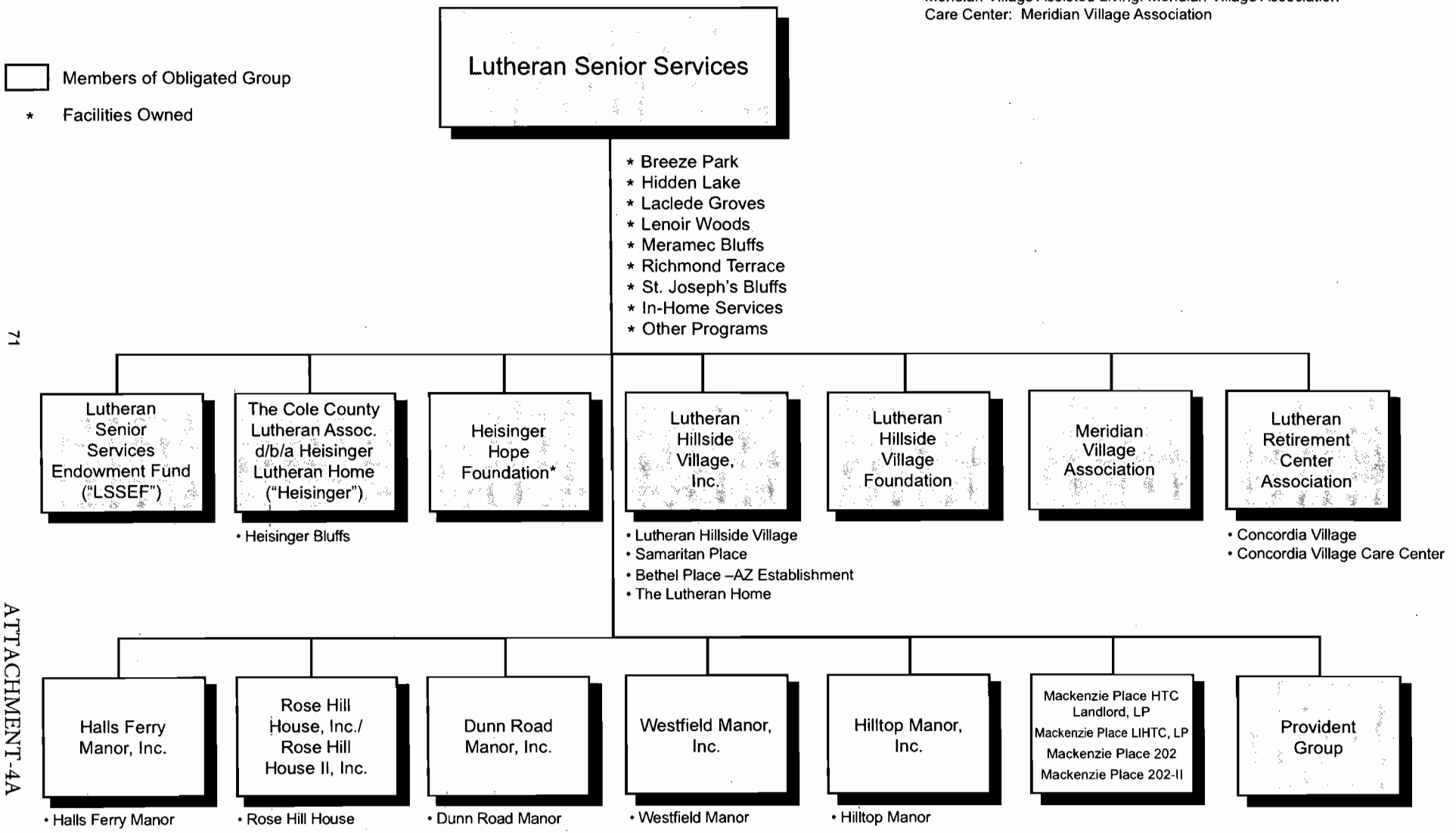
LUTHERAN SENIOR SERVICES

Organizational Chart

Care Center license is listed as "Concordia Village Care Center"
Assisted Living is just listed as "Concordia Village"

Lutheran Hillside Village
Assisted Living reads: Samaritan Place
Memory Care reads: Bethel Place –AZ Establishment
Care Center: The Lutheran Home

Meridian Village Assisted Living: Meridian Village Association
Care Center: Meridian Village Association



Rev. 01/11/13

ATTACHMENT-4A

Flood Plain Requirements

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

Appended as **ATTACHMENT-5A,** is a letter from Michael P. Cochran, PLS which interprets the attached FIRM. Additionally, attached is a Peoria County GIS map of the property.

ATTACHMENT-5

AUSTIN ENGINEERING, CO., INC.
Consulting Engineers/ Surveyors
Peoria, Illinois
austinengineeringcompany.com

Lutheran Senior Services
Mark Schoedel
Vice President of Construction and Technology
1150 Hanley Industrial Ct
St Louis, MO 63144

Dear Mr. Schoedel,

Based on information taken from the Flood Insurance Rate Map (FIRM), published by the Federal Emergency Management Agency (FEMA), which bears an effective date of February 1, 1980, the Lutheran Hillside Village property located at 6901 N Galena Rd in Peoria, Illinois (PIN 14-10-378-009) lies within flood zone "C", areas of minimal flooding.

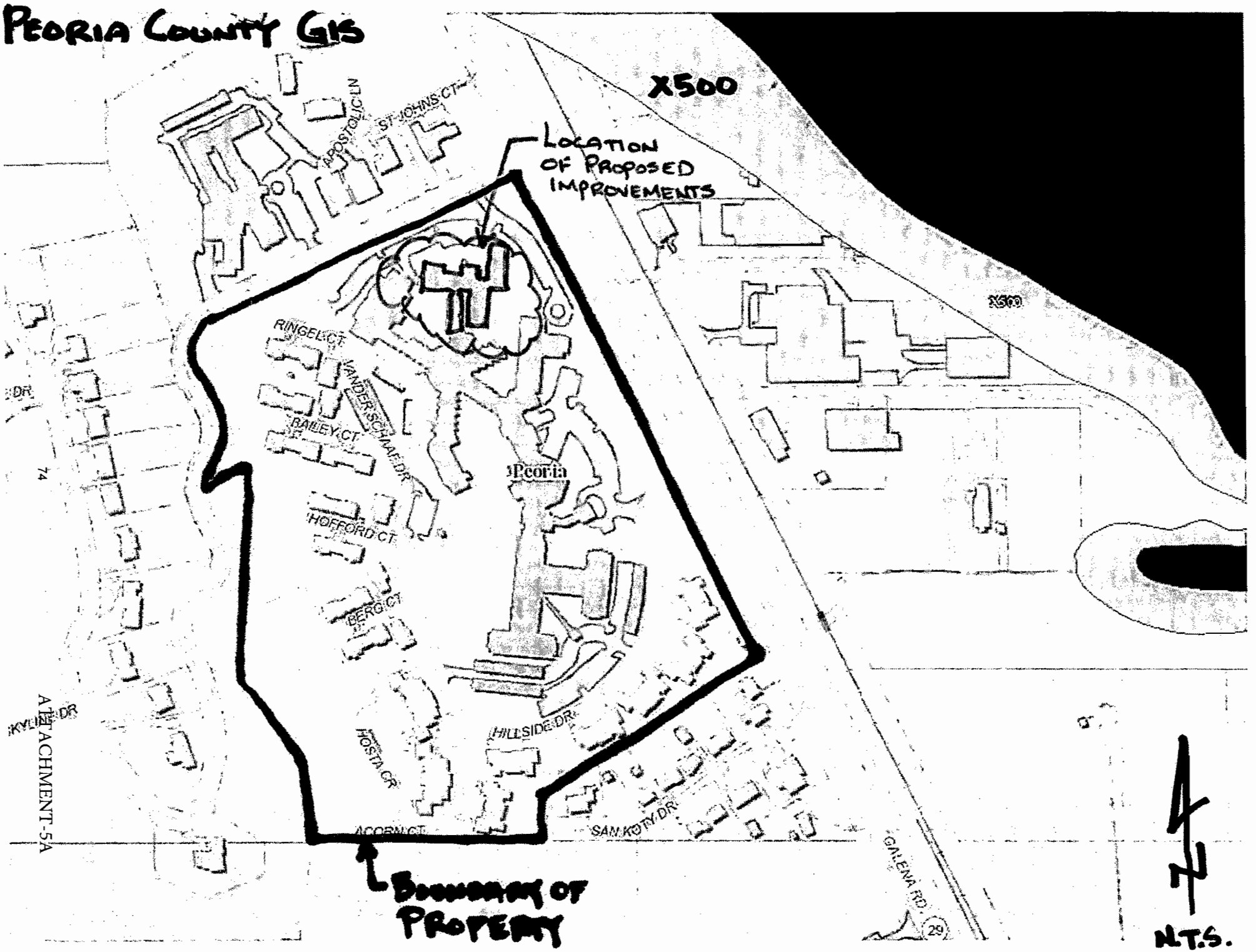
Sincerely,

Michael P. Cochran, PLS

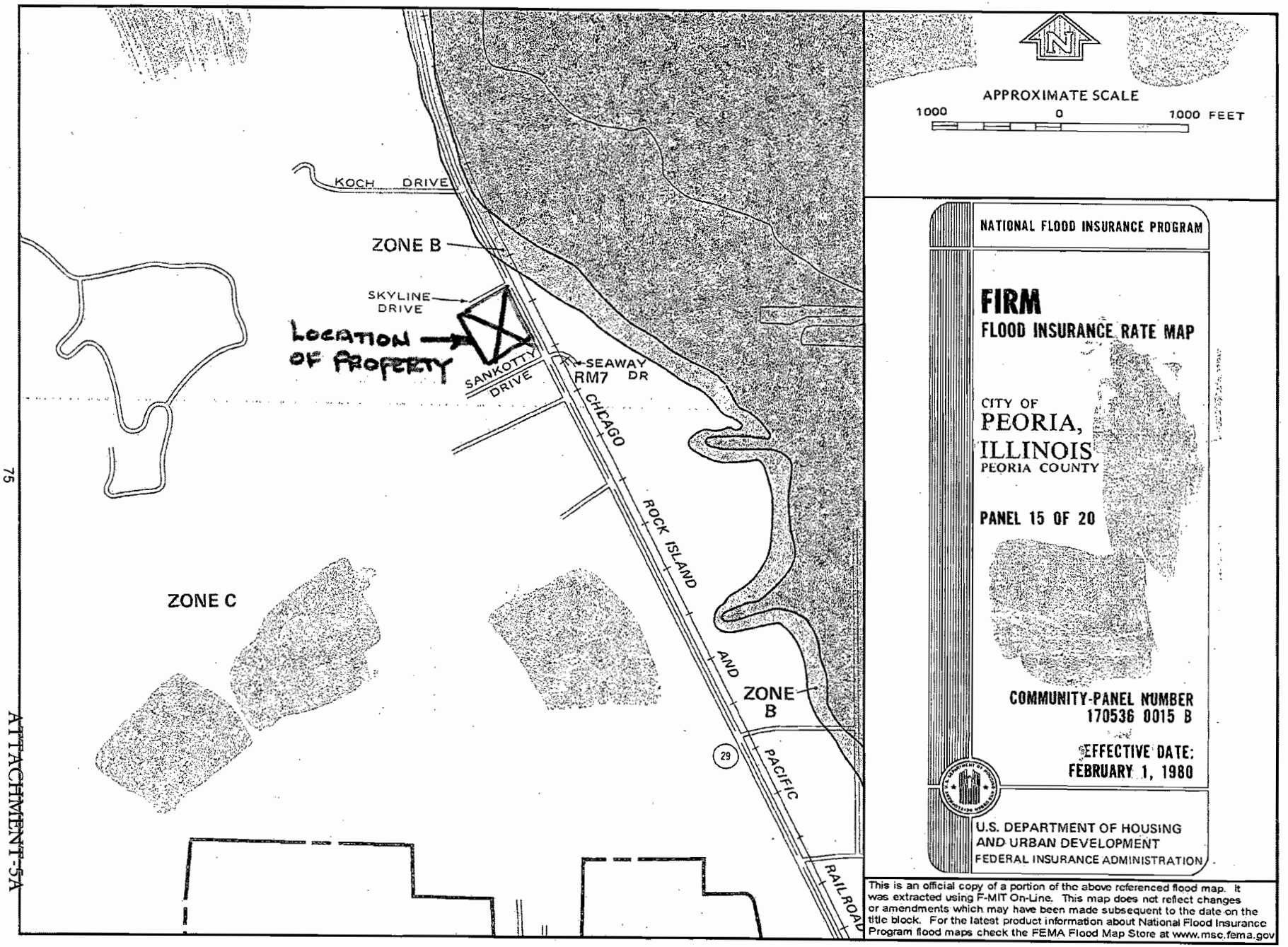
PROFESSIONAL LAND SURVEYOR
MICHAEL P. COCHRAN
035-003879
PEORIA
ILLINOIS
STATE OF ILLINOIS

8100 North University Street, Peoria, IL 61615-1879 P 309.691.0224 F 309.691.0245
Incorporated August 18, 1947

ATTACHMENT-5A



ATTACHMENT-5A



ATTACHMENT-5A

Historic Resources Preservation Act Requirements

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

Appended as **ATTACHMENT-6A,** is the Applicant's request to the Illinois Historic Preservation Agency (IHPA) for determination on this item. The IHPA's determination will be submitted upon receipt.

ATTACHMENT-6

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

SENT VIA ONLINE SUBMITTAL TO:
HPA.ProjectsBox@Illinois.gov

August 21, 2014

Anne E. Haaker
Deputy State Historic Preservation Officer
Illinois Historic Preservation Agency
Preservation Service Division
Old State Capitol
Springfield, Illinois 62701

Re: **The Lutheran Home,**
Lutheran Hillside Village

Dear Ms. Haaker:

Enclosed please find our clients request for review on the above referenced proposed project (through the Certificate of Need process) to modernize and expand its existing long-term care facility located at 6901 N. Galena Road, Peoria, Illinois 61614.

According to the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420et.seq) and other applicable Illinois laws, it is my understanding that you will review the attached information and provide evaluation comments, with respect to any historic resources. If you have any questions or need additional information, please do not hesitate to contact myself or John P. Kniery.

Sincerely,

Kathy Harris

Kathy Harris

Enclosures

Health Care Consulting
133 South Fourth Street, Suite 200 • Springfield, IL 62701
foley@foleyandassociates.com

Office: 217/544-1551

Fax: 217/544-3615

March 6, 2014

Illinois Historic Preservation Agency
Attn: Anne E. Haaker
Deputy State Historic Preservation Officer
Preservation Services Division
1 Old State Capitol Plaza
Springfield, IL 62701

RE: Lutheran Hillside Village, Peoria
New Health Care Facilities

Dear Ms. Haaker,

Enclosed please find information related to the Reference Project for your review. If you need anything further, please contact:

Mark W. Schoedel
Vice President of Construction and Technology
Lutheran Senior Services
1150 Hanley Industrial Court
St. Louis, MO 63144
314-968-9313
mschoedel@lssliving.org

Sincerely,

Mark W. Schoedel
Vice President of Construction and Technology

cc. John Kniery, Foley and Associates

ATTACHMENT-6A

IHPA Review Documentation - Lutheran Hillside Village, Peoria; New Health Care Facilities

a. General Project Description and Address:

Lutheran Hillside Village
6901 N. Galena Rd, Peoria, IL 61614-3111

Project is to renovate several existing buildings and to add additional buildings to provide improved health care services to the residents within the Lutheran Hillside continuing care retirement community as well as the surrounding Peoria area. Renovations of existing will be within the existing assisted living(Samaritan Place) building built in 2002, the existing assisted living memory care (Bethel Place) building built in 2002, and the original skilled nursing building built in 1970. New construction will be attached to the existing buildings and architecture will be similar to existing.

b. Topographic or metropolitan map showing the general location of the project:

See Exhibit A

c. Photographs of any standing building/structures with the project area:

See Exhibit B, pages 1 through 6

d. Addresses for building/structures if present:

The following are the key addresses for the site:

6901 N. Galena, mailing address and for assisted living, assisted living memory care, and skilled nursing.

There are 49 patio homes on site with addresses as follows:

1101 E. Berg Ct.
1102 E. Berg Ct.
1104 E. Berg Ct.
1105 E. Berg Ct.
1103 E. Bailey Ct.
1104 E. Bailey Ct.
1109 E. Bailey Ct.
1110 E. Bailey Ct.
1112 E. Bailey Ct.
1118 E. Bailey Ct.
1103 E. Hofford Ct.
1104 E. Hofford Ct.
1107 E. Hofford Ct.
1108 E. Hofford Ct.
1102 E. Ringel Ct.
1108 E. Ringel Ct.

6723 N. Vander Schaaf
6727 N. Vander Schaaf
6729 N. Vander Schaaf
6733 N. Vander Schaaf
6735 N. Vander Schaaf
6805 N. Vander Schaaf
6821 N. Vander Schaaf
6917 N. Vander Schaaf
6923 N. Vander Schaaf
6710 N. Acorn Ct.
6711 N. Acorn Ct.
6714 N. Acorn Ct.
6715 N. Acorn Ct.
6717 N. Acorn Ct.
6721 N. Acorn Ct.
6712 N. Hosta Cir
6714 N. Hosta Cir
6718 N. Hosta Cir
6720 N. Hosta Cir
6724 N. Hosta Cir
6726 N. Hosta Cir
6730 N. Hosta Cir
6732 N. Hosta Cir
1220 E. Hillside Dr.
1224 E. Hillside Dr.
1304 E. Hillside Dr.
1308 E. Hillside Dr.
1314 E. Hillside Dr.
1318 E. Hillside Dr.
1322 E. Hillside Dr.
1326 E. Hillside Dr.
1330 E. Hillside Dr.
1334 E. Hillside Dr.

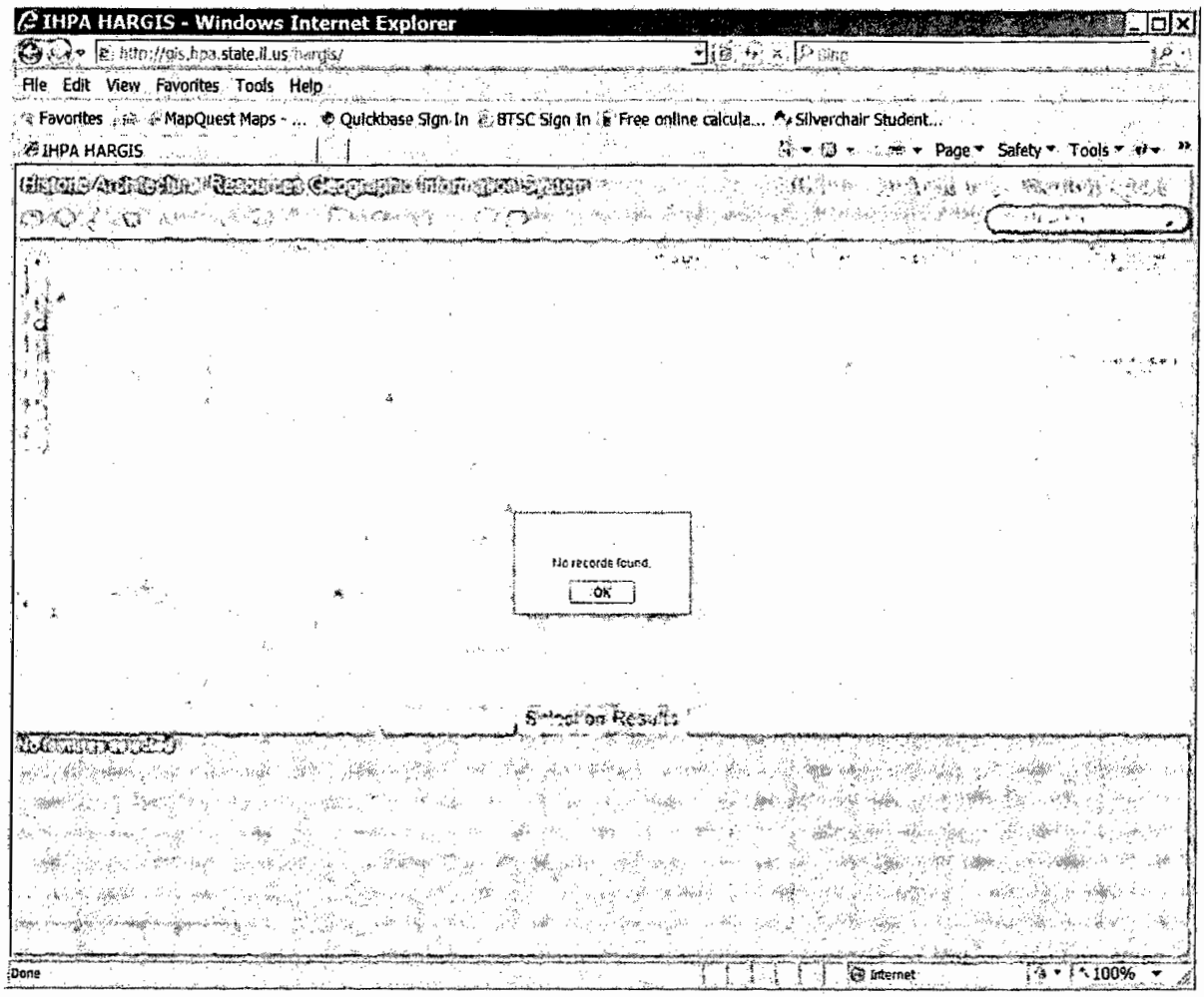
e. Total acres of Project

Entire site is 35 acres

f. List of Federal or state agencies which potentially would be involved in the funding, licensing, permitting or official support/approval:

Illinois Department of Public Health
Illinois Health Facilities Review Committee
City of Peoria

g. HARGIS Information – HARGIS found that this area is not part of any records.

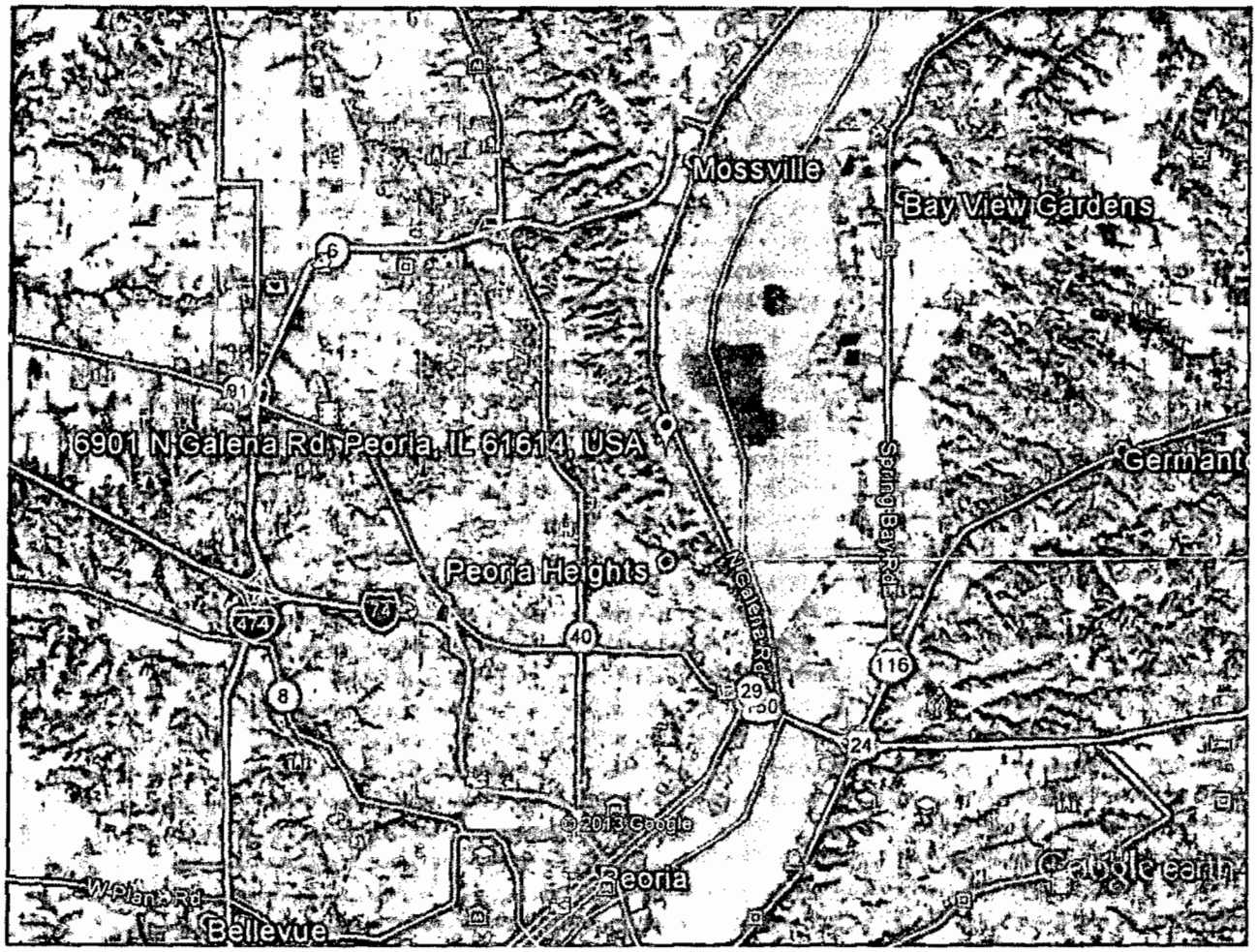


h. Is this property listed on the national register; within a local historic district; a local landmark?

NO to each of these questions.

ATTACHMENT-6A

Exhibit A



ATTACHMENT-6A

Exhibit B

Reference Site Plan (note, the new ILU Building and Wellness Center is not part of this project)

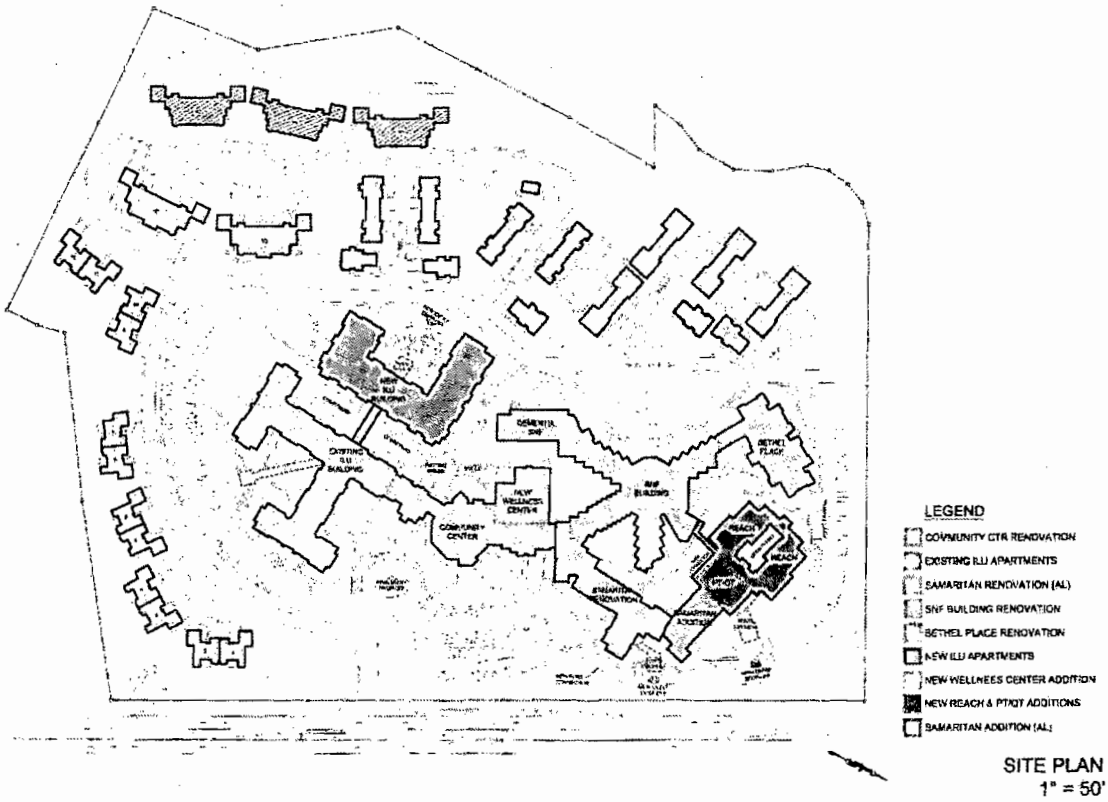
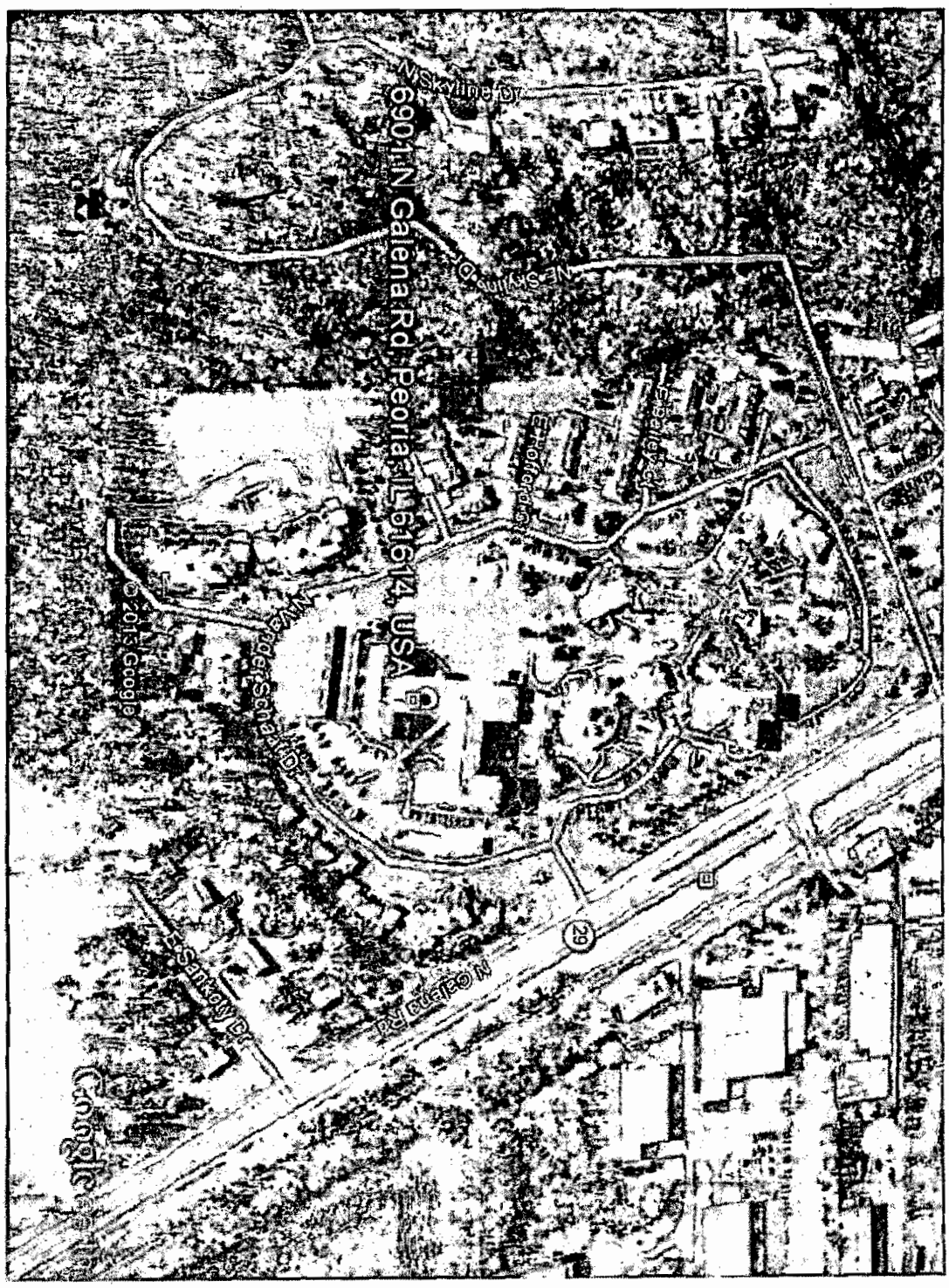


Exhibit B

Aerial of overall site



ATTACHMENT-6A

Exhibit B

Existing assisted living (Samaritan Place) where renovations and new construction will take place.

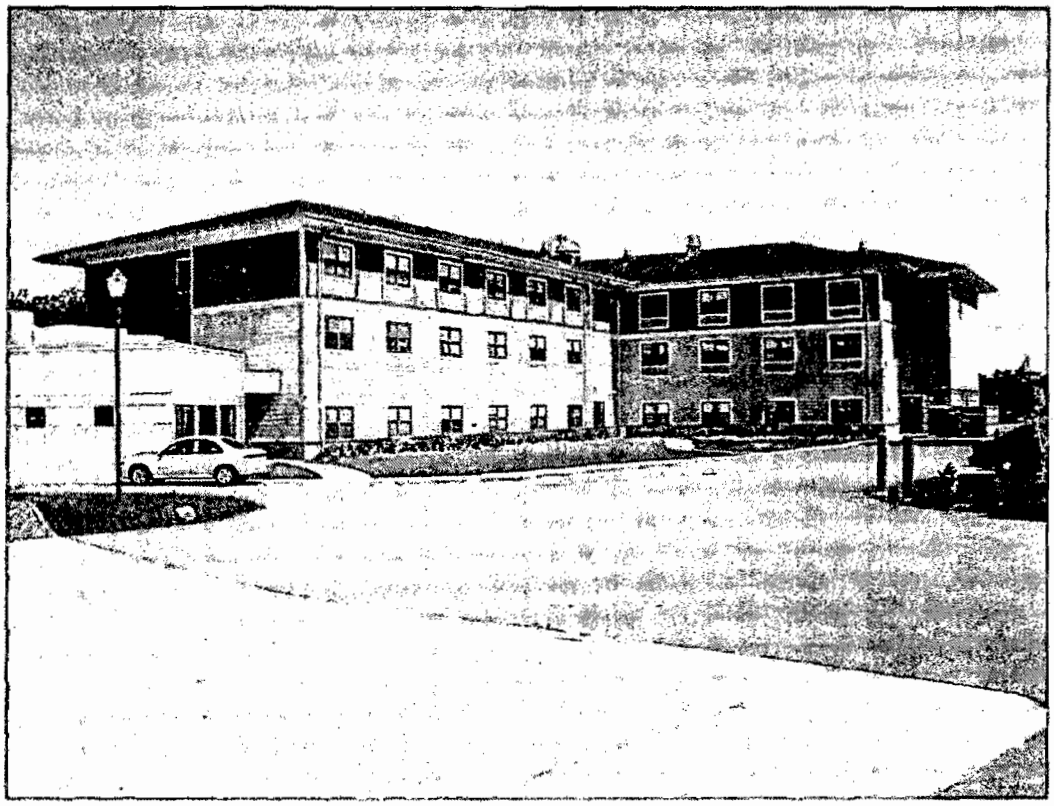


Exhibit B

Existing assisted living memory (Bethel Place) where renovation will take place.

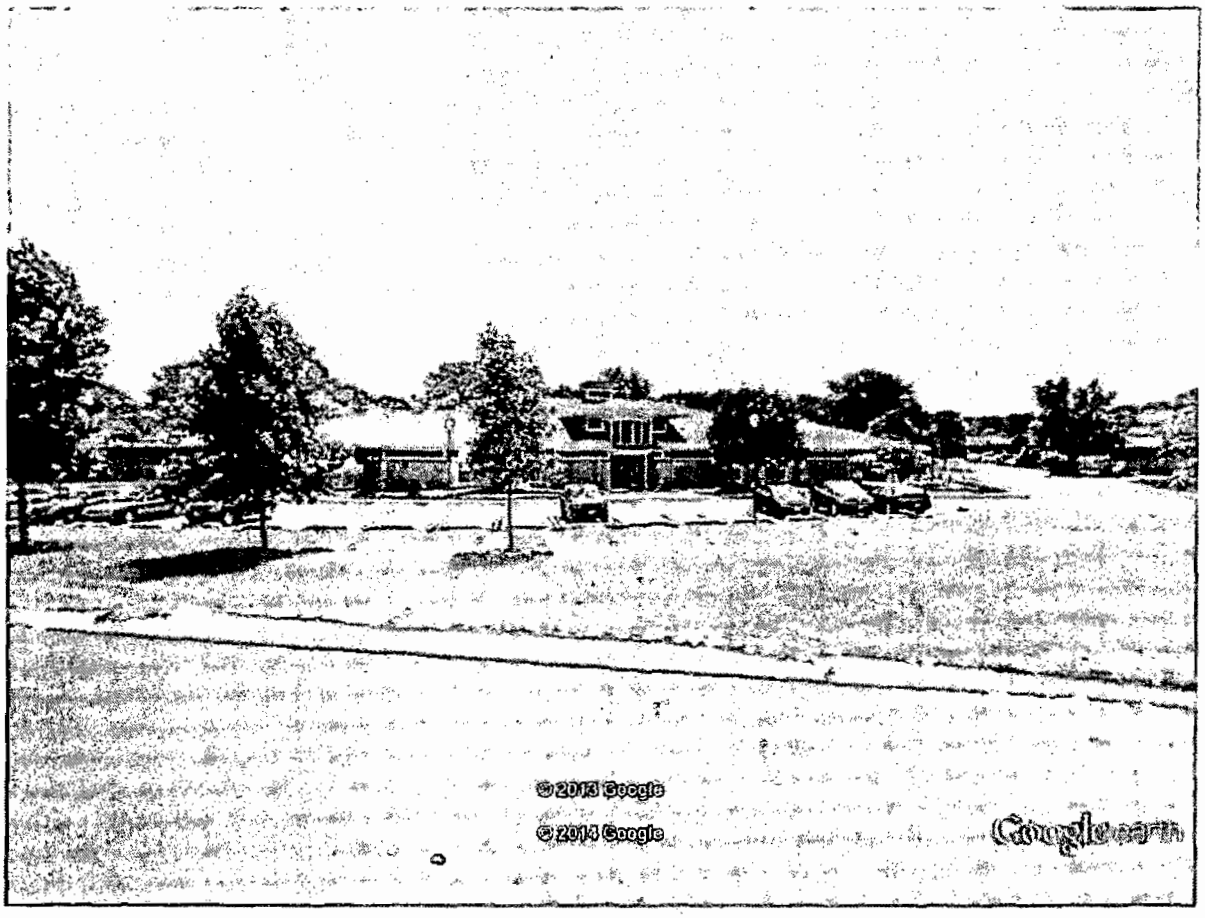


Exhibit B

Existing skilled nursing facility where renovations will take place.

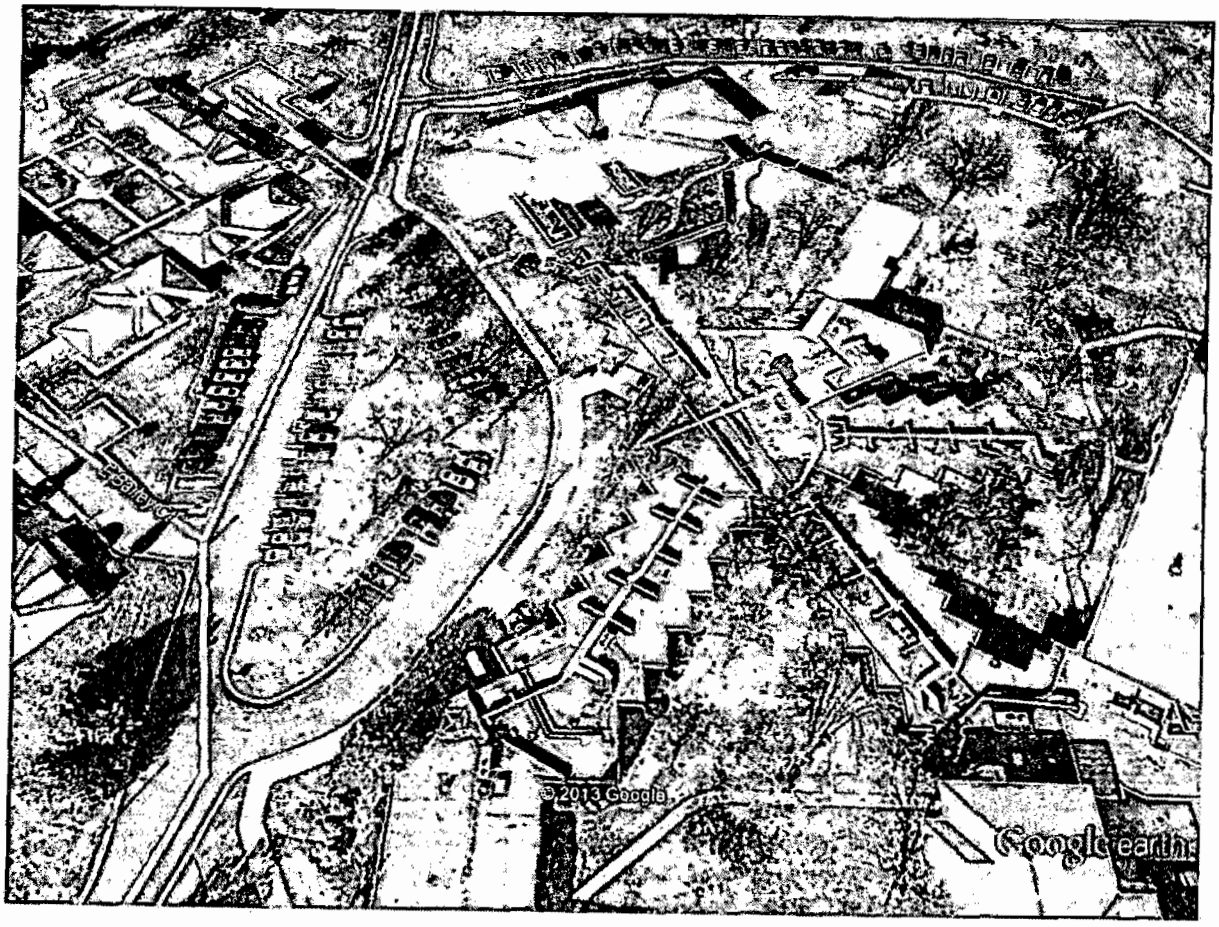
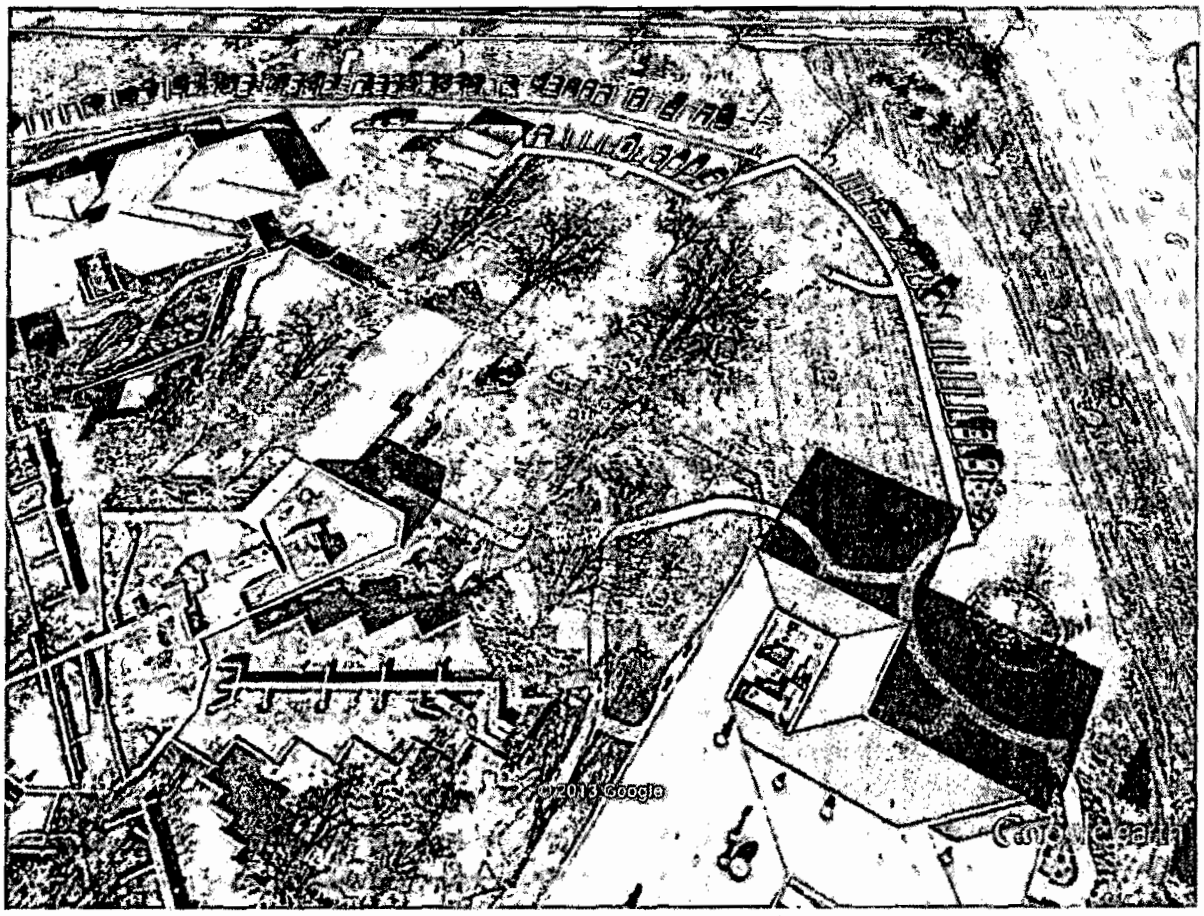


Exhibit B

Vacant area of community where new construction will take place between existing assisted living, assisted living memory care, and existing skilled nursing facility.



Kathy Harris

From: HPA.ProjectsBox [HPA.ProjectsBox@Illinois.gov]
Sent: Thursday, August 21, 2014 11:34 AM
To: Kathy Harris
Subject: RE: The Lutheran Home

Received

From: Kathy Harris [mailto:kharris@foleyandassociates.com]
Sent: Thursday, August 21, 2014 11:18 AM
To: HPA.ProjectsBox
Cc: John Kniery
Subject: The Lutheran Home

Please confirm receipt of the attached request.

Thank you,

Kathy Harris

Foley & Associates, Inc.
133 South Fourth Street, Suite 200
Springfield, Illinois 62701
217.544.1551 - Office
217.544.3615 - Facsimile
foley@foleyandassociates.com

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ATTACHMENT-6A

Criterion 1125.320 – Purpose of the Project

This project is for the repositioning of the nursing unit, **The Lutheran Home,** within the retirement community of Lutheran Hillside Village. Currently, the campus is comprised of an 85-bed nursing unit, 59 assisted living units, 126 independent living apartments and 48 patio homes. Upon project completion, the campus will have 119 nursing beds, 63 assisted living units, 126 independent living apartments and 48 patio homes. It should be noted that separate from this project, the Applicant will be constructing additional assisted living units. The assisted living project (separate and distinct from the nursing project) will replace and expand the units being converted and will consolidate that level of care to a more central area. The space to be converted is on the opposite side of the nursing unit from that of the newer (constructed in 2002), Samaritan Place (the assisted living portion of the campus) which will give it greater consistency and economies-of-scale. As previously delineated, the nursing unit will go from essentially an all double resident room facility to the more progressive, nearly 60 percent, private resident room facility (49 private and 35 semi-private) or approximately 41percent of all nursing beds will be in a private accommodation. The Applicant's proposal will utilize existing space in the conversion of the attached 20 all private room assisted living unit, taking out a few rooms to allow for more common/amenity space for residents and in converting a few semi-private rooms to private accommodations all before the construction of additional space. The new construction portion of the nursing project will replace the relocated therapy department that can be utilized by residents of the entire campus and will provide beds adjacent to the PT/OT for direct access and oversight.

ATTACHMENT-10

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

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

The proposed project is for the repositioning of the nursing unit through its renovation that will include moving from a single private room and 42 semi-private resident room facility to 5 private rooms and 35 semiprivate rooms (removing 10 existing licensed beds), the conversion of the connected 20-bed (all private resident room) assisted living memory care unit to nursing and the construction of 24 all private room nursing beds which together will have a net result of a 34 nursing care bed addition to the existing 85-bed license. The need for the project is to improve accessibility of the existing healthcare resource as the facility has had to turn away residents seeking services from **The Lutheran Home**. Due to its high utilization and primarily semi-private room accommodations, it not only turned residents away from within the Peoria community but it also had to find nursing services for 16 Lutheran Hillside Village residents in CY2012 and CY2013) outside of **The Lutheran Home** as the campus residents have "Life Care Contracts". Life Care Contracts allow residents to age in-place within the campus setting and guarantees residents nursing services should their programmatic needs outweigh their social needs in the attempt to rehabilitate the resident so that they could again enjoy a the social and spiritual aspects of life in a lower level of care. Moreover, the facility has enjoyed several campus additions and the existing nursing unit is now in need of modernization to equal the rest of the campus.

As described, the existing nursing unit is all semi-private resident room accommodations, with the exception of one private room. There are a host of reasons, such as gender, isolation/infection, privacy, and compatibility issues that render a near total shared resident room facility as less marketable today. This renovation and repositioning of Lutheran Hillside Village's nursing unit **(The Lutheran Home)** will help the facility better utilize its capacity and

ATTACHMENT-10

address the large percent of resident referrals that are turned away due to being full or the number of other utilization issues, as listed above, that face the existing nursing unit. Therefore, this repositioning will provide health services that improve the health care and well-being of the existing residents at Lutheran Hillside Village campus, to include the existing nursing residents and those seeking services who are derived from within the market area being served.

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

The primary market is a 30-minute drive time from the Applicant's facility. In a recent Zip Code analysis for all admissions within the most recent 24-month period, well over 90% (92.3%) were from within the 30-min travel time contour. More specifically, Zip Codes 61614, 61615 and 61616 (all within the northeastern area of the 30-minute travel time contour) have provided approximately 70 percent of the admission in Calendar Years 2012 and 2013 (69.3% in CY2012 and 69.6% in CY2013). For such a limited area, that is a significant referral base. However, as the State's rules for service area require a 30-minute travel time market contour, the Applicant is also using that area for consistency.

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

The existing issues being addressed by this project are three-fold. First, the existing nursing facility, being built in 1976 (some 38 years old) will be substantially renovated to improve the mix of private to semi-private resident room accommodations. Thus, overall desirability and marketability will be addressed. The second issue being addressed will be the more than half of the total referrals being sent to **The Lutheran Home** that are being turned away. While the modest 34-nursing bed increase will address this need, there is no way to fully satisfy this outstanding need, yet, this Applicant feels responsible to address this issue as best it

ATTACHMENT-10

can with the resources it has. Thirdly, over the past two years 16 residents from the Lutheran Hillside Village campus had to be referred to other area long-term care facilities (one in CY2012 and 15 in CY2013.

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

Appended as **ATTACHMENT-10A** is documentation of existing campus residents referred elsewhere.

Appended as **ATTACHMENT-10B**, is a copy of the Life Care certification.

Appended as **ATTACHMENT-10C**, is a Microsoft MapPoint North America 2009 map of the primary market area (a 30-minute travel time contour), including Zip Codes.

Appended as **ATTACHMENT-10D**, is a travel time study of nursing care facilities within the travel time market area and the corresponding MapQuest maps.

Appended as **ATTACHMENT-10E,** is the Zip Code analysis for the admissions to **The Lutheran Home** supporting the identification of the primary service area.

Appended as **ATTACHMENT-10F** is the 2013 IDHFS Cost Report documenting the subject facility's size and age.

Appended as **ATTACHMENT-10G** are Hospital and physician referral letters documenting the % of referrals that could not be admitted to **The Lutheran Home**.

Appended as **ATTACHMENT-10H,** is the DRAFT 2013 IDPH facility profile for the subject facility, **The Lutheran Home**.

Appended as **ATTACHMENT-10I,** is the 2012 IDPH facility profile for the subject facility, **The Lutheran Home**.

ATTACHMENT-10

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

In the latest full Calendar Year (2013), the facility was able to achieve and maintain the State's optimum/target utilization rate of 90 percent (90.7%). However, this has not always been the case, as illustrated in the 2012 IDPH facility profile as the facility experienced an 86.3 percent utilization. As documented, utilization is not due to the lack of referrals but rather the other issues relating to coordinating the use of shared resident rooms. This project improves the number of private rooms from less than three percent to over 40 percent (49-beds out of a total of 119 beds = 41.2%). Thus, the renovation plus the modest increase in licensed capacity addresses the previously identified issues and potentially improves the population's health status for our senior population through providing the additional capacity.

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

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

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

The original (existing) **The Lutheran Home** was constructed in 1976. The facility has only a single private resident room with the balance as all double room accommodations. The facility is well maintained and all physical plant waivers have been remedied or cleared. The issue is that the market for nursing care and services is changing. The balance of the campus at Lutheran Hillside Village is considerably newer. As the residents have aged in-place within the campus, when they are most frail and in need of nursing care, the environment, while well maintained, is dated. Part of the plan is to reduce the existing nursing area by 10 licensed beds.

ATTACHMENT-10

This includes the loss of a few rooms. As the existing space is renovated, the removed rooms will be converted to additional resident living areas for activities and social interactions to continue the social and spiritual aspects of the campus that the residents have become accustomed.

ATTACHMENT-10

The Lutheran Home
Wait List Residents sent off-campus

Current waitlist for the care center - 88 as of 6.12.14

On campus residents placed elsewhere due to no capacity

2012	1
2013	15

ATTACHMENT-10A

Permit Number LC-02-03

Illinois Department of Public Health Life Care Program

ILLINOIS DEPARTMENT OF PUBLIC HEALTH PERMIT TO OFFER AND TO ENTER INTO LIFE CARE CONTRACTS

Lutheran Senior Ministries, Inc.

is hereby granted a permit by the Illinois Department of Public Health to offer and enter into life care contracts for the provision of services at the facility known as

Lutheran Hillside Village
6901 North Galena Road
Peoria, Il. 61614

The above named grantee may enter into life care contracts only with respect to the following maximum number of living units: 174
This permit is applicable only to the above named facility and location. This permit is nontransferable.

THE ISSUANCE OF THIS PERMIT DOES NOT CONSTITUTE APPROVAL, RECOMMENDATION OR ENDORSEMENT BY THE DEPARTMENT OR DIRECTOR OF ANY CONTRACT, FACILITY OR PROVIDER, NOR DOES IT EVIDENCE THE ACCURACY OR COMPLETENESS OF THE INFORMATION FURNISHED TO THE DEPARTMENT REGARDING THIS PERMIT.

This permit shall take effect and remain in full force on and after the date shown below, subject to the provisions of the *Life Care Facilities Act*.

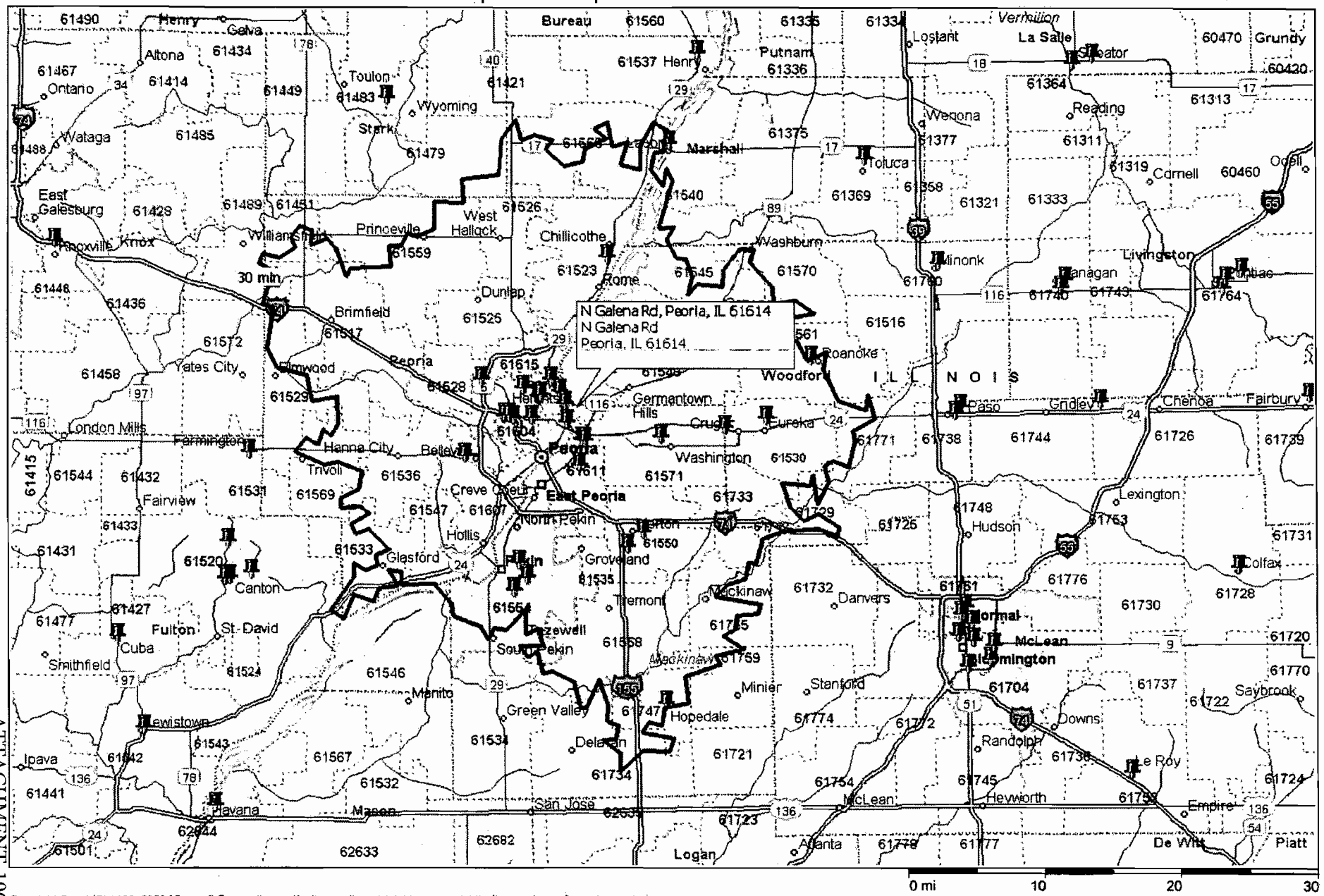
Dated and effective this 8th day of July, 2004.

Eric E. Whitaker, M.D., M.P.H.
Director of Public Health

Illinois Department of Public Health

ATTACHMENT-10B

MapPoint Map 30 min-Lutheran Home



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ATTACHMENT-10C

The Lutheran Home
30-Minute Market Area Zip Codes

ZIP Code	Population
61517	2995
61523	11273
61525	8925
61526	1073
61528	2170
61529	3039
61530	6472
61535	1546
61536	2880
61545	803
61547	3790
61548	11954
61550	17640
61552	195
61554	43442
61568	4632
61569	954
61571	23716
61602	997
61603	16790
61604	31481
61605	15673
61606	8558
61607	11161
61610	5490
61611	25203
61614	28477
61615	22926
61616	6078
61625	603
61635	not in fact finder
61733	977
61742	1478
61747	1562
61755	4700
Total	**329653**

Source:

Microsoft MapPoint North American 2009

ATTACHMENT-10D

The Lutheran Home
30-Minute Travel Time Study

FACID	FACNAME	ADDRESS	CITY	ZIP	Drive Distance	Drive Time
6005615	The Lutheran Home	7019 North Galena Road	Peoria	61614-0000	0	0
6004147	Heights Healthcare & Rehab (1)	1629 Gardner Lane	Peoria Heights	61614-0000	1.09	1
6000426	Apostolic Christian Skylines	7023 North East Skyline Drive	Peoria	61614-0000	0.57	1
6003420	Cornerstone Rehab & Healthcare (2)	5533 North Galena Road	Peoria Heights	61616-0000	1.3	1
6010813	Proctor Memorial Hospital	5409 North Knoxville Avenue	Peoria	61614-0000	3.29	6
6000293	Heartland of Peoria (3)	5600 Glen Elm Drive	Peoria	61614-0000	3.46	7
6012165	Rosewood Care Center of Peoria	1500 West Northmoor Road	Peoria	61614-0000	3.97	8
6012017	Rosewood Care Center - East Peoria	900 Centennial Drive	East Peoria	61611-0000	6.28	8
6008056	Heartland of Riverview	500 Centennial Drive	East Peoria	61611-0000	6.06	8
6001721	Christian Buehler Mem Home	3415 North Sheridan Road	Peoria	61604-0000	6.47	9
6007611	John C Proctor Endow Home	2724 West Reservoir	Peoria	61615-0000	6.89	12
6007272	Sharon Health Care Willows	3520 North Rochelle	Peoria	61604-0000	7.39	13
6007298	Sharon Health Care Pines	3614 North Rochelle	Peoria	61604-0000	7.3	13
6007306	Sharon Health Care Elms	3611 North Rochelle	Peoria	61604-0000	7.3	13
6007199	Heritage Manor - Chillicothe	1028 Hillcrest Drive	Chillicothe	61523-0000	11.03	13
6016190	Manor Court of Peoria (4)	6900 NORTH STALWORTH DRIVE	Peoria	61615	12.32	14
6007926	Sharon Health Care Woods	3223 West Richwoods Boulevard	Peoria	61604-0000	9.15	14
6003198	Fondulac Rehab & Health Care Ctr	901 Illini Drive	East Peoria	61611-0000	8.89	14
6009740	Washington Christian Village	1201 New Castle Road	Washington	61571-0000	11.88	15
6000814	Heddington Oaks (5a, 5b, 5c)	2223 West Hedding Avenue	Peoria	61604-0000	8.57	15
6006407	Morton Terrace	191 East Queenwood Road	Morton	61550-0000	16.62	21
6006399	Morton Villa Care Center	190 East Queenwood Road	Morton	61550-0000	16.62	21
6002885	Apostolic Christian - Eureka	610 Cruger	Eureka	61530-0000	18.86	22
6011464	Snyder Village	1200 East Partridge	Metamora	61548-0000	17.33	22
6000400	Apostolic Christian Restmor	1500 Parkside Drive	Morton	61550-0000	17.44	23
6005722	Maple Lawn Health Center	700 North Main	Eureka	61530-0000	19.61	23
6007330	Timbercreek Rehab & Health Care	2220 State Street	Pekin	61554-0000	17.53	27
6003933	Hallmark House Nursing Center	2501 Allentown Road	Pekin	61554-0000	19.82	29
6000384	Apostolic - Roanoke	1102 W Randolph St	Roanoke	61561-0000	24.56	30

(1) facility name in Inventory: Bella Vista Care Center
(2) 02/01/2013 name change / CHOW formerly Saint Clare Home
(3) 2012 Profile: 142 Licensed Nsg beds, 656 admissions & 135 total patient days. Inventory: 144 Licensed Nsg beds. Used 2011 Total Nsg Pt Days (47378) and # of Total Nsg Care Residents (134), and 2012 # of Total Residents (135) and 2012 Licensed Nsg Cre Beds per Inventory (142) to infer a calculation of 2012 nsg pt days and nsg occupancy (47378 / 134) *135 = 47,732 pt days (47732 / 365) / 142 = 92.1% occupancy
(4) facility name in Inventory: Hawthorne Manor of Peoria
(5a) 9/25/13 11-013 completed project to replace 300 Nursing Care facility with 214 bed Nursing Care facility.
(5b) 9/25/13 name change, formerly Bel-Wood Nursing Home
(5c) 9/25/13 Address change, from 6701 West Plank Road, Peoria Il 61604 to 2223 West Heading Avenue, Peoria, Il 61604

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

ATTACHMENT-10D

mapquest

Trip to:
1629 E Gardner Ln
Peoria Heights, IL 61616-3613
1.09 miles / 1 minute

Notes
Bella Vista Care Center

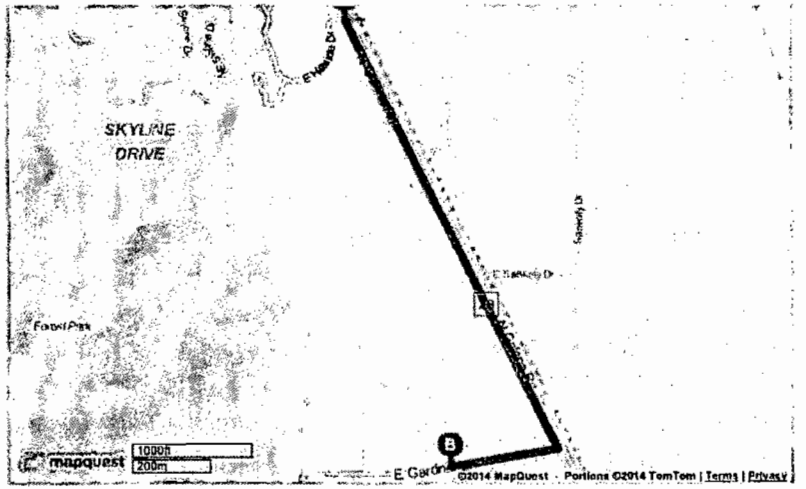
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr.** Map — **0.9 Mi** *0.9 Mi Total*
2. Turn **right** onto **E Gardner Ln.** Map — **0.2 Mi** *1.1 Mi Total*
3. **1629 E GARDNER LN** is on the **right**. Map

1629 E Gardner Ln, Peoria Heights, IL 61616-3613

Total Travel Estimate: **1.09 miles - about 1 minute**



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ATTACHMENT-10D

mapquest

Trip to:
7023 NE Skyline Dr
Peoria, IL 61614-2207
0.57 miles / 1 minute

Notes
Apostolic Christian Skylines

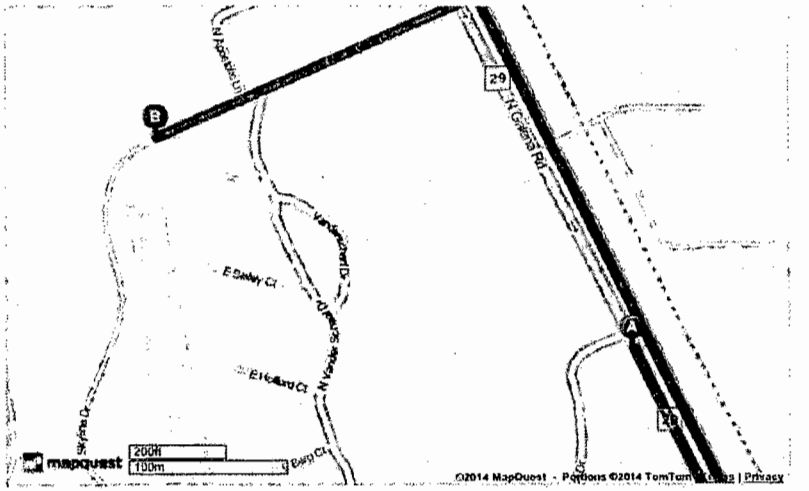
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Map — **0.1 Mi** *0.1 Mi Total*
2. Make a **U-turn** onto **N Galena Rd / IL-29**. Map — **0.3 Mi** *0.4 Mi Total*
3. Turn **left** onto **NE Skyline Dr**. Map — **0.2 Mi** *0.6 Mi Total*
4. **7023 NE SKYLINE DR** is on the **right**. Map

7023 NE Skyline Dr, Peoria, IL 61614-2207

Total Travel Estimate: **0.57 miles - about 1 minute**



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ATTACHMENT-10D

mapquest

Trip to:
5533 N Galena Rd
Peoria Heights, IL 61616
1.30 miles / 1 minute

Notes
Saint Clare Home

6901 N Galena Rd, Peoria, IL 61614-3111

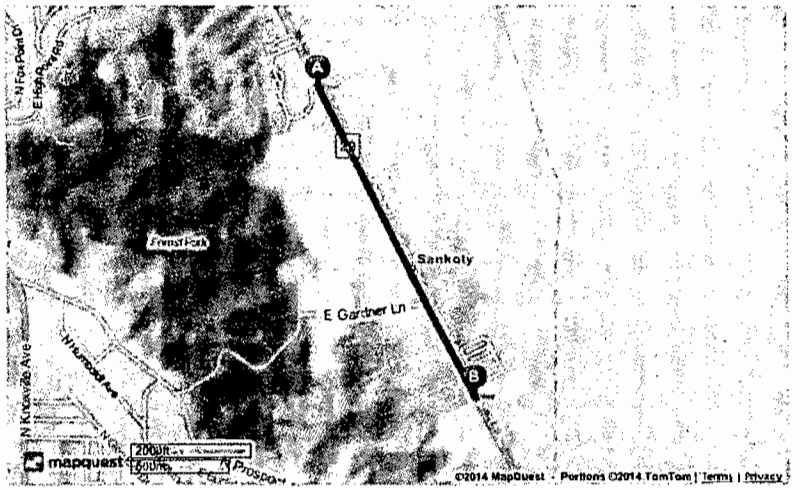
Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Map — **1.3 Mi** *1.3 Mi Total*

2. **5533 N GALENA RD** is on the **right**. Map

5533 N Galena Rd, Peoria Heights, IL 61616

Total Travel Estimate: **1.30 miles - about 1 minute**



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ATTACHMENT-10D

mapquest

Trip to:
5409 N Knoxville Ave
Peoria, IL 61614-5016
3.29 miles / 6 minutes

Notes
Proctor Memorial Hospital

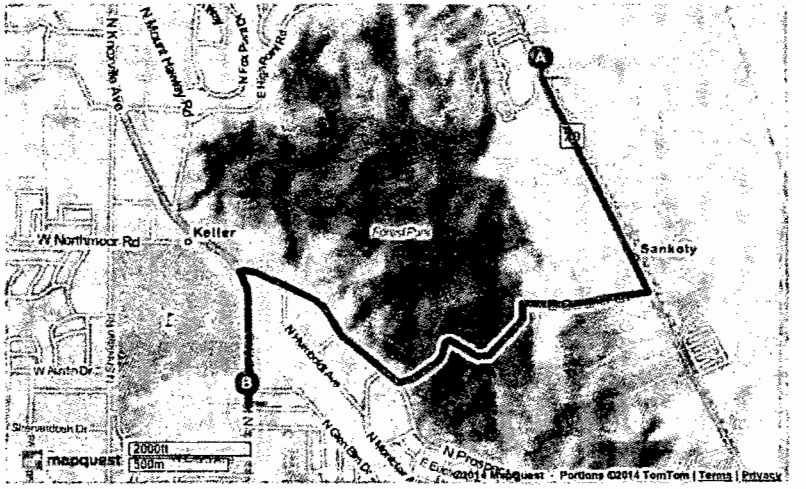
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1.	Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Map	**0.9 Mi** *0.9 Mi Total*
2.	Turn **right** onto **E Gardner Ln**. Map	**0.5 Mi** *1.4 Mi Total*
3.	Turn **left** onto **N Forest Park Dr**. Map	**0.7 Mi** *2.0 Mi Total*
4.	Turn **right** onto **N Prospect Rd**. Map	**0.8 Mi** *2.8 Mi Total*
5.	Turn **left** onto **N Knoxville Ave**. Map	**0.5 Mi** *3.3 Mi Total*
6.	**5409 N KNOXVILLE AVE**. Map	

5409 N Knoxville Ave, Peoria, IL 61614-5016

Total Travel Estimate: **3.29 miles - about 6 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
5600 Glen Elm Dr
Peoria, IL 61614-4340
3.46 miles / 7 minutes

Notes
Heartland of Peoria

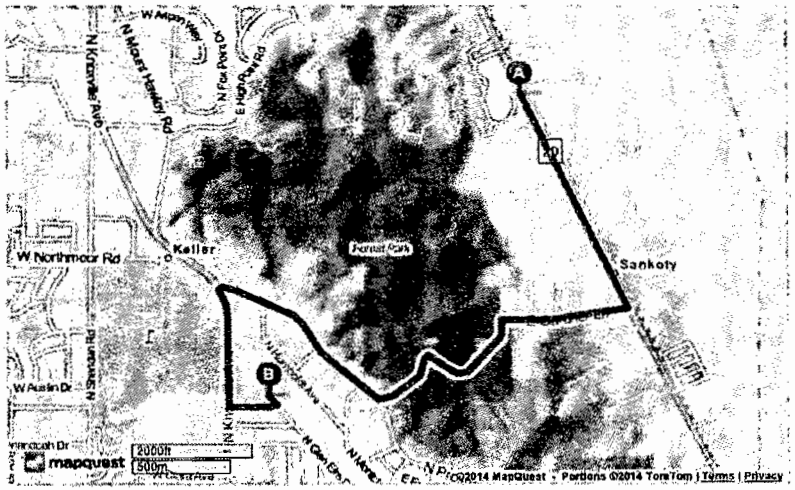
Download Free App

6901 N Galena Rd, Peoria, IL 61614-3111

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Map	**0.9 Mi** *0.9 Mi Total*
2. Turn **right** onto **E Gardner Ln**. Map	**0.5 Mi** *1.4 Mi Total*
3. Turn **left** onto **N Forest Park Dr**. Map	**0.7 Mi** *2.0 Mi Total*
4. Turn **right** onto **N Prospect Rd**. Map	**0.8 Mi** *2.8 Mi Total*
5. Turn **left** onto **N Knoxville Ave**. Map	**0.5 Mi** *3.2 Mi Total*
6. Turn **left** onto **E Elaine Ave**. Map	**0.2 Mi** *3.4 Mi Total*
7. Turn **left** onto **N Glen Elm Dr**. Map	**0.05 Mi** *3.5 Mi Total*
8. **5600 GLEN ELM DR** is on the **right**. Map	

5600 Glen Elm Dr, Peoria, IL 61614-4340

Total Travel Estimate: **3.46 miles - about 7 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
1500 W Northmoor Rd
Peoria, IL 61614-3434
3.97 miles / 8 minutes

Notes
Rosewood Care Center of Peoria

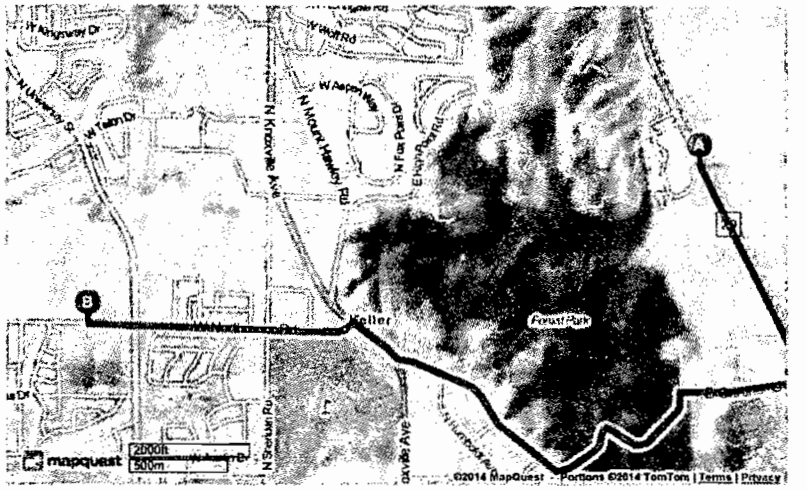
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1.	Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Map	**0.9 Mi** *0.9 Mi Total*
2.	Turn **right** onto **E Gardner Ln**. Map	**0.5 Mi** *1.4 Mi Total*
3.	Turn **left** onto **N Forest Park Dr**. Map	**0.7 Mi** *2.0 Mi Total*
4.	Turn **right** onto **N Prospect Rd**. Map	**0.7 Mi** *2.8 Mi Total*
5.	Turn **right** onto **N Knoxville Ave**. Map	**0.2 Mi** *3.0 Mi Total*
6.	Take the 1st **left** onto **W Northmoor Rd**. Map	**1.0 Mi** *4.0 Mi Total*
7.	**1500 W NORTHMOOR RD** is on the **left**. Map	

1500 W Northmoor Rd, Peoria, IL 61614-3434

Total Travel Estimate: **3.97 miles - about 8 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
900 Centennial Dr
East Peoria, IL 61611
6.28 miles / 8 minutes

Notes
Rosewood Care Center - East Peoria

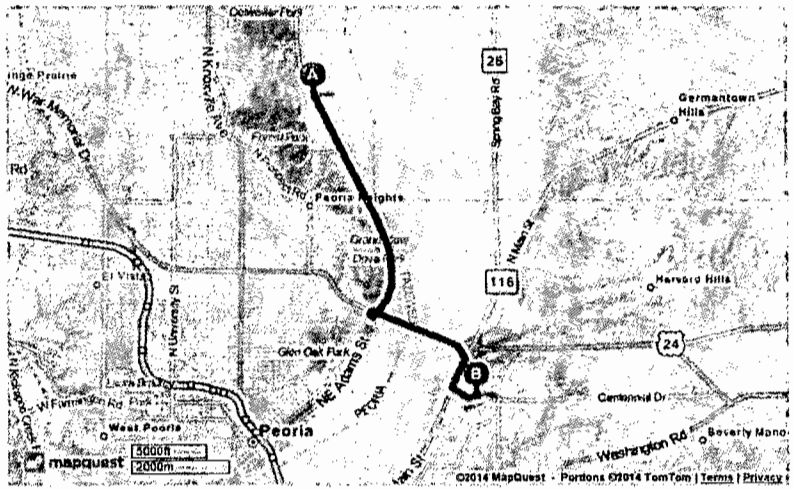
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1.	Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map	**3.5 Mi** *3.5 Mi Total*
2.	Merge onto **US-150 E / E War Memorial Dr** toward **US-24 E / Washington**. Map	**1.5 Mi** *5.1 Mi Total*
3.	Merge onto **N Main St / US-150 E / IL-116 W** toward **East Peoria**. Map	**0.7 Mi** *5.8 Mi Total*
4.	Turn **slight left** onto **Centennial Dr**. Map	**0.08 Mi** *5.8 Mi Total*
5.	Turn **left** to stay on **Centennial Dr**. Map	**0.4 Mi** *6.3 Mi Total*
6.	**900 CENTENNIAL DR**. Map	

900 Centennial Dr, East Peoria, IL 61611

Total Travel Estimate: **6.28 miles - about 8 minutes**



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ATTACHMENT-10D

mapquest

Notes
Heartland of Riverview

Trip to:
500 Centennial Dr
East Peoria, IL 61611
6.06 miles / 8 minutes

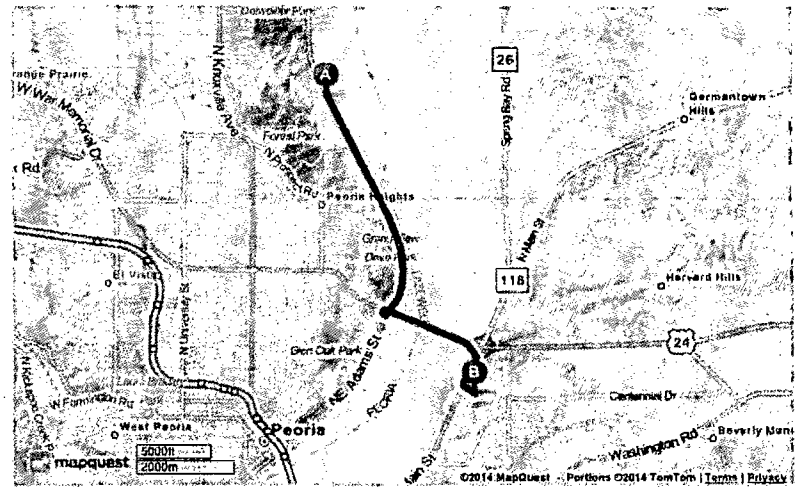
Download Free App

6901 N Galena Rd, Peoria, IL 61614-3111

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map	**3.5 Mi** *3.5 Mi Total*
2. Merge onto **US-150 E / E War Memorial Dr** toward **US-24 E / Washington**. Map	**1.5 Mi** *5.1 Mi Total*
3. Merge onto **N Main St / US-150 E / IL-116 W** toward **East Peoria**. Map	**0.7 Mi** *5.8 Mi Total*
4. Turn **slight left** onto **Centennial Dr**. Map	**0.08 Mi** *5.8 Mi Total*
5. Turn **left** to stay on **Centennial Dr**. Map	**0.2 Mi** *6.1 Mi Total*
6. **500 CENTENNIAL DR**. Map	

500 Centennial Dr, East Peoria, IL 61611

Total Travel Estimate: **6.06 miles - about 8 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
3415 N Sheridan Rd
Peoria, IL 61604-1430
6.47 miles / 9 minutes

Notes
Christian Buehler Mem Home

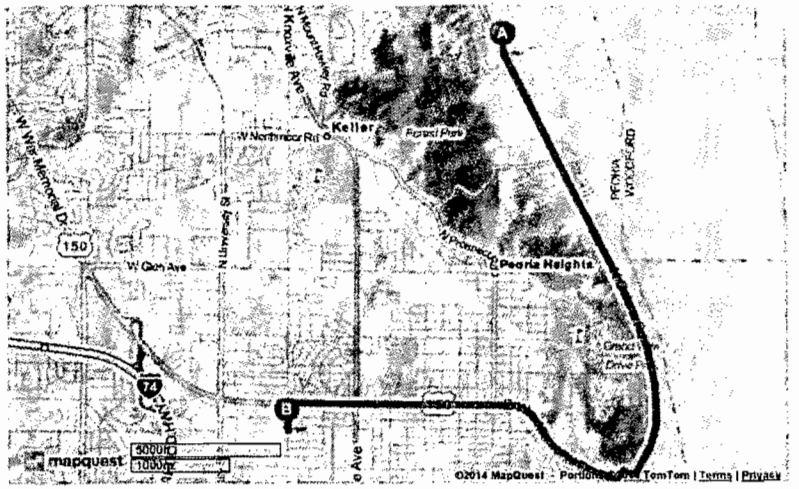
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map — **3.4 Mi** *3.4 Mi Total*
2. Merge onto **US-150 W / E War Memorial Dr**. Map — **2.8 Mi** *6.3 Mi Total*
3. Turn **left** onto **N Sheridan Rd**. Map — **0.2 Mi** *6.5 Mi Total*
4. **3415 N SHERIDAN RD** is on the **right**. Map

3415 N Sheridan Rd, Peoria, IL 61604-1430

Total Travel Estimate: **6.47 miles - about 9 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
2724 W Reservoir Blvd
Peoria, IL 61615-4137
6.89 miles / 12 minutes

Notes
John C Proctor Endow Home

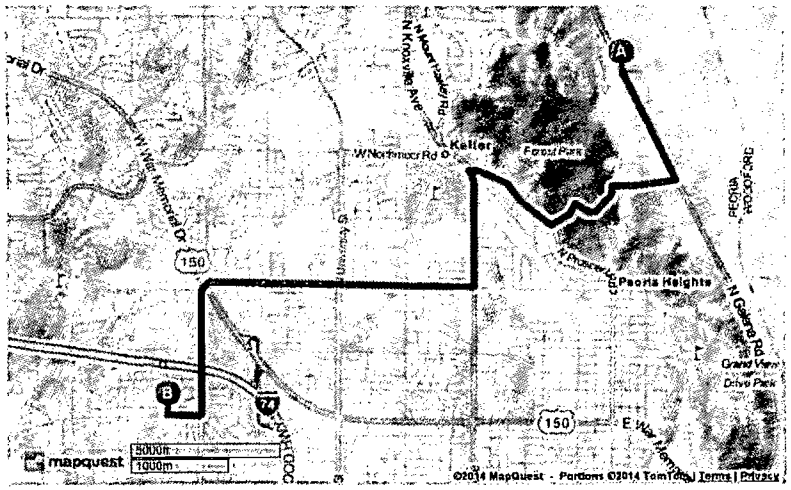
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1.	Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Map	**0.9 Mi** *0.9 Mi Total*
2.	Turn **right** onto **E Gardner Ln**. Map	**0.5 Mi** *1.4 Mi Total*
3.	Turn **left** onto **N Forest Park Dr**. Map	**0.7 Mi** *2.0 Mi Total*
4.	Turn **right** onto **N Prospect Rd**. Map	**0.8 Mi** *2.8 Mi Total*
5.	Turn **left** onto **N Knoxville Ave**. Map	**0.9 Mi** *3.7 Mi Total*
6.	Turn **right** onto **W Glen Ave**. Map	**1.9 Mi** *5.6 Mi Total*
7.	**W Glen Ave** becomes **N Sterling Ave**. Map	**1.0 Mi** *6.6 Mi Total*
8.	Turn **right** onto **W Reservoir Blvd**. Map	**0.3 Mi** *6.9 Mi Total*
9.	**2724 W RESERVOIR BLVD** is on the **left**. Map	

2724 W Reservoir Blvd, Peoria, IL 61615-4137

Total Travel Estimate: **6.89 miles - about 12 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
3520 N Rochelle Ln
Peoria, IL 61604-1039
7.39 miles / 13 minutes

Notes
Sharon Health Care Willows

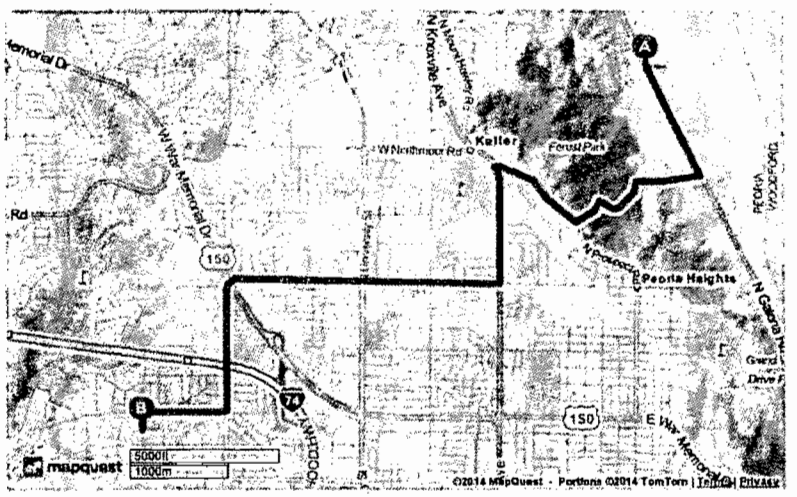
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1.	Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Map	**0.9 Mi** *0.9 Mi Total*
2.	Turn **right** onto **E Gardner Ln**. Map	**0.5 Mi** *1.4 Mi Total*
3.	Turn **left** onto **N Forest Park Dr**. Map	**0.7 Mi** *2.0 Mi Total*
4.	Turn **right** onto **N Prospect Rd**. Map	**0.8 Mi** *2.8 Mi Total*
5.	Turn **left** onto **N Knoxville Ave**. Map	**0.9 Mi** *3.7 Mi Total*
6.	Turn **right** onto **W Glen Ave**. Map	**1.9 Mi** *5.6 Mi Total*
7.	**W Glen Ave** becomes **N Sterling Ave**. Map	**1.0 Mi** *6.6 Mi Total*
8.	Turn **right** onto **W Reservoir Blvd**. Map	**0.6 Mi** *7.3 Mi Total*
9.	Turn **left** onto **N Rochelle Ln**. Map	**0.1 Mi** *7.4 Mi Total*
10.	**3520 N ROCHELLE LN** is on the **left**. Map	

3520 N Rochelle Ln, Peoria, IL 61604-1039

Total Travel Estimate: **7.39 miles - about 13 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
3614 N Rochelle Ln
Peoria, IL 61604-1039
7.30 miles / 13 minutes

Notes
Sharon Health Care Pines

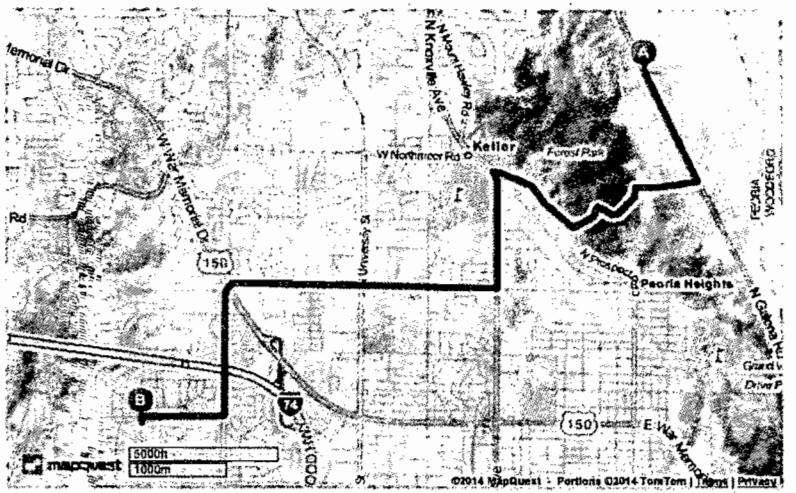
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1.	Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Map	**0.9 Mi** *0.9 Mi Total*
2.	Turn **right** onto **E Gardner Ln**. Map	**0.5 Mi** *1.4 Mi Total*
3.	Turn **left** onto **N Forest Park Dr**. Map	**0.7 Mi** *2.0 Mi Total*
4.	Turn **right** onto **N Prospect Rd**. Map	**0.8 Mi** *2.8 Mi Total*
5.	Turn **left** onto **N Knoxville Ave**. Map	**0.9 Mi** *3.7 Mi Total*
6.	Turn **right** onto **W Glen Ave**. Map	**1.9 Mi** *5.6 Mi Total*
7.	**W Glen Ave** becomes **N Sterling Ave**. Map	**1.0 Mi** *6.6 Mi Total*
8.	Turn **right** onto **W Reservoir Blvd**. Map	**0.6 Mi** *7.3 Mi Total*
9.	Turn **left** onto **N Rochelle Ln**. Map	**0.04 Mi** *7.3 Mi Total*
10.	**3614 N ROCHELLE LN** is on the **left**. Map	

3614 N Rochelle Ln, Peoria, IL 61604-1039

Total Travel Estimate: **7.30 miles - about 13 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
3611 N Rochelle Ln
Peoria, IL 61604-1034
7.30 miles / 13 minutes

Notes
Sharon Health Care Elms

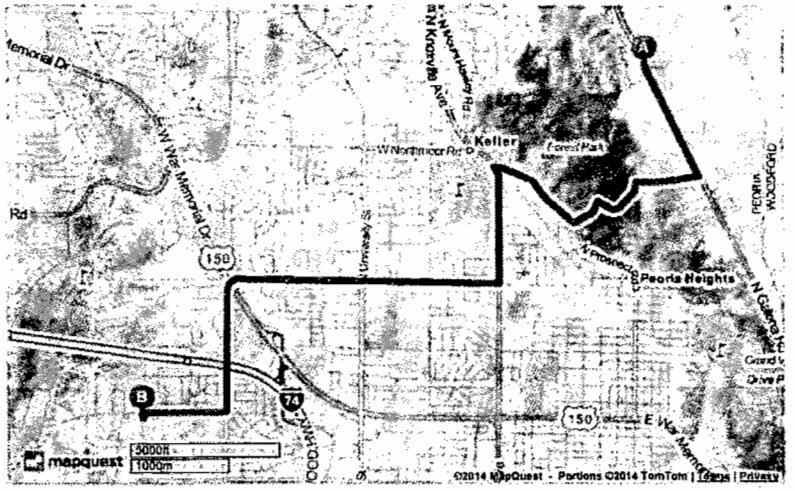
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1.	Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Map	**0.9 Mi** *0.9 Mi Total*
2.	Turn **right** onto **E Gardner Ln.** Map	**0.5 Mi** *1.4 Mi Total*
3.	Turn **left** onto **N Forest Park Dr**. Map	**0.7 Mi** *2.0 Mi Total*
4.	Turn **right** onto **N Prospect Rd.** Map	**0.8 Mi** *2.8 Mi Total*
5.	Turn **left** onto **N Knoxville Ave**. Map	**0.9 Mi** *3.7 Mi Total*
6.	Turn **right** onto **W Glen Ave.** Map	**1.9 Mi** *5.6 Mi Total*
7.	**W Glen Ave** becomes **N Sterling Ave**. Map	**1.0 Mi** *6.6 Mi Total*
8.	Turn **right** onto **W Reservoir Blvd.** Map	**0.6 Mi** *7.3 Mi Total*
9.	Turn **left** onto **N Rochelle Ln**. Map	**0.05 Mi** *7.3 Mi Total*
10.	**3611 N ROCHELLE LN** is on the **right.** Map	

3611 N Rochelle Ln, Peoria, IL 61604-1034

Total Travel Estimate: **7.30 miles - about 13 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
1025 W Hillcrest Dr
Chillicothe, IL 61523
11.03 miles / 13 minutes

Notes
Heritage Manor - Chillicothe

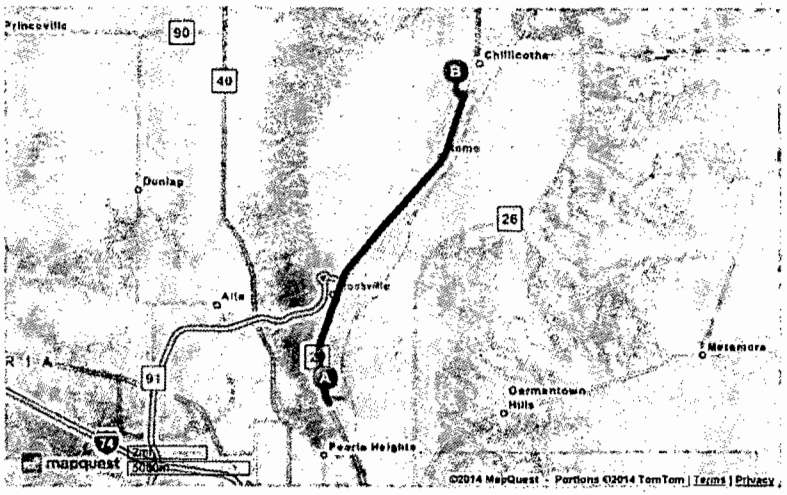
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Map	**0.1 Mi** *0.1 Mi Total*
2. Make a **U-turn** onto **IL-29**. Map	**10.7 Mi** *10.8 Mi Total*
3. Turn **left** onto **W Hillcrest Dr**. Map	**0.1 Mi** *10.9 Mi Total*
4. Turn **right** onto **S Sweetbriar Dr**. Map	**0.05 Mi** *11.0 Mi Total*
5. Take the 1st **left** onto **W Hillcrest Dr**. Map	**0.06 Mi** *11.0 Mi Total*
6. **1025 W HILLCREST DR**. Map	

1025 W Hillcrest Dr, Chillicothe, IL 61523

Total Travel Estimate: **11.03 miles - about 13 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
6900 Stalworth Dr
Peoria, IL 61615
12.32 miles / 14 minutes

Notes
Manor Court of Peoria

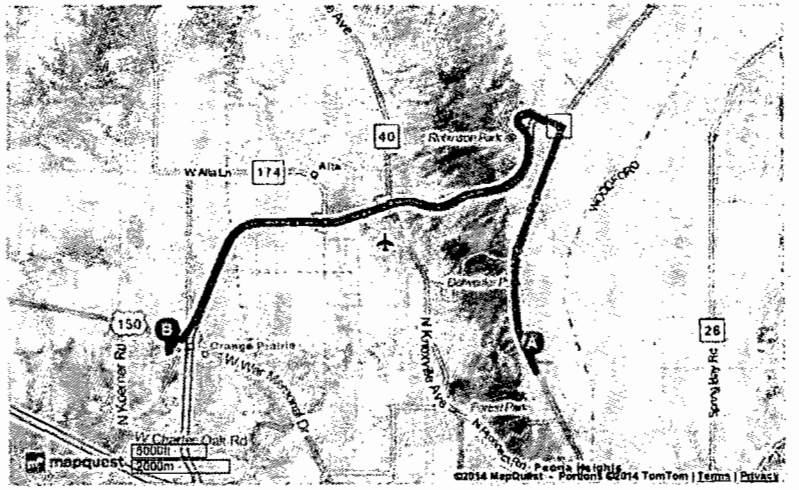
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast on N Galena Rd / IL-29** toward **N San Koty Dr**. Map	**0.1 Mi** *0.1 Mi Total*
2. Make a **U-turn** onto **N Galena Rd / IL-29**. Map	**3.9 Mi** *4.0 Mi Total*
3. Turn **left** onto **IL-6 S**. Map	**7.6 Mi** *11.6 Mi Total*
4. Take the **US-150 / War Memorial Dr** exit, **EXIT 2**, toward **Kickapoo**. Map	**0.4 Mi** *11.9 Mi Total*
5. Merge onto **W War Memorial Dr / US-150 W** toward **Kickapoo**. Map	**0.1 Mi** *12.1 Mi Total*
6. Turn **left** onto **N Summershade Cir**. Map	**0.1 Mi** *12.2 Mi Total*
7. Take the 1st **right** onto **W Landens Way**. Map	**0.06 Mi** *12.2 Mi Total*
8. Turn **left** onto **Stalworth Dr**. Map	**0.1 Mi** *12.3 Mi Total*
9. **6900 STALWORTH DR** is on the **left**. Map	

6900 Stalworth Dr, Peoria, IL 61615

Total Travel Estimate: **12.32 miles - about 14 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
3223 W Richwoods Blvd
Peoria, IL 61604-1082
9.15 miles / 14 minutes

Notes
Sharon Health Care Woods

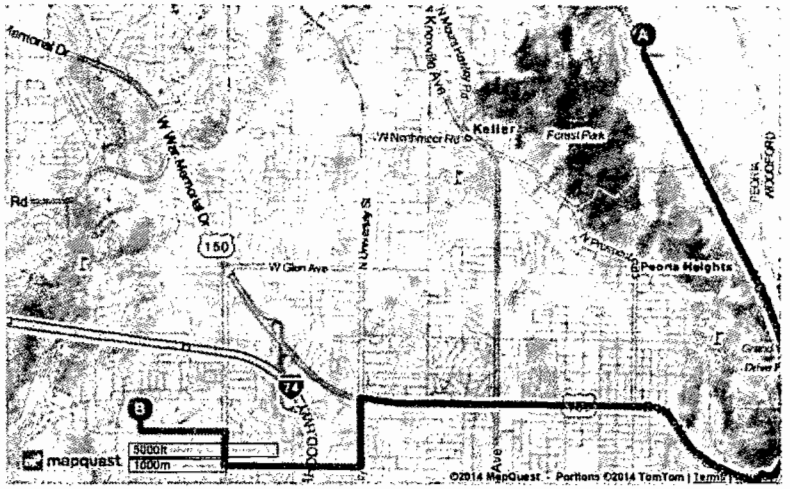
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map — **3.4 Mi** *3.4 Mi Total*
2. Merge onto **US-150 W / E War Memorial Dr**. Map — **3.3 Mi** *6.8 Mi Total*
3. Turn **left** onto **N University St**. Map — **0.5 Mi** *7.3 Mi Total*
4. Turn **right** onto **W Forrest Hill Ave**. Map — **1.0 Mi** *8.3 Mi Total*
5. Turn **right** onto **N Sterling Ave**. Map — **0.3 Mi** *8.5 Mi Total*
6. Turn **left** onto **W Richwoods Blvd**. Map — **0.6 Mi** *9.2 Mi Total*
7. **3223 W RICHWOODS BLVD** is on the **right**. Map

3223 W Richwoods Blvd, Peoria, IL 61604-1082

Total Travel Estimate: **9.15 miles - about 14 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
901 Illini Dr
East Peoria, IL 61611-1883
8.89 miles / 14 minutes

Notes
Fondulac Rehab & Health Care Ctr

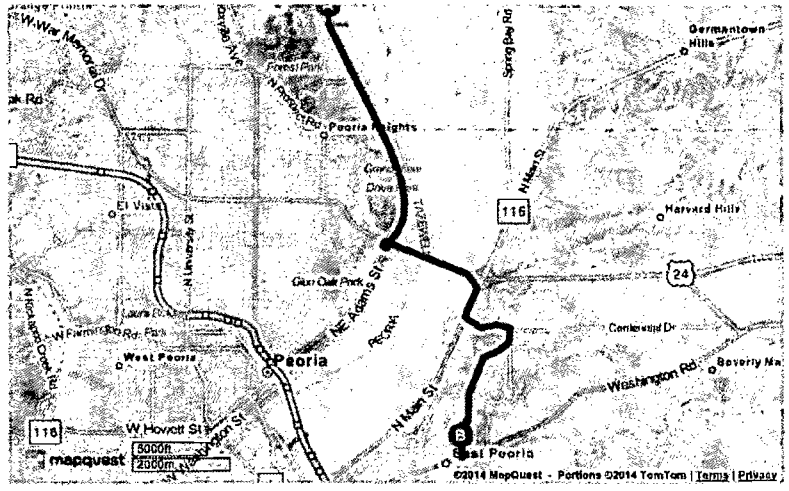
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1.	Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map	**3.5 Mi** *3.5 Mi Total*
2.	Merge onto **US-150 E / E War Memorial Dr** toward **US-24 E / Washington**. Map	**1.5 Mi** *5.1 Mi Total*
3.	Merge onto **N Main St / US-150 E / IL-116 W** toward **East Peoria**. Map	**0.7 Mi** *5.8 Mi Total*
4.	Turn **slight left** onto **Centennial Dr**. Map	**0.08 Mi** *5.8 Mi Total*
5.	Turn **left** to stay on **Centennial Dr**. Map	**0.8 Mi** *6.6 Mi Total*
6.	Turn **right** onto **Highview Rd**. Map	**1.3 Mi** *7.9 Mi Total*
7.	Turn **slight left** onto **Illini Dr**. Map	**1.0 Mi** *8.9 Mi Total*
8.	**901 ILLINI DR** is on the **right**. Map	

901 Illini Dr, East Peoria, IL 61611-1883

Total Travel Estimate: **8.89 miles - about 14 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
1201 Newcastle Rd
Washington, IL 61571-1245
11.88 miles / 15 minutes

Notes
Washington Christian Village

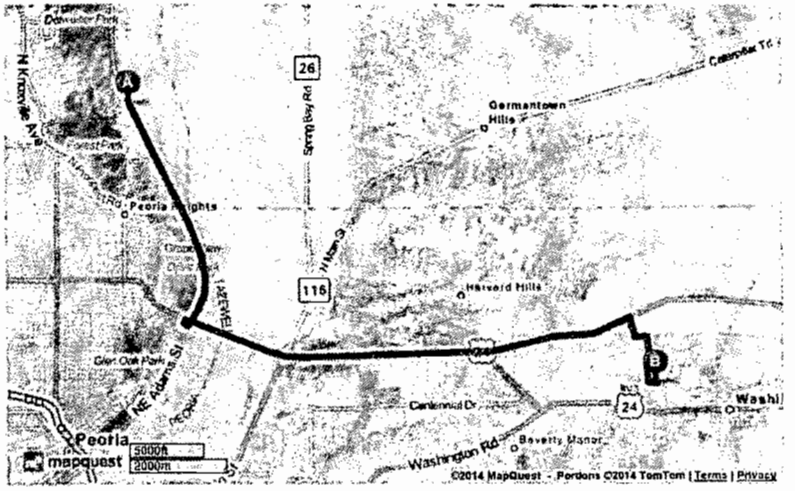
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map	**3.5 Mi** *3.5 Mi Total*
2. Merge onto **US-150 E / E War Memorial Dr** toward **US-24 E / Washington**. Map	**1.5 Mi** *5.1 Mi Total*
3. Stay **straight** to go onto **US Highway 24 / US-24 E**. Continue to follow **US-24 E**. Map	**5.5 Mi** *10.5 Mi Total*
4. Turn **right** onto **Nofsinger Rd**. Map	**0.3 Mi** *10.9 Mi Total*
5. Turn **left** onto **W Cruger Rd**. Map	**0.2 Mi** *11.0 Mi Total*
6. Take the 1st **right** onto **Dallas Rd**. Map	**0.7 Mi** *11.7 Mi Total*
7. Turn **left** onto **Newcastle Rd**. Map	**0.1 Mi** *11.9 Mi Total*
8. **1201 NEWCASTLE RD** is on the **left**. Map	

1201 Newcastle Rd, Washington, IL 61571-1245

Total Travel Estimate: **11.88 miles - about 15 minutes**



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ATTACHMENT-10D

mapquest

Notes
Heddington Oaks

Trip to:
2223 W Heading Ave
Peoria, IL 61604-5139
8.57 miles / 15 minutes

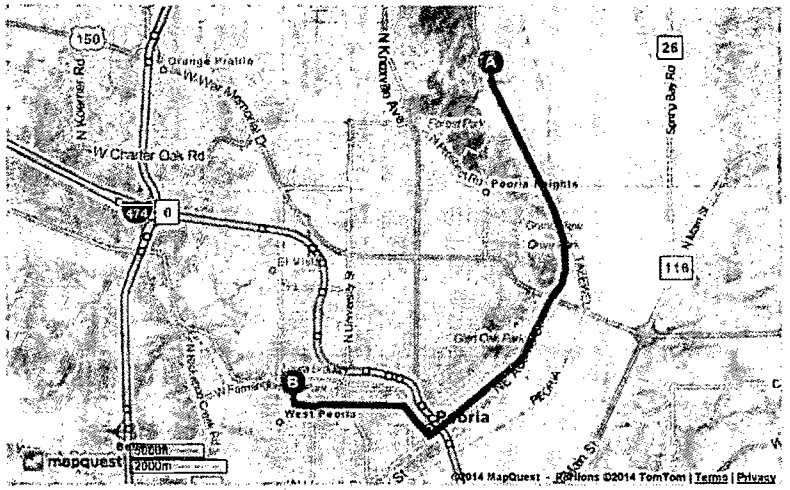
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map — **6.2 Mi** *6.2 Mi Total*
2. Stay **straight** to go onto **NE Jefferson Ave / US-24 W**. Continue to follow **NE Jefferson Ave**. Map — **0.2 Mi** *6.4 Mi Total*
3. Take the **2nd right** onto **Main St**. Map — **1.9 Mi** *8.3 Mi Total*
4. Turn **right** onto **W Heading Ave**. Map — **0.3 Mi** *8.6 Mi Total*
5. **2223 W HEADING AVE** is on the **right**. Map

2223 W Heading Ave, Peoria, IL 61604-5139

Total Travel Estimate: **8.57 miles - about 15 minutes**



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ATTACHMENT-10D

mapquest

Trip to:

191 E Queenwood Rd
Morton, IL 61550-2956
16.62 miles / 21 minutes

Notes
Morton Terrace

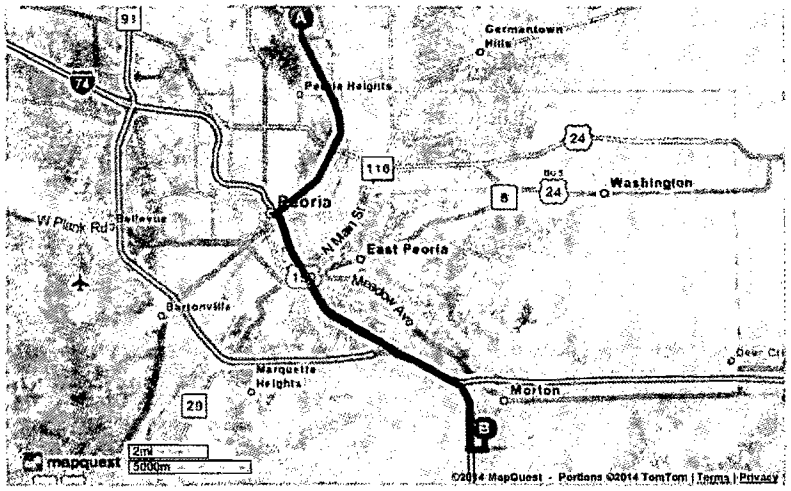
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map — **6.2 Mi** *6.2 Mi Total*
2. Turn **left** onto **Fayette St / IL-29**. Map — **0.01 Mi** *6.2 Mi Total*
3. Merge onto **I-74 E** via the ramp on the **left** toward **Bloomington**. Map — **7.4 Mi** *13.6 Mi Total*
4. Merge onto **I-155 S** via **EXIT 101** toward **Lincoln**. Map — **2.3 Mi** *15.8 Mi Total*
5. Take the **Queenwood Rd** exit, **EXIT 30**. Map — **0.3 Mi** *16.1 Mi Total*
6. Turn **left** onto **W Queenwood Rd**. Map — **0.5 Mi** *16.6 Mi Total*
7. **191 E QUEENWOOD RD** is on the **left**. Map

191 E Queenwood Rd, Morton, IL 61550-2956

Total Travel Estimate: **16.62 miles - about 21 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
190 E Queenwood Rd
Morton, IL 61550-2926
16.62 miles / 21 minutes

Notes
Morton Villa Care Center

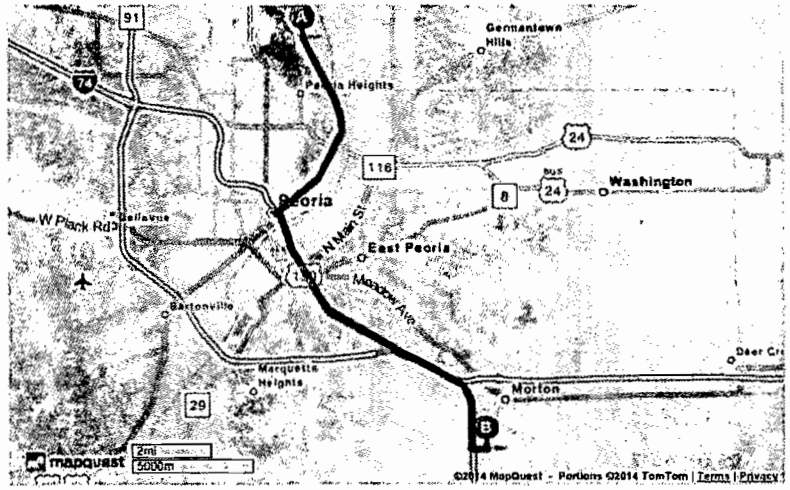
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map — **6.2 Mi** *6.2 Mi Total*
2. Turn **left** onto **Fayette St / IL-29**. Map — **0.01 Mi** *6.2 Mi Total*
3. Merge onto **I-74 E** via the ramp on the **left** toward **Bloomington**. Map — **7.4 Mi** *13.6 Mi Total*
4. Merge onto **I-155 S** via **EXIT 101** toward **Lincoln**. Map — **2.3 Mi** *15.8 Mi Total*
5. Take the **Queenwood Rd** exit, **EXIT 30**. Map — **0.3 Mi** *16.1 Mi Total*
6. Turn **left** onto **W Queenwood Rd**. Map — **0.5 Mi** *16.6 Mi Total*
7. **190 E QUEENWOOD RD** is on the **right**. Map

190 E Queenwood Rd, Morton, IL 61550-2926

Total Travel Estimate: **16.62 miles - about 21 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
610 W Cruger Ave
Eureka, IL 61530
18.86 miles / 22 minutes

Notes
Apostolic Christian - Eureka

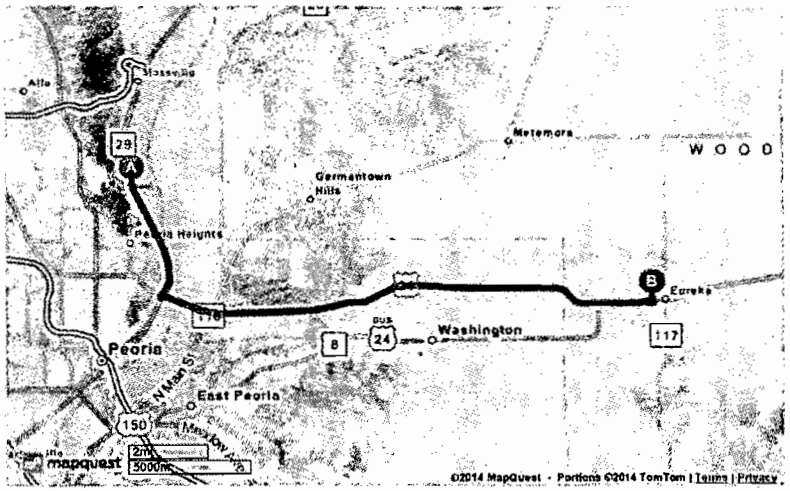
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1.	Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map	**3.5 Mi** *3.5 Mi Total*
2.	Merge onto **US-150 E / E War Memorial Dr** toward **US-24 E / Washington**. Map	**1.5 Mi** *5.1 Mi Total*
3.	Stay **straight** to go onto **US Highway 24 / US-24 E**. Continue to follow **US-24 E**. Map	**13.6 Mi** *18.6 Mi Total*
4.	Turn **right** onto **S Walnut St**. Map	**0.07 Mi** *18.7 Mi Total*
5.	Turn **left** onto **W Cruger Ave**. Map	**0.1 Mi** *18.9 Mi Total*
6.	**610 W CRUGER AVE**. Map	

610 W Cruger Ave, Eureka, IL 61530

Total Travel Estimate: **18.86 miles - about 22 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
1200 E Partridge St
Metamora, IL 61548-9669
17.33 miles / 22 minutes

Notes
Snyder Village

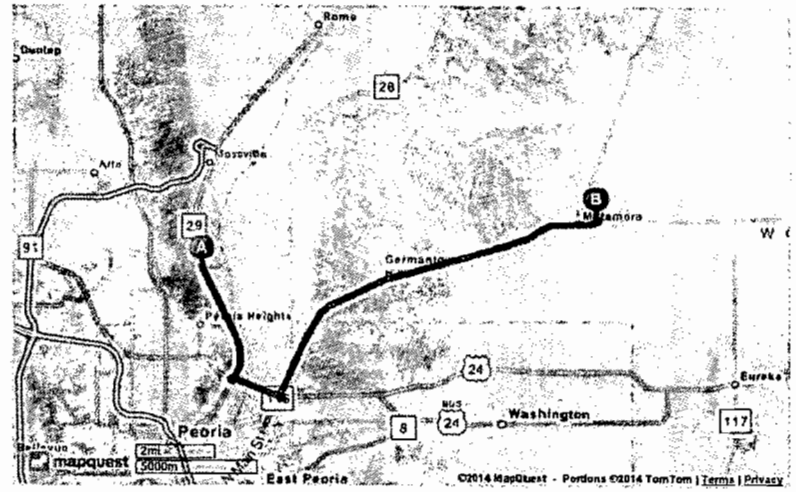
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map	**3.5 Mi** *3.5 Mi Total*
2. Merge onto **US-150 E / E War Memorial Dr** toward **US-24 E / Washington**. Map	**1.5 Mi** *5.1 Mi Total*
3. Stay **straight** to go onto **US Highway 24 / US-24 E**. Continue to follow **US-24 E**. Map	**0.3 Mi** *5.3 Mi Total*
4. Merge onto **IL-116 E** toward **Metamora**. Map	**11.9 Mi** *17.3 Mi Total*
5. Turn **left** onto **E Partridge St**. Map	**0.02 Mi** *17.3 Mi Total*
6. Turn **left** to stay on **E Partridge St**. Map	**0.04 Mi** *17.3 Mi Total*
7. **1200 E PARTRIDGE ST** is on the **left**. Map	

1200 E Partridge St, Metamora, IL 61548-9669

Total Travel Estimate: **17.33 miles - about 22 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
1500 Parkside Dr
Morton, IL 61550
17.44 miles / 23 minutes

Notes
Apostolic Christian Restmor

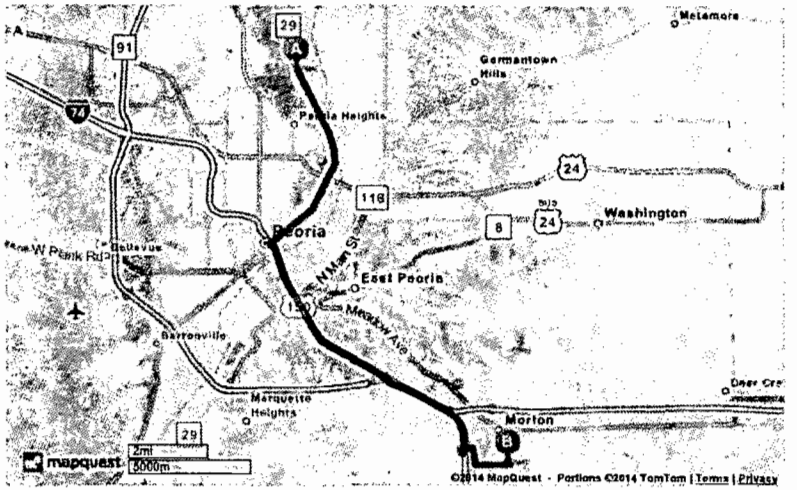
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map	**6.2 Mi** *6.2 Mi Total*
2. Turn **left** onto **Fayette St / IL-29**. Map	**0.01 Mi** *6.2 Mi Total*
3. Merge onto **I-74 E** via the ramp on the **left** toward **Bloomington**. Map	**7.4 Mi** *13.6 Mi Total*
4. Merge onto **I-155 S** via **EXIT 101** toward **Lincoln**. Map	**1.6 Mi** *15.1 Mi Total*
5. Take the **IL-98 / Birchwood St** exit, **EXIT 31**. Map	**0.4 Mi** *15.5 Mi Total*
6. Merge onto **W Birchwood St / IL-98** toward **Morton**. Map	**0.4 Mi** *15.9 Mi Total*
7. Turn **right** onto **Detroit Ave**. Map	**0.5 Mi** *16.4 Mi Total*
8. **Detroit Ave** becomes **E Idlewood St**. Map	**1.0 Mi** *17.4 Mi Total*
9. Turn **left** onto **Parkside Ave**. Map	**0.02 Mi** *17.4 Mi Total*
10. **1500 PARKSIDE DR**. Map	

1500 Parkside Dr, Morton, IL 61550

Total Travel Estimate: **17.44 miles - about 23 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
700 N Main St
Eureka, IL 61530-1073
19.61 miles / 23 minutes

Notes
Maple Lawn Health Center

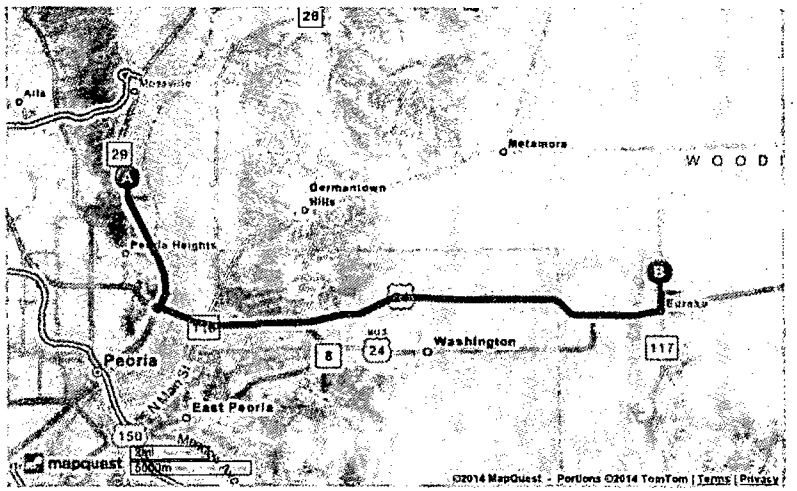
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map — **3.5 Mi** *3.5 Mi Total*
2. Merge onto **US-150 E / E War Memorial Dr** toward **US-24 E / Washington**. Map — **1.5 Mi** *5.1 Mi Total*
3. Stay **straight** to go onto **US Highway 24 / US-24 E**. Continue to follow **US-24 E**. Map — **14.1 Mi** *19.1 Mi Total*
4. Turn **left** onto **N Main St / IL-117 / County Hwy-1400**. Map — **0.5 Mi** *19.6 Mi Total*
5. **700 N MAIN ST**. Map

700 N Main St, Eureka, IL 61530-1073

Total Travel Estimate: **19.61 miles - about 23 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
2220 State St
Pekin, IL 61554-3937
17.53 miles / 27 minutes

Notes
Timbercreek Rehab & Health Care

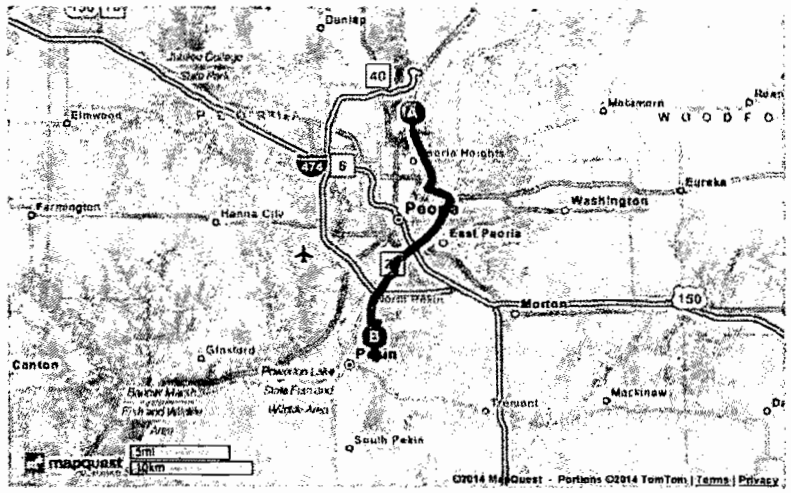
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

	1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map	**3.5 Mi** *3.5 Mi Total*
BART 150	2. Merge onto **US-150 E / E War Memorial Dr** toward **US-24 E / Washington**. Map	**1.6 Mi** *5.1 Mi Total*
RAMP	3. Take the **US-150 E / IL-116 W** ramp toward **East Peoria**. Map	**0.3 Mi** *5.4 Mi Total*
	4. Turn **right** onto **N Main St / US-150 E / IL-116**. Continue to follow **N Main St**. Map	**7.4 Mi** *12.7 Mi Total*
29	5. **N Main St** becomes **IL-29 / Radio City Dr**. Map	**0.6 Mi** *13.3 Mi Total*
	6. Turn **left** onto **Main St**. Map	**1.5 Mi** *14.8 Mi Total*
98	7. Turn **left** onto **Edgewater Dr / IL-98**. Map	**0.4 Mi** *15.2 Mi Total*
	8. Turn **right** onto **N Parkway Dr**. Map	**2.3 Mi** *17.5 Mi Total*
	9. Turn **left** onto **State St**. Map	**0.01 Mi** *17.5 Mi Total*
	10. **2220 STATE ST** is on the **right**. Map	

2220 State St, Pekin, IL 61554-3937

Total Travel Estimate: **17.53 miles - about 27 minutes**



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ATTACHMENT-10D

mapquest

Trip to:
2501 Allentown Rd
Pekin, IL 61554-9401
19.82 miles / 29 minutes

Notes
Hallmark House Nursing Center

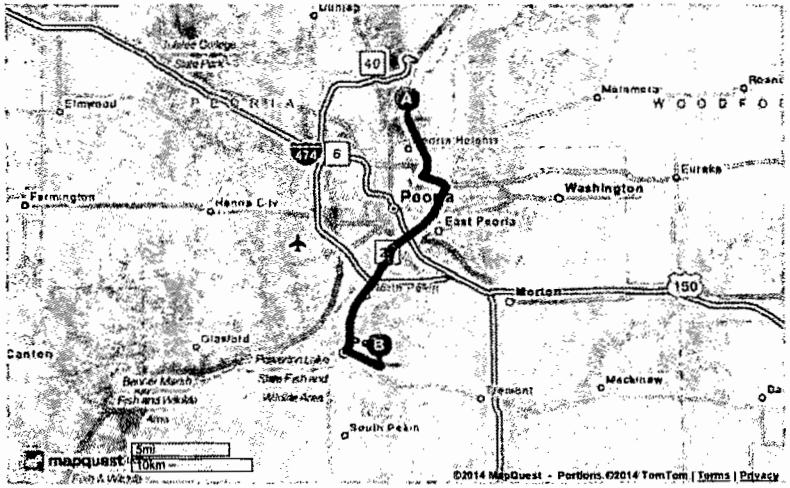
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map	**3.5 Mi** *3.5 Mi Total*
2. Merge onto **US-150 E / E War Memorial Dr** toward **US-24 E / Washington**. Map	**1.5 Mi** *5.1 Mi Total*
3. Take the **US-150 E / IL-116 W** ramp toward **East Peoria**. Map	**0.3 Mi** *5.4 Mi Total*
4. Turn **right** onto **N Main St / US-150 E / IL-116**. Continue to follow **N Main St**. Map	**7.4 Mi** *12.7 Mi Total*
5. **N Main St** becomes **IL-29**. Map	**4.8 Mi** *17.5 Mi Total*
6. Turn **left** onto **Margaret St / IL-9**. Continue to follow **IL-9**. Map	**2.1 Mi** *19.6 Mi Total*
7. Turn **left** onto **Allentown Rd**. Map	**0.2 Mi** *19.8 Mi Total*
8. **2501 ALLENTOWN RD** is on the **left**. Map	

2501 Allentown Rd, Pekin, IL 61554-9401

Total Travel Estimate: **19.82 miles - about 29 minutes**



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ATTACHMENT-10D

mapquest

Trip to:

1102 W Randolph St
Roanoke, IL 61561-7528
24.56 miles / 30 minutes

Notes
Apostolic - Roanoke

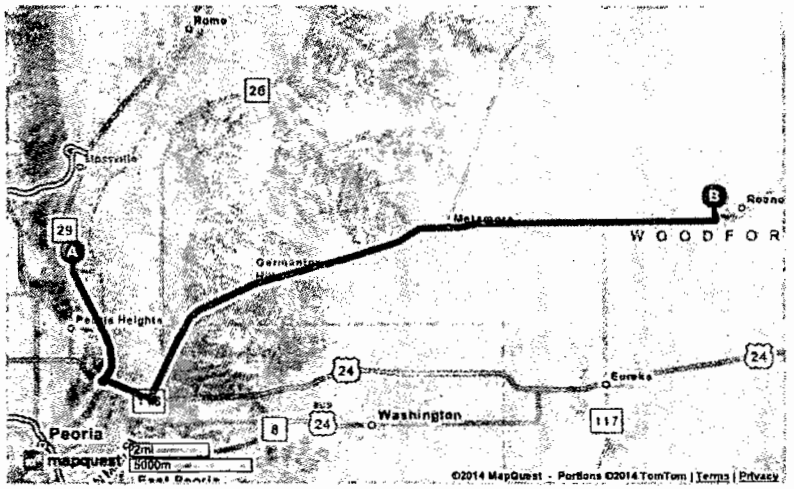
6901 N Galena Rd, Peoria, IL 61614-3111

Download Free App

1. Start out going **southeast** on **N Galena Rd / IL-29** toward **N San Koty Dr**. Continue to follow **IL-29**. Map	**3.5 Mi** *3.5 Mi Total*
2. Merge onto **US-150 E / E War Memorial Dr** toward **US-24 E / Washington**. Map	**1.5 Mi** *5.1 Mi Total*
3. Stay **straight** to go onto **US Highway 24 / US-24 E**. Continue to follow **US-24 E**. Map	**0.3 Mi** *5.3 Mi Total*
4. Merge onto **IL-116 E** toward **Metamora**. Map	**19.1 Mi** *24.5 Mi Total*
5. Turn **left** onto **5th St**. Map	**0.09 Mi** *24.6 Mi Total*
6. Turn **right** onto **W Randolph St**. Map	**0.01 Mi** *24.6 Mi Total*
7. **1102 W RANDOLPH ST** is on the **left**. Map	

1102 W Randolph St, Roanoke, IL 61561-7528

Total Travel Estimate: **24.56 miles - about 30 minutes**



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ATTACHMENT-10D

The Lutheran Home
30-Minute Zip Code Analysis

30-MIN ZIP CODES	2012	2013
61517	2	
61523	5	6
61525	3	3
61526		1
61528		1
61529	1	
61530		
61535		
61536	1	
61545		
61547	2	2
61548		2
61550	5	
61552		
61554	4	4
61568		
61569		
61571	1	2
61602		1
61603	4	5
61604	20	8
61605	2	
61606		
61607	7	3
61610	2	
61611		2
61614	119	94
61615	13	14
61616	4	1
61625		
61635		
61733		
61742		
61747		
61755		
30-MIN ZIP CODES	195	149

	2012	2013
% of Admits w/in 30 min	95.6%	93.1%
61604, 61614, 61615	74.5%	72.5%
61614, 61615, 61616	66.7%	68.1%

	Total # of Admits	Admits w/in 30-min	Total % w/in 30-Min
CY 2012	204	195	95.6%
CY 2013	160	149	93.1%

ATTACHMENT-10E

The Lutheran Home
30-Minute Zip Code Analysis

Resident Initials	Pt Origin Zip Code	# Admits per Zip	Admits w/in 30-min
2012			
BM	61375	1	
PS	61443	1	
AT	61517		
WL	61517	2	2
PW	61523		
DT	61523		
LR	61523		
DB	61523		
DB	61523	5	5
DN	61525		
HR	61525		
DN	61525	3	3
DC	61529	1	1
RN	61533	1	
LD	61536	1	1
NP	61547		
NP	61547	2	2
RH	61550		
DH	61550		
LP	61550		
JS	61550		
WH	61550	5	5
WP	61554		
DS	61554		
MS	61554		
MD	61554	4	4
ME	61561	1	
ES	61571	1	1
JG	61603		
LB	61603		
TT	61603		
JG	61603	4	4
GK	61604		
GM	61604		
GA	61604		
WS	61604		
MC	61604		
RH	61604		
JW	61604		
DN	61604		
WM	61604		
JL	61604		
MH	61604		
RB	61604		
GA	61604		
SR	61604		
WG	61604		
HS	61604		
MM	61604		
JD	61604		
JN	61604		
RE	61604	20	20
MM	61605		
CE	61605	2	2
AH	61607		
KJ	61607		
EP	61607		
DG	61607		
SD	61607		
MW	61607		
MW	61607	7	7
FB	61610		
DH	61610	2	2
MT	61614		
DM	61614		
TV	61614		
CR	61614		
RB	61614		
GW	61614		
NL	61614		
EJ	61614		
MH	61614		
JC	61614		
DW	61614		
AT	61614		
CH	61614		
SC	61614		
SS	61614		
HB	61614		
LB	61614		
LA	61614		
RY	61614		
WR	61614		
BD	61614		
PD	61614		
WD	61614		
JD	61614		
AM	61614		
NL	61614		
JK	61614		
WD	61614		
AT	61614		
AT	61614		
AH	61614		
JS	61614		
JC	61614		
LF	61614		
RM	61614		
CN	61614		
CH	61614		

Resident Initials	Pt Origin Zip Code	# Admits per Zip	Admits w/in 30-min
2013			
LM	34655		
JM	34655	2	
MP	61375	1	
AS	61491		
AS	61491	2	
JB	61523		
FL	61523		
AM	61523		
DD	61523		
WB	61523		
FH	61523	6	6
KL	61525		
HL	61525		
CS	61525	3	3
JC	61526	1	1
KC	61528	1	1
WS	61533	1	
NP	61547		
NP	61547	2	2
HS	61548		
WZ	61548	2	2
GM	61554		
MT	61554		
JD	61554		
JD	61554	4	4
LB	61571		
ES	61571	2	2
DB	61602	1	1
DN	61603		
ML	61603		
BR	61603		
MF	61603		
MS	61603	5	5
KB	61604		
LM	61604		
EN	61604		
MC	61604		
JC	61604		
VB	61604		
DM	61604		
MK	61604	8	8
PO	61607		
NS	61607		
PD	61607	3	3
HJ	61611		
GH	61611	2	2
LS	61614		
WR	61614		
DB	61614		
HL	61614		
DD	61614		
HS	61614		
MS	61614		
WC	61614		
MM	61614		
SL	61614		
BF	61614		
RW	61614		
JC	61614		
MP	61614		
JC	61614		
SL	61614		
PP	61614		
ME	61614		
MR	61614		
MD	61614		
LR	61614		
MS	61614		
HH	61614		
DD	61614		
JC	61614		
DD	61614		
PL	61614		
MS	61614		
PK	61614		
CS	61614		
ED	61614		
SL	61614		
LG	61614		
RK	61614		
OM	61614		
JC	61614		
JC	61614		
MS	61614		
JF	61614		
MM	61614		
LF	61614		
RL	61614		
RI	61614		
AC	61614		
EA	61614		
IS	61614		
LM	61614		
LC	61614		
SL	61614		
LS	61614		
WW	61614		
GW	61614		
LG	61614		
DW	61614		

ATTACHMENT-10E

The Lutheran Home
30-Minute Zip Code Analysis

RC	61614		
RD	61614		
JS	61614		
CC	61614		
VS	61614		
PW	61614		
MS	61614		
FJ	61614		
EJ	61614		
RU	61614		
RJ	61614		
RT	61614		
CR	61614		
RM	61614		
RC	61614		
IB	61614		
JM	61614		
HL	61614		
HW	61614		
SS	61614		
RR	61614		
TF	61614		
HH	61614		
HK	61614		
MN	61614		
MF	61614		
JI	61614		
EG	61614		
LS	61614		
SW	61614		
MH	61614		
GW	61614		
DB	61614		
OM	61614		
CH	61614		
HM	61614		
SS	61614		
MT	61614		
CH	61614		
RB	61614		
IN	61614		
GI	61614		
BS	61614		
JL	61614		
OE	61614		
JL	61614		
IH	61614		
KH	61614		
DU	61614		
JI	61614		
JU	61614		
DJ	61614		
NT	61614		
AR	61614		
CH	61614		
GC	61614		
VL	61614		
BG	61614		
VT	61614		
LK	61614		
VW	61614		
RR	61614		
JS	61614		
EF	61614		
PK	61614		
HH	61614		
HL	61614		
HT	61614		
JL	61614		
LB	61614		
GW	61614		
MF	61614		
GW	61614		
WR	61614		
EM	61614		
JK	61614		
RS	61614		
HT	61614		
NL	61614		
EW	61614		
DM	61614		
ES	61614	119	119
SN	61615		
EW	61615		
EW	61615		
MB	61615		
CK	61615		
MH	61615		
GM	61615		
DS	61615		
EM	61615		
CA	61615		
JD	61615		
MB	61615		
MB	61615	13	13
JC	61616		
SL	61616		
DL	61616		
AL	61616	4	4
LB	61761	1	
HR	63301	1	
AR	72058		
AR	72058	2	
PS	91117	1	
2012 TOTAL	204	204	195

BD	61614		
DA	61614		
DW	61614		
CM	61614		
LS	61614		
CL	61614		
MR	61614		
MS	61614		
JS	61614		
RS	61614		
MH	61614		
MN	61614		
MD	61614		
HJ	61614		
RS	61614		
WC	61614		
CR	61614		
DG	61614		
RC	61614		
KH	61614		
MH	61614		
CX	61614		
ES	61614		
VL	61614		
CM	61614		
DL	61614		
MB	61614		
KA	61614		
DL	61614		
LN	61614		
CG	61614		
UD	61614		
FS	61614		
CO	61614		
LM	61614		
EB	61614		
EB	61614		
CA	61614		
JB	61614		
JW	61614	94	94
NL	61615		
PG	61615		
NE	61615		
DS	61615		
JM	61615		
EV	61615		
JF	61615		
DJ	61615		
NE	61615		
EH	61615		
ZL	61615		
LM	61615		
MA	61615		
WW	61615	14	14
MS	61616	1	1
LW	61761	1	
CS	61853	1	
CT	64011	1	
PS	91117		
PS	91117	2	
2013 TOTAL		160	149

ATTACHMENT-10E

		FOR BHF USE					

LL1

2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2013)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0019109

Facility Name: The Lutheran Home

Address: 6901 North Galena Rd (Number) — Peoria (City) — 61614 (Zip Code)

County: Peoria

Telephone Number: 314-968-9313 **Fax #** 314-968-5590

HFS ID Number:

Date of Initial License for Current Owners: 2/25/2007

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code	501(c)3		Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Paul Ogier Telephone Number: 314-968-9313
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2013 to 12/31/2013 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)	(Date)
	(Type or Print Name)	Paul Ogier
	(Title)	CFO
Paid Preparer	(Signed)	(Date)
	(Print Name and Title)	Steve Howell, Director
	(Firm Name & Address)	CliftonLarsonAllen LLP, 600 Washington Avenue, Suite 1800, St. Louis, MO 63101
	(Telephone)	314-925-4497 Fax 314-925-4350

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

ATTACHMENT-10F

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 1/1/2013 Ending: 12/31/2013

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	85	Skilled (SNF)	85	31,025	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	85	TOTALS	85	31,025	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	3,385	19,323	5,435	28,143	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	3,385	19,323	5,435	28,143	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.71%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 06/1/1976

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 85 and days of care provided 4,068

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [ ] NO [ ]

Tax Year: 12/31/2013 Fiscal Year: 12/31/2013

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number The Lutheran Home # 0019109 Report Period Beginning: 1/1/2013 Ending: 12/31/2013

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 32,000 B. General Construction Type: Exterior Mansonary Frame Wood Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Lutheran Hillside Village Operates - 41 Assisted Living Units; 49 Patio Homes; 126 Independent Living Units; and 20 Assisted Memory Care Units

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 807,882 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4,104 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility	35,725	1976	$ 149,068	1
2	Facility	28,611	1985	180,000	2
3	TOTALS	64,336	[redacted]	$ 329,068	3

OSF

SAINT FRANCIS MEDICAL CENTER

August 22, 2014

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Certificate of Need Application for Lutheran Hillside Village

To Whom It May Concern:

As a hospital provider, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed, as Lutheran Hillside Village was unable to accommodate 70% of its referrals to the care center in 2013, and 75% of referrals in 2012 due to not having bed availability. In addition, the need for private skilled nursing beds continues to increase.

Additionally, I feel that the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state of the art facilities that anticipate the growing demands of our aging population.

I hope that you will approve Lutheran Hillside Village's certificate of need application.

Sincerely,

Keith Steffen
President and CEO

ATTACHMENT-10G

530 N.E. Glen Oak Avenue, Peoria, Illinois 61637 Phone (309) 655-2000 www.osfsaintfrancis.org
The Sisters of the Third Order of St. Francis

UnityPoint Health
Methodist | Proctor

221 Northeast Glen Oak Avenue
Peoria, Illinois 61636-0002
(309) 672-5522

May 28, 2014

Ms. Lorraine Neitzer
Executive Director
Lutheran Hillside Village
6901 Galena Road.
Peoria, IL 61614

RE: Letter of Support
Certificate of Need Application

Dear Ms. Neitzer:

Thank you for informing us of your plans to expand the number of skilled care beds at Lutheran Home. It is an exciting project and one which UnityPoint Health – Methodist | Proctor supports.

In 2013, Methodist | Proctor referred 2,572 patients to long-term care facilities. Of this amount, over 150 patients were referred to Lutheran Home. It has been our experience, however, that the facility is often full and is unable to accept many of the patients we refer. Over the past two years, the home could not accept 45% of the patients we referred due to capacity constraints.

UnityPoint Health – Methodist | Proctor requires access to quality long-term care providers who can effectively and efficiently care for the patients we send to them (i.e. lower length of stay, quality outcomes, lower readmission rates, lower cost per discharge). Lutheran Home is one such provider. The availability of beds at facilities that are ineffective at caring for the patient population served by them does little to ensure appropriate access.

UnityPoint Health – Methodist | Proctor fully supports your project and wishes you the best of luck with your CON application.

Sincerely,

Debbie Simon

Debbie Simon
President & CEO

LORI BLACKBURN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
January 24, 2017

Lori Blackburn

ATTACHMENT-10G

OSF NURSING HOME PRACTICE
SHARON LEE, MD
5114 Glen Park Place
Peoria, Il 61614
(309)683-8108 Fax (309)683-8111

6/10/14

To: ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Certificate of Need Application for Lutheran Hillside Village

Dear Mrs. Lorraine Neitzer

As a physician who attends to patients at Lutheran Hillside Village, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed, as Lutheran Hillside Village was unable in 2013 to accommodate 56% of its referrals to the care center, due to no bed availability. In addition, the need for private skilled nursing beds continues to increase.

Additionally, I feel that the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state-of-the-art facilities that anticipate the growing demands of our aging population.

I hope that Lutheran Hillside Village application for a Certificate of Need will be approved.

S.T. Lee
MD

ATTACHMENT-10G

UnityPoint Health

June 4, 2014

To: ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

From: Ishani Ali, M.D.
UnityPoint Clinic-Senior Health at Methodist Atrium
Methodist Atrium
900 Main St. Suite 100
Peoria, IL 61602

Re: Certificate of Need Application for Lutheran Hillside Village

To Whom it May Concern:

As a physician who sees patients at Lutheran Hillside Village, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed, as Lutheran Hillside Village was unable in 2013 to accommodate 56% of its referrals to the care center, due to no bed availability. In addition, the need for private skilled nursing beds continues to increase.

Additionally, I feel that the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state-of-the-art facilities that anticipate the growing demands of our aging population.

I hope that you will approve Lutheran Hillside Village's Certificate of Need application.

Sincerely,

Ishani Ali, M.D.

ATTACHMENT-10G

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6005815
Health Service Area 002 Planning Service Area 143

Administrator
Deborah Simaytis

Contact Person and Telephone
Deborah Simaytis
309-689-1264

Date Completed
4/3/2014

Registered Agent Information
Lorraine Neitzer
6901 N Galena Rd
Peoria, IL 61614

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	156
Total Discharges 2013	153
Residents on 12/31/2013	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	85	83	80	83	78	7	85	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	85	83	80	83	78	7	85	22

FACILITY UTILIZATION - 2013

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	4068	13.1%	3324	41.4%	1257	0	19494	0	28143	90.7%	92.9%
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	4068	13.1%	3324	41.4%	1257	0	19494	0	28143	90.7%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

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	4	0	0	0	0	0	0	0	4	4
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	18	32	0	0	0	0	0	0	18	32	50
TOTALS	27	51	0	0	0	0	0	0	27	51	78

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Classification Numbers
License Number 6005815
Health Service Area 002
Planning Service Area 143 Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	8	4	0	46	0	78
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	8	4	0	46	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	329	227
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	77	0	0	0	77
Race Unknown	1	0	0	0	1
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	1	0	0	0	1
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	18.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	13.00
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
24.6%	3.1%	0.0%	7.0%	65.3%	100.0%		
1,731,046	218,118	0	490,991	4,594,687	7,034,842	0	0.0%

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

ATTACHMENT - 10H

36

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6005615
Health Service Area 002 Planning Service Area 143

Administrator
Deborah Simaytis

Contact Person and Telephone
Deborah Simaytis
309-683-1264

Registered Agent Information
Lorraine Neitzer
6901 N Galena Rd
Peoria, IL 61614

Date Completed 4/9/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	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	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	1
Digestive System	6
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	77
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	85	83	80	83	77	8	85	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	85	83	80	83	77	8	85	22

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	89
Total Admissions 2011	252
Total Discharges 2011	244
Residents on 12/31/2011	77
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	4074	13.1%	2826	35.2%	624	0	19251	0	26775	86.3%	88.4%
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	4074	13.1%	2826	35.2%	624	0	19251	0	26775	86.3%	88.4%

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	9	14	0	0	0	0	0	0	9	14	23
85+	17	34	0	0	0	0	0	0	17	34	51
TOTALS	27	50	0	0	0	0	0	0	27	50	77

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID Health Service Area 002 Planning Service Area 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	8	0	0	63	0	77
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	8	0	0	63	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	329	227
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	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	19.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	97.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.5%	3.4%	0.0%	3.2%	65.9%	100.0%		0.0%
1,916,372	234,014	0	223,321	4,597,445	6,971,152	72	

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

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.

In evaluating the alternatives for the project the Applicants' reflected that the alternatives are, in-fact, limited. **The Lutheran Home** needed to be repositioned and renovated or the campus could face dire consequences. Lutheran Hillside Village, in addition to **The Lutheran Home's** 85 nursing beds has 59 assisted living units, 126 independent living apartments and 48 independent living patio homes or villas, of these 318 units, 281 are full, an 88.4% utilization (please refer to the Applicant's occupancy stats weekly through August 9, 2014 appended as **ATTACHMENT-11A**). Upon project completion there will be a total of 356 units: **The Lutheran Home** will have an increase of 34 beds and the assisted living will pick up four additional units. The nursing unit was the original component of the campus and has allowed the Applicant to provide the additional levels of care and services. As the campus has developed there has been a shift as the focus is on elderly retirement living and the nursing is an ancillary yet vital part of that continuum of care. It is a major draw for those seeking to live within the campus regardless of level of care because it is brings security for the residents to know

they will not have to leave the campus for services should their medical needs outweigh their programmatic needs. Therefore, the alternatives considered were: The Renovation of the Existing Nursing Unit; the Total On-Site Replacement and Expansion of the Nursing Unit; and The Project as Being Proposed.

As the Applicant has documented through hospital and physician referral letters its total referrals (refer to **ATTACHMENT-11B**), the alternatives of pursuing a joint venture with one or more providers or entities and the alternative of utilizing other health care resources that are available are part and parcel to the alternative of the proposed project. Specifically, even with the expansion of 34 nursing care beds, there are hundreds of referrals turned away (467 in CY2012 and 351in CY2013). What really initiated the push for this project was the 16 existing campus residents in CY2012 and CY2013 (refer to **ATTACHMENT-11C**) who had to seek nursing services outside of the campus as no availability existed for either high occupancy issues or issues related to utilization of shared rooms, i.e., gender, isolation/infection, or behavioral/compatibility of existing nursing residents in the nursing unit. Thus, the other facilities are being utilized to fill the need for beds and services and priority admissions to the nursing unit, **The Lutheran Home**, will be given to existing campus residents.

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- The Renovation of the Existing Nursing Unit

Cost

Modernization contracts for the project are estimated at $3,868,668, although this is not

ATTACHMENT-11

all-inclusive of total project costs, there is a more important cost that is implied. That implied cost would be the loss of at least 10 licensed beds. The cost in revenue is not part of the construction cost to renovate, nor is the impact of a further restrictive availability for admission. The 467 and 351 total referrals turned away respectively for CY's 2012 and 2013, as referenced in **ATTACHMENT-11B**, could climb even greater.

Patient Access

To solely renovate the existing nursing beds within **The Lutheran Homes** existing footprint would include the loss of 10 licensed beds, as is presented in the project being proposed. With the most current census as of August 9, 2014, **The Lutheran Home** had 77 residents a 90.6 percent occupancy (refer to **ATTACHMENT-11A**). To lose 10 beds would at a minimum displace two existing residents and at a maximum an entire wing at a time (between 20-22 residents) as each wing would be renovated. Thus, patient access would severely be reduced.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care but this alternative restricts the accessibility of existing residents, campus residents who are relying of the availability of nursing care on the Lutheran Hillside Village campus and to the hundreds on referrals who have been turned away over the past two years. This alternative will improve the amenities for most of the existing nursing residents but only at the expense of campus and community patient accessibility.

ATTACHMENT-11

Financial Benefits

There are no financial benefits to this alternative. The Applicant would be investing into an existing facility with a reduced potential income that affects the viability of the entire campus.

ALTERNATIVE #2- the Total On-Site Replacement and Expansion of the Nursing Unit

Cost

The assumptions for this alternative are that there is property on the campus where the entire nursing facility could be replaced; that due to over 60% of the referrals are turned away during Calendar Years (2012 and 2013), the 85 existing beds could be doubled and not fully use the total number of referrals, i.e., establish a 170-bed nursing facility. With an average gross square footage per bed of 615 as being proposed upon project completion, 170 beds would need 104,550 GSF at the RS Means third quartile rate of approximately $209/gsf. This would equate a construction cost of $21,850,950 whereas the entire proposed project cost is only $12,174,817, nearly a $10 million difference.

Patient Access

This alternative would greatly improve patient access. In doubling the licensed capacity the facility could double the number of referrals it is able to admit. This alternative would still not fully address total referrals to **The Lutheran Home** as the referrals turned away are 60 percent or more than double that are admitted.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care as is currently provided.

ATTACHMENT-11

Financial Benefits

In providing double the licensed beds the Applicant is theoretically doubling its income. However, the construction costs alone would be nearly double the proposed project's total project costs. Such a project could require the project to be funded with borrowed funds which ultimately increases the cost of the project as well. Thus, it would appear that the financial benefits in the short term could be limited.

ALTERNATIVE #3-The Project as Being Proposed

Cost

In comparing construction costs, the proposed project has a construction, modernization and contingencies cost of $9,871,571 with a total project cost of $12,174,817. This cost is between the costs of the first two alternatives considered.

Patient Access

Patient access is addressed by this alternative, albeit not to the extent of the documented need for beds, i.e., the total referrals sent to **The Lutheran Home**. As a result, this alternative strikes a balance in utilizing existing health care resources and improving accessibility to those seeking care and services from the Applicant while giving preference to existing campus residents.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care. The proposed alternative is able to improve existing amenities and improve overall accessibility in a responsible manner.

ATTACHMENT-11

Financial Benefits

The project as proposed allows for funding the project in cash. As a result of the lower overall project cost, the project should be able to recoup said costs more quickly and without jeopardizing the viability of the entire campus in this every evolving long-term care climate.

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

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

ATTACHMENT-11

LUTHERAN SENIOR SERVICES

Occupancy Statistics - Actual

Lutheran Hillside Village

		Total Community			IL - Apartments			IL - Patio Homes			Assisted Living			AL Memory Care			Total Care Center		
		Avail Units	Occ Units	Occ %	Avail Units	Occ Units	Occ %	Avail Units	Occ Units	Occ %	Avail Units	Occ Units	Occ %	Avail Units	Occ Units	Occ %	Avail Units	Occ Units	Occ %
1/04/2014	Week 1	315	279	88.57%	126	108	85.71%	48	47	97.92%	39	33	84.62%	20	16	80.00%	82	75	91.46%
1/11/2014	Week 2	315	277	87.94%	126	106	84.13%	48	47	97.92%	39	33	84.62%	20	16	80.00%	82	75	91.46%
1/18/2014	Week 3	315	275	87.30%	126	106	84.13%	48	47	97.92%	39	36	92.31%	20	15	75.00%	82	71	86.59%
1/25/2014	Week 4	315	279	88.57%	126	106	84.13%	48	47	97.92%	39	37	94.87%	20	16	80.00%	82	73	89.02%
2/01/2014	Week 5	315	271	86.03%	126	105	83.33%	48	45	93.75%	39	35	89.74%	20	16	80.00%	82	70	85.37%
2/08/2014	Week 6	315	269	85.40%	126	104	82.54%	48	45	93.75%	39	34	87.18%	20	17	85.00%	82	69	84.15%
2/15/2014	Week 7	315	271	86.03%	126	104	82.54%	48	44	91.67%	39	34	87.18%	20	18	90.00%	82	71	86.59%
2/22/2014	Week 8	315	270	85.71%	126	104	82.54%	48	44	91.67%	39	34	87.18%	20	18	90.00%	82	70	85.37%
3/01/2014	Week 9	315	273	86.67%	126	105	83.33%	48	44	91.67%	39	34	87.18%	20	19	95.00%	82	71	86.59%
3/08/2014	Week 10	315	275	87.30%	126	105	83.33%	48	43	89.58%	39	33	84.62%	20	19	95.00%	82	75	91.46%
3/15/2014	Week 11	315	274	86.98%	126	105	83.33%	48	43	89.58%	39	34	87.18%	20	19	95.00%	82	73	89.02%
3/22/2014	Week 12	315	272	86.35%	126	104	82.54%	48	43	89.58%	39	33	84.62%	20	18	90.00%	82	74	90.24%
3/29/2014	Week 13	315	275	87.30%	126	105	83.33%	48	43	89.58%	39	33	84.62%	20	19	95.00%	82	75	91.46%
4/05/2014	Week 14	316	273	86.39%	126	105	83.33%	48	42	87.50%	39	32	82.05%	20	18	90.00%	83	76	91.57%
4/12/2014	Week 15	316	272	86.08%	126	105	83.33%	48	42	87.50%	39	33	84.62%	20	18	90.00%	83	74	89.16%
4/19/2014	Week 16	316	275	87.03%	126	106	84.13%	48	42	87.50%	39	32	82.05%	20	19	95.00%	83	76	91.57%
4/26/2014	Week 17	316	279	88.29%	126	108	85.71%	48	43	89.58%	39	33	84.62%	20	19	95.00%	83	76	91.57%
5/03/2014	Week 18	316	274	86.71%	126	107	84.92%	48	42	87.50%	39	32	82.05%	20	18	90.00%	83	75	90.36%
5/10/2014	Week 19	316	277	87.66%	126	107	84.92%	48	42	87.50%	39	33	84.62%	20	18	90.00%	83	77	92.77%
5/17/2014	Week 20	316	278	87.97%	126	106	84.13%	48	42	87.50%	39	34	87.18%	20	18	90.00%	83	78	93.98%
5/24/2014	Week 21	316	276	87.34%	126	106	84.13%	48	42	87.50%	39	35	89.74%	20	18	90.00%	83	75	90.36%
5/31/2014	Week 22	316	278	87.97%	126	107	84.92%	48	42	87.50%	39	35	89.74%	20	18	90.00%	83	76	91.57%
6/07/2014	Week 23	316	282	89.24%	126	106	84.13%	48	42	87.50%	39	35	89.74%	20	19	95.00%	83	80	96.39%
6/14/2014	Week 24	316	277	87.66%	126	106	84.13%	48	43	89.58%	39	34	87.18%	20	19	95.00%	83	75	90.36%
6/21/2014	Week 25	316	272	86.08%	126	106	84.13%	48	43	89.58%	39	34	87.18%	20	19	95.00%	83	70	84.34%
6/28/2014	Week 26	316	277	87.66%	126	106	84.13%	48	43	89.58%	39	35	89.74%	20	18	90.00%	83	75	90.36%
7/05/2014	Week 27	316	275	87.03%	126	106	84.13%	48	43	89.58%	39	34	87.18%	20	18	90.00%	83	74	89.16%
7/12/2014	Week 28	316	278	87.97%	126	107	84.92%	48	43	89.58%	39	35	89.74%	20	18	90.00%	83	75	90.36%
7/19/2014	Week 29	316	277	87.66%	126	107	84.92%	48	43	89.58%	39	35	89.74%	20	18	90.00%	83	74	89.16%
7/26/2014	Week 30	316	278	87.97%	126	107	84.92%	48	43	89.58%	39	36	92.31%	20	18	90.00%	83	74	89.16%
8/02/2014	Week 31	316	279	88.29%	126	108	85.71%	48	43	89.58%	39	34	87.18%	20	19	95.00%	83	75	90.36%
8/09/2014	Week 32	316	281	88.92%	126	107	84.92%	48	43	89.58%	39	35	89.74%	20	19	95.00%	83	77	92.77%

ATTACHMENT-11A

OSF

SAINT FRANCIS MEDICAL CENTER

August 22, 2014

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Certificate of Need Application for Lutheran Hillside Village

To Whom It May Concern:

As a hospital provider, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed, as Lutheran Hillside Village was unable to accommodate 70% of its referrals to the care center in 2013, and 75% of referrals in 2012 due to not having bed availability. In addition, the need for private skilled nursing beds continues to increase.

Additionally, I feel that the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state of the art facilities that anticipate the growing demands of our aging population.

I hope that you will approve Lutheran Hillside Village's certificate of need application.

Sincerely,

Keith Steffen
President and CEO

ATTACHMENT-11B

530 N.E. Glen Oak Avenue, Peoria, Illinois 61637 Phone (309) 655-2000 www.osfsaintfrancis.org
The Sisters of the Third Order of St. Francis

UnityPoint Health
Methodist | Proctor

221 Northeast Glen Oak Avenue
Peoria, Illinois 61636-0002
(309) 672-5522

May 28, 2014

Ms. Lorraine Neitzer
Executive Director
Lutheran Hillside Village
6901 Galena Road.
Peoria, IL 61614

RE: Letter of Support
Certificate of Need Application

Dear Ms. Neitzer:

Thank you for informing us of your plans to expand the number of skilled care beds at Lutheran Home. It is an exciting project and one which UnityPoint Health – Methodist | Proctor supports.

In 2013, Methodist | Proctor referred 2,572 patients to long-term care facilities. Of this amount, over 150 patients were referred to Lutheran Home. It has been our experience, however, that the facility is often full and is unable to accept many of the patients we refer. Over the past two years, the home could not accept 45% of the patients we referred due to capacity constraints.

UnityPoint Health – Methodist | Proctor requires access to quality long-term care providers who can effectively and efficiently care for the patients we send to them (i.e. lower length of stay, quality outcomes, lower readmission rates, lower cost per discharge). Lutheran Home is one such provider. The availability of beds at facilities that are ineffective at caring for the patient population served by them does little to ensure appropriate access.

UnityPoint Health – Methodist | Proctor fully supports your project and wishes you the best of luck with your CON application.

Sincerely,

Debbie Simon

Debbie Simon
President & CEO

LORI BLACKBURN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
January 24, 2017

Lori Blackburn

ATTACHMENT-11B

OSF NURSING HOME PRACTICE
SHARON LEE, MD
5114 Glen Park Place
Peoria, Il 61614
(309)683-8108 Fax (309)683-8111

6/10/14

To: ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Certificate of Need Application for Lutheran Hillside Village

Dear Mrs. Lorraine Neitzer

As a physician who attends to patients at Lutheran Hillside Village, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed, as Lutheran Hillside Village was unable in 2013 to accommodate 56% of its referrals to the care center, due to no bed availability. In addition, the need for private skilled nursing beds continues to increase.

Additionally, I feel that the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state-of-the-art facilities that anticipate the growing demands of our aging population.

I hope that Lutheran Hillside Village application for a Certificate of Need will be approved.

S.T. Lee
MD

ATTACHMENT-11B

UnityPoint Health

June 4, 2014

To: ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

From: Ishani Ali, M.D.
UnityPoint Clinic-Senior Health at Methodist Atrium
Methodist Atrium
900 Main St. Suite 100
Peoria, IL 61602

Re: Certificate of Need Application for Lutheran Hillside Village

To Whom It May Concern:

As a physician who sees patients at Lutheran Hillside Village, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed, as Lutheran Hillside Village was unable in 2013 to accommodate 56% of its referrals to the care center, due to no bed availability. In addition, the need for private skilled nursing beds continues to increase.

Additionally, I feel that the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state-of-the-art facilities that anticipate the growing demands of our aging population.

I hope that you will approve Lutheran Hillside Village's Certificate of Need application.

Sincerely,

Ishani Ali, M.D.

ATTACHMENT-11B

The Lutheran Home
Wait List Residents sent off-campus

Current waitlist for the care center - 88 as of 6.12.14

On campus residents placed elsewhere due to no capacity

2012	1
2013	15

ATTACHMENT-11C

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

The applicant shall provide:

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

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

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

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

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

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

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

This item is not germane.

ATTACHMENT-12

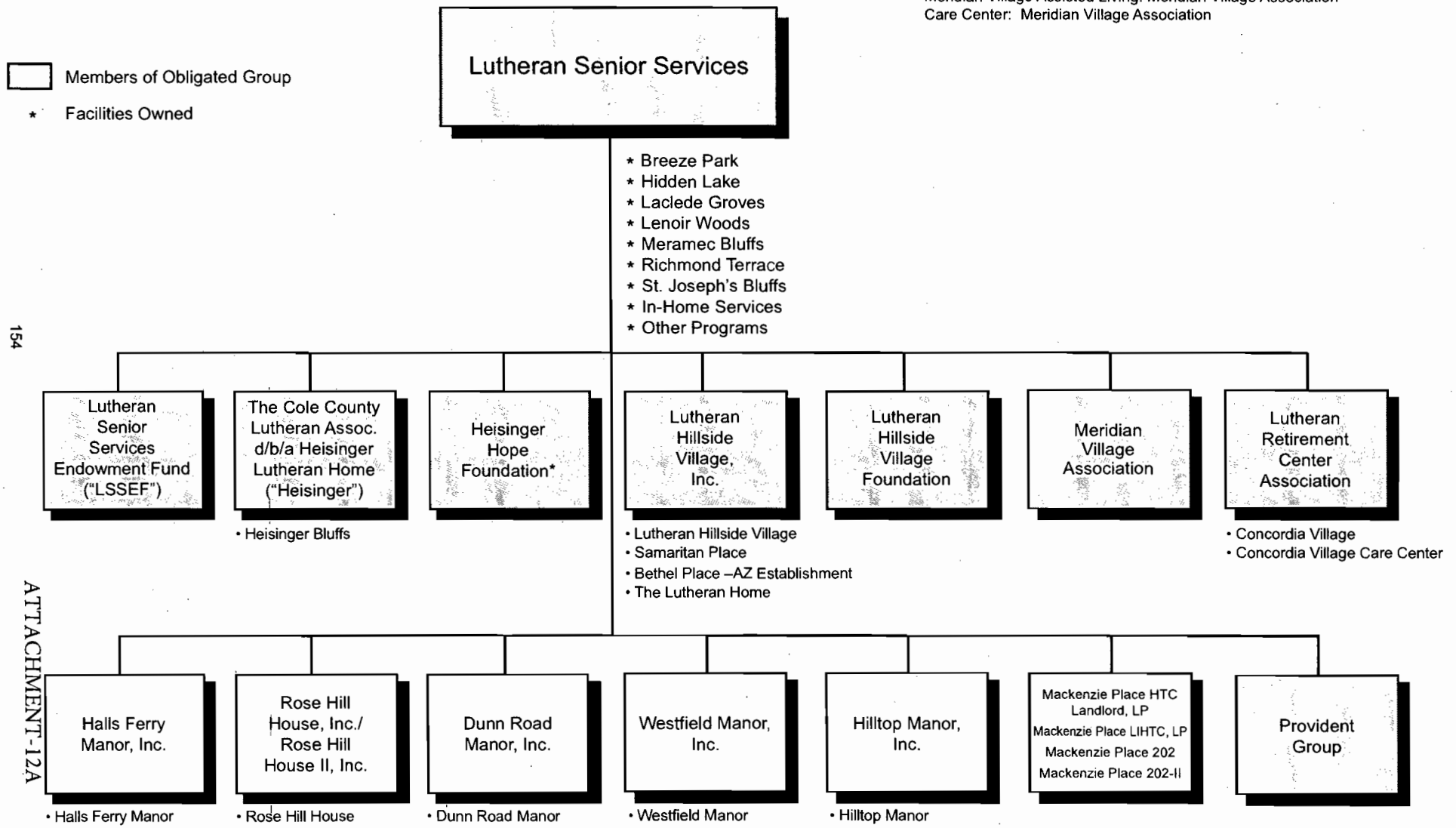
LUTHERAN SENIOR SERVICES

Organizational Chart

Care Center license is listed as "Concordia Village Care Center"
Assisted Living is just listed as "Concordia Village"

Lutheran Hillside Village
Assisted Living reads: Samaritan Place
Memory Care reads: Bethel Place –AZ Establishment
Care Center: The Lutheran Home

Meridian Village Assisted Living: Meridian Village Association
Care Center: Meridian Village Association



Rev. 01/11/13

ATTACHMENT-12A

State of Illinois 2172211
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/19/2015	BGSE	0019109

LONG TERM CARE LICENSE
SKILLED 085

UNRESTRICTED 085 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

LUTHERAN HILLSIDE VILLAGE, INC.

LUTHERAN HOME, THE
6901 NORTH GALENA ROAD
PEORIA IL 61614
EFFECTIVE DATE: 05/20/14

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

ATTACHMENT-12B

State of Illinois 2115270

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	DI NUMBER
12/29/2014	A10-A11	5101123

ASSISTED LIVING LICENSE
ISSUED: 12/29/12
40 REGULAR UNITS
40 TOTAL UNITS

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

SAMARITAN PLACE
6901 N. GALENA ROAD
PEORIA IL 61614

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

ATTACHMENT-12B

State of Illinois 2115267

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	LICENSE NUMBER
12/29/2014	A8-A9	5100208

ASSISTED LIVING LICENSE
ISSUED: 12/29/12
20 ALZHEIMER UNITS
20 TOTAL UNITS

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSE BUSINESS ADDRESS

BETHEL PLACE-AZ ESTABLISHMENT
6901 N. GALENA ROAD
PEORIA IL 61614

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

ATTACHMENT-12B

1087 certs1 043011

State of Illinois 2109840

Department of Public Health

LICENSE PERMIT CERTIFICATION REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
12/18/2014	BGSE	100-5807

LONG TERM CARE LICENSE
SKILLED 070

UNRESTRICTED 070 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE
MERIDIAN VILLAGE ASSOCIATION

MERIDIAN VILLAGE CARE CENTER
27 AUERBACH PLACE
GLEN CARBON IL 62034
EFFECTIVE DATE: 12/19/12

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

ATTACHMENT-12B

State of Illinois 2132231

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
04/25/2015	A9-A10	5101701

ASSISTED LIVING LICENSE
ISSUED: 04/25/13
14 ALZHEIMER UNITS
53 REGULAR UNITS
67 TOTAL UNITS

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

MERIDIAN VILLAGE ASSOCIATION
27 AUERBACH PLACE
GLEN CARBON IL 62034

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2132231
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
04/25/2015	A9-A10	5101701

ASSISTED LIVING LICENSE
14 ALZHEIMER UNITS
53 REGULAR UNITS
67 TOTAL UNITS

05/02/13

MERIDIAN VILLAGE ASSOCIATION
27 AUERBACH PLACE
GLEN CARBON IL 62034

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2155768
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
12/15/2015	3G3E	0051078

LONG TERM CARE LICENSE
SKILLED 064

UNRESTRICTED 064 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

LUTHERAN SENIOR SERVICES

CONCORDIA VILLAGE CARE CENTER
4101 WEST ILES AVENUE
SPRINGFIELD IL 62711
EFFECTIVE DATE: 12/16/13

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

ATTACHMENT 12B

State of Illinois 2173156

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
12/12/2015	A4-A5	5103228

ASSISTED LIVING LICENSE
ISSUED: 04/28/14
20 FLOATING UNITS
48 REGULAR UNITS
68 TOTAL UNITS

BUSINESS ADDRESS

STATUS: UNRESTRICTED
LICENSEE BUSINESS ADDRESS

CONCORDIA VILLAGE
4101 WEST ILES
SPRINGFIELD IL 62711

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

AL

ATTACHMENT-12B

LUTHERAN HILLSIDE VILLAGE
LUTHERAN SENIOR SERVICES

June 1, 2014

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 Lutheran Hillside Village, Inc. or against any health care facility owned or operated by Lutheran Hillside Village, Inc., directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Very truly yours,

Subscribed and sworn to before me
this 15 day of June 2014

Notary Public Joanne Roetemeyer

JOANNE ROETEMEYER
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: Oct. 26, 2014
Commission # 10101623

6901 N. Galena Rd. | Peoria, IL 61614
ph 309.692.4600 | fax 309.589.8589 | LutheranHillsideVillage.org

ATTACHMENT-12C

LUTHERAN SENIOR SERVICES

June 1, 2014

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 Lutheran Senior Services or against any health care facility owned or operated by Lutheran Senior Services, directly or indirectly, within three years preceding the filing of the Certificate of Need Application.

Very truly yours,

Paul Cayer

Subscribed and sworn to before me
this 1st day of June, 2014

Notary Public Joanne Roetemeyer

JOANNE ROETEMEYER
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: Oct. 26, 2014
Commission # 10101623

1150 Hanley Industrial Ct. | St. Louis, MO 63144
ph 314.968.9313 | fax 314.968.5590 | LSSLiving.org

ATTACHMENT-12C

LUTHERAN HILLSIDE VILLAGE
LUTHERAN SENIOR SERVICES

June 1, 2014

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

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois department of Public Health (IDPH) access to any documents necessary to verify the information submitted by Lutheran Hillside Village, Inc., 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).

Very truly yours,

Paul J. Ogier

6901 N. Galena Rd. | Peoria, IL 61614
ph 309.692.4600 | fax 309.589.8589 | LutheranHillsideVillage.org

ATTACHMENT-12D

LUTHERAN SENIOR SERVICES

June 1, 2014

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

Dear Ms. Avery:

I hereby authorize the Health Facilities Planning Board and the Illinois department of Public Health (IDPH) access to any documents necessary to verify the information submitted by Lutheran Senior Services, 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).

Very truly yours,

Paul J. Ogier

1150 Hanley Industrial Ct. | St. Louis, MO 63144
ph 314.968.9313 | fax 314.968.5590 | LSSLiving.org

ATTACHMENT-12D

Criterion 1125.530 - Planning Area Need

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

According to the update to the Inventory of Health Care Facilities and Services and Need Determinations – 2013 Long-Term Care Services dated July 15, 2014, the Board's website (hard copy appended as **ATTACHMENT-13A**) identifies an excess of 95 nursing care beds in Health Service Area-2, Planning Area-Peoria.

However, Lutheran Hillside Village, Inc. had conducted their own evaluation of services needed based on historical utilization and day-to-day input of the community and found that additional beds would be needed. Several factors led to this conclusion to include the overwhelming number of referral turned away and the historical need to place existing campus residents in other area nursing homes as the Applicant's, **The Lutheran Home**, was full. There are 29 facilities within the 30-minute drive time. Nine (9) facilities reported an occupancy rate in excess of 90% (31% of total facilities), an additional 10 facilities maintained an occupancy rate in excess of 85% (65.5% of total facilities reported occupancy in excess of 85%). Based upon set-up capacity, there are 20 facilities (69%) operating in excess of 85%. This obviously concludes that there is an access issue with the number of available beds within the service area. Please refer to **ATTACHMENT-13B** for the 30-minute market area's utilization chart.

Of the total number of facilities, eight (8) are considered as Continuing Care Retirement/Life Care communities (to include **The Lutheran Home**). The faith-based facilities are giving priority admissions to their specific religious group. However, none of these facilities are reported as receiving a variance approval from the Planning Board meaning that admissions are open to the general population.

ATTACHMENT-13

There are four (4) facilities that are not certified for Medicaid which further limits access of care in the service area. This restriction equates to 7% of the total beds that would not be available to the Medicaid population. In addition there are 662 beds (or 21%) that are licensed as Intermediate Care thereby limiting access to the Medicare population. Refer to **ATTACHMENT-13C**.

Another interesting factor is the correlation between the age of a facility and their respective occupancy rate. Excluding Proctor Memorial Hospital there are seven (7) facilities with occupancies of 80% or less and whose buildings range in age between approximately 16 years and 38 years. Several facilities still maintain the traditional nursing home institutional environment which could affect the overall occupancy rate. For this reason it is found that residents rather remain at home than in a nursing home. While **The Lutheran Home** itself is over 38 years old they have pride themselves in maintaining the facility as homelike as possible. The facility's nursing unit does present itself with a spacious floor plan that provides residents with alternative settings for leisure activities, family visits and walking trails. The existing **The Lutheran Home** equates to approximately 41,429 gross square feet (or 487 gross square feet per bed) while the other facilities range up to 1,007 gross square feet per bed and the most recently constructed (replaced) facility, the Heddington Oaks (formerly Bel-Wood Nursing Home - the County Home) had a resultant GSF per bed of 678 GSF. Thus, the renovation of this project is needed to stay competitive.

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

The Applicant's patient origin data for admissions to **The Lutheran Home** is appended as **ATTACHMENT-13D**. This data illustrates that 95.6 percent of admission for CY 2012 were

ATTACHMENT-13

derived from within the 30-minute travel time contour and for CY 2013, 93.1 percent were from the 30-minute travel time market contour. The zip code areas are provided from the Microsoft MapPoint North America 2009 software utilizing the HFSRB's mapped PSA's. Please refer to the map appended as **ATTACHMENT-13E.**

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-13F** are four letters from the major referrals sources: OSF St. Francis, OSF Medical Group, Unity Point Health Methodist/Proctor and Unity Point Health. Each of these letters documents that **The Lutheran Home** is unable to accommodate 70 percent, 56 percent, 45 percent and 56 percent respectively of the total referrals for nursing care and services. Moreover, the Applicant has provided its total referrals by referring hospital illustrating that greater than 50 percent of all referrals are not able to be accommodated by **The Lutheran Home**. These are all indicators of need regardless of State's bed need formula.

ATTACHMENT-13

LONG-TERM CARE FACILITY UPDATES
7/15/2014
CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
LONG-TERM CARE NURSING CARE BED NEED			
HEALTH SERVICE AREA 1			
Boone	335	279	56
Carroll	126	148	(22)
DeKalb	735	742	(7)
Jo Daviess	161	155	6
Lee	283	342	(59)
Ogle	444	565	(121)
Stephenson	579	643	(64)
Whiteside	621	857	(236)
Winnebago	2161	2366	(205)
HEALTH SERVICE AREA 2			
Bureau/Putnam	373	377	(4)
Fulton	542	603	(61)
Henderson/Warren	201	218	(17)
Knox	757	950	(193)
LaSalle	1297	1381	(84)
McDonough	356	360	(4)
Marshall/Stark	328	427	(99)
Peoria	1636	1731	(95)
Tazewell	1170	1246	(76)
Woodford	593	590	3
HEALTH SERVICE AREA 3			
Adams	1251	1495	(244)
Brown/Schuyler	153	186	(33)
Calhoun/Pike	292	337	(45)
Cass	129	150	(21)
Christian	425	472	(47)
Greene	108	119	(11)
Hancock	165	184	(19)
Jersey	340	369	(29)
Logan	441	468	(27)
Macoupin	612	744	(132)
Mason	146	164	(18)
Menard	174	106	68
Montgomery	396	490	(94)
Morgan/Scott	497	561	(64)
Sangamon	1227	1270	(43)

ATTACHMENT-13A

The Lutheran Home
Utilization Data
30-Minute Market Area

2012 PROFILE DATA

FACID	FACNAME	CITY	# of Licensed Nursing Beds	Peak Beds Set-up	Nursing Patient Days	Nursing Occupancy	Set-Up NRSG Occupancy	Admissions	ALOS
6005615	The Lutheran Home	Peoria	85	83	26775	86.3%	88.4%	252	106.3
6004147	Heights Healthcare & Rehab (1)	Peoria Heights	110	110	36522	91.0%	91.0%	82	445.4
6000426	Apostolic Christian Skylines	Peoria	57	57	20485	98.5%	98.5%	31	909.3
6003420	Cornerstone Rehab & Healthcare (2)	Peoria Heights	94	94	26126	76.1%	76.1%	204	133.2
6010813	Proctor Memorial Hospital	Peoria	25	20	4442	48.7%	60.8%	541	8.2
6000293	Heartland of Peoria (3)	Peoria	142	142	47732	92.1%	92.1%	656	72.8
6012165	Rosewood Care Center of Peoria	Peoria	120	120	28744	65.6%	65.6%	316	91.0
6012017	Rosewood Care Center - East Peoria	East Peoria	120	120	32058	73.2%	73.2%	284	112.9
6008056	Heartland of Riverview	East Peoria	71	66	21379	82.5%	88.7%	534	40.0
6001721	Christian Buehler Mem Home	Peoria	78	71	22872	80.3%	88.3%	110	207.9
6007611	John C Proctor Endow Home	Peoria	59	59	18591	86.3%	86.3%	72	258.2
6007272	Sharon Health Care Willows	Peoria	219	219	68493	85.7%	85.7%	52	1317.2
6007298	Sharon Health Care Pines	Peoria	116	116	34475	81.4%	81.4%	42	820.8
6007306	Sharon Health Care Elms	Peoria	98	98	31393	87.8%	87.8%	91	345.0
6007199	Heritage Manor - Chillicothe	Chillicothe	110	110	34238	85.3%	85.3%	88	389.1
6016190	Manor Court of Peoria (4)	Peoria	50	50	17079	93.6%	93.6%	96	177.9
6007926	Sharon Health Care Woods	Peoria	152	152	53450	96.3%	96.3%	51	1048.0
6003198	Fondulac Rehab & Health Care Ctr	East Peoria	98	98	24977	69.8%	69.8%	96	260.2
6009740	Washington Christian Village	Washington	122	119	34777	78.1%	80.1%	319	109.0
6000814	Heddington Oaks (5a, 5b, 5c)	Peoria	214	200	69411	88.9%	95.1%	113	614.3
6006407	Morton Terrace	Morton	166	150	15481	25.6%	28.3%	118	131.2
6006399	Morton Villa Care Center	Morton	106	61	22265	57.5%	100.0%	302	73.7
6002885	Apostolic Christian - Eureka	Eureka	102	102	35733	96.0%	96.0%	46	843.0
6011464	Snyder Village	Metamora	104	104	32524	85.7%	85.7%	165	197.1
6000400	Apostolic Christian Restmor	Morton	116	116	40306	95.2%	95.2%	62	707.8
6005722	Maple Lawn Health Center	Eureka	89	89	27759	85.5%	85.5%	81	383.5
6007330	Timbercreek Rehab & Health Care	Pekin	202	150	38305	52.0%	70.0%	119	321.9
6003933	Hallmark House Nursing Center	Pekin	71	70	22446	86.6%	87.9%	113	198.6
6000384	Apostolic - Roanoke	Roanoke	60	60	19577	89.4%	89.4%	56	349.6
			3156	3006	908415				

(1) facility name in Inventory: Bella Vista Care Center
(2) 02/01/2013 name change / CHOW formerly Saint Clare Home
(3) 2012 Profile: 142 Licensed Nsg beds, 656 admissions & 135 total patient days. Inventory: 144 Licensed Nsg beds.
Used 2011 Total Nsg Pt Days (47378) and # of Total Nsg Care Residents (134), and 2012 # of Total Residents (135) and 2012 Licensed Nsg Cre Beds per Inventory (142) to infer a calculation of 2012 nsg pt days and nsg occupancy
(47378 / 134) *135 = 47,732 pt days (47732 / 365) / 142 = 92.1% occupancy
(4) facility name in Inventory: Hawthorne Manor of Peoria
(5a) 9/25/13 11-013 completed project to replace 300 Nursing Care facility with 214 bed Nursing Care facility.
(5b) 9/25/13 name change, formerly Bel-Wood Nursing Home
(5c) 9/25/13 Address change, from 6701 West Plank Road, Peoria Il 61604 to 2223 West Heading Avenue, Peoria, Il 61604

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

ATTACHMENT-13B

The Lutheran Home
Cost Report IDPH Facility Data
30-Minute Market Area

			2012 PROFILE DATA		2013 MEDICARE/MEDICAID COST REPORT DATA				IDPH NSG HOMES IN ILLINOIS WEBSITE DATA				
FACID	FACNAME	CITY	# of Licensed Nursing Beds	Peak Beds Set-up	Building GSF	GSF per Bed	Year Constructed	BLDG Age	SNF Beds	ICF Beds	Medicare Beds	Medicare/ Medicaid Beds	Medicaid Beds
6005615	The Lutheran Home	Peoria	85	83	32,000	376	1976	38	85	0	63	22	0
6004147	Heights Healthcare & Rehab (1)	Peoria Heights	110	110	25,000	227	1977	37	55	55	0	0	0
6000426	Apostolic Christian Skylines	Peoria	57	57	57,400	1007	1965	49	57	0	37	20	0
6003420	Cornerstone Rehab & Healthcare (2)	Peoria Heights	94	94	26,500	282	1998	16	94	0	0	0	0
6010813	Proctor Memorial Hospital	Peoria	25	20		0		2014	36	0	36	0	0
6000293	Heartland of Peoria (3)	Peoria	142	142	33,022	233	1963	51	144	0	93	51	0
6012165	Rosewood Care Center of Peoria	Peoria	120	120	38,500	321	2007 oldest date on report	7	120	0	52	0	42
6012017	Rosewood Care Center - East Peoria	East Peoria	120	120	39,125	326	2008 oldest date on report	6	120	0	36	0	50
6008056	Heartland of Riverview	East Peoria	71	66	22,083	311	1990 oldest date on report	24	71	0	61	10	0
6001721	Christian Buehler Mem Home	Peoria	78	71		0		2014	78	0	0	0	0
6007611	John C Proctor Endow Home	Peoria	59	59		0		2014	59	0	0	0	0
6007272	Sharon Health Care Willows	Peoria	219	219	not listed		1971	43	0	219	0	0	219
6007298	Sharon Health Care Pines	Peoria	116	116	30,272	261	1972	42	0	116	0	0	116
6007306	Sharon Health Care Elms	Peoria	98	98	24,372	249	1972	42	98	0	0	98	0
6007199	Heritage Manor - Chillicothe	Chillicothe	110	110	13,331	121	1998 oldest date on report	16	110	0	0	110	0
6016190	Manor Court of Peoria (4)	Peoria	50	50	20,840	417	2007 oldest date on report	7	50	0	41	9	0
6007926	Sharon Health Care Woods	Peoria	152	152	not listed		1987 oldest date on report	27	0	152	0	0	152
6003198	Fondulac Rehab & Health Care Ctr	East Peoria	98	98	24,928	254	1988	26	98	0	0	98	0
6009740	Washington Christian Village	Washington	122	119	37,956	311	1982 oldest date on report	32	122	0	27	95	0
6000814	Heddington Oaks (5a, 5b, 5c)	Peoria	214	200	145,126	678	2013	1	214	0	0	0	0
6006407	Morton Terrace	Morton	166	150	36,948	223	1971	43	46	120	0	0	0
6006399	Morton Villa Care Center	Morton	106	61	30,125	284	1971	43	106	0	0	0	0
6002885	Apostolic Christian - Eureka	Eureka	102	102	42,865	420	1966	48	100	0	0	100	0
6011464	Snyder Village	Metamora	104	104	36,870	355	1988	26	104	0	0	104	0
6000400	Apostolic Christian Restmor	Morton	116	116	86,000	741	2008	6	116	0	22	20	14
6005722	Maple Lawn Health Center	Eureka	89	89	42,837	481	1965	49	89	0	0	89	0
6007330	Timbercreek Rehab & Health Care	Pekin	202	150	not listed		1974	40	202	0	0	202	0
6003933	Hallmark House Nursing Center	Pekin	71	70	17,782	250	1976	38	71	0	35	36	0
6000384	Apostolic - Roanoke	Roanoke	60	60	33,601	560	1958	56	60	0	0	31	29
			3156	3006					2505	662	503	1095	622

(1) facility name in inventory: Bella Vista Care Center
(2) 02/01/2013 name change / CHOW formerly Saint Clare Home
(3) 2012 Profile: 142 Licensed Nsg beds, 656 admissions & 135 total patient days. Inventory: 144 Licensed Nsg beds. Used 2011 Total Nsg Pt Days (47378) and # of Total Nsg Care Residents (134), and 2012 # of Total Residents (135) and 2012 Licensed Nsg Cre Beds per Inventory (142) to infer a calculation of 2012 nsg pt days and nsg occupancy (47378 / 134) * 135 = 47,732 pt days (47732 / 365) / 142 = 92.1% occupancy
(4) facility name in inventory: Hawthorne Manor of Peoria
(5a) 9/25/13 11-013 completed project to replace 300 Nursing Care facility with 214 bed Nursing Care facility.
(5b) 9/25/13 name change, formerly Bel-Wood Nursing Home
(5c) 9/25/13 Address change, from 6701 West Plank Road, Peoria Il 61604 to 2223 West Heading Avenue, Peoria, Il 61604

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

ATTACHMENT-13C

The Lutheran Home

30-Minute Zip Code Analysis

30-MIN ZIP CODES	2012	2013
61517	2	
61523	5	6
61525	3	3
61526		1
61528		1
61529	1	
61530		
61535		
61536	1	
61545		
61547	2	2
61548		2
61550	5	
61552		
61554	4	4
61568		
61569		
61571	1	2
61602		1
61603	4	5
61604	20	8
61605	2	
61606		
61607	7	3
61610	2	
61611		2
61614	119	94
61615	13	14
61616	4	1
61625		
61635		
61733		
61742		
61747		
61755		
30-MIN ZIP CODES	195	149

	2012	2013
% of Admits w/in 30 min	95.6%	93.1%
61604, 61614, 61615	74.5%	72.5%
61614, 61615, 61616	66.7%	68.1%

	Total # of Admits	Admits w/in 30-min	Total % w/in 30-Min
CY 2012	204	195	95.6%
CY 2013	160	149	93.1%

ATTACHMENT-13D

The Lutheran Home
30-Minute Zip Code Analysis

Resident Initials	Pt Origin Zip Code	# Admits per Zip	Admits w/in 30-min
2012			
BM	61375	1	
PS	61443	1	
AT	61517		
WL	61517	2	2
PW	61523		
DT	61523		
LR	61523		
DB	61523		
DB	61523	5	5
DN	61525		
HR	61525		
DN	61525	3	3
DC	61529	1	1
RN	61533	1	
LD	61536	1	1
NP	61547		
NP	61547	2	2
RH	61550		
DH	61550		
LP	61550		
JS	61550		
WH	61550	5	5
WP	61554		
DS	61554		
MS	61554		
MD	61554	4	4
ME	61561	1	
ES	61571	1	1
JG	61603		
LB	61603		
TT	61603		
JG	61603	4	4
GK	61604		
GM	61604		
GA	61604		
WS	61604		
MC	61604		
RH	61604		
JW	61604		
DN	61604		
WM	61604		
JL	61604		
MH	61604		
RB	61604		
GA	61604		
SR	61604		
WG	61604		
HS	61604		
MM	61604		
JD	61604		
JN	61604		
RE	61604	20	20
MM	61605		
CE	61605	2	2
AH	61607		
KJ	61607		
EP	61607		
DG	61607		
SD	61607		
MW	61607		
MW	61607	7	7
EB	61610		
DH	61610	2	2
MT	61614		
DM	61614		
TV	61614		
CR	61614		
RB	61614		
GW	61614		
NL	61614		
EJ	61614		
MH	61614		
JC	61614		
DW	61614		
AT	61614		
CH	61614		
SC	61614		
SS	61614		
HB	61614		
LB	61614		
LA	61614		
RY	61614		
WR	61614		
BD	61614		
PD	61614		
WD	61614		
JO	61614		
AM	61614		
NL	61614		
JK	61614		
WD	61614		
AT	61614		
AT	61614		
AH	61614		
JS	61614		
JC	61614		
LF	61614		
FM	61614		
CN	61614		
CH	61614		

Resident Initials	Pt Origin Zip Code	# Admits per Zip	Admits w/in 30-min
2013			
LM	34655		
JM	34655	2	
MP	61375	1	
AS	61491		
AS	61491	2	
JB	61523		
FL	61523		
AM	61523		
DD	61523		
WB	61523		
FH	61523	6	6
KL	61525		
HL	61525		
CS	61525	3	3
JC	61526	1	1
KC	61528	1	1
WS	61533	1	
NP	61547		
NP	61547	2	2
HS	61548		
WZ	61548	2	2
GM	61554		
MT	61554		
JD	61554		
JD	61554	4	4
LB	61571		
ES	61571	2	2
DB	61602	1	1
DN	61603		
ML	61603		
BR	61603		
MF	61603		
MS	61603	5	5
KB	61604		
LM	61604		
EN	61604		
MC	61604		
JC	61604		
VB	61604		
DM	61604		
MK	61604	8	8
PO	61607		
NS	61607		
PD	61607	3	3
HJ	61611		
GH	61611	2	2
LS	61614		
WR	61614		
DB	61614		
HL	61614		
DD	61614		
HS	61614		
MS	61614		
WC	61614		
MM	61614		
SL	61614		
BF	61614		
RW	61614		
JC	61614		
MP	61614		
JC	61614		
SL	61614		
PP	61614		
ME	61614		
MR	61614		
MD	61614		
LR	61614		
MS	61614		
HH	61614		
DO	61614		
JC	61614		
DD	61614		
PL	61614		
MS	61614		
PK	61614		
CS	61614		
ED	61614		
SL	61614		
LG	61614		
RK	61614		
OM	61614		
JC	61614		
JC	61614		
MS	61614		
JF	61614		
MM	61614		
LF	61614		
RL	61614		
RI	61614		
AC	61614		
EA	61614		
JS	61614		
LM	61614		
LC	61614		
SL	61614		
LS	61614		
WW	61614		
GW	61614		
LG	61614		
DW	61614		

ATTACHMENT-13D

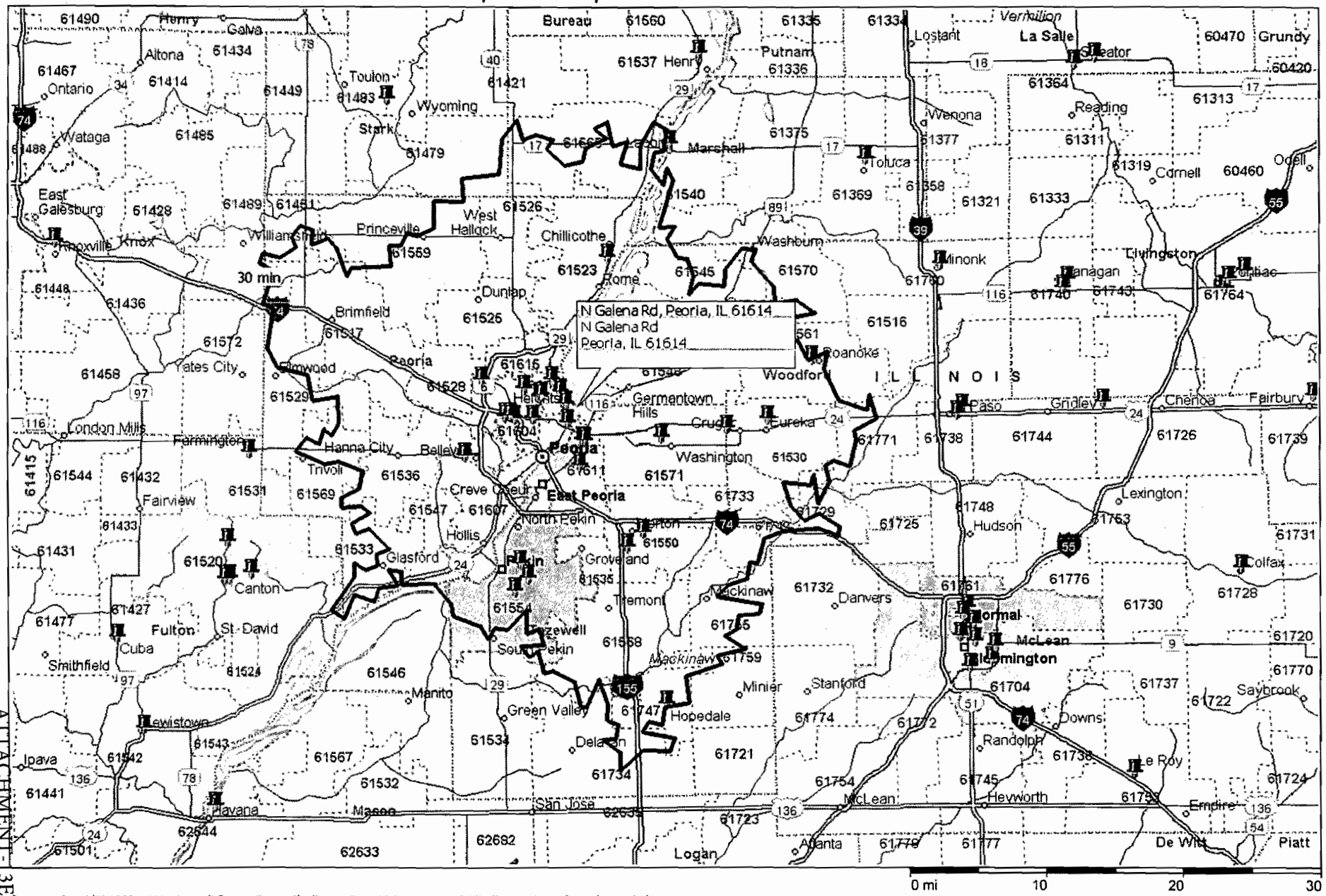
The Lutheran Home
30-Minute Zip Code Analysis

RC	61614		
RD	61614		
JS	61614		
CC	61614		
VS	61614		
PW	61614		
MS	61614		
FJ	61614		
EJ	61614		
RU	61614		
RJ	61614		
RT	61614		
CR	61614		
RM	61614		
RC	61614		
IB	61614		
JM	61614		
HL	61614		
HW	61614		
SS	61614		
RR	61614		
TF	61614		
HH	61614		
HH	61614		
MN	61614		
MF	61614		
JI	61614		
EG	61614		
LS	61614		
SW	61614		
MH	61614		
GW	61614		
DB	61614		
DM	61614		
CH	61614		
HM	61614		
SS	61614		
MT	61614		
CH	61614		
RB	61614		
JH	61614		
GI	61614		
BS	61614		
JL	61614		
OE	61614		
JL	61614		
IH	61614		
KH	61614		
DU	61614		
JI	61614		
JU	61614		
DJ	61614		
NT	61614		
AR	61614		
CH	61614		
GC	61614		
VL	61614		
BG	61614		
VT	61614		
LR	61614		
VW	61614		
RR	61614		
JS	61614		
EF	61614		
PK	61614		
HH	61614		
HL	61614		
HT	61614		
JL	61614		
LB	61614		
GW	61614		
MF	61614		
GW	61614		
WR	61614		
EM	61614		
JK	61614		
RS	61614		
HT	61614		
NL	61614		
EW	61614		
DM	61614		
ES	61614	119	119
SN	61615		
EW	61615		
EW	61615		
MB	61615		
CK	61615		
MH	61615		
GM	61615		
DS	61615		
EM	61615		
CA	61615		
JD	61615		
MB	61615		
MB	61615	13	13
JC	61616		
SL	61616		
DL	61616		
AL	61616	4	4
LB	61761	1	
HR	63301	1	
AR	72088		
AR	72083	2	
PS	91117	1	
2012 TOTAL	204	204	195

BD	61614		
DA	61614		
DW	61614		
CM	61614		
LS	61614		
CL	61614		
MR	61614		
MS	61614		
JS	61614		
RS	61614		
MH	61614		
MN	61614		
MD	61614		
HJ	61614		
RS	61614		
WC	61614		
CR	61614		
DG	61614		
RC	61614		
KH	61614		
MH	61614		
CK	61614		
ES	61614		
VL	61614		
CM	61614		
DL	61614		
MB	61614		
KA	61614		
DL	61614		
LN	61614		
CG	61614		
UD	61614		
FS	61614		
CO	61614		
LM	61614		
EB	61614		
EB	61614		
CA	61614		
JB	61614		
JW	61614	94	94
NL	61615		
PG	61615		
NE	61615		
DS	61615		
JM	61615		
EV	61615		
JF	61615		
DJ	61615		
NE	61615		
EH	61615		
ZL	61615		
LM	61615		
MA	61615		
WW	61615	14	14
MS	61616	1	1
LW	61761	1	
CS	61853	1	
CT	64041	1	
PS	91117		
PS	91117	2	
2013 TOTAL		160	149

ATTACHMENT-13D

MapPoint Map 30 min-Lutheran Home



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The Lutheran Home
30-Minute Market Area Zip Codes

ZIP Code	Population
61517	2995
61523	11273
61525	8925
61526	1073
61528	2170
61529	3039
61530	6472
61535	1546
61536	2880
61545	803
61547	3790
61548	11954
61550	17640
61552	195
61554	43442
61568	4632
61569	954
61571	23716
61602	997
61603	16790
61604	31481
61605	15673
61606	8558
61607	11161
61610	5490
61611	25203
61614	28477
61615	22926
61616	6078
61625	603
61635	not in fact finder
61733	977
61742	1478
61747	1562
61755	4700
Total	**329653**

Source:

Microsoft MapPoint North American 2009

ATTACHMENT-13E

OSF

SAINT FRANCIS MEDICAL CENTER

August 22, 2014

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Certificate of Need Application for Lutheran Hillside Village

To Whom It May Concern:

As a hospital provider, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed, as Lutheran Hillside Village was unable to accommodate 70% of its referrals to the care center in 2013, and 75% of referrals in 2012 due to not having bed availability. In addition, the need for private skilled nursing beds continues to increase.

Additionally, I feel that the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state of the art facilities that anticipate the growing demands of our aging population.

I hope that you will approve Lutheran Hillside Village's certificate of need application.

Sincerely,

Keith Steffen
President and CEO

ATTACHMENT-13F

UnityPoint Health
Methodist | Proctor

221 Northeast Glen Oak Avenue
Peoria, Illinois 61636-0002
(309) 672-5522

May 28, 2014

Ms. Lorraine Neitzer
Executive Director
Lutheran Hillside Village
6901 Galena Road.
Peoria, IL 61614

RE: Letter of Support
Certificate of Need Application

Dear Ms. Neitzer:

Thank you for informing us of your plans to expand the number of skilled care beds at Lutheran Home. It is an exciting project and one which UnityPoint Health – Methodist | Proctor supports.

In 2013, Methodist | Proctor referred 2,572 patients to long-term care facilities. Of this amount, over 150 patients were referred to Lutheran Home. It has been our experience, however, that the facility is often full and is unable to accept many of the patients we refer. Over the past two years, the home could not accept 45% of the patients we referred due to capacity constraints.

UnityPoint Health – Methodist | Proctor requires access to quality long-term care providers who can effectively and efficiently care for the patients we send to them (i.e. lower length of stay, quality outcomes, lower readmission rates, lower cost per discharge). Lutheran Home is one such provider. The availability of beds at facilities that are ineffective at caring for the patient population served by them does little to ensure appropriate access.

UnityPoint Health – Methodist | Proctor fully supports your project and wishes you the best of luck with your CON application.

Sincerely,

Debbie Simon

Debbie Simon
President & CEO

LORI BLACKBURN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
January 24, 2017

ATTACHMENT-13F

Lori Blackburn

OSF NURSING HOME PRACTICE
SHARON LEE, MD
5114 Glen Park Place
Peoria, Il 61614
(309)683-8108 Fax (309)683-8111

6/10/14

To: ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Certificate of Need Application for Lutheran Hillside Village

Dear Mrs. Lorraine Neitzer

As a physician who attends to patients at Lutheran Hillside Village, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed, as Lutheran Hillside Village was unable in 2013 to accommodate 56% of its referrals to the care center, due to no bed availability. In addition, the need for private skilled nursing beds continues to increase.

Additionally, I feel that the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state-of-the-art facilities that anticipate the growing demands of our aging population.

I hope that Lutheran Hillside Village application for a Certificate of Need will be approved.

S.T. Lee
MD

ATTACHMENT-13F

UnityPoint Health

June 4, 2014

To: ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

From: Ishani Ali, M.D.
UnityPoint Clinic-Senior Health at Methodist Atrium
Methodist Atrium
900 Main St. Suite 100
Peoria, IL 61602

Re: Certificate of Need Application for Lutheran Hillside Village

To Whom It May Concern:

As a physician who sees patients at Lutheran Hillside Village, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed, as Lutheran Hillside Village was unable in 2013 to accommodate 56% of its referrals to the care center, due to no bed availability. In addition, the need for private skilled nursing beds continues to increase.

Additionally, I feel that the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state-of-the-art facilities that anticipate the growing demands of our aging population.

I hope that you will approve Lutheran Hillside Village's Certificate of Need application.

Sincerely,

Ishani Ali, M.D.

ATTACHMENT-13F

The Lutheran Home
Admissions by Referral Source

OSF Saint Frances

	2012	2013	2014	Total
Admissions	80	73	56	209
Medicare	57	54	41	152
Private	7	0	1	8
Managed Care	16	19	14	49
60521	0	0	1	1
61031	0	0	1	1
61375	1	1	1	3
61472	0	0	1	1
61491	0	0	1	1
61517	1	0	0	1
61520	0	0	1	1
61523	0	3	0	3
61525	1	1	1	3
61529	1	0	0	1
61533	1	0	0	1
61547	0	2	1	3
61548	0	1	0	1
61550	5	0	0	5
61552	0	0	1	1
61554	1	1	0	2
61559	0	0	1	1
61561	1	0	0	1
61571	1	1	1	3
61602	0	1	0	1
61603	1	4	1	6
61604	15	3	3	21
61605	1	0	0	1
61607	2	3	1	6
61610	2	0	0	2
61611	0	1	0	1
61614	35	39	33	107
61615	6	9	7	22
61616	2	0	0	2
61853	0	1	0	1
64041	0	1	0	1
72088	2	0	0	2
91117	1	1	0	2

Methodist Medical Center

	2012	2013	2014	Total
Admissions	33	34	33	100
Medicare	26	32	26	84
Private	2	1	0	3
Managed Care	5	1	7	13
38320	0	0	1	1
61443	1	0	0	1
61455	0	0	1	1
61523	3	2	1	6
61525	0	0	1	1
61529	0	0	1	1
61536	1	0	0	1
61548	0	1	0	1
61550	0	0	2	2
61554	1	1	1	3
61559	0	0	1	1
61603	0	0	2	2
61604	3	3	1	7
61605	1	0	0	1
61607	1	0	1	2
61611	0	0	1	1
61614	18	24	13	55
61615	3	1	4	8
61616	1	1	2	4
61761	0	1	0	1

Proctor Hospital

	2012	2013	2014	Total
Admissions	48	26	25	99
Medicare	41	18	19	78
Private	4	1	0	5
Managed Care	3	7	6	16
61523	2	2	0	4
61525	2	2	2	6
61526	0	1	1	2
61529	0	0	1	1
61528	0	1	0	1
61533	0	1	0	1
61554	1	0	0	1
61559	0	0	1	1
61570	0	0	1	1
61603	3	1	0	4
61604	1	0	1	2
61607	1	0	0	1
61614	34	15	14	63
61615	4	2	3	9
61616	0	0	1	1
91117	0	1	0	1

Other

	2012	2013	2014	Total
Admiss	43	27	20	90
Medica	19	9	7	35
Private	17	15	9	41
Manag	7	3	4	14
34655	0	2	0	2
61491	0	2	0	2
61517	1	0	0	1
61525	0	0	1	1
61547	2	0	0	2
61554	1	2	0	3
61571	0	1	2	3
61604	1	1	2	4
61607	3	0	1	4
61611	0	1	2	3
61614	32	16	12	60
61615	0	2	0	2
61616	1	0	0	1
61761	1	0	0	1
63301	1	0	0	1

	2012	2013	2014	TOTAL
Total	204	160	134	

ATTACHMENT-13F

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

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

1. Historical Service Demand

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

   Appended as **ATTACHMENT-15A** are the 2011, 2012 and 2013 IDPH Annual Questionnaire forms for the Subject facility. It should be known that in CY 2013, the facility has exceeded the occupancy standard for general LTC. Moreover, in the previous Calendar Years, the utilization was consistently very strong.

   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.

   In Calendar Years 2012 and 2013 the Applicant had to refer existing Lutheran Hillside Village residents to nursing facilities other than **The Lutheran Home** as there was either no available bed due to high occupancy and/or utilization issues relating to shared rooms such as gender, isolation/infection and behavior/compatibility issues. Moreover, appended as **ATTACHMENT-15B** is a chart illustrating total referrals as compared to admissions. This data shows that in excess of 60 percent of total referrals over the past two Calendar Years were not able to be accommodated due to occupancy and accessibility issues.

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

   Appended as **ATTACHMENT-15C** are four letters from the three hospitals and

ATTACHMENT-15

physician referral sources documenting 351 referrals in CY 2013 and 467 referrals in CY 2012 not able to be accommodated by **The Lutheran Home** due to its high utilization and/or limitations from its double room accommodations. These referral sources indicate continued support in terms of referrals for the subject facility.

ATTACHMENT-15

LUTHERAN HOME, THE
6901 NORTH GALENA ROAD
PEORIA, IL. 61614
Reference Numbers Facility ID 0005615
Health Service Area 002 Planning Service Area 143

Administrator
JANELLE CLARK

Contact Person and Telephone
JANELLE CLARK
309.683.1264

Registered Agent Information
Lorraine Neitzer
6901 N. Galena Road
Peoria, IL 61615

Date Completed
3/9/2012

FACILITY OWNERSHIP
NON-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	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	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	1
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	3
Muscule-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	21
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	85	85	85	82	69	16	85	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	85	85	85	82	69	16	85	22

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	73
Total Admissions 2011	182
Total Discharges 2011	186
Residents on 12/31/2011	69
Identified Offenders	0

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4469	14.4%	4163	51.8%	0	0	18664	0	27296	88.0%	88.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4469	14.4%	4163	51.0%	0	0	18664	0	27296	88.0%	88.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	3	0	0	0	0	0	0	0	3	3
18 to 44	0	15	0	0	0	0	0	0	0	15	15
45 to 59	0	31	0	0	0	0	0	0	0	31	31
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	12	0	0	0	0	0	0	0	12	0	12
85+	7	0	0	0	0	0	0	0	7	0	7
TOTALS	20	49	0	0	0	0	0	0	20	49	69

LUTHERAN HOME, THE
6901 NORTH GALENA ROAD
PEORIA, IL. 61614
Reference Numbers Facility ID 0005615
Health Service Area 002 Planning Service Area 143

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	10	0	0	48	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	11	10	0	0	48	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	319	220
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	1	0	0	0	1
Total	69	0	0	0	69

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	68	0	0	0	68
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	0	69

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	13.20
Certified Aides	30.10
Other Health Staff	2.00
Non-Health Staff	29.50
Totals	84.80

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
30.3%	4.7%	0.0%	2.2%	62.8%	100.0%		0.0%
2,146,594	334,252	0	153,838	4,449,354	7,084,038	0	

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

ATTACHMENT 15A

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 0005615
Health Service Area 002 Planning Service Area 143

Administrator
Deborah Simaytis

Contact Person and Telephone
Deborah Simaytis
309-683-1264

Registered Agent Information
Lorraine Neitzer
6901 N Galena Rd
Peoria, IL 61614

Date Completed 4/9/2013

CONTINUING CARE COMMUNITY Yes
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	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	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	1
Digestive System	8
Genitourinary System Disorders	12
Skin Disorders	2
Muscuio-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	77
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	85	83	80	83	77	8	85	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	85	83	80	83	77	8	85	22

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	69
Total Admissions 2011	252
Total Discharges 2011	244
Residents on 12/31/2011	77
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	4074	13.1%	2828	35.2%	624	0	19251	0	26775	80.3%	88.4%
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	4074	13.1%	2828	35.2%	624	0	19251	0	26775	80.3%	88.4%

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	9	14	0	0	0	0	0	0	9	14	23
85+	17	34	0	0	0	0	0	0	17	34	51
TOTALS	27	50	0	0	0	0	0	0	27	50	77

ATTACHMENT 15A

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID **Health Service Area** 002 **Planning Service Area** 143

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	8	0	0	63	0	77
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	8	0	0	63	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	227
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	77	0	0	0	77
Race Unknown	0	0	0	0	0
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	10.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	16.00
Totals	97.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.5%	3.4%	0.0%	3.2%	65.9%	100.0%		0.0%
1,910,372	234,014	0	223,321	4,597,445	6,971,152	72	

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

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6005615
Health Service Area 002 Planning Service Area 143

Administrator
Deborah Simaytis

Contact Person and Telephone
Deborah Simaytis
309-680-1264

Date Completed
4/3/2014

Registered Agent Information
Lorraine Noltzer
6901 N Galena Rd
Peoria, IL 61614

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	156
Total Discharges 2013	153
Residents on 12/31/2013	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	85	83	80	83	78	7	85	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	85	83	80	83	78	7	85	22

FACILITY UTILIZATION - 2013

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	4068	13.1%	3324	41.4%	1257	0	19404	0	28143	90.7%	92.9%
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	4068	13.1%	3324	41.4%	1257	0	19404	0	28143	90.7%	92.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

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	4	0	0	0	0	0	0	0	4	4
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	18	32	0	0	0	0	0	0	18	32	50
TOTALS	27	51	0	0	0	0	0	0	27	51	78

ATTACHMENT -15A

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Classification Numbers

License Number	6005615	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	8	4	0	46	0	78
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	8	4	0	46	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	329	227
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	77	0	0	0	77
Race Unknown	1	0	0	0	1
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	1	0	0	0	1
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	18.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	13.00
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
24.6%	3.1%	0.0%	7.0%	65.3%	100.0%		
1,731,046	218,118	0	490,991	4,594,687	7,034,842	0	0.0%

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

The Lutheran Home
Total Referrals and Those Not Accommodated
By Hospital

OSF Saint Frances

	2012	2013	2014	Total
Admissions	80	73	56	209
Medicare	57	54	41	152
Private	7	0	1	8
Managed Care	16	19	14	49

	2012	2013	2014	Total
% Not Accommodated	75%	70%		
Referrals Not Accommodated	320	243.3		
Total Referrals	400	316.3		

Methodist Medical Center

	2012	2013	2014	Total
Admissions	33	34	33	100
Medicare	26	32	26	84
Private	2	1	0	3
Managed Care	5	1	7	13

	2012	2013	2014	Total
% Not Accommodated	45%	45%		
Referrals Not Accommodated	60	61.818		
Total Referrals	93	96		

Proctor Hospital

	2012	2013	2014	Total
Admissions	48	26	25	99
Medicare	41	18	19	78
Private	4	1	0	5
Managed Care	3	7	6	16

	2012	2013	2014	Total
% Not Accommodated	45%	45%		
Referrals Not Accommodated	87.3	47.27		
Total Referrals	135	73.27		

Source: Hospital Supprt Letters
The Lutheran Home Admission Data

ATTACHMENT-15B

OSF

SAINT FRANCIS MEDICAL CENTER

August 22, 2014

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Certificate of Need Application for Lutheran Hillside Village

To Whom It May Concern:

As a hospital provider, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed, as Lutheran Hillside Village was unable to accommodate 70% of its referrals to the care center in 2013, and 75% of referrals in 2012 due to not having bed availability. In addition, the need for private skilled nursing beds continues to increase.

Additionally, I feel that the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state of the art facilities that anticipate the growing demands of our aging population.

I hope that you will approve Lutheran Hillside Village's certificate of need application.

Sincerely,

Keith Steffen
President and CEO

ATTACHMENT-15C

UnityPoint Health
Methodist | Proctor

221 Northeast Glen Oak Avenue
Peoria, Illinois 61636-0002
(309) 672-5522

May 28, 2014

Ms. Lorraine Neitzer
Executive Director
Lutheran Hillside Village
6901 Galena Road.
Peoria, IL 61614

RE: Letter of Support
Certificate of Need Application

Dear Ms. Neitzer:

Thank you for informing us of your plans to expand the number of skilled care beds at Lutheran Home. It is an exciting project and one which UnityPoint Health – Methodist | Proctor supports.

In 2013, Methodist | Proctor referred 2,572 patients to long-term care facilities. Of this amount, over 150 patients were referred to Lutheran Home. It has been our experience, however, that the facility is often full and is unable to accept many of the patients we refer. Over the past two years, the home could not accept 45% of the patients we referred due to capacity constraints.

UnityPoint Health – Methodist | Proctor requires access to quality long-term care providers who can effectively and efficiently care for the patients we send to them (i.e. lower length of stay, quality outcomes, lower readmission rates, lower cost per discharge). Lutheran Home is one such provider. The availability of beds at facilities that are ineffective at caring for the patient population served by them does little to ensure appropriate access.

UnityPoint Health – Methodist | Proctor fully supports your project and wishes you the best of luck with your CON application.

Sincerely,

Debbie Simon

Debbie Simon
President & CEO

LORI BLACKBURN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
January 24, 2017

ATTACHMENT-15C

Lori Blackburn

OSF NURSING HOME PRACTICE
SHARON LEE, MD
5114 Glen Park Place
Peoria, Il 61614
(309)683-8108 Fax (309)683-8111

6/10/14

To: ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Certificate of Need Application for Lutheran Hillside Village

Dear Mrs. Lorraine Neitzer

As a physician who attends to patients at Lutheran Hillside Village, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed, as Lutheran Hillside Village was unable in 2013 to accommodate 56% of its referrals to the care center, due to no bed availability. In addition, the need for private skilled nursing beds continues to increase.

Additionally, I feel that the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state-of-the-art facilities that anticipate the growing demands of our aging population.

I hope that Lutheran Hillside Village application for a Certificate of Need will be approved.

S.T. Lee
MD

ATTACHMENT-15C

UnityPoint Health

June 4, 2014

To: ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

From: Ishani Ali, M.D.
UnityPoint Clinic-Senior Health at Methodist Atrium
Methodist Atrium
900 Main St. Suite 100
Peoria, IL 61602

Re: Certificate of Need Application for Lutheran Hillside Village

To Whom It May Concern:

As a physician who sees patients at Lutheran Hillside Village, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed, as Lutheran Hillside Village was unable in 2013 to accommodate 56% of its referrals to the care center, due to no bed availability. In addition, the need for private skilled nursing beds continues to increase.

Additionally, I feel that the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state-of-the-art facilities that anticipate the growing demands of our aging population.

I hope that you will approve Lutheran Hillside Village's Certificate of Need application.

Sincerely,

Ishani Ali, M.D.

ATTACHMENT-15C

The Lutheran Home
Admissions by Referral Source

OSF Saint Frances

	2012	2013	2014	Total
Admissions	80	73	56	209
Medicare	57	54	41	152
Private	7	0	1	8
Managed Care	16	19	14	49
60521	0	0	1	1
61031	0	0	1	1
61375	1	1	1	3
61472	0	0	1	1
61491	0	0	1	1
61517	1	0	0	1
61520	0	0	1	1
61523	0	3	0	3
61525	1	1	1	3
61529	1	0	0	1
61533	1	0	0	1
61547	0	2	1	3
61548	0	1	0	1
61550	5	0	0	5
61552	0	0	1	1
61554	1	1	0	2
61559	0	0	1	1
61561	1	0	0	1
61571	1	1	1	3
61602	0	1	0	1
61603	1	4	1	6
61604	15	3	3	21
61605	1	0	0	1
61607	2	3	1	6
61610	2	0	0	2
61611	0	1	0	1
61614	35	39	33	107
61615	6	9	7	22
61616	2	0	0	2
61853	0	1	0	1
64041	0	1	0	1
72088	2	0	0	2
91117	1	1	0	2

Methodist Medical Center

	2012	2013	2014	Total
Admissions	33	34	33	100
Medicare	26	32	26	84
Private	2	1	0	3
Managed Care	5	1	7	13
38320	0	0	1	1
61443	1	0	0	1
61455	0	0	1	1
61523	3	2	1	6
61525	0	0	1	1
61529	0	0	1	1
61536	1	0	0	1
61548	0	1	0	1
61550	0	0	2	2
61554	1	1	1	3
61559	0	0	1	1
61603	0	0	2	2
61604	3	3	1	7
61605	1	0	0	1
61607	1	0	1	2
61611	0	0	1	1
61614	18	24	13	55
61615	3	1	4	8
61616	1	1	2	4
61761	0	1	0	1

Proctor Hospital

	2012	2013	2014	Total
Admissions	48	26	25	99
Medicare	41	18	19	78
Private	4	1	0	5
Managed Care	3	7	6	16
61523	2	2	0	4
61525	2	2	2	6
61526	0	1	1	2
61529	0	0	1	1
61528	0	1	0	1
61533	0	1	0	1
61554	1	0	0	1
61559	0	0	1	1
61570	0	0	1	1
61603	3	1	0	4
61604	1	0	1	2
61607	1	0	0	1
61614	34	15	14	63
61615	4	2	3	9
61616	0	0	1	1
91117	0	1	0	1

Other

	2012	2013	2014	Total
Admiss	43	27	20	90
Medica	19	9	7	35
Private	17	15	9	41
Managi	7	3	4	14
34655	0	2	0	2
61491	0	2	0	2
61517	1	0	0	1
61525	0	0	1	1
61547	2	0	0	2
61554	1	2	0	3
61571	0	1	2	3
61604	1	1	2	4
61607	3	0	1	4
61611	0	1	2	3
61614	32	16	12	60
61615	0	2	0	2
61616	1	0	0	1
61761	1	0	0	1
63301	1	0	0	1

	2012	2013	2014	TOTAL
Total	204	160	134	

ATTACHMENT-15C

Criterion 1125.590 - Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.

   Nursing care is the only category of service applicable.

2. Provide the following documentation:

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

   b. Letters of interest from potential employees; and

   c. Applications filed for each position; and

   d. Signed contracts with the required staff; or

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

Appended as **ATTACHMENT-19A**, is the existing staffing pattern for the 85-bed nursing facility and the proposed staffing pattern for the proposed 119-bed nursing facility, by position title. This project will result in an increase of full time equivalents from 75.06 full time equivalents to 105.5 full time equivalents, a net increase of 30.44 full time equivalents. The proposed staffing will be achieved in the following manner:

The sole corporate member of the Applicant entities currently owns and operates three residential and or licensed Long-Term Care facilities in the State of Missouri and three in this state. It is the policy of the organization to begin a comprehensive recruitment program for every new facility approximately four to six months prior to the opening in order to insure that the new facility has all of the necessary positions filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools has generally been sufficient in attracting the needed professional health care manpower.

ATTACHMENT-19

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 or Nurses in the geographic area of the proposed facility. Letters are mailed to announce the opening the new facility in the specific areas and the positions that are available;

2. Advertisement in the local newspaper;

3. A special day for nurses will be held in the community. The nurses from the surrounding area will be invited to a special open house and tour of the facility. A film will also be shown to introduce the Applicant and its other Long-Term Care facilities, concluding with a question and answer session on the philosophy of the organization;

4. Announcement of the opening of the facility will be sent to the area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program and a continual in-service training program enhance the attraction of new employees and helps retain qualified and dedicated staff.

It should be noted that Lutheran Senior Services has approximately 2,800 employees overall. These employees will, as will the proposed employees of **The Lutheran Home**, 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, Lutheran Senior Services would provide an upward mobility transfer for those employees within the market area.

Finally, **The Lutheran Home**, has applications on file by position title of 742 for CNAs,

ATTACHMENT-19

111 for LPNs and 105 for RNs (refer to **ATTACHMENT-19B**).

It does not appear that between the Applicant's experience, the experience and resources of Lutheran Senior Services and with the staffing indicator of application on file, that there will be any difficulties in securing the needed health care manpower.

LHV Repositioning (REPO)

	2013 Budget Total FTEs	REPO Projection Total FTEs	Total FTEs
Independent Living			
Administration	4.32	-	4.32
Human Resources	1.00	-	1.00
Marketing	2.00	-	2.00
Dining Services	35.72	-	35.72
Plant Operations	11.38	-	11.38
Housekeeping	16.93	2.71	19.64
Laundry	2.78	-	2.78
Activities	1.50	-	1.50
Transportation	2.70	-	2.70
Chaplaincy	2.50	-	2.50
Social Services	0.50	-	0.50
Info Tech	0.50	-	0.50
	81.83	2.71	84.54
Assisted Living			
Nursing	11.18	4.27	15.45
Households	-	-	-
Administration	1.88	0.50	2.38
Activities	0.94	-	0.94
	14.00	4.77	18.77
AL Memory Care			
Nursing	11.12	(11.12)	-
Households	1.29	(1.29)	-
Administration	0.50	(0.50)	-
	12.91	(12.91)	-
SNF			
Nursing	46.42	19.84	66.26
Nurse Administration	4.00	1.00	5.00
Medical Records	1.00	-	1.00
Households	3.39	3.23	6.62
Administration	3.30	-	3.30
Marketing	1.00	-	1.00
Activities	1.50	0.50	2.00
Social Services	1.00	-	1.00
	61.61	24.57	86.18
SNF - Medicare			
Nursing	13.45	4.87	18.32
Social Services	-	1.00	1.00
	13.45	5.87	19.32
Total	183.80	25.02	208.82

ATTACHMENT-19A

F

2013	# of open positions	Ave # of applicants applied	Total # of applicants
C.N.A.	41	18	742
LPN	16	7	111
RN	13	8	105

ATTACHMENT-19B

Lutheran Hillside Village
2013 Applicants

Applicant Flow Log
Start Date : 1/1/2013
End Date : 12/31/2013
Requisition : ALL
Job Status : ALL
Location : -IL-Peoria
Hiring Manager : ALL
EEO Classification : ALL

City	REQ No.	JobTitle	Post Date	Date Submitted	Applicant's Last Name initial	Applicant's First Name initial
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	1/26/2013	s	a
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	1/26/2013	s	a
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	2/8/2013	w	b
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	2/26/2013	f	b
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	1/21/2013	a	c
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	1/22/2013	c	c
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	1/12/2013	s	d
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	1/29/2013	y	d
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	1/31/2013	r	j
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	1/13/2013	w	j
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	2/25/2013	d	k
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	1/23/2013	l	k
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	1/23/2013	l	k
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	1/22/2013	h	k
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	1/16/2013	h	k
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	2/13/2013	e	k
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	2/17/2013	s	l
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	1/23/2013	c	l
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	1/22/2013	d	l
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	1/31/2013	h	m
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	1/31/2013	h	m
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	2/26/2013	t	n
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	1/18/2013	d	p
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	1/18/2013	d	p
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	2/7/2013	m	s
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	2/7/2013	e	t
Peoria-IL	13-3581	Certified Nurse Assistant	1/11/2013	1/24/2013	n	z
Peoria-IL	13-3582	Certified Nurse Assistant	1/11/2013	1/24/2013	n	z
Peoria-IL	13-3586	Registered Nurse	1/14/2013	1/22/2013	y	c
Peoria-IL	13-3586	Registered Nurse	1/14/2013	1/16/2013	s	d
Peoria-IL	13-3586	Registered Nurse	1/14/2013	1/22/2013	p	e
Peoria-IL	13-3586	Registered Nurse	1/14/2013	2/13/2013	a	l
Peoria-IL	13-3586	Registered Nurse	1/14/2013	2/13/2013	c	l
Peoria-IL	13-3586	Registered Nurse	1/14/2013	1/24/2013	f	r
Peoria-IL	13-3586	Registered Nurse	1/14/2013	1/28/2013	c	v
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	1/26/2013	s	a
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/20/2013	t	a
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	1/24/2013	f	b
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	1/29/2013	p	c
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/22/2013	j	d
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/28/2013	b	d
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/6/2013	w	e
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/19/2013	b	j
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	2/25/2013	d	k
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	1/23/2013	l	k
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/21/2013	w	k
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/24/2013	c	l
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/19/2013	w	l

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Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/24/2013	c	l
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	4/3/2013	h	m
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	1/31/2013	h	m
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/19/2013	s	m
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/6/2013	h	m
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/19/2013	m	p
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	2/7/2013	d	p
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/19/2013	h	r
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	4/1/2013	d	s
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	2/26/2013	h	s
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	3/13/2013	h	t
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	4/3/2013	m	y
Peoria-IL	13-3615	Care Companion CNA	1/23/2013	1/24/2013	n	z
Peoria-IL	13-3625	Registered Nurse	1/24/2013	4/19/2013	h	a
Peoria-IL	13-3626	Licensed Practical Nurse	1/24/2013	1/31/2013	e	c
Peoria-IL	13-3626	Licensed Practical Nurse	1/24/2013	1/31/2013	m	c
Peoria-IL	13-3625	Registered Nurse	1/24/2013	2/13/2013	y	c
Peoria-IL	13-3625	Registered Nurse	1/24/2013	6/20/2013	b	e
Peoria-IL	13-3625	Registered Nurse	1/24/2013	1/25/2013	p	e
Peoria-IL	13-3625	Registered Nurse	1/24/2013	6/11/2013	c	j
Peoria-IL	13-3626	Licensed Practical Nurse	1/24/2013	1/26/2013	p	j
Peoria-IL	13-3625	Registered Nurse	1/24/2013	6/14/2013	k	k
Peoria-IL	13-3625	Registered Nurse	1/24/2013	2/13/2013	a	l
Peoria-IL	13-3625	Registered Nurse	1/24/2013	2/13/2013	c	l
Peoria-IL	13-3625	Registered Nurse	1/24/2013	6/11/2013	a	l
Peoria-IL	13-3625	Registered Nurse	1/24/2013	6/24/2013	n	m
Peoria-IL	13-3626	Licensed Practical Nurse	1/24/2013	1/25/2013	m	m
Peoria-IL	13-3625	Registered Nurse	1/24/2013	3/17/2013	f	m
Peoria-IL	13-3654	Licensed Practical Nurse	2/1/2013	2/1/2013	g	a
Peoria-IL	13-3654	Licensed Practical Nurse	2/1/2013	2/13/2013	m	c
Peoria-IL	13-3654	Licensed Practical Nurse	2/1/2013	2/11/2013	a	j
Peoria-IL	13-3654	Licensed Practical Nurse	2/1/2013	2/13/2013	d	k
Peoria-IL	13-3721	Certified Nurse Assistant	2/20/2013	2/26/2013	f	b
Peoria-IL	13-3722	Certified Nurse Assistant	2/20/2013	2/26/2013	f	b
Peoria-IL	13-3723	Certified Nurse Assistant	2/20/2013	2/26/2013	f	b
Peoria-IL	13-3723	Certified Nurse Assistant	2/20/2013	3/13/2013	b	j
Peoria-IL	13-3721	Certified Nurse Assistant	2/20/2013	2/25/2013	d	k
Peoria-IL	13-3722	Certified Nurse Assistant	2/20/2013	2/25/2013	d	k
Peoria-IL	13-3723	Certified Nurse Assistant	2/20/2013	2/25/2013	d	k
Peoria-IL	13-3723	Certified Nurse Assistant	2/20/2013	3/5/2013	l	k
Peoria-IL	13-3723	Certified Nurse Assistant	2/20/2013	2/22/2013	b	k
Peoria-IL	13-3723	Certified Nurse Assistant	2/20/2013	2/22/2013	h	k
Peoria-IL	13-3723	Certified Nurse Assistant	2/20/2013	3/8/2013	s	l
Peoria-IL	13-3721	Certified Nurse Assistant	2/20/2013	2/20/2013	d	l
Peoria-IL	13-3721	Certified Nurse Assistant	2/20/2013	2/26/2013	t	n
Peoria-IL	13-3722	Certified Nurse Assistant	2/20/2013	2/26/2013	t	n
Peoria-IL	13-3723	Certified Nurse Assistant	2/20/2013	2/26/2013	t	n
Peoria-IL	13-3723	Certified Nurse Assistant	2/20/2013	3/6/2013	m	p
Peoria-IL	13-3721	Certified Nurse Assistant	2/20/2013	2/28/2013	b	t
Peoria-IL	13-3723	Certified Nurse Assistant	2/20/2013	3/12/2013	n	t
Peoria-IL	13-3722	Certified Nurse Assistant	2/20/2013	2/20/2013	e	t
Peoria-IL	13-3723	Certified Nurse Assistant	2/20/2013	3/5/2013	r	v
Peoria-IL	13-3723	Certified Nurse Assistant	2/20/2013	3/7/2013	n	z
Peoria-IL	13-3746	Licensed Practical Nurse	3/6/2013	4/17/2013	p	j
Peoria-IL	13-3746	Licensed Practical Nurse	3/6/2013	3/11/2013	j	j
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	c	a
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/4/2013	n	a
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/24/2013	n	a

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Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	r	a
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	3/20/2013	t	a
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/20/2013	t	a
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/17/2013	s	b
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/8/2013	h	b
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/12/2013	g	c
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/17/2013	b	c
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/4/2013	w	d
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/23/2013	h	d
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/4/2013	j	d
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/22/2013	j	d
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	b	d
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/4/2013	b	d
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	b	d
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/17/2013	d	e
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/12/2013	b	e
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/4/2013	w	e
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	w	e
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/6/2013	b	g
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/4/2013	b	j
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	b	j
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/17/2013	m	j
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	w	j
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	5/1/2013	l	k
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/12/2013	n	l
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	3/24/2013	c	l
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/24/2013	c	l
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/3/2013	h	m
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/14/2013	h	m
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	3/28/2013	f	m
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/28/2013	f	m
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	s	m
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/14/2013	h	m
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/4/2013	d	m
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/22/2013	d	m
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/12/2013	h	n
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/4/2013	m	p
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	m	p
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/19/2013	h	r
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/1/2013	d	s
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	d	s
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	3/14/2013	m	s
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	4/2/2013	m	s
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	d	s
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/4/2013	m	s
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	m	s
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	n	t
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/4/2013	v	t
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	v	t
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/15/2013	b	t
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	3/12/2013	n	t
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	4/4/2013	w	w
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/18/2013	w	w
Peoria-IL	13-3755	Certified Nurse Assistant	3/8/2013	3/18/2013	n	z
Peoria-IL	13-3756	Certified Nurse Assistant	3/8/2013	3/18/2013	n	z
Peoria-IL	13-3841	Registered Nurse	4/9/2013	6/3/2013	l	a
Peoria-IL	13-3841	Registered Nurse	4/9/2013	4/29/2013	y	c
Peoria-IL	13-3841	Registered Nurse	4/9/2013	7/1/2013	b	e

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Peoria-IL	13-3841	Registered Nurse	4/9/2013	7/10/2013	g	j
Peoria-IL	13-3841	Registered Nurse	4/9/2013	6/17/2013	f	j
Peoria-IL	13-3841	Registered Nurse	4/9/2013	5/31/2013	f	k
Peoria-IL	13-3841	Registered Nurse	4/9/2013	6/14/2013	k	k
Peoria-IL	13-3841	Registered Nurse	4/9/2013	5/15/2013	f	l
Peoria-IL	13-3841	Registered Nurse	4/9/2013	7/10/2013	b	n
Peoria-IL	13-3841	Registered Nurse	4/9/2013	5/26/2013	m	r
Peoria-IL	13-3841	Registered Nurse	4/9/2013	7/9/2013	s	t
Peoria-IL	13-3865	Certified Nurse Assistant	4/16/2013	5/8/2013	p	a
Peoria-IL	13-3865	Certified Nurse Assistant	4/16/2013	4/24/2013	h	a
Peoria-IL	13-3866	Certified Nurse Assistant	4/16/2013	4/17/2013	h	a
Peoria-IL	13-3866	Certified Nurse Assistant	4/16/2013	4/24/2013	k	a
Peoria-IL	13-3866	Certified Nurse Assistant	4/16/2013	4/17/2013	s	b
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	4/19/2013	s	b
Peoria-IL	13-3866	Certified Nurse Assistant	4/16/2013	4/29/2013	h	b
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	h	b
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	g	c
Peoria-IL	13-3865	Certified Nurse Assistant	4/16/2013	4/17/2013	b	c
Peoria-IL	13-3866	Certified Nurse Assistant	4/16/2013	4/17/2013	b	c
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	4/17/2013	b	c
Peoria-IL	13-3867	Certified Nurse Assistant	4/16/2013	4/22/2013	s	c
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	s	c
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	w	d
Peoria-IL	13-3866	Certified Nurse Assistant	4/16/2013	4/24/2013	s	d
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	b	e
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	w	e
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	b	j
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	m	j
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	4/25/2013	c	j
Peoria-IL	13-3865	Certified Nurse Assistant	4/16/2013	5/1/2013	l	k
Peoria-IL	13-3866	Certified Nurse Assistant	4/16/2013	5/1/2013	l	k
Peoria-IL	13-3867	Certified Nurse Assistant	4/16/2013	5/1/2013	l	k
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	l	k
Peoria-IL	13-3865	Certified Nurse Assistant	4/16/2013	4/22/2013	s	l
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	4/29/2013	n	l
Peoria-IL	13-3867	Certified Nurse Assistant	4/16/2013	4/25/2013	b	m
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	b	m
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	4/16/2013	h	m
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	f	m
Peoria-IL	13-3865	Certified Nurse Assistant	4/16/2013	5/6/2013	d	r
Peoria-IL	13-3866	Certified Nurse Assistant	4/16/2013	5/6/2013	d	r
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	4/24/2013	w	s
Peoria-IL	13-3867	Certified Nurse Assistant	4/16/2013	4/29/2013	h	s
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	m	s
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	4/22/2013	m	w
Peoria-IL	13-3865	Certified Nurse Assistant	4/16/2013	4/29/2013	w	w
Peoria-IL	13-3868	Certified Nurse Assistant	4/16/2013	5/1/2013	w	w
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/2/2013	g	a
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/25/2013	g	a
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/6/2013	l	a
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	4/24/2013	k	a
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	4/30/2013	y	a
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	8/8/2013	h	b
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	4/28/2013	w	b
Peoria-IL	13-3885	Licensed Practical Nurse	4/24/2013	5/9/2013	h	b
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/1/2013	k	b
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	6/3/2013	f	c
Peoria-IL	13-3885	Licensed Practical Nurse	4/24/2013	5/13/2013	p	c

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Peoria-IL	13-3886	Care Companion CNA	4/24/2013	6/9/2013	g	c
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/15/2013	m	c
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	6/17/2013	m	c
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/25/2013	s	c
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/14/2013	j	d
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/17/2013	s	h
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	4/25/2013	j	h
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	6/6/2013	l	j
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	4/25/2013	b	j
Peoria-IL	13-3885	Licensed Practical Nurse	4/24/2013	4/24/2013	p	j
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/22/2013	s	j
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	4/30/2013	c	j
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	6/24/2013	l	j
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/1/2013	m	k
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/8/2013	s	l
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	6/26/2013	l	l
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	6/11/2013	u	l
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/24/2013	w	l
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	4/25/2013	g	m
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	4/26/2013	e	m
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/9/2013	n	m
Peoria-IL	13-3885	Licensed Practical Nurse	4/24/2013	5/7/2013	d	m
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/9/2013	c	m
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/24/2013	h	m
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/8/2013	d	m
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	6/23/2013	b	n
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/20/2013	g	n
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	6/28/2013	j	n
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/15/2013	d	p
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/22/2013	a	r
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/23/2013	p	s
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	4/30/2013	t	s
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/9/2013	w	s
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	8/6/2013	h	s
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	6/4/2013	p	s
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	8/2/2013	v	s
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/21/2013	y	s
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/21/2013	r	t
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	8/1/2013	b	t
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/28/2013	m	t
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/10/2013	h	t
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/11/2013	g	t
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/10/2013	y	t
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/31/2013	j	t
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/30/2013	w	t
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	5/14/2013	l	t
Peoria-IL	13-3886	Care Companion CNA	4/24/2013	7/25/2013	w	w
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/10/2013	m	a
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/8/2013	p	a
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	h	a
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	k	a
Peoria-IL	13-3902	Certified Nurse Assistant	4/29/2013	4/30/2013	y	a
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	y	a
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/9/2013	h	b
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/5/2013	f	c
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	g	c
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/13/2013	m	c
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	s	c

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Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	w	d
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	s	d
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	b	e
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	w	e
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/26/2013	b	g
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	b	j
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	m	j
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	c	j
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	d	j
Peoria-IL	13-3902	Certified Nurse Assistant	4/29/2013	5/1/2013	l	k
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/1/2013	l	k
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/28/2013	m	l
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	b	m
Peoria-IL	13-3902	Certified Nurse Assistant	4/29/2013	4/30/2013	s	m
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	s	m
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	f	m
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/13/2013	c	m
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/5/2013	m	n
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/15/2013	d	p
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/10/2013	g	p
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/9/2013	w	s
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	w	s
Peoria-IL	13-3902	Certified Nurse Assistant	4/29/2013	4/29/2013	w	s
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	m	s
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/21/2013	r	t
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/14/2013	l	t
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	m	w
Peoria-IL	13-3903	Certified Nurse Assistant	4/29/2013	5/7/2013	w	w
Peoria-IL	13-3929	Certified Nurse Assistant	5/8/2013	5/8/2013	y	c
Peoria-IL	13-3959	Certified Nurse Assistant	5/16/2013	6/5/2013	h	a
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/10/2013	h	a
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	m	a
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	p	a
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	h	a
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	y	a
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	h	b
Peoria-IL	13-3959	Certified Nurse Assistant	5/16/2013	6/3/2013	f	c
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/3/2013	f	c
Peoria-IL	13-3959	Certified Nurse Assistant	5/16/2013	5/17/2013	g	c
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/17/2013	g	c
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	m	c
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	s	c
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	w	d
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	b	e
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/22/2013	b	g
Peoria-IL	13-3959	Certified Nurse Assistant	5/16/2013	6/6/2013	l	j
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/6/2013	l	j
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	b	j
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/5/2013	m	j
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	7/1/2013	h	j
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	c	j
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	d	j
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/24/2013	l	j
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	l	k
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	7/1/2013	m	k
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	m	l
Peoria-IL	13-3959	Certified Nurse Assistant	5/16/2013	5/23/2013	c	l
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/10/2013	c	l

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Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/23/2013	r	m
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	c	m
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/23/2013	b	n
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/18/2013	j	n
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	g	p
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/9/2013	a	r
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/31/2013	m	r
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/21/2013	b	s
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	w	s
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	w	s
Peoria-IL	13-3959	Certified Nurse Assistant	5/16/2013	6/4/2013	p	s
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/4/2013	p	s
Peoria-IL	13-3959	Certified Nurse Assistant	5/16/2013	5/21/2013	r	t
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/21/2013	r	t
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	7/5/2013	j	t
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	l	t
Peoria-IL	13-3959	Certified Nurse Assistant	5/16/2013	5/16/2013	m	w
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	5/29/2013	m	w
Peoria-IL	13-3959	Certified Nurse Assistant	5/16/2013	6/6/2013	s	w
Peoria-IL	13-3960	Certified Nurse Assistant	5/16/2013	6/10/2013	s	w
Peoria-IL	13-3984	Licensed Practical Nurse	5/24/2013	6/5/2013	h	a
Peoria-IL	13-3984	Licensed Practical Nurse	5/24/2013	6/17/2013	m	b
Peoria-IL	13-3984	Licensed Practical Nurse	5/24/2013	6/3/2013	w	k
Peoria-IL	13-3984	Licensed Practical Nurse	5/24/2013	6/4/2013	t	m
Peoria-IL	13-3984	Licensed Practical Nurse	5/24/2013	6/20/2013	k	r
Peoria-IL	13-3984	Licensed Practical Nurse	5/24/2013	5/29/2013	l	s
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	6/20/2013	h	a
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	6/18/2013	j	a
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	7/22/2013	f	a
Peoria-IL	13-4022	Certified Nurse Assistant	6/7/2013	6/7/2013	p	a
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	8/6/2013	a	a
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	8/6/2013	a	a
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	6/28/2013	j	a
Peoria-IL	13-4021	Certified Nurse Assistant	6/7/2013	6/7/2013	h	b
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	6/24/2013	f	c
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	6/24/2013	f	c
Peoria-IL	13-4020	Certified Nurse Assistant	6/7/2013	6/9/2013	g	c
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/14/2013	g	c
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	6/26/2013	f	c
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	9/1/2013	r	c
Peoria-IL	13-4020	Certified Nurse Assistant	6/7/2013	6/7/2013	m	c
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	8/23/2013	j	d
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	7/5/2013	s	d
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	6/10/2013	p	d
Peoria-IL	13-4020	Certified Nurse Assistant	6/7/2013	6/10/2013	p	d
Peoria-IL	13-4021	Certified Nurse Assistant	6/7/2013	6/10/2013	p	d
Peoria-IL	13-4022	Certified Nurse Assistant	6/7/2013	6/10/2013	p	d
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	6/10/2013	p	d
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	6/18/2013	a	d
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/13/2013	p	g
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/13/2013	b	h
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/23/2013	s	j
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	6/29/2013	g	j
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/20/2013	l	j
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	6/24/2013	l	j
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	6/24/2013	l	j
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	8/2/2013	s	j
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	8/2/2013	s	j

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Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	8/29/2013	m	k
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	8/11/2013	f	k
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	8/19/2013	b	k
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/1/2013	m	k
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	9/2/2013	b	k
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/12/2013	p	k
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	6/14/2013	v	k
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	7/23/2013	l	l
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/23/2013	l	l
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	6/7/2013	m	l
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	6/17/2013	c	l
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	6/17/2013	c	l
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	6/10/2013	d	l
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	6/23/2013	r	m
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	6/23/2013	r	m
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/18/2013	g	m
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	7/24/2013	h	m
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	7/31/2013	k	m
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/31/2013	k	m
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	6/21/2013	p	m
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	6/28/2013	j	n
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	8/31/2013	g	p
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/15/2013	p	s
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	6/7/2013	t	s
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	7/14/2013	b	s
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/14/2013	b	s
Peoria-IL	13-4017	Certified Nurse Assistant	6/7/2013	6/11/2013	w	s
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	8/2/2013	v	s
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	8/2/2013	v	s
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	6/19/2013	g	t
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	7/18/2013	w	t
Peoria-IL	13-4017	Certified Nurse Assistant	6/7/2013	6/10/2013	r	t
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/30/2013	a	t
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	7/19/2013	b	t
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/19/2013	b	t
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	7/31/2013	j	t
Peoria-IL	13-4023	Certified Nurse Assistant	6/7/2013	7/5/2013	j	t
Peoria-IL	13-4019	Certified Nurse Assistant	6/7/2013	8/23/2013	w	t
Peoria-IL	13-4017	Certified Nurse Assistant	6/7/2013	6/7/2013	l	t
Peoria-IL	13-4036	Registered Nurse	6/13/2013	6/13/2013	l	a
Peoria-IL	13-4037	Licensed Practical Nurse	6/13/2013	6/14/2013	w	h
Peoria-IL	13-4037	Licensed Practical Nurse	6/13/2013	7/10/2013	w	j
Peoria-IL	13-4037	Licensed Practical Nurse	6/13/2013	6/27/2013	l	k
Peoria-IL	13-4037	Licensed Practical Nurse	6/13/2013	6/16/2013	s	m
Peoria-IL	13-4037	Licensed Practical Nurse	6/13/2013	6/20/2013	k	r
Peoria-IL	13-4036	Registered Nurse	6/13/2013	6/13/2013	m	r
Peoria-IL	13-4044	Registered Nurse	6/18/2013	7/1/2013	g	j
Peoria-IL	13-4044	Registered Nurse	6/18/2013	6/22/2013	f	j
Peoria-IL	13-4044	Registered Nurse	6/18/2013	6/18/2013	f	k
Peoria-IL	13-4044	Registered Nurse	6/18/2013	7/9/2013	b	n
Peoria-IL	13-4044	Registered Nurse	6/18/2013	7/9/2013	s	t
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/12/2013	m	c
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/12/2013	c	d
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/10/2013	b	e
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/16/2013	j	j
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/10/2013	g	j
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/12/2013	w	j
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/23/2013	w	j

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Lutheran Hillside Village
2013 Applicants

Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/16/2013	c	k
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/10/2013	k	k
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/10/2013	s	l
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/10/2013	a	l
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/10/2013	n	m
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/23/2013	i	m
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/29/2013	m	m
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/10/2013	b	n
Peoria-IL	13-4119	Registered Nurse	7/10/2013	7/10/2013	s	t
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/15/2013	m	a
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/12/2013	l	a
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/22/2013	a	a
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/16/2013	k	b
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/15/2013	b	c
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/25/2013	s	c
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	8/21/2013	s	d
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/23/2013	v	e
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	8/5/2013	m	h
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/15/2013	m	j
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/21/2013	j	j
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	8/21/2013	s	j
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	8/20/2013	l	k
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/29/2013	d	k
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/23/2013	l	l
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/16/2013	k	m
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/23/2013	g	m
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/24/2013	h	m
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/12/2013	k	m
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	8/5/2013	p	s
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/23/2013	d	s
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	8/2/2013	v	s
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/21/2013	y	s
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/13/2013	k	t
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/23/2013	m	t
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/31/2013	j	t
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	8/8/2013	w	t
Peoria-IL	13-4127	Care Companion CNA	7/11/2013	7/13/2013	h	y
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	7/28/2013	p	a
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/6/2013	a	a
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/8/2013	s	a
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/14/2013	a	e
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/7/2013	g	f
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/2/2013	s	j
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/29/2013	m	k
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/11/2013	f	k
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	9/2/2013	b	k
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/23/2013	g	m
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/11/2013	m	n
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/31/2013	g	p
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/25/2013	a	s
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/2/2013	v	s
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/31/2013	g	t
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	7/31/2013	j	t
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	7/25/2013	h	t
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/20/2013	s	t
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	7/30/2013	w	t
Peoria-IL	13-4170	Certified Nurse Assistant	7/24/2013	8/23/2013	b	v
Peoria-IL	13-4211	Licensed Practical Nurse	8/2/2013	9/24/2013	n	a

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Peoria-IL	13-4211	Licensed Practical Nurse	8/2/2013	9/13/2013	h	b
Peoria-IL	13-4210	Neighborhood Nurse Coord RN	8/2/2013	8/28/2013	h	c
Peoria-IL	13-4211	Licensed Practical Nurse	8/2/2013	9/4/2013	j	h
Peoria-IL	13-4211	Licensed Practical Nurse	8/2/2013	10/9/2013	e	j
Peoria-IL	13-4210	Neighborhood Nurse Coord RN	8/2/2013	8/27/2013	j	j
Peoria-IL	13-4210	Neighborhood Nurse Coord RN	8/2/2013	9/4/2013	h	j
Peoria-IL	13-4210	Neighborhood Nurse Coord RN	8/2/2013	8/5/2013	b	j
Peoria-IL	13-4211	Licensed Practical Nurse	8/2/2013	9/28/2013	h	k
Peoria-IL	13-4210	Neighborhood Nurse Coord RN	8/2/2013	8/6/2013	g	l
Peoria-IL	13-4211	Licensed Practical Nurse	8/2/2013	8/15/2013	m	m
Peoria-IL	13-4211	Licensed Practical Nurse	8/2/2013	8/29/2013	c	m
Peoria-IL	13-4211	Licensed Practical Nurse	8/2/2013	9/25/2013	k	r
Peoria-IL	13-4210	Neighborhood Nurse Coord RN	8/2/2013	8/21/2013	m	s
Peoria-IL	13-4211	Licensed Practical Nurse	8/2/2013	9/23/2013	l	s
Peoria-IL	13-4210	Neighborhood Nurse Coord RN	8/2/2013	8/13/2013	c	s
Peoria-IL	13-4210	Neighborhood Nurse Coord RN	8/2/2013	8/2/2013	a	s
Peoria-IL	13-4210	Neighborhood Nurse Coord RN	8/2/2013	8/6/2013	b	t
Peoria-IL	13-4210	Neighborhood Nurse Coord RN	8/2/2013	8/27/2013	h	t
Peoria-IL	13-4244	Licensed Practical Nurse	8/9/2013	9/7/2013	h	a
Peoria-IL	13-4244	Licensed Practical Nurse	8/9/2013	8/27/2013	n	a
Peoria-IL	13-4244	Licensed Practical Nurse	8/9/2013	9/10/2013	h	b
Peoria-IL	13-4244	Licensed Practical Nurse	8/9/2013	8/28/2013	j	h
Peoria-IL	13-4244	Licensed Practical Nurse	8/9/2013	9/9/2013	g	j
Peoria-IL	13-4244	Licensed Practical Nurse	8/9/2013	8/23/2013	h	j
Peoria-IL	13-4244	Licensed Practical Nurse	8/9/2013	9/10/2013	n	j
Peoria-IL	13-4244	Licensed Practical Nurse	8/9/2013	9/18/2013	p	k
Peoria-IL	13-4244	Licensed Practical Nurse	8/9/2013	9/4/2013	t	m
Peoria-IL	13-4244	Licensed Practical Nurse	8/9/2013	9/17/2013	p	m
Peoria-IL	13-4244	Licensed Practical Nurse	8/9/2013	9/8/2013	k	r
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	8/30/2013	m	a
Peoria-IL	13-4287	Certified Nurse Assistant	8/23/2013	9/13/2013	m	a
Peoria-IL	13-4285	Certified Nurse Assistant	8/23/2013	8/29/2013	k	a
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/24/2013	k	a
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	10/11/2013	h	a
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/13/2013	a	a
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/18/2013	z	a
Peoria-IL	13-4285	Certified Nurse Assistant	8/23/2013	9/18/2013	b	a
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/18/2013	b	a
Peoria-IL	13-4287	Certified Nurse Assistant	8/23/2013	9/18/2013	b	a
Peoria-IL	13-4288	Certified Nurse Assistant	8/23/2013	9/18/2013	b	a
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/26/2013	r	a
Peoria-IL	13-4285	Certified Nurse Assistant	8/23/2013	8/23/2013	j	a
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/22/2013	j	b
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/18/2013	g	b
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/2/2013	m	c
Peoria-IL	13-4287	Certified Nurse Assistant	8/23/2013	9/2/2013	m	c
Peoria-IL	13-4288	Certified Nurse Assistant	8/23/2013	9/24/2013	m	c
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	10/10/2013	b	c
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	10/6/2013	b	c
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/5/2013	r	c
Peoria-IL	13-4288	Certified Nurse Assistant	8/23/2013	9/5/2013	r	c
Peoria-IL	13-4285	Certified Nurse Assistant	8/23/2013	8/26/2013	p	d
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	10/25/2013	s	e
Peoria-IL	13-4285	Certified Nurse Assistant	8/23/2013	9/17/2013	b	j
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	10/1/2013	h	j
Peoria-IL	13-4285	Certified Nurse Assistant	8/23/2013	8/29/2013	m	k
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	10/10/2013	a	k
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	8/23/2013	f	k

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Peoria-IL	13-4285	Certified Nurse Assistant	8/23/2013	9/2/2013	b	k
Peoria-IL	13-4288	Certified Nurse Assistant	8/23/2013	9/25/2013	d	k
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/25/2013	b	k
Peoria-IL	13-4288	Certified Nurse Assistant	8/23/2013	8/24/2013	s	l
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/9/2013	l	l
Peoria-IL	13-4287	Certified Nurse Assistant	8/23/2013	9/9/2013	l	l
Peoria-IL	13-4288	Certified Nurse Assistant	8/23/2013	9/9/2013	l	l
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	8/24/2013	s	l
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	10/23/2013	j	l
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	10/10/2013	r	m
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	10/2/2013	c	m
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	10/7/2013	b	n
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/7/2013	f	p
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	8/31/2013	g	p
Peoria-IL	13-4287	Certified Nurse Assistant	8/23/2013	8/31/2013	g	p
Peoria-IL	13-4288	Certified Nurse Assistant	8/23/2013	8/31/2013	g	p
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	10/25/2013	s	p
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/20/2013	c	r
Peoria-IL	13-4287	Certified Nurse Assistant	8/23/2013	8/27/2013	h	s
Peoria-IL	13-4288	Certified Nurse Assistant	8/23/2013	9/20/2013	h	s
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/19/2013	s	s
Peoria-IL	13-4288	Certified Nurse Assistant	8/23/2013	9/25/2013	w	s
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	10/8/2013	h	s
Peoria-IL	13-4285	Certified Nurse Assistant	8/23/2013	9/10/2013	g	s
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/3/2013	f	s
Peoria-IL	13-4285	Certified Nurse Assistant	8/23/2013	8/25/2013	a	s
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	8/25/2013	a	s
Peoria-IL	13-4285	Certified Nurse Assistant	8/23/2013	8/31/2013	g	t
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/18/2013	b	t
Peoria-IL	13-4285	Certified Nurse Assistant	8/23/2013	9/18/2013	v	t
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/19/2013	g	t
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/2/2013	y	t
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/4/2013	s	t
Peoria-IL	13-4287	Certified Nurse Assistant	8/23/2013	9/4/2013	s	t
Peoria-IL	13-4288	Certified Nurse Assistant	8/23/2013	9/4/2013	s	t
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/6/2013	n	t
Peoria-IL	13-4286	Certified Nurse Assistant	8/23/2013	9/23/2013	n	t
Peoria-IL	13-4288	Certified Nurse Assistant	8/23/2013	9/23/2013	n	t
Peoria-IL	13-4287	Certified Nurse Assistant	8/23/2013	8/23/2013	b	v
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	8/30/2013	k	a
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	9/18/2013	b	a
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	9/14/2013	k	b
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	9/6/2013	v	b
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	9/5/2013	r	c
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	9/1/2013	p	d
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	9/12/2013	c	e
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	8/29/2013	m	k
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	9/2/2013	b	k
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	9/9/2013	l	l
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	9/5/2013	c	l
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	9/5/2013	g	m
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	9/5/2013	r	r
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	8/28/2013	m	s
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	8/31/2013	g	t
Peoria-IL	13-4298	Certified Nurse Assistant	8/27/2013	9/4/2013	s	t
Peoria-IL	13-4357	Certified Nurse Assistant	9/13/2013	9/17/2013	k	a
Peoria-IL	13-4357	Certified Nurse Assistant	9/13/2013	9/18/2013	b	a
Peoria-IL	13-4357	Certified Nurse Assistant	9/13/2013	9/13/2013	j	d

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Peoria-IL	13-4357	Certified Nurse Assistant	9/13/2013	9/13/2013	j	d
Peoria-IL	13-4357	Certified Nurse Assistant	9/13/2013	9/16/2013	p	d
Peoria-IL	13-4357	Certified Nurse Assistant	9/13/2013	9/17/2013	b	j
Peoria-IL	13-4384	Certified Nurse Assistant	9/20/2013	10/23/2013	h	a
Peoria-IL	13-4385	Certified Nurse Assistant	9/20/2013	9/30/2013	k	a
Peoria-IL	13-4389	Certified Nurse Assistant	9/20/2013	9/23/2013	b	a
Peoria-IL	13-4387	MDS Coordinator RN	9/20/2013	9/27/2013	m	b
Peoria-IL	13-4385	Certified Nurse Assistant	9/20/2013	9/24/2013	m	c
Peoria-IL	13-4384	Certified Nurse Assistant	9/20/2013	10/6/2013	b	c
Peoria-IL	13-4388	Licensed Practical Nurse	9/20/2013	9/20/2013	d	c
Peoria-IL	13-4384	Certified Nurse Assistant	9/20/2013	10/4/2013	g	c
Peoria-IL	13-4385	Certified Nurse Assistant	9/20/2013	9/30/2013	p	d
Peoria-IL	13-4387	MDS Coordinator RN	9/20/2013	10/21/2013	b	d
Peoria-IL	13-4387	MDS Coordinator RN	9/20/2013	9/22/2013	h	d
Peoria-IL	13-4385	Certified Nurse Assistant	9/20/2013	10/15/2013	b	e
Peoria-IL	13-4387	MDS Coordinator RN	9/20/2013	10/13/2013	a	h
Peoria-IL	13-4384	Certified Nurse Assistant	9/20/2013	9/27/2013	r	j
Peoria-IL	13-4389	Certified Nurse Assistant	9/20/2013	9/20/2013	k	j
Peoria-IL	13-4385	Certified Nurse Assistant	9/20/2013	10/10/2013	h	j
Peoria-IL	13-4387	MDS Coordinator RN	9/20/2013	9/25/2013	h	j
Peoria-IL	13-4388	Licensed Practical Nurse	9/20/2013	9/24/2013	d	j
Peoria-IL	13-4387	MDS Coordinator RN	9/20/2013	11/24/2013	c	k
Peoria-IL	13-4388	Licensed Practical Nurse	9/20/2013	9/23/2013	d	k
Peoria-IL	13-4386	Licensed Practical Nurse	9/20/2013	10/2/2013	h	l
Peoria-IL	13-4387	MDS Coordinator RN	9/20/2013	10/14/2013	s	l
Peoria-IL	13-4384	Certified Nurse Assistant	9/20/2013	10/2/2013	c	m
Peoria-IL	13-4388	Licensed Practical Nurse	9/20/2013	9/25/2013	k	r
Peoria-IL	13-4387	MDS Coordinator RN	9/20/2013	9/30/2013	e	r
Peoria-IL	13-4384	Certified Nurse Assistant	9/20/2013	10/17/2013	m	r
Peoria-IL	13-4387	MDS Coordinator RN	9/20/2013	9/24/2013	h	s
Peoria-IL	13-4386	Licensed Practical Nurse	9/20/2013	9/24/2013	l	s
Peoria-IL	13-4384	Certified Nurse Assistant	9/20/2013	9/27/2013	b	s
Peoria-IL	13-4387	MDS Coordinator RN	9/20/2013	9/23/2013	r	s
Peoria-IL	13-4387	MDS Coordinator RN	9/20/2013	11/29/2013	s	s
Peoria-IL	13-4389	Certified Nurse Assistant	9/20/2013	9/20/2013	g	t
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	12/21/2013	d	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	1/7/2014	c	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/8/2013	c	a
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	10/11/2013	c	a
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	9/30/2013	k	a
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	9/30/2013	k	a
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	9/30/2013	k	a
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	10/1/2013	d	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	3/10/2014	d	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	1/21/2014	l	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/15/2013	m	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	1/22/2014	k	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	2/4/2014	p	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/8/2013	p	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	3/1/2014	h	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	1/14/2014	g	a
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	1/23/2014	g	a
Peoria-IL	13-4393	Neighborhood Nurse Coord RN	9/23/2013	10/3/2013	t	a
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	1/10/2014	e	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/2/2013	m	a
Peoria-IL	13-4396	Certified Nurse Assistant	9/23/2013	10/14/2013	z	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/6/2013	w	a
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/2/2013	e	a

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Peoria-IL	13-4396	Certified Nurse Assistant	9/23/2013	11/12/2013	e	a
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	10/11/2013	k	a
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	10/21/2013	k	a
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	10/15/2013	k	a
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	11/26/2013	k	a
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	11/22/2013	y	b
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/22/2013	y	b
Peoria-IL	13-4396	Certified Nurse Assistant	9/23/2013	11/22/2013	y	b
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	11/22/2013	y	b
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	11/12/2013	s	b
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/12/2013	s	b
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	1/29/2014	g	b
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	12/27/2013	s	b
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/30/2013	n	b
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/11/2013	w	b
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	1/2/2014	w	b
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	1/27/2014	d	c
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	3/8/2014	w	c
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	1/1/2014	m	c
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	10/1/2013	m	c
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	1/1/2014	m	c
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	10/15/2013	b	c
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	10/10/2013	b	c
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	10/6/2013	b	c
Peoria-IL	13-4396	Certified Nurse Assistant	9/23/2013	10/6/2013	b	c
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	1/8/2014	b	c
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	1/16/2014	b	c
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/1/2013	r	c
Peoria-IL	13-4396	Certified Nurse Assistant	9/23/2013	11/1/2013	r	c
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	10/18/2013	s	d
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	9/26/2013	p	d
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	9/26/2013	p	d
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	2/20/2014	m	d
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	1/4/2014	l	d
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	2/12/2014	b	d
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/24/2013	b	e
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	9/24/2013	c	e
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	11/12/2013	p	g
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	11/30/2013	p	g
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	11/29/2013	h	h
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/29/2013	h	h
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	11/29/2013	h	h
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	10/28/2013	r	h
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	10/28/2013	r	h
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	2/28/2014	m	j
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	10/1/2013	h	j
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	10/1/2013	h	j
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	9/23/2013	d	j
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	1/23/2014	c	j
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	2/22/2014	c	j
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	10/30/2013	h	j
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	10/30/2013	h	j
Peoria-IL	13-4396	Certified Nurse Assistant	9/23/2013	10/30/2013	h	j
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	10/30/2013	h	j
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	10/30/2013	h	j
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	1/22/2014	w	k
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	10/14/2013	d	k
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/18/2013	h	k

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Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/30/2013	b	k
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	2/3/2014	b	k
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	12/2/2013	m	k
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	12/13/2013	m	k
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	1/30/2014	n	k
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/27/2013	f	k
Peoria-IL	13-4396	Certified Nurse Assistant	9/23/2013	11/19/2013	r	l
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	1/8/2014	f	m
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	10/24/2013	w	m
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/5/2013	k	m
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	12/29/2013	g	n
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/29/2013	n	n
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	12/30/2013	g	n
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/30/2013	g	n
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	12/30/2013	g	n
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	12/2/2013	h	n
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	11/12/2013	d	o
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	11/12/2013	d	o
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/1/2013	s	p
Peoria-IL	13-4396	Certified Nurse Assistant	9/23/2013	10/28/2013	s	p
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	11/1/2013	s	p
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/31/2013	s	p
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	10/25/2013	s	p
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	10/28/2013	p	q
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	11/16/2013	h	r
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	11/16/2013	h	r
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	11/16/2013	h	r
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	10/6/2013	m	r
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	1/2/2014	m	r
Peoria-IL	13-4396	Certified Nurse Assistant	9/23/2013	10/3/2013	h	r
Peoria-IL	13-4396	Certified Nurse Assistant	9/23/2013	11/19/2013	b	r
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	11/27/2013	m	r
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	12/12/2013	m	r
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	10/17/2013	m	r
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	11/27/2013	m	r
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	12/12/2013	m	r
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	12/11/2013	d	s
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/3/2013	d	s
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	12/3/2013	d	s
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	1/3/2014	s	s
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	12/10/2013	r	s
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/7/2013	w	s
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	1/22/2014	w	s
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/4/2013	w	s
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	1/24/2014	w	s
Peoria-IL	13-4397	Certified Nurse Assistant	9/23/2013	10/8/2013	h	s
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	11/19/2013	b	s
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	2/3/2014	a	s
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	1/22/2014	h	s
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	10/30/2013	g	s
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	3/12/2014	p	s
Peoria-IL	13-4393	Neighborhood Nurse Coord RN	9/23/2013	10/8/2013	d	s
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	9/25/2013	b	s
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	10/2/2013	b	s
Peoria-IL	13-4393	Neighborhood Nurse Coord RN	9/23/2013	9/27/2013	r	s
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	10/9/2013	s	s
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	10/21/2013	f	s
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	11/24/2013	r	t

ATTACHMENT-19B

Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	11/5/2013	h	t
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/20/2013	b	t
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	12/12/2013	g	t
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/12/2013	v	t
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	2/1/2014	s	t
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	11/9/2013	g	t
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/9/2013	g	t
Peoria-IL	13-4396	Certified Nurse Assistant	9/23/2013	11/9/2013	g	t
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	11/9/2013	g	t
Peoria-IL	13-4393	Neighborhood Nurse Coord RN	9/23/2013	9/23/2013	h	t
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/5/2013	t	t
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	1/23/2014	r	t
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	12/26/2013	l	t
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	12/26/2013	l	t
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	12/26/2013	l	t
Peoria-IL	13-4394	Certified Nurse Assistant	9/23/2013	11/3/2013	p	t
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	11/21/2013	p	t
Peoria-IL	13-4398	Certified Nurse Assistant	9/23/2013	11/3/2013	p	t
Peoria-IL	13-4395	Certified Nurse Assistant	9/23/2013	10/19/2013	w	v
Peoria-IL	13-4396	Certified Nurse Assistant	9/23/2013	11/3/2013	b	w
Peoria-IL	13-4439	Registered Nurse	10/4/2013	11/4/2013	e	a
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/21/2013	h	a
Peoria-IL	13-4440	Registered Nurse	10/4/2013	10/22/2013	h	a
Peoria-IL	13-4439	Registered Nurse	10/4/2013	10/14/2013	t	a
Peoria-IL	13-4440	Registered Nurse	10/4/2013	10/14/2013	t	a
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/5/2013	h	b
Peoria-IL	13-4440	Registered Nurse	10/4/2013	10/8/2013	d	d
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/5/2013	k	d
Peoria-IL	13-4439	Registered Nurse	10/4/2013	10/10/2013	s	e
Peoria-IL	13-4440	Registered Nurse	10/4/2013	10/10/2013	s	e
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	11/1/2013	s	g
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/5/2013	j	h
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/29/2013	o	i
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/9/2013	e	j
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	11/21/2013	c	j
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	12/16/2013	r	j
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/9/2013	d	j
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	1/12/2014	m	j
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/7/2013	p	j
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/22/2013	k	k
Peoria-IL	13-4440	Registered Nurse	10/4/2013	10/9/2013	e	k
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/6/2013	w	k
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	11/12/2013	a	k
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/8/2013	c	m
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/15/2013	m	m
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/27/2013	a	m
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	12/5/2013	h	m
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/20/2013	p	n
Peoria-IL	13-4439	Registered Nurse	10/4/2013	10/12/2013	m	s
Peoria-IL	13-4440	Registered Nurse	10/4/2013	10/12/2013	m	s
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	10/15/2013	l	s
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	11/6/2013	h	t
Peoria-IL	13-4438	Licensed Practical Nurse	10/4/2013	11/12/2013	b	t
Peoria-IL	13-4490	Registered Nurse	10/23/2013	11/4/2013	e	a
Peoria-IL	13-4490	Registered Nurse	10/23/2013	11/8/2013	r	c
Peoria-IL	13-4490	Registered Nurse	10/23/2013	10/24/2013	d	d
Peoria-IL	13-4490	Registered Nurse	10/23/2013	11/9/2013	b	j
Peoria-IL	13-4490	Registered Nurse	10/23/2013	10/26/2013	g	j

ATTACHMENT-19B

Peoria-IL	13-4490	Registered Nurse	10/23/2013	11/8/2013	e	k
Peoria-IL	13-4490	Registered Nurse	10/23/2013	11/8/2013	e	m
Peoria-IL	13-4490	Registered Nurse	10/23/2013	11/17/2013	m	t
Peoria-IL	13-4490	Registered Nurse	10/23/2013	11/20/2013	s	t
Peoria-IL	13-4496	Certified Nurse Assistant	10/25/2013	10/25/2013	m	c
Peoria-IL	13-4496	Certified Nurse Assistant	10/25/2013	10/25/2013	s	e
Peoria-IL	13-4496	Certified Nurse Assistant	10/25/2013	10/25/2013	f	p
Peoria-IL	13-4532	Licensed Practical Nurse	11/7/2013	11/21/2013	w	d
Peoria-IL	13-4532	Licensed Practical Nurse	11/7/2013	11/13/2013	t	m
Peoria-IL	13-4532	Licensed Practical Nurse	11/7/2013	11/10/2013	c	s
Peoria-IL	13-4532	Licensed Practical Nurse	11/7/2013	12/4/2013	w	s
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	12/2/2013	e	a
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/26/2013	k	a
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/22/2013	y	b
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/24/2013	s	b
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	1/2/2014	w	b
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/25/2013	j	d
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/24/2013	b	e
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/29/2013	h	h
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/27/2013	f	k
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	12/30/2013	g	n
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	12/2/2013	h	n
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/16/2013	h	r
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	1/2/2014	m	r
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/27/2013	m	r
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	12/3/2013	d	s
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	12/7/2013	w	s
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	12/4/2013	w	s
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/19/2013	b	s
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/12/2013	h	t
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	12/12/2013	g	t
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	12/12/2013	v	t
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/9/2013	g	t
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	11/11/2013	l	t
Peoria-IL	13-4535	Certified Nurse Assistant	11/8/2013	12/26/2013	l	t
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/15/2013	m	a
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	11/27/2013	j	d
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	11/30/2013	p	g
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	11/29/2013	h	h
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/17/2013	h	j
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	11/27/2013	f	k
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	1/7/2014	d	l
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/30/2013	g	n
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	1/4/2014	l	n
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/3/2013	e	p
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	11/27/2013	m	r
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/11/2013	d	s
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/27/2013	s	s
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/7/2013	w	s
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/4/2013	w	s
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/20/2013	w	t
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/12/2013	v	t
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/26/2013	l	t
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	11/30/2013	p	t
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/3/2013	l	v
Peoria-IL	13-4575	Certified Nurse Assistant	11/25/2013	12/30/2013	m	v
Peoria-IL	13-4615	Registered Nurse	12/16/2013	1/2/2014	b	c
Peoria-IL	13-4615	Registered Nurse	12/16/2013	12/24/2013	c	d

ATTACHMENT-19B

Lutheran Hillside Village
2013 Applicants

Peoria-IL	13-4615	Registered Nurse	12/16/2013	1/8/2014	b	j
Peoria-IL	13-4615	Registered Nurse	12/16/2013	12/21/2013	c	j
Peoria-IL	13-4615	Registered Nurse	12/16/2013	1/1/2014	s	l
Peoria-IL	13-4615	Registered Nurse	12/16/2013	1/16/2014	s	m
Peoria-IL	13-4615	Registered Nurse	12/16/2013	12/24/2013	c	s
Peoria-IL	13-4615	Registered Nurse	12/16/2013	12/31/2013	m	t
Peoria-IL	13-4615	Registered Nurse	12/16/2013	1/4/2014	s	t
Peoria-IL	13-4651	Licensed Practical Nurse	12/30/2013	5/29/2014	l	a
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	2/18/2014	b	a
Peoria-IL	13-4649	Licensed Practical Nurse	12/30/2013	2/18/2014	b	a
Peoria-IL	13-4650	Licensed Practical Nurse	12/30/2013	2/18/2014	b	a
Peoria-IL	13-4651	Licensed Practical Nurse	12/30/2013	2/18/2014	b	a
Peoria-IL	13-4650	Licensed Practical Nurse	12/30/2013	12/31/2013	h	b
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	4/8/2014	l	b
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	12/31/2013	w	j
Peoria-IL	13-4649	Licensed Practical Nurse	12/30/2013	12/31/2013	w	j
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	1/10/2014	r	j
Peoria-IL	13-4649	Licensed Practical Nurse	12/30/2013	1/10/2014	r	j
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	5/8/2014	k	j
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	1/1/2014	m	j
Peoria-IL	13-4649	Licensed Practical Nurse	12/30/2013	1/11/2014	m	j
Peoria-IL	13-4650	Licensed Practical Nurse	12/30/2013	1/26/2014	m	j
Peoria-IL	13-4651	Licensed Practical Nurse	12/30/2013	1/13/2014	m	j
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	4/7/2014	h	j
Peoria-IL	13-4649	Licensed Practical Nurse	12/30/2013	4/7/2014	h	j
Peoria-IL	13-4650	Licensed Practical Nurse	12/30/2013	4/22/2014	h	j
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	3/27/2014	p	n
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	3/25/2014	m	n
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	3/3/2014	s	p
Peoria-IL	13-4649	Licensed Practical Nurse	12/30/2013	3/3/2014	s	p
Peoria-IL	13-4650	Licensed Practical Nurse	12/30/2013	3/3/2014	s	p
Peoria-IL	13-4651	Licensed Practical Nurse	12/30/2013	3/3/2014	s	p
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	1/10/2014	c	r
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	4/23/2014	j	s
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	4/7/2014	o	s
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	3/6/2014	d	s
Peoria-IL	13-4650	Licensed Practical Nurse	12/30/2013	1/13/2014	j	t
Peoria-IL	13-4648	Licensed Practical Nurse	12/30/2013	3/4/2014	b	t
Peoria-IL	13-4650	Licensed Practical Nurse	12/30/2013	2/24/2014	h	t
Peoria-IL	13-4651	Licensed Practical Nurse	12/30/2013	2/24/2014	h	t

ATTACHMENT-19B

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 will result in a 119-bed nursing facility. As this is less than the maximum of 250-beds, this item is not germane as the proposed project is compliant with this criterion.

ATTACHMENT- 20

Criterion 1125.610 - Community Related Functions

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

Appended as **ATTACHMENT-21A,** are fourteen (14) letters of support for the proposed addition and modernization to **The Lutheran Home**. These letters are from Darin LaHood, Illinois State Senator; Jim Ardis, Mayor, City of Peoria; David R. Leitch, Deputy Republican Leader – 73rd District; David W. Mingus, Mayor, City of East Peoria; Rev. Karl F. Eckhoff, Sr. Pastor, Christ Lutheran Church; Debra J. Sippel, AVP & Trust Officer, South Side Bank; Dean A. Heinzmann, President, First State Bank of Illinois; Tom Carney, Jr., President, Peoria Brick Company; Dr. Thomas Kouri, UnityPoint Health; C. Richard Neumiller, resident, Lutheran Hillside Village; Kristin O'Dea, LCSW, Health Services Counselor, Lutheran Hillside Village; Barbara A. Ricketts; Robert E. Gilmore, resident, Lutheran Hillside Village; Jeffrey D. Bailey, Senior Vice President, Baird.

ATTACHMENT- 21

MINORITY SPOKESPERSON

COMMITTEES:

ILLINOIS STATE SENATE

Darin LaHood

STATE SENATOR • 37TH DISTRICT
email: Senatorlahood@att.net

June 20, 2014

Ms. Courtney R. Aver, Administrator
Ms. Kathryn J. Olson, Chair
Illinois Health Facilities and Services Review Board
535 W. Jefferson St, Second Floor
Springfield, IL 62761

To Whom It May Concern,

I am writing in support for Lutheran Hillside Village's (LHV) application for a Certificate of Need in order to add 34 skilled nursing beds to the Village. Lutheran Hillside Village has experienced a dramatic increase in demand for beds over the past 2 years. The average length of stay for those patients averages 23 days. Currently, the nursing home has 85 skilled beds. Only 1 is a private room. An additional 34 beds would allow LHV to increase the number of private rooms available for skilled care. Lutheran Hillside Village is a quality long-term care facility in the Peoria area that can effectively and efficiently care for patients sent to them by Unity Point Health. Over the past 2 years, LHV could not accept 45% of the referrals due to capacity constraints. With approval for a Certificate of Need, an increase of 34 beds would allow them to care for patients and ensure a high quality of care.

Thank you for your consideration and feel free to contact me with any concerns.

Sincerely,

Darin LaHood

Illinois State Senator Darin LaHood
37th District
(office) 309-693-4921
senatorlahood@att.net

ATTACHMENT-21A

CITY OF
PEORIA

OFFICE OF THE MAYOR
JIM ARDIS

June 13, 2014

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

To Whom It May Concern:

As Mayor of the City of Peoria, I am very pleased to offer my support for the skilled nursing bed expansion plan developed by Lutheran Hillside Village. I request the Illinois Health Facilities Review Board's approval of the required Certificate of Need for this project.

The need for skilled nursing care, both long-term and short-term, in the Peoria community continues to grow and the demand for private, single occupancy rooms continues to increase. The plans for enhancing the campus at Lutheran Hillside Village and adding 34 skilled beds are timely and necessary. Additionally, the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents as well as enhance its ability to serve increasing community needs through outpatient therapy services.

Lutheran Hillside Village provides quality healthcare services to Peoria through their state-of-the-art facilities. Its services are highly regarded throughout the community and they serve our aging population very well. I support the expansion of their programs and services.

I respectfully request your approval of Lutheran Hillside Village's Certificate of Need application.

Sincerely,

Jim Ardis

Jim Ardis
Mayor, City of Peoria
Peoria City Hall
419 Fulton Street, Room 207, Peoria, IL 61602
Phone 309.494.8519 Fax 309.494.8556

ATTACHMENT-21A

☐ DISTRICT OFFICE:
5407 NORTH UNIVERSITY STREET
ARBOR HALL, SUITE B
PEORIA, ILLINOIS 61614
309/690-7373
FAX: 309/690-7376
EMAIL: repdavidleitch@gmail.com

☐ CAPITOL OFFICE:
314 STATE HOUSE
SPRINGFIELD, ILLINOIS 62706
217/782-8108
FAX: 217/557-3047

DAVID R. LEITCH
DEPUTY REPUBLICAN LEADER · 73RD DISTRICT

COMMITTEES:
APPROPRIATIONS-HUMAN SERVICES
HOUSING
LABOR
RULES

June 4, 2014

Kathryn J. Olson, Chair
Courtney R. Avery, Administrator
535 W. Jefferson Street, Second Floor
Springfield, IL 62761

Dear Chairwoman Olson and Administrator Avery:

Please consider this my letter of support for the application from Lutheran Hillside Village for a Certificate of Need for 34 additional skilled nursing beds.

Lutheran Hillside Village has experienced increased demand for additional skilled nursing beds to the point that it has created a "waiting list" of patients who want to be admitted to their facilities.

As our population ages, there is a critical and increasing need for various levels of care in nursing facilities. Our community needs to be able to address the need for additional skilled nursing beds.

Please approve the Certificate of Need request from Lutheran Hillside Village for 34 more skilled nursing beds.

Sincerely,

David R. Leitch

David R. Leitch

ATTACHMENT-21A

SERVING THE CITY OF PEORIA NORTH OF GLEN AVENUE, THE NORTHERN AND WESTERN TOWNSHIPS IN PEORIA COUNTY, INCLUDING: CHILLICOTHE, DUNLAP, PRINCEVILLE, BRIMFIELD, ELMWOOD AND PORTIONS OF LIMESTONE TOWNSHIP, FIVE TOWNSHIPS IN BUREAU COUNTY, MARSHALL COUNTY AND MOST OF WOODFORD COUNTY.

RECYCLED PAPER · SOYBEAN INKS

OFFICE OF THE MAYOR
100 South Main Street
East Peoria, Illinois 61611
Phone: (309) 698-4750

David W. Mingus
Mayor

June 12, 2014

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

To Whom It May Concern:

As Mayor of the City of East Peoria, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

The plans for enhancing the campus at Lutheran Hillside Village are timely and necessary. This is particularly needed as Lutheran Hillside Village was unable to accommodate 56% of its referrals to the care center in 2013 due to no bed availability. In addition, the need for private skilled nursing beds continues to increase in the community.

Additionally, the proposed expansion of the physical therapy area will allow Lutheran Hillside Village to better serve current residents and also address increasing community needs through outpatient therapy services.

The health care needs of the future residents of Lutheran Hillside Village are best served with state-of-the-art facilities that anticipate the growing demands of our aging population.

I hope you will approve Lutheran Hillside Village's Certificate of Need application.

Sincerely,

David W. Mingus
Mayor

mg

ATTACHMENT-21A

"EAST PEORIA — HOME OF THE FESTIVAL OF LIGHTS"

Christ Lutheran Church

2020 W. Malone
Peoria, IL 61605
309-637-5309

Rev. Karl F. Eckhoff, Senior Pastor
Mr. Reg Lee, Lay Minister
Mr. Terry Mooney, Principal, Christ Lutheran School

May 15, 2014

To Whom It May Concern:

The Lutheran Hillside Village has been a valuable partner in ministry to Christ Lutheran for many years. They have and continue to provide quality service to their residents and to a number of our worshiping community. We at Christ Lutheran fully support their efforts to expand their current facility.

In Christ's Service,

Rev. Karl F. Eckhoff
Sr. Pastor, Christ Lutheran Church

ATTACHMENT-21A

Boldly Living Christ's extreme Love; Building Faith & Community

South Side Bank

South Side Trust and Savings Bank | Since 1922 Member FDIC

June 11, 2014

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Certificate of Need Application for Lutheran Hillside Village

Dear Review Board:

Lutheran Hillside Village is planning to enhance the facility by adding 34 skilled nursing beds and is asking for a Certificate of Need. I support the addition of skilled nursing beds as there is a shortage of same in the Peoria area. Many people are being turned away.

I am Chairman of the Board at Lutheran Hillside Village and have been involved with the facility for many years. I am also Vice President and Trust Officer at South Side Trust & Savings Bank of Peoria. Many of my Trust clients are residing at Lutheran Hillside Village, either in independent living, assisted living and/or skilled nursing. I have seen firsthand how wonderful the staff and facility are for the residents and community. Lutheran Hillside Village is a highly respected and sought after place to live out the remaining years or to live while obtaining physical therapy and care before returning home.

Please approve the addition of 34 skilled nursing beds at Lutheran Hillside Village for the community and people in need.

Sincerely,

Debra J. Sippel
AVP & Trust Officer
(309) 495-4288
djsippel@southsidebank.com

ATTACHMENT 21A

FIRST STATE

FIRST STATE BANK OF ILLINOIS

June 13, 2014

Illinois Health Facilities & Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Lutheran Hillside Village (LHV) Certificate of Need Application

Dear Sir/Madam,

I am writing you to offer my support of Lutheran Hillside Village's planned expansion of its skilled care facility located in Peoria, IL. Your support of LHV's plans to expand its skilled nursing beds is requested. The expansion of the facility by 34 skilled nursing beds will allow LHV to continue to meet the growing and changing demands of the residents of the greater Peoria area. All too many times LHV has been unable to accommodate the demand from our community and the referrals our local health care organizations as they discharge patients to be placed in skilled nursing beds. Your approval of the requested Certificate of Need will allow LHV to address a portion of this growing demand.

I have had a long history with Lutheran Hillside Village, serving on their Board of Directors for over 15 years. I am proud to be a part of the Lutheran Hillside Village organization as I have seen the love and care that their staff provides to their residents and their families. The quality care provided contributes to the high level of referrals to LHV and demand for their skilled beds. Expanding the LHV campus will serve the Peoria area communities very well.

I fully support the Lutheran Hillside Village's skilled bed expansion project and ask that you approve its application for a Certificate of Need to allow this project to move forward. It is needed. The citizens of the Peoria area will support the additional beds.

Thanks you for your consideration.

Sincerely,

Dean A. Heinzmann
President

ATTACHMENT-21A

9000 N. Knoxville Avenue • Peoria, Illinois 61615
Phone (309) 966-4850 • Fax (309) 713-3454 • E-Mail fsbi@firststateil.com

PEORIA BRICK COMPANY

STONE LANDSCAPING OUTDOOR LIVING

East Peoria Office
501 Cole Street
East Peoria, Illinois 61611
Phone: 309-699-1116
Fax: 309-699-9802

PAYMENT ADDRESS
P.O. Box 515
Peoria, Illinois 61651-0515

www.peoriabrick.com

Peoria North Office
1720 E. Cartar Court
Mossville, Illinois 61552
Phone: 309-679-2800
Fax: 309-679-2222

Distributors of Quality Brick since 1899

June 18, 2014

To whom it may concern:

RE: Lutheran Hillside Village expansion

I am writing this letter to express my support for the proposed thirty-four (34) bed addition to the existing Lutheran Hillside Village care center.

I personally have first-hand knowledge of the care facility as my Mother was a resident at Hillside for over six (6) years until her passing in April, 2012. She continually received the most personal attention my family had ever witnessed. During those six (6)+ years I attempted to visit my Mother on a daily basis and always interacted with the staff, as well as her numerous care givers.

As we all age in life, hopefully, we find the need for fine facilities such as Hillside Village. My Mother met, as well as lost, many dear friends that she was blessed to become acquaintances with over the many years.

Due to the present Hillside Village facility, my mother was able to spend her remaining years in comfort and companionship.

I personally request you to give Hillside Village the 'certificate of need application' every consideration possible.

Thanking you in advance, I am

Respectfully,

Tom Carney

Tom Carney, Jr
Peoria Brick Company
President

ATTACHMENT-21A

UnityPoint Health

To: Illinois Health Facilities and Services Review Board
525 West Jefferson St., 2nd Floor
Springfield, IL 62761

From: Dr. Thomas Kouri
Medical Director
Lutheran Hillside Village
5401 N. Knoxville Ave
Peoria, IL 61614

Re: Certificate of Need Application for Lutheran Hillside Village

To whom it may concern:

As the Medical Director of the Care Center, I am pleased to offer my support for the Certificate of Need application submitted by Lutheran Hillside Village to increase its skilled nursing capacity by 34 beds.

I have been serving at Lutheran Hillside Village for the past 3 years. I have a private practice in Peoria, as well as privileges at the local hospitals. I come in contact with a great number of seniors in need of the services provided at LHV. There is a growing need for post acute services needed for our seniors and I believe that Lutheran has proven to be a leader in this regard.

I hope that you will approve Lutheran Hillside Village's Certificate of Need application.

Sincerely,

Dr. Thomas Kouri

ATTACHMENT-21A

LUTHERAN HILLSIDE VILLAGE
LUTHERAN SENIOR SERVICES

June 9, 2014

To: Certificate of Need Board
Springfield, IL

From: C. Richard Neumiller
Campus Resident
Lutheran Hillside Village

To Whom it May Concern:

I am a current resident at the Lutheran Hillside Village. My wife and I moved to a Patio home on the campus about 8 years ago. Due to my health condition, I have been residing in the Skilled Nursing Facility for the last 3 years, my wife remains living in our Patio home. I am pleased with the staff and care received here at Lutheran Hillside Village. I live in a semi-private room and it is a challenge at times to be sharing a room with another person.

I have worked and resided in the community of Peoria all of my life. The Lutheran Home: Lutheran Hillside Village have always been regarded highly in the community as having a great reputation for exceptional service and great care.

I would fully support the plan for Lutheran Hillside Village to add 34 beds to their campus with the goal of increasing their private room accommodations.

Thank you.

Sincerely,

C. Richard Neumiller

6901 N. Galena Rd. | Peoria, IL 61614
ph 309.692.4600 | fax 309.589.8589 | LutheranHillsideVillage.org

ATTACHMENT-21A

LUTHERAN HILLSIDE VILLAGE
LUTHERAN SENIOR SERVICES

June 9, 2014

To: Certificate of Need Board
Springfield, IL

From: Kristin O'Dea, LCSW
Health Services Counselor
Lutheran Hillside Village

To Whom it May Concern:

I am a current employee at the Lutheran Hillside Village. I have almost 20 years experience working in Skilled Nursing Facilities, with the last three at Lutheran Hillside Village. I am writing to ask for your support for the Certificate of Need application to increase its skilled nursing capacity by 34 beds.

In my three years with this organization, I have been impressed by the commitment to our mission to care for our seniors by promoting "Living Life to the Fullest". My role places me in close contact with the local hospitals and physician offices. When meeting with potential residents and families prior to their admission to our Skilled Nursing Facility either for a short stay or for long term care; one of their first questions is "Do you have a private room available". Due to our limited capacity, my answer is usually "no".

Our current campus residents and the current consumer are looking for private accommodations while recuperating from an illness or for living in a skilled nursing facility.

Increasing our bed capacity would allow us to continue our service to our seniors in providing the accommodations they are looking for along with the quality of care we provide.

Thank you.

Sincerely,

Kristin O'Dea LCSW

Kristin O'Dea, LCSW

6901 N. Galena Rd. | Peoria, IL 61614
ph 309.692.4600 | fax 309.589.8589 | LutheranHillsideVillage.org

ATTACHMENT-21A

Barbara
Ann
Ricketts

3221 West Chadwick Lane • Peoria, Illinois 61614

6-12-2014

To whom it may concern:

As one who has been blessed by Lutheran Hillside Village, in multiple capacities, I felt it important to write this letter in support to increase and add to the number of skilled nursing beds at their facility.

My Mother, Father, Mother-in-law, and Uncle were all residents in skilled care in their final years. My Grand Daughter loves to volunteer there and was just confirmed on June 8th in the Waters of Life Chapel. As you can see, I have a strong connection for the continued outreach for LHV.

In this busy and changing world, I feel this to be a necessity with the demands of our aging population, for additional beds be made available. It would give the community options for outpatient therapy services as well as serve the needs of current residents with a state-of-the-art facility.

I hope you will see this need and approve Lutheran Hillside Village's Certificate of Need application.

Sincerely,
Barbara A. Ricketts
Barbara A. Ricketts

ATTACHMENT-21A

ROBERT E. GILMORE

President, Retired
Caterpillar, Inc.

June 18, 2014

Kathryn J. Olson, Chair
535 W. Jefferson Street, Second Floor
Springfield IL 62761

Dear Chairwoman Olson:

I am writing in support for the application from Lutheran Hillside Village for the increased number of 34 additional skilled nursing beds. There is little doubt about the need in this community to provide them given the number of applications from local hospitals and the requirement to provide continuing care for the current residents of Lutheran Hillside Village.

My wife and I entered Hillside three years ago in large part because of the continuum of care available here. We came here for our own comfort as we aged and that of our children, none of whom still reside in the Peoria area. We are obviously concerned about the dramatic shortage of skilled nursing beds in this area from a personal standpoint and for the community as well.

As currently healthy 90 plus year olds we have been favorably impressed with the management of Hillside and as a member of its finance committee with the financial soundness of the institution, certainly well positioned to finance the addition of 34 skilled nursing beds. We are enthusiastic about the program and comfortable with our future here.

As a long retired president of Caterpillar Inc. I am in frequent contact with my fellow retirees residing here and can assure you they share my sentiments about the need for skilled care as they age.

We have a duty to fully support the application for the Certificate of Need for 34 additional skilled nursing beds at Lutheran Hillside Village.

Sincerely,

R. E. Gilmore

ATTACHMENT-21A

100 N.E. Adams Street, Peoria, Illinois 61629 (309) 675-5191

BAIRD

Jeffrey D Bailey
Senior Vice President
Branch Manager
The Bailey Group
Private Wealth Management

June 10, 2014

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Board:

Lutheran Hillside Village is planning to add 34 skilled nursing beds to its facilities if its Certificate of Need is approved. I totally support this addition of skilled nursing beds as I believe there is a current shortage of skilled nursing beds in our community and as the baby boomers who need skilled nursing care rapidly increases there will be longer wait times to get into a skilled nursing bed if new beds do not come on line. Currently there are too many incidents where a patient is being discharged from one of our local hospitals and needs to go into a skilled nursing facility for a period of time while recuperating from the cause of their hospitalization or to spend their last days and can't get in as all the beds are filled. We need to rectify this problem as soon as possible.

I have been on the Board of Lutheran Hillside Village for one year. However, I have had a long term relationship with Lutheran Hillside Village as I had three grandparents who were residents of the Village. Each of them entered the Village as residents of the independent living facilities and eventually ended up in the skilled nursing facility where they passed away. This took place over a period of twelve years. I witnessed the needs of the dying and the excellent care they received in the skilled nursing center of Lutheran Hillside Village. Through the many visits I made to my grandparents, I became aware of the fact that from time to time there were people waiting for a skilled bed to come available.

The addition of 34 skilled nursing beds would greatly benefit our community as they would obviously reduce the number of people waiting for a skilled bed to become available and thus would relieve relatives and friends from providing care while waiting for a bed to become available. While this addition of skilled nursing beds will not in and of itself solve the problem of a growing shortage of beds it will at least contribute to the ultimate elimination of the need. Our community will continue to need more skilled nursing beds as the baby boomers needing skilled nursing care will continue to grow rapidly.

Very truly yours,

Jeffrey D. Bailey

Jeffrey D. Bailey
Senior Vice President
Branch Manager
Private Wealth Management

Robert W. Baird & Co.
110 SW Jefferson Ave. Ste 600
Peoria IL 61602-1200
Direct 309 676-4160
Toll Free 800 [illegible]
Fax 309 676-4163
Email jbailey@rwbaird.com
www.bairdfinancialadvisors.com/thebaileygroup

ATTACHMENT-21A

Criterion 1125.620 - Project Size

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

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.

Upon project completion, **The Lutheran Home** will comprise 73,201 gross square feet of space for 119 nursing care beds. This equates to 615.13 gross square feet per bed upon project completion. It should be noted that the proposed project is in compliance with this criterion as the full bed compliment is well within the range limit of 435-713 gross square feet per bed.

ATTACHMENT- 22

Criterion 1125.630 - Zoning

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

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

Appended as **ATTACHMENT-23A** is Zoning Ordinance No. 16,967 for the City of Peoria indicating that the existing facility is appropriately zoned.

ATTACHMENT- 23

ORDINANCE NO. 16,967

AN ORDINANCE AMENDING AN EXISTING SPECIAL USE, ORDINANCE NO. 13,446, AS AMENDED, FOR AN ELDERLY HOUSING/NURSING HOME IN A CLASS R-7 (MULTI-FAMILY RESIDENTIAL) DISTRICT TO ADD INDEPENDENT & ASSISTED LIVING DWELLING UNITS, WELLNESS CENTER, AND REHABILITATION FACILITY FOR THE PROPERTY COMMONLY KNOWN AS LUTHERAN HILLSIDE VILLAGE AND LOCATED AT 6901 N. GALENA ROAD, PEORIA, ILLINOIS.

WHEREAS, the property herein described is now zoned in a Class R-7 (Multi-Family Residential) District; and

WHEREAS, said Zoning Commission has been petitioned to amend an existing Special Use for an Elderly Housing/Nursing Home under the provisions of Section 2.15 of Appendix B, the Permanent Zoning Ordinance, of the City of Peoria; and

WHEREAS, said Zoning Commission held a public hearing on May 2, 2013, with respect to said petition, which hearing was held pursuant to a notice of the time and place thereof in a newspaper of general circulation in the City of Peoria, not less than fifteen (15) days nor more than thirty (30) days prior to said hearing as required by law.

WHEREAS, said Zoning Commission has submitted its report of said public hearing and the City Council finds that to permit such use will not adversely affect the character of the neighborhood, and will not unduly burden the public utility facilities in the neighborhood;

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF PEORIA, ILLINOIS:

Section 1. That an amendment to an existing Special Use for an Elderly Housing/Nursing Home to add a 53-unit independent living building, a wellness center and a rehabilitation facility is hereby approved for the following described property:

LOTS ONE (1), TWO (2), THREE (3), FOUR (4) AND FIVE (5) OF HILLSIDE VILLAGE SUBDIVISION, A SUBDIVISION OF THE SOUTH HALF OF SECTION TEN (10), T9N, R8E, 4TH P.M., AS RECORDED IN THE PEORIA COUNTY RECORDER OF DEED'S OFFICE IN PLAT BOOK 8, PAGE 66, ON APRIL 23, 2003 AS DOCUMENT NUMBER 03-19259.

Parcel Identification Nos. 14-10-378-009, 14-10-378-008, 14-10-378-011, 14-10-378-012, 14-10-378-010

Said Ordinance is hereby amended per the submitted Site Plan packet (Attachment A) and with the following conditions and waivers:

1) Building heights shall be constructed as indicated in the Site Plan packet with the exception of the Independent Living building which cannot exceed 45 feet in height as measured to the mean of the gable roof.
2) All rooftop and ground level mechanical equipment must be screened from street view and residentially zoned districts.
3) All proposed refuse disposal areas must be screened on all four sides by a solid fence or wall with a minimum height of six feet, not to exceed seven feet.
4) A lighting plan must be submitted for review prior to issuance of a Zoning Certificate to ensure that exterior lighting does not exceed three foot candles when measured at the property line and is directed downward to reduce glare.
5) A Landscape Plan must be submitted for review prior to issuance of a zoning certificate to ensure compliance with the Zoning Ordinance.
6) Proposed buildings must be constructed with buildings façades consistent with existing building façades.

ATTACHMENT-23A

Section 2. All provisions of Appendix B, the Zoning Ordinance, of the City of Peoria, with respect to Class R-7 (Multi-Family Residential) District shall remain applicable to the above-described premises, with exception to the amendment to the Special Use herein permitted.

Section 3. This Ordinance shall be in full force and effect from and after its passage and approval according to law.

PASSED BY THE CITY COUNCIL OF THE CITY OF PEORIA, ILLINOIS THIS 28th DAY OF MAY, 2013.

APPROVED:

Mayor

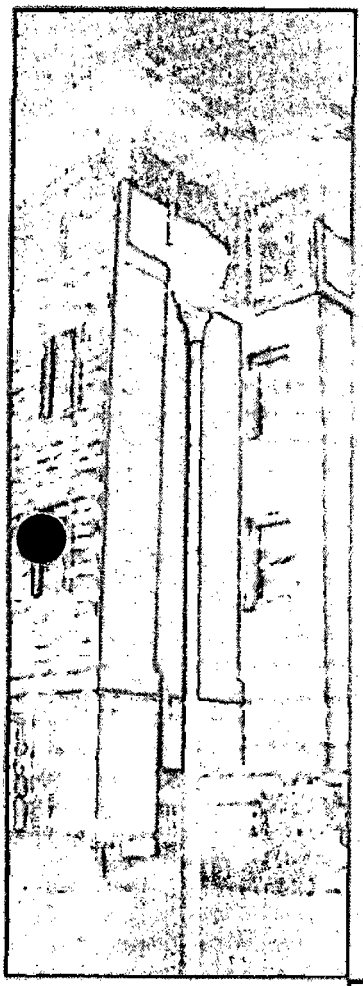
ATTEST:

City Clerk

EXAMINED AND APPROVED:

Corporation Counsel

ATTACHMENT-23A



City of Peoria – Zoning Application
Special Use Amendment

Master Plan

LUTHERAN HILLSIDE VILLAGE

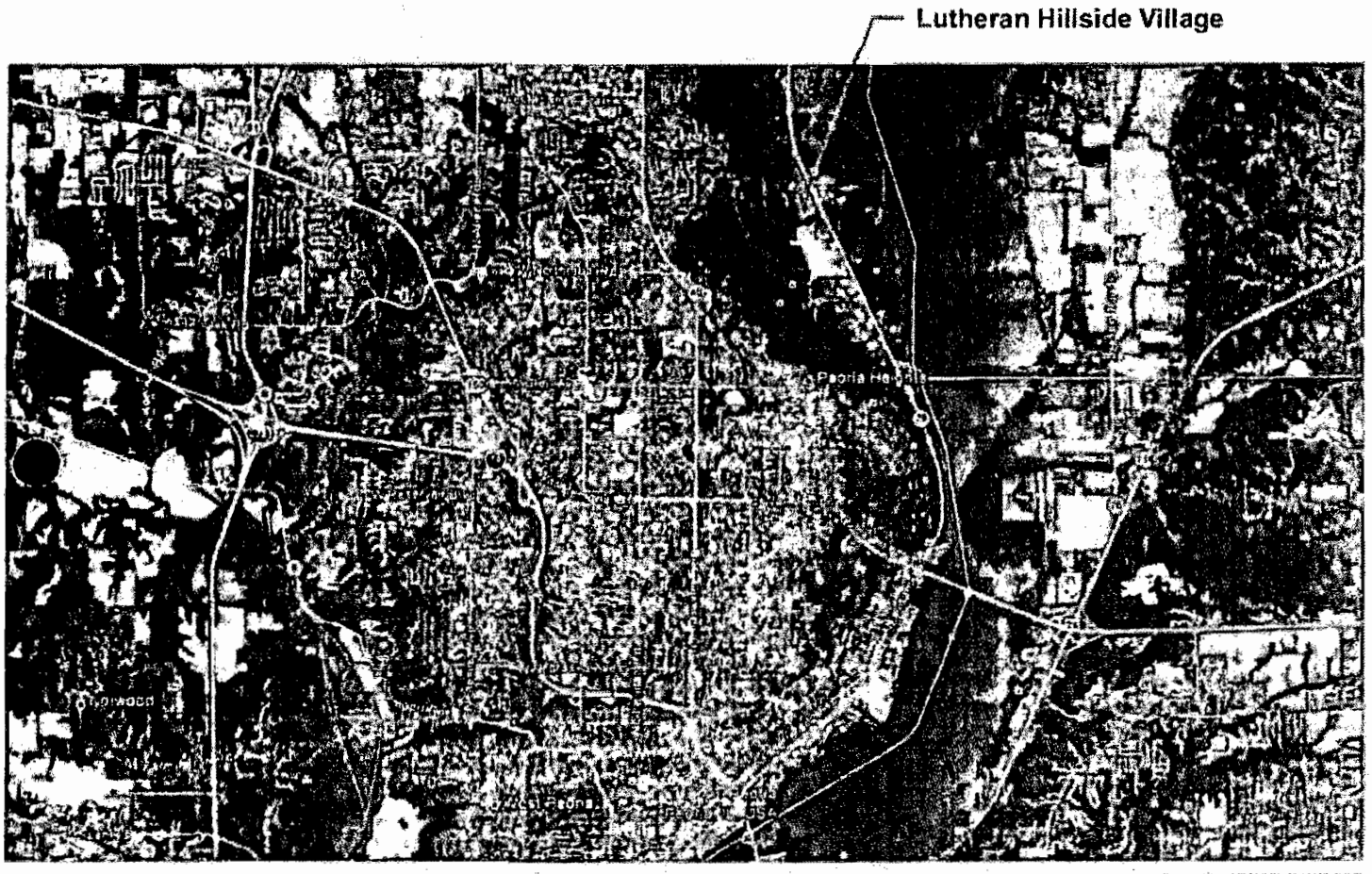
6901 N. Galena Rd
Peoria, IL 61614

March 28, 2013

LUTHERAN HILLSIDE VILLAGE

Perkins Eastman
March 28, 2013

ATTACHMENT-23A



LUTHERAN HILLSIDE VILLAGE

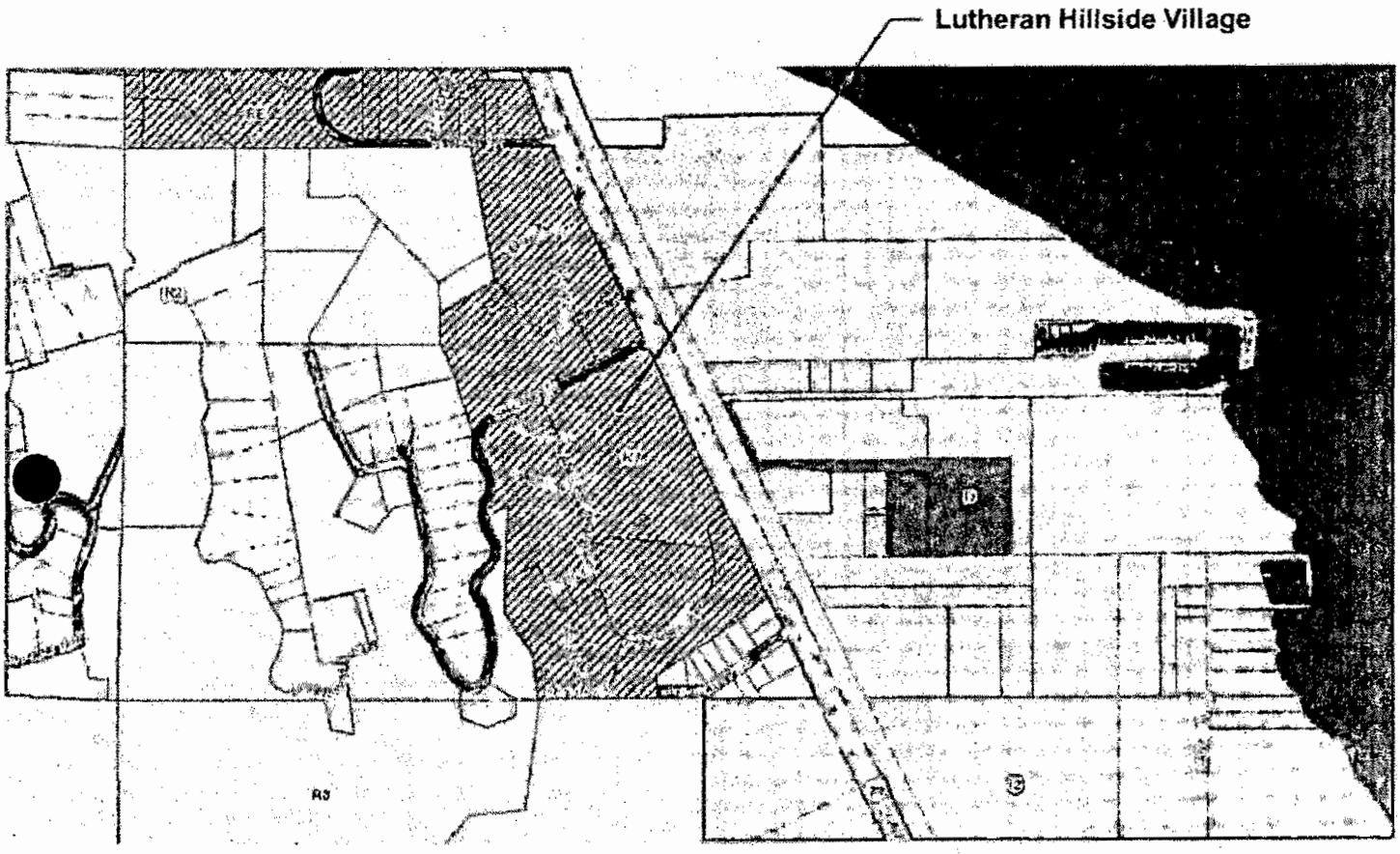
Perkins Eastman

March 28, 2013

Site Location Map

2

ATTACHMENT-23A



LUTHERAN HILLSIDE VILLAGE

Perkins Eastman

March 28, 2013

Site Zoning Map

3

ATTACHMENT-23A

Criterion 1125.640 – Assurances

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

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

Appended as **ATTACHMENT-24A**, is a letter signed by the Applicant addressing item number 1.

ATTACHMENT- 24

LUTHERAN HILLSIDE VILLAGE
LUTHERAN SENIOR SERVICES

August 20, 2014

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

Dear Ms. Avery:

This is to certify that Lutheran Hillside Village understands and intends to maintain capacity of newly constructed unit at an in-house annual skilled bed census of 90% or greater by the second year of operation after the project completion.

Very truly yours,

Paul J. Ogier
Chief Financial Officer

Subscribed and sworn to before me this 18th day of August, 2014.

Joanne Roetemeyer
Signature of Notary

Seal

JOANNE ROETEMEYER
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: Oct. 26, 2014
Commission # 10101623

6901 N. Galena Rd. | Peoria, IL 61614
ph 309.692.4600 | fax 309.589.8589 | LutheranHillsideVillage.org

ATTACHMENT-24A

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.

This is a 38+ year old facility that has experienced a long history within the community with an excellent reputation. The facility has always prided itself in maintaining quality of care which is indicative of their history of high occupancy. Like most other facilities of similar age they had undergone numerous renovations and upgrades and maintained their facility's excellent physical plant condition with an active ongoing maintenance program in order to keep the facility in total compliance with State and Federal regulations. The existing nursing care building has not received any physical plant deficiencies even in their latest surveys (refer to **ATTACHMENT-25A** for a copy of the physical plant portion of the surveys). With this and as shown under **ATTACHMENT-25B**, the facility received a 4 Star Rating as shown in the Medicare Nursing Home Profile.

There has been a fundamental shift in standards of care as it relates to single versus double residency rooms, the amenity space not only in a facility but within each unit as smaller unit size or households. The household concept is more the norm for general long-term and no longer is it desirable to have nurses stations. The Lutheran Home was ahead of its time as it has four central households. The proposed project will reduce the number of semi-private rooms from 42 to 35. Four additional rooms (5 upon project completion) will be renovated into private

ATTACHMENT-25

rooms and rooms will be renovated to family rooms or resident lounges to address the tight existing amenity space. The assisted living unit that will be converted to nursing will allow for greater continuity of care and for efficiencies to be achieved as the unit is attached directly to the nursing unit and separate from the remaining assist living units.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

   Appended as **ATTACHMENT-25A** are IPDH and CMMS life safety reports. It should be known that all findings have been remedied through the plan of correction and therefore, no items are out of compliance.

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.

As indicated above the facility has not does not have any major physical plant deficiencies, therefore, this item is not germane. The issue is that the facility is a 38 year old structure that is surrounded by campus components that are 12-14 years old. The 38 year old building needs to be renovated to be comparably marketable to the rest of the campus.

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).

The Lutheran Home is proposing to modernize their existing nursing care unit by mainly creating more private rooms in order to accommodate the current needs of the elderly

ATTACHMENT-25

population. In addition through the removal of a couple of rooms more ancillary space will be provided for the residents. Appended as **ATTACHMENT-25C,** is a draft 2013 IDPH Facility Profile illustrating that the facility, **The Lutheran Home** meets this item as its utilization rate is 90.7 percent. Moreover, as indicated in their Letter of Assurance under **ATTACHMENT-24A,** The Lutheran Home will achieve 90% occupancy after the second year of operation.

ATTACHMENT-25

MEMORANDUM

Date: Monday, April 07, 2014

To:

From: Bill Meyers

Subject: Life Safety HCFA-2567's

☐ LSC DEFICIENCIES TRANSMITTED FOR COMBINED LETTER

Facility: Lutheran Home, The
City: Peoria
License No.: 0019109
Cert. No.: 145768

Life Safety Survey Exit Date: 04/02/2014 SAC: G Health Reviewer Initials: AA

Highest LSC GRID: F

Received By: Date:

K# of Highest Grid: K11

Attached are the 2567's and the HCFA-670 for the Subject Facility. Based on information obtained, the Health Letter has not been prepared. The LSC portions are submitted for the combined letter to be prepared by health reviewer,.

The proposed remedies for the Life Safety Code portion are as follows:

☐

Denial of Payment for New Admisssions three months following the Health survey date, and

Termination from the Medicare and/or Medicaid programs six (6) months following the Health survey date.

COMMENTS:

04/07/14 Items found def at time of 2014 LSC annual survey/tb/04/02/14
01
K11(E)
K63(F)
K103(E)
K143(E)
K144(F)
02

LSC 2567 Transmit, No Health Letter

REV. 05/23/13

ATTACHMENT-25A

K11(F)
K63(F)
K144(F)
03
K63(F)
K144(F).

If additional information is needed, please let me know.

LSC 2567 Transmit, No Health Letter

REV. 05/23/13

ATTACHMENT-25A

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of Public Health. At this survey, The Lutheran Home found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.70(a) Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19, Existing Health Care. The facility was surveyed as three separate buildings due to three different construction types. Building 0103 -Type I (332) Building 0203- Type IV (2HH) Building 0303- Type II (000) Building 0103 is the original building and was constructed in 1972 and is a one story building without basement and was determined to be of Type I (332) construction. The exterior walls are constructed of poured in place concrete with roof / ceiling assembly consisting of a concrete one way joist with beams (metal pan construction). Building 0103 was fully sprinklered having coverage in all areas. Building 0103 has a fire alarm system with smoke detectors tied into the fire alarm system with smoke detectors in corridors; spaces open to the corridor and resident sleeping rooms. Building 0103 has a capacity of 69 and had a census of 61 at the time of the survey.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	Continued From page 1	K 000		
	The Facility has a capacity of 85 beds and had a census of 76 at the time of the survey.			
	STAFF /VENDOR DATA			
	E-1, Director Plant Maintenance E-2, Lead Maintenance E-3, Administrator			
	The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:			
K 011 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 011		
	If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2			
	This STANDARD is not met as evidenced by: Based on observations, the facility failed to provide a proper functioning fire door and 2-hour fire rated assemblies separating Building 0103 from Seminary Place and Building 0103 from Building 0203. This deficient practice could affect 45 of 61 residents in the C-Wing and Administration Wing Smoke Zones, as well as an indeterminable number of staff and visitors, if a fire was allowed to spread into the facility from the adjacent building.			

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 2 Findings include: A. On 04/02/14 at 11:00 AM, observation of the facilities 2-hour fire rated barrier separating Building 0103 / C-Wing Smoke Zone from Seminary Place contained a pair of 1 ½ hour fire rated " B " Label cross connecting corridor doors that were deficient based upon the following. The 1 ½ hour rated ' B ' Label doors, when released from the hold open device, do not close to the latch. This condition is deficient based upon 7.2.1.8 and 8.2.3.2.1(b). B. On 04/02/14 at 11:40 AM, observation of the facilities 2-hour fire rated barrier separating the Building 0103 / C-Wing from Seminary Place, the South and East wall of the Pantry Room, the area above the ceiling, contained the following. The drywall stops ½ inch short of the hollow core slab roof system. The ½ inch gap is filled with fiber glass insulation. 8.2.3.2.4.2 and 19.1.1.4.1. B. On 04/02/14 at 11:45 AM, observation of the facilities 2-hour fire rated barrier separating the Building 0103 / Administration Wing Smoke Zone from Building 0203, the cross connecting corridor doors, the area above the ceiling, contained the following. The drywall stops 1 inch short of the hollow core slab roof system. The 1 inch gap is filled with fiber glass insulation. 8.2.3.2.4.2 and 19.1.1.4.1. The facility is required to provide a tested and	K 011		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 3 approved 2-hour fire rated assembly by one of the testing laboratories listed below. 1. Underwriters Laboratories Inc. 2. Southwest Research Institute 3. Factory Mutual 4. Intertek Testing Services 5. Or another approved testing lab with tested systems. These observations were verified at the exit interview with E-1, E-2 and E-3.	K 011		
K 063 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have an adequate and reliable water supply which provides continuous and automatic pressure. 9.7.1.1, NFPA 13 This STANDARD is not met as evidenced by: Based on observations, record review and interview, it was determined that the facility failed to provide proper testing, documentation of the fire pump along with the proper enclosure of the fire pump room. This deficient practice could affect 61 of 61 residents in all smoke zones, as well as an indeterminable number of staff and visitors, if the sprinkler system failed to provide water to a fire location in any location in this facility. Findings include:	K 063		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 063	Continued From page 4 A.) On 04/02/14 at 11:00 AM, observation determined that the facility failed to provide proper enclosure for the facilities Fire Pump Room located in Seminary Place and is deficient based upon the following. 1.) Fire Pump room lacks a battery operated emergency light NFPA 20 1999 2-7.4 Note: Neither E-1 nor E-2 could provide documentation that the light fixtures in the fire pump room were designed as emergency lights. 2.) A one inch diameter PVC conduit with two communication wires penetrates the one hour fire rated enclosure. The interior of the conduit was not sealed. 3.) Three - 4inch diameter PVC lines penetrate the one hour fire rated enclosure. These penetrations were not properly sealed. The facility could not provide documentation that items A-2 and A-3, mentioned above, meet the required one hour fire rated through-penetration fire stop as per 8.2.3.2.4.2. The facility is required to provide a tested and approved one hour rated through-penetration fire stop system by one of the testing laboratories listed below. a. Underwriters Laboratories Inc. b. Southwest Research Institute c. Factory Mutual. d. Intertek Testing Services e. Or another approved testing lab with tested systems. B.) On 04/02/14 at 12:40 PM, during record	K 063		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
K 063	Continued From page 5 review and interview with E-1 and E-2, it was determined that the facility failed to provide testing and documentation for the following item. 1.) Fire pump not tested weekly without water flow (churn test) NFPA 25 1998 Table 5-5.1 Note: The facility provided documentation of weekly churn test from 03/11/14 to 04/02/14. These observations, record reviews and interviews were verified at the exit interview with E-1, E-2 and E-3.	K 063		
K 103 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Interior walls and partitions in buildings of Type I or Type II construction are noncombustible or limited-combustible materials. 19.1.6.3 This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to provide interior partitions that were of noncombustible or limited-combustible materials. This deficiency to the interior wall could affect 13 of the 61 residents in the A-Wing Smoke Zone, as well as an indeterminable number of staff and visitors, if smoke or fire was allowed to pass from one smoke compartment to another. Findings include: On 04/02/14 at 10:25 AM, while accompanied by E-1 and E-2, observations determined that the A-Wing Smoke Zone, Mechanical Room contained a storage room located in the south-east corner of the room.	K 103		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 103	Continued From page 6 This storage room was constructed of 2 x4 ' s at 16 inches on center with one layer of drywall. Interior partitions in Type I construction shall be noncombustible or limited combustible materials. This condition is deficient based upon NFPA 101, Section 19.1.6.3. This observation was verified by the exit interview with E-1, E-2 and E-3.	K 103		
K 143 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) In an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) In an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to provide proper signage and enclosure for the facilities liquid oxygen storage	K 143		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 143	Continued From page 7 room. This deficient practice could affect 15 of 61 residents in the D-Wing Smoke Zone, as well as in indeterminable number of staff and visitors if oxygen contributed to the rapid spread of a fire. Findings include: A.) On 01/09/14 at 10:45 AM, observations and interviews with E-1 and E-2, determined that the D-Wing, Liquid Oxygen Storage Room was deficient based upon the following. The Liquid Oxygen Storage Room is the areas were Liquid Oxygen is "Transferred" from floor containers to portable containers. The transferring is conducted inside this room. The facility had no sign to activate when staff entered the Liquid Oxygen Room to inform others outside the room that transferring is going on inside the room. A Sign is required to indicate that "transferring is occurring and smoking in the immediate area is prohibited" per NFPA 99, Section 8-6.2.5.2 (c). A sign is required that can be activated when a staff member is in the room and actually transferring oxygen. At all other times the sign would be removed or deactivated. B.) Observation determined that there are two (2) light fixtures located in the Liquid Oxygen Storage Room. Neither E-1 nor E-2 could provide documentation that these were "explosion proof fixtures ". C.) Observation determined that Liquid Oxygen Storage room is not housed by a separation of a fire barrier of 1-hour fire-resistive construction. There is a 12 inch x 12 inch opening in the corridor wall. This open is covered with exposed	K 143		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 143	Continued From page 8 rigid insulation and held in place with two metal straps. Note: 1. It appears that this opening was previously penetrated by duct work. 2. This surveyor was unable to determine condition of this opening on the corridor side of this opening. The facility is required to provide a tested and approved one hour rated wall assembly by one of the testing laboratories listed below. This condition is deficient based upon LSC 19.1.1.4.1. 1. Underwriters Laboratories Inc. 2. Southwest Research Institute 3. Factory Mutual 4. Intertek Testing Services 5. Or another approved testing lab with tested systems. These observations and interviews were verified at the exit interview with E-1, E-2 and E-3.	K 143		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 9 This STANDARD is not met as evidenced by: Based on record reviews, the facility failed to provide proper inspection and inspection records for the facilities gen set. This deficient practice affects the entire building and could affect 61 of 61 residents in all smoke zones, as well as an indeterminable number of staff and visitors. Findings include: On 04/02/14 at 9:45 AM, during record reviews of the facilities generator log and interview with E-1, it was determined that facility failed to conduct weekly battery inspections in the required 7 day timeline. The following is a partial list of dates that exceeded the 7 day inspection requirement. 1. 02/21/14 thru 02/13/14 (8 days) 2. 02/05/14 thru 02/13/14 (8 days) 3. 01/15/13 thru 01/24/14 (9 days) 4. 10/08/13 thru 10/16/13 (8 days) 5. 09/05/13 thru 09/14/13 (9 days) 6. 07/04/13 thru 07/12/13 (8 days) Storage batteries shall be inspected at intervals of not more than 7 days as per NFPA 99 1999 3-4.4.1.3 and 6.3.6. These record reviews were verified at the exit interview with E-1, E-2 and E-3	K 144		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6991 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of Public Health. At this survey, The Lutheran Home found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.70(a) Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19, Existing Health Care. The facility was surveyed as three separate buildings due to two different construction types. Building 0103 -Type I (332) Building 0203- Type IV (2HH) Building 0303- Type II (000) Building 0203 is a one story building addition without basement and was determined to be of Type IV (2HH) construction. Building 0203 is located in the north-east corner of building 0103 adjacent to the dining room. Building 0203 was fully sprinklered having coverage in all areas. Building 0203 has a fire alarm system with smoke detectors tied into the fire alarm system with smoke detectors in corridors, offices and spaces open to the corridor. Building 0203 does not have resident sleeping rooms. Building 0203 has physical therapy, toilet rooms, offices, and medical records. The Facility has a capacity of 86 beds and had a	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	Continued From page 1 census of 76 at the time of the survey. STAFF /VENDOR DATA E-1, Director Plant Maintenance E-2, Lead Maintenance E-3, Administrator The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 011 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide a proper 2-hour fire rated assembly separating Building 0103 from Building 0203. This deficient practice could affect 12 of 12 residents (based upon occupancy) in Building 0203, as well as an indeterminable number of staff and visitors, if a fire was allowed to spread into the facility from the adjacent building. Findings include: On 04/02/14 at 11:45 AM, observation of the facilities 2-hour fire rated barrier separating the Building 0103 /	K 011		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 2 Administration Wing Smoke Zone from Building 0203, the cross connecting corridor doors, the area above the ceiling, contained the following. The drywall stops 1 inch short of the hollow core slab roof system. The 1 inch gap is filled with fiber glass insulation. 8.2.3.2.4.2 and 19.1.1.4.1. The facility is required to provide a tested and approved 2-hour fire rated assembly by one of the testing laboratories listed below. 1. Underwriters Laboratories Inc. 2. Southwest Research Institute 3. Factory Mutual 4. Intertek Testing Services 5. Or another approved testing lab with tested systems. This observation was verified at the exit interview with E-1, E-2 and E-3.	K 011		
K 063 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have an adequate and reliable water supply which provides continuous and automatic pressure. 9.7.1.1, NFPA 13 This STANDARD is not met as evidenced by: Based on observations, record review and interview, it was determined that the facility failed to provide proper testing, documentation of the fire pump along with the proper enclosure of	K 063		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 063	Continued From page 3 . the fire pump room. This deficient practice could affect 12 of 12 residents (based upon occupancy) in all smoke zones, as well as an indeterminable number of staff and visitors, if the sprinkler system failed to provide water to a fire location in any location in this facility. Findings include: A.) On 04/02/14 at 11:00 AM, observation determined that the facility failed to provide proper enclosure for the facilities Fire Pump Room located in Seminary Place and is deficient based upon the following. 1.) Fire Pump room lacks a battery operated emergency light NFPA 20 1999 2-7.4 Note: Neither E-1 nor E-2 could provide documentation that the light fixtures in the fire pump room were designed as emergency lights. 2.) A one inch diameter PVC conduit with two communication wires penetrates the one hour fire rated enclosure. The interior of the conduit was not sealed. 3.) Three - 4inch diameter PVC lines penetrate the one hour fire rated enclosure. These penetrations were not properly sealed. The facility could not provide documentation that Items A-2 and A-3, mentioned above, meet the required one hour fire rated through-penetration fire stop as per 8.2.3.2.4.2. The facility is required to provide a tested and approved one hour rated through-penetration fire stop system by one of the testing laboratories listed below.	K 063		

ATTACHMENT-25A

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 063	Continued From page 4	K 063		
	a. Underwriters Laboratories Inc. b. Southwest Research Institute c. Factory Mutual d. Intertek Testing Services e. Or another approved testing lab with tested systems. B.) On 04/02/14 at 12:40 PM, during record review and interview with E-1 and E-2, it was determined that the facility failed to provide testing and documentation for the following item. 1.) Fire pump not tested weekly without water flow (churn test) NFPA 25 1998 Table 5-5.1 Note: The facility provided documentation of weekly churn test from 03/11/14 to 04/02/14. These observations, record reviews and interviews were verified at the exit interview with E-1, E-2 and E-3.			
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on record reviews, the facility failed to	K 144		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED
	145788		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 5 provide proper inspection for the facilities gen set. This deficient practice affects the entire building and could affect 12 of 12 residents (based upon occupancy) in all smoke zones, as well as an indeterminable number of staff and visitors Findings include: On 04/02/14 at 9:45 AM, during record reviews of the facilities generator log and interview with E-1, it was determined that facility failed to conduct weekly battery inspections in the required 7 day timeline. The following is a partial list of dates that exceeded the 7 day inspection requirement. 1. 02/21/14 thru 02/13/14 (8 days) 2. 02/05/14 thru 02/13/14 (8 days) 3. 01/15/13 thru 01/24/14 (9 days) 4. 10/08/13 thru 10/16/13 (8 days) 5. 09/05/13 thru 09/14/13 (9 days) 6. 07/04/13 thru 07/12/13 (8 days) Storage batteries shall be inspected at intervals of not more than 7 days as per NFPA 99 1999 3-4.4.1.3 and 6.3.6. These record reviews were verified at the exit interview with E-1, E-2 and E-3	K 144		

ATTACHMENT-25A

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2014
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BUILDING 03 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS An Annual Life Safety Code (LSC) Certification Survey was conducted by the Illinois Department of Public Health. At this survey, The Lutheran Home found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.70(a) Life Safety from Fire, and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19, Existing Health Care. The facility was surveyed as three separate buildings due to three different construction types. Building 0103 -Type I (332) Building 0203- Type IV (2HH) Building 0303- Type II (000) Building 0303 (Emmanuel Place) is a building addition that was constructed in 1980 and is a one story building without basement and was determined to be of Type II (000) construction. The exterior walls are constructed of synthetic plaster and concrete block with a non rated roof/ceiling assembly consisting of steel bar joist and metal deck. Building 0303 is located in the south- west corner of building 0103. Building 0303 was fully sprinklered having coverage in all areas Building 0303 has a fire alarm system with smoke detectors tied into the fire alarm system with smoke detectors in corridors; spaces open to the corridor and resident sleeping rooms.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BUILDING 03 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	Continued From page 1 Building 0303 has a capacity of 16 and had a census of 15 at the time of the survey. The Facility has a capacity of 85 beds and had a census of 75 at the time of the survey. STAFF /VENDOR DATA E-1, Director Plant Maintenance E-2, Lead Maintenance E-3, Administrator The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 063 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have an adequate and reliable water supply which provides continuous and automatic pressure. 9.7.1.1, NFPA 13 This STANDARD is not met as evidenced by: Based on observations, record review and interview, it was determined that the facility failed to provide proper testing, documentation of the fire pump along with the proper enclosure of the fire pump room. This deficient practice could affect 15 of 15 residents in all smoke zones, as well as an indeterminable number of staff and visitors, if the sprinkler system failed to provide water to a fire location in any location in this facility.	K 063		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BUILDING 03 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 063	Continued From page 2 Findings include: A.) On 04/02/14 at 11:00 AM, observation determined that the facility failed to provide proper enclosure for the facilities Fire Pump Room located in Seminary Place and is deficient based upon the following. 1.) Fire Pump room lacks a battery operated emergency light NFPA 20 1999 2-7.4 Note: Neither E-1 nor E-2 could provide documentation that the light fixtures in the fire pump room were designed as emergency lights. 2.) A one inch diameter PVC conduit with two communication wires penetrates the one hour fire rated enclosure. The interior of the conduit was not sealed. 3.) Three - 4inch diameter PVC lines penetrate the one hour fire rated enclosure. These penetrations were not properly sealed. The facility could not provide documentation that items A-2 and A-3, mentioned above, meet the required one hour fire rated through-penetration fire stop as per 8.2.3.2.4.2. The facility is required to provide a tested and approved one hour rated through-penetration fire stop system by one of the testing laboratories listed below. a. Underwriters Laboratories Inc. b. Southwest Research Institute c. Factory Mutual d. Intertek Testing Services e. Or another approved testing lab with tested	K 063		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BUILDING 03 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 063	Continued From page 3 systems. B.) On 04/02/14 at 12:40 PM, during record review and interview with E-1 and E-2, it was determined that the facility failed to provide testing and documentation for the following item. 1.) Fire pump not tested weekly without water flow (churn test) NFPA 25 1998 Table 5-5.1 Note: The facility provided documentation of weekly churn test from 03/11/14 to 04/02/14. These observations, record reviews and interviews were verified at the exit interview with E-1, E-2 and E-3.	K 063		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on record reviews, the facility failed to provide proper inspection and inspection records for the facilities gen set. This deficient practice affects the entire building and could affect 15 of 15 residents in all smoke zones, as well as an indeterminable number of staff and visitors.	K 144		

ATTACHMENT-25A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BUILDING 03 B. WING	(X3) DATE SURVEY COMPLETED
	145768		04/02/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 4 Findings include: On 04/02/14 at 9:45 AM, during record reviews of the facilities generator log and interview with E-1, it was determined that facility failed to conduct weekly battery inspections in the required 7 day timeline. The following is a partial list of dates that exceeded the 7 day inspection requirement. 1. 02/13/14 thru 02/21/14 (8 days) 2. 02/05/14 thru 02/13/14 (8 days) 3. 01/15/13 thru 01/24/14 (9 days) 4. 10/06/13 thru 10/16/13 (8 days) 5. 09/05/13 thru 09/14/13 (9 days) 6. 07/04/13 thru 07/12/13 (8 days) Storage batteries shall be inspected at intervals of not more than 7 days as per NFPA 99 1999 3-4.4.1.3 and 6.3.6. These record reviews were verified at the exit interview with E-1, E-2 and E-3	K 144		

ATTACHMENT-25A

Plan of Correction
Life Safety Code Survey
Lutheran Home
4.14.2014

This Plan of Correction is structured by buildings 0103, 0203, 0303, which correspond with the buildings noted on form CMS-2567. Building 0103-Type I (332) is the nurses' station and corresponding spokes, A-wing (Dogwood Point), B-wing (Clover Court), C-wing (Lavender Lane), and D-wing (Acorn Way). Building 0203-Type IV (2HH) is the activity/corridor building northeast of main building 0103. Building 0303-Type II (000) is Emmanuel Place (E-wing) southwest of D-wing in main building 0103. This is how we understand the definitions of buildings in form CMS-2567. The following Plan of Correction shall also serve as the Facility's written credible allegation of compliance which will be achieved by the stated date of completion.

01-Main Building 01

K 011

In the statement of deficiencies it noted that if a building has a common wall with a nonconforming building the common wall is a fire barrier having at least a two- hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self closing fire doors. LSC 19.1.1.4.1, 19.1.1.4.2.

This standard is not met as evidenced by: Based on observations, the facility failed to provide proper functioning fire door and 2-hor fire rated assemblies separating Building 0103 from Samaritan Place and Building 0103from Building 0203. This deficient practice could affect 45 of 61 residents in the C-wing and administration wing smoke zones, as well as an indeterminable number of staff and visitors, if a fire was allowed to spread into the facility from adjacent building.

A. On 4/02/14 at 11:00 am, observation of the facilities 2-hour fire rated barrier separating building 0103/ C-wing smoke zone from Samaritan Place contained a pair of 1 ½ hour rated 'B' label cross connecting corridor doors that were deficient based upon: The 1 ½ hour rated 'b' labeled doors, when released from the hold open device, do not close to latch. This condition is based upon 7.2.1.8 and 8.2.3.2.1(b). This was corrected on 4/4/14 through adjustment. We will continue to check these fire doors on a monthly basis documenting in our preventative maintenance software called Micromain. See Attachment # 1.
B. ON 4/02/14 at 11:40 am, observation of the facilities 2-hour fire rated barrier separating the building 0103/C-wing from Samaritan Place, the south and east wall of the pantry room, the area above the ceiling, contained the following: The drywall stops ½ inch short of the hollow core slab roof system. The ½ inch gap is

ATTACHMENT-25A

filled with fiber glass insulation. 8.2.3.2.4.2 and 19.1.1.4.1. We will correct this by complying with and installing the Specified Technologies UL system HW-D-0491. The head wall will be sealed properly by 5/9/14. See Attachment #2

C. On 4/02/14 at 11:45 am, observation of the facilities 2-hor fire rated barrier separating the building 0103/ Administration wing smoke zone from building 0203, the cross connecting corridor doors, the area above the ceiling, contained the following: The drywall stops 1 inch short of the hollow core slab roof system. The 1 inch gap is filled with fiberglass insulation. 8.2.3.2.4.2 and 19.1.1.4.1. We will correct this by complying with and installing the UL system HW-D-0491. The head wall will be sealed properly on 5/9/14. See Attachment #2.

D. **The Director of Plant Operations verified all items will be completed by May 9, 2014.**

ATTACHMENT-25A

01-Main Building 01

K 063

Required automatic sprinkler systems have an adequate and reliable water supply which provides continuous and automatic pressure. 9.7.1.1, NFPA 13. The standard is not met as evidenced by: Based on observations, record review and interview, it was determined that the facility failed to provide proper testing, documentation of the fire pump along with the proper enclosure of the fire pump room. This deficient practice could affect 61 out of 61 residents in all smoke zones, as well as an indeterminable number of staff and visitors, if the sprinkler system failed to provide water to a fire location in any location in this facility..

A. On 4/02/14 at 11:00 AM, observation determined that the facility failed to provide proper enclosure for the facilities Fire Pump Room located in Samaritan Place and is deficient based upon the following
    1. Fire pump room lacks a battery operated emergency light NFPA 20 1999 2-7.4. Neither E-1 nor E-2 could provide documentation that the light fixtures in the pump room were designed as emergency lights. We provided emergency lighting by connecting to generator power on April 22, 2014.
    2. A one inch diameter PVC conduit with 2 communication wires penetrates the one hour fire rated enclosure. The interior of the conduit was not sealed. We filled the interior of the conduit with the appropriate fire caulk on 4/18/14.
    3. Three- 4 inch diameter PVC lines penetrate the one hour fire rated enclosure. These penetrations were not properly sealed. We will properly seal these three penetrations using 3M Ultra PPD Plastic Pipe Device on or by May 9, 2014. See Attachment # 3.
B. On 4/02/14 at 12:40 PM, during record review and interview with E-1 and E-2, it was determined that the facility failed to provide testing and documentation on the following item.
    1. Fire pump not tested weekly without water flow (churn test) NFPA 25 1998 Table 5-5.1. NOTE: the facility provided documentation of weekly churn test from 03/11/14 to 04/02/14. We will continue on using the churn test log, and procedure started this year. See Attachment # 4.
C. **The Director of Plant Operations verified this will be corrected on or by 5/9/2014.**

ATTACHMENT-25A

01-Main Building 01

K 103

Interior walls and partitions in buildings of Type I or Type II construction are noncombustible or limited-combustible materials.LSC19.1.6.3.

The standard is not met as evidenced by: based on observation, it was determined that the facility failed to provide interior partitions that were of noncombustible or limited-combustible materials. This deficiency to the interior wall could affect 13 of the 61 residents in the A-wing smoke zone, as well as an indeterminable number of staff and visitor, if smoke or fire was allowed to pass from one smoke compartment to another.

A. On 4/12/14 at 10:25 am, while accompanied by E-1 and E-2, observations determined that the A-wing smoke Zone mechanical room contained a storage room located in the south east corner of the room. This storage room was constructed of 2"x4" studs at 16 inches on center with one layer of drywall. Interior partitions in Type I construction shall be noncombustible or limited combustible materials. This condition is deficient based upon NFPA 101, Section 19.1.6.3. We removed the combustible wall in this mechanical room on 4/18/14.

B. **The Director of Plant Operations verified this was corrected on 4/18/2014.**

ATTACHMENT-25A

01-Main Building 01

K 143

Transferring of oxygen is:
(a)Separated from any portion of a facility wherin patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire resistive construction.
(b) in an area that is mechanically ventilated, sprinkled, and has ceramic or concrete flooring and
(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed gas association. 8.6.2.5.2.

This standard is not met as evidenced by: Based on observations and interviews, the facility failed to provide proper signage and enclosure for the facilities liquid oxygen storage room. This deficient practice could affect 15 of 61 residents in the D-wing Smoke Zone, as well as an indeterminable number of staff and visitors if oxygen contributed to the rapid spread of a fire.

A. On 01/09/14 at 10:45 am, observations and interviews with E-1 and E-2, determined that the D-wing, Liquid Oxygen Storage Room was deficient base on: The liquid oxygen storage room is the area where liquid oxygen is "transferred" from the floor container to portable containers. The transferring is conducted inside this room. The facility had no sign to activate when staff entered the liquid oxygen room to inform others outside the room that transferring is going on inside the room. A sign is required to indicate that "transferring is occurring and smoking in the immediate area is prohibited" per NFPA 99, Section 8-6.2.5.2 (c). A sign is required that can be activated when a staff member is in the room and actually transferring oxygen. At all other times the sign would be removed or deactivated. We have placed a compliant sign in the liquid oxygen room on 4/4/14. We will do In-service training on or by 5/1/14. See Attachment # 5.
B. Observations determined that there are two light fixtures located in the liquid oxygen storage room. Neither E-1 or E-2 could provide documentation that these were "explosion proof fixtures". On 4/18/14 Rick Gorrie spoke with Bob Barnett to determine what type of light was required to correct the deficiency. Bob said we need to install a "vapor proof" light fixture(s). This conversation is part of the plan of correction per Bob. The existing light fixtures will be replaced by "vapor proof fixtures" by 4/30/14. See Attachment #6.
C. Observation determined that the liquid oxygen storage room is not housed by a separation of a fire barrier of 1-hour fire resistive construction. There is a 12 in by 12 in opening in the corridor wall. This open is covered with exposed rigid insulation and held in place wit two metal straps. NOTE: 1. It appears that this opening was previously penetrated by duct work. 2. This surveyor was unable

ATTACHMENT-25A

to determine condition of this opening on the corridor side of this opening. This must be a tested and approved one hour rated wall assembly. We repaired this wall to meet UL listed WP 1052 (1-hour) wall assembly on 4/22/14. See Attachment # 7.

D. **The Director of Plant Operations will ensure that all items are completed on or by 5/1/14.**

ATTACHMENT-25A

1-Main Building 01

K 144

It was noted in the statement of deficiencies that Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.

This standard is not met as evidenced by : based on record reviews, the facility failed to provide proper inspection and inspection records for the facilities gen set. This deficient practice affects the entire building and could affect 61 out of 61 residents in all smoke zones, as well as an indeterminable number of staff and visitors.

A. On 04/02/14 at 9:45 am, during record reviews of the facilities generator log and interview with E-1, it was determined that facility failed to conduct weekly battery inspections in the required 7 day timeline. The following is a partial list of dates that exceeded the 7 day inspection requirement.
   a. 02/21/14 thru 02/13/14 (8 days)
   b. 02/05/14 thru 02/13/14 (8 days)
   c. 01/15/13 thru 01/24/14 (9days)
   d. 10/08/14 thru 10/16/13 (8 days)
   e. 09/05/13 thru 09/14/13 (9 days)
   f. 07/04/13 thru 07/12/13 (8 days)
   g. Storage batteries shall be inspected at intervals on not more that 7 days as per NFPA 99 1999 3-4.4.1.3 and 6.3.6.

   We will Continue on starting in April 2014 with the weekly inspecions occurring on every Thursday to ensure the 7 days.

B. **The Director of Plant Operations verified work on Item A began 4/17/2014.**

ATTACHMENT-25A

01-Main Building 02

K 011

In the statement of deficiencies it noted that if a building has a common wall with a nonconforming building the common wall is a fire barrier having at least a two- hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self closing fire doors. LSC 19.1.1.4.1, 19.1.1.4.2.

This standard is not met as evidenced by: Based on observations, the facility failed to provide proper functioning fire door and 2-hor fire rated assemblies separating Building 0103 from Samaritan Place and Building 0103from Building 0203. This deficient practice could affect 45 of 61 residents in the C-wing and administration wing smoke zones, as well as an indeterminable number of staff and visitors, if a fire was allowed to spread into the facility from adjacent building.

A. On 4/02/14 at 11:45 am, observation of the facilities 2-hour fire rated barrier separating the building 0103/ Administration wing smoke zone from building 0203, the cross connecting corridor doors, the area above the ceiling, contained the following: The drywall stops 1 inch short of the hollow core slab roof system. The 1 inch gap is filled with fiberglass insulation. 8.2.3.2.4.2 and 19.1.1.4.1. We will correct this by complying with and installing the UL system HW-D-0491. The head wall will be sealed properly on 4/30/14. See Attachment # 3.

B. **The Director of Plant Operations ensured all items will be completed on or by May 9, 2014.**

ATTACHMENT-25A

01-Main Building 02

K 063

Required automatic sprinkler systems have an adequate and reliable water supply which provides continuous and automatic pressure. 9.7.1.1, NFPA 13. The standard is not met as evidenced by: Based on observations, record review and interview, it was determined that the facility failed to provide proper testing, documentation of the fire pump along with the proper enclosure of the fire pump room. This deficient practice could affect 61 out of 61 residents in all smoke zones, as well as an indeterminable number of staff and visitors, if the sprinkler system failed to provide water to a fire location in any location in this facility.

A. On 4/02/14 at 11:00 AM, observation determined that the facility failed to provide proper enclosure for the facilities Fire Pump Room located in Samaritan Place and is deficient based upon the following
    1. Fire pump room lacks a battery operated emergency light NFPA 20 1999 2-7.4. Neither E-1 nor E-2 could provide documentation that the light fixtures in the pump room were designed as emergency lights. We provided emergency lighting by connecting to generator power on April 22, 2014.
    2. A one inch diameter PVC conduit with 2 communication wires penetrates the one hour fire rated enclosure. The interior of the conduit was not sealed. We filled the interior of the conduit with the appropriate fire caulk on 4/18/14.
    3. Three- 4 inch diameter PVC lines penetrate the one hour fire rated enclosure. These penetrations were not properly sealed. We will properly seal these three penetrations using 3M Ultra PPD Plastic Pipe Device on or by May 9, 2014. See Attachment # 4.
B. On 4/02/14 at 12:40 PM, during record review and interview with E-1 and E-2, it was determined that the facility failed to provide testing and documentation on the following item.
    1. Fire pump not tested weekly without water flow(churn test) NFPA 25 1998 Table 5-5.1. NOTE: the facility provided documentation of weekly churn test from 03/11/14 to 04/02/14. We will continue on using the churn test log, and procedure started this year. See Attachment # 5.
C. **The Director of Plant Operations verified this will be corrected on or by 5/9/2014.**

ATTACHMENT-25A

1-Main Building 02

K 144

It was noted in the statement of deficiencies that Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.

This standard is not met as evidenced by : based on record reviews, the facility failed to provide proper inspection and inspection records for the facilities gen set. This deficient practice affects the entire building and could affect 61 out of 61 residents in all smoke zones, as well as an indeterminable number of staff and visitors.

A. On 04/02/14 at 9:45 am, during record reviews of the facilities generator log and interview with E-1, it was determined that facility failed to conduct weekly battery inspections in the required 7 day timeline. The following is a partial list of dates that exceeded the 7 day inspection requirement.
   a. 02/21/14 thru 02/13/14 (8 days)
   b. 02/05/14 thru 02/13/14 (8 days)
   c. 01/15/13 thru 01/24/14 (9days)
   d. 10/08/14 thru 10/16/13 (8 days)
   e. 09/05/13 thru 09/14/13 (9 days)
   f. 07/04/13 thru 07/12/13 (8 days)
   g. Storage batteries shall be inspected at intervals on not more that 7 days as per NFPA 99 1999 3-4.4.1.3 and 6.3.6.

   We will Continue on starting in April 2014 with the weekly inspecions occurring on every Wednesday to ensure the 7 days.

   The Director of Plant Operations verified work on Item A began 4/17/2014.

ATTACHMENT-25A

01-Main Building 03

K 063

Required automatic sprinkler systems have an adequate and reliable water supply which provides continuous and automatic pressure. 9.7.1.1, NFPA 13. The standard is not met as evidenced by: Based on observations, record review and interview, it was determined that the facility failed to provide proper testing, documentation of the fire pump along with the proper enclosure of the fire pump room. This deficient practice could affect 61 out of 61 residents in all smoke zones, as well as an indeterminable number of staff and visitors, if the sprinkler system failed to provide water to a fire location in any location in this facility.

A. On 4/02/14 at 11:00 AM, observation determined that the facility failed to provide proper enclosure for the facilities Fire Pump Room located in Samaritan Place and is deficient based upon the following
    4. Fire pump room lacks a battery operated emergency light NFPA 20 1999 2-7.4. Neither E-1 nor E-2 could provide documentation that the light fixtures in the pump room were designed as emergency lights. We provided emergency lighting by connecting to generator power on April 22, 2014.
    1. A one inch diameter PVC conduit with 2 communication wires penetrates the one hour fire rated enclosure. The interior of the conduit was not sealed. We filled the interior of the conduit with the appropriate fire caulk on 4/18/14.
    2. Three- 4 inch diameter PVC lines penetrate the one hour fire rated enclosure. These penetrations were not properly sealed. We will properly seal these three penetrations using 3M Ultra PPD Plastic Pipe Device on or by May 9, 2014. See Attachment # 4.
B. On 4/02/14 at 12:40 PM, during record review and interview with E-1 and E-2, it was determined that the facility failed to provide testing and documentation on the following item.
    1. Fire pump not tested weekly without water flow(churn test) NFPA 25 1998 Table 5-5.1. NOTE: the facility provided documentation of weekly churn test from 03/11/14 to 04/02/14. We will continue on using the churn test log, and procedure started this year. See Attachment # 5.
C. **The Director of Plant Operations verified this will be corrected on or by 5/9/2014.**

ATTACHMENT-25A

1-Main Building 03

K 144

It was noted in the statement of deficiencies that Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.

This standard is not met as evidenced by : based on record reviews, the facility failed to provide proper inspection and inspection records for the facilities gen set. This deficient practice affects the entire building and could affect 61 out of 61 residents in all smoke zones, as well as an indeterminable number of staff and visitors.

A. On 04/02/14 at 9:45 am, during record reviews of the facilities generator log and interview with E-1, it was determined that facility failed to conduct weekly battery inspections in the required 7 day timeline. The following is a partial list of dates that exceeded the 7 day inspection requirement.
   h. 02/21/14 thru 02/13/14 (8 days)
   i. 02/05/14 thru 02/13/14 (8 days)
   j. 01/15/13 thru 01/24/14 (9days)
   k. 10/08/14 thru 10/16/13 (8 days)
   l. 09/05/13 thru 09/14/13 (9 days)
   m. 07/04/13 thru 07/12/13 (8 days)
   n. Storage batteries shall be inspected at intervals on not more that 7 days as per NFPA 99 1999 3-4.4.1.3 and 6.3.6.

   We will Continue on starting in April 2014 with the weekly inspecions occurring on every Wednesday to ensure the 7 days.

   The Director of Plant Operations verified work on Item A began 4/17/2014.

ATTACHMENT-25A

Plan of Correction
Lutheran Home at Hillside Village
4.23.2014

F 225

Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice:

R5, R 21, and R22 were each part of internal investigations for potential abuse/neglect during the time of report and displayed no negative outcome from the stated situation and continued to display no negative effect from incident. Employee E10 has received additional training and education on notification of potential abuse/neglect situations. Employees E9 and E10 have received additional training on the Elder Justice Act.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

All residents were found to have the potential to be affected by the practice

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur:

Facility policy was updated to reflect language clarifying external reporting criteria on April 23, 2014 by administrator and executive director. Staff will receive further education related to The Elder Justice Act.

Quality Assurance Plan to monitor facility performance to make sure that corrections are achieved and are permanent:

Administrator will be responsible to report the compliance of the facility policy and procedure for reporting potential abuse/neglect to the facility quality assurance committee quarterly.

Elder Justice Act training, provided as a Silverchair educational module, will be monitored by the director of human resources and compliance will be reported to the facility quality assurance committee quarterly.

Dates when correction action will be completed:

Administrator will ensure corrective actions will be completed on or by May 19, 2014

ATTACHMENT-25A

F 226

Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice:

R5, R 21, and R22 were each part of internal investigations for potential abuse/neglect during the time of report and displayed no negative outcome from the stated situation and continued to display no negative effect from incident. Employee E10 has received additional training and education on notification of potential abuse/neglect situations. Employees E9 and E10 have received additional training on the Elder Justice Act.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

All residents were found to have the potential to be affected by the practice

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur:

Facility policy was updated to reflect language clarifying external reporting criteria on April 23, 2014 by administrator and executive director.

Facility will provide in-service to all staff related to the Elder Justice Act on May 1, 2014 as well as annual training through Silverchair.

Quality Assurance Plan to monitor facility performance to make sure that corrections are achieved and are permanent:

Administrator will be responsible to report the compliance of the facility policy and procedure for reporting potential abuse/neglect to the facility quality assurance committee quarterly.

Elder Justice Act training, provided as a Silverchair educational module, will be monitored by the director of human resources and compliance will be reported to the facility quality assurance committee quarterly.

Dates when correction action will be completed:

Administrator will ensure corrective actions will be completed on or by May 19, 2014

ATTACHMENT-25A

Plan of Correction
Lutheran Home at Hillside Village
4.21.2014

F 253

Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice:

Exhaust fans and drain were cleaned upon notice and exhaust fan motor replaced.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

All residents were found to have the potential to be affected by the practice

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur:

Housekeeping director will continue to in-service staff as to the expectations and proper housekeeping/cleaning protocols. Housekeeping director will conduct periodic rounds to ensure standards are being met.

Plant operations director will conduct periodic checks to ensure fans are in proper working order.

Quality Assurance Plan to monitor facility performance to make sure that corrections are achieved and are permanent:

Housekeeping director will monitor for compliance through work order system and report quarterly to the quality assurance committee.

Dates when correction action will be completed:

Housekeeping director will ensure corrective action will be completed on or by May 7, 2014.

ATTACHMENT-25A

Plan of Correction
Lutheran Home at Hillside Village
4.23.2014

F 315

Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice:

R13 and R15 catheter and leg bags were reviewed at the time of survey by director of nursing to ensure proper drainage while in bed. E19 and E22 were instructed at time of survey on proper placement of drainage bag while residents are in bed.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

All residents with indwelling catheters were found to have the potential to be affected by the practice.

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur:

Care Center nursing department staff will receive additional training and education on facility policy and procedure related to the proper drainage system for indwelling catheters. See attached

Random weekly audits will be performed twice weekly, at varied times for one month by facility nurse educator or designee. Then, once weekly for an additional two months.

Quality Assurance Plan to monitor facility performance to make sure that corrections are achieved and are permanent:

Facility nurse educator will submit results to the Director of Nursing on a weekly basis for review and take additional action if needed.

Director of Nursing will submit a quarterly review of results of weekly audits and what additional action was taken if any to the Quality Assurance Committee.

Dates when correction action will be completed:

Director of nursing will ensure corrective actions will be completed on or by May 1, 2014.

ATTACHMENT-25A

Plan of Correction
Lutheran Home at Hillside Village
4.12.2013

F372

Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice:

Trash receptacle was removed and replaced at the time of the survey with a receptacle with lid and side doors.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

All residents were found to have the potential to be affected by the practice

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur:

Trash receptacle inspection has been placed in the facility work order system. Staff will ensure that the lid, doors, and gate are secured each time refuse is disposed.

Quality Assurance Plan to monitor facility performance to make sure that corrections are achieved and are permanent:

The plant operations director will monitor the work order system for compliance and report to the quality assurance committee quarterly.

Facility Administrator will review and confirm regulatory compliance and take any necessary action if needed. A quarterly report will be submitted to the Quality Assurance Committee for additional necessary action.

Dates when correction action will be completed:

Corrective action was completed on April 17, 2014

ATTACHMENT-25A

F9999
Licensure Findings:
Corrective actions which will be accomplished for those residents found to have been affected by the deficient practice:

Facility will conduct fire drills at varied times on each shift quarterly.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

All residents were found to have the potential to be affected by the practice

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur:

The facility has created a calendar for the 2014-2015 calendar year to ensure compliance that a fire drill is completed on each shift monthly.

Quality Assurance Plan to monitor facility performance to make sure that corrections are achieved and are permanent:

Plant operations director will present completed fire drills monthly at the facility safety committee meeting. In addition, compliance will be reported to the quality assurance committee quarterly.

Dates when correction action will be completed:

Plant Operations Director to ensure corrective actions will be completed on or by May 1, 2014

ATTACHMENT-25A

Lutheran Hillside Village
6901 N. Galena Road
Peoria, IL 61614
Phone: 309-692-4494 Fax: 691-5140

Tasks

All Properties

Task	MAINT HC Check The trash Dumpster area on 3rd Shift	**Type**	Preventive
Description	We will check the following: 1) Ensure the dumpster has lids 2) Ensure the side doors on the dumpser are closed after use 3) Ensure the gate is closed and secured after use	**Inspection**	☐
Supervisor	Rick Gorrie	**Safety**	☐
Shop	Maintenance	**Lockout/Tagout**	☐
Frequency	Daily	**Annually**	1/1 - 12/31
Starting	4/17/2014 7:08:39 PM **Last Sched.**		

Assets

Labor

Labor	Activity	Estimated Hours	Account	Category
Chris Holland		1.00	<none>	<none>
Zach Ray		0.00	<none>	<none>

Parts

Tools

Other Costs

Documents

Inspection

Activities

Costs

Labor	$0.00	Staff	$0.00	Contract	$0.00
Parts	$0.00				
Other	$0.00				
Total	$0.00				

Times Done 0 **Average Time** 0.000 **Total Time** 0

User Defined 1

User Defined 2

User Defined 3

User Defined 4

User Defined 5

ATTACHMENT-25A

Lutheran Hillside Village
6901 N. Galena Road
Peoria, IL 61614
Phone: 309-692-4494 Fax: 691-5140

Tasks

All Properties

Task	FC BP Check The trash Dumpster area on 1st Shift	**Type**	Preventive
Description	We will check the following: 1) Ensure the dumpster has lids 2) Ensure the side doors on the dumpser are closed after use 3) Ensure the gate is closed and secured after use	**Inspection**	☐
Supervisor	Rick Gorrie	**Safety**	☐
Shop	Maintenance	**Lockout/Tagout**	☐
Frequency	Daily	**Annually**	1/1 - 12/31
Starting	4/17/2014 **Last Sched.**		

Assets

Labor

Labor	Activity	Estimated Hours	Account	Category
Adam Will		0.00	<none>	<none>

Parts

Tools

Other Costs

Documents

Inspection

Activities

Costs	Labor	$0.00	Staff	$0.00	Contract	$0.00
	Parts	$0.00				
	Other	$0.00				
	Total	$0.00				

Times Done	0	**Average Time**	0.000	**Total Time**	0

User Defined 1

User Defined 2

User Defined 3

User Defined 4

User Defined 5

ATTACHMENT-25A

Lutheran Hillside Village
6901 N. Galena Road
Peoria, IL 61614
Phone: 309-692-4494 Fax: 691-5140

Tasks

All Properties

Task	FC HC Check The trash Dumpster area on 1st Shift	**Type**	Preventive
Description	We will check the following: 1) Ensure the dumpster has lids 2) Ensure the side doors on the dumpser are closed after use 3) Ensure the gate is closed and secured after use	**Inspection**	☐
Supervisor	Rick Gorrie	**Safety**	☐
Shop	Maintenance	**Lockout/Tagout**	☐
Frequency	Daily	**Annually**	1/1 - 12/31
Starting	4/17/2014 **Last Sched.**		

Assets

Labor

Labor	Activity	Estimated Hours	Account	Category
Robert Murray		0.00	<none>	<none>

Parts

Tools

Other Costs

Documents

Inspection

Activities

Costs						
	Labor	$0.00	Staff	$0.00	Contract	$0.00
	Parts	$0.00				
	Other	$0.00				
	Total	$0.00				

Times Done	0	**Average Time**	0.000	**Total Time**	0

User Defined 1

User Defined 2

User Defined 3

User Defined 4

User Defined 5

ATTACHMENT-25A

HOUSEKEEPING DEPARTMENT

Seven-step cleaning procedure

All Housekeepers at Lutheran Hillside Village follow the following seven-step cleaning procedure. The seven-step procedure consists of:

1. HIGH DUSTING: Prepare equipment and supplies, and put on gloves. Using a high duster, begin cleaning in a counter clockwise direction around the resident room. High dust surfaces above shoulder height. Dust top of lights, doors, curtain rods, pictures, vents etc.- At least two times per week.

2. SANITIZING AND SPOT CLEANING: Use the disinfectant and a clean cloth. Surfaces to clean would be over-bed tables, bedside stands, telephones, chairs, bed-rails and door knobs. Use a clean cloth for each side of the room.

3. BATHROOM CLEANING: Chemicals to use include glass cleaner, bowl mop, restroom cleaner, disinfectant or neutral floor cleaner. Use a high duster to dust horizontal surfaces above shoulder height.-At least two times per week. Use a clean cloth moistened with disinfectant to sanitize horizontal surfaces. Sanitize shower stalls and doors as necessary.

    - HIGH DUST- as outlined in step one

    - SINK/MIRROR CLEANING – using the disinfectant and wipe down the surface, lower ledges and pipes of the sink. Using a dry cloth, dry the chrome fixtures as appropriate.

    - Clean the mirror with glass cleaner.

    - TOILET AND URINAL CLEANING – sanitize the inside of the toilet and urinal using the bowl mop saturated with restroom cleaner. Work around the entire inside of the bowl, making sure to get into the upper and lower edges. For hard water stains use the acidic disinfectant solution, following the same process. The outside of the toilet and urinal is sanitized by applying disinfectant on a cloth and wiping the outside surface of the fixture. Do not re-use the toilet or urinal cloth.

    - SHOWER – Wipe down the tub/shower with bathroom cleaner and clean cloth. Wipe the ceramic tile to prevent soap build-up. Using a dry cloth, dry the chrome fixtures as appropriate. Note if the drain is free of any debris, clear away as necessary.

    - REFILL DISPENSER – refill soap cartridge as needed, tissue and towel dispensers as needed. Check daily.

ATTACHMENT-25A

4. EMPTY WASTEBASKETS: Grasp the poly liner and tie or twist close. Remove the liner from the basket and replace with a new liner. Wipe inside and outside trash containers with the disinfectant. At least once per week or as needed. Place the used liner in the cleaning bag on the service cart. Never place your hand inside the trash can.

5. FLOOR DUSTING- (hard surface floors) Use the dust mop to dust the floor starting from the back of the room and work toward the door. Use the "S" stroke motion to catch dust on the leading edge of the duster. Dust under electrical and telephone wires as appropriate. Also dust under furniture. Pick up the soil with a dust pan and counter brush just inside the doorway. Deposit the collected soil in the cleaning bag off the service cart. Change dry mops as needed.

6. FLOOR SANITIZING: Immerse the wet mop in neutral cleaner or disinfectant solution in a bucket and wring out excess solution. Begin wet mopping the floor starting at the back of the room and work toward the door. Use the "S" stroke motion for efficiency and prevention of back fatigue. Draw the mop parallel to baseboards and furnishings to avoid splashing these items. If you are not using the microfiber system change the mop head every two rooms.

   When sanitizing, watch for hair or any type of debris that may block the drains in the floor. Report to maintenance if you notice that the drain is still not working properly after you have cleaned way the debris.

   VACUUMING: Roll the vacuum to the rear of the apartment and plug the cord into a grounded outlet. Move all light furniture and vacuum underneath and then replace the furniture to its original position. Work your way from the rear of the apartment to the entrance of the apartment. Always turn off the vacuum prior to unplugging it from the wall.

7. INSPECTION: Review in your mind all the steps that you completed. Visually look over the room before you leave it. Notify your supervisor to place a work order so that any repairs that have been identified can be fixed in a timely manner.

2014 Fire Drill Schedule- Health Center

January	February	March
First shift **1/3/14 11:45am** **also 2nd and 3rd**	**Second Shift** **2/21/14 9:15pm** **also 1st and 3rd**	**Third Shift** **3/14/14 11:00 pm** **also 1st and 2nd**
April	May	June
First shift **4/25/14 9:10am** **also 2nd and 3rd**	**Second Shift** **5/9/14 5:05pm** **also 1st and 3rd**	**Third Shift** **6/18/14 3:00 am** **also 1st and 2nd**
July	August	September
First shift **7/9/14 10:30am** **also 2nd and 3rd**	**Second Shift** **8/20/14 6:15pm** **also 1st and 3rd**	**Third Shift** **9/4/14 4:30 am** **also 1st and 2nd**
October	November	December
First shift **10/9/14 1:00pm** **also 2nd and 3rd**	**Second Shift** **11/13/14 8:00pm** **also 1st and 3rd**	**Third Shift** **12/14/14 5:45 am** **also 1st and 2nd**

ATTACHMENT-25A

Housekeeping Inservice
4/9/14 7:30am

Topic: Step Based Cleaning Review

Objective: Review the cleaning procedure.

- General rule: Clean from cleanest areas to dirtiest.

  We use a seven step cleaning procedure whenever we are cleaning any area.

1. High dusting: Clean counterclockwise in the resident room

   Dust surfaces above shoulder height- tops of lights, curtain rods, corners of rooms, vents, pictures-etc.

2. Sanitizing/Spot Cleaning

   Use the **disinfectant** for general sanitizing, soilage/debris needs to be removed from surfaces prior, in order to allow for proper disinfecting. Surfaces to clean are over-bed tables, night stands, phones, handles, door knobs, bedrails. Use a clean cloth for each side of the room.

3. Bathroom/Spa cleaning:

   Highdust- as outlined prior

   Use appropriate chemicals for specific surfaces

   Glass Cleaner- for mirrors

   Bathroom Cleaner/Disinfectant- for the sink, shower, med cabinet

   Bowl cleaner- for the water closet

   Refill dispensers

   Papertowel

   Handsoap

4. Wastebaskets: Knot/tie liner, with disinfectant wipe can inside and out.

   Replace liner- (stock extra liners on top shelves of linen closets and CNA cupboards.)

   ATTACHMENT-25A

   Never place your hand inside a trash can to retrieve trash

   Never place your foot inside a trash can to compress trash

5. Floor dusting: (hard surface) Use a dust mop to clean away surface dirt and debris prior to sanitizing. Sweep up dirt and debris with counter brush and dust pan, discard.

   Vacuum area (carpet), paying attention to corners, edges, and behind and under furniture.

6. Floor sanitizing: With a mop that has been dampened with neutral Disinfectant mop the floor beginning at the back of the room and move forward toward the door. Change the mop head every two rooms, if you are using the microfiber system, you obviously change the mop head each time.

7. Self Inspection: Visually look over the room to ensure you have not missed anything . Note any maintenance items that need to be reported so work orders may be put in the system for repair.

This is the procedure that you should use in any area that you are cleaning. If you follow these simple steps we should have no housekeeping issues regarding general cleaning. Keep in mind that in certain situations, other chemicals are used in place of our general disinfectant to achieve the desired level of sanitation. Ie; C-diff/Dispatch

Housekeepinginservice7stepcleaning04092014

ATTACHMENT-25A

PDC SERVICES INC.
1113 N SWORDS AVE
PEORIA IL 61612-9071

WORK ORDER REPRINT

Work order: 2444742
Cust#: 04- 3005 2
Action Date: 4/01/14
Route code: SMSD
Truck: 1330

Bill To
LUTHERAN HOME
6901 N GALENA RD
PEORIA IL 61614-3157

Service Address
LUTHERAN HOME
6901 N GALENA RD
PEORIA IL 61614-3157

(309) 692-4494

Tbdy: ILFW FeeCd:
Action Time: Created: 4/01/14 13:36 By TROPMC

Ln#	Date	Sz	Cg	Qty	Description	Amount
0001	4/01/14	8F	GD		DEL 8FL TRASH CONT# 008521	
0002	4/01/14	8F	GV		BRINGIN 8FL TRASH #005202	

We appreciate your business. Please call
309-674-5176 if you have any questions.
Printed by: TROPMC on: 4/02/14 at: 17:07 I/A

ATTACHMENT-25A

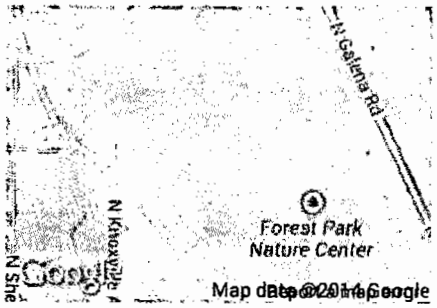
Medicare.gov | Nursing Home Compare

The Official U.S. Government Site for Medicare

General information

LUTHERAN HOME, THE

6901 NORTH GALENA ROAD
PEORIA, IL 61614
(309) 683-1264



Nursing home information

85 Certified Beds

Participates in: Medicare and Medicaid

Ownership: Non profit - Church related

Automatic Sprinkler Systems in All Required Areas: Yes

Within a Continuing Care Retirement Community (CCRC) (CCRC)

Not in a Hospital

Has a Resident and Family Council

Star Rating Summary

Overall Rating	☆☆☆☆☆ Above Average
Health Inspection	☆☆☆☆☆ Above Average
Staffing	☆☆☆☆☆ Above Average
Quality Measures	☆☆☆☆☆ Average

Ownership information

Ownership: Non-profit--Church-related

Legal Business Name: LUTHERAN HILLSIDE VILLAGE INC

Get More Ownership Information

ATTACHMENT-25B

Inspection results

LUTHERAN HOME, THE 6901 NORTH GALENA ROAD PEORIA, IL 61614 (309) 683-1264	**Nursing home information** 85 Certified Beds Participates in : Medicare and Medicaid

Overall Rating	☆☆☆☆☆ **Above Average**
Health Inspection	☆☆☆☆☆ **Above Average**

Health Deficiencies

Date of standard health inspection:	
Date(s) of complaint inspection(s) between :	
Total number of Health Deficiencies:	
Average number of Health Deficiencies in Illinois:	
Average number of Health Deficiencies in the United States:	

View All Inspections

Mistreatment Deficiencies

Inspectors determined that the nursing home failed to:	Inspection Date	Date of Correction	Level of Harm	Residents Affected

ATTACHMENT 25B

How to Read a Deficiency Chart

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Reference Numbers Facility ID 6005615
Health Service Area 002 Planning Service Area 143

Administrator
Deborah Simaytis

Contact Person and Telephone
Deborah Simaytis
309-689-1204

Date Completed 4/3/2014

Registered Agent Information
Lorraine Neitzer
6901 N Galena Rd
Peoria, IL 61614

Continuing Care Retirement Community

Building	Reported Age
Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

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'

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	75
Total Admissions 2013	156
Total Discharges 2013	153
Residents on 12/31/2013	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 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 BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	85	83	80	83	78	7	85	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	85	83	80	83	78	7	85	22

FACILITY UTILIZATION - 2013

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	4068	13.1%	3324	41.4%	1257	0	19404	0	28143	90.7%	92.9%
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	4068	13.1%	3324	41.4%	1257	0	19404	0	28143	90.7%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

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	6
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	18	32	0	0	0	0	0	0	18	32	50
TOTALS	27	51	0	0	0	0	0	0	27	51	78

ATTACHMENT -25C

THE LUTHERAN HOME
6901 NORTH GALENA ROAD
PEORIA, IL. 61614

Classification Numbers

License Number	6005615	
Health Service Area	002	
Planning Service Area	143	Peoria

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	8	4	0	46	0	78
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	8	4	0	46	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	329	227
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	77	0	0	0	77
Race Unknown	1	0	0	0	1
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	77	0	0	0	77
Ethnicity Unknown	1	0	0	0	1
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	18.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	13.00
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
24.6%	3.1%	0.0%	7.0%	65.3%	100.0%		
1,731,046	218,118	0	490,991	4,594,687	7,034,842	0	0.0%

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

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:

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

The proposed project will be funded entirely through the Applicant's cash and securities on hand. Appended as **ATTACHMENT-27A** are the Applicants audited financial statements (3 years historical)

ATTACHMENT-27

LUTHERAN SENIOR SERVICES

CONSOLIDATED FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2013 AND 2012

ATTACHMENT-27A

LUTHERAN SENIOR SERVICES
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2013 AND 2012

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Lutheran Senior Services
St. Louis, Missouri

Report on the Consolidated Financial Statements
We have audited the accompanying consolidated financial statements of Lutheran Senior Services (a Missouri corporation), which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of unrestricted activities, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements
Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Board of Directors
Lutheran Senior Services

Opinion
In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Lutheran Senior Services as of December 31, 2013 and 2012, and the results of their operations, change in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

St. Louis, Missouri
March 18, 2014

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LUTHERAN SENIOR SERVICES
CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2013 AND 2012

	2013	2012
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	$ 11,834,542	$ 18,939,846
Resident Accounts Receivable, Net	7,030,897	6,377,900
Current Portion of Notes Receivable	840,865	6,545,804
Interest Receivable	659,396	1,279,607
Other Current Assets	2,015,782	2,536,365
Current Portion of Assets Limited as to Use	220,008,675	174,227,456
Total Current Assets	242,390,157	209,906,978
ASSETS LIMITED AS TO USE		
Investments	224,099,536	200,470,877
Less: Current Portion Shown Above	220,008,675	174,227,456
Total Assets Limited as to Use (Net of Current Portion Shown Above)	4,090,861	26,243,421
PROPERTY AND EQUIPMENT (at Cost)		
Land and Land Improvements	47,318,157	48,540,122
Building and Improvements	512,132,178	449,554,874
Equipment	36,969,475	35,403,427
Construction in Progress	13,642,238	58,777,709
Total	610,062,048	592,276,132
Less: Accumulated Depreciation	200,422,911	193,377,652
Total Property and Equipment (at Depreciated Cost)	409,639,137	398,898,480
OTHER ASSETS		
Notes Receivable (Net of Current Portion Shown Above)	4,392,897	-
Deferred Marketing Costs	1,132,261	1,171,710
Deferred Financing Costs, Net	3,977,934	4,167,110
Total Other Assets	9,503,092	5,338,820
Total Assets	$ 665,623,247	$ 640,387,699

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See accompanying Notes to Consolidated Financial Statements.

	2013	2012
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Current Maturities of Long-Term Debt	$ 54,085,000	$ 46,190,000
Accounts Payable:		
Trade	5,906,085	4,768,082
Development	2,991,060	6,328,241
Accrued Interest Payable	5,502,602	5,579,475
Other Accrued Liabilities	8,581,052	8,569,656
Current Portion of Refundable Residency Fees	12,809,000	12,610,000
Total Current Liabilities	89,874,799	84,045,454
LONG-TERM DEBT (Net of Current Maturities Shown Above)		
Bonds and Notes Payable	293,563,793	304,012,061
Interest Rate Swap Agreement	1,676,892	2,449,746
Total Long-Term Debt (Net of Current Maturities Shown Above)	295,240,685	306,461,807
OTHER LIABILITIES		
HUD Capital Advances	35,710,191	32,849,278
Refundable Residency Fees	165,988,164	145,814,506
Deferred Revenue from Residency Fees	13,444,001	11,303,806
Charitable Gift Annuities Payable	9,016,731	7,512,418
Resident Deposits	4,282,330	7,629,755
Accrued Pension Cost	2,792,409	5,426,680
Total Other Liabilities	231,233,826	210,536,443
Total Liabilities	616,349,310	601,043,704
NET ASSETS		
Unrestricted:		
Controlling Interest	27,482,188	18,178,320
Noncontrolling Interest	7,112,804	7,452,631
Total Unrestricted Net Assets	34,594,991	25,630,951
Temporarily Restricted	6,655,407	5,735,852
Permanently Restricted	8,023,539	7,977,192
Total Net Assets	49,273,937	39,343,995
Total Liabilities and Net Assets	$ 665,623,247	$ 640,387,699

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LUTHERAN SENIOR SERVICES
CONSOLIDATED STATEMENTS OF UNRESTRICTED ACTIVITIES
YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013		2012	
	Amount	Percent of Revenue	Amount	Percent of Revenue
OPERATING REVENUE				
Resident Service	$ 158,292,311	93.7 %	$ 145,957,725	93.7 %
Amortization of Residency Fees	3,615,677	2.1	3,025,208	1.9
Interest on Investments Held by Trustee	2,188,893	1.3	2,141,456	1.4
Net Assets Released from Restrictions - Operations	318,664	0.2	348,344	0.2
Other	4,522,507	2.7	4,290,315	2.8
Total Operating Revenue	168,938,052	100.0	155,763,048	100.0
OPERATING EXPENSE				
Nursing	44,915,226	26.6	40,716,577	26.1
In-Home Services	3,786,496	2.2	5,140,675	3.3
Dining Services	19,580,838	11.6	18,210,270	11.7
Housekeeping	3,665,701	2.2	3,575,085	2.3
Laundry	966,806	0.6	901,524	0.6
Activities and Social Services	4,585,616	2.7	4,300,641	2.8
Plant Operations and Maintenance	15,151,919	9.0	13,971,564	9.0
Administrative	23,404,125	13.9	20,300,858	13.0
Net Savings and Revenue Sharing Costs	1,100,941	0.7	1,510,436	1.0
Marketing	4,077,758	2.4	3,792,489	2.4
Employee Benefits	16,634,503	9.8	14,403,419	9.2
Interest	15,040,123	8.9	12,748,738	8.2
Depreciation and Amortization	22,459,956	13.3	20,019,687	12.9
Total Operating Expense	175,370,008	103.9	159,591,963	102.5
OPERATING LOSS	(6,431,956)	(3.9)	(3,828,915)	(2.5)
OTHER INCOME (EXPENSE)				
Unrealized Gain on Investments	2,090,680	1.2	4,018,780	2.6
Investment Income	2,269,371	1.3	3,815,409	2.4
Realized Gains on Investments	5,841,551	3.5	2,221,307	1.4
Contributions	5,306,025	3.1	3,820,327	2.5
Endowment Expenses	(2,258,430)	(1.3)	(1,808,182)	(1.2)
Net Periodic Pension Cost	(604,162)	(0.4)	(824,986)	(0.5)
Land Impairment	(919,087)	(0.5)	-	-
Gain on Disposal of Property and Equipment	6,422	-	257,286	0.2
Total Other Income (Expense)	11,732,370	6.9	11,499,941	7.4
EXCESS OF NET REVENUE OVER EXPENSE	5,300,414	3.0 %	7,671,026	4.9 %
Change in Valuation of Interest Rate Swap	772,854		332,182	
Other Changes in Plan Assets and Benefit Obligations	2,738,433		300,329	
Equity Contributions	149,964		7,421,464	
Net Assets Released from Restrictions - Capital	2,375		72,514	
INCREASE IN UNRESTRICTED NET ASSETS	$ 8,964,040		$ 15,797,515	

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See accompanying Notes to Consolidated Financial Statements.

LUTHERAN SENIOR SERVICES
CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS
YEARS ENDED DECEMBER 31, 2013 AND 2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
NET ASSETS - DECEMBER 31, 2011	$ 9,833,436	$ 4,213,693	$ 7,940,314	$ 21,987,443
CHANGE IN NET ASSETS				
Excess of Net Revenue Over Expense	7,671,026	-	-	7,671,026
Contributions	-	1,935,645	36,878	1,972,523
Investment Income	-	7,372	-	7,372
Other Changes in Plan Assets and Benefit Obligations	300,329	-	-	300,329
Change in Valuation of Interest Rate Swap	332,182	-	-	332,182
Equity Contributions	7,421,464	-	-	7,421,464
Net Assets Released from Restrictions-Operations	-	(348,344)	-	(348,344)
Net Assets Released from Restrictions-Capital	72,514	(72,514)	-	-
Change in Net Assets	15,797,515	1,522,159	36,878	17,356,552
NET ASSETS - DECEMBER 31, 2012	25,630,951	5,735,852	7,977,192	39,343,995
CHANGE IN NET ASSETS				
Excess of Net Revenue Over Expense	5,300,414	-	-	5,300,414
Contributions	-	1,240,594	46,347	1,286,941
Other Changes in Plan Assets and Benefit Obligations	2,738,433	-	-	2,738,433
Change in Valuation of Interest Rate Swap	772,854	-	-	772,854
Equity Contributions	149,964	-	-	149,964
Net Assets Released from Restrictions-Operations	-	(318,664)	-	(318,664)
Net Assets Released from Restrictions-Capital	2,375	(2,375)	-	-
Change in Net Assets	8,964,040	919,555	46,347	9,929,942
NET ASSETS - DECEMBER 31, 2013	$ 34,594,991	$ 6,655,407	$ 8,023,539	$ 49,273,937

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See accompanying Notes to Consolidated Financial Statements.

LUTHERAN SENIOR SERVICES
CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash Received from Resident Services	$ 164,805,102	$ 151,432,020
Cash Paid to Suppliers and Employees	(140,222,089)	(126,578,328)
Contributions Received	8,508,918	5,678,288
Investment Income Received	2,889,582	3,562,988
Realized Gains on Investments	5,841,551	2,221,307
Interest Paid	(15,116,996)	(12,443,995)
Net Cash Provided by Operating Activities	26,706,068	23,872,280
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from Investments	189,293,140	122,498,722
Purchase and Reinvested Interest of Investments	(202,754,242)	(84,936,169)
Net Purchase of Property and Equipment	(36,085,778)	(63,262,665)
Cash Paid for Letter of Credit Renewal	(156,465)	-
Deferred Marketing Costs Incurred	(147,612)	(80,935)
Net Cash Used by Investing Activities	(49,850,957)	(25,781,047)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from Refundable Admission Fees	27,537,903	18,716,147
Refunds Paid on Refundable Admission Fees	(18,516,237)	(15,217,211)
Proceeds on Deferred Revenue from Admission Fees	3,088,294	1,368,304
Proceeds from Resident Deposits	2,675,990	5,156,794
Refunds Paid on Resident Deposits	(617,606)	(779,366)
Receipts of Charitable Gift Annuities	3,573,567	3,675,826
Payments of Charitable Gift Annuities	(1,649,586)	(1,228,403)
Contributions Made to Defined Benefit Pension Plan	(500,000)	(1,060,000)
Draws on Capital Advance	2,860,913	4,885,892
Draws on Line of Credit	16,500,000	6,200,000
Payments on Long-Term Debt	(18,960,000)	(5,020,000)
Proceeds from Permanently Restricted Contributions	46,347	36,878
Net Cash Provided by Financing Activities	16,039,585	16,734,861
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(7,105,304)	14,826,094
Cash and Cash Equivalents - Beginning	18,939,846	4,113,752
CASH AND CASH EQUIVALENTS - ENDING	$ 11,834,542	$ 18,939,846

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See accompanying Notes to Consolidated Financial Statements.

LUTHERAN SENIOR SERVICES
CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)
YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
Change In Net Assets	$ 9,929,942	$ 17,356,552
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:		
Depreciation and Amortization	22,459,956	20,019,687
Amortization of Residency Fees	(3,615,677)	(3,025,208)
Unrealized Gain on Investments	(2,090,680)	(4,018,780)
Land Impairment	919,087	-
Gain on Disposal of Property and Equipment	(6,422)	(257,286)
Change in Charitable Gift Annuities	1,962,299	(77,684)
Permanently Restricted Contributions	(46,347)	(36,878)
Change in Value of Donated Homes	(1,763,587)	(288,462)
Change in Valuation of Interest Rate Swap	(772,854)	(332,182)
Other Changes in Plan Assets and Benefit Obligations	(2,738,433)	(300,329)
Net Periodic Pension Cost	604,162	824,986
Equity Contributions	(149,964)	(7,421,464)
(Increases) Decreases in Current Assets:		
Resident Accounts Receivable	(652,997)	(849,906)
Notes Receivable	454,380	(107,578)
Interest Receivable and Other Current Assets	1,140,802	121,883
Increases (Decreases) in Current Liabilities:		
Accounts Payable	1,138,003	340,932
Interest Payable	(76,873)	304,743
Other Accrued Liabilities	11,396	1,619,254
Net Cash Provided by Operating Activities	$ 26,706,193	$ 23,872,280

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See accompanying Notes to Consolidated Financial Statements.

LUTHERAN SENIOR SERVICES
CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)
YEARS ENDED DECEMBER 31, 2013 AND 2012

SUPPLEMENTARY SCHEDULE OF NONCASH INVESTING AND FINANCING ACTIVITIES

	2013	2012
Construction in Progress Included in Accounts Payable - Development	$ 2,991,060	$ 6,328,241
HUD Capital Advance	$ 2,860,913	$ 4,885,892

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See accompanying Notes to Consolidated Financial Statements.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION

Nature of Organization

Lutheran Senior Services (the "Organization"), a 501(c)(3) non-profit corporation, is organized and operates through the following continuing care retirement communities (CCRC's):

Laclede Groves

Laclede Groves is undergoing a campus wide development project involving new construction as well as renovations and is further described in Note 9. Currently, Laclede Groves operates 86 assisted living units, 317 individual living apartments, 54 patio homes, 43 assisted living dementia units and 243 licensed skilled nursing beds.

Meramec Bluffs

Meramec Bluffs operates 56 assisted living units, 263 independent living apartments, 25 patio homes, 20 dementia care beds and 88 skilled nursing beds.

Hidden Lake

Hidden Lake operates 22 assisted living units, 82 independent living apartments, 32 patio homes, 21 dementia care beds and 67 skilled nursing beds.

Breeze Park

Breeze Park operates 52 assisted living units, 23 assisted living dementia units, 110 independent living apartments, 34 patio homes and 65 skilled nursing beds.

Heisinger Bluffs

Heisinger Bluffs operates 54 assisted living units, 65 independent living apartments, 24 assisted living dementia units and 55 skilled nursing beds.

Lutheran Senior Services is the sole member of The Cole County Lutheran Home Association (Heisinger Bluffs), which is a 501(c)(3) non-profit corporation.

Meridian Village

Meridian Village owns and operates 53 assisted living units, 14 assisted living dementia units, 129 independent living apartments, 34 patio homes and 69 skilled nursing beds.

Lutheran Senior Services is the sole member of Meridian Village Association (Meridian Village) which is a 501(c)(3) non-profit corporation.

Lenoir Woods

Lenoir Woods operates 48 assisted living units, 80 independent living apartments, 106 independent living homes, 105 skilled nursing beds and 17 skilled dementia beds.

Lutheran Hillside Village

Lutheran Hillside Village operates 39 assisted living units, 20 assisted living dementia units, 49 patio homes and villas, 126 independent living apartments, 66 skilled nursing beds and 16 skilled dementia beds.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Nature of Organization (Continued)

Lutheran Hillside Village (Continued)

Lutheran Senior Services is the sole member of Lutheran Hillside Village (Hillside Village), which is a 501(c)(3) non-profit corporation.

Concordia Village

Concordia Village operates 111 independent living apartments, 23 patio homes, 48 assisted living units and 64 skilled nursing beds.

Lutheran Senior Services is the sole member of Lutheran Retirement Centers Association (Concordia Village), which is a 501(c)(3) non-profit corporation.

In addition to the CCRC's described above, Lutheran Senior Services also provides services through the following facilities and programs:

Richmond Terrace

Lutheran Senior Services owns and operates an 80 unit assisted living facility known as Richmond Terrace.

St. Joseph Bluffs

Lutheran Senior Services owns and operates a skilled nursing facility known as St. Joseph Bluffs, which currently operates 65 of its 100 licensed beds.

Affordable Housing

Lutheran Senior Services operates seven affordable housing campuses: Halls Ferry Manor, Inc., Rose Hill House, Dunn Road Manor, Inc., Westfield Manor Association, Hilltop Manor Association, Inc. and Mackenzie Place. Additional information about Mackenzie Place is described in Note 13. Lutheran Senior Services also manages certain projects that are sponsored by National Benevolent Association, which include Hylton Point, Hylton Point II and Centennial Plaza.

In-Home Services

Lutheran Senior Services operates a home health agency that provides home health services to Medicare and private pay patients at its CCRC's, affordable housing locations, and also in the community. In addition, the home health agency runs a hospice program that serves patients at its CCRC's and in the community. The Organization also administers certain other programs (The Good Neighbor Program, the Outreach Program, and the Volunteer Money Management Program), which are partially funded by the United Way, the purpose of which are to assist elderly individuals who live in their homes.

Management and Development Services

Provident Group is a wholly owned subsidiary of Lutheran Senior Services and is a taxable non-profit management and development company focusing on the senior living industry. Provident Group provides services to Lutheran Senior Services and its affiliates.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Nature of Organization (Continued)

Lutheran Senior Services Endowment Fund

Lutheran Senior Services Endowment Fund, a 501(c)(3) non-profit Corporation, was created on May 31, 1998, through the dissolution of Lutheran Altenheim Society of Missouri Endowment Fund and a transfer of net assets from the Organization. It is under the common control of Lutheran Senior Services.

The Endowment Fund earnings are to be used exclusively to support Lutheran Senior Services. The Endowment Fund contains donor restricted and board designated investments for benevolent care, clinical pastoral education, future construction and capital improvements.

Heisinger Hope Foundation

Heisinger Hope Foundation, a 501(c)(3) non-profit corporation, was formed for fundraising purposes to help support the operations of Heisinger Bluffs. It is under the common control of The Cole County Lutheran Home Association (Heisinger Bluffs). It operates and is accounted for consistent with Lutheran Senior Services Endowment Fund.

The Foundation contains donor restricted and board designated investments for benevolent care and capital improvements.

Lutheran Hillside Village Foundation

Lutheran Hillside Village Foundation, a 501(c)(3) non-profit Corporation, was formed for fundraising purposes to help support the operations of Lutheran Hillside Village. It is under the common control of Lutheran Hillside Village.

The Foundation earnings are to be used exclusively to support Lutheran Hillside Village. The Foundation contains donor restricted and board designated investments for benevolent care and clinical pastoral education.

Tax Status

The Organizations, except for the wholly owned subsidiary, Provident Group, Inc., and the wholly owned limited liability companies, Mackenzie Place HTC Master Tenant, L.P. and Mackenzie Place LIHTC, L.P., qualify as tax-exempt corporations described in Section 501(c)(3) of the Internal Revenue Code. Accordingly, the Organizations are not subject to federal income taxes under Section 501(a) of the Code. The Organizations are classified as publicly-supported charitable organizations under the Code and contributions to the Organizations qualify as a charitable tax deduction for the contributor.

Provident Group is organized as a taxable non-profit for federal and state income tax purposes.

The Organizations are not aware of any activities that would jeopardize its tax-exempt status. The tax returns for the years 2010 to 2013 are subject to review and examination by the IRS.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Principles of Consolidation

The accompanying consolidated financial statements include all accounts of Lutheran Senior Services, the Endowment Fund, wholly owned subsidiaries: Provident Group, Meridian Village Association, Heisinger Bluffs, Heisinger Hope Foundation, Concordia Village, Lutheran Hillside Village, Lutheran Hillside Village Foundation and Affordable Housing projects under common control: Halls Ferry Manor, Inc., Rose Hill House, Inc., Rose Hill House, Inc. II, Dunn Road Manor, Inc., Westfield Manor Association, Hilltop Manor Association, Inc., and Mackenzie Place LIHTC, L.P., Mackenzie Place HTC Tenant, L.P., Mackenzie Place 202 and Mackenzie Place 202-2. Intercompany transactions and balances have been eliminated in the consolidation.

Financial Statement Presentation

Contributions received are recorded as an increase in unrestricted, temporarily restricted or permanently restricted support, depending on the existence or nature of any donor restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted –Those resources over which the Board of Directors has discretionary control. Designated amounts represent those assets which the board has set aside for a particular purpose.

Temporarily Restricted –Those resources subject to donor imposed restrictions which will be satisfied by actions of the Organization or passage of time.

Permanently Restricted –Those resources subject to a donor imposed restriction that they be maintained permanently by the Organization. The donors of these resources permit the Organization to use all or part of the income earned, including capital appreciation, or related investments for unrestricted or temporarily restricted purposes.

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is satisfied, net assets are released and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same reporting period as received are recorded as unrestricted contributions.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expense during the reporting period. Actual results could differ from those estimates.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Resident Services Revenue

Resident services revenue includes rent, room charges and ancillary services to residents and is recorded at established billing rates net of contractual adjustments resulting from agreements with third-party payors, if applicable.

Provisions for estimated third-party payor settlements are provided in the period the related services are rendered. Differences between the amounts accrued and the subsequent settlements are recorded to operations in the year of settlement.

Third Party Reimbursement Agreements

Medicaid

The Organization participates in the Medicaid program that is administered by the Missouri Department of Social Services, Division of Medical Services. A licensed nursing facility that participated in the Medicaid program in the State of Missouri for the years ended December 31, 2013 and 2012 was reimbursed based upon prospective rates with the last rebasing activity occurring in 2004 and based upon the 2001 cost reports. In February 2012 the State approved a trend adjustment of $6.00 per day and a $2.43 bed tax increase on all occupied beds which was retroactively applied to service dates beginning October 1, 2011. During fiscal year 2013 a rate increase of $6.00 per patient day and a corresponding $0.41 bed tax increase was approved effective July 1, 2012. Subsequent to December 31, 2013, a 3% increase was approved retroactive to July 1, 2013.

The Organization participates in the Medicaid program administered by the Illinois Department of Healthcare and Family Services (HFS). A licensed nursing facility that participates in the Medicaid program in the State of Illinois is reimbursed based upon facility specific prospective daily rates. Rates are set taking into account individual facility costs; variations in patient case mix; geographical location. Facilities are subject to periodic audit by the Illinois Department of HFS which may result in retroactive adjustment to set rates.

Medicare

A licensed nursing facility which participated in the Medicare program for the years ended December 31, 2013 and 2012 was reimbursed based on a Prospective Payment System (PPS). This program is administered by the United States Department of Health and Human Services. The PPS is a per diem price based system. Annual cost reports are submitted to the designated intermediary; however, they historically do not contain a cost settlement.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Occupancy Percentages

During the years ended December 31, 2013 and 2012, the occupancy percentages for all of Lutheran Senior Services' campuses and facilities were as follows:

	2013			2012		
Campuses	Nursing Facility	Assisted Living	Independent Living	Nursing Facility	Assisted Living	Independent Living
Laclede Groves	94.6%	94.1%	93.1%	92.9%	94.1%	97.4%
Hidden Lake	86.7%	89.3%	66.9%	84.4%	82.6%	69.4%
Breeze Park	93.2%	93.3%	95.0%	94.0%	93.9%	90.8%
Meramec Bluffs	96.1%	92.7%	97.8%	96.7%	94.1%	97.9%
Heisinger Bluffs	95.3%	90.0%	93.8%	91.8%	87.5%	93.4%
Lenoir Woods	91.5%	97.0%	92.7%	90.8%	93.3%	91.8%
Meridian Village	95.1%	96.6%	94.0%	95.5%	97.1%	84.8%
Lutheran Hillside Village	93.4%	86.0%	90.2%	90.2%	92.7%	91.1%
Concordia Village	92.7%	97.7%	95.3%	81.8%	89.2%	95.7%
Richmond Terrace	N/A	93.0%	N/A	N/A	90.1%	N/A
St. Joseph Bluffs	91.7%	N/A	N/A	93.3%	N/A	N/A

The occupancies above consist of private paying residents except in certain nursing facilities. During the years ended December 31, 2013 and 2012, the occupancy percentages and third party payor mix at the nursing facilities were as follows:

	2013			2012		
Campuses	Occupancy	Medicaid	Medicare	Occupancy	Medicaid	Medicare
Laclede Groves	94.6%	21.5%	10.5%	92.9%	21.8%	7.3%
Hidden Lake	86.7%	38.1%	13.5%	84.4%	34.0%	9.7%
Breeze Park	93.2%	5.6%	17.2%	94.0%	9.5%	12.7%
Meramec Bluffs	96.1%	5.4%	12.5%	96.7%	6.6%	12.7%
Heisinger Bluffs	95.3%	28.4%	0.0%	91.8%	25.0%	0.0%
Lenoir Woods	91.5%	10.5%	17.2%	90.8%	7.9%	16.7%
Meridian Village	95.1%	6.7%	19.6%	95.5%	9.8%	20.8%
Lutheran Hillside Village	93.4%	12.1%	14.5%	90.2%	11.1%	15.1%
Concordia Village	92.7%	3.1%	18.9%	81.8%	0.8%	21.4%
St. Joseph Bluffs	91.7%	N/A	33.9%	93.3%	N/A	34.6%

Cash and Cash Equivalents

The Organization considers all highly liquid debt instruments and certificates of deposit with a maturity of three months or less to be cash equivalents.

Notes Receivable

The Organization may at times obtain unsecured promissory notes for residency entrance fees with an initial term of six months and an option of renewal.

ATTACHMENT-27A

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Notes Receivable (Continued)

On November 30, 2010, the Organization entered into a mortgage note with Mackenzie Place HTC Master Landlord, L.P., in the amount of $5,000,000 to be drawn upon as needed for the construction of an affordable housing community. This note is secured by a deed of trust and a security agreement. As of December 31, 2012, $4,954,429 was expended related to the project and invested in this limited partnership.

On March 15, 2013, the Organization entered into a note modification agreement with Mackenzie Place HTC Master Landlord, L.P. The modified terms established the maximum loan amount at $4,500,000 (the balance outstanding at the modification date) and provided for monthly payments of interest only at the annual rate of 5.00% through December 31, 2013. Commencing January 1, 2014, the loan requires monthly payments of $9,853, including principal and interest at the rate of 0.25% per annum, until the maturity date of January 1, 2021, at which date all remaining principal and outstanding interest are due.

Current portion of Notes Receivable includes the $107,103 principal due for the above mentioned note and the promissory notes issued for the residency entrance fees. Collection on notes receivable is fully expected and, accordingly, no allowance has been provided. Future maturities of the mortgage note payable are as follows:

Years Ending December 31,	Principal
2014	$ 107,103
2015	107,371
2016	107,640
2017	107,909
2018	108,179
Thereafter	3,961,798
Total	$ 4,500,000

Related Party Note Receivable

On October 8, 2010, the Organization entered into a mortgage note with Mackenzie Place LIHTC, L.P., in the amount of $6,650,000 to be drawn upon as needed for the construction of an affordable housing community. This note is secured by a deed of trust and a security agreement. As of December 31, 2011, the balance of the loan was $5,727,676 and was repaid in full during 2012.

Resident Accounts Receivable

The Organization accounts for uncollectible accounts by using management's judgment. Resident services are provided on an unsecured basis and payment is required upon receipt of the invoice. Accounts more than 90 days past due are individually analyzed for collectability. In addition, an allowance is estimated for other accounts based on the historical experience of the Organization. The allowance for uncollectible accounts was approximately $850,000 and $800,000 at December 31, 2013 and 2012, respectively.

ATTACHMENT-27A

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Assets Limited as to Use

Assets limited as to use include assets set aside by the Board of Directors for future capital improvements and other purposes, over which the Board retains control and may, at its discretion, subsequently use for other purposes; assets held by trustees under the bond agreements; required HUD reserves; equity investments; self-insurance reserve and assets limited as to use by donors.

Also, under the various HUD regulatory agreements, Halls Ferry Manor, Rose Hill House, Rose Hill House II, Dunn Road Manor, Westfield Manor, Hilltop Manor, Mackenzie Place 202 and Mackenzie Place 202-2 make required deposits into restricted escrow accounts. These HUD projects are required to deposit any surplus cash from operations into a residual receipts account. There is also a requirement to deposit monthly amounts into a reserve for replacement account. All disbursements from these accounts require the prior written approval of HUD. These HUD projects also hold in trust security deposit amounts received by the tenants of the projects upon move-in.

Assets limited as to use are primarily invested in debt and equity securities, except for restricted deposits and funded reserves, and funds held by bond trustees which are primarily cash and cash equivalents. Also, the Organization's equity investments in captive insurance companies, Senior Care Network and Mackenzie Place HTC Master Landlord, L.P. are recorded using the cost basis.

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value on the balance sheet. Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in net revenue over expense unless the income or loss is restricted by donor or law.

Property and Equipment

Property and equipment are recorded at cost and depreciated over their estimated useful lives by the straight-line method of depreciation.

During 2012, Lutheran Senior Services began looking into whether to develop or sell a piece of land adjacent to Meramec Bluffs. This land was included in property at December 31, 2012 at $2,563,787. During 2013, Lutheran Senior Services decided to sell the land, which had a fair market value of $1,644,700. This land was then reclassified as a Held for Sale Investment, and the impairment of $919,087 was recorded as other income (expense). Management believes this impairment loss is more appropriately reflected outside of operations on the consolidated statements of unrestricted activities.

Interest Capitalization

Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets, and depreciated over their estimated useful lives by the straight-line method of depreciation.

ATTACHMENT-27A

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Deferred Marketing Costs

Marketing costs incurred in connection with securing the initial CCRC contracts at Meramec Bluffs, Concordia Village and Laclede Groves were capitalized and are being amortized over the average life expectancy of the initial residents. Lutheran Senior Services is currently marketing to secure initial CCRC contracts for the expansion projects at Concordia Village and Lutheran Hillside Village. These marketing costs will be capitalized through the construction phase and up to one year after the facility opens or until stabilized occupancy, whichever occurs first.

Unamortized marketing costs for the years ended December 31, 2013 and 2012 were $1,132,261 and $1,171,710, respectively. Marketing costs are net of accumulated amortization of $1,148,519 and $961,458 as of December 31, 2013 and 2012, respectively. Amortization expense for the years ended December 31, 2013 and 2012 was $187,061 and $170,318, respectively.

Deferred Financing Costs

Costs incurred in connection with the issuance of debt are capitalized and amortized over the term of the related indebtedness based on the effective interest rate method. In 2011, the Organization capitalized financing costs of $787,390 relating to the Series 2011 bonds and $262,385 relating to the letter of credit renewal for the Series 2008 bonds. In 2013, the Organization capitalized financing costs of $156,465 relating to the Series 2000 bonds letter of credit renewal. Amortization expense for the years ended December 31, 2013 and 2012 was $345,641 and $342,977, respectively.

Accrued Pension Cost

Accrued pension cost represents the under-funded amount of the defined benefit pension plan based on actuarial calculations and asset performance. At December 31, 2013 and 2012, the plan had an accrued pension cost of $2,792,409 and $5,426,680, respectively.

HUD Capital Advances

HUD Capital Advances are non-interest bearing mortgage notes that the HUD Section 202 projects utilized to finance construction of the facilities for very low income elderly persons. See further information disclosed in Note 4.

Refundable Residency Fees and Deferred Revenue from Residency Fees

Residents of the senior housing facilities often enter under agreements that require the payment of residency fees. Under terms of the entrance agreements, Lutheran Senior Services is required to refund a portion of the residency fee to residents who terminate the agreement. Five percent of the residency fee, which is considered a processing charge, is retained by Lutheran Senior Services. Certain residents have the option of a fully refundable residency fee, which is offset by a higher monthly service fee.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Refundable Residency Fees and Deferred Revenue from Residency Fees (Continued)

For other residents, one and one-half percent of the residency fee per month for each month a resident occupies his/her apartment or home is also retained by Lutheran Senior Services with the balance refundable to the resident. In no event shall the amount refunded be less than fifty percent of the residency fee; the amount is due and payable within six months of the move-out date, or at the time Lutheran Senior Services has obtained a subsequent executed agreement and full payment of a residency fee from another resident, if earlier.

On some contracts at Hillside Village, ten percent of the residency fee, which is considered a processing charge, is retained by Lutheran Senior Services. For some contracts at Hillside Village, the ten percent increases to twenty-five percent over fifteen years and is retained by Lutheran Senior Services, with the balance refundable to the resident. In no event shall the amount refunded be less than seventy-five percent of the residency fee; the amount is due and payable within six months of the move-out date if the resident leaves the campus, or at the time Lutheran Senior Services has obtained a subsequent executed agreement and full payment of a residency fee from another resident, if earlier. Though the contracts at Hillside Village that increase to twenty-five percent over time do still exist, they are no longer being offered to new residents.

Fees paid by a resident upon entering into a continuing care contract, net of the portion that is refundable to the resident, are recorded as deferred revenue and are amortized into income using the straight-line method over the estimated remaining life expectancy of the resident. Due to the nature of the contracts, the refundable portion of residency fees is not amortized.

Management has estimated a current portion of the amount of the remaining refundable balances as of December 31, 2013 and 2012 to be $12,809,000 and $12,610,000, respectively, based on an average of refunds paid in prior years.

In July 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2012-01 "Health Care Entities: Continuing Care Retirement Communities – Refundable Advance Fees". The amendments in this ASU clarify that an entity should classify an advance fee as deferred revenue when a CCRC has a resident contract that provides for payment of the refundable advance fee upon re-occupancy by a subsequent resident, which is limited to the proceeds of re-occupancy by a subsequent resident. The amendments also clarify that refundable advance fees that are contingent upon re-occupancy by a subsequent resident but are not limited to the proceeds of re-occupancy should be accounted for and reported as a liability. The amendments in the ASU are effective for fiscal periods beginning after December 15, 2013 for non public entities, as defined, with early adoption permitted. These amendments do not apply to the Organization due to its plans and accounting procedures for residency fees.

ATTACHMENT-27A

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Obligation to Provide Future Services

The independent living residents on the Laclede Groves campus have contracts that also provide for a certain number of free days of care each year provided that the resident is not making a permanent transition into the nursing facility.

In addition, through the acquisition of Lenoir Woods, the Organization has assumed the responsibility for existing resident contracts, some of which provide for free days of care and a permanent discount when the resident transfers permanently into the assisted living or nursing facility. Since Lenoir Woods became a part of Lutheran Senior Services, these contracts are no longer offered.

Lutheran Hillside Village (LHV) has existing contracts under the Catastrophic Protection Program (CPP) that provide for discounted nursing care for residents who meet certain requirements. During 2006, LHV offered to buy back the CPP benefit from residents with that type of contract, but a few residents elected to continue participating in the program. Upon affiliation of LHV with Lutheran Senior Services, these contracts are no longer offered.

Terms of these contracts do not limit the Organization's ability to set monthly service fees at a level necessary to maintain adequate cash flow. No liability was required to be recorded at December 31, 2013 and 2012, based on evaluation of these contracts that provide for future services.

Charitable Gift Annuities Payable

The Organization has established a gift annuity program whereby donors may contribute assets to the Organization in exchange for the right to receive a fixed dollar annual return during their lifetime. A portion of the transfer is considered to be a charitable contribution. The difference between the amount provided for the gift annuity and the present value of the liability for future payments is recognized as a temporarily restricted contribution. The annuity liability is revalued annually from computed present values based on published mortality rate tables adopted by the United States Internal Revenue Service. Total charitable gift annuities payable as of December 31, 2013 and 2012 was $10,897,498 and $8,984,108, respectively. The current portion of gift annuities payable as of December 31, 2013 and 2012 was $1,880,767 and $1,471,690, respectively, and is included in other accrued liabilities.

Resident Deposits

Reservation deposits of amounts ranging from $1,000 to $4,000 are required for each resident entering an independent or assisted living facility within Lutheran Senior Services. The deposits in the case of non-rental units are credited to the residents' accounts upon execution of the occupancy agreement. In the case of rental units, the deposits are treated as security deposits and refunded at the time the premises are vacated.

Meramec Bluffs offers garage spaces to the residents for a $12,000 deposit that is included in resident deposits and is refunded when the resident no longer uses the garage space. Earnings on these deposits are not restricted as to use.

ATTACHMENT-27A

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Fair Value of Financial Instruments

Fair value measurement applies to reported balances that are required or permitted to be measured at fair value under an existing accounting standard. The Organization emphasizes that fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability and establishes a fair value hierarchy.

The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

Level 1 – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organization has the ability to access.

Level 2 – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level 3 – Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The Organization also adopted the policy of valuing certain financial instruments at fair value. This accounting policy allows the Organization the irrevocable option to elect fair value for the initial and subsequent measurement for certain financial assets and liabilities on an instrument-by-instrument basis. The Organization has elected to measure instruments at fair value with the exception of investments in the captive insurance companies, Senior Care Network and Mackenzie Place HTC Landlord LP, which are recorded under the equity method. In addition, the Organization has not elected the fair value measurement for its liabilities. The Organization may elect to measure newly acquired financial instruments at fair value in the future.

The Organization has elected the fair value option for investments to simplify record keeping. This election effectively moves the classification of investments from available for sale to trading which has no impact on the balance sheet presentation. The impact on the statement of operations pertaining to this election is that unrealized gains and losses on investments will be shown within the performance indicator.

ATTACHMENT-27A

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Fair Value of Financial Instruments (Continued)

Securities Available for Sale

Securities available for sale are recorded at fair value on a recurring basis. Fair value measurement is based upon quoted prices, if available. If quoted prices are not available, fair values are measured using independent pricing models or other model-based valuation techniques such as the present value of future cash flows, adjusted for the security's credit rating, prepayment assumptions, and other factors such as credit loss assumptions.

Securities valued using Level 1 inputs include those traded on an active exchange, such as the New York Stock Exchange, as well as U.S. Treasury and other U.S. government and agency mortgage-backed securities that are traded by dealers or brokers in active over-the-counter markets. Securities valued using Level 2 inputs include private collateralized mortgage obligations, municipal bonds, mutual funds and corporate debt securities. The Organization does not have any securities that are valued using Level 3 inputs.

Derivatives

Quoted market prices are available and used for exchange-traded derivatives, such as certain interest rate futures and option contracts; such derivatives are classified as using Level 1 inputs. The Organization's SWAP Agreement's fair value is determined using internally developed models that use primarily market observable inputs, such as yield curves and option volatilities, and, accordingly, is classified as using Level 2 inputs.

Other Operating Revenues

Other operating revenue consists primarily of non-resident rental income, development and management fees, laundry, barber and beauty, cafeteria sales and other miscellaneous revenue.

Excess of Net Revenue Over Expense

The consolidated statements of unrestricted activities include a measurement of excess of net revenue over expense. Changes in unrestricted net assets, which are excluded from excess of net revenue over expense, consistent with industry practice, include change in valuation of interest rate swap, other changes in plan assets and benefit obligations, equity contributions and net assets released from restrictions for capital items.

For the years ended December 31, 2013 and 2012, Mackenzie Place HTC Tenant, L.P and Mackenzie Place LIHTC, L.P. have received funds of $149,964 and $7,421,464, respectively, which are recorded as equity contributions.

Charity Care

The Christian mission of Lutheran Senior Services is "Older Adults Living Life to the Fullest". The older adults served will experience the highest possible care and quality of life through an expanding network of communities and supportive services.

ATTACHMENT-27A

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Charity Care (Continued)

Lutheran Senior Services defines and measures this "investment in" and "partnership with" the community primarily through its benevolent care program. This is only one aspect of the charity care that Lutheran Senior Services provides as services are also provided through its Good Neighbor Program, Volunteer Money Management, and Case Management Services at less than cost. Additionally, Lutheran Senior Services commits a significant amount of human and financial resources to Clinical Pastoral Education (CPE), Pastoral Care, and Affordable Housing. The Organization provides care to residents and clients who meet certain criteria under its financial assistance policy without charge. Key elements used to determine eligibility include verification of financial need and proper disclosure upon admission.

Because the Organization does not pursue collection of amounts determined to qualify for financial assistance, they are not reported as revenue. Lutheran Senior Services has estimated its direct and indirect costs of providing charity care under its financial assistance policy. In order to estimate the cost or providing such care, management has used actual costs and operational projections. Using this methodology, Lutheran Senior Services has estimated the costs foregone for services and supplies furnished under the Organization's financial assistance policy aggregated approximately $1,575,000 and $1,260,000 for the years ended December 31, 2013 and 2012, respectively.

Lutheran Senior Services receives donations under its CPE program. For the years ended December 31, 2013 and 2012, Lutheran Senior Services received donations of approximately $98,000 and $93,000, respectively.

Uncompensated Balances

Lutheran Senior Services provided care to residents under the Medicaid program for which the costs to provide such care exceeds reimbursement. The Organization funds this difference through its operations. The shortfall associated for care provided under this program for the years ended December 31, 2013 and 2012 was approximately $4,820,000 and $4,620,000, respectively.

Contributed Services

The Organization receives a substantial amount of services donated by volunteers. No amounts have been reflected in the financial statements for these services.

Advertising

Advertising costs are charged to operations when incurred. Advertising expense was approximately $529,000 and $604,000 for the years ended December 31, 2013 and 2012, respectively.

Subsequent Events

In preparing these consolidated financial statements, the Organization has considered events and transactions that have occurred through March 18, 2014, the date the consolidated financial statements were available to be issued.

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NOTE 2 ASSETS LIMITED AS TO USE

The cost and fair values of assets limited as to use at December 31, 2013 and 2012 include the following, by investment type:

	December 31, 2013		December 31, 2012	
	Cost	Fair Value	Cost	Fair Value
Cash Management Funds	$ 37,243,883	$ 37,243,883	$ 23,778,108	$ 23,778,108
Government Securities	31,018,692	29,833,706	35,237,584	36,134,378
Corporate Bonds	16,977,294	16,851,115	17,798,859	18,290,867
Bond Funds	68,945,373	71,658,924	74,934,996	79,150,421
Equity Securities	52,657,033	62,596,241	33,089,257	36,668,589
Real Estate - Homes	3,448,320	3,448,320	4,066,700	4,066,700
Total Assets Limited as to Use recorded at Fair Value	210,290,595	221,632,189	188,905,504	198,089,063
Equity Investments	2,467,347	2,467,347	2,381,814	2,381,814
Total Assets Limited as to Use	$ 212,757,942	$ 224,099,536	$ 191,287,318	$ 200,470,877

Lutheran Senior Services has equity investments in Caring Communities Insurance Company and Life Services Network Reciprocal Insurance Company as well as in Senior Care Network and Mackenzie Place HTC Landlord L.P. These investments are recorded using the cost basis or equity method as discussed in the subsequent footnotes. The balances of assets limited as to use at December 31, 2013 and 2012 are as follows:

	2013	2012
BOARD DESIGNATED		
Reserve Funds	$ 132,249,223	$ 120,813,348
Benevolent Care	39,460,384	28,012,744
Other	2,134,046	1,649,921
Subtotal	173,843,653	150,476,013
PERMANENTLY AND TEMPORARILY RESTRICTED		
Clinical Pastoral Education	1,101,185	1,101,185
Benevolent Care	12,038,892	11,137,706
Other Programs - Lenoir Woods	517,045	488,739
Subtotal	13,657,122	12,727,630
HELD BY BOND TRUSTEE		
Debt Service Reserve Funds	19,118,578	20,342,902
Project Funds	752,214	3,631,278
Debt Service Funds	9,936,893	6,701,903
Subtotal	29,807,685	30,676,083
RESTRICTED DEPOSITS AND FUNDED RESERVES		
Replacement and Other Reserves	1,864,529	1,730,831
Self-Insurance Reserve	1,971,878	2,044,344
Residual Receipts	325,207	262,789
Security Deposits	162,115	171,373
Subtotal	4,323,729	4,209,337
EQUITY INVESTMENTS		
Captive Insurance Companies	1,222,976	1,182,391
Senior Care Network	399,406	399,406
Investment in Mackenzie Place HTC Landlord L.P.	844,965	800,017
Total Assets Limited as to Use	$ 224,099,536	$ 200,470,877

ATTACHMENT-27A

NOTE 3 LONG-TERM DEBT

Lutheran Senior Services' long-term debt at December 31, 2013 and 2012 is summarized below:

	Security	2013	2012
Health and Educational Facilities Authority of the State of Missouri Senior Living Facilities Revenue Bonds (Lutheran Senior Services Projects) Series 2011	See (1)		
Serial Bonds, with interest ranging from 3.100% to 5.000%, due serially from 2015 through 2021		$ 6,805,000	$ 6,805,000
Term Bonds, with interest at 5.000% due in 2024		3,000,000	3,000,000
Term Bonds, with interest at 5.250% due in 2026		2,000,000	2,000,000
Term Bonds, with interest at 5.450% due in 2026		1,390,000	1,390,000
Term Bonds, with interest at 5.750% due in 2031		6,830,000	6,830,000
Term Bonds, with interest at 5.850% due in 2031		1,500,000	1,500,000
Term Bonds, with interest at 6.000% due in 2041		25,900,000	25,900,000
Health and Educational Facilities Authority of the State of Missouri Variable Rate Demand Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2010	See (2)		
Term Bonds, with interest at 4.750% due in 2025		2,500,000	2,500,000
Term Bonds, with interest at 5.375% due in 2035		6,575,000	6,575,000
Term Bonds, with interest at 5.500% due in 2042		29,225,000	29,225,000
Health and Educational Facilities Authority of the State of Missouri Variable Rate Demand Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2008	See (3)	50,000,000	50,000,000
Health and Educational Facilities Authority of the State of Missouri Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2007A	See (4)		
Serial Bonds, with interest ranging from 4.000% to 5.000%, due serially from 2008 through 2019		8,860,000	10,100,000
Term Bonds, with interest at 4.875% due in 2027		8,930,000	8,930,000
Term Bonds, with interest at 4.875% due in 2037		5,065,000	5,065,000

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NOTE 3 LONG-TERM DEBT (CONTINUED)

	Security	2013	2012
Health and Educational Facilities Authority of the State of Missouri Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2007B	See (5)		
Serial Bonds, with interest ranging from 4.000% to 4.300%, due serially from 2009 through 2019		1,865,000	2,135,000
Term Bonds, with interest at 4.500% due in 2027		3,370,000	3,370,000
Term Bonds, with interest at 4.875% due in 2038		7,215,000	7,215,000
Health and Educational Facilities Authority of the State of Missouri Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2007C	See (6)		
Serial Bonds, with interest ranging from 4.000% to 4.300%, due serially from 2011 through 2019		1,925,000	2,205,000
Term Bonds, with interest at 4.500% due in 2027		3,480,000	3,480,000
Term Bonds, with interest at 5.000% due in 2042		11,375,000	11,375,000
Illinois Finance Authority Revenue Refunding Bonds (Lutheran Senior Services Obligated Group) Series 2006	See (7)		
Serial Bonds, with interest of 5.000%, due serially from 2010 through 2018		2,090,000	2,930,000
Term Bonds, with interest at 5.000% due in 2016		2,775,000	2,775,000
Term Bonds, with interest at 5.125% due in 2026		10,800,000	10,800,000
Term Bonds, with interest at 5.250% due in 2037		27,275,000	27,275,000
Health and Educational Facilities Authority of the State of Missouri Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2005A	See (8)		
Term Bonds, with interest at 4.600% due in 2025		1,315,000	1,315,000
Term Bonds, with interest at 5.000% due in 2025		2,500,000	2,500,000
Term Bonds, with interest at 4.800% due in 2035		2,000,000	2,000,000
Term Bonds, with interest at 5.375% due in 2035		24,185,000	24,185,000

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NOTE 3 LONG-TERM DEBT (CONTINUED)

	Security	2013	2012
Health and Educational Facilities Authority of the State of Missouri Revenue Refunding Bonds (Lutheran Senior Services Obligated Group) Series 2005B	See (9)		
Serial Bonds, with interest ranging from 3.150% to 4.375% due serially from 2006 through 2016		2,680,000	3,500,000
Term Bonds, with interest at 5.125% due in 2022		6,630,000	6,630,000
Term Bonds, with interest at 5.125% due in 2027		7,270,000	7,270,000
Industrial Development Authority of the County of Cole, Missouri, Senior Living Facilities Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2004	See (10)		
Serial Bonds, with interest ranging from 3.5% to 4.5% due serially from 2008 through 2014		480,000	940,000
Term Bonds, with interest at 5.25% due in 2024		6,465,000	6,465,000
Term Bonds, with interest at 5.5% due in 2035		12,565,000	12,565,000
Health and Educational Facilities Authority of the State of Missouri Variable Rate Demand Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2000	See (11)		
		40,930,000	42,280,000
Line of Credit - Construction		9,000,000	6,200,000
Total Long-Term Debt		346,770,000	349,230,000
Less: Current Maturities		(54,085,000)	(46,190,000)
Less: Unamortized Discount on Revenue Bonds		(512,841)	(548,341)
Less: Unamortized Premium on Revenue Bonds		1,391,634	1,520,402
		$ 293,563,793	$ 304,012,061

The obligated group consists of consolidated Lutheran Senior Services excluding the Affordable Housing projects.

The unamortized discount and premium on revenue bonds relate to the Series 2004, 2005A, 2005B, 2006, 2007A, 2007B, 2007C, 2010 and 2011 Revenue Bonds and are being amortized over the term of the bonds for Series 2004 and based on the effective interest method for Series 2005A, 2005B, 2006, 2007A, 2007B, 2007C, 2010 and 2011.

ATTACHMENT-27A

NOTE 3 LONG-TERM DEBT (CONTINUED)

Bonds Payable

(1) On September 29, 2011, Lutheran Senior Services issued $47,425,000 Senior Living Facilities Revenue Bonds (Lutheran Senior Services Projects) Series 2011 under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. Proceeds are being used to fund construction of a new 80 resident independent living apartment building, a new "Town Center" and renovations to the skilled nursing care facility and general site improvements at the Laclede Groves campus and to construct a 40 apartment assisted living facility to replace two assisted living facilities at the Lenoir Woods campus. Proceeds were also used to pay issuance costs and fund reserves.

(2) On October 31, 2010, Lutheran Senior Services issued $38,300,000 Senior Living Facilities Revenue Bonds (Lutheran Senior Services Projects) Series 2010 under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. The proceeds were used to build a 40-bed skilled nursing facility at Meridian Village Retirement Community in Glen Carbon, Illinois, to construct a 64-bed skilled nursing facility and nine patio homes at Concordia Village Retirement Community in Springfield, Illinois, to renovate Heisinger Bluffs' Intermediate Care Facility located in Jefferson City, Missouri, into a 42-bed skilled community under the household model and to develop and complete a portion of the skilled nursing facility renovation at Laclede Groves in Webster Groves, Missouri. Approximately $3.5 million of the proceeds were used to refund Lutheran Senior Services for costs incurred in the acquisition and renovation of the home office.

(3) On August 27, 2008, Lutheran Senior Services issued $50,000,000 Variable Rate Demand Health Facilities Revenue Bonds (Lutheran Senior Services) Series 2008 under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. A portion of the proceeds were used for the construction of the 46 independent living units at Meramec Bluffs that opened in September 2008. The remaining proceeds were for the expansion project at Concordia Village.

By definition, a Variable Rate Demand Bond is a long-term tax-exempt bond the interest rate of which is indexed to a current short-term market rate. The average interest rates for the years ended December 31, 2013 and 2012 were 0.09 percent and 0.16 percent, respectively. A demand feature allows the bonds to be remarketed upon 7 days notice at par value plus accrued interest. The Organization holds an irrevocable letter of credit with the bond trustee for the face amount of the bonds. The letter of credit had an initial five-year term expiring in October 2011, which was extended on June 1, 2011 for an additional three-year term, expiring June 28, 2014. In the event remarketing is not successful, the letter of credit will be drawn upon to pay the bond trustee.

The Organization has a liability to the bond trustee immediately upon a draw on the letter of credit. Any draws on the letter of credit automatically convert to term loans if not immediately repaid. Term loans will be repaid in equal quarterly installments with repayment commencing one year and one day after the date of the liquidity advance, with the final payment due at expiration of the letter of credit. Because the letter of credit currently expires in June 2014, the 2008 Bonds are all classified as current at December 31, 2013.

ATTACHMENT-27A

NOTE 3 LONG-TERM DEBT (CONTINUED)

Bonds Payable (Continued)

(3) (Continued)

In relation to the Variable Rate Demand Health Facilities Revenue Bonds Series 2008, the Organization entered into an interest rate swap transaction (swap transaction) with a principal amount of $25,000,000 with a financial institution on July 28, 2008. The terms of the swap transaction established a fixed interest rate of 3.47 percent. If the interest rate is above the swap rate, the financial institution pays the Organization the amount of any interest paid above 3.47 percent. If the interest rate is below the swap rate, the Organization must pay the financial institution additional interest to equal 3.47 percent. The swap transaction has the effect of limiting the variability of the interest rate on the bonds. The swap transaction expires on January 1, 2016. The Organization paid a net amount of $879,000 and $867,000 related to the swap transaction during the years ended December 31, 2013 and 2012, respectively, which is included in interest expense. The fair value of the swap transaction was a negative $1,676,892 and $2,449,746 at December 31, 2013 and 2012, respectively, and is recorded as a long-term liability on the consolidated balance sheets. The changes of $(772,854) and $(332,182) are reported as the change in unrestricted net assets for the years ended December 31, 2013 and 2012, respectively.

The Organization records this derivative instrument on the balance sheet at its respective fair value and all changes in fair value in the consolidated statements of unrestricted activities as change in valuation of interest rate swap.

(4) On February 8, 2007, Lutheran Senior Services issued $29,495,000 Senior Living Facilities Revenue Bonds, Series 2007A under the Health and Educational Facilities Authority (HEFA) of the State of Missouri.

The proceeds of the bonds were used to complete a refunding of the Series 1997 bonds and to provide approximately $10,000,000 for new money financing. The new money was used to refund Lutheran Senior Services approximately $3,400,000 for funds used to construct 30 independent living units at Meridian Village Retirement Community in Glen Carbon, Illinois, to refinance $1,800,000 debt used to acquire St. Joseph's Home in Jefferson City, Missouri and to fund renovation projects at Lutheran Convalescent Home in Webster Groves, Missouri, Breeze Park Retirement Community in St. Charles, Missouri, Lenoir Woods in Columbia, Missouri, and Hidden Lake Retirement Community in Spanish Lake, Missouri.

(5) On February 8, 2007, Lutheran Senior Services issued $13,530,000 Senior Living Facilities Revenue Bonds, Series 2007B under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. The proceeds of the bonds were used to economically defease the Southwestern Illinois Development Authority Retirement Community Revenue Bonds (the Series 1998 Bonds) which were used for construction of the 100-unit retirement community (Meridian Village) in Glen Carbon, Illinois. The proceeds from the Series 2007B bonds held in escrow for this purpose were used to prepay the mortgage and all related costs in October 2008. At that time, Meridian Village Association became a member of the Lutheran Senior Services Obligated Group.

ATTACHMENT-27A

NOTE 3 LONG-TERM DEBT (CONTINUED)

Bonds Payable (Continued)

(6) On February 8, 2007, Lutheran Senior Services issued $17,475,000 Senior Living Facilities Revenue Bonds, Series 2007C under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. The proceeds of the bonds were used to economically defease the existing Section 232 HUD guaranty mortgage of Meridian Village Association II, which was used for the construction of a retirement community in Glen Carbon, Illinois that included 33 independent living apartments, 66 assisted living apartments, and a 32-bed skilled nursing unit. This existing mortgage was not prepaid until June 30, 2010. The proceeds from the Series 2007C bonds were held in escrow until June 2010, at which time they were used to prepay the existing mortgage and all related costs. At that time, Meridian Village Association II became a member of the Lutheran Senior Services Obligated Group.

(7) On August 3, 2006, Lutheran Senior Services issued $46,065,000 Revenue Refunding Bonds, Series 2006 under the Illinois Finance Authority. The proceeds of the bonds were used to refinance the Series 2001A and 2001B bonds of Lutheran Hillside Village, fund a debt service reserve fund for the Series 2006 bonds and pay certain expenses incurred in connection with the issuance of the Series 2006 bonds.

(8) On August 1, 2005, Lutheran Senior Services issued $30,000,000 Senior Living Facilities Revenue Bonds, Series 2005A under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. The proceeds of the bonds were used to pay for a portion of the Lenoir Woods acquisition, to pay for the cost of adding independent apartments and an 88 bed skilled nursing facility at Meramec Bluffs, to fund the debt service reserve fund and to pay the issuance costs for these bonds.

(9) On November 3, 2005, Lutheran Senior Services issued $21,900,000 Senior Living Facilities Revenue Refunding Bonds, Series 2005B under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. The proceeds of the bonds were used to refund the Authority's Nursing Home Revenue Bonds, Series 1996A, to fund the debt service reserve fund and to pay issuance costs for these bonds.

(10) On July 1, 2004, Lutheran Senior Services issued $22,000,000 Senior Living Facilities Revenue Bonds, Series 2004 under the Industrial Development Authority of the County of Cole, Missouri. The proceeds of the bonds were used to finance the CCRC campus expansion at Heisinger Bluffs and to refund and redeem the Authority's Nursing Home Revenue Bonds Series 1996.

(11) On December 21, 2000, Lutheran Senior Services issued $50,000,000 Variable Rate Demand Health Facilities Revenue Bonds (Lutheran Senior Services) Series 2000 under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. A portion of these proceeds were used to extinguish the $10,000,000 outstanding portion of Health Facilities Revenue Bonds (Lutheran Senior Services) Series 1996B of the HEFA. The remaining proceeds were for the construction of Meramec Bluffs.

ATTACHMENT-27A

NOTE 3 LONG-TERM DEBT (CONTINUED)

Bonds Payable (Continued)

(11) (Continued)

This Variable Rate Demand Bond's average interest rates for the years ended December 31, 2013 and 2012 were 0.11 percent and 0.15 percent, respectively. A demand feature allows the bonds to be remarketed upon 7 days notice at par value plus accrued interest. The Organization holds an irrevocable letter of credit with the bond trustee for the face amount of the bonds. The letter of credit had an initial five-year term expiring in July 2005, which was extended to October 2013. The letter was then extended on August 28, 2013 for an additional five-year term expiring October 1, 2018. In the event remarketing is not successful, the letter of credit will be drawn upon to pay the bond trustee.

The Organization has a liability to the bond trustee immediately upon a draw on the letter of credit. Any draws on the letter of credit automatically convert to term loans if not immediately repaid. Term loans will be repaid in equal quarterly installments with repayment commencing one year and one day after the date of the liquidity advance, with the final payment due at expiration of the letter of credit.

Lines of Credit

Lutheran Senior Services entered into a $25,000,000 construction line of credit on September 29, 2011 secured by the Supplemental Master Trust Indenture No. 21 dated September 1, 2011, and subsequently amended on December 23, 2013. Monthly payments are required on outstanding balances equal to entrance fees collected in full as well as interest based on LIBOR. This line is available until maturity on September 29, 2031 or until an optional call date first on November 28, 2014, if exercised by the bank, at which point the outstanding balance would become a term loan instead of a line of credit. As of December 31, 2013 and 2012, the balance outstanding on the line of credit was $9,000,000 and $6,200,000, respectively.

Lutheran Senior Services entered into a $6,000,000 line of credit with Bank of America on December 21, 2010. This line of credit was available until maturity on December 30, 2013, and used mainly for capital purchases. Upon maturity, the line was renewed per Amendment No. 3, and is now available until maturity on December 31, 2014. The Organization did not draw on this line of credit during 2013.

Interest Expense

Interest expense during the years ended December 31, 2013 and 2012 was $15,045,922 and $12,938,067, respectively. Interest of $241,104 and $2,672,195 was capitalized during the years ended December 31, 2013 and 2012, respectively.

ATTACHMENT-27A

NOTE 3 LONG-TERM DEBT (CONTINUED)

Interest Expense (Continued)

Scheduled principal payments on long-term debt are as follows:

Years Ending December 31,	Terms of Bond Agreements	Terms of Letters of Credit
2014	$ 5,505,000	$ 54,085,000
2015	6,905,000	5,410,000
2016	7,215,000	5,645,000
2017	7,545,000	5,890,000
2018	7,900,000	47,085,000
Thereafter	311,700,000	228,655,000
Subtotal	346,770,000	346,770,000
Unamortized Discount on Revenue Bonds	(512,841)	(512,841)
Unamortized Premium on Revenue Bonds	1,391,634	1,391,634
Total	$ 347,648,793	$ 347,648,793

Under terms of the bond indentures, Lutheran Senior Services is required to maintain certain deposits with the respective trustees that are recorded as assets limited as to use on the consolidated balance sheet of Lutheran Senior Services. All of the Organization's bonds are secured by the gross receipts of the obligated group as well as reserve funds of the respective bond issuance.

Restrictive Covenants

The provisions of the debt agreements of the Bonds Payable described above contain various restrictive covenants that limit the occurrence of additional debt, place restrictions on the disposition of property and require certain measures of financial performance be satisfied as long as the bonds are outstanding. Management believes the Organization is in compliance with such covenants at December 31, 2013.

NOTE 4 HUD CAPITAL ADVANCES

The HUD 202 Projects are participants in a Capital Advance Program with the Department of Housing and Urban Development. Under this program, the Capital Advances bear no interest and repayment is not required so long as the housing remains available for very low-income, elderly persons, for a period of at least 40 years. Noncompliance would result in HUD billing the affected Project for the entire Capital Advance plus interest at stated interest rates from the date of the first advance. Advances to Mackenzie Place 202 for project and development costs incurred to date were $4,995,600 and $4,502,847 for the years ended December 31, 2013 and 2012, respectively. The Project's advance up to $4,995,600 is secured by the property's mortgage. Advances to Mackenzie Place 202-2 for development costs incurred to date were $3,967,811 and $1,599,651, for the years ended December 31, 2013 and 2012, respectively. The Project's advance up to $4,643,600 is secured by the property's mortgage.

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NOTE 4 HUD CAPITAL ADVANCES (CONTINUED)

The outstanding balances of capital advances at December 31, 2013 and 2012 were as follows:

	2013	2012
Rose Hill House, Inc.	$ 4,366,600	$ 4,366,600
Halls Ferry Manor, Inc.	4,243,200	4,243,200
Dunn Road Manor, Inc.	4,548,800	4,548,800
Westfield Manor Association	5,797,600	5,797,600
Hilltop Manor Association, Inc.	5,181,700	5,181,700
Rose Hill House Inc, II	2,608,880	2,608,880
Mackenzie Place 202	4,995,600	4,502,847
Mackenzie Place 202-2	3,967,811	1,599,651
Total HUD Capital Advances	$ 35,710,191	$ 32,849,278

NOTE 5 FAIR VALUE MEASUREMENTS

The Organization uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. For additional information on how the Organization measures fair value refer to Note 1 – Summary of Significant Accounting Policies and Organization.

The following methods and assumptions were used to estimate the fair value of each class of financial instruments for which it is practicable to estimate that value:

Assets Limited as to Use – Investments

The fair values of the investments are estimated based on quoted market prices for those or similar investments.

HUD Capital Advances

The fair value of HUD capital advances is estimated based upon the remaining term of the advance and current rates for similar instruments.

Long-Term Debt

The fair value of long-term debt is estimated for each individual issue based upon current reasonable interest rates taking type of debt and maturities into account. Based on these inputs, the fair market value of long-term debt would be classified as a level three liability.

Interest Rate Swap Agreement

The fair value of the interest rate swap agreement is based upon the present value of future cash flow under the agreement in conjunction with its 7 year term, expiring on January 1, 2016.

All Other

The carrying value is a reasonable estimate of the fair value for all other financial instruments due to the short-term nature of those financial instruments.

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NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables present the fair value hierarchy for the balances of the assets and liabilities of the Organization measured at fair value on a recurring basis as of December 31, 2013 and 2012:

	2013			
	Level 1	Level 2	Level 3	Total
Assets				
Assets Limited as to Use - Investments:				
Government Securities	$ -	$ 29,833,706	$ -	$ 29,833,706
Corporate Bonds	-	16,851,115	-	16,851,115
Bond Funds	71,658,924	-	-	71,658,924
Equity Securities	62,596,241	-	-	62,596,241
Total Assets Measured at Fair Value	$ 134,255,165	$ 46,684,821	$ -	$ 180,939,986
Liabilities				
Interest Rate Swap Agreement	$ -	$ 1,676,892	$ -	$ 1,676,892
Total Liabilities Measured at Fair Value	$ -	$ 1,676,892	$ -	$ 1,676,892

	2012			
	Level 1	Level 2	Level 3	Total
Assets				
Assets Limited as to Use - Investments:				
Government Securities	$ -	$ 36,134,378	$ -	$ 36,134,378
Corporate Bonds	-	18,290,867	-	18,290,867
Bond Funds	79,150,421	-	-	79,150,421
Equity Securities	36,668,589	-	-	36,668,589
Total Assets Measured at Fair Value	$ 115,819,010	$ 54,425,245	$ -	$ 170,244,255
Liabilities				
Interest Rate Swap Agreement	$ -	$ 2,449,746	$ -	$ 2,449,746
Total Liabilities Measured at Fair Value	$ -	$ 2,449,746	$ -	$ 2,449,746

The following disclosures represent financial instruments in which the ending balances at December 31, 2013 and 2012 are not carried at fair value in their entirety on the consolidated balance sheet:

	2013		2012	
	Cost	Fair Value	Cost	Fair Value
HUD Capital Advances	$ 35,710,191	$ 32,251,318	$ 32,849,278	$ 32,244,861
Long-Term Debt - Fixed	$ 256,718,793	$ 253,318,040	$ 257,922,061	$ 269,180,640
Long-Term Debt - Variable	$ 90,930,000	$ 90,930,000	$ 92,280,000	$ 92,280,000

ATTACHMENT-27A

NOTE 6 RETIREMENT PLANS

Qualified Retirement Plans

Savings and Revenue Sharing Plan

Lutheran Senior Services has a Section 403(b) retirement plan. Employees who elect to participate in the 403(b) retirement plan may defer up to the maximum amount allowable under the Internal Revenue Code. Lutheran Senior Services also has a Section 401(a) defined contribution retirement plan. Until July 1, 2013, the plan's two components include an employee savings plan and an employee revenue sharing plan. Lutheran Senior Services, under the savings plan, contributes up to 150 percent of what an employee contributes into their 403(b) plan to a maximum of 2 percent of the employee's salary. Under the revenue sharing plan, Lutheran Senior Services also contributes between 1 percent and 3 percent of the employee's annual salary at the Board's discretion. Effective July 1, 2013, the revenue sharing plan ended. The employee savings plan was modified to set Lutheran Senior Services' contributions up to a maximum of 5% of an employee's salary. Employer contributions made to the plan were $1,025,145 and $1,512,932 for the years ended December 31, 2013 and 2012, respectively.

Defined Benefit Pension Plan

The defined benefit pension plan (the Plan) covers substantially all employees of Lutheran Senior Services and its affiliates who reached 21 years of age or older before January 1, 2001, were employed by Lutheran Senior Services on or before November 26, 2001, and earned 1000 hours of service during or prior to the calendar year 2002. The Plan was originally effective July 1, 1966 and last amended and restated effective January 1, 2001. On November 27, 2001, the Board of Lutheran Senior Services approved a resolution to amend the Plan to no longer allow new employees to participate in the Plan and to freeze the benefits in five years. On an annual basis, the Board will determine whether the Plan will be terminated.

The Organization uses a December 31 measurement date for its defined benefit plan.

Accumulated benefit obligation exceeds plan assets as follows:

	2013	2012
Projected Benefit Obligation	$ 16,201,846	$ 17,124,535
Accumulated Benefit Obligation	16,201,846	17,124,535
Fair Value of Plan Assets	13,409,437	11,697,855

Funded status of the plan is as follows:

	2013	2012
Projected Benefit Obligation	$ 16,201,846	$ 17,124,535
Fair Value of Plan Assets	13,409,437	11,697,855
Funded Status	$ (2,792,409)	$ (5,426,680)

ATTACHMENT-27A

NOTE 6 RETIREMENT PLANS (CONTINUED)

Defined Benefit Pension Plan (Continued)

Weighted average assumptions used to determine benefit obligations are as follows:

	2013	2012
Discount Rate	4.8%	4.3%
Rate of Compensation Increase	N/A	N/A

Information related to net pension cost consists of:

	2013	2012
Net Periodic Pension Cost	$ (604,162)	$ (824,986)
Net Loss Recognized	296,805	685,235
Employer Contribution	500,000	1,060,000
Benefits Paid	673,140	616,558

Amounts that have not been recognized in net periodic benefit cost:

	2013	2012
Unrecognized Net Loss	$ 2,092,478	$ 4,830,911

Weighted average assumptions used to determine net pension cost are as follows:

	2013	2012
Discount Rate	4.8%	4.3%
Expected Long-Term Return on Plan Assets	7.0%	7.0%
Rate of Compensation Increase	N/A	N/A

The Organization selects the expected long-term rate of return on plan assets assumption in consultation with its investment advisors and actuary. This rate is intended to reflect the average rate of earnings expected on the funds invested or to be invested to provide plan benefits. Historical performance is reviewed for the major asset classes held or anticipated to be held by the trust, and for the trust itself. Undue weight is not given to recent experience, which may not continue over the measurement period, with higher significance placed on current forecasts of future long-term economic conditions.

Because assets are held in a qualified trust, anticipated returns are not reduced for taxes. Further, solely for this purpose, the plan is assumed to continue in force and not terminate during the period for which assets are invested. However, consideration is given to the potential impact of current and future investment policy, cash flow into and out of the trust, and expenses typically paid from plan assets.

ATTACHMENT-27A

NOTE 6 RETIREMENT PLANS (CONTINUED)

Defined Benefit Pension Plan (Continued)

The Organization's pension plan weighted-average asset allocation at December 31, 2013 and 2012, by asset category is as follows:

	Plan Asset at December 31,	
	2013	2012
Asset Category:		
Cash and Money Market	0.5 %	2.0 %
Fixed Income Funds	30.3 %	31.7
Equity Securities	69.2 %	66.3
Total	100.0 %	100.0 %

The following tables present the fair value hierarchy for the balances of the plan assets of the Organization measured at fair value on a recurring basis as of December 31, 2013 and 2012:

	2013			
	Level 1	Level 2	Level 3	Total
Defined Pension Plan Assets:				
Fixed Income Funds	$ 4,130,107	$ -	$ -	$ 4,130,107
Equity Securities	9,279,330	-	-	9,279,330
Total Assets Measured at Fair Value	$ 13,409,437	$ -	$ -	$ 13,409,437

	2012			
	Level 1	Level 2	Level 3	Total
Defined Pension Plan Assets:				
Fixed Income Funds	$ 3,942,177	$ -	$ -	$ 3,942,177
Equity Securities	7,755,678	-	-	7,755,678
Total Assets Measured at Fair Value	$ 11,697,855	$ -	$ -	$ 11,697,855

The Organization's investment policy requires that the assets of the Plan are invested in a manner consistent with the fiduciary standards of ERISA; namely, (a) the safeguards and diversity to which a prudent investor would adhere must be present and (b) all transactions undertaken on behalf of the Plan must be for the sole interest of Plan participants and their beneficiaries, to provide benefits in a prudent manner. The primary investment emphasis is to attain or improve upon the surplus of assets over the present value of liabilities.

The Organization's targeted pension plan asset allocation at December 31, 2013 and 2012, by asset category is as follows:

	Target Asset Allocation at December 31,	
	2013	2012
Asset Category:		
Fixed Income Funds	35.0 %	35.0 %
Equity Securities	65.0	65.0
Total	100.0 %	100.0 %

ATTACHMENT-27A

NOTE 6 RETIREMENT PLANS (CONTINUED)

Defined Benefit Pension Plan (Continued)

The Fund shall provide the highest possible return consistent with prudent diversification. The investment objective of the Retirement Fund is to earn a long-term total return of 8.5 percent. The actual asset mix shown above is within targeted ranges of the asset mix that the Organization believes will support the long-term objective.

Contributions

The Organization was required to make contributions to the Plan of $1,060,000 for the year ended December 31, 2012. The Organization has received confirmation that the Retirement Plan does have Church Plan status, and as such there will be no required future payments. The Organization plans to contribute $242,000 during 2014 based upon the recommendations from the Plan's Actuarial Valuation Report as of February 26, 2014.

The following pension benefits, which reflect expected future service, as appropriate, are expected to be paid:

Year Ending December 31,	Amount
2014	$ 821,107
2015	827,701
2016	841,287
2017	850,580
2018	876,875
2019-2023	4,910,908

Non-Qualified Retirement Plans

Effective January 1, 2002, Lutheran Senior Services adopted a deferred compensation plan for designated executives. The Board of Directors will approve an annual bonus compensation amount for each participant. In general, participants will become vested after five years in the deferred amounts on a five year rolling schedule in relation to the deferrals or upon obtaining the age of 65. The deferred funds will be held by a corporate trustee under a "Rabbi Trust" arrangement. For the years ended December 31, 2013 and 2012, the Board of Directors approved deferred compensation of $100,000.

Effective September 17, 2007, Lutheran Senior Services established a retirement plan for a designated executive in which the Board of Directors will approve an annual funding amount. The retirement plan funds will be held by a corporate trustee under a "Rabbi Trust" arrangement. The executive will be 50% vested after 10 years of service and 100% vested after 15 years of service. During 2013 and 2012, the Board of Directors approved funding amounts of $75,000.

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NOTE 6 RETIREMENT PLANS (CONTINUED)

Non-Qualified Retirement Plans (Continued)

Lutheran Senior Services has a 457(b) deferred compensation plan for designated executives. The Board of Directors will approve an annual bonus compensation amount for each participant. The deferred funds will be held by a corporate trustee under a "Rabbi Trust" arrangement. The participants' vesting based on years of service after 2007 is as follows: 50% on the fifth anniversary, 60% on the sixth anniversary, 70% on the seventh anniversary, 80% on the eight anniversary, 90% on the ninth anniversary, and all remaining unvested amounts will be vested on the tenth anniversary. During 2013 and 2012, the Board of Directors approved bonus compensation amounts of $125,358 and $111,400 respectively.

NOTE 7 CONCENTRATION OF CREDIT RISK

The Organization's financial instruments that are exposed to concentrations of credit risk consist primarily of cash and cash equivalents and temporary cash investments. The Organization believes it places its cash and cash equivalents and temporary cash investments with high quality credit institutions. At times, such investments may be in excess of the FDIC insurance limit.

The Organization has investments in a variety of investment funds. In general, investments are exposed to various risks such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that change in the value of the investments will occur in the near term and that such changes could materially affect account balances and the statements of operations.

The Organization grants credit without collateral to its various facility residents or their families, many of whom are local residents and who are insured under third-party payor agreements. The mix of receivables from residents and third-party payors at December 31, 2013 and 2012 was as follows:

	2013	2012
Private Pay and Insurance	$ 2,936,030	$ 2,078,312
Medicare	3,490,699	3,604,984
Medicaid	1,454,665	1,496,984
Allowance for Doubtful Accounts	(850,497)	(802,380)
Total	$ 7,030,897	$ 6,377,900

NOTE 8 NET ASSET CLASSIFICATIONS

Temporarily Restricted Net Assets

Temporarily restricted net assets consist of amounts restricted for benevolent care, clinical pastoral education, capital expenditures and miscellaneous operational purposes.

Net assets released from restriction for operations and capital expenditures of $321,039 and $420,858 consist of proceeds from contributions that were used for the donor imposed restricted purpose during the years ended December 31, 2013 and 2012, respectively.

ATTACHMENT-27A

NOTE 8 NET ASSET CLASSIFICATIONS (CONTINUED)

Permanently Restricted Net Assets

The Organization's endowment consists of donor restricted funds given to the Organization to provide funds for benevolent care, clinical pastoral education, capital expenditures and miscellaneous operational purposes. As required by the Generally Accepted Accounting Principles (GAAP), net assets associated with endowment funds, including designated by the Board of Directors as to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The State of Missouri adopted the Uniform Management of Institutional Funds Act (the Act) in August of 2009. The Board of Directors of the Organization has interpreted the Act as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

Return Objectives and Risk Parameters

The Organization has adopted an investment policy for their investment funds, including the permanent endowments, that attempts to provide a balance of maintenance of adequate cash reserves, preservation of principal for funds designated as cash reserves, and growth of remaining assets within reasonable and prudent levels of risk. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that provide a total return, growth in income and a predictive and dependable source of income.

Strategies Employed for Achieving Results

To satisfy its capital appreciation and expected results, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a balance of equity-based investments and fixed income investments to achieve its objectives within the risk constraints.

Spending Policy

The Organization has a policy, based upon the intent of the donor-restricted endowed assets, to spend the earnings from the endowment funds for benevolent care, clinical pastoral education, capital expenditures and miscellaneous operational purposes. Earnings available to be spent are limited to eight percent of a three year rolling average of the endowment market value balances.

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NOTE 8 NET ASSET CLASSIFICATIONS (CONTINUED)

Permanently Restricted Net Assets (Continued)

The composition of endowment net assets for the Organization and the changes in endowment net assets as of December 31, 2013 and 2012 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment Net Assets - December 31, 2011	$ 19,987,028	$ 3,410,971	$ 7,940,314	$ 31,338,313
Contributions	3,511,725	1,493,203	36,878	5,041,806
Investment Income	1,551,617	7,372	-	1,558,989
Net Appreciation of Investments	1,243,241	-	-	1,243,241
Equity Transfer	-	25,000	-	25,000
Net Assets Released - Operations	176,760	(176,760)	-	-
Benevolent Care and CPE Payouts	(1,606,130)	-	-	(1,606,130)
Endowment Net Assets - December 31, 2012	24,864,241	4,759,786	7,977,192	37,601,219
Contributions	4,973,458	972,041	46,347	5,991,846
Investment Income	3,602,449	-	-	3,602,449
Net Appreciation of Investments	1,296,583	-	-	1,296,583
Equity Transfer	29,000	31,000	-	60,000
Net Assets Released - Operations	119,896	(119,896)	-	-
Benevolent Care and CPE Payouts	2,683,789	-	-	2,683,789
Endowment Net Assets - December 31, 2013	$ 37,569,416	$ 5,642,931	$ 8,023,539	$ 51,235,886

NOTE 9 CONSTRUCTION IN PROGRESS

The construction in progress balance consists of numerous ongoing projects as follows:

Breeze Park

Lutheran Senior Services is adding 16 skilled nursing beds at Breeze Park. The approximate cost of the project is $4,500,000 and is being financed with a construction line of credit. As of December 31, 2013 and 2012, approximately $228,000 and $0, respectively, has been expended for the planning, design and construction fees related to this project. The project is estimated to be completed in late 2014.

Concordia Village

Lutheran Senior Services has developed Concordia Village into a full CCRC with the completion of Phase II's 64 skilled nursing units that were placed into service in January 2012. This was funded with 2010 bond proceeds of approximately $11,800,000.

Lutheran Senior Services is adding 67 independent living units and a wellness center at Concordia Village. The approximate cost of the project is $20,000,000 and is being financed with board designated investments. As of December 31, 2013 and 2012, approximately $212,000 and $0, respectively, has been expended for construction, architectural, engineering and development fees related to the project with an estimated completion in late 2015.

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NOTE 9 CONSTRUCTION IN PROGRESS (CONTINUED)

Meramec Bluffs

Lutheran Senior Services is adding 40 skilled nursing beds to the care center at Meramec Bluffs and adding parking space. The approximate cost of the project is $9,000,000 and is being financed with a construction line of credit. As of December 31, 2013 and 2012, approximately $6,190,000 and $554,600, respectively, has been expended for the planning, design and construction fees related to this project. During 2013, approximately $1,079,000 was placed into service related to the parking space. The care center is estimated to be completed April 2014.

Heisinger Bluffs – Phase III

Lutheran Senior Services is adding 51 independent living units and a wellness center at Heisinger Bluffs. The approximate cost of the project is $12,000,000 and is being financed with board designated investments. This project is currently on hold but expected to be completed in the next 2-3 years. As of December 31, 2013 and 2012, approximately $951,000 has been expended for construction, architectural, engineering and development fees related to the project.

Laclede Groves

Lutheran Senior Services is undergoing a campus wide development project that includes construction of 80 new independent living units as well as renovations to the current independent living dining room, apartment hallways and the apartments and patio homes. Plans also include relocating the cooling tower at the community and renovating the first and second floors and the lobby of the skilled nursing facility. The approximate cost of these projects is $66,467,000. The new independent living units opened up in April 2013 and the first and second floor renovations in the skilled nursing facility have been completed in 2013. As of December 31, 2013 and 2012, architectural, engineering and development fees related to the project of approximately $1,200,000 and $52,300,000, respectively, had been incurred but not yet placed into service. During 2013 and 2012, assets of approximately $64,381,000 and $1,396,000 were placed into service. The projects are being financed with proceeds from the 2010 and 2011 bonds.

Lenoir Woods

Lutheran Senior Services is undergoing a campus wide development project financed with 2011 bond proceeds and a construction line of credit. Phase I was a new replacement assisted living building of 48 units and was completed during 2012. The next phase is currently underway and consists of a new building of 20 assisted living memory care units and 20 assisted living units for estimated construction costs of $9,400,000. The following phases include construction of new independent living apartments and a replacement skilled nursing facility. As of December 31, 2013 and 2012, approximately $16,741,000 and $14,300,000, respectively, has been expended for architectural and engineering fees related to this project with approximately $11,800,000 placed into service in 2012.

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NOTE 9 CONSTRUCTION IN PROGRESS (CONTINUED)

Mackenzie Place

Lutheran Senior Services completed all phases of its development of an affordable housing community that is known as the Village at Mackenzie Place. The community consists of 121 independent living apartments designed to serve low to moderate income elderly residents. As of December 31, 2013 and 2012, approximately $2,708,000 and $4,946,000, respectively, has been expended for the planning, design and construction fees related to this project. During 2013 and 2012, assets of approximately $4,114,000 and $4,712,000, respectively, were placed into service.

Other

Lutheran Senior Services has projects at varying stages of completion at these and other communities.

NOTE 10 WORKERS' COMPENSATION

The Organization has a liability insurance policy for workers' compensation. The policy has an individual stop loss of $500,000 per occurrence and $2,000,000 in aggregate. Significant claims experience could impact the results of operations. Estimated future claims for incurred incidents of approximately $896,000 and $687,000 were recorded as liabilities at December 31, 2013 and 2012, respectively, and are included in other accrued liabilities on the balance sheet.

Lutheran Senior Services has a workers' compensation escrow account with a local bank. The escrow is invested in U.S. Treasuries with a market value of $1,971,878 and $2,044,344 at December 31, 2013 and 2012, respectively.

NOTE 11 CAPTIVE INSURANCE

Lutheran Senior Services has a claims made policy for their professional liability insurance through Caring Communities Insurance Company (CCIC), a Reciprocal Risk Retention Group. As a subscriber to CCIC, Lutheran Senior Services has funds on deposit in a subscriber account of $426,657 at December 31, 2013 and 2012. The subscriber account is recorded as an investment using the equity method. Lutheran Senior Services was required to make capital contributions totaling $598,616. The capital contributions are recorded as an investment at December 31, 2013 and 2012 using the equity method. Lutheran Senior Services also pays annual amounts to CCIC for their professional liability insurance coverage. The policy includes professional, commercial, and employee benefits liability and calls for a $35,000 deductible per occurrence and liability limits of $1,000,000 per occurrence and $3,000,000 in the aggregate. Depending on loss history and adequacy of capital, CCIC may, but is not obligated, to return a portion of premiums paid. Conversely, Lutheran Senior Services may be called upon to contribute additional funds to its subscriber account to maintain adequate capital in CCIC.

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NOTE 11 CAPTIVE INSURANCE (CONTINUED)

Hillside Village had a claims made policy for their professional liability insurance through Life Services Network Reciprocal Insurance Company, A Risk Retention Group (LSN). Hillside Village was required to make initial capital contributions which are recorded as an investment at December 31, 2013 and 2012 using the equity method. Hillside Village received a final payout of capital during fiscal year 2013, reducing its investment to $0 as of December 31, 2013 from $157,118 at December 31, 2012. During fiscal year 2012, no pro-rata share of the net income and distributions of the group were received. Hillside Village terminated its participation in LSN as of December 31, 2008. LSN has the right to hold the subscriber account balance as a potential offset against any run off liability under this policy for a period not to exceed 5 years from the termination date.

NOTE 12 SENIOR CARE NETWORK

Lutheran Senior Services owns 20% of Senior Care Network. Senior Care Network is a membership and service company that benefits the nursing and long-term care industry through collective initiatives which improve the delivery of nursing and long term care services in the St. Louis area. Senior Care Network currently has five supporting members and numerous affiliate members. In addition to providing group purchasing services, including health benefits, Senior Care Network owns a 40% interest in Alliance Rehab STL, L.L.C. which provides rehabilitation services to the long term care industry. Lutheran Senior Services records its interest in Senior Care Network on the equity basis.

NOTE 13 INVESTMENT IN LIMITED PARTNERSHIPS

Mackenzie Place HTC Master Tenant, L.P.

Lutheran Senior Services is the developer and lender of Mackenzie Place HTC Master Landlord, L.P. (the "Landlord Partnership"), a limited partnership which purchased, developed and master leased to Mackenzie Place HTC Master Tenant, L.P. (the "Tenant Partnership") a 20-unit independent living facility and certain common areas for the Village of Mackenzie Place retirement community. At December 31, 2013 and 2012, the Landlord Partnership owed Lutheran Senior Services approximately $9,000 and $567,000, respectively, consisting mainly of a development fee.

Lutheran Senior Services, through a wholly-owned limited liability company, is the general partner of the Tenant Partnership and has 0.01% partnership interest. This development occurred on land adjacent to that owned by the Mackenzie Place LIHTC partnership. Commerce Bank is the state historic tax credit investor (as a limited partner of the Landlord Partnership) and St. Louis Equity Fund 2010 L.L.C. is the federal historic tax credit investor (as a limited partner of the Tenant Partnership) in this project.

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NOTE 13 INVESTMENT IN LIMITED PARTNERSHIPS (CONTINUED)

Mackenzie Place HTC Master Tenant, L.P. (Continued)

In connection with the construction, development, and operation of this project, Lutheran Senior Services has undertaken the following obligations:

- Construction and Permanent Loan - During 2010, Lutheran Senior Services entered into a construction loan agreement to lend the Landlord Partnership up to $5,500,000 to fund rehabilitation costs of the building. At December 31, 2012 the balance of the loan was $4,954,429.

  On March 15, 2013, Lutheran Senior Services entered into a note modification agreement. The modified terms establish the maximum loan amount at $4,500,000 (the balance outstanding at the modification date) and provide for monthly payments of interest only at the annual rate of 5.00% through December 31, 2013. Commencing January 1, 2014, the loan requires monthly payments of $9,853, including principal and interest at the rate of 0.25% per annum, until the maturity date of January 1, 2021, at which date all remaining principal and outstanding interest are due.

- Tax Credit Guaranty - The project qualified for and received Federal and Missouri historic rehabilitation tax credits. That this project produced Federal historic rehabilitation tax credits in the amount of $1,114,974 and Missouri historic rehabilitation tax credits in the amount of $1,064,285. Lutheran Senior Services has guaranteed tax credit deficit obligations to the tax credit investors. Such tax credit deficit obligations include payments to the tax credit investors in the amount of (1) any reduction, disallowance, or recapture of the projected tax credit amount; (2) any interest and penalties imposed by the IRS in the event of a recapture of tax credits; and (3) any income tax liability of the tax credit investors as a result of payments under these tax credit deficit obligations.

- Construction Completion Guaranty - Lutheran Senior Services has guaranteed the full and timely payment of all obligations of the Landlord Partnership's general partner to ensure completion of rehabilitation of the project.

- Operating Deficit Guaranty - Lutheran Senior Services has guaranteed the full and timely payment and performance of the obligations of the Landlord Partnership's and Tenant Partnership's general partner obligations to fund operating deficits for a period of 5 years following project lease-up. The aggregate projected operating costs for the Landlord Partnership and the Tenant Partnership over the first full 5-year period following lease-up is less than $750,000.

- Environmental Guaranty - Lutheran Senior Services has guaranteed the full and timely payment of certain environmental indemnities made by the general partners of the Landlord Partnership and the Tenant Partnership for the benefit of the tax credit investors.

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NOTE 13 INVESTMENT IN LIMITED PARTNERSHIPS (CONTINUED)

Mackenzie Place LIHTC, L.P.

Lutheran Senior Services, through a wholly-owned limited liability company, is a general partner of Mackenzie Place LIHTC, L.P., a limited partnership which is developing and will operate a 34-unit independent living facility qualifying for Federal and Missouri low-income housing tax credits at The Village of Mackenzie Place. Through this limited liability company, the Organization owns a 0.01% partnership interest as general partner in the partnership. The limited partners are St. Louis Equity Fund 2010 L.L.C. and First National Bank of St. Louis, N.A.

In connection with the construction, development, and operation of this project, Lutheran Senior Services has undertaken the following obligations:

- Tax Credit Guaranty - The project will be operated as low-income housing qualifying for Federal and Missouri low-income housing tax credits. The total amount of Federal and Missouri tax credits over the applicable ten-year tax credit period is projected to be $12,700,000. Lutheran Senior Services has guaranteed the general partner's credit deficit obligations to the limited partners. Such credit deficit obligations include payments to the limited partners in the amount of (1) any reduction, disallowance, or recapture of the projected tax credit amount; (2) any interest and penalties imposed by the IRS in the event of a recapture of tax credits; and (3) any income tax liability of the limited partners as a result of payments under the credit deficit obligations of the general partner. Any payments made by Lutheran Senior Services under this guaranty will be treated as a loan to the partnership, the payment of which will take priority over any distribution of residual assets to the partners upon a sale or refinancing of the project.

- Construction Completion Guaranty - Lutheran Senior Services has guaranteed the full and timely payment of all obligations of the Landlord Partnership's general partner to ensure completion of construction of the project.

- Operating Deficit Guaranty - Lutheran Senior Services has guaranteed the full and timely payment of all obligations of the general partner to fund operating deficits for a period of 5 years following project lease-up. The projected operating costs for the project over the first full 5-year period following lease-up is less than $1,150,000.

- Environmental Guaranty - Lutheran Senior Services has guaranteed the full and timely payment of certain environmental indemnities made by the general partner for the benefit of the limited partners.

Generally accepted accounting standards require the non-controlling interests of these limited partnerships to be included in unrestricted net assets of the consolidated financial statements of Lutheran Senior Services.

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NOTE 14 CONTINGENT LIABILITIES

Government Regulations - Medicaid

The Missouri Department of Social Services, Division of Medical Services and the Illinois Department of Healthcare and Family Services (HFS) reserve the right to perform field audit examinations of the Organization's records. Any adjustments resulting from such examinations could retroactively adjust Medicaid revenue.

Government Regulations - Medicare

The Medicare intermediary has the authority to audit a skilled nursing facility's records any time within a three-year period after the date the skilled nursing facility receives a final notice of program reimbursement for each cost reporting period. Any adjustments resulting from these audits could retroactively adjust Medicare revenue.

Health Care

Health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for resident services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers.

Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

Litigation

The Organization is subject to asserted and unasserted claims encountered in the normal course of business. The Organization's management and legal counsel assess such contingent liabilities and such assessment inherently involves an exercise of judgment. In assessing loss contingencies related to legal proceedings that are pending against the Organization or unasserted claims that may result in such proceedings, the Organization's legal counsel evaluates the perceived merits of any legal proceedings or unasserted claims as well as the perceived merits of the amount of relief sought or expected to be sought therein. In the opinion of management, disposition of these matters will not have a material effect on the Organization's financial condition or results of operations.

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NOTE 15 FUNCTIONAL CLASSIFICATION OF EXPENSES

Functional classification of expenses for the years ended December 31, 2013 and 2012 consisted of the following:

	2013	2012
Program	$ 151,218,602	$ 138,226,637
Management and General Support	24,151,406	21,365,326
Total Operating Expenses	$ 175,370,008	$ 159,591,963

Fund raising expenses incurred during the years ended December 31, 2013 and 2012 were $2,411,386 and $1,988,444, respectively, and are included in the statements of unrestricted activities.

Salaries and related expenses are allocated based on job descriptions and the best estimates of management. Expenses, other than salaries and related expenses, which are not directly identifiable by program or supporting services, are allocated based on the best estimates of management.

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INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

Board of Directors
Lutheran Senior Services
St. Louis, Missouri

We have audited the consolidated financial statements of Lutheran Senior Services as of and for the years ended December 31, 2013 and 2012, and our report thereon dated March 18, 2014, which expressed an unmodified opinion on those consolidated financial statements, appears on page 1. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The combining consolidating financial statements supplementary information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

St. Louis, Missouri
March 18, 2014

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LUTHERAN SENIOR SERVICES
COMBINING AND CONSOLIDATING BALANCE SHEET
DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

ASSETS	Total CCRC'S	Richmond Terrace	Provident Group	In-Home Services	Affordable Housing Projects	Other Programs	Lutheran Senior Services Endowment Funds	Subtotal	Eliminations	Lutheran Senior Services Consolidated
CURRENT ASSETS										
Cash and Cash Equivalents	$ 115,224,884	$ 2,666,662	$ (375,794)	$ 5,107,256	$ 240,958	$ (113,324,074)	$ 2,294,650	$ 11,834,542	$ -	$ 11,834,542
Resident Accounts Receivable, Net	6,143,260	67,693	-	815,194	4,750	-	-	7,030,897	-	7,030,897
Current Portion of Notes Receivable	733,713	-	-	-	-	107,103	49	840,865	-	840,865
Interest Receivable	15,704	-	-	-	276	562,236	81,180	659,396	-	659,396
Other Current Assets	980,804	20,222	-	40,787	72,031	1,047,671	250,226	2,411,741	(395,959)	2,015,782
Current Portion of Assets Limited as to Use	-	-	-	-	-	220,008,675	-	220,008,675	-	220,008,675
Total Current Assets	123,098,365	2,754,577	(375,794)	5,963,237	318,015	108,401,611	2,626,105	242,786,116	(395,959)	242,390,157
ASSETS LIMITED AS TO USE										
Investments	6,315,327	-	-	-	3,162,150	159,225,952	55,396,107	224,099,536	-	224,099,536
Less: Current Portion Shown Above	-	-	-	-	-	220,008,675	-	220,008,675	-	220,008,675
Total Assets Limited as to Use (Net of Current Portion Shown Above)	6,315,327	-	-	-	3,162,150	(60,782,723)	55,396,107	4,090,861	-	4,090,861
PROPERTY AND EQUIPMENT (at Cost)										
Land and Land Improvements	40,943,004	415,162	-	-	4,879,939	330,052	750,000	47,318,157	-	47,318,157
Building and Improvements	468,716,387	2,195,899	-	-	36,155,763	5,043,427	20,702	512,132,178	-	512,132,178
Equipment	32,208,301	694,753	-	539,383	1,730,587	1,785,335	11,116	36,969,475	-	36,969,475
Construction in Progress	12,590,319	5,000	-	-	-	1,046,919	-	13,642,238	-	13,642,238
Total	554,458,011	3,310,814	-	539,383	42,766,289	8,205,733	781,818	610,062,048	-	610,062,048
Less: Accumulated Depreciation	185,332,270	1,494,877	-	249,736	10,321,375	3,019,866	4,787	200,422,911	-	200,422,911
Total Property and Equipment (at Depreciated Cost)	369,125,741	1,815,937	-	289,647	32,444,914	5,185,867	777,031	409,639,137	-	409,639,137
OTHER ASSETS										
Notes Receivable (Net of Current Portion Shown Above)	-	-	-	-	-	4,392,897	-	4,392,897	-	4,392,897
Deferred Marketing Costs	1,132,261	-	-	-	-	-	-	1,132,261	-	1,132,261
Deferred Financing Costs, Net	-	-	-	-	-	3,977,934	-	3,977,934	-	3,977,934
Total Other Assets	1,132,261	-	-	-	-	8,370,831	-	9,503,092	-	9,503,092
Total Assets	$ 499,671,694	$ 4,570,514	$ (375,794)	$ 6,252,884	$ 35,925,079	$ 61,175,586	$ 58,799,243	$ 666,019,206	$ (395,959)	$ 665,623,247

LUTHERAN SENIOR SERVICES
COMBINING AND CONSOLIDATING BALANCE SHEET (CONTINUED)
DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

LIABILITIES AND NET ASSETS	Total CCRC'S	Richmond Terrace	Provident Group	In-Home Services	Affordable Housing Projects	Other Programs	Lutheran Senior Services Endowment Funds	Subtotal	Eliminations	Lutheran Senior Services Consolidated
CURRENT LIABILITIES										
Current Maturities of Long-Term Debt	$ 50,206,321	$ 301,631	$ -	$ -	$ -	$ 3,577,048	$ -	$ 54,085,000	$ -	$ 54,085,000
Accounts Payable:										
Trade	1,835,516	18,448	-	171,498	20,353	3,856,897	3,373	5,906,085	-	5,906,085
Development	2,807,170	-	-	-	168,890	15,000	-	2,991,060	-	2,991,060
Accrued Interest Payable	-	-	-	-	15,790	5,486,812	-	5,502,602	-	5,502,602
Other Accrued Liabilities	5,015,145	131,753	-	233,178	77,802	1,158,256	1,964,918	8,581,052	-	8,581,052
Current Portion of Refundable Residency Fees	12,809,000	-	-	-	-	-	-	12,809,000	-	12,809,000
Due to Healthcare Affiliates	-	-	-	-	395,959	-	-	395,959	(395,959)	-
Total Current Liabilities	72,673,152	451,832	-	404,676	678,794	14,094,013	1,968,291	90,270,758	(395,959)	89,874,799
LONG-TERM DEBT (Net of Current Maturities Shown Above)										
Bonds and Notes Payable	270,387,144	1,570,370	-	-	-	21,606,279	-	293,563,793	-	293,563,793
Interest Rate Swap Agreement	-	-	-	-	-	1,676,892	-	1,676,892	-	1,676,892
Total Long-Term Debt (Net of Current Maturities Shown Above)	270,387,144	1,570,370	-	-	-	23,283,171	-	295,240,685	-	295,240,685
OTHER LIABILITIES										
HUD Capital Advances	-	-	-	-	35,710,191	-	-	35,710,191	-	35,710,191
Refundable Residency Fees	165,988,164	-	-	-	-	-	-	165,988,164	-	165,988,164
Deferred Revenue from Residency Fees	13,444,001	-	-	-	-	-	-	13,444,001	-	13,444,001
Charitable Gift Annuities Payable	-	-	-	-	-	-	9,016,731	9,016,731	-	9,016,731
Resident Deposits	4,035,529	62,400	-	-	184,401	(1,000)	1,000	4,282,330	-	4,282,330
Accrued Pension Cost	-	-	-	-	-	2,792,409	-	2,792,409	-	2,792,409
Total Other Liabilities	183,467,694	62,400	-	-	35,894,592	2,791,409	9,017,731	231,233,826	-	231,233,826
Total Liabilities	526,527,990	2,084,602	-	404,676	36,573,386	40,168,593	10,986,022	616,745,269	(395,959)	616,349,310
NET ASSETS										
Unrestricted:										
Controlling Interest	(27,447,304)	2,485,813	(375,794)	5,728,487	(7,761,111)	20,858,236	33,993,860	27,482,188	-	27,482,188
Noncontrolling Interest	-	-	-	-	7,112,804	-	-	7,112,804	-	7,112,804
Total Unrestricted Net Assets	(27,447,304)	2,485,813	(375,794)	5,728,487	(648,307)	20,858,236	33,993,860	34,594,991	-	34,594,991
Temporarily Restricted	586,008	99	-	119,721	-	148,757	5,800,822	6,655,407	-	6,655,407
Permanently Restricted	5,000	-	-	-	-	-	8,018,539	8,023,539	-	8,023,539
Total Net Assets	(26,856,296)	2,485,912	(375,794)	5,848,208	(648,307)	21,006,993	47,813,221	49,273,937	-	49,273,937
Total Liabilities and Net Assets	$ 499,671,694	$ 4,570,514	$ (375,794)	$ 6,252,884	$ 35,925,079	$ 61,175,586	$ 58,799,243	$ 666,019,206	$ (395,959)	$ 665,623,247

LUTHERAN SENIOR SERVICES
COMBINING AND CONSOLIDATING STATEMENTS OF UNRESTRICTED ACTIVITIES
YEAR ENDED DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Total CCRC'S	Richmond Terrace	Provident Group	In-Home Services	Affordable Housing Projects	Other Programs	Lutheran Senior Services Endowment Funds	Subtotal	Eliminations	Lutheran Senior Services Consolidated
OPERATING REVENUE										
Resident Service	$ 146,331,937	$ 2,630,862	$ -	$ 6,551,600	$ 3,171,497	$ -	$ -	$ 158,685,896	$ (393,585)	$ 158,292,311
Amortization of Residency Fees	3,615,677	-	-	-	-	-	-	3,615,677	-	3,615,677
Interest on Investments Held by Trustee	1,801,732	-	-	-	-	387,161	-	2,188,893	-	2,188,893
Net Assets Released from Restrictions-Operations	88,457	241	-	11,434	-	65,576	152,956	318,664	-	318,664
Other	3,134,517	41,091	1,080,000	252,028	42,345	13,107,063	65,316	17,722,360	(13,199,853)	4,522,507
Total Operating Revenue	154,972,320	2,672,194	1,080,000	6,815,062	3,213,842	13,559,800	218,272	182,531,490	(13,593,438)	168,938,052
OPERATING EXPENSE										
Nursing	44,283,088	594,143	-	-	-	431,580	-	45,308,811	(393,585)	44,915,226
In-Home Services	-	-	-	3,786,496	-	-	-	3,786,496	-	3,786,496
Dining Services	19,114,102	471,440	-	-	-	(4,704)	-	19,580,838	-	19,580,838
Housekeeping	3,594,371	91,985	-	-	-	-	-	3,686,356	(20,655)	3,665,701
Laundry	1,693,850	7,885	-	-	-	-	-	1,701,735	(734,929)	966,806
Activities and Social Services	4,304,708	69,603	-	211,305	-	-	-	4,585,616	-	4,585,616
Plant Operations and Maintenance	12,927,470	281,652	-	-	1,175,007	767,790	-	15,151,919	-	15,151,919
Administrative	22,057,720	376,371	1,082,666	1,562,180	1,466,593	9,149,908	152,956	35,848,394	(12,444,269)	23,404,125
Net Savings and Revenue Sharing Costs	849,510	18,936	-	54,197	-	159,519	18,779	1,100,941	-	1,100,941
Marketing	2,375,393	80,724	-	384,838	-	1,236,803	-	4,077,758	-	4,077,758
Employee Benefits	14,044,457	318,602	-	596,325	365,207	1,200,591	109,321	16,634,503	-	16,634,503
Interest	13,857,731	83,742	-	-	9,735	1,094,714	-	15,045,922	(5,799)	15,040,123
Depreciation and Amortization	20,577,415	145,160	-	73,615	1,205,690	455,884	2,192	22,459,956	-	22,459,956
Total Operating Expense	159,679,815	2,540,243	1,082,666	6,668,956	4,222,232	14,492,085	283,248	188,969,245	(13,599,237)	175,370,008
OPERATING (LOSS) GAIN	(4,707,495)	131,951	(2,666)	146,106	(1,008,390)	(932,285)	(64,976)	(6,437,755)	5,799	(6,431,956)
OTHER INCOME (EXPENSE)										
Unrealized Gain on Investments	115,674	-	-	-	-	678,423	1,296,583	2,090,680	-	2,090,680
Investment Income (Expense)	15,650	-	-	-	(96,756)	1,517,299	838,977	2,275,170	(5,799)	2,269,371
Realized Gains on Investments	133,789	-	-	-	-	3,688,194	2,019,568	5,841,551	-	5,841,551
Contributions	106,510	-	-	34,970	-	68,362	5,096,183	5,306,025		5,306,025
Endowment Expenses	-	-	-	-	-	-	(2,258,430)	(2,258,430)	-	(2,258,430)
Net Periodic Pension Cost	-	-	-	-	-	(604,162)	-	(604,162)	-	(604,162)
Land Impairment	-	-	-	-	-	-	(919,087)	(919,087)	-	(919,087)
Gain on Disposal of Property and Equipment	3,022	-	-	-	-	3,400	-	6,422	-	6,422
Total Other Income (Expense)	374,645	-	-	34,970	(96,756)	5,351,516	6,073,794	11,738,169	(5,799)	11,732,370
EXCESS (DEFICIT) OF NET REVENUE OVER EXPENSE	(4,332,850)	131,951	(2,666)	181,076	(1,105,146)	4,419,231	6,008,818	5,300,414	-	5,300,414
Change in Valuation of Interest Rate Swap	-	-	-	-	-	772,854	-	772,854	-	772,854
Other Changes in Plan Assets and Benefit Obligations	-	-	-	-	-	2,738,433	-	2,738,433	-	2,738,433
Net Released from Restrictions-Capital	2,375	-	-	-	-	-	-	2,375	-	2,375
Equity Contributions	-	-	-	-	149,964	-	-	149,964	-	149,964
Equity Transfer from (to) Affiliate	2,089,983	52,591	-	63,097	-	(7,940,000)	5,734,329	-	-	-
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ (2,240,492)	$ 184,542	$ (2,666)	$ 244,173	$ (955,182)	$ (9,482)	$ 11,743,147	$ 8,964,040	$ -	$ 8,964,040

LUTHERAN SENIOR SERVICES
COMBINING AND CONSOLIDATING STATEMENTS OF CHANGES IN NET ASSETS
YEAR ENDED DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Total CCRC'S	Richmond Terrace	Provident Group	In-Home Services	Affordable Housing Projects	Other Programs	Lutheran Senior Services Endowment Funds	Subtotal	Eliminations	Lutheran Senior Services Consolidated
Unrestricted Net Assets:										
Net Assets or Equity - December 31, 2012	$ (25,206,812)	$ 2,301,271	$ (373,128)	$ 5,484,314	$ 306,875	$ 20,867,718	$ 22,250,713	$ 25,630,951	$ -	$ 25,630,951
Change in Net Assets:										
Excess (Deficit) of Net Revenue Over Expense	(4,332,850)	131,951	(2,666)	181,076	(1,105,146)	4,419,231	6,008,818	5,300,414	-	5,300,414
Change in Valuation of Interest Rate Swap	-	-	-	-	-	772,854	-	772,854	-	772,854
Other Changes in Plan Assets and Benefit Obligations	-	-	-	-	-	2,738,433	-	2,738,433	-	2,738,433
Net Assets Released from Restrictions - Capital	2,375	-	-	-	-	-	-	2,375	-	2,375
Equity Contributions	-	-	-	-	149,964	-	-	149,964		149,964
Equity Transfer from (to) Affiliate	2,089,983	52,591	-	63,097	-	(7,940,000)	5,734,329	-	-	-
Change in Net Assets	(2,240,492)	184,542	(2,666)	244,173	(955,182)	(9,482)	11,743,147	8,964,040	-	8,964,040
Net Assets or Equity - December 31, 2013	$ (27,447,304)	$ 2,485,813	$ (375,794)	$ 5,728,487	$ (648,307)	$ 20,858,236	$ 33,993,860	$ 34,594,991	$ -	$ 34,594,991
Temporarily Restricted Net Assets:										
Net Assets - December 31, 2012	$ 525,291	$ 340	$ -	$ 112,480	$ -	$ 141,329	$ 4,956,412	$ 5,735,852	$ -	$ 5,735,852
Change in Net Assets:										
Contributions	151,549	-	-	18,675	-	73,004	997,366	1,240,594	-	1,240,594
Investment Income	-	-	-	-	-	-	-	-	-	-
Net Assets Released from Restrictions - Operations	(88,457)	(241)	-	(11,434)	-	(65,576)	(152,956)	(318,664)	-	(318,664)
Net Assets Released from Restrictions - Capital	(2,375)	-	-	-	-	-	-	(2,375)	-	(2,375)
Change in Net Assets	60,717	(241)	-	7,241	-	7,428	844,410	919,555	-	919,555
Net Assets - December 31, 2013	$ 586,008	$ 99	$ -	$ 119,721	$ -	$ 148,757	$ 5,800,822	$ 6,655,407	$ -	$ 6,655,407
Permanently Restricted Net Assets:										
Net Assets - December 31, 2012	$ 5,000	$ -	$ -	$ -	$ -	$ -	$ 7,972,192	$ 7,977,192	$ -	$ 7,977,192
Change in Net Assets:										
Contributions	-	-	-	-	-	-	46,347	46,347	-	46,347
Change in Net Assets	-	-	-	-	-	-	46,347	46,347	-	46,347
Net Assets - December 31, 2013	$ 5,000	$ -	$ -	$ -	$ -	$ -	$ 8,018,539	$ 8,023,539	$ -	$ 8,023,539

LUTHERAN SENIOR SERVICES
COMBINING BALANCE SHEET – CCRC'S
DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

ASSETS	Laclede Groves	Meramec Bluffs	Hidden Lake	Breeze Park	Heisinger Bluffs	Meridian Village	Lenoir Woods	Lutheran Hillside Village	Concordia Village	Total CCRC's
CURRENT ASSETS										
Cash and Cash Equivalents	$ 39,173,477	$ 41,982,221	$ (3,564,993)	$ 20,094,417	$ 2,126,225	$ (966,354)	$ 859,763	$ 2,593,868	$ 12,926,260	$ 115,224,884
Resident Accounts Receivable	1,263,277	543,531	426,578	495,485	632,410	608,194	761,255	807,321	605,209	6,143,260
Notes Receivable	61,810	-	-	60,000	-	-	-	459,834	152,069	733,713
Interest Receivable	-	-	-	-	-	-	-	15,704	-	15,704
Other Current Assets	211,196	139,578	66,118	67,482	93,434	116,787	151,137	79,801	55,271	980,804
Total Current Assets	40,709,760	42,665,330	(3,072,297)	20,717,384	2,852,069	(241,373)	1,772,155	3,956,528	13,738,809	123,098,365
ASSETS LIMITED AS TO USE										
Investments	-	-	462,820	-	6,342	-	-	5,846,165	-	6,315,327
PROPERTY AND EQUIPMENT (at Cost)										
Land and Land Improvements	7,565,543	4,322,418	1,231,364	2,958,530	3,850,891	5,111,538	6,657,355	1,696,955	7,548,410	40,943,004
Building and Improvements	120,594,393	88,769,466	18,810,849	29,316,126	27,803,781	38,656,067	33,110,020	66,248,012	45,407,673	468,716,387
Equipment	7,286,357	4,690,123	2,425,995	2,876,402	2,763,827	2,532,454	3,025,243	3,816,224	2,791,676	32,208,301
Construction in Progress	1,189,134	5,866,528	2,540	571,578	951,074	-	3,506,268	291,363	211,834	12,590,319
Total	136,635,427	103,648,535	22,470,748	35,722,636	35,369,573	46,300,059	46,298,886	72,052,554	55,959,593	554,458,011
Less: Accumulated Depreciation	45,424,802	33,613,393	12,052,476	18,077,504	11,408,395	14,278,703	8,427,873	31,731,636	10,317,488	185,332,270
Total Property and Equipment (at Depreciated Cost)	91,210,625	70,035,142	10,418,272	17,645,132	23,961,178	32,021,356	37,871,013	40,320,918	45,642,105	369,125,741
OTHER ASSETS										
Deferred Marketing Costs	385,088	63,109	-	-	-	-	-	89,201	594,863	1,132,261
Total Assets	$ 132,305,473	$ 112,763,581	$ 7,808,795	$ 38,362,516	$ 26,819,589	$ 31,779,983	$ 39,643,168	$ 50,212,812	$ 59,975,777	$ 499,671,694

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LUTHERAN SENIOR SERVICES
COMBINING BALANCE SHEET – CCRC'S (CONTINUED)
DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

LIABILITIES AND NET ASSETS	Laclede Groves	Meramec Bluffs	Hidden Lake	Breeze Park	Heisinger Bluffs	Meridian Village	Lenoir Woods	Lutheran Hillside Village	Concordia Village	Total CCRC's
CURRENT LIABILITIES										
Current Maturities of Long-Term Debt	$ 8,788,561	$ 7,523,209	$ 1,162,761	$ 3,031,769	$ 4,210,285	$ 6,238,109	$ 4,692,425	$ 6,562,477	$ 7,996,725	$ 50,206,321
Accounts Payable:										
Trade	424,386	185,006	116,872	174,518	107,594	194,651	145,665	222,259	264,565	1,835,516
Development	798,458	1,191,365	-	201,234	-	-	616,113	-	-	2,807,170
Other Accrued Liabilities	1,332,418	631,851	298,964	621,515	462,191	307,218	464,369	628,515	268,104	5,015,145
Current Portion of Refundable Residency Fees	2,874,000	4,944,000	377,000	868,000	200,000	340,000	313,000	2,324,000	569,000	12,809,000
Total Current Liabilities	14,217,823	14,475,431	1,955,597	4,897,036	4,980,070	7,079,978	6,231,572	9,737,251	9,098,394	72,673,152
LONG-TERM DEBT (Net of Current Maturities Shown Above)										
Bonds and Notes Payable	45,755,529	45,963,346	6,053,635	16,001,417	21,919,838	32,477,220	26,417,162	34,165,968	41,633,029	270,387,144
OTHER LIABILITIES										
Refundable Residency Fees	46,225,693	48,589,934	2,251,649	7,333,387	4,254,423	6,764,569	6,893,157	26,270,083	17,405,269	165,988,164
Deferred Revenue from Residency Fees	4,150,373	3,192,894	428,357	714,723	232,133	712,111	725,832	1,747,463	1,540,115	13,444,001
Resident Deposits	505,400	1,856,500	72,800	278,450	244,000	250,861	195,874	388,816	242,828	4,035,529
Total Other Liabilities	50,881,466	53,639,328	2,752,806	8,326,560	4,730,556	7,727,541	7,814,863	28,406,362	19,188,212	183,467,694
Total Liabilities	110,854,818	114,078,105	10,762,038	29,225,013	31,630,464	47,284,739	40,463,597	72,309,581	69,919,635	526,527,990
NET ASSETS										
Unrestricted	21,343,940	(1,321,266)	(2,959,245)	9,111,927	(4,855,430)	(15,523,886)	(876,091)	(22,406,454)	(9,960,799)	(27,447,304)
Temporarily Restricted	106,715	6,742	6,002	25,576	44,555	19,130	55,662	304,685	16,941	586,008
Permanently Restricted	-	-	-	-	-	-	-	5,000	-	5,000
Total Net Assets	21,450,655	(1,314,524)	(2,953,243)	9,137,503	(4,810,875)	(15,504,756)	(820,429)	(22,096,769)	(9,943,858)	(26,856,296)
Total Liabilities and Net Assets	$ 132,305,473	$ 112,763,581	$ 7,808,795	$ 38,362,516	$ 26,819,589	$ 31,779,983	$ 39,643,168	$ 50,212,812	$ 59,975,777	$ 499,671,694

ATTACHMENT-27A

LUTHERAN SENIOR SERVICES
COMBINING STATEMENTS OF UNRESTRICTED ACTIVITIES – CCRC'S
YEAR ENDED DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Laclede Groves	Meramec Bluffs	Hidden Lake	Breeze Park	Heisinger Bluffs	Meridian Village	Lenoir Woods	Lutheran Hillside Village	Concordia Village	Total CCRC's
OPERATING REVENUE										
Resident Service	$ 32,089,076	$ 21,593,466	$ 7,706,413	$ 13,700,505	$ 14,356,783	$ 14,408,068	$ 15,703,726	$ 14,084,877	$ 12,689,023	$ 146,331,937
Amortization of Residency Fees	1,070,558	1,091,266	55,460	125,024	42,905	216,293	99,541	494,760	419,870	3,615,677
Interest on Investments Held by Trustee	30,970	757,807	1,575	10,362	12,671	9,375	113,736	186,547	678,689	1,801,732
Net Assets Released from Restrictions-Operations	15,247	2,930	4,021	16,553	22,902	1,679	5,676	-	19,449	88,457
Other	1,050,886	330,927	85,332	153,487	171,935	194,076	420,482	476,189	251,203	3,134,517
Total Operating Revenue	34,256,737	23,776,396	7,852,801	14,005,931	14,607,196	14,829,491	16,343,161	15,242,373	14,058,234	154,972,320
OPERATING EXPENSE										
Nursing	10,988,010	4,615,191	2,873,806	3,919,841	5,288,338	4,246,585	4,909,902	3,885,670	3,555,745	44,283,088
Dining Services	4,347,439	3,200,632	1,184,883	1,593,108	1,707,479	1,715,504	1,980,823	1,829,525	1,554,709	19,114,102
Housekeeping	864,490	572,483	229,459	326,494	294,022	208,721	432,493	394,984	271,225	3,594,371
Laundry	814,711	141,839	81,316	71,436	101,192	83,688	266,248	84,653	48,767	1,693,850
Activities and Social Services	819,262	623,600	329,734	508,254	482,552	366,793	489,899	390,879	293,735	4,304,708
Plant Operations and Maintenance	2,787,696	2,025,689	722,500	1,024,336	1,090,592	1,094,791	1,488,373	1,617,958	1,075,535	12,927,470
Administrative	4,752,671	2,842,909	1,332,055	1,807,764	2,052,220	2,572,563	2,250,816	2,347,309	2,099,413	22,057,720
Net Savings and Revenue Sharing Costs	180,304	116,820	64,239	73,270	89,365	74,578	102,520	81,158	67,256	849,510
Marketing	452,664	283,890	213,761	229,398	159,547	329,459	240,392	238,336	227,946	2,375,393
Employee Benefits	3,555,495	1,788,435	887,182	1,334,458	1,537,419	1,163,335	1,473,341	1,270,862	1,033,930	14,044,457
Interest	2,242,543	2,136,613	325,191	848,314	1,177,060	1,744,291	1,312,186	1,832,688	2,238,845	13,857,731
Depreciation and Amortization	4,543,579	3,352,932	1,016,668	1,587,785	1,359,481	1,656,672	1,887,286	2,648,777	2,524,235	20,577,415
Total Operating Expense	36,348,864	21,701,033	9,260,794	13,324,458	15,339,267	15,256,980	16,834,279	16,622,799	14,991,341	159,679,815
OPERATING INCOME (LOSS)	(2,092,127)	2,075,363	(1,407,993)	681,473	(732,071)	(427,489)	(491,118)	(1,380,426)	(933,107)	(4,707,495)
OTHER INCOME (EXPENSE)										
Unrealized Gain on Investments	-	-	-	-	-	-	-	115,674	-	115,674
Investment Income (Expense)	377	89	-	-	(6)	-	-	15,184	6	15,650
Realized Gains (Losses) on Investments	-	-	(39,275)	-	-	-	-	173,064	-	133,789
Contributions	56,700	12,855	-	-	-	-	-	36,955	-	106,510
Gain (Loss) on Disposal of Property	(31,541)	-	2,000	-	-	380	33,813	(1,630)	-	3,022
Total Other Income (Expense)	25,536	12,944	(37,275)	-	(6)	380	33,813	339,247	6	374,645
EXCESS (DEFICIT) OF NET REVENUE OVER EXPENSE	(2,066,591)	2,088,307	(1,445,268)	681,473	(732,077)	(427,109)	(457,305)	(1,041,179)	(933,101)	(4,332,850)
Net Assets Released from Restrictions - Capital	2,375	-	-	-	-	-	-	-	-	2,375
Equity Transfer from Affiliate	789,726	84,605	237,962	119,283	162,234	253,636	190,800	230,576	21,161	2,089,983
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ (1,274,490)	$ 2,172,912	$ (1,207,306)	$ 800,756	$ (569,843)	$ (173,473)	$ (266,505)	$ (810,603)	$ (911,940)	$ (2,240,492)

LUTHERAN SENIOR SERVICES
COMBINING STATEMENTS OF CHANGES IN NET ASSETS – CCRC'S
YEAR ENDED DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Laclede Groves	Meramec Bluffs	Hidden Lake	Breeze Park	Heisinger Bluffs	Meridian Village	Lenoir Woods	Lutheran Hillside Village	Concordia Village	Total CCRC's
Unrestricted Net Assets:										
Net Assets - December 31, 2012	$ 22,618,430	$ (3,494,178)	$ (1,751,939)	$ 8,311,171	$ (4,285,587)	$(15,350,413)	$ (609,586)	$ (21,595,851)	$ (9,048,859)	$ (25,206,812)
Change in Net Assets:										
Excess (Deficit) of Net Revenue Over Expense	(2,066,591)	2,088,307	(1,445,268)	681,473	(732,077)	(427,109)	(457,305)	(1,041,179)	(933,101)	(4,332,850)
Net Assets Released from Restrictions -Capital	2,375	-	-	-	-	-	-	-	-	2,375
Equity Transfer from Affiliate	789,726	84,605	237,962	119,283	162,234	253,636	190,800	230,576	21,161	2,089,983
Change in Net Assets	(1,274,490)	2,172,912	(1,207,306)	800,756	(569,843)	(173,473)	(266,505)	(810,603)	(911,940)	(2,240,492)
Net Assets - December 31, 2013	$ 21,343,940	$ (1,321,266)	$ (2,959,245)	$ 9,111,927	$ (4,855,430)	$(15,523,886)	$ (876,091)	$ (22,406,454)	$ (9,960,799)	$ (27,447,304)
Temporarily Restricted Net Assets:										
Net Assets - December 31, 2012	$ 117,961	$ 7,847	$ 2,575	$ 26,354	$ 42,651	$ 9,084	$ 55,549	$ 245,928	$ 17,342	$ 525,291
Change in Net Assets:										
Contributions	6,376	1,825	7,448	15,775	24,806	11,725	5,789	58,757	19,048	151,549
Net Assets Released from Restrictions -Operations	(15,247)	(2,930)	(4,021)	(16,553)	(22,902)	(1,679)	(5,676)	-	(19,449)	(88,457)
Net Assets Released from Restrictions -Capital	(2,375)	-	-	-	-	-	-	-	-	(2,375)
Change in Net Assets	(11,246)	(1,105)	3,427	(778)	1,904	10,046	113	58,757	(401)	60,717
Net Assets, December 31, 2013	$ 106,715	$ 6,742	$ 6,002	$ 25,576	$ 44,555	$ 19,130	$ 55,662	$ 304,685	$ 16,941	$ 586,008
Permanently Restricted Net Assets:										
Net Assets - December 31, 2012	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,000	$ -	$ 5,000
Change in Net Assets	-	-	-	-	-	-	-	-	-	-
Net Assets, December 31, 2013	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,000	$ -	$ 5,000

ATTACHMENT-27A

LUTHERAN SENIOR SERVICES
COMBINING BALANCE SHEET – AFFORDABLE HOUSING PROJECTS
DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

ASSETS	Rose Hill House	Halls Ferry Manor	Dunn Road Manor	Westfield Manor	Hilltop Manor	Rose Hill House II	Mackenzie Place	Total Affordable Housing Projects
CURRENT ASSETS								
Cash and Cash Equivalents	$ 30,598	$ 23,324	$ 19,650	$ 39,291	$ 51,756	$ 5,478	$ 70,861	$ 240,958
Accounts Receivable	817	1,146	1,507	521	196	457	106	4,750
Interest Receivable	-	-	-	-	-	-	276	276
Other Current Assets	5,341	1,795	1,828	1,951	1,884	2,107	57,125	72,031
Total Current Assets	36,756	26,265	22,985	41,763	53,836	8,042	128,368	318,015
ASSETS LIMITED AS TO USE								
Investments	135,865	616,388	122,644	388,418	136,789	144,384	1,617,662	3,162,150
PROPERTY AND EQUIPMENT (at Cost)								
Land and Land Improvements	473,827	231,366	869,328	744,877	553,313	189,077	1,818,151	4,879,939
Building and Improvements	3,665,525	3,705,673	3,587,578	4,536,351	4,475,293	2,573,127	13,612,216	36,155,763
Equipment	281,509.00	376,081	206,645	293,851	252,550	8,339	311,612	1,730,587
Total	4,420,861	4,313,120	4,663,551	5,575,079	5,281,156	2,770,543	15,741,979	42,766,289
Less: Accumulated Depreciation	1,932,133	2,150,006	1,737,851	1,803,484	1,441,755	495,863	760,283	10,321,375
Total Property and Equipment (at Depreciated Cost)	2,488,728	2,163,114	2,925,700	3,771,595	3,839,401	2,274,680	14,981,696	32,444,914
Total Assets	$ 2,661,349	$ 2,805,767	$ 3,071,329	$ 4,201,776	$ 4,030,026	$ 2,427,106	$ 16,727,726	$ 35,925,079

ATTACHMENT-27A

LUTHERAN SENIOR SERVICES
COMBINING BALANCE SHEET – AFFORDABLE HOUSING PROJECTS (CONTINUED)
DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

LIABILITIES AND NET ASSETS	Rose Hill House	Halls Ferry Manor	Dunn Road Manor	Westfield Manor	Hilltop Manor	Rose Hill House II	Mackenzie Place	Total Affordable Housing Projects
CURRENT LIABILITIES								
Accounts Payable:								
Trade	$ 150	$ 1,210	$ 7,501	$ 5,073	$ 3,094	$ 2,361	$ 964	$ 20,353
Development	-	-	-	-	-	-	168,890	168,890
Accrued Interest Payable	-	-	-	-	-	-	15,790	15,790
Other Accrued Liabilities	7,839	10,481	9,548	13,358	6,414	3,360	26,802	77,802
Due to Healthcare Affiliates	19,049	17,177	20,434	23,257	13,373	7,936	294,733	395,959
Total Current Liabilities	27,038	28,868	37,483	41,688	22,881	13,657	507,179	678,794
OTHER LIABILITIES								
HUD Capital Advances	4,366,600	4,243,200	4,548,800	5,797,600	5,181,700	2,608,880	8,963,411	35,710,191
Resident Deposits	23,512	18,281	15,777	18,825	23,892	11,628	72,486	184,401
Total Other Liabilities	4,390,112	4,261,481	4,564,577	5,816,425	5,205,592	2,620,508	9,035,897	35,894,592
Total Liabilities	4,417,150	4,290,349	4,602,060	5,858,113	5,228,473	2,634,165	9,543,076	36,573,386
NET ASSETS								
Unrestricted:								
Controlling Interest	(1,755,801)	(1,484,582)	(1,530,731)	(1,656,337)	(1,198,447)	(207,059)	71,847	(7,761,111)
Noncontrolling Interest	-	-	-	-	-	-	7,112,804	7,112,804
Total Unrestricted Net Assets	(1,755,801)	(1,484,582)	(1,530,731)	(1,656,337)	(1,198,447)	(207,059)	7,184,650	(648,307)
Total Liabilities and Net Assets	$ 2,661,349	$ 2,805,767	$ 3,071,329	$ 4,201,776	$ 4,030,026	$ 2,427,106	$ 16,727,726	$ 35,925,079

ATTACHMENT-27A

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LUTHERAN SENIOR SERVICES
COMBINING STATEMENTS OF UNRESTRICTED ACTIVITIES AND CHANGES IN NET ASSETS – AFFORDABLE HOUSING PROJECTS
YEAR ENDED DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Rose Hill House	Halls Ferry Manor	Dunn Road Manor	Westfield Manor	Hilltop Manor	Rose Hill House II	Mackenzie Place	Total Affordable Housing Projects
OPERATING REVENUE								
Resident Service	$ 380,108	$ 429,427	$ 465,530	$ 503,600	$ 415,540	$ 159,505	$ 817,787	$ 3,171,497
Other	4,366	5,112	4,044	5,298	9,279	2,849	11,397	42,345
Total Operating Revenue	384,474	434,539	469,574	508,898	424,819	162,354	829,184	3,213,842
OPERATING EXPENSE								
Administrative	160,876	200,898	177,460	228,580	186,413	73,815	438,551	1,466,593
Plant Operations and Maintenance	157,355	179,917	192,903	189,729	136,316	65,197	253,590	1,175,007
Employee Benefits	43,048	56,236	52,644	72,332	54,876	18,565	67,506	365,207
Interest	-	-	-	-	-	-	9,735	9,735
Depreciation and Amortization	113,886	128,143	113,754	165,135	158,450	77,049	449,273	1,205,690
Total Operating Expense	475,165	565,194	536,761	655,776	536,055	234,626	1,218,655	4,222,232
OPERATING LOSS	(90,691)	(130,655)	(67,187)	(146,878)	(111,236)	(72,272)	(389,471)	(1,008,390)
OTHER INCOME								
Investment Income (Expense)	504	4,298	94	1,779	146	176	(103,753)	(96,756)
Total Other Income	504	4,298	94	1,779	146	176	(103,753)	(96,756)
DEFICIT OF NET REVENUE OVER EXPENSE	(90,187)	(126,357)	(67,093)	(145,099)	(111,090)	(72,096)	(493,224)	(1,105,146)
Equity Contributions	-	-	-	-	-	-	149,964	149,964
DECREASE IN UNRESTRICTED NET ASSETS	(90,187)	(126,357)	(67,093)	(145,099)	(111,090)	(72,096)	(343,260)	(955,182)
Unrestricted Net Assets - Beginning	(1,665,614)	(1,358,225)	(1,463,638)	(1,511,238)	(1,087,357)	(134,963)	7,527,910	306,875
UNRESTRICTED NET ASSETS - ENDING	$ (1,755,801)	$ (1,484,582)	$ (1,530,731)	$ (1,656,337)	$ (1,198,447)	$ (207,059)	$ 7,184,650	$ (648,307)

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ATTACHMENT-27A

LUTHERAN SENIOR SERVICES
COMBINING BALANCE SHEET – OBLIGATED GROUP
DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Lutheran Senior Services	Concordia Village	Provident Group	Meridian Village	Lutheran Senior Services Endowment Funds	Lutheran Hillside Village	Heisinger Bluffs	Subtotal	Eliminations	Total Obligated Group
ASSETS										
CURRENT ASSETS										
Cash and Cash Equivalents	$ (7,005,271)	$ 12,926,260	$ (375,794)	$ (966,354)	$ 2,294,650	$ 2,593,868	$ 2,126,225	$ 11,593,584	$ -	$ 11,593,584
Resident Accounts Receivable	4,373,013	605,209	-	608,194	-	807,321	632,410	7,026,147		7,026,147
Current Portion of Notes Receivable	228,913	152,069	-	-	49	459,834	-	840,865	-	840,865
Interest Receivable	562,236	-	-	-	81,180	15,704	-	659,120	-	659,120
Other Current Assets	1,744,191	55,271	-	116,787	250,226	79,801	93,434	2,339,710	-	2,339,710
Current Portion of Assets Limited as to Use	220,008,675	-	-	-	-	-	-	220,008,675	-	220,008,675
Total Current Assets	219,911,757	13,738,809	(375,794)	(241,373)	2,626,105	3,956,528	2,852,069	242,468,101	-	242,468,101
ASSETS LIMITED AS TO USE										
Investments	159,688,772	-	-	-	55,396,107	5,846,165	6,342	220,937,386	-	220,937,386
Less: Current Portion Shown Above	220,008,675	-	-	-	-	-	-	220,008,675	-	220,008,675
Total Assets Limited as to Use (Net of Current Portion Shown Above)	(60,319,903)	-	-	-	55,396,107	5,846,165	6,342	928,711	-	928,711
PROPERTY AND EQUIPMENT (at Cost)										
Land and Land Improvements	23,480,424	7,548,410	-	5,111,538	750,000	1,696,955	3,850,891	42,438,218	-	42,438,218
Building and Improvements	297,840,180	45,407,673	-	38,656,067	20,702	66,248,012	27,803,781	475,976,415	-	475,976,415
Equipment	23,323,591	2,791,676	-	2,532,454	11,116	3,816,224	2,763,827	35,238,888	-	35,238,888
Construction in Progress	12,187,967	211,834	-	-	-	291,363	951,074	13,642,238	-	13,642,238
Total	356,832,162	55,959,593	-	46,300,059	781,818	72,052,554	35,369,573	567,295,759	-	567,295,759
Less: Accumulated Depreciation	122,360,527	10,317,488	-	14,278,703	4,787	31,731,636	11,408,395	190,101,536	-	190,101,536
Total Property and Equipment (at Depreciated Cost)	234,471,635	45,642,105	-	32,021,356	777,031	40,320,918	23,961,178	377,194,223	-	377,194,223
OTHER ASSETS										
Notes Receivable (Net of Current Portion Shown Above)	4,392,897	-	-	-	-	-	-	4,392,897	-	4,392,897
Deferred Marketing Costs	448,197	594,863	-	-	-	89,201	-	1,132,261	-	1,132,261
Deferred Financing Costs, Net	3,977,934	-	-	-	-	-	-	3,977,934	-	3,977,934
Total Other Assets	8,819,028	594,863	-	-	-	89,201	-	9,503,092	-	9,503,092
Total Assets	$ 402,882,517	$ 59,975,777	$ (375,794)	$ 31,779,983	$ 58,799,243	$ 50,212,812	$ 26,819,589	$ 630,094,127	$ -	$ 630,094,127

LUTHERAN SENIOR SERVICES
COMBINING BALANCE SHEET – OBLIGATED GROUP (CONTINUED)
DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

LIABILITIES AND NET ASSETS	Lutheran Senior Services	Concordia Village	Provident Group	Meridian Village	Lutheran Senior Services Endowment Funds	Lutheran Hillside Village	Heisinger Bluffs	Subtotal	Eliminations	Total Obligated Group
CURRENT LIABILITIES										
Current Maturities of Long-Term Debt	$ 29,077,404	$ 7,996,725	$ -	$ 6,238,109	$ -	$ 6,562,477	$ 4,210,285	$ 54,085,000	$ -	$ 54,085,000
Accounts Payable:										
Trade	5,093,290	264,565	-	194,651	3,373	222,259	107,594	5,885,732	-	5,885,732
Development	2,822,170	-	-	-	-	-	-	2,822,170	-	2,822,170
Accrued Interest Payable	5,486,812	-	-	-	-	-	-	5,486,812	-	5,486,812
Other Accrued Liabilities	4,872,304	268,104	-	307,218	1,964,918	628,515	462,191	8,503,250	-	8,503,250
Current Portion of Refundable Residency Fees	9,376,000	569,000	-	340,000	-	2,324,000	200,000	12,809,000	-	12,809,000
Total Current Liabilities	56,727,980	9,098,394	-	7,079,978	1,968,291	9,737,251	4,980,070	89,591,964	-	89,591,964
LONG-TERM DEBT (Net of Current Maturities Shown Above)										
Bonds and Notes Payable	163,367,738	41,633,029	-	32,477,220	-	34,165,968	21,919,838	293,563,793	-	293,563,793
Interest Rate Swap Agreement	1,676,892	-	-	-	-	-	-	1,676,892	-	1,676,892
Total Long-Term Debt (Net of Current Maturities Shown Above)	165,044,630	41,633,029	-	32,477,220	-	34,165,968	21,919,838	295,240,685	-	295,240,685
OTHER LIABILITIES										
Refundable Residency Fees	111,293,820	17,405,269	-	6,764,569	-	26,270,083	4,254,423	165,988,164	-	165,988,164
Deferred Revenue from Residency Fees	9,212,179	1,540,115	-	712,111	-	1,747,463	232,133	13,444,001	-	13,444,001
Charitable Gift Annuities Payable	-	-	-	-	9,016,731	-	-	9,016,731	-	9,016,731
Resident Deposits	2,970,424	242,828	-	250,861	1,000	388,816	244,000	4,097,929	-	4,097,929
Accrued Pension Cost	2,792,409	-	-	-	-	-	-	2,792,409	-	2,792,409
Total Other Liabilities	126,268,832	19,188,212	-	7,727,541	9,017,731	28,406,362	4,730,556	195,339,234	-	195,339,234
Total Liabilities	348,041,442	69,919,635	-	47,284,739	10,986,022	72,309,581	31,630,464	580,171,883	-	580,171,883
NET ASSETS										
Unrestricted	54,371,801	(9,960,799)	(375,794)	(15,523,886)	33,993,860	(22,406,454)	(4,855,430)	35,243,298	-	35,243,298
Temporarily Restricted	469,274	16,941	-	19,130	5,800,822	304,685	44,555	6,655,407	-	6,655,407
Permanently Restricted	-	-	-	-	8,018,539	5,000	-	8,023,539	-	8,023,539
Total Net Assets	54,841,075	(9,943,858)	(375,794)	(15,504,756)	47,813,221	(22,096,769)	(4,810,875)	49,922,244	-	49,922,244
Total Liabilities and Net Assets	$ 402,882,517	$ 59,975,777	$ (375,794)	$ 31,779,983	$ 58,799,243	$ 50,212,812	$ 26,819,589	$ 630,094,127	$ -	$ 630,094,127

LUTHERAN SENIOR SERVICES
COMBINING STATEMENTS OF UNRESTRICTED ACTIVITIES – OBLIGATED GROUP
YEAR ENDED DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Lutheran Senior Services	Concordia Village	Provident Group	Meridian Village	Lutheran Senior Services Endowment Funds	Lutheran Hillside Village	Heisinger Bluffs	Subtotal	Eliminations	Total Obligated Group
OPERATING REVENUE										
Resident Service	$ 99,975,648	$ 12,689,023	$ -	$ 14,408,068	$ -	$ 14,084,877	$ 14,356,783	$ 155,514,399	$ (393,585)	$ 155,120,814
Amortization of Residency Fees	2,441,849	419,870	-	216,293	-	494,760	42,905	3,615,677	-	3,615,677
Interest on Investments Held by Trustee	1,301,611	678,689	-	9,375	-	186,547	12,671	2,188,893	-	2,188,893
Net Assets Released from Restrictions-Operations	121,678	19,449	-	1,679	152,956	-	22,902	318,664	-	318,664
Other	15,441,296	251,203	1,080,000	194,076	65,316	476,189	171,935	17,680,015	(12,887,838)	4,792,177
Total Operating Revenue	119,282,082	14,058,234	1,080,000	14,829,491	218,272	15,242,373	14,607,196	179,317,648	(13,281,423)	166,036,225
OPERATING EXPENSE										
Nursing	28,332,473	3,555,745	-	4,246,585	-	3,885,670	5,288,338	45,308,811	(393,585)	44,915,226
In-Home Services	3,786,496	-	-	-	-	-	-	3,786,496	-	3,786,496
Dining Services	12,773,621	1,554,709	-	1,715,504	-	1,829,525	1,707,479	19,580,838	-	19,580,838
Housekeeping	2,517,404	271,225	-	208,721	-	394,984	294,022	3,686,356	(20,655)	3,665,701
Laundry	1,383,435	48,767	-	83,688	-	84,653	101,192	1,701,735	(734,929)	966,806
Activities and Social Services	3,051,657	293,735	-	366,793	-	390,879	482,552	4,585,616	-	4,585,616
Plant Operations and Maintenance	9,098,036	1,075,535	-	1,094,791	-	1,617,958	1,090,592	13,976,912	-	13,976,912
Administrative	24,074,674	2,099,413	1,082,666	2,572,563	152,956	2,347,309	2,052,220	34,381,801	(12,132,254)	22,249,547
Net Savings and Revenue Sharing Costs	769,805	67,256	-	74,578	18,779	81,158	89,365	1,100,941	-	1,100,941
Marketing	3,122,470	227,946	-	329,459	-	238,336	159,547	4,077,758	-	4,077,758
Employee Benefits	11,154,429	1,033,930	-	1,163,335	109,321	1,270,862	1,537,419	16,269,296	-	16,269,296
Interest	8,043,303	2,238,845	-	1,744,291	-	1,832,688	1,177,060	15,036,187	-	15,036,187
Depreciation and Amortization	13,062,909	2,524,235	-	1,656,672	2,192	2,648,777	1,359,481	21,254,266	-	21,254,266
Total Operating Expense	121,170,712	14,991,341	1,082,666	15,256,980	283,248	16,622,799	15,339,267	184,747,013	(13,281,423)	171,465,590
OPERATING LOSS	(1,888,630)	(933,107)	(2,666)	(427,489)	(64,976)	(1,380,426)	(732,071)	(5,429,365)	-	(5,429,365)
OTHER INCOME (EXPENSE)										
Unrealized Gain on Investments	678,423	-	-	-	1,296,583	115,674	-	2,090,680	-	2,090,680
Investment Income (Expense)	1,517,765	6	-	-	838,977	15,184	(6)	2,371,926	-	2,371,926
Realized Gains on Investments	3,648,919	-	-	-	2,019,568	173,064	-	5,841,551	-	5,841,551
Contributions	172,887	-	-	-	5,096,183	36,955	-	5,306,025	-	5,306,025
Net Periodic Pension Cost	(604,162)	-	-	-	-	-	-	(604,162)	-	(604,162)
Endowment Expenses	-	-	-	-	(2,258,430)	-	-	(2,258,430)	-	(2,258,430)
Land Impairment	-	-	-	-	(919,087)	-	-	(919,087)	-	(919,087)
(Loss) Gain on Disposal of Property and Equipment	7,672	-	-	380	-	(1,630)	-	6,422	-	6,422
Total Other Income (Expense)	5,421,504	6	-	380	6,073,794	339,247	(6)	11,834,925	-	11,834,925
EXCESS (DEFICIT) OF NET REVENUE OVER EXPENSE	3,532,874	(933,101)	(2,666)	(427,109)	6,008,818	(1,041,179)	(732,077)	6,405,560	-	6,405,560
Change in Valuation of Interest Rate Swap	772,854	-	-	-	-	-	-	772,854	-	772,854
Other Changes to Plan Assets and Benefit Obligations	2,738,433	-	-	-	-	-	-	2,738,433	-	2,738,433
Net Assets Released from Restrictions-Capital	2,375	-	-	-	-	-	-	2,375	-	2,375
Equity Transfer from (to) Affiliate	(6,401,936)	21,161	-	253,636	5,734,329	230,576	162,234	-	-	-
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 644,600	$ (911,940)	$ (2,666)	$ (173,473)	$ 11,743,147	$ (810,603)	$ (569,843)	$ 9,919,222	$ -	$ 9,919,222

LUTHERAN SENIOR SERVICES
COMBINING STATEMENTS OF CHANGES IN NET ASSETS – OBLIGATED GROUP
YEAR ENDED DECEMBER 31, 2013
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Lutheran Senior Services	Concordia Village	Provident Group	Meridian Village	Lutheran Senior Services Endowment Funds	Lutheran Hillside Village	Heisinger Bluffs	Subtotal	Eliminations	Total Obligated Group
Unrestricted Net Assets:										
Net Assets - December 31, 2012	$ 53,727,201	$ (9,048,859)	$ (373,128)	$ (15,350,413)	$ 22,250,713	$ (21,595,851)	$ (4,285,587)	$ 25,324,076	$ -	$ 25,324,076
Change in Net Assets:										
Excess (Deficit) of Net Revenue Over Expense	3,532,874	(933,101)	(2,666)	(427,109)	6,008,818	(1,041,179)	(732,077)	6,405,560	-	6,405,560
Change in Valuation of Interest Rate Swap	772,854	-	-	-	-	-	-	772,854	-	772,854
Other Changes in Plan Assets and Benefit Obligations	2,738,433	-	-	-	-	-	-	2,738,433	-	2,738,433
Net Assets Released from Restrictions - Capital Expenditures	2,375	-	-	-	-	-	-	2,375	-	2,375
Equity Transfer from Affiliate	(6,401,936)	21,161	-	253,636	5,734,329	230,576	162,234	-	-	-
Change in Net Assets	644,600	(911,940)	(2,666)	(173,473)	11,743,147	(810,603)	(569,843)	9,919,222	-	9,919,222
Net Assets - December 31, 2013	$ 54,371,801	$ (9,960,799)	$ (375,794)	$ (15,523,886)	$ 33,993,860	$ (22,406,454)	$ (4,855,430)	$ 35,243,298	$ -	$ 35,243,298
Temporarily Restricted Net Assets:										
Net Assets - December 31, 2012	$ 464,435	$ 17,342	$ -	$ 9,084	$ 4,956,412	$ 245,928	$ 42,651	$ 5,735,852	$ -	$ 5,735,852
Change in Net Assets:										
Contributions	128,892	19,048	-	11,725	997,366	58,757	24,806	1,240,594	-	1,240,594
Investment Income	-	-	-	-	-	-	-	-	-	-
Net Assets Released from Restrictions - Operations	(121,678)	(19,449)	-	(1,679)	(152,956)	-	(22,902)	(318,664)	-	(318,664)
Net Assets Released from Restrictions -Capital Expenditures	(2,375)	-	-	-	-	-	-	(2,375)	-	(2,375)
Change in Net Assets	4,839	(401)	-	10,046	844,410	58,757	1,904	919,555	-	919,555
Net Assets, December 31, 2013	$ 469,274	$ 16,941	$ -	$ 19,130	$ 5,800,822	$ 304,685	$ 44,555	$ 6,655,407	$ -	$ 6,655,407
Permanently Restricted Net Assets:										
Net Assets - December 31, 2012	$ -	$ -	$ -	$ -	$ 7,972,192	$ 5,000	$ -	$ 7,977,192	$ -	$ 7,977,192
Change in Net Assets:										
Contributions	-	-	-	-	46,347	-	-	46,347	-	46,347
Change in Net Assets	-	-	-	-	46,347	-	-	46,347	-	46,347
Net Assets - December 31, 2013	$ -	$ -	$ -	$ -	$ 8,018,539	$ 5,000	$ -	$ 8,023,539	$ -	$ 8,023,539

LUTHERAN SENIOR SERVICES

CONSOLIDATED FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2012 AND 2011

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LUTHERAN SENIOR SERVICES
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INDEPENDENT AUDITORS' REPORT

Board of Directors
Lutheran Senior Services
St. Louis, Missouri

Report on the Consolidated Financial Statements
We have audited the accompanying consolidated financial statements of Lutheran Senior Services (a Missouri corporation), which comprise the consolidated balance sheets as of December 31, 2012 and 2011, and the related consolidated statements of unrestricted activities, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements
Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Board of Directors
Lutheran Senior Services

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Lutheran Senior Services as of December 31, 2012 and 2011, and the results of their operations, change in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

St. Louis, Missouri
March 13, 2013

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LUTHERAN SENIOR SERVICES
CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	$ 18,939,846	$ 4,113,752
Resident Accounts Receivable, Net	6,377,900	5,527,994
Notes Receivable	6,545,804	6,719,787
Interest Receivable	1,279,607	1,019,814
Other Current Assets	2,536,365	2,918,033
Current Portion of Assets Limited as to Use	174,227,456	100,144,517
Total Current Assets	209,906,978	120,443,897
ASSETS LIMITED AS TO USE		
Investments	200,470,877	226,691,886
Less: Current Portion Shown Above	174,227,456	100,144,517
Total Assets Limited as to Use (Net of Current Portion Shown Above)	26,243,421	126,547,369
PROPERTY AND EQUIPMENT (at Cost)		
Land and Land Improvements	48,540,122	46,331,387
Building and Improvements	449,554,874	417,983,455
Equipment	35,403,427	31,529,683
Construction in Progress	58,777,709	30,220,336
Total	592,276,132	526,064,861
Less: Accumulated Depreciation	193,377,652	173,795,728
Total Property and Equipment (at Depreciated Cost)	398,898,480	352,269,133
OTHER ASSETS		
Deferred Marketing Costs	1,171,710	1,257,195
Deferred Financing Costs	4,167,110	4,520,682
Total Other Assets	5,338,820	5,777,877
Total Assets	$ 640,387,699	$ 605,038,276

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See accompanying Notes to Consolidated Financial Statements.

	2012	2011
LIABILITIES		
CURRENT LIABILITIES		
Current Maturities of Long-Term Debt	$ 46,190,000	$ 5,020,000
Accounts Payable:		
Trade	4,768,082	4,427,150
Development	6,328,241	3,616,043
Accrued Interest Payable	5,579,475	5,274,732
Other Accrued Liabilities	8,569,656	6,950,402
Current Portion of Refundable Residency Fees	12,610,000	12,733,000
Total Current Liabilities	84,045,454	38,021,327
LONG-TERM DEBT (Net of Current Maturities Shown Above)		
Bonds and Notes Payable	304,012,061	344,105,160
Interest Rate Swap Agreement	2,449,746	2,781,928
Total Long-Term Debt (Net of Current Maturities Shown Above)	306,461,807	346,887,088
OTHER LIABILITIES		
HUD Capital Advances	32,849,278	27,963,386
Refundable Residency Fees	145,814,506	142,610,285
Deferred Revenue from Residency Fees	11,303,806	10,976,486
Charitable Gift Annuities Payable	7,512,418	5,529,841
Resident Deposits	7,629,755	5,100,397
Accrued Pension Cost	5,426,680	5,962,023
Total Other Liabilities	210,536,443	198,142,418
Total Liabilities	601,043,704	583,050,833
NET ASSETS		
Unrestricted:		
Controlling Interest	18,178,320	9,312,672
Noncontrolling Interest	7,452,631	520,764
Total Unrestricted Net Assets	25,630,951	9,833,436
Temporarily Restricted	5,735,852	4,213,693
Permanently Restricted	7,977,192	7,940,314
Total Net Assets	39,343,995	21,987,443
Total Liabilities and Net Assets	$ 640,387,699	$ 605,038,276

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LUTHERAN SENIOR SERVICES
CONSOLIDATED STATEMENTS OF UNRESTRICTED ACTIVITIES
YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012		2011	
	Amount	Percent of Revenue	Amount	Percent of Revenue
OPERATING REVENUE				
Resident Service	$ 145,957,725	93.7 %	$ 134,155,591	92.3 %
Amortization of Residency Fees	3,025,208	1.9	2,587,688	1.8
Interest on Investments Held by Trustee	2,141,456	1.4	2,094,212	1.4
Net Assets Released from Restrictions - Operations	348,344	0.2	457,282	0.3
Other	4,290,315	2.8	6,095,780	4.2
Total Operating Revenue	155,763,048	100.0	145,390,553	100.0
OPERATING EXPENSE				
Nursing	40,716,577	26.1	38,179,125	26.3
In-Home Services	5,140,675	3.3	5,437,519	3.7
Dining Services	18,210,270	11.7	16,511,571	11.4
Housekeeping	3,575,085	2.3	3,535,202	2.4
Laundry	901,524	0.6	1,012,319	0.7
Activities and Social Services	4,300,641	2.8	4,248,824	2.9
Plant Operations and Maintenance	13,971,564	9.0	13,546,357	9.3
Administrative	20,300,858	13.0	20,421,081	14.0
Net Savings and Revenue Sharing Costs	1,510,436	1.0	1,217,556	0.8
Marketing	3,792,489	2.4	3,394,181	2.3
Employee Benefits	14,403,419	9.2	13,969,127	9.6
Interest	12,748,738	8.2	12,040,854	8.3
Depreciation and Amortization	20,019,687	12.9	18,280,391	12.6
Total Operating Expense	159,591,963	102.5	151,794,107	104.3
OPERATING LOSS	(3,828,915)	(2.5)	(6,403,554)	(4.3)
OTHER INCOME (EXPENSE)				
Unrealized Gain (Loss) on Investments	4,018,780	2.6	(4,452,949)	(3.1)
Investment Income	3,815,409	2.4	2,238,444	1.5
Realized Gains on Investments	2,221,307	1.4	2,164,383	1.5
Contributions	3,820,327	2.5	4,292,078	3.0
Endowment Expenses	(1,808,182)	(1.2)	(1,388,221)	(1.0)
Net Periodic Pension Cost	(824,986)	(0.5)	(488,384)	(0.3)
Gain on Disposal of Property and Equipment	257,286	0.2	119,633	0.1
Total Other Income (Expense)	11,499,941	7.4	2,484,984	1.7
EXCESS (DEFICIT) OF NET REVENUE OVER EXPENSE	7,671,026	4.9 %	(3,918,570)	(2.6)%
Change in Valuation of Interest Rate Swap	332,182		(783,553)	
Other Changes in Plan Assets and Benefit Obligations	300,329		(2,531,945)	
Equity Contributions	7,421,464		476,795	
Net Assets Released from Restrictions - Capital	72,514		62,461	
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 15,797,515		$ (6,694,812)	

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See accompanying Notes to Consolidated Financial Statements.

LUTHERAN SENIOR SERVICES
CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS
YEARS ENDED DECEMBER 31, 2012 AND 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
NET ASSETS - DECEMBER 31, 2010	$ 16,528,248	$ 3,644,061	$ 7,575,996	$ 27,748,305
CHANGE IN NET ASSETS				
Deficit of Net Revenue Over Expense	(3,918,570)	-	-	(3,918,570)
Contributions	-	1,078,608	364,318	1,442,926
Investment Income	-	10,767	-	10,767
Other Changes in Plan Assets and Benefit Obligations	(2,531,945)	-	-	(2,531,945)
Change in Valuation of Interest Rate Swap	(783,553)	-	-	(783,553)
Equity Contributions	476,795	-	-	476,795
Net Assets Released from Restrictions-Operations	-	(457,282)	-	(457,282)
Net Assets Released from Restrictions-Capital	62,461	(62,461)	-	-
Change in Net Assets	(6,694,812)	569,632	364,318	(5,760,862)
NET ASSETS - DECEMBER 31, 2011	9,833,436	4,213,693	7,940,314	21,987,443
CHANGE IN NET ASSETS				
Excess of Net Revenue Over Expense	7,671,026	-	-	7,671,026
Contributions	-	1,935,645	36,878	1,972,523
Investment Income	-	7,372	-	7,372
Other Changes in Plan Assets and Benefit Obligations	300,329	-	-	300,329
Change in Valuation of Interest Rate Swap	332,182	-	-	332,182
Equity Contributions	7,421,464	-	-	7,421,464
Net Assets Released from Restrictions-Operations	-	(348,344)	-	(348,344)
Net Assets Released from Restrictions-Capital	72,514	(72,514)	-	-
Change in Net Assets	15,797,515	1,522,159	36,878	17,356,552
NET ASSETS - DECEMBER 31, 2012	$ 25,630,951	$ 5,735,852	$ 7,977,192	$ 39,343,995

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See accompanying Notes to Consolidated Financial Statements.

LUTHERAN SENIOR SERVICES
CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash Received from Resident Services	$ 151,432,020	$ 138,870,398
Cash Paid to Suppliers and Employees	(126,578,328)	(121,547,317)
Contributions Received	5,678,288	4,974,570
Investment Income Received	3,562,988	1,682,899
Realized Gains on Investments	2,221,307	2,164,383
Interest Paid	(12,443,995)	(10,940,869)
Net Cash Provided by Operating Activities	23,872,280	15,204,064
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from Investments	122,498,722	97,495,159
Purchase and Reinvested Interest of Investments	(84,936,169)	(90,761,510)
Purchase of Property and Equipment	(63,262,665)	(35,636,797)
Cash Paid for Letter of Credit Renewal	-	(262,385)
Deferred Marketing Costs Incurred	(80,935)	(355,619)
Net Cash Used by Investing Activities	(25,781,047)	(29,521,152)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from Refundable Admission Fees	18,716,147	23,451,052
Refunds Paid on Refundable Admission Fees	(15,217,211)	(14,812,126)
Proceeds on Deferred Revenue from Admission Fees	1,368,304	933,410
Proceeds from Resident Deposits	5,156,794	3,171,538
Refunds Paid on Resident Deposits	(779,366)	(1,134,659)
Receipts of Charitable Gift Annuities	3,675,826	1,620,210
Payments of Charitable Gift Annuities	(1,228,403)	(903,551)
Contributions Made to Defined Benefit Pension Plan	(1,060,000)	(980,000)
Draws on Capital Advance	4,885,892	1,216,606
Draws on Line of Credit	6,200,000	-
Payments on Long-Term Debt	(5,020,000)	(4,914,986)
Proceeds from Permanently Restricted Contributions	36,878	364,318
Net Cash Provided by Financing Activities	16,734,861	8,011,812
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	14,826,094	(6,305,276)
Cash and Cash Equivalents - Beginning	4,113,752	10,419,028
CASH AND CASH EQUIVALENTS - ENDING	$ 18,939,846	$ 4,113,752

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See accompanying Notes to Consolidated Financial Statements.

LUTHERAN SENIOR SERVICES
CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)
YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012	2011
RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
Change In Net Assets	$ 17,356,552	$ (5,760,862)
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:		
Depreciation and Amortization	20,019,687	18,280,391
Amortization of Deferred Income	(3,025,208)	(2,587,688)
Unrealized Loss (Gain) on Investments	(4,018,780)	4,452,949
Gain on Disposal of Property and Equipment	(257,286)	(119,633)
Change in Charitable Gift Annuities	(77,684)	(396,116)
Permanently Restricted Contributions	(36,878)	(364,318)
Change in Value of Donated Homes	(288,462)	1,095,105
Change in Valuation of Interest Rate Swap	(332,182)	783,553
Other Changes in Plan Assets and Benefit Obligations	(300,329)	2,531,945
Net Periodic Pension Cost	824,986	488,384
Equity Contributions	(7,421,464)	(476,795)
(Increases) Decreases in Current Assets:		
Resident Accounts Receivable	(849,906)	761,513
Notes Receivable	(107,578)	(4,236,698)
Interest Receivable and Other Current Assets	121,883	(1,371,000)
Increases in Current Liabilities:		
Accounts Payable	340,932	681,006
Interest Payable	304,743	1,099,985
Other Accrued Liabilities	1,619,254	342,343
Net Cash Provided by Operating Activities	$ 23,872,280	$ 15,204,064

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See accompanying Notes to Consolidated Financial Statements.

LUTHERAN SENIOR SERVICES
CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)
YEARS ENDED DECEMBER 31, 2012 AND 2011

SUPPLEMENTARY SCHEDULE OF NONCASH INVESTING AND FINANCING ACTIVITIES

	2012	2011
Construction in Progress Included in Accounts Payable - Development	$ 6,328,241	$ 3,616,043
2008 Letter of Credit Renewal	$ -	$ 262,385
HUD Capital Advance	$ 4,885,892	$ 1,216,606
Bonds Issuance - Series 2011:		
Issuance Costs		$ 300,000
Underwriter's Discount		533,554
Original Issue Discount		237,519
Debt Service Reserve Fund		3,521,285
Funded Interest Fund		2,763,774
Project Fund		40,068,868
Par Amount of the Series 2011 Bonds		$ 47,425,000

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See accompanying Notes to Consolidated Financial Statements.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION

Nature of Organization

Lutheran Senior Services (the "Organization"), a 501(c)(3) non-profit corporation, is organized and operates through the following continuing care retirement communities (CCRC's):

Laclede Groves

Laclede Groves is undergoing a campus wide development project involving new construction as well as renovations and is further described in Note 9. Currently, Laclede Groves operates 90 assisted living units, 249 individual living apartments, 54 patio homes, 23 assisted living dementia units and 234 licensed skilled nursing beds with new areas scheduled to open during 2013.

Meramec Bluffs

Meramec Bluffs operates 56 assisted living units, 263 independent living apartments, 25 patio homes, 20 dementia care beds and 88 skilled nursing beds.

Hidden Lake

Hidden Lake operates 37 assisted living units, 85 independent living apartments, 29 patio homes and 67 skilled nursing beds.

Breeze Park

Breeze Park operates 52 assisted living units, 23 assisted living dementia units, 110 independent living apartments, 34 ranch homes and 65 skilled nursing beds.

Heisinger Bluffs

Heisinger Bluffs operates 54 assisted living units, 65 independent living apartments, 24 assisted living dementia units and 60 skilled nursing beds.

Lutheran Senior Services is the sole member of The Cole County Lutheran Home Association (Heisinger Bluffs), which is a 501(c)(3) non-profit corporation.

Meridian Village

Meridian Village owns and operates 52 assisted living units, 14 assisted living dementia units, 129 independent living apartments, 34 patio homes and 70 skilled nursing beds.

Lutheran Senior Services is the sole member of Meridian Village Association (Meridian Village) which is a 501(c)(3) non-profit corporation.

Lenoir Woods

Lenoir Woods operates 48 assisted living units, 68 independent living apartments, 106 independent living homes, 105 skilled nursing beds and 17 skilled dementia beds.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Nature of Organization (Continued)

Lutheran Hillside Village

Lutheran Hillside Village operates 40 assisted living units, 20 assisted living dementia units, 49 patio homes and villas, 125 independent living apartments, 66 skilled nursing beds and 16 skilled dementia beds.

Lutheran Senior Services is the sole member of Lutheran Hillside Village (Hillside Village), which is a 501(c)(3) non-profit corporation.

Concordia Village

Concordia Village operates 111 independent living apartments, 23 patio homes, 48 assisted living units and 64 skilled nursing beds.

Lutheran Senior Services is the sole member of Lutheran Retirement Centers Association (Concordia Village), which is a 501(c)(3) non-profit corporation.

In addition to the CCRC's described above, Lutheran Senior Services also provides services through the following facilities and programs:

Richmond Terrace

Lutheran Senior Services owns and operates an 80 unit assisted living facility known as Richmond Terrace.

St. Joseph Bluffs

Lutheran Senior Services owns and operates a skilled nursing facility known as St. Joseph Bluffs, which currently operates 63 of its 100 licensed beds.

Affordable Housing

Lutheran Senior Services operates seven affordable housing campuses: Halls Ferry Manor, Inc., Rose Hill House, Inc., Dunn Road Manor, Inc., Westfield Manor Association, Rose Hill House, Inc. II, Hilltop Manor Association, Inc. and Mackenzie Place. Additional information about Mackenzie Place, which is still partially under construction, is described in Note 13. Lutheran Senior Services also manages certain projects that are sponsored by National Benevolent Association, which include Hylton Point, Hylton Point II and Centennial Plaza.

In-Home Services

Lutheran Senior Services operates a home health agency that provides home health services to Medicare and private pay patients at its CCRC's, affordable housing locations, and also in the community. In addition, the home health agency runs a hospice program that serves patients at its CCRC's and in the community. The Organization also administers certain other programs (The Good Neighbor Program, the Outreach Program, and the Volunteer Money Management Program), which are partially funded by the United Way, the purpose of which are to assist elderly individuals who live in their homes.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Nature of Organization (Continued)

Management and Development Services

Provident Group is a wholly owned subsidiary of Lutheran Senior Services and is a taxable non-profit management and development company focusing on the senior living industry. Provident Group provides services to Lutheran Senior Services and its affiliates.

Lutheran Senior Services Endowment Fund

Lutheran Senior Services Endowment Fund, a 501(c)(3) non-profit Corporation, was created on May 31, 1998, through the dissolution of Lutheran Altenheim Society of Missouri Endowment Fund and a transfer of net assets from the Organization. It is under the common control of Lutheran Senior Services.

The Endowment Fund earnings are to be used exclusively to support Lutheran Senior Services. The Endowment Fund contains donor restricted and board designated investments for benevolent care, clinical pastoral education, future construction and capital improvements.

Heisinger Hope Foundation

Heisinger Hope Foundation, a 501(c)(3) non-profit corporation, was formed for fundraising purposes to help support the operations of Heisinger Bluffs. It is under the common control of The Cole County Lutheran Home Association (Heisinger Bluffs). It operates and is accounted for consistent with Lutheran Senior Services Endowment Fund.

The Foundation contains donor restricted and board designated investments for benevolent care and capital improvements.

Lutheran Hillside Village Foundation

Lutheran Hillside Village Foundation, a 501(c)(3) non-profit Corporation, was formed for fundraising purposes to help support the operations of Lutheran Hillside Village. It is under the common control of Lutheran Hillside Village.

The Foundation earnings are to be used exclusively to support Lutheran Hillside Village. The Foundation contains donor restricted and board designated investments for benevolent care and clinical pastoral education.

Tax Status

The Organizations, except for the wholly owned subsidiary, Provident Group, Inc., and the wholly owned limited liability companies, Mackenzie Place HTC Master Tenant, L.P. and Mackenzie Place LIHTC, L.P., qualify as tax-exempt corporations described in Section 501(c)(3) of the Internal Revenue Code. Accordingly, the Organizations are not subject to federal income taxes under Section 501(a) of the Code. The Organizations are classified as publicly-supported charitable organizations under the Code and contributions to the Organizations qualify as a charitable tax deduction for the contributor.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Tax Status (Continued)

Provident Group is organized as a taxable non-profit for federal and state income tax purposes.

The Organizations are not aware of any activities that would jeopardize its tax-exempt status. The tax returns for the years 2009 to 2012 are subject to review and examination by the IRS.

Principles of Consolidation

The accompanying consolidated financial statements include all accounts of Lutheran Senior Services, the Endowment Fund, wholly owned subsidiaries: Provident Group, Meridian Village Association, Heisinger Bluffs, Heisinger Hope Foundation, Concordia Village, Lutheran Hillside Village, Lutheran Hillside Village Foundation and Affordable Housing projects under common control: Halls Ferry Manor, Inc., Rose Hill House, Inc., Rose Hill House, Inc. II, Dunn Road Manor, Inc., Westfield Manor Association, Hilltop Manor Association, Inc., and Mackenzie Place LIHTC, L.P., Mackenzie Place HTC Tenant, L.P., Mackenzie Place 202 and Mackenzie Place 202-2. Intercompany transactions and balances have been eliminated in the consolidation.

Financial Statement Presentation

Contributions received are recorded as an increase in unrestricted, temporarily restricted or permanently restricted support, depending on the existence or nature of any donor restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted –Those resources over which the Board of Directors has discretionary control. Designated amounts represent those assets which the board has set aside for a particular purpose.

Temporarily Restricted –Those resources subject to donor imposed restrictions which will be satisfied by actions of the Organization or passage of time.

Permanently Restricted –Those resources subject to a donor imposed restriction that they be maintained permanently by the Organization. The donors of these resources permit the Organization to use all or part of the income earned, including capital appreciation, or related investments for unrestricted or temporarily restricted purposes.

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is satisfied, net assets are released and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same reporting period as received are recorded as unrestricted contributions.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expense during the reporting period. Actual results could differ from those estimates.

Resident Services Revenue

Resident services revenue includes rent, room charges and ancillary services to residents and is recorded at established billing rates net of contractual adjustments resulting from agreements with third-party payors, if applicable.

Provisions for estimated third-party payor settlements are provided in the period the related services are rendered. Differences between the amounts accrued and the subsequent settlements are recorded to operations in the year of settlement.

Third Party Reimbursement Agreements

Medicaid

The Organization participates in the Medicaid program that is administered by the Missouri Department of Social Services, Division of Medical Services. A licensed nursing facility that participated in the Medicaid program in the State of Missouri for the years ended December 31, 2012 and 2011 was reimbursed based upon prospective rates with the last rebasing activity occurring in 2004 and based upon the 2001 cost reports. Approved in early 2012, a rate increase of $6.00 per patient day and a corresponding $2.43 bed tax increase on all occupied beds was retroactively applied to service dates beginning October 1, 2011. During 2012, a rate increase of $6.00 per patient day and a corresponding $0.41 bed tax increase was approved effective July 1, 2012. The rate increase retroactive to July 1, 2012 was paid in early 2013.

The Organization participates in the Medicaid program administered by the Illinois Department of Healthcare and Family Services (HFS). A licensed nursing facility that participates in the Medicaid program in the State of Illinois is reimbursed based upon facility specific prospective daily rates. Rates are set taking into account individual facility costs; variations in patient case mix; geographical location. Facilities are subject to periodic audit by the Illinois Department of HFS which may result in retroactive adjustment to set rates.

Medicare

A licensed nursing facility which participated in the Medicare program for the years ended December 31, 2012 and 2011 was reimbursed based on a Prospective Payment System (PPS). This program is administered by the United States Department of Health and Human Services. The PPS is a per diem price based system. Annual cost reports are submitted to the designated intermediary; however, they historically do not contain a cost settlement.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Occupancy Percentages

During the years ended December 31, 2012 and 2011, the occupancy percentages for all of Lutheran Senior Services' campuses and facilities were as follows:

	2012			2011		
Campuses	Nursing Facility	Assisted Living	Independent Living	Nursing Facility	Assisted Living	Independent Living
Laclede Groves	92.9%	94.1%	97.4%	82.9%	91.9%	97.5%
Hidden Lake	84.4%	82.6%	69.4%	86.4%	75.5%	65.9%
Breeze Park	94.0%	93.9%	90.8%	94.7%	88.7%	92.6%
Meramec Bluffs	96.7%	94.1%	97.9%	94.5%	96.7%	97.9%
Heisinger Bluffs	91.8%	87.5%	93.4%	63.1%	94.7%	95.9%
Lenoir Woods	90.8%	93.3%	91.8%	86.8%	76.3%	87.8%
Meridian Village	95.5%	97.1%	84.8%	58.1%	86.1%	78.9%
Lutheran Hillside Village	90.2%	92.7%	91.1%	92.8%	95.0%	91.0%
Concordia Village	81.8%	89.2%	95.7%	N/A	93.7%	89.5%
Richmond Terrace	N/A	90.1%	N/A	N/A	83.4%	N/A
St. Joseph Bluffs	93.3%	N/A	N/A	80.3%	N/A	N/A

The occupancies above consist of private paying residents except in certain nursing facilities. During the years ended December 31, 2012 and 2011, the occupancy percentages and third party payor mix at the nursing facilities were as follows:

	2012			2011		
Campuses	Occupancy	Medicaid	Medicare	Occupancy	Medicaid	Medicare
Laclede Groves	92.9%	21.8%	7.3%	82.9%	22.9%	6.6%
Hidden Lake	84.4%	34.0%	9.7%	86.4%	27.3%	8.8%
Breeze Park	94.0%	9.5%	12.7%	94.7%	10.8%	15.2%
Meramec Bluffs	96.7%	6.6%	12.7%	94.5%	5.2%	13.1%
Heisinger Bluffs	91.8%	25.0%	0.0%	63.1%	13.3%	0.0%
Lenoir Woods	90.8%	7.9%	16.7%	86.8%	7.6%	14.3%
Meridian Village	95.5%	9.8%	20.8%	58.1%	10.4%	23.9%
Lutheran Hillside Village	90.2%	11.1%	15.1%	92.8%	15.4%	14.6%
Concordia Village	81.8%	0.8%	21.4%	N/A	N/A	N/A
St. Joseph Bluffs	93.3%	N/A	34.6%	80.3%	N/A	33.3%

Cash and Cash Equivalents

The Organization considers all highly liquid debt instruments and certificates of deposit with a maturity of three months or less to be cash equivalents.

Notes Receivable

The Organization may at times obtain unsecured promissory notes for residency entrance fees with an initial term of six months and an option of renewal.

ATTACHMENT-27A

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Notes Receivable (Continued)

On November 30, 2010, the Organization entered into a mortgage note with Mackenzie Place HTC Master Landlord, L.P., in the amount of $5,000,000 to be drawn upon as needed for the construction of an affordable housing community. This note is secured by a deed of trust and a security agreement. As of December 31, 2012 and 2011, $4,954,429 and $4,236,698 were expended related to the project and invested in this limited partnership.

Collection on notes receivable is fully expected and accordingly, no allowance has been provided. All notes receivable are presented as current assets.

Related Party Note Receivable

On October 8, 2010, the Organization entered into a mortgage note with Mackenzie Place LIHTC, L.P., in the amount of $6,650,000 to be drawn upon as needed for the construction of an affordable housing community. This note is secured by a deed of trust and a security agreement. As of December 31, 2011, the balance of the loan was $5,727,676 and was repaid in full during 2012.

The related party note receivable balance is estimated by management to be fully collectible, accordingly, no allowance has been recorded. See Note 13 for further discussion regarding limited partnership transactions.

Resident Accounts Receivable

The Organization accounts for uncollectible accounts by using management's judgment. Resident services are provided on an unsecured basis and payment is required upon receipt of the invoice. Accounts past due more than 90 days are individually analyzed for collectability. In addition, an allowance is estimated for other accounts based on the historical experience of the Organization. The allowance for uncollectible accounts was approximately $800,000 and $820,000 at December 31, 2012 and 2011, respectively.

Assets Limited as to Use

Assets limited as to use include assets set aside by the Board of Directors for future capital improvements and other purposes, over which the Board retains control and may, at its discretion, subsequently use for other purposes; assets held by trustees under the bond agreements; required HUD reserves; equity investments; self-insurance reserve and assets limited as to use by donors.

Also, under the various HUD regulatory agreements, Halls Ferry Manor, Rose Hill House, Rose Hill House II, Dunn Road Manor, Westfield Manor, Hilltop Manor, Mackenzie Place 202 and Mackenzie Place 202-2 make required deposits into restricted escrow accounts. These HUD projects are required to deposit any surplus cash from operations into a residual receipts account. There is also a requirement to deposit monthly amounts into a reserve for replacement account. All disbursements from these accounts require the prior written approval of HUD. These HUD projects also hold in trust security deposit amounts received by the tenants of the projects upon move-in.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Assets Limited as to Use (Continued)

Assets limited as to use are primarily invested in debt and equity securities, except for restricted deposits and funded reserves, and funds held by bond trustees which are primarily cash and cash equivalents. Also, the Organization's equity investments in captive insurance companies, Senior Care Network and Mackenzie Place HTC Master Landlord, L.P. are recorded using the cost basis.

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value on the balance sheet. Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in net revenue over expense unless the income or loss is restricted by donor or law.

Property and Equipment

Property and equipment are recorded at cost and depreciated over their estimated useful lives by the straight-line method of depreciation.

Interest Capitalization

Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets, and depreciated over their estimated useful lives by the straight-line method of depreciation.

Deferred Marketing Costs

Marketing costs incurred in connection with securing the initial CCRC contracts at Meramec Bluffs and Concordia Village were capitalized and are being amortized over the average life expectancy of the initial residents. Unamortized marketing costs for the years ended December 31, 2012 and 2011 were $770,269 and $897,680, respectively. Marketing costs are net of accumulated amortization of $961,456 and $791,138 as of December 31, 2012 and 2011, respectively. Amortization expense for the years ended December 31, 2012 and 2011 was $170,318 and $170,316, respectively.

Lutheran Senior Services is currently marketing to secure initial CCRC contracts for the expansion project at Laclede Groves. These marketing costs will be capitalized through the construction phase and up to one year after the facility opens or until stabilized occupancy, whichever occurs first. As of December 31, 2012 and 2011, marketing costs related to the Laclede Groves expansion were capitalized in the amounts of $401,441 and $359,515, respectively.

Deferred Financing Costs

Costs incurred in connection with the issuance of debt are capitalized and amortized over the term of the related indebtedness based on the effective interest rate method. In 2011, the Organization capitalized financing costs of $787,390 relating to the Series 2011 bonds and $262,385 relating to the letter of credit renewal for the Series 2008 bonds. Amortization expense for the years ended December 31, 2012 and 2011 was $342,977 and $272,633, respectively.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Accrued Pension Cost

Accrued pension cost represents the under-funded amount of the defined benefit pension plan based on actuarial calculations and asset performance. At December 31, 2012 and 2011, the plan had an accrued pension cost of $5,426,680 and $5,962,023, respectively.

HUD Capital Advances

HUD Capital Advances are non-interest bearing mortgage notes that the HUD Section 202 projects utilized to finance construction of the facilities for very low income elderly persons. See further information disclosed in Note 4.

Refundable Residency Fees and Deferred Revenue from Residency Fees

Residents of the senior housing facilities often enter under agreements that require the payment of residency fees. Under terms of the entrance agreements, Lutheran Senior Services is required to refund a portion of the residency fee to residents who terminate the agreement. Five percent of the residency fee, which is considered a processing charge, is retained by Lutheran Senior Services. Certain residents have the option of a fully refundable residency fee, which is offset by a higher monthly service fee.

For other residents, one and one-half percent of the residency fee per month for each month a resident occupies his/her apartment or home is also retained by Lutheran Senior Services with the balance refundable to the resident. In no event shall the amount refunded be less than fifty percent of the residency fee; the amount is due and payable within six months of the move-out date, or at the time Lutheran Senior Services has obtained a subsequent executed agreement and full payment of a residency fee from another resident, if earlier.

On contracts at Hillside Village, ten percent of the residency fee, which is considered a processing charge, is retained by Lutheran Senior Services. For some contracts at Hillside Village, the ten percent increases to twenty-five percent over fifteen years and is retained by Lutheran Senior Services, with the balance refundable to the resident. In no event shall the amount refunded be less than seventy-five percent of the residency fee; the amount is due and payable within six months of the move-out date if the resident leaves the campus, or at the time Lutheran Senior Services has obtained a subsequent executed agreement and full payment of a residency fee from another resident, if earlier. Though the contracts at Hillside Village that increase to twenty-five percent over time do still exist, they are no longer being offered to new residents.

Fees paid by a resident upon entering into a continuing care contract, net of the portion that is refundable to the resident, are recorded as deferred revenue and are amortized into income using the straight-line method over the estimated remaining life expectancy of the resident. Due to the nature of the contracts, the refundable portion of residency fees is not amortized.

Management has estimated a current portion of the amount of the remaining refundable balances as of December 31, 2012 and 2011 to be $12,610,000 and $12,733,000, respectively, based on an average of refunds paid in prior years.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Refundable Residency Fees and Deferred Revenue from Residency Fees (Continued)

In July 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2012-01 "Health Care Entities: Continuing Care Retirement Communities – Refundable Advance Fees". The amendments in this ASU clarify that an entity should classify an advance fee as deferred revenue when a CCRC has a resident contract that provides for payment of the refundable advance fee upon reoccupancy by a subsequent resident, which is limited to the proceeds of reoccupancy by a subsequent resident. The amendments also clarify that refundable advance fees that are contingent upon reoccupancy by a subsequent resident but are not limited to the proceeds of reoccupancy should be accounted for and reported as a liability. The amendments in the ASU are effective for fiscal periods beginning after December 15, 2013 for non public entities, as defined, with early adoption permitted. These amendments do not apply to the Organization due to its plans and accounting procedures for residency fees.

Obligation to Provide Future Services

The independent living residents on the Laclede Groves campus have contracts that also provide for a certain number of free days of care each year provided that the resident is not making a permanent transition into the nursing facility.

In addition, through the acquisition of Lenoir Woods, the Organization has assumed the responsibility for existing resident contracts, some of which provide for free days of care and a permanent discount when the resident transfers permanently into the assisted living or nursing facility. Since Lenoir Woods became a part of Lutheran Senior Services, these contracts are no longer offered.

Lutheran Hillside Village (LHV) has existing contracts under the Catastrophic Protection Program (CPP) that provide for discounted nursing care for residents who meet certain requirements. During 2006, LHV offered to buy back the CPP benefit from residents with that type of contract, but a few residents elected to continue participating in the program. Upon affiliation of LHV with Lutheran Senior Services, these contracts are no longer offered.

Terms of these contracts do not limit the Organization's ability to set monthly service fees at a level necessary to maintain adequate cash flow. No liability was required to be recorded at December 31, 2012 and 2011, based on evaluation of these contracts that provide for future services.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Charitable Gift Annuities Payable

The Organization has established a gift annuity program whereby donors may contribute assets to the Organization in exchange for the right to receive a fixed dollar annual return during their lifetime. A portion of the transfer is considered to be a charitable contribution. The difference between the amount provided for the gift annuity and the present value of the liability for future payments is recognized as a temporarily restricted contribution. The annuity liability is revalued annually from computed present values based on published mortality rate tables adopted by the United States Internal Revenue Service. Total charitable gift annuities payable as of December 31, 2012 and 2011 was $8,984,108 and $6,613,894, respectively. The current portion of gift annuities payable as of December 31, 2012 and 2011 was $1,471,690 and $1,084,053, respectively, and is included in other accrued liabilities.

Resident Deposits

Reservation deposits of amounts ranging from $1,000 and $4,000 are required for each resident entering an independent or assisted living facility within Lutheran Senior Services. The deposits in the case of non-rental units are credited to the residents' accounts upon execution of the occupancy agreement. In the case of rental units, the deposits are treated as security deposits and refunded at the time the premises are vacated.

Meramec Bluffs offers garage spaces to the residents for a $12,000 deposit that is included in resident deposits and is refunded when the resident no longer uses the garage space. Earnings on these deposits are not restricted as to use.

Fair Value of Financial Instruments

Fair value measurement applies to reported balances that are required or permitted to be measured at fair value under an existing accounting standard. The Organization emphasizes that fair value is a market-based measurement, not an entity-specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing the asset or liability and establishes a fair value hierarchy.

The fair value hierarchy consists of three levels of inputs that may be used to measure fair value as follows:

Level 1 – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organization has the ability to access.

Level 2 – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level 3 – Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Fair Value of Financial Instruments (Continued)

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The Organization also adopted the policy of valuing certain financial instruments at fair value. This accounting policy allows the Organization the irrevocable option to elect fair value for the initial and subsequent measurement for certain financial assets and liabilities on an instrument-by-instrument basis. The Organization has elected to measure instruments at fair value with the exception of investments in the captive insurance companies, Senior Care Network and Mackenzie Place HTC Landlord LP, which are recorded under the equity method. The Organization may elect to measure newly acquired financial instruments at fair value in the future.

The Organization has elected the fair value option for investments to simplify record keeping. This election effectively moves the classification of investments from available for sale to trading which has no impact on the balance sheet presentation. The impact on the statement of operations pertaining to this election is that unrealized gains and losses on investments will be shown within the performance indicator.

Securities Available for Sale

Securities available for sale are recorded at fair value on a recurring basis. Fair value measurement is based upon quoted prices, if available. If quoted prices are not available, fair values are measured using independent pricing models or other model-based valuation techniques such as the present value of future cash flows, adjusted for the security's credit rating, prepayment assumptions, and other factors such as credit loss assumptions. Securities valued using Level 1 inputs include those traded on an active exchange, such as the New York Stock Exchange, as well as U.S. Treasury and other U.S. government and agency mortgage-backed securities that are traded by dealers or brokers in active over-the-counter markets. Securities valued using Level 2 inputs include private collateralized mortgage obligations, municipal bonds, mutual funds and corporate debt securities. The Organization does not have any securities that are valued using Level 3 inputs.

Derivatives

Quoted market prices are available and used for exchange-traded derivatives, such as certain interest rate futures and option contracts; such derivatives are classified as using Level 1 inputs. The Organization's SWAP Agreement's fair value is determined using internally developed models that use primarily market observable inputs, such as yield curves and option volatilities, and, accordingly, is classified as using Level 2 inputs.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Other Operating Revenues

Other operating revenue consists primarily of non-resident rental income, development and management fees, laundry, barber and beauty, cafeteria sales and other miscellaneous revenue.

Excess (Deficit) of Net Revenue Over Expense

The consolidated statements of unrestricted activities include a measurement of excess (deficit) of net revenue over expense. Changes in unrestricted net assets, which are excluded from excess (deficit) of net revenue over expense, consistent with industry practice, include change in valuation of interest rate swap, other changes in plan assets and benefit obligations, equity contributions and net assets released from restrictions for capital items.

For the years ended December 31, 2012 and 2011, the St. Louis Equity Fund has provided funds of $7,421,464 and $476,795, respectively, to Mackenzie Place HTC Tenant, L.P and Mackenzie Place LIHTC, L.P., which are recorded as equity contributions.

Reclassifications

Certain reclassifications have been made to present the prior year's consolidated financial statements on a basis comparable to the current year's consolidated financial statements. These reclassifications had no effect on total net assets or the change in net assets.

Charity Care

The Christian mission of Lutheran Senior Services is "Older Adults Living Life to the Fullest". The older adults served will experience the highest possible care and quality of life through an expanding network of communities and supportive services.

Lutheran Senior Services defines and measures this "investment in" and "partnership with" the community primarily through its benevolent care program. This is only one aspect of the charity care that Lutheran Senior Services provides as services are also provided through its Good Neighbor Program, Volunteer Money Management, and Case Management Services at less than cost. Additionally, Lutheran Senior Services commits a significant amount of human and financial resources to Clinical Pastoral Education (CPE), Pastoral Care, and Affordable Housing. The Organization provides care to residents and clients who meet certain criteria under its financial assistance policy without charge. Key elements used to determine eligibility include verification of financial need and proper disclosure upon admission. Because the Organization does not pursue collection of amounts determined to qualify for financial assistance, they are not reported as revenue. Lutheran Senior Services has estimated its direct and indirect costs of providing charity care under its financial assistance policy. In order to estimate the cost or providing such care, management has used actual costs and operational projections. Using this methodology, Lutheran Senior Services has estimated the costs foregone for services and supplies furnished under the Organization's financial assistance policy aggregated approximately $1,260,000 and $1,160,000 for the years ended December 31, 2012 and 2011, respectively.

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NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND ORGANIZATION (CONTINUED)

Charity Care (Continued)

Lutheran Senior Services receives donations under its CPE program. For the years ended December 31, 2012 and 2011, Lutheran Senior Services received donations of approximately $93,000 and $90,000, respectively.

Uncompensated Balances

Lutheran Senior Services provided care to residents under the Medicaid program for which the costs to provide such care exceeds reimbursement. The Organization funds this difference through its operations. The shortfall associated for care provided under this program for the years ended December 31, 2012 and 2011 was approximately $4,600,000 and $4,100,000, respectively.

Contributed Services

The Organization receives a substantial amount of services donated by volunteers. No amounts have been reflected in the financial statements for these services.

Advertising

Advertising costs are charged to operations when incurred. Advertising expense was approximately $604,000 and $646,000 for the years ended December 31, 2012 and 2011, respectively.

Subsequent Events

In preparing these consolidated financial statements, the Organization has considered events and transactions that have occurred through March 13, 2013, the date the consolidated financial statements were available to be issued.

NOTE 2 ASSETS LIMITED AS TO USE

The cost and fair values of assets limited as to use at December 31, 2012 and 2011 include the following, by investment type:

	December 31, 2012		December 31, 2011	
	Cost	Fair Value	Cost	Fair Value
Cash Management Funds	$ 23,778,108	$ 23,778,108	$ 56,544,751	$ 56,544,751
Government Securities	35,237,584	36,134,378	46,849,725	47,564,954
Corporate Bonds	17,798,859	18,290,867	18,156,436	18,425,522
Bond Funds	74,934,996	79,150,421	48,119,751	49,144,971
Equity Securities	33,089,257	36,668,589	45,753,368	48,844,696
Real Estate - Homes	4,066,700	4,066,700	4,165,400	4,165,400
Total Assets Limited as to Use recorded at Fair Value	188,905,504	198,089,063	219,589,431	224,690,294
Equity Investments	2,381,814	2,381,814	2,001,592	2,001,592
Total Assets Limited as to Use	$ 191,287,318	$ 200,470,877	$ 221,591,023	$ 226,691,886

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NOTE 2 ASSETS LIMITED AS TO USE (CONTINUED)

Lutheran Senior Services has equity investments in Caring Communities Insurance Company and Life Services Network Reciprocal Insurance Company as well as in Senior Care Network and Mackenzie Place HTC Landlord L.P. These investments are recorded using the cost basis or equity method as discussed in the subsequent footnotes.

The balances of assets limited as to use at December 31, 2012 and 2011 are as follows:

	2012	2011
BOARD DESIGNATED		
Reserve Funds	$ 120,813,348	$ 88,777,014
Benevolent Care	28,012,744	23,760,950
Other	1,649,921	1,156,016
Subtotal	150,476,013	113,693,980
PERMANENTLY AND TEMPORARILY RESTRICTED		
Clinical Pastoral Education	1,101,185	1,153,930
Benevolent Care	11,137,706	9,730,772
Other Programs - Lenoir Woods	488,739	461,545
Subtotal	12,727,630	11,346,247
HELD BY BOND TRUSTEE		
Debt Service Reserve Funds	20,342,902	20,057,343
Project Funds	3,631,278	67,938,010
Debt Service Funds	6,701,903	7,821,377
Subtotal	30,676,083	95,816,730
RESTRICTED DEPOSITS AND FUNDED RESERVES		
Replacement and Other Reserves	1,730,831	1,459,763
Self-Insurance Reserve	2,044,344	2,025,040
Residual Receipts	262,789	246,258
Security Deposits	171,373	102,276
Subtotal	4,209,337	3,833,337
EQUITY INVESTMENTS		
Captive Insurance Companies	1,182,391	1,187,026
Senior Care Network	399,406	399,406
Investment in Mackenzie Place HTC Landlord L.P.	800,017	415,160
Total Assets Limited as to Use	$ 200,470,877	$ 226,691,886

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NOTE 3 LONG-TERM DEBT

Lutheran Senior Services' long-term debt at December 31, 2012 and 2011 is summarized below:

	Security	2012	2011
Health and Educational Facilities Authority of the State of Missouri Senior Living Facilities Revenue Bonds (Lutheran Senior Services Projects) Series 2011	See (1)		
Serial Bonds, with interest ranging from 3.100% to 5.000%, due serially from 2015 through 2021		$ 6,805,000	$ 6,805,000
Term Bonds, with interest at 5.000% due in 2024		3,000,000	3,000,000
Term Bonds, with interest at 5.250% due in 2026		2,000,000	2,000,000
Term Bonds, with interest at 5.450% due in 2026		1,390,000	1,390,000
Term Bonds, with interest at 5.750% due in 2031		6,830,000	6,830,000
Term Bonds, with interest at 5.850% due in 2031		1,500,000	1,500,000
Term Bonds, with interest at 6.000% due in 2041		25,900,000	25,900,000
Health and Educational Facilities Authority of the State of Missouri Variable Rate Demand Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2010	See (2)		
Term Bonds, with interest at 4.750% due in 2025		2,500,000	2,500,000
Term Bonds, with interest at 5.375% due in 2035		6,575,000	6,575,000
Term Bonds, with interest at 5.500% due in 2042		29,225,000	29,225,000
Health and Educational Facilities Authority of the State of Missouri Variable Rate Demand Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2008	See (3)	50,000,000	50,000,000
Health and Educational Facilities Authority of the State of Missouri Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2007A	See (4)		
Serial Bonds, with interest ranging from 4.000% to 5.000%, due serially from 2008 through 2019		10,100,000	11,285,000
Term Bonds, with interest at 4.875% due in 2027		8,930,000	8,930,000
Term Bonds, with interest at 4.875% due in 2037		5,065,000	5,065,000

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NOTE 3 LONG-TERM DEBT (CONTINUED)

	Security	2012	2011
Health and Educational Facilities Authority of the State of Missouri Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2007B	See (5)		
Serial Bonds, with interest ranging from 4.000% to 4.300%, due serially from 2009 through 2019		2,135,000	2,395,000
Term Bonds, with interest at 4.500% due in 2027		3,370,000	3,370,000
Term Bonds, with interest at 4.875% due in 2038		7,215,000	7,215,000
Health and Educational Facilities Authority of the State of Missouri Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2007C	See (6)		
Serial Bonds, with interest ranging from 4.000% to 4.300%, due serially from 2011 through 2019		2,205,000	2,470,000
Term Bonds, with interest at 4.500% due in 2027		3,480,000	3,480,000
Term Bonds, with interest at 5.000% due in 2042		11,375,000	11,375,000
Illinois Finance Authority Revenue Refunding Bonds (Lutheran Senior Services Obligated Group) Series 2006	See (7)		
Serial Bonds, with interest of 5.000%, due serially from 2010 through 2018		2,930,000	3,730,000
Term Bonds, with interest at 5.000% due in 2016		2,775,000	2,775,000
Term Bonds, with interest at 5.125% due in 2026		10,800,000	10,800,000
Term Bonds, with interest at 5.250% due in 2037		27,275,000	27,275,000
Health and Educational Facilities Authority of the State of Missouri Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2005A	See (8)		
Term Bonds, with interest at 4.600% due in 2025		1,315,000	1,315,000
Term Bonds, with interest at 5.000% due in 2025		2,500,000	2,500,000
Term Bonds, with interest at 4.800% due in 2035		2,000,000	2,000,000
Term Bonds, with interest at 5.375% due in 2035		24,185,000	24,185,000

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NOTE 3 LONG-TERM DEBT (CONTINUED)

	Security	2012	2011
Health and Educational Facilities Authority of the State of Missouri Revenue Refunding Bonds (Lutheran Senior Services Obligated Group) Series 2005B	See (9)		
Serial Bonds, with interest ranging from 3.150% to 4.375% due serially from 2006 through 2016		1,950,000	2,740,000
Term Bonds, with interest at 4.000% due in 2012		1,550,000	1,550,000
Term Bonds, with interest at 5.125% due in 2022		6,630,000	6,630,000
Term Bonds, with interest at 5.125% due in 2027		7,270,000	7,270,000
Industrial Development Authority of the County of Cole, Missouri, Senior Living Facilities Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2004	See (10)		
Serial Bonds, with interest ranging from 3.5% to 4.5% due serially from 2008 through 2014		940,000	1,380,000
Term Bonds, with interest at 5.25% due in 2024		6,465,000	6,465,000
Term Bonds, with interest at 5.5% due in 2035		12,565,000	12,565,000
Health and Educational Facilities Authority of the State of Missouri Variable Rate Demand Revenue Bonds (Lutheran Senior Services Obligated Group) Series 2000	See (11)		
		42,280,000	43,560,000
Line of Credit - Construction		6,200,000	-
Total Long-Term Debt		349,230,000	348,050,000
Less: Current Maturities		(46,190,000)	(5,020,000)
Less: Unamortized Discount on Revenue Bonds		(548,341)	(584,464)
Less: Unamortized Premium on Revenue Bonds		1,520,402	1,659,624
		$ 304,012,061	$ 344,105,160

The obligated group consists of consolidated Lutheran Senior Services excluding the Affordable Housing projects.

The unamortized discount and premium on revenue bonds relate to the Series 2004, 2005A, 2005B, 2006, 2007A, 2007B, 2007C, 2010 and 2011 Revenue Bonds and are being amortized over the term of the bonds for Series 2004 and based on the effective interest method for Series 2005A, 2005B, 2006, 2007A, 2007B, 2007C, 2010 and 2011.

ATTACHMENT-27A

NOTE 3 LONG-TERM DEBT (CONTINUED)

Bonds Payable

(1) On September 29, 2011, Lutheran Senior Services issued $47,425,000 Senior Living Facilities Revenue Bonds (Lutheran Senior Services Projects) Series 2011 under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. Proceeds are being used to fund construction of a new 80 resident independent living apartment building, a new "Town Center" and renovations to the skilled nursing care facility and general site improvements at the Laclede Groves campus and to construct a 40 apartment assisted living facility to replace two assisted living facilities at the Lenoir Woods campus. Proceeds were also used to pay issuance costs and fund reserves.

(2) On October 31, 2010, Lutheran Senior Services issued $38,300,000 Senior Living Facilities Revenue Bonds (Lutheran Senior Services Projects) Series 2010 under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. The proceeds were used to build a 40-bed skilled nursing facility at Meridian Village Retirement Community in Glen Carbon, Illinois, to construct a 64-bed skilled nursing facility and nine patio homes at Concordia Village Retirement Community in Springfield, Illinois, to renovate Heisinger Bluffs' Intermediate Care Facility located in Jefferson City, Missouri, into a 42-bed skilled community under the household model and to develop and complete a portion of the skilled nursing facility renovation at Laclede Groves in Webster Groves, Missouri. Approximately $3.5 million of the proceeds were used to refund Lutheran Senior Services for costs incurred in the acquisition and renovation of the home office.

(3) On August 27, 2008, Lutheran Senior Services issued $50,000,000 Variable Rate Demand Health Facilities Revenue Bonds (Lutheran Senior Services) Series 2008 under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. A portion of the proceeds were used for the construction of the 46 independent living units at Meramec Bluffs that opened in September 2008. The remaining proceeds were for the expansion project at Concordia Village.

By definition, a Variable Rate Demand Bond is a long-term tax-exempt bond the interest rate of which is indexed to a current short-term market rate. The average interest rates for the years ended December 31, 2012 and 2011 were 0.16 percent and 0.18 percent, respectively. A demand feature allows the bonds to be remarketed upon 7 days notice at par value plus accrued interest. The Organization holds an irrevocable letter of credit with the bond trustee for the face amount of the bonds. The letter of credit had an initial five-year term expiring in October 2011, which was extended on June 1, 2011 for an additional three-year term, expiring June 28, 2014. In the event remarketing is not successful, the letter of credit will be drawn upon to pay the bond trustee.

The Organization has a liability to the bond trustee immediately upon a draw on the letter of credit. Any draws on the letter of credit automatically convert to term loans if not immediately repaid. Term loans will be repaid in equal quarterly installments with repayment commencing one year and one day after the date of the liquidity advance, with the final payment due at expiration of the letter of credit.

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NOTE 3 LONG-TERM DEBT (CONTINUED)

Bonds Payable (Continued)

(3) (Continued)

In relation to the Variable Rate Demand Health Facilities Revenue Bonds Series 2008, the Organization entered into an interest rate swap transaction (swap transaction) with a principal amount of $25,000,000 with a financial institution on July 28, 2008. The terms of the swap transaction established a fixed interest rate of 3.47 percent. If the interest rate is above the swap rate, the financial institution pays the Organization the amount of any interest paid above 3.47 percent. If the interest rate is below the swap rate, the Organization must pay the financial institution additional interest to equal 3.47 percent. The swap transaction has the effect of limiting the variability of the interest rate on the bonds. The swap transaction expires on January 1, 2016. The Organization paid a net amount of $867,000 and $835,400 related to the swap transaction during the years ended December 31, 2012 and 2011, respectively, which is included in interest expense. The fair value of the swap transaction was a negative $2,449,746 and $2,781,928 at December 31, 2012 and 2011, respectively, and is recorded as a long-term liability on the balance sheet. The changes of $(332,182) and $(783,553) are reported as the change in unrestricted net assets for the years ended December 31, 2012 and 2011, respectively.

The Organization records this derivative instrument on the balance sheet at its respective fair value and all changes in fair value in the consolidated statements of unrestricted activities as change in valuation of interest rate swap.

(4) On February 8, 2007, Lutheran Senior Services issued $29,495,000 Senior Living Facilities Revenue Bonds, Series 2007A under the Health and Educational Facilities Authority (HEFA) of the State of Missouri.

The proceeds of the bonds were used to complete a refunding of the Series 1997 bonds and to provide approximately $10,000,000 for new money financing. The new money was used to refund Lutheran Senior Services approximately $3,400,000 for funds used to construct 30 independent living units at Meridian Village Retirement Community in Glen Carbon, Illinois, to refinance $1,800,000 debt used to acquire St. Joseph's Home in Jefferson City, Missouri and to fund renovation projects at Lutheran Convalescent Home in Webster Groves, Missouri, Breeze Park Retirement Community in St. Charles, Missouri, Lenoir Woods in Columbia, Missouri, and Hidden Lake Retirement Community in Spanish Lake, Missouri.

(5) On February 8, 2007, Lutheran Senior Services issued $13,530,000 Senior Living Facilities Revenue Bonds, Series 2007B under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. The proceeds of the bonds were used to economically defease the Southwestern Illinois Development Authority Retirement Community Revenue Bonds (the Series 1998 Bonds) which were used for construction of the 100-unit retirement community (Meridian Village) in Glen Carbon, Illinois. The proceeds from the Series 2007B bonds held in escrow for this purpose were used to prepay the mortgage and all related costs in October 2008. At that time, Meridian Village Association became a member of the Lutheran Senior Services Obligated Group.

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NOTE 3 LONG-TERM DEBT (CONTINUED)

Bonds Payable (Continued)

(6) On February 8, 2007, Lutheran Senior Services issued $17,475,000 Senior Living Facilities Revenue Bonds, Series 2007C under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. The proceeds of the bonds were used to economically defease the existing Section 232 HUD guaranty mortgage of Meridian Village Association II, which was used for the construction of a retirement community in Glen Carbon, Illinois that included 33 independent living apartments, 66 assisted living apartments, and a 32-bed skilled nursing unit. This existing mortgage was not prepaid until June 30, 2010. The proceeds from the Series 2007C bonds were held in escrow until June 2010, at which time they were used to prepay the existing mortgage and all related costs. At that time, Meridian Village Association II became a member of the Lutheran Senior Services Obligated Group.

(7) On August 3, 2006, Lutheran Senior Services issued $46,065,000 Revenue Refunding Bonds, Series 2006 under the Illinois Finance Authority. The proceeds of the bonds were used to refinance the Series 2001A and 2001B bonds of Lutheran Hillside Village, fund a debt service reserve fund for the Series 2006 bonds and pay certain expenses incurred in connection with the issuance of the Series 2006 bonds.

(8) On August 1, 2005, Lutheran Senior Services issued $30,000,000 Senior Living Facilities Revenue Bonds, Series 2005A under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. The proceeds of the bonds were used to pay for a portion of the Lenoir Woods acquisition, to pay for the cost of adding independent apartments and an 88 bed skilled nursing facility at Meramec Bluffs, to fund the debt service reserve fund and to pay the issuance costs for these bonds.

(9) On November 3, 2005, Lutheran Senior Services issued $21,900,000 Senior Living Facilities Revenue Refunding Bonds, Series 2005B under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. The proceeds of the bonds were used to refund the Authority's Nursing Home Revenue Bonds, Series 1996A, to fund the debt service reserve fund and to pay issuance costs for these bonds.

(10) On July 1, 2004, Lutheran Senior Services issued $22,000,000 Senior Living Facilities Revenue Bonds, Series 2004 under the Industrial Development Authority of the County of Cole, Missouri. The proceeds of the bonds were used to finance the CCRC campus expansion at Heisinger Bluffs and to refund and redeem the Authority's Nursing Home Revenue Bonds Series 1996.

(11) On December 21, 2000, Lutheran Senior Services issued $50,000,000 Variable Rate Demand Health Facilities Revenue Bonds (Lutheran Senior Services) Series 2000 under the Health and Educational Facilities Authority (HEFA) of the State of Missouri. A portion of these proceeds were used to extinguish the $10,000,000 outstanding portion of Health Facilities Revenue Bonds (Lutheran Senior Services) Series 1996B of the HEFA. The remaining proceeds were for the construction of Meramec Bluffs.

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NOTE 3 LONG-TERM DEBT (CONTINUED)

Bonds Payable (Continued)

(11) (Continued)

This Variable Rate Demand Bond's average interest rates for the years ended December 31, 2012 and 2011 were 0.15 percent and 0.14 percent, respectively. A demand feature allows the bonds to be remarketed upon 7 days notice at par value plus accrued interest. The Organization holds an irrevocable letter of credit with the bond trustee for the face amount of the bonds. The letter of credit had an initial five-year term expiring in July 2005 that is currently extended to October 2013. In the event remarketing is not successful, the letter of credit will be drawn upon to pay the bond trustee.

The Organization has a liability to the bond trustee immediately upon a draw on the letter of credit. Any draws on the letter of credit automatically convert to term loans if not immediately repaid. Term loans will be repaid in equal quarterly installments with repayment commencing one year and one day after the date of the liquidity advance, with the final payment due at expiration of the letter of credit. Because the letter of credit currently expires in October 2013, the 2000 Bonds are all classified as current at December 31, 2012.

Lines of Credit

Lutheran Senior Services entered into a $25,000,000 construction line of credit on September 29, 2011 secured by the Supplemental Master Trust Indenture No. 21 dated September 1, 2011. Monthly payments are required on outstanding balances equal to entrance fees collected in full as well as interest based on LIBOR. This line is available until maturity on September 29, 2031 or until an optional call date first on September 29, 2014, if exercised by the bank. As of December 31, 2012 and 2011, the balance outstanding on the line of credit was $6,200,000 and $-0-, respectively.

At maturity on July 22, 2011, the Organization's $5,000,000 Commerce Bank line of credit, secured by the property and equipment of Lutheran Senior Services, was renewed for $1,000,000 under the same terms until July 22, 2012. As of December 31, 2011, the outstanding balance on the line of credit was $0 and was not renewed upon maturity.

On December 21, 2010, Lutheran Senior Services entered into a $6,000,000 Bank of America line of credit secured by deposits at the financial institution. This line was not drawn prior to maturity on December 21, 2012.

Interest Expense

Interest expense during the years ended December 31, 2012 and 2011 was $11,490,574 and $11,895,545, respectively. Interest of $2,672,195 and $1,381,883 was capitalized during the years ended December 31, 2012 and 2011, respectively.

ATTACHMENT-27A

NOTE 3 LONG-TERM DEBT (CONTINUED)

Scheduled principal payments on long-term debt are as follows:

Years Ending December 31,	Terms of Bond Agreements	Terms of Letters of Credit
2013	$ 5,260,000	$ 46,190,000
2014	11,705,000	54,085,000
2015	6,905,000	5,410,000
2016	7,215,000	5,645,000
2017	7,545,000	5,890,000
Thereafter	310,600,000	232,010,000
Total	349,230,000	349,230,000
Unamortized Discount on Revenue Bonds	(548,341)	(548,341)
Unamortized Premium on Revenue Bonds	1,520,402	1,520,402
	$ 350,202,061	$ 350,202,061

Under terms of the bond indentures, Lutheran Senior Services is required to maintain certain deposits with the respective trustees that are recorded as assets limited as to use on the consolidated balance sheet of Lutheran Senior Services. All of the Organization's bonds are secured by the gross receipts of the obligated group as well as reserve funds of the respective bond issuance.

Restrictive Covenants

The provisions of the debt agreements of the Bonds Payable described above contain various restrictive covenants that limit the occurrence of additional debt, place restrictions on the disposition of property and require certain measures of financial performance be satisfied as long as the bonds are outstanding. Management believes the Organization is in compliance with such covenants at December 31, 2012.

NOTE 4 HUD CAPITAL ADVANCES

The HUD 202 Projects are participants in a Capital Advance Program with the Department of Housing and Urban Development. Under this program, the Capital Advances bear no interest and repayment is not required so long at the housing remains available for very low-income, elderly persons, for a period of at least 40 years. Noncompliance would result in HUD billing the affected Project for the entire Capital Advance plus interest at stated interest rates from the date of the first advance. Advances to Mackenzie Place 202 for project and development costs incurred to date were $4,502,847 and $1,216,606 for the years ended December 31, 2012 and 2011. The Project's advance up to $4,995,600 is secured by the property's mortgage. Advances to Mackenzie Place 202-2 for development costs incurred to date were $1,599,651 and $-0-, for the years ended December 31, 2012 and 2011, respectively. The Project's advance up to $4,643,600 is secured by the property's mortgage.

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NOTE 4 HUD CAPITAL ADVANCES (CONTINUED)

The outstanding balances of capital advances at December 31, 2012 and 2011 were as follows:

	2012	2011
Rose Hill House	$ 4,366,600	$ 4,366,600
Halls Ferry Manor	4,243,200	4,243,200
Dunn Road Manor	4,548,800	4,548,800
Westfield Manor Association	5,797,600	5,797,600
Hilltop Manor Association	5,181,700	5,181,700
Rose Hill House II	2,608,880	2,608,880
Mackenzie Place	6,102,498	1,216,606
Total HUD Capital Advances	$ 32,849,278	$ 27,963,386

NOTE 5 FAIR VALUE MEASUREMENTS

The Organization uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. For additional information on how the Organization measures fair value refer to Note 1 – Summary of Significant Accounting Policies and Organization.

The following methods and assumptions were used to estimate the fair value of each class of financial instruments for which it is practicable to estimate that value:

Assets Limited as to Use – Investments

The fair values of the investments are estimated based on quoted market prices for those or similar investments.

HUD Capital Advances

The fair value of HUD capital advances is estimated based upon the remaining term of the advance and current rates for similar instruments.

Long-Term Debt

The fair value of long-term debt is estimated for each individual issue based upon current reasonable interest rates taking type of debt and maturities into account.

Interest Rate Swap Agreement

The fair value of the interest rate swap agreement is based upon the present value of future cash flow under the agreement in conjunction with its 7 year term, expiring on January 1, 2016.

All Other

The carrying value is a reasonable estimate of the fair value for all other financial instruments due to the short-term nature of those financial instruments.

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NOTE 5 FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables present the fair value hierarchy for the balances of the assets and liabilities of the Organization measured at fair value on a recurring basis as of December 31, 2012 and 2011:

	2012			
	Level 1	Level 2	Level 3	Total
Assets				
Assets Limited as to Use - Investments:				
Government Securities	$ -	$ 36,134,378	$ -	$ 36,134,378
Corporate Bonds	-	18,290,867	-	18,290,867
Bond Funds	79,150,421	-	-	79,150,421
Equity Securities	36,668,589	-	-	36,668,589
Total Assets Measured at Fair Value	$ 115,819,010	$ 54,425,245	$ -	$ 170,244,255
Liabilities				
Interest Rate Swap Agreement	$ -	$ 2,449,746	$ -	$ 2,449,746
Total Liabilities Measured at Fair Value	$ -	$ 2,449,746	$ -	$ 2,449,746

	2011			
	Level 1	Level 2	Level 3	Total
Assets				
Assets Limited as to Use - Investments:				
Government Securities	$ -	$ 47,564,954	$ -	$ 47,564,954
Corporate Bonds	-	18,425,522	-	18,425,522
Bond Funds	49,144,971	-	-	49,144,971
Equity Securities	48,844,696	-	-	48,844,696
Total Assets Measured at Fair Value	$ 97,989,667	$ 65,990,476	$ -	$ 163,980,143
Liabilities				
Interest Rate Swap Agreement	$ -	$ 2,781,928	$ -	$ 2,781,928
Total Liabilities Measured at Fair Value	$ -	$ 2,781,928	$ -	$ 2,781,928

The following disclosures represent financial instruments in which the ending balances at December 31, 2012 and 2011 are not carried at fair value in their entirety on the consolidated balance sheet:

	2012		2011	
	Cost	Fair Value	Cost	Fair Value
HUD Capital Advances	$ 32,849,278	$ 32,244,861	$ 27,963,386	$ 27,597,362
Long-Term Debt - Fixed	$ 257,922,061	$ 269,180,640	$ 255,565,160	$ 247,435,488
Long-Term Debt - Variable	$ 92,280,000	$ 92,280,000	$ 93,560,000	$ 93,560,000

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NOTE 6 RETIREMENT PLANS

Qualified Retirement Plans

Savings and Revenue Sharing Plan

Lutheran Senior Services has a Section 403(b) retirement plan. Employees who elect to participate in the 403(b) retirement plan may defer up to the maximum amount allowable under the Internal Revenue Code. Lutheran Senior Services also has a Section 401(a) defined contribution retirement plan. The plan's two components include an employee savings plan and an employee revenue sharing plan. Lutheran Senior Services, under the savings plan, contributes up to 150 percent of what an employee contributes into their 403(b) plan to a maximum of 2 percent of the employee's salary. Under the revenue sharing plan, Lutheran Senior Services also contributes between 1 percent and 3 percent of the employee's annual salary at the Board's discretion. Employer contributions made to the plan were $1,512,932 and $1,208,959 for the years ended December 31, 2012 and 2011, respectively.

Defined Benefit Pension Plan

The defined benefit pension plan (the Plan) covers substantially all employees of Lutheran Senior Services and its affiliates who reached 21 years of age or older before January 1, 2001, were employed by Lutheran Senior Services on or before November 26, 2001, and earned 1000 hours of service during or prior to the calendar year 2002. The Plan was originally effective July 1, 1966 and last amended and restated effective January 1, 2001. On November 27, 2001, the Board of Lutheran Senior Services approved a resolution to amend the Plan to no longer allow new employees to participate in the Plan and to freeze the benefits in five years. On an annual basis, the Board will determine whether the Plan will be terminated.

The Organization uses a December 31 measurement date for its defined benefit plan.

Accumulated benefit obligation exceeds plan assets as follows:

	2012	2011
Projected Benefit Obligation	$ 17,124,535	$ 16,264,884
Accumulated Benefit Obligation	17,124,535	16,264,884
Fair Value of Plan Assets	11,697,855	10,302,861

Funded status of the plan is as follows:

	2012	2011
Projected Benefit Obligation	$ 17,124,535	$ 16,264,884
Fair Value of Plan Assets	11,697,855	10,302,861
Funded Status	$ (5,426,680)	$ (5,962,023)

ATTACHMENT-27A

NOTE 6 RETIREMENT PLANS (CONTINUED)

Defined Benefit Pension Plan (Continued)

Weighted average assumptions used to determine benefit obligations are as follows:

	2012	2011
Discount Rate	4.3%	4.8%
Rate of Compensation Increase	N/A	N/A

Information related to net pension cost consists of:

	2012	2011
Net Periodic Pension Cost	$ (824,986)	$ (488,384)
Net Loss Recognized	685,235	765,857
Employer Contribution	1,060,000	980,000
Benefits Paid	616,558	550,518

Amounts that have not been recognized in net periodic benefit cost:

	2012	2011
Unrecognized Net Loss	$ 4,830,911	$ 5,131,240

Weighted average assumptions used to determine net pension cost are as follows:

	2012	2011
Discount Rate	4.3%	4.8%
Expected Long-Term Return on Plan Assets	7.0%	7.0%
Rate of Compensation Increase	N/A	N/A

The Organization selects the expected long-term rate of return on plan assets assumption in consultation with its investment advisors and actuary. This rate is intended to reflect the average rate of earnings expected on the funds invested or to be invested to provide plan benefits. Historical performance is reviewed for the major asset classes held or anticipated to be held by the trust, and for the trust itself. Undue weight is not given to recent experience, which may not continue over the measurement period, with higher significance placed on current forecasts of future long-term economic conditions.

Because assets are held in a qualified trust, anticipated returns are not reduced for taxes. Further, solely for this purpose, the plan is assumed to continue in force and not terminate during the period for which assets are invested. However, consideration is given to the potential impact of current and future investment policy, cash flow into and out of the trust, and expenses typically paid from plan assets.

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NOTE 6 RETIREMENT PLANS (CONTINUED)

Defined Benefit Pension Plan (Continued)

The Organization's pension plan weighted-average asset allocation at December 31, 2012 and 2011, by asset category is as follows:

	Plan Asset at December 31,	
	2012	2011
Asset Category:		
Cash and Money Market	2.0 %	0.5 %
Fixed Income Funds	31.7	33.3
Equity Securities	66.3	66.2
Total	100.0 %	100.0 %

The following tables present the fair value hierarchy for the balances of the plan assets of the Organization measured at fair value on a recurring basis as of December 31, 2012 and 2011:

	2012			
	Level 1	Level 2	Level 3	Total
Defined Pension Plan Assets:				
Fixed Income Funds	$ 3,942,177	$ -	$ -	$ 3,942,177
Equity Securities	7,755,678	-	-	7,755,678
Total Assets Measured at Fair Value	$ 11,697,855	$ -	$ -	$ 11,697,855

	2011			
	Level 1	Level 2	Level 3	Total
Defined Pension Plan Assets:				
Fixed Income Funds	$ 3,477,216	$ -	$ -	$ 3,477,216
Equity Securities	6,825,645	-	-	6,825,645
Total Assets Measured at Fair Value	$ 10,302,861	$ -	$ -	$ 10,302,861

The Organization's investment policy requires that the assets of the Plan are invested in a manner consistent with the fiduciary standards of ERISA; namely, (a) the safeguards and diversity to which a prudent investor would adhere must be present and (b) all transactions undertaken on behalf of the Plan must be for the sole interest of Plan participants and their beneficiaries, to provide benefits in a prudent manner. The primary investment emphasis is to attain or improve upon the surplus of assets over the present value of liabilities.

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NOTE 6 RETIREMENT PLANS (CONTINUED)

Defined Benefit Pension Plan (Continued)

The Organization's targeted pension plan asset allocation at December 31, 2012 and 2011, by asset category is as follows:

	Target Asset Allocation at December 31,	
	2012	2011
Asset Category:		
Fixed Income Funds	35.0 %	35.0 %
Equity Securities	65.0	65.0
Total	100.0 %	100.0 %

The Fund shall provide the highest possible return consistent with prudent diversification. The investment objective of the Retirement Fund is to earn a long-term total return of 8.5 percent. The actual asset mix shown above is within targeted ranges of the asset mix that the Organization believes will support the long-term objective.

Contributions

The Organization was required to make contributions to the Plan of $1,060,000 and $980,000 for the years ended December 31, 2012 and 2011, respectively. The Organization has received confirmation that the Retirement Plan does have Church Plan status, and as such there will be no required future payments. The Organization plans to contribute $500,000 during 2013 based upon the recommendations from the Plan's Actuarial Valuation Report as of January 1, 2013.

The following pension benefits, which reflect expected future service, as appropriate, are expected to be paid:

Year Ending December 31,	Amount
2013	$ 726,144
2014	793,294
2015	799,939
2016	820,372
2017	829,825
2018-2022	4,661,774

Non-Qualified Retirement Plans

Effective January 1, 2002, Lutheran Senior Services adopted a deferred compensation plan for designated executives. The Board of Directors will approve an annual bonus compensation amount for each participant. In general, participants will become vested after five years in the deferred amounts on a five year rolling schedule in relation to the deferrals or upon obtaining the age of 65. The deferred funds will be held by a corporate trustee under a "Rabbi Trust" arrangement. For the years ended December 31, 2012 and 2011, the Board of Directors approved deferred compensation of $100,000.

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NOTE 6 RETIREMENT PLANS (CONTINUED)

Non-Qualified Retirement Plans (Continued)

Effective September 17, 2007, Lutheran Senior Services established a retirement plan for a designated executive in which the Board of Directors will approve an annual funding amount. The retirement plan funds will be held by a corporate trustee under a "Rabbi Trust" arrangement. The executive will be 50% vested after 10 years of service and 100% vested after 15 years of service. During 2012 and 2011, the Board of Directors approved funding amounts of $75,000.

Lutheran Senior Services has a 457(b) deferred compensation plan for designated executives. The Board of Directors will approve an annual bonus compensation amount for each participant. The deferred funds will be held by a corporate trustee under a "Rabbi Trust" arrangement. The participants' vesting based on years of service after 2007 is as follows: 50% on the fifth anniversary, 60% on the sixth anniversary, 70% on the seventh anniversary, 80% on the eight anniversary, 90% on the ninth anniversary, and all remaining unvested amounts will be vested on the tenth anniversary. During 2012 and 2011, the Board of Directors approved bonus compensation amounts of $111,400 and $108,262 respectively.

NOTE 7 CONCENTRATION OF CREDIT RISK

The Organization's financial instruments that are exposed to concentrations of credit risk consist primarily of cash and cash equivalents and temporary cash investments. The Organization believes it places its cash and cash equivalents and temporary cash investments with high quality credit institutions. At times, such investments may be in excess of the FDIC insurance limit.

The Organization has investments in a variety of investment funds. In general, investments are exposed to various risks such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that change in the value of the investments will occur in the near term and that such changes could materially affect account balances and the statements of operations.

The Organization grants credit without collateral to its various facility residents or their families, many of whom are local residents and who are insured under third-party payor agreements. The mix of receivables from residents and third-party payors at December 31, 2012 and 2011 was as follows:

	2012	2011
Private Pay and Insurance	$ 2,078,312	$ 2,191,213
Medicare	3,604,984	2,914,456
Medicaid	1,496,984	1,242,217
Allowance for Doubtful Accounts	(802,380)	(819,892)
Total	$ 6,377,900	$ 5,527,994

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NOTE 8 NET ASSET CLASSIFICATIONS

Temporarily Restricted Net Assets

Temporarily restricted net assets consist of amounts restricted for benevolent care, clinical pastoral education, capital expenditures and miscellaneous operational purposes.

Net assets released from restriction for operations and capital expenditures of $420,858 and $519,943 consist of proceeds from contributions that were used for the donor imposed restricted purpose during the years ended December 31, 2012 and 2011, respectively.

Permanently Restricted Net Assets

The Organization's endowment consists of donor restricted funds given to the Organization to provide funds for benevolent care, clinical pastoral education, capital expenditures and miscellaneous operational purposes. As required by the Generally Accepted Accounting Principles (GAAP), net assets associated with endowment funds, including designated by the Board of Directors as to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The State of Missouri adopted the Uniform Management of Institutional Funds Act (the Act) in August of 2009. The Board of Directors of the Organization has interpreted the Act as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

Return Objectives and Risk Parameters

The Organization has adopted an investment policy for their investment funds, including the permanent endowments, that attempts to provide a balance of maintenance of adequate cash reserves, preservation of principal for funds designated as cash reserves, and growth of remaining assets within reasonable and prudent levels of risk. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that provide a total return, growth in income and a predictive and dependable source of income.

Strategies Employed for Achieving Results

To satisfy its capital appreciation and expected results, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a balance of equity-based investments and fixed income investments to achieve its objectives within the risk constraints.

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NOTE 8 NET ASSET CLASSIFICATIONS (CONTINUED)

Permanently Restricted Net Assets (Continued)

Spending Policy

The Organization has a policy, based upon the intent of the donor-restricted endowed assets, to spend the earnings from the endowment funds for benevolent care, clinical pastoral education, capital expenditures and miscellaneous operational purposes. Earnings available to be spent are limited to eight percent of a three year rolling average of the endowment market value balances.

The composition of endowment net assets for the Organization and the changes in endowment net assets as of December 31, 2012 and 2011 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment Net Assets - December 31, 2010	$ 18,198,364	$ 3,023,040	$ 7,575,996	$ 28,797,400
Contributions	3,468,240	728,783	364,318	4,561,341
Investment Income	1,664,438	10,767	-	1,675,205
Net Appreciation of Investments	(1,688,332)	-	-	(1,688,332)
Net Assets Released - Operations	351,619	(351,619)	-	-
Benevolent Care and CPE Payouts	(2,007,301)	-	-	(2,007,301)
Endowment Net Assets - December 31, 2011	19,987,028	3,410,971	7,940,314	31,338,313
Contributions	3,511,725	1,493,203	36,878	5,041,806
Investment Income	1,551,617	7,372	-	1,558,989
Net Appreciation of Investments	1,243,241	-	-	1,243,241
Equity Transfer	-	25,000	-	25,000
Net Assets Released - Operations	176,760	(176,760)	-	-
Benevolent Care and CPE Payouts	(1,606,130)	-	-	(1,606,130)
Endowment Net Assets - December 31, 2012	$ 24,864,241	$ 4,759,786	$ 7,977,192	$ 37,601,219

NOTE 9 CONSTRUCTION IN PROGRESS

The construction in progress balance consists of numerous ongoing projects as follows:

Concordia Village

Lutheran Senior Services has developed Concordia Village into a full CCRC with the completion of Phase II's 64 skilled nursing units that were placed into service in January 2012. This was funded with 2010 bond proceeds of approximately $11,800,000.

Meramec Bluffs

Lutheran Senior Services is adding 40 skilled nursing beds to the care center at Meramec Bluffs and adding parking space. The approximate cost of the project is $9,000,000 and is being financed with board designated investments. As of December 31, 2012 and 2011, approximately $188,000 and $-0-, respectively, has been expended for the planning, design and construction fees related to this project. The estimated completion date is early 2014.

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NOTE 9 CONSTRUCTION IN PROGRESS (CONTINUED)

Heisinger Bluffs – Phase III

Lutheran Senior Services is adding 51 independent living units and a wellness center on the Heisinger Bluffs campus. The approximate cost of the project is $12,000,000 and is being financed with board designated investments. This project is currently on hold but expected to be completed in the next 2 – 3 years. As of December 31, 2012 and 2011, approximately $951,000 had been expended for construction, architectural, engineering and development fees related to the project.

Laclede Groves

Lutheran Senior Services is undergoing a campus wide development project that includes construction of 80 new independent living units as well as renovations to the current independent living dining room, apartment hallways and the apartments and patio homes. Plans also include relocating the cooling tower at the community and renovating the first and second floors and the lobby of the skilled nursing facility. The approximate cost of these projects is $60,000,000. Beginning January 2013, the additional care center beds will be placed into service over the next 15 months. Residents taking up occupancy in the independent living units are expected in Spring of 2013. As of December 31, 2012 and 2011, architectural, engineering and development fees related to the project of approximately $52,300,000 and $10,199,000, respectively, had been incurred but not yet placed into service. During 2012 and 2011, assets of approximately $1,396,000 and $2,509,000 were placed into service. The projects are being financed with proceeds of $6,000,000 from the 2010 and 2011 bonds.

Lenoir Woods

Lutheran Senior Services is undergoing a campus wide development project financed with proceeds from the 2011 bonds. Phase I was completed during 2012 and added 48 units in its new replacement assisted living building. The next phases include construction of new independent living apartments and skilled nursing facility. As of December 31, 2012 and 2011, approximately $14,300,000 and $5,167,000, respectively, had been expended for architectural and engineering fees related to this project with approximately $11,800,000 placed into service in 2012.

Mackenzie Place

Lutheran Senior Services completed Phase I and II of its development of an affordable housing community that is known as the Village at Mackenzie Place. When completed, the community will consist of 121 independent living apartments designed to serve low to moderate income elderly residents. As of December 31, 2012 and 2011, approximately $4,946,000 and $6,572,000, respectively, has been expended for the planning, design and construction fees related to this project. During 2012 and 2011, assets of approximately $4,712,000 and $6,443,000, respectively, were placed into service with the entire project's expected completion date to be in fiscal year 2013.

Other

Lutheran Senior Services has projects at varying stages of completion at these and other communities.

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NOTE 10 WORKERS' COMPENSATION

The Organization has a self-insured plan for workers' compensation. The plan has an individual stop loss of $450,000 per occurrence and $2,000,000 in aggregate. Significant claims experience could impact the results of operations. Estimated future claims for incurred incidents of approximately $687,000 and $664,000 were recorded as liabilities at December 31, 2012 and 2011, respectively, and are included in other accrued liabilities on the balance sheet.

Lutheran Senior Services has a workers' compensation escrow account with a local bank. The escrow is invested in U.S. Treasuries with a market value of $2,044,344 and $2,025,040 at December 31, 2012 and 2011, respectively.

NOTE 11 CAPTIVE INSURANCE

Lutheran Senior Services has a claims made policy for their professional liability insurance through Caring Communities Insurance Company (CCIC), a Reciprocal Risk Retention Group. As a subscriber to CCIC, Lutheran Senior Services has funds on deposit in a subscriber account of $426,657 at December 31, 2012 and 2011. The subscriber account is recorded as an investment using the equity method. Lutheran Senior Services was required to make capital contributions totaling $598,616. The capital contributions are recorded as an investment at December 31, 2012 and 2011 using the equity method. Lutheran Senior Services also pays annual amounts to CCIC for their professional liability insurance coverage. The policy includes professional, commercial, and employee benefits liability and calls for a $35,000 deductible per occurrence and liability limits of $1,000,000 per occurrence and $3,000,000 in the aggregate. Depending on loss history and adequacy of capital, CCIC may, but is not obligated, to return a portion of premiums paid. Conversely, Lutheran Senior Services may be called upon to contribute additional funds to its subscriber account to maintain adequate capital in CCIC.

Hillside Village had a claims made policy for their professional liability insurance through Life Services Network Reciprocal Insurance Company, A Risk Retention Group (LSN). Hillside Village was required to make initial capital contributions which are recorded as an investment at December 31, 2012 and 2011 using the equity method. Hillside Village received a partial payout of capital during fiscal year 2012, reducing its investment to $157,118 as of December 31, 2012 from $312,039 at December 31, 2011. During fiscal year 2011, no pro-rata share of the net income and distributions of the group were received. Hillside Village terminated its participation in LSN as of December 31, 2008. LSN has the right to hold the subscriber account balance as a potential offset against any run off liability under this policy for a period not to exceed 5 years from the termination date.

NOTE 12 SENIOR CARE NETWORK

Lutheran Senior Services owns 20% of Senior Care Network. Senior Care Network is a membership and service company that benefits the nursing and long-term care industry through collective initiatives which improve the delivery of nursing and long term care services in the St. Louis area. Senior Care Network currently has five supporting members and numerous affiliate members. In addition to providing group purchasing services, including health benefits, Senior Care Network owns a 40% interest in Alliance Rehab STL, L.L.C. which provides rehabilitation services to the long term care industry. Lutheran Senior Services records its interest in Senior Care Network on the equity basis.

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NOTE 13 INVESTMENT IN LIMITED PARTNERSHIPS

Mackenzie Place HTC Master Tenant, L.P.

Lutheran Senior Services is the developer and lender of Mackenzie Place HTC Master Landlord, L.P. (the "Landlord Partnership"), a limited partnership which purchased, developed and master leased to Mackenzie Place HTC Master Tenant, L.P. (the "Tenant Partnership") a 20-unit independent living facility and certain common areas for the Village of Mackenzie Place retirement community. At December 31, 2012 and 2011, the Landlord Partnership owed Lutheran Senior Services approximately $452,000 and $550,000, respectively, consisting mainly of a development fee.

Lutheran Senior Services, through a wholly-owned limited liability company, is the general partner of the Tenant Partnership and has 0.01% partnership interest. This development occurred on land adjacent to that owned by the Mackenzie Place LIHTC partnership. Commerce Bank is the state historic tax credit investor (as a limited partner of the Landlord Partnership) and St. Louis Equity Fund 2010 L.L.C. is the federal historic tax credit investor (as a limited partner of the Tenant Partnership) in this project.

In connection with the construction, development, and operation of this project, Lutheran Senior Services has undertaken the following obligations:

- Construction and Permanent Loan - During 2010, Lutheran Senior Services entered into a construction loan agreement to lend the Landlord Partnership up to $5,500,000 to fund rehabilitation costs of the building. Once rehabilitation is completed and certain approvals are obtained, the construction loan will be repaid, in part, and converted to a permanent loan with a 7-year term in the principal amount of $4,500,000. At December 31, 2012 and 2011, the balance of the loan was $4,954,429 and $4,236,698, respectively.

- Tax Credit Guaranty - The project will be eligible for Federal and Missouri historic rehabilitation tax credits. It is anticipated that this project will produce Federal historic rehabilitation tax credits in the amount of $1,114,974 and Missouri historic rehabilitation tax credits in the amount of $1,064,285. Lutheran Senior Services has guaranteed tax credit deficit obligations to the tax credit investors. Such tax credit deficit obligations include payments to the tax credit investors in the amount of (1) any reduction, disallowance, or recapture of the projected tax credit amount; (2) any interest and penalties imposed by the IRS in the event of a recapture of tax credits; and (3) any income tax liability of the tax credit investors as a result of payments under these tax credit deficit obligations.

- Construction Completion Guaranty - Lutheran Senior Services has guaranteed the full and timely payment of all obligations of the Landlord Partnership's general partner to ensure completion of rehabilitation of the project.

- Operating Deficit Guaranty - Lutheran Senior Services has guaranteed the full and timely payment and performance of the obligations of the Landlord Partnership's and Tenant Partnership's general partner obligations to fund operating deficits for a period of 5 years following project lease-up. The aggregate projected operating costs for the Landlord Partnership and the Tenant Partnership over the first full 5-year period following lease-up is less than $750,000.

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NOTE 13 INVESTMENT IN LIMITED PARTNERSHIPS (CONTINUED)

Mackenzie Place HTC Master Tenant, L.P. (Continued)

- Environmental Guaranty - Lutheran Senior Services has guaranteed the full and timely payment of certain environmental indemnities made by the general partners of the Landlord Partnership and the Tenant Partnership for the benefit of the tax credit investors.

Mackenzie Place LIHTC, L.P.

Lutheran Senior Services, through a wholly-owned limited liability company, is a general partner of Mackenzie Place LIHTC, L.P., a limited partnership which is developing and will operate a 34-unit independent living facility qualifying for Federal and Missouri low-income housing tax credits at The Village of Mackenzie Place. Through this limited liability company, the Organization owns a 0.01% partnership interest as general partner in the partnership. The limited partners are St. Louis Equity Fund 2010 L.L.C. and First National Bank of St. Louis, N.A.

In connection with the construction, development, and operation of this project, Lutheran Senior Services has undertaken the following obligations:

- Construction Loan - During 2010, Lutheran Senior Services made a construction loan of up to $6,650,000 to fund construction costs of the facility. Once construction is completed and certain approvals are obtained, the limited partner's equity contributions will be due to the partnership and will be used to pay the entire principal and interest of the construction loan made by Lutheran Senior Services. At December 31, 2012 and 2011, the related construction in progress and debt balances were $0 and $5,727,276, respectively. The related party note receivable and note payable were eliminated in the consolidated financial statements. Lutheran Senior Services has accrued $210,000 and $562,500 in development fees as of December 31, 2012 and 2011, which is also eliminated in the consolidated financial statements, respectively.

- Tax Credit Guaranty - The project will be operated as low-income housing qualifying for Federal and Missouri low-income housing tax credits. The total amount of Federal and Missouri tax credits over the applicable ten-year tax credit period is projected to be $12,700,000. Lutheran Senior Services has guaranteed the general partner's credit deficit obligations to the limited partners. Such credit deficit obligations include payments to the limited partners in the amount of (1) any reduction, disallowance, or recapture of the projected tax credit amount; (2) any interest and penalties imposed by the IRS in the event of a recapture of tax credits; and (3) any income tax liability of the limited partners as a result of payments under the credit deficit obligations of the general partner. Any payments made by Lutheran Senior Services under this guaranty will be treated as a loan to the partnership, the payment of which will take priority over any distribution of residual assets to the partners upon a sale or refinancing of the project.

- Construction Completion Guaranty - Lutheran Senior Services has guaranteed the full and timely payment of all obligations of the Landlord Partnership's general partner to ensure completion of construction of the project.

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NOTE 13 INVESTMENT IN LIMITED PARTNERSHIPS (CONTINUED)

Mackenzie Place LIHTC, L.P. (Continued)

- Operating Deficit Guaranty - Lutheran Senior Services has guaranteed the full and timely payment of all obligations of the general partner to fund operating deficits for a period of 5 years following project lease-up. The projected operating costs for the project over the first full 5-year period following lease-up is less than $1,150,000.

- Environmental Guaranty - Lutheran Senior Services has guaranteed the full and timely payment of certain environmental indemnities made by the general partner for the benefit of the limited partners.

Generally accepted accounting standards require the non-controlling interests of these limited partnerships to be included in unrestricted net assets of the consolidated financial statements of Lutheran Senior Services.

NOTE 14 CONTINGENT LIABILITIES

Government Regulations - Medicaid

The Missouri Department of Social Services, Division of Medical Services and the Illinois Department of Healthcare and Family Services (HFS) reserve the right to perform field audit examinations of the Organization's records. Any adjustments resulting from such examinations could retroactively adjust Medicaid revenue.

Government Regulations - Medicare

The Medicare intermediary has the authority to audit a skilled nursing facility's records any time within a three-year period after the date the skilled nursing facility receives a final notice of program reimbursement for each cost reporting period. Any adjustments resulting from these audits could retroactively adjust Medicare revenue.

Health Care

Health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for resident services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers.

Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

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NOTE 14 CONTINGENT LIABILITIES (CONTINUED)

Litigation

The Organization is subject to asserted and unasserted claims encountered in the normal course of business. The Organization's management and legal counsel assess such contingent liabilities and such assessment inherently involves an exercise of judgment. In assessing loss contingencies related to legal proceedings that are pending against the Organization or unasserted claims that may result in such proceedings, the Organization's legal counsel evaluates the perceived merits of any legal proceedings or unasserted claims as well as the perceived merits of the amount of relief sought or expected to be sought therein. In the opinion of management, disposition of these matters will not have a material effect on the Organization's financial condition or results of operations.

NOTE 15 FUNCTIONAL CLASSIFICATION OF EXPENSES

Functional classification of expenses for the years ended December 31, 2012 and 2011 consisted of the following:

	2012	2011
Program	$ 138,226,637	$ 130,677,943
Management and General Support	21,365,326	21,116,164
Total Operating Expenses	$ 159,591,963	$ 151,794,107

Fund raising expenses incurred during the years ended December 31, 2012 and 2011 were $1,988,444 and $1,745,579, respectively, and are included in the statements of unrestricted activities.

Salaries and related expenses are allocated based on job descriptions and the best estimates of management. Expenses, other than salaries and related expenses, which are not directly identifiable by program or supporting services, are allocated based on the best estimates of management.

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CliftonLarsonAllen LLP
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INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

Board of Directors
Lutheran Senior Services
St. Louis, Missouri

We have audited the consolidated financial statements of Lutheran Senior Services as of and for the years ended December 31, 2012 and 2011, and our report thereon dated March 13, 2013, which expressed an unmodified opinion on those consolidated financial statements, appears on page 1. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The combining consolidating financial statements supplementary information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

St. Louis, Missouri
March 13, 2013

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LUTHERAN SENIOR SERVICES
COMBINING AND CONSOLIDATING BALANCE SHEET
DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Total CCRC'S	Richmond Terrace	Provident Group	In-Home Services	Affordable Housing Projects	Other Programs	Lutheran Senior Services Endowment Funds	Subtotal	Eliminations	Lutheran Senior Services Consolidated
ASSETS										
CURRENT ASSETS										
Cash and Cash Equivalents	$ 109,019,600	$ 2,448,443	$ (373,128)	$ 4,426,022	$ 318,803	$ (96,224,989)	$ (674,905)	$ 18,939,846	$ -	$ 18,939,846
Resident Accounts Receivable	5,171,407	28,310	-	1,172,720	5,463	-	-	6,377,900	-	6,377,900
Notes Receivable	1,591,375	-	-	-	-	4,954,429	-	6,545,804	-	6,545,804
Interest Receivable	-	-	-	-	-	994,951	284,656	1,279,607	-	1,279,607
Other Current Assets	841,205	22,806	-	36,471	239,473	1,750,856	114,835	3,005,646	(469,281)	2,536,365
Current Portion of Assets Limited as to Use	-	-	-	-	-	174,227,456	-	174,227,456	-	174,227,456
Total Current Assets	116,623,587	2,499,559	(373,128)	5,635,213	563,739	85,702,703	(275,414)	210,376,259	(469,281)	209,906,978
ASSETS LIMITED AS TO USE										
Investments	5,648,838	-	-	-	2,964,905	150,658,072	41,199,062	200,470,877	-	200,470,877
Less: Current Portion Shown Above	-	-	-	-	-	174,227,456	-	174,227,456	-	174,227,456
Total Assets Limited as to Use (Net of Current Portion Shown Above)	5,648,838	-	-	-	2,964,905	(23,569,384)	41,199,062	26,243,421	-	26,243,421
PROPERTY AND EQUIPMENT (at Cost)										
Land and Land Improvements	40,150,878	406,937	-	-	4,342,593	325,927	3,313,787	48,540,122	-	48,540,122
Building and Improvements	409,953,619	2,098,376	-	-	32,492,669	5,010,210	-	449,554,874	-	449,554,874
Equipment	31,205,928	670,975	-	513,384	1,490,195	1,518,908	4,037	35,403,427	-	35,403,427
Construction in Progress	56,749,235	-	-	-	1,418,012	610,462	-	58,777,709	-	58,777,709
Total	538,059,660	3,176,288	-	513,384	39,743,469	7,465,507	3,317,824	592,276,132	-	592,276,132
Less: Accumulated Depreciation	180,143,715	1,351,136	-	176,122	9,121,848	2,582,236	2,595	193,377,652	-	193,377,652
Total Property and Equipment (at Depreciated Cost)	357,915,945	1,825,152	-	337,262	30,621,621	4,883,271	3,315,229	398,898,480	-	398,898,480
OTHER ASSETS										
Deferred Marketing Costs	1,171,710	-	-	-	-	-	-	1,171,710	-	1,171,710
Deferred Financing Costs	-	-	-	-	-	4,167,110	-	4,167,110	-	4,167,110
Total Other Assets	1,171,710	-	-	-	-	4,167,110	-	5,338,820	-	5,338,820
Total Assets	$ 481,360,080	$ 4,324,711	$ (373,128)	$ 5,972,475	$ 34,150,265	$ 71,183,700	$ 44,238,877	$ 640,856,980	$ (469,281)	$ 640,387,699

LUTHERAN SENIOR SERVICES
COMBINING AND CONSOLIDATING BALANCE SHEET (CONTINUED)
DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Total CCRC'S	Richmond Terrace	Provident Group	In-Home Services	Affordable Housing Projects	Other Programs	Lutheran Senior Services Endowment Funds	Subtotal	Eliminations	Lutheran Senior Services Consolidated
LIABILITIES AND NET ASSETS										
CURRENT LIABILITIES										
Current Maturities of Long-Term Debt	$ 45,154,529	$ 294,658	$ -	$ -	$ -	$ 740,813	$ -	$ 46,190,000	$ -	$ 46,190,000
Accounts Payable:										
Trade	1,427,920	4,760	-	175,624	12,429	3,136,720	10,629	4,768,082	-	4,768,082
Development	6,077,103	-	-	-	251,138	-	-	6,328,241	-	6,328,241
Accrued Interest Payable	-	-	-	-	9,990	5,569,485	-	5,579,475	-	5,579,475
Related Party Construction Payable	-	-	-	-	-	-	-	-	-	-
Other Accrued Liabilities	4,527,274	83,390	-	200,057	81,996	2,116,426	1,560,513	8,569,656	-	8,569,656
Current Portion of Refundable Residency Fees	12,610,000	-	-	-	-	-	-	12,610,000	-	12,610,000
Due to Healthcare Affiliates	-	-	-	-	469,281	-	-	469,281	(469,281)	-
Total Current Liabilities	69,796,826	382,808	-	375,681	824,834	11,563,444	1,571,142	84,514,735	(469,281)	84,045,454
LONG-TERM DEBT (Net of Current Maturities Shown Above)										
Bonds and Notes Payable	271,698,935	1,577,343	-	-	-	30,735,783	-	304,012,061	-	304,012,061
Interest Rate Swap Agreement	-	-	-	-	-	2,449,746	-	2,449,746	-	2,449,746
Total Long-Term Debt (Net of Current Maturities Shown Above)	271,698,935	1,577,343	-	-	-	33,185,529	-	306,461,807	-	306,461,807
OTHER LIABILITIES										
HUD Capital Advances	-	-	-	-	32,849,278	-	-	32,849,278	-	32,849,278
Refundable Residency Fees	145,814,506	-	-	-	-	-	-	145,814,506	-	145,814,506
Deferred Revenue from Residency Fees	11,303,806	-	-	-	-	-	-	11,303,806	-	11,303,806
Charitable Gift Annuities Payable	-	-	-	-	-	-	7,512,418	7,512,418	-	7,512,418
Resident Deposits	7,397,528	62,949	-	-	169,278	(1,000)	1,000	7,629,755	-	7,629,755
Accrued Pension Cost	-	-	-	-	-	5,426,680	-	5,426,680	-	5,426,680
Total Other Liabilities	164,515,840	62,949	-	-	33,018,556	5,425,680	7,513,418	210,536,443	-	210,536,443
Total Liabilities	506,011,601	2,023,100	-	375,681	33,843,390	50,174,653	9,084,560	601,512,985	(469,281)	601,043,704
NET ASSETS										
Unrestricted:										
Controlling Interest	(25,206,812)	2,301,271	(373,128)	5,484,314	(7,145,756)	20,867,718	22,250,713	18,178,320	-	18,178,320
Noncontrolling Interest	-	-	-	-	7,452,631	-	-	7,452,631	-	7,452,631
Total Unrestricted Net Assets	(25,206,812)	2,301,271	(373,128)	5,484,314	306,875	20,867,718	22,250,713	25,630,951	-	25,630,951
Temporarily Restricted	550,291	340	-	112,480	-	141,329	4,931,412	5,735,852	-	5,735,852
Permanently Restricted	5,000	-	-	-	-	-	7,972,192	7,977,192	-	7,977,192
Total Net Assets	(24,651,521)	2,301,611	(373,128)	5,596,794	306,875	21,009,047	35,154,317	39,343,995	-	39,343,995
Total Liabilities and Net Assets	$ 481,360,080	$ 4,324,711	$ (373,128)	$ 5,972,475	$ 34,150,265	$ 71,183,700	$ 44,238,877	$ 640,856,980	$ (469,281)	$ 640,387,699

LUTHERAN SENIOR SERVICES
COMBINING AND CONSOLIDATING STATEMENTS OF UNRESTRICTED ACTIVITIES
YEAR ENDED DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Total CCRC'S	Richmond Terrace	Provident Group	In-Home Services	Affordable Housing Projects	Other Programs	Lutheran Senior Services Endowment Funds	Subtotal	Eliminations	Lutheran Senior Services Consolidated
OPERATING REVENUE										
Resident Service	$ 135,253,034	$ 2,500,233	$ -	$ 5,711,601	$ 2,825,665	$ -	$ -	$ 146,290,533	$ (332,808)	$ 145,957,725
Amortization of Residency Fees	3,025,208	-	-	-	-	-	-	3,025,208	-	3,025,208
Interest on Investments Held by Trustee	1,558,696	-	-	-	-	582,760	-	2,141,456	-	2,141,456
Net Assets Released from Restrictions-Operations	42,881	198	-	35,156	-	89,847	180,262	348,344	-	348,344
Other	3,188,756	41,628	1,080,000	233,614	43,935	11,407,452	13,749	16,009,134	(11,718,819)	4,290,315
Total Operating Revenue	143,068,575	2,542,059	1,080,000	5,980,371	2,869,600	12,080,059	194,011	167,814,675	(12,051,627)	155,763,048
OPERATING EXPENSE										
Nursing	40,277,979	520,112	-	-	-	251,294	-	41,049,385	(332,808)	40,716,577
In-Home Services	-	-	-	5,140,675	-	-	-	5,140,675	-	5,140,675
Dining Services	17,637,056	456,510	-	-	-	116,704	-	18,210,270	-	18,210,270
Housekeeping	3,503,795	91,052	-	-	-	-	-	3,594,847	(19,762)	3,575,085
Laundry	1,688,903	6,268	-	-	-	-	-	1,695,171	(793,647)	901,524
Activities and Social Services	4,128,689	62,234	-	-	-	109,718	-	4,300,641	-	4,300,641
Plant Operations and Maintenance	12,034,766	252,178	-	-	1,061,066	623,554	-	13,971,564	-	13,971,564
Administrative	19,698,104	332,222	1,082,540	92	1,455,417	8,457,631	180,262	31,206,268	(10,905,410)	20,300,858
Net Savings and Revenue Sharing Costs	1,241,736	24,341	-	73,390	-	150,804	20,165	1,510,436	-	1,510,436
Marketing	2,359,597	78,238	-	207,996	-	1,146,658	-	3,792,489	-	3,792,489
Employee Benefits	12,310,117	237,917	-	360,349	281,054	1,124,103	89,879	14,403,419	-	14,403,419
Interest	11,201,379	79,832	-	-	189,321	1,467,527	-	12,938,059	(189,321)	12,748,738
Depreciation and Amortization	18,273,610	135,903	-	70,194	1,081,358	458,045	577	20,019,687	-	20,019,687
Total Operating Expense	144,355,731	2,276,807	1,082,540	5,852,696	4,068,216	13,906,038	290,883	171,832,911	(12,240,948)	159,591,963
OPERATING LOSS	(1,287,156)	265,252	(2,540)	127,675	(1,198,616)	(1,825,979)	(96,872)	(4,018,236)	189,321	(3,828,915)
OTHER INCOME (EXPENSE)										
Unrealized Gain on Investments	147,269	-	-	-	-	2,628,293	1,243,218	4,018,780	-	4,018,780
Investment Income (Expense)	(10,483)	-	-	-	191,700	2,787,440	1,036,073	4,004,730	(189,321)	3,815,409
Realized Gains on Investments	116,282	-	-	-	-	1,969,187	135,838	2,221,307	-	2,221,307
Contributions	36,301	-	-	(5,236)	-	117,090	3,672,172	3,820,327		3,820,327
Endowment Expenses	-	-	-	-	-	-	(1,808,182)	(1,808,182)	-	(1,808,182)
Net Periodic Pension Cost	-	-	-	-	-	(824,986)	-	(824,986)	-	(824,986)
Gain (Loss) on Disposal of Property and Equipment	(875)	-	-	-	-	258,161	-	257,286	-	257,286
Total Other Income (Expense)	288,494	-	-	(5,236)	191,700	6,935,185	4,279,119	11,689,262	(189,321)	11,499,941
EXCESS (DEFICIT) OF NET REVENUE OVER EXPENSE	(998,662)	265,252	(2,540)	122,439	(1,006,916)	5,109,206	4,182,247	7,671,026	-	7,671,026
Change in Valuation of Interest Rate Swap	-	-	-	-	-	332,182	-	332,182	-	332,182
Other Changes in Plan Assets and Benefit Obligations	-	-	-	-	-	300,329	-	300,329	-	300,329
Net Released from Restrictions-Capital	72,514	-	-	-	-	-	-	72,514	-	72,514
Equity Contributions	-	-	-	-	7,421,464	-	-	7,421,464	-	7,421,464
Equity Transfer from (to) Affiliate	1,891,739	22,644	-	63,102	-	-	(1,977,485)	-	-	-
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 965,591	$ 287,896	$ (2,540)	$ 185,541	$ 6,414,548	$ 5,741,717	$ 2,204,762	$ 15,797,515	$ -	$ 15,797,515

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ATTACHMENT-27A

LUTHERAN SENIOR SERVICES
COMBINING AND CONSOLIDATING STATEMENTS OF CHANGES IN NET ASSETS
YEAR ENDED DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Total CCRC'S	Richmond Terrace	Provident Group	In-Home Services	Affordable Housing Projects	Other Programs	Lutheran Senior Services Endowment Funds	Subtotal	Eliminations	Lutheran Senior Services Consolidated
Unrestricted Net Assets:										
Net Assets or Equity - December 31, 2011	$ (26,172,403)	$ 2,013,375	$ (370,588)	$ 5,298,773	$ (6,107,673)	$ 15,126,001	$ 20,045,951	$ 9,833,436	$ -	$ 9,833,436
Change in Net Assets:										
Excess (Deficit) of Net Revenue Over Expense	(998,662)	265,252	(2,540)	122,439	(1,006,916)	5,109,206	4,182,247	7,671,026	-	7,671,026
Change in Valuation of Interest Rate Swap	-	-	-	-	-	332,182	-	332,182	-	332,182
Other Changes in Plan Assets and Benefit Obligations	-	-	-	-	-	300,329	-	300,329	-	300,329
Net Assets Released from Restrictions - Capital	72,514	-	-	-	-	-	-	72,514	-	72,514
Equity Contributions	-	-	-	-	7,421,464	-	-	7,421,464		7,421,464
Equity Transfer from (to) Affiliate	1,891,739	22,644	-	63,102	-	-	(1,977,485)	-	-	-
Change in Net Assets	965,591	287,896	(2,540)	185,541	6,414,548	5,741,717	2,204,762	15,797,515	-	15,797,515
Net Assets or Equity - December 31, 2012	$ (25,206,812)	$ 2,301,271	$ (373,128)	$ 5,484,314	$ 306,875	$ 20,867,718	$ 22,250,713	$ 25,630,951	$ -	$ 25,630,951
Temporarily Restricted Net Assets:										
Net Assets - December 31, 2011	$ 412,124	$ 488	$ -	$ 117,825	$ -	$ 135,287	$ 3,547,969	$ 4,213,693	$ -	$ 4,213,693
Change in Net Assets:										
Contributions	253,562	50	-	29,811	-	95,889	1,556,333	1,935,645	-	1,935,645
Investment Income	-	-	-	-	-	-	7,372	7,372	-	7,372
Net Assets Released from Restrictions - Operations	(42,881)	(198)	-	(35,156)	-	(89,847)	(180,262)	(348,344)	-	(348,344)
Net Assets Released from Restrictions - Capital	(72,514)	-	-	-	-	-	-	(72,514)	-	(72,514)
Change in Net Assets	138,167	(148)	-	(5,345)	-	6,042	1,383,443	1,522,159	-	1,522,159
Net Assets - December 31, 2012	$ 550,291	$ 340	$ -	$ 112,480	$ -	$ 141,329	$ 4,931,412	$ 5,735,852	$ -	$ 5,735,852
Permanently Restricted Net Assets:										
Net Assets - December 31, 2011	$ 5,000	$ -	$ -	$ -	$ -	$ -	$ 7,935,314	$ 7,940,314	$ -	$ 7,940,314
Change in Net Assets:										
Contributions	-	-	-	-	-	-	36,878	36,878	-	36,878
Change in Net Assets	-	-	-	-	-	-	36,878	36,878	-	36,878
Net Assets - December 31, 2012	$ 5,000	$ -	$ -	$ -	$ -	$ -	$ 7,972,192	$ 7,977,192	$ -	$ 7,977,192

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ATTACHMENT-27A

LUTHERAN SENIOR SERVICES
COMBINING BALANCE SHEET – CCRC'S
DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

ASSETS	Laclede Groves	Meramec Bluffs	Hidden Lake	Breeze Park	Heisinger Bluffs	Meridian Village	Lenoir Woods	Lutheran Hillside Village	Concordia Village	Total CCRC's
CURRENT ASSETS										
Cash and Cash Equivalents	$ 37,982,041	$ 41,491,801	$ (2,827,099)	$ 18,722,004	$ 1,039,020	$ (2,379,578)	$ 1,089,698	$ 3,109,572	$ 10,792,141	$ 109,019,600
Resident Accounts Receivable	764,960	550,134	476,863	444,640	743,619	502,194	643,651	650,438	394,908	5,171,407
Notes Receivable	94,500	974,755	48,600	-	-	-	19,179	319,834	134,507	1,591,375
Other Current Assets	137,602	121,548	47,046	73,709	107,860	121,739	99,117	64,208	68,376	841,205
Total Current Assets	38,979,103	43,138,238	(2,254,590)	19,240,353	1,890,499	(1,755,645)	1,851,645	4,144,052	11,389,932	116,623,587
ASSETS LIMITED AS TO USE										
Investments	-	-	197,700	-	6,349	-	-	5,427,069	17,720	5,648,838
PROPERTY AND EQUIPMENT (at Cost)										
Land and Land Improvements	8,714,471	3,131,470	1,209,732	2,924,441	3,828,421	5,055,991	6,213,157	1,589,053	7,484,142	40,150,878
Building and Improvements	68,661,740	87,910,817	18,128,189	28,631,747	27,473,831	38,274,453	30,177,636	65,570,924	45,124,282	409,953,619
Equipment	7,837,494	4,379,036	2,223,206	2,644,211	2,619,312	2,390,308	2,705,845	3,711,197	2,695,319	31,205,928
Construction in Progress	52,317,546	564,110	329,525	-	951,102	-	2,531,234	55,718	-	56,749,235
Total	137,531,251	95,985,433	21,890,652	34,200,399	34,872,666	45,720,752	41,627,872	70,926,892	55,303,743	538,059,660
Less: Accumulated Depreciation	55,756,075	30,377,714	11,075,640	16,549,301	10,068,670	12,661,256	6,562,630	29,173,360	7,919,069	180,143,715
Total Property and Equipment (at Depreciated Cost)	81,775,176	65,607,719	10,815,012	17,651,098	24,803,996	33,059,496	35,065,242	41,753,532	47,384,674	357,915,945
OTHER ASSETS										
Deferred Marketing Costs	401,441	145,119	-	-	-	-	-	34,191	590,959	1,171,710
Total Assets	$ 121,155,720	$ 108,891,076	$ 8,758,122	$ 36,891,451	$ 26,700,844	$ 31,303,851	$ 36,916,887	$ 51,358,844	$ 59,383,285	$ 481,360,080

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ATTACHMENT-27A

LUTHERAN SENIOR SERVICES
COMBINING BALANCE SHEET – CCRC'S (CONTINUED)
DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

LIABILITIES AND NET ASSETS	Laclede Groves	Meramec Bluffs	Hidden Lake	Breeze Park	Heisinger Bluffs	Meridian Village	Lenoir Woods	Lutheran Hillside Village	Concordia Village	Total CCRC's
CURRENT LIABILITIES										
Current Maturities of Long-Term Debt	$ 3,866,340	$ 8,177,221	$ 1,135,880	$ 2,961,678	$ 4,112,949	$ 6,093,895	$ 4,583,943	$ 6,410,768	$ 7,811,855	$ 45,154,529
Accounts Payable:										
Trade	173,545	149,057	91,644	203,764	125,236	158,516	152,349	209,291	164,518	1,427,920
Development	5,489,671	181,592	27,274	-	-	-	378,566	-	-	6,077,103
Other Accrued Liabilities	1,219,377	499,063	254,213	416,048	406,256	304,605	501,970	666,070	259,672	4,527,274
Current Portion of Refundable Residency Fees	2,780,000	4,648,000	435,000	926,000	194,000	384,000	271,000	2,498,000	474,000	12,610,000
Total Current Liabilities	13,528,933	13,654,933	1,944,011	4,507,490	4,838,441	6,941,016	5,887,828	9,784,129	8,710,045	69,796,826
LONG-TERM DEBT (Net of Current Maturities Shown Above)										
Bonds and Notes Payable	50,677,750	43,773,763	6,080,516	15,854,263	22,017,174	32,621,434	24,538,459	34,317,677	41,817,899	271,698,935
OTHER LIABILITIES										
Refundable Residency Fees	27,925,249	49,762,963	2,045,446	7,334,163	3,601,114	6,128,154	5,898,952	26,639,757	16,478,708	145,814,506
Deferred Revenue from Residency Fees	2,783,179	3,102,248	358,963	630,260	210,052	696,382	674,652	1,621,232	1,226,838	11,303,806
Resident Deposits	3,504,217	2,083,500	78,550	227,750	252,000	258,195	471,033	340,971	181,312	7,397,528
Total Other Liabilities	34,212,645	54,948,711	2,482,959	8,192,173	4,063,166	7,082,731	7,044,637	28,601,960	17,886,858	164,515,840
Total Liabilities	98,419,328	112,377,407	10,507,486	28,553,926	30,918,781	46,645,181	37,470,924	72,703,766	68,414,802	506,011,601
NET ASSETS										
Unrestricted	22,618,430	(3,494,178)	(1,751,939)	8,311,171	(4,285,587)	(15,350,413)	(609,586)	(21,595,851)	(9,048,859)	(25,206,812)
Temporarily Restricted	117,962	7,847	2,575	26,354	67,650	9,083	55,549	245,929	17,342	550,291
Permanently Restricted	-	-	-	-	-	-	-	5,000	-	5,000
Total Net Assets	22,736,392	(3,486,331)	(1,749,364)	8,337,525	(4,217,937)	(15,341,330)	(554,037)	(21,344,922)	(9,031,517)	(24,651,521)
Total Liabilities and Net Assets	$ 121,155,720	$108,891,076	$ 8,758,122	$36,891,451	$ 26,700,844	$31,303,851	$ 36,916,887	$ 51,358,844	$ 59,383,285	$ 481,360,080

ATTACHMENT-27A

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LUTHERAN SENIOR SERVICES
COMBINING STATEMENTS OF UNRESTRICTED ACTIVITIES – CCRC'S
YEAR ENDED DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Laclede Groves	Meramec Bluffs	Hidden Lake	Breeze Park	Heisinger Bluffs	Meridian Village	Lenoir Woods	Lutheran Hillside Village	Concordia Village	Total CCRC's
OPERATING REVENUE										
Resident Service	$28,161,833	$ 20,864,356	$ 7,108,017	$12,759,710	$ 14,272,505	$ 13,593,837	$ 14,483,862	$ 13,928,336	$10,080,578	$ 135,253,034
Amortization of Residency Fees	707,323	811,476	61,005	120,735	31,747	115,957	85,350	587,723	503,892	3,025,208
Interest on Investments Held by Trustee	17,720	709,072	-	8,856	7,416	-	-	189,388	626,244	1,558,696
Net Assets Released from Restrictions-Operations	1,441	2,500	2,367	4,880	5,784	3,210	10,732	-	11,967	42,881
Other	1,031,044	397,138	104,545	181,258	163,729	239,531	358,773	500,165	212,573	3,188,756
Total Operating Revenue	29,919,361	22,784,542	7,275,934	13,075,439	14,481,181	13,952,535	14,938,717	15,205,612	11,435,254	143,068,575
OPERATING EXPENSE										
Nursing	9,550,129	4,450,440	2,518,266	3,550,464	5,118,299	3,858,219	4,576,956	3,742,999	2,912,207	40,277,979
Dining Services	3,354,760	3,312,189	1,074,615	1,581,010	1,632,520	1,640,772	1,908,522	1,748,144	1,384,524	17,637,056
Housekeeping	717,125	565,042	263,957	326,956	291,892	199,998	477,629	409,337	251,859	3,503,795
Laundry	820,369	143,967	85,134	86,359	95,386	75,326	267,516	82,452	32,394	1,688,903
Activities and Social Services	770,555	599,738	347,546	485,924	452,307	339,783	505,962	381,613	245,261	4,128,689
Plant Operations and Maintenance	2,489,611	1,936,303	657,956	949,967	985,896	1,067,863	1,330,991	1,627,005	989,174	12,034,766
Administrative	3,972,619	2,562,942	1,246,379	1,666,793	1,762,959	2,312,851	2,126,800	2,435,703	1,611,058	19,698,104
Net Savings and Revenue Sharing Costs	298,477	163,964	86,709	106,840	131,553	103,269	142,247	117,077	91,600	1,241,736
Marketing	325,147	267,813	240,780	252,004	185,619	315,137	237,297	266,898	268,902	2,359,597
Employee Benefits	3,113,349	1,519,060	772,336	1,130,684	1,293,318	976,767	1,332,155	1,309,176	863,272	12,310,117
Interest	752,322	1,849,081	310,748	787,542	1,106,830	1,656,041	845,177	1,761,938	2,131,700	11,201,379
Depreciation and Amortization	2,894,751	3,311,008	957,491	1,506,144	1,366,768	1,682,385	1,475,463	2,604,568	2,475,032	18,273,610
Total Operating Expense	29,059,214	20,681,547	8,561,917	12,430,687	14,423,347	14,228,411	15,226,715	16,486,910	13,256,983	144,355,731
OPERATING INCOME (LOSS)	860,147	2,102,995	(1,285,983)	644,752	57,834	(275,876)	(287,998)	(1,281,298)	(1,821,729)	(1,287,156)
OTHER INCOME (EXPENSE)										
Unrealized Gain on Investments	-	-	-	-	-	-	-	147,269	-	147,269
Investment Income (Expense)	186	89	2,444	-	131	-	3,698	(21,838)	4,807	(10,483)
Realized Gains on Investments	-	-	-	-	-	-	-	116,282	-	116,282
Contributions	42,276	(11,626)	-	-	260	-	-	5,391	-	36,301
Total Other Income (Expense)	42,462	(11,537)	2,444	-	(484)	-	3,698	247,104	4,807	288,494
EXCESS (DEFICIT) OF NET REVENUE OVER EXPENSE	902,609	2,091,458	(1,283,539)	644,752	57,350	(275,876)	(284,300)	(1,034,194)	(1,816,922)	(998,662)
Net Assets Released from Restrictions - Capital	494	1,117	-	270	6,091	1,954	59,514	-	3,074	72,514
Equity Transfer from Affiliate	708,569	141,336	233,136	138,276	86,503	174,744	188,939	213,196	7,040	1,891,739
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 1,611,672	$ 2,233,911	$ (1,050,403)	$ 783,298	$ 149,944	$ (99,178)	$ (35,847)	$ (820,998)	$ (1,806,808)	$ 965,591

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ATTACHMENT-27A

LUTHERAN SENIOR SERVICES
COMBINING STATEMENTS OF CHANGES IN NET ASSETS – CCRC'S
YEAR ENDED DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Laclede Groves	Meramec Bluffs	Hidden Lake	Breeze Park	Heisinger Bluffs	Meridian Village	Lenoir Woods	Lutheran Hillside Village	Concordia Village	Total CCRC's
Unrestricted Net Assets:										
Net Assets - December 31, 2011	$ 21,006,758	$ (5,728,089)	$ (701,536)	$ 7,527,873	$ (4,435,531)	$(15,251,235)	$ (573,739)	$ (20,774,853)	$ (7,242,051)	$ (26,172,403)
Change in Net Assets:										
Excess (Deficit) of Net Revenue Over Expense	902,609	2,091,458	(1,283,539)	644,752	57,350	(275,876)	(284,300)	(1,034,194)	(1,816,922)	(998,662)
Net Assets Released from Restrictions -Capital	494	1,117	-	270	6,091	1,954	59,514	-	3,074	72,514
Equity Transfer from Affiliate	708,569	141,336	233,136	138,276	86,503	174,744	188,939	213,196	7,040	1,891,739
Change in Net Assets	1,611,672	2,233,911	(1,050,403)	783,298	149,944	(99,178)	(35,847)	(820,998)	(1,806,808)	965,591
Net Assets - December 31, 2012	$ 22,618,430	$ (3,494,178)	$(1,751,939)	$ 8,311,171	$ (4,285,587)	$(15,350,413)	$ (609,586)	$ (21,595,851)	$ (9,048,859)	$ (25,206,812)
Temporarily Restricted Net Assets:										
Net Assets - December 31, 2011	$ 118,037	$ 6,164	$ 2,525	$ 24,883	$ 49,067	$ 9,063	$ 64,830	$ 133,271	$ 4,284	$ 412,124
Change in Net Assets:										
Contributions	1,860	5,300	2,417	6,621	30,458	5,184	60,965	112,658	28,099	253,562
Net Assets Released from Restrictions -Operations	(1,441)	(2,500)	(2,367)	(4,880)	(5,784)	(3,210)	(10,732)	-	(11,967)	(42,881)
Net Assets Released from Restrictions -Capital	(494)	(1,117)	-	(270)	(6,091)	(1,954)	(59,514)	-	(3,074)	(72,514)
Change in Net Assets	(75)	1,683	50	1,471	18,583	20	(9,281)	112,658	13,058	138,167
Net Assets, December 31, 2012	$ 117,962	$ 7,847	$ 2,575	$ 26,354	$ 67,650	$ 9,083	$ 55,549	$ 245,929	$ 17,342	$ 550,291
Permanently Restricted Net Assets:										
Net Assets - December 31, 2011	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,000	$ -	$ 5,000
Change in Net Assets	-	-	-	-	-	-	-	-	-	-
Net Assets, December 31, 2012	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,000	$ -	$ 5,000

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ATTACHMENT-27A

LUTHERAN SENIOR SERVICES
COMBINING BALANCE SHEET – AFFORDABLE HOUSING PROJECTS
DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

ASSETS	Rose Hill House	Halls Ferry Manor	Dunn Road Manor	Westfield Manor	Hilltop Manor	Rose Hill House II	Mackenzie Place	Total Affordable Housing Projects
CURRENT ASSETS								
Cash and Cash Equivalents	$ 15,802	$ 35,748	$ 37,659	$ 68,241	$ 45,945	$ 23,410	$ 91,998	$ 318,803
Accounts Receivable	719	2,344	24	82	2,092	224	(22)	5,463
Other Current Assets	2,349	2,271	3,187	1,598	1,783	622	227,663	239,473
Total Current Assets	18,870	40,363	40,870	69,921	49,820	24,256	319,639	563,739
ASSETS LIMITED AS TO USE								
Investments	211,546	624,161	105,492	391,944	200,567	123,880	1,307,315	2,964,905
PROPERTY AND EQUIPMENT (at Cost)								
Land and Land Improvements	473,827	231,366	869,328	744,877	547,275	189,077	1,286,843	4,342,593
Building and Improvements	3,592,661	3,698,839	3,567,035	4,523,366	4,447,556	2,572,498	10,090,714	32,492,669
Equipment	264,419	366,881	175,018	252,587	176,236	7,249	247,805	1,490,195
Construction in Progress	-	-	-	-	4,618	-	1,413,394	1,418,012
Total	4,330,907	4,297,086	4,611,381	5,520,830	5,175,685	2,768,824	13,038,756	39,743,469
Less: Accumulated Depreciation	1,818,247	2,021,864	1,624,098	1,638,348	1,283,304	418,814	317,173	9,121,848
Total Property and Equipment (at Depreciated Cost)	2,512,660	2,275,222	2,987,283	3,882,482	3,892,381	2,350,010	12,721,583	30,621,621
Total Assets	$ 2,743,076	$ 2,939,746	$ 3,133,645	$ 4,344,347	$ 4,142,768	$ 2,498,146	$ 14,348,537	$ 34,150,265

ATTACHMENT-27A

LUTHERAN SENIOR SERVICES
COMBINING BALANCE SHEET – AFFORDABLE HOUSING PROJECTS (CONTINUED)
DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

LIABILITIES AND NET ASSETS	Rose Hill House	Halls Ferry Manor	Dunn Road Manor	Westfield Manor	Hilltop Manor	Rose Hill House II	Mackenzie Place	Total Affordable Housing Projects
CURRENT LIABILITIES								
Accounts Payable:								
Trade	$ 287	$ 4,236	$ 5,037	$ 1,657	$ 426	$ 249	$ 537	$ 12,429
Development	-	-	-	-	-	-	251,138	251,138
Accrued Interest Payable	-	-	-	-	-	-	9,990	9,990
Other Accrued Liabilities	7,564	7,998	7,729	10,984	6,209	1,314	40,198	81,996
Due to Healthcare Affiliates	11,275	24,452	20,567	28,022	17,821	12,028	355,116	469,281
Total Current Liabilities	19,126	36,686	33,333	40,663	24,456	13,591	656,979	824,834
OTHER LIABILITIES								
HUD Capital Advances	4,366,600	4,243,200	4,548,800	5,797,600	5,181,700	2,608,880	6,102,498	32,849,278
Resident Deposits	22,964	18,085	15,150	17,322	23,969	10,638	61,150	169,278
Total Other Liabilities	4,389,564	4,261,285	4,563,950	5,814,922	5,205,669	2,619,518	6,163,648	33,018,556
Total Liabilities	4,408,690	4,297,971	4,597,283	5,855,585	5,230,125	2,633,109	6,820,627	33,843,390
NET ASSETS								
Unrestricted:								
Controlling Interest	(1,665,614)	(1,358,225)	(1,463,638)	(1,511,238)	(1,087,357)	(134,963)	75,279	(7,145,756)
Noncontrolling Interest	-	-	-	-	-	-	7,452,631	7,452,631
Total Unrestricted Net Assets	(1,665,614)	(1,358,225)	(1,463,638)	(1,511,238)	(1,087,357)	(134,963)	7,527,910	306,875
Total Liabilities and Net Assets	$ 2,743,076	$ 2,939,746	$ 3,133,645	$ 4,344,347	$ 4,142,768	$ 2,498,146	$ 14,348,537	$ 34,150,265

ATTACHMENT-27A

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LUTHERAN SENIOR SERVICES
COMBINING STATEMENTS OF UNRESTRICTED ACTIVITIES AND CHANGES IN NET ASSETS – AFFORDABLE HOUSING PROJECTS
YEAR ENDED DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Rose Hill House	Halls Ferry Manor	Dunn Road Manor	Westfield Manor	Hilltop Manor	Rose Hill House II	Mackenzie Place	Total Affordable Housing Projects
OPERATING REVENUE								
Resident Service	$ 383,454	$ 427,913	$ 442,262	$ 492,348	$ 374,436	$ 150,848	$ 554,404	$ 2,825,665
Other	4,832	4,239	5,090	11,094	8,172	4,316	6,192	43,935
Total Operating Revenue	388,286	432,152	447,352	503,442	382,608	155,164	560,596	2,869,600
OPERATING EXPENSE								
Administrative	163,120	217,406	183,529	232,815	184,041	73,617	400,889	1,455,417
Plant Operations and Maintenance	167,228	159,745	178,456	174,500	114,441	47,349	219,347	1,061,066
Employee Benefits	32,188	42,957	47,491	59,399	43,596	14,108	41,315	281,054
Interest	-	-	-	-	-	-	189,321	189,321
Depreciation and Amortization	110,716	134,492	138,127	167,665	148,137	76,830	305,391	1,081,358
Total Operating Expense	473,252	554,600	547,603	634,379	490,215	211,904	1,156,263	4,068,216
OPERATING LOSS	(84,966)	(122,448)	(100,251)	(130,937)	(107,607)	(56,740)	(595,667)	(1,198,616)
OTHER INCOME								
Investment Income	741	9,406	61	5,010	255	138	176,089	191,700
Total Other Income	741	9,406	61	5,010	255	138	176,089	191,700
DEFICIT OF NET REVENUE OVER EXPENSE	(84,225)	(113,042)	(100,190)	(125,927)	(107,352)	(56,602)	(419,578)	(1,006,916)
Equity Contributions	-	-	-	-	-	-	7,421,464	7,421,464
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	(84,225)	(113,042)	(100,190)	(125,927)	(107,352)	(56,602)	7,001,886	6,414,548
Unrestricted Net Assets - Beginning	(1,581,389)	(1,245,183)	(1,363,448)	(1,385,311)	(980,005)	(78,361)	526,024	(6,107,673)
UNRESTRICTED NET ASSETS - ENDING	$ (1,665,614)	$ (1,358,225)	$ (1,463,638)	$ (1,511,238)	$ (1,087,357)	$ (134,963)	$ 7,527,910	$ 306,875

LUTHERAN SENIOR SERVICES
COMBINING BALANCE SHEET – OBLIGATED GROUP
DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Lutheran Senior Services	Concordia Village	Provident Group	Meridian Village	Lutheran Senior Services Endowment Funds	Lutheran Hillside Village	Heisinger Bluffs	Subtotal	Eliminations	Total Obligated Group
ASSETS										
CURRENT ASSETS										
Cash and Cash Equivalents	$ 7,107,921	$ 10,792,141	$ (373,128)	$ (2,379,578)	$ (674,905)	$ 3,109,572	$ 1,039,020	$ 18,621,043	$ -	$ 18,621,043
Resident Accounts Receivable	4,081,278	394,908	-	502,194	-	650,438	743,619	6,372,437		6,372,437
Notes Receivable	6,091,463	134,507	-	-	-	319,834	-	6,545,804	-	6,545,804
Interest Receivable	994,951	-	-	-	284,656	-	-	1,279,607	-	1,279,607
Other Current Assets	2,289,155	68,376	-	121,739	114,835	64,208	107,860	2,766,173	-	2,766,173
Current Portion of Assets Limited as to Use	174,227,456	-	-	-	-	-	-	174,227,456	-	174,227,456
Total Current Assets	194,792,224	11,389,932	(373,128)	(1,755,645)	(275,414)	4,144,052	1,890,499	209,812,520	-	209,812,520
ASSETS LIMITED AS TO USE										
Investments	150,855,772	17,720	-	-	41,199,062	5,427,069	6,349	197,505,972	-	197,505,972
Less: Current Portion Shown Above	174,227,456	-	-	-	-	-	-	174,227,456	-	174,227,456
Total Assets Limited as to Use (Net of Current Portion Shown Above)	(23,371,684)	17,720	-	-	41,199,062	5,427,069	6,349	23,278,516	-	23,278,516
PROPERTY AND EQUIPMENT (at Cost)										
Land and Land Improvements	22,926,135	7,484,142	-	5,055,991	3,313,787	1,589,053	3,828,421	44,197,529	-	44,197,529
Building and Improvements	240,618,715	45,124,282	-	38,274,453	-	65,570,924	27,473,831	417,062,205	-	417,062,205
Equipment	22,493,059	2,695,319	-	2,390,308	4,037	3,711,197	2,619,312	33,913,232	-	33,913,232
Construction in Progress	56,352,877	-	-	-	-	55,718	951,102	57,359,697	-	57,359,697
Total	342,390,786	55,303,743	-	45,720,752	3,317,824	70,926,892	34,872,666	552,532,663	-	552,532,663
Less: Accumulated Depreciation	124,430,854	7,919,069	-	12,661,256	2,595	29,173,360	10,068,670	184,255,804	-	184,255,804
Total Property and Equipment (at Depreciated Cost)	217,959,932	47,384,674	-	33,059,496	3,315,229	41,753,532	24,803,996	368,276,859	-	368,276,859
OTHER ASSETS										
Deferred Marketing Costs	546,560	590,959	-	-	-	34,191	-	1,171,710	-	1,171,710
Deferred Financing Costs	4,167,110	-	-	-	-	-	-	4,167,110	-	4,167,110
Total Other Assets	4,713,670	590,959	-	-	-	34,191	-	5,338,820	-	5,338,820
Total Assets	$ 394,094,142	$ 59,383,285	$ (373,128)	$ 31,303,851	$ 44,238,877	$ 51,358,844	$ 26,700,844	$ 606,706,715	$ -	$ 606,706,715

LUTHERAN SENIOR SERVICES
COMBINING BALANCE SHEET – OBLIGATED GROUP (CONTINUED)
DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

LIABILITIES AND NET ASSETS	Lutheran Senior Services	Concordia Village	Provident Group	Meridian Village	Lutheran Senior Services Endowment Funds	Lutheran Hillside Village	Heisinger Bluffs	Subtotal	Eliminations	Total Obligated Group
CURRENT LIABILITIES										
Current Maturities of Long-Term Debt	$ 21,760,533	$ 7,811,855	$ -	$ 6,093,895	$ -	$ 6,410,768	$ 4,112,949	$ 46,190,000	$ -	$ 46,190,000
Accounts Payable:										
Trade	4,087,463	164,518	-	158,516	10,629	209,291	125,236	4,755,653	-	4,755,653
Development	6,077,103	-	-	-	-	-	-	6,077,103	-	6,077,103
Accrued Interest Payable	5,569,485	-	-	-	-	-	-	5,569,485	-	5,569,485
Other Accrued Liabilities	5,290,544	259,672	-	304,605	1,560,513	666,070	406,256	8,487,660	-	8,487,660
Current Portion of Refundable Residency Fees	9,060,000	474,000	-	384,000	-	2,498,000	194,000	12,610,000	-	12,610,000
Total Current Liabilities	51,845,128	8,710,045	-	6,941,016	1,571,142	9,784,129	4,838,441	83,689,901	-	83,689,901
LONG-TERM DEBT (Net of Current Maturities Shown Above)										
Bonds and Notes Payable	173,237,877	41,817,899	-	32,621,434	-	34,317,677	22,017,174	304,012,061	-	304,012,061
Interest Rate Swap Agreement	2,449,746	-	-	-	-	-	-	2,449,746	-	2,449,746
Total Long-Term Debt (Net of Current Maturities Shown Above)	175,687,623	41,817,899	-	32,621,434	-	34,317,677	22,017,174	306,461,807	-	306,461,807
OTHER LIABILITIES										
Refundable Residency Fees	92,966,773	16,478,708	-	6,128,154	-	26,639,757	3,601,114	145,814,506	-	145,814,506
Deferred Revenue from Residency Fees	7,549,302	1,226,838	-	696,382	-	1,621,232	210,052	11,303,806	-	11,303,806
Charitable Gift Annuities Payable	-	-	-	-	7,512,418	-	-	7,512,418	-	7,512,418
Resident Deposits	6,426,999	181,312	-	258,195	1,000	340,971	252,000	7,460,477	-	7,460,477
Accrued Pension Cost	5,426,680	-	-	-	-	-	-	5,426,680	-	5,426,680
Total Other Liabilities	112,369,754	17,886,858	-	7,082,731	7,513,418	28,601,960	4,063,166	177,517,887	-	177,517,887
Total Liabilities	339,902,505	68,414,802	-	46,645,181	9,084,560	72,703,766	30,918,781	567,669,595	-	567,669,595
NET ASSETS										
Unrestricted	53,727,201	(9,048,859)	(373,128)	(15,350,413)	22,250,713	(21,595,851)	(4,285,587)	25,324,076	-	25,324,076
Temporarily Restricted	464,436	17,342	-	9,083	4,931,412	245,929	67,650	5,735,852	-	5,735,852
Permanently Restricted	-	-	-	-	7,972,192	5,000	-	7,977,192	-	7,977,192
Total Net Assets	54,191,637	(9,031,517)	(373,128)	(15,341,330)	35,154,317	(21,344,922)	(4,217,937)	39,037,120	-	39,037,120
Total Liabilities and Net Assets	$ 394,094,142	$ 59,383,285	$ (373,128)	$ 31,303,851	$ 44,238,877	$ 51,358,844	$ 26,700,844	$ 606,706,715	$ -	$ 606,706,715

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ATTACHMENT-27A

LUTHERAN SENIOR SERVICES
COMBINING STATEMENTS OF UNRESTRICTED ACTIVITIES – OBLIGATED GROUP
YEAR ENDED DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Lutheran Senior Services	Concordia Village	Provident Group	Meridian Village	Lutheran Senior Services Endowment Funds	Lutheran Hillside Village	Heisinger Bluffs	Subtotal	Eliminations	Total Obligated Group
OPERATING REVENUE										
Resident Service	$ 91,589,612	$ 10,080,578	$ -	$ 13,593,837	$ -	$ 13,928,336	$ 14,272,505	$ 143,464,868	$ (332,808)	$ 143,132,060
Amortization of Residency Fees	1,785,889	503,892	-	115,957	-	587,723	31,747	3,025,208	-	3,025,208
Interest on Investments Held by Trustee	1,318,408	626,244	-	-	-	189,388	7,416	2,141,456	-	2,141,456
Net Assets Released from Restrictions-Operations	147,121	11,967	-	3,210	180,262	-	5,784	348,344	-	348,344
Other	13,755,452	212,573	1,080,000	239,531	13,749	500,165	163,729	15,965,199	(10,401,370)	5,563,829
Total Operating Revenue	108,596,482	11,435,254	1,080,000	13,952,535	194,011	15,205,612	14,481,181	164,945,075	(10,734,178)	154,210,897
OPERATING EXPENSE										
Nursing	25,417,661	2,912,207	-	3,858,219	-	3,742,999	5,118,299	41,049,385	(332,808)	40,716,577
In-Home Services	5,140,675	-	-	-	-	-	-	5,140,675	-	5,140,675
Dining Services	11,804,310	1,384,524	-	1,640,772	-	1,748,144	1,632,520	18,210,270	-	18,210,270
Housekeeping	2,441,761	251,859	-	199,998	-	409,337	291,892	3,594,847	(19,761)	3,575,086
Laundry	1,409,613	32,394	-	75,326	-	82,452	95,386	1,695,171	(793,647)	901,524
Activities and Social Services	2,881,677	245,261	-	339,783	-	381,613	452,307	4,300,641	-	4,300,641
Plant Operations and Maintenance	8,240,560	989,174	-	1,067,863	-	1,627,005	985,896	12,910,498	-	12,910,498
Administrative	20,365,478	1,611,058	1,082,540	2,312,851	180,262	2,435,703	1,762,959	29,750,851	(9,545,981)	20,204,870
Net Savings and Revenue Sharing Costs	1,046,772	91,600	-	103,269	20,165	117,077	131,553	1,510,436	-	1,510,436
Marketing	2,755,933	268,902	-	315,137	-	266,898	185,619	3,792,489	-	3,792,489
Employee Benefits	9,589,953	863,272	-	976,767	89,879	1,309,176	1,293,318	14,122,365	-	14,122,365
Interest	6,092,229	2,131,700	-	1,656,041	-	1,761,938	1,106,830	12,748,738	-	12,748,738
Depreciation and Amortization	10,808,999	2,475,032	-	1,682,385	577	2,604,568	1,366,768	18,938,329	-	18,938,329
Total Operating Expense	107,995,621	13,256,983	1,082,540	14,228,411	290,883	16,486,910	14,423,347	167,764,695	(10,692,197)	157,072,498
OPERATING GAIN (LOSS)	600,861	(1,821,729)	(2,540)	(275,876)	(96,872)	(1,281,298)	57,834	(2,819,620)	(41,981)	(2,861,601)
OTHER INCOME (EXPENSE)										
Unrealized Gain on Investments	2,628,293	-	-	-	1,243,218	147,269	-	4,018,780	-	4,018,780
Investment Income (Expense)	2,793,857	4,807	-	-	1,036,073	(21,838)	131	3,813,030	-	3,813,030
Realized Gains on Investments	1,969,187	-	-	-	135,838	116,282	-	2,221,307	-	2,221,307
Contributions	142,504	-	-	-	3,672,172	5,391	260	3,820,327	41,981	3,862,308
Net Periodic Pension Cost	(824,986)	-	-	-	-	-	-	(824,986)	-	(824,986)
Endowment Expenses	-	-	-	-	(1,808,182)	-	-	(1,808,182)	-	(1,808,182)
Gain on Disposal of Property and Equipment	258,161	-	-	-	-	-	-	258,161	-	258,161
Total Other Income (Expense)	6,967,016	4,807	-	-	4,279,119	247,104	391	11,498,437	41,981	11,540,418
EXCESS (DEFICIT) OF NET REVENUE OVER EXPENSE	7,567,877	(1,816,922)	(2,540)	(275,876)	4,182,247	(1,034,194)	58,225	8,678,817	-	8,678,817
Change in Valuation of Interest Rate Swap	332,182	-	-	-	-	-	-	332,182	-	332,182
Other Changes to Plan Assets and Benefit Obligations	300,329	-	-	-	-	-	-	300,329	-	300,329
Net Assets Released from Restrictions-Capital	61,395	3,074	-	1,954	-	-	6,091	72,514	-	72,514
Equity Transfer from (to) Affiliate	1,496,002	7,040	-	174,744	(1,977,485)	213,196	86,503	-	-	-
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 9,757,785	$ (1,806,808)	$ (2,540)	$ (99,178)	$ 2,204,762	$ (820,998)	$ 150,819	$ 9,383,842	$ -	$ 9,383,842

LUTHERAN SENIOR SERVICES
COMBINING STATEMENTS OF CHANGES IN NET ASSETS – OBLIGATED GROUP
YEAR ENDED DECEMBER 31, 2012
(SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION)

	Lutheran Senior Services	Concordia Village	Provident Group	Meridian Village	Lutheran Senior Services Endowment Funds	Lutheran Hillside Village	Heisinger Bluffs	Subtotal	Eliminations	Total Obligated Group
Unrestricted Net Assets:										
Net Assets - December 31, 2011	$ 43,969,416	$ (7,242,051)	$ (370,588)	$ (15,251,235)	$ 20,045,951	$ (20,774,853)	$(4,435,531)	$ 15,941,109	$ -	$ 15,941,109
Change in Net Assets:										
Excess (Deficit) of Net Revenue Over Expense	7,567,877	(1,816,922)	(2,540)	(275,876)	4,182,247	(1,034,194)	58,225	8,678,817	-	8,678,817
Change in Valuation of Interest Rate Swap	332,182	-	-	-	-	-	-	332,182	-	332,182
Other Changes in Plan Assets and Benefit Obligations	300,329	-	-	-	-	-	-	300,329	-	300,329
Net Assets Released from Restrictions - Capital Expenditures	61,395	3,074	-	1,954	-	-	6,091	72,514	-	72,514
Equity Transfer from Affiliate	1,496,002	7,040	-	174,744	(1,977,485)	213,196	86,503	-	-	-
Change in Net Assets	9,757,785	(1,806,808)	(2,540)	(99,178)	2,204,762	(820,998)	150,819	9,383,842	-	9,383,842
Net Assets - December 31, 2012	$ 53,727,201	$ (9,048,859)	$ (373,128)	$ (15,350,413)	$ 22,250,713	$ (21,595,851)	$(4,284,712)	$ 25,324,951	$ -	$ 25,324,951
Temporarily Restricted Net Assets:										
Net Assets - December 31, 2011	$ 470,039	$ 4,284	$ -	$ 9,063	$ 3,547,969	$ 133,271	$ 49,067	$ 4,213,693	$ -	$ 4,213,693
Change in Net Assets:										
Contributions	202,913	28,099	-	5,184	1,556,333	112,658	30,458	1,935,645	-	1,935,645
Investment Income	-	-	-	-	7,372	-	-	7,372	-	7,372
Net Assets Released from Restrictions - Operations	(147,121)	(11,967)	-	(3,210)	(180,262)	-	(5,784)	(348,344)	-	(348,344)
Net Assets Released from Restrictions -Capital Expenditures	(61,395)	(3,074)	-	(1,954)	-	-	(6,091)	(72,514)	-	(72,514)
Change in Net Assets	(5,603)	13,058	-	20	1,383,443	112,658	18,583	1,522,159	-	1,522,159
Net Assets, December 31, 2012	$ 464,436	$ 17,342	$ -	$ 9,083	$ 4,931,412	$ 245,929	$ 67,650	$ 5,735,852	$ -	$ 5,735,852
Permanently Restricted Net Assets:										
Net Assets - December 31, 2011	$ -	$ -	$ -	$ -	$ 7,935,314	$ 5,000	$ -	$ 7,940,314	$ -	$ 7,940,314
Change in Net Assets:										
Contributions	-	-	-	-	36,878	-	-	36,878	-	36,878
Change in Net Assets	-	-	-	-	36,878	-	-	36,878	-	36,878
Net Assets - December 31, 2012	$ -	$ -	$ -	$ -	$ 7,972,192	$ 5,000	$ -	$ 7,977,192	$ -	$ 7,977,192

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.

The Applicant is funding the project entirely in Cash (internal sources), as such it is eligible for the financial viability waiver. Appended as **ATTACHMENT-27A** are three years of audited financial statements documenting availability of funds.

ATTACHMENT-28

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

Appended as **ATTACHMENT-30A** is a notarized statement signed by the Applicant documenting the reasonableness of funding the project with internal sources, i.e., cash.

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.

	Cost	2018
Salaries	$3,614,030	
Benefits	$1,178,174	Patient Days: 39,055
Supplies	$ 12,904	
Patient Days	$4,805,108	$123.00/Patient Day

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.

	Cost	2018
Depreciation	$1,216,352	
Interest Expense	$ 239,131	Patient Days: 39,055
Amortization	N/A	
	$1,455,483	$37.00/Patient Day

ATTACHMENT - 30

LUTHERAN SENIOR SERVICES

August 25, 2014

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

Re: Criterion 1125.800C)5)A)
Reasonableness of Financing
Arrangements

Dear Ms. Avery:

Regarding the above referenced criterion, we hereby certify that the total estimated project costs and related costs will be funded in total with funds held by Lutheran Senior Services. As reflected in our December 31, 2013 audit, Lutheran Senior Services has $132,249,223 in Board Designated Reserve Funds and a portion these funds will be used to fund this project.

Sincerely,

Paul J. Ogier
Chief Financial Officer

State of Missouri

County of ST. LOUIS

Sworn to before me this
25th day of August, 2014

Notary Public
Kathleen M. Shamus

KATHLEEN M. SHAMUS
MY COMMISSION EXPIRES 3/13/2016
NOTARY PUBLIC NOTARY SEAL COMMISSION #12316117
ST. LOUIS COUNTY
STATE OF MISSOURI

1150 Hanley Industrial Ct. | St. Louis, MO 63144
ph 314.968.9313 | fax 314.968.5590 | LSSLiving.org

ATTACHMENT-30A

The Lutheran Home
Proforma Financial Statement

Lutheran Hillside Village
Care Center Info after Expansion- assumed first full year of operations is 2017; first full year of stabilized occupancy is 2018.

Total Beds	119
Occupied Beds	110.9
Occupancy %	93.2%
Patient Days - Available	43,435
Patient Days - Occupied	40,478

Direct Operating Expenses - Nursing

Nursing	Year 2018
50705 - Salaries - RN	542,470
50735 - Salaries - LPN	753,902
50155 - Salaries - Household Coordinator	99,474
50805 - Salaries - Homemaker	179,768
50765 - Salaries - CNA	1,354,454
50800 - Salaries - Restorative Aide	36,737
50706 - Salaries - Non-Prod RN	25,320
50736 - Salaries - Non-Prod LPN	65,582
50766 - Salaries - Non-Prod CNA	79,509
50920 - Salaries - Training	33,530
511 - Employee Benefits	1,033,663
61045 - Non-Prescription Drugs	8,376
67120 - Office Supplies	6,811
67190 - Supplies - Other	5,108
67215 - Dietary Supplements	13,621
67460 - Subscriptions & Publications	232
67530 - Minor Equipment	3,405
68105 - Purchasing Rebates	(17,389)
68110 - Purchased Services	6,811
68160 - Purchased Services - Medical Director	6,956
68165 - Pharmacy Consultant	5,217
68175 - Therapy Consultant Services	1,391
69180 - Professional Development	1,159
69190 - Travel	290
Total Nursing	4,246,396

Ancillary Costs	
61010 - Physical Therapy - Private	49,260
61020 - Occupational Therapy - Private	1,716
61030 - Speech Therapy - Private	962
61040 - Pharmacy - Private	1,023
61070 - Billable Medical Supplies - Private	57,697
61080 - Billable Briefs	38,465
61090 - Non-Billable Medical Supplies - Private	31,733
61150 - Equipment Rental - Private	13,655
61170 - Oxygen - Private	23,079
62010 - Physical Therapy - Part A	240,063
62020 - Occupational Therapy - Part A	239,467
62030 - Speech Therapy - Part A	64,639
62040 - Pharmacy - Part A	213,135
62070 - Billable Medical Supplies - Part A	16,455
62080 - Billable Briefs - Part A	10,795
62090 - Non-Billable Medical Supplies- Part A	6,698
62100 - X-Ray - Part A	14,599
62110 - Laboratory - Part A	21,671
62150 - Equipment Rental - Part A	12,437
62160 - Other - Part A	6,324
62170 - Oxygen - Part A	7,071
63040 - Pharmacy - Medicaid	708
63070 - Billable Medical Supplies - Medicaid	7,920
63080 - Billable Briefs - Medicaid	6,549
63090 - Non-Billable Medical Supplies - Medicaid	3,711
63150 - Oxygen - Medicaid	3,357
64010 - Physical Therapy - Managed Care	40,429
64020 - Occupational Therapy - Managed Care	34,808
64030 - Speech Therapy - Managed Care	4,718
64040 - Pharmacy - Managed Care	73,598
64070 - Billable Medical Supplies- Managed Care	1,233
64080 - Billable Briefs- Managed Care	1,537
64090 - Non Billable Medical Supplies- Managed Care	652
64100 - X-Ray - Managed Care	2,430
64110 - Laboratory - Managed Care	5,187
64170 - Oxygen - Managed Care	1,528
65030 - Speech Therapy - Part B	36,534
65020 - Occupational Therapy - Part B	128,849
65175 - Vaccine Costs	1,916
65010 - Physical Therapy - Part B	236,557
Total Ancillary Costs	1,663,162

Nurse Administration	
50110 - Salaries	416,957
51100 - Employee Benefits	135,928
67120 - Office Supplies	2,319
67190 - Supplies - Other	406
67230 - Printing And Forms	1,159
67470 - Meetings	1,159
69150 - Telephone	556
69180 - Professional Development	1,159
69190 - Travel	1,159
Total Nurse Administration	560,803

Medical Records	
50110 - Salaries	26,327
51100 - Employee Benefits	8,583
67120 - Office Supplies	580
68400 - Data Processing	44,270
Total Medical Records	79,759
Total	6,550,121

Capital Costs	Year 2018
Interest Expense - Existing Debt	239,131
Interest Expense - New Debt for Expansion	-
Total Interest Expense	239,131

Capital Costs		Annual Fixed Asset Expenditures
Depreciation Expense - Existing Assets	618,166	235,000
Depreciation Expense - Expansion Assets	598,186	230,000
Total Depreciation Expense	1,216,352	465,000

ATTACHMENT-30A