



Alden Estates-Courts of New Lenox
4200 West Peterson Avenue
Chicago, Illinois 60646
(773) 286-3883

March 9, 2016

RECEIVED

MAR 09 2016

Via Hand Delivery

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761-1146

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Re: Alden Estates-Courts of New Lenox; Project No. 15-051 (the "Project")
Additional Information

Dear Ms. Avery and Members of the Board,

The Review Board considered our Project at its February 16 Review Board meeting where it received a 4-4 vote. We believe the Project to establish a new facility in New Lenox, where the Board has calculated a need for 141 additional beds, was well received by the Board. Some Board members, however, had concern about financial viability and underutilized facilities. Alden would like to take this opportunity to provide the Review Board with additional material that can hopefully address these issues.

I. No Practical Alternatives within Primary Service Area

There is a phenomenon with something that is new and shiny which initially draws interest towards that which is new. However, that is short lived. At the end of the day, we have found as providers that it comes down to people looking for care and services for their loved ones close to where they are located. New Lenox has no general nursing or memory care nursing beds and services supporting its residents.

Interestingly enough, we looked at this issue of catchment area or the predominant area from which residents originate and so we looked at the two closest of our facilities to that of the proposed site, Alden Estates of Orland Park and Alden Estate of Shorewood. Each found that a vast majority of residents for these facilities originated from within 15 minutes of the facilities. Respectively, 60% and 79% of all 2015 admissions originated from this "primary" service area. The data supporting this claim is included as Exhibit A.

The idea of a primary service area of 15 minute travel time from the proposed project lends credit to the idea that a substantial community like the Village of New Lenox can support its own facility. This idea is further supported in a market analysis performed for this project. However, this is not consistent with the State's rule requiring a 30-minute and 45-minute travel time as the proposed service area. In developing facilities over the years, Alden never internally factors a 45-minute travel contour of other facilities as a relevant for a prospective project. We have found that facilities at a 45-minute travel time are simply too far away to influence market

analysis. In trying to be consistent with the State's planning policies we do look at the 30-minute travel contour as the secondary service area. What is interesting in the proposed 30-minute service area, the existing facilities have potential beds available under the target rate of 90% that equate to 571 beds. However, in analyzing the last five years of facility data, there has consistently been an average of 577 beds potentially available.

Although this is yesterday's data and the need projections take into account all beds at an optimal use rate (90%), this data shows that for whatever reason, these beds are in service or historically used. Utilization at individual facilities fluctuate, but the facilities with the larger numbers of unused beds are fairly consistent. For your review we have included charts illustrating this issue. Moreover, the data indicates that the average age of the existing facilities averages 31.3 years old and having an average size of 412 gross square feet per bed. This is under the State's current norm that provides a range of between 435 -713 GSF/bed. As the health care delivery system has been dramatically changing over even the last 5 years, so has the demographics entering the long-term care market. This population is the start of the "baby boomers". These are folks who are demanding more. It would make sense that to be competitive older facilities would offer more private accommodations thus supporting the idea that the consistent historically unused beds are "dead" beds for purposes of planning.

Finally, there are only four facilities within a 15 minute travel contour of the proposed project. The closest facility to New Lenox is one that has partially low utilization as it had its CMMS certification (Medicare and Medicaid). Based upon the latest data available to the State, certification has not been reinstated. The second closest facility is part of a large CCRC campus and although it does not have the admission restrictions to only those from within the campus, it does give priority admissions to residents of the campus. Moreover, it is on average less than 2 beds below its target rate. The third facility within 15 minutes travel time is the Will county home that is 43 years old and the State has already unlicensed 28 nursing beds and it has an average of 70 beds not used over the past 5 years. The final facility within a 15-minute travel time has a use rate in excess of the State's target rate. More telling than all of the data is that no facility within this primary service area has objected to the proposed project.

II. Market Study Confirms Need for Facility

Alden commissioned Laurel Research Associates (LRA) to perform a market analysis for the proposed project. (See Exhibit B) This study looked at general long term nursing services specifically focusing on our model of providing a continuum of care within Skilled (SNF) care and services as well as the three levels of memory care. LRA utilized the State's bed need methodology, analyzing the Will County Planning Area and that of the surrounding Planning Area (7-C, 7-E and Kendall County) as well as the primary service area of New Lenox and the secondary service area of the 30-minute travel time contour.

The Review Board's current need methodology utilizes projections through CY2018. To be more consistent with when the Project comes on line, the State's bed need was extended through 2020, utilizing only Review Board data. The Review Board's demographic data was

affirmed with a comparative third party demographic data base, ScanUS, Inc. The calculated future bed need of the four county Planning Areas, the Village of New Lenox, and the 30-minute travel time contour each support a need for additional beds and services. The most conservative demand is from the Village of New Lenox which finds that there is a need for general nursing beds/services of 102 beds whereas this project is only proposing 100-general nursing care beds.

Finally, the memory care demand was analyzed and it was found that based upon prevalence rates of ADRD (Alzheimer's Disease and Related Dementia) and market capture and penetration rates the proposed 40-memory care beds are needed. LRA noted that the penetration rate for these beds is small compared to industry rates further documenting the need for this project.

It is important to point out that the demand for the general nursing and memory care continuums are for the years 2018 and even more in line with the State's target year at optimal utilization. Review Board regulations specify that the timeframe to reach target occupancy is the second year of operation after the project completion. For this proposed facility the year for target occupancy is 2021, well after the 2018 year projected in the bed inventory.

III. Additional Information Addressing that the Project is Financially Viable

One of the few negative findings was that the Project met most, but not all, of the financial viability ratios. As the State Board Report noted, the ratios not met are typical of new entities. In addressing this issue during our presentation we perhaps should have been more detailed and want to provide further information as part of this application.

In accordance with its rules, the Review Board reviews whether the proposed project is financially viable. Similarly, we at Alden closely examine the financial viability of every Project we propose. Our Projects are intended to qualify for the Housing and Urban Development ("HUD") program. Consequently, we structure all our Projects to meet the rigorous HUD Section 232 lending requirements and have similarly structured this Project to satisfy those requirements.

Although this is a new Project with new corporate entities, the parent, The Alden Group, Ltd., is neither new to the Review Board or to long-term care services. Our organization is strong and our facilities viable. It is important to note that The Alden Group has considerable experience in establishing and operating facilities. Over the last 45 years, Alden has been involved in 30 new facilities.

We are pleased to confirm that each Project we have brought before the Review Board has been successful in obtaining financing. We have never had a Project that did not proceed to completion and every facility we constructed continues to operate today. We believe this proven track record should be an important consideration to the Board in confirming that the Project will be financial viable, despite not meeting all of the ratios.

In looking at financial ratios, in many cases the Review Board standards look at the same items as Alden does internally. Interestingly, HUD looks at some, but not all, of the same criteria. Most importantly, the cushion ratio, which is the primary negative, is one that HUD does not use in evaluating financial viability. Alden's Chief Financial Officer has addressed the financial viability issue in greater detail in his attached letter (see Exhibit C) and we hope that his analysis provides sufficient assurance as to the viability of this Project. Our CFO will also be with us before the Board to address further questions the Board may have.

IV. This Project Fulfills the Legislative Direction in the Planning Act Rewrite for Innovation and Continuum of Care

One Board member exhibited a positive view of the Project, but expressed a reluctance to vote for the Project because of a responsibility under the Planning Act for the planning system as a whole. We respect the commitment to the purpose of the Planning Act. Fortunately, the uniqueness of this Project fits squarely in to the specific legislative direction included into the recent rewrite to the Planning Act.

As the Board well knows, in 2009 there was an extensive rewrite of the Planning Act. This rewrite was the result of a bi-partisan task force charged with implementing Health Planning Reform. This Task Force recommended numerous changes in the health planning process, most which were subsequently implemented in Public Act 96-0031.

Among the various changes in the Act were some directed specifically at the long-term care process. In 2009, as is the case now, there was recognition that there are open long-term care beds. Task Force discussion, acknowledged that the process should recognize that unused beds existed, but also recommended that the Review Board should recognize the specific nature of Medicare transitional care (such as this Project). Specifically, the task force included the following finding:

*In the revision of planning criteria and standards [the Review Board should] consider the fact that nursing homes have a significant number of open beds, as well as the transitional nature of Medicare skilled clientele. An open and transparent process should be developed that looks at the following: how skilled nursing fits into the continuum of care; other care providers who are licensed under the skilled nursing criteria; encouraging modernization, more private rooms and development of alternative services; and current trends (such as resident focused care) in the provision of long-term care services.*¹

The General Assembly then accepted and implemented this recommendation when it enacted Public Act 96-0031, of requiring of the Review Board:

¹ The Illinois Task Force on Health Planning Reform, Final Report to the General Assembly, December 31, 2008. (emphasis added) Excerpt attached.

An open and transparent process shall be developed that considers the following: how skilled nursing fits in the continuum of care with other care providers, modernization of nursing homes, establishment of more private rooms, development of alternative services, and current trends in long-term care services.²

The Alden New Lenox project is precisely the type of project contemplated by the Planning Act rewrite. Most importantly, the Project is specifically designed to address the “transitional nature of Medicare skilled clientele”. Further the Project fosters a continuum of care with other providers. In Alden’s initial presentation to the Board, our Director of Post-Acute Services, Tene Tillery, gave detailed testimony as to how Alden currently works (through a different Alden facility) extensively with Silver Cross hospital to integrate hospital and rehabilitation care. This coordinated care is proving to be very successful in achieving lower readmissions desired by patients and mandated by Medicare, Medicaid and other payors.

Further, the Alden New Lenox Project provides the “alternative services” addressed by Planning Act. The services to be provided here go well beyond providing good care. Weekly meetings between the hospital and facility to coordinate care, obtain follow-up services, create, ongoing protocols, etc. are services that are simply not being performed by other facilities. The attention to “services” is also consistent with the legislative direction reflected by the renaming of the Review Board to add “Services” to its title and scope of review. The Board’s approval of this unique Project, despite some empty beds, is fully supported by the legislative direction of the Planning Act rewrite.

Conclusion

For this Project we have undertaken everything possible to bring to the Board a project that fulfills both letter and spirit of the Planning Act. Most importantly, we have proposed this Project in an area where the Board has already determined that there is a need for additional beds. Although there are unused beds in the extended Planning Area, there are no other facilities in New Lenox, and the alternatives within the primary service area of 15-minutes are limited. Finally, approval of this Project fulfills the legislative intent in Planning Act rewrite to further innovation in service to address a recognized concern for the continuum of care and for Medicare transitional care in particular. We believe our Project best exemplifies the type of project that should be approved in today’s health care environment. We ask your approval.

Respectfully,

ALDEN ESTATES-COURTS OF NEW LENOX

By: _____


Randi Schullo

² PA 96-0031. (emphasis added) Excerpt attached.

Exhibit A

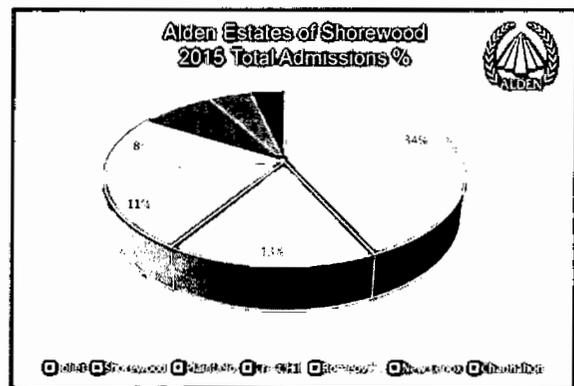
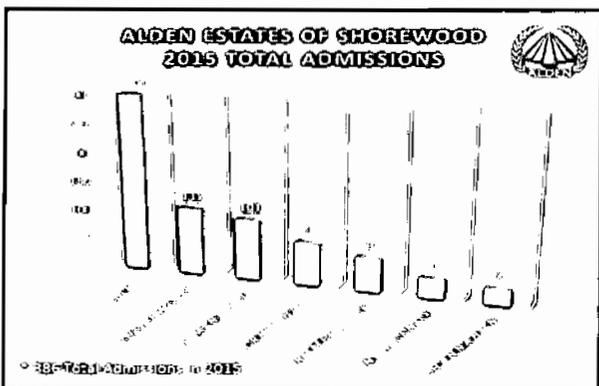
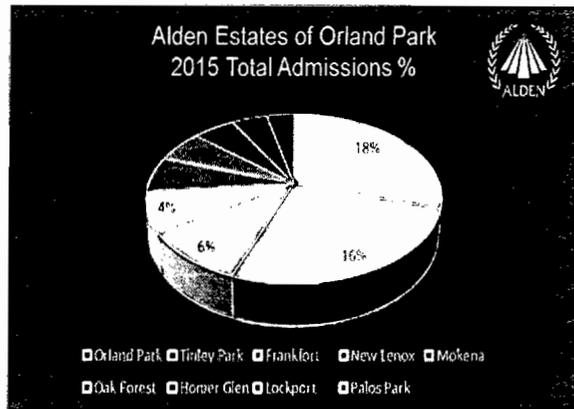
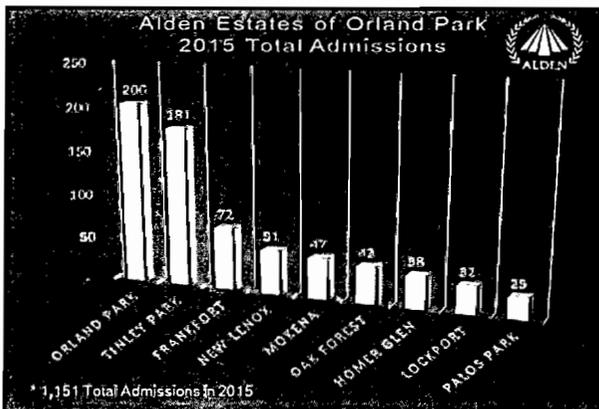
Information Showing How Resident's Use Facilities Near Their Homes

March 7, 2016

We would like to provide you further back-up data supporting our experience in overall market areas of our skilled nursing/ post-acute care facilities which is typical throughout our Alden communities. We heard your concern at the last HFPB meeting questioning unnecessary duplication of service and service accessibility. It is important for you to understand that the majority of residents come from the town and immediate surrounding village. Residents truly like to stay close to their homes for the convenience factor.

Also, the desire of residents and family members is to be admitted to a SNF within approximately 15 minutes of their home. We have included a chart below showing you 2015 data from two nearby Alden facilities; Alden Estates of Shorewood and Alden Estates of Orland Park which further confirms what we are saying. In summary, New Lenox should have the benefit for its residents to have a SNF within their town, as currently this would be the first of its kind. We also want to remind you of the testimonials from both; Nancy Dye, Economic Development Director for the Village of New Lenox and Ruth Colby, Senior Vice President from Silver Cross Hospital in favor of our project and on behalf of the reputation of Alden.

The Below graph show that 60% of the admissions in 2015 to Alden Estates of Orland Park come from cities within a 15-minute drive from the facility and 79% of the admissions in 2015 to Alden Estates of Shorewood come from cities within a 15-minute drive from the facility.



Admissions Restrictions Chart
for
Facilities within 30-Minute Travel Time of New Lenox

FACNAME	CITY	2010 PROFILE DATA			2011 PROFILE DATA			Adjusted Travel Time
		# of Licensed NRSNG Beds	Peak Beds Set-up	(gen beds*.90) - (gen beds * Occ)	# of Licensed NRSNG Beds	Peak Beds Set-up	(gen beds*.90) - (gen beds * Occ)	
Spring Creek Nursing & Rehab Center (12)	Joliet	168	168	1.7	168	168	75.9	8.1
Smith Crossing (1)	Orland Park	30	30	-2.0	46	46	12.8	11.5
Sunny Hill Nursing Home Will County (2)	Joliet	300	238	55.9	280	228	38.7	12.7
Salem Village Nursing & Rehab	Joliet	266	266	34.7	266	266	24.7	12.7
Joliet Terrace Nursing Center	Joliet	120	120	-9.4	120	120	-9.0	16.1
Symphony of Joliet (15)	Joliet	214	207	19.5	214	214	26.2	16.1
Lemont Nrsg & Rehab Center	Lemont	158	158	5.8	158	158	4.8	16.1
Alden Estates of Orland Park	Orland Park	200	184	33.9	200	181	33.5	16.1
Victorian Village (3) (CCRC Varianced)	Homer Glen							16.1
The PARC at Joliet (14)	Joliet	203	203	62.4	203	174	64.8	17.3
Presence Villa Franciscan	Joliet	176	176	3.8	176	176	6.9	18.4
Our Lady Of Angels Ret Home	Joliet	87	87	-4.1	87	85	25.4	18.4
Franciscan Village (4)	Lemont	127	127	5.4	127	127	8.2	19.6
Frankfort Terrace Nursing Center	Frankfort	120	120	-9.9	120	120	-10.2	19.6
McAllister Nursing & Rehab (5)	Country Club Hills	111	111	15.0	111	111	N/A	20.7
Lexington Health Care Center	Orland Park	278	278	7.5	278	278	9.4	20.7
Holy Family Villa (6)	Palos Park	99	99	-6.0	99	99	-6.0	21.9
Advocate South Suburban Hospital	Hazel Crest	41	21	23.9	41	37	14.1	21.9
Pine Crest Health Care (17)	Hazel Crest	199	199	-0.2	199	198	5.3	21.9
Applewood Rehabilitation Center (8)	Matteson	115	114	14.3	115	115	0.4	24.2
Alden Estates of Shorewood (9)	Shorewood			N/A			N/A	25.3
Rosewood Care Center	Joliet	120	120	19.9	120	120	20.4	25.3
Symphony of Crestwood (16)	Midlothian	303	303	34.2	303	303	36.1	26.5
Manorcare of Palos Heights West	Palos Heights	130	130	-2.7	130	130	-6.6	26.5
Manorcare of Palos Heights East	Palos Heights	174	174	-6.1	178	178	-4.1	26.5
Aperion Care Midlothian (13)	Midlothian	91	89	-1.3	91	91	1.2	26.5
Heather Healthcare Center	Harvey	173	135	31.6	173	136	30.4	26.5
Lakewood Nrsg & Rehab Center (10)	Plainfield	131	131	3.3	131	131	1.9	29.9
Crestwood Terrace Nursing Center	Midlothian	126	126	-8.6	126	126	-11.0	29.9
Providence of Palos Heights (11)	Palos Heights	193	159	48.6	193	159	38.2	29.9
		4453	4273	371.0	4453	4275	432.3	20.7
			-4.0%			-4.0%		
			180			178		

Oak Forest Hospital (7)(closed) Oak Forest

- (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 Upon project completion facility will have 102,937GSF or
NOTE: McAllister: no 2011 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 & Webs
- (10) Profile address & Facility Website address: 14716 South Eastern Avenue
- (11) Name Change from Rest Haven Central 11/10/2008
- (12) Hillcrest Nursing & Rehab Ctr
- (13) Plaza Nursing & Rehab Center
- (14) Fairview Care Center of Joliet
- (15) Deerbrook Care Centre
- (16) Crestwood Care Centre
- (17) Imperial of Hazel Crest

Admissions Restrictions Chart
for
Facilities within 30-Minute Travel Time of New Lenox

2014 PROFILE DATA		2014 MEDICARE/MEDICAID COST REPORT DATA									
# of Licensed NRSNC Beds	CITY	FACNAME	5-Tr. Ave. (gm beds * 90) - (gm beds * Occ)	Adjusted Travel Time	Building GSF	GSF per Bed	Year Constructed	BLDG Age	COST 2012	COST 2013	COST 2014
168	Joliet	Spring Creek Nursing & Rehab Center (12)	141.7	90.3	23,039	137.14	1991	24	-	-	-
46	Orland Park	Smith Crossing (1)	1.3	3.1	33,609	730.63	2001	14	612,161	28,027,806	299,853
280	Joliet	Sunny Hill Nursing Home Will County (2)	70.5	54.9	116,410	415.75	1972	43	2,759,913	4,817,787	3,318,956
266	Joliet	Salem Village Nursing & Rehab	-4.2	19.5	127,847	480.63	1976	39	383,005	406,638	155,227
120	Joliet	Joliet Terrace Nursing Center	-8.1	10.3	26,836	223.63	1976	39	10,165	36,869	48,940
214	Joliet	Symphony of Joliet (15)	23.1	23.8	55,380	258.79	1975	40	-	935,110	425,942
158	Lemont	Lemont Nrgs & Rehab Center	2.4	4.0	55,000	348.10	1995	20	152,111	139,294	144,868
200	Orland Park	Alden Estates of Orland Park	41.2	37.1	92,048	460.24	1997	18	24,944	48,673	14,711
50	Homer Glen	Victorian Village (3) [CCRC Varianced]	0.0	0.0	-	-	-	-	-	-	-
203	Joliet	The PARC at Joliet (14)	58.5	80.0	80,000	394.09	1993	22	-	-	62,448
154	Joliet	Presence Villa Franciscan	18.3	17.9	70,000	454.55	1990	25	85,350	-	3,156,097
87	Joliet	Our Lady Of Angels Ret Home	4.1	5.6	115,326	1,325.59	1962	53	8,247	55,957	149,917
127	Lemont	Franciscan Village (4)	-1.0	5.3	62,872	495.06	1989	26	39,332	25,599	84,289
120	Frankfort	Frankfort Terrace Nursing Center	-6.2	-8.7	26,373	219.78	1972	43	5,218	15,439	-
111	Country Club Hills	McAllister Nursing & Rehab (5)	9.9	19.8	47,800	430.63	1964	51	9,228	25,186	-
278	Orland Park	Lexington Health Care Center	28.5	18.0	104,332	375.29	1996	19	129,587	40,101	316,897
129	Palos Park	Holy Family Villa (6)	17.4	-0.9	48,000	372.09	2002	13	61,235	277,159	328,893
41	Hazel Crest	Advocate South Suburban Hospital	9.2	12.6	N/A	N/A	N/A	-	-	-	-
199	Hazel Crest	Pine Crest Health Care (17)	3.7	5.1	80,000	402.01	1993	22	236,263	299,551	142,825
115	Matteson	Applewood Rehabilitation Center (8)	6.7	5.0	34,449	299.56	1967	48	53,427	45,986	55,668
100	Shorewood	Alden Estates of Shorewood (9)	14.8	37.7	65,300	653.00	2006	9	288	432	526
120	Joliet	Rosewood Care Center	10.4	17.1	39,200	326.67	1990	25	58,537	40,774	65,429
303	Midlothian	Symphony of Crestwood (16)	52.2	42.9	91,960	303.50	1972	43	1,091,373	1,073,138	458,807
130	Palos Heights	Manorcare of Palos Heights West	5.1	26.5	47,653	366.56	1996	19	89,739	20,459	10,780
184	Palos Heights	Manorcare of Palos Heights East	3.6	-1.4	73,335	398.56	1988	27	261,585	108,573	22,834
91	Harvey	Aperion Care Midlothian (13)	-3.3	-0.5	19,780	217.36	1993	22	30,661	12,280	27,909
173	Harvey	Heather Healthcare Center	28.6	31.1	48,971	283.07	1980	35	105,470	21,916	50,345
131	Plainfield	Lakewood Nrgs & Rehab Center (10)	2.7	1.5	15,925	121.56	1971	44	54,780	76,999	197,738
126	Midlothian	Crestwood Terrace Nursing Center	-3.6	5.2	28,623	227.17	1976	39	12,147	9,382	5,513
193	Palos Heights	Providence of Palos Heights (11)	43.7	42.4	-	-	1960	55	-	-	-
4617			571.4	577.5	412.35		31.3	241.337	1,406.196	366.939	

Oak Forest Hospital (7) [closed] Oak Forest

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- 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
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- Profile address & Facility Website address: 14716 South Eastern Avenue
- Name Change from Rest Haven Central 11/10/2008
- Hillcrest Nursing & Rehab Ctr
- Plaza Nursing & Rehab Center
- Fairview Care Center of Joliet
- Deerbrook Care Centre
- Crestwood Care Centre
- Imperial of Hazel Crest

Exhibit B

Market Study Showing Demand for the Alde New Lenox Facility

Alden New Lenox

**MARKET STUDY
FOR A PROPOSED
NURSING CARE FACILITY
IN
NEW LENOX, ILLINOIS**

Prepared By:

LAUREL RESEARCH ASSOCIATES

133 South 4th Street
Springfield, Illinois 62701

December, 2015

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I PROPOSED DEVELOPMENT

- A. Developer: The developer of the proposed Skilled Nursing Care facility in New Lenox, Illinois is:

Alden New Lennox, LLC and New Lenox Investments I, LLC
Alden Estates-Courts of New Lenox, Inc.
4200 West Peterson Avenue
Chicago, Illinois 60646

- B. General Description: The Alden Group is considering the construction of a new senior care residential facility near the northern Will County, Illinois city of New Lenox. The new facility will be licensed for skilled nursing care by the State of Illinois. It will include a three-story building housing 100 beds devoted to general long-term nursing care and a connected building with 40 beds providing more specialized memory care services. The developer expects to fund these changes from the operations of its existing senior living facilities and the proceeds from a conventional or HUD sponsored mortgage on the property.

- C. General Location: The site for the proposed Skilled Nursing Facility (SNF) is adjacent to the campus of the Silver Cross Hospital. It is located just off of Cedar Crossing Drive in the northern part of New Lenox, Will County, Illinois. The location is in a modern suburban area that is growing and developing as the Chicago Metropolitan Area expands to the south. The new facility is located just north of the Interstate 80 corridor that traverses the metropolitan area from east to west. It is also less than a mile from the Interstate 355 Tollway that gives access to the entire western portion of the metropolitan area. A map showing the location of the proposed project is included in Attachment 1 in the Appendix to this study report.

New Lenox is located 35 miles southwest of Chicago and just 6 miles east of Joliet, IL. Joliet is the county seat and commercial center of Will County, as well as, being the southwest anchor of the largest Metropolitan Statistical Area in Illinois.

- D. Site Description: The proposed site for the new skilled nursing facility is a 6.64 acre plot of vacant land that is zoned as part of a Planned Unit Development. It is nearly square in shape and essentially flat in topography. The site will provide adequate space for the construction of two attached buildings designed by The Alden Group in accordance with their long tradition of producing efficient and attractive long-term care structures.
- E. Description of Site Improvements: The first building being proposed for the new facility will be a three-story design with 34,000 square feet on the first floor and

22,000 square feet on the second and third floors. It will also have a penthouse level of 2,000 square feet for a total building size of 80,000 square feet. This building will contain 100 skilled nursing and rehabilitation beds in 86 rooms, as well as, all of the administrative and support functions of the facility. This building will be known as Alden Estates of New Lenox.

The second building of the facility will be a single-story structure containing 40 beds in 34 rooms. It will provide skilled nursing services to residents that require special memory care. The memory care building will be called Alden Courts of New Lenox and will contain a total of 26,000 square feet of space. A summary of site features and improvements to the property, together with floor plans of the proposed buildings are provided in Attachment 4 of the Appendix.

II MARKET AREA CHARACTERISTICS

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

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

In the immediate vicinity of the proposed site is The Village of New Lenox, Illinois and the developing medical service area surrounding the recently opened Silver cross Hospital. New Lenox is a very affluent residential suburb that sits astride the Interstate 80 commercial corridor of northern Will County.

- B. Population/Demographic Characteristics: Laurel Research Associates analyzed demographic data for the City of New Lenox, Cook County, DuPage County, Kendall County, Will County and the 30-minute market area surrounding the site of Alden's new Will County Facility. This analysis utilized U.S. Census data and Scan/US Market Statistics Estimates. Results of that analysis are as follows:
1. Population: The population of New Lenox and the surrounding areas increased in the past 20 years. The primary market area, composed of the 30 minute drive geography selected earlier, has increased from a population of 675,597 in 2000 to a projected 848,586 in 2020. The population of Cook County is expected to increase from 5,376,752 to 5,405,921, DuPage County is expected to increase from 904,151 to 943,336, Kendall County is expected to increase from 54,544 to 122,473, and Will County is expected to increase from 502,288 to 687,558 over the same period.

These municipalities have averaged an increase in size of over 37% in the last 20 years. Table 1 shows the population of the relevant geographic areas for the years 2000, 2010, 2015 and 2020.

Table 1 - POPULATION

	2000	2010	2015 Estimate	2020 Projection
New Lenox	18,252	24,396	24,069	24,356
Cook County	5,376,752	5,194,675	5,297,742	5,405,921
DuPage County	904,151	916,924	923,978	943,336
Kendall County	54,544	114,736	117,204	122,473
Will County	502,288	677,560	676,619	687,588
Primary Market Area	675,597	844,366	835,845	848,586

Source: U.S. Census 2000/2010, Scan/US 2015/2020

2. Market Area Population: Scan/US estimates that the 2015 population of the primary market area was 835,845 with a projected increase of 1.5% to 848,586 by the year 2020.
3. Number of Households: Based on Scan/US, the number of households in the primary market area in 2000 was 233,449 with a projected increase of 30.75% to 305,237 by the year 2020. The average household size in the market area in 2015 is estimated to be 2.78 and to remain virtually unchanged over the entire 20 years being considered in this study.
4. Population by Relevant Group: The following chart provides Scan/US information on population of the primary market area by the age groups most often used to estimate the need for nursing care services.

Table 2 - POPULATION BY IMPORTANT AGE GROUPS: 2015 AND 2020

PRIMARY MARKET	2015	2020	2015-2020 Change	
Age 00-64	724,879	714,133	-10,746	- 1.48%
Age 65-74	64,267	76,813	12,546	19.52%
Age 75 Plus	46,698	57,639	10,941	23.0%

Source: Scan/US

This data shows that the market area population is aging rapidly. The older age

groups are increasing their numbers by almost 5% per year. These are the most relevant age groups for the providers of skilled nursing care and are the most important factor in the calculation of future nursing bed need later in this study.

5. Population By Age: Table 3 shows the Scan/US estimated population in the primary market area by age cohort for the years 2015 and 2020.

Table 3 - POPULATION BY AGE: 2015 AND 2020

	2015 estimated	2020 projected	% Change 2015-2020	
<5 years	50,697	50,261	-436	-0.008%
5-9 years	56,714	52,896	-3818	-6.73%
10-14 years	61,879	57,001	-4878	-7.88%
15-19 years	62,057	60,796	-1261	-2.03%
20-24 years	53,377	57,203	3826	7.17%
25-34 years	100,649	103,379	2730	2.70%
35-44 years	112,855	107,737	-5118	-4.53%
45-54 years	122,014	115,772	-6242	-5.12%
55-64 years	104,637	109,088	4451	4.25%
65-74 years	64,267	76,813	12546	19.5%
75-84 years	31,733	39,300	7567	23.8%
85+ years	14,965	18,339	3374	22.5%
Median Age	40.6	41.6	1.0	2.46%

Source: Scan/US

Based on these statistics, there will be a decrease in the age cohorts (<5 years, 5-9 years, 10-14 years, 15-19 years, 35-44 years, and 45-54 years). An increase is expected in the age cohorts 20-24 years, 25-34 years and all cohorts above 55 years. This pattern represents a definite aging trend. It is the age cohorts above 55 years in which one might expect to find potential tenants for the proposed project. All of the more senior cohorts over 55 years old are expected to have large increases and that will result in the median age increasing by a full year in the five year period.

6. Illinois Department of Public Health (IDPH) Population Projections: In an effort to provide better planning information to state health regulators, the

IDPH has recently released internally generated population projections for all Illinois counties and the various community areas of Chicago. While this information does not directly translate to a population projection for this study's selected market area, it does serve to illustrate the conservative nature of the Scan/US projections used in the study. IDPH projections of relevant age group populations for the four counties surrounding the Alden New Lenox site are presented in Table 4.

Table 4 - IDPH POPULATION BY IMPORTANT AGE GROUPS

DuPage County	2015	2020	2025
Age 00-64	793924	773195	748341
Age 65-74	79748	101221	118829
Age 75 Plus	53480	64600	83778
Cook County	2015	2020	2025
Age 00-64	4477374	4338279	4175810
Age 65-74	392868	466442	517789
Age 75 Plus	303622	327691	384698
Kendall County	2015	2020	2025
Age 00-64	117696	127610	136547
Age 65-74	7448	9625	11896
Age 75 Plus	4058	5584	7745
Will County	2015	2020	2025
Age 00-64	655017	692270	724021
Age 65-74	50576	64507	79212
Age 75 Plus	30813	38383	50363

Source: Illinois Department of Public Health

7. Household Income: Illinois residents who enter a long-term care institution are faced with one of the most expensive experiences of their lifetime. By definition, this expense is a lasting one. This is especially true of those with Alzheimer's Disease, where it is likely to be of lifelong duration. Sheltered care in Illinois is solely paid for by individuals or families with no government subsidies. On the other hand, the Medicaid program provides a financial safety net for those using nursing care. Therefore, the

sustained income of potential residents at the Alden Courts of New Lenox is an important consideration when determining what services to offer for memory care. Table 5 presents information concerning household incomes of those over 65 years old in the study market area.

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

	2015 Estimated	2020 Projected	Change 2015-2020	
<\$10,000	3,188	3,169	19	0.59%
\$10,000-\$19,999	4,887	5,793	906	18.5%
\$20,000-\$29,999	5,268	5,955	687	13.0%
\$30,000-\$39,999	5,170	5,761	591	11.4%
\$40,000-\$49,999	5,273	5,855	582	11.03%
\$50,000-\$59,999	5,052	5,687	635	12.56%
\$60,000-\$74,999	7,959	8,433	474	5.95%
\$75,000-\$99,999	8,825	10,667	1842	20.8%
\$100,000-\$124,999	7,879	9,956	2077	26.4%
\$125,000-\$149,999	4,501	5,486	985	21.88%
\$150,000-\$199,999	4,560	6,550	1990	43.6%
\$200,000 Plus	4,038	6,305	2267	56.1%

Source: Scan/US

- C. Economic Characteristics: Laurel Research Associates analyzed economic data for the Village of New Lenox, Southern Cook County, Kendall County, DuPage County, Will County and the study market area surrounding Alden Estates-Courts of New Lenox. This analysis suggests a market area that is prosperous and enduring. It includes such prominent suburban municipalities as Joliet, Bolingbrook, New Lenox, Flossmoor, Frankfort, Orland Park and Plainfield. It is home to several major hospital medical centers, two of the Illinois river boat casino sites, many important manufacturing and financial industry companies and, most importantly, homes for nearly a million residents. Those residents are served by a myriad of commercial, service and recreational establishments.

The Alden New Lenox facility's market area is on the southwestern edge of the Chicago Metropolitan Area. It is linked to the city by the Illinois Toll-way system

of Interstate Highways, Interstate 80 and 55, and the BNSF Railroad. All of these transportation systems serve as major commuting arteries to the commercial and cultural centers of Chicago and traverse the industrial areas of the southern part of the Metropolitan Area. Some of the key characteristics of the study market area are enumerated here.

1. **Unemployment Rate:** The unemployment rate in the study market area counties has historically tended to track State and U.S. trends. The county rates were usually between the Illinois and national rates, with the state rate being significantly higher than the national rate. This data indicates that since the last big recession the entire State of Illinois has been troubled by high unemployment, but that the counties containing this study's market area have suffered less than the state average. Table 6 shows the unemployment rates for recent years for the market area counties, Illinois and the U.S.

Table 6-MARKET AREA COUNTIES, ILLINOIS AND NATIONAL UNEMPLOYMENT RATES

	2010	2011	2012	2013	2014	2015(SEP)
DuPage County	8.9%	8.1%	7.5%	7.4%	5.6%	3.9%
Cook County	10.9%	10.4%	9.6%	9.6%	7.4%	5.2%
Kendall County	10.2%	9.2%	8.3%	8.3%	6.3%	4.2%
Will County	11.1%	10.5%	9.7%	9.7%	7.4%	4.9%
Illinois	10.4%	9.7%	9.0%	9.1%	7.1%	5.1%
U.S.	9.6%	8.9%	8.1%	7.4%	6.2%	4.9%

Source: Illinois Department of Employment Security

2. **General Affluence:** In general, the study market area has a thriving economy that produces a high level of affluence for its residents. Below are some indicators of this fact as they were estimated by the Scan/US Demographic software for the year 2015:
 - The median income of households in the market area is \$73,699 and over 17,400 households have income in excess of \$200,000. The State of Illinois has a median household income of \$56,840.
 - 79.7% of the market's households are home owners compared to 63.2% in Illinois as a whole. Only 3.5% of the market's housing units are vacant.

- Median age of the market area population is 40.6 years compared to the Illinois median age of 37.5 years.
- Of persons more than 25 years old in the market area, 62.9% have some college or higher education degrees while the comparable number in the statewide population is 60.9%.
- Market area households have an average of 1.96 vehicles available and 66.9% of its households have 2 or more vehicles available.
- Population density is 1,665 people per square mile in the market area producing an aggregate income per square mile of \$51.65 million. The State of Illinois produces aggregate income per Square mile of \$7.12 million.
- Market area residents over age 75 are 5.6% of the area's populace and over 50% of that age cohort have household income exceeding \$50,000. Only 30.5% have household income below \$30,000.
- In the Village of New Lenox itself, average household income is \$100,816 and over 60% of the households have income over \$75,000. Ninety percent of the New Lenox housing units are occupied by their owners and less than 2% are vacant. Unemployment in New Lenox is 4% of the labor force compared to 4.9% for all of Will County.

III SKILLED NURSING MARKET CHARACTERISTICS

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

Similarly, the actual number and size of skilled nursing facilities is controlled by a Certificate of Need (CON) program overseen by the Illinois Health Facilities and Services Review Board (IHFSRB). The IHFSRB periodically publishes the Inventory of Health Care Facilities and Need Determinations (The Inventory). This inventory and need data is used by the IHFSRB in deliberating whether to issue the permit that is necessary before beginning construction of any new facilities providing skilled nursing services. A CON application is being made for construction of a new Alden Estates and Alden Courts facility that is to be licensed by IDPH to provide skilled nursing care.

There is a sizeable nursing care industry that currently serves the area surrounding the Alden New Lenox site. The IDPH Inventory for 2013 - the latest, published in 2015- reveals that in the four counties containing parts of the New Lenox market area there are a total of 87 SNFs with 18,002 licensed beds that provided 5,107,682 patient days of nursing service during 2013. The data for each of the four counties follows:

<u>County</u>	<u>Facilities</u>	<u>Beds</u>	<u>Patient Days</u>
Southern Cook (HSA 7E)	28	9,165	2,603,028
DuPage (HSA 7C)	39	5,862	1,689,019
Kendall	2	185	56,286
Will	<u>18</u>	<u>2,790</u>	<u>759,349</u>
Total	87	18,002	5,107,682

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

There is one type of long-term care patient that does not conform to the above pattern of characteristics. This is the person with Alzheimer's Disease or other

memory disorders. This resident is normally of longer tenancy and their care primarily concerned with comfort and quality of life issues. They are seldom involved in rehabilitation. The Alden Courts of New Lenox is the proposed facility's component that is designed, staffed and managed to provide for the needs of this class of resident.

The majority of residents that require memory care are those diagnosed with Alzheimer's Disease and Related Dementia (ADRD). Alzheimer's is a progressive disease that increases in severity with the passage of time. It is frequently experienced that the progression of ADRD results in debilitation so pronounced that appropriate care can only be provided under a Skilled Nursing Care license.

B. Current Inventory Analysis:

1. Comparable Facilities: The Primary Market Area selected for this study contains 31 Skilled Nursing Facilities providing 5,061 beds for nursing care. These facilities range in age from less than 2 years to more than 40 years and, in size, from 40 beds to more than 300 beds. Other than all being licensed to conduct nursing care, they have few characteristics in common. On the other hand, this means that the potential nursing care patient has a wide selection of facilities and services available. As indicated in the current Long-Term Care Inventory, there are sufficient nursing care spaces available in the four county area surrounding the proposed New Lenox site to provide for the needs of their current populations. However, as will be shown in the next section, this adequacy is very uneven with three of the four counties examined having a current need for more nursing beds in 2015. It will also be shown that the need for more beds in the specific market area of the proposed facility will be even more pronounced by the year 2020 when the proposed new facility is expected to reach its target occupancy rate. Therefore, it is anticipated that the selection of a suitable source for nursing care will be much more difficult by that time.

In the Village of New Lenox there are currently no providers of long-term care licensed for skilled nursing care. The proposed Alden New Lenox facility will be the first skilled nursing provider to be located in the developing medical services district in the vicinity of the new Silver Cross Hospital. The nearest skilled nursing facility is Spring Creek located over 4 miles to the west. In the opposite direction, the Smith Crossing facility is five miles distant.

Since there is such a large group of existing facilities in the market area, individual facility information will not be presented in detail. More

complete information for representative nursing care and memory care providers that are most comparable to the proposed Alden of New Lenox is contained in Attachment 2 of the Appendix.

2. Comparable Facilities-Memory Care: There are 21 providers offering long-term care that is devoted to memory care in the Alden New Lenox market area. These will be summarized in this section and more detailed information is provided in Attachment 2 of the Appendix. The facilities providing memory care total 772 spaces for those with ADRD. The majority of those spaces are licensed at an assisted living level of care and only 6 providers are authorized to do memory care at the skilled nursing level. Less than 225 spaces of memory care in the market area is licensed at the skilled nursing level of care.

The nearest memory care facility is New Lenox Cottage 3 miles to the south that provides memory care at the assisted living level. Memory care at the skilled nursing level is available at Salem Village that is 5 miles southwest of the Alden New Lenox site.

IV DEMAND/NEED

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

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

PUBLISHED BED NEED

<u>PSA</u>	<u>2018 BED NEED</u>	<u>EXISTING BEDS</u>	<u>DIFFERENCE</u>
Southern Cook (7-E)	8,026	9,165	-1,139
DuPage(7-C)	5,998	5,862	136
Kendall	336	185	151
Will	<u>2,931</u>	<u>2,790</u>	<u>141</u>
Total	17,291	8,002	-711

These data from the published inventory of nursing beds indicate that the counties (PSAs) surrounding Alden New Lenox will have a surplus of 711 nursing beds in 2018. However the proposed Alden New Lenox facility's capacity is intended for use subsequent to 2018. Since the IHFSRB inventory does not provide guidance beyond 2018, Laurel Research Associates will use the IHFSRB need methodology and the population data presented in Section III to project bed need requirements for the New Lenox market area in 2020. These calculations are contained in Attachment 3 of the Appendix.

- B. Surrounding Counties Nursing Bed Need: In order to estimate nursing care demand in 2020, LRA has used the IHFSRB need methodology with the assumption that their published use rates and population projections for the market area are those that actually occur in 2015. However, since the Department of Public Health now has population estimates for Illinois Counties extending to 2025, we will use those estimates and commercially available Scan/US estimates to determine and compare future nursing care bed need in the region. A calculation of bed need for the surrounding PSAs using different population estimates is provided in Attachment 3 of the Appendix and is summarized in Table 7 below:

Table 7-SURROUNDING COUNTIES NURSING BED NEED COMPARISON

HEALTH PLANNING AREA	2015 Need	2018 Need	2020 Need	2013 Beds	2020 Add Need
DuPage County (7C): Published Inventory	5,912	5,998	N/A	5,862	N/A
IDPH Projections			6,489	5,862	627
Scan/US Software			6,786	5,862	924
Southern Cook County (7E): Published Inventory	8,247	8,026	N/A	9,165	N/A
IDPH Projections			N/A	9,165	N/A
Scan/US Software			8,251	9,165	-914
Kendall County: Published Inventory	279	336	N/A	185	N/A
IDPH Projections			369	185	184
Scan/US Software			353	185	168
Will County: Published Inventory	2,671	2,931	N/A	2,790	N/A
IDPH Projections			3,302	2,790	512
Scan/US Software			3,159	2,790	369
Total Four Counties: Published Inventory	17,109	17,291	N/A	18,002	N/A
IDPH Projections			N/A	18,002	N/A
Scan/US Software			18,549	18,002	547

Source: IDPH Inventory and Need Determination of Nursing Care Beds (2015) and LRA Bed Need Calculations, Attachment 3 of the Appendix

This comparison of nursing bed need in the vicinity of the proposed New Lenox facility reveals not only that the bed need is heavily dependent on the accuracy of population projections, but also that the Scan/us Market Mapping software, that will be used in this study to predict the demographic characteristics of the new facilities intended market area, is a reasonable substitute for the IDPH population estimates. This substitution is necessary because neither the IHFSRB Inventory and Need Determination nor the IDPH populations estimates provide any guidance for determining the need for nursing care within a 30-minute market area surrounding the proposed site of the new facility.

It is also important that, with the exception of Southern Cook County (PSA 7E), all predictions of nursing care need in the surrounding counties predict an increase in the need for those services. PSA 7E is an older Chicago suburban area whose growth has begun to slow. It also appears to be slightly over-built with long-term care facilities and has shown an inventory in excess of its nursing care need for the last several IHFSRB need determinations. In spite of these facts, the calculation of

total nursing care need in the counties surrounding New Lenox still indicates an increased demand by 2020 and a need for more nursing beds than are now available.

- C. Primary Market Area (PMA) Demand: In order to estimate nursing care demand in this study's PMA, LRA has used the IHFSRB need methodology with the assumption that their published use rates and population projections for the surrounding counties are those that actually occur in 2015. The calculation of the 2020 bed need for the Primary Market Area, derived by measuring 30 minutes driving time from the New Lenox proposed site, applies Scan/US population projections to the IHFSRB need methodology. The detail of this calculation is included in Attachment 3 of the Appendix and the results are summarized below:

CALCULATED FUTURE BED NEED

<u>PMA</u>	<u>2020 BED NEED</u>	<u>EXISTING BEDS</u>	<u>ADDITIONAL NEED</u>
30-Min. Drive	5,379	5,061	318
New Lenox Village	102	0	102

The second factor we need to calculate future demand for nursing care with the IHFSRB method is an appropriate use rate. We have created a combined use rate for the New Lenox market area. Total patient days of usage during 2013 (the latest data published) in both PSA 7E and PSA Will County were divided by the age group populations of both PSAs. These two PSAs were chosen because they contain all of the existing nursing care facilities that are within the New Lenox PMA.

There is an inherent risk introduced in the demand calculation when using a historical factor to predict future behavior. It is by no means certain that the citizens of the Alden New Lenox market area will make the same choices regarding long-term care in 2020 that they made in 2013. It has been suggested that nursing care use rates are declining in Illinois because more suitable substitutes for nursing care are now available. There is no evidence in the data to support that simplification. Nursing care use rates vary widely among PSAs and time periods. In fact, for the Will County PSA during the period 2005 to 2013 and for all three relevant age groups, There have been 5 occasions of increases and 4 occasions of decreases.

Having failed to find a consistent pattern in use rate variation, we have assumed that use will continue at the 2013 rate and considered whether an adequate safety margin exists in our results. The additional bed need we determined for the study market in 2020 is at least twice as large as that required to support the proposed project. This 100% safety margin seems adequate to allow for any unanticipated change in nursing care use rates.

- D. Memory Care Demand: The Alden Courts of New Lenox will be devoted to the care of those suffering from the effects of Alzheimer's Disease and Related Dementia (ARD). This type of specialization has become known as "memory

care". In order to estimate the number of living units that should be allocated to memory care in the study market area, additional factors must be considered.

Research has shown that the prevalence of Alzheimer's Disease varies mostly with age and increases dramatically at ages above 75. We will use the normally accepted prevalence rates and the demographic data of Attachment 6 to estimate the number of ADRD cases, and their financial qualification for care, that are likely to occur in the study market area. The results of that analysis is contained in Attachment 3 of the Appendix and is summarized in Table 8.

Table 8 - ADRD CASES WITH REQUIRED INCOME

Age Group	Population	Rate	Cases	With Income
65-74	53,150	3.0%	1,575	1,146
75-84	30,767	18.7%	5,753	2,485
85 Plus	13,055	47.2%	6,162	2,662
Total	96,972		13,510	6,294

Alden Courts of New Lenox is planned for 40 units of memory care at the skilled nursing level. Memory care facilities in or near the study market area are normally fully occupied. It is also normal for a significant number of residents to leave memory care units at lesser levels of care because their needs have exceeded Sheltered Care or Assisted Living capabilities. This pattern, and the fact that less than 30% of memory care units presently available in the New Lenox market area are licensed for skilled nursing care, point to a shortage of skilled nursing memory care.

Considering the factors enumerated above, LRA made a calculation of the potential market for memory care in the New Lenox market area. The details of those calculation are contained in Attachment 3 of the Appendix and are used in the following table to report the potential market, required capture rate and total inventory penetration rate for the market area. Also considered in compiling Table 9 is the finding by LRA that, in similar conditions, approximately half of the identified ADRD cases will be cared for in non institutional settings such as private homes.

Table 9 - MARKET CAPTURE AND PENETRATION RATES

Item	Memory Care
Potential Market - 50% of Cases	6,755
Less Existing Units	772
Net Need in Market	5,983
Max Proposed Project Size	40
Required Capture Rate	0.7%
Total Inventory Penetration Rate	12.9%

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

V CONCLUSIONS AND RECOMMENDATIONS

- A. Conclusions: Based on a survey of existing nursing and memory care facilities in the 30-minute drive market area of Alden Estates-Courts of New Lenox and calculations of potential demand based on IHFSRB nursing bed need methodology, LRA found a need for additional capacity in both categories of long-term care being proposed at the new facility.

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

Since the population of the study market area is both growing and ageing, LRA predicts that demand for skilled nursing beds in the market area could increase about 318 by 2020. The Village of New Lenox alone is estimated to have a need for 102 nursing beds by 2020. Similarly, we believe that memory care demand could increase by several hundred beds in the same time period. The proposed project is consistent with social needs associated with these trends.

The prosperous residential municipality of New Lenox does not presently have a skilled nursing facility and its residents are forced to travel to neighboring cities to obtain this service. By being located near the intersections of major roads traversing the municipality, the proposed Alden facility will be in an excellent location to provide these missing services. Also, by being the first skilled nursing facility closer than 4 miles from the new Silver Cross Hospital, the proposed facility will be ideally positioned to receive a large number of rehabilitation patient referrals from the hospital.

- B. Recommendation: Based on the findings of this Market Study, it is recommended that the proposed development of a Skilled Nursing Care facility at the site chosen by Alden Estates-Courts of New Lenox be pursued. In light of the indicators revealed by this study, these new additions to nursing care services at New Lenox, Illinois seem appropriate and are likely to be quickly absorbed by increasing demand in the Alden New Lenox primary market area.

VI APPENDIX

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

Attachment 2. Existing Inventory Details

Attachment 3. Nursing Care Demand and Need Calculations

Attachment 4. Site Plan and Floor Plans of the Proposed Facility

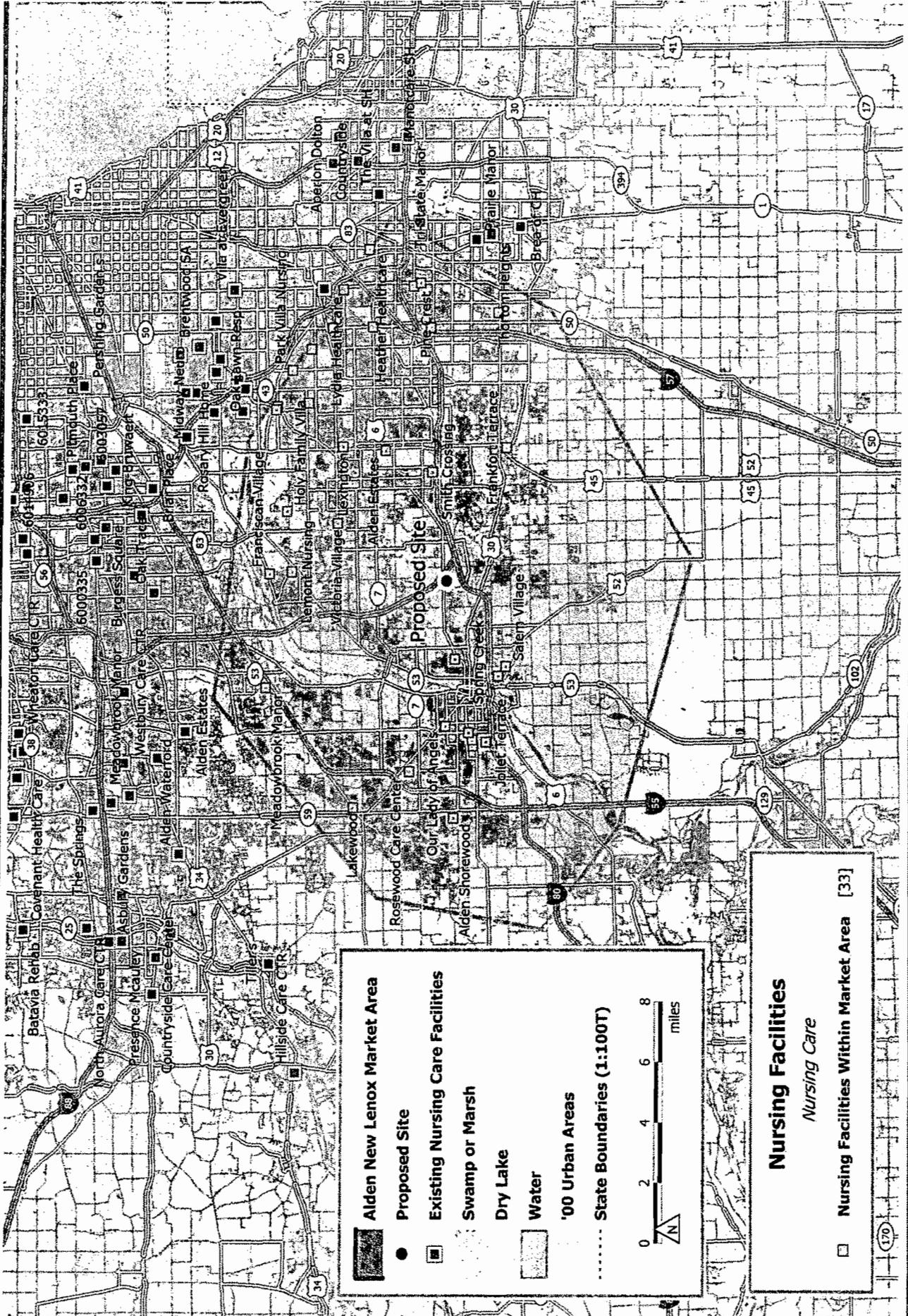
Attachment 5. IDPH Population Projections

Attachment 6. Scan/US Demographic Study

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

Alden New Lenox

Scan/US, Inc.



Proposed Site with 30 Minute Market Area and Existing Nursing Facilities

Scan/US™

11/06/2015

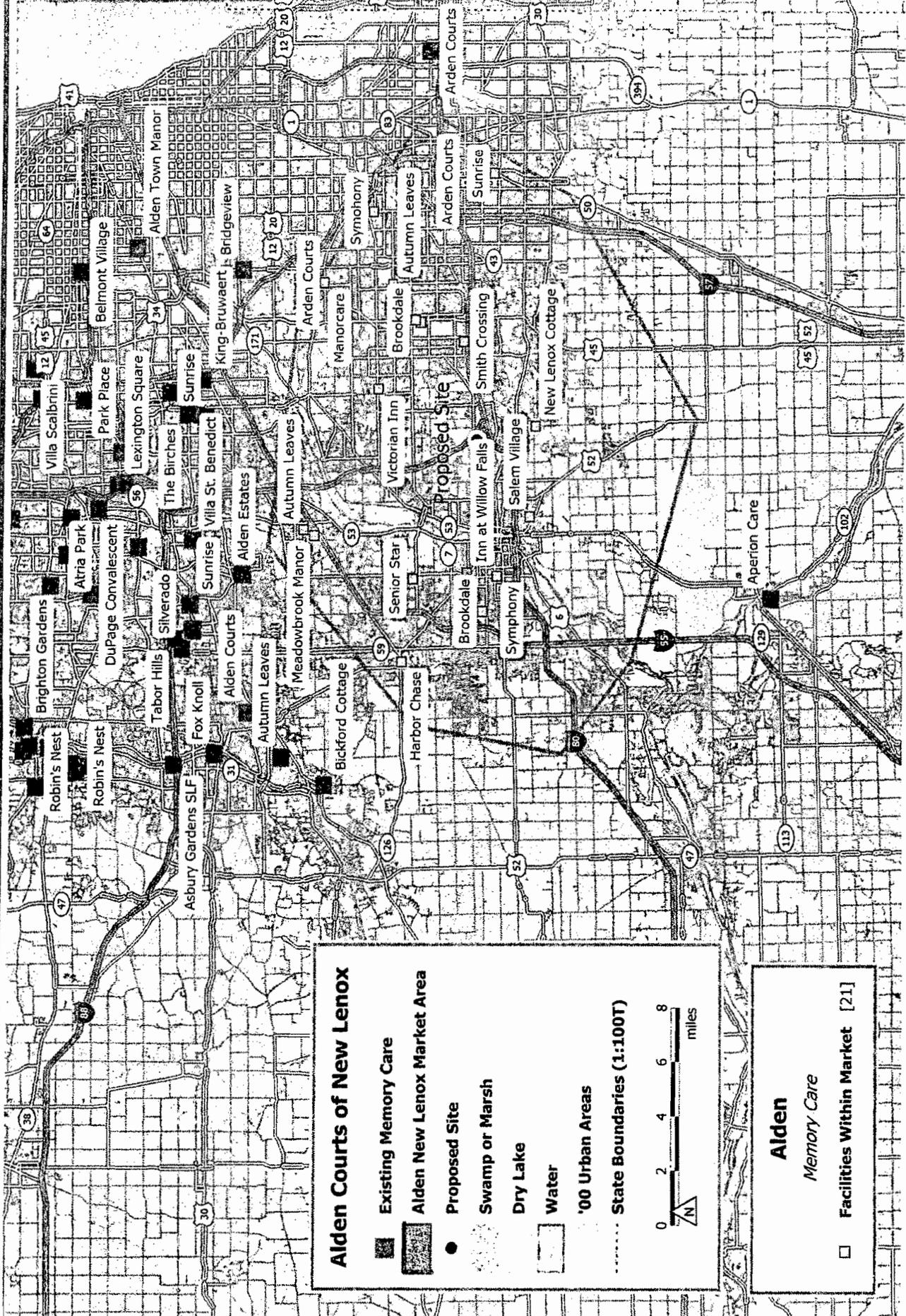
SCxx-M01

Alden Estates of New Lenox - Existing Market Area Facilities

FACID	FACNAME	ADDRESS	CITY	ZIP	SC Beds	# of Licensed Nursing Beds
6016786	Spring Creek Nursing & Rehab Center	777 Draper	Joliet	60432-0000	0	168
6016059	Smith Crossing (1)	10501 Emilie Ln	Orland Park	60467	0	46
6009252	Sunny Hill Nursing Home Will County (2)	421 Doris Avenue	Joliet	60433-0000	0	252
6008338	Salem Village Nursing & Rehab	1314 Rowell Avenue	Joliet	60433-0000	6	266
6004964	Joliet Terrace Nursing Center	2230 Mcdonough	Joliet	60436-0000	0	120
6002463	Symphony of Joliet	306 North Larkin Avenue	Joliet	60435-0000	0	214
6016752	Victorian Village (3) (licensure 1/26/15)	12565 W. Renaissance Circle	Homer Glen	60491-0000	0	50
6014492	Lemont Nrsng & Rehab Center	12450 Walker Rd	Lemont	60439-0000	0	158
6014922	Alden Estates of Orland Park	16450 South 97th Avenue	Orland Park	60462	0	200
6004766	The PARC at Joliet	222 North Hammes	Joliet	60435-0000	0	203
6012678	Presence Villa Franciscan	210 North Springfield Avenue	Joliet	60435-0000	0	154
6006993	Our Lady Of Angels Ret Home	1201 Wyoming Avenue	Joliet	60435-0000	50	87
6012413	Franciscan Village (4)	1270 Franciscan Drive	Lemont	60439-0000	0	127
6003297	Frankfort Terrace Nursing Center	40 North Smith Street	Frankfort	60423-0000	0	120
6014682	Lexington Health Care Center	14601 S. John Humphrey Drive	Orland Park	60462-0000	0	278
6005904	McAllister Nursing & Rehab (5)	18300 Laverne Ave	Country Club Hills	60478	0	200
6004550	Holy Family Villa (6)	Will Cook Rd	Palos Park	60439-0000	0	129
6011720	Advocate South Suburban Hospital	17800 South Kedzie Avenue	Hazel Crest	60429	0	41
6004741	Pine Crest Health Care	3300 West 175th Street	Hazel Crest	60429-0000	0	199
6000467	Applewood Rehabilitation Center (8)	21020 Kostner Avenue	Matteson	60443-0000	0	150
6016695	Alden Estates of Shorewood (9)	735 Shorewood Dr	Shorewood	60431	0	150
6012835	Rosewood Care Center	3401 Hennepin Drive	Joliet	60435-0000	0	120
6002265	Symphony of Crestwood	14255 South Cicero Ave	Midlothian	60445-0000	0	303
6014534	Manorcare of Palos Heights West	11860 Southwest Highway	Palos Heights	60463-0000	0	130
6010912	Manorcare of Palos Heights East	7850 West College Drive	Palos Heights	60463-0000	0	184
6001077	Aperion Care Midlothian	3249 West 147 Street	Midlothian	60445-0000	0	91
60004139	Heather Healthcare Center	15600 Honore Ave	Harvey	60426-0000	0	173
6005235	Lakewood Nrsng & Rehab Center (10)	1112 North Eastern Avenue	Plainfield	60544-0000	0	131
6002273	Crestwood Terrace Nursing Center	13301 South Central Ave	Midlothian	60445-0000	0	126
	Meadowbrook Manor	431 West Remington Blvd.	Bolingbrook	60440	0	298
6007843	Providence of Palos Heights (11)	13259 South Central Avenue	Palos Heights	60463-0000	0	193
						5061

Alden New Lenox

Scan/US, Inc.



Memory Care Facilities Within Alden New Lenox Market Area

key:Object name:Object name	# of Units	Skilled
#Loc0001 Alden-Orland Park	70	70
#Loc0004 Manorcare	30	30
#Loc0005 Symohony	35	35
#Loc0009 Arden Courts	64	
#Loc0010 Arden Courts	56	
#Loc0015 Meadowbrook Manor	22	22
#Loc0016 Villa Franciscan	34	34
#Loc0017 Salem Village	49	
#Loc0018 Symphony	30	30
#Loc0043 Autumn Leaves	36	
#Loc0063 Victorian Inn	20	
#Loc0064 Smith Crossing	16	
#Loc0065 New Lenox Cottage	32	
#Loc0066 Harbor Chase	30	
#Loc0067 Senior Star	77	
#Loc0068 Inn at Willow Falls	31	
#Loc0069 Brookdale	38	
#Loc0070 Sunrise	17	
#Loc0071 Autumn Leaves	36	
#Loc0072 Brookdale	24	
#Loc0073 Sunrise	25	
Total	772	221

Attachment 2. Existing Inventory Details

Comparable Property Details – LTC

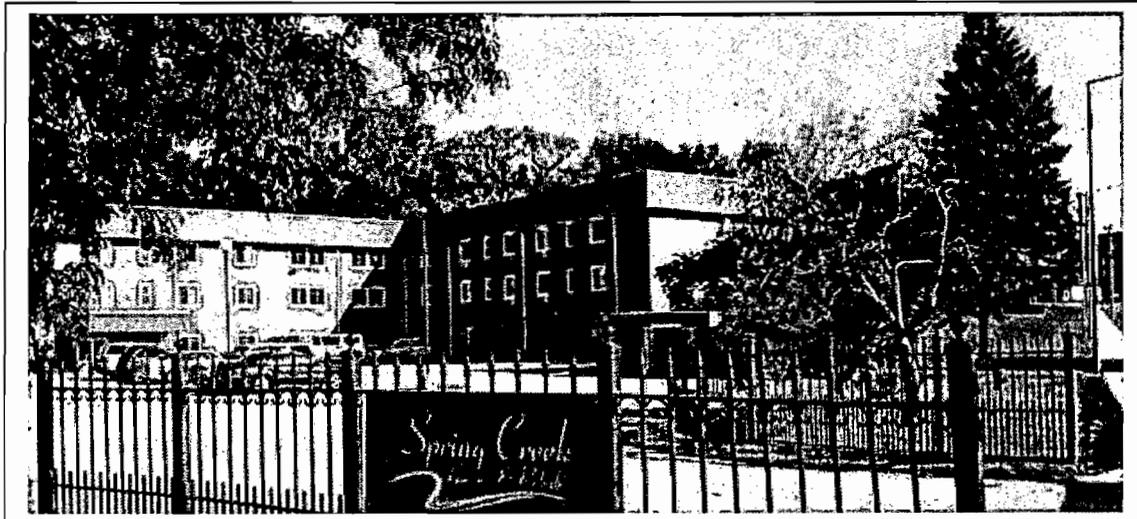
<u>Development Name and Address</u>	<u># Beds</u>	<u>Unit Type</u>	<u>Avg. Cost</u>	<u>Occ. %</u>
<i>Spring Creek Nursing & Rehab Center 777 Draper Avenue Joliet, IL 60432</i>	168	Single	\$180*	5.7%

Phone: (815) 727-4794

Project Amenities: Wheelchair accessible showers; onsite & offsite activities; devotional services; beauty & barber services; indoor & outdoor common areas.

Condition: built in 1991

Comments:



*2014 IDPH LTC annual questionnaire

Services

- Dentist Available
 - Nurse on Call
 - Doctor on Call
 - Female Residents Only
 - Male Residents Accepted
 - Resident Parking Available
 - Respite Available
 - Hospice Available
 - Wheelchair Accessible Showers
 - Beauty & Barber Services
 - Outdoor Common Areas
 - Activities Offsite
-
- Complimentary Transportation
 - Speech Therapy Available
 - Occupational Therapy Available
 - Physical Therapy Available
 - Podiatrist Available
 - Nurses on Staff
 - Aging in Place
 - Meals Provided
 - Indoor Common Areas
 - Devotional Services Available
 - Activities Onsite

Comparable Property Details – LTC

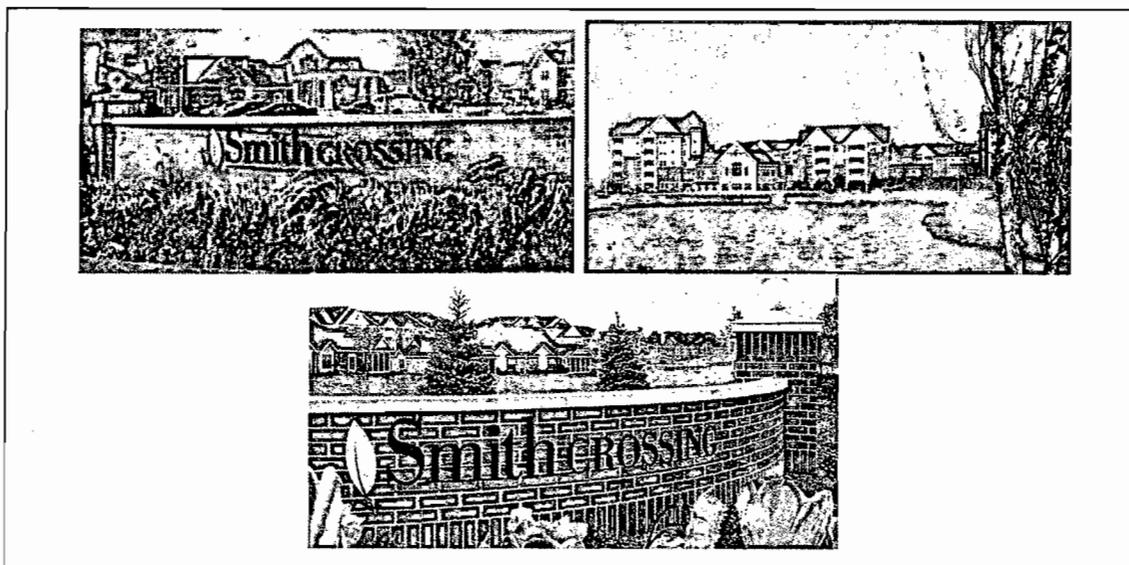
<u>Development Name and Address</u>	<u># Beds</u>	<u>Unit Type</u>	<u>Avg. Cost</u>	<u>Occ. %</u>
<i>Smith Crossing</i>	46	Single	\$345*	87.23%
<i>10501 Emilie Lane</i>		Double	\$273*	
<i>Orland Park, IL 60467</i>				

Phone: (708) 326-2308

Project Amenities: CCRC

Condition: new, high-end finishes; built in 2001

Comments: Can people move directly into Skilled Nursing Care and Rehab at Smith Crossing?
A: No. Although Smith Crossing offers superior Skilled Nursing Care and Rehab, its certificate of need issued by the State of Illinois restricts admissions only to individuals who have joined the community as Independent Living or Assisted Living residents. It is exclusively for residents who are already part of the Smith Crossing family and whose health needs have changed.



*2014 IDPH LTC annual questionnaire

Welcome to Smith Crossing ...

Orland Park's first and only Continuing Care Retirement Community

Smith Crossing, located in the Village of Orland Park, Illinois, is a Continuing Care Retirement Community that's backed by the strength and experience of Smith Senior Living.

The dream to bring the first Continuing Care Retirement Community to Chicago's southwest suburbs became a reality when Smith Crossing opened in Orland Park in 2004. Today, our 32-acre campus surrounded by a pristine prairie has become home to a community of more than 250 residents.

Smith Crossing is a not-for-profit organization. What this means for residents and their families is having the assurance that everything we do and every decision we make is based on one goal: to improve the lives of those we serve. Rather than answering to an anonymous group of investors, we hold ourselves accountable to residents and their family members, to the Orland Park community and to each other. We believe it's a higher standard that has created and sustains a resident-centered culture.

Green Leaf Rehab

Short-term Rehabilitation at Smith Crossing

When surgery, illness or injury set you back, Green Leaf Rehab at Smith Crossing can help you get back to your life. Green Leaf's skilled, professional therapists will work with your doctor to determine the best rehabilitation program for you. Then they will work with you to help restore strength and function so that you can return home better than when you left.

- Therapies offered include:
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Respiratory Therapy
- Restorative Care

If you are in the process of planning a scheduled surgery, contact us to learn how post-surgical rehab at Smith Crossing can help you have a more successful recovery. By planning ahead, you'll have peace of mind in knowing you have a plan in place.

Skilled Nursing Care at Smith Crossing

Skilled Nursing Care at Smith Crossing is part of the full continuum of care offered on our Orland Park campus. It provides a safety net for residents in Independent Living, Assisted Living and Memory Support, helping to ensure that, should they need more involved care, they will still be able to remain in the community they love with the friends, neighbors and staff they have come to know and depend on. Services are available on a short- or long-term basis, according to individual needs.

While current Smith Crossing residents always receive priority in admission to our Skilled Nursing Care, we do accept direct admissions on a space-available basis. For information, call our admissions director, Amy Majcina, at 708-326-2310.

Comparable Property Details – LTC

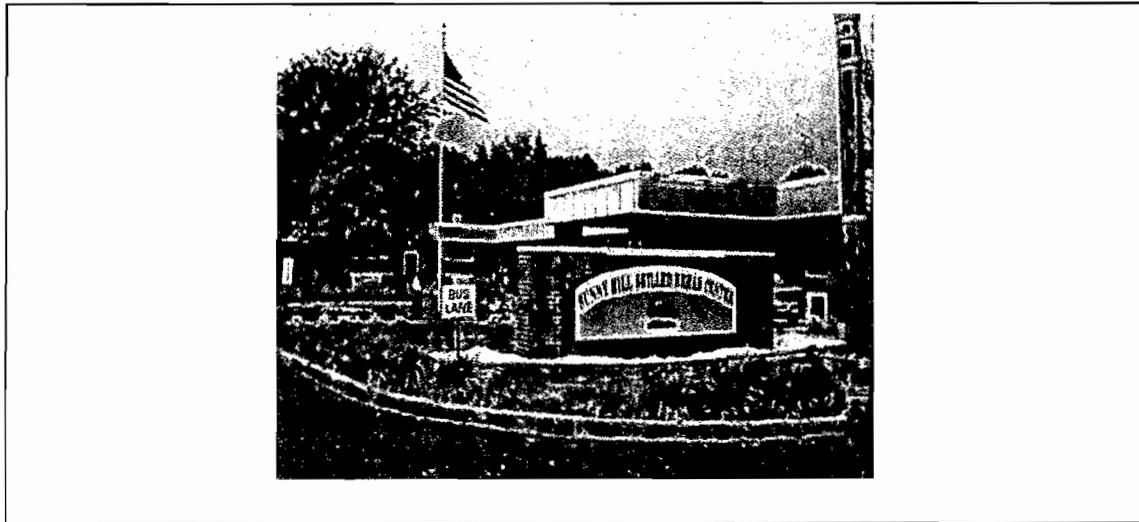
<u>Development Name and Address</u>	<u># Beds</u>	<u>Unit Type</u>	<u>Avg. Cost</u>	<u>Occ. %</u>
<i>Sunny Hill Nursing Home Will County 421 Doris Avenue Joliet, IL 60433</i>	252		\$192*	64.8%

Phone: (815) 727-8710

Project Amenities: Ice cream shop; beauty/barber shop; fenced courtyard with benches, picnic tables, raised-bed gardening plot & barbecue areas; activity room; wheelchair accessible van for community events;

Condition: built in 1972

Comments: close to Interstate 80



*2014 IDPH LTC annual questionnaire

Originating in 1955, operations began in the group of buildings directly south of the current facility. Growth and development has elevated Sunny Hill's leadership position in the field of long term care.

Facilities

Sunny Hill Nursing Home is a 238 bed, skilled care facility owned and operated by the government of Will County, Illinois.

Sunny Hill is situated on 40 wooded acres, in Joliet, Illinois. The center is less than one-half mile from the Richards Street exit of Interstate 80.

The physical layout of the facility has an upper and lower level. Because the facility is built into a slight hillside, the lower level is actually located at ground level. The front doors and lobby are adjacent to the parking area, also located at ground level.

The upper level consists of the units for 2nd, 3rd, 5th and 6th Avenue, the main dining room, Large visiting areas (the 'Sunshine Room' and the 'Dugout'), the Sweets and Treats Ice Cream Shop, Dietary Department, Nursing Offices and Administrative Offices.

The lower level houses the 1st and 4th Avenue units, Social Service Department, Beauty/Barber Shop, Housekeeping/Laundry Department, Maintenance Department, Activity Department, Volunteer Office, Rehabilitation and Therapy Departments and a classroom. The Lower Level also grants access to a beautiful fenced courtyard area featuring park benches, picnic tables, sidewalks, a raised-bed gardening plot and barbecue areas.

Resource Materials

The Activity Room is home to a large collection of resource materials that are available to all residents, including:

- Arts and crafts materials
- Reading materials (including current magazines and large-print books on loan from the Joliet Public Library)
- Movies on VHS tape
- TV/VCR Carts
- Computer lab
- A selection of audio and CD's
- Crossword and Search-A-Word puzzle books
- Jigsaw puzzles
- Playing cards
- Board games
- Radios, Cassette players and CD players
- Electronic equipment, such as TV's, VCR's and music players are available for short periods of time and on a first come-first served basis.

Resident Council

Resident Council is a forum that belongs exclusively to all residents. All residents are invited to this monthly meeting (4th Thursday of each month) for the opportunity to learn about upcoming events, make suggestions and voice concerns. The meeting is conducted by officers elected yearly from among the residents. No staff is allowed to attend Resident Council meeting with the exception of the Activity Director. The Resident Council may also invite other staff members to attend meetings. Monthly meeting minutes posted in the Activity Room and in the Administrator's office. A list of current Resident Council Officers and regular meeting dates is posted in each unit.

Food Council

Interested Residents meet monthly to select a special meal of the month. The group also gives input into the selection of the daily menus.

Van Trips

Sunny Hill Nursing Home owns and operates a 21-seat, wheelchair accessible van. The van makes scheduled trips into the community and to community events (concerts, plays, sporting events, parades, etc.). Of the 21 seats, four accommodate wheelchairs. Regularly scheduled trips to local restaurants are also very popular. The Activity Department is in charge of all van trips.

About Resident - Centered Care

At Sunny Hill Nursing Home, Residents live happier, fuller lives because they're able to make more choices and decisions about their lifestyle. Their families enjoy better family relationships by being more involved in care. And employees experience a greater degree of participation with the residents, resulting in increased job satisfaction.

Resident Centered Care at Sunny Hill combines the best of the clinical model of care with a flexible, innovative social model.

Resident centered care focuses on individuals, listening to and answering their needs in a way that helps them build self-esteem and maintain dignity. Simply put, it gives each Resident more freedom in his or her own home.

As Sunny Hill implements this new approach to elder care we strive to respond to each Resident's spiritual, physical and emotional needs. This process requires creativity on the parts of staff, Residents and family members in order to successfully implement this concept.

Our current practices include Buffet Dining where our Residents not only choose what they eat, but also when they eat, our Team approach to care provides consistent staffing, and Our "Get-Up When You Wake-Up" philosophy allows our Residents to sleep as late as they want and stay up late if that is what they prefer.

As in many Resident centered facilities, every member of the facility's team care for residents, from administrators to nurse aides. For example, all call lights are answered immediately. Whoever is close when the call is placed answers, and this could be a member of the administration.

Sunny Hill Nursing Home commits to these principles and values:

- › Know each person
- › Each person can and does make a difference
- › Relationship is the fundamental building block of a transformed culture.
- › Respond to spirit, as well as mind and body.
- › Risk-taking is a normal part of life Put person before task.
- › All elders are entitled to self-determination wherever they live.
- › Community is the antidote to institutionalization.
- › Do unto others, as you would have them do unto you.
- › Promote the growth and development of all.
- › Shape and use the potential of the environment in all aspects: physical, organizational, and psychosocial / spiritual.
- › Practice self-examination, searching for new creativity and opportunities for doing better. Recognize that culture change and transformation are not destinations, but a journey --always a work in progress.



Sunny Hill Nursing Home is committed to helping our Residents enjoy life's daily pleasures. We believe that Resident Centered Care is about helping elders find a better way to live out the twilight of their lives.

Welcome to Sunny Hill Outpatient Therapy Services! We are very excited to have you utilize these services we have made available to the geriatric community.

As an outpatient in our therapy department, you will enjoy the convenience of Physical Therapy, Occupational Therapy and Speech Therapy delivered by experienced therapists right here in your community.

Outpatient Geriatric Rehabilitation Services

Rehabilitation Services are designed to help elderly patients with strength and mobility issues regain stamina, strength and physical independence. Whether for a senior who has been injured in an accident or fall, has undergone a procedure such as a hip replacement or has experienced a stroke, Sunny Hill geriatricians and rehabilitation specialists are experienced in helping elderly patients regain physical independence.

The rehabilitation specialists and physical therapists at Sunny Hill Outpatient Therapy are also experts in helping patients improve from general loss of physical strength. In addition to physical therapists and a physician rehabilitation team, occupational and speech therapists are also available to provide treatment for seniors at the therapy center.

Geriatric outpatient rehabilitation services we offer include:

Pain Management

This service is for conditions such as osteoarthritis, osteoporosis and orthopedic disabilities, pain management treatment involves hands-on techniques for improved mobilization of structure/tissue and physical function.

Balance and Fall Prevention

For patients who have experienced a stroke or who may have Parkinson's disease, neurological and/or gait disorders. Balance and fall prevention treatment uses tactics for improving overall balance and mobility.

Speech and Language

For patients who have experienced stroke or dementia (and some post-operative conditions), speech and language treatment assists these elderly patients with cognitive linguistic skills and speech production.

Posture and Strengthening Treatment

For seniors with fractures, joint replacements, orthopedic conditions, and osteoporosis and osteoarthritis, strength training aids in improved posture stability, core strength and upper extremity function.

Neuro-rehabilitation and Low Vision

For seniors with optic neuropathy, macular degeneration and homonymous hemianopsia, neuro-rehabilitation and/or low vision treatment utilizes techniques for normalizing tone, improving functional movement capabilities, and enhancing visual skills and adaptive strategies.

Home Safety/ADLS

The home safety treatment provided at the Health Center is designed to treat the cognitive, physical and perceptible skills required for elderly patients to maintain safety in the at-home environment. Home safety treatment is usually offered to those who have experienced a stroke or dementia.

Swallowing

Treatment for elderly patients who require assistance with maximizing safe oral intake. This treatment is typically offered to seniors who have experienced a stroke, dementia and other neurological disorders.

What Can You Expect from our Geriatric Rehabilitation Services

Geriatric rehabilitation, including physical therapy, speech therapy and occupational therapy, treats diseases and conditions associated with aging, including stroke, hip and knee replacements, cardiovascular defects, osteoporosis, arthritis and Alzheimer's disease. By understanding what rehabilitation services have to offer, you can make well-informed choices.

Physical Therapy

Physical therapists (PT) can help enhance mobility and quality of life by improving strength, balance, endurance, flexibility and posture. Physical therapy services are available in multiple settings including the hospital, rehab hospital, nursing home, outpatient clinic, adult medical day care, and at home.

In the hospital, rehab hospital or long-term care facility, most treatment sessions take place either in a hospital room or "therapy gym." You may see stationary bicycles, treadmills, arm bikes as well as machines like the leg press. Your loved one may perform exercises lying down in bed or on a padded mat table to improve ability to get in and out of bed.

Doing exercises with weights while sitting increases strength and ability to get out of a chair, while exercises with weights while standing improve strength, balance and ability to walk. "Parallel bars" are available to provide support for both hands as the patient practices walking.

Physical therapy in the home is for those who are unable to leave home due to their medical status. The goal for PT at home is to maximize function at home and community to improve quality of life. Your loved one may do strengthening exercises lying on the bed, sitting in a chair or standing at the kitchen counter with weights or exercise resistance bands. Balance exercises may also be part of the mix.

Speech-Language Pathology

Speech-language pathology services (SLP) boost a person's ability to communicate and to swallow.

SLP addresses the declines associated with neurological difficulties, age-related illness, and deterioration of the swallowing mechanism. SLP may be able to help your loved one with declines due to brain injury, stroke, cancer, infection, or physical abnormality. It's used to treat breathing problems due to lung diseases or tracheotomy.

Speech therapists also provide treatment of cognitive-linguistic impairments. This treatment focuses on restoring memory, sequencing, problem solving, safety awareness, attention, and their effects on the function of activities of daily living. Exercises may include breaking down a complicated task, like making a grocery list, to small simple steps.

In this case, the steps include identifying what items you need (problem solving), finding a pen and paper, remembering the words for the items you want (memory), and writing the list (communication).

SLP also helps when a person has trouble speaking, articulating words, or using expressive language, due to conditions such as dysarthria or apraxia (motor speech disorders); hoarse vocal quality; complete or partial loss of voice; or aphasia (a language disorder).

Your loved one may be taught specific exercises to strengthen the muscles of the face, mouth and throat such as blowing out, sipping in through a straw and making specific sounds like "pa" and "ma".

Finally, speech-language pathology plays a critical role in the treatment of dysphagia, or swallowing disorder. The treatment of dysphagia is essential in maintaining healthy lungs and avoiding pneumonia.

Occupational Therapy

Occupational therapy (OT) focuses on the ability to fulfill "occupations" or in other words, Activities of Daily Living (ADLs) such as getting dressed, toileting, bathing, cooking and recreational activities.

Occupational therapy services are available in many of the same settings as physical therapy. Treatment sessions, either in the hospital room or therapy gym, may focus on posture and use of arms to improve the ability to eat, dress, bathe and perform other ADLs. Exercises may include stretching and strengthening and flexibility. Sometimes, adaptive equipment is used to help the person eat, dress or bathe.

OT in an outpatient facility is not as common as outpatient physical therapy. When it's offered, outpatient OT is usually for injuries to the hand or arm to maximize function in ADLs, and recreational activities. Patients may use the arm bike, arm exercises with weights, or special "silly putty" to improve hand strength and dexterity.

Hand therapy combines physical and occupational therapy, and involves the rehabilitation of a person's upper extremities, including the hands, fingers, and wrists, that have been affected by trauma, disease, or a neurological disorder. The aim of treatment is for a patient to be able to have the utmost use of his hand after a diagnosis and to return to a productive life or to live as normal a life as possible. Treatment may also entail providing emotional and psychological support to patients.

Performed at various locations including hospitals, rehabilitation centers, clinics, and sports medicine facilities, hand therapy is provided to patients for various reasons. Common conditions that may require hand therapy include fractures, burns, arthritis, amputation of fingers, and nerve damage. Additionally, a person may require hand therapy to assist with carpal tunnel syndrome and to recover from sports injuries. Typically, a patient will need hand therapy to manage acute or chronic pain.

Payment Options

At Sunny Hill Outpatient Services, we accept Medicare and Private Pay. If you have Medicare and a supplemental insurance, we will gladly bill for you. If you will be paying privately, we will be happy to discuss your plan of care with you and estimate the cost of your therapy in advance.

Our current charges for Private Pay Patients is:

Physical Therapy Evaluation	\$150.00
Occupational Therapy Evaluation	\$150.00
Speech Therapy Evaluation	\$200.00

Evaluation fees must be paid in advance at the time of service.

All services rendered after evaluation and once treatment plan has been recommended will be billed in units of 15 minutes. Each unit will be billed at \$50.00. Example: 30 minutes of therapy will be charged at \$100.00.

Friends of Sunny Hill Nursing Home

The Friends of Sunny Hill is a not-for-profit group, composed primarily of family members, staff and community members who provide support through friendship and fundraising. Annual fundraising events include a Mardi Gras Brunch, Autumn Fashion Show, Holiday Craft Bazaar and other events.

Items that the "FRIENDS" have helped secure for the enjoyment of Sunny Hill Residents include a 22-seat, handicapped accessible van and a Culinary Arts Center, located in the activity room and available for resident and family use. Sweets & Treats Ice Cream and Gift Shoppe is also a "FRIENDS" project and is open daily for ice cream cones and treats.

Outdoors, in the courtyard, the "FRIENDS" built raised gardening beds that allow wheelchair residents to continue to enjoy their gardening hobby.

The Friends of Sunny Hill have been recognized by Will County's Community Services Council and is the recipient of the 1994 Community Group of the year Award. All resident family members are encouraged to support "FRIENDS" events and become a member. For more information, contact Activity Director Danette Krieger at 727-8711

Rehab Programs

Sunny Hill Nursing Home offers superior rehabilitative therapies on-site, seven days a week. Sunny Hill boasts a highly skilled staff and facilities that are fully equipped with the latest medical technology. With a Certified Rehab Registered Nurse on staff, Sunny Hill can offer the following:

- › Skilled Therapies
 - › Rehabilitation Programs

- › Restorative Training Programs

SKILLED THERAPIES

- Respiratory Therapy
 - Including tracheostomy care, pulmonary conditions, nebulizer treatments and oxygen.
- Speech Therapy
 - For post-stroke treatments, speech and swallowing difficulties. Speech Therapy is available on site.
- Physical and Occupational Therapy

These therapies are available on site and are performed by licensed therapists.

Infusion Therapies (IV)

For hydration, infections, antibiotics and other acute/chronic problems

REHABILITATION PROGRAMS

Occupational Rehab and Physical Rehab

These programs are ordered by a doctor and designed and monitored by a skilled therapist and carried out by our on-staff certified rehabilitation aides. Residents normally receive the program two times a week in a group setting and once a week in their unit or room. These programs help residents reach maximum independence.

Comparable Property Details – LTC

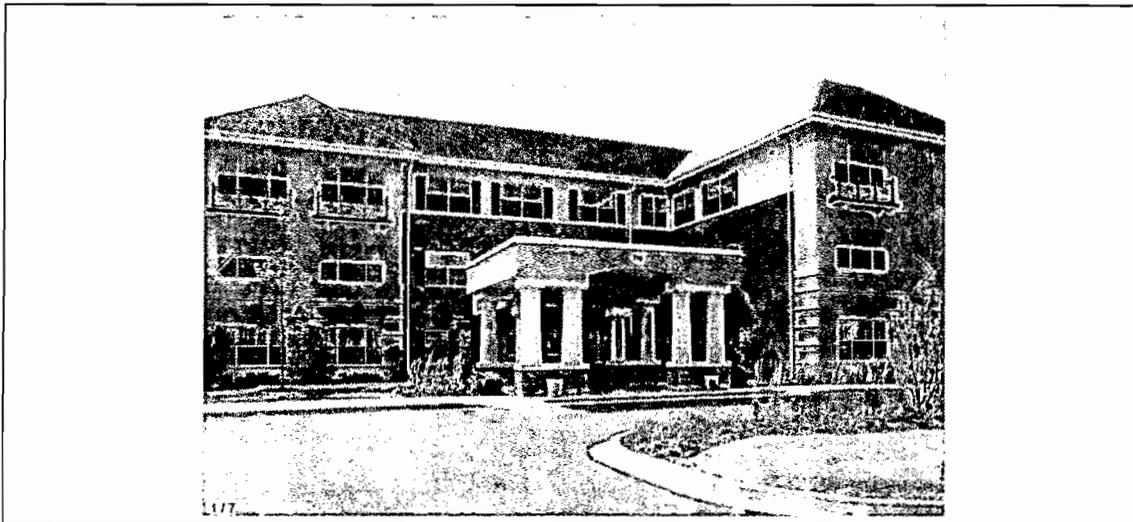
Development Name and Address	# Beds	Unit Type	Avg. Cost	Occ. %
<i>Alden Estates of Shorewood</i>	100	Single	\$423*	75.2%
<i>735 Shorewood Drive</i>		double	\$330*	
<i>Shorewood, IL 60431</i>				

Phone: (815) 230-8700

Project Amenities: Luxurious accommodations; Five-star restaurant dining; Four-course meals at lunch and dinner; Complimentary WiFi; Laptop and iPad Loaner Program; Full activity program daily; Newspaper delivery; Aviary; Ice cream parlor; Hair/nail salon; Custom-made furniture and décor; Flat screen televisions; En suite bathroom;

Condition: built in 2006

Comments:



*2014 IDPH LTC annual questionnaire

RECOVERY & REHABILITATION

Your Partner in Recovery

Alden Estates of Shorewood is a five-star facility offering transitional care, short-term rehabilitation and post-acute services throughout the southwestern suburbs. Since it opened in May 2012, Alden Estates of Shorewood has been setting the standard in transitional care and exceptional customer service with its well-known Optimal Rehabilitation Therapy Program, luxurious accommodations and five-star amenities. The Optimal Rehabilitation Program offers intensive therapy daily to get you back on your feet – and home – as quickly and safely as possible.

Getting You Back to Doing the Things You Enjoy

Want to golf without pain? Want to go up and down the stairs without wincing? Whatever your goal may be, the Optimal Rehabilitation Program at Alden Estates of Shorewood can help. The goal is to not only get you home more quickly, but help you be healthier, stronger and better equipped to live independently when you get there. When you need therapy following surgery or a hospital stay, choose Alden Estates of Shorewood and get back to doing the things you enjoy most.

Discover the perfect blend of therapy, luxurious accommodations and pampering amenities offering you the best of everything during your stay at Alden Estates of Shorewood.

ORTHOPEDIC REHABILITATION

The Orthopedic Rehabilitation Program at Alden Estates of Shorewood has been designed specifically for individuals recovering from hip or knee surgery. Our goal is to help you recover and improve your physical functioning so you can return home as quickly and safely as possible.

Personalized Therapy That is Right for You

During your first therapy session, you will be asked to define your goals and your therapy team will work closely with you to achieve them. Want to run a 5K or golf 18 holes? You will receive personalized, comprehensive therapy to help you reach your highest level of independence and functioning. We work with you on improving your balance, mobility and coordination—as well as building motor skills, strength and physical endurance. Such an approach to care can include quicker recovery, greater flexibility and decreased risk for re-injury.

Comprehensive Care and Unparalleled Therapy

Alden Estates of Shorewood's Orthopedic Rehabilitation Program features an intensive therapy program as well as the latest equipment and modalities to improve your function and performance. These include:

- Therapy up to seven days a week
- State-of-the-art Therapy Room
- Strength-building and mobility equipment
- Ultrasound, E-stim and short-wave diathermy treatments that enhance recovery by helping relax and heal muscles and alleviate pain and stiffness
- A highly skilled team of licensed therapists and nursing staff certified in post-acute care protocols and practices
- Licensed nurses who provide care and services 24 hours a day
- Case management and discharge planning to coordinate your Treatment Plan and ensure a smooth transition to home

CARDIAC REHABILITATION

Cardiac Rehabilitation is a customized program of exercise and education, designed to help you recover after a heart attack, from other forms of heart disease or after surgery to treat heart disease. The customized Treatment Plan includes closely monitored exercise, nutritional counseling, emotional support and education.

Individualized Plan of Care

Throughout your stay, your condition and progress is monitored 24/7 by a specially trained team of licensed therapists and nursing staff who continuously track your progress. Our patients also benefit from heart-healthy practices such as a nutritious diet, daily exercise routines on state-of-the-art equipment and learning to cope with stress.

Exercise and Health

During Cardiac Rehabilitation, you will learn how to:

- Increase your physical activity and exercise safely
- Follow a heart-healthy diet
- Reduce your risk for future heart problems
- Improve your overall emotional health and well-being

Optimal Goals

Cardiac Rehabilitation Programs have been consistently shown to improve exercise tolerance and improve a patient's well-being. At Alden Estates of Shorewood, your therapy goals may include:

- Reduce subsequent hospitalizations
- Return to meaningful vocational and leisure activities
- Increase your tolerance for exercise
- Reduce significant complications

The goals of Cardiac Rehabilitation are to help you regain strength, prevent your condition from worsening and reduce your risk of future heart problems – and get you home as quickly and safely as possible so you can resume living life to its fullest.

NEUROLOGICAL REHABILITATION

Alden Estates of Shorewood offers an intensive, outcome-driven NeuroRehabilitation Program for those who have suffered a stroke or other traumatic brain injury. A customized Treatment Plan is tailored to each individual's needs and abilities that teaches patients how to move correctly again. The goal of our NeuroRehabilitation Program is to help individuals regain some to most of the functionality they may have lost.

The Right Team and Equipment

An interdisciplinary team of therapists, nurses, social workers and other health professionals—led by a board-certified physician—provides a full range of neurological recovery and brain injury rehabilitative services based on your health history, medical needs and outcome goals. At Alden Estates of Shorewood, we have the equipment and modalities needed to help our patients achieve their maximum functionality:

- Equipment such as a treadmill, ceiling hoist, plinth, tilt table, Flexistand and gym balls to improve motor performance and minimize impairment
- Ultrasound, E-stim and short-wave diathermy treatments that enhance recovery by helping manipulate muscle tone and alleviate pain and stiffness
- Medication management, cognitive retraining and psychological consultations to provide motivation and address anxiety, depression and other side effects of stroke
- Case management and community re-entry services to ensure a smooth transition to home

At Alden Estates of Shorewood, our patients receive comprehensive coordinated care, education and the tools needed to restore the skills necessary to return home.

PULMONARY REHABILITATION

The Pulmonary Rehabilitation Program at Alden Estates of Shorewood helps improve the well-being of people who have chronic breathing problems. The program can help patients with chronic lung diseases like COPD, emphysema and chronic bronchitis achieve their highest functional capacity.

Helping You Live a Fuller Life

There are many benefits to participating in Alden Estates of Shorewood's Pulmonary Rehabilitation Program. Education and exercise are crucial to teaching you about your lungs and your disease, and how to be more active with less shortness of breath.

The benefits of a Pulmonary Rehabilitation Program may include:

- Improved quality of life
- Decreased symptoms and complications
- Ability to function better in your daily life
- Increased ability to exercise
- Improved emotional well-being

A Program Just for You

Under the medical direction of a board-certified pulmonologist, Alden Estates of Shorewood offers comprehensive one-on-one rehabilitation with a respiratory therapist tailored to your particular needs and goals. We will help you understand your condition and provide you with a treatment plan that includes physical reconditioning, self-care education and maintenance planning.

The Tools You Need to Succeed

- Medical management
- Personalized instruction
- Appropriate exercises
- Breathing retraining
- Self-care and education
- Emotional support
- Nutrition counseling

At Alden Estates of Shorewood, we provide those suffering from chronic lung diseases with hope for rebuilding their strength and enjoying a fuller, more active life.

POST-ACUTE CARE

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

Ensuring Top-Notch Care

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

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

Transitional Care Unit

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

Comprehensive Therapy Services

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

We work with each patient to help you return to your highest level of independence as quickly as possible.

THERAPY SERVICES

Therapy Services at Alden Estates of Shorewood includes the specialized treatment of injuries and disorders — particularly those sustained by trauma, orthopedic or neurological injury, burns, cancer or wounds. Alden Estates of Shorewood has highly skilled therapists who design treatment plans that are unique to each individual's rehabilitation needs. Working with physicians, nurses, respiratory therapists, social workers and other health professionals, our therapists use a team approach to patient care.

Returning Home as Independently as Possible

We provide therapy services to our patients that take into account their health history, current medical condition and outcome goals. One-on-one therapy is administered by clinicians experienced in physical and cognitive rehabilitation. Therapists work with patients on improving function and mobility, activities of daily living, psychosocial adjustment and returning home as independently as possible.

Therapy Services include:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Orthopedic Rehabilitation
- Cardiac Rehabilitation
- NeuroRehabilitation
- Pulmonary Rehabilitation

Whether you require a few days of therapy or weeks of rehabilitation, Alden Estates of Shorewood provides comprehensive care for individuals with a wide range of orthopedic, cardiac and neurological needs – all in a luxurious setting with five-star amenities.

Comparable Property Details – LTC

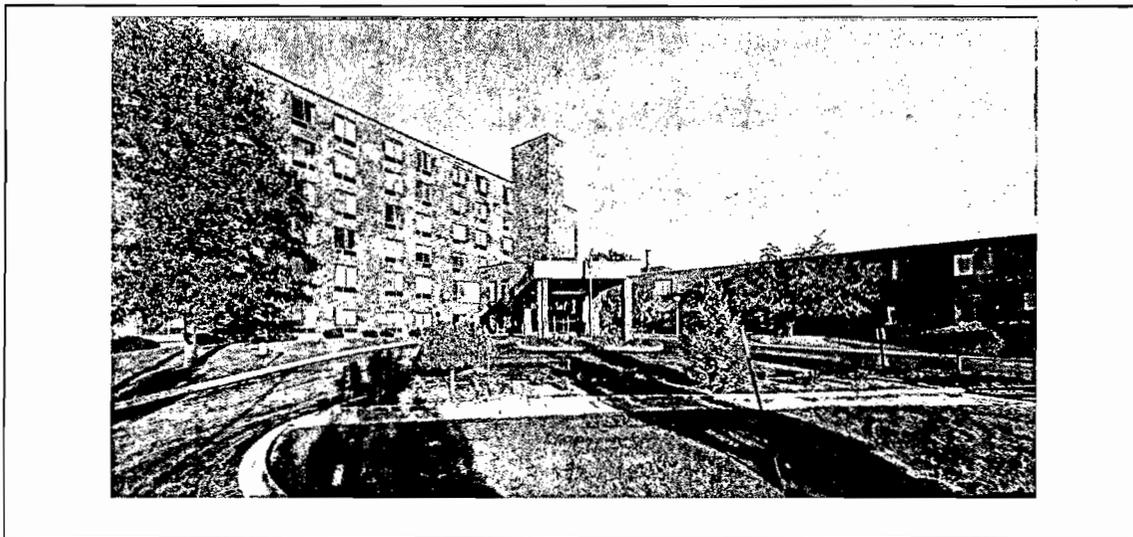
<u>Development Name and Address</u>	<u># Beds</u>	<u>Unit Type</u>	<u>Avg. Cost</u>	<u>Occ. %</u>
<i>Salem Village Nursing and Rehab</i>	266	Single	\$210*	91.6%
<i>1314 Rowell Avenue</i>		Double	\$190*	
<i>Joliet, IL 60433</i>				

Phone: (815) 727-5451

Project Amenities: Restaurant style dining; daily activities; cable TV; internet access; laundry service; gift shop; beauty/barber shop; chapel.

Condition: built in 1976

Comments:



LONG TERM CARE

Salem Village Provides Long Term Care

We offer a continuum of nursing care so that our long-term residents' changing needs are met on a daily basis. Salem Village staff is committed to meeting the physical, emotional, social and spiritual needs of our residents.

Daily activities help ensure active minds and bodies; social services provide ongoing support to our residents and their families. We support autonomy and allow our residents to be as independent as their health allows. Day rooms on each floor encourage residents to interact with one another.

Resident's meals are served "restaurant style" in our dining room. They are seated together at small tables and choose from several entrée options. Special diets are provided to accommodate resident needs.

Residents are able to bring their own furniture and decorate their rooms to make their environment home-like.

Family, friends and visitors are welcome to visit 24 hours a day.

Long term care features

- Intermediate & Skilled Levels Of Care
- Private & Semi-Private Rooms
- Medicare & Medicaid Certification
- Daily Activities
- Restorative Nursing Program
- Pharmacy Services
- Social Services
- Therapy Services
- Trach Care
- Respiratory Services
- Restaurant Style Dining
- Cable TV Service
- Internet Access
- Laundry Services
- Gift Shop
- Beauty-Barber Shop
- Chapel



Sub-Acute Care (Short Term Rehab)

We've dedicated an entire floor in order to offer highly specialized, rehabilitative services on a short-term basis for those who no longer meet the acute-care criteria of a hospital but are not yet ready to return home. Our sub-acute unit focuses on physical therapy and occupational therapy. Other skilled services include wound care, IV treatment, feeding tubes and trachs.

Sub-Acute Care features

- Medicare Certification
- State of the Art Therapy Gyms
- Physical, Occupational & Speech Therapy
- Wound Care Management
- IV Therapy
- Cardiac Rehabilitation
- Piped in wall oxygen
- Trach care
- Post Stroke Management
- Oxygen & Respiratory Care
- Post-Surgery Care



- Specialized retraining areas
- Private & Semi-Private
- TV and Telephones in each room

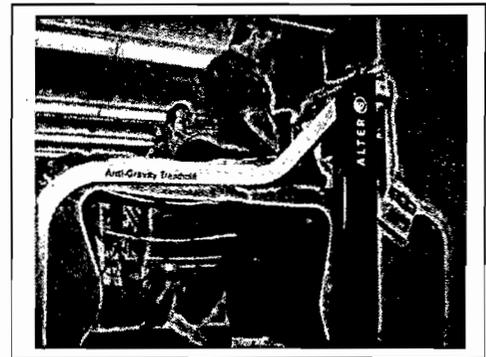
Therapy | Pulmonary/Ventilator program | Alzheimer/Dementia
 Infectious Disease Management | Hospice Care | Wound Care & IV Therapy

Therapy

At Salem Village, we care greatly about our resident's physical health and provide therapies in four areas: physical, occupational, speech-language and respiratory. The therapist will evaluate a patient's functional status and identify areas that may be impaired. They then develop a program that targets these functional issues so the resident can achieve their goals and regain as much functional independence as possible.

Physical, Occupational and Speech Therapy features

- Physical, Occupational and Speech Therapy, offered seven days a week
- Three large therapy gyms
- E-Stim/Ultrasound (pain management)
- Consulting physiatrist
- Safety training
- Home Assessment for discharge planning
- Home exercise programs
- Caregiver education
- Prosthetic training
- State of the art therapy equipment



Pulmonary/Ventilator Program

Our unit is designed to meet the needs of individuals requiring either a short or long term pulmonary rehab stay. Using the latest in state of the art respiratory technology, Salem Village Nursing and Rehabilitation Center, LLC offers various pulmonary rehab programs based on the resident's need.

Whenever possible, our goal is to wean the resident from their dependence on the respirator. When weaning is not feasible and the resident is otherwise stable, we will assist in training the family or other care provider for home ventilator use. In the event a resident requires long term care, we can also provide this level of care.

Under the direction of a Board Certified Pulmonologist, our on site staff includes licensed Respiratory (with 24 hour respiratory therapist coverage), Physical, Occupational and Speech Therapists seven days a week, along with specialty trained nurses and support staff.

Our Pulmonary/Ventilator Unit features:

- State of the art Respronics Trilogy100 Respirators
- Low Profile, Light Weight Machines for Enhanced Portability
- Systems Technologies Wireless Nurse Call Alarm System

Our Pulmonary/Ventilator Team features:

- Board Certified Pulmonologist Unit Director
- Licensed Respiratory Therapist on site, 24 hours a day
- Physical, Occupational and Speech Therapists 7 days a week
- Specially trained nurses and support staff
- Registered Dietitian

Alzheimer/Dementia

Excellent Nursing Home Care for Alzheimer's and Dementia Residents

Salem Village's Alzheimer's/dementia staff receives extensive training and education to ensure they are well educated in the disease process.

This unit is secured to assure the safety of those residents that are an elopement risk. Rest assured that your loved one will be treated with care and respect in a comfortable, safe environment.

Our activity-based Alzheimer's/dementia unit features

- Compassionate, hands on approach to care
- High staff-to-resident ratio
- Enclosed outdoor courtyard
- Adjacent dining room
- Life enriching daily activities (day and evening) designed to keep residents' minds occupied, thereby decreasing challenging behaviors of the dementia patient
- Restorative nursing program to keep residents functioning at their highest ability for as long as possible.
- Code alert system, ensures patients stay on the unit
- Supervised Group for those residents at high risk for falls

Infectious Disease Management

Professional Infectious Disease Management Ensures Quality Care

Salem Village has contracted with Dr. Jose Bolanos from Southwest Infectious Disease. He rounds at the facility and manages the care of our residents with infections including MRSA, VRE, ESBL and C-diff. He is a member of the facility Infection Control Committee and assists in developing policies and provides continuing education related to infectious disease management.

Salem Village staff is trained in the care of residents with infections, including preventing the spread of infection and isolation precautions. Rooms are provided for residents requiring specific isolation needs.

Salem Village is able to provide diagnosis testing and treatments including labs, ultrasound, xray and IV therapy at the facility to prevent hospitalizations or out patient visits for your loved one.

Hospice Care

Providing Compassionate Hospice Care for Your Loved One

The emotional and spiritual pain experienced by a terminally ill person is as real as their physical symptoms. To ensure that our end of life residents are as comfortable and pain-free as possible, we've contracted with three area hospice agencies. Hospice services improve resident's quality of life and allows them to live their final days with hope and dignity.

Hospice Care Features

- Three available hospice agencies (Passages Hospice, Joliet Area Community Hospice and Vitas Hospice)
- Clergy available to residents and family members
- Hospice staff visit on a daily basis to provide care to residents

Wound Care, Respiratory and IV Therapy

Wound Care Specialists Ensure Quality Care

We employ dedicated wound care nurses and work closely with a local wound care

surgeon to provide a comprehensive and proactive skin care program.



Wound Care Features

- KCI Wound VAC
- Ultrasonic mist therapy
- Bedside debridement
- Onsite vascular studies using ultrasound

Respiratory Therapy Features

- Piped in wall oxygen
- C-PAP & BI-PAP
- Trach care
- Nebulizer treatments
- Contracted respiratory therapists

IV Therapy Features

- IV fluids, antibiotics and medications
- TPN & PPN
- PICC line insertion and care
- Central line maintenance
- Hypodermoclysis (alternative infusion technique)
- Pain management, IV medications including PCA pumps



Appealing and Healthy Meals Served Restaurant-Style

Our registered dietician, with input from our residents, plans meals that are appealing and healthy. We change menus seasonally, offer more than one entrée and serve restaurant style meals.

Whether a weekday, weekend or holiday, visitors are always welcome. Stay and eat with the residents for a cost of just \$3 per meal.

Activities

What kinds of activities are available to residents?

Our activities director sets up a variety of things designed to appeal to residents with varying levels of health. On site activities include art classes, happy hour, jewelry making, bingo, computer classes, movie night, women's and men's club and many more. We also plan outings to local attractions, shopping and restaurants.

Will my mother be able to attend church services?

Yes, clergy from area churches conduct services, masses and visits to individuals.

Do you offer pet therapy?

We have pet visits as a regular activity; families are also allowed to bring their own well-behaved pets in to visit residents.

Will my mom have access to a computer?

Yes, residents can bring their own computer/laptops. We also have computers in the resident library, located on the first floor. Free Wi-Fi is available throughout the building.

Do Salem Village residents get to leave the facility?

We understand that many of our residents still want to be active. Our bus service takes patients on outings four times per month. Depending on the season and weather, our destinations include shopping, restaurants, the zoo, ball games, fishing, and others.

My dad is still pretty active. Can he leave Salem Village for a weekend?

Yes, residents are allowed to leave anytime with family or friends.



Financial

What happens when my grandmother's money runs out?

We're licensed for Medicaid and are able to assist the resident/family with a public aid application.

Is Salem Village licensed for Illinois Medicare and Medicaid programs?

We are licensed for Medicare and all 272 beds are also licensed for Medicaid (Public Aid). We are contracted with BC/BS PPO and also able to accept private insurance companies such as Caterpillar, United Healthcare, Cigna and Tricare.

Security

What kinds of security measures are in place at Salem Village?

- All of our exist doors have alarms
- Our alarm system connects directly to the fire dept. Every hallway has smoke detectors and all the patient rooms have a sprinkler system.
- A security guard is on duty from 8 p.m. until 7 a.m.
- Code Alert® ensures our Alzheimer's residents stay on the designated floor.

Services

Will my loved one be able to get their hair done?

We have an onsite beauty shop and beautician so our residents are able to get regular or occasional services.

What about banking and shopping?

Our residents can open an account in the business office and we have two gift shops stocked with items popular with residents. We provide transportation for shopping trips each month.

Comparable Property Details – LTC

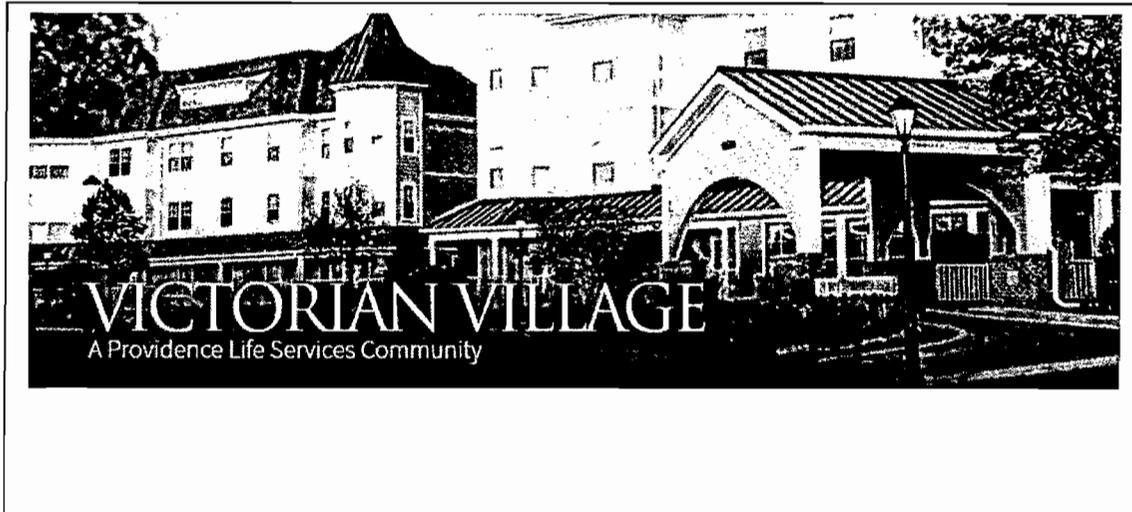
<u>Development Name and Address</u>	<u># Beds</u>	<u>Unit Type</u>	<u>Avg. Cost</u>	<u>Occ. %</u>
<i>Victorian Village 12565 W. Renaissance Avenue Homer Glen, IL 60491</i>	50	single		

Phone: (708) 301-0800

Project Amenities:

Condition: NEW! Licensure 01/26/2015

Comments:



*2014 IDPH LTC annual questionnaire

About Victorian Village

It was 1995 when Providence Life Services began planning an Assisted Living community in Homer Glen, Illinois. Four years later the first residents moved in to the Victorian Inn. This was the first phase of the Victorian Village community, which would grow to include Retirement Living in the Grand Victorian, Townhouse Living in the Victorian Courts, and Memory Care, Skilled Nursing, and Rehab in the Victorian Village Health & Wellness Center.

In fact, the skilled nursing and rehabilitation services that we added to our campus in 2014 are a new model of care. “Small House” care combines the professional skilled care of an institutional setting with the comfortable, “family” feel of a residential home. Victorian Village is the first in Illinois to offer this kind of care — and residents love it!

In addition to the physical care available on the Victorian Village campus, many people express appreciation for the spiritual atmosphere they enjoy here. Bible studies, prayer meetings, and church services fill our monthly Activity Calendar! Even more important, Victorian Village benefits from the prayerful attention of a designated chaplain. Our chaplain provides spiritual, religious, and personal guidance to any residents, family members, and employees who desire it.

Services

Find out more about all the services available on the beautiful Victorian Village campus —

- [Assisted Living at Victorian Village](#)
- [Rehabilitation at Victorian Village](#)
- [Skilled Nursing at Victorian Village](#)
- [Memory Care at Victorian Village](#)
- [Retirement Living at Victorian Village](#)
- [Townhouse Living in the Victorian Courts](#)

State-of-the-Art Rehabilitation Services

The three new buildings on the Victorian Village campus are finally complete! Rehab services in the larger, center house are being provided by the renowned experts of Marianjoy Rehabilitation Hospital. Therapists and staff work together to help people return to their highest level of independence following an injury or illness.

BONUS ARTICLE: Marianjoy Rehab at Victorian Village is unlike rehab anywhere else! We posted a news release about it — Rehab Opens at Victorian Village. Read it to find out about the “Small House” difference.

Marianjoy provides Physical Therapy, Occupational Therapy, and Speech Therapy for Victorian Village residents. These therapies help people recover the skills they need in order to get back to living a normal life.

Have your doctor refer you to Victorian Village following:

- Stroke
- Hip surgery
- Knee surgery
- Amputation or other trauma
- Neurological diagnoses such as Parkinson’s Disease, Multiple Sclerosis, or Guillain-Barré
- Brain injury
- Spinal cord injury

A better way through Alzheimer’s

If you’re looking for quality Memory Care in Homer Glen, Illinois, let Victorian Village walk with you and your loved one through the journey of dementia. Because we offer a full range of services on our campus, we can serve people who qualify for Assisted Living Memory Care as well as Skilled Nursing Memory Care. No matter which level your family needs, Victorian

Village can provide a secure environment with customized programming designed to provide meaningful structure for those with memory loss.

Customized care

Our Memory Care programs are customized to each person. As staff get to know the personalities, preferences, and life stories of the residents, they design interactions that draw people out and help them make connections. The result is a higher quality of life for the resident, and greater peace of mind for the family.

Specialized training

Providence caregiving staff all receive an additional 12 hours of specialized training in dementia care. They have developed an intuitive ability to understand the emotional challenges of memory issues, so they can craft personalized programs that reach people socially, spiritually, and creatively. Family members often work with us to build connections, but they are free to step back and get the rest they need, knowing we are there to care, 24 hours a day, 7 days a week. We offer a safe, secure environment that still allows freedom, dignity, and meaning.

Sensitive support

Victorian Village is recognized for our excellent care and services, but the sense of ministry behind it all is what really sets us apart. We are here to share life's journey, walking with you through the transitions demanded by dementia. Our sensitive support and sympathetic understanding of memory impairments can give you and your family peace of mind in a situation that feels overwhelming.

Memory Care includes all the basic services, plus:

- Higher staff ratios to allow additional time for cueing and completing tasks
- Knowledgeable, experienced, and compassionate staff trained in dementia and Alzheimer's Disease
- Medication administration set up by a licensed professional

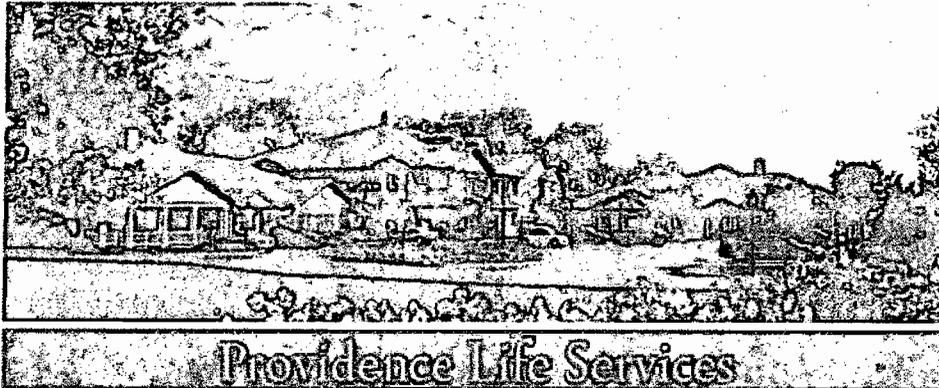
A new style of Skilled Nursing

The "Small House" model of care is a new approach to skilled nursing, rehab, and memory care. Providence Life Services was the first to bring this style of care to Illinois, and soon we will bring it to St. John, Indiana, as well.

Each Small House building houses only 10–30 people. Residents have private rooms, and those rooms are positioned to surround an open kitchen/dining area as well as a community living room. Residents are encouraged to participate in the life of the house to whatever extent they are able — helping with housekeeping, working in the garden, making decisions about outings, and more. People who are there to receive rehab will be encouraged to make actual household activities part of their rehab regimen — folding laundry, setting the table, and delivering mail, for example. Such involvement gives people a sense of purpose while exercising cognitive and motor skills.

- What is a Small House?

Because there are only 20 Small House Skilled Nursing openings at Victorian Village, we are maintaining a waiting list for future residents. Contact us now to get your name on the list!



“What is a ‘Small House’?”

If you are not familiar with the term “Small House” in the field of skilled nursing care, that’s not surprising. The concept is somewhat new, and Providence built the first one in Illinois. Small Houses are a big idea because they are revolutionizing the traditional, institutional, nursing home model. What’s the difference?

Smaller Architecture

A Small House structure is designed like a home, not an institution. The design includes a large community room and open kitchen, surrounded by only 10 or 12 private bedrooms. The smaller space means the walking distance from bedroom to living room is short enough for most people to navigate without assistance, giving them greater independence.

Flexible Programming

Such increased independence leads to greater flexibility with programming. Because residents are no longer dependent on institutional schedules or staff availability, they can live, sleep, eat, and visit as they choose. Just as they would at home.

Universal Staffing

In fact, nurses are the only staff who have specialized roles to fill. Other staff are “universal” workers, specially trained to perform all the duties of the house except for nursing. For example, a caregiver in a Small House might help residents get dressed in the morning, then throw a load of laundry in, then empty the trash cans, and then lead a group discussion about the day’s menu.

Collaborative Decision-making

“Nothing about me without me” is the Small House motto, reinforcing the idea that no decision can be made about a resident’s care without input from the resident herself. Day-to-day, Small House residents are encouraged to participate in the life of the house to whatever extent they are able — helping with housekeeping, working in the garden, making decisions about outings, and more. Such involvement reinforces a sense of purpose and value while exercising people’s cognitive and motor skills. Meals are prepared in an open kitchen and served at a large table where staff, residents, and families eat and socialize together.



www.ProvidenceLifeServices.com

The Small House Revolution

By de-institutionalizing care, the Small House concept of skilled nursing is creating a healthcare future that people are excited about. And there are measurable health advantages. Studies show that people living in a Small House experience:

- Higher Quality of Life
- Better Emotional Well-Being
- Lower Incidence of Decline
- Better Clinical Outcomes
- Increased Mobility
- Greater Social Interaction
- Renewed Appetite
- Fewer Falls
- Better Management of Chronic Diseases
- Reduced Medication Usage

Growing Interest

Providence Life Services is excited about this healthcare future as well. In addition to opening the first Small House in Illinois (on our Victorian Village campus in Homer Glen), we also have a Small House project under construction in St. John, Indiana. As more and more people become aware of the Small House movement, we hope to be able to meet the growing demand.

Whether you need skilled nursing, rehab, or memory care now or later, if you would like to know more about the unique style of care available in a Small House, use the contact information below. We are happy to help! ☺



FIND OUT MORE

Providence Life Services is offering Small House care in two locations:

Victorian Village Health & Wellness Center

12525 Renaissance Circle, Homer Glen, IL 60491

(708) 590-5050

VHWC@prolife.com

Park Place

of St. John - Opening in 2016

For information or to sign up for updates:

(219) 525-4658

PPSJ@prolife.com



Comparable Property Details – LTC

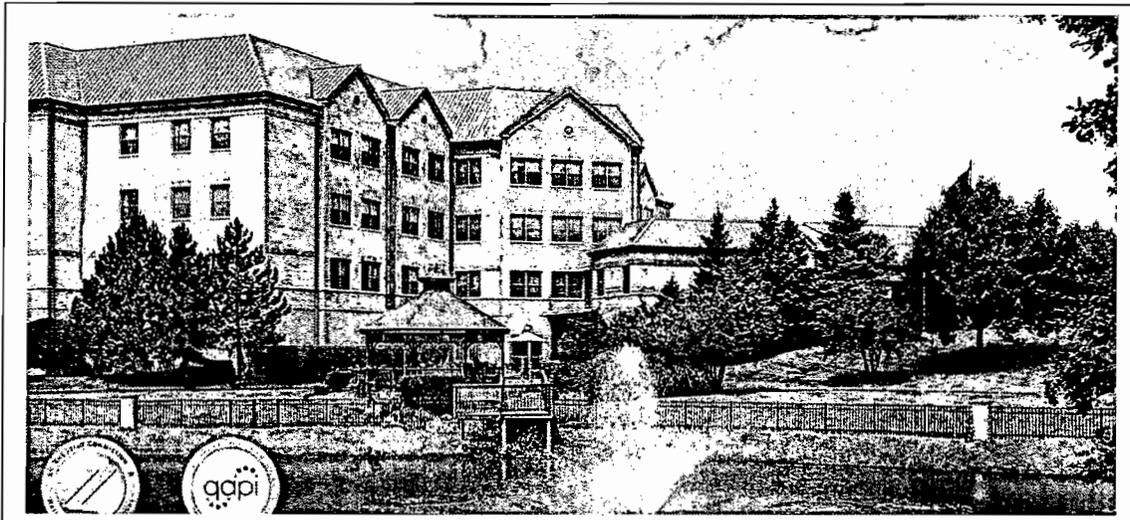
<u>Development Name and Address</u>	<u># Beds</u>	<u>Unit Type</u>	<u>Avg. Cost</u>	<u>Occ. %</u>
<i>Alden Estates of Orland Park 16450 South 97th Avenue Orland Park, IL 60462</i>	200	Single Double	\$325	69.4%

Phone: (708) 403-6500

Project Amenities: Luxurious private and deluxe semi-private rooms; five-star restaurant dining; four-course meals at lunch & dinner; laptop loaner program; full activity program daily; hors d'oeuvres at 3 pm daily; fish tank; ice cream parlor; hair/nail salon; custom-made furniture & décor; flat screen TVs; Free WiFi; en suite bathrooms

Condition: built in 1997 (opened 1998)

Comments:



RECOVERY & REHABILITATION

Your Partner in Recovery

Alden Estates of Orland Park is a five-star facility offering transitional care, short-term rehabilitation and post-acute services throughout the southwestern suburbs. Since it opened in January 1998, Alden Estates of Orland Park has been setting the standard in transitional care and exceptional customer service with its well-known Optimal Rehabilitation Therapy Program, luxurious accommodations and five-star amenities. The Optimal Rehabilitation Program offers intensive therapy daily to get you back on your feet – and home – as quickly and safely as possible.

Getting You Back to Doing the Things You Enjoy

Want to golf without pain? Want to go up and down the stairs without wincing? Whatever your goal may be, the Optimal Rehabilitation Program at Alden Estates of Orland Park can help. The goal is to not only get you home more quickly, but help you be healthier, stronger and better equipped to live independently when you get there. When you need therapy following surgery or a hospital stay, choose Alden Estates of Orland Park and get back to doing the things you enjoy most.

Discover the perfect blend of therapy, luxurious accommodations and pampering amenities offering you the best of everything during your stay at Alden Estates of Orland Park.

ORTHOPEDIC REHABILITATION

The Orthopedic Rehabilitation Program at Alden Estates of Orland Park has been designed specifically for individuals recovering from hip or knee surgery. Our goal is to help you recover and improve your physical functioning so you can return home as quickly and safely as possible.

Personalized Therapy That is Right for You

During your first therapy session, you will be asked to define your goals and your therapy team will work closely with you to achieve them. Want to run a 5K or golf 18 holes? You will receive personalized, comprehensive therapy to help you reach your highest level of independence and functioning. We work with you on improving your balance, mobility and coordination—as well as building motor skills, strength and physical endurance. Such an approach to care can include quicker recovery, greater flexibility and decreased risk for re-injury.

Comprehensive Care and Unparalleled Therapy

Alden Estates of Orland Park's Orthopedic Rehabilitation Program features an intensive therapy program as well as the latest equipment and modalities to improve your function and performance. These include:

- Therapy up to seven days a week
- State-of-the-art Therapy Room
- Strength-building and mobility equipment
- Ultrasound, E-stim and short-wave diathermy treatments that enhance recovery by helping relax and heal muscles and alleviate pain and stiffness
- A highly skilled team of licensed therapists and nursing staff certified in post-acute care protocols and practices
- Licensed nurses who provide care and services 24 hours a day
- Case management and discharge planning to coordinate your Treatment Plan and ensure a smooth transition to home

ACCOMMODATIONS

Alden Estates of Orland Park provides an exclusive setting conducive to recovery.

Luxurious Accommodations offer:

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

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

AMENITIES

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

Amenities include:

- Luxurious accommodations
- Five-star restaurant dining
- Four-course meals at lunch and dinner
- Complimentary WiFi
- Laptop Loaner Program
- Full activity program daily
- Hors D'Oeuvres at 3 p.m. daily
- Fish Tank
- Ice cream parlor
- Hair/nail salon

Are we missing something from the list? Just let us know and our staff would be more than happy to provide it.

Attachment 3. Nursing Care Demand and Need Calculations

Calculated Nursing Bed Need

ALDEN ESTATES OF NEW LENOX
NURSING BED NEED CALCULATIONS

HSA: 9

AGE GR	RES %	PT DAYS	POP 13	HSA USE RT	MIN	MAX
00-64	13.8%	275151	861.8	319.3	191.6	510.9
65-74	9.3%	185203	60.9	3041.1	1824.7	4865.8
75 YR+	40.7%	811270	40.0	20281.8	12169.1	32450.9
		1271624				

WILL COUNTY - PUBLISHED INVENTORY

AGE GR	RES %	PT DAYS	POP 13	AREA USE
00-64	21.3%	161450	613.1	263.3
65-74	15.7%	119419	42.9	2783.7
75 YR+	63.0%	478480	27.3	17526.7
Total	1	759349	683.3	

WILL COUNTY - PUBLISHED INVENTORY

AGE GR	MIN	AREA USE MAX	PROJ USE POP 18	PROJ PD
00-64	191.6	263.3	263.3	178382
65-74	1824.7	2783.7	2783.7	163958
75 YR+	12169.1	17526.7	17526.7	620447
			Total	962787.0
			771.7	

PLAN PD	AVG CENS OCC FACT	BED NEED EX BEDS	NEED
962787	2638 90%	2931 2790	141

WILL COUNTY - IDPH POPULATION - 2020

AGE GR	RES %	PT DAYS	POP 13	AREA USE
00-64	21.3%	161450	613.1	263.3
65-74	15.7%	119419	42.9	2783.7
75 YR+	63.0%	478480	27.3	17526.7
Total	1	759349	683.3	

WILL COUNTY - IDPH POPULATION - 2020

AGE GR	MIN	AREA USE MAX	PROJ USE POP 20	PROJ PD
00-64	191.6	263.3339	263.3339	182306
65-74	1824.7	2783.66	2783.66	179546
75 YR+	12169.1	17526.74	17526.74	690554
			Total	1052406.0
			796.2	

PLAN PD	AVG CENS OCC FACT	BED NEED EX BEDS	NEED
1052406	2883 90%	3203 2790	413

ALDEN NEW LENOX - PUBLISHED COMBINED USE RATE - 2020 PROJECTION

AGE GR	RES %	PT DAYS	POP 13	AREA USE
00-64	34.2%	1150956	1434.1	802.6
65-74	15.9%	535602	118.5	4519.8
75 YR+	49.8%	1675819	91.5	18315.0
Total	1	3362377	1644.1	

ALDEN NEW LENOX - PUBLISHED COMBINED USE RATE - 2020 PROJECTION

AGE GR	MIN	AREA USE MAX	PROJ USE POP 20	PROJ PD
00-64	191.6	802.6	510.9	364885
65-74	1824.7	4519.8	4519.8	347124
75 YR+	12169.1	18315.0	18315.0	1054942
			Total	1766951.0
			848.6	

PLAN PD	AVG CENS OCC FACT	BED NEED EX BEDS	NEED
1766951	4841 90%	5379 5061	318

Calculated Nursing Bed Need

ALDEN ESTATES OF NEW LENOX
NURSING BED NEED CALCULATIONS

HSA: 9

AGE GR	RES %	PT DAYS	POP 13	HSA USE RT	MIN	MAX
00-64	13.8%	275151	861.8	319.3	191.6	510.9
65-74	9.3%	185203	60.9	3041.1	1824.7	4865.8
75 YR+	40.7%	811270	40.0	20281.8	12169.1	32450.9
		1271624				

WILL COUNTY - PUBLISHED INVENTORY

AGE GR	RES %	PT DAYS	POP 13	AREA USE
00-64	21.3%	161450	613.1	263.3
65-74	15.7%	119419	42.9	2783.7
75 YR+	63.0%	478480	27.3	17526.7
Total	1	759349	683.3	

WILL COUNTY - PUBLISHED INVENTORY

AGE GR	MIN	AREA USE	MAX	PROJ USE	POP 18	PROJ PD
00-64	191.6	263.3	510.9	263.3	677.4	178382
65-74	1824.7	2783.7	4865.8	2783.7	58.9	163958
75 YR+	12169.1	17526.7	32450.9	17526.7	35.4	620447
				Total	771.7	962787.0

PLAN PD	AVG CENS	OCC FACT
962787	2638	90%

BED NEED	EX BEDS	NEED
2931	2790	141

WILL COUNTY - IDPH POPULATION - 2020

AGE GR	RES %	PT DAYS	POP 13	AREA USE
00-64	21.3%	161450	613.1	263.3
65-74	15.7%	119419	42.9	2783.7
75 YR+	63.0%	478480	27.3	17526.7
Total	1	759349	683.3	

WILL COUNTY - IDPH POPULATION - 2020

AGE GR	MIN	AREA USE	MAX	PROJ USE	POP 20	PROJ PD
00-64	191.6	263.3339	510.9	263.3339	692.3	182306
65-74	1824.7	2783.66	4865.8	2783.66	64.5	179546
75 YR+	12169.1	17526.74	32450.9	17526.74	39.4	690554
				Total	796.2	1052406.0

PLAN PD	AVG CENS	OCC FACT
1052406	2883	90%

BED NEED	EX BEDS	NEED
3203	2790	413

NEW LENOX CITY - SCAN/US POPULATION - 2020

AGE GR	RES %	PT DAYS	POP 13	AREA USE
00-64	21.3%	161450	613.1	263.3
65-74	15.7%	119419	42.9	2783.7
75 YR+	63.0%	478480	27.3	17526.7
Total	1	759349	683.3	

NEW LENOX CITY - SCAN/US POPULATION - 2020

AGE GR	MIN	AREA USE	MAX	PROJ USE	POP 20	PROJ PD
00-64	191.6	263.3339	510.9	263.3339	21.2	5583
65-74	1824.7	2783.66	4865.8	2783.66	1.9	5289
75 YR+	12169.1	17526.74	32450.9	17526.74	1.3	22785
				Total	24.4	33657.0

PLAN PD	AVG CENS	OCC FACT
33657	92	90%

BED NEED	EX BEDS	NEED
102	0	102

Calculated Nursing Bed Need

LTC BED NEED FOR SOUTHERN COOK COUNTY (PSA 7E)
 2015 DETERMINATION - 2013/2018 YEARS

HSA: 7	AGE GR	RES %	PT DAYS	POP 2013	HSA USE RT	MIN	MAX
	00-64	25.2%	2012607	2972.9	677.0	406.2	1,083.2
	65-74	14.9%	1186719	265.2	4474.8	2,684.9	7,159.7
	75 YR+	59.9%	4776556	227.9	20959.0	12,575.4	33,534.4
	TOTAL	100%	7975882	3466.0			

PA -7E - PUBLISHED INVENTORY - 2015

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	38.0%	989506	821.0	1,205.2
65-74	16.0%	416183	75.6	5,505.1
75 YR+	46.0%	1197339	64.2	18,650.1
TOTAL	100%	2603028	960.8	

PA -7E - PUBLISHED INVENTORY - 2015

AGE GR	MIN	AREA USE	MAX	PROJ USE	POP 2018	PROJ PD
00-64	406.2	1,205.2	1,083.2	1,083.2	812.7	880317
65-74	2,684.9	5,505.1	7,159.7	5,505.1	94.1	518027
75 YR+	12,575.4	18,650.1	33,534.4	18,650.1	66.4	1238369
				TOTAL	973.2	2636713
PLAN PD		AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
2636713		7223.9	90%	8027	9165	-1138

PA -7E - SCAN/US POPULATION - 2020

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	38.0%	989506	821.0	1,205.2
65-74	16.0%	416183	75.6	5,505.1
75 YR+	46.0%	1197339	64.2	18,650.1
TOTAL	100%	2603028	960.8	

PA -7E - SCAN/US POPULATION - 2020

AGE GR	MIN	AREA USE	MAX	PROJ USE	SCAN/US POP 2020	PROJ PD
00-64	406.2	1,205.2	1,083.2	1,083.2	794.6	860711
65-74	2,684.9	5,505.1	7,159.7	5,505.1	91.4	503163
75 YR+	12,575.4	18,650.1	33,534.4	18,650.1	72.2	1346540
				TOTAL	958.2	2710414
PLAN PD		AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
2710414		7425.8	90%	8251	9165	-914

Calculated Nursing Bed Need

LTC BED NEED FOR DUPAGE COUNTY (PSA 7C)
 2015 DETERMINATION - 2013/2018 YEARS

HSA: 7

AGE GR	RES %	PT DAYS	POP 2013	HSA USE RT	MIN	MAX
00-64	25.2%	2012607	2972.9	677.0	406.2	1,083.2
65-74	14.9%	1186719	265.2	4474.8	2,684.9	7,159.7
75 YR+	59.9%	4776556	227.9	20959.0	12,575.4	33,534.4
Total	1	7975882	3466.0			

PA -7C - PUBLISHED INVENTORY

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	17.7%	299689	809.2	370.4
65-74	13.9%	234969	69.3	3,390.6
75 YR+	68.3%	1154352	51.9	22,241.8
Total	1	1689010	930.4	

PA -7C - PUBLISHED INVENTORY

AGE GR	MIN	AREA USE	MAX	PROJ USE POP 2018	PROJ PD	
00-64	406.2	370.4	1,083.2	406.2	781.5	317445
65-74	2,684.9	3,390.6	7,159.7	3,390.6	92.6	313970
75 YR+	12,575.4	22,241.8	33,534.4	22,241.8	60.2	1338959
					934.3	
PLAN PD		AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
1970374		5398	90%	5998	5862	136

PA -7C - IDPH POPULATION - 2020

AGE GR	RES %	PT DAYS	POP 2013	AREA USE
00-64	17.7%	299689	809.2	370.4
65-74	13.9%	234969	69.3	3,390.6
75 YR+	68.3%	1154352	51.9	22,241.8
Total	1	1689010	930.4	

PA -7C - IDPH POPULATION - 2020

AGE GR	MIN	AREA USE	MAX	PROJ USE POP 2020	PROJ PD	
00-64	454.6	370.4	1,212.4	454.6	773.2	351497
65-74	2,772.9	3,390.6	7,394.5	3,390.6	101.2	343129
75 YR+	13,483.3	22,241.8	35,955.5	22,241.8	64.6	1436823
Total				939.0	2131449.0	
PLAN PD		AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
2131449		5840	90%	6489	5862	627

PA-7C - WITH Scan/US 2020 PROJECTION

AGE GR	RES %	PT DAYS	POP 2010	AREA USE
00-64	17.7%	299689	809.2	370.4
65-74	13.9%	234969	69.3	3,390.6
75 YR+	68.3%	1154352	51.9	22,241.8
Total	1	1689010	403831	930.4

PA-7C - WITH Scan/US 2020 PROJECTION

AGE GR	MIN	AREA USE	MAX	PROJ USE POP 2020	PROJ PD	
00-64	454.6	370.4	1,212.4	454.6	779.9	354543
65-74	2,772.9	3,390.6	7,394.5	3,390.6	92.3	312953
75 YR+	13,483.3	22,241.8	35,955.5	22,241.8	70.2	1561378
					942.4	
PLAN PD		AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
2228874		6107	90%	6786	5862	924

Calculated Nursing Bed Need

LTC BED NEED FOR KENDALL COUNTY (HSA 9)
 2015 DETERMINATION - 2013/2018 YEARS

KENDALL COUNTY - PUBLISHED INVENTORY

AGE GR	RES %	PT DAYS	POP 13	AREA USE
00-64	6.5%	3676	109.2	33.7
65-74	15.7%	8851	5.8	1526.0
75 YR+	77.7%	43759	3.1	14115.8
Total	1	56286	118.1	

KENDALL COUNTY - PUBLISHED INVENTORY

AGE GR	MIN	AREA USE	MAX	PROJ USE	POP 18	PROJ PD
00-64	191.6	33.663	510.9	191.6	123.6	23682
65-74	1824.7	1526.034	4865.8	1824.7	8.8	16057
75 YR+	12169.1	14115.81	32450.9	14115.81	5.0	70579
				Total	137.4	110318.0
PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED	
110318	302	90%	336	185	151	

KENDALL COUNTY - WITH IDPH 2020 PROJECTION

AGE GR	RES %	PT DAYS	POP 13	AREA USE
00-64	6.5%	3676	109.2	33.7
65-74	15.7%	8851	5.8	1526.0
75 YR+	77.7%	43759	3.1	14115.8
Total	1	56286	118.1	

KENDALL COUNTY - WITH IDPH 2020 PROJECTION

AGE GR	MIN	AREA USE	MAX	PROJ USE	IDPH POP 20	PROJ PD
00-64	191.6	33.663	510.9	191.6	127.6	24448
65-74	1824.7	1526.034	4865.8	1824.7	9.6	17517
75 YR+	12169.1	14115.81	32450.9	14115.81	5.6	79049
				Total	142.8	121014.0
PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED	
121014	332	90%	369	185	184	

KENDALL COUNTY - WITH SCAN/US 2020 PROJECTION

AGE GR	RES %	PT DAYS	POP 13	AREA USE
00-64	6.5%	3676	109.2	33.7
65-74	15.7%	8851	5.8	1526.0
75 YR+	77.7%	43759	3.1	14115.8
Total	1	56286	118.1	

KENDALL COUNTY - WITH SCAN/US 2020 PROJECTION

AGE GR	MIN	AREA USE	MAX	PROJ USE	Scan/US POP 20	PROJ PD
00-64	191.6	33.663	510.9	191.6	101.6	19467
65-74	1824.7	1526.034	4865.8	1824.7	8.0	14598
75 YR+	12169.1	14115.81	32450.9	14115.81	5.8	81872
				Total	115.4	115937.0
PLAN PD	AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED	
115937	318	90%	353	185	168	

Calculated Nursing Bed Need

LTC BED NEED FOR WILL COUNTY (HSA 9)
 2015 DETERMINATION - 2013/2018 YEARS

WILL COUNTY - PUBLISHED INVENTORY

AGE GR	RES %	PT DAYS	POP 13	AREA USE
00-64	21.3%	161450	613.1	263.3
65-74	15.7%	119419	42.9	2783.7
75 YR+	63.0%	478480	27.3	17526.7
Total	1	759349	683.3	

WILL COUNTY - PUBLISHED INVENTORY

AGE GR	MIN	AREA USE	MAX	PROJ USE	POP 18	PROJ PD
00-64	191.6	263.3	510.9	263.3	677.4	178382
65-74	1824.7	2783.7	4865.8	2783.7	58.9	163958
75 YR+	12169.1	17526.7	32450.9	17526.7	35.4	620447
				Total	771.7	962787.0
PLAN PD		AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
962787		2638	90%	2931	2790	141

WILL COUNTY - WITH IDPH 2020 PROJECTION

AGE GR	RES %	PT DAYS	POP 13	AREA USE
00-64	21.3%	161450	613.1	263.3
65-74	15.7%	119419	42.9	2783.7
75 YR+	63.0%	478480	27.3	17526.7
Total	1	759349	683.3	

WILL COUNTY - WITH IDPH 2020 PROJECTION

AGE GR	MIN	AREA USE	MAX	PROJ USE	IDPH POP 20	PROJ PD
00-64	191.6	263.3	510.9	263.3	692.3	182306
65-74	1824.7	2783.7	4865.8	2783.7	64.5	179546
75 YR+	12169.1	17526.7	32450.9	17526.7	39.4	690554
				Total	796.2	1052406.0
PLAN PD		AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
1052406		2883	90%	3203	2790	413

WILL COUNTY - WITH SCAN/US 2020 PROJECTION

AGE GR	RES %	PT DAYS	POP 13	AREA USE
00-64	21.3%	161450	613.1	263.3
65-74	15.7%	119419	42.9	2783.7
75 YR+	63.0%	478480	27.3	17526.7
Total	1	759349	683.3	

WILL COUNTY - WITH SCAN/US 2020 PROJECTION

AGE GR	MIN	AREA USE	MAX	PROJ USE	SCAN/US POP 20	PROJ PD
00-64	191.6	263.3	510.9	263.3	588.7	155025
65-74	1824.7	2783.7	4865.8	2783.7	57.7	160617
75 YR+	12169.1	17526.7	32450.9	17526.7	41.2	722102
				Total	687.6	1037744.0
PLAN PD		AVG CENS	OCC FACT	BED NEED	EX BEDS	NEED
1037744		2843	90%	3159	2790	369

Attachment 4. Site Plan and Floor Plans of the Proposed Facility

ILLINOIS

ALDEN ESTATES - COURTS OF NEW LENOX

NEW LENOX

ADG
ALDEN DESIGN GROUP, INC.
ARCHITECTS
400 W. PULASKI AVE.
CHICAGO, IL 60610
PHONE: 773-861-1100
FAX: 773-861-1100

DATE: 10-25-10
JOB:
DRAWN: R.K.
SHEET

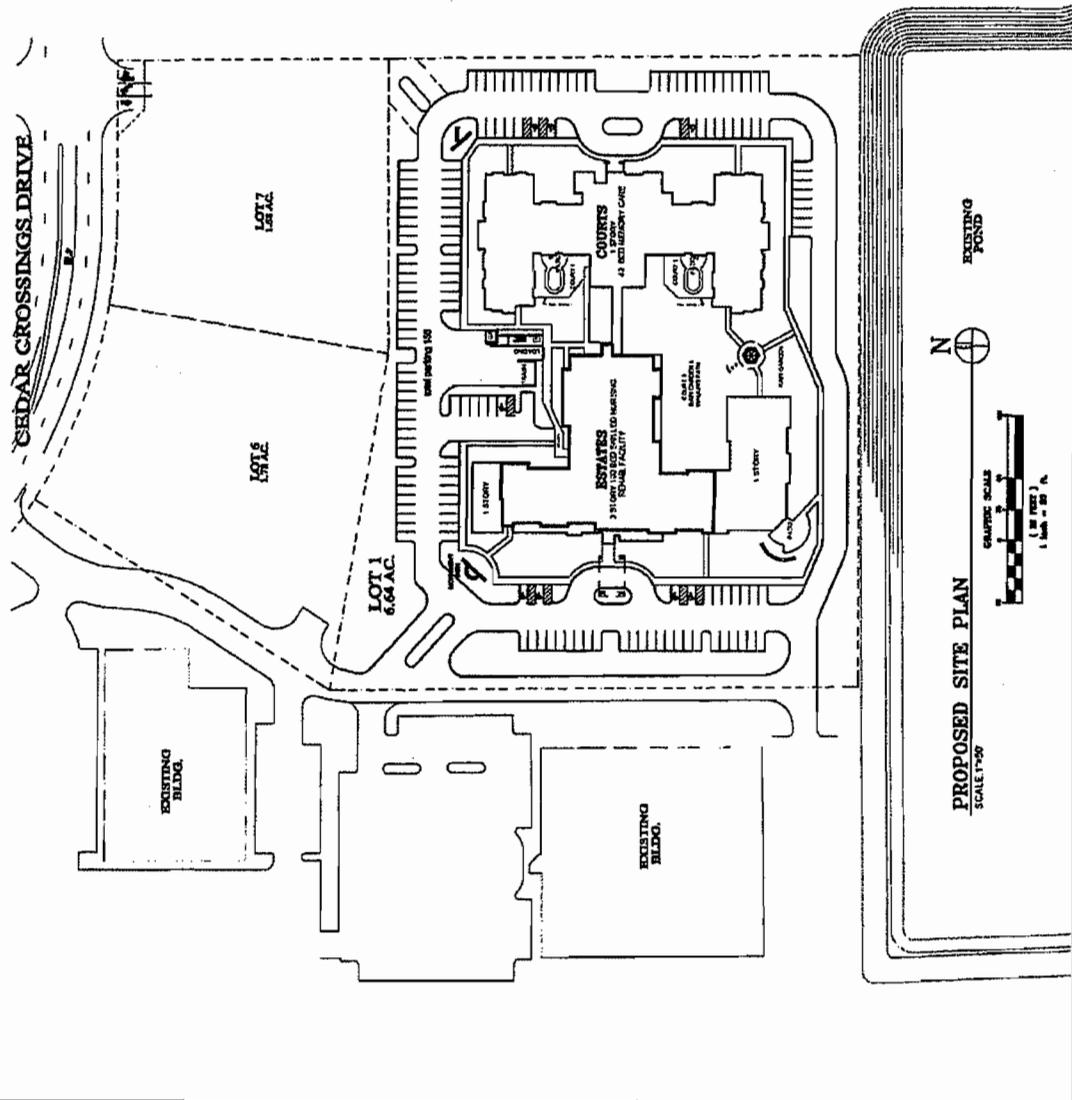
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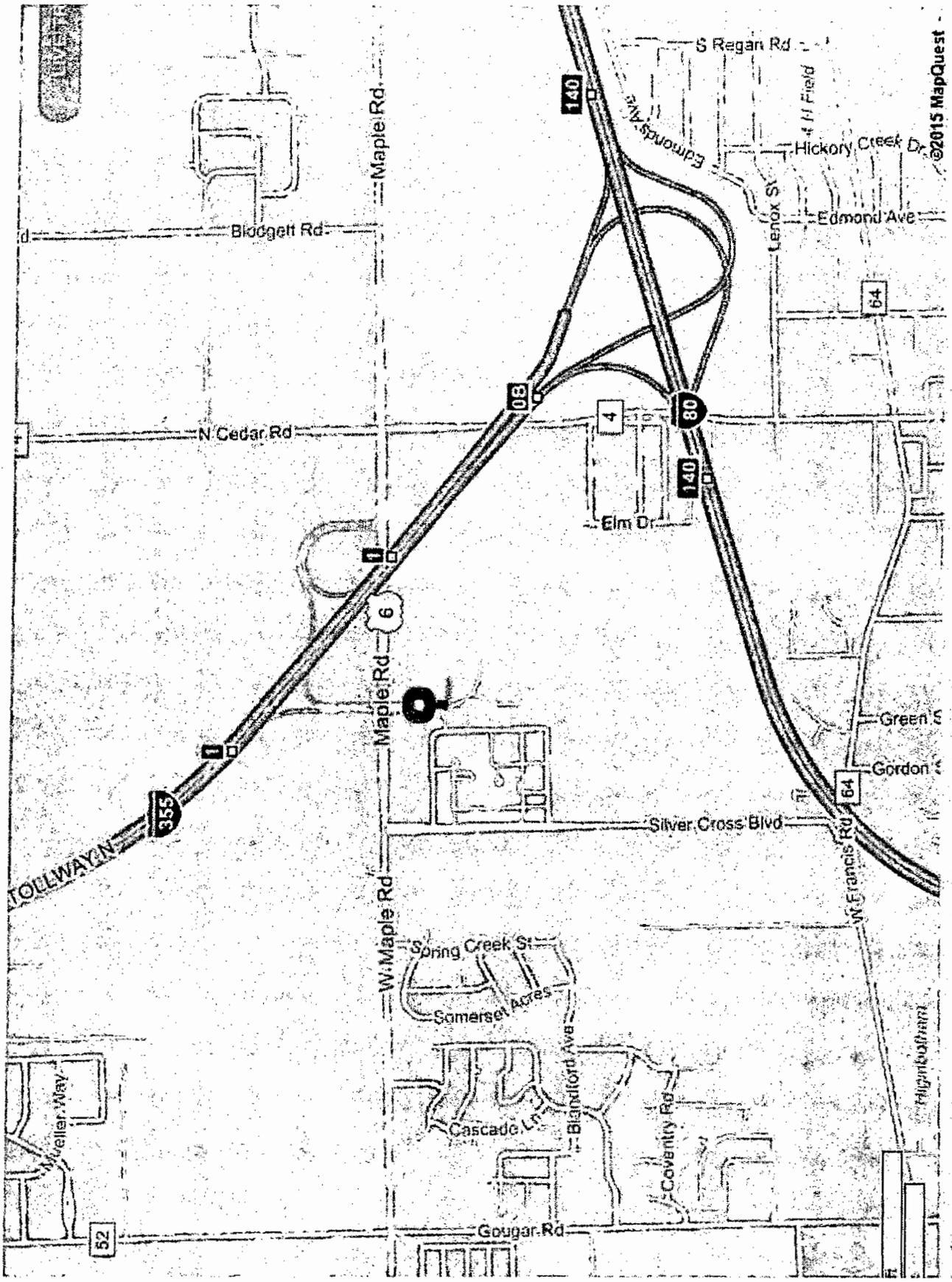
SITE DATA LOT 1 (ESTATES & COURTS)

ZONING: PUD
SITE AREA: 6.84 ACRES

BLDG. HEIGHT: 40'-8" +/- (MID ROOF)
BLDG. AREA (SKILLED NURSING & REHAB)
3 SKILLED NURSING & REHAB AREA
24,000 SF +/-
EST. FLOOR
33,500 SF +/-
EST. FLOOR
7,200 SF +/-
PELTIHOUSE
61,500 SF +/-
TOTAL BLDG. AREA

BLDG. AREA (SKILLED MEMORY CARE)
1 SKILLED MEMORY CARE AREA
28,400 SF +/-
EST. FLOOR
38,000 SF +/-
TOTAL BLDG. AREA
107,000 SF +/-
TOTAL PAVING
114,715 SF +/- STD. (8) EPA19 RC TOTAL (103)





DMG - www.dupagenmedicalgroup.com/ - Same familiar Joliet doctors. Great new DMG resources & technology.

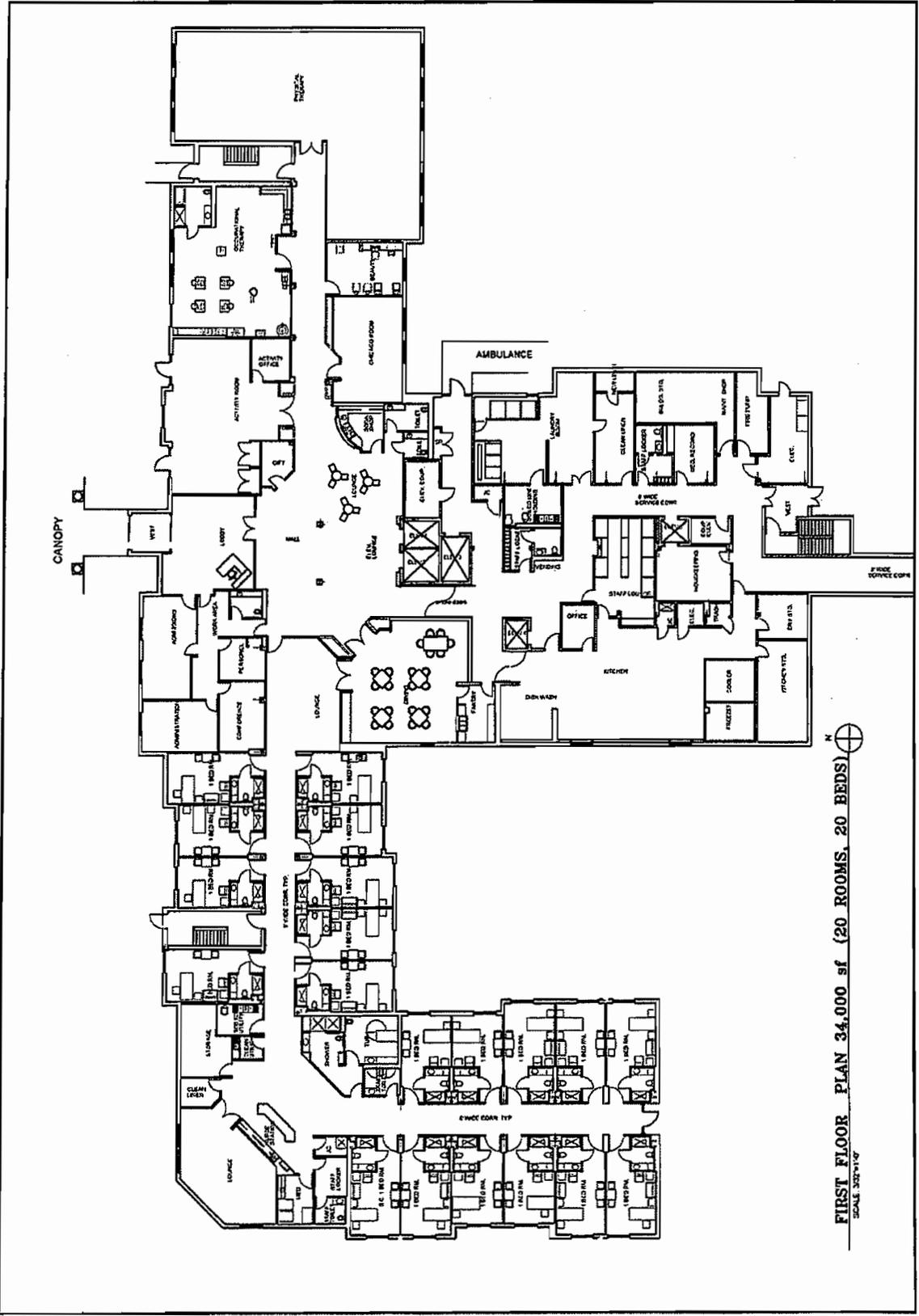
www.joliet.com/ - Find Physician List Near You. See Actual Customer Reviews!

ALDEN ESTATES - COURTS of NEW LENOX
 NEW LENOX ILLINOIS

ADG ALDEN DESIGN GROUP, INC.
 ARCHITECT
 100 N. PULASKI ST.
 CHICAGO, IL 60610
 PHONE: 773-388-1000
 FAX: 773-388-1001

DATE: 10-29-15
 JOB: ALDEN ESTATES
 DRAWN: B.K.
 SHEET

A-2



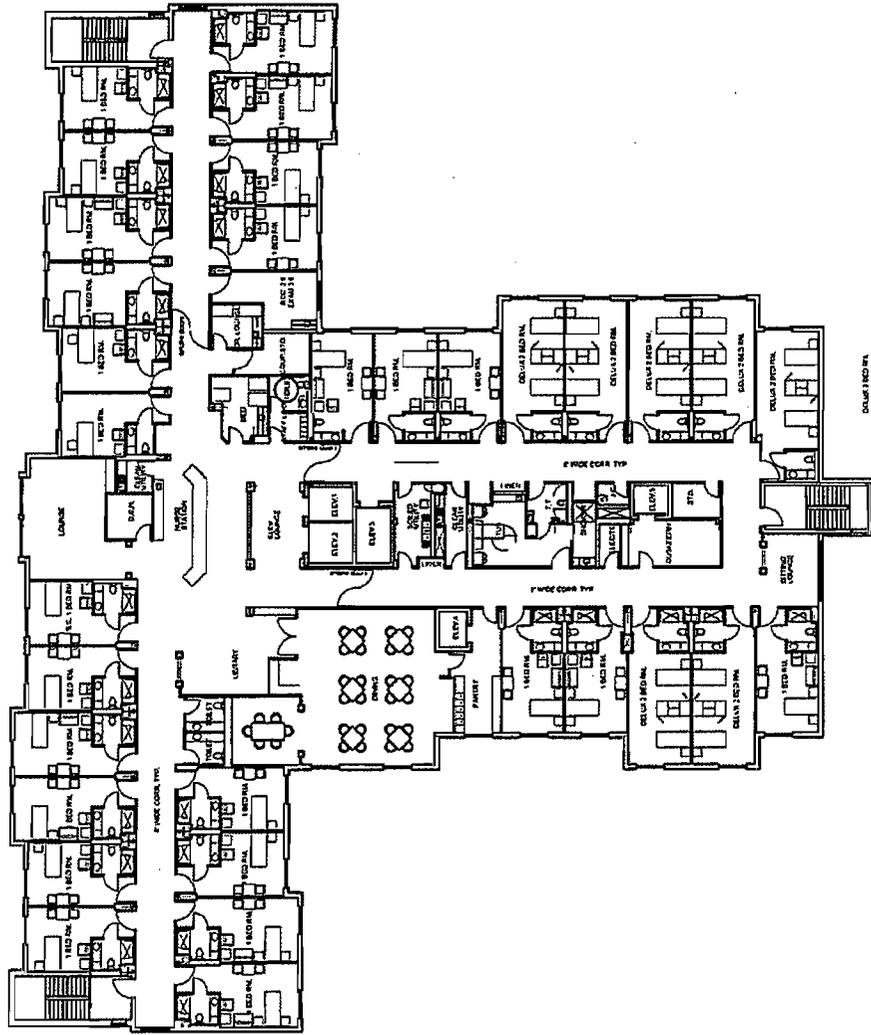
FIRST FLOOR PLAN 34,000 sf (20 ROOMS, 20 BEDS)
 SCALE 3/8"=1'-0"

ALDEN ESTATES - COURTS of NEW LENOX
 NEW LENOX
 ILLINOIS

ADG ALDEN DESIGN GROUP, INC.
 ARCHITECTS
 4550 W. PARKWAY AVE
 CHICAGO, IL 60641
 PHONE 773-265-1541
 FAX 773-265-1541

DATE	10/22/15
JOB	Drawn: R.K.
DRW	SMW

A-3



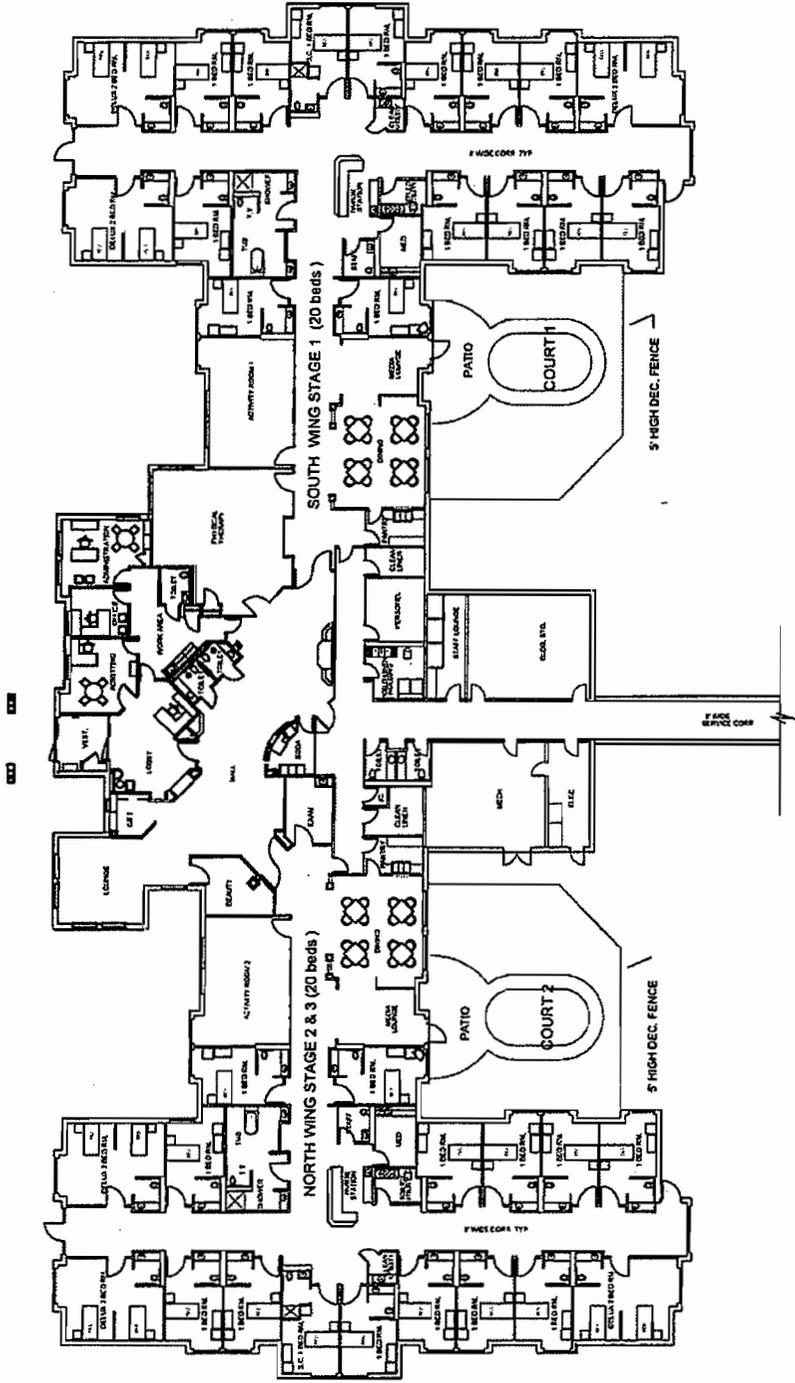
SECOND & THIRD FLOOR PLAN 22,300 sf (33 ROOMS, 40 BEDS)
 SCALE 3/32"=1'-0"

ADEN ESTATES - COURTS OF NEW LENOX
 NEW LENOX
 ILLINOIS

ADG
 ALDEN DESIGN GROUP, INC.
 ARCHITECTS
 1225 W. PENNSYLVANIA
 CHICAGO, IL 60604
 TEL: 773-361-1882
 FAX: 773-361-1883

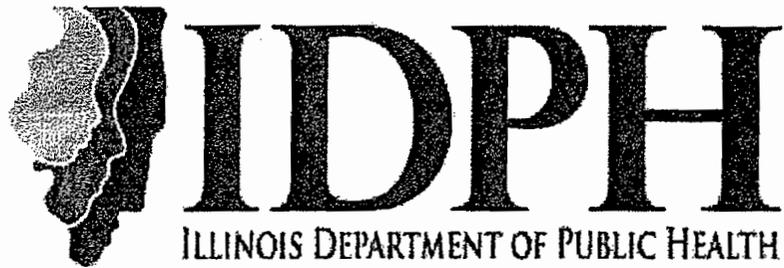
Date:	10-22-13
Job:	
Drawn:	R.K.
Sheet:	

A-4



FIRST FLOOR PLAN 26,000 sf (34 ROOMS, 40 BEDS)
 SCALE: 3/32" = 1'-0"

Attachment 5. IDPH Population Projections



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

Illinois Health Facilities and Services Review Board

Population Projections

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

Principal Authors:

Mohammed Shahidullah, PhD, MPH

Nelson Agbodo, MS, MPH

Affiliations:

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

Illinois Health Facilities and Services Review Board

Released February 2015

FIPS	County	Age Group	Males_2015	Females_2015	Total_2015	Males_2020	Females_2020	Total_2020	Males_2025	Females_2025	Total_2025
197	Will	0-4	21,905	20,903	42,808	24,455	23,337	47,792	27,806	26,535	54,341
197	Will	5-9	27,485	26,646	54,131	24,223	23,271	47,494	26,561	25,481	52,042
197	Will	10-14	30,551	29,007	59,557	29,189	28,325	57,514	25,739	24,761	50,499
197	Will	15-19	30,308	28,320	58,628	31,395	29,486	60,880	29,987	28,812	58,799
197	Will	20-24	26,456	24,423	50,879	29,841	27,734	57,575	31,064	29,062	60,126
197	Will	25-29	21,005	19,359	40,363	28,281	26,316	54,597	31,501	29,472	60,974
197	Will	30-34	22,762	22,610	45,372	24,154	22,395	46,549	31,113	29,079	60,192
197	Will	35-39	24,521	25,540	50,060	25,261	25,021	50,282	26,382	24,543	50,925
197	Will	40-44	27,217	27,959	55,176	26,096	26,866	52,962	26,681	26,226	52,907
197	Will	45-49	28,381	28,923	57,303	28,041	28,713	56,754	26,846	27,568	54,414
197	Will	50-54	27,584	27,615	55,198	28,528	29,323	57,851	28,185	29,099	57,283
197	Will	55-59	23,907	24,088	47,995	27,314	27,649	54,962	28,255	29,361	57,616
197	Will	60-64	18,296	19,251	37,547	23,188	23,872	47,059	26,515	27,386	53,901
197	Will	65-69	14,385	15,765	30,150	17,419	18,863	36,282	22,055	23,296	45,351
197	Will	70-74	9,647	10,779	20,427	13,225	15,000	28,225	15,971	17,890	33,861
197	Will	75-79	5,946	7,526	13,472	8,262	9,849	18,112	11,278	13,620	24,898
197	Will	80-84	3,571	5,153	8,724	4,479	6,295	10,774	6,205	8,188	14,393
197	Will	85+	2,810	5,808	8,618	3,225	6,273	9,498	3,895	7,177	11,072
		Total	366,735	369,672	736,406	396,575	398,586	795,161	426,040	427,556	853,596
		0-64	330,376	324,641	655,017	349,965	342,305	692,270	366,636	357,385	724,021
		65-74	24,032	26,544	50,576	30,644	33,863	64,507	38,026	41,186	79,212
		75 Plus	12,327	18,487	30,813	15,966	22,418	38,383	21,378	28,985	50,363
		65 Plus	36,359	45,031	81,390	46,610	56,281	102,891	59,404	70,171	129,575

IDPH Population Projections

WILL COUNTY

IDPH Population by Age

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

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

IDPH Population Projections

KENDALL COUNTY

IDPH Population by Age

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

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

IDPH Population Projections

DUPAGE COUNTY

IDPH Population by Age

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

IDPH POPULATION

FIPS	County	Age Group	Males_2015	Females_2015	Total_2015	Males_2020	Females_2020	Total_2020	Males_2025	Females_2025	Total_2025
		65 Plus	3,314	4,441	7,755	3,655	4,705	8,360	4,007	4,995	9,002
31	Cook	0-4	222,599	212,950	435,549	196,083	187,583	383,666	178,632	170,889	349,521
31	Cook	5-9	160,196	155,044	315,240	210,654	201,630	412,285	186,168	178,191	364,359
31	Cook	10-14	157,485	152,967	310,452	151,143	146,713	297,855	202,927	194,536	397,463
31	Cook	15-19	161,162	156,229	317,390	147,870	144,325	292,195	143,064	139,491	282,555
31	Cook	20-24	172,913	170,989	343,902	153,281	152,579	305,860	141,278	141,388	282,666
31	Cook	25-29	182,332	183,904	366,236	171,081	168,390	339,471	151,912	150,576	302,487
31	Cook	30-34	197,175	203,612	400,787	167,626	169,335	336,961	158,629	156,141	314,771
31	Cook	35-39	180,636	183,312	363,948	182,041	189,900	371,940	154,974	157,929	312,903
31	Cook	40-44	165,335	169,834	335,169	169,002	173,069	342,071	171,995	181,129	353,124
31	Cook	45-49	161,481	165,963	327,444	156,316	161,936	318,251	161,008	166,217	327,225
31	Cook	50-54	162,704	172,785	335,490	152,005	157,814	309,819	147,920	154,837	302,757
31	Cook	55-59	160,437	176,420	336,857	151,694	163,621	315,314	142,273	149,965	292,239
31	Cook	60-64	135,288	153,621	288,909	147,093	165,497	312,591	139,659	154,080	293,739
31	Cook	65-69	106,266	125,974	232,240	120,292	141,329	261,620	131,914	153,448	285,362
31	Cook	70-74	70,315	90,313	160,628	91,372	113,450	204,822	104,251	128,176	232,427
31	Cook	75-79	48,419	68,600	117,020	56,951	77,645	134,595	74,750	98,442	173,192
31	Cook	80-84	33,622	51,725	85,347	35,613	54,282	89,895	42,205	62,009	104,214
31	Cook	85+	32,809	68,446	101,255	34,495	68,706	103,200	36,576	70,715	107,291
		Total	2,511,174	2,662,690	5,173,864	2,494,610	2,637,802	5,132,412	2,470,137	2,608,159	5,078,297
		0-64	2,219,742	2,257,632	4,477,374	2,155,887	2,182,392	4,338,279	2,080,440	2,095,370	4,175,810
		65-74	176,582	216,287	392,868	211,664	254,778	466,442	236,166	281,624	517,789
		75 Plus	114,850	188,771	303,622	127,058	200,632	327,691	153,532	231,166	384,698
		65 Plus	291,432	405,058	696,490	338,722	455,410	794,133	389,697	512,790	902,487

Attachment 6. Scan/US Demographic Study

New Lenox, Illinois

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New Lenox, IL
(Place 17-52584)

Household income	2000 Census		2010 Census		2015 Estimate	
	(households)	%	(households)	%	(households)	%
under \$10,000	92	1.5	80	1.0	127	1.6
\$10,000 - 14,999	101	1.7	107	1.3	159	1.9
\$15,000 - 19,999	189	3.1	161	2.0	172	2.1
\$20,000 - 24,999	188	3.1	265	3.3	201	2.5
\$25,000 - 29,999	177	2.9	108	1.3	127	1.6
\$30,000 - 34,999	182	3.0	268	3.3	176	2.1
\$35,000 - 39,999	278	4.6	417	5.2	345	4.2
\$40,000 - 44,999	191	3.2	265	3.3	258	3.2
\$45,000 - 49,999	352	5.9	169	2.1	285	3.5
\$50,000 - 59,999	679	11.3	755	9.4	499	6.1
\$60,000 - 74,999	1,038	17.3	757	9.5	879	10.7
\$75,000 - 99,999	1,259	21.0	1,560	19.5	1,526	18.6
\$100,000 - 124,999	702	11.7	1,141	14.3	1,182	14.4
\$125,000 - 149,999	280	4.7	691	8.6	815	10.0
\$150,000 - 199,999	181	3.0	849	10.6	771	9.4
\$200,000 and over	114	1.9	410	5.1	665	8.1
Aggregate income (\$M)	450		738		825	
Average income	\$74,988		\$92,161		\$100,816	
Median income	\$67,205		\$83,378		\$88,564	
Household size		%		%		%
All households	6,002		8,003		8,187	
1 person	837	13.9	1,204	15.0	1,338	16.3
2 persons	1,733	28.9	2,263	28.3	2,458	30.0
3 to 4 persons	2,505	41.7	3,229	40.3	3,166	38.7
5+ persons	927	15.4	1,307	16.3	1,225	15.0
Owner households	5,410	90.1	7,250	90.6	7,407	90.5
1 person	620	11.5	951	13.1	1,058	14.3
2 persons	1,561	28.9	2,059	28.4	2,242	30.3
3 to 4 persons	2,339	43.2	2,991	41.3	2,937	39.7
5+ persons	890	16.5	1,249	17.2	1,170	15.8
Renter households	592	9.9	753	9.4	780	9.5
1 person	217	36.7	253	33.6	280	35.9
2 persons	172	29.1	204	27.1	216	27.7
3 to 4 persons	166	28.0	238	31.6	229	29.4
5+ persons	37	6.3	58	7.7	55	7.1

New Lenox, Illinois

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New Lenox, IL
(Place 17-52584)

	2000 Census		2010 Census		2015 Estimate	
Population	18,252	%	24,396	%	24,069	%
in households	18,239	99.9	24,347	99.8	24,020	99.8
in families	16,838	92.3	22,597	92.8	21,557	89.7
in non-families	1,401	7.7	1,750	7.2	2,463	10.3
in group quarters	13	0.1	49	0.2	49	0.2
in noninstitutional group quarters	13	100.0	0	0.0	0	0.0
under age 18	5,982	32.8	7,495	30.7	6,712	27.9
age 55 and over	2,480	13.6	4,420	18.1	5,313	22.1
age 65 and over	1,257	6.9	2,013	8.3	2,471	10.3
age 75 and over	514	2.8	853	3.5	953	4.0
Per capita income	24,666		30,243		34,301	
Median age	32.8		36.0		37.8	
male	32.3		35.1		36.8	
female	33.3		36.8		38.7	
Race						
white	17,817.0	97.6	23,471.0	96.2	22,888.0	95.1
black	54.0	0.3	162.0	0.7	260.0	1.1
American Indian	15.0	0.1	47.0	0.2	39.0	0.2
Asian, Pacific Islander	69.0	0.4	188.0	0.8	290.0	1.2
other, multi-racial	297.0	1.6	528.0	2.2	592.0	2.5
Hispanic	582.0	3.2	1,385.0	5.7	1,575.0	6.5
Diversity index	11		17		22	
Households	6,002	%	8,003	%	8,187	%
families	4,974	82.9	6,552	81.9	6,593	80.5
with person under 18	3,002	60.4	3,762	57.4	3,450	52.3
non-families	1,028	17.1	1,451	18.1	1,594	19.5
with person under 18	20	1.9	15	1.0	18	1.1
Median household income	67,205		83,378		88,564	
median family income	72,694		92,633		98,909	
median non-family income	42,900		43,384		45,153	
Household size	3.04		3.04		2.93	
family size	3.39		3.45		3.27	
non-family size	1.36		1.21		1.55	
Housing Units	6,214	%	8,245	%	8,333	%
owner-occupied	5,410	87.1	7,250	87.9	7,407	88.9
renter-occupied	592	9.5	753	9.1	780	9.4
vacant units	212	3.4	242	2.9	146	1.8

New Lenox, Illinois

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New Lenox, IL
(Place 17-52584)

	2000 Census		2010 Census		2015 Estimate	
Age, total population	18,252	%	24,396	%	24,069	%
under 5 years	1,607	8.8	1,632	6.7	1,377	5.7
5 to 9 years	1,758	9.6	2,163	8.9	1,821	7.6
10 to 14 years	1,667	9.1	2,309	9.5	2,134	8.9
15 to 19 years	1,375	7.5	2,075	8.5	2,082	8.7
20 to 24 years	762	4.2	1,158	4.7	1,458	6.1
25 to 34 years	2,481	13.6	2,446	10.0	2,298	9.5
35 to 44 years	3,718	20.4	4,005	16.4	3,466	14.4
45 to 54 years	2,403	13.2	4,188	17.2	4,120	17.1
55 to 64 years	1,223	6.7	2,407	9.9	2,842	11.8
65 to 74 years	743	4.1	1,160	4.8	1,518	6.3
75 to 84 years	424	2.3	624	2.6	689	2.9
85 years and over	90	0.5	229	0.9	264	1.1
Median age	32.8		36.0		37.8	
Age, male population	8,908	%	12,042	%	11,872	%
under 5 years	826	9.3	825	6.9	687	5.8
5 to 9 years	877	9.8	1,119	9.3	935	7.9
10 to 14 years	819	9.2	1,215	10.1	1,108	9.3
15 to 19 years	674	7.6	1,061	8.8	1,071	9.0
20 to 24 years	386	4.3	587	4.9	742	6.3
25 to 34 years	1,180	13.2	1,193	9.9	1,121	9.4
35 to 44 years	1,783	20.0	1,911	15.9	1,688	14.2
45 to 54 years	1,237	13.9	2,057	17.1	2,022	17.0
55 to 64 years	614	6.9	1,201	10.0	1,422	12.0
65 to 74 years	326	3.7	540	4.5	703	5.9
75 to 84 years	164	1.8	256	2.1	288	2.4
85 years and over	22	0.2	77	0.6	85	0.7
Median age	32.3		35.1		36.8	
Age, female population	9,344	%	12,354	%	12,197	%
under 5 years	781	8.4	807	6.5	690	5.7
5 to 9 years	881	9.4	1,044	8.5	886	7.3
10 to 14 years	848	9.1	1,094	8.9	1,026	8.4
15 to 19 years	701	7.5	1,014	8.2	1,011	8.3
20 to 24 years	376	4.0	571	4.6	716	5.9
25 to 34 years	1,301	13.9	1,253	10.1	1,177	9.6
35 to 44 years	1,935	20.7	2,094	16.9	1,778	14.6
45 to 54 years	1,166	12.5	2,131	17.2	2,098	17.2
55 to 64 years	609	6.5	1,206	9.8	1,420	11.6
65 to 74 years	417	4.5	620	5.0	815	6.7
75 to 84 years	260	2.8	368	3.0	401	3.3
85 years and over	68	0.7	152	1.2	179	1.5
Median age	33.3		36.8		38.7	

New Lenox, Illinois

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New Lenox, IL
(Place 17-52584)

	2000 Census		2010 Census		2015 Estimate	
Education <small>persons age 25+</small>	11,083	%	15,059	%	15,148	%
no high school diploma	871	7.9	547	3.6	651	4.3
high school graduate	3,378	30.5	4,684	31.1	4,357	28.8
some college	3,166	28.6	3,480	23.1	3,713	24.5
associate degree	983	8.9	1,414	9.4	1,400	9.2
college degree	1,896	17.1	2,958	19.6	3,276	21.6
graduate/professional degree	789	7.1	1,976	13.1	1,751	11.6
Labor Force <small>persons age 16+</small>	12,898	%	17,811	%	18,214	%
in labor force	9,431	73.1	12,628	70.9	13,213	72.5
employed	9,247	98.0	11,591	91.8	12,679	96.0
unemployed	184	2.0	1,037	8.2	534	4.0
in Armed Forces	0	0.0	0	0.0	0	0.0
not in labor force	3,467	26.9	5,183	29.1	5,001	27.5
Vehicles available <small>households</small>	6,002	%	8,003	%	8,187	%
without vehicles	97	1.6	227	2.8	90	1.1
1 vehicle available	1,321	22.0	1,667	20.8	1,189	14.5
2 vehicles available	3,039	50.6	3,792	47.4	2,850	34.8
3 or more vehicles available	1,545	25.7	2,322	29.0	1,965	24.0
Average vehicles per household	2.12		2.25		1.67	
Total vehicles available	12,710		18,007		13,690	
Density						
Area (sq.miles)	16.20		16.20		16.20	
Population/sq mile	1,126.67		1,505.93		1,485.74	
Households/sq mile	370.49		494.01		505.37	
Household population/sq mile	1,125.86		1,502.90		1,482.72	
Aggregate income (M)/sq mile	27.79		45.54		50.96	
Aggregate household income(M)/sq mile	27.78		45.53		50.95	
Vehicles available/sq mile	784.57		1,111.54		845.06	

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

2020 Demographics in brief

New Lenox, Illinois

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New Lenox, IL
(Place 17-52584)

Population			Households			
	24,356	%		8,451	%	
in households	24,307	99.8	families	6,732	79.7	
in families	21,656	88.9	non-families	1,719	20.3	
in non-families	2,651	10.9	with persons under 18	3,332	39.4	
in group quarters	49	0.2	1 person households	1,455	17.2	
noninstitutional GQ	0	0.0	2 person households	2,667	31.6	
under age 18	6,151	25.3	3-4 person households	3,137	37.1	
male	11,988	49.2	5+ person households	1,192	14.1	
female	12,368	50.8	Household size	2.88	Family size	3.22
Age		%	Household income		% cum %	
under 5 years	1,346	5.5	under \$15,000	260	3.1 3.1	
5 to 9 years	1,598	6.6	\$15,000 - 24,999	377	4.5 7.5	
10 to 14 years	1,872	7.7	\$25,000 - 34,999	304	3.6 11.1	
15 to 19 years	2,028	8.3	\$35,000 - 49,999	843	10.0 21.1	
20 to 24 years	1,685	6.9	\$50,000 - 74,999	1,257	14.9 36.0	
25 to 34 years	2,536	10.4	\$75,000 - 99,999	1,491	17.6 53.6	
35 to 44 years	3,082	12.7	\$100,000 - 124,999	1,277	15.1 68.7	
45 to 54 years	3,833	15.7	\$125,000 - 149,999	812	9.6 78.3	
55 to 64 years	3,168	13.0	\$150,000 - 199,999	945	11.2 89.5	
65 to 74 years	1,923	7.9	\$200,000 and over	885	10.5 100.0	
75 years and over	1,285	5.3				
Median age	38.9	male 38.0	female 39.8			
Race		%				
white	22,802	93.6				
black	442	1.8				
American Indian	41	0.2				
Asian, Pacific Islander	378	1.6				
other, multi-racial	693	2.8				
Hispanic	1,901	7.8				
Education (pers. 25+)	15,778	%				
no high school diploma	659	4.2				
high school graduate	4,638	29.4				
some college	5,307	33.6				
college degree	3,394	21.5				
graduate/professional	1,780	11.3				
Employment (pers. 16+)	18,177	%				
in civilian labor force	13,178	72.5				
employed	12,644	95.9				
unemployed	534	4.1				
in Armed Forces	0	0.0				
not in labor force	4,999	27.5				
			Household income	Median	Average	
			Household income	\$94,495	\$110,186	
			Family income	\$105,241	\$123,536	
			Non-family income	\$46,328	\$57,904	
			Vehicles available		%	
			without vehicle	91	1.1	
			1 vehicle available	1,217	14.4	
			2 vehicles available	2,999	35.5	
			3+ vehicles available	1,996	23.6	
			vehicles/household	1.66		
			Density			
			households per sq.mile		522	
			household population per sq.mile		1,500	
			Housing units	8,638	%	
			owner occupied	7,639	88.4	
			renter occupied	812	9.4	
			vacant units	187	2.2	

2000 Demographics in brief

Alden New Lenox 30 Minute Market Area

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Alden Market Area
[Pgn0001]

Population	675,597	%
in households	667,543	98.8
in families	590,724	87.4
in non-families	76,819	11.4
in group quarters	8,054	1.2
noninstitutional GQ	2,522	0.4
under age 18	192,257	28.5
male	329,232	48.7
female	346,327	51.3

Age		%
under 5 years	50,522	7.5
5 to 9 years	55,346	8.2
10 to 14 years	54,581	8.1
15 to 19 years	49,381	7.3
20 to 24 years	37,493	5.5
25 to 34 years	90,579	13.4
35 to 44 years	115,361	17.1
45 to 54 years	94,217	13.9
55 to 64 years	56,952	8.4
65 to 74 years	37,836	5.6
75 years and over	32,637	4.8
Median age	35.7	
male	34.1	
female	37.0	

Race		%
white	530,211	78.5
black	100,553	14.9
American Indian	1,176	0.2
Asian, Pacific Islander	12,903	1.9
other, multi-racial	30,584	4.5
Hispanic	50,144	7.4

Education (pers. 25+)		%
no high school diploma	53,295	12.5
high school graduate	127,470	29.8
some college	141,085	33.0
college degree	71,652	16.7
graduate/professional	34,375	8.0

Employment (pers. 16+)		%
in civilian labor force	347,204	68.8
employed	331,289	95.4
unemployed	15,915	4.6
in Armed Forces	165	0.0
not in labor force	156,982	31.1

Households	233,449	%
families	178,367	76.4
non-families	55,082	23.6
with persons under 18	98,074	42.0
1 person households	46,294	19.8
2 person households	69,657	29.8
3-4 person households	83,881	35.9
5+ person households	33,552	14.4
Household size	2.86	
Family size	3.31	

Household income		%	cum %
under \$15,000	16,704	7.2	7.2
\$15,000 - 24,999	17,910	7.7	14.8
\$25,000 - 34,999	21,016	9.0	23.8
\$35,000 - 49,999	35,599	15.2	39.1
\$50,000 - 74,999	58,043	24.9	63.9
\$75,000 - 99,999	39,197	16.8	80.7
\$100,000 - 124,999	21,547	9.2	90.0
\$125,000 - 149,999	9,707	4.2	94.1
\$150,000 - 199,999	7,375	3.2	97.3
\$200,000 and over	5,485	2.3	99.6

	Median	Average
Household income	\$60,690	\$70,714
Family income	\$68,411	\$78,732
Non-family income	\$36,656	\$44,750

Vehicles available		%
without vehicle	11,129	4.8
1 vehicle available	67,204	28.8
2 vehicles available	106,902	45.8
3+ vehicles available	48,128	20.6
vehicles/household	1.91	

Density	
households per sq.mile	475.83
household population per sq.mile	1,360.61

Housing units	242,353	%
owner occupied	196,159	80.9
renter occupied	37,290	15.4
vacant units	8,904	3.7

Alden Market Area
[Pgn0001]

	2010 Census		2015 Estimate		2020 Projection	
Population	844,366	%	835,845	%	848,586	%
in households	833,648	98.7	825,122	98.7	837,869	98.7
in families	744,992	89.4	705,181	85.5	709,587	84.7
in non-families	88,656	10.6	119,941	14.5	128,282	15.3
in group quarters	10,718	1.3	10,723	1.3	10,717	1.3
in noninstitutional group quarters	2,668	24.9	2,667	24.9	2,667	24.9
under age 18	227,777	27.0	208,139	24.9	198,289	23.4
age 55 and over	192,757	22.8	215,602	25.8	243,540	28.7
age 65 and over	96,972	11.5	110,965	13.3	134,452	15.8
age 75 and over	43,822	5.2	46,698	5.6	57,639	6.8
Per capita income	27,435		31,021		34,384	
Median age	37.7		40.6		41.6	
male	36.0		39.2		40.2	
female	39.1		41.7		42.7	
Race						
white	614,922.0	72.8	600,775.0	71.9	600,913.0	70.8
black	139,405.0	16.5	135,123.0	16.2	139,012.0	16.4
American Indian	1,956.0	0.2	1,748.0	0.2	1,903.0	0.2
Asian, Pacific Islander	25,700.0	3.0	29,926.0	3.6	33,110.0	3.9
other, multi-racial	62,326.0	7.4	68,272.0	8.2	73,650.0	8.7
Hispanic	118,954.0	14.1	131,080.0	15.7	144,073.0	17.0
Diversity index	40		49		53	
Households	291,893	%	297,112	%	305,237	%
families	218,128	74.7	218,667	73.6	221,724	72.6
with person under 18	114,726	52.6	111,619	51.0	108,885	49.1
non-families	73,766	25.3	78,446	26.4	83,513	27.4
with person under 18	678	0.9	661	0.8	650	0.8
Median household income	69,929		73,699		78,065	
median family income	80,721		85,845		91,774	
median non-family income	41,094		40,432		42,756	
Household size	2.86		2.78		2.74	
family size	3.42		3.22		3.20	
non-family size	1.20		1.53		1.54	
Housing Units	307,264	%	307,882	%	317,101	%
owner-occupied	242,809	79.0	245,533	79.7	254,231	80.2
renter-occupied	49,084	16.0	51,579	16.8	51,006	16.1
vacant units	15,371	5.0	10,775	3.5	11,844	3.7

Alden Market Area
[Pgn0001]

	2010 Census		2015 Estimate		2020 Projection	
Household income	(households)	%	(households)	%	(households)	%
under \$10,000	11,212	3.8	12,956	4.4	13,181	4.3
\$10,000 - 14,999	8,594	2.9	8,154	2.7	7,932	2.6
\$15,000 - 19,999	11,694	4.0	11,218	3.8	11,313	3.7
\$20,000 - 24,999	12,890	4.4	11,020	3.7	10,619	3.5
\$25,000 - 29,999	11,269	3.9	10,693	3.6	10,575	3.5
\$30,000 - 34,999	12,547	4.3	10,898	3.7	10,672	3.5
\$35,000 - 39,999	12,272	4.2	11,747	4.0	11,325	3.7
\$40,000 - 44,999	11,976	4.1	12,008	4.0	11,132	3.6
\$45,000 - 49,999	10,986	3.8	11,112	3.7	11,796	3.9
\$50,000 - 59,999	22,210	7.6	22,027	7.4	21,130	6.9
\$60,000 - 74,999	33,833	11.6	33,318	11.2	30,541	10.0
\$75,000 - 99,999	46,551	15.9	46,080	15.5	46,012	15.1
\$100,000 - 124,999	34,145	11.7	33,860	11.4	36,553	12.0
\$125,000 - 149,999	20,383	7.0	22,373	7.5	22,490	7.4
\$150,000 - 199,999	19,120	6.6	22,225	7.5	26,732	8.8
\$200,000 and over	11,720	4.0	17,423	5.9	23,231	7.6
Aggregate income (\$M)	23,070		25,832		29,081	
Average income	\$79,037		\$86,944		\$95,274	
Median income	\$69,929		\$73,699		\$78,065	
Household size		%		%		%
All households	291,893		297,112		305,237	
1 person	61,998	21.2	66,655	22.4	71,845	23.5
2 persons	86,197	29.5	89,929	30.3	94,610	31.0
3 to 4 persons	99,360	34.0	97,546	32.8	97,286	31.9
5+ persons	44,284	15.2	42,983	14.5	41,496	13.6
Owner households	242,809	83.2	245,533	82.6	254,231	83.3
1 person	45,028	18.5	47,753	19.4	50,883	20.0
2 persons	75,127	30.9	78,334	31.9	83,188	32.7
3 to 4 persons	85,307	35.1	83,434	34.0	84,448	33.2
5+ persons	37,302	15.4	36,007	14.7	35,731	14.1
Renter households	49,084	16.8	51,579	17.4	51,006	16.7
1 person	16,970	34.6	18,902	36.6	20,962	41.1
2 persons	11,070	22.6	11,595	22.5	11,422	22.4
3 to 4 persons	14,053	28.6	14,112	27.4	12,838	25.2
5+ persons	6,982	14.2	6,976	13.5	5,765	11.3

Alden New Lenox 30 Minute Market Area

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Alden Market Area
[Pgn0001]

	2010 Census		2015 Estimate		2020 Projection	
Age, total population	844,366	%	835,845	%	848,586	%
under 5 years	56,479	6.7	50,697	6.1	50,261	5.9
5 to 9 years	62,815	7.4	56,714	6.8	52,896	6.2
10 to 14 years	66,524	7.9	61,879	7.4	57,001	6.7
15 to 19 years	64,636	7.7	62,057	7.4	60,796	7.2
20 to 24 years	47,604	5.6	53,377	6.4	57,203	6.7
25 to 34 years	103,414	12.2	100,649	12.0	103,379	12.2
35 to 44 years	122,036	14.5	112,855	13.5	107,737	12.7
45 to 54 years	127,740	15.1	122,014	14.6	115,772	13.6
55 to 64 years	95,785	11.3	104,637	12.5	109,088	12.9
65 to 74 years	53,150	6.3	64,267	7.7	76,813	9.1
75 to 84 years	30,767	3.6	31,733	3.8	39,300	4.6
85 years and over	13,055	1.5	14,965	1.8	18,339	2.2
Median age	37.7		40.6		41.6	
Age, male population	412,755	%	409,416	%	415,876	%
under 5 years	28,896	7.0	25,940	6.3	25,694	6.2
5 to 9 years	32,168	7.8	29,106	7.1	27,288	6.6
10 to 14 years	34,076	8.3	31,805	7.8	29,319	7.0
15 to 19 years	33,442	8.1	32,030	7.8	31,400	7.6
20 to 24 years	24,766	6.0	27,718	6.8	29,718	7.1
25 to 34 years	51,237	12.4	49,949	12.2	51,308	12.3
35 to 44 years	59,405	14.4	55,509	13.6	53,105	12.8
45 to 54 years	62,107	15.0	59,818	14.6	57,222	13.8
55 to 64 years	45,738	11.1	50,277	12.3	52,718	12.7
65 to 74 years	24,358	5.9	29,572	7.2	35,603	8.6
75 to 84 years	12,365	3.0	12,974	3.2	16,420	3.9
85 years and over	3,957	1.0	4,719	1.2	6,080	1.5
Median age	36.0		39.2		40.2	
Age, female population	431,612	%	426,428	%	432,710	%
under 5 years	27,583	6.4	24,757	5.8	24,567	5.7
5 to 9 years	30,647	7.1	27,608	6.5	25,608	5.9
10 to 14 years	32,448	7.5	30,074	7.1	27,682	6.4
15 to 19 years	31,194	7.2	30,027	7.0	29,396	6.8
20 to 24 years	22,838	5.3	25,659	6.0	27,485	6.4
25 to 34 years	52,177	12.1	50,700	11.9	52,071	12.0
35 to 44 years	62,631	14.5	57,346	13.4	54,632	12.6
45 to 54 years	65,633	15.2	62,196	14.6	58,550	13.5
55 to 64 years	50,047	11.6	54,360	12.7	56,370	13.0
65 to 74 years	28,792	6.7	34,695	8.1	41,210	9.5
75 to 84 years	18,402	4.3	18,759	4.4	22,880	5.3
85 years and over	9,098	2.1	10,246	2.4	12,259	2.8
Median age	39.1		41.7		42.7	

Alden Market Area
[Pgn0001]

		2010 Census		2015 Estimate		2020 Projection	
Education	persons age 25+	546,212	%	542,980	%	562,276	%
no high school diploma		53,993	9.9	49,575	9.1	51,156	9.1
high school graduate		157,613	28.9	151,585	27.9	159,181	28.3
some college		131,664	24.1	126,903	23.4	132,191	23.5
associate degree		42,700	7.8	45,388	8.4	46,086	8.2
college degree		104,924	19.2	109,333	20.1	112,588	20.0
graduate/professional degree		55,318	10.1	60,196	11.1	61,074	10.9
Labor Force	persons age 16+	644,636	%	643,279	%	642,337	%
in labor force		443,146	68.7	439,744	68.4	438,993	68.3
employed		391,270	88.3	410,489	93.3	409,739	93.3
unemployed		51,876	11.7	29,255	6.7	29,254	6.7
in Armed Forces		74	0.0	212	0.0	212	0.0
not in labor force		201,416	31.2	203,323	31.6	203,132	31.6
Vehicles available	households	291,893	%	297,112	%	305,237	%
without vehicles		13,884	4.8	13,339	4.5	13,380	4.4
1 vehicle available		83,400	28.6	84,713	28.5	86,536	28.4
2 vehicles available		126,414	43.3	128,661	43.3	133,992	43.9
3 or more vehicles available		67,886	23.3	70,088	23.6	71,022	23.3
Average vehicles per household		1.81		1.96		1.94	
Total vehicles available		529,355		582,573		592,987	
Density							
Area (sq.miles)		501.78		502.03		502.03	
Population/sq mile		1,682.74		1,664.94		1,690.32	
Households/sq mile		581.72		591.82		608.01	
Household population/sq mile		1,661.38		1,643.58		1,668.97	
Aggregate income (M)/sq mile		46.17		51.65		58.12	
Aggregate household income(M)/sq mile		45.98		51.46		57.93	
Vehicles available/sq mile		1,054.96		1,160.44		1,181.19	

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

2015 Income by age of householder

Alden New Lenox 30 Minute Market Area

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Alden Market Area
[Pgn0001]

Households	297,112 %		Median income	Percent of households with income above...				
				\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Age of householder								
under 25 years	0	0.0	\$0					
25 to 34 years	0	0.0	\$0					
35 to 44 years	0	0.0	\$0					
45 to 54 years	0	0.0	\$0					
55 to 64 years	0	0.0	\$0					
65 to 74 years	0	0.0	\$0					
75 years and over	0	0.0	\$0					

Income by age of householder

Households	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
	297,112	%	0	%	0	%	0	%
under \$10,000	12,733	4.3	469	0.0	1,678	0.0	1,905	0.0
\$10,000 - 19,999	18,950	6.4	786	0.0	2,081	0.0	3,044	0.0
\$20,000 - 29,999	21,312	7.2	842	0.0	2,730	0.0	3,178	0.0
\$30,000 - 39,999	22,131	7.4	867	0.0	4,142	0.0	2,937	0.0
\$40,000 - 49,999	22,719	7.6	914	0.0	4,554	0.0	3,131	0.0
\$50,000 - 59,999	22,047	7.4	397	0.0	4,301	0.0	3,457	0.0
\$60,000 - 74,999	33,576	11.3	636	0.0	6,094	0.0	6,110	0.0
\$75,000 - 99,999	46,851	15.8	1,009	0.0	6,793	0.0	8,978	0.0
\$100,000 - 124,999	34,190	11.5	650	0.0	3,743	0.0	7,258	0.0
\$125,000 - 150,000	22,516	7.6	537	0.0	2,044	0.0	5,815	0.0
\$150,000 - 199,999	22,330	7.5	440	0.0	1,857	0.0	6,464	0.0
\$200,000 and over	17,758	6.0	291	0.0	922	0.0	5,221	0.0

Households	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
	0	%	0	%	0	%	0	%
under \$10,000	2,347	0.0	3,195	0.0	1,234	0.0	1,904	0.0
\$10,000 - 19,999	2,412	0.0	5,739	0.0	1,233	0.0	3,654	0.0
\$20,000 - 29,999	3,202	0.0	6,092	0.0	1,544	0.0	3,724	0.0
\$30,000 - 39,999	3,520	0.0	5,495	0.0	1,992	0.0	3,178	0.0
\$40,000 - 49,999	4,220	0.0	4,626	0.0	2,591	0.0	2,682	0.0
\$50,000 - 59,999	4,644	0.0	4,196	0.0	2,735	0.0	2,317	0.0
\$60,000 - 74,999	7,055	0.0	5,722	0.0	4,810	0.0	3,149	0.0
\$75,000 - 99,999	11,787	0.0	9,459	0.0	5,551	0.0	3,274	0.0
\$100,000 - 124,999	9,226	0.0	5,435	0.0	5,866	0.0	2,013	0.0
\$125,000 - 150,000	6,854	0.0	2,764	0.0	3,644	0.0	857	0.0
\$150,000 - 199,999	6,132	0.0	2,878	0.0	3,614	0.0	946	0.0
\$200,000 and over	4,403	0.0	2,883	0.0	2,734	0.0	1,304	0.0

2020 Income by age of householder

Alden New Lenox 30 Minute Market Area

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Alden Market Area

[Pgn0001]

Households	305,237	%	Median income	Percent of households with income above...				
Age of householder				\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
under 25 years	0	0.0	\$0					
25 to 34 years	0	0.0	\$0					
35 to 44 years	0	0.0	\$0					
45 to 54 years	0	0.0	\$0					
55 to 64 years	0	0.0	\$0					
65 to 74 years	0	0.0	\$0					
75 years and over	0	0.0	\$0					

Income by age of householder

Households	Total households		Householders <25 yrs		Householders 25 - 34 yrs		Householders 35 - 44 yrs	
	305,237	%	0	%	0	%	0	%
under \$10,000	12,733	4.2	399	0.0	1,667	0.0	1,846	0.0
\$10,000 - 19,999	18,950	6.2	669	0.0	2,113	0.0	2,673	0.0
\$20,000 - 29,999	21,312	7.0	789	0.0	2,803	0.0	2,745	0.0
\$30,000 - 39,999	22,131	7.3	940	0.0	4,105	0.0	2,315	0.0
\$40,000 - 49,999	22,719	7.4	1,006	0.0	4,629	0.0	2,832	0.0
\$50,000 - 59,999	22,047	7.2	427	0.0	3,995	0.0	2,843	0.0
\$60,000 - 74,999	33,576	11.0	572	0.0	5,521	0.0	4,908	0.0
\$75,000 - 99,999	46,851	15.3	1,018	0.0	6,771	0.0	8,198	0.0
\$100,000 - 124,999	34,190	11.2	702	0.0	3,959	0.0	7,140	0.0
\$125,000 - 150,000	22,516	7.4	493	0.0	1,885	0.0	5,258	0.0
\$150,000 - 199,999	22,330	7.3	476	0.0	2,278	0.0	7,046	0.0
\$200,000 and over	17,758	5.8	359	0.0	1,380	0.0	6,297	0.0

Households	Householders 45 - 54 yrs		Householders 55 - 64 yrs		Householders 65 - 74 yrs		Householders 75+ yrs	
	0	%	0	%	0	%	0	%
under \$10,000	2,188	0.0	3,218	0.0	1,454	0.0	2,165	0.0
\$10,000 - 19,999	2,065	0.0	5,452	0.0	1,393	0.0	4,400	0.0
\$20,000 - 29,999	2,513	0.0	5,817	0.0	1,712	0.0	4,243	0.0
\$30,000 - 39,999	2,742	0.0	5,600	0.0	2,173	0.0	3,588	0.0
\$40,000 - 49,999	3,342	0.0	4,806	0.0	2,802	0.0	3,053	0.0
\$50,000 - 59,999	3,937	0.0	4,207	0.0	3,018	0.0	2,669	0.0
\$60,000 - 74,999	5,858	0.0	5,448	0.0	5,081	0.0	3,352	0.0
\$75,000 - 99,999	10,769	0.0	9,532	0.0	6,441	0.0	4,226	0.0
\$100,000 - 124,999	9,271	0.0	6,007	0.0	7,107	0.0	2,849	0.0
\$125,000 - 150,000	6,813	0.0	2,681	0.0	4,419	0.0	1,067	0.0
\$150,000 - 199,999	6,907	0.0	3,657	0.0	5,005	0.0	1,545	0.0
\$200,000 and over	5,247	0.0	4,033	0.0	4,050	0.0	2,255	0.0

2020 Demographics in brief

PSA 7E

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PSA 7E (HSA 7)

Population				Households			
		958,195	%			356,872	%
in households		947,986	98.9	families		243,639	68.3
in families		776,651	81.1	non-families		113,233	31.7
in non-families		171,335	17.9	with persons under 18		120,969	33.9
in group quarters		10,209	1.1	1 person households		99,489	27.9
noninstitutional GQ		2,626	0.3	2 person households		106,099	29.7
under age 18		224,108	23.4	3-4 person households		105,074	29.4
male		460,232	48.0	5+ person households		46,210	12.9
female		497,963	52.0	Household size		2.66	Family size
							3.19
Age				Household income			
			%			%	cum %
under 5 years		58,108	6.1	under \$15,000		41,248	11.6
5 to 9 years		62,553	6.5	\$15,000 - 24,999		33,395	9.4
10 to 14 years		63,919	6.7	\$25,000 - 34,999		32,030	9.0
15 to 19 years		63,844	6.7	\$35,000 - 49,999		44,686	12.5
20 to 24 years		54,491	5.7	\$50,000 - 74,999		63,785	17.9
25 to 34 years		113,759	11.9	\$75,000 - 99,999		46,093	12.9
35 to 44 years		128,565	13.4	\$100,000 - 124,999		33,317	9.3
45 to 54 years		127,513	13.3	\$125,000 - 149,999		19,274	5.4
55 to 64 years		121,755	12.7	\$150,000 - 199,999		21,524	6.0
65 to 74 years		91,440	9.5	\$200,000 and over		21,520	6.0
75 years and over		72,248	7.5				
Median age	39.9	male	38.2	female	41.5		
Race				Income Summary			
			%			Median	Average
white		563,055	58.8	Household income		\$61,065	\$81,059
black		272,229	28.4	Family income		\$75,874	\$96,069
American Indian		2,512	0.3	Non-family income		\$33,690	\$48,763
Asian, Pacific Islander		29,748	3.1				
other, multi-racial		90,651	9.5	Vehicles available			
Hispanic		166,226	17.3				%
				without vehicle		16,851	4.7
				1 vehicle available		93,554	26.2
				2 vehicles available		98,785	27.7
				3+ vehicles available		46,921	13.1
				vehicles/household		1.26	
Education (pers. 25+)				Density			
			%				
no high school diploma		74,018	11.5	households per sq.mile			1,036
high school graduate		191,060	29.6	household population per sq.mile			2,753
some college		205,933	31.9				
college degree		109,990	17.0	Housing units			
graduate/professional		65,165	10.1			377,028	%
				owner occupied		272,890	72.4
				renter occupied		83,982	22.3
				vacant units		20,156	5.3
Employment (pers. 16+)							
			%				
in civilian labor force		480,017	65.2				
employed		438,443	91.3				
unemployed		41,574	8.7				
in Armed Forces		214	0.0				
not in labor force		255,922	34.8				

14 Counties (1:100T)

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Will, IL
(County 17197)

	2000 Census		2010 Census		2015 Estimate	
Population	502,288	%	677,560	%	676,619	%
in households	492,627	98.1	669,013	98.7	668,061	98.7
in families	439,599	89.2	605,765	90.5	580,145	86.8
in non-families	53,028	10.8	63,248	9.5	87,916	13.2
in group quarters	9,661	1.9	8,547	1.3	8,558	1.3
in noninstitutional group quarters	2,367	24.5	2,194	25.7	2,193	25.6
under age 18	150,716	30.0	196,954	29.1	178,168	26.3
age 55 and over	79,009	15.7	131,791	19.5	157,368	23.3
age 65 and over	41,610	8.3	62,814	9.3	77,960	11.5
age 75 and over	18,920	3.8	26,396	3.9	31,142	4.6
Per capita income	24,524		28,090		31,881	
Median age	33.0		35.3		37.0	
male	32.0		34.4		36.1	
female	33.9		36.1		37.9	
Race						
white	411,047.0	81.8	514,664.0	76.0	505,140.0	74.7
black	52,509.0	10.5	75,743.0	11.2	77,683.0	11.5
American Indian	1,038.0	0.2	1,703.0	0.3	1,751.0	0.3
Asian, Pacific Islander	11,287.0	2.2	30,969.0	4.6	34,146.0	5.0
other, multi-racial	26,407.0	5.3	54,481.0	8.0	57,899.0	8.6
Hispanic	43,772.0	8.7	105,817.0	15.6	112,115.0	16.6
Diversity index	42		56		66	
Households	167,549	%	225,256	%	232,879	%
families	130,979	78.2	174,062	77.3	176,802	75.9
with person under 18	75,885	57.9	98,486	56.6	94,794	53.6
non-families	36,570	21.8	51,194	22.7	56,077	24.1
with person under 18	585	1.6	635	1.2	641	1.1
Median household income	62,219		72,838		76,436	
median family income	69,246		82,963		88,909	
median non-family income	35,396		40,261		42,115	
Household size	2.94		2.97		2.87	
family size	3.36		3.48		3.28	
non-family size	1.45		1.24		1.57	
Housing Units	175,531	%	237,501	%	239,733	%
owner-occupied	139,317	79.4	187,425	78.9	192,695	80.4
renter-occupied	28,232	16.1	37,831	15.9	40,184	16.8
vacant units	7,982	4.5	12,245	5.2	6,854	2.9

Will, IL
(County 17197)

	2000 Census		2010 Census		2015 Estimate	
Household income	(households)	%	(households)	%	(households)	%
under \$10,000	6,417	3.8	7,505	3.3	8,813	3.8
\$10,000 - 14,999	5,034	3.0	6,208	2.8	5,870	2.5
\$15,000 - 19,999	5,914	3.5	7,845	3.5	8,018	3.4
\$20,000 - 24,999	6,346	3.8	9,280	4.1	8,085	3.5
\$25,000 - 29,999	6,814	4.1	8,132	3.6	7,828	3.4
\$30,000 - 34,999	7,932	4.7	8,502	3.8	7,637	3.3
\$35,000 - 39,999	7,543	4.5	9,053	4.0	8,445	3.6
\$40,000 - 44,999	8,279	4.9	8,684	3.9	9,013	3.9
\$45,000 - 49,999	8,008	4.8	7,866	3.5	8,396	3.6
\$50,000 - 59,999	16,881	10.1	17,061	7.6	16,582	7.1
\$60,000 - 74,999	24,769	14.8	25,542	11.3	25,295	10.9
\$75,000 - 99,999	28,490	17.0	36,007	16.0	36,083	15.5
\$100,000 - 124,999	16,789	10.0	28,031	12.4	27,196	11.7
\$125,000 - 149,999	7,851	4.7	17,022	7.6	18,797	8.1
\$150,000 - 199,999	5,975	3.6	17,543	7.8	19,740	8.5
\$200,000 and over	4,508	2.7	10,975	4.9	17,081	7.3
Aggregate income (\$M)	12,229		18,950		21,486	
Average income	\$72,988		\$84,127		\$92,264	
Median income	\$62,219		\$72,838		\$76,436	
Household size		%		%		%
All households	167,549		225,256		232,879	
1 person	29,884	17.8	41,779	18.5	46,483	20.0
2 persons	48,589	29.0	64,181	28.5	68,905	29.6
3 to 4 persons	63,707	38.0	82,316	36.5	81,684	35.1
5+ persons	25,369	15.1	36,980	16.4	35,807	15.4
Owner households	139,317	83.2	187,425	83.2	192,695	82.7
1 person	19,537	14.0	29,048	15.5	32,000	16.6
2 persons	41,800	30.0	55,599	29.7	59,802	31.0
3 to 4 persons	55,837	40.1	71,352	38.1	70,624	36.7
5+ persons	22,144	15.9	31,426	16.8	30,269	15.7
Renter households	28,232	16.8	37,831	16.8	40,184	17.3
1 person	10,347	36.6	12,731	33.7	14,483	36.0
2 persons	6,789	24.0	8,582	22.7	9,103	22.7
3 to 4 persons	7,870	27.9	10,964	29.0	11,060	27.5
5+ persons	3,225	11.4	5,554	14.7	5,538	13.8

Will, IL
(County 17197)

	2000 Census		2010 Census		2015 Estimate	
Age, total population	502,288	%	677,560	%	676,619	%
under 5 years	42,028	8.4	49,045	7.2	41,144	6.1
5 to 9 years	44,191	8.8	56,056	8.3	48,423	7.2
10 to 14 years	41,357	8.2	57,446	8.5	54,383	8.0
15 to 19 years	36,272	7.2	52,585	7.8	53,582	7.9
20 to 24 years	27,715	5.5	36,407	5.4	45,023	6.7
25 to 34 years	74,303	14.8	82,963	12.2	77,234	11.4
35 to 44 years	91,122	18.1	108,115	16.0	95,661	14.1
45 to 54 years	66,290	13.2	103,152	15.2	103,801	15.3
55 to 64 years	37,399	7.4	68,977	10.2	79,408	11.7
65 to 74 years	22,690	4.5	36,418	5.4	46,818	6.9
75 to 84 years	14,311	2.8	18,894	2.8	21,766	3.2
85 years and over	4,609	0.9	7,502	1.1	9,376	1.4
Median age	33.0		35.3		37.0	
Age, male population	250,842	%	336,556	%	335,991	%
under 5 years	21,590	8.6	24,973	7.4	20,941	6.2
5 to 9 years	22,575	9.0	28,788	8.6	24,881	7.4
10 to 14 years	21,256	8.5	29,519	8.8	27,906	8.3
15 to 19 years	19,045	7.6	27,232	8.1	27,616	8.2
20 to 24 years	14,587	5.8	19,045	5.7	23,446	7.0
25 to 34 years	37,142	14.8	40,913	12.2	38,066	11.3
35 to 44 years	45,629	18.2	53,209	15.8	47,411	14.1
45 to 54 years	33,331	13.3	51,721	15.4	52,249	15.6
55 to 64 years	18,647	7.4	33,771	10.0	39,116	11.6
65 to 74 years	10,327	4.1	17,169	5.1	22,074	6.6
75 to 84 years	5,481	2.2	7,852	2.3	9,199	2.7
85 years and over	1,231	0.5	2,364	0.7	3,086	0.9
Median age	32.0		34.4		36.1	
Age, female population	251,445	%	341,004	%	340,628	%
under 5 years	20,438	8.1	24,072	7.1	20,203	5.9
5 to 9 years	21,616	8.6	27,268	8.0	23,542	6.9
10 to 14 years	20,101	8.0	27,927	8.2	26,477	7.8
15 to 19 years	17,227	6.9	25,353	7.4	25,966	7.6
20 to 24 years	13,128	5.2	17,362	5.1	21,577	6.3
25 to 34 years	37,161	14.8	42,050	12.3	39,168	11.5
35 to 44 years	45,493	18.1	54,906	16.1	48,250	14.2
45 to 54 years	32,959	13.1	51,431	15.1	51,552	15.1
55 to 64 years	18,752	7.5	35,206	10.3	40,292	11.8
65 to 74 years	12,363	4.9	19,249	5.6	24,744	7.3
75 to 84 years	8,830	3.5	11,042	3.2	12,567	3.7
85 years and over	3,378	1.3	5,138	1.5	6,290	1.8
Median age	33.9		36.1		37.9	

'14 Counties (1:100T)

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Will, IL
(County 17197)

		2000 Census		2010 Census		2015 Estimate	
Education	persons age 25+	310,723	%	426,021	%	428,752	%
no high school diploma		40,801	13.1	41,358	9.7	38,897	9.1
high school graduate		90,288	29.1	119,481	28.0	116,513	27.2
some college		77,929	25.1	98,775	23.2	97,554	22.8
associate degree		22,465	7.2	32,677	7.7	34,971	8.2
college degree		55,293	17.8	86,673	20.3	89,702	20.9
graduate/professional degree		23,947	7.7	47,057	11.0	51,115	11.9
Labor Force	persons age 16+	366,981	%	503,512	%	513,273	%
in labor force		257,668	70.2	353,256	70.2	357,857	69.7
employed		246,356	95.6	315,180	89.2	335,898	93.9
unemployed		11,312	4.4	38,076	10.8	21,959	6.1
in Armed Forces		149	0.0	82	0.0	172	0.0
not in labor force		109,164	29.7	150,174	29.8	155,244	30.2
Vehicles available	households	167,549	%	225,256	%	232,879	%
without vehicles		6,684	4.0	9,083	4.0	8,605	3.7
1 vehicle available		43,198	25.8	55,071	24.4	58,971	25.3
2 vehicles available		80,181	47.9	103,871	46.1	106,418	45.7
3 or more vehicles available		37,486	22.4	57,002	25.3	59,192	25.4
Average vehicles per household		1.98		1.94		2.03	
Total vehicles available		331,298		437,061		472,369	
Density							
Area (sq. miles)		836.91		836.91		836.91	
Population/sq mile		600.17		809.60		808.47	
Households/sq mile		200.20		269.15		278.26	
Household population/sq mile		588.63		799.39		798.25	
Aggregate income (M)/sq mile		14.72		22.74		25.77	
Aggregate household income(M)/sq mile		14.61		22.64		25.67	
Vehicles available/sq mile		395.86		522.23		564.42	

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

2020 Demographics in brief

'14 Counties (1:100T)

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Will, IL
(County 17197)

Population	687,558	%
in households	679,000	98.8
in families	582,929	84.8
in non-families	96,071	14.0
in group quarters	8,558	1.2
noninstitutional GQ	2,193	0.3
under age 18	164,168	23.9
male	341,199	49.6
female	346,359	50.4

Age		%
under 5 years	40,578	5.9
5 to 9 years	42,684	6.2
10 to 14 years	47,613	6.9
15 to 19 years	52,165	7.6
20 to 24 years	50,756	7.4
25 to 34 years	84,340	12.3
35 to 44 years	85,063	12.4
45 to 54 years	97,831	14.2
55 to 64 years	87,569	12.7
65 to 74 years	57,741	8.4
75 years and over	41,218	6.0
Median age	38.1	male 37.1 female 39.1

Race		%
white	506,966	73.7
black	80,532	11.7
American Indian	1,887	0.3
Asian, Pacific Islander	35,791	5.2
other, multi-racial	62,382	9.1
Hispanic	121,105	17.6

Education (pers. 25+)		%
no high school diploma	40,645	9.1
high school graduate	121,742	27.2
some college	138,465	30.9
college degree	93,723	20.9
graduate/professional	53,406	11.9

Employment (pers. 16+)		%
in civilian labor force	356,702	69.7
employed	334,814	93.9
unemployed	21,888	6.1
in Armed Forces	171	0.0
not in labor force	154,754	30.2

Households	241,370	%
families	179,985	74.6
non-families	61,385	25.4
with persons under 18	92,443	38.3
1 person households	51,777	21.5
2 person households	73,812	30.6
3-4 person households	81,408	33.7
5+ person households	34,373	14.2
Household size	2.81	Family size 3.24

Household income		%	cum %
under \$15,000	14,905	6.2	6.2
\$15,000 - 24,999	15,945	6.6	12.8
\$25,000 - 34,999	15,459	6.4	19.2
\$35,000 - 49,999	25,448	10.5	29.7
\$50,000 - 74,999	39,214	16.2	46.0
\$75,000 - 99,999	36,475	15.1	61.1
\$100,000 - 124,999	29,183	12.1	73.2
\$125,000 - 149,999	18,737	7.8	80.9
\$150,000 - 199,999	23,498	9.7	90.7
\$200,000 and over	22,506	9.3	100.0

	Median	Average
Household income	\$81,105	\$101,416
Family income	\$95,143	\$116,015
Non-family income	\$44,164	\$58,611

Vehicles available		%
without vehicle	8,939	3.7
1 vehicle available	61,112	25.3
2 vehicles available	110,107	45.6
3+ vehicles available	61,212	25.4
vehicles/household	2.02	

Density	
households per sq. mile	288
household population per sq. mile	811

Housing units	248,517	%
owner occupied	199,481	80.3
renter occupied	41,889	16.9
vacant units	7,147	2.9

2020 Demographics in brief

DuPage County

Page 1 of 1

DuPage, IL
(County 17043)

Population	942,376	%
in households	930,235	98.7
in families	755,088	80.1
in non-families	175,147	18.6
in group quarters	12,141	1.3
noninstitutional GQ	6,089	0.6
under age 18	206,256	21.9
male	462,799	49.1
female	479,577	50.9

Households	356,896	%	
families	243,698	68.3	
non-families	113,198	31.7	
with persons under 18	112,221	31.4	
1 person households	95,828	26.9	
2 person households	111,764	31.3	
3-4 person households	109,503	30.7	
5+ person households	39,801	11.2	
Household size	2.61	Family size	3.10

Age		%
under 5 years	54,084	5.7
5 to 9 years	55,026	5.8
10 to 14 years	57,897	6.1
15 to 19 years	63,300	6.7
20 to 24 years	64,050	6.8
25 to 34 years	118,218	12.5
35 to 44 years	116,594	12.4
45 to 54 years	123,963	13.2
55 to 64 years	126,769	13.5
65 to 74 years	92,288	9.8
75 years and over	70,187	7.4
Median age	40.0	male 38.4 female 41.5

Household income		%	cum %
under \$15,000	21,222	5.9	5.9
\$15,000 - 24,999	21,447	6.0	12.0
\$25,000 - 34,999	24,916	7.0	18.9
\$35,000 - 49,999	38,342	10.7	29.7
\$50,000 - 74,999	53,740	15.1	44.7
\$75,000 - 99,999	48,210	13.5	58.2
\$100,000 - 124,999	39,098	11.0	69.2
\$125,000 - 149,999	25,882	7.3	76.5
\$150,000 - 199,999	34,519	9.7	86.1
\$200,000 and over	49,520	13.9	100.0

	Median	Average
Household income	\$84,161	\$118,072
Family income	\$104,265	\$142,244
Non-family income	\$47,902	\$66,033

Race		%
white	703,099	74.6
black	49,938	5.3
American Indian	2,796	0.3
Asian, Pacific Islander	107,688	11.4
other, multi-racial	78,855	8.4
Hispanic	146,232	15.5

Vehicles available		%
without vehicle	13,295	3.7
1 vehicle available	112,066	31.4
2 vehicles available	160,369	44.9
3+ vehicles available	71,166	19.9
vehicles/household	1.88	

Education (pers. 25+)		%
no high school diploma	48,264	7.5
high school graduate	123,506	19.3
some college	169,228	26.4
college degree	183,541	28.6
graduate/professional	116,875	18.2

Density	
households per sq.mile	1,090
household population per sq.mile	2,840

Employment (pers. 16+)		%
in civilian labor force	511,217	70.7
employed	483,248	94.5
unemployed	27,969	5.5
in Armed Forces	388	0.1
not in labor force	211,277	29.2

Housing units	366,158	%
owner occupied	264,537	72.2
renter occupied	92,359	25.2
vacant units	9,262	2.5

2020 Demographics in brief

'14 Counties (1:100T)

Page 1 of 1

Kendall, IL
(County 17093)

Population	115,471	%
in households	115,263	99.8
in families	98,908	85.7
in non-families	16,355	14.2
in group quarters	208	0.2
noninstitutional GQ	35	0.0
under age 18	31,288	27.1
male	57,180	49.5
female	58,291	50.5

Households	41,855	%	
families	31,632	75.6	
non-families	10,223	24.4	
with persons under 18	17,352	41.5	
1 person households	8,437	20.2	
2 person households	14,413	34.4	
3-4 person households	13,546	32.4	
5+ person households	5,459	13.0	
Household size	2.75	Family size	3.13

Age		%
under 5 years	7,833	6.8
5 to 9 years	8,355	7.2
10 to 14 years	9,029	7.8
15 to 19 years	9,024	7.8
20 to 24 years	7,983	6.9
25 to 34 years	13,652	11.8
35 to 44 years	16,355	14.2
45 to 54 years	16,749	14.5
55 to 64 years	12,655	11.0
65 to 74 years	8,067	7.0
75 years and over	5,769	5.0
Median age	36.2	male 35.4 female 36.9

Household income		%	cum %
under \$15,000	1,752	4.2	4.2
\$15,000 - 24,999	1,712	4.1	8.3
\$25,000 - 34,999	2,162	5.2	13.4
\$35,000 - 49,999	4,140	9.9	23.3
\$50,000 - 74,999	7,202	17.2	40.5
\$75,000 - 99,999	7,240	17.3	57.8
\$100,000 - 124,999	5,632	13.5	71.3
\$125,000 - 149,999	3,837	9.2	80.5
\$150,000 - 199,999	4,808	11.5	91.9
\$200,000 and over	3,370	8.1	100.0

	Median	Average
Household income	\$87,187	\$105,109
Family income	\$100,970	\$117,426
Non-family income	\$59,268	\$66,998

Race		%
white	94,604	81.9
black	7,176	6.2
American Indian	343	0.3
Asian, Pacific Islander	3,807	3.3
other, multi-racial	9,541	8.3
Hispanic	20,111	17.4

Vehicles available		%
without vehicle	700	1.7
1 vehicle available	9,500	22.7
2 vehicles available	21,411	51.2
3+ vehicles available	10,244	24.5
vehicles/household	2.08	

Education (pers. 25+)		%
no high school diploma	5,246	7.2
high school graduate	18,684	25.6
some college	23,920	32.7
college degree	16,636	22.8
graduate/professional	8,583	11.7

Density	
households per sq.mile	131
household population per sq.mile	360

Employment (pers. 16+)		%
in civilian labor force	63,509	74.7
employed	60,022	94.5
unemployed	3,487	5.5
in Armed Forces	142	0.2
not in labor force	21,372	25.1

Housing units	43,047	%
owner occupied	35,777	83.1
renter occupied	6,078	14.1
vacant units	1,192	2.8

Exhibit C

Letter of Steve Kroll, Alden CFO, regarding Financial Viability of Project



THE ALDEN GROUP, LTD
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 6646
(773) 286-3883

March 9, 2016

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761-1146

RE: Alden Estates-Courts of New Lenox; Project No. 15-051
Alden New Lenox, LLC

Dear Ms. Avery:

As does the Review Board, we at Alden also look very closely at the financial viability of every Project we prepare. Similarly, all of our Projects are intended to meet HUD financing criteria. Consequently, we structure all Projects to meet the HUD lending requirements and have similarly structured this Project to satisfy those requirements. I am writing this letter to address the Staff and Board's concerns over the failure of the Project to meet certain financial viability ratios in the Application for Permit.

The project consists of two entities which are Alden Estates-Courts of New Lenox, Inc. ("the Operator") and Alden New Lenox, LLC ("Real Estate"). Individually these entities do not meet certain of the viability ratios as established by the Board. However, in determining the financial viability of the project, I believe that the project should be viewed as a whole since both entities are under common Control. We appreciate that the Review Board staff has similarly presented the combined ratios as part of the Board report. Therefore, I will limit my comments to the viability ratios of the combined entities specifically the days cash on hand and cushion ratio.

Proven Record

Although this is a new Project with new corporate entities, the parent, The Alden Group, Ltd., is neither new to the Review Board nor to long term care services. I am pleased to let you know that each Project we have brought before the Review Board has been successful in obtaining financing. We have never had a Project that did not proceed to completion and every facility we constructed continues to operate today.

In looking at financial ratios, in many cases the Review Board standards look at the same items as Alden does internally. Interestingly, HUD looks at some, but not all, of the same criteria. However, the primary negatives, are ones that HUD does not even use in evaluating financial viability.



Cash on Hand

The project's combined cash on hand is 35.57 days which falls below the Board's standard of 45 days. This would require additional cash on hand of approximately \$360,000. I want to point out that our projections show that we expect to reduce our initial working capital line by approximately \$628,000 during year 3. If we elected to defer these payments, we would meet this ratio. However, interest expense would increase by approximately \$25,000 making the project less profitable.

For the year just ended our average days receivable outstanding for our existing facilities is approximately 67 days. This is largely due to payment delays from the Illinois Department of Public Aid and the new Medicaid Managed Care Insurance providers. For the proposed project, we expect this number to be lower. However, we project that it will equate to 42 days and over \$2,000,000 in outstanding receivables.

Cushion Ratio

The combined cushion ratio of this project is .91. This means that we are projecting the project will have almost one year's worth of cash reserves whereas the state standard requires three years' of reserves. In order to meet this standard the project would need to have a cash reserve balance of approximately \$4.5 million on hand at the end of the year which would require an additional equity contribution of over \$3 million. Our financing through HUD does not require this type of reserve nor to my knowledge does any type of financing. It is an inefficient and costly use of capital. The most critical ratio to a lender is the debt service coverage ratio. The project's ratio of 2.52 is well above the state standard of 1.5 and well above the minimum required by HUD.

Conclusion

We believe the project meets the critical viability ratios to support this project which are the Net Margin, Current Ratio, Debt Coverage Ratio and Debt to Equity Ratio. The cost of complying with the cushion ratio is not economically feasible or an efficient use of cash. The project combined financial ratios meet the requirements used by our primary lender to support the financing of this project. Alden has used this method of financing to acquire, build and operate 27 projects with approximately \$300 million in mortgage financing.

Sincerely yours,

THE ALDEN GROUP, LTD

Steven M Kroll, CPA
Chief Financial Officer

Exhibit D

Excerpts for the Illinois Task Force on Health Planning and Planning Act showing Legislative
Direction to Review Board for LTC Continuum of Care and Alternative Services

The Illinois Task Force on Health Planning Reform

Pursuant to
Public Act 095-0005

Co-chairs:

Senator Susan Garrett, *Co-Chair*

Representative Lisa Dugan, *Co-Chair*

- 57) Since "charity care" is currently defined as "care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer" under Section 3 of the Act (20 ILCS 3960/3), Safety Net Impact Statements should include a certification for the three fiscal years prior to the application to the Illinois Health Facilities Planning Board of the amount of charity care provided by the applicant. Such amounts should be calculated by hospital applicants in accordance with the reporting requirements for charity care set forth in Section 20 (a)(3) of the Community Benefits Act, 210 ILCS 76/20 (a)(3), i.e., the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services. Non-hospital applicants should also report charity care at cost rather than charges in accordance with an appropriate methodology specified by IHFPB.
- 58) Safety Net Impact Statements should include a certification for the three fiscal years prior to the application to the Illinois Health Facilities Planning Board of the amount of care provided to Medicaid patients. Such amounts should be reported by hospital and non-hospital applicants by providing the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" and published by IDPH in the Annual Hospital Profile.
- 59) In addition to data provided on charity care and care provided to Medicaid patients, the applicant may provide in its Safety Net Impact Statement information regarding teaching, research and any other service provided by the applicant that it believes is directly relevant to the safety net.
- 60) The State Agency Report shall include a statement as to whether a Safety Net Impact Statement was filed by the applicant and whether it included the information described in paragraphs 57, 58 and 59 above, the names of the parties submitting Responses and the number of Responses and Replies, if any, that were filed.

Long Term Care

- 61) Require the Center for Comprehensive Health Planning to conduct a special analysis regarding the availability of long term care resources throughout the state, taking into consideration data and plans developed under the Older Adult Services Act, to adjust existing bed-need criteria and standards for changes in utilization of both institutional and non-institutional care, with special consideration of the availability of least-restrictive care options, when appropriate and in accordance with the needs and preferences of the persons requiring long term care.
- 62) Establish a separate set of rules and guidelines for long term care that recognize that nursing homes are a different business line and service model. In the revision of planning criteria and standards consider the fact that nursing homes have a significant number of open beds, as well as the transitional nature of Medicare skilled clientele. An open and transparent process should be developed that looks at the following: how skilled nursing fits into the continuum of care; other care providers who are licensed under the skilled nursing criteria; encouraging modernization, more private rooms and development of alternative services; and current trends (such as resident focused care) in the provision of long-term care services.

- 63) Adopt language under the CON process that allows for Continuing Care Retirement Communities (CCRC) to have CON application fees apply only to the licensed sections of the campus, not the unlicensed portions.

Reform of the Illinois Health Facilities Planning Board – Organizational Structure

- 64) In order to transition to a new focus on health planning and setting new criteria and standards by which CON projects are evaluated, the (reformed) CON Board – the Illinois Health Facilities and Services Review Board -- membership shall be increased from 5 to 9 members appointed by the Governor from a list of 3 nominees per office developed by the Special Nomination Panel. Appointments to the Board shall be subject to the advice and consent of the Illinois Senate. (See Attachment for the Special Nomination Panel.)
- 65) All members to be appointed shall have a reasonable knowledge of the practice, procedures and principles of the health care delivery system in Illinois. At least five (5) of the members of the CON Board should have knowledge about health care delivery systems, health systems planning, finance, or the management of health care facilities that are currently regulated under the Illinois Health Facilities Planning Act. At least one (1) of the members shall be a representative of a non-profit health care consumer advocacy organization. Each member shall be a resident of Illinois. At least 4 members shall reside outside of the Chicago Metropolitan Statistical Area. Appointments should reflect the ethnic, cultural and geographic diversity of the State of Illinois.
- 66) No more than 5 members of the CON Board may be from the same political party at the time of appointment.
- 67) The Special Nomination Panel shall nominate 3 nominees to Chair the CON Board on a full-time basis who will receive an annual salary to be determined. The Chair must have expertise in health care delivery system planning, finance or management of health care facilities that are regulated under the Illinois Health Facilities Planning Act. This appointment shall also be subject to the advice and consent of the Illinois Senate.
- 68) CON Board members (other than the Chair) shall be paid a part-time salary at a rate to be determined, and the Chairman shall be paid an additional amount to be determined per year to compensate for the additional duties required of that full-time position. Additional duties for the Chair include review of Board member performance on an annual basis. The Board shall report on the attendance record of members annually to the General Assembly. Each unexcused absence from a scheduled meeting of the full Board will result in a \$500 deduction from the annual salaries, which may be pro-rated over the period of 4 regularly-scheduled pay periods.
- 69) Five members of the CON Board will constitute a quorum. The affirmative vote of 5 appointed members is required for approval of a project application. Terms of new CON Board members will be staggered. Four (4) of the initial appointments will be for two year terms, and 5 will be appointed for 3-year terms. After the initial terms, all members may serve for three year terms. Members cannot serve for more than 3 terms. Members whose terms have expired may only serve up to 6 additional months or until a successor has been appointed and qualified, whichever comes first.

AN ACT concerning State government.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The Open Meetings Act is amended by changing Section 1.02 as follows:

(5 ILCS 120/1.02) (from Ch. 102, par. 41.02)

Sec. 1.02. For the purposes of this Act:

"Meeting" means any gathering, whether in person or by video or audio conference, telephone call, electronic means (such as, without limitation, electronic mail, electronic chat, and instant messaging), or other means of contemporaneous interactive communication, of a majority of a quorum of the members of a public body held for the purpose of discussing public business or, for a 5-member public body, a quorum of the members of a public body held for the purpose of discussing public business.

Accordingly, for a 5-member public body, 3 members of the body constitute a quorum and the affirmative vote of 3 members is necessary to adopt any motion, resolution, or ordinance, unless a greater number is otherwise required.

"Public body" includes all legislative, executive, administrative or advisory bodies of the State, counties, townships, cities, villages, incorporated towns, school

the meeting in which a final decision has been made. A "final decision" for purposes of this Act is the decision to approve or deny an application, or take other actions permitted under this Act, at the time and date of the meeting that such action is scheduled by the Board. The staff of the State Board shall prepare a written copy of the final decision and the State Board shall approve a final copy for inclusion in the formal record.

(12) Require at least one of its members to participate in any public hearing, after the appointment of the 9 members to the Board.

(13) Provide a mechanism for the public to comment on, and request changes to, draft rules and standards.

(14) Implement public information campaigns to regularly inform the general public about the opportunity for public hearings and public hearing procedures.

(15) Establish a separate set of rules and guidelines for long-term care that recognizes that nursing homes are a different business line and service model from other regulated facilities. An open and transparent process shall be developed that considers the following: how skilled nursing fits in the continuum of care with other care providers, modernization of nursing homes, establishment of more private rooms, development of alternative services, and current trends in long-term care services. The Chairman of the Board shall appoint a permanent Health Services Review Board Long-term Care

*

SB1905 Re-Enrolled

LRB096 11268 RLJ 21693 b

Facility Advisory Subcommittee that shall develop and recommend to the Board the rules to be established by the Board under this paragraph (15). The Subcommittee shall also provide continuous review and commentary on policies and procedures relative to long-term care and the review of related projects. In consultation with other experts from the health field of long-term care, the Board and the Subcommittee shall study new approaches to the current bed need formula and Health Service Area boundaries to encourage flexibility and innovation in design models reflective of the changing long-term care marketplace and consumer preferences. The Board shall file the proposed related administrative rules for the separate rules and guidelines for long-term care required by this paragraph (15) by September 1, 2010. The Subcommittee shall be provided a reasonable and timely opportunity to review and comment on any review, revision, or updating of the criteria, standards, procedures, and rules used to evaluate project applications as provided under Section 12.3 of this Act prior to approval by the Board and promulgation of related rules.

(Source: P.A. 93-41, eff. 6-27-03; 94-983, eff. 6-30-06.)

(20 ILCS 3960/12.2)

(Section scheduled to be repealed on July 1, 2009)

Sec. 12.2. Powers of the State Board staff ~~Agency~~. For purposes of this Act, the staff ~~Agency~~ shall exercise the following powers and duties: