LONG-TERM CARE
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

RECEIVED

FEB 09 2015

HEALTH FACILITIES & SERVICES REVIEW BOARD

DESCRIPTION OF PROJECT

Project Type

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

Narrative Description

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

The Applicant, **Applewood Property, LLC** (Owner) and **Applewood Rehabilitation Center, LLC** (Operator/Licensee) together are proposing the renovation of **Applewood Rehabilitation Center** to include rehabilitation of the existing 115 licensed nursing bed facility and the addition of 39 additional nursing care beds located at 21020 Kostner Avenue, Matteson, Cook County, Planning Area 705, Illinois. Upon project completion the total licensed nursing beds will equal 154 beds in a total of 67,853 gsf comprised in a single story structure with a partial basement. There are 39,141gsf of existing space (28,905 gsf renovated, 9,722 gsf as is, and 514 gsf vacated) and 29,226 gsf of newly constructed space. The total project cost is estimated to be $10,270,327 of which $1,270,327 will be cash and securities and the balance of $9,000,000 will be financed through a mortgage. The project includes additions, renovations and modernization to the facility.

This project is classified as substantive in accordance with 77 Illinois 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: **Applewood Rehabilitation Center**
Street Address: **21020 Kostner Avenue**
City and Zip Code: **Matteson, Illinois 60443**
County: **Cook** Health Service Area: **007** Health Planning Area: **705**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Applewood Rehabilitation Center, LLC**
Address: **2201 Main Street, Evanston, Illinois 60202**
Name of Registered Agent: **Thomas Winter, CFO**
Name of Chief Executive Officer: **Michael Giannini, Manager**
CEO Address: **6840 North Lincoln Avenue, Lincolnwood, Illinois 60712**
Telephone Number: **(847) 675-7979**

Type of Ownership (Applicant/Co-Applicants)

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries)

Name: **John P. Kniery**
Title: **Health Care Consultant**
Company Name: **Foley & Associates, Inc.**
Address: **133 South 4th Street, 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

Facility Name: **Applewood Rehabilitation Center**
Street Address: **21020 Kostner Avenue**
City and Zip Code: **Matteson, Illinois 60443**
County: **Cook** Health Service Area: **007** Health Planning Area: **705**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Applewood Property, LLC**
Address: **2201 Main Street, Evanston, Illinois 60202**
Name of Registered Agent: **David Aronin**
Name of Chief Executive Officer: **Michael Giannini, Manager**
CEO Address: **6840 North Lincoln Avenue, Lincolnwood, Illinois 60712**
Telephone Number: **(847) 675-7979**

Type of Ownership (Applicant/Co-Applicants)

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

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

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Telephone Number: **(217) 544-1551**
E-mail Address: **cfoley@foleyandassociates.com**
Fax Number: **(217) 544-3615**

Post Permit Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Applewood Property, LLC**
Address of Site Owner: **2201 Main Street, Evanston, Illinois 60202**
Street Address or Legal Description of Site: **21020 Kostner Avenue**
Proof of ownership or control of the site is to be provided as . Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: **Applewood Rehabilitation Center, LLC**
Address: **2201 Main Street, Evanston, Illinois 60202**

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

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

State Agency Submittals

The following submittals are up- to- date, as applicable:

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☐ All reports regarding outstanding permits

If the applicant fails to submit updated information for the requirements listed above, the application for permit will be deemed incomplete.

CERTIFICATION

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

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

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

SIGNATURE

ERIC ROTHNER
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16th day of DECEMBER 2014

Rosanayeli M. Pruitt
Signature of Notary

OFFICIAL SEAL
ROSANAYELI M PRUITT
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/07/15

Seal

SIGNATURE

DAVID ARQUIN
PRINTED NAME

Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16th day of December 2014

Rosanayeli M. Pruitt
Signature of Notary

OFFICIAL SEAL
ROSANAYELI M PRUITT
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/07/15

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

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

SIGNATURE

Thomas Winter
PRINTED NAME

Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11th day of December

Signature of Notary

OFFICIAL SEAL
EVA BYERLEY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/07/17
Seal

SIGNATURE

Barrish Group Ltd Partnership, Kirsten Barrish, General Partner
PRINTED NAME

General Partner of Barrish Group Ltd Partnership
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11th day of December

Signature of Notary

OFFICIAL SEAL
EVA BYERLEY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/07/17
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	115	154
☐ 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	92 187	36,660 37,494
☐ Specialized Long-Term Care			

Applicable Review Criteria - Guide

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

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

GENERAL LONG-TERM CARE

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

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

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

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

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

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

SPECIALIZED LONG-TERM CARE

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

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

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

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

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

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

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

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

Criterion 1125.530 - Planning Area Need

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

than the number of years projected;

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

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

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

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

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

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

1. Historical Service Demand

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

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

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

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

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

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

Continuum of Care:

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

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

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

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

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

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

Criterion 1125.590 - Staffing Availability

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

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

Criterion 1125.600 Bed Capacity

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

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

Criterion 1125.610 - Community Related Functions

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

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

Criterion 1125.620 - Project Size

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

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

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

Criterion 1125.630 - Zoning

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

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

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

Criterion 1125.640 - Assurances

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

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

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

Criterion 1125.650 - Modernization

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

   a. High cost of maintenance;

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

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

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

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

   a. Copies of maintenance reports;

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

   c. Other pertinent reports and data.

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

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

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

$1,270,327	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;
$9,000,000	d.	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.
_____	e.	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied

		by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f.	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g.	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$10,270,327	**TOTAL FUNDS AVAILABLE**	

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

Financial Viability

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

Financial Viability Waiver – THIS ITEM IS NOT GERMANE

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

COMBINED (Applewood Property, LLC and Applewood Rehabilitation Center, LLC)

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:	**2012**	**2013**	**2014**	**2019**
Current Ratio	**3.8**	**4.7**	**3.5**	**2.8**
Net Margin Percentage	**40.1**	**44.0**	**47.5**	**49.2**
Percent Debt to Total Capitalization	**54.7**	**37.3**	**34.7**	**59.8**
Projected Debt Service Coverage	**4.8**	**28.5**	**81.2**	**4.4**
Days Cash on Hand	**118.5**	**147.7**	**102.6**	**134.1**
Cushion Ratio	**7.5**	**22.1**	**18.7**	**4.2**

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

		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.
$10,270,327	**TOTAL FUNDS AVAILABLE**	

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

Financial Viability

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

Financial Viability Waiver – THIS ITEM IS NOT GERMANE

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

Applewood Property, LLC

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:	**2012**	**2013**	**2014**	**2019**
Current Ratio	**7.7**	**8.0**	**9.3**	**6.4**
Net Margin Percentage	**79.3**	**87.8**	**89.3**	**67.7**
Percent Debt to Total Capitalization	**74.2**	**56.1**	**53.2**	**75.3**
Projected Debt Service Coverage	**3.1**	**18.1**	**44.6**	**2.1**
Days Cash on Hand	**59.0**	**314.3**	**630.5**	**572.5**
Cushion Ratio	**0.5**	**8.9**	**39.4**	**2.1**

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

		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.
$10,270,327	**TOTAL FUNDS AVAILABLE**	

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

Financial Viability

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

Financial Viability Waiver – THIS ITEM IS NOT GERMANE

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

Applewood Rehabilitation Center, LLC

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:	**2012**	**2013**	**2014**	**2019**
Current Ratio	**1.9**	**2.6**	**1.9**	**1.9**
Net Margin Percentage	**28.9**	**24.8**	**30.7**	**44.1**
Percent Debt to Total Capitalization	**0**	**0**	**0**	**0**
Projected Debt Service Coverage	**17.1**	**1274.5**	**N/A**	**339.2**
Days Cash on Hand	**125.3**	**136.7**	**68.6**	**81.5**
Cushion Ratio	**26.3**	**28.6**	**14.3**	**25.6**

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

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

2. Variance

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

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

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

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

B. Conditions of Debt Financing

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

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

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY SERVICE

Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Nursing-New	$216.18	$62.44	29,740**		28,905		$6,429,094	$1,804,809	$8,233,903
Contingency	$5.61	$1.63	29,740**		28,905		$166,757*	$47,034*	$213,791
TOTALS	$221.79	$64.07	29,740**		28,905		$6,595,851	$1,851,843	$8,447,694

* Include the percentage (%) of space for circulation

* Contingency Cost breakdown based on Total Contract Costs (New Construction is 78%, Modernization is 22%)
**New Construction of 29,226 gsf + vacated (demolition) space of 514 gsf as demolition costs are in the construction contract line item.

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

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	$10,540.80	$6,959.20	$17,500
Site Preparation	$60,233.15	$39,766.85	$100,000
Off Site Work	$14,701.11	$9,705.89	$24,407
New Construction Contracts	$3,872,445.90	$2,556,648.10	$6,429,094
Modernization Contracts	$1,087,093.33	$717,715.67	$1,804,809
Contingencies	$128,773.06	$85,017.94	$213,791
Architectural/Engineering Fees	$402,152.66	$265,507.34	$667,660
Consulting and Other Fees	$48,186.52	$31,813.48	$80,000
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)	$51,508.98	$34,007.02	$85,516
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	$510,506.07	$337,043.93	$847,550
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$6,186,141.58**	**$4,084,185.42**	**$10,270,327**
SOURCE OF FUNDS	**CLINICAL**	**NON-CLINICAL**	**TOTAL**
Cash and Securities	$765,157.98	$505,169.02	$1,270,327
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	$5,420,983.60	$3,579,016.40	$9,000,000
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$6,186,141.58**	**$4,084,185.42**	**$10,270,327**

*Clinical Cost equates to Appendix D's Total Clinical space as a percentage of the whole (60.2%); Conversely, Non-Clinical Cost equates to Appendix D's Total Non-Clinical space as a percentage of the whole (39.8%).

APPENDIX A

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 $ **Not Germane**.

APPENDIX C

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

- ☐ None or not applicable
- ☒ Preliminary
- ☐ Schematics
- ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): **30 months after CON approval**

*** Construction completion is 24 Months . The additional time towards project completion is to allow for licensure.**

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

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

APPENDIX D

Cost/Space Requirements

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

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
CLINICAL							
New Resident Rooms And Bath Rooms	$1,628,649	376	10,760	10,384	376		
Existing Resident Rooms and Toilet Rooms	$2,136,618	14,116	14,116		14,116		
Existing Resident Room Closets	$161,805	1,069	1,069			1,069	
Nursing Support	$84,006	555	555		555		
Utility Rooms	$114,278	755	755			755	
Living/Dining/Activity	$1,059,681	3,544	7,001	3,717	3,284		260
P.T. / O.T.	$407,616		2,693	2,693			
Shower Rooms / Toilets – Existing	$129,111	853	853		183	670	
Exam / Dr. Lounge	$43,592	288	288		288		
Food Service	$264,428		1,747	1,747			
Laundry Services	$89,606	592	592		592		
Beauty / Barber	$66,750	441	441		441		
TOTAL CLINICAL	**$6,186,142**	**22,589**	**40,870**	**18,541**	**19,835**	**2,494**	**260**
NON CLINICAL							
Office/Administration	$485,567	1,326	3,208	2,035	1,173		153
Commons	$153,935		1,017	1,017			
Canopies	$256,104		1,692	1,692			
Electrical Room	$91,574	504	605	101	128	376	
Mechanical / Trash Enclosure	$103,531		684	684			
Maintenance	$81,735	540	540			540	
Building Support	$1,365,280	3,864	9,020	5,156	319	3,545	
Building Storage	$344,499	2,276	2,276			2,276	
Existing Corridor / Vestibule Renovations	$1,201,961	8,042	7,941		7,450	491	101
TOTAL NON-CLINICAL	**$4,084,185**	**16,552**	**26,983**	**10,685**	**9,070**	**7,228**	**254**
TOTAL	**$10,270,327**	**39,141**	**67,853**	**29,226**	**28,905**	**9,722**	**514**

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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	Service Specific - Specialized Long-Term Care	
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	Financial and Economic Feasibility:	
27	Availability of Funds	245-326
28	Financial Waiver	
29	Financial Viability	327-330
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	APPENDICES	
A	Project Costs and Sources of Funds	
B	Related Project Costs	
C	Project Status and Completion Schedule	
D	Cost/Space Requirements	

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

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

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

ATTACHMENT-1

File Number 0079889-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

APPLEWOOD PROPERTY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 28, 2002, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* APRIL *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Authentication #: 1409302800

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

ATTACHMENT-1A

File Number 0349698-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

APPLEWOOD REHABILITATION CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 07, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* APRIL *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Authentication #: 1409901380

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

ATTACHMENT-1A

Site Ownership

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

The owner of the existing building and site is **Applewood Property, LLC.** The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-2A**. As an existing ongoing business, the legal description of the project's site is appended within the 2013 Real Estate Tax Bill, appended as **ATTACHMENT-2B.**

ATTACHMENT-2

File Number 0079889-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

APPLEWOOD PROPERTY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 28, 2002, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* APRIL *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Authentication #: 1409302800

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

ATTACHMENT-2A

TOTAL PAYMENT DUE

$5,613.19

By 08/01/14 (on time)

2013 Second Installment Property Tax Bill

Property Index Number (PIN)	Volume	Code	Tax Year	(Payable In)	Township	Classification
31-22-114-023-0000	179	32015	2013	(2014)	RICH	1-00

IF PAYING LATE PLEASE PAY	08/02/14-09/01/14	09/02/14-10/01/14	10/02/14-11/01/14	LATE INTEREST IS 1.5% PER MONTH, BY STATE LAW
	$5,697.39	$5,781.59	$5,865.79	

TAXING DISTRICT BREAKDOWN

Taxing District	2013 Tax	2013 Rate	2013 %	Pension	2012 Tax
MISCELLANEOUS TAXES					
South Cook Mosquito Abatement Harvey	11.90	0.016	0.10%		10.98
Metro Water Reclamation Dist of Chicago	310.19	0.417	2.57%	30.49	290.07
Miscellaneous Taxes Total	322.09	0.433	2.67%		301.05
SCHOOL TAXES					
Prairie State Comm College 515 Chgo Hts	326.56	0.439	2.71%		321.43
Rich Township High School District 227	4,336.76	5.830	35.96%	205.30	4,156.61
Matteson School District 162	4,618.69	6.209	38.29%	200.10	4,329.87
School Taxes Total	9,282.01	12.478	76.96%		8,807.91
MUNICIPALITY/TOWNSHIP TAXES					
Matteson Library Fund	506.06	0.683	4.21%	42.40	518.99
Village of Matteson	1,127.71	1.516	9.35%	583.85	1,303.74
Road & Bridge Rich	69.92	0.094	0.58%		66.64
General Assistance Rich	34.22	0.046	0.28%		30.57
Town of Rich	226.14	0.304	1.87%	38.68	228.92
Municipality/Township Taxes Total	1,966.05	2.643	16.29%		2,148.86
COOK COUNTY TAXES					
Cook County Forest Preserve District	51.33	0.069	0.43%	1.48	49.39
Consolidated Elections	23.06	0.031	0.19%		0.00
County of Cook	204.56	0.275	1.70%	88.52	224.99
Cook County Public Safety	162.81	0.219	1.35%		141.90
Cook County Health Facilities	49.10	0.066	0.41%		49.39
Cook County Taxes Total	490.96	0.660	4.08%		465.67
(Do not pay these totals)	12,061.11	16.214	100.00%		11,723.49

TAX CALCULATOR

2012 Assessed Value	27,943
2013 Assessed Value	27,943
2013 State Equalization Factor X	2.6621
2013 Equalized Assessed Value (EAV)	74,387
2013 Local Tax Rate X	16.214%
2013 Total Tax Before Exemptions	12,061.11

2013 Total Tax Before Exemptions	12,061.11
Homeowner's Exemption	.00
Senior Citizen Exemption	.00
Senior Assessment Freeze Exemption	.00
2013 Total Tax After Exemptions	12,061.11
First Installment	6,447.92
Second Installment +	5,613.19
Total 2013 Tax (Payable in 2014)	12,061.11

IMPORTANT MESSAGES

- Thank you for your first installment payment of: $6,447.92 on 01-31-14

PROPERTY LOCATION

4460 LINCOLN HWY
MATTESON IL 60443 2313

MAILING ADDRESS

APPLEWOOD NURSING
2201 MAIN ST
EVANSTON IL 60202-1519

DETACH & INCLUDE WITH PAYMENT

TOTAL PAYMENT DUE

$5,613.19

By 08/01/14 (on time)
If paying later, refer to amounts above.

IMPORTANT PAYMENT MESSAGES

Use of this coupon authorizes the Treasurer's Office to reduce the check amount to prevent overpayment. Include only one check and one original coupon per envelope.

Property Index Number (PIN) 31-22-114-023-0000
Tax Volume 179

Amount Paid

$

SN 0020130200 RTN 500001075 AN (see PIN) TC 008911

☐ Name/Mailing Address change? Check box and complete form on back to update your name and/or mailing address.

Include name, PIN, address, location, phone and email on check payable to Cook County Treasurer.

00201302009312211402300008008911200005613194000056973990000578159200005865790

20 31-22-114-023-0000 0 13 4 988050

APPLEWOOD NURSING
OR CURRENT OWNER
2201 MAIN ST
EVANSTON IL 60202-1519

COOK COUNTY TREASURER
PO BOX 805438
CHICAGO IL 60680-4116

ATTACHMENT-2B

312211402300000/0/13/F/0000561319/2

TOTAL PAYMENT DUE

$195,058.87

By 08/01/14 (on time)

2013 Second Installment Property Tax Bill

Property Index Number (PIN)	Volume	Code	Tax Year	(Payable In)	Township	Classification
31-22-114-024-0000	179	32015	2013	(2014)	RICH	5-97

IF PAYING LATE PLEASE PAY	08/02/14-09/01/14	09/02/14-10/01/14	10/02/14-11/01/14	LATE INTEREST IS 1.5% PER MONTH, BY STATE LAW
	$197,984.75	$200,910.63	$203,836.51	

TAXING DISTRICT BREAKDOWN

Taxing District	2013 Tax	2013 Rate	2013 %	Pension	2012 Tax
MISCELLANEOUS TAXES					
South Cook Mosquito Abatement Harvey	861.30	0.016	0.10%		291.20
Metro Water Reclamation Dist of Chicago	9,416.39	0.417	2.57%	925.83	7,696.00
Miscellaneous Taxes Total	9,777.69	0.433	2.67%		7,987.20
SCHOOL TAXES					
Prairie State Comm College 515 Chgo Hts	9,913.17	0.439	2.71%		8,528.00
Rich Township High School District 227	131,648.75	5.830	35.96%	6,232.42	110,261.55
Matteson School District 162	140,207.04	6.209	38.29%	6,074.35	114,878.34
School Taxes Total	281,768.96	12.478	76.96%		233,667.89
MUNICIPALITY/TOWNSHIP TAXES					
Matteson Library Fund	15,423.00	0.683	4.21%	1,287.13	13,769.59
Village of Matteson	34,233.19	1.516	9.35%	17,116.59	34,590.38
Road & Bridge Rich	2,122.64	0.094	0.58%		1,766.00
General Assistance Rich	1,038.74	0.046	0.28%		811.20
Town of Rich	6,864.70	0.304	1.87%	1,174.22	6,073.60
Municipality/Township Taxes Total	59,682.27	2.643	16.29%		57,012.77
COOK COUNTY TAXES					
Cook County Forest Preserve District	1,558.11	0.069	0.43%	45.16	1,310.40
Consolidated Elections	700.02	0.031	0.19%		0.00
County of Cook	6,209.84	0.275	1.70%	2,687.16	5,969.59
Cook County Public Safety	4,945.30	0.219	1.35%		3,764.80
Cook County Health Facilities	1,490.36	0.066	0.41%		1,310.40
Cook County Taxes Total	14,903.63	0.660	4.08%		12,356.19
(Do not pay these totals)	366,132.55	16.214	100.00%		311,043.05

TAX CALCULATOR

2012 Assessed Value	741,374
2013 Assessed Value	848,250
2013 State Equalization Factor X	2.6621
2013 Equalized Assessed Value (EAV)	2,258,128
2013 Local Tax Rate X	16.214%
2013 Total Tax Before Exemptions	366,132.55

2013 Total Tax Before Exemptions	366,132.55
Homeowner's Exemption	.00
Senior Citizen Exemption	.00
Senior Assessment Freeze Exemption	.00
2013 Total Tax After Exemptions	366,132.55
First Installment	171,073.68
Second Installment +	195,058.87
Total 2013 Tax (Payable in 2014)	366,132.55

IMPORTANT MESSAGES

- Thank you for your first installment payment of: $171,073.68 on 01-31-14

PROPERTY LOCATION

4450 LINCOLN HWY
MATTESON IL 60443 2313

MAILING ADDRESS

APPLEWOOD NURSING
2201 MAIN ST
EVANSTON IL 60202-1519

DETACH & INCLUDE WITH PAYMENT

TOTAL PAYMENT DUE

$195,058.87

By 08/01/14 (on time)
If paying later, refer to amounts above.

IMPORTANT PAYMENT MESSAGES

Use of this coupon authorizes the Treasurer's Office to reduce the check amount to prevent overpayment. Include only one check and one original coupon per envelope.

SN 0020130200 RTN 500001075 AN (see PIN) TC 008911

☐ Name/Mailing Address change? Check box and complete form on back to update your name and/or mailing address.

Property Index Number (PIN)	Tax Volume
31-22-114-024-0000	179

Amount Paid

$

Include name, PIN, address, location, phone and email on check payable to Cook County Treasurer.

00201302009312211402400000008911200195058878001979847580020091063100203836518

20 31-22-114-024-0000 C 13 4 989051

APPLEWOOD NURSING
OR CURRENT OWNER
2201 MAIN ST
EVANSTON IL 60202-1519

COOK COUNTY TREASURER
PO BOX 805438
CHICAGO IL 60680-4118

ATTACHMENT-2B

312211402400000/0/13/F/0019505887/2

TOTAL PAYMENT DUE

$2,493.24

By 08/01/14 (on time)

2013 Second Installment Property Tax Bill

Property Index Number (PIN)	Volume	Code	Tax Year	(Payable in)	Township	Classification
31-22-114-025-0000	179	32015	2013	(2014)	RICH	5-90

IF PAYING LATE PLEASE PAY	08/02/14-09/01/14	09/02/14-10/01/14	10/02/14-11/01/14	LATE INTEREST IS 1.5% PER MONTH, BY STATE LAW
	$2,530.64	$2,568.04	$2,605.44	

TAXING DISTRICT BREAKDOWN

Taxing District	2013 Tax	2013 Rate	2013 %	Pension	2012 Tax
MISCELLANEOUS TAXES					
South Cook Mosquito Abatement Harvey	5.25	0.016	0.10%		4.62
Metro Water Reclamation Dist of Chicago	136.95	0.417	2.57%	13.46	127.39
Miscellaneous Taxes Total	142.20	0.433	2.67%		132.21
SCHOOL TAXES					
Prairie State Comm College 515 Chgo Hts	144.16	0.439	2.71%		141.16
Rich Township High School District 227	1,914.69	5.830	35.96%	90.64	1,825.48
Matteson School District 162	2,039.16	6.209	38.29%	88.34	1,901.57
School Taxes Total	4,098.03	12.478	76.96%		3,868.21
MUNICIPALITY/TOWNSHIP TAXES					
Matteson Library Fund	224.31	0.683	4.21%	18.71	227.93
Village of Matteson	497.88	1.516	9.35%	248.94	572.67
Road & Bridge Rich	30.87	0.094	0.58%		29.27
General Assistance Rich	15.11	0.048	0.28%		13.43
Town of Rich	99.84	0.304	1.87%	17.07	100.54
Municipality/Township Taxes Total	886.01	2.643	16.29%		943.74
COOK COUNTY TAXES					
Cook County Forest Preserve District	22.66	0.069	0.43%	0.65	21.89
Consolidated Elections	10.18	0.031	0.19%		0.00
County of Cook	90.32	0.275	1.70%	39.08	98.80
Cook County Public Safety	71.92	0.219	1.35%		62.32
Cook County Health Facilities	21.68	0.066	0.41%		21.69
Cook County Taxes Total	216.76	0.660	4.08%		204.50
(Do not pay these totals)	5,325.00	16.214	100.00%		5,148.66

TAX CALCULATOR

2012 Assessed Value	12,272
2013 Assessed Value	12,337
2013 State Equalization Factor X	2.6621
2013 Equalized Assessed Value (EAV)	32,842
2013 Local Tax Rate X	16.214%
2013 Total Tax Before Exemptions	5,325.00

2013 Total Tax Before Exemptions	5,325.00
Homeowner's Exemption	.00
Senior Citizen Exemption	.00
Senior Assessment Freeze Exemption	.00
2013 Total Tax After Exemptions	5,325.00
First Installment	2,831.76
Second Installment +	2,493.24
Total 2013 Tax (Payable in 2014)	5,325.00

IMPORTANT MESSAGES

- Thank you for your first installment payment of: $2,831.76 on 01-31-14

PROPERTY LOCATION

4440 LINCOLN HWY
MATTESON IL 60443 2349

MAILING ADDRESS

APPLEWOOD NURSING
2201 MAIN ST
EVANSTON IL 60202-1519

DETACH & INCLUDE WITH PAYMENT

TOTAL PAYMENT DUE

$2,493.24

By 08/01/14 (on time)
If paying later, refer to amounts above.

IMPORTANT PAYMENT MESSAGES

Use of this coupon authorizes the Treasurer's Office to reduce the check amount to prevent overpayment. Include only one check and one original coupon per envelope.

SN 0020130200 RTN 500001075 AN (see PIN) TC 008911

☐ Name/Mailing Address change? Check box and complete form on back to update your name and/or mailing address.

Property Index Number (PIN): 31-22-114-025-0000
T316 Volume: 179

Amount Paid: $

Include name, PIN, address, location, phone and email on check payable to Cook County Treasurer.

00201302009312211402500003008911200002493241000025306470000256804300002605449

20 31-22-114-025-0000 0 13 4 989052

APPLEWOOD NURSING
OR CURRENT OWNER
2201 MAIN ST
EVANSTON IL 60202-1519

COOK COUNTY TREASURER
PO BOX 805438
CHICAGO IL 60680-4116

ATTACHMENT-2B

312211402500000/0/13/F/0000249324/2

2013 Second Installment Property Tax Bill

TOTAL PAYMENT DUE

$6,914.83

By 08/01/14 (on time)

Property Index Number (PIN)	Volume	Code	Tax Year	(Payable in)	Township	Classification
31-22-114-026-0000	179	32015	2013	(2014)	RICH	5-90

IF PAYING LATE PLEASE PAY	08/02/14-09/01/14	09/02/14-10/01/14	10/02/14-11/01/14	LATE INTEREST IS 1.5% PER MONTH, BY STATE LAW
	$7,018.55	$7,122.27	$7,225.99	

TAXING DISTRICT BREAKDOWN

Taxing District	2013 Tax	2013 Rate	2013 %	Pension	2012 Tax
MISCELLANEOUS TAXES					
South Cook Mosquito Abatement Harvey	14.57	0.016	0.10%		18.37
Metro Water Reclamation Dist of Chicago	379.84	0.417	2.57%	37.34	353.34
Miscellaneous Taxes Total	394.41	0.433	2.67%		366.71
SCHOOL TAXES					
Prairie State Comm College 515 Chgo Hts	399.88	0.439	2.71%		391.54
Rich Township High School District 227	5,310.49	5.830	35.96%	251.40	5,083.25
Matteson School District 162	5,655.72	6.209	38.29%	246.02	5,274.30
School Taxes Total	11,366.09	12.478	76.96%		10,729.09
MUNICIPALITY/TOWNSHIP TAXES					
Matteson Library Fund	622.14	0.683	4.21%	51.92	632.19
Village of Matteson	1,360.91	1.516	9.35%	690.45	1,588.12
Road & Bridge Rich	85.62	0.094	0.58%		81.17
General Assistance Rich	41.90	0.046	0.28%		37.24
Town of Rich	276.91	0.304	1.87%	47.36	278.85
Municipality/Township Taxes Total	2,407.48	2.643	16.29%		2,617.57
COOK COUNTY TAXES					
Cook County Forest Preserve District	62.85	0.069	0.43%	1.82	60.16
Consolidated Elections	28.24	0.031	0.19%		0.00
County of Cook	250.50	0.275	1.70%	108.39	274.08
Cook County Public Safety	199.48	0.219	1.35%		172.85
Cook County Health Facilities	60.12	0.066	0.41%		60.16
Cook County Taxes Total	601.19	0.660	4.08%		567.25
(Do not pay these totals)	14,769.17	16.214	100.00%		14,280.82

TAX CALCULATOR

2012 Assessed Value	34,038
2013 Assessed Value	34,217
2013 State Equalization Factor X	2.6621
2013 Equalized Assessed Value (EAV)	91,089
2013 Local Tax Rate X	16.214%
2013 Total Tax Before Exemptions	14,769.17

2013 Total Tax Before Exemptions	14,769.17
Homeowner's Exemption	.00
Senior Citizen Exemption	.00
Senior Assessment Freeze Exemption	.00
2013 Total Tax After Exemptions	14,769.17
First Installment	7,854.34
Second Installment +	6,914.83
Total 2013 Tax (Payable in 2014)	14,769.17

IMPORTANT MESSAGES

- Thank you for your first installment payment of: $7,854.34 on 01-31-14

PROPERTY LOCATION

4442 LINCOLN HWY
MATTESON IL 60443 2313

MAILING ADDRESS

APPLEWOOD NURSING
2201 MAIN ST
EVANSTON IL 60202-1519

DETACH & INCLUDE WITH PAYMENT

TOTAL PAYMENT DUE

$6,914.83

By 08/01/14 (on time)
If paying later, refer to amounts above.

IMPORTANT PAYMENT MESSAGES

Use of this coupon authorizes the Treasurer's Office to reduce the check amount to prevent overpayment. Include only one check and one original coupon per envelope.

Property Index Number (PIN) 31-22-114-026-0000
Tax Volume 179

Amount Paid
$

Include name, PIN, address, location, phone and email on check payable to Cook County Treasurer.

SN 0020130200 RTN 500001075 AN (see PIN) TC 008911

☐ Name/Mailing Address change? Check box and complete form on back to update your name and/or mailing address.

00201302009312211402600006008911200006914833000070185540000712227900007225998

20 31-22-114-026-0000 0 13 4 938053

APPLEWOOD NURSING
OR CURRENT OWNER
2201 MAIN ST
EVANSTON IL 60202-1519

COOK COUNTY TREASURER
PO BOX 805438
CHICAGO IL 60680-4116

ATTACHMENT-2B

312211402600000/0/13/F/00006914832/2

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

Atied Associates, LLC	30.6000%
Barrish Bryan trust dtd 9/1/04	11.3500%
Barrish Group Limited Partnership	11.3500%
Gesualdo Ralph	11.3500%
Ralph Gesualdo Childrens Trust	11.3500%
Total	**76.0000%***

* All other individuals have less than 5% ownership.

ATTACHMENT-3

File Number 0349698-8

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

APPLEWOOD REHABILITATION CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 07, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* APRIL *A.D.* 2014 .

Jesse White

SECRETARY OF STATE

Authentication #: 1409901380

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

ATTACHMENT-3A

Organizational Relationships

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

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

Facility Name	Barrish	Gesualdo	Giannini
Albany Care, Inc.	7.314%		7.314%
Bryn Mawr Care, Inc.	13.506%		
Columbus Park Nursing & Rehab Center, Inc.	7.193%		6.604%
Decatur Manor Healthcare, LLC	8.799%	8.799%	
Elmwood Care, Inc	14.250%		11.574%
Generations HCN at Oakton Pavillion, LLC	16.375%	8.188%	
Greenwood Care, Inc.	15.517%		
Neighbors Rehabilitation Center, LLC	12.748%	12.748%	10.786%
Regency Rehabilitation Center, LLC	12.153%	12.153%	10.417%
Rock Island Nursing & Rehab Center, LLC	9.479%	9.479%	
Wilson Care, Inc.	11.111%		

ATTACHMENT-4

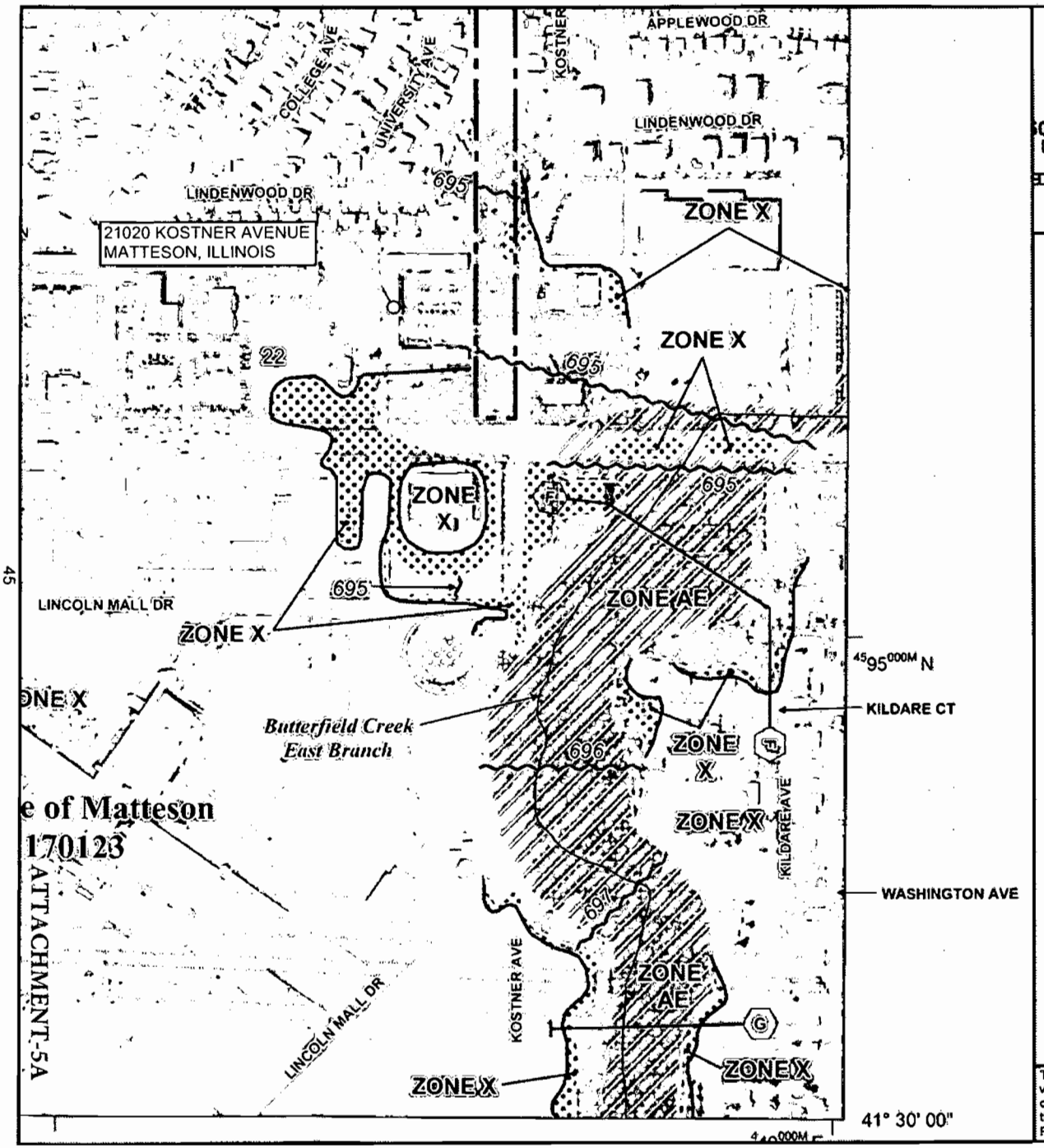
Flood Plain Requirements

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

Appended, as **ATTACHMENT-5A**, is the FIRM map. The architect, Legat, addresses this criterion with the following:

"For the Applewood site, the 100-year flood elevation is approximately 695.6, and the 500-year elevation is approximately 696.5. The existing finish floor elevation of the building is 697.1. Although there is an existing partial basement, there won't be any mechanical equipment in the basement that is critical to the operation of the facility. The basement will be used for storage."

ATTACHMENT-5



ATTACHMENT-5A

45

MAP SCALE 1" = 500'

0 500 1000 FEET

METE

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0738J

FIRM

FLOOD INSURANCE RATE MAP

COOK COUNTY, ILLINOIS

AND INCORPORATED AREAS

PANEL 738 OF 832

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
COOK COUNTY	170054	0738	J
MATTESON, VILLAGE OF	170123	0738	J

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

MAP NUMBER
17031C0738J

MAP REVISED
AUGUST 19, 2008

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

Historic Resources Preservation Act Requirements

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

Appended as **ATTACHMENT-6A,** is a letter from the Illinois Historic Preservation Agency's Ms. Anne E. Haacker, Deputy State Historic Preservation Officer dated June 12, 2013, stating that "**no** historic, architectural or archeological sites exist within the project area".

Appended, as **ATTACHMENT-6B**, is an e-mail from the Illinois Historic Preservation Agency's LaDonna Young dated April 29, 2014, stating that "as long as the project is initiated by June 12, 2015, you will **not** need an updated letter from our office".

ATTACHMENT-6

Illinois Historic
Preservation Agency

FAX (217) 782-8161

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

Cook County
Matteson
New Addition, Rehabilitation and Parking Lot Reconfiguration, Applewood Rehabilitation Center
21020 Kostner Ave.
Larson-22110065.000
IHPA Log #004052813

June 12, 2013

Christopher M. Slykas
Larson Engineering, Inc.
1488 Bond Street, Suite 100
Naperville, IL 60563-6503

Dear Mr. Slykas:

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

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

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

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

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

Kathy Harris

From: Young, LaDonna [LaDonna.Young@Illinois.gov]
Sent: Tuesday, April 29, 2014 2:50 PM
To: Kathy Harris
Subject: IHPA response- Applewood Rehabilitation Center, Matteson

Kathy,

Thanks for getting back to me. As long as the project is initiated by June 12, 2015 you will not need an updated letter from our office.

LaDonna

From: Kathy Harris [mailto:kharris@foleyandassociates.com]
Sent: Tuesday, April 29, 2014 2:37 PM
To: Young, LaDonna
Subject: RE: Applewood Rehabilitation Center, Matteson

LaDonna,

I sincerely apologize for my delayed response. I somehow deleted my response to you instead of sending it.

Yes, this is the same project.

Kathy Harris

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

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From: Young, LaDonna [mailto:LaDonna.Young@Illinois.gov]
Sent: Monday, April 14, 2014 10:19 AM
To: Kathy Harris
Subject: Applewood Rehabilitation Center, Matteson

Kathy,

Attached is a copy of our letter and the submittal we received from Larson Engineering. Let me know if it is the same project.

LaDonna Young
Illinois Historic Preservation Agency
217/785-0313

ATTACHMENT-6B

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

Criterion 1125.320 – Purpose of the Project

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

The purpose of this proposed project is to continue to address the unmet demand for the beds and services that is currently being provided. **Applewood Rehabilitation Center** has had to turn away 45 referrals in the past 12 months that they could not accommodate due to the lack of beds available. During Calendar Years 2012 and 2013 the facility averaged 87.3% and 89.3% respectively with all but one (1) resident room as double rooms being occupied as private rooms because of isolation and gender issues.

Applewood Rehabilitation Center is approximately 47 years old. In spite of the age and the lack of certain amenities usually found in buildings more current, the Applicant has been able to maintain a high occupancy rate which is attributed to the quality of care and services that are being provided. The square footage of the existing building (39,141gsf) equates to approximately 340 gross square feet per bed which is substantially below the current minimum range of 435–713 building square feet per bed. Upon project completion the facility will comprise of 67,853 gsf or 441 gsf per bed. The proposed project will not only allow **Applewood Rehabilitation Center** to serve those individuals in need of Skilled short-term rehabilitation care but also those individuals who would seek services in the future.

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

The primary market area is a 30-minute drive time from the Applicant's facility which is located at 21010 Kostner Avenue, Matteson, Illinois (Planning Area 7E). In a recent zip code analysis for all admissions during the most recent 24-month period, over 89% were from within the 30-minute market area. Moreover, over 59% of all admissions were from within the 15-minute market area.

ATTACHMENT-10

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

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

There are several issues that hinder admissions to the facility. First and foremost, the facility is almost 50 years old being constructed in 1967. During this period all necessary improvements (whether licensure corrections or necessary upgrades) were completed. However, there have not been any major renovations to the facility since being constructed. The present owners acquired the operations of the facility in 2003. During this time period they had expended an average of almost $70,000 a year in upgrades. Substantial renovations will contribute to the overall desirability and marketability of the existing facility. The facility is also sorely in need of private rooms due to isolation/infection, privacy, and compatibility issues that render the facility less marketable today. The proposed therapy gym will accommodate additional equipment, as well as limit potential privacy issues that currently exist as residents are often seen in the hallway or dining area for therapy. Finally, the facility is located on Lincoln Highway which is a major thoroughfare (Illinois State Route 30). The facility does not currently have a secure outdoor environment for the residents. The proposed project connects the two unconnected ends creating a fully secure courtyard for residents to safely utilize and allow for operational efficiencies with the end of two wings being joined.

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

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

Appended as **ATTACHMENT-10B**, are the 2012 and 2013 IDPH facility profiles for the subject facility, **Applewood Rehabilitation Center**.

Appended as **ATTACHMENT-10C**, are two Microsoft MapPoint North America 2009 maps of the primary market area (30 and 15-minute travel time contours) including Zip Codes.

ATTACHMENT-10

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

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

Appended as **ATTACHMENT-10F**, is the 2013 Illinois Department of Healthcare and Family Services Cost Report.

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

As illustrated in the 2012 and 2013 IDPH facility profiles, the facility experienced 87.3 and 89.3 percent utilization respectively. As documented, utilization is not due to lack of referrals but rather the lack of marketability and desirability of the subject facility.

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 reach and maintain the State's target utilization rate of 90% by the second full year of operation after project completeness. To accomplish this goal, the project proposes to modernize the existing facility coupled with the replacement and addition of beds allowing the current facility more modern amenities and accommodations.

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) **Applewood Rehabilitation Center** was constructed in 1967. The facility has only 1 private resident room with the balance of all semi-private rooms. The issue is that the market for nursing care and services is changing. The proposed project includes modernization and renovation to the nurse's station, family rooms, offices and the existing

dining room and kitchen. Additionally, 39 newly constructed private rooms will improve the mix of private to semi-private accommodations further improving the marketability and desirability of the existing facility for the foreseeable future.

ATTACHMENT-10

Applewood Rehabilitation Center
Referrals Not Admitted Due to Lack of Bed Availability

Oct-13		
RS	10/25/2013	1
Nov-13		
RS	11/5/2013	
MH	11/9/2013	
DM	11/13/2013	
HS	11/14/2013	
RJ	11/19/2013	
LR	11/19/2013	6
Dec-14		
HL	12/17/2013	
DW	12/30/2013	2
Jan-14		
MH	1/6/2014	
DJ	1/7/2014	
IW	1/7/2014	
DB	1/8/2014	
PJ	1/8/2014	
JJ	1/9/2014	
MN	1/13/2014	
JB	1/14/2014	
EP	1/17/2014	
RD	1/17/2014	
TC	1/17/2014	
VB	1/21/2014	
GP	1/22/2014	
MH	1/28/2014	14
Feb-14		
DP	2/13/2014	1
Mar-14		
LW	3/21/2014	
CW	3/24/2014	
KZ	3/27/2014	
AR	3/28/2014	4
Apr-14		
MC	4/28/2014	1
May-14		
EN	5/9/2014	
EW	5/12/2014	2
Jun-14		
ZG	6/12/2014	
RF	6/27/2014	2
Jul-14		
RW	7/16/2014	
PJ	7/18/2014	
RF	7/22/2014	
MC	7/24/2014	
RS	7/24/2014	
HU	7/29/2014	6
Aug-14		
WM	8/25/2014	
LT	8/27/2014	2
Sep-14		
JA	9/2/2014	
HE	9/8/2014	2
Oct-14		
AJ	10/2/2014	
JD	10/6/2014	
KG	10/24/2014	3

Documentation of referrals not admitted due to lack of beds began in October 2013, but was occurring prior to that date.

referrals not admitted in past 12 months	**45**
Avg. per month-referrals not admitted	**3.75**

ATTACHMENT-10A

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6000407
Health Service Area 007 Planning Service Area 705

Administrator
Dianne C. O'Connor

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

Registered Agent Information
Sarah Barrish
8840 North Lincoln Ave.
Lincolnwood, IL 60712

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	65
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Muscuto-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	110
Total Residents Diagnosed as Mentally Ill	2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	114	110	114	110	5	115	115
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	115	114	110	114	110	5	115	115

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	109
Total Admissions 2011	102
Total Discharges 2011	188
Residents on 12/31/2011	110
Identified Offenders	1

FACILITY UTILIZATION - 2012

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5060	12.1%	27834	66.3%	0	615	3151	0	36660	87.3%	88.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5060	12.1%	27834	66.3%	0	615	3151	0	36660	87.3%	88.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	4	12	0	0	0	0	0	0	4	12	16
75 to 84	12	25	0	0	0	0	0	0	12	25	37
85+	11	37	0	0	0	0	0	0	11	37	48
TOTALS	31	79	0	0	0	0	0	0	31	79	110

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	88	0	1	8	0	110
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	13	88	0	1	8	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	168
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	58	0	0	0	58
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

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	39.00
Other Health Staff	7.00
Non-Health Staff	26.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.1%	38.7%	3.0%	3.4%	19.8%	100.0%		0.0%
2,740,163	3,016,551	235,405	268,503	1,542,084	7,802,816	0	

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

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ATTACHMENT - 10B

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 0000467
Health Service Area 007 Planning Service Area 705

Administrator
Dianne O'Connor

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

Date Completed
4/1/2014

Registered Agent Information
Sarah Barrish
6840 N. Lincoln Ave
Lincolnwood, IL 60712

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	67
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Muscula-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 53

Total Residents Reported as Identified Offenders 2

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

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	187
Total Discharges 2013	192
Residents on 12/31/2013	98

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	109	115	98	17	115	115
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	115	115	109	115	98	17	115	115

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	4877	11.6%	29995	71.5%	0	492	2130	0	37494	89.3%	89.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4877	11.6%	29995	71.5%	0	492	2130	0	37494	89.3%	89.3%

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	2	3	0	0	0	0	0	0	2	3	5
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	17	25	0	0	0	0	0	0	17	25	42
85+	6	31	0	0	0	0	0	0	6	31	37
TOTALS	31	67	0	0	0	0	0	0	31	67	98

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Classification Numbers
License Number 0000467
Health Service Area 007
Planning Service Area 705 Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	85	0	2	4	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	85	0	2	4	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	188
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	53	0	0	0	53
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	8.00
Certified Aides	44.00
Other Health Staff	2.00
Non-Health Staff	35.00
Totals	104.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.9%	41.1%	3.3%	6.6%	19.0%	100.0%		
2,303,870	3,166,323	256,130	510,250	1,462,587	7,699,155	0	0.0%

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

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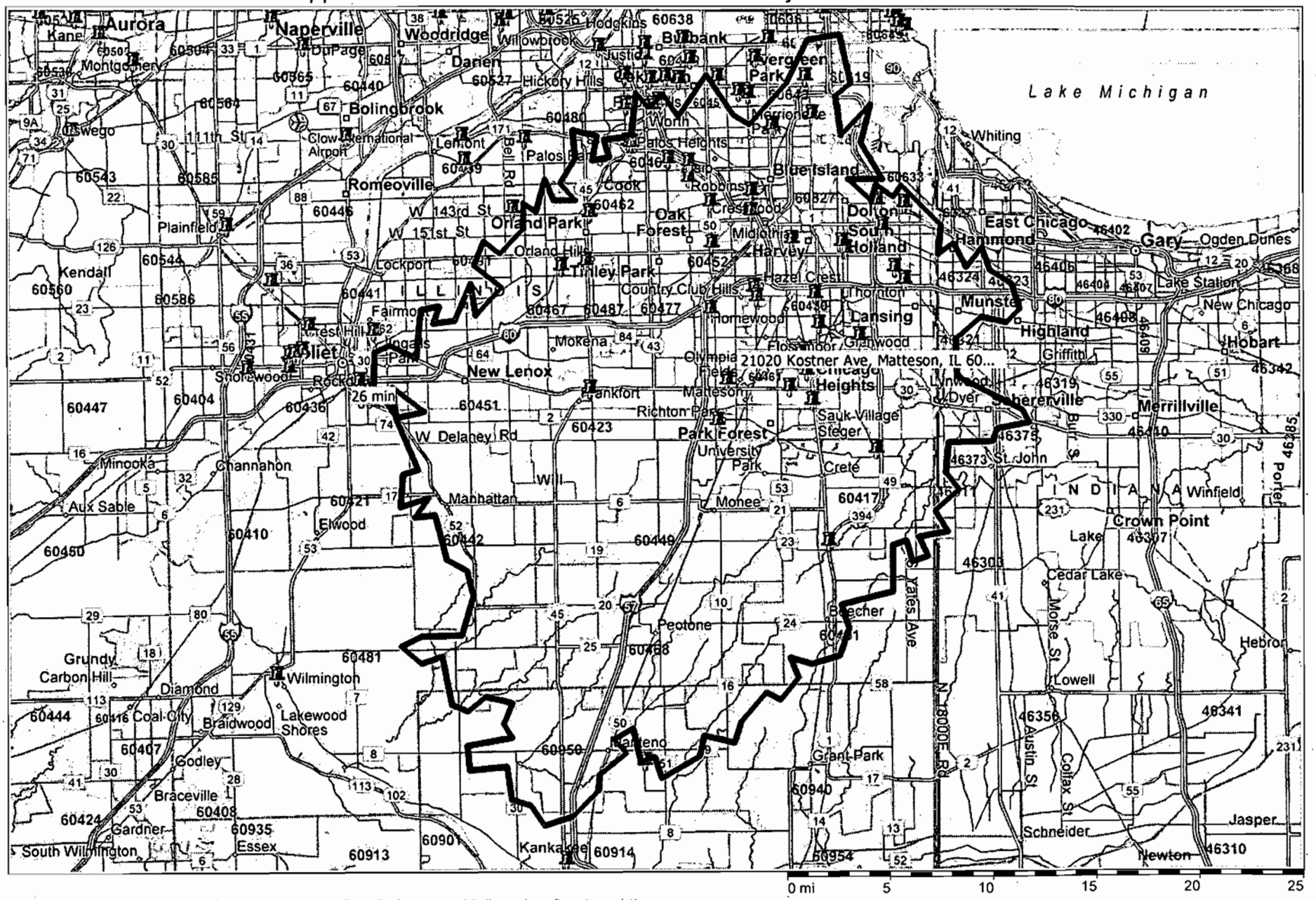
ATTACHMENT-10B

Applewood Rehabilitation Center - 30 min adj. travel time contour



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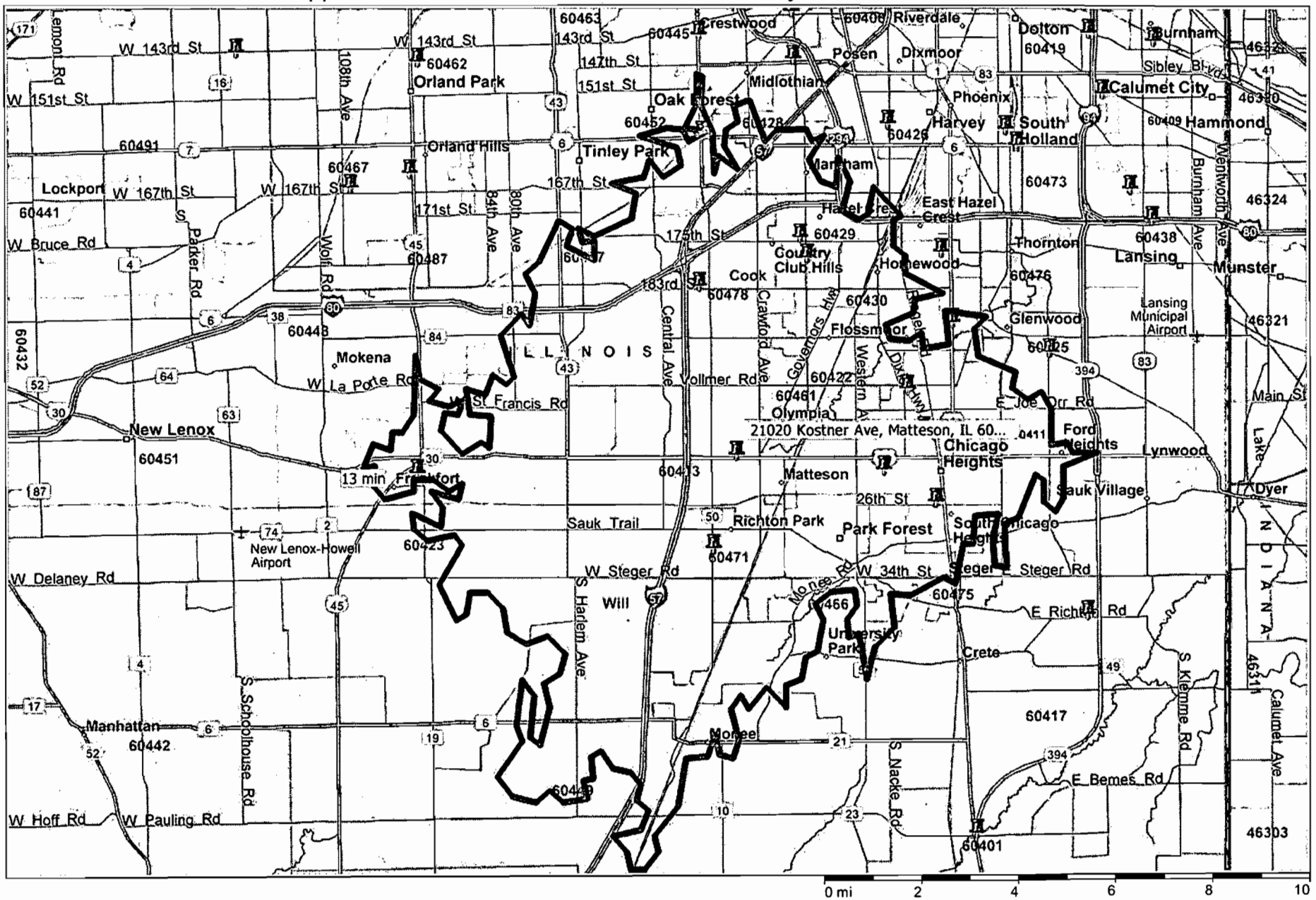
ATTACHMENT-10C

Applewood Rehabiltiation Center - 15 min adj. travel time contour



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Applewood Rehabilitation Center
Patient Origin Data
11/2012 - 10/2014

11/2012 - 12/2012

RESIDENT	ZIP CODE	TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
JY	46408	1		
KN	60409	1	1	
IM	60411	1	1	1
MC	60422	1	1	1
GD	60423	1	1	1
EP	60425	1	1	
EW	60426			
EW	60426	2	2	
CD	60438	1	1	
LR	60443			
EM	60443			
CB	60443	3	3	3
KJ	60449			
JR	60449	2	2	
RR	60461	1	1	1
BF	60466			
LB	60466			
RM	60466			
SK	60466			
KK	60466			
MC	60466			
CJ	60466	7	7	7
EN	60471			
HG	60471	2	2	2
RB	60473	1	1	
DD	60475	1	1	
JV	60477	1	1	
CL	60478	1	1	1
11/2012 - 12/2012		**TOTAL ADMITS**	**WITHIN 30 MIN**	**WITHIN 15 MIN**
		28	27	17
% Admits within Market Area			**96.4%**	**60.7%**

30-min Market Area Zips	
46311	0
46324	0
46375	0
60401	3
60406	1
60409	4
60411	19
60415	0
60417	5
60419	3
60422	3
60423	6
60425	1
60426	9
60428	1
60429	9
60430	3
60433	0
60438	3
60442	0
60443	36
60445	3
60448	1
60449	11
60451	1
60452	5
60453	2
60461	11

CY 2013

RESIDENT	ZIP CODE	TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
DC	39095	1		
AP	60401			
JC	60401	2	2	
JC	60409			
JC	60409			
JG	60409	3	3	
EV	60411			
BG	60411			
VG	60411			
DB	60411			
JW	60411			
DB	60411			
CW	60411			
SP	60411			
LS	60411			
BP	60411			
DP	60411			
AB	60411			
SM	60411	13	13	13
JA	60417			
JA	60417			
JG	60417			
JA	60417	4	4	
LA	60419			
JJ	60419	2	2	
EP	60422			
DC	60422	2	2	2
DB	60423			
EL	60423			
RS	60423	3	3	3
CY	60426			
GE	60426			
CY	60426	3	3	
AA	60428	1	1	
LW	60429			
DMcC	60429			
VP	60429			
TP	60429	4	4	4
DP	60430	1	1	1
JB	60435	1		
CD	60438			
LW	60438	2	2	
DP	60439	1		
RW	60443			
PJ	60443			
SF	60443			
PL	60443			
CD	60443			
LC	60443			
GM	60443			
HM	60443			
LO	60443			
CS	60443			
LJ	60443			
KM	60443			
CS	60443			
JW	60443			
MM	60443			
LJ	60443			
IL	60443			
CA	60443			
JM	60443	19	19	19
GO'D	60445	1	1	
BM	60448	1	1	
RR	60449			
RW	60449			
LD	60449			
AL	60449			
RE	60449	5	5	
ES	60452			
CMcG	60452			
MW	60452			

1/2014 - 10/2014

RESIDENT	ZIP CODE	TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
RF	31821	1		
TW	46408	1		
TC	48322	1		
LS	49093	1		
JC	60401	1	1	
DA	60406	1	1	
ML	60411			
OM	60411			
LI	60411			
FH	60411			
MT	60411	5	5	5
RW	60417	1	1	
MJ	60419	1	1	
ND	60423			
BF	60423	2	2	2
LS	60426			
UL	60426			
PO	60426			
SL	60426	4	4	
RI	60429			
LW	60429			
MG	60429			
OS	60429			
GE	60429	5	5	5
JG	60430			
SI	60430	2	2	2
BB	60443			
WH	60443			
RG	60443			
DA	60443			
DO	60443			
FH	60443			
ER	60443			
RW	60443			
JP	60443			
DM	60443			
SW	60443			
EP	60443			
GB	60443			
LH	60443	14	14	14
CJ	60445			
YP	60445	2	2	
BR	60446			
HO	60446			
GM	60446	3		
LF	60449			
CB	60449			
DF	60449			
CB	60449	4	4	
JH	60451	1	1	
JA	60453	1	1	
NR	60461			
MJ	60461			
JF	60461			
LA	60461			
ME	60461			
JF	60461			
PO	60461			
RJ	60461	8	8	8
JM	60466			
FL	60466			
ES	60466			
GR	60466			
SK	60466			
DC	60466			
DT	60466			
FH	60466			
JW	60466			
CM	60466			
DS	60466			
ED	60466			
MO	60466			

ATTACHMENT-10D

Applewood Rehabilitation Center
Patient Origin Data
11/2012 - 10/2014

30-min Market Area Zips (Cont.)	
60462	1
60463	2
60464	0
60466	45
60467	0
60468	0
60469	0
60471	20
60472	2
60473	2
60475	6
60476	0
60477	6
60478	15
60482	0
60487	1
60628	3
60643	2
60803	1
60827	3
60950	1
Total Admits w/in 30 min zips	**250**
Total Admits most recent 24 Mo.	280
% Admits within 30 min	**89.3%**

15-min Market Area Zips	
60411	19
60422	3
60423	6
60429	9
60430	3
60443	36
60461	11
60466	45
60471	20
60478	15
Total Admits w/in 15 min zips	**167**
Total Admits most recent 24 Mo.	280
% Admits within 15 min	**59.6%**

SUMMARY

	TOTAL	WITHIN	WITHIN
11/2012 - 12/2012	ADMITS	30 MIN	15 MIN
	28	27	17
% Admits within Market Area		96.4%	60.7%
	TOTAL	WITHIN	WITHIN
CY 2013	ADMITS	30 MIN	15 MIN
	131	118	70
% Admits within Market Area		90.1%	53.4%
	TOTAL	WITHIN	WITHIN
1/2014 - 10/2014	ADMITS	30 MIN	15 MIN
	121	105	80
% Admits within Market Area		86.8%	66.1%
Most Recent 24 Months	TOTAL	WITHIN	WITHIN
11/2012 - 10/2014	ADMITS	30 MIN	15 MIN
	280	250	167
% Admits within Market Area		89.3%	59.6%

CY 2013 (Cont.)

RESIDENT	ZIP CODE	TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
KA	60452			
BC	60452	5	5	
SG	60453	1	1	
PR	60461			
JB	60461	2	2	2
DH	60462	1	1	
JB	60463			
BC	60463	2	2	
SW	60466			
EB	60466			
BJ	60466			
LL	60466			
DT	60466			
JJ	60466			
VD	60466			
GP	60466			
GW	60466			
JH	60466			
MN	60466			
ED	60466			
BJ	60466			
GM	60466			
AH	60466	15	15	15
AJ	60471			
AS	60471			
FS	60471			
DT	60471			
MH	60471			
ER	60471			
CJ	60471			
DS	60471	8	8	8
GL	60472	1	1	
DH	60473	1	1	
WH	60475			
DE	60475			
FS	60475			
WM	60475	4	4	
AP	60477			
TN	60477			
KM	60477			
RM	60477	4	4	
RW	60478			
DM	60478			
DF	60478	3	3	3
LL	60612	1		
DK	60619	1		
DM	60620			
JM	60620	2		
MW	60628	1	1	
SC	60629	1		
IT	60630	1		
MD	60632	1		
MH	60643			
AE	60643	2	2	
AR	60649	1		
RC	60653			
MD	60653	2		
LJ	60827			
AB	60827	2	2	
CY 2013		TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
		131	118	70
% Admits within Market Area			90.1%	53.4%

1/2014 - 10/2014 (Cont.)

RESIDENT	ZIP CODE	TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
PB	60466			
TB	60466			
EH	60466			
PP	60466			
RS	60466			
HA	60466			
MF	60466			
LC	60466			
AP	60466			
DG	60466	23	23	23
RK	60471			
CR	60471			
GL	60471			
RK	60471			
EG	60471			
AG	60471			
SB	60471			
ED	60471			
CR	60471			
RL	60471	10	10	10
EB	60472	1	1	
BM	60475	1	1	
GS	60477	1	1	
LG	60478			
JS	60478			
LB	60478			
AM	60478			
HS	60478			
HS	60478			
LG	60478			
LJ	60478			
FD	60478			
DM	60478			
GG	60478	11	11	11
CP	60487	1	1	
HD	60612	1		
JB	60617	1		
MA	60619			
RL	60619			
MA	60619	3		
AK	60628			
GB	60628	2	2	
WP	60629	1		
HG	60644	1		
RS	60649	1		
EB	60651	1		
IF	60803	1	1	
ED	60827	1	1	
LW	60950	1	1	
1/2014 - 10/2014		TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
		121	105	80
% Admits within Market Area			86.8%	66.1%

ATTACHMENT-10D

Applewood Nursing Rehabilitation Center
Travel Time Study

FACID	FACNAME	ADDRESS	CITY	ZIP	Drive Distance	Adjusted Travel Time
6000467	Applewood Rehabilitation Center	21020 Kostner Avenue	Matteson	60443-0000		
6007918	Glenshire Nsg & Rehab Centre	22660 South Cicero Avenue	Richton Park	60471-0000	2.49	4.6
6005904	McAllister Nursing & Rehab (1)	18300 Lavergne Ave	Tinley Park	60477	4.34	6.9
6008064	Riviera Care Center	490 West 16th Place	Chicago Heights	60411-0000	3.37	6.9
6011746	Prairie Manor Nsg & Rehab Ctr	345 Dixie Highway	Chicago Heights	60411-0000	4.61	9.2
6009385	Thornton Heights Terrace	160 10th St	Chicago Heights	60411-0000	4.37	9.2
6011720	Advocate South Suburban Hospital	17800 South Kedzie Avenue	Hazel Crest	60429	5.11	10.35
6004741	Pine Crest Health Care	3300 West 175th Street	Hazel Crest	60429-0000	5.42	10.35
6007991	Woodside Manor	120 West 26th Street	S Chicago Hts	60411-0000	5.23	10.35
6006753	Oak Forest Hospital (2) FACILITY CLOSED	15900 South Cicero Avenue	Oak Forest	60452-0000	7.22	12.65
6006084	South Suburban Rehab Center	19000 Halsted Street	Homewood	60430-0000	6.63	13.8
6003297	Frankfort Terrace Nursing Center	40 North Smith Street	Frankfort	60423-0000	7.34	14.95
6001077	Plaza Nursing & Rehab Center	3249 West 147 Street	Midlothian	60445-0000	10.79	14.95
6004139	Heather Health Care Center	15600 Honore Ave	Harvey	60426-0000	11.06	16.1
6012611	Manorcare of Homewood	940 Maple Avenue	Homewood	60430-0000	7.56	16.1
6002265	Symphony of Crestwood	14255 South Cicero Ave	Crestwood	60445-0000	9.25	16.1
6003628	Glenwood Healthcare & Rehab.	19330 South Cottage Grove	Glenwood	60425-0000	8.85	17.25
6005623	Lydia Healthcare	13901 South Lydia	Robbins	60472-0000	11.72	17.25
6016059	Smith Crossing	10501 Emilie Ln	Orland Park	60467	13.61	18.4
6014922	Alden-Orland Park Rehab & Hcc	16450 South 97th Avenue	Orland Park	60462	14.2	19.55
6009443	Tri-State Manor Nursing Home	2500 East 175th Street	Lansing	60438-0000	15.12	19.55
6002273	Crestwood Terrace Nursing Center	13301 South Central Ave	Midlothian	60445-0000	11.47	20.7
6010664	St. James Manor & Villa	1251 East Richton Road	Crete	60417-0000	10.88	20.7
6000822	Belhaven Nursing & Rehab Center	11401 South Oakley Avenue	Chicago	60643-0000	16.12	21.85
6011589	Manorcare of South Holland	2145 East 170th Street	South Holland	60473-0000	15.97	21.85
6007843	Providence of Palos Heights	13259 South Central Avenue	Palos Heights	60463-0000	11.56	21.85
6003958	Renaissance Park South	10935 South Halsted Street	Chicago	60628-0000	16.54	21.85
6007868	Rest Haven South (3)	16300 Wausau Street	South Holland	60473-0000	13.38	21.85
6009732	Washington & Jane Smith Comm. (4)	2340 West 113th Place	Chicago	60643-0000	16.15	21.85
6014781	Southport Nur & Rehab	1010 West 95th Street	Chicago	60643-0000	18.27	23
6010078	Windmill Nursing Pavilion	16000 South Wabash	South Holland	60473-0000	13.44	23
6002190	Countryside Nursing & Rehab Center	1635 East 154th Street	Dolton	60419-0000	17.52	24.15
6014682	Lexington Health Care Center	14601 S. John Humphrey Drive	Orland Park	60462-0000	16.54	24.15
6007934	Park Villa Nrsg & Rehab Center	12550 South Ridgeland Avenue	Palos Heights	60463-0000	13.56	24.15
6000806	Beecher Manor Nursing & Rehab Center	1201 Dixie Highway	Beecher	60401-0000	16.89	26.45
6002547	Dolton Healthcare Centre	14325 South Blackstone	Dolton	60419-0000	18.16	26.45
6001283	River Oaks Healthcare Rehabilitation Center	14500 South Manistee	Burnham	60633-0000	18.61	26.45
6010912	Manorcare of Palos Heights East	7850 West College Drive	Palos Heights	60463-0000	14.89	28.75
6014534	Manorcare of Palos Heights West	11860 Southwest Highway	Palos Heights	60463-0000	15.16	28.75
6001697	Chicago Ridge Nursing Center	10602 Southwest Highway	Chicago Ridge	60415-0000	15.81	29.9

(1) Permit issued to add 89 Nsg Care beds to existing facility, faciltiy will have 200 Nsg Care beds upon completion 11-104 04/17/2012
(2) Facility closed. 10 Nsg Care beds removed from inventory. 01/07/2014
(3) Name change through a change of ownerhip. Profile name: The Villa at South Holland
(4) 12/28/12 bed change: discontinued 1 Nsg Care bed, faciltiy now has 100 Nursing Care beds; Profile address: 2320 West 113th Place

Source: Long-Term Care Facility Questionnaire for 2013, 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
IDPH Nursing Homes in Illinois (https://ltc.dph.illinois.gov/webapp/LTCApp/ltc.jsp)
Illinois Department of Healthcare and Family Services Cost Reports (http://www2.illinois.gov/hfs/MedicalProvider/CostReports/Pages/default.aspx)

ATTACHMENT-10E

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Notes

Glenshire Nsg & Rehab Centre

Trip to:

22660 Cicero Ave

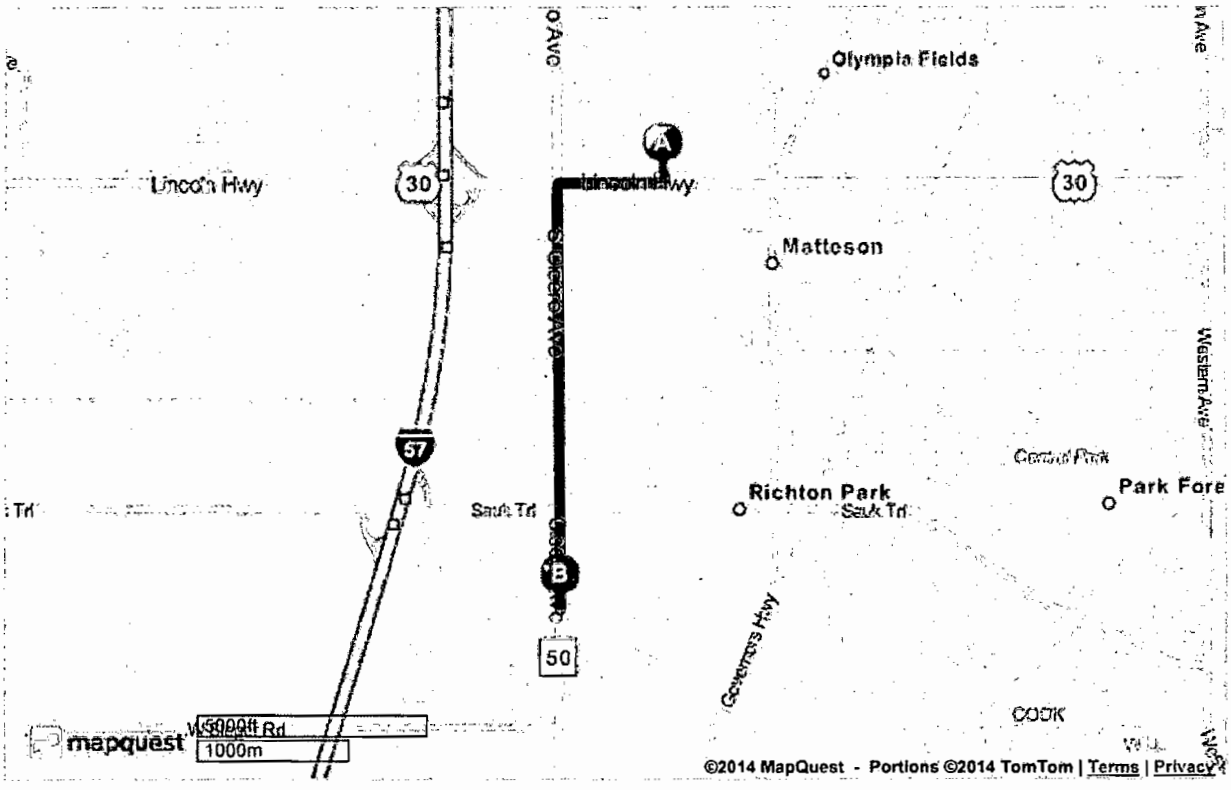
Richton Park, IL 60471-1700

2.49 miles / 4 minutes

		Download Free App
A	**21020 Kostner Ave**, Matteson, IL 60443-2068	
○	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
↱ WEST 30	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.5 Mi** *0.5 Mi Total*
↰ 50	3. Turn **left** onto **Cicero Ave / IL-50**. Map	**2.0 Mi** *2.5 Mi Total*
■	4. **22660 CICERO AVE** is on the **right**. Map	
B	**22660 Cicero Ave**, Richton Park, IL 60471-1700	

ATTACHMENT-10E

Total Travel Estimate: **2.49 miles - about 4 minutes**



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Notes

McAllister Nursing & Rehab

Trip to:

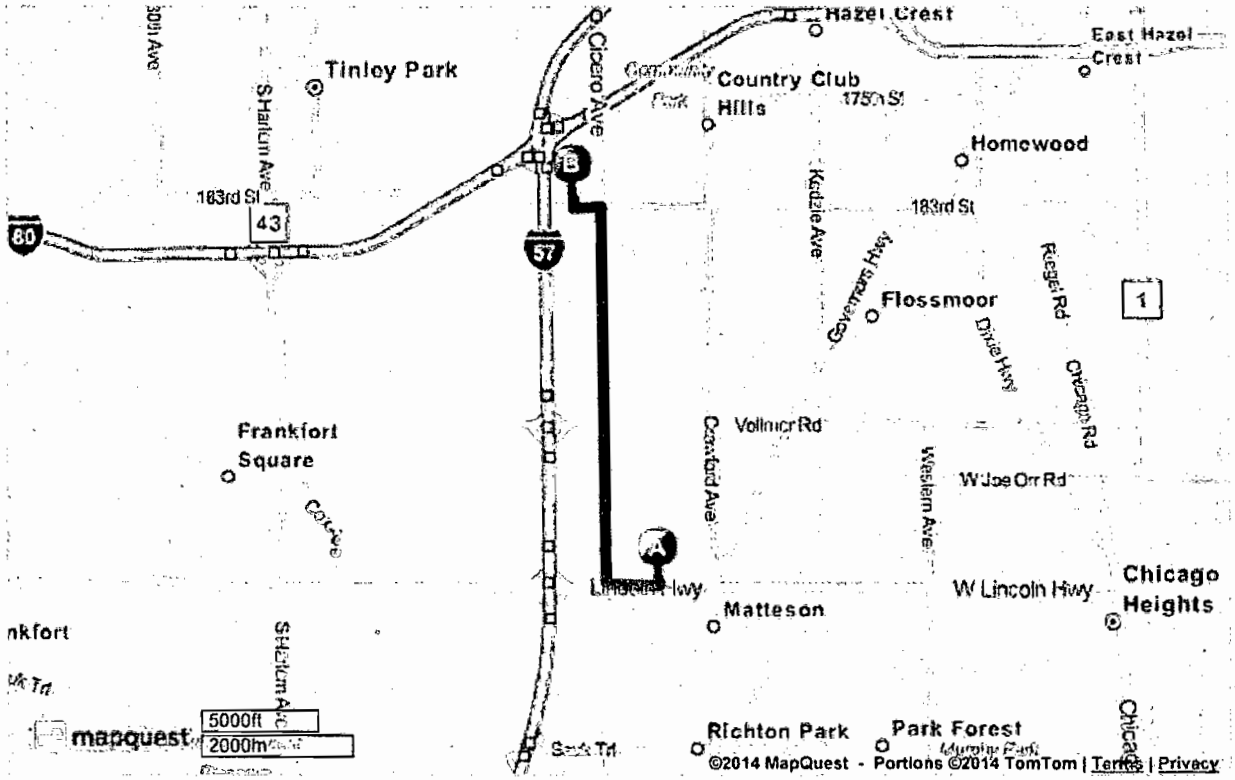
18300 Lavergne Ave

Country Club Hills, IL 60478-2903

4.34 miles / 6 minutes

		Download Free App
	21020 Kostner Ave, Matteson, IL 60443-2068	
	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.5 Mi** *0.5 Mi Total*
	3. Take the 3rd **right** onto **S Cicero Ave / IL-50**. Map	**3.5 Mi** *4.0 Mi Total*
	4. Turn **left** onto **183rd St**. Map	**0.2 Mi** *4.3 Mi Total*
	5. Take the 1st **right** onto **Lavergne Ave**. Map	**0.08 Mi** *4.3 Mi Total*
	6. **18300 LAVERGNE AVE** is on the **left**. Map	
	18300 Lavergne Ave, Country Club Hills, IL 60478-2903	

Total Travel Estimate: **4.34 miles - about 6 minutes**



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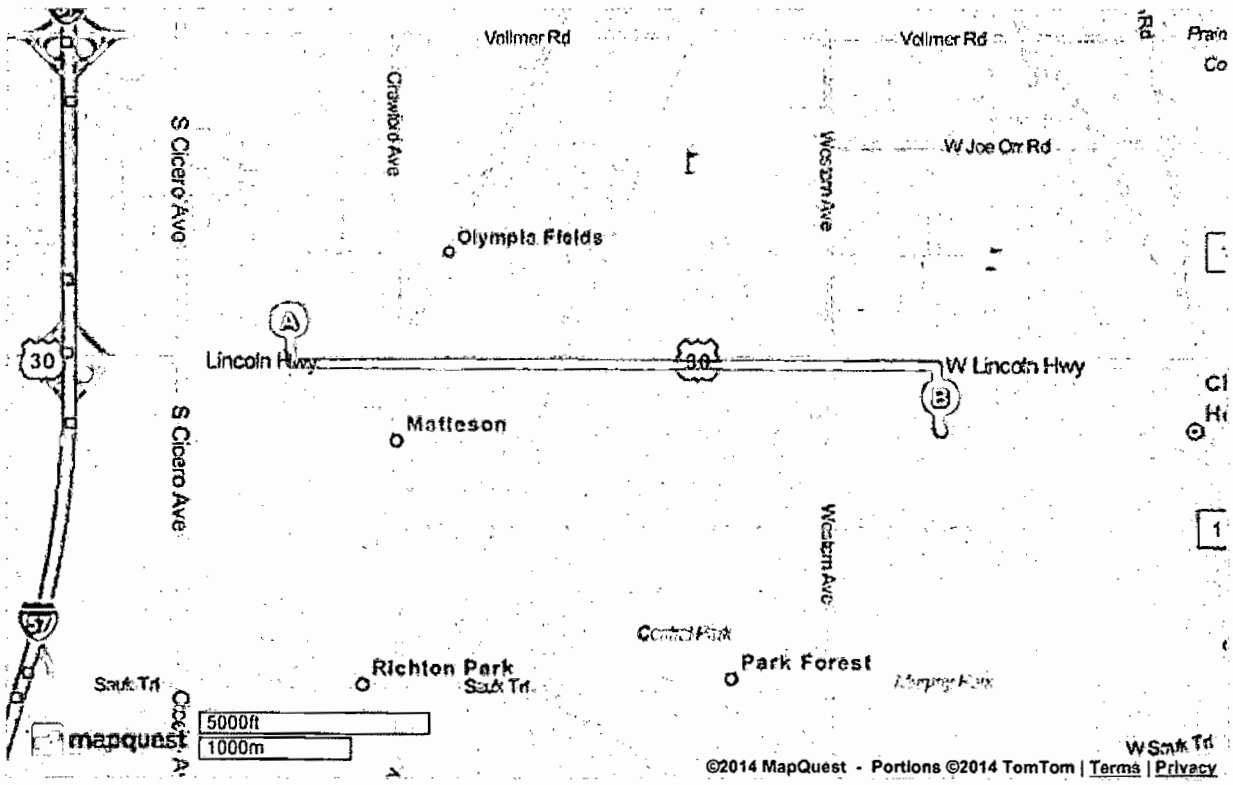
Notes
Riviera Care Center

Trip to:
490 W 16th Pl
Chicago Heights, IL 60411-3224
3.37 miles / 6 minutes

	21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
○	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.04 Mi** *0.04 Mi Total*
↰	2. Take the 1st **left** onto **Lincoln Hwy / US-30 E**. Map	**3.0 Mi** *3.0 Mi Total*
↱	3. Turn **right** onto **Division St**. Map	**0.3 Mi** *3.3 Mi Total*
↰	4. Turn **left** onto **W 16th Pl**. Map	**0.02 Mi** *3.4 Mi Total*
■	5. **490 W 16TH PL** is on the **right**. Map	
	490 W 16th Pl, Chicago Heights, IL 60411-3224	

Total Travel Estimate: **3.37 miles - about 6 minutes**



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Trip to:
345 Dixie Hwy
Chicago Heights, IL 60411-1748
4.61 miles / 8 minutes

Notes
Prairie Manor Nsg & Rehab Ctr

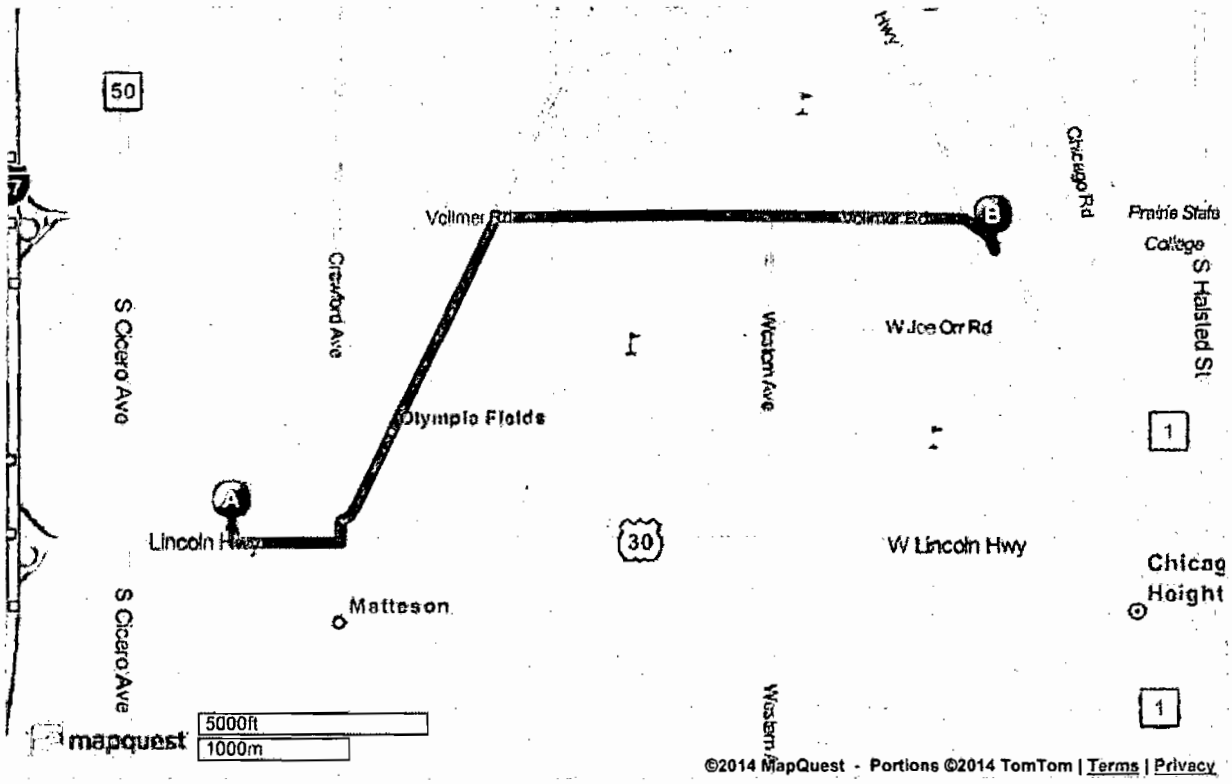
21020 Kostner Ave, Matteson, IL 60443-2068

Download Free App

1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.04 Mi**	*0.04 Mi Total*
2. Take the 1st **left** onto **Lincoln Hwy / US-30 E**. Map	**0.5 Mi**	*0.5 Mi Total*
3. Turn **left** onto **Crawford Ave**. Map	**0.06 Mi**	*0.6 Mi Total*
4. Turn **right** onto **Governors Hwy**. Map	**1.6 Mi**	*2.2 Mi Total*
5. Turn **right** onto **Vollmer Rd**. Map	**2.2 Mi**	*4.4 Mi Total*
6. Turn **slight right** onto **Dixie Hwy**. Map	**0.2 Mi**	*4.6 Mi Total*
7. **345 DIXIE HWY** is on the **left**. Map		

345 Dixie Hwy, Chicago Heights, IL 60411-1748

Total Travel Estimate: **4.61 miles - about 8 minutes**



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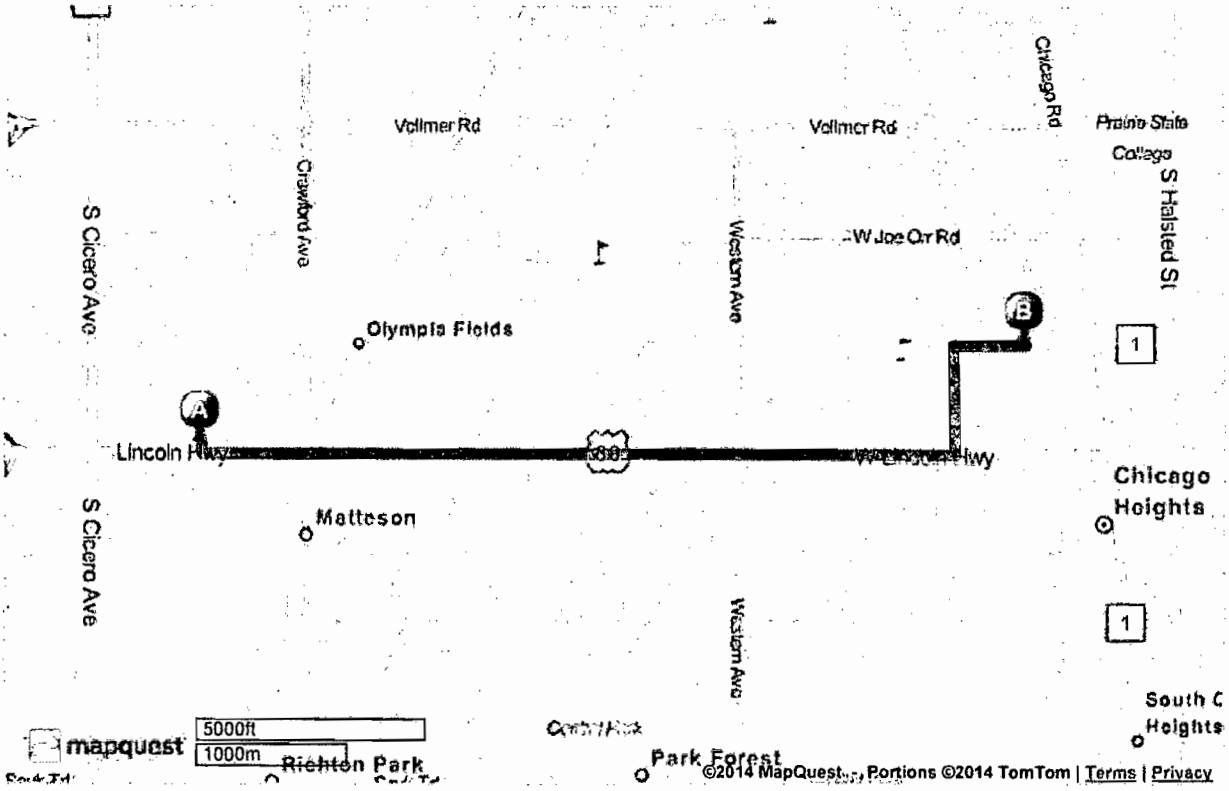
Notes
Thornton Heights Terrace

Trip to:
160 10th St
Chicago Heights, IL 60411-2002
4.37 miles / 8 minutes

	21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
○	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.04 Mi** *0.04 Mi Total*
↰	2. Take the 1st **left** onto **Lincoln Hwy / US-30 E**. Map	**3.5 Mi** *3.5 Mi Total*
↰	3. Turn **left** onto **Ashland Ave**. Map	**0.5 Mi** *4.0 Mi Total*
↱	4. Turn **right** onto **W 10th St**. Map	**0.3 Mi** *4.4 Mi Total*
□	5. **160 10TH ST** is on the **right**. Map	
	160 10th St, Chicago Heights, IL 60411-2002	

Total Travel Estimate: **4.37 miles - about 8 minutes**



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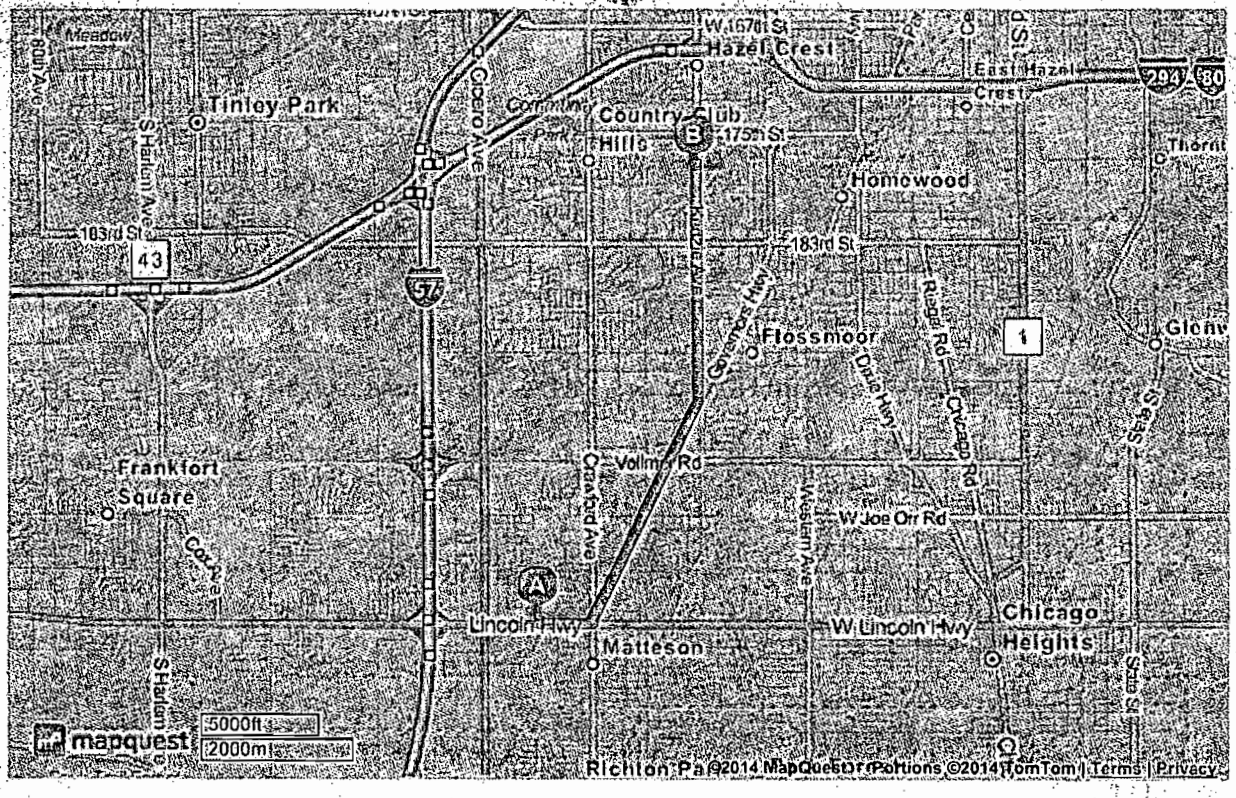
Notes
Advocate South Suburban Hospital

Trip to:
17800 Kedzie Ave
Hazel Crest, IL 60429-2047
5.11 miles / 9 minutes

	21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
○	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.04 Mi** *0.04 Mi Total*
↰	2. Take the 1st **left** onto **Lincoln Hwy / US-30 E**. Map	**0.5 Mi** *0.5 Mi Total*
↰	3. Turn **left** onto **Crawford Ave**. Map	**0.06 Mi** *0.6 Mi Total*
↱	4. Turn **right** onto **Governors Hwy**. Map	**2.2 Mi** *2.8 Mi Total*
↖	5. Turn **slight left** onto **Kedzie Ave**. Map	**2.2 Mi** *5.0 Mi Total*
↶	6. Make a **U-turn** at **W 177th St** onto **Kedzie Ave**. Map	**0.09 Mi** *5.1 Mi Total*
□	7. **17800 KEDZIE AVE** is on the **right**. Map	
	17800 Kedzie Ave, Hazel Crest, IL 60429-2047	

Total Travel Estimate: **5.11 miles - about 9 minutes**



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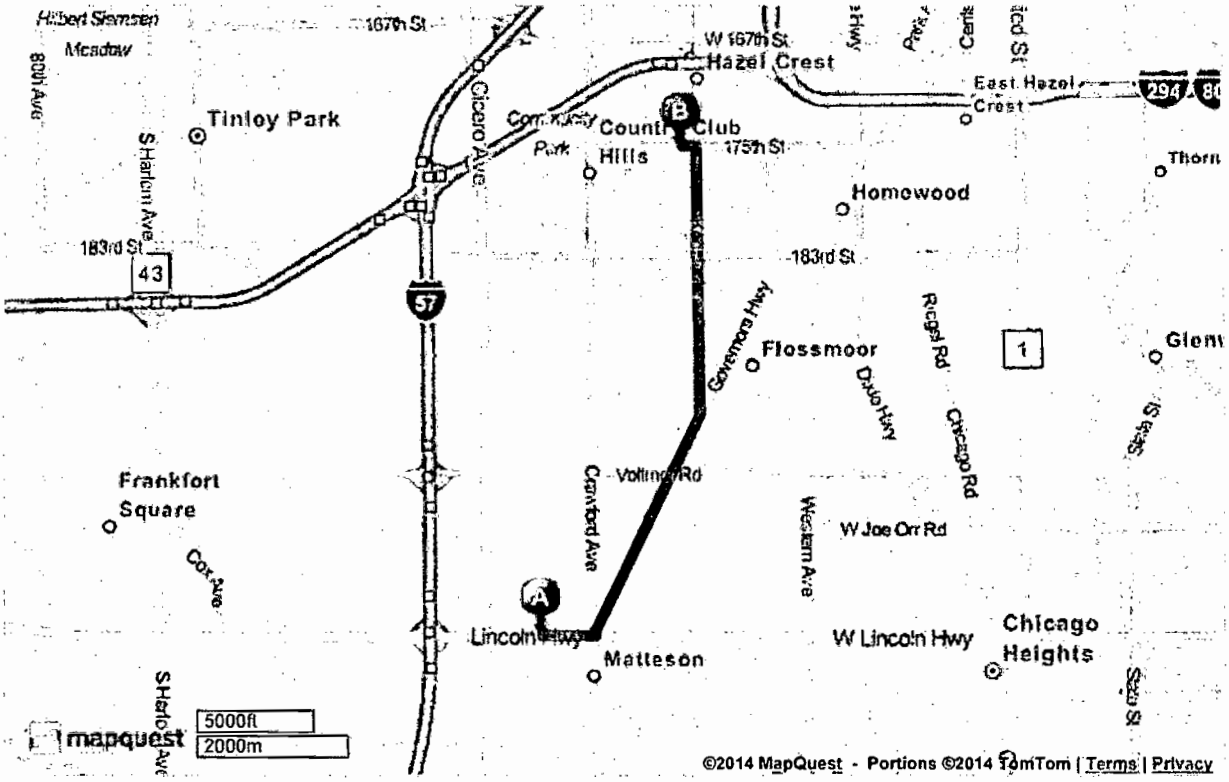
Notes
Pine Crest Health Care

Trip to:
3300 175th St
Hazel Crest, IL 60429-1604
5.42 miles / 9 minutes

	21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.04 Mi** *0.04 Mi Total*
	2. Take the 1st **left** onto **Lincoln Hwy / US-30 E**. Map	**0.5 Mi** *0.5 Mi Total*
	3. Turn **left** onto **Crawford Ave**. Map	**0.06 Mi** *0.6 Mi Total*
	4. Turn **right** onto **Governors Hwy**. Map	**2.2 Mi** *2.8 Mi Total*
	5. Turn **slight left** onto **Kedzie Ave**. Map	**2.4 Mi** *5.3 Mi Total*
	6. Turn **left** onto **175th St**. Map	**0.1 Mi** *5.4 Mi Total*
	7. **3300 175TH ST** is on the **right**. Map	
	3300 175th St, Hazel Crest, IL 60429-1604	

Total Travel Estimate: **5.42 miles - about 9 minutes**



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Notes
Woodside Manor

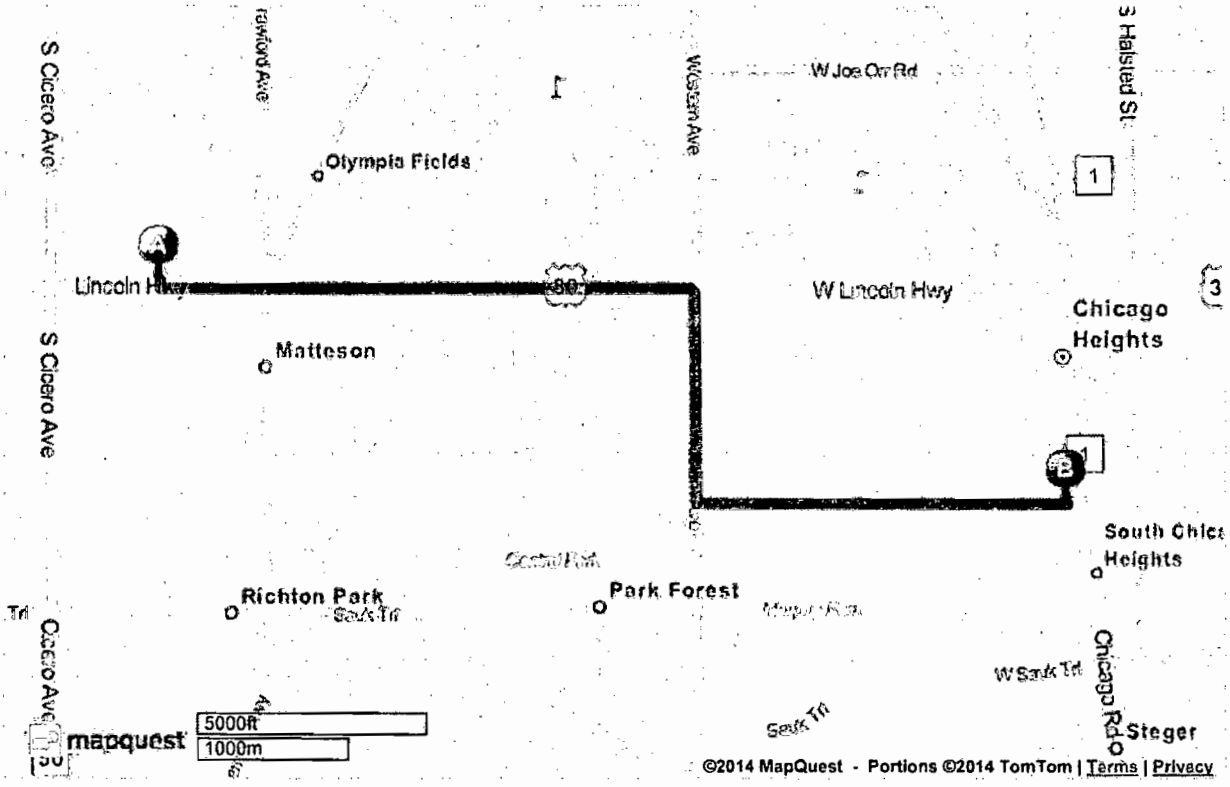
Trip to:
120 W 26th St
South Chicago Heights, IL 60411-4141
5.23 miles / 9 minutes

21020 Kostner Ave, Matteson, IL 60443-2068 — Download Free App

1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.04 Mi** *0.04 Mi Total*
2. Take the 1st **left** onto **Lincoln Hwy / US-30 E**. Map	**2.5 Mi** *2.5 Mi Total*
3. Turn **right** onto **Western Ave**. Map	**1.0 Mi** *3.5 Mi Total*
4. Turn **left** onto **26th St**. Map	**1.7 Mi** *5.2 Mi Total*
5. **120 W 26TH ST** is on the **right**. Map	

120 W 26th St, South Chicago Heights, IL 60411-4141

Total Travel Estimate: **5.23 miles - about 9 minutes**



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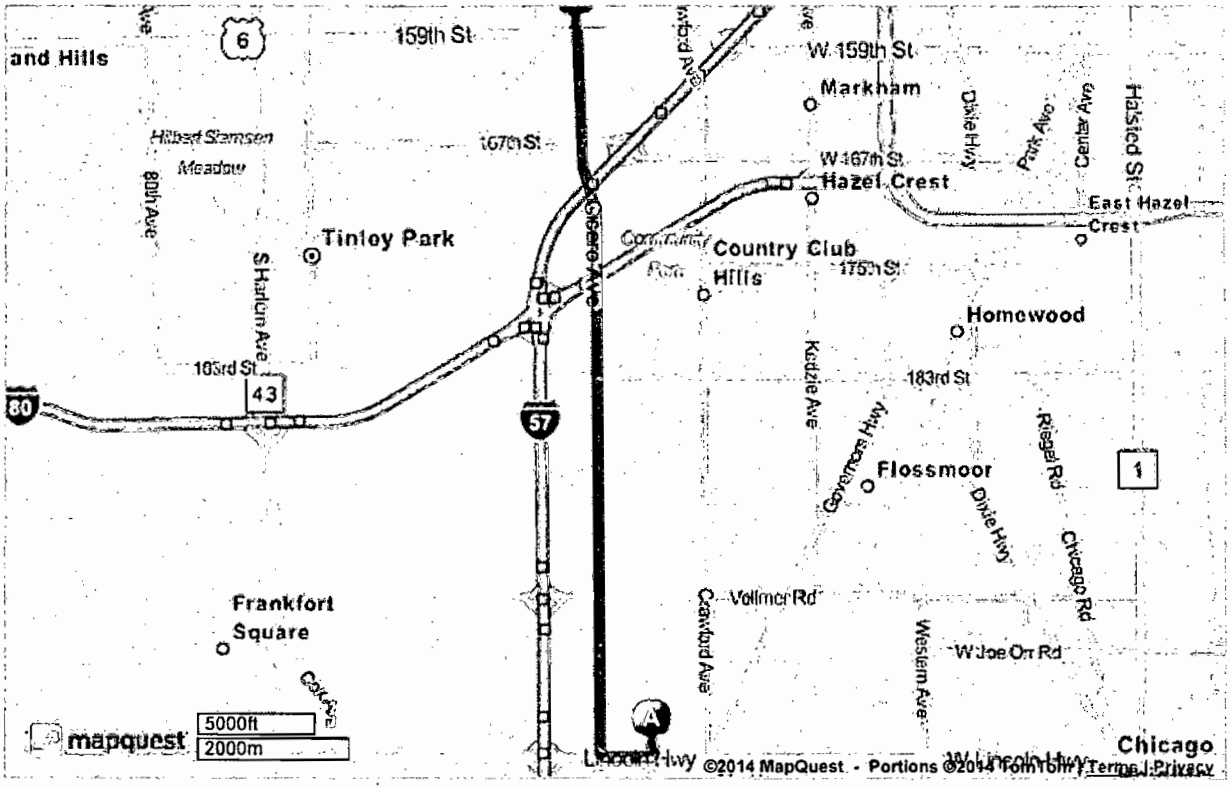
Trip to:
15900 Cicero Ave
Oak Forest, IL 60452
7.22 miles / 11 minutes

Notes
Oak Forest Hospital

	21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
○	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
↱	WEST 30 2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.5 Mi** *0.5 Mi Total*
↱	50 3. Take the 3rd **right** onto **S Cicero Ave / IL-50**. Map	**6.7 Mi** *7.2 Mi Total*
↶	50 4. Make a **U-turn** at **159th St** onto **Cicero Ave / IL-50**. Map	**0.02 Mi** *7.2 Mi Total*
■	5. **15900 CICERO AVE** is on the **right**. Map	
	15900 Cicero Ave, Oak Forest, IL 60452	

Total Travel Estimate: **7.22 miles - about 11 minutes**



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Notes
South Suburban Rehab Center

Trip to:
19000 Halsted St
Homewood, IL 60430
6.63 miles / 12 minutes

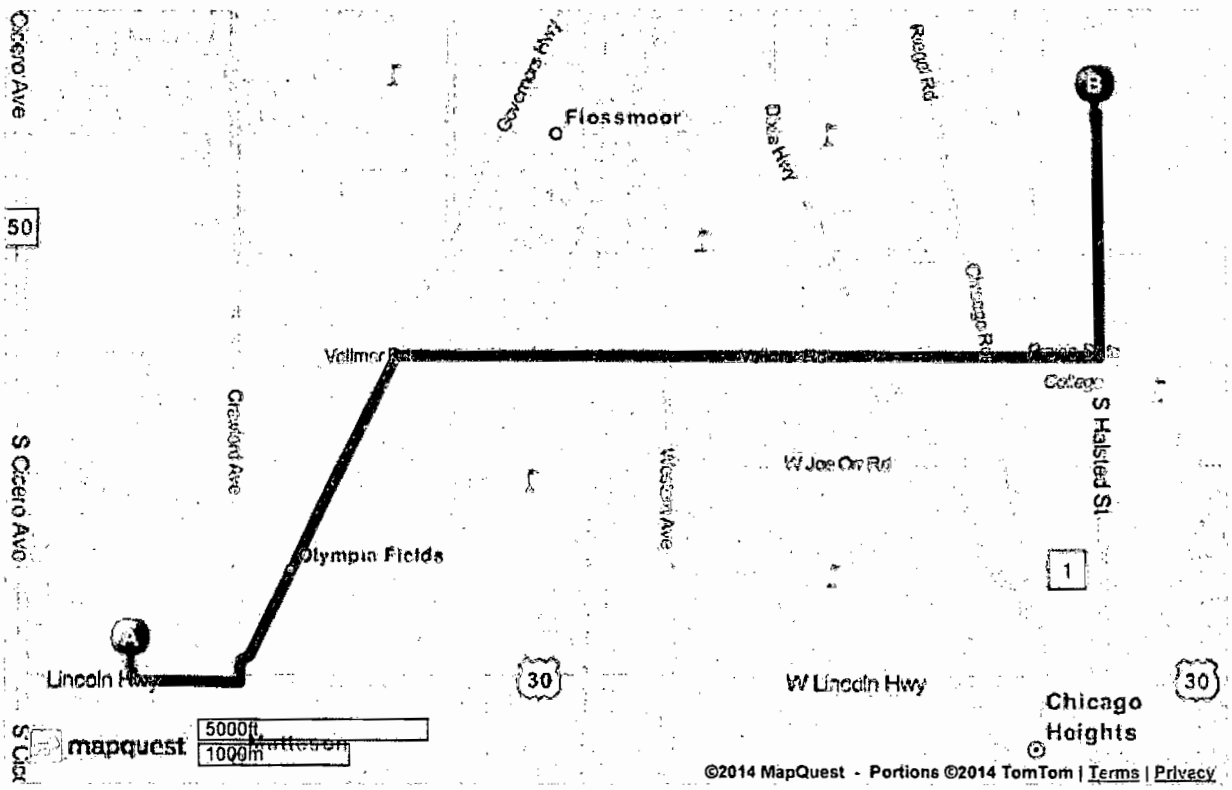
21020 Kostner Ave, Matteson, IL 60443-2068

Download Free App

1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.04 Mi**	*0.04 Mi Total*
2. Take the 1st **left** onto **Lincoln Hwy / US-30 E**. Map	**0.5 Mi**	*0.5 Mi Total*
3. Turn **left** onto **Crawford Ave**. Map	**0.06 Mi**	*0.6 Mi Total*
4. Turn **right** onto **Governors Hwy**. Map	**1.6 Mi**	*2.2 Mi Total*
5. Turn **right** onto **Vollmer Rd**. Map	**3.3 Mi**	*5.5 Mi Total*
6. Turn **left** onto **S Halsted St / IL-1**. Map	**1.1 Mi**	*6.6 Mi Total*
7. Make a **U-turn** onto **S Halsted St / IL-1**. Map	**0.04 Mi**	*6.6 Mi Total*
8. **19000 HALSTED ST** is on the **right**. Map		

19000 Halsted St, Homewood, IL 60430

Total Travel Estimate: **6.63 miles - about 12 minutes**



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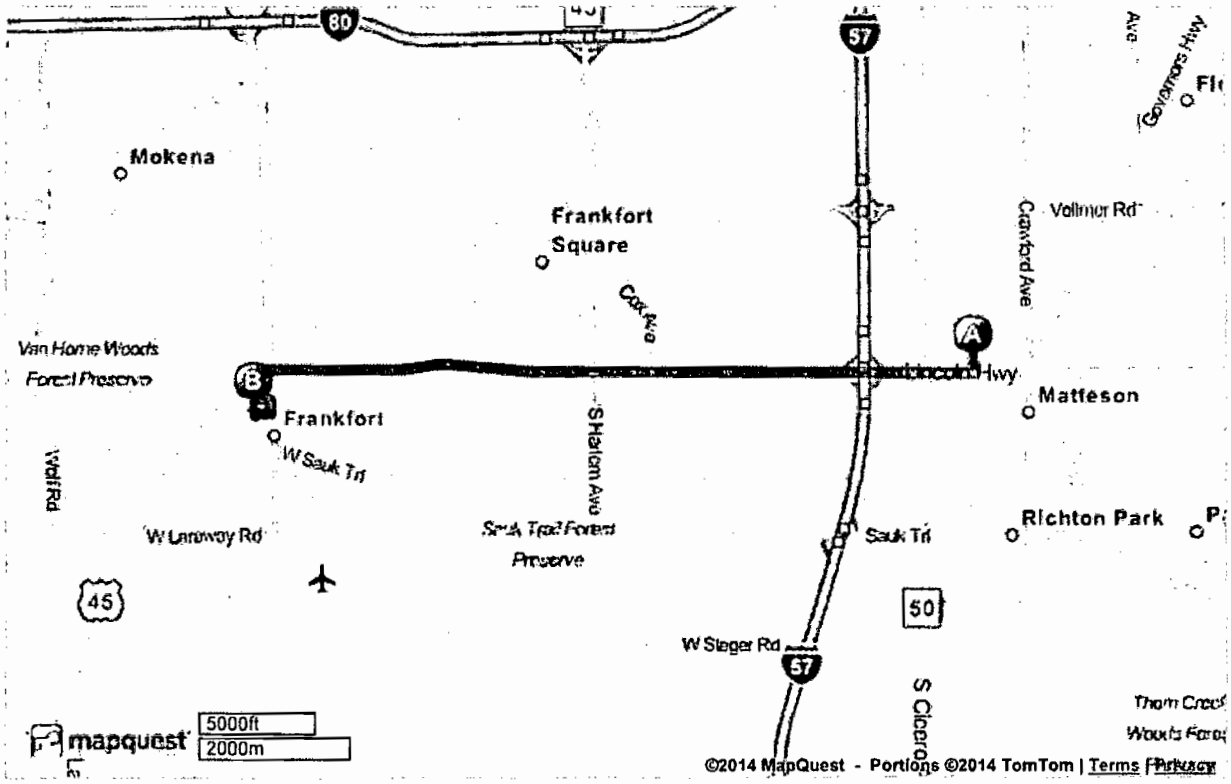
Trip to:
40 Smith St
Frankfort, IL 60423-1474
7.34 miles / 13 minutes

Notes
Frankfort Terrace Nursing Center

	21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**6.6 Mi** *6.6 Mi Total*
	3. Turn **left** onto **S La Grange Rd / US-45 S**. Map	**0.3 Mi** *6.8 Mi Total*
	4. Turn **left** onto **Old Frankfort Way**. Map	**0.2 Mi** *7.0 Mi Total*
	5. Turn **right** onto **N White St**. Map	**0.2 Mi** *7.2 Mi Total*
	6. Take the 2nd **right** onto **W Bowen St**. Map	**0.1 Mi** *7.3 Mi Total*
	7. Take the 2nd **left** onto **Smith St**. Map	**0.02 Mi** *7.3 Mi Total*
	8. **40 SMITH ST** is on the **right**. Map	
	40 Smith St, Frankfort, IL 60423-1474	

Total Travel Estimate: **7.34 miles - about 13 minutes**



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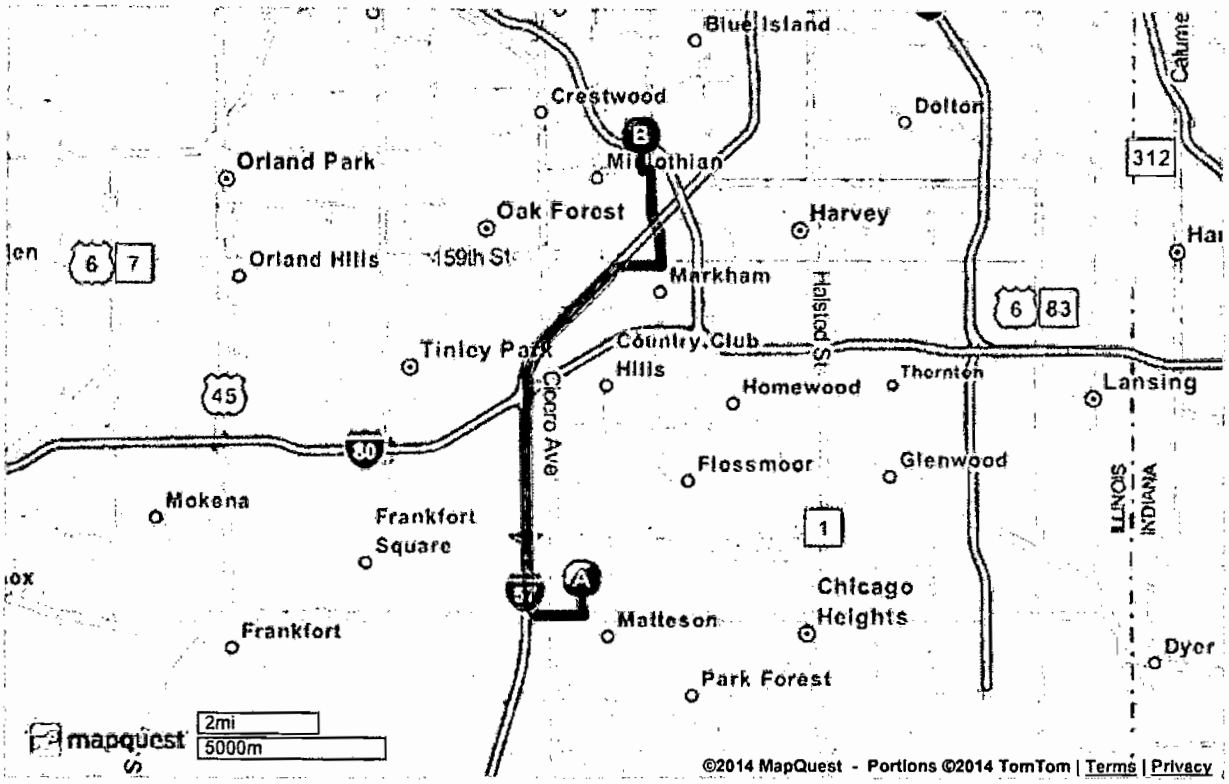
Trip to:
3249 Illinois Rte, 83
Midlothian, IL 60445-3656
10.79 miles / 13 minutes

Notes
Plaza Nursing & Rehab Center
3249 West 147 Street
Midlothian, Il 60445

21020 Kostner Ave, Matteson, IL 60443-2068		Download Free App
1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*	
2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*	
3. Merge onto **I-57 N** toward **Chicago**. Map	**7.0 Mi** *7.8 Mi Total*	
4. Merge onto **W 159th St / US-6 E** via **EXIT 348**. Map	**1.1 Mi** *8.9 Mi Total*	
5. Turn **left** onto **Kedzie Ave**. Map	**1.8 Mi** *10.7 Mi Total*	
6. Turn **left** onto **147th St / IL-83**. Map	**0.1 Mi** *10.8 Mi Total*	
7. Turn **left** onto **Spaulding Ave**. Map	**0.01 Mi** *10.8 Mi Total*	
8. **3249 ILLINOIS RTE, 83**. Map		
3249 Illinois Rte, 83, Midlothian, IL 60445-3656		

ATTACHMENT-10E

Total Travel Estimate: **10.79 miles - about 13 minutes**



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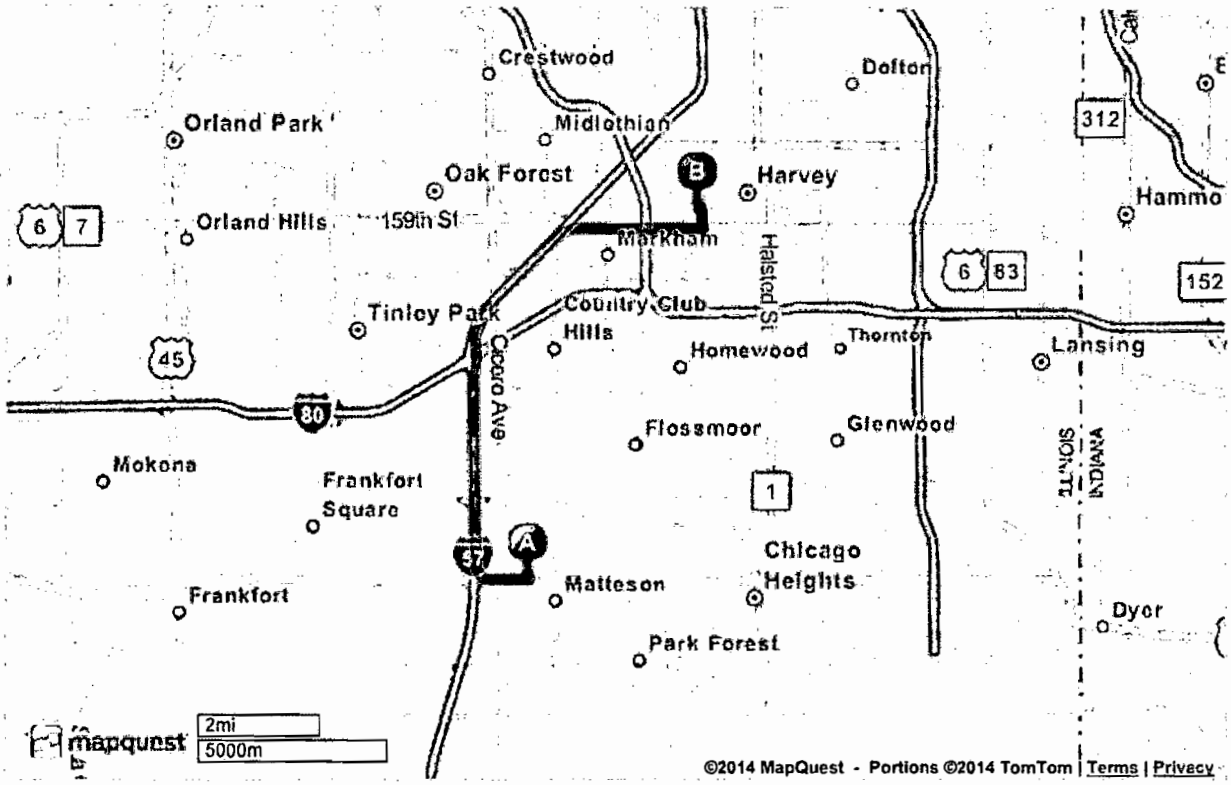
Notes
Heather Healthcare Center

Trip to:
15600 Honore Ave
Harvey, IL 60426-4102
11.06 miles / 14 rninutes

		Download Free App
	21020 Kostner Ave, Matteson, IL 60443-2068	
	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
WEST 30	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
	3. Merge onto **I-57 N** toward **Chicago**. Map	**7.0 Mi** *7.8 Mi Total*
348 EXIT EAST 6	4. Merge onto **W 159th St / US-6 E** via **EXIT 348**. Map	**2.9 Mi** *10.6 Mi Total*
	5. Turn **left** onto **Wood St**. Map	**0.4 Mi** *11.0 Mi Total*
	6. Turn **left** onto **W 156th St**. Map	**0.06 Mi** *11.1 Mi Total*
	7. Take the 1st **left** onto **Honore Ave**. Map	**0.01 Mi** *11.1 Mi Total*
	8. **15600 HONORE AVE** is on the **right**. Map	
	15600 Honore Ave, Harvey, IL 60426-4102	

Total Travel Estimate: **11.06 miles - about 14 minutes**



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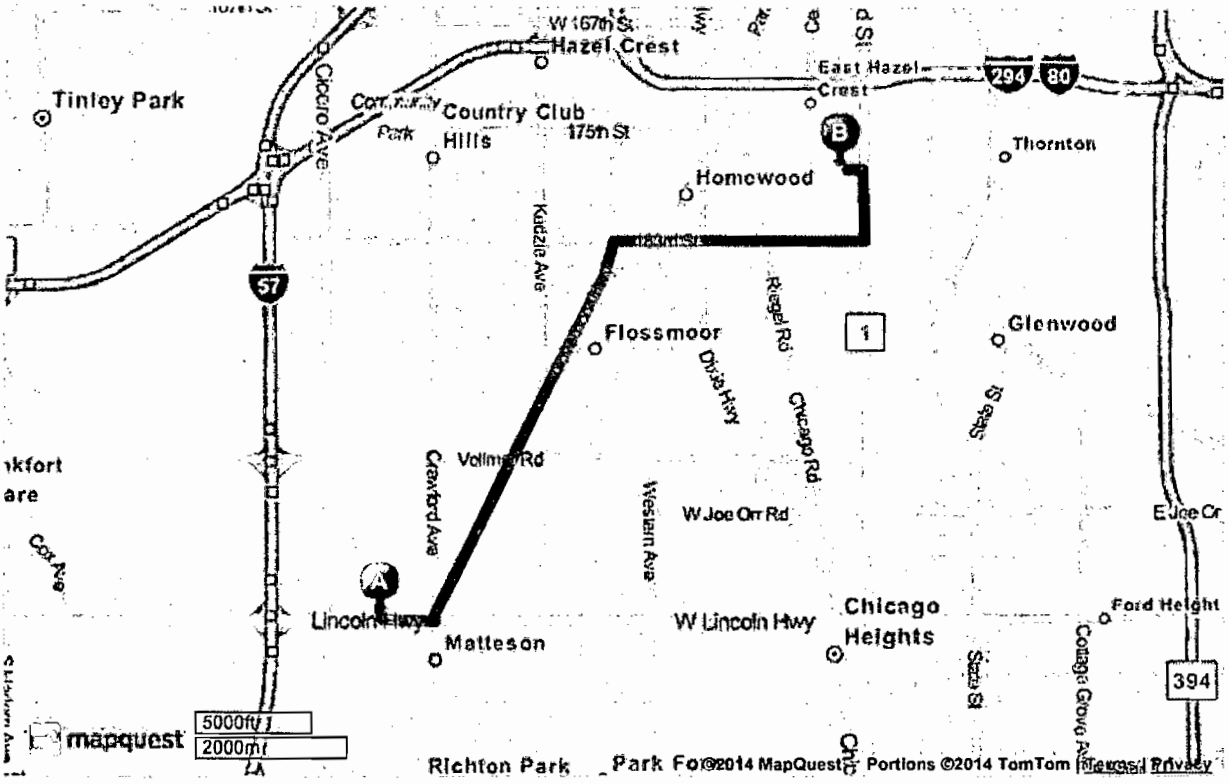
Notes
Manorcare of Homewood

Trip to:
940 Maple Ave
Homewood, IL 60430-2061
7.56 miles / 14 minutes

	A	**21020 Kostner Ave**, Matteson, IL 60443-2068	Download Free App
○		1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.04 Mi** *0.04 Mi Total*
↰	EAST 30	2. Take the 1st **left** onto **Lincoln Hwy / US-30 E**. Map	**0.5 Mi** *0.5 Mi Total*
↰		3. Turn **left** onto **Crawford Ave**. Map	**0.06 Mi** *0.6 Mi Total*
↱		4. Turn **right** onto **Governors Hwy**. Map	**3.9 Mi** *4.4 Mi Total*
↱		5. Turn **right** onto **183rd St**. Map	**2.3 Mi** *6.8 Mi Total*
↰	1	6. Turn **left** onto **Halsted St / IL-1**. Map	**0.7 Mi** *7.4 Mi Total*
↰		7. Turn **left** onto **Maple Ave**. Map	**0.1 Mi** *7.6 Mi Total*
□		8. **940 MAPLE AVE**. Map	
	B	**940 Maple Ave**, Homewood, IL 60430-2061	

Total Travel Estimate: **7.56 miles - about 14 minutes**



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Notes

Symphony of Crestwood

Trip to:

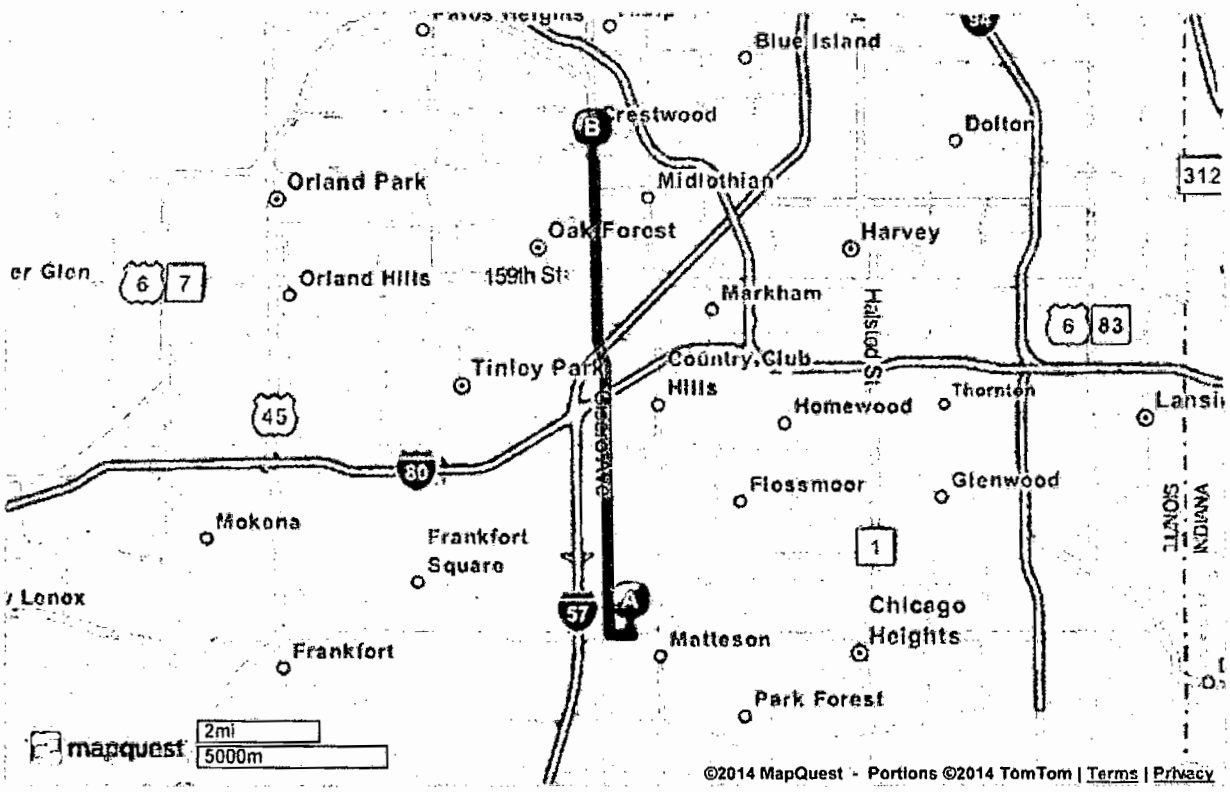
14255 Cicero Ave

Crestwood, IL 60445-2152

9.25 miles / 14 minutes

	A	**21020 Kostner Ave**, Matteson, IL 60443-2068	Download Free App
○		1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
↱	WEST 30	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.5 Mi** *0.5 Mi Total*
↱	50	3. Take the 3rd **right** onto **S Cicero Ave / IL-50**. Map	**8.7 Mi** *9.2 Mi Total*
□		4. **14255 CICERO AVE** is on the **right**. Map	
	B	**14255 Cicero Ave**, Crestwood, IL 60445-2152	

Total Travel Estimate: **9.25 miles - about 14 minutes**



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Trip to:

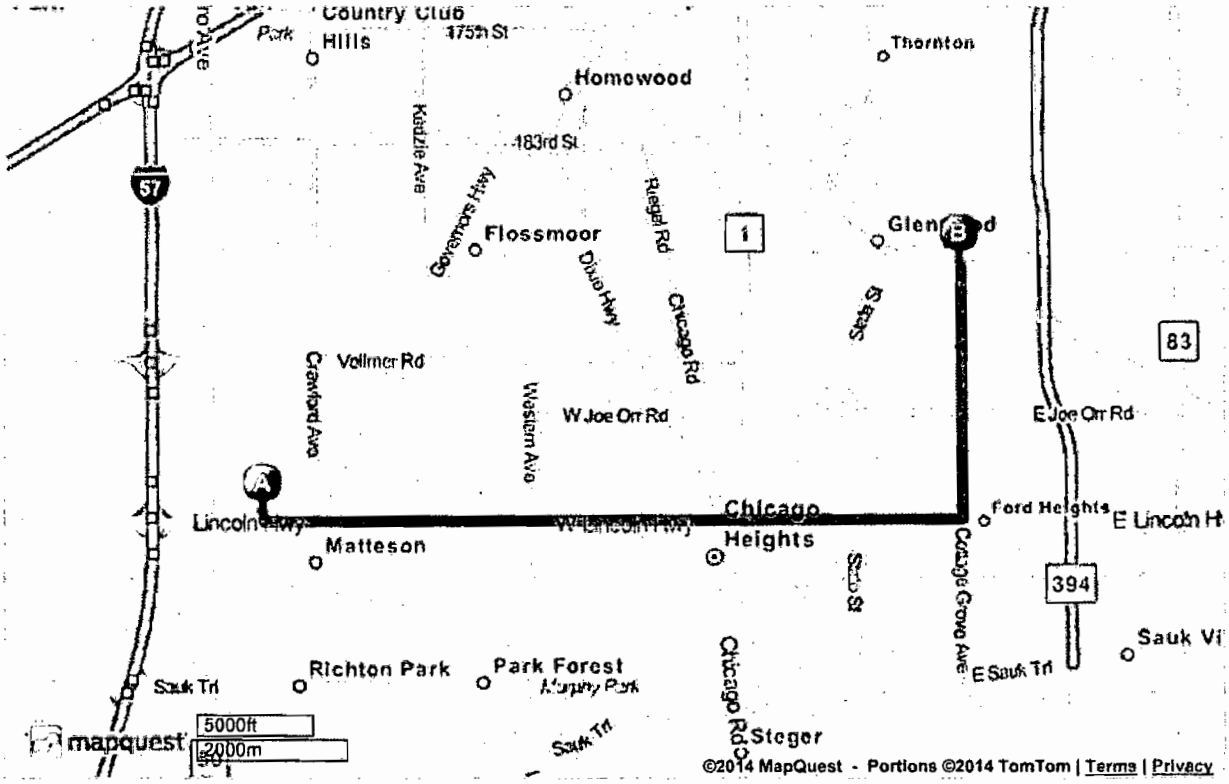
E 192nd St & S Cottage Grove Ave
Glenwood, IL 60425
8.85 miles / 15 minutes

Notes

Glenwood Healthcare & Rehab.
19330 South Cottage Grove
Glenwood, IL 60425

	21020 Kostner Ave, Matteson, IL 60443-2068	**Download Free App**
○	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.04 Mi** *0.04 Mi Total*
↰	2. Take the 1st **left** onto **Lincoln Hwy / US-30 E**. Continue to follow **US-30 E**. Map	**6.5 Mi** *6.5 Mi Total*
↰	3. Turn **left** onto **Cottage Grove Ave**. Map	**2.3 Mi** *8.8 Mi Total*
	4. **E 192ND ST & S COTTAGE GROVE AVE**. Map	
	E 192nd St & S Cottage Grove Ave, Glenwood, IL 60425	

Total Travel Estimate: **8.85 miles - about 15 minutes**



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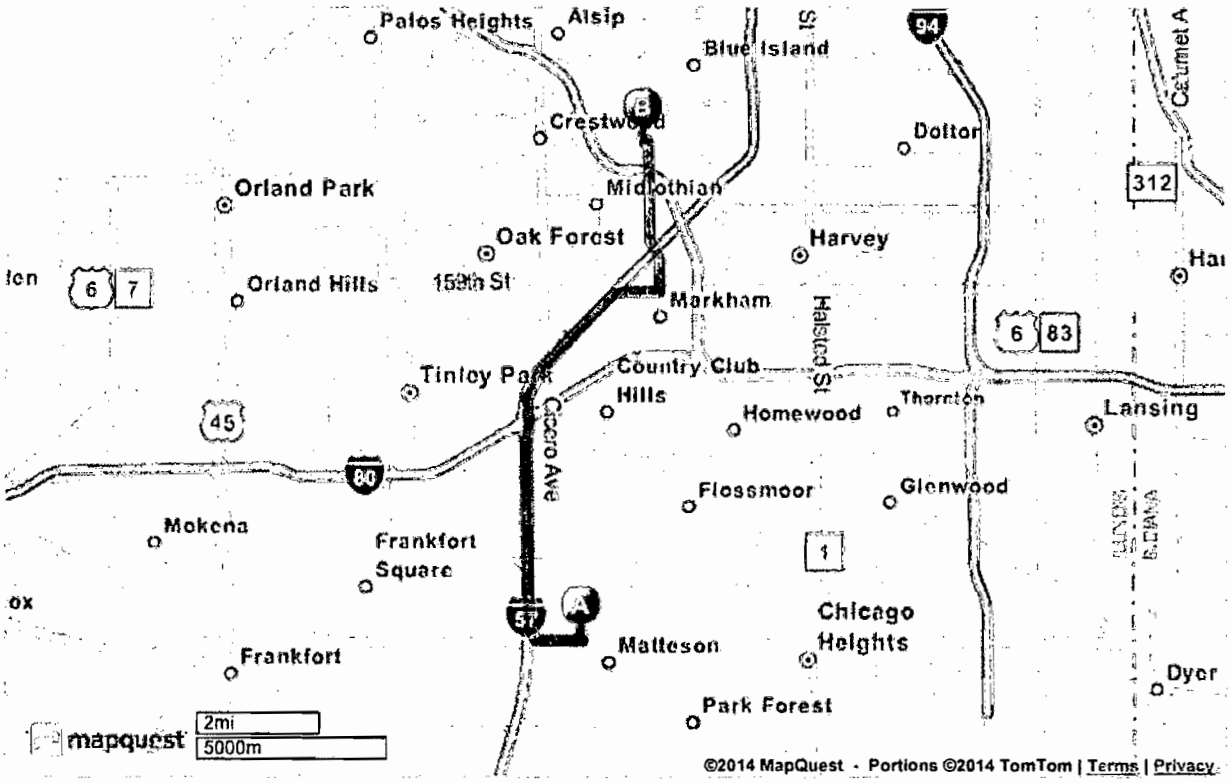
Notes
Lydia Healthcare

Trip to:
13901 S Lydia Ave
Robbins, IL 60472-2215
11.72 miles / 15 minutes

	21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
	3. Merge onto **I-57 N** toward **Chicago**. Map	**7.0 Mi** *7.8 Mi Total*
	4. Merge onto **W 159th St / US-6 E** via **EXIT 348**. Map	**1.1 Mi** *8.9 Mi Total*
	5. Turn **left** onto **Kedzie Ave**. Map	**2.8 Mi** *11.7 Mi Total*
	6. Turn **left** onto **W 139th St**. Map	**0.07 Mi** *11.7 Mi Total*
	7. **13901 S LYDIA AVE**. Map	
	13901 S Lydia Ave, Robbins, IL 60472-2215	

ATTACHMENT-10E

Total Travel Estimate: **11.72 miles - about 15 minutes**



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Notes
Smith Crossing

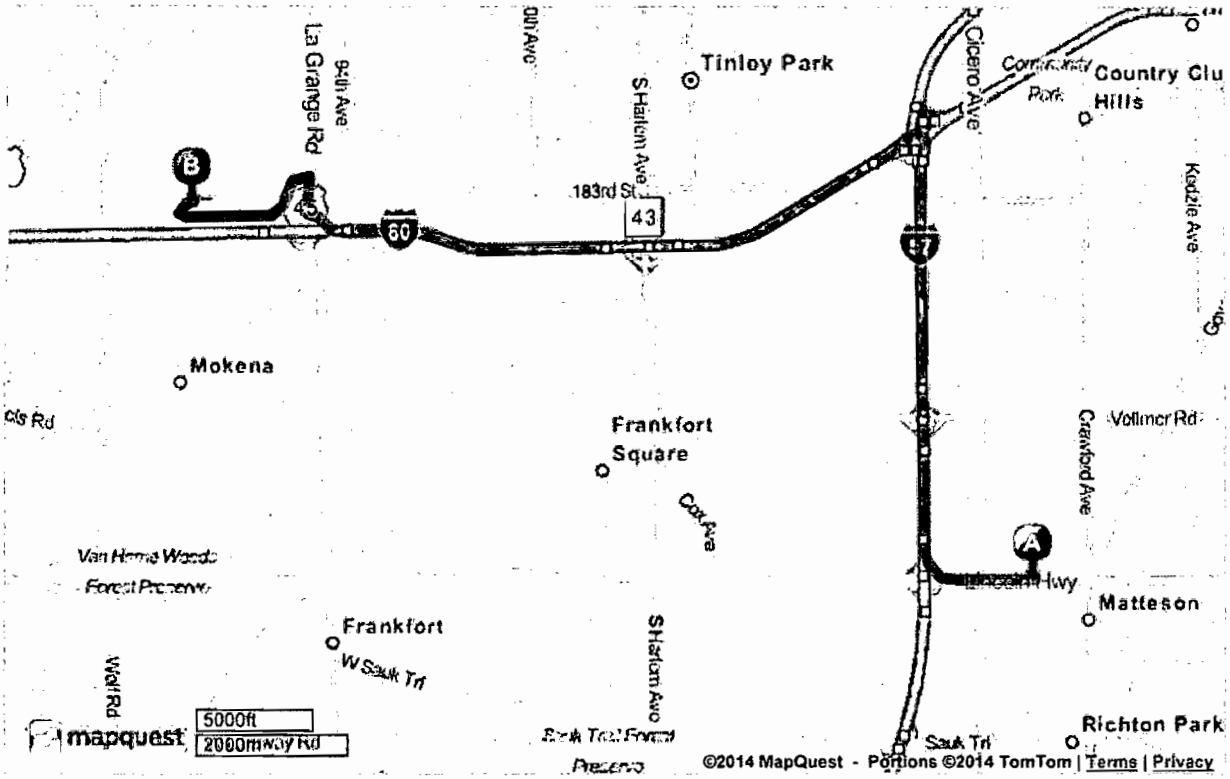
Trip to:
10501 Emilie Ln
Orland Park, IL 60467-8871
13.61 miles / 16 minutes

21020 Kostner Ave, Matteson, IL 60443-2068 — Download Free App

1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
3. Merge onto **I-57 N** toward **Chicago**. Map	**4.4 Mi** *5.2 Mi Total*
4. Merge onto **I-80 W** via **EXIT 345B** toward **Iowa**. Map	**6.0 Mi** *11.2 Mi Total*
5. Take the **US-45 / La Grange Rd** exit, **EXIT 145**. Map	**0.3 Mi** *11.5 Mi Total*
6. Merge onto **La Grange Rd / US-45 N** toward **Orland Park**. Map	**0.5 Mi** *12.0 Mi Total*
7. Turn **left** onto **Orland Pkwy**. Map	**1.5 Mi** *13.4 Mi Total*
8. Turn **right** onto **Emilie Ln**. Map	**0.2 Mi** *13.6 Mi Total*
9. **10501 EMILIE LN** is on the **right**. Map	

10501 Emilie Ln, Orland Park, IL 60467-8871

Total Travel Estimate: **13.61 miles - about 16 minutes**



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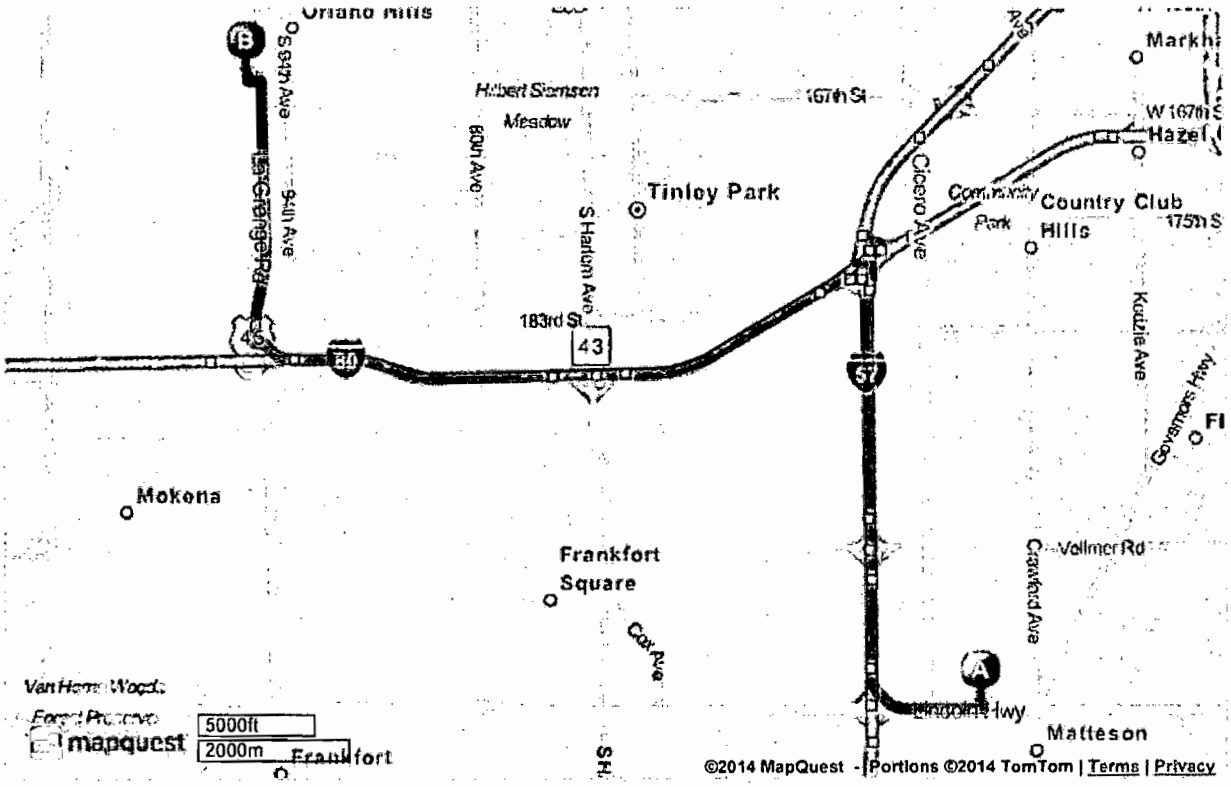
Notes
Alden-Orland Park Rehab & Hcc

Trip to:
16450 S 97th Ave
Orland Park, IL 60467-5587
14.20 miles / 17 minutes

		Download Free App
A	**21020 Kostner Ave**, Matteson, IL 60443-2068	
○	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
↱	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
↗	3. Merge onto **I-57 N** toward **Chicago**. Map	**4.4 Mi** *5.2 Mi Total*
↗	4. Merge onto **I-80 W** via **EXIT 345B** toward **Iowa**. Map	**6.0 Mi** *11.2 Mi Total*
↗	5. Take the **US-45 / La Grange Rd** exit, **EXIT 145**. Map	**0.3 Mi** *11.5 Mi Total*
↑	6. Merge onto **La Grange Rd / US-45 N** toward **Orland Park**. Map	**2.5 Mi** *14.0 Mi Total*
↰	7. Turn **left** onto **165th St**. Map	**0.1 Mi** *14.2 Mi Total*
↱	8. Turn **right** onto **S 97th Ave**. Map	**0.05 Mi** *14.2 Mi Total*
■	9. **16450 S 97TH AVE** is on the **left**. Map	
B	**16450 S 97th Ave**, Orland Park, IL 60467-5587	

Total Travel Estimate: **14.20 miles - about 17 minutes**



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Trip to:

Torrence Ave & Frontage Rd

Lansing, IL 60438

15.12 miles / 17 minutes

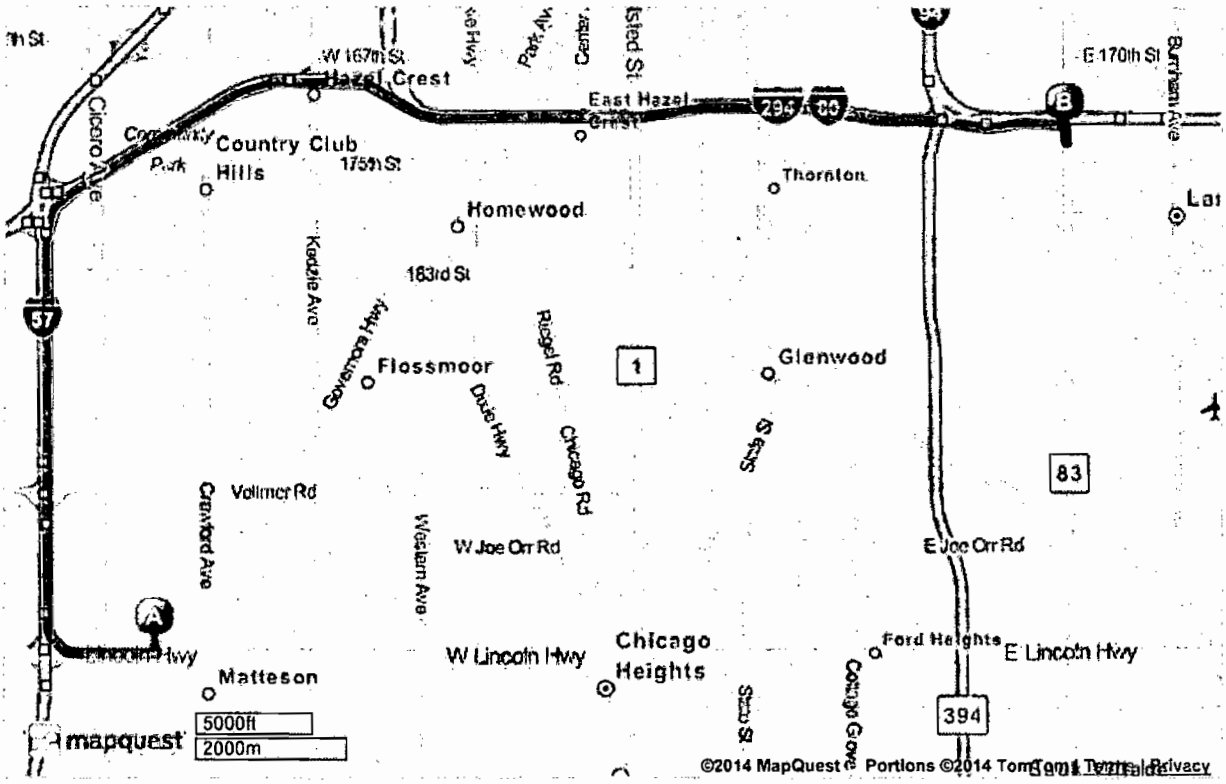
Notes

Tri-State Manor Nursing Home
2500 East 175th Street
Lansing, IL 60438

	A	**21020 Kostner Ave**, Matteson, IL 60443-2068	Download Free App
○		1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
↱	WEST 30	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
↗	NORTH 57	3. Merge onto **I-57 N** toward **Chicago**. Map	**4.0 Mi** *4.8 Mi Total*
345A EXIT ↗	SOUTH 294	4. Merge onto **I-80 E / I-294 S / Tri State Tollway S** via **EXIT 345A** toward **Indiana** (Portions toll). Map	**8.9 Mi** *13.7 Mi Total*
161 EXIT ↗	83	5. Merge onto **IL-83 / Torrence Ave** via **EXIT 161** toward **US-6 W**. Map	**1.3 Mi** *15.1 Mi Total*
↶	83	6. Make a **U-turn** at **176th Pl** onto **Torrence Ave / IL-83**. Map	**0.07 Mi** *15.1 Mi Total*
■		7. **TORRENCE AVE & FRONTAGE RD**. Map	
	B	**Torrence Ave & Frontage Rd**, Lansing, IL 60438	

ATTACHMENT-10E

Total Travel Estimate: **15.12 miles - about 17 minutes**



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Notes

Crestwood Terrace Nursing Center

Trip to:

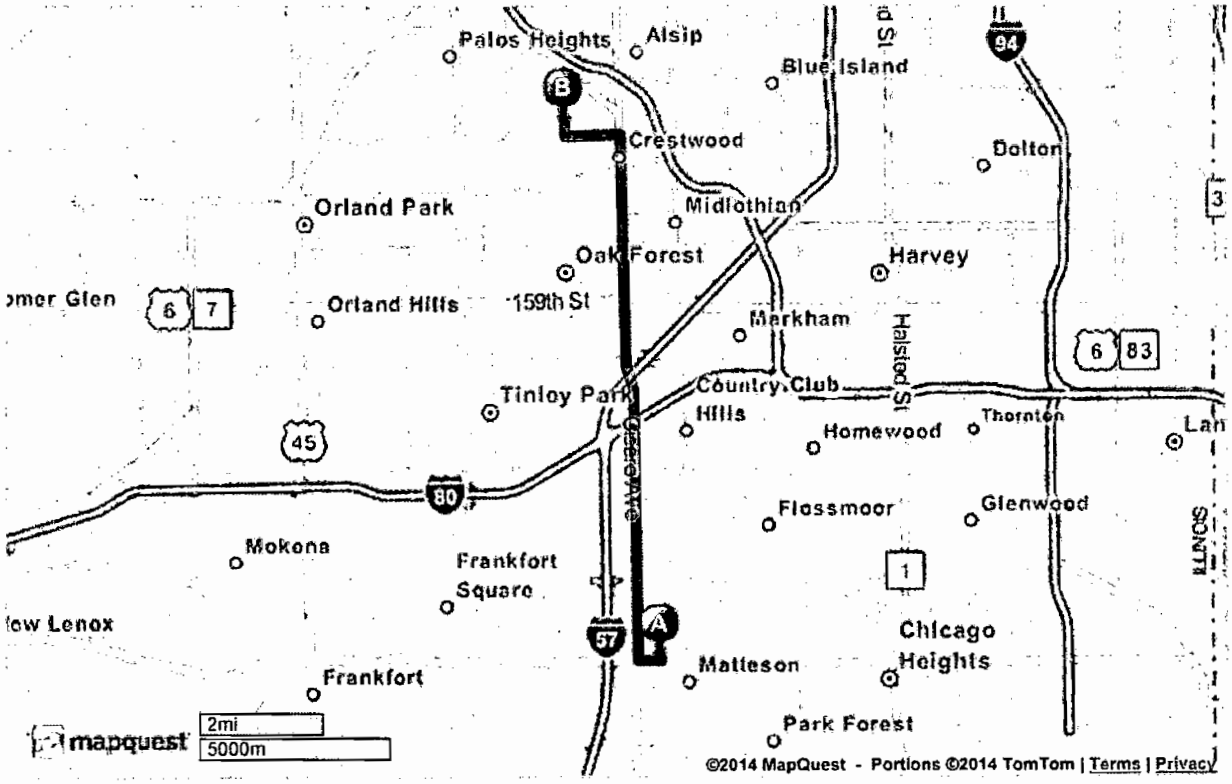
13301 S Central Ave

Crestwood, IL 60445-1370

11.47 miles / 18 minutes

	21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.5 Mi** *0.5 Mi Total*
	3. Take the 3rd **right** onto **S Cicero Ave / IL-50**. Map	**9.7 Mi** *10.2 Mi Total*
	4. Turn **left** onto **135th St**. Map	**1.0 Mi** *11.2 Mi Total*
	5. Turn **right** onto **Central Ave**. Map	**0.2 Mi** *11.5 Mi Total*
	6. **13301 S CENTRAL AVE** is on the **right**. Map	
	13301 S Central Ave, Crestwood, IL 60445-1370	

Total Travel Estimate: **11.47 miles - about 18 minutes**



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Trip to:
1251 E Richton Rd
Crete, IL 60417-1623
10.88 miles / 18 minutes

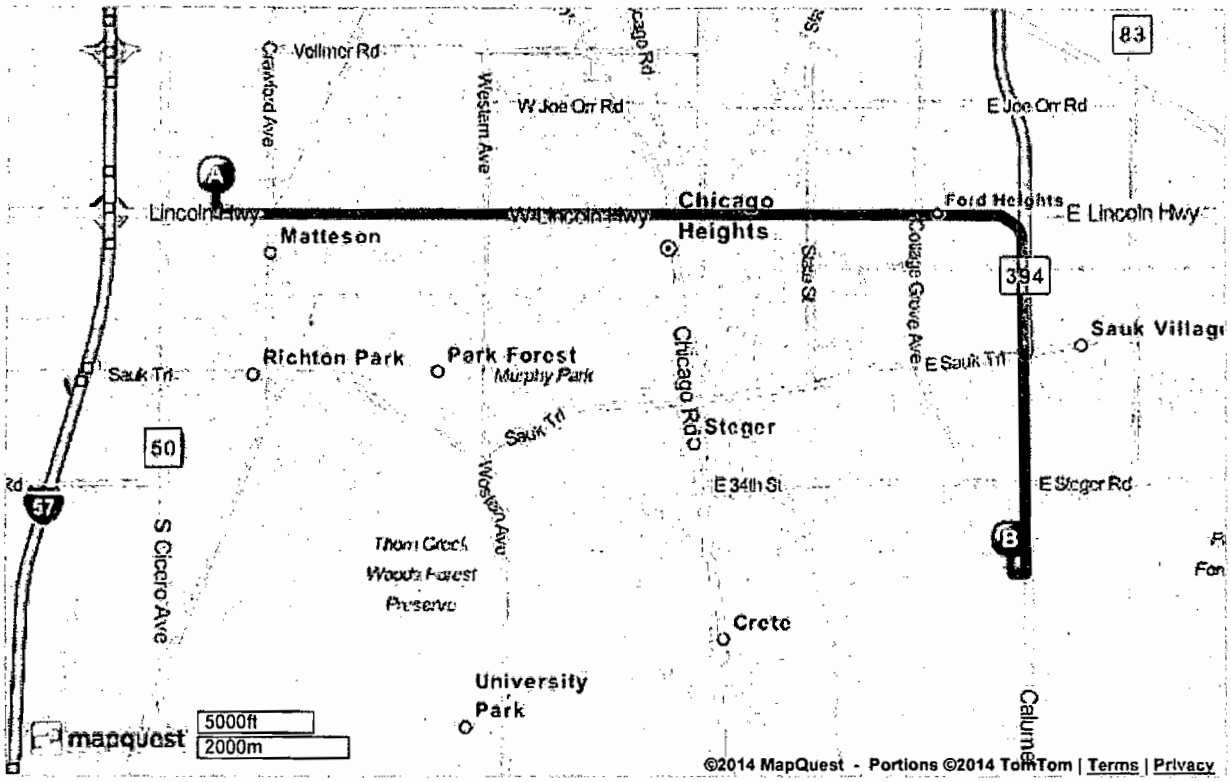
Notes
St. James Manor & Villa

21020 Kostner Ave, Matteson, IL 60443-2068 — Download Free App

1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.04 Mi**	*0.04 Mi Total*
2. Take the 1st **left** onto **Lincoln Hwy / US-30 E**. Continue to follow **US-30 E**. Map	**7.3 Mi**	*7.3 Mi Total*
3. Merge onto **IL-394 S** toward **Danville**. Map	**3.5 Mi**	*10.7 Mi Total*
4. Turn **right** onto **E Richton Rd**. Map	**0.1 Mi**	*10.9 Mi Total*
5. **1251 E RICHTON RD** is on the **left**. Map		

1251 E Richton Rd, Crete, IL 60417-1623

Total Travel Estimate: **10.88 miles - about 18 minutes**



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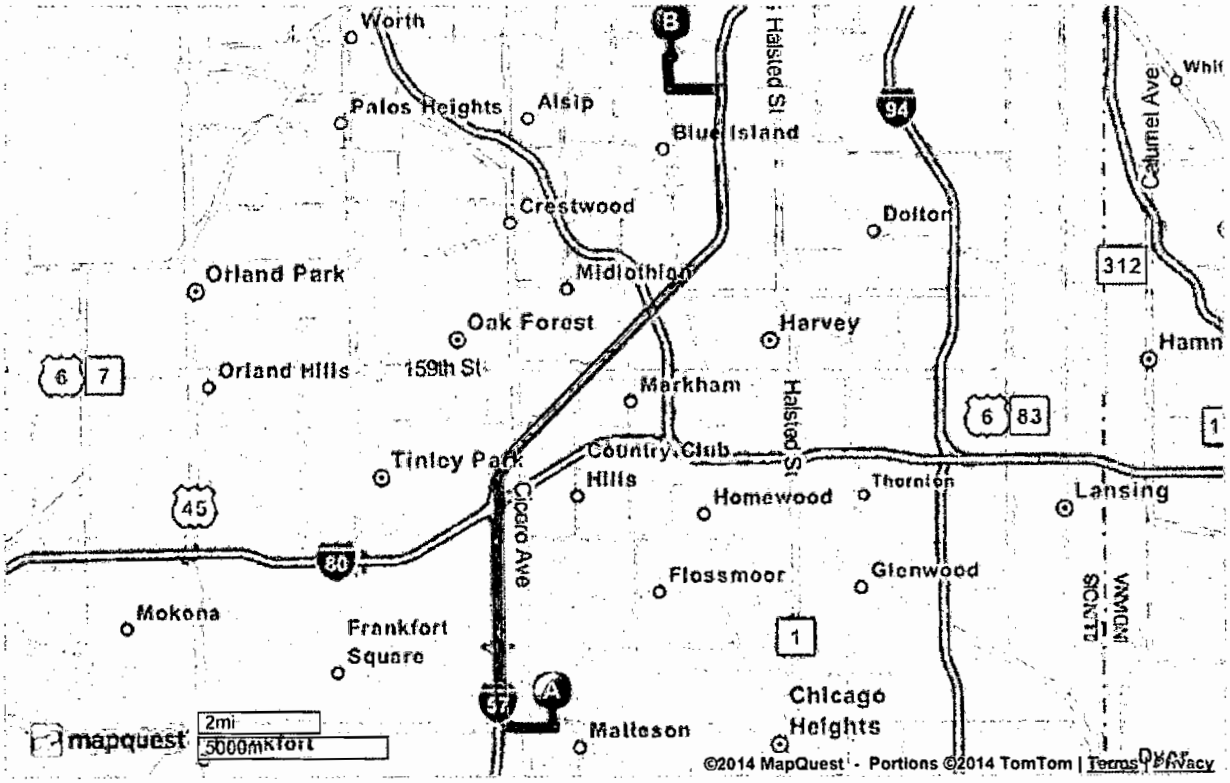
Notes
Belhaven Nursing & Rehab Center

Trip to:
11401 S Oakley Ave
Chicago, IL 60643-4113
16.12 miles / 19 minutes

		Download Free App
	21020 Kostner Ave, Matteson, IL 60443-2068	
○	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
↱	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
↱↑	3. Merge onto **I-57 N** toward **Chicago**. Map	**13.3 Mi** *14.1 Mi Total*
	4. Take **EXIT 354** toward **119th St**. Map	**0.3 Mi** *14.4 Mi Total*
↱↑	5. Merge onto **S Ashland Ave**. Map	**0.05 Mi** *14.4 Mi Total*
↰	6. Take the 1st **left** onto **W 119th St**. Map	**1.0 Mi** *15.4 Mi Total*
↱	7. Turn **right** onto **S Western Ave**. Map	**0.6 Mi** *16.0 Mi Total*
↱	8. Turn **right** onto **W 114th St**. Map	**0.1 Mi** *16.1 Mi Total*
↱	9. Turn **right** onto **S Oakley Ave**. Map	**0.01 Mi** *16.1 Mi Total*
□	10. **11401 S OAKLEY AVE** is on the **left**. Map	
	11401 S Oakley Ave, Chicago, IL 60643-4113	

Total Travel Estimate: **16.12 miles - about 19 minutes**



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Trip to:
2145 E 170th St
South Holland, IL 60473-3788
15.97 miles / 19 minutes

Notes
Manorcare of South Holland

21020 Kostner Ave, Matteson, IL 60443-2068

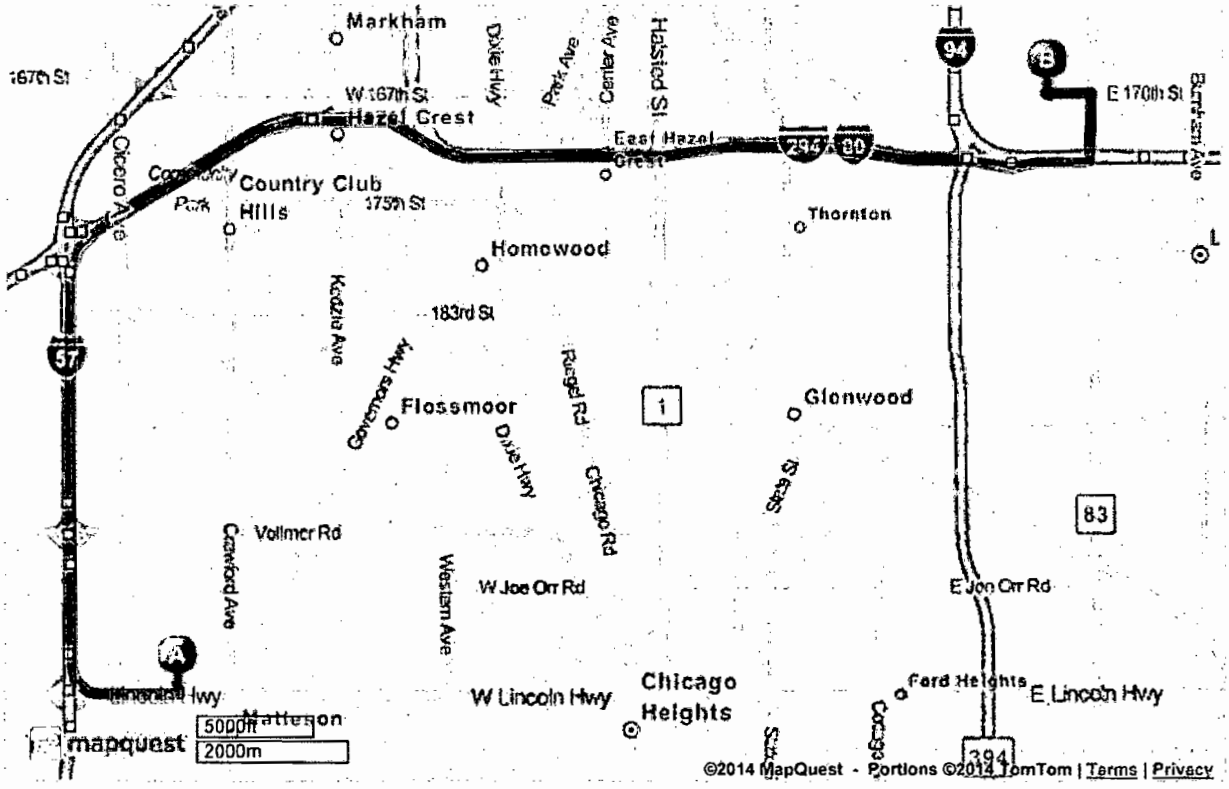
Download Free App

1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
3. Merge onto **I-57 N** toward **Chicago**. Map	**4.0 Mi** *4.8 Mi Total*
4. Merge onto **I-80 E / I-294 S / Tri State Tollway S** via **EXIT 345A** toward **Indiana** (Portions toll). Map	**8.9 Mi** *13.7 Mi Total*
5. Take the **IL-83 / Torrance Ave** exit, **EXIT 161**, toward **US-6 W**. Map	**1.1 Mi** *14.8 Mi Total*
6. Keep **left** to take the **I-94 W** ramp. Map	**0.06 Mi** *14.9 Mi Total*
7. Turn **slight left** onto **Torrence Ave / IL-83**. Map	**0.6 Mi** *15.5 Mi Total*
8. Turn **left** onto **E 170th St**. Map	**0.4 Mi** *15.9 Mi Total*
9. Make a **U-turn** at **Luella Ave** onto **E 170th St**. Map	**0.04 Mi** *16.0 Mi Total*
10. **2145 E 170TH ST**. Map	

2145 E 170th St, South Holland, IL 60473-3788

ATTACHMENT-10E

Total Travel Estimate: **15.97 miles - about 19 minutes**



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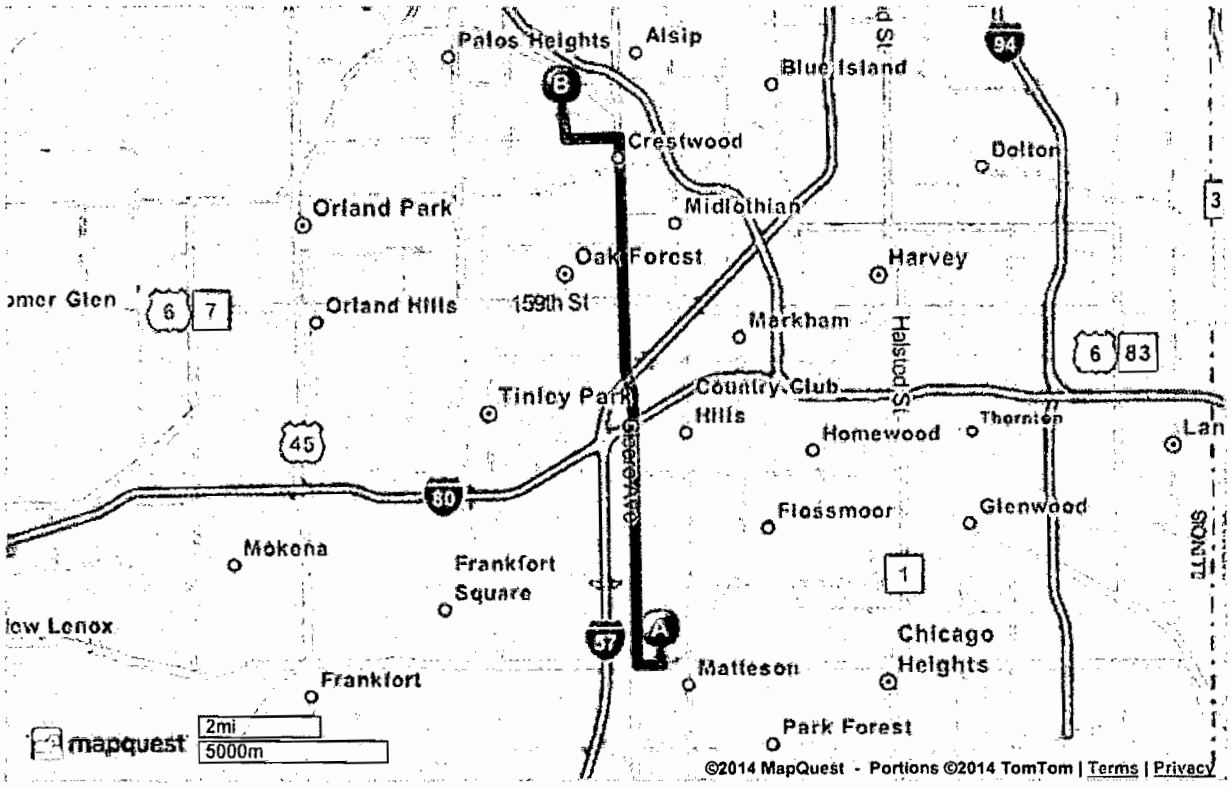
Trip to:
13258 Central Ave
Crestwood, IL 60445-1369
11.56 miles / 19 minutes

Notes
Providence of Palos Heights
13259 South Central Avenue
Palos Heights 60463

	21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.5 Mi** *0.5 Mi Total*
	3. Take the 3rd **right** onto **S Cicero Ave / IL-50**. Map	**9.7 Mi** *10.2 Mi Total*
	4. Turn **left** onto **135th St**. Map	**1.0 Mi** *11.2 Mi Total*
	5. Turn **right** onto **Central Ave**. Map	**0.3 Mi** *11.6 Mi Total*
	6. **13258 CENTRAL AVE**. Map	
	13258 Central Ave, Crestwood, IL 60445-136941.651766, -87.757795 (Address is approximate)	

Total Travel Estimate: **11.56 miles - about 19 minutes**



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Notes

Renaissance Park South

Trip to:

10935 S Halsted St

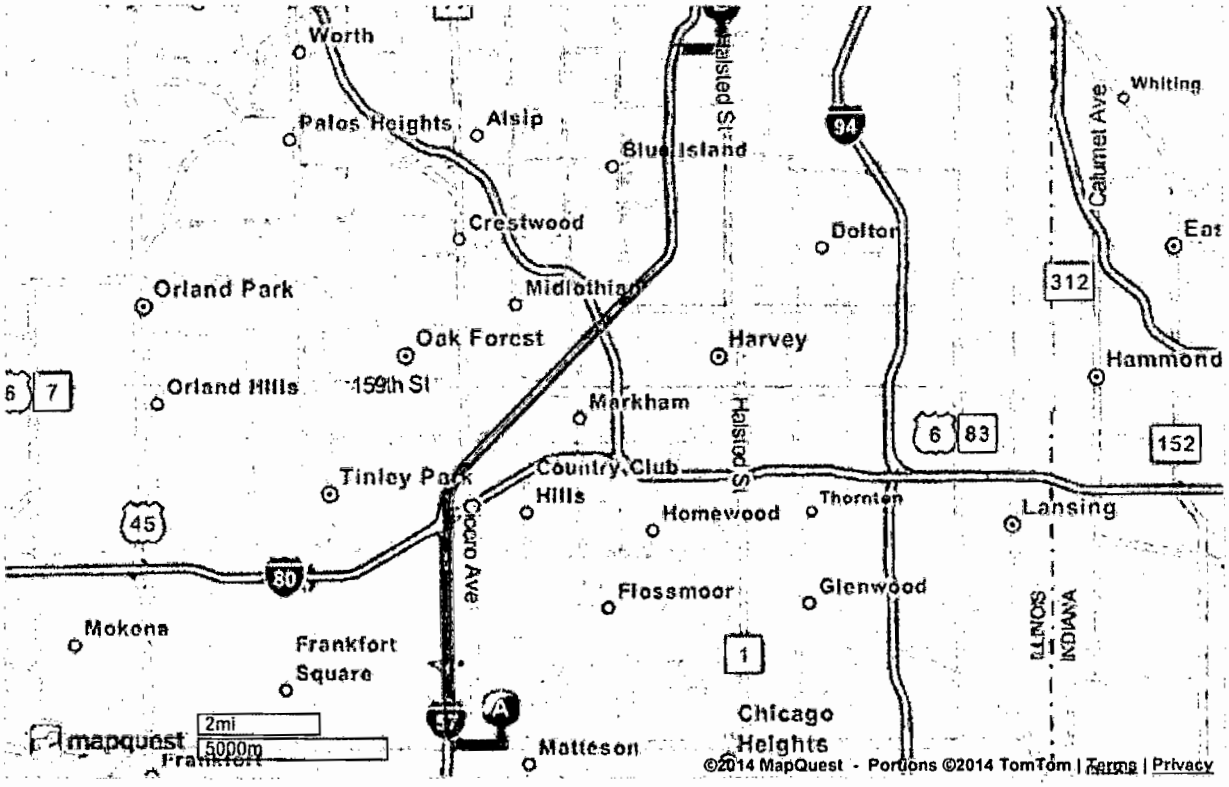
Chicago, IL 60628-3127

16.54 miles / 19 minutes

		Download Free App
A	**21020 Kostner Ave**, Matteson, IL 60443-2068	
	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
WEST 30	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
NORTH 57	3. Merge onto **I-57 N** toward **Chicago**. Map	**14.2 Mi** *14.9 Mi Total*
355 EXIT	4. Take **EXIT 355** toward **Monterey Ave / 111th St**. Map	**0.3 Mi** *15.2 Mi Total*
	5. Merge onto **S Hamlet Ave**. Map	**0.2 Mi** *15.4 Mi Total*
	6. Turn **right** onto **W 111th St**. Map	**0.9 Mi** *16.3 Mi Total*
1	7. Turn **left** onto **S Halsted St / IL-1**. Map	**0.2 Mi** *16.5 Mi Total*
	8. **10935 S HALSTED ST** is on the **right**. Map	
B	**10935 S Halsted St**, Chicago, IL 60628-3127	

ATTACHMENT-10E

Total Travel Estimate: **16.54 miles - about 19 minutes**



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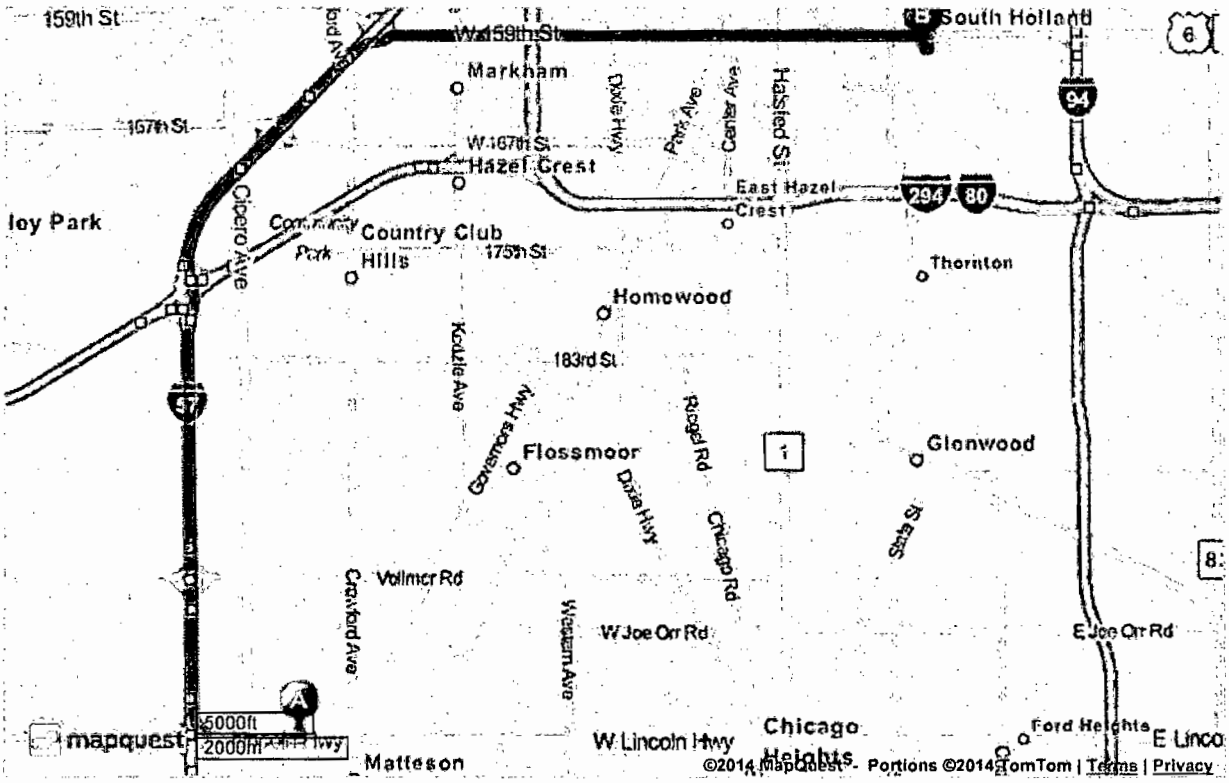
Notes
Rest Haven South

Trip to:
16300 Wausau Ave
South Holland, IL 60473-2158
13.38 miles / 19 minutes

	21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
○	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
↱	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
↱	3. Merge onto **I-57 N** toward **Chicago**. Map	**7.0 Mi** *7.8 Mi Total*
↱	4. Merge onto **US-6 E** via **EXIT 348**. Map	**5.5 Mi** *13.2 Mi Total*
↱	5. Turn **right** onto **Wausau Ave**. Map	**0.1 Mi** *13.4 Mi Total*
↱	6. Turn **right** onto **E 163rd St**. Map	**0.03 Mi** *13.4 Mi Total*
↰	7. Take the 1st **left** onto **Wausau Ave**. Map	**0.01 Mi** *13.4 Mi Total*
■	8. **16300 WAUSAU AVE** is on the **right**. Map	
	16300 Wausau Ave, South Holland, IL 60473-2158	

ATTACHMENT-10E

Total Travel Estimate: **13.38 miles - about 19 minutes**



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Notes
Washington & Jane Smith Comm.

Trip to:
2340 W 113th Pl
Chicago, IL 60643-4107
16.15 miles / 19 minutes

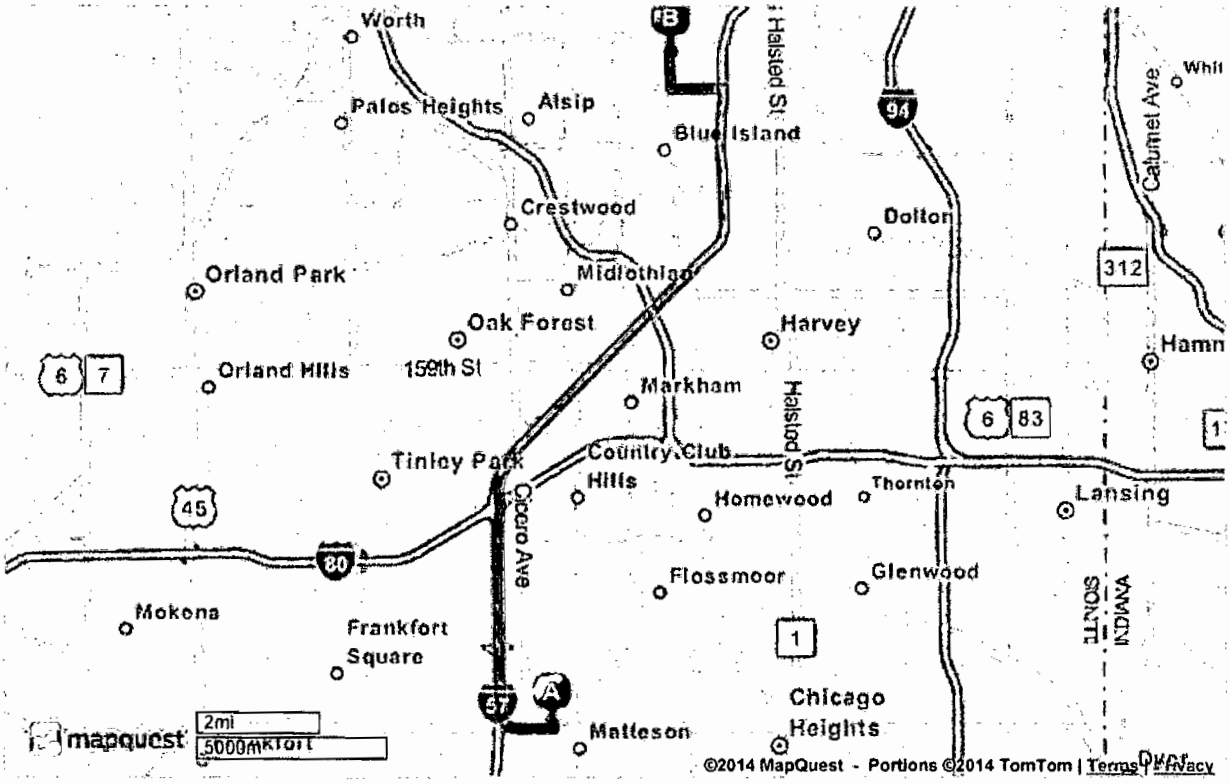
21020 Kostner Ave, Matteson, IL 60443-2068 — Download Free App

1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi**	*0.03 Mi Total*
2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi**	*0.8 Mi Total*
3. Merge onto **I-57 N** toward **Chicago**. Map	**13.3 Mi**	*14.1 Mi Total*
4. Take **EXIT 354** toward **119th St**. Map	**0.3 Mi**	*14.4 Mi Total*
5. Merge onto **S Ashland Ave**. Map	**0.05 Mi**	*14.4 Mi Total*
6. Take the 1st **left** onto **W 119th St**. Map	**1.0 Mi**	*15.4 Mi Total*
7. Turn **right** onto **S Western Ave**. Map	**0.7 Mi**	*16.1 Mi Total*
8. Turn **right** onto **W 113th Pl**. Map	**0.07 Mi**	*16.1 Mi Total*
9. **2340 W 113TH PL** is on the **left**. Map		

2340 W 113th Pl, Chicago, IL 60643-4107

ATTACHMENT-10E

Total Travel Estimate: **16.15 miles - about 19 minutes**



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Notes
Southport Nur & Rehab

Trip to:
1010 W 95th St
Chicago, IL 60643-1522
18.27 miles / 20 minutes

21020 Kostner Ave, Matteson, IL 60443-2068

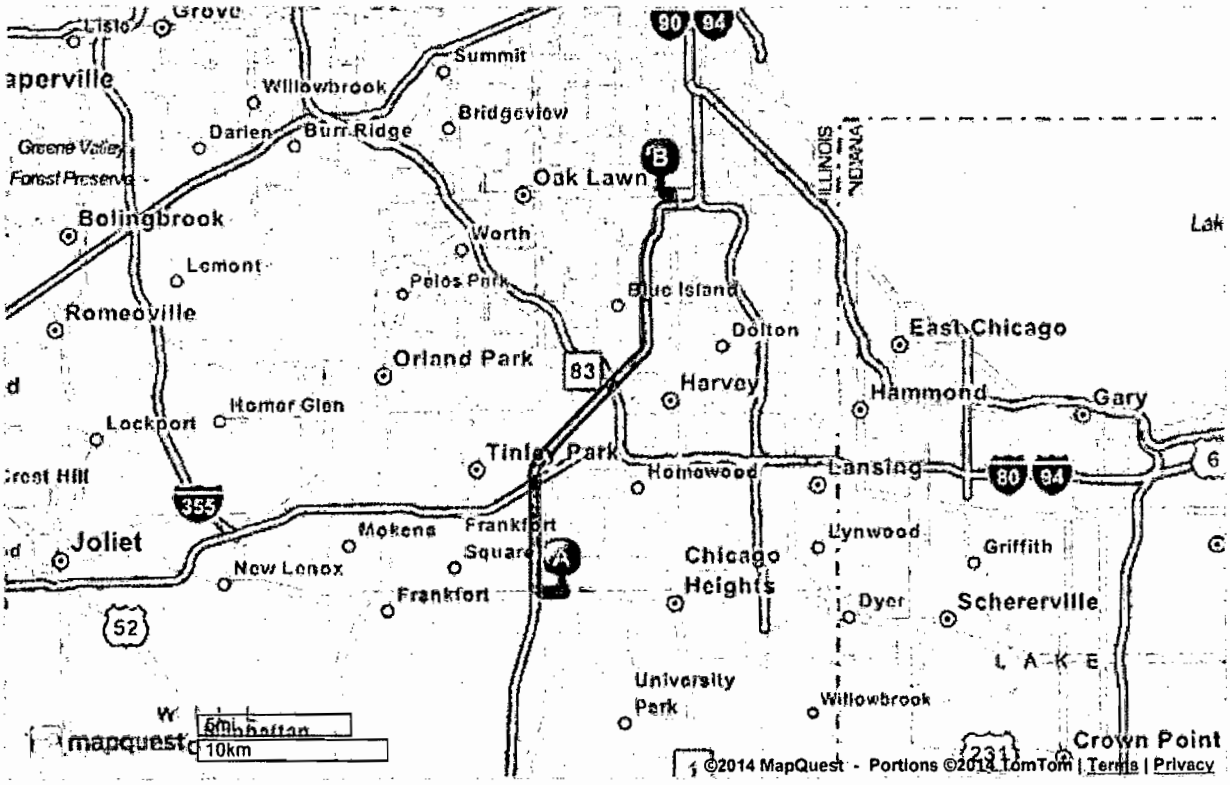
Download Free App

1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi**	*0.03 Mi Total*
2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi**	*0.8 Mi Total*
3. Merge onto **I-57 N** toward **Chicago**. Map	**16.5 Mi**	*17.3 Mi Total*
4. Take **EXIT 357** toward **IL-1 / Halsted St**. Map	**0.2 Mi**	*17.4 Mi Total*
5. Merge onto **W 99th St**. Map	**0.06 Mi**	*17.5 Mi Total*
6. Turn **left** onto **IL-1 / S Halsted St**. Continue to follow **S Halsted St**. Map	**0.5 Mi**	*18.0 Mi Total*
7. Turn **left** onto **W 95th St / US-20 W / US-12 W**. Map	**0.3 Mi**	*18.3 Mi Total*
8. **1010 W 95TH ST** is on the **right**. Map		

1010 W 95th St, Chicago, IL 60643-1522

ATTACHMENT-10E

Total Travel Estimate: **18.27 miles - about 20 minutes**



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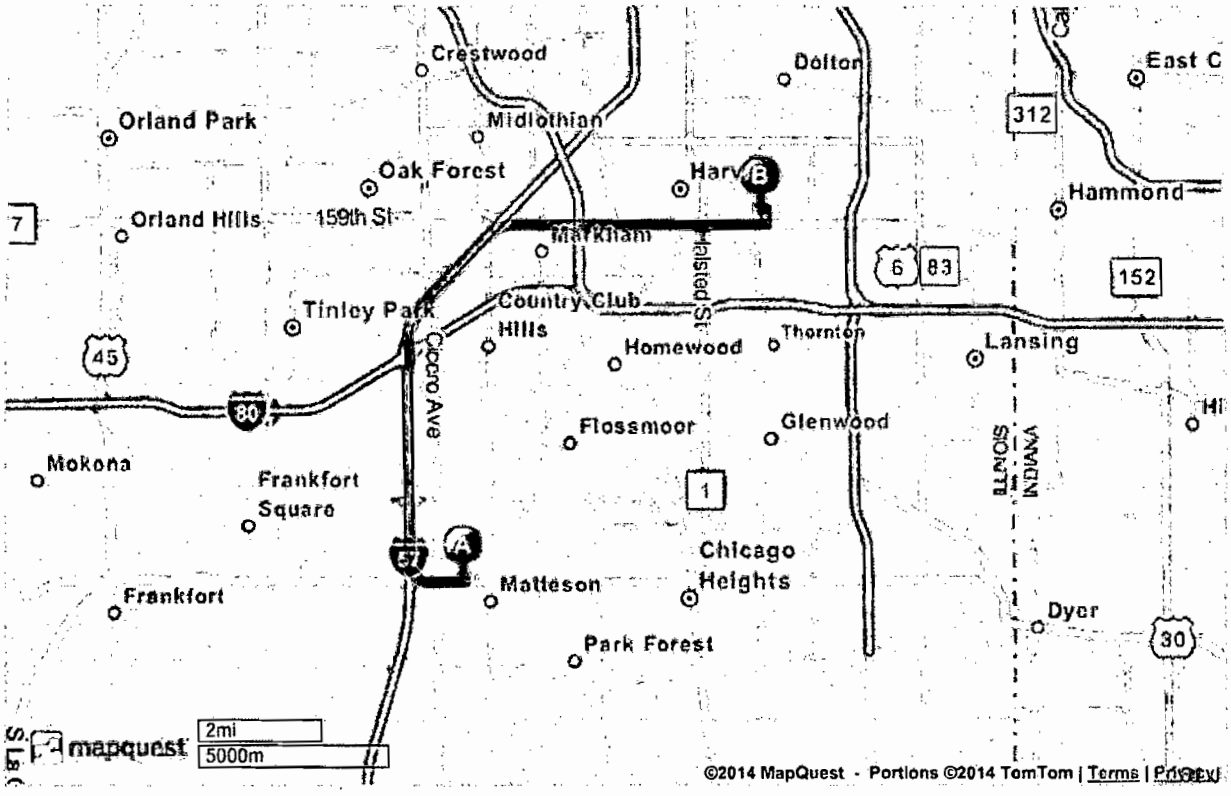
Notes
Windmill Nursing Pavilion

Trip to:
16000 Wabash Ave
South Holland, IL 60473-1461
13.44 miles / 20 minutes

	21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
	3. Merge onto **I-57 N** toward **Chicago**. Map	**7.0 Mi** *7.8 Mi Total*
	4. Merge onto **US-6 E** via **EXIT 348**. Map	**5.2 Mi** *13.0 Mi Total*
	5. Turn **left** onto **E 162nd St**. Map	**0.06 Mi** *13.1 Mi Total*
	6. Take the 1st **left** onto **Michigan Ave**. Map	**0.3 Mi** *13.3 Mi Total*
	7. Take the 2nd **left** onto **E 159th Pl**. Map	**0.06 Mi** *13.4 Mi Total*
	8. Take the 1st **left** onto **Wabash Ave**. Map	**0.04 Mi** *13.4 Mi Total*
	9. **16000 WABASH AVE** is on the **right**. Map	
	16000 Wabash Ave, South Holland, IL 60473-1461	

ATTACHMENT-10E

Total Travel Estimate: **13.44 miles - about 20 minutes**



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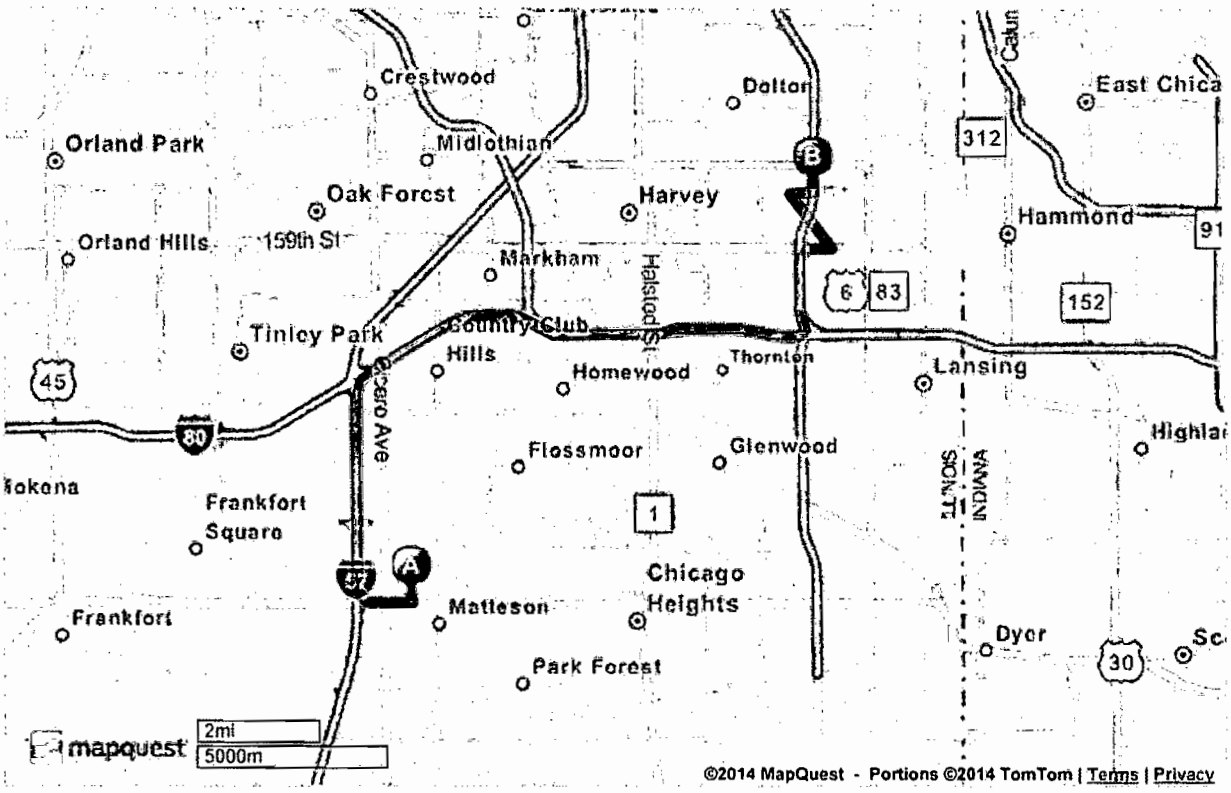
Trip to:
1635 E 154th St
Dolton, IL 60419-3001
17.52 miles / 21 minutes

Notes
Countryside Nursing & Rehab Center

	A	**21020 Kostner Ave**, Matteson, IL 60443-2068	Download Free App
○		1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
↱	WEST 30	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
↰↑	NORTH 57	3. Merge onto **I-57 N** toward **Chicago**. Map	**4.0 Mi** *4.8 Mi Total*
345A EXIT ↗	SOUTH 294	4. Merge onto **I-80 E / I-294 S / Tri State Tollway S** via **EXIT 345A** toward **Indiana** (Portions toll). Map	**8.3 Mi** *13.1 Mi Total*
EXIT ↗		5. Take the **IL-394 S** exit toward **I-94 W / Chicago / Danville**. Map	**0.3 Mi** *13.4 Mi Total*
↰↑	NORTH 394	6. Merge onto **IL-394 N / Bishop Ford Fwy N** via the ramp on the **left** toward **I-94 W / Chicago**. Map	**1.1 Mi** *14.6 Mi Total*
↑	WEST 94	7. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N**. Map	**0.5 Mi** *15.1 Mi Total*
73B EXIT ↗	EAST 6	8. Merge onto **US-6 E** via **EXIT 73B**. Map	**0.7 Mi** *15.8 Mi Total*
↰		9. Turn **left** onto **Greenwood Rd**. Map	**1.3 Mi** *17.1 Mi Total*
↱		10. Turn **right** onto **E 154th St**. Map	**0.5 Mi** *17.5 Mi Total*
■		11. **1635 E 154TH ST** is on the **right**. Map	
	B	**1635 E 154th St**, Dolton, IL 60419-3001	

Total Travel Estimate: **17.52 miles - about 21 minutes**



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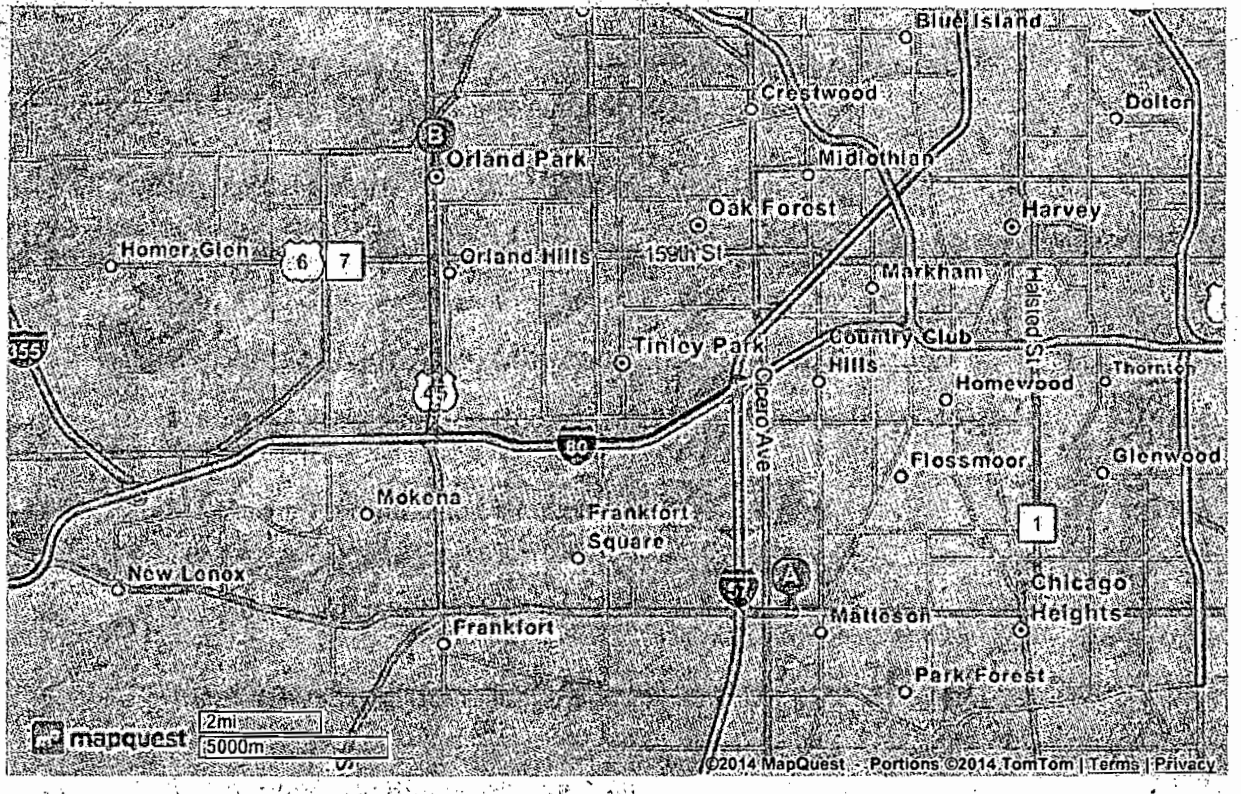
Notes
Lexington Health Care Center

Trip to:
14601 John Humphrey Dr
Orland Park, IL 60462-2641
16.54 miles / 21 minutes

		Download Free App
A	**21020 Kostner Ave**, Matteson, IL 60443-2068	
○	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
	3. Merge onto **I-57 N** toward **Chicago**. Map	**4.4 Mi** *5.2 Mi Total*
	4. Merge onto **I-80 W** via **EXIT 345B** toward **Iowa**. Map	**6.0 Mi** *11.2 Mi Total*
	5. Take the **US-45 / La Grange Rd** exit, **EXIT 145**. Map	**0.3 Mi** *11.5 Mi Total*
	6. Merge onto **La Grange Rd / US-45 N** toward **Orland Park**. Map	**4.8 Mi** *16.3 Mi Total*
	7. Turn **right** onto **W 147th St**. Map	**0.1 Mi** *16.4 Mi Total*
	8. Turn **left** onto **John Humphrey Dr**. Map	**0.1 Mi** *16.5 Mi Total*
□	9. **14601 JOHN HUMPHREY DR** is on the **right**. Map	
B	**14601 John Humphrey Dr**, Orland Park, IL 60462-2641	

Total Travel Estimate: **16.54 miles - about 21 minutes**



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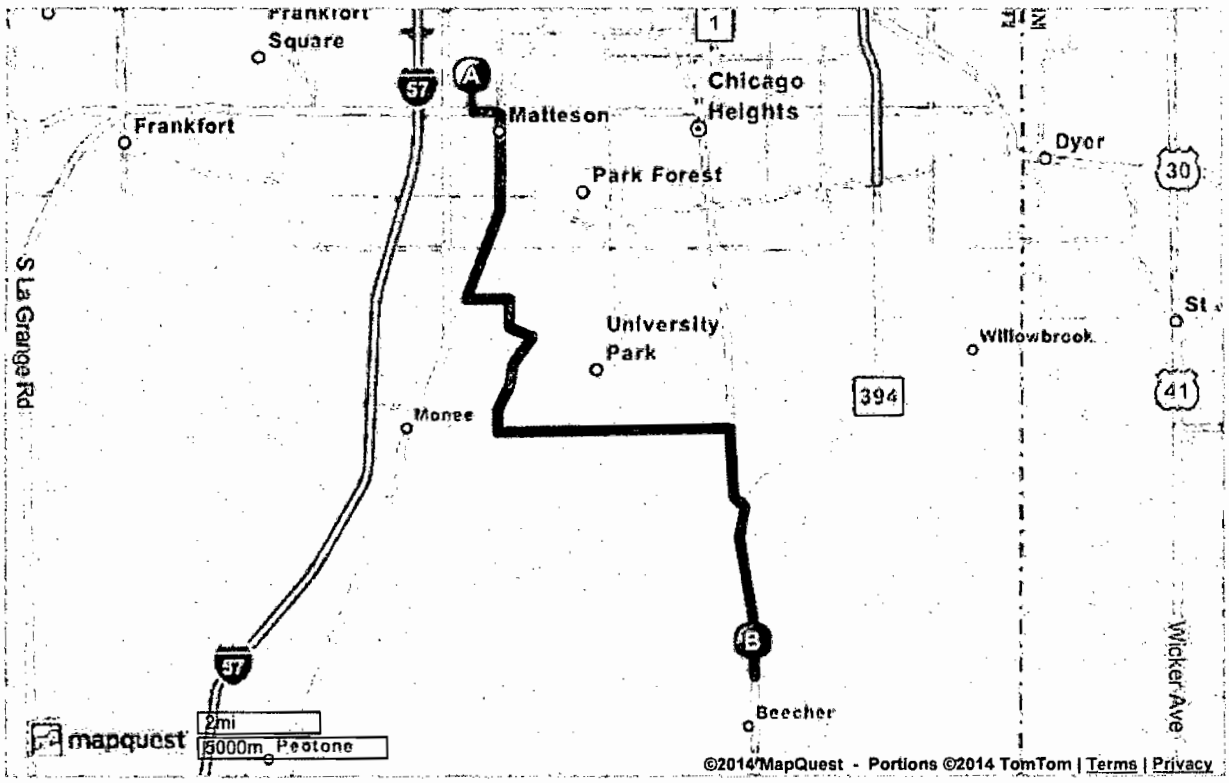
Notes
Beecher Manor Nursing & Rehab Center

Trip to:
1201 S Dixie Hwy
Beecher, IL 60401-4001
16.89 miles / 23 minutes

		21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
○		1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.04 Mi** *0.04 Mi Total*
↰	EAST 30	2. Take the 1st **left** onto **Lincoln Hwy / US-30 E**. Map	**0.4 Mi** *0.5 Mi Total*
↱		3. Turn **right** onto **Governors Hwy**. Map	**3.6 Mi** *4.1 Mi Total*
↰		4. Turn **left** onto **Stunkle Rd**. Map	**0.8 Mi** *4.9 Mi Total*
↱		5. Take the 2nd **right** onto **University Pkwy**. Map	**1.0 Mi** *5.8 Mi Total*
↱		6. Take the 2nd **right** onto **S Old Monee Steger Rd**. Map	**2.0 Mi** *7.8 Mi Total*
↰		7. Turn **left** onto **W Crete Monee Rd / County Hwy-21**. Continue to follow **County Hwy-21**. Map	**4.4 Mi** *12.2 Mi Total*
↱	1	8. Turn **right** onto **S Dixie Hwy / IL-1**. Map	**1.5 Mi** *13.7 Mi Total*
↱	394	9. Turn **right** onto **Route 394 / IL-394**. Map	**0.6 Mi** *14.3 Mi Total*
↑	1	10. **Route 394 / IL-394** becomes **IL-1 / Dixie Hwy**. Map	**2.6 Mi** *16.9 Mi Total*
■		11. **1201 S DIXIE HWY** is on the **left**. Map	
		1201 S Dixie Hwy, Beecher, IL 60401-4001	

ATTACHMENT-10E

Total Travel Estimate: **16.89 miles - about 23 minutes**



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ATTACHMENT-10E

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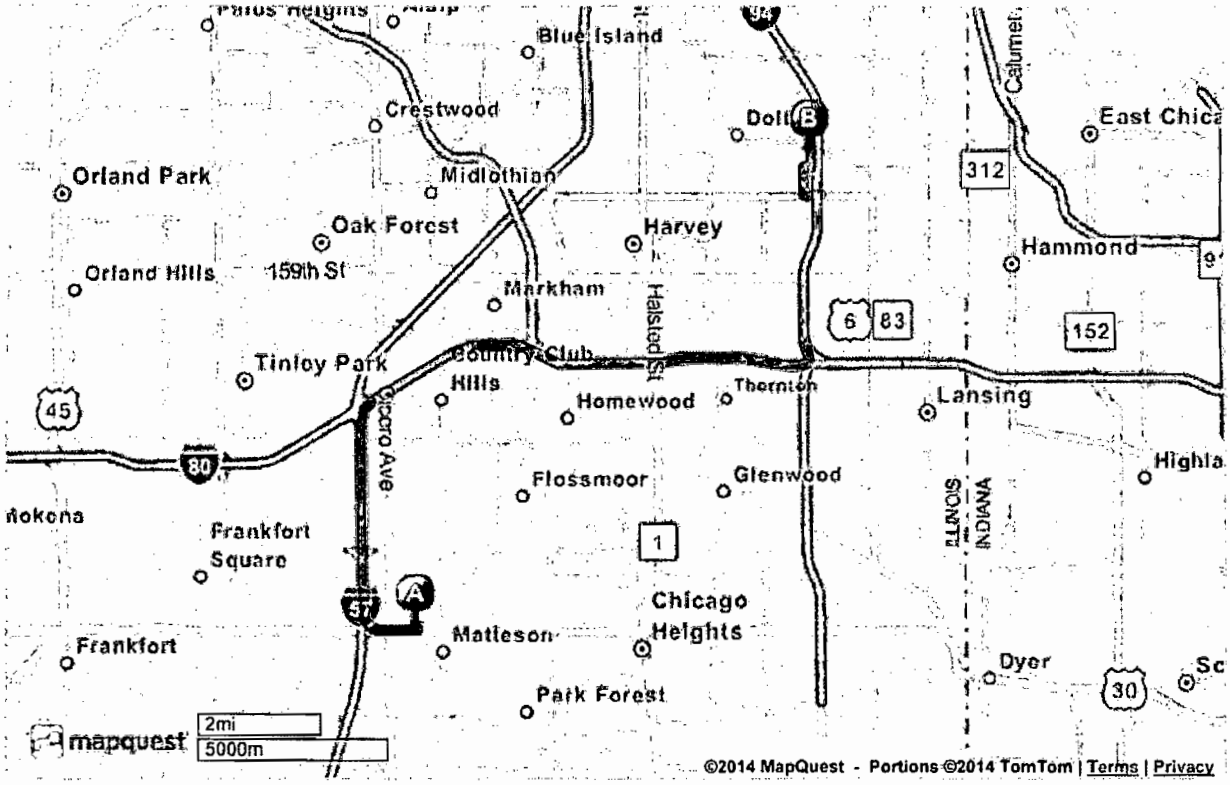
Notes
Dolton Healthcare Centre

Trip to:
14325 Blackstone Ave
Dolton, IL 60419-1323
18.16 miles / 23 minutes

		Download Free App
	21020 Kostner Ave, Matteson, IL 60443-2068	
	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi** *0.8 Mi Total*
	3. Merge onto **I-57 N** toward **Chicago**. Map	**4.0 Mi** *4.8 Mi Total*
	4. Merge onto **I-80 E / I-294 S / Tri State Tollway S** via **EXIT 345A** toward **Indiana** (Portions toll). Map	**8.3 Mi** *13.1 Mi Total*
	5. Take the **IL-394 S** exit toward **I-94 W / Chicago / Danville**. Map	**0.3 Mi** *13.4 Mi Total*
	6. Merge onto **IL-394 N / Bishop Ford Fwy N** via the ramp on the **left** toward **I-94 W / Chicago**. Map	**1.1 Mi** *14.6 Mi Total*
	7. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N**. Map	**2.3 Mi** *16.8 Mi Total*
	8. Merge onto **IL-83 W / Sibley Blvd** via **EXIT 71A**. Map	**0.4 Mi** *17.2 Mi Total*
	9. Turn **slight right** onto **Lincoln Ave**. Map	**0.08 Mi** *17.3 Mi Total*
	10. Take the 1st **right** onto **Dorchester Ave**. Map	**0.5 Mi** *17.8 Mi Total*
	11. Turn **right** onto **Kasten Dr**. Map	**0.1 Mi** *17.9 Mi Total*
	12. Take the 2nd **left** onto **Blackstone Ave**. Map	**0.2 Mi** *18.2 Mi Total*
	13. **14325 BLACKSTONE AVE** is on the **right**. Map	
	14325 Blackstone Ave, Dolton, IL 60419-1323	

ATTACHMENT-10E

Total Travel Estimate: **18.16 miles - about 23 minutes**



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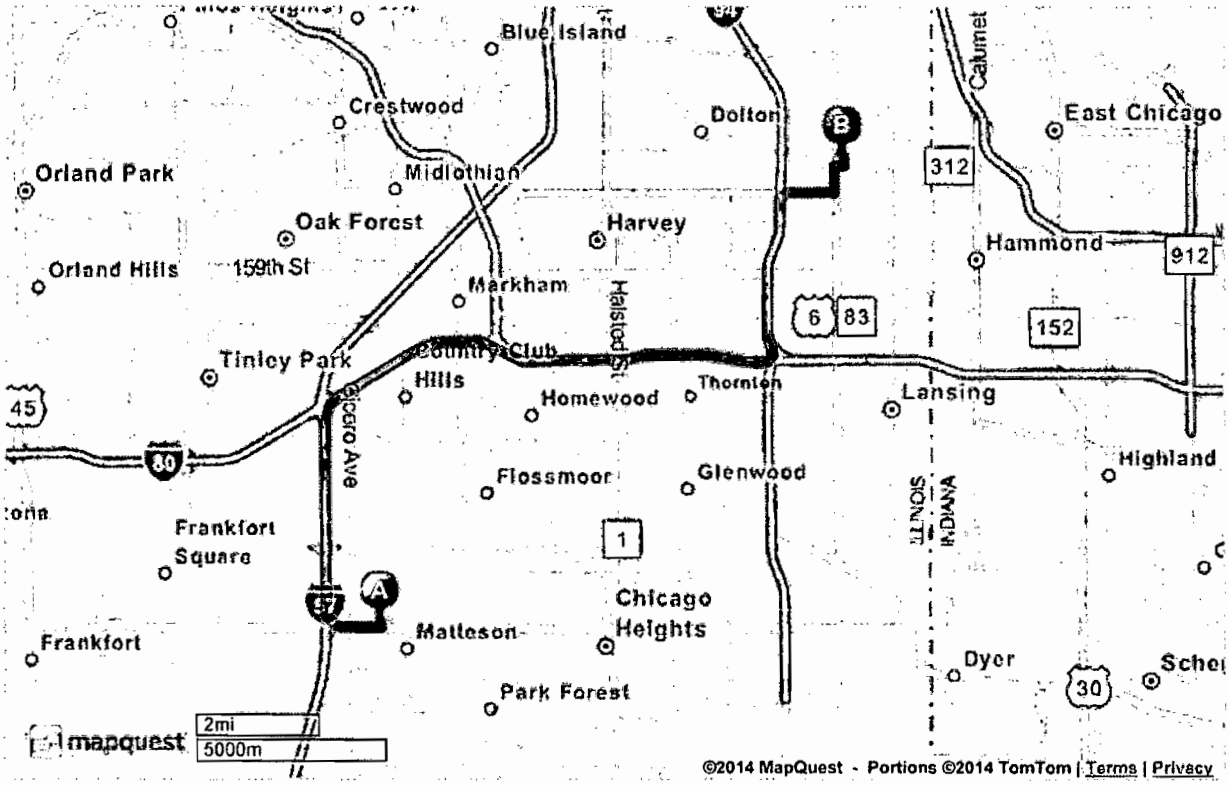
Trip to:
14500 S Manistee Ave
Chicago, IL 60633-2004
18.61 miles / 23 minutes

Notes
River Oaks Healthcare Rehabilitation Center

21020 Kostner Ave, Matteson, IL 60443-2068		Download Free App
1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi**	*0.03 Mi Total*
2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.7 Mi**	*0.8 Mi Total*
3. Merge onto **I-57 N** toward **Chicago**. Map	**4.0 Mi**	*4.8 Mi Total*
4. Merge onto **I-80 E / I-294 S / Tri State Tollway S** via **EXIT 345A** toward **Indiana** (Portions toll). Map	**8.3 Mi**	*13.1 Mi Total*
5. Take the **IL-394 S** exit toward **I-94 W / Chicago / Danville**. Map	**0.3 Mi**	*13.4 Mi Total*
6. Merge onto **IL-394 N / Bishop Ford Fwy N** via the ramp on the **left** toward **I-94 W / Chicago**. Map	**1.1 Mi**	*14.6 Mi Total*
7. **IL-394 N / Bishop Ford Fwy N** becomes **I-94 W / Bishop Ford Fwy N**. Map	**2.1 Mi**	*16.7 Mi Total*
8. Merge onto **E Sibley Blvd / IL-83 E** via **EXIT 71B**. Map	**1.1 Mi**	*17.8 Mi Total*
9. Turn **left** onto **Torrence Ave / IL-83**. Continue to follow **Torrence Ave**. Map	**0.5 Mi**	*18.3 Mi Total*
10. Turn **right** onto **State St**. Map	**0.2 Mi**	*18.5 Mi Total*
11. Turn **left** onto **S Manistee Ave**. Map	**0.1 Mi**	*18.6 Mi Total*
12. **14500 S MANISTEE AVE** is on the **left**. Map		
14500 S Manistee Ave, Chicago, IL 60633-2004		

Total Travel Estimate: **18.61 miles - about 23 minutes**



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Notes
Manorcare of Palos Heights East

Trip to:
7850 W College Dr
Palos Heights, IL 60463-1010
14.89 miles / 25 minutes

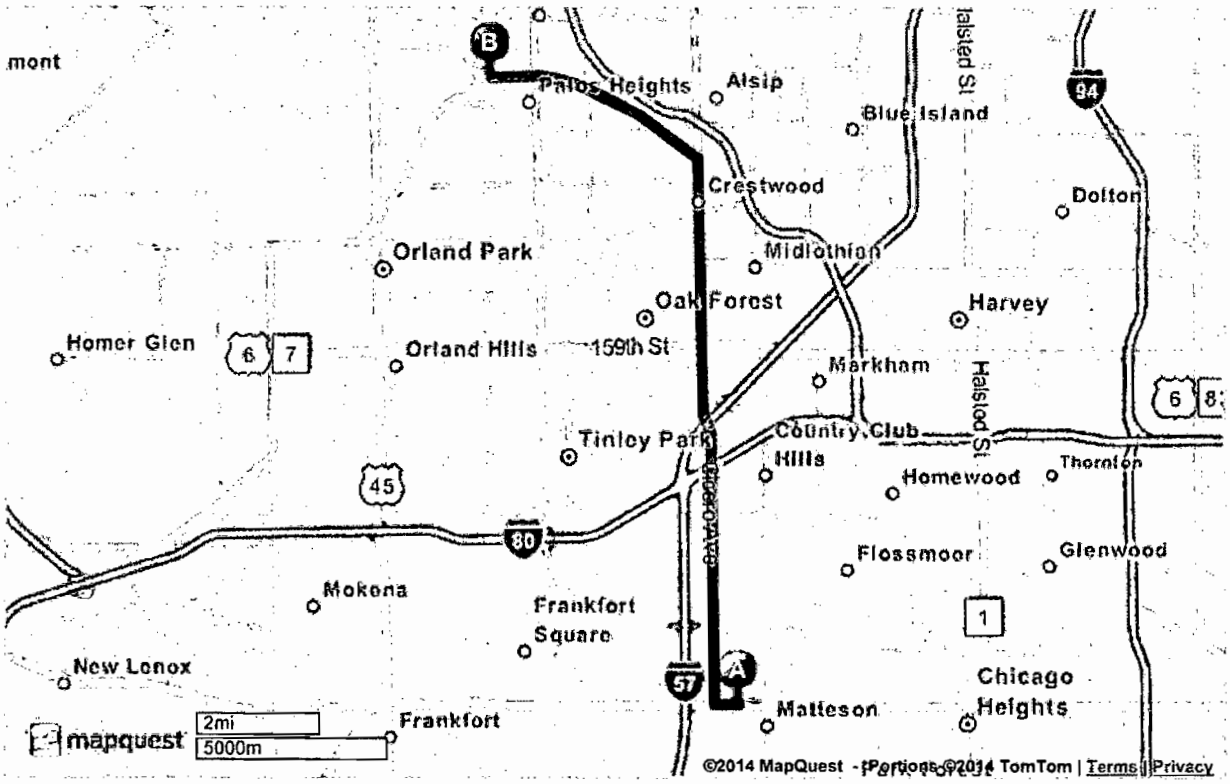
21020 Kostner Ave, Matteson, IL 60443-2068

Download Free App

1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.5 Mi** *0.5 Mi Total*
3. Take the 3rd **right** onto **S Cicero Ave / IL-50**. Map	**10.1 Mi** *10.6 Mi Total*
4. Turn **left** onto **Cal Sag Rd / IL-83**. Continue to follow **IL-83**. Map	**4.3 Mi** *14.9 Mi Total*
5. **7850 W COLLEGE DR**. Map	

7850 W College Dr, Palos Heights, IL 60463-1010

Total Travel Estimate: **14.89 miles - about 25 minutes**



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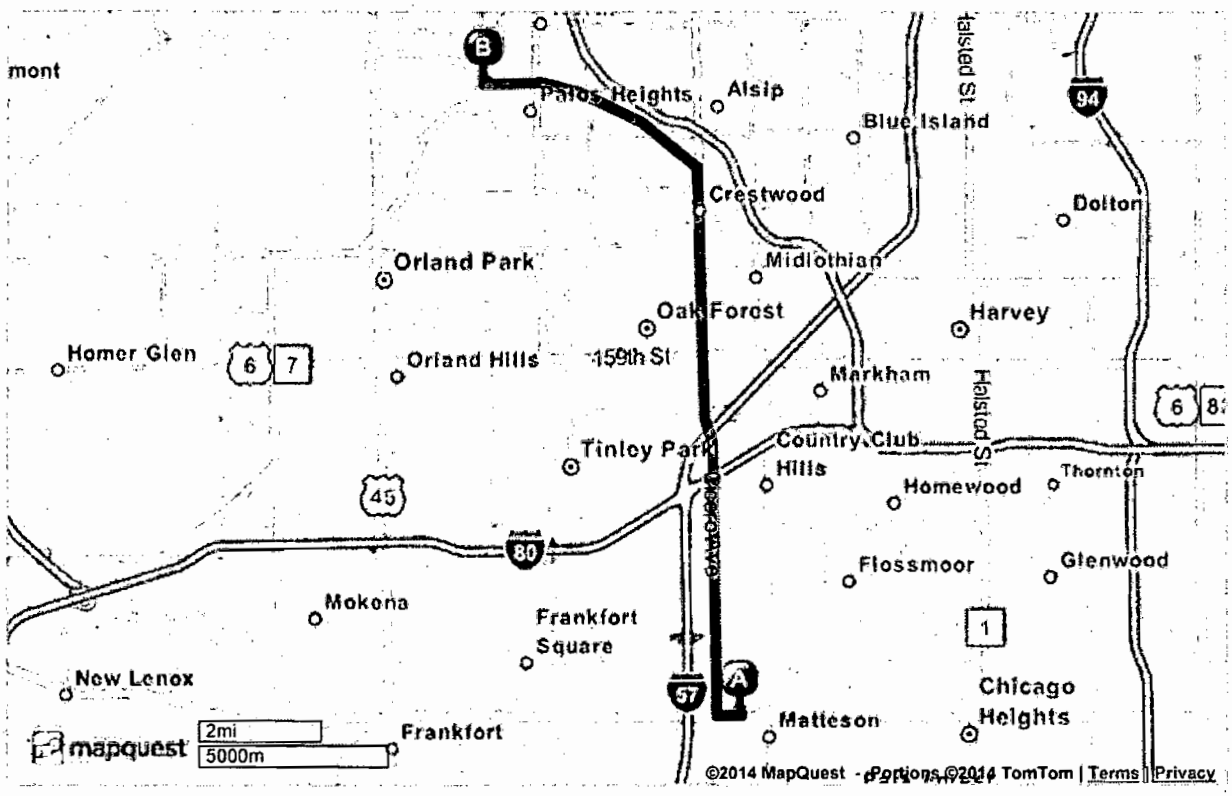
Trip to:
11860 Southwest Hwy
Palos Heights, IL 60463-1017
15.16 miles / 25 minutes

Notes
Manorcare of Palos Heights West

		Download Free App
	21020 Kostner Ave, Matteson, IL 60443-2068	
○	1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
↱	WEST 30 2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.5 Mi** *0.5 Mi Total*
↱	50 3. Take the 3rd **right** onto **S Cicero Ave / IL-50**. Map	**10.1 Mi** *10.6 Mi Total*
↰	83 4. Turn **left** onto **Cal Sag Rd / IL-83**. Continue to follow **IL-83**. Map	**4.4 Mi** *15.0 Mi Total*
↱	7 5. Turn **right** onto **Southwest Hwy / IL-7**. Map	**0.1 Mi** *15.1 Mi Total*
↶	7 6. Make a **U-turn** at **Financial Pl** onto **Southwest Hwy / IL-7**. Map	**0.03 Mi** *15.2 Mi Total*
■	7. **11860 SOUTHWEST HWY** is on the **right**. Map	
	11860 Southwest Hwy, Palos Heights, IL 60463-1017	

Total Travel Estimate: **15.16 miles - about 25 minutes**



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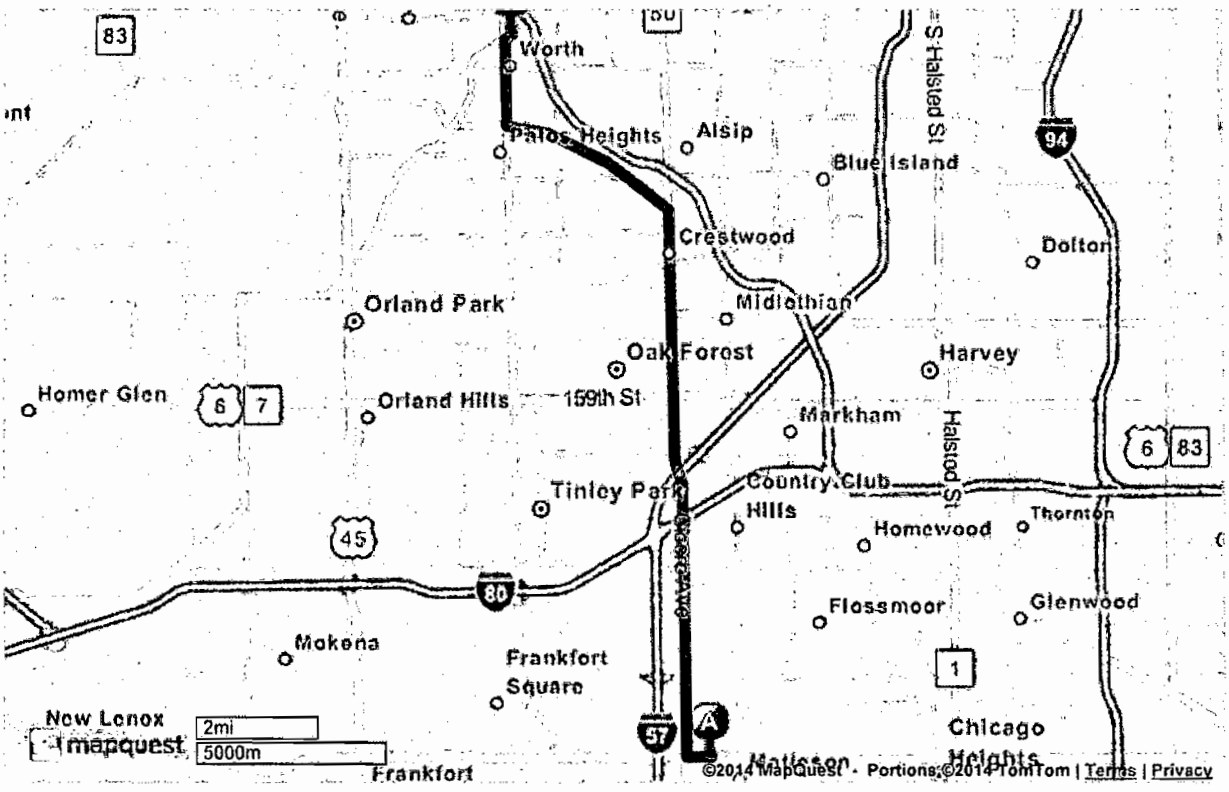
Notes
Chicago Ridge Nursing Center

Trip to:
10602 Southwest Hwy
Chicago Ridge, IL 60415-1429
15.81 miles / 26 minutes

		21020 Kostner Ave, Matteson, IL 60443-2068	Download Free App
○		1. Start out going **south** on **Kostner Ave** toward **Lincoln Hwy / US-30 W**. Map	**0.03 Mi** *0.03 Mi Total*
↱	WEST 30	2. Take the 1st **right** onto **Lincoln Hwy / US-30 W**. Map	**0.5 Mi** *0.5 Mi Total*
↱	50	3. Take the 3rd **right** onto **S Cicero Ave / IL-50**. Map	**10.1 Mi** *10.6 Mi Total*
↰	83	4. Turn **left** onto **Cal Sag Rd / IL-83**. Continue to follow **IL-83**. Map	**3.4 Mi** *14.1 Mi Total*
↱	43	5. Turn **right** onto **S Harlem Ave / IL-43**. Map	**1.6 Mi** *15.6 Mi Total*
↱		6. Turn **right** onto **Southwest Hwy**. Map	**0.2 Mi** *15.8 Mi Total*
□		7. **10602 SOUTHWEST HWY** is on the **left**. Map	
		10602 Southwest Hwy, Chicago Ridge, IL 60415-1429	

Total Travel Estimate: **15.81 miles - about 26 minutes**



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		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: 0051359

Facility Name: Applewood Rehabilitation Ctr

Address: 21020 Kostner Avenue (Number) Matteson (City) 60443 (Zip Code)

County: Cook

Telephone Number: (708) 747-1300 Fax # (708) 747-6282

HFS ID Number:

Date of Initial License for Current Owners: 2/1/2003

Type of Ownership:

[ ]	VOLUNTARY,NON-PROFIT	[X]	PROPRIETARY	[ ]	GOVERNMENTAL
[ ]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code		[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[X]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Steve Lavenda Telephone Number: (847) 236-1111
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/13 to 12/31/13 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer

(Signed) (Date)
(Print Name and Title) Cary Drazner, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax # (847) 236-1155

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

SEE ACCOUNTANTS' COMPILATION REPORT

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ATTACHMENT-10F

Facility Name & ID Number Applewood Rehabilitation Ctr # 0051359 Report Period Beginning: 01/01/13 Ending: 12/31/13

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	115	Skilled (SNF)	115	41,975	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	115	TOTALS	115	41,975	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	28,126	2,058	7,129	37,313	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	28,126	2,058	7,129	37,313	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.89%

D. How many bed-hold days during this year were paid by the Department?
None (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 3/1/2011

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 3/1/2011 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 115 and days of care provided 4,942

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Applewood Rehabilitation Ctr # 0051359 Report Period Beginning: 01/01/13 Ending: 12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,449 B. General Construction Type: Exterior Brick Frame Steel Stud Number of Stories 1

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

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

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

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

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

None

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

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

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	191,644	2003	$ 223,625	1
2					2
3	TOTALS	191,644		$ 223,625	3

SEE ACCOUNTANTS' COMPILATION REPORT

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ATTACHMENT-10F

Facility Name & ID Number Applewood Rehabilitation Ctr # 0051359 Report Period Beginning: 01/01/13 Ending: 12/31/13

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	115		2003	1967	$ 1,977,860	$ 71,462	39	$ 50,714	$ (20,748)	$ 1,977,860	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2003	17,643		20	875	875	15,461	9
10	Various			2004	30,750		20	1,936	1,936	18,242	10
11	Various			2005	46,763		20	2,338	2,338	19,466	11
12	Various			2006	295,584		20	14,935	14,935	112,117	12
13	Various			2007	154,735		20	6,065	6,065	112,539	13
14	Various			2008	4,000		20	333	333	1,889	14
15	Various			2009	15,494		20	775	775	3,465	15
16											16
17											17
18											18
19											19
20											20
21											21
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31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Applewood Rehabilitation Ctr # 0051359 Report Period Beginning: 01/01/13 Ending: 12/31/13

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 2,624,864	$ 104,311		$ 81,174	$ (23,137)	$ 2,298,085	1
2	New Door Frame And Window	2010	3,500		20	175	175	685	2
3	Water Heater	2011	7,493		20	749	749	2,123	3
4	Window A/C/ Units And Sleeves	2011	39,931		20	3,993	3,993	10,316	4
5	Electric Upgrade	2011	59,662		20	2,983	2,983	7,706	5
6	Asphalt Work	2011	12,490		20	625	625	1,561	6
7	Masonry Cut-Out A/C Units	2011	32,962		20	1,648	1,648	4,258	7
8	Fire Doors	2011	22,680		20	1,134	1,134	2,363	8
9	Water Main Break	2012	16,650		20	833	833	1,041	9
10	Water Main Break	2012	34,140		20	1,707	1,707	1,992	10
11	Security Camera	2013	6,630		20	304	304	304	11
12	Front Door Alarm System	2013	6,025		20	226	226	226	12
13	Roof Top Air Conditioner	2013	8,100		20	270	270	270	13
14	Nurse Call System	2013	21,451		20	626	626	626	14
15	Asphalt In Parking Lot And Drives	2013	3,780		20	189	189	189	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,900,358	$ 104,311	[redacted]	$ 96,635	$ (7,676)	$ 2,331,743	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Applewood Rehabilitation Ctr # 0051359 Report Period Beginning: 01/01/13 Ending: 12/31/13

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party Information		$	$		$	$	$	1
2	Buildings:								2
3	Allocated - S.I.R. Management	2009	11,317		39	290	290	1,173	3
4	Allocated- S.I.R. Properties - S.I.R. Management	1993	20,491	650	35	585	(65)	12,002	4
5									5
6									6
7									7
8	Leasehold Information								8
9	Allocated - S.I.R. Management	1993	5,195	145	20	44	(101)	5,195	9
10	Allocated - S.I.R. Management	1994	16		20			16	10
11	Allocated - S.I.R. Management	1995	119		20	6	6	109	11
12	Allocated - S.I.R. Management	1997	7,983	179	20	389	210	6,681	12
13	Allocated - S.I.R. Management	1999	628		20	31	31	447	13
14	Allocated - S.I.R. Management	2000	741		20	37	37	502	14
15	Allocated - S.I.R. Management	2007	2,381	162	20	119	(43)	737	15
16	Allocated - S.I.R. Management	2008	6,562	627	20	414	(213)	2,417	16
17	Allocated - S.I.R. Management	2009	16,306	149	20	815	666	3,460	17
18	Allocated - S.I.R. Management	2011	403	40	20	40		98	18
19	Allocated - S.I.R. Management	2012	1,291	65	20	64	(1)	91	19
20									20
21	Allocated- S.I.R. Properties - S.I.R. Management	2012	1,255	173	20	9	(164)	10	21
22	Allocated- S.I.R. Properties - S.I.R. Management	2010	1,237		20	62	62	206	22
23	Allocated- S.I.R. Properties - S.I.R. Management	2009	1,230	55	20	62	7	295	23
24	Allocated- S.I.R. Properties - S.I.R. Management	2007	359	28	20	18	(10)	126	24
25	Allocated- S.I.R. Properties - S.I.R. Management	2002	81		20	4	4	47	25
26	Allocated- S.I.R. Properties - S.I.R. Management	1999	2,596		20	130	130	1,882	26
27	Allocated- S.I.R. Properties - S.I.R. Management	1998	1,241		20	62	62	962	27
28	Allocated- S.I.R. Properties - S.I.R. Management	1997	77		20	4	4	68	28
29	Allocated- S.I.R. Properties - S.I.R. Management	1994	195	5	20	10	5	190	29
30	Allocated- S.I.R. Properties - S.I.R. Management	1993	332	2	20	8	6	332	30
31									31
32									32
33									33
34					[redacted]				34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Criterion 1125.330 – Alternatives

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

   Alternative options **must** include:

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

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

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

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

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

ALTERNATIVE #1 Lesser Scope: Modernization only of the Existing Facility

Cost

The proposed modernization contract line item for this project is estimated to be $1,804,809 plus up to a 15% contingency ($270,721) for a total of $2,075,530 in hard construction only. Presuming comparable modernizations as being proposed, i.e., modernization of all shared bathrooms, a nurse's station, family rooms, offices, a dining room and the kitchen, requires the loss of 13 beds. This loss is not a capital cost but one that would have to be calculated through operational losses. As it represents 11 percent of the beds it would at least result in losses of 11 percent of operations.

ATTACHMENT-11

Patient Access

Patient access is already an issue for the Subject facility as it has turned away 45 potential residents in the past 12-months. Should an increase in the overall mix of private rooms within the facility not be realized, coupled with the overall loss of beds, patient access would be further adversely affected.

Quality

The historically high utilization of **Applewood Rehabilitation Center** speaks to the high quality and passion that this facility provides and shows to its residents. In CY 2011, 2012 and 2013, the facility maintained an average use rate in excess of 89.7%, 87.3%, and 89.3% respectively (refer to **ATTACHMENT-11A** for copies of the last three years of IDPH facility profiles). According to the Facility's administrator, the falling utilization comes from the evolving long-term care marketplace where hospitals are diagnosing more infection issues and today's rehab patients are demanding more private rooms. The fall off in utilization is not a result of quality as the facility had to turn away so many inquiries (45 potential residents as illustrated in **ATTACHMENT-11B**). In addition, with the hospital knowing that the facility does not have the availability of private rooms, they limit their referrals to the Subject facility. Likewise, community residents also know that the facility lacks private room accommodations and inquire at facilities outside the community and often the planning area and county. Moreover, the issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care but this alternative restricts the accessibility of those in need of long-term care. This alternative does not allow for greater quality of care for existing residents as they have and will continue to have to seek services at other facilities as their medical needs outweigh their programmatic needs.

ATTACHMENT-11

Financial Benefits

While the capital costs of this alternative are less expensive than that of the proposed project, there are no financial benefits to this alternative. Potential residents are being turned away; this alternative would reduce licensed capacity and the mix of private to semi-private rooms would not improve. Should this trend continue, the facility could suffer irreparable damage to its reputation and desirability, thereby, making the facility less marketable.

ALTERNATIVE #2 Greater Scope: Total replacement of the Subject Facility

Cost

To estimate the raw construction cost of a bed-for-bed replacement, regardless if it is on-site or off-site, it would be presumed that all 115 beds were to be replaced. The gross square foot per bed range is between 435-713 gross square feet. The mid-point of that range is 574 gross square feet per bed and would also be presumed for estimation of this alternative. Therefore, new construction would be for 115 nursing beds in 66,010 gross square feet. The third quartile of Means for Long-Term Care projects in Zip Code 60443 at the time of this writing is $231 per gross square foot. The calculated construction cost for this alternative would then be $15,248,310, which is over the proposed project's total project cost. It should be noted that this estimate does not include any of the soft costs or equipment that would most assuredly be part of the alternative. Nor would it include any land costs since the existing site could accommodate a replacement structure.

Patient Access

This alternative would improve patient access for the existing residents but at a much higher cost. The total replacement facility could have a more favorable mix of private versus semi-private rooms with all private bathrooms. This alternative could also modernize the

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administrative, food service, and amenity spaces. The issue is that it could not be totally replaced on-site without first discontinuing much if not all of the existing facility which would displace residents for the approximately two year construction period. Moreover, as in the short term, long-term patient access would be stifled as this alternative does not address those referrals that are being turned away annually.

Quality

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

Financial Benefits

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

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

This alternative was not considered as this project involves an existing facility and is proposing the better utilization of an existing health care resource. Moreover, the overall high utilization of the existing facility illustrates the issue of freedom of patient choice.

ALTERNATIVE #4 Modernization to Include an Addition to the Subject Facility

Cost

The comparable basis for cost is to look at the construction contract line item of this project resulting in a capital cost of $6,429,094.

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Patient Access

This alternative addresses the access issue for the potential residents who were turned away and the desirability of the existing nursing care facility. It should be known that the addition will allow the facility to phase in the renovations around the existing resident population with the least disruption. Thus, both the renovated existing space and the proposed 39 nursing bed addition are essential to accommodate the overall increase in Long-Term Care utilization. This will be accomplished by providing both rehabilitative and habilitative general long-term care utilization of services in Matteson and throughout the 30-minute travel time. The Subject facility has an average length of stay of 200 days which is higher than the average length of stay (ALOS) of the 30-minute market contour (176 days). This is indicative of a more traditional long-term care patient in need of longer more therapeutic assistance with residents' Activities of Daily Living (ADLs). This care is habilitative versus the more current trends of rehabilitative care. Refer to **ATTACHMENT-11C** for the chart of facilities and their respective ALOS.

As the trend over the most recent ten years has been just the opposite, towards rehabilitative care to get residents back home, this is the first sign that the core of elderly in need of traditional long term care are seeking services at a rate that outpaces the shorter-term transitional care demand. As this facility use data is already two years old and not reflected in the current inventory, it would appear from this data that additional beds will become necessary especially in-light of the aging baby boomers.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care but this alternative restricts the accessibility of those in need of long-term care. This alternative will allow for greater quality

of care for existing residents as they have again have the ability to seek and find services near their home.

Financial Benefits

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

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

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality of care and in physical plant environment; therefore, this item is not germane. The empirical evidence will be the Applicant's ability to reach and maintain the State's optimal utilization of 90% after two years from project completion. It should be noted that the Applicant has effectively been full although slightly under the State's target use rate. The improved mix of private to semi-private rooms and more private bathrooms will allow the Applicant to achieve 90 percent.

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APPLEWOOD REHABILITATION CTR
21020 KOSTNER AVENUE
MATTESON, IL. 60443
Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

Administrator
DIANNE C. O'CONNOR

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

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

Date Completed
3/6/2012

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	9
Circulatory System	65
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Muscullo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 4

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	109	115	102	13	115	115
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	115	115	109	115	102	13	115	115

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	99
Total Admissions 2011	203
Total Discharges 2011	200
Residents on 12/31/2011	102
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	6100	14.5%	26842	63.5%	1927	309	2669	0	37847	89.7%	89.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6100	14.5%	26842	63.5%	1927	309	2669	0	37847	89.7%	89.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	14	24	0	0	0	0	0	0	14	24	38
85+	4	35	0	0	0	0	0	0	4	35	39
TOTALS	27	75	0	0	0	0	0	0	27	75	102

APPLEWOOD REHABILITATION CTR
21020 KOSTNER AVENUE
MATTESON, IL. 60443
Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	85	0	0	8	0	102
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	9	85	0	0	8	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	163
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	49	0	0	0	49
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	1	0	0	0	1
Total	102	0	0	0	102

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	4.00
Non-Health Staff	26.00
Totals	81.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.4%	34.7%	3.3%	2.1%	16.5%	100.0%		0.0%
3,234,095	2,583,421	247,625	154,514	1,230,961	7,451,516	0	

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

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ATTACHMENT 11A

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL 60443

Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

Administrator
Dianne C. O'Connor

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

Date Completed
4/15/2013

Registered Agent Information
Sarah Banish
6840 North Lincoln Ave.
Lincolnwood, IL 60712

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	65
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	110

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	114	110	114	110	5	115	115
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	115	114	110	114	110	5	115	115

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	106
Total Admissions 2011	192
Total Discharges 2011	188
Residents on 12/31/2011	110
Identified Offenders	1

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5060	12.1%	27834	66.3%	0	615	3151	0	36660	87.3%	88.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5060	12.1%	27834	66.3%	0	615	3151	0	36660	87.3%	88.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	4	12	0	0	0	0	0	0	4	12	16
75 to 84	12	25	0	0	0	0	0	0	12	25	37
85+	11	37	0	0	0	0	0	0	11	37	48
TOTALS	31	79	0	0	0	0	0	0	31	79	110

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL 60443

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	88	0	1	8	0	110
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	13	88	0	1	8	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	169
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	58	0	0	0	58
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110
ETHNICITY	**Nursing Care**	**Skilled Under 22**	**Intermediate DD**	**Sheltered Care**	**Totals**
Hispanic	1	0	0	0	1
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

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	39.00
Other Health Staff	7.00
Non-Health Staff	26.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.1%	38.7%	3.0%	3.4%	19.8%	100.0%		0.0%
2,740,183	3,016,551	235,495	268,503	1,542,084	7,802,816	0	

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

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ATTACHMENT-11A

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL 60443

Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

Administrator
Dianne O'Connor

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

Registered Agent Information
Sarah Barish
6840 N. Lincoln Ave
Lincolnwood, IL 60712

Date Completed
4/1/2014

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	67
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 53

Total Residents Reported as Identified Offenders 2

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

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	167
Total Discharges 2013	192
Residents on 12/31/2013	98

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	109	115	98	17	115	115
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	115	115	109	115	98	17	115	115

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	4877	11.6%	29995	71.5%	0	492	2130	0	37494	89.3%	89.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4877	11.6%	29995	71.5%	0	492	2130	0	37494	89.3%	89.3%

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	2	3	0	0	0	0	0	0	2	3	5
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	17	25	0	0	0	0	0	0	17	25	42
85+	6	31	0	0	0	0	0	0	6	31	37
TOTALS	31	67	0	0	0	0	0	0	31	67	98

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL 60443

Classification Numbers
License Number 6000467
Health Service Area 007
Planning Service Area 705 Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	85	0	2	4	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	85	0	2	4	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	168
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	53	0	0	0	53
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	8.00
Certified Aides	44.00
Other Health Staff	2.00
Non-Health Staff	35.00
Totals	104.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.9%	41.1%	3.3%	6.6%	19.0%	100.0%		
2,303,070	3,166,323	256,136	510,259	1,462,567	7,698,155	0	0.0%

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

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ATTACHMENT-11A

Applewood Rehabilitation Center
Referrals Not Admitted Due to Lack of Bed Availability

Oct-13		
RS	10/25/2013	1
Nov-13		
RS	11/5/2013	
MH	11/9/2013	
DM	11/13/2013	
HS	11/14/2013	
RJ	11/19/2013	
LR	11/19/2013	6
Dec-14		
HL	12/17/2013	
DW	12/30/2013	2
Jan-14		
MH	1/6/2014	
DJ	1/7/2014	
IW	1/7/2014	
DB	1/8/2014	
PJ	1/8/2014	
JJ	1/9/2014	
MN	1/13/2014	
JB	1/14/2014	
EP	1/17/2014	
RD	1/17/2014	
TC	1/17/2014	
VB	1/21/2014	
GP	1/22/2014	
MH	1/28/2014	14
Feb-14		
DP	2/13/2014	1
Mar-14		
LW	3/21/2014	
CW	3/24/2014	
KZ	3/27/2014	
AR	3/28/2014	4
Apr-14		
MC	4/28/2014	1
May-14		
EN	5/9/2014	
EW	5/12/2014	2
Jun-14		
ZG	6/12/2014	
RF	6/27/2014	2
Jul-14		
RW	7/16/2014	
PJ	7/18/2014	
RF	7/22/2014	
MC	7/24/2014	
RS	7/24/2014	
HU	7/29/2014	6
Aug-14		
WM	8/25/2014	
LT	8/27/2014	2
Sep-14		
JA	9/2/2014	
HE	9/8/2014	2
Oct-14		
AJ	10/2/2014	
JD	10/6/2014	
KG	10/24/2014	3

Documentation of referrals not admitted due to lack of beds began in October 2013, but was occurring prior to that date.

referrals not admitted in past 12 months	**45**
Avg. per month-referrals not admitted	**3.75**

ATTACHMENT-11B

Applewood Nursing Rehabilitation Center
Average Length of Stay Within
30-min Travel Time

FACID	FACNAME	ADDRESS	# of Licensed Nursing Beds	Nursing Patient Days	Admissions	ALOS	Adjusted Travel Time
6000467	Applewood Rehabilitation Center	21020 Kostner Avenue	115	37494	187	200.5	0
6007918	Glenshire Nsg & Rehab Centre	22660 South Cicero Avenue	294	72558	560	129.6	4.6
6008064	Riviera Care Center	490 West 16th Place	200	70644	115	614.3	6.9
6005904	McAllister Nursing & Rehab (1)	18300 Lavergne Ave	111	22694	32	709.2	6.9
6011746	Prairie Manor Nsg & Rehab Ctr	345 Dixie Highway	148	48071	206	233.4	9.2
6009385	Thornton Heights Terrace	160 10th St	222	71909	72	998.7	9.2
6011720	Advocate South Suburban Hospital	17800 South Kedzie Avenue	41	10463	884	11.8	10.35
6007991	Woodside Manor	120 West 26th Street	112	39154	76	515.2	10.35
6004741	Pine Crest Health Care	3300 West 175th Street	199	61423	83	740.0	10.35
6006753	Oak Forest Hospital (2) FACILITY CLOSED	15900 South Cicero Avenue				#DIV/0!	12.65
6006084	South Suburban Rehab Center	19000 Halsted Street	259	62252	233	267.2	13.8
6001077	Plaza Nursing & Rehab Center	3249 West 147 Street	91	28118	107	262.8	14.95
6003297	Frankfort Terrace Nursing Center	40 North Smith Street	120	41949	29	1446.5	14.95
6012611	Manorcare of Homewood	940 Maple Avenue	132	40740	627	65.0	16.1
6002265	Symphony of Crestwood	14255 South Cicero Ave	303	82512	897	92.0	16.1
6004139	Heather Health Care Center	15600 Honore Ave	173	45017	196	229.7	16.1
6003628	Glenwood Healthcare & Rehab.	19330 South Cottage Grove	184	50518	201	251.3	17.25
6005623	Lydia Healthcare	13901 South Lydia	412	124871	245	509.7	17.25
6016059	Smith Crossing	10501 Emilie Ln	46	14842	210	70.7	18.4
6014922	Alden-Orland Park Rehab & Hcc	16450 South 97th Avenue	200	52115	1154	45.2	19.55
6009443	Tri-State Manor Nursing Home	2500 East 175th Street	84	27698	92	301.1	19.55
6010664	St. James Manor & Villa	1251 East Richton Road	110	123563	231	534.9	20.7
6002273	Crestwood Terrace Nursing Center	13301 South Central Ave	126	42693	84	508.3	20.7
6011589	Manorcare of South Holland	214S East 170th Street	216	61036	1242	49.1	21.85
6007843	Providence of Palos Heights	13259 South Central Avenue	193	47821	997	48.0	21.85
6007868	Rest Haven South (3)	16300 Wausau Street	171	28504	651	43.8	21.85
6003958	Renaissance Park South	10935 South Halsted Street	300	250562	455	550.7	21.85
6009732	Washington & Jane Smith Comm. (4)	2340 West 113th Place	100	33399	207	161.3	21.85
6000822	Belhaven Nursing & Rehab Center	11401 South Oakley Avenue	221	283400	151	1876.8	21.85
6014781	Southport Nur & Rehab	1010 West 95th Street	228	69125	130	531.7	23
6010078	Windmill Nursing Pavilion	16000 South Wabash	150	35062	61	574.8	23
6007934	Park Villa Nrsg & Rehab Center	12550 South Ridgeland Avenue	101	25862	477	54.2	24.15
6014682	Lexington Health Care Center	14601 S. John Humphrey Drive	278	82124	586	140.1	24.15
6002190	Countryside Nursing & Rehab Center	1635 East 1S4th Street	197	62412	120	520.1	24.15
6001283	River Oaks Healthcare Rehabilitation Center	14500 South Manistee	309	107900	370	291.6	26.45
6000806	Beecher Manor Nursing & Rehab Center	1201 Dixie Highway	130	127705	168	760.1	26.45
6002547	Dolton Healthcare Centre	14325 South Blackstone	80	24421	69	353.9	26.45
6010912	Manorcare of Palos Heights East	7850 West College Drive	184	60607	1376	44.0	28.75
6014534	Manorcare of Palos Heights West	11860 Southwest Highway	130	41603	778	53.5	28.75
6001697	Chicago Ridge Nursing Center	10602 Southwest Highway	231	79722	134	594.9	29.9
			6292	2411867	13631	176.9	

(1) Permit issued to add 89 Nsg Care beds to existing facility, faciltiy will have 200 Nsg Care beds upon completion 11-104 04/17/2012
(2) Facility closed. 10 Nsg Care beds removed from inventory. 01/07/2014
(3) Name change through a change of ownerhip. Profile name: The Villa at South Holland
(4) 12/28/12 bed change: discontinued 1 Nsg Care bed, faciltiy now has 100 Nursing Care beds; Profile address: 2320 West 113th Place

Source: Long-Term Care Facility Questionnaire for 2013, 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-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 nursing facilities owned and operated by the Applicant or its related entities. A copy of all the aforementioned facilities' licenses and certifications as applicable are appended under **ATTACHMENT-12B.**

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

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

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

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

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

This item is not germane.

ATTACHMENT-12

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Nursing Homes in Illinois

Pat Quinn, Governor

Who Regulates Nursing Homes?

A Listing of Illinois Nursing Homes

How to Select a Nursing Home

Centers for Medicare and Medicaid Services Nursing Home Database

Quarterly Reports of Nursing Home Violation

Illinois Law on Advance Directives

Nursing Homes with No Certification Deficiencies

Nursing Home Care Act

Illinois Health Care Worker Registry

Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

Ownership Information

APPLEWOOD REHABILITATION CTR
21020 KOSTNER AVENUE
MATTESONIL60443
ADMINISTRATOR: DIANNE O'CONNER
TELEPHONE: 708-747-1300

Licensee Name:
APPLEWOOD REHABILITATION CENTER,LLC

Persons with 5 percent or greater interest in licensee:

Name	% of Ownership
BRYANGBARRISH	12.07
RALPH J.GESUALDO	12.07

Ownership Type:
LIMITED LIABILITY CO

Click on Individual's name to see other ownership interests.

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Admissions & Discharges
Licensed Beds / Beds in use

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Primary Diagnosis
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Racial / Ethnic Groups

Patient Days
Level of Care
Payment Source
Private Payment Rates

idph online home nursing homes in illinois

ATTACHMENT-12A

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Nursing Homes in Illinois

Pat Quinn, Governor

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A Listing of Illinois Nursing Homes

How to Select a Nursing Home

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Illinois Law on Advance Directives

Nursing Homes with No Certification Deficiencies

Nursing Home Care Act

Illinois Health Care Worker Registry

Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

Ownership Information

APPLEWOOD REHABILITATION CTR

21020 KOSTNER AVENUE
MATTESON IL 60443

ADMINISTRATOR DIANNE O'CONNER
TELEPHONE 708-747-1300

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

Facility	Percentage Owned
APPLEWOOD REHABILITATION CTR	12.07
BRYN MAWR CARE	13.50
COLUMBUS PARK N & REHAB CENTER	7.20
NEIGHBORS REHABILITATION CTR	11.83
GENERATIONS HCN AT OAKTON PAV	16.37
DECATUR MANOR HEALTHCARE	8.90
REGENCY REHABILITATION CENTER	12.15
ALBANY CARE	7.31
ROCK ISLAND NSG & REHAB CTR	9.48
ELMWOOD CARE	14.25
WILSON CARE	11.11

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Nursing Homes in Illinois

Pat Quinn, Governor

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Illinois Law on Advance Directives

Nursing Homes with No Certification Deficiencies

Nursing Home Care Act

Illinois Health Care Worker Registry

Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

Ownership Information

APPLEWOOD REHABILITATION CTR

21020 KOSTNER AVENUE
MATTESON IL 60443

ADMINISTRATOR DIANNE O'CONNER
TELEPHONE 708-747-1300

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

Facility	Percentage Owned
NEIGHBORS REHABILITATION CTR	11.83
GENERATIONS HCN AT OAKTON PAV	8.18
DECATUR MANOR HEALTHCARE	8.90
REGENCY REHABILITATION CENTER	12.15
ROCK ISLAND NSG & REHAB CTR	9.48

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Patient Days
Level of Care
Payment Source
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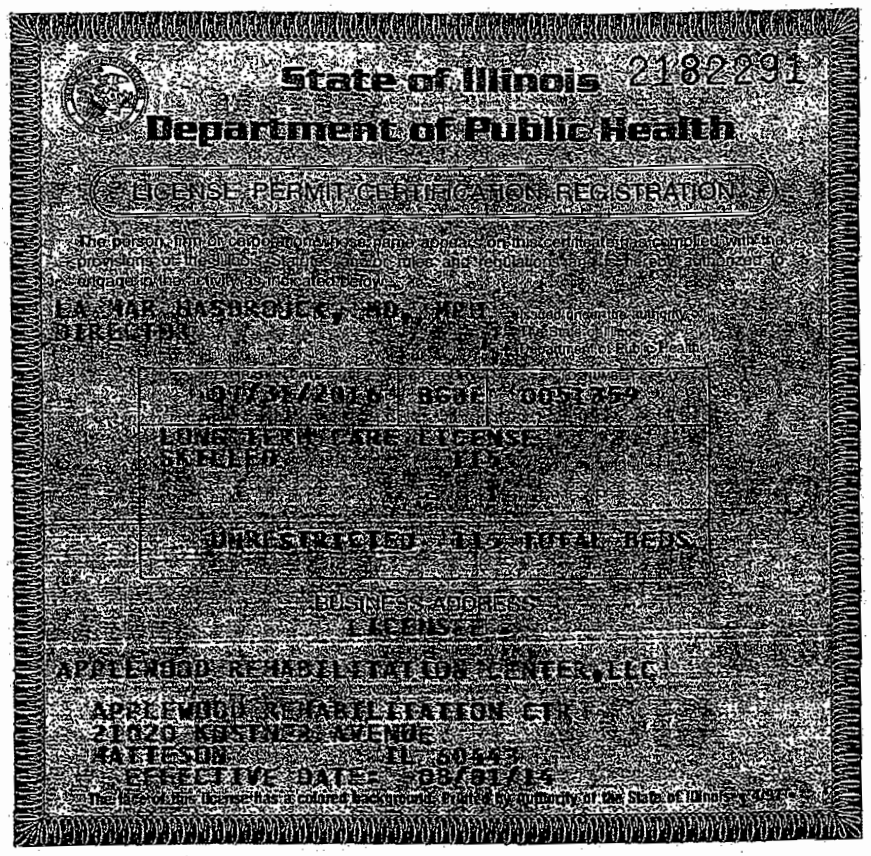

State of Illinois 2182291

Department of Public Health

LICENSE PERMIT CERTIFICATION REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

07/31/2016	BGBE	0051359

LONG TERM CARE LICENSE
SKILLED 115

UNRESTRICTED 115 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

APPLEWOOD REHABILITATION CENTER,LLC

APPLEWOOD REHABILITATION CTR
21020 KOSTNER AVENUE
MATTESON IL 60443
EFFECTIVE DATE: 08/01/14

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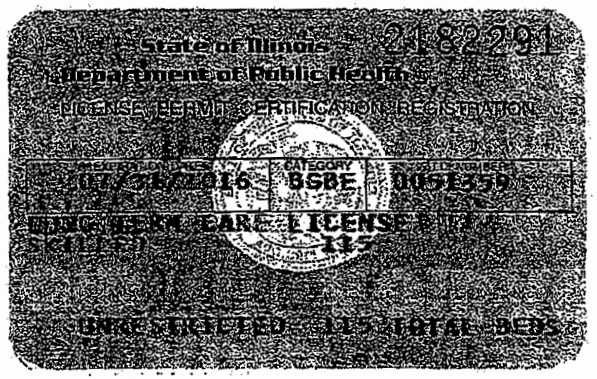
DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



State of Illinois 2182291
Department of Public Health
LICENSE PERMIT CERTIFICATION REGISTRATION

07/31/2016	BGBE	0051359

LONG TERM CARE LICENSE
SKILLED 115

UNRESTRICTED 115 TOTAL BEDS

REGION 9

07/24/14

APPLEWOOD REHABILITATION CTR
21020 KOSTNER AVENUE
MATTESON IL 60443

FEE RECEIPT NO.

ATTACHMENT-12B

RON

State of Illinois 2119492

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

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

LONG TERM CARE LICENSE
INTERMEDIATE 417

UNRESTRICTED 417 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALBANY CARE, INC.

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

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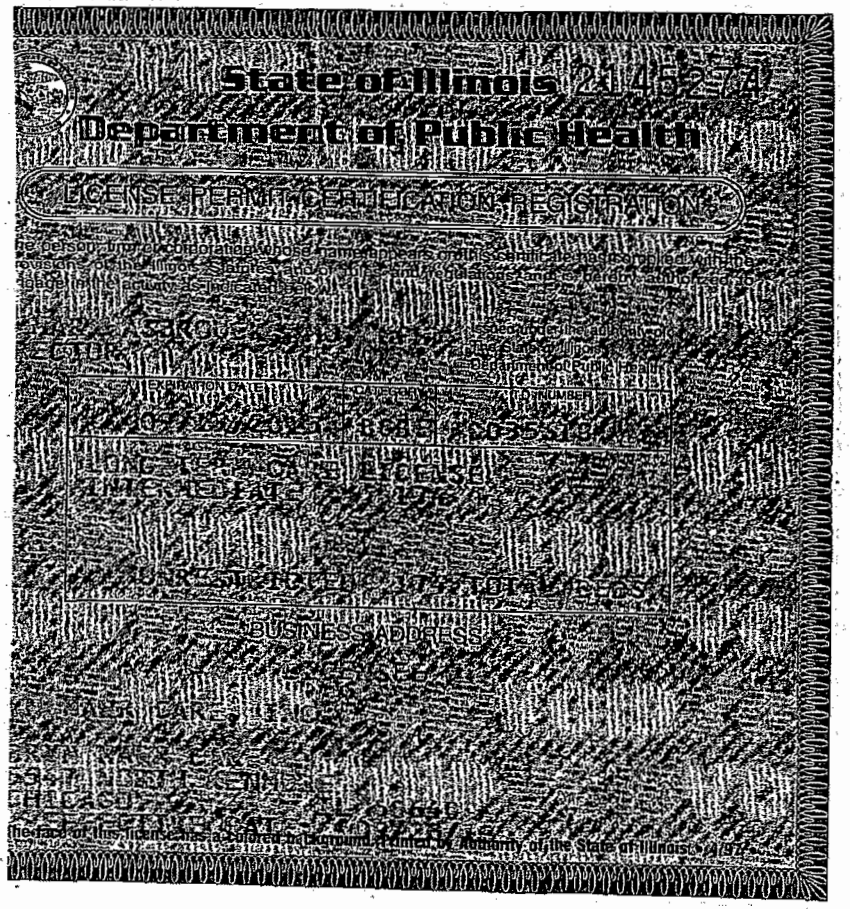
ATTACHMENT-12B



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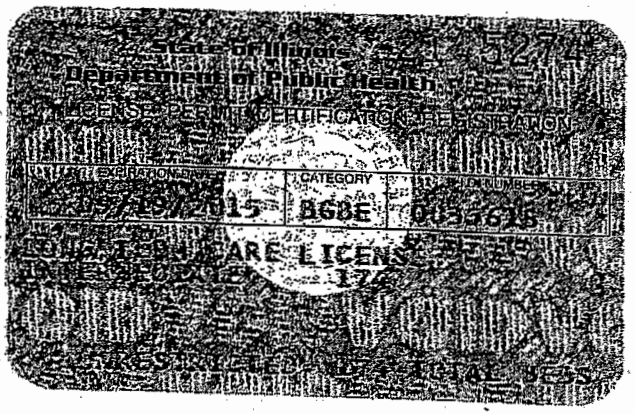

REGION 8

08/27/13

BRYN MAWR CARE
5547 NORTH KENMORE
CHICAGO IL 60640

FEE RECEIPT NO.

ATTACHMENT-12B

ATTACHMENT-12B

State of Illinois 2172224
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
05/30/2016	BSBE	0037960

LONG TERM CARE LICENSE
SKILLED 108
INTERMEDIATE 108

UNRESTRICTED 216 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

COLUMBUS PARK NURSING & REHABILITATION CENT

COLUMBUS PARK N & REHAB CENTER
901 SOUTH AUSTIN
CHICAGO IL 60644
EFFECTIVE DATE: 05/31/14

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State of Illinois 2172224
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
05/30/2016	BSBE	0037960

LONG TERM CARE LICENSE
SKILLED 108
INTERMEDIATE 108

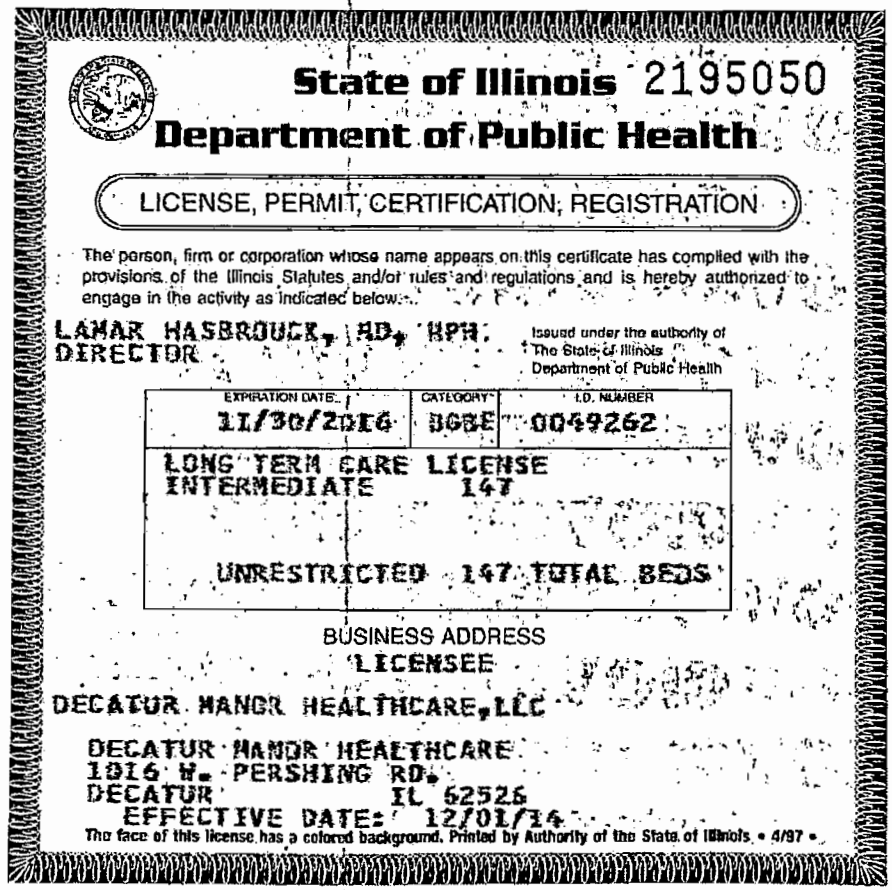
UNRESTRICTED 216 TOTAL BEDS

REGION 8

04/24/14

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

FEE RECEIPT NO.



State of Illinois 2195050
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.

LAMAR HASBROUCK, MD, MPH.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/30/2016	BGBE	0049262

LONG TERM CARE LICENSE
INTERMEDIATE 147

UNRESTRICTED 147 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

DECATUR MANOR HEALTHCARE,LLC

DECATUR MANOR HEALTHCARE
1016 W. PERSHING RD.
DECATUR IL 62526
EFFECTIVE DATE: 12/01/14

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2195050
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/30/2016	BGBE	0049262

LONG TERM CARE LICENSE
INTERMEDIATE 147

UNRESTRICTED 147 TOTAL BEDS

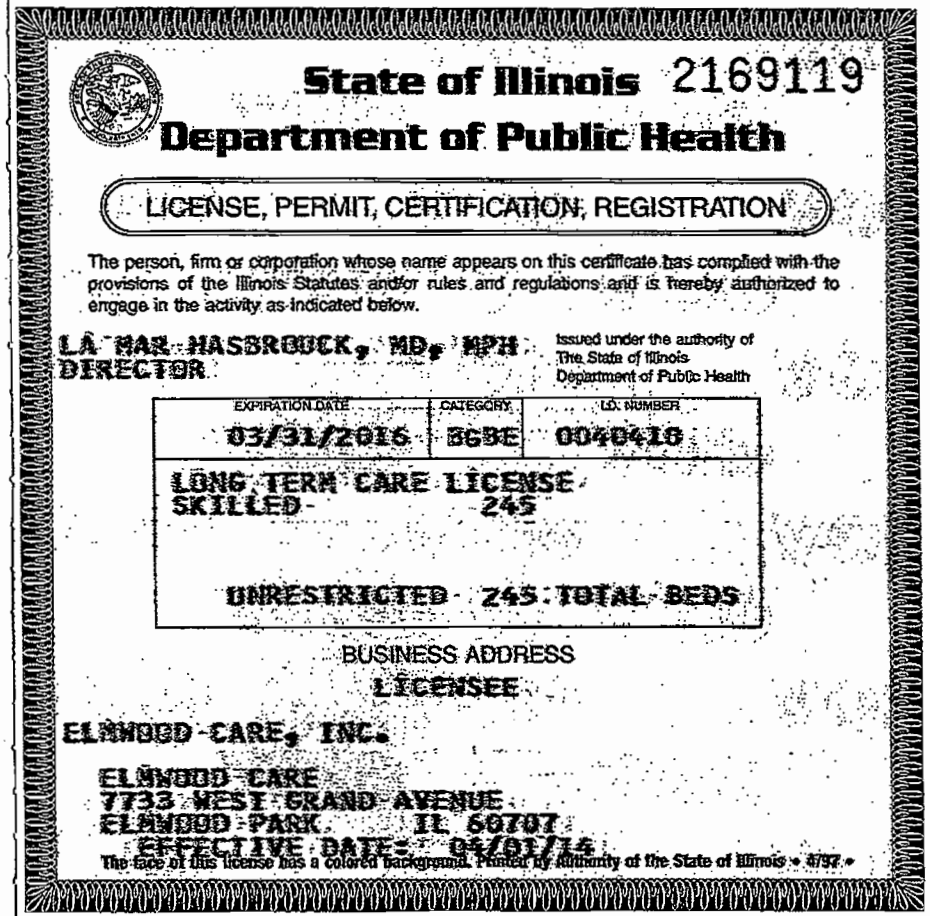
REGION 6

11/18/14

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

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2169119
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
03/31/2016	BGBE	0040410

LONG TERM CARE LICENSE
SKILLED 245

UNRESTRICTED 245 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ELMWOOD CARE, INC.

ELMWOOD CARE
7733 WEST GRAND AVENUE
ELMWOOD PARK IL 60707

EFFECTIVE DATE: 04/01/14

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State of Illinois 2169119
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/31/2016	BGBE	0040410

LONG TERM CARE LICENSE
SKILLED 245

UNRESTRICTED 245 TOTAL BEDS

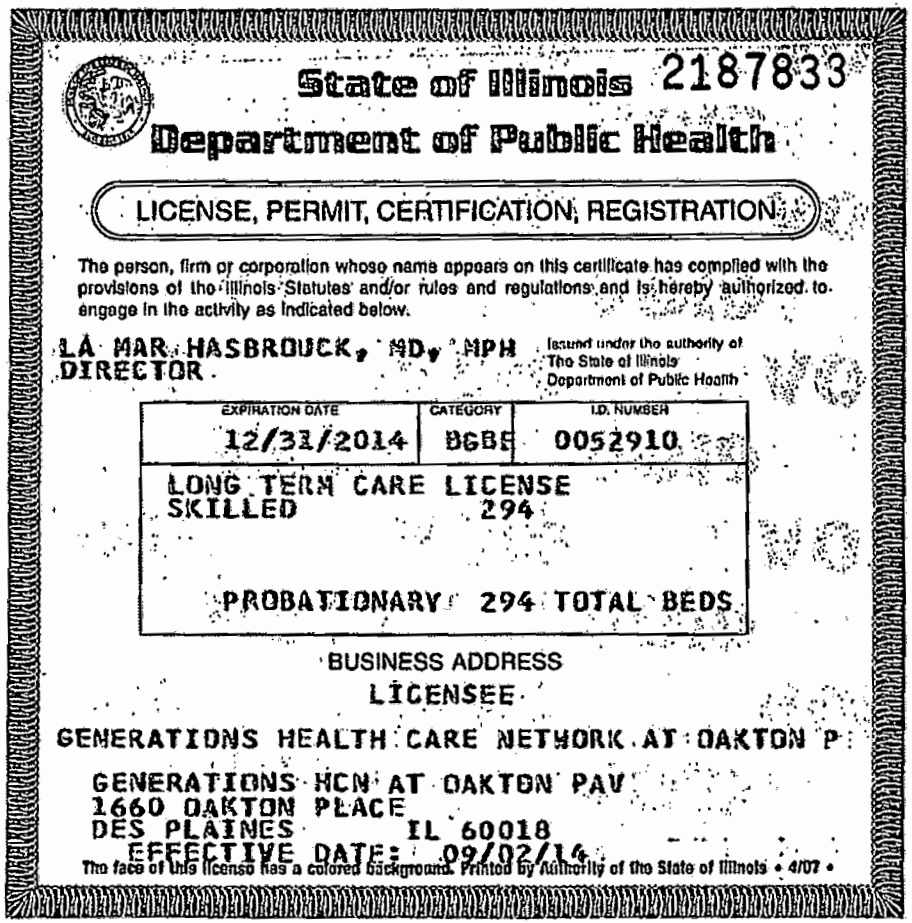
REGION 9

03/25/14

ELMWOOD CARE
7733 WEST GRAND AVENUE
ELMWOOD PARK IL 60707

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2187833

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
12/31/2014	BGBE	0052910

LONG TERM CARE LICENSE
SKILLED 294

PROBATIONARY 294 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

GENERATIONS HEALTH CARE NETWORK AT OAKTON P

GENERATIONS HCN AT OAKTON PAV
1660 OAKTON PLACE
DES PLAINES IL 60018

EFFECTIVE DATE: 09/02/14

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2187833
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2014	BGBE	0052910

LONG TERM CARE LICENSE
SKILLED 294

PROBATIONARY 294 TOTAL BEDS

REGION 9

09/04/14

GENERATIONS HCN AT OAKTON PAV
1660 OAKTON PLACE
DES PLAINES IL 60018

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2164160
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/15/2016	BGBE	0031971

LONG TERM CARE LICENSE
INTERMEDIATE 145

UNRESTRICTED 145 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

GREENWOOD CARE, INC.

GREENWOOD CARE
1406 CHICAGO AVENUE
EVANSTON IL 60201
EFFECTIVE DATE: 02/16/14

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 2164160
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/15/2016	BGBE	0031971

LONG TERM CARE LICENSE
INTERMEDIATE 145

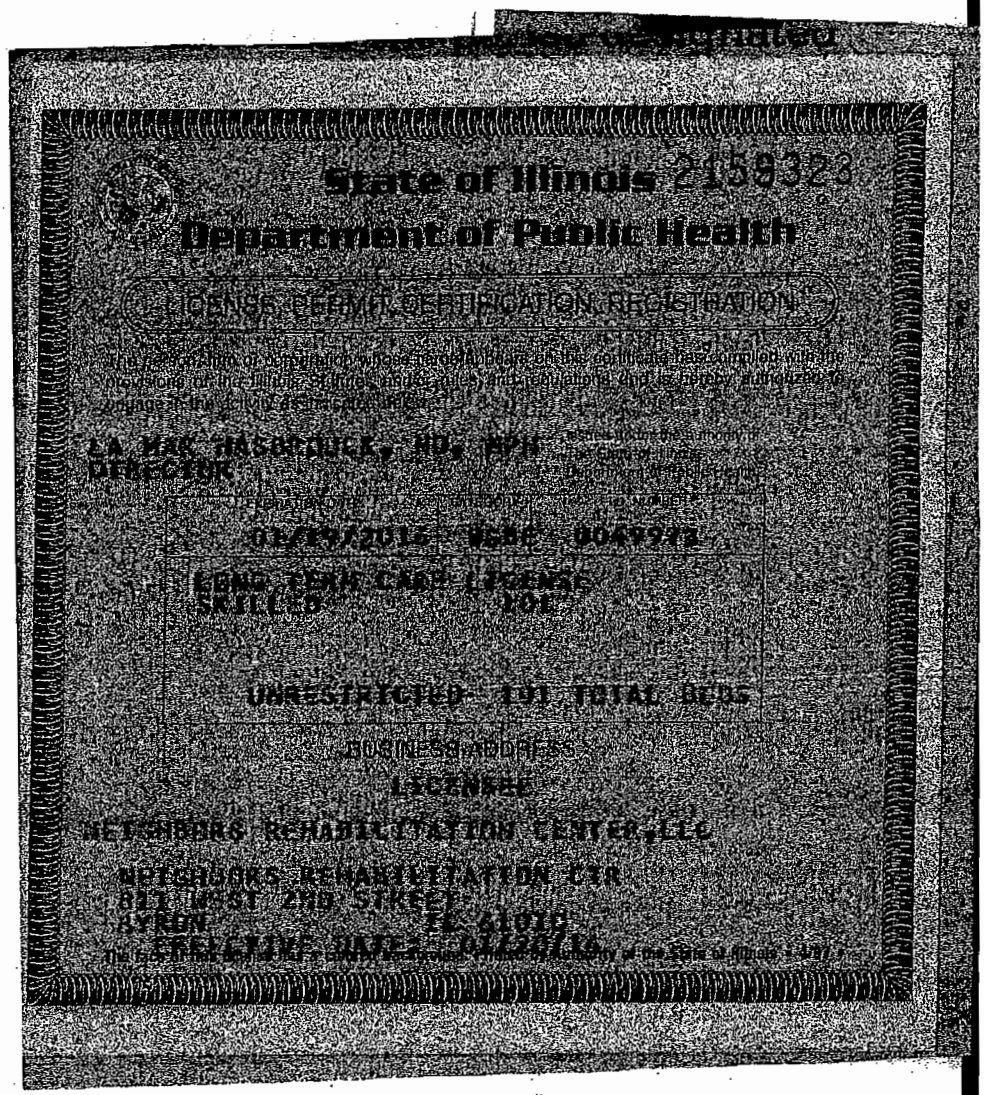
UNRESTRICTED 145 TOTAL BEDS

REGION 9

02/07/14

GREENWOOD CARE
1406 CHICAGO AVENUE
EVANSTON IL 60201

FEE RECEIPT NO.



State of Illinois 2159323

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 Rules and regulations and is hereby authorized to engage in the activity as indicated below.

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

01/19/2016 USDE 0049973

LONG TERM CARE LICENSE
SKILLED 101

UNRESTRICTED 101 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

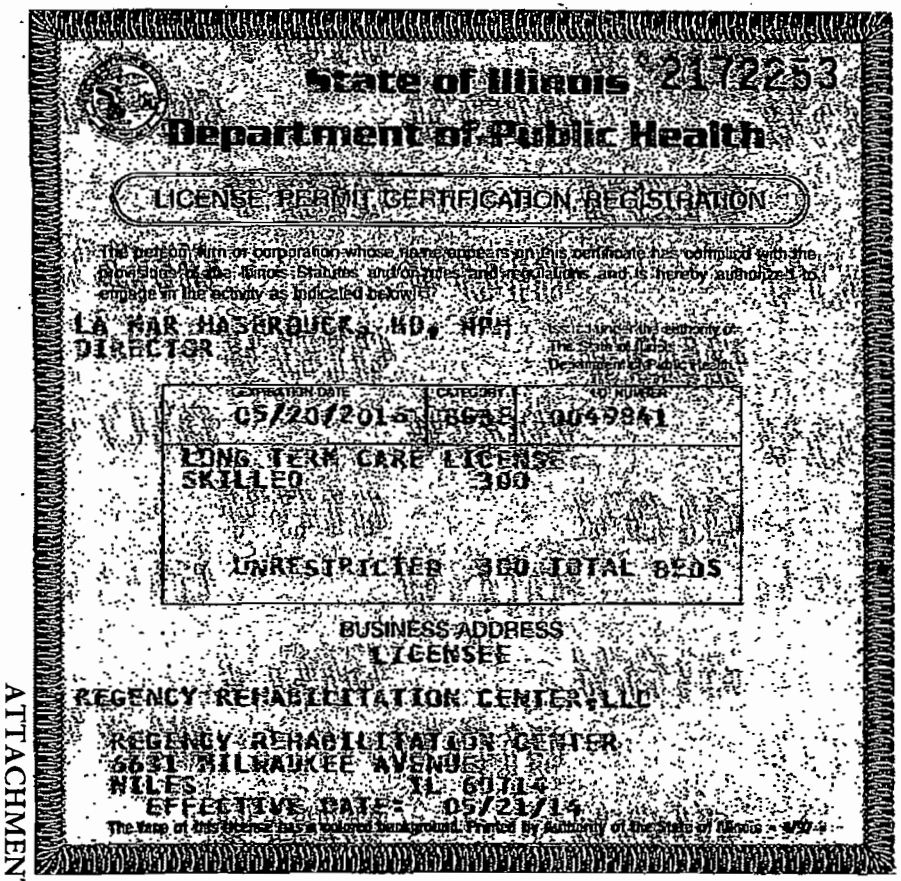
NEIGHBORS REHABILITATION CENTER,LLC

NEIGHBORS REHABILITATION CTR
811 WEST 2ND STREET
AYRON IL 61010

EFFECTIVE DATE: 01/20/16

The facility is licensed under the Illinois Statutes and Rules and Regulations of the State of Illinois. 1/97

ATTACHMENT-12B



State of Illinois 2172253

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/20/2016	BGBE	0049841

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

REGENCY REHABILITATION CENTER, LLC

REGENCY REHABILITATION CENTER
6631 MILWAUKEE AVENUE
NILES IL 60714
EFFECTIVE DATE: 05/21/14

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2172253
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/20/2016	BGBE	0049841

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

REGION 9

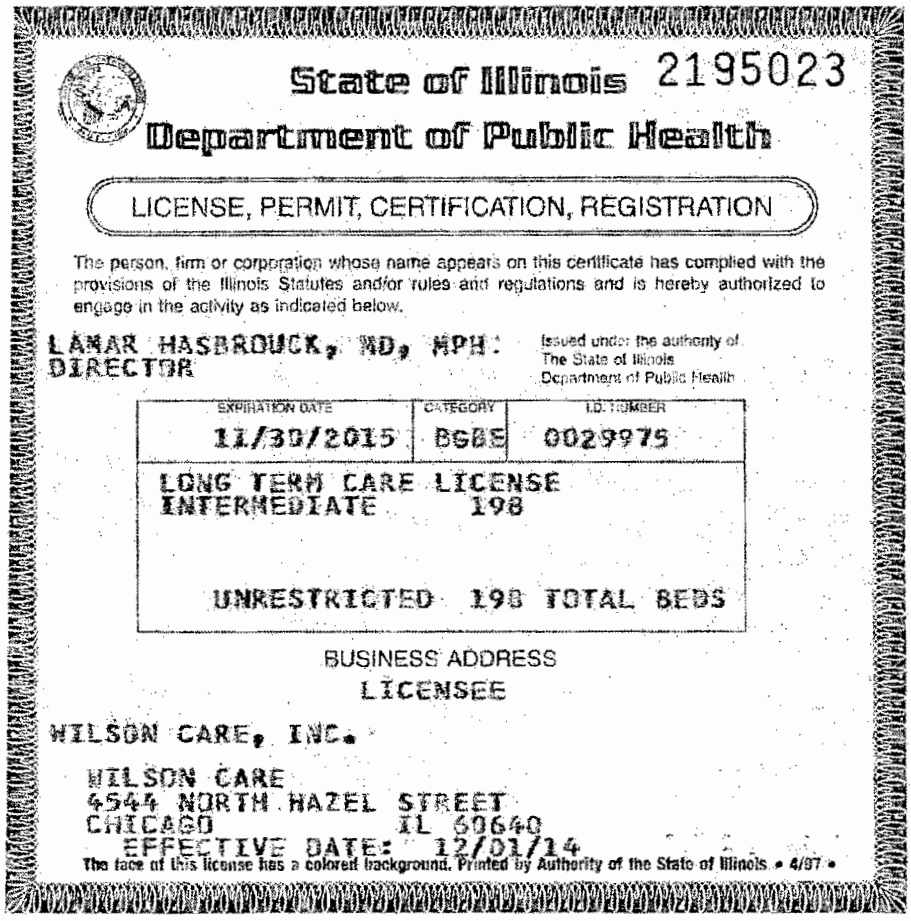
04/24/14

REGENCY REHABILITATION CENTER
6631 MILWAUKEE AVENUE
NILES IL 60714

FEE RECEIPT NO.

ATTACHMENT-12B

ATTACHMENT-12B



State of Illinois 2195023

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.

LANAR HASBROUCK, MD, MPH:
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/30/2015	BGBS	0029975

LONG TERM CARE LICENSE
INTERMEDIATE 198

UNRESTRICTED 198 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

WILSON CARE, INC.

WILSON CARE
4544 NORTH HAZEL STREET
CHICAGO IL 60640
EFFECTIVE DATE: 12/01/14

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

ATTACHMENT-12B

APPLEWOOD
Rehabilitation Center

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

October 6, 2014

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

Dear Ms. Avery,

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

Sincerely,

Dianne O'Connor
Administrator

Subscribed and sworn to before me
this 6 day of Oct, 2014

Notary Public

"OFFICIAL SEAL"
KIMBERLY A WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 07-15-2018

Albany Care

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

October 6, 2014

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

Dear Ms. Avery,

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

Sincerely,

Dennis Tossi
Administrator

Subscribed and sworn to before me
this 6 day of Oct, 2014

Notary Public

"OFFICIAL SEAL"
KIMBERLY A WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 07-15-2018

ATTACHMENT-12C

Bryn Mawr Care

5547 N. Kenmore
Chicago, Illinois 60640
phone: 773.561.7040
fax: 773.561.7543

October 6, 2014

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

Dear Ms. Avery,

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

Sincerely,

Lori Barrish
Administrator

Subscribed and sworn to before me
this 10 day of Oct, 2014

Notary Public

"OFFICIAL SEAL"
KIMBERLY A WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 07-15-2018

ATTACHMENT-12C

Columbus Park
Nursing & Rehabilitation Center

901 S. Austin Blvd.
Chicago, Illinois 60644
phone: 773.287.5959
fax: 773.287.7909

October 6, 2014

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

Dear Ms. Avery,

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

Sincerely,

Patrick Baalke
Administrator

Subscribed and sworn to before me
this 6 day of Oct, 2014

Notary Public

"OFFICIAL SEAL"
KIMBERLY A WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 07-15-2018

ATTACHMENT-12C

Decatur Manor Healthcare

1016 W. Pershing Road
Decatur, Illinois 62526
phone: 217.875.0833
fax: 217.875.6851

October 6, 2014

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

Dear Ms. Avery,

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

Sincerely,

Ruth Huber

Ruth Huber
Administrator

Subscribed and sworn to before me
this 10 day of OCT, 2014

Notary Public

"OFFICIAL SEAL"
KIMBERLY A WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 07-15-2018

ATTACHMENT-12C

Elmwood Care

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

October 6, 2014

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

Dear Ms. Avery,

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

Sincerely,

Colleen Swanson
Administrator

Subscribed and sworn to before me
this 10 day of Oct, 2014

Notary Public

"OFFICIAL SEAL"
KIMBERLY A WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 07-15-2018

ATTACHMENT-12C

GENERATIONS
HEALTH CARE NETWORK
Oakton Pavilion · Oakton Arms

"Our family caring for your family for generations to come"

October 6, 2014

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

Dear Ms. Avery,

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

Sincerely,

Bart Barrish
Administrator

Subscribed and sworn to before me
this 6 day of Oct, 2014

Notary Public

"OFFICIAL SEAL"
KIMBERLY A WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 07-15-2018

1660-1665 Oakton Place | Des Plaines, IL 60018 | (847) 299-5588 Main | (847) 493-8525 Fax
www.generationsoakton.com

ATTACHMENT-12C

Greenwood Care

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

October 6, 2014

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

Dear Ms. Avery,

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

Sincerely,

Arleen Siap
Administrator

Subscribed and sworn to before me
this 6 day of Oct, 2014

Notary Public

"OFFICIAL SEAL"
KIMBERLY A WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 07-15-2018

ATTACHMENT-12C

NEIGHBORS
Rehabilitation Center

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

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

October 6, 2014

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

Dear Ms. Avery,

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

Sincerely,

Pawn Thammarath
Administrator

Subscribed and sworn to before me
this 10 day of Oct, 2014

Notary Public

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 07-15-2018

www.neighborsbyron.com
ph: 815.234.2511 fax: 815.234.3114

ATTACHMENT-12C

Regency
Rehabilitation Center
Specialists in Rehabilitation
Experts in Caring

October 6, 2014

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

Dear Ms. Avery,

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

Sincerely,

Lorrie Woebbeking
Administrator

Subscribed and sworn to before me
this 10 day of OCT, 2014

Notary Public

"OFFICIAL SEAL"
KIMBERLY A WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 07-15-2018

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

ATTACHMENT-12C

Rock Island
Nursing & Rehabilitation Center

2545 24th Street Rock Island, Illinois 61201 phone:309.788.0458 fax: 309.788.5234

October 6, 2014

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

Dear Ms. Avery,

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

Sincerely,

Elizabeth Webster
Administrator

Subscribed and sworn to before me
this 10 day of Oct, 2014

Notary Public

"OFFICIAL SEAL"
KIMBERLY A WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 07-15-2018

ATTACHMENT-12C

4544 N. Hazel
Chicago, Illinois 60640
phone: 773.561.7241
fax: 773.561.0327

October 6, 2014

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

Dear Ms. Avery,

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

Sincerely,

Augie Bejey
Administrator

Subscribed and sworn to before me
this 6 day of Oct, 2014

Notary Public

OFFICIAL SEAL
KIMBERLY A WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 02-15-2018

ATTACHMENT-12C

APPLEWOOD
Rehabilitation Center

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

October 6, 2014

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
525 W. Jefferson St., 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, including but not limited to: official records of IDPH or other State agencies; the licensing or certification records of the states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of the Application as it pertains to 1125.520.(3)

Sincerely,

Dianne O'Connor
Manageer, Applewood Properly, LLC

Criterion 1125.530 - Planning Area Need

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

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

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

The Applicant's patient origin data for admissions to **Applewood Rehabilitation Center** is appended as **ATTACHMENT-13A**. This data illustrates that over 89% of the known residents' zip code of origin are derived from the primary market area of the 30-minute travel time contour. Moreover, nearly 59% of the known residents' zip codes of origin are derived from within the 15-minute travel time 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 maps appended as **ATTACHMENT-13B.**

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

Appended as **ATTACHMENT-13C** are 4 hospital/physician referral letters providing 271 of the proposed and historical referrals. Collectively, these referral sources have identified 286 historical and potential annual referrals to **Applewood Rehabilitation Center** for the next two years.

ATTACHMENT-13

Applewood Rehabilitation Center
Patient Origin Data
11/2012 - 10/2014

11/2012 - 12/2012

RESIDENT	ZIP CODE	TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
JY	46408	1		
KN	60409	1	1	
IM	60411	1	1	1
MC	60422	1	1	1
GD	60423	1	1	1
EP	60425	1	1	
EW	60426			
EW	60426	2	2	
CD	60438	1	1	
LR	60443			
EM	60443			
CB	60443	3	3	3
KJ	60449			
JR	60449	2	2	
RR	60461	1	1	1
BF	60466			
LB	60466			
RM	60466			
SK	60466			
KK	60466			
MC	60466			
CJ	60466	7	7	7
EN	60471			
HG	60471	2	2	2
RB	60473	1	1	
DD	60475	1	1	
JV	60477	1	1	
CL	60478	1	1	1
11/2012 - 12/2012		**TOTAL ADMITS**	**WITHIN 30 MIN**	**WITHIN 15 MIN**
		28	27	17
% Admits within Market Area			**96.4%**	**60.7%**

30-min Market Area Zips	
46311	0
46324	0
46375	0
60401	3
60406	1
60409	4
60411	19
60415	0
60417	5
60419	3
60422	3
60423	6
60425	1
60426	9
60428	1
60429	9
60430	3
60433	0
60438	3
60442	0
60443	36
60445	3
60448	1
60449	11
60451	1
60452	5
60453	2
60461	11

CY 2013

RESIDENT	ZIP CODE	TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
DC	39095	1		
AP	60401			
JC	60401	2	2	
JC	60409			
JC	60409			
JG	60409	3	3	
EV	60411			
BG	60411			
VG	60411			
DB	60411			
JW	60411			
DB	60411			
CW	60411			
SP	60411			
LS	60411			
BP	60411			
DP	60411			
AB	60411			
SM	60411	13	13	13
JA	60417			
JA	60417			
JG	60417			
JA	60417	4	4	
LA	60419			
JJ	60419	2	2	
EP	60422			
DC	60422	2	2	2
DB	60423			
EL	60423			
RS	60423	3	3	3
CY	60426			
GE	60426			
CY	60426	3	3	
AA	60428	1	1	
LW	60429			
DMcC	60429			
VP	60429			
TP	60429	4	4	4
DP	60430	1	1	1
JB	60435	1		
CD	60438			
LW	60438	2	2	
DP	60439	1		
RW	60443			
PJ	60443			
SF	60443			
PL	60443			
CD	60443			
LC	60443			
GM	60443			
HM	60443			
LO	60443			
CS	60443			
LJ	60443			
KM	60443			
CS	60443			
JW	60443			
MM	60443			
LJ	60443			
IL	60443			
CA	60443			
JM	60443	19	19	19
GO'D	60445	1	1	
BM	60448	1	1	
RR	60449			
RW	60449			
LD	60449			
AL	60449			
RE	60449	5	5	
ES	60452			
CMcG	60452			
MW	60452			

1/2014 - 10/2014

RESIDENT	ZIP CODE	TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
RF	31821	1		
TW	46408	1		
TC	48322	1		
LS	49093	1		
JC	60401	1	1	
DA	60406	1	1	
ML	60411			
OM	60411			
LI	60411			
FH	60411			
MT	60411	5	5	5
RW	60417	1	1	
MJ	60419	1	1	
ND	60423			
BF	60423	2	2	2
LS	60426			
UL	60426			
PO	60426			
SL	60426	4	4	
RI	60429			
LW	60429			
MG	60429			
OS	60429			
GE	60429	5	5	5
JG	60430			
SI	60430	2	2	2
BB	60443			
WH	60443			
RG	60443			
DA	60443			
DO	60443			
FH	60443			
ER	60443			
RW	60443			
JP	60443			
DM	60443			
SW	60443			
EP	60443			
GB	60443			
LH	60443	14	14	14
CJ	60445			
YP	60445	2	2	
BR	60446			
HO	60446			
GM	60446	3		
LF	60449			
CB	60449			
DF	60449			
CB	60449	4	4	
JH	60451	1	1	
JA	60453	1	1	
NR	60461			
MJ	60461			
JF	60461			
LA	60461			
ME	60461			
JF	60461			
PO	60461			
RJ	60461	8	8	8
JM	60466			
FL	60466			
ES	60466			
GR	60466			
SK	60466			
DC	60466			
DT	60466			
FH	60466			
JW	60466			
CM	60466			
DS	60466			
ED	60466			
MO	60466			

ATTACHMENT-13A

Applewood Rehabilitation Center
Patient Origin Data
11/2012 - 10/2014

30-min Market Area Zips (Cont.)	
60462	1
60463	2
60464	0
60466	45
60467	0
60468	0
60469	0
60471	20
60472	2
60473	2
60475	6
60476	0
60477	6
60478	15
60482	0
60487	1
60628	3
60643	2
60803	1
60827	3
60950	1
Total Admits w/in 30 min zips	**250**
Total Admits most recent 24 Mo.	280
% Admits within 30 min	**89.3%**

15-min Market Area Zips	
60411	19
60422	3
60423	6
60429	9
60430	3
60443	36
60461	11
60466	45
60471	20
60478	15
Total Admits w/in 15 min zips	**167**
Total Admits most recent 24 Mo.	280
% Admits within 15 min	**59.6%**

SUMMARY

	TOTAL	WITHIN	WITHIN
11/2012 - 12/2012	ADMITS	30 MIN	15 MIN
	28	27	17
% Admits within Market Area		96.4%	60.7%
	TOTAL	WITHIN	WITHIN
CY 2013	ADMITS	30 MIN	15 MIN
	131	118	70
% Admits within Market Area		90.1%	53.4%
	TOTAL	WITHIN	WITHIN
1/2014 - 10/2014	ADMITS	30 MIN	15 MIN
	121	105	80
% Admits within Market Area		86.8%	66.1%
Most Recent 24 Months	TOTAL	WITHIN	WITHIN
11/2012 - 10/2014	ADMITS	30 MIN	15 MIN
	280	250	167
% Admits within Market Area		89.3%	59.6%

CY 2013 (Cont.)

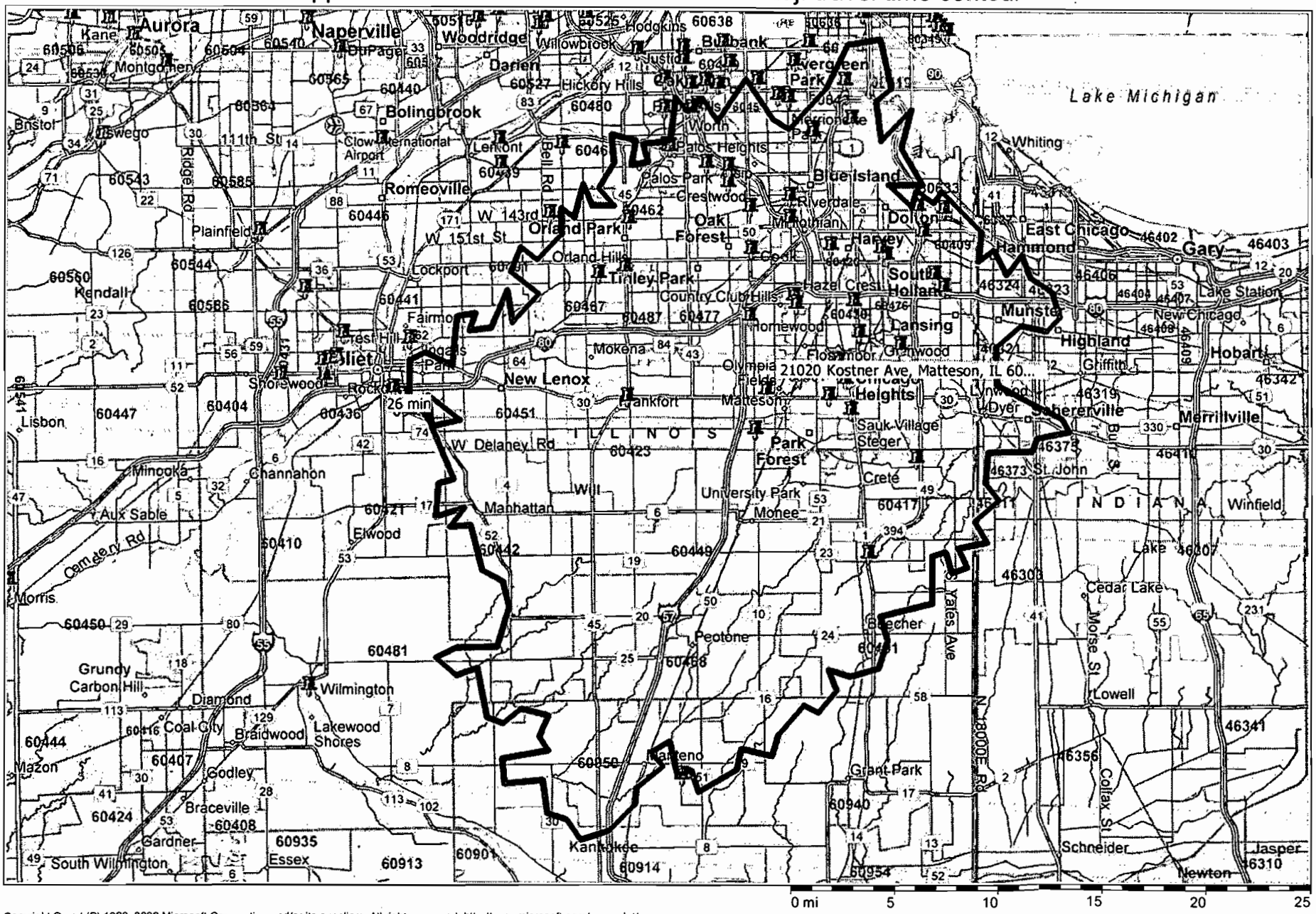
RESIDENT	ZIP CODE	TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
KA	60452			
BC	60452	5	5	
SG	60453	1	1	
PR	60461			
JB	60461	2	2	2
DH	60462	1	1	
JB	60463			
BC	60463	2	2	
SW	60466			
EB	60466			
BJ	60466			
LL	60466			
DT	60466			
JJ	60466			
VD	60466			
GP	60466			
GW	60466			
JH	60466			
MN	60466			
ED	60466			
BJ	60466			
GM	60466			
AH	60466	15	15	15
AJ	60471			
AS	60471			
FS	60471			
DT	60471			
MH	60471			
ER	60471			
CJ	60471			
DS	60471	8	8	8
GL	60472	1	1	
DH	60473	1	1	
WH	60475			
DE	60475			
FS	60475			
WM	60475	4	4	
AP	60477			
TN	60477			
KM	60477			
RM	60477	4	4	
RW	60478			
DM	60478			
DF	60478	3	3	3
LL	60612	1		
DK	60619	1		
DM	60620			
JM	60620	2		
MW	60628	1	1	
SC	60629	1		
IT	60630	1		
MD	60632	1		
MH	60643			
AE	60643	2	2	
AR	60649	1		
RC	60653			
MD	60653	2		
LJ	60827			
AB	60827	2	2	
CY 2013		TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
		131	118	70
% Admits within Market Area			90.1%	53.4%

1/2014 - 10/2014 (Cont.)

RESIDENT	ZIP CODE	TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
PB	60466			
TB	60466			
EH	60466			
PP	60466			
RS	60466			
HA	60466			
MF	60466			
LC	60466			
AP	60466			
DG	60466	23	23	23
RK	60471			
CR	60471			
GL	60471			
RK	60471			
EG	60471			
AG	60471			
SB	60471			
ED	60471			
CR	60471			
RL	60471	10	10	10
EB	60472	1	1	
BM	60475	1	1	
GS	60477	1	1	
LG	60478			
JS	60478			
LB	60478			
AM	60478			
HS	60478			
HS	60478			
LG	60478			
LJ	60478			
FD	60478			
DM	60478			
GG	60478	11	11	11
CP	60487	1	1	
HD	60612	1		
JB	60617	1		
MA	60619			
RL	60619			
MA	60619	3		
AK	60628			
GB	60628	2	2	
WP	60629	1		
HG	60644	1		
RS	60649	1		
EB	60651	1		
IF	60803	1	1	
ED	60827	1	1	
LW	60950	1	1	
1/2014 - 10/2014		TOTAL ADMITS	WITHIN 30 MIN	WITHIN 15 MIN
		121	105	80
% Admits within Market Area			86.8%	66.1%

ATTACHMENT-13A

Applewood Rehabilitation Center - 30 min adj. travel time contour



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Advocate South Suburban Hospital
17800 South Kedzie Avenue || Hazel Crest, IL 60429 || T 708.799.8000 || advocatehealth.com

Dianne C. O'Connor, Administrator
Applewood Nursing and Rehabilitation Center
18300 South Lavergne Avenue
Matteson, Illinois 60478

October 24, 2014

Dear Ms. O'Connor,

As Advocate South Suburban Hospital strives to provide the best experience for each patient we have the privilege of serving, solid relationships with key long-term care facilities are vital. To that end, Applewood Nursing and Rehabilitation Center has been identified as a strategic partner in our primary service area.

In 2013, we referred 50 cases to your facility and anticipate similar activity at your center while strengthening our relationship based on our common goal of safe, high-quality patient care. The expansion of Applewood Nursing and Rehabilitation Center will provide the continuity of care that is imperative to improved access and patient outcomes.

We applaud your efforts to expand your facility in order to enhance the quality of care to our community.

Richard Heim
President
Advocate South Suburban Hospital
17800 South Kedzie Avenue
Hazel Crest, Illinois 60429

Signed before me this 24th day of October, 2014 in Cook County, IL

Notary Signature

OFFICIAL SEAL
CYNTHIA N TOLLIVER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/06/18

FRANCISCAN PHYSICIAN NETWORK

3700 W. 203rd Street, Olympia Fields, IL 60461

(708) 755-3579

October 28, 2014

To: Dianne O'Connor

Applewood Rehabilitation Center

This is a letter of acknowledgement for a planned addition and renovation involving seventeen private Medicare rooms, an enlarged therapy gym and enclosed outside courtyard gardens. Applewood plans to redecorate the existing rooms during the renovation as well so convalescence residents will also benefit. At present, they cannot always accommodate referrals due to one isolation/private room and many shared bathrooms.

Applewood is a good nursing home with a solid referral base. They are near major expressways. In addition to referrals from multiple nearby communities, they receive many referrals from Chicago hospitals.

A conservative estimate of referrals for the next 24 months would be 200 from our practice as a whole.

Thank you,

Michael Settecase, DO

Medical Director FPN

Assoc Professor Fam Med,

Midwestern University

12-9-14

EDUARDO T. PUNZALAN
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
January 05, 2018

ATTACHMENT-13C

Franciscan
ST. JAMES HEALTH

November 13, 2014

CHICAGO HEIGHTS
1423 Chicago Road
Chicago Heights, IL 60411
PH: 708 756 1000

OLYMPIA FIELDS
20201 South Crawford Avenue
Olympia Fields, IL 60461
PH: 708 747 4000

Dianne O'Connor
Applewood Rehabilitation Center
21020 Kostner Avenue
Matteson, IL 60443

Dear Ms. O'Connor:

Franciscan St. James Health recommends the addition and renovation project which is proposed for Applewood Rehabilitation Center. We support your application for CON Board Approval.

Within the past 12 months, Franciscan St. James Health transferred 1,856 patients to existing skilled care facilities.

We estimate the number of patients that Franciscan St. James Health will refer annually within a 24 month period after the project completion to Applewood Rehabilitation Center will be an average of 111 per year. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

We commend your efforts to improve the quality of care and quality of life for those served in our community.

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

Sincerely,

Arnie Kimmel
President and Regional Chief Operating Officer

12-9-14

EDUARDO T. PUNZALAN
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
January 05, 2018

XFR to SNF = transferred to Nursing Home
Data from (2013 Sep - 2014 Oct)

Count of Encounter ID	Column Labels												
Row Labels	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	Grand Total
XFR TO SNF	165	137	141	146	154	160	174	139	157	173	150	160	1,856
60411	43	26	37	34	37	36	41	40	35	45	34	40	448
60443	10	18	17	15	14	15	24	13	12	14	13	14	179
60471	11	13	19	17	14	17	18	15	15	9	14	10	172
60430	14	8	5	15	17	15	17	9	17	12	12	18	159
60466	8	10	12	12	12	10	6	12	20	21	11	13	147
60417	18	9	8	6	9	12	18	8	11	8	10	18	135
60425	13	11	8	7	10	5	7	5	2	8	14	8	98
60401	7	8	9	6	7	9	10	2	6	6	5	7	82
60449	4	5	3	3	3	3	3	6	3	6	6	3	48
60475	5	2	3	2	3	5	3	2	4	10	2	6	47
60461	7	5	2	4	8	4	1	3	5		5	3	47
60478		3	2	2	2	7	6	4	3	1	3	1	34
60477	1	2	2	2	2	2	2	1	3	4		3	24
60473	6	1	3	3	1	1	1	1		4	1		22
60438	3	1		3		1	1		4	3	2	3	21
60422	4	1	1		1	2	2	3	1	1	2	2	20
60423	1	1		3	3	2	1	2	1	2			16
60429	2	3	1	1		2		1	1	1		1	13
60484				2	1		1		1	4			9
60409	1	1	1		1	1			1		1	1	8
60445						1	2	1	3	1			8
60468	2			1		1	2				1		7
60448			1	3	1	1			1				7
60419	1		1		1	2		1			1		7
60462							1	3		1	1		6
60426		1			1		1	1		1			5
46307			1					1	1			2	5
60452					1	1	1				1	1	5
46311		1		2	1								4
60406		1	1	1									3
60628		1					1				1		3
60487								1		2			3
60620									2		1		3
60451						1		1	1				3
60633			1				1			1			3
46323		1			1				1				3
60442										1	1	1	3
60950-5047	2												2
60954											1	1	2
60402										1		1	2
31821						2							2
60803				1	1								2

MetroSouth
MEDICAL CENTER

12935 South Gregory Street, Blue Island, IL 60406-2428
T (708) 597-2000 · W MetroSouthMedicalCenter.com

Executive Office

October 28, 2014

Ms. Dianne O'Connor
Administrator
Applewood Rehabilitation Center
21020 Kostner Ave
Matteson, IL 60443

Dear Ms. O'Connor:

MetroSouth Medical Center recommends the addition and renovation project which is proposed for Applewood Rehabilitation Center. We support application for Certificate of Need (CON) Board approval.

Within the last 12 months, MetroSouth Medical Center transferred 10 patients to Applewood. With our current software application we are unable to extract any additional data for 2013 transfers to nursing homes by zip code in our primary, secondary and tertiary markets.

We estimate the number of patients that MetroSouth Medical Center will refer within a 24 month period, after the project completion to Applewood, will be a minimum of 25 patients annually. This is a reasonable projection based on our historical data for referrals. These referrals have not been used to support any other pending or approved CON application for the subject services.

We commend your efforts to improve post-acute medical care and quality of life for the communities we serve.

Sincerely,

Brian Sinotte, FACHE
Chief Executive Officer

Julie M. Dykema 10/28/14

OFFICIAL SEAL
JULIE M DYKEMA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/23/17

ATTACHMENT-13C

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

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

1. Historical Service Demand

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

   In CY2011, CY2012 and CY2013, the subject facility reported utilization rates of 89.7%, 87.3% and 89.3% respectively. Refer to **ATTACHMENT-15A** for the cited facilities most recent 3-year IDPH Profile. It should be noted that these use rate reflect effective full utilization based on gender, isolation and behavioral issues of the existing residents.

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

   Appended as **ATTACHMENT-15B** is a listing of all (45) referrals turned away by the facility due to lack of bed availability over the most recent 12 months. (8 from November through December of 2013 and 37 from January through October of 2014). It should be noted that the facility did not track referrals being turned away prior to October 2013.

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

Appended as **ATTACHMENT-15C**, are four physician/hospital referrals letters indicating that 286 annual referrals could be made to the facility upon project completion for the next two years.

ATTACHMENT-15

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

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

ATTACHMENT-15

APPLEWOOD REHABILITATION CTR
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 0000467
Health Service Area 007 Planning Service Area 705

Administrator
DIANNE C. O'CONNOR

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

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

Date Completed: 3/6/2012

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	65
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Muscolo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 4

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	109	115	102	13	115	115
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	115	115	109	115	102	13	115	115

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	99
Total Admissions 2011	203
Total Discharges 2011	200
Residents on 12/31/2011	102
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	6100	14.5%	26642	63.5%	1027	309	2669	0	37647	89.7%	89.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6100	14.5%	26642	63.5%	1027	309	2669	0	37647	89.7%	89.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	14	24	0	0	0	0	0	0	14	24	38
85+	4	35	0	0	0	0	0	0	4	35	39
TOTALS	27	75	0	0	0	0	0	0	27	75	102

APPLEWOOD REHABILITATION CTR
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 0000467
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	85	0	0	8	0	102
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	9	85	0	0	8	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	163
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	49	0	0	0	49
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	1	0	0	0	1
Total	102	0	0	0	102

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	4.00
Non-Health Staff	26.00
Totals	81.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.4%	34.7%	3.3%	2.1%	16.5%	100.0%		0.0%
3,234,096	2,583,421	247,625	154,514	1,230,961	7,451,516	0	

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

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ATTACHMENT-15A

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 0000467
Health Service Area 007 Planning Service Area 705

Administrator
Dianne C. O'Connor

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

Registered Agent Information
Sarah Borrish
6840 North Lincoln Ave.
Lincolnwood, IL 60712

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	65
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Muscuto-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	110

Total Residents Diagnosed as Mentally Ill 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	114	110	114	110	5	115	115
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	115	114	110	114	110	5	115	115

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	109
Total Admissions 2011	192
Total Discharges 2011	188
Residents on 12/31/2011	110
Identified Offenders	1

FACILITY UTILIZATION - 2012

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5060	12.1%	27834	66.3%	0	615	3151	0	36660	87.3%	88.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5060	12.1%	27834	66.3%	0	615	3151	0	36660	87.3%	88.1%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	4	12	0	0	0	0	0	0	4	12	16
75 to 84	12	25	0	0	0	0	0	0	12	25	37
85+	11	37	0	0	0	0	0	0	11	37	48
TOTALS	31	79	0	0	0	0	0	0	31	79	110

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID **Health Service Area** 007 **Planning Service Area** 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	88	0	1	8	0	110
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	13	88	0	1	8	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	168
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	58	0	0	0	58
Hawaiian/Pacific Ist.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

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	39.00
Other Health Staff	7.00
Non-Health Staff	26.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.1%	38.7%	3.0%	3.4%	19.8%	100.0%		0.0%
2,740,183	3,016,551	235,495	268,503	1,542,084	7,802,816	0	

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

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ATTACHMENT-15A

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

Administrator
Dianne O'Connor

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

Date Completed
4/1/2014

Registered Agent Information
Sarah Barrish
6840 N. Lincoln Ave
Lincolnwood, IL 60712

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	67
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Muscule-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 53

Total Residents Reported as Identified Offenders 2

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

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	187
Total Discharges 2013	192
Residents on 12/31/2013	98

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	109	115	98	17	115	115
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	115	115	109	115	98	17	115	115

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	4877	11.6%	29905	71.5%	0	492	2130	0	37404	89.3%	89.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4877	11.6%	29905	71.5%	0	492	2130	0	37404	89.3%	89.3%

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	2	3	0	0	0	0	0	0	2	3	5
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	17	25	0	0	0	0	0	0	17	25	42
85+	6	31	0	0	0	0	0	0	6	31	37
TOTALS	31	67	0	0	0	0	0	0	31	67	98

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Classification Numbers
License Number 6000467
Health Service Area 007
Planning Service Area 705 Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	85	0	2	4	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	85	0	2	4	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	168
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	53	0	0	0	53
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	98	0	0	0	00

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	8.00
Certified Aides	44.00
Other Health Staff	2.00
Non-Health Staff	35.00
Totals	104.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.9%	41.1%	3.3%	6.6%	19.0%	100.0%		
2,303,870	3,166,323	256,136	510,259	1,462,567	7,699,155	0	0.0%

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

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ATTACHMENT-15A

Applewood Rehabilitation Center
Referrals Not Admitted Due to Lack of Bed Availability

Oct-13		
RS	10/25/2013	1
Nov-13		
RS	11/5/2013	
MH	11/9/2013	
DM	11/13/2013	
HS	11/14/2013	
RJ	11/19/2013	
LR	11/19/2013	6
Dec-14		
HL	12/17/2013	
DW	12/30/2013	2
Jan-14		
MH	1/6/2014	
DJ	1/7/2014	
IW	1/7/2014	
DB	1/8/2014	
PJ	1/8/2014	
JJ	1/9/2014	
MN	1/13/2014	
JB	1/14/2014	
EP	1/17/2014	
RD	1/17/2014	
TC	1/17/2014	
VB	1/21/2014	
GP	1/22/2014	
MH	1/28/2014	14
Feb-14		
DP	2/13/2014	1
Mar-14		
LW	3/21/2014	
CW	3/24/2014	
KZ	3/27/2014	
AR	3/28/2014	4
Apr-14		
MC	4/28/2014	1
May-14		
EN	5/9/2014	
EW	5/12/2014	2
Jun-14		
ZG	6/12/2014	
RF	6/27/2014	2
Jul-14		
RW	7/16/2014	
PJ	7/18/2014	
RF	7/22/2014	
MC	7/24/2014	
RS	7/24/2014	
HU	7/29/2014	6
Aug-14		
WM	8/25/2014	
LT	8/27/2014	2
Sep-14		
JA	9/2/2014	
HE	9/8/2014	2
Oct-14		
AJ	10/2/2014	
JD	10/6/2014	
KG	10/24/2014	3

Documentation of referrals not admitted due to lack of beds began in October 2013, but was occurring prior to that date.

referrals not admitted in past 12 months	**45**
Avg. per month-referrals not admitted	**3.75**

ATTACHMENT-15B

Advocate South Suburban Hospital
17800 South Kedzie Avenue || Hazel Crest, IL 60429 || T 708.799.8000 || advocatehealth.com

Dianne C. O'Connor, Administrator
Applewood Nursing and Rehabilitation Center
18300 South Lavergne Avenue
Matteson, Illinois 60478

October 24, 2014

Dear Ms. O'Connor,

As Advocate South Suburban Hospital strives to provide the best experience for each patient we have the privilege of serving, solid relationships with key long-term care facilities are vital. To that end, Applewood Nursing and Rehabilitation Center has been identified as a strategic partner in our primary service area.

In 2013, we referred 50 cases to your facility and anticipate similar activity at your center while strengthening our relationship based on our common goal of safe, high-quality patient care. The expansion of Applewood Nursing and Rehabilitation Center will provide the continuity of care that is imperative to improved access and patient outcomes.

We applaud your efforts to expand your facility in order to enhance the quality of care to our community.

Richard Heim
President
Advocate South Suburban Hospital
17800 South Kedzie Avenue
Hazel Crest, Illinois 60429

Signed before me this 24th day of October, 2014 in Cook County, IL

Notary Signature

OFFICIAL SEAL
CYNTHIA N TOLLIVER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:05/06/18

FRANCISCAN PHYSICIAN NETWORK

3700 W. 203rd Street, Olympia Fields, IL 60461

(708) 755-3579

October 28, 2014

To: Dianne O'Connor

Applewood Rehabilitation Center

This is a letter of acknowledgement for a planned addition and renovation involving seventeen private Medicare rooms, an enlarged therapy gym and enclosed outside courtyard gardens. Applewood plans to redecorate the existing rooms during the renovation as well so convalescence residents will also benefit. At present, they cannot always accommodate referrals due to one isolation/private room and many shared bathrooms.

Applewood is a good nursing home with a solid referral base. They are near major expressways. In addition to referrals from multiple nearby communities, they receive many referrals from Chicago hospitals.

A conservative estimate of referrals for the next 24 months would be 200 from our practice as a whole.

Thank you,

Michael Settecase, DO

Medical Director FPN

Assoc Professor Fam Med,

Midwestern University

12-9-14

EDUARDO T. PUNZALAN
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
January 05, 2018

ATTACHMENT-15C

Franciscan
ST. JAMES HEALTH

November 13, 2014

CHICAGO HEIGHTS
1423 Chicago Road
Chicago Heights, IL 60411
PH: 708 756 1000

OLYMPIA FIELDS
20201 South Crawford Avenue
Olympia Fields, IL 60461
PH: 708 747 4000

Dianne O'Connor
Applewood Rehabilitation Center
21020 Kostner Avenue
Matteson, IL 60443

Dear Ms. O'Connor:

Franciscan St. James Health recommends the addition and renovation project which is proposed for Applewood Rehabilitation Center. We support your application for CON Board Approval.

Within the past 12 months, Franciscan St. James Health transferred 1,856 patients to existing skilled care facilities.

We estimate the number of patients that Franciscan St. James Health will refer annually within a 24 month period after the project completion to Applewood Rehabilitation Center will be an average of 111 per year. This is a reasonable expectation based on our historical referrals. These referrals have not been used to support another pending or approved CON application for the subject services.

We commend your efforts to improve the quality of care and quality of life for those served in our community.

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

Sincerely,

Arnie Kimmel
President and Regional Chief Operating Officer

12-9-14

EDUARDO T. PUNZALAN
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
January 05, 2018

XFR to SNF = transferred to Nursing Home
Data from (2013 Sep - 2014 Oct)

Count of Encounter ID	Column Labels												
Row Labels	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	Grand Total
XFR TO SNF	165	137	141	146	154	160	174	139	157	173	150	160	1,856
60411	43	26	37	34	37	36	41	40	35	45	34	40	448
60443	10	18	17	15	14	15	24	13	12	14	13	14	179
60471	11	13	19	17	14	17	18	15	15	9	14	10	172
60430	14	8	5	15	17	15	17	9	17	12	12	18	159
60466	8	10	12	12	12	10	6	12	20	21	11	13	147
60417	18	9	8	6	9	12	18	8	11	8	10	18	135
60425	13	11	8	7	10	5	7	5	2	8	14	8	98
60401	7	8	9	6	7	9	10	2	6	6	5	7	82
60449	4	5	3	3	3	3	3	6	3	6	6	3	48
60475	5	2	3	2	3	5	3	2	4	10	2	6	47
60461	7	5	2	4	8	4	1	3	5		5	3	47
60478		3	2	2	2	7	6	4	3	1	3	1	34
60477	1	2	2	2	2	2	2	1	3	4		3	24
60473	6	1	3	3	1	1	1	1		4	1		22
60438	3	1		3		1	1		4	3	2	3	21
60422	4	1	1		1	2	2	3	1	1	2	2	20
60423	1	1		3	3	2	1	2	1	2			16
60429	2	3	1	1		2		1	1	1		1	13
60484				2	1		1		1	4			9
60409	1	1	1		1	1			1		1	1	8
60445						1	2	1	3	1			8
60468	2			1		1	2				1		7
60448			1	3	1	1			1				7
60419	1		1		1	2		1			1		7
60462							1	3		1	1		6
60426		1			1		1	1		1			5
46307			1					1	1			2	5
60452					1	1	1				1	1	5
46311		1		2	1								4
60406		1	1	1									3
60628		1					1				1		3
60487								1		2			3
60620									2		1		3
60451						1		1	1				3
60633			1				1			1			3
46323		1			1				1				3
60442										1	1	1	3
60950-5047	2												2
60954											1	1	2
60402										1		1	2
31821						2							2
60803				1	1								2

MetroSouth
MEDICAL CENTER

12935 South Gregory Street, Blue Island, IL 60406-2428
T (708) 597-2000 · W MetroSouthMedicalCenter.com

Executive Office

October 28, 2014

Ms. Dianne O'Connor
Administrator
Applewood Rehabilitation Center
21020 Kostner Ave
Matteson, IL 60443

Dear Ms. O'Connor:

MetroSouth Medical Center recommends the addition and renovation project which is proposed for Applewood Rehabilitation Center. We support application for Certificate of Need (CON) Board approval.

Within the last 12 months, MetroSouth Medical Center transferred 10 patients to Applewood. With our current software application we are unable to extract any additional data for 2013 transfers to nursing homes by zip code in our primary, secondary and tertiary markets.

We estimate the number of patients that MetroSouth Medical Center will refer within a 24 month period, after the project completion to Applewood, will be a minimum of 25 patients annually. This is a reasonable projection based on our historical data for referrals. These referrals have not been used to support any other pending or approved CON application for the subject services.

We commend your efforts to improve post-acute medical care and quality of life for the communities we serve.

Sincerely,

Brian Sinotte, FACHE
Chief Executive Officer

Julie M. Dykema 10/28/14

OFFICIAL SEAL
JULIE M DYKEMA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/23/17

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. It should be known that this project includes the existing operations in good standing with IDPH and CMMS that meet all licensing requirements to include staffing. Moreover, upon project completion, the facility will maintain its good standing with IDPH and CMMS.

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 and proposed staffing patterns for the Subject facility. This project will result in an increase of full time equivalents, from 90.4 full time equivalents to 116.47 full time equivalents, a net increase of 26.07 full time equivalents. Staffing for the Applicant has not been of issue and achieving the additional level is not expected to be either. The proposed staffing will be achieved in the following manner:

1. **Applewood Rehabilitation Center** will maintain a copy of applications for all candidates who apply for positions at the facility going forward. Applicants will be

contacted 90 days prior to opening to the opening of the unit to arrange for interviews, hiring and training.

2. The facility will be utilizing the consultant recruiting service at SIR Management in Lincolnwood, Illinois to identify potential candidates to full all available positions and assist with recruitment. It is the Applicant's policy to promote from within whenever possible. SIR Management had 2,081 employees between the 14 locations it provides consulting services for.

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

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

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

Finally, the Subject facility has on file a listing of employment applications by initials and position title applied for. From this listing along, the additional staffing level is achievable (please refer to **ATTACHMENT-19B** for the listing of employment applicants on file). Moreover and as a back-up plan, appended as **ATTACHMENT-19C** is a list of 2014 graduating nursing students for which job offers can be extended. Thus, staffing is not expected to be of issue.

ATTACHMENT- 19

Applewood Rehabilitation Center
Current and Proposed Staffing Pattern

Position Title	Current Staffing	Proposed Staffing
DON	1 FTE	1 FTE
ADON	1 FTE	1 FTE
Staff Nurse	14 FTE	18.2 FTE
Certified Nurses Aid	33.6 FTE	42 FTE
Medical Records	1 FTE	1 FTE
Activity Department	5.2 FTE	6.3 FTE
MDS/ Care Plan	1 FTE	2 FTE
Social Services	1.6 FTE	3 FTE
Restorative Nurse	1 FTE	1 FTE
Restorative Aids	4.4 FTE	5.5 FTE
Housekeeping	8 FTE	11 FTE
Laundry	1.4 FTE	3.4 FTE
Maintenance	1 FTE	2 FTE
Dietary	10.1 FTE	11.97 FTE
Administrator	1 FTE	1 FTE
Office	5.1 FTE	6.1 FTE
TOTAL	**90.4 FTE**	**116.47 FTE**

Net increase of 26.07 FTEs

ATTACHMENT-19A

Applewood Rehabilitation Center
Employment Applications on File

Applicant Initials	Date of Application	Position Applied For
D8	8/13/2014	CAREGIVER/ANYTHING
AP	7/30/2014	HOME HELP AIDE
OJ	6/16/2014	THERAPY AIDE
SM	5/23/2014	HOUSEKEEPING
GA	2/5/2014	CNA
RD	2/6/2014	CNA
AL	2/12/2014	CNA
YH	2/17/2014	CNA
II	2/18/2014	CNA
TB	2/20/2014	CNA
BW	2/24/2014	CNA
ED	2/25/2014	CNA
TC	3/7/2014	CNA
SP	3/7/2014	CNA
AL	3/11/2014	CNA
CD	3/21/2014	CNA
YA	3/26/2014	CNA
TA	3/31/2014	CNA
BH	3/31/2014	CNA
EP	3/31/2014	CNA
BE	3/31/2014	CNA
TJ	4/1/2014	CNA
MF	4/2/2014	CNA
SJ	4/2/2014	CNA
SW	4/8/2014	CNA
GC	4/10/2014	CNA
HA	4/10/2014	CNA
DJ	4/10/2014	CNA
TJ	4/16/2014	CNA
AH	4/21/2014	CNA
CB	4/28/2014	CNA
MO	4/28/2014	CNA
CP	4/29/2014	CNA
NC	4/29/2014	CNA
MW	4/30/2014	CNA
TM	5/1/2014	CNA
MA	5/5/2014	CNA
DK	5/8/2014	CNA
CJ	5/14/2014	CNA
EP	5/15/2014	CNA
DR	5/19/2014	CNA
CM	5/20/2014	CNA
LR	5/21/2014	CNA
MC	5/21/2014	CNA
LT	5/28/2014	CNA
MM	5/28/2014	CNA
IJ	5/29/2014	CNA
MS	5/31/2014	CNA
VS	6/3/2014	CNA
AD	6/5/2014	CNA
JN	6/9/2014	CNA
WP	6/9/2014	CNA
AA	6/9/2014	CNA
RJ	6/10/2014	CNA
SB	6/11/2014	CNA
AJ	6/11/2014	CNA
AF	6/12/2014	CNA
LG	6/16/2014	CNA
IF	6/25/2014	CNA
JB	6/30/2014	CNA
SS	6/30/2014	CNA
KC	7/18/2014	CNA
EG	7/22/2014	CNA
TB	7/23/2014	CNA
MM	7/23/2014	CNA
FJ	7/24/2014	CNA
JB	7/28/2014	CNA
LS	7/28/2014	CNA
MB	7/28/2014	CNA
FG	7/29/2014	CNA
CK	8/1/2014	CNA
JJ	8/4/2014	CNA
FR	8/12/2014	CNA
RA	8/12/2014	CNA
TT	8/14/2014	CNA
AR	8/20/2014	CNA
LS	8/25/2014	CNA
HK	8/27/2014	CNA
DJ	8/27/2014	CNA
CW	8/27/2014	CNA
LH	8/28/2014	CNA
AH	9/1/2014	CNA
TT	9/2/2014	CNA
AW	9/3/2014	CNA
GB	9/4/2014	CNA
BM	9/8/2014	CNA
CM	9/8/2014	CNA
AB	9/11/2014	CNA
DG	9/11/2014	CNA
CC	9/13/2014	CNA
MD	9/17/2014	CNA
CF	9/17/2014	CNA
DF	9/17/2014	CNA
DW	9/22/2014	CNA
JW	9/22/2014	CNA
AH	9/24/2014	CNA
AW	10/1/2014	CNA
EC	10/1/2014	CNA
JJ	11/26/2014	CNA
RH	NO DATE	CNA
AF	NO DATE	CNA
JB	5/29/2014	CNA/ACTIVITIES
TM	4/14/2014	CNA/COOK
AM	7/15/2014	CNA/DIETARY
TG	8/26/2014	CNA/DSP
DJ	5/6/2014	CNA/HOUSEKEEPING
LG	4/3/2014	CNA/LAUNDRY
RM	2/17/2014	CNA/PHLEBOTOMIST
AD	1/10/2014	ADON
AK	10/19/2013	LPN
VA	12/10/2013	LPN
TS	1/8/2014	LPN
BT	1/9/2014	LPN
NR	1/16/2014	LPN
NR	1/16/2014	LPN
JF	1/28/2014	LPN
MT	2/10/2014	LPN
VR	2/24/2014	LPN
SL	2/24/2014	LPN
OA	2/24/2014	LPN
TJ	3/14/2014	LPN
TD	3/22/2014	LPN
YW	3/24/2014	LPN
KD	3/24/2014	LPN
EB	3/25/2014	LPN
MH	4/2/2014	LPN
LW	4/8/2014	LPN
JR	4/9/2014	LPN
JH	4/21/2014	LPN
MW	4/21/2014	LPN
CC	4/22/2014	LPN
YS	4/23/2014	LPN
ES	5/15/2014	LPN
SN	5/21/2014	LPN
MG	5/27/2014	LPN
RS	5/29/2014	LPN
PN	6/3/2014	LPN
TT	6/25/2014	LPN
RT	6/30/2014	LPN
NA	7/9/2014	LPN
PW	7/11/2014	LPN
TJ	7/16/2014	LPN
BC	7/21/2014	LPN
LN	7/23/2014	LPN
JY	7/24/2014	LPN
TC	7/28/2014	LPN
LM	7/30/2014	LPN
ES	8/1/2014	LPN
VH	8/4/2014	LPN
KM	8/11/2014	LPN
SG	8/12/2014	LPN
DA	8/26/2014	LPN
DB	9/10/2014	LPN
MB	9/15/2014	LPN
AB	9/22/2014	LPN
SR	9/24/2014	LPN
KP	9/27/2014	LPN
GK	NO DATE	LPN
SP	5/12/2014	LPN/CHARGE NURSE
TB	8/26/2014	LPN/CHARGE NURSE
EC	2/10/2014	CHARGE NURSE
PG	10/27/2011	NURSE
KM	5/21/2014	NURSE
HD	1/13/2014	RN
AB	2/10/2014	RN
CN	2/25/2014	RN
KA	2/25/2014	RN
NA	3/31/2014	RN
TO	4/18/2014	RN
DA	5/2/2014	RN
PF	5/6/2014	RN
BC	5/12/2014	RN
LO	5/27/2014	RN
DP	6/24/2014	RN
OA	6/26/2014	RN
II	7/3/2014	RN
BG	8/25/2014	RN
NA	9/3/2014	RN
TT	9/11/2014	RN
NA	NO DATE	RN
AO	NO DATE	RN
MM	8/28/2014	RN/NURSE MANAGER

MISC position	4
# ADON's	1
# CNA's	104
# DIEATARY	
# LPN's	54
# RN's	19
	182

ATTACHMENT-19B

Applewood Rehabilitation Center
Nursing Graduates within 50 miles of Facility

School	Graduation Month (2014)	# Graduates Expected (RN & LPN)	City	Distance (miles)
All American Nursing School	October	4	Alsip	12
Indiana Dabney University	December	20	Hammond, IN	14
St. Xavier	December	47	Orland Park	15
ITT Tech	September	30	Orland Park	15
Lewis University	December	85	Romeoville	23
Joliet Junior College (JJC)	December	45	Joliet	23
Northwestern College	October	12	Bridgeview	24
Olivet Nazarene University	December	5	Bourbonnais	27
KCC-Kankakee Community College	December	30	Kankakee	32
UIC	December	135	Chicago	32
Chamberlain-Addison campus	October	140	Addison	42
Triton College	December	30	River Grove	44

Total Graduates: 583

ATTACHMENT-19C

Criterion 1125.600 Bed Capacity

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

This project is only for the addition of 39 nursing beds to an existing 115-bed long term care nursing facility. Upon project completion the licensed bed capacity will be 154 nursing beds. Therefore, as the proposed project is complaint with this criterion.

ATTACHMENT- 20

Criterion 1125.610 - Community Related Functions

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

Appended as **ATTACHMENT-21A** are eight (8) letters of support for the proposed addition to Applewood Rehabilitation Center. These letters are from Milton E. Jones, Senior Pastor, Heritage Baptist Church; L. A. Walton, Director of Care Management, The HOUSEpital Company; Sally A. Führmann, Senior Director, Rich Township Senior Center; Rev. Michael J. Novick, Pastor, St. Lawrence O'Toole Parish; Emily M. Powell, Executive Director, Victory Centre; Lisa DiGiovanni, Director of Sales and Marketing, Prairie Green at Dixie Crossing; Tiffany Conner-McCrary, R.N., MS of TLC Health Care Institute; and Tess Hurley, Sales Manager, Victory Centre of Sierra Ridge.

ATTACHMENT- 21

Applewood Rehabilitation Center
Nursing Graduates within 50 miles of Facility

School	Graduation Month (2014)	# Graduates Expected (RN & LPN)	City	Distance (miles)
All American Nursing School	October	4	Alsip	12
Indiana Dabney University	December	20	Hammond, IN	14
St. Xavier	December	47	Orland Park	15
ITT Tech	September	30	Orland Park	15
Lewis University	December	85	Romeoville	23
Joliet Junior College (JJC)	December	45	Joliet	23
Northwestern College	October	12	Bridgeview	24
Olivet Nazarene University	December	5	Bourbonnais	27
KCC-Kankakee Community College	December	30	Kankakee	32
UIC	December	135	Chicago	32
Chamberlain-Addison campus	October	140	Addison	42
Triton College	December	30	River Grove	44

Total Graduates: 583

ATTACHMENT-19C

Criterion 1125.600 Bed Capacity

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

This project is only for the addition of 39 nursing beds to an existing 115-bed long term care nursing facility. Upon project completion the licensed bed capacity will be 154 nursing beds. Therefore, as the proposed project is complaint with this criterion.

ATTACHMENT- 20

Criterion 1125.610 - Community Related Functions

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

Appended as **ATTACHMENT-21A** are eight (8) letters of support for the proposed addition to Applewood Rehabilitation Center. These letters are from Milton E. Jones, Senior Pastor, Heritage Baptist Church; L. A. Walton, Director of Care Management, The HOUSEpital Company; Sally A. Führmann, Senior Director, Rich Township Senior Center; Rev. Michael J. Novick, Pastor, St. Lawrence O'Toole Parish; Emily M. Powell, Executive Director, Victory Centre; Lisa DiGiovanni, Director of Sales and Marketing, Prairie Green at Dixie Crossing; Tiffany Conner-McCrary, R.N., MS of TLC Health Care Institute; and Tess Hurley, Sales Manager, Victory Centre of Sierra Ridge.

ATTACHMENT- 21

Heritage Baptist Church

"The church of the living God, the pillar and ground of the truth."
I Timothy 3:15b

October 7, 2014

Dianne O'Connor
Applewood Rehabilitation Center
21020 Kostner Avenue
Matteson, IL 60443

Dear Mrs. O'Connor,

This is a letter of endorsement for Applewood Rehabilitation Center, a part of the community of Matteson since 1969. The community's desire is for this facility to be able to expand its services with the addition and renovation of their present physical campus. These upgrades and renovations would allow Applewood to meet all of the needs for those needing post-op therapy and convalescence. The convenience of having such a wonderful facility in Matteson makes it easier for families and friends to be near and to be an encouragement to those going through difficult transitions.

Our church has brought teens to visit residents on a regular basis. The staff does a great job of meeting the needs with what they have available. The facilities do need to be upgraded to meet the constantly changing demands of patients and their families. Whatever can be done to strengthen the care at Applewood would be much appreciated.

Thank you for your interest.

In Christ,

Milton E. Jones

Milton E. Jones
Senior Pastor

PHONE 815/464-900
FAX 815/464-6442

21739 LaGrange Rd., Frankfort, IL 60423

ATTACHMENT-21A

HOUSEpital.org
Community Care Management

October 7, 2014

To Whom It May Concern,

This letter is written as a much needed request for the expansion of Applewood Nursing and Rehabilitation Center. As you may be aware, the healthcare system is trying very diligently to make provisions for the rapidly increasing growing population of the aged. Currently without the needed resources, bed availability, transitional care expertise we in the South Suburban Region of Chicago will soon face a "silver tsunami", by which we have a disproportionate amount of aged people without the necessities of care and rehabilitation facilities.

I request of your assistance in Applewood Nursing and Rehabilitation Center to receive the much needed support to expand their facility. The impact of this support would greatly enhance the stability of an improved aging in place model. Whereby seniors and the disabled can receive treatment and return to their homes in a community that they have come to know and love.

Best Regards,

L.A. Walton
Director of Care Management

ATTACHMENT-21A

RICH Township

Supervisor
Al Riley, AICP
Clerk
Bobbie G. King
Assessor
Carol Ranieri, CIAO
Highway Commissioner
Calvin Jordan
Trustees
Nick P. Bobis
Therese H. Goodrich
Elliott H. Johnson
Jacquelyn Small

October 7, 2014

Dianne C. O'Connor RN, LNHA, Administrator
Applewood Rehabilitation Center
21020 Kostner Avenue
Matteson, IL 60443

Dear Ms. O'Connor,

This is a letter of endorsement for Applewood Rehabilitation Center, a part of the community of Matteson since 1969. The community's desire is for this facility to be able to expand its services with the addition and renovation of their present physical campus. These upgrades and renovations would allow Applewood to meet all of the needs for those needing post-op therapy and convalescence. The convenience of having such a wonderful facility in Matteson makes it easier for families and friends to be near and to be an encouragement to those going through difficult transitions.

Over the years, I have noticed that the staff does a good job of meeting the needs with what they have available. My father was a resident in 2010, and received good, attentive care. The rehabilitation department is wonderful, and helps many of the seniors we know at our senior center.

Whatever can be done to strengthen the care at Applewood would be much appreciated. Thank you for your interest.

Sincerely,

Sally A. Fuhrmann

Sally A. Fuhrmann, Senior Director
Rich Township Senior Center

22013 Governors Hway. - Richton Park, IL 60471 (708) 748-6722 Fax (708) 748-8796
Senior Center - 297 Liberty Drive, Park Forest, IL 60466 (708) 748-5454 Fax (708) 748-5264
T.T.Y. #708-748-0376 E-mail: contactus@richtownship.org

ATTACHMENT-21A

St. Lawrence O'Toole Parish

4101 ST. LAWRENCE AVENUE
MATTESON, ILLINOIS 60443

(708) 748-6090

October 9, 2014

Dianne O'Connor
Applewood Rehabilitation Center
21020 Kostner Avenue
Matteson, IL 60443

Dear Ms O'Connor,

This is a letter in support of Applewood's great work over the course of the last 40+ years in Matteson. I understand there is a hope to expand the facility by adding to and renovating the existing physical plant. I do hope that this work is able to take place so that your staff is better able to serve the needs of patients who are seeking post-op therapy and others who need more consistent care.

As a pastor of the Matteson community, I know very well the work Applewood does. Many of my parishioners have praised the work that you have done for their loved ones over time. I will be praying that whatever changes need to be made to strengthen Applewood, and its staff, will happen smoothly and very soon.

Peace and Blessings,
Rev. Michael J. Novick
Rev. Michael J. Novick
Pastor, St. Lawrence O'Toole

ATTACHMENT-21A

VICTORY CENTRE
Supportive Living & Senior Apartments
by Pathway Senior Living

2/6/14

Attn: Dianne O'Connor

To Whom it may Concern,

Victory Center of Park Forest supports the desire of Applewood Rehab to expand its facility. This would meet the needs of area seniors for dementia and Medicare therapy care. Applewood has always been a staple in the community and has earned this opportunity. Thank you for your time.

Sincerely,
Emily M. Powell
Executive Director

101 Main Street, Park Forest, IL 60466
p. 708.283.2921 f. 708.283.8364
www.PathwaySL.com

Prairie Green
at Dixie Crossing
A Senior Lifestyle Community

February 5th, 2014

Diane O'Connor
Applewood Rehab Center
2120 Kostner Avenue
Matteson, Illinois 60443

Dear Ms. O'Connor,

I am writing to endorse Applewood expanding its services for rehabilitation. Today most people would rather have private rooms and with your renovations that would meet the needs of present and future rehabilitation patients. Our community, Prairie Green at Dixie Crossing, has 144 apartments for supportive living and it would be nice to have this expansion done so close to us. The convenience of having such a wonderful facility in Matteson makes it easier for patients to rehabilitate in their own rooms.

If you have any further questions, please do not hesitate to call me at 708-754-5700.

Sincerely,

Lisa DiGiovanni
Directory of Sales and Marketing
Prairie Green at Dixie Crossing
(phone) 708-754-5700
(fax) 708-754-5734

4747 Lincoln Mall Drive, Matteson IL,60443 Suite 407
Bus. (708)679-1822 / Fax. (708)679-1826

February 6, 2014
Dianne O'Connor
Applewood Rehabilitation Center
21020 Kostner Avenue
Matteson, IL 60443

Dear Mrs. O'Connor

This letter is to express my support for the expansion of Applewood Rehabilitation. As an instructor for TLC Healthcare Institute, I have supervised clinicals for my students at Applewood for many years. I find Applewood to be an excellent facility but in dire need of private Medicare rooms, private bathrooms (to meet the needs of Medicare isolation patients) and a larger therapy gym. The gym should be adequately sized to match the outstanding service they provide. I believe that the expansion will provide an enhanced learning experience for the students during their clinicals as well as being an environment conducive to superior rehabilitation.

As a healthcare professional of 19 years working in a variety of healthcare settings and nursing homes, I have found Applewood to be exceptional. Their commitment to quality, compassion, and hard work is phenomenal. They care about the residents and I believe an expansion would provide a better quality of life for residents of the facility. The expansion would also provide economic growth for the community by creating new jobs and improve the Matteson community overall.

There is a need in this area for quality nursing homes. They are necessary to meet the demands of their referral sources from neighboring towns and hospitals in addition to all the Chicago area hospitals that refer patients to Applewood.

Sincerely yours,

Tiffany Conner-McCrary R.N., MS

ATTACHMENT-21A

VICTORY CENTRE
Supportive Living & Senior Apartments
by Pathway Senior Living

10/7/14

Attn: Dianne O'Connor

To Whom it may Concern:

Victory Center of Park Forest supports the desire of Applewood Rehab to expand its facility. This would meet the needs of area seniors for dementia and Medicare therapy care. Applewood has always been a staple in the community and has earned this opportunity! Thank you for your time!

Sincerely,
Emily M. Powell
Executive Director

101 Main Street, Park Forest, IL 60466
p. 708.283.2921 f. 708.283.8364
www.PathwaySL.com

Criterion 1125.620 - Project Size

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

Upon project completion, **Applewood Rehabilitation Center** will comprise 67,853 gross square feet of space for 154 nursing care beds. This equates to 440.60 gsf per bed upon project completion. It should be noted that the proposed project is in compliance with this criterion as the full bed compliment is within the range limit of 435-713 gross square feet per bed.

ATTACHMENT- 22

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued x

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 letter from Legat Architects providing the status of the zoning request for the proposed project. Appended as **ATTACHMENT-23B**, is the signed Planned Unit Development (PUD) application for Matteson Community Development Department for the proposed project. The zoning approval letter will be submitted upon receipt.

ATTACHMENT- 23

October 28, 2014 VIA Email

Ms. Kirsten Barrish
SIR Management, Inc.
6840 North Lincoln Avenue
Lincolnwood Avenue, Illinois 60712

Re: **Applewood Rehabilitation Center: Additions and Alterations**
Architect's Project Number: 211074.00
Certificate of Need Zoning Update

Dear Ms. Barrish:

The zoning process for the additions and alterations to Applewood Rehabilitation Center is underway. Preliminary stormwater drawings were submitted for review because of the large amount of site work associated with the compensatory storage. Once the comments are addressed and the zoning documents are finalized, the project will be submitted to the zoning board of appeals for approval. Permitting fees and the zoning application were submitted to the Village of Matteson with the preliminary stormwater drawings. I have attached the application for your use. Please let me know if you have any questions.

Please feel free to contact me at (630) 645-1914 or (847) 975-5626 should you have any questions. We appreciate the opportunity to work with Applewood Rehabilitation Center on this project.

Thank you.

Sincerely,
Legat Architects, Inc.

Zachery R. Wiese, AIA, LEEP AP

ZRW/ZW

ATTACHEMENTS 211074.00 Applewood - PUDApplication-Signed.pdf

CC File

EC Berardo DeSimone, Legat Architects

FILENAME 211074.00LTR20141028-Zoning Update.pdf

MATTESON

Community Development Department
Planning Division
4900 Village Commons
Matteson, IL 60443
(708) 283-4940

APPLICATION FOR PLANNED UNIT DEVELOPMENT (PUD)

The Planned Unit Development (PUD) approach provides the flexibility needed to promote innovative and creative land development that achieves the community vision outlined in the comprehensive plan. Within the framework of a PUD normal zoning standards may be modified. The resulting flexibility is intended to encourage developments that are more environmentally sensitive, economically viable, and aesthetically pleasing than might otherwise be possible if the standards of the underlying zoning district (s) were strictly enforced. The objectives of the PUD are to stimulate creative approaches to the residential, commercial and industrial development of land; to provide more efficient use of land; and to preserve or enhance natural features and provide open spaces areas.

Planned Unit Development (PUD) Review Fees

The Planned Unit Development (PUD) review fees are as follows. Contact the Planning Division with any questions concerning this fees schedule.

Preliminary or Final Planned Unit Development (PUD) (based on size of parcel)	0-5 acres: $ 750 6-10 acres $1,200 11-50 acres: $2,250 51-100 acres: $3,000 >100 acres: $3,000 plus $20 per add'l acre over 100 More than 3 reviews : $500 per add'l review

Additional Fees - Additional fees will apply for PUD application requests that also necessitate review of any of the following plans. Contact the Planning Division with any questions concerning the fees schedule.

Site Plan Review (based on size of parcel)	0-10 acres: $ 500 11-40 acres $1,000 > 40 acres: $1,800
Landscape Plan Review (based on size of parcel)	More than 3 reviews of individual plans: $100 per add'l review
Building Elevation Plan Review	$500
Signage Plan Review	More than 3 reviews of individual plans: $100 per add'l review
All four (4) Plan Reviews	Total of all individual plan review fees less $500

ATTACHMENT-23B

ENGINEERING PLAN REVIEW & INSPECTION FEES SCHEDULE	
Filing Fees	
The following non-refundable filing fee shall be collected from the applicant at time of preliminary engineering plan review, whether for new construction, redevelopment or remodeling.	
0 to < 3 acres 3 to < 10acres 10 to 35 acres 35 to 50 acres 50+acres	$ 1,330 $ 3,325 $ 6,650 $10,640 $19,950
The filing fee amount shall be deducted from the fee required at the time of recording the subdivision plat or issuance of a building permit, whichever occurs first.	
Plan Review Fees	
At the time of application for approval of the final engineering site improvement plans, the developer shall pay a fee sufficient to compensate the Village Engineer and/or his/his designee for examination of the final engineering plans and all supporting documents. In cases where engineering review costs exceed the amount collected, the Village will invoice directly for the additional amount.	
	2% of the design engineer's estimate of cost of the entire project.
Inspection Fees	
All improvements approved by the Village Engineer and/or his/her designee shall be inspected during the course of construction by the Village Engineer and/or his/her designee. As compensation for such inspection, the developer shall pay an inspection fee. Inspection fees shall be in addition to the Plan Review Fee.	
	3% of the design engineer's estimate of the cost of the entire project.

Submittal Requirements

An applicant shall refer to Section 159.62 Planned Unit Developments (Ordinance No.: 3036) & Plan Review Checklist for required plan information, as well as the Village's Zoning Ordinance, and Design and Development Guidelines when preparing the plans for submission.

NOTE: The submittal requirements are the minimum requirements for processing a PUD request, and that, from time to time, Staff, the Plan Commission or Village Board may require such other information that it deems necessary to determine if the proposed PUD meets the intent of the PUD objectives and/or the requirements of the zoning ordinance and subdivision regulations.

Complete Application Submittals: All documentation and plans required at the time of application need to be submitted together. Piecemeal submittals cannot be processed and will not be accepted.

Last updated: September 21, 2010

I. APPLICATION INFORMATION

Date Filed: November 21, 2013

Name of Applicant: Zachery Wiese, Legat Architects, Inc.
Contact Information:
Address of Applicant: 2015 Spring Road Suite 175, Oak Brook, IL 60523

Business Phone: 630-990-3535 **Fax:** 630-990-3541
Cell/Home Phone: 847-975-5626 **Email:** zwiese@legat.com
Property Interest of Applicant: Owner Representative
(Owner, Contract Purchaser, Owner Representative)

Name of Owner: Applewood Property, LLC
Contact Information: Care of Kirsten Barrish
Address of Owner: 6840 N. Lincoln Avenue, Lincolnwood, IL 60712

Business Phone: 847-675-7979 **Fax:** 847-675-0555
Cell/Home Phone: 847-922-1777 **Email:** kbarrish@sirmanagement.com

Address and Legal Description of Property: 21020 Kostner Avenue, Matteson, IL 60443
Outlot C in Matteson Highlands unit 3, being a subdivision in the East half of the Northwest quarter and the East half of the West 1/2 of the Northwest 1/4 of section 22, Township 35 North, Range 13, east of the third principal meridian, in Cook County, Illinois. Commonly known as 21020 Kostner Avenue, Matteson, Illinois.

Permanent Index Number(s). (PIN): 31-22-114-023, 31-22-114-024, 31-22-114-025, 31-22-114-026

Zoning: C-4 Highway Commercial

Lot Dimensions: 286.60'x572.06'x335.60'x566.00' **Lot Area:** 191,804 S.F., 4.40 Acres
Present Use: Nursing Home

Requested Action/Use:
We request the approval of additions to the existing nursing home.

Narrative Statement stating what the petitioner is planning to construct on the property, evaluating the economic effects on adjoining property, the effect of such elements as noise, glare, odor, fumes and vibration on adjoining property, a discussion of the general compatibility with the adjacent and other properties in the district, the effect of traffic, and the relationship of the proposed use to the Comprehensive Plan:

We are planning on constructing 2 additions to the existing nursing home. The main addition that will fill in the area between the buildings will include a new main entrance, administration suite, physical therapy gym, ice cream shop/internet cafe, dinning room and 30 new resident rooms. The smaller addition will be a new kitchen on the Southwest corner of the site, because we are filling

ATTACHMENT-23B

between the existing buildings, there should not be any noise, glare odor, fumes or vibrations to the adjoining property. There are some additional parking that we are creating on the North side of the building for overflow on the days where more is needed. Traffic should not be affected as the staff requirement will not be greatly increased. The new addition will provide a new imagenot only for the facility but the neighborhood. The additions will increase the level of careoffered to the residents of the facility as well as the community.

Describe How the PUD:

1. Fulfills the objectives of the comprehensive plan and the land use policies of the Village and presents an innovative and creative approach to the development of land and living environments:

   The land has already been developed as a nursing home. The proposed project enhances the services and quality of life of the residents of the facility. With a special use permit, nursing homes are an allowed use in a C-4 Zoing District.

2. Proposed land uses fulfill, or can reasonably expected to fulfill a need or demand for such uses within the Village:

   Applewood Rehabilitation Center is the only nursing home in Matteson. The addition to the facility will increase the way of life for the existing residents as well as provide skilled care rehabilitation services for residents of the Village of Matteson.

3. Physical design of the PUD efficiently utilizes the land, adequately provides for transportation and public facilities, and preserves natural features of the site, and that the property is suitable for the proposed purposes and land uses:

   The site is well suited for the proposed additions because the land has been used as a nursing home for over 40 years. The new parking adequately provides enough for the facility.

4. Exceptions to bulk and density regulations of the underlying zoning shall be solely for the purpose of promoting an efficient and coordinated site plan, no less beneficial to the residents or occupants of such development, as well as the neighboring property, than would be obtained under the bulk and density regulations of this ordinance for buildings developed on separate zoning lots:

   The proposed additions meet the bulk and density requirements for commercial use districts.

5. Meets the requirements and standards of the Planned Unit Development regulations:

The facility is under single ownership or unified control, is consistent with the goals of thecomprehensive plan, meet the designer criteria adopted by the Village and adequate utilities, road access, drainage, police and fire services already exist.

6. Provides Open spaces and recreational facilities:

The new addition provides 2 courtyards for the residents use. These courtyards will be landscaped and a walking path and patio for the residents use, will be provided.

7. Will have vehicular approaches to the property, which shall be so designed as not to create an undue interference with traffic on surrounding public streets or roads:

The vehicular approaches to the property are existing and we do not feel the addition will create an undue interference with traffic on surrounding public streets and roads.

8. Is compatible with the adjacent properties and the neighborhood, and along the periphery of the PUD yards or setbacks shall be provided that meet or exceed the regulations of the district in which the PUD is located:

The facility is an existing nursing home where the addition along the periphery meet or exceeds the required setbacks.

Estimated Date to Begin New Use/Construction: _____
(include a phasing schedule, if applicable)

The zoning process is working in tangent with the Illinois Department of Public Health's Certificate of Need (CON) process. The estimated start time in Spring 2014. Until the CON process is complete we will not have a phasing schedule. Once a phasing schedule is established, we will make this available to the Village of Matteson.

II. CERTIFICATIONS AND UNDERSTANDINGS:

I (We) certify that all of the statements and documents submitted as part of this application are true to the best of my (our) knowledge and belief.

I (We) consent to the entry in or upon the premises described in this application by any authorized official of the Village of Matteson for the purpose of inspection.

I (We) consent to pay the Village of Matteson all costs incurred for transcribing the public hearing on this application.

I (We) understand that no final action shall be taken by the Village Board subsequent to the public hearing until and upon payment of transcribing fees.

Zachery R Wiese 11-20-2013

Signature of Applicant Date

III. AFFIDAVIT OF AUTHORIZATION

I, DAVID ARONIN owner of the property described as APPLEWOOD PROPERTY, LLC

verify that Zachery Wiese, Legal Architects is duly authorized to apply and represent my interests before the Matteson Plan Commission, Zoning Board of Appeals and/or Village Board of Trustees. Owner acknowledges that any notice given applicant is actual notice to owner.

PROPERTY OWNER

Steven A. Miretzky

NOTARY

OFFICIAL SEAL
STEVEN A MIRETZKY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/04/17

ATTACHMENT-23B

OWNERSHIP BY LAND TRUST, if applicable

Date: _____

Address: N/A _____

Legal Description: N/A _____

_____

_____

TRUSTEE: N/A _____ TRUST NO. N/A _____

Address: _____

LIST ALL BENEFICIARIES:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

OWNERSHIP BY A CORPORATION, if applicable

Date:_____

Address: N/A

Legal Description: N/A

LIST ALL SHAREHOLDERS AND OFFICERS/DIRECTORS (AND % OF INTEREST OWNED IN EXCESS OF 5% OF STOCK)

Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

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Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

Name:_____ Address:_____ %____

ATTACHMENT-23B

Criterion 1125.640 – Assurances

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

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

Appended as **ATTACHMENT-24A**, is a letter signed by the Applicant addressing item number 1.

The proposed project is for the expansion of a free standing nursing care facility and not part of a continuum of care community (CCRC). Therefore, item number 2 above is not applicable to this project.

ATTACHMENT- 24

APPLEWOOD
Rehabilitation Center

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

October 6, 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 Applewood Rehabilitation Center understands and intends to maintain capacity of newly constructed unit at an in-house annual bed census of 90% or greater by the second year of operation after the project completion. The facility will provide sorely needed private rooms within this unit, which are currently often requested by consumers but that the facility is currently unable to provide. In addition, the proposed therapy gym will be of an adequate size to allow facility to provide additional equipment needed by therapists to properly treat a variety of diagnosed conditions thus allowing facility to accept a wider range of potential consumers.

Dianne O'Connor
Administrator
Applewood Rehabilitation Center

Criterion 1125.650 - Modernization

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

   a. High cost of maintenance;

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

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

   d. Additional space for diagnostic or therapeutic purposes.

The facility appears to be in good repair although dated according to their architect. The facility is in compliance with all licensing and life safety codes; this Applicant fully sprinkled the facility ahead of the deadline (see 2013 cost report data appended as **ATTACHMENT-25A**). Since 2006 (8 years of history), this applicant has spent over $787,000 in upkeep and improvements to the existing building. Thus, the issue appears to be not a change in the standards of care but the change in environment and amenities that are demanded by today's residents specifically those seeking Medicare rehabilitative or end of life services.

More specifically, **Applewood Rehabilitation Center** is currently less able to attract and accommodate many potential residents due to the following issues: The number of residents requiring isolation has risen due partly to the increased infection screenings done at hospitals. This facility consists of all but one two-bed rooms with a connecting bathroom. Should a resident require strict isolation, two two-bed rooms are often utilized to accommodate just one resident due to the fact that an isolated resident must have a private bathroom that cannot be shared with any other resident.

ATTACHMENT-25

Additionally, potential residents are demanding private rooms with private bathrooms. Many potential admissions are not interested in recuperating in a semi-private room and sharing a toilet with up to three other patients.

The facility also lacks the space to provide a state of the art therapy gym and equipment as well as other therapy related lab-areas such as a home type bedroom, kitchen, and laundry room. These areas are needed by professional therapists to work with patients in a home-like environment in order to prepare them for their return to the community.

Finally, the building, although clean and well maintained, is lacking in the updates aesthetics that both families and residents desire. Collectively, for the aforementioned issues the modernization is being proposed.

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

The proposed project involves the modernization and expansion of the long-term nursing care category of service, as such, the 77 Illinois Administrative Code, Chapter II of Subchapter b, Section 1125.210(c) sets the target utilization rate at 90 percent. **Applewood Rehabilitation Center**, in the most recent three calendar years for which the State has published date, shows the average utilization at 89.7%, 87.3% and 89.3% respectively for CY2011, CY2012, and CY2013. Refer to **ATTACHMENT-25B** for the State's most recent three years of facility profiles for the Subject facility. It should be known that these occupancy rates are effectively full use rates due to beds not being available for gender, isolation and behavioral issues. Therefore, this project is in compliance with this criterion.

ATTACHMENT-25

		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: 0051359

Facility Name: Applewood Rehabilitation Ctr

Address: 21020 Kostner Avenue (Number) Matteson (City) 60443 (Zip Code)

County: Cook

Telephone Number: (708) 747-1300 Fax # (708) 747-6282

HFS ID Number:

Date of Initial License for Current Owners: 2/1/2003

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Steve Lavenda Telephone Number: (847) 236-1111
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/13 to 12/31/13 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer

(Signed) (Date)
(Print Name and Title) Cary Drazner, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax # (847) 236-1155

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

SEE ACCOUNTANTS' COMPILATION REPORT

ATTACHMENT-25A

Facility Name & ID Number Applewood Rehabilitation Ctr # 0051359 Report Period Beginning: 01/01/13 Ending: 12/31/13

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	115	Skilled (SNF)	115	41,975	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	115	TOTALS	115	41,975	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	28,126	2,058	7,129	37,313	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	28,126	2,058	7,129	37,313	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.89%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 3/1/2011

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 3/1/2011 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 115 and days of care provided 4,942

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Applewood Rehabilitation Ctr # 0051359 Report Period Beginning: 01/01/13 Ending: 12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,449 B. General Construction Type: Exterior Brick Frame Steel Stud Number of Stories 1

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

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

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

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

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

None

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

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

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	191,644	2003	$ 223,625	1
2					2
3	TOTALS	191,644		$ 223,625	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Applewood Rehabilitation Ctr # 0051359 Report Period Beginning: 01/01/13 Ending: 12/31/13

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	115		2003	1967	$ 1,977,860	$ 71,462	39	$ 50,714	$ (20,748)	$ 1,977,860	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2003	17,643		20	875	875	15,461	9
10	Various			2004	30,750		20	1,936	1,936	18,242	10
11	Various			2005	46,763		20	2,338	2,338	19,466	11
12	Various			2006	295,584		20	14,935	14,935	112,117	12
13	Various			2007	154,735		20	6,065	6,065	112,539	13
14	Various			2008	4,000		20	333	333	1,889	14
15	Various			2009	15,494		20	775	775	3,465	15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Applewood Rehabilitation Ctr # 0051359 Report Period Beginning: 01/01/13 Ending: 12/31/13

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 2,624,864	$ 104,311		$ 81,174	$ (23,137)	$ 2,298,085	1
2	New Door Frame And Window	2010	3,500		20	175	175	685	2
3	Water Heater	2011	7,493		20	749	749	2,123	3
4	Window A/C/ Units And Sleeves	2011	39,931		20	3,993	3,993	10,316	4
5	Electric Upgrade	2011	59,662		20	2,983	2,983	7,706	5
6	Asphalt Work	2011	12,490		20	625	625	1,561	6
7	Masonry Cut-Out A/C Units	2011	32,962		20	1,648	1,648	4,258	7
8	Fire Doors	2011	22,680		20	1,134	1,134	2,363	8
9	Water Main Break	2012	16,650		20	833	833	1,041	9
10	Water Main Break	2012	34,140		20	1,707	1,707	1,992	10
11	Security Camera	2013	6,630		20	304	304	304	11
12	Front Door Alarm System	2013	6,025		20	226	226	226	12
13	Roof Top Air Conditioner	2013	8,100		20	270	270	270	13
14	Nurse Call System	2013	21,451		20	626	626	626	14
15	Asphalt In Parking Lot And Drives	2013	3,780		20	189	189	189	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,900,358	$ 104,311	[redacted]	$ 96,635	$ (7,676)	$ 2,331,743	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Applewood Rehabilitation Ctr # 0051359 Report Period Beginning: 01/01/13 Ending: 12/31/13

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party Information		$	$		$	$	$	1
2	Buildings:								2
3	Allocated - S.I.R. Management	2009	11,317		39	290	290	1,173	3
4	Allocated- S.I.R. Properties - S.I.R. Management	1993	20,491	650	35	585	(65)	12,002	4
5									5
6									6
7									7
8	Leasehold Information								8
9	Allocated - S.I.R. Management	1993	5,195	145	20	44	(101)	5,195	9
10	Allocated - S.I.R. Management	1994	16		20			16	10
11	Allocated - S.I.R. Management	1995	119		20	6	6	109	11
12	Allocated - S.I.R. Management	1997	7,983	179	20	389	210	6,681	12
13	Allocated - S.I.R. Management	1999	628		20	31	31	447	13
14	Allocated - S.I.R. Management	2000	741		20	37	37	502	14
15	Allocated - S.I.R. Management	2007	2,381	162	20	119	(43)	737	15
16	Allocated - S.I.R. Management	2008	6,562	627	20	414	(213)	2,417	16
17	Allocated - S.I.R. Management	2009	16,306	149	20	815	666	3,460	17
18	Allocated - S.I.R. Management	2011	403	40	20	40		98	18
19	Allocated - S.I.R. Management	2012	1,291	65	20	64	(1)	91	19
20									20
21	Allocated- S.I.R. Properties - S.I.R. Management	2012	1,255	173	20	9	(164)	10	21
22	Allocated- S.I.R. Properties - S.I.R. Management	2010	1,237		20	62	62	206	22
23	Allocated- S.I.R. Properties - S.I.R. Management	2009	1,230	55	20	62	7	295	23
24	Allocated- S.I.R. Properties - S.I.R. Management	2007	359	28	20	18	(10)	126	24
25	Allocated- S.I.R. Properties - S.I.R. Management	2002	81		20	4	4	47	25
26	Allocated- S.I.R. Properties - S.I.R. Management	1999	2,596		20	130	130	1,882	26
27	Allocated- S.I.R. Properties - S.I.R. Management	1998	1,241		20	62	62	962	27
28	Allocated- S.I.R. Properties - S.I.R. Management	1997	77		20	4	4	68	28
29	Allocated- S.I.R. Properties - S.I.R. Management	1994	195	5	20	10	5	190	29
30	Allocated- S.I.R. Properties - S.I.R. Management	1993	332	2	20	8	6	332	30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

APPLEWOOD REHABILITATION CTR
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

Administrator
DIANNE C. O'CONNOR

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

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

Date Completed 3/6/2012

FACILITY OWNERSHIP
LIMITED LIABILITY CO

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	85
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 4

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	115	109	115	102	13	115	115
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	115	115	109	115	102	13	115	115

ADMISSIONS AND DISCHARGES - 2011

Residents on 1/1/2011	99
Total Admissions 2011	203
Total Discharges 2011	200
Residents on 12/31/2011	102
Identified Offenders	0

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	6100	14.5%	26642	63.5%	1927	309	2669	0	37647	89.7%	89.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6100	14.5%	26642	63.5%	1927	309	2669	0	37647	89.7%	89.7%

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

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	14	24	0	0	0	0	0	0	14	24	38
85+	4	35	0	0	0	0	0	0	4	35	39
TOTALS	27	75	0	0	0	0	0	0	27	75	102

APPLEWOOD REHABILITATION CTR
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	85	0	0	8	0	102
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	9	85	0	0	8	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	163
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	40	0	0	0	40
Hawaiian/Pac. Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	1	0	0	0	1
Total	102	0	0	0	102
ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	4.00
Non-Health Staff	26.00
Totals	81.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.4%	34.7%	3.3%	2.1%	16.5%	100.0%		0.0%
3,234,995	2,583,421	247,625	154,514	1,230,961	7,451,516	0	

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

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ATTACHMENT 25B

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 6000467
Health Service Area 007 Planning Service Area 705

Administrator
Dianne C. O'Connor

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

Registered Agent Information
Sarah Barrish
6840 North Lincoln Ave.
Lincolnwood, IL 60712

Date Completed
4/15/2013

CONTINUING CARE COMMUNITY
LIFE CARE FACILITY

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	65
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	110
Total Residents Diagnosed as Mentally Ill	2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	115	114	110	114	110	5	115	115
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	115	114	110	114	110	5	115	115

ADMISSIONS AND DISCHARGES - 2012

Residents on 1/1/2011	108
Total Admissions 2011	192
Total Discharges 2011	188
Residents on 12/31/2011	110
Identified Offenders	1

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5060	12.1%	27834	66.3%	0	615	3151	0	36660	87.3%	88.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5060	12.1%	27834	66.3%	0	615	3151	0	36660	87.3%	88.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	4	0	0	0	0	0	0	1	4	5
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	4	12	0	0	0	0	0	0	4	12	16
75 to 84	12	25	0	0	0	0	0	0	12	25	37
85+	11	37	0	0	0	0	0	0	11	37	48
TOTALS	31	79	0	0	0	0	0	0	31	79	110

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID Health Service Area 007 Planning Service Area 705

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	88	0	1	8	0	110
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	13	88	0	1	8	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	168
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	58	0	0	0	58
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	0	0	0	0	0
Total	110	0	0	0	110

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	110	0	0	0	110

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	39.00
Other Health Staff	7.00
Non-Health Staff	26.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.1%	38.7%	3.0%	3.4%	19.8%	100.0%		0.0%
2,740,183	3,016,551	235,495	268,503	1,542,084	7,802,816	0	

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

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ATTACHMENT-25B

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Reference Numbers Facility ID 0000467
Health Service Area 007 Planning Service Area 705

Administrator
Dianne O'Connor

Contact Person and Telephone
DIANNE O'CONNOR
708-747-1300

Registered Agent Information
Sarah Barrish
6840 N. Lincoln Ave
Lincolnwood, IL 60712

Date Completed 4/1/2014

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	67
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Muscule-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 53

Total Residents Reported as Identified Offenders 2

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

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	103
Total Admissions 2013	187
Total Discharges 2013	192
Residents on 12/31/2013	98

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	100	115	98	17	115	115
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	115	115	100	115	98	17	115	115

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	4877	11.6%	29995	71.5%	0	402	2130	0	37404	89.3%	89.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4877	11.6%	29995	71.5%	0	402	2130	0	37404	89.3%	89.3%

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	2	3	0	0	0	0	0	0	2	3	5
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	17	25	0	0	0	0	0	0	17	25	42
85+	6	31	0	0	0	0	0	0	6	31	37
TOTALS	31	67	0	0	0	0	0	0	31	67	98

APPLEWOOD NRSG & REHAB CENTER
21020 KOSTNER AVENUE
MATTESON, IL. 60443

Classification Numbers
License Number 0000467
Health Service Area 007
Planning Service Area 705 Planning Area 7-E

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	85	0	2	4	0	98
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	85	0	2	4	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	168
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	53	0	0	0	53
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	8.00
Certified Aides	44.00
Other Health Staff	2.00
Non-Health Staff	35.00
Totals	104.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.9%	41.1%	3.3%	6.6%	19.0%	100.0%		
2,303,870	3,166,323	256,136	510,250	1,462,587	7,699,155	0	0.0%

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

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ATTACHMENT-25B

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:

The cash and securities that will be used to fund the project are coming out of the facility's existing cash and the cash generated through ongoing operations. Appended as **ATTACHMENT-27A** are copies of the Owner's and Operator's projected and historical financial statements for the most current three years and through the first full year at target utilization.

d. Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:

3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;

ATTACHMENT-27

Appended as **ATTACHMENT-27B,** is a letter from The PrivateBank's Bluma Broner, Managing Director and Patrick Malone, Officer, providing the financing commitment with terms and conditions.

Appended as **ATTACHMENT-27C** is also a letter from The PrivateBank's Michael Monticello, Managing Director and Patrick Malone, Officer describing this long-standing history that The PrivateBank has with Applewood Rehabilitation Center and its strong intent to provide the project's financing. It should be known that The PrivateBank is the existing Mortgage holder for the facility.

ATTACHMENT-27

Applewood Rehabiliation Center, LLC

Financial Statements and Supplementary Information

December 31, 2011

ATTACHMENT-27A

Applewood Rehabiliation Center, LLC
December 31, 2011

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ATTACHMENT-27A

Frost
Ruttenberg &
Rothblatt PC
CPAs & Business Advisors

111 S. Pfingsten Road
Suite 300
Deerfield, Illinois 60015
Main 847.236.1111

To the Members
Applewood Rehabiliation Center, LLC

Independent Accountant's Review Report

We have reviewed the accompanying balance sheet of Applewood Rehabiliation Center, LLC (the "Company") (an Illinois Limited Liability Company) as of December 31, 2011, and the related statements of operations and cash flows for the initial period March 1, 2011 through December 31, 2011. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, with the exception of the matter described below, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

As more fully described in Note (3), accounting principles general accepted in the United States of America require that rent be recorded to expense on a straight-line basis over the life of the lease. The Company has recorded rent expense in accordance with the terms of the lease.

Our review was made primarily for the purpose of expressing a conclusion that there are no material modifications that should be made to the financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America. The supplementary information included in the accompanying schedules is presented for purposes of additional analysis and is not a required part of the basic financial statements. The supplementary information has not been subjected to the inquiry and analytical procedures applied in the review of the basic financial statements, but has been compiled from information that is the representation of management. We have not audited or reviewed the supplementary information, and accordingly, we do not express an opinion or provide any assurance on such supplementary information.

Frost, Rattenberg & Rothblatt, P.C.

March 27, 2012

ATTACHMENT-27A

Financial Statements

ATTACHMENT-27A

Applewood Rehabiliation Center, LLC
Balance Sheet
December 31, 2011

ASSETS		
Current Assets		
Cash and cash equivalents	$	48,412
Accounts receivable, net of allowance for doubtful accounts		3,393,070
Prepaid insurance		30,360
Prepaid expenses		3,309
Total Current Assets		**3,475,151**
Property and Equipment		
Leasehold improvements		135,287
Furniture, fixtures and equipment		108,143
Computer equipment		11,605
Total Cost		**255,035**
Less: Accumulated depreciation		(6,558)
Property and Equipment, Net		**248,477**
Other Assets		
Construction in process		45,083
Other deposit		575,000
Total Other Assets		**620,083**
TOTAL ASSETS	$	**4,343,711**

See Independent Accountant's Review Report and accompanying Notes to Financial Statements.

Applewood Rehabiliation Center, LLC
Balance Sheet
December 31, 2011

LIABILITIES		
Current Liabilities		
Accounts payable - trade	$	247,839
Accrued Liabilities		
Payroll and payroll taxes		77,718
Vacation pay		120,496
Expenses		182,812
Consulting fees		297,734
Line of credit		1,725,000
Employee withholdings		194
Deferred replacement tax		4,500
Total Current Liabilities		**2,656,293**
MEMBERS' EQUITY		
Members' contributions		1,230,000
Net income		457,418
Total Members' Equity - Ending		**1,687,418**
TOTAL LIABILITIES AND MEMBERS' EQUITY	$	**4,343,711**

See Independent Accountant's Review Report and accompanying Notes to Financial Statements.

ATTACHMENT-27A

Applewood Rehabiliation Center, LLC
Statement of Operations
For the Initial Period March 1, 2011 through December 31, 2011

	Amount	Amount Per Resident Day
Net Resident Revenue	$ 5,772,889	$ 183.08
Operating Expenses		
Nursing	2,330,158	73.89
Housekeeping and plant	379,685	12.04
Dietary	409,527	12.98
Employee welfare	399,548	12.67
Laundry and linen	65,248	2.07
Total Operating Expenses	3,584,166	113.65
Income Before General and Administrative Expenses	2,188,723	69.43
General and administrative expenses	950,244	30.13
Income Before Capital Expenses	1,238,479	39.30
Capital Expenses		
Rent	737,219	23.38
Interest expense	33,169	1.05
Depreciation	6,558	0.21
Total Capital Expenses	776,946	24.64
Income Before Other Income	461,533	14.66
Other Income		
Interest income	366	0.01
Other income	19	-
Total Other Income	385	0.01
Income Before State Replacement Tax	461,918	14.67
State replacement tax	(4,500)	(0.14)
NET INCOME	$ 457,418	$ 14.53

See Independent Accountant's Review Report and accompanying Notes to Financial Statements.

ATTACHMENT-27A

Applewood Rehabiliation Center, LLC

Statement of Cash Flows

For the Initial Period March 1, 2011 through December 31, 2011

CASH FLOWS FROM OPERATING ACTIVITIES		
Net Income	$	457,418
Adjustments To Reconcile Net Income To Net Cash Used In Operating Activities		
Depreciation		6,558
Deferred income tax		4,500
(Increase) Decrease in Assets		
Accounts receivable		(3,393,070)
Prepaid expenses and other current assets		(33,669)
Increase (Decrease) in Liabilities		
Accounts payable		247,839
Accrued expenses and other current liabilities		678,954
Total Adjustments		(2,488,888)
Net Cash Used in Operating Activities		(2,031,470)
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for acquisition of property and equipment		(255,035)
Payments for construction in process		(45,083)
Advance to affiliate - option deposit		(575,000)
Net Cash Used in Investing Activities		(875,118)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from commitment - line of credit - net		1,725,000
Members' contributions		1,230,000
Net Cash Provided by Financing Activities		2,955,000
NET INCREASE IN CASH AND CASH EQUIVALENTS		48,412
Cash and cash equivalents - March 1, 2011		-
CASH AND CASH EQUIVALENTS - DECEMBER 31, 2011	$	48,412

See Independent Accountant's Review Report and accompanying Notes to Financial Statements.

Applewood Rehabiliation Center, LLC
Notes to Financial Statements
December 31, 2011

Note (1) Nature of Operations and Summary of Significant Accounting Policies

A. Nature of Operations

Applewood Rehabiliation Center, LLC (the "Company") is an Illinois Limited Liability Company which operates a Long-Term Care facility located in Matteson, Illinois and is licensed by the Illinois Department of Public Health (IDPH) to operate 115 beds licensed for skilled nursing care. In addition, the Company has been certified by the Centers for Medicare and Medicaid Services (CMS) for 115 Medicare beds. The annual inspection for the Medicare beds is performed by the Illinois Department of Public Health (IDPH).

The Company was formed and began operations on March 1, 2011.

B. Form of Organization

The Company is a Limited Liability Company ("L.L.C."), which is governed by an Operating Agreement ("Agreement") and is managed by its owners ("Members"). The more significant provisions of the Agreement include:

Profit and Loss and cash distributions are in accordance with ownership,
There is a single class of Member,
The L.L.C. is perpetual until an occurrence of a qualifying event.

C. Property and Equipment

Property and equipment are carried at cost. Depreciation is provided using the straight-line method over the following estimated useful lives:

	Years
Leasehold improvements	20-40
Furniture, fixtures and equipment	10
Computer equipment	10

The Company reviews the recoverability of long-lived assets when circumstances dictate that the carrying amount may not be recoverable. The carrying amount of assets held and used is generally not recoverable if it exceeds the undiscounted sum of cash flows expected to result from the use and eventual disposition of the asset, or for assets held for sale if it exceeds market value. If the Company identifies impairment for long-lived assets to be held and used, the Company compares the assets' current carrying value to the assets' fair value. Fair value is based on current market values or discounted future cash flows. The Company records impairment when the carrying value exceeds fair value. There were no impairment indicators during the initial period from March 1, 2011 to December 31, 2011.

The Company has made expenditures of $45,083 toward a potential facility renovation project. As of December 31, 2011, the Company has not made any commitments toward future construction.

Note (1) Nature of Operations and Summary of Significant Accounting Policies - Continued

D. Income Taxes

The Company has elected to be taxed as a Limited Liability Company. Under those provisions, the Company does not pay federal income taxes on its taxable income. Instead, the Members are liable for individual income taxes on their respective share of the Company's taxable income. The Company is liable for state replacement taxes and has net operating loss carryforwards of approximately $2,229,000 that will be expiring on December 31, 2023. The tax returns of the Company are filed on the cash basis of accounting.

Deferred taxes are provided for based on the cumulative timing differences between income reported on the financial statements and the tax return. These differences relate primarily to the differences between the accrual and cash methods of recording revenues and expenses.

The Company accounts for any potential interest or penalties related to the possible future liabilities for unrecognized income tax benefits as interest/other expense.

E. Cash Flows

The Company considers cash equivalents to be all highly liquid investments with a maturity of three months or less when purchased.

Cash flows from operating activities reflect cash payments for interest of $33,169 for the initial period from March 1, 2011 to December 31, 2011.

F. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. While actual results may differ from those estimates, management does not expect the differences, if any, to have a material effect on the financial statements.

G. Cash Balances in Excess of Insured Amounts

The Company maintains its cash in accounts which, at times, may exceed federally insured limits. The Company has not experienced any losses due to these limits.

Note (1) Nature of Operations and Summary of Significant Accounting Policies - Continued

H. Advertising

The Company expenses advertising as incurred. Advertising expense was $5,611 for the initial period from March 1, 2011 to December 31, 2011.

I. Subsequent Events

The Company evaluated all significant events or transactions that occurred through March 27, 2012, the date the financial statements were available to be issued. During this period, the Company did not have any material recognizable subsequent events.

Note (2) Revenue Recognition

Revenue and the related accounts receivable is recognized for each day a resident resides in the facility. The amounts are based on a reimbursement methodology determined by the rules and regulations of the applicable third-party payor or by the facility for private pay residents. The third-party payor rules and regulations and required record keeping and documentation requirements are complex and noncompliance may result in delay, adjustment or loss of revenue.

The majority of the Company's revenue is based on the rules of the following third-party payors:

Healthcare and Family Services (HFS) - the Medicaid Program - A daily rate is established utilizing three components - capital, support and nursing services. The Company's daily rate ranged from $125.74 to $154.72 during the initial period from March 1, 2011 through December 30, 2011. The capital and support rates are based on the annual cost report filings in accordance with HFS policy. The nursing component of the rate is determined by resident clinical documentation that is derived using mandated software and may increase or decrease on a quarterly basis. Amounts billed under the Medicaid program can take 60 to 120 days or more for collection. The amounts paid are subject to audit and are reviewed on a retroactive basis.

Centers for Medicare and Medicaid Services (CMS) - The Medicare program uses a Prospective Payment System (PPS) which is based upon the RUGS (Resource Utilization Groups) IV System. The RUG category, and therefore the amount of revenue, is determined by resident clinical documentation and level of care information that is derived using mandated software. The amounts paid are subject to post payment medical review and may be adjusted retroactively normally for a period of one to two years. Each RUG category is assigned a geographically adjusted federal reimbursement rate.

As a result of a law signed by Governor Quinn during February, 2011 and subsequently approved by CMS in early January, 2012 and retroactive to May, 2011, the Company has recorded a receivable and corresponding revenue for a retroactive Medicaid rate increase in the amount of $524,000 and a payable and corresponding expense for a provider tax increase retroactive to May, 2011 in the amount of $129,000, which results in a net increase in net income and members' equity of $395,000. Any adjustment to this retroactive rate increase and provider tax increase will be reflected in the future periods' financial statements.

Estimates are made to provide for uncollectible amounts billed and for adjustments made by the above third-party payor, however, those estimates are subject to revision and the resulting change, shown as revision of prior accounting estimates on the Statement of Operations, may be significant. As of December 31, 2011, the Company has established a $14,000 allowance for uncollectible accounts.

Note (3) Lease

The Company leases its facility from Applewood Property, L.L.C., a related entity. The lease expires on February 28, 2021. Under terms of the lease, the Company is required to pay base rent plus real estate taxes and property insurance. The monthly rent payment was $47,222 for the initial period from March 1, 2011 to December 31, 2011, with annual increases occurring on March 1. The Company also made payments for real estate taxes totaling $265,000 during the initial period from March 1, 2011 to December 31, 2011.

The approximate future minimum lease payments including real estate taxes are as follows:

2012	$	910,897
2013		942,378
2014		973,859
2015		1,005,341
2016		1,036,822
Thereafter		4,646,272
Total	**$**	**9,515,569**

Accounting principles generally accepted in the United States of America require that rent be recorded to expense on a straight-line basis over the life of the lease. Since lease commencement, the Company has recorded rent expense in accordance with the terms of the lease. If rent was recorded on a straight-line basis at December 31, 2011, liabilities would have increased by $117,180 and member's equity would have decreased by $117,180. Net income for the year ended December 31, 2011 would be decreased by $117,180.

Note (4) Other Deposit

The Company advanced funds to an affiliated entity for an option to purchase the facility.

Note (5) Related Party Transactions

During the initial period from March 1, 2011 to December 31, 2011, the Company incurred costs of approximately $558,000 from related entities for various operating expenses, administrative expenses, and consulting fees of $297,734, which has been accrued at December 31, 2011.

An affiliate of the lessor has a minority interest in the Company.

Note (6) Employee Benefit Plan

The Company participates in a Voluntary Employee Benefit Association (VEBA) to provide health insurance coverage for eligible employees. The VEBA provides coverage for numerous related entities through a combination of various options, which include limited self-funding and "stop-gap" insurance. Contributions to the Plan are at the discretion of the Board of Directors, provided that the contributions provide the VEBA with sufficient funds to meet its obligations. Contributions to the VEBA could vary significantly and the results of such variations could be material.

Note (7) Line of Credit

The Company has a $2,400,000 revolving line of credit with Lake Forest Bank and Trust Company. The line of credit bears interest at prime (3.25% as of December 31, 2011), subject to a minimum rate of 5.5%. The line of credit matures on July 1, 2012 and is secured by substantially all assets of the Company with personal guarantees by certain members. The Company also is required to meet certain financial covenants. The Company had $1,725,000 of borrowings outstanding at December 31, 2011.

Supplementary Information

ATTACHMENT-27A

Applewood Rehabiliation Center, LLC

Schedule of Resident Income

For the Initial Period March 1, 2011 through December 31, 2011

Routine Services	Resident Days	Average Residents Per Day	Amount	Amount Per Resident Day
Private	2,116	6.9	$ 361,652	$ 170.91
Private - bedhold	-	-	8,476	$ -
Medicare	5,007	16.4	2,554,524	$ 510.19
Medicaid	22,475	73.4	3,350,007	$ 149.05
Medicaid - bedhold	-	-	2,012	$ -
HMO	215	0.7	98,779	$ 459.44
Hospice	1,720	5.6	216,441	$ 125.84
Total Routine Services	31,533	103.0	6,591,891	$ 209.05
Less: Illinois nursing home license fee			(181,786)	(5.76)
Net Routine Services	31,533	103.0	6,410,105	203.29
Net ancillary services			(637,216)	(20.21)
Net Resident Income	**31,533**	**103.0**	**$ 5,772,889**	**$ 183.08**

Census	**31,533**
Average Residents Per Day	**103.0**
Percent to Capacity	**89.6%**

See Independent Accountant's Review Report.

Applewood Rehabiliation Center, LLC

Schedule of Net Ancillary Services

For the Initial Period March 1, 2011 through December 31, 2011

	Part A Charges	Other Charges	Total Charges	Cost	Gross Profit or (Loss)
Pharmacy	$ 203,344	$ 6,632	$ 209,976	$ 237,909	$ (27,933)
Radiology	403	-	403	403	-
Laboratory	12,589	26	12,615	9,520	3,095
Physical therapy	494,780	122,040	616,820	219,437	397,383
Speech therapy	271,200	85,800	357,000	77,627	279,373
Occupational therapy	467,300	85,740	553,040	189,756	363,284
Medical supplies	31,098	-	31,098	7,506	23,592
Rentals	12,245	1,757	14,002	8,284	5,718
Enteral	-	-	-	4,259	(4,259)
Total Ancillary Services	**1,492,959**	**301,995**	**1,794,954**	**754,701**	**1,040,253**
Less: Contractual adjustments			(1,677,469)		(1,677,469)
Net Ancillary Services	**$ 1,492,959**	**$ 301,995**	**$ 117,485**	**$ 754,701**	**$ (637,216)**

See Independent Accountant's Review Report.

Applewood Rehabiliation Center, LLC

Schedule of Operating Expenses

For the Initial Period March 1, 2011 through December 31, 2011

	Amount	Amount Per Resident Day
Nursing Salaries		
Director of nursing	$ 61,188	$ 1.94
Assistant director of nursing	56,862	1.80
Registered nurses	385,861	12.24
Licensed practical nurses	456,963	14.49
Nurses aides	626,910	19.88
Therapy aides	121,128	3.84
Care plan and medical records	131,424	4.17
Total Nursing Salaries	**1,840,336**	**58.36**
Activity Salaries		
Psycho-social	28,671	0.91
Director and assistants	81,885	2.60
Total Activity Salaries	**110,556**	**3.51**
Total Nursing and Activity Salaries	**1,950,892**	**61.87**
Other Nursing Costs		
Medical and nursing supplies	253,957	8.05
Infusion supplies	4,036	0.13
Enteral supples	9,823	0.31
Equipment rental	14,097	0.45
Oxygen	13,163	0.42
Prescription drugs	8,296	0.26
Activity program expense	3,770	0.12
Consultants		
Activity	1,020	0.03
Physical therapy	1,460	0.05
Occupational therapy	645	0.02
Social worker	1,291	0.04
Medical records	1,920	0.06
Pharmacy	5,566	0.18
Speech therapy	722	0.02
Medical directors	25,000	0.79
Specialized rehab	11,500	0.36
Nursing program	23,000	0.73
Total Other Nursing Costs	**379,266**	**12.02**
Total Nursing	**$ 2,330,158**	**$ 73.89**

See Independent Accountant's Review Report.

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Applewood Rehabiliation Center, LLC

Schedule of Operating Expenses - Continued

For the Initial Period March 1, 2011 through December 31, 2011

	Amount	Amount Per Resident Day
Housekeeping and Plant		
Housekeeping salaries	$ 148,951	$ 4.72
Maintenance salaries	42,028	1.33
Director of environmental services	11,500	0.36
Housekeeping supplies	32,602	1.03
Grounds maintenance	7,200	0.23
Painting and decorating	1,243	0.04
Equipment repair and maintenance	16,631	0.53
Maintenance supplies	19,978	0.63
Outside labor	3,979	0.13
Scavenger	9,312	0.30
Exterminating service	2,400	0.08
Fire service	9,562	0.30
Utilities	74,299	2.36
Total Housekeeping and Plant	**$ 379,685**	**$ 12.04**
Dietary		
Dietary salaries	$ 197,216	$ 6.25
Food	174,057	5.52
Dietary supplies	16,589	0.53
Sales tax - food	775	0.02
Dietary consultant	9,390	0.30
Director of food services	11,500	0.36
Total Dietary	**$ 409,527**	**$ 12.98**

See Independent Accountant's Review Report.

Applewood Rehabiliation Center, LLC

Schedule of Operating Expenses - Continued

For the Initial Period March 1, 2011 through December 31, 2011

	Amount	Amount Per Resident Day
Employee Welfare		
Payroll taxes	$ 225,107	$ 7.14
Workers' compensation insurance	84,541	2.68
Employee insurance	79,876	2.53
Classified advertising	477	0.02
Other employee benefits	9,547	0.30
Total Employee Welfare	**$ 399,548**	**$ 12.67**
Laundry and Linen		
Laundry salaries	$ 13,621	$ 0.43
Laundry supplies	2,458	0.08
Contracted laundry service	42,044	1.33
Linen replacement	7,125	0.23
Total Laundry and Linen	**$ 65,248**	**$ 2.07**

See Independent Accountant's Review Report.

Applewood Rehabiliation Center, LLC

Schedule of General and Administrative Expenses

For the Initial Period March 1, 2011 through December 31, 2011

	Amount	Amount Per Resident Day
General and Administrative Expenses		
Salaries		
Administrative	$ 88,194	$ 2.80
Office	174,336	5.53
Director of admission	11,500	0.36
Director of reimbursement	11,500	0.36
Director of administrative services	23,000	0.73
Director of regulatory services	11,500	0.36
Ancillary administrative charges	23,000	0.73
Accounting fees	31,430	1.00
Advertising and promotion	5,611	0.18
Bank charges	3,847	0.12
Bookkeeping services	42,550	1.35
Computer support charges	3,450	0.11
Consulting fees	297,734	9.44
Contributions	750	0.02
Dues and subscriptions	16,280	0.52
Education and seminars	1,769	0.06
Equipment rental	2,851	0.09
General insurance	107,585	3.41
Legal	21,257	0.67
Licenses and permits	3,203	0.10
Office expense	25,516	0.81
Other professional fees	21,080	0.67
Telephone	21,106	0.67
Travel	1,195	0.04
Total General and Administrative Expenses	**$ 950,244**	**$ 30.13**

See Independent Accountant's Review Report.

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Applewood Rehabiliation Center, LLC
Additional Management Information
December 31, 2011

Analysis of Nursing Staff salaries and hours paid for the year ended December 31, 2011, is as follows:

	Amount	Hours Worked	Hours Paid	Cost Per Hour
DON and ADON	$ 118,050	3,233	3,493	$ 33.80
RNs	385,861	11,672	12,585	$ 30.66
LPNs	456,963	17,378	18,220	$ 25.08
Aides	626,910	56,265	59,272	$ 10.58
Therapy	121,128	7,610	8,003	$ 15.14
CPC/Medical Records	131,424	4,667	5,264	$ 24.97
Total Salaries	$ 1,840,336	100,825	106,837	$ 17.23

Total Resident Days	**31,533**
Average Number of Hours Worked per Resident Day	**3.20**

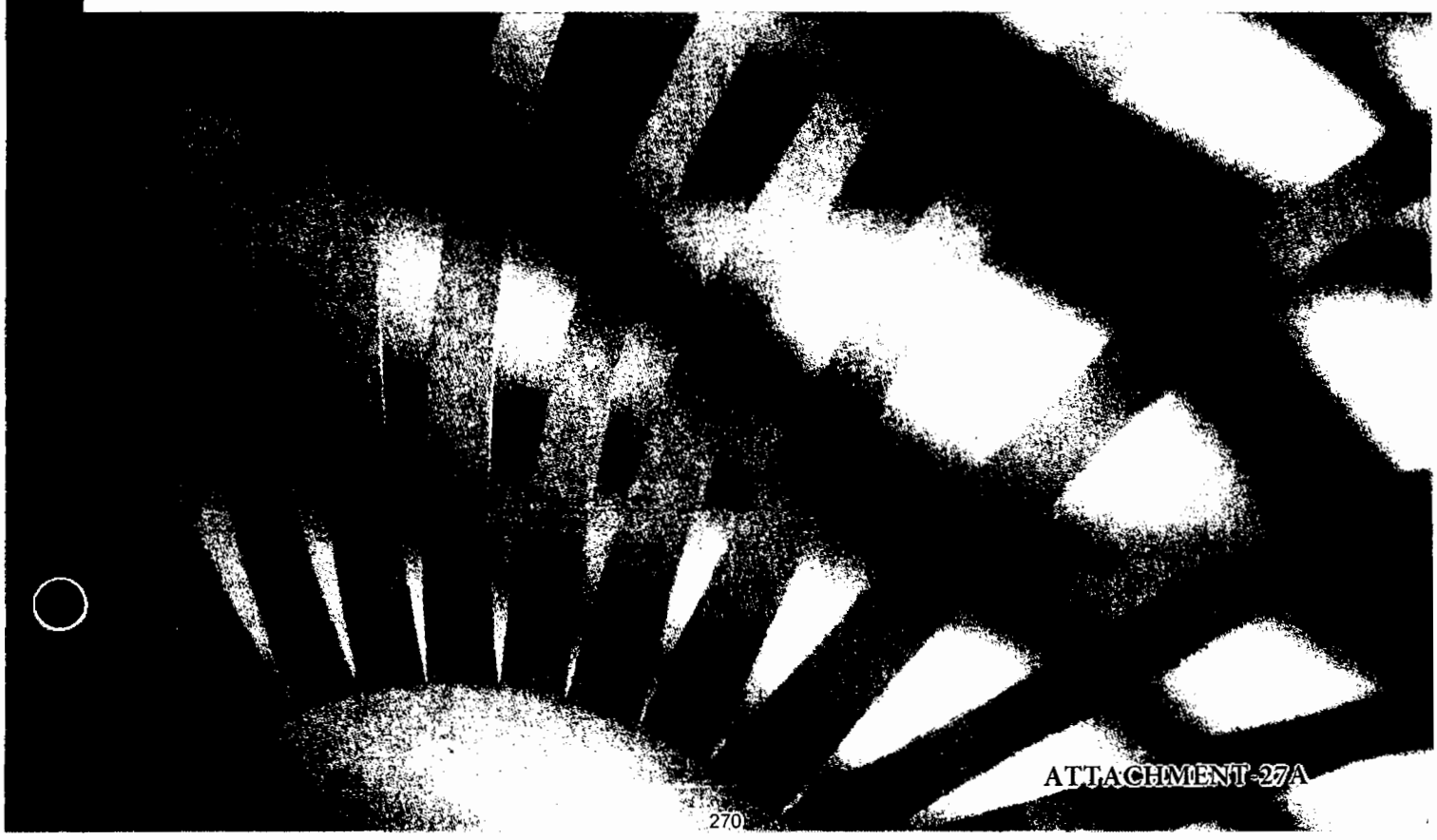
See Independent Accountant's Review Report.

Frost Ruttenberg & Rothblatt PC
CPAs & Business Advisors

Applewood Rehabiliation Center, LLC

Financial Statements and Supplementary Information

December 31, 2012



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Applewood Rehabiliation Center, LLC
December 31, 2012

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ATTACHMENT-27A

Frost
Ruttenberg &
Rothblatt PC
CPAs & Business Advisors

111 S. Pfingsten Road
Suite 300
Deerfield, Illinois 60015
Main 847.236.1111

To the Members
Applewood Rehabiliation Center, LLC

Independent Accountant's Review Report

We have reviewed the accompanying balance sheet of Applewood Rehabiliation Center, LLC (the "Company") (an Illinois Limited Liability Company) as of December 31, 2012, and the related statements of operations and cash flows for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, with the exception of the matter described below, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

As more fully described in Note (3), accounting principles general accepted in the United States of America require that rent be recorded to expense on a straight-line basis over the life of the lease. The Company has recorded rent expense in accordance with the terms of the lease.

Our review was made primarily for the purpose of expressing a conclusion that there are no material modifications that should be made to the financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America. The supplementary information included in the accompanying schedules is presented for purposes of additional analysis and is not a required part of the basic financial statements. The supplementary information has not been subjected to the inquiry and analytical procedures applied in the review of the basic financial statements, but has been compiled from information that is the representation of management. We have not audited or reviewed the supplementary information, and accordingly, we do not express an opinion or provide any assurance on such supplementary information.

Frost, Ruttenberg & Rothblatt, P.C.

March 27, 2013

Financial Statements

ATTACHMENT-27A

Applewood Rehabiliation Center, LLC
Balance Sheet
December 31, 2012

ASSETS		
Current Assets		
Cash and cash equivalents	$	38,900
Accounts receivable, net of allowance for doubtful accounts		2,108,292
Prepaid insurance		36,053
Prepaid expenses		4,462
Total Current Assets		**2,187,707**
Property and Equipment		
Leasehold improvements		186,077
Furniture, fixtures and equipment		130,726
Computer equipment		17,079
Total Cost		**333,882**
Less: accumulated depreciation		(25,211)
Property and Equipment, Net		**308,671**
Other Assets		
Construction in process		49,352
Other deposit		575,000
Total Other Assets		**624,352**
TOTAL ASSETS	$	**3,120,730**

See independent accountant's review report and accompanying notes.

ATTACHMENT-27A

Applewood Rehabiliation Center, LLC
Balance Sheet
December 31, 2012

LIABILITIES		
Current Liabilities		
Accounts payable		
Trade	$	176,033
Insurance		15,785
Accrued liabilities		
Payroll and payroll taxes		104,074
Vacation pay		129,714
Expenses		145,905
Consulting fees		358,195
Line of credit		200,000
Employee withholdings		743
Deferred replacement tax		8,200
Total Current Liabilities		**1,138,649**
MEMBERS' EQUITY		
Members' equity - beginning		1,707,419
Net Income		401,662
Distributions		(127,000)
Total Members' Equity - Ending		**1,982,081**
TOTAL LIABILITIES AND MEMBERS' EQUITY	$	**3,120,730**

See independent accountant's review report and accompanying notes.

Applewood Rehabiliation Center, LLC
Statement of Operations
For the Year Ended December 31, 2012

	Amount	Amount Per Resident Day
Net Resident Revenue	$ 6,748,197	$ 184.40
Operating Expenses		
Nursing	2,623,780	71.72
Housekeeping and plant	498,401	13.64
Dietary	472,901	12.92
Employee welfare	527,919	14.42
Laundry and linen	84,937	2.33
Total Operating Expenses	4,207,938	115.03
Income Before General and Administrative Expenses	2,540,259	69.37
General and administrative expenses	1,150,187	31.43
Income Before Capital Expenses	1,390,072	37.94
Capital Expenses		
Rent	910,897	24.89
Interest expense	26,180	0.72
Depreciation	18,653	0.51
Total Capital Expenses	955,730	26.12
Income Before Other Income	434,342	11.82
Other Income and Expense		
Interest income	554	0.02
Other income	4,974	0.14
Other expense	(32,955)	(0.90)
Total Other Income and Expense	(27,427)	(0.74)
Income Before Revision of Prior Accounting Estimates	406,915	11.08
Revision of prior accounting estimates	(1,553)	(0.04)
Income Before State Replacement Tax	405,362	11.04
State replacement tax	(3,700)	(0.10)
NET INCOME	$ 401,662	$ 10.94

See independent accountant's review report and accompanying notes.

ATTACHMENT-27A

Applewood Rehabiliation Center, LLC
Statement of Cash Flows
For the Year Ended December 31, 2012

CASH FLOWS FROM OPERATING ACTIVITIES		
Net Income	**$**	**401,662**
Adjustments To Reconcile Net Income To Net Cash Provided By Operating Activities		
Depreciation		18,653
Bad debts		22,565
Deferred income tax		3,700
(Increase) Decrease in Assets		
Accounts receivable		1,262,213
Prepaid expenses and other current assets		(6,846)
Increase (Decrease) in Liabilities		
Accounts payable		(56,021)
Accrued expenses and other current liabilities		59,678
Total Adjustments		**1,303,942**
Net Cash Provided by Operating Activities		**1,705,604**
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for acquisition of property and equipment		(78,847)
Payments for construction in process		(4,269)
Net Cash Used in Investing Activities		**(83,116)**
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on line of credit - net		(1,525,000)
Members' contributions		20,000
Distributions		(127,000)
Net Cash Used in Financing Activities		**(1,632,000)**
NET DECREASE IN CASH AND CASH EQUIVALENTS		**(9,512)**
Cash and cash equivalents - January 1, 2012		48,412
CASH AND CASH EQUIVALENTS - DECEMBER 31, 2012	**$**	**38,900**

See independent accountant's review report and accompanying notes.

Note (1) Nature of Operations and Summary of Significant Accounting Policies

A. Nature of Operations

Applewood Rehabiliation Center, LLC (the "Company") is an Illinois Limited Liability Company which operates a Long-Term Care facility located in Matteson, Illinois and is licensed by the Illinois Department of Public Health (IDPH) to operate 115 beds licensed for skilled nursing care. In addition, the Company has been certified by the Centers for Medicare and Medicaid Services (CMS) for 115 Medicare beds. The annual inspection for the Medicare beds is performed by the Illinois Department of Public Health (IDPH).

B. Form of Organization

The Company is a Limited Liability Company ("L.L.C."), which is governed by an Operating Agreement ("Agreement") and is managed by its owners ("Members"). The more significant provisions of the Agreement include:

Profit and Loss and cash distributions are in accordance with ownership,
There is a single class of Member,
The L.L.C. is perpetual until an occurrence of a qualifying event.

C. Property and Equipment

Property and equipment are carried at cost. Depreciation is provided using the straight-line method over the following estimated useful lives:

	Years
Leasehold improvements	20-40
Furniture, fixtures and equipment	10
Computer equipment	10

The Company reviews the recoverability of long-lived assets when circumstances dictate that the carrying amount may not be recoverable. The carrying amount of assets held and used is generally not recoverable if it exceeds the undiscounted sum of cash flows expected to result from the use and eventual disposition of the asset, or for assets held for sale if it exceeds market value. If the Company identifies impairment for long-lived assets to be held and used, the Company compares the assets' current carrying value to the assets' fair value. Fair value is based on current market values or discounted future cash flows. The Company records impairment when the carrying value exceeds fair value. There were no impairment indicators during the year ended December 31, 2012.

The Company has made expenditures of $49,352 toward a potential facility renovation project. As of December 31, 2012, the Company has not made any commitments toward future construction.

Note (1) Nature of Operations and Summary of Significant Accounting Policies - Continued

D. Income Taxes

The Company has elected to be taxed as a Limited Liability Company. Under those provisions, the Company does not pay federal income taxes on its taxable income. Instead, the Members are liable for individual income taxes on their respective share of the Company's taxable income. The Company is liable for state replacement taxes and has net operating loss carryforwards of approximately $239,000 that will be expiring on December 31, 2023. The tax returns of the Company are filed on the cash basis of accounting.

Deferred taxes are provided for based on the cumulative timing differences between income reported on the financial statements and the tax return. These differences relate primarily to the differences between the accrual and cash methods of recording revenues and expenses.

The Company accounts for any potential interest or penalties related to the possible future liabilities for unrecognized income tax benefits as interest/other expense.

E. Revision of Prior Accounting Estimates

Revision of prior accounting estimates consists primarily of prior years' revenues and expenses, which for financial statement purposes have been segregated to present more meaningful "Per Resident Day" amounts.

F. Cash Flows

The Company considers cash equivalents to be all highly liquid investments with a maturity of three months or less when purchased.

Cash flows from operating activities reflect cash payments for interest of $26,180 for the year ended December 31, 2012.

G. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. While actual results may differ from those estimates, management does not expect the differences, if any, to have a material effect on the financial statements.

Note (1) Nature of Operations and Summary of Significant Accounting Policies - Continued

H. Cash Balances in Excess of Insured Amounts

The Company maintains its cash in accounts which, at times, may exceed federally insured limits. The Company has not experienced any losses due to these limits.

I. Advertising

The Company expenses advertising as incurred. Advertising expense was $4,861 for the year ended December 31, 2012.

J. Subsequent Events

The Company evaluated all significant events or transactions that occurred through March 27, 2013, the date the financial statements were available to be issued. During this period, the Company did not have any material recognizable subsequent events.

Note (2) Revenue Recognition

Revenue and the related accounts receivable is recognized for each day a resident resides in the facility. The amounts are based on a reimbursement methodology determined by the rules and regulations of the applicable third-party payor or by the facility for private pay residents. The third-party payor rules and regulations and required record keeping and documentation requirements are complex and noncompliance may result in delay, adjustment or loss of revenue.

The majority of the Company's revenue is based on the rules of the following third-party payors:

Healthcare and Family Services (HFS) - the Medicaid Program - A daily rate is established utilizing three components - capital, support and nursing services. The Company's daily rate ranged from $151.47 to $154.69 during the year ended December 31, 2012. The capital and support rates are based on the annual cost report filings in accordance with HFS policy. The nursing component of the rate is determined by resident clinical documentation that is derived using mandated software and may increase or decrease on a quarterly basis. Amounts billed under the Medicaid program can take 60 to 120 days or more for collection. The amounts paid are subject to audit and are reviewed on a retroactive basis.

Centers for Medicare and Medicaid Services (CMS) - The Medicare program uses a Prospective Payment System (PPS) which is based upon the RUGS (Resource Utilization Groups) IV System. The RUG category, and therefore the amount of revenue, is determined by resident clinical documentation and level of care information that is derived using mandated software. The amounts paid are subject to post payment medical review and may be adjusted retroactively normally for a period of one to two years. Each RUG category is assigned a geographically adjusted federal reimbursement rate.

Estimates are made to provide for uncollectible amounts billed and for adjustments made by the above third-party payors, however, those estimates are subject to revision and the resulting change, shown as revision of prior accounting estimates on the Statement of Operations, may be significant. As of December 31, 2012, the Company has established a $110,000 allowance for uncollectible accounts.

Note (3) Lease

The Company leases its facility from Applewood Property, L.L.C., a related entity. The lease expires on February 28, 2021. Under terms of the lease, the Company is required to pay base rent plus real estate taxes and property insurance. The monthly rent payment was $49,845 at December 31, 2012, with annual increases occurring on March 1. The Company also made payments for real estate taxes totaling $318,000 during the year ended December 31, 2012.

The approximate future minimum lease payments including real estate taxes are as follows:

2013	$ 942,378
2014	973,859
2015	1,005,341
2016	1,036,822
2017	1,068,303
Thereafter	3,577,969
Total	**$ 8,604,672**

Accounting principles generally accepted in the United States of America require that rent be recorded to expense on a straight-line basis over the life of the lease. Since lease commencement, the Company has recorded rent expense in accordance with the terms of the lease. If rent was recorded on a straight-line basis at December 31, 2012, liabilities would have increased by $231,562 and member's equity would have decreased by $231,562. Net income for the year ended December 31, 2012 would be decreased by $114,382.

Note (4) Other Deposit

The Company advanced funds to an affiliated entity for an option to purchase the facility.

Note (5) Related Party Transactions

During the year ended December 31, 2012, the Company incurred costs of approximately $653,000 from related entities for various operating expenses, administrative expenses, and consulting fees of $350,461 (which has been accrued In addition to 2011's unpaid portion for a total accrual of $358,195 at December 31, 2012.)

Note (6) Employee Benefit Plan

A. Health and Welfare Plan

Through May 31, 2012, the Company participated in a Voluntary Employee Benefit Association (VEBA) to provide health insurance coverage for eligible employees. Contributions to the Plan were at the discretion of the Board of Directors, provided that the contributions provide the VEBA with sufficient funds to meet its obligations. Effective June 1, 2012, the Company withdrew from the VEBA.

Simultaneously, the Company together with other related entities, created its own partially self insured program. Management believes that premiums paid for the initial period ended December 31, 2012 are sufficient to cover any incurred but unreported claims of the new plan which have not been determined as of the date of this report.

B. Incentive Savings Plan

The Company has a 401(k) Plan covering eligible employees, which allows employee contributions under a deferred salary arrangement as described in Section 401(k) of the Internal Revenue Code. The Company paid $4,392 in matching contributions to the Plan during 2012.

Note (7) Line of Credit

The Company has a $2,400,000 revolving line of credit with Lake Forest Bank and Trust Company, which matures on October 1, 2013. The note is secured by substantially all assets of the Company and is guaranteed by certain shareholders. The note bears interest at prime (3.25% as of December 31, 2012), subject to a minimum rate of 5.00%. As of December 31, 2012, total borrowings outstanding on the line of credit were $200,000. The line of credit requires the Company to meet certain financial covenants including a debt service coverage ratio.

Supplementary Information

ATTACHMENT-27A

Applewood Rehabiliation Center, LLC
Schedule of Resident Income
For the Year Ended December 31, 2012

Routine Services	Resident Days	Average Residents Per Day	Amount	Amount Per Resident Day
Private	3,211	8.8	$ 555,723	$ 173.07
Private - bedhold	-	-	9,326	$ -
Medicare	5,115	14.0	2,576,808	$ 503.77
Medicaid	26,184	71.5	4,007,701	$ 153.06
Medicaid - bedhold	-	-	8,450	$ -
HMO	549	1.5	261,606	$ 476.51
Hospice	1,537	4.2	235,495	$ 153.22
Total Routine Services	**36,596**	**100.0**	**7,655,109**	**$ 209.18**
Less: Provider license fee and assessments			(261,017)	(7.13)
Net Routine Services	**36,596**	**100.0**	**7,394,092**	**202.05**
Net ancillary services			(645,895)	(17.65)
Net Resident Income	**36,596**	**100.0**	**$ 6,748,197**	**$ 184.40**

Census	**36,596**
Average Residents Per Day	**100.0**
Percent to Capacity	**87.0%**

See independent accountant's review report.

Applewood Rehabiliation Center, LLC
Schedule of Net Ancillary Services
For the Year Ended December 31, 2012

	Part A Charges	Other Charges	Total Charges	Cost	Gross Profit or (Loss)
Pharmacy	$ 164,861	$ 8,713	$ 173,574	$ 174,282	$ (708)
Radiology	3,305	-	3,305	6,025	(2,720)
Laboratory	11,311	43	11,354	13,262	(1,908)
Physical therapy	651,260	174,490	825,750	270,287	555,463
Speech therapy	312,400	113,300	425,700	89,781	335,919
Occupational therapy	530,730	136,190	666,920	221,854	445,066
Medical supplies	18,038	3,009	21,047	25,067	(4,020)
Rentals	17,724	1,710	19,434	13,529	5,905
Enteral	10,058	54,273	64,331	2,080	62,251
Wound care	2,544	9,231	11,775	-	11,775
Total Ancillary Services	**1,722,231**	**500,959**	**2,223,190**	**816,167**	**1,407,023**
Less: Contractual adjustments			(2,052,918)		(2,052,918)
Net Ancillary Services	**$ 1,722,231**	**$ 500,959**	**$ 170,272**	**$ 816,167**	**$ (645,895)**

See independent accountant's review report.

Applewood Rehabiliation Center, LLC
Schedule of Operating Expenses
For the Year Ended December 31, 2012

	Amount	Amount Per Resident Day
Nursing Salaries		
Director of nursing	$ 66,093	$ 1.81
Assistant director of nursing	42,813	1.17
Registered nurses	490,695	13.41
Licensed practical nurses	452,702	12.37
Nurses aides	732,316	20.01
Therapy aides	159,779	4.37
Care plan and medical records	142,570	3.90
Total Nursing Salaries	**2,086,968**	**57.04**
Activity Salaries		
Psycho-social	43,813	1.20
Director and assistants	99,923	2.73
Total Activity Salaries	**143,736**	**3.93**
Total Nursing and Activity Salaries	**2,230,704**	**60.97**
Other Nursing Costs		
Medical and nursing supplies	189,613	5.18
Wound care supplies	14,456	0.40
Infusion supplies	1,732	0.05
Enteral supplies	39,242	1.07
Equipment rental	24,026	0.66
Oxygen	14,043	0.38
Prescription drugs	11,973	0.33
Activity program expense	5,736	0.16
Consultants		
Activity	816	0.02
Physical therapy	1,320	0.04
Occupational therapy	540	0.01
Medical records	2,352	0.06
Pharmacy	7,224	0.20
Speech therapy	5,843	0.16
Medical director	30,000	0.82
Specialized rehab	11,040	0.30
Nursing program	33,120	0.91
Total Other Nursing Costs	**393,076**	**10.75**
Total Nursing	**$ 2,623,780**	**$ 71.72**

See independent accountant's review report.

Applewood Rehabiliation Center, LLC
Schedule of Operating Expenses - Continued
For the Year Ended December 31, 2012

	Amount	Amount Per Resident Day
Housekeeping and Plant		
Housekeeping salaries	$ 176,314	$ 4.82
Maintenance salaries	51,516	1.41
Director of environmental services	13,800	0.38
Housekeeping supplies	36,466	1.00
Grounds maintenance	14,935	0.41
Painting and decorating	6,524	0.18
Equipment repair and maintenance	20,327	0.56
Maintenance supplies	30,720	0.84
Outside labor	12,420	0.34
Scavenger	9,100	0.25
Exterminating service	3,555	0.10
Fire service	9,095	0.25
Utilities	113,629	3.10
Total Housekeeping and Plant	**$ 498,401**	**$ 13.64**
Dietary		
Dietary salaries	$ 231,863	$ 6.34
Food	195,036	5.33
Dietary supplies	22,064	0.60
Sales tax - food	910	0.02
Dietary consultant	9,228	0.25
Director of food services	13,800	0.38
Total Dietary	**$ 472,901**	**$ 12.92**

See independent accountant's review report.

Applewood Rehabiliation Center, LLC
Schedule of Operating Expenses - Continued
For the Year Ended December 31, 2012

	Amount	Amount Per Resident Day
Employee Welfare		
Payroll taxes	$ 303,814	$ 8.30
Workers' compensation insurance	100,708	2.75
Employee insurance	89,024	2.43
Classified advertising	22,093	0.60
Other employee benefits	12,280	0.34
Total Employee Welfare	**$ 527,919**	**$ 14.42**
Laundry and Linen		
Laundry salaries	$ 30,673	$ 0.84
Laundry supplies	2,795	0.08
Contracted laundry service	42,000	1.15
Linen replacement	9,469	0.26
Total Laundry and Linen	**$ 84,937**	**$ 2.33**

See independent accountant's review report.

Applewood Rehabiliation Center, LLC
Schedule of General and Administrative Expenses
For the Year Ended December 31, 2012

	Amount	Amount Per Resident Day
General and Administrative Expenses		
Administrative salaries	$ 104,719	$ 2.86
Office salaries	195,427	5.34
Director of admissions	16,560	0.45
Director of reimbursement	16,560	0.45
Director of administrative services	33,120	0.91
Director of regulatory services	16,560	0.45
Ancillary administrative charges	33,000	0.90
Accounting fees	53,643	1.47
Advertising and promotion	4,861	0.13
Bad debts	22,565	0.62
Bank charges	5,944	0.16
Bookkeeping services	56,580	1.55
Computer support charges	9,660	0.26
Consulting fees	350,461	9.58
Contributions	1,750	0.05
Dues and subscriptions	25,981	0.71
Education and seminars	3,750	0.10
Equipment rental	3,722	0.10
General insurance	84,511	2.31
Legal	12,089	0.33
Licenses and permits	2,867	0.08
Office expense	30,999	0.85
Other professional fees	30,784	0.84
Telephone	32,197	0.88
Travel - staff	1,877	0.05
Total General and Administrative Expenses	$ 1,150,187	$ 31.43

See independent accountant's review report.

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Applewood Rehabilitation Center, LLC.

Financial Statements

December 31, 2013

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APPLEWOOD REHABILITATION CENTER, LLC
December 31, 2013

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February 11, 2014

To The Managers and Members
Applewood Rehabilitation Center, LLC
21020 Kostner Avenue
Matteson, IL 60443

Gentlemen:

The accompanying Balance Sheet of Rock Island Nursing & Rehab Center as of December 31, 2013 and the related statements of income and expense for the periods then ended have been prepared by management who is responsible for their integrity and objectivity. These statements have not been compiled, reviewed or audited by outside accountants

Applewood Rehabilitation Center, LLC maintains an internal control structure designed to provide reasonable assurance that assets are safeguarded and that transactions are properly executed, recorded and summarized to produce reliable records and reports.

To the best of management's knowledge and belief, the statements and related information were prepared in conformity with generally accepted accounting principles, and are based on recorded transactions and management's best estimates and judgements.

Respectfully submitted,

THOMAS WINTER, C.P.A.
Chief Financial Officer

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APPLEWOOD REHABILITATION CENTER, LLC
BALANCE SHEET
December 31, 2013

ASSETS

CURRENT ASSETS		
Cash and Cash Equivalents	$51,340	
Accounts Receivable - Patients	1,419,847	
Prepaid Expenses	25,976	
TOTAL CURRENT ASSETS		$1,497,163
PROPERTY AND EQUIPMENT		
Total Cost Basis	$470,049	
Less: Accumulated Depreciation	(55,780)	
NET CARRYING VALUE OF PROPERTY AND EQUIPMENT		414,269
OTHER ASSETS		
Other Deposits	$575,000	
Other Receivable	0	
Fixed Asset Deposits	240,180	
TOTAL OTHER ASSETS		815,180
TOTAL ASSETS		$2,726,612

ATTACHMENT-27A

APPLEWOOD REHABILITATION CENTER, LLC
BALANCE SHEET
December 31, 2013

LIABILITIES AND MEMBERS' EQUITY

CURRENT LIABILITIES			
Accounts Payable - Insurance & Fixed Assets		$24,395	
Accounts Payable - Trade		132,668	
Accrued Liabilities:			
Expenses	$105,210		
Payroll and Payroll Taxes	102,186		
State Replacement Tax	300		
Vacation Pay	118,539		
Management Fees	25,282		
Total Accrued Liabilities		351,517	
Patients' Trust Fund Liability - net of Cash		75	
Due To Others		1,121	
Line of Credit - Lake Forest Bank		50,000	
Deferred Replacement Tax		10,200	
TOTAL CURRENT LIABILITIES			$569,976
MEMBER'S EQUITY			
Capital Contributed		$1,270,000	
Retained Earnings:			
Balance - beginning	$732,081		
Less: Distributions	(177,813)		
Net Income (Loss)	332,368		
Balance - ending		886,636	
TOTAL MEMBERS' EQUITY			2,156,636
TOTAL LIABILITIES AND MEMBERS' EQUITY			$2,726,612

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APPLEWOOD REHABILITATION CENTER, LLC
STATEMENTS OF INCOME AND EXPENSE
Twelve Month Period Ended December 31, 2013

	Amount	Per Day
TOTAL RESIDENT INCOME	$6,941,747	$186.04
Provider Assessment	(254,952)	(6.83)
NET RESIDENT INCOME	$6,686,795	$179.21
OPERATING EXPENSES		
Nursing	$2,550,235	$68.35
Employee Welfare	557,423	14.94
Housekeeping & Plant	486,603	13.04
Laundry & Linen	100,345	2.69
Dietary	492,742	13.21
TOTAL OPERATING EXPENSES	$4,187,348	$112.22
INCOME BEFORE GENERAL AND ADMINISTRATIVE EXPENSES	$2,499,447	$66.99
GENERAL AND ADMINISTRATIVE EXPENSES	1,158,232	31.04
INCOME BEFORE CAPITAL EXPENSES	$1,341,215	$35.94
CAPITAL EXPENSES		
Rent	$624,378	$16.73
Real Estate Taxes	326,000	8.74
Interest	285	0.01
Depreciation and Amortization	30,569	0.82
TOTAL CAPITAL EXPENSES	$981,232	$26.30
INCOME(LOSS) BEFORE OTHER INCOME(EXPENSE)	$359,983	$9.65
Bad Debts	(18,516)	(0.50)
Interest Income	15,399	0.41
Miscellaneous Income	0	0.00
INCOME(LOSS) BEFORE PRIOR PERIOD ADJUST.	$356,866	$9.56
PRIOR YEAR ADJUSTMENTS	(22,198)	(0.59)
PRIOR MONTH ADJUSTMENT	0	0.00
INCOME(LOSS) BEFORE REPLACEMENT TAX	$334,668	$8.97
STATE REPLACEMENT TAX	2,300	0.06
NET INCOME(LOSS)	$332,368	$8.91

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APPLEWOOD REHABILITATION CENTER, LLC
SCHEDULES OF INCOME
Twelve Month Period Ended December 31, 2013

		Total days	Average
CENSUS:	PRIVATE	2,058	5.6
	PUBLIC AID	28,126	77.1
	MEDICARE	4,942	13.5
	HOSPICE	1,691	4.6
	HMO	496	1.4
	TOTAL - in house	37,313	102.2
	THERAPEUTIC PASS & BEDHOLD	1,131	3.1
	TOTAL	38,444	105.3
PERCENT TO CAPACITY in house			88.9%

ROUTINE SERVICE INCOME	Amount	Per Day
Private	$367,076	$178.37
Private Bedhold	5,544	
Total Private	$372,620	
Medicare - net interim rate	$2,548,739	$515.73
Public Aid	$4,260,245	$151.47
Public Aid - Bedhold	14,541	
Total Public Aid	$4,274,786	
Hospice	$256,136	$151.47
Hospice - Bedhold	0	
Total Hospice	$256,136	
HMO	$155,590	$313.69
HMO - Bedhold	0	
Total HMO	$155,590	
Total Routine Services	$7,607,871	$203.89
ANCILLARY SERVICES - page 6		
Ancillary Expenses - Part A	(645,560)	
Ancillary Income - Other	109,800	
Ancillary Expenses - Other	(130,364)	
TOTAL RESIDENT INCOME	$6,941,747	$186.04
Less: Provider Assessment Tax & Bed Tax	(254,952)	
NET RESIDENT INCOME	$6,686,795	$179.21

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APPLEWOOD REHABILITATION CENTER, LLC
SCHEDULES OF NET ANCILLARY SERVICES
Twelve Month Period Ended December 31, 2013

		Expense
Part A:	I.V. Supplies	$18,767
	X-Ray	3,400
	Pharmacy	161,799
	Laboratory	14,337
	Physical Therapy	197,639
	Speech Therapy	71,438
	Occupational Therapy	175,571
	Equip Rental	2,609
	Enteral	0
	Oxygen Costs	0
	Total	$645,560

		Income	Contr. Adj	Adjusted Income	Expense	Net
Part B:	Physical Therapy	$77,512	($34,617)	$42,895	$24,670	$18,225
	Speech Therapy	47,201	(29,131)	18,070	8,003	10,067
	Occup. Therapy	60,472	(24,536)	35,936	19,656	16,280
	Enteral-Tube Feed.	24,084	(7,119)	16,965	0	16,965
	Wound Care	270	(54)	216	0	216
	Part B Coinsur. C/A		(13,292)	(13,292)	0	(13,292)
	Net Part B	$209,539	($108,749)	$100,790	$52,329	$48,461

		Income	Contr. Adj	Adjusted Income	Expense	Net
Other:	Infusion-Insur.	$1,249	($1,249)	$0	$2,806	($2,806)
	Pharmacy - Insur.	17,386	(17,386)	0	15,545	(15,545)
	Lab - Insur.	68	(68)	0	46	(46)
	Therapy	176,750	(167,740)	9,010	59,594	(50,584)
	Rentals	88	(88)	0	44	(44)
	Oxygen	0	0	0	0	0
	Net Other	$195,541	($186,531)	$9,010	$78,035	($69,025)

Total - Part B & Others	$109,800	$130,364	($20,564)

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APPLEWOOD REHABILITATION CENTER, LLC
SCHEDULES OF OPERATING EXPENSES
Twelve Month Period Ended December 31, 2013

	Amount	Per Day
NURSING COSTS		
Nursing Salaries:		
Director of Nursing	$83,617	$2.24
Assistant Director of Nursing	71,296	1.91
Registered Nurses	501,431	13.44
Licensed Practical Nurses	337,472	9.04
Nurses Aides	752,164	20.16
Therapy Aides	182,427	4.89
Medical Records and Care Plans	141,822	3.80
Contract Nursing	0	0.00
Total Nursing Salaries	$2,070,229	$55.48
Activity Salaries:		
PsychoSocial	$45,462	$1.22
Activity	106,599	2.86
Work Program	0	0.00
Total Activity Salaries	$152,061	$4.08
Total Nursing & Activity Salaries	$2,222,290	$59.56
Other Nursing Costs:		
Nursing Supplies	$113,454	$3.04
Wound Care Supplies	18,355	0.49
Infusion Supplies	1,813	0.05
Diapers	59,422	1.59
Enteral Supplies	14,595	0.39
Nursing Equipment Rental	10,447	0.28
Oxygen	8,073	0.22
Prescription Drugs	4,678	0.13
Activity Programs	5,868	0.16
Consultants:		
Activity and PsychoSocial	832	0.02
Physical & Occupational Therapy	4,831	0.13
Social Worker	0	0.00
Medical Records	1,568	0.04
Pharmacy	7,835	0.21
Speech Therapy	2,014	0.05
Medical Directors	30,000	0.80
Specialized Rehab	11,040	0.30
Nursing	33,120	0.89
Total Other Nursing Costs	$327,945	$8.79
TOTAL NURSING COSTS	$2,550,235	$68.35

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APPLEWOOD REHABILITATION CENTER, LLC
SCHEDULES OF OPERATING EXPENSES
Twelve Month Period Ended December 31, 2013

	Amount	Per Day
EMPLOYEE WELFARE		
Payroll Taxes	$300,459	$8.05
Workers Comp Insurance	166,242	4.46
Employee Insurance	78,490	2.10
Classified Advertising	952	0.03
Employee Benefits - Other	11,280	0.30
TOTAL EMPLOYEE WELFARE	$557,423	$14.94
HOUSEKEEPING & PLANT		
Housekeeping Salaries	$176,421	$4.73
Maintenance Salaries	55,220	1.48
Total Salaries	$231,641	$6.21
Director of Environmental Services	13,800	0.37
Housekeeping Supplies	28,972	0.78
Grounds Maintenance	25,838	0.69
Painting & Decorating	5,144	0.14
Equipment Mtce & Repair	31,808	0.85
Maintenance Supplies	23,016	0.62
Elevator Maintenance	0	0.00
Outside Labor	8,234	0.22
Scavenger	10,076	0.27
Exterminator	2,880	0.08
Fire Service	10,918	0.29
Utilities	94,276	2.53
TOTAL HOUSEKEEPING AND PLANT	$486,603	$13.04
LAUNDRY & LINEN		
Laundry Salaries	$32,569	$0.87
Laundry Supplies	7,517	0.20
Contracted Laundry Service	42,000	1.13
Linen Replacement	18,259	0.49
TOTAL LAUNDRY	$100,345	$2.69
DIETARY		
Dietary Salaries	$238,135	$6.38
Food	213,081	5.71
Dietary Supplies	17,744	0.48
Sales Tax	942	0.03
Dietary Consultant	9,040	0.24
Director of Food Service	13,800	0.37
TOTAL DIETARY	$492,742	$13.21

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APPLEWOOD REHABILITATION CENTER, LLC
SCHEDULES OF GENERAL AND ADMINISTRATIVE EXPENSES
Twelve Month Period Ended December 31, 2013

	Amount	Per Day
Administrative Salaries	$107,288	$2.88
Office Salaries	203,835	5.46
Director of Admissions	16,560	0.44
Director of Reimbursement	16,560	0.44
Director of Administrative Services	33,120	0.89
Director of Regulatory Services	16,560	0.44
Ancillary Administrative Charges	27,600	0.74
Accounting Fees	56,990	1.53
Advertising & Promotion	6,132	0.16
Bookkeeping Services	56,580	1.52
Computer Support Charges	9,660	0.26
Contributions	1,650	0.04
Dues and Subscriptions	29,316	0.79
Education and Seminars	1,803	0.05
Equipment Rental	3,175	0.09
General Insurance	101,436	2.72
Legal Fees	8,946	0.24
Licenses and Fees	8,697	0.23
Management Fees	347,087	9.30
Office Expense	26,908	0.72
Other Professional Fees	47,807	1.28
Telephone	28,792	0.77
Travel - Staff	1,730	0.05
TOTAL GENERAL & ADMINISTRATIVE	$1,158,232	$31.04

ATTACHMENT-27A

APPLEWOOD REHABILITATION CENTER, LLC
SELECTED DISCLOSURES
DECEMBER 31, 2013

(1) Summary of Significant Accounting Policies

A. Applewood Rehabilitation Center, LLC is an Illinois Limited Liability Company in the Long Term Care industry. The majority of its revenue is received from the Illinois Department of Public Aid and Medicare (CMS) based upon the cost structure and the level of care provided each resident.

B. The cost of property and equipment is depreciated over the estimated useful lives of the assets using various different methods for both financial reporting and income tax purposes.

C. Prior Period Adjustments, consist primarily of revisions to prior year's billing amounts, which for financial statement presentation purposes have been segregated from income to present more meaningful "Per Patient Day" amounts.

(2) The facility operated by Applewood Rehabilitation Center is leased from Applewood Property, LLC, a related party. The lease requires base rent be paid in equal installments of $47,222 per month effective March , 2011 with annual increases during the 10 year term which expires 2/28/2021. The annual 2012 Real Estate Taxes paid in 2013 were $342,196.

(3) Applewood is licensed for 115 beds. The facility IDPA daily reimbursement rate is $151.47 effective July 1, 2012. Effective July 1, 2011 IDPA began charging a Provider Assessment Fee of $6.07 per non-Medicare Resident Bed.

(4) During May 2011, the Company entered into a line of credit arrangement with Lake Forest Bank & Trust in which the assets of the Company including Accounts Receivable, are used to collateralize a line of credit. The note has a $2,200,000 maximum, bears interest at prime (with a 5% floor) and matures in October 2014.

(5)

Prior Year Adjustments consist of:	Year-To-Date	Qtr-To-Date
Prior Year Adjustments:		
Billing Adjustments & Expenses	$ (27,666)	$ 4,291
Ancillary Expense Adjustments	4,577	4,577
Group Health Insurance	891	0
Total	$ (22,198)	$ 8,868
Prior Quarter Adjustments:		
Billing Adjustments		$ 0

(6)

Property and Equipment acquisitions consist of:	Year-To-Date
Leasehold Improvements	$ 35,576
Furniture & Equipment	100,590
Deposit on Fixed Assets	0
Construction Project Costs	190,828
Total	$ 326,994

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Applewood Rehabilitation Center, LLC
Projected Costs

OPERATING COSTS	12/31/2014	12/31/2015	12/31/2016	12/31/2017	12/31/2018
Salaries	3,005,600	3,207,100	3,729,800	4,281,000	4,390,000
Employee Welfare & Benefits	573,000	591,800	739,300	902,000	912,000
Supplies	260,000	276,400	332,250	405,000	408,000

CAPITAL COSTS	12/31/2014	12/31/2015	12/31/2016	12/31/2017	12/31/2018
Depreciation Expense	110,000	110,000	307,000	387,000	387,000
Interest Expense	10,875	206,700	398,500	401,000	396,000
Amortization Expense	0	0	0	0	0

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APPLEWOOD - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
CURRENT ASSETS												
Cash in Banks - Total	1,590,813		2,451,941		2,875,416		2,181,307		2,572,551		3,307,008	
Accounts Receivable	1,900,000		1,900,000		1,950,000		2,525,000		2,775,000		2,800,000	
Other Receivables	2,579,363		2,579,363		2,579,363		2,579,363		2,579,363		2,579,363	
Prepaid Expenses	280,000		30,000		30,000		30,000		30,000		30,000	
Total Current Assets	6,350,176		6,961,304		7,434,779		7,315,670		7,956,914		8,716,371	
FIXED ASSETS - COST	3,830,486		3,960,486		4,000,486		4,560,486		4,590,486		4,620,486	
Construction Project	0		0		6,825,000		10,270,327		10,270,327		10,270,327	
less: Accum. Depr	(1,682,281)		(1,800,281)		(1,918,281)		(2,227,281)		(2,614,281)		(3,001,281)	
	2,148,205		2,160,205		8,907,205		12,603,532		12,246,532		11,889,532	
OTHER ASSETS												
Other Assets	290,000		370,000		420,000		0		0		0	
Total Assets	8,788,381		9,491,509		16,761,984		19,919,202		20,203,446		20,605,903	
CURRENT LIABILITIES												
Accounts Payable	170,000		180,000		190,000		395,000		370,000		320,000	
Accrued Expenses	670,000		690,000		720,000		805,000		825,000		820,000	
Accrued Vacation Pay	120,000		120,000		120,000		120,000		135,000		135,000	
Payables & Accruals	960,000		990,000		1,030,000		1,320,000		1,330,000		1,275,000	
Patient Trust Fund-net	0		0		0		0		0		0	
Line of Credit -Private B.	1,500,000		1,500,000		1,500,000		1,650,000		1,450,000		1,650,000	
Mortgage-current portion	0		0		0		200,000		200,000		200,000	
Deferred Repl. Tax	10,000		10,000		10,000		10,000		10,000		10,000	
Total Current Liabilities	2,470,000		2,500,000		2,540,000		3,180,000		2,990,000		3,135,000	
Long Term Liabilities												
Due To Operator	1,818,958		1,818,958		1,818,958		1,818,958		1,818,958		1,818,958	
Mortgage Payable	0		0		0		0		0		0	
Mortgage - add'l	0		0		6,825,000		8,800,000		8,600,000		8,400,000	
Total Liabilities	4,288,958		4,318,958		11,183,958		13,798,958		13,408,958		13,353,958	
EQUITY												
Member Equity	3,145,565		3,379,423		3,644,847		3,941,667		4,177,965		4,480,749	
Retained Earnings	886,636		1,120,000		1,527,704		1,636,359		1,942,279		2,313,739	
Distributions	(617,500)		(750,000)		(460,000)		(250,000)		(1,550,000)		(1,850,000)	
Current Year Profit	1,084,722		1,423,128		865,475		792,218		2,224,244		2,307,457	
Total Equity	4,499,423		5,172,551		5,578,026		6,120,244		6,794,488		7,251,945	
Total Liabilities & Equity	8,788,381		9,491,509		16,761,984		19,919,202		20,203,446		20,605,903	

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APPLEWOOD - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
Total Resident Income	7,201,000	201.57	7,748,612	211.76	7,623,909	213.14	9,130,946	228.46	11,787,263	252.30	12,020,118	257.28
Provider Bed Tax	(65,000)		(62,964)		(62,964)		(78,978)		(84,316)		(84,316)	
Provider Assessments	(186,000)		(191,090)		(190,536)		(202,722)		(219,340)		(219,339)	
Net Resident Income	6,950,000	194.54	7,494,558	204.82	7,370,409	206.05	8,849,246	221.41	11,483,607	245.80	11,716,463	250.78
Operating Expenses												
Nursing	2,524,160	70.66	2,657,760	72.63	2,791,660	78.04	3,261,160	81.60	3,765,660	80.60	3,841,660	82.23
Employee Welfare	568,000	15.90	583,000	15.93	606,800	16.96	739,300	18.50	902,000	19.31	912,000	19.52
Housekeeping & Plant	476,800	13.35	510,800	13.96	530,800	14.84	635,100	15.89	729,000	15.60	746,000	15.97
Laundry & Linen	99,000	2.77	102,000	2.79	105,000	2.94	123,200	3.08	156,000	3.34	158,000	3.38
Dietary	485,000	13.58	501,800	13.71	518,000	14.48	602,300	15.07	716,800	15.34	726,800	15.56
General and Admin.	1,168,771	32.72	1,204,071	32.91	1,227,236	34.31	1,416,937	35.45	1,623,403	34.75	1,655,046	35.42
Total Operating Expense	5,321,732	148.96	5,559,431	151.93	5,779,496	161.57	6,777,997	169.59	7,892,863	168.94	8,039,506	172.08
Income on Operations	1,628,268	45.58	1,935,126	52.88	1,590,913	44.48	2,071,249	51.82	3,590,744	76.86	3,676,957	78.70
Capital Expenses												
Interest Expense - Base	15,000	0.42	15,000	0.41	15,000	0.42	15,000	0.38	15,000	0.32	15,000	0.32
Construction Mtg. Interest	0	0.00	0	0.00	201,438	5.63	543,031	13.59	534,000	11.43	522,000	11.17
Real Estate Taxes	370,000	10.36	380,000	10.38	396,000	11.07	412,000	10.31	425,000	9.10	440,000	9.42
Interest-Operator	0	0.00	10,000	0.27	10,000	0.28	9,000	0.23	5,000	0.11	5,000	0.11
Depreciation & Amort.	118,000	3.30	118,000	3.22	118,000	3.30	315,000	7.88	395,000	8.45	395,000	8.45
State Repl. Tax	4,000	0.11	4,000	0.11	0	0.00	0	0.00	7,500	0.16	7,500	0.16
Total Capital Expenses	507,000	14.19	527,000	14.40	740,438	20.70	1,294,031	32.38	1,381,500	29.57	1,384,500	29.63
Income From Operations	1,121,268	31.39	1,408,126	38.48	850,475	23.78	777,218	19.45	2,209,244	47.29	2,292,457	49.07
Other Income	(36,547)	0.00	15,000	0.00	15,000	0.00	15,000	0.00	15,000	0.00	15,000	0.00
Net Income	1,084,721	31.39	1,423,126	38.48	865,475	23.78	792,218	19.45	2,224,244	47.29	2,307,457	49.07
Net Income	1,084,721		1,423,126		865,475		792,218		2,224,244		2,307,457	
Int,Tax,Depr,Amort,Rent	137,000		147,000		344,438		882,031		956,500		944,500	
EBITDAR for period	1,221,721		1,570,126		1,209,913		1,674,249		3,180,744		3,251,957	
Debt Service Coverage	81.4		104.7		5.6		3.0		5.8		6.1	

ATTACHMENT-27A

APPLEWOOD - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
AVERAGE PER DAY												
Private	6.0		6.0		5.0		7.0		9.0		9.0	
Public Aid	70.7		73.3		74.0		77.0		82.0		82.0	
Medicare	13.4		14.0		12.0		18.0		29.0		29.0	
Hospice	5.9		5.0		5.0		5.0		5.0		5.0	
Insurance	1.8		2.0		2.0		2.5		3.0		3.0	
Avg. Per Day - in house	97.9		100.3		98.0		109.5		128.0		128.0	
TOTAL CENSUS												
Census-Private	2,200		2,190		1,825		2,555		3,285		3,285	
Census-Medicaid	25,800		26,736		27,010		28,105		29,930		29,930	
Census-Medicare	4,900		5,110		4,380		6,570		10,585		10,585	
Census-Hospice	2,150		1,825		1,825		1,825		1,825		1,825	
Census-HMO	675		730		730		913		1,095		1,095	
Census-In House	35,725		36,591		35,770		39,968		46,720		46,720	
Days in Period	365		365		365		365		365		365	
Bed Capacity	115		115		115		144		154		154	
Percent to Capacity	85.1%		87.2%		85.2%		75.9%		83.1%		83.1%	
INCOME												
Private	396,000	180.00	402,960	184.00	346,750	190.00	483,169	189.11	624,150	190.00	689,850	210.00
Medicare	2,620,000	534.69	2,778,563	543.75	2,447,325	558.75	3,784,594	576.04	6,351,000	600.00	6,509,775	615.00
Public Aid	4,220,000	163.57	4,644,230	173.71	4,812,912	178.19	5,008,030	178.19	5,444,866	181.92	5,537,050	185.00
P.A. - Rate Incr. $7.66	0		0		0		111,836	3.98	229,264	7.66	229,264	7.66
Hospice	350,000	162.79	316,984	173.69	325,197	178.19	325,197	178.19	332,004	181.92	337,625	185.00
Hospice-Rate Incr. $7.66	0		0		0		6,990	3.83	13,980	7.66	13,980	7.66
HMO	290,000	429.63	315,725	432.50	323,025	442.50	414,731	454.50	525,600	480.00	542,025	495.00
Day Care	0		0		0		0		0		0	
Ancillary Exp. - Part A	(655,000)	(133.67)	(689,850)	(135.00)	(591,300)	(135.00)	(963,600)	(146.67)	(1,693,600)	(160.00)	(1,799,450)	(170.00)
Ancillary Inc. - Other	170,000		180,000		80,000		80,000		80,000		80,000	
Ancillary Exp. - Other	(190,000)		(200,000)		(120,000)		(120,000)		(120,000)		(120,000)	
Total Resident Income	7,201,000	201.57	7,748,612	211.76	7,623,909	213.14	9,130,946	228.46	11,787,263	252.30	12,020,118	257.28
Other Income(Expense)												
Illinois Bed Tax	(65,000)		(62,964)		(62,964)		(78,978)		(84,316)		(84,316)	
Provider Assessment Tax	(186,000)		(191,090)		(190,536)		(202,722)		(219,340)		(219,339)	
Misc. & Other Income	(36,547)		15,000		15,000		15,000		15,000		15,000	
Total Income	6,913,453	193.52	7,509,558	205.23	7,385,409	206.47	8,864,246	221.79	11,498,607	246.12	11,731,463	251.10

APPLEWOOD - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
NURSING												
Salary - Dir of Nursing	84,000	2.35	92,000	2.51	96,000	2.68	106,000	2.65	116,000	2.48	119,000	2.55
Salary - Asst Dir	44,000	1.23	60,000	1.64	64,000	1.79	72,000	1.80	79,000	1.69	82,000	1.76
Salary - RN's	510,000	14.28	540,000	14.76	568,000	15.88	633,000	15.84	728,000	15.58	748,000	16.01
Salary - LPN's	280,000	7.84	320,000	8.75	336,000	9.39	381,000	9.53	446,000	9.55	456,000	9.76
Salary - Program Aides	750,000	20.99	763,600	20.87	812,500	22.71	1,027,500	25.71	1,210,000	25.90	1,235,000	26.43
Salary - Therapy Dept.	205,000	5.74	220,000	6.01	228,000	6.37	245,000	6.13	267,000	5.71	272,000	5.82
Salary - Med Rec/CPC	145,000	4.06	148,000	4.04	156,000	4.36	174,000	4.35	188,000	4.02	193,000	4.13
Contract Nurses	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Salary - Psycho Social	46,000	1.29	48,000	1.31	49,000	1.37	59,000	1.48	68,000	1.46	70,000	1.50
Salary - Activity	105,000	2.94	112,000	3.06	112,000	3.13	126,000	3.15	134,000	2.87	137,000	2.93
Total Salaries	2,169,000	60.71	2,303,600	62.95	2,421,500	67.70	2,823,500	70.64	3,236,000	69.26	3,312,000	70.89
Nursing Supplies	120,000	3.36	128,000	3.50	136,000	3.80	159,000	3.98	189,000	4.05	189,000	4.05
Wound Care Supplies	25,000	0.70	28,000	0.77	30,000	0.84	35,000	0.88	42,000	0.90	42,000	0.90
Diapers	52,000	1.46	56,000	1.53	60,000	1.68	77,000	1.93	96,000	2.05	96,000	2.05
Enteral Supplies	14,000	0.39	14,000	0.38	14,800	0.41	19,800	0.50	26,000	0.56	26,000	0.56
Nursing Equip. Rental	30,000	0.84	14,000	0.38	14,400	0.40	17,400	0.44	23,000	0.49	23,000	0.49
Oxygen,Lab, X-Ray	8,000	0.22	10,000	0.27	10,400	0.29	13,400	0.34	19,000	0.41	19,000	0.41
Prescription Drugs	10,000	0.28	8,000	0.22	8,000	0.22	9,500	0.24	12,000	0.26	12,000	0.26
Activity Programs	8,000	0.22	8,000	0.22	8,400	0.23	9,900	0.25	13,000	0.28	13,000	0.28
CONSULTANTS												
Activity	1,200	0.03	1,200	0.03	1,200	0.03	1,800	0.05	3,000	0.06	3,000	0.06
Phys. & Occup. Therapy	2,000	0.06	2,000	0.05	2,000	0.06	3,500	0.09	6,000	0.13	6,000	0.13
Social Worker	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Medical Records	2,400	0.07	2,400	0.07	2,400	0.07	3,400	0.09	4,500	0.10	4,500	0.10
Pharmacy	7,200	0.20	7,200	0.20	7,200	0.20	8,400	0.21	10,000	0.21	10,000	0.21
Speech Therapy	1,200	0.03	1,200	0.03	1,200	0.03	2,400	0.06	4,000	0.09	4,000	0.09
Medical Director	30,000	0.84	30,000	0.82	30,000	0.84	33,000	0.83	38,000	0.81	38,000	0.81
Specialized Rehab	11,040	0.31	11,040	0.30	11,040	0.31	11,040	0.28	11,040	0.24	11,040	0.24
Nursing	33,120	0.93	33,120	0.91	33,120	0.93	33,120	0.83	33,120	0.71	33,120	0.71
Total Other Nursing	355,160	9.94	354,160	9.68	370,160	10.35	437,660	10.95	529,660	11.34	529,660	11.34
Total Nursing	2,524,160	70.66	2,657,760	72.63	2,791,660	78.04	3,261,160	81.60	3,765,660	80.60	3,841,660	82.23

ATTACHMENT-27A

APPLEWOOD - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
EMPLOYEE WELFARE												
Payroll Taxes	290,000	8.12	305,000	8.34	320,000	8.95	385,000	9.63	490,000	10.49	500,000	10.70
Workers Comp. Insur.	180,000	5.04	180,000	4.92	180,000	5.03	219,000	5.48	252,000	5.39	252,000	5.39
Employee Insurance	80,000	2.24	80,000	2.19	88,000	2.46	104,000	2.60	120,000	2.57	120,000	2.57
Classified Advertising	4,000	0.11	4,000	0.11	4,000	0.11	12,000	0.30	15,000	0.32	15,000	0.32
Employee Benefits	14,000	0.39	14,000	0.38	14,800	0.41	19,300	0.48	25,000	0.54	25,000	0.54
Total Employee Welfare	568,000	15.90	583,000	15.93	606,800	16.96	739,300	18.50	902,000	19.31	912,000	19.52
HOUSEKEEPING & PLANT												
Salary - Housekeeping	170,000	4.76	180,000	4.92	182,000	5.09	211,200	5.28	253,000	5.42	260,000	5.57
Salary - Maintenance	56,000	1.57	60,000	1.64	62,000	1.73	81,000	2.03	94,000	2.01	96,000	2.05
Dir. of Envir. Services	13,800	0.39	13,800	0.38	13,800	0.39	13,800	0.35	13,800	0.30	13,800	0.30
Housekeeping Supply	30,000	0.84	30,000	0.82	31,400	0.88	38,050	0.95	46,000	0.98	47,000	1.01
Grounds Maintenance	16,000	0.45	16,000	0.44	16,800	0.47	16,800	0.42	17,000	0.36	17,000	0.36
Paint & Deferred Maint	2,000	0.06	10,000	0.27	10,800	0.30	11,100	0.28	12,000	0.26	12,000	0.26
Equip Mtce & Repair	30,000	0.84	32,000	0.87	34,000	0.95	39,500	0.99	44,000	0.94	45,000	0.96
Maintenance Supplies	30,000	0.84	32,000	0.87	33,200	0.93	36,300	0.91	41,000	0.88	42,000	0.90
Scavenger	10,000	0.28	10,000	0.27	10,400	0.29	14,300	0.36	16,000	0.34	16,000	0.34
Exterminator	3,000	0.08	3,000	0.08	3,200	0.09	4,450	0.11	5,200	0.11	5,200	0.11
Fire Service	12,000	0.34	12,000	0.33	13,200	0.37	15,100	0.38	17,000	0.36	17,000	0.36
Utilities - Total	104,000	2.91	112,000	3.06	120,000	3.35	153,500	3.84	170,000	3.64	175,000	3.75
Total Housekeep&Plant	476,800	13.35	510,800	13.96	530,800	14.84	635,100	15.89	729,000	15.60	746,000	15.97
LAUNDRY & LINEN												
Salary - Laundry	37,000	1.04	40,000	1.09	41,600	1.16	54,600	1.37	78,000	1.67	80,000	1.71
Laundry Supplies	8,000	0.22	8,000	0.22	8,400	0.23	9,600	0.24	12,000	0.26	12,000	0.26
Contracted Lndry Serv.	42,000	1.18	42,000	1.15	42,000	1.17	45,000	1.13	50,000	1.07	50,000	1.07
Linen Replacement	12,000	0.34	12,000	0.33	13,000	0.36	14,000	0.35	16,000	0.34	16,000	0.34
Total Laundry	99,000	2.77	102,000	2.79	105,000	2.94	123,200	3.08	156,000	3.34	158,000	3.38
DIETARY												
Salary - Dietary	235,000	6.58	240,000	6.56	252,000	7.05	277,500	6.94	310,000	6.64	320,000	6.85
Food	210,000	5.88	218,400	5.97	221,200	6.18	272,300	6.81	342,000	7.32	342,000	7.32
Dietary Supplies	15,000	0.42	18,000	0.49	19,000	0.53	23,500	0.59	30,000	0.64	30,000	0.64
Sales Tax	1,200	0.03	1,600	0.04	1,600	0.04	1,800	0.05	2,000	0.04	2,000	0.04
Dietary Consultant	10,000	0.28	10,000	0.27	10,400	0.29	13,400	0.34	19,000	0.41	19,000	0.41
Dir. of Food Service	13,800	0.39	13,800	0.38	13,800	0.39	13,800	0.35	13,800	0.30	13,800	0.30
Total Dietary	485,000	13.58	501,800	13.71	518,000	14.48	602,300	15.07	716,800	15.34	726,800	15.56

ATTACHMENT-27A

APPLEWOOD - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
GENERAL & ADMINISTRATIVE												
Salary-Administrative	104,000	2.91	108,000	2.95	112,000	3.13	127,500	3.19	137,000	2.93	141,000	3.02
Salary-Office	200,000	5.60	208,000	5.68	220,000	6.15	238,500	5.97	257,000	5.50	265,000	5.67
Dir. of Financial Services	36,000	1.01	36,000	0.98	36,000	1.01	36,000	0.90	36,000	0.77	36,000	0.77
Dir. of Admissions	16,560	0.46	16,560	0.45	16,560	0.46	16,560	0.41	16,560	0.35	16,560	0.35
Dir. of Reimb. Services	16,560	0.46	16,560	0.45	16,560	0.46	16,560	0.41	16,560	0.35	16,560	0.35
Dir. of Admin. Services	33,120	0.93	33,120	0.91	33,120	0.93	33,120	0.83	33,120	0.71	33,120	0.71
Dir. - Regulatory Serv.	16,560	0.46	16,560	0.45	16,560	0.46	16,560	0.41	16,560	0.35	16,560	0.35
Ancillary Admin Charge	27,600	0.77	27,600	0.75	27,600	0.77	27,600	0.69	27,600	0.59	27,600	0.59
Accounting Fees	26,000	0.73	22,000	0.60	22,000	0.62	22,000	0.55	22,000	0.47	22,000	0.47
Advertising & Promo	6,000	0.17	8,000	0.22	8,000	0.22	33,000	0.83	28,000	0.60	28,000	0.60
Bookkeeping Services	56,580	1.58	56,580	1.55	56,580	1.58	56,580	1.42	56,580	1.21	56,580	1.21
Computer Support	9,660	0.27	9,660	0.26	9,660	0.27	9,660	0.24	9,660	0.21	9,660	0.21
Contributions	3,000	0.08	3,000	0.08	3,000	0.08	3,000	0.08	3,000	0.06	3,000	0.06
Dues & Subscriptions	32,000	0.90	32,000	0.87	33,400	0.93	40,400	1.01	45,400	0.97	45,400	0.97
Education & Seminars	2,500	0.07	3,000	0.08	3,000	0.08	5,500	0.14	8,000	0.17	8,000	0.17
Equipment Rental	1,000	0.03	2,000	0.05	2,000	0.06	3,750	0.09	5,000	0.11	5,000	0.11
General Insurance	102,000	2.86	104,000	2.84	114,000	3.19	132,000	3.30	154,000	3.30	159,000	3.40
Legal Fees	8,000	0.22	8,000	0.22	8,000	0.22	8,000	0.20	10,000	0.21	10,000	0.21
License, Fees, Permits	10,000	0.28	8,000	0.22	8,000	0.22	12,000	0.30	14,000	0.30	14,000	0.30
Management Fees	365,631	10.23	387,431	10.59	381,196	10.66	456,547	11.42	589,363	12.61	601,006	12.86
Office Expense	33,100	0.93	33,100	0.90	34,300	0.96	40,200	1.01	45,100	0.97	46,100	0.99
Other Prof. Fees	32,900	0.92	32,900	0.90	32,900	0.92	39,900	1.00	44,900	0.96	45,900	0.98
Telephone	26,000	0.73	28,000	0.77	28,800	0.81	34,500	0.86	38,000	0.81	39,000	0.83
Travel-Staff & Enter.	4,000	0.11	4,000	0.11	4,000	0.11	7,500	0.19	10,000	0.21	10,000	0.21
Total General & Admin.	1,168,771	32.72	1,204,071	32.91	1,227,236	34.31	1,416,937	35.45	1,623,403	34.75	1,655,046	35.42
CAPITAL AND REPLACEMENT TAX												
Interest Expense - Base	15,000	0.42	15,000	0.41	15,000	0.42	15,000	0.38	15,000	0.32	15,000	0.32
Construction Mtg. Interest	0	0.00	0	0.00	201,438	5.63	543,031	13.59	534,000	11.43	522,000	11.17
Real Estate Taxes	370,000	10.36	380,000	10.38	396,000	11.07	412,000	10.31	425,000	9.10	440,000	9.42
Interest-Operator	0	0.00	10,000	0.27	10,000	0.28	9,000	0.23	5,000	0.11	5,000	0.11
Depreciation & Amort.	118,000	3.30	118,000	3.22	118,000	3.30	315,000	7.88	395,000	8.45	395,000	8.45
State Repl. Tax	4,000	0.11	4,000	0.11	0	0.00	0	0.00	7,500	0.16	7,500	0.16
Total Capital Expenses	507,000	14.19	527,000	14.40	740,438	20.70	1,294,031	32.38	1,381,500	29.57	1,384,500	29.63
Total Expenses	5,828,730	163.16	6,086,431	166.34	6,519,934	182.27	8,072,028	201.96	9,274,363	198.51	9,424,006	201.71
NET INCOME	1,084,723	30.36	1,423,126	38.89	865,475	24.20	792,218	19.82	2,224,244	47.61	2,307,457	49.39

ATTACHMENT-27A

APPLEWOOD - COMBINED	YTD 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
STMT. OF CASH FLOWS												
Operating Activities												
Net Income	1,084,722		1,423,128		865,475		792,218		2,224,244		2,307,457	
Non-Cash Items	109,220		118,000		118,000		315,000		395,000		395,000	
Change in Current Assets	(734,177)		250,000		(50,000)		(575,000)		(250,000)		(25,000)	
Change in Current Liab.	90,717		29,999		40,000		290,000		10,000		(55,000)	
Cash Flows From Operating	550,482		1,821,127		973,475		822,218		2,379,244		2,622,457	
Investing Activities												
Fixed Asset Purchases	(99,951)		(130,000)		(40,000)		(560,000)		(30,000)		(30,000)	
Construction Project	0		0		(6,825,000)		(3,445,327)		0		0	
Change in Other Assets	(49,820)		(80,000)		(50,000)		420,000		0		0	
Cash Flows From Investing	(149,771)		(210,000)		(6,915,000)		(3,585,327)		(30,000)		(30,000)	
Financing Activities												
Note Pay-Private Bank	1,450,000		0		0		150,000		(200,000)		200,000	
Mortgage Proceeds - net	0		0		6,825,000		2,175,000		(200,000)		(200,000)	
Distributions	(617,500)		(750,000)		(460,000)		(250,000)		(1,550,000)		(1,850,000)	
Cash Flows From Financing	832,500		(750,000)		6,365,000		2,075,000		(1,950,000)		(1,850,000)	
Net Cash Flow	1,233,211		861,127		423,475		(688,109)		399,244		742,457	
Cash Balance - Beginning	357,601		1,590,813		2,451,941		2,875,416		2,181,307		2,572,551	
Cash Balance - Ending	1,590,812		2,451,940		2,875,416		2,187,307		2,580,551		3,315,008	

ATTACHMENT-27A

APPLEWOOD PROPERTY Description	12/31/2011 Amount	12/31/2012 Amount	12/31/2013 Amount	12/31/2014 Amount	12/31/2015 Amount	12/31/2016 Amount	12/31/2017 Amount	12/31/2018 Amount	12/31/2019 Amount
CURRENT ASSETS									
Cash in Banks - Total	31,952	97,896	306,261	590,813	946,237	1,333,057	581,028	1,030,812	1,512,074
Tenant Receivable	11,828	102,723	95,919	95,919	95,919	95,919	95,919	95,919	95,919
Accrued Interest Recv.	18,000	24,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000
Escrow Balances	165,109	168,470	0	0	0	0	0	0	0
Loans Receivable	3,922,886	3,923,386	2,453,444	2,453,444	2,453,444	2,453,444	2,453,444	2,453,444	2,453,444
Total Current Assets	4,149,775	4,316,475	2,885,624	3,170,176	3,525,600	3,912,420	3,160,391	3,610,175	4,091,437
FIXED ASSETS - COST	3,260,486	3,260,486	3,260,486	3,260,486	3,260,486	3,260,486	3,260,486	3,260,486	3,260,486
Construction Project	0	0	0	0	0	6,825,000	10,270,327	10,270,327	10,270,327
less: Accum. Depr	(1,374,392)	(1,445,819)	(1,517,281)	(1,587,281)	(1,657,281)	(1,727,281)	(1,989,281)	(2,316,281)	(2,643,281)
Property & Equip - net of Depr.	1,886,094	1,814,667	1,743,205	1,673,205	1,603,205	8,358,205	11,541,532	11,214,532	10,887,532
OTHER ASSETS									
Unamortized Costs	10,694	0	0	0	0	0	0	0	0
Total Assets	6,046,563	6,131,142	4,628,829	4,843,381	5,128,805	12,270,625	14,701,923	14,824,707	14,978,969
LIABILITIES & EQUITY									
Current Liabilities									
Accrued Expenses	348,414	397,769	359,306	340,000	360,000	380,000	400,000	420,000	440,000
Mortgage-current portion	158,029	160,000	0	0	0	0	200,000	200,000	200,000
Total Current Liab.	506,443	557,769	359,306	340,000	360,000	380,000	600,000	620,000	640,000
Long Term Liabilities									
Related Party Payable	493,958	493,958	1,818,958	1,818,958	1,818,958	1,818,958	1,818,958	1,818,958	1,818,958
Tenant Option Deposit	575,000	575,000	575,000	575,000	575,000	575,000	575,000	575,000	575,000
Mortgage Payable	3,226,982	3,066,981	0	0	0	0	0	0	0
Mortgage - add'l	0	0	0	0	0	6,825,000	8,800,000	8,600,000	8,400,000
Total Liabilities	4,802,383	4,693,708	2,753,264	2,733,958	2,753,958	9,598,958	11,793,958	11,613,958	11,433,958
EQUITY									
Member Equity	1,001,635	1,244,180	1,437,433	1,875,565	2,109,423	2,374,847	2,671,667	2,907,965	3,210,749
Distributions	0	(120,722)	(78,281)	(350,000)	(350,000)	(350,000)	(250,000)	(350,000)	(350,000)
Current Year Profit	242,545	313,976	516,413	583,858	615,424	646,820	486,298	652,784	684,262
Total Equity	1,244,180	1,437,434	1,875,565	2,109,423	2,374,847	2,671,667	2,907,965	3,210,749	3,545,011
Total Liabilities & Equity	6,046,563	6,131,142	4,628,829	4,843,381	5,128,805	12,270,625	14,701,923	14,824,707	14,978,969

ATTACHMENT-27A

APPLEWOOD PROPERTY Description	12/31/2011 Amount	12/31/2012 Amount	12/31/2013 Amount	12/31/2014 Amount	12/31/2015 Amount	12/31/2016 Amount	12/31/2017 Amount	12/31/2018 Amount	12/31/2019 Amount
RENTAL INCOME									
Base Rent	535,181	592,897	624,378	655,858	687,424	718,820	750,298	781,784	813,262
Rent - Construction Mtg.		0	0	0	0	201,438	543,031	734,000	722,000
Real Estate Taxes	274,607	408,895	319,196	340,000	360,000	380,000	400,000	420,000	440,000
Total Rental Income	809,788	1,001,792	943,574	995,858	1,047,424	1,300,258	1,693,329	1,935,784	1,975,262
EXPENSES									
Interest Expense - Base	203,440	189,759	34,345	15,000	15,000	15,000	15,000	15,000	15,000
Construction Mtg. Interest	0	0	0	0	0	201,438	543,031	534,000	522,000
Interest Income	0	(6,000)	(6,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)
Real Estate Taxes	278,107	414,213	319,196	340,000	360,000	380,000	400,000	420,000	440,000
Professional Fees	5,863	7,400	7,400	900	900	900	900	900	900
Office Expense	350	323	758	1,100	1,100	1,100	1,100	1,100	1,100
Total Capital Expense	487,760	605,695	355,699	342,000	362,000	583,438	945,031	956,000	964,000
Income - Cash Basis	322,028	396,097	587,875	653,858	685,424	716,820	748,298	979,784	1,011,262
Amortization Exp.	(8,021)	(10,694)	0	0	0	0	0	0	0
Depreciation Exp.	(71,462)	(71,427)	(71,462)	(70,000)	(70,000)	(70,000)	(262,000)	(327,000)	(327,000)
Net Income	242,545	313,976	516,413	583,858	615,424	646,820	486,298	652,784	684,262

APPLEWOOD PROPERTY Description	12/31/2011 Amount	12/31/2012 Amount	12/31/2013 Amount	12/31/2014 Amount	12/31/2015 Amount	12/31/2016 Amount	12/31/2017 Amount	12/31/2018 Amount	12/31/2019 Amount
STMT OF CASH FLOWS									
Operating Activities									
Net Income		313,976	516,413	583,858	615,424	646,820	486,298	652,784	684,262
Depr. & Amort.		82,121	71,462	70,000	70,000	70,000	262,000	327,000	327,000
Change in Current Assets		(100,256)	169,274	0	0	0	0	0	0
Change in Current Liab.		49,355	(38,464)	(19,306)	20,000	20,000	20,000	20,000	20,000
Cash Flows From Operating		345,196	718,685	634,552	705,424	736,820	768,298	999,784	1,031,262
Investing Activities									
Fixed Asset Purchases		0	0	0	0	(6,825,000)	(3,445,327)	0	0
Change in Loans Recv.		(500)	1,469,942	0	0	0	0	0	0
Cash Flows From Investing		(500)	1,469,942	0	0	(6,825,000)	(3,445,327)	0	0
Financing Activities									
Mortgage Payments/Proceeds		(158,030)	(3,226,981)	0	0	6,825,000	2,175,000	(200,000)	(200,000)
Related Party Proceeds		0	1,325,000	0	0	0	0	0	0
Distributions		(120,722)	(78,281)	(350,000)	(350,000)	(350,000)	(250,000)	(350,000)	(350,000)
Cash Flows From Financing		(278,752)	(1,980,262)	(350,000)	(350,000)	6,475,000	1,925,000	(550,000)	(550,000)
Net Cash Flow		65,944	208,365	284,552	355,424	386,820	(752,029)	449,784	481,262
Cash Balance - Beginning		31,952	97,896	306,261	590,813	946,237	1,333,057	581,028	1,030,812
Cash Balance - Ending		97,896	306,261	590,813	946,237	1,333,057	581,028	1,030,812	1,512,074

ATTACHMENT-27A

APPLEWOOD REHAB	Year End 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
CURRENT ASSETS												
Cash in Banks - Total	1,000,000		1,505,704		1,542,359		1,600,279		1,541,739		1,794,934	
Accounts Receivable	1,900,000		1,900,000		1,950,000		2,525,000		2,775,000		2,800,000	
Prepaid Expenses	280,000		30,000		30,000		30,000		30,000		30,000	
Total Current Assets	3,180,000		3,435,704		3,522,359		4,155,279		4,346,739		4,624,934	
FIXED ASSETS - COST	570,000		700,000		740,000		1,300,000		1,330,000		1,360,000	
less: Accum. Depr	(95,000)		(143,000)		(191,000)		(238,000)		(298,000)		(358,000)	
Total Fixed Assets	475,000		557,000		549,000		1,062,000		1,032,000		1,002,000	
OTHER ASSETS												
Option Deposit	575,000		575,000		575,000		575,000		575,000		575,000	
Other Deposits	290,000		370,000		420,000		0		0		0	
Total Other Assets	865,000		945,000		995,000		575,000		575,000		575,000	
Total Assets	4,520,000		4,937,704		5,066,359		5,792,279		5,953,739		6,201,934	
CURRENT LIABILITIES												
Accounts Payable	170,000		180,000		190,000		395,000		370,000		320,000	
Accrued Expenses	330,000		330,000		340,000		405,000		405,000		380,000	
Accrued Vacation Pay	120,000		120,000		120,000		120,000		135,000		135,000	
Payables & Accruals	620,000		630,000		650,000		920,000		910,000		835,000	
Patient Trust Fund-net	0		0		0		0		0		0	
Line of Credit	1,500,000		1,500,000		1,500,000		1,650,000		1,450,000		1,650,000	
Deferred Repl. Tax	10,000		10,000		10,000		10,000		10,000		10,000	
Total Liabilities	2,130,000		2,140,000		2,160,000		2,580,000		2,370,000		2,495,000	
EQUITY												
Member Equity	1,270,000		1,270,000		1,270,000		1,270,000		1,270,000		1,270,000	
Retained Earnings	886,636		1,120,000		1,527,704		1,636,359		1,942,279		2,313,739	
Distribute-Contribute	(267,500)		(400,000)		(110,000)		0		(1,200,000)		(1,500,000)	
Current Year Profit	500,864		807,704		218,655		305,920		1,571,460		1,623,195	
Total Equity	2,390,000		2,797,704		2,906,359		3,212,279		3,583,739		3,706,934	
Total Liabilities & Equity	4,520,000		4,937,704		5,066,359		5,792,279		5,953,739		6,201,934	

ATTACHMENT-27A

APPLEWOOD REHAB	Year End 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
Total Resident Income	7,201,000	201.57	7,748,612	211.76	7,623,909	213.14	9,130,946	228.46	11,787,263	252.30	12,020,118	257.28
Provider Bed Tax	(65,000)		(62,964)		(62,964)		(78,978)		(84,316)		(84,316)	
Provider Assessments	(186,000)		(191,090)		(190,536)		(202,722)		(219,340)		(219,339)	
Net Resident Income	6,950,000	194.54	7,494,558	204.82	7,370,409	206.05	8,849,246	221.41	11,483,607	245.80	11,716,463	250.78
Operating Expenses												
Nursing	2,524,160	70.66	2,657,760	72.63	2,791,660	78.04	3,261,160	81.60	3,765,660	80.60	3,841,660	82.23
Employee Welfare	568,000	15.90	583,000	15.93	606,800	16.96	739,300	18.50	902,000	19.31	912,000	19.52
Housekeeping & Plant	476,800	13.35	510,800	13.96	530,800	14.84	635,100	15.89	729,000	15.60	746,000	15.97
Laundry & Linen	99,000	2.77	102,000	2.79	105,000	2.94	123,200	3.08	156,000	3.34	158,000	3.38
Dietary	485,000	13.58	501,800	13.71	518,000	14.48	602,300	15.07	716,800	15.34	726,800	15.56
General and Admin.	1,166,771	32.66	1,202,071	32.85	1,225,236	34.25	1,414,937	35.40	1,621,403	34.70	1,653,046	35.38
Total Operating Expense	5,319,731	148.91	5,557,430	151.88	5,777,496	161.52	6,775,997	169.54	7,890,863	168.90	8,037,506	172.04
Income on Operations	1,630,269	45.63	1,937,128	52.94	1,592,913	44.53	2,073,249	51.87	3,592,744	76.90	3,678,957	78.74
Capital Expenses												
Rent	655,858	18.36	687,424	18.79	718,820	20.10	750,298	18.77	781,784	16.73	813,262	17.41
Construction Mtg Cost	0	0.00	0	0.00	201,438	5.63	543,031	13.59	734,000	15.71	722,000	15.45
R/E Tax-Current Year	370,000	10.36	380,000	10.38	396,000	11.07	412,000	10.31	425,000	9.10	440,000	9.42
Interest	0	0.00	10,000	0.27	10,000	0.28	9,000	0.23	5,000	0.11	5,000	0.11
Depreciation & Amort.	48,000	1.34	48,000	1.31	48,000	1.34	53,000	1.33	68,000	1.46	68,000	1.46
State Replacement Tax	4,000	0.11	4,000	0.11	0	0.00	0	0.00	7,500	0.16	7,500	0.16
Total Capital Expenses	1,077,858	30.17	1,129,424	30.87	1,374,258	38.42	1,767,329	44.22	2,021,284	43.26	2,055,762	44.00
Income From Operations	552,411	15.46	807,704	22.07	218,655	6.11	305,920	7.65	1,571,460	33.64	1,623,195	34.74
Other Income	(51,547)	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Net Income (Loss)	500,864	15.46	807,704	22.07	218,655	6.11	305,920	7.65	1,571,460	33.64	1,623,195	34.74
Net Income (Loss)	500,864		807,704		218,655		305,920		1,571,460		1,623,195	
Int,Tax,Depr,Amort,Rent	707,858		749,424		978,258		1,355,329		1,596,284		1,615,762	
EBITDAR for period	1,208,722		1,557,128		1,196,913		1,661,249		3,167,744		3,238,957	
Debt Service Coverage			2.3		1.3		1.3		2.1		2.1	

ATTACHMENT-27A

APPLEWOOD REHAB	Year End 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
AVERAGE PER DAY												
Private	6.0		6.0		5.0		7.0		9.0		9.0	
Public Aid	70.7		73.3		74.0		77.0		82.0		82.0	
Medicare	13.4		14.0		12.0		18.0		29.0		29.0	
Hospice	5.9		5.0		5.0		5.0		5.0		5.0	
Insurance	1.8		2.0		2.0		2.5		3.0		3.0	
Avg. Per Day - in house	97.9		100.3		98.0		109.5		128.0		128.0	
TOTAL CENSUS												
Census-Private	2,200		2,190		1,825		2,555		3,285		3,285	
Census-Medicaid	25,800		26,736		27,010		28,105		29,930		29,930	
Census-Medicare	4,900		5,110		4,380		6,570		10,585		10,585	
Census-Hospice	2,150		1,825		1,825		1,825		1,825		1,825	
Census-HMO	675		730		730		913		1,095		1,095	
Census-In House	35,725		36,591		35,770		39,968		46,720		46,720	
Days in Period	365.00		365.00		365.00		365.00		365.00		365.00	
Bed Capacity	115		115		115		144		154		154	
Percent to Capacity	85.1%		87.2%		85.2%		75.9%		83.1%		83.1%	
INCOME												
Private	396,000	180.00	402,960	184.00	346,750	190.00	483,169	189.11	624,150	190.00	689,850	210.00
Medicare	2,620,000	534.69	2,778,563	543.75	2,447,325	558.75	3,784,594	576.04	6,351,000	600.00	6,509,775	615.00
Public Aid	4,220,000	163.57	4,644,230	173.71	4,812,912	178.19	5,008,030	178.19	5,444,866	181.92	5,537,050	185.00
P.A. - Rate Incr. $7.66	0		0		0		111,836	3.98	229,264	7.66	229,264	7.66
Hospice	350,000	162.79	316,984	173.69	325,197	178.19	325,197	178.19	332,004	181.92	337,625	185.00
Hospice-Rate Incr. $7.66	0		0		0		6,990	3.83	13,980	7.66	13,980	7.66
HMO	290,000	429.63	315,725	432.50	323,025	442.50	414,731	454.50	525,600	480.00	542,025	495.00
Other	0		0		0		0		0		0	
Ancillary Exp. - Part A	(655,000)	(133.67)	(689,850)	(135.00)	(591,300)	(135.00)	(963,600)	(146.67)	(1,693,600)	(160.00)	(1,799,450)	(170.00)
Ancillary Inc. - Other	170,000		180,000		80,000		80,000		80,000		80,000	
Ancillary Exp. - Other	(190,000)		(200,000)		(120,000)		(120,000)		(120,000)		(120,000)	
Total Resident Income	7,201,000	201.57	7,748,612	211.76	7,623,909	213.14	9,130,946	228.46	11,787,263	252.30	12,020,118	257.28
Other Income(Expense)												
Illinois Bed Tax	(65,000)		(62,964)		(62,964)		(78,978)		(84,316)		(84,316)	
Provider Assessment Tax	(186,000)		(191,090)		(190,536)		(202,722)		(219,340)		(219,339)	
Miscellaneous Income	(51,547)		0		0		0		0		0	
Total Income	6,898,453	193.10	7,494,558	204.82	7,370,409	206.05	8,849,246	221.41	11,483,607	245.80	11,716,463	250.78

ATTACHMENT-27A

APPLEWOOD REHAB	Year End 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
NURSING												
Salary - Dir of Nursing	84,000	2.35	92,000	2.51	96,000	2.68	106,000	2.65	116,000	2.48	119,000	2.55
Salary - Asst Dir	44,000	1.23	60,000	1.64	64,000	1.79	72,000	1.80	79,000	1.69	82,000	1.76
Salary - RN	510,000	14.28	540,000	14.76	568,000	15.88	633,000	15.84	728,000	15.58	748,000	16.01
Salary - LPN	280,000	7.84	320,000	8.75	336,000	9.39	381,000	9.53	446,000	9.55	456,000	9.76
Salary - Program Aides	750,000	20.99	763,600	20.87	812,500	22.71	1,027,500	25.71	1,210,000	25.90	1,235,000	26.43
Salary - Therapy Dept.	205,000	5.74	220,000	6.01	228,000	6.37	245,000	6.13	267,000	5.71	272,000	5.82
Salary - Med Rec/CPC	145,000	4.06	148,000	4.04	156,000	4.36	174,000	4.35	188,000	4.02	193,000	4.13
Contract Nurses	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Salary - Psycho Social	46,000	1.29	48,000	1.31	49,000	1.37	59,000	1.48	68,000	1.46	70,000	1.50
Salary - Activity	105,000	2.94	112,000	3.06	112,000	3.13	126,000	3.15	134,000	2.87	137,000	2.93
Total Salaries	2,169,000	60.71	2,303,600	62.95	2,421,500	67.70	2,823,500	70.64	3,236,000	69.26	3,312,000	70.89
Nursing Supplies	120,000	3.36	128,000	3.50	136,000	3.80	159,000	3.98	189,000	4.05	189,000	4.05
Wound Care Supplies	25,000	0.70	28,000	0.77	30,000	0.84	35,000	0.88	42,000	0.90	42,000	0.90
Diapers	52,000	1.46	56,000	1.53	60,000	1.68	77,000	1.93	96,000	2.05	96,000	2.05
Enteral Supplies	14,000	0.39	14,000	0.38	14,800	0.41	19,800	0.50	26,000	0.56	26,000	0.56
Nursing Equip. Rental	30,000	0.84	14,000	0.38	14,400	0.40	17,400	0.44	23,000	0.49	23,000	0.49
Oxygen,Lab, X-Ray	8,000	0.22	10,000	0.27	10,400	0.29	13,400	0.34	19,000	0.41	19,000	0.41
Prescription Drugs	10,000	0.28	8,000	0.22	8,000	0.22	9,500	0.24	12,000	0.26	12,000	0.26
Activity Programs	8,000	0.22	8,000	0.22	8,400	0.23	9,900	0.25	13,000	0.28	13,000	0.28
CONSULTANTS												
Activity	1,200	0.03	1,200	0.03	1,200	0.03	1,800	0.05	3,000	0.06	3,000	0.06
Phys. & Occup. Therapy	2,000	0.06	2,000	0.05	2,000	0.06	3,500	0.09	6,000	0.13	6,000	0.13
Social Worker	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Medical Records	2,400	0.07	2,400	0.07	2,400	0.07	3,400	0.09	4,500	0.10	4,500	0.10
Pharmacy	7,200	0.20	7,200	0.20	7,200	0.20	8,400	0.21	10,000	0.21	10,000	0.21
Speech Therapy	1,200	0.03	1,200	0.03	1,200	0.03	2,400	0.06	4,000	0.09	4,000	0.09
Medical Director	30,000	0.84	30,000	0.82	30,000	0.84	33,000	0.83	38,000	0.81	38,000	0.81
Specialized Rehab	11,040	0.31	11,040	0.30	11,040	0.31	11,040	0.28	11,040	0.24	11,040	0.24
Nursing	33,120	0.93	33,120	0.91	33,120	0.93	33,120	0.83	33,120	0.71	33,120	0.71
Total Other Nursing	355,160	9.94	354,160	9.68	370,160	10.35	437,660	10.95	529,660	11.34	529,660	11.34
Total Nursing	2,524,160	70.66	2,657,760	72.63	2,791,660	78.04	3,261,160	81.60	3,765,660	80.60	3,841,660	82.23

ATTACHMENT-27A

APPLEWOOD REHAB	Year End 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
EMPLOYEE WELFARE												
Payroll Taxes	290,000	8.12	305,000	8.34	320,000	8.95	385,000	9.63	490,000	10.49	500,000	10.70
Workers Comp. Insur.	180,000	5.04	180,000	4.92	180,000	5.03	219,000	5.48	252,000	5.39	252,000	5.39
Employee Insurance	80,000	2.24	80,000	2.19	88,000	2.46	104,000	2.60	120,000	2.57	120,000	2.57
Classified Advertising	4,000	0.11	4,000	0.11	4,000	0.11	12,000	0.30	15,000	0.32	15,000	0.32
Employee Benefits	14,000	0.39	14,000	0.38	14,800	0.41	19,300	0.48	25,000	0.54	25,000	0.54
Total Employee Welfare	568,000	15.90	583,000	15.93	606,800	16.96	739,300	18.50	902,000	19.31	912,000	19.52
HOUSEKEEPING & PLANT												
Salary - Housekeeping	170,000	4.76	180,000	4.92	182,000	5.09	211,200	5.28	253,000	5.42	260,000	5.57
Salary - Maintenance	56,000	1.57	60,000	1.64	62,000	1.73	81,000	2.03	94,000	2.01	96,000	2.05
Dir. of Envir. Services	13,800	0.39	13,800	0.38	13,800	0.39	13,800	0.35	13,800	0.30	13,800	0.30
Housekeeping Supply	30,000	0.84	30,000	0.82	31,400	0.88	38,050	0.95	46,000	0.98	47,000	1.01
Grounds Maintenance	16,000	0.45	16,000	0.44	16,800	0.47	16,800	0.42	17,000	0.36	17,000	0.36
Paint & Deferred Maint	2,000	0.06	10,000	0.27	10,800	0.30	11,100	0.28	12,000	0.26	12,000	0.26
Equip Mtce & Repair	30,000	0.84	32,000	0.87	34,000	0.95	39,500	0.99	44,000	0.94	45,000	0.96
Maintenance Supplies	30,000	0.84	32,000	0.87	33,200	0.93	36,300	0.91	41,000	0.88	42,000	0.90
Scavenger	10,000	0.28	10,000	0.27	10,400	0.29	14,300	0.36	16,000	0.34	16,000	0.34
Exterminator	3,000	0.08	3,000	0.08	3,200	0.09	4,450	0.11	5,200	0.11	5,200	0.11
Fire Service	12,000	0.34	12,000	0.33	13,200	0.37	15,100	0.38	17,000	0.36	17,000	0.36
Utilities - Total	104,000	2.91	112,000	3.06	120,000	3.35	153,500	3.84	170,000	3.64	175,000	3.75
Total Housekeep&Plant	476,800	13.35	510,800	13.96	530,800	14.84	635,100	15.89	729,000	15.60	746,000	15.97
LAUNDRY & LINEN												
Salary - Laundry	37,000	1.04	40,000	1.09	41,600	1.16	54,600	1.37	78,000	1.67	80,000	1.71
Laundry Supplies	8,000	0.22	8,000	0.22	8,400	0.23	9,600	0.24	12,000	0.26	12,000	0.26
Contracted Lndry Serv.	42,000	1.18	42,000	1.15	42,000	1.17	45,000	1.13	50,000	1.07	50,000	1.07
Linen Replacement	12,000	0.34	12,000	0.33	13,000	0.36	14,000	0.35	16,000	0.34	16,000	0.34
Total Laundry	99,000	2.77	102,000	2.79	105,000	2.94	123,200	3.08	156,000	3.34	158,000	3.38
DIETARY												
Salary - Dietary	235,000	6.58	240,000	6.56	252,000	7.05	277,500	6.94	310,000	6.64	320,000	6.85
Food	210,000	5.88	218,400	5.97	221,200	6.18	272,300	6.81	342,000	7.32	342,000	7.32
Dietary Supplies	15,000	0.42	18,000	0.49	19,000	0.53	23,500	0.59	30,000	0.64	30,000	0.64
Sales Tax	1,200	0.03	1,600	0.04	1,600	0.04	1,800	0.05	2,000	0.04	2,000	0.04
Dietary Consultant	10,000	0.28	10,000	0.27	10,400	0.29	13,400	0.34	19,000	0.41	19,000	0.41
Dir. of Food Service	13,800	0.39	13,800	0.38	13,800	0.39	13,800	0.35	13,800	0.30	13,800	0.30
Total Dietary	485,000	13.58	501,800	13.71	518,000	14.48	602,300	15.07	716,800	15.34	726,800	15.56

ATTACHMENT-27A

APPLEWOOD REHAB	Year End 12/31/14		YTD 12/31/15		YTD 12/31/16		YTD 12/31/17		YTD 12/31/18		YTD 12/31/19	
Description	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day	Amount	Per Day
GENERAL & ADMINISTRATIVE												
Salary-Administrative	104,000	2.91	108,000	2.95	112,000	3.13	127,500	3.19	137,000	2.93	141,000	3.02
Salary-Office	200,000	5.60	208,000	5.68	220,000	6.15	238,500	5.97	257,000	5.50	265,000	5.67
Dir. of Financial Services	36,000	1.01	36,000	0.98	36,000	1.01	36,000	0.90	36,000	0.77	36,000	0.77
Dir. of Admissions	16,560	0.46	16,560	0.45	16,560	0.46	16,560	0.41	16,560	0.35	16,560	0.35
Dir. of Reimb. Services	16,560	0.46	16,560	0.45	16,560	0.46	16,560	0.41	16,560	0.35	16,560	0.35
Dir. of Admin. Services	33,120	0.93	33,120	0.91	33,120	0.93	33,120	0.83	33,120	0.71	33,120	0.71
Dir. - Regulatory Serv.	16,560	0.46	16,560	0.45	16,560	0.46	16,560	0.41	16,560	0.35	16,560	0.35
Ancillary Admin Charge	27,600	0.77	27,600	0.75	27,600	0.77	27,600	0.69	27,600	0.59	27,600	0.59
Accounting Fees	26,000	0.73	22,000	0.60	22,000	0.62	22,000	0.55	22,000	0.47	22,000	0.47
Advertising & Promo	6,000	0.17	8,000	0.22	8,000	0.22	33,000	0.83	28,000	0.60	28,000	0.60
Bookkeeping Services	56,580	1.58	56,580	1.55	56,580	1.58	56,580	1.42	56,580	1.21	56,580	1.21
Computer Support	9,660	0.27	9,660	0.26	9,660	0.27	9,660	0.24	9,660	0.21	9,660	0.21
Contributions	3,000	0.08	3,000	0.08	3,000	0.08	3,000	0.08	3,000	0.06	3,000	0.06
Dues & Subscriptions	32,000	0.90	32,000	0.87	33,400	0.93	40,400	1.01	45,400	0.97	45,400	0.97
Education & Seminars	2,500	0.07	3,000	0.08	3,000	0.08	5,500	0.14	8,000	0.17	8,000	0.17
Equipment Rental	1,000	0.03	2,000	0.05	2,000	0.06	3,750	0.09	5,000	0.11	5,000	0.11
General Insurance	102,000	2.86	104,000	2.84	114,000	3.19	132,000	3.30	154,000	3.30	159,000	3.40
Legal Fees	8,000	0.22	8,000	0.22	8,000	0.22	8,000	0.20	10,000	0.21	10,000	0.21
License, Fees, Permits	10,000	0.28	8,000	0.22	8,000	0.22	12,000	0.30	14,000	0.30	14,000	0.30
Management Fees	365,631	10.23	387,431	10.59	381,196	10.66	456,547	11.42	589,363	12.61	601,006	12.86
Office Expense	32,000	0.90	32,000	0.87	33,200	0.93	39,100	0.98	44,000	0.94	45,000	0.96
Other Prof. Fees	32,000	0.90	32,000	0.87	32,000	0.89	39,000	0.98	44,000	0.94	45,000	0.96
Telephone	26,000	0.73	28,000	0.77	28,800	0.81	34,500	0.86	38,000	0.81	39,000	0.83
Travel-Staff & Enter.	4,000	0.11	4,000	0.11	4,000	0.11	7,500	0.19	10,000	0.21	10,000	0.21
Total General & Admin.	1,166,771	32.66	1,202,071	32.85	1,225,236	34.25	1,414,937	35.40	1,621,403	34.70	1,653,046	35.38
CAPITAL AND REPLACEMENT TAX												
Rent	655,858	18.36	687,424	18.79	718,820	20.10	750,298	18.77	781,784	16.73	813,262	17.41
Construction Mortgage	0	0.00	0	0.00	201,438	5.63	543,031	13.59	734,000	15.71	722,000	15.45
Real Estate Taxes	370,000	10.36	380,000	10.38	396,000	11.07	412,000	10.31	425,000	9.10	440,000	9.42
Interest Expenses	0	0.00	10,000	0.27	10,000	0.28	9,000	0.23	5,000	0.11	5,000	0.11
Depreciation & Amort.	48,000	1.34	48,000	1.31	48,000	1.34	53,000	1.33	68,000	1.46	68,000	1.46
State Repl. Tax	4,000	0.11	4,000	0.11	0	0.00	0	0.00	7,500	0.16	7,500	0.16
Total Capital Expenses	1,077,858	30.17	1,129,424	30.87	1,374,258	38.42	1,767,329	44.22	2,021,284	43.26	2,055,762	44.00
Total Expenses	6,397,589	179.08	6,686,854	182.74	7,151,754	199.94	8,543,326	213.76	9,912,147	212.16	10,093,268	216.04
NET INCOME	500,864	14.02	807,704	22.07	218,655	6.11	305,920	7.65	1,571,460	33.64	1,623,195	34.74
Payroll Costs	2,971,000	83.16	3,139,600	85.80	3,291,100	92.01	3,813,800	95.42	4,365,000	93.43	4,474,000	95.76
Other	2,348,731	65.74	2,417,830	66.08	2,486,396	69.51	2,962,197	74.12	3,525,863	75.47	3,563,506	76.27
Total Operating Exp.	5,319,731	148.91	5,557,430	151.88	5,777,496	161.52	6,775,997	169.54	7,890,863	168.90	8,037,506	172.04

ATTACHMENT-27A

The PrivateBank

February 4th, 2015

Mr. Bryan Barrish
C/o: Mr. Thomas Winter
SIR Management
6840 Lincoln Avenue
Lincolnwood, IL 60712

Re: Applewood Property, LLC (SIR Management)

Dear Mr. Barrish:

I have reviewed your financing request for a new addition to the Applewood Rehabilitation Center located in Matteson, Illinois. This is a project that The PrivateBank ("Lender") would be very interested in pursuing with you. This letter does not set forth all the terms and conditions of a future credit facility but rather is only an outline, in summary format, of the major points of understanding which will begin to form the basis of a credit facility.

SUMMARY OF TERMS AND CONDITIONS

Borrowers:	Applewood Property, LLC
Guarantors:	Eric Rothner $5.0mln Limited Guarantee
Lender / Bank:	The PrivateBank and Trust Company
Construction Loan Credit Facility:	Lessor of $9.0mln AND 75% as stabilized value in the form of a construction loan to finance the construction build out of a 115 bed facility to 154 beds in Matteson, IL.
Purpose:	To finance the build out construction and mini-permanent mortgage of the 159-bed Skilled Nursing Facility commonly known as Applewood Rehabilitation Center.
Maturity:	Interest only from closing through construction. The construction loan draw period will carry a term of 18-months. The mini-perm mortgage loan will carry a term of 42-months. The total term of the loan will be 60-months from closing.
Interest Rates:	One (1) Month LIBOR + 450 bps floating with a 50 bps LIBOR Floor.

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Repayment: The CL Credit Facility will be interest only through the construction period (estimated to be 18 months). Upon conversion to the mini-permanent mortgage, the CL Credit Facility shall be amortized based upon a 25-year mortgage amortization with principal plus interest due monthly. Monthly principal based on proposed terms estimated at $16,000.

Commitment Fee: 100 bps of final commitment amount.

Prepayment: The CL Borrowers may prepay amounts outstanding under in whole or in part (in minimum amounts to be agreed upon), with prior notice, subject to the provision below. The CL Credit Facility shall be subject to a prepayment penalty on the outstanding principal balance of the loan shall be as follows:

Year 1:	3.00% of the credit facility
Year 2:	3.00% of the credit facility
Year 3:	2.00% of the credit facility
Year 4:	1.00% of the credit facility
Year 5:	0.00% of the credit facility

Security: The CL Facility including any interest rate hedging, will be secured by a valid and perfected, first priority security interest in and lien upon substantially all of the tangible and intangible assets (real and personal) of the CL Borrowers whether now owned or hereafter acquired, including but not limited to cash, inventory, accounts receivable, leasehold improvements, equipment and specifically the first mortgage and assignments of rents and leases. The Borrowers shall provide a pledge of membership interests (It is assumed that mezzanine lender will request pledge of membership interests).

The total loan amount shall not exceed the lesser of 75% of the stabilized value reflected in the appraisal or $9,000,000.

Construction Draws: The CL Credit Facility shall be processed through a title company. Monthly draws, with all supporting documents (invoices and lien waivers) attached with each draw request.

An inspecting architect engaged by the Bank will be required to review the initial construction budget, architectural drawings, zoning approvals, and specifications of the project. Thereafter, the inspecting architect will review the monthly draws and construction project on a monthly basis. Costs associated with inspecting architect shall be paid by the CL Borrower.

Initial Conditions: The closing of the CL Credit Facility will be subject to customary closing conditions, all in form and substance satisfactory to the Lender.

1. Operating accounts (main collection accounts) continue to be held at The PrivateBank for CL Borrower(s).
2. Copy of final construction budget and monthly draw schedule.
3. Zoning, county and city approvals must be in place prior to the first draw.
4. Satisfactory review of documentation showing the transfer of licenses to the new facility.
5. Borrower shall obtain a Guaranteed Maximum Pricing construction contract.

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6. Copy of executed GMP construction contract between the CL Borrower and the contractor.
7. A phase I environmental report acceptable in form and content to The Lender. The report shall not indicate any adverse environmental conditions at the subject properties, as determined by The PrivateBank in its sole discretion.
8. The PrivateBank shall have received and approved a FIRREA compliant appraisal from an appraiser engaged by the Bank, with a loan-to-value ratio on a "stabilized value" not to exceed the higher of 75% or proposed loan amount.

Financial Covenants:

Operating Company (Covenants tested quarterly on a three month ended basis).

1. Minimum quarterly EBITDAR tested after the greater of actual or 5% management fees will be required. The Minimum quarterly EBITDAR requirement will be as follows:
   - $250thd stepping up to $375thd after 9 months of construction.
2. Certificate of occupancy must be granted within 45 days of completion of construction.
3. No additional indebtedness without prior Bank consent.

Real Estate Entity (Covenants tested quarterly on an annual basis).

1. Distributions limited to 40% NI
2. Minimum Fixed Charge Coverage ratio of 1.05:1.00. Defined as (EBITDA – CAPEX) / (Principal and Interest of the Real Estate Companies + Taxes + Distributions/Advances).
3. No additional indebtedness without prior bank consent.

Reporting Requirements:

1. Quarterly (monthly during construction) internally prepared financial statements for the Operator to include income statement and balance sheet within 45 days of quarter end (30 days from month end).
2. Annually internally prepared financial statements for the Real Estate Entity to include income statement and balance sheet within 45 days of quarter end.
3. During lease-up of the facility, monthly leasing reports (showing the move-in and move-outs), occupancy and census information shall be required with monthly financials.
4. Annual audited financial statements for the Operator within 120 days from fiscal year end.
5. Quarterly covenant compliance certificates for the Operator and Real Estate Entity within 45 days of quarter end.
6. Annual survey of the facility and any applicable plans of correction, if applicable.
7. Proof of payment of annual real estate taxes.

Affirmative Covenants:

Those affirmative covenants customarily found in credit agreements for transactions of this nature, including without limitation, financial information (including audited annual financial statements with unqualified opinion,

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monthly financial statements, monthly compliance certificates and monthly borrowing base certificates), use of proceeds, tax shelter registration, deposit accounts, corporate existence, employee plans, notice of default, environmental matters, litigation, payment of taxes and obligations, financial projections, compliance with laws, maintenance of property, insurance, inspection and further assurances.

Negative Covenants: Those negative covenants customarily found in credit agreements for transactions of this nature, including without limitation lines of business, additional indebtedness, liens, guarantees, investments, cancellation of indebtedness, restricted payments, modification of certain agreements and instruments, inconsistent agreements, leases, consolidations, mergers and acquisitions, sale of assets, subsidiary dividends, transactions with affiliates and management fees.

Interest Rate Protection: Borrowers shall have the ability to execute an interest rate hedge with the Lender for the CL Credit Facility commitment.

Insurance: The Borrower(s) shall provide proof of commercially reasonable insurance acceptable to the Lender. The Lender shall be reasonably satisfied with the insurance (including, without limitation, property, liability, flood, earthquake and business interruption) to be maintained by the Borrower(s). Such property insurance shall name the Lender as Lender's loss payee and such liability insurance shall name the Lender as additional insured.

Expenses: The Borrower(s) would reimburse the Bank for all out of pocket expenses incurred by the Bank related to this transaction, which shall include, but would not be limited to, all legal costs, appraisal fees, environmental report fees, title search, etc.

Indemnification: Upon acceptance of this Term Sheet, the Borrower(s) agree to pay on demand all reasonable out-of-pocket costs and expenses of the Lender (including all field examination and appraisal costs, all reasonable fees and charges of any counsel to the Lender, the reasonable allocable cost of internal legal services of the Lender, all reasonable disbursements of such internal counsel and all court costs and similar legal expenses and any taxes) in connection with the preparation, execution and delivery, of this Term Sheet, whether or not the various credit facilities close.

Governing Law And Forum: The loan documents will be governed by Illinois law. The Loan Parties will submit to the jurisdiction and venue of the federal and state courts located in Cook County in the State of Illinois and will waive any right to trial by jury.

Confidentiality: The contents of this letter should not be shared with any third party without the Lender's prior written consent, except for advisors, management and regulatory bodies on a need-to-know basis. Under no circumstances are the terms of this letter to be shared with another lender or potential lender to the Borrower. All persons who are informed of the contents of this letter also need to be informed that such contents are confidential and cannot be disclosed without the Lender's prior written consent.

120 S. LaSalle Street – Chicago, Illinois 60603 – tel [312] 564-2000 – www.ThePrivateBank.com

The PrivateBank

The terms and conditions discussed herein are non-binding and subject to change upon full underwriting of the loan lequest. Any future commitment to lend on this project will first be subject to receipt of the required certificate of need, full underwriting and due diligence by Lender and approval by The Private Bank Loan Committee; therefore, the telms and conditions below should not be construed as a binding obligation.

Oral agreements or commitments to loan money, extend credit or to forebear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable, regardless of the legal theory upon which it is based that is in any way related to the credit agreement. To protect you (Borrower(s)) and us (Lender) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.

If you have any questions regarding the above, please do not hesitate to call.

Bluma Broner
Managing Director
(312) 564-1222
bbroner@theprivatebank.com

Patrick Malone
Officer
(312) 564-6917
pmalone@theprivatebank.com

The PrivateBank

October 20, 2014

Applewood Rehabilitation Center
c/o Tom Winter

To whom it may concern:

We have worked with Bryan Barrish and Michael Giannini for over 10 years on a variety of financings. They have been excellent customers, handling all accounts as agreed. In all of the loans, they and their affiliates have provided the equity necessary for a successful transaction.

The Bank would consider providing construction financing for the addition to the Applewood Rehabilitation Center, in Matteson, IL. The request for the construction loan is approximately $9.0mln. The total would represent no more than 75% as complete / as stabilized value, secured by the subject facility. The contemplated terms include both construction and post construction financing. The underwriting process and due diligence would be done under this pretext.

It is important to note that this is not a commitment and that a commitment would be subject to the successful completion of a thorough due diligence and approval process, including finalization of terms and conditions, formal approval by the Bank's loan committee, and documentation acceptable to the Bank and its counsel in its sole discretion. Any final commitment would also require approval of the Certificate of Need from the Health Facilities and Services Review Board.

Please feel free to contact me as noted below.

Sincerely,

Michael Monticello
Managing Director
(312) 564-1223
mmonticello@theprivatebank.com

Patrick Malone
Officer
(312) 564-6917
pmalone@theprivatebank.com

ATTACHMENT-27C

Financial Viability

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

The worksheets for the all viability ratios from both the ownership and operating entities as well as for the entities on a combined basis are appended as **ATTACHMENT-29A.** The corresponding financial statements are previously appended as **ATTACHMENT-27A.**

ATTACHMENT-29

APPLEWOOD REHABILITATION CENTER
VIABILITY RATIOS WORKSHEET
LTC FACILITY OWNER OPERATOR COMBINED

	2011	2012	2013	2014	2015	2016	2017	2018	2019
CURRENT RATIO									
1. CURRENT ASSETS	$ 7,624,926	$ 6,504,182	$ 4,382,787	$ 5,450,176	$ 6,961,304	$ 7,434,779	$ 7,315,670	$ 7,856,914	$ 8,716,371
2. CURRENT LIABILITIES	$ 3,162,736	$ 1,696,418	$ 929,282	$ 1,570,000	$ 2,500,000	$ 2,540,000	$ 3,180,000	$ 2,990,000	$ 3,135,000
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	2.4	3.8	4.7	3.5	2.8	2.9	2.3	2.6	2.8
NET MARGIN PERCENTAGE									
4. NET INCOME OR (LOSS)	$ 699,963	$ 715,638	$ 848,781	$ 1,084,722	$ 1,423,128	$ 865,475	$ 792,218	$ 2,224,244	$ 2,307,457
5. NET OPERATING REVENUE	$ 1,560,507	$ 1,786,169	$ 1,929,090	$ 2,284,127	$ 2,622,552	$ 2,309,733	$ 2,821,547	$ 4,572,528	$ 4,690,219
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	44.9%	40.1%	44.0%	47.5%	54.3%	37.5%	28.1%	48.6%	49.2%
DEBT SERVICE COVERAGE									
NET INCOME(LOSS) + DEPR +									
7. INTEREST + AMORTIZATION	$ 1,022,613	$ 1,032,351	$ 985,442	$ 1,217,722	$ 1,566,128	$ 1,209,913	$ 1,674,249	$ 3,173,244	$ 3,244,457
8. PRINCIPAL + INTEREST	$ 236,609	$ 215,939	$ 34,630	$ 15,000	$ 25,000	$ 226,438	$ 567,031	$ 754,000	$ 742,000
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	4.3	4.8	28.5	81.2	62.6	5.3	3.0	4.2	4.4
DEBT CAPITALIZATION RATIO									
10. LONG TERM DEBT	$ 4,295,940	$ 4,135,939	$ 2,393,958	$ 2,393,958	$ 2,393,958	$ 9,218,958	$ 11,193,958	$ 10,993,958	$ 10,793,958
11. LONG TERM DEBT + EQUITY	$ 7,227,538	$ 7,555,454	$ 6,426,159	$ 6,893,381	$ 7,566,509	$ 14,796,984	$ 17,314,202	$ 17,788,446	$ 18,045,903
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	59.4%	54.7%	37.3%	34.7%	31.6%	62.3%	64.7%	61.8%	59.8%
DAYS CASH									
13. CASH AND INVESTMENTS	$ 355,364	$ 1,936,796	$ 2,307,601	$ 1,590,813	$ 2,451,941	$ 2,875,416	$ 2,181,307	$ 2,572,551	$ 3,307,008
14. OPER EXPENSE LESS DEPR/365	$ 13,759	$ 16,339	$ 15,620	$ 15,512	$ 16,218	$ 17,427	$ 21,154	$ 24,238	$ 24,662
15. DAY CASH ON HAND (LINE 13 / LINE 14)	25.8	118.5	147.7	102.6	151.2	165.0	103.1	106.1	134.1
CUSHION RATIO									
16. CASH AND INVESTMENTS	$ 355,364	$ 1,936,796	$ 2,307,601	$ 1,590,813	$ 2,451,941	$ 2,875,416	$ 2,181,307	$ 2,572,551	$ 3,307,008
17. MAX ANNUAL DEBT SERVICE	$ 289,690	$ 259,759	$ 104,345	$ 85,000	$ 85,000	$ 286,438	$ 628,031	$ 804,000	$ 792,000
18. CUSHION (LINE 16 / LINE 17)	1.2	7.5	22.1	18.7	28.8	10.0	3.5	3.2	4.2

APPLEWOOD REHABILITATION CENTER
VIABILITY RATIOS WORKSHEET
LTC FACILITY OWNER - APPLEWOOD PROPERTY, LLC

	2011	2012	2013	2014	2015	2016	2017	2018	2019
CURRENT RATIO									
1. CURRENT ASSETS	$4,149,775	$4,316,475	$2,885,624	$3,170,176	$3,525,600	$3,912,420	$3,160,391	$3,510,175	$4,091,437
2. CURRENT LIABILITIES	$506,443	$557,769	$359,306	$340,000	$360,000	$380,000	$600,000	$620,000	$640,000
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	8.2	7.7	8.0	9.3	9.8	10.3	5.3	5.7	6.4
NET MARGIN PERCENTAGE									
4. NET INCOME OR (LOSS)	$ 242,545	$ 313,976	$ 516,413	$ 583,858	$ 615,424	$ 646,820	$ 486,298	$ 652,784	$ 684,262
5. NET OPERATING REVENUE	$ 322,028	$ 396,097	$ 587,875	$ 653,858	$ 685,424	$ 716,820	$ 748,298	$ 979,784	$ 1,011,262
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	75.3%	79.3%	87.8%	89.3%	89.8%	90.2%	65.0%	66.6%	67.7%
DEBT SERVICE COVERAGE									
NET INCOME(LOSS) + DEPR + 7. INTEREST + AMORTIZATION	$ 525,468	$ 585,856	$ 622,220	$ 668,858	$ 700,424	$ 933,258	$ 1,306,329	$ 1,528,784	$ 1,548,262
8. PRINCIPAL + INTEREST	$ 203,440	$ 189,759	$ 34,345	$ 15,000	$ 15,000	$ 216,438	$ 558,031	$ 749,000	$ 737,000
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	2.6	3.1	18.1	44.6	46.7	4.3	2.3	2.0	2.1
DEBT CAPITALIZATION RATIO									
10. LONG TERM DEBT	$ 4,295,940	$ 4,135,939	$ 2,393,958	$ 2,393,958	$ 2,393,958	$ 9,218,958	$ 11,193,958	$ 10,993,958	$ 10,793,958
11. LONG TERM DEBT + EQUITY	$ 5,540,120	$ 5,573,373	$ 4,269,523	$ 4,503,381	$ 4,768,805	$ 11,890,625	$ 14,101,923	$ 14,204,707	$ 14,338,969
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	77.5%	74.2%	56.1%	53.2%	50.2%	77.5%	79.4%	77.4%	75.3%
DAYS CASH									
13. CASH AND INVESTMENTS	$ 31,952	$ 97,896	$ 306,261	$ 590,813	$ 946,237	$ 1,333,057	$ 581,028	$ 1,030,812	$ 1,512,074
14. OPER EXPENSE LESS DEPR/365	$ 1,336	$ 1,659	$ 975	$ 937	$ 992	$ 1,598	$ 2,589	$ 2,619	$ 2,641
15. DAY CASH ON HAND (LINE 13 / LINE 14)	23.9	59.0	314.3	630.5	954.1	834.0	224.4	393.6	572.5
CUSHION RATIO									
16. CASH AND INVESTMENTS	$ 31,952	$ 97,896	$ 306,261	$ 590,813	$ 946,237	$ 1,333,057	$ 581,028	$ 1,030,812	$ 1,512,074
17. MAX ANNUAL DEBT SERVICE	$ 203,440	$ 189,759	$ 34,345	$ 15,000	$ 15,000	$ 216,438	$ 558,031	$ 734,000	$ 722,000
18. CUSHION (LINE 16 / LINE 17)	0.2	0.5	8.9	39.4	63.1	6.2	1.0	1.4	2.1

APPLEWOOD REHABILITATION CENTER
VIABILITY RATIOS WORKSHEET
LTC FACILITY OPERATOR - APPLEWOOD REHABILITATION CENTER, LLC

	2011	2012	2013	2014	2015	2016	2017	2018	2019
CURRENT RATIO									
1. CURRENT ASSETS	$ 3,475,151	$ 2,187,707	$ 1,497,163	$ 2,280,000	$ 3,435,704	$ 3,522,359	$ 4,155,279	$ 4,346,739	$ 4,624,934
2. CURRENT LIABILITIES	$ 2,656,293	$ 1,138,649	$ 569,976	$ 1,230,000	$ 2,140,000	$ 2,160,000	$ 2,580,000	$ 2,370,000	$ 2,495,000
3. CURRENT RATIO (LINE 1 DIVIDED BY LINE 2)	1.3	1.9	2.6	1.9	1.6	1.6	1.6	1.8	1.9
NET MARGIN PERCENTAGE									
4. NET INCOME OR (LOSS)	$ 457,418	$ 401,662	$ 332,368	$ 500,864	$ 807,704	$ 218,655	$ 305,920	$ 1,571,460	$ 1,623,195
5. NET OPERATING REVENUE	$ 1,238,479	$ 1,390,072	$ 1,341,215	$ 1,630,269	$ 1,937,128	$ 1,592,913	$ 2,073,249	$ 3,592,744	$ 3,678,957
6. NET MARGIN PERCENTAGE (LINE 4 DIVIDED BY LINE 5)	36.9%	28.9%	24.8%	30.7%	41.7%	13.7%	14.8%	43.7%	44.1%
DEBT SERVICE COVERAGE									
NET INCOME(LOSS) + DEPR + 7. INTEREST + AMORTIZATION	$ 497,145	$ 446,495	$ 363,222	$ 548,864	$ 865,704	$ 276,655	$ 367,920	$ 1,644,460	$ 1,696,195
8. PRINCIPAL + INTEREST	$ 33,169	$ 26,180	$ 285	$ -	$ 10,000	$ 10,000	$ 9,000	$ 5,000	$ 5,000
9. DEBT SERVICE COVERAGE RATIO (LINE 7 DIVIDED BY LINE 8)	15.0	17.1	1274.5	#DIV/0!	86.6	27.7	40.9	328.9	339.2
DEBT CAPITALIZATION RATIO									
10. LONG TERM DEBT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. LONG TERM DEBT + EQUITY	$1,687,418	$1,982,081	$2,156,636	$2,390,000	$2,797,704	$2,906,359	$3,212,279	$3,583,739	$3,706,934
12. DEBT CAPITALIZATION RATIO (LINE 10 DIVIDED BY LINE 11)	0	0	0	0	0	0	0	0	0
DAYS CASH									
13. CASH AND INVESTMENTS	$ 323,412	$ 1,838,900	$ 2,001,340	$ 1,000,000	$ 1,505,704	$ 1,542,359	$ 1,600,279	$ 1,541,739	$ 1,794,934
14. OPER EXPENSE LESS DEPR/365	$ 12,423	$ 14,680	$ 14,645	$ 14,575	$ 15,226	$ 15,829	$ 18,564	$ 21,619	$ 22,021
15. DAY CASH ON HAND (LINE 13 / LINE 14)	26.0	125.3	136.7	68.6	98.9	97.4	86.2	71.3	81.5
CUSHION RATIO									
16. CASH AND INVESTMENTS	$ 323,412	$ 1,838,900	$ 2,001,340	$ 1,000,000	$ 1,505,704	$ 1,542,359	$ 1,600,279	$ 1,541,739	$ 1,794,934
17. MAX ANNUAL DEBT SERVICE	$ 86,250	$ 70,000	$ 70,000	$ 70,000	$ 70,000	$ 70,000	$ 70,000	$ 70,000	$ 70,000
18. CUSHION (LINE 16 / LINE 17)	3.7	26.3	28.6	14.3	21.5	22.0	22.9	22.0	25.6

ATTACHMENT-29A

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

Appended as **ATTACHMENT-30A,** is a letter from the owner addressing reasonableness of financing arrangements.

B. Conditions of Debt Financing

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

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

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

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

Appended as **ATTACHMENT-30B** is a letter from the owner addressing the conditions of debt financing.

APPLEWOOD PROPERTY, LLC
2201 West Main Street
Evanston, IL 60202

October 10, 2014

Ms. Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Certificate of Need Application for
Applewood Property, LLC
reasonableness of financing arrangements

Dear Ms. Olson:

A. Reasonableness of Financing Arrangements

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

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

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

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

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

Respectfully,

David Aronin, Manager
Applewood Property, LLC

Notarization:
Subscribed and sworn to before me
this 20 day of October 2014

Signature of Notary
Seal
OFFICIAL SEAL
STEVEN A MIRETZKY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/04/17

Applewood Property, LLC

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary
Seal

ATTACHMENT-30A

APPLEWOOD PROPERTY, LLC
2201 West Main Street
Evanston, IL 60202

October 10, 2014

Ms. Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Certificate of Need Application for
Applewood Property, LLC;
conditions of debt financing

Dear Ms. Olson:

B. Conditions of Debt Financing

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

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

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

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

Respectfully,

David Aronin, Manager
Applewood Property, LLC

Notarization:
Subscribed and sworn to before me
this 20 day of October 2014

Signature of Notary

Seal

OFFICIAL SEAL
STEVEN A MIRETZKY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/04/17

Applewood Property, LLC

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

ATTACHMENT-30B

D. Projected Operating Costs

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

	2019	
Salaries	$4,474,000	
Benefits	$ 912,000	
Supplies	$ 388,000	
Patient Days @ 90%		50,589
Total/Operating Cost/PT Day	$5,774,000	$114.14

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.

	2019	
Depreciation	$327,000	
Interest Expense	$552,000	
PT Days @ 90%		50,589
Total/Operating Cost/PT Day	$879,000	$17.38

ATTACHMENT - 30