

PROJECT HEARING REPORT

Project: 15-056, Transitional Care of Lisle

March 15, 2016

On March 14, 2016, Board Staff (Morado and Mitchell) conducted a public hearing for Project 15-056, Transitional Care of Lisle. The hearing was held at 1:30 p.m. at Lisle Village Hall, 925 Burlington Avenue, Illinois, Illinois 60532. Board member Brad Burzynski was in attendance.

Individuals who registered their attendance at the hearing:

Support: 1

Opposed: 4

Neutral: 0

Individuals who registered to provide written or oral testimony at the hearing:

Support: 22

Opposed: 4

Neutral: 0

Total individuals registered: 36

Number of letters received:

Support: 21

Oppose: 0

Neutral: 0

Transitional Care of Life 1:30 pm

Appearance

Support | (1)
Oppose |||| (4)

Testimony

Support |||| (4) || (22)
Oppose |||| (4)

Written

Support |||| |||| ||||
Oppose 0



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Transitional Care of Lisle - Lisle

Project Number: 15-056

I. IDENTIFICATION
Name (Please Print) Brad Wilson
City Western Springs State IL Zip 60558
Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
 Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Transitional Care of Lisle - Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Ristin Thum

City Chicago State IL Zip 60643

Signature Ristin Thum

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Burgess Square Healthcare

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/7/2016



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Transitional Care of Lisle - Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) MIKE HENSLEY

City LA GRANGE State IL Zip 60525

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

BURRIS SQUARE

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Transitional Care of Lisle - Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) MARK WENDLER

City MAPERVILLE State IL Zip 60563

Signature 

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/7/2016



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Transitional Care of Lisle - Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print)

Christopher Vangel

City

Naperville

State

IL

Zip

60563

Signature

[Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

3/7/2016



1

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Tony Budz,kowski

City Lisle State IL Zip 60532

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Village of Lisle

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



2

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Lorraine Tavonli

City Panthers Grove State IL Zip 60515

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ind

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Mike Favorski

City Downers Grove State IL Zip 60515

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ind

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Ashley Duncan

City Plainfield State IL Zip 60586

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ind

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Mark Mullen

City Plainfield State IL Zip 6

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ind

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



6

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Christy Langsch

City Darien State IL Zip 60561

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



7

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Jarrod Anselich

City Darien State IL Zip _____

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



8

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Nate Wilson

City Westmont State IL Zip 60559

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Mike Barry

City Willowbrook State IL Zip 60527

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



10

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Dean Norman

City Darien State IL Zip 60561

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



11

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) David Isaacson

City Darien State IL Zip 60561

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Jim Bondi

City Bolingbrook State IL Zip _____

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



13

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Landan Jauner

City Countryside State IL Zip _____

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Paul Hoel

City Willowbrook State IL Zip 60527

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Robert O'Brien

City Darien State IL Zip 60561

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



16

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Kathy Christensen

City Naperville State IL 15-0565

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Doug Christensen

City Naperville State IL Zip 60565

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



18

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Jodi Kohnen

City Lisle State IL Zip 60532

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Kurt Christian

City Lisle State IL Zip 60532

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Ind

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Brian Aoch

City Riverwoods State IL Zip 60015

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

applicant

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Michael Lambke

City Willowbrook State IL Zip 60527

Signature _____

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Anne Robini

City Westmont State IL Zip 60559

Signature Anne C. Robini

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Burgess Square

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) GIDEON HAYNES W

City Aurora State IL Zip 60504

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MONAHE LANDOW. NAPERVILLE, IL 60563

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) FRED BERKOVITS

City CHICAGO State IL Zip 60659

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

BRIA of Westmont

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



26

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION

Name (Please Print) Alan Itzkowitz

City Buffalo Grove State IL Zip 60089

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



27

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Transitional Care of Lisle – Lisle

Project Number: 15-056

I. IDENTIFICATION
Name (Please Print) Jennifer Davis

City Naperville State IL Zip 60563

Signature [Handwritten Signature]

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Community Nursing + Rehab Center

III. POSITION (please circle appropriate position)

Support

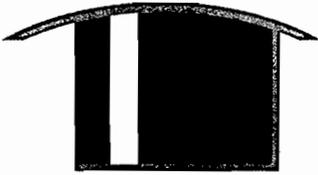
Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



Innovative Health

Hello. My name is Brian Cloch, I am one of the principals of Innovative Health, the company proposing to develop Transitional Care of Lisle. I have personally worked in the healthcare industry for 35 years and along with my partners we have in excess of 80 years combined experience. We are at a pivotal point in transforming not only how healthcare is delivered, but how it is delivered in a cost effective manner. Our ability to receive high quality healthcare services should not be restricted to any subset of the population.

The idea for this project came to me when my father-in-law was recovering from hip replacement surgery in a traditional nursing home. Although his care was adequate, he was very unhappy with the environment, from the accommodations, to the food, to the shared bathrooms, to the general institutional atmosphere. Having worked in the healthcare industry for years, I knew there ought to be a solution that better met his and his generation's needs.

Researching the subject, I found an alternative in many other states called Transitional Care. Transitional Care is offered in a purpose-built, stand-alone, short-term stay rehabilitation center. Unlike more institutional care models, some of which I still operate today, Transitional Care feels more like a spa, hotel and medically-based fitness/physical rehab center in one centralized location. It specializes exclusively in

6400 Shafer Ct. #600

Rosemont, IL 60018

inhealth.biz



Innovative Health

offering the finest in rehabilitation services to help patients bridge the distance between hospital and home.

Transitional Care is a very popular choice right now because it helps answer some of the concerns that healthcare reform raises. At the same time it also speaks to the customer-centric care that the growing and aging Baby Boom population will demand. I'm very excited to bring this kind of innovation and choice to Lisle and the surrounding areas.

This post-acute care center, unlike other facilities that primarily focus on providing long-term care for the aged, will provide a healthy balance of the finest in patient rooms and amenities, treatment protocols and highly skilled care along with the comfort and convenience of a non-institutional, alternative setting. It will offer primarily private rooms with private baths, home-like furnishings, comfortable accommodations for guests, restaurant-style dining options, thoughtful conveniences to minimize disruption allowing for privacy, and dedicated clinical expertise that focuses exclusively on post-hospital care rehabilitation.

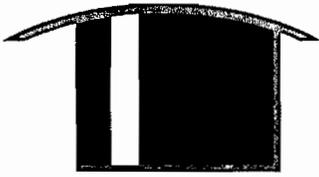
Transitional Care of Lisle is NOT another nursing home. Rather, our objective is to reinvent the post-acute care, or post-hospitalization, short-term stay experience.

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Rosemont, IL 60018

inhealth.biz

Transforming the healthcare experience 312.982.1717



Innovative Health

Currently, Lisle residents have no choice but to go to a traditional, mixed-use, nursing home for post-hospitalization rehabilitation services. Transitional Care of Lisle will bring jobs. At full census, Transitional Care of Lisle will offer over 100 new jobs to the community. Transitional Care of Lisle will generate tax dollars, both real estate and local tax revenue as the proposed site is currently vacant. Transitional Care of Lisle will provide quality rehabilitative care to all people and all payor sources.

The need for Transitional Care of Lisle was further affirmed when the Illinois Health Facilities and Service Review Board, the sole authority having jurisdiction over licensing these facilities, published the bed need for this area. The current published bed need is for 136 beds and Transitional Care of Lisle will meet half of that demand.

Lastly, none of us are getting younger but it will come as no surprise to any of us that our population is aging. The Baby Boomers are hitting the time of their life where, like it or not, the need for these services increases. It behooves us all to begin preparing today for this age wave's needs and demands. Our goal as we age should not simply be to live longer, but to live longer and healthier. Transitional Care of Lisle is one piece of that puzzle in the game of life.

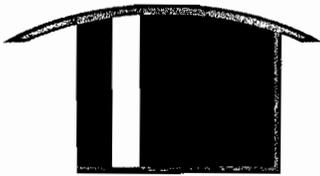
6400 Shafer Ct. #600

Rosemont, IL 60018

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Transforming the healthcare experience

312.982.1717



Innovative Health

In closing, I want to talk about the future of healthcare. There is a stated, documented and published need for far more of these beds in the planning area than Transitional Care of Lisle will even begin to address in the near future. In addition to the supply and demand, one also needs to consider the changing healthcare environment. Healthcare reform changes our norm. Shorter hospital length of stays and an increase in outpatient procedures will continue to result in discharging people "sicker and quicker," thereby driving an increased need for high-quality, short-term, high-acuity, post-acute care. At a time when money is scarce, costs are soaring and our nation is aging, we need to explore cost-effective, customer-centric and innovative alternatives to healthcare's current status quo.

Transitional Care of Lisle offers an alternative choice. It offers quality. It offers cost savings. It offers what the local community needs and deserves.

Transitional Care is the model of the future and the future in NOW. Hospitals know it. Doctors know it. Insurers know it. Local area residents and healthcare professionals who signed letters of support for this needed Lisle project know it. Innovative Health is passionate about the opportunity to bring this innovative model to Lisle to further round out the fine complement of medical services offered in the community. Please vote in favor of bringing innovation to Lisle.

Thank you.

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Rosemont, IL 60018

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Transforming the healthcare experience

312.982.1717



March 10, 2016

Mr. Brad Haber
Innovative Health, LLC
3300 Warrenville Road, Ste. 200
Lisle, IL 60532

RE: **Transitional Care of Lisle**
2850 Ogden Avenue
Lisle, IL

Dear Brad,

In response to your request concerning the Health Facilities and Services Review Board, I would like to confirm that Lisle staff is recommending approval of the Transitional Care of Lisle zoning application for the project located at 2850 Ogden Avenue. This recommendation will be forwarded to the Lisle Planning and Zoning Commission at their meeting on March 16th and sent to the Lisle Mayor and Board of Trustees at a subsequent Board meeting. The 74 bed short-term rehabilitation facility is intended to provide in-patient rehabilitation services to bridge the gap between the hospital and home and I believe this to be a good addition to the community.

The subject property was originally subdivided in 1966 and has remained vacant and unimproved for the last 50 years. The Innovative Health proposal will help to improve the 3.46-acre property with a 50,800 SF medical service facility that will complement existing retail, restaurants and services uses along Ogden Avenue in Lisle. The resulting new construction jobs, 100 full-time health care employees and visitors to this institution will also assist in providing a positive economic impact by introducing more diners, shoppers and customers to our community.

I'm looking forward to working with you in the future. I hope that this information is helpful.

Sincerely,

Tony Budzikowski
Community & Economic Development Director

Cc: Gerald Sprecher, VOL



925 Burlington Avenue ■ Lisle, Illinois 60532-1838 ■ www.villageoflisle.org
Business Office/General: 630-271-4100 ■ 630-271-4104 Fax ■ 630-271-4142 TDD
Community Development: 630-271-4150 Economic Development: 630-271-4148
Police Administration: 630-271-4200 Public Works: Administration/Engineering 630-271-4170 Operations 630-271-4118

Testimony of Lorraine Yavorski
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Lorraine Yavorski and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. It will provide a high quality post-hospitalization care alternative with a specialized focus on short-term rehabilitation. It will have higher nursing staff ratios than traditional skilled nursing facilities, which will translate to better response times, higher patient satisfaction and better overall care.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

LORRAINE YAVORSKI

NAME

1071 CANTONWOOD DRIVE, DOWNERS GROVE, IL 60515

ADDRESS

March 11, 2016

DATE

Testimony of MIKE YAVORSKI
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Mike Yavorski, and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. Its state of the art physical plant will have a rehabilitation focus, with a large therapy room and state of the art equipment. To further promote recovery, the proposed skilled nursing facility will include private rooms with attached bathrooms. Private rooms give patients the privacy they need for bedside consultations and family visits and have been shown to improve sleep, reduce stress, promote healing, and shorten stays.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

MIKE YAVORSKI
NAME

1071 Candlewood Drive
ADDRESS Downers Grove, IL 60515

March 11, 2016
DATE

Testimony of Ashley Duncan
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Ashley Duncan, and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

Ashley Duncan
NAME

4805 Lobelia Ct. Plainfield, IL 60586
ADDRESS

3/11/16
DATE

Testimony of _____
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is MARK MULLAN, and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.


NAME

6904 Lembi Ct. Plainfield IL.
ADDRESS

3.11.16
DATE

Testimony of Kurt Christiansen
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Kurt Christiansen and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

Kurt Christiansen
NAME

4317 Ivanhoe Ave Lisle, IL 60532
ADDRESS

3/11/16
DATE

Testimony of _____
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Michael Lambke, and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. Its state of the art physical plant will have a rehabilitation focus, with a large therapy room and state of the art equipment. To further promote recovery, the proposed skilled nursing facility will include private rooms with attached bathrooms. Private rooms give patients the privacy they need for bedside consultations and family visits and have been shown to improve sleep, reduce stress, promote healing, and shorten stays.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

Michael & Helena Lambke



NAME

7815 Eleanor Place

ADDRESS

Willowbrook, IL 60527



DATE 03/09/2016

Testimony of _____
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Christy Langosh and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

Christy Langosh
NAME

1106 Tamarack Dr. Darien, IL 60521
ADDRESS

3/10/16
DATE

Testimony of JARRO AMOSCH
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is JARRO AMOSCH and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

Jarro Amosch
NAME
502 Holly Ave DARIEN
ADDRESS
3/10/16
DATE

Testimony of NATE WOLKOW
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is NATE WOLKOW, and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

NATE WOLKOW
NAME

~~888~~ SADAMS WESTMONT, 60559
ADDRESS

3/10/16
DATE

Testimony of Mike Barry
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Mike Barry, and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

Mike Barry
NAME

8280 TENNESSEE WILLOWBROOK IL 60527
ADDRESS

3/10/16
DATE

Testimony of DEAN NORMAN
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is DEAN NORMAN, and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

DEAN NORMAN
NAME

1622 HEATHER LANE DARIEN, IL 60561
ADDRESS

3/10/16
DATE

Testimony of DAVID ISAACSON
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is DAVID ISAACSON and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

DAVID ISAACSON
NAME

17W545 EARL CT DARIEN 60561
ADDRESS

3/10/16
DATE

Testimony of Jim Bondi
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Jim Bondi, and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

Jim Bondi
NAME

1060 Rain Tree Bolingbrook IL
ADDRESS

3.10.16
DATE

Testimony of Landon Joiner
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Landon Joiner, and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

Landon Joiner
NAME

7020 Hilldale Rd Countryside IL
ADDRESS

3-10-16
DATE

Testimony of Paul Noel
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is PAUL, and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. The facility will specialize in post-hospitalization short-term rehabilitation. It will feature private rooms, comfortable accommodations for family and guests, and high-end amenities all designed to promote comfort, healing and overall well-being.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

Paul Noel
NAME

6443 Clarendon Hills Rd Unit 301C Willowbrook IL
ADDRESS
60527

3/10/16
DATE

Testimony of Robert O'Brien
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Robert O'Brien and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

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The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

Robert O'Brien
NAME

1153 Lucebark Cr.
ADDRESS

Darien, IL 60561
DATE

Testimony of Kathy Christiansen
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Kathy Christiansen and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. Its state of the art physical plant will have a rehabilitation focus, with a large therapy room and state of the art equipment. To further promote recovery, the proposed skilled nursing facility will include private rooms with attached bathrooms. Private rooms give patients the privacy they need for bedside consultations and family visits and have been shown to improve sleep, reduce stress, promote healing, and shorten stays.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.



NAME

85541 Boundary Hill Road, Naperville, IL 60565

ADDRESS

March 11, 2016

DATE

Testimony of Doug Christiansen
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Doug Christiansen, and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

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The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.



NAME

85541 Boundary Hill Road, Naperville

ADDRESS

March 11, 2016

DATE

Testimony of Jodi Kohner
Transitional Care of Lisle (Proj. No. 15-056)
HFSRB Public Hearing
March 14, 2016

My name is Jodi Kohner, and I support Transitional Care of Lisle's application to establish a 68 bed skilled nursing facility in Lisle, Illinois. There is currently a need for 138 skilled nursing beds in the planning area of the proposed Transitional Care of Lisle, and this project will address the need for additional skilled nursing beds.

Transitional Care of Lisle will be unlike other skilled nursing facilities in the area. It will provide a high quality post-hospitalization care alternative with a specialized focus on short-term rehabilitation. It will have higher nursing staff ratios than traditional skilled nursing facilities, which will translate to better response times, higher patient satisfaction and better overall care.

The proposed Transitional Care of Lisle will address the current bed need in the planning area and bring high quality rehabilitation therapy to the area. I strongly support Transitional Care of Lisle and urge the Health Facilities and Services Review Board to approve this project.

Jodi Kohner
NAME

4320 IVANHOE AVE Lisle IL 60532
ADDRESS

3-11-16
DATE