LONG-TERM CARE
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

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HEALTH FACILITIES & SERVICES REVIEW BOARD

DESCRIPTION OF PROJECT

Project Type

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

Narrative Description

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

The Applicant's to the project are **The Alden Group, Ltd.** (Parent), **Alden New Lenox, LLC** (owner) and **Alden Estates-Courts of New Lenox, Inc.** (operator) and co-Applicant, **New Lenox Investments I, LLC.** The Applicants are proposing the establishment of Alden Estates of New Lenox (Estates) and Alden Courts of New Lenox (Courts), collectively a single 140 bed nursing facility. Alden Estates of New Lenox will house the 100-general long-term nursing beds (80,600 gsf) and it will be connected to Alden Courts of New Lenox a 40 bed Skilled memory care facility (26,400 gsf) treating residents suffering with Alzheimer's Disease and Related Disorders (ADRD) for a total of 107,000 gross square feet.

The Estates will be a three-story brick and masonry structure with a "main street commons" on the first floor and residents' rooms on the second and third floors. The first floor will offer ancillary services and common area amenities for residents to include an old fashion ice cream parlor, a beauty salon and barber shop, a non-denominational chapel, private dining room for residents and their guests and a club room. An out-patient therapy is also being contemplated to meet the needs of discharged Estates' residents who are still in need of additional therapy. In addition to the General Long-Term Care services to be provided, the Estates will provide sub-acute services to include pulmonary and ventilator care as well as orthopedic rehabilitation services.

The Courts will be a separate, distinct, and IDPH Licensure disclosed memory care facility in a single story structure. The physical layout will be provided with separate wings that will specialize in the different stages of dementia.

It should be noted that both the Estates and the Courts will offer separate and distinct common areas. However, the Applicant will have efficiencies built in through the shared use of a single kitchen and laundry facility. Furthermore, the proposed nursing beds are two components located on a 6.64 acres site adjacent to Silver Cross Hospital.

Facility/Project Identification

Facility Name: **Alden Estates-Courts of New Lenox**
Street Address: **Cedar Crossing Drive adjacent to Silver Cross Hospital, New Lenox**
City and Zip Code: **New Lenox, Illinois 60451**
County: **Will County** Health Service Area: **009** Health Planning Area: **197 Will**

Applicant /Co-Applicant Identification

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

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

Type of Ownership (Applicant/Co-Applicants)

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries)

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

Additional Contact

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

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

Facility/Project Identification

Facility Name: **Alden Estates-Courts of New Lenox**
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City and Zip Code: **New Lenox, Illinois 60451**
County: **Will County** Health Service Area: **009** Health Planning Area: **197 Will**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **Alden Estates-Courts of New Lenox, Inc.**
Address: **4200 West Peterson Avenue, Chicago, Illinois 60646**
Name of Registered Agent: **Mary Chelotti-Smith**
Name of Chief Executive Officer: **Randi Schullo, Vice President**
CEO Address: **4200 West Peterson Avenue, Chicago, Illinois 60646**
Telephone Number: **(773) 724-6324**

Type of Ownership (Applicant/Co-Applicants)

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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: **Joe Ourth**
Title: **Attorney at Law**
Company Name: **Arnstein & Lehr, LLP**
Address: **120 South Riverside Plaza, Suite 1200, Chicago, Illinois 60606**
Telephone Number: **(312) 876-7815**
E-mail Address: **jourth@arnstein.com**
Fax Number: **(312) 876-0288**

Facility/Project Identification

Facility Name: **Alden Estates-Courts of New Lenox**
Street Address: **Cedar Crossing Drive adjacent to Silver Cross Hospital, New Lenox**
City and Zip Code: **New Lenox, Illinois 60451**
County: **Will County** Health Service Area: **009** Health Planning Area: **197 Will**

Applicant /Co-Applicant Identification

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

Exact Legal Name: **The Alden Group, Ltd.**
Address: **4200 West Peterson Avenue, Chicago, Illinois 60646**
Name of Registered Agent: **Mary Chelotti-Smith**
Name of Chief Executive Officer: **Floyd A. Schlossberg, President**
CEO Address: **4200 West Peterson Avenue, Chicago, Illinois 60646**
Telephone Number: **(773) 724-6324**

Type of Ownership (Applicant/Co-Applicants)

☐ Non-profit Corporation ☐ Partnership
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Primary Contact

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

Additional Contact

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

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

Facility/Project Identification

Facility Name: **Alden Estates-Courts of New Lenox**
Street Address: **Cedar Crossing Drive adjacent to Silver Cross Hospital, New Lenox**
City and Zip Code: **New Lenox, Illinois 60451**
County: **Will County** Health Service Area: **009** Health Planning Area: **197 Will**

Applicant /Co-Applicant Identification

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

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

Type of Ownership (Applicant/Co-Applicants)

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

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Primary Contact

[Person to receive ALL correspondence or inquiries)

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

Additional Contact

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

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

Post Permit Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Alden New Lenox, LLC**
Address of Site Owner: **4200 West Peterson Avenue, Chicago, Illinois 60646**
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: **Alden Estates-Courts of New Lenox, Inc.**

Address: **4200 West Peterson Avenue, Chicago, Illinois 60646**

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

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

State Agency Submittals

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

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

☐ All reports regarding outstanding permits

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

CERTIFICATION

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

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

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

SIGNATURE	SIGNATURE
Randi Schullo	Joan Carl
PRINTED NAME	PRINTED NAME
Co-Manager	Co-Manager
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 8 day of October, 2014	Notarization: Subscribed and sworn to before me this 8 day of October, 2014
Signature of Notary	Signature of Notary
OFFICIAL SEAL ANNA GOLDSTEIN NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 02/24/2018	OFFICIAL SEAL ANNA GOLDSTEIN NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 02/24/2018
Seal	Seal

*Insert EXACT legal name of the applicant

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

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

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Randi Schullo	Joan Carl
PRINTED NAME	PRINTED NAME
Vice President	Vice President
PRINTED TITLE	PRINTED TITLE
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- in the case of a sole proprietor, the individual that is the proprietor.

**This Application for Permit is filed on the behalf of Alden New Lenox, 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

Randi Schullo
PRINTED NAME

Co-Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 8 day of October, 2015

Signature of Notary

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NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

Seal

SIGNATURE

Joan Carl
PRINTED NAME

Co-Manager
PRINTED TITLE

Notarization:
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*Insert EXACT legal name of the applicant

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

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

SIGNATURE

Randi Schullo
PRINTED NAME

Vice President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 8 day of October, 2015

Signature of Notary

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SIGNATURE

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Seal

*Insert EXACT legal name of the applicant

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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

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

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

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

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

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

   Alternative options **must** include:

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

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

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

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

2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long

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

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

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

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

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

Criterion 1125.510 – Introduction

Bed Capacity

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

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
☒ General Long-Term Care	0	140
☐ Specialized Long-Term Care		
☐		

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

Utilization

Utilization for the most current CALENDAR YEAR:

Category of Service	Year	Admissions	Patient Days
☒ General Long Term Care	2020	260	45,990
☐ Specialized Long-Term Care			

Applicable Review Criteria - Guide

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

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

GENERAL LONG-TERM CARE

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

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

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

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

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

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

SPECIALIZED LONG-TERM CARE

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

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

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

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

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

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

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

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

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

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

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

Criterion 1125.530 - Planning Area Need

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Criterion 1125.550 - Service Demand – Expansion of General Long-Term Care THIS ITEM IS NOT APPLICABLE

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

1. Historical Service Demand

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

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

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

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

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

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

Continuum of Care:

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

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

2. The proposal shall be for the purposes of and serve only the residents of the housing complex and shall be developed either after the housing complex has been established or as a part of a

total housing construction program, provided that the entire complex is one inseparable project, that there is a documented demand for the housing, and that the licensed beds will not be built first, but will be built concurrently with or after the residential units.

3. The applicant shall demonstrate that:

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

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

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

Defined Population:

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

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

2. The applicant shall document each of the following:

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

   b. The boundaries of the GSA;

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

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

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

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

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

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

Criterion 1125.570 - Service Accessibility

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 THIS ITEM IS NOT APPLICABLE

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:**

$ 6,583,309	a.	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b.	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c.	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
$25,500,000	d.	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.
_____	e.	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied

	by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f. Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g. All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$32,083,309	**TOTAL FUNDS AVAILABLE**

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

Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:	**NO HISTORICAL YEARS**	**OWNER 2021**	**OPERATOR 2021**	**COMBINED 2021**
Current Ratio	**N/A**	**0.59**	**2.72**	**2.00**
Net Margin Percentage	**N/A**	**(5.18)**	**11.56**	**11.01**
Percent Debt to Total Capitalization	**N/A**	**75.10**	**31.51**	**73.45**
Projected Debt Service Coverage	**N/A**	**1.11**	**18.66**	**2.52**
Days Cash on Hand	**N/A**	**3,535**	**32.78**	**35.57**
Cushion Ratio	**N/A**	**0.08**	**10.41**	**0.91**

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.	Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Nursing	$213.64		74,296				$15,872,327		$15,872,327
Contingency	$ 21.36		74,296				$ 1,587,233		$ 1,587,233
TOTALS	$235.00		74,296				$17,459,560		$17,459,560

* 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.

Use of Funds	Clinical	Non-Clinical	Amount
Preplanning Costs	$177,917	$78,316	$256,233
Site Survey and Soil Investigation	$27,774	$12,226	$40,000
Site Preparation	$416,613	$183,387	$600,000
Off Site Work	$83,323	$36,677	$120,000
New Construction Contracts	$15,872,327	$6,986,764	$22,859,091
Modernization Contracts			
Contingencies	$1,587,233	$698,676	$2,285,909
Architectural/Engineering Fees	$1,408,986	$620,215	$2,029,201
Consulting and Other Fees	$463,829	$204,171	$668,000
Movable or Other Equipment	$845,725	$372,275	$1,218,000
Bond Issuance Expense			
Net Interest Expense During Construction	$955,172	$420,453	$1,375,625
Fair Market Value of Leased Space or Equipment			
Other Costs to be Capitalized	$438,312	$192,938	$631,250
Acquisition of Building or Other Property			
Total IDPH Regulated Uses of Funds	**$22,277,211**	**$9,806,098**	**$32,083,309**
Source of Funds			**Total**
Cash and Securities	$4,571,154	$2,012,155	$6,583,309
Pledges			
Gifts and Bequests			
Bond Issues			
Mortgages	$ 17,706,056	$ 7,793,944	$25,500,000
Leases			
Governmental Appropriations			
Grants			
Other Funds and Sources			
Total Sources of Funds	**$ 22,277,211**	**$9,806,098**	**$32,083,309**

*** Appended as APPENDIX-A1, is a further breakdown of project cost to include FF&E costs specifically.**

Alden Estates-Courts of New Lenox
Support for Project Costs

Preplanning Costs			
Preliminary drawings & renderings		$	195,000
Architectural Cost Analysis		$	41,233
Phase-one Environmental Study		$	5,000
Preliminary Engineering		$	15,000
	Total	**$**	**256,233**
Site Survey & Soil Investigation			
Surveyor costs		$	25,000
Soil boring and testing		$	15,000
	Total	**$**	**40,000**
Architectural	**Total**	**$**	**2,029,201**
Construction Contract		$	22,859,091
Contingencies		$	2,285,909
	Total	**$**	**25,145,000**
Offiste Work-Curbs and sidewalks	**Total**	**$**	**120,000**
Site Preparation			
Utilities, sewers, grading, sitework & other improvements	**Total**	**$**	**600,000**
Consulting & Other fees			
Building and other permits		$	400,000
Appraisal		$	16,000
CON consultant		$	45,000
LRA - market study		$	10,000
Illinois Health Facility Planning Board Fees		$	56,000
Illinois Department of Public Health Plan Review		$	11,000
Zoning and other regulatory		$	15,000
Legal		$	70,000
Title and Recording fees		$	35,000
Audit fees		$	10,000
	Total	**$**	**668,000**
Other Costs to be capitalized			
Real estate taxes		$	20,000
Minor Moveables (linens, hsking equip, appliances, silverware, etc.)		$	175,000
Miscellaneous administative and clerical costs		$	26,000
Insurance		$	15,000
Mortgage Insurance		$	191,250
FHA Exam Fees		$	76,500
FHA Inspection Fees		$	127,500
	Total	**$**	**631,250**
Moveable and other equipment			
Major moveable equipment (see list)	**Total**	**$**	**1,218,000**
Financing			
Financing fees		$	515,000
Construction period interest		$	860,625
	Total	**$**	**1,375,625**
		$	**32,083,309**

APPENDIX-A1

PROJECT: ALDEN NEW LENOX — PAGE #1

PLELIMINARY PLANNING FF&E BUDGET

DATE: 10.26.15

TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
LOCATION : RESIDENT ROOM						
R/ART-1	40	OVER THE BED TACKBOARD			$ 95.00	$3,800.00
R/ART-2	40	LARGE ROOM TACKBOARDS			$ 130.00	$5,200.00
R/ART-3	40	ARTWORK			$ 95.00	$3,800.00
R/BD-1	40	RESIDENT HEALTHCARE BED			$ 200.00	$8,000.00
R/BD-1A	40	HEALTHCARE MATTRESS			$ 145.00	$5,800.00
R/BC-1	55	BEDSPREAD			$ 130.00	$7,150.00
R/CG-1	40	3-DRAWER NIGHTSTAND			$ 400.00	$16,000.00
R/CG-2	40	PAIR HEAD / FOOTBOARDS			$ 260.00	$10,400.00
R/CG-3	34	MANTEL AND SURROUND			$ 100.00	$3,400.00
R/CG-4	28	END TABLES			$ 225.00	$6,300.00
R/CG-5	20	OVERBED TABLES			$ 175.00	$3,500.00
R/CG-6	40	DOUBLE WARDROBES			$ 250.00	$10,000.00
R/EQ-1	40	FLAT SCREEN TVS WITH SLIM FLAT MOUNT			$ 100.00	$4,000.00
R/L-2	28	END TABLE LAMPS			$ 125.00	$3,500.00
R/PC-1	6	PRIVACY CURTAINS & HARDWARE			$ 300.00	$1,800.00
R/UPG-1	40	RESIDENT CHAIR			$ 150.00	$6,000.00
R/UPG-2	28	LOUNGE CHAIR			$ 200.00	$5,600.00
R/WT-1	34	WINDOW TREATMENTS + HARDWARE			$ 400.00	$13,600.00
	56	LARGE BOOKCASES			$ 600.00	$33,600.00
				SUBTOTAL - RESIDENT ROOM FF&E		**$151,450.00**
LOCATION : RESIDENT BATHROOM						
RB/ART-1	34	ART #1			$ 90.00	$3,060.00
	40	MEDICANE CABINET ARTWORK			$ 15.00	$600.00
	34	CURTAIN FOR DOORWAY			$ 250.00	$8,500.00
RB/MIR-1	34	FRAMED MIRROR			$ 150.00	$5,100.00
	34	BATHROOM MILLWORK			$ 200.00	$6,800.00
	2	SHOWER CURTAINS			$ 150.00	$300.00
				SUBTOTAL - RESIDENT BATHROOM FF&E		**$24,360.00**
LOCATION : GENERAL OFFICE						
O/CG-1	1	42" 5-HIGH LATERALS			$ 800.00	$800.00
O/CG-2	2	36" 3-HIGH LATERALS			$ 500.00	$1,000.00
O/CG-3	1	72" LATERAL FILE TOP			$ 250.00	$250.00
O/EQ-1	1	TELEPHONE SYSTEM			$ 5,000.00	$5,000.00
O/EQ-2	1	COMPUTER			$ 5,000.00	$5,000.00
				SUBTOTAL - GENERAL OFFICE FF&E		**$12,050.00**
LOCATION : ADMINISTRATOR'S OFFICE						
AD/ART-1	1	ADMIN. ART #1			$ 150.00	$150.00
AD/CG-1	1	ADMINISTRATOR'S DESK			$ 1,100.00	$1,100.00
AD/CG-2	1	ADMINISTRATOR'S BRIDGE			$ 320.00	$320.00
AD/CG-3	1	ADMINISTRATOR'S CREDENZA			$ 850.00	$850.00
AD/CG-4	1	ADMINISTRATOR'S KEYBOARD TRAY			$ 125.00	$125.00
AD/CG-5	1	ADMIN. HUTCH WITH DOORS			$ 1,025.00	$1,025.00
AD/CG-6	1	ADMIN. TACKBOARD			$ 110.00	$110.00
AD/CG-7	1	ADMIN. TASKLIGHT			$ 110.00	$110.00
AD/CG-8	1	ADMIN. CONFERENCE TABLE			$ 650.00	$650.00
AD/UPG-1	1	ADMIN. DESK CHAIR			$ 350.00	$350.00
AD/UPG-2	6	ADMIN. SIDE CHAIR			$ 260.00	$1,560.00
AD/WT-1	1	ADMIN. WINDOW TREATMENTS			$ 1,000.00	$1,000.00
	2	3 HIGH FILING CABINET			$ 600.00	$1,200.00
				SUBTOTAL - ADMINISTRATOR'S OFFICE FF&E		**$8,560.00**
				SUBTOTAL - PAGE #1 FF&E		**$196,410.00**

APPENDIX-A1

PROJECT: ALDEN NEW LENOX
PLELIMINARY PLANNING FF&E BUDGET
DATE: 10.28.15

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : ADMISSIONS OFFICE						
1	AM/ART-1	1	ART #1			$ 125.00	$125.00
2	AM/ART-2	1	ART #2			$ 125.00	$125.00
3	AM/ART-3	1	ART #3			$ 100.00	$100.00
4	AM/CG-1	1	DESK			$ 1,600.00	$1,600.00
5	AM/CG-2	1	CREDENZA			$ 800.00	$800.00
6	AM/CG-3	1	DINING TABLE			$ 1,000.00	$1,000.00
7	AM/L-1	1	DESK LAMP			$ 125.00	$125.00
8	AM/UPG-1	1	DESK CHAIR			$ 350.00	$350.00
9	AM/UPG-2	4	SIDE CHAIR			$ 350.00	$1,400.00
10	AM/WT-1	1	WINDOW TREATMENTS			$ 750.00	$750.00
					SUBTOTAL - ADMISSIONS OFFICE FF&E		**$6,375.00**
	LOCATION : OFFICE						
1	P/ART-1	1	ART #1			$ 100.00	$100.00
2	P/ART-2	1	ART #2			$ 100.00	$100.00
3	P/CG-1	1	DESK			$ 585.00	$585.00
4	P/CG-2	1	BRIDGE			$ 215.00	$215.00
5	P/CG-3	1	CREDENZA			$ 485.00	$485.00
6	P/CG-4	1	KEYBOARD TRAY			$ 125.00	$125.00
7	P/CG-5	1	OVERHEAD STORAGE			$ 495.00	$495.00
8	P/CG-6	1	TACKBOARD			$ 100.00	$100.00
9	P/CG-7	1	TASKLIGHT			$ 125.00	$125.00
10	P/CG-8	1	42" 5-HIGH LATERAL			$ 800.00	$800.00
11	P/UPG-1	1	DESK CHAIR			$ 190.00	$190.00
12	P/UPG-2	2	GUEST CHAIR			$ 140.00	$280.00
					SUBTOTAL - OFFICE FF&E		**$3,800.00**
	LOCATION : NURSE'S STATION						
1	NRS/UPG-1	6	NURSE'S STATION CHAIRS			$ 160.00	$960.00
					SUBTOTAL - NURSE'S STATION FF&E		**$960.00**
	LOCATION : CORRIDORS						
1	COR/ART	1	LOT - ARTWORK			$ 6,000.00	$6,000.00
2	COR/SN-1	1	LOT - SIGNAGE			$ 4,500.00	$4,500.00
3	COR/UPG-1	4	SETTEES			$ 700.00	$2,800.00
4		1	FURNITURE INSTALLATION			$ 20,000.00	$20,000.00
5		34	PERSONALIZED ART			$ 150.00	$5,100.00
					SUBTOTAL - CORRIDORS FF&E		**$38,400.00**
	LOCATION : LOBBY						
1	LOB/ART-1	1	ART #1			$ 200.00	$200.00
2	LOB/ART-2	1	ART #2			$ 200.00	$200.00
3	LOB/ART-3	1	ART#3			$ 200.00	$200.00
4	LOB/CG-1	1	END TABLE			$ 500.00	$500.00
5	LOB/CG-2	1	COCKTAIL TABLE				$0.00
6	LOB/CG-3	2	SMALL BUFFET AND SIGN IN			$ 750.00	$1,500.00
7	LOB/CG-4	1	DESK			$ 1,500.00	$1,500.00
8	LOB/CG-5	1	BRIDGE			$ 630.00	$630.00
9	LOB/CG-6	1	CREDENZA			$ 1,425.00	$1,425.00
10	LOB/L-1	1	END TABLE LAMPS			$ 200.00	$200.00
11							$0.00
12	LOB/UPG-2	2	LOUNGE CHAIR			$ 750.00	$1,500.00
13	LOB/UPG-3	1	DESK CHAIR			$ 450.00	$450.00
14	LOB/WT-1	1	WINDOW TREATMENTS			$ 650.00	$650.00
							$0.00
					SUBTOTAL - LOBBY FF&E		**$8,955.00**
					SUBTOTAL - PAGE #2 FF&E		**$58,290.00**

PROJECT: ALDEN NEW LENOX — PAGE #3

PLELIMINARY PLANNING FF&E BUDGET

DATE: 10.26.15

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : LOUNGE (2)						
1	LG/ART-1	2	ART #1			$ 125.00	$250.00
2	LG/ART-2	2	ART #2			$ 125.00	$250.00
3	LG/ART-3	2	ART #3			$ 125.00	$250.00
4							
5	LG/CG-1	4	END TABLE			$ 250.00	$1,000.00
6	LG/CG-2	2	TV CONSOLE			$ 600.00	$1,200.00
7	LG/CG-3	2	FLAT SCREEN TV FRAME			$ 500.00	$1,000.00
8	LG/L-1	2	END TABLE LAMPS			$ 100.00	$200.00
9	LG/EQ-1	2	TV W/ DVD			$ 800.00	$1,600.00
10	LG/UPG-1	2	SOFAS			$ 900.00	$1,800.00
11	LG/UPG-2	2	LOUNGE CHAIR			$ 750.00	$1,500.00
12	LG/WT-1	2	WINDOW TREATMENTS			$ 800.00	$1,600.00
					SUBTOTAL - LOUNGES (2) FF&E		**$10,650.00**
	LOCATION : DINING ROOMS (2)						
1	DR/ART-1	3	ART #1			$ 150.00	$450.00
2	DR/ART-2	3	ART #2			$ 150.00	$450.00
3							
4	DR/MENU	2	MENU BOARDS			$ 350.00	$700.00
8	DR/CG-3	2	FLAT SCREEN TV FRAME			$ 500.00	$1,000.00
9	DR/EQ-1	2	TV WITH DVD			$ 800.00	$1,600.00
10	DR/TB-1	8	TABLE BASE FOR 42" TOPS			$ 150.00	$1,200.00
11	DR/TP-1	8	42" TABLE TOPS			$ 350.00	$2,800.00
12	DR/UPG-1	32	ARM CHAIRS			$ 375.00	$12,000.00
16	DR/WT-1	2	LOT - WINDOW TREATMENTS			$ 2,000.00	$4,000.00
					SUBTOTAL - DINING ROOMS (3) FF&E		**$24,200.00**
	LOCATION : BATHING ROOMS (3)						
1	BA/ART-1	8	ART			$ 150.00	$1,200.00
3	BA/ART-3	4	MIRRORS			$ 150.00	$600.00
4	BA/PC-1	4	PRIVACY CURTAINS & HARDWARE			$ 600.00	$2,400.00
					SUBTOTAL - BATHING ROOM (3) FF&E		**$4,200.00**
	LOCATION : GIFT SHOP						
1	GFT/SW-1	1	SLATWALL, DISPLAYS, INSTALL			$ 4,000.00	$4,000.00
					SUBTOTAL - GIFT SHOP FF&E		**$4,000.00**
	LOCATION : ACTIVITY OFFICE						
1	ACO/ART-1	1	TACKBOARD			$ 100.00	$100.00
2	ACO/ART-2	1	ART #2			$ 75.00	$75.00
3	ACO/CG-1	1	DESKS WITH RETURNS			$ 900.00	$900.00
4	ACO/CG-2	1	2-DRAWER LATERAL FILE W/TOP			$ 850.00	$850.00
5	ACO/UPG-1	1	DESK CHAIRS			$ 190.00	$190.00
7	ACO/WT-1	1	WINDOW TREATMENT			$ 400.00	$400.00
					SUBTOTAL - ACTIVITY OFFICE FF&E		**$2,515.00**
					SUBTOTAL - PAGE #3 FF&E		**$45,565.00**

PROJECT: ALDEN NEW LENOX — PAGE #4

PLELIMINARY PLANNING FF&E BUDGET

DATE: 10.28.15

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : ACTIVITY ROOM (2)						
1	ACT/ART-1	6	ART			$ 185.00	$1,110.00
2	ACT/ART-2	2	TACKBOARDS/ WHITE BOARD			$ 300.00	$600.00
7	ACT/EQ-1	2	PROJECTION TV			$ 5,000.00	$10,000.00
8	ACT/TB-1	8	36" FLIP TOP SQUARE TABLE			$ 350.00	$2,800.00
9	ACT/UPG-1	50	STACK CHAIRS			$ 150.00	$7,500.00
		2	SOFA			$ 900.00	$1,800.00
		2	LOUNGE CHAIR			$ 650.00	$1,300.00
		2	END TABLE			$ 400.00	$800.00
10	ACT/WT-1	2	WINDOW TREATMENTS			$ 1,600.00	$3,200.00
						SUBTOTAL - ACTIVITY ROOM FF&E	**$29,110.00**
	LOCATION : ICECREAM SHOP						
1	ICE/ART-1	1	ART			$ 185.00	$185.00
2	ICE/ART-2	1	MENU BOARD			$ 300.00	$300.00
5	ICE/TB-1	3	TABLE BASE			$ 150.00	$450.00
6	ICE/TP-1	3	TABLE TOP			$ 225.00	$675.00
7	ICE/UPG-1	6	CAFÉ CHAIRS			$ 155.00	$930.00
						SUBTOTAL - ICECREAM SHOP FF&E	**$2,540.00**
	LOCATION : BEAUTY SALON						
1	BT/ART-1	1	ART #1			$ 85.00	$85.00
2	BT/ART-2	2	MIRRORS			$ 500.00	$1,000.00
4	BT/EQ-1	2	FREESTANDING DRYER			$ 280.00	$560.00
6	BT/UPG-1	1	HYDROLIC CHAIR			$ 775.00	$775.00
8	BT/UPG-3	1	DRYER CHAIR			$ 500.00	$500.00
12	COR/WT-1	1	WINDOW TREATMENTS			$ 1,500.00	$1,500.00
						SUBTOTAL - BEAUTY SALON FF&E	**$4,420.00**
	LOCATION : MALL						
1	MAL/TB-1	6	LOUNGE CHAIRS			$ 650.00	$3,900.00
2	MAL/UPG-1	1	LOVESEAT			$ 850.00	$850.00
		6	END TABLES			$ 400.00	$ 2,400.00
		4	FREE STANDING PLANTERS			$ 200.00	$ 800.00
3	MAL/UPG-2	2	BENCH			$ 650.00	$1,300.00
						SUBTOTAL - ATRIUM / MALL FF&E	**$9,250.00**
	LOCATION : PATIO (2)						
1	BP/CG-1	2	PATIO END TABLE			$ 300.00	$600.00
3	BP/TB-1	4	PATIO TABLE			$ 650.00	$2,600.00
4	BP/UMB-1	2	MARKET UMBRELLA			$ 750.00	$1,500.00
5	BP/UPG-1	2	PATIO SOFA			$ 1,200.00	$2,400.00
6	BP/UPG-2	4	PATIO LOUNGE CHAIR			$ 575.00	$2,300.00
7	BP/UPG-3	12	PATIO DINING CHAIRS			$ 270.00	$3,240.00
		2	CART			$ 300.00	$600.00
						SUBTOTAL - PATIO FF&E	**$13,240.00**
						SUBTOTAL - PAGE #4 FF&E	**$58,560.00**

PROJECT: ALDEN NEW LENOX PAGE #5
PLELIMINARY PLANNING FF&E BUDGET
DATE: 10.26.15

	LOCATION : PUBLIC TOILETS						
1	RB/ART-1	7	FRAMED MIRROR			$ 150.00	$1,050.00
2	RB/MIR-1	7	ARTWORK			$ 150.00	$1,050.00
					SUBTOTAL - PUBLIC TOILETS FF&E		**$2,100.00**
	LOCATION : DON						
1	P/ART-1	1	ART #1			$ 100.00	$100.00
2	P/ART-2	1	TACKBOARD			$ 100.00	$100.00
3	P/CG-1	1	DESK			$ 585.00	$585.00
4	P/CG-2	1	BRIDGE			$ 215.00	$215.00
5	P/CG-3	1	CREDENZA			$ 485.00	$485.00
6	P/CG-4	1	KEYBOARD TRAY			$ 240.00	$240.00
7	P/CG-5	1	OVERHEAD STORAGE			$ 495.00	$495.00
8	P/CG-6	1	TACKBOARD			$ 100.00	$100.00
9	P/CG-7	1	TASKLIGHT			$ 125.00	$125.00
11	P/UPG-1	1	DESK CHAIR			$ 190.00	$190.00
12	P/UPG-2	2	GUEST CHAIR			$ 140.00	$280.00
					SUBTOTAL - DON FF&E		**$2,915.00**
	LOCATION : STAFF DINING						
		1	PLYMOLD BOOTH SEATING	LOSURDO INC.		$ 7,000.00	$7,000.00
		6	ARTWORK			$ 200.00	$1,200.00
					SUBTOTAL - PHYSICAL THERAPY FF&E		**$8,200.00**
	LOCATION : VESTIBULE						
		1	BENCH			$ 700.00	$700.00
		1	ARTWORK			$ 200.00	$200.00
					SUBTOTAL - VESTIBULE FF&E		**$900.00**
	LOCATION : EXAM ROOM						
		1	RESIDENT CHAIR			$ 1,400.00	$1,400.00
		1	DESK CHAIR			$ 250.00	$250.00
		2	ARTWORK			$ 200.00	$400.00
					SUBTOTAL - VESTIBULE FF&E		**$2,050.00**
	LOCATION : PHYSICAL THERAPY/ THERAPY BATHROOM						
	P/ART-	16	ART/ MIRROR			$ 185.00	$2,960.00
	P/CG-1	5	CHAIRS			$ 285.00	$1,425.00
	P/CG-2	4	CHARTING CHAIRS			$ 200.00	$800.00
	P/CG-3	1	THERAPY EQUIPMENT			$ 9,585.00	$9,585.00
					SUBTOTAL - PHYSICAL THERAPY FF&E		**$14,770.00**
					SUBTOTAL - PAGE #5 FF&E		**$30,935.00**

PROJECT: ALDEN OF NEW LENOX PAGE #6

F.F. & E PRELIMINARY PLANNING BUDGET

DATE: OCTOBER 26, 2015

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : RESIDENT ROOM						
1	R/ART-1	100	HEADBOARD ART			$ 50.00	$5,000.00
2	R/ART-2	72	PRIVATE - ACCENT ART			$ 75.00	$5,400.00
3	R/ART-3	72	PRIVATE - ACCENT ART			$ 75.00	$5,400.00
4	R/ART-4	72	PRIVATE - ACCENT ART			$ 100.00	$7,200.00
5	R/ART-5	14	DOUBLE - ACCENT ART			$ 100.00	$1,400.00
6	R/BD-1	100	RESIDENT HEALTHCARE BED			$ 200.00	$20,000.00
7	R/BD-1A	100	HEALTHCARE MATTRESS			$ 50.00	$5,000.00
8	R/BC-1	130	BEDSPREAD			$ 85.00	$11,050.00
9	R/CG-1	100	3-DRAWER NIGHTSTAND			$ 250.00	$25,000.00
10	R/CG-1A	100	NIGHT STAND TOP			$ 100.00	$10,000.00
11	R/CG-2	100	PAIR HEAD / FOOTBOARDS			$ 300.00	$30,000.00
12	R/CG-2A	1	LOT VINYL FOR HEADBOARDS			$ 500.00	$500.00
13	R/CG-3	100	ARMOIRE			$ 450.00	$45,000.00
14	R/CG-4	100	TV SURROUND			$ 100.00	$10,000.00
15	R/CG-5	100	4-DRAWER DRESSER W/ BOOKCASE HUTCH			$ 300.00	$30,000.00
16	R/CG-6	14	DIVIDER UNIT - BENCH UNIT			$ 200.00	$2,800.00
17	R/CG-8	72	END TABLES			$ 150.00	$10,800.00
18	R/CG-9	100	OVER BED TABLES			$ 125.00	$12,500.00
19	R/CGI-1	1	INSTALLATION OF FURNITURE			$ 1,000.00	$1,000.00
20	R/EQ-1	72	FLAT SCREEN TVS			$ 300.00	$21,600.00
21	R/EQ-2	28	HOSPITAL GRADE TVS			$ 400.00	$11,200.00
22	R/EQ-3	100	CABLE CORDS/ JUMPERS			$ 15.00	$1,500.00
23	R/L-1	72	END TABLE LAMPS			$ 100.00	$7,200.00
24	R/PC-1	28	PRIVACY CURTAINS & HARDWARE			$ 200.00	$5,600.00
25	R/TB-1	72	TABLE BASE			$ 110.00	$7,920.00
26	R/TP-1	72	TABLE TOP			$ 200.00	$14,400.00
27	R/UPG-1	72	RESIDENT CHAIR / FOOTSTOOL			$ 500.00	$36,000.00
28	R/UPG-1A	1	LOT FABRIC FOR CHAIR / FOOTSTOOL			$ 5,000.00	$5,000.00
29	R/UPG-2	28	SMALL RESIDENT CHAIR			$ 300.00	$8,400.00
30	R/UPG-2A	28	FABRIC FOR SMALL RESIDENT CHAIR			$ 30.00	$840.00
31	R/UPG-3	40	LOVESEAT			$ 350.00	$14,000.00
32	R/UPG-3A	360	FABRIC FOR LOVESEATS			$ 30.00	$10,800.00
33	R/UPG-3B	80	LOVESEAT PILLOWS			$ 20.00	$1,600.00
34	R/UPG-3C	80	PILLOW FABRIC			$ 30.00	$2,400.00
35	R/UPG-4	144	ARM CHAIRS			$ 200.00	$28,800.00
36	R/UPG-4A	144	FABRIC FOR ARM CHAIRS			$ 30.00	$4,320.00
37	R/UPG-5	32	RECLINERS			$ 400.00	$12,800.00
38	R/WT-1	88	WINDOW TREATMENTS + HARDWARE			$ 800.00	$51,600.00
39		1	SATELLITE FOR CABLE TV			$ 1,000.00	$1,000.00
40		1	IN HOUSE ENTERTAINMENT CHANNELS			$ 200.00	$200.00
41		1	CABLE EQUIPMENT- LABOR TO WIRE			$ 800.00	$800.00
					SUBTOTAL - RESIDENT ROOM FF&E		**$486,030.00**
	LOCATION : RESIDENT BATHROOM						
1	RB/ART-1	100	MEDICINE CABINET ART			$ 20.00	$2,000.00
2	RB/CG-1	86	BUILT-IN STORAGE SHELVING			$ 100.00	$8,600.00
3	RB/CG-2	68	SHOWER SEAT WITH LEGS			$ 100.00	$6,800.00
4	RB/MIR-1	86	FRAMED MIRROR			$ 100.00	$8,600.00
5	RB/SC-1	68	SHOWER CURTAIN; LINER; & HARDWARE			$ 125.00	$8,500.00
					SUBTOTAL - RESIDENT BATHROOM FF&E		**$34,600.00**
	LOCATION : PUBLIC WASHROOMS/ LOCKER ROOMS/ NURSES LOCKER ROOMS						
1	WR/ART-1	12	ART #1			$ 110.00	$1,320.00
2	WR/ART-2	12	ART-2			$ 110.00	$1,320.00
3	WR/EQ-1	5	LOCKERS			$ 700.00	$3,500.00
4	WR/MIR-1	7	FRAMED MIRROR			$ 125.00	$875.00
5	WR/MIR-2	5	FRAMED MIRROR			$ 100.00	$500.00
					SUBTOTAL - PUBLIC WASHROOMS FF&E		**$7,515.00**
	LOCATION : GENERAL OFFICE						
1	O/CG-1	2	42" 5-HIGH LATERALS			$ 500.00	$1,000.00
2	O/CG-2	2	36" 3-HIGH LATERALS			$ 500.00	$1,000.00
3	O/CG-3	1	72" LATERAL FILE TOP			$ 250.00	$250.00
4	O/EQ-1	1	TELEPHONE SYSTEM			$ 5,000.00	$5,000.00
5	O/EQ-2	1	COMPUTER			$ 5,000.00	$5,000.00
					SUBTOTAL - GENERAL OFFICE FF&E		**$12,250.00**
					SUBTOTAL - PAGE #6 FF&E		**$540,295.00**

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APPENDIX-A1

PROJECT: ALDEN OF NEW LENOX PAGE #7
F.F. & E PRELIMINARY PLANNING BUDGET
DATE: OCTOBER 26, 2015

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : ADMINISTRATOR'S OFFICE						
1	AD/ART-1	1	ADMIN. ART #1			$ 100.00	$100.00
2	AD/ART-2	1	ADMIN. ART #2			$ 100.00	$100.00
3	AD/CG-1	1	ADMINISTRATOR'S DESK			$ 800.00	$800.00
4	AD/CG-2	1	ADMINISTRATOR'S BRIDGE			$ 150.00	$150.00
5	AD/CG-3	1	ADMINISTRATOR'S CREDENZA			$ 600.00	$600.00
6	AD/CG-4	1	BOOKCASE			$ 400.00	$400.00
7	AD/CG-5	1	ADMIN. HUTCH WITH DOORS			$ 550.00	$550.00
8	AD/CG-6	1	ADMIN. TACK BOARD			$ 100.00	$100.00
9	AD/CG-7	1	ADMIN. TASK LIGHT			$ 125.00	$125.00
10	AD/CG-8	1	ADMIN. CONFERENCE TABLE			$ 450.00	$450.00
11	AD/UPG-1	1	ADMIN. DESK CHAIR			$ 350.00	$350.00
12	AD/UPG-2	5	ADMIN. SIDE CHAIR			$ 200.00	$1,000.00
13	AD/WT-1	1	ADMIN. WINDOW TREATMENTS			$ 500.00	$500.00
							$0.00
						SUBTOTAL - ADMINISTRATOR'S OFFICE FF&E	**$6,225.00**
	LOCATION : ADMISSIONS OFFICE						
	TAG	**QTY**	**ITEM**	**MANUFACTURER**	**ITEM #**	**COST PER**	**TOTAL**
1	AM/ART-1	1	ART #1			$ 100.00	$100.00
2	AM/ART-2	1	ART #2			$ 100.00	$100.00
3	AM/ART-3	1	ART #3			$ 100.00	$100.00
4	AM/CG-1	1	DESK			$ 900.00	$900.00
5	AM/CG-2	1	BRIDGE			$ 300.00	$300.00
6	AM/CG-3	1	CREDENZA			$ 900.00	$900.00
7	AM/CG-4	1	HUTCH TOP			$ 500.00	$500.00
8	AM/CG-5	1	DINING TABLE			$ 900.00	$900.00
9	AM/CG-6	1	BUFFET			$ 900.00	$900.00
10	AM/MIR-1	1	MIRROR			$ 250.00	$250.00
8	AM/UPG-1	1	DESK CHAIR			$ 300.00	$300.00
9	AM/UPG-2	6	SIDE CHAIR			$ 350.00	$2,100.00
10	AM/WT-1	1	WINDOW TREATMENTS			$ 900.00	$900.00
						SUBTOTAL - ADMISSIONS OFFICE FF&E	**$8,250.00**
	LOCATION : PERSONNEL OFFICE						
1	P/ART-1	1	ART #1			$ 100.00	$100.00
2	P/ART-2	1	ART #2			$ 100.00	$100.00
3	P/CG-1	1	DESK			$ 840.00	$840.00
4	P/CG-2	1	BRIDGE			$ 225.00	$225.00
5	P/CG-3	1	CREDENZA			$ 600.00	$600.00
6	P/CG-4	1	KEYBOARD TRAY			$ 240.00	$240.00
7	P/CG-5	1	OVERHEAD STORAGE			$ 750.00	$750.00
8	P/CG-6	1	TACK BOARD			$ 100.00	$100.00
9	P/CG-7	1	TASK LIGHT			$ 125.00	$125.00
10	P/UPG-1	1	DESK CHAIR			$ 250.00	$250.00
11	P/UPG-2	2	GUEST CHAIR			$ 225.00	$450.00
						SUBTOTAL - PERSONNEL OFFICE FF&E	**$3,780.00**
	LOCATION :CONFERENCE ROOM						
1	CON/ART-1	1	ART #1			$ 125.00	$125.00
2	CON/ART-2	1	ART #2			$ 125.00	$125.00
3	CON/ART-3	1	ART-3			$ 200.00	$200.00
4	CON/ART-4	1	ART-4			$ 200.00	$200.00
5	CON/CG-1	1	CREDENZA			$ 600.00	$600.00
6	CON/TB-1	1	CONFERENCE TABLE BASES			$ 450.00	$450.00
7	CON/TP-1	1	CONFERENCE TABLE TOP			$ 1,000.00	$1,000.00
8	CON/UPG-1	10	CONFERENCE CHAIRS			$ 200.00	$2,000.00
						SUBTOTAL - MISC. OFFICE FF&E	**$4,600.00**
	LOCATION : MEDICAL RECORDS OFFICE						
1	MD/CG-1	1	DESK			$ 840.00	$840.00
2	MD/CG-2	1	RETURN			$ 600.00	$600.00
3	MD/CG-5	6	42" - 5-HIGH LATERAL			$ 500.00	$3,000.00
4	MD/UPG-1	1	DESK CHAIR			$ 250.00	$250.00
5	MD/UPG-2	1	GUEST CHAIR			$ 225.00	$225.00
						SUBTOTAL - MEDICAL RECORDS OFFICE FF&E	**$4,915.00**
						SUBTOTAL - PAGE #7 FF&E	**$26,770.00**

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APPENDIX-A1

PROJECT: ALDEN OF NEW LENOX PAGE #8

F.F. & E PRELIMINARY PLANNING BUDGET

DATE: OCTOBER 26, 2015

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : LOBBY						
1	LOB/ART-1	1	ART #1			$ 100.00	$100.00
2	LOB/ART-2	1	ART #2			$ 100.00	$100.00
3	LOB/ART-3	1	ART#3			$ 100.00	$100.00
4	LOB/CG-1	3	END TABLE			$ 250.00	$750.00
5	LOB/CG-2	1	COCKTAIL TABLE			$ 300.00	$300.00
6	LOB/CG-3	1	BUFFET			$ 900.00	$900.00
7	LOB/CG-4	1	DESK			$ 900.00	$900.00
8	LOB/CG-5	1	BRIDGE			$ 400.00	$400.00
9	LOB/CG-6	1	CREDENZA			$ 900.00	$900.00
10	LOB/L-1	3	END TABLE LAMPS			$ 100.00	$300.00
11	LOB/UPG-1	1	SOFA			$ 800.00	$800.00
12	LOB/UPG-1A	12	SOFA FABRIC			$ 30.00	$360.00
13	LOB/UPG-2	1	LOUNGE CHAIR			$ 450.00	$450.00
14	LOB/UPG-2A	7	LONGE CHAIR FABRIC			$ 30.00	$210.00
14	LOB/UPG-3	1	DESK CHAIR			$ 300.00	$300.00
15	LOB/WT-1	1	WINDOW TREATMENTS			$ 1,000.00	$1,000.00
							$0.00
						SUBTOTAL - LOBBY FF&E	**$7,870.00**
	LOCATION : LOUNGES (6) / LIBRARIES (2)						
1	LG/ART-1	8	ART #1			$ 125.00	$1,000.00
2	LG/ART-2	8	ART #2			$ 125.00	$1,000.00
3	LG/ART-3	3	ART #3			$ 175.00	$525.00
4	LG/CG-1	16	END TABLE			$ 285.00	$4,560.00
5	LG/CG-2	6	TV CONSOLE			$ 900.00	$5,400.00
6	LG/CG-3	6	COCKTAIL TABLE			$ 350.00	$2,100.00
7	LG/EQ-1	6	FLAT SCREEN			$ 300.00	$1,800.00
8	LG/L-1	16	END TABLE LAMPS			$ 100.00	$1,600.00
9	LG/UPG-1	4	SOFAS			$ 600.00	$2,400.00
10	LG/UPG-1A	48	SOFA FABRIC			$ 20.00	$960.00
11	LG/UPG-2	22	LOUNGE CHAIR			$ 250.00	$5,500.00
12	LG/UPG-2A	132	LOUNGE CHAIR FABRIC			$ 39.00	$5,148.00
13	LG/UPG-3	3	LOVESEATS			$ 300.00	$900.00
14	LG/UPG-3A	27	LOVESEAT FABRIC			$ 20.00	$540.00
15	LG/WT-1	5	WINDOW TREATMENTS			$ 900.00	$4,500.00
						SUBTOTAL - LOUNGES (6) FF&E	**$37,933.00**
	LOCATION : BATHING ROOMS (2)						
1	BA/ART-1	2	ART #1			$ 100.00	$200.00
2	BA/ART-2	2	ART #2			$ 100.00	$200.00
3	BA/ART-3	2	ART #3			$ 100.00	$200.00
4	BA/ART-4	2	ART - 4			$ 100.00	$200.00
5	BA/ART-5	2	ART-5			$ 200.00	$400.00
6	BA/ART-6	2	ART-6			$ 200.00	$400.00
7	BA/ART-7	2	ART-7			$ 200.00	$400.00
8	BA/EQ-1	1	DECORATIVE TUB			$ 3,000.00	$3,000.00
9	BA/EQ-2	1	HEARTHCARE TUB			$ 5,000.00	$5,000.00
10	BA/MIR-1	9	VANITY MIRRORS			$ 150.00	$1,350.00
11	BA/PC-1	3	PRIVACY CURTAINS & HARDWARE			$ 200.00	$600.00
						SUBTOTAL - BATHING ROOM (2) FF&E	**$11,950.00**
	LOCATION : CORRIDORS AND ELEVATOR LOBBIES - FIRST, SECOND AND THIRD FLOOR						
1	COR/ART	1	LOT - ARTWORK			$ 9,000.00	$9,000.00
2	COR/CG-1	5	END TABLE			$ 200.00	$1,000.00
3	COR/CG-2	2	CONSOLE TABLE			$ 900.00	$1,800.00
4	COR/DEC	2	DECORATIVE SCREEN			$ 900.00	$1,800.00
5	COR/EQ-1	2	AQUARIUMS			$ 2,500.00	$5,000.00
6	COR/L-1	5	TABLE LAMPS			$ 100.00	$500.00
7	COR/L-2	4	CONSOLE TABLE LAMPS			$ 100.00	$400.00
8	COR/SN-1	1	LOT - SIGNAGE			$ 6,000.00	$6,000.00
9	COR/UPG-1	14	ARM CHAIRS			$ 400.00	$5,600.00
10	COR/UPG-1A	60	ARM CHAIR FABRIC			$ 30.00	$1,800.00
11	COR/WT-1	4	WINDOW TREATMENTS			$ 1,000.00	$4,000.00
						SUBTOTAL - CORRIDORS FF&E	**$36,900.00**
	LOCATION : D.O.N. / A.D.O.N OFFICE (2ND & 3RD FLOOR)						
1	DON/ART-1	2	ART #1			$ 100.00	$200.00
2	DON/ART-2	2	ART #2			$ 100.00	$200.00
3	DON/CG-1	2	DESK			$ 840.00	$1,680.00
4	DON/CG-2	2	BRIDGE			$ 225.00	$450.00
5	DON/CG-3	2	CREDENZA			$ 600.00	$1,200.00
6	DON/CG-4	2	LATERAL FILE			$ 680.00	$1,360.00
7	DON/UPG-1	2	DESK CHAIR			$ 250.00	$500.00
8	DON/UPG-2	4	SIDE CHAIR			$ 225.00	$900.00
9	DON/WT-1	2	WINDOW TREATMENTS			$ 500.00	$1,000.00
						SUBTOTAL - D.O.N. / A.D.O.N OFFICE (2ND & 3RD FLOOR) FF&E	**$7,490.00**
						SUBTOTAL - PAGE #8 FF&E	**$102,143.00**

PROJECT: ALDEN OF NEW LENOX — PAGE #9

F.F. & E PRELIMINARY PLANNING BUDGET

DATE: OCTOBER 26, 2015

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : NURSE'S STATION						
1	NRS/UPG-1	8	NURSE'S STATION CHAIRS			$ 250.00	$2,000.00
						SUBTOTAL - NURSE'S STATION FF&E	**$2,000.00**
	LOCATION : EXAM ROOM (1) - 3RD FLOOR						
1	EX/ART-1	1	ART #1			$ 110.00	$110.00
2	EX/ART-2	1	ART #2			$ 110.00	$110.00
3	EX/CG-1	1	EXAM TABLE			$ 500.00	$500.00
4	EX/UPG-1	1	WAITING CHAIR			$ 250.00	$250.00
5	EX/UPG-2	1	DOCTOR'S CHAIR			$ 250.00	$250.00
						SUBTOTAL - EXAM (1) ROOM FF&E	**$1,220.00**
	LOCATION : DINING ROOMS (3)						
1	DR/ART-1	3	ART #1			$ 150.00	$450.00
2	DR/ART-2	3	ART #2			$ 150.00	$450.00
3	DR/ART-3	3	ART #3			$ 300.00	$900.00
4	DR/ART-4	3	ART #4			$ 150.00	$450.00
5	DR/CG-1	3	BUFFET			$ 1,100.00	$3,300.00
6	DR/DEC-1	3	DECORATIVE SCREENS			$ 900.00	$2,700.00
7	DR/EQ-1	3	ELECTIRC FIREPLACES			$ 900.00	$2,700.00
8	DR/TB-1	16	TABLE BASE FOR 42" TOPS			$ 230.00	$3,680.00
9	DR/TB-2	6	TABLE BASES FOR PRIVATE DINING			$ 230.00	$1,380.00
10	DR/TP-2	16	42" TABLE TOPS			$ 300.00	$4,800.00
11	DR/TP-3	3	42" X 78" TABLE TOP			$ 600.00	$1,800.00
12	DR/UPG-1	82	ARM CHAIRS			$ 250.00	$20,500.00
13	DR/UPG-1A	164	ARM CHAIR FABRIC			$ 20.00	$3,280.00
14	DR/WT-1	2.5	LOT - WINDOW TREATMENTS			$ 1,000.00	$2,500.00
						SUBTOTAL - DINING ROOMS (3) FF&E	**$48,890.00**
	LOCATION :DOCTORS LOUNGES (2)						
1	DRL/ART-1	2	ART #1			$ 125.00	$250.00
2	DRL/ART-2	2	ART #2			$ 125.00	$250.00
3	DRL/CG-1	2	DESK W/ UPPER SHELF / TACKBOARD			$ 700.00	$1,400.00
4	DRL/CG-2	1	END TABLES			$ 400.00	$400.00
5	DRL/UPG-1	2	LOUNGE CHAIRS			$ 600.00	$1,200.00
6	DRL/UPG-2	2	DESK CHAIR			$ 350.00	$700.00
						SUBTOTAL - DOCTORS LOUNGES (2) FF&E	**$4,200.00**
	LOCATION : RCC OFFICE (1) - 2ND FLOOR						
1	RCC/ART-1	1	ART #1			$ 100.00	$100.00
2	RCC/ART-2	1	ART #2			$ 100.00	$100.00
3	RCC/CG-1	1	DESK			$ 840.00	$840.00
4	RCC/CG-2	1	BRIDGE			$ 225.00	$225.00
5	RCC/CG-3	1	CREDENZA			$ 600.00	$600.00
6	RCC/CG-4	1	LATERAL FILE			$ 680.00	$680.00
7	RCC/CG-5	1	OVERHEAD STORAGE			$ 950.00	$950.00
8	DON/UPG-1	1	DESK CHAIR			$ 250.00	$250.00
9	DON/UPG-2	2	SIDE CHAIR			$ 225.00	$450.00
						SUBTOTAL - RCC OFFICE (2ND FLOOR) FF&E	**$4,195.00**
	LOCATION : MISC OFFICE - DIETARY						
1	MOFF/ART-1	1	ART #1			$ 100.00	$100.00
2	MOFF/ART-2	1	ART #2			$ 100.00	$100.00
3	MOFF/CG-1	1	DESK			$ 400.00	$400.00
4	MOFF/CG-2	1	BRIDGE			$ 100.00	$100.00
5	MOFF/CG-3	1	CREDENZA			$ 400.00	$400.00
6	RCC/CG-4	1	LATERAL FILE			$ 450.00	$450.00
7	RCC/CG-5	1	OVERHEAD STORAGE			$ 500.00	$500.00
8	DON/UPG-1	1	DESK CHAIR			$ 250.00	$250.00
9	DON/UPG-2	1	SIDE CHAIR			$ 225.00	$225.00
						SUBTOTAL - RCC OFFICE (2ND & 3RD FLOOR) FF&E	**$2,525.00**
						SUBTOTAL - PAGE #9 FF&E	**$63,030.00**

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APPENDIX-A1

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : ICE CREAM SHOP						
1	ICE/ART-1	1	ART #1			$ 100.00	$100.00
2	ICE/ART-2	1	ART #2			$ 100.00	$100.00
3	ICE/ART-3	1	ART #3			$ 100.00	$100.00
4	ICE/ART-4	1	ART #4			$ 100.00	$100.00
5	ICE/TB-1	3	TABLE BASE			$ 100.00	$300.00
6	ICE/TP-1	3	TABLE TOP			$ 200.00	$600.00
7	ICE/UPG-1	9	CAFÉ CHAIRS			$ 200.00	$1,800.00
						SUBTOTAL - ICE CREAM SHOP FF&E	**$3,100.00**
	LOCATION : CHICAGO ROOM						
1	CH/ART-1	1	ART #1			$ 150.00	$150.00
2	CH/ART-2	1	ART #2			$ 150.00	$150.00
3	CH/ART-3	1	ART#3			$ 150.00	$150.00
4	CH/ART-4	1	ART #4			$ 150.00	$150.00
5	CH/CG-1	3	END TABLE			$ 200.00	$600.00
6	CH/CG-2	1	COCKTAIL TABLE			$ 300.00	$300.00
7	CH/CG-3	1	TV CONSOLE			$ 500.00	$500.00
9	CH/EQ-1	1	FLAT SCREEN TV			$ 400.00	$400.00
10	CH/L-1	3	END TABLE LAMPS			$ 100.00	$300.00
11	CH/TB-1	2	TABLE BASE			$ 150.00	$300.00
12	CH/TP-1	1	48"X 96" TABLE TOP			$ 450.00	$450.00
13	CH/UPG-1	1	SOFAS			$ 600.00	$600.00
14	CH/UPG-2	10	ARM CHAIRS			$ 250.00	$2,500.00
15	CH/UPG-3	2	LOUNGE CHAIR			$ 700.00	$1,400.00
16	LIB/WT-1	1	WINDOW TREATMENTS			$ 1,000.00	$1,000.00
							$0.00
						SUBTOTAL - CHICAGO ROOM FF&E	**$8,950.00**
	LOCATION : REHAB THERAPY						
1	TH/ART-1	1	ART #1			$ 85.00	$85.00
2	TH/ART-2	1	ART #2			$ 85.00	$85.00
3	TH/ART-3	1	ART #3			$ 85.00	$85.00
4	TH/ART-4	1	ART #4			$ 85.00	$85.00
5	TH/ART-5	1	ART #5			$ 85.00	$85.00
6	TH/ART-6	1	ART #6			$ 85.00	$85.00
7	TH/EQ-1	1	LOT THERAPY EQUIPMENT			$ 8,022.00	$8,022.00
8	TH/PC-1	2	PRIVACY CURTAINS / HARDWARE			$ 500.00	$1,000.00
9	TH/WT-1	1	LOT WINDOW TREATMENTS			$ 1,000.00	$1,000.00
						SUBTOTAL - REHAB THERAPY FF&E	**$10,532.00**
	LOCATION : OCCUPATIONAL THERAPY						
1	TBD/ART-1	1	ART #1			$ 150.00	$150.00
2	TBD/ART-2	1	ART #2			$ 150.00	$150.00
3	TBD/BC-1	1	ART #3			$ 150.00	$150.00
4	TBD/CG-1	1	ART #4			$ 150.00	$150.00
5	TBD/CG-2	1	HOOD			$ 200.00	$200.00
6	TBD/CG-3	1	MICROWAVE			$ 400.00	$400.00
7	TBD/CG-4	1	STOVE			$ 600.00	$600.00
8	TBD/L-1	1	REFRIGERATOR			$ 900.00	$900.00
9	TBD/WT-1	1	WINDOW TREATMENT			$ 1,000.00	$1,000.00
						SUBTOTAL - OCCUPATIONAL FF&E	**$3,700.00**
	LOCATION : REHAB THERAPY BATHROOM						
1	TB/ART-1	2	ART #1			$ 150.00	$300.00
2	TB/MIR-1	1	DECORATIVE VANITY MIRROR			$ 300.00	$300.00
3	TB/SC-1	2	SHOWER CURTAIN / LINER			$ 200.00	$400.00
						SUBTOTAL - THERAPY BATHROOM FF&E	**$1,000.00**
	LOCATION : CHARTING INSIDE REHAB AND OT						
1	CH/UPG-1	9	TASK CHAIRS			$ 225.00	$2,025.00
						SUBTOTAL - CHARTING FF&E	**$2,025.00**
	LOCATION : GIFT SHOP						
1	GFT/SW-1	1	SLAT WALL, DISPLAYS, INSTALL			$ 2,000.00	$2,000.00
2	GFT/WT-1	1	WINDOW TREATMENT			$ 500.00	$500.00
						SUBTOTAL - GIFT SHOP FF&E	**$2,500.00**
	LOCATION : MAIN VESTIBULE						
1		1	BENCH			$ 300.00	$300.00
		1	WINDOW TREATMENTS			$ 200.00	$200.00
1		1	ART #1			$ 155.00	$155.00
						SUBTOTAL - VESTIBULE FF&E	**$655.00**
						SUBTOTAL - PAGE #10 FF&E	**$32,462.00**

PROJECT: ALDEN OF NEW LENOX — PAGE #11

F.F.& E PRELIMINARY PLANNING BUDGET

DATE: OCTOBER 26, 2015

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : ACTIVITY OFFICE						
1	ACO/ART-1	1	ART #1			$ 100.00	$100.00
2	ACO/ART-2	1	ART #2			$ 100.00	$100.00
3	ACO/CG-1	1	DESK			$ 840.00	$840.00
4	ACO/CG-2	1	RETURN			$ 600.00	$600.00
5	ACO/CG-3	1	LATERAL FILE			$ 400.00	$400.00
5	ACO/UPG-1	1	DESK CHAIRS			$ 250.00	$250.00
6	ACO/UPG-2	2	SIDE CHAIRS			$ 225.00	$450.00
					SUBTOTAL - ACTIVITY OFFICE FF&E		$2,740.00
	LOCATION : ACTIVITY ROOM (1)						
1	ACT/ART-1	1	ART #1			$ 125.00	$125.00
2	ACT/ART-2	1	ART #2			$ 125.00	$125.00
3	ACT/ART-3	1	ART #3			$ 125.00	$125.00
4	ACT/ART-4	1	ART #4			$ 125.00	$125.00
5	ACT/ART-5	1	ART #5			$ 125.00	$125.00
6	ACT/ART-6	1	ART #6			$ 125.00	$125.00
7	ACT/CG-3	1	MICROWAVE			$ 100.00	$100.00
8	ACT/CG-4	1	STOVE			$ 300.00	$300.00
9	ACT/L-1	1	REFRIGERATOR			$ 400.00	$400.00
10	ACT/EQ-1	1	PROJECTOR AND SCREEN			$ 500.00	$500.00
11	ACT/TB-1	6	FOLDING TABLE			$ 200.00	$1,200.00
12	ACT/UPG-1	50	STACK CHAIRS			$ 75.00	$3,750.00
13	ACT/WT-1	1	WINDOW TREATMENTS			$ 600.00	$600.00
					SUBTOTAL - ACTIVITY ROOM FF&E		$7,600.00
	LOCATION : BEAUTY SALON						
1	BT/ART-1	1	ART #1			$ 175.00	$175.00
2	BT/ART-2	1	ART #2			$ 175.00	$175.00
3	BT/ART-3	1	ART #3			$ 175.00	$175.00
4	BT/CG-1	2	END TABLES			$ 400.00	$800.00
5	BT/EQ-1	2	FREESTANDING DRYER			$ 350.00	$700.00
6	BT/TB-1	1	MANICURE TABLE			$ 500.00	$500.00
7	BT/UPG-1	1	HYDRAULIC CHAIR			$ 675.00	$675.00
8	BT/UPG-2	1	SHAMPOO CHAIR			$ 600.00	$600.00
9	BT/UPG-3	2	DRYER CHAIR			$ 760.00	$1,520.00
10	BT/UPG-4	1	MANICURIST STOOL			$ 150.00	$150.00
11	BT/UPG-5	1	MANICURE CHAIR			$ 225.00	$225.00
12	BT/UPG-6	1	WAITING CHAIRS			$ 450.00	$450.00
13	BT/WT-1	1	WINDOW TREATMENTS			$ 1,000.00	$1,000.00
					SUBTOTAL - BEAUTY SALON FF&E		$7,145.00
	LOCATION : MALL						
1	MAL/ART-1	1	LOT ARTWORK			$ 500.00	$500.00
2	MAL/CG-1	1	BUFFET			$ 500.00	$500.00
3	MAL/CG-2	6	END TABLES			$ 200.00	$1,200.00
4	MAL/CG-3	2	COCKTAIL TABLE			$ 300.00	$600.00
5	MAL/EQ-1	1	POPCORN MACHINE			$ 500.00	$500.00
6	MAL/EQ-2	1	BABY GRAND PIANO			$ 2,000.00	$2,000.00
7	MAL/EQ-3	1	AVIARY			$ 5,000.00	$5,000.00
8	MAL/EQ-4	1	AQUARIUM			$ 2,000.00	$2,000.00
7	MAL/L-1	6	END TABLE LAMP			$ 100.00	$600.00
8	MAL/SGN-1	8	SIGNAGE			$ 500.00	$4,000.00
9	MAL/UPG-1	6	LOUNGE CHAIRS			$ 600.00	$3,600.00
10	MAL/UPG-2	2	SOFA			$ 800.00	$1,600.00
					SUBTOTAL - ATRIUM / MALL FF&E		$21,100.00
	LOCATION : PATIO						
1	BP/CG-1	2	PATIO END TABLE			$ 150.00	$300.00
2	BP/CG-2	1	COCKTAIL TABLE			$ 200.00	$200.00
3	BP/TB-1	4	PATIO TABLE			$ 300.00	$1,200.00
4	BP/UMB-1	2	MARKET UMBRELLA			$ 200.00	$400.00
5	BP/UPG-1	1	PATIO SOFA			$ 600.00	$600.00
6	BP/UPG-2	2	PATIO LOUNGE CHAIR			$ 400.00	$800.00
7	BP/UPG-3	16	PATIO DINING CHAIRS			$ 200.00	$3,200.00
					SUBTOTAL - PATIO FF&E		$6,700.00
	LOCATION : STAFF DINING ROOM						
1	SD/ART-1	1	ART #1			$ 85.00	$85.00
2	SD/ART-2	1	ART #2			$ 85.00	$85.00
3	SD/ART-3	1	ART #3			$ 85.00	$85.00
4	SD/BT-1	5	PLY MOLD BOOTH SEATING			$ 200.00	$1,000.00
					SUBTOTAL - STAFF DINING ROOM FF&E		$1,255.00
	LOCATION : LAUNDRY						
1		2	WASHER			$ 6,000.00	$12,000.00
2		2	DRYER			$ 2,000.00	$4,000.00
3		1	IRONER			$ 1,000.00	$1,000.00
4							$0.00
					SUBTOTAL - LAUNDRY FF&E		$17,000.00
					SUBTOTAL - PAGE #11 FF&E		$63,540.00
					SUBTOTAL - ALL FF&E ITEMS		$1,218,000.00

APPENDIX B

Related Project Costs

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

Land acquisition is related to project ☒ Yes ☐ No
Purchase Price: $ **1,755,092**
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ **2,475,000**.

APPENDIX C

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary

☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): **February, 2019**

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

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

☒ Project obligation will occur after permit issuance.

APPENDIX D

Cost/Space Requirements

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

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Department/Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL	-	-	-	-	-	-	-
Nursing	$15,080,355	0	50,294	50,294	0	0	0
Living/Dining/Activity	$3,363,650	0	11,218	11,218	0	0	0
Kitchen/Food Service	$1,127,413	0	3,760	3,760	0	0	0
P.T./O.T.	$1,691,120	0	5,640	5,640	0	0	0
Laundry	$437,772	0	1,460	1,460	0	0	0
Janitor Closets	$89,953	0	300	300	0	0	0
Clean/Soiled Utility	$317,835	0	1,060	1,060	0	0	0
Beauty/Barber	$169,112	0	564	564	0	0	0
Total Clinical	$22,277,211	0	**74,296**	**74,296**	0	0	0
NON-CLINICAL							
Office/Administration	$878,543	0	2,930	2,930	0	0	0
Employee Lounge/ Locker/Training	$341,822	0	1,140	1,140	0	0	0
Mechanical/Electrical	$1,298,325	0	4,330	4,330	0	0	0
Lobby	$350,817	0	1,170	1,170	0	0	0
Storage/Maintenance	$578,099	0	1,928	1,928	0	0	0
Corridor/Public Toilets	$4,799,303	0	16,006	16,006	0	0	0
Stair/Elevators	$1,259,345	0	4,200	4,200	0	0	0
Housekeeping	$299,844	0	1,000	1,000	0	0	0
Total Non-clinical	$9,806,098	0	**32,704**	**32,704**	0	0	0
TOTAL	**$32,083,309**	**0**	**107,000**	**107,000**	**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

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12	Background of the Applicant	171-207
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	Financial and Economic Feasibility:	
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Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

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

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

ATTACHMENT-1

File Number 0545473-5

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

ALDEN NEW LENOX, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 28, 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 DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* OCTOBER *A.D.* 2015 .

Authentication #: 1528501510 verifiable until 10/12/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 7037-106-5

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

ALDEN ESTATES-COURTS OF NEW LENOX, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 28, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* OCTOBER *A.D.* 2015 .

Authentication #: 1528501534 verifiable until 10/12/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 0545471-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

NEW LENOX INVESTMENTS I, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 28, 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 DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* OCTOBER *A.D.* 2015 .

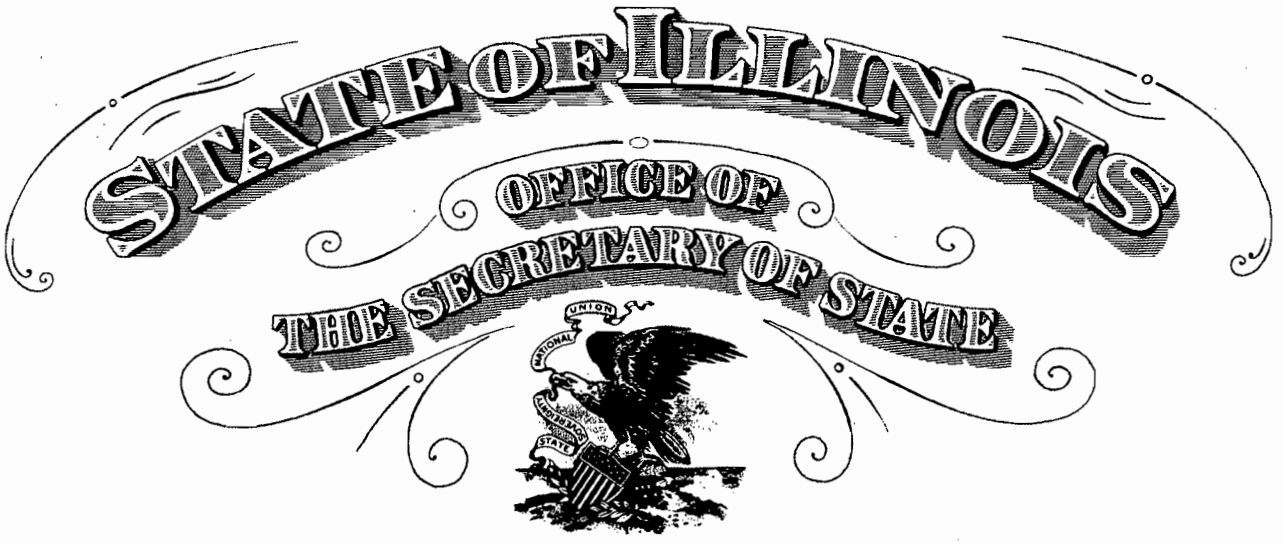
Authentication #: 1528501552 verifiable until 10/12/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 5206-055-9



To all to whom these Presents Shall Come, Greeting:

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

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* OCTOBER *A.D.* 2015 .

Authentication #: 1528501582 verifiable until 10/12/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

Site Ownership

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

The ownership entity for the proposed project is **Alden New Lenox, LLC**. An Illinois Certificate of Good Standing for this entity is appended as **ATTACHMENT-2A**. The Real Estate Purchase Agreement documenting site control is appended as **ATTACHMENT-2B**.

ATTACHMENT-2

File Number 0545473-5

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

ALDEN NEW LENOX, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 28, 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 DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* OCTOBER *A.D.* 2015 .

Authentication #: 1528501510 verifiable until 10/12/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-2A

Execution Version

REAL ESTATE PURCHASE AGREEMENT

THIS REAL ESTATE PURCHASE AGREEMENT ("Agreement") is entered into as of the Effective Date (defined in Section 2) by and between CENTURY OAKS LLC, an Ohio limited liability company ("Seller"), and ALDEN REALTY SERVICES, INC., an Illinois corporation ("Buyer").

1. PROPERTY

Seller owns and desires to sell to Buyer, and Buyer desires to purchase from Seller, approximately 6.64 acres of real property located on proposed Cedar Crossings Drive in New Lenox, Will County, Illinois, more or less as identified as part of the Cedar Crossings commercial development (the "Development") outlined on the site plan attached hereto as Exhibit "A" and made a part hereof, together with any improvements now located on or in such real property and all rights, privileges, and easements appurtenant to such real property (collectively, the "Property") for the sum of ONE MILLION SEVEN HUNDRED FIFTY-FIVE THOUSAND AND 92/100 DOLLARS ($1,755,092) (the "Purchase Price"). During the Inspection Period (as defined below), Buyer and Seller will act in good faith to agree on the boundaries of the Property. Upon reaching agreement on the boundaries the parties shall execute an amendment to this Agreement setting forth the final configuration and legal description of the Property. Buyer will obtain, at Buyer's cost, a current ALTA survey of the Property in its final configuration ("Survey") prepared by a registered land surveyor, and the Purchase Price will be adjusted at Closing (defined below) based on the actual square footage of the Property, as determined in the Survey, at $5.95 per net square foot or fraction thereof. For purposes of this Agreement, Buyer's proposed development on the Property shall be a skilled nursing and memory care facility (the "Project").

2. PAYMENT OF PURCHASE PRICE

The Purchase Price shall be payable as follows:

(a) Within five (5) business days after the Effective Date, Buyer will deliver into an escrow account with Title Services, Inc., 610 E. Roosevelt Road, Suite 100, Wheaton, IL 60187 (630-690-9130) ("Escrow Agent" or "Title Company"), an earnest money deposit of TWENTY-FIVE THOUSAND AND 00/100 DOLLARS ($25,000) (the "First Deposit") which shall entitle Buyer, for a period of six (6) months after the Effective Date (the "Inspection Period"), to inspect, evaluate and make tests of the Property, review title to the Property, survey the Property, make inquiries of applicable governmental authorities, determine the acceptability of the soil conditions and environmental condition of the Property, and (with Seller's cooperation as needed, at Buyer's expense) obtain all third party approvals and consents, all as Buyer may deem appropriate (collectively, "Buyer's Inspections"), in order that Buyer may determine whether, in Buyer's sole discretion, the Property is suitable for the development of the Project and the contingencies set forth in Section 7 can be satisfied. If Buyer shall determine during the Inspection Period not to proceed to Closing under this Agreement, then Buyer shall be entitled to terminate the Agreement, for any reason or no reason, in which event the Deposit shall be returned to Buyer, and thereafter Buyer shall have no further obligation or liability hereunder.

For purposes of this Agreement, the "Effective Date" shall be that day upon which this Agreement has been both (a) fully executed by Buyer and Seller, and (b delivered to Buyer.

(b) Prior to the expiration of the Inspection Period, by sending written notice to Seller, Buyer shall be entitled to extend the Inspection Period for an additional seven (7) months (the "Initial Due Diligence Period"). Upon Buyer's election to extend the Inspection Period for the Initial Due Diligence Period, the First Deposit shall be rendered nonrefundable except as otherwise specifically set forth in this Agreement, provided that the First Deposit shall be applicable to the Purchase Price at Closing. Provided, however, if Buyer has not received final zoning approval for the Project prior to the expiration of the Inspection Period and Buyer shall not receive such final zoning approval during the first 60 days of the Initial Due Diligence Period, and Buyer shall terminate the Agreement on or before such 60 day period, the Deposit shall be returned to Buyer, and thereafter Buyer shall have no further obligation or liability hereunder. Buyer shall be responsible for the completion of any required zoning provided that Seller agrees to cooperate with Buyer, at no material cost to Seller, in Buyer's request for zoning entitlements.

(c) Prior to the expiration of the Initial Due Diligence Period, by sending written notice to Seller, Buyer shall be entitled to extend the Initial Due Diligence Period for an additional seven (7) months (the "Extended Due Diligence Period", together with the Initial Due Diligence Period, the "Due Diligence Period") by depositing with Escrow Agent prior to the expiration of the Initial Due Diligence Period an additional TWENTY-FIVE THOUSAND DOLLARS ($25,000) (the "Second Deposit", together with the First Deposit, the "Deposits"). Except as otherwise specifically set forth in this Agreement, the Second Deposit shall be nonrefundable except as otherwise specifically set forth in this Agreement, provided that the Second Deposit shall be applicable to the Purchase Price at Closing.

(d) In the event that Buyer shall have determined that the Buyer's Contingencies (defined below) are satisfied or otherwise waived and given Seller the Purchase Notice, the Deposits shall be applied to the Purchase Price. If, after exercising its option to utilize the Due Diligence Period, Buyer does not terminate this Agreement prior to the end of the Due Diligence Period and does not provide a Purchase Notice (defined below) to Seller, Buyer shall be deemed to waive Buyer's Contingencies and the Deposits shall be nonrefundable except as otherwise specifically set forth in this Agreement, provided the Deposits shall be applied to the Purchase Price at Closing and the Closing shall occur on the 30th day after the end of the Due Diligence Period.

(e) Seller and Buyer shall execute Escrow Agent's standard form joint order escrow agreement. Escrow Agent shall promptly deposit the Deposits in a segregated, federally-insured, interest-bearing account, subject to immediate withdrawal. Seller and Buyer shall cooperate with Escrow Agent to obtain all necessary authorizations or directions to open such an account. All interest earned on the Deposits shall accrue for the benefit of Buyer.

3. CLOSING; LIKE-KIND EXCHANGE

The closing of the purchase of the Property (the "Closing") shall occur in escrow on or before thirty (30) days after Buyer delivers the Purchase Notice, but in no event shall the

Purchase Notice be delivered later than the last day of the Due Diligence Period. Buyer shall specify in the Purchase Notice the date of Closing (the "Closing Date").

Each party agrees to cooperate with the other, at the other's election, in effecting a tax-deferred, like-kind exchange with respect to the Property, pursuant to Section 1031 of the Internal Revenue Code of 1986, as amended. The party electing an exchange of the Property shall provide the other with written notice thereof at least two (2) business days prior to Closing. Either party's election to exchange the Property shall be at no cost or liability to the other. In no event shall this Section obligate a party not effectuating an exchange to take title to any real property (other than the Property in Buyer's case).

4. DEED AND TITLE

Seller shall not lease, contract to sell, sell or encumber the Property while this Agreement remains in effect. At Closing, Seller shall deliver to Buyer a Special Warranty Deed conveying to Buyer or Buyer's nominee fee simple title to the Property, free and clear of all encumbrances except Permitted Exceptions, as defined below. Seller, for itself and its successors and assigns agrees that, so long as Buyer is operating a skilled nursing and memory care facility on the Property, then Seller agrees that the Remainder Parcel (defined below) shall be restricted against use for the purpose of a skilled nursing and memory care facility. Seller agrees to record a declaration at Closing, in a form reasonably acceptable to Buyer, against the Remainder Parcel confirming such use restriction. The "Remainder Parcel" is defined as the land which comprises the Development (but not including the Property) and is owned by Seller as of the Effective Date.

Within fifteen (15) days after the Effective Date, Buyer shall order an ALTA extended coverage owner's commitment for title insurance for the Property (or, if necessary, the greater parcel of which the Property is a part) (the "Preliminary Title Report"), issued by the Title Services Inc. (the "Title Company"), including legible copies of all exceptions to title set forth in the Preliminary Title Report. Buyer shall have until the expiration of the Inspection Period to approve of or object to any matters referenced in the Preliminary Title Report and the Survey and any amendments or updates thereto. If Buyer's examination of title or survey discloses any defects in title or matters of survey then Buyer shall so notify Seller by the end of the Inspection Period ("Buyer's Objection Notice"). Seller, within thirty (30) days of receipt of Buyer's Objection Notice, shall notify Buyer in writing ("Seller's Cure Notice") of any actions Seller intends to take and the anticipated effect on the matters to which Buyer has objected. In the event Seller informs Buyer in Seller's Cure Notice that Seller is unable or unwilling to cure any objections raised in Buyer's Objection Notice, or in the event Seller does not deliver Seller's Cure Notice, Buyer shall be entitled to, prior to a date that is ten (10) days after Buyer's receipt of Seller's Cure Notice, or if Seller does not give Buyer a Seller's Cure Notice, a date that is thirty (30) days after Seller's receipt of Buyer's Objection Notice, either (i) terminate this Agreement and receive the return of the Deposits, including all interest and income earned thereon, or (ii) waive such objection and proceed to close the transaction contemplated by this Agreement. Similarly, if Seller elects to cure the defects raised by Buyer, but is unable to do so within thirty (30) days after the conclusion of the Inspection Period, Buyer shall be entitled to, either (x) terminate the Agreement and receive a return of the Deposits, including all interest and income earned thereon; (y) delay the Closing Date by a certain number days to allow Seller

additional time to cure such defects; or (z) waive such uncured objections and proceed to close the transaction. If Buyer does not give Seller notice within the foregoing period that it elects to terminate this Agreement as aforesaid, Buyer shall be deemed to have elected to accept title and waive its objections.

With respect to matters first brought to Buyer's attention in a revised title commitment or survey delivered on or after the expiration of the Inspection Period, Buyer shall have five (5) business days following receipt of such revised title commitment or survey to notify Seller of any objections thereto; otherwise such new matters shall also be deemed to be approved by Buyer.

As used herein, the term "Permitted Exceptions" shall be comprised of (a) legal highways, zoning and building ordinances and taxes and assessments which are a lien on the Closing Date, but not yet due and payable, (b) those exceptions to title disclosed in the Preliminary Title Report which are not included in Buyer's Objection Notice, and (c) those title exceptions in Buyer's Objection Notice which Buyer subsequently waives pursuant to the terms of this Section 4. Notwithstanding anything to the contrary in Section 4, at or before the Closing Date, Seller shall cause to be discharged (or remedy by waiver or special title endorsement acceptable to Buyer) all financing encumbrances; mechanics', materialmen's and supplier's liens; judgment liens; lis pendens; income and sales tax liens; and UCC security interests, financing statements, and liens encumbering Seller's interest in the Property. If Seller fails or is unable to do so, Buyer may terminate this Agreement and receive a refund of all Deposits or may accept title subject to such matters and deduct the amount of the indebtedness secured by such liens from the Purchase Price.

5. CONDEMNATION; CASUALTY

If condemnation proceedings are commenced against the Property or any portion thereof, or if any governmental authority notifies Seller of its intent to acquire the Property or any portion thereof prior to Closing, Buyer shall have the right to (a) negotiate and sell to the appropriating authority or contest the appropriation, in which event Buyer shall be entitled to all proceeds thereof, and Seller shall convey subject to such proceedings and receive the Purchase Price (without deduction for condemnation proceeds) at Closing (subject to the credits provided for herein); (b) allow Seller to negotiate and sell to the appropriating authority or to contest the appropriation and be entitled to all proceeds thereof, in which event Buyer shall be entitled to a reduction in the Purchase Price equal to such proceeds; or (c) terminate this Agreement, in which event Buyer shall receive a return of the Deposits and each party shall be released from all further obligations and liability hereunder. Buyer's election shall be exercised by written notice given to Seller and Escrow Agent within thirty (30) days after Buyer has received written notice of such governmental action from Seller. Buyer's failure to deliver such notice shall constitute an election of clause (c) above.

6. SURVEY AND INVESTIGATIONS; AS IS

After the Effective Date, Buyer and its employees, designated agents, lenders, prospective or actual tenants, and investors (collectively, "Entrants") may enter the Property, at reasonable times, for the purpose of satisfying Buyer's Contingencies (as defined in Section 7),

provided that such operations are at Buyer's sole expense and do not damage the Property. Seller agrees to cooperate with Buyer in its investigations and applications to governmental authorities and in its efforts to satisfy any contingencies with respect to its development of the Project, including the execution of related documentation. Seller will also assist Buyer with all required site plan and design approvals. Buyer hereby indemnifies Seller and holds it harmless from and against any damage or injury that may result from Buyer's Inspections; provided, however, that Buyer's obligation to indemnify Seller hereunder shall not apply to situations involving the negligence or willful misconduct by Seller or its agents, and/or the presence of preexisting environmental contaminants on the Property.

EXCEPT AS OTHERWISE EXPRESSLY STATED IN THIS AGREEMENT, BUYER AGREES TO ACCEPT THE PROPERTY AND ACKNOWLEDGES THAT THE SALE OF THE PROPERTY AS PROVIDED FOR IN THIS AGREEMENT IS MADE BY SELLER ON AN "AS IS, WHERE IS AND WITH ALL FAULTS" BASIS. BUYER EXPRESSLY ACKNOWLEDGES THAT, IN CONSIDERATION OF THE AGREEMENTS OF SELLER HEREIN, EXCEPT AS OTHERWISE EXPRESSLY STATED IN THIS AGREEMENT, SELLER MAKES NO WARRANTY OR REPRESENTATION, EXPRESS OR IMPLIED, OR ARISING BY OPERATION OF LAW, INCLUDING, BUT NOT LIMITED TO, ANY WARRANTY OF CONDITION, HABITABILITY, MERCHANTABILITY, TENANTABILITY OR FITNESS FOR A PARTICULAR USE OR PURPOSE, WITH RESPECT TO THE PROPERTY. BUYER ACKNOWLEDGES AND AGREES THAT, EXCEPT AS OTHERWISE EXPRESSLY STATED IN THIS AGREEMENT, SELLER HAS NOT MADE, AND SELLER HEREBY SPECIFICALLY DISCLAIMS, ANY WARRANTY, GUARANTY OR REPRESENTATION, ORAL OR WRITTEN, PAST, PRESENT OR FUTURE, OF, AS TO, OR CONCERNING (I) THE NATURE AND CONDITION OF THE PROPERTY, INCLUDING, WITHOUT LIMITATION, THE WATER, SOIL AND GEOLOGY AND THE SUITABILITY THEREOF AND THE PROPERTY FOR ANY AND ALL ACTIVITIES AND USES WHICH BUYER MAY ELECT TO CONDUCT THEREON; AND (II) THE COMPLIANCE OF THE PROPERTY OR ITS OPERATION WITH ANY LEGAL REQUIREMENTS. EXCEPT AS OTHERWISE EXPRESSLY STATED IN THIS AGREEMENT, BUYER ACKNOWLEDGES THAT BUYER IS RELYING SOLELY ON ITS OWN INVESTIGATION OF THE PROPERTY AND NOT ON ANY INFORMATION PROVIDED OR TO BE PROVIDED BY SELLER. BUYER FURTHER ACKNOWLEDGES THAT ANY INFORMATION PROVIDED OR TO BE PROVIDED WITH RESPECT TO THE PROPERTY WAS OBTAINED FROM A VARIETY OF SOURCES AND THAT, EXCEPT AS OTHERWISE EXPRESSLY STATED IN THIS AGREEMENT, SELLER (X) HAS NOT MADE ANY INDEPENDENT INVESTIGATION OR VERIFICATION OF SUCH INFORMATION AND (Y) MAKES NO REPRESENTATIONS OR WARRANTIES AS TO THE ACCURACY OR COMPLETENESS OF SUCH INFORMATION.

7. CONTINGENCIES

Notwithstanding anything to the contrary contained in this Agreement, if the following items (collectively, the "Buyer's Contingencies") have not been satisfied in favor of and to Buyer's complete satisfaction, as determined by Buyer at any time prior to the Closing, Buyer

shall be entitled to terminate this Agreement, whereupon all refundable monies deposited by Buyer pursuant to this Agreement shall be returned to Buyer and monies rendered non-refundable shall be remitted to Seller. During the Due Diligence Period, Buyer shall evaluate the Property and the Project, in its sole and absolute discretion, which shall include the following assessments in addition to any other matters determined necessary by Buyer:

(a) Evaluate the feasibility and desirability of the Property for the Project, and whether the Property is suitable for the Project;

(b) Evaluate the development potential for the Property, including without limitation the results of an environmental assessment and geotechnical investigation of the Property;

(c) Evaluate whether the existing storm water management system has sufficient capacity to service the Project, and otherwise evaluate the costs associated with improving the Property with any necessary and/or supplemental stormwater retention areas or other storage mechanisms;

(d) Evaluate the scope and timing of the construction of the infrastructure that will serve the Property and the Development, including public roadways, sidewalks, utilities, lighting, storm water detention and management improvements, and other similar features, and otherwise evaluate the costs associated with improving the Property with any necessary and/or supplemental roadways and other infrastructure improvements;

(e) Evaluate the viability of constructing the Project, and otherwise evaluate all matters related to the acquisition, usage, valuation, development, financing and marketability of the Property;

(f) Evaluate the likelihood of obtaining all necessary zoning, development, subdivision and municipal approvals relating to the Project, and approvals for use as a skilled nursing and memory care facility, including without limitation, any corresponding agreements or approvals to re-plat the Property into a separate tax parcel or tax parcels, and any obligations to pay impact fees or recapture payments, special service areas or special assessment areas, utility service agreements, and the availability of such other approvals, assurances, permits, easements, agreements and licenses as Buyer, in its sole discretion, deems necessary to zone, subdivide and/or develop the Property for the Project, and Seller acknowledges that, in order for Buyer to satisfy this contingency, Buyer, with Seller's reasonable cooperation and consent and at Buyer's cost, shall have the right to take the following affirmative actions (provided, however, that Seller's failure to reasonably cooperate with or consent to Buyer's proposed actions may result in Buyer's refusal to waive Buyer's Contingencies pursuant to this Section 7): to petition for and obtain amendments to existing comprehensive plans and comprehensive zoning maps, to grant easements over the Property to governmental bodies and utilities, to petition for and obtain the passage of ordinances relating to the Property, including but not limited to zoning, land use, classification of the Property within a special assessment area or special service area, preliminary and final subdivision approvals for the Buyer's intended use, to obtain delineation of wetlands by all appropriate governmental bodies, to jointly petition with Seller for and obtain municipal approvals re-platting the Property as a separate tax parcel or parcels pursuant to Section 23(b), to make site plan and building permit applications to the Village (Seller will consent to or otherwise

authorize such applications as the registered owner of the Property), to negotiate and execute service agreements with public and private utilities pertaining to the Property, to request utility service to the Property and to engage in other similar petitions, negotiations and actions relating to the Property, all on terms and conditions Buyer deems acceptable;

(g) Evaluate the Property Documents (described in Section 23(a));

(h) Determine that no potential recapture payments, impact fees or special assessments will render the Project economically unfeasible;

(i) Secure appropriate Certificate of Need ("CON") from Health Facilities and Services Review Board (Buyer shall make application for CON within the Inspection Period);

(j) Secure a financing commitment for the acquisition of the Property and construction of the Project; and

(k) Evaluate the condition of title to the Property.

Seller agrees to cooperate with Buyer in any efforts to satisfy the contingencies described above, including the execution of related documentation.

8. TAXES AND ASSESSMENTS: PRORATIONS: CLOSING COSTS

Seller and Buyer acknowledge that the Property is assessed for tax purposes with other real estate owned or controlled by Seller (such larger parcel referred to as the "Tax Parcel"). Until the Tax Parcel is divided such that the Property is assessed as a separate parcel, Seller shall pay all real estate taxes and assessments for the Tax Parcel when due and Buyer shall pay Seller Buyer's Proportionate Share (as defined below) of all real estate taxes and assessments which become due and payable subsequent to the Closing Date for the Property. Buyer's "Proportionate Share" shall be equal to the product of the real estate taxes due and owning for the Tax Parcel multiplied by a fraction, the numerator of which is the total square footage of the Property and the denominator of which is the total square footage of the Tax Parcel. Notwithstanding the foregoing, Seller shall pay all real estate taxes related to any improvements on the Tax Parcel. Buyer shall pay its Proportionate Share of taxes to Seller within 15 days of Seller's delivery to Buyer of a final tax bill for the Tax Parcel.

Buyer shall pay for the cost of the owner's title insurance premium for a standard form of policy in the amount of the Purchase Price with extended coverage and a gap endorsement. State and County transfer taxes shall be paid by Seller. The parties acknowledge that the Village does not have a transfer tax.

Seller shall pay all accrued water, sewer and other utility charges, if any, as of the Closing Date. Seller and Buyer shall each pay one-half (1/2) of any escrow and/or closing fees. Buyer shall pay for recording the deed, and any mortgage arranged by Buyer. Seller shall pay for recording any documents to clear Seller's title. All other Closing costs shall be apportioned in accordance with usual and customary practice in Will County, Illinois.

9. POSSESSION

Seller shall deliver vacant and exclusive possession of the Property on the Closing Date.

10. COMMISSIONS

Each of Seller and Buyer represents that it has not dealt with any brokers with respect to the Property and each hereby agrees to indemnify and hold the other harmless with respect to any claim made by any real estate broker in connection herewith.

11. REPRESENTATIONS AND WARRANTIES

(a) In order to induce Buyer to enter into this Agreement (and with the understanding that Buyer is relying upon said representations and warranties), Seller represents and warrants to Buyer that:

(i) Fee simple ownership of the Property is vested solely in Seller, Seller has full right and authority to convey the Property, and no other person or entity has any right, title or interest (including possessory rights) in or to the Property;

(ii) The Property is not subject to any: (A) leases, (B) unrecorded easements, (C) options to purchase, (D) rights of first purchase or refusal, (E) other agreements or contracts to use, lease, or purchase the Property, or (F) mortgages, other than those which shall be satisfied at Closing;

(iii) The entry by Seller into this Agreement and the performance by Seller of all of its obligations in connection herewith have been duly and validly authorized by all necessary action, and are not in violation of Seller's organizational documents or the organizational documents of any of its constituent members. Any natural persons executing this Agreement on behalf of Seller are authorized to do so;

(iv) Other than the Special Service Area 1 assessment, Seller has no knowledge of any special assessments levied against or threatened to be levied against the Property; and

(v) Storm water basins of sufficient capacity and/or quantity for the Project are available at the perimeter of the Property, and Buyer will have the full right to tie into otherwise connect with the storm water basins. Buyer shall have the right to connect to such storm water basins without paying any recapture or connection fee to Seller or any other party.

(vi) Seller and each person or entity owning an interest in Seller is (a) (i) not currently identified on the Specially Designated Nationals and Blocked Persons List maintained by the Office of Foreign Assets Control, Department of the Treasury ("OFAC") and/or on any other similar list maintained by OFAC pursuant to any authorizing statute, executive order or regulation (collectively, the "List"), and (ii) not a person or entity with whom a citizen of the United States is prohibited to engage in transactions by any trade embargo, economic sanction, or other prohibition of United States law, regulation, or Executive Order of the President of the United States, (b) none of the funds or other assets of Seller constitute property of, or are beneficially owned, directly or indirectly, by any Embargoed Person (as hereinafter defined), (c) no Embargoed Person has any interest of any nature whatsoever in Seller (whether directly or indirectly), and (d) Seller has implemented procedures, and will consistently apply those

procedures, to ensure the foregoing representations and warranties remain true and correct at all times.

(b) In order to induce Seller to enter into this Agreement, Buyer represents and warrants to Seller that Buyer has taken all action and obtained all approvals necessary to approve and effect the transaction contemplated hereby including, without limitation, all necessary authorizations required for the execution of this Agreement by the person(s) executing this Agreement on behalf of Buyer. Buyer is not currently identified on the Specially Designated Nationals and Blocked Persons List maintained by OFAC and/or on any other similar List, and (3) is not a person or entity with whom a citizen of the United States is prohibited to engage in transactions by any trade embargo, economic sanction, or other prohibition of United States law, regulation, or Executive Order of the President of the United States. To the best of Buyer's knowledge, none of the funds or other assets of Buyer constitute property of, or are beneficially owned, directly or indirectly, by any Embargoed Person. Buyer has implemented procedures, and will consistently apply those procedures, to ensure the foregoing representations and warranties in this Section remain true and correct at all times. Buyer also shall require, and shall take reasonable measures to ensure compliance with the requirement that no person who owns any other direct equity interest in Buyer is or shall be listed on any of the Lists or is or shall be an Embargoed Person. This Section shall not apply to any person to the extent that such person's interest in Buyer is through a U.S. Publicly-Traded Entity.

(c) All representations and warranties contained in this Section 11 or elsewhere in this Agreement shall be deemed remade as of Closing and shall survive Closing for a period of six months. From the Effective Date to the Closing Date, if Seller and/or Buyer, as appropriate, learns or has a reason to believe that any of the representations and warranties in this Section 11 may cease to be true, Seller and/or Buyer, as appropriate, shall give written notice thereof to other party within five (5) days of becoming aware of such events or circumstances.

12. REMEDIES

(a) If Seller breaches any of its material covenants, agreements, representations and warranties contained in this Agreement, or if said material representations and warranties are not true and correct on the date hereof and on the Closing Date, or if Seller fails to perform any material affirmative obligation or consummate the sale contemplated herein for any reason other than Buyer's default, then provided that Buyer is not in default hereunder and provided further that Buyer has given Seller fifteen (15) days' written notice specifying the exact nature of such breach or failure, and if such breach or failure has not been cured within fifteen (15) days after the date such notice was delivered, Buyer may, subject to Section 28 below, (i) grant Seller additional time, not to exceed fifteen (15) days to cure such breach or failure, or (ii) declare this Agreement terminated, in which event the Deposits shall be returned to Buyer and thereafter all rights and obligations of the parties hereunder shall be terminated, or (iii) bring an action for specific performance.

(b) In the event that Buyer defaults in its material obligations hereunder and provided that Seller is not in default hereunder, then after Seller has given Buyer fifteen (15) days' written notice specifying the exact nature of such default, and if such default has not been cured within such period, Seller may declare this Agreement terminated, in which event all Deposits shall be

forfeited to Seller as liquidated damages and as Seller's sole and exclusive remedy, and all other rights and obligations of the parties hereunder shall be terminated.

(c) The exercise (or failure to exercise) of any one of Buyer's or Seller's rights or remedies under this Agreement shall not be deemed to be in lieu of, or a waiver of, any other right or remedy contained herein except to the extent inconsistent therewith.

13. CONFIDENTIALITY

Each party hereby covenants to the other that it shall keep in strictest confidence all of the terms and conditions of this Agreement (but each party shall have the right to disclose the existence of this Agreement); provided that, Buyer shall be entitled to disclose such information as it deems appropriate to its prospective lenders, tenants, investors and consulting professionals.

14. NOTICES

All notices, requests, waivers, and other communications under this Agreement shall be in writing and shall be deemed properly served (a) upon delivery by hand; (b) when sent by sender to the applicable carrier if sent postage prepaid by United States Registered or Certified Mail, Return Receipt Requested; (c) when sent by sender to a nationally recognized overnight express mail courier; or (d) when sent by email transmission (if sent before 5 p.m., recipient's time) to the following street addresses or email addresses:

(a) If intended for Seller: to Century Oaks LLC, c/o Zaremba Shopping Centers, LLC, 14600 Detroit Avenue, Suite 1500, Lakewood, Ohio 44107, Email: salbers@zarembagroup.com, Attention: Susan K. Albers, Director of Legal Services, with a copy to Escrow Agent;

(b) If intended for Buyer, to Alden Realty Services, Inc., Attention: Randi Schullo, 4200 W. Peterson Ave, Chicago, IL 60646, Email: randi.schullo@thealdennetwork.com, with a copy to Steven Friedland, Applegate & Thorne-Thomsen, 626 W. Jackson Blvd., Suite 400, Chicago, Illinois 60661; Email: sfriedland@att-law.com; or to such other addresses or facsimile numbers as Seller or Buyer shall have given notice of to the other as herein provided.

15. COUNTERPARTS; FACSIMILE/EMAIL

This Agreement may be executed by the signing in counterparts of this instrument. The execution by all of the parties hereto by each signing a counterpart of this instrument shall constitute a valid execution, and this instrument with all its counterparts so executed shall be deemed for all purposes to be a single instrument. For purposes of this Agreement and the rights of the parties to enforce it, a facsimile or email transmission of a signature shall have the same force and effect as an original signature.

16. BINDING EFFECT

This Agreement shall be binding upon and shall inure to the benefit of the heirs, successors and assigns of the parties hereto.

17. COMPLETE AGREEMENT

This Agreement constitutes the entire agreement between the parties with respect to the transaction contemplated herein and no amendment or modification shall be effective unless it is in writing and signed by Seller and Buyer.

18. SEVERABILITY.

Whenever possible, each provision of this Agreement shall be interpreted in such manner as to be valid under applicable law, but if any provision of this Agreement shall be invalid or prohibited, such provision shall be ineffective to the extent of such prohibition or invalidation, which shall not invalidate the remainder of such provision or the remaining provisions of this Agreement.

19. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the State in which the Property is located.

20. ASSIGNMENT

Buyer shall have the right to assign its rights and privileges under this Agreement to a nominee that is owned, managed or controlled by Buyer.

21. TIME OF THE ESSENCE

The parties hereto agree that time is of the essence with respect to this Agreement.

22. CAPTIONS

The captions in this Agreement are for convenience only and shall not define or limit the scope of this Agreement or the intent hereof.

23. SELLER'S RESPONSIBILITIES

Buyer's obligation to close the transaction contemplated under this Agreement is subject to Seller's completion of the following tasks to Buyer's satisfaction (collectively, "Seller's Responsibilities"):

(a) within ten (10) business days after the Effective Date, Seller shall deliver to Buyer copies of any of the following in Seller's or any of Seller's agents' possession: surveys, maps, plans, plats, licenses, agreements, contracts, permits, approvals, site plans, reports, maintenance records, environmental reports, engineering reports, soils and geotechnical reports, wetland reports, real estate tax bills and assessment notices, covenants and restrictions (including without limitation any common area or private roadway easements or maintenance agreements), and

similar written instruments or documents relating to the Property, and any material written communications, notices, or demands to or from any governmental agency or neighboring property owners concerning the Property, and evidence of public and private utilities serving the Property (collectively, the "Property Documents"). Seller will cooperate with Buyer, at Buyer's cost, in obtaining any reliance letters, recertifications or updates of Property Documents originally prepared by third parties for Seller, including, without limitation, reliance letters with respect to any environmental assessments studies and recertification of any survey;

(b) Seller, at its sole cost, shall have caused a legal land division of the Property from the Development to occur such that the Property becomes a separate tax parcel from the rest of the parcels comprising the Development, which land division is acceptable to Buyer in its sole discretion relating to the size of the resulting parcel, the orientation of the boundary locations and any conditions imposed on the use or ownership of the Property. Seller shall arrange for the recording of all documentation necessary to effectuate the land division of the Property and creation of the separate tax parcel on or before Closing;

(c) On or before Closing, Seller, at Seller's sole cost, shall have granted all required easements and approvals necessary to provided vehicular and pedestrian access to and from the Property to a public road;

(d) on or before Closing, Seller, at Seller's sole cost, shall have granted all required easements and approvals necessary to allow the Property to utilize the stormwater management system to be constructed as part of the Site Improvements;

(e) as part of its obligation to produce the Property Documents, Seller shall provide to Buyer all information and documentation regarding the Special Service Area 1 assessment that encumbers the Development and the Property.

The terms and conditions of this Section shall survive the Closing Date, shall be binding upon Seller and its successors and assigns, shall benefit Buyer and its successors and assigns.

24. REPURCHASE OPTION

(a) Seller hereby reserves the right and option, but not the obligation, to repurchase the Property from Buyer (the "Repurchase Option") for the Repurchase Price (hereinafter defined) and on the other terms and conditions hereof if Buyer fails to Commence Construction (as defined below) on or before the expiration of the eighteenth (18th) full calendar month after the Closing Date (the "Upset Date"); provided, however, that in the event that Buyer's ability to Commence Construction is delayed due to Acts of God, strikes, terrorism, war, governmental restrictions, unavailability of materials or any other cause outside the reasonable control of Buyer, the Upset Date shall be reasonably extended to reflect the time lost due to the unexpected delay and the reasonable time to complete the same. If Seller desires to exercise the Repurchase Option, Seller shall first provide written notice to Buyer of its intent to exercise the Repurchase Option (an "Initial Repurchase Notice") within thirty (30) days after the Upset Date. Buyer, within thirty (30) days of its receipt of the Initial Repurchase Notice, shall give written notice to Seller ("Buyer's Response") that Buyer will or will not Commence Construction within sixty

(60) days following the Upset Date (such additional time shall be the "Cure Period"). If Buyer's Response provides that Buyer shall Commence Construction within the Cure Period, and Buyer fails to do so, Seller shall have thirty (30) days from the conclusion of the Cure Period to give written notice to Buyer ("Final Repurchase Notice") that Seller shall repurchase the Property. If (i) Buyer's Response provides that Buyer will not Commence Construction within the Cure Period, (ii) Buyer fails to timely provide a Buyer's Response to Seller, or (iii) Seller validly tenders a Final Repurchase Notice (collectively, a "Repurchase Event"), Seller shall repurchase the Property as provided herein. As used herein, "Commence Construction" shall mean the issuance of a building permit for the Project. If Seller fails to timely provide either an Initial Repurchase Notice or a Final Response Notice to Buyer, the Repurchase Option shall be deemed waived.

(b) The Repurchase Option shall cease and terminate in the event of a transfer to or sale of the Property by any bank or other financial institutional where title is acquired by said bank or financial institution as a result of the foreclosure of a first in priority mortgage or deed to secure debt encumbering the Property or a conveyance in lieu of such a foreclosure. The Repurchase Option set forth herein shall automatically cease and terminate when (i) Buyer or its nominee Commences Construction, (ii) if Seller tenders an Initial Repurchase Notice and Buyer Commences Construction within the Cure Period, or (iii) the Repurchase Option is deemed waived, all without any further action on any part of the parties hereto; provided, however, that Seller shall, upon the request of Buyer, at Buyer's cost, execute a termination agreement in recordable form terminating the Repurchase Option and shall deliver the same to Buyer.

(c) If Seller exercises the Repurchase Option in accordance with the terms hereof and a Repurchase Event occurs, then the consummation of such transaction (the "Re-Purchase Closing Date") will occur at the offices of the Title Company or such other title company that Seller may select, on that date which is sixty (60) days after the date of Buyer's Response or the Final Repurchase Notice, as the case may be, or such earlier date upon which Seller and Buyer agree. On or prior to the Repurchase Closing Date, Buyer shall execute and deliver to Seller all customary closing documents, including, without limitation, a special warranty deed conveying title to the Property to Seller, subject only to the Permitted Exceptions, and such other matters established against title after the Closing Date with the express written consent of Seller (except financing liens established at or after the Closing Date, which Buyer shall discharge prior to or at the time of the re-conveyance); an affidavit that Buyer is not a "foreign person" within the meaning of Section 1445 of the Internal Revenue Code of 1986, as amended; and such other documents, certificates, instruments and the like, as may be required by the Title Company to issue a policy of title insurance subject only to the Permitted Exceptions, with all standard exceptions removed.

(d) In the event that Seller elects to exercise its Repurchase Option in accordance herewith the purchase price for the Property ("Repurchase Price") shall be an amount equal to the Purchase Price paid by Buyer to Seller under this Agreement. Seller shall deliver the Repurchase Price to the Title Company in cash or other funds available for immediate credit to Buyer. Transfer taxes, deed stamps and other closing costs shall be paid as described in Section 8 with respect to Buyer's acquisition of the Property.

(e) The terms and conditions of this Section shall survive the Closing Date, shall be binding upon Buyer and its successors and assigns, and shall benefit Seller and its successors and assigns.

25. CONDITIONS PRECEDENT TO CLOSING

The Closing is subject to the satisfaction or waiver by Buyer of the following conditions on or before the Closing Date:

(a) The representations and warranties of Seller contained herein shall be true and correct as of the Closing Date.

(b) Seller shall have performed all agreements, undertakings and obligations, including Seller's Responsibilities, and complied with all conditions required by this Agreement to be performed or complied with by Seller on or before the Closing.

(c) Title Company shall be unconditionally committed to issue, prior to recording of the Deed (defined below), an ALTA extended coverage Owner's Policy of Title Insurance in the amount of the Purchase Price insuring that the fee title to the Property will be vested in Buyer subject only to Permitted Exceptions.

26. CLOSING DOCUMENTS

The following closing documents shall be prepared, executed and delivered by the parties on or before the Closing Date:

(a) Seller shall execute and deposit into escrow a properly executed and acknowledged Special Warranty Deed (the "Deed");

(b) Seller and Buyer shall execute and deposit into escrow state, county and municipal, if any, transfer tax declarations;

(c) Seller shall execute and deposit into escrow an affidavit regarding non-foreign status, in customary form;

(d) Seller shall execute an ALTA Statement, a Gap Undertaking and any other document as required by Title Company to insure over mechanics liens and rights of parties in possession, standard title exceptions and the gap;

(e) Seller shall execute and deliver to Buyer, if necessary, an easement in recordable form and otherwise acceptable to Buyer providing for unrestricted pedestrian and vehicular access to the Property, as provided in Section 23(c) above;

(f) Seller shall execute and deliver to Buyer an easement in recordable form and otherwise acceptable to Buyer providing for the Property's right to utilize and connect to the stormwater management system for the Development, as provided in Section 23(d) above;

(g) Seller shall execute an assignment to Buyer of any permit applications submitted in the name of Seller; and

(h) Any other document reasonably requested to complete this transaction.

27. MISCELLANEOUS PROVISIONS

(a) From and after the Effective Date, Buyer shall have the right, subject to Seller's approval and all state, county and local laws and ordinances, to locate marketing signs for the Project on the Development adjacent U.S. Route 6.

(b) During the period commencing upon the Effective Date and ending on the Closing or prior termination of the Agreement, Seller agrees to keep the Property off the market and to refrain from negotiating or discussing the sale of the Property with anyone other than Buyer or its nominee.

(c) Buyer agrees to keep Seller informed of Buyer's discussions and dealings with the Village and Buyer agrees that Seller shall have the right to join Buyer at any meetings with the Village staff related to the Project. Buyer shall use reasonable efforts to inform Seller at least 3 days in advance of any face to face meetings with Village staff related to zoning, provided, that Buyer's failure to inform Seller of such meetings shall not be deemed a default under this Agreement.

IN WITNESS WHEREOF, each of the parties hereto has set its hand on the date set forth below.

BUYER:

ALDEN REALTY SERVICES, INC., an Illinois corporation

By: _____

Its: President

Execution Date: 10/13/15

SELLER:

CENTURY OAKS LLC,
an Ohio limited liability company

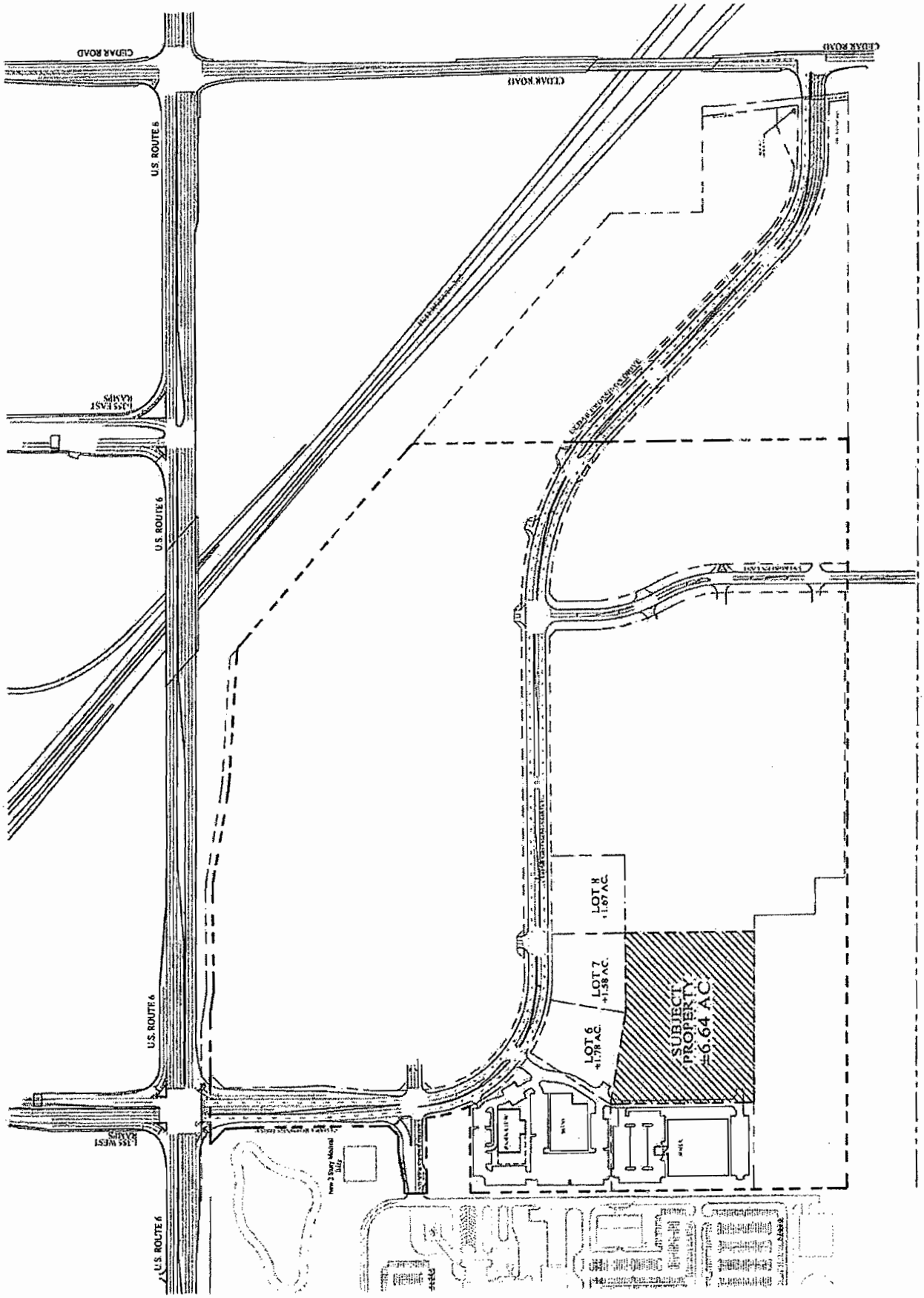
By: ZARCAL, LLC,
a Delaware limited liability company,
its Manager

By: ZAREMBA SHOPPING CENTERS, LLC, a Delaware limited liability company, its Manager

By: _____
Al Sulin, President

Execution Date: 10/14/2015

EXHIBIT A



ATTACHMENT-2B

Operating Identity/Licensee

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

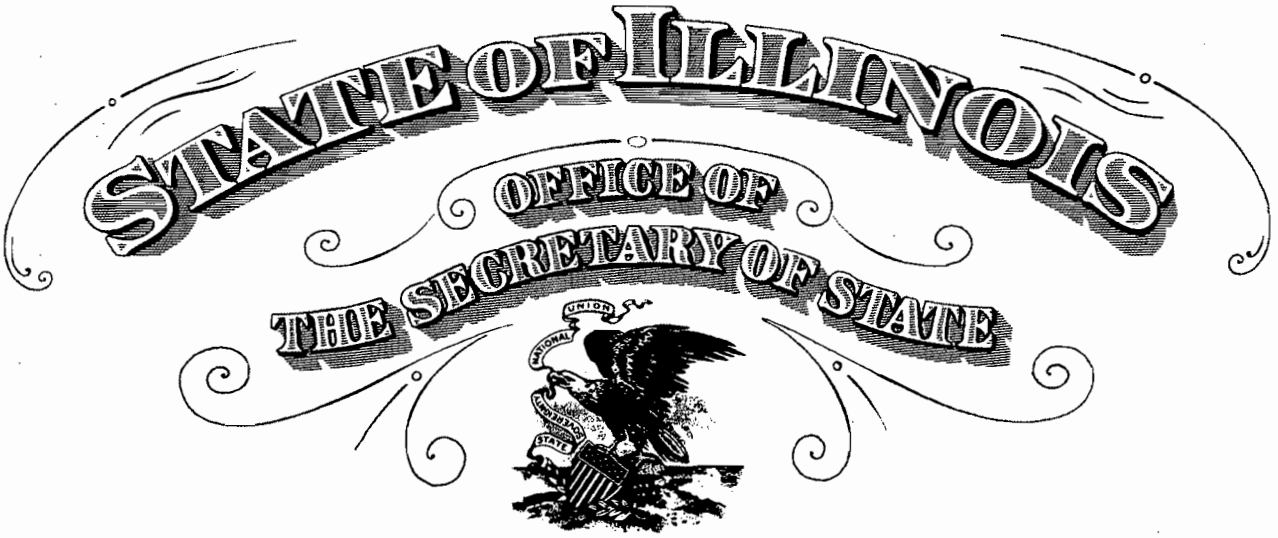
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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

The Operator/Licensee of the proposed Alden Estates-Courts of New Lenox will be **Alden Estates-Courts of New Lenox, Inc.** The entity's Illinois Certificate of Good Standing is appended as **ATTACHMENT-3A.** Please note that the sole shareholder is **New Lenox Investments I, LLC.** An Illinois Certificate of Good Standing is appended as **ATTACHMENT-3B.**

ATTACHMENT-3

File Number 7037-106-5



To all to whom these Presents Shall Come, Greeting:

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

ALDEN ESTATES-COURTS OF NEW LENOX, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 28, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* OCTOBER ***A.D.*** 2015 .

Authentication #: 1528501534 verifiable until 10/12/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-3A

File Number 0545471-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

NEW LENOX INVESTMENTS I, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 28, 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 DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* OCTOBER *A.D.* 2015 .

Authentication #: 1528501552 verifiable until 10/12/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-3B

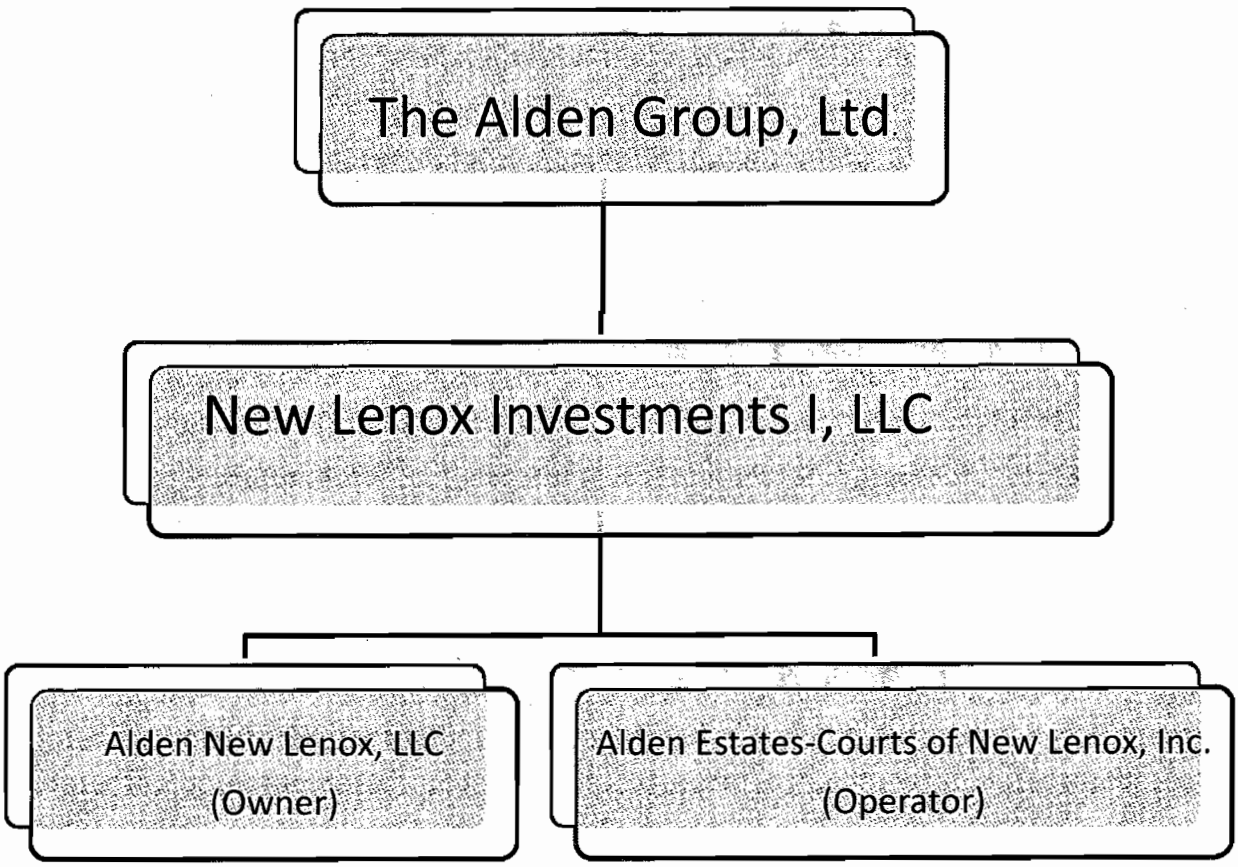
Organizational Relationships

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

Appended as **ATTACHMENT-4A,** is the organizational chart for this project. It should be known that the ownership and operating/licensee entities have no history; therefore, the Parent will be the sole financial contributor to the proposed project. There are other related "Alden" facilities through the parent entity that should be disclosed. Appended at **ATTACHMENT-4B** is a listing of all facilities in which **The Alden Group, Ltd.** (the ultimate parent) has interest. Appended as **ATTACHMENT-4C,** is the Illinois Certificate of Good Standing for **The Alden Group, Ltd.**, who is considered a Co-Applicant.

ATTACHMENT-4

Alden Estates-Courts of New Lenox
Organizational Chart



ATTACHMENT-4A

Alden Estates-Courts of New Lenox
Other Related Facilities through the Ultimate Parent
The Alden Group, Ltd.

RELATED FACILITIES

Alden Alma Nelson Manor

Alden Estates of Barrington

Alden Des Plaines Rehab & HC

Alden Garden Cts of DesPlaines

Alden Estates of Evanston

Heather Health Care Center

Alden Lakeland Rehab & HCC

Alden Lincoln Rehab & H C Ctr

Alden Long Grove Rehab & HCC

Alden Terrace of McHenry Rehab

Alden Estates of Naperville

Alden Northmoor Rehab & HCC

Alden North Shore Rehab & HCC

Alden Orland Park Rehab & HCC

Alden Park Strathmoor

Alden Poplar Creek Rehab & HCC

Alden Princeton Rehab & HCC

Alden Estates of Shorewood

Alden Estates of Skokie

Alden Town Manor Rehab & HCC

Alden Valley Ridge Rehab & HCC

Alden Village Health Facility

Alden Village North

Alden of Waterford

Alden Courts of Waterford

Alden Gardens of Waterford

Alden Wentworth Rehab & HCC

Alden of Old Town East

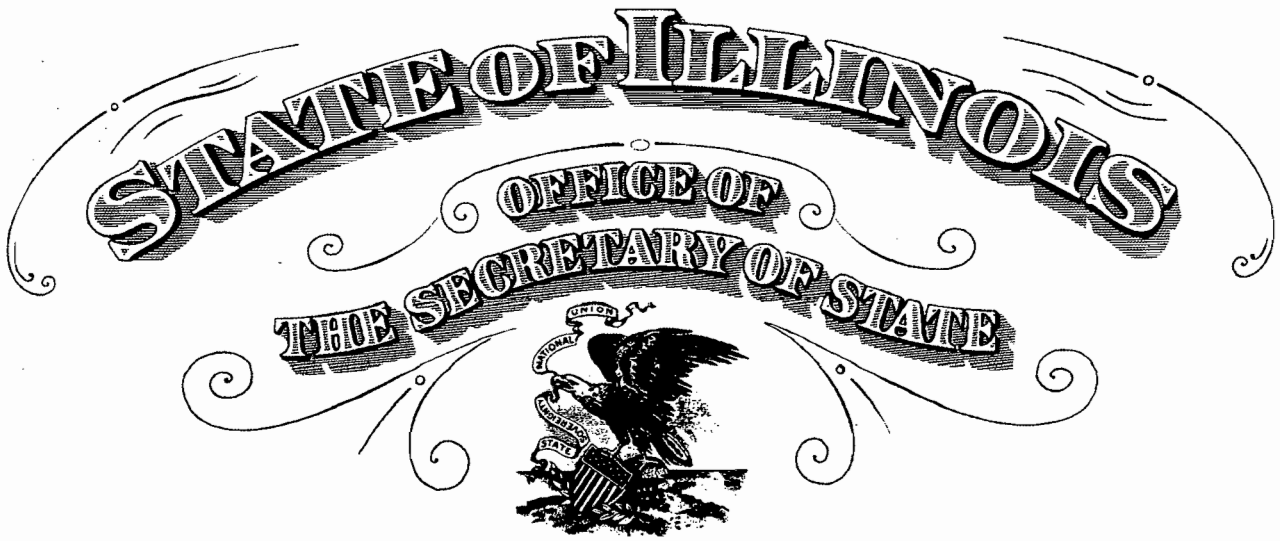
Alden of Old Town West

Alden Trails

Alden Springs

ATTACHMENT-4B

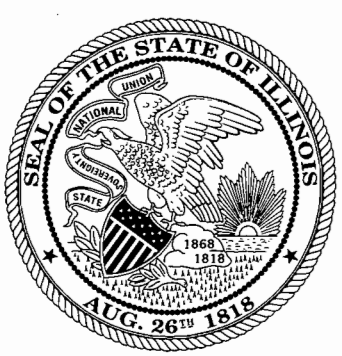
File Number 5206-055-9



To all to whom these Presents Shall Come, Greeting:

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

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



In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* OCTOBER *A.D.* 2015 .

Authentication #: 1528501582 verifiable until 10/12/2016
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-4C

Flood Plain Requirements

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

Appended as **ATTACHMENT-5A** is a letter from Alden Design Group, Inc. dated 09/28/15, as well as a FIRM Map printed from www.FEMA.gov, providing documentation that the proposed project site is not within a special flood hazard area.

ATTACHMENT-5

ADG

ALDEN DESIGN GROUP, INC.

ARCHITECTS

September 28, 2015

Ms. Randi Schlossberg-Schullo
Alden Realty Services, Inc.
4200 West Peterson Avenue
Chicago, IL 60656

RE: Alden New Lenox – Proposed LTC Facility
Floodplain Requirements

Ms. Schlossberg-Schullo,

This letter will serve as documentation that the proposed Long-Term Care Facility in New Lenox will comply with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. We have attached to this letter a floodplain map indicating where the proposed facility will be located.

Should you have any further questions, please do not hesitate to contact us.

Sincerely,
Alden Design Group, Inc. - *Architects*

Michael J Bailey NCARB, ALA

CC: Ray Schultz – Alden Design Group
Ritchie D Schullo – Alden Bennett Construction
Robert Molitor – Alden Management Services

File

NOTES TO USERS

This map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. The community map repository should be consulted for possible updated or additional flood hazard information.

To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to consult the Flood Profiles and Floodway Data and/or Summary of Stillwater Elevations tables contained within the Flood Insurance Study (FIS) report that accompanies this FIRM. Users should be aware that BFEs shown on the FIRM represent rounded whole-foot elevations. These BFEs are intended for flood insurance rating purposes only and should not be used as the sole source of flood elevation information. Accordingly, flood elevation data presented in the FIS report should be utilized in conjunction with the FIRM for purposes of construction and/or floodplain management.

Coastal Base Flood Elevations shown on this map apply only landward of 0.0' North American Vertical Datum of 1988 (NAVD 88). Users of this FIRM should be aware that coastal flood elevations are also provided in the Summary of Stillwater Elevations table in the Flood Insurance Study report for this jurisdiction. Elevations shown in the Summary of Stillwater Elevations table should be used for construction and/or floodplain management purposes when they are higher than the elevations shown on this FIRM.

Boundaries of the floodways were computed at cross sections and interpolated between cross sections. The floodways were based on hydraulic considerations with regard to requirements of the National Flood Insurance Program. Floodway widths and other pertinent floodway data are provided in the Flood Insurance Study report for this jurisdiction.

In the State of Illinois, any portion of a stream or watercourse that lies within the floodway fringe of a studied (AE) stream may have a state regulated floodway. The FIRM may not depict these state regulated floodways.

Floodways restricted by anthropogenic features such as bridges and culverts are drawn to reflect natural conditions and may not agree with the model computed widths listed in the Floodway Data table in the Flood Insurance Study report.

Multiple topographic sources may have been used in the delineation of Special Flood Hazard Areas. See Flood Insurance Study report for details on source resolution and geographic extent.

Certain areas not in Special Flood Hazard Areas may be protected by flood control structures. Refer to Section 2.4 "Flood Protection Measures" of the Flood Insurance Study report for information on flood control structures for this jurisdiction.

The projection used in the preparation of this map was Universal Transverse Mercator (UTM) zone 16. The horizontal datum was NAD 83, GRS80 spheroid. Differences in datum, spheroid, projection or UTM zones used in the production of FIRMs for adjacent jurisdictions may result in slight positional differences in map features across jurisdiction boundaries. These differences do not affect the accuracy of this FIRM.

Flood elevations on this map are referenced to the North American Vertical Datum of 1988. These flood elevations must be compared to structure and ground elevations referenced to the same vertical datum. For information regarding conversion between the National Geodetic Vertical Datum of 1929 and the North American Vertical Datum of 1988, visit the National Geodetic Survey website at www.ngs.noaa.gov or contact the National Geodetic Survey at the following address:

NGS Information Services, NOAA, N/NGS12
National Geodetic Survey SSMC-3, #9202
1315 East-West Highway
Silver Spring, Maryland 20910-3282
(301) 713-3242

To obtain current elevation, description, and/or location for bench marks shown on this map, please contact the Information Services Branch of the National Geodetic Survey at (301) 713-3242, or visit its website at www.ngs.noaa.gov.

Base map information shown on this FIRM was provided in digital format by the United States Geological Survey. Digital orthoimagery with a spatial resolution of 0.3 meter ground sample distance were photogrammetrically compiled from aerial photography acquired during the leaf-off period of spring 2005.

This map reflects more detailed and up-to-date stream channel configurations than those shown on the previous FIRM for this jurisdiction. The Special Flood Hazard Areas and floodways that were transferred from the previous FIRM may have been adjusted to conform to these new stream channel configurations. As a result, the Flood Profiles and Floodway Data tables in the Flood Insurance Study report (which contains authoritative hydraulic data) may reflect stream channel distances that differ from what is shown on this map.

Corporate limits shown on this map are based on the best data available at the time of publication. Because changes due to annexations or de-annexations may have occurred after this map was published, map users should contact appropriate community officials to verify current corporate limit locations.

Please refer to the separately printed Map Index for an overview map of the county showing the layout of map panels; community map repository addresses; and a Listing of Communities table containing National Flood Insurance Program dates for each community as well as a listing of the panels on which each community is located.

Contact the FEMA Map Service Center at 1-800-358-9616 for information on available products associated with this FIRM. Available products may include previously issued Letters of Map Change, a Flood Insurance Study report, and/or digital versions of this map. The FEMA Map Service Center may also be reached by fax at 1-800-358-9620 and its website at www.msc.fema.gov.

If you have questions about this map or questions concerning the National Flood Insurance Program in general, please call 1-877-FEMA MAP (1-877-336-2627) or visit the FEMA website at www.fema.gov/business/nfip/.

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PANEL INDEX

LEGEND

SPECIAL FLOOD HAZARD AREAS (SFHAs) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V, and VE. The Base Flood Elevation is the water-surface elevation of the 1% annual chance flood.

ZONE A	No Base Flood Elevations determined.
ZONE AE	Base Flood Elevations determined.
ZONE AH	Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.
ZONE AO	Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
ZONE AR	Special Flood Hazard Areas formerly protected from the 1% annual chance flood by a flood control system that was subsequently decertified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
ZONE A99	Area to be protected from 1% annual chance flood by a Federal flood protection system under construction; no Base Flood Elevations determined.
ZONE V	Coastal flood zone with velocity hazard (wave action); no Base Flood Elevations determined.
ZONE VE	Coastal flood zone with velocity hazard (wave action); Base Flood Elevations determined.

FLOODWAY AREAS IN ZONE AE

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encroachment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

OTHER FLOOD AREAS

ZONE X	Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 1% annual chance flood.

OTHER AREAS

ZONE X	Areas determined to be outside the 0.2% annual chance floodplain.
ZONE D	Areas in which flood hazards are undetermined, but possible.

COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

OTHERWISE PROTECTED AREAS (OPAs)

CBRS areas and OPAs are normally located within or adjacent to Special Flood Hazard Areas.

	1% annual chance floodplain boundary
	0.2% annual chance floodplain boundary
	Floodway boundary
	Zone D boundary
	CBRS and OPA boundary
	Boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.
~513~	Base Flood Elevation line and value; elevation in feet*
(EL 987)	Base Flood Elevation value where uniform within zone; elevation in feet*

*Referenced to the North American Vertical Datum of 1988

(A)——(A)	Cross section line
(23)- - - -(23)	Transect line
45° 02' 08", 93° 02' 12"	Geographic coordinates referenced to the North American Datum of 1983 (NAD 83)
$^{42}76^{000m}$N	1000-meter Universal Transverse Mercator grid values, zone 16
1580000 FT	5000-foot grid ticks: Illinois State Plane East Coordinate System, 1776 zone (FIPSZONE 1201), Transverse Mercator
DX5510 ×	Bench mark (see explanation in Notes to Users section of this FIRM panel)
• M1.5	River Mile

MAP REPOSITORIES
Refer to Map Repositories list on Map Index

EFFECTIVE DATE OF COUNTYWIDE
FLOOD INSURANCE RATE MAP
SEPTEMBER 6, 1995

EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL

November 6, 2000 -

PRELIM - to reflect updated topographic information, to incorporate previously issued Letters of Map Revision, to change Base Flood Elevations, to add Special Flood Hazard Areas and Base Flood Elevations, and to change zone designations

For community map revision history prior to countywide mapping, refer to the Community Map History table located in the Flood Insurance Study report for this jurisdiction.

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.

MAP SCALE 1" = 1000'

500 0 1000 2000 FEET

300 0 300 600 METERS

NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0190G

FIRM
FLOOD INSURANCE RATE MAP

WILL COUNTY, ILLINOIS
AND INCORPORATED AREAS

PANEL 190 OF 585

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
HOMER GLEN, VILLAGE OF	171080	0190	G
JOLIET, CITY OF	170702	0190	G
NEW LENOX, VILLAGE OF	170706	0190	G
WILL COUNTY	170695	0190	G

PRELIMINARY

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

MAP NUMBER
17197C0190G

MAP REVISED
to be determined

Federal Emergency Management Agency

ATTACHMENT-5A

Historic Resources Preservation Act Requirements

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

Appended as **ATTACHMENT-6A,** is the Applicant's submission to the Illinois Historic Preservation Agency (HPA) documenting compliance with the requirements of the Historic Resources Preservation Act. The response from HPA on this submission will be forwarded upon receipt.

ATTACHMENT-6

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

ONLINE SUBMITTAL

John P. Kniery
jkniery@foleyandassociates.com

October 20, 2015

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

Re: **New Long-Term Care facility to be located in New Lenox, Will County**

Dear Ms. Haaker:

The Applicants are proposing (through the Certificate of Need process) to establish a new Long-Term care facility located near U. S. Route 6 on Cedar Crossing Drive, Will County, Illinois. The proposed Long-Term Care facility will consist of 140 skilled nursing beds.

The required information is as follows:

a. General project address: **Cedar Crossing Drive, between U. S. Route 6 and Evergreen Lane, Will County, Illinois**

b. Map showing the general location of the project:**See attached "Exhibit A".**

c. Photographs of any standing building/structures within the project area: **There are no buildings or structures. See attached "Exhibit B".**

d. Addresses for buildings/structures if present: **N/A**

e. Total acres of project: **6.64**

f. List of other federal or state agencies which potentially would be involved in funding, licensing permitting or official support/approval: **CMMS, IDPH, IHFS, and HUD will be involved in licensing, permitting and certification of this facility.**

g. Requested HARGIS map: **Upon search of the above general project address, no records were found in the HARGIS map database.**

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

Sincerely,

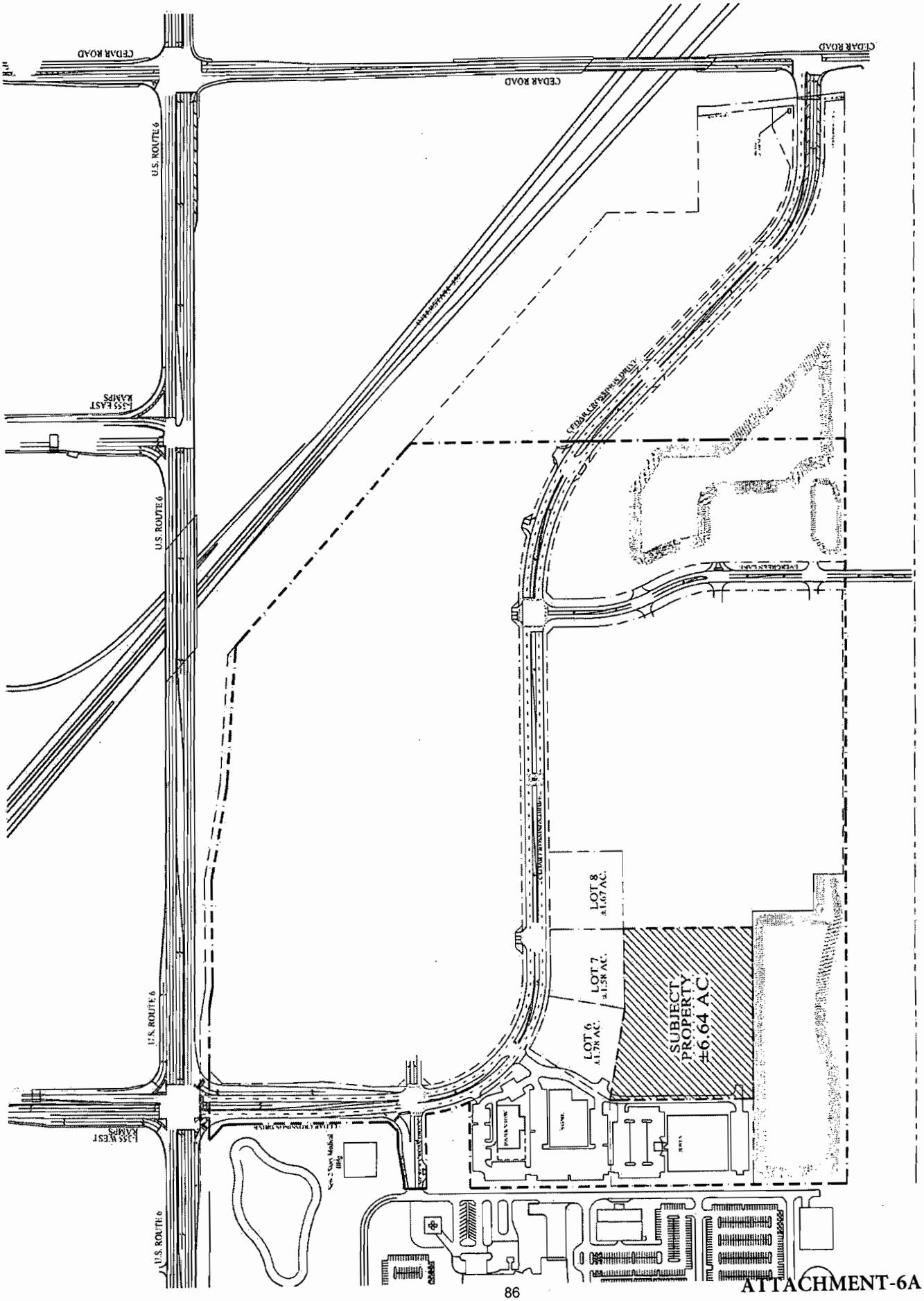
Kathy Harris

Enclosures

Health Care Consulting
133 South Fourth Street, Suite 200 • Springfield, IL 62701
Office: 217/544-1551 foley@foleyandassociates.com Fax: 217/544-3615

ATTACHMENT-6A

EXHIBIT A



ATTACHMENT-6A

EXHIBIT B

ATTACHMENT-6A

ATTACHMENT-6A

Kathy Harris

From: Kathy Harris
Sent: Thursday, October 22, 2015 12:57 PM
To: 'HPA.ProjectsBox@Illinois.gov'
Subject: Alden Estates-Courts of New Lenox
Attachments: IHPA 10.22.15 Alden Estates-Courts of New Lenox.pdf

Please confirm receipt of the attached request.

Thank you,

Kathy Harris

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

CONFIDENTIALITY NOTICE

This transmission and the attachments accompanying it contain confidential information belonging to the sender that is legally privileged. The information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled unless otherwise required by law. If you have received this transmission in error, please notify the sender immediately and destroy all copies of this message including any attachments. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or publication of this message, or the taking of any action based on it is strictly prohibited. The sender hereby reserves all legal rights it has in this message and all rights to take action to protect it or obtain damages for unauthorized disclosure copying, distribution, publication or use.

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

Criterion 1125.320 – Purpose of the Project

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

The proposed project will establish a 140-bed nursing care facility in New Lenox, Will County, Illinois. This project addresses the current bed need of 141 nursing care beds for Health Service Area 9, **Will County Planning Area,** as published in the 10/16/2015 Update to the 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. This project will increase access for nursing care as all proposed nursing beds will be certified for both Medicare and Medicaid. Improved accessibility for nursing care services will be provided to residents of the market area, i.e., a 30-minute travel time from the proposed site. Specifically, this proposed 140-bed nursing care facility includes 100 general skilled care beds and 40 Alzheimer Disease & Related Dementia (ADRD) beds which will provide care under the skilled care (SNF) license. The general long-term care unit will be housed in a three-story, 100-bed building (Alden Estates of New Lenox) where the physical and occupational therapy departments will be located. The ADRD beds will be housed in a separate and distinct building (although connected). This one-story memory care facility (Alden Courts of New Lenox) will provide secure courtyards as well as a separate therapy area. Three levels of care, serving three stages of the disease, will be provided within two wings or "neighborhoods". The first neighborhood will provide care for early stage ADRD residents as well as those in the mid-stages of the disease; these residents typically respond the best to programming and activities. The second neighborhood will serve late-stage ADRD residents who have medical needs that outweigh their programmatic needs. Not only has it been found that separating these groups is

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very important for the early and mid-stage residents, allowing for greatest longevity in the earlier stages, but it is equally important to separate residents who have memory impairments from those who are physically frail.

As the proposed project is to be located in New Lenox, it should be noted that there are not any long-term care facilities in New Lenox, Illinois. The Village of New Lenox has a population of 24,394 according to the 2010 U.S. Census. This represents an increase of nearly 32 percent over the 2000 U.S. Census. Over 8 percent (1,998 persons) of the New Lenox population is age 65 or older and that statistic has grown by over 55 percent from less than 1,300 people (1,288) 65 years of age and over in the 2000 U.S. Census. Therefore, by providing nursing care services to an immediate area where none exist and in which a population is present to more than support the proposed service, implicitly documents that health care will be improved for the market area population.

Nursing Bed Need Projected from State and Planning Area Ratio of Pop. to Nursing Beds									
	2018 Projected Population	2013* Inventory Lic. Beds	Ratio of Tot Pop : 1 Bed	2018 Projected 65+ Pop	Ratio of 65+ Pop : 1 bed	2015 Zip Code 60451 Tot Population	2015 Zip Code 60451 65+ Population	Need based upon Tot. Pop.	Need based upon 65+ Pop
Illinois	13,069,300	100,792	129.7:1	2,018,400	20.0:1	34,063	2,968	**264.1**	**148.4**
Will Co.	771,700	2,931	263.3:1	94,300	32.2:1	34,063	2,968	**129.5**	**92.8**

* Will County number of beds equates to Inventory's calculation of total beds needed.
Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 LTC Services

http://quickfacts.census.gov/qfd/states/17/1752584.html

http://www.zip-codes.com/zip-code/60451/zip-code-60451-2010 census.asp

The above chart illustrates the point that based upon the State's and Will County Planning Area's ratio of population to nursing beds, the Village of New Lenox and the Zip Code area encompassing the Village (60451) can support a range of nursing beds of between 96.1 - 264.1 beds. Therefore, as the Village of New Lenox and its associated Zip Code area have an adverse accessibility issue as they have no beds, yet they have the population to support said beds. As

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such, the proposed project has been strategically located not only for the care and well-being of the market area but of the immediate community of New Lenox.

The proposed project will establish a 140-bed nursing care facility in New Lenox, Illinois. The proposed site is located in Will County, just East of Joliet. The State's new Inventory (2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term care Services) shows a path of growth in terms of need for additional nursing care services that includes Will County (need of 141), Grundy County (need of 35) to the West and South, Kendall County (need of 151) directly West, and DuPage County (need of 138) directly to the North. This is a corridor of need and 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.

The Applicant is also proposing to not only provide general long-term care services (100-beds) but also provide rehabilitation and Alzheimer's Disease and Related Dementia (ADRD) care (40-beds) under the skilled nursing license. The rehab unit will be housed within the three-story 100 bed building (Alden Estates of New Lenox) where the physical and occupational therapy department will be located. The ADRD beds will be provided in a separate and distinct building (although connected). This one-story memory care facility (Alden Courts of New Lenox) will provide three levels, serving three stages of the disease, in three wings or "neighborhoods." The first neighborhood is for early stage ADRD residents who typically respond the best to programming and activities; the second neighborhood will provide for those

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in the mid-stages of the disease. The medical needs are more prevalent but they still do not outweigh the resident's programmatic needs. The third neighborhood will serve late-stage ADRD residents who have medical needs that outweigh their programmatic needs. It has been found that separating these groups is very important for the early and mid-stage residents and allows for greatest longevity in the earlier stages. Equally important as separating residents between level of care is to separate residents who have memory impairments from those who are physically frail.

As the proposed project is to be located in New Lenox, it should again be noted that there are not any long-term care facilities in New Lenox, Illinois. The Subject project will be adjacent to Silver Cross Hospital offering a concentration of vertically aligned services and referrals. Therefore, by providing nursing care services to an immediate area where none exist and in which a population is present to support the proposed service implicitly documents that health care will be improved.

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 thirty minute drive time contour adjusted per the 77 Illinois Administrative Code, Chapter II, Subchapter a, Section 1100.510(d). Moreover, the project is to be located in New Lenox, Illinois of which there are no long-term care facilities within nearly 5 miles (equivalent of 10 minute travel time contour).

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

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

There is an identified need for 141 additional nursing care beds and services in Health

Ratio of Population to Nursing Beds Comparison - 2013 DATA FROM 2015 INVENTORY PUBLISHED 08/03/2015

Market	2013 Estimated Population	2018 Estimated Population	Growth	Lic. Beds	Population for 1-bed	2013 Estimated 65+ Pop	2018 Estimated 65+ Pop	Growth	65+ Population for 1-bed
Illinois	2,880,900	13,069,300	1.5%	100,792	129.7	1,742,900	2,018,400	15.8%	20.0
HSA 7-C	930,400	934,300	0.4%	5,862	159.4	121,200	152,800	26.1%	26.1
Grundy Co.	50,400	54,800	8.7%	265	206.8	5,800	7,500	29.3%	28.3
Kendall Co.	118,100	137,400	16.3%	185	742.7	8,900	13,800	55.1%	74.6
Will Co.	683,300	771,700	12.9%	2,790	276.6	70,200	94,300	34.3%	33.8

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

Service Area 9, Will County Planning Area. This project addresses that existing identified need. The chart provided herein, portrays the issue that the proposed project seeks to address. Specifically, the Planning Areas of Will County, HSA-7A, Grundy County, and Kendall Co. each have a ratio of population per single nursing bed that is higher than that of the State. The proposed project seeks to establish nursing beds in a community that has over 25,000 people and nearly 2,100 elderly over the age of 65. Even with the proposed 140-bed nursing facility, the ratio of population (65+) to nursing beds is only second to Kendall County Planning Area whose over 65 population was projected to grow by 55% as compared to the impressive over 34% increase in the Will County Planning Area. Therefore, the issue is the lack of accessibility to nursing services in New Lenox as well as for the thirty-minute travel time contour (primary and secondary market areas).

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

Appended as **ATTACHMENT-10A**, is the Long-Term Care Facility Update (October 16, 2015) to the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care Services for **Will County**.

ATTACHMENT-10

Appended as **ATTACHMENT-10B** is the Microsoft MapPoint North America 2009 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-10C**, is the site plan for the proposed project, Alden Estates-Courts of New Lenox.

Appended as **ATTACHMENT-10D**, is documentation of facts on Alzheimer's Disease from the Alzheimer's Association and IDPH.

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

Appended as **ATTACHMENT-10F** is census data from the US Census Bureau for New Lenox, Illinois and ZIP Code 60451.

Appended as **ATTACHMENT-10G** is documentation from the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care Services

Appended as **ATTACHMENT-10H** is Alden's Memory Care Program.

Appended as **ATTACHMENT-10I** are four physician referral letters. These letters support the project and the Applicant's ability to appropriately utilize the proposed facility.

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

The proposed facility, in reality, is the combination of two facilities: the first is a 100-bed general long-term care facility with a concentration in rehabilitation; and the second, a 40-bed nursing facility dedicated to ADRD care in its three levels of the disease. The proposed project

ATTACHMENT-10

also addresses the immediate need for nursing beds just with the community of New Lenox, Will County, as the issue of accessibility, as defined in the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care which calculates an existing need for 141 additional nursing care beds.

Appended as **ATTACHMENT-10I**, are four (4) physician letters of support stating that it is their intent to provide referrals should openings be available. It should be noted that these letters provide that collectively in the most recent 12 months 912 referrals have been made to area nursing facilities. Specifically, for the proposed project, these same physicians have indicated that they could make referrals of 68 patients per month for the general geriatric nursing beds and 8 monthly referrals to the specialized ADRD nursing unit. On an annual basis these referrals account for 816 and 96 referrals to the respective nursing units of the proposed Alden Estates-Courts of New Lenox. The important point is that accessibility 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 long-term care services and innovative (ADRD) long-term care services to the geriatric population of those within the Will County Planning Area. The 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.

Since this proposed project is for the establishment and construction of a facility and does not involve modernization, this item is not applicable.

ATTACHMENT-10

LONG-TERM CARE FACILITY UPDATES

10/16/2015

CALCULATED BED NEEDS

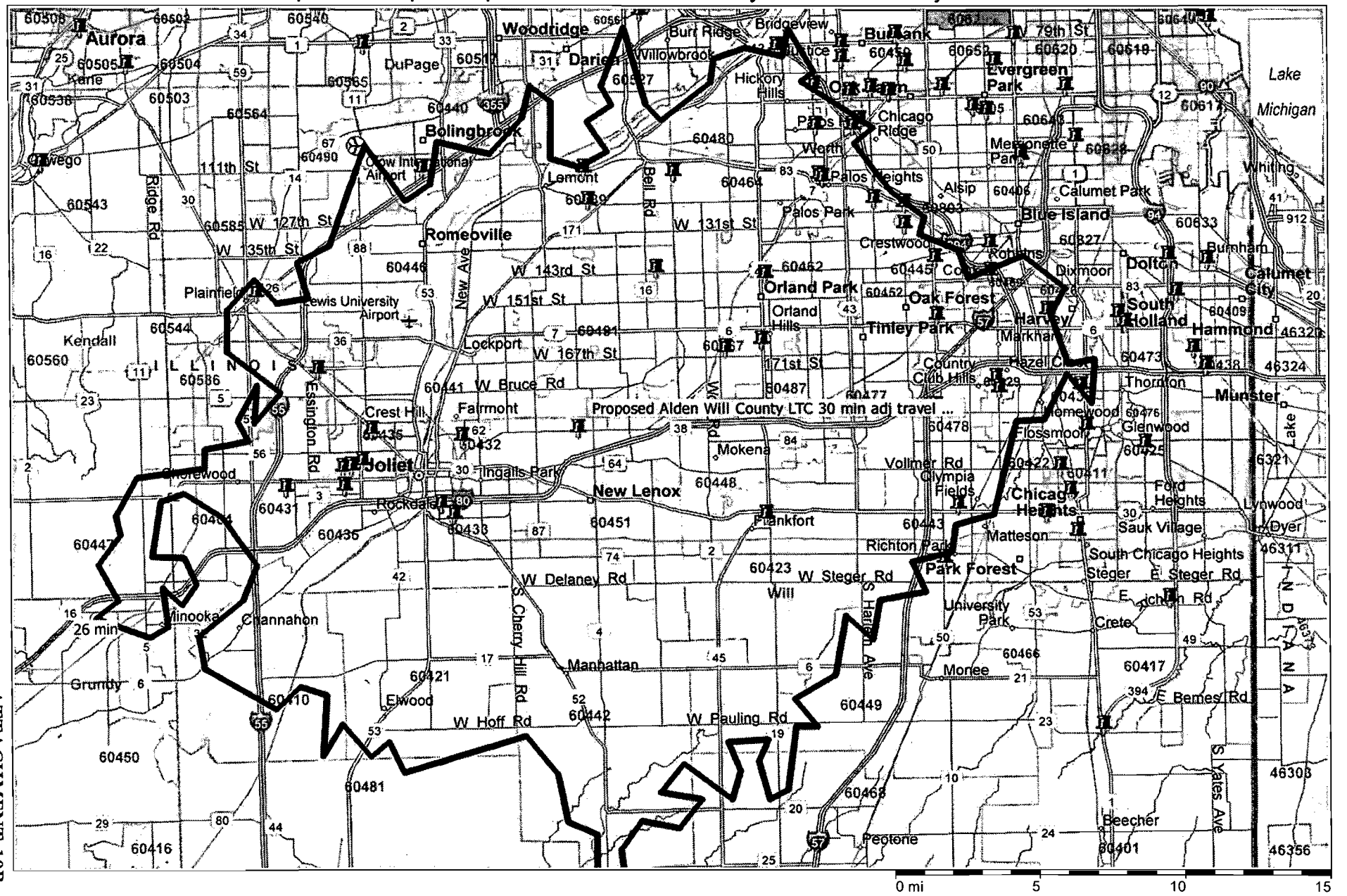
Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3783	3321	462
Planning Area 7-B	6101	6827	(726)
Planning Area 7-C	5998	5860	138
Planning Area 7-D	2462	2904	(442)
Planning Area 7-E	8026	9165	(1139)
HEALTH SERVICE AREA 8			
Kane	2705	3064	(359)
Lake	4186	4494	(308)
McHenry	1124	997	127
HEALTH SERVICE AREA 9			
Grundy	300	265	35
Kankakee	1072	1368	(296)
Kendall	336	185	151
Will	2931	2790	141
HEALTH SERVICE AREA 10			
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1214	(137)
HEALTH SERVICE AREA 11			
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)

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

HSA 1	249	335	(86)
HSA 2	239	256	(17)
HSA 3	206	360	(154)
HSA 4	304	128	176
HSA 5	222	256	(34)
HSA 6, 7, 8, 9	3161	1021	2140
HSA 10	74	32	42
HSA 11	215	288	(73)

ATTACHMENT-10A

MapPoint Map - Proposed Alden Will County LTC 30 min adj travel time



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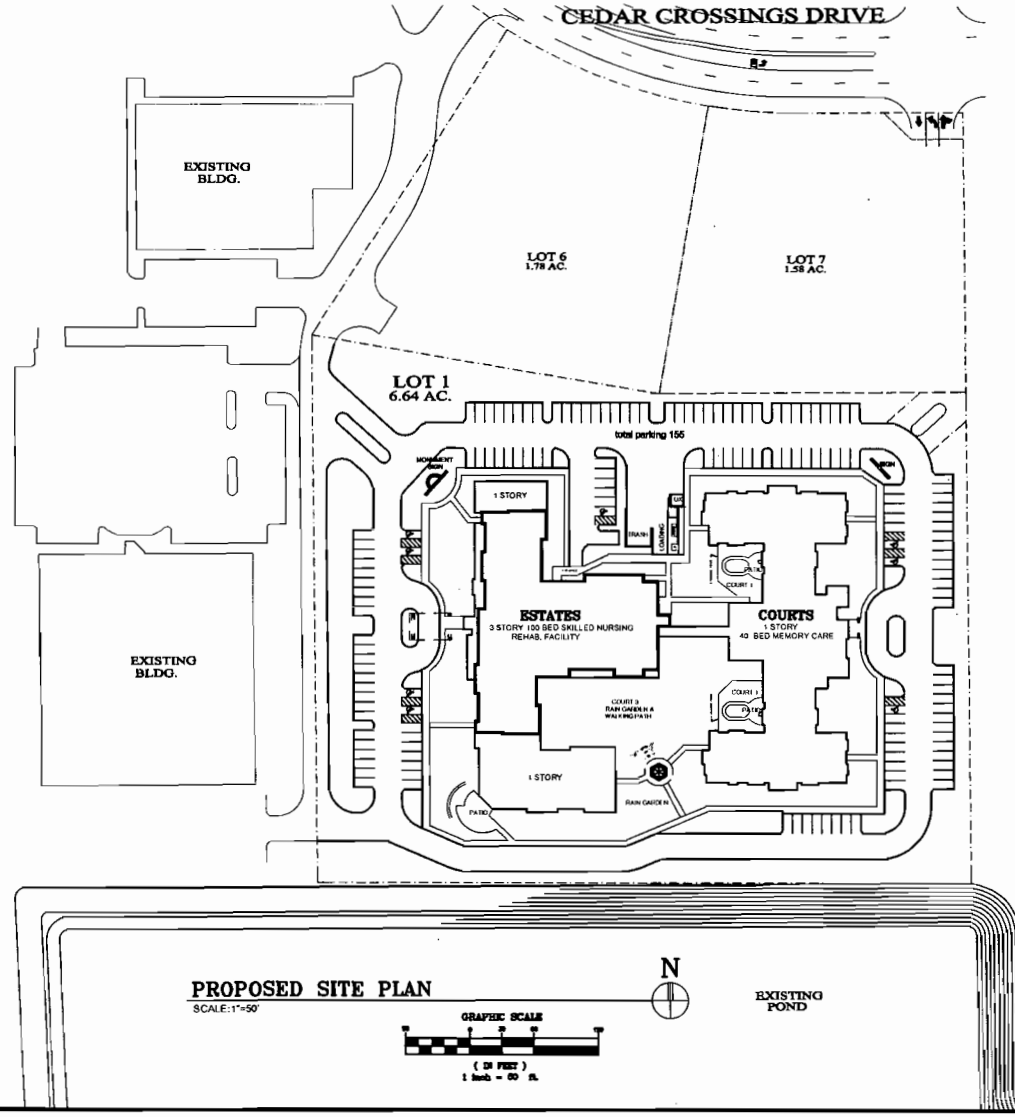
ATTACHMENT-10B



PROPOSED SITE PLAN

SCALE: 1"=50'

SITE DATA LOT 1 (ESTATES & COURTS)

ZONING: PUD

SITE AREA: 6.64 ACRES

BLDG. HEIGHT 40'-8" +/- (MID ROOF)

BLDG. AREA (SKILLED NURSING & REHAB)

3 STORY 100 BED SKILLED NURSING & REHAB	AREA
FIRST FLOOR:	34,000 SF +/-
SECOND FLOOR:	22,300 SF +/-
THIRD FLOOR:	22,300 SF +/-
PENTHOUSE	2,000 SF +/-
TOTAL BLDG. AREA	80,600 SF +/-

BLDG. AREA (SKILLED MEMORY CARE)

1 STORY 40 BED MEMORY CARE	AREA
FIRST FLOOR:	26,400 SF +/-
TOTAL BLDG. AREA	107,000 SF +/-
TOTAL PARKING:	(147) 9'X19' STD. (8) 10'X19' HC TOTAL (155)

ALDEN ESTATES - COURTS of NEW LENOX

NEW LENOX ILLINOIS

ADG ALDEN DESIGN GROUP, INC.
ARCHITECTS
4250 W. Peterson Ave.
Chicago, IL 60646
Phone: 773-286-1548
Fax: 773-286-1562

Date: 10-22-15
Job:
Drawn: R.K.
Sheet
A-1

ATTACHMENT-10C

Español | 中文 (Chinese) | Other languages SEARCH

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alz.org | alzheimer's association

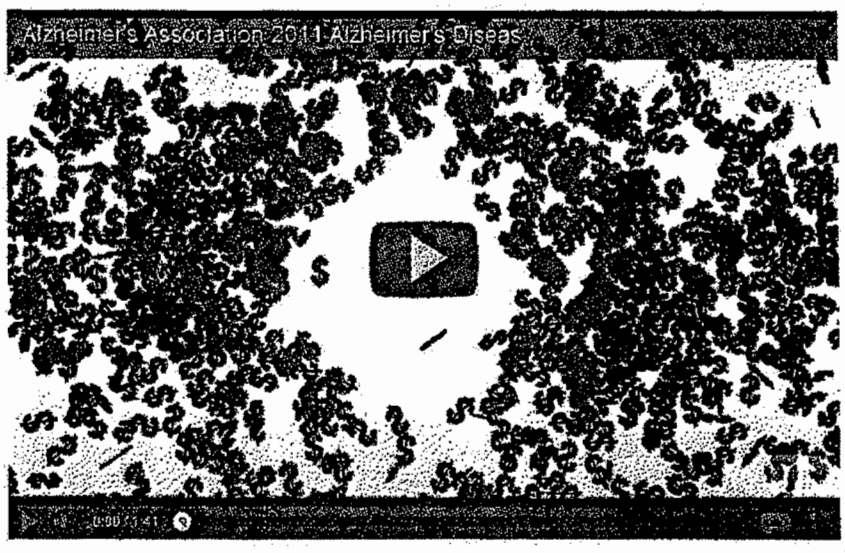
24/7 Helpline: 800.272.3900

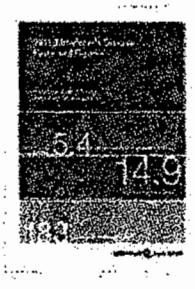
Our vision is a world without Alzheimer's disease

Find us anywhere: ZIP GO Search by state

alzheimer's association

Alzheimer's Facts and Figures



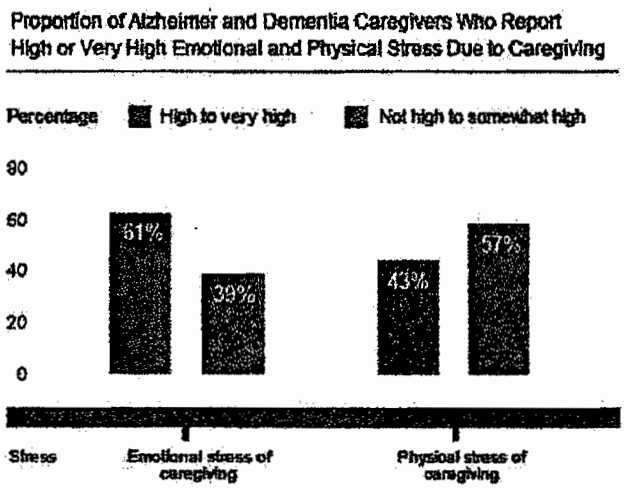


Facts and Figures, an annual report released by the Alzheimer's Association, reveals the burden of Alzheimer's and dementia on individuals, caregivers, government, and the nation's healthcare system.

2011 Alzheimer's Disease Facts and Figures report
Quick facts
Unpaid caregivers and stress
Deaths from Alzheimer's disease
Alzheimer's facts in each state

Unpaid caregivers and stress

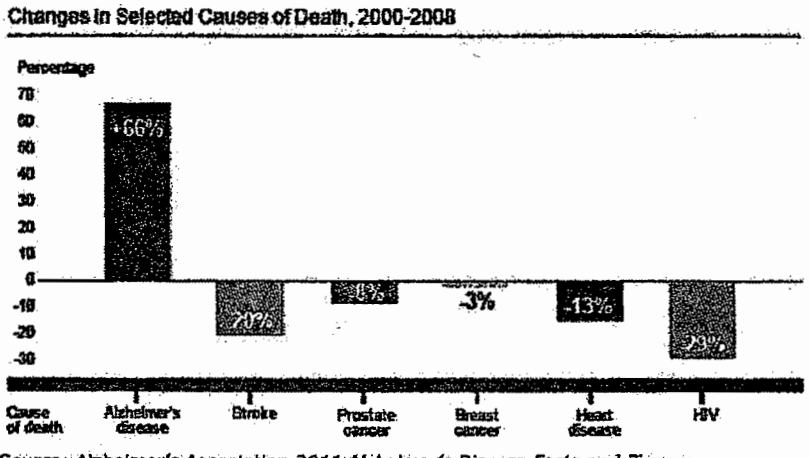
There are nearly 15 million Alzheimer's and dementia caregivers providing 17 billion hours of unpaid care valued at $202 billion. *Facts and Figures* finds that caregivers not only suffer emotionally but also physically. Because of the toll of caregiving on their own health, Alzheimer's and dementia caregivers had $7.9 billion in additional health care costs in 2010. More than 60 percent of family caregivers report high levels of stress because of the prolonged duration of caregiving and 33 percent report symptoms of depression.



Created from data from the Alzheimer's Association 2010 Women and Alzheimer's Poll, October 2010.
Source: Alzheimer's Association *2011 Alzheimer's Disease Facts and Figures.*

Deaths from Alzheimer's disease

Alzheimer's is the sixth-leading cause of death in the country and the only cause of death among the top 10 in the United States that cannot be prevented, cured or even slowed. Based on mortality data from 2000-2008, death rates have declined for most major diseases while deaths from Alzheimer's disease have risen 66 percent during the same period.



Source: Alzheimer's Association *2011 Alzheimer's Disease Facts and Figures.*

Back to top

Alzheimer's facts in each state

The *2011 Alzheimer's Disease Facts and Figures* report also contains data on the impact of this disease in every state across the nation. Click below to see the effect that Alzheimer's is having in your state.

alzheimer's association

Illinois

ALZHEIMER'S STATISTICS

In the United States, an estimated **5.4 million people** are living with Alzheimer's disease, and someone develops the disease every **69 seconds**. Unless something is done, as many as **16 million** Americans will have Alzheimer's in 2050 and someone will develop the disease every **33 seconds**. In 2010, **14.9 million** family members and friends provided **17 billion hours** of unpaid care to those with Alzheimer's and other dementias – care valued at **$202.6 billion**.

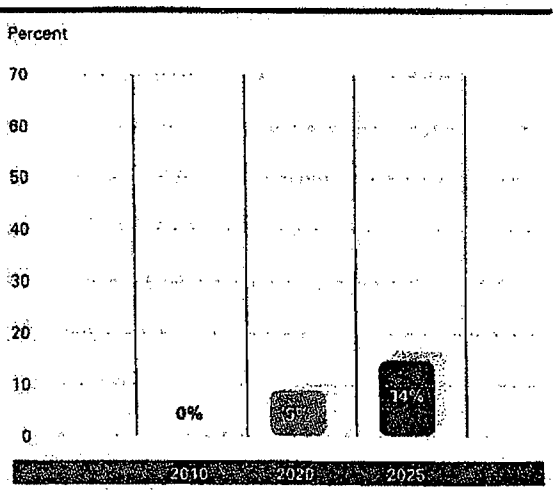
Number of People Aged 65 and Older with Alzheimer's by Age

Year	65–74	75–84	85+	Total	% change from 2000
2000	12,000	110,000	89,000	210,000	
2010	10,000	98,000	100,000	210,000	0%
2020	13,000	97,000	110,000	220,000	5%
2025	14,000	110,000	110,000	240,000	14%

Number of Alzheimer's and Dementia Caregivers, Hours of Unpaid Care, and Economic Value of Care

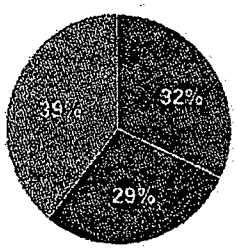
Year	Number of Caregivers	Total Hours of Unpaid Care	Total Value of Unpaid Care
2008	349,614	301,788,819	$3,349,833,685
2009	386,207	439,812,201	$5,057,840,312
2010	579,505	659,939,981	$7,873,083,975

Percentage Change in Number with Alzheimer's Disease Compared to 2000



Cognitive Impairment in Nursing Home Residents, 2008

Total Nursing Home Residents **170,454**



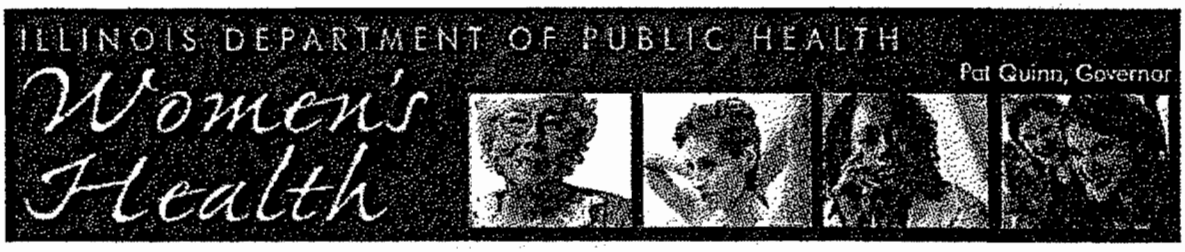
Level of Cognitive Impairment
- severe/moderate
- mild/very mild
- none

Number of Deaths Due to Alzheimer's Disease in 2007

2,734

For more information, view the *2011 Alzheimer's Disease Facts and Figures* report at **alz.org/facts**.

ATTACHMENT-10D



Facts About Alzheimer's Disease

About 4.5 million Americans have Alzheimer's disease (AD); an estimated 222,300 of them live in Illinois. Unless a cure or prevention for the disease is found, this number is expected to increase as the population ages. While the disease can occur in people in their 30s and 40s, it is most prevalent among older individuals: about one in 10 persons 65 years of age and older and almost half of those 85 years of age and older develop AD. More than 70 percent of those suffering from AD live at home, where the majority of their care (75 percent) is provided by family and friends. The direct and indirect financial toll of Alzheimer's disease in the United States is estimated to be least $100 billion a year; Illinois' share of these costs amounts to more than $5.2 billion annually.

What is Alzheimer's disease?

Alzheimer's disease is an incurable, progressive degenerative disease of the brain. It is the most common form of dementia. AD, though, is not just memory loss. It is also a decline in the ability to think and understand. Consequent changes in personality are accompanied by an inability to function. The type, severity, sequence and progression of the mental changes vary widely among individuals. While it most frequently affects older individuals, Alzheimer's disease is not a part of normal aging.

What are the symptoms/warning signs of Alzheimer's disease?

Symptoms/warning signs of AD may include the following:

- memory loss or unexplained confusion that interferes with daily activities
- difficulty in performing familiar tasks and chores
- problems speaking, understanding, reading or writing
- forgetting words or substituting inappropriate words
- disorientation to time and place (e.g., getting lost in familiar surroundings)
- poor or decreased judgment (e.g., wearing a winter coat on a hot summer day)
- problems with abstract thinking (e.g., difficulty balancing a checkbook)
- misplacing things in inappropriate places (e.g., putting the iron in the freezer)
- changes in mood or behavior (e.g., rapid mood swings for no apparent reason or cursing)
- drastic changes in personality (e.g., suspiciousness)
- lack of interest and involvement in usual activities

If several of these symptoms/warning signs are present, the person should be evaluated by a physician. Frequently, the early symptoms of AD, which include forgetfulness and loss of concentration, are mistakenly dismissed as normal signs of aging.

Do women have a greater risk of developing Alzheimer's disease?

Age is the most important known risk factor for Alzheimer's disease. This means the longer people live, the more likely they are to develop the disease. Since women have longer life spans than men, they have a higher lifetime risk of developing Alzheimer's disease.

Why is an early diagnosis important?

It is important to determine the actual cause of the cognitive (mental process including memory and judgment) symptoms. The symptoms may not be caused by AD. Many causes, such as depression, drug interaction, thyroid problems and vitamin deficiencies, are reversible if detected early and treated appropriately.

An early diagnosis of AD can increase the chance of potential benefits from approved medications. It also allows the person with AD to participate in health care, financial and legal decisions.

Is there any treatment for Alzheimer's disease?

There is currently no cure for AD. For some people in the early to middle stages of the disease, new medications may provide limited cognitive symptom relief. However, behavioral symptom management without the use of medications is recommended because there is an increased risk of worsening the dementia and other adverse effects. Interventions include family education and counseling, modification of the environment and planned activities.

A person with Alzheimer's should be under a doctor's care and may see a neurologist, psychiatrist, family doctor, internist, or geriatrician (a specialist who treats older adults). The doctor can treat the person's physical and behavioral problems and answer the many questions that the person or the family may have.

What is the prognosis for someone with Alzheimer's disease?

AD is a progressive disease. A person with Alzheimer's disease lives an average of eight years and as many as 20 years or more from the onset of symptoms. The most common cause of death for persons with AD is infection.

Is research on Alzheimer's disease being done?

Current research is investigating the cause, diagnosis, treatment and prevention of the disease as well as looking for ways to improve care. Unless a cure or prevention is found, an estimated 14 million Americans will be stricken with AD by 2050. Since 1985, the Alzheimer's Disease Research Fund, which is supported by contributions made by Illinois taxpayers through their annual income tax returns, has supported 136 research projects.

Where can I get more information?

Illinois has three state-funded Alzheimer's disease assistance centers. They offer diagnosis and treatment, education (lay and professional) and research, including clinical trials. The centers' service areas and contact information are provided below.

Chicago metropolitan area (Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry and Will counties):

Alzheimer's Disease Center
Northwestern University Medical School
312-908-9339

Rush Alzheimer's Disease Assistance Center
312-942-4463

Downstate area (Illinois' remaining 93 counties):

Center for Alzheimer's Disease/Related Disorders

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH BEAT

Alzheimer's Disease

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- problems speaking, understanding, reading or writing
- forgetting words or substituting inappropriate words
- disorientation to time and place (e.g., getting lost in familiar surroundings)
- poor or decreased judgment (e.g., wearing a winter coat on a hot summer day)
- problems with abstract thinking (e.g., difficulty balancing a checkbook)
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If several of these symptoms/warning signs are present, the person should be

evaluated by a physician. Frequently, the early symptoms of AD, which include forgetfulness and loss of concentration, are mistakenly dismissed as normal signs of aging.

Do women have a greater risk of developing Alzheimer's disease?

Age is the most important known risk factor for Alzheimer's disease. This means the longer people live, the more likely they are to develop the disease. Since women have longer life spans than men, they have a higher lifetime risk of developing Alzheimer's disease.

Why is an early diagnosis important?

It is important to determine the actual cause of the cognitive (mental process including memory and judgment) symptoms. The symptoms may not be caused by AD. Many causes, such as depression, drug interaction, thyroid problems and vitamin deficiencies, are reversible if detected early and treated appropriately.

An early diagnosis of AD can increase the chance of potential benefits from approved medications. It also allows the person with AD to participate in health care, financial and legal decisions.

Is there any treatment for Alzheimer's disease?

There is currently no cure for AD. For some people in the early to middle stages of the disease, new medications may provide limited cognitive symptom relief. However, behavioral symptom management without the use of medications is recommended because there is an increased risk of worsening the dementia and other adverse effects. Interventions include family education and counseling, modification of the environment and planned activities.

A person with Alzheimer's should be under a doctor's care and may see a neurologist, psychiatrist, family doctor, internist, or geriatrician (a specialist who treats older adults). The doctor can treat the person's physical and behavioral problems and answer the many questions that the person or the family may have.

What is the prognosis for someone with Alzheimer's disease?

AD is a progressive disease. A person with Alzheimer's disease lives an average of eight years and as many as 20 years or more from the onset of symptoms. The most common cause of death for persons with AD is infection.

Is research on Alzheimer's disease being done?

Current research is investigating the cause, diagnosis, treatment and prevention of the disease as well as looking for ways to improve care. Unless a cure or prevention is found, an estimated 14 million Americans will be stricken with AD by 2050. Since 1985, the Alzheimer's Disease Research Fund, which is supported by contributions made by Illinois taxpayers through their annual income tax returns, has supported 136 research projects.

Where can I get more information?

Illinois has three state-funded Alzheimer's disease assistance centers. They offer diagnosis and treatment, education (lay and professional) and research, including clinical trials. The centers' service areas and contact information are provided below.

Chicago metropolitan area (Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry and Will counties):

Alzheimer's Disease Center
Northwestern University Medical School
312-908-9339

Rush Alzheimer's Disease Assistance Center
312-942-4463

Downstate area (Illinois ' remaining 93 counties):

Center for Alzheimer's Disease/Related Disorders
Southern Illinois University School of Medicine
217-782-8249

idph online home
health fact sheets

Illinois Department of Public Health
535 West Jefferson Street
Springfield, Illinois 62761
Phone 217-782-4977
Fax 217-782-3987
TTY 800-547-0466
Questions or Comments

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24/7 Helpline:
800.272.3900

Our vision is a world without Alzheimer's disease

Find us anywhere: ZIP

alzheimer's association

Special Care Units

Introduction
Our position
What we are doing
Resources

Introduction

Alzheimer Special Care Units (SCUs) exist to better meet dementia residents' needs and to protect residents without dementia in nursing homes and residential care facilities. Special care unit growth has become a challenge for Alzheimer advocates concerned about the quality of long-term care.

Nearly 60 percent of nursing home residents have Alzheimer's or another dementia. In recent years the number of nursing homes that have developed SCUs designed to serve residents with Alzheimer's disease has proliferated. Special care dementia units now represent one of the fastest growing parts of the nursing home business.

Until recently, facilities did not have to meet any specific standards, beyond the nursing home regulations and standards to which all nursing homes are held, in order to promote themselves as being a special care unit.

Many facilities did not offer the same services or a comparable level of care, making it impossible for families of Alzheimer patients to determine a correct placement for their loved one. Often, the term "special care unit" was used as a marketing scheme where the only distinguishing factor was that the unit was locked.

Our position

The Alzheimer's Association supports the enactment of state legislation regarding the disclosure of claims made by facilities relative to their Alzheimer special care units.

Such disclosure requirements should conform to the Key Elements of Dementia Care and include proper enforcement and monitoring mechanisms. In addition, such legislation should include provisions and resources for consumer education and training of surveyors and ombudsman.

What we are doing

A 1993 study of SCUs by the Alzheimer's Association substantiated the concern that some facilities were offering little difference in the care provided in SCUs compared to more traditional nursing home settings.

The study found that:

- Extra costs of the units were not disclosed prior to admission 39 percent of the time.
- Twenty-nine percent of families did not know if they were paying more for special care than for standard nursing home care.
- Ombudsmen and state surveyors expressed concern about the availability of specialized activities, numbers of staff on duty, staff training, involuntary seclusion or confinement of residents, and the ability of the units to manage problem behaviors.

In the years since this study was commissioned, Alzheimer advocates have worked with state lawmakers to address these concerns. This work has resulted in the enactment of special care unit disclosure laws in 23 states. SCU disclosure laws require nursing homes and other health care providers to disclose what their special services include.

The Association works with legislators to enact model legislation to hold facilities with Alzheimer special care units accountable to prospective residents, their families and state licensing agencies.

The eight areas of care outlined in the model legislation closely parallel the goals for specialized care identified in the Alzheimer Association's *Key Elements of Dementia Care*.

Resources

For more information and tools for advocates, see Resources.

A PETITION FOR A STRONG NATIONAL ALZHEIMER'S PLAN

Families Facing Alzheimer's Disease Can't Wait

We, the undersigned, call on the President to issue a strong National Alzheimer's Plan to help the millions of Americans now affected by Alzheimer's disease, and the many millions more at risk.

Read the full text

Sign the Petition to President Obam

Alzheimer's can't wait. We need a federal commitment in or change the course of Alzheimer's disease.

*First name: *Last name:

*Email:

*Address:

*City: *State: *Zip:

SIGN THE PETITIO

* required information

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alzheimer's association

Seven Stages of Alzheimer's

Alzheimer's symptoms vary. The stages below provide a general idea of how abilities change during the course of the disease.

Stage 1: No impairment
Stage 2: Very mild decline
Stage 3: Mild decline
Stage 4: Moderate decline
Stage 5: Moderately severe decline
Stage 6: Severe decline
Stage 7: Very severe decline

Not everyone will experience the same symptoms or progress at the same rate. This seven-stage framework is based on a system developed by Barry Reisberg, M.D., clinical director of the New York University School of Medicine's Silberstein Aging and Dementia Research Center.

Stage 1: No impairment (normal function)
The person does not experience any memory problems. An interview with a medical professional does not show any evidence of symptoms of dementia.

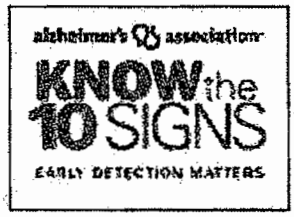
Stage 2: Very mild cognitive decline (may be normal age-related changes or earliest signs of Alzheimer's disease)
The person may feel as if he or she is having memory lapses — forgetting familiar words or the location of everyday objects. But no symptoms of dementia can be detected during a medical examination or by friends, family or co-workers.

VIDEO Learn more: Risk Factors Identifying Mild Cognitive Impairment (approx 21 min.)

Stage 3: Mild cognitive decline (early-stage Alzheimer's can be diagnosed in some, but not all, individuals with these symptoms)
Friends, family or co-workers begin to notice difficulties. During a detailed medical interview, doctors may be able to detect problems in memory or concentration. Common stage 3 difficulties include:

- Noticeable problems coming up with the right word or name
- Trouble remembering names when introduced to new people
- Having noticeably greater difficulty performing tasks in social or work settings Forgetting material that one has just read
- Losing or misplacing a valuable object
- Increasing trouble with planning or organizing

Learn more: Know the 10 Signs, Steps to Diagnosis and Related Dementias



Inside the Brain: An Interactive Tour
Learn how stages of Alzheimer's relate to physical changes within the brain.

Stage 4: Moderate cognitive decline
(Mild or early-stage Alzheimer's disease)
At this point, a careful medical interview should be able to detect clear-cut symptoms in several areas:

- Forgetfulness of recent events
- Impaired ability to perform challenging mental arithmetic — for example, counting backward from 100 by 7s
- Greater difficulty performing complex tasks, such as planning dinner for guests, paying bills or managing finances
- Forgetfulness about one's own personal history
- Becoming moody or withdrawn, especially in socially or mentally challenging situations

Help is available

Your local Alzheimer's Association chapter can connect you with the resources you need to cope with the symptoms and challenges of Alzheimer's. Find a chapter in your community

Our free 24/7 Helpline provides information, referral and care consultation by professionals in 170 languages.

Our Greenfield Library houses more than 5,000 books, journals and resources. Access it online.

Sign Our Petition to President Obama

Alzheimer's can't wait. We need a federal commitment in order to change the course of Alzheimer's disease. Tell President Obama millions of families are counting on him for a strong National Alzheimer's Plan.

Stage 5: Moderately severe cognitive decline
(Moderate or mid-stage Alzheimer's disease)
Gaps in memory and thinking are noticeable, and individuals begin to need help with day-to-day activities. At this stage, those with Alzheimer's may:

- Be unable to recall their own address or telephone number or the high school or college from which they graduated

- Become confused about where they are or what day it is
- Have trouble with less challenging mental arithmetic; such as counting backward from 40 by subtracting 4s or from 20 by 2s
- Need help choosing proper clothing for the season or the occasion
- Still remember significant details about themselves and their family
- Still require no assistance with eating or using the toilet

Learn More: Daily Care and Behaviors

Stage 6: Severe cognitive decline
(Moderately severe or mid-stage Alzheimer's disease)
Memory continues to worsen, personality changes may take place and individuals need extensive help with daily activities. At this stage, individuals may:

- Lose awareness of recent experiences as well as of their surroundings
- Remember their own name but have difficulty with their personal history
- Distinguish familiar and unfamiliar faces but have trouble remembering the name of a spouse or caregiver
- Need help dressing properly and may, without supervision, make mistakes such as putting pajamas over daytime clothes or shoes on the wrong feet
- Experience major changes in sleep patterns — sleeping during the day and becoming restless at night
- Need help handling details of toileting (for example, flushing the toilet, wiping or disposing of tissue properly)
- Have increasingly frequent trouble controlling their bladder or bowels
- Experience major personality and behavioral changes, including suspiciousness and delusions (such as believing that their caregiver is an impostor)or compulsive, repetitive behavior like hand-wringing or tissue shredding
- Tend to wander or become lost

Remember:
It is difficult to place a person with Alzheimer's in a specific stage as stages may overlap.

Stage 7: Very severe cognitive decline
(Severe or late-stage Alzheimer's disease)
In the final stage of this disease, individuals lose the ability to respond to their environment, to carry on a conversation and, eventually, to control movement. They may still say words or phrases.

At this stage, individuals need help with much of their daily personal care, including eating or using the toilet. They may also lose the ability to smile, to sit without support and to hold their heads up. Reflexes become abnormal. Muscles grow rigid. Swallowing impaired.

Learn more: Late-Stage Care

Alden Estates-Courts of New Lenox
30-Min Adjusted Drive Time Facilities

FACNAME	ADDRESS	CITY	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
Spring Creek Nursing & Rehab Center	777 Draper	Joliet	168	4.22	8.1
Smith Crossing (1)	10501 Emilie Ln	Orland Park	46	6.61	11.5
Sunny Hill Nursing Home Will County (2)	421 Doris Avenue	Joliet	280	8.71	12.7
Salem Village Nursing & Rehab	1314 Rowell Avenue	Joliet	266	8.35	12.7
Joliet Terrace Nursing Center	2230 Mcdonough	Joliet	120	11.41	16.1
Symphony of Joliet	306 North Larkin Avenue	Joliet	214	11.81	16.1
Victorian Village (3) (licensure 1/26/15)	12565 W. Renaissance Circle	Homer Glen		9.67	16.1
Lemont Nrsg & Rehab Center	12450 Walker Rd	Lemont	158	10.61	16.1
Alden Estates of Orland Park	16450 South 97th Avenue	Orland Park	200	8.74	16.1
The PARC at Joliet	222 North Hammes	Joliet	203	12.09	17.3
Presence Villa Franciscan	210 North Springfield Avenue	Joliet	154	12.37	18.4
Our Lady Of Angels Ret Home	1201 Wyoming Avenue	Joliet	87	8.23	18.4
Franciscan Village (4)	1270 Franciscan Drive	Lemont	127	12.22	19.6
Frankfort Terrace Nursing Center	40 North Smith Street	Frankfort	120	11.6	19.6
Lexington Health Care Center	14601 S. John Humphrey Drive	Orland Park	278	11.07	20.7
McAllister Nursing & Rehab (5)	18300 Lavergne Ave	Country Club Hills	111	14.81	20.7
Holy Family Villa (6)	Will Cook Rd	Palos Park	129	12.89	21.9
Advocate South Suburban Hospital	17800 South Kedzie Avenue	Hazel Crest	41	17.63	21.9
Pine Crest Health Care	3300 West 175th Street	Hazel Crest	199	17.42	21.9
Oak Forest Hospital (7)(closed)	15900 South Cicero Avenue	Oak Forest		17.35	23.0
Applewood Rehabilitation Center (8)	21020 Kostner Avenue	Matteson	115	18.86	24.2
Alden Estates of Shorewood (9)	735 Shorewood Dr	Shorewood	100	18.85	25.3
Rosewood Care Center	3401 Hennepin Drive	Joliet	120	11.63	25.3
Symphony of Crestwood	14255 South Cicero Ave	Midlothian	303	19.41	26.5
Manorcare of Palos Heights West	11860 Southwest Highway	Palos Heights	130	15.04	26.5
Manorcare of Palos Heights East	7850 West College Drive	Palos Heights	184	15.12	26.5
Aperion Care Midlothian	3249 West 147 Street	Midlothian	91	20.06	26.5
Heather Healthcare Center	15600 Honore Ave	Harvey	173	20.16	26.5
Lakewood Nrsg & Rehab Center (10)	1112 North Eastern Avenue	Plainfield	131	16.46	29.9
Crestwood Terrace Nursing Center	13301 South Central Ave	Midlothian	126	17	29.9
Providence of Palos Heights (11)	13259 South Central Avenue	Palos Heights	193	17.06	29.9
			4567		

(1) Exported City: Molenka; Profile City & Website City: Orland Park
(2) Bed Change: 02/04/15 discontinued 8 Nsg Care beds; 3/9/15 Bed Change: Discontinued 20 Nsg Care beds; facility now has 252 Nsg Care beds
(3) 08-082 Permit issued to establish a 50-bed Nsg Care facility 09/01/2009; Facility licensed by IDPH for operation; Facility has 50 Nsg Care beds. Licensure 01/26/15
(4) profile address: 1260 Franciscan Drive
(5) Permit issued to add 89 Nsg Care beds to existing facility; facility will have 200 Nsg Care beds upon project completion
(6) profile address: 12220 South Will Cook Road
(7) Facility Closed. 10 Nsg Care beds removed from Inventory 01/07/14
(8) Permit issued for modernization and addition of 39 to existing facility; facility will have 154 Nsg Care beds upon projet completion. 15-008 06
(9) Permit issued to add 50 Nsg Care beds to existing facility; facility will have 150 Nsg Care beds upon project completion 12-032 10/31/2012; Profile address & Website address: 710 West Black Road
(10) Profile address & Facility Website address: 14716 South Eastern Avenue
(11) Name Change from Rest Haven Central 11/10/2008

ATTACHMENT-10E

Thank you for your feedback! The new delivers the following improvements: Search by zip code, improved table display, browse more data feature, download data, and more.

New Lenox (village), Illinois

People QuickFacts	New Lenox	Illinois
Population, 2014 estimate	25,426	12,880,580
Population, 2010 (April 1) estimates base	24,381	12,831,587
Population, percent change - April 1, 2010 to July 1, 2014	4.3%	0.4%
Population, 2010	24,394	12,830,632
Persons under 5 years, percent, 2010	6.7%	6.5%
Persons under 18 years, percent, 2010	30.8%	24.4%
Persons 65 years and over, percent, 2010	8.2%	12.5%
Female persons, percent, 2010	50.7%	51.0%
White alone, percent, 2010 (a)	96.2%	71.5%
Black or African American alone, percent, 2010 (a)	0.7%	14.5%
American Indian and Alaska Native alone, percent, 2010 (a)	0.2%	0.3%
Asian alone, percent, 2010 (a)	0.8%	4.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2010 (a)	Z	0.0%
Two or More Races, percent, 2010	1.1%	2.3%
Hispanic or Latino, percent, 2010 (b)	5.7%	15.8%
White alone, not Hispanic or Latino, percent, 2010	92.0%	63.7%
Living in same house 1 year & over, percent, 2009-2013	92.7%	86.8%
Foreign born persons, percent, 2009-2013	3.5%	13.8%
Language other than English spoken at home, pct age 5+, 2009-2013	5.5%	22.3%
High school graduate or higher, percent of persons age 25+, 2009-2013	96.7%	87.3%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	35.5%	31.4%
Veterans, 2009-2013	1,386	727,919
Mean travel time to work (minutes), workers age 16+, 2009-2013	35.4	28.0
Housing units, 2010	8,244	5,296,715
Homeownership rate, 2009-2013	87.6%	67.5%
Housing units in multi-unit structures, percent, 2009-2013	10.9%	32.9%
Median value of owner-occupied housing units, 2009-2013	$280,200	$182,300
Households, 2009-2013	8,212	4,772,723
Persons per household, 2009-2013	2.98	2.63
Per capita money income in past 12 months (2013 dollars), 2009-2013	$34,358	$29,666
Median household income, 2009-2013	$93,609	$56,797
Persons below poverty level, percent, 2009-2013	2.9%	14.1%

Business QuickFacts	New Lenox	Illinois
Total number of firms, 2007	2,033	1,123,817
Black-owned firms, percent, 2007	F	9.5%
American Indian- and Alaska Native-owned firms, percent, 2007	S	0.5%
Asian-owned firms, percent, 2007	S	5.3%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	S	5.0%
Women-owned firms, percent, 2007	S	30.5%
Manufacturers shipments, 2007 ($1000)	0[1]	257,760,713
Merchant wholesaler sales, 2007 ($1000)	93,963	231,082,768
Retail sales, 2007 ($1000)	278,302	165,450,520
Retail sales per capita, 2007	$11,713	$12,947
Accommodation and food services sales, 2007 ($1000)	31,374	25,469,026

ATTACHMENT-10F

Geography QuickFacts	New Lenox	Illinois
Land area in square miles, 2010	15.66	55,518.93
Persons per square mile, 2010	1,557.6	231.1
FIPS Code	52584	17
Counties		

1: Counties with 500 employees or less are excluded.
(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.
D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown
Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, County Business Patterns, Economic Census, Survey of Business Owners, Building Permits, Census of Governments
Last Revised: Wednesday, 14-Oct-2015 16:19:39 EDT

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NEW LENOX, IL 60451
Local Weather
Overcast
Feels Like: 57°F
Wind: ESE at 14 mph
58°
Cloudy

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- US ZIP Code Database
- US ZIP+4 Database
- 2010 Census Database NEW!
- Canadian Postal Codes
- Boundary Data
- ZIP Code Maps
- ZIP Code API NEW!
- Area Code Database
- Historical Databases
- FREE Radius Application
- FREE Website Tools
- FREE Store Locator
- Direct Mail Lists
- NPA NXX Database

- FREE Lookups

ZIP-Codes.com
Free Mobile Apps

FREE ZIP Code Finder
Enter ZIP Code:

*Find Info on any U.S. ZIP Code

Find ZIP+4 of Address
Address(U.S.):
Town/City:
State:

*Find the ZIP Code, county, and +4 of any U.S. Address

Other FREE Lookups
Town/City:
State:
County:
Area Code:

*Lookup ZIP Code of any city, state, county or area code

FREE Radius Search
Find all ZIP Codes
Between 0 Miles
And 5 Miles
of ZIP Code: 60451

» Download the FREE Radius Finder Application

FREE Distance Calc
Calculate the distance between two U.S. or Canadian ZIP codes.
Start ZIP:
End ZIP:

2010 Census Data for ZIP Code 60451

Share |

Profile of General Population and Housing Characteristics: 2010

ZIP Code 60451 Data

Zip Code:	60451
City:	New Lenox
State:	IL [Illinois]
Counties:	WILL, IL
City Alias(es):	New Lenox
Area Code:	815 / 779
Time Zone:	Central (GMT -06:00)
Observes Day Light Savings:	Yes
Classification:	[Non-Unique]

Password Management
Securely store admin passwords Ensure internal control, compliance

2010 Census data for ZIP Code 60451

POPULATION BY SEX AND AGE		
Total 2010 Census Population for ZIP Code 60451	34,063	100.0%
Under 5 years	2,117	6.2%
5 to 9 years	2,864	8.4%
10 to 14 years	3,108	9.1%
15 to 19 years	2,870	8.4%
20 to 24 years	1,672	4.9%
25 to 29 years	1,535	4.5%
30 to 34 years	1,818	5.3%
35 to 39 years	2,342	6.9%
40 to 44 years	2,987	8.8%
45 to 49 years	3,194	9.4%
50 to 54 years	2,823	8.3%
55 to 59 years	2,133	6.3%
60 to 64 years	1,632	4.8%
65 to 69 years	1,077	3.2%
70 to 74 years	728	2.1%
75 to 79 years	489	1.4%
80 to 84 years	365	1.1%
85 years and over	309	0.9%
Median age (years)	37.6	(X)
16 years and over	25,313	74.3%
18 years and over	24,053	70.6%
21 years and over	22,757	66.8%
62 years and over	3,913	11.5%
65 years and over	2,968	8.7%
Male population of ZIP Code 60451	16,930	49.7%
Under 5 years	1,060	3.1%
5 to 9 years	1,508	4.4%
10 to 14 years	1,612	4.7%
15 to 19 years	1,492	4.4%
20 to 24 years	871	2.6%
25 to 29 years	753	2.2%
30 to 34 years	909	2.7%
35 to 39 years	1,129	3.3%
40 to 44 years	1,423	4.2%

Census 2010 2010 Census Database
Get all these Census Demographics for every City, County, State, and more in 1 easy to use database.

U.S. ZIP Code Database
Get the data for every U.S. ZIP Code in 1 easy to use database.

ZIP Code Database - Facts & Stats

Zip-Codes.com
google.com/+Zipcodesdotcom
ZIP Code Data, Maps, and Boundary data.
G+ Follow +1
+657

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Make this your homepage

45 to 49 years	1,569	4.6%
50 to 54 years	1,376	4.0%
55 to 59 years	1,088	3.2%
60 to 64 years	821	2.4%
65 to 69 years	508	1.5%
70 to 74 years	343	1.0%
75 to 79 years	213	0.6%
80 to 84 years	153	0.4%
85 years and over	102	0.3%
Median age (years)	36.3	(X)
16 years and over	12,398	36.4%
18 years and over	11,764	34.5%
21 years and over	11,079	32.5%
62 years and over	1,801	5.3%
65 years and over	1,319	3.9%
Female population of ZIP Code 60451	17,133	50.3%
Under 5 years	1,057	3.1%
5 to 9 years	1,356	4.0%
10 to 14 years	1,496	4.4%
15 to 19 years	1,378	4.0%
20 to 24 years	801	2.4%
25 to 29 years	782	2.3%
30 to 34 years	909	2.7%
35 to 39 years	1,213	3.6%
40 to 44 years	1,564	4.6%
45 to 49 years	1,625	4.8%
50 to 54 years	1,447	4.2%
55 to 59 years	1,045	3.1%
60 to 64 years	811	2.4%
65 to 69 years	569	1.7%
70 to 74 years	385	1.1%
75 to 79 years	276	0.8%
80 to 84 years	212	0.6%
85 years and over	207	0.6%
Median age (years)	38.6	(X)
16 years and over	12,915	37.9%
18 years and over	12,289	36.1%
21 years and over	11,678	34.3%
62 years and over	2,112	6.2%
65 years and over	1,649	4.8%
POPULATION BY RACE FOR ZIP Code 60451		
What is the Population of ZIP Code 60451	34,063	100.0%
One Race	33,679	98.9%
White	32,852	96.4%
Black or African American	199	0.6%
American Indian and Alaska Native	63	0.2%
Asian	241	0.7%
Asian Indian	33	0.1%
Chinese	68	0.2%
Filipino	46	0.1%
Japanese	13	0.0%
Korean	32	0.1%
Vietnamese	24	0.1%
Other Asian [1]	25	0.1%
Native Hawaiian and Other Pacific Islander	1	0.0%
Native Hawaiian	1	0.0%
Guamanian or Chamorro	0	0.0%
Samoan	0	0.0%
Other Pacific Islander [2]	0	0.0%
Some Other Race	323	0.9%
Two or More Races	384	1.1%
White; American Indian and Alaska Native [3]	88	0.3%

White; Asian [3]	100	0.3%
White; Black or African American [3]	83	0.2%
White; Some Other Race [3]	74	0.2%
Race alone or in combination with one or more other races: [4]		
White	33,218	97.5%
Black or African American	297	0.9%
American Indian and Alaska Native	171	0.5%
Asian	362	1.1%
Native Hawaiian and Other Pacific Islander	12	0.0%
Some Other Race	412	1.2%
HISPANIC OR LATINO POPULATION FOR ZIP Code 60451		
Total population	34,063	100.0%
Hispanic or Latino (of any race)	1,844	5.4%
Mexican	1,521	4.5%
Puerto Rican	141	0.4%
Cuban	35	0.1%
Other Hispanic or Latino [5]	147	0.4%
Not Hispanic or Latino	32,219	94.6%
HISPANIC OR LATINO AND RACE		
Total population	34,063	100.0%
Hispanic or Latino	1,844	5.4%
White alone	1,393	4.1%
Black or African American alone	7	0.0%
American Indian and Alaska Native alone	25	0.1%
Asian alone	6	0.0%
Native Hawaiian and Other Pacific Islander alone	0	0.0%
Some Other Race alone	311	0.9%
Two or More Races	102	0.3%
Not Hispanic or Latino	32,219	94.6%
White alone	31,459	92.4%
Black or African American alone	192	0.6%
American Indian and Alaska Native alone	38	0.1%
Asian alone	235	0.7%
Native Hawaiian and Other Pacific Islander alone	1	0.0%
Some Other Race alone	12	0.0%
Two or More Races	282	0.8%
RELATIONSHIP		
The Population of ZIP Code 60451	34,063	100.0%
In households	34,010	99.8%
Householder	11,228	33.0%
Spouse [6]	7,944	23.3%
Child	12,882	37.8%
Own child under 18 years	9,511	27.9%
Other relatives	1,140	3.3%
Under 18 years	421	1.2%
65 years and over	293	0.9%
Nonrelatives	816	2.4%
Under 18 years	78	0.2%
65 years and over	45	0.1%
Unmarried partner	464	1.4%
In group quarters	53	0.2%
Institutionalized population	49	0.1%
Male	15	0.0%
Female	34	0.1%
Noninstitutionalized population	4	0.0%
Male	4	0.0%
Female	0	0.0%
HOUSEHOLDS BY TYPE		
Total households for ZIP Code 60451	11,228	100.0%
Family households (families) [7]	9,265	82.5%
With own children under 18 years	4,829	43.0%

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Husband-wife family	7,944	70.8%
With own children under 18 years	4,162	37.1%
Male householder, no wife present	396	3.5%
With own children under 18 years	189	1.7%
Female householder, no husband present	925	8.2%
With own children under 18 years	478	4.3%
Nonfamily households [7]	1,963	17.5%
Householder living alone	1,619	14.4%
Male	742	6.6%
65 years and over	154	1.4%
Female	877	7.8%
65 years and over	435	3.9%
Households with individuals under 18 years	5,095	45.4%
Households with individuals 65 years and over	2,096	18.7%
Average household size of ZIP Code 60451	3.03	(X)
Average family size for ZIP Code 60451 [7]	3.37	(X)
HOUSING OCCUPANCY		
Total housing units	11,553	100.0%
Occupied housing units	11,228	97.2%
Vacant housing units	325	2.8%
For rent	42	0.4%
Rented, not occupied	6	0.1%
For sale only	110	1.0%
Sold, not occupied	22	0.2%
For seasonal, recreational, or occasional use	19	0.2%
All other vacants	126	1.1%
Homeowner vacancy rate (percent) [8]	1.1	(X)
Rental vacancy rate (percent) [9]	4.3	(X)
HOUSING TENURE		
Occupied housing units	11,228	100.0%
Owner-occupied housing units	10,298	91.7%
Population in owner-occupied housing units	31,727	(X)
Average household size of owner-occupied units	3.08	(X)
Renter-occupied housing units	930	8.3%
Population in renter-occupied housing units	2,283	(X)
Average household size of renter-occupied units	2.45	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.

[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."

[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."

[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.

[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.

Source: U.S. Census Bureau, 2010 Census.

ATTACHMENT-10F

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Planning Area: Will

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
ALDEN ESTATES OF SHOREWOOD	SHOREWOOD	Will County	100	22,748
ALDEN ESTATES OF SHOREWOOD(PERMIT)	SHOREWOOD	Will County	50	
APERION CARE WILMINGTON	WILMINGTON	Will County	171	59,130
9/1/2013 CHOW	**Change of Ownership occurred.**			
BEECHER MANOR NURSING & REHAB CTR	BEECHER	Will County	130	39,636
FRANKFORT TERRACE NURSING CENTER	FRANKFORT	Will County	120	41,949
JOLIET TERRACE NURSING CENTER	JOLIET	Will County	120	29,043
LAKEWOOD NURSING & REHAB CENTER	PLAINFIELD	Will County	131	43,106
MEADOWBROOK MANOR	BOLINGBROOK	Will County	298	101,117
OUR LADY OF ANGELS RETIREMENT HOME	JOLIET	Will County	87	27,719
PRESENCE VILLA FRANCISCAN	JOLIET	Will County	154	43,805
9/22/2014 Bed Change	**Discontinued 22 Nursing Care beds; facility now licensed for 154 Nursing Care beds.**			
ROSEWOOD CARE CENTER OF JOLIET	JOLIET	Will County	120	34,171
SALEM VILLAGE NURSING & REHAB	JOLIET	Will County	266	83,468
SMITH CROSSING	ORLAND PARK	Will County	46	14,842
SPRING CREEK NURSING & REHAB CENTER	JOLIET	Will County	168	7,129
12/31/2013 CHOW	**Change of Ownership occurred.**			
ST. JAMES MANOR & VILLA	CRETE	Will County	110	33,563
4/1/2014 CHOW	**Change of ownership occurred.**			
SUNNY HILL NURSING HOME WILL COUNTY	JOLIET	Will County	252	71,054
2/4/2015 Bed Change	**Facility discontinued 8 Nursing Care beds. Facility now has 272 Nursing Care beds.**			
3/9/2015 Bed Change	**Discontinued 20 Nursing Care beds; facility now has 252 Nursing Care beds.**			
SYMPHONY OF JOLIET	JOLIET	Will County	214	61,532
THE PARC AT JOLIET	JOLIET	Will County	203	45,337
12/1/2013 CHOW	**Change of ownership occurred.**			
VICTORIAN VILLAGE HEALTH & WELLNESS	HOMER GLEN	Will County	50	
1/26/2015 Licensure	**Facility licensed by IDPH for operation. Facility has 50 Nursing Care beds.**			
		Planning Area Totals	**2,790**	**759,349**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
009	0-64 Years Old	275,151	861,800	319.3	191.6	510.8
	65-74 Years Old	185,203	60,900	3,041.1	1,824.7	4,865.8
	75+ Years Old	811,270	40,000	20,281.8	12,169.1	32,450.8

	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 Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	161,450	613,100	263.3	191.6	510.8	263.3	677,400	178,382			
65-74 Years Old	119,419	42,900	2,783.7	1,824.7	4,865.8	2,783.7	58,900	163,958			
75+ Years Old	478,480	27,300	17,526.7	12,169.1	32,450.8	17,526.7	35,400	620,447			
						Planning Area Totals		**962,787**	**2,637.8**	**2,931**	**141**

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Planning Area: Grundy

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
MORRIS HOSPITAL (SWING BEDS)	MORRIS	Grundy County	0	0
PARK POINTE HEALTHCARE & REHABILITATION	MORRIS	Grundy County	142	41,002
11/1/2013 CHOW **Change of Ownership occurred.**				
REGENCY CARE OF MORRIS	MORRIS	Grundy County	123	36,077
		Planning Area Totals	**265**	**77,079**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
009	0-64 Years Old	275,151	861,800	319.3	191.6	510.8
	65-74 Years Old	185,203	60,900	3,041.1	1,824.7	4,865.8
	75+ Years Old	811,270	40,000	20,281.8	12,169.1	32,450.8

	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 Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	4,471	44,600	100.2	191.6	510.8	191.6	47,300	9,061			
65-74 Years Old	7,937	3,500	2,267.7	1,824.7	4,865.8	2,267.7	4,700	10,658			
75+ Years Old	64,671	2,300	28,117.8	12,169.1	32,450.8	28,117.8	2,800	78,730			
						Planning Area Totals		**98,449**	**269.7**	**300**	**35**

ATTACHMENT-10G

Planning Area: Kendall

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
HILLSIDE REHAB & CARE CENTER	YORKVILLE	Kendall County	79	22,390
THE TILLERS NURSING & REHAB CENTER	OSWEGO	Kendall County	106	33,896
11/7/2014 Bed Change	Added 4 Nursing Care beds to existing facility; facility now has 110 Nursing Care beds.			
11/8/2014 Correction	Nursing Care beds in facility reverted to 106 Nursing Care beds.			
		Planning Area Totals	**185**	**56,286**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
009	0-64 Years Old	275,151	861,800	319.3	191.6	510.8
	65-74 Years Old	185,203	60,900	3,041.1	1,824.7	4,865.8
	75+ Years Old	811,270	40,000	20,281.8	12,169.1	32,450.8

	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 Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	3,676	109,200	33.7	191.6	510.8	191.6	123,600	23,677			
65-74 Years Old	8,851	5,800	1,526.0	1,824.7	4,865.8	1,824.7	8,800	16,057			
75+ Years Old	43,759	3,100	14,115.8	12,169.1	32,450.8	14,115.8	5,000	70,579			
						Planning Area Totals		**110,313**	**302.2**	**336**	**151**

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Planning Area: **Planning Area 7-C**

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
ABBINGTON REHAB & NURSING CTR	ROSELLE	Bloomingdale Township	82	24,594
ALDEN ESTATES OF NAPERVILLE	NAPERVILLE	Naperville Township	203	55,305
ALDEN-VALLEY RIDGE REHAB &CARE	BLOOMINGDALE	Bloomingdale Township	207	65,828
BEACON HILL	LOMBARD	York Township	110	37,338
BRIA OF WESTMONT	WESTMONT	Downers Grove Township	215	69,576
BRIDGEWAY SENIOR LIVING	BENSENVILLE	Addison Township	222	57,351
1/1/2015 CHOW Change of Ownership occurred.				
BROOKDALE BURR RIDGE	BURR RIDGE	Downers Grove Township	30	7,691
8/29/2014 CHOW Change of Ownership occurred.				
BROOKDALE PLAZA LISLE	LISLE	Lisle Township	55	17,022
BURGESS SQUARE	WESTMONT	Downers Grove Township	203	53,843
CHATEAU NRSG & REHAB CENTER	WILLOWBROOK	Downers Grove Township	150	51,678
COMMUNITY NSG & REHAB CENTER	NAPERVILLE	Naperville Township	153	43,625
DUPAGE CONVALESCENT HOME	WHEATON	Milton Township	368	117,057
ELMBROOK NURSING	ELMHURST	York Township	180	58,591
ELMHURST EXTENDED CARE CENTER	ELMHURST	York Township	108	27,154
12/1/2013 CHOW Change of Ownership occurred.				
FOREST VIEW REHAB & NURSING CENTER	ITASCA	Addison Township	144	32,224
LEXINGTON HLTH CARE CTR-BLOOMINGDALE	BLOOMINGDALE	Bloomingdale Township	166	51,400
LEXINGTON HLTH CARE CTR-LOMBARD	LOMBARD	York Township	224	62,961
LEXINGTON OF ELMHURST	ELMHURST	York Township	145	40,286
MANOR CARE - NAPERVILLE	NAPERVILLE	Naperville Township	118	32,624
MANORCARE OF HINSDALE	HINSDALE	Downers Grove Township	202	59,858
MANORCARE OF WESTMONT	WESTMONT	Downers Grove Township	149	42,696
3/26/2015 Bed Change Facility discontinued 6 Nursing Care beds. Facility now has 149 Nursing Care beds.				
MARIANJOY REHAB HOSPITAL	WHEATON	Milton Township	27	9,453
8/6/2013 Bed Change Converted 7 beds from Comprehensive Rehabilitation category of service to Nursing Care; facility now has 27 Nursing Care beds.				
10/7/2014 Board Order Nursing Care beds reduced by 7 by order of the Board; facility now has 20 Nursing Care beds.				
4/3/2015 Correction 7 Nursing Care beds restored to facility; facility now has 27 Nursing Care beds.				
6/1/5400 07-042 Completed project to establish 20 bed skilled nursing (long-term care) category of service.				
MEADOWBROOK MANOR	NAPERVILLE	Naperville Township	245	85,387
OAK BROOK HEALTH CARE CENTER	OAK BROOK	York Township	156	42,646
OAK TRACE	DOWNERS GROVE	Downers Grove Township	160	29,312
PARK PLACE CHRISTIAN VILLAGE	ELMHURST	York Township	37	11,707
PROVIDENCE OF DOWNERS GROVE	DOWNERS GROVE	Downers Grove Township	145	31,574
8/1/2013 CHOW Change of Ownership occurred.				
SNOW VALLEY NURSING & REHAB CENTER	LISLE	Lisle Township	0	
8/26/2013 Closure Facility closed due to flood damage. 51 Nursing Care beds removed from inventory.				
ST. PATRICK RESIDENCE	NAPERVILLE	Naperville Township	209	9,372

ATTACHMENT-10G

Planning Area: **Planning Area 7-C**

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
TABOR HILLS HEALTHCARE	NAPERVILLE	Naperville Township	211	60,669
THE SPRINGS AT MONARCH LANDING	NAPERVILLE	Naperville Township	96	
10/9/2014 12-036	**Facility licensed for operation as The Springs at Monarch Landing.**			
TRANSITIONAL CARE CTR - NAPERVILLE (PERMIT)	NAPERVILLE	Lisle Township	0	
11/26/2013 Abandoned	**Permit to establish facility with 120 Nursing Care beds relinquished; beds removed from inventory.**			
WEST CHICAGO TERRACE NURSING HOME	WEST CHICAGO	Winfield Township	120	42,758
WEST SUBURBAN NURSING & REHAB CENTER	BLOOMINGDALE	Bloomingdale Township	259	67,349
WHEATON CARE CENTER	WHEATON	Milton Township	123	42,022
WINDSOR PARK MANOR	CAROL STREAM	Bloomingdale Township	80	23,445
WINFIELD WOODS HEALTHCARE CENTER	WINFIELD	Winfield Township	138	48,282
WOOD GLEN NURSING & REHAB CENTER	WEST CHICAGO	Wayne Township	213	74,428
9/24/2013 Bed Change	**Added 6 Nursing Care beds; facility now has 213 Nursing Care beds.**			
WYNSCAPE HEALTH & REHAB	WHEATON	Milton Township	209	41,913
3/2/2015 CHOW	**Change of ownership occurred.**			
		Planning Area Totals	**5,862**	**1,689,019**

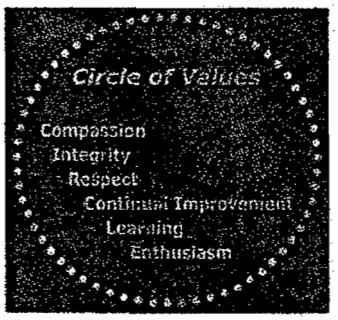
HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
007	0-64 Years Old	2,012,607	2,972,900	677.0	406.2	1,083.2
	65-74 Years Old	1,186,719	265,200	4,474.8	2,684.9	7,159.7
	75+ Years Old	4,776,556	227,900	20,959.0	12,575.4	33,534.4

	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 Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	299,698	809,200	370.4	406.2	1,083.2	406.2	781,500	317,438			
65-74 Years Old	234,969	69,300	3,390.6	2,684.9	7,159.7	3,390.6	92,600	313,970			
75+ Years Old	1,154,352	51,900	22,241.8	12,575.4	33,534.4	22,241.8	60,200	1,338,959			
						Planning Area Totals		**1,970,367**	**5,398.3**	**5,998**	**136**

ATTACHMENT-10G

FOSTERING A CARING, LOVING, SUPPORTIVE

PATHWAYS MEMORY CARE PROGRAM



- OUR PROGRAM IS DEDICATED TO MEETING RESIDENTS' NEEDS AT ALL STAGES OF ALZHEIMER'S DISEASE AND OTHER RELATED DEMENTIA DIAGNOSES
- WE SHAPE OUR PROGRAM AROUND OUR RESIDENTS INDIVIDUALIZED NEEDS
- WE HAVE THREE LEVELS OF PROGRAMMING TO PROVIDE PERSON-CENTERED CARE
- THE DEVELOPMENT OF THE THREE-TIERED LEVELS: THE MEMORY STRENGTHENING, MEMORY PATH, AND EMOTIONS PATH LEVELS HELP TO PROVIDE MEMORIES, CARE AND COMFORT IN ASSISTING RESIDENTS TO FUNCTION AT THEIR HIGHEST LEVEL OF INDEPENDENCE

The Pathways Program is a Specialized Dementia-Care Program dedicated to enhance and comfort the lives of those residents living with Alzheimer's Disease and related dementias. Creating a home-like environment provides the residents with a sense of familiarity, comfort and love. Providing the residents with a pleasant, memory evoking, home-like environment can further help to decrease comorbid negative symptoms of Alzheimer's disease and dementias.

Pathways Program Locations

Alden of Lincoln Park
Alden of Wentworth
Alden Estates of Orland Park
Alden Estates of Naperville
Alden Courts of Des Plaines
Alden Courts of Waterford
Alden of McHenry
Alden of Long Grove
Alden of Town Manor
Alden of Park Strathmoor
Alden of Valley Ridge

ALDEN

ALDEN MANAGEMENT SERVICES

To be the best residential and long –term care provider for our customers.

ATTACHMENT-10H

DEMENTIA MEMORY CARE PROGRAM

Purpose: The Pathways Program is a Specialized Dementia Care Program dedicated to enhance and comfort the lives of those residents living with Alzheimer's Disease and related dementias. Creating a home like-environment provides the residents with a sense of familiarity, comfort, and love. Providing the residents with a pleasant, memory evoking, home-like environment can further help to decrease symptoms of Alzheimer's disease and dementias, such as agitation, anxiety, lack of enthusiasm, and aggravation. Furthermore, this program is dedicated to providing an environment that helps to stimulate and maintain a resident's level of cognitive functioning. Furthermore, staff develop relationships with patience, compassion and love. Dementia Care Units are secure, and promote safety, health, and wellbeing.

Pathways Memory Care Program

The Pathways Program is divided into three life skills/activity programming areas to capture the variety of cognitive levels that are exhibited on the dementia care units. They are as follows:

Memory Strengthening Program

The Memory Path Program is a program dedicated to those residents who are a high level of cognitive functioning. These residents may score high on cognitive testing, alert and oriented to the unit, staff, family, and other residents; they understand the structure of the Pathways Program.

This program provides the following:

Engagement:

This part of the program places emphasis of having residents assists other residents. These residents help to run activities, such as Bingo, JackPot, trivia, exercise, etc. These residents may enjoy helping to decorate for holidays, help hand out clothing protectors at meals, etc. This part of the program gives a resident a sense of belonging and helpfulness to others.

Enhancement:

This part of the program focuses on memory enhancement. These residents participate in memory/mind games, reading, trivia, etc, that help to maintain their knowledge and stimulate the mind. They may also participate in reminiscence and life skill activities. This program may be task oriented, with supervision rather than hands on assistance.

Evoking:

This part of the program also has a resident meeting, where the residents meet and discuss what activities they would like to see the dementia care unit. These residents also are given structure, but they are encouraged to still make

choices as so what they would like to be active in and what they would like to do to participate. The purpose of this portion of the program is to bring out their talents, abilities, choices, and individuality.

Memory Path Program:

The Memory Path Program is for those residents who require support and memory evoking programming in order to find a "path: to their memories and emotions. These residents may have cognitive function varying more often; require more assistance with activities of daily living, redirection and support.

The Memory Path Program Provides the following:

Engagement: This level of the program is dedicated to providing person centered engagement. Understanding the best cues and redirection techniques are key to maximizing participation and creating a connection with the program taking place. Furthermore, staff must understand the best approaches may vary day to day or even minute to minute.

Enhancement: This level of the program is dedicated to enhancing residents' emotions and sensory stimulation. Sights, sounds, smells are incorporated into their routine. Stimulating feelings within our residents can help to access memories and emotions that require stimulation to make a connection to their memories. Types of activities include baking, reminiscing, where many senses are stimulated at once.

Evoking: The program focus is to evoke emotions, feelings, sensations. This part of the program does stress that at any time of the day, during any activity, the staff can evoke feelings of care and comfort in our residents.

The Emotion Path Program

The emotions plan program is a link to emotions that stimulate feelings and/or memories. This is important throughout stages of programming for Alzheimer's; however this program emphasizes the senses, as residents abilities to demonstrate understanding and communicate their needs is limited to none in this stage.

Engagement: Resident Engagement is created by stimulating the senses. Sensory stimulation and programming is an aspect of all three programs; however in this activity program engagement is developed through response of sight, sound, touch, taste and smell. The focus is on stimulating the five senses daily; examples of these activities are taste testing, music, hand massages, etc. The use of Montessori activities are also used, to maintain abilities the residents still can maintain (for example, wrapping yarn around a soda bottle can help maintain the ability to move the hand).

Enhancement: This level of the program uses engagement of the senses to evoke memories. Feelings are not affected by the disease, and emotions/feelings are used to evoke those feelings.

Evoking: This part of the program is about providing emotional support and love to our residents. These are the "unscheduled" moments were staff provide hugs, touch, and care, to evoke pleasant moments.

ATTACHMENT-10H

Dr. Gandhi
16151 Weber Road Suite 101 Crest Hill, IL 60403
Phone# (815) 773-7827
Fax# (630) 914-2469

October 20, 2015

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

RE: Application for Certificate of Need for Alden Estates – Courts of New Lenox, Inc., 100 Bed Skilled Nursing and 40 Bed Skilled Memory Care Center in New Lenox, Illinois.

Dear Ms. Avery,

I am a practicing physician in the New Lenox area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 100 bed skilled rehabilitation and health care center and a 40 bed memory care facility in this area, adjacent to Silver Cross Hospital. With Silver Cross Hospital being adjacent to this location, this development will be a terrific continuum of care for the Village.

As the population continues to age and grow in and around the New Lenox area, these services are very much needed. Specifically, there is a shortage of appropriate care for residents with dementia who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care and it was detrimental to their well-being.

Over the years, I have referred approximately 20 patients per month for skilled care and 2 patients for memory care to facilities farther than the proposed Alden project location in New Lenox. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 20 patients per month for skilled care and 2 patients for memory care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Alden's certificate of need application every consideration. If I may be of further assistance, please feel free to contact me.

Sincerely,

Physician signature

10/20/15

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

ATTACHMENT-10I

Zlatko Haveric
333 North Madison St.
Joliet, IL 60435

October 8, 2015

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

RE: Application for Certificate of Need for Alden Estates – Courts of New Lenox, Inc., 100 Bed Skilled Nursing and 40 Bed Skilled Memory Care Center in New Lenox, Illinois.

Dear Ms. Avery,

I am a practicing physician in the New Lenox area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 100 bed skilled rehabilitation and health care center and a 40 bed memory care facility in this area, adjacent to Silver Cross Hospital. With Silver Cross Hospital being adjacent to this location, this development will be a terrific continuum of care for the Village.

As the population continues to age and grow in and around the New Lenox area, these services are very much needed. Specifically, there is a shortage of appropriate care for residents with dementia who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care and it was detrimental to their well-being.

Over the years, I have referred approximately 20 patients per month for skilled care and 2 patients for memory care to facilities farther than the proposed Alden project location in New Lenox. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 20 patients per month for skilled care and 2 patients for memory care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Alden's certificate of need application every consideration. If I may be of further assistance, please feel free to contact me.

Sincerely,

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

8th October, 2015

ATTACHMENT-10I

Dinesh K. Jain, M.D, C.M.D.
16532 S. Oak Park Ave. Suite 101
Tinley Park, IL. 60487

October 8, 2015

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

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Sincerely,

Dinesh K. Jain, M.D., C.M.D.

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

10/8/2015

ATTACHMENT-10I

Dr. Singh
1900 Silver Cross Blvd, New Lenox, IL 60451
Phone# (815) 300-5376
Fax# (815) 300-4848

S

October 8, 2015

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

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Thank you for giving Alden's certificate of need application every consideration. If I may be of further assistance, please feel free to contact me.

Sincerely,

Manmur Singh M.D.

Physician signature

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires February 26, 2018

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

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 Will County Planning Area there is currently an outstanding need for 141 nursing care beds according to the 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 the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term

Market Area	Nursing Beds	Utilization
Illinois	98,819	76%
Will Co.	**2,718**	**76%**
Grundy Co.	265	75%
Kendall Co.	185	77%
PSA 7C	5,841	78%
30-minute	**4,777**	**76%**

Source: LTC Fac. Questionnaire for 2014, IDPH, Health Systems Development

ATTACHMENT-11

Care. It is hard to balance these two issues since the identified need for additional nursing beds is also significantly high in the neighboring Kendall County (151 beds needed), 7-C Planning Area (138 beds needed) and Grundy County (35 beds needed). For the proposed market area, the State's identified need for additional capacity makes sense in that the community of New Lenox has no immediate accessibility to nursing services either for general geriatric or specialized dementia care nursing services.

Therefore, the alternatives to the project as proposed are limited. The alternatives that were considered include: "Maintain the Status Quo", "Establish a smaller Project", "Establish a Larger Project" and the "Project as Proposed". It should be noted that all alternatives are limited based on the issue that there are no existing facilities to partner with in New Lenox or within nearly 5-miles / 10-minutes travel time (primary market area) from the proposed site and there is only an identified need for 141 nursing beds.

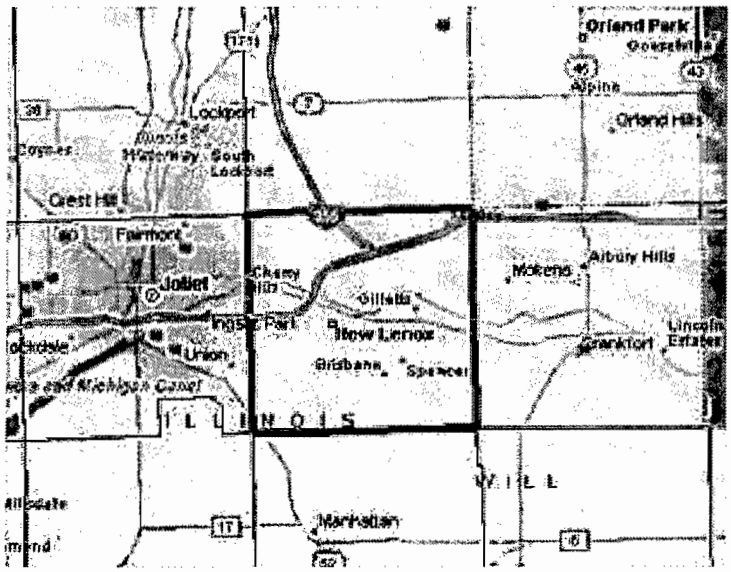
MAINTAIN THE STATUS QUO

Total Costs

There are no capital costs associated with this alternative. The true cost of this alternative is the inaccessibility to general and memory support long-term care services for the residents of New Lenox and those of the entire Planning Area that the proposed market area is part of. Specifically, this alternative maintains that there will be a large need for 465 nursing beds between Will County, Grundy County, Kendall County and DuPage County (7-C) Planning Areas (see **ATTACHMENT-11A)** according to the Long-Term Care Facility Update, October 16, 2015to the IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services. Moreover, there appears to be an inverse

maldistribution of services in New Lenox. A typical maldistribution is that there would be too many beds in one area. Here, there are no beds in the primary market area to support the population. Coupled with the State's identified need for beds, there is inherently, a lack of nursing services within the proposed market.

Patient Access



Patient access is non-existent in New Lenox and the New Lenox Township as illustrated herein. The map on the left was provided by IDPH, HFSRB staff and the dots identify where nursing facilities are. Again, no long-term care facilities are within the Village or township of New Lenox. Out of the total of 30-nursing facilities within a 30-minute travel time contour, only one is right at or just within 5 miles or 10 minutes. There are only four facilities in less than 10 miles or 15 minute travel time. More than half of the facilities are greater than 20 minutes travel time from the proposed site. When the 30-minute market area contour is analyzed, there is accessibility to nursing services yet immediate Village of New Lenox has the population to support the majority of the beds being proposed by

2013 DATA FROM 2015 INVENTORY PUBLISHED 08/03/2015

Service Area	2018 Projected Population	2013 Inventory Lic. Beds	2018 Projected 65+ Pop	2018 Projected 65+ Pop : 1 bed
Illinois	13,069,300	100,792	2,018,400	20.0:1
Will Co.	**771,700**	**2,790**	**94,300**	**33.8:1**
Grundy Co.	54,800	265	7,500	28.3:1
Kendall Co.	137,400	185	13,800	74.6:1
HSA 7-C	934,300	5,862	152,800	26.1:1

Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services

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itself. The Planning area also has the second highest ratio of population to beds of the surrounding Planning Service Area's with identified bed needs.

The State's new bed need inventory in and of itself is implies that there is an accessibility issue. The bed need calculation uses the historical use rates and applies them forward. Before one additional bed is needed, the entire existing inventory capacity at 90% is factored in first and, therefore, if there is a need it comes only after the existing beds are presumed filled.

Finally, in addition to the ratio of population per nursing bed, the 30-minute market area is surrounded by Grundy County, Kendall County and the 7-C (DuPage County) Planning Areas that cumulatively calculate a need for 465 additional nursing care beds. Therefore, 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 both the ADRD residents and the general geriatric residents as the populations will have to seek services in out-of area facilities as the use rates continue to increase.

Financial Benefits

As there is no project cost and no nursing services available within the primary market area, there can be no financial benefits as there is nothing to benefit from. In fact, there would appear to be a cost. The populations of New Lenox, especially those 65 and over are at a disadvantage. This population must seek long-term care at a significant distance. As stated and documented, there are no nursing beds within New Lenox or for nearly a 5 mile/10 minute radius

of the proposed site. Although New Lenox (Zip Code area 60451) is a newer community as its population exploding between the 2000 and 2010 census's, it is one that has a large percent of elderly persons going from 6.8% of the total population to 8.7% or an increase of 60.8%. Refer to **ATTACHMENT-11B**. This growth rate of the over 65 age cohort increase more rapidly than the area on a whole which posted impressive growth rate of 24.6%. The population has also received a new hospital, Silver Cross's replacement hospital. The vertical referral arraignments that this project can establish being adjacent to the hospital is invaluable and provides untold financial benefits for both enterprises especially in light of the affordable care act pushing everything down stream. This alternative does not allow that to happen and as such was considered not viable.

ESTABLISH A SMALLER PROJECT

Total Costs

It is presumed that the cost of establishing a smaller nursing facility would be less in a proportionate share of the total cost of the proposed project adjusted for the number of beds. Thus, the proposed project has 140 nursing beds at a total cost of $32,083,309 or $229,166 per bed. That, however, is not entirely true. There are expensive components of a project such as Mechanical/Electrical, Elevators and Kitchen that are fairly fixed. This means to justify the cost of those spaces, a certain number of beds are needed. That level has traditionally equated to the State's Licensure standard of 75 nursing beds to a nurses' station. When the proposed project is analyzed one will really see two facilities, one is a 100-bed nursing unit for general geriatric nursing services (rehabilitative) and one that is only 40-beds for the innovative care of those with memory impairments. As such, this is already appropriately sized and to consider the costs of a smaller project could harm the overall financial viability of a project.

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Patient Access

The Applicant explored the alternative of only constructing and establishing services for a lesser number of nursing beds. Alden's dilemma is which will they make smaller, the 100 bed general nursing facility or the already small Alzheimer's Disease and Related Dementia unit. The project could conceivably eliminate the 40 bed memory unit and only proceed with the general nursing building and while it represents a smaller project and a potentially smaller cost access to memory care nursing services would not be had. If they were to keep the 40-bed memory care unit and reduce the general nursing facility, the project runs the risk of not providing the economies-of-scale to supplement the memory care unit. It should be noted that memory care services are not a reimbursed cost as many other services are even though it takes specialized care and programming and to really do it right a separate facility specifically designed around an ADRD program. Moreover, there is a need for 141 nursing care beds and the proposed community of New Lenox (Zip Code Area 60451) has no existing nursing beds. As the ratio of population to beds for the State and for the Will County Planning Area are

Nursing Bed Need Projected from State and Planning Area Ratio of Pop. to Nursing Beds

	2018 Projected Population	2013* Inventory Lic. Beds	Ratio of Tot Pop : 1 Bed	2018 Projected 65+ Pop	Ratio of 65+ Pop : 1 bed	2015 Zip Code 60451 Tot Population	2015 Zip Code 60451 65+ Population	Need based upon Tot. Pop.	Need based upon 65+ Pop
Illinois	13,069,300	100,792	129.7:1	2,018,400	20.0:1	34,063	2,968	264.1	148.4
Will Co.	771,700	2,931	263.3:1	94,300	32.2:1	34,063	2,968	129.5	92.8

* Will County number of beds equates to Inventory's calculation of total beds needed.
Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 LTC Services

http://quickfacts.census.gov/qfd/states/17/1752584.html

http://www.zip-codes.com/zip-code/60451/zip-code-60451-2010 census.asp

presented, if applied to the total population (34,063 persons) and 65 and over age cohort (2,968 persons), this area by itself could support a up to 264 nursing beds.

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The only way that the Applicant would consider the alternative of a lesser level of care would be under the context of a continuum of care retirement community (CCRC non-variance CON) which is the trend of future growth in the long-term care industry. A CCRC campus environment includes the lesser levels of care such as independent, assisted/supportive living or even sheltered care. However, the cornerstone of a CCRC is the nursing unit. This type of comprehensive environment allows residents to age-in-place so when they become most frail and vulnerable they do not have to leave their "home", i.e., the CCRC campus, for nursing services. Typically, the industry has found that the Applicant would need a five to one ratio of campus beds to nursing beds, thus, to also try to address the need for 140 potential elderly residents, the Applicant would also have to build 700 independent and assisted/supportive living (or sheltered care units). The CCRC variances through the State's own rules are contrary to open accessibility for general geriatric residents.

Although, it is the intent of the Applicant to allow residents to age-in-place, any potential plan for a campus would not be available in time to satisfy the 2018 demand in a single campus setting. It is important to also notice that the thirty (30) minute travel time contour fully resembles that of the State in terms of total growth and elderly growth. Both approaches are consistent and show high continued population increases.

It is also the intent of the Applicant to build and care for the general geriatric rehabilitative and the more specialized memory care residents of the Planning Area which is not the same as the thirty (30) minute market contour. The cause of this is based on the State's rules, i.e., 77 Illinois Administrative Code, Chapter II, Section 1125.580a)1) of Subchapter a, which states that the Applicant must also address beds and services under a "30 minute travel time" from the proposed site. This forces the Applicant to draw a service area contour that overlaps

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planning areas in this particular case. Since the need appears to be so overwhelming for Grundy, Kendall and DuPage (7-C) Counties/Planning Areas also, the Applicant rejects the alternative to establish a lesser number of nursing beds.

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.

Financial Benefits

The issue with this alternative is that the proposed project is not your traditional nursing facility. Today most new facilities cater only to the rehabilitative side of nursing care as dictated in by the changing long-term care and health care environment. This project uses the traditional nursing to supplement the ability to provide specialized and innovative memory care. As such this alternative restricts potential financial benefits that allow for the supplementing of these needed services. Therefore, this alternative was rejected.

ESTABLISH A LARGER PROJECT

Total Costs

The need in the four county Planning Areas of which the proposed project's 30-minute market contour envelopes collectively has a need for 465 nursing care beds. This number is too voluminous for an Applicant to even consider and there would be no consistent features such as land, construction type, staffing, administration, etc... Furthermore, a 465 bed facility in any single community, let alone New Lenox would appear to create a maldistribution of services and it would be in excess of the 250 bed capacity criterion (77 Illinois Administrative Code, Chapter II, Section 1125.600). As the proposed project has a total per bed cost of $229,166.50, a 465 bed

ATTACHMENT-11

facility would cost over $100,000,000 compared to the $32 million proposed. Therefore, it appears safe to estimate total costs for this alternative to far outweigh those being proposed.

Patient Access

Patient accessibility could actually be hurt in placing all nursing beds needed in the Will County Planning Area. Locating such a large number of beds in one community, although central throughout the area, could cause accessibility issues in the various other communities such as the accessibility issue present in New Lenox.

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; that being said, there are quality concerns when a project becomes too big or institutional.

Financial Benefits

Although the potential income from so many beds identified in this alternative could be desirable, institutional sized facilities are not popular. Therefore, realizing financial benefits for this alternative most likely would not be viable. The Applicant's intent with the size of the project was to effectively create no impact on the area's existing facilities while satisfying the need for beds in New Lenox and the Will County Planning Area. 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 $32,083,309.

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

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 that are currently not directly served. However, the project does not intend to improve the ratio of population to each nursing bed to a number more in line with that of the State's. The beds needed are derived from a five year projection and for each entire county. As the proposed project's market contour takes in four Planning Service Areas, the 140 beds proposed are appropriate to ensure access without harming accessibility to other area facilities. Moreover, the 140 nursing beds are not solely serving a general geriatric or rehabilitative resident. It is important to remember that 40 of the total nursing beds will be located in a connected but separate and distinct building specifically designed for residents suffering with Alzheimer's disease and related dementia (ADRD).

Alden Courts of New Lenox, the memory support building, will be a one story structure providing for the early, mid and late stages of memory support. Since all beds will be certified for both Medicare and Medicaid, those residents would not have to be transferred for the appropriate level of care should their medical needs change. A narrative of the Applicant's Dementia Memory Care Program is appended as **ATTACHMENT-11C**. The nursing category of service allows the Applicant the ability to care for residents should their funds become exhausted or if they have limited financial resources. Traditionally, specialized care is private pay and there is no specific reimbursement for ADRD nursing care. However, as a nursing care facility dually certified for Medicare and Medicaid, this specific population will have access to rehabilitative care should their medical situation require it. Medicaid will cover the cost of general nursing care so that the resident would not have to be discharged.

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In addition to the ability to care for a wider range of Alzheimer's residents, there appears to be a need for this innovative service. According to the Alzheimer's Association, in 2010 there were 210,000 people over 65+ suffering with ADRD in Illinois (refer to **ATTACHMENT-11D**). According to the 2010 Census, Illinois has 1,790,400 people in that age cohort (refer to **ATTACHMENT-11E**). That implies that 13% of those 65 and over are afflicted with Alzheimer's disease. In addition, according to the statewide IDPH profile from the Annual Questionnaire Data (appended as **ATTACHMENT-11F**), 10% of those in nursing beds have ADRD. Projecting those percentage on the New Lenox population (Zip Code Area 60451), New Lenox itself can support between 296 - 385 ADRD beds.

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 address the accessibility issue of New Lenox and the Will County Planning Area, this Applicant will have the ability not only to benefit financially from the operations but the residents of New Lenox may benefit also. As these elderly residents continue to age, they will not have to leave the community for nursing services. There is a resultant financial benefit of less travel for loved ones, friends and family members and for the community who will be able to keep their residents and their economic impact. There are many intangible financial benefits but there are also the one 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 are indicative of the other Alden facilities and it allows for multiple financial benefits; therefore, 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 bed need (141 in Will County Planning area and 465 between Will, Grundy, Kendall and DuPage/7-C Planning Areas) and the need for specific ADRD beds within the Applicant's 30-minute market contour. Therefore, this alternative is not based solely or in part on improved quality of care. Moreover, there are no nursing beds in New Lenox, a community with over 25,000 residents. The State has one nursing bed for every 129 persons or one nursing beds for every 20 seniors (65+). This would appear to suggest that New Lenox alone could support 148-264 nursing beds. Therefore, this item would appear to be not applicable.

ATTACHMENT-11

LONG-TERM CARE FACILITY UPDATES

10/16/2015

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3783	3321	462
Planning Area 7-B	6101	6827	(726)
Planning Area 7-C	5998	5860	138
Planning Area 7-D	2462	2904	(442)
Planning Area 7-E	8026	9165	(1139)
HEALTH SERVICE AREA 8			
Kane	2705	3064	(359)
Lake	4186	4494	(308)
McHenry	1124	997	127
HEALTH SERVICE AREA 9			
Grundy	300	265	35
Kankakee	1072	1368	(296)
Kendall	336	185	151
Will	2931	2790	141
HEALTH SERVICE AREA 10			
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1214	(137)
HEALTH SERVICE AREA 11			
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)

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

HSA 1	249	335	(86)
HSA 2	239	256	(17)
HSA 3	206	360	(154)
HSA 4	304	128	176
HSA 5	222	256	(34)
HSA 6, 7, 8, 9	3161	1021	2140
HSA 10	74	32	42
HSA 11	215	288	(73)

ATTACHMENT-11A

NEW LENOX, IL 60451
Local Weather
Overcast
Feels Like: 32°F
Wind: WSW at 20 mph
39°
Cloudy

1-800-425-1169

Our Products
- US ZIP Code Database
- US ZIP+4 Database
- 2010 Census Database NEW!
- Canadian Postal Codes
- Boundary Data
- ZIP Code Maps
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- Area Code Database
- Historical Databases
- FREE Radius Application
- FREE Website Tools
- FREE Store Locator
- Direct Mail Lists
- NPA NXX Database

- **FREE Lookups**

ZIP-Codes.com Free Mobile Apps

FREE ZIP Code Finder
Enter ZIP Code:
*Find Info on any U.S. ZIP Code

Find ZIP+4 of Address
Address(U.S.):
Town/City:
State:
*Find the ZIP Code, county, and +4 of any U.S. Address

Other FREE Lookups
Town/City:
State:
County:
Area Code:
*Lookup ZIP Code of any city, state, county or area code

FREE Radius Search
Find all ZIP Codes
Between 0 Miles
And 5 Miles
of ZIP Code: 60451
- Download the FREE Radius Finder Application

FREE Distance Calc
Calculate the distance between two U.S. or Canadian ZIP codes.
Start ZIP:
End ZIP:

2000/2010 Census Comparison - ZIP Code 60451

Profile of General Demographic Characteristics: 2000 & 2010. See the population growth for ZIP Code 60451

ZIP Code 60451 Data

Zip Code:	60451
City:	New Lenox
State:	IL [Illinois]
Counties:	WILL, IL
City Alias(es):	New Lenox
Area Code:	815 / 779
Time Zone:	Central (GMT -06:00)
Observes Day Light Savings:	Yes
Classification:	[Non-Unique]

Google My Business

Get Your Code By Phone or Postcard. Log In Today To Get Started.

2000 to 2010 Census Comparison for ZIP Code 60451

SEX AND AGE	2000	2010	% Change
Total population	27,338	34,063	+24.60%
Under 5 years	2,236	2,117	-5.32%
5 to 9 years	2,518	2,864	+13.74%
10 to 14 years	2,512	3,108	+23.73%
15 to 19 years	2,119	2,870	+35.44%
20 to 24 years	1,182	1,672	+41.46%
25 to 29 years	1,291	1,535	+18.90%
30 to 34 years	2,161	1,818	-15.87%
35 to 39 years	2,791	2,342	-16.09%
40 to 44 years	2,748	2,987	+8.70%
45 to 49 years	2,150	3,194	+48.56%
50 to 54 years	1,735	2,823	+62.71%
55 to 59 years	1,265	2,133	+68.62%
60 to 64 years	784	1,632	+108.16%
65 to 69 years	568	1,077	+89.61%
70 to 74 years	531	728	+37.10%
75 to 79 years	392	489	+24.74%
80 to 84 years	216	365	+68.98%
85 years and over	139	309	+122.30%
Median age (years)	34.3	37.6	+9.62%
16 years and over		25,313	
18 years and over	18,619	24,053	+29.19%
21 years and over	17,657	22,757	+28.88%
62 years and over	2,289	3,913	+70.95%
65 years and over	1,846	2,968	+60.78%
Male population	13,445	16,930	+25.92%
Under 5 years	1,131	1,060	-6.28%
5 to 9 years	1,257	1,508	+19.97%
10 to 14 years	1,240	1,612	+30.00%
15 to 19 years	1,066	1,492	+39.96%
20 to 24 years	617	871	+41.17%
25 to 29 years	629	753	+19.71%
30 to 34 years	1,028	909	-11.58%
35 to 39 years	1,354	1,129	-16.62%
40 to 44 years	1,315	1,423	+8.21%

2010 Census Database
Get all these Census Demographics for every City, County, State, and more in 1 easy to use database.

U.S. ZIP Code Database
Get the data for every U.S. ZIP Code in 1 easy to use database.

ATTACHMENT-11B

ZIP Code Database - Facts & Stats

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45 to 49 years	1,105	1,569	+41.99%
50 to 54 years	902	1,376	+52.55%
55 to 59 years	618	1,088	+76.05%
60 to 64 years	407	821	+101.72%
65 to 69 years	262	508	+93.89%
70 to 74 years	241	343	+42.32%
75 to 79 years	163	213	+30.67%
80 to 84 years	74	153	+106.76%
85 years and over	36	102	+183.33%
Median age (years)	34	36.3	+6.76%
16 years and over	9,579	12,398	+29.43%
18 years and over	9,109	11,764	+29.15%
21 years and over	8,606	11,079	+28.74%
62 years and over	999	1,801	+80.28%
65 years and over	776	1,319	+69.97%
Female population	13,893	17,133	+23.32%
Under 5 years	1,105	1,057	-4.34%
5 to 9 years	1,261	1,356	+7.53%
10 to 14 years	1,272	1,496	+17.61%
15 to 19 years	1,053	1,378	+30.86%
20 to 24 years	565	801	+41.77%
25 to 29 years	662	782	+18.13%
30 to 34 years	1,133	909	-19.77%
35 to 39 years	1,437	1,213	-15.59%
40 to 44 years	1,433	1,564	+9.14%
45 to 49 years	1,045	1,625	+55.50%
50 to 54 years	833	1,447	+73.71%
55 to 59 years	647	1,045	+61.51%
60 to 64 years	377	811	+115.12%
65 to 69 years	306	569	+85.95%
70 to 74 years	290	385	+32.76%
75 to 79 years	229	276	+20.52%
80 to 84 years	142	212	+49.30%
85 years and over	103	207	+100.97%
Median age (years)	34.6	38.6	+11.56%
16 years and over	10,006	12,915	+29.07%
18 years and over	9,510	12,289	+29.22%
21 years and over	9,051	11,678	+29.02%
62 years and over	1,290	2,112	+63.72%
65 years and over	1,070	1,649	+54.11%
RACE	**2000**	**2010**	**% Change**
Total population	27,338	34,063	+24.60%
One Race	27,134	33,679	+24.12%
White	26,677	32,852	+23.15%
Black or African American	89	199	+123.60%
American Indian and Alaska Native	27	63	+133.33%
Asian	120	241	+100.83%
Asian Indian	18	33	+83.33%
Chinese	26	68	+161.54%
Filipino	20	46	+130.00%
Japanese	6	13	+116.67%
Korean	33	32	-3.03%
Vietnamese	1	24	+2,300.00%
Other Asian [1]	16	25	+56.25%
Native Hawaiian and Other Pacific Islander	2	1	-50.00%
Native Hawaiian	0	1	0%
Guamanian or Chamorro	2	0	-100.00%
Samoan	0	0	0%
Other Pacific Islander [2]	0	0	0%
Some Other Race	219	323	+47.49%
Two or More Races	204	384	+88.24%

Race alone or in combination with one or more other races: [4]			
White	26,869	33,218	+23.63%
Black or African American	112	297	+165.18%
American Indian and Alaska Native	75	171	+128.00%
Asian	172	362	+110.47%
Native Hawaiian and Other Pacific Islander	14	12	-14.29%
Some Other Race	302	412	+36.42%
HISPANIC OR LATINO	**2000**	**2010**	**% Change**
Total population	27,338	34,063	+24.60%
Hispanic or Latino (of any race)	858	1,844	+114.92%
Mexican	666	1,521	+128.38%
Puerto Rican	54	141	+161.11%
Cuban	22	35	+59.09%
Other Hispanic or Latino [5]	116	147	+26.72%
Not Hispanic or Latino	26,480	32,219	+21.67%
RELATIONSHIP	**2000**	**2010**	**% Change**
Total population	27,338	34,063	+24.60%
In households	27,273	34,010	+24.70%
Householder	8,861	11,228	+26.71%
Spouse [6]	6,566	7,944	+20.99%
Child	10,504	12,882	+22.64%
Own child under 18 years	8,411	9,511	+13.08%
Other relatives	769	1,140	+48.24%
Under 18 years	243	421	+73.25%
Nonrelatives	573	816	+42.41%
Unmarried partner	293	464	+58.36%
In group quarters	65	53	-18.46%
Institutionalized population	0	49	0%
Noninstitutionalized population	65	4	-93.85%
Male		4	
Female		0	
HOUSEHOLDS BY TYPE	**2000**	**2010**	**% Change**
Total households	8,861	11,228	+26.71%
Family households (families) [7]	7,460	9,265	+24.20%
With own children under 18 years	4,237	4,829	+13.97%
Husband-wife family	6,566	7,944	+20.99%
With own children under 18 years	3,740	4,162	+11.28%
Female householder, no husband present	652	925	+41.87%
With own children under 18 years	369	478	+29.54%
Nonfamily households [7]	1,401	1,963	+40.11%
Householder living alone	1,129	1,619	+43.40%
Households with individuals under 18 years	4,412	5,095	+15.48%
Households with individuals 65 years and over	1,333	2,096	+57.24%
Average household size	3.08	3.03	-1.62%
Average family size [7]	3.39	3.37	-0.59%
HOUSING OCCUPANCY	**2000**	**2010**	**% Change**
Total housing units	9,121	11,553	+26.66%
Occupied housing units	8,861	11,228	+26.71%
Vacant housing units	260	325	+25.00%
For seasonal, recreational, or occasional use	16	19	+18.75%
Homeowner vacancy rate (percent) [8]	1.5	1.1	-26.67%
Rental vacancy rate (percent) [9]	2.6	4.3	+65.38%
HOUSING TENURE	**2000**	**2010**	**% Change**
Occupied housing units	8,861	11,228	+26.71%
Owner-occupied housing units	8,140	10,298	+26.51%
Average household size of owner-occupied units	3.15	3.08	-2.22%
Renter-occupied housing units	721	930	+28.99%
Average household size of renter-occupied units	2.29	2.45	+6.99%

X Not applicable.

Source: U.S. Census Bureau, Census 2000 Summary File 1, Matrices P1, P3, P4, P8, P9, P12, P13, P,17, P18, P19, P20, P23, P27, P28, P33, PCT5, PCT8, PCT11, PCT15, H1, H3, H4, H5, H11, and H12.

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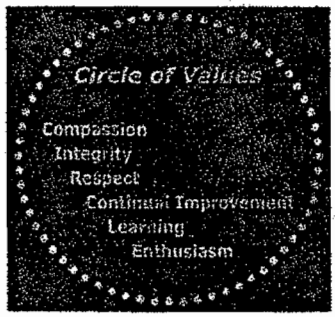
FOSTERING A CARING, LOVING, SUPPORTIVE

PATHWAYS MEMORY CARE PROGRAM



- OUR PROGRAM IS DEDICATED TO MEETING RESIDENTS' NEEDS AT ALL STAGES OF ALZHEIMER'S DISEASE AND OTHER RELATED DEMENTIA DIAGNOSES
- WE SHAPE OUR PROGRAM AROUND OUR RESIDENTS INDIVIDUALIZED NEEDS
- WE HAVE THREE LEVELS OF PROGRAMMING TO PROVIDE PERSON-CENTERED CARE
- THE DEVELOPMENT OF THE THREE-TIERED LEVELS: THE MEMORY STRENGTHENING, MEMORY PATH, AND EMOTIONS PATH LEVELS HELP TO PROVIDE MEMORIES, CARE AND COMFORT IN ASSISTING RESIDENTS TO FUNCTION AT THEIR HIGHEST LEVEL OF INDEPENDENCE

The Pathways Program is a Specialized Dementia-Care Program dedicated to enhance and comfort the lives of those residents living with Alzheimer's Disease and related dementias. Creating a home-like environment provides the residents with a sense of familiarity, comfort and love. Providing the residents with a pleasant, memory evoking, home-like environment can further help to decrease comorbid negative symptoms of Alzheimer's disease and dementias.

Pathways Program Locations

Alden of Lincoln Park
Alden of Wentworth
Alden Estates of Orland Park
Alden Estates of Naperville
Alden Courts of Des Plaines
Alden Courts of Waterford
Alden of McHenry
Alden of Long Grove
Alden of Town Manor
Alden of Park Strathmoor
Alden of Valley Ridge

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ATTACHMENT-11C

DEMENTIA MEMORY CARE PROGRAM

Purpose: The Pathways Program is a Specialized Dementia Care Program dedicated to enhance and comfort the lives of those residents living with Alzheimer's Disease and related dementias. Creating a home like-environment provides the residents with a sense of familiarity, comfort, and love. Providing the residents with a pleasant, memory evoking, home-like environment can further help to decrease symptoms of Alzheimer's disease and dementias, such as agitation, anxiety, lack of enthusiasm, and aggravation. Furthermore, this program is dedicated to providing an environment that helps to stimulate and maintain a resident's level of cognitive functioning. Furthermore, staff develop relationships with patience, compassion and love. Dementia Care Units are secure, and promote safety, health, and wellbeing.

Pathways Memory Care Program

The Pathways Program is divided into three life skills/activity programming areas to capture the variety of cognitive levels that are exhibited on the dementia care units. They are as follows:

Memory Strengthening Program

The Memory Path Program is a program dedicated to those residents who are a high level of cognitive functioning. These residents may score high on cognitive testing, alert and oriented to the unit, staff, family, and other residents; they understand the structure of the Pathways Program.

This program provides the following:

Engagement:

This part of the program places emphasis of having residents assists other residents. These residents help to run activities, such as Bingo, JackPot, trivia, exercise, etc. These residents may enjoy helping to decorate for holidays, help hand out clothing protectors at meals, etc. This part of the program gives a resident a sense of belonging and helpfulness to others.

Enhancement:

This part of the program focuses on memory enhancement. These residents participate in memory/mind games, reading, trivia, etc, that help to maintain their knowledge and stimulate the mind. They may also participate in reminiscence and life skill activities. This program may be task oriented, with supervision rather than hands on assistance.

Evoking:

This part of the program also has a resident meeting, where the residents meet and discuss what activities they would like to see the dementia care unit. These residents also are given structure, but they are encouraged to still make

choices as so what they would like to be active in and what they would like to do to participate. The purpose of this portion of the program is to bring out their talents, abilities, choices, and individuality.

Memory Path Program:

The Memory Path Program is for those residents who require support and memory evoking programming in order to find a "path: to their memories and emotions. These residents may have cognitive function varying more often; require more assistance with activities of daily living, redirection and support.

The Memory Path Program Provides the following:

Engagement: This level of the program is dedicated to providing person centered engagement. Understanding the best cues and redirection techniques are key to maximizing participation and creating a connection with the program taking place. Furthermore, staff must understand the best approaches may vary day to day or even minute to minute.

Enhancement: This level of the program is dedicated to enhancing residents' emotions and sensory stimulation. Sights, sounds, smells are incorporated into their routine. Stimulating feelings within our residents can help to access memories and emotions that require stimulation to make a connection to their memories. Types of activities include baking, reminiscing, where many senses are stimulated at once.

Evoking: The program focus is to evoke emotions, feelings, sensations. This part of the program does stress that at any time of the day, during any activity, the staff can evoke feelings of care and comfort in our residents.

The Emotion Path Program

The emotions plan program is a link to emotions that stimulate feelings and/or memories. This is important throughout stages of programming for Alzheimer's; however this program emphasizes the senses, as residents abilities to demonstrate understanding and communicate their needs is limited to none in this stage.

Engagement: Resident Engagement is created by stimulating the senses. Sensory stimulation and programming is an aspect of all three programs; however in this activity program engagement is developed through response of sight, sound, touch, taste and smell. The focus is on stimulating the five senses daily; examples of these activities are taste testing, music, hand massages, etc. The use of Montessori activities are also used, to maintain abilities the residents still can maintain (for example, wrapping yarn around a soda bottle can help maintain the ability to move the hand).

Enhancement: This level of the program uses engagement of the senses to evoke memories. Feelings are not affected by the disease, and emotions/feelings are used to evoke those feelings.

Evoking: This part of the program is about providing emotional support and love to our residents. These are the "unscheduled" moments were staff provide hugs, touch, and care, to evoke pleasant moments.

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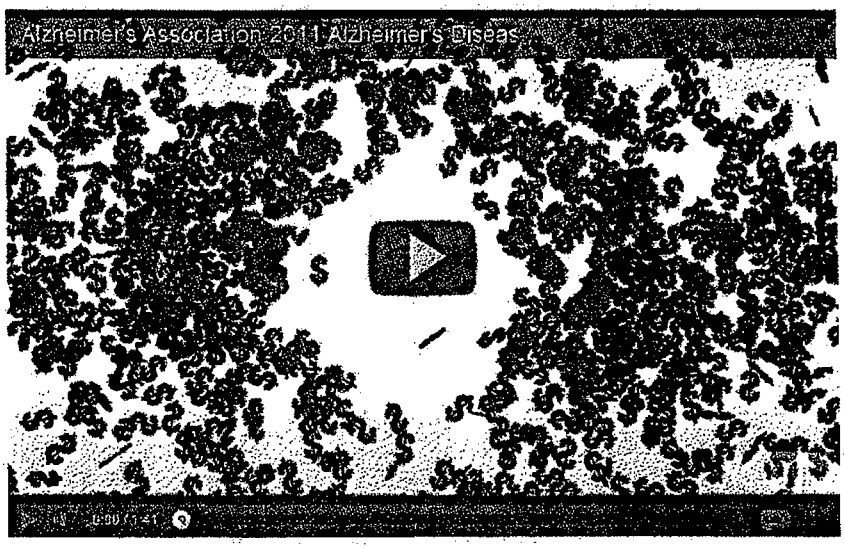
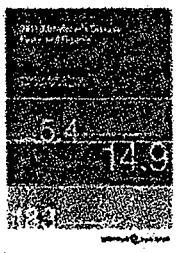
alzheimer's association

Alzheimer's Facts and Figures



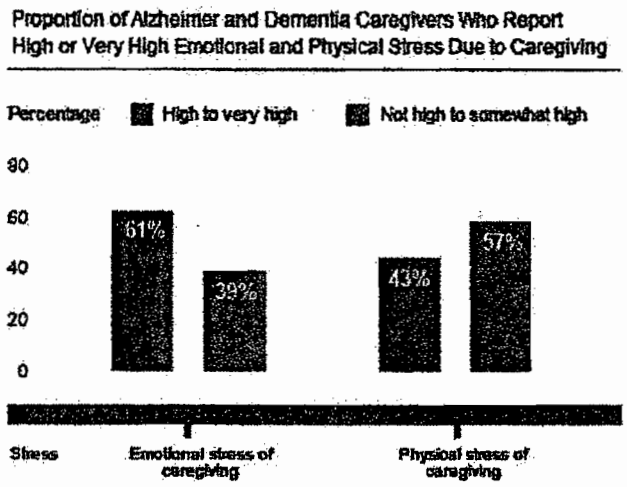


Facts and Figures, an annual report released by the Alzheimer's Association, reveals the burden of Alzheimer's and dementia on individuals, caregivers, government, and the nation's healthcare system.

2011 Alzheimer's Disease Facts and Figures report
Quick facts
Unpaid caregivers and stress
Deaths from Alzheimer's disease
Alzheimer's facts in each state

Unpaid caregivers and stress

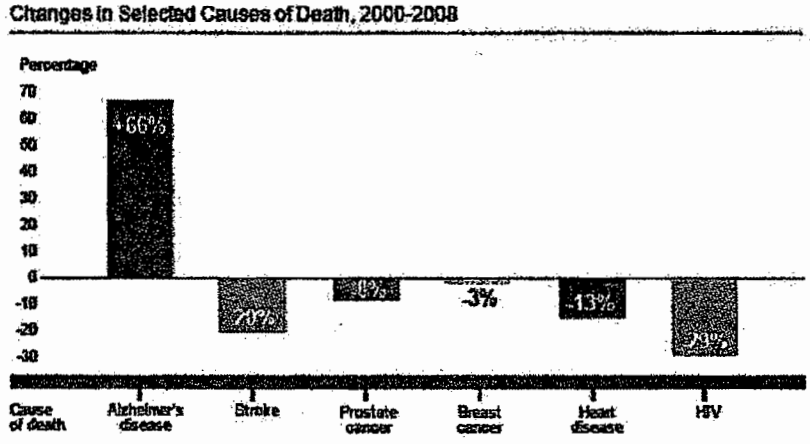
There are nearly 15 million Alzheimer's and dementia caregivers providing 17 billion hours of unpaid care valued at $202 billion. *Facts and Figures* finds that caregivers not only suffer emotionally but also physically. Because of the toll of caregiving on their own health, Alzheimer's and dementia caregivers had $7.9 billion in additional health care costs in 2010. More than 60 percent of family caregivers report high levels of stress because of the prolonged duration of caregiving and 33 percent report symptoms of depression.



Created from data from the Alzheimer's Association 2010 Women and Alzheimer's Poll, October 2010.
Source: Alzheimer's Association *2011 Alzheimer's Disease Facts and Figures.*

Deaths from Alzheimer's disease

Alzheimer's is the sixth-leading cause of death in the country and the only cause of death among the top 10 in the United States that cannot be prevented, cured or even slowed. Based on mortality data from 2000-2008, death rates have declined for most major diseases while deaths from Alzheimer's disease have risen 66 percent during the same period.



Source: Alzheimer's Association *2011 Alzheimer's Disease Facts and Figures.*

Back to top

Alzheimer's facts in each state

The *2011 Alzheimer's Disease Facts and Figures* report also contains data on the impact of this disease in every state across the nation. Click below to see the effect that Alzheimer's is having in your state.

alzheimer's association®

Illinois

ALZHEIMER'S STATISTICS

In the United States, an estimated **5.4 million people** are living with Alzheimer's disease, and someone develops the disease every **69 seconds**. Unless something is done, as many as **16 million** Americans will have Alzheimer's in 2050 and someone will develop the disease every **33 seconds**. In 2010, **14.9 million** family members and friends provided **17 billion hours** of unpaid care to those with Alzheimer's and other dementias – care valued at **$202.6 billion**.

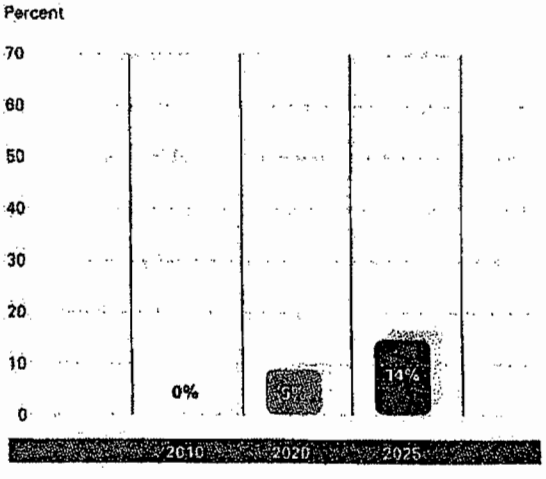
Number of People Aged 65 and Older with Alzheimer's by Age

Year	65–74	75–84	85+	Total	% change from 2000
2000	12,000	110,000	89,000	210,000	
2010	10,000	98,000	100,000	210,000	0%
2020	13,000	97,000	110,000	220,000	5%
2025	14,000	110,000	110,000	240,000	14%

Number of Alzheimer's and Dementia Caregivers, Hours of Unpaid Care, and Economic Value of Care

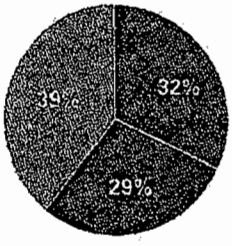
Year	Number of Caregivers	Total Hours of Unpaid Care	Total Value of Unpaid Care
2008	349,614	301,786,819	$3,349,833,685
2009	386,207	439,812,201	$5,057,840,312
2010	579,505	659,939,981	$7,873,083,975

Percentage Change in Number with Alzheimer's Disease Compared to 2000



Cognitive Impairment in Nursing Home Residents, 2008

Total Nursing Home Residents **170,454**



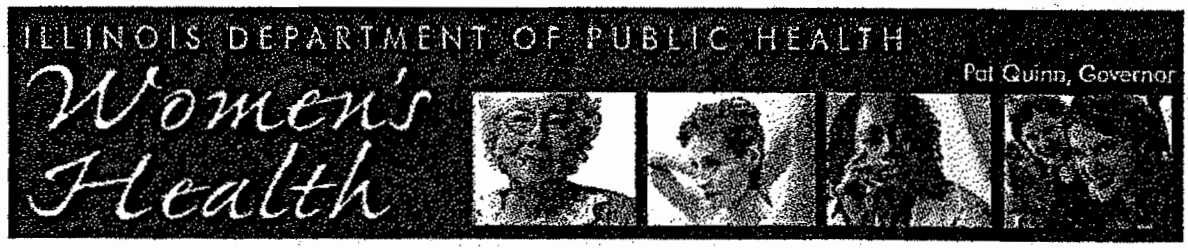
Level of Cognitive Impairment
- severe/moderate
- mild/very mild
- none

Number of Deaths Due to Alzheimer's Disease in 2007

2,734

For more information, view the *2011 Alzheimer's Disease Facts and Figures* report at **alz.org/facts.**

ATTACHMENT-11D



Facts About Alzheimer's Disease

About 4.5 million Americans have Alzheimer's disease (AD); an estimated 222,300 of them live in Illinois. Unless a cure or prevention for the disease is found, this number is expected to increase as the population ages. While the disease can occur in people in their 30s and 40s, it is most prevalent among older individuals: about one in 10 persons 65 years of age and older and almost half of those 85 years of age and older develop AD. More than 70 percent of those suffering from AD live at home, where the majority of their care (75 percent) is provided by family and friends. The direct and indirect financial toll of Alzheimer's disease in the United States is estimated to be least $100 billion a year; Illinois' share of these costs amounts to more than $5.2 billion annually.

What is Alzheimer's disease?

Alzheimer's disease is an incurable, progressive degenerative disease of the brain. It is the most common form of dementia. AD, though, is not just memory loss. It is also a decline in the ability to think and understand. Consequent changes in personality are accompanied by an inability to function. The type, severity, sequence and progression of the mental changes vary widely among individuals. While it most frequently affects older individuals, Alzheimer's disease is not a part of normal aging.

What are the symptoms/warning signs of Alzheimer's disease?

Symptoms/warning signs of AD may include the following:

- memory loss or unexplained confusion that interferes with daily activities
- difficulty in performing familiar tasks and chores
- problems speaking, understanding, reading or writing
- forgetting words or substituting inappropriate words
- disorientation to time and place (e.g., getting lost in familiar surroundings)
- poor or decreased judgment (e.g., wearing a winter coat on a hot summer day)
- problems with abstract thinking (e.g., difficulty balancing a checkbook)
- misplacing things in inappropriate places (e.g., putting the iron in the freezer)
- changes in mood or behavior (e.g., rapid mood swings for no apparent reason or cursing)
- drastic changes in personality (e.g., suspiciousness)
- lack of interest and involvement in usual activities

If several of these symptoms/warning signs are present, the person should be evaluated by a physician. Frequently, the early symptoms of AD, which include forgetfulness and loss of concentration, are mistakenly dismissed as normal signs of aging.

Do women have a greater risk of developing Alzheimer's disease?

Age is the most important known risk factor for Alzheimer's disease. This means the longer people live, the more likely they are to develop the disease. Since women have longer life spans than men, they have a higher lifetime risk of developing Alzheimer's disease.

Why is an early diagnosis important?

It is important to determine the actual cause of the cognitive (mental process including memory and judgment) symptoms. The symptoms may not be caused by AD. Many causes, such as depression, drug interaction, thyroid problems and vitamin deficiencies, are reversible if detected early and treated appropriately.

An early diagnosis of AD can increase the chance of potential benefits from approved medications. It also allows the person with AD to participate in health care, financial and legal decisions.

Is there any treatment for Alzheimer's disease?

There is currently no cure for AD. For some people in the early to middle stages of the disease, new medications may provide limited cognitive symptom relief. However, behavioral symptom management without the use of medications is recommended because there is an increased risk of worsening the dementia and other adverse effects. Interventions include family education and counseling, modification of the environment and planned activities.

A person with Alzheimer's should be under a doctor's care and may see a neurologist, psychiatrist, family doctor, internist, or geriatrician (a specialist who treats older adults). The doctor can treat the person's physical and behavioral problems and answer the many questions that the person or the family may have.

What is the prognosis for someone with Alzheimer's disease?

AD is a progressive disease. A person with Alzheimer's disease lives an average of eight years and as many as 20 years or more from the onset of symptoms. The most common cause of death for persons with AD is infection.

Is research on Alzheimer's disease being done?

Current research is investigating the cause, diagnosis, treatment and prevention of the disease as well as looking for ways to improve care. Unless a cure or prevention is found, an estimated 14 million Americans will be stricken with AD by 2050. Since 1985, the Alzheimer's Disease Research Fund, which is supported by contributions made by Illinois taxpayers through their annual income tax returns, has supported 136 research projects.

Where can I get more information?

Illinois has three state-funded Alzheimer's disease assistance centers. They offer diagnosis and treatment, education (lay and professional) and research, including clinical trials. The centers' service areas and contact information are provided below.

Chicago metropolitan area (Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry and Will counties):

Alzheimer's Disease Center
Northwestern University Medical School
312-908-9339

Rush Alzheimer's Disease Assistance Center
312-942-4463

Downstate area (Illinois' remaining 93 counties):

Center for Alzheimer's Disease/Related Disorders

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH BEAT

Alzheimer's Disease

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An early diagnosis of AD can increase the chance of potential benefits from approved medications. It also allows the person with AD to participate in health care, financial and legal decisions.

Is there any treatment for Alzheimer's disease?

There is currently no cure for AD. For some people in the early to middle stages of the disease, new medications may provide limited cognitive symptom relief. However, behavioral symptom management without the use of medications is recommended because there is an increased risk of worsening the dementia and other adverse effects. Interventions include family education and counseling, modification of the environment and planned activities.

A person with Alzheimer's should be under a doctor's care and may see a neurologist, psychiatrist, family doctor, internist, or geriatrician (a specialist who treats older adults). The doctor can treat the person's physical and behavioral problems and answer the many questions that the person or the family may have.

What is the prognosis for someone with Alzheimer's disease?

AD is a progressive disease. A person with Alzheimer's disease lives an average of eight years and as many as 20 years or more from the onset of symptoms. The most common cause of death for persons with AD is infection.

Is research on Alzheimer's disease being done?

Current research is investigating the cause, diagnosis, treatment and prevention of the disease as well as looking for ways to improve care. Unless a cure or prevention is found, an estimated 14 million Americans will be stricken with AD by 2050. Since 1985, the Alzheimer's Disease Research Fund, which is supported by contributions made by Illinois taxpayers through their annual income tax returns, has supported 136 research projects.

Where can I get more information?

Illinois has three state-funded Alzheimer's disease assistance centers. They offer diagnosis and treatment, education (lay and professional) and research, including clinical trials. The centers' service areas and contact information are provided below.

Chicago metropolitan area (Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry and Will counties):

Alzheimer's Disease Center
Northwestern University Medical School
312-908-9339

Rush Alzheimer's Disease Assistance Center
312-942-4463

Downstate area (Illinois ' remaining 93 counties):

Center for Alzheimer's Disease/Related Disorders
Southern Illinois University School of Medicine
217-782-8249

idph online home
health fact sheets
Illinois Department of Public Health
535 West Jefferson Street
Springfield, Illinois 62761
Phone 217-782-4977
Fax 217-782-3987
TTY 800-547-0466
Questions or Comments

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24/7 Helpline:
800.272.3900

Our vision is a world without Alzheimer's disease

Find us anywhere: ZIP

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Special Care Units

Introduction
Our position
What we are doing
Resources

Introduction

Alzheimer Special Care Units (SCUs) exist to better meet dementia residents' needs and to protect residents without dementia in nursing homes and residential care facilities. Special care unit growth has become a challenge for Alzheimer advocates concerned about the quality of long-term care.

Nearly 60 percent of nursing home residents have Alzheimer's or another dementia. In recent years the number of nursing homes that have developed SCUs designed to serve residents with Alzheimer's disease has proliferated. Special care dementia units now represent one of the fastest growing parts of the nursing home business.

Until recently, facilities did not have to meet any specific standards, beyond the nursing home regulations and standards to which all nursing homes are held, in order to promote themselves as being a special care unit.

Many facilities did not offer the same services or a comparable level of care, making it impossible for families of Alzheimer patients to determine a correct placement for their loved one. Often, the term "special care unit" was used as a marketing scheme where the only distinguishing factor was that the unit was locked.

Our position

The Alzheimer's Association supports the enactment of state legislation regarding the disclosure of claims made by facilities relative to their Alzheimer special care units.

Such disclosure requirements should conform to the Key Elements of Dementia Care and include proper enforcement and monitoring mechanisms. In addition, such legislation should include provisions and resources for consumer education and training of surveyors and ombudsman.

What we are doing

A 1993 study of SCUs by the Alzheimer's Association substantiated the concern that some facilities were offering little difference in the care provided in SCUs compared to more traditional nursing home settings.

The study found that:

- Extra costs of the units were not disclosed prior to admission 39 percent of the time.
- Twenty-nine percent of families did not know if they were paying more for special care than for standard nursing home care.
- Ombudsmen and state surveyors expressed concern about the availability of specialized activities, numbers of staff on duty, staff training, involuntary seclusion or confinement of residents, and the ability of the units to manage problem behaviors.

In the years since this study was commissioned, Alzheimer advocates have worked with state lawmakers to address these concerns. This work has resulted in the enactment of special care unit disclosure laws in 23 states. SCU disclosure laws require nursing homes and other health care providers to disclose what their special services include.

The Association works with legislators to enact model legislation to hold facilities with Alzheimer special care units accountable to prospective residents, their families and state licensing agencies.

The eight areas of care outlined in the model legislation closely parallel the goals for specialized care identified in the Alzheimer Association's *Key Elements of Dementia Care*.

Resources

For more information and tools for advocates, see Resources.

A PETITION FOR A STRONG NATIONAL ALZHEIMER'S PLAN

Families Facing Alzheimer's Disease Can't Wait

We, the undersigned, call on the President to issue a strong National Alzheimer's Plan to help the millions of Americans now affected by Alzheimer's disease, and the many millions more at risk.

Read the full text

Sign the Petition to President Obam

Alzheimer's can't wait. We need a federal commitment in or change the course of Alzheimer's disease.

*First name: *Last name:

*Email:

*Address:

*City: *State: *Zip:

SIGN THE PETITIO

* required information

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Our vision is a world without Alzheimer's disease Find us anywhere: ZIP GO Search by state

alzheimer's association

Seven Stages of Alzheimer's

Alzheimer's symptoms vary. The stages below provide a general idea of how abilities change during the course of the disease.

Stage 1: No impairment
Stage 2: Very mild decline
Stage 3: Mild decline
Stage 4: Moderate decline
Stage 5: Moderately severe decline
Stage 6: Severe decline
Stage 7: Very severe decline

Not everyone will experience the same symptoms or progress at the same rate. This seven-stage framework is based on a system developed by Barry Reisberg, M.D., clinical director of the New York University School of Medicine's Silberstein Aging and Dementia Research Center.

Stage 1: No impairment (normal function)
The person does not experience any memory problems. An interview with a medical professional does not show any evidence of symptoms of dementia.

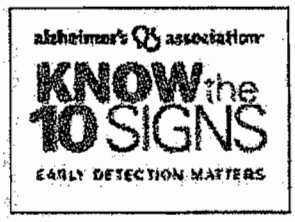
Stage 2: Very mild cognitive decline (may be normal age-related changes or earliest signs of Alzheimer's disease)
The person may feel as if he or she is having memory lapses — forgetting familiar words or the location of everyday objects. But no symptoms of dementia can be detected during a medical examination or by friends, family or co-workers.

VIDEO Learn more: Risk Factors Identifying Mild Cognitive Impairment (approx 21 min.)

Stage 3: Mild cognitive decline (early-stage Alzheimer's can be diagnosed in some, but not all, individuals with these symptoms)
Friends, family or co-workers begin to notice difficulties. During a detailed medical interview, doctors may be able to detect problems in memory or concentration. Common stage 3 difficulties include:

- Noticeable problems coming up with the right word or name
- Trouble remembering names when introduced to new people
- Having noticeably greater difficulty performing tasks in social or work settings Forgetting material that one has just read
- Losing or misplacing a valuable object
- Increasing trouble with planning or organizing

Learn more: Know the 10 Signs, Steps to Diagnosis and Related Dementias



Inside the Brain: An Interactive Tour
Learn how stages of Alzheimer's relate to physical changes within the brain.

Stage 4: Moderate cognitive decline
(Mild or early-stage Alzheimer's disease)
At this point, a careful medical interview should be able to detect clear-cut symptoms in several areas:

- Forgetfulness of recent events
- Impaired ability to perform challenging mental arithmetic — for example, counting backward from 100 by 7s
- Greater difficulty performing complex tasks, such as planning dinner for guests, paying bills or managing finances
- Forgetfulness about one's own personal history
- Becoming moody or withdrawn, especially in socially or mentally challenging situations

Help is available

Your local Alzheimer's Association chapter can connect you with the resources you need to cope with the symptoms and challenges of Alzheimer's. Find a chapter in your community

Our free 24/7 Helpline provides information, referral and care consultation by professionals in 170 languages.

Our Greenfield Library houses more than 5,000 books, journals and resources. Access it online.

Sign Our Petition to President Obama

Alzheimer's can't wait. We need a federal commitment in order to change the course of Alzheimer's disease. Tell President Obama millions of families are counting on him for a strong National Alzheimer's Plan.

Stage 5: Moderately severe cognitive decline
(Moderate or mid-stage Alzheimer's disease)
Gaps in memory and thinking are noticeable, and individuals begin to need help with day-to-day activities. At this stage, those with Alzheimer's may:

- Be unable to recall their own address or telephone number or the high school or college from which they graduated

- Become confused about where they are or what day it is
- Have trouble with less challenging mental arithmetic; such as counting backward from 40 by subtracting 4s or from 20 by 2s
- Need help choosing proper clothing for the season or the occasion
- Still remember significant details about themselves and their family
- Still require no assistance with eating or using the toilet

Learn More: Daily Care and Behaviors

Stage 6: Severe cognitive decline
(Moderately severe or mid-stage Alzheimer's disease)
Memory continues to worsen, personality changes may take place and individuals need extensive help with daily activities. At this stage, individuals may:

- Lose awareness of recent experiences as well as of their surroundings
- Remember their own name but have difficulty with their personal history
- Distinguish familiar and unfamiliar faces but have trouble remembering the name of a spouse or caregiver
- Need help dressing properly and may, without supervision, make mistakes such as putting pajamas over daytime clothes or shoes on the wrong feet
- Experience major changes in sleep patterns -- sleeping during the day and becoming restless at night
- Need help handling details of toileting (for example, flushing the toilet, wiping or disposing of tissue properly)
- Have increasingly frequent trouble controlling their bladder or bowels
- Experience major personality and behavioral changes, including suspiciousness and delusions (such as believing that their caregiver is an impostor)or compulsive, repetitive behavior like hand-wringing or tissue shredding
- Tend to wander or become lost

Remember:

It is difficult to place a person with Alzheimer's in a specific stage as stages may overlap.

Stage 7: Very severe cognitive decline
(Severe or late-stage Alzheimer's disease)
In the final stage of this disease, individuals lose the ability to respond to their environment, to carry on a conversation and, eventually, to control movement. They may still say words or phrases.

At this stage, individuals need help with much of their daily personal care, including eating or using the toilet. They may also lose the ability to smile, to sit without support and to hold their heads up. Reflexes become abnormal. Muscles grow rigid. Swallowing impaired.

Learn more: Late-Stage Care

Thank you for your feedback! The new delivers the following improvements: Search by zip code, improved table display, browse more data feature, download data, and more.

Illinois

People QuickFacts	Illinois	USA
Population, 2014 estimate	12,880,580	318,857,056
Population, 2010 (April 1) estimates base	12,831,587	308,758,105
Population, percent change - April 1, 2010 to July 1, 2014	0.4%	3.3%
Population, 2010	12,830,632	308,745,538
Persons under 5 years, percent, 2014	6.1%	6.2%
Persons under 18 years, percent, 2014	23.2%	23.1%
Persons 65 years and over, percent, 2014	13.9%	14.5%
Female persons, percent, 2014	50.9%	50.8%
White alone, percent, 2014 (a)	77.5%	77.4%
Black or African American alone, percent, 2014 (a)	14.7%	13.2%
American Indian and Alaska Native alone, percent, 2014 (a)	0.6%	1.2%
Asian alone, percent, 2014 (a)	5.3%	5.4%
Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a)	0.1%	0.2%
Two or More Races, percent, 2014	1.8%	2.5%
Hispanic or Latino, percent, 2014 (b)	16.7%	17.4%
White alone, not Hispanic or Latino, percent, 2014	62.3%	62.1%
Living in same house 1 year & over, percent, 2009-2013	86.8%	84.9%
Foreign born persons, percent, 2009-2013	13.8%	12.9%
Language other than English spoken at home, pct age 5+, 2009-2013	22.3%	20.7%
High school graduate or higher, percent of persons age 25+, 2009-2013	87.3%	86.0%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	31.4%	28.8%
Veterans, 2009-2013	727,919	21,263,779
Mean travel time to work (minutes), workers age 16+, 2009-2013	28.0	25.5
Housing units, 2014	5,307,222	133,957,180
Homeownership rate, 2009-2013	67.5%	64.9%
Housing units in multi-unit structures, percent, 2009-2013	32.9%	26.0%
Median value of owner-occupied housing units, 2009-2013	$182,300	$176,700
Households, 2009-2013	4,772,723	115,610,216
Persons per household, 2009-2013	2.63	2.63
Per capita money income in past 12 months (2013 dollars), 2009-2013	$29,666	$28,155
Median household income, 2009-2013	$56,797	$53,046
Persons below poverty level, percent, 2009-2013	14.1%	15.4%

Business QuickFacts	Illinois	USA
Private nonfarm establishments, 2013	315,364[1]	7,488,353
Private nonfarm employment, 2013	5,209,070[1]	118,268,253
Private nonfarm employment, percent change, 2012-2013	1.7%[1]	2.0%
Nonemployer establishments, 2013	928,461	23,005,620
Total number of firms, 2007	1,123,817	27,092,908
Black-owned firms, percent, 2007	9.5%	7.1%
American Indian- and Alaska Native-owned firms, percent, 2007	0.5%	0.9%
Asian-owned firms, percent, 2007	5.3%	5.7%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	0.1%	0.1%
Hispanic-owned firms, percent, 2007	5.0%	8.3%
Women-owned firms, percent, 2007	30.5%	28.8%
Manufacturers shipments, 2007 ($1000)	257,760,713	5,319,458,312

ATTACHMENT-11E

Merchant wholesaler sales, 2007 ($1000)	231,082,768	4,174,286,516
Retail sales, 2007 ($1000)	165,450,520	3,917,663,456
Retail sales per capita, 2007	$12,947	$12,990
Accommodation and food services sales, 2007 ($1000)	25,469,026	613,795,732
Building permits, 2014	20,579	1,046,363
Geography QuickFacts	**Illinois**	**USA**
Land area in square miles, 2010	55,518.93	3,531,905.43
Persons per square mile, 2010	231.1	87.4
FIPS Code	17	

1: Includes data not distributed by county.
(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.
D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown
Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
Last Revised: Wednesday, 14-Oct-2015 10:53:58 EDT

State of Illinois

TOTAL FACILITIES	1,023
HOSPITAL BASED UNITS	32
FREE STANDING FACILITIES	991
FACILITIES LICENSED FOR:	
NURSING CARE BEDS ONLY	721
DD CARE BEDS ONLY	240
MULTI-LICENSED FACILITIES	62
FACILITIES REPORTED BY OWNERSHIP TYPE	
GOVERNMENTAL OWNERSHIP	33
NON-PROFIT OWNERSHIP	374
FOR PROFIT OWNERSHIP	615
CONTINUING CARE COMMUNITY	79
LIFE CARE FACILITY	95
Reported Identified Offenders	2,862

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	543
Chronic Alcoholism	520
Developmentally Disabled	337
Drug Addiction	624
Medicaid Recipient	80
Medicare Recipient	116
Mental Illness	272
Non-Ambulatory	66
Non-Mobile	80
Public Aid Recipient	96
Under 65 Years Old	30
Unable to Self-Medicate	46
Ventilator Dependent	931
Infectious Disease w/ Isolation	244
Other Restrictions	125
No Restrictions	30

RESIDENTS BY PRIMARY DIAGNOSIS

Neoplasms	1,633
Endocrine/Metabolic	5,039
Blood Disorders	982
Nervous System Non Alzheimer	5,190
Alzheimer's Disease	6,348
Mental Illness	11,713
Developmental Disability	3,703
Circulatory System	13,204
Respiratory System	8,239
Digestive System	1,796
Genitourinary System Disorders	2,837
Skin Disorders	958
Musculo-skeletal Disorders	8,056
Injuries and Poisonings	2,316
Other Medical Conditions	9,928
Non-Medical Conditions	858
TOTALS	82,597

Total Residents Diagnosed with Mental Illness 22,491

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	98,819	94,877	83,125	93,188	75,887	22,952	88,691	82,909
Skilled Under 22	932	901	848	835	827	105		927
Intermediate DD	4,949	4,929	4,664	4,694	4,519	430		4,747
Sheltered Care	2,865	2,549	1,990	2,531	1,723	1,142		
TOTAL BEDS	107,565	103,256	90,827	101,448	82,936	24,629	88,691	88,031

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	83,222
Total Admissions 2013	181,444
Total Discharges 2013	180,783
Residents on 12/31/2013	83,883

FACILITY UTILIZATION - 2014

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pay Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3,969,450	15.8%	16,839,732	56.5%	402,493	707,433	5,674,674	45,293	27,639,075	76.4%	79.8%
Skilled Under 22			295,392	87.1%	436	0	2,058	365	298,252	87.4%	90.4%
Intermediate DD			1,625,192	93.5%	7,723	098	9,890	365	1,644,168	90.8%	91.1%
Sheltered Care					12,583	155	582,079	19,268	614,083	66.6%	66.6%
TOTALS	3,969,450	15.8%	18,760,318	57.8%	423,237	708,586	6,268,701	65,298	30,195,588	76.7%	79.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	17	52	98	82	0	22	0	0	115	156	271
18 to 44	1,816	999	268	206	856	783	0	0	2,942	1,988	4,930
45 to 59	5,421	3,531	59	64	876	833	6	8	6,362	4,434	10,796
60 to 64	3,084	2,355	17	6	251	257	5	10	3,357	2,628	5,985
65 to 74	5,417	6,184	17	7	68	205	29	50	5,721	6,426	12,147
75 to 84	6,394	11,391	2	1	66	76	94	275	6,556	11,745	18,301
85+	6,668	22,558	0	0	11	21	266	962	6,945	23,561	30,506
TOTALS	28,817	47,050	461	366	2,320	2,199	400	1,323	31,998	50,938	82,936

State of Illinois

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11,378	45,126	1,401	2,370	15,488	126	75,889
Skilled Under 22	0	819	1	0	6	1	827
ICF/DD		4,471	19	0	27	2	4,519
Sheltered Care			33	0	1,651	48	1,732
TOTALS	11,379	50,416	1,454	2,370	17,172	176	82,967

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	237	205
Skilled Under 22	337	251
Intermediate DD	169	153
Shelter	145	134

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1,374	23	50	8	1,456
Amer. Indian	73	25	11	0	109
Black	13,708	234	589	9	14,538
Hawaiian/Pac. Isl.	105	21	37	3	166
White	59,338	477	3,813	1,702	65,330
Race Unknown	1,271	47	19	1	1,338
Total	75,867	827	4,519	1,723	82,936
ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	2,922	84	148	6	3,160
Non-Hispanic	69,812	717	4,334	1,874	76,537
Ethnicity Unknown	3,133	26	39	41	3,239
Total	75,867	827	4,519	1,723	82,936

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1,122.16
Physicians	350.55
Director of Nursing	929.09
Registered Nurses	9,673.95
LPN's	9,662.85
Certified Aides	34,755.34
Other Health Staff	8,341.89
Non-Health Staff	25,853.27
Totals	90,689.08

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.5%	39.7%	1.9%	5.4%	22.6%	100.0%		
2,099,170,533	2,888,791,021	126,529,132	366,175,172	1,530,315,654	6,779,981,512	25,237,405	0.4%

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

Note: This report does not include facilities operated by the the Illinois Department of Human Services. See State of Illinois, DHS Facilities

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ATTACHMENT-11F

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

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

ATTACHMENT-12A identifies all nursing facilities owned and operated by related entities as the Applicant only owns and operates Alden Estates-Courts of New Lenox. A copy of all related facility licenses and certifications as applicable are appended under **ATTACHMENT-12B.**

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

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

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

The above requested authorization for the Health Facilities and Services Review Board and the Department of Public Health 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 applicable.

ATTACHMENT-12

Alden Estates-Courts of New Lenox
Other Related Facilities through the Ultimate Parent
The Alden Group, Ltd.

RELATED FACILITIES

Alden Alma Nelson Manor

Alden Estates of Barrington

Alden Des Plaines Rehab & HC

Alden Garden Cts of DesPlaines

Alden Estates of Evanston

Heather Health Care Center

Alden Lakeland Rehab & HCC

Alden Lincoln Rehab & H C Ctr

Alden Long Grove Rehab & HCC

Alden Terrace of McHenry Rehab

Alden Estates of Naperville

Alden Northmoor Rehab & HCC

Alden North Shore Rehab & HCC

Alden Orland Park Rehab & HCC

Alden Park Strathmoor

Alden Poplar Creek Rehab & HCC

Alden Princeton Rehab & HCC

Alden Estates of Shorewood

Alden Estates of Skokie

Alden Town Manor Rehab & HCC

Alden Valley Ridge Rehab & HCC

Alden Village Health Facility

Alden Village North

Alden of Waterford

Alden Courts of Waterford

Alden Gardens of Waterford

Alden Wentworth Rehab & HCC

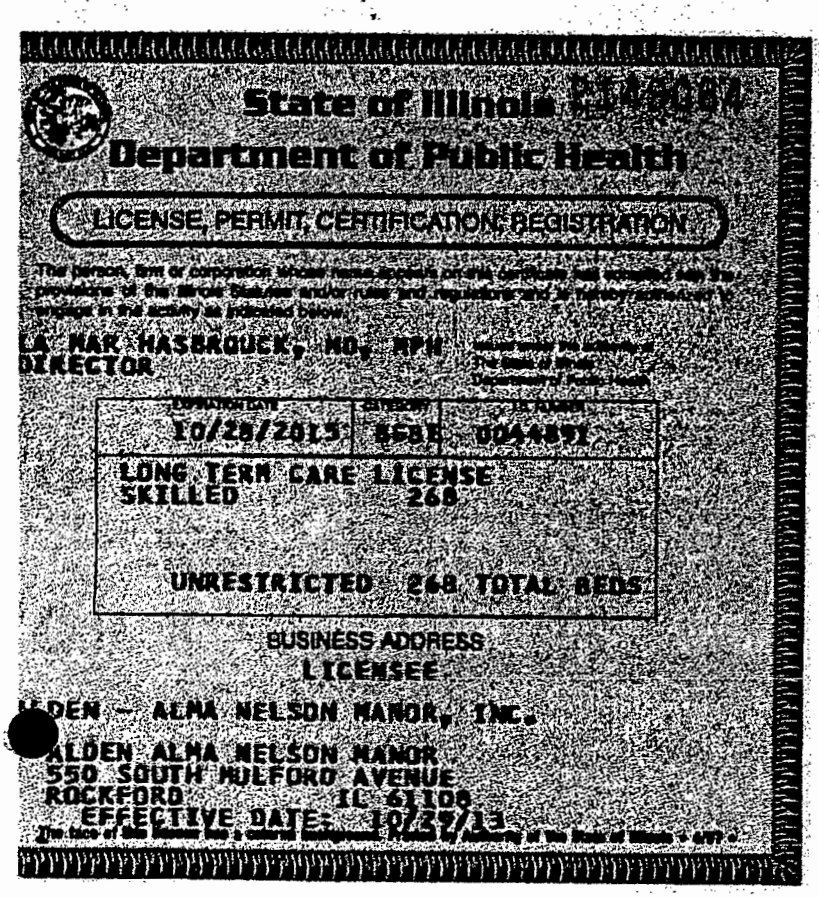
Alden of Old Town East

Alden of Old Town West

Alden Trails

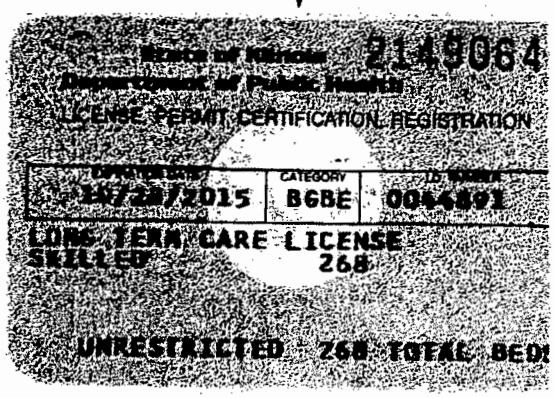
Alden Springs

ATTACHMENT-12A



DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



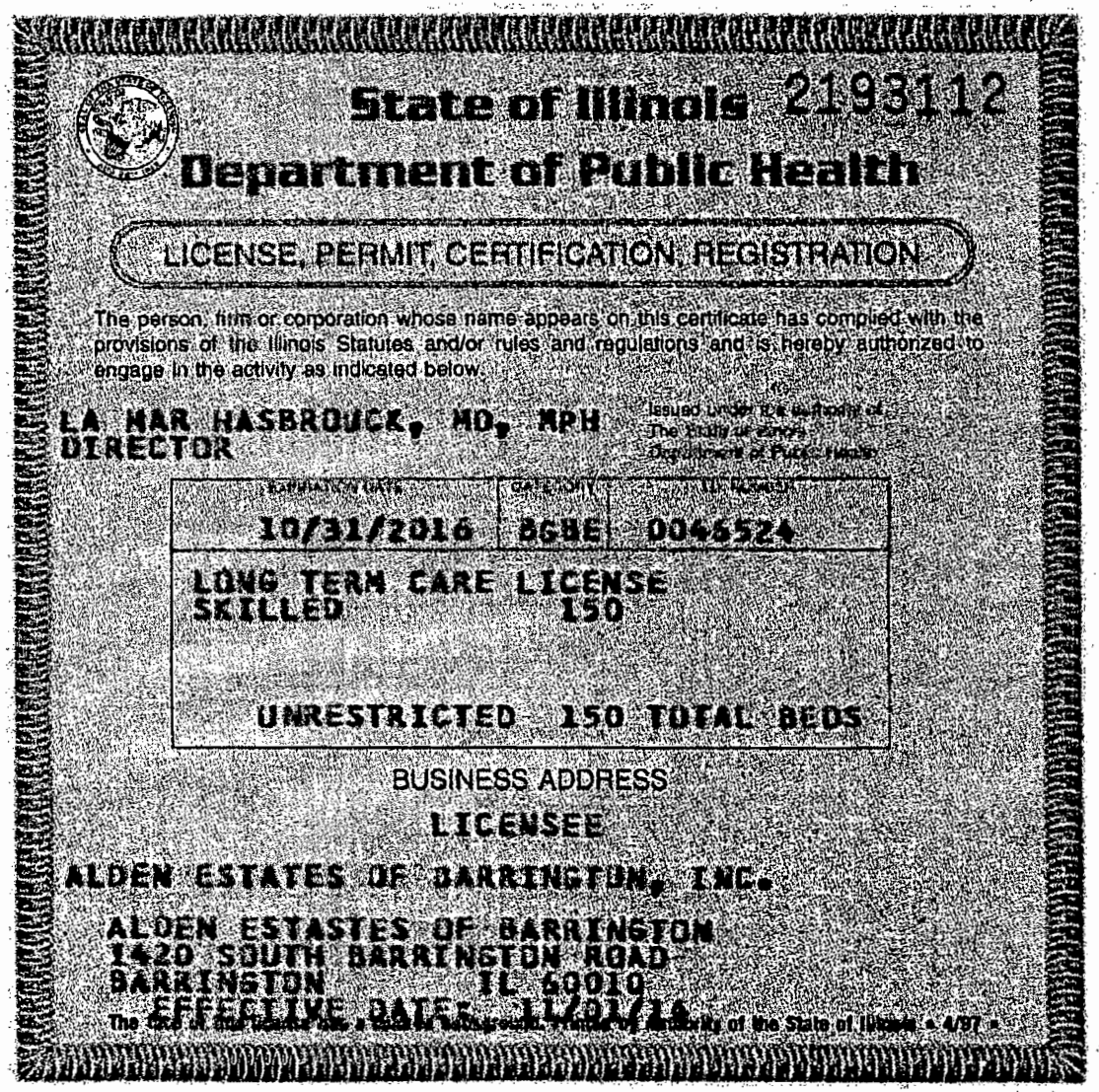
REGION 1

09/25/13

ALDEN ALMA NELSON MANOR
550 SOUTH MULFORD AVENUE
ROCKFORD IL 61108

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2193112

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

Issued Under the Authority of
The Public Health Act
Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
10/31/2016	BGBE	0046524

LONG TERM CARE LICENSE
SKILLED 150

UNRESTRICTED 150 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN ESTATES OF BARRINGTON, INC.

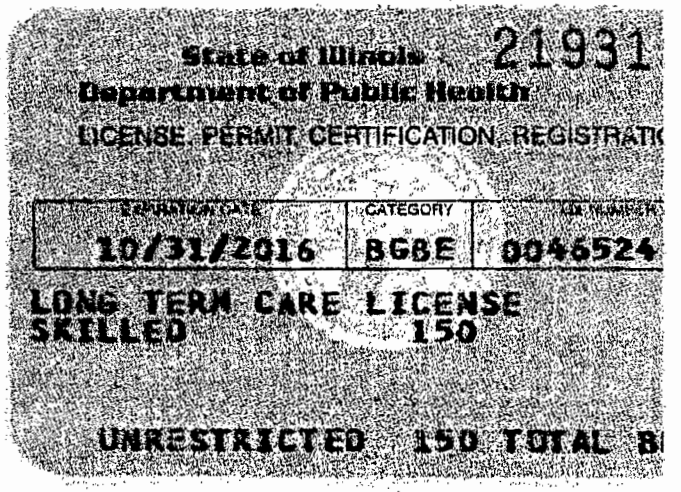
ALDEN ESTASTES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON IL 60010

EFFECTIVE DATE 11/01/14

The seal of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



State of Illinois 21931

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATI

EXPIRATION DATE	CATEGORY	ID NUMBER
10/31/2016	BGBE	0046524

LONG TERM CARE LICENSE
SKILLED 150

UNRESTRICTED 150 TOTAL BI

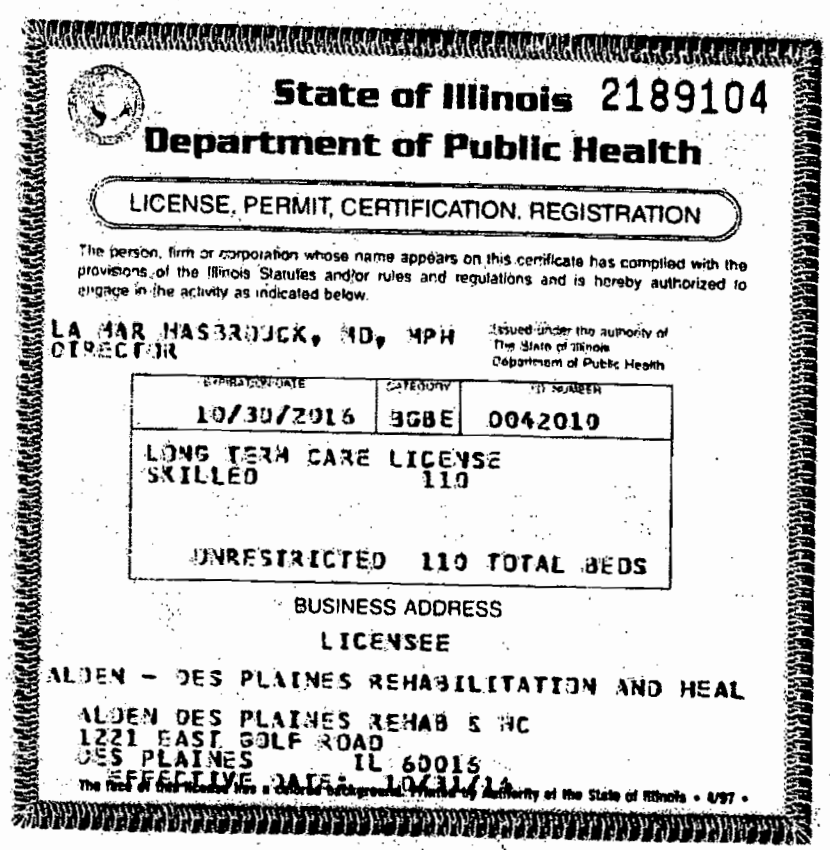
REGION 9

10/24/14

ALDEN ESTASTES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON IL 60010

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2189104

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
10/30/2016	BGBE	0042010

LONG TERM CARE LICENSE
SKILLED 110

UNRESTRICTED 110 TOTAL BEDS

BUSINESS ADDRESS

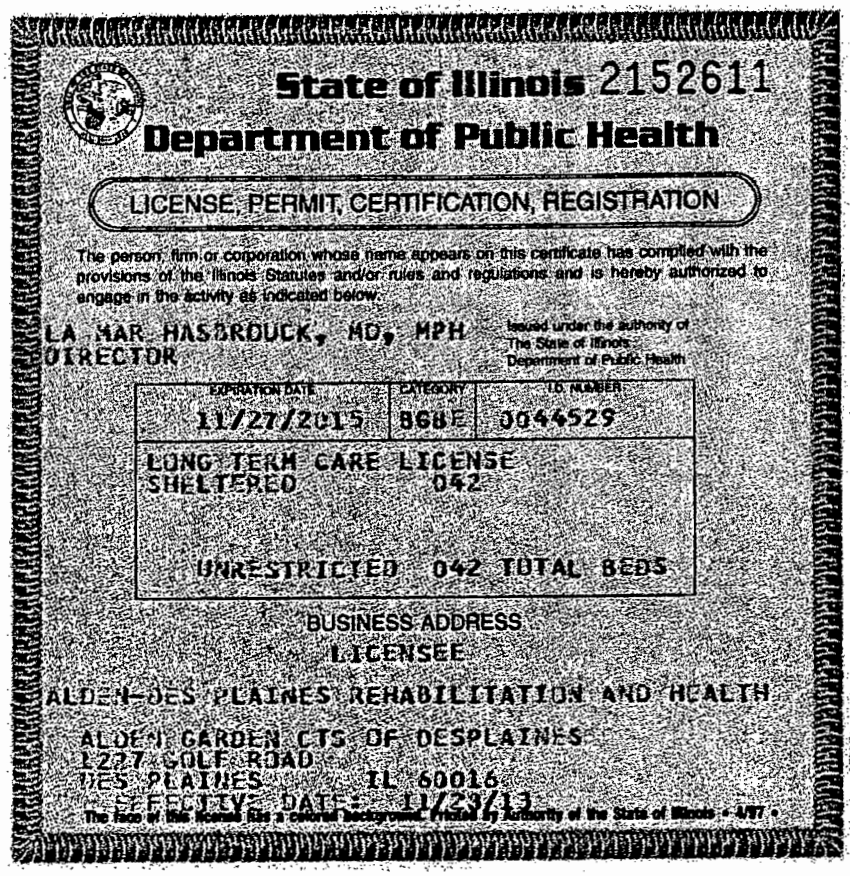
LICENSEE

ALDEN - DES PLAINES REHABILITATION AND HEAL

ALDEN DES PLAINES REHAB & RC
1221 EAST GOLF ROAD
DES PLAINES IL 60016
EFFECTIVE DATE: 10/31/14

The face of this license has a colored background. Issued by Authority of the State of Illinois • 6/97 •

ATTACHMENT-12B



State of Illinois 2152611

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/27/2015	868E	0044529

LONG TERM CARE LICENSE
SHELTERED 042

UNRESTRICTED 042 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN-DES PLAINES REHABILITATION AND HEALTH

ALDEN GARDEN CTS OF DESPLAINES
1227 GOLF ROAD
DES PLAINES IL 60016
EFFECTIV DATE- 11/23/13

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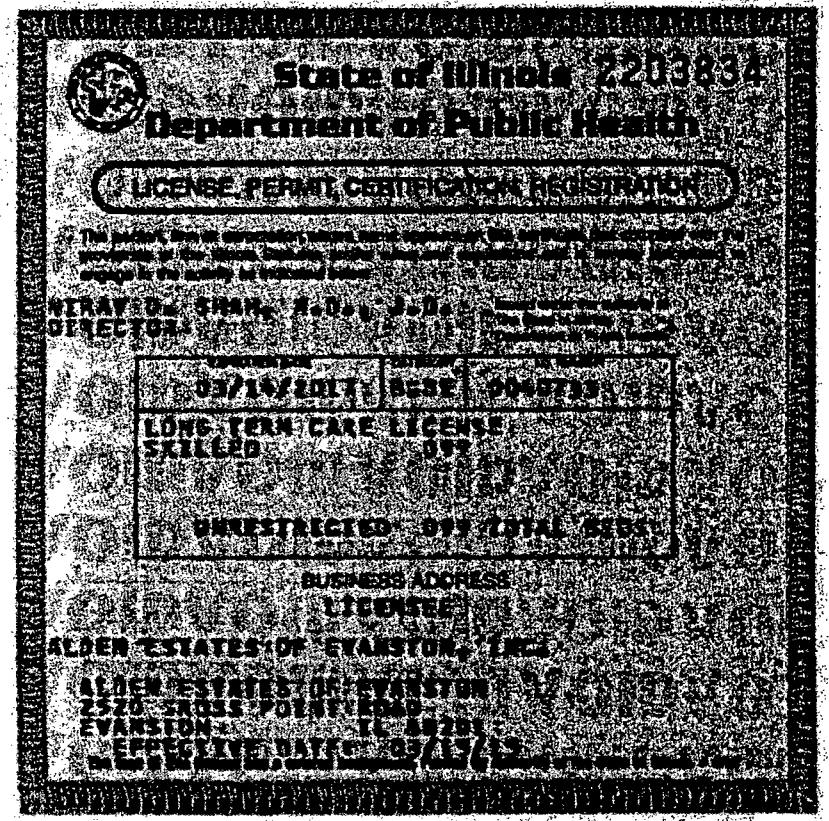
ATTACHMENT-12B



DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

2203834

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

	CATEGORY	
03/14/2017	BSBE	0040733

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL BEDS

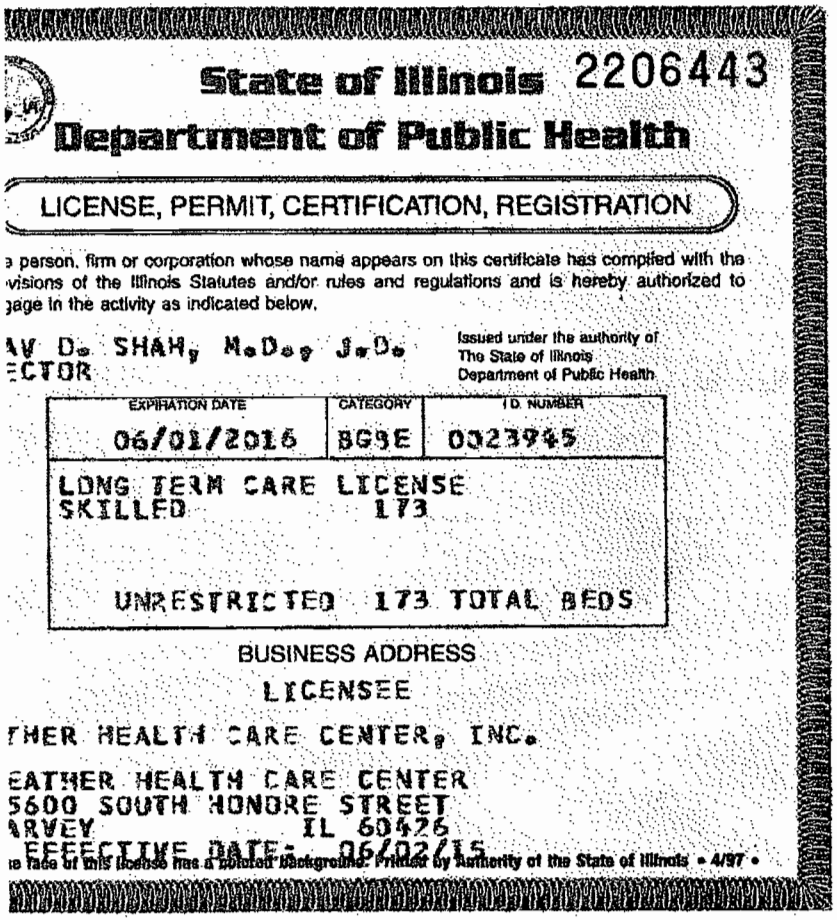
REGION 9

02/25/15

ALDEN ESTATES OF EVANSTON
2520 GROSS POINT ROAD
EVANSTON IL 60201

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2206443

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

AV D. SHAH, M.D., J.D.
ECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/01/2016	BG3E	0023945

LONG TERM CARE LICENSE
SKILLED 173

UNRESTRICTED 173 TOTAL BEDS

BUSINESS ADDRESS

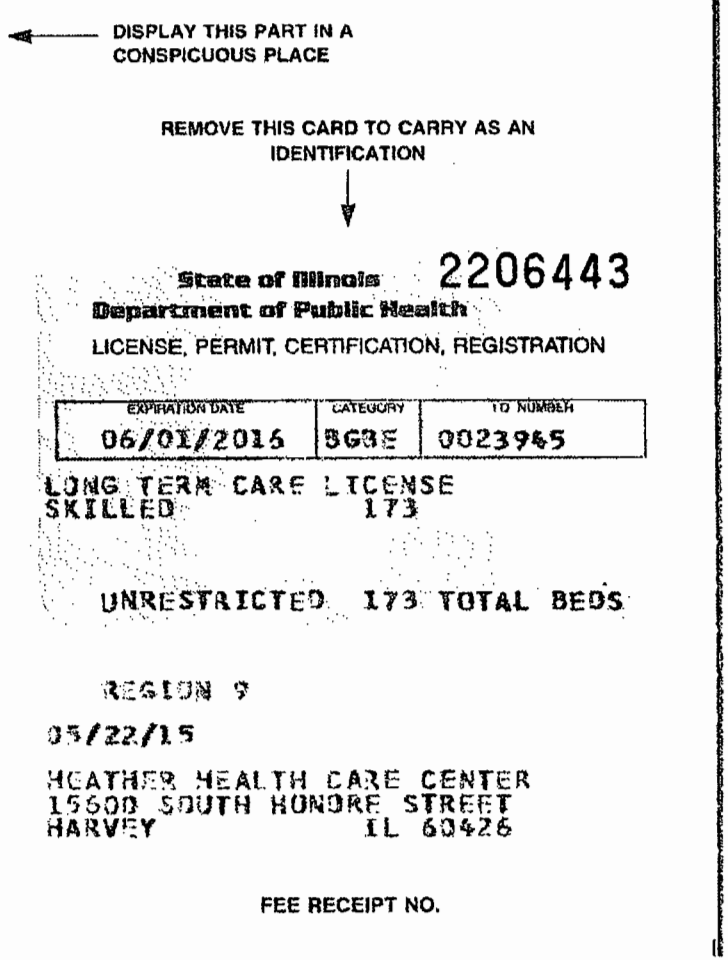
LICENSEE

THER HEALTH CARE CENTER, INC.

EATHER HEALTH CARE CENTER
5600 SOUTH HONORE STREET
ARVEY IL 60426

EFFECTIVE DATE: 06/02/15

e 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 2206443

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/01/2016	BG3E	0023945

LONG TERM CARE LICENSE
SKILLED 173

UNRESTRICTED 173 TOTAL BEDS

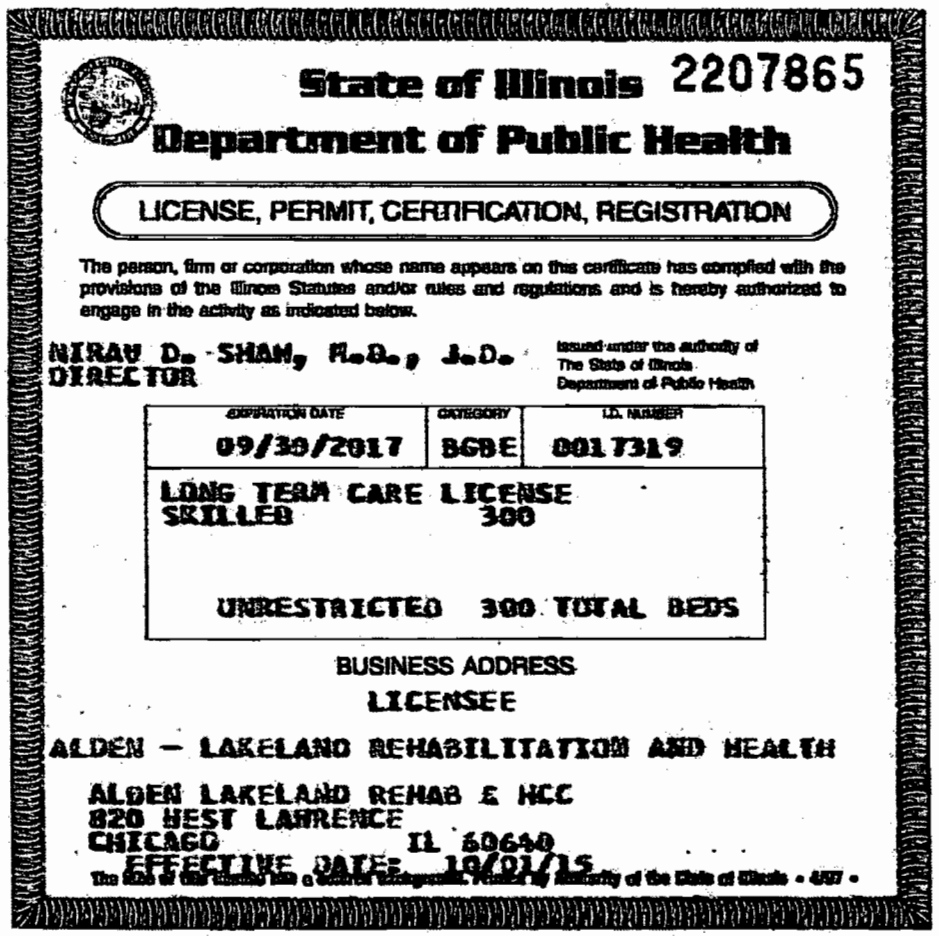
REGION 9

05/22/15

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY IL 60426

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2207865

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/30/2017	BGBE	0017319

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - LAKELAND REHABILITATION AND HEALTH

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640
EFFECTIVE DATE: 10/01/15

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State of Illinois 2207865
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/30/2017	BGBE	0017319

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

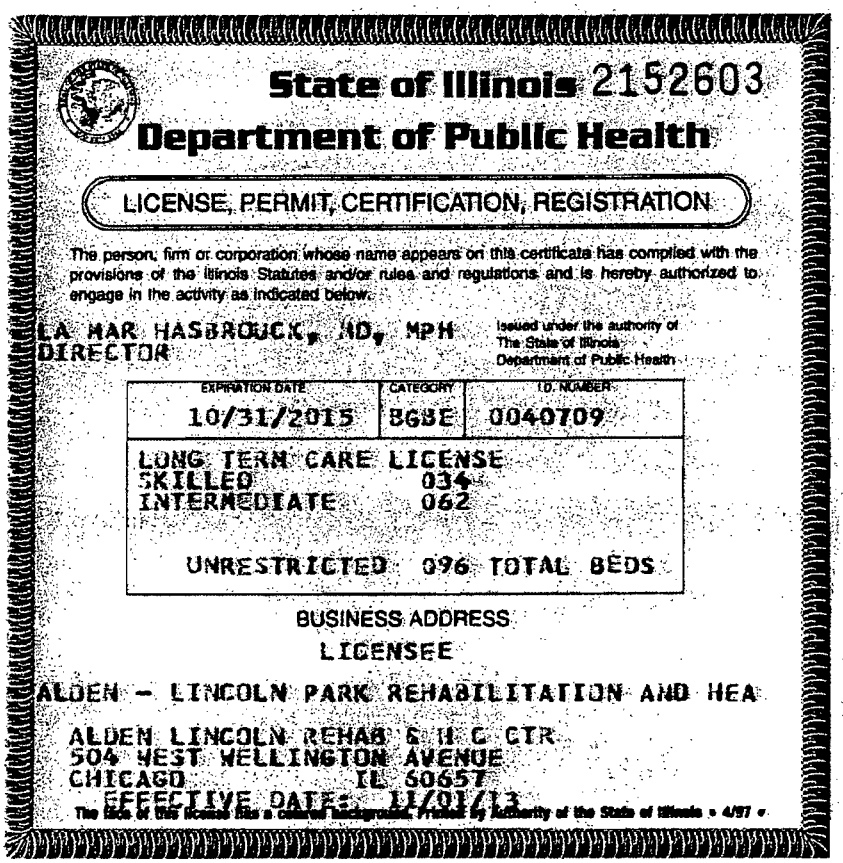
REGION 8

09/28/15

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2152603

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
10/31/2015	BGBE	0040709

LONG TERM CARE LICENSE
SKILLED 034
INTERMEDIATE 062

UNRESTRICTED 096 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - LINCOLN PARK REHABILITATION AND HEA

ALDEN LINCOLN REHAB & H C CTR
504 WEST WELLINGTON AVENUE
CHICAGO IL 60657

EFFECTIVE DATE: 11/01/13

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ATTACHMENT-12B

State of Illinois 2165549

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/06/2016	BGBE	0040683

LONG TERM CARE LICENSE
SKILLED 210
INTERMEDIATE 038

UNRESTRICTED 248 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - LONG GROVE REHABILITATION AND HEALT

ALDEN LONG GROVE REHAB & HCC
BOX 2308, RFD OLD HICKS ROAD
LONG GROVE IL 60047

EFFECTIVE DATE: 03/07/14

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 216554

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/06/2016	BGBE	0040683

LONG TERM CARE LICENSE
SKILLED 210
INTERMEDIATE 038

UNRESTRICTED 248 TOTAL BED

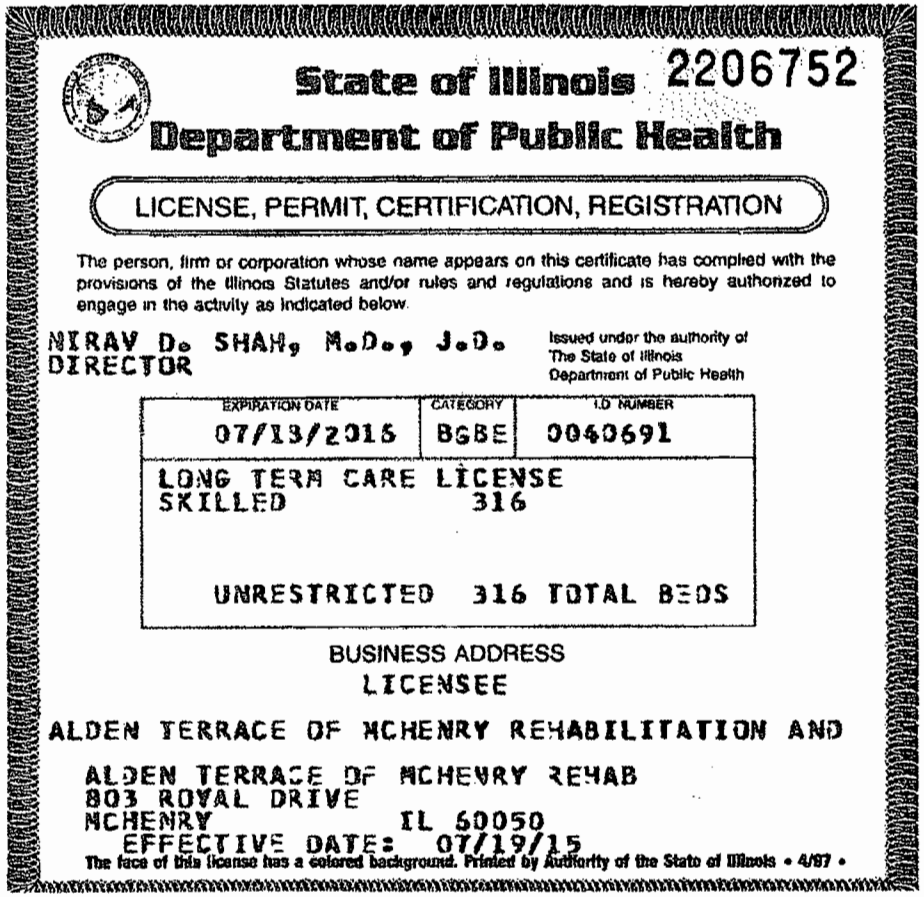
REGION 1

02/25/14

ALDEN LONG GROVE REHAB & HCC
BOX 2308, RFD OLD HICKS ROAD
LONG GROVE IL 60047

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2206752

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/13/2015	BGBE	0040691

LONG TERM CARE LICENSE
SKILLED 316

UNRESTRICTED 316 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN TERRACE OF MCHENRY REHABILITATION AND

ALDEN TERRACE OF MCHENRY REHAB
803 ROYAL DRIVE
MCHENRY IL 60050
EFFECTIVE DATE: 07/19/15

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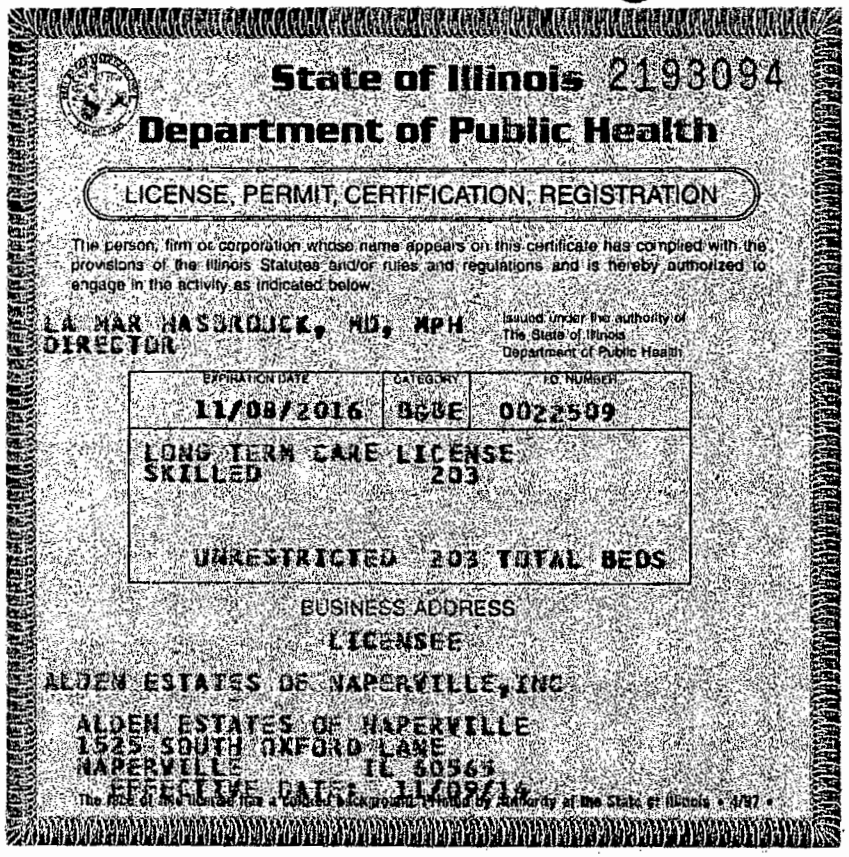

State of Illinois 2193094
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/08/2016	BGBE	0022509

LONG TERM CARE LICENSE
SKILLED 203

UNRESTRICTED 203 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN ESTATES OF NAPERVILLE,INC

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE IL 60565

EFFECTIVE DATE: 11/09/14

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

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State of Illinois 2193094
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/08/2016	BGBE	0022509

LONG TERM CARE LICENSE
SKILLED 203

UNRESTRICTED 203 TOTAL BEDS

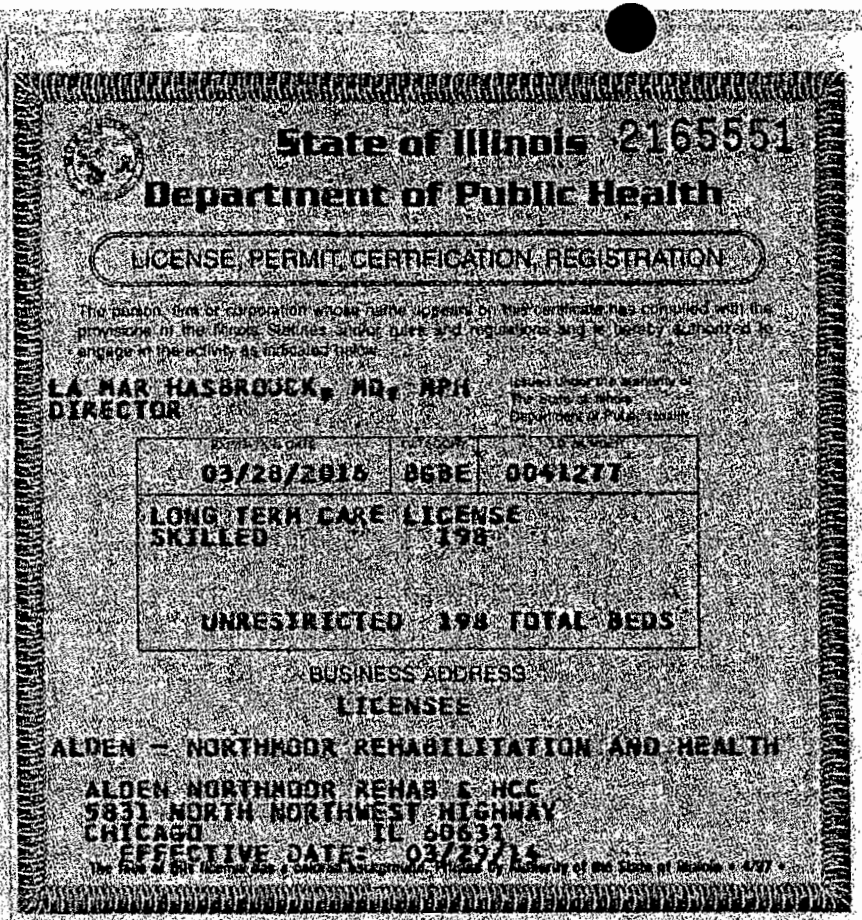
REGION 7

10/24/14

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE IL 60565

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2165551

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/28/2016	BGBE	0041277

LONG TERM CARE LICENSE
SKILLED 198

UNRESTRICTED 198 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - NORTHMOOR REHABILITATION AND HEALTH

ALDEN NORTHMOOR REHAB & HCC
5831 NORTH NORTHWEST HIGHWAY
CHICAGO IL 60631
EFFECTIVE DATE: 03/29/14

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2165551

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/28/2016	BGBE	0041277

LONG TERM CARE LICENSE
SKILLED 198

UNRESTRICTED 198 TOTAL BEDS

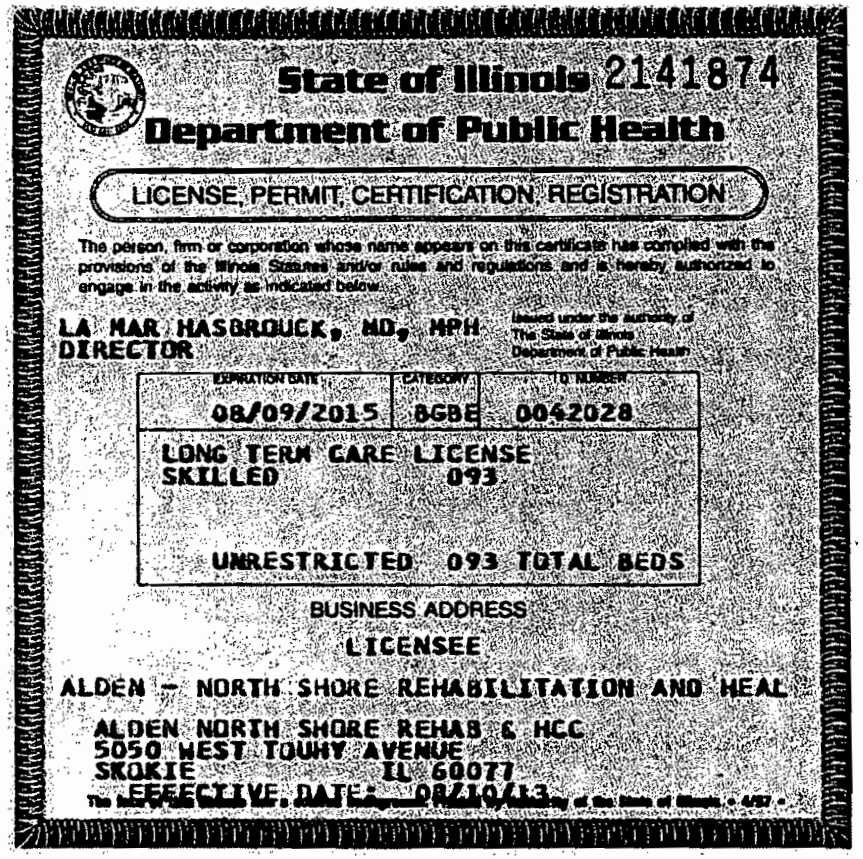
REGION 8

02/25/14

ALDEN NORTHMOOR REHAB & HCC
5831 NORTH NORTHWEST HIGHWAY
CHICAGO IL 60631

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2141874
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/09/2015	BGBE	0042028

LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - NORTH SHORE REHABILITATION AND HEAL

ALDEN NORTH SHORE REHAB & HCC
5050 WEST TOUHY AVENUE
SKOKIE IL 60077

EFFECTIVE DATE: 08/10/13

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2141874
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/09/2015	BGBE	0042028

LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

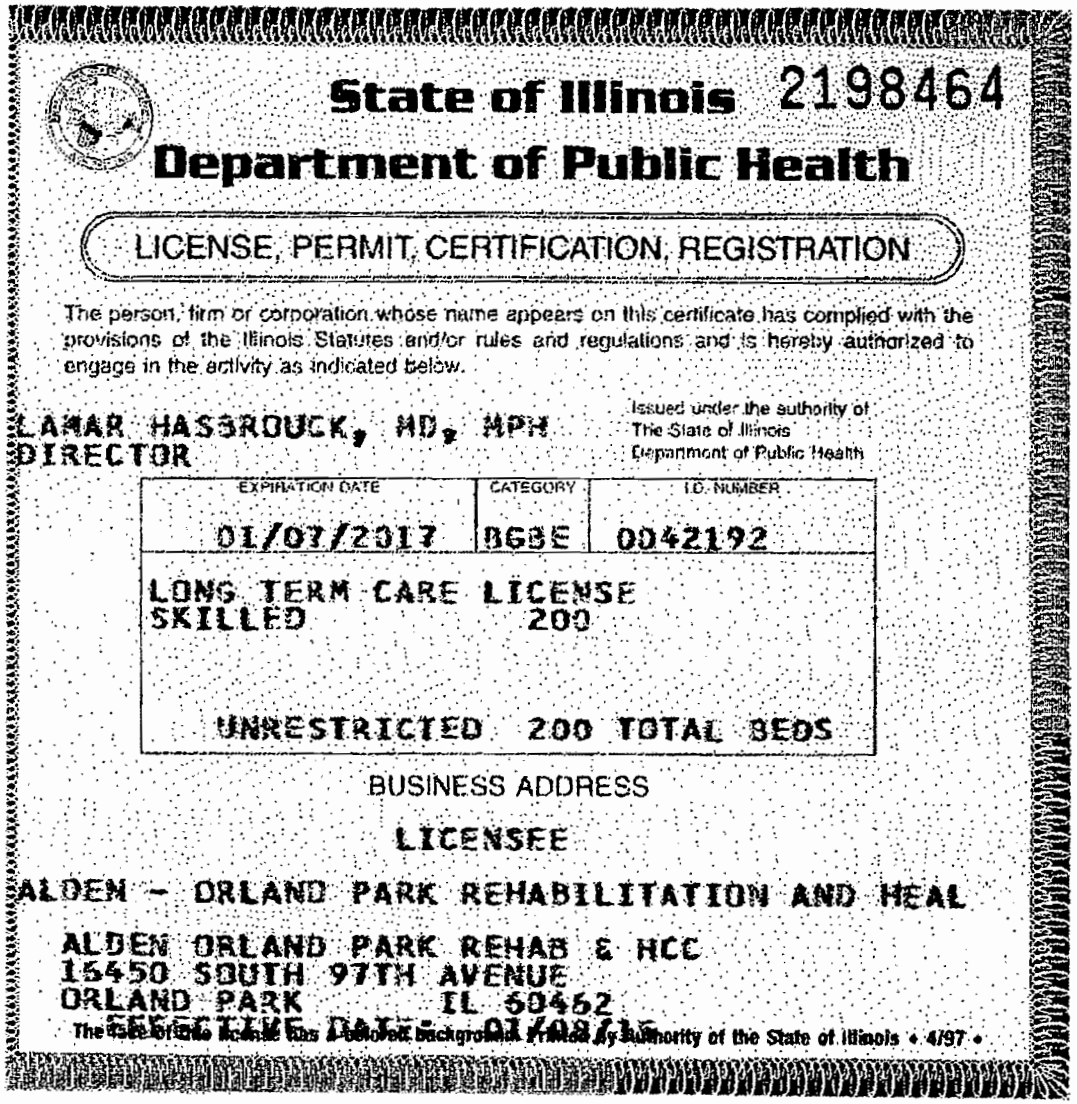
REGION 9

07/23/13

ALDEN NORTH SHORE REHAB & HCC
5050 WEST TOUHY AVENUE
SKOKIE IL 60077

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2198464

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LAMAR HASSROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/07/2017	BGBE	0042192

LONG TERM CARE LICENSE
SKILLED 200

UNRESTRICTED 200 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - ORLAND PARK REHABILITATION AND HEAL

ALDEN ORLAND PARK REHAB & HCC
16450 SOUTH 97TH AVENUE
ORLAND PARK IL 60462

EFFECTIVE DATE - 01/08/15

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 21984E
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/07/2017	BGBE	0042192

LONG TERM CARE LICENSE
SKILLED 200

UNRESTRICTED 200 TOTAL BED

REGION 9

12/22/14

ALDEN ORLAND PARK REHAB & HCC
16450 SOUTH 97TH AVENUE
ORLAND PARK IL 60462

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2206755
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/25/2017	BGBE	0044909

LONG TERM CARE LICENSE
SKILLED 189

UNRESTRICTED 189 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - PARK STRATHMOOR, INC.

ALDEN PARK STRATHMOOR
5668 STRATHMOOR DRIVE
ROCKFORD IL 61107

EFFECTIVE DATE: 07/26/15

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

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State of Illinois 2206755
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/25/2017	BGBE	0044909

LONG TERM CARE LICENSE
SKILLED 189

UNRESTRICTED 189 TOTAL BEDS

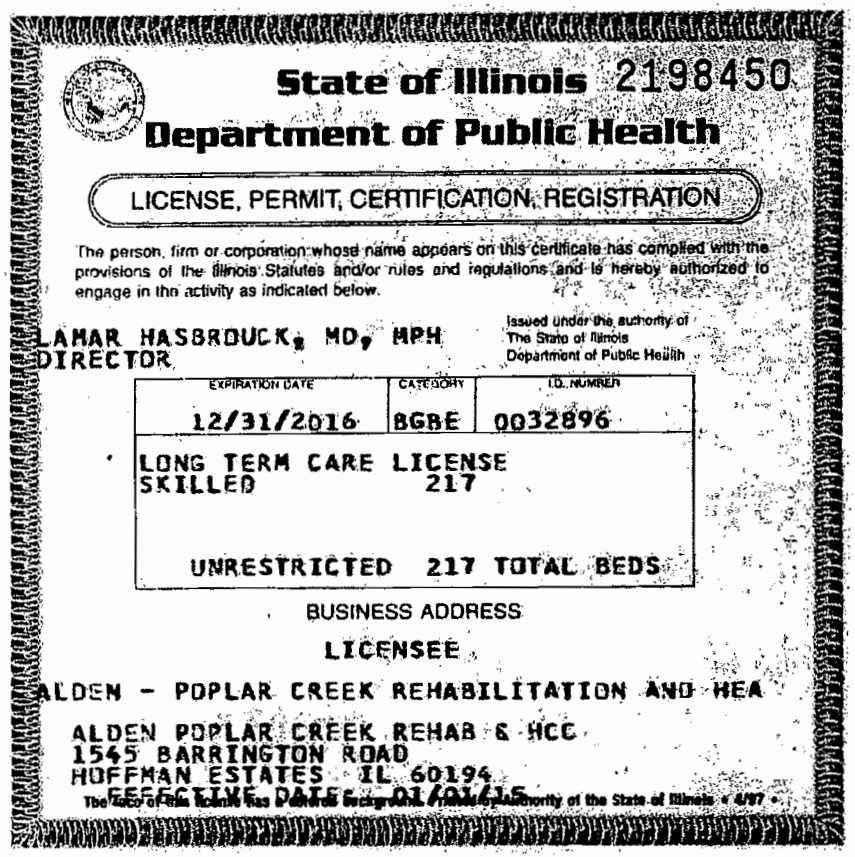
REGION 1

06/24/15

ALDEN PARK STRATHMOOR
5668 STRATHMOOR DRIVE
ROCKFORD IL 61107

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2198450
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LAMAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2016	BGBE	0032896

LONG TERM CARE LICENSE
SKILLED 217

UNRESTRICTED 217 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - POPLAR CREEK REHABILITATION AND HEA

ALDEN POPLAR CREEK REHAB & HCC
1545 BARRINGTON ROAD
HOFFMAN ESTATES IL 60194

EFFECTIVE DATE - 01/01/15

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2198450
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2016	BGBE	0032896

LONG TERM CARE LICENSE
SKILLED 217

UNRESTRICTED 217 TOTAL BEDS

REGION 9

12/22/14

ALDEN POPLAR CREEK REHAB & HCC
1545 BARRINGTON ROAD
HOFFMAN ESTATES IL 60194

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2206742
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/10/2016	BGBE	0036244

LONG TERM CARE LICENSE
SKILLED 225

UNRESTRICTED 225 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - PRINCETON REHABILITATION AND HEALTH

ALDEN PRINCETON REHAB & HCC
255 WEST 69TH STREET
CHICAGO IL 60621

EFFECTIVE DATE: 07/11/15

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State of Illinois 2206742
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/10/2016	BGBE	0036244

LONG TERM CARE LICENSE
SKILLED 225

UNRESTRICTED 225 TOTAL BEDS

REGION 8

06/24/15

ALDEN PRINCETON REHAB & HCC
255 WEST 69TH STREET
CHICAGO IL 60621

FEE RECEIPT NO.

State of Illinois 2203850
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/09/2015	803E	0050781

LONG TERM CARE LICENSE
SKILLED 100

UNRESTRICTED 100 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF SHOREWOOD,INC

ALDEN ESTATES OF SHOREWOOD
710 WEST BLACK ROAD
SHOREWOOD IL 60404
EFFECTIVE DATE: 03/09/15

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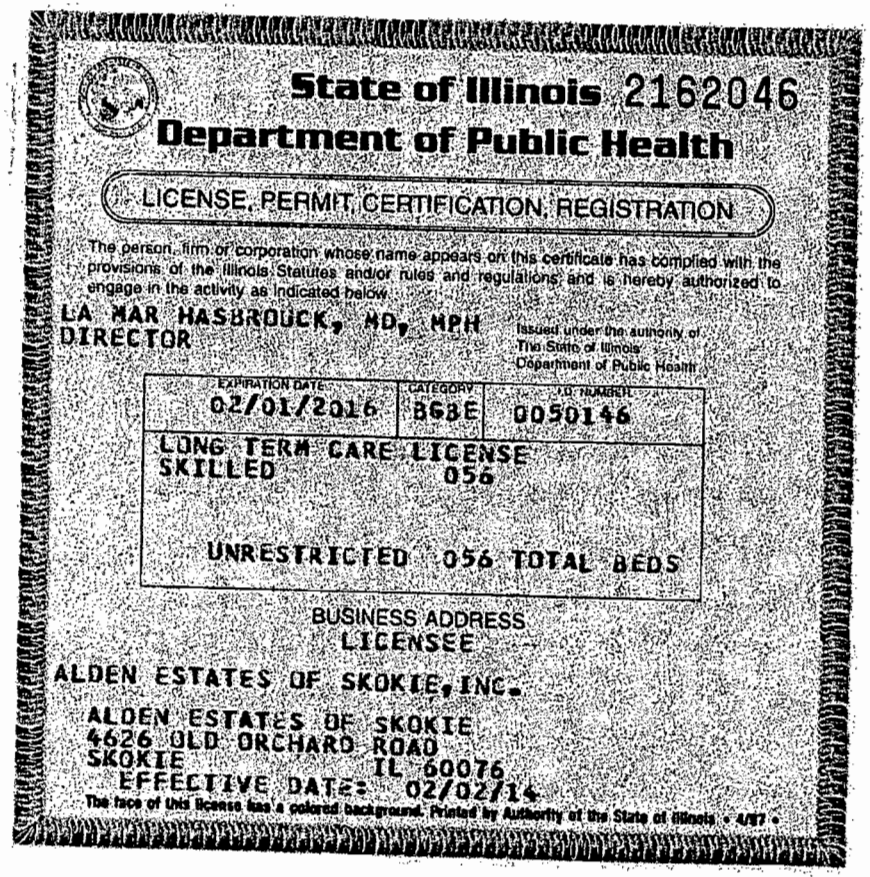
ATTACHMENT-12B



State of Illinois 2162046
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/01/2016	BG8E	0050146

LONG TERM CARE LICENSE
SKILLED 056

UNRESTRICTED 056 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF SKOKIE, INC.

ALDEN ESTATES OF SKOKIE
4626 OLD ORCHARD ROAD
SKOKIE IL 60076

EFFECTIVE DATE: 02/02/14

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← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

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State of Illinois 2162046
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/01/2016	BG8E	0050146

LONG TERM CARE LICENSE
SKILLED 056

UNRESTRICTED 056 TOTAL BEDS

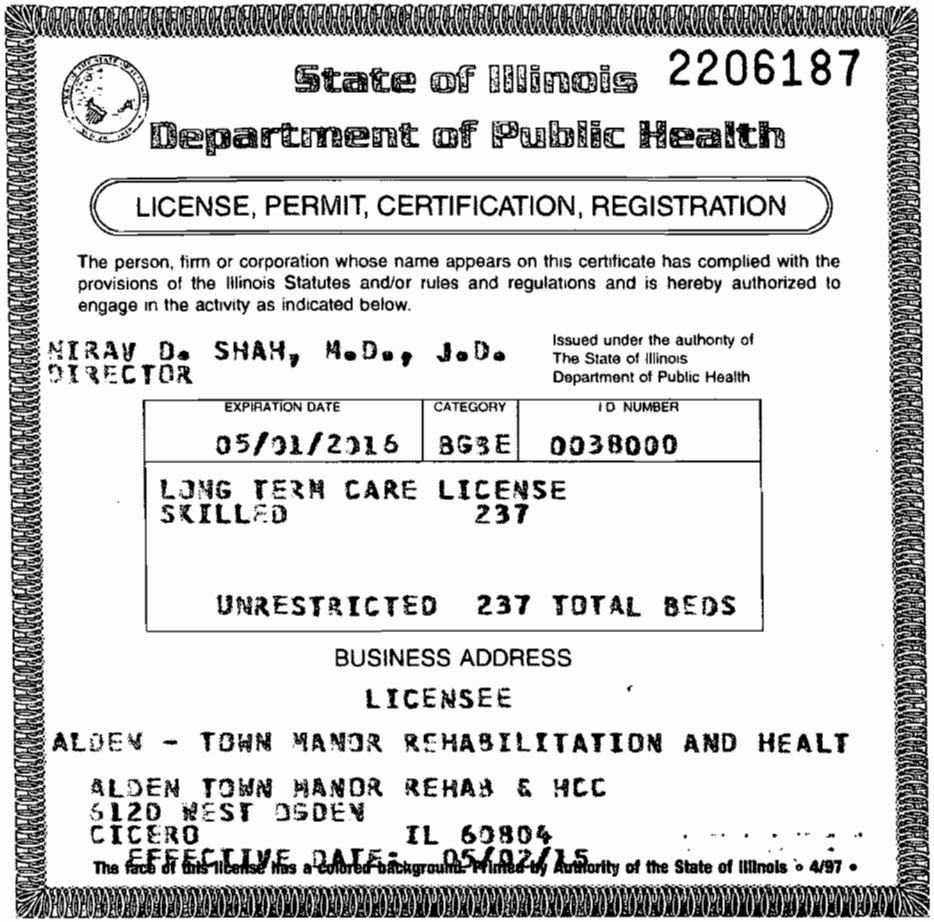
REGION 9

01/23/14

ALDEN ESTATES OF SKOKIE
4626 OLD ORCHARD ROAD
SKOKIE IL 60076

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2206187

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
05/01/2016	BG3E	0038000

LONG TERM CARE LICENSE
SKILLED 237

UNRESTRICTED 237 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - TOWN MANOR REHABILITATION AND HEALT

ALDEN TOWN MANOR REHAB & HCC
6120 WEST OGDEN
CICERO IL 60804

EFFECTIVE DATE: 05/02/15

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State of Illinois 2206187

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
05/01/2016	BGBE	0038000

LONG TERM CARE LICENSE
SKILLED 237

UNRESTRICTED 237 TOTAL BEDS

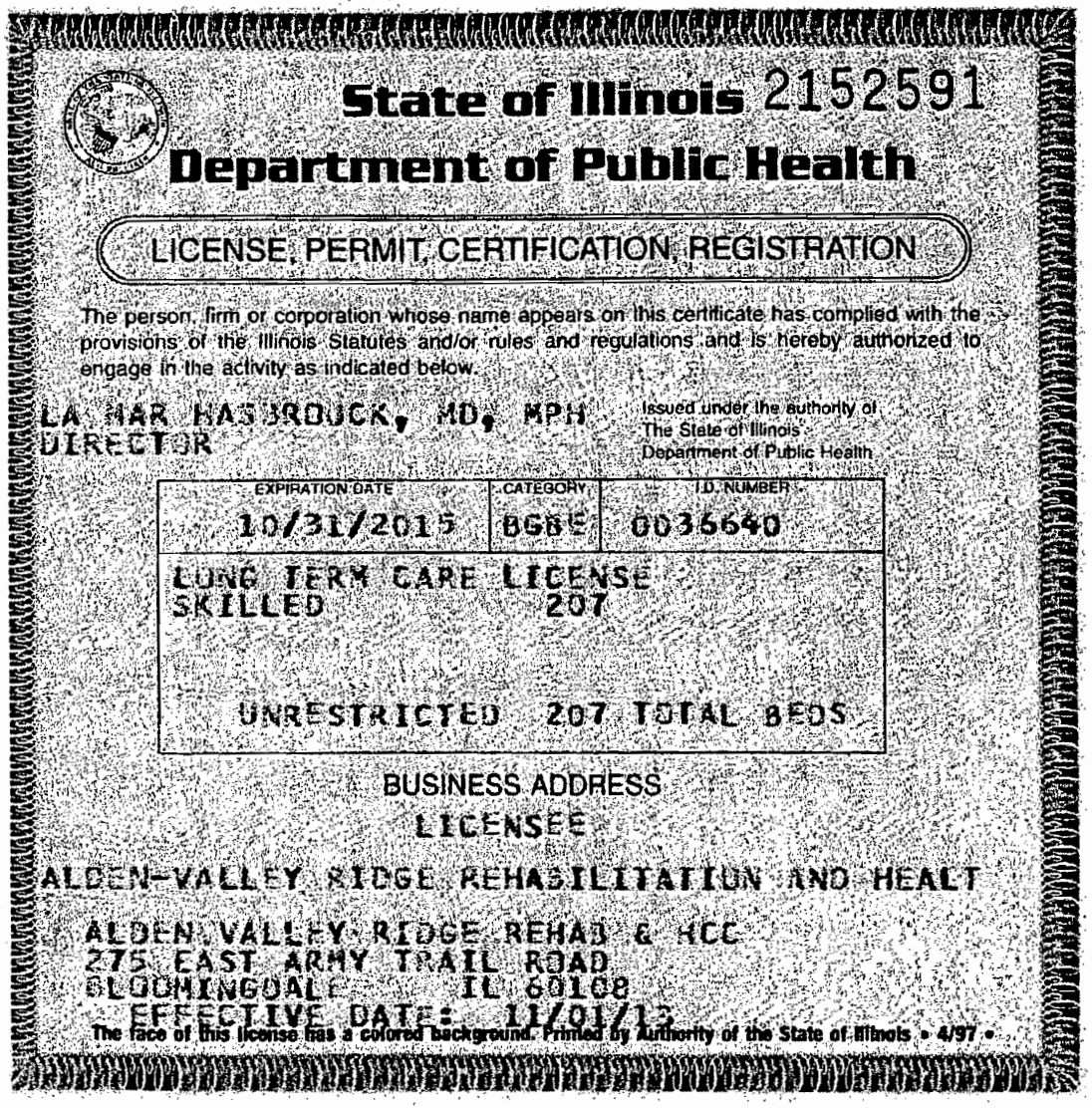
REGION 9

04/28/15

ALDEN TOWN MANOR REHAB & HCC
6120 WEST OGDEN
CICERO IL 60804

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2152591

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2015	BGBE	0036640

LONG TERM CARE LICENSE
SKILLED 207

UNRESTRICTED 207 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN-VALLEY RIDGE REHABILITATION AND HEALT

ALDEN VALLEY RIDGE REHAB & HCC
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 11/01/13

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 215259

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATIC

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2015	BGBE	0036640

LONG TERM CARE LICENSE
SKILLED 207

UNRESTRICTED 207 TOTAL BE

REGION 7

10/23/13

ALDEN VALLEY RIDGE REHAB & HC
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2186531

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/15/2016	BGBE	0038455

LONG TERM CARE LICENSE
UNDER 22 126

UNRESTRICTED 126 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN VILLAGE HEALTH FACILITY FOR CHILDREN

ALDEN VILLAGE HEALTH FACILITY
267 EAST LAKE STREET
BLOOMINGDALE IL 60108

EFFECTIVE DATE: 09/17/14

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← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

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State of Illinois 218653
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/16/2016	BGBE	0038455

LONG TERM CARE LICENSE
UNDER 22 126

UNRESTRICTED 126 TOTAL BE

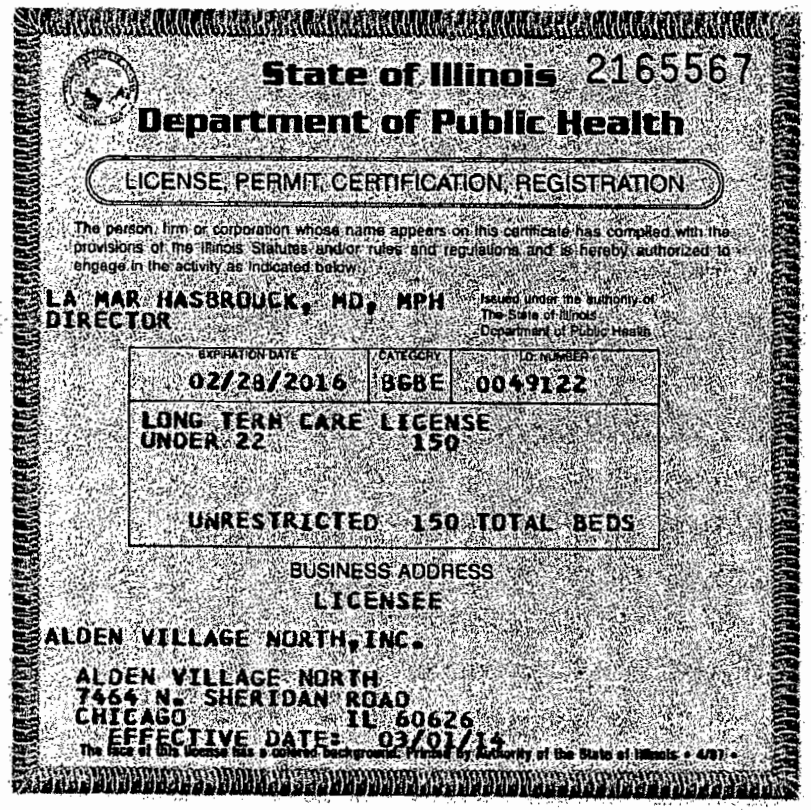
REGION 7

08/22/14

ALDEN VILLAGE HEALTH FACILITY
267 EAST LAKE STREET
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2165567
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/28/2016	BGBE	0049122

LONG TERM CARE LICENSE
UNDER 22 150

UNRESTRICTED 150 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN VILLAGE NORTH,INC.

ALDEN VILLAGE NORTH
7464 N. SHERIDAN ROAD
CHICAGO IL 60626

EFFECTIVE DATE: 03/01/14

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

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State of Illinois 2165567
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/28/2016	BGBE	0049122

LONG TERM CARE LICENSE
UNDER 22 150

UNRESTRICTED 150 TOTAL BEDS

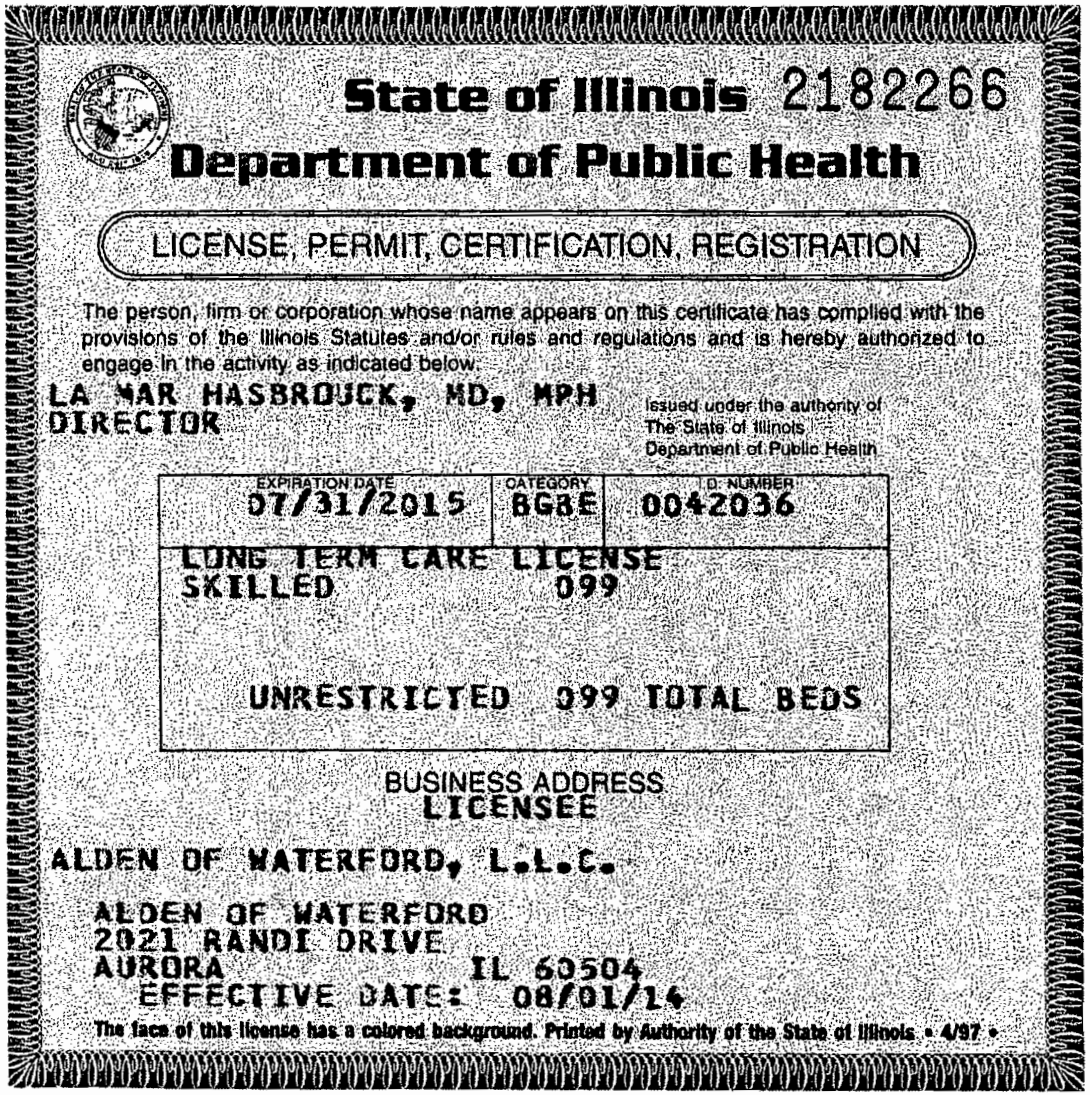
REGION 8

02/25/14

ALDEN VILLAGE NORTH
7464 N. SHERIDAN ROAD
CHICAGO IL 60626

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2182266

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/31/2015	BGBE	0042036

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF WATERFORD, L.L.C.

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA IL 60504
EFFECTIVE DATE: 08/01/14

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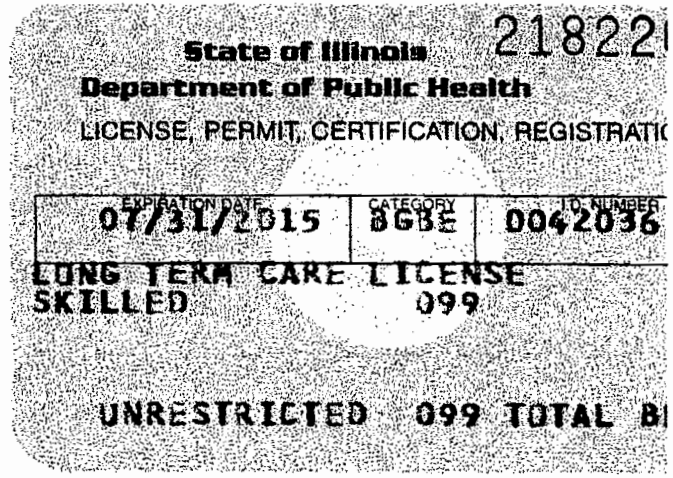


State of Illinois 21822

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATI

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/31/2015	BGBE	0042036

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL BI

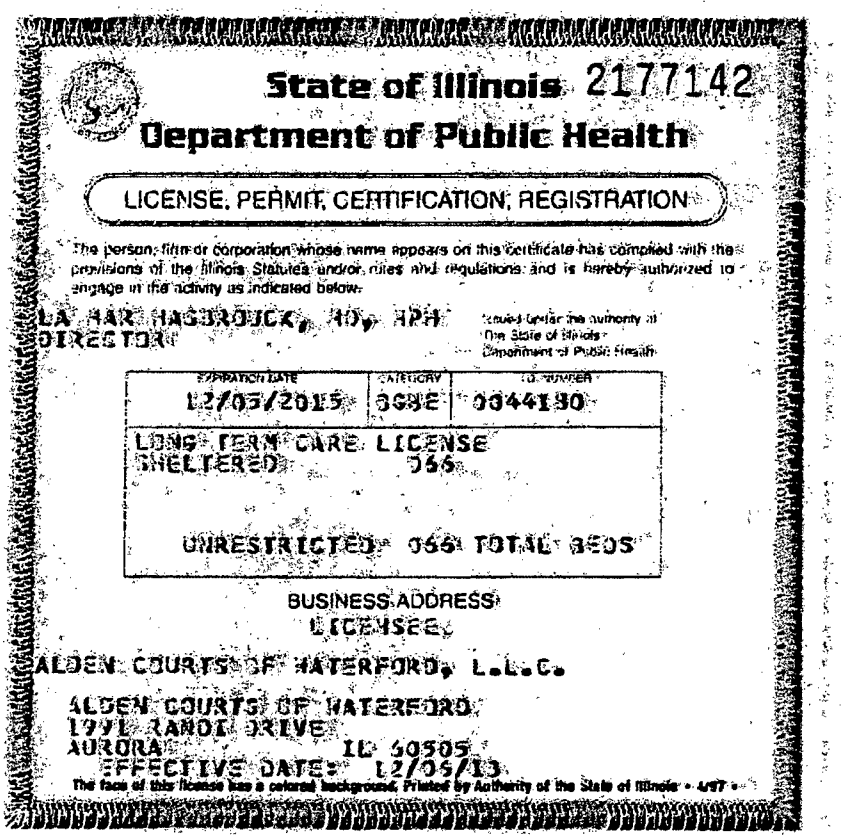
REGION 7

07/24/14

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA IL 60504

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2177142

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HAGSTROICK, MD, MPH
DIRECTOR

Issued Under the Authority of the State of Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/03/2015	3GSE	0044130

LONG TERM CARE LICENSE
SHELTERED 066

UNRESTRICTED 066 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN COURTS OF WATERFORD, L.L.C.

ALDEN COURTS OF WATERFORD
1771 CAROL DRIVE
AURORA IL 60505
EFFECTIVE DATE: 12/03/13

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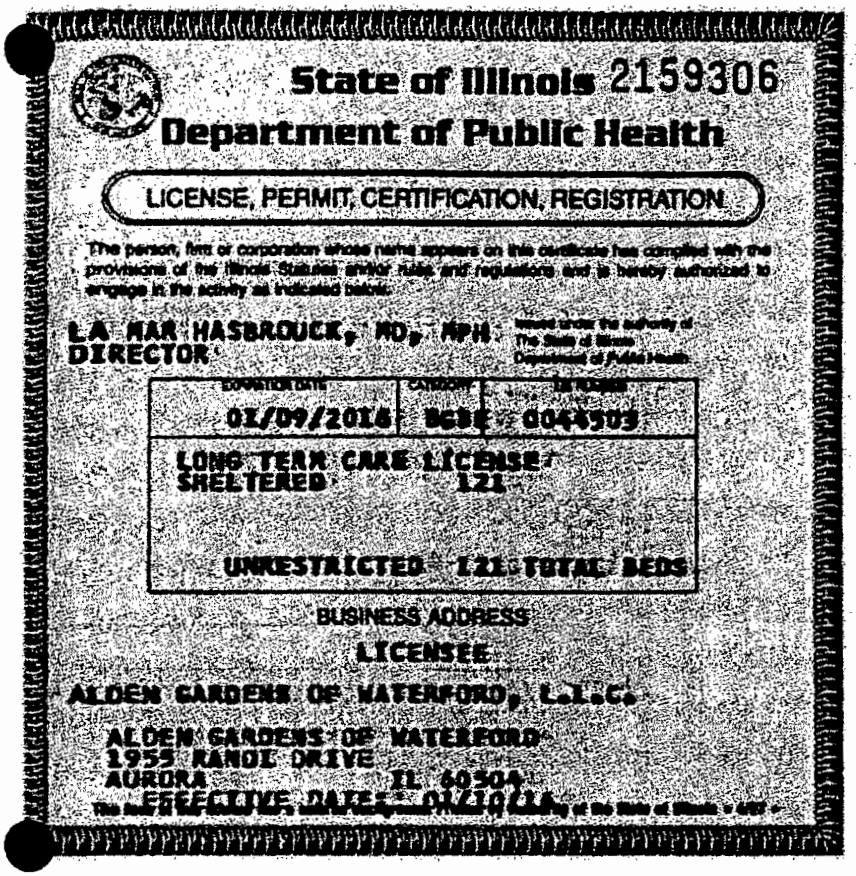
ATTACHMENT-12B



State of Illinois 2159306

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/09/2016	BGBE	0044503

LONG TERM CARE LICENSE
SHELTERED 121

UNRESTRICTED 121 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN GARDENS OF WATERFORD, L.L.C.

ALDEN GARDENS OF WATERFORD
1955 RANDI DRIVE
AURORA IL 60504

EFFECTIVE DATE: 01/10/16

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 215930

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATIC

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/09/2016	BGBE	0044503

LONG TERM CARE LICENSE
SHELTERED 121

UNRESTRICTED 121 TOTAL B

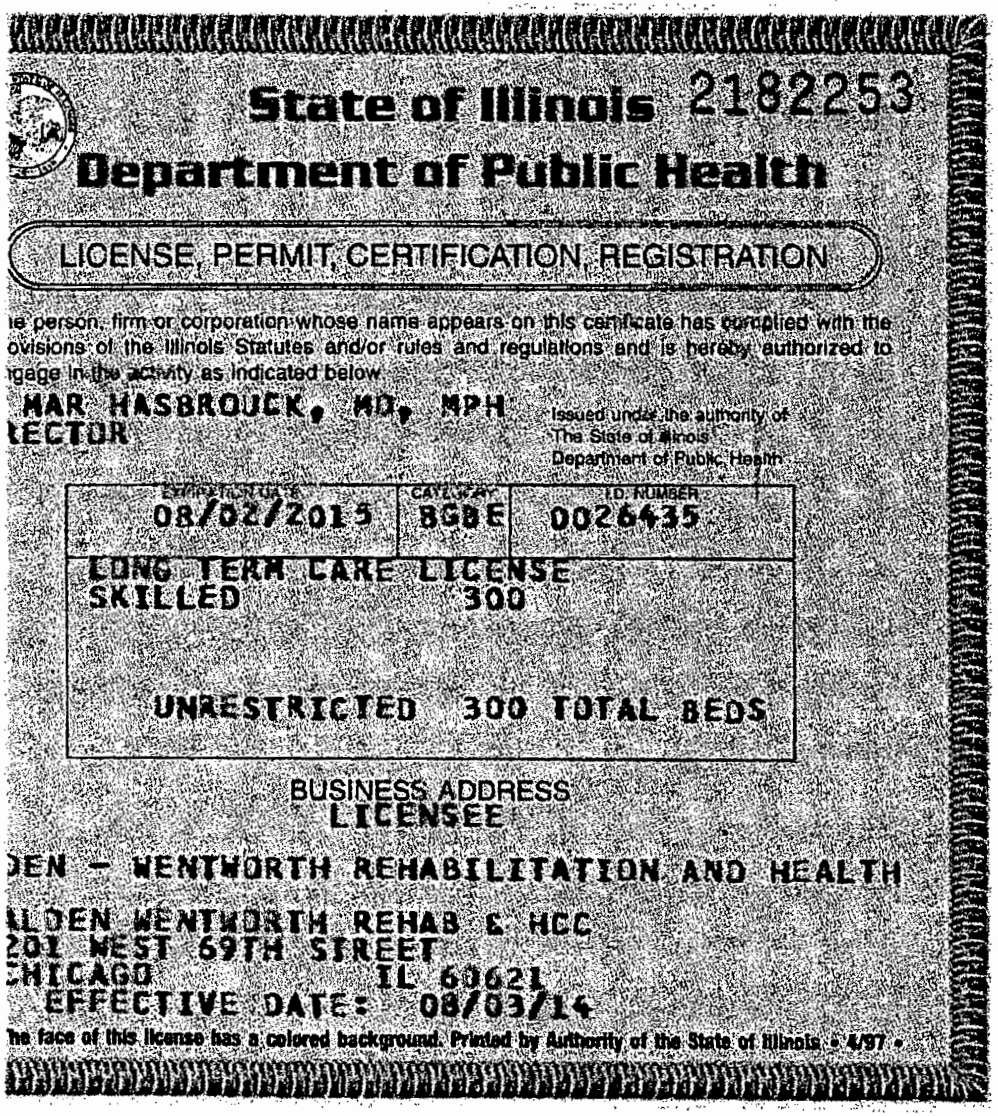
REGION 7

12/20/13

ALDEN GARDENS OF WATERFORD
1955 RANDI DRIVE
AURORA IL 60504

FEE RECEIPT NO.

ATTACHMENT-12B



State of Illinois 2182253

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

MAR HASBROUCK, MD, MPH
RECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/02/2015	BGBE	0026435

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

DEN - WENTWORTH REHABILITATION AND HEALTH

ALDEN WENTWORTH REHAB & HCC
201 WEST 69TH STREET
CHICAGO IL 60621
EFFECTIVE DATE: 08/03/14

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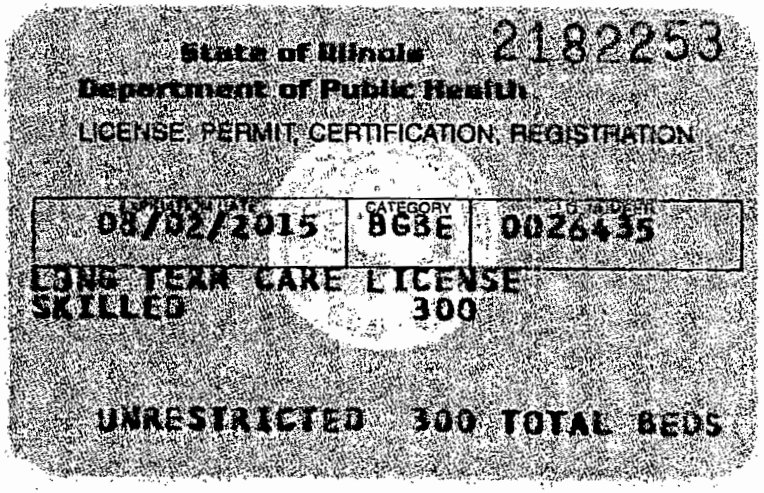

State of Illinois 2182253

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/02/2015	BGBE	0026435

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

REGION 8

07/24/14

ALDEN WENTWORTH REHAB & HCC
201 WEST 69TH STREET
CHICAGO IL 60621

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2172233
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/03/2016	BGBE	0042069

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF OLD TOWN EAST, INC.

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/09/14

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2172233
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/03/2016	BGBE	0042069

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

REGION 7

04/24/14

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

200

ATTACHMENT-12B

ATTACHMENT-12B

State of Illinois 2172234

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/18/2016	BGBE	0042077

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF OLD TOWN WEST, INC.

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/19/14

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↓

State of Illinois 2172234

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/18/2016	BGBE	0042077

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

REGION 7

04/24/14

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

State of Illinois 2172232
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/18/2016	BGBE	0042051

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN TRAILS, INC.

ALDEN TRAILS
273 ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/19/14

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2172232
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/18/2016	BGBE	0042051

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

REGION 7

04/24/14

ALDEN TRAILS
273 ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

202

ATTACHMENT-12B

State of Illinois 2186542

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/24/2016	BGBE	0047191

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN SPRINGS, INC.

ALDEN SPRINGS
207 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 09/25/14

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

ATTACHMENT-12B

Alden Estates – Courts of New Lenox, Inc.

October 8, 2015

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

Dear Ms. Avery:

Please be advised that no adverse actions as defined under 1130.140 have been taken against the Applicant (Alden Estates-Courts of New Lenox, Inc.) within three years preceding the filing of the Certificate of Need Application.

There are a few other Alden facilities that have received violations at the "A" level from the Illinois Department of Public Health. Notably, there are 31 Alden licensed long-term care facilities in the State of Illinois. Since October of 2012, only 4 of those facilities have received level "A" violations. Attached is a certified listing of facilities with level "A" violations, as well as a list of all Alden facilities that have had no type "A" violations filed against them within the past three (3) years.

Sincerely,
Alden Estates-Courts of New Lenox, Inc.

Randi Schullo
Vice-President

Enclosure(s)

8th of October, 2015

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

ATTACHMENT-12C

CERTIFIED LIST OF ALDEN LONG TERM CARE FACILITIES
WITH LEVEL "A" VIOLATIONS SINCE 2012

Alden Estates of Shorewood: NH13 S0069

Alden-Princeton NH14 C0310 (hearing requested)

Alden Alma Nelson Type AA NH14 S0371 (hearing requested)

Alden-Long Grove NH15 S0018 (hearing requested)

ATTACHMENT-12C

ALDEN LONG TERM CARE FACILITIES
WITH NO TYPE "A" VIOLATIONS SINCE JUNE 2012

ALDEN ESTATES OF BARRINGTON
ALDEN DES PLAINES
ALDEN GARDENS COURTS DES PLAINES
ALDEN ESTATES OF EVANSTON
HEATHER HEALTH CARE CENTER
ALDEN LAKELAND
ALDEN LINCOLN PARK
ALDEN MCHENRY
ALDEN ESTATES OF NAPERVILLE
ALDEN NORTHMOOR
ALDEN NORTH SHORE
ALDEN OF OLD TOWN EAST
ALDEN OF OLD TOWN WEST
ALDEN ESTATES OF ORLAND PARK
ALDEN PARK STRATHMOOR
ALDEN POPLAR CREEK
ALDEN ESTATES OF SKOKIE
ALDEN SPRINGS
ALDEN TOWN MANOR
ALDEN TRAILS
ALDEN VALLEY RIDGE
ALDEN VILLAGE
ALDEN VILLAGE NORTH
ALDEN OF WATERFORD
ALDEN COURTS OF WATERFORD
ALDEN GARDENS OF WATERFORD
ALDEN WENTWORTH

ATTACHMENT-12C

ALDEN NEW LENOX, L.L.C.
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646
(773) 286-3883

October 8, 2015

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

Dear Ms. Avery,

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).

Respectfully,

Alden New Lenox, L.L.C.

Randi Schullo
Co-Manager

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

8th of October, 2015

ATTACHMENT-12D

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 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care Services dated October 16, 2015 the Board's website identifies a need of 141 nursing care beds in Health Service Area 9, Planning Area Will. It is interesting to also note that the Planning Area directly to the north, 7-C (most Southern border of DuPage County) shows a calculated need for 136 nursing care beds, and the two Planning Areas (Kendall and Grundy) directly to the west of proposed projects location in Will county, also show a calculated need of 151 nursing beds and 35 nursing beds respectively. Refer to **ATTACHMENT-13A** is the above referenced Update to Inventory dated October 16, 2015.

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 Applicant attests that the primary purpose of this project is to serve primarily the residents of New Lenox, which is located in Will County Planning Area. The location selected for the proposed project also indicates that the primary purpose of the project is for more specifically the residents of New Lenox. The population of New Lenox itself (25,426 can justify the need ranging from 93-nursing beds (92.8) when the Will County ratio of 65+ population to existing nursing beds is used to up to 264.1 when the State's ratio of total population to beds is factored. This is indicative of more than 50% of the population to be served coming from New Lenox which is within the Will County Planning Area.

ATTACHMENT-13

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-13B**, are four (4) physician referral letters providing, to the best of their abilities, their historical referrals. Collectively, these physicians have identified 912 referrals (816 general skilled nursing care and 96 skilled memory care) made to area nursing facilities in the most recent 12-month period. These letters have identified the same number of projected potential annual referrals to Alden Estates-Courts of New Lenox for the next two years.

It should be noted that the projected referrals are well within the number of historical referrals made and are more than enough to fill the proposed project's beds given the average length of stay of area facilities (Will County Planning Area's 2014 ALOS of 176.9 days =756,179 total nursing patient days / 4,273 total admissions). Refer to **ATTACHMENT-13C** for a chart listing the number of admissions and patient days by facility and the resulting average length of stay (ALOS). The ALOS for the 30-minute market contour is 176.9 days. Therefore, it will take 260 annual referrals with this ALOS to fill the facility to its target 90 percent utilization (140 beds x 365 days x 90% = 45,990 patient days). Since 912 annual referrals are being estimated it would appear that there are nearly 4 times (3.52x) the referrals needed to support this project.

ATTACHMENT-13

LONG-TERM CARE FACILITY UPDATES

9/18/2015

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3783	3321	462
Planning Area 7-B	6101	6827	(726)
Planning Area 7-C	5998	5862	136
Planning Area 7-D	2462	2904	(442)
Planning Area 7-E	8026	9165	(1139)
HEALTH SERVICE AREA 8			
Kane	2705	3064	(359)
Lake	4186	4663	(477)
McHenry	1124	997	127
HEALTH SERVICE AREA 9			
Grundy	300	265	35
Kankakee	1072	1368	(296)
Kendall	336	185	151
Will	2931	2790	141
HEALTH SERVICE AREA 10			
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1214	(137)
HEALTH SERVICE AREA 11			
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)

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

HSA 1	249	335	(86)
HSA 2	239	256	(17)
HSA 3	206	360	(154)
HSA 4	304	128	176
HSA 5	222	256	(34)
HSA 6, 7, 8, 9	3161	1021	2140
HSA 10	74	32	42
HSA 11	215	288	(73)

ATTACHMENT-13A

Dr. Gandhi
16151 Weber Road Suite 101 Crest Hill, IL 60403
Phone# (815) 773-7827
Fax# (630) 914-2469

October 20, 2015

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

RE: Application for Certificate of Need for Alden Estates – Courts of New Lenox, Inc., 100 Bed Skilled Nursing and 40 Bed Skilled Memory Care Center in New Lenox, Illinois.

Dear Ms. Avery,

I am a practicing physician in the New Lenox area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 100 bed skilled rehabilitation and health care center and a 40 bed memory care facility in this area, adjacent to Silver Cross Hospital. With Silver Cross Hospital being adjacent to this location, this development will be a terrific continuum of care for the Village.

As the population continues to age and grow in and around the New Lenox area, these services are very much needed. Specifically, there is a shortage of appropriate care for residents with dementia who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care and it was detrimental to their well-being.

Over the years, I have referred approximately 20 patients per month for skilled care and 2 patients for memory care to facilities farther than the proposed Alden project location in New Lenox. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 20 patients per month for skilled care and 2 patients for memory care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Alden's certificate of need application every consideration. If I may be of further assistance, please feel free to contact me.

Sincerely,

Physician signature

10/20/15

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

ATTACHMENT-13B

Zlatko Haveric
333 North Madison St.
Joliet, IL 60435

October 8, 2015

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

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Sincerely,

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

8th October, 2015

ATTACHMENT-13B

Dinesh K. Jain, M.D, C.M.D.
16532 S. Oak Park Ave. Suite 101
Tinley Park, IL. 60487

October 8, 2015

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

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Sincerely,

Dinesh K. Jain, M.D., C.M.D.

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

10/8/2015

ATTACHMENT-13B

Dr. Singh
1900 Silver Cross Blvd, New Lenox, IL 60451
Phone# (815) 300-5376
Fax# (815) 300-4848

S

October 8, 2015

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Health Facilities and Services Review Board
Illinois Department of Public Health
525 W. Jefferson Street, Second Floor
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Sincerely,

Manohar Singh MD

Physician signature

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires February 26, 2018

Average Length of Stay
for
Facilities within 30-Minute Travel Time of New Lenox

FACID	FACNAME	CITY	2014 PROFILE DATA # of Licensed Nursing Beds	Peak Beds Set-up	Nursing Patient Days	Admissions	ALOS	Adjusted Travel Time
6016786	Spring Creek Nursing & Rehab Center	Joliet	168	168	3472	24	144.7	8.1
6016059	Smith Crossing (1)	Orland Park	46	46	14646	276	53.1	11.5
6009252	Sunny Hill Nursing Home Will County (2)	Joliet	280	238	66238	84	788.5	12.7
6008338	Salem Village Nursing & Rehab	Joliet	266	266	88898	220	408.6	12.7
6004964	Joliet Terrace Nursing Center	Joliet	120	120	42368	48	882.7	16.1
6002463	Symphony of Joliet	Joliet	214	214	61856	228	271.3	16.1
6014492	Lemont Nrsg & Rehab Center	Lemont	158	158	51009	862	59.2	16.1
6014922	Alden Estates of Orland Park	Orland Park	200	167	50672	1117	45.4	16.1
6004766	The PARC at Joliet	Joliet	203	179	45337	154	294.4	17.3
6012678	Presence Villa Franciscan	Joliet	154	154	43896	698	62.9	18.4
6006993	Our Lady Of Angels Ret Home	Joliet	87	87	27072	295	130.2	18.4
6012413	Franciscan Village (4)	Lemont	127	127	42084	265	158.8	19.6
6003297	Frankfort Terrace Nursing Center	Frankfort	120	120	41686	29	1437.4	19.6
6014682	Lexington Health Care Center	Orland Park	278	278	80922	636	127.2	20.7
6004550	Holy Family Villa (6)	Palos Park	129	129	36026	138	261.1	21.9
6011720	Advocate South Suburban Hospital	Hazel Crest	41	36	10104	821	12.3	21.9
6004741	Pine Crest Health Care	Hazel Crest	199	198	64013	145	441.5	21.9
6000467	Applewood Rehabilitation Center (8)	Matteson	115	115	35344	147	240.4	24.2
6016695	Alden Estates of Shorewood (9)	Shorewood	100	92	27454	811	33.9	25.3
6012835	Rosewood Care Center	Joliet	120	120	35608	389	91.5	25.3
6002265	Symphony of Crestwood	Midlothian	303	297	80480	996	80.8	26.5
6014534	Manorcare of Palos Heights West	Palos Heights	130	130	40828	730	55.9	26.5
6010912	Manorcare of Palos Heights East	Palos Heights	184	178	59143	1603	36.9	26.5
6001077	Aperion Care Midlothian	Midlothian	91	91	31086	112	277.6	26.5
6004139	Heather Healthcare Center	Harvey	173	138	46407	79	587.4	26.5
6005235	Lakewood Nrsg & Rehab Center (10)	Plainfield	131	131	42049	245	171.6	29.9
6002273	Crestwood Terrace Nursing Center	Midlothian	126	126	42709	97	440.3	29.9
6007843	Providence of Palos Heights (11)	Palos Heights	193	155	47453	1131	42.0	29.9
			4456	4258	1258860	12380	102.7	
6016752	Victorian Village (3) (licensure 1/26/15)	Homer Glen	50				#DIV/0!	16.1
6005904	McAllister Nursing & Rehab (5)	Country Club Hills	111				#DIV/0!	20.7
6006753	Oak Forest Hospital (7)(closed)	Oak Forest	0				#DIV/0!	23.0

(1) Exported City: Molenka; Profile City & Website City: Orland Park
(2) Bed Change: 02/04/15 discontinued 8 Nsg Care beds; 3/9/15 Bed Change: Discontinued 20 Nsg Care beds; facility now has 252 Nsg Care beds
(3) 08-082 Permit issued to establish a 50-bed Nsg Care facility 09/01/2009; Facility licensed by IDPH for operation; Facility has 50 Nsg Care beds. Licensure 01/26/15
(4) profile address: 1260 Franciscan Drive
(5) Permit issued to add 89 Nsg Care beds to existing facility; facility will have 200 Nsg Care beds upon project completion
NOTE: McAllister: no 2014 profile. 2013 profile has 111 licensed beds. Patient Days from Medicare/Medicaid COST REPORTS for 2014 = 34,080
(6) profile address: 12220 South Will Cook Road
(7) Facility Closed. 10 Nsg Care beds removed from Inventory 01/07/14
(8) Permit issued for modernization and addition of 39 to existing facility; facility will have 154 Nsg Care beds upon projet completion. 15-008 06/02/15
(9) Permit issued to add 50 Nsg Care beds to existing facility; facility will have 150 Nsg Care beds upon project completion 12-032 10/31/2012; Profile address & Website ad
(10) Profile address & Facility Website address: 14716 South Eastern Avenue
(11) Name Change from Rest Haven Central 11/10/2008

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 four (4) physician referral letters identifying 1,824 referrals (1,632 general skilled nursing care and 192 skilled memory care) referrals that they have made to area nursing homes for the most recent two years. The requested documentation is provided to the best of the 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 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 also be noted that the sources' estimates didn't reference an allowance for increased patient load which is inevitable with the growing 65+ age cohort.

ATTACHMENT-14

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

   - The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload.
   - The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion.
   - Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address.

The referral letters, appended as **ATTACHMENT-14A**, anticipate monthly referrals of 76 residents (68 residents for general nursing care services and 8 residents for skilled memory care nursing care services). Together, and on an annualized basis, the projected referrals equal 912 residents/patients. The historical annual referrals equate to 912 patients. Even though the health care providers are facing a substantial increase in the 65+ age cohort, the anticipated referrals were not in excess of the historically documented caseload. Moreover, the 24-month projected referral number is equal to that of the historical projected number.

As the Applicant is proposing the establishment of a new facility, the portion of this item to document expansion project is not applicable.

It should be noted that 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.

The referral letters, appended as **ATTACHMENT-14A**, each state that the referrals have not been used to justify or support another Certificate of Need application.

ATTACHMENT-14

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

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

Although the Applicant's service area is the 30-minute travel area contour, its primary market is the community of New Lenox. There are no existing nursing facilities within New Lenox, the 60451 Zip Code that envelopes it or the New Lenox Township. Additionally, Will County is experiencing a 13 % (12.9%) growth in total population as compared to the 1.5% growth experienced in Illinois. This is an eight and one half times greater growth rate. The over 65 age cohort has an even greater growth rate of 34.3%. This is more than double the 65+ population growth rate of the State, which is 15.8%. A total population that is projected to grow by more than 8 times the State's overall population growth and an over 65 growth rate that more than doubles the State's should qualify as rapid population growth.

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;

Market	2013 Estimated Population	2018 Estimated Population	Growth	2013 Estimated 65+ Pop	2018 Estimated 65+ Pop	Growth
Illinois	12,880,900	13,069,300	1.5%	1,742,900	2,018,400	15.8%
Will Co.	683,300	771,700	12.9%	70,200	94,300	34.3%
Grundy Co.	50,400	54,800	8.7%	5,800	7,500	29.3%
Kendall Co.	118,100	137,400	16.3%	8,900	13,800	55.1%
HSA 7-C	930,400	934,300	0.4%	121,200	152,800	26.1%

Sources: 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; http://quickfacts.cemsus.gov/qfd/states/17/1752584.html http://www.zip-codes.com/zip-code/60451/zip-code-60451-2010-census.asp

ATTACHMENT-14

The above base year estimates and the projections were taken from IDPH and the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care Services. Appended as **ATTACHMENT-14B** IDPH Inventory pages for each Planning Area identified herein.

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

The population increase cited is the five year increment as required for in preparation of the State bed need calculation.

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

The need calculated is considered current need and not projected need. It should be noted that the current need for services is reflected as part of the beds needed as determined by the latest IDPH Update to the Inventory of Health Care Facilities and Services and Need Determinations, as of October 16, 2015 for Will County, Grundy County, Kendall County and 7-C Planning Areas. In these areas there is a collective need for 465 additional nursing beds through 2018. Refer to **ATTACHMENT-14C** for a copy of the Update to the Inventory.

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;

The populations used to document "rapid" population is IDPH data that has accounted for all population changes in terms of births, deaths and net migration has been included.

ATTACHMENT-14

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

The census data projected in **ATTACHMENT-14B** provides total population and the 65+ age cohort.

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

The methodology for the project is simply based on the census figures and the State's need calculations. The Applicant has not made any assumptions or adjustments.

ATTACHMENT- 14

Dr. Gandhi
16151 Weber Road Suite 101 Crest Hill, IL 60403
Phone# (815) 773-7827
Fax# (630) 914-2469

October 20, 2015

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Health Facilities and Services Review Board
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Physician signature

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ATTACHMENT-14A

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ATTACHMENT-14A

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Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Alden's certificate of need application every consideration. If I may be of further assistance, please feel free to contact me.

Sincerely,

Dinesh K. Jain, M.D., C.M.D.

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

10/8/2015

ATTACHMENT-14A

Dr. Singh
1900 Silver Cross Blvd, New Lenox, IL 60451
Phone# (815) 300-5376
Fax# (815) 300-4848

S

October 8, 2015

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

RE: Application for Certificate of Need for Alden Estates – Courts of New Lenox, Inc., 100 Bed Skilled Nursing and 40 Bed Skilled Memory Care Center in New Lenox, Illinois.

Dear Ms. Avery,

I am a practicing physician in the New Lenox area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 100 bed skilled rehabilitation and health care center and a 40 bed memory care facility in this area, adjacent to Silver Cross Hospital. With Silver Cross Hospital being adjacent to this location, this development will be a terrific continuum of care for the Village.

As the population continues to age and grow in and around the New Lenox area, these services are very much needed. Specifically, there is a shortage of appropriate care for residents with dementia who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care and it was detrimental to their well-being.

Over the years, I have referred approximately 20 patients per month for skilled care and 2 patients for memory care to facilities farther than the proposed Alden project location in New Lenox. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 20 patients per month for skilled care and 2 patients for memory care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

Please note that these patient referrals have not been used to support any other pending or approved certificate of need application for this area.

Thank you for giving Alden's certificate of need application every consideration. If I may be of further assistance, please feel free to contact me.

Sincerely,

Manmur Singh M.D.

Physician signature

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires February 26, 2018

Planning Area: Will

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
ALDEN ESTATES OF SHOREWOOD	SHOREWOOD	Will County	100	22,748
ALDEN ESTATES OF SHOREWOOD(PERMIT)	SHOREWOOD	Will County	50	
APERION CARE WILMINGTON	WILMINGTON	Will County	171	59,130
9/1/2013 CHOW	**Change of Ownership occurred.**			
BEECHER MANOR NURSING & REHAB CTR	BEECHER	Will County	130	39,636
FRANKFORT TERRACE NURSING CENTER	FRANKFORT	Will County	120	41,949
JOLIET TERRACE NURSING CENTER	JOLIET	Will County	120	29,043
LAKEWOOD NURSING & REHAB CENTER	PLAINFIELD	Will County	131	43,106
MEADOWBROOK MANOR	BOLINGBROOK	Will County	298	101,117
OUR LADY OF ANGELS RETIREMENT HOME	JOLIET	Will County	87	27,719
PRESENCE VILLA FRANCISCAN	JOLIET	Will County	154	43,805
9/22/2014 Bed Change	**Discontinued 22 Nursing Care beds; facility now licensed for 154 Nursing Care beds.**			
ROSEWOOD CARE CENTER OF JOLIET	JOLIET	Will County	120	34,171
SALEM VILLAGE NURSING & REHAB	JOLIET	Will County	266	83,468
SMITH CROSSING	ORLAND PARK	Will County	46	14,842
SPRING CREEK NURSING & REHAB CENTER	JOLIET	Will County	168	7,129
12/31/2013 CHOW	**Change of Ownership occurred.**			
ST. JAMES MANOR & VILLA	CRETE	Will County	110	33,563
4/1/2014 CHOW	**Change of ownership occurred.**			
SUNNY HILL NURSING HOME WILL COUNTY	JOLIET	Will County	252	71,054
2/4/2015 Bed Change	**Facility discontinued 8 Nursing Care beds. Facility now has 272 Nursing Care beds.**			
3/9/2015 Bed Change	**Discontinued 20 Nursing Care beds; facility now has 252 Nursing Care beds.**			
SYMPHONY OF JOLIET	JOLIET	Will County	214	61,532
THE PARC AT JOLIET	JOLIET	Will County	203	45,337
12/1/2013 CHOW	**Change of ownership occurred.**			
VICTORIAN VILLAGE HEALTH & WELLNESS	HOMER GLEN	Will County	50	
1/26/2015 Licensure	**Facility licensed by IDPH for operation. Facility has 50 Nursing Care beds.**			
		Planning Area Totals	**2,790**	**759,349**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
009	0-64 Years Old	275,151	861,800	319.3	191.6	510.8
	65-74 Years Old	185,203	60,900	3,041.1	1,824.7	4,865.8
	75+ Years Old	811,270	40,000	20,281.8	12,169.1	32,450.8

	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 Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	161,450	613,100	263.3	191.6	510.8	263.3	677,400	178,382			
65-74 Years Old	119,419	42,900	2,783.7	1,824.7	4,865.8	2,783.7	58,900	163,958			
75+ Years Old	478,480	27,300	17,526.7	12,169.1	32,450.8	17,526.7	35,400	620,447			
						Planning Area Totals		**962,787**	**2,637.8**	**2,931**	**141**

ATTACHMENT-14B

Planning Area: Grundy

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
MORRIS HOSPITAL (SWING BEDS)	MORRIS	Grundy County	0	0
PARK POINTE HEALTHCARE & REHABILITATION	MORRIS	Grundy County	142	41,002
11/1/2013 CHOW	**Change of Ownership occurred.**			
REGENCY CARE OF MORRIS	MORRIS	Grundy County	123	36,077
		Planning Area Totals	**265**	**77,079**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
009	0-64 Years Old	275,151	861,800	319.3	191.6	510.8
	65-74 Years Old	185,203	60,900	3,041.1	1,824.7	4,865.8
	75+ Years Old	811,270	40,000	20,281.8	12,169.1	32,450.8

	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 Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	4,471	44,600	100.2	191.6	510.8	191.6	47,300	9,061			
65-74 Years Old	7,937	3,500	2,267.7	1,824.7	4,865.8	2,267.7	4,700	10,658			
75+ Years Old	64,671	2,300	28,117.8	12,169.1	32,450.8	28,117.8	2,800	78,730			
						Planning Area Totals		**98,449**	**269.7**	**300**	**35**

ATTACHMENT-14B

Planning Area: Kendall

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
HILLSIDE REHAB & CARE CENTER	YORKVILLE	Kendall County	79	22,390
THE TILLERS NURSING & REHAB CENTER	OSWEGO	Kendall County	106	33,896
11/7/2014 Bed Change	Added 4 Nursing Care beds to existing facility; facility now has 110 Nursing Care beds.			
11/8/2014 Correction	Nursing Care beds in facility reverted to 106 Nursing Care beds.			
		Planning Area Totals	**185**	**56,286**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
009	0-64 Years Old	275,151	861,800	319.3	191.6	510.8
	65-74 Years Old	185,203	60,900	3,041.1	1,824.7	4,865.8
	75+ Years Old	811,270	40,000	20,281.8	12,169.1	32,450.8

	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 Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	3,676	109,200	33.7	191.6	510.8	191.6	123,600	23,677			
65-74 Years Old	8,851	5,800	1,526.0	1,824.7	4,865.8	1,824.7	8,800	16,057			
75+ Years Old	43,759	3,100	14,115.8	12,169.1	32,450.8	14,115.8	5,000	70,579			
						Planning Area Totals		**110,313**	**302.2**	**336**	**151**

ATTACHMENT-14B

Planning Area: Planning Area 7-C

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
ABBINGTON REHAB & NURSING CTR	ROSELLE	Bloomingdale Township	82	24,594
ALDEN ESTATES OF NAPERVILLE	NAPERVILLE	Naperville Township	203	55,305
ALDEN-VALLEY RIDGE REHAB &CARE	BLOOMINGDALE	Bloomingdale Township	207	65,828
BEACON HILL	LOMBARD	York Township	110	37,338
BRIA OF WESTMONT	WESTMONT	Downers Grove Township	215	69,576
BRIDGEWAY SENIOR LIVING	BENSENVILLE	Addison Township	222	57,351
1/1/2015 CHOW Change of Ownership occurred.				
BROOKDALE BURR RIDGE	BURR RIDGE	Downers Grove Township	30	7,691
8/29/2014 CHOW Change of Ownership occurred.				
BROOKDALE PLAZA LISLE	LISLE	Lisle Township	55	17,022
BURGESS SQUARE	WESTMONT	Downers Grove Township	203	53,843
CHATEAU NRSG & REHAB CENTER	WILLOWBROOK	Downers Grove Township	150	51,678
COMMUNITY NSG & REHAB CENTER	NAPERVILLE	Naperville Township	153	43,625
DUPAGE CONVALESCENT HOME	WHEATON	Milton Township	368	117,057
ELMBROOK NURSING	ELMHURST	York Township	180	58,591
ELMHURST EXTENDED CARE CENTER	ELMHURST	York Township	108	27,154
12/1/2013 CHOW Change of Ownership occurred.				
FOREST VIEW REHAB & NURSING CENTER	ITASCA	Addison Township	144	32,224
LEXINGTON HLTH CARE CTR-BLOOMINGDALE	BLOOMINGDALE	Bloomingdale Township	166	51,400
LEXINGTON HLTH CARE CTR-LOMBARD	LOMBARD	York Township	224	62,961
LEXINGTON OF ELMHURST	ELMHURST	York Township	145	40,286
MANOR CARE - NAPERVILLE	NAPERVILLE	Naperville Township	118	32,624
MANORCARE OF HINSDALE	HINSDALE	Downers Grove Township	202	59,858
MANORCARE OF WESTMONT	WESTMONT	Downers Grove Township	149	42,696
3/26/2015 Bed Change Facility discontinued 6 Nursing Care beds. Facility now has 149 Nursing Care beds.				
MARIANJOY REHAB HOSPITAL	WHEATON	Milton Township	27	9,453
8/6/2013 Bed Change Converted 7 beds from Comprehensive Rehabilitation category of service to Nursing Care; facility now has 27 Nursing Care beds.				
10/7/2014 Board Order Nursing Care beds reduced by 7 by order of the Board; facility now has 20 Nursing Care beds.				
4/3/2015 Correction 7 Nursing Care beds restored to facility; facility now has 27 Nursing Care beds.				
6/1/5400 07-042 Completed project to establish 20 bed skilled nursing (long-term care) category of service.				
MEADOWBROOK MANOR	NAPERVILLE	Naperville Township	245	85,387
OAK BROOK HEALTH CARE CENTER	OAK BROOK	York Township	156	42,646
OAK TRACE	DOWNERS GROVE	Downers Grove Township	160	29,312
PARK PLACE CHRISTIAN VILLAGE	ELMHURST	York Township	37	11,707
PROVIDENCE OF DOWNERS GROVE	DOWNERS GROVE	Downers Grove Township	145	31,574
8/1/2013 CHOW Change of Ownership occurred.				
SNOW VALLEY NURSING & REHAB CENTER	LISLE	Lisle Township	0	
8/26/2013 Closure Facility closed due to flood damage. 51 Nursing Care beds removed from inventory.				
ST. PATRICK'S RESIDENCE	NAPERVILLE	Naperville Township	209	9,372

ATTACHMENT-14B

Planning Area: Planning Area 7-C

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
TABOR HILLS HEALTHCARE	NAPERVILLE	Naperville Township	211	60,669
THE SPRINGS AT MONARCH LANDING	NAPERVILLE	Naperville Township	96	
10/9/2014 12-036	**Facility licensed for operation as The Springs at Monarch Landing.**			
TRANSITIONAL CARE CTR - NAPERVILLE (PERMIT)	NAPERVILLE	Lisle Township	0	
11/26/2013 Abandoned	**Permit to establish facility with 120 Nursing Care beds relinquished; beds removed from inventory.**			
WEST CHICAGO TERRACE NURSING HOME	WEST CHICAGO	Winfield Township	120	42,758
WEST SUBURBAN NURSING & REHAB CENTER	BLOOMINGDALE	Bloomingdale Township	259	67,349
WHEATON CARE CENTER	WHEATON	Milton Township	123	42,022
WINDSOR PARK MANOR	CAROL STREAM	Bloomingdale Township	80	23,445
WINFIELD WOODS HEALTHCARE CENTER	WINFIELD	Winfield Township	138	48,282
WOOD GLEN NURSING & REHAB CENTER	WEST CHICAGO	Wayne Township	213	74,428
9/24/2013 Bed Change	**Added 6 Nursing Care beds; facility now has 213 Nursing Care beds.**			
WYNSCAPE HEALTH & REHAB	WHEATON	Milton Township	209	41,913
3/2/2015 CHOW	**Change of ownership occurred.**			
		Planning Area Totals	**5,862**	**1,689,019**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
007	0-64 Years Old	2,012,607	2,972,900	677.0	406.2	1,083.2
	65-74 Years Old	1,186,719	265,200	4,474.8	2,684.9	7,159.7
	75+ Years Old	4,776,556	227,900	20,959.0	12,575.4	33,534.4

	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 Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	299,698	809,200	370.4	406.2	1,083.2	406.2	781,500	317,438			
65-74 Years Old	234,969	69,300	3,390.6	2,684.9	7,159.7	3,390.6	92,600	313,970			
75+ Years Old	1,154,352	51,900	22,241.8	12,575.4	33,534.4	22,241.8	60,200	1,338,959			
						Planning Area Totals		**1,970,367**	**5,398.3**	**5,998**	**136**

ATTACHMENT-14B

LONG-TERM CARE FACILITY UPDATES

10/16/2015

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
	HEALTH SERVICE AREA 7		
Planning Area 7-A	3783	3321	462
Planning Area 7-B	6101	6827	(726)
Planning Area 7-C	5998	5860	138
Planning Area 7-D	2462	2904	(442)
Planning Area 7-E	8026	9165	(1139)
	HEALTH SERVICE AREA 8		
Kane	2705	3064	(359)
Lake	4186	4494	(308)
McHenry	1124	997	127
	HEALTH SERVICE AREA 9		
Grundy	300	265	35
Kankakee	1072	1368	(296)
Kendall	336	185	151
Will	2931	2790	141
	HEALTH SERVICE AREA 10		
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1214	(137)
	HEALTH SERVICE AREA 11		
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)

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

HSA 1	249	335	(86)
HSA 2	239	256	(17)
HSA 3	206	360	(154)
HSA 4	304	128	176
HSA 5	222	256	(34)
HSA 6, 7, 8, 9	3161	1021	2140
HSA 10	74	32	42
HSA 11	215	288	(73)

ATTACHMENT-14C

SECTION IV – SERVICE SPECIFIC REVIEW CRITERIA Continued ix

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 no absence of nursing care within Will County Planning Area, there is an absence of nursing services in New Lenox, its encompassing Zip Code area (60451) and the New Lenox Township. Utilizing the State's own ratio of Population to nursing beds some 264.1 nursing beds could be supported by the New Lenox population of 25,426 people. Based on the State's ratio of the over 65 age cohort to nursing beds approximately 148.4 beds could be supported by New Lenox (Zip Code 60451). To utilize Will County's total ratios of total population to nursing beds and the elderly (65+) population to nursing beds are also supportive of the project as those two projected ratios justify between 92.8 and 129.5 additional nursing beds just for New Lenox. Therefore, the absence of the proposed service in New Lenox is a service restriction. For the ratio and projected need calculation refer to the chart below.

	Nursing Bed Need Projected from State and Planning Area Ratio of Pop. to Nursing Beds								
	2018 Projected Population	2013* Inventory Lic. Beds	Ratio of Tot Pop : 1 Bed	2018 Projected 65+ Pop	Ratio of 65+ Pop : 1 bed	2015 Zip Code 60451 Tot Population	2015 Zip Code 60451 65+ Population	Need based upon Tot. Pop.	Need based upon 65+ Pop
Illinois	13,069,300	100,792	129.7:1	2,018,400	20.0:1	34,063	2,968	264.1	148.4
Will County	771,700	2,931	263.3:1	94,300	32.2:1	34,063	2,968	129.5	92.8

* Will County number of beds equates to Inventory's calculation of total beds needed.

Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 LTC Services

http://quickfacts.census.gov/qfd/states/17/1752584.html

http://www.zip-codes.com/zip-code/60451/zip-code-60451-2010 census.asp

ATTACHMENT-17

- 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;

FACNAME		Lic	Medicare	Medicaid	Medicare	Medicaid
General Geriatric Nursing Facility	CITY	NC Beds	Beds	Beds	Bed %	Bed %
Spring Creek Nursing & Rehab Center	Joliet	168	84	168	50%	100%
Smith Crossing (1)	Orland Park	46	46	30	100%	65%
Sunny Hill Nursing Home Will County (2)	Joliet	280	252	252	90%	90%
Salem Village Nursing & Rehab	Joliet	266	230	266	86%	100%
Joliet Terrace Nursing Center	Joliet	120	0	120	0%	100%
Symphony of Joliet	Joliet	214	214	214	100%	100%
Lemont Nrsg & Rehab Center	Lemont	158	158	158	100%	100%
Alden Estates of Orland Park	Orland Park	200	200	200	100%	100%
The PARC at Joliet	Joliet	203	203	203	100%	100%
Presence Villa Franciscan	Joliet	154	154	48	100%	31%
Our Lady Of Angels Ret Home	Joliet	87	37	40	43%	46%
Franciscan Village (4)	Lemont	127	38	29	30%	23%
Frankfort Terrace Nursing Center	Frankfort	120	0	120	0%	100%
Lexington Health Care Center	Orland Park	278	278	209	100%	75%
Holy Family Villa (6)	Palos Park	129	129	65	100%	50%
Advocate South Suburban Hospital	Hazel Crest	41	41	0	100%	0%
Pine Crest Health Care	Hazel Crest	199	199	199	100%	100%
Applewood Rehabilitation Center (8)	Matteson	115	115	115	100%	100%
Alden Estates of Shorewood (9)	Shorewood	100	100	100	100%	100%
Rosewood Care Center	Joliet	120	58	34	48%	28%
Symphony of Crestwood	Midlothian	303	297	297	98%	98%
Manorcare of Palos Heights West	Palos Heights	130	130	52	100%	40%
Manorcare of Palos Heights East	Palos Heights	184	184	90	100%	49%
Aperion Care Midlothian	Midlothian	91	48	91	53%	100%
Spring Creek Nursing & Rehab Center	Joliet	173	173	173	100%	100%
Smith Crossing (1)	Orland Park	131	131	131	100%	100%
Sunny Hill Nursing Home Will County (2)	Joliet	126	0	126	0%	100%
Providence of Palos Heights (11)	Palos Heights	193	145	98	75%	51%
Total Existing Facilities		**4456**	**3644**	**3628**	**82%**	**81%**
Victorian Village (3) (licensure 1/26/15)	Homer Glen		50	2	#DIV/0!	#DIV/0!
McAllister Nursing & Rehab (5)	Country Club Hills		0	0	#DIV/0!	#DIV/0!

(3) 08-082 Permit issued to establish a 50-bed Nsg Care facility 09/01/2009; Facility licensed by IDPH for operation; Facility has 50 Nsg Care beds. Licensure 01/26/15

(5) Permit issued to add 89 Nsg Care beds to existing facility; facility will have 200 Nsg Care beds upon project completion

NOTE: McAllister: no 2014 profile. 2013 profile 111 licensed beds. Patient Days from Medicare/Medicaid COST REPORTS for 2014 = 34,080

https://ltc.dph.illinois.gov/webapp/LTCApp/ltc.jsp

As there are long-term care nursing beds and Medicare and Medicaid nursing beds within a 30-minute travel time contour, there is not an absence of the service. However, there appears to be access limitations due to payment status as not all beds in all facilities accept Medicare and Medicaid. In fact, 19% (846.6 beds) of the beds are not certified for Medicaid.

ATTACHMENT-17

Similarly, 18% (802 beds) are not certified for Medicare. Therefore, not all beds are equal and accessible. It should be noted that all beds being proposed will be Medicare and Medicaid certified.

o 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. The chart appended as **ATTACHMENT-17A** identifies that the utilization rate for the existing facilities within the 30-minute market contour appears to be realistically much improved as the peak utilization, based on the peak beds set-up, equates to 81%. A higher peak utilization rate is a restrictive policy toward admissions as it skews to appearance of available capacity.

Specifically, the potential available nursing beds within the 30-minute market contour (4,567 nursing beds) under the State's target rate of 90%, there are 661 potentially underutilized nursing beds. When evaluating the same equation for peak beds set-up there are only 383 nursing beds potentially underutilized. This equates to only 8.4% of the total beds are really potentially available to accept utilization over and above the existing capacity. It is also important to point out that the new bed need calculation used these lower than 90% use rates and projected them forward. The resulting need is for not only the additional 141 beds but it takes into account filling all bed under the State's target occupancy of 90%. The four county planning area need of 465 additional nursing beds only comes after the calculation fills to 90% the existing bed capacity. Therefore, the need for additional nursing beds in and of itself is a restrictive admissions policy.

ATTACHMENT-17

- 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 addition 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;

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

b. Patient/resident location information by zip code;

The proposed project is for the establishment of service, and therefore there are no existing residents. Patient/resident location information by zip code is not applicable.

c. Independent time-travel studies;

Refer to **ATTACHMENT-17B** for a summary listing of the independent travel-time 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 service, and as a result there are no existing residents, a wait list is not applicable.

ATTACHMENT-17

e. Admission restrictions that exist in area providers;

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

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

Appended as **ATTACHMENT-17F,** is a copy of the 2011 Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, for Long-Term Care.

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

Appended as **ATTACHMENT-17G,** 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 Will County Planning Area.

ATTACHMENT- 17

Utilization Chart
for
Facilities within 30-Minute Travel Time of New Lenox

FACID	FACNAME	CITY	2014 PROFILE DATA # of Licensed Nursing Beds	Peak Beds Set-up	Nursing Patient Days	Nursing Occupancy	Set-Up NRSG Occupancy	Adjusted Travel Time
6016786	Spring Creek Nursing & Rehab Center	Joliet	168	168	3472	5.66%	5.66%	8.1
6016059	Smith Crossing (1)	Orland Park	46	46	14646	87.23%	87.23%	11.5
6009252	Sunny Hill Nursing Home Will County (2)	Joliet	280	238	66238	64.81%	76.25%	12.7
6008338	Salem Village Nursing & Rehab	Joliet	266	266	88898	91.56%	91.56%	12.7
6004964	Joliet Terrace Nursing Center	Joliet	120	120	42368	96.73%	96.73%	16.1
6002463	Symphony of Joliet	Joliet	214	214	61856	79.19%	79.19%	16.1
6014492	Lemont Nrsg & Rehab Center	Lemont	158	158	51009	88.45%	88.45%	16.1
6014922	Alden Estates of Orland Park	Orland Park	200	167	50672	69.41%	83.13%	16.1
6004766	The PARC at Joliet	Joliet	203	179	45337	61.19%	69.39%	17.3
6012678	Presence Villa Franciscan	Joliet	154	154	43896	78.09%	78.09%	18.4
6006993	Our Lady Of Angels Ret Home	Joliet	87	87	27072	85.25%	85.25%	18.4
6012413	Franciscan Village (4)	Lemont	127	127	42084	90.79%	90.79%	19.6
6003297	Frankfort Terrace Nursing Center	Frankfort	120	120	41686	95.17%	95.17%	19.6
6014682	Lexington Health Care Center	Orland Park	278	278	80922	79.75%	79.75%	20.7
6004550	Holy Family Villa (6)	Palos Park	129	129	36026	76.51%	76.51%	21.9
6011720	Advocate South Suburban Hospital	Hazel Crest	41	36	10104	67.52%	76.89%	21.9
6004741	Pine Crest Health Care	Hazel Crest	199	198	64013	88.13%	88.57%	21.9
6000467	Applewood Rehabilitation Center (8)	Matteson	115	115	35344	84.20%	84.20%	24.2
6016695	Alden Estates of Shorewood (9)	Shorewood	100	92	27454	75.22%	81.76%	25.3
6012835	Rosewood Care Center	Joliet	120	120	35608	81.30%	81.30%	25.3
6002265	Symphony of Crestwood	Midlothian	303	297	80480	72.77%	74.24%	26.5
6014534	Manorcare of Palos Heights West	Palos Heights	130	130	40828	86.04%	86.04%	26.5
6010912	Manorcare of Palos Heights East	Palos Heights	184	178	59143	88.06%	91.03%	26.5
6001077	Aperion Care Midlothian	Midlothian	91	91	31086	93.59%	93.59%	26.5
6004139	Heather Healthcare Center	Harvey	173	138	46407	73.49%	92.13%	26.5
6005235	Lakewood Nrsg & Rehab Center (10)	Plainfield	131	131	42049	87.94%	87.94%	29.9
6002273	Crestwood Terrace Nursing Center	Midlothian	126	126	42709	92.87%	92.87%	29.9
6007843	Providence of Palos Heights (11)	Palos Heights	193	155	47453	67.36%	83.88%	29.9
			4456	4258	1258860	77%	81.00%	
6016752	Victorian Village (3) (licensure 1/26/15)	Homer Glen	50			0.00%	#DIV/0!	16.1
6005904	McAllister Nursing & Rehab (5)	Country Club Hills	111			0.00%	#DIV/0!	20.7
6006753	Oak Forest Hospital (7)(closed)	Oak Forest	0			#DIV/0!	#DIV/0!	23.0

(1) Exported City: Molenka; Profile City & Website City: Orland Park
(2) Bed Change: 02/04/15 discontinued 8 Nsg Care beds; 3/9/15 Bed Change: Discontinued 20 Nsg Care beds; facility now has 252 Nsg Care beds
(3) 08-082 Permit issued to establish a 50-bed Nsg Care facility 09/01/2009; Facility licensed by IDPH for operation; Facility has 50 Nsg Care beds. Licensure 01/26/15
(4) profile address: 1260 Franciscan Drive
(5) Permit issued to add 89 Nsg Care beds to existing facility; facility will have 200 Nsg Care beds upon project completion
NOTE: McAllister: no 2014 profile. 2013 profile has 111 licensed beds. Patient Days from Medicare/Medicaid COST REPORTS for 2014 = 34,080
(6) profile address: 12220 South Will Cook Road
(7) Facility Closed. 10 Nsg Care beds removed from Inventory 01/07/14
(8) Permit issued for modernization and addition of 39 to existing facility; facility will have 154 Nsg Care beds upon projet completion. 15-008 06/02/15
(9) Permit issued to add 50 Nsg Care beds to existing facility; facility will have 150 Nsg Care beds upon project completion 12-032 10/31/2012; Profile address & Website address
(10) Profile address & Facility Website address: 14716 South Eastern Avenue
(11) Name Change from Rest Haven Central 11/10/2008

Alden Estates-Courts of New Lenox
30-Min Adjusted Drive Time Facilities

FACNAME	ADDRESS	CITY	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
Spring Creek Nursing & Rehab Center	777 Draper	Joliet	168	4.22	8.1
Smith Crossing (1)	10501 Emilie Ln	Orland Park	46	6.61	11.5
Sunny Hill Nursing Home Will County (2)	421 Doris Avenue	Joliet	280	8.71	12.7
Salem Village Nursing & Rehab	1314 Rowell Avenue	Joliet	266	8.35	12.7
Joliet Terrace Nursing Center	2230 Mcdonough	Joliet	120	11.41	16.1
Symphony of Joliet	306 North Larkin Avenue	Joliet	214	11.81	16.1
Victorian Village (3) (licensure 1/26/15)	12565 W. Renaissance Circle	Homer Glen		9.67	16.1
Lemont Nrsg & Rehab Center	12450 Walker Rd	Lemont	158	10.61	16.1
Alden Estates of Orland Park	16450 South 97th Avenue	Orland Park	200	8.74	16.1
The PARC at Joliet	222 North Hammes	Joliet	203	12.09	17.3
Presence Villa Franciscan	210 North Springfield Avenue	Joliet	154	12.37	18.4
Our Lady Of Angels Ret Home	1201 Wyoming Avenue	Joliet	87	8.23	18.4
Franciscan Village (4)	1270 Franciscan Drive	Lemont	127	12.22	19.6
Frankfort Terrace Nursing Center	40 North Smith Street	Frankfort	120	11.6	19.6
Lexington Health Care Center	14601 S. John Humphrey Drive	Orland Park	278	11.07	20.7
McAllister Nursing & Rehab (5)	18300 Lavergne Ave	Country Club Hills	111	14.81	20.7
Holy Family Villa (6)	Will Cook Rd	Palos Park	129	12.89	21.9
Advocate South Suburban Hospital	17800 South Kedzie Avenue	Hazel Crest	41	17.63	21.9
Pine Crest Health Care	3300 West 175th Street	Hazel Crest	199	17.42	21.9
Oak Forest Hospital (7)(closed)	15900 South Cicero Avenue	Oak Forest		17.35	23.0
Applewood Rehabilitation Center (8)	21020 Kostner Avenue	Matteson	115	18.86	24.2
Alden Estates of Shorewood (9)	735 Shorewood Dr	Shorewood	100	18.85	25.3
Rosewood Care Center	3401 Hennepin Drive	Joliet	120	11.63	25.3
Symphony of Crestwood	14255 South Cicero Ave	Midlothian	303	19.41	26.5
Manorcare of Palos Heights West	11860 Southwest Highway	Palos Heights	130	15.04	26.5
Manorcare of Palos Heights East	7850 West College Drive	Palos Heights	184	15.12	26.5
Aperion Care Midlothian	3249 West 147 Street	Midlothian	91	20.06	26.5
Heather Healthcare Center	15600 Honore Ave	Harvey	173	20.16	26.5
Lakewood Nrsg & Rehab Center (10)	1112 North Eastern Avenue	Plainfield	131	16.46	29.9
Crestwood Terrace Nursing Center	13301 South Central Ave	Midlothian	126	17	29.9
Providence of Palos Heights (11)	13259 South Central Avenue	Palos Heights	193	17.06	29.9
			4567		

(1) Exported City: Molenka; Profile City & Website City: Orland Park
(2) Bed Change: 02/04/15 discontinued 8 Nsg Care beds; 3/9/15 Bed Change: Discontinued 20 Nsg Care beds; facility now has 252 Nsg Care beds
(3) 08-082 Permit issued to establish a 50-bed Nsg Care facility 09/01/2009; Facility licensed by IDPH for operation; Facility has 50 Nsg Care beds. Licensure 01/26/15
(4) profile address: 1260 Franciscan Drive
(5) Permit issued to add 89 Nsg Care beds to existing facility; facility will have 200 Nsg Care beds upon project completion
(6) profile address: 12220 South Will Cook Road
(7) Facility Closed. 10 Nsg Care beds removed from Inventory 01/07/14
(8) Permit issued for modernization and addition of 39 to existing facility; facility will have 154 Nsg Care beds upon projet completion. 15-008 06
(9) Permit issued to add 50 Nsg Care beds to existing facility; facility will have 150 Nsg Care beds upon project completion 12-032 10/31/2012; Profile address & Website address: 710 West Black Road
(10) Profile address & Facility Website address: 14716 South Eastern Avenue
(11) Name Change from Rest Haven Central 11/10/2008

ATTACHMENT-17B

Spring Creek Nursing and Rehab
777 DRAPER
JOLIET, IL 60432

Reference Numbers

Facility ID	6016786	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Tasha Mitchell

Contact Person and Telephone
Tasha Mitchell
815-727-4794

Registered Agent Information
Steve Miertzky
2201 Main St
Evanston, IL 60202

Date Questionnaire Completed 4/14/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	5
Total Admissions 2013	24
Total Discharges 2013	4
Residents on 12/31/2013	25

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Muscolo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	16

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	168	166	23	168	23	145	84	168
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	168	168	23	168	23	145	84	168

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	68	0.2%	1528	2.5%	0	24	682	1170	3472	5.7%	5.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	68	0.2%	1528	2.5%	0	24	682	1170	3472	5.7%	5.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	6	2	0	0	0	0	0	0	6	2	8
85+	4	3	0	0	0	0	0	0	4	3	7
TOTALS	14	9	0	0	0	0	0	0	14	9	23

Spring Creek Nursing and Rehab
777 DRAPER
JOLIET, IL 60432

Classification Numbers

License Number	6016786	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	13	0	2	3	0	23
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	13	0	2	3	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	16	0	0	0	16
Race Unknown	0	0	0	0	0
Total	23	0	0	0	23

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	21	0	0	0	21
Ethnicity Unknown	0	0	0	0	0
Total	23	0	0	0	23

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	4.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.00
Certified Aides	16.00
Other Health Staff	7.00
Non-Health Staff	14.00
Totals	55.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
8.4%	73.1%	0.0%	4.8%	13.7%	100.0%		
25,647	223,589	0	14,541	41,890	305,667	0	0.0%

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

FACILITY NOTES

Name Change	1/23/2014	Formerly Hillcrest Nursing & Rehab Center.

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ATTACHMENT 17C

SMITH CROSSING
10501 EMILIE LANE
ORLAND PARK, IL. 60467

Reference Numbers

Facility ID	6016059	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Frank Guajardo

Contact Person and Telephone
Frank Guajardo
7083262326

Registered Agent Information
CT Corporation System
208 South LaSalle Street
Chicago, IL 60604

Date Questionnaire Completed 4/17/2015

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 66 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	37
Total Admissions 2013	276
Total Discharges 2013	272
Residents on 12/31/2013	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	3
Mental Illness	4
Developmental Disability	0
Circulatory System	11
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	46	46	44	46	41	5	46	30
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	46	46	44	46	41	5	46	30

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6387	38.0%	1807	10.5%	536	0	5916	0	14646	87.2%	87.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6387	38.0%	1807	10.5%	536	0	5916	0	14646	87.2%	87.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	11	20	0	0	0	0	0	0	11	20	31
TOTALS	15	26	0	0	0	0	0	0	15	26	41

SMITH CROSSING
10501 EMILIE LANE
ORLAND PARK, IL. 60467

Classification Numbers

License Number	6016059	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	4	0	0	22	0	41
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	4	0	0	22	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	273
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	41	0	0	0	41
Race Unknown	0	0	0	0	0
Total	41	0	0	0	41

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	41	0	0	0	41
Ethnicity Unknown	0	0	0	0	0
Total	41	0	0	0	41

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.40
LPN's	3.00
Certified Aides	19.20
Other Health Staff	0.00
Non-Health Staff	91.00
Totals	124.60

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
45.7%	11.3%	3.6%	0.0%	39.4%	100.0%		
2,369,105	582,850	186,366	0	2,041,258	5,179,579	132,000	2.5%

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

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ATTACHMENT-17C

SUNNY HILL NURSING HOME WILL COUNTY
421 DORIS AVENUE
JOLIET, IL. 60433

Reference Numbers

Facility ID	6009252	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Karen Sorbero

Contact Person and Telephone
KAREN SORBERO
815-727-8650

Registered Agent Information

Date Questionnaire Completed 3/19/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	190
Total Admissions 2013	84
Total Discharges 2013	101
Residents on 12/31/2013	173

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	8
Mental Illness	12
Developmental Disability	0
Circulatory System	59
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	20
Injuries and Poisonings	4
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	173
Total Residents Diagnosed as Mentally Ill	12
Total Residents Reported as Identified Offenders	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	280	238	190	238	173	107	252	252
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	280	238	190	238	173	107	252	252

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5029	5.5%	50192	54.8%	0	0	11017	0	66238	64.8%	76.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5029	5.5%	50192	54.8%	0	0	11017	0	66238	64.8%	76.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	9	26	0	0	0	0	0	0	9	26	35
85+	12	98	0	0	0	0	0	0	12	98	110
TOTALS	30	143	0	0	0	0	0	0	30	143	173

SUNNY HILL NURSING HOME WILL COUNTY
421 DORIS AVENUE
JOLIET, IL. 60433

Classification Numbers

License Number	6009252	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	124	0	0	36	0	173
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	124	0	0	36	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	192
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	146	0	0	0	146
Race Unknown	0	0	0	0	0
Total	173	0	0	0	173

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	169	0	0	0	169
Ethnicity Unknown	0	0	0	0	0
Total	173	0	0	0	173

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	38.00
LPN's	34.00
Certified Aides	116.00
Other Health Staff	4.00
Non-Health Staff	98.00
Totals	295.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
0	0	0	0	0	0	0	0.0%

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

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ATTACHMENT-17C

SALEM VILLAGE NURSING & REHABILITATION
1314 ROWELL AVENUE
JOLIET, IL 60433

Reference Numbers

Facility ID	6008338	
Health Service Area	009	
Planning Service Area	197	WB
County	197	Will County

Administrator
Kelly Covarrubias

Contact Person and Telephone
KELLY COVARRUBIAS, RN
815-727-6451

Registered Agent Information
Bryan Kapman
111 N Ottawa St
Joliet, IL 60432

Date Questionnaire Completed 4/17/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	249
Total Admissions 2013	220
Total Discharges 2013	223
Residents on 12/31/2013	246

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	12
Blood Disorders	6
*Nervous System Non Alzheimer	11
Alzheimer Disease	17
Mental Illness	27
Developmental Disability	3
Circulatory System	80
Respiratory System	43
Digestive System	5
Genitourinary System Disorders	22
Skin Disorders	7
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	246

Total Residents Diagnosed as Mentally Ill 103

Total Residents Reported as Identified Offenders 10

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	266	266	259	266	244	22	230	266
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	6	6	2	6	2	4		
TOTAL BEDS	272	272	260	272	246	26	230	266

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13144	15.7%	54319	55.9%	0	2916	18519	0	88898	91.6%	91.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	996	0	996	45.5%	45.5%
TOTALS	13144	15.7%	54319	55.9%	0	2916	19515	0	88894	90.5%	90.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	2	0	0	0	0	0	0	5	2	7
45 to 59	17	13	0	0	0	0	0	0	17	13	30
60 to 64	3	8	0	0	0	0	0	0	3	8	11
65 to 74	25	34	0	0	0	0	0	1	25	35	60
75 to 84	24	46	0	0	0	0	0	0	24	46	70
85+	17	50	0	0	0	0	0	1	17	51	68
TOTALS	91	153	0	0	0	0	0	2	91	155	246

SALEM VILLAGE NURSING & REHABILITATION
1314 ROWELL AVENUE
JOLIET, IL 60433

Classification Numbers

License Number	6008338	
Health Service Area	009	
Planning Service Area	197	WB
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	53	133	0	10	48	0	244
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	2	0	2
TOTALS	53	133	0	10	50	0	246

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	185	180

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	52	0	0	0	52
Hawaiian/Pacific Isl.	0	0	0	0	0
White	191	0	0	2	193
Race Unknown	0	0	0	0	0
Total	244	0	0	2	246

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	233	0	0	2	235
Ethnicity Unknown	0	0	0	0	0
Total	244	0	0	2	246

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	29.00
Certified Aides	101.00
Other Health Staff	11.00
Non-Health Staff	90.00
Totals	258.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.7%	50.0%	0.0%	8.7%	10.0%	100.0%		
6,919,089	11,389,960	0	1,965,019	2,243,987	22,518,055	0	0.0%

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

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ATTACHMENT-17C

JOLIET TERRACE
2230 MCDONOUGH
JOLIET, IL 60436

Reference Numbers
Facility ID 6004864
Health Service Area 009
Planning Service Area 197 Will
County 197 Will County

Administrator
SANDRA ERICKSON

Contact Person and Telephone
SANDRA ERICKSON
815-729-3801

Registered Agent Information
Tom Hein, TM Management
1S443 Summit
Oak Brook, IL 60181

Data Questionnaire Completed 4/7/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	117
Total Admissions 2013	48
Total Discharges 2013	51
Residents on 12/31/2013	114

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	112
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	114

Total Residents Diagnosed as Mentally Ill 112

Total Residents Reported as Identified Offenders 10

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	114	120	114	6	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	114	120	114	6	0	120

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	41822	95.5%	0	0	548	0	42388	96.7%	96.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	41822	95.5%	0	0	548	0	42388	96.7%	96.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	9	0	0	0	0	0	0	14	9	23
45 to 59	37	14	0	0	0	0	0	0	37	14	51
60 to 64	10	12	0	0	0	0	0	0	10	12	22
65 to 74	8	9	0	0	0	0	0	0	8	9	15
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	68	46	0	0	0	0	0	0	68	46	114

JOLIET TERRACE
2230 MCDONOUGH
JOLIET, IL 60436

Classification Numbers

License Number	6004864	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	113	0	0	1	0	114
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	113	0	0	1	0	114

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	131
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	29	0	0	0	29
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	0	0	0	0	0
Total	114	0	0	0	114

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	30.00
Other Health Staff	3.00
Non-Health Staff	49.00
Totals	98.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.3%	0.0%	0.0%	1.7%	100.0%		
0	4,218,785	0	0	71,526	4,290,311	0	0.0%

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

ATTACHMENT-17C

SYMPHONY OF JOLIET
306 NORTH LARKIN AVENUE
JOLIET, IL 60435

Reference Numbers

Facility ID	6002463	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Tammy Stoneberger

Contact Person and Telephone
Amy Hammond, LNHA
815-744-5580

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Dr
Springfield, IL 62703

Date Questionnaire Completed 4/16/2015

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	183
Total Admissions 2013	228
Total Discharges 2013	222
Residents on 12/31/2013	189

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	59
Mental Illness	0
Developmental Disability	0
Circulatory System	42
Respiratory System	22
Digestive System	2
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	169

Total Residents Diagnosed as Mentally Ill 7

Total Residents Reported as Identified Offenders 9

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	214	214	180	214	169	45	214	214
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	180	214	169	45	214	214

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9183	11.7%	43770	56.0%	1959	2281	4683	0	61856	79.2%	79.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9183	11.7%	43770	56.0%	1959	2281	4683	0	61856	79.2%	79.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	10	0	0	0	0	0	0	6	10	16
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	16	20	0	0	0	0	0	0	16	20	36
75 to 84	20	42	0	0	0	0	0	0	20	42	62
85+	8	36	0	0	0	0	0	0	8	36	44
TOTALS	58	111	0	0	0	0	0	0	58	111	169

SYMPHONY OF JOLIET
306 NORTH LARKIN AVENUE
JOLIET, IL 60435

Classification Numbers

License Number	6002463	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	117	0	6	17	0	169
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	117	0	6	17	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	26	0	0	0	26
Hawaiian/Pacific Isl.	1	0	0	0	1
White	141	0	0	0	141
Race Unknown	0	0	0	0	0
Total	169	0	0	0	169

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	162	0	0	0	162
Ethnicity Unknown	0	0	0	0	0
Total	169	0	0	0	169

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	30.00
LPN's	16.00
Certified Aides	55.00
Other Health Staff	10.00
Non-Health Staff	47.00
Totals	160.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.0%	51.5%	0.0%	5.9%	5.7%	100.0%		
5,687,171	7,899,456	0	898,158	870,012	15,324,807	0	0.0%

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

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ATTACHMENT-17C

LEMONT NURSING & REHAB CENTER
12450 WALKER ROAD
LEMONT, IL. 60439

Reference Numbers

Facility ID	6014492	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lemont Township

Administrator
Wendy Janulis

Contact Person and Telephone
Ron Cournoyer
8479053000

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 3/18/2015

ADMISSION RESTRICTIONS

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

Note: Reported restriction denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	146
Total Admissions 2013	882
Total Discharges 2013	880
Residents on 12/31/2013	148

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	74
Respiratory System	12
Digestive System	4
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	140

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	158	158	158	158	140	18	158	158
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	158	158	158	158	140	18	158	158

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17942	31.1%	21574	37.4%	0	1067	10426	0	51009	88.4%	88.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	17942	31.1%	21574	37.4%	0	1067	10426	0	51009	88.4%	88.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	8	18	0	0	0	0	0	0	8	18	26
75 to 84	3	83	0	0	0	0	0	0	3	83	86
85+	1	26	0	0	0	0	0	0	1	26	27
TOTALS	12	128	0	0	0	0	0	0	12	128	140

LEMONT NURSING & REHAB CENTER
12450 WALKER ROAD
LEMONT, IL. 60439

Classification Numbers

License Number	6014492	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lemont Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	51	63	0	0	26	0	140
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	51	63	0	0	26	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	140	0	0	0	140
Race Unknown	0	0	0	0	0
Total	140	0	0	0	140

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	139	0	0	0	139
Total	140	0	0	0	140

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	20.00
Certified Aides	39.00
Other Health Staff	7.00
Non-Health Staff	32.00
Totals	118.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
51.6%	28.3%	0.0%	2.9%	17.0%	100.0%		
6,955,344	3,802,903	0	392,658	2,287,332	13,438,237	0	0.0%

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

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ATTACHMENT-17C

ALDEN ESTATES OF ORLAND PARK
16450 SOUTH 97TH AVENUE
ORLAND PARK, IL. 60467

Reference Numbers

Facility ID	6014922	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Orland Township

Administrator
Katie DeWerth

Contact Person and Telephone
Chris Kuehn
773-286-5622

Registered Agent Information
Mary Chatolli-Smith
4200 W. Peterson Ave, Suite 140
Chicago, IL 60646

Date Questionnaire Completed 3/30/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	132
Total Admissions 2013	1,117
Total Discharges 2013	1,102
Residents on 12/31/2013	147

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	111
Non-Medical Conditions	0
TOTALS	147

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	200	167	157	167	147	53	200	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	200	167	157	167	147	53	200	200

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	29163	39.9%	9738	13.3%	1475	3930	6366	0	50672	69.4%	83.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	29163	39.9%	9738	13.3%	1475	3930	6366	0	50672	69.4%	83.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	15	27	0	0	0	0	0	0	15	27	42
85+	19	68	0	0	0	0	0	0	19	68	87
TOTALS	42	105	0	0	0	0	0	0	42	105	147

ALDEN ESTATES OF ORLAND PARK
16450 SOUTH 97TH AVENUE
ORLAND PARK, IL. 60467

Classification Numbers

License Number	6014922	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Orland Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	92	29	3	8	15	0	147
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	92	29	3	8	15	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	325
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	142	0	0	0	142
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.49
LPN's	9.86
Certified Aides	38.20
Other Health Staff	8.04
Non-Health Staff	38.52
Totals	113.11

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
73.0%	8.2%	1.2%	7.7%	9.8%	100.0%		
14,979,110	1,680,423	256,179	1,580,765	2,015,649	20,512,146	0	0.0%

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

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ATTACHMENT-17C

THE PARC AT JOLIET
222 NORTH HAMMES
JOLIET, IL. 60435

Reference Numbers

Facility ID	6004766	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Phil Baratta

Contact Person and Telephone
Phillip Baratta

Registered Agent Information
Stephen Sher
6750 Old Orchard Rd Ste. 420
Skokie, IL 60077

Date Questionnaire Completed 4/15/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	151
Total Admissions 2013	154
Total Discharges 2013	176
Residents on 12/31/2013	129

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	3
Circulatory System	15
Respiratory System	19
Digestive System	6
Genitourinary System Disorders	22
Skin Disorders	4
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	129

Total Residents Diagnosed as Mentally Ill 97

Total Residents Reported as Identified Offenders 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	179	145	179	129	74	203	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	179	145	179	129	74	203	203

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8551	11.5%	34047	46.0%	0	2658	81	0	45337	61.2%	69.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8551	11.5%	34047	46.0%	0	2658	81	0	45337	61.2%	69.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	9	9	0	0	0	0	0	0	9	9	18
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	10	15	0	0	0	0	0	0	10	15	25
75 to 84	13	21	0	0	0	0	0	0	13	21	34
85+	4	33	0	0	0	0	0	0	4	33	37
TOTALS	45	84	0	0	0	0	0	0	45	84	129

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ATTACHMENT-17C

THE PARC AT JOLIET
222 NORTH HAMMES
JOLIET, IL. 60435

Classification Numbers

License Number	6004766	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	87	0	0	9	0	129
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	33	87	0	0	9	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	0	0	0	0	0
Total	129	0	0	0	129

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	125	0	0	0	125
Ethnicity Unknown	0	0	0	0	0
Total	129	0	0	0	129

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	21.00
Certified Aides	57.00
Other Health Staff	0.00
Non-Health Staff	60.00
Totals	152.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.9%	80.0%	0.7%	0.0%	9.4%	100.0%		
550,036	4,457,312	40,687	0	525,071	5,573,406	0	0.0%

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

PRESENCE VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL 60435

Reference Numbers

Facility ID	6012678	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Dawn Renee Furman

Contact Person and Telephone
Brenda Funk
815-725-3400, ext 1234

Registered Agent Information
Evelyn Nelson
9223 West Saint Frances Road
Frankfort, IL 60423

Date Questionnaire Completed: 4/16/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	98
Total Admissions 2013	698
Total Discharges 2013	669
Residents on 12/31/2013	127

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	15
Mental Illness	14
Developmental Disability	0
Circulatory System	23
Respiratory System	11
Digestive System	5
Genitourinary System Disorders	13
Skin Disorders	4
Muscule-skeletal Disorders	21
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	127
Total Residents Diagnosed as Mentally Ill	78
Total Residents Reported as Identified Offenders	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	154	154	142	154	127	27	154	38
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	154	154	142	154	127	27	154	38

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	21745	38.7%	12124	87.4%	0	3077	6943	7	43896	78.1%	78.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	21745	38.7%	12124	87.4%	0	3077	6943	7	43896	78.1%	78.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	1	0	0	0	0	0	0	2	1	3
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	9	24	0	0	0	0	0	0	9	24	33
85+	10	50	0	0	0	0	0	0	10	50	60
TOTALS	35	92	0	0	0	0	0	0	35	92	127

PRESENCE VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL 60435

Classification Numbers

License Number	6012678	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	68	33	0	7	21	0	127
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	68	33	0	7	21	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	251	224
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	127	0	0	0	127
ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	0	0	0	0	0
Total	127	0	0	0	127

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	11.00
Certified Aides	63.00
Other Health Staff	5.00
Non-Health Staff	36.00
Totals	149.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
48.8%	31.3%	0.0%	3.4%	16.8%	100.0%		
4,661,822	3,000,576	0	322,072	1,609,300	9,593,570	0	0.0%

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

FACILITY NOTES

Bed Change	9/22/2014	Discontinued 22 Nursing Care beds; facility now licensed for 154 Nursing Care beds.

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ATTACHMENT-17C

OUR LADY OF ANGELS RETIREMENT HOME
1201 WYOMING AVENUE
JOLIET, IL. 60435

Reference Numbers

Facility ID	6006993	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
George Block

Contact Person and Telephone
Diane Simon
815-726-6831

Registered Agent Information
Mike Wojtak
2801 Black Road, Second Floor
Joliet, IL 60435

Date Questionnaire Completed 4/17/2015

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	100
Total Admissions 2013	295
Total Discharges 2013	286
Residents on 12/31/2013	109

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	25
Blood Disorders	4
*Nervous System Non Alzheimer	6
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	87	87	83	87	73	14	37	40
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	50	50	38	50	36	14		
TOTAL BEDS	137	137	121	137	109	28	37	40

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5784	42.8%	10411	71.3%	0	0	10710	167	27072	85.3%	85.3%
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	11342	0	11342	62.1%	62.1%
TOTALS	5784	42.8%	10411	71.3%	0	0	22052	167	38414	76.8%	76.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	3	13	0	0	0	0	2	15	6	28	33
85+	9	48	0	0	0	0	2	17	11	65	76
TOTALS	12	61	0	0	0	0	4	32	16	93	109

OUR LADY OF ANGELS RETIREMENT HOME
1201 WYOMING AVENUE
JOLIET, IL. 60435

Classification Numbers

License Number	6006993	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	30	0	0	31	1	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	36	0	36
TOTALS	11	30	0	0	67	1	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	254	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	112	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	36	109
Race Unknown	0	0	0	0	0
Total	73	0	0	36	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	73	0	0	36	109
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	36	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	12.00
Certified Aides	47.00
Other Health Staff	8.00
Non-Health Staff	46.00
Totals	129.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.4%	16.6%	0.0%	0.0%	49.0%	100.0%		
2,770,303	1,335,902	0	0	3,936,631	8,042,836	18,537	0.2%

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

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ATTACHMENT-17C

FRANCISCAN VILLAGE
1260 FRANCISCAN DRIVE
LEMONT, IL 60439

Reference Numbers
Facility ID 6012413
Health Service Area 007
Planning Service Area 705 Planning Area 7-E
County 031 Lemont Township

Administrator
Sylvia Czerwinski

Contact Person and Telephone
Kathleen Kelly
331-318-5120

Registered Agent Information
CT Corporation
208 South LaSalle Street
Chicago, IL 60604

Date Questionnaire Completed 4/16/2015

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	103
Total Admissions 2013	265
Total Discharges 2013	256
Residents on 12/31/2013	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	4
Developmental Disability	0
Circulatory System	10
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	23
Injuries and Poisonings	2
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 75

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	127	127	124	127	112	15	38	29
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	127	127	124	127	112	15	38	29

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9258	66.7%	8162	77.1%	0	843	23823	0	42084	90.6%	90.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9258	66.7%	8162	77.1%	0	843	23823	0	42084	90.6%	90.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	10	74	0	0	0	0	0	0	10	74	84
TOTALS	17	95	0	0	0	0	0	0	17	95	112

FRANCISCAN VILLAGE
1260 FRANCISCAN DRIVE
LEMONT, IL 60439

Classification Numbers

License Number	6012413	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Lemont Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	29	21	0	0	62	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	29	21	0	0	62	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	276	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.30
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.75
LPN's	11.00
Certified Aides	51.00
Other Health Staff	2.00
Non-Health Staff	42.75
Totals	131.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.6%	7.0%	0.0%	2.7%	50.4%	100.0%		
5,172,718	911,492	0	345,873	6,530,323	12,960,406	0	0.0%

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

ATTACHMENT-17C

FRANKFORT TERRACE NURSING CENTER
40 NORTH SMITH STREET
FRANKFORT, IL. 60423

Reference Numbers

Facility ID	6003297	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
JUDITH MAJCHROWICZ

Contact Person and Telephone
JUDITH MAJCHROWICZ
815-469-3156

Registered Agent Information
THOMAS S. HEIN
1S443 SUMMIT AVENUE SUITE 204 A&B
Oak Brook Terrace, IL 60181

Date Questionnaire Completed 4/7/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	111
Total Admissions 2013	29
Total Discharges 2013	28
Residents on 12/31/2013	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	109
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Muscule-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 108

Total Residents Reported as Identified Offenders 17

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	120	120	112	8	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	112	8	0	120

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	41686	95.2%	0	0	0	0	41686	95.2%	95.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	41686	95.2%	0	0	0	0	41686	95.2%	95.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	3	0	0	0	0	0	0	3	3	6
45 to 59	18	23	0	0	0	0	0	0	18	23	41
60 to 64	12	12	0	0	0	0	0	0	12	12	24
65 to 74	12	12	0	0	0	0	0	0	12	12	24
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	2	1	0	0	0	0	0	0	2	1	3
TOTALS	53	59	0	0	0	0	0	0	53	59	112

FRANKFORT TERRACE NURSING CENTER
40 NORTH SMITH STREET
FRANKFORT, IL. 60423

Classification Numbers

License Number	6003297	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	112	0	0	0	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	112	0	0	0	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	104	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	37	0	0	0	37
Hawaiian/Pacific Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	109	0	0	0	109
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	32.00
Other Health Staff	9.00
Non-Health Staff	42.00
Totals	96.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	4,900,257	0	0	0	4,900,257	0	0.0%

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

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ATTACHMENT-17C

LEXINGTON HEALTH CARE CENTER
14601 S. JOHN HUMPHREY DRIVE
ORLAND PARK, IL. 60462

Reference Numbers

Facility ID	6014682	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Orland Township

Administrator
Linda Pyfer

Contact Person and Telephone
Bridgett Rummel
8304584835

Registered Agent Information

Date Questionnaire Completed 4/14/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	235
Total Admissions 2013	638
Total Discharges 2013	656
Residents on 12/31/2013	215

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	9
Mental Illness	35
Developmental Disability	0
Circulatory System	48
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	7
Skin Disorders	4
Muscuto-skeletal Disorders	12
Injuries and Poisonings	5
Other Medical Conditions	62
Non-Medical Conditions	0
TOTALS	215
Total Residents Diagnosed as Mentally Ill	35
Total Residents Reported as Identified Offenders	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	278	278	242	278	215	63	259	195
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	278	278	242	278	215	63	259	195

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16934	20.0%	54519	76.6%	0	3662	3507	0	80922	79.7%	79.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	16934	20.0%	54519	76.6%	0	3662	3507	0	80922	79.7%	79.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	9	18	0	0	0	0	0	0	9	18	27
75 to 84	28	38	0	0	0	0	0	0	28	38	84
85+	16	90	0	0	0	0	0	0	16	90	106
TOTALS	60	155	0	0	0	0	0	0	60	155	215

LEXINGTON HEALTH CARE CENTER
14601 S. JOHN HUMPHREY DRIVE
ORLAND PARK, IL. 60462

Classification Numbers

License Number	6014682	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Orland Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	83	108	0	9	15	0	215
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	83	108	0	9	15	0	215

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	269	201
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	2	0	0	0	2
Black	36	0	0	0	36
Hawaiian/Pacific Isl.	0	0	0	0	0
White	175	0	0	0	175
Race Unknown	0	0	0	0	0
Total	215	0	0	0	215

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	212	0	0	0	212
Ethnicity Unknown	0	0	0	0	0
Total	215	0	0	0	215

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	16.00
Certified Aides	80.00
Other Health Staff	10.00
Non-Health Staff	43.00
Totals	144.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.8%	40.3%	0.0%	6.9%	5.1%	100.0%		
10,292,884	8,676,719	0	1,476,885	1,092,419	21,538,907	0	0.0%

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

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ATTACHMENT-17C

HOLY FAMILY VILLA
12220 SOUTH WILL COOK ROAD
PALOS PARK, IL. 60464

Reference Numbers

Facility ID	6004550	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

Administrator
Roberta Magurany

Contact Person and Telephone
KATHI GRABEN
630-257-2291

Registered Agent Information
Rev. Monsignor Michael Boland
721 N. LaSalle
Chicago, IL 60654

Date Questionnaire Completed 4/17/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	84
Total Admissions 2013	138
Total Discharges 2013	129
Residents on 12/31/2013	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	23
Developmental Disability	0
Circulatory System	49
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	129	129	118	129	103	26	129	66
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	129	129	118	129	103	26	129	66

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5747	12.2%	14346	60.5%	0	40	15574	319	36026	76.5%	76.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5747	12.2%	14346	60.5%	0	40	15574	319	36026	76.5%	76.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	8	19	0	0	0	0	0	0	8	19	27
85+	12	57	0	0	0	0	0	0	12	57	69
TOTALS	23	80	0	0	0	0	0	0	23	80	103

HOLY FAMILY VILLA
12220 SOUTH WILL COOK ROAD
PALOS PARK, IL. 60464

Classification Numbers

License Number	6004550	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	37	0	0	46	1	103
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	37	0	0	46	1	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	291	269
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	7.00
Certified Aides	43.00
Other Health Staff	0.00
Non-Health Staff	54.00
Totals	124.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.9%	26.4%	0.0%	0.0%	43.7%	100.0%		
2,449,845	2,159,176	0	0	3,570,836	8,179,857	95,708	1.2%

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

FACILITY NOTES

12-003	6/11/2014	Project completed; facility now licensed for 129 Nursing Care beds.

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ATTACHMENT-17C

ADVOCATE SOUTH SUBURBAN HOSPITAL
17800 SOUTH KEDZIE AVENUE
HAZEL CREST, IL 60429

Reference Numbers

Facility ID	6011720	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Richard Heim

Contact Person and Telephone
KELLY O'HARA
708-213-3356

Registered Agent Information

Date Questionnaire Completed 4/17/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	29
Total Admissions 2013	821
Total Discharges 2013	817
Residents on 12/31/2013	30

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	7
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	30

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	41	36	32	36	30	11	31	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	41	36	32	36	30	11	31	0

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9504	84.0%	7	0.0%	0	468	125	0	10104	67.5%	76.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9504	84.0%	7	0.0%	0	468	125	0	10104	67.5%	76.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	7	3	0	0	0	0	0	0	7	3	10
85+	6	6	0	0	0	0	0	0	6	6	12
TOTALS	15	15	0	0	0	0	0	0	15	15	30

ADVOCATE SOUTH SUBURBAN HOSPITAL
17800 SOUTH KEDZIE AVENUE
HAZEL CREST, IL 60429

Classification Numbers

License Number	6011720	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	0	0	2	0	0	30
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	0	0	2	0	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	931	873
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	17	0	0	0	17
Race Unknown	1	0	0	0	1
Total	30	0	0	0	30

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	29	0	0	0	29
Ethnicity Unknown	1	0	0	0	1
Total	30	0	0	0	30

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	22.20
LPN's	0.00
Certified Aides	9.10
Other Health Staff	1.50
Non-Health Staff	2.10
Totals	35.90

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
60.7%	0.0%	0.0%	37.2%	2.1%	100.0%		
4,050,583	640	0	2,481,205	139,287	6,671,715	0	0.0%

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

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ATTACHMENT-17C

PINE CREST HEALTH CARE
3300 WEST 175TH STREET
HAZEL CREST, IL. 60429

Reference Numbers

Facility ID	6004741	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
ZINA WARD

Contact Person and Telephone
ZINA WARD
708-335-2400

Registered Agent Information
Fran Meehan/Much/Shelist
191 N. Wacker Drive Suite 800
Chicago , IL 60606

Date Questionnaire Completed 4/16/2015

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	171
Total Admissions 2013	145
Total Discharges 2013	143
Residents on 12/31/2013	173

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	21
Mental Illness	71
Developmental Disability	0
Circulatory System	28
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Muscuto-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	9
TOTALS	176

Total Residents Diagnosed as Mentally Ill 91

Total Residents Reported as Identified Offenders 20

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	199	198	185	198	176	23	199	199
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	199	198	185	198	176	23	199	199

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2290	3.2%	57376	79.0%	0	3694	653	0	64013	88.1%	88.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2290	3.2%	57376	79.0%	0	3694	653	0	64013	88.1%	88.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	13	12	0	0	0	0	0	0	13	12	25
45 to 59	22	15	0	0	0	0	0	0	22	15	37
60 to 64	28	18	0	0	0	0	0	0	28	18	46
65 to 74	12	21	0	0	0	0	0	0	12	21	33
75 to 84	12	10	0	0	0	0	0	0	12	10	22
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	91	85	0	0	0	0	0	0	91	85	176

PINE CREST HEALTH CARE
3300 WEST 175TH STREET
HAZEL CREST, IL. 60429

Classification Numbers

License Number	6004741	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	162	0	11	2	0	176
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	162	0	11	2	0	176

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	1	0	0	0	1
Black	150	0	0	0	150
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
Race Unknown	0	0	0	0	0
Total	176	0	0	0	176

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	174	0	0	0	174
Ethnicity Unknown	0	0	0	0	0
Total	176	0	0	0	176

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	21.00
Certified Aides	36.00
Other Health Staff	17.00
Non-Health Staff	32.00
Totals	114.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.6%	81.1%	6.7%	0.0%	0.5%	100.0%		
1,140,732	7,954,392	653,757	0	53,716	9,802,597	0	0.0%

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

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ATTACHMENT-17C

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

Reference Numbers

Facility ID	6000467	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

Administrator
Dianne O'Connor

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

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

Date Questionnaire Completed 4/17/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	100
Total Admissions 2013	147
Total Discharges 2013	158
Residents on 12/31/2013	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	54
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Muscuto-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	89

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	115	115	104	115	89	26	115	115
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	115	115	104	115	89	26	115	115

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5141	12.2%	26523	60.8%	2138	523	2019	0	35344	84.2%	84.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5141	12.2%	26523	60.8%	2138	523	2019	0	35344	84.2%	84.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	9	29	0	0	0	0	0	0	9	29	38
85+	4	25	0	0	0	0	0	0	4	25	29
TOTALS	25	64	0	0	0	0	0	0	25	64	89

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

Classification Numbers

License Number	6000467	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	66	5	1	3	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	66	5	1	3	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	173
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	52	0	0	0	52
Hawaiian/Pacific Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	11.00
LPN's	6.50
Certified Aides	38.50
Other Health Staff	1.50
Non-Health Staff	29.50
Totals	90.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.4%	39.0%	4.9%	7.7%	17.1%	100.0%		
2,498,305	3,105,944	389,436	611,359	1,359,245	7,964,289	0	0.0%

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

ATTACHMENT-17C

ALDEN ESTATES OF SHOREWOOD
710 WEST BLACK ROAD
SHOREWOOD, IL. 60404

Reference Numbers

Facility ID	6016695	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Annette Borcky

Contact Person and Telephone
Chris Kuehn
773-268-3883

Registered Agent Information
Mary Chelotti-Smith
4200 W Peterson Ave Suite 140
Chicago, IL 60646

Date Questionnaire Completed 3/26/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	72
Total Admissions 2013	811
Total Discharges 2013	806
Residents on 12/31/2013	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	75
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	100	92	86	92	77	23		
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	92	86	92	77	23		

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20775	0.0%	2425	0.0%	404	3195	655	0	27454	75.2%	81.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	20775	0.0%	2425	0.0%	404	3195	655	0	27454	75.2%	81.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	4	24	0	0	0	0	0	0	4	24	28
85+	3	31	0	0	0	0	0	0	3	31	34
TOTALS	10	67	0	0	0	0	0	0	10	67	77

ALDEN ESTATES OF SHOREWOOD
710 WEST BLACK ROAD
SHOREWOOD, IL. 60404

Classification Numbers

License Number	6016695	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	58	6	2	9	2	0	77
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	58	6	2	9	2	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	423	339
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	73	0	0	0	73
Race Unknown	3	0	0	0	3
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.22
LPN's	0.00
Certified Aides	20.75
Other Health Staff	25.46
Non-Health Staff	12.67
Totals	74.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
84.4%	3.4%	0.5%	10.9%	0.8%	100.0%		
11,162,774	443,883	70,582	1,438,795	104,967	13,220,982	0	0.0%

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

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ATTACHMENT-17C

ROSEWOOD CARE CENTER OF JOLIET
3401 HENNEPIN DRIVE
JOLIET, IL. 60431

Reference Numbers

Facility ID	6012835	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
William Matjasich

Contact Person and Telephone
Jan Poelker
314/994-9070x3025

Registered Agent Information
Dan Maher
412 E. Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/16/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	140
Total Admissions 2013	389
Total Discharges 2013	396
Residents on 12/31/2013	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	4
*Nervous System Non Alzheimer	10
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Muscullo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	106	120	97	23	58	34
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	106	120	97	23	58	34

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7541	35.6%	9903	79.8%	0	2452	15712	0	35608	81.3%	81.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7541	35.6%	9903	79.8%	0	2452	15712	0	35608	81.3%	81.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	13	0	0	0	0	0	0	2	13	15
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	17	32	0	0	0	0	0	0	17	32	49
TOTALS	28	69	0	0	0	0	0	0	28	69	97

ROSEWOOD CARE CENTER OF JOLIET
3401 HENNEPIN DRIVE
JOLIET, IL. 60431

Classification Numbers

License Number	6012835	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	27	0	4	40	0	97
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	26	27	0	4	40	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	93	0	0	0	93
Race Unknown	0	0	0	0	0
Total	97	0	0	0	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	97	0	0	0	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	10.00
Certified Aides	53.00
Other Health Staff	5.00
Non-Health Staff	30.00
Totals	127.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
48.9%	13.7%	0.0%	9.1%	28.3%	100.0%		
4,854,242	1,362,715	0	905,092	2,805,586	9,927,635	0	0.0%

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

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ATTACHMENT-17C

SYMPHONY OF CRESTWOOD
14255 SOUTH CICERO AVENUE
CRESTWOOD, IL. 60445

Reference Numbers

Facility ID	6002265	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
NANCY MCDONALD

Contact Person and Telephone
NANCY MCDONALD
708-371-0400

Registered Agent Information
ILLINOIS CORPORATION SERVICE CO
801 ADLAI STEVENSON DR
Springfield, IL 62703

Date Questionnaire Completed 5/14/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	230
Total Admissions 2013	996
Total Discharges 2013	1,023
Residents on 12/31/2013	203

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	8
Blood Disorders	5
*Nervous System Non Alzheimer	13
Alzheimer Disease	24
Mental Illness	10
Developmental Disability	0
Circulatory System	59
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	18
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	41
TOTALS	203
Total Residents Diagnosed as Mentally Ill	36
Total Residents Reported as Identified Offenders	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	303	297	240	297	203	100	297	297
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	303	297	240	297	203	100	297	297

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9623	9.1%	47204	43.5%	12466	5034	5953	0	80480	72.8%	74.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9623	9.1%	47204	43.5%	12466	5034	5953	0	80480	72.8%	74.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	13	14	0	0	0	0	0	0	13	14	27
60 to 64	10	7	0	0	0	0	0	0	10	7	17
65 to 74	15	23	0	0	0	0	0	0	15	23	38
75 to 84	26	41	0	0	0	0	0	0	26	41	67
85+	14	39	0	0	0	0	0	0	14	39	53
TOTALS	79	124	0	0	0	0	0	0	79	124	203

SYMPHONY OF CRESTWOOD
14255 SOUTH CICERO AVENUE
CRESTWOOD, IL. 60445

Classification Numbers

License Number	6002265	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	153	0	19	14	0	203
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	153	0	19	14	0	203

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	179
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	114	0	0	0	114
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
Race Unknown	5	0	0	0	5
Total	203	0	0	0	203

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	198	0	0	0	198
Ethnicity Unknown	0	0	0	0	0
Total	203	0	0	0	203

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	40.00
Certified Aides	67.00
Other Health Staff	5.00
Non-Health Staff	82.00
Totals	192.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.5%	50.8%	0.0%	14.4%	5.2%	100.0%		
5,789,669	9,928,779	0	2,815,318	1,021,035	19,534,801	0	0.0%

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

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ATTACHMENT-17C

MANORCARE OF PALOS HEIGHTS WEST
11860 SOUTHWEST HIGHWAY
PALOS HEIGHTS, IL. 60463

Reference Numbers

Facility ID	6014534	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

Administrator
Caitlin Casey

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/13/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	113
Total Admissions 2013	730
Total Discharges 2013	727
Residents on 12/31/2013	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	20
Digestive System	8
Genitourinary System Disorders	15
Skin Disorders	6
Musculo-skeletal Disorders	8
Injuries and Poisonings	9
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	116

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	130	130	126	130	116	14	130	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	130	126	130	116	14	130	52

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	19279	40.6%	13777	72.8%	0	3892	3850	30	40828	86.0%	86.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	19279	40.6%	13777	72.8%	0	3892	3850	30	40828	86.0%	86.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	0	0	0	0	0	0	0	4	0	4
60 to 64	8	2	0	0	0	0	0	0	6	2	8
65 to 74	13	9	0	0	0	0	0	0	13	9	22
75 to 84	11	24	0	0	0	0	0	0	11	24	35
85+	15	32	0	0	0	0	0	0	15	32	47
TOTALS	49	67	0	0	0	0	0	0	49	67	116

MANORCARE OF PALOS HEIGHTS WEST
11860 SOUTHWEST HIGHWAY
PALOS HEIGHTS, IL. 60463

Classification Numbers

License Number	6014534	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	55	0	35	0	17	9	116
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	55	0	35	0	17	9	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	568	380
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	1	0	0	0	1
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	1	0	0	0	1
Total	116	0	0	0	116

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	5.00
Certified Aides	33.00
Other Health Staff	29.00
Non-Health Staff	25.00
Totals	123.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
70.6%	10.6%	1.8%	8.1%	8.9%	100.0%		
12,024,290	1,806,855	302,452	1,385,523	1,517,825	17,036,545	0	0.0%

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

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ATTACHMENT-17C

MANORCARE OF PALOS HEIGHTS EAST
7650 WEST COLLEGE DRIVE
PALOS HEIGHTS, IL. 60463

Reference Numbers

Facility ID	6010912	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

Administrator
Vicki Tomer

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/14/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	154
Total Admissions 2013	1,603
Total Discharges 2013	1,592
Residents on 12/31/2013	165

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	10
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	4
Other Medical Conditions	129
Non-Medical Conditions	0
TOTALS	165

Total Residents Diagnosed as Mentally Ill 63

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	184	178	175	178	165	19	184	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	184	178	175	178	165	19	184	90

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	41377	61.6%	8709	26.5%	0	6306	2751	0	59143	88.1%	91.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	41377	61.6%	8709	26.5%	0	6306	2751	0	59143	88.1%	91.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	6	20	0	0	0	0	0	0	6	20	26
75 to 84	18	34	0	0	0	0	0	0	18	34	52
85+	23	52	0	0	0	0	0	0	23	52	75
TOTALS	52	113	0	0	0	0	0	0	52	113	165

MANORCARE OF PALOS HEIGHTS EAST
7650 WEST COLLEGE DRIVE
PALOS HEIGHTS, IL. 60463

Classification Numbers

License Number	6010912	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	120	22	0	7	16	0	165
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	120	22	0	7	16	0	165

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	470	430
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	155	0	0	0	155
Race Unknown	0	0	0	0	0
Total	165	0	0	0	165

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	151	0	0	0	151
Ethnicity Unknown	13	0	0	0	13
Total	165	0	0	0	165

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	35.00
LPN's	11.00
Certified Aides	50.00
Other Health Staff	50.00
Non-Health Staff	47.00
Totals	195.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
83.2%	3.4%	1.0%	9.0%	3.5%	100.0%		
24,738,320	1,009,697	284,839	2,673,558	1,028,355	29,732,769	0	0.0%

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

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ATTACHMENT-17C

APERION CARE MIDLOTHIAN
3249 WEST 147 STREET
MIDLOTHIAN, IL. 60445

Reference Numbers

Facility ID	6001077	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
MJ Weinberger

Contact Person and Telephone
MJ Weinberger
708-389-3141

Registered Agent Information
Frederick Frankel
8131 N. Monticello
Skokie, IL 60076

Date Questionnaire Completed 4/16/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	88
Total Admissions 2013	112
Total Discharges 2013	112
Residents on 12/31/2013	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	2
Mental Illness	43
Developmental Disability	1
Circulatory System	5
Respiratory System	3
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	1
Muscolo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 13

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	91	91	91	91	88	3	48	91
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	91	91	91	91	88	3	48	91

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1355	7.7%	29288	88.2%	0	313	130	0	31086	93.6%	93.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1355	7.7%	29288	88.2%	0	313	130	0	31086	93.6%	93.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	5	0	0	0	0	0	0	3	5	8
45 to 59	26	12	0	0	0	0	0	0	26	12	38
60 to 64	10	8	0	0	0	0	0	0	10	8	18
65 to 74	9	6	0	0	0	0	0	0	9	6	15
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	50	38	0	0	0	0	0	0	50	38	88

APERION CARE MIDLOTHIAN
3249 WEST 147 STREET
MIDLOTHIAN, IL. 60445

Classification Numbers

License Number	6001077	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	85	0	0	0	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	3	85	0	0	0	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	42	0	0	0	42
Hawaiian/Pacific Isl.	0	0	0	0	0
White	43	0	0	0	43
Race Unknown	3	0	0	0	3
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	22.00
Other Health Staff	4.00
Non-Health Staff	20.00
Totals	64.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.7%	82.7%	3.0%	0.0%	0.6%	100.0%		
667,492	4,023,838	147,767	0	23,866	4,863,085	0	0.0%

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

FACILITY NOTES

Name Change	7/1/2014	Formerly Plaza Nursing & Rehab Center.

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ATTACHMENT-17C

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY, IL. 60426

Reference Numbers

Facility ID	6004139	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

Administrator
Valerie Kay

Contact Person and Telephone
Chris Kuehn
773/286-3883

Registered Agent Information
Mary Cheliotti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

Date Questionnaire Completed 4/14/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	118
Total Admissions 2013	79
Total Discharges 2013	76
Residents on 12/31/2013	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	29
Developmental Disability	0
Circulatory System	35
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	121

Total Residents Diagnosed as Mentally Ill 84

Total Residents Reported as Identified Offenders 12

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	173	138	136	138	121	52	173	173
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	173	138	136	138	121	52	173	173

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1684	2.7%	43545	69.0%	1015	91	72	0	46407	73.5%	92.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1684	2.7%	43545	69.0%	1015	91	72	0	46407	73.5%	92.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	10	6	0	0	0	0	0	0	10	6	16
45 to 59	27	23	0	0	0	0	0	0	27	23	50
60 to 64	14	8	0	0	0	0	0	0	14	8	22
65 to 74	11	7	0	0	0	0	0	0	11	7	18
75 to 84	6	2	0	0	0	0	0	0	6	2	8
85+	4	3	0	0	0	0	0	0	4	3	7
TOTALS	72	49	0	0	0	0	0	0	72	49	121

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY, IL. 60426

Classification Numbers

License Number	6004139	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Thornton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	116	1	0	0	0	121
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	116	1	0	0	0	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	84	0	0	0	84
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	6	0	0	0	6
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	1	0	0	0	1
Total	121	0	0	0	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.22
LPN's	8.67
Certified Aides	21.40
Other Health Staff	6.44
Non-Health Staff	19.53
Totals	64.26

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
10.3%	87.1%	2.0%	0.5%	0.1%	100.0%		
718,221	6,055,536	140,501	34,672	3,501	6,952,431	0	0.0%

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

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ATTACHMENT-17C

LAKEWOOD NURSING & REHAB CENTER
14716 SOUTH EATERN AVENUE
PLAINFIELD, IL. 60544

Reference Numbers

Facility ID	6005235	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Margie Thompson

Contact Person and Telephone
Ron Coumaya
8479053000

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 3/23/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	118
Total Admissions 2013	245
Total Discharges 2013	262
Residents on 12/31/2013	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	95
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	131	131	119	131	119	12	131	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	131	131	119	131	119	12	131	131

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10952	22.8%	20849	43.2%	0	3813	6635	0	42049	87.9%	87.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10952	22.8%	20849	43.2%	0	3813	6635	0	42049	87.9%	87.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	2	7	0	0	0	0	0	0	2	7	9
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	16	20	0	0	0	0	0	0	16	20	36
85+	8	51	0	0	0	0	0	0	8	51	59
TOTALS	33	86	0	0	0	0	0	0	33	86	119

LAKEWOOD NURSING & REHAB CENTER
14716 SOUTH EATERN AVENUE
PLAINFIELD, IL. 60544

Classification Numbers

License Number	6005235	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	32	59	0	2	26	0	119
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	32	59	0	2	26	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	216
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	119	0	0	0	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	13.50
Certified Aides	45.25
Other Health Staff	7.00
Non-Health Staff	41.00
Totals	120.75

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.6%	28.1%	0.0%	10.8%	19.6%	100.0%		
4,792,143	3,238,680	0	1,239,357	2,256,628	11,526,818	0	0.0%

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

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ATTACHMENT-17C

CRESTWOOD TERRACE NURSING CENTER
13301 SOUTH CENTRAL AVENUE
CRESTWOOD, IL. 60445

Reference Numbers

Facility ID	6002273	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Alice Apara-Olujimi

Contact Person and Telephone
ALICE APARA-OLUJIMI
708-597-5251

Registered Agent Information
Tom Hein
1S443 Summit Avenue, Suite 204
Oak Brook Terrace, IL 60181

Date Questionnaire Completed 4/8/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	122
Total Admissions 2013	97
Total Discharges 2013	104
Residents on 12/31/2013	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	76
Developmental Disability	0
Circulatory System	4
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 91

Total Residents Reported as Identified Offenders 19

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	126	126	124	126	115	11	0	126
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	126	126	124	126	115	11	0	126

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	42615	92.7%	0	0	94	0	42709	92.9%	92.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	42615	92.7%	0	0	94	0	42709	92.9%	92.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	7	0	0	0	0	0	0	14	7	21
45 to 59	34	13	0	0	0	0	0	0	34	13	47
60 to 64	14	10	0	0	0	0	0	0	14	10	24
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	70	45	0	0	0	0	0	0	70	45	115

CRESTWOOD TERRACE NURSING CENTER
13301 SOUTH CENTRAL AVENUE
CRESTWOOD, IL. 60445

Classification Numbers

License Number	6002273	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	115	0	0	0	0	115
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	115	0	0	0	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	122
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	1	0	0	0	1
Black	50	0	0	0	50
Hawaiian/Pacific Isl.	0	0	0	0	0
White	57	0	0	0	57
Race Unknown	7	0	0	0	7
Total	115	0	0	0	115

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	102	0	0	0	102
Ethnicity Unknown	7	0	0	0	7
Total	115	0	0	0	115

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	11.00
Certified Aides	22.00
Other Health Staff	7.00
Non-Health Staff	41.00
Totals	86.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	98.9%	0.0%	0.1%	1.0%	100.0%		
0	4,934,609	0	8,438	50,580	4,991,627	0	0.0%

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

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ATTACHMENT-17C

PROVIDENCE OF PALOS HEIGHTS
13259 SOUTH CENTRAL AVENUE
PALOS HEIGHTS, IL. 60463

Reference Numbers

Facility ID	6007843	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Tim Abbring

Contact Person and Telephone
TIM ABBRING
708-239-4919

Registered Agent Information
Bill DeYoung
18601 North Creek Drive
Tinley Park, IL 60477

Date Questionnaire Completed 4/10/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	131
Total Admissions 2013	1,131
Total Discharges 2013	1,122
Residents on 12/31/2013	140

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Muscolo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	100
Non-Medical Conditions	0
TOTALS	140

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	193	155	145	155	140	53	145	98
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	193	155	145	155	140	53	145	98

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20241	38.2%	15382	43.0%	0	4057	7773	0	47453	67.4%	83.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	20241	38.2%	15382	43.0%	0	4057	7773	0	47453	67.4%	83.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	5	0	0	0	0	0	0	3	5	8
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	5	16	0	0	0	0	0	0	5	16	21
75 to 84	10	25	0	0	0	0	0	0	10	25	35
85+	12	58	0	0	0	0	0	0	12	58	70
TOTALS	34	106	0	0	0	0	0	0	34	106	140

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ATTACHMENT-17C

PROVIDENCE OF PALOS HEIGHTS
13259 SOUTH CENTRAL AVENUE
PALOS HEIGHTS, IL. 60463

Classification Numbers

License Number	6007843	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	63	41	0	15	21	0	140
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	63	41	0	15	21	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	265
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	128	0	0	0	128
Race Unknown	2	0	0	0	2
Total	140	0	0	0	140

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	138	0	0	0	138
Ethnicity Unknown	0	0	0	0	0
Total	140	0	0	0	140

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	5.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	70.00
Totals	149.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
60.9%	17.2%	0.0%	11.3%	10.6%	100.0%		
9,783,933	2,768,573	0	1,804,327	1,695,910	16,022,743	2,511	0.0%

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

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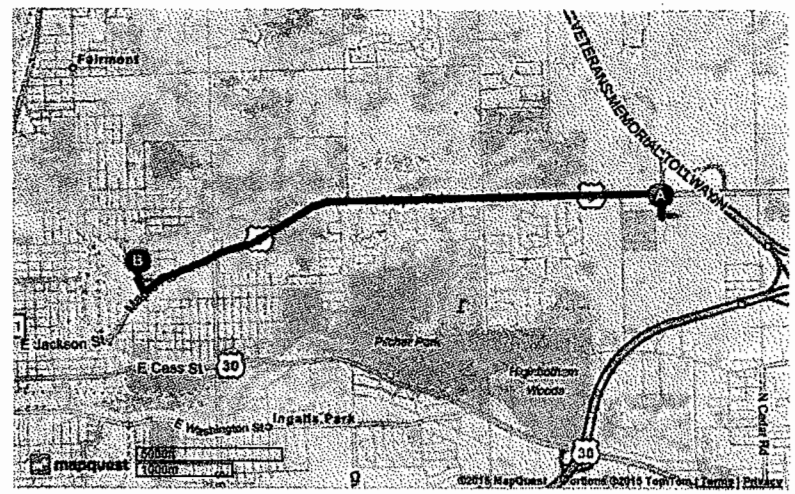
Notes

Spring Creek Nursing & Rehab Center

Trip to:
777 N Draper Ave
Joliet, IL 60432-1417
4.22 miles / 7 minutes

A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr.** Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr.** Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr.** Map	**0.2 Mi** *0.2 Mi Total*
	4. Take the **1st left** onto **Maple Rd / US-6 W.** Map	**4.0 Mi** *4.1 Mi Total*
	5. Turn **right** onto **Draper Ave.** Map	**0.09 Mi** *4.2 Mi Total*
	6. **777 N DRAPER AVE** is on the **left.** Map	
B	**777 N Draper Ave**, Joliet, IL 60432-1417	

Total Travel Estimate: **4.22 miles - about 7 minutes**



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ATTACHMENT-17D

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Notes

Smith Crossing

Trip to:

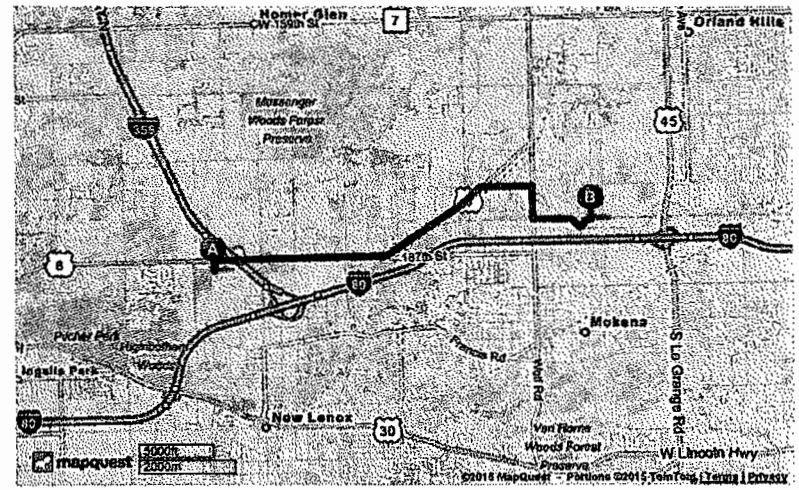
10501 Emilie Ln

Orland Park, IL 60467-8871

6.61 miles / 10 minutes

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the 1st **right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the 1st **left** onto **Cedar Crossings Dr**. Map	**0.1 Mi** *0.2 Mi Total*
EAST 6	4. Take the 1st **right** onto **US-6 E / Maple Rd**. Continue to follow **US-6 E**. Map	**4.3 Mi** *4.4 Mi Total*
	5. Turn **slight right** onto **W 179th St**. Map	**0.7 Mi** *5.2 Mi Total*
	6. Turn **right** onto **Wolf Rd**. Map	**0.5 Mi** *5.7 Mi Total*
	7. Take the 3rd **left** onto **Orland Pkwy**. Map	**0.7 Mi** *6.4 Mi Total*
	8. Turn **left** onto **Emilie Ln**. Map	**0.2 Mi** *6.6 Mi Total*
	9. **10501 EMILIE LN** is on the **right**. Map	
	10501 Emilie Ln, Orland Park, IL 60467-8871	

Total Travel Estimate: 6.61 miles - about 10 minutes



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ATTACHMENT-17D

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Notes

Sunny Hill Nursing Home Will County

Trip to:
421 Doris Ave
Joliet, IL 60433-2569
8.71 miles / 11 minutes

		Download Free App
A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr.** Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr.** Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr.** Map	**0.5 Mi** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 Mi** *1.3 Mi Total*
	5. Merge onto **I-80 W** via **EXIT OB** toward **Iowa.** Map	**6.6 Mi** *7.9 Mi Total*
	6. Take the **Richards St** exit, **EXIT 133.** Map	**0.2 Mi** *8.1 Mi Total*
	7. Turn **left** onto **Richards St.** Map	**0.5 Mi** *8.6 Mi Total*
	8. Turn **left** onto **Doris Ave.** Map	**0.1 Mi** *8.7 Mi Total*
	9. **421 DORIS AVE** is on the **left.** Map	
B	**421 Doris Ave**, Joliet, IL 60433-2569	

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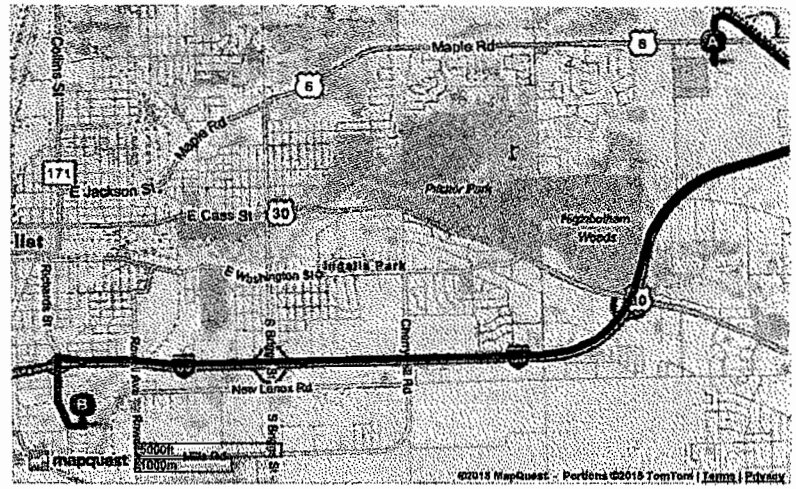
ATTACHMENT-17D

Total Travel Estimate: **8.71 miles - about 11 minutes**



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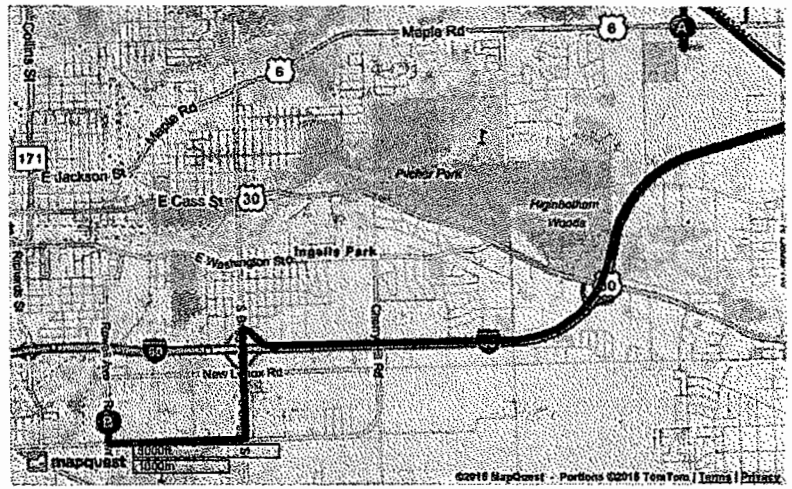
Trip to:
1314 Rowell Ave
Joliet, IL 60433-2866
8.35 miles / 11 minutes

Notes
Salem Village Nursing & Rehab

		Download Free App
A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 MI** *0.01 Mi Total*
	2. Take the 1st **right** onto **Silver Crossing Dr**. Map	**0.01 MI** *0.02 Mi Total*
	3. Take the 1st **left** onto **Cedar Crossings Dr**. Map	**0.5 MI** *0.6 Mi Total*
	4. **Stay straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 MI** *1.3 Mi Total*
	5. Merge onto **I-80 W** via **EXIT OB** toward Iowa. Map	**4.9 MI** *6.3 Mi Total*
	6. Take the **Briggs St** exit, **EXIT 134**. Map	**0.3 MI** *6.5 Mi Total*
	7. Turn **left** onto **County Hwy-54 / S Briggs St**. Map	**0.8 MI** *7.4 Mi Total*
	8. Turn **right** onto **Mills Rd**. Map	**1.0 MI** *8.3 Mi Total*
	9. Turn **right** onto **Rowell Ave**. Map	**0.01 MI** *8.4 Mi Total*
	10. **1314 ROWELL AVE** is on the **right**. Map	
B	**1314 Rowell Ave**, Joliet, IL 60433-2866	

Total Travel Estimate: **8.35 miles - about 11 minutes**



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ATTACHMENT-17D

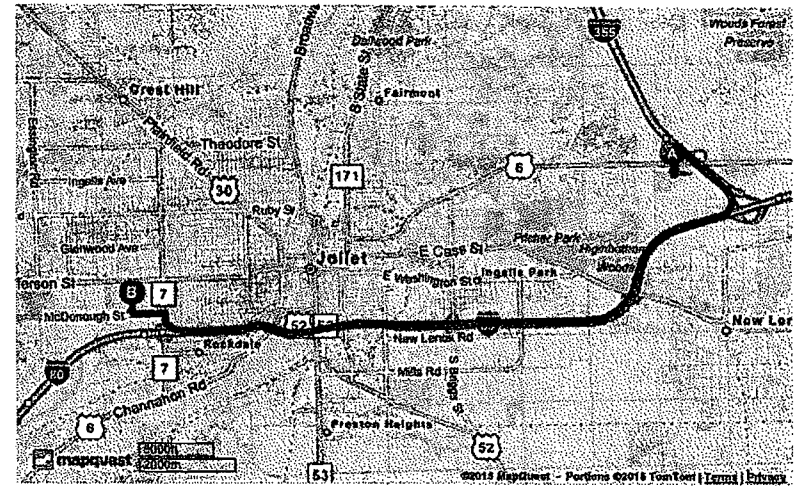
mapquest

Trip to:
2230 Mcdonough St
Joliet, IL 60436-1842
11.41 miles / 14 minutes

Notes
Joliet Terrace Nursing Center

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.5 Mi** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 Mi** *1.3 Mi Total*
	5. Merge onto **I-80 W** via **EXIT OB** toward **Iowa**. Map	**9.1 Mi** *10.5 Mi Total*
	6. Merge onto **S Larkin Ave / IL-7 N** via **EXIT 130B**. Map	**0.5 Mi** *10.9 Mi Total*
	7. Turn **left** onto **McDonough St**. Map	**0.5 Mi** *11.4 Mi Total*
	8. **2230 MCDONOUGH ST** is on the **left**. Map	
	2230 Mcdonough St, Joliet, IL 60436-1842	

Total Travel Estimate: **11.41 miles - about 14 minutes**



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ATTACHMENT-17D

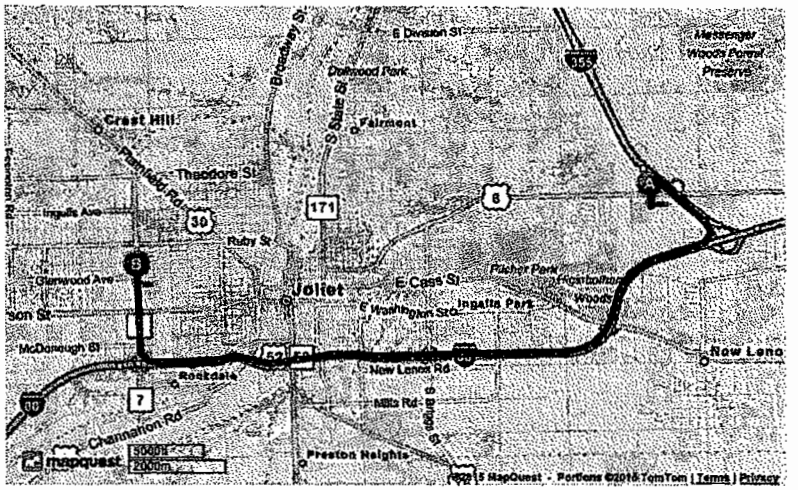
mapquest

Trip to:
306 N Larkin Ave
Joliet, IL 60435-6898
11.81 miles / 14 minutes

Notes
Symphony of Joliet

		Download Free App
A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the 1st **right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the 1st **left** onto **Cedar Crossings Dr**. Map	**0.5 Mi** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 Mi** *1.3 Mi Total*
	5. Merge onto **I-80 W** via **EXIT OB** toward **Iowa**. Map	**9.1 Mi** *10.5 Mi Total*
	6. Merge onto **S Larkin Ave / IL-7 N** via **EXIT 130B**. Map	**1.3 Mi** *11.8 Mi Total*
	7. **306 N LARKIN AVE** is on the **right**. Map	
B	**306 N Larkin Ave**, Joliet, IL 60435-6898	

Total Travel Estimate: **11.81 miles - about 14 minutes**



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ATTACHMENT-17D

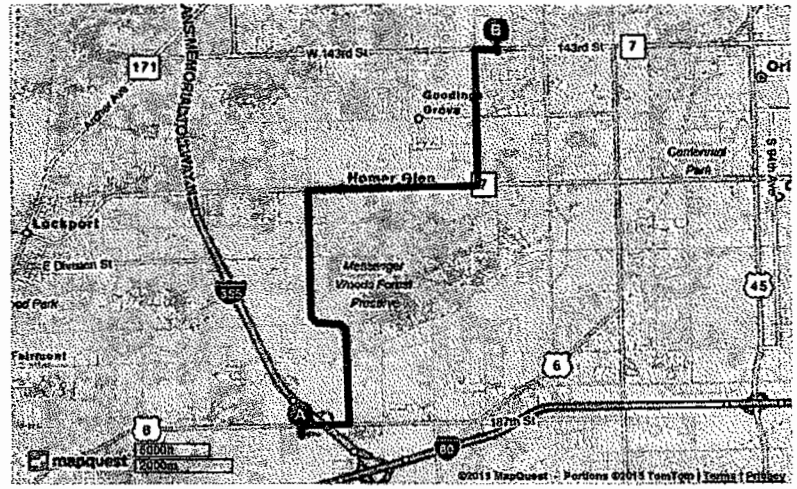
mapquest

Trip to:
12565 Renaissance Cir
Homer Glen, IL 60491-5896
9.67 miles / 14 minutes

Notes
Victorian Village

		Download Free App
A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the 1st **right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the 1st **left** onto **Cedar Crossings Dr**. Map	**0.1 Mi** *0.2 Mi Total*
	4. Take the 1st **right** onto **US-6 E / Maple Rd**. Map	**0.7 Mi** *0.9 Mi Total*
	5. Turn **left** onto **N Cedar Rd / County Hwy-4**. Continue to follow **County Hwy-4**. Map	**3.9 Mi** *4.8 Mi Total*
	6. Turn **right** onto **W 159th St / IL-7**. Map	**2.5 Mi** *7.3 Mi Total*
	7. Turn **left** onto **S Bell Rd**. Map	**2.0 Mi** *9.3 Mi Total*
	8. Turn **right** onto **W 143rd St**. Map	**0.3 Mi** *9.6 Mi Total*
	9. Take the 2nd **right** onto **Victorian Vlg**. Map	**0.03 Mi** *9.7 Mi Total*
	10. Turn **slight right** onto **Renaissance Cir**. Map	**0.02 Mi** *9.7 Mi Total*
	11. **12565 RENAISSANCE CIR** is on the **left**. Map	
B	**12565 Renaissance Cir**, Homer Glen, IL 60491-5896	

Total Travel Estimate: **9.67 miles - about 14 minutes**



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ATTACHMENT-17D

mapquest

Notes
Lemont Nrsg & Rehab Center

Trip to:
12450 Walker Rd
Lemont, IL 60439-9301
10.61 miles / 14 minutes

		Download Free App
A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the 1st **right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the 1st **left** onto **Cedar Crossings Dr**. Map	**0.1 Mi** *0.2 Mi Total*
6	4. Take the 1st **right** onto **US-6 E / Maple Rd**. Map	**0.4 Mi** *0.6 Mi Total*
355	5. Merge onto **I-355 N / Veterans Memorial Tollway N** via the ramp on the **left** toward **West Suburbs** (Portions toll). Map	**5.9 Mi** *6.5 Mi Total*
EXIT 7	6. Take the **143rd Street** exit, **EXIT 7**, toward **IL-171 / Archer Ave**. Map	**0.4 Mi** *6.9 Mi Total*
RAMP	7. Keep **left** to take the ramp toward **IL-171 / Archer Ave / Lockport**. Map	**0.03 Mi** *6.9 Mi Total*
	8. Go **straight** toward **Lockport / IL-171 / Archer Ave**. Map	**0.5 Mi** *7.4 Mi Total*
171	9. Turn **right** onto **S Archer Ave / IL-171**. Map	**2.7 Mi** *10.1 Mi Total*
	10. Turn **left** onto **Castlewood Dr**. Map	**0.2 Mi** *10.3 Mi Total*
	11. Turn **left** onto **Drawbridge Ln**. Map	**0.07 Mi** *10.4 Mi Total*
	12. Turn **right** onto **Camelot Ln**. Map	**0.06 Mi** *10.5 Mi Total*
	13. Take the 1st **right** onto **Roscommon Way**. Map	**0.09 Mi** *10.6 Mi Total*
	14. Take the 1st **left** onto **Walker Rd**. Map	**0.06 Mi** *10.6 Mi Total*

■	15. **12450 WALKER RD** is on the left. Map	
B	**12450 Walker Rd**, Lemont, IL 60439-9301	

ATTACHMENT-17D

mapquest

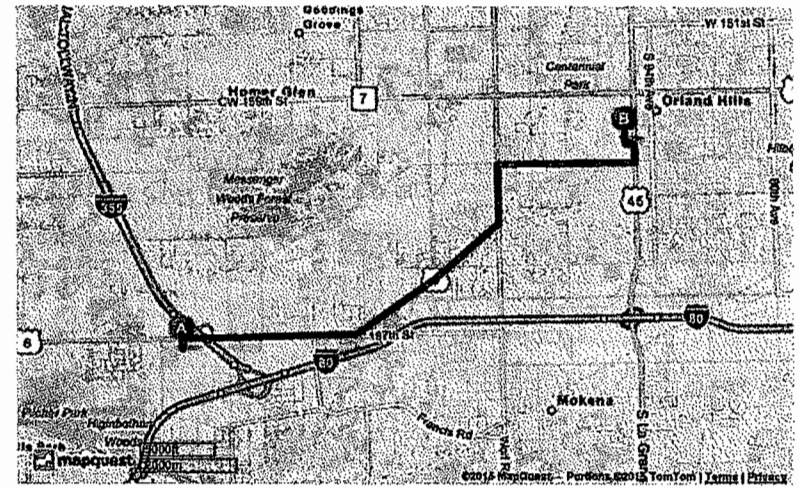
Notes

Alden-Orland Park Rehab & Hcc

Trip to:
16450 S 97th Ave
Orland Park, IL 60467-5587
8.74 miles / 14 minutes

		Download Free App
	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.1 Mi** *0.2 Mi Total*
	4. Take the **1st right** onto **US-6 E / Maple Rd**. Continue to follow **US-6 E**. Map	**5.3 Mi** *5.4 Mi Total*
	5. Turn **left** onto **Wolf Rd / US-6 E**. Map	**0.9 Mi** *6.3 Mi Total*
	6. Turn **right** onto **W 167th St**. Map	**2.0 Mi** *8.3 Mi Total*
	7. Turn **left** onto **La Grange Rd / US-45 N**. Map	**0.3 Mi** *8.6 Mi Total*
	8. Turn **left** onto **165th St**. Map	**0.1 Mi** *8.7 Mi Total*
	9. Turn **right** onto **S 97th Ave**. Map	**0.06 Mi** *8.7 Mi Total*
	10. **16450 S 97TH AVE** is on the **left**. Map	
	16450 S 97th Ave, Orland Park, IL 60467-5587	

Total Travel Estimate: **8.74 miles - about 14 minutes**



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Notes

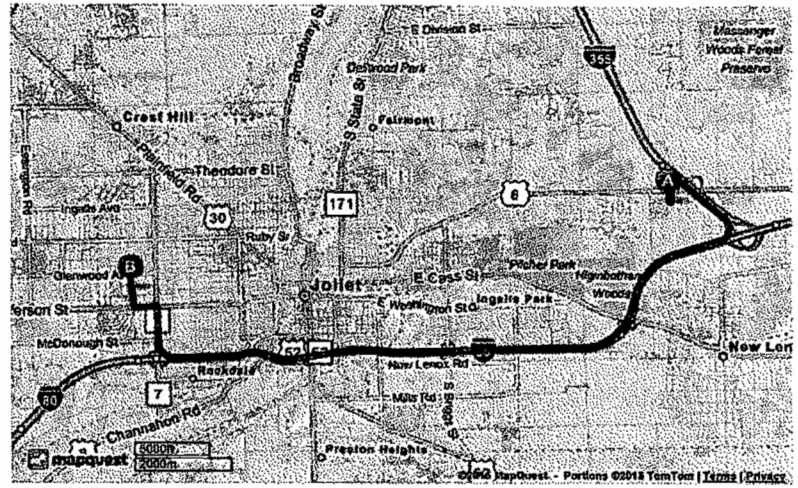
The PARC at Joliet

Trip to:

222 N Hammes Ave
Joliet, IL 60435-6614
12.09 miles / 15 minutes

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the 1st **right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the 1st **left** onto **Cedar Crossings Dr**. Map	**0.5 Mi** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 Mi** *1.3 Mi Total*
	5. Merge onto **I-80 W** via **EXIT OB** toward **Iowa**. Map	**9.1 Mi** *10.5 Mi Total*
	6. Merge onto **S Larkin Ave / IL-7 N** via **EXIT 130B**. Map	**1.0 Mi** *11.5 Mi Total*
	7. Turn **left** onto **W Jefferson St / US-52 W**. Map	**0.3 Mi** *11.8 Mi Total*
	8. Turn **right** onto **N Hammes Ave**. Map	**0.3 Mi** *12.1 Mi Total*
	9. **222 N HAMMES AVE** is on the **right**. Map	
	222 N Hammes Ave, Joliet, IL 60435-6614	

Total Travel Estimate: **12.09 miles - about 15 minutes**



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Notes

Presence Villa Franciscan

Trip to:
210 Springfield Ave
Joliet, IL 60435-6503
12.37 miles / 16 minutes

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the 1st **right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the 1st **left** onto **Cedar Crossings Dr**. Map	**0.5 Mi** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 Mi** *1.3 Mi Total*
	5. Merge onto **I-80 W** via **EXIT OB** toward **Iowa**. Map	**9.1 Mi** *10.5 Mi Total*
	6. Merge onto **S Larkin Ave / IL-7 N** via **EXIT 130B**. Map	**1.0 Mi** *11.5 Mi Total*
	7. Turn **left** onto **W Jefferson St / US-52 W**. Map	**0.7 Mi** *12.1 Mi Total*
	8. Turn **right** onto **Springfield Ave**. Map	**0.2 Mi** *12.4 Mi Total*
	9. **210 SPRINGFIELD AVE** is on the **right**. Map	
	210 Springfield Ave, Joliet, IL 60435-6503	

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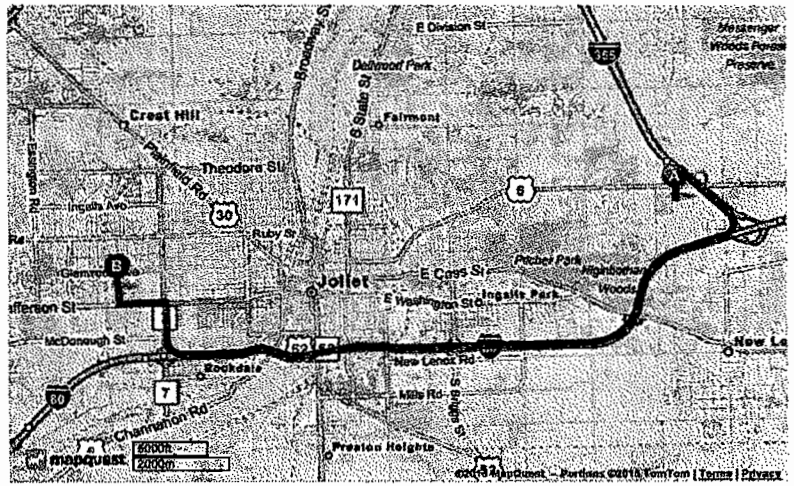
ATTACHMENT-17D

Total Travel Estimate: **12.37 miles - about 16 minutes**



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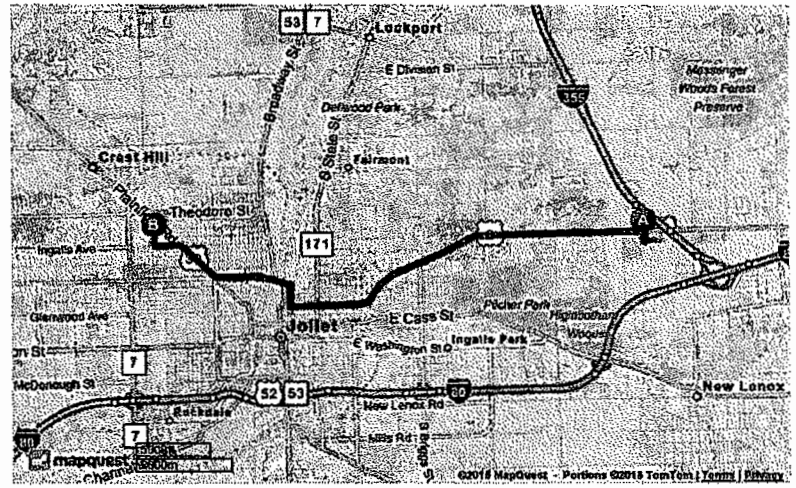
Notes
Our Lady Of Angels Ret Home

Trip to:
1201 Wyoming Ave
Joliet, IL 60435-3729
8.23 miles / 16 minutes

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 MI** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 MI** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.2 MI** *0.2 Mi Total*
	4. Take the **1st left** onto **Maple Rd / US-6 W**. Continue to follow **US-6 W**. Map	**5.1 MI** *5.3 Mi Total*
	5. Stay **straight** to go onto **E Jackson St**. Map	**0.4 MI** *5.7 Mi Total*
	6. Turn **right** onto **N Scott St / IL-53**. Map	**0.3 MI** *6.0 Mi Total*
	7. Turn **left** onto **IL-53 / Columbia St**. Map	**0.04 MI** *6.1 Mi Total*
	8. Keep **right** at the fork to go on **IL-53**. Map	**0.2 MI** *6.3 Mi Total*
	9. Stay **straight** to go onto **Ruby St**. Map	**0.8 MI** *7.2 Mi Total*
	10. Turn **slight right** onto **Plainfield Rd / US-30 W**. Map	**0.7 MI** *7.9 Mi Total*
	11. Turn **slight left** onto **Ingalls Ave**. Map	**0.4 MI** *8.2 Mi Total*
	12. Turn **right** onto **Wyoming Ave**. Map	**0.01 MI** *8.2 Mi Total*
	13. **1201 WYOMING AVE** is on the left. Map	
	1201 Wyoming Ave, Joliet, IL 60435-3729	

Total Travel Estimate: **8.23 miles - about 16 minutes**



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ATTACHMENT-17D

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Notes
Franciscan Village

Trip to:
1270 Franciscan Dr
Lemont, IL 60439-3787
12.22 miles / 17 minutes

		Download Free App
	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 MI** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 MI** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.1 MI** *0.2 Mi Total*
EAST 6	4. Take the **1st right** onto **US-6 E / Maple Rd**. Map	**0.4 MI** *0.6 Mi Total*
355 SOUTH	5. Merge onto **I-355 N / Veterans Memorial Tollway N** via the ramp on the **left** toward **West Suburbs** (Portions toll). Map	**5.9 MI** *6.5 Mi Total*
EXIT 7	6. Take the **143rd Street** exit, **EXIT 7**, toward **IL-171 / Archer Ave**. Map	**0.4 MI** *6.9 Mi Total*
RAMP	7. Keep **left** to take the ramp toward **IL-171 / Archer Ave / Lockport**. Map	**0.03 MI** *6.9 Mi Total*
	8. Go **straight** toward **Lockport / IL-171 / Archer Ave**. Map	**0.5 MI** *7.4 Mi Total*
171	9. Turn **right** onto **S Archer Ave / IL-171**. Map	**3.2 MI** *10.6 Mi Total*
	10. Turn **left** onto **Derby Rd**. Map	**0.1 MI** *10.8 Mi Total*
	11. Take the **1st left** onto **McCarthy Rd**. Map	**0.3 MI** *11.1 Mi Total*
	12. Take the **1st right** onto **Walker Rd**. Map	**1.1 MI** *12.1 Mi Total*
	13. Turn **left** onto **Franciscan Dr**. Map	**0.08 MI** *12.2 Mi Total*
	14. **1270 FRANCISCAN DR** is on the **left**. Map	

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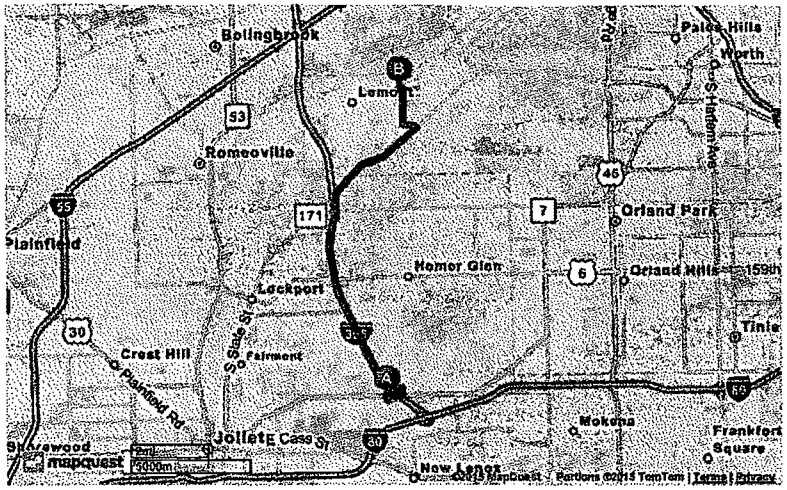
ATTACHMENT-17D

1270 Franciscan Dr, Lemont, IL 60439-3787

Total Travel Estimate: **12.22 miles - about 17 minutes**



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ATTACHMENT-17D

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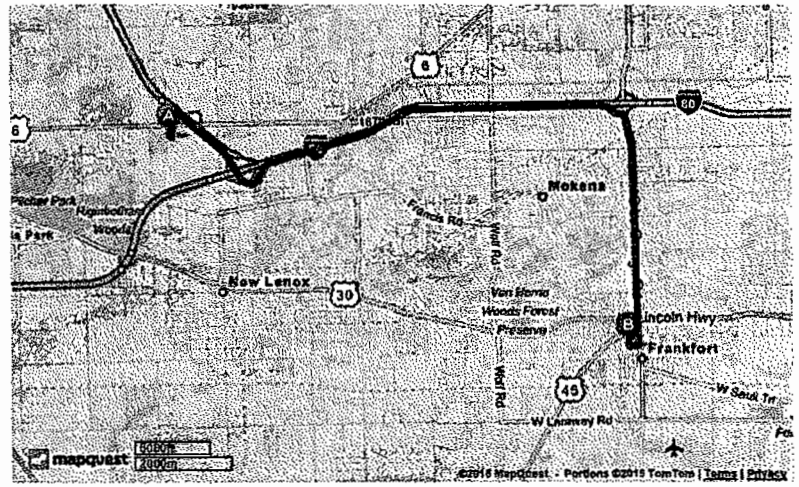
Trip to:
40 Smith St
Frankfort, IL 60423-1474
11.60 miles / 17 minutes

Notes
Frankfort Terrace Nursing Center

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 MI** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 MI** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.5 MI** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 MI** *1.3 Mi Total*
	5. Merge onto **I-80 E** via the exit on the **left** toward **Indiana**. Map	**6.0 MI** *7.3 Mi Total*
	6. Take the **US-45** exit, **EXIT 145**, toward **La Grange Rd**. Map	**0.4 MI** *7.7 Mi Total*
	7. Merge onto **US-45 S** toward **Mokena / Frankfort**. Map	**3.4 MI** *11.1 Mi Total*
	8. Turn **left** onto **Old Frankfort Way**. Map	**0.2 MI** *11.3 Mi Total*
	9. Turn **right** onto **N White St**. Map	**0.2 MI** *11.5 Mi Total*
	10. Take the 2nd **right** onto **W Bowen St**. Map	**0.1 MI** *11.6 Mi Total*
	11. Take the 2nd **left** onto **Smith St**. Map	**0.01 MI** *11.6 Mi Total*
	12. **40 SMITH ST** is on the **right**. Map	
	40 Smith St, Frankfort, IL 60423-1474	

Total Travel Estimate: **11.60 miles - about 17 minutes**



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ATTACHMENT-17D

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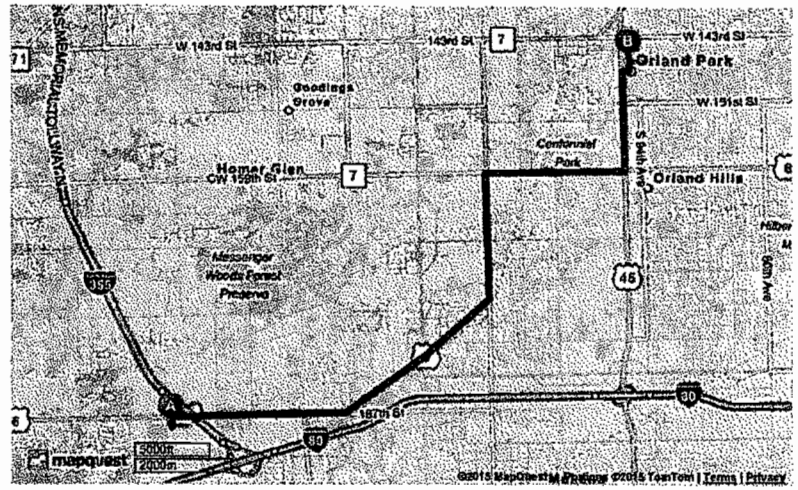
Notes
Lexington Health Care Center

Trip to:
14601 John Humphrey Dr
Orland Park, IL 60462-2641
11.07 miles / 18 minutes

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
●	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
↱	2. Take the 1st **right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
↰	3. Take the 1st **left** onto **Cedar Crossings Dr**. Map	**0.1 Mi** *0.2 Mi Total*
↱	4. Take the 1st **right** onto **US-6 E / Maple Rd**. Continue to follow **US-6 E**. Map	**5.3 Mi** *5.4 Mi Total*
↰	5. Turn **left** onto **Wolf Rd / US-6 E**. Map	**1.9 Mi** *7.3 Mi Total*
↱	6. Turn **right** onto **W 159th St / US-6 E**. Map	**2.0 Mi** *9.3 Mi Total*
↰	7. Turn **left** onto **S La Grange Rd / US-45 N**. Map	**1.5 Mi** *10.8 Mi Total*
↱	8. Turn **right** onto **W 147th St**. Map	**0.1 Mi** *10.9 Mi Total*
↰	9. Turn **left** onto **John Humphrey Dr**. Map	**0.1 Mi** *11.1 Mi Total*
■	10. **14601 JOHN HUMPHREY DR** is on the **right**. Map	
	14601 John Humphrey Dr, Orland Park, IL 60462-2641	

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



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ATTACHMENT-17D

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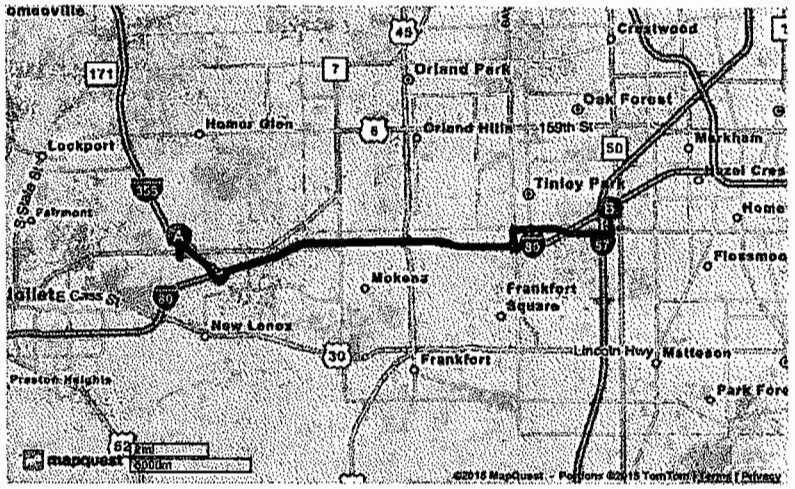
Trip to:
18300 Lavergne Ave
Country Club Hills, IL 60478-2903
14.81 miles / 18 minutes

Notes
McAllister Nursing & Rehab

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 MI** *0.01 Mi Total*
	2. Take the 1st **right** onto **Silver Crossing Dr**. Map	**0.01 MI** *0.02 Mi Total*
	3. Take the 1st **left** onto **Cedar Crossings Dr**. Map	**0.5 MI** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 MI** *1.3 Mi Total*
	5. Merge onto **I-80 E** via the exit on the **left** toward **Indiana**. Map	**9.6 MI** *11.0 Mi Total*
	6. Merge onto **IL-43 N / S Harlem Ave** via **EXIT 148B**. Map	**0.9 MI** *11.9 Mi Total*
	7. Turn **right** onto **183rd St**. Map	**2.9 MI** *14.7 Mi Total*
	8. Turn **left** onto **Lavergne Ave**. Map	**0.08 MI** *14.8 Mi Total*
	9. **18300 LAVERGNE AVE** is on the **left**. Map	
	18300 Lavergne Ave, Country Club Hills, IL 60478-2903	

Total Travel Estimate: **14.81 miles - about 18 minutes**



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ATTACHMENT-17D

mapquest

Trip to:
12220 Will Cook Rd
Palos Park, IL 60464-7332
12.89 miles / 19 minutes

Notes
Holy Family Villa

A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 MI** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 MI** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.1 MI** *0.2 Mi Total*
	4. Take the **1st right** onto **US-6 E / Maple Rd**. Continue to follow **US-6 E**. Map	**5.3 MI** *5.4 Mi Total*
	5. Turn **left** onto **Wolf Rd / US-6 E**. Continue to follow **Wolf Rd**. Map	**1.9 MI** *7.3 Mi Total*
	6. Turn **left** onto **W 159th St / IL-7**. Map	**1.0 MI** *8.3 Mi Total*
	7. Turn **right** onto **S Will Cook Rd**. Map	**4.6 MI** *12.9 Mi Total*
	8. **12220 WILL COOK RD** is on the **left**. Map	
B	**12220 Will Cook Rd**, Palos Park, IL 60464-7332	

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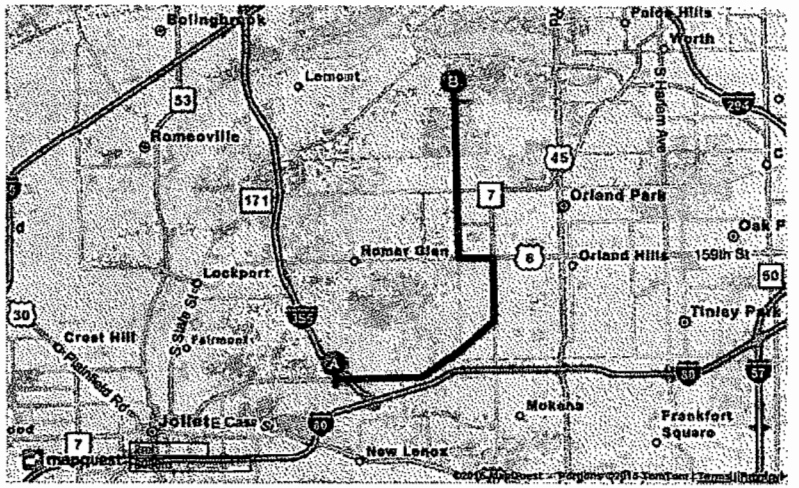
ATTACHMENT-17D

Total Travel Estimate: **12.89 miles - about 19 minutes**



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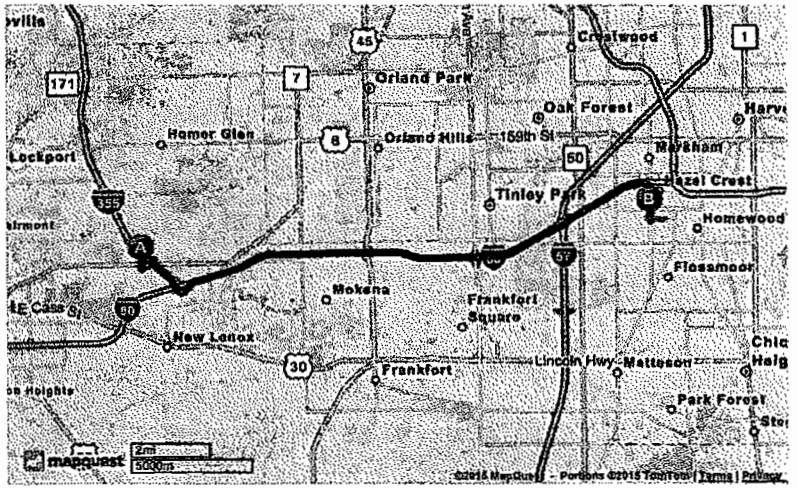
mapquest

Trip to:
17800 Kedzie Ave
Hazel Crest, IL 60429-2029
17.63 miles / 19 minutes

Notes
Advocate South Suburban Hospital

		Download Free App
A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.5 Mi** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 Mi** *1.3 Mi Total*
	5. Merge onto **I-80 E** via the exit on the **left** toward **Indiana**. Map	**15.0 Mi** *16.4 Mi Total*
	6. Take the **Kedzie Ave** exit, **EXIT 154**. Map	**0.2 Mi** *16.6 Mi Total*
	7. Turn **slight right** onto **Kedzie Ave**. Map	**1.0 Mi** *17.6 Mi Total*
	8. **17800 KEDZIE AVE** is on the **right**. Map	
B	**17800 Kedzie Ave**, Hazel Crest, IL 60429-2029	

Total Travel Estimate: **17.63 miles - about 19 minutes**



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ATTACHMENT-17D

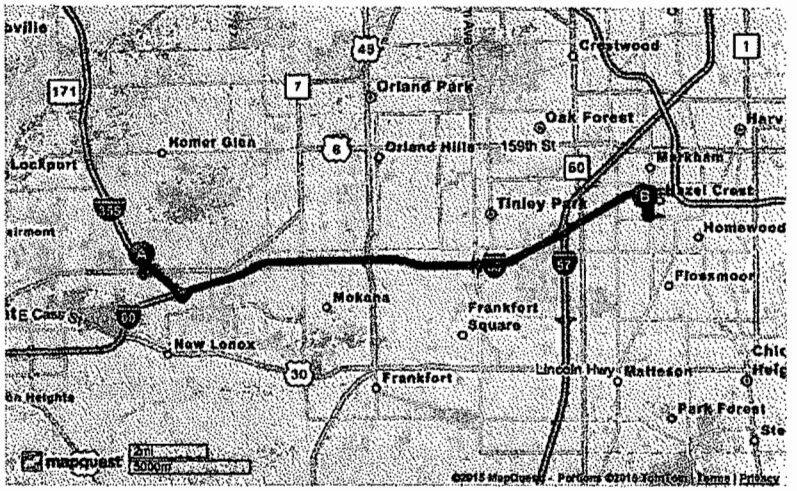
mapquest

Trip to:
3300 175th St
Hazel Crest, IL 60429-1604
17.42 miles / 19 minutes

Notes
Pine Crest Health Care

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 MI** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 MI** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.6 MI** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 MI** *1.3 Mi Total*
	5. Merge onto **I-80 E** via the exit on the **left** toward **Indiana**. Map	**15.0 MI** *16.4 Mi Total*
	6. Take the **Kedzie Ave** exit, **EXIT 154**. Map	**0.2 MI** *16.6 Mi Total*
	7. Turn **slight right** onto **Kedzie Ave**. Map	**0.7 MI** *17.3 Mi Total*
	8. Turn **right** onto **175th St**. Map	**0.1 MI** *17.4 Mi Total*
	9. **3300 175TH ST** is on the **right**. Map	
	3300 175th St, Hazel Crest, IL 60429-1604	

Total Travel Estimate: **17.42 miles - about 19 minutes**



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ATTACHMENT-17D

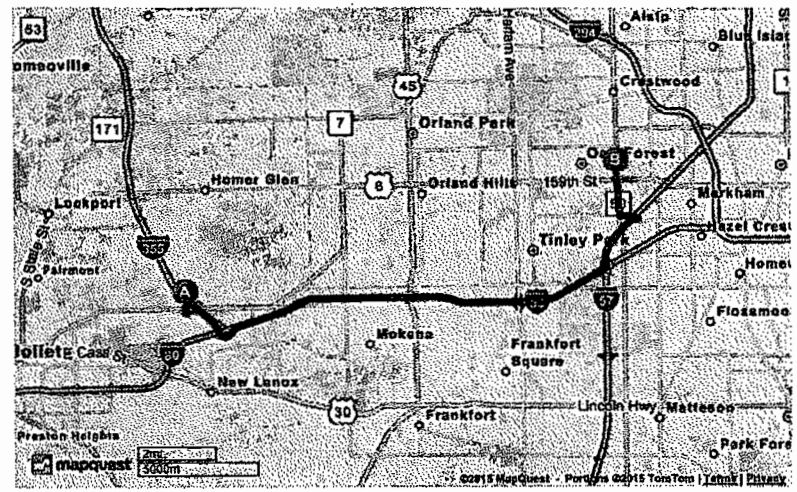
mapquest

Notes
Oak Forest Hospital

Trip to:
15900 Cicero Ave
Oak Forest, IL 60452
17.35 miles / 20 minutes

		Download Free App
A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr.** Map	**0.01 MI** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr.** Map	**0.01 MI** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr.** Map	**0.5 MI** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 MI** *1.3 Mi Total*
	5. Merge onto **I-80 E** via the exit on the **left** toward **Indiana.** Map	**12.2 MI** *13.5 Mi Total*
	6. Merge onto **I-57 N** via **EXIT 151B** on the **left** toward **Chicago.** Map	**1.6 MI** *15.1 Mi Total*
	7. Take the **167th St W** exit, **EXIT 346**, toward **IL-50 / Cicero Ave.** Map	**0.7 MI** *15.8 Mi Total*
	8. Merge onto **167th St.** Map	**0.5 MI** *16.3 Mi Total*
	9. Turn **right** onto **Cicero Ave / IL-50.** Map	**1.0 MI** *17.3 Mi Total*
	10. Make a **U-turn** at **159th St** onto **Cicero Ave / IL-50.** Map	**0.02 MI** *17.3 Mi Total*
	11. **15900 CICERO AVE** is on the **right.** Map	
B	**15900 Cicero Ave**, Oak Forest, IL 60452	

Total Travel Estimate: **17.35 miles - about 20 minutes**



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ATTACHMENT-17D

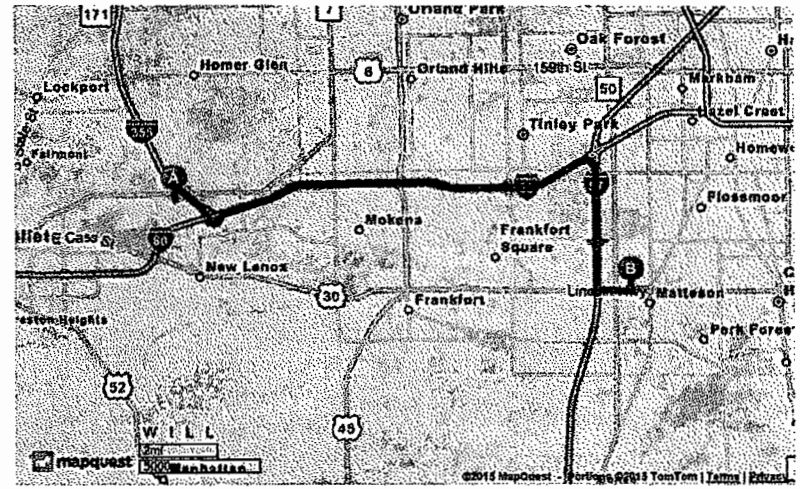
mapquest

Trip to:
21020 Kostner Ave
Matteson, IL 60443-2068
18.86 miles / 21 minutes

Notes
Applewood Rehabilitation Center

		Download Free App
688 Cedar Crossings Dr, New Lenox, IL 60451-5200		
1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*	
2. Take the 1st **right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*	
3. Take the 1st **left** onto **Cedar Crossings Dr**. Map	**0.5 Mi** *0.6 Mi Total*	
4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 Mi** *1.3 Mi Total*	
5. Merge onto **I-80 E** via the exit on the **left** toward **Indiana**. Map	**11.9 Mi** *13.2 Mi Total*	
6. Merge onto **I-57 S** via **EXIT 151A** toward **Memphis**. Map	**4.2 Mi** *17.4 Mi Total*	
7. Merge onto **US-30 E / Lincoln Hwy** via **EXIT 340A**. Map	**1.4 Mi** *18.8 Mi Total*	
8. Turn **left** onto **Kostner Ave**. Map	**0.04 Mi** *18.9 Mi Total*	
9. **21020 KOSTNER AVE** is on the **left**. Map		
21020 Kostner Ave, Matteson, IL 60443-2068		

Total Travel Estimate: **18.86 miles - about 21 minutes**



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ATTACHMENT-17D

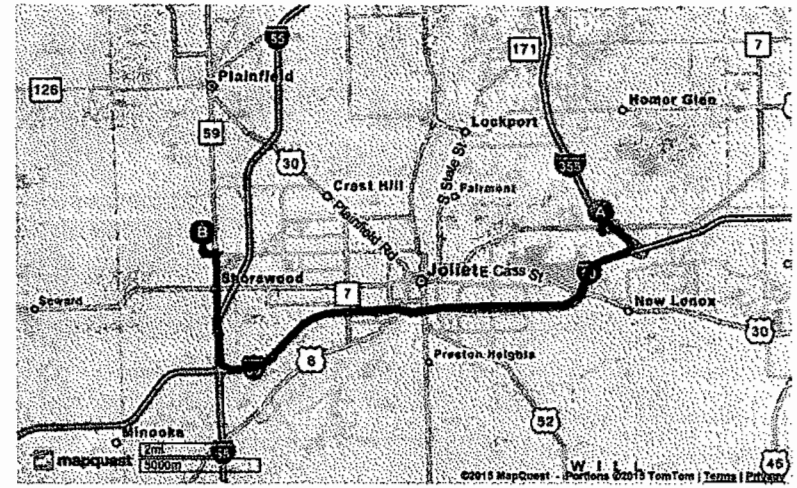
mapquest

Trip to:
800 Shorewood Dr
Shorewood, IL 60404-7200
18.85 miles / 22 minutes

Notes
Alden Estates of Shorewood

		Download Free App
A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.5 Mi** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 Mi** *1.3 Mi Total*
	5. Merge onto **I-80 W** via **EXIT OB** toward **Iowa**. Map	**13.3 Mi** *14.6 Mi Total*
	6. Merge onto **I-55 N** via **EXIT 126B** toward **Chicago**. Map	**1.2 Mi** *15.8 Mi Total*
	7. Take the **IL-59** exit, **EXIT 251**, toward **Shorewood / Plainfield**. Map	**0.7 Mi** *16.5 Mi Total*
	8. Stay **straight** to go onto **Cottage St / IL-59**. Continue to follow **IL-59**. Map	**2.0 Mi** *18.5 Mi Total*
	9. Turn **left** onto **W Black Rd / County Hwy-56**. Continue to follow **W Black Rd**. Map	**0.3 Mi** *18.8 Mi Total*
	10. Turn **right** onto **Shorewood Dr**. Map	**0.01 Mi** *18.8 Mi Total*
	11. **800 SHOREWOOD DR**. Map	
B	**800 Shorewood Dr**, Shorewood, IL 60404-720041.536093, -88.205863 (Address is approximate)	

Total Travel Estimate: **18.85 miles - about 22 minutes**



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ATTACHMENT-17D

mapquest

Notes

Rosewood Care Center

Trip to:
3401 Hennepin Dr
Joliet, IL 60431-1160
11.63 miles / 22 minutes

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.2 Mi** *0.2 Mi Total*
	4. Take the **1st left** onto **Maple Rd / US-6 W**. Continue to follow **US-6 W**. Map	**5.1 Mi** *5.3 Mi Total*
	5. Stay **straight** to go onto **E Jackson St**. Map	**0.4 Mi** *5.7 Mi Total*
	6. Turn **right** onto **N Scott St / IL-53**. Map	**0.3 Mi** *6.0 Mi Total*
	7. Turn **left** onto **IL-53 / Columbia St**. Map	**0.04 Mi** *6.1 Mi Total*
	8. Keep **right** at the fork to go on **IL-53**. Map	**0.2 Mi** *6.3 Mi Total*
	9. Stay **straight** to go onto **Ruby St**. Map	**0.8 Mi** *7.2 Mi Total*
	10. Turn **slight right** onto **Plainfield Rd / US-30 W**. Map	**3.8 Mi** *11.0 Mi Total*
	11. Turn **left** onto **Hennepin Dr**. Map	**0.7 Mi** *11.6 Mi Total*
	12. **3401 HENNEPIN DR** is on the **right**. Map	
	3401 Hennepin Dr, Joliet, IL 60431-1160	

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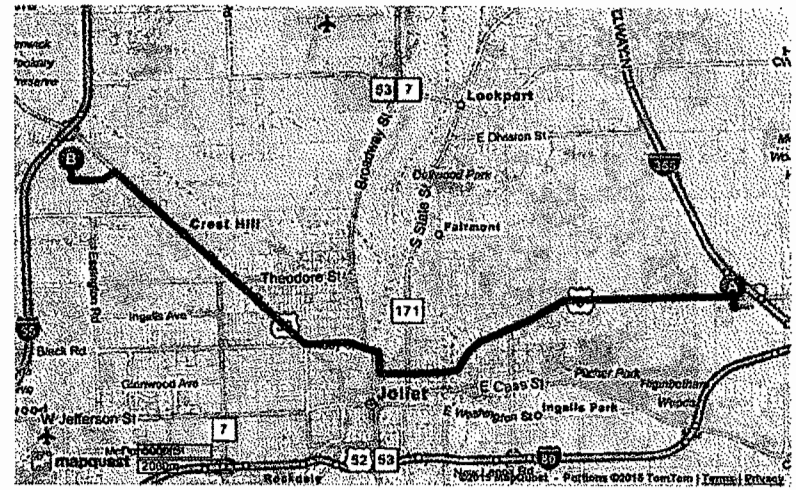
ATTACHMENT-17D

Total Travel Estimate: **11.63 miles - about 22 minutes**



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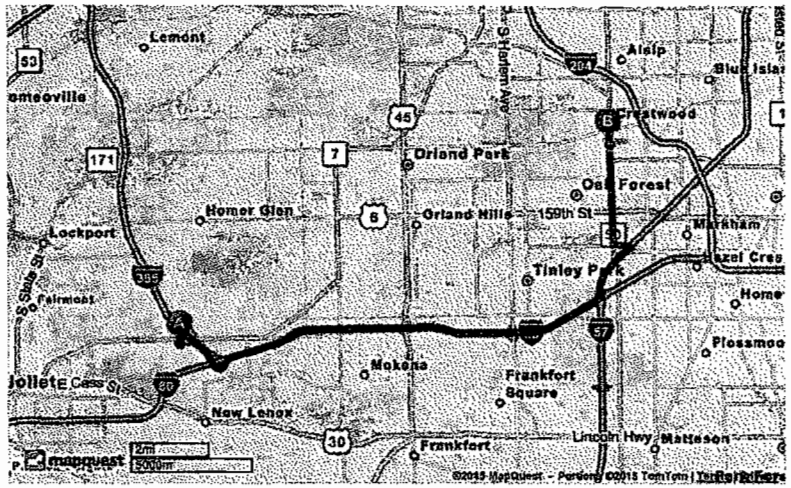
Notes
Symphony of Crestwood

Trip to:
14255 Cicero Ave
Crestwood, IL 60445-2154
19.41 miles / 23 minutes

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200		Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 MI** *0.01 Mi Total*	
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 MI** *0.02 Mi Total*	
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.5 MI** *0.6 Mi Total*	
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 MI** *1.3 Mi Total*	
	5. Merge onto **I-80 E** via the exit on the **left** toward **Indiana**. Map	**12.2 MI** *13.5 Mi Total*	
	6. Merge onto **I-57 N** via **EXIT 151B** on the **left** toward **Chicago**. Map	**1.6 MI** *15.1 Mi Total*	
	7. Take the **167th St W** exit, **EXIT 346**, toward **IL-50 / Cicero Ave**. Map	**0.7 MI** *15.8 Mi Total*	
	8. Merge onto **167th St**. Map	**0.5 MI** *16.3 Mi Total*	
	9. Turn **right** onto **Cicero Ave / IL-50**. Map	**3.1 MI** *19.4 Mi Total*	
	10. **14255 CICERO AVE**. Map		
	14255 Cicero Ave, Crestwood, IL 60445-215441.633316, -87.737260 (Address is approximate)		

Total Travel Estimate: **19.41 miles - about 23 minutes**



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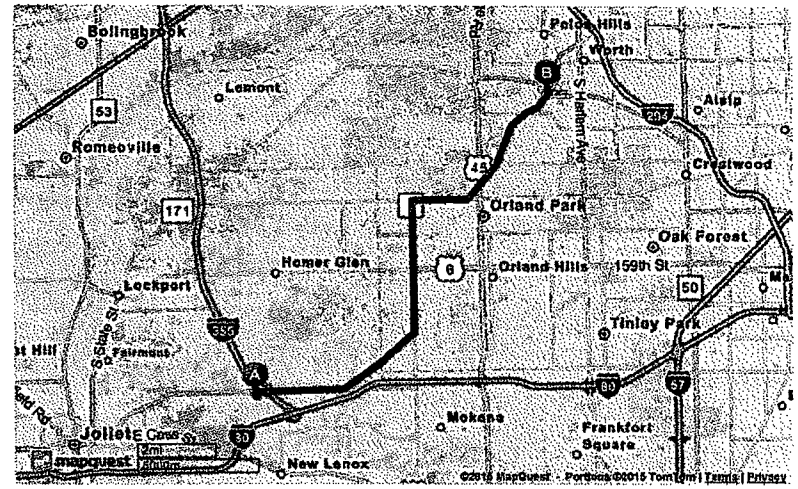
Trip to:
11860 Southwest Hwy
Palos Heights, IL 60463-1036
15.04 miles / 23 minutes

Notes
Manorcare of Palos Heights West

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.1 Mi** *0.2 Mi Total*
	4. Take the **1st right** onto **US-6 E / Maple Rd**. Continue to follow **US-6 E**. Map	**5.3 Mi** *5.4 Mi Total*
	5. Turn **left** onto **Wolf Rd / US-6 E**. Continue to follow **Wolf Rd**. Map	**3.9 Mi** *9.3 Mi Total*
	6. Turn **right** onto **143rd St / IL-7**. Map	**1.7 Mi** *11.0 Mi Total*
	7. Turn **left** onto **Southwest Hwy / IL-7**. Map	**4.1 Mi** *15.0 Mi Total*
	8. Make a **U-turn** at **Financial Pl** onto **Southwest Hwy / IL-7**. Map	**0.02 Mi** *15.0 Mi Total*
	9. **11860 SOUTHWEST HWY**. Map	
	11860 Southwest Hwy, Palos Heights, IL 60463-103641.676171, -87.815130 (Address is approximate)	

Total Travel Estimate: 15.04 miles - about 23 minutes



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ATTACHMENT-17D

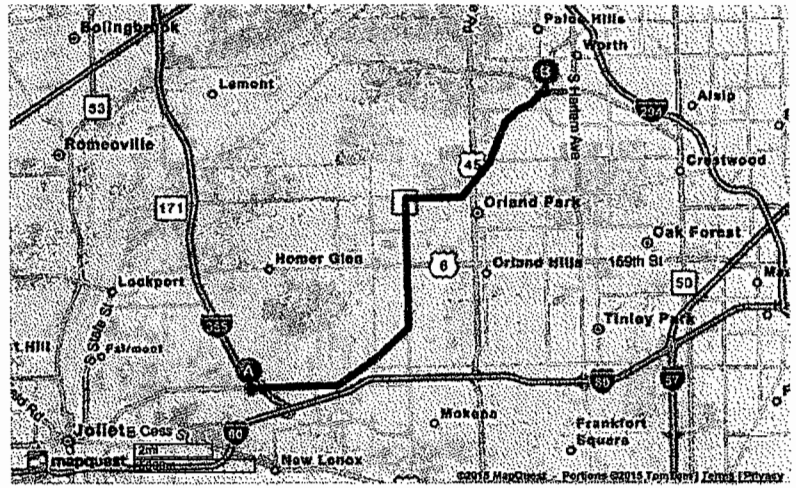
mapquest

Trip to:
7850 W College Dr
Palos Heights, IL 60463-1010
15.12 miles / 23 minutes

Notes
Manorcare of Palos Heights East

		Download Free App
A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the 1st **right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the 1st **left** onto **Cedar Crossings Dr**. Map	**0.1 Mi** *0.2 Mi Total*
	4. Take the 1st **right** onto **US-6 E / Maple Rd**. Continue to follow **US-6 E**. Map	**5.3 Mi** *5.4 Mi Total*
	5. Turn **left** onto **Wolf Rd / US-6 E**. Continue to follow **Wolf Rd**. Map	**3.9 Mi** *9.3 Mi Total*
	6. Turn **right** onto **143rd St / IL-7**. Map	**1.7 Mi** *11.0 Mi Total*
	7. Turn **left** onto **Southwest Hwy / IL-7**. Map	**4.0 Mi** *14.9 Mi Total*
	8. Turn **right** onto **W College Dr / IL-83**. Map	**0.2 Mi** *15.1 Mi Total*
	9. **7850 W COLLEGE DR** is on the **left**. Map	
B	**7850 W College Dr**, Palos Heights, IL 60463-1010	

Total Travel Estimate: **15.12 miles - about 23 minutes**



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ATTACHMENT-17D

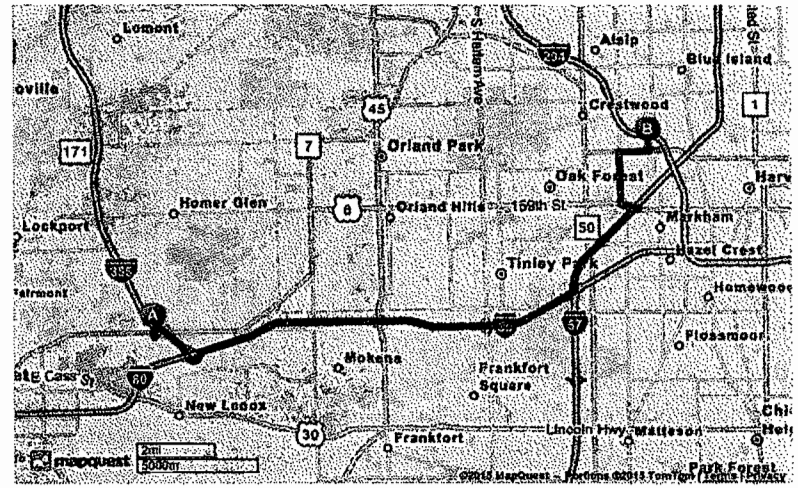
mapquest

Trip to:
3249 147th St
Midlothian, IL 60445-3656
20.06 miles / 23 minutes

Notes
Aperion Care Midlothian

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.5 Mi** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 Mi** *1.3 Mi Total*
	5. Merge onto **I-80 E** via the exit on the **left** toward **Indiana**. Map	**12.2 Mi** *13.5 Mi Total*
	6. Merge onto **I-57 N** via **EXIT 151B** on the **left** toward **Chicago**. Map	**3.0 Mi** *16.5 Mi Total*
	7. Merge onto **US-6 W / W 159th St** via **EXIT 348**. Map	**1.2 Mi** *17.7 Mi Total*
	8. Turn **right** onto **Crawford Ave**. Map	**1.0 Mi** *18.7 Mi Total*
	9. **Crawford Ave** becomes **Pulaski Rd**. Map	**0.5 Mi** *19.2 Mi Total*
	10. Turn **right** onto **147th St / IL-83**. Map	**0.9 Mi** *20.1 Mi Total*
	11. **3249 147TH ST** is on the **right**. Map	
	3249 147th St, Midlothian, IL 60445-3656	

Total Travel Estimate: **20.06 miles - about 23 minutes**



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ATTACHMENT-17D

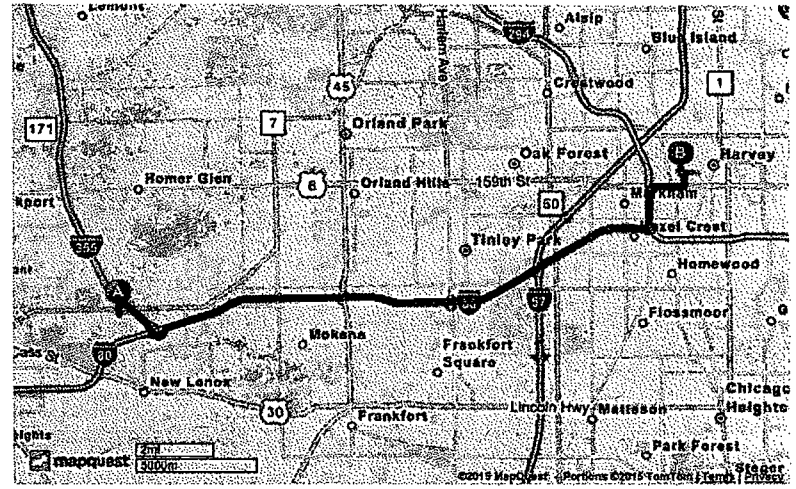
mapquest

Trip to:
15600 Honore Ave
Harvey, IL 60426-3513
20.16 miles / 23 minutes

Notes
Heather Healthcare Center

A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 MI** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 MI** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.5 MI** *0.6 Mi Total*
	4. Stay **straight** to go onto **I-355 S / Veterans Memorial Tollway S** (Portions toll). Map	**0.8 MI** *1.3 Mi Total*
	5. Merge onto **I-80 E** via the exit on the **left** toward **Indiana** (Portions toll). Map	**15.7 MI** *17.0 Mi Total*
	6. Take the **I-294 N / Tollway** exit, **EXIT 155**, on the **left** toward **Wisconsin**. Map	**1.3 MI** *18.3 Mi Total*
	7. Merge onto **W 159th St / US-6 E**. Map	**1.4 MI** *19.7 Mi Total*
	8. Turn **left** onto **Wood St**. Map	**0.4 MI** *20.1 Mi Total*
	9. Turn **left** onto **W 156th St**. Map	**0.06 MI** *20.1 Mi Total*
	10. Take the **1st left** onto **Honore Ave**. Map	**0.02 MI** *20.2 Mi Total*
	11. **15600 HONORE AVE** is on the **right**. Map	
B	**15600 Honore Ave**, Harvey, IL 60426-3513	

Total Travel Estimate: **20.16 miles - about 23 minutes**



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ATTACHMENT-17D

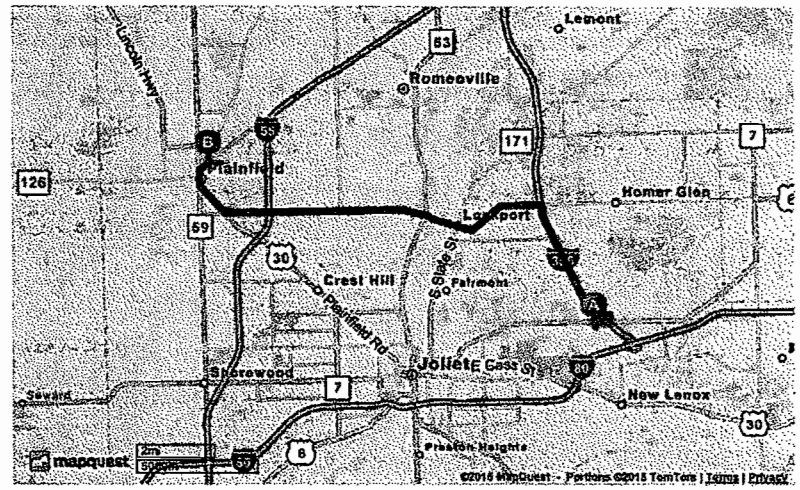
mapquest

Trip to:
14716 Eastern Ave
Plainfield, IL 60544-2974
16.46 miles / 26 minutes

Notes
Lakewood Nrsg & Rehab Center

A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.1 Mi** *0.2 Mi Total*
EAST 6	4. Take the **1st right** onto **US-6 E / Maple Rd**. Map	**0.4 Mi** *0.6 Mi Total*
355	5. Merge onto **I-355 N / Veterans Memorial Tollway N** via the ramp on the left toward **West Suburbs** (Portions toll). Map	**4.0 Mi** *4.6 Mi Total*
EXIT 4	6. Take the **IL-7 / 159th Street** exit, **EXIT 4**. Map	**0.2 Mi** *4.8 Mi Total*
RAMP	7. Keep **left** to take the ramp toward **Lockport**. Map	**0.03 Mi** *4.8 Mi Total*
7	8. Turn **left** onto **W 159th St / IL-7**. Continue to follow **IL-7** (Portions toll). Map	**3.8 Mi** *8.6 Mi Total*
	9. **IL-7** becomes **Renwick Rd / County Hwy-36**. Map	**5.9 Mi** *14.5 Mi Total*
WEST 30	10. Turn **right** onto **S Joliet Rd / US-30 W**. Continue to follow **US-30 W**. Map	**1.6 Mi** *16.0 Mi Total*
126	11. Turn **right** onto **W Main St / IL-126**. Map	**0.4 Mi** *16.4 Mi Total*
	12. Turn **right** onto **S Eastern Ave**. Map	**0.06 Mi** *16.5 Mi Total*
	13. **14716 EASTERN AVE** is on the **right**. Map	
B	**14716 Eastern Ave**, Plainfield, IL 60544-2974	

Total Travel Estimate: 16.46 miles - about 26 minutes



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ATTACHMENT-17D

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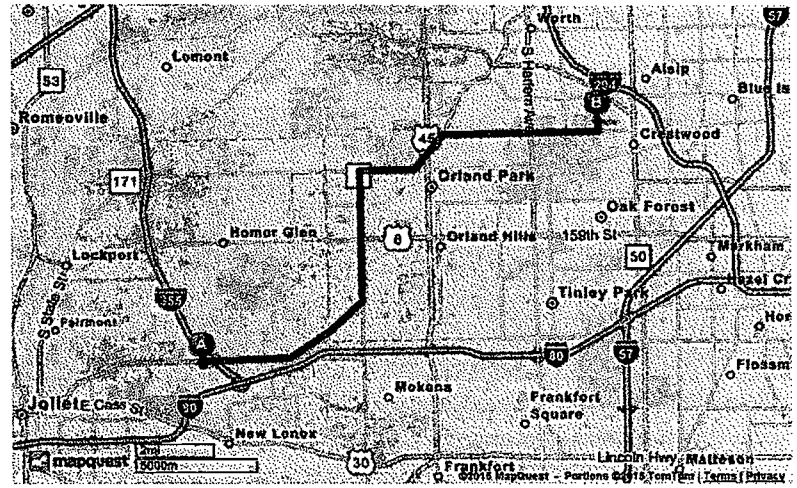
Notes

Crestwood Terrace Nursing Center

Trip to:
13301 S Central Ave
Midlothian, IL 60445-1370
17.00 miles / 26 minutes

	A	**688 Cedar Crossings Dr**, New Lenox, IL 60451-5200	Download Free App
		1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 Mi** *0.01 Mi Total*
		2. Take the 1st **right** onto **Silver Crossing Dr**. Map	**0.01 Mi** *0.02 Mi Total*
		3. Take the 1st **left** onto **Cedar Crossings Dr**. Map	**0.1 Mi** *0.2 Mi Total*
	6457 6	4. Take the 1st **right** onto **US-6 E / Maple Rd**. Continue to follow **US-6 E**. Map	**5.3 Mi** *5.4 Mi Total*
		5. Turn **left** onto **Wolf Rd / US-6 E**. Continue to follow **Wolf Rd**. Map	**3.9 Mi** *9.3 Mi Total*
	7	6. Turn **right** onto **143rd St / IL-7**. Map	**1.7 Mi** *11.0 Mi Total*
	7	7. Turn **left** onto **Southwest Hwy / IL-7**. Map	**1.3 Mi** *12.3 Mi Total*
		8. Turn **right** onto **W 135th St**. Map	**4.5 Mi** *16.8 Mi Total*
		9. Turn **left** onto **Central Ave**. Map	**0.2 Mi** *17.0 Mi Total*
		10. **13301 S CENTRAL AVE** is on the **right**. Map	
	B	**13301 S Central Ave**, Midlothian, IL 60445-1370	

Total Travel Estimate: 17.00 miles - about 26 minutes



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ATTACHMENT-17D

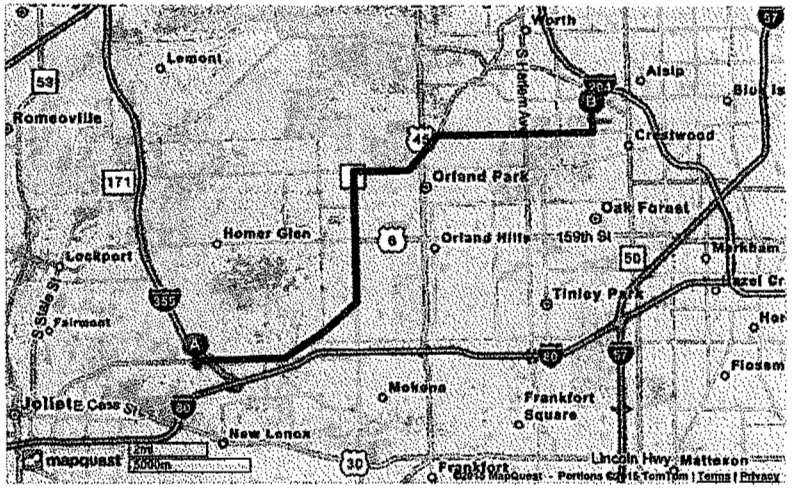
mapquest

Trip to:
13259 Central Ave
Midlothian, IL 60445
17.06 miles / 26 minutes

Notes
Rest Haven Central

	688 Cedar Crossings Dr, New Lenox, IL 60451-5200	Download Free App
	1. Start out going **north** on **Cedar Crossings Dr** toward **Silver Crossing Dr**. Map	**0.01 MI** *0.01 Mi Total*
	2. Take the **1st right** onto **Silver Crossing Dr**. Map	**0.01 MI** *0.02 Mi Total*
	3. Take the **1st left** onto **Cedar Crossings Dr**. Map	**0.1 MI** *0.2 Mi Total*
	4. Take the **1st right** onto **US-6 E / Maple Rd**. Continue to follow **US-6 E**. Map	**5.3 MI** *5.4 Mi Total*
	5. Turn **left** onto **Wolf Rd / US-6 E**. Continue to follow **Wolf Rd**. Map	**3.9 MI** *9.3 Mi Total*
	6. Turn **right** onto **143rd St / IL-7**. Map	**1.7 MI** *11.0 Mi Total*
	7. Turn **left** onto **Southwest Hwy / IL-7**. Map	**1.3 MI** *12.3 Mi Total*
	8. Turn **right** onto **W 135th St**. Map	**4.5 MI** *16.8 Mi Total*
	9. Turn **left** onto **Central Ave**. Map	**0.3 MI** *17.1 Mi Total*
	10. **13259 CENTRAL AVE** is on the **right**. Map	
	13259 Central Ave, Midlothian, IL 60445	

Total Travel Estimate: **17.06 miles - about 26 minutes**



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ATTACHMENT-17D

Admissions Restrictions Chart
for
Facilities within 30-Minute Travel Time of New Lenox

		2014 PROFILE DATA			2014 MEDICARE/MEDICAID COST REPORT DATA							IDPH NSG HOMES IN ILLINOIS WEBSITE DATA					
FACNAME	CITY	# of Licensed Nursing Beds	Peak Beds Set-up	Adjusted Travel Time	Building GSF	GSF per Bed	Year Constructed	BLDG Age	COST 2012	COST 2013	COST 2014	SNF Beds	ICF Beds	Medicare Beds	Medicare/Med Beds	Medicaid Beds	Star Ratings
Spring Creek Nursing & Rehab Center	Joliet	168	168	8.1	23,039	137.14	1991	24	-	-	-	84	84	0	84	84	not available
Smith Crossing (1)	Orland Park	46	46	11.5	33,609	730.63	2001	14	612,161	28,027,806	299,853	46	0	16	30	0	5
Sunny Hill Nursing Home Will County (2)	Joliet	280	238	12.7	116,410	415.75	1972	43	2,759,913	4,817,787	3,318,956	252	0	0	252	0	3
Salem Village Nursing & Rehab	Joliet	266	266	12.7	127,847	480.63	1976	39	383,005	406,638	155,227	230	36	0	230	36	1
Joliet Terrace Nursing Center	Joliet	120	120	16.1	26,836	223.63	1976	39	10,165	36,869	48,940	0	120	0	0	120	1
Symphony of Joliet	Joliet	214	214	16.1	55,380	258.79	1975	40	-	935,110	425,942	214	0	0	214	0	2
Lemont Nrsg & Rehab Center	Lemont	158	158	16.1	55,000	348.10	1995	20	152,111	139,294	144,868	158	0	0	158	0	3
Alden Estates of Orland Park	Orland Park	200	167	16.1	92,048	460.24	1997	18	24,944	48,673	14,711	200	0	0	200	0	4
The PARC at Joliet	Joliet	203	179	17.3	80,000	394.09	1993	22	-	-	62,448	203	0	0	203	0	1
Presence Villa Franciscan	Joliet	154	154	18.4	70,000	454.55	1990	25	85,350	-	3,156,097	154	0	106	48	0	2
Our Lady Of Angels Ret Home	Joliet	87	87	18.4	115,326	1,325.59	1962	53	8,247	55,957	149,917	37	50	18	19	21	4
Franciscan Village (4)	Lemont	127	127	19.6	62,872	495.06	1989	26	39,332	25,599	84,289	127	0	38	0	29	5
Frankfort Terrace Nursing Center	Frankfort	120	120	19.6	26,373	219.78	1972	43	5,218	15,439	-	0	120	0	0	120	3
Lexington Health Care Center	Orland Park	278	278	20.7	104,332	375.29	1996	19	129,587	40,101	316,897	278	0	69	209	0	1
Holy Family Villa (6)	Palos Park	129	129	21.9	48,000	372.09	2002	13	61,235	277,159	328,893	129	0	64	65	0	3
Advocate South Suburban Hospital	Hazel Crest	41	36	21.9	N/A	N/A	N/A					41	0	41	0	0	4
Pine Crest Health Care	Hazel Crest	199	198	21.9	80,000	402.01	1993	22	236,263	299,551	142,825	199	0	0	199	0	3
Applewood Rehabilitation Center (8)	Matteson	115	115	24.2	34,449	299.56	1967	48	53,427	45,986	55,668	115	0	0	115	0	2
Alden Estates of Shorewood (9)	Shorewood	100	92	25.3	65,300	653.00	2006	9	288	432	526	100	0	0	100	0	2
Rosewood Care Center	Joliet	120	120	25.3	39,200	326.67	1990	25	58,537	40,774	65,429	120	0	58	0	34	5
Symphony of Crestwood	Midlothian	303	297	26.5	91,960	303.50	1972	43	1,091,373	1,073,138	458,807	303	0	0	297	0	1
Manorcare of Palos Heights West	Palos Heights	130	130	26.5	47,653	366.56	1996	19	89,739	20,459	10,780	130	0	78	52	0	3
Manorcare of Palos Heights East	Palos Heights	184	178	26.5	73,335	398.56	1988	27	261,585	108,573	22,834	184	0	94	90	0	3
Aperion Care Midlothian	Midlothian	91	91	26.5	19,780	217.36	1993	22	30,661	12,280	22,909	48	43	0	48	43	2
Heather Healthcare Center	Harvey	173	138	26.5	48,971	283.07	1980	35	105,470	21,916	50,345	173	0	0	173	0	1
Lakewood Nrsg & Rehab Center (10)	Plainfield	131	131	29.9	15,925	121.56	1971	44	54,780	76,999	197,738	131	0	0	131	0	3
Crestwood Terrace Nursing Center	Midlothian	126	126	29.9	28,623	227.17	1976	39	12,147	9,382	5,513	0	126	0	0	126	2
Providence of Palos Heights (11)	Palos Heights	193	155	29.9		-	1960	55				145	48	95	50	48	2
		4456	4258			395.78		30.6	240,982	1,405,228	366,939	3801	627	677	2967	661	
Victorian Village (3) (licensure 1/26/15)	Homer Glen	50		16.1		-		2015				50	0	48	2	0	not available
McAllister Nursing & Rehab (5)	Country Club Hills	111		20.7	not listed	#VALUE!	2008	7	9,228	25,186	-	79	32	0	0	0	2
Oak Forest Hospital (7)(closed)	Oak Forest	0		23.0		#DIV/0!		2015									

(1) Exported City: Molenka; Profile City & Website City: Orland Park
(2) Bed Change: 02/04/15 discontinued 8 Nsg Care beds; 3/9/15 Bed Change: Discontinued 20 Nsg Care beds; facility now has 252 Nsg Care beds
(3) 08-082 Permit issued to establish a 50-bed Nsg Care facility 09/01/2009; Facility licensed by IDPH for operation; Facility has 50 Nsg Care beds. Licensure 01/26/15
(4) profile address: 1260 Franciscan Drive
(5) Permit issued to add 89 Nsg Care beds to existing facility; facility will have 200 Nsg Care beds upon project completion
NOTE: McAllister: no 2014 profile. 2013 profile has 111 licensed beds. Patient Days from Medicare/Medicaid COST REPORTS for 2014 = 34,080
(6) profile address: 12220 South Will Cook Road
(7) Facility Closed. 10 Nsg Care beds removed from inventory 01/07/14
(8) Permit issued for modernization and addition of 39 to existing facility; facility will have 154 Nsg Care beds upon projet completion. 15-008 06/02/15
(9) Permit issued to add 50 Nsg Care beds to existing facility; facility will have 150 Nsg Care beds upon project completion 12-032 10/31/2012; Profile address & Website address: 710 West Black Road
(10) Profile address & Facility Website address: 14716 South Eastern Avenue
(11) Name Change from Rest Haven Central 11/10/2008

ATTACHMENT-17E

Planning Area: Will

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
ALDEN ESTATES OF SHOREWOOD	SHOREWOOD	Will County	100	22,748
ALDEN ESTATES OF SHOREWOOD(PERMIT)	SHOREWOOD	Will County	50	
APERION CARE WILMINGTON	WILMINGTON	Will County	171	59,130
9/1/2013 CHOW	**Change of Ownership occurred.**			
BEECHER MANOR NURSING & REHAB CTR	BEECHER	Will County	130	39,636
FRANKFORT TERRACE NURSING CENTER	FRANKFORT	Will County	120	41,949
JOLIET TERRACE NURSING CENTER	JOLIET	Will County	120	29,043
LAKEWOOD NURSING & REHAB CENTER	PLAINFIELD	Will County	131	43,106
MEADOWBROOK MANOR	BOLINGBROOK	Will County	298	101,117
OUR LADY OF ANGELS RETIREMENT HOME	JOLIET	Will County	87	27,719
PRESENCE VILLA FRANCISCAN	JOLIET	Will County	154	43,805
9/22/2014 Bed Change	**Discontinued 22 Nursing Care beds; facility now licensed for 154 Nursing Care beds.**			
ROSEWOOD CARE CENTER OF JOLIET	JOLIET	Will County	120	34,171
SALEM VILLAGE NURSING & REHAB	JOLIET	Will County	266	83,468
SMITH CROSSING	ORLAND PARK	Will County	46	14,842
SPRING CREEK NURSING & REHAB CENTER	JOLIET	Will County	168	7,129
12/31/2013 CHOW	**Change of Ownership occurred.**			
ST. JAMES MANOR & VILLA	CRETE	Will County	110	33,563
4/1/2014 CHOW	**Change of ownership occurred.**			
SUNNY HILL NURSING HOME WILL COUNTY	JOLIET	Will County	252	71,054
2/4/2015 Bed Change	**Facility discontinued 8 Nursing Care beds. Facility now has 272 Nursing Care beds.**			
3/9/2015 Bed Change	**Discontinued 20 Nursing Care beds; facility now has 252 Nursing Care beds.**			
SYMPHONY OF JOLIET	JOLIET	Will County	214	61,532
THE PARC AT JOLIET	JOLIET	Will County	203	45,337
12/1/2013 CHOW	**Change of ownership occurred.**			
VICTORIAN VILLAGE HEALTH & WELLNESS	HOMER GLEN	Will County	50	
1/26/2015 Licensure	**Facility licensed by IDPH for operation. Facility has 50 Nursing Care beds.**			
		Planning Area Totals	**2,790**	**759,349**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
009	0-64 Years Old	275,151	861,800	319.3	191.6	510.8
	65-74 Years Old	185,203	60,900	3,041.1	1,824.7	4,865.8
	75+ Years Old	811,270	40,000	20,281.8	12,169.1	32,450.8

	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 Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	161,450	613,100	263.3	191.6	510.8	263.3	677,400	178,382			
65-74 Years Old	119,419	42,900	2,783.7	1,824.7	4,865.8	2,783.7	58,900	163,958			
75+ Years Old	478,480	27,300	17,526.7	12,169.1	32,450.8	17,526.7	35,400	620,447			
						Planning Area Totals		**962,787**	**2,637.8**	**2,931**	**141**

ATTACHMENT-17F

Planning Area: Grundy

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
MORRIS HOSPITAL (SWING BEDS)	MORRIS	Grundy County	0	0
PARK POINTE HEALTHCARE & REHABILITATION	MORRIS	Grundy County	142	41,002
11/1/2013 CHOW **Change of Ownership occurred.**				
REGENCY CARE OF MORRIS	MORRIS	Grundy County	123	36,077
		Planning Area Totals	**265**	**77,079**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
009	0-64 Years Old	275,151	861,800	319.3	191.6	510.8
	65-74 Years Old	185,203	60,900	3,041.1	1,824.7	4,865.8
	75+ Years Old	811,270	40,000	20,281.8	12,169.1	32,450.8

	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 Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	4,471	44,600	100.2	191.6	510.8	191.6	47,300	9,061			
65-74 Years Old	7,937	3,500	2,267.7	1,824.7	4,865.8	2,267.7	4,700	10,658			
75+ Years Old	64,671	2,300	28,117.8	12,169.1	32,450.8	28,117.8	2,800	78,730			
						Planning Area Totals		**98,449**	**269.7**	**300**	**35**

ATTACHMENT-17F

Planning Area: Kendall

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
HILLSIDE REHAB & CARE CENTER	YORKVILLE	Kendall County	79	22,390
THE TILLERS NURSING & REHAB CENTER	OSWEGO	Kendall County	106	33,896
11/7/2014 Bed Change	Added 4 Nursing Care beds to existing facility; facility now has 110 Nursing Care beds.			
11/8/2014 Correction	Nursing Care beds in facility reverted to 106 Nursing Care beds.			
		Planning Area Totals	**185**	**56,286**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
009	0-64 Years Old	275,151	861,800	319.3	191.6	510.8
	65-74 Years Old	185,203	60,900	3,041.1	1,824.7	4,865.8
	75+ Years Old	811,270	40,000	20,281.8	12,169.1	32,450.8

	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 Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	3,676	109,200	33.7	191.6	510.8	191.6	123,600	23,677			
65-74 Years Old	8,851	5,800	1,526.0	1,824.7	4,865.8	1,824.7	8,800	16,057			
75+ Years Old	43,759	3,100	14,115.8	12,169.1	32,450.8	14,115.8	5,000	70,579			
						Planning Area Totals		**110,313**	**302.2**	**336**	**151**

ATTACHMENT-17F

Planning Area: **Planning Area 7-C**

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
ABBINGTON REHAB & NURSING CTR	ROSELLE	Bloomingdale Township	82	24,594
ALDEN ESTATES OF NAPERVILLE	NAPERVILLE	Naperville Township	203	55,305
ALDEN-VALLEY RIDGE REHAB &CARE	BLOOMINGDALE	Bloomingdale Township	207	65,828
BEACON HILL	LOMBARD	York Township	110	37,338
BRIA OF WESTMONT	WESTMONT	Downers Grove Township	215	69,576
BRIDGEWAY SENIOR LIVING	BENSENVILLE	Addison Township	222	57,351
1/1/2015 CHOW Change of Ownership occurred.				
BROOKDALE BURR RIDGE	BURR RIDGE	Downers Grove Township	30	7,691
8/29/2014 CHOW Change of Ownership occurred.				
BROOKDALE PLAZA LISLE	LISLE	Lisle Township	55	17,022
BURGESS SQUARE	WESTMONT	Downers Grove Township	203	53,843
CHATEAU NRSG & REHAB CENTER	WILLOWBROOK	Downers Grove Township	150	51,678
COMMUNITY NSG & REHAB CENTER	NAPERVILLE	Naperville Township	153	43,625
DUPAGE CONVALESCENT HOME	WHEATON	Milton Township	368	117,057
ELMBROOK NURSING	ELMHURST	York Township	180	58,591
ELMHURST EXTENDED CARE CENTER	ELMHURST	York Township	108	27,154
12/1/2013 CHOW Change of Ownership occurred.				
FOREST VIEW REHAB & NURSING CENTER	ITASCA	Addison Township	144	32,224
LEXINGTON HLTH CARE CTR-BLOOMINGDALE	BLOOMINGDALE	Bloomingdale Township	166	51,400
LEXINGTON HLTH CARE CTR-LOMBARD	LOMBARD	York Township	224	62,961
LEXINGTON OF ELMHURST	ELMHURST	York Township	145	40,286
MANOR CARE - NAPERVILLE	NAPERVILLE	Naperville Township	118	32,624
MANORCARE OF HINSDALE	HINSDALE	Downers Grove Township	202	59,858
MANORCARE OF WESTMONT	WESTMONT	Downers Grove Township	149	42,696
3/26/2015 Bed Change Facility discontinued 6 Nursing Care beds. Facility now has 149 Nursing Care beds.				
MARIANJOY REHAB HOSPITAL	WHEATON	Milton Township	27	9,453
8/6/2013 Bed Change Converted 7 beds from Comprehensive Rehabilitation category of service to Nursing Care; facility now has 27 Nursing Care beds.				
10/7/2014 Board Order Nursing Care beds reduced by 7 by order of the Board; facility now has 20 Nursing Care beds.				
4/3/2015 Correction 7 Nursing Care beds restored to facility; facility now has 27 Nursing Care beds.				
6/1/5400 07-042 Completed project to establish 20 bed skilled nursing (long-term care) category of service.				
MEADOWBROOK MANOR	NAPERVILLE	Naperville Township	245	85,387
OAK BROOK HEALTH CARE CENTER	OAK BROOK	York Township	156	42,646
OAK TRACE	DOWNERS GROVE	Downers Grove Township	160	29,312
PARK PLACE CHRISTIAN VILLAGE	ELMHURST	York Township	37	11,707
PROVIDENCE OF DOWNERS GROVE	DOWNERS GROVE	Downers Grove Township	145	31,574
8/1/2013 CHOW Change of Ownership occurred.				
SNOW VALLEY NURSING & REHAB CENTER	LISLE	Lisle Township	0	
8/26/2013 Closure Facility closed due to flood damage. 51 Nursing Care beds removed from inventory.				
ST. PATRICK RESIDENCE	NAPERVILLE	Naperville Township	209	72,372

ATTACHMENT-17F

Planning Area: **Planning Area 7-C**

Facility Name	City	County/Area	General Nursing Care Beds	General Nursing Care 2013 Patient Days
TABOR HILLS HEALTHCARE	NAPERVILLE	Naperville Township	211	60,669
THE SPRINGS AT MONARCH LANDING	NAPERVILLE	Naperville Township	96	
10/9/2014 12-036	**Facility licensed for operation as The Springs at Monarch Landing.**			
TRANSITIONAL CARE CTR - NAPERVILLE (PERMIT)	NAPERVILLE	Lisle Township	0	
11/26/2013 Abandoned	**Permit to establish facility with 120 Nursing Care beds relinquished; beds removed from inventory.**			
WEST CHICAGO TERRACE NURSING HOME	WEST CHICAGO	Winfield Township	120	42,758
WEST SUBURBAN NURSING & REHAB CENTER	BLOOMINGDALE	Bloomingdale Township	259	67,349
WHEATON CARE CENTER	WHEATON	Milton Township	123	42,022
WINDSOR PARK MANOR	CAROL STREAM	Bloomingdale Township	80	23,445
WINFIELD WOODS HEALTHCARE CENTER	WINFIELD	Winfield Township	138	48,282
WOOD GLEN NURSING & REHAB CENTER	WEST CHICAGO	Wayne Township	213	74,428
9/24/2013 Bed Change	**Added 6 Nursing Care beds; facility now has 213 Nursing Care beds.**			
WYNSCAPE HEALTH & REHAB	WHEATON	Milton Township	209	41,913
3/2/2015 CHOW	**Change of ownership occurred.**			
		Planning Area Totals	**5,862**	**1,689,019**

HEALTH SERVICE AREA	AGE GROUPS	2013 Patient Days	2013 Population	2013 Use Rates (Per 1,000)	2013 Minimum Use Rates	2013 Maximum Use Rates
007	0-64 Years Old	2,012,607	2,972,900	677.0	406.2	1,083.2
	65-74 Years Old	1,186,719	265,200	4,474.8	2,684.9	7,159.7
	75+ Years Old	4,776,556	227,900	20,959.0	12,575.4	33,534.4

	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 Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	299,698	809,200	370.4	406.2	1,083.2	406.2	781,500	317,438			
65-74 Years Old	234,969	69,300	3,390.6	2,684.9	7,159.7	3,390.6	92,600	313,970			
75+ Years Old	1,154,352	51,900	22,241.8	12,575.4	33,534.4	22,241.8	60,200	1,338,959			
						Planning Area Totals		**1,970,367**	**5,398.3**	**5,998**	**136**

ATTACHMENT-17F

LONG-TERM CARE FACILITY UPDATES

10/16/2015

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3783	3321	462
Planning Area 7-B	6101	6827	(726)
Planning Area 7-C	5998	5860	138
Planning Area 7-D	2462	2904	(442)
Planning Area 7-E	8026	9165	(1139)
HEALTH SERVICE AREA 8			
Kane	2705	3064	(359)
Lake	4186	4494	(308)
McHenry	1124	997	127
HEALTH SERVICE AREA 9			
Grundy	300	265	35
Kankakee	1072	1368	(296)
Kendall	336	185	151
Will	2931	2790	141
HEALTH SERVICE AREA 10			
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1214	(137)
HEALTH SERVICE AREA 11			
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)

LONG-TERM CARE ICF/DD 16 AND UNDER BED NEED			
HSA 1	249	335	(86)
HSA 2	239	256	(17)
HSA 3	206	360	(154)
HSA 4	304	128	176
HSA 5	222	256	(34)
HSA 6, 7, 8, 9	3161	1021	2140
HSA 10	74	32	42
HSA 11	215	288	(73)

ATTACHMENT-17G

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 code 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.

Misdistribution 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 is that of the Village of New Lenox. Within this area a ratio cannot be calculated as there are no nursing beds. Therefore, a maldistribution by the Board's definition will not result. Upon project completion, New Lenox will have one nursing

home bed for every 180.5 persons whereas the State has one nursing bed for every 129.7 people.

The actual ratio of "beds" to "population" for the State and the 30-minute travel contour is as follows:

$$\frac{\text{(30-minute drive time)}}{\text{Population (2010) (30-minute drive time)}} \quad \frac{\text{4,757 (4,567 existing + 50 pipeline + 140 proposed beds)}}{\text{777,794}} = \mathbf{.006116}$$

$$\frac{\text{Total of Nursing Care Beds (State of Illinois)}}{\text{Population}} \quad \frac{\text{100,792 (Existing)}}{\text{12,880,900}} = .007825 * 1.5 = \mathbf{.011737}$$

The State's resultant ratio is one hundredths nursing beds to every person. The market contour's ratio is six 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 Village of New Lenox does not have any beds that its growing population specifically supports. Therefore, there are no existing beds that the establishment of this facility will directly affect. Moreover, as the average use rate for the 30-minute travel time contour is 76% the existing use rate is already below 90%, the State's target utilization rate and item 3A above is not applicable.

ATTACHMENT-18

Item 3B above requires that the proposed project will not lower, to a further extent, the utilization of other area facilities. As stated, the primary service area of the Village, Zip Code area, Township of New Lenox does not have any nursing beds to adversely affect. On the bigger scale of the Will County Planning Area, in gross population and in the 65 and older age cohort are growing at a rate that eclipse that of the State and of the other Planning Areas where a bed need as has also been addressed with the exception of Kendall County. Refer to the chart below.

Market	2013 Estimated Population	2018 Estimated Population	Growth	2013 Estimated 65+ Pop	2018 Estimated 65+ Pop	Growth
Illinois	12,880,900	13,069,300	1.5%	1,742,900	2,018,400	15.8%
Will Co.	683,300	771,700	12.9%	70,200	94,300	34.3%
Grundy Co.	50,400	54,800	8.7%	5,800	7,500	29.3%
Kendall Co.	118,100	137,400	16.3%	8,900	13,800	55.1%
HSA 7-C	930,400	934,300	0.4%	121,200	152,800	26.1%

Sources: 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; http://quickfacts.cemsus.gov/qfd/states/17/1752584.html http://www.zip-codes.com/zip-code/60451/zip-code-60451-2010-census.asp

As illustrated throughout this document, the Applicant is only proposing 100 general long-term care beds with the balance (40) being innovative ADRD nursing beds. Even in addressing the need for 141 additional services within the Will County Planning Area, the need projection also projects demand that will first fill the potentially underutilized beds (under the State's optimal rate of 90%). Therefore, the proposed demand will not infringe on the referrals already given to the "other area" facilities, to include Alden's own Alden Estates of Orland Park and Alden Estates of Shorewood both which are located within the required 30-minute market area.

ATTACHMENT- 18

Alden Estates-Courts of New Lenox
30-Minute Market Area Zip Codes

ZIP Code	Population
60403	19,634
60404	17,984
60410	12,530
60421	3,960
60423	30,261
60428	12,463
60429	16,006
60430	21,217
60431	21,783
60432	21,448
60433	17,220
60435	49,002
60436	18,371
60439	23,177
60441	35,532
60442	9,684
60443	20,800
60445	26,171
60446	39,871
60448	24,678
60451	34,516
60452	28,096
60457	14,367
60462	38,801
60463	14,337
60464	9,707
60465	17,567
60467	26,880
60469	6,017
60477	38,144
60478	16,856
60480	5,006
60482	11,152
60487	26,795
60491	22,573
60544	25,188
	777,794

ATTACHMENT-18A

DP05: ACS DEMOGRAPHIC AND HOUSING ESTIMATES

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 60403		ZCTA5 60404	
	Estimate	Percent	Estimate	Percent
SEX AND AGE				
Total population	19,634	19,634	17,984	17,984
Male	10,289	52.4%	8,743	48.6%
Female	9,345	47.6%	9,241	51.4%
Under 5 years	1,192	6.1%	1,267	7.0%
5 to 9 years	1,158	5.9%	1,186	6.6%
10 to 14 years	1,154	5.9%	1,414	7.9%
15 to 19 years	1,105	5.6%	1,253	7.0%
20 to 24 years	1,074	5.5%	910	5.1%
25 to 34 years	3,305	16.8%	1,917	10.7%
35 to 44 years	3,081	15.7%	3,141	17.5%
45 to 54 years	2,517	12.8%	2,453	13.6%
55 to 59 years	1,019	5.2%	1,184	6.6%
60 to 64 years	1,049	5.3%	1,221	6.8%
65 to 74 years	1,684	8.6%	1,277	7.1%
75 to 84 years	957	4.9%	505	2.8%
85 years and over	339	1.7%	256	1.4%
Median age (years)	37.0	(X)	38.6	(X)
18 years and over	15,384	78.4%	13,286	73.9%
21 years and over	14,732	75.0%	12,668	70.4%
62 years and over	3,649	18.6%	2,845	15.8%
65 years and over	2,980	15.2%	2,038	11.3%
18 years and over	15,384	15,384	13,286	13,286
Male	7,891	51.3%	6,385	48.1%
Female	7,493	48.7%	6,901	51.9%
65 years and over	2,980	2,980	2,038	2,038
Male	1,260	42.3%	883	43.3%
Female	1,720	57.7%	1,155	56.7%
RACE				
Total population	19,634	19,634	17,984	17,984
One race	19,063	97.1%	17,543	97.5%
Two or more races	571	2.9%	441	2.5%
One race	19,063	97.1%	17,543	97.5%
White	14,377	73.2%	14,925	83.0%
Black or African American	2,996	15.3%	1,307	7.3%
American Indian and Alaska Native	0	0.0%	20	0.1%

ATTACHMENT-18B

Cherokee tribal grouping	0	0.0%	0	0.0%
Chippewa tribal grouping	0	0.0%	0	0.0%
Navajo tribal grouping	0	0.0%	0	0.0%
Sioux tribal grouping	0	0.0%	0	0.0%
Asian	554	2.8%	511	2.8%
Asian Indian	87	0.4%	50	0.3%
Chinese	130	0.7%	68	0.4%
Filipino	77	0.4%	0	0.0%
Japanese	0	0.0%	12	0.1%
Korean	0	0.0%	16	0.1%
Vietnamese	0	0.0%	323	1.8%
Other Asian	260	1.3%	42	0.2%
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%
Native Hawaiian	0	0.0%	0	0.0%
Guamanian or Chamorro	0	0.0%	0	0.0%
Samoan	0	0.0%	0	0.0%
Other Pacific Islander	0	0.0%	0	0.0%
Some other race	1,136	5.8%	780	4.3%
Two or more races	571	2.9%	441	2.5%
White and Black or African American	295	1.5%	107	0.6%
White and American Indian and	22	0.1%	115	0.6%
White and Asian	103	0.5%	115	0.6%
Black or African American and	0	0.0%	20	0.1%
Race alone or in combination with one or				
Total population	19,634	19,634	17,984	17,984
White	14,885	75.8%	15,336	85.3%
Black or African American	3,297	16.8%	1,444	8.0%
American Indian and Alaska Native	44	0.2%	165	0.9%
Asian	713	3.6%	654	3.6%
Native Hawaiian and Other Pacific	47	0.2%	28	0.2%
Some other race	1,225	6.2%	836	4.6%
HISPANIC OR LATINO AND RACE				
Total population	19,634	19,634	17,984	17,984
Hispanic or Latino (of any race)	3,994	20.3%	1,865	10.4%
Mexican	2,976	15.2%	1,041	5.8%
Puerto Rican	483	2.5%	262	1.5%
Cuban	142	0.7%	0	0.0%
Other Hispanic or Latino	393	2.0%	562	3.1%
Not Hispanic or Latino	15,640	79.7%	16,119	89.6%
White alone	11,599	59.1%	13,872	77.1%
Black or African American alone	2,967	15.1%	1,281	7.1%
American Indian and Alaska Native	0	0.0%	7	0.0%
Asian alone	538	2.7%	511	2.8%
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%
Some other race alone	43	0.2%	50	0.3%
Two or more races	493	2.5%	398	2.2%
Two races including Some other	17	0.1%	36	0.2%
Two races excluding Some other	476	2.4%	362	2.0%
Total housing units	8,068	(X)	6,227	(X)

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

ATTACHMENT-18B

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/files/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 60410		ZCTA5 60421		ZCTA5 60423		ZCTA5 60428
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
12,530	12,530	3,960	3,960	30,261	30,261	12,463
6,339	50.6%	1,965	49.6%	14,650	48.4%	5,743
6,191	49.4%	1,995	50.4%	15,611	51.6%	6,720
904	7.2%	304	7.7%	1,953	6.5%	634
1,102	8.8%	367	9.3%	2,607	8.6%	955
1,245	9.9%	188	4.7%	2,360	7.8%	1,005
943	7.5%	174	4.4%	2,540	8.4%	999
628	5.0%	210	5.3%	1,485	4.9%	838
1,425	11.4%	481	12.1%	2,296	7.6%	1,316
1,993	15.9%	524	13.2%	4,758	15.7%	1,550
2,135	17.0%	543	13.7%	5,094	16.8%	1,893
669	5.3%	382	9.6%	2,150	7.1%	981
531	4.2%	228	5.8%	1,603	5.3%	615
609	4.9%	365	9.2%	2,207	7.3%	894
253	2.0%	159	4.0%	832	2.7%	612
93	0.7%	35	0.9%	376	1.2%	171
35.2	(X)	40.1	(X)	40.1	(X)	38.2
8,606	68.7%	3,013	76.1%	21,567	71.3%	9,155
8,233	65.7%	2,900	73.2%	20,559	67.9%	8,512
1,210	9.7%	648	16.4%	4,047	13.4%	1,985
955	7.6%	559	14.1%	3,415	11.3%	1,677
8,606	8,606	3,013	3,013	21,567	21,567	9,155
4,432	51.5%	1,495	49.6%	10,235	47.5%	4,090
4,174	48.5%	1,518	50.4%	11,332	52.5%	5,065
955	955	559	559	3,415	3,415	1,677
450	47.1%	265	47.4%	1,623	47.5%	711
505	52.9%	294	52.6%	1,792	52.5%	966
12,530	12,530	3,960	3,960	30,261	30,261	12,463
12,436	99.2%	3,945	99.6%	29,641	98.0%	12,362
94	0.8%	15	0.4%	620	2.0%	101
12,436	99.2%	3,945	99.6%	29,641	98.0%	12,362
12,083	96.4%	3,726	94.1%	27,338	90.3%	1,955
106	0.8%	43	1.1%	1,585	5.2%	10,051
0	0.0%	4	0.1%	15	0.0%	0

0	0.0%	0	0.0%	15	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
54	0.4%	0	0.0%	466	1.5%	30
0	0.0%	0	0.0%	172	0.6%	0
16	0.1%	0	0.0%	101	0.3%	0
0	0.0%	0	0.0%	110	0.4%	0
0	0.0%	0	0.0%	0	0.0%	12
38	0.3%	0	0.0%	48	0.2%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	35	0.1%	18
0	0.0%	0	0.0%	14	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	14	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
193	1.5%	172	4.3%	223	0.7%	326
94	0.8%	15	0.4%	620	2.0%	101
12	0.1%	13	0.3%	167	0.6%	48
13	0.1%	2	0.1%	81	0.3%	0
51	0.4%	0	0.0%	345	1.1%	10
0	0.0%	0	0.0%	8	0.0%	0
12,530	12,530	3,960	3,960	30,261	30,261	12,463
12,159	97.0%	3,741	94.5%	27,950	92.4%	2,021
118	0.9%	56	1.4%	1,760	5.8%	10,134
13	0.1%	6	0.2%	104	0.3%	0
114	0.9%	0	0.0%	811	2.7%	40
18	0.1%	0	0.0%	14	0.0%	0
202	1.6%	172	4.3%	242	0.8%	369
12,530	12,530	3,960	3,960	30,261	30,261	12,463
603	4.8%	291	7.3%	1,249	4.1%	833
517	4.1%	288	7.3%	1,100	3.6%	818
24	0.2%	0	0.0%	37	0.1%	0
0	0.0%	0	0.0%	37	0.1%	0
62	0.5%	3	0.1%	75	0.2%	15
11,927	95.2%	3,669	92.7%	29,012	95.9%	11,630
11,731	93.6%	3,607	91.1%	26,423	87.3%	1,435
69	0.6%	43	1.1%	1,585	5.2%	10,051
0	0.0%	4	0.1%	15	0.0%	0
54	0.4%	0	0.0%	466	1.5%	30
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	21
73	0.6%	15	0.4%	523	1.7%	93
0	0.0%	0	0.0%	0	0.0%	35
73	0.6%	15	0.4%	523	1.7%	58
4,055	(X)	1,584	(X)	10,333	(X)	5,014

	ZCTA5 60429		ZCTA5 60430		ZCTA5 60431	
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
12,463	16,006	16,006	21,217	21,217	21,783	21,783
46.1%	7,440	46.5%	9,942	46.9%	10,357	47.5%
53.9%	8,566	53.5%	11,275	53.1%	11,426	52.5%
5.1%	893	5.6%	762	3.6%	1,707	7.8%
7.7%	1,482	9.3%	1,562	7.4%	1,678	7.7%
8.1%	1,322	8.3%	1,607	7.6%	1,791	8.2%
8.0%	1,232	7.7%	2,178	10.3%	1,657	7.6%
6.7%	930	5.8%	1,153	5.4%	1,360	6.2%
10.6%	1,792	11.2%	2,049	9.7%	3,216	14.8%
12.4%	2,017	12.6%	2,824	13.3%	3,703	17.0%
15.2%	2,330	14.6%	3,572	16.8%	2,717	12.5%
7.9%	940	5.9%	1,414	6.7%	1,311	6.0%
4.9%	775	4.8%	1,218	5.7%	716	3.3%
7.2%	1,343	8.4%	1,490	7.0%	1,176	5.4%
4.9%	603	3.8%	915	4.3%	548	2.5%
1.4%	347	2.2%	473	2.2%	203	0.9%
(X)	37.1	(X)	41.0	(X)	33.5	(X)
73.5%	11,482	71.7%	16,159	76.2%	15,433	70.8%
68.3%	10,970	68.5%	14,853	70.0%	14,538	66.7%
15.9%	2,724	17.0%	3,485	16.4%	2,367	10.9%
13.5%	2,293	14.3%	2,878	13.6%	1,927	8.8%
9,155	11,482	11,482	16,159	16,159	15,433	15,433
44.7%	5,063	44.1%	7,226	44.7%	7,384	47.8%
55.3%	6,419	55.9%	8,933	55.3%	8,049	52.2%
1,677	2,293	2,293	2,878	2,878	1,927	1,927
42.4%	897	39.1%	1,142	39.7%	856	44.4%
57.6%	1,396	60.9%	1,736	60.3%	1,071	55.6%
12,463	16,006	16,006	21,217	21,217	21,783	21,783
99.2%	15,841	99.0%	20,602	97.1%	21,518	98.8%
0.8%	165	1.0%	615	2.9%	265	1.2%
99.2%	15,841	99.0%	20,602	97.1%	21,518	98.8%
15.7%	2,225	13.9%	11,312	53.3%	17,493	80.3%
80.6%	13,033	81.4%	7,981	37.6%	2,196	10.1%
0.0%	37	0.2%	0	0.0%	11	0.1%

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%	0	0.0%	4	0.0%
0.2%	78	0.5%	218	1.0%	746	3.4%
0.0%	13	0.1%	11	0.1%	94	0.4%
0.0%	35	0.2%	26	0.1%	12	0.1%
0.0%	11	0.1%	29	0.1%	557	2.6%
0.1%	0	0.0%	111	0.5%	44	0.2%
0.0%	0	0.0%	21	0.1%	10	0.0%
0.0%	0	0.0%	0	0.0%	29	0.1%
0.1%	19	0.1%	20	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	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
2.6%	468	2.9%	1,091	5.1%	1,072	4.9%
0.8%	165	1.0%	615	2.9%	265	1.2%
0.4%	111	0.7%	173	0.8%	27	0.1%
0.0%	13	0.1%	106	0.5%	13	0.1%
0.1%	0	0.0%	70	0.3%	88	0.4%
0.0%	0	0.0%	105	0.5%	0	0.0%
12,463	16,006	16,006	21,217	21,217	21,783	21,783
16.2%	2,357	14.7%	11,725	55.3%	17,754	81.5%
81.3%	13,177	82.3%	8,383	39.5%	2,235	10.3%
0.0%	50	0.3%	238	1.1%	43	0.2%
0.3%	93	0.6%	358	1.7%	845	3.9%
0.0%	0	0.0%	0	0.0%	0	0.0%
3.0%	494	3.1%	1,155	5.4%	1,198	5.5%
12,463	16,006	16,006	21,217	21,217	21,783	21,783
6.7%	1,091	6.8%	1,898	8.9%	4,025	18.5%
6.6%	938	5.9%	1,699	8.0%	3,283	15.1%
0.0%	130	0.8%	131	0.6%	263	1.2%
0.0%	12	0.1%	0	0.0%	0	0.0%
0.1%	11	0.1%	68	0.3%	479	2.2%
93.3%	14,915	93.2%	19,319	91.1%	17,758	81.5%
11.5%	1,670	10.4%	10,599	50.0%	14,697	67.5%
80.6%	12,964	81.0%	7,935	37.4%	2,178	10.0%
0.0%	14	0.1%	0	0.0%	4	0.0%
0.2%	78	0.5%	218	1.0%	746	3.4%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.2%	32	0.2%	27	0.1%	0	0.0%
0.7%	157	1.0%	540	2.5%	133	0.6%
0.3%	18	0.1%	0	0.0%	0	0.0%
0.5%	139	0.9%	540	2.5%	133	0.6%
(X)	6,426	(X)	8,144	(X)	7,407	(X)

ZCTA5 60432		ZCTA5 60433		ZCTA5 60435		ZCTA5 60436
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
21,448	21,448	17,220	17,220	49,002	49,002	18,371
11,229	52.4%	8,804	51.1%	23,168	47.3%	9,091
10,219	47.6%	8,416	48.9%	25,834	52.7%	9,280
2,156	10.1%	1,125	6.5%	3,397	6.9%	1,415
2,137	10.0%	1,155	6.7%	3,868	7.9%	1,328
1,754	8.2%	1,246	7.2%	3,144	6.4%	1,347
1,551	7.2%	1,475	8.6%	2,959	6.0%	1,382
1,681	7.8%	1,174	6.8%	3,343	6.8%	1,462
3,510	16.4%	2,339	13.6%	7,224	14.7%	2,836
2,998	14.0%	2,398	13.9%	7,139	14.6%	2,478
2,664	12.4%	2,506	14.6%	6,677	13.6%	2,689
735	3.4%	860	5.0%	2,562	5.2%	779
768	3.6%	863	5.0%	2,307	4.7%	700
880	4.1%	928	5.4%	2,905	5.9%	821
461	2.1%	774	4.5%	2,329	4.8%	818
153	0.7%	377	2.2%	1,148	2.3%	316
29.4	(X)	35.4	(X)	35.7	(X)	32.7
14,454	67.4%	12,747	74.0%	36,701	74.9%	13,351
13,551	63.2%	11,853	68.8%	34,831	71.1%	12,500
1,868	8.7%	2,593	15.1%	7,707	15.7%	2,283
1,494	7.0%	2,079	12.1%	6,382	13.0%	1,955
14,454	14,454	12,747	12,747	36,701	36,701	13,351
7,468	51.7%	6,397	50.2%	16,916	46.1%	6,702
6,986	48.3%	6,350	49.8%	19,785	53.9%	6,649
1,494	1,494	2,079	2,079	6,382	6,382	1,955
651	43.6%	881	42.4%	2,537	39.8%	672
843	56.4%	1,198	57.6%	3,845	60.2%	1,283
21,448	21,448	17,220	17,220	49,002	49,002	18,371
21,045	98.1%	16,759	97.3%	47,397	96.7%	17,459
403	1.9%	461	2.7%	1,605	3.3%	912
21,045	98.1%	16,759	97.3%	47,397	96.7%	17,459
11,113	51.8%	8,759	50.9%	36,552	74.6%	11,417
4,998	23.3%	6,015	34.9%	5,972	12.2%	4,362
67	0.3%	104	0.6%	166	0.3%	24

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0	0.0%	0	0.0%	0	0.0%	11
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	8
237	1.1%	140	0.8%	1,459	3.0%	267
26	0.1%	0	0.0%	434	0.9%	1
62	0.3%	5	0.0%	97	0.2%	26
76	0.4%	0	0.0%	280	0.6%	140
0	0.0%	13	0.1%	6	0.0%	0
23	0.1%	0	0.0%	63	0.1%	0
0	0.0%	117	0.7%	364	0.7%	0
50	0.2%	5	0.0%	215	0.4%	100
0	0.0%	0	0.0%	11	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	5	0.0%	0
0	0.0%	0	0.0%	6	0.0%	0
4,630	21.6%	1,741	10.1%	3,237	6.6%	1,389
403	1.9%	461	2.7%	1,605	3.3%	912
205	1.0%	176	1.0%	596	1.2%	718
31	0.1%	114	0.7%	373	0.8%	74
15	0.1%	9	0.1%	92	0.2%	22
0	0.0%	0	0.0%	89	0.2%	45
21,448	21,448	17,220	17,220	49,002	49,002	18,371
11,429	53.3%	9,099	52.8%	37,889	77.3%	12,284
5,259	24.5%	6,340	36.8%	6,730	13.7%	5,139
128	0.6%	259	1.5%	698	1.4%	157
283	1.3%	162	0.9%	1,692	3.5%	289
1	0.0%	13	0.1%	69	0.1%	14
4,751	22.2%	1,849	10.7%	3,634	7.4%	1,428
21,448	21,448	17,220	17,220	49,002	49,002	18,371
11,457	53.4%	5,323	30.9%	11,699	23.9%	4,832
10,646	49.6%	4,739	27.5%	9,215	18.8%	4,323
107	0.5%	139	0.8%	738	1.5%	98
0	0.0%	71	0.4%	11	0.0%	21
704	3.3%	374	2.2%	1,735	3.5%	390
9,991	46.6%	11,897	69.1%	37,303	76.1%	13,539
4,458	20.8%	5,718	33.2%	28,762	58.7%	8,093
4,947	23.1%	5,786	33.6%	5,824	11.9%	4,331
45	0.2%	0	0.0%	108	0.2%	19
237	1.1%	140	0.8%	1,459	3.0%	267
0	0.0%	0	0.0%	11	0.0%	0
167	0.8%	0	0.0%	9	0.0%	0
137	0.6%	253	1.5%	1,130	2.3%	829
0	0.0%	0	0.0%	0	0.0%	0
137	0.6%	253	1.5%	1,130	2.3%	829
6,951	(X)	6,450	(X)	19,781	(X)	6,768

	ZCTA5 60439		ZCTA5 60441		ZCTA5 60442	
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
18,371	23,177	23,177	35,532	35,532	9,684	9,684
49.5%	11,292	48.7%	18,069	50.9%	5,176	53.4%
50.5%	11,885	51.3%	17,463	49.1%	4,508	46.6%
7.7%	878	3.8%	2,353	6.6%	444	4.6%
7.2%	1,530	6.6%	2,967	8.4%	794	8.2%
7.3%	1,891	8.2%	2,937	8.3%	847	8.7%
7.5%	1,754	7.6%	2,377	6.7%	654	6.8%
8.0%	1,600	6.9%	1,945	5.5%	470	4.9%
15.4%	2,080	9.0%	5,288	14.9%	1,576	16.3%
13.5%	2,959	12.8%	5,153	14.5%	1,140	11.8%
14.6%	4,219	18.2%	5,557	15.6%	1,792	18.5%
4.2%	1,819	7.8%	2,232	6.3%	623	6.4%
3.8%	1,054	4.5%	1,320	3.7%	482	5.0%
4.5%	1,721	7.4%	1,903	5.4%	475	4.9%
4.5%	942	4.1%	1,136	3.2%	313	3.2%
1.7%	730	3.1%	364	1.0%	74	0.8%
(X)	41.7	(X)	34.8	(X)	35.4	(X)
72.7%	17,767	76.7%	25,716	72.4%	7,127	73.6%
68.0%	16,928	73.0%	24,559	69.1%	6,874	71.0%
12.4%	3,969	17.1%	4,297	12.1%	1,160	12.0%
10.6%	3,393	14.6%	3,403	9.6%	862	8.9%
13,351	17,767	17,767	25,716	25,716	7,127	7,127
50.2%	8,883	50.0%	13,269	51.6%	3,738	52.4%
49.8%	8,884	50.0%	12,447	48.4%	3,389	47.6%
1,955	3,393	3,393	3,403	3,403	862	862
34.4%	1,443	42.5%	1,439	42.3%	410	47.6%
65.6%	1,950	57.5%	1,964	57.7%	452	52.4%
18,371	23,177	23,177	35,532	35,532	9,684	9,684
95.0%	22,818	98.5%	34,841	98.1%	9,501	98.1%
5.0%	359	1.5%	691	1.9%	183	1.9%
95.0%	22,818	98.5%	34,841	98.1%	9,501	98.1%
62.1%	21,813	94.1%	31,309	88.1%	9,377	96.8%
23.7%	222	1.0%	2,413	6.8%	17	0.2%
0.1%	9	0.0%	25	0.1%	11	0.1%

0.1%	9	0.0%	0	0.0%	11	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%
1.5%	203	0.9%	579	1.6%	40	0.4%
0.0%	0	0.0%	101	0.3%	11	0.1%
0.1%	40	0.2%	50	0.1%	0	0.0%
0.8%	95	0.4%	290	0.8%	0	0.0%
0.0%	0	0.0%	13	0.0%	9	0.1%
0.0%	33	0.1%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	20	0.2%
0.5%	35	0.2%	125	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%
7.6%	571	2.5%	515	1.4%	56	0.6%
5.0%	359	1.5%	691	1.9%	183	1.9%
3.9%	65	0.3%	198	0.6%	28	0.3%
0.4%	33	0.1%	186	0.5%	20	0.2%
0.1%	160	0.7%	99	0.3%	70	0.7%
0.2%	0	0.0%	0	0.0%	0	0.0%
18,371	23,177	23,177	35,532	35,532	9,684	9,684
66.9%	22,172	95.7%	31,965	90.0%	9,528	98.4%
28.0%	287	1.2%	2,681	7.5%	45	0.5%
0.9%	42	0.2%	250	0.7%	31	0.3%
1.6%	363	1.6%	696	2.0%	142	1.5%
0.1%	0	0.0%	11	0.0%	0	0.0%
7.8%	672	2.9%	695	2.0%	121	1.2%
18,371	23,177	23,177	35,532	35,532	9,684	9,684
26.3%	1,468	6.3%	3,510	9.9%	540	5.6%
23.5%	1,117	4.8%	2,585	7.3%	392	4.0%
0.5%	101	0.4%	199	0.6%	103	1.1%
0.1%	127	0.5%	36	0.1%	0	0.0%
2.1%	123	0.5%	690	1.9%	45	0.5%
73.7%	21,709	93.7%	32,022	90.1%	9,144	94.4%
44.1%	21,001	90.6%	28,571	80.4%	8,977	92.7%
23.6%	197	0.8%	2,393	6.7%	17	0.2%
0.1%	9	0.0%	15	0.0%	11	0.1%
1.5%	203	0.9%	458	1.3%	31	0.3%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	61	0.3%	74	0.2%	0	0.0%
4.5%	238	1.0%	511	1.4%	108	1.1%
0.0%	22	0.1%	5	0.0%	32	0.3%
4.5%	216	0.9%	506	1.4%	76	0.8%
(X)	8,235	(X)	12,937	(X)	3,785	(X)

ZCTA5 60443		ZCTA5 60445		ZCTA5 60446		ZCTA5 60448
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
20,800	20,800	26,171	26,171	39,871	39,871	24,678
9,941	47.8%	13,173	50.3%	19,473	48.8%	12,340
10,859	52.2%	12,998	49.7%	20,398	51.2%	12,338
1,269	6.1%	1,853	7.1%	2,643	6.6%	1,031
1,475	7.1%	1,599	6.1%	3,563	8.9%	1,509
1,403	6.7%	1,389	5.3%	3,944	9.9%	1,825
1,467	7.1%	1,729	6.6%	3,679	9.2%	2,034
1,155	5.6%	1,596	6.1%	2,681	6.7%	1,658
1,926	9.3%	3,625	13.9%	6,069	15.2%	2,887
3,054	14.7%	3,650	13.9%	6,539	16.4%	2,851
2,792	13.4%	3,637	13.9%	4,838	12.1%	4,754
1,844	8.9%	1,833	7.0%	1,425	3.6%	1,854
1,543	7.4%	1,629	6.2%	1,402	3.5%	1,531
1,632	7.8%	1,785	6.8%	1,872	4.7%	1,388
758	3.6%	1,242	4.7%	960	2.4%	991
482	2.3%	604	2.3%	256	0.6%	365
40.6	(X)	39.2	(X)	31.4	(X)	40.6
15,612	75.1%	20,235	77.3%	27,535	69.1%	19,171
14,829	71.3%	19,118	73.1%	25,291	63.4%	17,978
3,739	18.0%	4,764	18.2%	3,968	10.0%	3,466
2,872	13.8%	3,631	13.9%	3,088	7.7%	2,744
15,612	15,612	20,235	20,235	27,535	27,535	19,171
7,400	47.4%	9,812	48.5%	13,328	48.4%	9,473
8,212	52.6%	10,423	51.5%	14,207	51.6%	9,698
2,872	2,872	3,631	3,631	3,088	3,088	2,744
1,241	43.2%	1,319	36.3%	1,344	43.5%	1,278
1,631	56.8%	2,312	63.7%	1,744	56.5%	1,466
20,800	20,800	26,171	26,171	39,871	39,871	24,678
20,552	98.8%	25,501	97.4%	38,240	95.9%	24,474
248	1.2%	670	2.6%	1,631	4.1%	204
20,552	98.8%	25,501	97.4%	38,240	95.9%	24,474
4,519	21.7%	21,944	83.8%	26,317	66.0%	23,337
15,522	74.6%	1,903	7.3%	3,971	10.0%	256
13	0.1%	72	0.3%	166	0.4%	0

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0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
116	0.6%	320	1.2%	2,698	6.8%	226
0	0.0%	112	0.4%	198	0.5%	85
8	0.0%	0	0.0%	207	0.5%	44
83	0.4%	157	0.6%	1,088	2.7%	35
0	0.0%	38	0.1%	0	0.0%	16
0	0.0%	0	0.0%	127	0.3%	19
25	0.1%	0	0.0%	87	0.2%	27
0	0.0%	13	0.0%	991	2.5%	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
382	1.8%	1,262	4.8%	5,088	12.8%	655
248	1.2%	670	2.6%	1,631	4.1%	204
194	0.9%	316	1.2%	333	0.8%	103
0	0.0%	19	0.1%	152	0.4%	19
11	0.1%	112	0.4%	440	1.1%	45
0	0.0%	0	0.0%	93	0.2%	0
20,800	20,800	26,171	26,171	39,871	39,871	24,678
4,751	22.8%	22,558	86.2%	27,560	69.1%	23,541
15,730	75.6%	2,250	8.6%	4,627	11.6%	359
13	0.1%	95	0.4%	560	1.4%	37
143	0.7%	488	1.9%	3,337	8.4%	296
5	0.0%	23	0.1%	0	0.0%	7
420	2.0%	1,450	5.5%	5,516	13.8%	667
20,800	20,800	26,171	26,171	39,871	39,871	24,678
722	3.5%	4,446	17.0%	12,565	31.5%	1,260
668	3.2%	3,244	12.4%	10,123	25.4%	1,097
36	0.2%	396	1.5%	1,168	2.9%	144
0	0.0%	7	0.0%	16	0.0%	0
18	0.1%	799	3.1%	1,258	3.2%	19
20,078	96.5%	21,725	83.0%	27,306	68.5%	23,418
4,248	20.4%	19,095	73.0%	19,535	49.0%	22,679
15,493	74.5%	1,855	7.1%	3,922	9.8%	256
0	0.0%	1	0.0%	1	0.0%	0
116	0.6%	313	1.2%	2,681	6.7%	226
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	17	0.0%	65
221	1.1%	461	1.8%	1,150	2.9%	192
11	0.1%	8	0.0%	0	0.0%	0
210	1.0%	453	1.7%	1,150	2.9%	192
8,248	(X)	11,079	(X)	12,740	(X)	8,409

	ZCTA5 60451		ZCTA5 60452		ZCTA5 60457	
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
24,678	34,516	34,516	28,096	28,096	14,367	14,367
50.0%	16,910	49.0%	13,932	49.6%	7,114	49.5%
50.0%	17,606	51.0%	14,164	50.4%	7,253	50.5%
4.2%	2,543	7.4%	1,920	6.8%	1,295	9.0%
6.1%	2,680	7.8%	1,362	4.8%	895	6.2%
7.4%	2,901	8.4%	2,210	7.9%	1,000	7.0%
8.2%	2,629	7.6%	2,104	7.5%	706	4.9%
6.7%	1,757	5.1%	2,154	7.7%	727	5.1%
11.7%	3,572	10.3%	3,664	13.0%	2,277	15.8%
11.6%	5,146	14.9%	3,632	12.9%	2,079	14.5%
19.3%	6,065	17.6%	4,219	15.0%	1,416	9.9%
7.5%	2,351	6.8%	2,152	7.7%	1,156	8.0%
6.2%	1,658	4.8%	1,271	4.5%	766	5.3%
5.6%	2,048	5.9%	2,123	7.6%	1,303	9.1%
4.0%	842	2.4%	941	3.3%	542	3.8%
1.5%	324	0.9%	344	1.2%	205	1.4%
(X)	36.9	(X)	37.2	(X)	36.4	(X)
77.7%	24,694	71.5%	21,422	76.2%	10,732	74.7%
72.9%	23,476	68.0%	20,181	71.8%	10,268	71.5%
14.0%	4,031	11.7%	4,144	14.7%	2,511	17.5%
11.1%	3,214	9.3%	3,408	12.1%	2,050	14.3%
19,171	24,694	24,694	21,422	21,422	10,732	10,732
49.4%	11,855	48.0%	10,648	49.7%	5,242	48.8%
50.6%	12,839	52.0%	10,774	50.3%	5,490	51.2%
2,744	3,214	3,214	3,408	3,408	2,050	2,050
46.6%	1,448	45.1%	1,397	41.0%	1,028	50.1%
53.4%	1,766	54.9%	2,011	59.0%	1,022	49.9%
24,678	34,516	34,516	28,096	28,096	14,367	14,367
99.2%	34,079	98.7%	27,483	97.8%	14,081	98.0%
0.8%	437	1.3%	613	2.2%	286	2.0%
99.2%	34,079	98.7%	27,483	97.8%	14,081	98.0%
94.6%	32,249	93.4%	24,610	87.6%	12,565	87.5%
1.0%	218	0.6%	1,194	4.2%	335	2.3%
0.0%	0	0.0%	173	0.6%	11	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%	42	0.1%	0	0.0%
0.9%	457	1.3%	615	2.2%	537	3.7%
0.3%	0	0.0%	194	0.7%	451	3.1%
0.2%	50	0.1%	42	0.1%	24	0.2%
0.1%	90	0.3%	332	1.2%	54	0.4%
0.1%	0	0.0%	0	0.0%	0	0.0%
0.1%	215	0.6%	25	0.1%	8	0.1%
0.1%	102	0.3%	0	0.0%	0	0.0%
0.0%	0	0.0%	22	0.1%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
2.7%	1,155	3.3%	891	3.2%	633	4.4%
0.8%	437	1.3%	613	2.2%	286	2.0%
0.4%	122	0.4%	135	0.5%	105	0.7%
0.1%	139	0.4%	149	0.5%	0	0.0%
0.2%	0	0.0%	126	0.4%	80	0.6%
0.0%	0	0.0%	0	0.0%	7	0.0%
24,678	34,516	34,516	28,096	28,096	14,367	14,367
95.4%	32,686	94.7%	25,203	89.7%	12,844	89.4%
1.5%	340	1.0%	1,368	4.9%	447	3.1%
0.1%	139	0.4%	450	1.6%	18	0.1%
1.2%	457	1.3%	842	3.0%	617	4.3%
0.0%	0	0.0%	0	0.0%	20	0.1%
2.7%	1,331	3.9%	970	3.5%	707	4.9%
24,678	34,516	34,516	28,096	28,096	14,367	14,367
5.1%	2,658	7.7%	4,313	15.4%	1,538	10.7%
4.4%	2,122	6.1%	3,270	11.6%	1,213	8.4%
0.6%	158	0.5%	110	0.4%	87	0.6%
0.0%	169	0.5%	71	0.3%	58	0.4%
0.1%	209	0.6%	862	3.1%	180	1.3%
94.9%	31,858	92.3%	23,783	84.6%	12,829	89.3%
91.9%	30,963	89.7%	21,269	75.7%	11,723	81.6%
1.0%	203	0.6%	1,194	4.2%	310	2.2%
0.0%	0	0.0%	82	0.3%	11	0.1%
0.9%	457	1.3%	615	2.2%	537	3.7%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.3%	0	0.0%	63	0.2%	0	0.0%
0.8%	235	0.7%	560	2.0%	248	1.7%
0.0%	0	0.0%	35	0.1%	36	0.3%
0.8%	235	0.7%	525	1.9%	212	1.5%
(X)	11,674	(X)	10,149	(X)	5,421	(X)

ZCTA5 60462		ZCTA5 60463		ZCTA5 60464		ZCTA5 60465
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
38,801	38,801	14,337	14,337	9,707	9,707	17,567
18,337	47.3%	6,815	47.5%	4,103	42.3%	8,442
20,464	52.7%	7,522	52.5%	5,604	57.7%	9,125
1,622	4.2%	518	3.6%	239	2.5%	864
1,705	4.4%	606	4.2%	414	4.3%	715
2,271	5.9%	723	5.0%	743	7.7%	732
2,468	6.4%	1,028	7.2%	468	4.8%	1,196
2,334	6.0%	652	4.5%	356	3.7%	1,315
4,079	10.5%	1,001	7.0%	666	6.9%	1,808
4,540	11.7%	1,238	8.6%	921	9.5%	2,171
6,589	17.0%	2,029	14.2%	1,164	12.0%	2,790
2,639	6.8%	1,246	8.7%	973	10.0%	1,491
2,860	7.4%	940	6.6%	850	8.8%	1,300
4,146	10.7%	1,687	11.8%	1,407	14.5%	1,461
2,586	6.7%	1,910	13.3%	839	8.6%	1,112
962	2.5%	759	5.3%	667	6.9%	612
45.6	(X)	52.7	(X)	54.2	(X)	44.9
31,701	81.7%	11,978	83.5%	7,994	82.4%	14,419
30,245	77.9%	11,300	78.8%	7,749	79.8%	13,791
9,322	24.0%	4,903	34.2%	3,481	35.9%	3,882
7,694	19.8%	4,356	30.4%	2,913	30.0%	3,185
31,701	31,701	11,978	11,978	7,994	7,994	14,419
14,617	46.1%	5,528	46.2%	3,374	42.2%	6,957
17,084	53.9%	6,450	53.8%	4,620	57.8%	7,462
7,694	7,694	4,356	4,356	2,913	2,913	3,185
3,190	41.5%	1,820	41.8%	978	33.6%	1,392
4,504	58.5%	2,536	58.2%	1,935	66.4%	1,793
38,801	38,801	14,337	14,337	9,707	9,707	17,567
38,075	98.1%	14,208	99.1%	9,620	99.1%	17,398
726	1.9%	129	0.9%	87	0.9%	169
38,075	98.1%	14,208	99.1%	9,620	99.1%	17,398
34,470	88.8%	13,432	93.7%	9,000	92.7%	15,347
1,077	2.8%	290	2.0%	36	0.4%	924
38	0.1%	0	0.0%	0	0.0%	17

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38	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
2,127	5.5%	437	3.0%	572	5.9%	763
543	1.4%	77	0.5%	462	4.8%	93
331	0.9%	119	0.8%	42	0.4%	14
543	1.4%	160	1.1%	6	0.1%	126
39	0.1%	0	0.0%	0	0.0%	0
254	0.7%	40	0.3%	45	0.5%	68
59	0.2%	0	0.0%	0	0.0%	180
358	0.9%	41	0.3%	17	0.2%	282
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
363	0.9%	49	0.3%	12	0.1%	347
726	1.9%	129	0.9%	87	0.9%	169
62	0.2%	0	0.0%	0	0.0%	54
160	0.4%	0	0.0%	16	0.2%	0
208	0.5%	50	0.3%	13	0.1%	29
0	0.0%	4	0.0%	0	0.0%	0
38,801	38,801	14,337	14,337	9,707	9,707	17,567
35,133	90.5%	13,557	94.6%	9,053	93.3%	15,516
1,150	3.0%	294	2.1%	53	0.5%	1,014
221	0.6%	4	0.0%	33	0.3%	53
2,539	6.5%	508	3.5%	619	6.4%	792
0	0.0%	48	0.3%	0	0.0%	0
625	1.6%	76	0.5%	53	0.5%	397
38,801	38,801	14,337	14,337	9,707	9,707	17,567
2,755	7.1%	515	3.6%	159	1.6%	1,374
1,902	4.9%	381	2.7%	144	1.5%	1,156
23	0.1%	37	0.3%	0	0.0%	33
30	0.1%	0	0.0%	15	0.2%	0
800	2.1%	97	0.7%	0	0.0%	185
36,046	92.9%	13,822	96.4%	9,548	98.4%	16,193
32,429	83.6%	12,938	90.2%	8,869	91.4%	14,266
1,017	2.6%	290	2.0%	36	0.4%	924
38	0.1%	0	0.0%	0	0.0%	0
2,112	5.4%	437	3.0%	572	5.9%	763
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	39	0.3%	0	0.0%	121
450	1.2%	118	0.8%	71	0.7%	119
50	0.1%	16	0.1%	41	0.4%	0
400	1.0%	102	0.7%	30	0.3%	119
15,552	(X)	6,009	(X)	4,298	(X)	7,637

	ZCTA5 60467		ZCTA5 60469		ZCTA5 60477	
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
17,567	26,880	26,880	6,017	6,017	38,144	38,144
48.1%	12,444	46.3%	3,048	50.7%	18,260	47.9%
51.9%	14,436	53.7%	2,969	49.3%	19,884	52.1%
4.9%	1,288	4.8%	613	10.2%	2,628	6.9%
4.1%	1,412	5.3%	309	5.1%	2,162	5.7%
4.2%	2,171	8.1%	742	12.3%	2,063	5.4%
6.8%	2,003	7.5%	524	8.7%	2,388	6.3%
7.5%	1,415	5.3%	405	6.7%	2,000	5.2%
10.3%	2,245	8.4%	917	15.2%	6,076	15.9%
12.4%	2,933	10.9%	909	15.1%	4,499	11.8%
15.9%	4,835	18.0%	748	12.4%	5,650	14.8%
8.5%	2,233	8.3%	333	5.5%	3,053	8.0%
7.4%	1,644	6.1%	279	4.6%	2,223	5.8%
8.3%	2,451	9.1%	137	2.3%	2,776	7.3%
6.3%	1,510	5.6%	92	1.5%	1,814	4.8%
3.5%	740	2.8%	9	0.1%	812	2.1%
(X)	44.9	(X)	30.2	(X)	38.6	(X)
82.1%	20,521	76.3%	3,995	66.4%	29,665	77.8%
78.5%	19,702	73.3%	3,770	62.7%	28,681	75.2%
22.1%	5,400	20.1%	461	7.7%	6,681	17.5%
18.1%	4,701	17.5%	238	4.0%	5,402	14.2%
14,419	20,521	20,521	3,995	3,995	29,665	29,665
48.2%	9,542	46.5%	2,104	52.7%	14,211	47.9%
51.8%	10,979	53.5%	1,891	47.3%	15,454	52.1%
3,185	4,701	4,701	238	238	5,402	5,402
43.7%	2,034	43.3%	84	35.3%	2,318	42.9%
56.3%	2,667	56.7%	154	64.7%	3,084	57.1%
17,567	26,880	26,880	6,017	6,017	38,144	38,144
99.0%	26,506	98.6%	5,985	99.5%	37,455	98.2%
1.0%	374	1.4%	32	0.5%	689	1.8%
99.0%	26,506	98.6%	5,985	99.5%	37,455	98.2%
87.4%	24,501	91.1%	3,716	61.8%	32,821	86.0%
5.3%	451	1.7%	1,203	20.0%	1,488	3.9%
0.1%	0	0.0%	52	0.9%	36	0.1%

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0.0%	0	0.0%	14	0.2%	18	0.0%
0.0%	0	0.0%	0	0.0%	7	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%	0	0.0%
4.3%	1,261	4.7%	0	0.0%	1,170	3.1%
0.5%	213	0.8%	0	0.0%	386	1.0%
0.1%	312	1.2%	0	0.0%	0	0.0%
0.7%	340	1.3%	0	0.0%	402	1.1%
0.0%	4	0.0%	0	0.0%	24	0.1%
0.4%	54	0.2%	0	0.0%	155	0.4%
1.0%	24	0.1%	0	0.0%	182	0.5%
1.6%	314	1.2%	0	0.0%	21	0.1%
0.0%	0	0.0%	0	0.0%	54	0.1%
0.0%	0	0.0%	0	0.0%	54	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%
2.0%	293	1.1%	1,014	16.9%	1,886	4.9%
1.0%	374	1.4%	32	0.5%	689	1.8%
0.3%	18	0.1%	0	0.0%	253	0.7%
0.0%	107	0.4%	32	0.5%	100	0.3%
0.2%	214	0.8%	0	0.0%	126	0.3%
0.0%	0	0.0%	0	0.0%	0	0.0%
17,567	26,880	26,880	6,017	6,017	38,144	38,144
88.3%	24,875	92.5%	3,748	62.3%	33,487	87.8%
5.8%	469	1.7%	1,203	20.0%	1,752	4.6%
0.3%	107	0.4%	84	1.4%	136	0.4%
4.5%	1,475	5.5%	0	0.0%	1,330	3.5%
0.0%	35	0.1%	0	0.0%	54	0.1%
2.3%	293	1.1%	1,014	16.9%	2,085	5.5%
17,567	26,880	26,880	6,017	6,017	38,144	38,144
7.8%	1,950	7.3%	3,385	56.3%	4,301	11.3%
6.6%	1,624	6.0%	3,376	56.1%	4,000	10.5%
0.2%	99	0.4%	9	0.1%	151	0.4%
0.0%	167	0.6%	0	0.0%	31	0.1%
1.1%	60	0.2%	0	0.0%	119	0.3%
92.2%	24,930	92.7%	2,632	43.7%	33,843	88.7%
81.2%	22,817	84.9%	1,418	23.6%	30,641	80.3%
5.3%	451	1.7%	1,203	20.0%	1,451	3.8%
0.0%	0	0.0%	11	0.2%	25	0.1%
4.3%	1,261	4.7%	0	0.0%	1,170	3.1%
0.0%	0	0.0%	0	0.0%	54	0.1%
0.7%	27	0.1%	0	0.0%	19	0.0%
0.7%	374	1.4%	0	0.0%	483	1.3%
0.0%	0	0.0%	0	0.0%	11	0.0%
0.7%	374	1.4%	0	0.0%	472	1.2%
(X)	9,418	(X)	2,040	(X)	15,689	(X)

ZCTA5 60478		ZCTA5 60480		ZCTA5 60482		ZCTA5 60487
Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
16,856	16,856	5,006	5,006	11,152	11,152	26,795
7,682	45.6%	2,426	48.5%	5,419	48.6%	13,432
9,174	54.4%	2,580	51.5%	5,733	51.4%	13,363
1,130	6.7%	294	5.9%	651	5.8%	1,432
1,143	6.8%	166	3.3%	607	5.4%	1,913
1,239	7.4%	293	5.9%	733	6.6%	1,978
1,198	7.1%	448	8.9%	755	6.8%	2,275
863	5.1%	126	2.5%	664	6.0%	1,451
1,715	10.2%	528	10.5%	1,871	16.8%	3,226
2,392	14.2%	765	15.3%	1,457	13.1%	3,666
2,513	14.9%	777	15.5%	1,629	14.6%	4,619
1,205	7.1%	344	6.9%	846	7.6%	2,000
1,330	7.9%	475	9.5%	716	6.4%	1,686
1,267	7.5%	434	8.7%	635	5.7%	1,652
564	3.3%	329	6.6%	459	4.1%	631
297	1.8%	27	0.5%	129	1.2%	266
39.5	(X)	44.3	(X)	37.0	(X)	37.9
12,550	74.5%	3,998	79.9%	8,649	77.6%	19,919
11,923	70.7%	3,749	74.9%	8,280	74.2%	18,878
2,803	16.6%	1,061	21.2%	1,648	14.8%	3,469
2,128	12.6%	790	15.8%	1,223	11.0%	2,549
12,550	12,550	3,998	3,998	8,649	8,649	19,919
5,296	42.2%	1,865	46.6%	4,217	48.8%	9,579
7,254	57.8%	2,133	53.4%	4,432	51.2%	10,340
2,128	2,128	790	790	1,223	1,223	2,549
776	36.5%	382	48.4%	489	40.0%	1,038
1,352	63.5%	408	51.6%	734	60.0%	1,511
16,856	16,856	5,006	5,006	11,152	11,152	26,795
16,568	98.3%	4,930	98.5%	11,031	98.9%	26,411
288	1.7%	76	1.5%	121	1.1%	384
16,568	98.3%	4,930	98.5%	11,031	98.9%	26,411
1,628	9.7%	4,451	88.9%	10,207	91.5%	23,093
14,631	86.8%	108	2.2%	349	3.1%	744
97	0.6%	0	0.0%	35	0.3%	82

0	0.0%	0	0.0%	11	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
114	0.7%	207	4.1%	143	1.3%	1,757
0	0.0%	105	2.1%	47	0.4%	367
24	0.1%	51	1.0%	0	0.0%	258
73	0.4%	35	0.7%	22	0.2%	724
0	0.0%	0	0.0%	0	0.0%	15
17	0.1%	16	0.3%	0	0.0%	200
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	74	0.7%	193
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
0	0.0%	0	0.0%	0	0.0%	0
98	0.6%	164	3.3%	297	2.7%	735
288	1.7%	76	1.5%	121	1.1%	384
101	0.6%	0	0.0%	2	0.0%	0
0	0.0%	14	0.3%	0	0.0%	18
24	0.1%	43	0.9%	51	0.5%	239
56	0.3%	0	0.0%	0	0.0%	0
16,856	16,856	5,006	5,006	11,152	11,152	26,795
1,851	11.0%	4,527	90.4%	10,325	92.6%	23,477
14,788	87.7%	108	2.2%	354	3.2%	744
153	0.9%	14	0.3%	35	0.3%	100
147	0.9%	250	5.0%	194	1.7%	1,996
9	0.1%	0	0.0%	0	0.0%	0
196	1.2%	183	3.7%	365	3.3%	862
16,856	16,856	5,006	5,006	11,152	11,152	26,795
644	3.8%	399	8.0%	1,098	9.8%	1,867
166	1.0%	235	4.7%	754	6.8%	1,686
275	1.6%	0	0.0%	185	1.7%	74
142	0.8%	0	0.0%	17	0.2%	0
61	0.4%	164	3.3%	142	1.3%	107
16,212	96.2%	4,607	92.0%	10,054	90.2%	24,928
1,403	8.3%	4,278	85.5%	9,509	85.3%	22,113
14,380	85.3%	108	2.2%	311	2.8%	744
97	0.6%	0	0.0%	35	0.3%	0
114	0.7%	207	4.1%	143	1.3%	1,739
0	0.0%	0	0.0%	0	0.0%	0
28	0.2%	0	0.0%	0	0.0%	13
190	1.1%	14	0.3%	56	0.5%	319
0	0.0%	0	0.0%	3	0.0%	62
190	1.1%	14	0.3%	53	0.5%	257
6,566	(X)	2,108	(X)	4,760	(X)	8,837

	ZCTA5 60491		ZCTA5 60544	
Percent	Estimate	Percent	Estimate	Percent
26,795	22,573	22,573	25,188	25,188
50.1%	10,939	48.5%	12,337	49.0%
49.9%	11,634	51.5%	12,851	51.0%
5.3%	1,000	4.4%	1,953	7.8%
7.1%	1,675	7.4%	2,187	8.7%
7.4%	1,828	8.1%	2,334	9.3%
8.5%	1,673	7.4%	1,791	7.1%
5.4%	1,027	4.5%	1,125	4.5%
12.0%	1,803	8.0%	2,686	10.7%
13.7%	2,930	13.0%	3,870	15.4%
17.2%	4,069	18.0%	3,467	13.8%
7.5%	2,074	9.2%	1,145	4.5%
6.3%	1,482	6.6%	985	3.9%
6.2%	1,800	8.0%	1,874	7.4%
2.4%	785	3.5%	1,368	5.4%
1.0%	427	1.9%	403	1.6%
(X)	43.4	(X)	35.9	(X)
74.3%	16,957	75.1%	17,358	68.9%
70.5%	16,264	72.1%	16,550	65.7%
12.9%	3,819	16.9%	4,196	16.7%
9.5%	3,012	13.3%	3,645	14.5%
19,919	16,957	16,957	17,358	17,358
48.1%	8,324	49.1%	8,149	46.9%
51.9%	8,633	50.9%	9,209	53.1%
2,549	3,012	3,012	3,645	3,645
40.7%	1,329	44.1%	1,432	39.3%
59.3%	1,683	55.9%	2,213	60.7%
26,795	22,573	22,573	25,188	25,188
98.6%	22,383	99.2%	24,550	97.5%
1.4%	190	0.8%	638	2.5%
98.6%	22,383	99.2%	24,550	97.5%
86.2%	21,248	94.1%	20,248	80.4%
2.8%	640	2.8%	1,916	7.6%
0.3%	63	0.3%	14	0.1%

ATTACHMENT-18B

0.0%	7	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%
6.6%	316	1.4%	1,363	5.4%
1.4%	97	0.4%	425	1.7%
1.0%	47	0.2%	53	0.2%
2.7%	137	0.6%	247	1.0%
0.1%	0	0.0%	15	0.1%
0.7%	35	0.2%	39	0.2%
0.0%	0	0.0%	0	0.0%
0.7%	0	0.0%	584	2.3%
0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	0	0.0%
2.7%	116	0.5%	1,009	4.0%
1.4%	190	0.8%	638	2.5%
0.0%	69	0.3%	315	1.3%
0.1%	30	0.1%	70	0.3%
0.9%	14	0.1%	127	0.5%
0.0%	0	0.0%	0	0.0%
26,795	22,573	22,573	25,188	25,188
87.6%	21,438	95.0%	20,779	82.5%
2.8%	721	3.2%	2,336	9.3%
0.4%	105	0.5%	84	0.3%
7.4%	330	1.5%	1,492	5.9%
0.0%	9	0.0%	0	0.0%
3.2%	172	0.8%	1,135	4.5%
26,795	22,573	22,573	25,188	25,188
7.0%	1,083	4.8%	3,786	15.0%
6.3%	923	4.1%	3,125	12.4%
0.3%	41	0.2%	134	0.5%
0.0%	31	0.1%	1	0.0%
0.4%	88	0.4%	526	2.1%
93.0%	21,490	95.2%	21,402	85.0%
82.5%	20,355	90.2%	17,701	70.3%
2.8%	640	2.8%	1,889	7.5%
0.0%	45	0.2%	0	0.0%
6.5%	316	1.4%	1,363	5.4%
0.0%	0	0.0%	0	0.0%
0.0%	0	0.0%	79	0.3%
1.2%	134	0.6%	370	1.5%
0.2%	0	0.0%	0	0.0%
1.0%	134	0.6%	370	1.5%
(X)	7,911	(X)	9,570	(X)

Alden Estates-Courts of New Lenox
30-Min Adjusted Drive Time Facilities

FACNAME	ADDRESS	CITY	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
Spring Creek Nursing & Rehab Center	777 Draper	Joliet	168	4.22	8.1
Smith Crossing (1)	10501 Emilie Ln	Orland Park	46	6.61	11.5
Sunny Hill Nursing Home Will County (2)	421 Doris Avenue	Joliet	280	8.71	12.7
Salem Village Nursing & Rehab	1314 Rowell Avenue	Joliet	266	8.35	12.7
Joliet Terrace Nursing Center	2230 Mcdonough	Joliet	120	11.41	16.1
Symphony of Joliet	306 North Larkin Avenue	Joliet	214	11.81	16.1
Victorian Village (3) (licensure 1/26/15)	12565 W. Renaissance Circle	Homer Glen		9.67	16.1
Lemont Nrsg & Rehab Center	12450 Walker Rd	Lemont	158	10.61	16.1
Alden Estates of Orland Park	16450 South 97th Avenue	Orland Park	200	8.74	16.1
The PARC at Joliet	222 North Hammes	Joliet	203	12.09	17.3
Presence Villa Franciscan	210 North Springfield Avenue	Joliet	154	12.37	18.4
Our Lady Of Angels Ret Home	1201 Wyoming Avenue	Joliet	87	8.23	18.4
Franciscan Village (4)	1270 Franciscan Drive	Lemont	127	12.22	19.6
Frankfort Terrace Nursing Center	40 North Smith Street	Frankfort	120	11.6	19.6
Lexington Health Care Center	14601 S. John Humphrey Drive	Orland Park	278	11.07	20.7
McAllister Nursing & Rehab (5)	18300 Lavergne Ave	Country Club Hills	111	14.81	20.7
Holy Family Villa (6)	Will Cook Rd	Palos Park	129	12.89	21.9
Advocate South Suburban Hospital	17800 South Kedzie Avenue	Hazel Crest	41	17.63	21.9
Pine Crest Health Care	3300 West 175th Street	Hazel Crest	199	17.42	21.9
Oak Forest Hospital (7)(closed)	15900 South Cicero Avenue	Oak Forest		17.35	23.0
Applewood Rehabilitation Center (8)	21020 Kostner Avenue	Matteson	115	18.86	24.2
Alden Estates of Shorewood (9)	735 Shorewood Dr	Shorewood	100	18.85	25.3
Rosewood Care Center	3401 Hennepin Drive	Joliet	120	11.63	25.3
Symphony of Crestwood	14255 South Cicero Ave	Midlothian	303	19.41	26.5
Manorcare of Palos Heights West	11860 Southwest Highway	Palos Heights	130	15.04	26.5
Manorcare of Palos Heights East	7850 West College Drive	Palos Heights	184	15.12	26.5
Aperion Care Midlothian	3249 West 147 Street	Midlothian	91	20.06	26.5
Heather Healthcare Center	15600 Honore Ave	Harvey	173	20.16	26.5
Lakewood Nrsg & Rehab Center (10)	1112 North Eastern Avenue	Plainfield	131	16.46	29.9
Crestwood Terrace Nursing Center	13301 South Central Ave	Midlothian	126	17	29.9
Providence of Palos Heights (11)	13259 South Central Avenue	Palos Heights	193	17.06	29.9
			4567		

(1) Exported City: Molenka; Profile City & Website City: Orland Park
(2) Bed Change: 02/04/15 discontinued 8 Nsg Care beds; 3/9/15 Bed Change: Discontinued 20 Nsg Care beds; facility now has 252 Nsg Care beds
(3) 08-082 Permit issued to establish a 50-bed Nsg Care facility 09/01/2009; Facility licensed by IDPH for operation; Facility has 50 Nsg Care beds. Licensure 01/26/15
(4) profile address: 1260 Franciscan Drive
(5) Permit issued to add 89 Nsg Care beds to existing facility; facility will have 200 Nsg Care beds upon project completion
(6) profile address: 12220 South Will Cook Road
(7) Facility Closed. 10 Nsg Care beds removed from Inventory 01/07/14
(8) Permit issued for modernization and addition of 39 to existing facility; facility will have 154 Nsg Care beds upon projet completion. 15-008 06
(9) Permit issued to add 50 Nsg Care beds to existing facility; facility will have 150 Nsg Care beds upon project completion 12-032 10/31/2012; Profile address & Website address: 710 West Black Road
(10) Profile address & Facility Website address: 14716 South Eastern Avenue
(11) Name Change from Rest Haven Central 11/10/2008

ATTACHMENT-18C

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 proposed 140-bed Long-Term Care facility. This project is atypical from traditional start-up projects as the parental entity has two immediate area (within the required 30-minute travel time) facilities. From these two facilities, Alden Estates of Orland Park and Alden Estates of Shorewood in the past six months, 37 job applications have been submitted (unsolicited), 1 DON/RN, 19 RNs, 3 LPNs and 14 CNAs. Thus, the majority of personnel can be in place as the initial project proceeds through construction completion. Without solicitation the Applicants have 35 percent of the staffing necessary to staff the facility and the project has yet to be approved. To achieve adequate staffing levels, the Applicant will start by reviewing and interviewing from the employment applications currently on file. To further explain the internal process in recruiting and hiring staff a narrative description is provided below:

ATTACHMENT- 19

The Applicants are related to a much larger organization that operates several general and several specialized long-term care facilities. Therefore, the Applicant and its administrative service company have the resources of general long-term care facilities throughout Illinois. This organization also has several assisted living and independent living units within Illinois. It is 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 is closely related to Alden Management Services, Inc., the administrative services company, who recruits locally, regionally, and nationally for highly qualified staff.

Specific Staffing Achievement Plan

We will utilize all available print, online, and face to face advertising to publicize the opening and available positions including but not limited to the following options:

1. Post a banner ad (3x's) in the local New Lenox newspaper announcing the expected facility opening, scheduled to be posted 3-, 2-, and 1-month prior to opening.
2. Hold a day-long job fair locally to recruit and interview candidates 1-2 months prior to opening.

ATTACHMENT- 19

3. Create and add to the Alden Network website 2 individual home pages applicable to each facility listing information about construction progress, facility services and open positions including on line application capability.
4. Utilize available contracted job postings through CareerBuilder and LinkedIn.
5. Utilize available contracted recruiters for major positions search.
6 Advertise internally within our current network of facilities for staff transfers and/or promotions.
7. Signage at the job site will include contact phone number for career information.

Thus, it does not appear that between the Applicant's experience and through the experience of the existing campus that there will be any difficulty in securing the needed health care manpower.

ATTACHMENT- 19

Alden Estates-Courts of New Lenox
Proposed Staffing Pattern @ 90% Occupancy

TITLE	FTE's
Administrative	
Administrator	1.0
Personnel Manager	1.0
Social Service	1.0
Asst. Administrator	1.0
Resident Care Coordinator	2.0
Admissions	2.0
Receptionist	1.5
Office Manager	1.0
Office	1.0
Marketing	1.0
	12.5
Nusring	
DON	1.0
ADON	1.0
Professionals	21.0
Aides	31.0
Unit Manager	2.0
	56.0
Activities	
Director	1.0
Program Director	1.0
Aides	6.0
	8.0
Dietary	
Supervisor	1.0
Chefs and Cooks	4.0
Dietary Aides	6.0
Dining Room Aides	7.0
	18.0
Housekeeping and Maintenance	
Supervisor	1.0
Housekeeping Aides	8.0
	9.0
TOTAL FTE's	**103.5**

ATTACHMENT-19A

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 140-bed nursing care facility well under this 250 bed limit. Therefore, the proposed project is compliant with this criterion.

ATTACHMENT- 20

Criterion 1125.610 - Community Related Functions

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

Appended as **ATTACHMENT-21A** are four (4) letters of support for the proposed Alden Estates-Courts of New Lenox. These letters are from Ruth Colby, Senior Vice President, Business Development, Chief Strategy Officer, Silver Cross Hospital; Michael B. Hickey, Supervisor of New Lenox Township; Fr. Don Lewandowski, OSA, Pastor, St. Jude Parish, New Lenox; Rev. Douglas E. Hoag, Trinity Lutheran Church. Appended as **ATTACHMENT-21B** are nineteen (19) additional letters from residents of the New Lenox area expressing support for the proposed project.

ATTACHMENT- 21

NEW LENOX TOWNSHIP

1100 South Cedar Road
New Lenox, Illinois 60451
(815) 485-6431
Fax # (815) 485-2544

October 5, 2015

SUPERVISOR
MICHAEL HICKEY

ASSESSOR
BONNIE HERNANDEZ

CLERK
ANNETTE BOYD

HIGHWAY COMMISSIONER
DENNIS McPARTLIN

TRUSTEES
MARTIN BOBAN
DAVID MEDEMA
BARBARA KAUPAS
DONALD L. WENNLUND

COLLECTOR
KATHY HILTON

Ms Courtney Avery,

Health Facilities and Service Review Board

Illinois Department of Public Health

525 W. Jefferson St. Second Floor

Springfield, Il 62761

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox, IL

Dear Ms. Avery,

I am writing this letter in support of Alden's proposal to develop Alden Estates-Courts of New Lenox. The addition of a 100 bed skilled rehabilitation center and a 40 bed skilled memory facility would be a welcome addition to our community and this part of Will County-Southwest Cook County. It is a natural addition to the Silver Cross Hospital area health care facilities. Our New Lenox area will continue to increase in population and these type of facilities are needed for the overall health care of our residents.

Thank you for giving Alden's certificate of need application consideration.

Sincerely

Michael B. Hickey

New Lenox Township, Supervisor,

E-Mail: nltwp@newlenox.org
Web Site: www.newlenox.org

ATTACHMENT-21A

THE CATHOLIC COMMUNITY OF
SAINT JUDE

October 8, 2015

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

RE: Application for Certificate of Need for Alden Estates – Courts of New Lenox
Cedar Crossing Drive, New Lenox, Illinois

Dear Ms. Avery,

I am writing to support Alden's proposal to develop Alden Estates – Courts of New Lenox, a 100 bed skilled rehabilitation and health care center and Alden Courts of New Lenox a 40 bed skilled memory care facility. I believe there is a tremendous need for this level of care and this development will provide unique and much needed service to our growing community.

With Silver Cross Hospital being adjacent to this location, this development will be a terrific continuum of care for the village. As the population continues to age and grow in and around the New Lenox area, these services are very much needed.

Thank you for giving Alden's certificate of need application every consideration.

Respectfully,

Fr. Don Lewandowski, OSA

Fr. Don Lewandowski, OSA
Pastor
St. Jude Parish, New Lenox

The Augustinian Friars
241 West Second Avenue
New Lenox, Il 60451

P 815 485 8049
F 815 485 7754

School 485 2549
Rel. Educ. Office 485 4852
Youth Ministry 485 8482
Evangelization 485 8580
Adult Faith Formation 485 9999

www.stjudes.org

ATTACHMENT-21A

SILVER CROSS
HOSPITAL

1900 Silver Cross Blvd. • New Lenox, IL 60451
(815) 300-7124 • www.silvercross.org

October 20, 2015

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

Re: Letter of Support on CON for 140-bed Nursing facility in New Lenox, Illinois

Dear Ms. Avery:

It is our understanding that the Alden Group, Ltd. through its affiliates proposes to establish a 140-bed nursing care facility, 100 beds for general geriatric and rehab care and 40-bed nursing for memory care.

We support the project, as it will greatly enhance accessibility to skilled nursing in our area, meeting the 141 bed need determined by the Illinois Health Facilities and Services Review Board.

Alden Group, Ltd currently provides health care related services to residents of the planning area within Health Service Area 9, Will County and surrounding service area 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.

We are familiar with member facilities of the Alden Group, Ltd. and can attest to the commitment and management ability they bring to the skilled nursing and long-term care profession.

Sincerely,

Ruth Colby

Ruth Colby
Senior Vice President, Business Development
Chief Strategy Officer
Silver Cross Hospital

SUBSCRIBED and SWORN to before me
this 20th day of October, 2015

Carol J. Zier
Notary Public

"OFFICIAL SEAL"
CAROL J. ZIER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 17, 2019

Trinity Lutheran Church

508 NORTH CEDAR ROAD
NEW LENOX, ILLINOIS 60451
CHURCH OFFICES: 815/485-6973
FAX: 815/485-0804

www.trinitynewlenox.org
REV. DOUGLAS E. HOAG, PASTOR

October 13, 2015

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

RE: Application for Certificate of Need for Alden Estates – Courts of New Lenox
Cedar Crossing Drive, New Lenox, Illinois
100 bed skilled Rehabilitation and Health Care
40 bed skilled Memory Care Facility

Dear Ms. Avery,

I am writing to express my support for Alden's proposed new development in New Lenox area. This 100 bed rehabilitation and health care center, a 40 bed skilled memory care facility will be a very welcome asset to our growing community. With the nearby Silver Cross Hospital and along with the aging population of the New Lenox area, these services are very much needed. Also, a growing number of people in the area are finding themselves having to care for aging parents. Having a facility of this kind would be a positive resource for caregivers.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

Rev. Douglas E. Hoag

Rev. Douglas E. Hoag

DATE: 10 - 13 - 15

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

Dear Ms. Avery:

I am a resident of the New Lenox area and I am writing to express my support for Alden's proposed Alden Estates of New Lenox, a 100-bed rehabilitation and health care center, and Alden Courts of New Lenox, a 40-bed skilled memory care facility, which are proposed on Cedar Crossing Drive in New Lenox. These services are very much needed, with the adjacent new Silver Cross Hospital, along with the aging population in New Lenox a development like this will be a welcome addition to our community.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Sue Ann Bement

PRINT NAME Sue Ann Bement

STREET ADDRESS 2101 Digby Dr.

CITY AND STATE New Lenox, Ill. 60451

ATTACHMENT-21B

DATE: 10-13-15

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Janet Kafka

PRINT NAME JANET KAFKA

STREET ADDRESS 771 MOON VISTA CT

CITY AND STATE NEW LENOX IL 60451

ATTACHMENT-21B

DATE: 10/13/15

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Betty Kenny

PRINT NAME BETTY KENNY

STREET ADDRESS 77 BATSON CT.

CITY AND STATE NEW LENOX, IL.

ATTACHMENT-21B

DATE: 10-12-2015

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

Dear Ms. Avery:

I am a resident of the New Lenox area and I am writing to express my support for Alden's proposed Alden Estates of New Lenox, a 100-bed rehabilitation and health care center, and Alden Courts of New Lenox, a 40-bed skilled memory care facility, which are proposed on Cedar Crossing Drive in New Lenox. These services are very much needed, with the adjacent new Silver Cross Hospital, along with the aging population in New Lenox a development like this will be a welcome addition to our community.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Lawrence M. Soja

PRINT NAME Lawrence M. Soja

STREET ADDRESS 612 W. Joliet Hwy.

CITY AND STATE New Lenox IL. 60451

ATTACHMENT-21B

DATE: 10-13-2015

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

Dear Ms. Avery:

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Lewis G Wolfe

PRINT NAME Lewis G. Wolfe

STREET ADDRESS 1634 Grand Prairie Drive

CITY AND STATE New Lenox, IL 60451

ATTACHMENT-21B

DATE: Oct 13 2015

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

Dear Ms. Avery:

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Beverly J. Young

PRINT NAME Beverly J Young

STREET ADDRESS 1226 Eileen St

CITY AND STATE New Lenox, IL 60451

ATTACHMENT-21B

DATE: 10-13-15

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Joseph L Zenkel

PRINT NAME JOSEPH L ZENKEL

STREET ADDRESS 795 BRAD DR

CITY AND STATE NEW LENOX IL 60451

ATTACHMENT-21B

DATE: 10-13-15

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Carole L Zekikel

PRINT NAME CAROLE L ZEKIKEL

STREET ADDRESS 795 BRAD DR.

CITY AND STATE NEW LENOX, IL. 60451

ATTACHMENT-21B

DATE: 10-13-2015

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

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Judith Wolfe

PRINT NAME Judith Wolfe

STREET ADDRESS 1634 Grand Prairie Dr

CITY AND STATE New Lenox, IL 60451

ATTACHMENT-21B

DATE: 10-13-15

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

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Thomas F. Bojar

PRINT NAME THOMAS F. BOJAR

STREET ADDRESS 1229 TIMBER PL.

CITY AND STATE NEW LENOX, IL 60451

ATTACHMENT-21B

DATE: 10-13-15

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE John Beland

PRINT NAME John Beland

STREET ADDRESS _____

CITY AND STATE _____

ATTACHMENT-21B

DATE: 10-13-15

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

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Jean Scherer

PRINT NAME Jean Scherer

STREET ADDRESS 101 W Woodlawn Rd

CITY AND STATE New Lenox, IL

ATTACHMENT-21B

DATE: 10-13-15

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Allen Scherer

PRINT NAME ALLEN SCHERER

STREET ADDRESS 101 W. WOODLAWN RD

CITY AND STATE NEW LENOX, IL 60451

ATTACHMENT-21B

DATE: 10-13-15

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

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Roger L. Young

PRINT NAME Roger L. Young

STREET ADDRESS 1226 Creed St

CITY AND STATE New Lenox, IL. 60451

ATTACHMENT-21B

DATE: 10-13-2015

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

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Carole A. Lattz

PRINT NAME Carole A. Lattz

STREET ADDRESS 835 Somerset St.

CITY AND STATE New Lenox, IL 60451

ATTACHMENT-21B

DATE: 10 - 13 - 15

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Mary Jo Button

PRINT NAME Mary Jo Button

STREET ADDRESS 810 Eastwind Dr.

CITY AND STATE New Lenox, IL 60451

ATTACHMENT-21B

DATE: October

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

Dear Ms. Avery:

I am a resident of the New Lenox area and I am writing to express my support for Alden's proposed Alden Estates of New Lenox, a 100-bed rehabilitation and health care center, and Alden Courts of New Lenox, a 40-bed skilled memory care facility, which are proposed on Cedar Crossing Drive in New Lenox. These services are very much needed, with the adjacent new Silver Cross Hospital, along with the aging population in New Lenox a development like this will be a welcome addition to our community.

I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Therese Rickerson

PRINT NAME Therese Rickerson

STREET ADDRESS 840 Wren Ct

CITY AND STATE New Lenox, IL

ATTACHMENT-21B

DATE: Oct. 13, 2015

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

RE: Application for Certificate of Need for Alden Estates-Courts of New Lenox

Dear Ms. Avery:

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Sandra Spicer

PRINT NAME SANDRA SPICER

STREET ADDRESS 928 MELROSE ST

CITY AND STATE NEW LENOX IL 60451

ATTACHMENT-21B

DATE: 10-13-15

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

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I urge you to give Alden's certificate of need application every consideration.

Sincerely,

SIGNATURE Mary P. Kocourek

PRINT NAME Mary P. Kocourek

STREET ADDRESS 10 Victorian Dr.

CITY AND STATE New Lenox, IL 60451

ATTACHMENT-21B

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, the proposed Alden Estates-Courts of New Lenox will comprise 74,296 gross square feet of clinical space for 140 nursing care beds. This equates to 530.7 gsf per bed upon project completion. It should be noted that the proposed project is in compliance with the criterion as the full be compliment is well within the range limit of 435-713 gross square feet per bed for clinical space.

ATTACHMENT- 22

Criterion 1125.630 - Zoning

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

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

Appended as **ATTACHMENT-23A,** is a letter from the Village of New Lenox's Ms. Robin L. Ellis, AICP, Assistance Village Administrator and Community Development Director. This letter indicates the current status of zoning and that approval of an amendment to the Planning Unit Development will be needed.

ATTACHMENT- 23

VILLAGE OF NEW LENOX

1 VETERANS PARKWAY
NEW LENOX, ILLINOIS 60451

VILLAGE OFFICE	815.462.6400
FAX NUMBER	815.462.6449
BUILDING DEPT. FAX	815.462.6469

MAYOR
TIMOTHY BALDERMANN

ADMINISTRATOR
KURT T. CARROLL

VILLAGE CLERK
LAURA RUHL

TRUSTEES
ANNETTE BOWDEN
DAVID BUTTERFIELD
DOUGLAS E. FINNEGAN
EMILY JOHNSON
KEITH MADSEN
DAVID SMITH

October 28, 2015

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 60504

Re: **ZONING VERIFICATION LETTER**
ALDEN ESTATES – COURTS OF NEW LENOX, NEW LENOX, IL
Part of P.I.N. 15-08-04-303-007

Dear Ms. Avery,

I am the zoning administrator for the Village of New Lenox. Alden Realty Services, Inc. is proposing to construct a 140-bed post-acute care / skilled nursing facility on property on Cedar Crossings Drive, near Silver Cross Hospital. The subject property is currently zoned C-7 Regional Shopping District with a Special Use for a Planned Unit Development. Medical office uses are permitted by right in the C-7 District. A nursing home will require approval of an amendment to the Planned Unit Development.

If you have any questions, please feel free to contact me at (815) 462-6413.

Sincerely,

VILLAGE OF NEW LENOX

Robin L. Ellis

Robin L. Ellis, AICP
Assistant Village Administrator and Community Development Director

RLE:

TREE CITY USA

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

Alden Estates – Courts of New Lenox, Inc.

October 8, 2015

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

RE: Alden Estates-Courts of New Lenox, Inc.
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, Alden Estates-Courts of New Lenox, Inc., understands that it is expected to achieve and maintain the occupancy specified in §1125.210(c) by the second year of operation after project completion. Our ability to maintain this occupancy level could be affected by various factors outside of our control, such as natural disasters, regulatory changes in healthcare, interruption of necessary utilities, physical plant problems, or other unexpected issues outside of our control which could have a direct or indirect effect upon our occupancy rate.

Sincerely,
Alden Estates-Courts of New Lenox, Inc.

Randi Schullo
Vice President

Notarization:
Subscribed and sworn to before me this 8 day of OCTOBER, 2015

Signature of Notary

Seal

OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

4200 W. Peterson Avenue Chicago, Illinois 60646 Phone: (773) 286-3883 Fax: (773) 286-2150

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:

   1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
   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;

d. Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:

   3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;

Appended as **ATTACHMENT-27A,** is a letter from the Applicant's chief financial officer attesting that the Applicant has cash and securities to meet the equity portion of the project.

Appended as **ATTACHMENT-27B**, is a letter from Capital Funding, LLC attesting to its expectation to make the loan and providing the terms and conditions of the mortgage.

ATTACHMENT-27

October 14, 2015

Ms. Courtney Avery
Chairman
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

In documentation of item 1120.120 Availability of Funds (a) Cash and Securities, please be advised that I am familiar with the financial condition of the Applicants of the Alden Estates-Courts of New Lenox, Certificate of Need and wish to advise you that they have sufficient finances, in excess of the 8,329,000 necessary to fund the equity required for the project.

If you have any questions, please do not hesitate to contact my office.

Sincerely,

Steven M. Kroll
Chief Financial Officer

Notarization:
Subscribed and sworn to before me this 14th day of October 20 15

Signature of Notary

Seal:

OFFICIAL SEAL
ROSA I. MOLINA
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires February 26, 2018

CAPITAL FUNDING, LLC

October 30, 2015

Ms. Randi Schullo
Alden Management Services, Inc.
4200 West Peterson, Suite 140
Chicago, IL 60646

Re: Alden Estates – Courts of New Lenox

Dear Ms. Schullo:

This proposal has been prepared to provide financing utilizing mortgage insurance issued by the United States Department of Housing and Urban Development ("HUD") through Section 232 of the National Housing Act for the proposed 100-bed skilled nursing facility and 40-bed skilled memory care facility known as Alden Estates – Courts of New Lenox ("Project"). Notwithstanding the foregoing, the following term sheet structure is offered for discussion purposes, is subject to credit committee approval, and is not a commitment to lend. Capital Funding, LLC is hereafter referred to as Lender.

The terms and conditions discussed herein are non-binding and subject to change upon full underwriting of the loan request. Any future commitment to lend on this Project will first be subject to receipt of the required certificate of need, full underwriting and due diligence by Lender and approval by Lender; therefore, the terms and conditions below should not be construed as a binding obligation.

Oral agreements or commitments to loan money, extend credit or to forebear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable, regardless of the legal theory upon which it is based that is in any way related to the credit agreement. To protect you (Borrower(s)) and us (Lender) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.

The proposed terms are as follows:

Borrower:	Borrower will be a single asset entity to be approved by Lender.
Loan Amount:	An amount equal to the lesser of: • 90% of HUD-approved construction costs • 80% of HUD-approved appraised 'as-stabilized' value The loan amount is estimated to be approximately $25,500,000.

ATTACHMENT-27B

1422 CLARKVIEW ROAD, BALTIMORE, MD 21209 T. 410-342-3155 F. 410-342-7101 *www.capfundinc.com*

Purpose:	The Loan shall be for the purpose of constructing a 100-bed skilled nursing facility and 40-bed skilled memory care facility known as Alden Estates – Courts of Lenox.
Construction Loan Term:	Estimated to be 18 Months following initial endorsement of the credit instrument by FHA within which time final endorsement of the credit instrument by FHA shall be accomplished by the Mortgagor, subject to extensions consented to by FHA.
Permanent Loan Term:	40 Years or other term approved by HUD from the first payment of principal or other terms as set forth in the FHA Commitment.
Interest Rate:	Fixed Rate to be determined based on market conditions. Under market conditions as of October 30, 2015 the interest rate is approximately 4.50%.
Mortgage Insurance Premium:	0.77% on the outstanding balance paid monthly.
Recourse:	Non-recourse.
Fees:	A. Application fee of 0.30% of the total loan amount. B. Mortgage Banker Fee of 2.00% of the total loan amount. C. First year's Mortgage Insurance Premium equal to 1.00% of the total loan amount is paid to HUD from mortgage proceeds. D. GNMA Placement Fees of $5,000.
Pre-payment:	Market pre-payment terms available and negotiated at the time of rate lock.
Collateral:	The Insured Loan shall be evidenced and secured by (1) a first mortgage lien on the land and improvements now and hereafter acquired or constructed thereon, (2) a chattel mortgage or security agreement creating a first mortgage lien on the furnishings and equipment to be located at the Project, and (3) the endorsement by FHA of the Insured Loan. The Insured Loan shall also be secured by a lien on the Project operator's: tangible and intangible personal property (including, but not limited to, cash and deposit accounts); to the extent assignable under applicable law, licenses, certificates, permits and other governmental approval necessary and required to operate the Project; the books and records of the Project; and accounts receivable. A Deposit Account Control Agreement will be required from the operator.

Loan to Value:	Not to exceed 80% (including funding of reserves and closing costs).
SPE Provision:	The Borrower and Operator will each be a single purpose entity.
Appraisal:	Project shall be appraised by an appraiser approved by Lender and such appraisal must be accepted by Lender (appraisal fees to be paid by Borrower). In the event the Project appraises for less than $31,875,000, Lender shall lower the Loan Amount such that the Loan Amount not exceed 80% of the appraised value.
No Other Encumbrances:	Borrower will not, without prior written consent of Lender and HUD, create, place or permit to be created or placed, or allow to remain any deed of trust, mortgage, voluntary or involuntary lien, security interest, encumbrance or charge against or covering the Project, or any part thereof, regardless of whether the same are expressly or otherwise subordinate to the lien or security interest created in Lender's deed of trust or mortgage. Borrower will cause any of such encumbrances that arise outside of the ordinary course of business and without the prior written consent of Lender to be promptly discharged and released.
Zoning:	Borrower will provide acceptable evidence that the Project is zoned for the intended use.
Skilled Nursing Facility State Requirements:	It is the Lender's understanding that a Certificate of Need is required by the state of Illinois. The Borrower will provide acceptable evidence that all required document/permits have been obtained to operate a skilled nursing facility.
Title Insurance:	Lender requires an ALTA lender's extended coverage title insurance commitment from a company acceptable to Lender ("Title Company") insuring Lender for the Loan Amount, evidencing Borrower's title to the Collateral and showing Lender's lien on the Project is or will be upon recordation of a valid first lien.
Plans/Specs:	A complete set of final working plans, including drawings, specifications, details and manuals, for the Project ("Plans"). Borrower represents and warrants that the Plans shall be in full accordance with all applicable statutes, law, ordinances, regulations and requirements of all governmental agencies including HUD having jurisdiction over the Project, including without limitation the Americans With Disabilities Act and any other statues, laws, ordinances, regulations and requirements dealing with access to real estate properties by persons with disabilities. All specialized

	drawings shall be signed by licensed engineers of the respective disciplines normally responsible for such drawings.
Contractors:	A list of all contractors, subcontractors and materialmen to be employed in connection with the Project. Said list shall provide a name and telephone number, a general description of the nature of the work to be performed, and an approximate dollar value of the services or material to be provided. Lender is hereby authorized to confirm this information.
Permits:	Copies of all permits required for each phase of the construction of the Project. Written confirmation from the suppliers including but not limited to water, storm and sanitary sewer, gas, electric and telephone utilities for the Project.
Budget:	A detailed budget showing a schedule of the estimated construction costs and the estimated timing of disbursements. Lender is hereby authorized to confirm this transaction.
Insurance	During the Construction Period, evidence the Project is covered by a Lender-approved construction policy (builder's risk policy) in an amount satisfactory to Lender and showing Lender and HUD as Loss Payee. Borrower shall also provide evidence that all appropriate contractors have Lender-required insurance.
Survey:	An ALTA survey (at Borrower's expense) showing that the Project, if constructed in accordance with the plans and specifications provided, shall lie wholly within the boundaries of the property described on Lender's deed of trust or mortgage without encroachment or violation of any zoning ordinances, building codes or regulations, or setback requirements. This survey mush show the complete legal description and zoning of the Project.
Environmental:	A HUD-compliant report is required, which shall (a) be prepared by a qualified environmental engineer or consultant satisfactory to Lender, (b) be satisfactory in form and substance to Lender, (c) identify and evaluate any "recognized environmental condition" associated with the Project, (d) evaluate current and past uses of the Project and the Land.
Flood Insurance:	Should the Project at any time prior to the Closing Date or during the term of the Loan be deemed to be located in an area designated by the Director of the Federal Emergency Management Agency as a special flood hazard area, Borrower agrees to obtain and maintain federal flood insurance, if available, for the full unpaid principal balance of the Loan and any prior lines on the collateral, up to the

	maximum policy limits set forth under the National Flood Insurance Program, or as otherwise required by Lender. Flood insurance may be purchased under the national Flood Insurance Program or from private insurers; however, the amount of insurance must be approved by Lender. To the extent HUD deems any potential flood hazard to be a critical action, HUD may choose not to insure the loan.
Change Orders:	Borrower will fund into escrow 100% of the value of all change orders.
Disbursements on Loan:	Disbursements shall be made through Capital Funding, LLC. Updated title insurance endorsements insuring Lender against mechanics liens will be obtained with each disbursement. Borrower agrees to pay all fees and expenses related to these services, to the extent not funded through the mortgage.
Additional Requirements:	Other due diligence information may be required. Borrower shall provide all due diligence items reasonably requested by Lender and HUD; and all due diligence shall be subject to the approval of Lender in Lender's sole discretion. Approval of all due diligence, all Loan Documents, and all documentation associated with any other source of funding for the Project, shall be approved by Lender. Lender or HUD may require additional information to fully underwrite and approve the loan, and may change any conditions listed herein at its full discretion.

The Insured Loan will be made by Lender only upon compliance with each of the following conditions:

1. The Borrower shall have complied with all of the requirements of the FHA Commitment, the requirements of HUD's attorneys, and applicable FHA regulations and all of the requirements of Lender pursuant to this term sheet.

2. Lender shall have approved in its sole discretion the title company, bonding company, insurance companies and all loan documents, instruments, agreements, leases, organizational documents of Borrower and Operator entities, letters of credit, title, hazard insurance, malpractice and property policies, and such other documents required by FHA and Lender in connection with the financing transaction contemplated by this term sheet, which approval shall not be unreasonably withheld. Copies of such proposed documentation shall be submitted to Lender and its special counsel for review at least three weeks prior to the scheduled date of the FHA Endorsement.

3. All costs and expenses in connection with the financing transactions contemplated by this term sheet shall be paid by the Borrower or other party assuming liability for the payment thereof, including but not limited to: Third Party Reports (independent appraisal, property inspection and architectural and cost review, environmental assessment, feasibility and/or market study); the fees and expenses of the special counsel in the transaction; recording costs; title company charges; survey charges; Borrower's legal fees. To the extent possible, these fees will be included in the mortgage and credited against any equity requirement or refunded at the closing.

4. This term sheet is contingent upon receipt of acceptable full market study performed by market analyst to be determined by Lender. Additionally, valuation will be driven by reconciliation to market comparables on per-day revenue rates as well as expense comparables. If market study or expense calculations, in Lender's opinion, does not support the project or underwriting, this term sheet will be modified as Lender deems appropriate, and can be terminated by Borrower with no penalties of fee payment obligations.

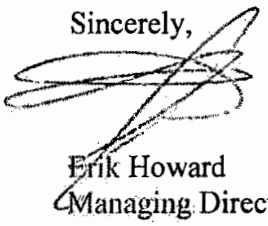
On or prior to the date of the FHA Endorsement, the Borrower shall have presented to Lender duly executed copies of its resolutions authorizing the Insured Loan transaction and all authorizations and approvals of governmental or quasi-governmental bodies which shall be required by law to consummate the transaction contemplated by this term sheet, in each case in form and substance satisfactory to Lender and the special counsel.

As a requirement for proper organization and planning, a member of Lender's staff shall be present whenever you meet with an FHA representative concerning the loan application. In addition, all correspondence from FHA should be cleared through Lender's office before transmittal of a reply. Copies of statements required of the sponsor and file copies of all correspondence between the Borrower and FHA shall be furnished to Lender's office.

Capital Funding Group ("CFG") is a leading provider of full-service, comprehensive financing solutions for multifamily properties and healthcare facilities across the country. Through the CFG family of companies, CFG offers bridge loans, HUD loans, commercial banking, working capital lending, purchase/leasebacks, spend management, investment advisory services and more. CFG has previously provided over $22M in funding for other projects related to Alden Management Services, Inc.

Thank you for this opportunity. If you have any questions regarding the above, please do not hesitate to let me know.

Sincerely,



Erik Howard
Managing Director

Accepted and Acknowledged,

Randi Schullo

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.

Appended as **ATTACHMENT-29A,** are the worksheets providing the calculations for each entity, i.e., Alden New Lenox Investments, LLC (owner), Alden Estates-Courts of New Lenox, Inc. (facility operator), and on a combined basis.

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

The projected financial statements for the first full year at target utilization (second year after project completion (2021) is appended as **ATTACHMENT-29B**. The proforma statements are for the ownership entity, the operator entity, and on a combined basis.

ATTACHMENT-29

Alden New Lenox, LLC (Real Estate)
Real Estate Viability Ratios

Current Ratio:	2019	Ratio	2020	Ratio	2021	Ratio
Current Assets	149,997	0.38	341,418	0.57	377,658	0.59
Current liabilities	394,450		595,790		639,664	
Net Margin Percentage:						
Net Income	(98,496)	-6.79%	(116,074)	-6.00%	(102,171)	-5.16%
Net Operating income	1,450,450		1,933,440		1,972,520	
Percent of debt to total capitalization:						
Long term debt	25,064,813	75.19%	24,811,892	75.16%	24,547,353	75.10%
Long term debt plus shareholder's equity	33,334,116		33,011,551		32,685,709	
Projected Debt Service Coverage:						
Net Income+Depreciation+Interest	1,271,600	1.11	1,521,422	1.11	1,523,366	1.11
Principal and Interest	1,146,380		1,375,656		1,375,656	
Days Cash on Hand:						
Cash in bank	3,015	1,102	89,082	2,956	106,530	3,535
Operating Expenses/365	3		30		30	
Cushion Ratio:						
Cash and investments	3,015	0.00	89,082	0.06	106,530	0.08
Maximum Annual Debt Service	1,146,380		1,375,656		1,375,656	

These ratios should not be considered in an evaluation of project viability. Because these entities are related parties individual entity ratios are irrelevant. The combined ratios should be used to evaluate financial feasability.

ATTACHMENT-29A

Alden Estates -Alden Esrtates-Courts of New Lenox (Operator)
Operator Viability Ratios

Current Ratio:	**2019**	**Ratio**	**2020**	**Ratio**	**2021**	**Ratio**
Current Assets	2,338,854	2.74	2,214,255	1.52	3,381,761	2.72
Current liabilities	854,527		1,456,290		1,241,457	
Net Margin Percentage:						
Net Income	(1,670,591)	-37.42%	(1,294,647)	-10.13%	2,125,236	11.56%
Net Operating Income	4,464,090		12,776,086		18,379,753	
Percent of debt to total capitalization:						
Long term debt	954,918	44.36%	1,523,203	78.35%	780,307	31.51%
Long term debt plus shareholder's equity	2,152,563		1,944,060		2,476,305	
Projected Debt Service Coverage:						
Net Income+Depreciation+Interest	(1,632,175)	(42.49)	(1,207,331)	(13.83)	2,245,584	18.66
Principal and Interest	38,416		87,316		120,348	
Days Cash on Hand:						
Cash in bank	1,185,421	77.99	389,252	11.91	1,252,607	32.78
Operating Expenses/365	15,199		32,677		38,210	
Cushion Ratio:						
Cash and investments	1,185,421	30.86	389,252	4.46	1,252,607	10.41
Maximum Annual Debt Service	38,416		87,316		120,348	

These ratios should not be considered in an evaluation of project viability. Because these entities are related parties individual entity ratios are irrelevant. The combined ratios should be used to evaluate financial feasability.

Alden New Lenox LLC (Owner) and Alden Estates-Courts of New Lenox, Inc (Operator)
Combined Viability Ratios

Current Ratio:	**2019**	**Ratio**	**2020**	**Ratio**	**2021**	**Ratio**
Current Assets	2,488,851	1.99	2,555,673	1.25	3,759,419	2.00
Current liabilities	1,248,977		2,052,080		1,881,121	
Net Margin Percentage:						
Net Income	(1,769,087)	-39.63%	(1,410,721)	-11.04%	2,023,066	11.01%
Net Operating income	4,464,090		12,776,086		18,379,753	
Percent of debt to total capitalization:						
Long term debt	27,268,708	74.23%	28,387,175	76.71%	27,208,781	73.45%
Long term debt plus shareholder's equity	36,735,657		37,007,691		37,043,136	
Projected Debt Service Coverage:						
Net Income+Depreciation+Interest	(360,575)	(0.25)	314,091	0.21	3,768,950	2.52
Principal and Interest	1,414,072		1,462,972		1,496,004	
Days Cash on Hand:						
Cash in bank	1,188,436	78.19	478,334	14.64	1,359,137	35.57
Operating Expenses/365	15,199		32,677		38,210	
Cushion Ratio:						
Cash and investments	1,188,436	0.84	478,334	0.33	1,359,137	0.91
Maximum Annual Debt Service	1,414,072		1,462,972		1,496,004	

The project does not meet minimum standards for Days Cash on Hand an Cushion Ratio. Because this is an operating business whose receivables are due from thrid party payers such as The State of Illinois, Medicare and insurance carriers, collections Range from 45 up to as much as 210 days. In order to meet these ratios, the project would need to borow additional funds which would add debt services and interest costs to the project. Therefore, a waiver is requested.

ATTACHMENT-29A

Alden New Lenox, LLC (Real Estate)
Projected Balance Sheet
As of December 31, 2019 through 2021

	2019	2020	2021
Current assets:			
Cash in bank and on hand	3,015	89,082	106,530
Tax and insurance escrows	146,982	252,336	271,128
Total current assets	149,997	341,418	377,658
Property, Plant and equipment:			
Land	2,286,501	2,286,501	2,286,501
Building	29,780,337	29,780,337	29,780,337
Major moveables	1,586,784	1,586,784	1,586,784
Minor moveables	184,779	184,779	184,779
Subtotal	33,838,401	33,838,401	33,838,401
Accumulated depreciation	(419,230)	(922,306)	(1,425,382)
Net fixed assets	33,419,171	32,916,095	32,413,019
Other assets:			
Deferred Inmcome Taxes	39,398	85,828	126,696
Replacement reserve	120,000	264,000	408,000
Total assets	33,728,567	33,607,341	33,325,374
Liabilities and Stockholder's Equity			
Current Liabilities:			
Current portion mortgage payable	261,476	252,920	264,539
Accrued real estate taxes	38,000	248,800	282,000
Accrued interest	94,974	94,070	93,125
Total current liabilities	394,450	595,790	639,664
Long term debt-mortgage payable	25,064,813	24,811,892	24,547,353
Total liabilities	25,459,263	25,407,682	25,187,017
Member's Equity:			
Contributed capital	8,328,401	8,328,401	8,328,401
Retained earnings	(59,098)	(128,742)	(190,045)
Total Memebr's Equity	8,269,303	8,199,659	8,138,356
Total liabilities and stockholder's equity	33,728,566	33,607,341	33,325,373

ATTACHMENT-29B

Alden New Lenox, LLC (Real Estate)
Projected Income Statement
For the years to end December 31, 2019, 2020 and 2021

	2019	2020	2021
Rental Income	1,450,000	1,932,000	1,970,000
Interest income	450	1,440	2,520
Total Income.	1,450,450	1,933,440	1,972,520
Operating Expenses:			
Interest expenses	950,866	1,134,420	1,122,461
Mortgage insurance	106,250	126,788	125,938
Real Estate Taxes	38,000	248,400	282,000
Property Insurance	24,600	25,830	30,216
Professional fees	7,500	7,500	7,500
Other costs	2,500	3,500	3,500
Depreciation expense	419,230	503,076	503,076
Total Expenses	1,548,946	2,049,514	2,074,691
Net Income from Operations	(98,496)	(116,074)	(102,171)
Income Taxes	(39,398)	(46,430)	(40,868)
Net Income	(59,098)	(69,644)	(61,303)

ATTACHMENT-29B

Alden Estates- Courts of New Lenox (Operator)
Projected Balance Sheet
As of December 31, 2019 through 2021

	2019	2020	2021
Current assets:			
Cash in bank and on hand	1,185,421	389,252	1,252,607
Accounts receivable net of allowance for doubtful accounts	1,123,433	1,792,003	2,094,478
Inventory	10,000	10,000	10,000
Prepaid expenses	20,000	23,000	24,676
Total current assets	2,338,854	2,214,255	3,381,761
Other assets:			
Deferred Inmcome Taxes	668,236	1,186,095	336,001
Total assets	3,007,090	3,400,350	3,717,762
Liabilities and Stockholder's Equity			
Current Liabilities:			
Accounts payable	554,400	676,065	707,204
Accrued salaries	184,230	286,750	288,677
Accrued interest	3,892	7,666	10,221
Accrued payroll taxes	16,025	20,730	21,129
Accrued Provider Taxes	45,980	65,079	64,226
Other liabilities	50,000	200,000	150,000
Total current liabilities	854,527	1,456,290	1,241,457
Long term debt-Line of credit	954,918	1,523,203	780,307
Total liabilities	1,809,445	2,979,493	2,021,764
Stockholder's equity:			
Contributed capital	2,200,000	2,200,000	2,200,000
Retained earnings	(1,002,355)	(1,779,143)	(504,001)
Total stockholder's equity	1,197,645	420,857	1,695,999
Total liabilities and stockholder's equity	3,007,090	3,400,350	3,717,763

ATTACHMENT-29B

Alden Estates-Courts of New Lenox (Operator)
Projected Statement of Operations
for the years to end December 31, 2019, 2020, and 2021

	2019 Total	Per Diem	2020 Total	Per Diem	2021 Total	Per Diem
Revenues:						
Room & Board	$ 4,452,754	$ 356.73	$ 12,744,530	$ 351.37	$ 18,235,333	$ 396.51
Ancillary Income	9,986	0.80	29,066	0.80	140,850	3.06
Provider tax		-		-		-
Other	900	0.07	1,050	0.03	1,050	0.02
Total Revenue	$ 4,463,640	$ 357.61	$ 12,774,646	$ 352.20	18,377,233	$ 399.59
Expenses:						
Nursing & Ancillary	$ 1,713,042	$ 137.24	$ 6,480,349	$ 178.66	$ 8,026,863	$ 174.53
Activities	118,374	9.48	262,655	7.24	297,095	6.46
Employee costs	606,908	48.62	1,325,168	36.54	1,392,713	30.28
Dietary costs	520,066	41.67	1,013,554	27.94	1,146,337	24.90
Housekeeping & repairs	406,268	32.55	814,446	22.45	870,288	18.92
Laundry & Linen	55,792	4.47	99,000	2.73	98,127	2.13
Marketing expenses	181,392	14.53	194,586	5.36	113,420	2.47
General and administrative	909,246	72.84	1,557,179	42.93	1,813,411	39.43
Bad debts	44,627	3.58	159,670	4.40	256,338	5.57
Insurance expense	90,100	7.22	143,370	3.95	148,056	3.22
Total expenses	$ 4,645,815	$ 372.20	$ 12,049,977	$ 332.22	$ 14,161,649	$ 307.93
Gross Profit	(182,175)	$ (14.60)	$ 724,669	19.98	$ 4,215,584	$ 91.66
Capital costs:						
Rent Expense	$ 1,450,000	$ 116.17	$ 1,932,000	53.27	$ 1,970,000	$ 42.84
Interest-Working Capital	$ 38,416	$ 3.08	87,316	2.41	120,348	2.62
Total capital costs	$ 1,488,416	$ 119.24	$ 2,019,316	$ 55.67	$ 2,090,348	$ 45.45
Net Income from Operations	$ (1,670,591)	$ (133.84)	$ (1,294,647)	(35.69)	$ 2,125,236	$ 46.21
Income tax expense(benefit)	$ 668,236		$ 517,859		$ (850,094)	
Net Income	(1,002,355)		(776,788)		1,275,141	
Occupancy	12,482		36,271		45,990	
Available Days	42,840		51,100		51,100	
Occupancy	29.14%		70.98%		90.00%	

ATTACHMENT-29B

New Lenox Investments, LLC

Projected Statement of Combined Operations

for the years to end December 31, 2019, 2020, and 2021

	2019 Total	Per Diem	2020 Total	Per Diem	2021 Total	Per Diem
Revenues:						
Room & Board	$ 4,452,754	$ 356.73	$ 12,744,630	$ 351.37	$ 18,235,333	$ 396.51
Ancillary Income	$ 9,986	0.80	29,066	0.80	140,850	3.06
Interest Income	$ 450	0.04	1,440	0.04	2,520	0.20
Provider tax		-		-		-
Other	900	0.07	1,050	0.03	1,050	0.02
Total Revenue	4,464,090	$ 357.64	12,776,086	$ 352.24	18,379,753	$ 399.79
Expenses:						
Nursing & Ancillary	$ 1,713,042	$ 137.24	$ 6,480,349	$ 178.66	$ 8,026,863	$ 174.53
Activities	118,374	9.48	262,655	7.24	297,095	6.46
Employee costs	606,908	48.62	1,325,168	36.54	1,392,713	30.28
Dietary costs	520,066	41.67	1,013,554	27.94	1,145,337	24.90
Housekeeping & repairs	406,268	32.55	814,446	22.45	870,288	18.92
Laundry & Linen	55,792	4.47	99,000	2.73	98,127	2.13
Marketing expenses	181,392	14.53	194,586	5.36	113,420	2.47
General and administrative	919,248	73.65	1,568,179	43.24	1,824,411	39.67
Bad debts	44,627	3.58	159,670	4.40	256,338	5.57
Insurance expense	114,700	9.19	169,200	4.66	178,272	3.88
Total expenses	4,680,415	$ 374.97	12,086,807	333.24	14,202,865	308.83
Gross Profit	(216,325)	$ (17.33)	689,279	$ 19.00	4,176,888	$ 90.82
Capital costs:						
Mortgage Interest	$ 950,866	$ 76.18	$ 1,134,420	$ 31.28	$ 1,122,461	$ 24.41
Real Estate Taxes	38,000	3.04	248,400	6.85	282,000	6.13
Mortgage Insurance	106,250	8.51	126,788	3.50	125,938	2.74
Interest-Working Capital	$ 38,416	3.08	87,316	2.41	120,348	2.62
Depreciation	419,230	33.59	503,076	13.87	503,076	10.94
Total capital costs	$ 1,552,762	$ 124.40	$ 2,100,000	$ 57.90	$ 2,153,823	$ 46.83
Net Income from Operations	$ (1,769,087)	$ (141.73)	$ (1,410,721)	(38.89)	$ 2,023,065	43.99
Income tax expense(benefit)	$ 707,635		$ 564,288		$ (809,226)	
Net Income	(1,061,452)		(846,433)		1,213,839	
Occupancy	12,482		36,271		45,990	
Available Days	42,840		51,100		51,100	
Occupancy	29.14%		70.98%		90.00%	

ATTACHMENT-29B

New Lenox Investments, LLC
Projected Combined Balance Sheet
As of December 31, 2019 through 2021

	2019	2020	2021
Current assets:			
Cash in bank and on hand	1,188,436	478,334	1,359,137
Accounts receivable net of allowance for doubtful accounts	1,123,433	1,792,003	2,094,478
Inventory	10,000	10,000	10,000
Prepaid expenses	20,000	23,000	24,676
Tax and insurance escrows	146,982	252,336	271,128
Total current assets	2,488,851	2,555,673	3,759,419
Property, Plant and equipment:			
Land	2,286,501	2,286,501	2,286,501
Building	29,780,337	29,780,337	29,780,337
Major moveables	1,586,784	1,586,784	1,586,784
Minor moveables	184,779	184,779	184,779
Subtotal	33,838,401	33,838,401	33,838,401
Accumulated depreciation	(419,230)	(922,306)	(1,425,382)
Net fixed assets	33,419,171	32,916,095	32,413,019
Other assets:			
Deferred Income Taxes	707,635	1,271,923	462,697
Replacement reserve	120,000	264,000	408,000
Total assets	36,735,657	37,007,691	37,043,136
Liabilities and Stockholder's Equity			
Current Liabilities:			
Current portion mortgage payable	261,476	252,920	264,539
Accounts payable	554,400	876,065	707,204
Accrued salaries	184,230	286,750	288,677
Accrued real estate taxes	38,000	248,800	282,000
Accrued interest	98,866	101,736	103,346
Accrued payroll taxes	16,025	20,730	21,129
Accrued Provider Taxes	45,980	65,079	64,226
Other liabilities	50,000	200,000	150,000
Total current liabilities	1,248,977	2,052,080	1,881,121
Long term debt-Line of credit	954,918	1,523,203	780,307
Long term debt-mortgage payable	25,064,813	24,811,892	24,547,353
Total liabilities	27,268,708	28,387,175	27,208,781
Stockholder's equity:			
Contributed capital	10,528,401	10,528,401	10,528,401
Retained earnings	(1,061,452)	(1,907,885)	(694,046)
Total stockholder's equity	9,466,949	8,620,516	9,834,355
Total liabilities and stockholder's equity	36,735,657	37,007,691	37,043,136

ATTACHMENT-29B

Alden New Lenox Investments, LLC
Projected Unconsolidated Balance Sheet
As of December 31, 2019, 2020 and 2021

	2019	2020	2021
Investments:			
Investment in Alden Estates-Courts of New Lenox(Operator)	1,197,645	420,857	1,695,999
Investment in Alden Newe Lenox, LLC (Rreal Estate)	8,269,303	8,199,659	8,138,356
Total Assets	9,466,948	8,620,516	9,834,355
Member's Equity	9,468,948	8,620,516	9,834,355

Alden New Lenox Investments, LLC
Projected Unconsolidated Income Statement
For the years to end December 31, 2016 through 2014

	2019	2020	2021
Equity in earnings (loss) on unconsolidated subsidiaries	$ (1,002,355)	$ (776,788)	$ 1,275,141

ATTACHMENT-29B

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

Appended as **ATTACHMENT-30A,** is a letter from the owner addressing reasonableness of financing arrangements.

B. Conditions of Debt Financing

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

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

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

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

Appended as **ATTACHMENT-30B,** is a letter from the owner addressing the conditions of debt financing.

ATTACHMENT-30

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	$ 5,049,237	
Benefits	$ 1,392,713	
Supplies	$ 5,108,962	
Therapy Costs	$ 2,651,953	
Patient Days @ 90%		45,990
Total/Operating Cost/PT Day	$14,202,865	$308.83

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	$ 503,076	
Interest Expense	$1,242,809	
Mortgage Insurance	$ 125,938	
Real Estate Taxes	$ 282,000	
Patient Days @ 90%		45,990
Total/Operating Cost/PT Day	$2,153,823	$46.83

ATTACHMENT - 30

ALDEN

ALDEN NEW LENOX, LLC
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646

October 6, 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 Application for **(Alden Estates-Courts of New Lenox, Inc. / Alden New Lenox, L.L.C.)**:
Reasonableness of financing arrangements

Dear Ms. Avery:

B. 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 of 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,

Joan Carl, Manager

Notarization:
Subscribed and sworn to before me this 8 day of October 2015

Signature of Notary

Seal
OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

Randi Schullo, Manager

Notarization:
Subscribed and sworn to before me this 8 day of October 2015

Signature of Notary

Seal
OFFICIAL SEAL
ANNA GOLDSTEIN
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 02/24/2018

ALDEN NEW LENOX, LLC
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646

October 6, 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 Application for **(Alden Estates-Courts of New Lenox, Inc. / Alden New Lenox, L.L.C.)**: conditions of debt financing

Dear Ms. Avery:

B. Conditions of Debt Financing

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

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

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

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

Respectfully,

Joan Carl, Manager

Randi Schullo, Manager

Notarization:
Subscribed and sworn to before me this 8 day of October 2015

Signature of Notary

Seal
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NOTARY PUBLIC, STATE OF ILLINOIS
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ATTACHMENT-30B