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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

ORIGINAL SIGNATURES

LTC APPLICATION FOR PERMIT
July 2012 Edition

SEP 01 2015

HEALTH FACILITIES &
SERVICES REVIEW BOARD

**LONG-TERM CARE
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

DESCRIPTION OF PROJECT

Project Type

[Check one]

[check one]

<input checked="" type="checkbox"/> General Long-term Care <input type="checkbox"/> Specialized Long-term Care	<input checked="" type="checkbox"/> Establishment of a new LTC facility <input type="checkbox"/> Establishment of new LTC services <input type="checkbox"/> Expansion of an existing LTC facility or service <input type="checkbox"/> Modernization of an existing facility
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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.

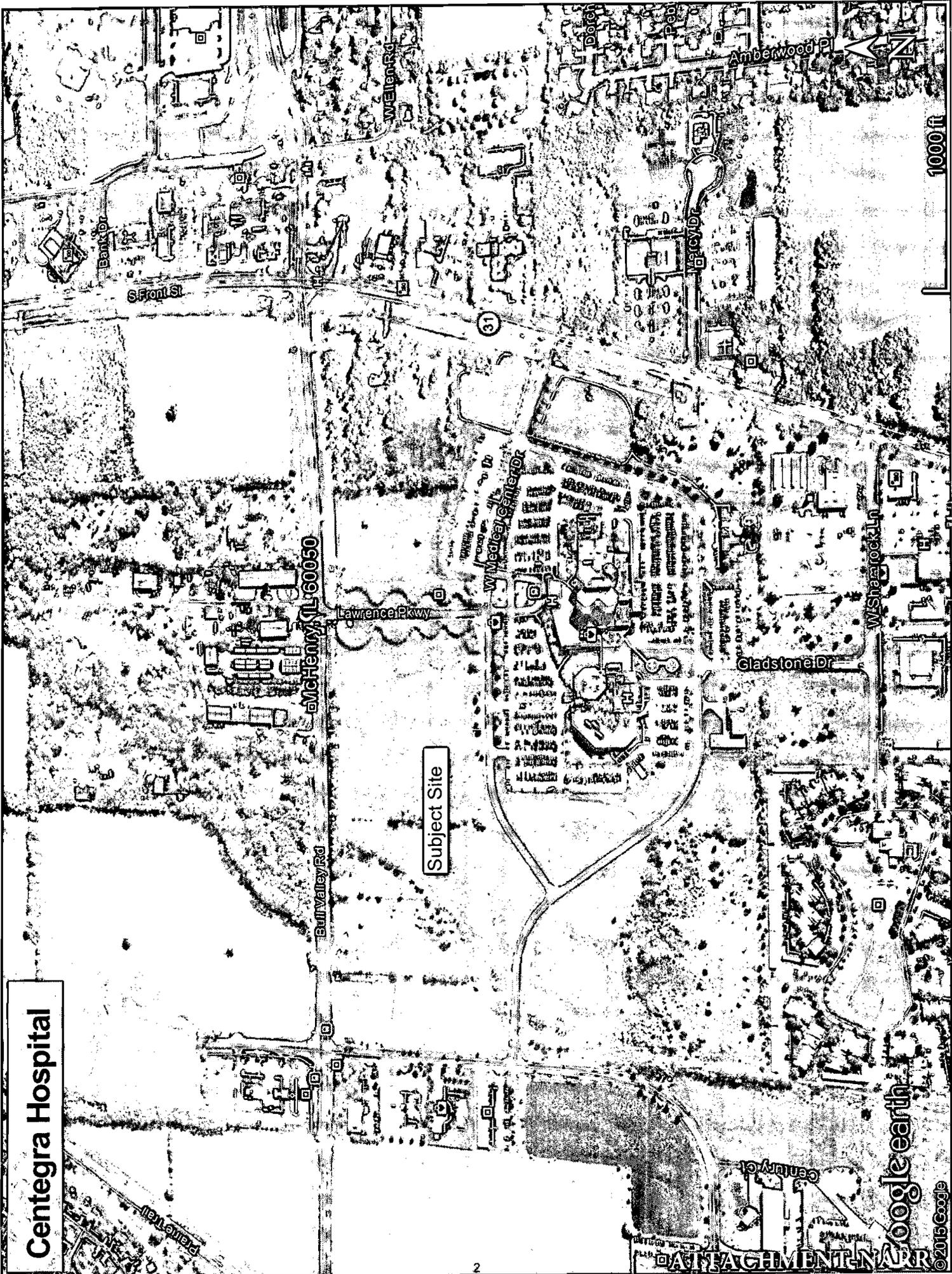
Include: the number and type of beds involved; the actions proposed (establishment, expansion and/or modernization); the ESTIMATED total project cost and the funding source(s) for the project.

MS McHenry, LLC (Owner) and TCO JV, LLC d/b/a Transformative Health Network (Operator/Licensee), propose to establish a 98-bed freestanding, all private room, nursing care and rehabilitation facility that will cater to meeting the short and long-term post acute care placement and rehabilitation needs of the elderly and post acute care hospital patient population in Health Service Area 8, Planning Area McHenry County.

The proposed physical plant will be a two story, state of the art structure, boasting all private resident rooms, inpatient rehabilitation and related services and amenities, built on slab with no basement and will be 68,586 GSF.

The facility is to be located on the campus of Centegra Hospital - McHenry located in McHenry, Illinois. Refer to an aerial photograph appended as ATTACHMENT-NARR. The proposed 7.99 acre site will fit nicely into its surroundings since this project is located directly on the hospital campus with easy access to related health care services, is convenient to local residential neighborhoods and is easily accessible from all four directions of major roads in McHenry County.

The Applicant addresses the State's identified need for additional nursing care beds and it is for the establishment of a new facility with a cost of over \$2 million, thus, this project is classified as "Substantive" according to 77 Illinois Administrative Code, Chapter 11, Section 1110.140.bof subchapter a.



Centegra Hospital

Subject Site

1000 ft

google earth

© 2015 Google

Facility/Project Identification

Facility Name: Transformative Health of McHenry		
Street Address: Southwest Corner of Bull Valley Road and Lawrence Parkway		
City and Zip Code: McHenry, Illinois 60050		
County: McHenry	Health Service Area: 008	Health Planning Area: McHenry

Applicant /Co-Applicant Identification

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

Exact Legal Name: MS McHenry, LLC
Address: 14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032
Name of Registered Agent: Christopher J Lukaart
Name of Chief Executive Officer: David Stordy
CEO Address: 14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032
Telephone Number: (317) 582-6200

Type of Ownership (Applicant/Co-Applicants)

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> 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: Andy Van Zee
Title: Associate Counsel – Government Affairs
Company Name: Mainstreet Property Group, LLC d/b/a MSPG, LLC
Address: 14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032
Telephone Number: (317) 582-6973
E-mail Address: avanzee@maininvest.com
Fax Number: (317) 420-0206

Facility/Project Identification

Facility Name: Transformative Health of McHenry		
Street Address: Southwest Corner of Bull Valley Road and Lawrence Parkway		
City and Zip Code: McHenry, Illinois 60050		
County: McHenry	Health Service Area: 008	Health Planning Area: McHenry

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

Exact Legal Name: TCO JV, LLC d/b/a Transformative Health Network		
Address: 14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032		
Name of Registered Agent: Christopher J. Lukaart		
Name of Chief Executive Officer: Gerry Jenich		
CEO Address: 14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032		
Telephone Number: (317) 582-6200		

Type of Ownership (Applicant/Co-Applicants)

<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> 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: Gerry Jenich
Title: Managing Partner
Company Name: TCO JV, LLC d/b/a Transformative Health Network
Address: 7257 North Lincoln Avenue, Lincolnwood, Illinois 60712
Telephone Number: (847) 745-6207
E-mail Address: gjenich@symphonypan.com
Fax Number: (847) 566-6036

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

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

Facility/Project Identification

Facility Name: Transformative Health of McHenry		
Street Address: Southwest Corner of Bull Valley Road and Lawrence Parkway		
City and Zip Code: McHenry, Illinois 60050		
County: McHenry	Health Service Area: 008	Health Planning Area: McHenry

Applicant /Co-Applicant Identification

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

Exact Legal Name: Mainstreet Property Group, LLC d/b/a MSPG, LLC
Address: 14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032
Name of Registered Agent: Christopher J. Lukaart
Name of Chief Executive Officer: Paul E. Turner
CEO Address: 14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032
Telephone Number: (317) 582-6200

Type of Ownership (Applicant/Co-Applicants)

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> 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: Christopher J. Lukaart
Title: General Counsel
Company Name: Mainstreet Property Group, LLC d/b/a MSPG, LLC
Address: 14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032
Telephone Number: (317) 582-6938
E-mail Address: clukaart@maininvest.com
Fax Number: (317) 420-0206

Additional Contact

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

Name: John P. Kniery
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: jkniery@foleyandassociates.com
Fax Number: (217) 544-3615

Post Permit Contact

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

Name: Gerry Jenich
Title: Manager
Company Name: TCO JV, LLC d/b/a Transformative Health Network
Address: 7257 North Lincoln Avenue, Lincolnwood, Illinois 60712
Telephone Number: (847) 745-6207
E-mail Address: gjenich@symphonypan.com
Fax Number: (847) 566-6036

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: MS McHenry, LLC
Address of Site Owner: 14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032
Street Address or Legal Description of Site: See legal description appended as ATTACHMENT-2A
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: TCO JV, LLC d/b/a Transformative Health Network
Address: 14390 Clay Terrace Boulevard, Suite 205, Carmel, Indiana 46032
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> ○ 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

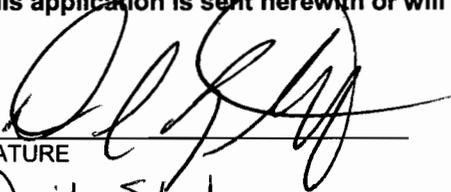
If the applicant fails to submit updated information for the requirements listed above, the application for permit will be deemed incomplete.

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

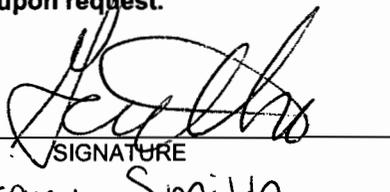
This Application for Permit is filed on the behalf of MS McHenry, LLC *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant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



 SIGNATURE
David Sturdy

 PRINTED NAME
Manager

 PRINTED TITLE



 SIGNATURE
Gary Smith

 PRINTED NAME
Manager

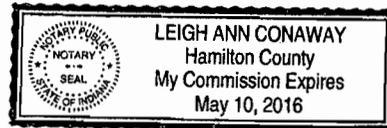
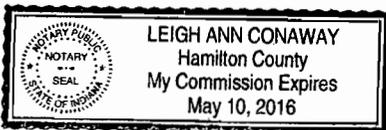
 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20 day of Aug. 2015

Notarization:
Subscribed and sworn to before me
this 20 day of Aug. 2015


Signature of Notary


Signature of Notary



Seal

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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- 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 TCO JV, 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.

Gerry Jenich
SIGNATURE

Gerry Jenich
PRINTED NAME

MANAGER
PRINTED TITLE

SIGNATURE

PRINTED NAME

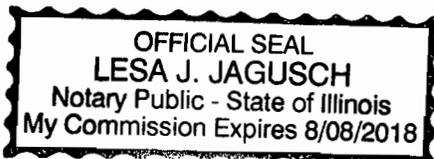
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17 day of August, 2015

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Lesia Jagusch
Signature of Notary

Signature of Notary



Seal

Seal

*Insert EXACT legal name of the applicant

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

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



 SIGNATURE
Adlai Chester

 PRINTED NAME
CFO

 PRINTED TITLE

 SIGNATURE

 PRINTED NAME

 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18 day of Aug, 2015

Notarization:
Subscribed and sworn to before me
this ____ day of _____


Signature of Notary

Signature of Notary



Seal

Seal

*Insert EXACT legal name of the applicant

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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

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

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

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report. APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. Each item (1-6) must be identified in Attachment 10.

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

1. Identify **ALL** of the alternatives to the proposed project:
Alternative options **must** include:
 - a. Proposing a project of greater or lesser scope and cost;
 - b. Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - c. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - d. Provide the reasons why the chosen alternative was selected.
2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long

term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

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

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

This Section is applicable to all projects proposing establishment, expansion or modernization of LTC categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each LTC category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information, AS APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

Criterion 1125.510 – Introduction

Bed Capacity

Applicants proposing to establish, expand and/or modernize General Long Term Care must submit the following information:

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
<input checked="" type="checkbox"/> General Long-Term Care	0	98
<input type="checkbox"/> Specialized Long-Term Care		
<input type="checkbox"/>		

*Existing number of beds as authorized by IDPH and posted in the “LTC Bed Inventory” on the HFSRB website (www.hfrsb.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
<input checked="" type="checkbox"/> General Long Term Care	2019		32,193
<input type="checkbox"/> Specialized Long-Term Care			

Applicable Review Criteria - Guide

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

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

GENERAL LONG-TERM CARE

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

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

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

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

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

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

SPECIALIZED LONG-TERM CARE

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

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

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

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

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

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA**GENERAL LONG-TERM CARE****Criterion 1125.520 – Background of the Applicant****BACKGROUND OF APPLICANT**

The applicant shall provide:

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

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

Criterion 1125.530 - Planning Area Need

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

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

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

<ul style="list-style-type: none">• 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.
<ul style="list-style-type: none">• 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.
<ol style="list-style-type: none">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:<ul style="list-style-type: none">• 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 address4. 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:<ol style="list-style-type: none">a. The applicant shall define the facility's market area based upon historical resident/patient origin data by zip code or census tract;b. Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Bureau of the Census or IDPH;c. Projections shall be for a maximum period of 10 years from the date the application is submitted;d. Historical data used to calculate projections shall be for a number of years no less

than the number of years projected;

- e. Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;
- f. Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFSRB, for each category of service in the application (see the HFSRB Inventory); and
- g. Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFSRB.

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

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

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

- 1. Historical Service Demand
 - a. An average annual occupancy rate that has equaled or exceeded occupancy standards for general LTC, as specified in Section 1125.210(c), for each of the latest two years.
 - b. If prospective residents have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including completed applications that could not be accepted due to lack of the subject service and documentation from referral sources, with identification of those patients by initials and date.
- 2. Projected Referrals

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

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

Criterion 1125.560 - Variances to Computed Bed Need

Continuum of Care:

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

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

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

3. The applicant shall demonstrate that:
 - a. The proposed number of beds is needed. Documentation shall consist of a list of available patients/residents needing the proposed project. The proposed number of beds shall not exceed one licensed LTC bed for every five apartments or independent living units;
 - b. There is a provision in the facility's written operational policies assuring that a resident of the retirement community who is transferred to the LTC facility will not lose his/her apartment unit or be transferred to another LTC facility solely because of the resident's altered financial status or medical indigency; and
 - c. Admissions to the LTC unit will be limited to current residents of the independent living units and/or congregate housing.

Defined Population:

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

1. The applicant shall document that the proposed project will serve a defined population group of a religious, fraternal or ethnic nature from throughout the entire health service area or from a larger geographic service area (GSA) proposed to be served and that includes, at a minimum, the entire health service area in which the facility is or will be physically located.
2. The applicant shall document each of the following:
 - a. A description of the proposed religious, fraternal or ethnic group proposed to be served;
 - b. The boundaries of the GSA;
 - c. The number of individuals in the defined population who live within the proposed GSA, including the source of the figures;
 - d. That the proposed services do not exist in the GSA where the facility is or will be located;
 - e. That the services cannot be instituted at existing facilities within the GSA in sufficient numbers to accommodate the group's needs. The applicant shall specify each proposed service that is not available in the GSA's existing facilities and the basis for determining why that service could not be provided.
 - f. That at least 85% of the residents of the facility will be members of the defined population group. Documentation shall consist of a written admission policy insuring that the requirements of this subsection (b)(2)(F) will be met.
 - g. That the proposed project is either directly owned or sponsored by, or affiliated with, the religious, fraternal or ethnic group that has been defined as the population to be served by the project. The applicant shall provide legally binding documents that prove ownership, sponsorship or affiliation.

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

Criterion 1125.570 - Service Accessibility**1. Service Restrictions**

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

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

2. Additional documentation required:

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

- a. The location and utilization of other planning area service providers;
- b. Patient/resident location information by zip code;
- c. Independent time-travel studies;
- d. Certification of a waiting list;
- e. Admission restrictions that exist in area providers;
- f. An assessment of area population characteristics that document that access problems exist;
- g. Most recently published IDPH Long Term Care Facilities Inventory and Data (see www.hfsrb.illinois.gov).

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

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

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

Criterion 1125.590 - Staffing Availability

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

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

Criterion 1125.600 Bed Capacity

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

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

Criterion 1125.610 - Community Related Functions

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

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

Criterion 1125.620 - Project Size

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

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

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

Criterion 1125.630 - Zoning

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

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

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

Criterion 1125.640 - Assurances

1. The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in Section 1125.210(c) for each category of service involved in the proposal.
2. For beds that have been approved based upon representations for continuum of care (Section 1125.560(a)) or defined population (Section 1125.560(b)), the facility shall provide assurance that it will maintain admissions limitations as specified in those Sections for the life of the facility. To eliminate or modify the admissions limitations, prior approval of HFSRB will be required.

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

Criterion 1125.650 - Modernization

1. If the project involves modernization of a category of LTC bed service, the applicant shall document that the bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:
 - a. High cost of maintenance;
 - b. non-compliance with licensing or life safety codes;
 - c. Changes in standards of care (e.g., private versus multiple bed rooms); or
 - d. Additional space for diagnostic or therapeutic purposes.
2. Documentation shall include the most recent:
 - a. IDPH and CMMS inspection reports; and
 - b. Accrediting agency reports.
3. Other documentation shall include the following, as applicable to the factors cited in the application:
 - a. Copies of maintenance reports;
 - b. Copies of citations for life safety code violations; and
 - c. Other pertinent reports and data.
4. Projects involving the replacement or modernization of a category of service or facility shall meet or exceed the occupancy standards for the categories of service, as specified in Section 1125.210(c).

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

SPECIALIZED LONG-TERM CARE**Criterion 1125.720 - Specialized Long-Term Care – Review Criteria**

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

1. Community Related Functions

Read the criterion and submit the following information:

- a. a description of the process used to inform and receive input from the public including those residents living in close proximity to the proposed facility's location;
- b. letters of support from social, social service and economic groups in the community;
- c. letters of support from municipal/elected officials who represent the area where the project is located.

2. Availability of Ancillary and Support Services

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

- a. a copy of the letter, sent by certified mail return receipt requested, to each of the day programs in the area requesting their comments regarding the impact of the project upon their programs and any response letters;
- b. a description of the public transportation services available to the proposed residents;
- c. a description of the specialized services (other than day programming) available to the residents;
- d. a description of the availability of community activities available to the facility's residents.
- e. documentation of the availability of community workshops.

3. Recommendation from State Departments

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

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

Read the criterion and submit the following information:

- a. a map outlining the target area proposed to be served;
- b. the number of individuals age 0-18 in the target area and the number of individuals in the target area that require the type of care proposed, include the source documents for this estimate;
- c. any reports/studies that show the points of origin of past patients/residents admissions to the facility;

- d. describe the special programs or services proposed and explain the relationship of these programs to the needs of the specialized population proposed to be served.
- e. indicate why the services in the area are insufficient to meet the needs of the area population;
- f. documentation that the 90% occupancy target will be achieved within the first full year of

5. Zoning

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

6. Establishment of Chronic Mental Illness

Read the criterion and provide the following:

- a. documentation of how the resident population has changed making the proposed project necessary.
- b. indicate which beds will be closed to accommodate these additional beds.
- c. the number of admissions for this type of care for each of the last two years.

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

Read this criterion and submit the following information:

- a. documentation that all of the residents proposed to be served are now residents of a DHS facility;
- b. documentation that each of the proposed residents has at least one interested family member who resides in the planning area or at least one interested family member that lives out of state but within 15 miles of the planning area boundary where the facility is or will be located;
- c. if the above is not the case then you must document that the proposed resident has lived in a DHS operated facility within the planning area in which the proposed facility is to be located for more than 2 years and that the consent of the legal guardian has been obtained;
- d. a letter from DHS indicating which facilities in the planning area have refused to accept referrals from the department and the dates of any refusals and the reasons cited for each refusal;
- e. a copy of the letter (sent certified--return receipt requested) to each of the underutilized facilities in the planning area asking if they accept referrals from DHS-operated facilities, listing the dates of each past refusal of a referral, and requesting an explanation of the basis for each refusal;
- f. documentation that each of the proposed relocations will save the State money;
- g. a statement that the facility will only accept future referrals from an area DHS facility if a bed is available;
- h. an explanation of how the proposed facility conforms with or deviates from the DHS comprehensive long range development plan for developmental disabilities services.

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

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

<u>\$19,275,829</u>	<p>a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	<p>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.</p>
_____	<p>c. Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
_____	<p>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:</p> <ol style="list-style-type: none"> 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.

_____	e.	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f.	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g.	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$19,275,829	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	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Mod. Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Nursing	\$196.45		68,586				\$13,474,010		\$13,474,010
Contingency	\$19.65		68,586				\$1,347,401		\$1,347,401
TOTALS	\$216.10		68,586				\$14,821,411		\$14,821,411

* 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	\$181,334	\$85,451	\$266,785
Site Survey and Soil Investigation	\$503,707	\$237,364	\$741,071
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$9,158,304	\$4,315,707	\$13,474,010
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$915,830	\$431,571	\$1,347,401
Architectural/Engineering Fees	\$580,270	\$273,443	\$853,713
Consulting and Other Fees	\$908,757	\$428,238	\$1,336,995
Movable or Other Equipment (not in construction contracts)	\$564,145	\$265,845	\$829,990
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$289,460	\$136,404	\$425,864
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$0	\$0	\$0
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$13,101,808	\$6,174,021	\$19,275,829
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$13,101,808	\$6,174,021	\$19,275,829
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
TOTAL SOURCES OF FUNDS	\$13,101,808	\$6,174,021	\$19,275,829

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Purchase Price: \$ <u>1,600,025 (ground lease)</u>	
Fair Market Value: \$ _____	
The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 \$ <u>2,258,093</u>	

APPENDIX G

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

- | | |
|---|---|
| <input type="checkbox"/> None or not applicable | <input checked="" type="checkbox"/> Preliminary |
| <input type="checkbox"/> Schematics | <input type="checkbox"/> Final Working |

Anticipated project completion date (refer to Part 1130.140): December 31, 2017

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.**

Department/Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
Nursing	\$534,269	0	1,901	1,901	0	0	0
Living/Dining/Activity	\$10,203,660	0	36,306	36,306	0	0	0
Kitchen/Food Service	\$483,680	0	1,721	1,721	0	0	0
P.T./O.T.	\$903,282	0	3,214	3,214	0	0	0
Laundry	\$209,660	0	746	746	0	0	0
Janitor Closets	\$68,013	0	242	242	0	0	0
Clean/Soiled Utility	\$295,098	0	1,050	1,050	0	0	0
Beauty/Barber	\$404,144	0	1,438	1,438	0	0	0
Total Clinical	\$13,101,808	0	46,618	46,618	0	0	0
NON-CLINICAL							
Office/Administration	\$391,497	0	1,393	1,393	0	0	0
Employee Lounge/ Locker/Training	\$106,516	0	379	379	0	0	0
Mechanical/Electrical	\$547,759	0	1,949	1,949	0	0	0
Lobby	\$492,955	0	1,754	1,754	0	0	0
Storage/Maintenance Corridor/Public Toilets	\$437,027 \$3,708,123	0 0	1,555 13,194	1,555 13,194	0 0	0 0	0 0
Stair/Elevators	\$490,144	0	1,744	1,744	0	0	0
Total Non-Clinical	\$6,174,021	0	21,968	21,968	0	0	0
TOTAL	\$19,275,829	0	68,586	68,586	0	0	0

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	37-42
2	Site Ownership	43-47
3	Operating Identity/Licensee	48-49
4	Organizational Relationships	50-51
5	Flood Plain Requirements	52-54
6	Historic Preservation Act Requirements	55-56
	General Information Requirements	
10	Purpose of the Project	57-75
11	Alternatives to the Project	76-89
	Service Specific - General Long-Term Care	
12	Background of the Applicant	90-104
13	Planning Area Need	105-118
14	Establishment of General LTC Service or Facility	119-132
15	Expansion of General LTC Service or Facility	
16	Variances	
17	Accessibility	133-165
18	Unnecessary Duplication/Maldistribution	166-186
19	Staffing Availability	187-189
20	Bed Capacity	190
21	Community Relations	191-200
22	Project Size	201
23	Zoning	202-203
24	Assurances	204-205
25	Modernization	
	Service Specific - Specialized Long-Term Care	
26	Specialized Long-Term Care – Review Criteria	
	Financial and Economic Feasibility:	
27	Availability of Funds	206-224
28	Financial Waiver	225
29	Financial Viability	
30	Economic Feasibility	226-228
	APPENDICES	
A	Project Costs and Sources of Funds	32
B	Related Project Costs	33
C	Project Status and Completion Schedule	34
D	Cost/Space Requirements	35

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

Applicant /Co-Applicant Identification

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

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

MS McHenry, LLC will be the owner of the proposed site and building. TCO JV, LLC d/b/a **Transformative Health Network** will be the Operator/Licensee of the proposed facility. MS McHenry, LLC is a joint venture that includes **Mainstreet Property Group, LLC d/b/a MSPG, LLC**. As this entity is funding 100% of the project, it is considered also considered a co-Applicant. An Illinois Certificate of Good Standing for all three entities is appended as **ATTACHMENT-1A**.

ATTACHMENT-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

MS MCHENRY, LLC, AN INDIANA LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 20, 2015, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 21ST day of AUGUST A.D. 2015 .

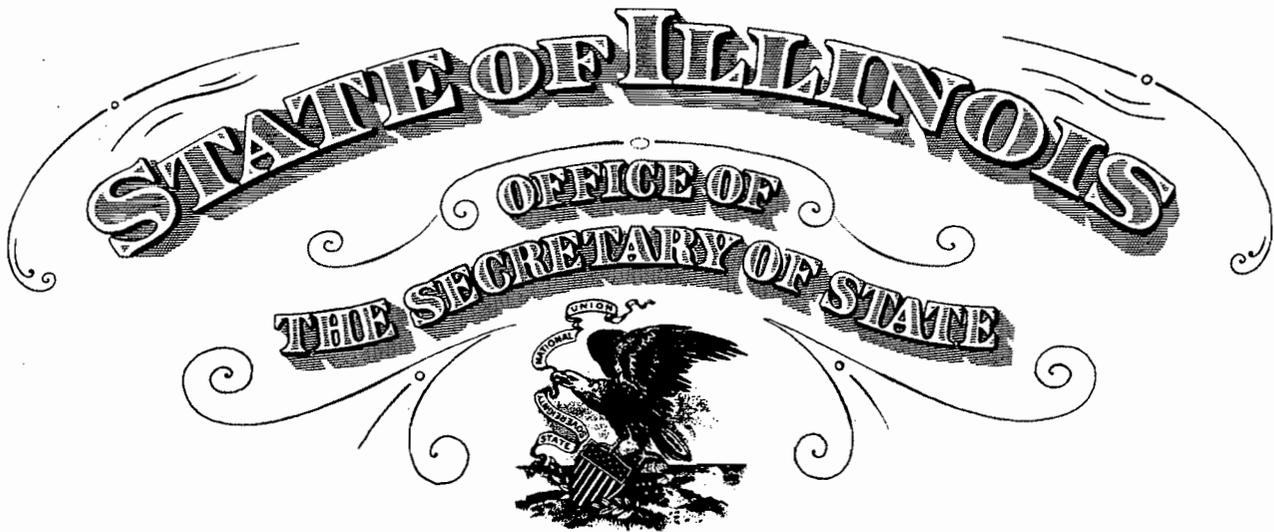


Authentication #: 1523301590 verifiable until 08/21/2016
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A



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

TCO JV, LLC, AN INDIANA LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 20, 2015, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 21ST day of AUGUST A.D. 2015 .



Jesse White

SECRETARY OF STATE

Authentication #: 1523301598 verifiable until 08/21/2016
Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT-1A



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

0536005-6

08/25/2015

NATIONAL CORPORATE RESEARCH, L
600 SOUTH SECOND ST, SUITE 404
SPRINGFIELD, IL 62704-2542

RE TCO JV, LLC

DEAR SIR OR MADAM:

APPLICATION TO ADOPT AN ASSUMED NAME HAS BEEN PLACED ON FILE AND THE LIMITED LIABILITY COMPANY CREDITED WITH THE REQUIRED FEE.

SINCERELY YOURS,

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY DIVISION
(217) 524-8008

ATTACHMENT-1A

Form **LLC-1.20**
May 2015

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act
Application to Adopt, Change, Cancel
or Renew an Assumed Name



LC0016922

This space for use by Secretary of State.

Filing Fee (See Note): \$

Approved:

FILE # 05360056

This space for use by Secretary of State.

FILED
AUG 24 2015
JESSE WHITE
SECRETARY OF STATE

JFP FEE: \$ 150

1. Limited Liability Company Name: TCO JV, LLC

2. State or Country under the laws of which the company is organized: (check one)
 Illinois (domestic) Foreign (specify): Indiana

3. Check this box if it is a Series of the Limited Liability Company that intends to adopt, change, cancel or renew an assumed name.
Name of Series: _____

4. TO ADOPT: (see note) The Limited Liability Company or Series intends to adopt and transact business under the assumed name of: Transformative Health Network

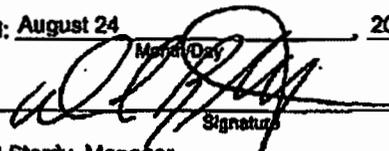
5. TO CHANGE: (see note)
(a) The above-named Limited Liability Company or Series intends to cease transacting business under the assumed name of: _____
(b) and to commence transacting business under the new assumed name of: _____

6. TO CANCEL: (see note) The above-named Limited Liability Company or Series intends to cease transacting business under the assumed name of: _____

7. TO RENEW: (see note) The above-named Limited Liability Company or Series intends to renew the assumed name of: _____

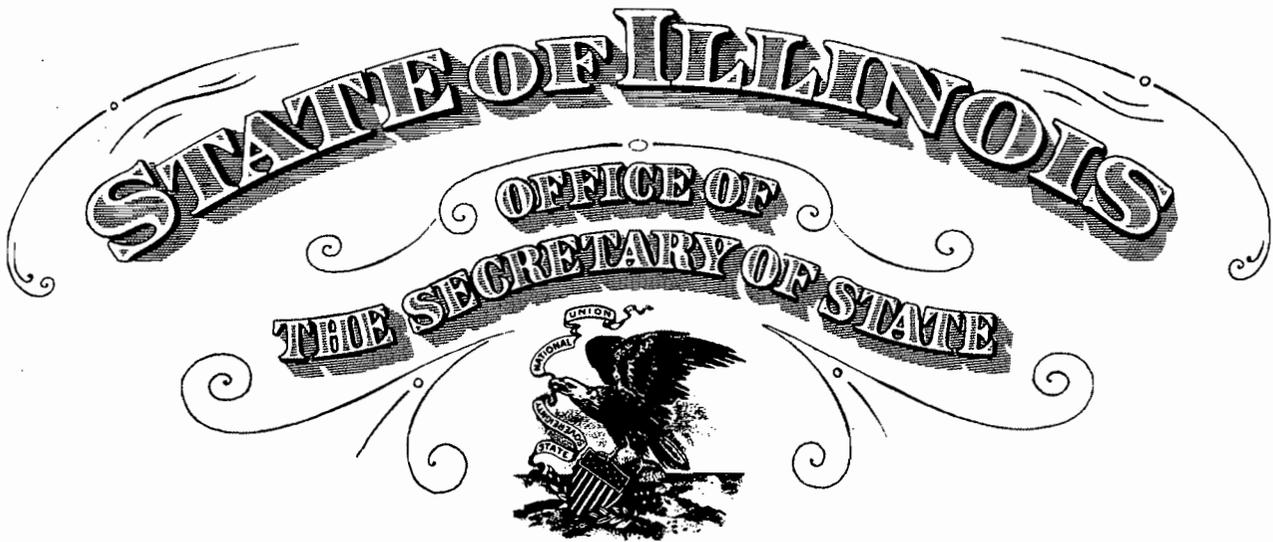
8. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Application to Adopt, Change, Cancel or Renew an Assumed Name is to the best of my knowledge and belief, true, correct and complete.

Dated: August 24 2015
Month/Day Year



Signature
David Stordy, Manager
Name and Title (type or print)

If applicant is a company or other entity, state name of company and indicate whether it is a member or manager of the LLC.



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

MAINSTREET PROPERTY GROUP, LLC, AN INDIANA LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 28, 2015, UNDER THE ASSUMED NAME OF MSPG, LLC, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 28TH day of AUGUST A.D. 2015 .



Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

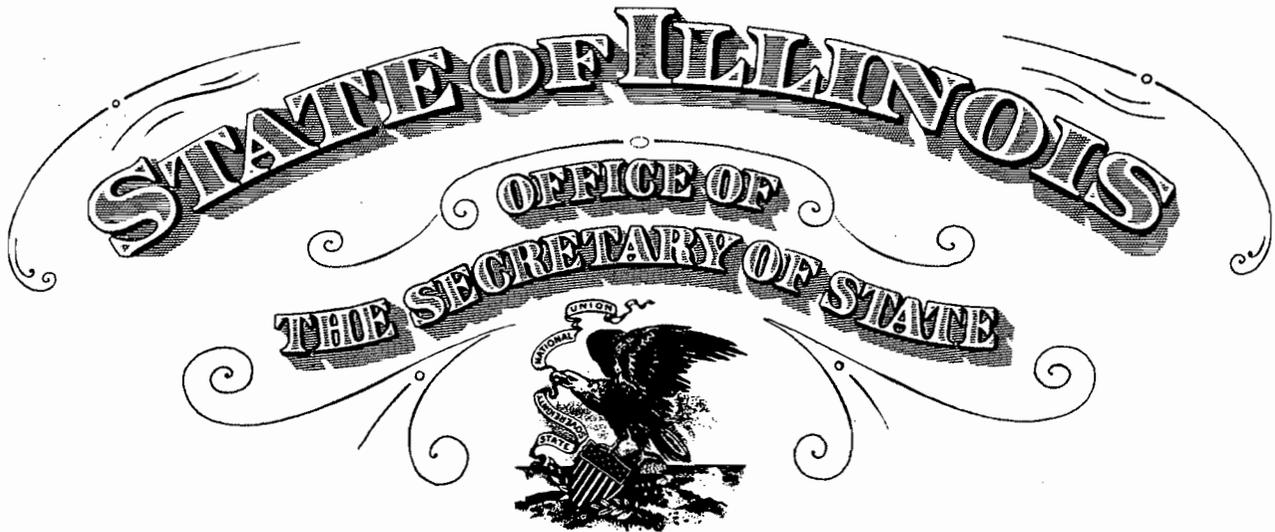
SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
Continued ii

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 ownership entity for the proposed project is **MS McHenry, LLC**. An Illinois Certificate of Good Standing for this entity is appended as **ATTACHMENT-2A**. A letter of intent between **Centegra Health System** and **MS McHenry, LLC** to lease hospital property for the proposed facility, documenting site control is appended as **ATTACHMENT-2B**.

ATTACHMENT-2



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

MS MCHENRY, LLC, AN INDIANA LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 20, 2015, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 21ST day of AUGUST A.D. 2015 .



Authentication #: 1523301590 verifiable until 08/21/2016
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

ATTACHMENT-2A

August 21, 2015

Mr. Gerry Jenich
TCO JV, LLC
14390 Clay Terrace Blvd, Suite 205
Carmel, IN 46032

RE: Letter of Intent Regarding the Development and Ground Lease of a Free Standing, 98-Bed Skilled Nursing Facility on the Campus of Centegra Hospital – McHenry (the “Project”)

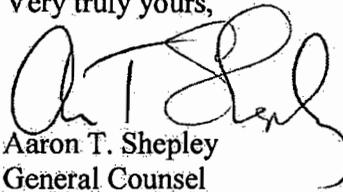
Dear Gerry,

This letter is intended to summarize our mutual understanding regarding the Project, NIMED Corp., an affiliate of Centegra Health System (“NIMED”), is the current owner of the real property on which the Project is located (the “Property”). We understand that MS McHenry, LLC (“Mainstreet”) will be the developer of the Project and that TCO JV, LLC (“Applicant”) will operate those programs associated with the Project.

NIMED and Mainstreet agree to enter into good faith negotiations regarding the execution and delivery of a long-term ground lease for the Property on terms and conditions reasonably acceptable to the parties. We anticipate that the ground lease will be for an initial lease term of 50 years.

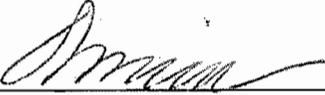
We look forward to working with you in connections with the Project.

Very truly yours,


Aaron T. Shepley
General Counsel

Subscribed and sworn to before
me this 23RD day of Aug, 2015.

Accepted by:
Gerry Jenich
Manager
TCO JV, LLC

By: 





Accepted by:
David Stordy
Manager
MS MCHENRY, LLC

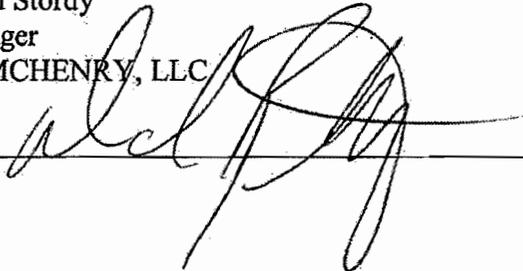
By: _____

Accepted by:
Gerry Jenich
Manager
TCO JV, LLC

By: _____

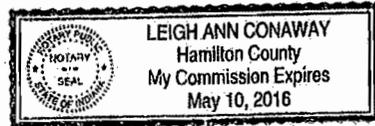
Accepted by:
David Stordy
Manager
MS MCHENRY, LLC

By: _____



Subscribed and sworn to
before me this 24th day of
Aug. 2015.

Leigh Ann Conaway



SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

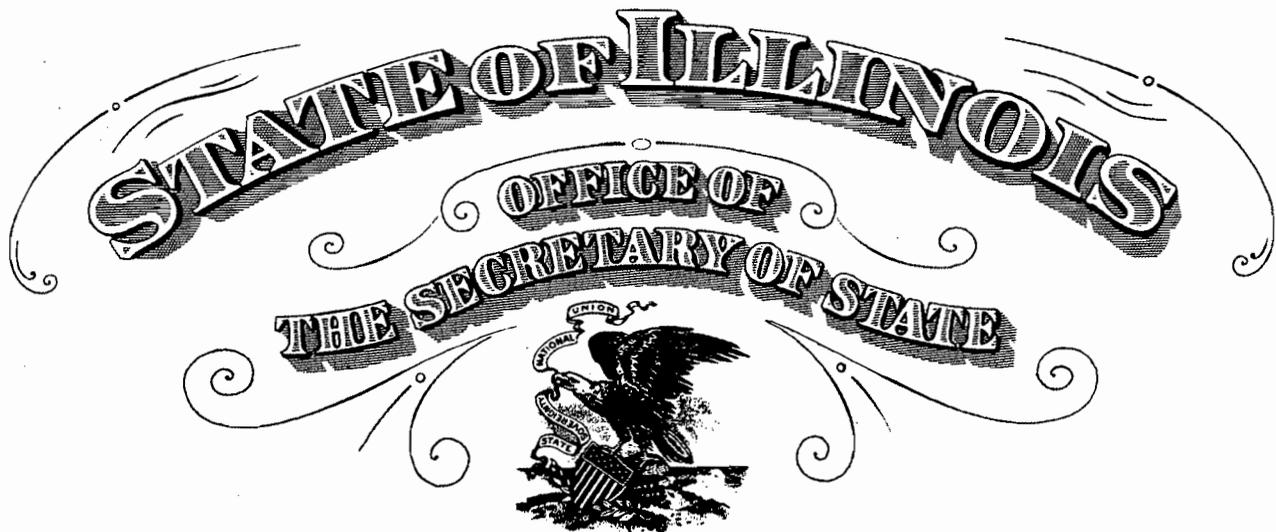
Continued iii

Operating Identity/Licensee

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

The Operator/Licensee of the proposed Transformative Health of McHenry will be **TCO JV, LLC d/b/a Transformative Health Network**. The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A**.

ATTACHMENT-3



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

TCO JV, LLC, AN INDIANA LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON AUGUST 20, 2015, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 21ST day of AUGUST A.D. 2015 .



Jesse White

SECRETARY OF STATE

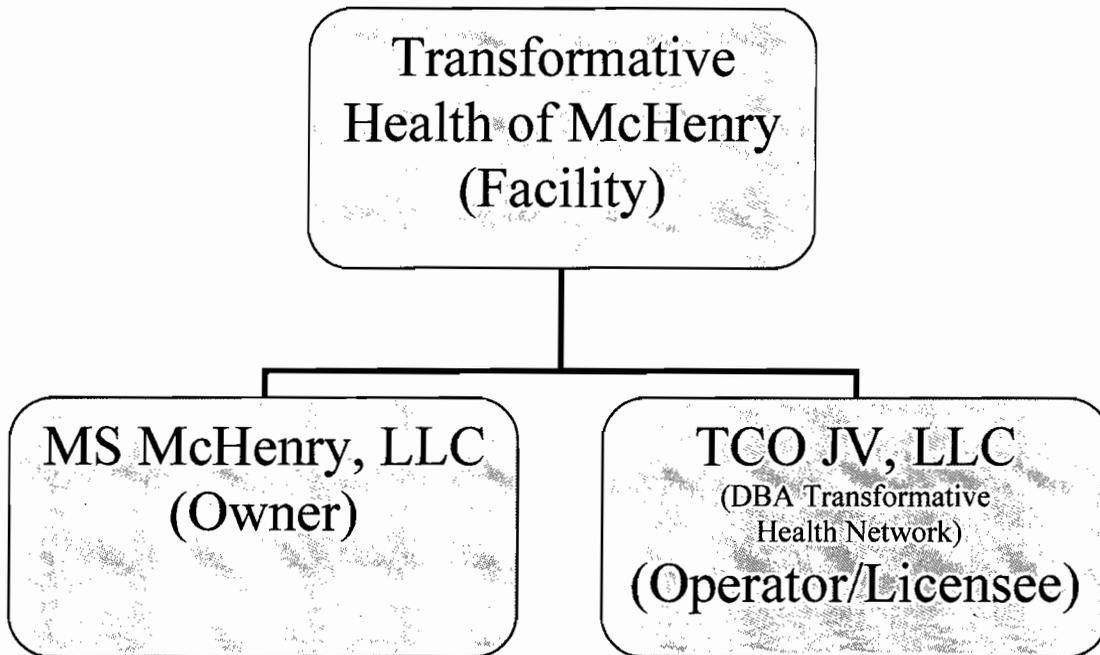
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Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT-3A

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

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.

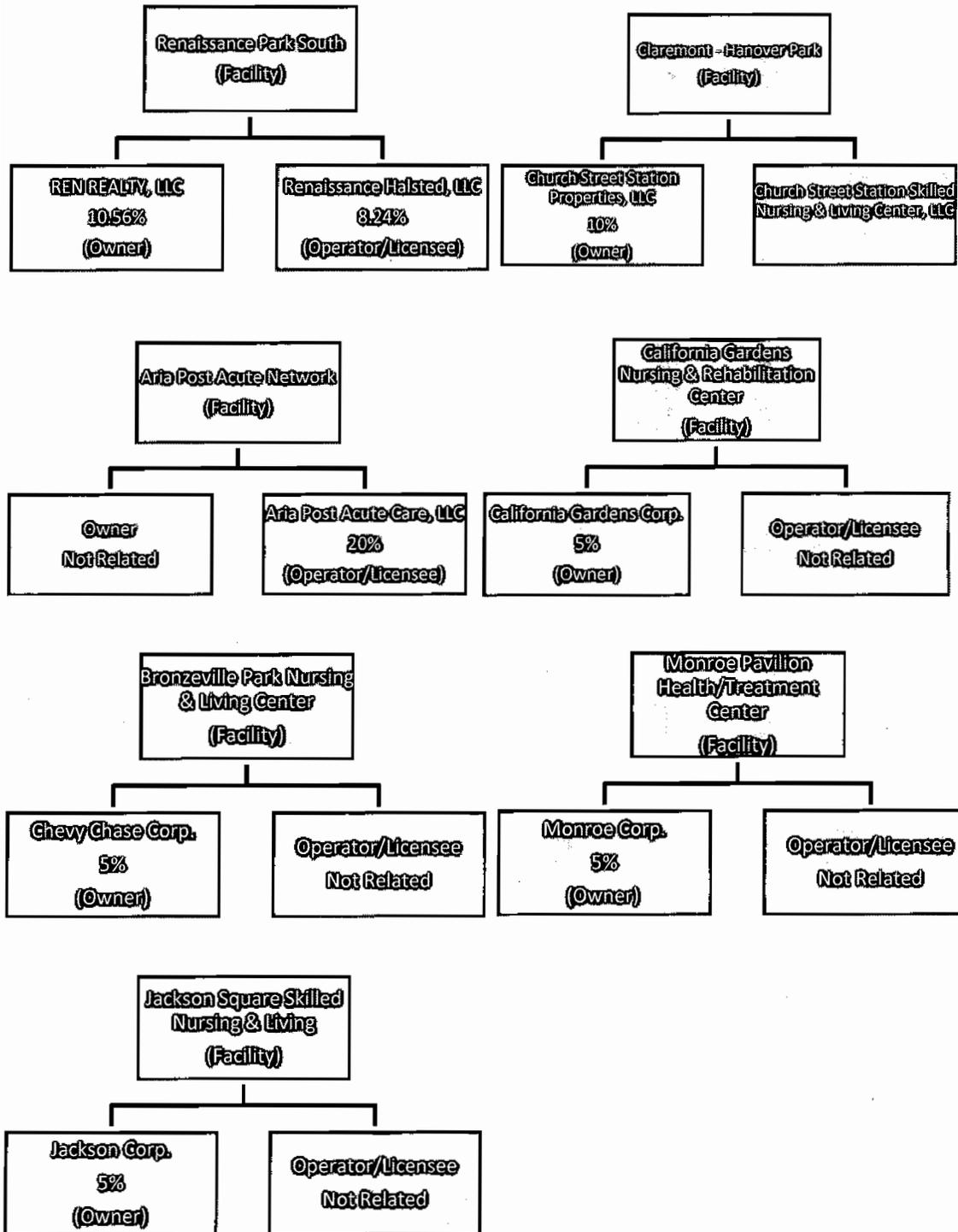


Above is an organizational chart for the proposed facility. **MS McHenry, LLC** is a joint venture that includes **Mainstreet Property Group, LLC d/b/a MSPG, LLC**. This entity is providing 100% of the funding for this project.

The manager of **TCO JV, LLC d/b/a Transformative Health Network** has an affiliation with Symphony Post Acute Network. Symphony Post Acute Network has a proven track record of successfully operating and managing nursing homes in Illinois with an emphasis on managing facilities like this project. Through Symphony Post Acute Network, the proposed project is "related" to other Illinois nursing homes. A listing of these facilities is appended as **ATTACHMENT-4A**.

ATTACHMENT-4

**Facilities and the respective Real Estate and/or Operating Entities
"Related" to TCO JV, LLC**



SECTION I – IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Continued v

Flood Plain Requirements

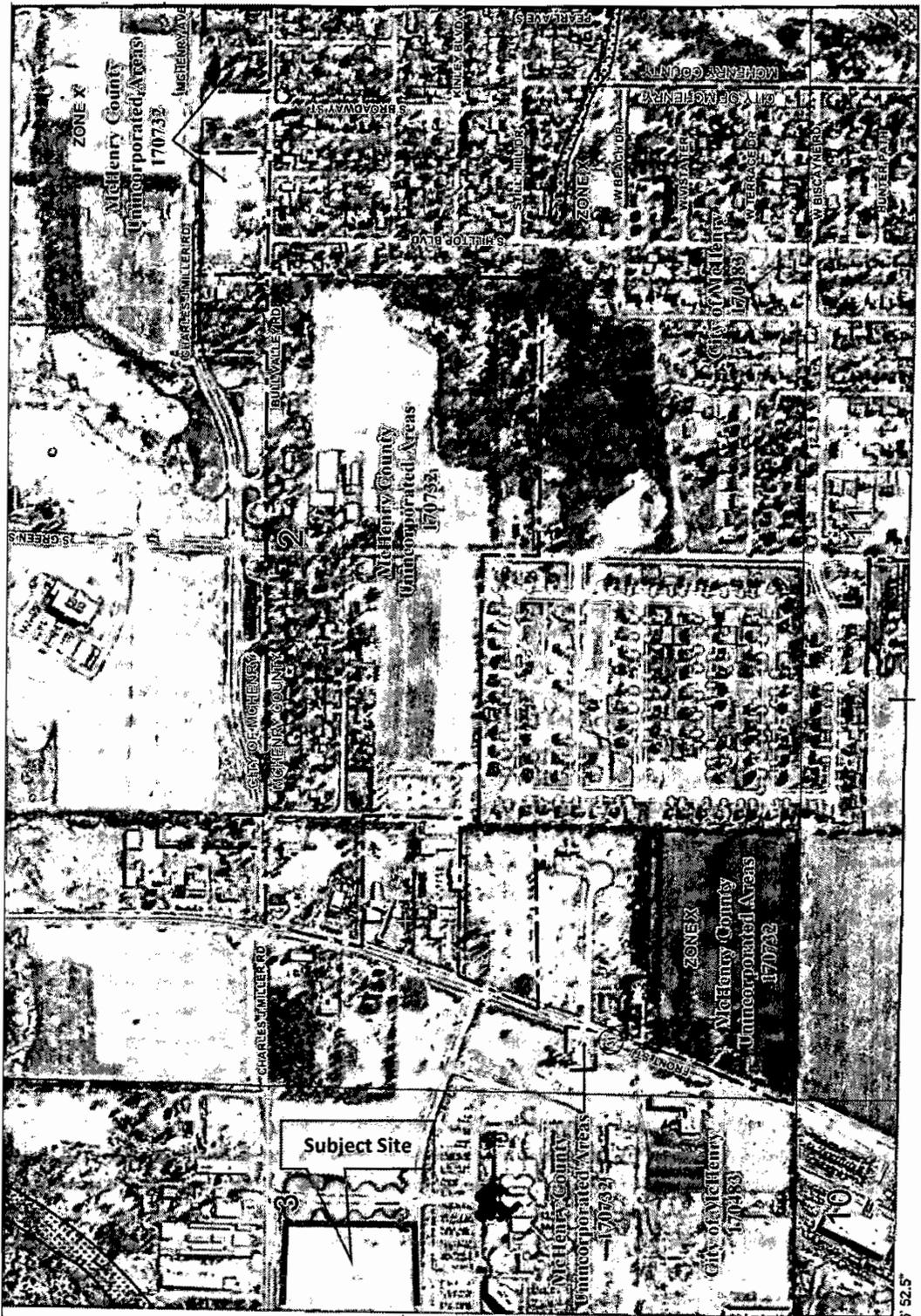
Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain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

Appended as ATTACHMENT-5A are FIRM Maps printed from www.FEMA.gov illustrating that the site is not within a special flood hazard area.

ATTACHMENT-5



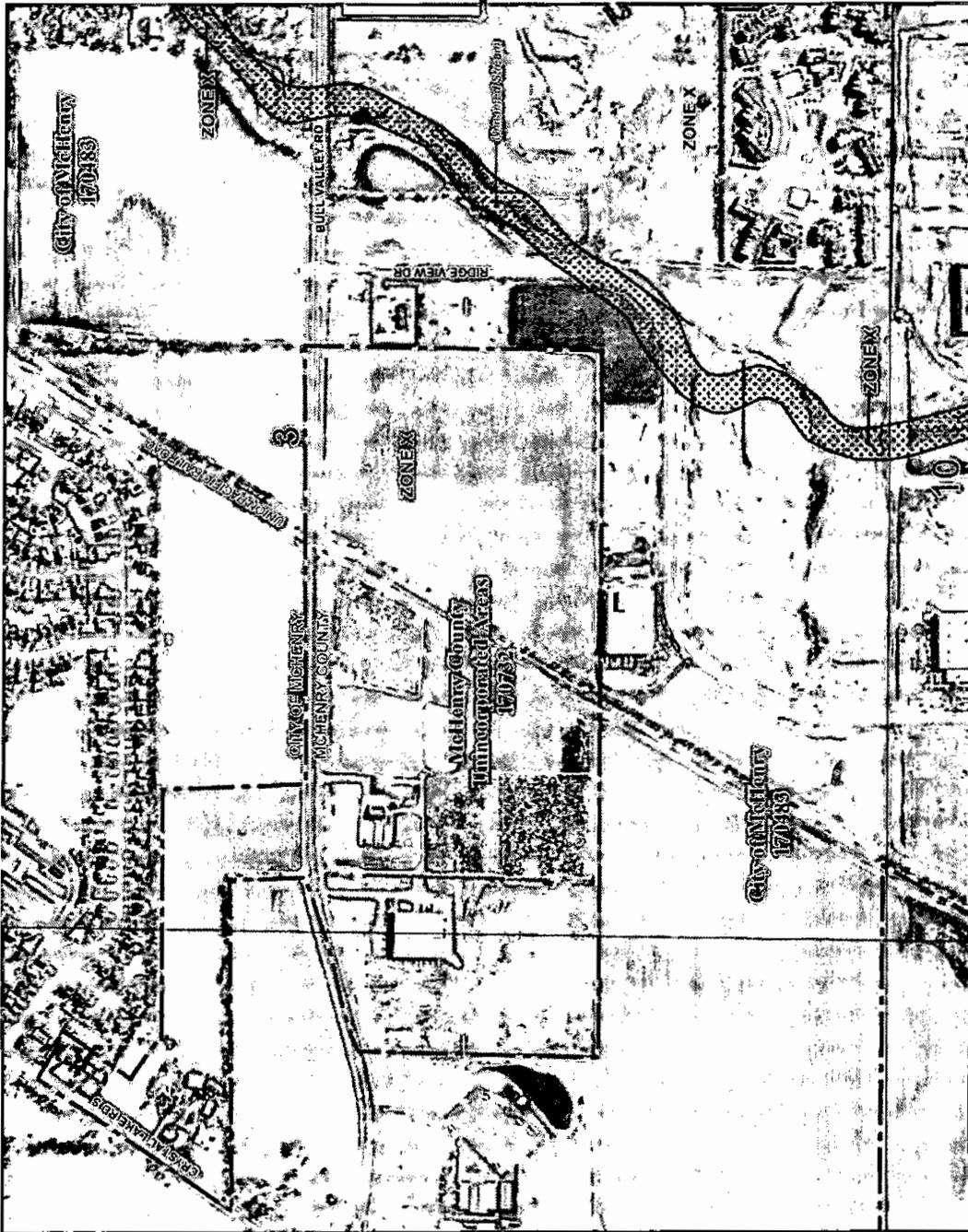
Firm Map
Map #17111C0209J





Firm Map

Map #17111C0208J



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

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 August 25, 2105 stating that "no historic properties are affected".

ATTACHMENT-6



Illinois Historic Preservation Agency

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

FAX 217/524-7525
www.illinoishistory.gov

McHenry County
McHenry
SW of Bull Valley Road and Lawrence Parkway
COEC
New construction, long term care facility - Centegra Hospital-McHenry Campus

PLEASE REFER TO: IHPA LOG #001082115

August 25, 2015

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

Dear Ms. Harris:

We have reviewed the documentation submitted for the referenced project(s) in accordance with 36 CFR Part 800.4. Based upon the information provided, no historic properties are affected. We, therefore, have no objection to the undertaking proceeding as planned.

Please retain this letter in your files as evidence of compliance with section 106 of the National Historic Preservation Act of 1966, as amended. This clearance remains in effect for two (2) 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 are an applicant, please submit a copy of this letter to the state or federal agency from which you obtain any permit, license, grant, or other assistance.

Sincerely,

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

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

Criterion 1125.320 – Purpose of the Project

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

The project will establish a 98-bed nursing care facility in McHenry, Illinois. The proposed facility was invited to be located on the grounds of the local hospital, Centegra Hospital – McHenry and in response to State's published bed need, 2015 Illinois Department of Public Health (hereafter known as IDPH) Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services, which calculates a need for 127 additional beds. This is an increase of 29 beds from the Long-Term Care Facility Update (June 15, 2015) to the 2013 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services **for McHenry County**. This project will provide health services that will improve accessibility for nursing care services to the residents of the market area, i.e., a 30-minute travel time from the proposed site. Upon project completion there will still be a need for 29 additional nursing beds.

The Long-Term Care industry has been feeling the pressures brought on by Accountable Care Organization (ACO's) and their managed care contracts and the Affordable Care Act (ACA) in terms of moving patients and services downstream with more predictable and better outcomes. Not only will this project address the need for beds and services within the County but the vast majority of admissions will come from the Hospital. Therefore, this project will provide and improve health services to residents of McHenry County.

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

In accordance with the State's required travel time contour, the proposed market area is the 30-minute drive time contour adjusted per the 77 Illinois Administrative Code, Chapter II, Subchapter a, Section 1100, 510(d).

ATTACHMENT-10

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

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

There is an identified need for 127 additional nursing care beds and services in Health Service Area 8, McHenry County Planning Area. This project addresses that existing identified need.

Market	2013	2018	Growth	Lic. Beds	Pop for 1-bed	2013	2018	Growth	65+ Pop for 1-bed
	Population	Population				Population	65+ Pop		
Illinois	12,881,000	13,069,400	1.5%	100,792	129.7	1,742,900	2,018,400	15.8%	20.0
DeKalb Co.	104,100	116,700	12.1%	742	157.3	10,900	12,700	16.5%	17.1
Kane Co.	522,900	569,200	8.9%	3,064	185.8	56,300	73,900	31.3%	24.1
Lake Co.	705,900	751,700	6.5%	4663	161.2	83,100	105,600	27.1%	22.6
McHenry Co.	308,500	337,700	9.5%	997	338.7	36,000	46,500	29.2%	46.6

Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services population data from IDPH's Mitchell, Mike E. [Mike.Mitchell@Illinois.gov] 08/27/2015

The chart provided herein portrays the issue that the proposed project seeks to address. Specifically, the Planning Areas of McHenry, Kane, Lake and DeKalb Counties each have a ratio of population per single nursing bed that is higher than that of the State. The proposed project seeks to improve accessibility to nursing beds in McHenry County.

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

Appended as **ATTACHMENT-10A**, is the State's 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services Summary of General Long-Term Nursing Care Beds and Need by Planning Area, Health Service Area 8.

Appended as **ATTACHMENT-10B** is the Long-Term Care Facility Update (June 15, 2015) to the 2013 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services **for McHenry County**.

Appended as **ATTACHMENT-10C**, is the Microsoft MapPoint North America 2009

ATTACHMENT-10

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

map identifying the location of the proposed facility, the 30-minute market contour, location of other area nursing facilities, and zip code areas.

Appended as **ATTACHMENT-10D**, is a summary list of nursing facilities identified as within the market area contour, their number of nursing beds, and travel times to the proposed site.

Appended as **ATTACHMENT-10E** are two hospital referral letters from Centegra Hospital - McHenry and from Centegra Hospitals - Woodstock & Huntley. These letters support the project and the Applicant's ability to appropriately utilize the facility.

Appended as **ATTACHMENT-10F** are nine physician referral letters. These letters support the project and serve as an indicator of need for the project.

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

This project addresses the issues of accessibility as defined in the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services which calculates an outstanding need for 127 additional nursing care beds in McHenry County. This project also represents working hand-in-hand with Centegra Hospital - McHenry to provide seamless transition of care for long-term and rehabilitative residents in need of nursing care services.

Appended as **ATTACHMENT-10E** are two hospital letters identifying a combined total of 1,607 historical and projected referrals that can and will be used to support this project. The first letter is from Centegra Hospital - McHenry which has identified historical and projected referrals of 1,107 patients and the second is from Centegra Hospitals - Woodstock and Huntley that have identified 500 patients historically and projected that will respectively support

ATTACHMENT-10

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

Transformative Health of McHenry. Appended as ATTACHMENT-10F are nine letters from local physicians who have also referred 883 patients to nursing care annually and will make referrals in the same number to the proposed project. It should be noted that some of these physician-identified historical referrals have also been identified in the hospital referral letter. As such, the physician referral letters serve as an additional indicator of need. These referral numbers are high and more than the proposed facility will be able to accommodate even when consideration is given for the average length of stay within each unit. Therefore, patients will still be referred to other area facilities and would appear not to have a significant impact on the other area nursing providers. Moreover, the proposed project is not intending to fully satisfy the identified and outstanding need for additional nursing beds and services. The important point is that accessibility, although not fully satisfied, will be greatly improved.

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

This project's goal is to serve and provide general and rehabilitative long-term care services to those in need within the McHenry County Planning Area. The specific goal will be measured by the Applicant's ability to continuously fill its beds and provide the proposed services.

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.

This project does not involve modernization as the project is for the establishment and new construction of the proposed project.

ATTACHMENT-10

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

Facility Name	City	County/Area	General Nursing Care	
			Beds	2013 Patient Days
ALDEN TERRACE OF MCHENRY REHAB	MCHENRY	McHenry County	316	68,917
CENTEGRA SPECIALTY HOSPITAL WOODSTOCK	WOODSTOCK	McHenry County	0	4,629
11/12/2014 14-038	Received permit for discontinuation of 40 bed Skilled Nursing (Long-Term Care) category of service.			
CROSSROADS CARE CENTER WOODSTOCK	WOODSTOCK	McHenry County	115	35,416
CRYSTAL PINES REHAB & HCC	CRYSTAL LAKE	McHenry County	114	36,830
FAIR OAKS HEALTH CARE CENTER	CRYSTAL LAKE	McHenry County	51	14,912
3/29/2013 Bed Change	Facility added 5 Nursing Care beds. Facility now has 51 Nursing Care beds.			
FLORENCE NURSING HOME	MARENGO	McHenry County	56	16,481
HEARTHSTONE MANOR	WOODSTOCK	McHenry County	75	19,390
MERCY HARVARD HOSPITAL CARE CENTER	HARVARD	McHenry County	45	7,466
SPRINGS AT CRYSTAL LAKE	CRYSTAL LAKE	McHenry County	97	18,930
VALLEY HI NURSING HOME	WOODSTOCK	McHenry County	128	44,228
Planning Area Totals			997	267,199

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population		2013 Use Rates (Per 1,000)	2013 Minimum Use Rates		2013 Maximum Use Rates
			2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates		2013 Minimum Use Rates	2013 Maximum Use Rates	
008	0-64 Years Old	457,316	1,361,900	335.8	201.5	2,049.6	537.3	
	65-74 Years Old	354,924	103,900	3,416.0	2,049.6	5,465.6		
	75+ Years Old	1,364,262	71,500	19,080.6	11,448.4	30,528.9		
		2013 PSA Estimated Populations	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Bed Need (90% Occ.)
0-64 Years Old	26,755	272,500	201.5	537.3	201.5	291,200	58,670	Planned
65-74 Years Old	41,276	22,600	1,826.4	5,465.6	2,049.6	29,700	60,873	Average Daily
75+ Years Old	199,168	13,400	14,863.3	30,528.9	14,863.3	16,800	249,703	Census
Planning Area Totals			1,011.6	1,124	1,011.6	1,124	127	

LONG-TERM CARE FACILITY UPDATES

6/15/2015

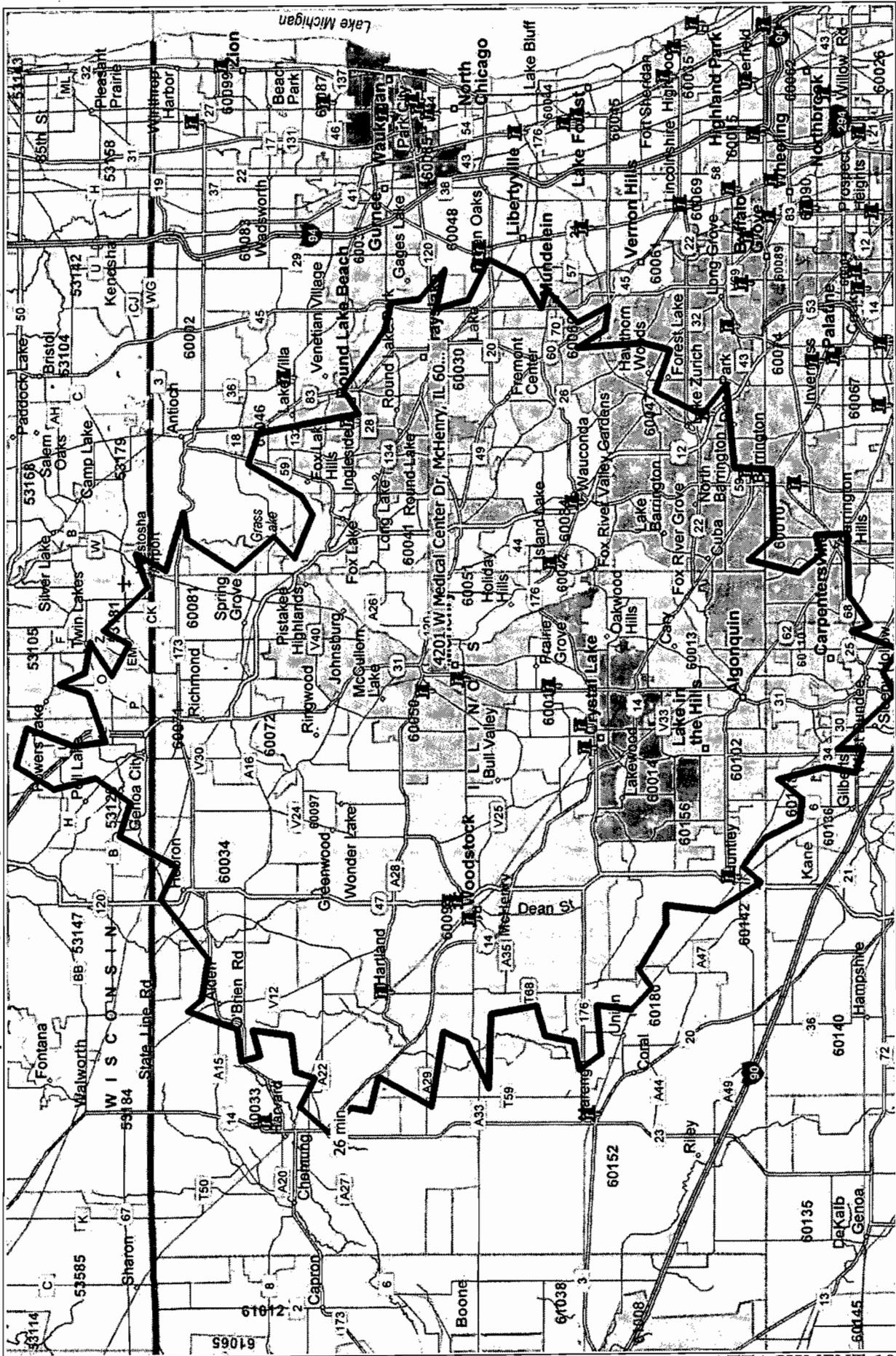
CALCULATED BED NEEDS

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)

MapPointMap 30 adj time from 4201 W Mewdical Center Dr McHenry



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 Certain mapping and direction data © 2008 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario, NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2008 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc. © 2008 by Applied Geographic Systems. All rights reserved.

Long-Term Care Facilities
Travel Time and Distance
From Proposed Transformative Health of McHenry
30-Minute Market Contour

FACID	FACNAME	ADDRESS	CITY	ZIP	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
6008304	Alden Terrace Of McHenry Rehab (1)	803 Front Royal Drive	Mchenry	60050-0000	316	2.83	5.75
6011803	The Springs at Crystal Lake	1000 East Brighton Lane	Crystal Lake	60012-0000	97	4.02	6.9
6002299	Crystal Pines Rehab & HCC	335 Illinois St	Crystal Lake	60014-0000	114	6.69	11.5
6008585	Sheltering Oak (2)	27888 N Beech St	Island Lake	60042-0000		6.94	13.8
6002976	Fair Oaks Health Care Center (3)	W Terra Cotta Ave & Ridge Ave	Crystal Lake	60014-0000	51	7.98	14.95
6009310	Hearthstone Manor	920 North Seminary Avenue	Woodstock	60098-0000	75	9.42	17.25
6010136	Crossroads Care Center Woodstock	309 Mchenry Avenue	Woodstock	60098-0000	115	9.80	17.25
6009435	Wauconda Healthcare & Rehab (4)(4a)	176 Thomas Court	Wauconda	60084-0000	135	9.47	18.4
6013981	Memorial Medical Center (5)	527 West South Street	Woodstock	60098-0000		9.63	19.55
6009542	Valley Hi Nursing Home	2406 Hartland Road	Woodstock	60098-0000	128	14.91	24.15
6004410	Hillcrest Retirement Village	1740 Circuit Dr	Round Lake Beach	60073-0000	144	13.94	26.45
6014138	Lexington Of Lake Zurich	900 South Rand Road	Lake Zurich	60047-0000	203	16.73	29.9
6016158	Prairieview Nursing Unit (6)	6000 GARLANDS LANE	Barrington	60010	20	16.72	29.9

- (1) Profile & website address is 803 Royal Drive
(2) 01/13/2013 CLOSURE. License not renewed effective this date; 70 beds removed from inventory
(3) 03/29/2013 Bed Change. Facility added 5 Nursing Care beds. Facility now has 51 Nursing Care beds; Profile address: 471 W. Terra Cotta Avenue
(4) 10/30/2012 12-062 Permit issued to add 40 Nursing Care Beds to existing facility; facility will have 175 beds upon project completion
(4a) 10/08/2014 Relinquishment of project. Removed 40 Nursing Care beds from inventory.
(5) 11/12/2014 facility received permit for discontinuation of 40 bed skilled nursing (long-term care) unit
(6) 05/02/2014 Name change: formerly Prairieview at the Gardens

Source: Long-Term Care Facility Questionnaire for 2013, Illinois Department of Public Health, Health Systems Development
Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2013 - Long-Term Care Services
Inventory of Health Care Facilities and Services and Need Determinations - 2015- Long-Term Care Services
<http://www2.illinois.gov/hfs/MedicalProvider/CostReports/Pages/default.aspx>
<https://lhc.dph.illinois.gov/webapp/LTCAApp/lhc.jsp>

August 21, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

We support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

Centegra Hospital-McHenry currently provides health care related services to residents of the planning area within Health Service Area 8, McHenry County and surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Because all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that our organization referred 1,107 patients to a skilled nursing facility in the 12-month period between July 1, 2014 and June 30, 2015 and anticipate the referral volume to remain similar for the next two years.

I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

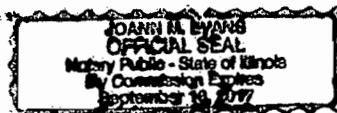
We are familiar with member facilities of the Symphony Post Acute Network and can attest to the commitment and management ability they bring to the skilled nursing and long-term care profession.

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

Sincerely,

Rachel Sebastian
SVP and COO, Centegra Hospital - McHenry

SUBSCRIBED and SWORN to before me
this 21st day of August, 2015.

Notary Public

August 21, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

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We support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

Centegra Hospital-Woodstock currently provides health care related services to residents of the planning area within Health Service Area 8, McHenry County and surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Because all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that Centegra Hospital-Woodstock referred 500 patients to a skilled nursing facility in the 12-month period between July 1, 2014 and June 30, 2015 and anticipate the referral volume to remain similar for the next two years.

I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

We are familiar with member facilities of the Symphony Post Acute Network and can attest to the commitment and management ability they bring to the skilled nursing and long-term care profession.

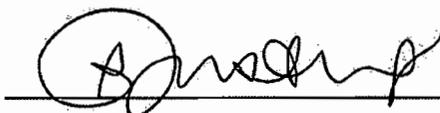
If I can be of any further assistance please contact me.

Sincerely,



Sheila Senn, PsyD
SVP and COO, Centegra Hospitals-Woodstock and Huntley

SUBSCRIBED and SWORN to before me
this 21st day of August, 2015.



Notary Public



ATTACHMENT-10E

August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

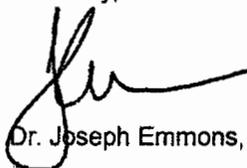
I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 59 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

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

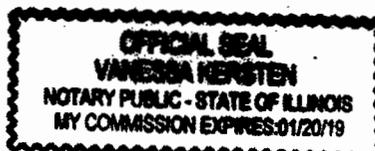
Sincerely,



Dr. Joseph Emmons, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.

Vanessa Kersten
Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

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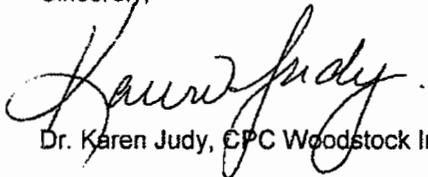
I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 167 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

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

Sincerely,

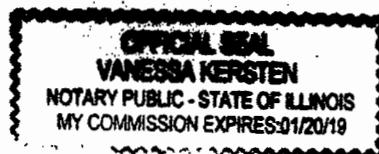


Dr. Karen Judy, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.



Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

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I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 368 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

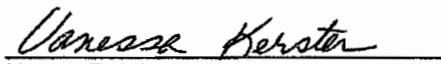
If I can be of any further assistance please contact me.

Sincerely,



Dr. Marcel Hoffman, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



August 24, 2015

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

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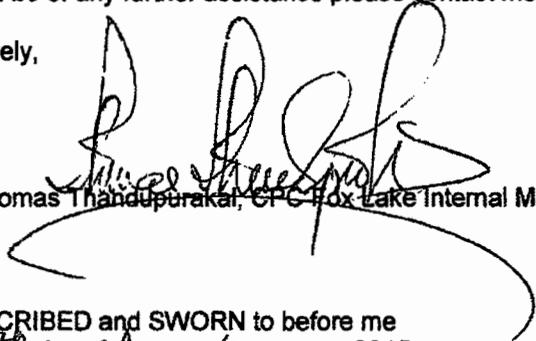
I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

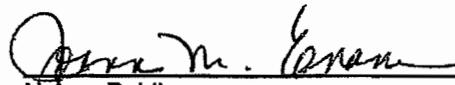
Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 15 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

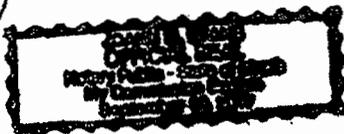
If I can be of any further assistance please contact me.

Sincerely,


Dr. Thomas Thandupurakal, CPC Fox Lake Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



ATTACHMENT-10F

August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

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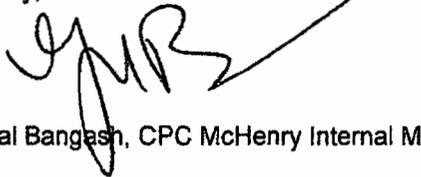
I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 127 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

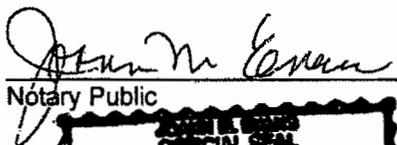
If I can be of any further assistance please contact me.

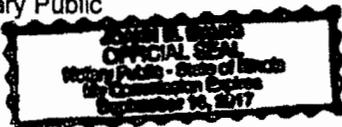
Sincerely,



Dr. Ifzal Bangash, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

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My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 17 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

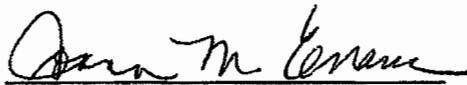
If I can be of any further assistance please contact me.

Sincerely,



Dr. Daniela Huerta de Hathaway, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



August 24, 2015

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

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Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 55 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

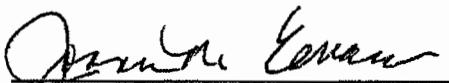
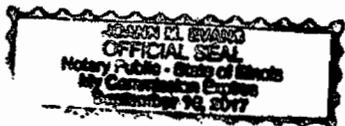
If I can be of any further assistance please contact me.

Sincerely,



Dr. John Anderson, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public

August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 2 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

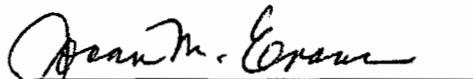
If I can be of any further assistance please contact me.

Sincerely,

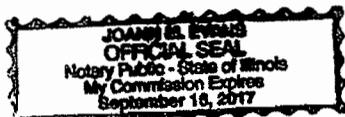


Dr. Corey Black, CPC Hospitalist

SUBSCRIBED and SWORN to before me
this 24th day of August, 2015.



Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 23 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

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

Sincerely,

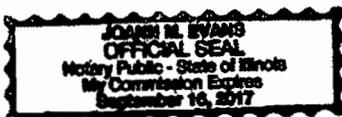
Dr. Prashant Sura, CPC Hospitalist



SUBSCRIBED and SWORN to before me
this 24th day of August, 2015.



Notary Public



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

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.**

This project presents a situation that has become more common in areas around the State of Illinois in terms of health planning. The dichotomy is that within the McHenry County Planning Area there is currently an outstanding need for 127 nursing care beds according to new 2015 IDPH, Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services. However, at the same time, the State's latest available information (IDPH, Long-Term Care Questionnaire Data for 2014) shows that many facilities have utilization rates that are under the State's optimal rate of 90 percent (77 Illinois Administrative Code, Chapter II, Section 1125.210.c). See **ATTACHMENT-11A** for McHenry, Boone and 7-A Planning Area profiles. It is hard to balance these two issues since the identified need for additional nursing beds is also significantly on Boone County and 7-A Planning Areas (the need is for 81 beds and 462 beds respectively).

ATTACHMENT-11

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

The rationale for the need is that regardless of the existing utilization, the population is and has been growing. For the proposed market area, the 2013 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services for the McHenry County Planning Area identified a need for 58 nursing beds with a flat population growth. This was due to the 21.2% growth of the 65+ age cohorts. The new inventory (2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII) has estimated and projected

	2018 Population	Lic. Beds	65+ Pop	65+ Pop : bed
Illinois	13,069,400	100,792	2,018,400	20.1:1
DeKalb Co.	116,700	742	12,700	17.1:1
Kane Co.	569,200	3,064	73,900	24.1:1
Lake Co.	751,700	4663	105,600	22.6:1
McHenry Co.	337,700	997	46,500	46.6:1
Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services				

an overall population growth of 9.5% and the over 65 age cohort is projected to increase by 29.2%. Please refer to **ATTACHMENT-11A** for the current

State inventory and to **ATTACHMENT-11B** for the last State inventory. The table herein illustrates the accessibility issue as McHenry County has a ratio of population to beds that is more than two times that of the State and of the surrounding Counties.

Therefore, the alternatives to the project as proposed are limited. The alternatives that were considered include: “Maintain the Status Quo”, “Establish a Lesser Level of Care”, “Establish a Larger Project” and the “Project as Proposed”.

MAINTAIN THE STATUS QUO

Total Costs

There are no capital costs associated with this alternative. The true cost of this alternative is the inaccessibility to long-term care services for the residents of the market area and those of the entire Planning Area that the proposed market area is part of. Specifically, this alternative

ATTACHMENT-11

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

maintains that there will be a need for 127 nursing beds in McHenry County in accordance with the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services (**ATTACHMENT-11A**). Moreover, there appears to be an inverse maldistribution of services in the Planning Area. A typical maldistribution is that there would be too many beds in one area. Here, there are too few beds in the primary market area to support the population. This is the reason the State’s bed need formula calculated a need for beds and inherently, there is a lack of nursing services within the proposed market.

Patient Access

Market	2013		2018			2013		2018	
	Population	Population	Growth	Lic. Beds	Pop for 1-bed	Population	65+ Pop	Growth	65+ Pop for 1-bed
Illinois	12,881,000	13,069,400	1.5%	100,792	129.7	1,742,900	2,018,400	15.8%	20.0
DeKalb Co.	104,100	116,700	12.1%	742	157.3	10,900	12,700	16.5%	17.1
Kane Co.	522,900	569,200	8.9%	3,064	185.8	56,300	73,900	31.3%	24.1
Lake Co.	705,900	751,700	6.5%	4663	161.2	83,100	105,600	27.1%	22.6
McHenry Co.	308,500	337,700	9.5%	997	338.7	36,000	46,500	29.2%	46.6
Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services population data from IDPH's Mitchell, Mike E. [Mike.Mitchell@Illinois.gov] 08/27/2015									

Patient access is the issue in McHenry County. When the State and surrounding Planning Areas are analyzed, there is a clear anomaly of the 65+ population to nursing beds is 233% of the State's ratio of population to beds (see chart above). That ratio does not include the proposed project’s 98 nursing beds.

There are no other pipeline facilities in either the Planning Area or the 30-minute market contour. In fact, the utilization has been declining due to the lack of competition or new energy into the market area with the exception of Valley Hi Nursing Home (the County home replacement project completed in 2006). The average age of the area facilities is 30.9 years old. A facilities chart identifying, to the best information available in the Medicare Cost Reports, the

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

existing age of the area nursing homes is appended as **ATTACHMENT-11C**.

Finally, with the aging of the existing health care resources and the identified need for additional nursing care beds, this alternative does not enhance patient accessibility and as such was not determined to be viable.

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, but this alternative restricts the accessibility of those in need of long-term care for general geriatric and dementia nursing care. This alternative does not allow for greater quality of care for nursing services as the growing over 65 populations will have to seek services in out-of-area facilities if existing providers do not improve themselves or if more state-of-the-art facilities are not brought on-line.

Financial Benefits

This alternative represents no project cost and no improvement in accessibility within the primary market area; therefore, there can be no financial benefits as there is nothing to benefit from. However, there in fact, would appear to be an undocumented cost. The population, 65+ in McHenry County, is at a disadvantage. This population must seek long-term care at a significant distance to find newer or substantially renovated facilities. This represents additional cost for patients and loved ones having to travel further for long-term care services. As such, this alternative was not considered viable.

ATTACHMENT-11

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

ESTABLISH A LESSER LEVEL OF CARE OR SMALLER FACILITY

Total Costs

It is presumed that the cost of establishing an independent living and/or assisted living/supportive living facilities could be less in terms of dollars per square foot as compared to establishing a nursing care facility due to the level of regulation and code requirements. To establish a smaller facility could also cost less, however, it is common industry practice that a free-standing facility of much less than 75-beds is not financially viable. So for purposes of evaluating this alternative, this Applicant is exploring a 75-bed nursing facility on the same site with the same cost per bed. Under these qualifiers, a 75-bed nursing home could cost \$196,692 excluding land and a total of \$14,751,910.

Patient Access

The Applicant, exploring the alternative of a 75 bed facility is addressing patient accessibility but at a much lower level. It should be pointed out that the State's identified need for beds is for 127 additional nursing beds. The proposed project is already under that number in only proposing 98 nursing beds. To propose an assisted living or independent living facility would further lessen patient access as it could promote placement of residents in not appropriate settings according to their medical needs. To evaluate patient access it is important to look at the population to be served. The McHenry County 65 and over age cohort is projected to grow at a rate of 29.2%. Moreover, the total and the over 65 ratio of population to beds are double that of the State for nursing care services. As the project is already less than the need for 127 additional nursing care beds, this alternative was considered not viable.

Finally, this alternative cannot be considered since the Applicant also intend on providing services to the medically indigent. The Assisted Living and the sheltered care programs only

ATTACHMENT-11

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

accommodate private pay and the State’s Supportive Living Facility program through the Illinois Department of Healthcare and Family Services which allows at least a 25% Medicaid population, is not accepting new applications. Therefore, this alternative would not allow for the Applicant to accommodate the Medicaid population.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states that it is committed to provide the highest quality in care and in physical plant environment whether in the project as being proposed (establishment) or in this alternative for establishment of a lesser level of care.

Financial Benefits

The issue presented throughout this Certificate of Need is one of accessibility to nursing services. This established and growing senior population is at a clear disadvantage, in-terms of number of beds to population. To provide a lesser number of beds or to not provide the nursing level of care in lieu of a lesser level of care does not provide the financial benefits. Economies-of-scale will be significantly less efficient in this alternative, therefore, this alternative was considered not viable.

ESTABLISH A LARGER PROJECT

Total Costs

The total identified need in the McHenry County Planning Area is for 127 additional nursing beds. It is conceivable then that the Applicant explore the alternative of a project of 127 nursing beds. Such a project could cost \$24,979,901 excluding land if the cost per bed of the existing project is projected ($\$19,275,829 / 98\text{-beds} = \$196,692/\text{bed}$; $\$196,692 \times 127\text{-beds} = \$24,979,901$). This represents an increase of \$5,704,072 more than the proposed project cost.

ATTACHMENT-11

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

Patient Access

Patient accessibility would be improved by a project through this alternative. With other communities within the County, monopolizing the entirety of the need could create other, more localized, maldistribution issues.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states that it is committed to providing the highest quality in care and in physical plant environment regardless of bed capacity or size.

Financial Benefits

Although the proposed project does not appear to satisfy the entire demand for nursing services in the planning area the proposed project is right sized. The Applicant's intent with the size of the project is to minimize impact on the area's existing facilities. Therefore, to proceed with this alternative, and thereby potentially impacting the utilization of other area facilities, could cause negative financial benefits for all. Thus, this alternative was considered not viable.

THE PROJECT AS PROPOSED

Total Costs

The proposed project cost is \$19,275,829, excluding land.

Patient Access

The proposed project improves accessibility in a responsible fashion. The project establishes a service in a substantially sized community with a large number of seniors. However, the project does not intend to placate the entire bed need nor fully improve the ratio of population to each nursing bed to a number more in line with that of the State's.

Transformative Health of McHenry will be an all private room facility with small

ATTACHMENT-11

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

neighborhoods and hallways. It will be residential in appearance and designed for rehabilitation of its residents to more independent environment.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states that it is committed to provide the highest quality in care and in physical plant environment regardless of bed capacity or size. Moreover, the Applicant only has the highest appreciation for the other nursing providers in the area. Therefore, quality is not of issue or of great concern.

Financial Benefits

Through the Applicant's ability to address the accessibility issue and need for services in the McHenry County Planning Area, this Applicant will have the ability not only to benefit financially from the operations but the residents of McHenry will benefit also. The concentration of health care resources on the Centegra Hospital - McHenry's campus is only a benefit for loved ones, friends and family members and for the community who will be able to keep their residents and their resultant economic impact. There are many intangible financial benefits, but there are also those that result in jobs and the additional tax base income for the community. Due to this alternative's ability to address the issue of accessibility, its ability to offer a service in a quality manner that is indicative of the Applicant's related facilities and its physical proximity and support from Centegra Hospital - McHenry illustrates a pseudo joint venture or collaboration allowing for multiple benefits, financial and other. For these reasons, this alternative was considered the most viable.

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

The alternative of the "Project as Proposed" is based on the identified 127-bed need in

ATTACHMENT-11

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

the McHenry County Planning Area. Therefore, this alternative is not based solely or in part on improved quality of care. Moreover, the State has one nursing bed for every 129.7 persons for one nursing bed for every 20 seniors (65+). Refer to the chart below. This would appear to suggest that McHenry County Planning Area could require 1,325 additional nursing beds to equal the ratio of the State in addition to the existing inventory. Providing additional beds and services to address even part of this inequality has the potential to improve quality for all.

	2013	2018				2013	2018		
Market	Population	Population	Growth	Licensed Beds	Ratio of Total Pop for 1-bed	Population	65+ Pop	Growth	Ratio of 65+ Pop for 1-bed
Illinois	12,881,000	13,069,400	1.5%	100,792	129.7	1,742,900	2,018,400	15.8%	20.0
DeKalb Co.	104,100	116,700	12.1%	742	157.3	10,900	12,700	16.5%	17.1
Kane Co.	522,900	569,200	8.9%	3,064	185.8	56,300	73,900	31.3%	24.1
Lake Co.	705,900	751,700	6.5%	4663	161.2	83,100	105,600	27.1%	22.6
McHenry Co.	308,500	337,700	9.5%	997	338.7	36,000	46,500	29.2%	46.6
Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services population data from IDPH's Mitchell, Mike E. [Mike.Mitchell@Illinois.gov] 08/27/2015									

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

Planning Area:	McHenry	Facility Name	City	County/Area	General Nursing Care	
					Beds	2013 Patient Days
		ALDEN TERRACE OF MCHENRY REHAB	MCHENRY	McHenry County	316	68,917
		CENTGRA SPECIALTY HOSPITAL WOODSTOCK	WOODSTOCK	McHenry County	0	4,629
		11/12/2014 14-038 Received permit for discontinuation of 40 bed Skilled Nursing (Long-Term Care) category of service.				
		CROSSROADS CARE CENTER WOODSTOCK	WOODSTOCK	McHenry County	115	35,416
		CRYSTAL PINES REHAB & HCC	CRYSTAL LAKE	McHenry County	114	36,830
		FAIR OAKS HEALTH CARE CENTER	CRYSTAL LAKE	McHenry County	51	14,912
		3/29/2013 Bed Change Facility added 5 Nursing Care beds. Facility now has 51 Nursing Care beds.				
		FLORENCE NURSING HOME	MARENGO	McHenry County	56	16,481
		HEARTHSTONE MANOR	WOODSTOCK	McHenry County	75	19,390
		MERCY HARVARD HOSPITAL CARE CENTER	HARVARD	McHenry County	45	7,466
		SPRINGS AT CRYSTAL LAKE	CRYSTAL LAKE	McHenry County	97	18,930
		VALLEY HI NURSING HOME	WOODSTOCK	McHenry County	128	44,228
Planning Area Totals					997	267,199
HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
	0-64 Years Old	457,316	1,361,900	335.8	201.5	537.3
	65-74 Years Old	354,924	103,900	3,416.0	2,049.6	5,465.6
	75+ Years Old	1,364,262	71,500	19,080.6	11,448.4	30,528.9
	2013 PSA Estimated Populations	2013 PSA Use Rates (Per 1,000)	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Rates	2018 PSA Projected Populations
0-64 Years Old	26,755	98.2	201.5	537.3	201.5	291,200
65-74 Years Old	41,276	1,826.4	2,049.6	5,465.6	2,049.6	29,700
75+ Years Old	199,168	14,863.3	11,448.4	30,528.9	14,863.3	16,800
Planning Area Totals					1,011.6	1,124
					Planned	Planned
					58,670	58,670
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					58,670	58,670
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INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Facility Name	City	County/Area	General Long-Term Care Category of Service		General Nursing Care		
			Beds	2013 Patient Days	Beds	2013 Patient Days	
MAPLE CREST CARE CENTRE	BELVIDERE	Boone County	86	28,264			
NORTHWOODS CARE CENTRE	BELVIDERE	Boone County	113	35,067			
PARK PLACE OF BELVIDERE	BELVIDERE	Boone County	80	19,503			
6/1/2013 CHOW	Change of Ownership occurred.				279	82,834	

HEALTHSERVICE AREA	AGE GROUPS	2013 Patient Days	City	2013 Population	2013 Use Rates (Per 1,000)		2013 Minimum Use Rates	2013 Maximum Use Rates
					2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates		
001	0-64 Years Old	247,928	BELVIDERE	574,100	431.9	259.1	259.1	691.0
	65-74 Years Old	200,627	BELVIDERE	58,900	3,406.2	2,043.7	2,043.7	5,450.0
	75+ Years Old	1,192,721	BELVIDERE	47,100	2,5323.2	15,193.9	15,193.9	40,517.1
Planning Area Totals								

2013 PSA Patient Days	2013 PSA Estimated Populations	2013 PSA Use Rates (Per 1,000)	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
7,706	46,800	164.7	259.1	691.0	259.1	50,900	13,189	Planned	Planned	
9,125	4,400	2,073.9	2,043.7	5,450.0	2,073.9	5,400	11,199	Average Daily	Bed Need	
66,003	2,600	25,385.8	15,193.9	40,517.1	25,385.8	3,700	93,927	Census	(90% Occ.)	
Planning Area Totals						118,315		324.2	360	81

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

Facility Name	City	County/Area	General Nursing Care	
			Beds	2013 Patient Days
ADDOLORATA VILLA	WHEELING	Wheeling Township	98	31,715
ALDEN ESTATES OF BARRINGTON	BARRINGTON	Barrington Township	150	43,959
ALDEN-POPLAR CREEK REHAB & CARE	HOFFMAN ESTATES	Schaumburg Township	217	66,891
APERION CARE PLUM GROVE	PALATINE	Palatine Township	69	21,058
ASBURY COURT NURSING & REHAB (PERMIT)	DES PLAINES	Elk Grove Township	71	
8/27/2014 14-022 Permit issued to establish a facility with 71 Nursing Care beds.				
ASBURY HEALTHCARE (PERMIT)	DES PLAINES	Elk Grove Township	0	
8/27/2014 08-064 Permit to establish a facility with 75 Nursing Care beds abandoned upon approval of project 14-022.				
ASSISI HEALTHCARE CENTER AT CLARE OAKS	BARTLETT	Hanover Township	120	36,695
BROOKDALE PROSPECT HEIGHTS	PROSPECT HGTS	Wheeling Township	30	6,797
8/29/2014 CHOW Change of Ownership occurred.				
CHURCH CREEK	ARLINGTON HEIGHTS	Wheeling Township	56	13,871
3/8/2013 Address Address changed to 1200 West Central Road, Arlington Heights, IL 60005.				
CLAREMONT-HANOVER PARK	HANOVER PARK	Hanover Township	150	32,576
FRIENDSHIP VILLAGE SCHAUMBURG	SCHAUMBURG	Schaumburg Township	250	77,150
GREEK AMERICAN REHAB & CARE CENTER	WHEELING	Wheeling Township	188	64,621
12/1/2014 Bed Change Discontinued 10 Nursing Care beds; facility now has 188 Nursing Care beds.				
LEXINGTON HEALTH CARE - WHEELING	WHEELING	Wheeling Township	215	67,882
LEXINGTON OF SCHAUMBURG	SCHAUMBURG	Schaumburg Township	214	66,128
LEXINGTON OF STREAMWOOD	STREAMWOOD	Hanover Township	214	64,746
LUTHERAN HOME FOR AGED	ARLINGTON HEIGHTS	Elk Grove Township	346	112,251
4/14/2015 Bed Change Facility converted 12 beds from Sheltered Care to Nursing Care; facility now has 346 Nursing Care beds and 46 Sheltered Care beds.				
MANOR CARE - ELK GROVE VILLAGE	ELK GROVE VILLG	Elk Grove Township	190	62,700
MANOR CARE OF ARLINGTON HEIGHTS	ARLINGTON HEIGHTS	Wheeling Township	151	38,370
MANOR CARE OF ROLLING MEADOWS	ROLLING MEADOWS	Palatine Township	155	37,553
ROSEWOOD CARE CENTER OF INVERNESS	INVERNESS	Palatine Township	142	38,184
ST. JOSEPH'S HOME FOR ELDERLY	PALATINE	Palatine Township	59	20,748
THE MOORINGS HEALTH CENTER	ARLINGTON HEIGHTS	Wheeling Township	116	33,806
TRANSITIONAL CARE CTR - ARLINGTON HTS (PERMIT	ARLINGTON HEIGHTS	Wheeling Township	120	

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

Facility Name	City	County/Area	General Nursing Care		
			Beds	2010 Patient Days	
ALDEN TERRACE OF MCHENRY REHAB	MCHENRY	McHenry County	316	67,926	
CROSSROADS CARE CENTER WOODSTOCK	WOODSTOCK	McHenry County	115	28,362	
1/1/2012 CHOW					
Change of ownership occurred.					
6/1/2012 Name Change					
Formerly Woodstock Residence.					
CRYSTAL PINES REHAB & HCC	CRYSTAL LAKE	McHenry County	114	37,386	
FAIR OAKS HEALTH CARE CENTER	CRYSTAL LAKE	McHenry County	51	15,187	
3/29/2013 Bed Change					
Facility added 5 Nursing Care beds. Facility now has 51 Nursing Care beds.					
FLORENCE NURSING HOME	MARENGO	McHenry County	56	17,201	
FOUNTAINS AT CRYSTAL LAKE	CRYSTAL LAKE	McHenry County	97	27,291	
HEARTHSTONE MANOR	WOODSTOCK	McHenry County	75	20,961	
MEMORIAL MEDICAL CENTER	WOODSTOCK	McHenry County	40	7,690	
MERCY HARVARD HOSPITAL CARE CENTER	HARVARD	McHenry County	45	9,536	
7/9/2011 Name Change					
Formerly Harvard Memorial Hospital.					
VALLEY HI NURSING HOME	WOODSTOCK	McHenry County	128	44,986	
Planning Area Totals			1,037	276,526	
HEALTH SERVICE AREA	AGE GROUPS	2010 Patient Days	2010 Population	2010 Minimum Use Rates	2010 Maximum Use Rates
008	0-64 Years Old	633,189	1,374,600	276.4	737.0
	65-74 Years Old	298,117	88,100	2,030.3	5,414.2
	75+ Years Old	1,477,194	67,400	13,150.1	35,066.9
	2010 PSA Estimated Populations	2010 PSA Use Rates (Per 1,000)	2010 HSA Minimum Use Rates	2010 HSA Maximum Use Rates	2015 PSA Planned Patient Days
0-64 Years Old	277,600	114.6	276.4	737.0	74,899
65-74 Years Old	18,800	1,770.5	2,030.3	5,414.2	48,727
75+ Years Old	12,800	16,517.0	13,150.1	35,066.9	236,194
Planning Area Totals			16,517.0	14,300	359,820
			985.8	1,095	58

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued i

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

The applicant shall provide:

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

The proposed owner and operator do not directly own or operate any other licensed Illinois nursing facilities. The ownership entity specifically, does not have any related facilities.

ATTACHMENT-12A identifies all related nursing facilities owned and operated by the Operator/Licensee. 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 Transformative Health of McHenry do not have any adverse action taken against them nor is there any adverse action taken against any of the related facilities.

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

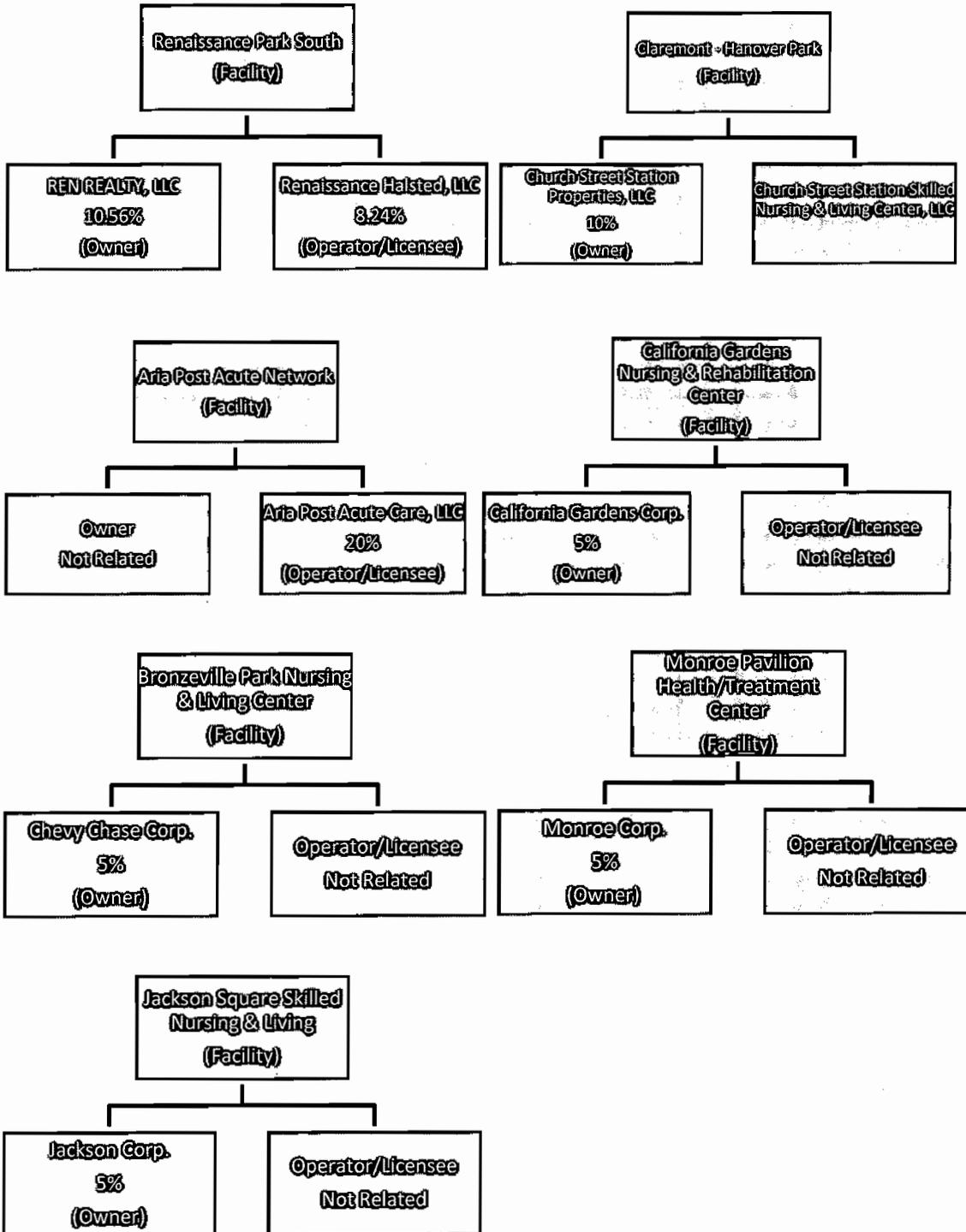
The above requested authorization for the HFSRB and the DPH access to information is appended as **ATTACHMENT-12D**.

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

This item is not germane.

ATTACHMENT-12

**Facilities and the respective Real Estate and/or Operating Entities
"Related" to TCO JV, LLC**



State of Illinois 2145300

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.

MASSACHUSETT, MD, issues under the authority of the State of Illinois, Department of Public Health

EXPIRATION DATE	CATEGORY	LIC. NUMBER
09/09/2015	B68E	0049098

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE
RENAISSANCE PARK SOUTH, LLC
RENAISSANCE PARK SOUTH
10935 S. HALSTED STREET
CHICAGO IL 60628
EFFECTIVE DATE: 08/27/13

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 2145300

Department of Public Health

LICENSE PERMIT CERTIFICATION REGISTRATION

EXPIRATION DATE	CATEGORY	LIC. NUMBER
09/09/2015	B68E	0049098

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

REGION 8

08/27/13

RENAISSANCE PARK SOUTH
10935 S. HALSTED STREET
CHICAGO IL 60628

FEE RECEIPT NO.

2193767

State of Illinois
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 MARE HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	TS NUMBER
09/09/2015	B68E	0049098

LONG TERM CARE LICENSE
SKILLED 294

UNRESTRICTED 294 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

RENAISSANCE PARK SOUTH, LLC
RENAISSANCE PARK SOUTH
10935 S. HALSTED STREET
CHICAGO IL 60628

The seal of this Office may be used in background of this Office of the State of Illinois • 2012

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
IDENTIFICATION

2193767

State of Illinois
Department of Public Health

LICENSE PERMIT CERTIFICATION REGISTRATION

EXPIRATION DATE	CATEGORY	TS NUMBER
09/09/2015	B68E	0049098

LONG TERM CARE LICENSE
SKILLED 294

UNRESTRICTED 294 TOTAL BEDS

REGION 8

11/03/14

RENAISSANCE PARK SOUTH
10935 S. HALSTED STREET
CHICAGO IL 60628

FEE RECEIPT NO.



State of Illinois 2152625

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 SAR HANBRUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
11/14/2015	SGBE	0049957
<p>LONG TERM CARE LICENSE SKILLED 150</p>		
<p>UNRESTRICTED 150 TOTAL BEDS</p>		

BUSINESS ADDRESS

LICENSEE

CHURCH STREET STATION SKILLED NURSING AND L
CLAREMONT - HANOVER PARK
2000 WEST LAKE STREET
HANOVER PARK IL 60133
EFFECTIVE DATE: 11/15/13

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

2206514

State of Illinois
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 activities indicated below.

NERAY D. SHAW, M.D., J.D. Issued under the authority of
DIRECTOR The State of Illinois
 Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
06/27/2016	86BE	0052019
LONG TERM CARE LICENSE SKILLED 19B		
UNRESTRICTED 19B TOTAL 50B5		

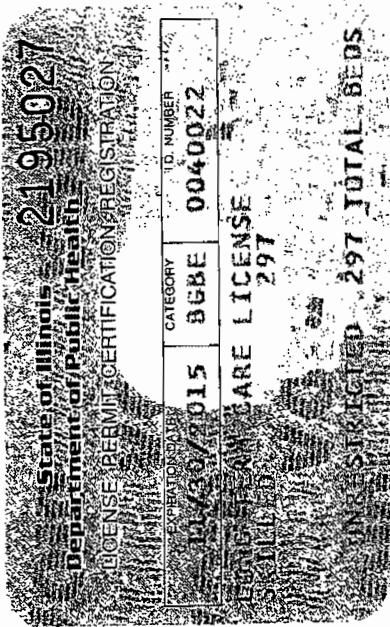
BUSINESS ADDRESS
 LICENSEE

ARIA POST ACUTE CARE, LLC
 ARIA POST ACUTE CARE
 1600 NORTH FRONTAGE ROAD
 HILLSIDE, ILL 60162
 EFFECTIVE DATES 05/10/15

The bear of this license has a criminal background. Printed by Authority of the State of Illinois. 5/1/14

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



REGION 8

11/18/14

CALIFORNIA GARDENS N E REHAB C
2829 SOUTH CALIFORNIA BLVD
CHICAGO IL 60608

FEE RECEIPT NO.

State of Illinois 2195027
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 HASARDUEK, MD, MPH Issued under the authority of
The State of Illinois
Department of Public Health
DIRECTOR

EXPIRATION DATE	CATEGORY	ID NUMBER
11/30/2015	868E	0040022
LONG TERM CARE LICENSE SKILLED		
UNRESTRICTED 297 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE
CALIFORNIA GARDENS CORP.

CALIFORNIA GARDENS N E REHAB C
2829 SOUTH CALIFORNIA BLVD
CHICAGO IL 60608

EFFECTIVE DATE: 12/01/14

The face of this license has a colored background. Printed by Authority of the State of Illinois 2/19/14

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



REGION 8

12/30/14

BRONZEVILLE PARK MSG & LVS CTR
3400 SOUTH INDIANA
CHICAGO IL 60616

FEE RECEIPT NO.

State of Illinois 2199161
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.

EMAR HANCOCK, MD, MPH
DIRECTOR
Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/30/14	BSBE	0040592

LONG TERM CARE LICENSE
SKILLED

UNRESTRICTED 002 TOTAL DEBS

CHEVY CHASE CORP.
BUSINESS ADDRESS
LICENSEE

BRONZEVILLE PARK MSG & LVS CTR
3400 SOUTH INDIANA
CHICAGO IL 60616

EFFECTIVE DATE: 12/30/14

This face of this license has a colored background. Printed by Authority of the State of Illinois - 4197.

STATE OF ILLINOIS

LICENSE

Be it known that this facility is licensed to engage in the activities set forth in the annual license certificate displayed below for the period of 10/31/15 in that certificate.

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



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF HEALTH FACILITIES

State of Illinois 215761
 Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
 DIRECTOR

Special Under the authority of
 The State of Illinois
 Department of Public Health

EXPIRATION DATE	CATEGORY	ISSUE NO.
10/31/2015	85BE	0040071
LONG TERM CARE LICENSE		
INTERMEDIATE		136
UNRESTRICTED 136 TOTAL BEDS		

BUSINESS ADDRESS
 LICENSEE

MONROE CORP.

CITY OF CHICAGO

LICENSE CERTIFICATE

NON-TRANSFERABLE

BY THE AUTHORITY OF THE CITY OF CHICAGO, THE FOLLOWING SPECIFIED LICENSE IS HEREBY GRANTED TO

NAME: MONROE CORP.

PRINTED ON
04/20/2011

DBA: MONROE PAVILION HEALTH & TREATMENT CENTER
AT: 1400 W. MONROE ST., Floor 1ST
CHICAGO, IL 60607
NURSING HOME

LICENSE NO.: 2205302 CODE: 4404

ISSUE DATE: 04/20/2011

LICENSE: Regulated Business License

Includes: Long Term Care Facility

PRESIDENT: ROBERT HARTMAN
SECRETARY: BARRY CARR

This license is a privilege granted and not a property right. This license is the property of the City of Chicago.

THIS LICENSE IS ISSUED AND ACCEPTED SUBJECT TO THE REPRESENTATIONS MADE ON THE APPLICATION THEREOF AND MAY BE SUSPENDED OR REVOKED FOR CAUSE AS PROVIDED BY LAW. LICENSEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES AND REGULATIONS OF THE UNITED STATES GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, CITY OF CHICAGO AND ALL AGENCIES THEREOF.

WITNESS THE HAND OF THE MAYOR OF SAID CITY AND THE CORPORATE SEAL THEREOF
THIS 15 DAY OF MAY, 2011

ATTEST: EXPIRATION DATE: [REDACTED]



Rahm Emanuel
MAYOR

Shirley J. Mealy
CLERK

ACCOUNT NO. 64306 SER. 2
TRANS. NO.



THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE UPON THE LICENSED PREMISES

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2192508
Department of Public Health
LICENSE PERMIT CERTIFICATION REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
08/31/2015	B6DE	0039834

LONG TERM CARE LICENSE
SKILLED 234

UNRESTRICTED 234 TOTAL BEDS

REGION B

10/20/14

JACKSON SQ SKL NRSO & LIVING
5130 WEST JACKSON BOULEVARD
CHICAGO IL 60644

FEE RECEIPT NO.

State of Illinois 2192508
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 HASSELBROCK, MD, MPH - Issued under the authority of the State of Illinois
DIRECTOR - Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
08/31/2015	B6DE	0039834

LONG TERM CARE LICENSE
SKILLED 234

UNRESTRICTED 234 TOTAL BEDS

JACKSON CORP.
BUSINESS ADDRESS
LICENSEE

JACKSON SQ SKL NRSO & LIVING
5130 WEST JACKSON BOULEVARD
CHICAGO IL 60644

ISSUANCE DATE: 10/20/14
The fees on this license are a colored background. Primary Authority of the State of Illinois: 2497-23

MS McHenry, LLC



14390 Clay Terrace Blvd, Suite 205, Carmel, IN 46032

August 17, 2015

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

Dear Ms. Avery:

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

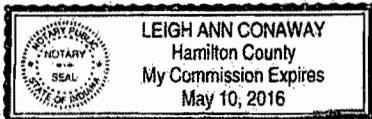
Sincerely,

David Stordy
Manager
MS McHenry, LLC

Subscribed and sworn to before me

this 17 day of Aug, 2015

Notary Public



TCO JV, LLC



14390 Clay Terrace Blvd, Suite 205, Carmel, IN 46032

August 17, 2015

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

Dear Ms. Avery:

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

Sincerely,

Gerry Jenich
TCO JV, LLC
Manager

Subscribed and sworn to before me

this 17 day of Aug, 2015

Notary Public

MS McHenry, LLC



14390 Clay Terrace Blvd, Suite 205, Carmel, IN 46032

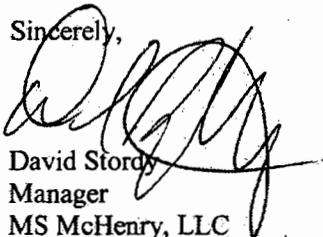
August 20, 2015

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

Dear Ms. Avery:

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

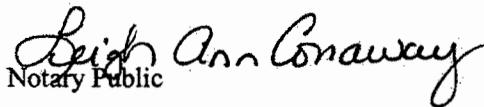
Sincerely,



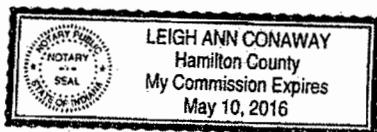
David Stordy
Manager
MS McHenry, LLC

Subscribed and sworn to before me

this 20 day of Aug., 2015



Leigh Ann Conaway
Notary Public



TCO JV, LLC



14390 Clay Terrace Blvd, Suite 205, Carmel, IN 46032

August 17, 2015

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

Dear Ms. Avery:

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

Sincerely,

Gerry Jenich
TCO JV, LLC
Manager

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued ii

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 2013 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services dated June 15, 2015, the Board’s website (hard copy appended as **ATTACHMENT-13A**) identifies a need of 98 nursing care beds in Health Service Area 8, Planning Area McHenry. The calculated number of beds needed in the planning area has also grown based upon the State’s new inventory which updated the population projections from base and projected years 2010-2015 to the more current 2013-2018 and has updated the area use rates from the 2010 level to the 2013 level. Based upon the 2013 use rate and the projected population, the bed need has grown to 127 beds (refer to **ATTACHMENT-13B**). As this project is proposing 98 beds, it would appear this item is in compliance.

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

Through the signing of this application, the Applicants attests that the primary purpose of this project is to serve primarily the residents of McHenry which is located in McHenry County Planning Area. Moreover, the primary referral source of the Applicant is Centegra Hospital - McHenry. As such, it would appear that as the hospital’s primary purpose is serving the residents of McHenry County, so will it be for the proposed project.

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 eleven letters, 2 from local hospitals and 9 from local physicians providing 1,607 and 833 historical referrals respectively. These letters have identified the same number of projected potential annual referrals to Transformative Health of McHenry 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)

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

Planning Area:	McHenry	General Nursing Care	
		Beds	2013 Patient Days
Facility Name	City	County/Area	
ALDEN TERRACE OF MCHENRY REHAB	MCHENRY	McHenry County	316
CENTEGRA SPECIALTY HOSPITAL WOODSTOCK	WOODSTOCK	McHenry County	0
11/12/2014 14-038	Received permit for discontinuation of 40 bed Skilled Nursing (Long-Term Care) category of service.		
CROSSROADS CARE CENTER WOODSTOCK	WOODSTOCK	McHenry County	115
CRYSTAL PINES REHAB & HCC	CRYSTAL LAKE	McHenry County	114
FAIR OAKS HEALTH CARE CENTER	CRYSTAL LAKE	McHenry County	51
3/29/2013 Bed Change	Facility added 5 Nursing Care beds. Facility now has 51 Nursing Care beds.		
FLORENCE NURSING HOME	MARENGO	McHenry County	56
HEARTHSTONE MANOR	WOODSTOCK	McHenry County	75
MERCY HARVARD HOSPITAL CARE CENTER	HARVARD	McHenry County	45
SPRINGS AT CRYSTAL LAKE	CRYSTAL LAKE	McHenry County	97
VALLEY HI NURSING HOME	WOODSTOCK	McHenry County	128
Planning Area Totals			997

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)		2013 Minimum Use Rates	2013 Maximum Use Rates
				2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates		
008	0-64 Years Old	457,316	1,361,900	335.8	201.5	201.5	537.3
	65-74 Years Old	354,924	103,900	3,416.0	2,049.6	2,049.6	5,465.6
	75+ Years Old	1,364,262	71,500	19,080.6	11,448.4	11,448.4	30,528.9
		2013 PSA Estimated Populations	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days
0-64 Years Old	26,755	272,500	201.5	537.3	201.5	291,200	58,670
65-74 Years Old	41,276	22,600	2,049.6	5,465.6	2,049.6	29,700	60,873
75+ Years Old	199,168	13,400	14,863.3	30,528.9	14,863.3	16,800	249,703
Planning Area Totals			11,448.4	30,528.9	14,863.3	16,800	249,703
			Planned Average Daily Census	Planned Average Daily Census	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
			1,011.6	1,011.6	1,011.6	1,124	127

August 21, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

We support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

Centegra Hospital-McHenry currently provides health care related services to residents of the planning area within Health Service Area 8, McHenry County and surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Because all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that our organization referred 1,107 patients to a skilled nursing facility in the 12-month period between July 1, 2014 and June 30, 2015 and anticipate the referral volume to remain similar for the next two years.

I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

We are familiar with member facilities of the Symphony Post Acute Network and can attest to the commitment and management ability they bring to the skilled nursing and long-term care profession.

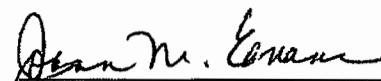
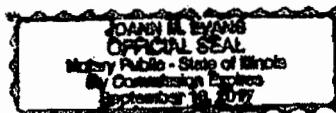
If I can be of any further assistance please contact me.

Sincerely,



Rachel Sebastian
SVP and COO, Centegra Hospital - McHenry

SUBSCRIBED and SWORN to before me
this 21st day of August, 2015.


Notary Public

August 21, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

We support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

Centegra Hospital-Woodstock currently provides health care related services to residents of the planning area within Health Service Area 8, McHenry County and surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Because all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that Centegra Hospital-Woodstock referred 500 patients to a skilled nursing facility in the 12-month period between July 1, 2014 and June 30, 2015 and anticipate the referral volume to remain similar for the next two years.

I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

We are familiar with member facilities of the Symphony Post Acute Network and can attest to the commitment and management ability they bring to the skilled nursing and long-term care profession.

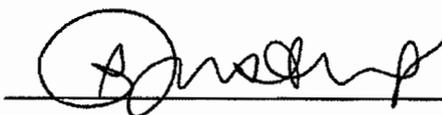
If I can be of any further assistance please contact me.

Sincerely,

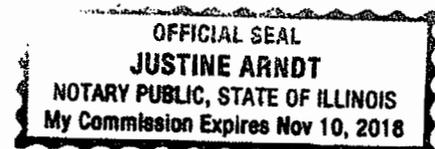


Sheila Senn, PsyD
SVP and COO, Centegra Hospitals-Woodstock and Huntley

SUBSCRIBED and SWORN to before me
this 21st day of August, 2015.



Notary Public



ATTACHMENT-13C

August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

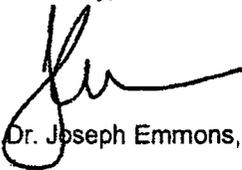
I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 59 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

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

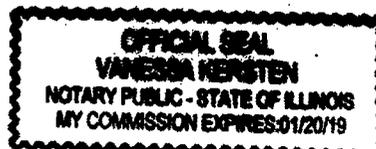
Sincerely,



Dr. Joseph Emmons, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

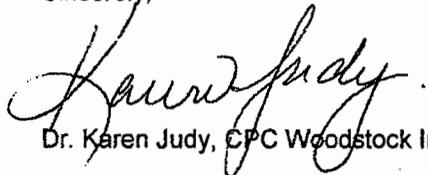
I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 167 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

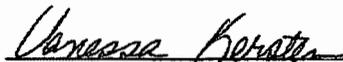
If I can be of any further assistance please contact me.

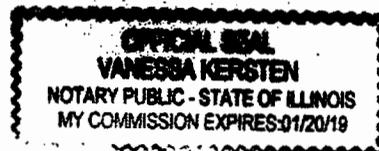
Sincerely,



Dr. Karen Judy, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 368 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

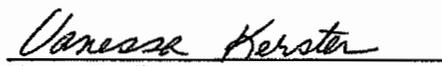
If I can be of any further assistance please contact me.

Sincerely,



Dr. Marcel Hoffman, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

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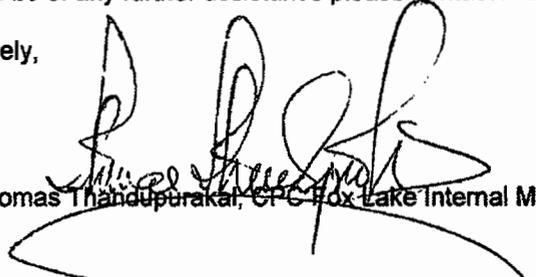
I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

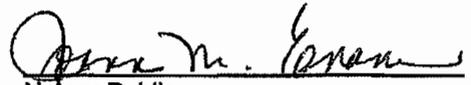
Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 15 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

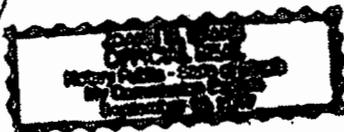
If I can be of any further assistance please contact me.

Sincerely,


Dr. Thomas Thandupurakal, CPC Fox Lake Internal Medicine

SUBSCRIBED and SWORN to before me
this 24 day of August, 2015.


Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

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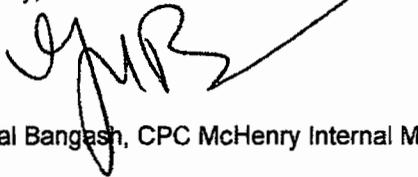
I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 127 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

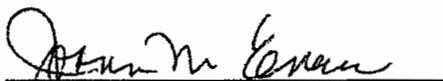
If I can be of any further assistance please contact me.

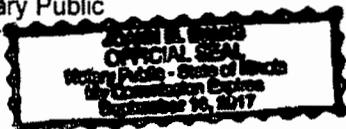
Sincerely,



Dr. Ifzal Bangash, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 17 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

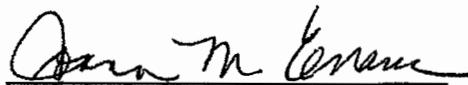
If I can be of any further assistance please contact me.

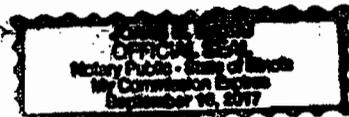
Sincerely,



Dr. Daniela Huerta de Hathaway, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 55 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

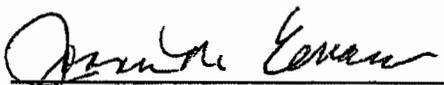
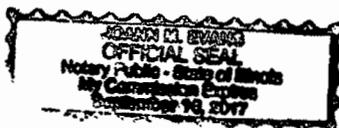
If I can be of any further assistance please contact me.

Sincerely,



Dr. John Anderson, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public

August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 2 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

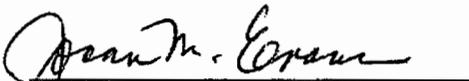
If I can be of any further assistance please contact me.

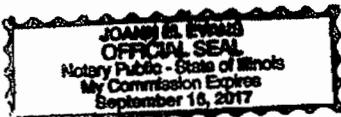
Sincerely,



Dr. Corey Black, CPC Hospitalist

SUBSCRIBED and SWORN to before me
this 24th day of August, 2015.



Notary Public

ATTACHMENT-13C

August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 23 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

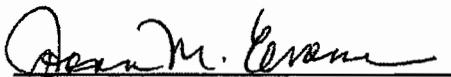
If I can be of any further assistance please contact me.

Sincerely,

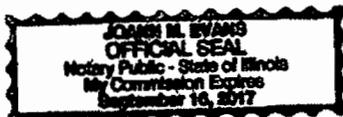
Dr. Prashant Sura, CPC Hospitalist



SUBSCRIBED and SWORN to before me
this 24th day of August, 2015.



Notary Public



SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued iii*

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

- **If the applicant is an existing facility wishing to establish this category of service or a new facility, #1 – 4 must be addressed. Requirements under #5 must also be addressed if applicable.**
 - **If the applicant is not an existing facility and proposes to establish a new general LTC facility, the applicant shall submit the number of annual projected referrals.**
1. Document the number of referrals to other facilities, for each proposed category of service, for each of the latest two years. Documentation of the referrals shall include: resident/patient origin by zip code; name and specialty of referring physician or identification of another referral source; and name and location of the recipient LTC facility.

Appended as ATTACHMENT-14A are eleven referral letters; 2 are from area hospitals and 9 are from area physicians. Respectively, these letters propose 1,607 hospital referrals and 833 physician referrals. This requested documentation is provided to the best of the hospitals' and physicians' ability especially in light of HIPPA privacy requirements.

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.

The physician referral letters appended in ATTACHMENT-14A use the historical referrals to area facilities as their basis of making projections. It should be noted that the hospitals and physicians reviewed their patient files, and to the level that the information was available or allowed, were able to make conservative projections of referrals to the proposed project. It should be noted that neither the source estimated an allowance for increase patient load which is inevitable with the substantially growing 65+ age cohort.

ATTACHMENT-14

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued iv

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.

Even though the health care providers (both hospitals and physicians) are facing a substantial increase in the 65+ age cohort, the anticipated referrals were not in excess of the historically documented 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.

The referral letters each state that that the referrals had not been used to justify or support another Certificate of Need application. Moreover, the 24-month projected referral number is equal to that of the historical projected number.

- 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.

Each referral letter has the required notarized signature, name and 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.

Please note that each referral letter states that its patients' referrals have not been used to support any other pending or approved CON application for this area. Refer to **ATTACHMENT-14A**. The Applicant would acknowledge that there is a potential for the physician referrals to overlap with those of the hospitals. That being said, even the hospitals' 1,607 referrals cannot all be handled at the proposed facility. According to the 2014 facility profile data, the average length of stay for the facilities within 30-minute contour is 99.2 days. A

ATTACHMENT-14

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued v

99 day average length of stay would only require 325 annual referrals. Should the Applicant further lower the average length of stay would only require 450 annual referrals to realize an average length of stay of 71 days.

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:**

Market	2013	2018				2013	2018		
	Population	Population	Growth	Lic. Beds	Pop for 1-bed	Population	65+ Pop	Growth	65+ Pop for 1-bed
Illinois	12,881,000	13,069,400	1.5%	100,792	129.7	1,742,900	2,018,400	15.8%	20.0
DeKalb Co.	104,100	116,700	12.1%	742	157.3	10,900	12,700	16.5%	17.1
Kane Co.	522,900	569,200	8.9%	3,064	185.8	56,300	73,900	31.3%	24.1
Lake Co.	705,900	751,700	6.5%	4663	161.2	83,100	105,600	27.1%	22.6
McHenry Co.	308,500	337,700	9.5%	997	338.7	36,000	46,500	29.2%	46.6
Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services population data from IDPH's Mitchell, Mike E. [Mike.Mitchell@Illinois.gov] 08/27/2015									

Within McHenry County the overall population rate is growing at a rate of 9.5% through year 2018 according to the State's data, and its 65+ age cohort is increasing by nearly 30%. This rate of growth is consistent with growth in the State and surrounding planning areas. Therefore, this does not appear to be rapid population growth that is unique to McHenry County. Moreover, this information is already reflected in the State's new bed need formula (calculation). As such, this item is not applicable.

August 21, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

We support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

Centegra Hospital-McHenry currently provides health care related services to residents of the planning area within Health Service Area 8, McHenry County and surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Because all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that our organization referred 1,107 patients to a skilled nursing facility in the 12-month period between July 1, 2014 and June 30, 2015 and anticipate the referral volume to remain similar for the next two years.

I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

We are familiar with member facilities of the Symphony Post Acute Network and can attest to the commitment and management ability they bring to the skilled nursing and long-term care profession.

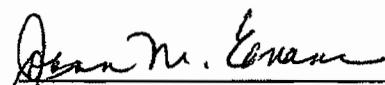
If I can be of any further assistance please contact me.

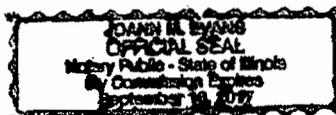
Sincerely,



Rachel Sebastian
SVP and COO, Centegra Hospital - McHenry

SUBSCRIBED and SWORN to before me
this 21st day of August, 2015.



Notary Public

August 21, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

We support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

Centegra Hospital-Woodstock currently provides health care related services to residents of the planning area within Health Service Area 8, McHenry County and surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Because all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

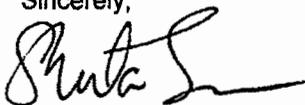
Historical records indicate that Centegra Hospital-Woodstock referred 500 patients to a skilled nursing facility in the 12-month period between July 1, 2014 and June 30, 2015 and anticipate the referral volume to remain similar for the next two years.

I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

We are familiar with member facilities of the Symphony Post Acute Network and can attest to the commitment and management ability they bring to the skilled nursing and long-term care profession.

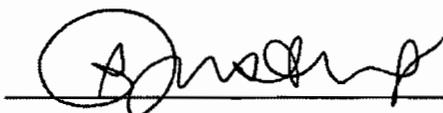
If I can be of any further assistance please contact me.

Sincerely,

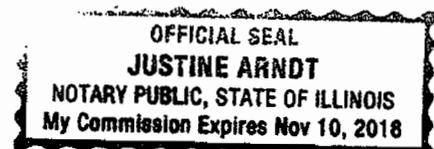


Sheila Senn, PsyD
SVP and COO, Centegra Hospitals-Woodstock and Huntley

SUBSCRIBED and SWORN to before me
this 21st day of August, 2015.



Notary Public



ATTACHMENT-14A

August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 59 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

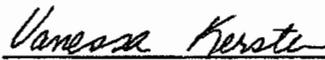
If I can be of any further assistance please contact me.

Sincerely,

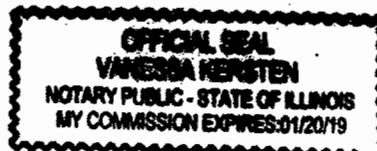


Dr. Joseph Emmons, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.



Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

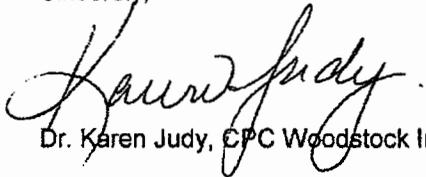
I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 167 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

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

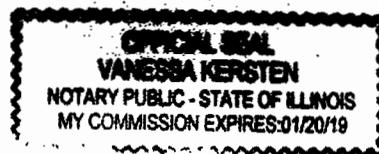
Sincerely,



Dr. Karen Judy, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

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Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 368 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

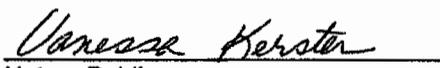
If I can be of any further assistance please contact me.

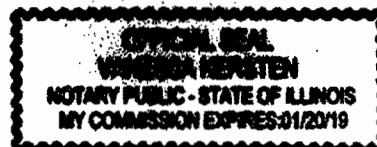
Sincerely,



Dr. Marcel Hoffman, CPC Woodstock Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

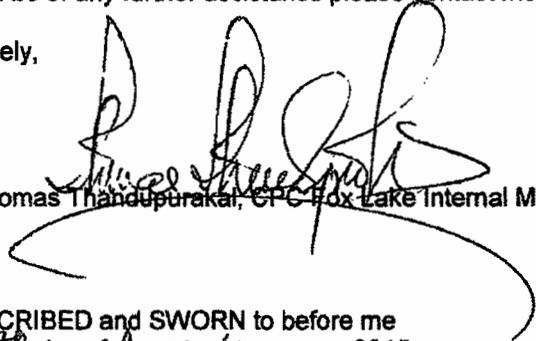
I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

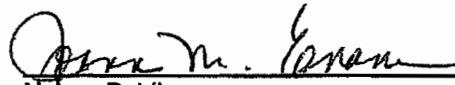
Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 15 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

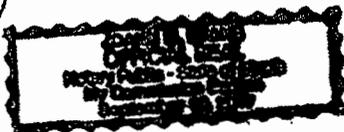
If I can be of any further assistance please contact me.

Sincerely,


Dr. Thomas Thandupurakal, CPC Fox Lake Internal Medicine

SUBSCRIBED and SWORN to before me
this 24 day of August, 2015.


Notary Public



ATTACHMENT-14A

August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

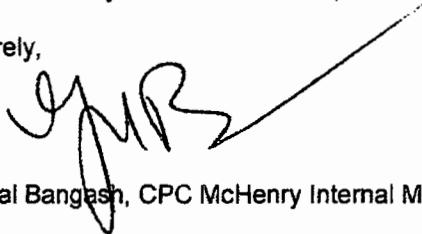
I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 127 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

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

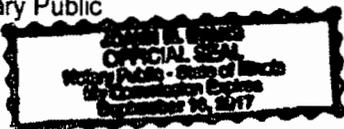
Sincerely,



Dr. Ifzal Bangash, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

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I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

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Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 17 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

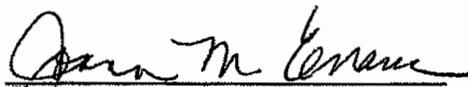
If I can be of any further assistance please contact me.

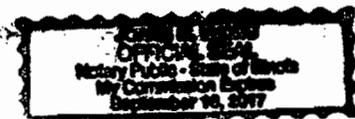
Sincerely,



Dr. Daniela Huerta de Hathaway, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

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I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 55 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

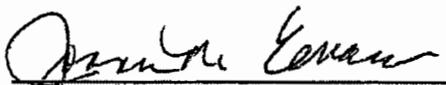
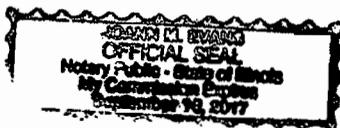
If I can be of any further assistance please contact me.

Sincerely,



Dr. John Anderson, CPC McHenry Internal Medicine

SUBSCRIBED and SWORN to before me
this 25th day of August, 2015.


Notary Public

August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 2 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

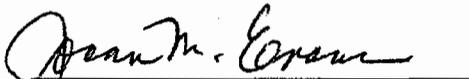
If I can be of any further assistance please contact me.

Sincerely,

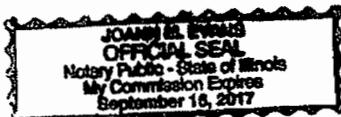


Dr. Corey Black, CPC Hospitalist

SUBSCRIBED and SWORN to before me
this 24th day of August, 2015.



Notary Public



August 24, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is our understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital-McHenry in McHenry, Illinois.

I support this project, as it will greatly enhance accessibility to skilled nursing and post-acute services in our area, meeting the 98-bed need determined by the Illinois Health Facilities and Services Review Board.

My practice includes patients from the planning area within Health Services Area 8, McHenry County and the surrounding service areas including some who utilize Public Aid. It is my understanding that this facility will accept these patients. Since all facilities do not accept Public Aid or Public Aid Pending patients, a facility that provides services to these patients is both necessary and welcomed. For this reason, I feel that the proposed facility is needed for this location.

Historical records indicate that for the 12 month period of July 1, 2014 to June 30, 2015 I referred 23 patients to a skilled nursing facility and anticipate my referral volume to remain similar for the next two years. I verify that these referrals have not been used to support another pending project or approved CON project in this service area.

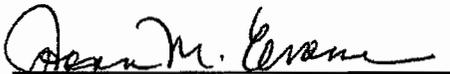
If I can be of any further assistance please contact me.

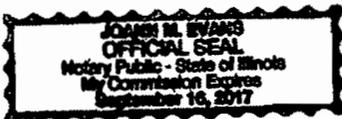
Sincerely,

Dr. Prashant Sura, CPC Hospitalist



SUBSCRIBED and SWORN to before me
this 24th day of August, 2015.


Notary Public



ATTACHMENT-14A

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued vi

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

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

Although there is not an absence of the proposed service within the McHenry County Planning Area, several facilities have been identified as having restrictive usage of their beds by limiting access to the Medicaid population. However, there is an identified need for additional beds and services. This bed need calculation includes the existing facilities and their use rates, whether high or low. Taking into consideration the existing nursing beds and facilities, there is a need that appears to supersede this item.

- 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;

		Licensed	Medicare	Medicaid	Medicare	Medicaid
FACILITY NAME	CITY	NC Beds	Beds	Beds	Bed %	Bed %
Alden Terrace Of McHenry Rehab (1)	McHenry	316	316	316	100%	100%
The Springs at Crystal Lake	Crystal Lake	97	97	97	100%	100%
Crystal Pines Rehab & HCC	Crystal Lake	114	112	88	98%	77%
Fair Oaks Health Care Center (3)	Crystal Lake	51	45	8	88%	16%
Hearthstone Manor	Woodstock	75	29	32	39%	43%
Crossroads Care Center Woodstock	Woodstock	115	115	115	100%	100%
Wauconda Healthcare & Rehab	Wauconda	135	135	0	100%	0%
Valley Hi Nursing Home	Woodstock	128	128	128	100%	100%
Hillcrest Retirement Village	Round Lake Beach	144	41	128	28%	89%
Lexington Of Lake Zurich	Lake Zurich	203	203	0	100%	0%
Prairieview Nursing Unit (5)	Barrington	20	20	0	100%	0%
Total Existing Facilities		1398	1241	912	89%	65%
https://ltc.dph.illinois.gov/webapp/LTCApp/ltc.jsp						

The above chart illustrates that there are access limitations due to payor status.

Specifically, only 65% of the beds are Medicaid certified. Therefore, 498 nursing beds

ATTACHMENT-17

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued vii

are not accessible. The Applicant is proposing to have beds certified for both Medicare and Medicaid, as to not further unbalance the access limitations.

- Restrictive admission policies of existing providers; or

It is a restrictive admission policy where there is a calculated need for additional beds and services regardless of existing capacity, as the calculation already factors in current use rates and existing beds. Specific restrictive admission policies of existing providers include: the Springs of Crystal Lake having no Medicaid beds; Hearthstone Manor having 68.8% or 64 residents with a primary diagnosis of Alzheimer's Disease and Related Dementia illustrating that it appears to cater to this specialized population; and Prairieview Nursing Unit has no beds certified for Medicaid. This represents 192 beds that appear to have restrictive admissions policies. Refer to **ATTACHMENT-17A** for the facility 2014 annual questionnaire forms (facility profiles) of all nursing facilities within the 30-minute market contour for documentation of this item.

- 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.

This item is not germane to this project as the issue is of accessibility to services due to the overwhelming need for the addition of beds that are documented.

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;

ATTACHMENT-17

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued viii

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

b. Patient/resident location information by zip code;

As the proposed project is for the establishment of a service, and as a result there are no existing residents, location information by zip code is not germane.

c. Independent time-travel studies;

Refer to **ATTACHMENT-17B** for a summary listing of the independent time-travel studies. The individual MapQuest travel-time studies are appended as **ATTACHMENT-17D**.

d. Certification of a waiting list;

As the proposed project is for the establishment of a service and as a result there are no existing residents, a wait list is not germane.

e. Admission restrictions that exist in area providers;

It is not the Applicant's intent to diminish the existing area providers. Each has created a niche that it works in. There would appear to be some admission restrictions as there are a number of beds less than the licensed capacity which are not certified for Medicare and a greater number not certified for Medicaid. There are beds that appear to cater to specialized populations like dementia, which is not industry standard to combine general geriatric and specialized populations within the same setting. However, regardless of the existing providers, the State has calculated a need for additional services that could fill the existing providers and still find a demand for 127 additional nursing beds. Not wanting to address that outstanding need is an admission restriction in its own right.

ATTACHMENT-17

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued ix*

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

	2013	2018				2013	2018		
Market	Population	Population	Growth	Licensed Beds	Pop for 1-bed	Population	65+ Pop	Growth	65+ Pop for 1-bed
Illinois	12,881,000	13,069,400	1.5%	100,792	129.7	1,742,900	2,018,400	15.8%	20.0
McHenry Co.	308,500	337,700	9.5%	997	338.7	36,000	46,500	29.2%	46.6
Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services population data from IDPH's Mitchell, Mike E. [Mike.Mitchell@Illinois.gov] 08/27/2015									

The above chart illustrates the population characteristics that documents, at least in part, why the State's bed need calculation produced a need for additional beds and services. The overall population is growing at a good pace of 9.5% but it is the over 65 age cohort, projected to grow at 29.2%, that is the driver for the need calculation. The population is aging and as it does it will have a greater reliance on general long-term care services.

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

Appended as **ATTACHMENT-17E**, is a copy of the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services for McHenry County Planning Area.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 THE SPRINGS AT CRYSTAL LAKE CRYSTAL LAKE

THE SPRINGS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL 00012

Classification Numbers
License Number 6011803
Health Service Area 008
Planning Service Area 111
County McHenry

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE				AVERAGE DAILY PAYMENT RATES	
	Medicare	Medicaid	Other Public	Private Pay	Charity Care	TOTALS
Nursing Care	57	0	4	10	0	71
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	57	0	4	10	0	71

RACE OF CARE	RESIDENTS BY RACIA/ETHNICITY GROUPING				FACILITY STAFFING	
	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Employment Category	Full-Time Equivalent
African American	0	0	0	0	Administrators	1.00
Hispanic	0	0	0	0	Physicians	0.00
White	71	0	0	0	Director of Nursing	1.00
Other	0	0	0	0	Registered Nurses	10.00
TOTAL	71	0	0	0	Certified Aides	23.00
					Other Health Staff	3.00
					Non-Health Staff	28.00
					TOTALS	73.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)						
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense as % of Total Net Revenue
81.8%	0.0%	0.0%	8.5%	9.3%	100.0%	0.0%
8,231,257	0	0	898,208	931,830	10,061,393	0

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 THE SPRINGS AT CRYSTAL LAKE CRYSTAL LAKE

THE SPRINGS AT CRYSTAL LAKE
1000 EAST BRIGHTON LANE
CRYSTAL LAKE, IL 00012

Reference Numbers 6011803
Facility ID 008
Health Service Area 111
Planning Service Area 111
County McHenry

ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS	
	1	0
Aggression/Anti-Social	0	0
Chronic Alcoholism	0	0
Developmentally Disabled	0	0
Drug Addiction	0	0
Medicaid Recipient	0	0
Medical Recipient	0	0
Mental Illness	0	0
Non-Ambulatory	0	0
Non-Mobile	0	0
Public Aid Recipient	0	0
Under 65 Years Old	0	0
Unable to Self-Medicate	0	0
Ventilator Dependent	0	0
Infectious Disease w/ Isolation	0	0
Other Restrictions	0	0
No Restrictions	0	0
TOTALS	0	0

ADMISSIONS AND DISCHARGES - 2014	MEDICARE/MEDICAID CERTIFIED BEDS	
	ADMISSIONS	DISCHARGES
Residents on 1/1/2013	52	0
Total Admissions 2013	734	0
Total Discharges 2013	715	0
Residents on 12/31/2013	71	0

Note: Reported restrictions denoted by *
Total Residents Diagnosed as Mentally Ill
Total Residents Reported as Identified Offenders

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS			
	LICENSED BEDS	PEAK BEDS USED	AVAILABLE BEDS IN USE	MEDICARE/MEDICAID CERTIFIED BEDS
Nursing Care	97	78	71	97
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	0	0	0	0
TOTAL BEDS	97	78	71	97

LEVEL OF CARE	PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE									
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensed Beds	Peak Bed	Occup. Pct.	Occup. Pct.
Nursing Care	15324	43.3%	0	0	3795	3450	0	22569	63.7%	63.7%
Skilled Under 22	0	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%	0.0%
Sheltered Care	0	0.0%	0	0	0	0	0	0	0.0%	0.0%
TOTALS	15324	43.3%	0	3795	3450	0	22569	63.7%	63.7%	63.7%

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014					
	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0
45 to 50	0	0	0	0	0	0
51 to 64	2	0	0	0	0	0
65 to 74	8	12	0	0	0	0
75 to 84	0	14	0	0	0	0
85+	7	17	0	0	0	0
TOTALS	24	47	0	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 CRYSTAL PINES REHAB & HCC CRYSTAL LAKE

CRYSTAL PINES REHAB & HCC
 335 NORTH ILLINOIS AVENUE
 CRYSTAL LAKE, IL 60014

Classification Numbers
 License Number 0002299
 Health Service Area 008
 Planning Service Area 111 McHenry
 County 111 McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other	Public	Insurance	Private	Charity	TOTALS
Nursing Care	13	65	5	6	8	0	0	97
Skilled Under 22	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0	0
TOTALS	13	65	5	6	8	0	0	97

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	06	0	0	0	06
Race Unknown	0	0	0	0	0
Total	07	0	0	0	07

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

ETHNICITY	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Charity Care Expense as % of Total Net Revenue
Medicare	36.7%	41.6%	4.4%	11.5%	100.0%	0	0.0%
3,247,924	3,480,903	372,046	315,481	965,048	8,391,290	0	0.0%

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 CRYSTAL PINES REHAB & HCC CRYSTAL LAKE

CRYSTAL PINES REHAB & HCC
 335 NORTH ILLINOIS AVENUE
 CRYSTAL LAKE, IL 60014

Reference Numbers
 Facility ID 0002299
 Health Service Area 008
 Planning Service Area 111 McHenry
 County 111 McHenry County

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Aggressive/Anti-Social	1
Chronic Alcoholism	2
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	21
Medicare Recipient	4
Mental Illness	16
Non-Alzheimer	0
Non-Mobility	0
Non-Ambulatory	0
Public Aid Recipient	22
Under 65 Years Old	10
Unable to Self-Medicate	0
Venitator Dependent	1
Infectious Disease w/ Isolation	2
Other Restrictions	4
No Restrictions	10
Other Medical Conditions	0
TOTALS	97

ADMISSIONS AND DISCHARGES - 2014

Category	Count
Residents on 1/1/2013	97
Total Admissions 2013	207
Total Discharges 2013	207
Residents on 12/31/2013	97

*Note: Repeated entries denoted by *1*

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

LEVEL OF CARE	LICENSED BEDS	PEAK SET-UP	PEAK USED	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	114	111	104	111	07	112	88
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	0
TOTAL BEDS	114	111	104	111	07	112	88

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Set Up
Nursing Care	5965	22869	1987	824	4045	0	35487
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	0
TOTALS	5965	22869	1987	824	4045	0	35487

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0
60 to 74	2	0	0	0	0	0	2	0	2
65 to 74	0	0	0	0	0	0	0	0	0
75 to 84	11	21	0	0	0	0	11	21	32
85+	6	35	0	0	0	0	6	35	43
TOTALS	30	67	0	0	0	0	30	67	97

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 FAIR OAKS HEALTH CARE CENTER CRYSTAL LAKE

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL 60014

Classification Numbers
602076
008
111
McHenry County

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	23	0	0	1	17	0	47	Nursing Care	297	240
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
Intermediate DD	0	0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care	0	0	0	0	0	0	0	Sheltered Care	0	0
TOTALS	23	0	0	1	17	0	47			

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS	Facility Staffing
Asian	0	0	0	0	0	Administrators
American Indian	0	0	0	0	0	Physicians
Black	0	0	0	0	0	Director of Nursing
Hawaiian/Pacific Isl.	0	0	0	0	0	Registered Nurses
White	47	0	0	0	47	LPNs
Race Unknown	0	0	0	0	0	Certified Aides
Total	47	0	0	0	47	Other Health Staff
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS	Non-Health Staff
Hispanic	0	0	0	0	0	26.00
Non-Hispanic	47	0	0	0	47	75.00
Ethnicity Unknown	0	0	0	0	0	
Total	47	0	0	0	47	

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Cherry Care
65.4%	5.7%	0.0%	0.5%	28.4%	0.0%	0.0%
3,050,804	320,944	0	28,052	1,588,765	0	5,596,385

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 FAIR OAKS HEALTH CARE CENTER CRYSTAL LAKE

FAIR OAKS HEALTH CARE CENTER
471 W. TERRA COTTA AVENUE
CRYSTAL LAKE, IL 60014

Reference Numbers
602076
008
111
McHenry County

ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Avil-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	5
Medicare Recipient	4
Mental Illness	5
Non-Ambulatory	0
Non-Mobile	6
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	27
Other Restrictions	1
No Restrictions	0
<i>Note: Reported restrictions deemed by ?</i>	0
TOTALS	47

ADMISSIONS AND DISCHARGES - 2014	RESIDENTS BY PRIMARY DIAGNOSIS
4/14/2015	14
Residents on 1/1/2013	45
Total Admissions 2013	241
Total Discharges 2013	239
Residents on 12/31/2013	47
TOTALS	47

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	51	51	50	51	4	45	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTAL BEDS	51	51	50	51	4	45	0

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	Cherry Care	Licensed Beds	Peak Beds
Nursing Care	7376	1917	0	95	6465	0	0	51	50
Skilled Under 22	0	0	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0	0	0
TOTALS	7376	1917	0	95	6465	0	0	51	50

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered	TOTAL
Under 18	0	0	0	0	0
18 to 44	1	0	0	0	1
45 to 59	1	0	0	0	1
60 to 74	1	0	0	0	1
75 to 84	6	11	0	0	17
85+	14	33	0	0	47
TOTALS	14	33	0	0	47

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 HEARTHSTONE MANOR WOODSTOCK

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL 60098

Classification Numbers
License Number 6000310
Health Service Area 008
Planning Service Area 111 McHenry County

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

RACE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Asian	1	0	0	0	0	0	1
American Indian	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0
Hawaiian/Pacific Is.	0	0	0	0	0	0	0
White	47	0	0	0	44	91	91
Race Unknown	1	0	0	0	0	1	1
Total	49	0	0	0	44	93	93

ETHNICITY	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Hispanic	1	0	0	0	0	0	1
Non-Hispanic	48	0	0	0	44	92	92
Ethnicity Unknown	0	0	0	0	0	0	0
Total	49	0	0	0	44	93	93

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 HEARTHSTONE MANOR WOODSTOCK

HEARTHSTONE MANOR
920 NORTH SEMINARY AVENUE
WOODSTOCK, IL 60098

Reference Numbers
Health Service Area 008
Planning Service Area 111 McHenry County

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

RACE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Asian	1	0	0	0	0	0	1
American Indian	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0
Hawaiian/Pacific Is.	0	0	0	0	0	0	0
White	47	0	0	0	44	91	91
Race Unknown	1	0	0	0	0	1	1
Total	49	0	0	0	44	93	93

ETHNICITY	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Hispanic	1	0	0	0	0	0	1
Non-Hispanic	48	0	0	0	44	92	92
Ethnicity Unknown	0	0	0	0	0	0	0
Total	49	0	0	0	44	93	93

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

HEARTHSTONE MANOR

920 NORTH SEMINARY AVENUE
WOODSTOCK, IL 60098

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

RACE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Asian	1	0	0	0	0	0	1
American Indian	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0
Hawaiian/Pacific Is.	0	0	0	0	0	0	0
White	47	0	0	0	44	91	91
Race Unknown	1	0	0	0	0	1	1
Total	49	0	0	0	44	93	93

ETHNICITY	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Hispanic	1	0	0	0	0	0	1
Non-Hispanic	48	0	0	0	44	92	92
Ethnicity Unknown	0	0	0	0	0	0	0
Total	49	0	0	0	44	93	93

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	16	0	4	16	0	49
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	30	5	44
TOTALS	13	16	0	4	55	5	93

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 CROSSROADS CARE CENTER WOODSTOCK WOODSTOCK

CROSSROADS CARE CENTER WOODSTOCK
 309 MCHENRY AVENUE
 WOODSTOCK, IL 60098

CROSSROADS CARE CENTER WOODSTOCK
 309 MCHENRY AVENUE
 WOODSTOCK, IL 60098

Classification Numbers
 License Number 6010136
 Health Service Area 008
 Planning Service Area 111
 McHenry County

Reference Numbers
 Facility ID 6010136
 Health Service Area 008
 Planning Service Area 111
 County McHenry County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Charity Care	TOTALS
Nursing Care	21	58	0	2	7	88
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	21	58	0	2	7	88

ADMISSIONS AND DISCHARGES - 2014

ADMISSIONS	DISCHARGES
Residents on 1/1/2013	95
Total Admissions 2013	249
Total Discharges 2013	253
Residents on 12/31/2013	98

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ADMISSIONS AND DISCHARGES - 2014

ADMISSIONS	DISCHARGES
Residents on 1/1/2013	95
Total Admissions 2013	249
Total Discharges 2013	253
Residents on 12/31/2013	98

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	1	0	0	0	1
45 to 59	5	11	0	0	16
60 to 74	10	2	0	0	12
75 to 84	12	0	0	0	12
85+	7	8	0	0	15
TOTALS	42	46	0	0	88

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTAL
Under 18	0	0	0	0	0
18 to 44	1	0	0	0	1
45 to 59	5	11	0	0	16
60 to 74	10	2	0	0	12
75 to 84	12	0	0	0	12
85+	7	8	0	0	15
TOTALS	42	46	0	0	88

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Charity Care	TOTAL
Nursing Care	5871	25103	0	351	2988	34293
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	5871	25103	0	351	2988	34293

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Charity Care	TOTAL
Nursing Care	5871	25103	0	351	2988	34293
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	5871	25103	0	351	2988	34293

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
3,155,210	3,739,181	0	508,080	457,105	0	7,850,584

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
3,155,210	3,739,181	0	508,080	457,105	0	7,850,584

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

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

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

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 WAUCONDA HEALTHCARE & REHAB WAUCONDA

WAUCONDA HEALTHCARE & REHAB
 178 THOMAS COURT
 WAUCONDA, IL 60084
 License Number 6009435
 Health Service Area 008
 Planning Service Area 097
 Lake County

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	43	0	5	17	0	93
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	0
TOTALS	28	43	0	5	17	0	93

RACE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Asian	4	0	0	0	0	0	4
American Indian	0	0	0	0	0	0	0
Black	0	0	0	0	0	0	0
Hawaiian/Pacific Is.	0	0	0	0	0	0	0
White	89	0	0	0	0	0	89
Race Unknown	0	0	0	0	0	0	0
Total	93	0	0	0	0	0	93

ETHNICITY	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Hispanic	0	0	0	0	0	0	0
Non-Hispanic	93	0	0	0	0	0	93
Ethnicity Unknown	0	0	0	0	0	0	0
Total	93	0	0	0	0	0	93

EMPLOYMENT CATEGORY	Count	Full-Time Equivalent
Attendants	1,000	1.000
Physicians	0	0.000
Director of Nursing	1	1.000
Registered Nurses	9,000	9.000
LPN's	3,000	3.000
Certified Aides	35,000	35.000
Other Health Staff	7,000	7.000
Non-Health Staff	28,000	28.000
TOTALS	82,000	82.000

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
Medicare	5,365,213	2,041,365	0	461,058	2,028,723	0	100.0%
Medicaid	0	0	0	0	0	0	0.0%
Other Public	0	0	0	0	0	0	0.0%
Private Insurance	0	0	0	0	0	0	0.0%
Private Pay	0	0	0	0	0	0	0.0%
Charity Care	0	0	0	0	0	0	0.0%
TOTALS	5,365,213	2,041,365	0	461,058	2,028,723	0	105,520,359

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 WAUCONDA HEALTHCARE & REHAB WAUCONDA

WAUCONDA HEALTHCARE & REHAB
 178 THOMAS COURT
 WAUCONDA, IL 60084
 License Number 6009435
 Health Service Area 008
 Planning Service Area 097
 Lake County

ADMISSION RESTRICTIONS	Count	Primary Diagnosis
Aggressive/Anti-Social	1	Neoplasms
Chronic Alcoholism	0	Endocrine/Metabolic
Developmentally Disabled	2	Blood Disorders
Drug Addiction	0	*Nervous System Non Alzheimer
Medicaid Recipient	13	Alzheimer Disease
Medicare Recipient	0	Mental Illness
Non-Ambulatory	23	Developmental Disability
Non-Mobile	4	Cerebrovascular System
Public AMI Recipient	4	Respiratory System
Under 65 Years Old	3	Digestive System
Unable to Self-Medicate	2	Genitourinary System Disorders
Ventilator Dependent	6	Skin Disorders
Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders
Other Restrictions	19	Injuries and Poisonings
No Restrictions	1	Other Medical Conditions
<i>Note: Reported restrictions deemed by ??</i>	0	Non-Medical Conditions
TOTALS	93	

ADMISSIONS AND DISCHARGES - 2014	Count	Diagnosed as
Residents on 1/1/2013	98	Total Residents Diagnosed as
Total Admissions 2013	575	Mentally Ill
Total Discharges 2013	561	Total Residents Reported as
Residents on 12/31/2013	93	Identified Offenders

LICENSED BEDS, BEDS IN USE, MEDICAID/MEDICATED CERTIFIED BEDS	PEAK						
LEVEL OF CARE	135	135	135	135	135	135	135
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTAL BEDS	135	135	135	83	42	135	76

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PAYOR SOURCE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds
LEVEL OF CARE	9,190	18,7%	0	0	0	0	70.3%
Nursing Care	16,247	56.7%	1,306	7,726	0	0	70.3%
Skilled Under 22	0	0.0%	0	0	0	0	0.0%
Intermediate DD	0	0.0%	0	0	0	0	0.0%
Sheltered Care	0	0.0%	0	0	0	0	0.0%
TOTALS	9,190	18.7%	1,306	7,726	0	0	70.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014	Male	Female	Male	Female	Male	Female	TOTAL
AGE GROUPS	0	0	0	0	0	0	0
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	3
60 to 64	1	0	0	0	0	0	1
65 to 74	5	0	0	0	0	0	5
75 to 84	15	23	0	0	0	0	38
85+	7	34	0	0	0	0	41
TOTALS	29	64	0	0	0	0	93

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014	Male	Female	Male	Female	Male	Female	TOTAL
AGE GROUPS	0	0	0	0	0	0	0
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	3
60 to 64	1	0	0	0	0	0	1
65 to 74	5	0	0	0	0	0	5
75 to 84	15	23	0	0	0	0	38
85+	7	34	0	0	0	0	41
TOTALS	29	64	0	0	0	0	93

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014	Male	Female	Male	Female	Male	Female	TOTAL
AGE GROUPS	0	0	0	0	0	0	0
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	3
60 to 64	1	0	0	0	0	0	1
65 to 74	5	0	0	0	0	0	5
75 to 84	15	23	0	0	0	0	38
85+	7	34	0	0	0	0	41
TOTALS	29	64	0	0	0	0	93

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014	Male	Female	Male	Female	Male	Female	TOTAL
AGE GROUPS	0	0	0	0	0	0	0
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	3
60 to 64	1	0	0	0	0	0	1
65 to 74	5	0	0	0	0	0	5
75 to 84	15	23	0	0	0	0	38
85+	7	34	0	0	0	0	41
TOTALS	29	64	0	0	0	0	93

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014	Male	Female	Male	Female	Male	Female	TOTAL
AGE GROUPS	0	0	0	0	0	0	0
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	3
60 to 64	1	0	0	0	0	0	1
65 to 74	5	0	0	0	0	0	5
75 to 84	15	23	0	0	0	0	38
85+	7	34	0	0	0	0	41
TOTALS	29	64	0	0	0	0	93

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014	Male	Female	Male	Female	Male	Female	TOTAL
AGE GROUPS	0	0	0	0	0	0	0
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	3
60 to 64	1	0	0	0	0	0	1
65 to 74	5	0	0	0	0	0	5
75 to 84	15	23	0	0	0	0	38
85+	7	34	0	0	0	0	41
TOTALS	29	64	0	0	0	0	93

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014	Male	Female	Male	Female	Male	Female	TOTAL
AGE GROUPS	0	0	0	0	0	0	0
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	3
60 to 64	1	0	0	0	0	0	1
65 to 74	5	0	0	0	0	0	5
75 to 84	15	23	0	0	0	0	38
85+	7	34	0	0	0	0	41
TOTALS	29	64	0	0	0	0	93

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014	Male	Female	Male	Female	Male	Female	TOTAL
AGE GROUPS	0	0	0	0	0	0	0
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	3
60 to 64	1	0	0	0	0	0	1
65 to 74	5	0	0	0	0	0	5
75 to 84	15	23	0	0	0	0	38
85+	7	34	0	0	0	0	41
TOTALS	29	64	0	0	0	0	93

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014	Male	Female	Male	Female	Male	Female	TOTAL
AGE GROUPS	0	0	0	0	0	0	0
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	3
60 to 64	1	0	0	0	0	0	1
65 to 74	5	0	0	0	0	0	5
75 to 84	15	23	0	0	0	0	38
85+	7	34	0	0	0	0	41
TOTALS	29	64	0	0	0	0	93

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 Contegra Specialty Hospital-Woodstock WOODSTOCK

Contegra Specialty Hospital-Woodstock
 527 WEST SOUTH STREET
 WOODSTOCK, IL 60098
 License Number 8013981
 Health Service Area 008
 Planning Service Area 111 McHenry County
 County 111 McHenry County

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0	0	0	0	0	0	Nursing Care	792	792
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
Intermediate DD	0	0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care	0	0	0	0	0	0	0	Sheltered Care	0	0
TOTALS	0	0	0	0	0	0	0			

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS	Facility Staffing
Asian	0	0	0	0	0	Administrators
American Indian	0	0	0	0	0	Physicians
Black	0	0	0	0	0	Director of Nursing
Hawaiian/Pacific Is.	0	0	0	0	0	Registered Nurses
White	0	0	0	0	0	LPN's
Race Unknown	0	0	0	0	0	Certified Nurses
Total	0	0	0	0	0	Other Health Staff
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS	Non-Health Staff
Hispanic	0	0	0	0	0	Totals
Non-Hispanic	0	0	0	0	0	
Ethnicity Unknown	0	0	0	0	0	
Total	0	0	0	0	0	

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0	0	0	0	0	0
0	0	0	0	0	0
TOTALS	0.0%	0.0%	0.0%	0.0%	0.0%

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 Contegra Specialty Hospital-Woodstock WOODSTOCK

Contegra Specialty Hospital-Woodstock
 527 WEST SOUTH STREET
 WOODSTOCK, IL 60098
 Reference Numbers 8013981
 Facility ID 008
 Health Service Area 111
 Planning Service Area 111 McHenry County
 County 111 McHenry County

ADMISSION RESTRICTIONS	DIAGNOSIS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggravated/Alcohol-Social	Neoplasms	0
Chronic Alcoholism	Endocrine/Metabolic	0
Developmentally Disabled	Blood Disorders	0
Drug Addiction	*Nervous System Non Alzheimer	0
Medicaid Recipient	Alzheimer Disease	0
Medicare Recipient	Mental Illness	0
Non-Ambulatory	Developmental Disability	0
Non-Medico	Circulatory System	0
Public Aid Recipient	Respiratory System	0
Under 65 Years Old	Digestive System	0
Unable to Self-Medicat	Genitourinary System Disorders	0
Ventilator Dependent	Skin Disorders	0
Infectious Disease w/ Isolation	Musculo-skeletal Disorders	0
Other Restrictions	Injuries and Poisonings	0
No Restrictions	Other Medical Conditions	0
<i>Note: Reported restrictions limited by '1'</i>	Non-Medical Conditions	0
TOTALS	Total Residents Diagnosed as	0
	Mentally Ill	0
	Total Residents Reported as	0
	Identified Offenders	0

ADMISSIONS AND DISCHARGES - 2014	4/15/2015	11/2013	25/3	26/4
Date Questionnaire Completed	4/15/2015	Residents on 11/2013	11	
		Total Admissions 2013	253	
		Total Discharges 2013	264	
		Residents on 12/31/2013	0	

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	0	25	20	0	40	0
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTAL BEDS	0	25	20	0	40	0

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensee	Peak Beds
Nursing Care	2762	18.9%	0	0	615	56	3433	37.6%
Skilled Under 22	0	0.0%	0	0	0	0	0	0.0%
Intermediate DD	0	0.0%	0	0	0	0	0	0.0%
Sheltered Care	0	0.0%	0	0	0	0	0	0.0%
TOTALS	2762	18.9%	0	0	615	56	3433	37.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

AGE GROUPS	NURSING CARE	SKILLED UNDER 22	INTERMED. DD	SHELTERED	TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 64	0	0	0	0	0
65 to 74	0	0	0	0	0
75 to 84	0	0	0	0	0
85+	0	0	0	0	0
TOTALS	0	0	0	0	0

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 VALLEY HI NURSING HOME WOODSTOCK

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL 60098

Classification Numbers
License Number 6006542
Health Service Area 008
Planning Service Area 111
McHenry County

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	11	48	15	0	48	0	122	Nursing Care	235	0
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
Intermediate DD	0	0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care	0	0	0	0	0	0	0	Sheltered Care	0	0
TOTALS	11	48	15	0	48	0	122			

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS	Facility Staffing
Asian	0	0	0	0	0	Administrators 1.00
American Indian	0	0	0	0	0	Physicians 0.00
Black	0	0	0	0	0	Director of Nursing 1.00
Hawaiian/Pacific Isl.	0	0	0	0	0	Registered Nurses 20.62
White	122	0	0	0	122	LPN's 6.35
Race Unknown	0	0	0	0	0	Certified Aides 48.63
Total	122	0	0	0	122	Other Health Staff 3.87
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS	Non-Health Staff
Hispanic	1	0	0	0	1	Totals 133.33
Non-Hispanic	121	0	0	0	121	
Ethnicity Unknown	0	0	0	0	0	
Total	122	0	0	0	122	

ETHNICITY	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
Medicare	2,829,132	3,468,984	731,752	133,523	3,650,940	0	0.0%
Medicaid	122	48	15	0	48	0	0.0%
Other Public	0	0	0	0	0	0	0.0%
Private Insurance	0	0	0	0	0	0	0.0%
Private Pay	0	0	0	0	0	0	0.0%
Charity Care	0	0	0	0	0	0	0.0%
TOTALS	2,829,132	3,468,984	731,752	133,523	3,650,940	0	0.0%

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 VALLEY HI NURSING HOME WOODSTOCK

VALLEY HI NURSING HOME
2406 HARTLAND ROAD
WOODSTOCK, IL 60098

Reference Numbers 6006542
Facility ID 008
Health Service Area 008
Planning Service Area 111
McHenry County

ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Anti-Social	Neoplasms
Chronic Alcoholism	Endocrine/Metabolic
Developmentally Disabled	Blood Disorders
Drug Addiction	*Nervous System Non Alzheimer
Medicaid Recipient	Alzheimer Disease
Medicare Recipient	Mental Illness
Non-Ambulatory	Developmental Disability
Non-Mobile	Circulatory System
Public Aid Recipient	Respiratory System
Under 65 Years Old	Digestive System
Unable to Self-Medicare	Genitourinary System Disorders
Ventilator Dependent	Skin Disorders
Infectious Disease w/ Isolation	Musculo-skeletal Disorders
Other Restrictions	Injuries and Poisonings
No Restrictions	Other Medical Conditions
<i>Note: Reported restrictions denoted by *1</i>	TOTALS
	Total Residents Diagnosed as Mentally Ill 89
	Total Residents Reported as Identified Offenders 0

ADMISSIONS AND DISCHARGES - 2014	ADMISSIONS AND DISCHARGES - 2013	ADMISSIONS AND DISCHARGES - 2012
Residents on 1/1/2013 122	Residents on 1/1/2013 86	Residents on 1/1/2012 122
Total Admissions 2013 96	Total Admissions 2013 96	Total Admissions 2013 96
Total Discharges 2013 122	Total Discharges 2013 122	Total Discharges 2013 122
Residents on 12/31/2013 122	Residents on 12/31/2013 122	Residents on 12/31/2012 122

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS	PEAK BEDS USED	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAD CERTIFIED BEDS
Nursing Care	128	128	122	6	128	128
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTAL BEDS	128	128	122	6	128	128

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensed Beds	Peak Beds
Nursing Care	5153	17485	37.4%	3812	189	18076	44725	85.7%
Skilled Under 22	0	0	0.0%	0	0	0	0	0.0%
Intermediate DD	0	0	0.0%	0	0	0	0	0.0%
Sheltered Care	0	0	0.0%	0	0	0	0	0.0%
TOTALS	5153	17485	37.4%	3812	189	18076	44725	85.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered	Total
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	0	0	0	0	0
60 to 84	1	0	0	0	1
85 to 94	2	0	0	0	2
75 to 84	9	0	0	0	9
85+	15	73	0	0	88
TOTALS	27	65	0	0	92

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 HILLCREST RETIREMENT VILLAGE ROUND LAKE BEACH

HILLCREST RETIREMENT VILLAGE
 1740 NORTH CIRCUIT DRIVE
 ROUND LAKE BEACH, IL 60073
 License Number 6004410
 Health Service Area 008
 Planning Service Area 097
 County Lake County

LEVEL OF CARE	Medicare	Medicaid	Other Insurance	Private Pay	Charity Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	17	99	0	1	7	124	Nursing Care	235	205
Skilled Under 22	0	0	0	0	0	0	Skilled Under 22	0	0
Intermediate DD	0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care	0	0	0	0	0	0	Sheltered Care	0	0
TOTALS	17	99	0	1	7	124			

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	110	0	0	0	118
Race Unknown	0	0	0	0	0
Total	124	0	0	0	124

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS
Hispanic	10	0	0	0	10
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	124	0	0	0	124

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care Expense as % of Total Net Revenue
	26.7%	41.7%	0.0%	2.9%	26.7%	0.0%
	2,101,488	3,277,752	0	230,842	2,254,097	0
TOTALS					7,864,189	

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 HILLCREST RETIREMENT VILLAGE ROUND LAKE BEACH

HILLCREST RETIREMENT VILLAGE
 1740 NORTH CIRCUIT DRIVE
 ROUND LAKE BEACH, IL 60073
 Reference Numbers 6004410
 Health Service Area 008
 Planning Service Area 097
 County Lake County

ADMISSION RESTRICTIONS	DIAGNOSIS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Anti-Social	0	0
Chronic Alcoholism	0	16
Developmentally Disabled	1	0
Drug Addiction	0	12
Medicaid Recipient	0	14
Medicare Recipient	0	0
Mental Illness	0	53
Non-Ambulatory	0	4
Non-Mobile	0	5
Public Aid Recipient	0	4
Unable to Self-Medicate	0	0
Vanillitor Dependent	1	0
Infectious Disease w/ Isolation	0	5
Other Restrictions	0	4
No Restrictions	0	11
TOTALS	124	124

ADMISSIONS AND DISCHARGES - 2014	4/8/2015	4/8/2015
Residents on 1/1/2013	123	123
Total Admissions 2013	216	217
Total Discharges 2013	217	217
Residents on 12/31/2013	124	124

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICID CERTIFIED BEDS
Nursing Care	144	142	124	20	0	140
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTAL BEDS	144	142	124	20	0	140

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensed Beds	Peak Beds
Nursing Care	4785	35027	0	111	4327	0	44250	85.4%
Skilled Under 22	0	0	0	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0	0	0	0.0%
TOTALS	4785	35027	0	111	4327	0	44250	85.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered	Total
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	4	2	0	0	6
60 to 84	2	1	0	0	3
85 to 94	12	14	0	0	26
75 to 84	14	27	0	0	41
85+	9	39	0	0	48
TOTALS	41	83	0	0	124

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 LEXINGTON OF LAKE ZURICH

LEXINGTON OF LAKE ZURICH
 900 SOUTH RAND ROAD
 LAKE ZURICH, IL 60047
 License Number 8014138
 Health Service Area 008
 Planning Service Area 097
 County Lake County

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	48	90	0	32	12	0	182
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	0
TOTALS	48	90	0	32	12	0	182

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
Total	182	0	0	0	182

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS
Hispanic	5	0	0	0	5
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	0	0	0	0	0
Total	182	0	0	0	182

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS
Medicare	38.2%	42.8%	0.0%	10.7%	8.2%	100.0%
0,369,967	7,150,878	0	1,782,789	1,372,412	16,678,064	

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 LEXINGTON OF LAKE ZURICH

LEXINGTON OF LAKE ZURICH
 900 SOUTH RAND ROAD
 LAKE ZURICH, IL 60047
 Reference Numbers 8014138
 Facility ID 008
 Health Service Area 097
 Planning Service Area 097
 County Lake County

ADMISSION RESTRICTIONS	Count
Aggressive/Anti-Social	1
Chronic Alcoholism	3
Developmentally Disabled	12
Drug Addiction	2
Medicaid Recipient	11
Medicare Recipient	8
Mental Illness	10
Non-Mobile	0
Public Aid Recipient	30
Under 65 Years Old	10
Unable to Self-Medicate	4
Venitator Dependent	4
Infectious Disease w/ Isolation	14
Other Restrictions	4
No Restrictions	68
<i>Note: Reported restrictions deemed by 'I'</i>	0
TOTALS	182

ADMISSIONS AND DISCHARGES - 2014	4/14/2015
Residents on 1/1/2013	189
Total Admissions 2013	870
Total Discharges 2013	977
Residents on 12/31/2013	182

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS	USED BEDS	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICID CERTIFIED BEDS
Nursing Care	203	203	203	21	203	157
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTAL BEDS	203	203	203	21	203	157

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL
Medicare	16.0%	47.6%	0.0%	92.1%	0	0	91.9%
11806	47055	0	4310	4853	0	0	88105

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

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	2	3	0	0	0	0	5
60 to 74	0	0	0	0	0	0	0
75 to 84	11	36	0	0	0	0	47
85+	31	73	0	0	0	0	104
TOTALS	53	128	0	0	0	0	182

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

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

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 PRAIRIEVIEW NURSING UNIT BARRINGTON

PRAIRIEVIEW NURSING UNIT
 6000 GARLANDS LANE
 BARRINGTON, IL 80010
 License Number 6010156
 Health Service Area 006
 Planning Service Area 007
 County Lake County

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS	LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0	0	0	12	0	12	Nursing Care	373	0
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22	0	0
Intermediate DD	0	0	0	0	0	0	0	Intermediate DD	0	0
Sheltered Care	0	0	0	0	0	0	0	Sheltered Care	0	0
TOTALS	0	0	0	0	12	0	12			

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS	Facility Staffing
Asian	0	0	0	0	0	Administrators
American Indian	0	0	0	0	0	Physicians
Black	0	0	0	0	0	Director of Nursing
Hawaiian/Pacific Isl.	0	0	0	0	0	Registered Nurses
White	12	0	0	0	12	LPNs
Race Unknown	0	0	0	0	0	Certified Aides
Total	12	0	0	0	12	Other Health Staff
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	TOTALS	Full-Time Equivalent
Hispanic	0	0	0	0	0	34.00
Non-Hispanic	12	0	0	0	12	
Ethnicity Unknown	0	0	0	0	0	
Total	12	0	0	0	12	

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense as % of Total Net Revenue
Medicare	0.0%	0.0%	0.0%	0.0%	99.4%	100.0%	0.0%
544,811	0	0	0	0	95,222,000	96,067,711	

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

Name Change 5/2/2014 Formerly Prairieview at the Garlands.
 FACILITY NOTES

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 PRAIRIEVIEW NURSING UNIT BARRINGTON

PRAIRIEVIEW NURSING UNIT
 6000 GARLANDS LANE
 BARRINGTON, IL 80010
 Reference Numbers 6010156
 Health Service Area 006
 Planning Service Area 007
 County Lake County

ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	0
Medicaid Recipient	4
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	5
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	3
<i>Note: Reported restrictions Account for 11</i>	
TOTALS	12

ADMISSIONS AND DISCHARGES - 2014	RESIDENTS REPORTED AS IDENTIFIED OFFENDERS
Residents on 1/1/2013	7
Total Admissions 2013	70
Total Discharges 2013	65
Residents on 12/31/2013	12

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS	PEAK	AVAILABLE	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
LEVEL OF CARE	LICENSED BEDS	BEDS IN USE	BEDS	BEDS
Nursing Care	20	18	20	20
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	0	0	0	0
TOTAL BEDS	20	18	20	20

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensee Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing Care	1070	14.8%	0	0.0%	110	32.8%	4472	61.3%
Skilled Under 22	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sheltered Care	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTALS	1070	14.8%	0	0.0%	110	32.8%	4472	61.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014	AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
NURSING CARE	Under 18	0	0	0	0	0	0	0	0	0
	18 to 44	0	0	0	0	0	0	0	0	0
	45 to 59	0	0	0	0	0	0	0	0	0
	60 to 74	0	0	0	0	0	0	0	0	0
	75 to 84	0	0	0	0	0	0	0	0	0
	85+	0	0	0	0	0	0	0	0	0
TOTALS		0								

Long-Term Care Facilities
Travel Time and Distance
From Proposed Transformative Health of McHenry
30-Minute Market Contour

FACID	FACNAME	ADDRESS	CITY	ZIP	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
6008304	Alden Terrace Of McHenry Rehab (1)	803 Front Royal Drive	Mchenry	60050-0000	316	2.83	5.75
6011803	The Springs at Crystal Lake	1000 East Brighton Lane	Crystal Lake	60012-0000	97	4.02	6.9
6002299	Crystal Pines Rehab & HCC	335 Illinois St	Crystal Lake	60014-0000	114	6.69	11.5
6008585	Shelving Oak (2)	27888 N Beech St	Island Lake	60042-0000		6.94	13.8
6002976	Fair Oaks Health Care Center (3)	W Terra Cotta Ave & Ridge Ave	Crystal Lake	60014-0000	51	7.98	14.95
6009310	Hearthstone Manor	920 North Seminary Avenue	Woodstock	60098-0000	75	9.42	17.25
6010136	Crossroads Care Center Woodstock	309 Mchenry Avenue	Woodstock	60098-0000	115	9.80	17.25
6009435	Wauconda Healthcare & Rehab (4)(4a)	176 Thomas Court	Wauconda	60084-0000	135	9.47	18.4
6013981	Memorial Medical Center (5)	527 West South Street	Woodstock	60098-0000		9.63	19.55
6009542	Valley Hi Nursing Home	2406 Hartland Road	Woodstock	60098-0000	128	14.91	24.15
6004410	Hillcrest Retirement Village	1740 Circuit Dr	Round Lake Beach	60073-0000	144	13.94	26.45
6014138	Lexington Of Lake Zurich	900 South Rand Road	Lake Zurich	60047-0000	203	16.73	29.9
6016158	Prairieview Nursing Unit (6)	6000 GARLANDS LANE	Barrington	60010	20	16.72	29.9

- (1) Profile & website address is 803 Royal Drive
- (2) 01/13/2013 CLOSURE. License not renewed effective this date; 70 beds removed from inventory
- (3) 03/29/2013 Bed Change. Facility added 5 Nursing Care beds. Facility now has 51 Nursing Care beds; Profile address: 471 W. Terra Cotta Avenue
- (4) 10/30/2012 12-062 Permit issued to add 40 Nursing Care Beds to existing facility; facility will have 175 beds upon project completion
- (4a) 10/08/2014 Relinquishment of project. Removed 40 Nursing Care beds from inventory.
- (5) 11/12/2014 facility received permit for discontinuation of 40 bed skilled nursing (long-term care) unit
- (6) 05/02/2014 Name change: formerly Prairieview at the Gardens

Source: Long-Term Care Facility Questionnaire for 2013, Illinois Department of Public Health, Health Systems Development
 Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
 Inventory of Health Care Facilities and Services and Need Determinations - 2013 - Long-Term Care Services
 Inventory of Health Care Facilities and Services and Need Determinations - 2015- Long-Term Care Services
<http://www2.illinois.gov/hfs/MedicalProvider/CostReports/Pages/default.aspx>
<https://lfc.dph.illinois.gov/webapp/LTCApp/lfc.jsp>

Transformative Health of McHenry
30-Minute Market Contour
Utilization Data

2014 PROFILE DATA

FACID	FACNAME	CITY	# of Licensed Beds		Nursing		Nursing		Set-Up NRSNG		ALOS
			Nursing Beds	Peak Beds	Set-up	Peak Beds	Nursing Days	Occupancy	Occupancy	Admissions	
6008304	Alden Terrace Of McHenry Rehab (1)	McHenry	316	316	44563	38.64%	38.64%	170	262.14		
6011803	The Springs at Crystal Lake	Crystal Lake	97	97	22569	63.75%	63.75%	734	30.75		
6002299	Crystal Pines Rehab & HCC	Crystal Lake	114	111	35467	85.24%	87.54%	207	171.34		
6008585	Sheltering Oak (2)	Island Lake				#DIV/0!	#DIV/0!		#DIV/0!		
6002976	Fair Oaks Health Care Center (3)	Crystal Lake	51	51	15853	85.16%	85.16%	241	65.78		
6009310	Hearthstone Manor	Woodstock	75	75	11821	43.18%	43.18%	202	58.52		
6010136	Crossroads Care Center Woodstock	Woodstock	115	115	34293	81.70%	81.70%	246	139.40		
6009435	Wauconda Healthcare & Rehab (4)(4a)	Wauconda	135	135	34659	70.34%	70.34%	575	60.28		
6013981	Memorial Medical Center (5)	Woodstock	25	25	3433	#DIV/0!	37.62%	253	13.57		
6009542	Valley Hi Nursing Home	Woodstock	128	128	44725	95.73%	95.73%	86	520.06		
6004410	Hillcrest Retirement Village	Round Lake Beach	144	142	44250	84.19%	85.38%	218	202.98		
6014138	Lexington Of Lake Zurich	Lake Zurich	203	203	68105	91.92%	91.92%	670	101.65		
6016158	Prairieview Nursing Unit (6)	Barrington	20	20	4472	61.26%	61.26%	70	63.89		
			1398	1418	364210	71.38%		3672			

- (1) Profile & website address is 803 Royal Drive
- (2) 01/13/2013 CLOSURE. License not renewed effective this date; 70 beds removed from inventory
- (3) 03/29/2013 Bed Change. Facility added 5 Nursing Care beds. Facility now has 51 Nursing Care beds; Profile address: 471 W. Terra Cotta Avenue
- (4) 10/30/2012 12-062 Permit issued to add 40 Nursing Care Beds to existing facility; facility will have 175 beds upon project completion
- (4a) 10/08/2014 Relinquishment of project. Removed 40 Nursing Care beds from inventory.
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- (6) 05/02/2014 Name change: formerly Prairieview at the Gardens

Source: Long-Term Care Facility Questionnaire for 2013, Illinois Department of Public Health, Health Systems Development
 Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
 Inventory of Health Care Facilities and Services and Need Determinations - 2013 - Long-Term Care Services
 Inventory of Health Care Facilities and Services and Need Determinations - 2015- Long-Term Care Services
<http://www2.illinois.gov/hfs/MedicalProvider/CostReports/Pages/default.aspx>
<https://lhc.dph.illinois.gov/webapp/LTCApp/lhc.jsp>



Trip to:
803 Royal Dr
 Mchenry, IL 60050-4209
 2.83 miles / 5 minutes

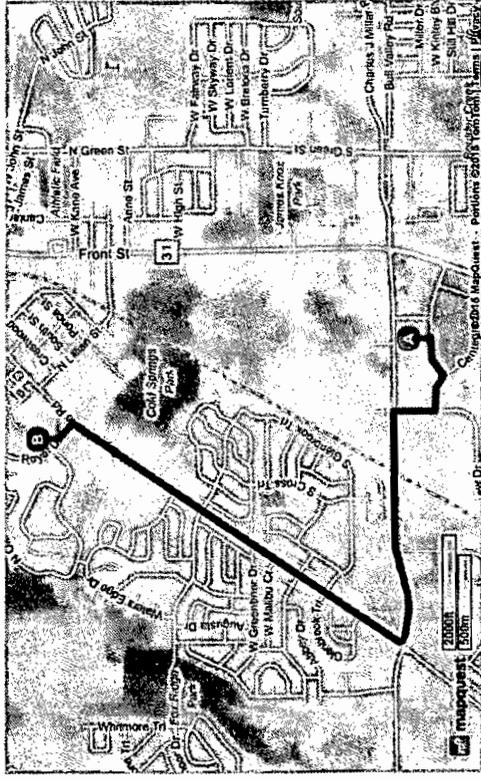
Notes
 Alden Terrace Of McHenry Rehab

- 4201 W Medical Center Dr, Mchenry, IL 60050-8409**

Download Free App	0.2 MI
1. Start out going west on W Medical Center Dr toward Centegra Dr . Map	0.2 MI Total
2. Turn right to stay on W Medical Center Dr . Map	0.1 MI Total
3. Turn right onto Ridgeview Dr . Map	0.2 MI Total
4. Take the 1st left onto Bull Valley Rd . Map	0.4 MI Total
5. Take the 2nd right onto S Crystal Lake Rd . Map	1.2 MI Total
6. Turn left onto Royal Dr . Map	1.6 MI Total
7. 803 ROYAL DR is on the left. Map	2.8 MI Total

803 Royal Dr, Mchenry, IL 60050-4209

Total Travel Estimate: 2.83 miles - about 5 minutes



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mapquest

Trip to:
1000 E Brighton Ln
 Crystal Lake, IL 60012-2074
 4.02 miles / 6 minutes

4201 W Medical Center Dr, Mchenry, IL 60050-8409 Download Free App

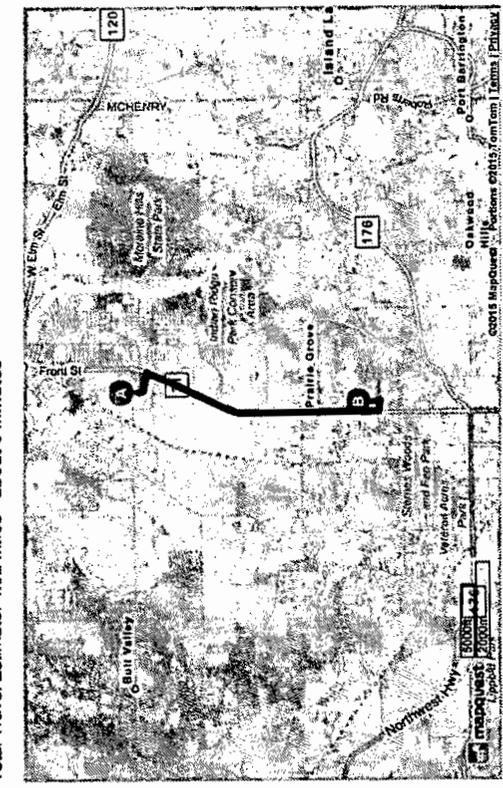
1. Start out going east on W Medical Center Dr toward Lawrence Pkwy. Map **0.3 MI**
0.3 MI Total

2. Take the 2nd right onto S IL Route 31 / IL-31. Map **3.6 MI**
3.9 MI Total

3. Turn left onto E Brighton Ln. Map **0.2 MI**
4.0 MI Total

4. **1000 E BRIGHTON LN** is on the left. Map

1000 E Brighton Ln, Crystal Lake, IL 60012-2074



Total Travel Estimate: 4.02 miles - about 6 minutes

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Trip to:
335 Illinois St
Crystal Lake, IL 60014-3618
6.69 miles / 10 minutes

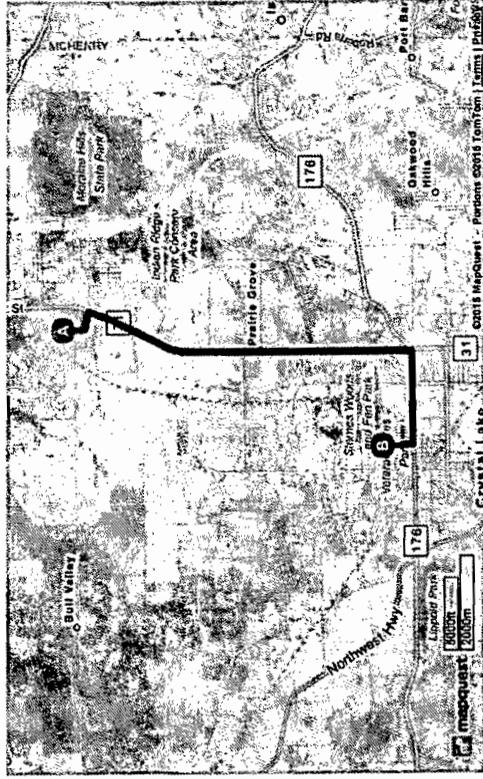
Notes
Crystal Pines Rehab & HCC

4201 W Medical Center Dr, Mchenry, IL 60050-8409

- 1. Start out going east on **W Medical Center Dr** toward Lawrence Pkwy. **Map** Download Free App
- 2. Take the 2nd right onto **S IL Route 31 / IL-31**. **Map** 0.3 MI
0.3 MI Total
- 3. Turn right onto **E Terra Cotta Ave / IL-176**. **Map** 4.8 MI
5.1 MI Total
- 4. Turn right onto **Illinois St**. **Map** 1.4 MI
6.6 MI Total
- 5. **335 ILLINOIS ST** is on the right. **Map** 0.1 MI
6.7 MI Total

335 Illinois St, Crystal Lake, IL 60014-3618

Total Travel Estimate: 6.69 miles - about 10 minutes



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Trip to:
27888 N Beech St
 Island Lake, IL 60042-8402
 6.94 miles / 12 minutes

Notes

Sheltering Oak

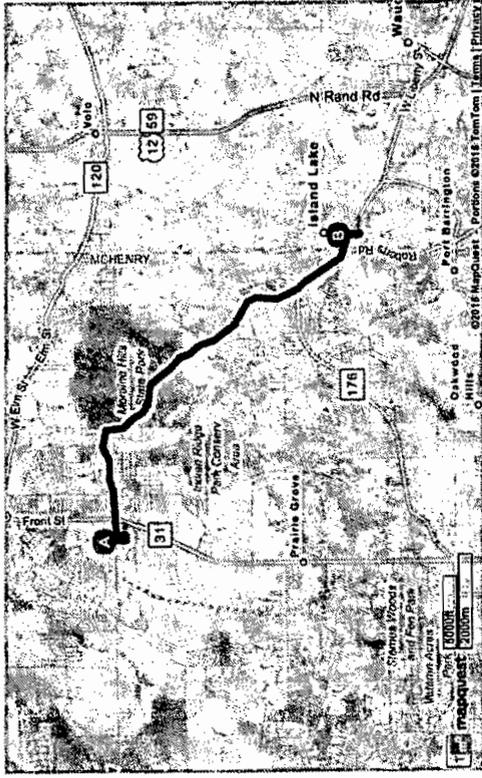
4201 W Medical Center Dr, Mchenry, IL 60050-8409

Download Free App

- 1. Start out going east on **W Medical Center Dr** toward **Lawrence Pkwy**. [Map](#) **0.07 MI**
0.07 Mi Total
- ↙ 2. Take the 1st left onto **Lawrence Pkwy**. [Map](#) **0.1 MI**
0.2 Mi Total
- ↘ 3. Turn right onto **Bull Valley Rd**. [Map](#) **0.4 MI**
0.6 Mi Total
- ↑ 4. Stay straight to go onto **Charles J Miller Rd**. [Map](#) **1.2 MI**
1.8 Mi Total
- ↘ 5. Turn right onto **S River Rd**. [Map](#) **3.8 MI**
5.6 Mi Total
- ↙ 6. Turn left onto **W State Rd / IL-176**. [Map](#) **1.2 MI**
6.8 Mi Total
- ↘ 7. Turn right onto **Beech St**. [Map](#) **0.2 MI**
6.9 Mi Total
- 8. **27888 N BEECH ST** is on the right. [Map](#)

27888 N Beech St, Island Lake, IL 60042-8402

Total Travel Estimate: 6.94 miles - about 12 minutes



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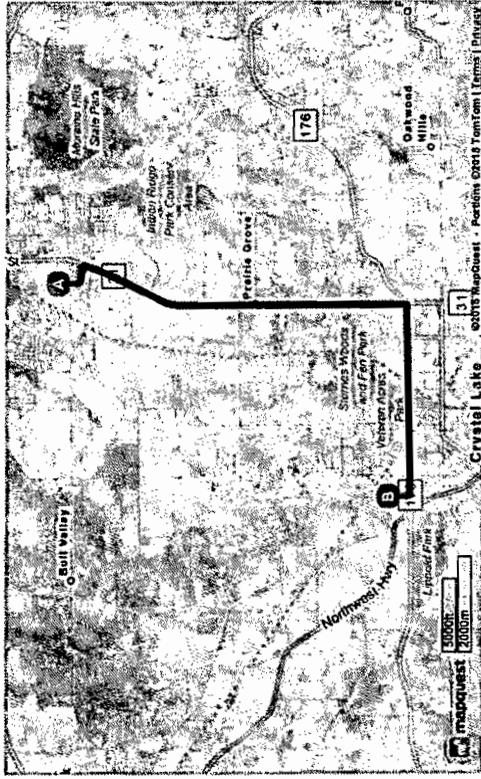


Trip to:
W Terra Cotta Ave & Ridge Ave
 Crystal Lake, IL 60014
 7.98 miles / 13 minutes

Notes
 Fair Oaks Health Care Center

- 4201 W Medical Center Dr, Mchenry, IL 60050-8409**
Download Free App
- 1. Start out going east on **W Medical Center Dr** toward **Lawrence Pkwy**. **Map** 0.3 MI
0.3 MI Total
- 2. Take the 2nd right onto **S IL Route 31 / IL-31**. **Map** 4.8 MI
5.1 MI Total
- 3. Turn right onto **E Terra Cotta Ave / IL-176**. **Map** 2.9 MI
8.0 MI Total
- 4. **W TERRA COTTA AVE & RIDGE AVE**. **Map**
- W Terra Cotta Ave & Ridge Ave, Crystal Lake, IL 60014**

Total Travel Estimate: 7.98 miles - about 13 minutes



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Notes
Hearshstone Manor



Trip to:
920 N Seminary Ave
Woodstock, IL 60098-2996
9.42 miles / 15 minutes

- 4201 W Medical Center Dr, Mchenry, IL 60050-8409** [Download Free App](#)

1. Start out going west on **W Medical Center Dr** toward **Centegra Dr**. [Map](#) 0.2 MI / 0.2 MI Total

2. Turn right to stay on **W Medical Center Dr**. [Map](#) 0.1 MI / 0.3 MI Total

3. Turn right onto **Ridgeview Dr**. [Map](#) 0.2 MI / 0.4 MI Total

4. Take the 1st left onto **Bull Valley Rd**. [Map](#) 4.9 MI / 5.4 MI Total

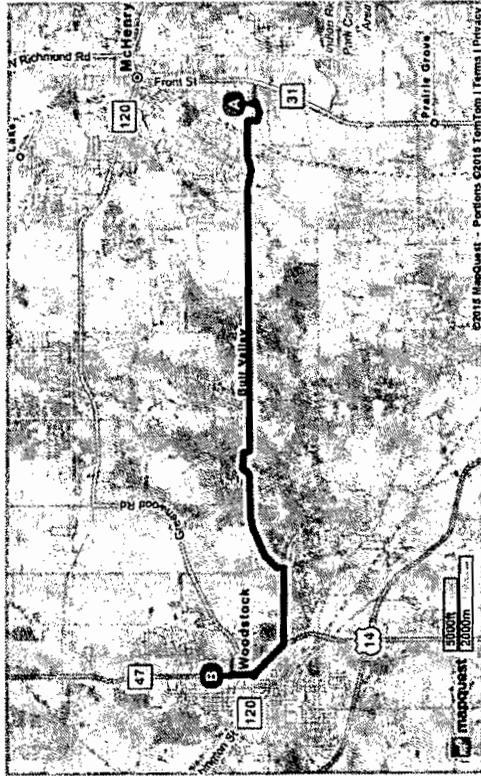
5. Turn left to stay on **Bull Valley Rd**. [Map](#) 2.0 MI / 7.4 MI Total

6. Turn right onto **Country Club Rd**. [Map](#) 1.1 MI / 8.5 MI Total

7. Turn right onto **S Eastwood Dr / IL-47**. Continue to follow **IL-47**. [Map](#) 1.0 MI / 9.4 MI Total

8. **920 N SEMINARY AVE** is on the right. [Map](#)
- 920 N Seminary Ave, Woodstock, IL 60098-2996**

Total Travel Estimate: 9.42 miles - about 15 minutes



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Trip to:

309 Mchenry Ave
Woodstock, IL 60098-2917
9.80 miles / 15 minutes

Notes

Crossroads Care Center Woodstock

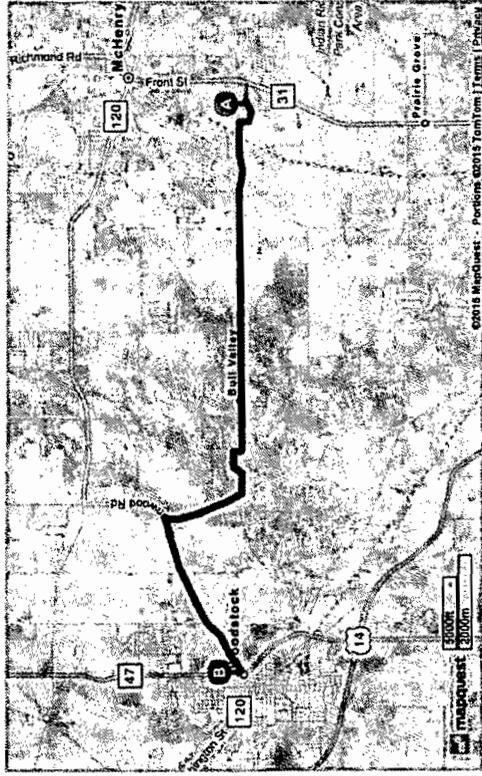
4201 W Medical Center Dr, Mchenry, IL 60050-8409

Download Free App

- 1. Start out going west on **W Medical Center Dr** toward **Centegra Dr**. [Map](#) **0.2 MI** **0.2 Mi Total**
- ⤴ 2. Turn right to stay on **W Medical Center Dr**. [Map](#) **0.1 MI** **0.3 Mi Total**
- ⤴ 3. Turn right onto **Ridgeview Dr**. [Map](#) **0.2 MI** **0.4 Mi Total**
- ⤴ 4. Take the 1st left onto **Bull Valley Rd**. [Map](#) **4.9 MI** **5.4 Mi Total**
- ⤴ 5. Turn left to stay on **Bull Valley Rd**. [Map](#) **0.7 MI** **6.1 Mi Total**
- ⤴ 6. Turn right onto **S Fleming Rd**. [Map](#) **1.2 MI** **7.3 Mi Total**
- ⤴ 7. Turn left onto **IL Route 120 / IL-120**. Continue to follow **IL-120**. [Map](#) **2.5 MI** **9.8 Mi Total**
- 8. **309 MCHENRY AVE** is on the right. [Map](#) **0.2 MI**

309 Mchenry Ave, Woodstock, IL 60098-2917

Total Travel Estimate: 9.80 miles - about 15 minutes



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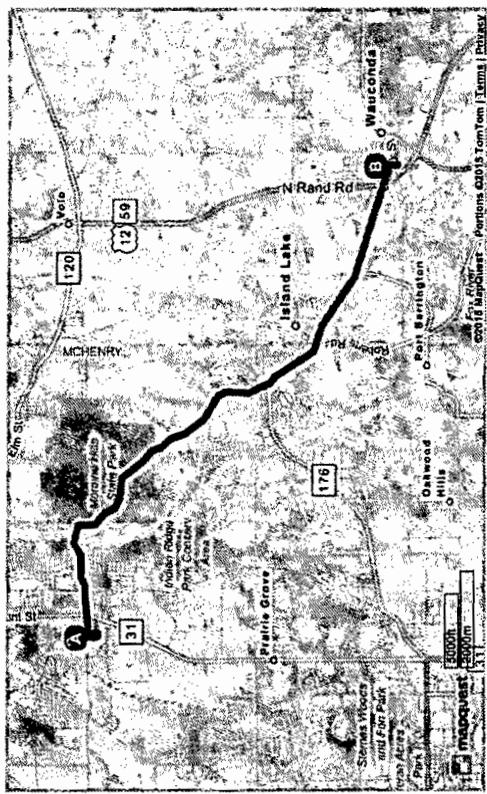
mapquest
 Trip to:
176 Thomas Ct
 Wauconda, IL 60084-2451
 9.47 miles / 16 minutes

Notes
 Wauconda Healthcare & Rehab

- 4201 W Medical Center Dr, Mchenry, IL 60050-8409** Download Free App
- 1. Start out going east on **W Medical Center Dr** toward **Lawrence Pkwy**. **Map** 0.07 MI Total
 - 2. Take the 1st left onto **Lawrence Pkwy**. **Map** 0.1 MI Total
 - 3. Turn right onto **Bull Valley Rd**. **Map** 0.4 MI Total
 - 4. Stay straight to go onto **Charles J Miller Rd**. **Map** 1.2 MI Total
 - 5. Turn right onto **S River Rd**. **Map** 3.8 MI Total
 - 6. Turn left onto **W State Rd / IL-176**. Continue to follow **IL-176**. **Map** 9.3 MI Total
 - 7. Turn right onto **Thomas Ct**. **Map** 0.1 MI Total
 - 8. **176 THOMAS CT** is on the left. **Map** 9.5 MI Total

176 Thomas Ct, Wauconda, IL 60084-2451

Total Travel Estimate: 9.47 miles - about 16 minutes



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Trip to:
527 W South St
 Woodstock, IL 60098-3756
 9.63 miles / 17 minutes

Notes

Memorial Medical Center

4201 W Medical Center Dr, Mchenry, IL 60050-8409

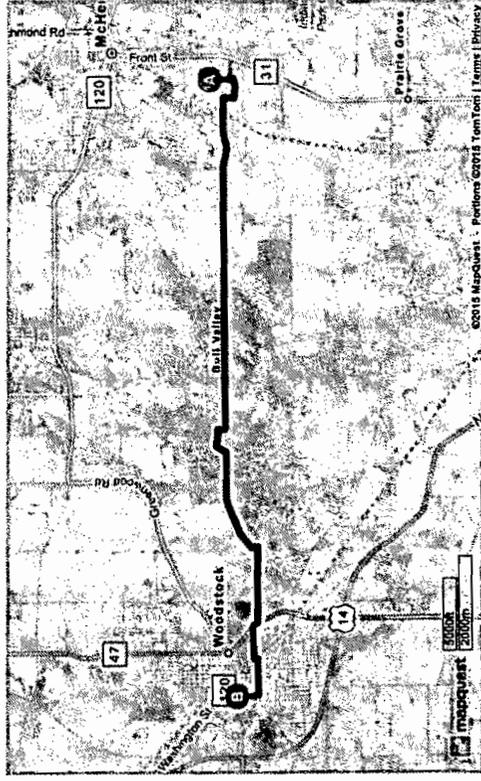
Download Free App

- 1. Start out going west on W Medical Center Dr toward Centegra Dr. [Map](#) 0.2 MI Total
- ↶ 2. Turn right to stay on W Medical Center Dr. [Map](#) 0.1 MI Total
- ↶ 3. Turn right onto Ridgeview Dr. [Map](#) 0.3 MI Total
- ↶ 4. Take the 1st left onto Bull Valley Rd. [Map](#) 0.2 MI Total
- ↶ 5. Turn left to stay on Bull Valley Rd. [Map](#) 4.9 MI Total
- ↶ 6. Turn right onto Country Club Rd. [Map](#) 5.4 MI Total
- ↶ 7. Turn right onto S Eastwood Dr / IL-47. [Map](#) 2.0 MI Total
- ↶ 8. Take the 1st left onto E Calhoun St. [Map](#) 7.4 MI Total
- ↶ 9. Take the 3rd left onto S Madison St. [Map](#) 1.1 MI Total
- ↶ 10. Turn right onto E South St. [Map](#) 8.5 MI Total
- 11. 527 W SOUTH ST is on the left. [Map](#) 8.6 MI Total

527 W South St, Woodstock, IL 60098-3756

0.5 MI Total

Total Travel Estimate: 9.63 miles - about 17 minutes



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mapquest

Trip to:
2406 Hartland Rd
 Woodstock, IL 60098-9763
 14.91 miles / 21 minutes

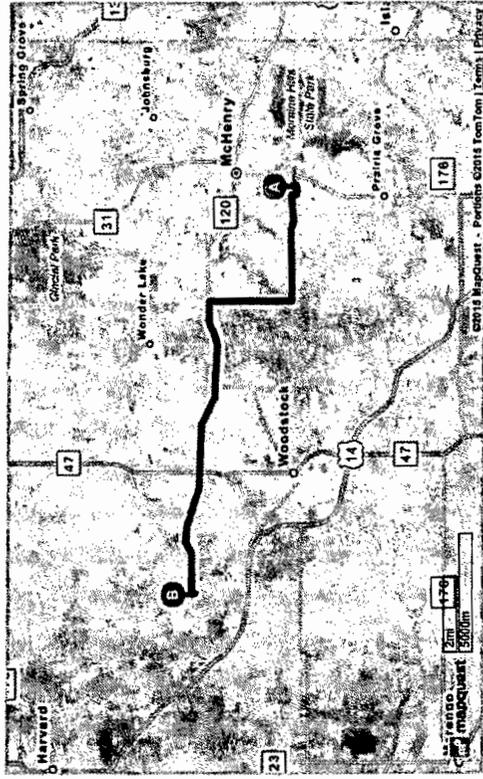
Notes
 Valley HI Nursing Home

4201 W Medical Center Dr, Mchenry, IL 60050-8409 Download Free App

- Start out going west on W Medical Center Dr toward Centegra Dr. **Map** 0.2 MI / 0.2 MI Total
- Turn right to stay on W Medical Center Dr. **Map** 0.1 MI / 0.3 MI Total
- Turn right onto Ridgeview Dr. **Map** 0.2 MI / 0.4 MI Total
- Take the 1st left onto Bull Valley Rd. **Map** 3.1 MI / 3.5 MI Total
- Turn right onto S Ridge Rd. **Map** 2.5 MI / 6.0 MI Total
- Turn left onto W IL Route 120 / IL-120. **Map** 2.6 MI / 8.6 MI Total
- Stay straight to go onto Charles Rd / County Hwy-1. **Map** 4.2 MI / 12.8 MI Total
- Turn left onto Nelson Rd / County Hwy-41. **Map** 2.0 MI / 14.8 MI Total
- Turn left onto Hartland Rd / County Hwy-26. **Map** 0.1 MI / 14.9 MI Total
- 2406 HARTLAND RD is on the left. **Map**

2406 Hartland Rd, Woodstock, IL 60098-9763

Total Travel Estimate: 14.91 miles - about 21 minutes



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Trip to:
1740 Circuit Dr
 Round Lake Beach, IL 60073-3803
 13.94 miles / 23 minutes

Notes
 Hillcrest Retirement Village

- 15. **1740 CIRCUIT DR** is on the left. [Map](#)
- B** **1740 Circuit Dr, Round Lake Beach, IL 60073-3803**

	4201 W Medical Center Dr, Mchenry, IL 60050-8409	Download Free App
●	1. Start out going east on W Medical Center Dr toward Lawrence Pkwy . Map	0.07 MI 0.07 MI Total
↶	2. Take the 1st left onto Lawrence Pkwy . Map	0.1 MI 0.2 MI Total
↷	3. Turn right onto Bull Valley Rd . Map	0.4 MI 0.6 MI Total
↶	4. Stay straight to go onto Charles J Miller Rd . Map	1.2 MI 1.8 MI Total
↷	5. Turn left onto S River Rd . Map	0.9 MI 2.7 MI Total
↶	6. Stay straight to go onto N Chapel Hill Rd . Map	1.3 MI 4.0 MI Total
↷	7. Turn right onto W Lincoln Rd . Map	1.4 MI 5.4 MI Total
↶	8. Turn left onto Cuhman Rd . Map	0.7 MI 6.1 MI Total
↷	9. Take the 2nd right onto E Bay Rd . Map	0.8 MI 6.9 MI Total
↶	10. E Bay Rd becomes Big Hollow Rd . Map	1.6 MI 8.5 MI Total
↶	134 11. Big Hollow Rd becomes IL-134 / W IL Route 134 . Map	1.5 MI 10.1 MI Total
↶	12. Turn left onto N Wilson Rd / County Hwy-7 / County Hwy-V58 . Map	0.9 MI 10.9 MI Total
↶	13. Turn right onto W Rollins Rd / County Hwy-31 / County Hwy-A20 . Map	2.9 MI 13.8 MI Total
↶	14. Turn left onto Circuit Dr . Map	0.10 MI 13.9 MI Total

ATTACHMENT-17D



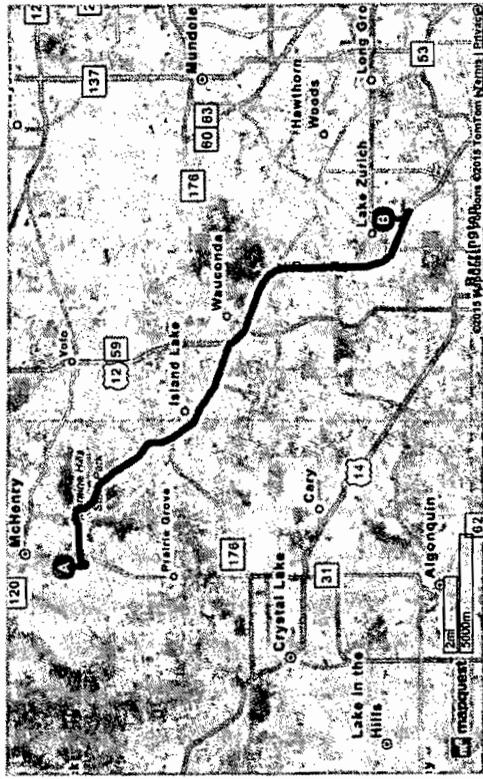
Trip to:
900 S Rand Rd
 Lake Zurich, IL 60047-2450
 16.73 miles / 26 minutes

Notes
 Lexington Of Lake Zurich

4201 W Medical Center Dr, Mchenry, IL 60050-8409

- | | |
|---|---------------|
| Download Free App | 0.07 MI |
| | 0.07 Mi Total |
| 1. Start out going east on W Medical Center Dr toward Lawrence Pkwy . Map | 0.1 MI |
| | 0.2 Mi Total |
| 2. Take the 1st left onto Lawrence Pkwy . Map | 0.4 MI |
| | 0.6 Mi Total |
| 3. Turn right onto Bull Valley Rd . Map | 1.2 MI |
| | 1.8 Mi Total |
| 4. Stay straight to go onto Charles J Miller Rd . Map | 3.8 MI |
| | 5.6 Mi Total |
| 5. Turn right onto S River Rd . Map | 3.4 MI |
| | 9.0 Mi Total |
| 6. Turn left onto W State Rd / IL-176 . Continue to follow IL-176 . Map | 5.3 MI |
| | 14.3 Mi Total |
| 7. Merge onto US-12 E . Map | 2.2 MI |
| | 16.5 Mi Total |
| 8. US-12 E becomes N Rand Rd . Map | 0.2 MI |
| | 16.7 Mi Total |
| 9. Make a U-turn onto S Rand Rd / US-12 W . Map | |
| | |
| 10. 900 S RAND RD is on the right. Map | |
| | |
| 900 S Rand Rd, Lake Zurich, IL 60047-2450 | |

Total Travel Estimate: 16.73 miles - about 26 minutes



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mapquest

Trip to:
6000 Garlands Ln
 Barrington, IL 60010-6025
 16.72 miles / 26 minutes

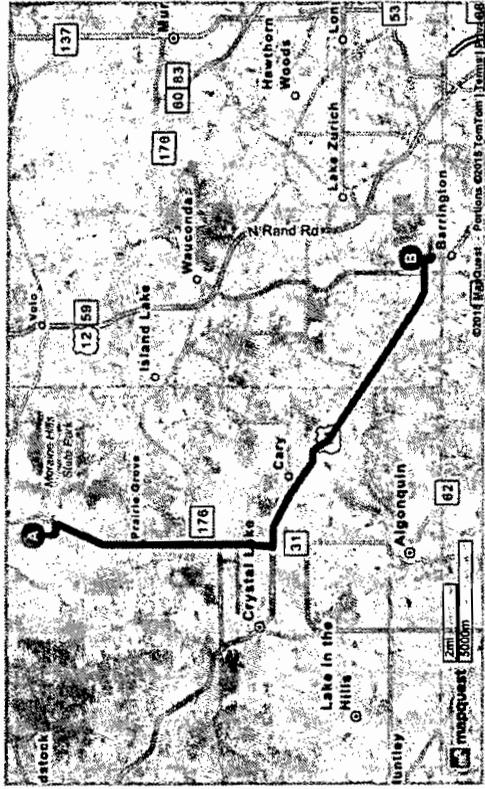
Notes
 Prairieview Nursing Unit

4201 W Medical Center Dr, Mchenry, IL 60050-8409 [Download Free App](#)

1. Start out going east on **W Medical Center Dr** toward **Lawrence Pkwy**. [Map](#) 0.3 MI 0.3 MI Total
2. Take the 2nd right onto **S IL Route 31 / IL-31**. [Map](#) 6.3 MI 6.6 MI Total
3. Take the **US-14** ramp. [Map](#) 0.2 MI 6.8 MI Total
4. Turn left onto **US-14 E / Northwest Hwy**. Continue to follow **US-14 E**. [Map](#) 9.8 MI 16.6 MI Total
5. Turn left onto **Garlands Ln**. [Map](#) 0.09 MI 16.7 MI Total
6. Take the 1st right to stay on **Garlands Ln**. [Map](#) 0.05 MI 16.7 MI Total
7. **6000 GARLANDS LN** is on the right. [Map](#)

6000 Garlands Ln, Barrington, IL 60010-6025

Total Travel Estimate: 16.72 miles - about 26 minutes



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INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

General Long-Term Care Category of Service

Planning Area: McHenry		City		County/Area		General Nursing Care	
Facility Name						Beds	2013 Patient Days
ALDEN TERRACE OF MCHENRY REHAB		MCHENRY	McHenry County			316	68,917
CENTEGRA SPECIALTY HOSPITAL WOODSTOCK		WOODSTOCK	McHenry County			0	4,629
11/12/2014 14-038	Received permit for discontinuation of 40 bed Skilled Nursing (Long-Term Care) category of service.						
CROSSROADS CARE CENTER WOODSTOCK		WOODSTOCK	McHenry County			115	35,416
CRYSTAL PINES REHAB & HCC		CRYSTAL LAKE	McHenry County			114	36,830
FAIR OAKS HEALTH CARE CENTER		CRYSTAL LAKE	McHenry County			51	14,912
3/29/2013 Bed Change	Facility added 5 Nursing Care beds. Facility now has 51 Nursing Care beds.						
FLORENCE NURSING HOME		MARENGO	McHenry County			56	16,481
HEARTHSTONE MANOR		WOODSTOCK	McHenry County			75	19,390
MERCY HARVARD HOSPITAL CARE CENTER		HARVARD	McHenry County			45	7,466
SPRINGS AT CRYSTAL LAKE		CRYSTAL LAKE	McHenry County			97	18,930
VALLEY HI NURSING HOME		WOODSTOCK	McHenry County			128	44,228
Planning Area Totals						997	267,199
HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates	
008	0-64 Years Old	457,316	1,361,900	335.8	201.5	537.3	
	65-74 Years Old	354,924	103,900	3,416.0	2,049.6	5,465.6	
	75+ Years Old	1,364,262	71,500	19,080.6	11,448.4	30,528.9	
	2013 PSA Estimated Populations	2013 PSA Use Rates (Per 1,000)	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days
0-64 Years Old	26,755	98.2	201.5	537.3	201.5	291,200	58,670
65-74 Years Old	41,276	1,826.4	2,049.6	5,465.6	2,049.6	29,700	60,873
75+ Years Old	199,168	14,863.3	11,448.4	30,528.9	14,863.3	16,800	249,703
Planning Area Totals						1,011.6	1,124
Planning Area Totals						1,124	127

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued x

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

1. The applicant shall provide the following information:

a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

Appended as **ATTACHMENT-18A**, is a listing of all zip code areas that are located in total or in part within the 30-minute adjusted travel contour from the proposed 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

ATTACHMENT-18A, also lists the corresponding population for the zip areas. The census data from <http://factfinder.census.gov> is appended as **ATTACHMENT-18B**.

c. The names and locations of all existing or approved LTC facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

A list of the names and locations of all existing and approved LTC facilities located within 30 minutes of the proposed project site is appended as **ATTACHMENT-18C**.

2. The applicant shall document that the project will not result in maldistribution of services.

Maldistribution is typified by having too many facilities together within the service area where as the ratio of “beds” to “population” is one and one half times greater than the ratio of the State as a whole.

The primary service area of the McHenry County has a ratio of Beds to population that equals 1 bed to every 338.7 persons. The over 65 age cohort's ratio equates to one nursing bed for every 46.6 seniors. As compared to the State's ratios that respectively are one nursing bed to

ATTACHMENT-18

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA *Continued xi*

every 129.7 people and one nursing bed to every 20 seniors. Therefore, a maldistribution by the Board’s definition will not result. Upon project completion, the actual ratio of beds to population for the State and the 30-minute travel contour is as follows:

$$\frac{\text{(30-minute drive time) Population (2013) (30-minute drive time)}}{1,496 \text{ (1,398 existing + 98 proposed beds)}} = .002982$$

$$\frac{\text{Total of Nursing Care Beds (State of Illinois) 100,792 (2014 Inventory)}}{\text{Population (2018) 12,881,000}} = .007712 * 1.5 = .011568$$

The State’s resultant ratio is one hundredths nursing beds to every person. The market contour’s ratio is two thousandths nursing for every person, thus, it would appear that a “maldistribution” in accordance with the Board’s definition does not exist.

3. The applicant shall document that, within 24 months after project completion, the proposed project:
 - a. Will not lower the utilization of other area providers below the occupancy standards specified in Section 1125.210(c); and
 - b. Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

The utilization of the McHenry County Planning area is reported at 65.6% according to its 2014 Illinois Long-Term Care LTC Planning Area Data Summary. Refer to **ATTACHMENT-18D**. Therefore, the existing facilities' utilization is already less than the State's optimum rate of 90%. So item "a" above is not applicable. As far as the potential to lower utilization "to a further extent", the State's calculated bed need addresses this issue. Specifically, the bed need takes into consideration the existing beds and their low use rate and it still finds that additional beds and services are necessary and should not, to a further extent, reduce area facilities' utilization.

ATTACHMENT- 18

Transformative Health of McHenry
30-Minute Market Area Zip Codes

<u>ZIP Code</u>	<u>Population</u>
53128	not listed
60012	11,081
60013	26,811
60014	48,234
60020	10,391
60021	5,560
60030	35,685
60034	1,826
60041	8,877
60042	8,630
60050	32,369
60051	24,664
60060	37,586
60071	3,488
60072	976
60073	60,237
60081	9,939
60084	16,304
60097	10,758
60098	32,549
60102	32,166
60110	38,998
60118	15,587
60156	28,886
	<hr/>
	501,602

Source: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

DP05: ACS DEMOGRAPHIC AND HOUSING

2009-2013 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section. Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	ZCTA5 60012		ZCTA5 60013		ZCTA5 60014		ZCTA5 60020	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
SEX AND AGE								
Total population	11,081	11.081	26,811	26.811	48,234	48.234	10,391	10.391
Male	5,328	48.1%	13,349	49.8%	23,744	49.2%	5,022	5.022
Female	5,753	51.9%	13,462	50.2%	24,490	50.8%	5,369	5.369
Under 5 years	379	3.4%	1,579	5.9%	2,914	6.0%	741	7.1%
5 to 9 years	656	5.9%	1,954	7.3%	3,434	7.1%	587	5.87
10 to 14 years	1,156	10.4%	2,155	8.0%	3,919	8.1%	450	4.50
15 to 19 years	1,032	9.3%	2,331	8.7%	4,370	9.1%	529	5.29
20 to 24 years	564	5.1%	1,508	5.6%	2,392	5.0%	527	5.27
25 to 34 years	579	5.2%	2,509	9.4%	5,612	11.6%	1,713	1.713
35 to 44 years	1,382	12.5%	3,295	12.3%	6,967	14.4%	1,433	1.433
45 to 54 years	2,378	21.5%	5,960	22.2%	7,737	16.0%	1,625	1.625
55 to 59 years	1,045	9.4%	1,913	7.1%	3,173	6.6%	697	6.97
60 to 64 years	740	6.7%	1,571	5.9%	2,396	5.0%	484	4.84
65 to 74 years	659	5.9%	1,287	4.8%	3,068	6.4%	816	8.16
75 to 84 years	370	3.3%	557	2.1%	1,391	2.9%	629	6.29
85 years and over	141	1.3%	192	0.7%	861	1.8%	160	1.60
Median age (years)	43.6	(X)	39.4	(X)	37.4	(X)	39.1	39.1
18 years and over	8,139	73.5%	19,615	73.2%	35,113	72.8%	8,323	8.323
21 years and over	7,675	69.3%	18,528	69.1%	33,056	68.5%	8,031	8.031
62 years and over	1,624	14.7%	2,833	10.6%	6,764	14.0%	1,969	1.969
65 years and over	1,170	10.6%	2,036	7.6%	5,320	11.0%	1,605	1.605
18 years and over	8,139	8.139	19,615	19.615	35,113	35.113	8,323	8.323
Male	3,948	48.5%	9,876	50.3%	17,082	48.6%	3,976	3.976
Female	4,191	51.5%	9,739	49.7%	18,031	51.4%	4,347	4.347
65 years and over	1,170	1.170	2,036	2.036	5,320	5.320	1,605	1.605

Male	546	46.7%	1,049	51.5%	2,303	43.3%	579
Female	624	53.3%	987	48.5%	3,017	56.7%	1,026
RACE							
Total population	11,081	11.081	26,811	26.811	48,234	48.234	10,391
One race	10,962	98.9%	26,478	98.8%	47,491	98.5%	10,311
Two or more races	119	1.1%	333	1.2%	743	1.5%	80
One race	10,962	98.9%	26,478	98.8%	47,491	98.5%	10,311
White	10,610	95.7%	25,011	93.3%	43,837	90.9%	9,824
Black or African American	55	0.5%	58	0.2%	1,245	2.6%	34
American Indian and Alaska Native	0	0.0%	3	0.0%	26	0.1%	8
Cherokee tribal grouping	0	0.0%	0	0.0%	0	0.0%	0
Chippewa tribal grouping	0	0.0%	0	0.0%	0	0.0%	0
Navajo tribal grouping	0	0.0%	0	0.0%	0	0.0%	0
Sioux tribal grouping	0	0.0%	0	0.0%	0	0.0%	0
Asian	205	1.9%	518	1.9%	1,251	2.6%	433
Asian Indian	47	0.4%	112	0.4%	127	0.3%	19
Chinese	17	0.2%	198	0.7%	568	1.2%	134
Filipino	78	0.7%	20	0.1%	82	0.2%	73
Japanese	0	0.0%	53	0.2%	79	0.2%	0
Korean	19	0.2%	44	0.2%	144	0.3%	0
Vietnamese	0	0.0%	82	0.3%	114	0.2%	0
Other Asian	44	0.4%	9	0.0%	137	0.3%	207
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	33	0.1%	0
Native Hawaiian	0	0.0%	0	0.0%	33	0.1%	0
Guamanian or Chamorro	0	0.0%	0	0.0%	0	0.0%	0
Samoan	0	0.0%	0	0.0%	0	0.0%	0
Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0
Some other race	92	0.8%	888	3.3%	1,099	2.3%	12
Two or more races	119	1.1%	333	1.2%	743	1.5%	80
White and Black or African American	49	0.4%	88	0.3%	274	0.6%	23
White and American Indian and	3	0.0%	77	0.3%	20	0.0%	36
White and Asian	54	0.5%	118	0.4%	281	0.6%	10
Black or African American and	0	0.0%	0	0.0%	0	0.0%	0
Race alone or in combination with one or							
Total population	11,081	11.081	26,811	26.811	48,234	48.234	10,391
White	10,729	96.8%	25,344	94.5%	44,533	92.3%	9,898
Black or African American	104	0.9%	166	0.6%	1,598	3.3%	57
American Indian and Alaska Native	3	0.0%	100	0.4%	63	0.1%	44
Asian	259	2.3%	636	2.4%	1,597	3.3%	449
Native Hawaiian and Other Pacific	0	0.0%	21	0.1%	33	0.1%	0

Some other race	105	0.9%	897	3.3%	1,188	2.5%	23
HISPANIC OR LATINO AND RACE							
Total population	11,081	11,081	26,811	26.811	48,234	48,234	10,391
Hispanic or Latino (of any race)	230	2.1%	2,497	9.3%	5,614	11.6%	1,026
Mexican	119	1.1%	2,187	8.2%	4,786	9.9%	623
Puerto Rican	23	0.2%	100	0.4%	309	0.6%	181
Cuban	0	0.0%	13	0.0%	154	0.3%	6
Other Hispanic or Latino	88	0.8%	197	0.7%	365	0.8%	216
Not Hispanic or Latino	10,851	97.9%	24,314	90.7%	42,620	88.4%	9,365
White alone	10,485	94.6%	23,454	87.5%	39,888	82.7%	8,857
Black or African American alone	55	0.5%	46	0.2%	874	1.8%	34
American Indian and Alaska Native	0	0.0%	0	0.0%	26	0.1%	8
Asian alone	205	1.9%	490	1.8%	1,143	2.4%	397
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	0	0.0%	0
Some other race alone	0	0.0%	0	0.0%	135	0.3%	0
Two or more races	106	1.0%	324	1.2%	554	1.1%	69
Two races including Some other	0	0.0%	0	0.0%	3	0.0%	0
Two races excluding Some other	106	1.0%	324	1.2%	551	1.1%	69
Total housing units	4,225	(X)	9,304	(X)	17,622	(X)	5,460

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of

error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

The ACS questions on Hispanic origin and race were revised in 2008 to make them consistent with the Census 2010 question wording. Any changes in estimates for 2008 and beyond may be due to demographic changes, as well as factors including questionnaire changes, differences in ACS population controls, and methodological differences in the population estimates, and therefore should be used with caution. For a summary of questionnaire changes see http://www.census.gov/acs/www/methodology/questionnaire_changes/. For more information about changes in the estimates see <http://www.census.gov/population/hispanic/acs08researchnote.pdf>.

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

While the 2009-2013 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Explanation of Symbols:

1. An '*' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An ':' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
 3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
 4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

ZCTA5 60021			ZCTA5 60030			ZCTA5 60034			ZCTA5 60041			ZCTA5 60042	
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Estimate	
10.391	5,560	5.560	35,685	35.685	1,826	1.826	8,877	8.877	8,877	8.877	8,630	8,630	
48.3%	2,687	48.3%	17,824	49.9%	925	50.7%	4,542	51.2%	4,542	51.2%	4,061	4,061	
51.7%	2,873	51.7%	17,861	50.1%	901	49.3%	4,335	48.8%	4,335	48.8%	4,569	4,569	
7.1%	352	6.3%	2,106	5.9%	54	3.0%	608	6.8%	608	6.8%	618	618	
5.6%	324	5.8%	2,605	7.3%	71	3.9%	531	6.0%	531	6.0%	632	632	
4.3%	414	7.4%	2,854	8.0%	106	5.8%	412	4.6%	412	4.6%	606	606	
5.1%	383	6.9%	2,677	7.5%	115	6.3%	526	5.9%	526	5.9%	791	791	
5.1%	402	7.2%	1,793	5.0%	119	6.5%	418	4.7%	418	4.7%	340	340	
16.5%	686	12.3%	3,423	9.6%	148	8.1%	1,164	13.1%	1,164	13.1%	1,318	1,318	
13.8%	739	13.3%	5,349	15.0%	225	12.3%	1,139	12.8%	1,139	12.8%	1,138	1,138	
15.6%	1,113	20.0%	6,839	19.2%	362	19.8%	1,585	17.9%	1,585	17.9%	1,532	1,532	
6.7%	516	9.3%	2,077	5.8%	152	8.3%	791	8.9%	791	8.9%	600	600	
4.7%	277	5.0%	1,541	4.3%	141	7.7%	474	5.3%	474	5.3%	382	382	
7.9%	237	4.3%	2,321	6.5%	185	10.1%	823	9.3%	823	9.3%	383	383	
6.1%	88	1.6%	1,566	4.4%	96	5.3%	306	3.4%	306	3.4%	259	259	
1.5%	29	0.5%	534	1.5%	52	2.8%	100	1.1%	100	1.1%	31	31	
(X)	38.3	(X)	39.9	(X)	47.6	(X)	42.9	(X)	42.9	(X)	35.1	35.1	
80.1%	4,210	75.7%	26,337	73.8%	1,517	83.1%	7,038	79.3%	7,038	79.3%	6,178	6,178	
77.3%	4,022	72.3%	25,080	70.3%	1,463	80.1%	6,698	75.5%	6,698	75.5%	5,924	5,924	
18.9%	486	8.7%	5,284	14.8%	394	21.6%	1,407	15.8%	1,407	15.8%	867	867	
15.4%	354	6.4%	4,421	12.4%	333	18.2%	1,229	13.8%	1,229	13.8%	673	673	
8.323	4,210	4.210	26,337	26.337	1,517	1.517	7,038	7.038	7,038	7.038	6,178	6,178	
47.8%	1,921	45.6%	12,696	48.2%	790	52.1%	3,562	50.6%	3,562	50.6%	2,943	2,943	
52.2%	2,289	54.4%	13,641	51.8%	727	47.9%	3,476	49.4%	3,476	49.4%	3,235	3,235	
1.605	354	354	4,421	4,421	333	333	1,229	1,229	1,229	1,229	673	673	

36.1%	121	34.2%	1,871	42.3%	134	40.2%	513	41.7%	290
63.9%	233	65.8%	2,550	57.7%	199	59.8%	716	58.3%	383
10.391	5,560	5.560	35,685	35.685	1,826	1,826	8,877	8.877	8,630
99.2%	5,494	98.8%	34,644	97.1%	1,818	99.6%	8,678	97.8%	8,327
0.8%	66	1.2%	1,041	2.9%	8	0.4%	199	2.2%	303
94.5%	5,039	90.6%	30,741	86.1%	1,760	96.4%	8,209	92.5%	7,736
0.3%	4	0.1%	1,097	3.1%	10	0.5%	31	0.3%	58
0.1%	0	0.0%	109	0.3%	0	0.0%	32	0.4%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
4.2%	192	3.5%	2,294	6.4%	19	1.0%	74	0.8%	191
0.2%	149	2.7%	740	2.1%	19	1.0%	12	0.1%	79
1.3%	8	0.1%	201	0.6%	0	0.0%	0	0.0%	5
0.7%	0	0.0%	505	1.4%	0	0.0%	27	0.3%	0
0.0%	0	0.0%	123	0.3%	0	0.0%	0	0.0%	15
0.0%	35	0.6%	221	0.6%	0	0.0%	0	0.0%	79
0.0%	0	0.0%	142	0.4%	0	0.0%	35	0.4%	0
2.0%	0	0.0%	362	1.0%	0	0.0%	0	0.0%	13
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.1%	259	4.7%	403	1.1%	29	1.6%	332	3.7%	342
0.8%	66	1.2%	1,041	2.9%	8	0.4%	199	2.2%	303
0.2%	18	0.3%	237	0.7%	2	0.1%	46	0.5%	162
0.3%	12	0.2%	179	0.5%	3	0.2%	11	0.1%	111
0.1%	0	0.0%	271	0.8%	0	0.0%	54	0.6%	11
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
10.391	5,560	5.560	35,685	35.685	1,826	1,826	8,877	8.877	8,630
95.3%	5,088	91.5%	31,726	88.9%	1,765	96.7%	8,408	94.7%	8,039
0.5%	39	0.7%	1,384	3.9%	12	0.7%	86	1.0%	220
0.4%	12	0.2%	313	0.9%	3	0.2%	52	0.6%	111
4.3%	192	3.5%	2,634	7.4%	22	1.2%	128	1.4%	202
0.0%	0	0.0%	0	0.0%	0	0.0%	37	0.4%	0

0.2%	295	5.3%	712	2.0%	32	1.8%	374	4.2%	361
10.391	5,560	5.560	35,685	35.685	1,826	1.826	8,877	8.877	8,630
9.9%	467	8.4%	3,248	9.1%	93	5.1%	1,060	11.9%	1,155
6.0%	455	8.2%	2,356	6.6%	90	4.9%	689	7.8%	1,132
1.7%	0	0.0%	314	0.9%	3	0.2%	266	3.0%	0
0.1%	0	0.0%	107	0.3%	0	0.0%	0	0.0%	0
2.1%	12	0.2%	471	1.3%	0	0.0%	105	1.2%	23
90.1%	5,093	91.6%	32,437	90.9%	1,733	94.9%	7,817	88.1%	7,475
85.2%	4,869	87.6%	28,345	79.4%	1,695	92.8%	7,523	84.7%	6,923
0.3%	2	0.0%	1,085	3.0%	10	0.5%	31	0.3%	58
0.1%	0	0.0%	109	0.3%	0	0.0%	32	0.4%	0
3.8%	192	3.5%	2,294	6.4%	19	1.0%	74	0.8%	191
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	5	0.0%	4	0.2%	0	0.0%	0
0.7%	30	0.5%	599	1.7%	5	0.3%	157	1.8%	303
0.0%	0	0.0%	32	0.1%	0	0.0%	0	0.0%	19
0.7%	30	0.5%	567	1.6%	5	0.3%	157	1.8%	284
(X)	2,077	(X)	13,923	(X)	832	(X)	3,787	(X)	3,155

Percent	ZCTA5 60050		ZCTA5 60051		ZCTA5 60060		ZCTA5 60071		ZCTA5 60072	
	Estimate	Percent								
8.630	32,369	32.369	24,664	24.664	37,586	37.586	3,488	3.488	976	
47.1%	16,426	50.7%	12,133	49.2%	19,020	50.6%	1,821	52.2%	473	
52.9%	15,943	49.3%	12,531	50.8%	18,566	49.4%	1,667	47.8%	503	
7.2%	2,044	6.3%	1,340	5.4%	2,700	7.2%	85	2.4%	49	
7.3%	2,170	6.7%	1,538	6.2%	2,304	6.1%	136	3.9%	79	
7.0%	2,318	7.2%	1,479	6.0%	2,810	7.5%	191	5.5%	148	
9.2%	2,266	7.0%	1,955	7.9%	2,929	7.8%	171	4.9%	89	
3.9%	1,887	5.8%	1,725	7.0%	2,366	6.3%	292	8.4%	42	
15.3%	4,173	12.9%	2,852	11.6%	4,571	12.2%	390	11.2%	49	
13.2%	4,428	13.7%	3,375	13.7%	5,612	14.9%	534	15.3%	134	
17.8%	5,629	17.4%	4,194	17.0%	5,824	15.5%	670	19.2%	226	
7.0%	1,898	5.9%	1,628	6.6%	2,742	7.3%	305	8.7%	50	
4.4%	1,740	5.4%	1,738	7.0%	2,398	6.4%	281	8.1%	49	
4.4%	1,951	6.0%	1,838	7.5%	2,049	5.5%	255	7.3%	41	
3.0%	1,200	3.7%	781	3.2%	1,040	2.8%	134	3.8%	15	
0.4%	665	2.1%	221	0.9%	241	0.6%	44	1.3%	5	
(X)	38.3	(X)	39.9	(X)	36.8	(X)	44.1	(X)	40.5	
71.6%	24,345	75.2%	19,054	77.3%	27,854	74.1%	2,955	84.7%	638	
68.6%	23,225	71.8%	17,993	73.0%	26,226	69.8%	2,865	82.1%	593	
10.0%	4,756	14.7%	3,887	15.8%	4,722	12.6%	578	16.6%	92	
7.8%	3,816	11.8%	2,840	11.5%	3,330	8.9%	433	12.4%	61	
6.178	24,345	24,345	19,054	19,054	27,854	27,854	2,955	2,955	638	
47.6%	12,196	50.1%	9,304	48.8%	13,798	49.5%	1,546	52.3%	304	
52.4%	12,149	49.9%	9,750	51.2%	14,056	50.5%	1,409	47.7%	334	
673	3,816	3,816	2,840	2,840	3,330	3,330	433	433	61	

43.1%	1,597	41.9%	1,212	42.7%	1,500	45.0%	224	51.7%	29
56.9%	2,219	58.1%	1,628	57.3%	1,830	55.0%	209	48.3%	32
8.630	32,369	32.369	24,664	24.664	37,586	37.586	3,488	3.488	976
96.5%	31,663	97.8%	24,410	99.0%	37,184	98.9%	3,488	100.0%	965
3.5%	706	2.2%	254	1.0%	402	1.1%	0	0.0%	11
96.5%	31,663	97.8%	24,410	99.0%	37,184	98.9%	3,488	100.0%	965
89.6%	29,153	90.1%	23,376	94.8%	31,826	84.7%	3,479	99.7%	955
0.7%	95	0.3%	120	0.5%	607	1.6%	0	0.0%	5
0.0%	39	0.1%	108	0.4%	38	0.1%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	10	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
2.2%	746	2.3%	150	0.6%	3,158	8.4%	9	0.3%	5
0.9%	121	0.4%	90	0.4%	740	2.0%	0	0.0%	0
0.1%	86	0.3%	0	0.0%	634	1.7%	0	0.0%	5
0.0%	456	1.4%	49	0.2%	840	2.2%	9	0.3%	0
0.2%	0	0.0%	0	0.0%	52	0.1%	0	0.0%	0
0.9%	13	0.0%	11	0.0%	679	1.8%	0	0.0%	0
0.0%	11	0.0%	0	0.0%	21	0.1%	0	0.0%	0
0.2%	59	0.2%	0	0.0%	192	0.5%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
4.0%	1,630	5.0%	656	2.7%	1,555	4.1%	0	0.0%	0
3.5%	706	2.2%	254	1.0%	402	1.1%	0	0.0%	11
1.9%	67	0.2%	54	0.2%	49	0.1%	0	0.0%	10
1.3%	295	0.9%	50	0.2%	35	0.1%	0	0.0%	0
0.1%	231	0.7%	56	0.2%	200	0.5%	0	0.0%	1
0.0%	11	0.0%	0	0.0%	0	0.0%	0	0.0%	0
8.630	32,369	32.369	24,664	24.664	37,586	37.586	3,488	3.488	976
93.2%	29,779	92.0%	23,609	95.7%	32,188	85.6%	3,479	99.7%	966
2.5%	240	0.7%	174	0.7%	678	1.8%	0	0.0%	15
1.3%	360	1.1%	169	0.7%	73	0.2%	0	0.0%	0
2.3%	979	3.0%	238	1.0%	3,376	9.0%	9	0.3%	6
0.0%	0	0.0%	21	0.1%	0	0.0%	0	0.0%	0

4.2%	1,730	5.3%	718	2.9%	1,673	4.5%	0	0.0%	0
8.630	32,369	32,369	24,664	24,664	37,586	37,586	3,488	3,488	976
13.4%	3,331	10.3%	2,141	8.7%	11,470	30.5%	178	5.1%	31
13.1%	2,889	8.9%	1,676	6.8%	10,114	26.9%	143	4.1%	9
0.0%	174	0.5%	275	1.1%	123	0.3%	17	0.5%	0
0.0%	47	0.1%	0	0.0%	34	0.1%	0	0.0%	0
0.3%	221	0.7%	190	0.8%	1,199	3.2%	18	0.5%	22
86.6%	29,038	89.7%	22,523	91.3%	26,116	69.5%	3,310	94.9%	945
80.2%	27,635	85.4%	22,047	89.4%	22,098	58.8%	3,301	94.6%	926
0.7%	85	0.3%	120	0.5%	546	1.5%	0	0.0%	5
0.0%	0	0.0%	14	0.1%	10	0.0%	0	0.0%	0
2.2%	746	2.3%	150	0.6%	3,142	8.4%	9	0.3%	5
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	59	0.2%	0	0.0%	0
3.5%	572	1.8%	192	0.8%	261	0.7%	0	0.0%	9
0.2%	13	0.0%	0	0.0%	9	0.0%	0	0.0%	0
3.3%	559	1.7%	192	0.8%	252	0.7%	0	0.0%	9
(X)	12,934	(X)	10,040	(X)	13,082	(X)	1,767	(X)	334

Percent	ZCTA5 60073			ZCTA5 60081			ZCTA5 60084			ZCTA5 60097			ZCTA5 60098	
	Estimate	Percent	Estimate	Estimate	Estimate									
976	60,237	60.237	9,939	9,939	9.939	16,304	16,304	16.304	10,758	10,758	10.758	32,549	32,549	
48.5%	30,478	50.6%	5,114	5,114	51.5%	8,322	8,322	51.0%	5,692	5,692	52.9%	15,884	15,884	
51.5%	29,759	49.4%	4,825	4,825	48.5%	7,982	7,982	49.0%	5,066	5,066	47.1%	16,665	16,665	
5.0%	5,817	9.7%	337	337	3.4%	1,083	1,083	6.6%	831	831	7.7%	2,035	2,035	
8.1%	5,675	9.4%	877	877	8.8%	1,123	1,123	6.9%	747	747	6.9%	2,432	2,432	
15.2%	5,212	8.7%	1,002	1,002	10.1%	1,367	1,367	8.4%	836	836	7.8%	2,163	2,163	
9.1%	4,097	6.8%	777	777	7.8%	1,119	1,119	6.9%	611	611	5.7%	2,179	2,179	
4.3%	3,983	6.6%	472	472	4.7%	1,017	1,017	6.2%	619	619	5.8%	1,773	1,773	
5.0%	9,525	15.8%	671	671	6.8%	2,045	2,045	12.5%	1,340	1,340	12.5%	3,909	3,909	
13.7%	10,399	17.3%	1,230	1,230	12.4%	2,336	2,336	14.3%	1,720	1,720	16.0%	4,715	4,715	
23.2%	7,650	12.7%	2,249	2,249	22.6%	2,741	2,741	16.8%	1,926	1,926	17.9%	4,889	4,889	
5.1%	2,582	4.3%	677	677	6.8%	923	923	5.7%	610	610	5.7%	2,202	2,202	
5.0%	1,891	3.1%	619	619	6.2%	807	807	4.9%	476	476	4.4%	2,043	2,043	
4.2%	2,091	3.5%	625	625	6.3%	995	995	6.1%	673	673	6.3%	2,403	2,403	
1.5%	990	1.6%	311	311	3.1%	605	605	3.7%	333	333	3.1%	1,115	1,115	
0.5%	325	0.5%	92	92	0.9%	143	143	0.9%	36	36	0.3%	691	691	
(X)	31.2	(X)	42.8	42.8	(X)	36.8	36.8	(X)	36.5	36.5	(X)	38.7	38.7	
65.4%	40,854	67.8%	7,112	7,112	71.6%	12,016	12,016	73.7%	8,024	8,024	74.6%	24,649	24,649	
60.8%	38,422	63.8%	6,885	6,885	69.3%	11,438	11,438	70.2%	7,549	7,549	70.2%	23,463	23,463	
9.4%	4,351	7.2%	1,491	1,491	15.0%	2,235	2,235	13.7%	1,277	1,277	11.9%	5,310	5,310	
6.3%	3,406	5.7%	1,028	1,028	10.3%	1,743	1,743	10.7%	1,042	1,042	9.7%	4,209	4,209	
638	40,854	40.854	7,112	7,112	7.112	12,016	12,016	12.016	8,024	8,024	8.024	24,649	24,649	
47.6%	20,264	49.6%	3,617	3,617	50.9%	5,967	5,967	49.7%	4,264	4,264	53.1%	11,886	11,886	
52.4%	20,590	50.4%	3,495	3,495	49.1%	6,049	6,049	50.3%	3,760	3,760	46.9%	12,763	12,763	
61	3,406	3.406	1,028	1,028	1.028	1,743	1,743	1.743	1,042	1,042	1.042	4,209	4,209	

47.5%	1,306	38.3%	503	48.9%	732	42.0%	564	54.1%	1,695
52.5%	2,100	61.7%	525	51.1%	1,011	58.0%	478	45.9%	2,514
976	60,237	60.237	9,939	9.939	16,304	16.304	10,758	10.758	32,549
98.9%	58,141	96.5%	9,858	99.2%	16,050	98.4%	10,404	96.7%	32,053
1.1%	2,096	3.5%	81	0.8%	254	1.6%	354	3.3%	496
98.9%	58,141	96.5%	9,858	99.2%	16,050	98.4%	10,404	96.7%	32,053
97.8%	49,129	81.6%	9,495	95.5%	14,735	90.4%	10,231	95.1%	28,184
0.5%	2,176	3.6%	101	1.0%	143	0.9%	5	0.0%	593
0.0%	192	0.3%	0	0.0%	8	0.0%	0	0.0%	166
0.0%	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	37	0.1%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.5%	3,466	5.8%	114	1.1%	738	4.5%	65	0.6%	510
0.0%	1,028	1.7%	0	0.0%	289	1.8%	29	0.3%	261
0.5%	323	0.5%	101	1.0%	11	0.1%	0	0.0%	10
0.0%	1,285	2.1%	13	0.1%	159	1.0%	22	0.2%	162
0.0%	37	0.1%	0	0.0%	0	0.0%	0	0.0%	48
0.0%	272	0.5%	0	0.0%	266	1.6%	14	0.1%	18
0.0%	208	0.3%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	313	0.5%	0	0.0%	13	0.1%	0	0.0%	11
0.0%	4	0.0%	0	0.0%	195	1.2%	0	0.0%	5
0.0%	4	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	107	0.7%	0	0.0%	5
0.0%	0	0.0%	0	0.0%	88	0.5%	0	0.0%	0
0.0%	3,174	5.3%	148	1.5%	231	1.4%	103	1.0%	2,595
1.1%	2,096	3.5%	81	0.8%	254	1.6%	354	3.3%	496
1.0%	732	1.2%	14	0.1%	63	0.4%	12	0.1%	99
0.0%	218	0.4%	42	0.4%	48	0.3%	53	0.5%	88
0.1%	458	0.8%	0	0.0%	118	0.7%	100	0.9%	102
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7
976	60,237	60.237	9,939	9.939	16,304	16.304	10,758	10.758	32,549
99.0%	51,097	84.8%	9,576	96.3%	14,977	91.9%	10,549	98.1%	28,622
1.5%	2,971	4.9%	115	1.2%	217	1.3%	17	0.2%	718
0.0%	511	0.8%	42	0.4%	57	0.3%	107	1.0%	285
0.6%	4,040	6.7%	114	1.1%	856	5.3%	183	1.7%	668
0.0%	13	0.0%	0	0.0%	206	1.3%	0	0.0%	5

0.0%	3,760	6.2%	173	1.7%	245	1.5%	274	2.5%	2,771
976	60,237	60.237	9,939	9.939	16,304	16.304	10,758	10.758	32,549
3.2%	24,534	40.7%	580	5.8%	2,969	18.2%	881	8.2%	6,546
0.9%	21,798	36.2%	426	4.3%	2,614	16.0%	614	5.7%	5,954
0.0%	616	1.0%	106	1.1%	208	1.3%	0	0.0%	306
0.0%	382	0.6%	0	0.0%	1	0.0%	18	0.2%	19
2.3%	1,738	2.9%	48	0.5%	146	0.9%	249	2.3%	267
96.8%	35,703	59.3%	9,359	94.2%	13,335	81.8%	9,877	91.8%	26,003
94.9%	28,952	48.1%	9,031	90.9%	12,090	74.2%	9,631	89.5%	24,429
0.5%	2,102	3.5%	101	1.0%	122	0.7%	5	0.0%	586
0.0%	41	0.1%	0	0.0%	8	0.0%	0	0.0%	72
0.5%	3,365	5.6%	114	1.1%	738	4.5%	65	0.6%	510
0.0%	4	0.0%	0	0.0%	195	1.2%	0	0.0%	5
0.0%	59	0.1%	43	0.4%	51	0.3%	0	0.0%	33
0.9%	1,180	2.0%	70	0.7%	131	0.8%	176	1.6%	368
0.0%	40	0.1%	14	0.1%	0	0.0%	0	0.0%	63
0.9%	1,140	1.9%	56	0.6%	131	0.8%	176	1.6%	305
(X)	19,646	(X)	3,641	(X)	6,265	(X)	4,398	(X)	13,199

Percent	ZCTA5 60102		ZCTA5 60110		ZCTA5 60118		ZCTA5 60156	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
32.549	32,166	32.166	38,998	38.998	15,587	15.587	28,886	28.886
48.8%	15,989	49.7%	19,894	51.0%	7,801	50.0%	14,612	50.6%
51.2%	16,177	50.3%	19,104	49.0%	7,786	50.0%	14,274	49.4%
6.3%	1,941	6.0%	3,290	8.4%	1,091	7.0%	1,944	6.7%
7.5%	1,874	5.8%	4,092	10.5%	979	6.3%	2,773	9.6%
6.6%	2,913	9.1%	3,343	8.6%	1,015	6.5%	2,551	8.8%
6.7%	2,869	8.9%	2,986	7.7%	971	6.2%	2,183	7.6%
5.4%	1,476	4.6%	2,847	7.3%	718	4.6%	1,280	4.4%
12.0%	3,070	9.5%	6,110	15.7%	1,714	11.0%	3,614	12.5%
14.5%	5,336	16.6%	6,075	15.6%	2,203	14.1%	5,229	18.1%
15.0%	5,583	17.4%	5,344	13.7%	2,795	17.9%	4,921	17.0%
6.8%	2,100	6.5%	1,500	3.8%	1,354	8.7%	1,590	5.5%
6.3%	2,084	6.5%	1,377	3.5%	864	5.5%	1,065	3.7%
7.4%	2,080	6.5%	1,197	3.1%	1,202	7.7%	1,038	3.6%
3.4%	603	1.9%	687	1.8%	486	3.1%	563	1.9%
2.1%	237	0.7%	150	0.4%	195	1.3%	135	0.5%
(X)	39.6	(X)	29.9	(X)	40.9	(X)	35.2	(X)
75.7%	23,457	72.9%	26,335	67.5%	11,907	76.4%	20,213	70.0%
72.1%	22,288	69.3%	24,787	63.6%	11,436	73.4%	19,214	66.5%
16.3%	3,960	12.3%	2,884	7.4%	2,439	15.6%	2,250	7.8%
12.9%	2,920	9.1%	2,034	5.2%	1,883	12.1%	1,736	6.0%
24.649	23,457	23.457	26,335	26.335	11,907	11.907	20,213	20.213
48.2%	11,625	49.6%	13,430	51.0%	5,790	48.6%	10,059	49.8%
51.8%	11,832	50.4%	12,905	49.0%	6,117	51.4%	10,154	50.2%
4.209	2,920	2.920	2,034	2.034	1,883	1.883	1,736	1.736

40.3%	1,433	49.1%	1,041	51.2%	949	50.4%	762	43.9%
59.7%	1,487	50.9%	993	48.8%	934	49.6%	974	56.1%
32,549	32,166	32.166	38,998	38.998	15,587	15,587	28,886	28,886
98.5%	31,639	98.4%	38,116	97.7%	15,356	98.5%	28,168	97.5%
1.5%	527	1.6%	882	2.3%	231	1.5%	718	2.5%
98.5%	31,639	98.4%	38,116	97.7%	15,356	98.5%	28,168	97.5%
86.6%	28,089	87.3%	26,295	67.4%	13,842	88.8%	25,906	89.7%
1.8%	593	1.8%	2,967	7.6%	450	2.9%	382	1.3%
0.5%	44	0.1%	136	0.3%	0	0.0%	28	0.1%
0.0%	0	0.0%	9	0.0%	0	0.0%	28	0.1%
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
1.6%	2,395	7.4%	1,191	3.1%	866	5.6%	1,436	5.0%
0.8%	1,554	4.8%	525	1.3%	131	0.8%	498	1.7%
0.0%	148	0.5%	115	0.3%	227	1.5%	256	0.9%
0.5%	386	1.2%	117	0.3%	143	0.9%	338	1.2%
0.1%	0	0.0%	40	0.1%	46	0.3%	31	0.1%
0.1%	47	0.1%	165	0.4%	156	1.0%	32	0.1%
0.0%	21	0.1%	0	0.0%	51	0.3%	39	0.1%
0.0%	239	0.7%	229	0.6%	112	0.7%	242	0.8%
0.0%	0	0.0%	19	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	19	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
8.0%	518	1.6%	7,508	19.3%	198	1.3%	416	1.4%
1.5%	527	1.6%	882	2.3%	231	1.5%	718	2.5%
0.3%	58	0.2%	227	0.6%	6	0.0%	179	0.6%
0.3%	48	0.1%	87	0.2%	42	0.3%	5	0.0%
0.3%	260	0.8%	100	0.3%	108	0.7%	179	0.6%
0.0%	34	0.1%	0	0.0%	0	0.0%	0	0.0%
32,549	32,166	32.166	38,998	38.998	15,587	15,587	28,886	28,886
87.9%	28,572	88.8%	26,986	69.2%	14,073	90.3%	26,493	91.7%
2.2%	733	2.3%	3,247	8.3%	456	2.9%	662	2.3%
0.9%	225	0.7%	300	0.8%	42	0.3%	33	0.1%
2.1%	2,683	8.3%	1,453	3.7%	974	6.2%	1,738	6.0%
0.0%	0	0.0%	19	0.0%	33	0.2%	123	0.4%

8.5%	597	1.9%	7,899	20.3%	240	1.5%	648	2.2%
32,549	32,166	32,166	38,998	38,998	15,587	15,587	28,886	28,886
20.1%	2,640	8.2%	19,491	50.0%	998	6.4%	3,083	10.7%
18.3%	1,621	5.0%	17,794	45.6%	730	4.7%	2,322	8.0%
0.9%	527	1.6%	601	1.5%	124	0.8%	341	1.2%
0.1%	58	0.2%	0	0.0%	46	0.3%	228	0.8%
0.8%	434	1.3%	1,096	2.8%	98	0.6%	192	0.7%
79.9%	29,526	91.8%	19,507	50.0%	14,589	93.6%	25,803	89.3%
75.1%	26,213	81.5%	14,847	38.1%	13,145	84.3%	23,514	81.4%
1.8%	534	1.7%	2,862	7.3%	389	2.5%	364	1.3%
0.2%	22	0.1%	17	0.0%	0	0.0%	28	0.1%
1.6%	2,388	7.4%	1,158	3.0%	866	5.6%	1,426	4.9%
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
0.1%	0	0.0%	9	0.0%	0	0.0%	33	0.1%
1.1%	369	1.1%	614	1.6%	189	1.2%	438	1.5%
0.2%	0	0.0%	134	0.3%	0	0.0%	90	0.3%
0.9%	369	1.1%	480	1.2%	189	1.2%	348	1.2%
(X)	11,538	(X)	12,361	(X)	6,285	(X)	10,382	(X)

Long-Term Care Facilities
 Travel Time and Distance
 From Proposed Transformative Health of McHenry
 30-Minute Market Contour

FACID	FACNAME	ADDRESS	CITY	ZIP	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
6008304	Alden Terrace Of McHenry Rehab (1)	803 Front Royal Drive	Mchenry	60050-0000	316	2.83	5.75
6011803	The Springs at Crystal Lake	1000 East Brighton Lane	Crystal Lake	60012-0000	97	4.02	6.9
6002299	Crystal Pines Rehab & HCC	335 Illinois St	Crystal Lake	60014-0000	114	6.69	11.5
6008585	Sheltering Oak (2)	27888 N Beech St	Island Lake	60042-0000		6.94	13.8
6002976	Fair Oaks Health Care Center (3)	W Terra Cotta Ave & Ridge Ave	Crystal Lake	60014-0000	51	7.98	14.95
6009310	Hearthstone Manor	920 North Seminary Avenue	Woodstock	60098-0000	75	9.42	17.25
6010136	Crossroads Care Center Woodstock	309 Mchenry Avenue	Woodstock	60098-0000	115	9.80	17.25
6009435	Wauconda Healthcare & Rehab (4)(4a)	176 Thomas Court	Wauconda	60084-0000	135	9.47	18.4
6013981	Memorial Medical Center (5)	527 West South Street	Woodstock	60098-0000		9.63	19.55
6009542	Valley Hi Nursing Home	2406 Hartland Road	Woodstock	60098-0000	128	14.91	24.15
6004410	Hillcrest Retirement Village	1740 Circuit Dr	Round Lake Beach	60073-0000	144	13.94	26.45
6014138	Lexington Of Lake Zurich	900 South Rand Road	Lake Zurich	60047-0000	203	16.73	29.9
6016158	Prairieview Nursing Unit (6)	6000 GARLANDS LANE	Barrington	60010	20	16.72	29.9

1398

- (1) Profile & website address is 803 Royal Drive
- (2) 01/13/2013 CLOSURE. License not renewed effective this date; 70 beds removed from inventory
- (3) 03/29/2013 Bed Change. Facility added 5 Nursing Care beds. Facility now has 51 Nursing Care beds; Profile address: 471 W. Terra Cotta Avenue
- (4) 10/30/2012 12-062 Permit issued to add 40 Nursing Care Beds to existing facility; facility will have 175 beds upon project completion
- (4a) 10/08/2014 Relinquishment of project. Removed 40 Nursing Care beds from inventory.
- (5) 11/12/2014 facility received permit for discontinuation of 40 bed skilled nursing (long-term care) unit
- (6) 05/02/2014 Name change: formerly Prairieview at the Gardens

Source: Long-Term Care Facility Questionnaire for 2013, Illinois Department of Public Health, Health Systems Development
 Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
 Inventory of Health Care Facilities and Services and Need Determinations - 2013 - Long-Term Care Services
 Inventory of Health Care Facilities and Services and Need Determinations - 2015- Long-Term Care Services
<http://www2.illinois.gov/hfs/MedicalProvider/CostReports/Pages/default.aspx>
<https://lhc.dph.illinois.gov/webapp/LTCApp/lhc.jsp>

ELKHORN LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2014 LTC PLANNING AREA McHenry

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS	AVERAGE DAILY PAYMENT RATES
OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS	LEVEL OF CARE
Nursing Care	160	302	44	17	143	0	666	Nursing Care
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22
ICF/DD	0	87	3	0	0	0	90	Intermediate DD
Sheltered Care	0	0	0	0	39	5	44	Shelter
TOTALS	160	389	47	17	184	5	802	

RACE	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	TOTALS	EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Asian	3	0	0	0	3	Administrators	11.00
American Indian	0	0	0	0	0	Physicians	1.00
Black	2	0	0	0	2	Director of Nursing	10.00
Hispanic	0	0	0	0	0	Registered Nurses	88.52
White	666	0	84	44	794	LPNs	84.53
Black Unknown	7	0	0	0	7	Certified Aides	288.89
Total	688	0	84	44	816	Other Health Staff	63.87
						Non-Health Staff	177.41
						TOTALS	704.99

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

ETHNICITY	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Medicare	40.5%	30.3%	4.2%	4.0%	21.2%	0.0%	100.0%
	28,209,060	21,259,093	2,691,347	2,800,129	14,859,888	0	70,020,560

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

ELKHORN LONG-TERM CARE DATA SUMMARY-CALENDAR YEAR 2014 LTC PLANNING AREA McHenry

HEALTH SERVICE AREA	ADMISSION RESTRICTIONS	DIAGNOSIS	RESIDENTS BY PRIMARY DIAGNOSIS
TOTAL FACILITIES	11	8	3
HOSPITAL BASED FACILITIES	2	8	38
FREE STANDING FACILITIES	9	Endocrine/Metabolic	5
		Blood Disorders	62
FACILITIES LICENSED FOR:		Nervous System Non Alzheimer	114
NURSING CARE BEDS ONLY	1	Alzheimer Disease	65
DD CARE BEDS ONLY	8	Mental Illness	91
MULTI-LICENSED FACILITIES	2	Developmental Disability	160
		Circulatory System	63
FACILITIES REPORTED BY		Respiratory System	20
OWNERSHIP TYPE		Digestive System	30
GOVERNMENTAL OWNERSHIP	2	Genitourinary System Disorders	0
NON-PROFIT OWNERSHIP	3	Skin Disorders	0
FOR PROFIT OWNERSHIP	6	Abuse-related Disorders	70
		Injuries and Poisonings	11
CONTINUING CARE COMMUNITY	1	Other Medical Conditions	63
LIFE CARE FACILITY	0	Non-Medical Conditions	802
Reported Identified Offenders	0	TOTALS	802

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

LEVEL OF CARE	PEAK BEDS	PEAK BEDS USED	SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2014
Nursing Care	97	1,008	752	881	668	943	824	Residents on 1/1/2013
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2013
Intermediate DD	66	98	91	98	90	94	94	Residents on 12/31/2013
Sheltered Care	63	63	46	63	44	10	10	
TOTAL BEDS	1,156	1,165	869	1,140	862	943	918	

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds
Nursing Care	54,218	114,487	38,076	13,728	7,160	49,819	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	31,728	82,236	940	0	1,233	1,577	2,810
Sheltered Care	0	0	0	0	51,152	1,818	276,000
TOTALS	85,946	196,723	39,016	14,878	60,071	3,405	802

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2014

AGE GROUPS	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	12	20	0	0	13	0	0	0	12	13	23	33	64	64	
60 to 64	19	10	0	0	11	0	0	0	31	33	20	49	49		
65 to 74	47	56	0	0	5	1	3	0	26	20	64	117	117		
75 to 84	84	111	0	0	2	2	7	0	68	120	188	308	308		
85+	70	258	0	0	2	2	7	25	70	202	297	391	391		
TOTALS	214	454	0	0	48	42	8	38	270	532	802	802	802		

RESIDENTS BY RACIAL/ETHNICITY GROUPINGS

RACE	Nursing Care	Skilled Under 22	ICF/DD	Sheltered Care	TOTALS
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	2	0	0	0	2
Hispanic	0	0	0	0	0
White	666	0	84	44	794
Black Unknown	7	0	0	0	7
Total	688	0	84	44	816

Criterion 1125.590 - Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.

Nursing care is the only category of service applicable.

2. Provide the following documentation:
 - a. The name and qualification of the person currently filling the position, if applicable; and
 - b. Letters of interest from potential employees; and
 - c. Applications filed for each position; and
 - d. Signed contracts with the required staff; or
 - e. A narrative explanation of how the proposed staffing will be achieved.

Appended as **ATTACHMENT-19A**, is the proposed staffing pattern by position title for the 98-bed long-term care facility.

The applicant is an affiliate of the Symphony Post Acute Network. Symphony provides management and consulting services to its 26 related skilled and assisted living facilities in Illinois and employees approximated 4,500 full and part time employees who provide nursing, support, ancillary and management services to its related contracted facilities in Illinois. It has a high concentration of skilled nursing facilities in both Cook and Lake Counties. It is the policy of the organization to begin a comprehensive recruitment program for every new facility approximately four to six months prior to the opening in order to insure that the new facility has all of the necessary positions filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools has generally been sufficient in attracting the needed professional health care manpower.

Furthermore, it is the policy of the organization to promote from within their company whenever possible which allows the transfer of top professionals in their field to start-up facilities. The Applicant recruits both locally and regionally for highly qualified staff.

ATTACHMENT- 19

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xiii

The following steps are taken to actively recruit new 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 in the specific areas and the positions that are available;
2. Advertisement in the local newspaper;
3. A special job fair for nurses and direct care staff 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 questions and answer session on the philosophy of the organization;
4. Announcement of the opening of the facility will be sent to the area Schools of Nursing. It is the philosophy of the organization that an innovative nursing program and a continual in-service training program enhance the attraction of new employees and help retain qualified and dedicated staff.

It should also be noted that the Applicant and Symphony have existing employees within the greater Chicago Metropolitan and project service and statistical area. These employees will, as will the proposed employees of the project have access to paid continuing education credits, competitive wages, and benefits and pension programs offered. With such a large number of existing employees one strong focus of recruitment will be by word of mouth by these existing employees to their respective communities. Furthermore, the management company would provide opportunities for upward mobility, transfers and promotions for those who qualify.

Regarding JCAHO: The proposed facility intends to seek accreditation by the Joint Commission within the first 12 months after receiving its' licensure from the Illinois Department of Public Health. In addition, the proposed facility will also seek Disease Specific Credentialing by the JCAHO for Rehabilitation and Post Acute Care.

ATTACHMENT- 19

Transformative Health of McHenry
Proposed Staffing Pattern

RE: SAMPLE Staff Pattern on 88 beds

The following staffing plan assumes an average daily occupancy of 90%. All positions are listed as Full-Time Equivalents (FTE's). Physical, Occupational and Speech Therapies are sub-contracted positions and will be in addition to positions listed here. One FTE equals 2,080 hours/year.

<u>Positions Description</u>	<u>FTE's</u>
Administrator	1.0
Director of Nursing	1.0
Assistant Director of Nursing	1.0
MDS/Care Plan Coordinator	2.0
Restorative Nurse	1.0
Restorative Aides	2.0
Wound Care Nurse	1.0
PM Nurse Supervisor (RN/LPN)	1.4
Night Nurse Supervisor (RN/LPN)	1.4
Registered Nurse	9.0
Licensed Practical Nurse	7.0
Certified Nursing Assistant	29.0
Dietary Manager	1.0
Cooks	2.0
Dietary Aides	9.5
Laundry Staff	1.5
Housekeeping Supervisor	1.0
Housekeeping Staff	6.0
Maintenance Staff	1.0
Guest Relations	1.0
Activities Director	1.0
Activities Staff	2.0
Social Worker	2.0
Admissions Director	1.0
Reception	1.0
Medical Records	1.0
Central Supply	1.0
Transport Aides	1.0
Total FTE's @ 90% Occupancy	88.8

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xiv

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 proposed project is only for the establishment of a 98-bed nursing care facility. Upon project completion the licensed bed capacity will be 98 nursing care beds. Therefore, the proposed project is compliant with this criterion.

ATTACHMENT- 20

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xv

Criterion 1125.610 - Community Related Functions

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

Appended as **ATTACHMENT-21A** are nine (9) letters of support for the proposed Transformative Health of McHenry. These letters are from Charles W. Ruth, CEO, Alliance Contractors, Inc.; Charie A. Zanck, Chief Executive Officer, American Community Bank & Trust; Katherine H. Powell, Vice President, Private Banking, American Community Wealth Management; Thomas Carey, Vice President, Carey Electric Contracting, Inc.; Lisa Glosson, Physician Family Practice, Centegra Physician Care; Michael J. Curran, Co-President, Curran Group; Jack Porter, President, Jack Porter Associates, Inc.; Patrick O. Morehead, CEO, KRW Insurance Agency, Inc.; and Michael W. Luecht, President & CEO, ML Realty Partners.

ATTACHMENT- 21



ALLIANCE CONTRACTORS, INC.

1166 LAKE AVENUE • WOODSTOCK, ILLINOIS 60098
OFFICE: 815/338-5900 FAX: 815/338-9109
www.alliancecontractors.com

August 5, 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: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery;

It is my understanding that a Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

An important objective of every organization in our community is a strong commitment to the community and residents quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We ask that you support and endorse this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

Charles W. Ruth
CEO, Alliance Contractors Inc.

Subscribed and sworn to me this 5th day of August, 2015.

Debra L. Klein, Notary Public, State of Illinois



ATTACHMENT-21A

American Community BANK & TRUST

August 5, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

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Thank you for your consideration.

Sincerely,


Charie A. Zank
Chief Executive Officer

*Subscribed and sworn
to before me this
5th day of August, 2015
Kimberly A. Gorham*

**OFFICIAL SEAL
KIMBERLY A. GORHAM
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 05/19/18**

ATTACHMENT-21A

American Community WEALTH MANAGEMENT

Securities are offered through Triad Advisors, member FINRA, SIPC.

August 6, 2015.

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

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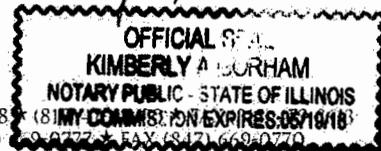
Thank you for your consideration.

Sincerely,



Katherine H. Powell
Vice President, Private Banking

*Subscribed and sworn to
before me this 6th day of
August, 2015.
Kimberly A. Gourain*



381 SOUTH MAIN STREET * P.O. BOX 2788 * CRYSTAL LAKE, ILLINOIS * 60039-2788 * (815) 977-0772 * FAX (815) 669-0770
10101 ROUTE 47 * P.O. BOX 129 * HUNTLEY, ILLINOIS 60142-0129 * (847) 299-9772 * FAX (847) 669-0770
1500 SOUTH ROUTE 31 * P.O. BOX 970 * MCHENRY, ILLINOIS * 60051-0970 * (815) 385-5556 * FAX (815) 385-5557
1290 LAKE AVENUE * P.O. BOX 1720 * WOODSTOCK, ILLINOIS * 60098-1720 * (815) 338-2300 * FAX (815) 338-9289
AMCOMWEALTH.COM

ATTACHMENT-21A

3309 WEST WAUKEGAN ROAD • McHENRY, ILLINOIS 60050
TELEPHONE 815 / 385-3600
FAX NO. 815 / 385-3671
EMAIL carey@cecinc.org

CEC CAREY ELECTRIC CONTRACTING INC.

August 5, 2015

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

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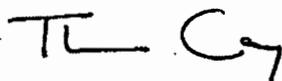
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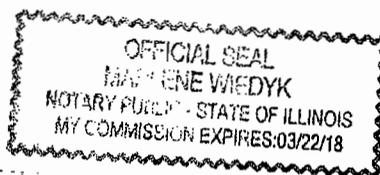
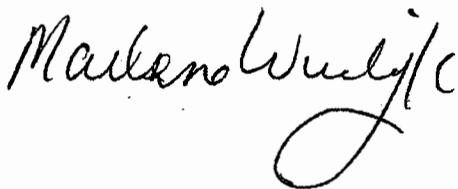
We ask that you support and endorse this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,



Thomas Carey
Vice President





STRENGTH THROUGH DIVERSITY

8/5/15

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

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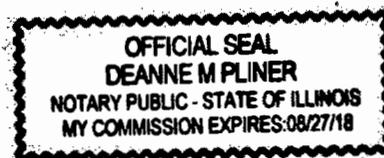
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Thank you for your consideration.

Sincerely,

Michael J Curran
Co-President



Deanne M Pliner
8/5/15

ATTACHMENT-21A

JACK PORTER
ASSOCIATES, INC.

August 6, 2015

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

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It is my understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital - McHenry in McHenry, Illinois.

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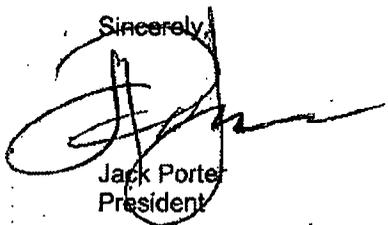
An important objective of every organization in our community is a strong commitment to the community and residents quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We ask that you support and endorse this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,



Jack Porter
President

700 Mc Henry Avenue
Woodstock, IL 60098
Office: 815-334-8366
Fax: 815-334-8265

ATTACHMENT-21A



August 12, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital - McHenry in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

An important objective of every organization in our community is a strong commitment to the community and residents quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance.

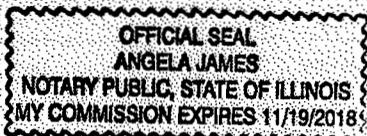
It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We ask that you support and endorse this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration

Sincerely,

Patrick O. Morehead
KRW Insurance Agency, Inc.
CEO



ATTACHMENT-21A

338 MEMORIAL DRIVE, SUITE 100 • CRYSTAL LAKE, IL 60014 • 815-459-6300 • FAX 815-459-5794

August 6, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital - McHenry in McHenry, Illinois.

We believe that a facility of this type will help fill a need for senior citizens and health care placement needs in our community. In addition, we believe that this undertaking will help to beautify the surrounding neighborhood and improve the overall health care services provided to the area residents of McHenry and McHenry County.

An important objective of every organization in our community is a strong commitment to the community and residents quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We ask that you support and endorse this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,



Lisa Glosson
Physician Family Practice
Centegra Physician Care



August 6, 2015

August 5, 2015

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

Re: Letter of Support and CON for a 98-Bed Skilled Nursing Facility in McHenry, Illinois

Dear Ms. Avery:

It is my understanding that the Mainstreet Development Group and the Symphony Post Acute Care Network propose to establish a 98-bed, all private room, long-term care skilled nursing facility in Health Service Area 8, McHenry County. The project will be located directly on the campus of Centegra Hospital - McHenry in McHenry, Illinois.

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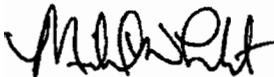
An important objective of every organization in our community is a strong commitment to the community and residents quality of life. Most assuredly, this project will accomplish that goal and have a positive impact on both social and economic development by creating new jobs in the areas of construction, skilled nursing care, administration, food services, activities, laundry, housekeeping, social services and maintenance.

It is estimated this project will create approximately 200 full-time construction jobs and will eventually result in over 120 full-time healthcare related jobs.

We ask that you support and endorse this worthwhile healthcare project for the residents of the City of McHenry, McHenry County and the surrounding service areas.

Thank you for your consideration.

Sincerely,

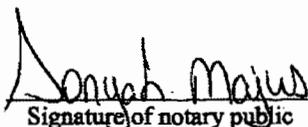


Michael W. Luecht
321 Ridge Lane
Lake in the Hills, IL 60156

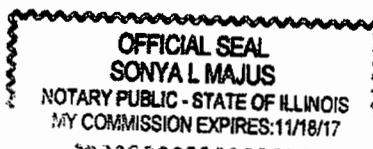
State of Illinois

County of Kane

This instrument was acknowledged before me on August 5, 2015 by Michael W. Luecht.



Signature of notary public



ATTACHMENT-21A

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xvi

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, Transformative Heath of McHenry will comprise 68,586 gross square feet of space for 98 nursing care beds. This equates to 700 gross square feet per bed upon project completion. It should be noted that the proposed project is in compliance with the criterion as the full bed compliment is well within the upper range limit of 713 gross square feet per bed.

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xvii

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 Douglas P. Martin, Director of Economic Development, City of McHenry. This letter indicates the current status of zoning which is appropriate for the intended use.

ATTACHMENT- 23



Department of Community &
Economic Development
McHenry Municipal Center
333 Green Street
McHenry, Illinois 60050
Phone: (815) 363-2170
Fax: (815) 363-2173
www.ci.mchenry.il.us

August 17, 2015

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

Re: Zoning Verification for the property located at the southwest corner of Lawrence Parkway and Bull Valley Road in the City of McHenry

Ms. Avery:

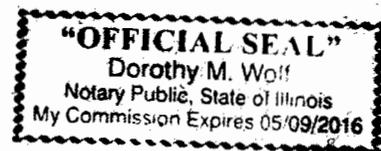
The site located at the southwest corner of Bull Valley Road and Lawrence Parkway in the City of McHenry is zoned H-C Health Care District and Assisted Living Facilities (not-to-exceed 400 beds) and Skilled Care Facilities (not-to-exceed) 250 beds are designated as primary uses within the H-C Health Care District.

If you have any questions or need further clarification please feel free to contact me.

Sincerely,

Douglas P. Martin
Director of Economic Development
City of McHenry

Subscribed and sworn this 17th day of August 2015

Notary Public

The City of McHenry is dedicated to providing the citizens, businesses and visitors of McHenry with the highest quality of programs and services in a customer-oriented, efficient and fiscally responsible manner.

ATTACHMENT-23A

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued xviii

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 above.

The proposed project is for the establishment of a free standing nursing facility and not part of a continuum of care community (CCRC). Therefore, item number 2 above is not applicable to this project.

ATTACHMENT- 24

TCO JV, LLC



14390 Clay Terrace Blvd, Suite 205, Carmel, IN 46032

August 17, 2015

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

RE: TCO JV, LLC
Assurance for Criterion 1125.210 (c)

Dear Ms. Avery:

This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, for TCO JV, LLC that it understands that it is expected to achieve and maintain the occupancy specified in §1125.210© 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,

Gerry Jenich
Manager
TCOJV, LLC

Subscribed and sworn to me

this 17 day of Aug, 2015



Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

- a. **Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:**

Appended as ATTACHMENT-27A, is documentation that MS McHenry, LLC 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 establishment through internal resources. The audited financial statements for Mainstreet Property Group, LLC (the entity funding the project) are appended as ATTACHMENT-27B.



August 17, 2015

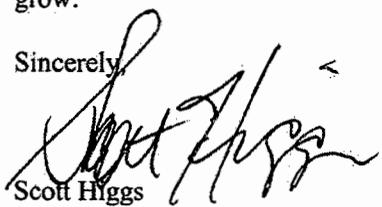
Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

Mainstreet Property Group, LLC ("Mainstreet") is a managing member of MS McHenry, LLC. This letter will confirm the commitment of Mainstreet to provide complete funding to MS McHenry, LLC through internal sources, sufficient to implement the proposed new skilled nursing facilities in McHenry County as described in its Certificate of Need Application. Evidence of Mainstreet's ability to provide funding is reflected in the enclosed audited financial statements and year-to-date results of 2015. Mainstreet intends to develop one 98 bed skilled nursing facility in McHenry, IL. Mainstreet will provide 100% of the financing for the real estate and development of the project, as outline in the application, up to \$20 million. Mainstreet has the capital in place to fund up to 50 projects in 2015.

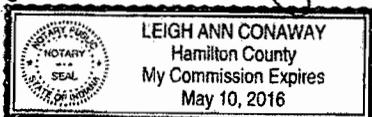
Mainstreet, founded in 2002, is the nation's largest, most innovative developer of transitional care centers and long-term health care properties. Mainstreet has grown to managing \$1.9 billion in assets and has completed development on 29 properties since 2008, including 15 currently under construction and scheduled for completion throughout 2015 and early 2016. Mainstreet's pipeline of developments and operator relationships continue to grow.

Sincerely,



Scott Higgs
Senior Vice President of Finance

Subscribed and sworn to me
this 17 day of Aug, 2015



ATTACHMENT-27A



MAINSTREET PROPERTY GROUP, LLC

Consolidated Financial Statements

December 31, 2014

(With Independent Auditors' Report Thereon)



KPMG LLP
Suite 1500
111 Monument Circle
Indianapolis, IN 46204

Independent Auditors' Report

The Members

Mainstreet Property Group, LLC:

We have audited the accompanying consolidated financial statements of Mainstreet Property Group, LLC and subsidiaries (the Company), which comprise the consolidated balance sheet as of December 31, 2014, and the related consolidated statements of operations and comprehensive income, members' equity, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly in all material respects, the financial position of Mainstreet Property Group, LLC as of December 31, 2014, and the results of their operations and their cash flows for the year then ended in accordance with U.S. generally accepted accounting principles.

KPMG LLP

Indianapolis, Indiana
April 20, 2015

KPMG LLP is a Delaware limited liability partnership,
the U.S. member firm of KPMG International Cooperative
("KPMG International"), a Swiss entity.

ATTACHMENT-27B

MAINSTREET PROPERTY GROUP, LLC

Consolidated Balance Sheet

December 31, 2014

Assets

Leased income properties under development (\$102,149,123 of VIE)	\$ 126,334,467
Land held for development	2,011,742
Rental property and equipment, net	763,335
Prepaid development costs and prepaid expenses	2,380,617
Cash and cash equivalents (\$4,232,677 of VIE)	10,000,463
Restricted cash	124,786
Accounts receivable – affiliates	450,726
Accounts receivable	212,191
Investment in unconsolidated company	54,812
Note receivable – affiliate	27,637,745
Interest receivable – affiliate	435,298
Other assets (\$3,616,074 of VIE)	4,265,208
Deferred financing costs, net (\$3,190,756 of VIE)	3,708,182
	<hr/>
Total assets	\$ <u>178,379,572</u>

Liabilities and Members' Equity

Mortgage notes (\$37,648,473 of VIE)	\$ 49,289,884
Notes payable (\$36,552,000 of VIE)	41,030,594
Notes payable – affiliates (\$2,000,000 of VIE)	4,344,960
Accounts payable and accrued expenses	2,303,915
Construction costs payable (\$15,754,169 of VIE)	18,293,563
Development fees payable – affiliate (\$1,907,927 of VIE)	3,498,027
Financing fees payable – affiliate (\$347,183 of VIE)	491,088
Management fees payable – affiliate (\$224,151 of VIE)	607,142
Accrued interest (\$1,076,411 of VIE)	1,392,339
Accrued interest – affiliates (\$102,474 of VIE)	422,198
Distributions payable	3,479,312
Tenant security deposits (\$1,632,248 of VIE)	1,850,825
Deferred revenue (\$3,616,074 of VIE)	4,179,381
	<hr/>
Total liabilities	131,183,228
	<hr/>
Members' equity	38,394,311
Noncontrolling interest (\$8,802,033 of VIE)	8,802,033
	<hr/>
Total equity	47,196,344
	<hr/>
Total liabilities and equity	\$ <u>178,379,572</u>

The above VIE abbreviation means variable interest entity.

See accompanying notes to consolidated financial statements.

MAINSTREET PROPERTY GROUP, LLC

Consolidated Statement of Operations and Comprehensive Income

Year ended December 31, 2014

Income from operations:	
Revenue from sale of leased income properties	\$ 93,415,827
Gain on sale of marketable securities	7,848,906
Rental income	1,257,073
Distribution income	2,098,138
Interest income	356,657
Equity in earnings of unconsolidated company	<u>31,134</u>
Total income from operations	<u>105,007,735</u>
Operating expenses:	
Cost of sale of leased income properties	71,266,341
Administrative	2,870,455
Management fees	947,345
Bonuses and deferred compensation	<u>3,198,355</u>
Total operating expenses	<u>78,282,496</u>
Net operating income	26,725,239
Other (income)/expenses:	
Depreciation	48,876
Interest expense	2,330,435
Gain on foreign currency	<u>(1,128,285)</u>
Total other expenses	<u>1,251,026</u>
Net income	25,474,213
Net loss attributable to noncontrolling interests	<u>(571,094)</u>
Net income attributable to Mainstreet Property Group, LLC	<u>\$ 26,045,307</u>
Other comprehensive income:	
Net income	\$ 25,474,213
Fair market value adjustment of marketable securities	10,545
Realized gain on translation of Canadian denominated foreign operations	<u>(520,953)</u>
Comprehensive Income	<u>\$ 24,963,805</u>

See accompanying notes to consolidated financial statements.

MAINSTREET PROPERTY GROUP, LLC

Consolidated Statement of Members' Equity

Year ended December 31, 2014

	<u>Members'</u> <u>equity</u>	<u>Accumulated</u> <u>other</u> <u>comprehensive</u> <u>income</u>	<u>Noncontrolling</u> <u>interests</u>	<u>Total</u>
Balance at January 1, 2014	\$ 29,525,037	510,408	1,248,309	31,283,754
Net income (loss)	26,045,307	—	(571,094)	25,474,213
Contributions	—	—	8,124,818	8,124,818
Distributions	(17,176,033)	—	—	(17,176,033)
Fair market value adjustment of marketable securities	—	10,545	—	10,545
Realized gain on translation of Canadian denominated foreign operations	—	(520,953)	—	(520,953)
Balance at December 31, 2014	\$ <u>38,394,311</u>	<u>—</u>	<u>8,802,033</u>	<u>47,196,344</u>

See accompanying notes to consolidated financial statements.

MAINSTREET PROPERTY GROUP, LLC

Consolidated Statement of Cash Flows

Year ended December 31, 2014

Cash flows from operating activities:	
Net income	\$ 25,474,213
Adjustments to reconcile net income to net cash used in operating activities:	
Depreciation	48,876
Amortization of deferred financing costs	699,142
Gain on sale of leased income properties	(22,149,486)
Gain on sale of marketable securities	(7,848,906)
Loss on write-off of foregone developments	467,785
Operating distributions received in excess of equity in earnings from unconsolidated company	8,866
Gain on foreign currency	(1,128,285)
Increase (decrease) in cash due to:	
Additions to leased income properties under development	(118,410,641)
Proceeds from sale of leased income properties	24,798,820
Prepaid development costs and prepaid expenses	(1,788,423)
Accounts receivable – affiliate	(450,726)
Accounts receivable	273,952
Interest receivable – affiliates	(355,046)
Other assets	365,855
Accounts payable and accrued expenses	343,434
Management fees payable	138,633
Accrued interest	536,943
Accrued interest – affiliate	1,404,663
Tenant security deposits	1,350,825
Net cash used in operating activities	<u>(96,219,506)</u>
Cash flows from investing activities:	
Additions to property and equipment	(21,910)
Sale of property and equipment	50,344
Note receivable issued to affiliate	(21,577,288)
Proceeds from sale of marketable securities	38,775,918
Net cash provided by investing activities	<u>17,227,064</u>
Cash flows from financing activities:	
Proceeds from mortgages and notes payable	109,002,621
Principal payments on mortgages and notes payable	(19,036,443)
Deferred financing costs paid	(3,543,121)
Contributions from noncontrolling interests	8,124,818
Distributions	(13,696,721)
Net cash provided by financing activities	<u>80,851,154</u>
Net increase in cash and cash equivalents	1,858,712
Cash and cash equivalents at beginning of year	<u>8,141,751</u>
Cash and cash equivalents at end of year	\$ <u>10,000,463</u>
Supplemental disclosures of noncash activities:	
The Company had \$18,293,563 and \$4,494,906 of capitalized costs included in leased income properties under development and construction costs payable at December 31, 2014 and 2013, respectively.	
The Company had \$3,498,027 and \$1,878,530 of capitalized costs included in leased income properties under development and development fees payable – affiliate at December 31, 2014 and 2013, respectively.	
The Company had \$49,661 of capitalized costs included in renal property and equipment, net and accounts payable and accrued expenses at December 31, 2014.	
The Company had \$491,087 and \$189,415 of unpaid deferred financing costs included in deferred financing costs and financing fees payable – affiliate at December 31, 2014 and 2013, respectively.	
The Company had \$9,808 of unpaid deferred financing costs included in deferred financing costs and accounts payable at December 31, 2014 and 2013, respectively.	
The Company had \$3,479,312 of unpaid distributions included in distributions payable and members' equity at December 31, 2014.	

See accompanying notes to consolidated financial statements.

MAINSTREET PROPERTY GROUP, LLC

Notes to Consolidated Financial Statements

December 31, 2014

(1) The Company

Mainstreet Property Group, LLC, is an Indiana Limited Liability Company organized on August 28, 2002. The Membership of Mainstreet is comprised of Class A, B, and C Members. The term "Company" collectively refers to Mainstreet Property Group, LLC and those entities owned or controlled by Mainstreet Property Group, LLC. The Company was formed to develop, sell, and operate various types of real estate. Currently, the Company is primarily developing senior care facilities (the Properties) which have been leased to operators. The Properties are owned by development entities which are wholly owned by the Company. Upon completion of the developments, the Company intends to sell the Properties.

At December 31, 2014, the Company's portfolio consists of fifteen Properties under development. The Company also has incurred costs on several potential Properties which are in the pre-development stage.

The Company owns one office building, parcels of land which are held for development, and an interest in an unconsolidated subsidiary which was formed for ownership of real estate investment held for rental.

(2) Summary of Significant Accounting Policies

(a) Principles of Consolidation

The consolidated financial statements include the accounts of the Company, its wholly owned subsidiaries, and majority-owned or controlled subsidiaries. The equity interests in the controlled subsidiaries not owned by the Company are reflected as noncontrolling interests in the consolidated financial statements. All significant intercompany balances and transactions have been eliminated in the consolidated financial statements. Investments in entities that the Company does not control, and variable interest entities (VIEs) in which the Company is not the primary beneficiary, are not consolidated and are reflected as investments in unconsolidated companies under the equity method of reporting.

In determining whether an entity is a VIE and would require consolidation, the Company's management evaluates the sufficiency of the total equity at risk, reviews the voting rights and decision-making authority of the equity investment holders as a group, and whether there are any guaranteed returns, protection against losses, or capping of residual returns within the group, and establishes whether activities within the entity are on behalf of an investor with disproportionately few voting rights. To the extent that the Company is the sole entity that has the power to direct the activities of the VIE and has the obligation or rights to absorb the VIE's losses or receive its benefits, the Company would be determined to be the primary beneficiary and would consolidate the VIE. At each reporting period, the Company re-assesses which, if any, party within the VIE is considered the primary beneficiary.

The Company has a general partner investment of 0.01% and a limited partner equity investment in Mainstreet Development Fund II, L.P. (the Fund). The Fund is a VIE and the Company is the primary beneficiary. The financial balances and activity of the limited partnership are consolidated by the Company. The Fund owns eleven of the Company's fifteen Properties under development.

The Company uses the equity method of accounting for an unconsolidated company which we do not control. The investment in the unconsolidated company is included on the consolidated balance sheet and is recorded at cost. When circumstances indicate there may have been a reduction in value of the

MAINSTREET PROPERTY GROUP, LLC

Notes to Consolidated Financial Statements

December 31, 2014

equity investment, we evaluate whether the loss in value is other than temporary. If the loss in value is other than temporary, the Company recognizes an impairment charge to reflect the equity investment at fair value.

(b) Functional and Foreign Currency Translation

The functional and presentational currency of the Company is the U.S. dollar. The Company held debt and cash until November 2014 which had a functional currency of the Canadian dollar. Revenue and expenses were translated at average rates for the period. The resulting realized foreign currency translation adjustments are recognized in net income.

(c) Real Estate Investments

Leased income properties under development, prepaid development costs, and land held for development, are stated at cost.

Cost Capitalization: Direct and certain indirect costs clearly associated with and incremental to the development or construction of real estate investments are capitalized as a cost of the property. The Company capitalizes direct and indirect project costs associated with the initial construction of a property up to the time the property is substantially complete and ready for its intended use.

Prepaid development costs: Prepaid development costs are expenditures made towards future development. The expenditures are expensed in the period which management determines they have no future value. During the year ended December 31, 2014, predevelopment costs of \$504,311 were expensed and are included in administrative expenses on the consolidated statement of operations and comprehensive income. Predevelopment costs capitalized are recorded in prepaid development costs on the consolidated balance sheet.

Rental Property and Equipment, Net: Land, buildings and leasehold improvements are stated at cost. Depreciation of rental property and equipment is computed using the straight-line method for buildings and building equipment over the estimated useful lives of the assets ranging from five to thirty nine years. Leasehold improvements are amortized using the straight-line method over the shorter of the useful life of the improvement or the term of the related lease.

Impairment of Real Estate: Real estate investments are individually evaluated for impairment whenever events or changes in circumstances indicate that their carrying amounts may not be recoverable. If such an evaluation is considered necessary, the Company compares the carrying amount of that real estate investment with the expected undiscounted cash flows that are directly associated with, and that are expected to arise as a direct result of, the use and eventual disposition of that real estate investment. The Company's estimate of the expected future cash flows used in testing for impairment is based on the selling price at completion of development. These assumptions could differ materially from actual results. To the extent the carrying amount of a real estate investment exceeds the associated estimate of undiscounted cash flows, an impairment loss is recorded to reduce the carrying value of the asset to its fair value. No impairment losses were recorded in 2014.

To the extent applicable marketplace data is available, the Company generally uses the market approach in estimating the fair value of undeveloped land that is determined to be potentially impaired.

MAINSTREET PROPERTY GROUP, LLC

Notes to Consolidated Financial Statements

December 31, 2014

(d) Cash Equivalents

Highly liquid investments with a maturity of three months or less when purchased are classified as cash equivalents.

(e) Valuation of Receivables

Accounts receivable consists of amounts due from related and third parties for reimbursement of development costs, distributions receivable, and other receivables and are generally unsecured. The Company's management considers accounts receivable to be fully collectable; accordingly, no allowance for doubtful accounts is considered necessary.

The Company's notes receivable, which arises primarily from the financing of operating costs for an affiliate are reported at the outstanding principal balance. The Company's management considers the note receivable to be fully collectable; accordingly, no allowance for doubtful accounts is considered necessary. The Company's management regularly monitors the operations and profitability of the related party in order to evaluate the collectability of the note receivable. The related party is expected to achieve positive future cash flows which will provide capital for repayment of the Company's note. The note receivable is guaranteed by a common owner of the Company and the related party.

If amounts become uncollectable, they will be charged to operations when the determination is made. If amounts previously written off are collected, they will be credited to income when received.

(f) Deferred Financing Costs

The Company incurs costs in connection with obtaining financing. These costs have been capitalized and are being amortized using the straight-line method over the term of the related long term debt, which approximates the effective interest method. Amortization of deferred financing costs for the year ended December 31, 2014 totaled \$1,852,406 and at December 31, 2014, accumulated amortization was \$1,570,868.

(g) Leases

The Company received rent on leased income properties between lease commencement and sale. The office building has a month-to-month lease agreement with a tenant. The Company recognizes rental income on a straight line basis over the terms of the lease, as applicable.

The Company has executed leases for the leased income properties under development, as disclosed in note 5. These leases will be accounted for as operating leases after development and prior to sale.

(h) Advertising Costs

Advertising costs are expensed as incurred. During the year ended December 31, 2014, the Company incurred \$431,713 of advertising costs which are included in administrative expense on the consolidated statement of operations and comprehensive income.

MAINSTREET PROPERTY GROUP, LLC

Notes to Consolidated Financial Statements

December 31, 2014

(i) Income Taxes

For federal and state income tax purposes, the Company is treated as a partnership and the allocated share of income or loss for the year is included in the income tax returns of the Members. Accordingly, no other accounting for income taxes is required in the accompanying consolidated financial statements.

The Company accounts for uncertain tax positions in accordance with FASB ASC 740-10, *Income Taxes*, which prescribes the minimum recognition threshold a tax position is required to meet before being recognized in the financial statements. FASB ASC 740-10 also provides guidance on derecognition, measurement, classification, interest and penalties, accounting for interim periods, and disclosures for uncertain tax positions. The tax years from 2011 through 2013 remain open to examination by the taxing jurisdictions to which the Company is subject. As of December 31, 2014, the Company recorded no liability for unrecognized tax benefits.

(j) Fair Value Measurements

The Company utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible. The Company determines fair value based on assumptions that market participants would use in pricing an asset or liability in the principal or most advantageous market. When considering market participant assumptions in fair value measurements, the following fair value hierarchy distinguishes between observable and unobservable inputs, which are categorized in one of the following levels:

Level 1 Inputs: Unadjusted quoted prices in active markets for identical assets or liabilities accessible to the reporting entity at the measurement date.

Level 2 Inputs: Other than quoted prices included in Level 1 inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

Level 3 Inputs: Unobservable inputs for the asset or liability used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at measurement date.

(k) Derivative Instruments

The Company used a derivative financial instrument to hedge its foreign currency risk exposure. The Company recognizes all derivative instruments as either assets or liabilities on the balance sheet at their respective fair values with changes in fair value recorded in earnings. No derivative instruments are designated as hedging relationships.

The Company entered into a foreign currency forward contract to exchange Canadian dollars for U.S. dollars in each month from the commencement date in July 2012 through the expiration date in July 2014. The contract was marked to fair value at each reporting period using market observable data, which are considered Level 2 fair value measurements, and the change in fair value of \$46,255 is recorded in administrative expense in the consolidated statement of operations and comprehensive income.

MAINSTREET PROPERTY GROUP, LLC

Notes to Consolidated Financial Statements

December 31, 2014

(1) Use of Estimates

The preparation of the consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make a number of estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(3) Sale of Leased Income Properties

The Company contributed to MPG Healthcare L.P. (Healthcare) (a related party) three Limited Partner interests (LP Investments) which were comprised of three separate 99.99% interests in entities. These entities owned senior care developments which were leased to third party operators. The Company received cash for consideration of ownership of these entities.

The Company and the Fund signed an Existing Project Development Agreement with Health Care REIT, Inc. (HCN) for the sale of seventeen leased income properties, including all of the current leased income properties under development of the Company and the Fund, after construction completion and other requirements are met. Gain or loss on sale will be recorded at the sale date in accordance with FASB ASC 360-20. The Company sold two Properties to HCN pursuant to the Existing Project Development Agreement during 2014 and received cash as consideration.

The LP Investments and Properties sold during the year ended December 31, 2014 were:

<u>LP Investment / Property</u>	<u>Buyer</u>	<u>Gross sales price</u>
MS Castleton, L.P.	Healthcare	\$ 19,560,000
MS Arlington, L.P.	Healthcare	17,845,000
MS Kokomo, L.P.	Healthcare	17,900,000
South Bend, Indiana	HCN	18,440,000
Indianapolis, Indiana	HCN	19,670,827
Total		<u>\$ 93,415,827</u>

Gains or losses on sales of all Properties are recognized in accordance with FASB ASC Subtopic 360-20, *Property, Plant, and Equipment – Real Estate Sales*. The specific timing of the sale of a Property is measured against various criteria in FASB ASC 360-20 related to the terms of the transactions and any continuing involvement in the form of management or financial assistance from the seller associated with the properties. The Company makes judgments based on the specific terms of each transaction as to the amount of the total profit from the transaction that the Company recognizes considering factors such as the level of future involvement with the property or the buyer that acquires the assets. If the sales criteria are not met, the Company will defer gain recognition and account for the continued operations of the property by applying the finance, installment, or cost recovery methods, as appropriate, until the full accrual sales criteria are met. Estimated future costs to be incurred after completion of each sale are included in the determination of the gain or loss on sales.

MAINSTREET PROPERTY GROUP, LLC

Notes to Consolidated Financial Statements

December 31, 2014

During March 2015, the Fund sold its leased income property in Lafayette, Indiana to HCN, pursuant to the Existing Project Development Agreement for a gross sales price of \$17,503,440. The Fund paid off the property's mortgage note of \$9,761,022, notes payable of \$1,944,705, equity invested in the project of \$641,144, and other net payments of \$503,212 at closing to receive net proceeds of \$4,653,357.

During April 2015, the Company sold its leased income property in Terre Haute, Indiana to HCN pursuant to the Existing Project Development Agreement for a gross sales price of \$19,386,160. The Company paid off the property's mortgage note of \$9,969,425, note payable of \$1,500,000, and other net payments of \$425,161 at closing to receive net proceeds of \$7,491,574.

(4) Sale of Marketable Securities

The Company held 3,075,968 Exchangeable Units in Healthcare and 28,400 Units in HealthLease Properties REIT (HealthLease) which were all redeemed upon acquisition of HealthLease by HCN during the year-ended December 31, 2014. The Exchangeable Units in Healthcare were carried at historical cost and had a balance of \$30,638,431 at the redemption date. The Company received \$38,419,942 for the redemption of the Exchangeable Units, resulting in a net gain on sale of \$7,781,511 which is included in gain on sale of marketable securities on the consolidated statement of operations and comprehensive income. The Company received \$355,976 for the redemption of the Units, which is equal to the carrying value of the Units at the redemption date. The Company recognized a \$67,395 realized gain upon sale during the year ended December 31, 2014 which is included in gain on sale of marketable securities on the consolidated statement of operations and comprehensive income.

(5) Leased Income Properties under Development

At December 31, 2014, the Company has fifteen development Properties in process. The Company has entered into construction contracts with unrelated contractors for construction of the Properties. At December 31, 2014, \$126,334,467 of costs have been incurred, including interest costs capitalized of \$6,165,749 and development fees earned by an affiliate of \$9,551,605. The Properties are expected to be completed throughout 2015 and 2016.

The Company has executed long-term noncancelable, triple net operating leases with third-party operators, of which the Company and affiliates do not have more than a 50% direct or indirect interest, to lease the developments Properties upon completion. The terms of the leases are ten to fifteen years. Lease revenue is recognized based on the straight line method in accordance with the provisions of the lease topic of FASB ASC 840-20. Leases may state rental rates based on budgeted construction costs plus change orders approved by the operator. Once construction is complete and all change orders are received, the rental rate is fixed. Rental revenue will be recorded using the straight-line method upon commencement in accordance with FASB ASC 840.

(6) Related-Party Transactions

The following summarizes the significant arrangements with entities affiliated with the Company:

- The Company holds a demand note receivable in the principal amount up to \$50,000,000 to an affiliated entity. The note bears interest at the Prime Rate (3.25% at December 31, 2014) per annum and is payable on the Company's demand any date after January 1, 2015. At December 31, 2014, the

MAINSTREET PROPERTY GROUP, LLC

Notes to Consolidated Financial Statements

December 31, 2014

Company has recorded the principal balance of the note of \$27,637,745 in note receivable – affiliate and interest receivable – affiliate of \$435,298.

- The Company entered into fee agreements with a related party for development services, including, but not limited to, obtaining zoning, the acquisition of easements and installation of utilities, and the construction and completion of the Properties. Development fees are incurred as various stages of development are achieved, as stated in the fee agreements. During the year ended December 31, 2014, the Company incurred development fees of \$8,322,719. At December 31, 2014, \$3,498,027 remains unpaid and is included in development fees payable – affiliate on the consolidated balance sheet.
- The Company has fee agreements with a related party provide for financing services, including, but not limited to, obtaining senior and subordinated debt or equity financing for the acquisition, construction, and development of the Properties. Financing fees are incurred upon execution of third-party financing agreements, as stated in the fee agreements. During the year ended December 31, 2014, the Company incurred financing fees of \$1,359,960. At December 31, 2014, \$491,088 remains unpaid and is included in financing fees payable – affiliate on the consolidated balance sheet.
- The Company and the Fund entered into Asset Management Agreements with a related party for services, including, but not limited to, management, assistance with strategic matters, and risk management. The Company incurs a fee of 0.5% per annum of average total assets, excluding assets of the Fund, 3.0% of cash rents received, and 1.0% per annum of the total cash proceeds of funds raised by the Fund, net of returned commitments. During the year ended December 31, 2014, the Company incurred management fees of \$947,345. At December 31, 2014, \$607,142 remains unpaid and is included in management fee payable – affiliate on the consolidated balance sheet.

(7) Mortgage Notes, Notes Payable and Notes Payable – Affiliates

The Company holds mortgage notes with a weighted average stated interest rate of 3.9% per annum and maturity dates ranging from 2015 to 2019. At December 31, 2014, the carrying value of mortgage notes was \$49,289,884.

The Fund holds subordinated debentures with a stated interest rate of 14.0% and maturity in 2018. Interest is paid at 10.0% quarterly and the remaining 4.0% compounds quarterly during accrual until payoff. At December 31, 2014, the carrying value of the subordinated debentures was \$36,552,000 and is included in notes payable in the consolidated balance sheet.

The Company holds notes payable with a weighted average stated interest rate of 13.5% per annum and maturity dates ranging from 2015 to 2016. At December 31, 2014, the carrying value of notes payable was \$4,478,594.

The Company holds notes payable from affiliates with a weighted average stated interest rate of 11.9% per annum. One note is due at the earlier of 2016 or sale of the related Property, with the remaining notes due on demand by the affiliate lender. At December 31, 2014, the carrying value of the notes payable from affiliates was \$4,344,960.

MAINSTREET PROPERTY GROUP, LLC

Notes to Consolidated Financial Statements

December 31, 2014

Principal repayments for the next five years and thereafter are as follows:

	<u>Amount</u>
Year:	
2015	\$ 13,364,354
2016	27,385,072
2017	3,883,440
2018	44,128,164
2019	3,559,448
Thereafter	<u>2,344,960</u>
	<u>\$ 94,665,438</u>

Cash paid for the mortgage notes and notes payables interest was \$6,600,378 for the year ended December 31, 2014. Interest capitalized amounted to \$7,114,174, including amortization of deferred financing costs of \$1,153,264, during the year ended December 31, 2014.

(8) Rental Property and Equipment

Rental property and equipment consists of office buildings and leasehold improvements of \$1,056,456 less accumulated depreciation of \$293,121 at December 31, 2014. For the year ended December 31, 2014, depreciation expense totaled \$48,876.

(9) Concentration of Credit Risk

The Company deposits its cash in financial institutions. At times, deposits may exceed federally insured limits. The Company has not experienced any losses in such accounts.

(10) Other Assets and Deferred Revenue

The Company and the Fund have entered into various economic incentive agreements with state and local governments, including tax increment financing bonds, tax abatements, and other incentives. At December 31, 2014, the discounted value of the outstanding incentives was \$4,179,381.

(11) Commitments

The Company guaranteed an unsecured line of credit borrowing from a commercial bank by a related party. The borrowing has a maximum principal balance of \$1,500,000, bears variable interest at the Prime Rate plus 0.50% (3.75% at December 31, 2014) per annum and had an outstanding principal balance of \$1,500,000 at December 31, 2014. The guarantee was made to ensure the related party was able to obtain the borrowing which enhances management of the related party's working capital. The guarantee is for the entire term of the loan, which matures in 2015. The Company has guaranteed the entire balance of the borrowing, resulting in a maximum amount of undiscounted payments the Company would have to make in default of \$1,500,000. During March 2015, the related party paid off and terminated its revolving line of credit and obtained a revolving line of credit with the same financial institution with a maximum principal balance of \$5,000,000, maturity in May 2017, and interest rate of the Prime Rate plus 0.50% per annum. The Company has guaranteed the entire balance of the borrowing.

MAINSTREET PROPERTY GROUP, LLC

Notes to Consolidated Financial Statements

December 31, 2014

The Company guaranteed a term loan secured by seven senior care facilities from a commercial bank by a related party. The borrowing bears interest at Libor plus 2.75% (2.91% at December 31, 2014) per annum, and has an outstanding principal balance of \$19,800,000 at December 31, 2014. The guarantee was made to ensure the related party was able to obtain financing for acquisition and investment in senior care facilities. The guarantee is for the entire term of the loan, which matures in 2019. The Company has guaranteed the entire balance of the borrowing, resulting in a maximum amount of undiscounted payments the Company would have to make in default of \$19,800,000.

The Company regularly monitors the financial performance of the related parties and the valuation of underlying collateral assets. The term loan is secured by various real estate assets, which have fair values in excess of the related outstanding principal balances. The fair value of the guarantees is \$0 due to the remote likelihood of payment under the guarantee and valuation of the underlying collateral assets above the loan amounts, as applicable. No amounts have been accrued as a loss contingency related to these guarantees because payment by the Company is not probable.

(12) Subsequent Events

The Company has evaluated subsequent events from the balance sheet date through April 20, 2015 the date at which the consolidated financial statements were available to be issued, and, other than as disclosed above, determined that there are no additional items to disclose.

**Mainstreet Property Group
Balance Sheet
6/30/2015**

Leased income properties under development	135,787,349
Land held for development	1,594,835
Accounts receivables	4,341,091
Prepaid development costs	4,964,170
Cash - development	21,700,627
Cash - corporate	6,705,465
Debt service and interest reserve cash	124,864
Marketable securities	300
Notes receivable	35,562,943
Due from Affiliates	303,129
Other current assets	999,603
Deferred financing costs, net	3,253,923
Total assets	<u>215,338,299</u>
Accrued interest	1,561,080
Mortgage notes	56,440,764
Notes payable - development	37,211,811
Notes payable - corporate	1,354,830
Accounts payable	6,739,630
Construction payables	19,575,997
Due to Affiliates	-
Development fees payable	180,336
Tenant security deposits	1,077,194
Deferred revenue	4,214,573
Total liabilities	<u>128,356,215</u>
Members' equity	61,841,410
Noncontrolling interest	25,140,674
Total equity	<u>86,982,084</u>
Total liabilities and Members' equity	<u>215,338,299</u>

**Mainstreet Property Group
Income Statement Analysis - Year-to-Date
6/30/2015**

Revenues	
Revenue from sale of leased income properties	100,607,113
Rental income	902,826
Interest and other income	511,238
Total revenues	<u>102,021,178</u>
Expenses	
Cost of sale of leased income properties	81,117,025
Administrative	2,092,138
Management fees	503,579
Utilities	4,140
Repairs and maintenance	8,035
Property taxes and insurance	41,934
Miscellaneous	12,194
Interest	163,081
Bonuses and deferred compensation	1,706,190
Total expenses	<u>85,648,315</u>
Operating income / (loss)	16,372,862
Depreciation and amortization	101,440
Net income / (loss)	<u><u>16,271,422</u></u>

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 germane.

Economic Feasibility

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:

Appended as **ATTACHMENT-30B**, is a letter from the Owner addressing that 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	\$7,903,455	
Benefits	\$1,659,725	
Supplies	\$849,560	
Patient Days @ 90%		32,193
Total/Operating Cost/PT Day	\$10,412,740	\$323.45

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	\$685,000	
Interest Expense	\$720,000	
Amortization	\$27,000	
Patient Days @ 90%		32,193
Total/Operating Cost/PT Day	\$1,432,000	\$44.48

MS McHenry, LLC



14390 Clay Terrace Blvd, Suite 205, Carmel, IN 46032

August 20, 2015

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

RE: Certificate of Need Application for MS McHenry, LLC;
reasonableness of financing arrangements

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,

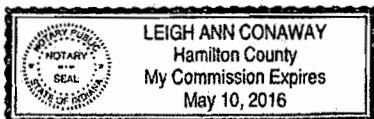
Board Member or Officer
David Stordy

Notarization:

Subscribed and sworn to before me
this 20 day of Aug. 2015

Signature of Notary

Seal



MS McHenry, LLC



14390 Clay Terrace Blvd, Suite 205, Carmel, IN 46032

August 20, 2015

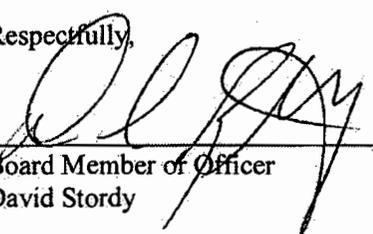
Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Certificate of Need Co-Application for MS McHenry, LLC ;
conditions funding through internal sources

Dear Ms. Avery:

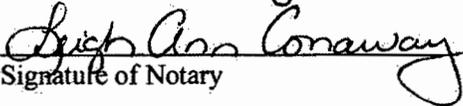
The total estimated project costs and related costs will be funded in total through internal sources with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation.

Respectfully,


Board Member or Officer
David Stordy

Notarization:

Subscribed and sworn to before me
this 20 day of Aug. 2015


Signature of Notary

Seal

