ORIGINAL SIGNATURES



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HEALTH FACILITIES & SERVICES REVIEW BOARD

# LONG-TERM CARE APPLICATION FOR PERMIT

15-037

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

**This Section must be completed for all projects.**

### DESCRIPTION OF PROJECT

### Project Type

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

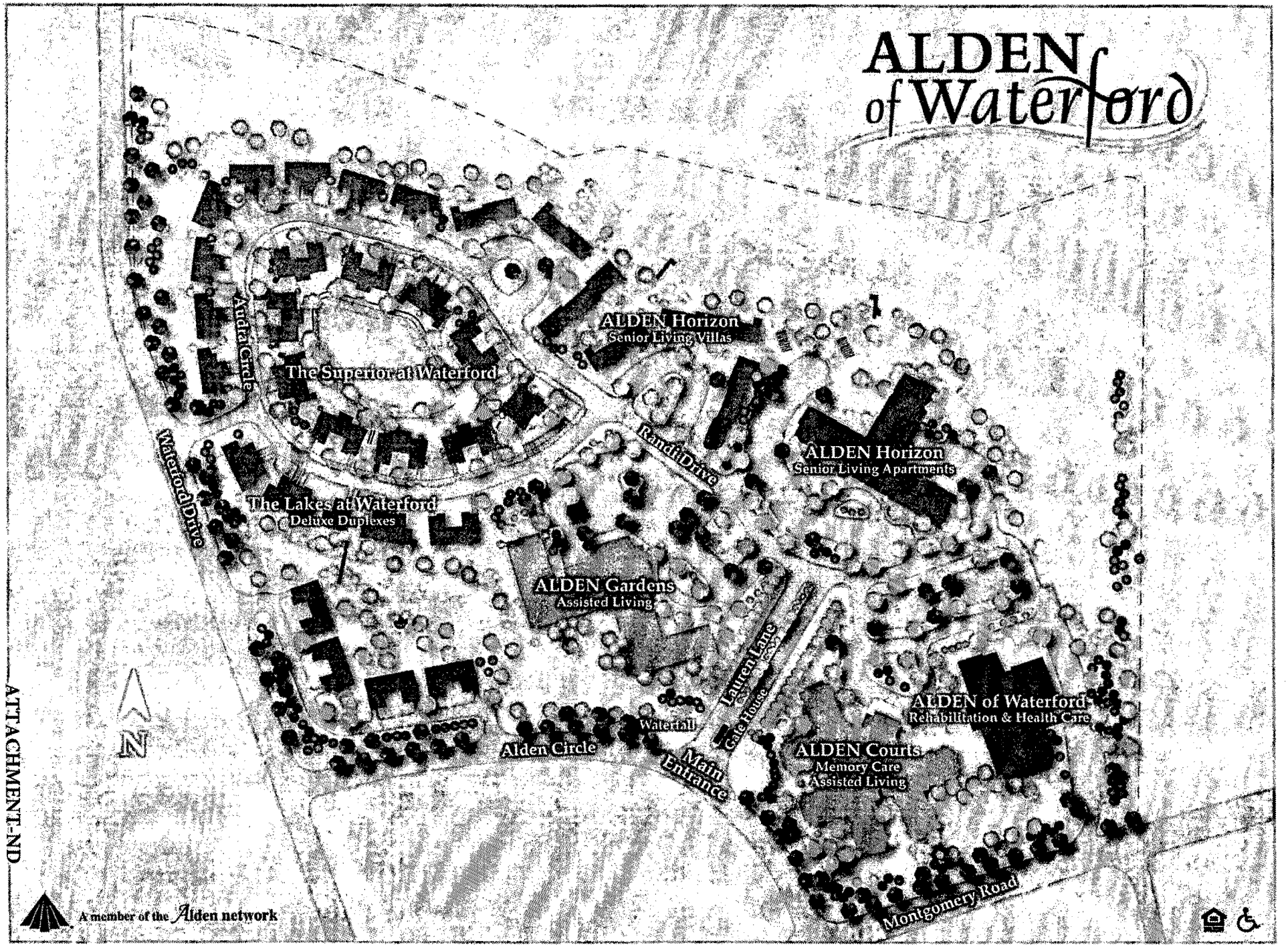
### Narrative Description

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

Alden Courts of Waterford (Alden Courts) is a 66-bed sheltered care facility on a Continuum of Care Retirement Campus (CCRC) that is also home to: Alden of Waterford, a 99-bed nursing care building that is connected to the subject building via an underground tunnel; Alden Gardens of Waterford, a 121-bed sheltered care building; Alden Horizons, a 68 unit, three story apartment building and 30 villas (98 total units); and The Lakes of Waterford which has 33 duplexes. The entire campus is age restricted to the elderly. Specifically, Alden Courts is proposing to convert one of its 22-bed sheltered care units into a 20-bed nursing unit for a resulting building compliment of 20 nursing beds and 44 sheltered care beds. Refer to **ATTACHMENT-ND** for a rendering of the entire campus. It should be known that Alden Courts is a specialized facility exclusively for the care and treatment of those with memory impairment. Moreover, said conversion will be for the continued care and treatment of those with memory issues as their medical needs start outweighing their programmatic needs.

There is some minimal construction/renovation as part of this project as the unit will have to meet nursing care standards. The existing building is a single story 40,118 gross square foot structure. The nursing care unit will comprise 9,254 gross square feet with the balance of 30,864 gross square feet for sheltered care. All ancillary services to support the converted units are and will remain in-common and in-place and as such are listed within this application as part of the existing nursing square footage. Alden Courts of Waterford is located at 1991 Randi Drive in Aurora, Illinois.

This project is classified as substantive as it is the addition of nursing beds to the existing nursing category of in accordance with 77 Illinois Administrative Code, Chapter II, Subchapter a, criterion 1110.40.




ATTACHMENT-ND

## Facility/Project Identification

| | | |
|---|---|---|
| Facility Name: **Alden Courts of Waterford** | | |
| Street Address: **1991 Randi Drive** | | |
| City and Zip Code: **Aurora 60504** | | |
| County: **Kane** | Health Service Area: **008** | Health Planning Area: **089** |

## Applicant /Co-Applicant Identification

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

| |
|---|
| Exact Legal Name: **Waterford Rehab & Courts, LLC** |
| Address: **4200 West Peterson Avenue, Chicago, Illinois 60646** |
| Name of Registered Agent: **Mary Chelotti-Smith** |
| Name of Chief Executive Officer: **Randi Schullo, Manager** |
| CEO Address: **4200 West Peterson Avenue, Chicago, Illinois 60646** |
| Telephone Number: **(773) 724-6324** |

## 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

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|---|---|---|
| Facility Name: **Alden Courts of Waterford** | | |
| Street Address: **1991 Randi Drive** | | |
| City and Zip Code: **Aurora 60504** | | |
| County: **Kane** | Health Service Area: **008** | Health Planning Area: **089** |

## Applicant /Co-Applicant Identification

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

| |
|---|
| Exact Legal Name: **Alden of Waterford Investments, LLC** |
| Address: **4200 West Peterson Avenue, Chicago, Illinois 60646** |
| Name of Registered Agent: **Mary Chelotti-Smith** |
| Name of Chief Executive Officer: **Joan Carl, Manager** |
| CEO Address: **4200 West Peterson Avenue, Chicago, Illinois 60646** |
| Telephone Number: **(773) 286-3883** |

## Type of Ownership (Applicant/Co-Applicants)

| | | | | | |
|---|---|---|---|---|---|
| ☐ | Non-profit Corporation | ☐ | Partnership | | |
| ☐ | For-profit Corporation | ☐ | Governmental | | |
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| Title: **Health Care Consultant** |
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| 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: **Joe Ourth** |
| Title: **Attorney at Law** |
| Company Name: **Arnstein & Lehr, LLP** |
| Address: **120 South Riverside Plaza, Suite 1200, Chicago, Illinois 60606** |
| Telephone Number: **(312) 876-7815** |
| E-mail Address: **jourth@arnstein.com** |
| Fax Number: **(312) 876-0288** |

## Facility/Project Identification

| | | |
|---|---|---|
| Facility Name: **Alden Courts of Waterford** | | |
| Street Address: **1991 Randi Drive** | | |
| City and Zip Code: **Aurora 60504** | | |
| County: **Kane** | Health Service Area: **008** | Health Planning Area: **089** |

## Applicant /Co-Applicant Identification

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

| |
|---|
| Exact Legal Name: **The Alden Group, Ltd.** |
| Address: **4200 West Peterson Avenue, Chicago, Illinois 60646** |
| Name of Registered Agent: **Mary Chelotti-Smith** |
| Name of Chief Executive Officer: **Floyd A. Schlossberg, President** |
| CEO Address: **4200 West Peterson Avenue, Chicago, Illinois 60646** |
| Telephone Number: **(773) 286-3883** |

## Type of Ownership (Applicant/Co-Applicants)

| | | | | | |
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## Primary Contact

**[Person to receive ALL correspondence or inquiries)**

| |
|---|
| Name: **John P. Kniery** |
| Title: **Health Care Consultant** |
| Company Name: **Foley & Associates, Inc.** |
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| 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: **Randi Schullo** |
| Title: **President** |
| Company Name: **Alden Realty Services, Inc.** |
| Address: **4200 West Peterson Avenue, Chicago, Illinois 60646** |
| Telephone Number: **(773) 724-6324** |
| E-mail Address: **Randi.schullo@thealdennetwork.com** |
| Fax Number: **(773) 286-1562** |

## Facility/Project Identification

| | | |
|---|---|---|
| Facility Name: **Alden Courts of Waterford** | | |
| Street Address: **1991 Randi Drive** | | |
| City and Zip Code: **Aurora 60504** | | |
| County: **Kane** | Health Service Area: **008** | Health Planning Area: **089** |

## Applicant /Co-Applicant Identification

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

| |
|---|
| Exact Legal Name: **Alden Courts of Waterford, LLC** |
| Address: **4200 West Peterson Avenue, Chicago, Illinois 60646** |
| Name of Registered Agent: **Mary Chelotti-Smith** |
| Name of Chief Executive Officer: **Randi Schullo, Manager** |
| CEO Address: **4200 West Peterson Avenue, Chicago, Illinois 60646** |
| Telephone Number: **(773) 724-6324** |

## Type of Ownership (Applicant/Co-Applicants)

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|---|---|---|---|---|---|
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| ☐ | 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: **Randi Schullo** |
| Title: **President** |
| Company Name: **Alden Realty Services, Inc.** |
| Address: **4200 West Peterson Avenue, Chicago, Illinois 60646** |
| Telephone Number: **(773) 724-6324** |
| E-mail Address: **Randi.schullo@thealdennetwork.com** |
| Fax Number: **(773) 286-1562** |

## Post Permit Contact

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

| |
|---|
| Name: **Randi Schullo** |
| Title: **President** |
| Company Name: **Alden Realty Services, Inc.** |
| Address: **4200 West Peterson Avenue, Chicago, Illinois 60646** |
| Telephone Number: **(773) 724-6324** |
| E-mail Address: **randi.schullo@thealdennetwork.com** |
| Fax Number: **(773) 286-1562** |

## Site Ownership

[Provide this information for each applicable site]

| |
|---|
| Exact Legal Name of Site Owner: **Waterford Rehab & Courts, LLC** |
| Address of Site Owner: **4200 West Peterson Avenue, Chicago, Illinois 60646** |
| Street Address or Legal Description of Site: **1991-2021 Randi Drive, Aurora, Illinois 60504** |
| **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: **Alden Courts of Waterford, LLC** |
| Address: **4200 West Peterson Avenue, Chicago, Illinois 60646** |

| | | | | | |
|---|---|---|---|---|---|
| ☐ | 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 Waterford Rehab & Courts, 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.**

| | |
|---|---|
| BY: SIGNATURE | SIGNATURE |
| JOAN CARL<br>PRINTED NAME | RANDI SCHULLO<br>PRINTED NAME |
| CO-MANAGER<br>PRINTED TITLE | Co-Manager<br>PRINTED TITLE |
| Notarization:<br>Subscribed and sworn to before me<br>this 15 day of July, 2015 | Notarization:<br>Subscribed and sworn to before me<br>this 15 day of July, 2015 |
| Signature of Notary | Signature of Notary |
| OFFICIAL SEAL<br>ANNA GOLDSTEIN<br>NOTARY PUBLIC, STATE OF ILLINOIS<br>My Commission Expires 02/24/2018<br>Seal | OFFICIAL SEAL<br>ANNA GOLDSTEIN<br>NOTARY PUBLIC, STATE OF ILLINOIS<br>My Commission Expires 02/24/2018<br>Seal |

*Insert EXACT legal name of the applicant

## CERTIFICATION

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- 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 Alden of Waterford Investments, 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.**

| | |
|---|---|
| BY: Joan Carl | Randi Schulto |
| SIGNATURE | SIGNATURE |
| JOAN CARL | RANDI SCHULTO |
| PRINTED NAME | PRINTED NAME |
| CO-MANAGER | Co-Manager |
| PRINTED TITLE | PRINTED TITLE |
| Notarization: Subscribed and sworn to before me this 15 day of July, 2015 | Notarization: Subscribed and sworn to before me this 15 day of July, 2015 |
| Signature of Notary | Signature of Notary |
| OFFICIAL SEAL ANNA GOLDSTEIN NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 02/24/2018 Seal | OFFICIAL SEAL ANNA GOLDSTEIN NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 02/24/2018 Seal |

*Insert EXACT legal name of the applicant

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

| | |
|---|---|
| SIGNATURE | SIGNATURE |
| JOAN CARL | SANDY SCHULLO |
| PRINTED NAME | PRINTED NAME |
| V.P. | Vice President |
| PRINTED TITLE | PRINTED TITLE |
| Notarization: Subscribed and sworn to before me this 15 day of July, 2015 | Notarization: Subscribed and sworn to before me this 15 day of July, 2015 |
| Signature of Notary | Signature of Notary |
| OFFICIAL SEAL ANNA GOLDSTEIN NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 02/24/2018 | OFFICIAL SEAL ANNA GOLDSTEIN NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 02/24/2018 |
| Seal | Seal |

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- in the case of a sole proprietor, the individual that is the proprietor.

**This Application for Permit is filed on the behalf of Alden Courts of Waterford, 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.**

| | |
|---|---|
| BY: Joan Carl<br>SIGNATURE | Randi Schulto<br>SIGNATURE |
| JOAN CARL<br>PRINTED NAME | RANDI SCHULTO<br>PRINTED NAME |
| Co-MANAGER<br>PRINTED TITLE | PRINTED TITLE |
| Notarization:<br>Subscribed and sworn to before me<br>this 16 day of July, 2015 | Notarization:<br>Subscribed and sworn to before me<br>this 16 day of July, 2015 |
| Signature of Notary | Signature of Notary |
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*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 | 66-Sheltered | 44-Sheltered & 20 Nursing |
| ☐ 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 | 2017 | 66 | 6,570 |
| ☐ Specialized Long-Term Care | | NA | NA |

## 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 |

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| **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 |

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| | .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 |

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| **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 |

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| **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 |

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

# 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 |

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|---|---|---|
| **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 |

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|---|---|---|
| **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 |

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| | 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 |

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|---|---|---|
| **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 APPLICABLE

**Continuum of Care:**

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

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

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

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

3. The applicant shall demonstrate that:

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

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

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

**Defined Population:**

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

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

2. The applicant shall document each of the following:

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

   b. The boundaries of the GSA;

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

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

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

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

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

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

## Criterion 1125.570 - Service Accessibility – THIS ITEM IS NOT APPLICABLE

1. Service Restrictions

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

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

2. Additional documentation required:

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

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

   b. Patient/resident location information by zip code;

   c. Independent time-travel studies;

   d. Certification of a waiting list;

   e. Admission restrictions that exist in area providers;

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

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

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

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

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

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

## Criterion 1125.590 - Staffing Availability

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

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

**Criterion 1125.600 Bed Capacity**

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

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

**Criterion 1125.610 - Community Related Functions**

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

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

**Criterion 1125.620 - Project Size**

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

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

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

**Criterion 1125.630 - Zoning**

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

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

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

## Criterion 1125.640 - Assurances

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

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

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

## Criterion 1125.650 - Modernization

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

   a. High cost of maintenance;

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

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

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

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

   a. Copies of maintenance reports;

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

   c. Other pertinent reports and data.

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

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

## SPECIALIZED LONG-TERM CARE

### Criterion 1125.720 - Specialized Long-Term Care – Review Criteria

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

1. **Community Related Functions**

   Read the criterion and submit the following information:

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

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

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

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

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

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

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

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

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

   e. documentation of the availability of community workshops.

3. **Recommendation from State Departments**

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

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

Read the criterion and submit the following information:

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

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

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

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

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

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

5. **Zoning**

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

6. **Establishment of Chronic Mental Illness**

Read the criterion and provide the following:

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

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

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

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

Read this criterion and submit the following information:

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

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

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

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

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

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

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

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

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

# SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

## Criterion 1125.800 Estimated Total Project Cost

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

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

### Availability of Funds

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

| | |
|---|---|
| $484,742 | a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:<br>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<br>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion; |
| _____ | b. Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. |
| _____ | c. Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts; |
| _____ | d. Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:<br>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;<br>2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;<br>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.;<br>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;<br>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. |
| **$484,742** | **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.

**THIS ITEM IS NOT GERMANE**

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

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

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

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

## Economic Feasibility

### This section is applicable to all projects

**A. Reasonableness of Financing Arrangements**

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

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

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

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

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

**B. Conditions of Debt Financing**

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

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

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

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

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

| COST AND GROSS SQUARE FEET BY SERVICE | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Area (list below) | A | B | C | D | E | F | G | H | Total Cost (G + H) |
| | Cost/Square Foot New | Cost/Square Foot Mod. | Gross Sq. Ft. New | Gross Sq. Ft. Circ.* | Gross Sq. Ft. Mod. | Gross Sq. Ft. Circ.* | Const. $ (A x C) | Mod. $ (B x E) | |
| Nursing-Clinical | | $27.02 | | | 6,953 | | | $187,837 | $187,837 |
| Contingency | | $ 2.70 | | | 6,953 | | | $ 18,784 | $ 18,784 |
| Clinical total | | $29.72 | | | 6,953 | | | $206,621 | $206,621 |
| Nursing-Total | | $27.02 | | | 9,254 | | | $250,000 | $250,000 |
| Contingency-Total | | $ 2.70 | | | 9,254 | | | $ 25,000 | $ 25,000 |
| TOTALS | | $29.72 | | | 9,254 | | | $275,000 | $275,000 |

* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

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

**E. Total Effect of the Project on Capital Costs**

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

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

**APPENDIX A**

## Project Costs and Sources of Funds

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

| Project Costs and Sources of Funds | | | |
|---|---|---|---|
| **USE OF FUNDS** | **CLINICAL** | **NONCLINICAL** | **TOTAL** |
| Preplanning Costs | | | |
| Site Survey and Soil Investigation | | | |
| Site Preparation | | | |
| Off Site Work | | | |
| New Construction Contracts | | | |
| Modernization Contracts | 187,837 | 62,163 | 250,000 |
| Contingencies | 18,784 | 6,216 | 25,000 |
| Architectural/Engineering Fees | 28,927 | 9,573 | 38,500 |
| Consulting and Other Fees | 41,324 | 13,676 | 55,000 |
| Movable or Other Equipment (not in construction contracts) | 79,825 | 26,417 | 106,242 |
| Bond Issuance Expense (project related) | | | |
| Net Interest Expense During Construction (project related) | | | |
| Fair Market Value of Leased Space or Equipment | | | |
| Other Costs To Be Capitalized | 7,514 | 2,486 | 10,000 |
| Acquisition of Building or Other Property (excluding land) | | | |
| **TOTAL USES OF FUNDS** | **364,211** | **120,531** | **484,742** |
| **SOURCE OF FUNDS** | **CLINICAL** | **NON-CLINICAL** | **TOTAL** |
| Cash and Securities | 364,211 | 120,531 | 484,742 |
| Pledges | | | |
| Gifts and Bequests | | | |
| Bond Issues (project related) | | | |
| Mortgages | | | |
| Leases (fair market value) | | | |
| Governmental Appropriations | | | |
| Grants | | | |
| Other Funds and Sources | | | |
| **TOTAL SOURCES OF FUNDS** | **364,211** | **120,531** | **484,742** |

**APPENDIX B**

## Related Project Costs

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

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

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 $ 0.00.

# APPENDIX C

## Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary

☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): 12/31/2016

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

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

☒ Project obligation will occur after permit issuance.

**APPENDIX D**

## Cost/Space Requirements

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

| | | Gross Square Feet | | Amount of Proposed Total Gross Square Feet That Is: | | | |
|---|---|---|---|---|---|---|---|
| **Dept. / Area** | **Cost** | **Existing*** | **Proposed** | **New Const.** | **Modernized** | **As Is** | **Vacated Space** |
| **CLINICAL** | | | | | | | |
| Nursing | $272,018 | 15,163 | 5,193 | | 5,193 | 9,970 | |
| Living / Dining / Activity | $61,549 | 5,323 | 1,175 | | 1,175 | 4,148 | |
| Kitchen / Food Service | $7,648 | 587 | 146 | | 146 | 441 | |
| Laundry | $4,191 | 519 | 80 | | 80 | 439 | |
| Beauty / Barber | $0 | 108 | | | | 108 | |
| Janitor Closets | $4,243 | 243 | 81 | | 81 | 162 | |
| Clean / Soiled Utility | $14,562 | 834 | 278 | | 278 | 556 | |
| **TOTAL CLINICAL** | **$364,211** | **22,777** | **6,953** | | **6,953** | **15,824** | |
| | | | | | | | |
| **NON CLINICAL** | | | | | | | |
| Corridor / Public Toilet | $117,755 | 4,816 | 2,248 | | 2,248 | 2,568 | |
| Administration / Admitting / Social Services | $0 | 844 | | | | 844 | |
| Employee Lounge & Facilities | $2,776 | 119 | 53 | | 53 | 66 | |
| Stairs | $0 | 453 | | | | 453 | |
| Lobby | $0 | 595 | | | | 595 | |
| Interior Court | $0 | 1,512 | | | | 1,512 | |
| Elevators / Equipment Room | $0 | 472 | | | | 472 | |
| Library | $0 | 306 | | | | 306 | |
| Soda | $0 | 396 | | | | 396 | |
| Basement (Including Link) | $0 | 6,500 | | | | 6,500 | |
| Connecting Tunnel | $0 | 1,083 | | | | 1,083 | |
| All Other Support | $0 | 245 | | | | 245 | |
| **TOTAL NON-CLINICAL** | **$120,531** | **17,341** | **2,301** | | **2,301** | **15,040** | |
| **TOTAL** | **$484,742** | **40,118** | **9,254** | | **9,254** | **30,864** | |

***Please note: All existing space is Sheltered Care, not nursing care.**

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

## INDEX OF ATTACHMENTS


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| 16 | Variances | |
| 17 | Accessibility | |
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| | **Service Specific - Specialized Long-Term Care** | |
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| C | Project Status and Completion Schedule | 36 |
| D | Cost/Space Requirements | 37 |

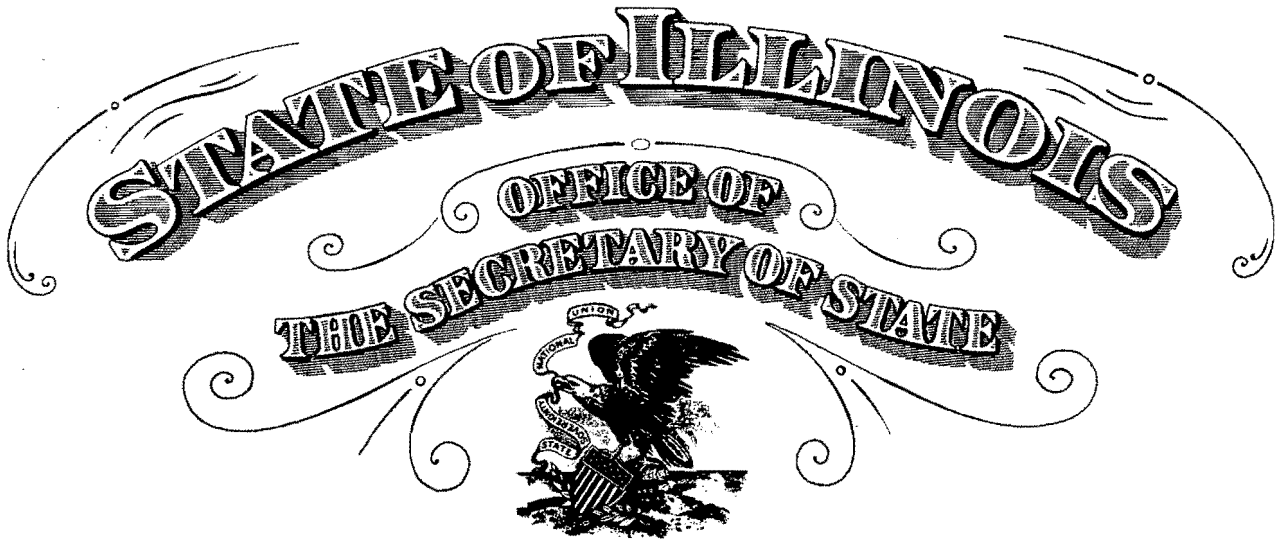
**Applicant /Co-Applicant Identification**
**[Provide for each co-applicant [refer to Part 1130.220].**

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

The Applicants for the proposed project, Alden Courts of Waterford, are **Waterford Rehab & Courts, LLC** (owner) and **Alden Courts of Waterford, LLC** (operator/Licensee). The owner of both the ownership and operating entities is **Alden of Waterford Investments, LLC**, with the parent entity being **The Alden Group, Ltd.** Collectively, these entities are the Applicant. The entities' Illinois Certificates of Good Standing are appended as **ATTACHMENT-1A.**

**ATTACHMENT-1**

*File Number* 0290788-7




## *To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WATERFORD REHAB AND COURTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 23, 2009, 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* 8TH *day of* JULY *A.D.* 2015 .

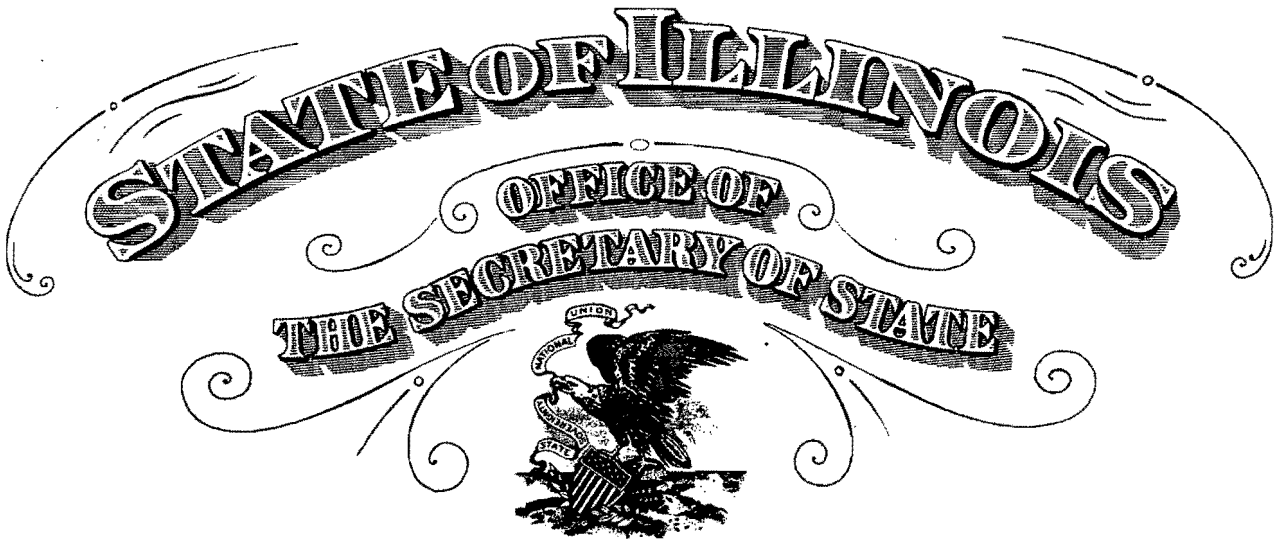
Authentication #: 1518902886 verifiable until 07/08/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

*File Number* 0033110-4




## *To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ALDEN COURTS OF WATERFORD, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 13, 1999, 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.

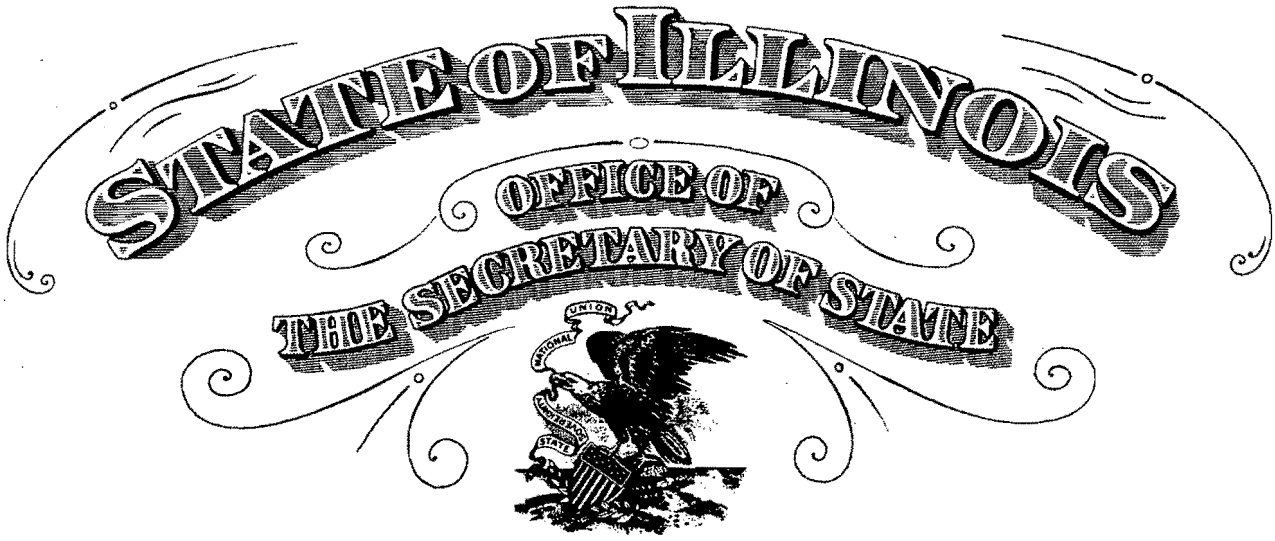
***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* JULY *A.D.* 2015 .

Authentication #: 1518902958 verifiable until 07/08/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

**ATTACHMENT-1A**

*File Number* 0032646-1




## *To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ALDEN OF WATERFORD INVESTMENTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 22, 1999, 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* 8TH *day of* JULY *A.D.* 2015 .

Authentication #: 1518902922 verifiable until 07/08/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

*File Number* 5206-055-9

## *To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

THE ALDEN GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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* 8TH *day of* JULY *A.D.* 2015 .

Authentication #: 1518902946 verifiable until 07/08/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT-1A

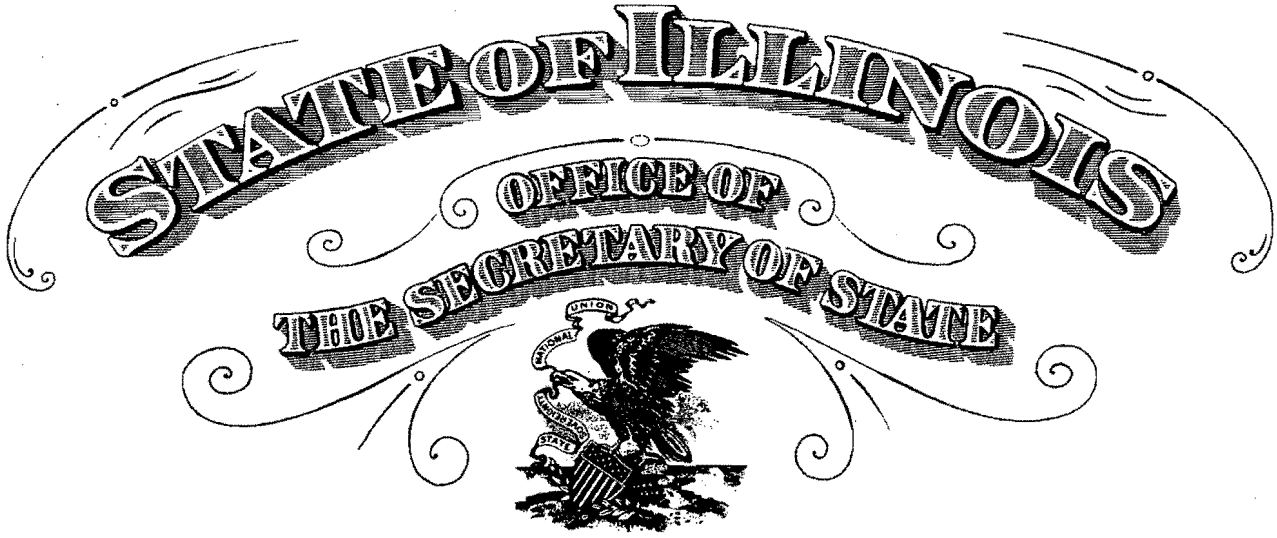
**Site Ownership**

**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 **Waterford Rehab & Courts, LLC.** The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-2A.** As an existing ongoing business, the most recent property tax document serves as proof of site ownership, appended as **ATTACHMENT-2B.**

**ATTACHMENT-2**

*File Number* 0290788-7




## *To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

WATERFORD REHAB AND COURTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 23, 2009, 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* 8TH *day of* JULY *A.D.* 2015 .

Authentication #: 1518902886 verifiable until 07/08/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

**ATTACHMENT-2A**

# David J. Rickert Kane County Treasurer

**Make Checks Payable to: Kane County Treasurer**
**Please remit to: P.O. Box 4025 Geneva IL 60134-4025**

Parcel Number: 15-36-202-005

1st 2014

1ST INSTALLMENT FOR 2014
DUE ON OR BEFORE 06/01/15 **$51,889.98**

ABATEMENT
PENALTY
OTHER FEES
TOTAL DUE

WATERFORD REHAB & COURTS LLC
4200 W PETERSON AVENUE STE 140
CHICAGO IL 60646-6819

153620200510005188998060 1154

00171239

**Remove stub and remit with payment.**

---

# David J. Rickert Kane County Treasurer

**Make Checks Payable to: Kane County Treasurer**
**Please remit to: P.O. Box 4025 Geneva IL 60134-4025**

Parcel Number: **15-36-202-005**

2nd 2014

2ND INSTALLMENT FOR 2014
DUE ON OR BEFORE 09/01/15 **$51,889.98**

ABATEMENT
PENALTY
OTHER FEES
TOTAL DUE

WATERFORD REHAB & COURTS LLC
4200 W PETERSON AVENUE STE 140
CHICAGO IL 60646-6819

153620200520005188998090 1151

**Remove stub and remit with payment.**

---

| Rate 2013 | Tax 2013 | Taxing District | Rate 2014 | Tax 2014 |
|---|---|---|---|---|
| 0.374538 | $3,165.84 | KANE COUNTY | 0.379454 | $3,143.40 |
| 0.087754 | $741.76 | KANE COUNTY PENSION | 0.088906 | $736.50 |
| 0.297499 | $2,514.66 | KANE FOREST PRESERVE | 0.305927 | $2,534.30 |
| 0.006369 | $53.84 | KANE FOREST PRESERVE PENSION | 0.006703 | $55.53 |
| 0.227511 | $1,923.08 | AURORA TOWNSHIP | 0.232479 | $1,925.86 |
| 0.024158 | $204.20 | AURORA TOWNSHIP PENSION | 0.027681 | $229.31 |
| 0.105042 | $887.89 | AURORA TWP ROAD DIST | 0.108639 | $899.96 |
| 0.005352 | $45.24 | AURORA TWP ROAD DIST PENSION | 0.005481 | $45.41 |
| 1.821565 | $15,397.11 | AURORA CITY | 1.469539 | $12,173.64 |
| 0.319023 | $2,696.60 | AURORA CITY PENSION | 0.793954 | $6,577.14 |
| 6.259835 | $52,912.36 | EAST AURORA SCH DIST 131 | 7.306496 | $60,526.99 |
| 0.641536 | $5,422.72 | EAST AURORA SCH DIST 131 PENSION | 0.289968 | $2,402.12 |
| 0.580694 | $4,908.42 | WAUBONSEE COLLEGE 516 | 0.595432 | $4,932.56 |
| 0.585416 | $4,948.33 | FOX VALLEY PARK DISTRICT | 0.585104 | $4,847.01 |
| 0.042551 | $359.67 | FOX VALLEY PARK DISTRICT PENSION | 0.045576 | $377.54 |
| 0.286596 | $2,422.50 | AURORA CITY LIBRARY | 0.286419 | $2,372.69 |
| 0.000000 | | FOX METRO WATER REC DIST | 0.000000 | |
| 11.665439 | $98,604.22 | TOTAL | 12.527758 | $103,779.96 |

2014 Kane County Real Estate Tax Bill
David J. Rickert, County Treasurer
719 S. Batavia Avenue, Bldg. A
Geneva, IL 60134

Parcel Number **15-36-202-005**

## Late Payment Schedule

| | 1st | 2nd |
|---|---|---|
| June 2 thru Jul 1 | $52,688.33 | |
| Jul 2 thru Aug 1 | $53,446.68 | |
| Aug 2 thru Sept 1 | $54,225.03 | |
| Sept 2 thru Oct 1 | $55,003.38 | $52,668.33 |
| Oct 2 thru Oct 23 | $55,781.73 | $53,446.68 |

**Payment on or after Oct. 2, 2015, please see instructions on reverse side for late payments.**

**Mail To:**
WATERFORD REHAB & COURTS LLC
4200 W PETERSON AVENUE STE 140
CHICAGO IL 60646-6819

**Property Location:**
1991-2021 RANDI DR
AURORA

| Township | Tax Code | Acres |
|---|---|---|
| AU | AU021 | |

| Tax Rate | Sold at Tax Sale | Forfeited Tax |
|---|---|---|
| 12.527758 | | |

| First Installment Tax $51,889.98 | Second Installment Tax $51,889.98 |
|---|---|
| Abatement | Abatement |
| Penalty | Penalty |
| Other Fees | Other Fees |
| Total Due Due by 06/01/15 | Total Due Due by 09/01/15 |

| | |
|---|---|
| TIF BASE | N/A |
| FAIR CASH VALUE | 2,485,450.00 |
| LAND VALUE | 266,675.00 |
| + BUILDING VALUE | 561,725.00 |
| - HOME IMPROVEMENT/VET | 0.00 |
| = ASSESSED VALUE | 828,400.00 |
| x STATE MULTIPLIER | 1.000000 |
| = EQUALIZED VALUE | 828,400.00 |
| - HOMESTEAD EXEMPTION | 0.00 |
| - SENIOR EXEMPTION | 0.00 |
| - OTHER EXEMPTIONS | 0.00 |
| + FARMLAND | 0.00 |
| + FARM BUILDING | 0.00 |
| = NET TAXABLE VAL. | 828,400.00 |
| x TAX RATE | 12.527758 |
| = CURRENT TAX | $103,779.96 |
| + DRAINAGE | $0.00 |
| + BACK TAX / FORF AMT | $0.00 |
| - ENTERPRISE ZONE | $0.00 |
| = TOTAL TAX DUE | $103,779.96 |



ATTACHMENT-2B

**Operating Identity/Licensee**

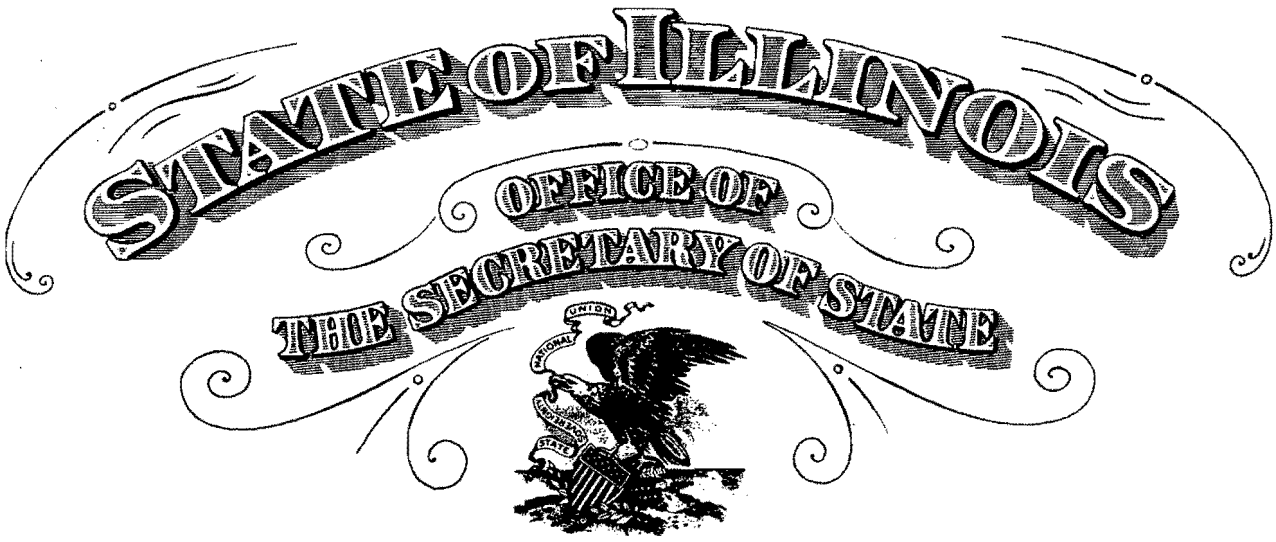
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.

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

The operator/Licensee of the existing Alden Courts of Waterford is **Alden Courts of Waterford, LLC**. The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A**. Please note that the sole shareholder is **Alden of Waterford Investments, LLC**. An Illinois Certificate of Good Standing for this entity is appended as **ATTACHMENT-3B**.

**ATTACHMENT-3**

*File Number* 0033110-4




## *To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ALDEN COURTS OF WATERFORD, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 13, 1999, 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* 8TH *day of* JULY *A.D.* 2015 .

Authentication #: 1518902958 verifiable until 07/08/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

**ATTACHMENT-3A**

*File Number* 0032646-1

## *To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ALDEN OF WATERFORD INVESTMENTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 22, 1999, 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* 8TH *day of* JULY *A.D.* 2015 .

Authentication #: 1518902922 verifiable until 07/08/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-3B

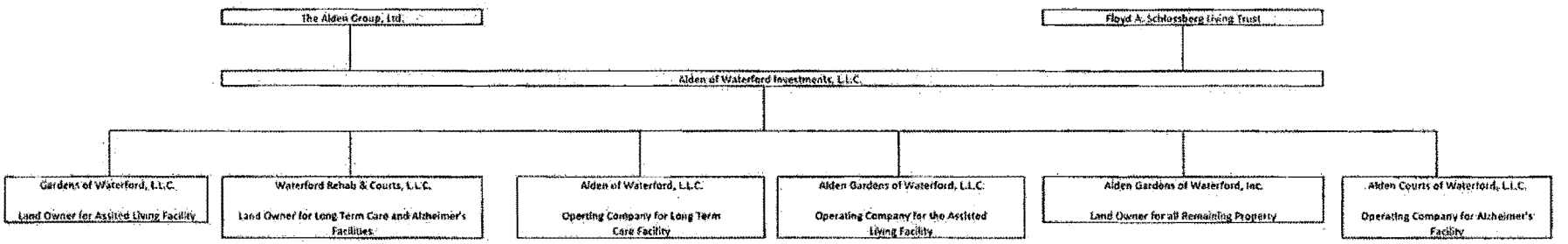
**Organizational Relationships**

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

Appended as **ATTACHMENT-4A,** is the organizational chart for Alden's total Waterford project in Aurora, Illinois. It should be known that Alden Courts of Waterford is an existing, 66-bed sheltered care facility. Also on the Alden of Waterford campus are two additional licensed facilities, Alden of Waterford, a 99-bed nursing facility that shares the land owner (**Waterford Rehab & Courts, LLC**) with the Subject facility and Alden Gardens of Waterford, a 121-bed general sheltered care facility which shares the parent entities with the Subject facility. There are other related "Alden" facilities through the parental entities that should be disclosed. Appended as **ATTACHMENT-4B** is a listing of all facilities in which **The Alden Group, Ltd**. (the ultimate parent) has interest. Appended as **ATTACHMENT-4C**, is the Illinois Secretary of State Certificate of Good Standing for **The Alden Group, Ltd**. who is also considered a co-Applicant.

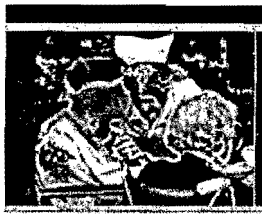
**ATTACHMENT-4**

## Alden Organizational Chart






ATTACHMENT-4A



# Nursing Homes in Illinois

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

## Facility Information

**ALDEN COURTS OF WATERFORD**
**1991 RANDI DRIVE**
**AURORA IL 60505**

ADMINISTRATOR: LAUREN PAC
TELEPHONE: 630-851-1466

| | |
|---|---|
| Licensee ID | :0044180 |
| Facility ID | :6015507 |
| Skilled beds | :0 |
| Intermediate beds | :0 |
| Icf-dd beds | :0 |
| Shelter Care beds | :66 |
| Community Living beds | :0 |
| Under 22 beds | :0 |
| Medicare beds | :0 |
| Medicare/Medicaid beds | :0 |
| Medicaid beds | :0 |
| Fax | :630-585-1008 |
| County | :Kane |
| Medicare Certification Number | : |
| Medicare Skilled Certification Number | : |
| Medicaid ICF/DD Certification Number | : |
| Medicaid DD Certification Number | : |
| Medicaid Swing Bed Certification Number | : |

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ATTACHMENT-4B

# Nursing Homes in Illinois

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## Ownership Information

**ALDEN COURTS OF WATERFORD**
**1991 RANDI DRIVE**
**AURORAIL60505**
ADMINISTRATOR: LAUREN PAC
TELEPHONE: 630-851-1466

**Licensee Name:**
**ALDEN COURTS OF WATERFORD, L.L.C.**

**Persons with 5 percent or greater interest in licensee:**

| Name | % of Ownership |
|---|---|
| LAURENMAGNUSSON | 13.35 |
| RANDISCHLOSSBERG-SCH | 13.35 |
| FLOYDASCHLOSSBERG | 35.70 |
| AUDRAELISCO | 13.35 |

**Ownership Type:**
LIMITED LIABILITY CO

**Click on individual's name to see other ownership interests.**

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ATTACHMENT-4B

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## Ownership Information

### ALDEN COURTS OF WATERFORD

1991 RANDI DRIVE
AURORA IL 60505

ADMINISTRATOR LAUREN PAC
TELEPHONE 630-851-1466

**LAUREN MAGNUSSON**
has ownership interest in the following long term care entities

| Facility | Percentage Owned |
|---|---|
| ALDEN VILLAGE NORTH | 20.77 |
| ALDEN POPLAR CREEK REHAB & HCC | 20.77 |
| ALDEN VILLAGE HEALTH FACILITY | 20.77 |
| ALDEN ESTATES OF BARRINGTON | 20.77 |
| HEATHER HEALTH CARE CENTER | 20.77 |
| ALDEN LAKELAND REHAB & HCC | 20.77 |
| ALDEN LONG GROVE REHAB & HCC | 20.77 |
| ALDEN ESTATES OF SKOKIE | 20.77 |
| ALDEN ESTATES OF NAPERVILLE | 20.77 |
| ALDEN TERRACE OF MCHENRY REHAB | 20.77 |
| ALDEN LINCOLN REHAB & H C CTR | 20.77 |
| ALDEN WENTWORTH REHAB & HCC | 20.77 |
| ALDEN PRINCETON REHAB & HCC | 20.77 |
| ALDEN TOWN MANOR REHAB & HCC | 20.77 |
| ALDEN ESTATES OF EVANSTON | 20.77 |
| ALDEN NORTHMOOR REHAB & HCC | 20.77 |
| ALDEN DES PLAINES REHAB & HC | 20.77 |
| ALDEN NORTH SHORE REHAB & HCC | 20.77 |
| ALDEN OF WATERFORD | 20.77 |
| ALDEN TRAILS | 20.77 |
| ALDEN OF OLD TOWN EAST | 20.77 |
| ALDEN OF OLD TOWN WEST | 20.77 |
| ALDEN ORLAND PARK REHAB & HCC | 20.77 |
| ALDEN COURTS OF WATERFORD | 13.35 |
| ALDEN GARDENS OF WATERFORD | 13.35 |
| ALDEN GARDEN CTS OF DESPLAINES | 20.77 |
| ALDEN SPRINGS | 20.77 |
| ALDEN ESTATES OF SHOREWOOD | 20.77 |

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ATTACHMENT-4B

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## Ownership Information

### ALDEN COURTS OF WATERFORD

1991 RANDI DRIVE
AURORA IL 60505

ADMINISTRATOR LAUREN PAC
TELEPHONE 630-851-1466

**RANDI SCHLOSSBERG-SCH**
has ownership interest in the following long term care entities

| Facility | Percentage Owned |
|---|---|
| ALDEN VILLAGE NORTH | 20.77 |
| ALDEN POPLAR CREEK REHAB & HCC | 20.77 |
| ALDEN VILLAGE HEALTH FACILITY | 20.77 |
| ALDEN ESTATES OF BARRINGTON | 20.77 |
| HEATHER HEALTH CARE CENTER | 20.77 |
| ALDEN LAKELAND REHAB & HCC | 20.77 |
| ALDEN LONG GROVE REHAB & HCC | 20.77 |
| ALDEN ESTATES OF SKOKIE | 20.77 |
| ALDEN ESTATES OF NAPERVILLE | 20.77 |
| ALDEN TERRACE OF MCHENRY REHAB | 20.77 |
| ALDEN LINCOLN REHAB & H C CTR | 20.77 |
| ALDEN WENTWORTH REHAB & HCC | 20.77 |
| ALDEN PRINCETON REHAB & HCC | 20.77 |
| ALDEN TOWN MANOR REHAB & HCC | 20.77 |
| ALDEN ESTATES OF EVANSTON | 20.77 |
| ALDEN NORTHMOOR REHAB & HCC | 20.77 |
| ALDEN DES PLAINES REHAB & HC | 20.77 |
| ALDEN NORTH SHORE REHAB & HCC | 20.77 |
| ALDEN OF WATERFORD | 20.77 |
| ALDEN TRAILS | 20.77 |
| ALDEN OF OLD TOWN EAST | 20.77 |
| ALDEN OF OLD TOWN WEST | 20.77 |
| ALDEN ORLAND PARK REHAB & HCC | 20.77 |
| ALDEN COURTS OF WATERFORD | 13.35 |
| ALDEN GARDENS OF WATERFORD | 13.35 |
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### ALDEN COURTS OF WATERFORD

1991 RANDI DRIVE
AURORA IL 60505

ADMINISTRATOR LAUREN PAC
TELEPHONE 630-851-1466

**FLOYD A SCHLOSSBERG**
has ownership interest in the following long term care entities

| Facility | Percentage Owned |
|---|---|
| ALDEN PARK STRATHMOOR | 90.51 |
| ALDEN OF WATERFORD | 35.70 |
| ALDEN COURTS OF WATERFORD | 35.70 |
| ALDEN GARDENS OF WATERFORD | 35.70 |

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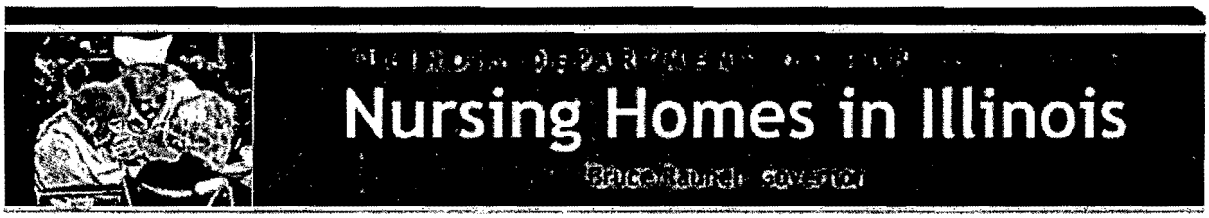
ATTACHMENT-4B

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## Ownership Information

### ALDEN COURTS OF WATERFORD

1991 RANDI DRIVE
AURORA IL 60505

ADMINISTRATOR LAUREN PAC
TELEPHONE 630-851-1466

**AUDRA ELISCO**
has ownership interest in the following long term care entities

| Facility | Percentage Owned |
|---|---|
| ALDEN VILLAGE NORTH | 20.77 |
| ALDEN POPLAR CREEK REHAB & HCC | 20.77 |
| ALDEN VILLAGE HEALTH FACILITY | 20.77 |
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| ALDEN DES PLAINES REHAB & HC | 20.77 |
| ALDEN NORTH SHORE REHAB & HCC | 20.77 |
| ALDEN OF WATERFORD | 20.77 |
| ALDEN TRAILS | 20.77 |
| ALDEN OF OLD TOWN EAST | 20.77 |
| ALDEN OF OLD TOWN WEST | 20.77 |
| ALDEN ORLAND PARK REHAB & HCC | 20.77 |
| ALDEN COURTS OF WATERFORD | 13.35 |
| ALDEN GARDENS OF WATERFORD | 13.35 |
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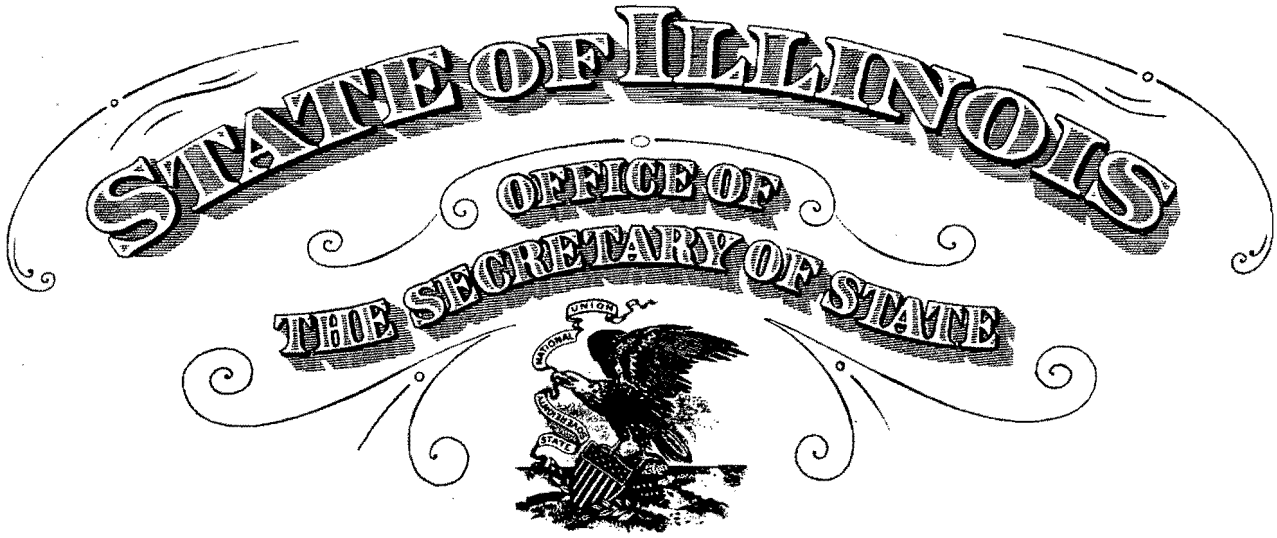
ATTACHMENT-4B

*File Number* 5206-055-9




## *To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

THE ALDEN GROUP, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 1980, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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* 8TH *day of* JULY *A.D.* 2015 .

Authentication #: 1518902946 verifiable until 07/08/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

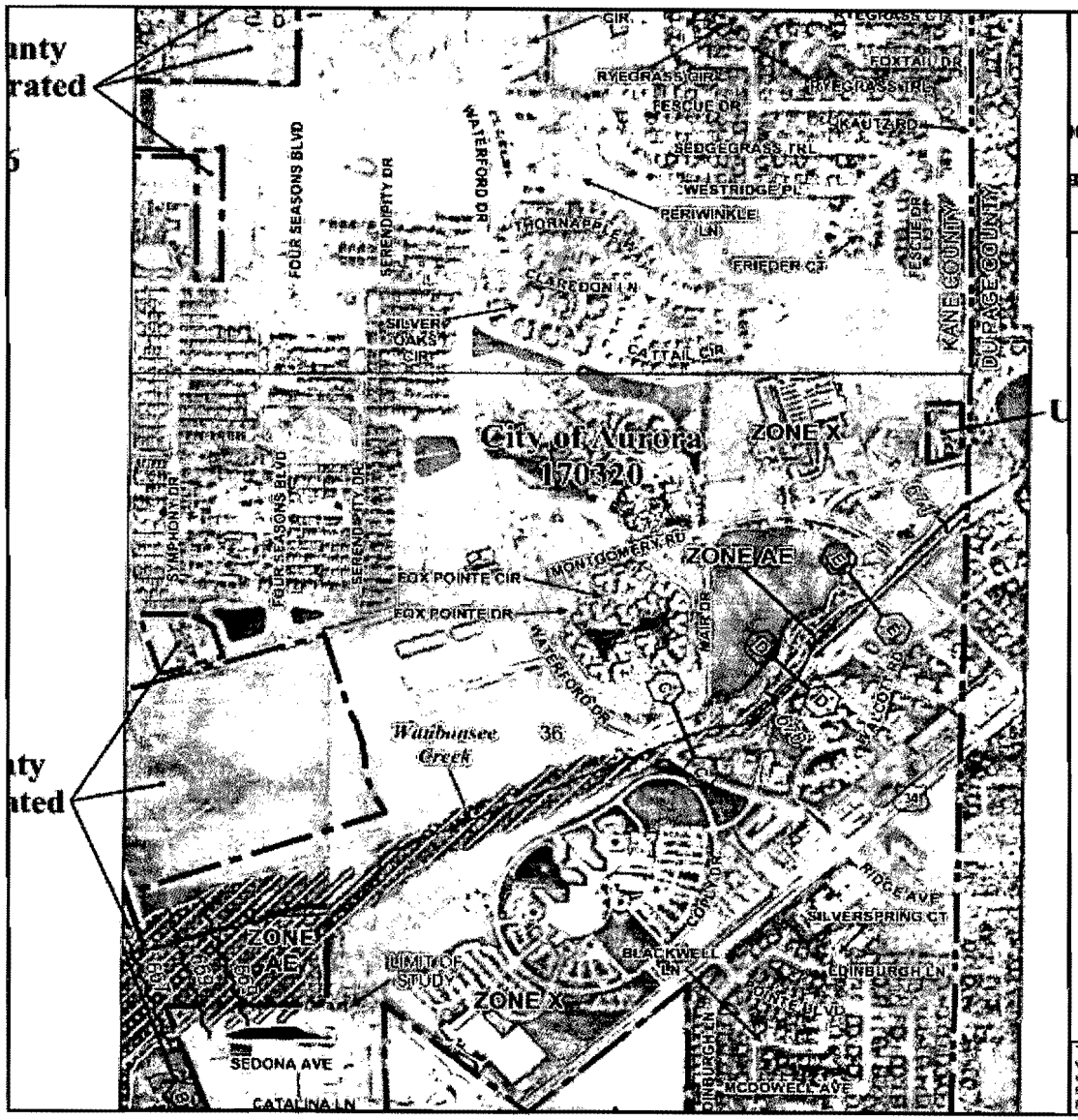
ATTACHMENT-4C

**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)**.

The proposed project is the conversion of one of Alden Courts' existing 22-bed sheltered care units into a 20-bed nursing unit. A FIRM map identifying that the area is not within a special flood zone area is appended as **ATTACHMENT-5A**.

**ATTACHMENT-5**




MAP SCALE 1" = 1000'

0 1000 2000 FEET

METE

NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0410H

# FIRM

## FLOOD INSURANCE RATE MAP

## KANE COUNTY, ILLINOIS

AND INCORPORATED AREAS

**PANEL 410 OF 410**

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

| COMMUNITY | NUMBER | PANEL | SUFFIX |
|---|---|---|---|
| AURORA, CITY OF | 170320 | 0410 | H |
| KANE COUNTY | 170896 | 0410 | H |

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**
**17089C0410H**

**MAP REVISED**
**AUGUST 3, 2009**

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



ATTACHMENT-5A

**Historic Resources Preservation Act Requirements**

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

Appended as **ATTACHMENT-6A,** is a letter from the Illinois Historic Preservation Agency's Rachel Leibowitz, Ph. D., Deputy State Historic Preservation Officer dated July 22, 2015 stating that "no historic, architectural or archaeological sites exist within the project area".

**ATTACHMENT-6**

**Illinois Historic Preservation Agency**

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

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

Kane County
Aurora
CON - Rehabilitation for Conversion of Sheltered Care Beds to Long-Term Care Beds, Alden Courts of Waterford
1991 Randi Dr.
IHPA Log #008070915

July 22, 2015

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

Dear Ms. Harris:

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

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

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

If you have any further questions, please contact me at 217/785-5031.

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

ATTACHMENT-6A

**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.

This project is to establish a 20-bed nursing category of care at Alden Courts of Waterford, a 66-bed sheltered care facility for those with memory impairment. Connected to Alden Courts is Alden of Waterford, a 99-bed nursing facility and Alden Gardens of Waterford, a 121-bed general sheltered care facility. Therefore, this project is more accurately an expansion, or redistribution of services, to better care and treat persons with Alzheimer's Disease and Related Dementia (ADRD). Specifically, residents with memory impairment progress slowly through the stages of memory loss and it is best practices to allow elderly to age-in-place regardless of diagnosis. Moreover, it is also best practices to care for general geriatric residents separately from those with dementia. The rational for this is more about providing the appropriate physical plant environment to nurture residents with ADRD and to minimize confusion, which can lead to frustration, confrontation and acting out. These are all behaviors that can be harmful to the resident presenting the behavior as well as the residents around them and/or staff to include family members.

This project is a result of years of experience in having residents who's medical needs outweigh the programmatic needs dealing with memory impairment, yet the resident cannot remain in a sheltered care facility when they are in need of nursing care, nor can they be appropriately placed in the general nursing care facility when they still need programming for memory care issues. This project proposes to address that gap in care to improve the health care accessibility of this specific population who have memory impairment yet require a nursing level of care.

**ATTACHMENT-10**

The market area population to be served has a catchment area of a traditional 30-minute travel time from the Subject site. Refer to the Subject facility's patient origin data appended as **ATTACHMENT-10A**. Moreover, the historical admissions of the Subject facility, Alden Courts of Waterford, illustrates that residents are aging-in-place as they should be. The majority (55.8%) of the admissions into the Courts building come from within the campus. This is indicative of the Applicant's experience in demand for the proposed level of care. Alden Courts of Waterford (memory sheltered care) and Alden of Waterford (general nursing) have consistently had to refer potential residents in need of this level of care to out of area facilities as the Waterford Campus did not have the appropriate level of care to accommodate. This referral out of the retirement community is the issue that this project is addressing.

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

The primary market area is a 30-minute drive time from the Applicant's facility. In a recent zip code analysis for all admissions during the most recent 24 month period, 80.8% were from within the 30-minute market area. It is important to note that 55.8% of the admissions came from within the campus. This is representative of how a true CCRC is intended to work with residents being able to age-in-place.

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

There is an internal demand for the nursing level of care within the memory care setting. Moreover, assisted living is not Medicare or Medicaid eligible. As residents medical needs outweigh their programmatic needs and nursing care is the only option, residents have to be discharged out of the memory care building in order for their Medicare or Medicaid benefits to be used. This leads to residents being discharged out to facilities that do not have this level of

specialized memory care. Over the past two years Alden Courts of Waterford has transferred 12 people out of the building for a higher level of care, a few who were Medicaid eligible. The nursing facility (Alden of Waterford) averaged 2 prospective residents a month that were denied due to elopement/memory care risks. Therefore, this proposed project would allow those residents in need of nursing services to remain in, or to transfer within, the campus even with a decline in their financial situation allowing them to remain on campus as Medicaid eligible residents.

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

Appended as **ATTACHMENT-10A,** is the patient origin for all admissions by zip code to the Subject facility.

Appended as **ATTACHMENT-10B,** is the Microsoft MapPoint North America 2009 map identifying the primary service area of 30-minute market contour and all zip codes within said market area.

Appended as **ATTACHMENT-10C,** are two letters, one from Alden Courts of Waterford (Subject facility) and the second from Alden of Waterford (nursing unit) both documenting the number of residents discharged (12) and potential admissions referred on (24) due to not having the service (nursing &/or Medicaid) available to address resident needs.

Appended as **ATTACHMENT-10D**, is a Market Study, commissioned by the Applicant and performed by Laurel Research Associates, exploring demand for the proposed service.

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

The proposed project will allow residents needing to move from sheltered care to nursing care to remain in a memory care specific environment. Existing and future residents will be able

**ATTACHMENT-10**

to fully and completely age-in-place. The added benefit of the nursing level of care to treat residents with memory care is that should residents be Medicaid eligible or concurrently need Medicaid (rehabilitative) services, the proposed facility will not have to discharge residents.

The Applicant also commissioned a market study (performed by Laurel Research Associates) that found the proposed project would require a capture rate of only 0.3%, and a total inventory penetration rate of 7%, both well within industry norms. It also concluded expanding need and demand for memory care and nursing services within a five year projected population. Thus, with a modest 20-bed establishment being proposed, patient access to nursing services for those with memory care issues would be improved and needed.

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 offer a complete continuum of care throughout its entire campus. Quantitatively, this can be gauged through the Applicant's ability to again reach and maintain the State's target utilization rate of 90% by the second full year of operation after project completion.

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.

Alden Courts of Waterford was approved by the Illinois Health Facilities and Services Review Board (then Illinois Health Facilities Planning Board) on August 22, 1997 as a 66-bed sheltered care facility and construction was completed in 2001. As a nearly 15 year old building, it is relatively new as compared to traditional long-term care facilities in Illinois. Moreover, the parent company, **The Alden Group**, is a premier provider especially in terms of physical plant environment. Together, this facility is in excellent industry standard condition and the modernization of the project is only to bring the one unit up from sheltered care standards to

skilled standards to meet all applicable IDPH licensure requirements. This will result in losing two beds. This opportunity also allows the Applicant to replace the existing furniture that is necessary due to normal wear and tear. Therefore, this modernization is not a result of physical plant deficiencies but rather solely due to the change in licensure category.

**ATTACHMENT-10**

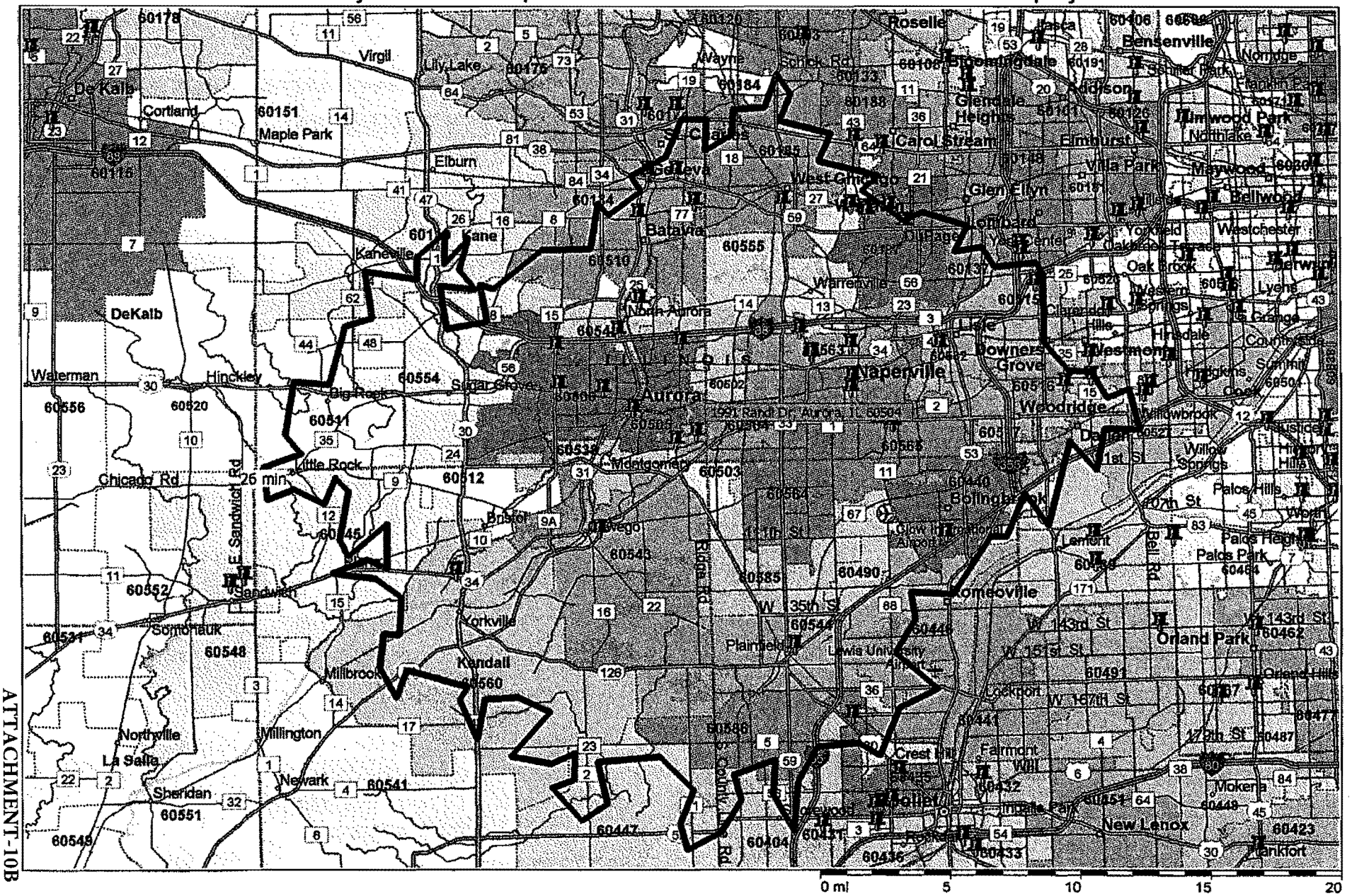
Alden Courts of Waterford
Admissions by Zip Code
7/2013 - 6/2015

| Initials | Zip code | From where | Total Admits | Within 30 Min | Within the Waterford Campus |
|---|---|---|---|---|---|
| ES | 60126 | Home | 1 | | |
| JK | 60134 | Geneva Care Center | | | |
| KK | 60134 | Geneva Care Center | 2 | | |
| PM | 60190 | CDH | 1 | 1 | |
| DT | 60435 | St. Joe's joliet | | | |
| JT | 60435 | St. Joe's Joliet | 2 | | |
| RF | 60450 | Home | 1 | | |
| MA | 60503 | Home | 1 | 1 | |
| AB | 60504 | Gardens of Waterford | | | |
| AP | 60504 | Gardens of Waterford | | | |
| BB | 60504 | Gardens of Waterford | | | |
| BE | 60504 | Gardens of Waterford | | | |
| BR | 60504 | Gardens of Waterford | | | |
| CL | 60504 | Alden Rehabilitation | | | |
| DK | 60504 | Gardens of Waterford | | | |
| EH | 60504 | Gardens of Waterford | | | |
| FT | 60504 | Gardens of Waterford | | | |
| GH | 60504 | Gardens of Waterford | | | |
| GH | 60504 | Gardens of Waterford | | | |
| HA | 60504 | Gardens of Waterford | | | |
| IM | 60504 | Alden Rehabilitation | | | |
| JS | 60504 | Gardens of Waterford | | | |
| JS | 60504 | Gardens of Waterford | | | |
| KM | 60504 | Gardens of Waterford | | | |
| KR | 60504 | Gardens of Waterford | | | |
| LS | 60504 | Alden Rehabilitation | | | |
| MF | 60504 | Gardens of Waterford | | | |
| MR | 60504 | Gardens of Waterford | | | |
| MS | 60504 | Alden Rehabilitation | | | |
| MS | 60504 | Alden Rehabilitation | | | |
| MW | 60504 | Alden Rehabilitation | | | |
| RD | 60504 | Gardens of Waterford | | | |
| RJ | 60504 | Gardens of Waterford | | | |
| RP | 60504 | Gardens of Waterford | | | |
| LP | 60504 | Gardens of Waterford | | | |
| TM | 60504 | Gardens of Waterford | | | |
| WH | 60504 | Gardens of Waterford | 29 | 29 | 29 |
| DS | 60505 | Sunnymere | 1 | 1 | |
| LT | 60506 | Presence Mercy Hospital | | | |
| JN | 60506 | Mercy Hospital | 2 | 2 | |
| ND | 60507 | Home | 1 | | |
| EL | 60510 | McCauley Manor | | | |
| MG | 60510 | McCauley Manor | 2 | 2 | |
| RH | 60521 | Hinsdale Hospital | 1 | 0 | |
| GB | 60540 | Sunrise | | | |
| HF | 60540 | Edward Hospital | 2 | 2 | |
| EM | 60543 | Home | 1 | 1 | |
| DN | 60551 | Home | 1 | | |
| JG | 60563 | Home | | | |
| TB | 60563 | Community Rehabilitation | 2 | 2 | |
| MD | 60586 | Home | 1 | 1 | |
| PG | 85712 | Handmaker- AZ | 1 | | |
| | | | **Total Admits** | **Within 30 Min** | **Within the Waterford Campus** |
| | | | **52** | **42** | **29** |

| | |
|---|---|
| **% Admits Within 30-Min** | **80.8%** |
| **% Within the Waterford Campus** | **55.8%** |

**ATTACHMENT-10A**

# 30 min adj drive time MapPoint-Alden Courts of Waterford conversion project


Roselle
Itasca
Bensenville
Bloomingdale
Addison
Glendale Heights
Carol Stream
Elmhurst
Villa Park
Lombard
Oakbrook Terrace
Oak Brook
Westchester
Bellwood
Maywood
Northlake
Melrose Park
Franklin Park
Norridge
Schiller Park
Wayne
Schick Rd
Lily Lake
Virgil
De Kalb
Cortland
Maple Park
Elburn
Sugar Grove
Big Rock
Little Rock
Kane
Kaneville
Batavia
St Charles
West Chicago
Glen Ellyn
Warrenville
North Aurora
Aurora
Naperville
Downers Grove
Lisle
Westmont
Hinsdale
Clarendon Hills
Yorkfield
Lyons
La Grange
Countryside
Sunnyside
Hodgkins
Summit
Clerk
Willowbrook
Darien
Woodridge
Bolingbrook
Romeoville
Lemont
Palos Park
Palos Heights
Palos Hills
Worth
Orland Park
Orland Hills
Mokena
New Lenox
Frankfort
Crest Hill
Fairmont
Lockport
Plainfield
Lewis University Airport
Joliet
Rockdale
Shorewood
Crystal Lake
Oswego
Yorkville
Bristol
Montgomery
Sandwich
Somonauk
Millbrook
Kendall
Millington
Newark
Sheridan
Northville
La Salle
Waterman
Hinckley
Chicago Rd
E Sandwich Rd
Rt 59
Rt 126
Rt 171
Rt 45
Rt 47
Rt 30
Rt 34
Rt 56
Rt 59
Rt 60
Rt 83
Rt 88
Rt 126
Rt 171
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Rt 193
Rt 194
Rt 195
Rt

ALDEN courts of Waterford

August 4, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
5252 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery,

We have transferred 12 people out of our building over the past two years for a higher level of care or for financial reasons. We currently have two residents awaiting outside placement , one due to a higher level of care and one for financial reasons. It is unfortunate because residents diagnosed with dementia often experience considerable decline when their environment changes.

While we do not collect data from all inquiries that need Medicare/Medicaid, we do turn away a significant number of potential residents because we do not accept it on a monthly basis.

Sincerely,

Lauren Wetzel LCPC, CDP

Lauren Wetzel LCPC, CDP, Executive Director

Alden Courts of Waterford



ATTACHMENT-10C

ALDEN of Waterford

August 6, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL. 62761

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, Illinois 60504

Dear Ms. Avery,

On average, approximately two prospective residents per month are denied admittance to our facility due to elopement risk. We do not have a secured unit, therefore, the risk is much too great to admit these particular residents. Instead, we refer to other facilities which are located farther away in distance and may cause a burden on the family. Alden Courts of Waterford currently has secure units and the conversion to twenty skilled memory care beds would significantly aid in assisting these residents.

Over the course of the past two years, we have had to transfer approximately twenty five residents from our Alden of Waterford Rehabilitation facility to other memory care facilities for their long term care. These residents had increased cognitive deficits but due to financial reasons, were unable to be admitted to Alden Courts of Waterford. The need for skilled nursing beds at Alden Courts of Waterford is vital, as we can continue the continuity of care here on the Alden Campus.

I strongly support the need for this conversion and thank you for your consideration.

Tracy Pell, MPH, LNHA
Administrator, Alden of Waterford

Alden Courts of Waterford

# MARKET STUDY FOR A PROPOSED NURSING CARE EXPANSION IN AURORA, ILLINOIS

Prepared By:

**LAUREL RESEARCH ASSOCIATES**
133 South 4th Street
Springfield, Illinois 62701

*June, 2015*

**ATTACHMENT-10D**

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Attachment 5. IDPH Population Projections
Attachment 6. Scan/US Demographic Study


**ATTACHMENT-10D**

# I PROPOSED DEVELOPMENT

A. Developer: The developer of the proposed Skilled Nursing Care Expansion in Aurora, Illinois is:

Alden Realty Services, Inc.
Randi Schlossberg-Schullo, President
4200 West Peterson Avenue
Chicago, Illinois 60646

B. General Description: The Alden Group is considering the expansion, modification and repositioning of some portions of its Waterford Continuing Care Retirement Center (CCRC). The developer expects to fund these changes from the operations of its existing senior living facilities and the proceeds from previous financing arrangements.

One component of the Waterford CCRC is the Alden Courts of Waterford Sheltered Care Facility. To improve the marketability and efficiency of that component a repositioning of a portion of the Sheltered Care facility is being considered. The function of one wing at Alden Courts will be changed from providing memory care for residents at the sheltered care level to providing memory care at the skilled nursing level. This conversion will provide 20 spaces to serve those in the later stages of Alzheimer's Disease and Related Dementia (ADRD).

The net result of these changes to the CCRC will be an increased capacity of 20 nursing care beds devoted to memory care, and a decrease of 22 units of memory care at the sheltered care level. The purpose of this study is to determine if the Waterford market will support the increase in skilled nursing beds.

C. General Location: The site for the proposed development is the campus of the Alden Waterford CCRC. It is located at Waterford Drive and Montgomery Road in the southwestern part of Aurora, Kane County, Illinois. The campus is located in a modern suburban area that has grown and matured rapidly over the past 20 years. The Waterford campus is located just north of the Ogden Avenue (US Route 34) through-way, which is one of the major east-west commercial streets in the western portion of the Chicago Metropolitan Area. It is also just about 4 miles from the I88 East/West Toll Way to the north and also, about 4 miles from the Fox River corridor to the west. A map showing the location of the proposed project is included in Attachment 1 in the Appendix to this study report.

Aurora is located 37 miles west of Chicago, 53 miles southwest of Rockford, and 20 miles northwest of Joliet, IL. It is the west-central anchor of the State's largest Metropolitan Statistical Area.

D. Site Description: The proposed site for the changes in memory care units is the current Campus of the Alden Waterford CCRC. The CCRC is a well established and successful continuing care facility providing residential and healthcare services ranging from independent living villas through skilled nursing care. The current configuration of the CCRC includes The Lakes of Waterford Independent Living (IL) villas, the Alden Horizons IL apartments, the Alden Gardens Assisted Living Community, the 66 bed Alden Courts memory care facility and the Alden of Waterford 99 bed Skilled Nursing Facility. The modifications that are being proposed do not contemplate any new building construction.

E. Description of Site Improvements: The changes being proposed for the CCRC are all modifications to the existing memory care building. The "A" wing will be reconfigured to 12 one-bed rooms and 4 two-bed rooms of skilled nursing care. The skilled nursing area will replace the current 12 one-bed rooms and 5 two-bed rooms of sheltered care capacity. A summary of modifications and floor plans of the proposed changes are provided in Attachment 4 of the Appendix.

# II MARKET AREA CHARACTERISTICS

A. Market Area: The primary market area for the proposed Skilled Nursing Facility is defined by the area reached in a 30 minute drive from the existing site of Alden Courts of Waterford. These drive times were initially determined by use of the Scan/US Market Mapping software that is designed for that purpose. The drive times were then confirmed by application of other mapping software such as MapQuest. They were further validated by test drives between existing SNFs in the market area. These methods are consistent with techniques used by the staff of the Illinois Health Facilities and Services Review Board in their proceedings to determine a need for skilled nursing services. Such a market area definition is considered reasonable in an urban area like Aurora because it represents the distance from which potential tenants for the Alden Waterford nursing memory care unit would likely be drawn.

The chosen market area contains parts of the Illinois Counties of Kane, Kendall, DuPage and Will. It includes a sizeable part of the southwestern quadrant of the Chicago, Illinois Metropolitan Area. It is an economically robust commercial and residential area as will be illustrated by the following demographic data. A map depicting the primary market area for this study is contained in Attachment 1 of the Appendix. Maps are also included that show locations for existing Skilled Nursing Facilities and for Assisted Living, Sheltered Care and Supportive Living (SLF) establishments that specifically provide memory care for their residents.

B. Population/Demographic Characteristics: Laurel Research Associates analyzed demographic data for the City of Aurora, Kane County, Kendall County, DuPage County, Will County and the 30 minute market area surrounding Alden Courts of Waterford. This analysis utilized U.S. Census data and Scan/US Market Statistics Estimates. Results of that analysis are as follows:

1. Population: The population of Aurora and the surrounding areas have been increasing over the past 20 years. The primary market area, composed of the 30 minute drive geography selected earlier, has increased from a population of 630,536 in 2000 to a projected 837,257 in 2019. The population of Kane County is expected to increase from 404,119 to 537,799, DuPage County is expected to increase from 904,151 to 943,336, Kendall County is expected to increase from 54,544 to 122,473, and Will County is expected to increase from 502,288 to 697,177 over the same period.

   These municipalities have averaged an increase in size of over 45% in the last 20 years. Table 1 shows the population of the relevant geographic areas for the years 2000, 2010, 2014 and 2019.

**Table 1 - POPULATION**

| | 2000 | 2010 | 2014 Estimate | 2019 Projection |
|---|---|---|---|---|
| Aurora | 144,226 | 198,477 | 200,909 | 206,385 |
| Kane County | 404,119 | 515,269 | 522,567 | 537,799 |
| DuPage County | 904,151 | 916,924 | 923,978 | 943,336 |
| Kendall County | 54,544 | 114,736 | 117,204 | 122,473 |
| Will County | 502,288 | 677,560 | 680,392 | 697,177 |
| Primary Market Area | 630,536 | 807,738 | 815,794 | 837,257 |

Source: U.S. Census 2000/2010, Scan/US 2014/2019

2. Market Area Population: Scan/US estimates that the 2014 population of the primary market area was 815,794 with a projected increase of 2.6% to 837,257 by the year 2019.

3. Number of Households: Based on Scan/US, the number of households in the primary market area in 2000 was 217,237 with a projected increase of 33.6% to 290,299 by the year 2019. The average household size in the market area in 2014 is estimated to be 2.86 and to remain virtually unchanged over the entire 20 years being considered in this study.

4. Population by Relevant Group: The following chart provides Scan/US information on population of the primary market area by the age groups most often used to estimate the need for nursing care services.

**Table 2 - POPULATION BY IMPORTANT AGE GROUPS: 2014 AND 2019**

| PRIMARY MARKET | 2014 | 2019 | 2014-2019 Change | |
|---|---|---|---|---|
| Age 00-64 | 730,919 | 727,058 | -3,861 | - 0.53% |
| Age 65-74 | 50,011 | 66,459 | 16,448 | 32.9% |
| Age 75 Plus | 34,852 | 43,730 | 8,878 | 25.5% |

Source: Scan/US

This data shows that the market area population is aging rapidly. The older age groups are increasing their numbers by more than 5% per year. These are the most relevant age groups for the providers of skilled nursing care.

4. Population By Age: Table 3 shows the Scan/US estimated population in the primary market area by age cohort for the years 2014 and 2019.

**Table 3 - POPULATION BY AGE: 2014 AND 2019**

| | 2014 estimated | 2019 projected | % Change 2014-2019 | |
|---|---|---|---|---|
| <5 years | 55,424 | 55,017 | -407 | -0.734% |
| 5-9 years | 62,494 | 54,023 | -8471 | -13.555% |
| 10-14 years | 65,416 | 61,394 | -4019 | -6.143% |
| 15-19 years | 62,704 | 66,938 | 4234 | 6.752% |
| 20-24 years | 50,255 | 61,424 | 11169 | 22.224% |
| 25-34 years | 102,417 | 94,618 | -7799 | -7.615% |
| 35-44 years | 119,224 | 108,634 | -10590 | -8.883% |
| 45-54 years | 120,315 | 119,529 | -786 | -.6532% |
| 55-64 years | 92,670 | 105,481 | 12811 | 13.824% |
| 65-74 years | 50,011 | 66,459 | 16448 | 32.888% |
| 75-84 years | 23,251 | 29,373 | 6122 | 26.33% |
| 85+ years | 11,601 | 14,537 | 2756 | 23.756% |
| Median Age | 39.4 | 40.9 | 1.0 | 2.71% |

Source: Scan/US

Based on these statistics, there will be a decrease in of the age cohorts (<5 years, 5-9 years, 10-14 years, 25-34 years, 35-44 years, and 45-54 years). An increase is expected in the age cohorts15-19 years, 20-24 years and all cohorts above 55 years. This pattern represents a definite aging trend. It is the age cohorts above 55 years in which one might expect to find potential tenants for the proposed project. All of the more senior cohorts over 55 years old are expected to have large increases and that will result in the median age increasing by a full year in the five year period.

5. Illinois Department of Public Health (IDPH) Population Projections: In an effort to provide better planning information to state health regulators, the IDPH has recently released internally generated population projections for all Illinois counties and the various community areas of Chicago. While this information does not directly translate to a population projection for this study's selected market area, it does serve to illustrate the conservative

nature of the Scan/US projections used in the study. IDPH projections of relevant age group populations for the four counties surrounding the Waterford CCRC campus are presented in Table 4.

**Table 4 - IDPH POPULATION BY IMPORTANT AGE GROUPS**

| **DuPage County** | **2015** | **2020** | **2025** |
|---|---|---|---|
| Age 00-64 | 793924 | 773195 | 748341 |
| Age 65-74 | 79748 | 101221 | 118829 |
| Age 75 Plus | 53480 | 64600 | 83778 |
| **Kane County** | **2015** | **2020** | **2025** |
| Age 00-64 | 484057 | 504865 | 520050 |
| Age 65-74 | 39085 | 50008 | 59249 |
| Age 75 Plus | 24802 | 30513 | 39997 |
| **Kendall County** | **2015** | **2020** | **2025** |
| Age 00-64 | 117696 | 127610 | 136547 |
| Age 65-74 | 7448 | 9625 | 11896 |
| Age 75 Plus | 4058 | 5584 | 7745 |
| **Will County** | **2015** | **2020** | **2025** |
| Age 00-64 | 655017 | 692271 | 724019 |
| Age 65-74 | 50577 | 64507 | 79212 |
| Age 75 Plus | 30814 | 39384 | 50363 |

Source: Illinois Department of Public Health

6. Household Income: Illinois residents who enter a long-term institution face one of the most expensive experiences of their lifetime. By definition, this expense is a lasting one. This is especially true of those with Alzheimer's Disease, where it is likely to be a lifetime event. Sheltered care in Illinois is solely paid for by individuals or families with no government subsidies. On the other hand, the Medicaid program provides a financial safety net for those using nursing care. Thus, the sustained income of potential residents at the Alden Courts of Waterford is an important consideration when determining what services to offer for memory care. Table 5 presents information concerning household incomes of those over 65 years old in the study market area.

**Table 5 - INCOME OF HOUSEHOLDS WITH AGE OF HOUSEHOLDER 65 AND OLDER**

| | 2014 Estimated | 2019 Projected | Change 2014-2019 | |
|---|---|---|---|---|
| <$10,000 | 1,829 | 2,193 | 364 | 19.9% |
| $10,000-$19,999 | 4,161 | 4,018 | -143 | -3.44% |
| $20,000-$29,999 | 5,521 | 4,538 | -983 | -17.80% |
| $30,000-$39,999 | 5,883 | 5,201 | -682 | -11.6% |
| $40,000-$49,999 | 5,249 | 7,844 | 2595 | 49.44% |
| $50,000-$59,999 | 4,041 | 4,993 | 952 | 23.56% |
| $60,000-$74,999 | 4,786 | 5,563 | 777 | 16.23% |
| $75,000-$99,999 | 5,455 | 8,248 | 2793 | 51.2% |
| $100,000-$124,999 | 3,499 | 4,,989 | 1490 | 42.6% |
| $125,000-$149,999 | 2,496 | 3,405 | 909 | 36.42% |
| $150,000-$199,999 | 3,099 | 3,593 | 494 | 15.9% |
| $200,000 Plus | 3,454 | 9,363 | 5909 | 171.0% |

Source: Scan/US

C. Economic Characteristics: Laurel Research Associates analyzed economic data for the City of Aurora, Kane County, Kendall County, DuPage County, Will County and the study market area surrounding Alden Courts of Waterford. This analysis suggests a market area that is prosperous and enduring. It includes such prominent suburban municipalities as Aurora, Naperville, Wheaton, Batavia, Oswego and Plainfield. It is home to several major hospital medical Centers, one of the Illinois river boat casino sites, many important manufacturing and financial industry companies and, most importantly, homes for nearly a million residents. Those residents are served by a myriad of commercial, service and recreational establishments.

The Waterford CCRC's market area is on the western edge of the Chicago Metropolitan Area. It is linked to the city by the Illinois Toll-way system of Interstate Highways and the Burlington Railroad. Both of these transportation systems serve as major commuting arteries to the commercial and cultural centers of Chicago and traverse the high-tech research corridor that has developed along Interstate 88 between Aurora and the Chicago Beltway.
Some of the key characteristics of the study market area are enumerated here.

1. Major Employers in the Market Area: Some of the major employers in this study's market area are shown in Table 6.

**Table 6 - MAJOR EMPLOYERS IN ALDEN COURTS MARKET**

| Employer | Industry | Employees |
|---|---|---|
| Caterpillar, Inc. | Heavy Equipment | 3,000 |
| Farmers Insurance | Insurance | 1,700 |
| School District 129 | Education | 1,500 |
| School District 131 | Education | 1,320 |
| Rush-Copley MC | Health Care | 1,300 |
| City of Aurora | Government | 1,280 |
| LTD Commodities | Distribution | 1,200 |
| Provena Mercy MC | Health Care | 1,200 |
| Fox Valley Park District | Recreation | 1,072 |
| Dreyer Medical Clinic | Health Care | 1,020 |
| Hollywood Casino | Gaming | 1,009 |
| Metropolitan Life | Insurance | 760 |
| Federal Aviation Administration | Air Traffic Cont. | 750 |
| Westell | Electronic | 650 |
| Hartford Financial | Insurance | 650 |

Source: Illinois Department of Commerce and Economic Opportunity

2. Unemployment Rate: The unemployment rate in the study market area counties has historically tended to track State and U.S. trends. The county rates were usually between the Illinois and national rates, with the state rate being significantly higher than the national rate. This data indicates that since the last big recession the entire State of Illinois has been troubled by high unemployment, but that the counties containing this study's market area have suffered less than the state average. Table 7 shows the unemployment rates for recent years for the market area counties, Illinois and the U.S.

**Table 7-MARKET AREA COUNTIES, ILLINOIS AND NATIONAL UNEMPLOYMENT RATES**

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 (APR) |
|---|---|---|---|---|---|---|
| DuPage County | 8.9% | 8.1% | 7.5% | 7.4% | 5.6% | 4.7% |
| Kane County | 11.0% | 9.8% | 8.9% | 8.7% | 7.0% | 4.8% |
| Kendall County | 10.2% | 9.2% | 8.3% | 8.3% | 6.3% | 5.1% |
| Will County | 11.1% | 10.5% | 9.7% | 9.7% | 7.4% | 6.1% |
| Illinois | 10.4% | 9.7% | 9.0% | 9.1% | 7.1% | 6.0% |
| U.S. | 9.6% | 8.9% | 8.1% | 7.4% | 6.2% | 5.4% |

Source: Illinois Department of Employment Security

3. General Affluence: In general, the study market area has a thriving economy that produces a high level of affluence for its residents. Below are some indicators of this fact as they were estimated by the Scan/US Demographic software for the year 2014:

- The median income of households in the market area is $88,046 and over 31,000 households have income in excess of $200,000. The State of Illinois has a median household income of $56,957.
- 77.5% of the market's households are home owners compared to 67.9% in Illinois as a whole. Only 4% of the market's housing units are vacant.
- Median age of the market area population is 39.4 years compared to the Illinois median age of 37.3 years.
- Of persons more than 25 years old in the market area, 43.8% have a college degree or higher education while the comparable number in the statewide population is 30.9%.
- Market area households have an average of 1.94 vehicles available and 68.5% of its households have 2 or more vehicles available.
- Population density is 2,534.8 people per square mile in the market area producing an aggregate income per square mile of $90.4 million. The State of Illinois produces aggregate income per Square mile of $6.9 million.
- Market area residents over age 75 are 4.3% of the area's populace and nearly 40% of that age cohort have household income exceeding $50,000. Only 33% have household income below $30,000.

# III SKILLED NURSING MARKET CHARACTERISTICS

A. General Market Characteristics: Skilled nursing care in Illinois is a licensed service that can be provided only by licensed providers in a state approved Skilled Nursing Facility. Thus, while the Waterford market area is served by a number of different nursing facilities of varying ages and levels of proficiency, the basic components of skilled nursing care are defined and controlled by the licensing process of The Illinois Department of Public Health (IDPH).

Similarly, the actual number and size of skilled nursing facilities is controlled by a Certificate of Need (CON) program overseen by the Illinois Health Facilities and Services Review Board (IHFSRB). The IHFSRB periodically publishes the Inventory of Health Care Facilities and Need Determinations (The Inventory). This inventory and need data is used by the IHFSRB in deliberating whether to issue the permit that is necessary before beginning any changes to facilities providing skilled nursing services. A CON application is being made for the conversion of wing "A" of Alden Courts of Waterford to a Skilled Nursing Care license.

There is a sizeable nursing care industry that currently serves the area surrounding the Waterford CCRC. The Inventory for 2010 - the latest, published in 2013- reveals that in the four counties containing parts of the Waterford market area there are a total of 89 SNFs with 12,122 licensed beds that provided 3,297,082 patient days of nursing service during 2010. The data for each of the four counties follows:

| County | Facilities | Beds | Patient Days |
|---|---|---|---|
| Kane | 28 | 3,064 | 708,235 |
| DuPage | 41 | 6,033 | 1,739,030 |
| Kendall | 2 | 185 | 51,814 |
| Will | 18 | 2,840 | 798,003 |
| Total | 89 | 12,122 | 3,297,082 |

In general, the nursing care market is beginning to change character as the "Baby Boomer" generation reaches ages where they are entering that market in larger numbers. Alden's Waterford CCRC has found that shorter stays including more intensive rehabilitation are becoming the norm for nursing care. Along with this change, there is a noticeable increase in demand for larger and more home-like accommodations in the SNF. The CCRC's existing SNF, Alden of Waterford, is designed and managed to care for this type of resident.

There is one type of long-term care patient that does not conform to the above

pattern of characteristics. This is the person with ADRD or other memory disorders. This resident is normally of longer tenancy and their care primarily concerned with comfort and quality of life issues. They are seldom involved in rehabilitation. The Alden Courts of Waterford is the CCRC's component that is designed, staffed and managed to provide the needs of this class of resident.

The Alden Courts of Waterford is licensed for Sheltered Care by the Illinois Department of Public Health. While this license has been adequate to provide appropriate care for most of it residents, the Waterford CCRC has found two problems when trying to provide memory care to all of its residents.

The first of these problems is that Alzheimer's is a progressive disease that increases in severity with the passage of time. It is frequently experienced that the progression of ADRD results in debilitation so pronounced that appropriate care is not available under a sheltered care license.

The second problem area at Alden Courts of Waterford is a financial one. Illinois does not provide any financial assistance for the purchase of Sheltered Care. Thus it is possible for a resident of Alden Courts of Waterford to exhaust all of their financial resources and not be able to qualify for an existing government safety net.

There are frequent occasions when residents have had to leave the Waterford CCRC for one or both of the above reasons. The managers of Waterford feel that a repositioning of a portion of the Alden Courts of Waterford bed to skilled nursing care would solve both the above problems and allow it to provide a more complete continuum of care to its residents.

B. Current Inventory Analysis:

1. Comparable Facilities: The Primary Market Area selected for this study contains 31 Skilled Nursing Facilities providing 4,307 beds for nursing care. These facilities range in age from less than 2 years to more than 40 years and, in size, from 20 beds to more than 300 beds. Other than all being licensed to conduct nursing care, they have few characteristics in common. On the other hand, this means that the potential nursing care patient has a wide selection of facilities and services available. As indicated in the current Long-Term Care Inventory, there are sufficient nursing care spaces available to provide for the needs of the market area's current population. However, as will be shown in the next section, by the year 2019, that will no longer be the case. Therefore, it is anticipated that the selection of a suitable source for nursing care will be decidedly more difficult by that time.

Since there is such a large group of existing facilities in the market area, individual facility information will not be presented in detail. More complete information for representative nursing care and memory care providers is contained in Attachment 2 of the Appendix.

2. Comparable Facilities-Memory Care: There are 20 providers offering long-term care that is devoted to memory care in the Waterford CCRC market area. These will be summarized in this section and more detailed information is provided in Attachment 2 of the Appendix. The facilities providing memory care total 452 spaces for those with ADRD. The vast majority of those spaces are licensed at an assisted living level of care and only 4 providers are authorized to do memory care at the skilled nursing level. One of the market area's memory care providers is part of a pilot program for memory care in Supportive Living Facilities (SLFs). The Asbury Garden SLF would be available to ADRD suffers needing financial assistance from the Medicaid program. Even with this pilot program, the market area has less than100 spaces that might qualify for a government financial safety net.

## IV DEMAND/NEED

A. IHFSRB Need Methodology: The Inventory of Health Care Facilities and Need Determinations publishes to the nursing care industry and its regulators the approved method of determining how many nursing beds are needed in a particular area. The method that IHFSRB uses for this determination is based on the calculation of a historical use rate for Health Service Areas (HSA) and Health Planning Areas (PSA). The method then uses that use rate - defined as the number of patient days of service for each one thousand persons in a relevant age group - to estimate the number of beds needed at some future level of population.

The number of beds needed by a PSA is presented in The Inventory as a table showing the result of the above calculations. The calculation of the published bed need for PSA 7-C (DuPage County), PSA Kane County, PSA Kendall County and PSA Will County is provided in Attachment 3 of the Appendix and is summarized below:

**PUBLISHED BED NEED**

| PSA | 2015 BED NEED | EXISTING BEDS | DIFFERENCE |
|---|---|---|---|
| Kane | 2,816 | 3,064 | -248 |
| DuPage(7-C) | 5,913 | 6,033 | -120 |
| Kendall | 279 | 185 | 94 |
| Will | 2,671 | 2,840 | -169 |
| Total | 11,679 | 12,122 | -443 |

These data from the published inventory of nursing beds indicate that the counties (PSAs) surrounding Waterford CCRC will have a surplus of 443 nursing beds in 2015. However the Waterford CCRC's realignment of its nursing care capacity is intended for use subsequent to 2015. Since the IHFSRB inventory does not provide guidance beyond 2015, Laurel Research Associates will use the IHFSRB need methodology and the population data presented in Section III to project bed need requirements for the Waterford market areas in 2019/2020. These calculations are contained in Attachment 3 of the Appendix.

B. Surrounding Counties Nursing Bed Need: In order to estimate nursing care demand in 2019, LRA has used the IHFSRB need methodology with the assumption that their published use rates and population projections for the market area are those that actually occur in 2015. However, since the publication of the current bed need and inventory, the new Department of Public Health populations estimates have been released. They have a remarkable effect on bed need for PSA Kane County, PSA Kendall County, PSA Will County and PSA 7-C (Dupage County). A

calculation of bed need for these PSAs using different population estimates is provided in Attachment 3 of the Appendix and is summarized in Table 8 below:

**Table 8-SURROUNDING COUNTIES NURSING BED NEED COMPARISON**

| PSA | 2010 | 2014/ 2015 | 2019/ 2020 | 2010 Beds | 2020 Add Need |
|---|---|---|---|---|---|
| DuPage County: | | | | | |
| Published Inventory | 5294 | 5912 | N/A | 6033 | N/A |
| IDPH Projections | | 6040 | 7092 | 6033 | 1059 |
| Scan/US Software | | 5920 | 7069 | 6033 | 1036 |
| Kane County: | | | | | |
| Published Inventory | 2584 | 2816 | N/A | 3064 | N/A |
| IDPH Projections | | 2938 | 3470 | 3064 | 406 |
| Scan/US Software | | 2860 | 3373 | 3064 | 309 |
| Kendall County: | | | | | |
| Published Inventory | 157 | 279 | N/A | 185 | N/A |
| IDPH Projections | | 294 | 374 | 185 | 189 |
| Scan/US Software | | 273 | 346 | 185 | 161 |
| Will County: | | | | | |
| Published Inventory | 2429 | 2671 | N/A | 2840 | N/A |
| IDPH Projections | | 2824 | 3403 | 2840 | 563 |
| Scan/US Software | | 2676 | 3192 | 2840 | 352 |
| Total Four Counties: | | | | | |
| Published Inventory | 10464 | 11678 | N/A | 12122 | N/A |
| IDPH Projections | | 12096 | 14339 | 12122 | 2217 |
| Scan/US Software | | 11729 | 13980 | 12122 | 1858 |

Source: IDPH Inventory and Need Determination of Nursing Care Beds (2013) and LRA Bed Need Calculations, Attachment 3 of the Appendix

This comparison of nursing bed need in the vicinity of Waterford CCRC reveals not only that the bed need is heavily dependent on the accuracy of population projections, but also that the current published bed need is more conservative than would be the case if either the newly released IDPH projection of population, or those available in the Scan/US Market Mapping software, were used in calculating the need. The total bed need published for 2015, in the four counties of interest to the Waterford CCRC, is 3.5% less than the need calculated using the new IDPH projections. It is also about 0.5% less that the Scan/US populations would yield. These facts indicate that the Scan/US data used in this study is a reasonably

conservative method of estimating the future population of the Alden Courts of Waterford PMA.

C. Primary Market Area Demand: In order to estimate nursing care demand in this study's PMA, LRA has used the IHFSRB need methodology with the assumption that their published use rates and population projections for the surrounding counties are those that actually occur in 2015. The calculation of the 2019 bed need for the Primary Market Area, derived by measuring 30 minutes driving time from the Waterford CCRC campus, applies Scan/US population projections to the IHFSRB need methodology. The detail of this calculation is included in Attachment 3 of the Appendix and the results are summarized below:

**CALCULATED FUTURE BED NEED**

| PMA | 2019 BED NEED | EXISTING BEDS | ADDITIONAL NEED |
|---|---|---|---|
| 30 Min. Drive Area | 4,929 | 4,307 | 622 |

D. Memory Care Demand: The Alden Courts of Waterford are devoted to the care of those suffering from the effects of Alzheimer's Disease and Related Dementia (ADRD). This type of specialization has become known as "memory care". In order to estimate the number of living units that should be allocated to memory care in the study market area, additional factors must be considered.

Research has shown that the prevalence of Alzheimer's Disease varies mostly with age and increases dramatically at ages above 75. We will use the normally accepted prevalence rates and the demographic data of Attachment 6 to estimate the number of ADRD cases, and their financial qualification for care, that are likely to occur in the study market area. The results of that analysis is presented in Table 9.

**Table 9 - ADRD CASES WITH REQUIRED INCOME**

| Age Group | Population | Rate | Cases | With Income |
|---|---|---|---|---|
| 65-74 | 66,459 | 3.0% | 1,994 | 1,103 |
| 75-84 | 29,373 | 18.7% | 5,493 | 1,845 |
| 85 Plus | 14,357 | 47.2% | 6,777 | 2,276 |
| Total | 110,189 | | 14,263 | 5,224 |

Alden Courts of Waterford currently operates a Sheltered Care Facility (SCF) at the site of the Waterford CCRC. Its management reports that this SCF and other sister

facilities that are in or near the study market area and have memory care capability, are normally fully occupied. They further report that significant numbers of residents are forced to leave the SCF because their care needs have exceeded sheltered care standards or because their financial resources have been exhausted. The CCRC management believes that both of these current limitations of Alden Courts can be eliminated by adding a skilled nursing care capability to the SCF.

Considering the factors enumerated above, LRA made a calculation of the potential market for memory care in the Waterford CCRC market area. The details of those calculation are contained in Attachment 3 of the Appendix and are used in the following table to report the potential market, required capture rate and total inventory penetration rate for the market area. Also considered in compiling Table 10 is the finding by LRA that, in similar projects, approximately half of the identified ADRD cases will be cared for in non institutional settings such as private homes.

**Table 10 - MARKET CAPTURE AND PENETRATION RATES**

| Item | Memory Care |
|---|---|
| Potential Market - 50% of Cases | 7,132 |
| Less Existing Units | 452 |
| Net Need in Market | 6,680 |
| Max Proposed Project Size | 20 |
| Required Capture Rate | 0.3% |
| Total Inventory Penetration Rate | 7% |

As can be seen in the above table, the proposed project does not represent a significant proportion of the potential market for memory care in the Waterford CCRC market area. Also noted, is the small total inventory penetration rate of memory care providers in the market. Both of these findings indicate that additional memory care capacity would be readily accepted by the market.

# V CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions: Based on a survey of existing nursing and memory care facilities in the 30 minute drive market area of Waterford CCRC and interviews with managers of the CCRC, LRA found a need for additional capacity in both categories of long-term care. Although Waterford CCRC currently offers both skilled nursing care and memory care, the current services do constitute a complete continuum of care. The SNF concentrates on shorter care stays with more emphasis on rehabilitation, while the memory care is offered only under the CCRC's Sheltered Care license. No memory care is available at the skilled nursing care level. Therefore, the Waterford CCRC management is proposing to remodel one wing of the Alden Courts building and license it for skilled nursing that will then be devoted to memory care.

LRA also identified a rapidly growing and prosperous suburban residential and commercial market area for the Waterford CCRC. The extent of the market area is defined by the area included in a 30 minute drive from the CCRC campus. LRA's demographic study conducted by use of Scan/US Market Mapping Software indicated continued growth and aging of the market area population over the next five years. This finding was confirmed by population projections recently issued by the Illinois Department of Public Health. Although, the selected market area of Waterford CCRC is currently served by a sizeable long-term care industry, the need analysis conducted here indicates that still more senior services will be required in the future.

Since the population of the study market area is both growing and ageing, LRA predicts that demand for skilled nursing beds in the market area could increase by about 622 in 2019. Similarly, we believe that memory care demand could increase by several hundred beds in the same time period. The proposed project is consistent with social needs associated with these trends.

B. Recommendation: Based on the findings of this Market Study, it is recommended that the proposed conversion of Sheltered Care capacity to Skilled Nursing Care capacity at the Alden Courts of Waterford in Aurora, Illinois be pursued. In light of the indicators revealed by this study, these changes to nursing care services at Waterford CCRC seem appropriate and are likely to be quickly absorbed by Waterford's primary market area.

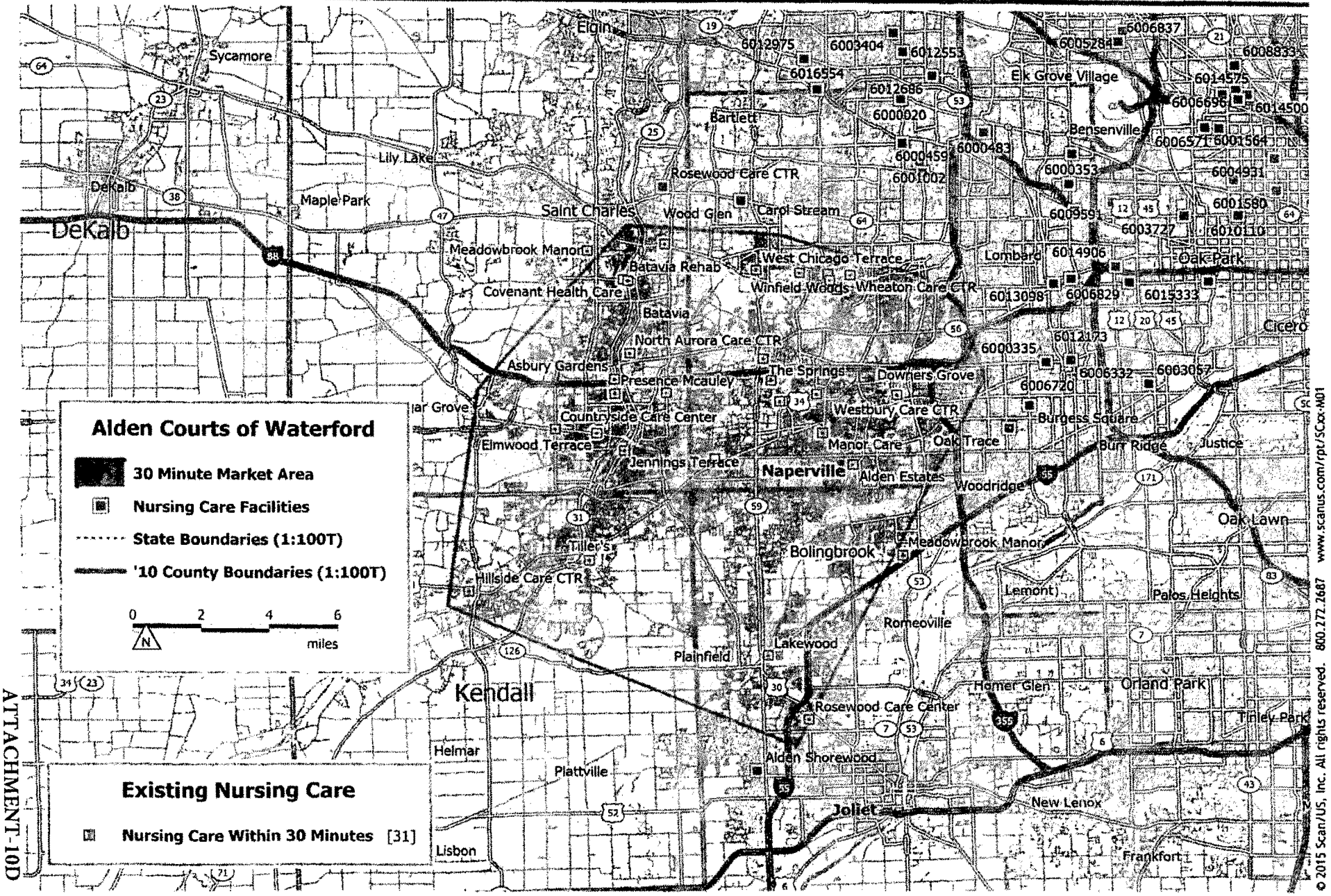
# VI APPENDIX

Attachment 1. Maps of Market Area (With Location of Existing Facilities)
Attachment 2. Existing Inventory Details
Attachment 3. Nursing Care Demand and Need Calculations
Attachment 4. Site Plan and Floor Plans of Proposed Modifications
Attachment 5. IDPH Population Projections
Attachment 6. Scan/US Demographic Study

Attachment 1. Maps of Market Area (With Location of Existing Facilities)

# Alden Courts of Waterford

Scan/US, Inc.

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Scan/US™

30 Minute Market Area and Existing Nursing Care Facilities

06/18/2015

SCxx-M01



ATTACHMENT-10D

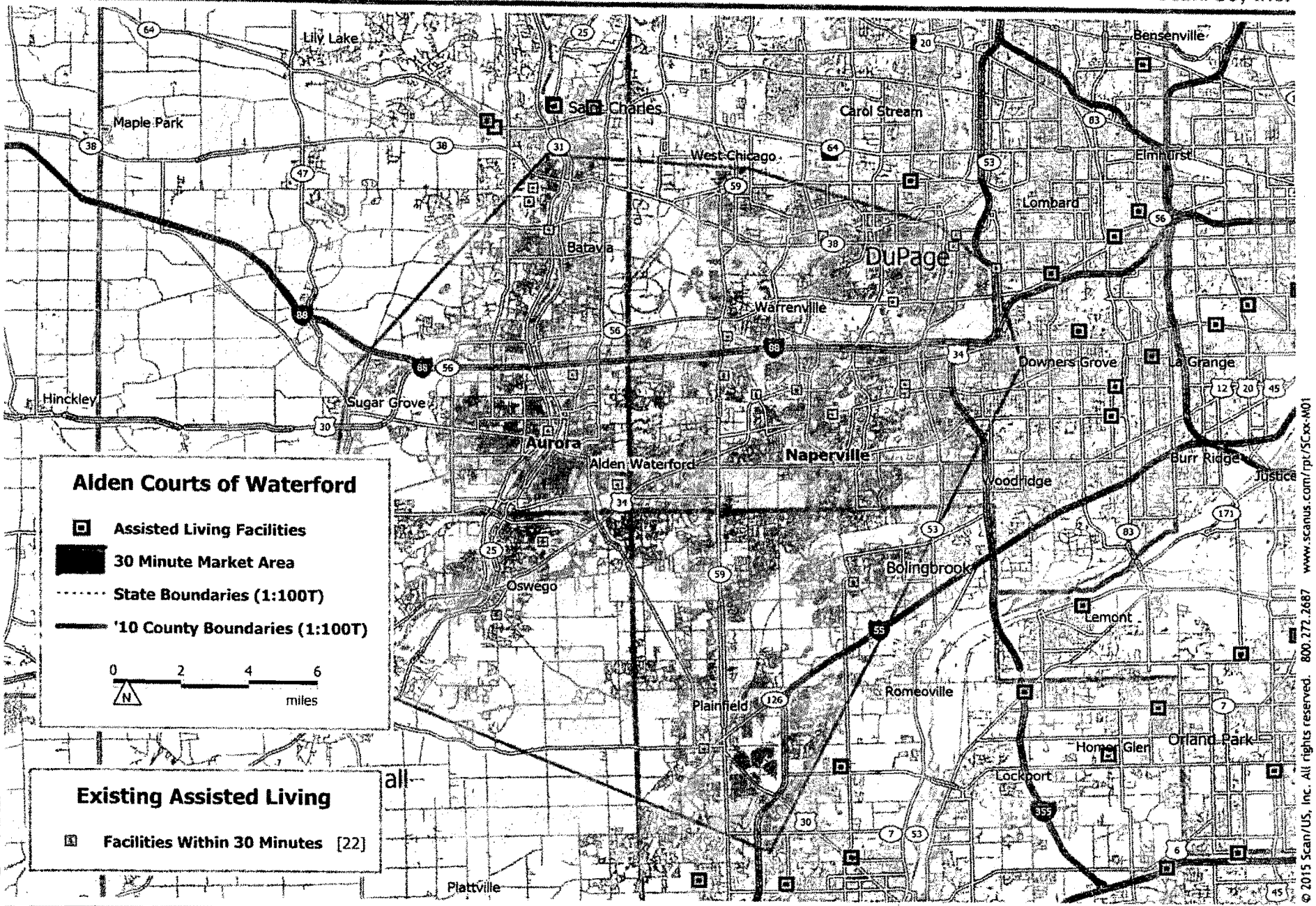
Existing Nursing Care Facilities Within 30 Minutes

key:Object name:Object name
#Loc0096 Alden Waterford
#Loc0097 Jennings Terrace
#Loc0098 The Grove
#Loc0099 Tiller's
#Loc0100 Elmwood Terrace
#Loc0101 Presence Mcauley
#Loc0102 St. Patrick's Residence
#Loc0103 Manor Care
#Loc0104 Asbury Gardens
#Loc0105 Taber Hills
#Loc0106 Countryside Care Center
#Loc0107 North Aurora Care CTR
#Loc0108 Meadowbrook Manor
#Loc0109 Community Nsg CTR
#Loc0110 Alden Estates
#Loc0111 The Springs
#Loc0112 Lakewood
#Loc0113 Covenant Health Care
#Loc0114 Hillside Care CTR
#Loc0115 Batavia Rehab
#Loc0116 Westbury Care CTR
#Loc0117 West Chicago Terrace
#Loc0118 Bria Of Geneva
#Loc0119 Meadowbrook Manor
#Loc0120 Rosewood Care Center
#Loc0121 Wynscape
#Loc0122 MarianJoy Rehab
#Loc0123 Meadowbrook Manor
#Loc0124 Dupage County Home
#Loc0125 Winfield Woods
#Loc0126 Wheaton Care CTR

**ATTACHMENT-10D**

# Alden Courts of Waterford

Scan/US, Inc.

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Scan/US™

30 Minute Market Area and Existing Assisted Living Facilities

06/01/2015

SCxx-M01



ATTACHMENT-10D

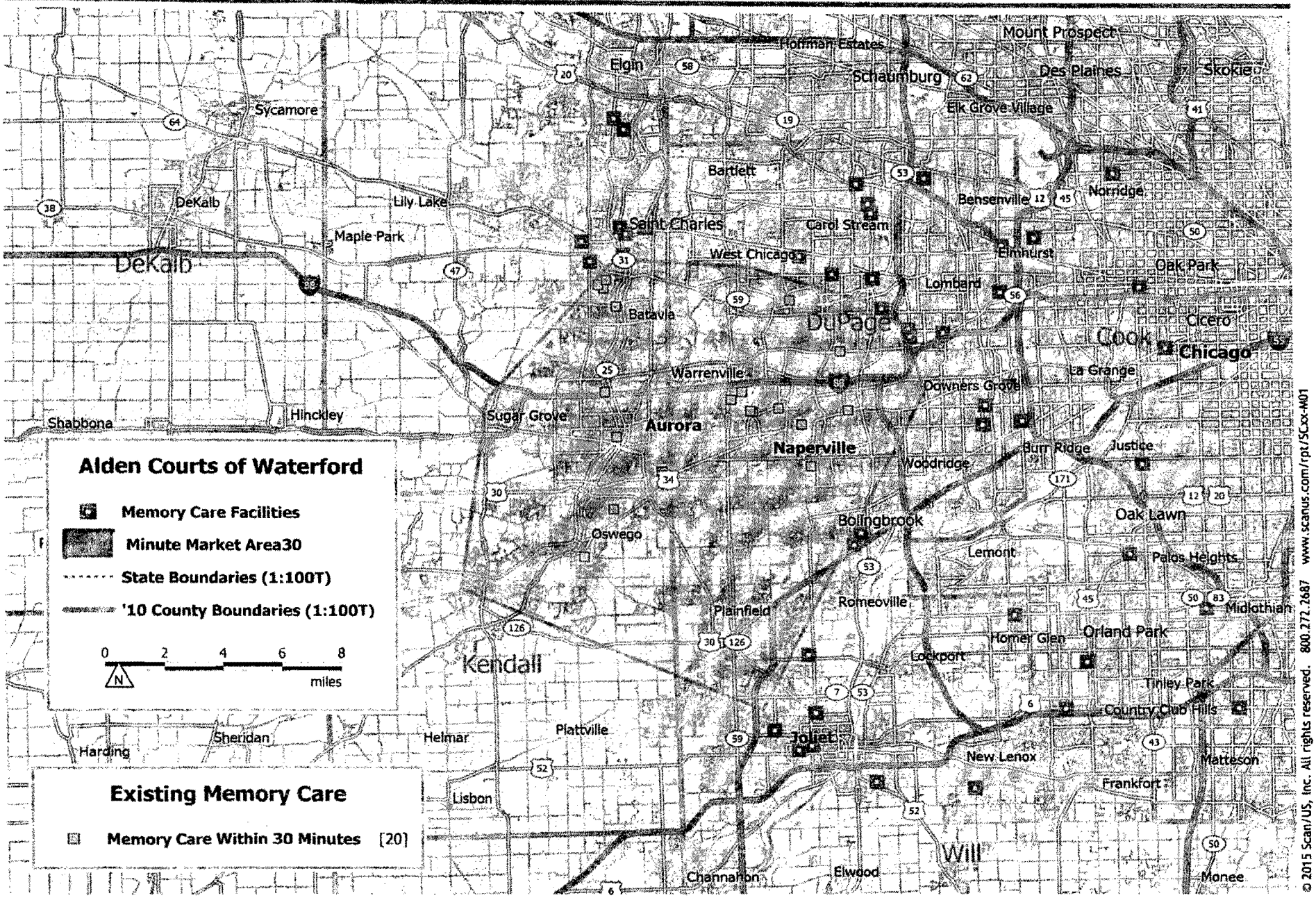
Assisted Living Facilities Within 30 Minutes of Alden Courts of Waterford

key:Object name:Object name
#Loc0054 Harbor Chase
#Loc0063 Autumn Leaves
#Loc0064 Bickford Cottage
#Loc0065 Neighbors
#Loc0066 Fox Knoll
#Loc0067 Harry Ekstam
#Loc0069 Robin's Nest
#Loc0070 Greenfields
#Loc0081 Autumn Leaves
#Loc0087 Atria Park
#Loc0089 Brookdale
#Loc0092 Brookdale
#Loc0093 Lexington Square
#Loc0095 Silverado
#Loc0096 Spring Meadows
#Loc0097 Springs at Monarch
#Loc0098 Sunrise
#Loc0099 Sunrise North
#Loc0101 Brighton Gardens
#Loc0102 Westbridge
#Loc0104 Alden Courts

**ATTACHMENT-10D**

# Alden Courts of Waterford

Scan/US, Inc.

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Scan/US™

30 Minute Market Area and Existing Memory Care Facilities

06/17/2015

SCxx-M01



ATTACHMENT-10D

Memory Care Facilities Within 30 Minutes of Alden Courts of Waterford

key:Object name:Object name
#Loc0012 Alden Courts
#Loc0024 DuPage Convalescent
#Loc0025 Tabor Hills
#Loc0026 Meadowbrook Manor
#Loc0027 Alden Estates
#Loc0033 Asbury Gardens SLF
#Loc0036 Sunrise
#Loc0039 Spring Meadfows
#Loc0041 Brighton Gardens
#Loc0044 Sunrise
#Loc0048 Silverado
#Loc0049 Villa St. Benedict
#Loc0051 Harry Ekstam AL
#Loc0053 Fox Knoll
#Loc0055 Greenfields
#Loc0059 Robin's Nest
#Loc0060 Robin's Nest
#Loc0061 Autumn Leaves
#Loc0062 Bickford Cottage
#Loc0066 Harbor Chase

ATTACHMENT-10D

Attachment 2. Existing Inventory Details

## Comparable Property Details

| Development Name and Address | # Units | Unit Type | Size | Avg. Cost | Occ. % |
|---|---|---|---|---|---|
| *Jennings Terrace* | 60 nsg | 1-Bedroom (IL) | | $1265-$1400 | 78.02% |
| *275 S. LaSalle St.* | 103 IL/AL | 2-Bedroom (IL) | | $2800-$3000 | 61.09% |
| *Aurora, IL 60505* | | Nursing Care Semi-Private | | $5868 | |
| | | Nursing Care Private | | $6410 | |
| | | 1-Bedroom (AL) | | $1960 | |
| | | 2-Bedroom (AL) | | $2410 | |
| | | Nursing Unit (AL) | | $3960 | |

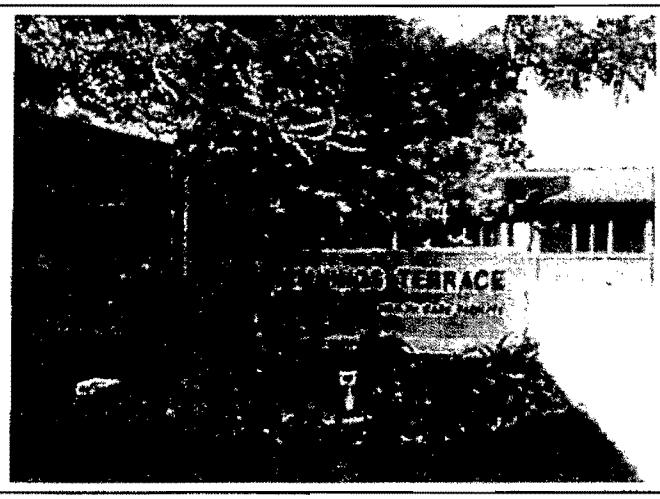
**Phone:** (630) 897-6947

**Contact:** Diane Beukelman (Development Director)
beukelman@jenningsterrace.com

**Unit Amenities:** Furnished rooms; Private showers centrally located; Free Direct TV hook-up & WiFi; Small refrigerators can be provided by residents for in-room use; In-room phone service is optional.

**Project Amenities:** Around the clock supervision and security; Three home-style prepared meals; housekeeping, laundry services, linen and towel services; Computer & color printer; Courtesy van with lift; Exercise room and fitness programs; Directed group activities, special entertainment events and social parties; Game areas with pool table, large screen TVs and numerous lounges; Microwaves and refrigerators in lounges; Shaded patios and walkways; Gas Weber grills; Books, games, puzzles, VHS tapes, DVDs; Non-denominational daily Bible Reading, Sunday services and guest Ministers; Catholic rosary daily, Sunday communion service and monthly mass in Chapel; Private off-street parking; On-site Barber/Beauty Shop and Resident Store; US Mail and newspaper services.

**Comments:** One-story facility located on eleven acres of land in a residential area. Capacity for 103 residents in Independent/Assisted Living area and 60 in Nursing Care.



ATTACHMENT-10D

Jennings Terrace
275 S. LaSalle St.
Aurora, IL 60505

Phone:773-569-3971 ext. 12
Fax: 630-897-6949
E-mail: Diane Beukelman, Development Director
dbeukelman@jenningsterrace.com

## Welcome to Jennings Terrace

Jennings Terrace is a non-profit charitable corporation dedicated to providing quality, safe, affordable housing and health care services in a community setting for adults age 50+. Since being established in 1943, we have valued safety, comfort and respect of our residents. We excel in continuous care for our seniors needing long term nursing and memory care. We provide the helping hand to those who needassistance with activities of daily living but not in need of nursing health care. Retired individuals can live independently and relax with no worries about fixing meals or managing a household. Through ourshort-term (Respite) provision, caregivers can take a "break" and rely on us for specialized care of their family member. Support from our dedicated staff, Auxiliary and volunteers gives all our seniors an opportunity to appreciate social and physical activities, entertainment, free-time to visit with family, rediscover old friends and make new friends. **Extraordinary care is our reputation and exceptional rates are our tradition**. Visit or contact us today!

## Independent Living

**One Private Room with shared half bath $1,265/month**

**One Private Room with private full bath $1,400/month**

**Two- Room floor plan suite, with private half bath $1,665/month**

**Two-Room floor plan suite, with private full bath $1,865/month**

**Short-Term Stay (Respite Service) $92/day**

Each private room or the bedroom of the two-room plan is furnished with a twin bed, chest of drawers, dressing table/desk combination with mirror and a desk chair and bedside table. Residents may choose to use any or all of the provided furniture or bring their own. Private shower/bathing rooms are centrally located for individual resident use.

- Weekly housekeeping, laundry, linen and towel services are included.
- Hot-water heat provides toasty-warm room comfort in the winter.
- Residents can elect to have their own window air conditioners installed for the summer months.
- Free Direct TV hook –up and wireless Internet access in every room.
- Small refrigerators can be provided by residents for in-room use.
- In-room phone service is optional.
- Courtesy Van with lift is available for appointments.

ATTACHMENT-10D

Jennings Terrace is a one-story facility located on eleven acres of beautifully landscaped grounds in a quiet residential area. We have the capacity to serve 103 residents in our Independent/Assisted Living area and 60 in Nursing Care. Our highly trained Licensed Nurses, Certified Nurse Aides, Activity Aides, Dietary personnel and Administrators is responsive in every effort to meet the current and changing needs of our residents.

- Around the clock supervision and security.
- Three delicious, home-style prepared meals are served restaurant style Mon.–Sat.*
- Furnished rooms.
- Private showers are centrally located for individual resident use.
- Weekly housekeeping, laundry services, linen and towel services are provided.
- Free Direct TV hook-up & wireless Internet access.
- Computer & color printer available in Lounge area.
- In-room phone service is optional.
- Courtesy van with lift is available for appointments and resident group outings.
- Exercise room and fitness programs.
- Directed group activities, special entertainment events and social parties.
- Game areas with pool table, large screen TVs and numerous lounges for resident enjoyment.
- Microwaves and refrigerators are available in our lounges for personal use.
- Small refrigerators can be provided by residents for in-room use.
- Shaded patios and walkways are excellent for leisure outdoor time and visiting.
- Gas Weber grill available for family use.
- Books, games, puzzles, VHS tapes, DVDs are on-hand for residents.
- Non-denominational daily Bible Reading, Sunday services and guest Ministers.
- Catholic rosary daily, Sunday communion service and monthly mass in Chapel.
- Private off-street parking.
- On-site Barber/Beauty Shop and Resident Store.
- US Mail and newspaper services.

*On Sundays we feature a Buffet from 9AM – 5PM. Residents can dine as many times as they wish throughout the day. It's also a great day for family and friends to join Residents for an enjoyable meal. Visitors age 75 years or more and children under 12 years are $4.00; all other adults are $6.50. Guests may join Residents for any other meal for $5.00.

*ACTIVITIES* are developed to engage our residents in programs that can stimulate body, mind and soul. Our professional Activity Director implements a variety programs to fit many interests. BINGO is always popular as well as our Bean-Bag Baseball team that competes regularly with other senior groups. Once a month we host a Billiard Tournament for residents and guests with a traveling trophy to the winning team. Other popular activities include build-a-word, discussion groups, craft sessions, bus riding tours, reminiscing, cook-outs, birthday/holiday celebrations and dining feasts.
Group exercise includes chair exercises that can be adapted to anyone's range of mobility. Specialized individual

**ATTACHMENT-10D**

programs using stationary bikes, treadmills, light weights and walking can be designed to help a resident regain or maintain strength, flexibility or endurance to their recommended range.
As a non-profit, Jennings is fortunate to have a volunteer Auxiliary and additional individual volunteers to help with activities. Church and school groups share their talents and time with our residents for entertainment, sing-alongs, craft and other interactive and inter-generational programs.

## Nursing Care

Jennings Terrace Nursing facility is dedicated to meeting the medical, personal and social needs of seniors who can no longer completely care for themselves.

Kemmerer Annex is our 60-bed nursing and health care facility offering long-term nursing *healthcare services and memory care*. Each resident is encouraged to regain or maintain their individual level of independence through rehabilitation or long-term support. Our professional nursing staff of Registered Nurses, Licensed Practical Nurses and Certified Nurse Aides (CNAs) provide twenty-four hour nursing care services under the direction of the resident's physician. Our room *accommodations* and facility *amenities* create a safe, comfortable setting for our residents and their visitors.

Residents are served three home-style prepared meals daily. Residents and visitors are invited to enjoy our Sunday Buffet 9AM – 5PM in our Independent Dining Room. Attending the Sunday Buffet with your loved one offers a nice change for them without the worry of leaving the facility.

Our fitness team, which serves our residents at no additional charge, develops individual*rehabilitation* and restorative programs based on diagnosis and prognosis. Social Services help identify the appropriate stimuli for residents to achieve their highest psychosocial level and counsels families on supportive resident care. The *Activity Department* engages residents in programs that stimulate the body, mind and soul. We also have standing partnerships with local doctors, laboratory, pharmaceutical services, medical supply companies, rehabilitation services and hospice care. We welcome you to visit us to experience our **extraordinary care and compare our exceptional rates.** *Contact* us today.

Jennings Terrace is a one-story facility located on eleven acres of beautifully landscaped grounds in a quiet residential area. We have the capacity to serve 103 residents in our Independent/Assisted Living area and 60 in Nursing Care. Our highly trained staff of Nurses, Certified Nurse Aides, Activity Aides, Dietary personnel and Administrators is responsive in every effort to meet the current and changing needs of our residents.

- Around the clock supervision and security.
- Three delicious, home-cooked meals are served restaurant style daily.*
- Furnished rooms.
- Fully assisted bathing care with Whirlpool spa bathing station and showers.
- Weekly housekeeping, laundry services, linen and towel services are provided.
- Free Direct TV hook-up & wireless Internet access.
- Lounges and multi-use room available for relaxing and visiting.
- Computer available in main lobby.
- In-room phone service is optional.

ATTACHMENT-10D

- Courtesy van with lift is available for appointments.
- Physical Therapy Room.
- Directed group activities, special entertainment events and social parties.
- Enclosed shaded patio and garden area ideal for leisure outdoor time and visiting.
- Books, games, puzzles, VHS tapes, DVDs are on-hand for residents.
- Non-denominational Sunday services and Sunday communion service for Catholics.
- On-site Barber/Beauty Shop and Resident Store.
- US Mail and newspaper services.

*On Sundays we feature a Buffet from 9AM – 5PM. Nursing Residents are encouraged to attend with family and friends for a change of pace from their normal dining. Visitors age 75 years or more and children under 12 years are $4.00; all other adults are $6.50. Guests may join Residents for any other meal for $5.00.

### Activity Programs

Jennings Terrace has designed specialized activity programs to help with memory care, sensory stimulation and socialization. Popular activities include group exercise, BINGO, build-a-word, discussion groups, craft sessions, reminiscing, cook-outs, birthday/holiday celebrations and dining feasts. As a non-profit, Jennings is fortunate to have a volunteer Auxiliary and additional individual volunteers to help with activities. Church and school groups share their talents and time with our residents for entertainment, sing-alongs, craft and other interactive and inter-generational programs.

## Assisted Living

Residents in our Assisted Service program will enjoy a range of specific amenities meant to ensure safety, comfort, security, socialization and health well-being. It is our intention to fill a much needed gap between independent living and skilled nursing home care. We adjust our assisted service to meet an individuals needs, instead of our seniors having to adapt to limited available services.

You have a choice of room accommodations to fit your needs and lifestyle. Having an additional room may be just what you need, while others may require a single room with more services or a location that accomodates routine wheelchair use.

Our community setting and varied activities give seniors the opportunity to reconnect or continue a full social life with no limitations. Meal time is one opportunity that always goes better with conversation. Residents are served three delicious, home-cooked meals, restaurant style in our spacious dining room Monday–Saturday. And on Sunday keep your family get together going with family and friends, when we feature a casual buffet for residents, guests and the public. Spend time in the dining room or reserve an entire lounge.

Our numerous spacious lounges, lobbies and out-door settings offer plenty of room to roam, congregate or enjoy some solitude. Our building security system allows for easy access to most locations and includes out-door lighting, well-lit parking lots and walkways.

Our Licensed Nurses and Certified Nursing Aides (CNAs) provide planned 24 hour supervision and assistance with Activities of Daily Living (ADLs) as needed.

Jennings Terrace is a one-story facility located on eleven acres of beautifully landscaped grounds in a quiet residential area. We have the capacity to serve 103 residents in our Independent/Assisted Services area and 60 in Nursing Care. Our highly trained Licensed Nurses, Certified Nurse Aides, Activity Aides, Dietary personnel and Administrators is responsive in every effort to meet the current and changing needs of our residents.

- Around the clock supervision and security.
- Three delicious, home-style prepared meals are served restaurant style Mon.–Sat.*
- Furnished rooms.
- Private showers are centrally located for individual resident use.
- Weekly housekeeping, laundry services, linen and towel services are provided.
- Free Direct TV hook-up & wireless Internet access.
- Computer & color printer available in Lounge area.
- In-room phone service is optional.
- Courtesy van with lift is available for appointments and resident group outings.
- Exercise room and fitness programs.
- Directed group activities, special entertainment events and social parties.
- Game areas with pool table, large screen TVs and numerous lounges for resident enjoyment.
- Microwaves and refrigerators are available in our lounges for personal use.
- Small refrigerators can be provided by residents for in-room use.
- Shaded patios and walkways are excellent for leisure outdoor time and visiting.
- Gas Weber grill available for family use.
- Books, games, puzzles, VHS tapes, DVDs are on-hand for residents.
- Non-denominational daily Bible Reading, Sunday services and guest Ministers.
- Catholic rosary daily, Sunday communion service and monthly mass in Chapel.
- Private off-street parking.
- On-site Barber/Beauty Shop and Resident Store.
- US Mail and newspaper services.

*On Sundays we feature a Buffet from 9AM – 5PM. Residents can dine as many times as they wish throughout the day. It's also a great day for family and friends to join Residents for an enjoyable meal. Visitors age 75 years or more and children under 12 years are $4.00; all other adults are $6.50. Guests may join Residents for any other meal for $5.00.

**ACTIVITIES** are developed to engage our residents in programs that can stimulate body, mind and soul. Our professional Activity Director implements a variety programs to fit many interests. BINGO is always popular as well as our Bean-BagBaseball team that competes regularly with other senior groups. Once a month we host a Billiard Tournament for residents and guests with a traveling trophy to the winning team. Other popular activities include build-a-word, discussion groups, craft sessions, bus riding tours, reminiscing, cook-outs, birthday/holiday celebrations and dining feasts.
Group exercise includes chair exercises that can be adapted to anyone's range of mobility. Specialized individual

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programs using stationary bikes, treadmills, light weights and walking can be designed to help a resident regain or maintain strength, flexibility or endurance to their recommended range.
As a non-profit, Jennings is fortunate to have a volunteer Auxiliary and additional individual volunteers to help with activities. Church and school groups share their talents and time with our residents for entertainment, sing-alongs, craft and other interactive and inter-generational programs.

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## Comparable Property Details

| Development Name and Address | # Units | Unit Type | Size | Avg. Cost | Occ. % |
|---|---|---|---|---|---|
| *The Grove of Fox Valley* | 158 | Private | | $210/daily | 81.03% |
| *1601 N. Farnsworth* | | Semi-Private | | $160/daily | |
| *Aurora, IL 60505* | | | | | |

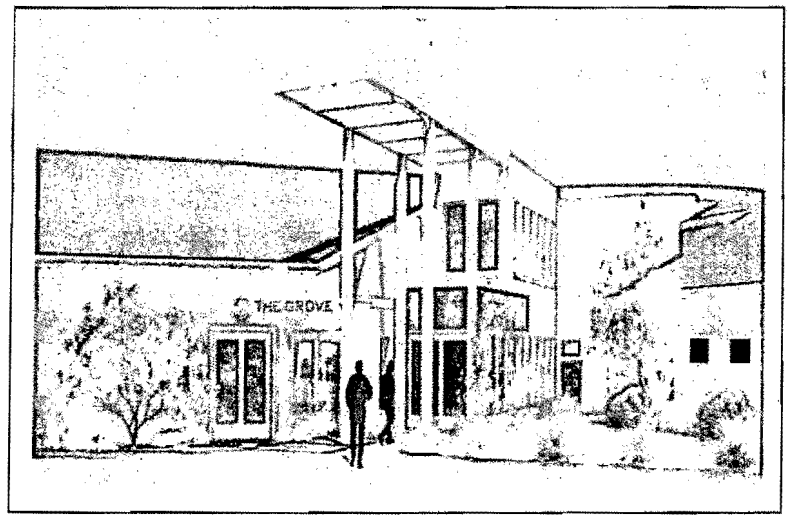
**Phone:** (630) 898-1180

**Contact:**

**Unit Amenities:** Spacious private suites with private bathroom & shower; In-room refrigerators; Large, wall-mounted flat screen TVs.

**Project Amenities:** On-site spa and salon services; high-speed Wi-Fi; family lounges; activity programs; certified dietician services; exercise program; meal service; room service available; transportation to medical appointments; daily newspaper delivery; meals from local restaurants; escorted home visits.

**Comments:** Located in a quiet Aurora Neighborhood, located close to many of the area's leading hospitals and physicians' offices.

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## The Fox Valley's Most Advanced *Post-Hospital Rehabilitation*

The Grove Fox Valley offers the latest advancements in post-hospital rehabilitation and combines it with a long list of stylish comforts and amenities. This unique combination allows us to offer guests the best possible care in a warm, comfortable environment that promotes the quickest possible recovery.

Our dedicated physicians and experienced medical staff, working side-by-side with the area's most prestigious physicians and hospitals, have earned an unmatched reputation for their ability to help patients achieve the most complete recovery, as quickly as possible.

Guests of The Grove Fox Valley can rely on:

- State-of-the-art physical therapy equipment & pain management
- One of the largest rehab facilities in the Fox Valley
- Physical, occupational & speech therapy offered 7 days a week
- 20 full-time therapists on staff
- Independent living skills taught in a real world environment
- Discharge planning – includes a home visit to assess accommodations, arrange for any necessary equipment, & training of family members or other caregivers who may assist, if necessary, upon the patient's return home

## Experience The Grove Difference

- Our primary goal is to help guests recover their strength and restore their confidence and independence. Our comprehensive and therapeutic approach to post-hospital rehabilitation is specifically designed to help reduce their pain, improve their living skills, and enjoy greater functionality overall.
- We offer the area's highest patient-to-therapist ratio, large state-of-the-art rehab gyms and a supervised level of personalized therapy 7-days a week. This comprehensive approach to physical rehabilitation and therapy often allows our guests to return home in as little as 3 weeks.

## On The Path To A Faster, More Complete Recovery

- Whether you're recovering from a hip or knee replacement, spine or other orthopedic surgeries, you can count on The Grove to provide you with a highly customized care plan that will get you up and on with your life as quickly as possible.
- Working closely with our guests and their physicians, our therapists create an intensive physical and occupational rehabilitation plan designed to meet the specific needs of each individual guest. Our physiatrists, physical medicine doctors, consult regularly with the rest of our therapy team to assess each guest's recovery and provide treatment goals.

## Specialty Therapy Programs At The Grove Fox Valley

- To assist our guests in their recovery from recent surgery, illness or injury, The Grove Fox Valley offers a wide range of specialty therapy programs. Our clinical facilities feature the latest ancillary and diagnostic equipment, eliminating the inconvenience of traveling between physician offices or hospitals for tests or treatment. ℭℭThe specialized therapy programs we offer include, but are not limited to:
- *Physical Therapy*
- Enhancing lower body strength, gait rehabilitation, transfer and balance training, with the goal of improving balance, coordination and strength through a range of motion exercises.
- *Orthopedic Rehabilitation*
- Addresses the need for guests to get up and moving as soon as possible to prevent any loss of mobility due to recent hip, knee and other replacement surgeries; as well as spine or back surgeries.

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- *Speech/Language Therapy*
- This program evaluates and treats impairments in communication skills, cognition and/or swallowing with the overall goal of restoring the patient's abilities.
- *Occupational Therapy*
- A program of motion exercises and upper body strengthening and coordination drills designed to maximize the patient's abilities to perform the activities of daily living, such as bathing, grooming and dressing.

## *Offering You The Quickest* Possible Recovery

Recovering from surgery or a serious illness often requires additional time and specialized rehabilitation in a post-hospital setting. Additional assistance with pain management, and close monitoring of any chronic medical conditions may also be required.

At The Grove Fox Valley, we are proud to provide the care and therapy our guests need to transition back to independent living.

This is why we offer a level of personalized attention and care combined with a clinical sophistication that few other rehabilitation centers can match. Our physician-supervised, round-the-clock approach allows us to offer each guest a uniquely personalized level of treatment and program of care.

Our in-depth medical expertise extends across an extensive range of patient needs, including:

- Cardiac care
- Stroke & other neurological conditions
- Pulmonary care
- Orthopedic care
- Oncology care
- Specialized wound care
- Post-surgical rehabilitation of all kinds

## Specialized Wound Care

- Our multi-system approach to chronic wound care takes advantage of the most advanced therapies and treatments, including: E-Stim, ultrasound, ultraviolet therapy, debridement and negative pressure therapies.
- A certified wound care specialist supervises each step in our innovative and interdisciplinary approach to the treatment of chronic wounds. All consultations are conducted onsite and every element of care is supported by our own certified wound care nurses.

## Innovative Pulmonary Care At The Grove Fox Valley

Our unique, team approach to pulmonary rehabilitation is designed to help patients with complex lung disease and other chronic progressive respiratory problems.

By combining exercise, education, breathing retraining, nutritional counseling, as well as psychosocial support, the dedicated staff at The Grove can help to optimize our guests' physical abilities, while simultaneously impeding the progression and the debilitating symptoms of pulmonary disorders. These disorders include, but are not limited to:

- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic fibrosis
- Emphysema
- Asthma
- Chronic bronchitis

- Neuromuscular disorders

### Advanced Cardiac Care At The Grove

- At The Grove Fox Valley, our goal is to help guests and their physicians limit the physical effects of cardiac illness and improve overall cardiovascular health.
- Each guest receives a cardiac rehabilitation program designed specifically for them, implemented and supervised by a team of cardiac specialists, including: physicians, nurses, physical and occupational therapists, and consulting nutritional professionals.

### *Everything That Surrounds You* Supports Your Recovery

- At The Grove Fox Valley, we believe a relaxing, nurturing environment is an essential part of a quality rehabilitation regimen. And to that end, we've designed every aspect of The Grove to offer a truly high-end experience.
- From our large, stylishly appointed guest rooms and private suites, to our long list of amenities, one of our key goals is to make sure our guests and their visitors are as comfortable as possible.

## Unmatched Service

Guests at The Grove Fox Valley are encouraged to take advantage of our full range of amenities throughout their stay. These amenities include, but are not limited to:

- Spacious private suites with private bathroom & shower
- In-room refrigerators
- On-site spa & salon services
- Large, wall-mounted flat screen TVs with 80 cable channels
- High-speed Wi-Fi
- Inviting family lounges

### Food That Is Both Inviting And Nourishing

- At The Grove Fox Valley, you'll find dining options are often as innovative and inviting as your surroundings. Meals are thoughtfully prepared using fresh ingredients and healthy recipes. Our certified dietitian ensures that meals are nutritionally balanced and that medical and faith-based food requirements are also met.
- Guests have their choice of dining in the privacy of their room, or in our dining lounge, where cold beverages and fresh, hot coffee and are served throughout the day.

## Complete Concierge Coverage™

Another way the Grove is changing the nature of post-hospital care is by offering a range of amenities and a level of personal service that rivals the best of many hotels. These complimentary services are designed to help you both manage your needs and make your stay more enjoyable. They include, but are not limited to:

- Escorted round-trip transportation to medical appointments
- Daily newspaper delivery
- Meals brought in from local restaurants
- Escorted visits home
- Free transportation for families

## Comparable Property Details

| Development Name and Address | # Units | Unit Type | Size | Avg. Cost | Occ. % |
|---|---|---|---|---|---|
| *The Tiller's Nursing & Rehab Center* | 106 Total | Private | | $225/day | 87.61% |
| *4390 Route 71* | | Semi-Private | | $175/day | |
| *Oswego, IL 60543* | | | | | |

**Phone:** (630) 554-1001

**Contact:**

**Unit Amenities:** Bed, bedside dresser, clothes dresser, over-bed table, guest chair; TV/DVD; telephone services;

**Project Amenities:** Garden path with gazebo, arbor, picnic tables, benches; library with computer & printer, daily newspapers & puzzles; lounge that may be reserved for private parties; screened-in porch

**Comments:**

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## The top choice for families for over 40 years

The Tillers provides the best in skilled and intermediate care with services that include: wound care management, IV therapy, rehabilitation therapy (physical, occupational and speech), and more. We provide long-term care, short-term rehabilitation and respite care. Our support services include: beauty/barber, dental, vision and podiatry services.

We offer many amenities to its residents both inside their individual rooms and throughout the building.

The Tillers provides the residents the opportunity to enjoy a roommate. The rooms are equipped to provide each resident with a bed, bedside dresser, clothes dresser, over-bed table, guest chair, closet, TV/DVD for each resident. Telephone services are offered.

One of The Tillers' best kept secrets is the award-winning Garden Path which extends around a large portion of the building and features a gazebo, arbor, picnic tables, benches, and many trees, shrubs, and flowers to view throughout the year.

The library is a quiet space for reading or visiting with guests. The library is equipped with a computer and printer for resident use. You will also find daily newspapers, books and puzzles in the library.

The 300 Lounge is the perfect place to gather with friends and family in a more secluded area. This room can be reserved by families for birthday parties or other such gatherings. The screened-in porch overlooks the garden path. Fresh air and a beautiful sense of the outdoors make this a wonderful place to pass the time.

We invite you to come and see for yourself why The Tillers has been the top choice for families for over forty years.

# Our Services

## Cardiac Rehabilitation

The Tillers Cardiac Rehabilitation Program is a clinically driven and supervised program designed specifically to help patients recover from various cardiac conditions such as heart attacks, congestive heart failure, cardiac arrhythmia, as well as patients with post cardiac related surgeries such as stenting or angioplasty.

Through a nutritional and multidisciplinary team approach, this program is designed to optimize recovery and quality of life by improving cardiovascular fitness and overall health while managing daily symptoms and encouraging patient education..

Our Cardiac Rehabilitation Program includes:

- Clinical evaluation to determine patient's individual needs and limitations
- Ongoing clinical assessments to tailor program to each patient
- Maintaining an aggressive physical therapy approach while monitoring heart rate, blood pressure, and oxygen saturation levels
- Patient education and family counseling to better understand and manage cardiac condition
- Onsite chest x-rays
- Oversight by our multidisciplinary team including physicians (primary care physician, cardiologist, surgeon, physiatrist), nurses, physical and occupational therapists, dietician, psychologist, and care management/discharge planning

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# Diabetic Management

The Tillers Nursing and Rehabilitation offers a Diabetic Management Program that is designed to assist and educate patients who have recently been diagnosed with diabetes, had a change in their treatment regimen, or are having difficulty maintaining glycerin control.

Diabetes is a disease that can have serious side effects on the body and many of those effects are permanent. If left untreated, diabetes can lead to heart and kidney disease, amputations, vision loss, and other serious problems.

Our Diabetic Management Program includes:

- Multidisciplinary approach
- Individualized treatment plan
- Education and counseling
- Nutrition counseling
- Weight management
- Physical activity
- Medication management
- Blood glucose monitoring
- Blood pressure monitoring and control
- Foot care
- Psychological support
- In house dietician

# Hospice and Palliative Care

There is often confusion between the terms hospice and palliative Care. What most people don't know is that palliative care is provided by hospice and serves as a "bridge" to hospice care. The differences between palliative care and hospice care are as follows:

| | **Hospice Care** | **Palliative Care** |
|---|---|---|
| Definition | Provides medical services, emotional support, and spiritual resources for patients who are in the last stages of their disease. Focus is on enhancing patient's quality of life by keeping them as comfortable as possible through pain and symptom management. | Specialized medical care for people with serious diseases. It is a team approach to care between specialists, patients, family and The Tillers. It focuses on providing patients with relief from symptoms, pain and stress with the goal of improving quality of life for the patient and family. |
| Timing | Must have terminal diagnosis with life expectancy of 6 months or less. | There are no time restrictions. Can be received by patients at any stage of an illness, regardless of whether disease is terminal. |
| Treatment | Patients concentrate on comfort and may not seek life-prolonging treatment. | Patients concentrate on comfort to improve quality of life while seeking curative treatments. . |
| Payment | Hospice is covered by most private insurance plans, HMO's, Medicare, Medicaid. | Most insurance plans cover part or all of the palliative treatment, including Medicare and Medicaid. |

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## Infusion Therapy

Infusion therapy is a type of medical treatment in which medications are delivered directly into the body via a blood vessel, the spinal cord or a muscle. This type of therapy is used when treating a condition when oral medication is not an option.

Infusion therapy may be given for dehydration, cancer, renal failure, infections, nutritional deficiencies and pain management.
Our program includes:

- IV Fluids
- IV Antibiotics
- IV Meds ( furosemide, steroids, ant-seizure and peptide)
- PICC line management
- Total Parental Nutrition (TPN)
- Analgesic pump for pain management

## Joint Replacement Program

As part of The Tillers Orthopedic Rehabilitation Program, we offer a comprehensive and specialized post surgical program for those patients recovering from various joint replacement surgeries most commonly hip and knee replacement surgery.

The Joint Replacement Program focuses on effectively managing pain, increasing strength and range of motion for muscles and joints, transfer training, and independence with activities of daily living such as bathing, dressing, and toileting.

Our Joint Replacement Program includes:

- Customized, goal directed treatment plan
- Multi-disciplinary approach
- Our own in-house physical, occupational, and speech therapists up to 7 days a week
- Therapy Director on site daily to coordinate multi-disciplinary team
- Physiatrist to oversee program and round weekly
- Outcome driven using evidenced based treatments
- Leading edge technologies and adaptive techniques
- Counseling and education for a safe return home
- Case manager to coordinate the patient's stay and discharge plan

## Neurological Rehabilitation

Our Neurological Rehabilitation Program provides treatment for patients who are experiencing difficulties from a stroke, traumatic brain injury, spinal cord injury, tumors, cerebral palsy, Guillian-Barre, meningitis or encephalitis.

Neurological difficulties may cause problems related to cognition, motor planning and execution, visual perception, speech and language and swallowing difficulties. A combination of physical, occupational and speech therapy may be required to properly treat these issues.

Our Neurological Rehabilitation Program includes:

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- Customized, goal directed treatment plan
- Multi-disciplinary approach
- Outcome driven using evidenced based treatments
- In-house staff of physical, occupational and speech therapists
- Therapists available up to 7 days per week
- Therapy Director on site daily to direct multi-disciplinary team
- Physiatrist to oversee rehab program and round weekly
- Vision Therapy Program with physician specialist to round weekly
- Counseling and education

## Occupational Therapy

Occupational therapy is the use of treatments to develop, recover, or maintain daily living skills of patients with physical, mental or developmental conditions. It is often used in conjunction with physical therapy. Occupational Therapy interventions focus on adapting the environment, modifying the task, teaching the skill, and educating the patient as well as family in order to increase participation and performance of daily activities.

The occupational therapy program at The Tillers is over seen by Dr. Dennis Keane, MD, a physiatrist who specializes in rehab medicine. Dr. Keane makes rounds twice per week in the facility.

Our Occupational Therapy program includes:

- In-house staff of occupational therapists and occupational therapy assistants
- Therapy Director on site daily to direct multi-disciplinary team
- Therapists available up to 7 days per week
- Multi-disciplinary, team approach
- Customized, goal directed treatment plan
- Outcome driven results using evidenced based treatments
- Pain management • Leading edge technologies and adaptive equipment
- Counseling and education
- Occupational therapists that specialize in vision therapy

## Orthopedic Rehabilitation

The Tillers offers a comprehensive Orthopedic Rehabilitation Program to individuals who are recovering from various orthopedic conditions or surgery, such as hip or knee replacement and spinal fusions.

Our Orthopedic Rehabilitation program is designed to:

- Restore physical function and enhance the skills needed to perform daily activities
- Build strength and endurance
- Improve balance and regain mobility
- Optimize independence

The program includes:

- Goal directed, individualized treatment plan
- Our own in-house physical and occupational therapists up to 7 days/wk
- Rehab Medical Director to oversee program and round weekly
- Case manager to coordinate the patient's stay and discharge plan
- Evidenced based treatment
- Leading edge technologies and adaptive techniques

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- Joint Replacement Program
- Multi-discipinary team including primary and orthopedic physician, nurses, physical and orthopedic therapists, dietician, psychologist, and case manager

Dr. Dennis Keane, MD, a highly respected area physician, is the Rehabilitation Medical Director for The Tillers. He is currently part of the Marianjoy Medical Group and serves as the Chief of Staff at Rush Copley Medical Center in Aurora.

## Pain Management

Pain management employs a multi-disciplinary approach to ease the suffering and improve the overall quality of life for those living in pain.

Dr. Dennis Keane, MD, a physiatrist that specializes in rehab medicine and pain control, oversees the rehab program and rounds twice per week in the facility.

Pain can be either acute or chronic. Acute pain can be due to surgery, injury and other temporary conditions. Pain that continues becomes chronic in nature. Treatment approaches include medications, physical and/or occupational therapy, physical exercise, application of cold/heat and psychological interventions.

Our program includes:

- Comprehensive pain assessment upon admission
- Pain assessment per shift using 0-10 pain scale
- Multi-disciplinary approach
- Physical and occupational therapy
- Physician specialists (physiatrist, wound care, psychiatrist)
- Infusion pain pumps
- Psychological treatment
- Medication management
- Kinesio taping
- Pain management education for patient/family prior to discharge

## Physical Therapy

Physical therapy is an integral part of treatment for patients with pain and /or movement dysfunction resulting from disability or disease. Services are designed for patients to develop, maintain and restore maximum movement and functional ability.

The physical therapy program at The Tillers is over seen by Dr. Dennis Keane, MD, a physiatrist who specializes in rehab medicine. Dr. Keane makes rounds twice per week in the facility.

Our Physical therapy program includes:

- In-house staff of physical therapists and physical therapy assistants
- Therapy Director on site daily to direct multi-disciplinary team
- Therapists available up to 7 days per week
- Multi-disciplinary, team approach
- Customized, goal directed treatment plan
- Outcome driven results using evidenced based treatments
- Pain management
- Leading edge technologies and adaptive equipment

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- Counseling and education

## Pulmonary & Respiratory Rehabilitation

Our Pulmonary & Respiratory Rehabilitation Program is designed to help restore our patients to their highest functional level with the goal of enhancing their overall quality of life while dealing with chronic respitory problems such as, but not limited to COPD, asthma, emphysema, cystic fibrosis, pneumonia, and chronic bronchitis. The Tillers compreshensive program has a multi-disciplinary approach including primary care and pulmonology specialist, nurses, respitory therapist, physical and occupational therapists, dietician, psychologist, and care manager. The team focuses on the assessment, diagnostic evaluation, education, prevention and care of our patients with heart and lung disorders.

The services provided under the Pulmonary & Respiratory Program include:

- Individualized goals and assessments to show clinical improvements on reducing shortness of breath and increasing exercise tolerance
- Consulting respiratory therapist and pulmonologist
- CPAP/BIPAP training and education for sleep breathing disorders
- Dysphasia management
- Pulse oximetry and arterial blood gas monitoring
- Medication Management
- Onsite chest x-rays
- Implementation of energy conserving techniques and breathing strategies to help reduce symptoms, improve endurance and muscle strength
- Respiratory treatments to enhance oxygenation, ie: nebulizer treatments
- Psychological counseling and support services
- Nutritional counseling and education pertaining specifically to patient's respiratory condition
- Specific education to help each patient better understand how to manage their disease and return home

## Restorative Nursing

The Tillers Nursing and Rehabilitation Center offers a Restorative Nursing Program which serves as a link between therapy and nursing. The goal of restorative nursing is to ensure the functional gains made in physical and occupational therapy are successfully maintained. The Tillers therapists work with nurses as consultants in designing individualized restorative programs for each patient.

The need for rehabilitation therapy is generally triggered by an acute illness or injury. Restorative nursing bases treatment on restoring or compensating for skills lost through chronic disease or lack of use.

The Tillers Restorative Nursing Programs includes:

- Walking programs
- Bed mobility
- Training with dressing and grooming
- Eating, swallowing training
- Strengthening techniques
- Range of motion exercises
- Splint or brace application
- instruction in safe transferring
- Bowel and Urinary toilet training

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## Speech Therapy

Speech therapy is a treatment that focuses on improving the patient's ability to communicate effectively and to eat or swallow safely. Problems that may be treated by a speech therapist include stroke, Parkinson's disease and other neurological disorders, speech articulation disorders, apraxia, dysphasia, cognitive issues and swallowing difficulties.

The speech therapy program at The Tillers is overseen by Dr. Dennis Keane, MD, a physiatrist who specializes in rehab medicine. Dr. Keane rounds twice per week in the facility.

Our Occupational Therapy program includes:

- In-house staff of speech therapists
- Therapy Director on site daily to direct multi-disciplinary team
- Therapists available up to 7 days per week
- Multi-disciplinary, team approach
- Customized, goal directed treatment plan
- Outcome driven results using evidenced based treatments
- Pain management
- Leading edge technologies and adaptive equipment, including Vital Stim
- Counseling and education

## Vision Therapy

The Tillers Nursing and Rehabilitation Center is leading the industry in the implementation of a Vision Therapy Program. Vision therapy has been proven to help address the overall treatment and recovery of those patients specifically suffering from neurological disorders or dealing with symptoms of change/loss of vision due to traumatic fall or stroke. This approach is very unique to the skilled nursing and rehabilitation setting, and The Tillers is the only facility in the area to offer this service to their patients. When vision therapy is addressed during the rehabilitation process, there is an increased ability for patients to improve upon their mobility, self care, and have a faster rehab potential to return home.

The Vision Therapy Program includes:

- Direct physician oversight with weekly rounding by an optometrist in the facility
- Individual treatment plans for patients with neurological disorders, changes or loss in their vision, and/or trauma to the nervous system from a fall or stroke
- Training for the entire visual system including the eyes, brain, and body
- Individualized plan with the set goals to improve visual fields
- Methods to retrain the brain with the use of prisms and therapeutic lenses
- Patient education and counseling from specialized Occupational Therapists in vision therapy

Dr. David Martin, O.D. is a highly regarded optometrist who oversees the Vision Therapy Program at The Tillers. He works in conjunction with our Occupational Therapists who manage the program on a daily basis, while he rounds on a weekly basis in the facility. Dr. Martin's home office is based out of Aurora and he has been practicing since 2005.

## Wound Care

The Tillers is committed to providing compassionate and comprehensive care involving the treatment, management, and timely healing of acute and chronic wounds through our specialized Wound Care Program.

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This program is designed to address the highest standards of wound management protocol for patients who require extensive treatment. Through a nutritional and multidisciplinary team approach, our goal is to provide positive outcomes which restore skin health and prevents future wound and skin complications.

Our program includes:

- Weekly rounds by specialized Wound Care Physician
- Individualized treatment plans implemented upon admission
- Minimizing pressure on compromised areas
- Preventative skin care and hygiene
- Diabetes and peripheral vascular disease management
- Proper hydration and nutrition management
- Regular monitoring, assessment, and measurement of wounds
- Pain management
- Preventative care and patient education

The Tillers provides wound care and skin management for the following conditions:

- Surgical wounds, i.e.: open non-healing wounds, localized incisions
- Pressure Ulcers, stages I-IV
- Diabetic Ulcers
- Traumatic Wounds
- Amputations
- Burn Wounds
- Osteomyelitis
- Ischemic Ulcers
- Venous Stasis Ulcers

Dr. William Asihene, MD, PhD, FACS, provides direct oversight to the wound care program and rounds weekly at The Tillers. Dr. Asihene is a board certified general surgeon with over 17 years experience.

ATTACHMENT-10D

## Comparable Property Details

| Development Name and Address | # Units | Unit Type | Size | Avg. Cost | Occ. % |
|---|---|---|---|---|---|
| *Meadowbrook Manor* | 298 | Private | | $195/day | 92.96% |
| *431 West Remington Blvd* | | Semi-Private | | $186/day | |
| *Bolingbrook, IL 60440* | | | | | |

**Phone:** (630) 759-1112

**Contact:**

**Unit Amenities:** Private and semi-private suites; Electric bed and specialty mattress; Homelike furnishings; Private bathroom; TVs and telephones in our rehabilitation unit rooms; WiFi Services; Private phone line; Custom Desk, workstation and wardrobe

**Project Amenities:** Restaurant and buffet-style dining; Upscale salon services; Daily housekeeping, laundry and linen services; Elegant library and lounge; Leisure and social activities; Entertainment and religious programs.

**Comments:**

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## Short Term Care

It is our goal for our patients to succeed through treatment and return home to an independent life. Our guest-centered facility has been staffed with nurses, therapists, and area physicians who will deliver quick recovery with the results you should expect. The focus of this program is to achieve the highest level of recovery through individually designed rehabilitation care plans created with our interdisciplinary care team.

- Orthopedic surgery and joint replacement
- Pain management
- Post surgical recovery
- Heart conditions and cardiac procedures
- Pulmonary disease, including pneumonia
- Neurological conditions
- Stroke rehabilitation
- Diabetes education and management
- Intravenous and nutritional therapy
- Chronic renal disease
- Wound care

### Pulmonary Rehabilitation

Meadowbrook Manor has developed a pulmonary program designed to meet the needs of patients with chronic and acute respiratory illnesses. Our Pulmonary Rehabilitation Program is tailored to meet each individual's needs and manages such illnesses as:

- COPD
- Emphysema
- Pneumonia
- Lung Disease
- Pulmonary Hypertension
- Monitored by a board certified pulmonologist, the Pulmonary Rehabilitation Program is designed to control symptoms through proper medication management, disease specific exercise programs, and education on diet restrictions.
- In-House Hemodialysis

Meadowbrook Manor in LaGrange offers an in house dialysis suite for those guests who need hemodialysis during their rehabilitation stay. Our unit is overseen by a Board Certified Nephrologist who specializes in kidney disease and the management of patients who suffer from end stage renal disease. Meadowbrook Manor in Bolingbrook and Naperville offer Bed Side Dialysis. Please call our Directors of Admissions for further details on our Bed Side Dialysis Program.

### Wound Care

For the treatment and management of complex wound care including nutrition intervention, electronic stimulation, ultrasound, pulse lavage, and debridement. Our program also features-

- Treatment Nurses and Therapists
- Wound Certified Physician Consultations
- Wound Vac Treatment

**ATTACHMENT-10D**

- Infusion Therapy
- IV antibiotics
- IV Hydration
- IV Pain Medication

## Cardiac Management Program

Meadowbrook Manor has an innovative Cardiac Management Program which focuses on patients who have coronary artery disease, congestive heart failure, post bypass surgery, and heart attacks. Our program features:

- Consultation by a Board Certified Cardiologist
- On-site Coumadin management, EKG, and labs

Nurse and nurses aides trained in cardiac disease

# Health Care Solutions

### Hospice/Palliative Care

Our interdisciplinary team will work together to establish an individualized plan of care to meet each patient and families individual needs.

- In patient hospice contracts with various hospice companies throughout the area
- Pain Management
- Discharge plan to home arranged by our social services if desired by the family and patient

### Compassionate, Customized Long-Term Care

At all of our locations, you'll find our long-term care is completely customized to our residents' needs. This is because we begin with a comprehensive assessment that's completed and reviewed by our interdisciplinary team from nursing and therapy to dietary, activities and social services. The result? Customized health care that increases your loved one's strengths and capabilities.

### Complimentary Health Care Services

At no additional cost, some of the services Meadowbrook Manor provides include wound care, respiratory supplies, oxygen, wheel chair, walker, cane, eating assistance, special diets and Alzheimer's assessments.

### Respite

As a devoted caregiver, you may find times when you need a temporary break, whether you're planning a weekend getaway or a much-needed vacation — Respite Care at Meadowbrook Manor can give you the relief you need. Even if you're staying with us for your own rehabilitation, you can trust Meadowbrook Manor to provide your loved one with personalized attention and comfort — while you take care of yourself.

## Attentive 24-Hour Care

**ATTACHMENT-10D**

While you're away, you can rest easy knowing your loved one is receiving individualized, around-the-clock attention from compassionate experts. Our experienced staff includes some of the area's top physicians, as well as, registered nurses and specialists in geriatrics who all work together to make sure your loved one's physical, social and emotional needs are met.

## Memory Care

Meadowbrook offers a safe and secure environment for individuals with Alzeheimer's or Dementia. Our unit boasts a variety of activities, specially trained staff, and a sense of comfort you will grow to rely on.

## Our Philosophy

Human dignity and personal pride do not diminish with age or illness, but continue throughout the life cycle. Recognition of this, in each individual, is the priority of Butterfield Health Care Group. Our goal - the creation of a supportive environment in which each person is motivated to regain and/or retain the maximum level of function, both phyiscally and mentally, with continuing concern for the quality of life underscores all our efforts.

## Dedicated, experienced staff

You'll find the area's most experienced and loyal health care professionals at Meadowbrook Manor. Since many of our team members have been with us for more than 20 years, you can count on highly dedicated experts to provide consistent, personalized and effective care - 24 hours a day.
What's more, our board-certified Medical Directors, Director of Nursing, Nurses, Licensed Therapists, Social Services Director and Activity Director all work together to make sure all physical, social and emotional needs are completely met. Plus, residents receive visits from doctors specializing in podiatry, optometry, psychology, psychaitry and dental services.

Our dedicated experts also keep you, the concerned family member, informed about your loved one's well-being through our care-plan conferences.

## Accommodations, amenities & leisure activities

Each comfortable room at Meadowbrook Manor includes elegant furnishings. Your loved one's stay with us includes such amenities as:

- High-speed wireless Internet (WiFi)
- Restaurant and buffet-style dining
- Upscale salon services from the Cut and Curl Spa at Meadowbrook Manor
- Daily housekeeping, laundry and linen services
- Elegant library and lounge ideal for conversation or relaxation
- Leisure and social activities
- Entertainment and religious programs

## Buffet-style dining

Meadowbrook Manor offers chef-prepared meals that are fresh and nutritious. Plus, we accommodate special and therapeutic diets to fit a complete range of dietary needs. Meadowbrook Manor also offers holiday meals and cook-outs throughout the year that residents and their families can share together.

**ATTACHMENT-10D**

## Comparable Property Details

| Development Name and Address | # Units | Unit Type | Size | Avg. Cost | Occ. % |
|---|---|---|---|---|---|
| *Brookdale Lisle* | 55 nsg | | | | 84.79% |
| *Formerly: **Westbury Care Center*** | 27 SC | | | | 95.26% |
| *1800 Robin Lane* | | | | | |
| *Lisle, IL 60532* | | | | | |

**Phone:** (630) 984-6139

**Contact:**

**Unit Amenities:**

**Project Amenities:** Located on the campus of The Devonshire Lisle which offers Alzheimer's and Dementia Care; 24-hour nursing care; Activities; events and entertainment programs; Arts & Crafts studio; Assistance with personal care needs; Beauty/Barber shop; Dental and podiatry care, Dental, Podiatry, and Optometry Services; Educational and cultural programs; Housekeeping and linen services; Library; Outdoor garden area; Personal laundry services; Pharmacy services; Physical, Occupational, and Speech Therapies; Physicians that specialize in Geriatric Care, Recreational programs; Restaurant style dining; Three meals daily with allowances for special dietary needs.

**Comments:**

ATTACHMENT-10D

Brookdale Lisle, formerly known as Westbury Care Center, is among the premier Lisle, IL Nursing Homes providing *Skilled Nursing Care* services for seniors. We are located on the campus of The *Devonshire of Lisle*, which offers *Alzheimers and Dementia Care.*

Our care center was purpose-built to respond to the unique health care and lifestyle needs of older adults who can no longer live on their own, yet desire to retain their dignity and personal lifestyle choices without compromise. We help residents achieve their full potential and renew self-esteem with...

- Short-term rehabilitation/therapy
- Respite care
- Sheltered Alzheimer's and dementia care
- Longer-term nursing/supportive care

The Brookdale Lisle's approach to rehabilitation is a holistic one, encompassing the entire interdisciplinary care team of physicians, nurses, therapists, nutritionists, residents and families. We create an individualized care plan to meet the unique needs of each resident as we help them to achieve optimal health after injury, stroke, surgery or illness. The therapies we use are designed to meet each individual's needs and help them attain their highest level of independence and self esteem.

**We offer four distinctive types of rehabilitation at Brookdale Lisle:**

- Physical Therapy to improve mobility and muscle strength and foster independence with gait training, lower extremity functioning, balance, orthotics/prosthetics and wound care.
- Occupational Therapy to improve skills that enable patients to complete daily tasks at the highest functional level, including activities of daily living (ADLs), homemaking skills, functional transfers, upper extremity strengthening and splinting/orthotics.
- Speech Therapy for patients with speech, language, communication and swallowing disorders.
- Restorative Nursing, an individualized maintenance program to ensure each resident maintains their maximum potential.

Our professional, caring staff understands how to provide the living experiences to support the physical, emotional and intellectual needs of each resident in a spirit of compassion

**ATTACHMENT-10D**

## Comparable Property Details

| Development Name and Address | # Units | Unit Type | Size | Avg. Cost | Occ. % |
|---|---|---|---|---|---|
| *Alden Estates of Naperville* | 203 Total | Private | | $316/day | 74.64% |
| *1525 Oxford Lane* | | Semi-Private | | $313/day | |
| *Naperville, IL 60565* | | | | | |

**Phone:** (630) 983-0300

**Contact:**

**Unit Amenities:** Private and deluxe semi-private rooms; Custom-made furniture and décor; Flat screen TVs; Complimentary WiFi; En suite bathroom.

**Project Amenities:** Luxurious accommodations; Five-star restaurant dining; Four-course meals at lunch and dinner; Complimentary WiFi; Laptop and iPad loaner program; Newspaper delivery; Ice cream parlor; Hair/nail salon.

**Comments:**

**ATTACHMENT-10D**

# POST-ACUTE CARE

The therapists and staff at Alden Estates of Naperville realize recovering from post-acute orthopedic procedures, strokes and cardiac procedures can be emotionally and physically challenging. That is why we have developed an extensive rehabilitation program that takes into account your medical history, lifestyle, normal daily activities and goals you have for when you return home.

## Ensuring Top-Notch Care

Alden Estates of Naperville's post-acute rehabilitation program offers state-of-the-art technology and advanced rehabilitation techniques to help our patients achieve maximum function and independence. The result is an outcome-driven environment that offers the most efficient and effective care.

Rigorous staff education and training and required certification in post-acute rehabilitation pathways and protocols ensure highly skilled professionals ready to serve patients with complex medical needs. Our nursing team has the knowledge to assist in making the transition to Alden Estates of Naperville as smooth as possible and our staff is able to provide a similar level of quality, clinical and operational care and services found in the hospital setting.

## Transitional Care Unit

The recent implementation of advanced rehabilitation training programs for nurses in our Transitional Care Unit increases our ability to deliver high-quality, person-centered care. Our highly trained nursing staff offers patients a new level of care and service not offered at most rehabilitation centers. Patients greatly benefit from a hands-on, individualized approach to their plan of care.

## Comprehensive Therapy Services

Alden Estates of Naperville provides a full array of therapy services to improve mobility, increase flexibility and achieve maximum functionality. Therapy services include Physical, Occupational and Speech Therapies; Orthopedic Recovery; Cardiac Services; NeuroRehabilitation; and Pulmonary Care.

# ACCOMMODATIONS

With suites as well as private and semi-private deluxe accommodations in a state-of-the-art short-term rehabilitation center, Alden Estates of Naperville provides an exclusive setting conducive to recovery.

Luxurious Accommodations offer:

- Private and deluxe semi-private rooms
- Custom-made furniture and décor
- Flat screen televisions
- Complimentary WiFi throughout the building
- En suite bathroom

Alden Estates of Naperville combines a distinct style and modern conveniences with personalized service to create an inviting setting. From the Laptop and iPad Loaner Program to complimentary WiFi, we offer exceptional amenities and a memorable experience during your stay with us.

# AMENITIES

At Alden Estates of Naperville, we do our best to provide patients with a setting and surroundings that are conducive to recovery. We believe the environment of care plays an important role in your recovery and, as a result, we offer a pleasant setting so all our patients have to do is focus on doing well in their therapy and getting back home.

Amenities include:

- Luxurious accommodations
- Five-star restaurant dining
- Four-course meals at lunch and dinner
- Complimentary WiFi
- Laptop and iPad Loaner Program
- Full activity program daily
- Newspaper delivery
- Ice cream parlor
- Hair/nail salon

## Comparable Property Details

| Development Name and Address | # Units | Unit Type | Size | Avg. Cost | Occ. % |
|---|---|---|---|---|---|
| *Tabor Hills Senior Living Campus* | 211 Total | Private | | $210/day | 78.78% |
| *1347 Crystal Ave* | | Semi-Private | | $183/day | |
| *Naperville, IL 60563* | | | | | |

**Phone:** (630) 778-6677

**Contact:**

**Unit Amenities:** Wi-Fi; cable television

**Project Amenities:** Specialized mid and late-state dementia care; wandering safeguard system; gift shop; beauty/barber shop; buffet style dining with personalized table service; planned activities and outings; private courtyard & gardens; ice cream parlor; dentist/ optometrist/podiatrist on-site; wheelchair accessible transportation

**Comments:** Located just south of Interstate 88, and 1 mile east of Route 59, off Raymond Dr; Conveniently close to shopping and restaurants; Less than 3 miles from Downtown Naperville and Edward Hospital.

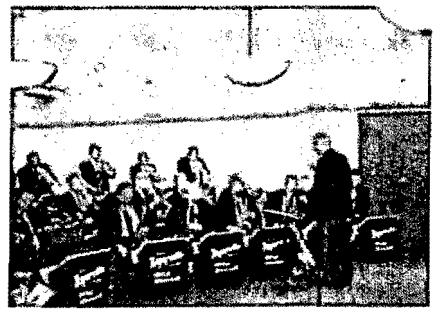
ATTACHMENT-10D

# Tabor Hills Independent Living Community

Our Independent Living Community offers 104 homes for active adults 55 and over. The homes are set into six cul-de-sacs creating a warm and friendly neighborhood. Our two or four-plex units offer a variety of sizes and styles.

**Home Features:**

- Refundable Entrance Agreement*
- Brick, Ranch Style Construction
- Security Monitoring Systems
- Emergency Response Systems
- Attached Garage
- Kitchen Appliances including Refrigerator/Stove/Microwave/Dishwasher
- Utility rooms complete with Washer/Dryer/Washtub
- Cathedral ceilings in Living Rooms
- Mature Landscaping with Spacious Common Areas
- Walk-out Patios with Garden Space and Walking Paths



**Services Included in the Monthly Fee*:**

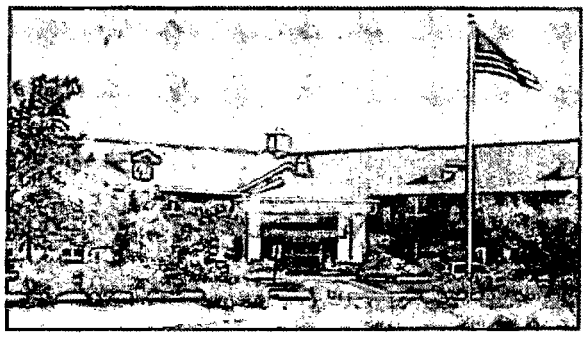
- Landscaping and Grounds Maintenance
- Snow and Trash Removal
- Water and Sewer
- Maintenance of the Home Appliances
- Non-exclusive Use of Semerad Pavilion
    - Planned Activities
    - Library
    - Great Room
    - Game and Craft Room

**Additional Services Available** ***(not included in monthly fee)*:**

- Exercise/Fitness Program
- Planned Meal Delivery
- Beauty/Barber Shop on Campus

ATTACHMENT-10D

# Tabor Hills Supportive Living Community



The Supportive Living Community, an affordable assisted living model administered by the Department of Healthcare and Family Services, for individuals 65 and over is located at 1439 McDowell Road, on the west end of the Tabor Hills campus.

Features Include:

- An Affordable Assisted Living Community
- Monthly Rental
- Studio, One and Two-Bedroom Units
- Three Meals Served Daily
- On-site 24 Hour Emergency Response
- Comfortable Great Room with Fireplace
- General Store
- Library and Computer Rooms
- Serene Bird and Butterfly Garden
- Planned Activities and Outings
- Beauty/Barber Shop
- Exercise and Fitness Program
- Medication Reminders
- Laundry Facilities
- Housekeeping and Maintenance
- Medicaid Certified

Additional Programs Available:

- Wheelchair Accessible Transportation
- Physical, Occupational and Speech Therapy
- Wi-Fi
- Cable Television

**ATTACHMENT-10D**

# Tabor Hills Healthcare Facility

Our Skilled Healthcare and Rehabilitation Center offers Person Centered Skilled Nursing Care for 211 residents with a focus on restoring individuals to their highest potential.

Features Include:

- Skilled and Intermediate Nursing Care
- Medicare Certified
- Rehabilitation
- Daily Private Pay *
- Specialized Mid and Late-stage Dementia Care
- Wandering Safeguard System
- Physical, Occupational and Speech Therapy on Staff
- Gift Shop
- Beauty/Barber Shop
- Buffet Style Dining with Personalized Table Service
- Planned Activities and Outings
- Private Courtyard with Waterfall and Nature Garden
- Therapeutic Garden
- Ice Cream Parlor
- Medicaid Certified

Additional Programs Available:

- Dentist/Optometrist/Podiatrist On-Site
- Wheelchair Accessible Transportation
- Wi-Fi
- Cable Television

<u>Outpatient Therapy:</u>

Available upon completion of your Medicare Stay with Physician Order

**ATTACHMENT-10D**

Attachment 3. Nursing Care Demand and Need Calculations

ALDEN COURTS-30 MINUTE MARKET AREA-2014 ESTIMATE

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 22.0% | 271322 | 466.2 | 582.0 |
| 65-74 | 13.1% | 99809 | 28.4 | 3514.4 |
| 75 YR+ | 64.9% | 477785 | 21.7 | 22017.7 |
| Total | 100.00% | 848916 | 516.3 | |

ALDEN COURTS-30 MINUTE MARKET AREA-2014 ESTIMATE

| AGE GR | MIN | AREA USE | MAX | PROJ USE | Scan/US POP 14 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 276.4 | 582.0 | 737 | 581.99 | 730.9 | 425374 |
| 65-74 | 2030.3 | 3514.4 | 5414.1 | 3514.40 | 50.0 | 175720 |
| 75 YR+ | 13150.1 | 22017.7 | 35066.9 | 22017.74 | 34.9 | 768419 |
| | | | | Total | 815.8 | 1369513 |

| PLAN PD | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
|---|---|---|---|---|---|
| 1369513 | 3752.1 | 90% | 4169 | 4307 | -138 |

ALDEN COURTS-30 MINUTE MARKET AREA-2019 PROJECTION

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 22.0% | 271322 | 466.2 | 582.0 |
| 65-74 | 13.1% | 99809 | 28.4 | 3514.4 |
| 75 YR+ | 64.9% | 477785 | 21.7 | 22017.7 |
| Total | 100.00% | 848916 | 516.3 | |

ALDEN COURTS-30 MINUTE MARKET AREA-2019 PROJECTION

| AGE GR | MIN | AREA USE | MAX | PROJ USE | Scan/US POP 19 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 276.4 | 582.0 | 737 | 581.99 | 727.1 | 423162 |
| 65-74 | 2030.3 | 3514.4 | 5414.1 | 3514.40 | 66.5 | 233708 |
| 75 YR+ | 13150.1 | 22017.7 | 35066.9 | 22017.74 | 43.7 | 962175 |
| | | | | Total | 837.3 | 1619045 |

| PLAN PD | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
|---|---|---|---|---|---|
| 1619045 | 4435.7 | 90% | 4929 | 4307 | 622 |

ATTACHMENT-10D

Calculated Nursing Bed Need With Current Published Bed Need and Scan/US Population Projections

KANE COUNTY - PUBLISHED INVENTORY

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 22.0% | 271322 | 466.2 | 582.0 |
| 65-74 | 13.1% | 99809 | 28.4 | 3514.4 |
| 75 YR+ | 64.9% | 477785 | 21.7 | 22017.7 |
| Total | 100.00% | 848916 | 516.3 | |

KANE COUNTY - PUBLISHED INVENTORY

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 15 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 276.4 | 582.0 | 737 | 581.99 | 472.7 | 275105 |
| 65-74 | 2030.3 | 3514.4 | 5414.1 | 3514.40 | 37.1 | 130384 |
| 75 YR+ | 13150.1 | 22017.7 | 35066.9 | 22017.74 | 23.6 | 519619 |
| | | | | Total | 533.4 | 925108 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 925108 | | 2534.5 | 90% | 2816 | 3064 | -248 |

KANE COUNTY - WITH SCAN/US 2014 ESTIMATE

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 13.3% | 271322 | 466.2 | 582.0 |
| 65-74 | 4.9% | 99809 | 28.4 | 3514.4 |
| 75 YR+ | 23.4% | 477785 | 21.7 | 22017.7 |
| | T/B | 848916 | 516.3 | |

KANE COUNTY - WITH SCAN/US 2014 ESTIMATE

| AGE GR | MIN | AREA USE | MAX | PROJ USE | Scan/US POP 14 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 276.4 | 581.986272 | 737 | 581.9863 | 462.5 | 269169 |
| 65-74 | 2030.3 | 3514.40141 | 5414.1 | 3514.401 | 35.4 | 124410 |
| 75 YR+ | 13150.1 | 22017.7419 | 35066.9 | 22017.74 | 24.8 | 546040 |
| | | | | Total | 522.7 | |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 939619 | | 2574 | 90% | 2860 | 3064 | -204 |

KANE COUNTY - WITH SCAN/US 2019 PROJECTION

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 13.3% | 271322 | 466.2 | 582.0 |
| 65-74 | 4.9% | 99809 | 28.4 | 3514.4 |
| 75 YR+ | 23.4% | 477785 | 21.7 | 22017.7 |
| | T/B | 848916 | 516.3 | |

KANE COUNTY - WITH SCAN/US 2019 PROJECTION

| AGE GR | MIN | AREA USE | MAX | PROJ USE | Scan/US POP 19 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 276.4 | 581.986272 | 737 | 581.9863 | 462.3 | 269052 |
| 65-74 | 2030.3 | 3514.40141 | 5414.1 | 3514.401 | 44.5 | 156391 |
| 75 YR+ | 13150.1 | 22017.7419 | 35066.9 | 22017.74 | 31.0 | 682550 |
| | | | | Total | 537.8 | |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 1107993 | | 3036 | 90% | 3373 | 3064 | 309 |

ATTACHMENT-10D

KENDALL COUNTY - PUBLISHED INVENTORY

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 2.6% | 1364 | 106.8 | 12.8 |
| 65-74 | 13.8% | 7158 | 5.2 | 1376.5 |
| 75 YR+ | 83.6% | 43292 | 3.3 | 13118.8 |
| Total | 1 | 51814 | 115.3 | |

KENDALL COUNTY - PUBLISHED INVENTORY

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 15 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 242 | 12.77154 | 645 | 242 | 110.8 | 26814 |
| 65-74 | 1949 | 1376.538 | 5197 | 1949 | 7.0 | 13643 |
| 75 YR+ | 12577 | 13118.79 | 33539 | 13118.79 | 3.9 | 51163 |
| | | | | Total | 121.7 | 91620.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 91620 | | 251 | 90% | 279 | 185 | 94 |

KENDALL COUNTY - WITH SCAN/US 2014 ESTIMATE

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 2.6% | 1364 | 106.8 | 12.8 |
| 65-74 | 13.8% | 7158 | 5.2 | 1376.5 |
| 75 YR+ | 83.6% | 43292 | 3.3 | 13118.8 |
| Total | 1 | 51814 | 115.3 | |

KENDALL COUNTY - WITH SCAN/US 2014 ESTIMATE

| AGE GR | MIN | AREA USE | MAX | PROJ USE | Scan/US POP 14 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 242 | 12.77154 | 645 | 242 | 106.7 | 25821 |
| 65-74 | 1949 | 1376.538 | 5197 | 1949 | 6.6 | 12863 |
| 75 YR+ | 12577 | 13118.79 | 33539 | 13118.79 | 3.9 | 51163 |
| | | | | Total | 117.2 | 89847.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 89847 | | 246 | 90% | 273 | 185 | 88 |

KENDALL COUNTY - WITH SCAN/US 2019 PROJECTION

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 2.6% | 1364 | 106.8 | 12.8 |
| 65-74 | 13.8% | 7158 | 5.2 | 1376.5 |
| 75 YR+ | 83.6% | 43292 | 3.3 | 13118.8 |
| Total | 1 | 51814 | 115.3 | |

KENDALL COUNTY - WITH SCAN/US 2019 PROJECTION

| AGE GR | MIN | AREA USE | MAX | PROJ USE | Scan/US POP 19 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 242 | 12.77154 | 645 | 242 | 108.7 | 26305 |
| 65-74 | 1949 | 1376.538 | 5197 | 1949 | 8.4 | 16372 |
| 75 YR+ | 12577 | 13118.79 | 33539 | 13118.79 | 5.4 | 70841 |
| | | | | Total | 122.5 | 113518.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 113518 | | 311 | 90% | 346 | 185 | 161 |

ATTACHMENT-10D

WILL COUNTY - PUBLISHED INVENTORY

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 26.7% | 212704 | 615.4 | 345.6 |
| 65-74 | 13.9% | 110722 | 36.9 | 3000.6 |
| 75 YR+ | 59.5% | 474577 | 26.6 | 17841.2 |
| Total | 1 | 798003 | 678.9 | |

WILL COUNTY - PUBLISHED INVENTORY

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 15 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 242 | 345.6354 | 645 | 345.6354 | 615.3 | 212669 |
| 65-74 | 1949 | 3000.596 | 5197 | 3000.596 | 47.3 | 141928 |
| 75 YR+ | 12577 | 17841.24 | 33539 | 17841.24 | 29.3 | 522748 |
| | | | | Total | 691.9 | 877345.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 877345 | | 2404 | 90% | 2671 | 2840 | -169 |

WILL COUNTY - WITH SCAN/US 2014 ESTIMATE

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 26.7% | 212704 | 615.4 | 345.6 |
| 65-74 | 13.9% | 110722 | 36.9 | 3000.6 |
| 75 YR+ | 59.5% | 474577 | 26.6 | 17841.2 |
| Total | 1 | 798003 | 678.9 | |

WILL COUNTY - WITH SCAN/US 2014 ESTIMATE

| AGE GR | MIN | AREA USE | MAX | PROJ USE | Scan/US POP 14 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 242 | 345.6354 | 645 | 345.6354 | 605.8 | 209386 |
| 65-74 | 1949 | 3000.596 | 5197 | 3000.596 | 44.7 | 134127 |
| 75 YR+ | 12577 | 17841.24 | 33539 | 17841.24 | 30.0 | 535237 |
| | | | | Total | 680.5 | 878750.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 878750 | | 2408 | 90% | 2676 | 2840 | -164 |

WILL COUNTY - WITH SCAN/US 2019 PROJECTION

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 26.7% | 212704 | 615.4 | 345.6 |
| 65-74 | 13.9% | 110722 | 36.9 | 3000.6 |
| 75 YR+ | 59.5% | 474577 | 26.6 | 17841.2 |
| Total | 1 | 798003 | 678.9 | |

WILL COUNTY - WITH SCAN/US 2019 PROJECTION

| AGE GR | MIN | AREA USE | MAX | PROJ USE | Scan/US POP 19 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 242 | 345.6354 | 645 | 345.6354 | 603.2 | 208487 |
| 65-74 | 1949 | 3000.596 | 5197 | 3000.596 | 56.4 | 169234 |
| 75 YR+ | 12577 | 17841.24 | 33539 | 17841.24 | 37.6 | 670831 |
| | | | | Total | 697.2 | 1048552.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 1048552 | | 2873 | 90% | 3192 | 2840 | **352** |

**ATTACHMENT-10D**

PA -7C - PUBLISHED INVENTORY

| AGE GR | RES % | PT DAYS | POP 2010 | | AREA USE |
|---|---|---|---|---|---|
| 00-64 | 17.7% | 308396 | 810.8 | | 380.4 |
| 65-74 | 12.6% | 219393 | 58.2 | | 3,769.6 |
| 75 YR+ | 69.7% | 1211241 | 49.0 | | 24,719.2 |
| | 1 | 1739030 | 918.0 | | |

PA -7C - PUBLISHED INV

| AGE GR | MIN | CALC AREA USE | TOTAL MAX | PROJ USE | POP 2015 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 454.6 | 380.4 | 1,212.4 | 454.6 | 809.4 | 367953 |
| 65-74 | 2,772.9 | 3,769.6 | 7,394.5 | 3,769.6 | 78.6 | 296294 |
| 75 YR+ | 13,483.3 | 24,719.2 | 35,955.5 | 24,719.2 | 51.7 | 1277983 |
| | | | | | 939.7 | |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 1942230 | | 5321 | 90% | 5912 | 6033 | -121 |

PA-7C - WITH Scan/US 2014 ESTIMATE

| AGE GR | RES % | PT DAYS | POP 2010 | | AREA USE |
|---|---|---|---|---|---|
| 00-64 | 17.7% | 308396 | 810.8 | | 380.4 |
| 65-74 | 12.6% | 219393 | 58.2 | | 3,769.6 |
| 75 YR+ | 69.7% | 1211241 | 49.0 | | 24,719.2 |
| | 1 | 1739030 | 403831 | 918.0 | |

PA-7C - WITH Scan/US 2014 ESTIMATE

| AGE GR | MIN | AREA USE | MAX | PROJ USE | SCAN/US POP 2014 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 454.6 | 380.4 | 1,212.4 | 454.6 | 799.6 | 363498 |
| 65-74 | 2,772.9 | 3,769.6 | 7,394.5 | 3,769.6 | 71.3 | 268775 |
| 75 YR+ | 13,483.3 | 24,719.2 | 35,955.5 | 24,719.2 | 53.1 | 1312590 |
| | | | | Total | 924.0 | 1944863.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 1944863 | | 5328 | 90% | 5920 | 6033 | -113 |

PA-7C - WITH Scan/US 2019 PROJECTION

| AGE GR | RES % | PT DAYS | POP 2010 | | AREA USE |
|---|---|---|---|---|---|
| 00-64 | 17.7% | 308396 | 810.8 | | 380.4 |
| 65-74 | 12.6% | 219393 | 58.2 | | 3,769.6 |
| 75 YR+ | 69.7% | 1211241 | 49 | | 24,719.2 |
| Total | 1 | 1739030 | 403831 | 918.0 | |

PA-7C - WITH Scan/US 2019 PROJECTION

| AGE GR | MIN | AREA USE | MAX | PROJ USE | SCAN/US POP 2019 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 454.6 | 380.4 | 1,212.4 | 454.6 | 785.0 | 356861 |
| 65-74 | 2,772.9 | 3,769.6 | 7,394.5 | 3,769.6 | 93.1 | 350953 |
| 75 YR+ | 13,483.3 | 24,719.2 | 35,955.5 | 24,719.2 | 65.3 | 1614164 |
| | | | | | 943.4 | |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 2321978 | | 6362 | 90% | 7069 | 6033 | 1036 |

ATTACHMENT-10D

WILL COUNTY - PUBLISHED INVENTORY

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 26.7% | 212704 | 615.4 | 345.6 |
| 65-74 | 13.9% | 110722 | 36.9 | 3000.6 |
| 75 YR+ | 59.5% | 474577 | 26.6 | 17841.2 |
| Total | 1 | 798003 | 678.9 | |

WILL COUNTY - PUBLISHED INVENTORY

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 15 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 242 | 345.6354 | 645 | 345.6354 | 615.3 | 212669 |
| 65-74 | 1949 | 3000.596 | 5197 | 3000.596 | 47.3 | 141928 |
| 75 YR+ | 12577 | 17841.24 | 33539 | 17841.24 | 29.3 | 522748 |
| | | | | Total | 691.9 | 877345.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 877345 | | 2404 | 90% | 2671 | 2840 | -169 |

WILL COUNTY - WITH NEW STATE 2015 ESTIMATE

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 26.7% | 212704 | 615.4 | 345.6 |
| 65-74 | 13.9% | 110722 | 36.9 | 3000.6 |
| 75 YR+ | 59.5% | 474577 | 26.6 | 17841.2 |
| Total | 1 | 798003 | 678.9 | |

WILL COUNTY - WITH NEW STATE 2015 ESTIMATE

| AGE GR | MIN | AREA USE | MAX | PROJ USE | New State POP 15 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 242 | 345.6354 | 645 | 345.6354 | 655.0 | 226391 |
| 65-74 | 1949 | 3000.596 | 5197 | 3000.596 | 50.6 | 151830 |
| 75 YR+ | 12577 | 17841.24 | 33539 | 17841.24 | 30.8 | 549510 |
| | | | | Total | 736.4 | 927731.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 927731 | | 2542 | 90% | 2824 | 2840 | -16 |

WILL COUNTY - WITH NEW STATE 2020 PROJECTION

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 26.7% | 212704 | 615.4 | 345.6 |
| 65-74 | 13.9% | 110722 | 36.9 | 3000.6 |
| 75 YR+ | 59.5% | 474577 | 26.6 | 17841.2 |
| Total | 1 | 798003 | 678.9 | |

WILL COUNTY - WITH NEW STATE 2020 PROJECTION

| AGE GR | MIN | AREA USE | MAX | PROJ USE | New State POP 20 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 242 | 345.6354 | 645 | 345.6354 | 692.3 | 239283 |
| 65-74 | 1949 | 3000.596 | 5197 | 3000.596 | 64.5 | 193538 |
| 75 YR+ | 12577 | 17841.24 | 33539 | 17841.24 | 38.4 | 685104 |
| | | | | Total | 795.2 | 1117925.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 1117925 | | 3063 | 90% | 3403 | 2840 | 563 |

**ATTACHMENT-10D**

KENDALL COUNTY - PUBLISHED INVENTORY

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 2.6% | 1364 | 106.8 | 12.8 |
| 65-74 | 13.8% | 7158 | 5.2 | 1376.5 |
| 75 YR+ | 83.6% | 43292 | 3.3 | 13118.8 |
| Total | 1 | 51814 | 115.3 | |

KENDALL COUNTY - PUBLISHED INVENTORY

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 15 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 242 | 12.77154 | 645 | 242 | 110.8 | 26814 |
| 65-74 | 1949 | 1376.538 | 5197 | 1949 | 7.0 | 13643 |
| 75 YR+ | 12577 | 13118.79 | 33539 | 13118.79 | 3.9 | 51163 |
| | | | | Total | 121.7 | 91620.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 91620 | | 251 | 90% | 279 | 185 | 94 |

KENDALL COUNTY - WITH NEW STATE 2015 ESTIMATE

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 2.6% | 1364 | 106.8 | 12.8 |
| 65-74 | 13.8% | 7158 | 5.2 | 1376.5 |
| 75 YR+ | 83.6% | 43292 | 3.3 | 13118.8 |
| Total | 1 | 51814 | 115.3 | |

KENDALL COUNTY - WITH NEW STATE 2015 ESTIMATE

| AGE GR | MIN | AREA USE | MAX | PROJ USE | New State POP 15 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 242 | 12.77154 | 645 | 242 | 117.6 | 28459 |
| 65-74 | 1949 | 1376.538 | 5197 | 1949 | 7.5 | 14618 |
| 75 YR+ | 12577 | 13118.79 | 33539 | 13118.79 | 4.1 | 53787 |
| | | | | Total | 129.2 | 96864.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 96864 | | 265 | 90% | 294 | 185 | 109 |

KENDALL COUNTY - WITH NEW STATE 2020 PROJECTION

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 2.6% | 1364 | 106.8 | 12.8 |
| 65-74 | 13.8% | 7158 | 5.2 | 1376.5 |
| 75 YR+ | 83.6% | 43292 | 3.3 | 13118.8 |
| Total | 1 | 51814 | 115.3 | |

KENDALL COUNTY - WITH NEW STATE 2020 PROJECTION

| AGE GR | MIN | AREA USE | MAX | PROJ USE | New State POP 20 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 242 | 12.77154 | 645 | 242 | 127.6 | 30879 |
| 65-74 | 1949 | 1376.538 | 5197 | 1949 | 9.6 | 18710 |
| 75 YR+ | 12577 | 13118.79 | 33539 | 13118.79 | 5.6 | 73465 |
| | | | | Total | 142.8 | 123054.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 123054 | | 337 | 90% | 374 | 185 | 189 |

**ATTACHMENT-10D**

KANE COUNTY - PUBLISHED INVENTORY

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 22.0% | 271322 | 466.2 | 582.0 |
| 65-74 | 13.1% | 99809 | 28.4 | 3514.4 |
| 75 YR+ | 64.9% | 477785 | 21.7 | 22017.7 |
| Total | 100.00% | 848916 | 516.3 | |

KANE COUNTY - PUBLISHED INVENTORY

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 15 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 276.4 | 582.0 | 737 | 581.99 | 472.7 | 275105 |
| 65-74 | 2030.3 | 3514.4 | 5414.1 | 3514.40 | 37.1 | 130384 |
| 75 YR+ | 13150.1 | 22017.7 | 35066.9 | 22017.74 | 23.6 | 519619 |
| | | | | Total | 533.4 | 925108 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 925108 | | 2534.5 | 90% | 2816 | 3064 | -248 |

KANE COUNTY - WITH NEW STATE 2015 ESTIMATE

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 13.3% | 271322 | 466.2 | 582.0 |
| 65-74 | 4.9% | 99809 | 28.4 | 3514.4 |
| 75 YR+ | 23.4% | 477785 | 21.7 | 22017.7 |
| | T/B | 848916 | 516.3 | |

KANE COUNTY - WITH NEW STATE 2015 ESTIMATE

| AGE GR | MIN | AREA USE | MAX | PROJ USE | New State POP 15 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 276.4 | 581.9863 | 737 | 581.9863 | 484.0 | 281681 |
| 65-74 | 2030.3 | 3514.401 | 5414.1 | 3514.401 | 39.1 | 137413 |
| 75 YR+ | 13150.1 | 22017.74 | 35066.9 | 22017.74 | 24.8 | 546040 |
| | | | | Total | 547.9 | |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 965134 | | 2644 | 90% | 2938 | 3064 | -126 |

KANE COUNTY - WITH NEW STATE 2020 PROJECTION

| AGE GR | RES % | PT DAYS | POP 10 | AREA USE |
|---|---|---|---|---|
| 00-64 | 13.3% | 271322 | 466.2 | 582.0 |
| 65-74 | 4.9% | 99809 | 28.4 | 3514.4 |
| 75 YR+ | 23.4% | 477785 | 21.7 | 22017.7 |
| | T/B | 848916 | 516.3 | |

KANE COUNTY - WITH NEW STATE 2020 PROJECTION

| AGE GR | MIN | AREA USE | MAX | PROJ USE | New State POP 20 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 276.4 | 581.9863 | 737 | 581.9863 | 502.9 | 292681 |
| 65-74 | 2030.3 | 3514.401 | 5414.1 | 3514.401 | 50.0 | 175720 |
| 75 YR+ | 13150.1 | 22017.74 | 35066.9 | 22017.74 | 30.5 | 671541 |
| | | | | Total | 583.4 | |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 1139942 | | 3123 | 90% | 3470 | 3064 | 406 |

**ATTACHMENT-10D**

PA -7C - PUBLISHED INVENTORY

| AGE GR | RES % | PT DAYS | POP 2010 | AREA USE |
|---|---|---|---|---|
| 00-64 | 17.7% | 308396 | 810.8 | 380.4 |
| 65-74 | 12.6% | 219393 | 58.2 | 3,769.6 |
| 75 YR+ | 69.7% | 1211241 | 49.0 | 24,719.2 |
| | 1 | 1739030 | 918.0 | |

PA -7C - PUBLISHED INVENTORY

| AGE GR | MIN | AREA USE | MAX | PROJ USE | POP 2015 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 454.6 | 380.4 | 1,212.4 | 454.6 | 809.4 | 367953 |
| 65-74 | 2,772.9 | 3,769.6 | 7,394.5 | 3,769.6 | 78.6 | 296294 |
| 75 YR+ | 13,483.3 | 24,719.2 | 35,955.5 | 24,719.2 | 51.7 | 1277983 |
| | | | | | 939.7 | |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 1942230 | | 5321 | 90% | 5912 | 6033 | -121 |

PA-7C - WITH NEW STATE 2015 ESTIMATE

| AGE GR | RES % | PT DAYS | POP 2010 | | AREA USE |
|---|---|---|---|---|---|
| 00-64 | 17.7% | 308396 | 810.8 | | 380.4 |
| 65-74 | 12.6% | 219393 | 58.2 | | 3,769.6 |
| 75 YR+ | 69.7% | 1211241 | 49.0 | | 24,719.2 |
| | 1 | 1739030 | 403831 | 918.0 | |

PA-7C - WITH NEW STATE 2015 ESTIMATE

| AGE GR | MIN | AREA USE | MAX | PROJ USE | New State POP 2015 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 454.6 | 380.4 | 1,212.4 | 454.6 | 793.9 | 360907 |
| 65-74 | 2,772.9 | 3,769.6 | 7,394.5 | 3,769.6 | 79.8 | 300817 |
| 75 YR+ | 13,483.3 | 24,719.2 | 35,955.5 | 24,719.2 | 53.5 | 1322477 |
| | | | | Total | 927.2 | 1984201.0 |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 1984201 | | 5436 | 90% | 6040 | 6033 | 7 |

PA-7C - WITH NEW STATE 2020 PROJECTION

| AGE GR | RES % | PT DAYS | POP 2010 | | AREA USE |
|---|---|---|---|---|---|
| 00-64 | 17.7% | 308396 | 810.8 | | 380.4 |
| 65-74 | 12.6% | 219393 | 58.2 | | 3,769.6 |
| 75 YR+ | 69.7% | 1211241 | 49 | | 24,719.2 |
| Total | 1 | 1739030 | 403831 | 918.0 | |

PA-7C - WITH NEW STATE 2020 PROJECTION

| AGE GR | MIN | AREA USE | MAX | PROJ USE | New State POP 2020 | PROJ PD |
|---|---|---|---|---|---|---|
| 00-64 | 454.6 | 380.4 | 1,212.4 | 454.6 | 773.2 | 351497 |
| 65-74 | 2,772.9 | 3,769.6 | 7,394.5 | 3,769.6 | 101.2 | 381487 |
| 75 YR+ | 13,483.3 | 24,719.2 | 35,955.5 | 24,719.2 | 64.6 | 1596861 |
| | | | | | 939.0 | |
| PLAN PD | | AVG CENS | OCC FACT | BED NEED | EX BEDS | NEED |
| 2329845 | | 6383 | 90% | 7092 | 6033 | 1059 |

ATTACHMENT-10D

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2013 LTC PLANNING AREA Kane

| HEALTH SERVICE AREA | 008 |
|---|---|
| TOTAL FACILITIES | 30 |
| HOSPITAL BASED UNITS | 0 |
| FREE STANDING FACILITIES | 30 |
| **FACILITIES LICENSED FOR:** | |
| NURSING CARE BEDS ONLY | 21 |
| DD CARE BEDS ONLY | 8 |
| MULTI-LICENSED FACILITIES | 1 |
| **FACILITIES REPORTED BY OWNERSHIP TYPE** | |
| GOVERNMENTAL OWNERSHIP | 0 |
| NON-PROFIT OWNERSHIP | 15 |
| FOR PROFIT OWNERSHIP | 15 |
| **CONTINUING CARE COMMUNITY** | 2 |
| **LIFE CARE FACILITY** | 2 |
| **Reported Identified Offenders** | 44 |

| ADMISSION RESTRICTIONS | |
|---|---|
| Aggressive/Anti-Social | 17 |
| Chronic Alcoholism | 16 |
| Developmentally Disabled | 9 |
| Drug Addiction | 19 |
| Medicaid Recipient | 0 |
| Medicare Recipient | 1 |
| Mental Illness | 14 |
| Non-Ambulatory | 0 |
| Non-Mobile | 0 |
| Public Aid Recipient | 4 |
| Under 65 Years Old | 0 |
| Unable to Self-Medicate | 0 |
| Ventilator Dependent | 28 |
| Infectious Disease w/ Isolation | 8 |
| Other Restrictions | 4 |
| No Restrictions | 0 |

| RESIDENTS BY PRIMARY DIAGNOSIS | |
|---|---|
| DIAGNOSIS | |
| Neoplasms | 54 |
| Endocrine/Metabolic | 172 |
| Blood Disorders | 13 |
| Nervous System Non Alzheimer | 160 |
| Alzheimer Disease | 149 |
| Mental Illness | 305 |
| Developmental Disability | 131 |
| Circulatory System | 339 |
| Respiratory System | 153 |
| Digestive System | 45 |
| Genitourinary System Disorders | 90 |
| Skin Disorders | 26 |
| Musculo-skeletal Disorders | 142 |
| Injuries and Poisonings | 96 |
| Other Medical Conditions | 236 |
| Non-Medical Conditions | 40 |
| TOTALS | 2,151 |

**Total Residents Diagnosed with Mental Illness** 492

**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 | 2,429 | 2,364 | 2,179 | 2,364 | 1,982 | 447 | 1717 | 1861 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| Intermediate DD | 128 | 127 | 124 | 127 | 124 | 4 | | 96 |
| Sheltered Care | 103 | 103 | 68 | 103 | 45 | 58 | | |
| TOTAL BEDS | 2,660 | 2,594 | 2,371 | 2,594 | 2,151 | 509 | 1717 | 1957 |

**ADMISSIONS AND DISCHARGES - 2013**

| | |
|---|---|
| Residents on 1/1/2013 | 2,163 |
| Total Admissions 2013 | 5,064 |
| Total Discharges 2013 | 5,063 |
| Residents on 12/31/2013 | 2,164 |

**FACILITY UTILIZATION - 2013**

**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 Pay 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 | 115,464 | 18.4% | 450,491 | 66.1% | 9,171 | 19,193 | 127,679 | 78 | 722,076 | 81.2% | 83.5% |
| Skilled Under 22 | | | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| Intermediate DD | | | 44,071 | 125.4% | 0 | 0 | 730 | 0 | 44,801 | 95.6% | 96.4% |
| Sheltered Care | | | | | 0 | 0 | 22,965 | 0 | 22,965 | 60.9% | 60.9% |
| TOTALS | 115,464 | 18.4% | 494,562 | 69.0% | 9,171 | 19,193 | 151,374 | 78 | 789,842 | 81.1% | 83.2% |

**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 | 28 | 14 | 0 | 0 | 35 | 41 | 0 | 0 | 63 | 55 | 118 |
| 45 to 59 | 134 | 97 | 0 | 0 | 12 | 29 | 2 | 1 | 148 | 127 | 275 |
| 60 to 64 | 68 | 61 | 0 | 0 | 1 | 2 | 2 | 0 | 71 | 63 | 134 |
| 65 to 74 | 151 | 179 | 0 | 0 | 2 | 1 | 2 | 3 | 155 | 183 | 338 |
| 75 to 84 | 158 | 324 | 0 | 0 | 1 | 0 | 3 | 8 | 162 | 332 | 494 |
| 85+ | 158 | 610 | 0 | 0 | 0 | 0 | 4 | 20 | 162 | 630 | 792 |
| TOTALS | 697 | 1,285 | 0 | 0 | 51 | 73 | 13 | 32 | 761 | 1,390 | 2,151 |

Source:Long-Term Care Facility Questionnaire for 2013, Illinois Department of Public Health, Health Systems Development 11/6/2014

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | Medicare | Medicaid | Other Public | Insurance | Private Pay | Charity Care | TOTALS |
|---|---|---|---|---|---|---|---|
| Nursing Care | 283 | 1,238 | 27 | 45 | 389 | 0 | 1,982 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ICF/DD | | 122 | 0 | 0 | 2 | 0 | 124 |
| Sheltered Care | | | 0 | 0 | 45 | 0 | 45 |
| TOTALS | 283 | 1,360 | 27 | 45 | 436 | 0 | 2,151 |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE | SINGLE | DOUBLE |
|---|---|---|
| Nursing Care | 270 | 226 |
| Skilled Under 22 | 0 | 0 |
| Intermediate DD | 215 | 224 |
| Shelter | 42 | 0 |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE | Nursing Care | Skilled Under 22 | ICF/DD | Sheltered Care | Totals |
|---|---|---|---|---|---|
| Asian | 23 | 0 | 8 | 0 | 31 |
| American Indian | 0 | 0 | 0 | 0 | 0 |
| Black | 125 | 0 | 15 | 0 | 140 |
| Hawaiian/Pacific Isl. | 6 | 0 | 0 | 0 | 6 |
| White | 1,785 | 0 | 101 | 45 | 1,931 |
| Race Unknown | 43 | 0 | 0 | 0 | 43 |
| Total | 1,982 | 0 | 124 | 46 | 2,151 |

| ETHNICITY | Nursing Care | Skilled Under 22 | ICF/DD | Sheltered Care | Totals |
|---|---|---|---|---|---|
| Hispanic | 94 | 0 | 6 | 1 | 101 |
| Non-Hispanic | 1,857 | 0 | 118 | 44 | 2,019 |
| Ethnicity Unknown | 31 | 0 | 0 | 0 | 31 |
| Total | 1,982 | 0 | 124 | 45 | 2,151 |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---|---|
| Administrators | 25.30 |
| Physicians | 42.63 |
| Director of Nursing | 24.50 |
| Registered Nurses | 300.65 |
| LPN's | 168.57 |
| Certified Aides | 864.88 |
| Other Health Staff | 125.11 |
| Non-Health Staff | 800.17 |
| Totals | 2351.81 |

## 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 |
|---|---|---|---|---|---|---|---|
| 32.4% | 43.5% | 1.3% | 4.2% | 18.7% | 100.0% | | |
| 49,341,554 | 66,261,074 | 2,044,655 | 6,365,750 | 28,436,705 | 152,449,738 | 63,625 | 0.0% |

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

Source:Long-Term Care Facility Questionnaire for 2013, Illinois Department of Public Health, Health Systems Development 11/6/2014

| HEALTH SERVICE AREA | 007 |
|---|---|
| TOTAL FACILITIES | 42 |
| HOSPITAL BASED UNITS | 0 |
| FREE STANDING FACILITIES | 42 |
| **FACILITIES LICENSED FOR:** | |
| NURSING CARE BEDS ONLY | 30 |
| DD CARE BEDS ONLY | 7 |
| MULTI-LICENSED FACILITIES | 5 |
| **FACILITIES REPORTED BY OWNERSHIP TYPE** | |
| GOVERNMENTAL OWNERSHIP | 1 |
| NON-PROFIT OWNERSHIP | 9 |
| FOR PROFIT OWNERSHIP | 32 |
| **CONTINUING CARE COMMUNITY** | 7 |
| **LIFE CARE FACILITY** | 9 |
| **Reported Identified Offenders** | 52 |

| ADMISSION RESTRICTIONS | |
|---|---|
| Aggressive/Anti-Social | 27 |
| Chronic Alcoholism | 27 |
| Developmentally Disabled | 22 |
| Drug Addiction | 31 |
| Medicaid Recipient | 7 |
| Medicare Recipient | 1 |
| Mental Illness | 20 |
| Non-Ambulatory | 1 |
| Non-Mobile | 2 |
| Public Aid Recipient | 4 |
| Under 65 Years Old | 2 |
| Unable to Self-Medicate | 1 |
| Ventilator Dependent | 40 |
| Infectious Disease w/ Isolation | 8 |
| Other Restrictions | 1 |
| No Restrictions | 0 |

| RESIDENTS BY PRIMARY DIAGNOSIS | |
|---|---|
| DIAGNOSIS | |
| Neoplasms | 100 |
| Endocrine/Metabolic | 249 |
| Blood Disorders | 47 |
| Nervous System Non Alzheimer | 378 |
| Alzheimer Disease | 512 |
| Mental Illness | 451 |
| Developmental Disability | 306 |
| Circulatory System | 768 |
| Respiratory System | 347 |
| Digestive System | 92 |
| Genitourinary System Disorders | 153 |
| Skin Disorders | 57 |
| Musculo-skeletal Disorders | 481 |
| Injuries and Poisonings | 138 |
| Other Medical Conditions | 832 |
| Non-Medical Conditions | 145 |
| TOTALS | 5,056 |
| **Total Residents Diagnosed with Mental Illness** | 1,126 |

**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 | 5,745 | 5,519 | 4,913 | 5,423 | 4,543 | 1,202 | 4381 | 3888 |
| Skilled Under 22 | 156 | 147 | 147 | 147 | 143 | 13 | | 156 |
| Intermediate DD | 164 | 164 | 164 | 164 | 156 | 8 | | 164 |
| Sheltered Care | 316 | 254 | 222 | 254 | 212 | 104 | | |
| TOTAL BEDS | 6,381 | 6,084 | 5,446 | 5,988 | 5,054 | 1,327 | 4381 | 4208 |

**ADMISSIONS AND DISCHARGES - 2013**

| | |
|---|---|
| Residents on 1/1/2013 | 5,038 |
| Total Admissions 2013 | 14,450 |
| Total Discharges 2013 | 14,335 |
| Residents on 12/31/2013 | 5,153 |

**FACILITY UTILIZATION - 2013**

**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 Pay 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 | 331,468 | 20.7% | 852,080 | 59.9% | 82,311 | 52,475 | 358,797 | 2,435 | 1,679,566 | 79.9% | 83.1% |
| Skilled Under 22 | | | 52,312 | 91.6% | 0 | 0 | 332 | 0 | 52,644 | 92.2% | 97.8% |
| Intermediate DD | | | 23,017 | 38.3% | 0 | 0 | 365 | 0 | 23,382 | 39.0% | 39.0% |
| Sheltered Care | | | | | 0 | 0 | 79,362 | 0 | 79,362 | 68.6% | 85.4% |
| TOTALS | 331,468 | 20.7% | 927,409 | 60.2% | 82,311 | 52,475 | 438,856 | 2,435 | 1,834,954 | 78.6% | 82.4% |

**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 | 21 | 10 | 0 | 0 | 0 | 0 | 21 | 10 | 31 |
| 18 to 44 | 75 | 41 | 38 | 35 | 27 | 20 | 0 | 0 | 140 | 96 | 236 |
| 45 to 59 | 239 | 184 | 13 | 15 | 36 | 36 | 0 | 1 | 288 | 236 | 524 |
| 60 to 64 | 130 | 143 | 3 | 2 | 10 | 14 | 0 | 0 | 143 | 159 | 302 |
| 65 to 74 | 266 | 366 | 3 | 2 | 6 | 4 | 2 | 5 | 277 | 377 | 654 |
| 75 to 84 | 354 | 740 | 0 | 1 | 3 | 0 | 11 | 53 | 368 | 794 | 1,162 |
| 85+ | 446 | 1,561 | 0 | 0 | 0 | 0 | 28 | 112 | 474 | 1,673 | 2,147 |
| TOTALS | 1,510 | 3,035 | 78 | 65 | 82 | 74 | 41 | 171 | 1,711 | 3,345 | 5,056 |

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | Medicare | Medicaid | Other Public | Insurance | Private Pay | Charity Care | TOTALS |
|---|---|---|---|---|---|---|---|
| Nursing Care | 978 | 2,310 | 63 | 138 | 1,056 | 5 | 4,550 |
| Skilled Under 22 | 0 | 142 | 0 | 0 | 1 | 0 | 143 |
| ICF/DD | | 155 | 0 | 0 | 1 | 0 | 156 |
| Sheltered Care | | | 0 | 0 | 212 | 0 | 212 |
| TOTALS | 978 | 2,607 | 63 | 138 | 1,270 | 5 | 5,061 |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE | SINGLE | DOUBLE |
|---|---|---|
| Nursing Care | 278 | 235 |
| Skilled Under 22 | 337 | 281 |
| Intermediate DD | 0 | 211 |
| Shelter | 131 | 0 |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE | Nursing Care | Skilled Under 22 | ICF/DD | Sheltered Care | Totals |
|---|---|---|---|---|---|
| Asian | 119 | 5 | 4 | 0 | 128 |
| American Indian | 3 | 0 | 0 | 0 | 3 |
| Black | 221 | 43 | 19 | 1 | 284 |
| Hawaiian/Pacific Isl. | 196 | 18 | 2 | 1 | 217 |
| White | 3,961 | 67 | 125 | 210 | 4,363 |
| Race Unknown | 45 | 10 | 6 | 0 | 61 |
| Total | 4,545 | 143 | 156 | 211 | 5,056 |

| ETHNICITY | Nursing Care | Skilled Under 22 | ICF/DD | Sheltered Care | Totals |
|---|---|---|---|---|---|
| Hispanic | 156 | 21 | 6 | 0 | 183 |
| Non-Hispanic | 4,207 | 118 | 146 | 158 | 4,629 |
| Ethnicity Unknown | 182 | 4 | 4 | 54 | 244 |
| Total | 4,545 | 143 | 156 | 212 | 5,056 |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---|---|
| Administrators | 44.00 |
| Physicians | 9.50 |
| Director of Nursing | 40.00 |
| Registered Nurses | 677.42 |
| LPN's | 401.60 |
| Certified Aides | 1850.53 |
| Other Health Staff | 492.89 |
| Non-Health Staff | 1676.40 |
| Totals | 5192.34 |

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|---|---|---|---|---|---|---|---|
| 40.6% | 34.0% | 0.4% | 4.7% | 20.3% | 100.0% | | |
| 178,113,698 | 148,896,463 | 1,936,373 | 20,486,733 | 88,850,825 | 438,284,092 | 775,581 | 0.2% |

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

Source:Long-Term Care Facility Questionnaire for 2013, Illinois Department of Public Health, Health Systems Development 11/6/2014



ATTACHMENT-10D

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2013 LTC PLANNING AREA Will

| HEALTH SERVICE AREA | 009 |
|---|---|
| TOTAL FACILITIES | 29 |
| HOSPITAL BASED UNITS | 0 |
| FREE STANDING FACILITIES | 29 |
| FACILITIES LICENSED FOR: | |
| NURSING CARE BEDS ONLY | 15 |
| DD CARE BEDS ONLY | 12 |
| MULTI-LICENSED FACILITIES | 2 |
| FACILITIES REPORTED BY OWNERSHIP TYPE | |
| GOVERNMENTAL OWNERSHIP | 1 |
| NON-PROFIT OWNERSHIP | 12 |
| FOR PROFIT OWNERSHIP | 16 |
| CONTINUING CARE COMMUNITY | 3 |
| LIFE CARE FACILITY | 1 |
| Reported Identified Offenders | 76 |

| ADMISSION RESTRICTIONS | |
|---|---|
| Aggressive/Anti-Social | 20 |
| Chronic Alcoholism | 20 |
| Developmentally Disabled | 8 |
| Drug Addiction | 22 |
| Medicaid Recipient | 0 |
| Medicare Recipient | 0 |
| Mental Illness | 5 |
| Non-Ambulatory | 4 |
| Non-Mobile | 4 |
| Public Aid Recipient | 3 |
| Under 65 Years Old | 2 |
| Unable to Self-Medicate | 4 |
| Ventilator Dependent | 27 |
| Infectious Disease w/ Isolation | 13 |
| Other Restrictions | 3 |
| No Restrictions | 2 |

| RESIDENTS BY PRIMARY DIAGNOSIS | |
|---|---|
| DIAGNOSIS | |
| Neoplasms | 37 |
| Endocrine/Metabolic | 81 |
| Blood Disorders | 23 |
| Nervous System Non Alzheimer | 109 |
| Alzheimer Disease | 160 |
| Mental Illness | 383 |
| Developmental Disability | 143 |
| Circulatory System | 419 |
| Respiratory System | 154 |
| Digestive System | 33 |
| Genitourinary System Disorders | 104 |
| Skin Disorders | 37 |
| Musculo-skeletal Disorders | 166 |
| Injuries and Poisonings | 45 |
| Other Medical Conditions | 308 |
| Non-Medical Conditions | 86 |
| TOTALS | 2,288 |
| Total Residents Diagnosed with Mental Illness | 705 |

**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 | 2,740 | 2,647 | 2,311 | 2,595 | 2,120 | 620 | 2175 | 2431 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| Intermediate DD | 144 | 143 | 138 | 143 | 135 | 9 | | 144 |
| Sheltered Care | 56 | 56 | 39 | 56 | 30 | 26 | | |
| TOTAL BEDS | 2,940 | 2,846 | 2,488 | 2,794 | 2,285 | 655 | 2175 | 2575 |

**ADMISSIONS AND DISCHARGES - 2013**

| | |
|---|---|
| Residents on 1/1/2013 | 2,281 |
| Total Admissions 2013 | 4,436 |
| Total Discharges 2013 | 4,394 |
| Residents on 12/31/2013 | 2,323 |

**FACILITY UTILIZATION - 2013**

**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 Pay 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 | 142,008 | 17.8% | 517,154 | 58.1% | 6,102 | 10,994 | 223,207 | 994 | 900,459 | 89.8% | 92.9% |
| Skilled Under 22 | | | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% |
| Intermediate DD | | | 49,546 | 94.0% | 416 | 0 | 0 | 0 | 49,962 | 94.8% | 95.5% |
| Sheltered Care | | | | | 0 | 0 | 12,116 | 0 | 12,116 | 59.1% | 59.1% |
| TOTALS | 142,008 | 17.8% | 566,700 | 60.1% | 6,518 | 10,994 | 235,323 | 994 | 962,537 | 89.5% | 92.4% |

**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 | 40 | 27 | 0 | 0 | 32 | 16 | 0 | 0 | 72 | 43 | 115 |
| 45 to 59 | 147 | 96 | 0 | 0 | 39 | 19 | 0 | 0 | 186 | 115 | 301 |
| 60 to 64 | 89 | 75 | 0 | 0 | 8 | 6 | 0 | 0 | 97 | 81 | 178 |
| 65 to 74 | 151 | 186 | 0 | 0 | 6 | 6 | 0 | 2 | 157 | 194 | 351 |
| 75 to 84 | 161 | 346 | 0 | 0 | 1 | 2 | 2 | 8 | 164 | 356 | 520 |
| 85+ | 187 | 618 | 0 | 0 | 0 | 0 | 1 | 17 | 188 | 635 | 823 |
| TOTALS | 775 | 1,348 | 0 | 0 | 86 | 49 | 3 | 27 | 864 | 1,424 | 2,288 |

Source:Long-Term Care Facility Questionnaire for 2013, Illinois Department of Public Health, Health Systems Development 11/6/2014



ATTACHMENT-10D

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | Medicare | Medicaid | Other Public | Insurance | Private Pay | Charity Care | TOTALS |
|---|---|---|---|---|---|---|---|
| Nursing Care | 362 | 1,399 | 6 | 28 | 324 | 4 | 2,123 |
| Skilled Under 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ICF/DD | | 134 | 0 | 0 | 1 | 0 | 135 |
| Sheltered Care | | | 0 | 0 | 30 | 0 | 30 |
| TOTALS | 362 | 1,533 | 6 | 28 | 355 | 4 | 2,288 |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE | SINGLE | DOUBLE |
|---|---|---|
| Nursing Care | 230 | 196 |
| Skilled Under 22 | 0 | 0 |
| Intermediate DD | 191 | 203 |
| Shelter | 139 | 163 |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE | Nursing Care | Skilled Under 22 | ICF/DD | Sheltered Care | Totals |
|---|---|---|---|---|---|
| Asian | 24 | 0 | 2 | 0 | 26 |
| American Indian | 0 | 0 | 0 | 0 | 0 |
| Black | 342 | 0 | 26 | 0 | 368 |
| Hawaiian/Pacific Isl. | 1 | 0 | 0 | 0 | 1 |
| White | 1,743 | 0 | 104 | 30 | 1,877 |
| Race Unknown | 13 | 0 | 3 | 0 | 16 |
| Total | 2,123 | 0 | 135 | 30 | 2,288 |

| ETHNICITY | Nursing Care | Skilled Under 22 | ICF/DD | Sheltered Care | Totals |
|---|---|---|---|---|---|
| Hispanic | 95 | 0 | 7 | 0 | 102 |
| Non-Hispanic | 2,028 | 0 | 128 | 30 | 2,186 |
| Ethnicity Unknown | 0 | 0 | 0 | 0 | 0 |
| Total | 2,123 | 0 | 135 | 30 | 2,288 |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---|---|
| Administrators | 25.00 |
| Physicians | 3.00 |
| Director of Nursing | 20.00 |
| Registered Nurses | 307.36 |
| LPN's | 231.00 |
| Certified Aides | 916.34 |
| Other Health Staff | 158.20 |
| Non-Health Staff | 955.53 |
| Totals | 2616.43 |

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|---|---|---|---|---|---|---|---|
| 36.1% | 44.2% | 0.5% | 4.0% | 15.3% | 100.0% | | |
| 50,302,029 | 61,625,213 | 701,271 | 5,568,275 | 21,294,056 | 139,490,844 | 199,361 | 0.1% |

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

ILLINOIS LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2013 LTC PLANNING AREA Kendall

| HEALTH SERVICE AREA | 009 |
|---|---|
| **TOTAL FACILITIES** | 2 |
| HOSPITAL BASED UNITS | 0 |
| FREE STANDING FACILITIES | 2 |
| **FACILITIES LICENSED FOR:** | |
| NURSING CARE BEDS ONLY | 2 |
| DD CARE BEDS ONLY | 0 |
| MULTI-LICENSED FACILITIES | 0 |
| **FACILITIES REPORTED BY OWNERSHIP TYPE** | |
| GOVERNMENTAL OWNERSHIP | 0 |
| NON-PROFIT OWNERSHIP | 0 |
| FOR PROFIT OWNERSHIP | 2 |
| **CONTINUING CARE COMMUNITY** | 0 |
| **LIFE CARE FACILITY** | 0 |
| **Reported Identified Offenders** | 1 |

| ADMISSION RESTRICTIONS | |
|---|---|
| Aggressive/Anti-Social | 2 |
| Chronic Alcoholism | 1 |
| Developmentally Disabled | 1 |
| Drug Addiction | 1 |
| Medicaid Recipient | 0 |
| Medicare Recipient | 0 |
| Mental Illness | 1 |
| Non-Ambulatory | 0 |
| Non-Mobile | 0 |
| Public Aid Recipient | 0 |
| Under 65 Years Old | 0 |
| Unable to Self-Medicate | 0 |
| Ventilator Dependent | 2 |
| Infectious Disease w/ Isolation | 0 |
| Other Restrictions | 0 |
| No Restrictions | 0 |

| RESIDENTS BY PRIMARY DIAGNOSIS | |
|---|---|
| DIAGNOSIS | |
| Neoplasms | 2 |
| Endocrine/Metabolic | 0 |
| Blood Disorders | 2 |
| Nervous System Non Alzheimer | 6 |
| Alzheimer Disease | 5 |
| Mental Illness | 1 |
| Developmental Disability | 0 |
| Circulatory System | 37 |
| Respiratory System | 10 |
| Digestive System | 6 |
| Genitourinary System Disorders | 6 |
| Skin Disorders | 3 |
| Musculo-skeletal Disorders | 57 |
| Injuries and Poisonings | 8 |
| Other Medical Conditions | 9 |
| Non-Medical Conditions | 0 |
| TOTALS | 152 |

**Total Residents Diagnosed with Mental Illness** 1

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

| LEVEL OF CARE | LICENSED BEDS | PEAK BEDS SET-UP | PEAK BEDS USED | BEDS SET-UP | BEDS IN USE | AVAILABLE BEDS | MEDICARE CERTIFIED | MEDICAID CERTIFIED |
|---|---|---|---|---|---|---|---|---|
| Nursing Care | 185 | 185 | 171 | 185 | 152 | 33 | 169 | 62 |
| 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 | 185 | 185 | 171 | 185 | 152 | 33 | 169 | 62 |

**ADMISSIONS AND DISCHARGES - 2013**

| | |
|---|---|
| Residents on 1/1/2013 | 141 |
| Total Admissions 2013 | 689 |
| Total Discharges 2013 | 678 |
| Residents on 12/31/2013 | 152 |

**FACILITY UTILIZATION - 2013**

**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 Pay 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 | 22,212 | 35.9% | 10,867 | 47.9% | 1,983 | 5,207 | 16,017 | 0 | 56,286 | 83.1% | 83.1% |
| 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 | 22,212 | 35.9% | 10,867 | 47.9% | 1,983 | 5,207 | 16,017 | 0 | 56,286 | 83.1% | 83.1% |

**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 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| 45 to 59 | 1 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 5 |
| 60 to 64 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 3 |
| 65 to 74 | 6 | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 18 | 24 |
| 75 to 84 | 16 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 24 | 40 |
| 85+ | 16 | 62 | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 62 | 78 |
| TOTALS | 43 | 109 | 0 | 0 | 0 | 0 | 0 | 0 | 43 | 109 | 152 |

Source:Long-Term Care Facility Questionnaire for 2013, Illinois Department of Public Health, Health Systems Development 11/6/2014



ATTACHMENT-10D

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

| LEVEL OF CARE | Medicare | Medicaid | Other Public | Insurance | Private Pay | Charity Care | TOTALS |
|---|---|---|---|---|---|---|---|
| Nursing Care | 67 | 27 | 5 | 16 | 37 | 0 | 152 |
| 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 | 67 | 27 | 5 | 16 | 37 | 0 | 152 |

## AVERAGE DAILY PAYMENT RATES

| LEVEL OF CARE | SINGLE | DOUBLE |
|---|---|---|
| Nursing Care | 302 | 201 |
| Skilled Under 22 | 0 | 0 |
| Intermediate DD | 0 | 0 |
| Shelter | 0 | 0 |

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

| RACE | Nursing Care | Skilled Under 22 | ICF/DD | Sheltered Care | Totals |
|---|---|---|---|---|---|
| Asian | 0 | 0 | 0 | 0 | 0 |
| American Indian | 0 | 0 | 0 | 0 | 0 |
| Black | 1 | 0 | 0 | 0 | 1 |
| Hawaiian/Pacific Isl. | 0 | 0 | 0 | 0 | 0 |
| White | 148 | 0 | 0 | 0 | 148 |
| Race Unknown | 3 | 0 | 0 | 0 | 3 |
| Total | 152 | 0 | 0 | 0 | 152 |

| ETHNICITY | Nursing Care | Skilled Under 22 | ICF/DD | Sheltered Care | Totals |
|---|---|---|---|---|---|
| Hispanic | 4 | 0 | 0 | 0 | 4 |
| Non-Hispanic | 147 | 0 | 0 | 0 | 147 |
| Ethnicity Unknown | 1 | 0 | 0 | 0 | 1 |
| Total | 152 | 0 | 0 | 0 | 152 |

## STAFFING

| EMPLOYMENT CATEGORY | FULL-TIME EQUIVALENT |
|---|---|
| Administrators | 2.00 |
| Physicians | 0.00 |
| Director of Nursing | 2.00 |
| Registered Nurses | 50.00 |
| LPN's | 8.00 |
| Certified Aides | 84.00 |
| Other Health Staff | 2.00 |
| Non-Health Staff | 67.00 |
| Totals | 215.00 |

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

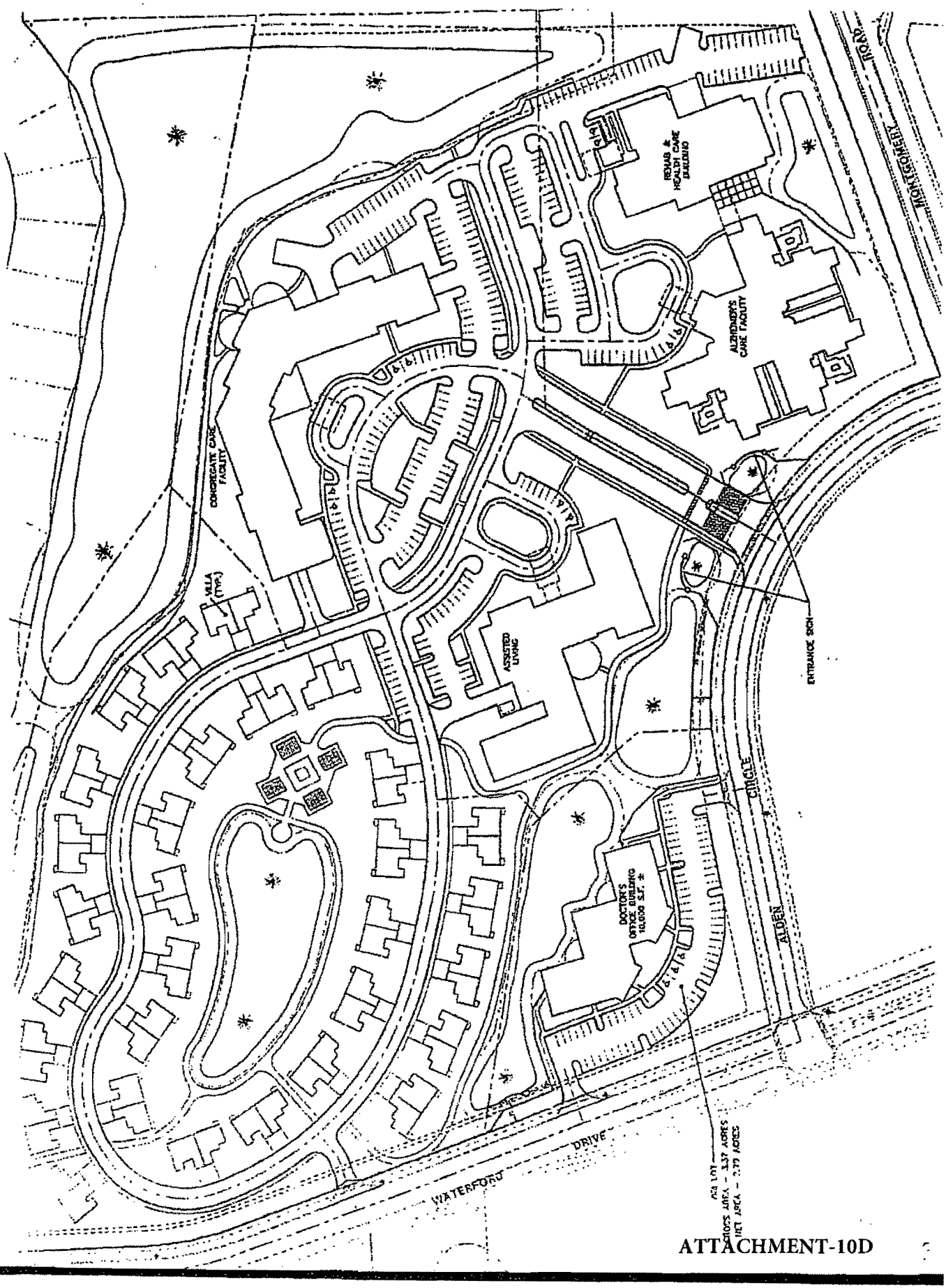
| Medicare | Medicaid | Other Public | Private Insurance | Private Pay | TOTALS | Charity Care Expense* | Charity Care Expense as % of Total Net Revenue |
|---|---|---|---|---|---|---|---|
| 62.0% | 6.3% | 1.0% | 12.4% | 18.4% | 100.0% | | |
| 11,928,551 | 1,206,334 | 192,000 | 2,392,716 | 3,534,290 | 19,253,891 | 0 | 0.0% |

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

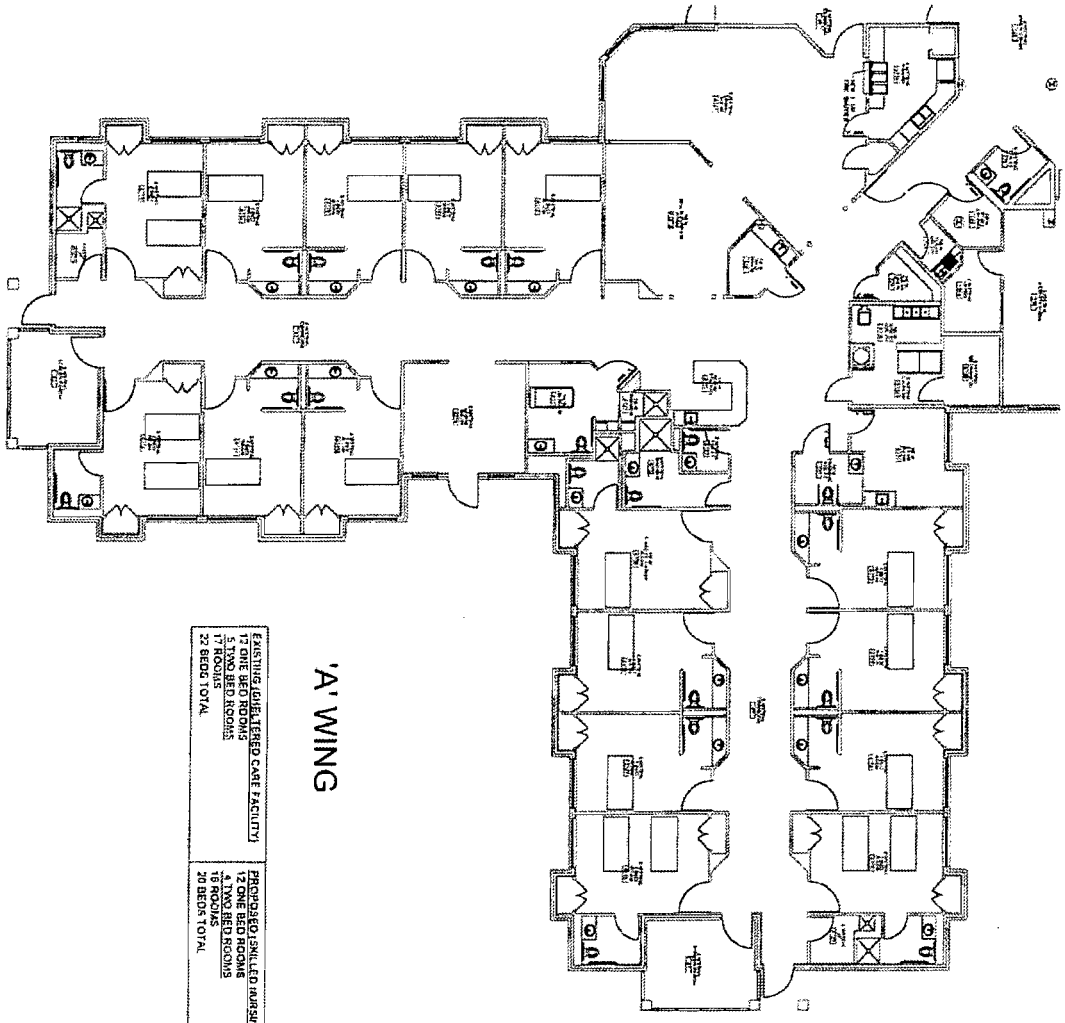
Source:Long-Term Care Facility Questionnaire for 2013, Illinois Department of Public Health, Health Systems Development 11/6/2014

Attachment 4. Site Plan and Floor Plans of Proposed Modifications

ATTACHMENT-10D

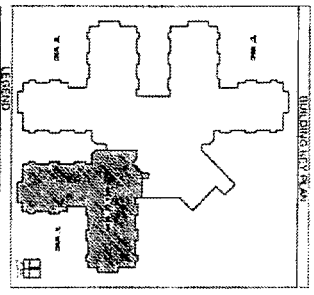



ATTACHMENT-10D




| EXISTING (UNLICENSED) CARE FACILITY | PROPOSED (SKILLED NURSING) FACILITY |
|---|---|
| 12 ONE BED ROOMS | 12 ONE BED ROOMS |
| 5 TWO BED ROOMS | 4 TWO BED ROOMS |
| 17 ROOMS | 16 ROOMS |
| 22 BEDS TOTAL | 20 BEDS TOTAL |

1 PROPOSED PARTIAL FIRST FLOOR PLAN




LEGEND

NOTES

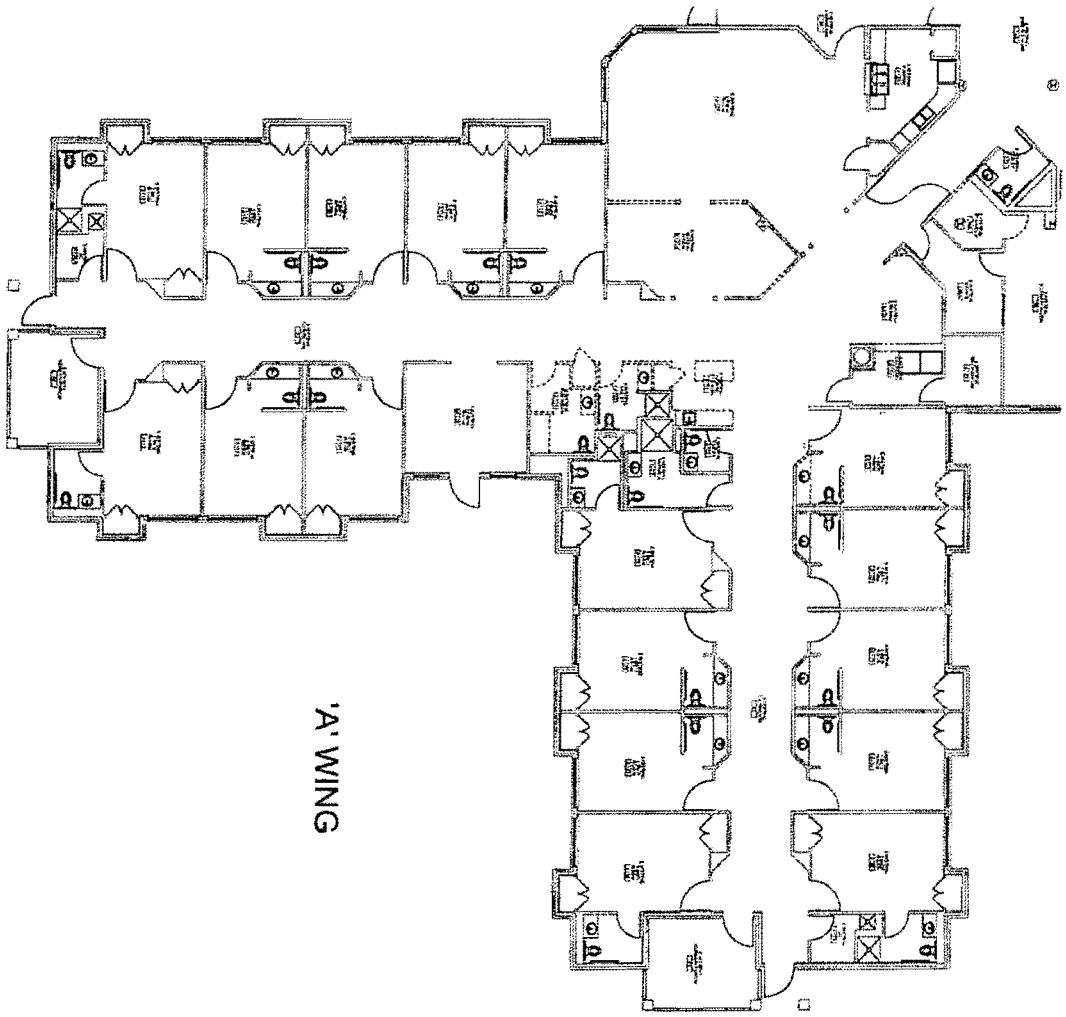
A101

ADG ALDEN DESIGN GROUP, INC. ARCHITECTS

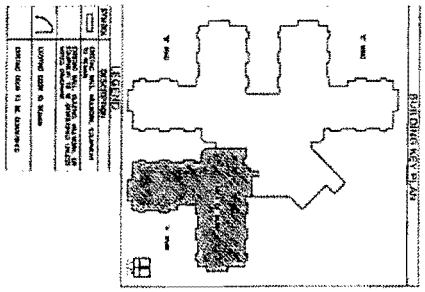
PROPOSED PARTIAL FIRST FLOOR PLAN

Alden Courts of Waterford
SKILLED NURSING FACILITY WING CONVERSION
1991 Randi Drive
Aurora, IL 60504-4757

ATTACHMENT-10D




1 PARTIAL EXISTING FIRST FLOOR DEMOLITION PLAN



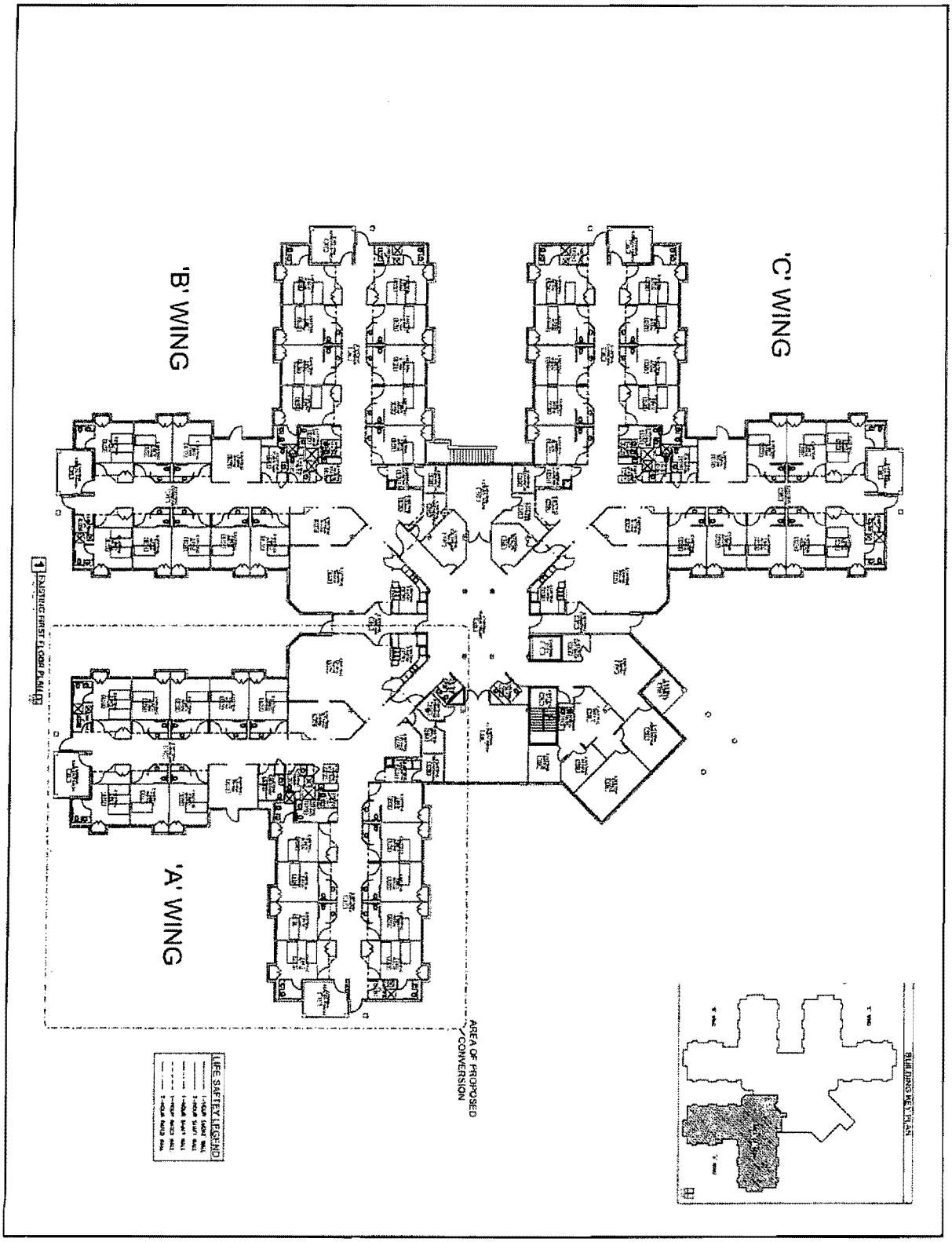
D100

ADG ALDEN DESIGN GROUP, INC.
ARCHITECTS

PARTIAL FIRST FLOOR DEMOLITION PLAN

Alden Courts of Waterford
SKILLED NURSING FACILITY WING CONVERSION
1991 Randi Drive
Aurora, IL 60504-4757

ATTACHMENT-10D




A100

ADG ALDEN DESIGN GROUP, INC.
ARCHITECTS

EXISTING FIRST FLOOR PLAN

Alden Courts of Waterford
SKILLED NURSING FACILITY WING CONVERSION
1991 Randi Drive Aurora, IL 60504-4757

ATTACHMENT-10D

Attachment 5. IDPH Population Projections

ATTACHMENT-10D

Illinois Department of Public Health
Office of Health Informatics
Illinois Center for Health Statistics

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Illinois Health Facilities and Services Review Board

# Population Projections

Illinois, Chicago and Illinois Counties by Age and Sex:
July 1, 2010 to July 1, 2025
(2014 Edition)


| ***Principal Authors:*** | ***Affiliations:*** |
| --- | --- |
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| Nelson Agbodo, MS, MPH | Illinois Health Facilities and Services Review Board |


***Released February 2015***

**ATTACHMENT-10D**

**KANE COUNTY**

IDPH Population by Age

| | 2015 | 2020 | 2025 |
|---|---|---|---|
| <5 | 36965 | 43593 | 46931 |
| 5-9 | 41016 | 37958 | 44611 |
| 10-14 | 43697 | 43713 | 38610 |
| 15-19 | 42111 | 44077 | 42106 |
| 20-24 | 36169 | 40394 | 42681 |
| 25-29 | 30931 | 37353 | 41525 |
| 30-34 | 35649 | 32879 | 39159 |
| 35-39 | 37437 | 37166 | 34228 |
| 40-44 | 38289 | 38044 | 37745 |
| 45-49 | 38648 | 38475 | 38242 |
| 50-54 | 38800 | 38608 | 38453 |
| 55-59 | 35023 | 38361 | 38202 |
| 60-64 | 29322 | 34244 | 37557 |
| 65-69 | 23381 | 28147 | 32910 |
| 70-74 | 15704 | 21861 | 26339 |
| 75-79 | 10394 | 14038 | 19493 |
| 80-84 | 7051 | 8390 | 11308 |
| 85+ | 7357 | 8085 | 9196 |
| TOTAL | 547944 | 585386 | 619296 |
| | | | |
| 0-64 | 484057 | 504865 | 520050 |
| 65-74 | 39085 | 50008 | 59249 |
| 75+ | 24802 | 30513 | 39997 |
| TOTAL | 547944 | 585386 | 619296 |

ATTACHMENT-10D

| FIPS | County | Age Group | Males_2015 | Females_2015 | Total_2015 | Males_2020 | Females_2020 | Total_2020 | Males_2025 | Females_2025 | Total_2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 89 | Kane | 0-4 | 18,951 | 18,014 | 36,965 | 22,349 | 21,244 | 43,593 | 24,061 | 22,871 | 46,931 |
| 89 | Kane | 5-9 | 20,930 | 20,086 | 41,016 | 19,530 | 18,429 | 37,958 | 22,931 | 21,680 | 44,611 |
| 89 | Kane | 10-14 | 22,538 | 21,158 | 43,697 | 21,357 | 20,356 | 41,713 | 19,926 | 18,684 | 38,610 |
| 89 | Kane | 15-19 | 21,721 | 20,390 | 42,111 | 22,878 | 21,199 | 44,077 | 21,683 | 20,424 | 42,106 |
| 89 | Kane | 20-24 | 18,744 | 17,425 | 36,169 | 20,798 | 19,595 | 40,394 | 22,126 | 20,556 | 42,681 |
| 89 | Kane | 25-29 | 16,054 | 14,877 | 30,931 | 19,375 | 17,978 | 37,353 | 21,394 | 20,131 | 41,525 |
| 89 | Kane | 30-34 | 18,069 | 17,581 | 35,649 | 16,957 | 15,921 | 32,879 | 20,212 | 18,947 | 39,159 |
| 89 | Kane | 35-39 | 18,804 | 18,633 | 37,437 | 18,911 | 18,255 | 37,166 | 17,706 | 16,522 | 34,228 |
| 89 | Kane | 40-44 | 19,069 | 19,220 | 38,289 | 19,135 | 18,909 | 38,044 | 19,222 | 18,523 | 37,745 |
| 89 | Kane | 45-49 | 19,431 | 19,217 | 38,648 | 19,089 | 19,387 | 38,475 | 19,166 | 19,076 | 38,242 |
| 89 | Kane | 50-54 | 19,260 | 19,540 | 38,800 | 19,301 | 19,307 | 38,608 | 18,975 | 19,478 | 38,453 |
| 89 | Kane | 55-59 | 17,449 | 17,574 | 35,023 | 18,854 | 19,507 | 38,361 | 18,923 | 19,279 | 38,202 |
| 89 | Kane | 60-64 | 14,237 | 15,086 | 29,322 | 16,915 | 17,328 | 34,244 | 18,309 | 19,248 | 37,557 |
| 89 | Kane | 65-69 | 11,284 | 12,097 | 23,381 | 13,541 | 14,606 | 28,147 | 16,121 | 16,789 | 32,910 |
| 89 | Kane | 70-74 | 7,208 | 8,496 | 15,704 | 10,379 | 11,481 | 21,861 | 12,481 | 13,858 | 26,339 |
| 89 | Kane | 75-79 | 4,741 | 5,653 | 10,394 | 6,289 | 7,749 | 14,038 | 9,050 | 10,443 | 19,493 |
| 89 | Kane | 80-84 | 2,907 | 4,144 | 7,051 | 3,675 | 4,716 | 8,390 | 4,868 | 6,440 | 11,308 |
| 89 | Kane | 85+ | 2,540 | 4,817 | 7,357 | 2,946 | 5,139 | 8,085 | 3,563 | 5,633 | 9,196 |
| | Total | | 273,935 | 274,007 | 547,942 | 292,280 | 291,106 | 583,386 | 310,716 | 308,581 | 619,296 |



ATTACHMENT-10D

**DUPAGE COUNTY**

IDPH Population by Age

| | 2015 | 2020 | 2025 |
|---|---|---|---|
| <5 | 53715 | 53299 | 53744 |
| 5-9 | 55383 | 52672 | 52614 |
| 10-14 | 61732 | 55126 | 52651 |
| 15-19 | 62642 | 59232 | 53140 |
| 20-24 | 59440 | 58067 | 55478 |
| 25-29 | 56870 | 61928 | 60445 |
| 30-34 | 60517 | 57249 | 62524 |
| 35-39 | 56245 | 59964 | 56969 |
| 40-44 | 58255 | 55565 | 59604 |
| 45-49 | 65042 | 57414 | 55014 |
| 50-54 | 72546 | 63660 | 56386 |
| 55-59 | 71642 | 70351 | 61939 |
| 60-64 | 59895 | 68668 | 67833 |
| 65-69 | 47573 | 56800 | 65589 |
| 70-74 | 32175 | 44421 | 53240 |
| 75-79 | 20741 | 28647 | 39654 |
| 80-84 | 15072 | 17352 | 23782 |
| 85+ | 17667 | 18601 | 20342 |
| TOTAL | 927152 | 939016 | 950948 |
| | | | |
| 0-64 | 793924 | 773195 | 748341 |
| 65-74 | 79748 | 101221 | 118829 |
| 75+ | 53480 | 64600 | 83778 |
| TOTAL | 927152 | 939016 | 950948 |

ATTACHMENT-10D

| FIPS | County | Age Group | Males_2015 | Females_2015 | Total_2015 | Males_2020 | Females_2020 | Total_2020 | Males_2025 | Females_2025 | Total_2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 43 | DuPage | 0-4 | 27,468 | 26,247 | 53,715 | 27,255 | 26,044 | 53,299 | 27,482 | 26,261 | 53,744 |
| 43 | DuPage | 5-9 | 28,332 | 27,050 | 55,383 | 27,067 | 25,604 | 52,672 | 27,020 | 25,594 | 52,614 |
| 43 | DuPage | 10-14 | 31,175 | 30,557 | 61,732 | 28,043 | 27,083 | 55,126 | 26,921 | 25,730 | 52,651 |
| 43 | DuPage | 15-19 | 32,122 | 30,520 | 62,642 | 30,021 | 29,211 | 59,232 | 27,136 | 26,004 | 53,140 |
| 43 | DuPage | 20-24 | 31,038 | 28,402 | 59,440 | 29,684 | 28,383 | 58,067 | 28,010 | 27,468 | 55,478 |
| 43 | DuPage | 25-29 | 29,214 | 27,656 | 56,870 | 32,094 | 29,835 | 61,928 | 30,703 | 29,742 | 60,445 |
| 43 | DuPage | 30-34 | 30,715 | 29,802 | 60,517 | 29,421 | 27,828 | 57,249 | 32,405 | 30,119 | 62,524 |
| 43 | DuPage | 35-39 | 28,000 | 28,245 | 56,245 | 30,313 | 29,651 | 59,964 | 29,174 | 27,796 | 56,969 |
| 43 | DuPage | 40-44 | 28,646 | 29,609 | 58,255 | 27,688 | 27,877 | 55,565 | 30,151 | 29,453 | 59,604 |
| 43 | DuPage | 45-49 | 31,687 | 33,355 | 65,042 | 28,208 | 29,206 | 57,414 | 27,394 | 27,620 | 55,014 |
| 43 | DuPage | 50-54 | 34,682 | 37,863 | 72,546 | 30,911 | 32,749 | 63,660 | 27,617 | 28,769 | 56,386 |
| 43 | DuPage | 55-59 | 34,524 | 37,118 | 71,642 | 33,474 | 36,877 | 70,351 | 29,946 | 31,994 | 61,939 |
| 43 | DuPage | 60-64 | 28,873 | 31,022 | 59,895 | 32,752 | 35,916 | 68,668 | 31,948 | 35,884 | 67,833 |
| 43 | DuPage | 65-69 | 22,654 | 24,919 | 47,573 | 26,960 | 29,841 | 56,800 | 30,830 | 34,759 | 65,589 |
| 43 | DuPage | 70-74 | 14,792 | 17,383 | 32,175 | 20,688 | 23,732 | 44,421 | 24,772 | 28,469 | 53,240 |
| 43 | DuPage | 75-79 | 9,229 | 11,512 | 20,741 | 12,788 | 15,858 | 28,647 | 17,973 | 21,681 | 39,654 |
| 43 | DuPage | 80-84 | 5,978 | 9,093 | 15,072 | 7,268 | 10,085 | 17,352 | 10,061 | 13,721 | 23,782 |
| 43 | DuPage | 85+ | 5,622 | 12,045 | 17,667 | 6,076 | 12,524 | 18,601 | 6,977 | 13,365 | 20,342 |
| | Total | | 454,751 | 472,398 | 927,150 | 460,711 | 478,304 | 939,015 | 466,521 | 484,427 | 950,948 |



ATTACHMENT-10D

**KENDALL COUNTY**

IDPH Population by Age

| | 2015 | 2020 | 2025 |
|---|---|---|---|
| <5 | 9198 | 8614 | 9316 |
| 5-9 | 11035 | 10090 | 9413 |
| 10-14 | 11422 | 11720 | 10696 |
| 15-19 | 10237 | 11842 | 12136 |
| 20-24 | 7807 | 10303 | 11982 |
| 25-29 | 6133 | 8652 | 11156 |
| 30-34 | 8876 | 7106 | 9619 |
| 35-39 | 10883 | 9883 | 7962 |
| 40-44 | 11080 | 11546 | 10466 |
| 45-49 | 10214 | 11758 | 12188 |
| 50-54 | 8531 | 10599 | 12160 |
| 55-59 | 6784 | 8650 | 10745 |
| 60-64 | 5496 | 6847 | 8708 |
| 65-69 | 4400 | 5397 | 6730 |
| 70-74 | 3048 | 4228 | 5166 |
| 75-79 | 1871 | 2824 | 3889 |
| 80-84 | 1126 | 1544 | 2320 |
| 85+ | 1061 | 1216 | 1536 |
| TOTAL | 129202 | 142819 | 156188 |
| | | | |
| 0-64 | 117696 | 127610 | 136547 |
| 65-74 | 7448 | 9625 | 11896 |
| 75+ | 4058 | 5584 | 7745 |
| TOTAL | 129202 | 142819 | 156188 |

ATTACHMENT-10D

| FIPS | County | Age Group | Males_2015 | Females_2015 | Total_2015 | Males_2020 | Females_2020 | Total_2020 | Males_2025 | Females_2025 | Total_2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 93 | Kendall | 0-4 | 4,728 | 4,470 | 9,198 | 4,428 | 4,186 | 8,614 | 4,788 | 4,527 | 9,316 |
| 93 | Kendall | 5-9 | 5,639 | 5,396 | 11,035 | 5,148 | 4,942 | 10,090 | 4,804 | 4,609 | 9,413 |
| 93 | Kendall | 10-14 | 5,855 | 5,567 | 11,422 | 5,937 | 5,782 | 11,720 | 5,412 | 5,284 | 10,696 |
| 93 | Kendall | 15-19 | 5,247 | 4,990 | 10,237 | 6,098 | 5,744 | 11,842 | 6,173 | 5,964 | 12,136 |
| 93 | Kendall | 20-24 | 4,080 | 3,727 | 7,807 | 5,308 | 4,995 | 10,303 | 6,195 | 5,788 | 11,982 |
| 93 | Kendall | 25-29 | 3,106 | 3,027 | 6,133 | 4,468 | 4,184 | 8,652 | 5,702 | 5,454 | 11,156 |
| 93 | Kendall | 30-34 | 4,259 | 4,618 | 8,876 | 3,616 | 3,489 | 7,106 | 4,975 | 4,644 | 9,619 |
| 93 | Kendall | 35-39 | 5,250 | 5,634 | 10,883 | 4,777 | 5,106 | 9,883 | 4,066 | 3,896 | 7,962 |
| 93 | Kendall | 40-44 | 5,381 | 5,699 | 11,080 | 5,532 | 6,014 | 11,546 | 5,025 | 5,441 | 10,466 |
| 93 | Kendall | 45-49 | 5,153 | 5,061 | 10,214 | 5,724 | 6,033 | 11,758 | 5,853 | 6,336 | 12,188 |
| 93 | Kendall | 50-54 | 4,290 | 4,240 | 8,531 | 5,320 | 5,278 | 10,599 | 5,895 | 6,265 | 12,160 |
| 93 | Kendall | 55-59 | 3,310 | 3,475 | 6,784 | 4,357 | 4,293 | 8,650 | 5,391 | 5,354 | 10,745 |
| 93 | Kendall | 60-64 | 2,642 | 2,854 | 5,496 | 3,297 | 3,551 | 6,847 | 4,336 | 4,373 | 8,708 |
| 93 | Kendall | 65-69 | 2,021 | 2,379 | 4,400 | 2,566 | 2,831 | 5,397 | 3,208 | 3,522 | 6,730 |
| 93 | Kendall | 70-74 | 1,474 | 1,574 | 3,048 | 1,908 | 2,320 | 4,228 | 2,409 | 2,757 | 5,166 |
| 93 | Kendall | 75-79 | 836 | 1,035 | 1,871 | 1,317 | 1,506 | 2,824 | 1,684 | 2,205 | 3,889 |
| 93 | Kendall | 80-84 | 456 | 670 | 1,126 | 641 | 903 | 1,544 | 1,006 | 1,315 | 2,320 |
| 93 | Kendall | 85+ | 351 | 710 | 1,061 | 405 | 811 | 1,216 | 532 | 1,005 | 1,536 |
| | Total | | 64,077 | 65,125 | 129,201 | 70,848 | 71,970 | 142,818 | 77,454 | 78,736 | 156,190 |



ATTACHMENT-10D

IDPH Population Projections

**WILL COUNTY**

IDPH Population by Age

| | 2015 | 2020 | 2025 |
|---|---|---|---|
| <5 | 42808 | 47792 | 54341 |
| 5-9 | 54131 | 47494 | 52042 |
| 10-14 | 59557 | 57514 | 50499 |
| 15-19 | 58628 | 60880 | 58799 |
| 20-24 | 50879 | 57575 | 60126 |
| 25-29 | 40363 | 54597 | 60974 |
| 30-34 | 45372 | 46549 | 60192 |
| 35-39 | 50060 | 50282 | 50925 |
| 40-44 | 55176 | 52962 | 52907 |
| 45-49 | 57303 | 56754 | 54414 |
| 50-54 | 55198 | 57851 | 57283 |
| 55-59 | 47995 | 54962 | 57616 |
| 60-64 | 37547 | 47059 | 53901 |
| 65-69 | 30150 | 36282 | 45351 |
| 70-74 | 20427 | 28225 | 33861 |
| 75-79 | 13472 | 19112 | 24898 |
| 80-84 | 8724 | 10774 | 14393 |
| 85+ | 8618 | 9498 | 11072 |
| TOTAL | 736408 | 796162 | 853594 |
| | | | |
| 0-64 | 655017 | 692271 | 724019 |
| 65-74 | 50577 | 64507 | 79212 |
| 75+ | 30814 | 39384 | 50363 |
| TOTAL | 736408 | 796162 | 853594 |

ATTACHMENT-10D

| FIPS | County | Age Group | Males_2015 | Females_2015 | Total_2015 | Males_2020 | Females_2020 | Total_2020 | Males_2025 | Females_2025 | Total_2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 197 | Will | 0-4 | 21,905 | 20,903 | 42,808 | 24,455 | 23,337 | 47,792 | 27,806 | 26,535 | 54,341 |
| 197 | Will | 5-9 | 27,485 | 26,646 | 54,131 | 24,223 | 23,271 | 47,494 | 26,561 | 25,481 | 52,042 |
| 197 | Will | 10-14 | 30,551 | 29,007 | 59,557 | 29,189 | 28,325 | 57,514 | 25,739 | 24,761 | 50,499 |
| 197 | Will | 15-19 | 30,308 | 28,320 | 58,628 | 31,395 | 29,486 | 60,880 | 29,987 | 28,812 | 58,799 |
| 197 | Will | 20-24 | 26,456 | 24,423 | 50,879 | 29,841 | 27,734 | 57,575 | 31,064 | 29,062 | 60,126 |
| 197 | Will | 25-29 | 21,005 | 19,359 | 40,363 | 28,281 | 26,316 | 54,597 | 31,501 | 29,472 | 60,974 |
| 197 | Will | 30-34 | 22,762 | 22,610 | 45,372 | 24,154 | 22,395 | 46,549 | 31,113 | 29,079 | 60,192 |
| 197 | Will | 35-39 | 24,521 | 25,540 | 50,060 | 25,261 | 25,021 | 50,282 | 26,382 | 24,543 | 50,925 |
| 197 | Will | 40-44 | 27,217 | 27,959 | 55,176 | 26,096 | 26,866 | 52,962 | 26,681 | 26,226 | 52,907 |
| 197 | Will | 45-49 | 28,381 | 28,923 | 57,303 | 28,041 | 28,713 | 56,754 | 26,846 | 27,568 | 54,414 |
| 197 | Will | 50-54 | 27,584 | 27,615 | 55,198 | 28,528 | 29,323 | 57,851 | 28,185 | 29,099 | 57,283 |
| 197 | Will | 55-59 | 23,907 | 24,088 | 47,995 | 27,314 | 27,649 | 54,962 | 28,255 | 29,361 | 57,616 |
| 197 | Will | 60-64 | 18,296 | 19,251 | 37,547 | 23,188 | 23,872 | 47,059 | 26,515 | 27,386 | 53,901 |
| 197 | Will | 65-69 | 14,385 | 15,765 | 30,150 | 17,419 | 18,863 | 36,282 | 22,055 | 23,296 | 45,351 |
| 197 | Will | 70-74 | 9,647 | 10,779 | 20,427 | 13,225 | 15,000 | 28,225 | 15,971 | 17,890 | 33,861 |
| 197 | Will | 75-79 | 5,946 | 7,526 | 13,472 | 8,262 | 9,849 | 18,112 | 11,278 | 13,620 | 24,898 |
| 197 | Will | 80-84 | 3,571 | 5,153 | 8,724 | 4,479 | 6,295 | 10,774 | 6,205 | 8,188 | 14,393 |
| 197 | Will | 85+ | 2,810 | 5,808 | 8,618 | 3,225 | 6,273 | 9,498 | 3,895 | 7,177 | 11,072 |
| | Total | | 366,735 | 369,672 | 736,406 | 396,575 | 398,586 | 795,161 | 426,040 | 427,556 | 853,596 |



ATTACHMENT-10D

Attachment 6. Scan/US Demographic Study

ATTACHMENT-10D

# 2010 Demographics in brief

*30 Minute Market Area*



**Alden Waterford**
**[Pgn0001]**

| Population | 807,738 | % |
|---|---|---|
| in households | 796,829 | *98.6* |
| in families | 709,523 | *87.8* |
| in non-families | 87,306 | *10.8* |
| in group quarters | 10,909 | *1.4* |
| noninstitutional GQ | 6,423 | *0.8* |
| under age 18 | 233,573 | *28.9* |
| male | 398,285 | *49.3* |
| female | 409,452 | *50.7* |

| Age | | % |
|---|---|---|
| under 5 years | 59,391 | *7.4* |
| 5 to 9 years | 67,102 | *8.3* |
| 10 to 14 years | 67,198 | *8.3* |
| 15 to 19 years | 60,824 | *7.5* |
| 20 to 24 years | 44,903 | *5.6* |
| 25 to 34 years | 107,349 | *13.3* |
| 35 to 44 years | 126,117 | *15.6* |
| 45 to 54 years | 121,698 | *15.1* |
| 55 to 64 years | 82,763 | *10.2* |
| 65 to 74 years | 39,377 | *4.9* |
| 75 years and over | 30,533 | *3.8* |

**Median age** 35.8 male 34.6 female 36.8

| Race | | % |
|---|---|---|
| white | 600,577 | *74.4* |
| black | 57,281 | *7.1* |
| American Indian | 2,444 | *0.3* |
| Asian, Pacific Islander | 61,583 | *7.6* |
| other, multi-racial | 85,763 | *10.6* |
| **Hispanic** | 161,357 | *20.0* |

| Education (pers. 25+) | 508,172 | % |
|---|---|---|
| no high school diploma | 52,824 | *10.4* |
| high school graduate | 97,581 | *19.2* |
| some college | 132,976 | *26.2* |
| college degree | 138,643 | *27.3* |
| graduate/professional | 86,148 | *17.0* |

| Employment (pers. 16+) | 600,519 | % |
|---|---|---|
| in civilian labor force | 433,542 | *72.2* |
| employed | 391,411 | *90.3* |
| unemployed | 42,131 | *9.7* |
| in Armed Forces | 198 | *0.0* |
| not in labor force | 166,779 | *27.8* |

| Households | 274,943 | % |
|---|---|---|
| families | 204,640 | *74.4* |
| non-families | 70,303 | *25.6* |
| with persons under 18 | 117,528 | *42.7* |
| 1 person households | 56,778 | *20.7* |
| 2 person households | 78,719 | *28.6* |
| 3-4 person households | 97,384 | *35.4* |
| 5+ person households | 42,045 | *15.3* |

**Household size** 2.90 **Family size** 3.47

| Household income | | % | cum % |
|---|---|---|---|
| under $15,000 | 15,872 | *5.8* | *5.8* |
| $15,000 - 24,999 | 18,345 | *6.7* | *12.4* |
| $25,000 - 34,999 | 20,362 | *7.4* | *19.9* |
| $35,000 - 49,999 | 31,430 | *11.4* | *31.3* |
| $50,000 - 74,999 | 48,053 | *17.5* | *48.8* |
| $75,000 - 99,999 | 41,440 | *15.1* | *63.8* |
| $100,000 - 124,999 | 31,435 | *11.4* | *75.3* |
| $125,000 - 149,999 | 21,843 | *7.9* | *83.2* |
| $150,000 - 199,999 | 23,743 | *8.6* | *91.8* |
| $200,000 and over | 22,043 | *8.0* | *99.9* |

| | Median | Average |
|---|---|---|
| Household income | $80,101 | $95,716 |
| Family income | $93,131 | $109,122 |
| Non-family income | $48,394 | $56,693 |

| Vehicles available | | % |
|---|---|---|
| without vehicle | 10,254 | *3.7* |
| 1 vehicle available | 76,269 | *27.7* |
| 2 vehicles available | 127,567 | *46.4* |
| 3+ vehicles available | 60,619 | *22.0* |
| vehicles/household | 1.91 | |

| Density | |
|---|---|
| households per sq.mile | 850.83 |
| household population per sq.mile | 2,465.85 |

| Housing units | 290,203 | % |
|---|---|---|
| owner occupied | 212,759 | *73.3* |
| renter occupied | 62,184 | *21.4* |
| vacant units | 15,260 | *5.3* |


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ATTACHMENT-10D

# 2014 Demographics in brief

*30 Minute Market Area*



**Alden Waterford**
**[Pgn0001]**

| Population | 815,794 | % |
|---|---|---|
| in households | 804,882 | *98.7* |
| in families | 717,163 | *87.9* |
| in non-families | 87,719 | *10.8* |
| in group quarters | 10,912 | *1.3* |
| noninstitutional GQ | 6,425 | *0.8* |
| under age 18 | 223,671 | *27.4* |
| male | 402,341 | *49.3* |
| female | 413,453 | *50.7* |

| Age | | % |
|---|---|---|
| under 5 years | 55,424 | *6.8* |
| 5 to 9 years | 62,494 | *7.7* |
| 10 to 14 years | 65,416 | *8.0* |
| 15 to 19 years | 62,704 | *7.7* |
| 20 to 24 years | 50,255 | *6.2* |
| 25 to 34 years | 102,417 | *12.6* |
| 35 to 44 years | 119,224 | *14.6* |
| 45 to 54 years | 120,315 | *14.7* |
| 55 to 64 years | 92,670 | *11.4* |
| 65 to 74 years | 50,011 | *6.1* |
| 75 years and over | 34,852 | *4.3* |

**Median age** 39.4 male 38.5 female 40.2

| Race | | % |
|---|---|---|
| white | 607,389 | *74.5* |
| black | 57,770 | *7.1* |
| American Indian | 2,474 | *0.3* |
| Asian, Pacific Islander | 61,710 | *7.6* |
| other, multi-racial | 86,450 | *10.6* |
| **Hispanic** | 169,638 | *20.8* |

| Education (pers. 25+) | 519,442 | % |
|---|---|---|
| no high school diploma | 54,846 | *10.6* |
| high school graduate | 100,130 | *19.3* |
| some college | 136,858 | *26.3* |
| college degree | 139,695 | *26.9* |
| graduate/professional | 87,913 | *16.9* |

| Employment (pers. 16+) | 614,791 | % |
|---|---|---|
| in civilian labor force | 441,284 | *71.8* |
| employed | 398,818 | *90.4* |
| unemployed | 42,466 | *9.6* |
| in Armed Forces | 203 | *0.0* |
| not in labor force | 173,304 | *28.2* |

| Households | 281,101 | % |
|---|---|---|
| families | 209,613 | *74.6* |
| non-families | 71,488 | *25.4* |
| with persons under 18 | 120,363 | *42.8* |
| 1 person households | 58,078 | *20.7* |
| 2 person households | 80,502 | *28.6* |
| 3-4 person households | 99,584 | *35.4* |
| 5+ person households | 42,924 | *15.3* |

**Household size** 2.86 **Family size** 3.42

| Household income | | % | cum % |
|---|---|---|---|
| under $15,000 | 13,763 | *4.9* | *4.9* |
| $15,000 - 24,999 | 14,501 | *5.2* | *10.1* |
| $25,000 - 34,999 | 18,625 | *6.6* | *16.7* |
| $35,000 - 49,999 | 35,129 | *12.5* | *29.2* |
| $50,000 - 74,999 | 47,707 | *17.0* | *46.1* |
| $75,000 - 99,999 | 36,473 | *13.0* | *59.1* |
| $100,000 - 124,999 | 30,865 | *11.0* | *70.1* |
| $125,000 - 149,999 | 21,481 | *7.6* | *77.7* |
| $150,000 - 199,999 | 31,307 | *11.1* | *88.9* |
| $200,000 and over | 31,237 | *11.1* | *100.0* |

| | Median | Average |
|---|---|---|
| Household income | $88,046 | $103,242 |
| Family income | $102,354 | $116,478 |
| Non-family income | $53,576 | $64,433 |

| Vehicles available | | % |
|---|---|---|
| without vehicle | 10,394 | *3.7* |
| 1 vehicle available | 78,107 | *27.8* |
| 2 vehicles available | 130,348 | *46.4* |
| 3+ vehicles available | 62,020 | *22.1* |
| vehicles/household | 1.94 | |

| Density | |
|---|---|
| households per sq.mile | 873 |
| household population per sq.mile | 2,501 |

| Housing units | 292,770 | % |
|---|---|---|
| owner occupied | 217,855 | *74.4* |
| renter occupied | 63,246 | *21.6* |
| vacant units | 11,647 | *4.0* |


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ATTACHMENT-10D

# 2019 Demographics in brief

*30 Minute Market Area*



**Alden Waterford**
**[Pgn0001]**

| Population | 837,257 | % |
|---|---|---|
| in households | 826,343 | *98.7* |
| in families | 736,739 | *88.0* |
| in non-families | 89,604 | *10.7* |
| in group quarters | 10,914 | *1.3* |
| noninstitutional GQ | 6,425 | *0.8* |
| under age 18 | 214,204 | *25.6* |
| male | 413,059 | *49.3* |
| female | 424,198 | *50.7* |

| Age | | % |
|---|---|---|
| under 5 years | 55,017 | *6.6* |
| 5 to 9 years | 54,023 | *6.5* |
| 10 to 14 years | 61,394 | *7.3* |
| 15 to 19 years | 66,938 | *8.0* |
| 20 to 24 years | 61,424 | *7.3* |
| 25 to 34 years | 94,618 | *11.3* |
| 35 to 44 years | 108,634 | *13.0* |
| 45 to 54 years | 119,529 | *14.3* |
| 55 to 64 years | 105,481 | *12.6* |
| 65 to 74 years | 66,459 | *7.9* |
| 75 years and over | 43,730 | *5.2* |

**Median age** 40.9 male 39.5 female 42.0

| Race | | % |
|---|---|---|
| white | 624,345 | *74.6* |
| black | 59,206 | *7.1* |
| American Indian | 2,533 | *0.3* |
| Asian, Pacific Islander | 62,760 | *7.5* |
| other, multi-racial | 88,412 | *10.6* |
| **Hispanic** | 182,832 | *21.8* |

| Education (pers. 25+) | 538,399 | % |
|---|---|---|
| no high school diploma | 56,986 | *10.6* |
| high school graduate | 103,836 | *19.3* |
| some college | 141,374 | *26.3* |
| college degree | 145,194 | *27.0* |
| graduate/professional | 91,009 | *16.9* |

| Employment (pers. 16+) | 648,096 | % |
|---|---|---|
| in civilian labor force | 466,948 | *72.0* |
| employed | 421,501 | *90.3* |
| unemployed | 45,447 | *9.7* |
| in Armed Forces | 220 | *0.0* |
| not in labor force | 180,928 | *27.9* |

| Households | 290,299 | % |
|---|---|---|
| families | 216,965 | *74.7* |
| non-families | 73,334 | *25.3* |
| with persons under 18 | 124,626 | *42.9* |
| 1 person households | 59,953 | *20.7* |
| 2 person households | 83,128 | *28.6* |
| 3-4 person households | 102,865 | *35.4* |
| 5+ person households | 44,341 | *15.3* |

**Household size** 2.85 **Family size** 3.40

| Household income | | % | cum % |
|---|---|---|---|
| under $15,000 | 12,725 | *4.4* | *4.4* |
| $15,000 - 24,999 | 11,051 | *3.8* | *8.2* |
| $25,000 - 34,999 | 16,324 | *5.6* | *13.8* |
| $35,000 - 49,999 | 37,901 | *13.1* | *26.9* |
| $50,000 - 74,999 | 43,638 | *15.0* | *41.9* |
| $75,000 - 99,999 | 39,672 | *13.7* | *55.6* |
| $100,000 - 124,999 | 30,083 | *10.4* | *65.9* |
| $125,000 - 149,999 | 19,697 | *6.8* | *72.7* |
| $150,000 - 199,999 | 23,741 | *8.2* | *80.9* |
| $200,000 and over | 55,457 | *19.1* | *100.0* |

| | Median | Average |
|---|---|---|
| Household income | $96,971 | $112,026 |
| Family income | $113,620 | $126,436 |
| Non-family income | $57,940 | $69,395 |

| Vehicles available | | % |
|---|---|---|
| without vehicle | 10,743 | *3.7* |
| 1 vehicle available | 80,536 | *27.7* |
| 2 vehicles available | 134,720 | *46.4* |
| 3+ vehicles available | 64,076 | *22.1* |
| vehicles/household | 1.94 | |

| Density | |
|---|---|
| households per sq.mile | 902 |
| household population per sq.mile | 2,568 |

| Housing units | 302,718 | % |
|---|---|---|
| owner occupied | 225,294 | *74.4* |
| renter occupied | 65,005 | *21.5* |
| vacant units | 12,393 | *4.1* |

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Source: Scan/US 2014 Estimates (Jan 1) 07/01/2015

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ATTACHMENT-10D

**Alden Waterford**
**[Pgn0001]**

| | 2000 Census | | 2014 Estimate | | 2019 Projection | |
|---|---|---|---|---|---|---|
| **Population** | **630,536** | % | **815,794** | % | **837,257** | % |
| in households | 620,434 | *98.4* | 804,882 | *98.7* | 826,343 | *98.7* |
| in families | 542,754 | *87.5* | 717,163 | *89.1* | 736,739 | *89.2* |
| in non-families | 77,680 | *12.5* | 87,719 | *10.9* | 89,604 | *10.8* |
| in group quarters | 10,102 | *1.6* | 10,912 | *1.3* | 10,914 | *1.3* |
| in noninstitutional group quarters | 4,874 | *48.2* | 6,425 | *58.9* | 6,425 | *58.9* |
| under age 18 | 187,442 | *29.7* | 223,671 | *27.4* | 214,204 | *25.6* |
| age 55 and over | 92,785 | *14.7* | 177,533 | *21.8* | 215,670 | *25.8* |
| age 65 and over | 48,115 | *7.6* | 84,863 | *10.4* | 110,189 | *13.2* |
| age 75 and over | 22,608 | *3.6* | 34,852 | *4.3* | 43,730 | *5.2* |
| **Per capita income** | **29,298** | | **35,668** | | **38,937** | |
| **Median age** | **33.9** | | **39.4** | | **40.9** | |
| male | 32.8 | | 38.5 | | 39.5 | |
| female | 34.9 | | 40.2 | | 42.0 | |
| **Race** white | 520,725.0 | *82.6* | 607,389.0 | *74.5* | 624,345.0 | *74.6* |
| black | 33,380.0 | *5.3* | 57,770.0 | *7.1* | 59,206.0 | *7.1* |
| American Indian | 1,247.0 | *0.2* | 2,474.0 | *0.3* | 2,533.0 | *0.3* |
| Asian, Pacific Islander | 30,613.0 | *4.9* | 61,710.0 | *7.6* | 62,760.0 | *7.5* |
| other, multi-racial | 44,469.0 | *7.1* | 86,450.0 | *10.6* | 88,412.0 | *10.6* |
| **Hispanic** | 83,255.0 | *13.2* | 169,638.0 | *20.8* | 182,832.0 | *21.8* |
| **Diversity index** | 36 | | 48 | | 48 | |
| **Households** | **217,237** | % | **281,101** | % | **290,299** | % |
| families | 162,050 | *74.6* | 209,613 | *74.6* | 216,965 | *74.7* |
| with person under 18 | 94,790 | *58.5* | 119,781 | *57.1* | 124,024 | *57.2* |
| non-families | 55,187 | *25.4* | 71,488 | *25.4* | 73,334 | *25.3* |
| with person under 18 | 502 | *0.9* | 582 | *0.8* | 602 | *0.8* |
| **Median household income** | **71,100** | | **88,046** | | **96,971** | |
| median family income | 80,810 | | 102,354 | | 113,620 | |
| median non-family income | 43,964 | | 53,576 | | 57,940 | |
| **Household size** | **2.86** | | **2.86** | | **2.85** | |
| family size | 3.35 | | 3.42 | | 3.40 | |
| non-family size | 1.41 | | 1.23 | | 1.22 | |
| **Housing Units** | **225,565** | % | **292,770** | % | **302,718** | % |
| owner-occupied | 169,848 | *75.3* | 217,855 | *74.4* | 225,294 | *74.4* |
| renter-occupied | 47,389 | *21.0* | 63,246 | *21.6* | 65,005 | *21.5* |
| vacant units | 8,328 | *3.7* | 11,647 | *4.0* | 12,393 | *4.1* |



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ATTACHMENT-10D

**Alden Waterford**
**[Pgn0001]**

| Household income | 2000 Census (households) | % | 2014 Estimate (households) | % | 2019 Projection (households) | % |
|---|---|---|---|---|---|---|
| under $10,000 | 6,432 | *3.0* | 8,878 | *3.2* | 8,774 | *3.0* |
| $10,000 - 14,999 | 5,477 | *2.5* | 4,885 | *1.7* | 3,951 | *1.4* |
| $15,000 - 19,999 | 5,860 | *2.7* | 6,671 | *2.4* | 6,133 | *2.1* |
| $20,000 - 24,999 | 6,968 | *3.2* | 7,830 | *2.8* | 4,918 | *1.7* |
| $25,000 - 29,999 | 8,200 | *3.8* | 9,426 | *3.4* | 8,050 | *2.8* |
| $30,000 - 34,999 | 8,689 | *4.0* | 9,199 | *3.3* | 8,274 | *2.9* |
| $35,000 - 39,999 | 9,084 | *4.2* | 13,201 | *4.7* | 9,663 | *3.3* |
| $40,000 - 44,999 | 9,719 | *4.5* | 11,059 | *3.9* | 16,701 | *5.8* |
| $45,000 - 49,999 | 9,712 | *4.5* | 10,869 | *3.9* | 11,537 | *4.0* |
| $50,000 - 59,999 | 20,183 | *9.3* | 19,044 | *6.8* | 18,667 | *6.4* |
| $60,000 - 74,999 | 28,887 | *13.3* | 28,663 | *10.2* | 24,971 | *8.6* |
| $75,000 - 99,999 | 36,934 | *17.0* | 36,473 | *13.0* | 39,672 | *13.7* |
| $100,000 - 124,999 | 24,632 | *11.3* | 30,865 | *11.0* | 30,083 | *10.4* |
| $125,000 - 149,999 | 12,804 | *5.9* | 21,481 | *7.6* | 19,697 | *6.8* |
| $150,000 - 199,999 | 12,066 | *5.6* | 31,307 | *11.1* | 23,741 | *8.2* |
| $200,000 and over | 10,879 | *5.0* | 31,237 | *11.1* | 55,457 | *19.1* |
| **Aggregate income ($M)** | **18,394** | | **29,021** | | **32,521** | |
| **Average income** | **$84,671** | | **$103,242** | | **$112,026** | |
| **Median income** | **$71,100** | | **$88,046** | | **$96,971** | |

| Household size | | % | | % | | % |
|---|---|---|---|---|---|---|
| **All households** | **217,237** | | **281,101** | | **290,299** | |
| 1 person | 44,645 | *20.6* | 58,078 | *20.7* | 59,953 | *20.7* |
| 2 persons | 63,798 | *29.4* | 80,502 | *28.6* | 83,128 | *28.6* |
| 3 to 4 persons | 77,952 | *35.9* | 99,584 | *35.4* | 102,865 | *35.4* |
| 5+ persons | 30,713 | *14.1* | 42,924 | *15.3* | 44,341 | *15.3* |
| **Owner households** | **169,848** | ***78.2*** | **217,855** | ***77.5*** | **225,294** | ***77.6*** |
| 1 person | 26,384 | *15.5* | 36,173 | *16.6* | 38,788 | *17.2* |
| 2 persons | 50,651 | *29.8* | 64,257 | *29.5* | 70,451 | *31.3* |
| 3 to 4 persons | 66,228 | *39.0* | 82,573 | *37.9* | 82,147 | *36.5* |
| 5+ persons | 26,390 | *15.5* | 34,845 | *16.0* | 33,909 | *15.1* |
| **Renter households** | **47,389** | ***21.8*** | **63,246** | ***22.5*** | **65,005** | ***22.4*** |
| 1 person | 18,261 | *38.5* | 21,905 | *34.6* | 21,165 | *32.6* |
| 2 persons | 13,147 | *27.7* | 16,245 | *25.7* | 12,677 | *19.5* |
| 3 to 4 persons | 11,724 | *24.7* | 17,011 | *26.9* | 20,718 | *31.9* |
| 5+ persons | 4,323 | *9.1* | 8,079 | *12.8* | 10,432 | *16.0* |



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ATTACHMENT-10D

**Alden Waterford**
**[Pgn0001]**

| | 2000 Census | | 2014 Estimate | | 2019 Projection | |
|---|---|---|---|---|---|---|
| **Age, total population** | **630,536** | % | **815,794** | % | **837,257** | % |
| under 5 years | 53,597 | *8.5* | 55,424 | *6.8* | 55,017 | *6.6* |
| 5 to 9 years | 54,340 | *8.6* | 62,494 | *7.7* | 54,023 | *6.5* |
| 10 to 14 years | 50,775 | *8.1* | 65,416 | *8.0* | 61,394 | *7.3* |
| 15 to 19 years | 43,940 | *7.0* | 62,704 | *7.7* | 66,938 | *8.0* |
| 20 to 24 years | 35,855 | *5.7* | 50,255 | *6.2* | 61,424 | *7.3* |
| 25 to 34 years | 96,947 | *15.4* | 102,417 | *12.6* | 94,618 | *11.3* |
| 35 to 44 years | 114,673 | *18.2* | 119,224 | *14.6* | 108,634 | *13.0* |
| 45 to 54 years | 86,700 | *13.8* | 120,315 | *14.7* | 119,529 | *14.3* |
| 55 to 64 years | 44,670 | *7.1* | 92,670 | *11.4* | 105,481 | *12.6* |
| 65 to 74 years | 25,507 | *4.0* | 50,011 | *6.1* | 66,459 | *7.9* |
| 75 to 84 years | 16,510 | *2.6* | 23,251 | *2.9* | 29,373 | *3.5* |
| 85 years and over | 6,098 | *1.0* | 11,601 | *1.4* | 14,357 | *1.7* |
| **Median age** | **33.9** | | **39.4** | | **40.9** | |
| **Age, male population** | **313,323** | % | **402,341** | % | **413,059** | % |
| under 5 years | 27,435 | *8.8* | 28,473 | *7.1* | 28,352 | *6.9* |
| 5 to 9 years | 28,009 | *8.9* | 31,905 | *7.9* | 27,750 | *6.7* |
| 10 to 14 years | 26,142 | *8.3* | 33,298 | *8.3* | 31,374 | *7.6* |
| 15 to 19 years | 23,075 | *7.4* | 32,284 | *8.0* | 34,082 | *8.3* |
| 20 to 24 years | 18,482 | *5.9* | 25,878 | *6.4* | 31,729 | *7.7* |
| 25 to 34 years | 48,383 | *15.4* | 51,070 | *12.7* | 48,268 | *11.7* |
| 35 to 44 years | 56,814 | *18.1* | 58,501 | *14.5* | 53,353 | *12.9* |
| 45 to 54 years | 43,033 | *13.7* | 59,052 | *14.7* | 58,580 | *14.2* |
| 55 to 64 years | 22,223 | *7.1* | 44,954 | *11.2* | 51,167 | *12.4* |
| 65 to 74 years | 11,533 | *3.7* | 23,392 | *5.8* | 31,181 | *7.5* |
| 75 to 84 years | 6,244 | *2.0* | 9,768 | *2.4* | 12,504 | *3.0* |
| 85 years and over | 1,478 | *0.5* | 3,761 | *0.9* | 4,713 | *1.1* |
| **Median age** | **32.8** | | **38.5** | | **39.5** | |
| **Age, female population** | **317,231** | % | **413,453** | % | **424,198** | % |
| under 5 years | 26,162 | *8.2* | 26,951 | *6.5* | 26,665 | *6.3* |
| 5 to 9 years | 26,331 | *8.3* | 30,589 | *7.4* | 26,273 | *6.2* |
| 10 to 14 years | 24,633 | *7.8* | 32,118 | *7.8* | 30,020 | *7.1* |
| 15 to 19 years | 20,865 | *6.6* | 30,420 | *7.4* | 32,856 | *7.7* |
| 20 to 24 years | 17,373 | *5.5* | 24,377 | *5.9* | 29,695 | *7.0* |
| 25 to 34 years | 48,564 | *15.3* | 51,347 | *12.4* | 46,350 | *10.9* |
| 35 to 44 years | 57,859 | *18.2* | 60,723 | *14.7* | 55,281 | *13.0* |
| 45 to 54 years | 43,667 | *13.8* | 61,263 | *14.8* | 60,949 | *14.4* |
| 55 to 64 years | 22,447 | *7.1* | 47,716 | *11.5* | 54,314 | *12.8* |
| 65 to 74 years | 13,974 | *4.4* | 26,619 | *6.4* | 35,278 | *8.3* |
| 75 to 84 years | 10,266 | *3.2* | 13,483 | *3.3* | 16,869 | *4.0* |
| 85 years and over | 4,620 | *1.5* | 7,840 | *1.9* | 9,644 | *2.3* |
| **Median age** | **34.9** | | **40.2** | | **42.0** | |



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**Alden Waterford**
**[Pgn0001]**

| | 2000 Census | | 2014 Estimate | | 2019 Projection | |
|---|---|---|---|---|---|---|
| **Education** persons age 25+ | 391,526 | % | 519,442 | % | 538,399 | % |
| no high school diploma | 44,188 | *11.3* | 54,846 | *10.6* | 56,986 | *10.6* |
| high school graduate | 76,555 | *19.6* | 100,130 | *19.3* | 103,836 | *19.3* |
| some college | 81,225 | *20.7* | 99,920 | *19.2* | 102,974 | *19.1* |
| associate degree | 25,590 | *6.5* | 36,938 | *7.1* | 38,400 | *7.1* |
| college degree | 106,927 | *27.3* | 139,695 | *26.9* | 145,194 | *27.0* |
| graduate/professional degree | 57,041 | *14.6* | 87,913 | *16.9* | 91,009 | *16.9* |
| **Labor Force** persons age 16+ | 461,816 | % | 614,791 | % | 648,096 | % |
| in labor force | 333,624 | *72.2* | 441,284 | *71.8* | 466,948 | *72.0* |
| employed | 321,493 | *96.4* | 398,818 | *90.4* | 421,501 | *90.3* |
| unemployed | 12,131 | *3.6* | 42,466 | *9.6* | 45,447 | *9.7* |
| in Armed Forces | 155 | *0.0* | 203 | *0.0* | 220 | *0.0* |
| not in labor force | 128,037 | *27.7* | 173,304 | *28.2* | 180,928 | *27.9* |
| **Vehicles available** households | 217,237 | % | 281,101 | % | 290,299 | % |
| without vehicles | 8,176 | *3.8* | 10,394 | *3.7* | 10,743 | *3.7* |
| 1 vehicle available | 60,744 | *28.0* | 78,107 | *27.8* | 80,536 | *27.7* |
| 2 vehicles available | 107,878 | *49.7* | 130,348 | *46.4* | 134,720 | *46.4* |
| 3 or more vehicles available | 40,299 | *18.6* | 62,020 | *22.1* | 64,076 | *22.1* |
| **Average vehicles per household** | 1.90 | | 1.94 | | 1.94 | |
| **Total vehicles available** | 412,633 | | 546,012 | | 563,972 | |
| **Density** | | | | | | |
| Area (sq.miles) | 315.70 | | 321.83 | | 321.83 | |
| Population/sq mile | 1,997.26 | | 2,534.84 | | 2,601.53 | |
| Households/sq mile | 688.11 | | 873.44 | | 902.02 | |
| Household population/sq mile | 1,965.26 | | 2,500.94 | | 2,567.62 | |
| Aggregate income (M)/sq mile | 58.52 | | 90.41 | | 101.30 | |
| Aggregate houshold income(M)/sq mile | 58.26 | | 90.18 | | 101.05 | |
| Vehicles available/sq mile | 1,307.04 | | 1,696.57 | | 1,752.38 | |

*Minor category percent shares are based on the next higher category.*


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# 2014 Income by age of householder

*30 Minute Market Area*



**Alden Waterford**
**[Pgn0001]**

| Households | 281,101 | % | Median income | Percent of households with income above... $50,000 | $75,000 | $100,000 | $125,000 | $150,000 |
|---|---|---|---|---|---|---|---|---|
| **Age of householder** | | | | | | | | |
| under 25 years | 7,125 | *2.5* | $49,638 | *38.5* | *22.0* | *13.7* | *9.4* | *6.8* |
| 25 to 34 years | 42,700 | *15.2* | $70,354 | *62.8* | *42.3* | *27.5* | *17.5* | *12.1* |
| 35 to 44 years | 60,873 | *21.7* | $104,399 | *79.7* | *63.3* | *49.4* | *36.5* | *26.7* |
| 45 to 54 years | 66,002 | *23.5* | $110,832 | *82.8* | *67.8* | *54.1* | *40.1* | *29.6* |
| 55 to 64 years | 52,882 | *18.8* | $97,605 | *72.4* | *56.4* | *43.6* | *33.2* | *27.1* |
| 65 to 74 years | 29,607 | *10.5* | $75,647 | *61.7* | *43.5* | *31.1* | *22.6* | *15.9* |
| 75 years and over | 21,797 | *7.8* | $49,475 | *39.3* | *23.5* | *15.3* | *10.9* | *8.4* |

## Income by age of householder

| | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---|---|---|---|---|---|---|---|---|
| **Households** | 281,101 | % | 7,125 | % | 42,700 | % | 60,873 | % |
| under $10,000 | 8,831 | *3.1* | 651 | *9.1* | 1,766 | *4.1* | 1,083 | *1.8* |
| $10,000 - 19,999 | 11,464 | *4.1* | 582 | *8.2* | 1,758 | *4.1* | 1,473 | *2.4* |
| $20,000 - 29,999 | 17,112 | *6.1* | 927 | *13.0* | 3,131 | *7.3* | 1,840 | *3.0* |
| $30,000 - 39,999 | 22,290 | *7.9* | 1,004 | *14.1* | 4,396 | *10.3* | 3,280 | *5.4* |
| $40,000 - 49,999 | 21,770 | *7.7* | 989 | *13.9* | 3,951 | *9.3* | 3,915 | *6.4* |
| $50,000 - 59,999 | 18,978 | *6.8* | 439 | *6.2* | 3,712 | *8.7* | 4,003 | *6.6* |
| $60,000 - 74,999 | 28,633 | *10.2* | 739 | *10.4* | 5,061 | *11.9* | 5,938 | *9.8* |
| $75,000 - 99,999 | 36,744 | *13.1* | 587 | *8.2* | 6,304 | *14.8* | 8,511 | *14.0* |
| $100,000 - 124,999 | 30,813 | *11.0* | 305 | *4.3* | 4,265 | *10.0* | 7,825 | *12.9* |
| $125,000 - 150,000 | 21,444 | *7.6* | 185 | *2.6* | 2,312 | *5.4* | 5,963 | *9.8* |
| $150,000 - 199,999 | 31,262 | *11.1* | 324 | *4.5* | 3,060 | *7.2* | 8,281 | *13.6* |
| $200,000 and over | 31,298 | *11.1* | 164 | *2.3* | 2,104 | *4.9* | 7,972 | *13.1* |

| | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---|---|---|---|---|---|---|---|---|
| **Households** | 66,002 | % | 52,882 | % | 29,607 | % | 21,797 | % |
| under $10,000 | 1,539 | *2.3* | 1,770 | *3.3* | 679 | *2.3* | 1,150 | *5.3* |
| $10,000 - 19,999 | 1,038 | *1.6* | 2,008 | *3.8* | 1,310 | *4.4* | 2,851 | *13.1* |
| $20,000 - 29,999 | 1,794 | *2.7* | 2,833 | *5.4* | 2,312 | *7.8* | 3,209 | *14.7* |
| $30,000 - 39,999 | 2,846 | *4.3* | 3,624 | *6.9* | 3,032 | *10.2* | 2,851 | *13.1* |
| $40,000 - 49,999 | 3,348 | *5.1* | 3,361 | *6.4* | 2,975 | *10.0* | 2,274 | *10.4* |
| $50,000 - 59,999 | 3,372 | *5.1* | 3,015 | *5.7* | 2,363 | *8.0* | 1,678 | *7.7* |
| $60,000 - 74,999 | 6,574 | *10.0* | 5,464 | *10.3* | 3,014 | *10.2* | 1,772 | *8.1* |
| $75,000 - 99,999 | 9,045 | *13.7* | 6,780 | *12.8* | 3,673 | *12.4* | 1,782 | *8.2* |
| $100,000 - 124,999 | 9,220 | *14.0* | 5,518 | *10.4* | 2,537 | *8.6* | 962 | *4.4* |
| $125,000 - 150,000 | 6,934 | *10.5* | 3,203 | *6.1* | 1,962 | *6.6* | 534 | *2.4* |
| $150,000 - 199,999 | 9,724 | *14.7* | 6,537 | *12.4* | 2,344 | *7.9* | 755 | *3.5* |
| $200,000 and over | 9,799 | *14.8* | 7,795 | *14.7* | 2,372 | *8.0* | 1,082 | *5.0* |


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ATTACHMENT-10D

# 2019 Income by age of householder

*30 Minute Market Area*



**Alden Waterford**
**[Pgn0001]**

| Households | 290,299 | % | Median income | Percent of households with income above... $50,000 | $75,000 | $100,000 | $125,000 | $150,000 |
|---|---|---|---|---|---|---|---|---|
| **Age of householder** | | | | | | | | |
| under 25 years | 7,669 | *2.6* | $59,801 | *45.2* | *29.8* | *19.9* | *14.7* | *11.6* |
| 25 to 34 years | 39,885 | *13.7* | $78,033 | *65.1* | *47.2* | *30.7* | *20.6* | *15.8* |
| 35 to 44 years | 54,883 | *18.9* | $116,366 | *82.1* | *68.2* | *53.3* | *41.2* | *32.6* |
| 45 to 54 years | 62,873 | *21.7* | $122,567 | *85.7* | *72.3* | *57.4* | *44.3* | *35.0* |
| 55 to 64 years | 58,679 | *20.2* | $110,243 | *75.5* | *61.2* | *47.7* | *37.3* | *32.1* |
| 65 to 74 years | 38,367 | *13.2* | $92,227 | *70.1* | *53.8* | *40.1* | *31.0* | *24.0* |
| 75 years and over | 27,753 | *9.6* | $61,766 | *47.8* | *32.2* | *21.4* | *16.2* | *13.6* |

## Income by age of householder

| | Total households | | Householders <25 yrs | | Householders 25 - 34 yrs | | Householders 35 - 44 yrs | |
|---|---|---|---|---|---|---|---|---|
| **Households** | 290,299 | % | 7,669 | % | 39,885 | % | 54,883 | % |
| under $10,000 | 8,717 | *3.0* | 572 | *7.5* | 1,704 | *4.3* | 917 | *1.7* |
| $10,000 - 19,999 | 10,010 | *3.4* | 462 | *6.0* | 1,411 | *3.5* | 1,071 | *2.0* |
| $20,000 - 29,999 | 12,878 | *4.4* | 701 | *9.1* | 2,231 | *5.6* | 1,083 | *2.0* |
| $30,000 - 39,999 | 17,817 | *6.1* | 896 | *11.7* | 3,261 | *8.2* | 2,008 | *3.7* |
| $40,000 - 49,999 | 28,075 | *9.7* | 1,253 | *16.3* | 4,538 | *11.4* | 4,022 | *7.3* |
| $50,000 - 59,999 | 18,589 | *6.4* | 511 | *6.7* | 3,220 | *8.1* | 3,180 | *5.8* |
| $60,000 - 74,999 | 25,050 | *8.6* | 666 | *8.7* | 3,917 | *9.8* | 4,460 | *8.1* |
| $75,000 - 99,999 | 39,868 | *13.7* | 759 | *9.9* | 6,558 | *16.4* | 8,173 | *14.9* |
| $100,000 - 124,999 | 29,996 | *10.3* | 402 | *5.2* | 4,044 | *10.1* | 6,623 | *12.1* |
| $125,000 - 150,000 | 19,672 | *6.8* | 234 | *3.1* | 1,936 | *4.9* | 4,701 | *8.6* |
| $150,000 - 199,999 | 23,698 | *8.2* | 376 | *4.9* | 2,034 | *5.1* | 5,518 | *10.1* |
| $200,000 and over | 55,427 | *19.1* | 516 | *6.7* | 4,250 | *10.7* | 12,395 | *22.6* |

| | Householders 45 - 54 yrs | | Householders 55 - 64 yrs | | Householders 65 - 74 yrs | | Householders 75+ yrs | |
|---|---|---|---|---|---|---|---|---|
| **Households** | 62,873 | % | 58,679 | % | 38,367 | % | 27,753 | % |
| under $10,000 | 1,394 | *2.2* | 1,972 | *3.4* | 806 | *2.1* | 1,387 | *5.0* |
| $10,000 - 19,999 | 682 | *1.1* | 1,842 | *3.1* | 1,225 | *3.2* | 2,793 | *10.1* |
| $20,000 - 29,999 | 982 | *1.6* | 2,218 | *3.8* | 1,690 | *4.4* | 2,848 | *10.3* |
| $30,000 - 39,999 | 1,724 | *2.7* | 3,029 | *5.2* | 2,423 | *6.3* | 2,778 | *10.0* |
| $40,000 - 49,999 | 3,500 | *5.6* | 4,433 | *7.6* | 4,271 | *11.1* | 3,573 | *12.9* |
| $50,000 - 59,999 | 3,025 | *4.8* | 3,193 | *5.4* | 2,891 | *7.5* | 2,102 | *7.6* |
| $60,000 - 74,999 | 5,414 | *8.6* | 5,208 | *8.9* | 3,353 | *8.7* | 2,210 | *8.0* |
| $75,000 - 99,999 | 9,341 | *14.9* | 7,917 | *13.5* | 5,249 | *13.7* | 2,999 | *10.8* |
| $100,000 - 124,999 | 8,229 | *13.1* | 6,067 | *10.3* | 3,524 | *9.2* | 1,465 | *5.3* |
| $125,000 - 150,000 | 5,874 | *9.3* | 3,057 | *5.2* | 2,681 | *7.0* | 724 | *2.6* |
| $150,000 - 199,999 | 6,627 | *10.5* | 4,810 | *8.2* | 2,782 | *7.3* | 811 | *2.9* |
| $200,000 and over | 15,367 | *24.4* | 14,040 | *23.9* | 6,412 | *16.7* | 2,951 | *10.6* |


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ATTACHMENT-10D

# 2014 Demographics in brief

*Alden Waterford CCRC Area*



**Kane, IL**
**(County 17089)**

| Population | 522,567 | % |
|---|---|---|
| in households | 515,780 | *98.7* |
| in families | 448,516 | *85.8* |
| in non-families | 67,264 | *12.9* |
| in group quarters | 6,787 | *1.3* |
| noninstitutional GQ | 3,409 | *0.7* |
| under age 18 | 145,213 | *27.8* |
| male | 260,448 | *49.8* |
| female | 262,119 | *50.2* |

| Age | | % |
|---|---|---|
| under 5 years | 37,634 | *7.2* |
| 5 to 9 years | 40,451 | *7.7* |
| 10 to 14 years | 41,694 | *8.0* |
| 15 to 19 years | 39,523 | *7.6* |
| 20 to 24 years | 32,718 | *6.3* |
| 25 to 34 years | 64,314 | *12.3* |
| 35 to 44 years | 72,609 | *13.9* |
| 45 to 54 years | 74,132 | *14.2* |
| 55 to 64 years | 59,365 | *11.4* |
| 65 to 74 years | 35,377 | *6.8* |
| 75 years and over | 24,750 | *4.7* |

**Median age** 35.7 male 34.6 female 36.7

| Race | | % |
|---|---|---|
| white | 390,420 | *74.7* |
| black | 29,803 | *5.7* |
| American Indian | 2,922 | *0.6* |
| Asian, Pacific Islander | 18,259 | *3.5* |
| other, multi-racial | 81,163 | *15.5* |
| **Hispanic** | 165,227 | *31.6* |

| Education (pers. 25+) | 330,547 | % |
|---|---|---|
| no high school diploma | 54,706 | *16.6* |
| high school graduate | 79,909 | *24.2* |
| some college | 90,349 | *27.3* |
| college degree | 69,251 | *21.0* |
| graduate/professional | 36,332 | *11.0* |

| Employment (pers. 16+) | 393,019 | % |
|---|---|---|
| in civilian labor force | 278,008 | *70.7* |
| employed | 247,424 | *89.0* |
| unemployed | 30,584 | *11.0* |
| in Armed Forces | 53 | *0.0* |
| not in labor force | 114,958 | *29.2* |

| Households | 174,623 | % |
|---|---|---|
| families | 131,592 | *75.4* |
| non-families | 43,031 | *24.6* |
| with persons under 18 | 74,024 | *42.4* |
| 1 person households | 34,649 | *19.8* |
| 2 person households | 51,313 | *29.4* |
| 3-4 person households | 58,131 | *33.3* |
| 5+ person households | 30,530 | *17.5* |

**Household size** 2.95 **Family size** 3.41

| Household income | | % | cum % |
|---|---|---|---|
| under $15,000 | 10,564 | *6.0* | *6.0* |
| $15,000 - 24,999 | 10,936 | *6.3* | *12.3* |
| $25,000 - 34,999 | 14,867 | *8.5* | *20.8* |
| $35,000 - 49,999 | 24,970 | *14.3* | *35.1* |
| $50,000 - 74,999 | 31,876 | *18.3* | *53.4* |
| $75,000 - 99,999 | 22,803 | *13.1* | *66.4* |
| $100,000 - 124,999 | 17,351 | *9.9* | *76.4* |
| $125,000 - 149,999 | 11,601 | *6.6* | *83.0* |
| $150,000 - 199,999 | 15,344 | *8.8* | *91.8* |
| $200,000 and over | 14,311 | *8.2* | *100.0* |

| | Median | Average |
|---|---|---|
| Household income | $70,728 | $87,772 |
| Family income | $81,470 | $98,304 |
| Non-family income | $43,272 | $55,564 |

| Vehicles available | | % |
|---|---|---|
| without vehicle | 7,959 | *4.6* |
| 1 vehicle available | 47,406 | *27.1* |
| 2 vehicles available | 76,960 | *44.1* |
| 3+ vehicles available | 42,298 | *24.2* |
| vehicles/household | 1.98 | |

| Density | |
|---|---|
| households per sq.mile | 336 |
| household population per sq.mile | 992 |

| Housing units | 182,528 | % |
|---|---|---|
| owner occupied | 134,676 | *73.8* |
| renter occupied | 39,947 | *21.9* |
| vacant units | 7,905 | *4.3* |

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Source: Scan/US 2014 Estimates (Jan 1) 06/20/2015

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ATTACHMENT-10D

# 2019 Demographics in brief

*Alden Waterford CCRC Area*



**Kane, IL**
**(County 17089)**

| Population | 537,799 | % |
|---|---|---|
| in households | 531,012 | *98.7* |
| in families | 461,761 | *85.9* |
| in non-families | 69,251 | *12.9* |
| in group quarters | 6,787 | *1.3* |
| noninstitutional GQ | 3,409 | *0.6* |
| under age 18 | 141,971 | *26.4* |
| male | 268,037 | *49.8* |
| female | 269,762 | *50.2* |

| Age | | % |
|---|---|---|
| under 5 years | 38,001 | *7.1* |
| 5 to 9 years | 36,697 | *6.8* |
| 10 to 14 years | 39,819 | *7.4* |
| 15 to 19 years | 42,344 | *7.9* |
| 20 to 24 years | 38,172 | *7.1* |
| 25 to 34 years | 61,494 | *11.4* |
| 35 to 44 years | 67,109 | *12.5* |
| 45 to 54 years | 72,908 | *13.6* |
| 55 to 64 years | 65,738 | *12.2* |
| 65 to 74 years | 44,506 | *8.3* |
| 75 years and over | 31,011 | *5.8* |

**Median age** 36.8 male 35.6 female 38.1

| Race | | % |
|---|---|---|
| white | 402,417 | *74.8* |
| black | 30,612 | *5.7* |
| American Indian | 3,000 | *0.6* |
| Asian, Pacific Islander | 18,671 | *3.5* |
| other, multi-racial | 83,099 | *15.5* |
| **Hispanic** | 177,906 | *33.1* |

| Education (pers. 25+) | 342,766 | % |
|---|---|---|
| no high school diploma | 56,731 | *16.6* |
| high school graduate | 82,864 | *24.2* |
| some college | 93,687 | *27.3* |
| college degree | 71,806 | *20.9* |
| graduate/professional | 37,678 | *11.0* |

| Employment (pers. 16+) | 412,823 | % |
|---|---|---|
| in civilian labor force | 292,045 | *70.7* |
| employed | 259,917 | *89.0* |
| unemployed | 32,128 | *11.0* |
| in Armed Forces | 55 | *0.0* |
| not in labor force | 120,723 | *29.2* |

| Households | 180,172 | % |
|---|---|---|
| families | 136,315 | *75.7* |
| non-families | 43,857 | *24.3* |
| with persons under 18 | 76,673 | *42.6* |
| 1 person households | 35,751 | *19.8* |
| 2 person households | 52,943 | *29.4* |
| 3-4 person households | 59,979 | *33.3* |
| 5+ person households | 31,499 | *17.5* |

**Household size** 2.95 **Family size** 3.39

| Household income | | % | cum % |
|---|---|---|---|
| under $15,000 | 9,627 | *5.3* | *5.3* |
| $15,000 - 24,999 | 8,395 | *4.7* | *10.0* |
| $25,000 - 34,999 | 13,212 | *7.3* | *17.3* |
| $35,000 - 49,999 | 27,508 | *15.3* | *32.6* |
| $50,000 - 74,999 | 29,442 | *16.3* | *48.9* |
| $75,000 - 99,999 | 25,321 | *14.1* | *63.0* |
| $100,000 - 124,999 | 17,300 | *9.6* | *72.6* |
| $125,000 - 149,999 | 10,852 | *6.0* | *78.6* |
| $150,000 - 199,999 | 12,597 | *7.0* | *85.6* |
| $200,000 and over | 25,918 | *14.4* | *100.0* |

| | Median | Average |
|---|---|---|
| Household income | $76,119 | $94,527 |
| Family income | $86,835 | $104,642 |
| Non-family income | $46,102 | $63,088 |

| Vehicles available | | % |
|---|---|---|
| without vehicle | 8,250 | *4.6* |
| 1 vehicle available | 48,981 | *27.2* |
| 2 vehicles available | 79,348 | *44.0* |
| 3+ vehicles available | 43,593 | *24.2* |
| vehicles/household | 1.97 | |

| Density | |
|---|---|
| households per sq.mile | 346 |
| household population per sq.mile | 1,021 |

| Housing units | 188,599 | % |
|---|---|---|
| owner occupied | 138,651 | *73.5* |
| renter occupied | 41,521 | *22.0* |
| vacant units | 8,427 | *4.5* |


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# 2014 Demographics in brief

*Alden Waterford CCRC Area*



**DuPage, IL**
**(County 17043)**

| Population | 923,978 | % |
|---|---|---|
| in households | 911,838 | *98.7* |
| in families | 776,442 | *84.0* |
| in non-families | 135,396 | *14.7* |
| in group quarters | 12,140 | *1.3* |
| noninstitutional GQ | 6,088 | *0.7* |
| under age 18 | 216,840 | *23.5* |
| male | 452,799 | *49.0* |
| female | 471,179 | *51.0* |

| Age | | % |
|---|---|---|
| under 5 years | 54,408 | *5.9* |
| 5 to 9 years | 58,870 | *6.4* |
| 10 to 14 years | 62,555 | *6.8* |
| 15 to 19 years | 65,350 | *7.1* |
| 20 to 24 years | 57,489 | *6.2* |
| 25 to 34 years | 116,124 | *12.6* |
| 35 to 44 years | 120,072 | *13.0* |
| 45 to 54 years | 140,234 | *15.2* |
| 55 to 64 years | 124,478 | *13.5* |
| 65 to 74 years | 71,314 | *7.7* |
| 75 years and over | 53,084 | *5.7* |

**Median age** 39.0 male 37.5 female 40.5

| Race | | % |
|---|---|---|
| white | 720,367 | *78.0* |
| black | 42,655 | *4.6* |
| American Indian | 2,430 | *0.3* |
| Asian, Pacific Islander | 92,720 | *10.0* |
| other, multi-racial | 65,806 | *7.1* |
| **Hispanic** | 129,496 | *14.0* |

| Education (pers. 25+) | 625,306 | % |
|---|---|---|
| no high school diploma | 50,168 | *8.0* |
| high school graduate | 123,505 | *19.8* |
| some college | 165,934 | *26.5* |
| college degree | 177,383 | *28.4* |
| graduate/professional | 108,316 | *17.3* |

| Employment (pers. 16+) | 732,083 | % |
|---|---|---|
| in civilian labor force | 519,725 | *71.0* |
| employed | 476,582 | *91.7* |
| unemployed | 43,143 | *8.3* |
| in Armed Forces | 124 | *0.0* |
| not in labor force | 212,234 | *29.0* |

| Households | 343,707 | % |
|---|---|---|
| families | 243,183 | *70.8* |
| non-families | 100,524 | *29.2* |
| with persons under 18 | 122,371 | *35.6* |
| 1 person households | 83,358 | *24.3* |
| 2 person households | 106,163 | *30.9* |
| 3-4 person households | 112,661 | *32.8* |
| 5+ person households | 41,525 | *12.1* |

**Household size** 2.65 **Family size** 3.19

| Household income | | % | cum % |
|---|---|---|---|
| under $15,000 | 17,169 | *5.0* | *5.0* |
| $15,000 - 24,999 | 18,478 | *5.4* | *10.4* |
| $25,000 - 34,999 | 25,043 | *7.3* | *17.7* |
| $35,000 - 49,999 | 45,798 | *13.3* | *31.0* |
| $50,000 - 74,999 | 58,868 | *17.1* | *48.1* |
| $75,000 - 99,999 | 44,102 | *12.8* | *60.9* |
| $100,000 - 124,999 | 35,302 | *10.3* | *71.2* |
| $125,000 - 149,999 | 24,500 | *7.1* | *78.3* |
| $150,000 - 199,999 | 35,322 | *10.3* | *88.6* |
| $200,000 and over | 39,125 | *11.4* | *100.0* |

| | Median | Average |
|---|---|---|
| Household income | $79,119 | $104,011 |
| Family income | $97,544 | $123,233 |
| Non-family income | $47,495 | $57,510 |

| Vehicles available | | % |
|---|---|---|
| without vehicle | 13,225 | *3.8* |
| 1 vehicle available | 107,957 | *31.4* |
| 2 vehicles available | 150,313 | *43.7* |
| 3+ vehicles available | 72,212 | *21.0* |
| vehicles/household | 1.90 | |

| Density | |
|---|---|
| households per sq.mile | 1,049 |
| household population per sq.mile | 2,784 |

| Housing units | 356,442 | % |
|---|---|---|
| owner occupied | 257,584 | *72.3* |
| renter occupied | 86,123 | *24.2* |
| vacant units | 12,735 | *3.6* |

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ATTACHMENT-10D

# 2019 Demographics in brief

*Alden Waterford CCRC Area*



**DuPage, IL**
**(County 17043)**

| Population | 943,336 | % |
|---|---|---|
| in households | 931,196 | *98.7* |
| in families | 792,945 | *84.1* |
| in non-families | 138,251 | *14.7* |
| in group quarters | 12,140 | *1.3* |
| noninstitutional GQ | 6,088 | *0.6* |
| under age 18 | 206,882 | *21.9* |
| male | 462,315 | *49.0* |
| female | 481,021 | *51.0* |

| Age | | % |
|---|---|---|
| under 5 years | 54,105 | *5.7* |
| 5 to 9 years | 53,605 | *5.7* |
| 10 to 14 years | 58,441 | *6.2* |
| 15 to 19 years | 64,387 | *6.8* |
| 20 to 24 years | 65,394 | *6.9* |
| 25 to 34 years | 110,582 | *11.7* |
| 35 to 44 years | 115,236 | *12.2* |
| 45 to 54 years | 127,765 | *13.5* |
| 55 to 64 years | 135,520 | *14.4* |
| 65 to 74 years | 93,052 | *9.9* |
| 75 years and over | 65,249 | *6.9* |

**Median age** 40.6 male 38.9 female 42.2

| Race | | % |
|---|---|---|
| white | 736,495 | *78.1* |
| black | 43,523 | *4.6* |
| American Indian | 2,477 | *0.3* |
| Asian, Pacific Islander | 93,941 | *10.0* |
| other, multi-racial | 66,900 | *7.1* |
| **Hispanic** | 139,163 | *14.8* |

| Education (pers. 25+) | 647,404 | % |
|---|---|---|
| no high school diploma | 51,947 | *8.0* |
| high school graduate | 127,862 | *19.7* |
| some college | 171,803 | *26.5* |
| college degree | 183,642 | *28.4* |
| graduate/professional | 112,150 | *17.3* |

| Employment (pers. 16+) | 761,196 | % |
|---|---|---|
| in civilian labor force | 540,371 | *71.0* |
| employed | 495,501 | *91.7* |
| unemployed | 44,870 | *8.3* |
| in Armed Forces | 129 | *0.0* |
| not in labor force | 220,696 | *29.0* |

| Households | 353,715 | % |
|---|---|---|
| families | 250,666 | *70.9* |
| non-families | 103,049 | *29.1* |
| with persons under 18 | 126,132 | *35.7* |
| 1 person households | 85,785 | *24.3* |
| 2 person households | 109,254 | *30.9* |
| 3-4 person households | 115,942 | *32.8* |
| 5+ person households | 42,734 | *12.1* |

**Household size** 2.63 **Family size** 3.16

| Household income | | % | cum % |
|---|---|---|---|
| under $15,000 | 15,807 | *4.5* | *4.5* |
| $15,000 - 24,999 | 13,806 | *3.9* | *8.4* |
| $25,000 - 34,999 | 22,023 | *6.2* | *14.6* |
| $35,000 - 49,999 | 49,788 | *14.1* | *28.7* |
| $50,000 - 74,999 | 53,338 | *15.1* | *43.8* |
| $75,000 - 99,999 | 48,890 | *13.8* | *57.6* |
| $100,000 - 124,999 | 34,474 | *9.7* | *67.3* |
| $125,000 - 149,999 | 22,608 | *6.4* | *73.7* |
| $150,000 - 199,999 | 26,485 | *7.5* | *81.2* |
| $200,000 and over | 66,496 | *18.8* | *100.0* |

| | Median | Average |
|---|---|---|
| Household income | $85,113 | $111,842 |
| Family income | $104,821 | $133,535 |
| Non-family income | $50,579 | $59,074 |

| Vehicles available | | % |
|---|---|---|
| without vehicle | 13,539 | *3.8* |
| 1 vehicle available | 110,864 | *31.3* |
| 2 vehicles available | 154,836 | *43.8* |
| 3+ vehicles available | 74,476 | *21.1* |
| vehicles/household | 1.90 | |

| Density | |
|---|---|
| households per sq.mile | 1,080 |
| household population per sq.mile | 2,843 |

| Housing units | 367,227 | % |
|---|---|---|
| owner occupied | 265,971 | *72.4* |
| renter occupied | 87,744 | *23.9* |
| vacant units | 13,512 | *3.7* |

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Source: Scan/US 2014 Estimates (Jan 1) 06/20/2015

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ATTACHMENT-10D

# 2014 Demographics in brief

*Alden Waterford CCRC Area*



**Kendall, IL**
**(County 17093)**

| Population | 117,204 | % |
|---|---|---|
| in households | 116,996 | *99.8* |
| in families | 104,653 | *89.3* |
| in non-families | 12,343 | *10.5* |
| in group quarters | 208 | *0.2* |
| noninstitutional GQ | 35 | *0.0* |
| under age 18 | 34,997 | *29.9* |
| male | 58,044 | *49.5* |
| female | 59,160 | *50.5* |

| Age | | % |
|---|---|---|
| under 5 years | 8,852 | *7.6* |
| 5 to 9 years | 10,100 | *8.6* |
| 10 to 14 years | 10,142 | *8.7* |
| 15 to 19 years | 8,769 | *7.5* |
| 20 to 24 years | 6,434 | *5.5* |
| 25 to 34 years | 15,262 | *13.0* |
| 35 to 44 years | 19,887 | *17.0* |
| 45 to 54 years | 16,265 | *13.9* |
| 55 to 64 years | 11,033 | *9.4* |
| 65 to 74 years | 6,553 | *5.6* |
| 75 years and over | 3,907 | *3.3* |

**Median age** 34.4 male 33.6 female 35.1

| Race | | % |
|---|---|---|
| white | 98,017 | *83.6* |
| black | 6,714 | *5.7* |
| American Indian | 322 | *0.3* |
| Asian, Pacific Islander | 3,557 | *3.0* |
| other, multi-racial | 8,594 | *7.3* |
| **Hispanic** | 19,060 | *16.3* |

| Education (pers. 25+) | 72,907 | % |
|---|---|---|
| no high school diploma | 5,523 | *7.6* |
| high school graduate | 18,233 | *25.0* |
| some college | 24,555 | *33.7* |
| college degree | 16,499 | *22.6* |
| graduate/professional | 8,097 | *11.1* |

| Employment (pers. 16+) | 85,997 | % |
|---|---|---|
| in civilian labor force | 64,654 | *75.2* |
| employed | 58,446 | *90.4* |
| unemployed | 6,208 | *9.6* |
| in Armed Forces | 131 | *0.2* |
| not in labor force | 21,212 | *24.7* |

| Households | 39,366 | % |
|---|---|---|
| families | 31,170 | *79.2* |
| non-families | 8,196 | *20.8* |
| with persons under 18 | 18,871 | *47.9* |
| 1 person households | 6,446 | *16.4* |
| 2 person households | 11,354 | *28.8* |
| 3-4 person households | 15,113 | *38.4* |
| 5+ person households | 6,453 | *16.4* |

**Household size** 2.97 **Family size** 3.36

| Household income | | % | cum % |
|---|---|---|---|
| under $15,000 | 1,295 | *3.3* | *3.3* |
| $15,000 - 24,999 | 1,680 | *4.3* | *7.6* |
| $25,000 - 34,999 | 2,040 | *5.2* | *12.7* |
| $35,000 - 49,999 | 4,625 | *11.7* | *24.5* |
| $50,000 - 74,999 | 7,917 | *20.1* | *44.6* |
| $75,000 - 99,999 | 6,272 | *15.9* | *60.5* |
| $100,000 - 124,999 | 5,295 | *13.5* | *74.0* |
| $125,000 - 149,999 | 3,519 | *8.9* | *82.9* |
| $150,000 - 199,999 | 4,200 | *10.7* | *93.6* |
| $200,000 and over | 2,523 | *6.4* | *100.0* |

| | Median | Average |
|---|---|---|
| Household income | $82,047 | $93,453 |
| Family income | $92,569 | $101,356 |
| Non-family income | $53,059 | $63,397 |

| Vehicles available | | % |
|---|---|---|
| without vehicle | 800 | *2.0* |
| 1 vehicle available | 8,754 | *22.2* |
| 2 vehicles available | 20,167 | *51.2* |
| 3+ vehicles available | 9,645 | *24.5* |
| vehicles/household | 2.07 | |

| Density | |
|---|---|
| households per sq.mile | 123 |
| household population per sq.mile | 365 |

| Housing units | 40,908 | % |
|---|---|---|
| owner occupied | 33,810 | *82.6* |
| renter occupied | 5,556 | *13.6* |
| vacant units | 1,542 | *3.8* |


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# 2019 Demographics in brief

*Alden Waterford CCRC Area*



**Kendall, IL**
**(County 17093)**

| Population | 122,473 | % |
|---|---|---|
| in households | 122,265 | *99.8* |
| in families | 109,366 | *89.3* |
| in non-families | 12,899 | *10.5* |
| in group quarters | 208 | *0.2* |
| noninstitutional GQ | 35 | *0.0* |
| under age 18 | 33,924 | *27.7* |
| male | 60,655 | *49.5* |
| female | 61,818 | *50.5* |

| Age | | % |
|---|---|---|
| under 5 years | 8,403 | *6.9* |
| 5 to 9 years | 8,726 | *7.1* |
| 10 to 14 years | 10,010 | *8.2* |
| 15 to 19 years | 10,061 | *8.2* |
| 20 to 24 years | 8,689 | *7.1* |
| 25 to 34 years | 12,868 | *10.5* |
| 35 to 44 years | 18,232 | *14.9* |
| 45 to 54 years | 18,529 | *15.1* |
| 55 to 64 years | 13,163 | *10.7* |
| 65 to 74 years | 8,373 | *6.8* |
| 75 years and over | 5,419 | *4.4* |

**Median age** 36.4 male 35.3 female 37.4

| Race | | % |
|---|---|---|
| white | 102,515 | *83.7* |
| black | 6,995 | *5.7* |
| American Indian | 336 | *0.3* |
| Asian, Pacific Islander | 3,691 | *3.0* |
| other, multi-racial | 8,936 | *7.3* |
| **Hispanic** | 20,852 | *17.0* |

| Education (pers. 25+) | 76,584 | % |
|---|---|---|
| no high school diploma | 5,802 | *7.6* |
| high school graduate | 19,151 | *25.0* |
| some college | 25,795 | *33.7* |
| college degree | 17,331 | *22.6* |
| graduate/professional | 8,505 | *11.1* |

| Employment (pers. 16+) | 92,901 | % |
|---|---|---|
| in civilian labor force | 69,858 | *75.2* |
| employed | 63,152 | *90.4* |
| unemployed | 6,706 | *9.6* |
| in Armed Forces | 142 | *0.2* |
| not in labor force | 22,901 | *24.7* |

| Households | 41,291 | % |
|---|---|---|
| families | 32,733 | *79.3* |
| non-families | 8,558 | *20.7* |
| with persons under 18 | 19,818 | *48.0* |
| 1 person households | 6,761 | *16.4* |
| 2 person households | 11,909 | *28.8* |
| 3-4 person households | 15,852 | *38.4* |
| 5+ person households | 6,769 | *16.4* |

**Household size** 2.96 **Family size** 3.34

| Household income | | % | cum % |
|---|---|---|---|
| under $15,000 | 1,222 | *3.0* | *3.0* |
| $15,000 - 24,999 | 1,269 | *3.1* | *6.0* |
| $25,000 - 34,999 | 1,843 | *4.5* | *10.5* |
| $35,000 - 49,999 | 4,749 | *11.5* | *22.0* |
| $50,000 - 74,999 | 7,041 | *17.1* | *39.0* |
| $75,000 - 99,999 | 7,174 | *17.4* | *56.4* |
| $100,000 - 124,999 | 4,943 | *12.0* | *68.4* |
| $125,000 - 149,999 | 3,613 | *8.8* | *77.1* |
| $150,000 - 199,999 | 3,801 | *9.2* | *86.4* |
| $200,000 and over | 5,636 | *13.6* | *100.0* |

| | Median | Average |
|---|---|---|
| Household income | $87,442 | $99,580 |
| Family income | $100,693 | $110,311 |
| Non-family income | $56,369 | $58,536 |

| Vehicles available | | % |
|---|---|---|
| without vehicle | 837 | *2.0* |
| 1 vehicle available | 9,178 | *22.2* |
| 2 vehicles available | 21,156 | *51.2* |
| 3+ vehicles available | 10,120 | *24.5* |
| vehicles/household | 2.07 | |

| Density | |
|---|---|
| households per sq.mile | 129 |
| household population per sq.mile | 382 |

| Housing units | 42,940 | % |
|---|---|---|
| owner occupied | 35,483 | *82.6* |
| renter occupied | 5,808 | *13.5* |
| vacant units | 1,649 | *3.8* |

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ATTACHMENT-10D

# 2014 Demographics in brief

*Alden Waterford CCRC Area*



**Will, IL**
**(County 17197)**

| Population | 680,392 | % |
|---|---|---|
| in households | 671,845 | *98.7* |
| in families | 595,933 | *87.6* |
| in non-families | 75,912 | *11.2* |
| in group quarters | 8,547 | *1.3* |
| noninstitutional GQ | 2,194 | *0.3* |
| under age 18 | 184,986 | *27.2* |
| male | 337,946 | *49.7* |
| female | 342,446 | *50.3* |

| Age | | % |
|---|---|---|
| under 5 years | 44,391 | *6.5* |
| 5 to 9 years | 50,502 | *7.4* |
| 10 to 14 years | 55,293 | *8.1* |
| 15 to 19 years | 53,977 | *7.9* |
| 20 to 24 years | 43,487 | *6.4* |
| 25 to 34 years | 77,561 | *11.4* |
| 35 to 44 years | 98,438 | *14.5* |
| 45 to 54 years | 104,632 | *15.4* |
| 55 to 64 years | 77,487 | *11.4* |
| 65 to 74 years | 44,665 | *6.6* |
| 75 years and over | 29,959 | *4.4* |

**Median age** 36.6 male 35.5 female 37.6

| Race | | % |
|---|---|---|
| white | 517,333 | *76.0* |
| black | 75,882 | *11.2* |
| American Indian | 1,707 | *0.3* |
| Asian, Pacific Islander | 30,941 | *4.5* |
| other, multi-racial | 54,529 | *8.0* |
| **Hispanic** | 111,378 | *16.4* |

| Education (pers. 25+) | 432,742 | % |
|---|---|---|
| no high school diploma | 42,014 | *9.7* |
| high school graduate | 121,362 | *28.0* |
| some college | 133,530 | *30.9* |
| college degree | 88,032 | *20.3* |
| graduate/professional | 47,804 | *11.0* |

| Employment (pers. 16+) | 517,471 | % |
|---|---|---|
| in civilian labor force | 363,041 | *70.2* |
| employed | 323,463 | *89.1* |
| unemployed | 39,578 | *10.9* |
| in Armed Forces | 83 | *0.0* |
| not in labor force | 154,347 | *29.8* |

| Households | 229,706 | % |
|---|---|---|
| families | 177,927 | *77.5* |
| non-families | 51,779 | *22.5* |
| with persons under 18 | 101,314 | *44.1* |
| 1 person households | 42,604 | *18.5* |
| 2 person households | 65,449 | *28.5* |
| 3-4 person households | 83,942 | *36.5* |
| 5+ person households | 37,711 | *16.4* |

**Household size** 2.92 **Family size** 3.35

| Household income | | % | cum % |
|---|---|---|---|
| under $15,000 | 11,606 | *5.1* | *5.1* |
| $15,000 - 24,999 | 13,270 | *5.8* | *10.8* |
| $25,000 - 34,999 | 16,158 | *7.0* | *17.9* |
| $35,000 - 49,999 | 28,751 | *12.5* | *30.4* |
| $50,000 - 74,999 | 41,095 | *17.9* | *48.3* |
| $75,000 - 99,999 | 32,541 | *14.2* | *62.4* |
| $100,000 - 124,999 | 27,362 | *11.9* | *74.3* |
| $125,000 - 149,999 | 18,046 | *7.9* | *82.2* |
| $150,000 - 199,999 | 23,869 | *10.4* | *92.6* |
| $200,000 and over | 17,008 | *7.4* | *100.0* |

| | Median | Average |
|---|---|---|
| Household income | $78,425 | $90,387 |
| Family income | $89,109 | $99,233 |
| Non-family income | $43,397 | $59,990 |

| Vehicles available | | % |
|---|---|---|
| without vehicle | 9,234 | *4.0* |
| 1 vehicle available | 56,140 | *24.4* |
| 2 vehicles available | 106,085 | *46.2* |
| 3+ vehicles available | 58,247 | *25.4* |
| vehicles/household | 2.03 | |

| Density | |
|---|---|
| households per sq.mile | 274 |
| household population per sq.mile | 803 |

| Housing units | 238,495 | % |
|---|---|---|
| owner occupied | 191,632 | *80.4* |
| renter occupied | 38,074 | *16.0* |
| vacant units | 8,789 | *3.7* |

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ATTACHMENT-10D

# 2019 Demographics in brief

*Alden Waterford CCRC Area*



**Will, IL**
**(County 17197)**

| Population | 697,177 | % |
|---|---|---|
| in households | 688,630 | *98.8* |
| in families | 610,822 | *87.6* |
| in non-families | 77,808 | *11.2* |
| in group quarters | 8,547 | *1.2* |
| noninstitutional GQ | 2,194 | *0.3* |
| under age 18 | 174,164 | *25.0* |
| male | 346,249 | *49.7* |
| female | 350,928 | *50.3* |

| Age | | % |
|---|---|---|
| under 5 years | 44,759 | *6.4* |
| 5 to 9 years | 43,433 | *6.2* |
| 10 to 14 years | 49,791 | *7.1* |
| 15 to 19 years | 55,630 | *8.0* |
| 20 to 24 years | 53,553 | *7.7* |
| 25 to 34 years | 78,087 | *11.2* |
| 35 to 44 years | 84,954 | *12.2* |
| 45 to 54 years | 103,341 | *14.8* |
| 55 to 64 years | 89,605 | *12.9* |
| 65 to 74 years | 56,411 | *8.1* |
| 75 years and over | 37,613 | *5.4* |

**Median age** 37.9 male 36.3 female 39.4

| Race | | % |
|---|---|---|
| white | 530,873 | *76.1* |
| black | 77,448 | *11.1* |
| American Indian | 1,747 | *0.3* |
| Asian, Pacific Islander | 31,490 | *4.5* |
| other, multi-racial | 55,619 | *8.0* |
| **Hispanic** | 120,093 | *17.2* |

| Education (pers. 25+) | 450,011 | % |
|---|---|---|
| no high school diploma | 43,698 | *9.7* |
| high school graduate | 126,184 | *28.0* |
| some college | 138,869 | *30.9* |
| college degree | 91,543 | *20.3* |
| graduate/professional | 49,717 | *11.0* |

| Employment (pers. 16+) | 545,971 | % |
|---|---|---|
| in civilian labor force | 383,157 | *70.2* |
| employed | 341,395 | *89.1* |
| unemployed | 41,762 | *10.9* |
| in Armed Forces | 88 | *0.0* |
| not in labor force | 162,726 | *29.8* |

| Households | 237,548 | % |
|---|---|---|
| families | 184,252 | *77.6* |
| non-families | 53,296 | *22.4* |
| with persons under 18 | 104,913 | *44.2* |
| 1 person households | 44,059 | *18.5* |
| 2 person households | 67,683 | *28.5* |
| 3-4 person households | 86,808 | *36.5* |
| 5+ person households | 38,998 | *16.4* |

**Household size** 2.90 **Family size** 3.32

| Household income | | % | cum % |
|---|---|---|---|
| under $15,000 | 10,625 | *4.5* | *4.5* |
| $15,000 - 24,999 | 10,084 | *4.2* | *8.7* |
| $25,000 - 34,999 | 15,047 | *6.3* | *15.1* |
| $35,000 - 49,999 | 31,378 | *13.2* | *28.3* |
| $50,000 - 74,999 | 36,229 | *15.3* | *43.5* |
| $75,000 - 99,999 | 36,081 | *15.2* | *58.7* |
| $100,000 - 124,999 | 26,059 | *11.0* | *69.7* |
| $125,000 - 149,999 | 17,629 | *7.4* | *77.1* |
| $150,000 - 199,999 | 19,163 | *8.1* | *85.2* |
| $200,000 and over | 35,253 | *14.8* | *100.0* |

| | Median | Average |
|---|---|---|
| Household income | $84,499 | $97,423 |
| Family income | $96,026 | $106,738 |
| Non-family income | $46,209 | $65,220 |

| Vehicles available | | % |
|---|---|---|
| without vehicle | 9,587 | *4.0* |
| 1 vehicle available | 58,131 | *24.5* |
| 2 vehicles available | 109,653 | *46.2* |
| 3+ vehicles available | 60,177 | *25.3* |
| vehicles/household | 2.03 | |

| Density | |
|---|---|
| households per sq.mile | 284 |
| household population per sq.mile | 823 |

| Housing units | 246,924 | % |
|---|---|---|
| owner occupied | 197,870 | *80.1* |
| renter occupied | 39,678 | *16.1* |
| vacant units | 9,376 | *3.8* |

Scan/US®

Source: Scan/US 2014 Estimates (Jan 1) 06/20/2015

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ATTACHMENT-10D

**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.**

The problem this project is addressing is that residents in the sheltered care facility (Alden Courts), which is devoted to memory care, are requiring more care than can be provided in the sheltered care context. These residents are currently being transferred out of the campus for licensed nursing services. The campus's skilled facility (Alden of Waterford), as well as most free-standing nursing facilities, does not have the specialized memory care programing that these dementia residents require.

This project, the conversion of sheltered care beds into nursing beds through the establishment of the nursing category of care, has limited alternatives as it is predicated on the use of existing space in an existing ongoing operation, i.e., Alden Courts of Waterford. Moreover, this is not a freestanding facility where beds are to be converted between levels of care. Part of this project is the related and connected Alden of Waterford, a 99-bed skilled

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nursing facility, Alden Gardens of Waterford that is also a sheltered care licensed facility yet not specialized for dementia, and a variety of independent living options from apartments to villas and duplexes. One of the single most important determinants of alternatives is that the Alden Courts building is now, and will remain, for the care and service of those with memory impairment. As such, the alternatives to this project are limited to: continuing to discharge and transfer memory care residents out of the facility should their medical needs outweigh their programmatic needs; convert the entire building from sheltered care to nursing; and pursue the project as being proposed.

As the proposed project is not only in an existing licensed sheltered care building, but also within a campus setting, it is fair to assess the alternative of utilizing a portion of the existing nursing building, Alden of Waterford, for this nursing memory care unit. The foremost reason this was not considered is the fact that Alden of Waterford is a rehabilitative model of care, which is more short term in nature, and with the lower average length of stay there is more turn around, which produces higher peek census days than the overall average utilization indicates. Therefore, a total of 20 beds have not typically been available. Moreover, it has been Alden's approach to not provide one building that can do everything, but rather to develop a building around a more singular purpose as it has on its Waterford, DesPlaines, Shorewood and Huntley campuses. In each of these, the latest of the Alden developments, there is a nursing rehabilitative building and a separate memory care building. When possible and needed it has separate assisted living or independent living (low income/tax credit) buildings also. Specifically, at the Waterford campus it has sheltered care for the geriatric population, sheltered care for those with memory care issues and nursing care for the geriatric (rehabilitative/short term). The component missing is the nursing beds for those with memory care issues.

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Alden, through its more than 30 years of long-term care experience just in Illinois alone, has developed a model of health care delivery for today's seniors that is not a one size fits all. Alden has developed a program for each level of care and has then designed a type of building that best suits that program. Memory care units need to be locked units due to the greater propensity for elopement. These units are also typically in a one story building. Residents with memory issues are confused easily; the busier and noisier life in a rehabilitative unit would perpetuate and worsen agitation and sundowners, where residents with Alzheimer's Disease or Related Dementia (ADRD) become most confused, agitated or combative. Likewise, for general geriatric care residents to be in a smaller, locked unit may not promote the quick healing and recovery that is desired. Rehabilitative care is for residents who are trying to return home or to a lesser level of care. Memory care residents are much more long-term as ASRD is chronic and progressive. Shiny floors and bright rooms promote recovery for general geriatric residents while shiny floors or changing floor coverings can cause confusion for memory care residents. Changing lighting can also negatively influence mood and behavior is those with cognitive or memory care issues. In consideration of these issues, the rehabilitative nursing unit, Alden of Waterford, is a three story building designed for the betterment of recovery, and the Alden Courts of Waterford was designed all on one level with smaller households, turn-around areas for wonderers, secure outdoor areas for each household, and locked units. It should be pointed out that even though a resident's medical needs progress to need nursing care, should they have memory care issues, the benefit of a unit specifically designed for ADRD care and treatment is essential. As such, the conversion of beds from within the nursing building would not be easily accomplished with the larger unit sizes, and ultimately it does not follow Alden's model of delivering health care to both populations. With this understanding the following alternatives

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were considered.

**ALTERNATIVE #1 Lesser Scope:**

The alternative of lesser scope is to maintain the status quo of referring out our residents and potential admissions that are in need of nursing care yet suffer with memory care issues. The size of the proposed unit is only 20 beds and predicated on the fact that physical plant design was created into three distinct units. To apply for fewer beds would require dividing and already established small unit. Life safety and IDPH code requirements of dividing the unit would render the alternative of less than 20 beds not viable.

Cost

There are not any capital cost to this alternative.

Patient Access

The reason for the project is to improve access to memory care for residents who also need nursing level of care. An alternative of lesser scope would not improve patient access.

Quality

To refer residents and potential admissions out of the campus setting renders the Applicant powerless to influence quality. It should be known that Alden, through all of its related facilities, tries to follow best practices of not mixing transitional rehabilitative residents with memory impaired residents and similarly avoids combining populations with different needs in the lower level of care of assisted/sheltered care.

Financial Benefits

Continuing to refer residents and potential admissions outside of Alden Courts of Waterford and, therefore, out of Waterford CCRC campus, does not result in any financial benefits for the residents and displaces them from where they have been living.

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**ALTERNATIVE #2 Greater Scope:**

The existing 66-bed Waterford Courts building is arranged as three wings with 22 beds each. The proposed project would convert one wing to a 20-bed nursing unit. A project of greater scope could convert two of the three sheltered care wings to skilled nursing care or convert the entire building. On all new projects Alden designs its memory care units as nursing from the start. This provides the greatest flexibility of care for every stage related to memory impairment.

Cost

The cost of the project would triple as the entire building, as opposed to a single unit, would have to meet skilled nursing home licensure and life safety standards. Thus, just to convert the three wings, not counting the core elements, could cost in excess of $1,454,226 (3 times the project cost).

Patient Access

Patient accessibility is greatly improved anytime there is a higher level of care as it can easily accommodate the lesser levels of care without HFSRB or IDPH approvals. However, large nursing homes are not the answer as the long-term care industry has seen a significant reduction in beds over the past 5-10 years. As the population ages, the baby boomer population has a different outlook on what it wants and how care should be delivered. This population and their family members are more educated and need more personalization of care and less of a one size fits all approach.

Quality

From the Applicant's perspective, having the ability to provide an additional level of care within the entire continuum of care improves accessibility.

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Financial Benefits

As Alden Courts is an existing facility, it is important to recognize that historically the facility has effectively only operated two of the three sheltered care memory units, as it had an average daily census of 42.7 beds (31,224 total patient days for 24 months ending June 2015). Refer to **ATTACHMENT-11A** for the facility's patient days over the last 24 months. Therefore, there is no need, nor financial benefit, to convert any more than one unit if a true continuum is to be maintained. If the project was solely profit driven, then the entire building would be converted as it could admit more residents with needs for higher levels of care as those levels typically pay more than the lesser levels of care. As such, this Applicant will maintain caring for its existing resident population. For purposes of evaluating alternatives, a project of greater scope with the existing limitations of size and current resident population, there is neither financial gain nor loss for this alternative and no need.

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

In many ways this project is part of a joint venture. There are three separately licensed facilities, although all owned by Alden, that are working together to provide the most appropriate level and type of care for residents. All three licensed facilities and two unlicensed entities are each best at their respective niche, yet jointly venturing to find the best fit to care for their residents. This alternative was considered and is more fully explored under alternative #4, the project as proposed.

**ALTERNATIVE #4 Project As Proposed**

The project as being proposed combines the utilization of an existing health care resource in a way that optimizes a minimal addition of nursing beds and the overall utilization of not only

the existing health care resource, Alden Courts of Waterford, but also the entire Alden Waterford continuum of care retirement campus.

Cost

This project has a cost of $484,742 for 20 nursing beds in 9,254 gross square feet. That equates to $52.38 per gross square feet.

Patient Access

As documented, approximately 56% of the historical referrals to Alden Courts of Waterford have come from within the Waterford CCRC. The Applicant also states that 12 existing patients were discharged out of the campus to other area facilities within the most recent 12 months because the proposed specialized level of care is not available. Additionally, the Applicant has had to decline approximately 24 potential admissions due to the lack of this specialized level of care within the same time period. From the Applicant's experience, the proposed alternative would improve access. Refer to **ATTACHMENT-10C**.

The Applicant also commissioned a market study (performed by Laurel Research Associates) that found the proposed project would require a capture rate of only 0.3% and a total inventory penetration rate of 7%, both well within industry norms. It also concluded expanding need and demand for memory care and nursing services within a five year projected population. Thus, with a modest 20-bed establishment being proposed, patient access to nursing services for those with memory care issues would be improved and needed.

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 and in physical plant environment. This alternative would continue the high quality already provided at all the levels of care within the Alden Waterford CCRC.

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Financial Benefits

Typically, when there is an establishment of a service it is new construction or a massive renovation project. As such, establishment project's need to be of a minimum size to effectively realize economies-of-scale, which historically is a minimum of 65-75 beds that can still afford to meet IDPH and life safety code standards. IDPH has a norm of between 435 - 713 gross square feet per bed and a norm of $226 per gross square feet according to the 3rd quartile of the RS Means report (Michael Constantino, IHFSRB Chief of Project Review July 24, 2015). Appended as **ATTACHMENT-11B**, is a copy of this correspondence. Thus, even to construct a 20-bed facility could cost $1,966,200 to $3,222,760 just for construction and contingencies without any soft costs. Utilizing the existing available space provides many financial benefits beyond mere hard construction project costs.

**Alternative Summary Matrix**

| Alternatives | Cost | Patient Access | Quality | Financial Benefit |
|---|---|---|---|---|
| **Lesser Scope** | $0.00 | No nursing services for residents with Memory issues within the Waterford campus and continues limited access overall to proposed services | No Change | No financial benefit as lesser scope equates to no additional nursing services for those with memory care issues. |
| **Greater Scope** | $1,454,226 | Greatly improves access with potential for not maintaining complete age-in-place concept. | Improves | Tremendous potential for benefit as nursing level of care is more expensive but this is at the expense of an age-in-place concept |
| **Joint Venture** | $0.00 | Continues limit on access as this alternative is similar to maintaining the status quo or that of lesser scope. | No Change | No financial benefit to continuing to transfer residents out for nursing care for those with memory care issues |
| **Proposed Project** | $484,742 | Improves access and improves CCRC's ability to allow residents with Memory care to age-in-place. | Improves | Balances financial benefit of adding this additional level of care with the ability to also allow for Medicaid/Medicare residents who have memory care issues an appropriate setting to receive those services |

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

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

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Alden Courts of Waterford
Patient Days

**3 Neighborhoods**

| | |
|---|---|
| A = Arboretum | Highest level of care |
| B = Botanical | Middle stage |
| C = Countryside | Early stage |

| | A | B | C | Total |
|---|---|---|---|---|
| July 2013 | 400 | 534 | 375 | 1309 |
| August 2013 | 398 | 534 | 374 | 1306 |
| September 2013 | 389 | 537 | 345 | 1271 |
| October 2013 | 485 | 519 | 337 | 1341 |
| November 2013 | 557 | 505 | 362 | 1424 |
| December 2013 | 510 | 558 | 377 | 1445 |
| January 2014 | 428 | 531 | 347 | 1306 |
| February 2014 | 336 | 462 | 308 | 1106 |
| March 2014 | 372 | 568 | 350 | 1290 |
| April 2014 | 363 | 523 | 419 | 1305 |
| May 2014 | 351 | 490 | 519 | 1360 |
| June 2014 | 330 | 467 | 531 | 1328 |
| | 4919 | 6228 | 4644 | 15791 |
| | | | | |
| July 2014 | 356 | 580 | 578 | 1514 |
| August 2014 | 349 | 589 | 610 | 1548 |
| September 2014 | 293 | 579 | 554 | 1426 |
| October 2014 | 281 | 619 | 513 | 1413 |
| November 2014 | 200 | 570 | 467 | 1237 |
| December 2014 | 170 | 544 | 499 | 1213 |
| January 2015 | 207 | 447 | 529 | 1183 |
| February 2015 | 168 | 410 | 478 | 1056 |
| March 2015 | 186 | 453 | 554 | 1193 |
| April 2015 | 173 | 427 | 627 | 1227 |
| May 2015 | 155 | 451 | 634 | 1240 |
| June 2015 | 128 | 450 | 605 | 1183 |
| | 2666 | 6119 | 6648 | 15433 |
| | **A** | **B** | **C** | **TOTAL** |
| **July 2013 - June 2015** | **7585** | **12347** | **11292** | **31224** |

**ATTACHMENT-11A**

## John Kniery

**From:** Constantino, Mike [Mike.Constantino@Illinois.gov]
**Sent:** Friday, July 24, 2015 1:19 PM
**To:** John Kniery
**Subject:** RE: Means for LTC

# $226 GSF

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**From:** John Kniery [mailto:JKniery@foleyandassociates.com]
**Sent:** Friday, July 24, 2015 12:06 PM
**To:** Constantino, Mike
**Subject:** Means for LTC

Mike do you have the Means number for LTC for Kane County, Zip area 60504? Many thanks...!

John P. Kniery

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

jkniery@foleyandassociates.com

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## GENERAL LONG-TERM CARE

### Criterion 1125.520 – Background of the Applicant

The applicant shall provide:

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

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

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

The required documentation with regards to adverse action, as required under 1125.520, c) 2, is appended as **ATTACHMENT-12C**. It should be noted that the ownership and operating entities of the proposed Alden Courts of Waterford 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.

The Applicant's have not submitted any other applications in calendar year 2015.

**ATTACHMENT-12**

# Nursing Homes in Illinois

Who Regulates Nursing Homes?
A Listing of Illinois Nursing Homes
How to Select a Nursing Home
Centers for Medicare and Medicaid Services Nursing Home Database
Quarterly Reports of Nursing Home Violation
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Nursing Home Care Act
Illinois Health Care Worker Registry
Centers for Medicare and Medicaid Services Nursing Home Quality Initiative

## Facility Information

**ALDEN COURTS OF WATERFORD**
**1991 RANDI DRIVE**
**AURORA IL 60505**

ADMINISTRATOR: LAUREN PAC
TELEPHONE: 630-851-1466

| | |
|---|---|
| Licensee ID | :0044180 |
| Facility ID | :6015507 |
| Skilled beds | :0 |
| Intermediate beds | :0 |
| Icf-dd beds | :0 |
| Shelter Care beds | :66 |
| Community Living beds | :0 |
| Under 22 beds | :0 |
| Medicare beds | :0 |
| Medicare/Medicaid beds | :0 |
| Medicaid beds | :0 |
| Fax | :630-585-1008 |
| County | :Kane |
| Medicare Certification Number | : |
| Medicare Skilled Certification Number | : |
| Medicaid ICF/DD Certification Number | : |
| Medicaid DD Certification Number | : |
| Medicaid Swing Bed Certification Number | : |

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## Ownership Information

**ALDEN COURTS OF WATERFORD**
**1991 RANDI DRIVE**
**AURORAIL60505**
ADMINISTRATOR: LAUREN PAC
TELEPHONE: 630-851-1466

**Licensee Name:**
**ALDEN COURTS OF WATERFORD, L.L.C.**

**Persons with 5 percent or greater interest in licensee:**

| Name | % of Ownership |
|---|---|
| LAURENMAGNUSSON | 13.35 |
| RANDISCHLOSSBERG-SCH | 13.35 |
| FLOYDASCHLOSSBERG | 35.70 |
| AUDRAELISCO | 13.35 |

**Ownership Type:**
LIMITED LIABILITY CO

**Click on individual's name to see other ownership interests.**

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## Ownership Information

### ALDEN COURTS OF WATERFORD

1991 RANDI DRIVE
AURORA IL 60505

ADMINISTRATOR LAUREN PAC
TELEPHONE 630-851-1466

**LAUREN MAGNUSSON**
has ownership interest in the following long term care entities

| Facility | Percentage Owned |
|---|---|
| ALDEN VILLAGE NORTH | 20.77 |
| ALDEN POPLAR CREEK REHAB & HCC | 20.77 |
| ALDEN VILLAGE HEALTH FACILITY | 20.77 |
| ALDEN ESTATES OF BARRINGTON | 20.77 |
| HEATHER HEALTH CARE CENTER | 20.77 |
| ALDEN LAKELAND REHAB & HCC | 20.77 |
| ALDEN LONG GROVE REHAB & HCC | 20.77 |
| ALDEN ESTATES OF SKOKIE | 20.77 |
| ALDEN ESTATES OF NAPERVILLE | 20.77 |
| ALDEN TERRACE OF MCHENRY REHAB | 20.77 |
| ALDEN LINCOLN REHAB & H C CTR | 20.77 |
| ALDEN WENTWORTH REHAB & HCC | 20.77 |
| ALDEN PRINCETON REHAB & HCC | 20.77 |
| ALDEN TOWN MANOR REHAB & HCC | 20.77 |
| ALDEN ESTATES OF EVANSTON | 20.77 |
| ALDEN NORTHMOOR REHAB & HCC | 20.77 |
| ALDEN DES PLAINES REHAB & HC | 20.77 |
| ALDEN NORTH SHORE REHAB & HCC | 20.77 |
| ALDEN OF WATERFORD | 20.77 |
| ALDEN TRAILS | 20.77 |
| ALDEN OF OLD TOWN EAST | 20.77 |
| ALDEN OF OLD TOWN WEST | 20.77 |
| ALDEN ORLAND PARK REHAB & HCC | 20.77 |
| ALDEN COURTS OF WATERFORD | 13.35 |
| ALDEN GARDENS OF WATERFORD | 13.35 |
| ALDEN GARDEN CTS OF DESPLAINES | 20.77 |
| ALDEN SPRINGS | 20.77 |
| ALDEN ESTATES OF SHOREWOOD | 20.77 |

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### ALDEN COURTS OF WATERFORD

1991 RANDI DRIVE
AURORA IL 60505

ADMINISTRATOR LAUREN PAC
TELEPHONE 630-851-1466

**RANDI SCHLOSSBERG-SCH**
has ownership interest in the following long term care entities

| Facility | Percentage Owned |
|---|---|
| ALDEN VILLAGE NORTH | 20.77 |
| ALDEN POPLAR CREEK REHAB & HCC | 20.77 |
| ALDEN VILLAGE HEALTH FACILITY | 20.77 |
| ALDEN ESTATES OF BARRINGTON | 20.77 |
| HEATHER HEALTH CARE CENTER | 20.77 |
| ALDEN LAKELAND REHAB & HCC | 20.77 |
| ALDEN LONG GROVE REHAB & HCC | 20.77 |
| ALDEN ESTATES OF SKOKIE | 20.77 |
| ALDEN ESTATES OF NAPERVILLE | 20.77 |
| ALDEN TERRACE OF MCHENRY REHAB | 20.77 |
| ALDEN LINCOLN REHAB & H C CTR | 20.77 |
| ALDEN WENTWORTH REHAB & HCC | 20.77 |
| ALDEN PRINCETON REHAB & HCC | 20.77 |
| ALDEN TOWN MANOR REHAB & HCC | 20.77 |
| ALDEN ESTATES OF EVANSTON | 20.77 |
| ALDEN NORTHMOOR REHAB & HCC | 20.77 |
| ALDEN DES PLAINES REHAB & HC | 20.77 |
| ALDEN NORTH SHORE REHAB & HCC | 20.77 |
| ALDEN OF WATERFORD | 20.77 |
| ALDEN TRAILS | 20.77 |
| ALDEN OF OLD TOWN EAST | 20.77 |
| ALDEN OF OLD TOWN WEST | 20.77 |
| ALDEN ORLAND PARK REHAB & HCC | 20.77 |
| ALDEN COURTS OF WATERFORD | 13.35 |
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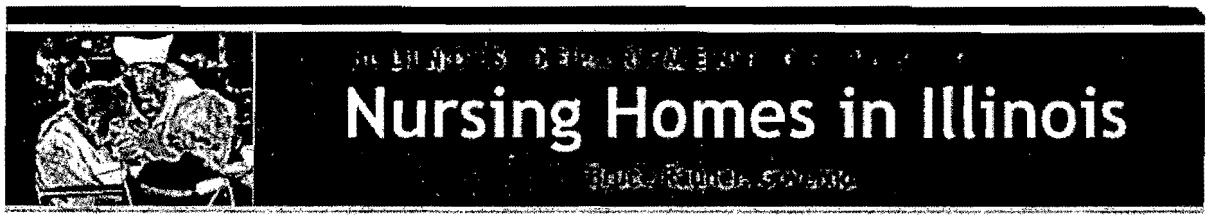


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## Ownership Information

### ALDEN COURTS OF WATERFORD

1991 RANDI DRIVE
AURORA IL 60505

ADMINISTRATOR LAUREN PAC
TELEPHONE 630-851-1466

**FLOYD A SCHLOSSBERG**
has ownership interest in the following long term care entities

| Facility | Percentage Owned |
|---|---|
| ALDEN PARK STRATHMOOR | 90.51 |
| ALDEN OF WATERFORD | 35.70 |
| ALDEN COURTS OF WATERFORD | 35.70 |
| ALDEN GARDENS OF WATERFORD | 35.70 |

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### ALDEN COURTS OF WATERFORD

1991 RANDI DRIVE
AURORA IL 60505

ADMINISTRATOR LAUREN PAC
TELEPHONE 630-851-1466

**AUDRA ELISCO**
has ownership interest in the following long term care entities

| Facility | Percentage Owned |
|---|---|
| ALDEN VILLAGE NORTH | 20.77 |
| ALDEN POPLAR CREEK REHAB & HCC | 20.77 |
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| ALDEN ESTATES OF NAPERVILLE | 20.77 |
| ALDEN TERRACE OF MCHENRY REHAB | 20.77 |
| ALDEN LINCOLN REHAB & H C CTR | 20.77 |
| ALDEN WENTWORTH REHAB & HCC | 20.77 |
| ALDEN PRINCETON REHAB & HCC | 20.77 |
| ALDEN TOWN MANOR REHAB & HCC | 20.77 |
| ALDEN ESTATES OF EVANSTON | 20.77 |
| ALDEN NORTHMOOR REHAB & HCC | 20.77 |
| ALDEN DES PLAINES REHAB & HC | 20.77 |
| ALDEN NORTH SHORE REHAB & HCC | 20.77 |
| ALDEN OF WATERFORD | 20.77 |
| ALDEN TRAILS | 20.77 |
| ALDEN OF OLD TOWN EAST | 20.77 |
| ALDEN OF OLD TOWN WEST | 20.77 |
| ALDEN ORLAND PARK REHAB & HCC | 20.77 |
| ALDEN COURTS OF WATERFORD | 13.35 |
| ALDEN GARDENS OF WATERFORD | 13.35 |
| ALDEN GARDEN CTS OF DESPLAINES | 20.77 |
| ALDEN SPRINGS | 20.77 |
| ALDEN ESTATES OF SHOREWOOD | 20.77 |

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idph online home nursing homes in illinois

ATTACHMENT-12A

**State of Illinois** 2182266

**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 |
|---|---|---|
| 07/31/2015 | BGBE | 0042036 |

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF WATERFORD, L.L.C.

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA IL 60504
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** 2182266

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATIO

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 07/31/2015 | BGBE | 0042036 |

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL B

REGION 7

07/24/14

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA IL 60504

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2177142

**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 MARC HASBROUCK, MD, MPH
DIRECTOR

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

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|---|---|---|
| 12/05/2015 | 068E | 0044180 |

LONG TERM CARE LICENSE
SHELTERED 066

UNRESTRICTED 066 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN COURTS OF WATERFORD, L.L.C.

ALDEN COURTS OF WATERFORD
1991 RANDI DRIVE
AURORA IL 60505
EFFECTIVE DATE: 12/06/13

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ATTACHMENT-12B

State of Illinois 2149064

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

LA MAR HASBROUCK, MD, MPH
DIRECTOR

| EXPIRATION | CATEGORY | ID NUMBER |
|---|---|---|
| 10/28/2015 | B6BE | 0044891 |

LONG TERM CARE LICENSE
SKILLED 268

UNRESTRICTED 268 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - ALMA NELSON MANOR, INC.

ALDEN ALMA NELSON MANOR
550 SOUTH MULFORD AVENUE
ROCKFORD IL 61108
EFFECTIVE DATE: 10/27/13

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2149064
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION | CATEGORY | ID NUMBER |
|---|---|---|
| 10/28/2015 | B6BE | 0044891 |

LONG TERM CARE LICENSE
SKILLED 268

UNRESTRICTED 268 TOTAL BEDS

REGION 1

09/25/13

ALDEN ALMA NELSON MANOR
550 SOUTH MULFORD AVENUE
ROCKFORD IL 61108

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2193112

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 |
|---|---|---|
| 10/31/2016 | BGBE | 0046524 |

LONG TERM CARE LICENSE
SKILLED 150

UNRESTRICTED 150 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN ESTATES OF BARRINGTON, INC.

ALDEN ESTASTES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON IL 60010

EFFECTIVE DATE: 11/01/14

The seal of the Department of Public Health, State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 21931

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATI

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|---|---|---|
| 10/31/2016 | BGBE | 0046524 |

LONG TERM CARE LICENSE
SKILLED 150

UNRESTRICTED 150 TOTAL B

REGION 9

10/24/14

ALDEN ESTASTES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON IL 60010

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2189104

**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 |
|---|---|---|
| 10/30/2016 | SGBE | 0042010 |

LONG TERM CARE LICENSE
SKILLED 110

UNRESTRICTED 110 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - DES PLAINES REHABILITATION AND HEAL

ALDEN DES PLAINES REHAB & NC
1221 EAST GOLF ROAD
DES PLAINES IL 60016
EFFECTIVE DATE: 10/31/14

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



ATTACHMENT-12B

**State of Illinois** 2152611

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 11/27/2015 | 868E | J044529 |

LONG TERM CARE LICENSE
SHELTERED 042

UNRESTRICTED 042 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN-DES PLAINES REHABILITATION AND HEALTH

ALDEN GARDEN CTS OF DESPLAINES
1227 GOLF ROAD
DES PLAINES IL 60016
EFFECTIVE DATE: 11/23/13

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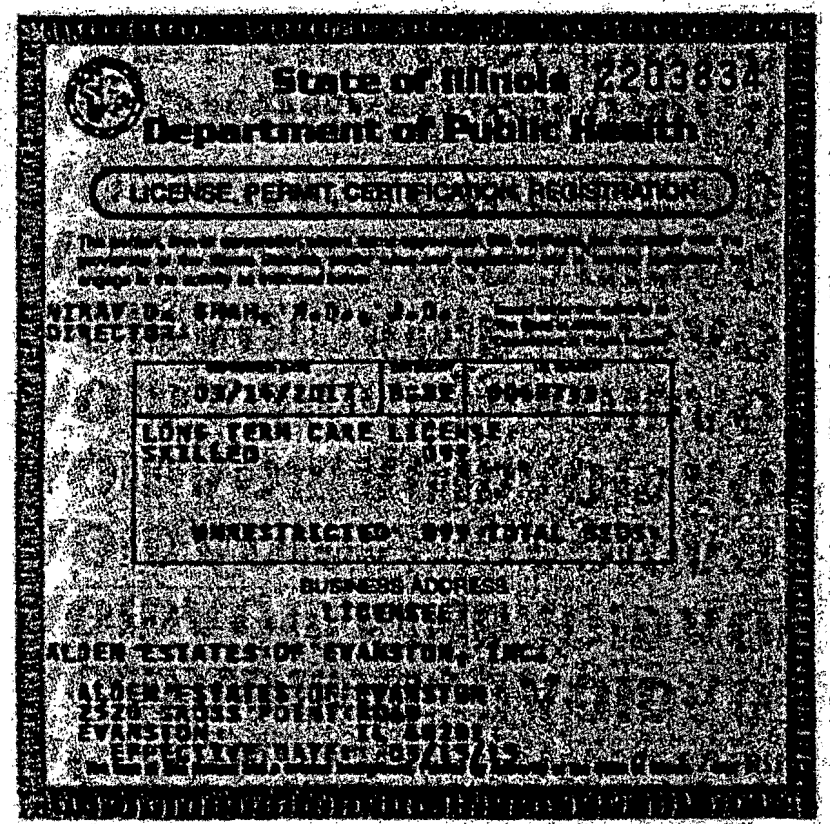
ATTACHMENT-12B

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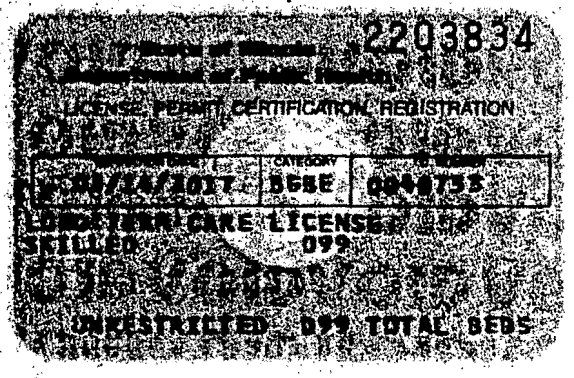


REGION 9

02/25/15

ALDEN ESTATES OF EVANSTON
2520 GROSS POINT ROAD
EVANSTON IL 60201

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2206443

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

AV D. SHAH, M.D., J.D.
ECTOR

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

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 06/01/2016 | BGBE | 0023945 |

LONG TERM CARE LICENSE
SKILLED 173

UNRESTRICTED 173 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

THER HEALTH CARE CENTER, INC.

EATHER HEALTH CARE CENTER
5600 SOUTH HONORE STREET
ARVEY IL 60426
EFFECTIVE DATE: 06/02/15

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**State of Illinois** 2206443

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 06/01/2016 | BGBE | 0023945 |

LONG TERM CARE LICENSE
SKILLED 173

UNRESTRICTED 173 TOTAL BEDS

REGION 9

05/22/15

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY IL 60426

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2149034

**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 |
|---|---|---|
| 09/30/2015 | BGBE | 0017319 |

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - LAKELAND REHABILITATION AND HEALTH

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640

EFFECTIVE DATE: 10/01/13

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**State of Illinois** 2149034
**Department of Public Health**
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID. NUMBER |
|---|---|---|
| 09/30/2015 | BGBE | 0017319 |

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

REGION 8

09/25/13

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2152603

**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 |
|---|---|---|
| 10/31/2015 | BGBE | 0040709 |

LONG TERM CARE LICENSE
SKILLED 034
INTERMEDIATE 062

UNRESTRICTED 096 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - LINCOLN PARK REHABILITATION AND HEA

ALDEN LINCOLN REHAB & H C CTR
504 WEST WELLINGTON AVENUE
CHICAGO IL 60657
EFFECTIVE DATE: 11/01/13

The seal of this license has a color of magenta. Issued by Authority of the State of Illinois • 4/07 •

ATTACHMENT-12B

**State of Illinois** 2165549

**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 |
|---|---|---|
| 03/06/2016 | BGBE | 0040683 |

LONG TERM CARE LICENSE
SKILLED 210
INTERMEDIATE 038

UNRESTRICTED 248 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - LONG GROVE REHABILITATION AND HEALT

ALDEN LONG GROVE REHAB & HCC
BOX 2308, RFD OLD HICKS ROAD
LONG GROVE IL 60047
EFFECTIVE DATE: 03/07/14

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**State of Illinois** 216554

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 03/06/2016 | BGBE | 0040683 |

LONG TERM CARE LICENSE
SKILLED 210
INTERMEDIATE 038

UNRESTRICTED 248 TOTAL BED

REGION 1

02/25/14

ALDEN LONG GROVE REHAB & HCC
BOX 2308, RFD OLD HICKS ROAD
LONG GROVE IL 60047

FEE RECEIPT NO.



ATTACHMENT-12B

# State of Illinois 2206752
# 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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 07/13/2016 | BGBE | 0040691 |

LONG TERM CARE LICENSE
SKILLED 316

UNRESTRICTED 316 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN TERRACE OF MCHENRY REHABILITATION AND

ALDEN TERRACE OF MCHENRY REHAB
803 ROYAL DRIVE
MCHENRY IL 60050
EFFECTIVE DATE: 07/19/15

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ATTACHMENT-12B

**State of Illinois** 2193094

**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 HASSLQUCK, MD, MPH
DIRECTOR

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

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 11/08/2016 | BG8E | 0022509 |

LONG TERM CARE LICENSE
SKILLED 203

UNRESTRICTED 203 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF NAPERVILLE,INC

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE IL 60565
EFFECTIVE DATE: 11/08/14

The [illegible] for a [illegible] by authority of the State of Illinois • 8/97 •

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois** 2193094

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 11/08/2016 | BG8E | 0022509 |

LONG TERM CARE LICENSE
SKILLED 203

UNRESTRICTED 203 TOTAL BEDS

REGION 7

10/24/14

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE IL 60565

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2165551

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

LA MAR HASBROUCK, MD, MPH
DIRECTOR

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|---|---|---|
| 03/28/2016 | 8GBE | 0041277 |

LONG TERM CARE LICENSE
SKILLED 198

UNRESTRICTED 198 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - NORTHMOOR REHABILITATION AND HEALTH

ALDEN NORTHMOOR REHAB & HCC
5831 NORTH NORTHWEST HIGHWAY
CHICAGO IL 60631

EFFECTIVE DATE: 03/29/14

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois** 2165551

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|---|---|---|
| 03/28/2016 | 8GBE | 0041277 |

LONG TERM CARE LICENSE
SKILLED 198

UNRESTRICTED 198 TOTAL BEDS

REGION 8

02/25/14

ALDEN NORTHMOOR REHAB & HCC
5831 NORTH NORTHWEST HIGHWAY
CHICAGO IL 60631

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2141874

**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 |
|---|---|---|
| 08/09/2015 | BGBE | 0042028 |

LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - NORTH SHORE REHABILITATION AND HEAL

ALDEN NORTH SHORE REHAB & HCC
5050 WEST TOUHY AVENUE
SKOKIE IL 60077

The EFFECTIVE DATE: 08/10/13 by of the State of Illinois, 4/97.

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois** 2141874

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 08/09/2015 | BGBE | 0042028 |

LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

REGION 9

07/23/13

ALDEN NORTH SHORE REHAB & HCC
5050 WEST TOUHY AVENUE
SKOKIE IL 60077

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2198464

**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 HASSROUCK, MD, MPH
DIRECTOR

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

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 01/07/2017 | BGBE | 0042192 |

LONG TERM CARE LICENSE
SKILLED 200

UNRESTRICTED 200 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - ORLAND PARK REHABILITATION AND HEAL

ALDEN ORLAND PARK REHAB & HCC
16450 SOUTH 97TH AVENUE
ORLAND PARK IL 60462

EFFECTIVE DATE: 01/08/15

The Department has authorized background checks pursuant to the 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** 21984E

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 01/07/2017 | BGBE | 0042192 |

LONG TERM CARE LICENSE
SKILLED 200

UNRESTRICTED 200 TOTAL BED

REGION 9

12/22/14

ALDEN ORLAND PARK REHAB & HCC
16450 SOUTH 97TH AVENUE
ORLAND PARK IL 60462

FEE RECEIPT NO.

**State of Illinois** 2206755

**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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 07/25/2017 | BGBE | 0044909 |

LONG TERM CARE LICENSE
SKILLED 189

UNRESTRICTED 189 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - PARK STRATHMOOR, INC.

ALDEN PARK STRATHMOOR
5668 STRATHMOOR DRIVE
ROCKFORD IL 61107

EFFECTIVE DATE: 07/26/15

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois** 2206755

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 07/25/2017 | BGBE | 0044909 |

LONG TERM CARE LICENSE
SKILLED 189

UNRESTRICTED 189 TOTAL BEDS

REGION 1

06/24/15

ALDEN PARK STRATHMOOR
5668 STRATHMOOR DRIVE
ROCKFORD IL 61107

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2198450

**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 |
|---|---|---|
| 12/31/2016 | BGBE | 0032896 |

LONG TERM CARE LICENSE
SKILLED 217

UNRESTRICTED 217 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - POPLAR CREEK REHABILITATION AND HEA

ALDEN POPLAR CREEK REHAB & HCC
1545 BARRINGTON ROAD
HOFFMAN ESTATES IL 60194

EFFECTIVE DATE 01/01/15

The seal of this licensee has a raised design. 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** 2198450

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 12/31/2016 | BGBE | 0032896 |

LONG TERM CARE LICENSE
SKILLED 217

UNRESTRICTED 217 TOTAL BEDS

REGION 9

12/22/14

ALDEN POPLAR CREEK REHAB & HCC
1545 BARRINGTON ROAD
HOFFMAN ESTATES IL 60194

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2206742

**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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|---|---|---|
| 07/10/2016 | BGBE | 0036244 |

LONG TERM CARE LICENSE
SKILLED 225

UNRESTRICTED 225 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - PRINCETON REHABILITATION AND HEALTH

ALDEN PRINCETON REHAB & HCC
255 WEST 69TH STREET
CHICAGO IL 60621
EFFECTIVE DATE: 07/11/15

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

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**State of Illinois** 2206742

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|---|---|---|
| 07/10/2016 | BGBE | 0036244 |

LONG TERM CARE LICENSE
SKILLED 225

UNRESTRICTED 225 TOTAL BEDS

REGION 8

06/24/15

ALDEN PRINCETON REHAB & HCC
255 WEST 69TH STREET
CHICAGO IL 60621

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2203850

**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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 03/09/2015 | BG3E | 0050781 |

LONG TERM CARE LICENSE
SKILLED 100

UNRESTRICTED 100 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF SHOREWOOD,INC

ALDEN ESTATES OF SHOREWOOD
710 WEST BLACK ROAD
SHOREWOOD IL 60404
EFFECTIVE DATE: 03/09/15

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ATTACHMENT-12B

**State of Illinois** 2162046

**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 |
|---|---|---|
| 02/01/2016 | 868E | 0050146 |

LONG TERM CARE LICENSE
SKILLED 056

UNRESTRICTED 056 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF SKOKIE, INC.

ALDEN ESTATES OF SKOKIE
4626 OLD ORCHARD ROAD
SKOKIE IL 60076
EFFECTIVE DATE: 02/02/14

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois** 2162046

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 02/01/2016 | 868E | 0050146 |

LONG TERM CARE LICENSE
SKILLED 056

UNRESTRICTED 056 TOTAL BEDS

REGION 9

01/23/14

ALDEN ESTATES OF SKOKIE
4626 OLD ORCHARD ROAD
SKOKIE IL 60076

FEE RECEIPT NO.



ATTACHMENT-12B

State of Illinois 2206187

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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|---|---|---|
| 05/01/2016 | BGBE | 0038000 |

LONG TERM CARE LICENSE
SKILLED 237

UNRESTRICTED 237 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - TOWN MANOR REHABILITATION AND HEALT

ALDEN TOWN MANOR REHAB & HCC
5120 WEST OGDEN
CICERO IL 60804

EFFECTIVE DATE: 05/02/15

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2206187

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|---|---|---|
| 05/01/2016 | BGBE | 0038000 |

LONG TERM CARE LICENSE
SKILLED 237

UNRESTRICTED 237 TOTAL BEDS

REGION 9

04/28/15

ALDEN TOWN MANOR REHAB & HCC
5120 WEST OGDEN
CICERO IL 60804

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2152591

**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 HAR HASBROUCK, MD, MPH
DIRECTOR

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

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 10/31/2015 | BGBE | 0036640 |

LONG TERM CARE LICENSE
SKILLED 207

UNRESTRICTED 207 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN-VALLEY RIDGE REHABILITATION AND HEALT

ALDEN VALLEY RIDGE REHAB & HCC
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 11/01/13

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois** 215259

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATIC

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 10/31/2015 | BGBE | 0036640 |

LONG TERM CARE LICENSE
SKILLED 207

UNRESTRICTED 207 TOTAL BE

REGION 7

10/23/13

ALDEN VALLEY RIDGE REHAB & HC
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2186531

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 09/16/2016 | BGBE | 0038455 |

LONG TERM CARE LICENSE
UNDER 22 126

UNRESTRICTED 126 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN VILLAGE HEALTH FACILITY FOR CHILDREN

ALDEN VILLAGE HEALTH FACILITY
267 EAST LAKE STREET
BLOOMINGDALE IL 60108

EFFECTIVE DATE: 09/17/16

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** 218653

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 09/16/2016 | BGBE | 0038455 |

LONG TERM CARE LICENSE
UNDER 22 126

UNRESTRICTED 126 TOTAL BE

REGION 7

09/22/14

ALDEN VILLAGE HEALTH FACILITY
267 EAST LAKE STREET
BLOOMINGDALE IL 60108

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2165567

**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 |
|---|---|---|
| 02/28/2016 | BGBE | 0049122 |

LONG TERM CARE LICENSE
UNDER 22 150

UNRESTRICTED 150 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN VILLAGE NORTH,INC.

ALDEN VILLAGE NORTH
7464 N. SHERIDAN ROAD
CHICAGO IL 60626

EFFECTIVE DATE: 03/01/14

The face of this license has a colored background. Printed by authority of the State of Illinois - 4771 -

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois** 2165567

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 02/28/2016 | BGBE | 0049122 |

LONG TERM CARE LICENSE
UNDER 22 150

UNRESTRICTED 150 TOTAL BEDS

REGION 8

02/25/14

ALDEN VILLAGE NORTH
7464 N. SHERIDAN ROAD
CHICAGO IL 60626

FEE RECEIPT NO.



ATTACHMENT-12B

State of Illinois 2159306
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 | LIC. NUMBER |
|---|---|---|
| 01/09/2016 | 868E | 0044503 |

LONG TERM CARE LICENSE
SHELTERED 121

UNRESTRICTED 121 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE
ALDEN GARDENS OF WATERFORD, L.L.C.

ALDEN GARDENS OF WATERFORD
1955 RANDI DRIVE
AURORA IL 60504

The EFFECTIVE DATE: 01/10/16 of the State of Illinois

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 215930
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATIO

| EXPIRATION DATE | CATEGORY | LIC. NUMBER |
|---|---|---|
| 01/09/2016 | 868E | 0044503 |

LONG TERM CARE LICENSE
SHELTERED 121

UNRESTRICTED 121 TOTAL B

REGION 7

12/20/13

ALDEN GARDENS OF WATERFORD
1955 RANDI DRIVE
AURORA IL 60504

FEE RECEIPT NO.

ATTACHMENT-12B

**State of Illinois** 2182253

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

MAR HASBROUCK, MD, MPH
ECTOR

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

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|---|---|---|
| 08/02/2015 | BGBE | 0026435 |

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

DEN - WENTWORTH REHABILITATION AND HEALTH

ALDEN WENTWORTH REHAB & HCC
201 WEST 69TH STREET
CHICAGO IL 60621
EFFECTIVE DATE: 08/03/14

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** 2182253

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|---|---|---|
| 08/02/2015 | BGBE | 0026435 |

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

REGION 8

07/24/14

ALDEN WENTWORTH REHAB & HCC
201 WEST 69TH STREET
CHICAGO IL 60621

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2172233

**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 |
|---|---|---|
| 05/08/2016 | BGBE | 0042069 |

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF OLD TOWN EAST, INC.

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/09/14

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** 2172233

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|---|---|---|
| 05/08/2016 | BGBE | 0042069 |

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

REGION 7

04/24/14

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE IL 60108

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2172234

**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 |
|---|---|---|
| 05/13/2016 | BGBE | 0042077 |

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF OLD TOWN WEST, INC.

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/19/14

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** 2172234

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | ID NUMBER |
|---|---|---|
| 05/13/2016 | BGBE | 0042077 |

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

REGION 7

04/24/14

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2172232

**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 |
|---|---|---|
| 05/18/2016 | BGBE | 0042051 |

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN TRAILS, INC.

ALDEN TRAILS
273 ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/19/14

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

**State of Illinois** 2172232

**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|---|---|---|
| 05/18/2016 | BGBE | 0042051 |

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

REGION 7

04/24/14

ALDEN TRAILS
273 ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.



ATTACHMENT-12B

**State of Illinois** 2186542

**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 | LOI NUMBER |
|---|---|---|
| 09/24/2016 | BGBE | 0047191 |

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN SPRINGS, INC.

ALDEN SPRINGS
207 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

EFFECTIVE DATE: 09/25/16

The seal of the State of Illinois is used by authority of the State of Illinois • 4/97 •

ATTACHMENT-12B

ALDEN COURTS OF WATERFORD
1991 RANDI DRIVE
AURORA, ILLINOIS 60504
(773) 286-3883

June 26, 2015

MS. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

Please be advised that no adverse actions as defined under 1130.140 have been taken against the Applicants (Alden Courts of Waterford, L.L.C.) within three years preceding the filing of the Certificate of Need Application.

There are a few other Alden facilities that have received violations at the "A" level from the Illinois Department of Public Health. Notably, there are 31 Alden licensed long-term care facilities in the State of Illinois. Since June of 2012, only 4 of those facilities have received level "A" violations. Attached is a certified listing of facilities with level "A" violations, as well as a list of all Alden facilities that have had no type "A" violations filed against them within the past three (3) years.

Sincerely,

Alden Courts of Waterford, L.L.C.

By: Randi Schullo
Randi Schullo
Co-Manager

Enclosure(s)

6/26/2015

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

ATTACHMENT-12C

CERTIFIED LIST OF ALDEN LONG TERM CARE FACILITIES
WITH LEVEL "A" VIOLATIONS SINCE 2012

Alden Estates of Shorewood: NH13 S0069

Alden-Princeton NH14 C0310 (hearing requested)

Alden Alma Nelson Type AA NH14 S0371 (hearing requested)

Alden-Long Grove NH15 S0018 (hearing requested)

ATTACHMENT-12C

ALDEN LONG TERM CARE FACILITIES
WITH NO TYPE "A" VIOLATIONS SINCE JUNE 2012

ALDEN ESTATES OF BARRINGTON
ALDEN DES PLAINES
ALDEN GARDENS COURTS DES PLAINES
ALDEN ESTATES OF EVANSTON
HEATHER HEALTH CARE CENTER
ALDEN LAKELAND
ALDEN LINCOLN PARK
ALDEN MCHENRY
ALDEN ESTATES OF NAPERVILLE
ALDEN NORTHMOOR
ALDEN NORTH SHORE
ALDEN OF OLD TOWN EAST
ALDEN OF OLD TOWN WEST
ALDEN ESTATES OF ORLAND PARK
ALDEN PARK STRATHMOOR
ALDEN POPLAR CREEK
ALDEN ESTATES OF SKOKIE
ALDEN SPRINGS
ALDEN TOWN MANOR
ALDEN TRAILS
ALDEN VALLEY RIDGE
ALDEN VILLAGE
ALDEN VILLAGE NORTH
ALDEN OF WATERFORD
ALDEN COURTS OF WATERFORD
ALDEN GARDENS OF WATERFORD
ALDEN WENTWORTH

ATTACHMENT-12C

WATERFORD REHAB & COURTS, LLC
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646
(773) 286-3883

June 29, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second 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 other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public health to obtain any additional documentation or information that said agency deems necssary for the review of this Application as it pertains to 1125.520.(3).

Sincerely,

WATERFORD REHAB & COURTS, LLC

By: Randi Schullo Co manager
Randi Schullo

Word perfect/anna/waterford rehab and courts/waterford rehab & courts permission to verify

ATTACHMENT-12D

ALDEN OF WATERFORD INVESTMENTS, LLC
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646
(773) 286-3883

June 29, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second 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 other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public health to obtain any additional documentation or information that said agency deems necssary for the review of this Application as it pertains to 1125.520.(3).

Sincerely,

ALDEN OF WATERFORD INVESTMENTS, LLC

By: Randi Schullo
Randi Schullo
Co-manager

Word perfect/anna/waterford rehab and courts/waterford investments permission to verify

ATTACHMENT-12D

THE ALDEN GROUP, LTD
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646
(773) 286-3883

June 29, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second 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 other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public health to obtain any additional documentation or information that said agency deems necssary for the review of this Application as it pertains to 1125.520.(3).

Sincerely,

THE ALDEN GROUP, LTD

By: Randi Schullo

Randi Schullo - Vice President

Word perfect/anna/waterford rehab and courts/the alden group ltd permission to verify

ATTACHMENT-12D

ALDEN COURTS OF WATERFORD, L.L.C.
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646
(773) 286-3883

June 29, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second 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 other states, when applicable; and the records of nationally recognized accreditation organizations. I further authorize the Illinois Department of Public health to obtain any additional documentation or information that said agency deems necssary for the review of this Application as it pertains to 1125.520.(3).

Sincerely,

ALDEN COURTS OF WATERFORD, L.L.C.

By: Randi Schullo
Randi Schullo
Co. Manager

Word perfect/Anna/waterford rehab and courts/courts of waterford permission to verify

**ATTACHMENT-12D**

**Criterion 1125.530 - Planning Area Need**

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

According to the Update to the Inventory of Health Care Facilities and Services and Need Determinations – 2013 Long-Term Care Services dates June 15, 2015, the Board's website (hard copy appended as **ATTACHMENT-13A**) identifies an excess of 248 nursing care beds in Health Service Area 8, Planning Area Kane. The existing bed need calculation is expected to be updated soon by the Board as the current five year projection is for Calendar Year 2015. This project is not the typical establishment of beds and services. The proposed 20 nursing beds are part of a CCRC campus consisting of 131 independent living units and three separately licensed facilities:

- Alden Courts – a 66-bed sheltered care facility devoted exclusively to memory care.
- Alden Gardens – a 121-bed sheltered care facility devoted to geriatric residents not needing memory care services.
- Alden of Waterford – a 99-bed skilled nursing facility for geriatrics patients without memory care requirements.

Appended as **ATTACHMENT-13B** is a site map of the entire Alden Waterford Campus illustrating all components within this extensive CCRC. This project is more of a repositioning of existing beds. Specifically, the 20 proposed nursing beds will also cater to those with memory impairment. As the calculated bed need does not differentiate between general nursing, short term rehabilitation and specialized memory care type of nursing beds, the Applicant solicited Laurel Research Associates to perform a market study for this conversion project. This study is

**ATTACHMENT-13**

appended as **ATTACHMENT-10D**. It found that the 30-minute service area had a robust population that could support additional nursing beds and nursing beds specialized for memory care. This data supports the Applicant's experience of referring out existing residents and potential admissions for the proposed service to out of campus and out of area facilities for care.

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.

As the Alden Courts of Waterford patient origin data (appended as **ATTACHMENT-10A**) indicates nearly 81% of all admissions were derived from within the 30-minute travel time service area and over 50% (55.8%) were residents who aged-in-place from within the CCRC campus.

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

Appended as **ATTACHMENT-13C** are 2 hospital/physician referral letters providing 156 of the proposed and historical referrals. Collectively, these referral sources have identified 156 historical and potential annual referrals to Alden Courts of Waterford for the next two years.

**ATTACHMENT-13**

**LONG-TERM CARE FACILITY UPDATES**

6/15/2015

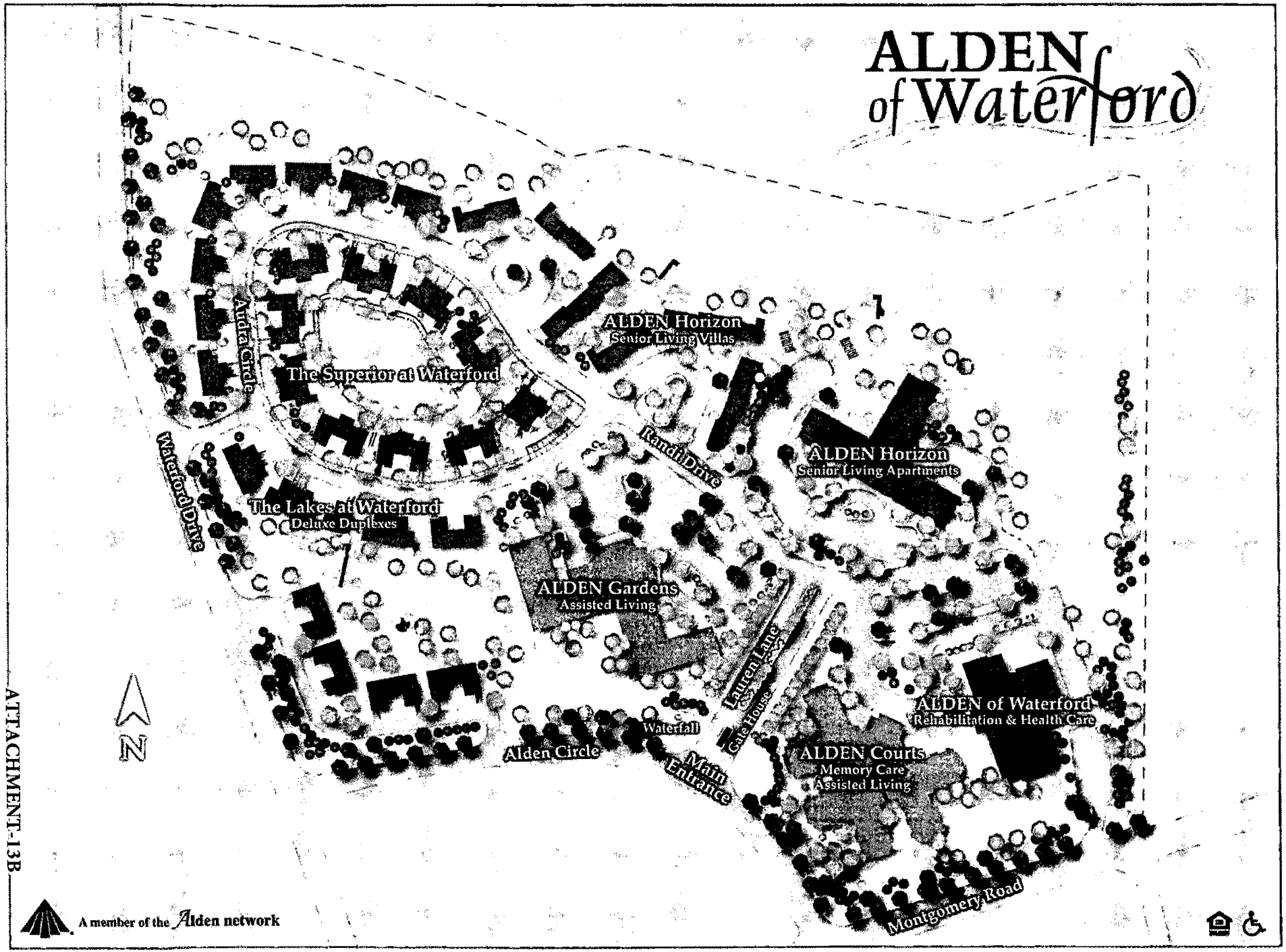
**CALCULATED BED NEEDS**

| Planning Area | Calculated Beds Needed | Approved Beds | Additional Beds Needed or Excess Beds () |
|---|---|---|---|
| HEALTH SERVICE AREA 7 | | | |
| Planning Area 7-A | 3769 | 3396 | 373 |
| Planning Area 7-B | 6268 | 6827 | (559) |
| Planning Area 7-C | 5913 | 5862 | 51 |
| Planning Area 7-D | 2590 | 2904 | (314) |
| Planning Area 7-E | 8247 | 9165 | (918) |
| HEALTH SERVICE AREA 8 | | | |
| Kane | 2816 | 3064 | (248) |
| Lake | 4191 | 4663 | (472) |
| McHenry | 1095 | 997 | 98 |
| HEALTH SERVICE AREA 9 | | | |
| Grundy | 268 | 265 | 3 |
| Kankakee | 1107 | 1368 | (261) |
| Kendall | 279 | 185 | 94 |
| Will | 2671 | 2790 | (119) |
| HEALTH SERVICE AREA 10 | | | |
| Henry | 455 | 500 | (45) |
| Mercer | 167 | 172 | (5) |
| Rock Island | 1177 | 1214 | (37) |
| HEALTH SERVICE AREA 11 | | | |
| Clinton | 353 | 357 | (4) |
| Madison | 1955 | 2212 | (257) |
| Monroe | 355 | 250 | 105 |
| St. Clair | 2011 | 2251 | (240) |

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

| | | | |
|---|---|---|---|
| HSA 1 | 242 | 335 | (93) |
| HSA 2 | 245 | 256 | (11) |
| HSA 3 | 211 | 360 | (149) |
| HSA 4 | 305 | 159 | 146 |
| HSA 5 | 227 | 274 | (47) |
| HSA 6, 7, 8, 9 | 3095 | 1037 | 2058 |
| HSA 10 | 77 | 32 | 45 |
| HSA 11 | 218 | 304 | (86) |

**ATTACHMENT-13A**




ATTACHMENT-13B

# SANJAY THAKKKAR, MD

Yorkville Internist SC
2720 E. New York Street, Suite 108, Aurora IL, 60502
Phone# 630-820-7045 Fax# 630-820-7047


June 1, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery,

I am a physician who currently sees residents at Alden Courts of Waterford. The building is specifically designed to service residents who have been diagnosed with dementia. The residents currently living in this building receive great care and the staff is truly dedicated to their well-being.

There is a shortage of appropriate care for residents with dementia who receive Medicare and Medicaid benefits. I have had patients at Alden Courts who have had to transfer out to nursing homes for financial reasons and it is detrimental to their well-being. Over the years, I have referred approximately 5 patients per month to other facilities farther from home that were not as well equipped to care for our patients. Due to HIPPA compliance identifications of residents could not be provided. I could refer approximately 5 patients per month within a 24 month period after the project is completed. If Alden Courts were able to offer these services the residents could continue to receive quality care without interrupting their living situation. As the population continues to age in and around the Aurora area, these services are needed as much as ever. Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

I encourage you to consider their application.

Sincerely,

Sanjay Thakkar, MD

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

ATTACHMENT-13C

CONVENTIONS PSYCHIATRY & COUNSELING

1560 Wall street, Suite 304, Naperville, IL 60563

PHONE: 630-416-8289 FAX: 630-416-8306

June 26, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery,

I am writing to express my support for Alden's proposed expansion of nursing memory care services which will be accomplished through the conversion of 22 sheltered care beds to 20 skilled care beds at Alden Courts of Waterford, which is currently a 66-bed sheltered memory facility in Aurora. Upon project completion, the facility will offer 44 sheltered care and 20 nursing care beds for all those with memory impairment. I have referred approximately eight patients a month to other facilities that were not as well equipped to care for our patients, due to HIPAA compliance identifications of residents cannot be provided. I would be able to refer at least 8 patients per month to Alden Courts within a 24 month period after project completion.

With the continuum of care community at Alden of Waterford there are residential services from independent villas and duplexes and apartments all the way through skilled rehabilitation services. As the population continues to age in and around the Aurora area, these services are needed as much as ever. Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Alden of Waterford has been part of the Aurora community for nearly 20 years. I hope that it will continue for another 20 years and continue to grow and evolve as it has been. As a community leader in senior health care, Alden of Waterford has provided educational discussions for the community, provided blood pressure checks, and entertained the community with various events.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018



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.

   Alden Courts of Waterford is a sheltered care facility catering to those with memory impairments. As it is not a nursing care facility, it does not have an annual occupancy standard; therefore, this item is not germane.

   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.

   The Applicant has needed to refer both existing residents (12 in past 12-months from Alden Courts of Waterford) and prospective residents (approximately 24 in past 12 months from Alden of Waterford) to other facilities not on its campus in order to receive nursing services for individuals with memory impairment. Refer to **ATTACHMENT-10C**.

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

Appended as **ATTACHMENT-13C** are two (2) physician referral letters indicating that 156 annual referrals could be made to the facility upon project completion for the next two years. This project is only for 20 beds and with 156 referrals the resultant average length of stay would be only 42 days. This proposed population is not the short-term rehabilitative population. If the actual resultant average length of stay is only 100 days, which is still short for this population,

**ATTACHMENT-15**

then only 66 annual referrals would be necessary to maintain optimal utilization. Moreover, as over half of all admissions to Alden Courts of Waterford have come from within the campus (refer to **ATTACHMENT-10A**), it can be expected that the previously documented referrals will flow internally instead of to other area facilities. Therefore, it would appear that there is more than enough demand for the proposed beds and services.

In support of the Applicant's experienced demand for the proposed services, a market feasibility study was commissioned and performed. Laurel Research Associates determined that (using the State's new demographic estimates and projections) there was and will be a need for additional nursing care services that cater to Alzheimer's Disease and Related Disorders (ADRD). The study found the proposed project would require a capture rate of only 0.3% and a total inventory penetration rate of 7%, both well within industry norms. Thus, with a modest 20-bed establishment being proposed, patient access to nursing services for those with memory care issues would be improved and needed.

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).

This project is not based upon rapid population growth and as such, this item is not applicable.

**ATTACHMENT-15**

**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 pattern for the existing 22-bed sheltered care unit and the proposed 20-bed nursing care unit, by position title at the Subject facility. This project will establish a new category of service resulting in an increase of full time equivalents from 36.5 full time equivalents to 45 full time equivalents, a net increase of 8.5 full time equivalents. The proposed staffing will be achieved in the following manner:

> The Applicants are related to a much larger organization that operates several general and several specialized long-term care facilities. Therefore, the Applicant and its administrative service company have the resources of general long-term care facilities throughout Illinois. This organization also has several assisted living and independent living units within Illinois. It is

**ATTACHMENT-19**

the policy of the organization to begin a comprehensive recruitment program for every new facility, or new category of service, approximately four to six months prior to the opening in order to insure that the new facility has all of the necessary positions filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools has generally been sufficient in attracting the needed professional health care manpower.

Furthermore, it is the policy of the organization to promote from within their company whenever possible which allows the transfer of top professionals in their field to start-up facilities. The Applicant is closely related to Alden Management Services, Inc., the administrative services company, who recruits locally, regionally, and nationally for highly qualified staff.

1. A listing is obtained from the Illinois Board of Nurses in the geographic area of the proposed facility. Letters are mailed to announce the opening of the new facility, or category of service, in the specific areas and the positions that are available;
2. Advertisement in the local newspaper;
3. A special day for nurses will be held in the community. The nurses from the surrounding area will be invited to a special open house and tour of the facility. A film will also be shown to introduce the Applicant and its other Long-Term Care facilities, concluding with a question and answer session on the philosophy of the organization;
4. Announcement of the opening of the facility will be sent to the area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program, and a continual in-service training program enhances the attraction of new employees and helps retain qualified and dedicated staff. It should be noted that the administrative services company is located in Chicago, and is very familiar with the employment situation of the area. Alden also has employees within the area and the State to pull from to fill

**ATTACHMENT-19**

any needed position. The proposed employees will have paid continuing education credits, competitive wages, and a pension offered. With such a large number of existing employees one strong focus of recruitment will be by word of mouth by these existing employees to their respective communities. Furthermore, Alden will provide an upward mobility transfer for those employees within the market area.

As an existing facility, the following are the specific hiring procedures used at the Subject facility:

1. Applications are completed either online or in person;
2. Hiring manager reviews the applications;
3. Calls are made to the eligible candidates for each position to interview with specific manager;
4. If the candidate meets the requirements of the position, a second interview is scheduled with the Executive Director;
5. If the position is a management position, an interview is scheduled with a corporate partner to determine whether the candidate meets the job requirements;
6. Potential candidates are drug tested following a second successful interview and are informed that results will be communicated with them within a week;
7. Potential candidates are called by the Business Office Manager when the drug test results are received;
8. If the drug test results show the candidate is eligible for hire, the candidate is then scheduled to come in for orientation.

Employee turnover at Alden Courts of Waterford is very low and the Applicant has not experienced any difficulty in maintaining appropriate staffing levels. Lauren Wetzel, Executive

Director of Alden Courts of Waterford, has provided a statement indicating more than half of the current employees have more than two years of seniority and several have been there as long as seven years. Additionally, she has provided a listing of applications on file by position title. Ms. Wetzel's documentation is appended as **ATTACHMENT-19B**. Thus, it does not appear that between the Applicant's experience and through the experience of the existing campus that there will be any difficulty in securing the needed health care manpower.

**ATTACHMENT- 19**

Alden Courts of Waterford
Staffing Patterns

| CURRENT STAFFING PATTERN | |
|---|---|
| **Title** | **FTE's** |
| ADMINISTRATIVE | |
| Executive Director | 1 |
| Program Coordinator | 1 |
| Officer Manager | 1 |
| Receptionist | 2 |
| Marketing Liaison | 1 |
| NURSING | |
| Director of Nursing | 1 |
| Nursing Professionals | 5 |
| Nurses' Aides | 17 |
| DIETARY | |
| Dietary Aides | 2.5 |
| ACTIVITIES | |
| Activity Director | 1 |
| Activity Aides | 2 |
| HOUSEKEEPING | |
| Housekeeping Aides | 2 |
| **TOTAL FTE's** | **36.5** |

| PROPOSED STAFFING PATTERN | |
|---|---|
| **Title** | **FTE's** |
| ADMINISTRATIVE | |
| Executive Director | 1 |
| Program Coordinator | 1 |
| Officer Manager | 1 |
| Receptionist | 2 |
| Account Manager | 1 |
| NURSING | |
| Director of Nursing | 1 |
| Nursing Professionals | 10 |
| Nurses' Aides | 21 |
| DIETARY | |
| Dietary Aides | 2 |
| ACTIVITIES | |
| Activity Director | 1 |
| Activity Aides | 2 |
| HOUSEKEEPING | |
| Housekeeping Aides | 2 |
| **TOTAL FTE's** | **45** |

Laundry and Dietary services will be provoded through Alden of Waterford Rehabilitation and Health Care Center. These costs are reflected as Contracted Costs in the financial statements under the appropriate cost center.

ATTACHMENT-19A

ALDENcourts of Waterford

July 20, 2015

To whom it may concern:

I have attached a list of the applications submitted for CNA, LPN and RN positions in 2015. Not all applicants attached were hired, nor was there necessarily a position open when the applications were received. We average approximately 50 employees at any time and more than half have been with the company for over two years. While we do experience turnover in these positions, it is generally low and have had several employees with us for 7+ years.

Lauren Wetzel LCPC, CDP

Executive Director

Alden Courts Memory Care Assisted Living
1991 Randi Drive Aurora, IL 60504 tel: (630)851-1466 fax: (630)585-1008 www.thealdennetwork.com
A member of the Alden network

ATTACHMENT-19B

Alden Courts of Waterford
Employment Applications On File

| RN | | LPN | | CNA | |
|---|---|---|---|---|---|
| M S | Feb 2015 | T S | Feb 2015 | C S | Sept 2014 |
| J M | Feb 2015 | S B | May 2015 | E M | Jan 2015 |
| E R | Apr 2015 | D G | July 2015 | J S | Feb 2015 |
| R S-G | Apr 2015 | S G | July 2015 | C M | Feb 2015 |
| S A | Apr 2015 | K M | July 2015 | K A | Feb 2015 |
| M S | Apr 2015 | S R | July 2015 | M K | Apr 2015 |
| H N-T | Apr 2015 | | | S E | May 2015 |
| G Z | May 2015 | | | J D | July 2015 |
| A D | May 2015 | | | | |
| K Z | July 2015 | | | | |
| G C | June 2015 | | | | |

ATTACHMENT-19B

**Criterion 1125.600 Bed Capacity**

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

This project is for the conversion of 22 of the 66 sheltered care beds to 20 nursing care beds in the existing Continuum of Care Retirement Campus (CCRC). Upon project completion the licensed bed capacity will be 20 nursing beds, and will also have 44 sheltered care beds. Therefore, 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 letters of support for the proposed addition of nursing memory care services to Alden Courts of Waterford. These letters are from William Catching, Aurora Township Supervisor; Thomas J Weisner, Mayor of City of Aurora; Scheketa Hart-Burns, Alderman, 7th Ward, City of Aurora; Richard C. Irvin, Alderman-At-Large, City of Aurora; Robert J. O'Connor, Alderman-At-Large, City of Aurora; Meenalochani Narayanan, MD; and Vivya M. Sabharwal, MD.

Doctors Narayanan and Sabharwal are of IPC Healthcare and combined state that they can refer 17 additional residents to the facility over the next 24-months.

Together, these letters indicate great community support for the proposed project.

**ATTACHMENT- 21**

# AURORA TOWNSHIP

80 N. Broadway
Aurora, IL 60507-2847
**www.auroratownship.org**

*Supervisor*
**William Catching**

*Trustees*
**Dolores Hicks**
**David W. Moore**
**Juan Reyna**
**Juanita Wells**

*Clerk*
**Ken Christy**

*Assessor*
**Davis R. Offutt**

*Highway Commissioner*
**John Shoemaker**

***Township Service Locations:***

Main Office
80 N. Broadway
630-897-8777

Youth Services
313 Gale Street
630-859-7501

Senior Services
900 N. Lake Street
630-897-4035

Highway Dept.
220 Butterfield Rd.
North Aurora
630-892-0246

May 6, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery,

I am writing to express my support for Alden's proposed expansion of nursing memory care services which will be accomplished through the conversion of 22 sheltered care beds to 20 skilled care beds at Alden Courts of Waterford, which is currently a 66-bed sheltered memory facility in Aurora.

Upon project completion, the facility will offer 44 sheltered care and 20 nursing care beds all for those with memory impairment. With the continuum of care community at Alden of Waterford there are residential services from independent villas and duplexes and apartments all the way through skilled rehabilitation services. As the population continues to age in and around the Aurora area, these services are needed as much as ever.

Alden of Waterford has been part of the Aurora community for nearly 20 years. I hope that it will continue for another 20 years and continue to grow and evolve as it has been.

I urge you to give Alden's certificate of need application every consideration.

Yours truly,

William Catching
Aurora Township Supervisor

**ATTACHMENT-21A**

# City of Aurora

Mayor's Office • 44 E. Downer Place • Aurora, Illinois 60507-2067
Phone (630) 256-3010 • Fax (630) 256-3019

Thomas J. Weisner
Mayor

May 11, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery,

I am writing to express my support for Alden's proposed expansion of nursing memory care services which will be accomplished through the conversion of 22 sheltered care beds to 20 skilled care beds at Alden Courts of Waterford, which is currently a 66-bed sheltered memory facility in Aurora. Upon project completion, the facility will offer 44 sheltered care and 20 nursing care beds all for those with memory impairment. With the continuum of care community at Alden of Waterford there are residential services from independent villas and duplexes and apartments all the way through skilled rehabilitation services. As the population continues to age in and around the Aurora area, these services are needed as much as ever.

Alden of Waterford has been part of the Aurora community for nearly 20 years. I hope that it will continue for another 20 years and continue to grow and evolve as it has been.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

Thomas J. Weisner
Mayor

# City of Aurora • Office of the Aldermen

44 East Downer Place • Aurora, Illinois 60507-2067 • (630) 256-3020 • FAX (630) 256-3059


July 2, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery,

I am writing to express my support for Alden's proposed expansion of nursing memory care services which will be accomplished through the conversion of 22 sheltered care beds to 20 skilled care beds at Alden Courts of Waterford, which is currently a 66-bed sheltered memory facility in Aurora. Upon project completion, the facility will offer 44 sheltered care and 20 nursing care beds all for those with memory impairment. With the continuum of care community at Alden of Waterford there are residential services from independent villas and duplexes and apartments all the way through skilled rehabilitation services. As the population continues to age in and around the Aurora area, these services are needed as much as ever.

I have been Alderman for 24 years and Alden of Waterford has been part of our community for nearly 20 years. I hope that it will continue for another 20 years and continue to grow and evolve as it has been.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

Scheketa Hart-Burns

Scheketa Hart-Burns

Alderman, 7th Ward

ATTACHMENT-21A

# City of Aurora ◦ Office of the Aldermen

44 East Downer Place • Aurora, Illinois 60507-2067 • (630) 256-3020 • FAX (630) 256-3059


July 7, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery,

I am writing to express my support for Alden's proposed expansion of nursing memory care services which will be accomplished through the conversion of 22 sheltered care beds to 20 skilled care beds at Alden Courts of Waterford, which is currently a 66-bed sheltered memory facility in Aurora. Upon project completion, the facility will offer 44 sheltered care and 20 nursing care beds all for those with memory impairment. With the continuum of care community at Alden of Waterford there are residential services from independent villas and duplexes and apartments all the way through skilled rehabilitation services. As the population continues to age in and around the Aurora area, these services are needed as much as ever.

Alden of Waterford has been part of the Aurora community for nearly 20 years. I hope that it will continue for another 20 years and continue to grow and evolve as it has been.

I urge you to give Alden's certificate of need application every consideration. Thank you for your consideration.

Sincerely,

Richard C. Irvin

Alderman-At-Large

ATTACHMENT-21A

# City of Aurora • Office of the Aldermen

44 East Downer Place • Aurora, Illinois 60507-2067 • (630) 256-3020 • FAX (630) 256-3059


July 2, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery,

I am writing to express my support for Alden's proposal to convert 22 sheltered care beds to 20 skilled care beds at the above captioned location. We believe there is a tremendous need for this level of care and Alden Courts of Waterford will provide unique and much needed service to our community. The Alden of Waterford Community with all of its levels of care provides a vital health care continuum for our City. They have been a valued partner for nearly 20 years.

I urge you to give Alden's certificate of need application every consideration. Thank you for your attention on this matter.

Sincerely,

Robert J. O'Connor
Alderman-At-Large

HEALTHCARE

June 30, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL. 62761

Re: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL. 60504

Dear Ms. Avery,

I am a physician who currently sees residents at Alden of Waterford. The building next door, Alden Courts of Waterford, is specifically designed to service residents who have been diagnosed with dementia.

In the past year, I have referred patients to other facilities farther from home that were not as well equipped to care for my patients. Due to HIPAA compliance, identifications of these patients cannot be provided. It would be great for Alden Courts of Waterford to be able to provide services to these patients. After project completion, I project that I could refer approximately ten patients in the two years. Please note these patient referrals have not been used to support any other pending approved CON application for this area. As the population continues to age in and around the surrounding area of the Waterford Campus, these services will be much in need.

I encourage you to consider this application.

Sincerely,

7/1/15

Dr. Meenalochani Narayanan

Corporate Headquarters • 4605 Lankershim Boulevard, Suite 617 • North Hollywood, CA 91602 • (818) 766-3502
Fax (818) 766-3999 • Toll Free (888) 447-2362 • www.hospitalist.com

ATTACHMENT-21A

HEALTHCARE

July 14, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL. 62761

Re: Application for Certificate of Need for Alden Courts of Waterford
1991 Randi Drive
Aurora, IL. 60504

Dear Ms. Avery,

The Alden of Waterford Campus is a wonderful concept. I currently see patients at Alden of Waterford Rehabilitation and Healthcare facility. The Alden Courts of Waterford facility is specifically designed to care for those patients in need of memory care.

In the past, I have referred patients to other facilities due to memory care needs which could not be provided by facilities closest to the hospital. Due to HIPAA compliance, identifications of these patients cannot be provided. I am anticipating that I could refer approximately seven patients in the two years following the completion of skilled beds implemented into the Alden Courts of Waterford facility. Please note these patient referrals have not been used to support any other pending approved CON application for this area. The need for skilled services at the Alden Courts of Waterford facility would serve not only the current population on campus, but the surrounding community as they continue to age.

Thank you for your time and I strongly encourage you to consider this application.

Sincerely,

Dr. Vidya M. Sabharwal, MD

Corporate Headquarters • 4605 Lankershim Boulevard, Suite 617 • North Hollywood, CA 91602 • (818) 766-3502
Fax (818) 766-3999 • Toll Free (888) 447-2362 • www.hospitalist.com

ATTACHMENT-21A

**Criterion 1125.620 - Project Size**

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

Upon project completion, Alden Courts of Waterford will comprise 9,254 gross square feet of space for 20 nursing care beds. This equates to 462.7 gsf per bed upon project completion. The proposed project complies with this criterion as the full bed compliment is well within the range limit of 435-713 gross square feet per bed.

**ATTACHMENT- 22**

**Criterion 1125.630 - Zoning**

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

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

Appended as **ATTACHMENT-23A**, is a letter from Edward T. Sieben, Zoning Administrator, City of Aurora, Planning & Zoning Division, providing documentation that the Subject facility is operating in compliance.

**ATTACHMENT- 23**

# City of Aurora

Planning and Zoning Division
Development Services Department

Mailing Address: 44 E. Downer Place • Aurora, IL 60507-2067
Office Location: 1 S. Broadway • Aurora, IL 60505
Phone: (630) 256-3080 • Fax (630) 256-3089

Stephane A. Phifer, AICP
Director

## Zoning Verification Letter

July 15, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, Illinois 60504

Re: Alden Courts of Waterford
1991 Randi Drive Aurora, IL 60504
Pin: 15-36-202-005

Dear Ms. Avery,

Please be advised that the above-mentioned property is zoned **PDD – Planned Development District.**

The subject licensed Health Care facility is a permitted conditional use under the current City Zoning Ordinance and in compliance with the zoning. The facility is operating in compliance. Therefore, current zoning use as a nursing facility is "lawfully established under the City of Aurora regulation."

If you have any questions, please contact me at (630) 256-3080.

Sincerely,

Edward T. Sieben,
Zoning Administrator
City of Aurora
Planning & Zoning Division

**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. Item two above does not apply as the existing campus was not originally approved under the continuum of care or defined population criterion.

**ATTACHMENT- 24**

ALDEN COURTS OF WATERFORD, L.L.C.
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646
(773) 286-3883

June 29, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Alden Courts of Waterford
1991 Randi Drive
Aurora, IL

Dear Ms. Avery:

This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review board, Alden Courts of Waterford understands that it is expected to achieve and maintain the occupancy specified in §1125.210 ( c ) by the second year of operation after project completion. Our ability to maintain this occupancy level could be affected by various factors outside of our control, such as natural disasters, regulatory changes in healthcare, interruption of necessary utilities, physical plant problems, or other unexpected issues outside of our control which could have a direct or indirect effect upon our occupancy rate.

Sincerely,

ALDEN COURTS OF WATERFORD, L.L.C.

By: Randi Schullo
Randi Schullo

Subscribed and sworn to before me
this 29 day of June, 2015

Notary Public

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

ATTACHMENT-24A

**Criterion 1125.650 - Modernization**

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

   a. High cost of maintenance;

   This item is not applicable.

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

   As this project is changing from sheltered care to nursing, the modernization requires meeting the higher level of licensing standards to include physical plant requirements. Although this cost is minor, it is part of the project. Specifically, to be eligible for nursing licensure, the unit requires the addition of its own clean and soiled utilities, a tub/shower room that meets standards, and the addition of an exam room. Finally, to help accommodate these changes/additions one two-bed room will be repurposed for the exam room. These are the extent of the alterations to the unit that pertain to licensing requirements.

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

   This item is not applicable.

   d. Additional space for diagnostic or therapeutic purposes.

   As explained in item "b" above, part of the renovations include "required" diagnostic/therapeutic space such as the exam room which was not required under the sheltered care level of licensing. The need for this space is primarily due to licensing requirements.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

**ATTACHMENT-25**

The existing space is licensed as sheltered care. The need to modernize is more about realigning the campus continuum of care to provide a nursing level of care for memory impaired residents than it is about correcting or updating the facility to meet present day standards and practices. This facility is designed specifically for the care and treatment of those with memory issues and as it continues in that path, a modernization is merely needed to meet that end with IDPH licensure.

b. Accrediting agency reports.

This item is not applicable due to the nature of the modernization.

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

a. Copies of maintenance reports;

This item is not applicable.

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

This item is not applicable.

c. Other pertinent reports and data.

Appended as **ATTACHMENT-25A** is the IDPH physical plant licensing requirements for a nursing unit illustrating the need for clean and soiled utilities, an exam room, and a unit tub/shower room.

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

The proposed project involves the conversion of categories of service from sheltered care to nursing care; hence, the establishment of the nursing category of care. There are also no occupancy requirements applicable to sheltered care. As Alden Courts of Waterford is an

**ATTACHMENT-25**

independently licensed sheltered care facility, and as this project is for the establishment of the nursing category of care, this item is not applicable.

**ATTACHMENT-25**

**Joint Committee on Administrative Rules**

# ADMINISTRATIVE CODE

**TITLE 77: PUBLIC HEALTH**
**CHAPTER I: DEPARTMENT OF PUBLIC HEALTH**
**SUBCHAPTER c: LONG-TERM CARE FACILITIES**
**PART 300 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES CODE**
**SECTION 300.2860 NURSING UNIT**

---

**Section 300.2860 Nursing Unit**

a) The number of resident beds in a nursing unit shall not exceed 75 beds.

1) Not less than 60 percent of the resident beds shall be in one or two bed rooms.

2) Not less than three percent of the total number of the beds in the facility shall be located in single bed rooms with a private bath, water closet and lavatory.

b) General Requirements for Bedrooms

1) Resident bedrooms shall have an entrance directly off a corridor with an entrance door which swings into the room.

2) Resident bedrooms shall have adequate and satisfactory artificial light and be equipped in accordance with Section 300.2940(a)2) and (e)(1).

3) Residents shall have access to a toilet room without entering the general corridor area.

4) The facility shall provide a closet or wardrobe of at least four square feet for each resident.

5) Resident bedroom floors shall be at or above grade level.

6) Each room used as a resident bedroom shall have at least one outside window, and a total window area to the outside equal to at least one-tenth the floor area of the room.

7) A nurses' call system shall be provided in accordance with Section 300.2940 (g). (B)

**ATTACHMENT-25A**

8) Complete visual privacy shall be provided for each resident in multibed rooms. Design for privacy shall not restrict resident access to the entry, lavatory, nor toilet.

9) No resident bedroom shall be located more than 120 feet from the nurses' station, clean utility room, and soiled utility room.

c) Resident Bedrooms

1) Single resident bedrooms shall contain at least 100 square feet. Multiple resident bedrooms shall contain at least 80 square feet per bed. Minimum usable floor area shall be exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, or clearly definable entryways.

2) Multiple resident bedrooms shall not have more than four beds nor more than three beds deep from an outside wall. All beds shall have a minimum clearance of three feet at the foot and sides of the bed.

d) Special Care Room

1) The facility shall provide a special care room for each nursing unit.

2) This room shall be provided with a private toilet room containing water closet, lavatory, bathtub or shower and all other necessary facilities to meet the resident's needs. (B)

3) This room shall be located to allow direct visual supervision from the nurses' station.

4) This room shall be included in the authorized maximum bed capacity for the facility.

5) It is permissible for the room to be occupied by a resident, not in need of special care, provided the resident is clearly informed and understands he or she will be immediately transferred out of the room any time of day or night, whenever the room is needed to care for a resident requiring special care.

e) Nurses' Station (B)

1) The facility shall provide a minimum of one nursing station per unit with direct access to the corridor for each nursing unit. The location of this station shall allow visual control without the use of mirrors of each resident sleeping corridor. Separation shall be provided from the utility rooms.

2) One or more nursing units may be combined at a central nursing station if sufficient space is provided for all nursing functions.

**ATTACHMENT-25A**

3) A lounge with toilet room shall be provided near each station for nursing staff. Lockers for safekeeping of coats and personal effects may be provided within this space or in a convenient central location.

f) Bath and Toilet Rooms

1) The resident bedroom toilet room shall serve no more than two resident rooms nor more than eight beds. The toilet room shall contain a water closet and a lavatory. The lavatory may be omitted from the toilet room when the resident room contains a lavatory.

2) The facility shall provide one wheelchair resident toilet room for each sex residing in a nursing unit. The room shall be accessible from the corridor. This room shall contain a water closet and lavatory.

3) Wheelchair resident toilet rooms are not required when all resident toilet rooms can accommodate wheelchair residents.

4) The facility shall provide one training toilet room on each nursing floor, which is accessible from the corridor. Three-foot clearance at the front and both sides of the water closet shall be provided. This room shall contain a lavatory accessible for wheelchair use.

5) The facility shall provide one bathtub or shower for each ten resident beds per nursing unit which are not served by bathing or showering facilities in resident rooms.

6) All shower stalls for residents not needing assistance shall be at least three feet square and shall have no curb.

7) The facility shall provide at least one bathtub for assisted bathing per nursing unit. There shall be a clear area at least three feet wide at both sides and one end of the tub.

8) The facility shall provide at least one shower stall for assisted showering per nursing unit. The shower stall shall be at least four feet square with no curb.

9) The facility shall provide a toilet room with a water closet and lavatory, accessible to the assisted bathtub and shower without entering the general corridor. This room may be arranged to serve as the training toilet facility.

10) Grouped bathing and toilet facilities shall be partitioned or curtained for privacy.

g) Utility Rooms

1) The clean utility room shall have direct access to a corridor or access may be through the nurses' station entrance. This room shall contain work counters, single or double compartment sink with integral drainboard, storage

**ATTACHMENT-25A**

cabinets, and an autoclave. (Autoclave may be waived in lieu of other methods if sterilization is approved by Department.)

2) A clean linen storage room or closet within the clean utility room shall be provided. If a closed cart system is used, storage may be in an alcove.

3) The soiled utility room shall have direct access to a corridor. This room shall contain work counters, storage cabinets, and a clinical rim flush sink. The room shall also contain a three compartment sink with integral drainboard if chemical sanitizing procedures are used, or a double compartment sink with integral drainboard if a utensil sanitizer is used (See Section 300.2430).

4) The charging room for a linen chute shall be large enough to unload the collecting cart with the door closed.

h) Medication Facilities

1) A medication station shall be provided for convenient and prompt 24 hour distribution of medicine to residents. The medicine preparation room shall be under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for biologicals and drugs. A sink for handwashing and preparation of medication shall be provided in the medication preparation room.

2) If medicine dispensing carts are used, a specific storage space for the cart shall be provided, which may be located in the nurses' station or in an alcove or other space under the direct control of the nursing staff. A sink for handwashing and preparation of medication shall be provided in the nurses' station.

i) A nourishment station shall be provided with a handwashing sink and equipment including refrigerator, and storage cabinets for serving nourishment between scheduled meals. Ice for residents' use shall be provided only by icemaker dispenser units.

j) A room for examination and treatment of residents shall be provided and shall have a minimum floor area of 100 square feet, excluding space for vestibule, closets and work counters (whether fixed or movable). The minimum room dimension shall be ten feet. The room shall contain a lavatory or sink equipped for handwashing; a work counter; storage facilities; and a desk, counter, or shelf space for writing.

k) An equipment storage room shall be provided for storage of equipment such as I.V. stands, inhalators, air mattresses, walkers, and wheelchairs.

l) Parking space for wheelchairs shall be provided and located out of path of normal traffic.

(Source: Amended at 18 Ill. Reg. 1491, effective January 14, 1994)

**ATTACHMENT-25A**

**Criterion 1125.800 Estimated Total Project Cost**

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

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

**Availability of Funds**

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

a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:

Appended as **ATTACHMENT-27A**, is documentation that Alden of Waterford has reserve replacement funds in excess of the project amount that will be fully used to fund the project. Therefore, the Applicant is funding the modernization and conversion through internal resources.

**ATTACHMENT-27**

# Alden Waterford



| Initial Principal | Remaining Principal | Escrow Balance |
|---|---|---|
| $18,925,076.23 | $18,599,670.11 | $58,962.66 |

| Pool Number | FHA Account | Escrow Account | R/R Account | Repair Account | Misc 1 |
|---|---|---|---|---|---|
| 762574 | 071-43233 | 2376944 | 3254331 | None | None |

Loan Transactions

Copy CSV Excel PDF (/view/64/pdf) --Select Year--

| Tran. Type | Transaction Month | Payment Rcvd. | Payment Rcvd. Date | Payment Total | Principal | Interest | Real Estate Tax | MIP | Insurance | Escrow Total | R/R |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Manual Balance Forward | 01/01/2014 | | | | | | $50,892.52 | $58,056.25 | $13,000.00 | $121,948.77 | $1,039,511.39 |
| Interest | 01/02/2014 | | | | | | | | | | $72.02 |
| Insurance | 01/10/2014 | | | | | | | | $-18,267.00 | $-18,267.00 | |
| Invoice (/invoices/view/143) | 01/01/2014 | Yes | 01/14/2014 | $101,620.12 | $17,550.00 | $65,764.64 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | |
| Reserve Release | 01/29/2014 | | | | | | | | | | $-4,190.49 |
| Interest | 02/06/2014 | | | | | | | | | | $70.61 |
| Invoice (/invoices/view/328) | 02/01/2014 | Yes | 02/14/2014 | $101,620.12 | $17,610.99 | $65,703.65 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | |
| Interest | 03/10/2014 | | | | | | | | | | $63.55 |
| Invoice (/invoices/view/466) | 03/01/2014 | Yes | 03/14/2014 | $101,620.12 | $17,672.18 | $65,642.46 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | |
| Interest | 04/08/2014 | | | | | | | | | | $70.36 |
| Invoice (/invoices/view/589) | 04/01/2014 | Yes | 04/14/2014 | $101,620.12 | $17,733.60 | $65,581.04 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | |
| Reserve Release | 04/24/2014 | | | | | | | | | | $-1,479.00 |
| Interest | 05/09/2014 | | | | | | | | | | $88.07 |
| Invoice (/invoices/view/707) | 05/01/2014 | Yes | 05/14/2014 | $101,620.12 | $17,795.22 | $65,519.42 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | |
| RE Tax 2013 Full Year | 05/21/2014 | | | | | | $-98,604.22 | | | $-98,604.22 | |
| Reserve Release | 06/03/2014 | | | | | | | | | | $-6,085.00 |
| MIP Payment | 06/03/2014 | | | | | | | $-93,595.76 | | $-93,595.76 | |
| Interest | 06/10/2014 | | | | | | | | | | $70.27 |
| Invoice (/invoices/view/961) | 06/01/2014 | Yes | 06/16/2014 | $101,620.12 | $17,857.06 | $65,457.58 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | |
| Reserve Release | 06/25/2014 | | | | | | | | | | $-38,420.00 |
| Interest | 07/07/2014 | | | | | | | | | | $67.13 |
| Invoice (/invoices/view/2969) | 07/01/2014 | Yes | 07/14/2014 | $101,620.12 | $17,919.11 | $65,395.53 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | |

ATTACHMENT-27A

| Tran. Type | Month | Rcvd. | Rcvd. Date | Total | Principal | Interest | Tax | MIP | Insurance | Total | R/R |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Reserve Release | 07/15/2014 | | | | | | | | | | $-60,450.00 |
| Reserve Release | 08/07/2014 | | | | | | | | | | $-35,245.00 |
| Refund of Excess Tax Escrow | 08/14/2014 | | | | | | $-16,726.68 | | | $-16,726.68 | |
| Invoice (/invoices/view/3589) | 08/01/2014 | Yes | 08/14/2014 | $92,414.64 | $17,981.38 | $65,333.26 | | $8,100.00 | $1,000.00 | $9,100.00 | |
| Interest | 08/15/2014 | | | | | | | | | | $64.60 |
| Interest | 09/10/2014 | | | | | | | | | | $60.49 |
| Invoice (/invoices/view/3694) | 09/01/2014 | Yes | 09/15/2014 | $101,620.12 | $18,043.87 | $65,270.77 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | |
| Interest | 09/30/2014 | | | | | | | | | | $36.31 |
| Invoice (/invoices/view/4370) | 10/01/2014 | Yes | 10/14/2014 | $101,620.12 | $18,106.57 | $65,208.07 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | |
| Reserve Release | 10/15/2014 | | | | | | | | | | $-82,908.80 |
| Interest | 10/31/2014 | | | | | | | | | | $123.16 |
| Invoice (/invoices/view/4519) | 11/01/2014 | Yes | 11/14/2014 | $101,620.12 | $18,169.49 | $65,145.15 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | |
| Interest | 11/28/2014 | | | | | | | | | | $52.65 |
| Insurance | 12/01/2014 | | | | | | | | $-11,717.00 | $-11,717.00 | |
| Reallocate Escrows | 12/01/2014 | | | | | | | $-5,984.00 | $5,984.00 | | |
| Reserve Deposit | 12/03/2014 | | | | | | | | | | $10,753.67 |
| Invoice (/invoices/view/5193) | 12/01/2014 | Yes | 12/15/2014 | $102,620.12 | $18,232.63 | $65,082.01 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | $1,000.00 |
| Interest | 12/31/2014 | | | | | | | | | | $55.13 |
| Invoice (/invoices/view/5481) | 01/01/2015 | Yes | 01/14/2015 | $102,620.12 | $18,295.99 | $65,018.65 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | $1,000.00 |
| Reserve Release | 01/27/2015 | | | | | | | | | | $-10,467.72 |
| Interest | 01/30/2015 | | | | | | | | | | $55.10 |
| Invoice (/invoices/view/6101) | 02/01/2015 | Yes | 02/17/2015 | $102,620.12 | $18,359.56 | $64,955.08 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | $1,000.00 |
| Interest | 02/27/2015 | | | | | | | | | | $49.32 |
| Invoice (/invoices/view/6549) | 03/01/2015 | Yes | 03/16/2015 | $102,620.12 | $18,423.36 | $64,891.28 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | $1,000.00 |
| Interest | 03/31/2015 | | | | | | | | | | $54.66 |
| Reserve Release | 04/06/2015 | | | | | | | | | | $-12,489.68 |
| April Invoice (/invoices/view/7025) | 04/01/2015 | Yes | 04/14/2015 | $102,620.12 | $18,487.38 | $64,827.26 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | $1,000.00 |
| Interest | 04/30/2015 | | | | | | | | | | $52.28 |
| May Invoice (/invoices/view/7485) | 05/01/2015 | Yes | 05/14/2015 | $102,620.12 | $18,551.63 | $64,763.01 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | $1,000.00 |
| Interest | 05/29/2015 | | | | | | | | | | $53.95 |
| RE Tax 2014 1st | 06/01/2015 | | | | | | $-51,889.98 | | | $-51,889.98 | |
| MIP Payment | 06/12/2015 | | | | | | | $-92,478.63 | | $-92,478.63 | |

| Tran. Type | Month | Rcvd. | Rcvd. Date | Total | Principal | Interest | Tax | MIP | Insurance | Total | R/R |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Reserve Release | 06/15/2015 | | | | | | | | | | $-32,980.00 |
| June Invoice (/invoices/view/7930) | 06/01/2015 | Yes | 06/15/2015 | $102,620.12 | $18,616.10 | $64,698.54 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | $1,000.00 |
| July Invoice (/invoices/view/8474) | 07/01/2015 | No | | $102,620.12 | $18,680.79 | $64,633.85 | $9,205.48 | $8,100.00 | $1,000.00 | $18,305.48 | $1,000.00 |
| Totals: | | | | | $325,406.12 | $1,174,257.40 | $40,164.80 | $11,797.86 | $7,000.00 | $58,962.66 | $762,935.36 |
| Remaining | Principal: | | | | $18,599,670.11 | | | | | | |

After July 3 1,000 Deposit

Search

## About

Jeffrey A. Davis founded Cambridge Realty Capital in 1983, after becoming the youngest Senior Vice President at Baird & Warner, Inc., a landmark Chicago real estate firm. During the 1980's, Cambridge provided financing for all types of commercial real estate.

Read more (http://www.cambridgecap.com/pages/about_us/3.php/lxzz2c9L(imcP9)

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125 S Wacker Dr Suite 1800
Chicago IL, US 60606
Phone: (312) 357-1601
Email: info@cambridgecap.com

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**Financial Viability**

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

**Financial Viability Waiver**

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

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

**See Section 1120.130 Financial Waiver for information to be provided.**

As the proposed project meets item 2 above of the Financial Viability Waiver, this item is not applicable.

**ATTACHMENT-28**

**Economic Feasibility**

**This section is applicable to all projects**

**A. Reasonableness of Financing Arrangements**

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

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

Appended as **ATTACHMENT-30A,** is a 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:

This item is not applicable as the project is being funded completely with internal resources and does not require financing.

**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.

| | | |
|---|---|---|
| Salaries | $1,814,048 | |
| Benefits | $428,520 | |
| Supplies | $310,952 | |
| Patient Days @ 90% | | 21,024 |
| Total/Operating Cost/PT Day | $2,553,520 | $121.46 |

**ATTACHMENT-30**

## 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.

| | | |
|---|---|---|
| Depreciation | $312,746 | |
| Interest Expense | $443,279 | |
| PT Days @ 90% | | 21,024 |
| Total/Operating Cost/PT Day | $756,025 | $35.96 |

**ATTACHMENT - 30**

ALDEN WATERFORD REHAB & COURTS, L.L.C.
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646
(773) 286-3883

June 29, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Certificate of Need for Alden Waterford Rehab & Courts, L.L.C; conditions of debt financing

Dear Ms. Avery:

**A. Reasonableness of Financing Arrangements**

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

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

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

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

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

Respectfully,

Board Member or Officer
Steve Kroll, Chief Financial Officer
Notarization:
Subscribed and sworn to before me
this 29 day of June 2015

Signature of Notary
Seal

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

Board Member or Officer

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary
Seal

ATTACHMENT-30A

ALDEN COURTS OF WATERFORD, L.L.C.
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646
(773) 286-3883

June 29, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
Springfield, IL 62761

RE: Certificate of Need for Alden Courts of Waterford, L.L.C; conditions of debt financing

Dear Ms. Avery:

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

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

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

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

Respectfully,

Board Member or Officer
Steve Kroll, Chief Financial Officer

Notarization:
Subscribed and sworn to before me
this 29 day of June, 2015

Signature of Notary
Seal

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

Board Member or Officer

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary
Seal

ATTACHMENT-30B