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HEALTH FACILITIES & SERVICES REVIEW BOARD

LONG-TERM CARE APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

16-006

DESCRIPTION OF PROJECT

Project Type

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

Narrative Description

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

The Applicants to the project are **The Alden Group, Ltd.** (Parent), **Alden Bartlett, LLC** (owner) and **Alden Estates of Bartlett, Inc.** (operator) and co-Applicant, **Bartlett Investments I, LLC.** The Applicants are proposing the establishment of Alden Estates of Bartlett (Estates), a 68 bed nursing facility. Alden Estates of Bartlett will comprise 63,000 gsf with 83% or 48 private beds rooms.

The Estates, located on 4.8 acres will be a three-story brick and masonry structure with a "main street commons" on the first floor and residents' rooms on the second and third floors. The first floor will offer ancillary services and common area amenities for residents which will include a gourmet café, beauty salon, media room, library/ lounge, activity room as well as a fully equipped occupational and physical therapy area with state of the art services. In addition to the General Long-Term Care services to be provided, the Estates will provide rehabilitation and post-acute programs specializing in; orthopedic, pulmonary, neurologic and respiratory care.

The proposed unit will be certified for both Medicare and Medicaid. As the project is for the establishment of beds and services, the project is considered Substantive in accordance with the rules of the 77IAC, Part 1125.140.

Facility/Project Identification

Facility Name: **Alden Estates of Bartlett**	
Street Address: **Lot 2 on the Artis Senior Living PUD Plan of 6N625 Rte 59 (East Side of Rte 59 South of Apple Valley Dr. North of Congress Dr.)**	
City and Zip Code: **Bartlett, Illinois 60103-1670**	
County: **DuPage County**	Health Service Area: **007** Health Planning Area: **7-C**

Applicant /Co-Applicant Identification

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

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

Type of Ownership (Applicant/Co-Applicants)

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

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

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

Primary Contact

[Person to receive ALL correspondence or inquiries)

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

Additional Contact

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

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

Facility/Project Identification

Facility Name: **Alden Estates of Bartlett**
Street Address: **Lot 2 on the Artis Senior Living PUD Plan of 6N625 Rte 59 (East Side of Rte 59 South of Apple Valley Dr. North of Congress Dr.)**
City and Zip Code: **Bartlett, Illinois 60103-1670**
County: **DuPage County** Health Service Area: **007** Health Planning Area: **7-C**

Applicant /Co-Applicant Identification

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

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

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

Additional Contact

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

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

Facility/Project Identification

Facility Name: **Alden Estates of Bartlett**	
Street Address: **Lot 2 on the Artis Senior Living PUD Plan of 6N625 Rte 59 (East Side of Rte 59 South of Apple Valley Dr. North of Congress Dr.)**	
City and Zip Code: **Bartlett, Illinois 60103-1670**	
County: **DuPage County**	Health Service Area: **007** Health Planning Area: **7-C**

Applicant /Co-Applicant Identification

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

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

Type of Ownership (Applicant/Co-Applicants)

- ☐ Non-profit Corporation
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Primary Contact

[Person to receive ALL correspondence or inquiries)

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

Additional Contact

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

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

Facility/Project Identification

Facility Name: **Alden Estates of Bartlett**	
Street Address: **Lot 2 on the Artis Senior Living PUD Plan of 6N625 Rte 59 (East Side of Rte 59 South of Apple Valley Dr. North of Congress Dr.)**	
City and Zip Code: **Bartlett, Illinois 60103-1670**	
County: **DuPage County**	Health Service Area: **007** Health Planning Area: **7-C**

Applicant /Co-Applicant Identification

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

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

Type of Ownership (Applicant/Co-Applicants)

- ☐ Non-profit Corporation
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- ☒ Limited Liability Company
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- ☐ Governmental
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- ☐ Other

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Primary Contact

[Person to receive ALL correspondence or inquiries)

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

Additional Contact

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

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

Post Permit Contact

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

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: **Alden Bartlett, LLC**
Address of Site Owner: **4200 West Peterson Avenue, Chicago, Illinois 60646**
Street Address or Legal Description of Site: **See legal description appended as ATTACHMENT-2A**
Proof of ownership or control of the site is to be provided as . Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: **Alden Estates of Bartlett, Inc.**
Address: **4200 West Peterson Avenue, Chicago, Illinois 60646**

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

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

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

State Agency Submittals

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

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

☐ All reports regarding outstanding permits

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

CERTIFICATION

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

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

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

SIGNATURE	SIGNATURE
Randi Schullo	Joan Carl
PRINTED NAME	PRINTED NAME
Co-Manager	Co-Manager
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 6 day of January, 2016	Notarization: Subscribed and sworn to before me this 6 day of January, 2016
Signature of Notary	Signature of Notary
OFFICIAL SEAL ANNA GOLDSTEIN NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 02/24/2018 Seal	OFFICIAL SEAL ANNA GOLDSTEIN NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 02/24/2018 Seal

*Insert EXACT legal name of the applicant

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

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

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

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

SIGNATURE	SIGNATURE
Randi Schullo	Joan Carl
PRINTED NAME	PRINTED NAME
Vice President	Vice President
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 6 day of January, 2016	Notarization: Subscribed and sworn to before me this 6 day of January, 2016
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*Insert EXACT legal name of the applicant

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

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

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Randi Schullo	Joan Carl
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*Insert EXACT legal name of the applicant

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

This Section is applicable to ALL projects.

Criterion 1125.320 – Purpose of the Project

READ THE REVIEW CRITERION and provide the following required information:

PURPOSE OF PROJECT

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

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

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

Criterion 1125.330 – Alternatives

READ THE REVIEW CRITERION and provide the following required information:

ALTERNATIVES

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

   Alternative options **must** include:

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

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

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

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

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

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

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

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

SECTION III – BED CAPACITY, UTILIZATION AND APPLICABLE REVIEW CRITERIA

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

Criterion 1125.510 – Introduction

Bed Capacity

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

Indicate bed capacity changes by Service:

Category of Service	Total # Existing Beds*	Total # Beds After Project Completion
☒ General Long-Term Care	0	68
☐ Specialized Long-Term Care		
☐		

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

Utilization

Utilization for the most current CALENDAR YEAR:

Category of Service	Year	Admissions	Patient Days
☒ General Long Term Care	2021	223	22,338
☐ Specialized Long-Term Care			

Applicable Review Criteria - Guide

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

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

GENERAL LONG-TERM CARE

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

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

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

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

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

Modernization	.650(a)	Deteriorated Facilities
	.650(b) & (c)	Documentation
	.650(d)	Utilization
	.600	Bed Capacity
	.610	Community Related Functions
	.620	Project Size
	.630	Zoning
	.800	Estimated Total Project Cost
	Appendix A	Project Costs and Sources of Funds
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SPECIALIZED LONG-TERM CARE

NOT APPLICABLE

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

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

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

NOT APPLICABLE

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

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

SECTION IV - SERVICE SPECIFIC REVIEW CRITERIA

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

BACKGROUND OF APPLICANT

The applicant shall provide:

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

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

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

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

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

Criterion 1125.530 - Planning Area Need

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Historical Service Demand

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

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

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

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

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

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

Continuum of Care:

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

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

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

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

3. The applicant shall demonstrate that:

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

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

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

Defined Population: **NOT APPLICABLE**

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

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

2. The applicant shall document each of the following:

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

   b. The boundaries of the GSA;

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

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

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

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

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

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

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

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

2. Additional documentation required:

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

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

   b. Patient/resident location information by zip code;

   c. Independent time-travel studies;

   d. Certification of a waiting list;

   e. Admission restrictions that exist in area providers;

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

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

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

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

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

Criterion 1125.590 - Staffing Availability

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

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

Criterion 1125.600 Bed Capacity

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

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

Criterion 1125.610 - Community Related Functions

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

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

Criterion 1125.620 - Project Size

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

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

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

Criterion 1125.630 - Zoning

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

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

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

Criterion 1125.640 - Assurances

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

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

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

Criterion 1125.650 - Modernization THIS ITEM IS NOT APPLICABLE

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

   a. High cost of maintenance;

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

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

   d. Additional space for diagnostic or therapeutic purposes.

2. Documentation shall include the most recent:

   a. IDPH and CMMS inspection reports; and

   b. Accrediting agency reports.

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

   a. Copies of maintenance reports;

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

   c. Other pertinent reports and data.

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

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

SPECIALIZED LONG-TERM CARE

NOT APPLICABLE

Criterion 1125.720 - Specialized Long-Term Care – Review Criteria

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

1. **Community Related Functions**

   Read the criterion and submit the following information:

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

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

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

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

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

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

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

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

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

   e. documentation of the availability of community workshops.

3. **Recommendation from State Departments**

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

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

   Read the criterion and submit the following information:

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

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

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

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

NOT APPLICABLE

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

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

5. **Zoning**

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

6. **Establishment of Chronic Mental Illness**

Read the criterion and provide the following:

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

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

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

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

Read this criterion and submit the following information:

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

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

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

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

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

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

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

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

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

SECTION V – FINANCIAL AND ECONOMIC FEASIBILITY REVIEW

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

$ 3,126,852	a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b. Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c. Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
$15,900,000	d. Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1. For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2. For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4. For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5. For any option to lease, a copy of the option, including all terms and conditions.

_____	e.	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f.	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g.	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$19,026,652	TOTAL FUNDS AVAILABLE	

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

Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:	**NO HISTORICAL YEARS**	**OWNER 2021**	**OPERATOR 2021**	**COMBINED 2021**
Current Ratio	**N/A**	**1.55**	**2.57**	**2.27**
Net Margin Percentage	**N/A**	**(20.90%)**	**8.17%**	**5.68%**
Percent Debt to Total Capitalization	**N/A**	**79.67%**	**0.00%**	**74.39%**
Projected Debt Service Coverage	**N/A**	**1.13**	**3.30**	**1.65**
Days Cash on Hand	**N/A**	**15,273**	**31.59**	**51.03**
Cushion Ratio	**N/A**	**0.54**	**2.67**	**1.06**

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and

applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

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

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

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

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

B. Conditions of Debt Financing

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

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

2. That the selected form of debt financing will not be at the lowest net cost available, but is 2.27more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY SERVICE									
Area (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Nursing	$211.82		63,000				$13,344,545		$13,344,545
Contingency	$ 21.18		63,000				$ 1,334,454		$ 1,334,454
TOTALS	$233.00		63,000				$14,678,999		$14,678,999

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

APPENDIX A

Project Costs and Sources of Funds

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

Use of Funds	Clinical	Non-Clinical	Amount
Preplanning Costs	$ 25,587	$ 16,913	$42,500
Site Survey and Soil Investigation	$ 24,082	$ 15,918	$40,000
Site Preparation	$ 361,229	$ 238,771	$600,000
Off Site Work	$ 72,246	$ 47,754	$120,000
New Construction Contracts	$ 8,034,052	$ 5,310,493	$13,344,545
Modernization Contracts	$ -	$ -	$ -
Contingencies	$ 803,405	$ 531,049	$1,334,454
Architectural/Engineering Fees	$ 662,809	$ 438,116	$1,100,925
Consulting and Other Fees	$ 411,957	$ 272,302	$684,259
Movable or Other Equipment	$ 357,127	$ 236,061	$593,188
Bond Issuance Expense	$ 350,572	$ 231,728	$582,300
Net Interest Expense During Construction	$ 321,783	$ 212,698	$534,481
Fair Market Value of Leased Space or Equipment	$ -	$ -	
Other Costs to be Capitalized	$ 30,102	$ 19,898	$50,000
Acquisition of Building or Other Property	$ -	$ -	
Total IDPH Regulated Uses of Funds	**$ 11,454,951**	**$ 7,571,701**	**$19,026,652**
Source of Funds	**Clinical**	**Non-Clinical**	**Total**
Cash and Securities	$ 1,882,393	$ 1,244,259	$3,126,652
Pledges	$ -	$ -	$ -
Gifts and Bequests	$ -	$ -	$
Bond Issues	$ -	$ -	$
Mortgages	$ 9,572,557	$ 6,327,443	$15,900,000
Leases	$ -	$ -	$
Governmental Appropriations	$ -	$ -	$
Grants	$ -	$ -	$
Other Funds and Sources	$ -	$ -	$
Total Sources of Funds	**$ 11,454,951**	**$ 7,571,701**	**$19,026,652**

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

Alden Estates of New Lenox
Support for Project Costs

Other Project Costs:

Line 1: Preplanning Costs		
Preliminary drawings and renderings		$ 20,000
Architechtural Cost Analysis		2,500
Phase-one Environmental Study		5,000
Preliminary Engineering		15,000
	Total	$ 42,500
Site Survey and soil investigation:		
Surveyor costs		$ 25,000
Soil boring and testing		15,000
	Total	$ 40,000
Architectural		$ 1,100,925
Construction Contract		$ 13,344,545
Contingencies		$ 1,334,454
Total Construction Costs		$ 14,678,999
Offsite Work-Curbs and sidewalks	Total	$ 120,000
Site Preparation:		
Utilies, sewers, grading, sitework, & other improvementsgrade		600,000
	Total	$ 600,000
Consulting and other fees:		
Building and other permits		$ 400,000
Appraisal		16,000
CON Consultant		70,000
Illinois Health Facility Planning Board fees		43,698
Illinois Department of Public Health Plan Review		45,459
Zoning and other regulatory		15,000
Legal		40,000
Title and Recording fees		35,000
Audit fees		10,000
	Total	$ 675,157
Other costs to be capitalized:		
Real estate taxes		$ 20,000
Minor Moveables (linens, baking equip, appliances, silverware, etc.)		-
Miscellaneous administrative and clerical costs		26,000
Insurance		15,000
	Total	$ 61,000
Financing fees:		
Mortgage Insurance		$ 118,795
FHA Exam Fees		47,518
FHA Inspection fees		79,198
Financing fees		336,789
	Total	$ 582,300
Moveable and other equipment:		
Major moveable equipment(See list):		$ 593,189
	Total	$ 593,189
SubTotal		18,494,070
Construction Period Interest		534,582
Total		19,028,652

APPENDIX-A1

PROJECT: ALDEN ESTATES OF BARTLETT **PAGE #1**

F.F. & E PRELIMINARY PLANNING BUDGET

DATE: JANUARY 8, 2016

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : RESIDENT ROOM						
1	R/ART-1	68	HEADBOARD ART			$ 50.00	$3,400.00
2	R/ART-2	48	PRIVATE - ACCENT ART			$ 75.00	$3,600.00
3	R/ART-3	48	PRIVATE - ACCENT ART			$ 75.00	$3,600.00
4	R/ART-4	30	PRIVATE - ACCENT ART			$ 100.00	$3,000.00
5	R/ART-5	10	DOUBLE - ACCENT ART			$ 100.00	$1,000.00
6	R/BD-1	68	RESIDENT HEALTHCARE BED			$ 200.00	$13,600.00
7	R/BD-1A	68	HEALTHCARE MATTRESS			$ 50.00	$3,400.00
8	R/BC-1	90	BEDSPREAD			$ 85.00	$7,650.00
9	R/CG-1	68	3-DRAWER NIGHTSTAND			$ 250.00	$17,000.00
10	R/CG-1A	68	NIGHT STAND TOP			$ 100.00	$6,800.00
11	R/CG-2	68	PAIR HEAD / FOOTBOARDS			$ 300.00	$20,400.00
12	R/CG-2A	1	LOT VINYL FOR HEADBOARDS			$ 500.00	$500.00
13	R/CG-3	28	ARMOIRE			$ 450.00	$12,600.00
14	R/CG-3A	40	CUSTOM CLOSET			$ 240.00	$9,600.00
15	R/CG-4	68	TV SURROUND			$ 100.00	$6,800.00
16	R/CG-5	50	4-DRAWER DRESSER W/ BOOKCASE HUTCH			$ 300.00	$15,000.00
17	R/CG-8	48	END TABLES			$ 150.00	$7,200.00
18	R/CG-9	68	OVER BED TABLES			$ 125.00	$8,500.00
19	R/CGI-1	1	INSTALLATION OF FURNITURE			$ 1,000.00	$1,000.00
20	R/EQ-1	48	FLAT SCREEN TVS			$ 300.00	$14,400.00
21	R/EQ-2	20	HOSPITAL GRADE TVS			$ 400.00	$8,000.00
22	R/EQ-3	68	CABLE CORDS/ JUMPERS			$ 15.00	$1,020.00
23	R/L-1	48	END TABLE LAMPS			$ 100.00	$4,800.00
24	R/PC-1	20	PRIVACY CURTAINS & HARDWARE			$ 200.00	$4,000.00
25	R/TB-1	48	TABLE BASE			$ 110.00	$5,280.00
26	R/TP-1	48	TABLE TOP			$ 200.00	$9,600.00
27	R/UPG-1	48	RESIDENT CHAIR / FOOTSTOOL			$ 500.00	$24,000.00
28	R/UPG-1A	1	LOT FABRIC FOR CHAIR / FOOTSTOOL			$ 5,000.00	$5,000.00
29	R/UPG-2	20	SMALL RESIDENT CHAIR			$ 300.00	$6,000.00
30	R/UPG-2A	20	FABRIC FOR SMALL RESIDENT CHAIR			$ 30.00	$600.00
31	R/UPG-3	30	LOVESEAT			$ 350.00	$10,500.00
32	R/UPG-3A	300	FABRIC FOR LOVESEATS			$ 30.00	$9,000.00
33	R/UPG-3B	60	LOVESEAT PILLOWS			$ 20.00	$1,200.00
34	R/UPG-3C	60	PILLOW FABRIC			$ 30.00	$1,800.00
35	R/UPG-4	96	ARM CHAIRS			$ 200.00	$19,200.00
36	R/UPG-4A	96	FABRIC FOR ARM CHAIRS			$ 30.00	$2,880.00
37	R/UPG-5	18	LOUNGE CHAIRS			$ 300.00	$5,400.00
38	R/WT-1	58	WINDOW TREATMENTS + HARDWARE			$ 600.00	$34,800.00
39		1	SATELLITE FOR CABLE TV			$ 500.00	$500.00
40		1	IN HOUSE ENTERTAINMENT CHANNELS			$ 200.00	$200.00
41		1	CABLE EQUIPMENT- LABOR TO WIRE			$ 800.00	$800.00
						SUBTOTAL - RESIDENT ROOM FF&E	**$313,630.00**
	LOCATION : RESIDENT BATHROOM						
1	RB/ART-1	68	MEDICINE CABINET ART			$ 20.00	$1,360.00
2	RB/CG-1	58	BUILT-IN STORAGE SHELVING			$ 100.00	$5,800.00
3	RB/CG-2	40	SHOWER SEAT WITH LEGS			$ 100.00	$4,000.00
4	RB/MIR-1	58	FRAMED MIRROR			$ 100.00	$5,800.00
5	RB/SC-1	40	SHOWER CURTAIN; LINER; & HARDWARE			$ 75.00	$3,000.00
						SUBTOTAL - RESIDENT BATHROOM FF&E	**$19,960.00**
	LOCATION : PUBLIC WASHROOMS/ LOCKER ROOMS/ NURSES LOCKER ROOMS						
1	WR/ART-1	12	ART #1			$ 50.00	$600.00
2	WR/ART-2	12	ART-2			$ 50.00	$600.00
3	WR/EQ-1	5	LOCKERS			$ 400.00	$2,000.00
4	WR/MIR-1	7	FRAMED MIRROR			$ 100.00	$700.00
5	WR/MIR-2	5	FRAMED MIRROR			$ 100.00	$500.00
						SUBTOTAL - PUBLIC WASHROOMS FF&E	**$4,400.00**
	LOCATION : GENERAL OFFICE						
1	O/CG-1	2	42" 5-HIGH LATERALS			$ 500.00	$1,000.00
2	O/CG-2	2	36" 3-HIGH LATERALS			$ 500.00	$1,000.00
3	O/CG-3	1	72" LATERAL FILE TOP			$ 250.00	$250.00
4	O/EQ-1	1	TELEPHONE SYSTEM			$ 2,500.00	$2,500.00
5	O/EQ-2	1	COMPUTER			$ 2,500.00	$2,500.00
						SUBTOTAL - GENERAL OFFICE FF&E	**$7,250.00**
						SUBTOTAL - PAGE #1 FF&E	**$345,240.00**

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APPENDIX-A1

PROJECT: ALDEN ESTATES OF BARTLETT **PAGE #2**

F.F. & E PRELIMINARY PLANNING BUDGET

DATE: JANUARY 8, 2016

	LOCATION : ADMINISTRATOR'S OFFICE						
1	AD/ART-1	1	ADMIN. ART #1			$ 100.00	$100.00
2	AD/ART-2	1	ADMIN. ART #2			$ 100.00	$100.00
3	AD/CG-1	1	ADMINISTRATOR'S DESK			$ 800.00	$800.00
4	AD/CG-2	1	ADMINISTRATOR'S BRIDGE			$ 150.00	$150.00
5	AD/CG-3	1	ADMINISTRATOR'S CREDENZA			$ 600.00	$600.00
6	AD/CG-4	1	BOOKCASE			$ 400.00	$400.00
7	AD/CG-5	1	ADMIN. HUTCH WITH DOORS			$ 550.00	$550.00
8	AD/CG-6	1	ADMIN. TACK BOARD			$ 100.00	$100.00
9	AD/CG-7	1	ADMIN. TASK LIGHT			$ 125.00	$125.00
10	AD/CG-8	1	ADMIN. CONFERENCE TABLE			$ 450.00	$450.00
11	AD/UPG-1	1	ADMIN. DESK CHAIR			$ 350.00	$350.00
12	AD/UPG-2	5	ADMIN. SIDE CHAIR			$ 200.00	$1,000.00
13	AD/WT-1	1	ADMIN. WINDOW TREATMENTS			$ 500.00	$500.00
							$0.00
						SUBTOTAL - ADMINISTRATOR'S OFFICE FF&E	**$5,225.00**
	LOCATION : ADMISSIONS OFFICE						
	TAG	**QTY**	**ITEM**	**MANUFACTURER**	**ITEM #**	**COST PER**	**TOTAL**
1	AM/ART-1	1	ART #1			$ 100.00	$100.00
2	AM/ART-2	1	ART #2			$ 100.00	$100.00
3	AM/ART-3	1	ART #3			$ 100.00	$100.00
4	AM/CG-1	1	DESK			$ 900.00	$900.00
5	AM/CG-2	1	BRIDGE			$ 300.00	$300.00
6	AM/CG-3	1	CREDENZA			$ 900.00	$900.00
7	AM/CG-4	1	HUTCH TOP			$ 500.00	$500.00
8	AM/CG-5	1	DINING TABLE			$ 900.00	$900.00
9	AM/CG-6	1	BUFFET			$ 900.00	$900.00
10	AM/MIR-1	1	MIRROR			$ 250.00	$250.00
8	AM/UPG-1	1	DESK CHAIR			$ 300.00	$300.00
9	AM/UPG-2	6	SIDE CHAIR			$ 300.00	$1,800.00
10	AM/WT-1	1	WINDOW TREATMENTS			$ 500.00	$500.00
						SUBTOTAL - ADMISSIONS OFFICE FF&E	**$7,550.00**
	LOCATION : PERSONNEL OFFICE						
1	P/ART-1	1	ART #1			$ 100.00	$100.00
2	P/ART-2	1	ART #2			$ 100.00	$100.00
3	P/CG-1	1	DESK			$ 840.00	$840.00
4	P/CG-2	1	BRIDGE			$ 225.00	$225.00
5	P/CG-3	1	CREDENZA			$ 600.00	$600.00
6	P/CG-4	1	KEYBOARD TRAY			$ 240.00	$240.00
7	P/CG-5	1	OVERHEAD STORAGE			$ 750.00	$750.00
8	P/CG-6	1	TACK BOARD			$ 100.00	$100.00
9	P/CG-7	1	TASK LIGHT			$ 125.00	$125.00
10	P/UPG-1	1	DESK CHAIR			$ 250.00	$250.00
11	P/UPG-2	2	GUEST CHAIR			$ 225.00	$450.00
						SUBTOTAL - PERSONNEL OFFICE FF&E	**$3,780.00**
	LOCATION :CONFERENCE ROOM						
1	CON/ART-1	1	ART #1			$ 125.00	$125.00
2	CON/ART-2	1	ART #2			$ 125.00	$125.00
3	CON/ART-3	1	ART-3			$ 200.00	$200.00
4	CON/ART-4	1	ART-4			$ 200.00	$200.00
5	CON/CG-1	1	CREDENZA			$ 500.00	$500.00
6	CON/TB-1	1	CONFERENCE TABLE BASES			$ 450.00	$450.00
7	CON/TP-1	1	CONFERENCE TABLE TOP			$ 1,000.00	$1,000.00
8	CON/UPG-1	10	CONFERENCE CHAIRS			$ 200.00	$2,000.00
						SUBTOTAL - MISC. OFFICE FF&E	**$4,600.00**
	LOCATION : MEDICAL RECORDS OFFICE						
1	MD/CG-1	1	DESK			$ 600.00	$600.00
2	MD/CG-2	1	RETURN			$ 350.00	$350.00
3	MD/CG-5	6	42" - 5-HIGH LATERAL			$ 500.00	$3,000.00
4	MD/UPG-1	1	DESK CHAIR			$ 250.00	$250.00
5	MD/UPG-2	1	GUEST CHAIR			$ 225.00	$225.00
						SUBTOTAL - MEDICAL RECORDS OFFICE FF&E	**$4,425.00**
						SUBTOTAL - PAGE #2 FF&E	**$25,580.00**

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APPENDIX-A1

PROJECT: ALDEN ESTATES OF BARTLETT **PAGE #3**

F.F. & E PRELIMINARY PLANNING BUDGET

DATE: JANUARY 8, 2016

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : LOBBY						
1	LOB/ART-1	1	ART #1			$ 100.00	$100.00
2	LOB/ART-2	1	ART #2			$ 100.00	$100.00
3	LOB/ART-3	1	ART#3			$ 100.00	$100.00
4	LOB/CG-1	3	END TABLE			$ 250.00	$750.00
5	LOB/CG-2	1	COCKTAIL TABLE			$ 300.00	$300.00
6	LOB/CG-3	1	BUFFET			$ 600.00	$600.00
7	LOB/CG-4	1	DESK			$ 900.00	$900.00
8	LOB/CG-5	1	BRIDGE			$ 400.00	$400.00
9	LOB/CG-6	1	CREDENZA			$ 800.00	$800.00
10	LOB/L-1	3	END TABLE LAMPS			$ 100.00	$300.00
11	LOB/UPG-1	1	SOFA			$ 800.00	$800.00
12	LOB/UPG-1A	12	SOFA FABRIC			$ 30.00	$360.00
13	LOB/UPG-2	1	LOUNGE CHAIR			$ 450.00	$450.00
14	LOB/UPG-2A	7	LONGE CHAIR FABRIC			$ 30.00	$210.00
14	LOB/UPG-3	1	DESK CHAIR			$ 300.00	$300.00
15	LOB/WT-1	1	WINDOW TREATMENTS			$ 900.00	$900.00
							$0.00
						SUBTOTAL - LOBBY FF&E	**$7,370.00**
	LOCATION : LOUNGES (4) / LIBRARIES (2)						
1	LG/ART-1	6	ART #1			$ 125.00	$750.00
2	LG/ART-2	6	ART #2			$ 125.00	$750.00
3	LG/ART-3	4	ART #3			$ 175.00	$700.00
4	LG/CG-1	12	END TABLE			$ 285.00	$3,420.00
5	LG/CG-2	4	TV CONSOLE			$ 900.00	$3,600.00
6	LG/CG-3	4	COCKTAIL TABLE			$ 350.00	$1,400.00
7	LG/EQ-1	4	FLAT SCREEN			$ 300.00	$1,200.00
8	LG/L-1	12	END TABLE LAMPS			$ 100.00	$1,200.00
9	LG/UPG-1	4	SOFAS			$ 600.00	$2,400.00
10	LG/UPG-1A	48	SOFA FABRIC			$ 20.00	$960.00
11	LG/UPG-2	18	LOUNGE CHAIR			$ 250.00	$4,500.00
12	LG/UPG-2A	99	LOUNGE CHAIR FABRIC			$ 39.00	$3,861.00
13	LG/UPG-3	2	LOVESEATS			$ 300.00	$600.00
14	LG/UPG-3A	18	LOVESEAT FABRIC			$ 20.00	$360.00
15	LG/WT-1	4	WINDOW TREATMENTS			$ 900.00	$3,600.00
						SUBTOTAL - LOUNGES (6) FF&E	**$29,301.00**
	LOCATION : BATHING ROOMS (2)						
1	BA/ART-1	2	ART #1			$ 100.00	$200.00
2	BA/ART-2	2	ART #2			$ 100.00	$200.00
3	BA/ART-3	2	ART #3			$ 100.00	$200.00
4	BA/ART-4	2	ART - 4			$ 100.00	$200.00
5	BA/ART-5	2	ART-5			$ 200.00	$400.00
6	BA/ART-6	2	ART-6			$ 200.00	$400.00
7	BA/ART-7	2	ART-7			$ 200.00	$400.00
8	BA/EQ-1	1	DECORATIVE TUB			$ 3,000.00	$3,000.00
9	BA/EQ-2	1	HEARTHCARE TUB			$ 5,000.00	$5,000.00
10	BA/MIR-1	6	VANITY MIRRORS			$ 150.00	$900.00
11	BA/PC-1	3	PRIVACY CURTAINS & HARDWARE			$ 200.00	$600.00
						SUBTOTAL - BATHING ROOM (2) FF&E	**$11,500.00**
	LOCATION : CORRIDORS AND ELEVATOR LOBBIES - FIRST, SECOND AND THIRD FLOOR						
1	COR/ART	1	LOT - ARTWORK			$ 9,000.00	$9,000.00
2	COR/CG-1	2	END TABLE			$ 200.00	$400.00
3	COR/CG-2	2	CONSOLE TABLE			$ 900.00	$1,800.00
4	COR/DEC	2	DECORATIVE SCREEN			$ 900.00	$1,800.00
5	COR/EQ-1	2	AQUARIUMS			$ 2,500.00	$5,000.00
6	COR/L-1	2	TABLE LAMPS			$ 100.00	$200.00
7	COR/L-2	4	CONSOLE TABLE LAMPS			$ 100.00	$400.00
8	COR/SN-1	1	LOT - SIGNAGE			$ 6,000.00	$6,000.00
9	COR/UPG-1	12	ARM CHAIRS			$ 400.00	$4,800.00
10	COR/UPG-1A	48	ARM CHAIR FABRIC			$ 30.00	$1,440.00
11	COR/WT-1	4	WINDOW TREATMENTS			$ 1,000.00	$4,000.00
						SUBTOTAL - CORRIDORS FF&E	**$34,840.00**
	LOCATION : D.O.N. / A.D.O.N OFFICE (2ND & 3RD FLOOR)						
1	DON/ART-1	2	ART #1			$ 100.00	$200.00
2	DON/ART-2	2	ART #2			$ 100.00	$200.00
3	DON/CG-1	2	DESK			$ 840.00	$1,680.00
4	DON/CG-2	2	BRIDGE			$ 225.00	$450.00
5	DON/CG-3	2	CREDENZA			$ 600.00	$1,200.00
6	DON/CG-4	2	LATERAL FILE			$ 680.00	$1,360.00
7	DON/UPG-1	2	DESK CHAIR			$ 250.00	$500.00
8	DON/UPG-2	4	SIDE CHAIR			$ 225.00	$900.00
9	DON/WT-1	2	WINDOW TREATMENTS			$ 500.00	$1,000.00
						SUBTOTAL - D.O.N. / A.D.O.N OFFICE (2ND & 3RD FLOOR) FF&E	**$7,490.00**
						SUBTOTAL - PAGE #3 FF&E	**$90,501.00**

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PROJECT: ALDEN ESTATES OF BARTLETT **PAGE #4**

F.F. & E PRELIMINARY PLANNING BUDGET

DATE: JANUARY 8, 2016

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : NURSE'S STATION						
1	NRS/UPG-1	6	NURSE'S STATION CHAIRS			$ 250.00	$1,500.00
						SUBTOTAL - NURSE'S STATION FF&E	**$1,500.00**
	LOCATION : EXAM ROOM (1) - 3RD FLOOR						
1	EX/ART-1	1	ART #1			$ 75.00	$75.00
2	EX/ART-2	1	ART #2			$ 75.00	$75.00
3	EX/CG-1	1	EXAM TABLE			$ 500.00	$500.00
4	EX/UPG-1	1	WAITING CHAIR			$ 250.00	$250.00
5	EX/UPG-2	1	DOCTOR'S CHAIR			$ 250.00	$250.00
						SUBTOTAL - EXAM (1) ROOM FF&E	**$1,150.00**
	LOCATION : DINING ROOMS (2)						
1	DR/ART-1	2	ART #1			$ 150.00	$300.00
2	DR/ART-2	2	ART #2			$ 150.00	$300.00
3	DR/ART-3	2	ART #3			$ 300.00	$600.00
4	DR/ART-4	2	ART #4			$ 150.00	$300.00
5	DR/CG-1	2	BUFFET			$ 1,100.00	$2,200.00
6	DR/DEC-1	2	DECORATIVE SCREENS			$ 900.00	$1,800.00
7	DR/EQ-1	2	ELECTIRC FIREPLACES			$ 900.00	$1,800.00
8	DR/TB-1	10	TABLE BASE FOR 42" TOPS			$ 230.00	$2,300.00
9	DR/TB-2	2	TABLE BASES FOR PRIVATE DINING			$ 230.00	$460.00
10	DR/TP-2	10	42" TABLE TOPS			$ 300.00	$3,000.00
11	DR/TP-3	2	42" X 78" TABLE TOP			$ 600.00	$1,200.00
12	DR/UPG-1	52	ARM CHAIRS			$ 250.00	$13,000.00
13	DR/UPG-1A	104	ARM CHAIR FABRIC			$ 20.00	$2,080.00
14	DR/WT-1	2	LOT - WINDOW TREATMENTS			$ 1,000.00	$2,000.00
						SUBTOTAL - DINING ROOMS (3) FF&E	**$31,340.00**
	LOCATION :DOCTORS LOUNGES (2)						
1	DRL/ART-1	2	ART #1			$ 125.00	$250.00
2	DRL/ART-2	2	ART #2			$ 125.00	$250.00
3	DRL/CG-1	2	DESK W/ UPPER SHELF / TACKBOARD			$ 700.00	$1,400.00
4	DRL/CG-2	1	END TABLES			$ 400.00	$400.00
5	DRL/UPG-1	2	LOUNGE CHAIRS			$ 600.00	$1,200.00
6	DRL/UPG-2	2	DESK CHAIR			$ 350.00	$700.00
						SUBTOTAL - DOCTORS LOUNGES (2) FF&E	**$4,200.00**
	LOCATION : RCC OFFICE (1) - 2ND FLOOR						
1	RCC/ART-1	1	ART #1			$ 100.00	$100.00
2	RCC/ART-2	1	ART #2			$ 100.00	$100.00
3	RCC/CG-1	1	DESK			$ 840.00	$840.00
4	RCC/CG-2	1	BRIDGE			$ 225.00	$225.00
5	RCC/CG-3	1	CREDENZA			$ 600.00	$600.00
6	RCC/CG-4	1	LATERAL FILE			$ 680.00	$680.00
7	RCC/CG-5	1	OVERHEAD STORAGE			$ 950.00	$950.00
8	DON/UPG-1	1	DESK CHAIR			$ 250.00	$250.00
9	DON/UPG-2	2	SIDE CHAIR			$ 225.00	$450.00
						SUBTOTAL - RCC OFFICE (2ND FLOOR) FF&E	**$4,195.00**
	LOCATION : MISC OFFICE - DIETARY						
1	MOFF/ART-1	1	ART #1			$ 100.00	$100.00
2	MOFF/ART-2	1	ART #2			$ 100.00	$100.00
3	MOFF/CG-1	1	DESK			$ 400.00	$400.00
4	MOFF/CG-2	1	BRIDGE			$ 100.00	$100.00
5	MOFF/CG-3	1	CREDENZA			$ 400.00	$400.00
6	RCC/CG-4	1	LATERAL FILE			$ 450.00	$450.00
7	RCC/CG-5	1	OVERHEAD STORAGE			$ 500.00	$500.00
8	DON/UPG-1	1	DESK CHAIR			$ 250.00	$250.00
9	DON/UPG-2	1	SIDE CHAIR			$ 225.00	$225.00
						SUBTOTAL - MISC OFFICE FF&E	**$2,525.00**
						SUBTOTAL - PAGE #4 FF&E	**$44,910.00**

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APPENDIX-A1

PROJECT: ALDEN ESTATES OF BARTLETT **PAGE #5**

F.F. & E PRELIMINARY PLANNING BUDGET

DATE: JANUARY 8, 2016

	LOCATION : ICE CREAM SHOP						
1	ICE/ART-1	1	ART #1			$ 100.00	$100.00
2	ICE/ART-2	1	ART #2			$ 100.00	$100.00
3	ICE/ART-3	1	ART #3			$ 100.00	$100.00
4	ICE/ART-4	1	ART #4			$ 100.00	$100.00
5	ICE/TB-1	3	TABLE BASE			$ 100.00	$300.00
6	ICE/TP-1	3	TABLE TOP			$ 200.00	$600.00
7	ICE/UPG-1	9	CAFE CHAIRS			$ 200.00	$1,800.00
						SUBTOTAL - ICE CREAM SHOP FF&E	**$3,100.00**
	LOCATION : CHICAGO ROOM						
	TAG	**QTY**	**ITEM**	**MANUFACTURER**	**ITEM #**	**COST PER**	**TOTAL**
1	CH/ART-1	1	ART #1			$ 150.00	$150.00
2	CH/ART-2	1	ART #2			$ 150.00	$150.00
3	CH/ART-3	1	ART#3			$ 150.00	$150.00
4	CH/ART-4	1	ART #4			$ 106.00	$106.00
5	CH/CG-1	3	END TABLE			$ 200.00	$600.00
6	CH/CG-2	1	COCKTAIL TABLE			$ 300.00	$300.00
7	CH/CG-3	1	TV CONSOLE			$ 500.00	$500.00
8	CH/EQ-1	1	FLAT SCREEN TV			$ 400.00	$400.00
10	CH/L-1	3	END TABLE LAMPS			$ 100.00	$300.00
11	CH/TB-1	2	TABLE BASE			$ 150.00	$300.00
12	CH/TP-1	1	48"X 96" TABLE TOP			$ 450.00	$450.00
13	CH/UPG-1	1	SOFAS			$ 600.00	$600.00
14	CH/UPG-2	10	ARM CHAIRS			$ 250.00	$2,500.00
15	CH/UPG-3	2	LOUNGE CHAIR			$ 700.00	$1,400.00
16	LIB/WT-1	1	WINDOW TREATMENTS			$ 1,000.00	$1,000.00
							$0.00
						SUBTOTAL - CHICAGO ROOM FF&E	**$8,906.00**
	LOCATION : REHAB THERAPY						
1	TH/ART-1	1	ART #1			$ 85.00	$85.00
2	TH/ART-2	1	ART #2			$ 85.00	$85.00
3	TH/ART-3	1	ART #3			$ 85.00	$85.00
4	TH/ART-4	1	ART #4			$ 85.00	$85.00
5	TH/ART-5	1	ART #5			$ 85.00	$85.00
6	TH/ART-6	1	ART #6			$ 85.00	$85.00
7	TH/EQ-1	1	LOT THERAPY EQUIPMENT			$ 8,022.00	$8,022.00
8	TH/PC-1	2	PRIVACY CURTAINS / HARDWARE			$ 500.00	$1,000.00
9	TH/WT-1	1	LOT WINDOW TREATMENTS			$ 1,000.00	$1,000.00
						SUBTOTAL - REHAB THERAPY FF&E	**$10,532.00**
	LOCATION : OCCUPATIONAL THERAPY						
1	TBD/ART-1	1	ART #1			$ 150.00	$150.00
2	TBD/ART-2	1	ART #2			$ 150.00	$150.00
3	TBD/BC-1	1	ART #3			$ 150.00	$150.00
4	TBD/CG-1	1	ART #4			$ 150.00	$150.00
5	TBD/CG-2	1	HOOD			$ 200.00	$200.00
6	TBD/CG-3	1	MICROWAVE			$ 400.00	$400.00
7	TBD/CG-4	1	STOVE			$ 600.00	$600.00
8	TBD/L-1	1	REFRIGERATOR			$ 900.00	$900.00
9	TBD/WT-1	1	WINDOW TREATMENT			$ 1,000.00	$1,000.00
						SUBTOTAL - OCCUPATIONAL FF&E	**$3,700.00**
	LOCATION : REHAB THERAPY BATHROOM						
1	TB/ART-1	2	ART #1			$ 150.00	$300.00
2	TB/MIR-1	1	DECORATIVE VANITY MIRROR			$ 300.00	$300.00
3	TB/SC-1	2	SHOWER CURTAIN / LINER			$ 200.00	$400.00
						SUBTOTAL - THERAPY BATHROOM FF&E	**$1,000.00**
	LOCATION : CHARTING INSIDE REHAB AND OT						
1	CH/UPG-1	9	TASK CHAIRS			$ 225.00	$2,025.00
						SUBTOTAL - CHARTING FF&E	**$2,025.00**
	LOCATION : GIFT SHOP						
1	GFT/SW-1	1	SLAT WALL, DISPLAYS, INSTALL			$ 2,000.00	$2,000.00
2	GFT/WT-1	1	WINDOW TREATMENT			$ 500.00	$500.00
						SUBTOTAL - GIFT SHOP FF&E	**$2,500.00**
	LOCATION : MAIN VESTIBULE						
1		1	BENCH			$ 300.00	$300.00
2		1	WINDOW TREATMENTS			$ 200.00	$200.00
3		1	ART #1			$ 155.00	$155.00
						SUBTOTAL - VESTIBULE FF&E	**$655.00**
						SUBTOTAL - PAGE #5 FF&E	**$32,418.00**

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APPENDIX-A1

PROJECT: ALDEN ESTATES OF BARTLETT PAGE #8

F.F.& E PRELIMINARY PLANNING BUDGET

DATE: JANUARY 8, 2016

	TAG	QTY	ITEM	MANUFACTURER	ITEM #	COST PER	TOTAL
	LOCATION : ACTIVITY OFFICE						
1	ACO/ART-1	1	ART #1			$ 100.00	$100.00
2	ACO/ART-2	1	ART #2			$ 100.00	$100.00
3	ACO/CG-1	1	DESK			$ 940.00	$940.00
4	ACO/CG-2	1	RETURN			$ 600.00	$600.00
5	ACO/CG-3	1	LATERAL FILE			$ 400.00	$400.00
5	ACO/UPG-1	1	DESK CHAIRS			$ 250.00	$250.00
6	ACO/UPG-2	2	SIDE CHAIRS			$ 225.00	$450.00
						SUBTOTAL - ACTIVITY OFFICE FF&E	**$2,740.00**
	LOCATION : ACTIVITY ROOM (1)						
1	ACT/ART-1	1	ART #1			$ 100.00	$100.00
2	ACT/ART-2	1	ART #2			$ 100.00	$100.00
3	ACT/ART-3	1	ART #3			$ 100.00	$100.00
4	ACT/ART-4	1	ART #4			$ 100.00	$100.00
5	ACT/ART-5	1	ART #5			$ 100.00	$100.00
6	ACT/ART-6	1	ART #6			$ 100.00	$100.00
7	ACT/CG-3	1	MICROWAVE			$ 100.00	$100.00
8	ACT/CG-4	1	STOVE			$ 300.00	$300.00
9	ACT/L-1	1	REFRIGERATOR			$ 400.00	$400.00
10	ACT/EO-1	1	PROJECTOR AND SCREEN			$ 500.00	$500.00
11	ACT/TB-1	5	FOLDING TABLE			$ 200.00	$1,000.00
12	ACT/UPG-1	40	STACK CHAIRS			$ 75.00	$3,000.00
13	ACT/WT-1	1	WINDOW TREATMENTS			$ 600.00	$600.00
						SUBTOTAL - ACTIVITY ROOM FF&E	**$6,500.00**
	LOCATION : BEAUTY SALON						
	TAG	**QTY**	**ITEM**	**MANUFACTURER**	**ITEM #**	**COST PER**	**TOTAL**
1	BT/ART-1	1	ART #1			$ 175.00	$175.00
2	BT/ART-2	1	ART #2			$ 175.00	$175.00
3	BT/ART-3	1	ART #3			$ 175.00	$175.00
4	BT/CG-1	2	END TABLES			$ 400.00	$800.00
5	BT/EO-1	2	FREESTANDING DRYER			$ 350.00	$700.00
6	BT/TB-1	1	MANICURE TABLE			$ 500.00	$500.00
7	BT/UPG-1	1	HYDRAULIC CHAIR			$ 675.00	$675.00
8	BT/UPG-2	1	SHAMPOO CHAIR			$ 600.00	$600.00
9	BT/UPG-3	2	DRYER CHAIR			$ 760.00	$1,520.00
10	BT/UPG-4	1	MANICURIST STOOL			$ 150.00	$150.00
11	BT/UPG-5	1	MANICURE CHAIR			$ 225.00	$225.00
12	BT/UPG-6	1	WAITING CHAIRS			$ 450.00	$450.00
13	BT/WT-1	1	WINDOW TREATMENTS			$ 699.48	$699.48
						SUBTOTAL - BEAUTY SALON FF&E	**$6,844.48**
	LOCATION : MALL						
1	MAL/ART-1	1	LOT ARTWORK			$ 500.00	$500.00
2	MAL/CG-1	1	BUFFET			$ 500.00	$500.00
3	MAL/CG-2	6	END TABLES			$ 200.00	$1,200.00
4	MAL/CG-3	2	COCKTAIL TABLE			$ 300.00	$600.00
5	MAL/EO-1	1	POPCORN MACHINE			$ 400.00	$400.00
6	MAL/EO-2	1	BABY GRAND PIANO			$ 2,000.00	$2,000.00
7	MAL/EO-3	1	AVIARY			$ 5,000.00	$5,000.00
8	MAL/EO-4	1	AQUARIUM			$ 2,000.00	$2,000.00
7	MAL/L-1	6	END TABLE LAMP			$ 100.00	$600.00
8	MAL/SGN-1	8	SIGNAGE			$ 500.00	$4,000.00
9	MAL/UPG-1	6	LOUNGE CHAIRS			$ 500.00	$3,000.00
10	MAL/UPG-2	2	SOFA			$ 700.00	$1,400.00
						SUBTOTAL - ATRIUM / MALL FF&E	**$20,200.00**
	LOCATION : PATIO						
1	BP/CG-1	2	PATIO END TABLE			$ 50.00	$100.00
2	BP/CG-2	1	COCKTAIL TABLE			$ 100.00	$100.00
3	BP/TB-1	4	PATIO TABLE			$ 300.00	$1,200.00
4	BP/UMB-1	2	MARKET UMBRELLA			$ 200.00	$400.00
5	BP/UPG-1	1	PATIO SOFA			$ 600.00	$600.00
6	BP/UPG-2	2	PATIO LOUNGE CHAIR			$ 400.00	$800.00
7	BP/UPG-3	16	PATIO DINING CHAIRS			$ 175.00	$2,800.00
						SUBTOTAL - PATIO FF&E	**$5,000.00**
	LOCATION : STAFF DINING ROOM						
1	SD/ART-1	1	ART #1			$ 85.00	$85.00
2	SD/ART-2	1	ART #2			$ 85.00	$85.00
3	SD/ART-3	1	ART #3			$ 85.00	$85.00
4	SD/BT-1	5	PLY MOLD BOOTH SEATING			$ 200.00	$1,000.00
						SUBTOTAL - STAFF DINING ROOM FF&E	**$1,255.00**
	LOCATION : LAUNDRY						
1		2	WASHER			$ 3,000.00	$6,000.00
2		2	DRYER			$ 2,000.00	$4,000.00
3		1	IRONER			$ 1,000.00	$1,000.00
4							$0.00
						SUBTOTAL - LAUNDRY FF&E	**$11,000.00**
						SUBTOTAL - PAGE #6 FF&E	**$54,539.48**
						SUBTOTAL - ALL FF&E ITEMS	**$593,188.48**

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APPENDIX-A1

Alden Estates of Bartlett
Support for p[ro]ject Start-Up Costs

Start-Up Costs

Supplies	$	45,000
Insurance		2,500
Marketing		20,000
Staff Training & Recruitment		75,000
Miscellaneous		25,000
Total	$	167,500

APPENDIX-A1

APPENDIX B

Related Project Costs

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

Land acquisition is related to project ☒ Yes ☐ No
Purchase Price: $ **900,000**
Fair Market Value: $_____

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

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

Estimated start-up costs and operating deficit cost is **$ 1,267,500**.

APPENDIX C

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary

☒ Schematics ☐ Final Working

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

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

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

☒ Project obligation will occur after permit issuance.

APPENDIX D

Cost/Space Requirements

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

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Department/Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL	-	-	-	-	-	-	-
Nursing	$7,139,753	0	23,642	23,642	0	0	0
Living/Dining/Activity	$1,675,163	0	5,547	5,547	0	0	0
Kitchen/Food Service	$993,260	0	3,289	3,289	0	0	0
P.T./O.T.	$799,077	0	2,646	2,646	0	0	0
Laundry	$347,898	0	1,152	1,152	0	0	0
Janitor Closets	$19,026	0	63	63	0	0	0
Clean/Soiled Utility	$189,955	0	629	629	0	0	0
Beauty/Barber	$104,792	0	347	347	0	0	0
Housekeeping	$185,425		614	614			
Total Clincal	$11,454,348	0	37,929	37,929	0	0	0
NON-CLINICAL							
Office/Administration	$775,824	0	2,569	2,569	0	0	0
Employee Lounge/ Locker/Training	$292,633	0	969	969	0	0	0
Mechanical/Electrical	$239,180	0	792	792	0	0	0
Lobby	$213,208	0	706	706	0	0	0
Storage/Maintenance	$257,903	0	854	854	0	0	0
Corridor/Public Toilets	$3,833,518	0	12,694	12,694	0	0	0
Stair/Elevators	$1,071,778	0	3,549	3,549	0	0	0
Amenities	$464,468		1,538	1,538			
Penthouse Mechanical	$422,792		1,400	1,400			
Total Non-clinical	$7,571,304	0	25,071	25,071	0	0	0
TOTAL	**$19,025,652**	**0**	**63,000**	**63,000**	**0**	**0**	**0**

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	46-50
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14	Establishment of General LTC Service or Facility	138-149
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B	Related Project Costs	42
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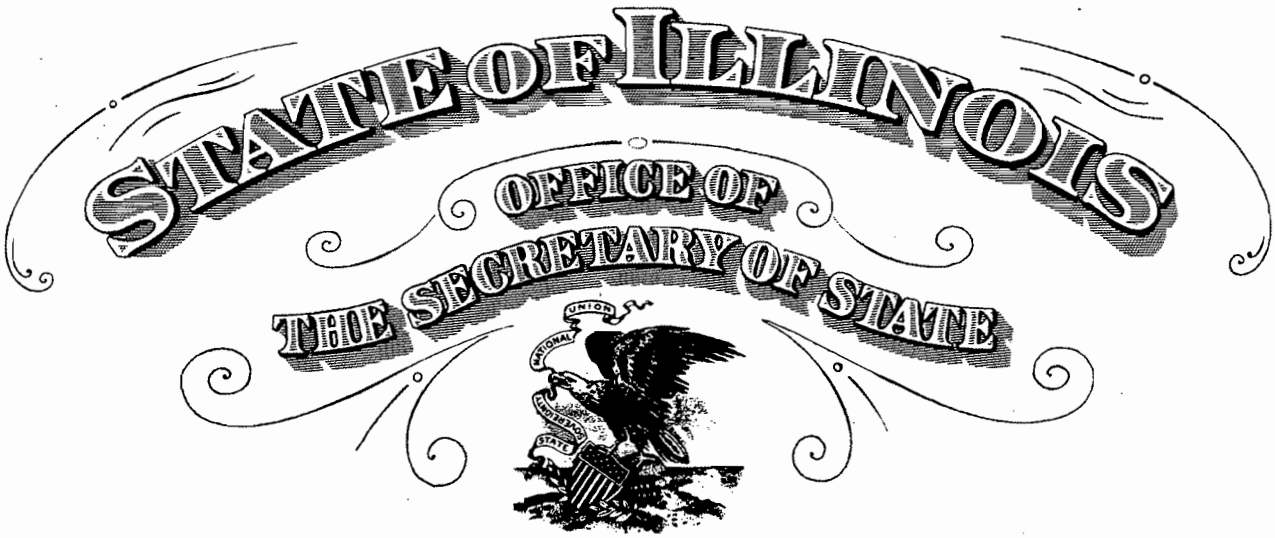
Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

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

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

ATTACHMENT-1

File Number 0556373-9



To all to whom these Presents Shall Come, Greeting:

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

ALDEN BARTLETT, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 08, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* JANUARY *A.D.* 2016 .

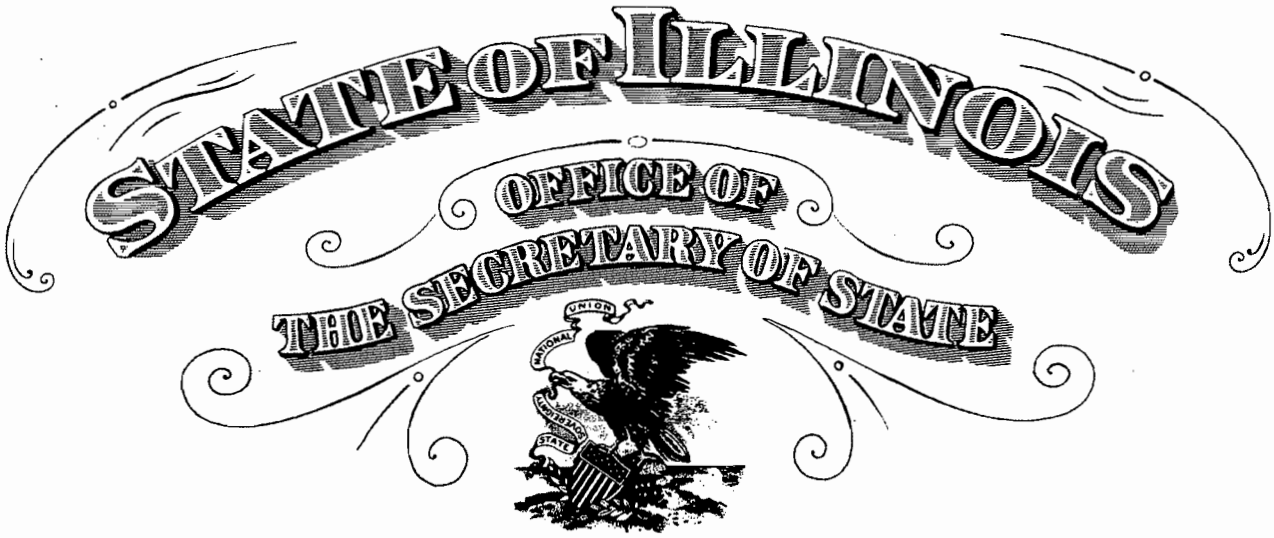
Authentication #: 1601101472 verifiable until 01/11/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 7048-751-9



To all to whom these Presents Shall Come, Greeting:

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

ALDEN ESTATES OF BARTLETT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 08, 2016, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

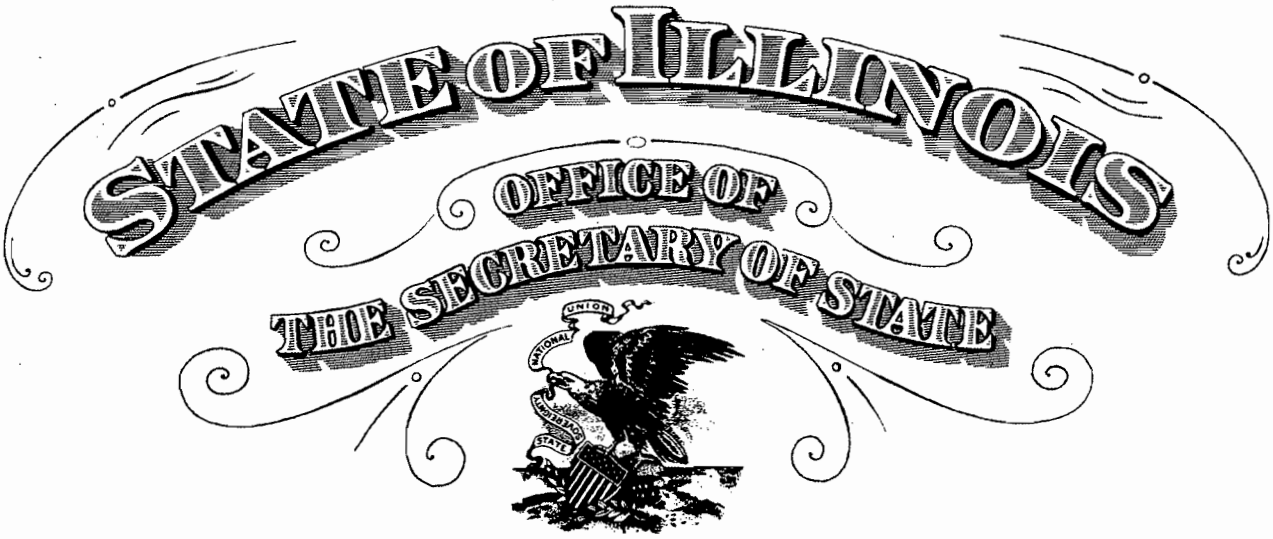
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* JANUARY *A.D.* 2016 .

Authentication #: 1601101616 verifiable until 01/11/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT-1A

File Number 0556370-4



To all to whom these Presents Shall Come, Greeting:

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

BARTLETT INVESTMENTS I, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 08, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* JANUARY *A.D.* 2016 .

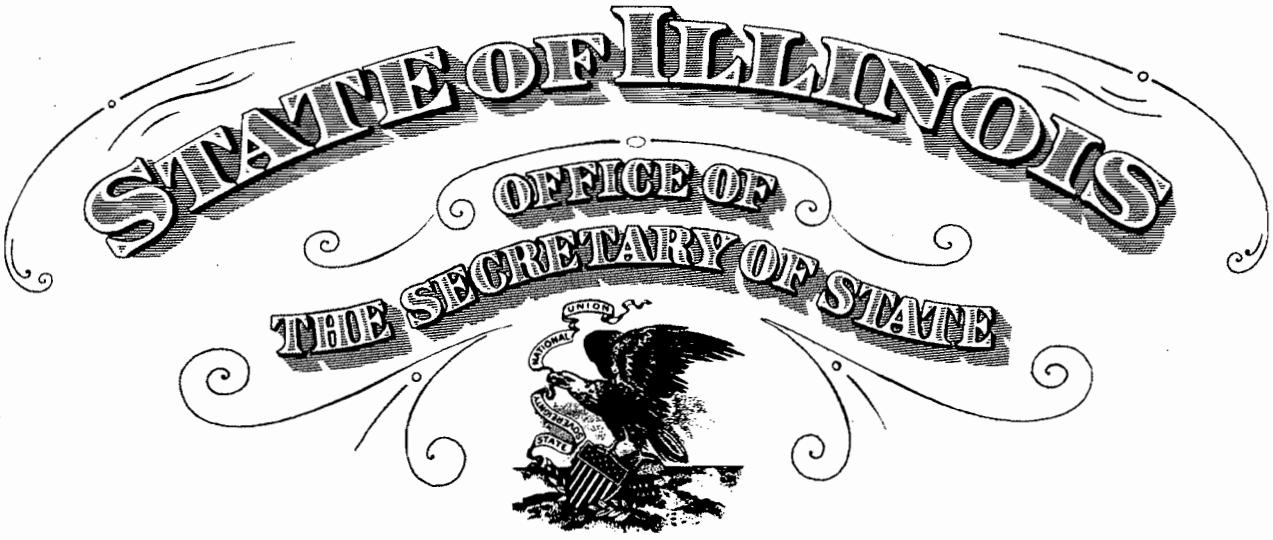
Authentication #: 1601101580 verifiable until 01/11/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-1A

File Number 5206-055-9



To all to whom these Presents Shall Come, Greeting:

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

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* JANUARY *A.D.* 2016 .

Authentication #: 1601101640 verifiable until 01/11/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT-1A

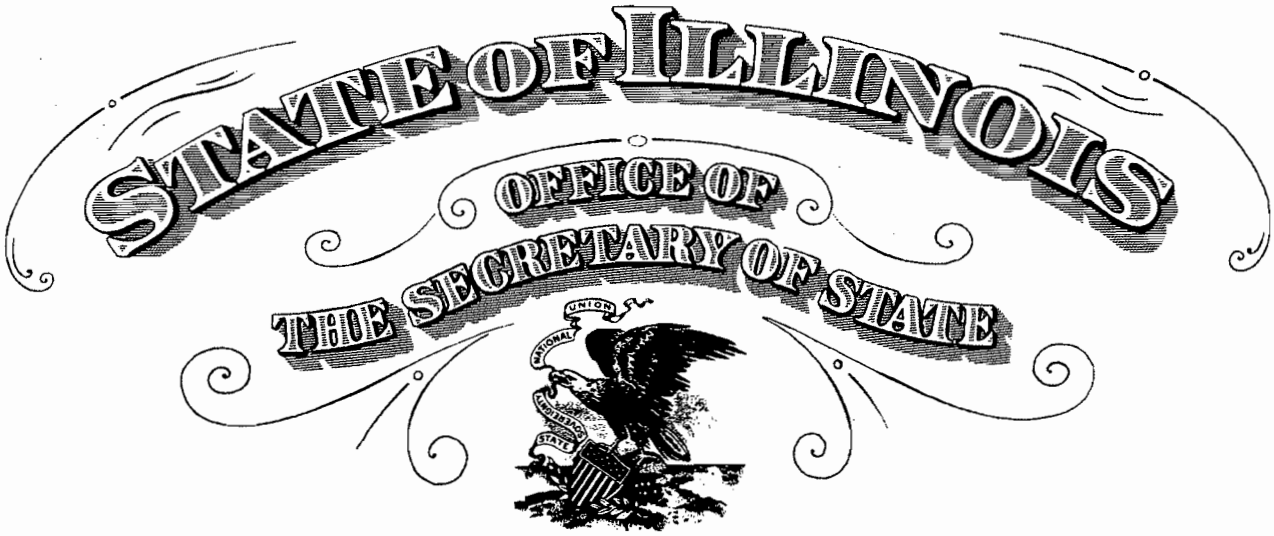
Site Ownership

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

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

ATTACHMENT-2

File Number 0556373-9



To all to whom these Presents Shall Come, Greeting:

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

ALDEN BARTLETT, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 08, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* JANUARY *A.D.* 2016 .

Authentication #: 1601101472 verifiable until 01/11/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-2A

Alden Realty Services, Inc.
Development and Management of Real Estate

October 30, 2015

Stuart Spaeth, Principal
Land Link LLC
3109 Blackhawk Trail
St. Charles, IL 6074

RE: Letter of Intent to purchase the 5.19 acre portion of the property depicted as Lot 2 on the Artis Senior Living P.U.D. Plan of 6N625 Rte. 59, Bartlett, Illinois.
Property PIN – 0109205030

Dear Stuart:

Alden Realty Services, Inc., as agent for Purchaser, is interested in purchasing approximately 5.19 acres ("Subject Property") in the above-referenced site. This letter represents a Letter of Intent to purchase the Subject Property, subject to certain terms and conditions.

Purchase Price: The purchase price for the Subject Property shall be $900,000. The exact area of the Subject Property to be acquired shall be determined by a Plat of Survey of the Property during the Inspection Period (as described below).

Earnest Money: The Purchaser will deposit $25,000 into an escrow account with a mutually agreed upon title company ("Earnest Money") which will be applied toward the purchase of the Subject Property at closing. The Earnest Money shall be increased by $25,000, for a total of $50,000, at the completion of all of the Contingency items listed below.

Purchaser's Proposed Use: Purchaser anticipates the development of a 3-story, skilled nursing facility containing between 100-130 beds. Our design includes a small wing of approximately 20 beds for memory care not assisted living.

Inspection Period: Purchaser and its employees, officers, agents, engineers, surveyors, appraisers and other representatives shall have a period of 90 days ("Inspection Period") to conduct such site inspections and testing or other investigations (collectively referred to as "Inspections") on the Subject Property in order to determine if the Property can be used for Purchaser's proposed use. Such Inspections may include, but shall not be limited to, the conducting of appraisals, environmental studies, wetland and flood plain surveys, soil tests and any investigations required to develop architectural and engineering plans. Inspections during this period will also assess any easements on the Subject Property to make sure that they will not interfere with Alden's proposed uses. The Seller shall reasonably assist Purchaser in conducting the Inspections by providing any available documentation and materials with respect to the title, construction and condition of the Subject Property that are within the Seller's possession.

Termination Right: In the event that Purchaser determines, for any reason, on or before the expiration of the Inspection Period, that the results of the Inspections of the Subject Property or the other information provided by the Seller or discovered by Purchaser are not satisfied prior to the expiration of the Inspection Period, in either event, the agreement shall be terminated and neither party shall have any further right or obligations under the purchase agreement with all Earnest Money being returned to Purchaser.

Contingencies: Purchaser shall not be obligated to purchase any portion of the Subject Property until all of the following contingencies have been resolved to the satisfaction of Purchaser. Purchaser shall have ten (10) months after the expiration of the Inspection Period (the "Due Diligence Period") to secure the following approvals:

a. Zoning Approvals: Purchaser shall secure approval for zoning and any special use permits of the Subject Property from the Village of Bartlett for Purchaser's proposed use as a skilled nursing facility of between 100-130 beds. Seller will assist the Purchaser where feasible and warranted.

b. Licensing: Purchaser will receive appropriate Certificate of Need from the Health Facilities and Services Review Board.

4200 West Peterson Avenue Chicago, Illinois 60646 Phone. (773) 286-3030 Fax: (773) 286-6146
www.thealdennetwork.com

c. Financing: Purchaser will receive unconditional commitments (except for customary due diligence items) for financing from lenders and financing sources, sufficient to acquire and develop the Subject Property as described herein.

Extensions: Approval and commitment for the contingencies outlined above are not entirely within the Purchaser's control. The Due Diligence Period described above shall be extended, if necessary, for up to two (2) six-month periods upon written notice from Purchaser to Seller and contemporaneous payment of $10,000 which shall be deemed extension payment. All extension payments will be deemed earned at the time of payment and will be non-refundable, however, such payment will be applied towards purchase price. Purchaser shall have thirty (30) days after the expiration of the due diligence period or any extension thereof to close on the land and financing.

Closing: The closing of the purchase between Seller and Purchaser shall occur within thirty (30) days after (a) the expiration of the Due Diligence Period plus any mutually agreed upon extensions and (b) satisfactory resolution (in the sole opinion of the Purchaser) of the aforementioned contingencies. Both parties agree that should an additional thirty (30) day period be required it will not be unreasonably withheld.

Other Terms and Conditions: The purchase agreement shall contain other reasonable and customary terms, warranties and representations for the purchase of real property, including (without limitation) an obligation on the part of the Seller to pay for the cost of a title insurance commitment and an updated owner's policy to be delivered at closing by a mutually acceptable title company, insuring Alden's title to the Subject Property, including extended coverage and a 3.0 zoning endorsement, and to deliver a survey of the Subject Property in the same period of time and certified to current ALTA/ACSM Survey Standards.

Broker Commission and Fees: The Seller shall be responsible at closing for the payment of any commission due the Seller's real estate brokers or any fees due Seller's real estate broker. The Buyer shall be responsible for payment of a commission to RVG Commercial Realty in an amount equal to two and one-half percent (2.5%) of the purchase price of the Subject property.

Agreement to Negotiate in Good Faith: Notwithstanding the contingent nature of the terms of the transaction described in this letter, the parties agree to negotiate a mutually satisfactory purchase agreement through their respective attorneys within a period of fourteen (14 days) from the date of acceptance of this Letter of Intent. During such 14-day period, the Seller agrees not to entertain or accept any other offers to purchase or lease all or any portion of the Subject Property from any other prospective buyer or tenant. Thereafter, if the parties have not yet executed a definitive agreement, negotiations shall continue, but either party will have the right to terminate negotiations on ten (10) days prior written notice to the other.

Non-Binding: This Letter of Intent is not binding on either party and is subject to the satisfactory execution and delivery of a definitive purchase agreement.

Confidentiality: The Seller and its agent(s) agree to not disclose the terms of this letter to any third party without the prior approval of Purchaser.

If the Seller agrees to the terms and conditions of this letter, kindly sign and return the enclosed copy of this letter to the undersigned within five (5) days. We look forward to the possible negotiation of a mutually satisfactory purchase agreement.

Respectfully,
ALDEN REALTY SERVICES, INC.

By: Randi Schullo
Randi Schullo
President

The foregoing Letter of Intent is hereby accepted on (date) 11/5/15

By: JAY HICKS

Title: SVP

Cc: Jay Hicks, Michael Deacon

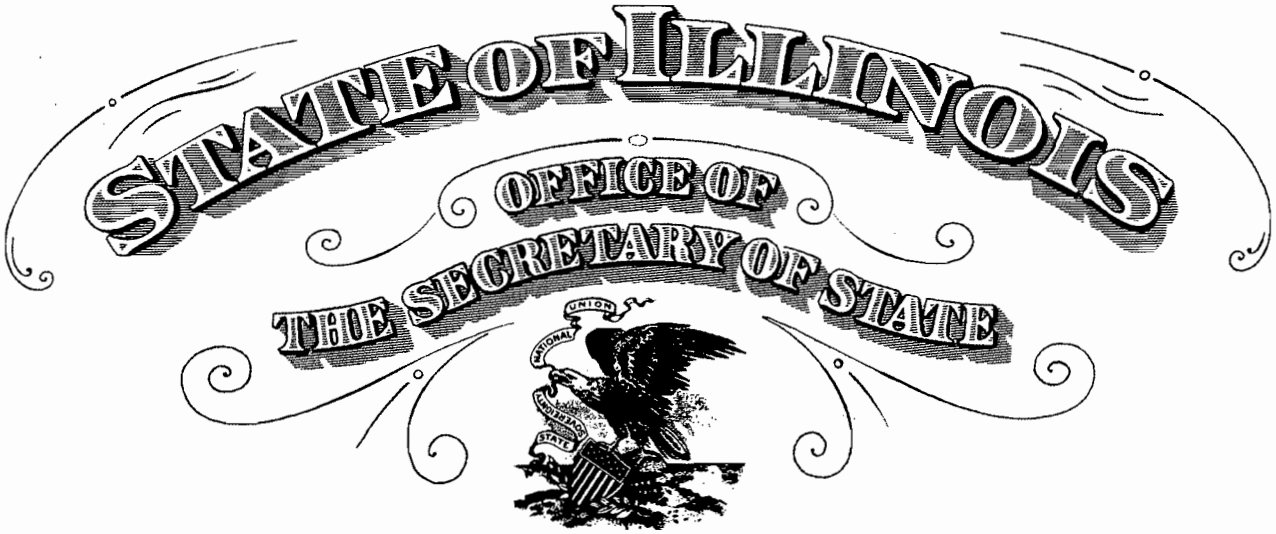
Operating Identity/Licensee

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

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

ATTACHMENT-3

File Number 7048-751-9



To all to whom these Presents Shall Come, Greeting:

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

ALDEN ESTATES OF BARTLETT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 08, 2016, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

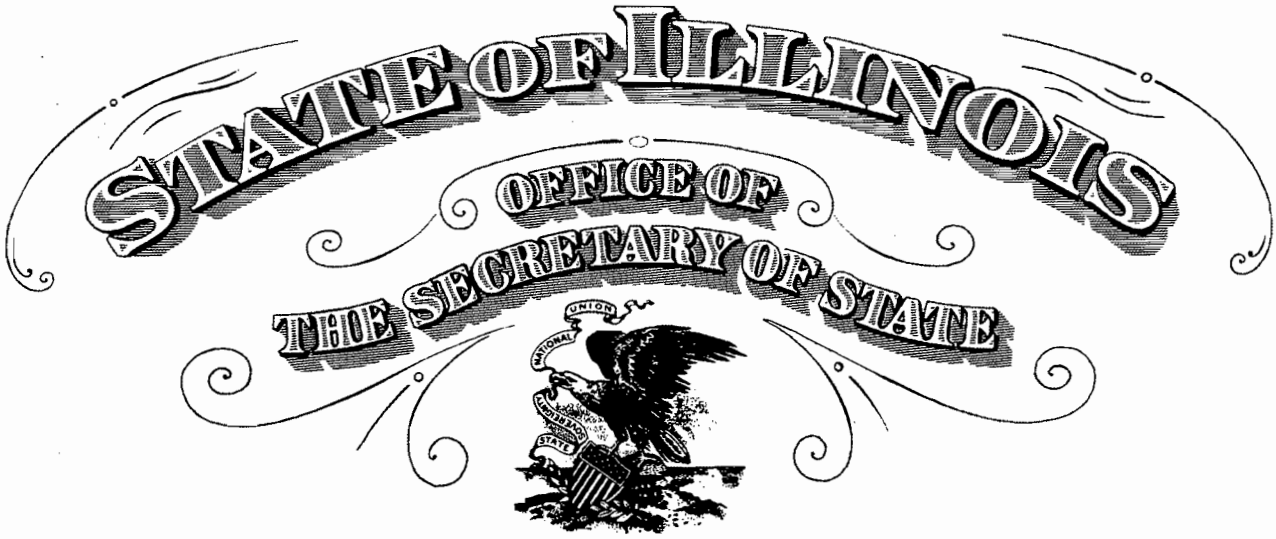
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* JANUARY *A.D.* 2016 .

Authentication #: 1601101616 verifiable until 01/11/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT-3A

File Number 0556370-4



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

BARTLETT INVESTMENTS I, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 08, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

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Authentication #: 1601101580 verifiable until 01/11/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT-3B

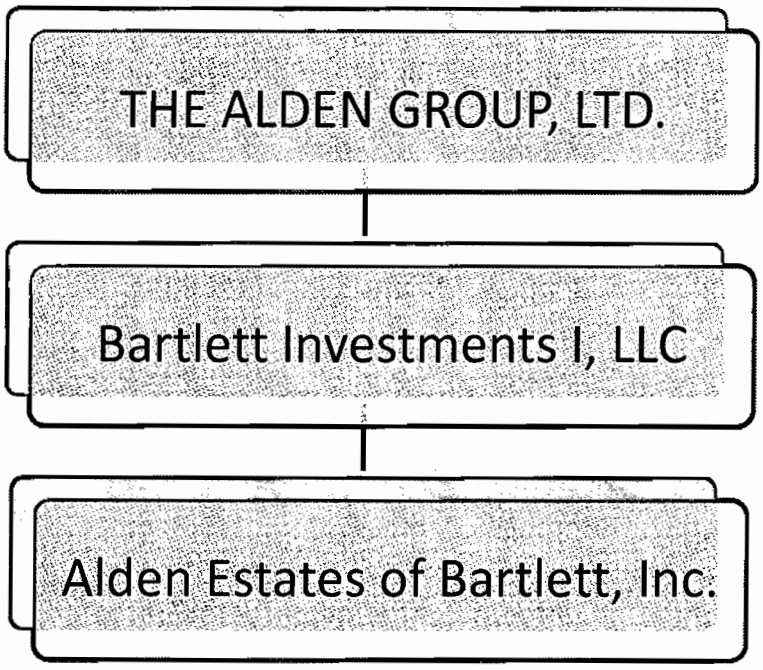
Organizational Relationships

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

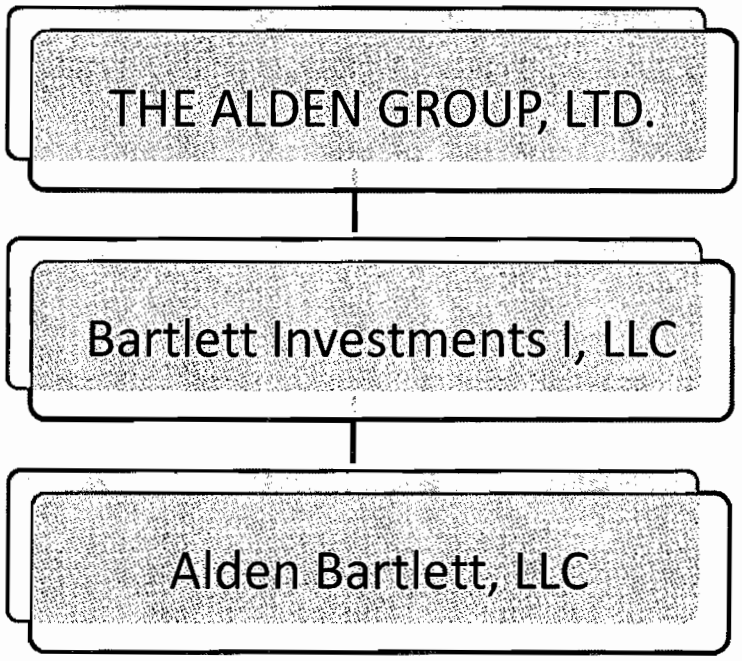
Appended as **ATTACHMENT-4A,** is the organizational chart for this project. It should be known that the ownership and operating/licensee entities have no history; therefore, the Parent will be the sole financial contributor to the proposed project. There are other related "Alden" facilities through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

ATTACHMENT-4

Operator – Alden Estates of Bartlett, Inc.



Building/Site – Alden Bartlett, LLC



Alden Estates of Bartlett
Other Related Facilities through the Ultimate Parent
The Alden Group, Ltd.

RELATED FACILITIES

Alden Alma Nelson Manor

Alden Estates of Barrington

Alden Des Plaines Rehab & HC

Alden Garden Cts of DesPlaines

Alden Estates of Evanston

Heather Health Care Center

Alden Lakeland Rehab & HCC

Alden Lincoln Rehab & H C Ctr

Alden Long Grove Rehab & HCC

Alden Terrace of McHenry Rehab

Alden Estates of Naperville

Alden Northmoor Rehab & HCC

Alden North Shore Rehab & HCC

Alden Orland Park Rehab & HCC

Alden Park Strathmoor

Alden Poplar Creek Rehab & HCC

Alden Princeton Rehab & HCC

Alden Estates of Shorewood

Alden Estates of Skokie

Alden Town Manor Rehab & HCC

Alden Valley Ridge Rehab & HCC

Alden Village Health Facility

Alden Village North

Alden of Waterford

Alden Courts of Waterford

Alden Gardens of Waterford

Alden Wentworth Rehab & HCC

Alden of Old Town East

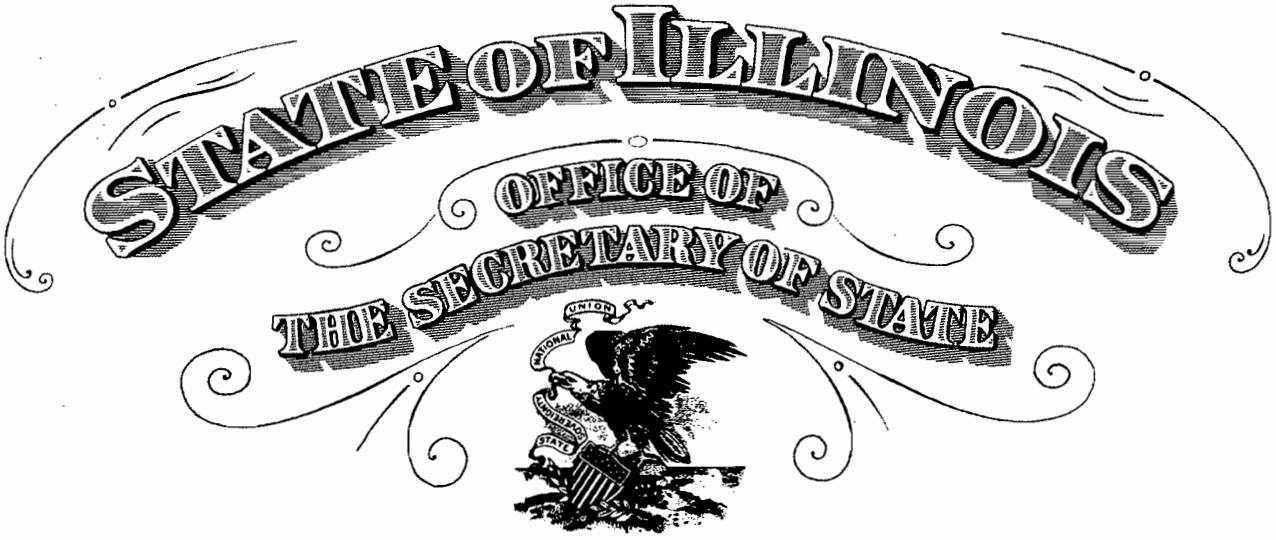
Alden of Old Town West

Alden Trails

Alden Springs

ATTACHMENT-4B

File Number 5206-055-9



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In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* JANUARY *A.D.* 2016 .

Authentication #: 1601101640 verifiable until 01/11/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT-4C

Flood Plain Requirements

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

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

ADG

ALDEN DESIGN GROUP, INC.

ARCHITECTS

January 08, 2016

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

RE: Alden Estates of Bartlett – Proposed LTC Facility
Floodplain Requirements

Ms. Schlossberg-Schullo,

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

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

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

Michael J Bailey NCARB, ALA

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

File

4200 West Peterson Avenue, Chicago, IL 60646 phone: 773.286.1546 fax: 773.286.1562

NOTES TO USERS

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

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

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

Certain areas not in Special Flood Hazard Areas may be protected by **flood control structures**. Refer to Section 2.3 "Watershed Description" of the Flood Insurance Study report for information on flood control structures in this jurisdiction.

The **projection** used in the preparation of this map was Illinois State Plane FIPSZONE 1201. **The horizontal datum** was NAD 83, GRS80 spheroid. Differences in datum, spheroid, projection or State Plane zones used in the production of FIRMs for adjacent jurisdictions may result in slight positional differences in map features across jurisdiction boundaries. These differences do not affect the accuracy of this FIRM.

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

Spatial Reference System Division
National Geodetic Survey, NOAA
Silver Spring Metro Center
1315 East-West Highway
Silver Spring, Maryland 20910
(301) 713-3191

County Average Vertical Datum Offset Table

County	Vertical Datum Offset (ft)
DuPage	- 0.#

Example: NAVD 88 = NGVD 29 + (offset)

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

BASE MAP SOURCE: Base map information shown on this FIRM was provided in digital format by DuPage County Department of Development & Environmental Concerns. This information was derived from digital orthophotos produced at a scale of 1:7,200 from photography dated 1998.

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

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

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

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

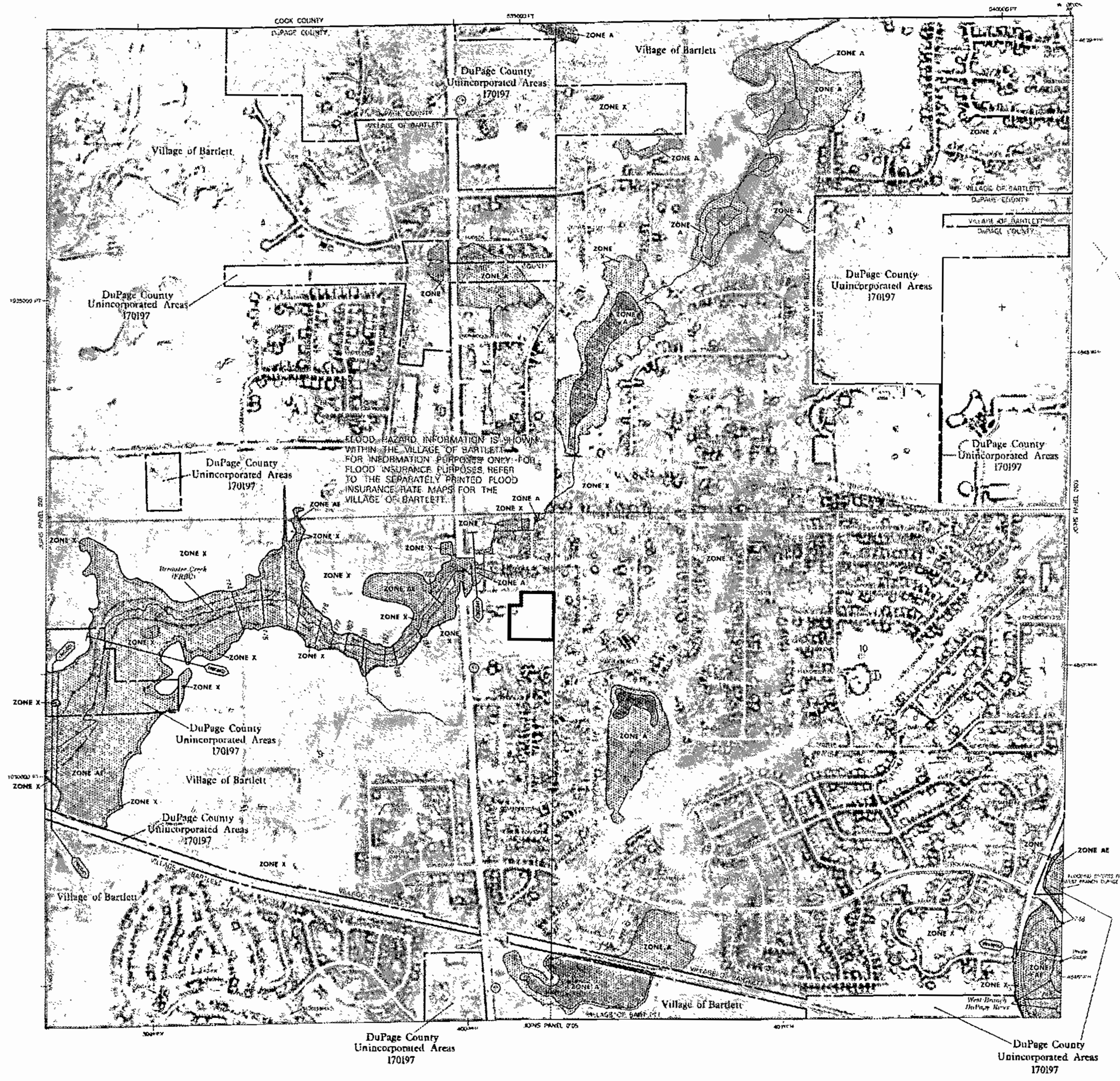
If you have **questions about this map** or questions concerning the National Flood Insurance Program in general, please call 1-877-FEMA MAP (1-877-336-2627) or visit the FEMA website at http://www.fema.gov.

CTP Cooperating Technical Partners
Data for Disaster Resistance

This digital Flood Insurance Rate Map (FIRM) was produced through a unique cooperative partnership between DuPage County and the Federal Emergency Management Agency (FEMA). DuPage County has implemented a long term approach of floodplain management to decrease the costs associated with flooding. This is demonstrated by the County's commitment to map floodplain areas at the local level. As a part of this effort, DuPage County has joined in a Cooperating Technical Partner agreement with FEMA to produce this digital FIRM.

PANEL LOCATION

TOWNSHIP PANEL



LEGEND

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

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

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

FLOODWAY AREAS IN ZONE AE

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

OTHER FLOOD AREAS

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

OTHER AREAS

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

COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

OTHERWISE PROTECTED AREAS (OPAs)

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

1% annual chance floodplain boundary
0.2% annual chance floodplain boundary
Floodway boundary
Zone D boundary
CBRS and OPA boundary
Boundary dividing Special Flood Hazard Area Zones and boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths, or flood velocities.
513 Base Flood Elevation line and value; elevation in feet*
(EL 987) Base Flood Elevation value where uniform within zone; elevation in feet*
*Referenced to the National Geodetic Vertical Datum of 1929
Cross section line
Geographic coordinates referenced to the North American Datum of 1983 (NAD 83)
1000-meter Universal Transverse Mercator grid values, zone 16
5000-foot grid values: Illinois State Plane Coordinate System, East Zone (FIPSZONE 1201), Transverse Mercator Projection
DX5510 × Bench mark (see explanation in Notes to Users section of this FIRM panel)
• M1.5 River Mile

MAP REPOSITORY
Refer to listing of Map Repositories on Map Index

EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP
December 16, 2004

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

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

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

MAP SCALE 1" = 500'

NFIP NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0102H

FIRM
FLOOD INSURANCE RATE MAP
DuPAGE COUNTY, ILLINOIS AND INCORPORATED AREAS

PANEL 0102 OF 1006
(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
DUPAGE COUNTY	170197	0102	H

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

MAP NUMBER 17043C0102H

EFFECTIVE DATE DECEMBER 16, 2004

Federal Emergency Management Agency

ATTACHMENT-5A

Historic Resources Preservation Act Requirements

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

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

ATTACHMENT-6

FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

ONLINE SUBMITTAL

January 11, 2016

Rachel Leibowitz, Ph.D.
Deputy State Historic Preservation Officer
Illinois Historic Preservation Agency
Preservation Service Division
Old State Capitol
Springfield, Illinois 62701

Re: **New Long-Term Care facility to be located in Bartlett, DuPage County**

Dear Ms. Haaker:

The Applicants are proposing (through the Certificate of Need process) to establish a new Long-Term Care facility depicted as Lot 2 on the Artis Sr. Living P.U.D. Plan of 6N625 Rte. 59, Bartlett, DuPage County, Illinois. The proposed Long-Term Care facility will consist of 68 skilled nursing beds.

The required information is as follows:

a. General project address: **Lot 2 on the Artis Sr. Living P.U.D. Plan of 6N625 Rte 59 (East side of Route 59, South of Apple Valley Drive, North of Congress Drive), Bartlett, DuPage County, Illinois.**

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

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

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

e. Total acres of project: **4.8**

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

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

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

Sincerely,

Kathy Harris

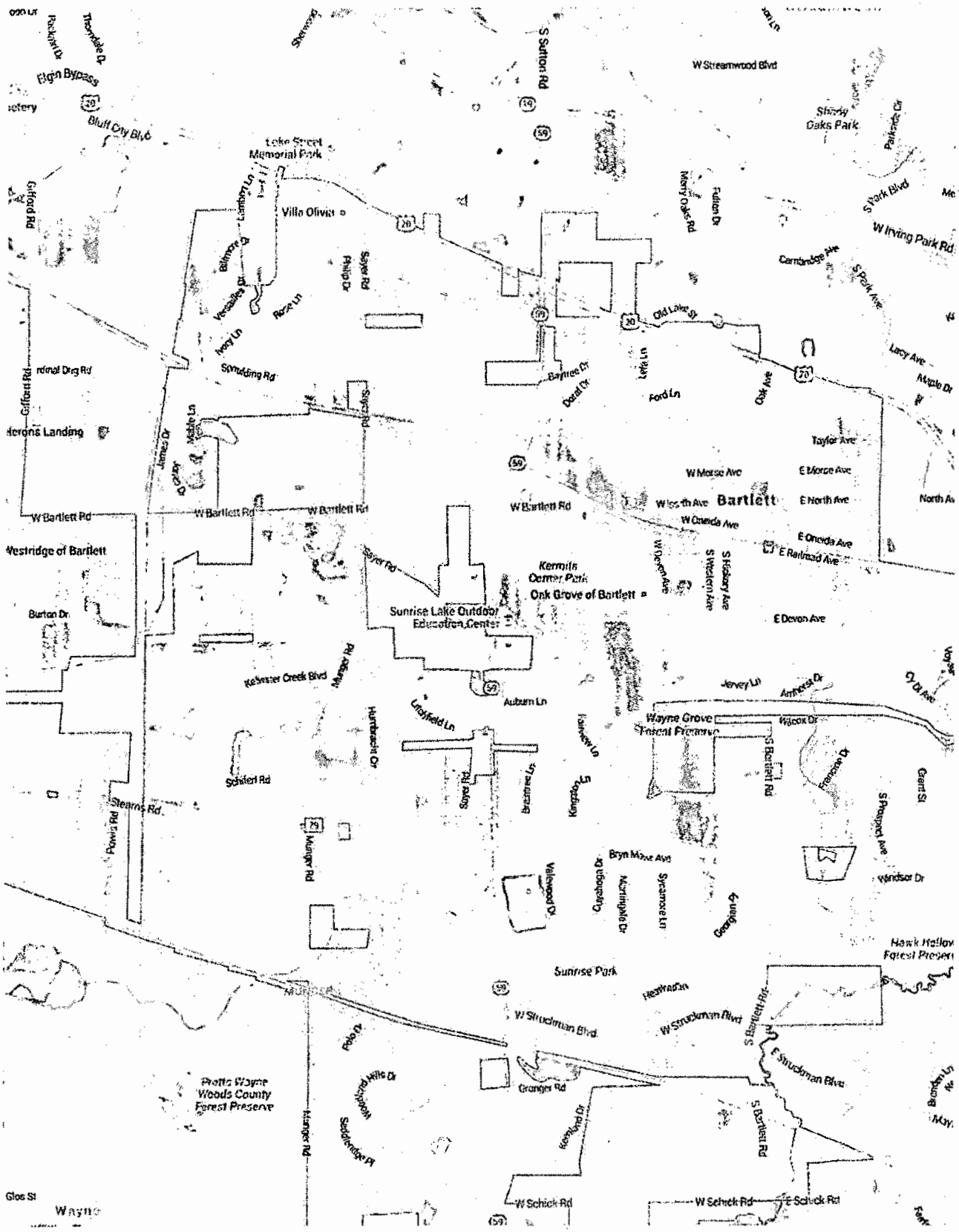
Kathy Harris

Enclosures

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

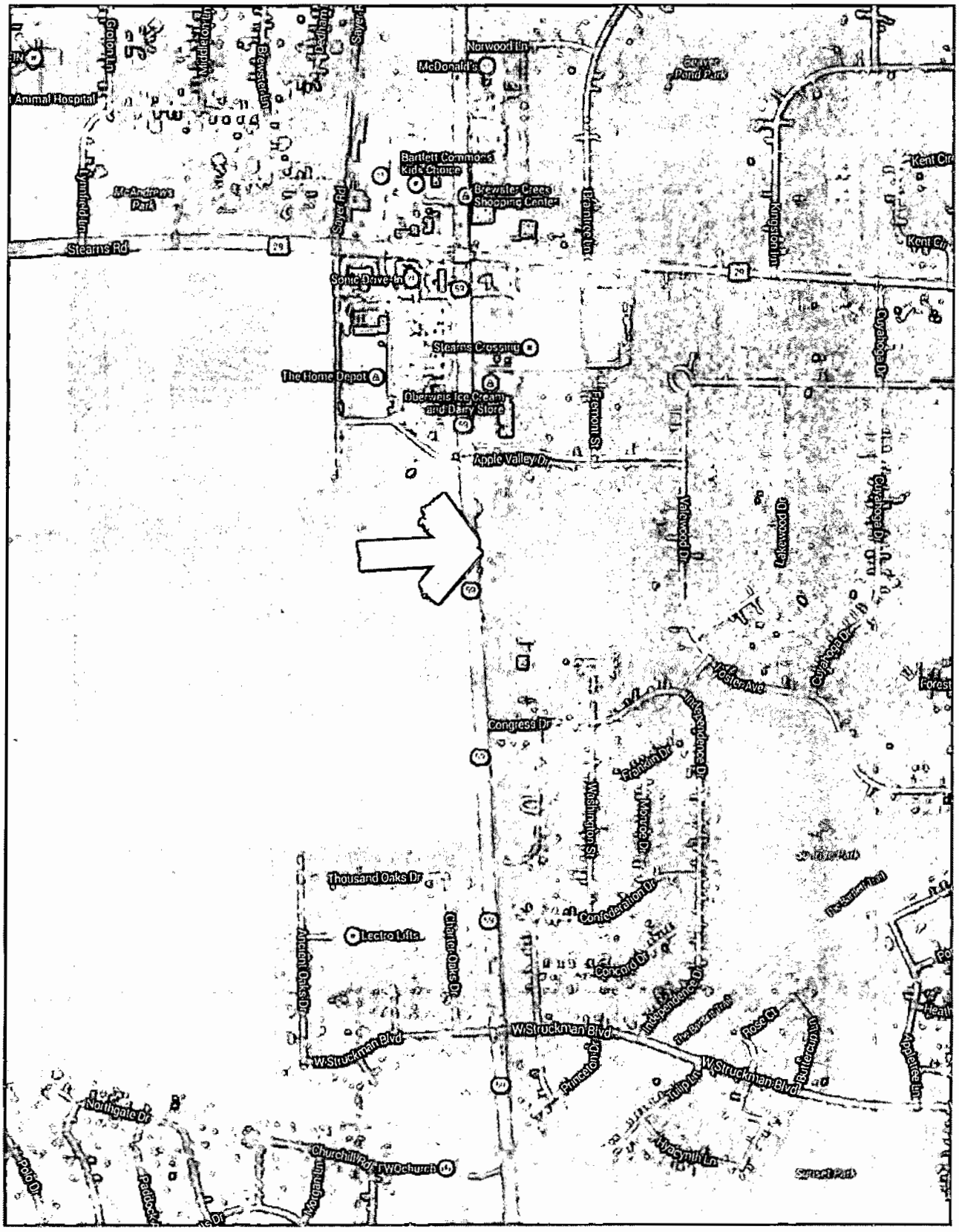
ATTACHMENT-6A

Google Maps Bartlett, IL



ATTACHMENT-6A

Google Maps Bartlett, IL



ATTACHMENT-6A

Kathy Harris

From: Kathy Harris
Sent: Tuesday, January 12, 2016 10:34 AM
To: 'HPA.ProjectsBox@Illinois.gov'
Subject: Alden Estates of Bartlett - Historic Preservation Request letter for CON Application
Attachments: Historic Preservation Request Letter & attachments - Alden Estates of Bartlett 1.11.16.pdf

Kathy Harris

Foley & Associates, Inc.
133 South Fourth Street, Suite 200
Springfield, Illinois 62701
217.544.1551 - Office
217.544.3615 - Facsimile
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Criterion 1125.320 – Purpose of the Project

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

The proposed project will establish a 68-bed nursing care facility in Bartlett, DuPage County, Illinois. This project addresses the current bed need of 138 nursing care beds for Health Service Area 7, DuPage County (**7-C Planning Area**), as published in the 11/18/2015 Update to the 2015 Illinois Department of Public Health (hereafter known as IDPH) Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services. This project will increase access for nursing care as all proposed nursing beds will be certified for both Medicare and Medicaid. Improved accessibility for nursing care services will be provided to residents of the market area, i.e., a 30-minute travel time from the proposed site. Specifically, this proposed 68-bed nursing care facility will provide general long-term care, rehabilitative nursing services, and post acute nursing services under the skilled care (SNF) license.

The 7-C Planning Area is DuPage County. This is a large area for a Planning Service Area (PSA). The project is only proposing to address half of the identified need for additional nursing beds. Moreover, these beds will be established in the most northern half of the PSA as there is currently a project on file in the southern half of the 7-C PSA. Although the Illinois Certificate of Need program does not have a batching review process, it should be noted that projects #15-056 and #16-002 are both in the South Western most part of the County, thereby not addressing accessibility to the entire PSA. Addressing accessibility within the County coupled with the outside indicators of need like the 7-A Planning Service Area outstanding need for beds implies that the need is not exclusive to the Southwestern corner of the PSA. Providing nursing

care services throughout implicitly documents that health care will improve accessibility and will be improved for the market area population.

	Nursing Bed Need Projected from State and Planning Area Ratio of Pop. to Nursing Beds					
	2018 Projected Population	2013* Inventory Lic. Beds	Ratio of Tot Pop : 1 Bed	2018 Projected 65+ Pop	2013-2018 65+ Pop Growth (%)	Ratio of 65+ Pop : 1 bed
Illinois	13,069,300	100,792	129.7:1	2,018,400	15.8%	20.0:1
7-C Planning Area	934,300	5,862	159.4:1	152,800	26.1%	26.1:1
7-A Planning Area	629,500	3,321	189.6:1	106,700	22.8%	32.1:1

Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 LTC Services

The above chart illustrates that based upon the State's and 7-C and 7-A Planning Area's ratio of population to nursing beds the Village of Bartlett itself can support the proposed project.

The proposed project site is located in Northern DuPage County (DuPage County is Planning Service Area 7-C). The State's new Inventory (2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services) shows a path of growth in terms of need for additional nursing care services that includes Will County (need of 141), 7-A Planning Service Area (need of 462) directly North of the 7-C PSA and McHenry County Planning Service Area (need of 127) to the Northwest of the 7-A PSA. This is a corridor of need and this project will provide health services that will improve accessibility for nursing care services to the residents of the market area, i.e., a 30-minute travel time from the proposed site. It should be noted that although there is not a batching review process in the Health Facilities and Services Review Board's rules, there is an application on file in McHenry County (HFSRB Project Number 15-044), Will County (HFSRB Project Number 15-051), and two very close in proximity to one another in Southern DuPage County (HFSRB Project Numbers 15-056 and 16-002). These last two projects monopolize the entire 7-C PSA bed need (138 beds needed) in the Southwestern most corner of the PSA some

ATTACHMENT-10

seven miles from one another. The proposed project is over 15 miles away and approximately 30 or more minutes from the proposed Lisle site. Therefore, the proposed project ensures not only improving the healthcare of the residents in the PSA it provides more equitable accessibility.

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

In accordance with the State's required travel time contour, the proposed market area is the thirty minute drive time contour adjusted per the 77 Illinois Administrative Code, Chapter II, Subchapter a, Section 1100.510(d).

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

There is an identified need for 138 additional nursing care beds and services in Health

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

Market	2013 Estimated Population	2018 Estimated Population	Growth	Lic. Beds	Population for 1-bed	2013 Estimated 65+ Pop	2018 Estimated 65+ Pop	Growth	65+ Population for 1-bed
Illinois	2,880,900	13,069,300	1.5%	100,792	129.7	1,742,900	2,018,400	15.8%	20.0
HSA 7-C	930,400	934,300	0.4%	5,862	159.4	121,200	152,800	26.1%	26.1
HSA 7-A	617,7000	629,500	1.9%	3,321	189.6	86,900	106,700	22.8%	32.1
Bartlett	41,227	41,632	1.0%			3,4 63			

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

Service Area 7, 7-C (DuPage County) Planning Service Area. This project addresses that existing identified need. The chart provided herein, portrays the issue that the proposed project seeks to address. Specifically, the Planning Service Areas of HSA-7C and HSA-7A each have a ratio of population per single nursing bed that is higher than that of the State. The proposed project seeks to establish nursing beds in a community that has over 40,000 people and over 8% (3,463 in 2010) are elderly over the age of 65. Even with the outstanding needed 138-nursing care beds, the ratio of population to beds only falls to 155,7 people per nursing bed and the ratio

ATTACHMENT-10

of 65+ population to nursing beds only drops to 25.5 elderly per nursing bed well higher than the State's ratio. Therefore, the issue is the lack of accessibility to nursing services in the 7-C PSA and throughout the PSA.

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

Appended as **ATTACHMENT-10A**, is the Long-Term Care Facility Update (November 18, 2015) to the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care Services for **DuPage County, HSA 7-C**.

Appended as **ATTACHMENT-10B** is the Microsoft MapPoint North America 2009 map identifying the location of the proposed facility, the 30-minute market contour, location of other area nursing facilities, and zip code areas.

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

Appended as **ATTACHMENT-10D** is census data from the US Census Bureau for the Village of Bartlett.

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

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

ATTACHMENT-10

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

The proposed facility addresses only half of the outstanding need for nursing care beds of the 7-C PSA as defined in the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care which calculates an existing need for 138 additional nursing care beds.

Appended as **ATTACHMENT-10F**, are two (2) physician letters of support stating that it is their intent to provide referrals should openings be available. It should be noted that these letters provide that collectively in the most recent 12 months 420 referrals have been made to area nursing facilities. Specifically, for the proposed project, these same physicians have indicated that they could make referrals of 35 patients per month for the general geriatric nursing beds. On an annual basis these referrals account for 420 referrals to the nursing unit of the proposed Alden Estates of Bartlett. The important point is that accessibility will be greatly improved.

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

This project's goal is to serve and provide general long-term care services and innovative (ADRD) long-term care services to the geriatric population of those within the 7-C Planning Service Area. The goal will be measured by the Applicant's ability to continuously fill its beds and provide the proposed services.

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

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

ATTACHMENT-10

LONG-TERM CARE FACILITY UPDATES

11/18/2015

CALCULATED BED NEEDS

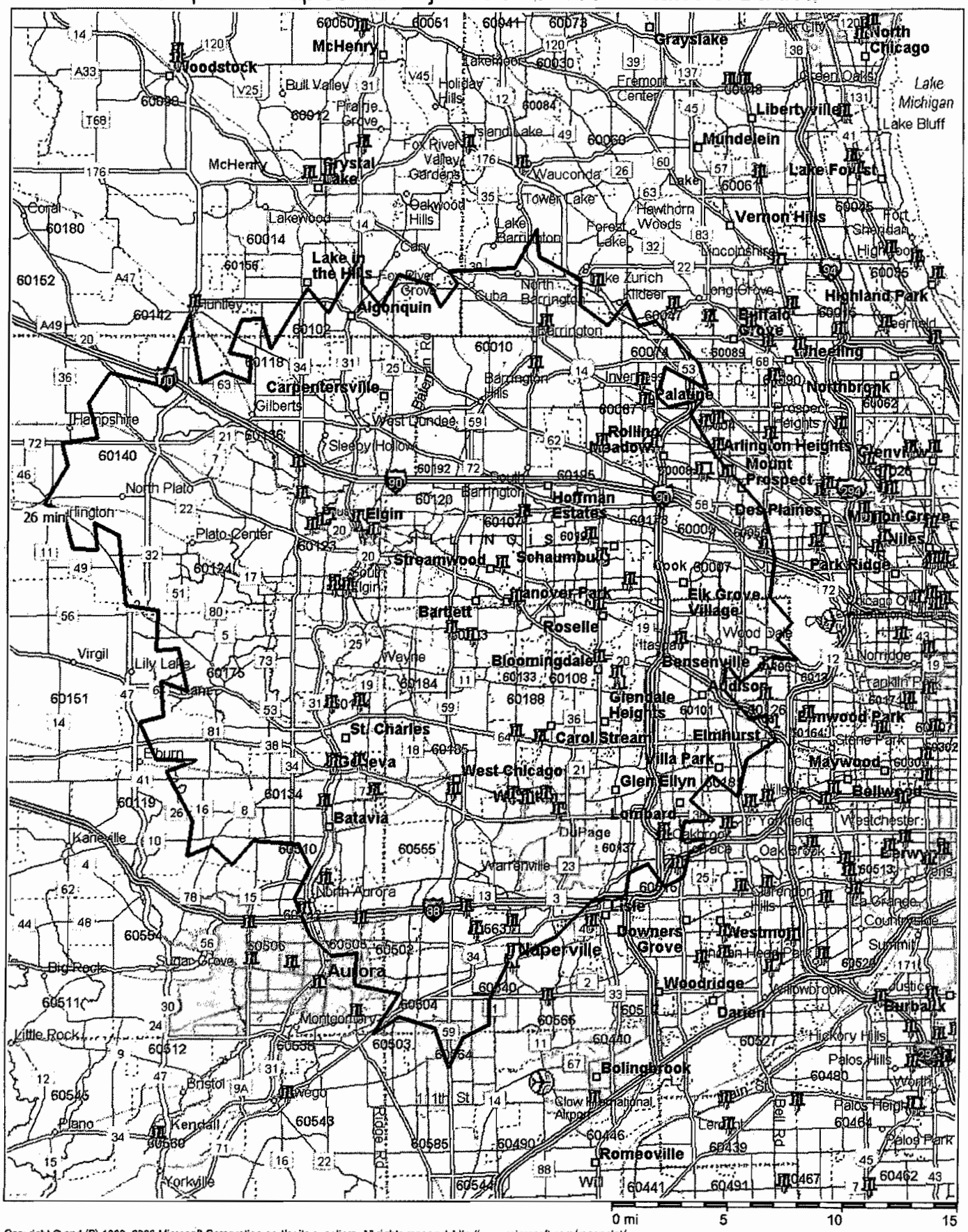
Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3783	3321	462
Planning Area 7-B	6101	6827	(726)
Planning Area 7-C	5998	5860	138
Planning Area 7-D	2462	2904	(442)
Planning Area 7-E	8026	9165	(1139)
HEALTH SERVICE AREA 8			
Kane	2705	3084	(379)
Lake	4186	4494	(308)
McHenry	1124	997	127
HEALTH SERVICE AREA 9			
Grundy	300	265	35
Kankakee	1072	1368	(296)
Kendall	336	185	151
Will	2931	2790	141
HEALTH SERVICE AREA 10			
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1219	(142)
HEALTH SERVICE AREA 11			
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)

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

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

ATTACHMENT-10A

MapPoint Map 30 min adj drive time Alden Estates of Bartlett



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ATTACHMENT-10B

Alden Estates of Bartlett
30-Minute Adjusted Drive Time Facilities

FACID	FACNAME	ADDRESS	CITY	2014 PROFILE DATA # of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
	Assisi Healthcare Center at Clare Oaks (1)	775 W Bartlett Rd	Bartlett	120	2.4	5.75
6001713	Wood Glen Nursing & Rehab Ctr (2)	County Farm Rd & SR-64	West Chicago	213	4.3	8.05
6012975	Lexington Of Streamwood	815 East Irving Park Road	Streamwood	214	5.7	11.5
6016554	Claremont-Hanover Park (3)	2016 West Lake Street	Hanover Park	150	5	11.5
6008718	South Elgin Rehab & Hlthcare Ct	746 Spring Street	South Elgin	90	6.2	12.65
6003263	Tower Hill Healthcare Center	759 Kane Street	South Elgin	206	6.4	12.65
6014666	Rosewood Care Ctr St. Charles	850 Dunham Road	St. Charles	109	7.5	12.65
6006902	Heritage Health - Elgin	355 Raymond Street	Elgin	94	7.2	14.95
6007439	Provena Pine View Care Center (4)	611 Allen Lane	St. Charles	120	9.1	16.1
6005847	ARBA Care Center of Elgin	134 North Mclean Boulevard	Elgin	102	9.7	16.1
6000277	Manorcare of Elgin	180 South State Street	Elgin	88	7.8	16.1
6004758	River View Rehab Center	50 North Jane Drive	Elgin	203	9.8	17.25
6009872	West Chicago Terrace Nursing Home	928 Joliet Road	West Chicago	120	8.1	17.25
6011753	Windsor Park Manor	110 Windsor Park Drive	Carol Stream	80	8.6	17.25
6000020	Abbington Rehab & Nursing Ctr	31 West Central	Roselle	82	7.6	17.25
6001366	Alden-Poplar Creek Rehab &Care	1545 Barrington Road	Hoffman Estates	217	8.6	17.25
6012827	Sherman West Court (5)	1950 Larkin Avenue	Elgin	112	10.1	18.4
6003503	Bria of Geneva	1101 East State Street	Geneva	107	10.3	19.55
6014237	Rosewood Care Center of Elgin	2355 Royal Boulevard	Elgin	139	11.8	19.55
6000392	Apostolic Christian Resthaven (6)	2750 West Highland Avenue	Elgin	50	10.6	19.55
6011993	Lexington Health Care Center-Bloomingdale	165 South Bloomingdale Road	Bloomingdale	166	8	19.55
6012553	Lexington Of Schaumburg	675 South Roselle Road	Schaumburg	214	9.4	19.55
6012686	Manor Care - Elk Grove Village	1920 Nerge Road	Elk Grove Villg	190	9.5	19.55
6008171	Batavia Rehab & Hlthcare Ctr.	520 Fabyan Parkway	Batavia	63	11.6	21.85
6005334	Winfield Woods Healthcare Center	28W141 Liberty Street	Winfield	138	9.9	21.85
6002612	Dupage Convalescent Home	400 N County Farm Road	Wheaton	368	10.3	21.85
6000459	Alden-Valley Ridge Rehab &Care	275 East Army Trail Road	Bloomingdale	207	8.7	21.85
6001002	West Suburban Nursing & Rehab Center	311 Edgewater Drive	Bloomingdale	259	9.5	21.85
6008361	Wynscape Health & Rehab	2180 Manchester Road	Wheaton	209	10.6	23
6003404	Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	250	9.7	23
6000483	Forest View Rehab & Nursing Center	535 South Elm	Itasca	144	13	24.15
6009963	Wheaton Care Center	1325 Manchester Road	Wheaton	123	11.5	25.3
6002208	Covenant Health Care Center	831 Batavia Avenue	Batavia	99	14.1	27.6
6003735	Alden Estates of Barrington	1420 South Barrington Road	Barrington	150	13.2	27.6
6014252	Tabor Hills Healthcare (7)	1437 Crystal Avenue	Naperville	211	13.6	28.75
6016570	Greenfields of Geneva	0N801 Friendship Way	Geneva	43	16.7	29.9
6011910	St. Patrick's Residence	1400 Brookdale Road	Naperville	209	14.3	29.9
				5659		

Permit Projects Not Complete

FACID	FACNAME	ADDRESS	CITY	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
10-065	Park Point South Elgin Healthcare	Illinois 25 & East Middle Street	South Elgin	120	4.8	8.05
09-030	Addison Rehabilitation & Living Center	1754 Capital Street	Elgin	120	15.3	24.15
08-099	Meadowbrook Manor	37W220 Keslinger Road	Geneva	150	13.3	27.6
				390		
				6049		

SPECIALIZED POPULATION

	Marianjoy Rehab Hospital	2050 W Roosevelt Rd	Wheaton	11.6	26.45

(1) Used profile address which is the same as address 2 exported from MapPoint (829 Carillon Drive)
(2) Used profile address which is the same as website address (201 W North Ave)
(3) Profile address is 2000 West Lake Street
(4) 10/01/2012 Name Change from Provena Pine View Care Center to Presence Pine View Care Center
(5) 08/01/10 Bed Change. Disc 8 Nsg Care Beds, facility now authorized for 112 Nsg Care beds
(6) 06/01/13 Name Changed from Apostolic Christian Resthaven to Highland Oaks
(7) used profile address which is the sam as website address (1347 Crystal Ave)

Sources: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (http://www.illinois.gov/hfs/Pages/default.aspx)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov)
Microsoft MapPoint 2009

ATTACHMENT-10C

NOTE: This version of QuickFacts will no longer be updated with new data. Please visit the new for the latest data.

Bartlett (village), Illinois

People QuickFacts	Bartlett	Illinois
Population, 2014 estimate	41,632	12,880,580
Population, 2010 (April 1) estimates base	41,227	12,831,587
Population, percent change - April 1, 2010 to July 1, 2014	1.0%	0.4%
Population, 2010	41,208	12,830,632
Persons under 5 years, percent, 2010	6.8%	6.5%
Persons under 18 years, percent, 2010	27.3%	24.4%
Persons 65 years and over, percent, 2010	8.4%	12.5%
Female persons, percent, 2010	51.0%	51.0%
White alone, percent, 2010 (a)	78.6%	71.5%
Black or African American alone, percent, 2010 (a)	2.3%	14.5%
American Indian and Alaska Native alone, percent, 2010 (a)	0.2%	0.3%
Asian alone, percent, 2010 (a)	14.4%	4.6%
Native Hawaiian and Other Pacific Islander alone, percent, 2010 (a)	Z	0.0%
Two or More Races, percent, 2010	1.9%	2.3%
Hispanic or Latino, percent, 2010 (b)	8.6%	15.8%
White alone, not Hispanic or Latino, percent, 2010	73.2%	63.7%
Living in same house 1 year & over, percent, 2009-2013	94.1%	86.8%
Foreign born persons, percent, 2009-2013	17.7%	13.8%
Language other than English spoken at home, pct age 5+, 2009-2013	25.4%	22.3%
High school graduate or higher, percent of persons age 25+, 2009-2013	93.4%	87.3%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	43.3%	31.4%
Veterans, 2009-2013	1,664	727,919
Mean travel time to work (minutes), workers age 16+, 2009-2013	34.7	28.0
Housing units, 2010	14,509	5,298,715
Homeownership rate, 2009-2013	89.1%	67.5%
Housing units in multi-unit structures, percent, 2009-2013	11.4%	32.9%
Median value of owner-occupied housing units, 2009-2013	$272,200	$182,300
Households, 2009-2013	13,932	4,772,723
Persons per household, 2009-2013	2.96	2.63
Per capita money income in past 12 months (2013 dollars), 2009-2013	$36,203	$29,666
Median household income, 2009-2013	$93,250	$56,797
Persons below poverty level, percent, 2009-2013	5.0%	14.1%

Business QuickFacts	Bartlett	Illinois
Total number of firms, 2007	3,474	1,123,817
Black-owned firms, percent, 2007	1.4%	9.5%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.5%
Asian-owned firms, percent, 2007	12.6%	5.3%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	S	5.0%
Women-owned firms, percent, 2007	27.5%	30.5%
Manufacturers shipments, 2007 ($1000)	274,153	257,760,713
Merchant wholesaler sales, 2007 ($1000)	318,163	231,082,768
Retail sales, 2007 ($1000)	150,784	165,450,520
Retail sales per capita, 2007	$3,690	$12,947
Accommodation and food services sales, 2007 ($1000)	33,337	25,469,026

Geography QuickFacts	Bartlett	Illinois

ATTACHMENT-10D

Land area in square miles, 2010	15.63	55,518.93
Persons per square mile, 2010	2,637.1	231.1
FIPS Code	04013	17
Counties		

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.
D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown
Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, County Business Patterns, Economic Census, Survey of Business Owners, Building Permits, Census of Governments
Last Revised: Wednesday, 02-Dec-2015 09:24:08 EST

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ATTACHMENT-10D

Planning Area: **Planning Area 7-A**

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

ATTACHMENT-10E

General Long-Term Care Category of Service

Planning Area:	Planning Area 7-A		General Nursing Care	
Facility Name	City	County/Area	Beds	2013 Patient Days
		Planning Area Totals	3,321	937,701

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

	2013 PSA Patient Days	2013 PSA Estimated Populations	2013 PSA Use Rates (Per 1,000)	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	59,224	530,800	111.6	406.2	1,083.2	406.2	522,800	212,356			
65-74 Years Old	109,457	47,500	2,304.4	2,684.9	7,159.7	2,684.9	62,500	167,805			
75+ Years Old	769,020	39,400	19,518.3	12,575.4	33,534.4	19,518.3	44,200	862,708			
						Planning Area Totals		1,242,869	3,405.1	3,783	462

Planning Area: Planning Area 7-C

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

General Long-Term Care Category of Service

Planning Area: Planning Area 7-C

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

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

	2013 PSA Patient Days	2013 PSA Estimated Populations	2013 PSA Use Rates (Per 1,000)	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	299,698	809,200	370.4	406.2	1,083.2	406.2	781,500	317,438			
65-74 Years Old	234,969	69,300	3,390.6	2,684.9	7,159.7	3,390.6	92,600	313,970			
75+ Years Old	1,154,352	51,900	22,241.8	12,575.4	33,534.4	22,241.8	60,200	1,338,959			
						Planning Area Totals		**1,970,367**	**5,398.3**	**5,998**	**136**

January 6, 2016

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

RE: Application for Certificate of Need for Alden Estates of Bartlett, Inc., 68 Bed Skilled Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

I am a practicing physician in the Bartlett area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 68 bed skilled rehabilitation and health care center in this area.

As the population continues to age, grow and mature in and around the Bartlett area, these services are very much needed. Currently there is a shortage of appropriate care for residents who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care over the years.

Over the years, I have referred approximately 15 patients per month for skilled care to facilities farther than the proposed Alden project location in Bartlett. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 15 patients per month for skilled care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

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

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

Sincerely;

Dr. Hasan

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

Dennis Kellar MD

NW Pulmonary & Sleep Medicine
900 West Main St Suite # 100
Lake Zurich, IL 60047

January 6, 2016

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As the population continues to age, grow and mature in and around the Bartlett area, these services are very much needed. Currently there is a shortage of appropriate care for residents who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care and this proposed facility will be very beneficial for their well being.

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

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

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

Sincerely;

D. Kellar, MD DABSM, FCCP

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

ATTACHMENT-10F

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

Criterion 1125.330 – Alternatives

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

   Alternative options **must** include:

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

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

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

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

2. Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

This project presents a situation that has become more common in areas around the State of Illinois in terms of health planning. The dichotomy is that within the 7-C Planning Area there is currently an outstanding need for 138 nursing care beds according to the new 2015 IDPH, Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services. However, at the same time, the State's latest available information (IDPH, Long-Term Care Questionnaire Data for 2014) shows that many facilities have utilization rates that are under the State's optimal rate of 90 percent (77 Illinois Administrative Code, Chapter II, Section 1125.210.c). See **ATTACHMENT-11A** for the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term

Market Area	Nursing Beds	Utilization
Illinois	98,819	76%
PSA 7C	**5,841**	**78.5%**
PSA 7A	3,321	77.4%
30-minute	**6,049**	**77%**

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

ATTACHMENT-11

Care. It is hard to balance these two issues since the identified need for additional nursing beds is also significantly high in the neighboring 7-A PSA (462 beds needed).

Therefore, the alternatives to the project as proposed are limited. The alternatives that were considered include: "Maintain the Status Quo", "Establish a Larger Project" and the "Project as Proposed". It should be noted that all alternatives are limited based on the identified need for 138 nursing beds.

MAINTAIN THE STATUS QUO

Total Costs

There are no capital costs associated with this alternative. The true cost of this alternative is the inaccessibility to general long-term care services for the residents of the Planning Area (7-C) that the proposed market area is part of. Specifically, this alternative maintains that there will be a large need for 600 nursing beds between the 7-C and 7-A Planning Service Areas (see **ATTACHMENT-11A)** according to the Long-Term Care Facility Update, November 18, 2015 to the IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services.

Patient Access

In light of two other projects on file addressing the need in the 7-C PSA, there appears to be the potential for a maldistribution of services in the Planning Service Area. A maldistribution is typified by having too many beds in one area. HFSRB Project Numbers 15-056 and 16-002 are both located around Naperville, just under 7 miles apart. Together these projects would unfairly appropriate all of the outstanding needed beds (138) in the Southwestern corner of the County. This alternative of maintaining the Status Quo allows for the aforementioned projects to be approved negatively impacting patient accessibility throughout the PSA.

ATTACHMENT-11

Out of the total of 40-nursing facilities within a 30-minute travel time contour, only four are within 5 miles or 10 minutes. There are only seventeen facilities within a 15 minute travel time. More than half of the facilities 60% are greater than 15 minutes travel time from the proposed site. Refer to **ATTACHMENT-11B** for the travel time and distance listing of area facilities. When the 30-minute market area contour is analyzed, there is accessibility to nursing services yet immediate access for the Village of Bartlett has the population to support the majority of the beds being proposed by itself. The Planning area also has the highest use rates as compared to the State, and adjacent Planning Service Area 7-A.

The State's new bed need inventory in and of itself implies that there is an accessibility issue. The bed need calculation uses the historical use rates and applies them forward. Before one additional bed is needed, the entire existing inventory (including the three permitted yet not complete facilities) capacity at 90% is factored in first and, therefore, if there is a need it comes only after the existing beds are presumed filled.

Finally, in addition to the ratio of population per nursing bed, the 30-minute market area is abutted by the 7-A Planning Service Area that cumulatively calculate a need for 600 additional nursing care beds. Therefore, this alternative does not enhance patient accessibility and as such was not determined to be viable.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states and continues to offer its commitment to the highest quality in care and in physical plant environment but this alternative restricts the accessibility of those in need of long-term care for general geriatric nursing care. This alternative does not allow for greater quality of care for the general geriatric residents as the populations will have to seek services in out-of area facilities as

the use rates continue to increase.

Financial Benefits

As there is no project cost and no nursing services available within the primary market area, there can be no financial benefits as there is nothing to benefit from. In fact, there would appear to be a cost. The populations of all of the communities in Northern DuPage County, especially those 65 and over are at a disadvantage. This population must seek long-term care at a significant distance. The growth rate of the over 65 age cohort in HSA-7C is increasing at the impressive rate of over 26% whereas the total population is stagnant with a 1.9% overall increase. The vertical alignment of hospitals and Long-Term Care resulting from the Affordable Care Act and Accountable Care Organizations (ACO Contracts), residents are being pushed downstream. With an increasing elderly population moving more quickly through the Hospitals, this alternative does not address access and as such was considered not viable.

ESTABLISH A LARGER PROJECT

Total Costs

The need in the 7-C PSA is for 138 additional nursing care beds. The abutting 7-A PSA also has an identified need for beds (462). The two Planning Service Areas of which the proposed project's 30-minute market contour envelopes collectively has a need for 600 nursing care beds. This number is too voluminous for an Applicant to even consider and there would be no consistent features such as land, construction type, staffing, administration, etc... Furthermore, HFSRB has a norm for total facility size of 250 beds (77 Illinois Administrative Code, Chapter II, Section 1125.600). Finally, although there is overlap with the PSA's, the need for the 7-C Planning Area is 138 so it would only make sense to limit the size maximum for this alternative to 138 beds. As the proposed project has a construction and contingency cost of

approximately $235/gsf and the norm of 713 gsf/bed, a project based on this alternative could realize a construction and contingency cost of bed cost of $23,122,590, whereas the project as proposed has a cost of under $15,000,000 ($14,805,000) for the construction and contingency project costs. Therefore, it appears safe to estimate total costs for this alternative to far outweigh those being proposed.

Patient Access

Patient accessibility could be negatively impacted by this alternative if the entire outstanding need is established in an area that is not centrally located. Locating such a large number of beds in one community, especially considering the community is not centrally located within the PSA, could cause accessibility issues.

Quality

The issue as presented here is about accessibility and not quality. The Applicant states that it is committed to providing the highest quality in care and in physical plant environment regardless of bed capacity or size; that being said, there are quality concerns when a project becomes too big or institutional.

Financial Benefits

Although the potential income from so many beds identified in this alternative could be desirable, institutional sized facilities are not popular. Therefore, realizing financial benefits for this alternative most likely would not be viable. The Applicant's intent with the size of the project was to effectively create no impact on the area's existing facilities while satisfying the need for beds 7-C Planning Service Area. Therefore, to proceed with this alternative and thereby potentially impacting the utilization of other area facilities, could cause negative financial benefits for all. Thus, this alternative was considered not viable.

ATTACHMENT-11

THE PROJECT AS PROPOSED

This alternative is also consistent with the alternative of proposing a project of smaller scope. The need identified for the PSA is 138 and this project is proposing only 68 beds (half of the identified need for additional beds and services).

Total Costs

The proposed project cost is $14,678,999 for construction cost plus contingencies.

Patient Access

The proposed project improves accessibility in a responsible fashion. The project establishes a service in a substantially sized community with a large number of seniors that are growing at an unprecedented rate. However, the project does not intend to improve the ratio of population to each nursing bed to a number more in line with that of the State's. The beds needed are derived from a five year projection and for each entire county. As the proposed project's market contour is geographically placed in the most northern half of the PSA and the fact that there are projects proposed in the most Southwestern part of the PSA, the 68 beds proposed are appropriate to ensure access without harming accessibility to other area facilities.

Quality

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

Financial Benefits

Through the Applicant's ability in addressing the accessibility issue of 30-minute market area and the 7-C Planning Service Area, it appears they will have the ability not only to benefit

financially from the operations but the elderly residents Northern DuPage County may benefit as well. As these elderly residents continue to age, they will not have to leave the community for nursing services. There is a resultant financial benefit of less travel for loved ones, friends and family members and for the community who will be able to keep their residents and their economic impact. There are many intangible financial benefits but there are also the one that result in jobs and the additional tax base income for the community. Finally, there is a benefit of appropriate accessibility of proposing only half of the beds needed as the locale is not central to the entire PSA. Due to this alternative's ability to address the issue of accessibility, its ability to offer a service in a quality manner that are indicative of the other Alden facilities provides for multiple financial benefits; therefore, this alternative was considered the most viable.

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

The alternative of the "Project as Proposed" is based on the identified bed need (138-beds in 7-C Planning Service Area and 462 needed beds in the 7-A PSA) within the Applicant's 30-minute market contour. Therefore, this alternative is not based solely or in part on improved quality of care. Moreover, the State has one nursing bed for every 129 persons or one nursing beds for every 20 seniors (65+). This would appear to suggest that DuPage County could support 7,203 - 7,640 total nursing beds or 1,341 - 1,778 additional nursing beds as compared to the State's ratio of persons to nursing beds or elderly persons to nursing beds respectively. Therefore, this item would appear to be not applicable.

ATTACHMENT-11

LONG-TERM CARE FACILITY UPDATES

11/18/2015

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3783	3321	462
Planning Area 7-B	6101	6827	(726)
Planning Area 7-C	5998	5860	138
Planning Area 7-D	2462	2904	(442)
Planning Area 7-E	8026	9165	(1139)
HEALTH SERVICE AREA 8			
Kane	2705	3084	(379)
Lake	4186	4494	(308)
McHenry	1124	997	127
HEALTH SERVICE AREA 9			
Grundy	300	265	35
Kankakee	1072	1368	(296)
Kendall	336	185	151
Will	2931	2790	141
HEALTH SERVICE AREA 10			
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1219	(142)
HEALTH SERVICE AREA 11			
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)

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

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

Alden Estates of Bartlett
30-Minute Adjusted Drive Time Facilities

FACID	FACNAME	ADDRESS	CITY	2014 PROFILE DATA # of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
	Assisi Healthcare Center at Clare Oaks (1)	775 W Bartlett Rd	Bartlett	120	2.4	5.75
6001713	Wood Glen Nursing & Rehab Ctr (2)	County Farm Rd & SR-64	West Chicago	213	4.3	8.05
6012975	Lexington Of Streamwood	815 East Irving Park Road	Streamwood	214	5.7	11.5
6016554	Claremont-Hanover Park (3)	2016 West Lake Street	Hanover Park	150	5	11.5
6008718	South Elgin Rehab & Hlthcare Ct	746 Spring Street	South Elgin	90	6.2	12.65
6003263	Tower Hill Healthcare Center	759 Kane Street	South Elgin	206	6.4	12.65
6014666	Rosewood Care Ctr St. Charles	850 Dunham Road	St. Charles	109	7.5	12.65
6006902	Heritage Health - Elgin	355 Raymond Street	Elgin	94	7.2	14.95
6007439	Provena Pine View Care Center (4)	611 Allen Lane	St. Charles	120	9.1	16.1
6005847	ARBA Care Center of Elgin	134 North Mclean Boulevard	Elgin	102	9.7	16.1
6000277	Manorcare of Elgin	180 South State Street	Elgin	88	7.8	16.1
6004758	River View Rehab Center	50 North Jane Drive	Elgin	203	9.8	17.25
6009872	West Chicago Terrace Nursing Home	928 Joliet Road	West Chicago	120	8.1	17.25
6011753	Windsor Park Manor	110 Windsor Park Drive	Carol Stream	80	8.6	17.25
6000020	Abbington Rehab & Nursing Ctr	31 West Central	Roselle	82	7.6	17.25
6001366	Alden-Poplar Creek Rehab &Care	1545 Barrington Road	Hoffman Estates	217	8.6	17.25
6012827	Sherman West Court (5)	1950 Larkin Avenue	Elgin	112	10.1	18.4
6003503	Bria of Geneva	1101 East State Street	Geneva	107	10.3	19.55
6014237	Rosewood Care Center of Elgin	2355 Royal Boulevard	Elgin	139	11.8	19.55
6000392	Apostolic Christian Resthaven (6)	2750 West Highland Avenue	Elgin	50	10.6	19.55
6011993	Lexington Health Care Center-Bloomingdale	165 South Bloomingdale Road	Bloomingdale	166	8	19.55
6012553	Lexington Of Schaumburg	675 South Roselle Road	Schaumburg	214	9.4	19.55
6012686	Manor Care - Elk Grove Village	1920 Nerge Road	Elk Grove Villg	190	9.5	19.55
6008171	Batavia Rehab & Hlthcare Ctr.	520 Fabyan Parkway	Batavia	63	11.6	21.85
6005334	Winfield Woods Healthcare Center	28W141 Liberty Street	Winfield	138	9.9	21.85
6002612	Dupage Convalescent Home	400 N County Farm Road	Wheaton	368	10.3	21.85
6000459	Alden-Valley Ridge Rehab &Care	275 East Army Trail Road	Bloomingdale	207	8.7	21.85
6001002	West Suburban Nursing & Rehab Center	311 Edgewater Drive	Bloomingdale	259	9.5	21.85
6008361	Wynscape Health & Rehab	2180 Manchester Road	Wheaton	209	10.6	23
6003404	Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	250	9.7	23
6000483	Forest View Rehab & Nursing Center	535 South Elm	Itasca	144	13	24.15
6009963	Wheaton Care Center	1325 Manchester Road	Wheaton	123	11.5	25.3
6002208	Covenant Health Care Center	831 Batavia Avenue	Batavia	99	14.1	27.6
6003735	Alden Estates of Barrington	1420 South Barrington Road	Barrington	150	13.2	27.6
6014252	Tabor Hills Healthcare (7)	1437 Crystal Avenue	Naperville	211	13.6	28.75
6016570	Greenfields of Geneva	0N801 Friendship Way	Geneva	43	16.7	29.9
6011910	St. Patrick's Residence	1400 Brookdale Road	Naperville	209	14.3	29.9
				5659		

Permit Projects Not Complete

FACID	FACNAME	ADDRESS	CITY	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
10-065	Park Point South Elgin Healthcare	Illinois 25 & East Middle Street	South Elgin	120	4.8	8.05
09-030	Addison Rehabilitation & Living Center	1754 Capital Street	Elgin	120	15.3	24.15
08-099	Meadowbrook Manor	37W220 Keslinger Road	Geneva	150	13.3	27.6
				390		
				6049		

SPECIALIZED POPULATION

	Marianjoy Rehab Hospital	2050 W Roosevelt Rd	Wheaton	11.6	26.45

(1) Used profile address which is the same as address 2 exported from MapPoint (829 Carillon Drive)
(2) Used profile address which is the same as website address (201 W North Ave)
(3) Profile address is 2000 West Lake Street
(4) 10/01/2012 Name Change from Provena Pine View Care Center to Presence Pine View Care Center
(5) 08/01/10 Bed Change. Disc 8 Nsg Care Beds, facility now authorized for 112 Nsg Care beds
(6) 06/01/13 Name Changed from Apostolic Christian Resthaven to Highland Oaks
(7) used profile address which is the sam as website address (1347 Crystal Ave)

Sources: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (http://www.illinois.gov/hfs/Pages/default.aspx)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov)
Microsoft MapPoint 2009

ATTACHMENT-11B

GENERAL LONG-TERM CARE

Criterion 1125.520 – Background of the Applicant

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

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

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

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

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

The above requested authorization for the Health Facilities and Services Review Board and the Department of Public Health access to information is appended as **ATTACHMENT-12D.**

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

This item is not applicable.

ATTACHMENT-12

Alden Estates of Bartlett
Other Related Facilities through the Ultimate Parent
The Alden Group, Ltd.

RELATED FACILITIES

Alden Alma Nelson Manor

Alden Estates of Barrington

Alden Des Plaines Rehab & HC

Alden Garden Cts of DesPlaines

Alden Estates of Evanston

Heather Health Care Center

Alden Lakeland Rehab & HCC

Alden Lincoln Rehab & H C Ctr

Alden Long Grove Rehab & HCC

Alden Terrace of McHenry Rehab

Alden Estates of Naperville

Alden Northmoor Rehab & HCC

Alden North Shore Rehab & HCC

Alden Orland Park Rehab & HCC

Alden Park Strathmoor

Alden Poplar Creek Rehab & HCC

Alden Princeton Rehab & HCC

Alden Estates of Shorewood

Alden Estates of Skokie

Alden Town Manor Rehab & HCC

Alden Valley Ridge Rehab & HCC

Alden Village Health Facility

Alden Village North

Alden of Waterford

Alden Courts of Waterford

Alden Gardens of Waterford

Alden Wentworth Rehab & HCC

Alden of Old Town East

Alden of Old Town West

Alden Trails

Alden Springs

State of Illinois 2149064

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
10/28/2015	BGBE	0044891

LONG TERM CARE LICENSE
SKILLED 268

UNRESTRICTED 268 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - ALMA NELSON MANOR, INC.

ALDEN ALMA NELSON MANOR
550 SOUTH MULFORD AVENUE
ROCKFORD IL 61108
EFFECTIVE DATE: 10/29/13

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2149064
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
10/28/2015	BGBE	0044891

LONG TERM CARE LICENSE
SKILLED 268

UNRESTRICTED 268 TOTAL BEDS

REGION 1

09/25/13

ALDEN ALMA NELSON MANOR
550 SOUTH MULFORD AVENUE
ROCKFORD IL 61108

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2193112

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

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

LONG TERM CARE LICENSE
SKILLED 150

UNRESTRICTED 150 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN ESTATES OF BARRINGTON, INC.

ALDEN ESTASTES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON IL 60010
EFFECTIVE DATE: 11/01/14

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 21931

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATI

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

LONG TERM CARE LICENSE
SKILLED 150

UNRESTRICTED 150 TOTAL B

REGION 9

10/24/14

ALDEN ESTASTES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON IL 60010

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2189104

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
10/30/2016	SGBE	0042010

LONG TERM CARE LICENSE
SKILLED 110

UNRESTRICTED 110 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - DES PLAINES REHABILITATION AND HEAL

ALDEN DES PLAINES REHAB & HC
1221 EAST GOLF ROAD
DES PLAINES IL 60016
EFFECTIVE DATE: 10/31/14

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ATTACHMENT-12B

State of Illinois 2208269

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/27/2017	BG8E	0044529

LONG TERM CARE LICENSE
SHELTERED 042

UNRESTRICTED 042 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN-DES PLAINES REHABILITATION AND HEALTH

ALDEN GARDEN CTS OF DESPLAINES
1227 GOLF ROAD
DES PLAINES IL 60016
EFFECTIVE DATE: 11/28/15

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ATTACHMENT-12B

State of Illinois 2203834
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

WIRAY O. SHAW, M.D., J.D.
DIRECTOR

03/14/2017	BGBE	0040733

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE
ALDEN ESTATES OF EVANSTON, INC.

ALDEN ESTATES OF EVANSTON
2520 GROSS POINT ROAD
EVANSTON IL 60201
EFFECTIVE DATE: 03/15/15

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

2203834
State of Illinois
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

	CATEGORY	
03/14/2017	BGBE	0040733

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL BEDS

REGION 9

02/25/15

ALDEN ESTATES OF EVANSTON
2520 GROSS POINT ROAD
EVANSTON IL 60201

FEE RECEIPT NO.

State of Illinois 2206443

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

AV D. SHAH, M.D., J.D.
ECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
06/01/2016	BG8E	0023945

LONG TERM CARE LICENSE
SKILLED 173

UNRESTRICTED 173 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

THER HEALTH CARE CENTER, INC.

EATHER HEALTH CARE CENTER
5600 SOUTH HONORE STREET
ARVEY IL 60426
EFFECTIVE DATE: 06/02/15

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2206443

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
06/01/2016	BG8E	0023945

LONG TERM CARE LICENSE
SKILLED 173

UNRESTRICTED 173 TOTAL BEDS

REGION 9

05/22/15

HEATHER HEALTH CARE CENTER
15600 SOUTH HONORE STREET
HARVEY IL 60426

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2207865

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/30/2017	BGBE	0017319

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - LAKELAND REHABILITATION AND HEALTH

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640
EFFECTIVE DATE: 10/01/15

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2207865

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/30/2017	BGBE	0017319

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

REGION 8

09/28/15

ALDEN LAKELAND REHAB & HCC
820 WEST LAWRENCE
CHICAGO IL 60640

FEE RECEIPT NO.

State of Illinois 2208267

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2017	BGBE	0040709

LONG TERM CARE LICENSE
SKILLED 034
INTERMEDIATE 062

UNRESTRICTED 096 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - LINCOLN PARK REHABILITATION AND HEA

ALDEN LINCOLN REHAB & H C CTR
504 WEST WELLINGTON AVENUE
CHICAGO IL 60657
EFFECTIVE DATE: 11/01/15

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104

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2208267

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/31/2017	BGBE	0040709

LONG TERM CARE LICENSE
SKILLED 034
INTERMEDIATE 062

UNRESTRICTED 096 TOTAL BEDS

REGION 8

10/28/15

ALDEN LINCOLN REHAB & H C CTR
504 WEST WELLINGTON AVENUE
CHICAGO IL 60657

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2165549

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/06/2016	BGBE	0040683

LONG TERM CARE LICENSE
SKILLED 210
INTERMEDIATE 038

UNRESTRICTED 248 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - LONG GROVE REHABILITATION AND HEALT

ALDEN LONG GROVE REHAB & HCC
BOX 2308, RFD OLD HICKS ROAD
LONG GROVE IL 60047
EFFECTIVE DATE: 03/07/14

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 216554

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/06/2016	BGBE	0040683

LONG TERM CARE LICENSE
SKILLED 210
INTERMEDIATE 038

UNRESTRICTED 248 TOTAL BED

REGION 1

02/25/14

ALDEN LONG GROVE REHAB & HCC
BOX 2308, RFD OLD HICKS ROAD
LONG GROVE IL 60047

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2206752

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/13/2016	BGBE	0040691

LONG TERM CARE LICENSE
SKILLED 316

UNRESTRICTED 316 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN TERRACE OF MCHENRY REHABILITATION AND

ALDEN TERRACE OF MCHENRY REHAB
803 ROYAL DRIVE
MCHENRY IL 60050
EFFECTIVE DATE: 07/19/15

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ATTACHMENT-12B

State of Illinois 2193094

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/08/2016	BGBE	0022509

LONG TERM CARE LICENSE
SKILLED 203

UNRESTRICTED 203 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN ESTATES OF NAPERVILLE, INC

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE IL 60565
EFFECTIVE DATE: 11/09/14

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2193094

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/08/2016	BGBE	0022509

LONG TERM CARE LICENSE
SKILLED 203

UNRESTRICTED 203 TOTAL BEDS

REGION 7

10/24/14

ALDEN ESTATES OF NAPERVILLE
1525 SOUTH OXFORD LANE
NAPERVILLE IL 60565

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2165551

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	LT. NUMBER
03/28/2016	BGBE	0041277

LONG TERM CARE LICENSE
SKILLED 198

UNRESTRICTED 198 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - NORTHMOOR REHABILITATION AND HEALTH

ALDEN NORTHMOOR REHAB & HCC
5831 NORTH NORTHWEST HIGHWAY
CHICAGO IL 60631
EFFECTIVE DATE: 03/29/14

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2165551
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	LT. NUMBER
03/28/2016	BGBE	0041277

LONG TERM CARE LICENSE
SKILLED 198

UNRESTRICTED 198 TOTAL BEDS

REGION 8

02/25/14

ALDEN NORTHMOOR REHAB & HCC
5831 NORTH NORTHWEST HIGHWAY
CHICAGO IL 60631

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2141874

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/09/2015	BGBE	0042028

LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - NORTH SHORE REHABILITATION AND HEAL

ALDEN NORTH SHORE REHAB & HCC
5050 WEST TOUHY AVENUE
SKOKIE IL 60077

EFFECTIVE DATE: 08/10/13

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2141874

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/09/2015	BGBE	0042028

LONG TERM CARE LICENSE
SKILLED 093

UNRESTRICTED 093 TOTAL BEDS

REGION 9

07/23/13

ALDEN NORTH SHORE REHAB & HCC
5050 WEST TOUHY AVENUE
SKOKIE IL 60077

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2198464

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LAMAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/07/2017	BGBE	0042192

LONG TERM CARE LICENSE
SKILLED 200

UNRESTRICTED 200 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - ORLAND PARK REHABILITATION AND HEAL

ALDEN ORLAND PARK REHAB & HCC
16450 SOUTH 97TH AVENUE
ORLAND PARK IL 60462
EFFECTIVE DATE: 01/08/15

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 219846

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/07/2017	BGBE	0042192

LONG TERM CARE LICENSE
SKILLED 200

UNRESTRICTED 200 TOTAL BED

REGION 9

12/22/14

ALDEN ORLAND PARK REHAB & HCC
16450 SOUTH 97TH AVENUE
ORLAND PARK IL 60462

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2206755

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/25/2017	BGBE	0044909

LONG TERM CARE LICENSE
SKILLED 189

UNRESTRICTED 189 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - PARK STRATHMOOR, INC.

ALDEN PARK STRATHMOOR
5668 STRATHMOOR DRIVE
ROCKFORD IL 61107
EFFECTIVE DATE: 07/26/15

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2206755

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/25/2017	BGBE	0044909

LONG TERM CARE LICENSE
SKILLED 189

UNRESTRICTED 189 TOTAL BEDS

REGION 1

06/24/15

ALDEN PARK STRATHMOOR
5668 STRATHMOOR DRIVE
ROCKFORD IL 61107

FEE RECEIPT NO.

State of Illinois 2198450

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LAMAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2016	BGBE	0032896

LONG TERM CARE LICENSE
SKILLED 217

UNRESTRICTED 217 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - POPLAR CREEK REHABILITATION AND HEA

ALDEN POPLAR CREEK REHAB & HCC
1545 BARRINGTON ROAD
HOFFMAN ESTATES IL 60194
EFFECTIVE DATE: 01/01/15

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2198450
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2016	BGBE	0032896

LONG TERM CARE LICENSE
SKILLED 217

UNRESTRICTED 217 TOTAL BEDS

REGION 9

12/22/14

ALDEN POPLAR CREEK REHAB & HCC
1545 BARRINGTON ROAD
HOFFMAN ESTATES IL 60194

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2206742

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/10/2016	BGBE	0036244

LONG TERM CARE LICENSE
SKILLED 225

UNRESTRICTED 225 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN - PRINCETON REHABILITATION AND HEALTH

ALDEN PRINCETON REHAB & HCC
255 WEST 69TH STREET
CHICAGO IL 60621
EFFECTIVE DATE: 07/11/15

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2206742

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/10/2016	BGBE	0036244

LONG TERM CARE LICENSE
SKILLED 225

UNRESTRICTED 225 TOTAL BEDS

REGION 8

06/24/15

ALDEN PRINCETON REHAB & HCC
255 WEST 69TH STREET
CHICAGO IL 60621

FEE RECEIPT NO.

State of Illinois 2203850

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/09/2015	BGBE	0050781

LONG TERM CARE LICENSE
SKILLED 100

UNRESTRICTED 100 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF SHOREWOOD, INC

ALDEN ESTATES OF SHOREWOOD
710 WEST BLACK ROAD
SHOREWOOD IL 60404
EFFECTIVE DATE: 03/09/15

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

ATTACHMENT-12B

State of Illinois 2162046
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/01/2016	BGBE	0050146

LONG TERM CARE LICENSE
SKILLED 056

UNRESTRICTED 056 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN ESTATES OF SKOKIE, INC.

ALDEN ESTATES OF SKOKIE
4626 OLD ORCHARD ROAD
SKOKIE IL 60076
EFFECTIVE DATE: 02/02/14

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/87 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2162046
Department of Public Health
LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
02/01/2016	BGBE	0050146

LONG TERM CARE LICENSE
SKILLED 056

UNRESTRICTED 056 TOTAL BEDS

REGION 9

01/23/14

ALDEN ESTATES OF SKOKIE
4626 OLD ORCHARD ROAD
SKOKIE IL 60076

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2206187

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
05/01/2016	BG3E	0038000

LONG TERM CARE LICENSE
SKILLED 237

UNRESTRICTED 237 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN - TOWN MANOR REHABILITATION AND HEALT

ALDEN TOWN MANOR REHAB & HCC
6120 WEST OGDEN
CICERO IL 60804

EFFECTIVE DATE: 05/02/15

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2206187

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
05/01/2016	BGBE	0038000

LONG TERM CARE LICENSE
SKILLED 237

UNRESTRICTED 237 TOTAL BEDS

REGION 9

04/28/15

ALDEN TOWN MANOR REHAB & HCC
6120 WEST OGDEN
CICERO IL 60804

FEE RECEIPT NO.

State of Illinois 2208258

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
10/31/2017	BGBE	0036640

LONG TERM CARE LICENSE
SKILLED 207

UNRESTRICTED 207 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN-VALLEY RIDGE REHABILITATION AND HEALT

ALDEN VALLEY RIDGE REHAB & HCC
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 11/01/15

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ATTACHMENT-12B

State of Illinois 2186531

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/16/2016	8GBE	0038455

LONG TERM CARE LICENSE
UNDER 22 126

UNRESTRICTED 126 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN VILLAGE HEALTH FACILITY FOR CHILDREN

ALDEN VILLAGE HEALTH FACILITY
267 EAST LAKE STREET
BLOOMINGDALE IL 60108

EFFECTIVE DATE: 09/17/14

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 218653

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/16/2016	8GBE	0038455

LONG TERM CARE LICENSE
UNDER 22 126

UNRESTRICTED 126 TOTAL BE

REGION 7

08/22/14

ALDEN VILLAGE HEALTH FACILITY
267 EAST LAKE STREET
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

State of Illinois 2165567

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
02/28/2016	BGBE	0049122

LONG TERM CARE LICENSE
UNDER 22 150

UNRESTRICTED 150 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN VILLAGE NORTH,INC.

ALDEN VILLAGE NORTH
7464 N. SHERIDAN ROAD
CHICAGO IL 60626

EFFECTIVE DATE: 03/01/14

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2165567

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
02/28/2016	BGBE	0049122

LONG TERM CARE LICENSE
UNDER 22 150

UNRESTRICTED 150 TOTAL BEDS

REGION B

02/25/14

ALDEN VILLAGE NORTH
7464 N. SHERIDAN ROAD
CHICAGO IL 60626

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2182266

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/31/2015	BGBE	0042036

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF WATERFORD, L.L.C.

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA IL 60504
EFFECTIVE DATE: 08/01/14

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 21822

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATI

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/31/2015	BGBE	0042036

LONG TERM CARE LICENSE
SKILLED 099

UNRESTRICTED 099 TOTAL B

REGION 7

07/24/14

ALDEN OF WATERFORD
2021 RANDI DRIVE
AURORA IL 60504

FEE RECEIPT NO.

State of Illinois 2208569

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
12/05/2017	BGBE	0044180

LONG TERM CARE LICENSE
SHELTERED 066

UNRESTRICTED 066 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN COURTS OF WATERFORD, L.L.C.

ALDEN COURTS OF WATERFORD
1991 RANDI DRIVE
AURORA IL 60504

EFFECTIVE DATE: 12/05/15

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2208569

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID. NUMBER
12/05/2017	BGBE	0044180

LONG TERM CARE LICENSE
SHELTERED 066

UNRESTRICTED 066 TOTAL BEDS

REGION 7

11/24/15

ALDEN COURTS OF WATERFORD
1991 RANDI DRIVE
AURORA IL 60504

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2159306

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/09/2016	868E	0044503

LONG TERM CARE LICENSE
SHELTERED 121

UNRESTRICTED 121 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN GARDENS OF WATERFORD, L.L.C.

ALDEN GARDENS OF WATERFORD
1955 RANDI DRIVE
AURORA IL 60504

EFFECTIVE DATE: 01/10/14

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 215930

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATIC

EXPIRATION DATE	CATEGORY	I.D. NUMBER
01/09/2016	868E	0044503

LONG TERM CARE LICENSE
SHELTERED 121

UNRESTRICTED 121 TOTAL B

REGION 7

12/20/13

ALDEN GARDENS OF WATERFORD
1955 RANDI DRIVE
AURORA IL 60504

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2182253

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

MAR HASBROUCK, MD, MPH
RECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/02/2015	BGBE	0026435

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

DEN - WENTWORTH REHABILITATION AND HEALTH

ALDEN WENTWORTH REHAB & HCC
201 WEST 69TH STREET
CHICAGO IL 60621
EFFECTIVE DATE: 08/03/14

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

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2182253

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
08/02/2015	BGBE	0026435

LONG TERM CARE LICENSE
SKILLED 300

UNRESTRICTED 300 TOTAL BEDS

REGION 8

07/24/14

ALDEN WENTWORTH REHAB & HCC
201 WEST 69TH STREET
CHICAGO IL 60621

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2172233

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/08/2016	BGBE	0042069

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF OLD TOWN EAST, INC.

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/09/14

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2172233

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/08/2016	BGBE	0042069

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

REGION 7

04/24/14

ALDEN OF OLD TOWN EAST
108 SOUTH FIRST STREET
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2172234

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	ID NUMBER
05/18/2016	BGBE	0042077

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN OF OLD TOWN WEST, INC.

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/19/14

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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2172234

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	ID NUMBER
05/18/2016	BGBE	0042077

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

REGION 7

04/24/14

ALDEN OF OLD TOWN WEST
118 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2172232

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/10/2016	BGBE	0042051

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS
LICENSEE

ALDEN TRAILS, INC.

ALDEN TRAILS
273 ARMY TRAIL ROAD
BLOOMINGDALE IL 60108
EFFECTIVE DATE: 05/19/14

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/07 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2172232

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
05/10/2016	BGBE	0042051

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

REGION 7

04/24/14

ALDEN TRAILS
273 ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

FEE RECEIPT NO.

ATTACHMENT-12B

State of Illinois 2186542

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

LA MAR HASBROUCK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/24/2016	BGBE	0047191

LONG TERM CARE LICENSE
ICFDD 016

UNRESTRICTED 016 TOTAL BEDS

BUSINESS ADDRESS

LICENSEE

ALDEN SPRINGS, INC.

ALDEN SPRINGS
207 EAST ARMY TRAIL ROAD
BLOOMINGDALE IL 60108

EFFECTIVE DATE: 09/25/16

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

ATTACHMENT-12B

Alden Estates of Bartlett, Inc.

January 6, 2016

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

RE: Alden Estates of Bartlett, Inc.

Dear Ms. Avery:

Please be advised that no adverse actions as defined under §1130.140 have been taken against the Application (Alden Estates of Bartlett, Inc.) within three years preceding the filing of the Certificate of Need Application.

There are a few other Alden Facilities that have received violations at the "A" level from the Illinois Department of Public Health. Notably, there are 31 Alden licensed long-term care facilities in the State of Illinois. Since October of 2012, only 4 of those facilities have received level "A" violations. Attached is a certified listing of facilities with level "A" violations, as well as a list of all Alden facilities have had no type "A" violations filed against them within the past three (3) years.

Sincerely,

ALDEN ESTATES OF BARTLETT, INC.

By: Randi Schullo
Randi Schullo
Vice President

Notarization:

Subscribed and sworn to before me this 6 day of January, 2016

Signature of Notary

Seal

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

ATTACHMENT-12C

CERTIFIED LIST OF ALDEN LONG TERM CARE FACILITIES
WITH LEVEL "A" VIOLATIONS SINCE 2013

Alden Estates of Shorewood:	NH13 S0069
Alden-Princeton:	NH14 C0310
Alden Alma Nelson:	Type AA NH14 S0371 (hearing requested)
Alden-Long Grove:	NH15 S0018

ATTACHMENT-12C

ALDEN LONG TERM CARE FACILITIES
WITH NO TYPE "A" VIOLATIONS SINCE JUNE 2012

ALDEN ESTATES OF BARRINGTON
ALDEN DES PLAINES
ALDEN GARDENS COURTS DES PLAINES
ALDEN ESTATES OF EVANSTON
HEATHER HEALTH CARE CENTER
ALDEN LAKELAND
ALDEN LINCOLN PARK
ALDEN MCHENRY
ALDEN ESTATES OF NAPERVILLE
ALDEN NORTHMOOR
ALDEN NORTH SHORE
ALDEN OF OLD TOWN EAST
ALDEN OF OLD TOWN WEST
ALDEN ESTATES OF ORLAND PARK
ALDEN PARK STRATHMOOR
ALDEN POPLAR CREEK
ALDEN ESTATES OF SKOKIE
ALDEN SPRINGS
ALDEN TOWN MANOR
ALDEN TRAILS
ALDEN VALLEY RIDGE
ALDEN VILLAGE
ALDEN VILLAGE NORTH
ALDEN OF WATERFORD
ALDEN COURTS OF WATERFORD
ALDEN GARDENS OF WATERFORD
ALDEN WENTWORTH

Alden Estates of Bartlett, Inc.

January 6, 2016

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

RE: Alden Estates of Bartlett, Inc.

Dear Ms. Avery:

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

Sincerely,

ALDEN ESTATES OF BARTLETT, INC.

By: _____
Randi Schullo
Vice President

Notarization:

Subscribed and sworn to before me this 6 day of January, 2016

_____
Signature of Notary

Seal

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

ATTACHMENT-12D

Criterion 1125.530 - Planning Area Need

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

According to the Update to the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume2, Parts VI-VII, Long-Term Care Services dated November 18, 2015 the Board's website identifies a need of 138 nursing care beds in Health Service Area 7, Planning Area 7-C. It is interesting to also note that the Planning Area directly to the north, 7-A (most Northern border of DuPage County) shows a calculated need for 462 nursing care beds. This results in a combined need of 600 beds. Refer to **ATTACHMENT-13A** for the above referenced Update to Inventory dated November 18, 2015.

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

Through the signing of this application, the Applicant attests that the primary purpose of this project is to serve primarily the residents of Bartlett and the residents of the 7-C Planning Service Area. The location selected for the proposed project also indicates that the primary purpose of the project is for more specifically the residents of Northern DuPage County. The population of Bartlett itself (41,632) can justify the need ranging from 261-nursing beds when the 7-C ratio of population to existing nursing beds is used and to up to 320 when the State's ratio of total population to beds is factored. This is indicative of more than 50% of the population to be served coming from Bartlett which is within the PSA.

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

Appended as **ATTACHMENT-13B**, are two (2) physician referral letters providing, to the best of their abilities, their historical referrals. Collectively, these physicians have identified 420 referrals made to area nursing facilities in the most recent 12-month period. These letters have identified the same number of projected potential annual referrals to Alden Estates of Bartlett for the next two years.

It should be noted that the projected referrals are well within the number of historical referrals made and are more than enough to fill the proposed project's beds given the average length of stay of area facilities (30-miute travel time contour's 2014 ALOS of 155.8 days =1,699,578 total nursing patient days / 10,907 total admissions). Refer to **ATTACHMENT-13C** for a chart listing the number of admissions and patient days by facility and the resulting average length of stay (ALOS). Therefore, it will take 143.4 annual referrals with this ALOS to fill the facility to its target 90 percent utilization (68 beds x 365 days x 90% = 22,338 patient days). Since 420 annual referrals are being estimated it would appear that there are nearly 3 times (2.93x) the referrals needed to support this project.

LONG-TERM CARE FACILITY UPDATES

11/18/2015

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3783	3321	462
Planning Area 7-B	6101	6827	(726)
Planning Area 7-C	5998	5860	138
Planning Area 7-D	2462	2904	(442)
Planning Area 7-E	8026	9165	(1139)
HEALTH SERVICE AREA 8			
Kane	2705	3084	(379)
Lake	4186	4494	(308)
McHenry	1124	997	127
HEALTH SERVICE AREA 9			
Grundy	300	265	35
Kankakee	1072	1368	(296)
Kendall	336	185	151
Will	2931	2790	141
HEALTH SERVICE AREA 10			
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1219	(142)
HEALTH SERVICE AREA 11			
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)

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

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

ATTACHMENT-13A

January 6, 2016

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

RE: Application for Certificate of Need for Alden Estates of Bartlett, Inc., 68 Bed Skilled Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

I am a practicing physician in the Bartlett area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 68 bed skilled rehabilitation and health care center in this area.

As the population continues to age, grow and mature in and around the Bartlett area, these services are very much needed. Currently there is a shortage of appropriate care for residents who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care over the years.

Over the years, I have referred approximately 15 patients per month for skilled care to facilities farther than the proposed Alden project location in Bartlett. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 15 patients per month for skilled care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

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

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

Sincerely;

Dr. Hasan

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

Dennis Kellar MD

NW Pulmonary & Sleep Medicine
900 West Main St Suite # 100
Lake Zurich, IL 60047

January 6, 2016

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

RE: Application for Certificate of Need for Alden Estates of Bartlett, Inc., 68 Bed Skilled Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

I am a practicing physician in the Bartlett area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 68 bed skilled rehabilitation and health care center in this area.

As the population continues to age, grow and mature in and around the Bartlett area, these services are very much needed. Currently there is a shortage of appropriate care for residents who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care and this proposed facility will be very beneficial for their well being.

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

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

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

Sincerely;

D. Kellar, MD DABSM, FCCP

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

ATTACHMENT-13B

Alden Estates of Bartlett
Average Length of Stay for
30-Minute Adjusted Drive Time Facilities

FACID	FACNAME	CITY	2014 PROFILE DATA # of Licensed Nursing Beds	Nursing Patient Days	Admissions	ALOS	Adjusted Travel Time
	Assisi Healthcare Center at Clare Oaks (1)	Bartlett	120	38,265	444	86.2	5.75
6001713	Wood Glen Nursing & Rehab Ctr (2)	West Chicago	213	62,443	55	1135.3	8.05
6012975	Lexington Of Streamwood	Streamwood	214	63,263	387	163.5	11.5
6016554	Claremont-Hanover Park (3)	Hanover Park	150	36,880	978	37.7	11.5
6008718	South Elgin Rehab & Hlthcare Ct	South Elgin	90	25,749	66	390.1	12.65
6003263	Tower Hill Healthcare Center	South Elgin	206	68,825	103	668.2	12.65
6014666	Rosewood Care Ctr St. Charles	St. Charles	109	33,080	305	108.5	12.65
6006902	Heritage Health - Elgin	Elgin	94	29,191	65	449.1	14.95
6007439	Provena Pine View Care Center (4)	St. Charles	120	34,387	350	98.2	16.1
6005847	ARBA Care Center of Elgin	Elgin	102	31,628	72	439.3	16.1
6000277	Manorcare of Elgin	Elgin	88	27,394	219	125.1	16.1
6004758	River View Rehab Center	Elgin	203	66,066	36	1835.2	17.25
6009872	West Chicago Terrace Nursing Home	West Chicago	120	42,450	72	589.6	17.25
6011753	Windsor Park Manor	Carol Stream	80	23,501	304	77.3	17.25
6000020	Abbington Rehab & Nursing Ctr	Roselle	82	25,521	165	154.7	17.25
6001366	Alden-Poplar Creek Rehab &Care	Hoffman Estates	217	64,850	400	162.1	17.25
6012827	Sherman West Court (5)	Elgin	112	27,348	840	32.6	18.4
6003503	Bria of Geneva	Geneva	107	30,718	175	175.5	19.55
6014237	Rosewood Care Center of Elgin	Elgin	139	43,270	442	97.9	19.55
6000392	Apostolic Christian Resthaven (6)	Elgin	50	17,030	27	630.7	19.55
6011993	Lexington Health Care Center-Bloomingdale	Bloomingdale	166	51,481	319	161.4	19.55
6012553	Lexington Of Schaumburg	Schaumburg	214	64,854	522	124.2	19.55
6012686	Manor Care - Elk Grove Village	Elk Grove Villg	190	62,632	1101	56.9	19.55
6008171	Batavia Rehab & Hlthcare Ctr.	Batavia	63	19,147	35	547.1	21.85
6005334	Winfield Woods Healthcare Center	Winfield	138	40,037	24	1668.2	21.85
6002612	Dupage Convalescent Home	Wheaton	368	117,889	234	503.8	21.85
6000459	Alden-Valley Ridge Rehab &Care	Bloomingdale	207	67,439	167	403.8	21.85
6001002	West Suburban Nursing & Rehab Center	Bloomingdale	259	67,403	214	315.0	21.85
6008361	Wynscape Health & Rehab	Wheaton	209	41,952	653	64.2	23
6003404	Friendship Village Schaumburg	Schaumburg	250	77,235	485	159.2	23
6000483	Forest View Rehab & Nursing Center	Itasca	144	35,687	122	292.5	24.15
6009963	Wheaton Care Center	Wheaton	123	41,984	57	736.6	25.3
6002208	Covenant Health Care Center	Batavia	99	31,325	241	130.0	27.6
6003735	Alden Estates of Barrington	Barrington	150	42,883	722	59.4	27.6
6014252	Tabor Hills Healthcare (7)	Naperville	211	62,759	332	189.0	28.75
6016570	Greenfields of Geneva	Geneva	43	12,290	0	#DIV/0!	29.9
6011910	St. Patrick's Residence	Naperville	209	70,722	174	406.4	29.9
			5659	1,699,578	10907	155.8	

(1) Used profile address which is the same as address 2 exported from MapPoint (829 Carillon Drive)
(2) Used profile address which is the same as website address (201 W North Ave)
(3) Profile address is 2000 West Lake Street
(4) 10/01/2012 Name Change from Provena Pine View Care Center to Presence Pine View Care Center
(5) 08/01/10 Bed Change. Disc 8 Nsg Care Beds, facility now authorized for 112 Nsg Care beds
(6) 06/01/13 Name Changed from Apostolic Christian Resthaven to Highland Oaks
(7) used profile address which is the sam as website address (1347 Crystal Ave)

Sources: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (http://www.illinois.gov/hfs/Pages/default.aspx)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov)
Microsoft MapPoint 2009

ATTACHMENT-13C

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

- **If the applicant is an existing facility wishing to establish this category of service or a new facility, #1 – 4 must be addressed. Requirements under #5 must also be addressed if applicable.**

- **If the applicant is not an existing facility and proposes to establish a new general LTC facility, the applicant shall submit the number of annual projected referrals.**

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

Appended as **ATTACHMENT-14A** are two (2) physician referral letters identifying 420 referrals that have been made to area nursing homes for the most recent two years. The requested documentation is provided to the best of the physicians' ability especially in light of HIPPA privacy requirements.

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

The physician referral letters appended in **ATTACHMENT-14A** use the historical referrals to area facilities as their basis of making projections. It should be noted that the physicians reviewed their patient files, and to the level that the information was available or allowed, were able to make conservative projections of referrals to the proposed project. It should also be noted that the sources' estimates didn't reference an allowance for increased patient load which is inevitable with the growing 65+ age cohort.

ATTACHMENT-14

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

- The anticipated number of referrals cannot exceed the referral sources' documented historical LTC caseload.
- The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion.
- Each referral letter shall contain the referral source's Chief Executive Officer's notarized signature, the typed or printed name of the referral source, and the referral source's address.

The referral letters, appended as **ATTACHMENT-14A**, anticipate monthly referrals of 35 residents. Together, and on an annualized basis, the projected referrals equal 420 residents/patients. The historical annual referrals equate to 420 patients. Even though the health care providers are facing a substantial increase in the 65+ age cohort, the anticipated referrals were not in excess of the historically documented caseload. Moreover, the 24-month projected referral number is equal to that of the historical projected number.

As the Applicant is proposing the establishment of a new facility, the portion of this item to document expansion project is not applicable.

It should be noted that each referral letter has the required notarized signature, name and address.

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

The referral letters, appended as **ATTACHMENT-14A**, each state that the referrals have not been used to justify or support another Certificate of Need application.

ATTACHMENT-14

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

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

Although the Applicant's service area is the 30-minute travel area contour, its Planning Service Area is HSA-7C. HSA-7C is the same as DuPgae County and although the County has a flat total growth rate of 0.4%, the elderly population (those 65+) have been growing at a rate of 26.1% according to the State's Inventory of Health Care Facilities and Services and Need Determinations, 2015, Long-Term Care. This is 60.5% higher elderly growth rate than that of the State's. An over 65 growth rate this much higher than that of the State's in an area that has a flat total population growth is significantly "graying" and should qualify as rapid population growth. Moreover, it appears that the PSA's 65+ age cohort continues to outpace the State through 2020.

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

Market	2013 Estimated Pop.	2018 Estimated Pop.	Growth	2020 Estimated Pop.	Growth	2013 Estimated 65+ Pop	2018 Estimated 65+ Pop	Growth	2020 Estimated 65+ Pop	Growth
Illinois	2,880,900	13,069,300	1.5%	13,129,233	0.45%	1,742,900	2,018,400	15.8%	2,136,585	5.9%
HSA 7-C	930,400	934,300	0.4%	939,016	0.50%	121,200	152,800	26.1%	165,821	8.5%
HSA 7-A	617,700	629,500	1.9%	n/a	n/a	86,900	106,700	22.8%	n/a	n/a
Bartlett*	41,227	41,632	1.0%	n/a	n/a	8,900	n/a	n/a	n/a	n/a

Sources: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services;
Population data from IDPH's Mitchell, Mike E. [Mike.Mitchell@Illinois.gov] 08/27/2015;
http://quickfacts.cemsus.gov/qfd/states/17/1752584.html
*Bartlett: Population estimates and projections use 2010 base year and 2014 projected year.

The above base year estimates and the projections were taken from IDPH and the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations,

ATTACHMENT-14

Volume2, Parts VI-VII, Long-Term Care Services. Appended as **ATTACHMENT-14B** IDPH Inventory pages for each Planning Area identified herein.

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

The population increase cited is the five year increment as required for preparation of the State bed need calculation.

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

The need calculated is considered current need and not projected need. It should be noted that the current need for services is reflected in part of the beds needed as determined by the latest IDPH Update to the Inventory of Health Care Facilities and Services and Need Determinations, as of November 18, 2015 for 7-C (DuPage County) and 7-A Planning Service Areas. In these areas there is a collective need for 600 additional nursing beds through 2018. Refer to **ATTACHMENT-14C** for a copy of the Update to the Inventory.

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

The populations used to document population is IDPH data that has accounted for all population changes in terms of births, deaths and net migration has been included. Moreover, the State rules allow for a 5-year projection. As we are now in 2016, a true 5-year projection would be through 2021. As the State's recently published State/County demographics indicate, the elderly population continues to grow and the PSA elderly age cohort is increasing at a faster rate than that of the State.

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

The demographic data projected in **ATTACHMENT-14B** provides total population and the 65+ age cohort. Additionally, all relied upon demographics are taken from the State's Inventory and/or its recently published State/County demographic study.

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

The methodology for the project is simply based on the census figures and the State's need calculations. The Applicant has not made any assumptions or adjustments.

January 6, 2016

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

RE: Application for Certificate of Need for Alden Estates of Bartlett, Inc., 68 Bed Skilled Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

I am a practicing physician in the Bartlett area. It is my understanding that the Alden Group, Ltd., through its affiliates, proposes to build a 68 bed skilled rehabilitation and health care center in this area.

As the population continues to age, grow and mature in and around the Bartlett area, these services are very much needed. Currently there is a shortage of appropriate care for residents who receive Medicare and Medicaid benefits. I have patients who have not had proper placement for care over the years.

Over the years, I have referred approximately 15 patients per month for skilled care to facilities farther than the proposed Alden project location in Bartlett. Due to HIPAA compliance, identification of these residents cannot be provided. I could refer approximately 15 patients per month for skilled care within a 12 month period after the project is completed, and anticipate the referral volume to remain similar or grow for the next two years.

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

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Sincerely;

Dr. Hasan

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

Dennis Kellar MD

NW Pulmonary & Sleep Medicine
900 West Main St Suite # 100
Lake Zurich, IL 60047

January 6, 2016

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D. Kellar, MD DABSM, FCCP

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ATTACHMENT-14A

Planning Area: Planning Area 7-A

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

General Long-Term Care Category of Service

Planning Area:	Planning Area 7-A			General Nursing Care
Facility Name	City	County/Area	Beds	2013 Patient Days
		Planning Area Totals	3,321	937,701

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

	2013 PSA Patient Days	2013 PSA Estimated Populations	2013 PSA Use Rates (Per 1,000)	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	59,224	530,800	111.6	406.2	1,083.2	406.2	522,800	212,356			
65-74 Years Old	109,457	47,500	2,304.4	2,684.9	7,159.7	2,684.9	62,500	167,805			
75+ Years Old	769,020	39,400	19,518.3	12,575.4	33,534.4	19,518.3	44,200	862,708			
						Planning Area Totals		1,242,869	3,405.1	3,783	462

Planning Area: Planning Area 7-C

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

General Long-Term Care Category of Service

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

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

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

	2013 PSA Patient Days	2013 PSA Estimated Populations	2013 PSA Use Rates (Per 1,000)	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	299,698	809,200	370.4	406.2	1,083.2	406.2	781,500	317,438			
65-74 Years Old	234,969	69,300	3,390.6	2,684.9	7,159.7	3,390.6	92,600	313,970			
75+ Years Old	1,154,352	51,900	22,241.8	12,575.4	33,534.4	22,241.8	60,200	1,338,959			
						Planning Area Totals		**1,970,367**	**5,398.3**	**5,998**	**136**

LONG-TERM CARE FACILITY UPDATES

11/18/2015

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3783	3321	462
Planning Area 7-B	6101	6827	(726)
Planning Area 7-C	5998	5860	138
Planning Area 7-D	2462	2904	(442)
Planning Area 7-E	8026	9165	(1139)
HEALTH SERVICE AREA 8			
Kane	2705	3084	(379)
Lake	4186	4494	(308)
McHenry	1124	997	127
HEALTH SERVICE AREA 9			
Grundy	300	265	35
Kankakee	1072	1368	(296)
Kendall	336	185	151
Will	2931	2790	141
HEALTH SERVICE AREA 10			
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1219	(142)
HEALTH SERVICE AREA 11			
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)

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

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

ATTACHMENT-14C

Criterion 1125.570 - Service Accessibility

1. Service Restrictions

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

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

Although there is no absence of nursing care within the 7-C Planning Service Area, there is a great lack of nursing services in the PSA and Bartlett. Utilizing the State's own ratio of Population to nursing beds some 320 nursing beds could be supported by the Bartlett population of 41,632 people. Based on the State's ratio of the over 65 age cohort to nursing beds approximately 173.2 beds could be supported by the Village. To utilize DuPage County's ratios of total population to nursing beds and the elderly (65+) population to nursing beds are also supportive of the project as those two projected ratios justify between 132.7 and 321 nursing beds just for the Village of Bartlett. It should be

Nursing Bed Need Projected from State and Planning Area Ratio of Pop. to Nursing Beds									
	2018 Projected Population	2013* Inventory Lic. Beds	Ratio of Tot Pop: 1 Bed	2018 Projected 65+ Pop	Ratio of 65+ Pop: 1 bed	2014 Bartlett Tot Population	2010 Bartlett 65+ Population	Need based upon Tot. Pop.	Need based upon 65+ Pop
Illinois	13,069,300	100,792	129.7:1	2,018,400	20.0:1	41,632	3,463	321	173.2
HSA 7-C	934,300	5,862	159.4:1	152,800	26.1:1	41,632	3,463	261	132.7

* 7-C number of beds equates to Inventory's calculation of total beds needed.

Source: Inventory of Health Care Facilities and Services and Need Determinations 2015 LTC Services

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

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

noted that Assisi Healthcare Center at Clare Oaks is located in Bartlett but is only has potentially 3 available beds under the State's target use rate of 90%. Moreover, this facility is part of a Continuum of Care Retirement Community (CCRC) giving priority admissions to residents of its campus. Refer to **ATTACHMENT-17A** for the project's

narrative description from its CON application #05-002. Therefore, the lack of the proposed service in Bartlett and the PSA is a service restriction. For the ratio and projected need calculation refer to the chart below.

- Access limitations due to payor status of patients/residents, including, but not limited to, individuals with LTC coverage through Medicare, Medicaid, managed care or charity care;

FACNAME	CITY	# of Licensed Nursing Beds	ICF Beds	Medicare Beds	Medicare/Medicaid Beds	Medicaid Beds
Assisi Healthcare Center at Clare Oaks	Bartlett	120	0	93	27	0
Wood Glen Nursing & Rehab Ctr	West Chicago	213	0	0	213	0
Lexington Of Streamwood	Streamwood	214	0	32	182	0
Claremont-Hanover Park	Hanover Park	150	0	136	14	0
South Elgin Rehab & Hlthcare Ct	South Elgin	90	76	0	14	76
Tower Hill Healthcare Center	South Elgin	206	0	0	206	0
Rosewood Care Ctr St. Charles	St. Charles	109	0	49	0	58
Heritage Health - Elgin	Elgin	94	0	0	94	0
Provena Pine View Care Center (1)	St. Charles	120	0	60	60	0
ARBA Care Center of Elgin	Elgin	102	50	0	52	50
Manorcare of Elgin	Elgin	88	0	0	88	0
River View Rehab Center	Elgin	203	0	0	203	0
West Chicago Terrace Nursing Home	West Chicago	120	120	0	0	0
Windsor Park Manor	Carol Stream	80	0	36	0	12
Abbington Rehab & Nursing Ctr	Roselle	82	60	0	19	63
Alden-Poplar Creek Rehab &Care	Hoffman Estates	217	0	0	217	0
Sherman West Court	Elgin	112	0	74	0	12
Bria of Geneva	Geneva	107	0	0	107	0
Rosewood Care Center of Elgin	Elgin	139	0	67	0	59
Apostolic Christian Resthaven (2)	Elgin	50	0	0	0	50
Lexington Health Care Center-Bloomingdale	Bloomingdale	166	0	35	131	0
Lexington Of Schaumburg	Schaumburg	214	0	44	170	0
Manor Care - Elk Grove Village	Elk Grove Villg	190	0	0	190	0
Batavia Rehab & Hlthcare Ctr.	Batavia	63	63	0	0	63
Winfield Woods Healthcare Center	Winfield	138	107	0	31	107
Dupage Convalescent Home	Wheaton	368	0	0	368	140
Alden-Valley Ridge Rehab &Care	Bloomingdale	207	0	0	207	0
West Suburban Nursing & Rehab Center	Bloomingdale	259	0	0	259	0
Wynscape Health & Rehab	Wheaton	209	0	0	199	0
Friendship Village Schaumburg	Schaumburg	250	0	60	190	0
Forest View Rehab & Nursing Center	Itasca	144	68	0	76	68
Wheaton Care Center	Wheaton	123	41	0	81	42
Covenant Health Care Center	Batavia	99	0	49	50	0
Alden Estates of Barrington	Barrington	150	0	0	150	0
Tabor Hills Healthcare	Naperville	211	19	52	0	60
Greenfields of Geneva	Geneva	43	0	41	2	0
St. Patrick's Residence	Naperville	209	3	0	206	3
		5659	607	828	3806	863

As there are long-term care nursing beds and Medicare and Medicaid nursing beds within a 30-minute travel time contour, there is not an absence of the service. However, there appears to be access limitations due to payment status as not all beds in

all facilities accept Medicare and Medicaid. In fact, 17.5% (990 beds) of the beds are not certified for Medicaid. Similarly, 18% (1,025 beds) are not certified for Medicare. Finally, it should be noted that 607 of the existing beds are Intermediate Care beds which indicates that these beds are more custodial and cannot provide Skilled care or rehabilitative care as being proposed by this project. Therefore, not all beds are equal and accessible. It should be noted that all beds being proposed will be Medicare and Medicaid certified.

- Restrictive admission policies of existing providers; or

It is a restrictive admission policy where there is a calculated need for additional beds and services regardless of existing capacity. The chart appended as **ATTACHMENT-17B** identifies that the utilization rate for the existing facilities within the 30-minute market contour appears to be realistically much improved as the peak utilization, based on the peak beds set-up, equates to 84.4%. A higher peak utilization rate is a restrictive policy toward admissions as it skews to appearance of available capacity. Specifically, the potential available existing nursing beds within the 30-minute market contour (5,659 nursing beds) under the State's target rate of 90%, there are 436 potentially underutilized nursing beds. When evaluating the same equation for peak beds set-up there are only 311 nursing beds potentially underutilized. This equates to only 7.74% of the total beds are really potentially available to accept utilization over and above the existing capacity. It is also important to point out that the new bed need calculation used these lower than 90% use rates and projected them forward. The resulting need is for not only the additional 141 beds but it takes into account filling all bed under the State's target occupancy of 90%. The two Planning Service Area (7-C and

7-A) need of 600 additional nursing beds only comes after the calculation fills to 90% the existing bed capacity. Therefore, the need for additional nursing beds in and of itself is a restrictive admissions policy.

- The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population.

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

2. Additional documentation required:

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

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

Appended as **ATTACHMENT-17C**, is a listing of the names and locations of other planning area service providers and the corresponding travel time studies from MapQuest. A listing of the facilities and their respective utilization rates are appended as **ATTACHMENT-17B**. The corresponding individual facility profiles are appended as **ATTACHMENT-17D**.

b. Patient/resident location information by zip code;

The proposed project is for the establishment of service, and therefore there are no existing residents. Patient/resident location information by zip code is not applicable.

c. Independent time-travel studies;

Refer to **ATTACHMENT-17C** for a summary listing and independent travel-time studies from MapQuest.

ATTACHMENT-17

d. Certification of a waiting list;

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

e. Admission restrictions that exist in area providers;

Refer to the chart included above for a listing of the admission restrictions discussed above.

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

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

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

Appended as **ATTACHMENT-17F,** is a copy of the November 18, 2015 update to the 2015 IDPH Inventory of Health Care Facilities and Services and Need Determinations, Volume 2, Parts VI-VII, Long-Term Care Services for Will County Planning Area.

K. Historic Resources Preservation Act Requirements (refer to instructions for completion of this application)

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

APPEND DOCUMENTATION AS ATTACHMENT IDEN-5 AFTER THE LAST PAGE OF THIS SECTION.

L. Project Classification (check those applicable, refer to Part 1110.40 and Part 1120.20.b)

1. Part 1110 Classification
   - ☒ Substantive
   - ☐ Non-substantive
2. Part 1120 Applicability or Classification: (check one only)
   - ☐ Part 1120 Not Applicable
   - ☐ Category A Project
   - ☐ DHS or DVA Project
   - ☒ Category B Project

M. Narrative Description

Provide in the space below a brief narrative description of the project. Explain what is to be done, **NOT** why it is being done. Include the rationale as to the project's classification as substantive or non-substantive. If the project site does NOT have a street address, include a legal description of the site.

The applicant proposes the "establishment" of a nursing facility (Assisi Health Center), consisting of 120 skilled care beds, seventeen general sheltered care beds and sixteen sheltered care beds for residents suffering from dementia. The facility will be an integral component of a continuing care retirement community (CCRC) being developed by The Sisters of St. Joseph of the Third Order of St. Francis on their Bartlett campus. The CCRC will be known as Clare Oaks. The campus currently and will continue to house a variety of services, consistent with the Congregation's mission, including Clare Woods Academy/Bartlett Learning Center, a 125-student special education school, serving 43 area school districts.

The proposed nursing facility will be available to residents of the continuing care community, as well as non-residents; and is being developed consistent with the IDPH's determination that 159 skilled care beds are needed in the planning area (7A).

The project is classified as "substantive", in that it proposes the establishment of a new licensed health care facility.

Clare Oaks will consist of the following components:

Assisi Health Center
- 120 skilled care beds
- 17 general sheltered care beds*
- 16 sheltered care/dementia beds*

San Damiano Apartment Residencies*
- 124 independent living apartments, ranging in size from 625 to 1,150 square feet

Carillion Commons*
- communal dining
- private dining room
- health clinic
- swimming pool
- aerobics and fitness center
- arts and crafts
- gift shop
- lounges
- chaplain's office
- activity director's office
- administrative area
- card room
- beauty/barber shop

Cottages*
- 10 independent living cottages, five being 1,889 square fee and five being 2,143 square feet

In addition an exiting building, housing a chapel*, a conference center/meeting rooms*, a kitchen, and a laundry will be renovated for continued use.

The entity identified as the applicant in Section I.B. of the application is the sole entity meeting the definition of "necessary parties to the application" contained in Section 1130.220.

*denoted project components that are "non-reviewable" under the Act

Alden Estates of Bartlett
Utilization Data for
30-Minute Adjusted Drive Time Facilities

FACID	FACNAME	CITY	# of Licensed Nursing Beds	Peak Beds Set-up	Nursing Patient Days	Nursing Occupancy	Set-Up NRSG Occupancy	Adjusted Travel Time
			2014 PROFILE DATA					
	Assisi Healthcare Center at Clare Oaks (1)	Bartlett	120	118	38,265	87.36%	88.84%	5.75
6001713	Wood Glen Nursing & Rehab Ctr (2)	West Chicago	213	213	62,443	80.32%	80.32%	8.05
6012975	Lexington Of Streamwood	Streamwood	214	214	63,263	80.99%	80.99%	11.5
6016554	Claremont-Hanover Park (3)	Hanover Park	150	105	36,880	67.36%	96.23%	11.5
6008718	South Elgin Rehab & Hlthcare Ct	South Elgin	90	90	25,749	78.38%	78.38%	12.65
6003263	Tower Hill Healthcare Center	South Elgin	206	206	68,825	91.53%	91.53%	12.65
6014666	Rosewood Care Ctr St. Charles	St. Charles	109	109	33,080	83.15%	83.15%	12.65
6006902	Heritage Health - Elgin	Elgin	94	94	29,191	85.08%	85.08%	14.95
6007439	Provena Pine View Care Center (4)	St. Charles	120	110	34,387	78.51%	85.65%	16.1
6005847	ARBA Care Center of Elgin	Elgin	102	100	31,628	84.95%	86.65%	16.1
6000277	Manorcare of Elgin	Elgin	88	84	27,394	85.29%	89.35%	16.1
6004758	River View Rehab Center	Elgin	203	203	66,066	89.16%	89.16%	17.25
6009872	West Chicago Terrace Nursing Home	West Chicago	120	120	42,450	96.92%	96.92%	17.25
6011753	Windsor Park Manor	Carol Stream	80	80	23,501	80.48%	80.48%	17.25
6000020	Abbington Rehab & Nursing Ctr	Roselle	82	82	25,521	85.27%	85.27%	17.25
6001366	Alden-Poplar Creek Rehab &Care	Hoffman Estates	217	194	64,850	81.88%	91.58%	17.25
6012827	Sherman West Court (5)	Elgin	112	112	27,348	66.90%	66.90%	18.4
6003503	Bria of Geneva	Geneva	107	107	30,718	78.65%	78.65%	19.55
6014237	Rosewood Care Center of Elgin	Elgin	139	139	43,270	85.29%	85.29%	19.55
6000392	Apostolic Christian Resthaven (6)	Elgin	50	50	17,030	93.32%	93.32%	19.55
6011993	Lexington Health Care Center-Bloomingdale	Bloomingdale	166	166	51,481	84.97%	84.97%	19.55
6012553	Lexington Of Schaumburg	Schaumburg	214	214	64,854	83.03%	83.03%	19.55
6012686	Manor Care - Elk Grove Village	Elk Grove Villg	190	190	62,632	90.31%	90.31%	19.55
6008171	Batavia Rehab & Hlthcare Ctr.	Batavia	63	63	19,147	83.27%	83.27%	21.85
6005334	Winfield Woods Healthcare Center	Winfield	138	138	40,037	79.49%	79.49%	21.85
6002612	Dupage Convalescent Home	Wheaton	368	338	117,889	87.77%	95.56%	21.85
6000459	Alden-Valley Ridge Rehab &Care	Bloomingdale	207	203	67,439	89.26%	91.02%	21.85
6001002	West Suburban Nursing & Rehab Center	Bloomingdale	259	259	67,403	71.30%	71.30%	21.85
6008361	Wynscape Health & Rehab	Wheaton	209	209	41,952	54.99%	54.99%	23
6003404	Friendship Village Schaumburg	Schaumburg	250	240	77,235	84.64%	88.17%	23
6000483	Forest View Rehab & Nursing Center	Itasca	144	144	35,687	67.90%	67.90%	24.15
6009963	Wheaton Care Center	Wheaton	123	123	41,984	93.52%	93.52%	25.3
6002208	Covenant Health Care Center	Batavia	99	90	31,325	86.69%	95.36%	27.6
6003735	Alden Estates of Barrington	Barrington	150	150	42,883	78.33%	78.33%	27.6
6014252	Tabor Hills Healthcare (7)	Naperville	211	211	62,759	81.49%	81.49%	28.75
6016570	Greenfields of Geneva	Geneva	43	43	12,290	78.31%	78.31%	29.9
6011910	St. Patrick's Residence	Naperville	209	209	70,722	92.71%	92.71%	29.9
			5659	5520	1,699,578	82.28%	84.35%	

FACID	Permit Projects Not Complete FACNAME	CITY	# of Licensed Nursing Beds	Peak Beds Set-up	Nursing Patient Days	Nursing Occupancy	Set-Up NRSG Occupancy	Adjusted Travel Time
10-065	Park Point South Elgin Healthcare	South Elgin	120			0.00%	#DIV/0!	8.05
09-030	Addison Rehabilitation & Living Center	Elgin	120			0.00%	#DIV/0!	24.15
08-099	Meadowbrook Manor	Geneva	150			0.00%	#DIV/0!	27.6
			390					
			6049			76.98%	84.35%	

SPECIALIZED POPULATION

Marianjoy Rehab Hospital	Wheaton	#DIV/0!	#DIV/0!	26.45

(1) Used profile address which is the same as address 2 exported from MapPoint (829 Carillon Drive)
(2) Used profile address which is the same as website address (201 W North Ave)
(3) Profile address is 2000 West Lake Street
(4) 10/01/2012 Name Change from Provena Pine View Care Center to Presence Pine View Care Center
(5) 08/01/10 Bed Change. Disc 8 Nsg Care Beds, facility now authorized for 112 Nsg Care beds
(6) 06/01/13 Name Changed from Apostolic Christian Resthaven to Highland Oaks
(7) used profile address which is the sam as website address (1347 Crystal Ave)

Sources: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (http://www.illinois.gov/hfs/Pages/default.aspx)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov)
Microsoft MapPoint 2009

ATTACHMENT-17B

Alden Estates of Bartlett
30-Minute Adjusted Drive Time Facilities

FACID	FACNAME	ADDRESS	CITY	2014 PROFILE DATA # of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
	Assisi Healthcare Center at Clare Oaks (1)	775 W Bartlett Rd	Bartlett	120	2.4	5.75
6001713	Wood Glen Nursing & Rehab Ctr (2)	County Farm Rd & SR-64	West Chicago	213	4.3	8.05
6012975	Lexington Of Streamwood	815 East Irving Park Road	Streamwood	214	5.7	11.5
6016554	Claremont-Hanover Park (3)	2016 West Lake Street	Hanover Park	150	5	11.5
6008718	South Elgin Rehab & Hlthcare Ct	746 Spring Street	South Elgin	90	6.2	12.65
6003263	Tower Hill Healthcare Center	759 Kane Street	South Elgin	206	6.4	12.65
6014666	Rosewood Care Ctr St. Charles	850 Dunham Road	St. Charles	109	7.5	12.65
6006902	Heritage Health - Elgin	355 Raymond Street	Elgin	94	7.2	14.95
6007439	Provena Pine View Care Center (4)	611 Allen Lane	St. Charles	120	9.1	16.1
6005847	ARBA Care Center of Elgin	134 North Mclean Boulevard	Elgin	102	9.7	16.1
6000277	Manorcare of Elgin	180 South State Street	Elgin	88	7.8	16.1
6004758	River View Rehab Center	50 North Jane Drive	Elgin	203	9.8	17.25
6009872	West Chicago Terrace Nursing Home	928 Joliet Road	West Chicago	120	8.1	17.25
6011753	Windsor Park Manor	110 Windsor Park Drive	Carol Stream	80	8.6	17.25
6000020	Abbington Rehab & Nursing Ctr	31 West Central	Roselle	82	7.6	17.25
6001366	Alden-Poplar Creek Rehab &Care	1545 Barrington Road	Hoffman Estates	217	8.6	17.25
6012827	Sherman West Court (5)	1950 Larkin Avenue	Elgin	112	10.1	18.4
6003503	Bria of Geneva	1101 East State Street	Geneva	107	10.3	19.55
6014237	Rosewood Care Center of Elgin	2355 Royal Boulevard	Elgin	139	11.8	19.55
6000392	Apostolic Christian Resthaven (6)	2750 West Highland Avenue	Elgin	50	10.6	19.55
6011993	Lexington Health Care Center-Bloomingdale	165 South Bloomingdale Road	Bloomingdale	166	8	19.55
6012553	Lexington Of Schaumburg	675 South Roselle Road	Schaumburg	214	9.4	19.55
6012686	Manor Care - Elk Grove Village	1920 Nerge Road	Elk Grove Villg	190	9.5	19.55
6008171	Batavia Rehab & Hlthcare Ctr.	520 Fabyan Parkway	Batavia	63	11.6	21.85
6005334	Winfield Woods Healthcare Center	28W141 Liberty Street	Winfield	138	9.9	21.85
6002612	Dupage Convalescent Home	400 N County Farm Road	Wheaton	368	10.3	21.85
6000459	Alden-Valley Ridge Rehab &Care	275 East Army Trail Road	Bloomingdale	207	8.7	21.85
6001002	West Suburban Nursing & Rehab Center	311 Edgewater Drive	Bloomingdale	259	9.5	21.85
6008361	Wynscape Health & Rehab	2180 Manchester Road	Wheaton	209	10.6	23
6003404	Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	250	9.7	23
6000483	Forest View Rehab & Nursing Center	535 South Elm	Itasca	144	13	24.15
6009963	Wheaton Care Center	1325 Manchester Road	Wheaton	123	11.5	25.3
6002208	Covenant Health Care Center	831 Batavia Avenue	Batavia	99	14.1	27.6
6003735	Alden Estates of Barrington	1420 South Barrington Road	Barrington	150	13.2	27.6
6014252	Tabor Hills Healthcare (7)	1437 Crystal Avenue	Naperville	211	13.6	28.75
6016570	Greenfields of Geneva	0N801 Friendship Way	Geneva	43	16.7	29.9
6011910	St. Patrick's Residence	1400 Brookdale Road	Naperville	209	14.3	29.9
				5659		

Permit Projects Not Complete

FACID	FACNAME	ADDRESS	CITY	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
10-065	Park Point South Elgin Healthcare	Illinois 25 & East Middle Street	South Elgin	120	4.8	8.05
09-030	Addison Rehabilitation & Living Center	1754 Capital Street	Elgin	120	15.3	24.15
08-099	Meadowbrook Manor	37W220 Keslinger Road	Geneva	150	13.3	27.6
				390		
				6049		

SPECIALIZED POPULATION

	Marianjoy Rehab Hospital	2050 W Roosevelt Rd	Wheaton	11.6	26.45

(1) Used profile address which is the same as address 2 exported from MapPoint (829 Carillon Drive)
(2) Used profile address which is the same as website address (201 W North Ave)
(3) Profile address is 2000 West Lake Street
(4) 10/01/2012 Name Change from Provena Pine View Care Center to Presence Pine View Care Center
(5) 08/01/10 Bed Change. Disc 8 Nsg Care Beds, facility now authorized for 112 Nsg Care beds
(6) 06/01/13 Name Changed from Apostolic Christian Resthaven to Highland Oaks
(7) used profile address which is the sam as website address (1347 Crystal Ave)

Sources: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (http://www.illinois.gov/hfs/Pages/default.aspx)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov)
Microsoft MapPoint 2009

ATTACHMENT-17C

YOUR TRIP TO:

829 Carillon Dr, Bartlett, IL 60103-5300

5 MIN | 2.4 MI

Trip time based on traffic conditions as of 3:31 PM on January 8, 2016. Current Traffic: Moderate

Assisi Healthcare Center at Clare Oaks

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

   Then 1.83 miles — 1.83 total miles

2. Turn **right** onto **W Bartlett Rd**.

   Then 0.46 miles — 2.30 total miles

3. Turn **right** onto **Carillon Dr**.

   Then 0.06 miles — 2.35 total miles

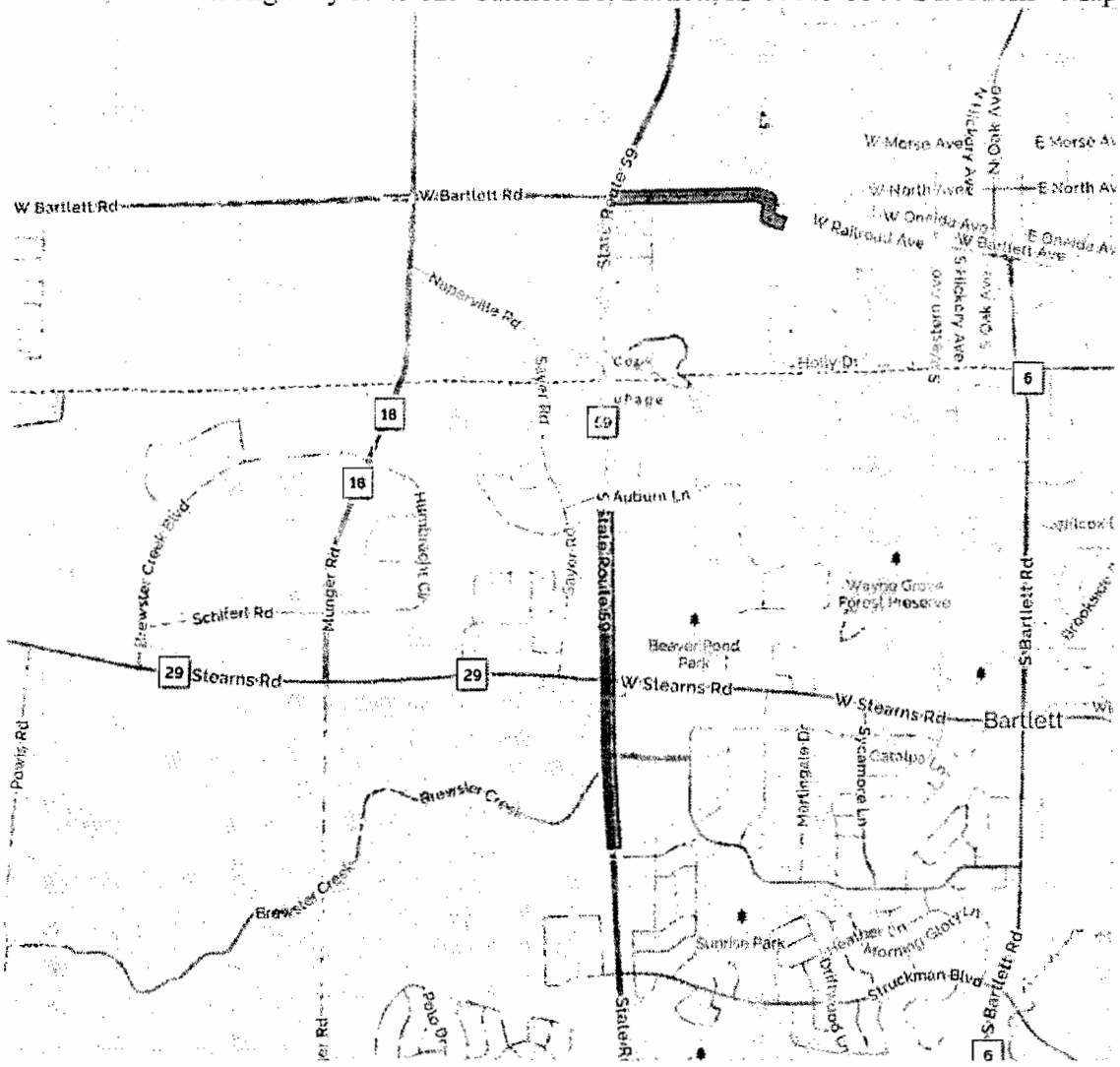
4. Take the 1st **left** to stay on **Carillon Dr**.

   Then 0.06 miles — 2.41 total miles

5. **829 CARILLON DR** is on the **right**.

Use of directions and maps is subject to our Terms of Use. We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



829 Carillon Dr, Bartlett, IL 60103-5300

997 Il Highway 59 Bartlett, IL 60103-1670

ATTACHMENT-17C

YOUR TRIP TO:

201 W North Ave, West Chicago, IL 60185

7 MIN | 4.3 MI

Trip time based on traffic conditions as of 8:13 PM on January 11, 2016. Current Traffic: Moderate

Wood Glen Nursing & Rehab Ctr

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

Then 0.11 miles — 0.11 total miles

2. Take the **1st left**.

If you are on IL-59 and reach Stearns Rd you've gone about 0.2 miles too far.

Then 0.02 miles — 0.13 total miles

3. Turn **left**.

If you reach W Stearns Rd you've gone about 0.3 miles too far.

Then 0.01 miles — 0.14 total miles

4. Take the **1st right** onto **S Il Route 59/IL-59**. Continue to follow **IL-59**.

If you are on Apple Valley Dr and reach Fremont St you've gone about 0.1 miles too far.

Then 3.87 miles — 4.01 total miles

5. Turn **right** onto **North Ave/IL-64**.

North Ave is just past Teresa Way.

Kiddy Place Learning Ctr is on the corner.

Then 0.20 miles — 4.20 total miles

6. Take the **2nd right** onto **Teresa Way**.

Teresa Way is just past Franciscan Way.

If you reach Atlantic Dr you've gone about 0.3 miles too far.

Then 0.06 miles — 4.26 total miles

7. **201 W NORTH AVE**.

If you reach Franciscan Way you've gone a little too far.

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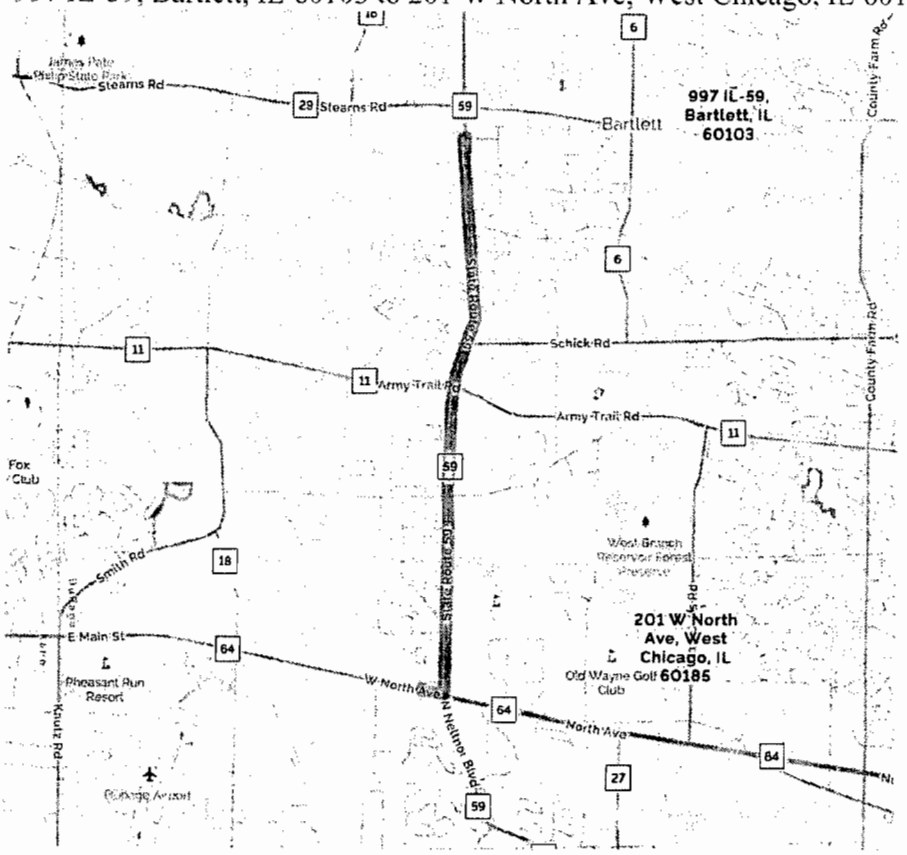
ATTACHMENT-17C



ATTACHMENT-17C

YOUR TRIP TO:
IL Highway 25 & E Middle St

7 MIN | 4.8 MI

Trip time based on traffic conditions as of 4:56 PM on January 8, 2016. Current Traffic: Light

Park Point South Elgin Healthcare

1. Start out going north on **S Il Route 59/IL-59** toward **Apple Valley Dr.**

   Then 0.48 miles — 0.48 total miles

2. Turn left onto **Stearns Rd/County Hwy-29**. Continue to follow **Stearns Rd.**

   Stearns Rd is 0.1 miles past S Il Route 59.

   Nicodino's Pizza Co & Cafe is on the corner.

   If you are on S Il Route 59 and reach Norwood Ln you've gone about 0.2 miles too far.

   Then 3.23 miles — 3.70 total miles

3. Turn right onto **IL Route 25/IL-25.**

   IL Route 25 is 0.3 miles past Old Stearns Rd.

   Then 1.09 miles — 4.79 total miles

4. IL Highway 25 & E Middle St, **IL HIGHWAY 25 & E MIDDLE ST.**

   Your destination is 0.2 miles past Southwind Blvd.

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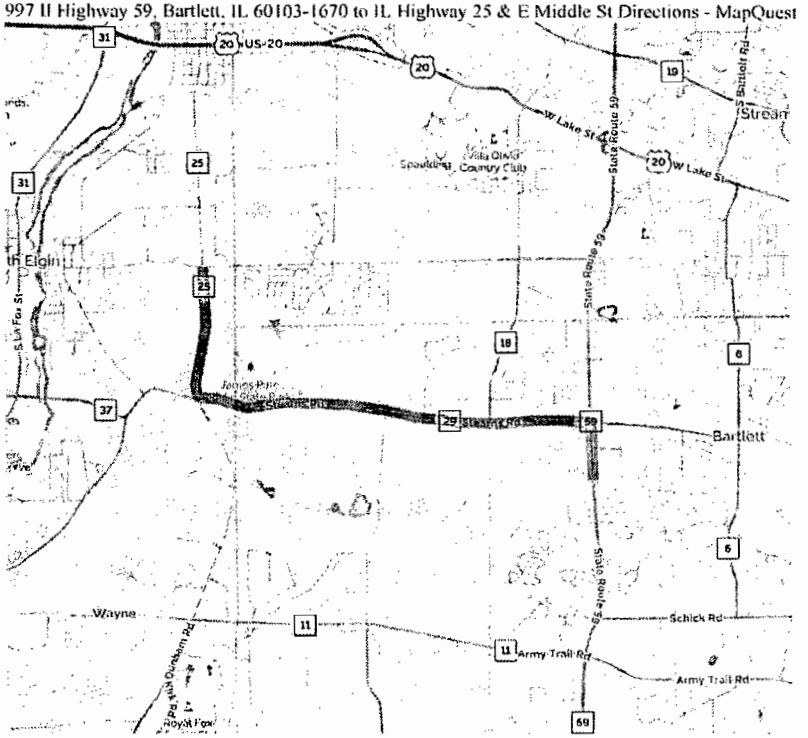

IL Highway 25 & E Middle St

997 Il Highway 59

ATTACHMENT-17C

YOUR TRIP TO:

815 E Irving Park Rd, Streamwood, IL 60107

10 MIN | 5.7 MI

Trip time based on traffic conditions as of 3:31 PM on January 8, 2016 Current Traffic: Moderate

Lexington Of Streamwood

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**. Continue to follow **S Il Route 59**.

   Then 3.57 miles — 3.57 total miles

2. Turn **right** onto **W Irving Park Rd/IL-19**.

   Then 2.08 miles — 5.65 total miles

3. **815 E IRVING PARK RD**.

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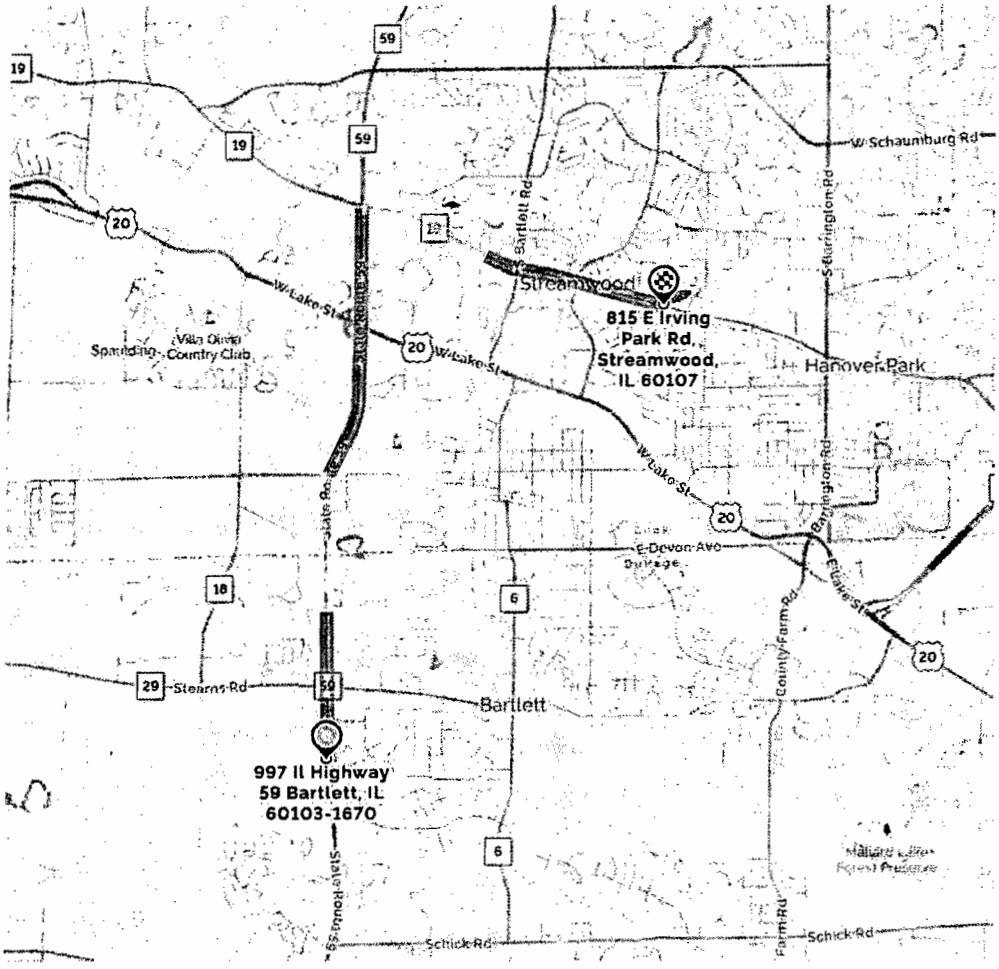

ATTACHMENT-17C

YOUR TRIP TO:

2016 W Lake St, Hanover Park, IL 60133

10 MIN | 5.0 MI

Trip time based on traffic conditions as of 3:40 PM on January 8, 2016. Current Traffic: Moderate

Claremont-Hanover Park

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.
   Then 0.48 miles — 0.48 total miles
2. Turn **right** onto **W Stearns Rd/County Hwy-29**. Continue to follow **W Stearns Rd**.
   Then 2.96 miles — 3.44 total miles
3. Turn **left** onto **County Farm Rd**.
   Then 1.12 miles — 4.56 total miles
4. Turn **left** onto **E Lake St/US-20 W**.
   Then 0.48 miles — 5.04 total miles
5. **2016 W LAKE ST**.

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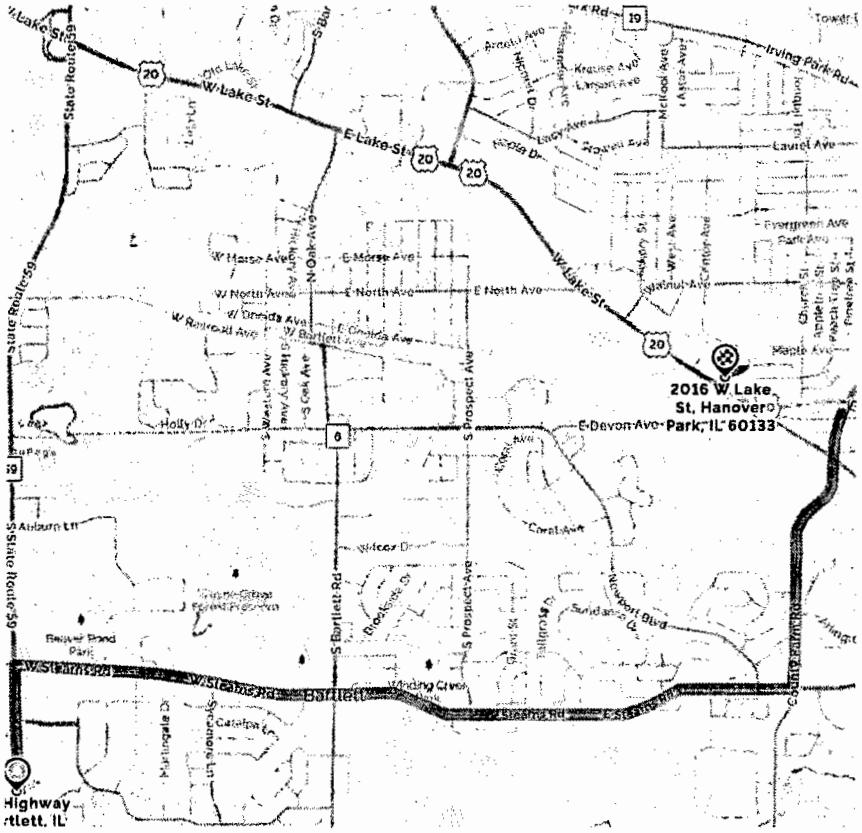

ATTACHMENT-17C

YOUR TRIP TO:

746 Spring St, South Elgin, IL 60177

11 MIN | 6.2 MI

Trip time based on traffic conditions as of 3:07 PM on January 8, 2016. Current Traffic: Light

South Elgin Rehab & Hlthcare Ct

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr.**
   Then 0.32 miles — 0.32 total miles
2. Turn **left** onto **Stearns Rd/County Hwy-29**. Continue to follow **Stearns Rd.**
   Then 3.68 miles — 4.00 total miles
3. Turn **right** onto **S Gilbert St.**
   Then 1.32 miles — 5.31 total miles
4. Turn **left** onto **E State St.**
   Then 0.36 miles — 5.67 total miles
5. Turn **right** onto **N La Fox St/IL-31.**
   Then 0.05 miles — 5.72 total miles
6. Take the **1st left** onto **W Spring St.**
   Then 0.47 miles — 6.19 total miles
7. **746 SPRING ST** is on the right.

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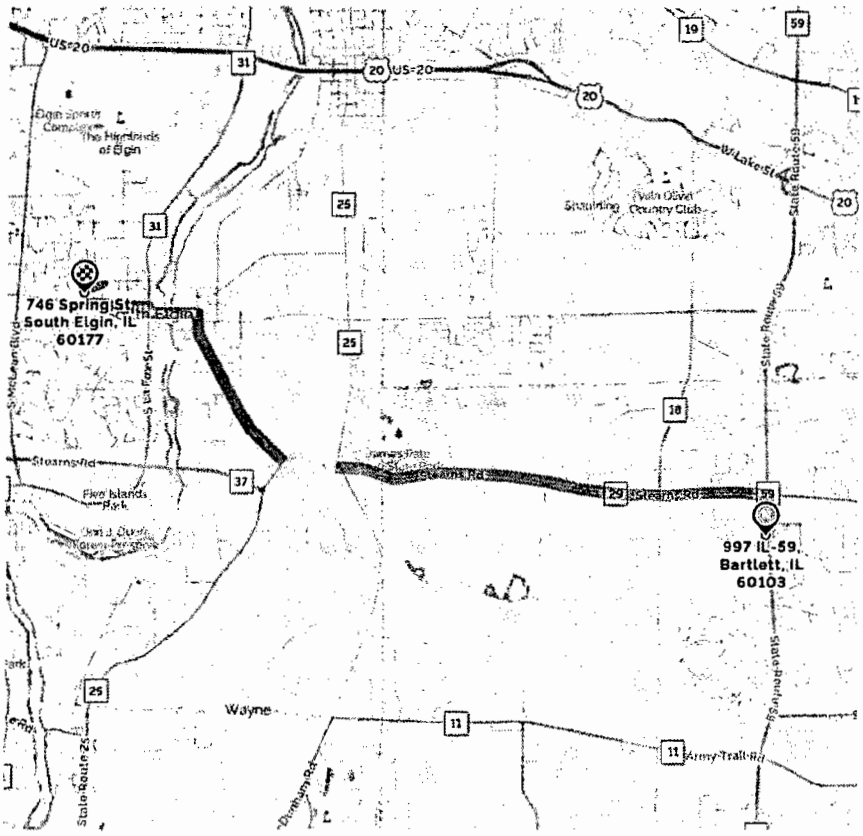

ATTACHMENT-17C

YOUR TRIP TO:

759 Kane St, South Elgin, IL 60177

11 MIN | 6.4 MI

Trip time based on traffic conditions as of 3:05 PM on January 8, 2016. Current Traffic: Light

Tower Hill Healthcare Center

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.
   Then **0.32 miles** — 0.32 total miles
2. Turn **left** onto **Stearns Rd/County Hwy-29**. Continue to follow **Stearns Rd**.
   Then **3.68 miles** — 4.00 total miles
3. Turn **right** onto **S Gilbert St**.
   Then **1.32 miles** — 5.31 total miles
4. Turn **left** onto **E State St**.
   Then **0.36 miles** — 5.67 total miles
5. Turn **right** onto **N La Fox St/IL-31**.
   Then **0.05 miles** — 5.72 total miles
6. Take the **1st left** onto **W Spring St**.
   Then **0.41 miles** — 6.13 total miles
7. Turn **right** onto **Martin Dr**.
   Then **0.17 miles** — 6.30 total miles
8. Take the **1st left** onto **Kane St**.
   Then **0.06 miles** — 6.36 total miles
9. **759 KANE ST** is on the **left**.

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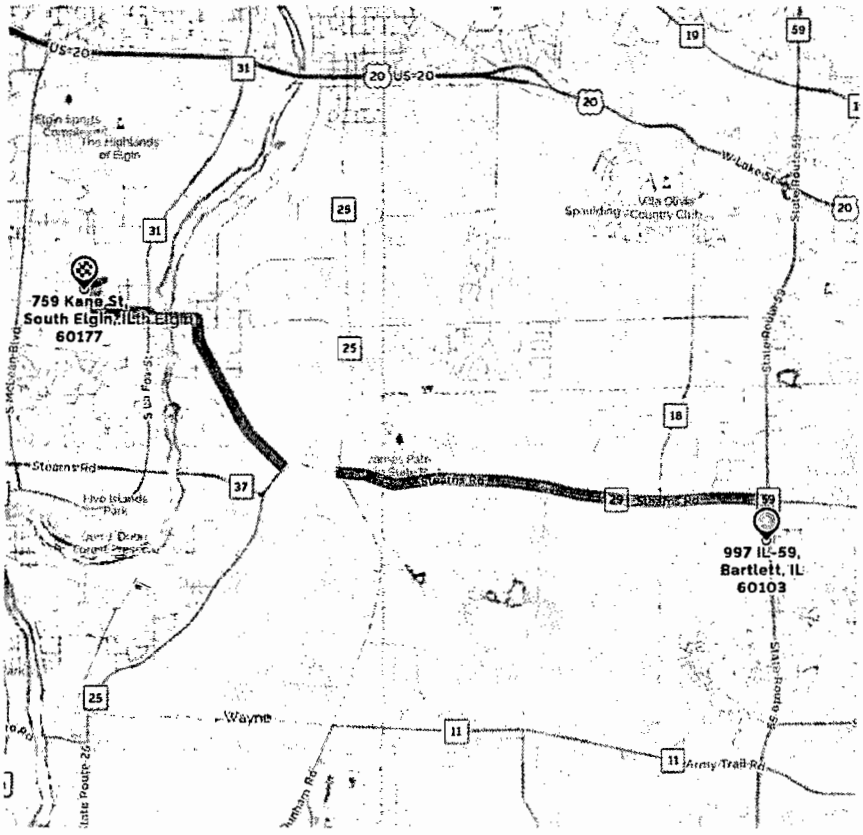

ATTACHMENT-17C

YOUR TRIP TO:

850 Dunham Rd, Saint Charles, IL 60174

11 MIN | 7.5 MI

Trip time based on traffic conditions as of 3:10 PM on January 8, 2016. Current Traffic: Light

Rosewood Care Ctr St. Charles

1. Start out going north on **S Il Route 59/IL-59** toward **Apple Valley Dr.**
   Then **0.32 miles** — 0.32 total miles
2. Turn **left** onto **Stearns Rd/County Hwy-29**. Continue to follow **Stearns Rd.**
   Then **3.24 miles** — 3.56 total miles
3. Turn **left** onto **Dunham Rd/IL-25**. Continue to follow **Dunham Rd.**
   Then **2.54 miles** — 6.10 total miles
4. Turn **right** to stay on **Dunham Rd.**
   Then **1.37 miles** — 7.47 total miles
5. **850 DUNHAM RD** is on the **left.**

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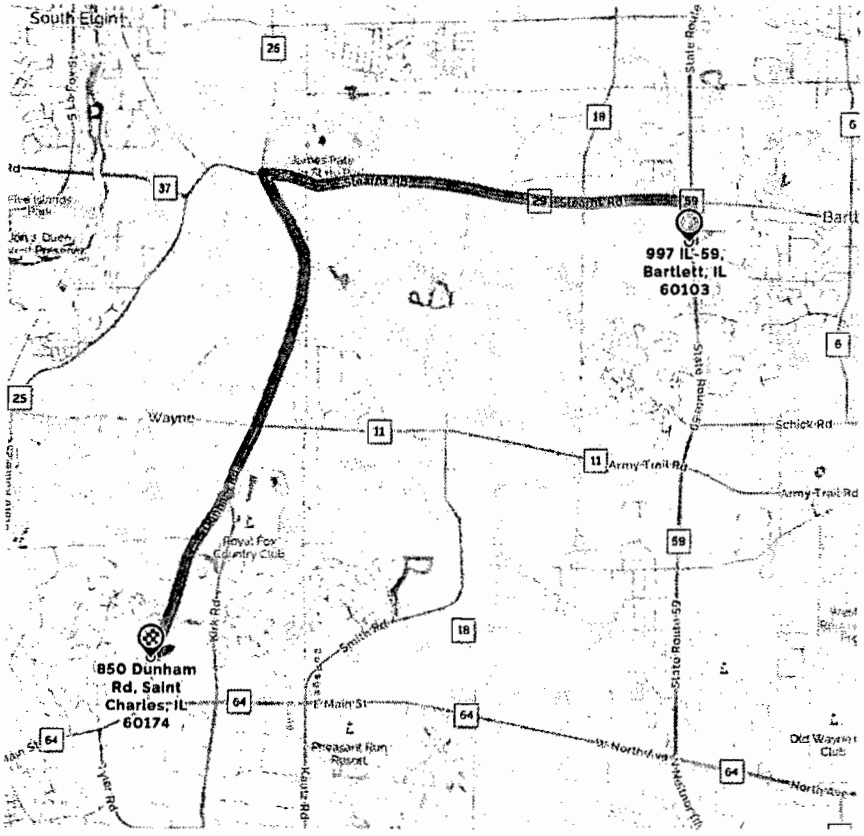

ATTACHMENT-17C

YOUR TRIP TO:

355 Raymond St, Elgin, IL 60120

13 MIN | 7.2 MI

Trip time based on traffic conditions as of 4:22 PM on January 8, 2016. Current Traffic: Moderate

Heritage Health - Elgin

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr.**

   Then 2.78 miles — 2.78 total miles

2. Merge onto **US-20 W** via the ramp on the **left** toward **Elgin**.

   If you reach Red Oak Dr you've gone about 0.1 miles too far.

   Then 3.66 miles — 6.43 total miles

3. Take the exit toward **IL-25 S**.

   Then 0.09 miles — 6.52 total miles

4. Merge onto **Grace St**.

   Then 0.00 miles — 6.53 total miles

5. Take the 1st **left** onto **Dwight St**.

   If you reach Hastings St you've gone a little too far.

   Then 0.10 miles — 6.62 total miles

6. Take the 1st **right** onto **Raymond St**.

   If you reach the end of Dwight St you've gone a little too far.

   Then 0.57 miles — 7.19 total miles

7. **355 RAYMOND ST** is on the **right**.

   Your destination is just past Yarwood St.

   If you reach Watch St you've gone a little too far.

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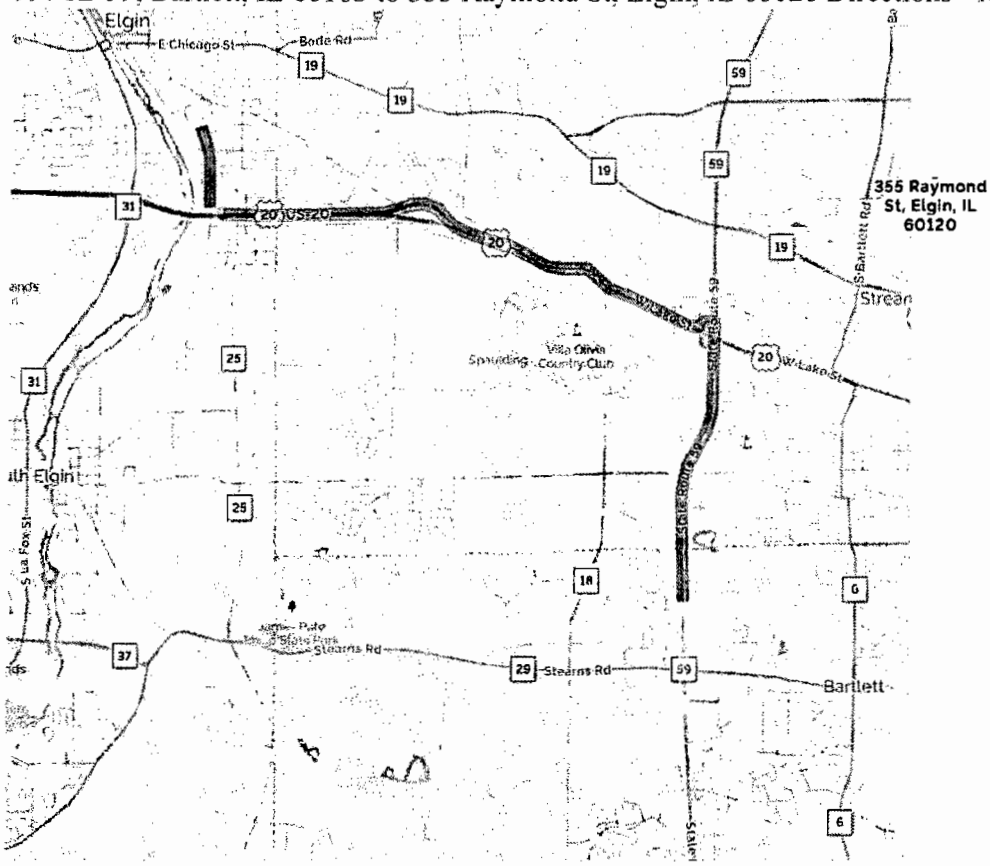
ATTACHMENT-17C



ATTACHMENT-17C

YOUR TRIP TO:

611 Allen Ln, Saint Charles, IL 60174

14 MIN | 9.1 MI

Trip time based on traffic conditions as of 2:06 PM on January 8, 2016. Current Traffic: Light

Provena Pine View Care Center

Start of next leg of route

1. Start out going north on **S Il Route 59/IL-59** toward **Apple Valley Dr**.
   Then 0.32 miles — 0.32 total miles
2. Turn **left** onto **Stearns Rd/County Hwy-29**. Continue to follow **Stearns Rd**.
   Then 3.24 miles — 3.56 total miles
3. Turn **left** onto **Dunham Rd/IL-25**. Continue to follow **Dunham Rd**.
   Then 2.54 miles — 6.10 total miles
4. Turn **right** to stay on **Dunham Rd**
   Then 0.42 miles — 6.52 total miles
5. Take the 2nd **right** onto **Country Club Rd**
   Then 1.51 miles — 8.03 total miles
6. Turn **left** onto **N 5th Ave/IL-25**.
   Then 0.92 miles — 8.95 total miles
7. Turn **left** onto **Allen Ln**.
   Then 0.11 miles — 9.05 total miles
8. **611 ALLEN LN.**

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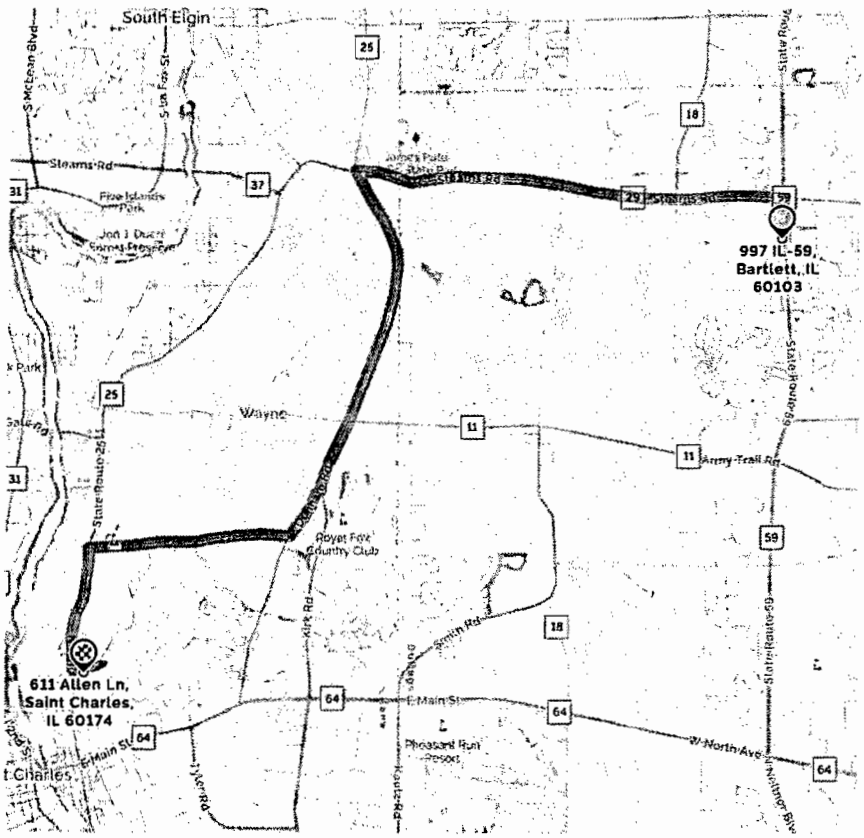

ATTACHMENT-17C

YOUR TRIP TO:

134 N McLean Blvd, Elgin, IL 60123-5125

14 MIN | 9.7 MI

Trip time based on traffic conditions as of 3:14 PM on January 8, 2016. Current Traffic: Light

ARBA Care Center of Elgin

1. Start out going **north** on **S il Route 59/IL-59** toward **Apple Valley Dr**.
   Then 2.78 miles — 2.78 total miles
2. Merge onto **US-20 W** via the ramp on the **left** toward **Elgin**.
   Then 5.59 miles — 8.37 total miles
3. Take the **McLean Blvd** exit.
   Then 0.31 miles — 8.67 total miles
4. Turn **slight right** onto **S McLean Blvd**.
   Then 0.98 miles — 9.65 total miles
5. **134 N MCLEAN BLVD** is on the **left**.

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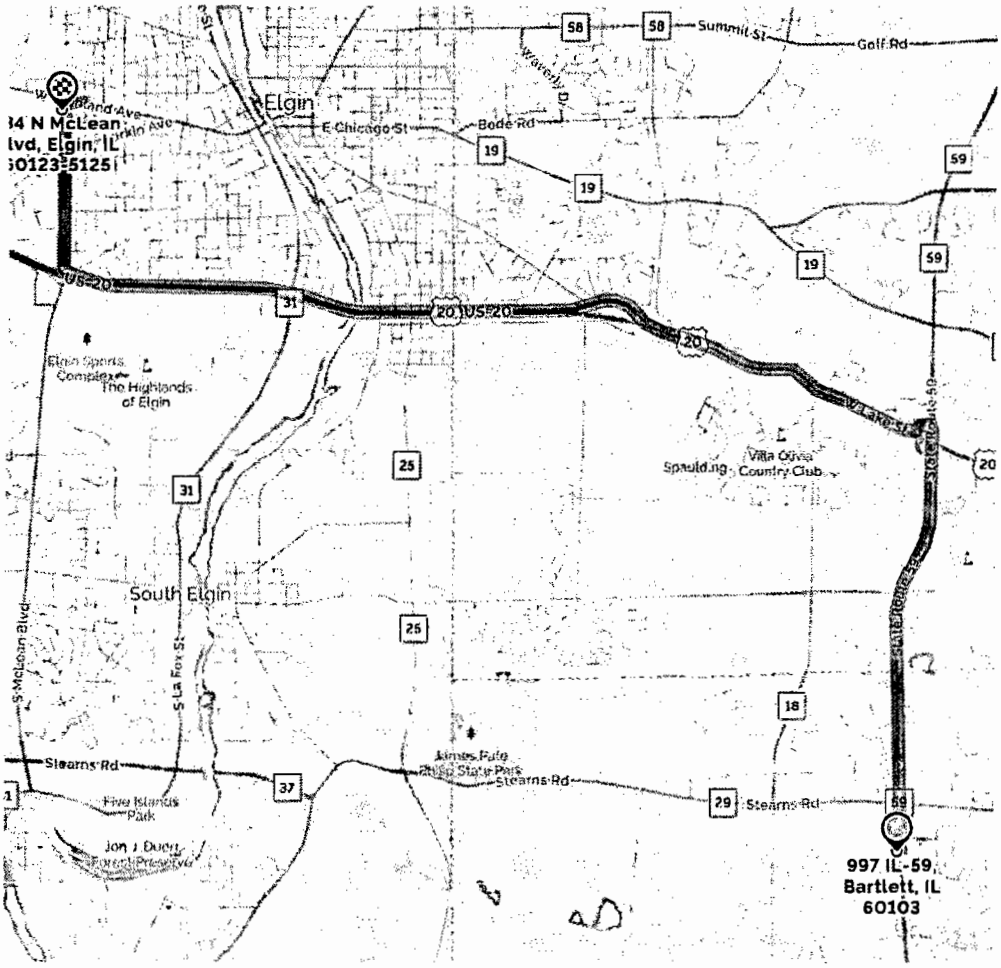

ATTACHMENT-17C

YOUR TRIP TO:

180 S State St, Elgin, IL 60123-6429

14 MIN | 7.8 MI

Trip time based on traffic conditions as of 4:22 PM on January 8, 2016. Current Traffic: Heavy

Manorcare of Elgin

1. Start out going north on **S Il Route 59/IL-59** toward **Apple Valley Dr.**

   Then 2.78 miles — 2.78 total miles

2. Merge onto **US-20 W** via the ramp on the **left** toward **Elgin.**

   If you reach Red Oak Dr you've gone about 0.1 miles too far.

   Then 4.20 miles — 6.98 total miles

3. Take the **IL-31/State St** exit.

   Then 0.18 miles — 7.15 total miles

4. Merge onto **S State St/IL-31** toward **Elgin.**

   Then 0.68 miles — 7.84 total miles

5. **180 S STATE ST** is on the **left.**

   Your destination is 0.1 miles past Standish Ct.

   If you reach Locust St you've gone about 0.1 miles too far.

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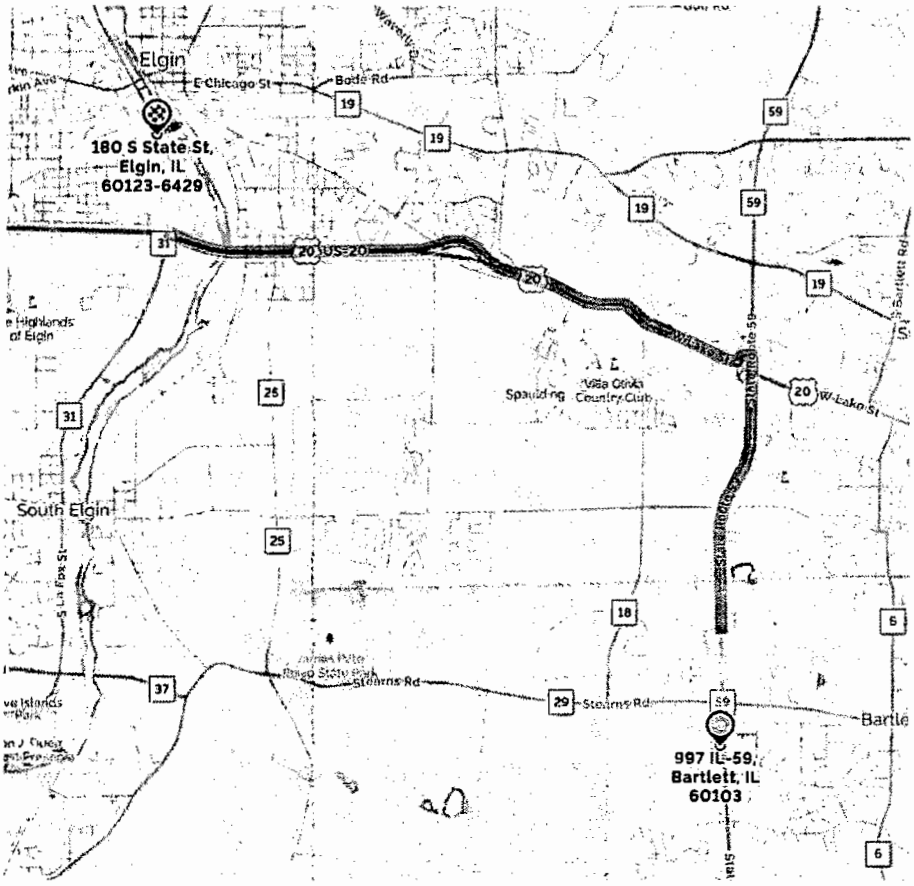

ATTACHMENT-17C

YOUR TRIP TO:
50 N Jane Dr, Elgin, IL 60123-5118

15 MIN | 9.8 MI

Trip time based on traffic conditions as of 3:13 PM on January 8, 2016. Current Traffic: Light

River View Rehab Center

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.
   Then 2.78 miles — 2.78 total miles
2. Merge onto **US-20 W** via the ramp on the **left** toward **Elgin**.
   Then 5.59 miles — 8.37 total miles
3. Take the **McLean Blvd** exit.
   Then 0.31 miles — 8.67 total miles
4. Turn **slight right** onto **S McLean Blvd**.
   Then 0.75 miles — 9.42 total miles
5. Turn **left** onto **Larkin Ave**.
   Then 0.25 miles — 9.67 total miles
6. Turn **right** onto **N Jane Dr**.
   Then 0.10 miles — 9.77 total miles
7. **50 N JANE DR** is on the **left**.

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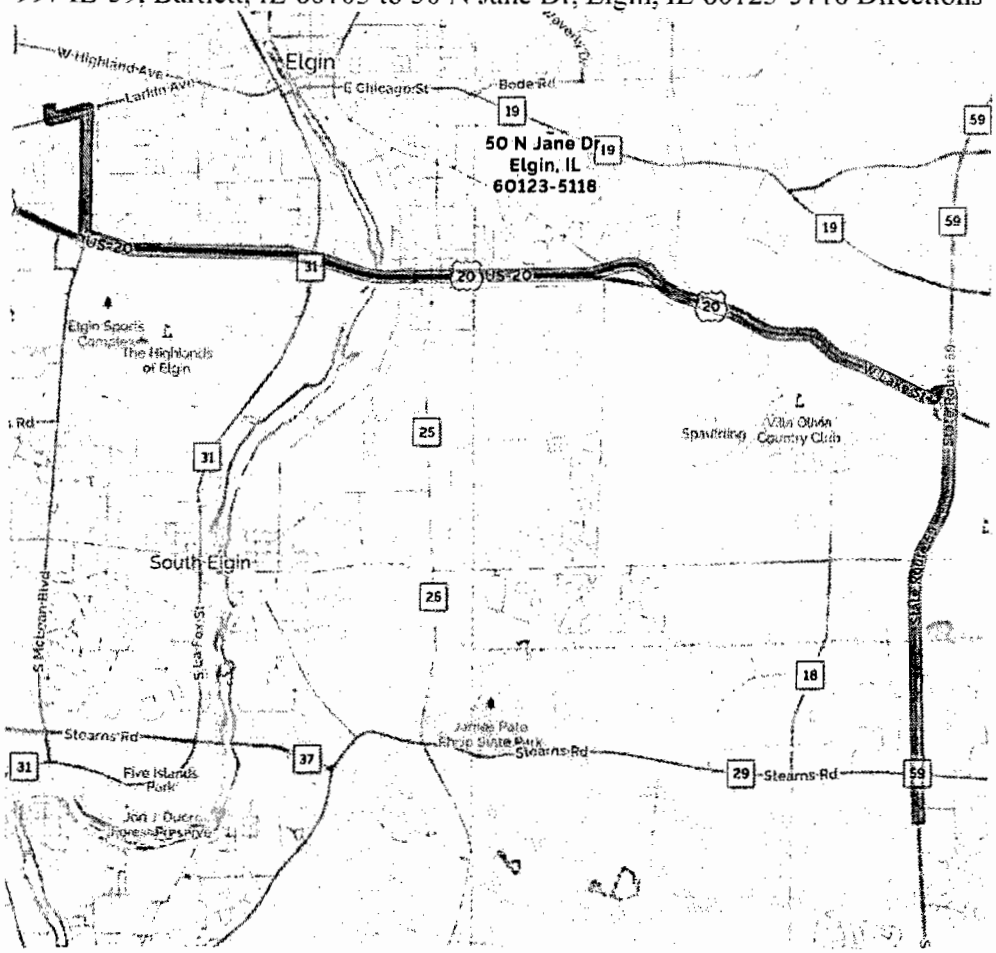
ATTACHMENT-17C



997 IL-59,
Bartlett, IL
60103

ATTACHMENT-17C

YOUR TRIP TO:

928 Joliet St, West Chicago, IL 60185-3725

15 MIN | 8.1 MI

Trip time based on traffic conditions as of 3:29 PM on January 8, 2016. Current Traffic: Moderate

West Chicago Terrace Nursing Home

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

Then 0.27 miles — 0.27 total miles

2. Take the 1st **left**.

If you are on IL-59 and reach Stearns Rd you've gone about 0.2 miles too far.

Then 0.02 miles — 0.28 total miles

3. Turn **left**.

If you reach W Stearns Rd you've gone about 0.3 miles too far.

Then 0.01 miles — 0.29 total miles

4. Take the 1st **right** onto **S Il Route 59/IL-59**. Continue to follow **IL-59**.

If you are on Apple Valley Dr and reach Fremont St you've gone about 0.1 miles too far.

Then 7.30 miles — 7.59 total miles

5. Turn **right** onto **E Forest Ave**.

E Forest Ave is 0.1 miles past E Lester St.

If you are on Hahn Pl and reach Glen St you've gone about 0.1 miles too far.

Then 0.50 miles — 8.09 total miles

6. Turn **left** onto **Joliet St**.

Then 0.03 miles — 8.13 total miles

7. **928 JOLIET ST** is on the **right**.

If you reach Glen St you've gone a little too far.

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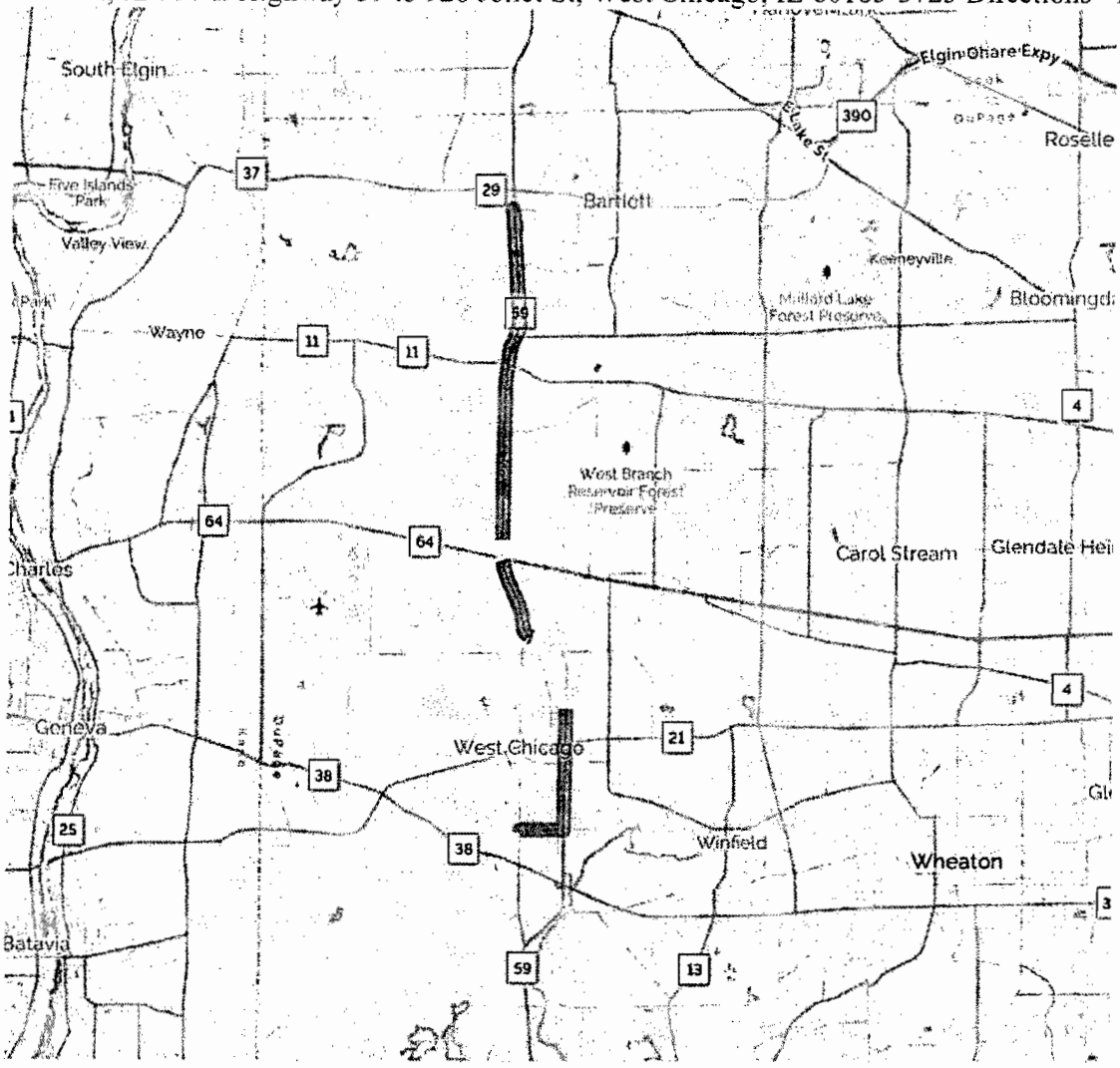
ATTACHMENT-17C



997 Il Highway
59 Bartlett, IL
60103-1670

928 Joliet St,
West Chicago,
IL 60185-3725

ATTACHMENT-17C

YOUR TRIP TO:

110 Windsor Park Dr, Carol Stream, IL 60188-1986

15 MIN | 8.6 MI

Trip time based on traffic conditions as of 3:39 PM on January 8, 2016. Current Traffic: Moderate

Windsor Park Manor

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

Then 0.26 miles — 0.26 total miles

2. Make a **U-turn** at **Apple Valley Dr** onto **S Il Route 59/IL-59**.

Then 1.77 miles — 2.03 total miles

3. Turn **left** onto **Army Trail Rd/County Hwy-11**.

Then 1.87 miles — 3.90 total miles

4. Turn **right** onto **Fair Oaks Rd**.

Then 0.05 miles — 3.95 total miles

5. **Fair Oaks Rd** becomes **Fairoaks Rd**.

Then 0.26 miles — 4.21 total miles

6. **Fairoaks Rd** becomes **Fair Oaks Rd**.

Then 1.93 miles — 6.14 total miles

7. Turn **left** onto **North Ave/IL-64**.

Then 1.28 miles — 7.42 total miles

8. Turn **right** onto **County Farm Rd**.

Then 0.20 miles — 7.61 total miles

9. Turn **left** onto **Saint Charles Rd**.

Then 0.95 miles — 8.57 total miles

10. Take the 3rd **left** onto **Windsor Park Dr**.

Then 0.03 miles — 8.60 total miles

11. Take the 1st **left** to stay on **Windsor Park Dr**.

12. **110 WINDSOR PARK DR** is on the **right**.

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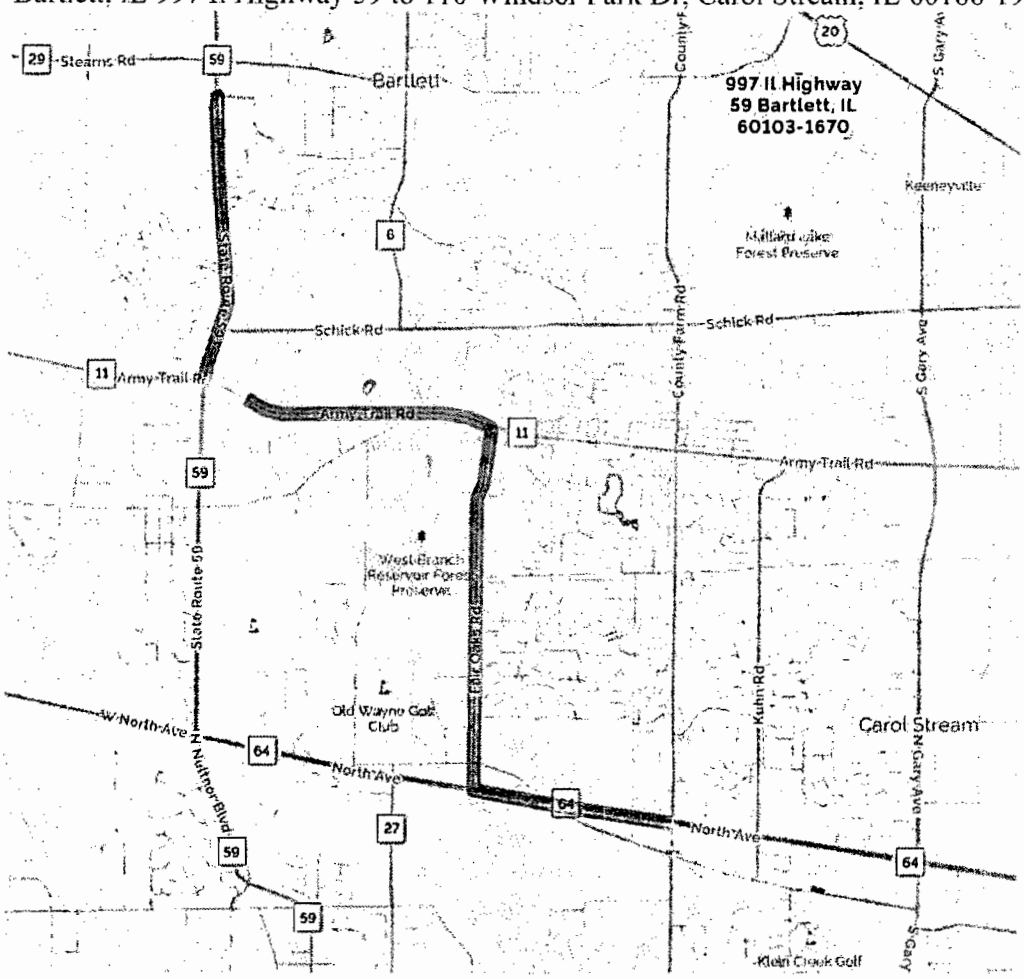
ATTACHMENT-17C



110 Windsor
Park Dr, Carol
Stream, IL
60188-1986

ATTACHMENT-17C

YOUR TRIP TO:

31 W Central Ave, Roselle, IL 60172

15 MIN | 7.6 MI

Trip time based on traffic conditions as of 3:42 PM on January 8, 2016. Current Traffic: Light

Abbington Rehab & Nursing Ctr

Start of next leg of route

1. Start out going north on **S Il Route 59/IL-59** toward **Apple Valley Dr**.
   Then 0.48 miles — 0.48 total miles
2. Turn right onto **W Stearns Rd/County Hwy-29**. Continue to follow **W Stearns Rd**
   Then 2.96 miles — 3.44 total miles
3. **W Stearns Rd** becomes **Greenbrook Blvd**.
   Then 0.94 miles — 4.38 total miles
4. Turn right onto **E Lake St/US-20 E**.
   Then 0.36 miles — 4.74 total miles
5. Turn left onto **Bartels Rd**.
   Then 0.36 miles — 5.10 total miles
6. Turn right onto **Central Ave**.
   Then 2.48 miles — 7.59 total miles
7. **31 W CENTRAL AVE** is on the right.

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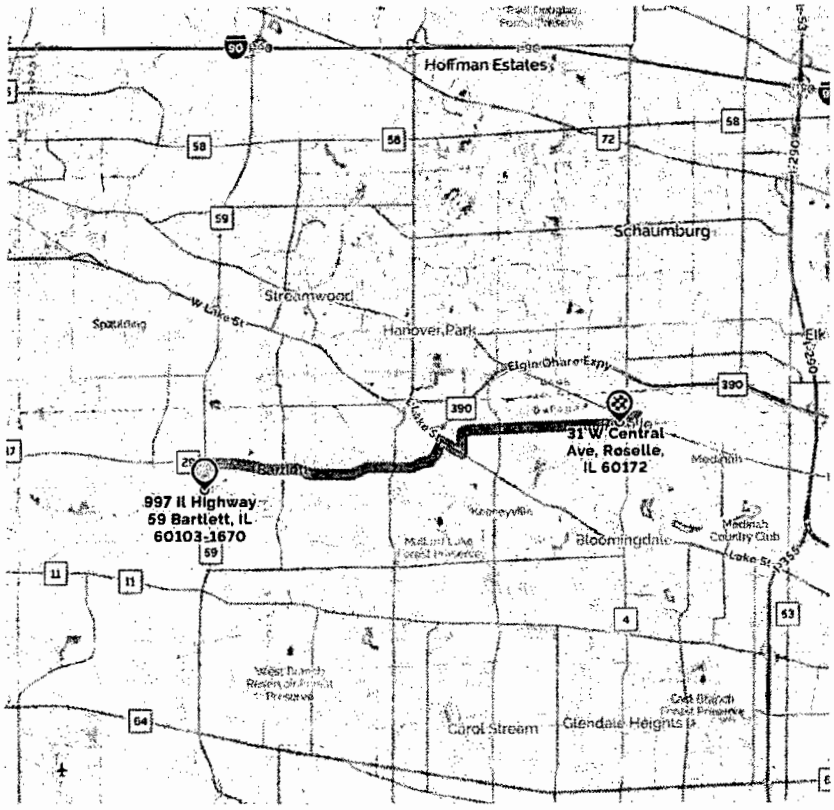

ATTACHMENT-17C

YOUR TRIP TO:

1545 Barrington Rd, Hoffman Estates, IL 60169

15 MIN | 8.6 MI

Trip time based on traffic conditions as of 3:42 PM on January 8, 2016. Current Traffic: Moderate

Alden-Poplar Creek Rehab &Care

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr.**
Continue to follow **S Il Route 59**.

Then 3.58 miles 3.58 total miles

2. **S Il Route 59** becomes **S Sutton Rd/IL-59**.

Then 1.91 miles 5.48 total miles

3. Turn **right** onto **Golf Rd/IL-58**.

Then 2.55 miles 8.03 total miles

4. Turn **left** onto **Barrington Rd**.

Then 0.52 miles 8.55 total miles

5. **1545 BARRINGTON RD**.

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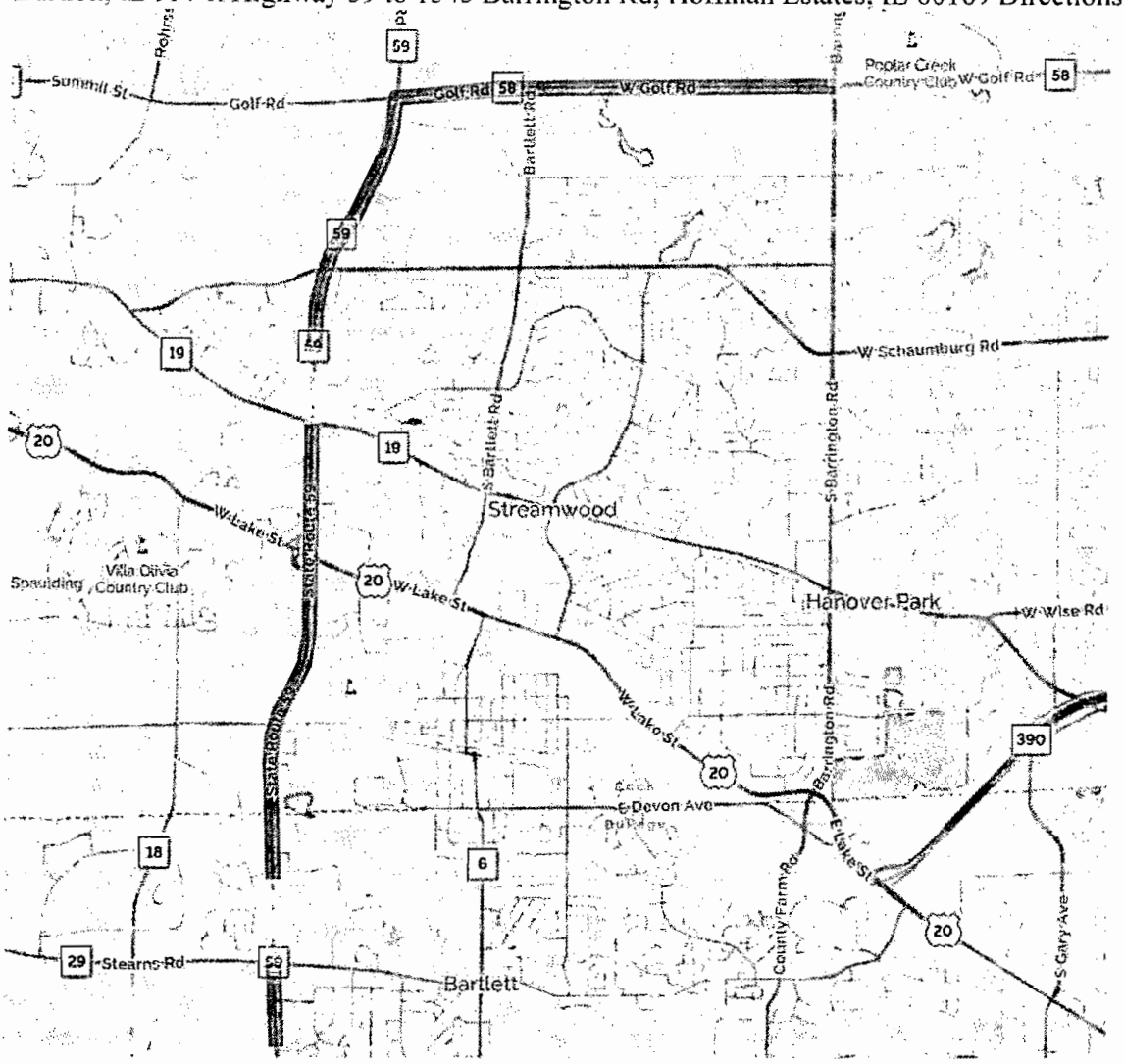
ATTACHMENT-17C

1545 Barrington Rd, Hoffman Estates, IL 60169



997 Il Highway 59 Bartlett, IL 60103-1670

ATTACHMENT-17C

YOUR TRIP TO:
1950 Larkin Ave, Elgin, IL 60123

16 MIN | 10.1 MI

Trip time based on traffic conditions as of 3:12 PM on January 8, 2016. Current Traffic: Light

Sherman West Court

1. Start out going **north** on **S IL Route 59/IL-59** toward **Apple Valley Dr.**
   Then 2.78 miles — 2.78 total miles
2. Merge onto **US-20 W** via the ramp on the **left** toward **Elgin.**
   Then 5.59 miles — 8.37 total miles
3. Take the **McLean Blvd** exit.
   Then 0.31 miles — 8.67 total miles
4. Turn **slight right** onto **S McLean Blvd.**
   Then 0.75 miles — 9.42 total miles
5. Turn **left** onto **Larkin Ave.**
   Then 0.65 miles — 10.07 total miles
6. **1950 LARKIN AVE** is on the **right.**

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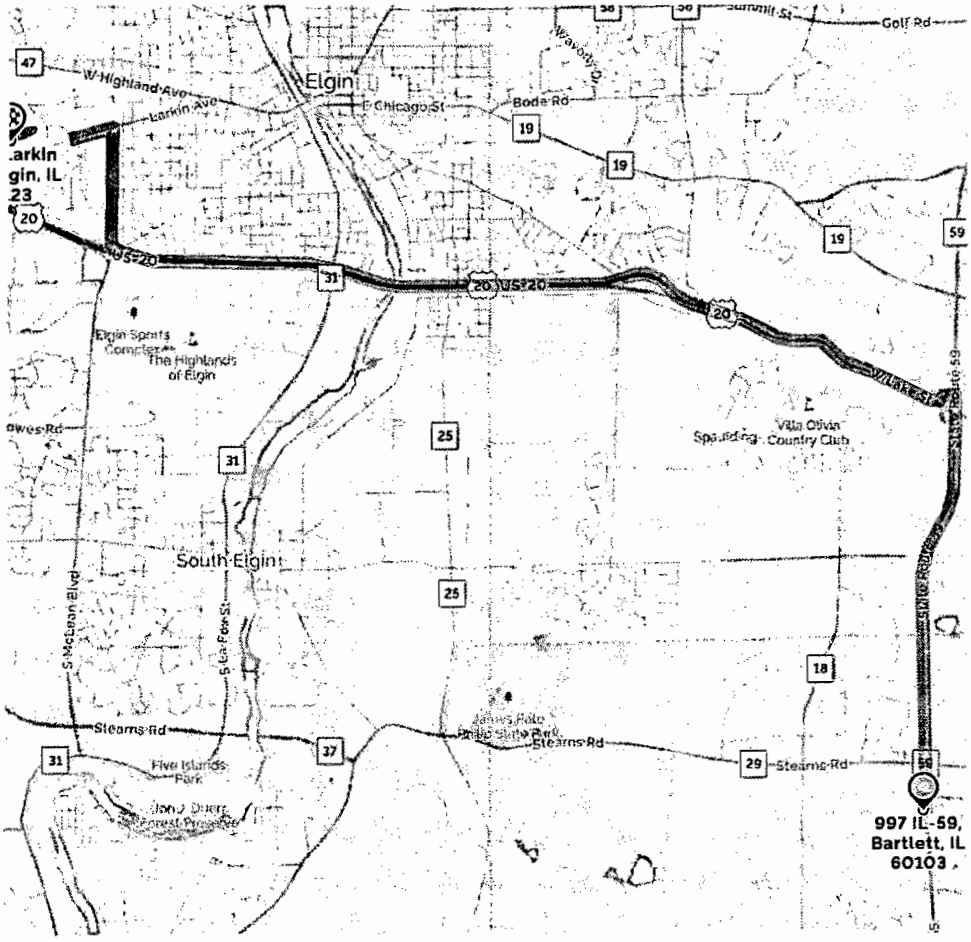

ATTACHMENT-17C

YOUR TRIP TO:

1101 E State St, Geneva, IL 60134-2437

17 MIN | 10.3 MI

Trip time based on traffic conditions as of 3:05 PM on January 8, 2016. Current Traffic: Light

Bria of Geneva

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.
   Then 0.10 miles — 0.10 total miles
2. Make a **U-turn** at **Apple Valley Dr** onto **IL-59**.
   Then 3.90 miles — 4.00 total miles
3. Turn **right** onto **North Ave/IL-64**. Continue to follow **IL-64**.
   Then 3.51 miles — 7.51 total miles
4. Turn **left** onto **Kirk Rd**.
   Then 2.44 miles — 9.95 total miles
5. Turn **right** onto **E State St/IL-38**.
   Then 0.38 miles — 10.33 total miles
6. **1101 E STATE ST is on the right.**

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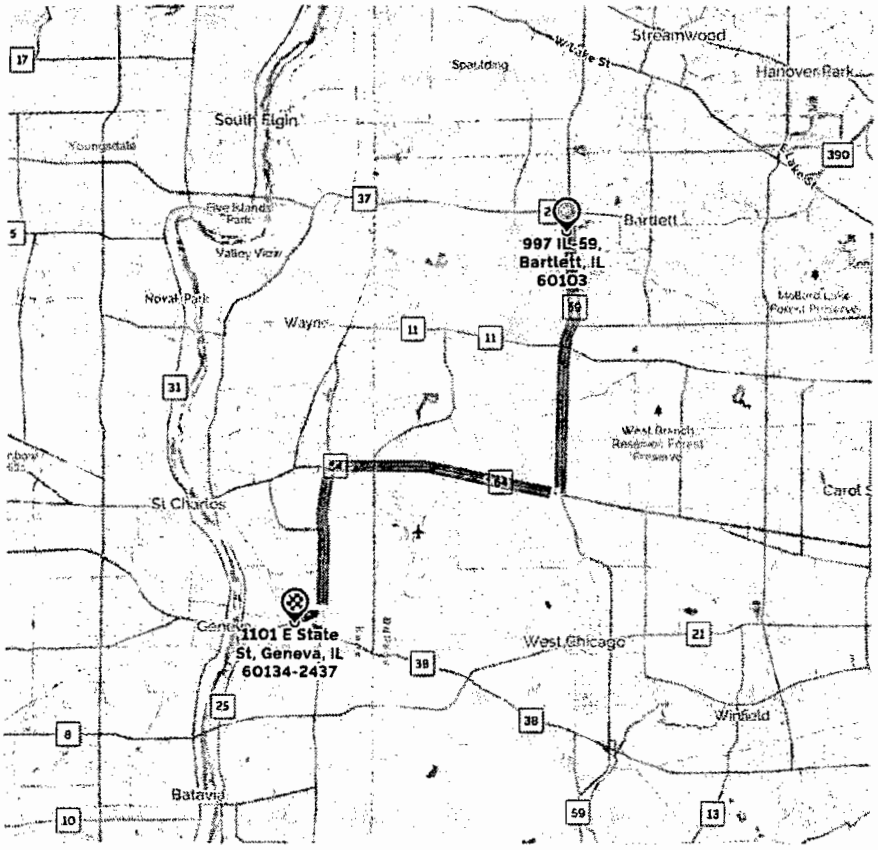

ATTACHMENT-17C

YOUR TRIP TO:
2355 Royal Blvd, Elgin, IL 60123

17 MIN | 11.8 MI

Trip time based on traffic conditions as of 3:11 PM on January 8, 2016. Current Traffic: Moderate

Rosewood Care Center of Elgin

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.
   Then 2.78 miles — 2.78 total miles
2. Merge onto **US-20 W** via the ramp on the **left** toward **Elgin**.
   Then 7.45 miles — 10.22 total miles
3. Take the **Randall Rd** exit.
   Then 0.19 miles — 10.41 total miles
4. Turn **left** onto **Randall Rd/County Hwy-34**.
   Then 1.40 miles — 11.82 total miles
5. **2355 ROYAL BLVD**.

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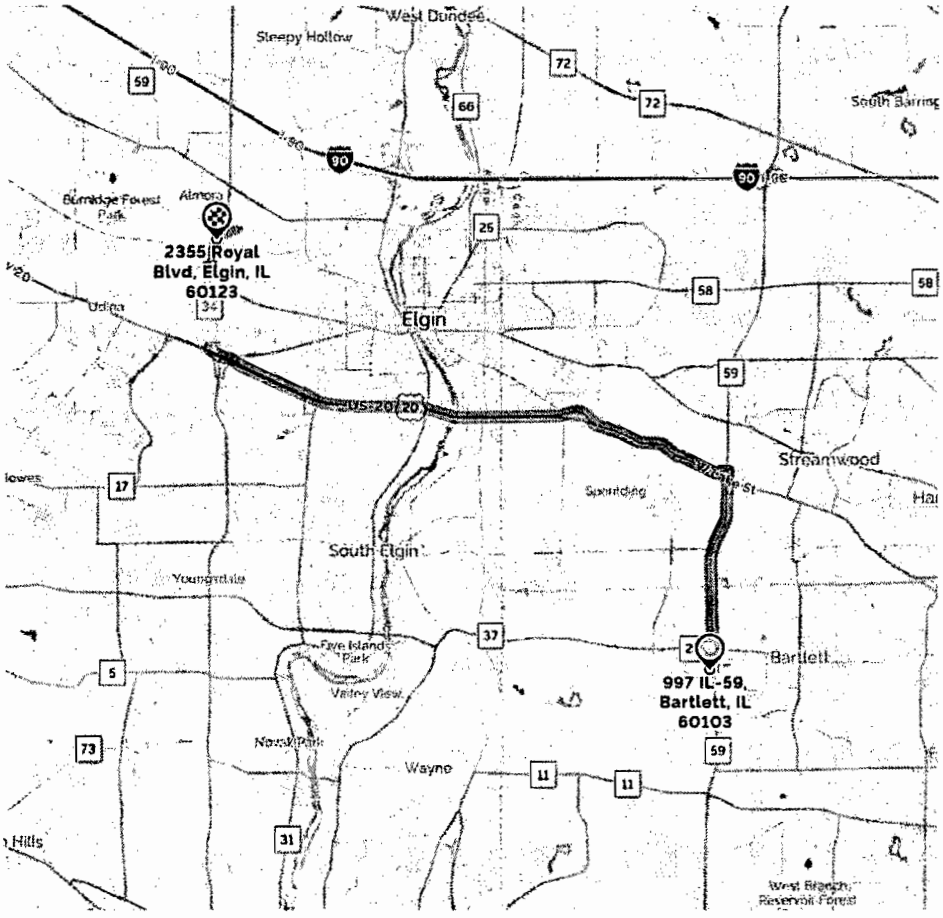

ATTACHMENT-17C

YOUR TRIP TO:

2750 W Highland Ave, Elgin, IL 60124-7948

17 MIN | 10.6 MI

Trip time based on traffic conditions as of 4:21 PM on January 8, 2016. Current Traffic: Moderate

Apostolic Christian Resthaven

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

Then 2.78 miles — 2.78 total miles

2. Merge onto **US-20 W** via the ramp on the **left** toward **Elgin**.

If you reach Red Oak Dr you've gone about 0.1 miles too far.

Then 5.59 miles — 8.37 total miles

3. Take the **McLean Blvd** exit.

Then 0.31 miles — 8.67 total miles

4. Turn **slight right** onto **S McLean Blvd**.

McLean Bp is on the corner.

Then 1.07 miles — 9.74 total miles

5. Turn **left** onto **W Highland Ave**.

W Highland Ave is 0.1 miles past Easy St.

If you reach Lawrence Ave you've gone about 0.1 miles too far.

Then 0.87 miles — 10.61 total miles

6. **2750 W HIGHLAND AVE** is on the **right**.

Your destination is 0.1 miles past Presidential Ln.

If you reach N Airlite St you've gone a little too far.

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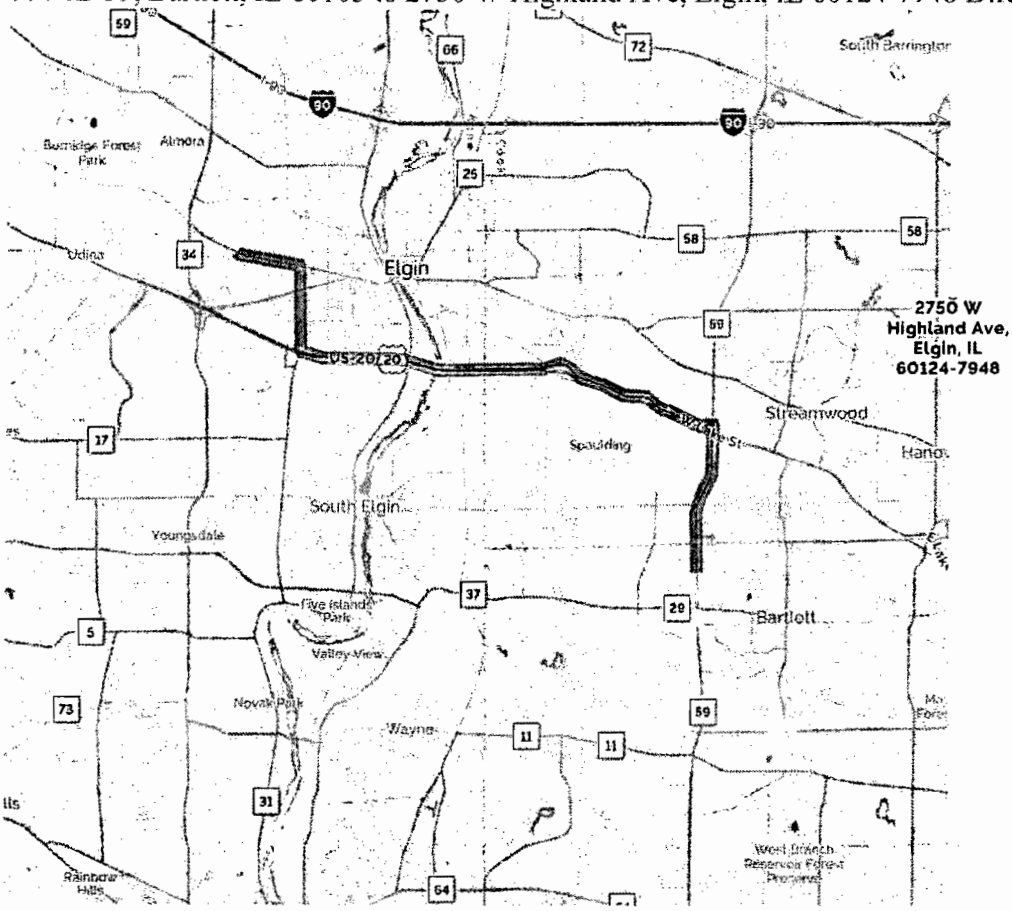
ATTACHMENT-17C



ATTACHMENT-17C

YOUR TRIP TO:

165 S Bloomingdale Rd, Bloomingdale, IL 60108

17 MIN | 8.0 MI

Trip time based on traffic conditions as of 3:41 PM on January 8, 2016. Current Traffic: Moderate

Lexington Health Care Center-Bloomingdale

1. Start out going north on **S Il Route 59/IL-59 toward Apple Valley Dr**.
   Then 0.48 miles — 0.48 total miles
2. Turn **right** onto **W Stearns Rd/County Hwy-29**. Continue to follow **W Stearns Rd**.
   Then 2.96 miles — 3.44 total miles
3. **W Stearns Rd** becomes **Greenbrook Blvd**.
   Then 0.94 miles — 4.38 total miles
4. Turn **right** onto **E Lake St/US-20 E**.
   Then 3.25 miles — 7.63 total miles
5. Turn **right** onto **S Bloomingdale Rd/County Hwy-4**.
   Then 0.40 miles — 8.03 total miles
6. **165 S BLOOMINGDALE RD** is on the **left**.

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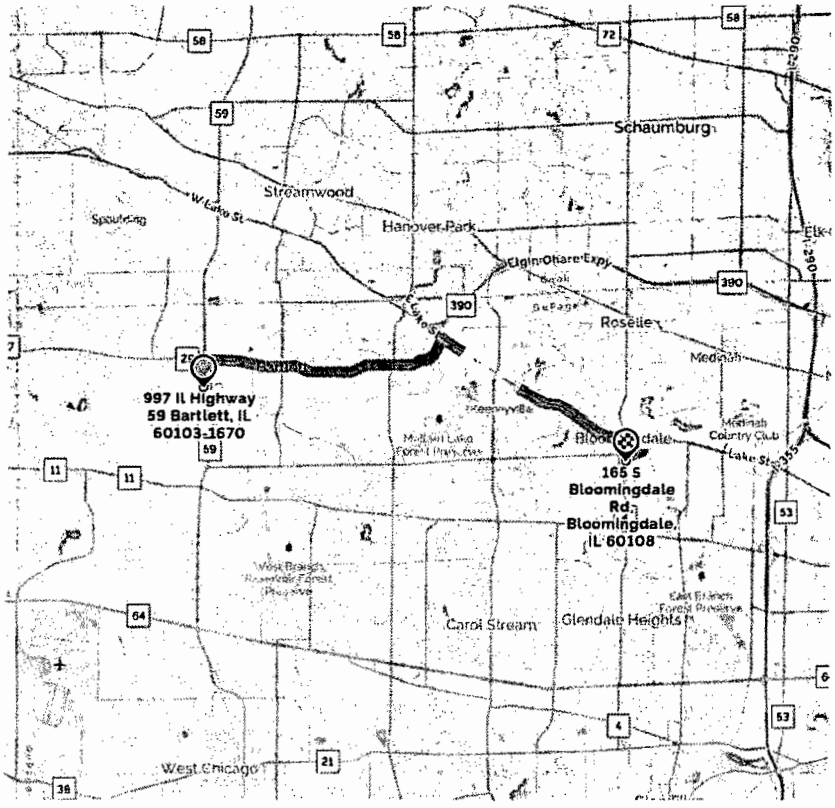

ATTACHMENT-17C

YOUR TRIP TO:

675 S Roselle Rd, Schaumburg, IL 60193

17 MIN | 9.4 MI

Trip time based on traffic conditions as of 3:43 PM on January 8, 2016. Current Traffic: Moderate

Lexington Of Schaumburg

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.
   Then 0.48 miles — 0.48 total miles
2. Turn **right** onto **W Stearns Rd/County Hwy-29**. Continue to follow **W Stearns Rd**.
   Then 2.96 miles — 3.44 total miles
3. **W Stearns Rd** becomes **Greenbrook Blvd**.
   Then 0.95 miles — 4.39 total miles
4. Turn **left** onto **E Lake St/US-20 W**.
   Then 0.03 miles — 4.42 total miles
5. Take the **Elgin-O'Hare Expy E** ramp.
   Then 0.55 miles — 4.97 total miles
6. Merge onto **Elgin Ohare Expy E**.
   Then 2.67 miles — 7.64 total miles
7. Take the **Roselle Rd** exit.
   Then 0.33 miles — 7.97 total miles
8. Turn **left** onto **County Hwy-4/S Roselle Rd**. Continue to follow **S Roselle Rd**.
   Then 1.44 miles — 9.41 total miles
9. **675 S ROSELLE RD** is on the right.

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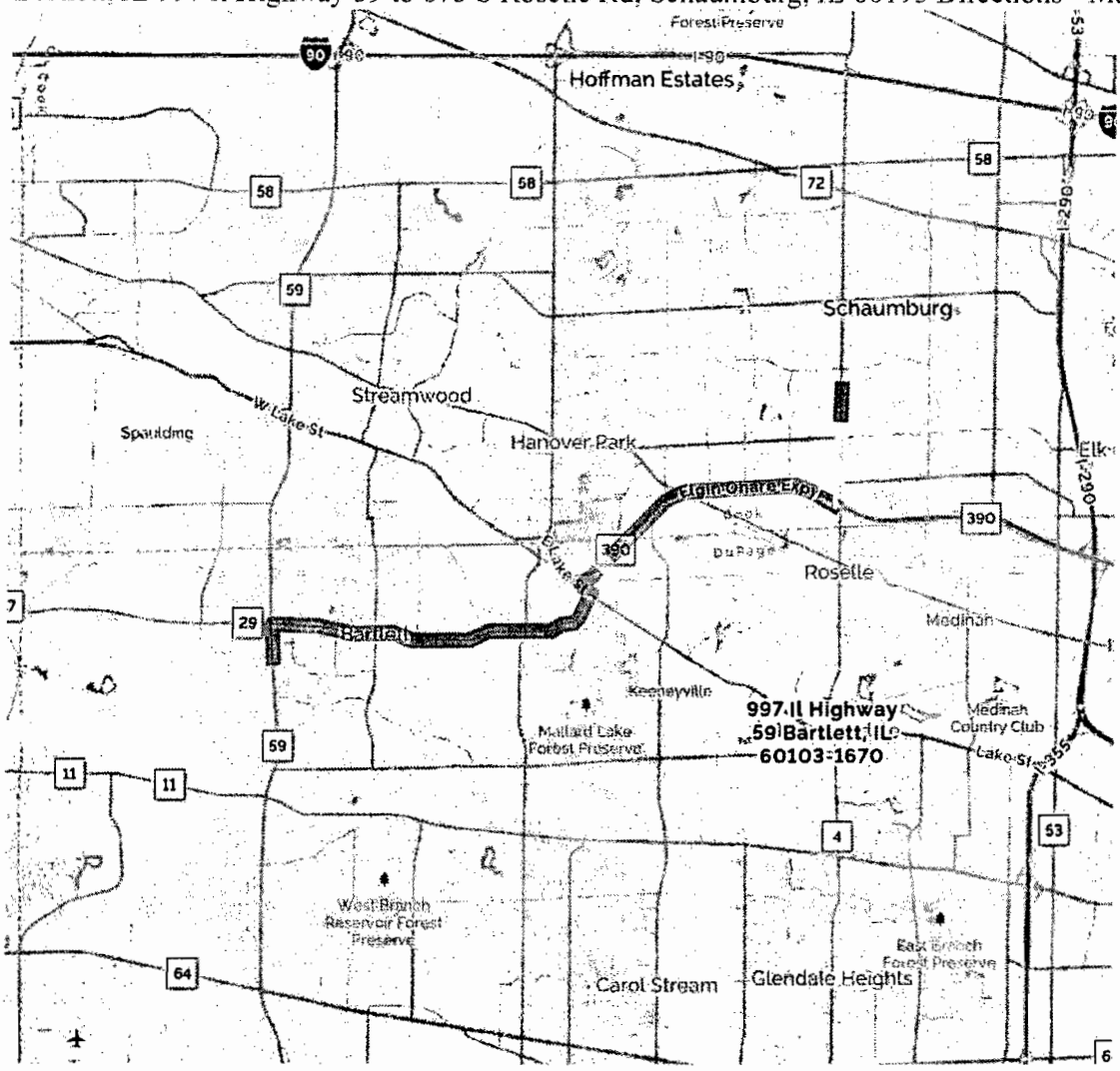
ATTACHMENT-17C



675 S Roselle Rd, Schaumburg, IL 60193

ATTACHMENT-17C

YOUR TRIP TO:

1920 Nerge Rd, Elk Grove Village, IL 60007-2907

17 MIN | 9.5 MI

Trip time based on traffic conditions as of 4:26 PM on January 8, 2016. Current Traffic: Moderate

Manor Care - Elk Grove Village

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

Then 0.32 miles — 0.32 total miles

2. Turn **right** onto **W Stearns Rd/County Hwy-29**. Continue to follow **W Stearns Rd**.

Then 2.96 miles — 3.28 total miles

3. **W Stearns Rd** becomes **Greenbrook Blvd**.

Then 0.95 miles — 4.24 total miles

4. Turn **left** onto **E Lake St/US-20 W**.

Then 0.03 miles — 4.26 total miles

5. Take the **Elgin-O'Hare Expy E** ramp.

Then 0.55 miles — 4.81 total miles

6. Merge onto **Elgin Ohare Expy E**.

Then 2.67 miles — 7.49 total miles

7. Take the **Roselle Rd** exit.

Then 0.33 miles — 7.81 total miles

8. Turn **left** onto **County Hwy-4/S Roselle Rd**. Continue to follow **S Roselle Rd**.

Then 0.30 miles — 8.12 total miles

9. Turn **right** onto **E Nerge Rd**.

Then 1.33 miles — 9.45 total miles

10. Make a **U-turn** at **Arkansas Dr** onto **Nerge Rd**.

Then 0.07 miles — 9.52 total miles

11. **1920 NERGE RD** is on the **right**.

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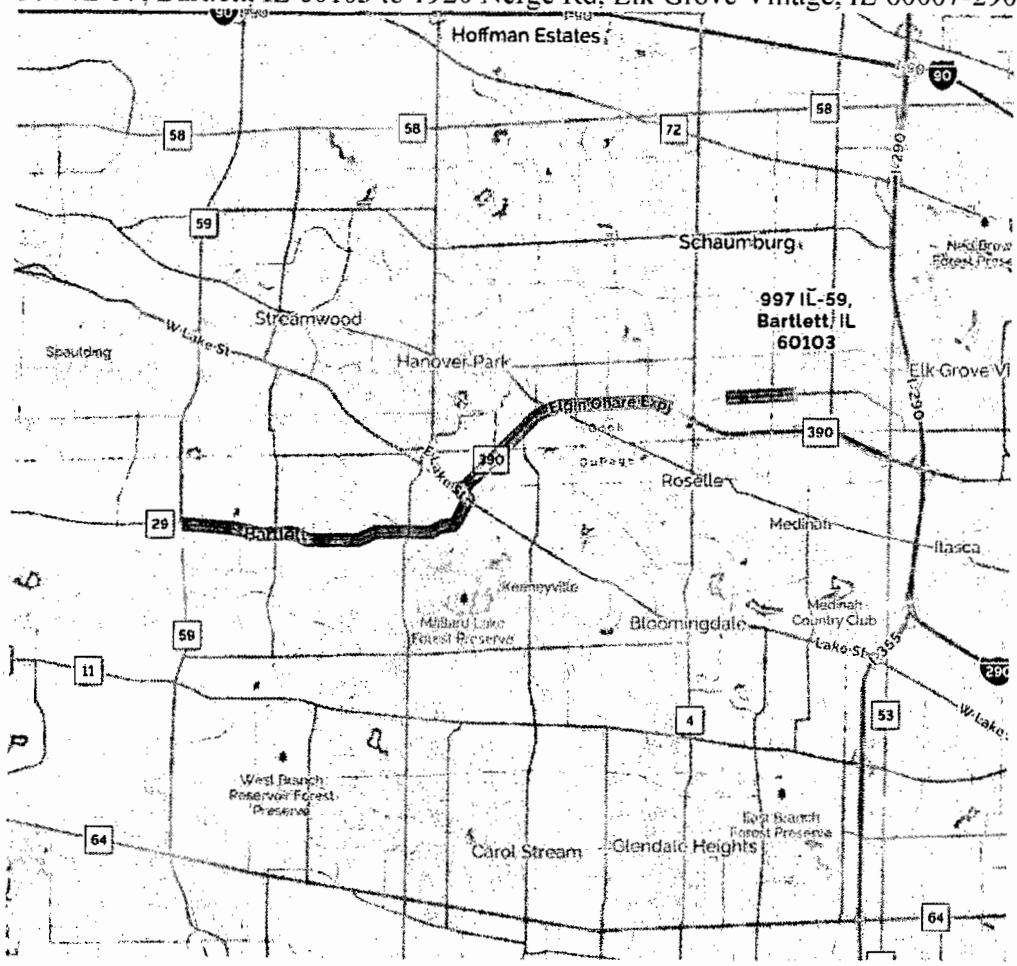
ATTACHMENT-17C



1920 Nerge Rd, Elk Grove Village, IL 60007-2907

ATTACHMENT-17C

YOUR TRIP TO:

520 Fabyan Pkwy, Batavia, IL 60510

19 MIN | 11.6 MI

Trip time based on traffic conditions as of 3:04 PM on January 8, 2016. Current Traffic: Light

Batavia Rehab & Hlthcare Ctr.

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.
   Then 0.10 miles — 0.10 total miles
2. Make a **U-turn** at **Apple Valley Dr** onto **IL-59**
   Then 4.92 miles — 5.02 total miles
3. Turn **right** onto **Arbor Ave**.
   Then 1.26 miles — 6.28 total miles
4. Turn **right** onto **E Washington St/County Hwy-21**. Continue to follow **County Hwy-21**.
   Then 3.38 miles — 9.65 total miles
5. **County Hwy-21** becomes **Fabyan Pkwy**.
   Then 1.93 miles — 11.58 total miles
6. **520 FABYAN PKWY** is on the left.

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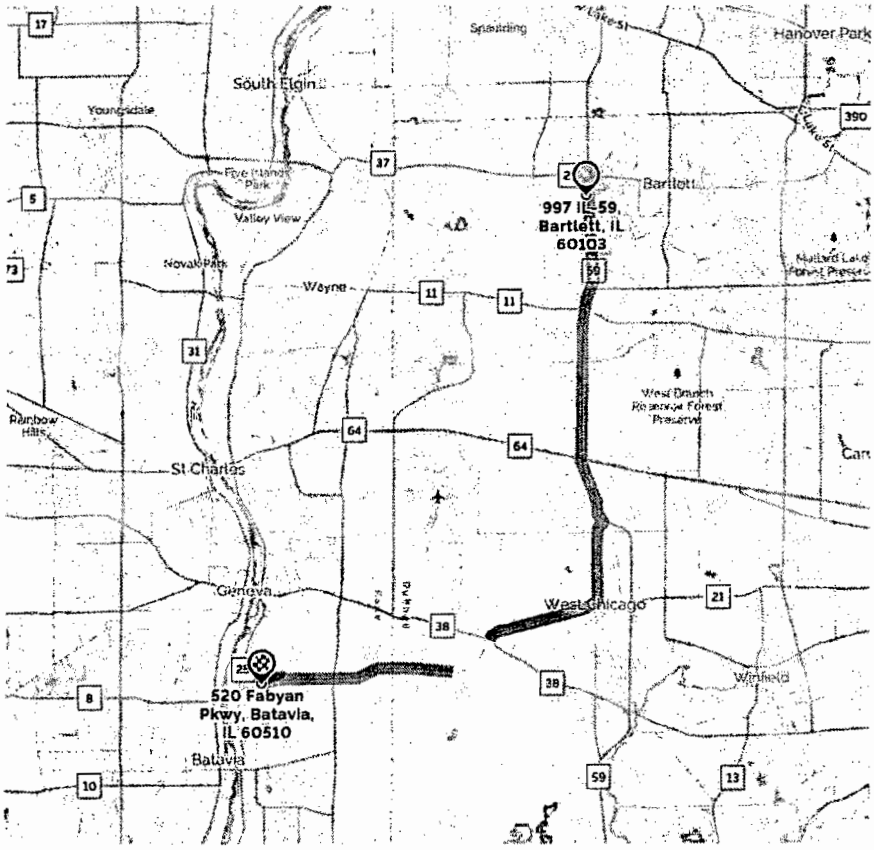

ATTACHMENT-17C

YOUR TRIP TO:

28W141 Liberty St, Winfield, IL 60190

19 MIN | 9.9 MI

Trip time based on traffic conditions as of 3:32 PM on January 8, 2016. Current Traffic: Moderate

Winfield Woods Healthcare Center

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

Then 0.26 miles — 0.26 total miles

2. Make a **U-turn** at **Apple Valley Dr** onto **IL-59**.

Then 6.57 miles — 6.83 total miles

3. Turn **left** onto **Main St**.

Then 0.51 miles — 7.33 total miles

4. Take the 2nd **right** onto **Prince Crossing Rd/County Hwy-27**. Continue to follow **County Hwy-27**.

Then 1.76 miles — 9.10 total miles

5. Turn **right** onto **Winfield Rd**.

Then 0.15 miles — 9.24 total miles

6. Take the 1st **right** onto **Beecher Ave**.

Then 0.38 miles — 9.62 total miles

7. Turn **left** onto **Wynwood Rd**.

Then 0.12 miles — 9.74 total miles

8. Stay **straight** to go onto **Liberty St**.

Then 0.13 miles — 9.86 total miles

9. **28W141 LIBERTY ST**.

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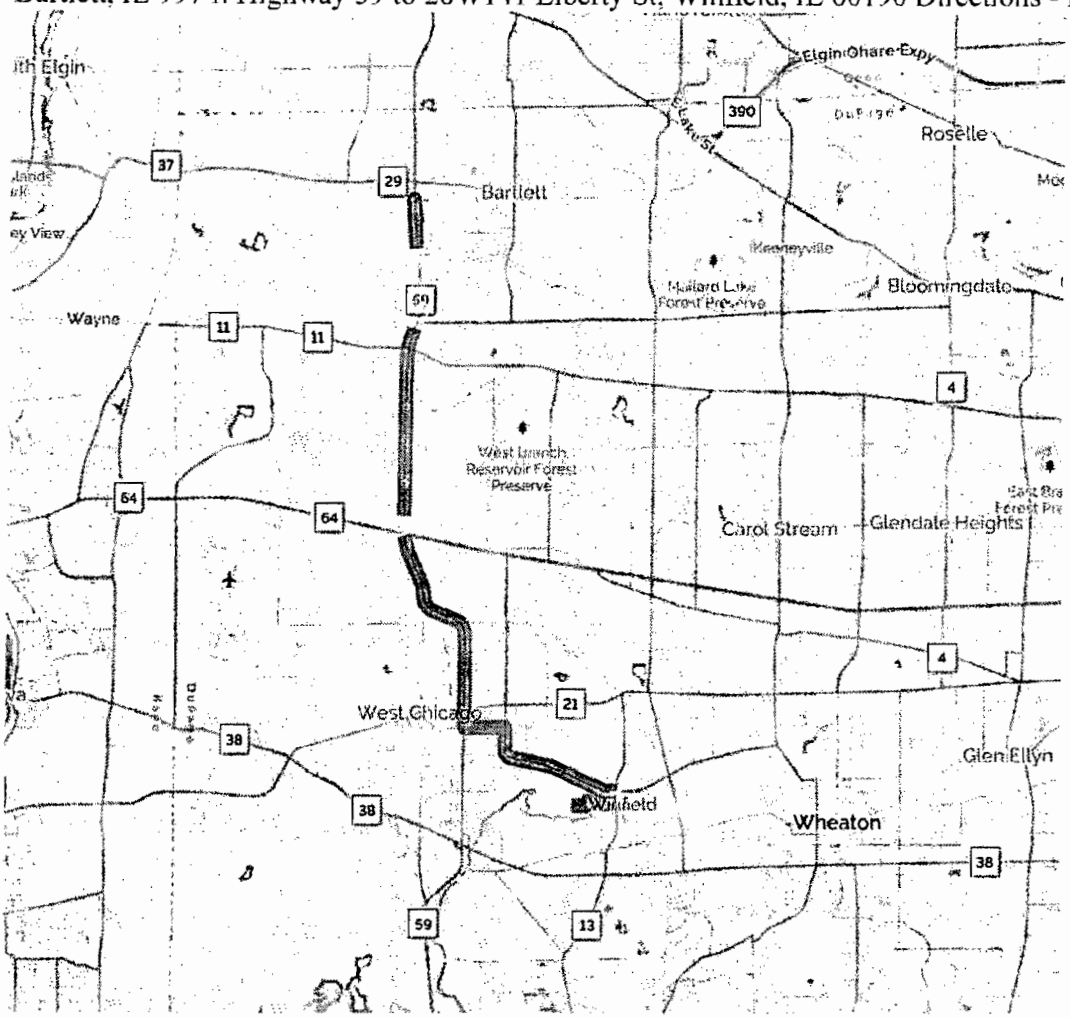
ATTACHMENT-17C



997 Il Highway
59 Bartlett, IL
60103-1670

28W141
Liberty St,
Winfield, IL
60190

ATTACHMENT-17C

YOUR TRIP TO:

400 N County Farm Rd, Wheaton, IL 60187

19 MIN | 10.3 MI

Trip time based on traffic conditions as of 3:33 PM on January 8, 2016. Current Traffic: Moderate

Dupage Convalescent Home

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

Then 0.26 miles 0.26 total miles

2. Make a **U-turn** at **Apple Valley Dr** onto **IL-59**.

Then 6.57 miles 6.83 total miles

3. Turn **left** onto **Main St**.

Then 0.51 miles 7.33 total miles

4. Take the 2nd **right** onto **Prince Crossing Rd/County Hwy-27**. Continue to follow **County Hwy-27**.

Then 2.44 miles 9.77 total miles

5. Turn **right** onto **County Farm Rd**.

Then 0.49 miles -- 10.26 total miles

6. **400 N COUNTY FARM RD.**

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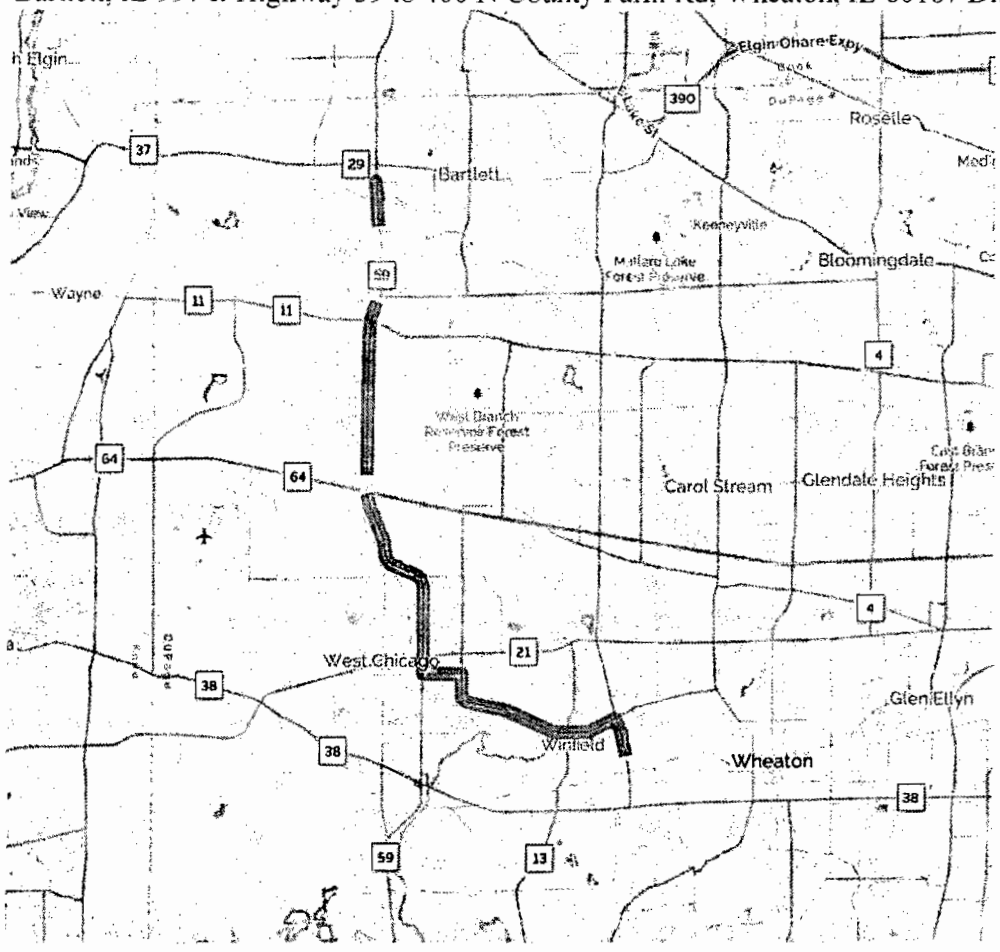
ATTACHMENT-17C



997 Il Highway
59 Bartlett, IL
60103-1670

400 N County
Farm Rd,
Wheaton, IL
60187

ATTACHMENT-17C

YOUR TRIP TO:

275 E Army Trail Rd, Bloomingdale, IL 60139

19 MIN | 8.7 MI

Trip time based on traffic conditions as of 4:25 PM on January 8, 2016. Current Traffic Heavy

Alden-Valley Ridge Rehab &Care

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

Then 0.11 miles 0.11 total miles

2. Take the 1st **left**.

Then 0.02 miles 0.13 total miles

3. Turn **left**.

Then 0.01 miles 0.14 total miles

4. Take the 1st **right** onto **S Il Route 59/IL-59**.

Then 1.75 miles 1.89 total miles

5. Turn **left** onto **Army Trail Rd/County Hwy-11**. Continue to follow **Army Trail Rd**.

Then 6.82 miles 8.71 total miles

6. **275 E ARMY TRAIL RD** is on the **right**.

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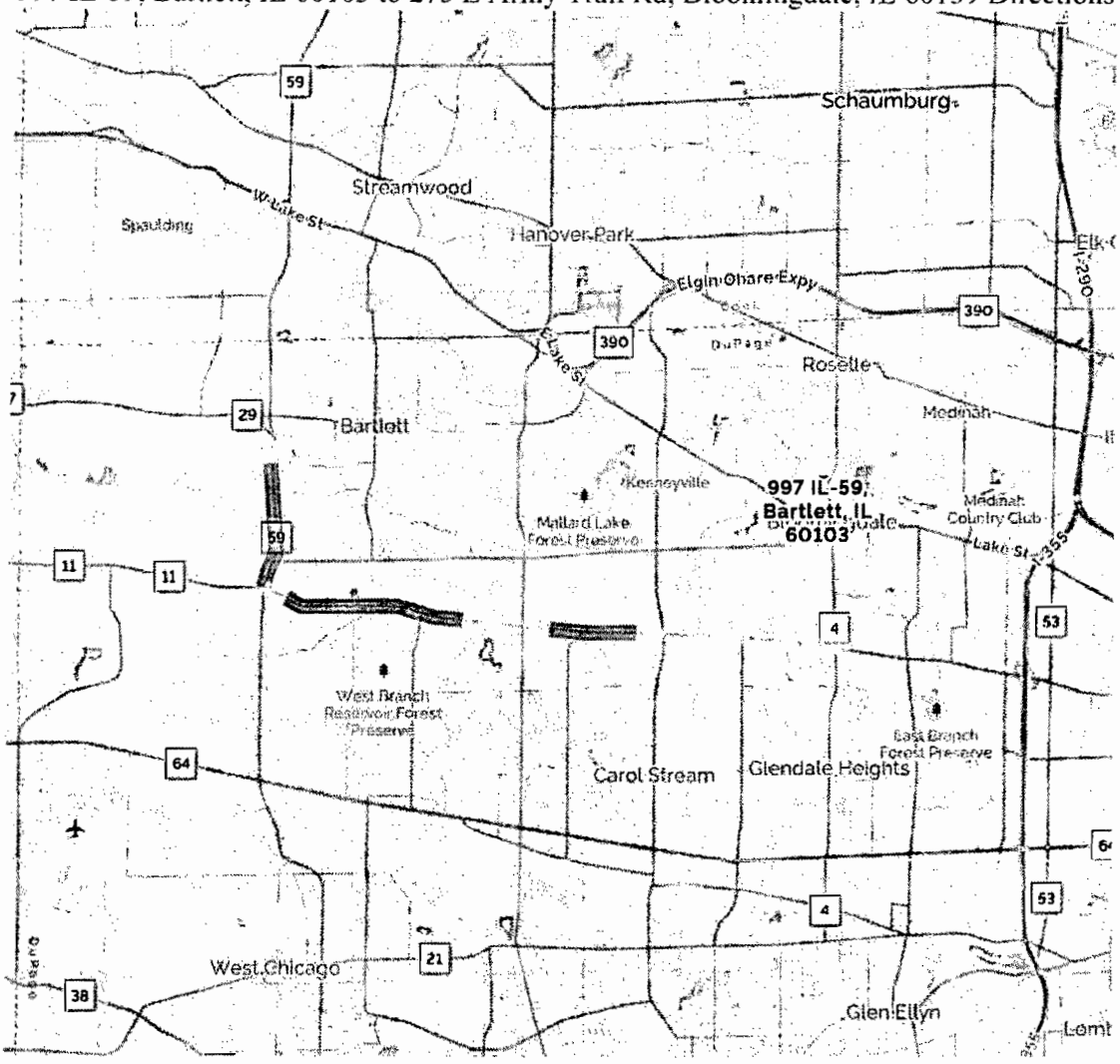
ATTACHMENT-17C



275 E Army
Trail Rd,
Bloomingdale,
IL 60139

ATTACHMENT-17C

YOUR TRIP TO:

311 Edgewater Dr, Bloomingdale, IL 60108

19 MIN | 9.5 MI

Trip time based on traffic conditions as of 4:26 PM on January 8, 2016. Current Traffic: Moderate

West Suburban Nursing & Rehab Center

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

   Then 0.10 miles — 0.10 total miles

2. Make a **U-turn** at **Apple Valley Dr** onto **S Il Route 59/IL-59**.

   Then 1.46 miles — 1.56 total miles

3. Turn **left** onto **W Schick Rd**.

   Then 6.47 miles — 8.03 total miles

4. Turn **right** onto **S Bloomingdale Rd/County Hwy-4**.

   Then 0.58 miles — 8.62 total miles

5. Turn **left** onto **Edgewater Dr**.

   Then 0.90 miles — 9.51 total miles

6. Turn **left**.

   Then 0.01 miles — 9.52 total miles

7. **311 EDGEWATER DR**.

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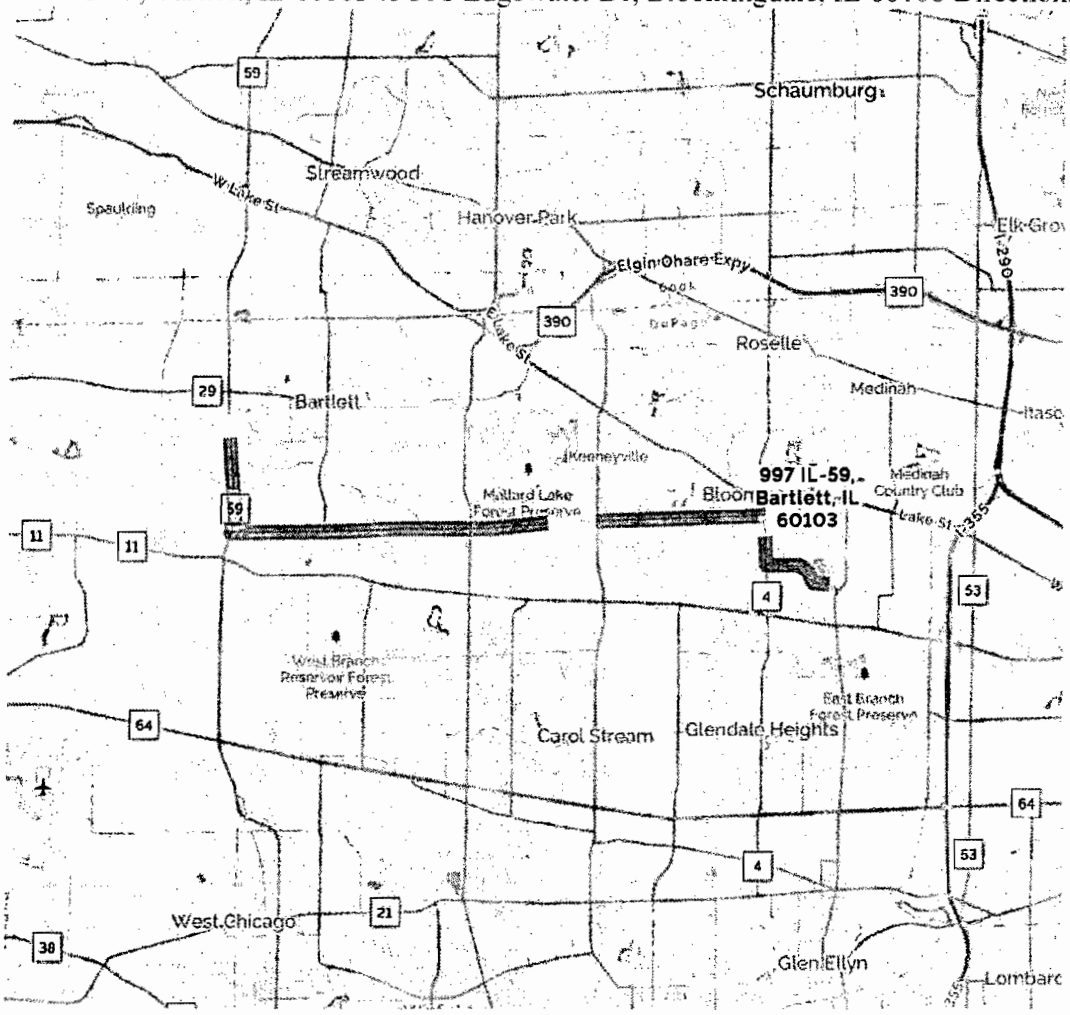
ATTACHMENT-17C



311 Edgewater Dr, Bloomingdale, IL 60108

ATTACHMENT-17C

YOUR TRIP TO:

2180 Manchester Rd, Wheaton, IL 60187-4580

20 MIN | 10.6 MI

Trip time based on traffic conditions as of 3:33 PM on January 8, 2016. Current Traffic: Moderate

Wynscape Health & Rehab

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

Then 0.26 miles — 0.26 total miles

2. Make a **U-turn** at **Apple Valley Dr** onto **IL-59**.

Then 6.36 miles — 6.62 total miles

3. Turn **left** onto **E Washington St/County Hwy-21**. Continue to follow **County Hwy-21**.

Then 0.51 miles — 7.13 total miles

4. Turn **right** onto **Prince Crossing Rd/County Hwy-27**. Continue to follow **County Hwy-27**.

Then 2.69 miles — 9.82 total miles

5. Turn **right** onto **County Farm Rd**.

Then 0.71 miles — 10.52 total miles

6. Turn **left** onto **Manchester Rd**.

Then 0.05 miles — 10.57 total miles

7. **2180 MANCHESTER RD** is on the **right**.

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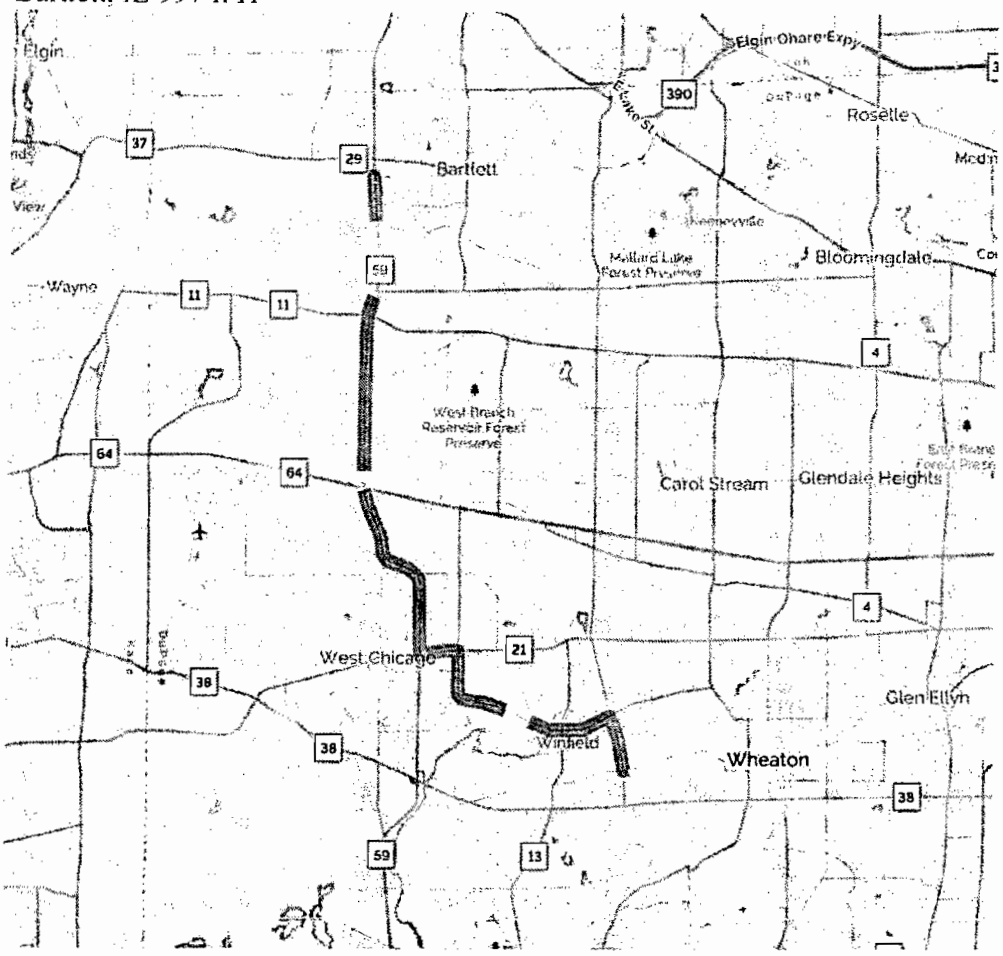
ATTACHMENT-17C



997 Il Highway
59 Bartlett, IL
60103-1670

2180
Manchester
Rd, Wheaton,
IL 60187-4580

ATTACHMENT-17C

YOUR TRIP TO:

350 W Schaumburg Rd, Schaumburg, IL 60194

20 MIN | 9.7 MI

Trip time based on traffic conditions as of 3:53 PM on January 8, 2016 Current Traffic: Light

Friendship Village Schaumburg

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.
   Then 0.48 miles — 0.48 total miles
2. Turn **right** onto **W Stearns Rd/County Hwy-29**. Continue to follow **W Stearns Rd**.
   Then 2.96 miles — 3.44 total miles
3. **W Stearns Rd** becomes **Greenbrook Blvd**.
   Then 0.95 miles — 4.39 total miles
4. Turn **left** onto **E Lake St/US-20 W**.
   Then 0.03 miles — 4.42 total miles
5. Take the **Elgin-O'Hare Expy E** ramp.
   Then 0.55 miles — 4.97 total miles
6. Merge onto **Elgin Ohare Expy E**.
   Then 0.39 miles — 5.36 total miles
7. Take the **Springinsguth Rd** exit toward **Irving Park Rd**.
   Then 0.46 miles — 5.82 total miles
8. Stay **straight** to go onto **Frontage Rd**.
   Then 0.95 miles — 6.77 total miles
9. Turn **left** onto **Wright Blvd**.
   Then 0.54 miles — 7.31 total miles
10. **Wright Blvd** becomes **S Salem Dr**.
    Then 1.61 miles — 8.92 total miles
11. Turn **right** onto **W Schaumburg Rd**.
    Then 0.69 miles — 9.61 total miles
12. Make a **U-turn** at **Sumac Ln** onto **W Schaumburg Rd**.
    Then 0.10 miles — 9.71 total miles
13. **350 W SCHAUMBURG RD** is on the right.

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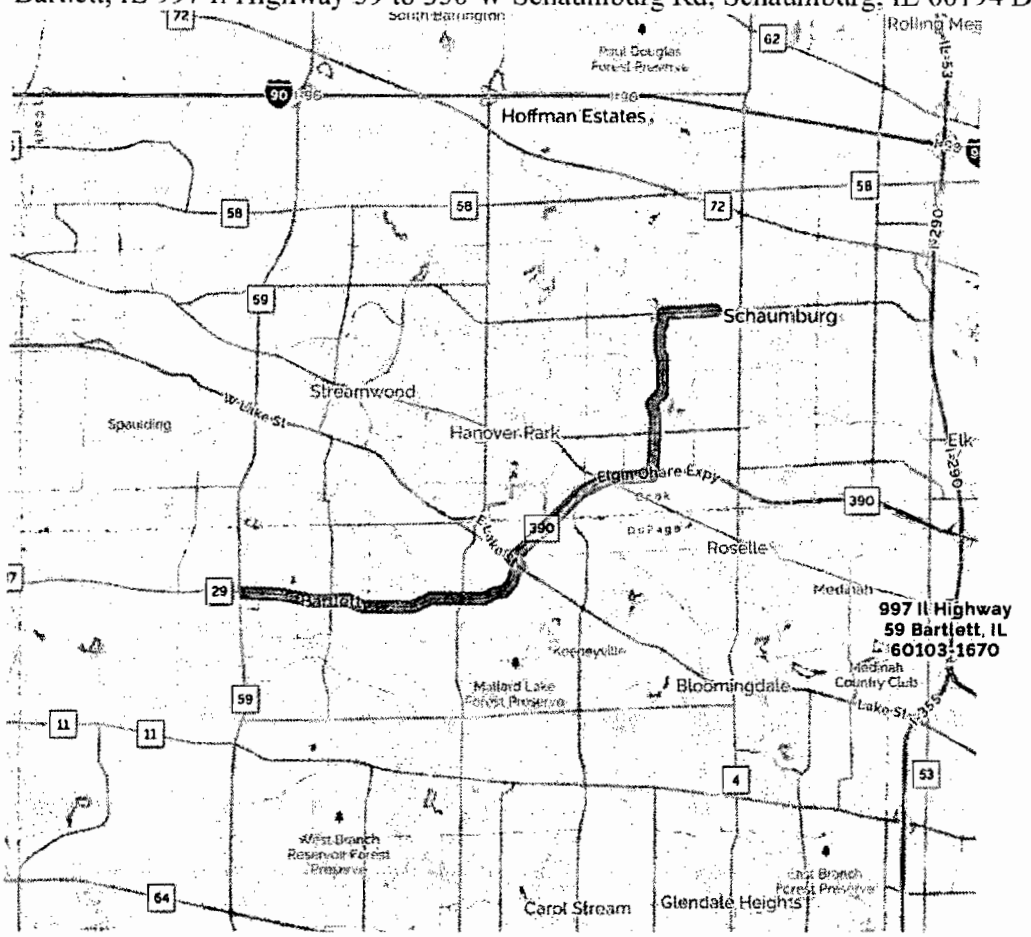
ATTACHMENT-17C



ATTACHMENT-17C

YOUR TRIP TO:

1754 Capital St, Elgin, IL 60124-7896

21 MIN | 15.3 MI

Trip time based on traffic conditions as of 3:12 PM on January 8, 2016 Current Traffic: Light

Addison Rehabilitation & Living Center

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**. Continue to follow **S Il Route 59**.

Then 3.42 miles — 3.42 total miles

2. **S Il Route 59** becomes **S Sutton Rd/IL-59**.

Then 3.33 miles — 6.76 total miles

3. Merge onto **I-90 W/Jane Addams Memorial Tollway W** toward **Rockford** (Portions toll) (Electronic toll collection only).

Then 7.62 miles — 14.38 total miles

4. Take the **Randall Rd** exit.

Then 0.38 miles — 14.76 total miles

5. Keep **right** to take the ramp toward **Elgin**.

Then 0.07 miles — 14.83 total miles

6. Turn **left** onto **County Hwy-34/Randall Rd**.

Then 0.25 miles — 15.09 total miles

7. Turn **right** onto **Westfield Dr**.

Then 0.10 miles — 15.19 total miles

8. Take the 1st **right** onto **Capital St**.

Then 0.09 miles — 15.27 total miles

9. **1754 CAPITAL ST**.

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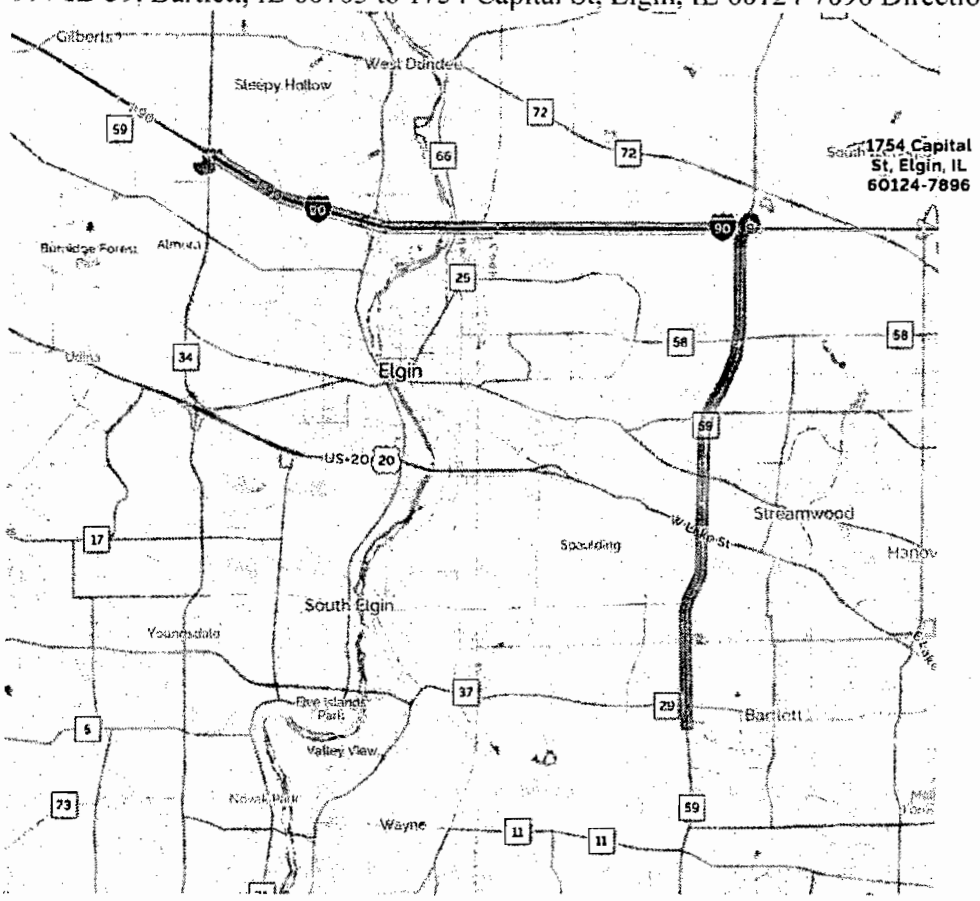
ATTACHMENT-17C



ATTACHMENT-17C

YOUR TRIP TO:
535 S Elm St, Itasca, IL 60143-2187

21 MIN | 13.0 MI

Trip time based on traffic conditions as of 4:27 PM on January 8, 2016. Current Traffic: Light

Forest View Rehab & Nursing Center

1. Start out going north on S Il Route 59/IL-59 toward Apple Valley Dr.
   Then 0.32 miles — 0.32 total miles
2. Turn right onto W Stearns Rd/County Hwy-29. Continue to follow W Stearns Rd
   Then 2.96 miles — 3.28 total miles
3. W Stearns Rd becomes Greenbrook Blvd.
   Then 0.95 miles — 4.24 total miles
4. Turn left onto E Lake St/US-20 W.
   Then 0.03 miles — 4.26 total miles
5. Take the Elgin-O'Hare Expy E ramp.
   Then 0.55 miles — 4.81 total miles
6. Merge onto Elgin Ohare Expy E.
   Then 5.59 miles — 10.40 total miles
7. Take the IL-53 S/Rohlwing Rd exit.
   Then 0.05 miles — 10.44 total miles
8. Turn slight right onto N Rohlwing Rd/IL-53.
   Then 0.97 miles — 11.41 total miles
9. Turn left onto W Irving Park Rd/IL-19.
   Then 0.97 miles — 12.38 total miles
10. Turn right onto N Walnut St.
    Then 0.53 miles — 12.92 total miles
11. Turn left onto E George St.
    Then 0.06 miles — 12.98 total miles
12. Take the 1st right onto S Elm St.
    Then 0.05 miles — 13.03 total miles
13. 535 S ELM ST.

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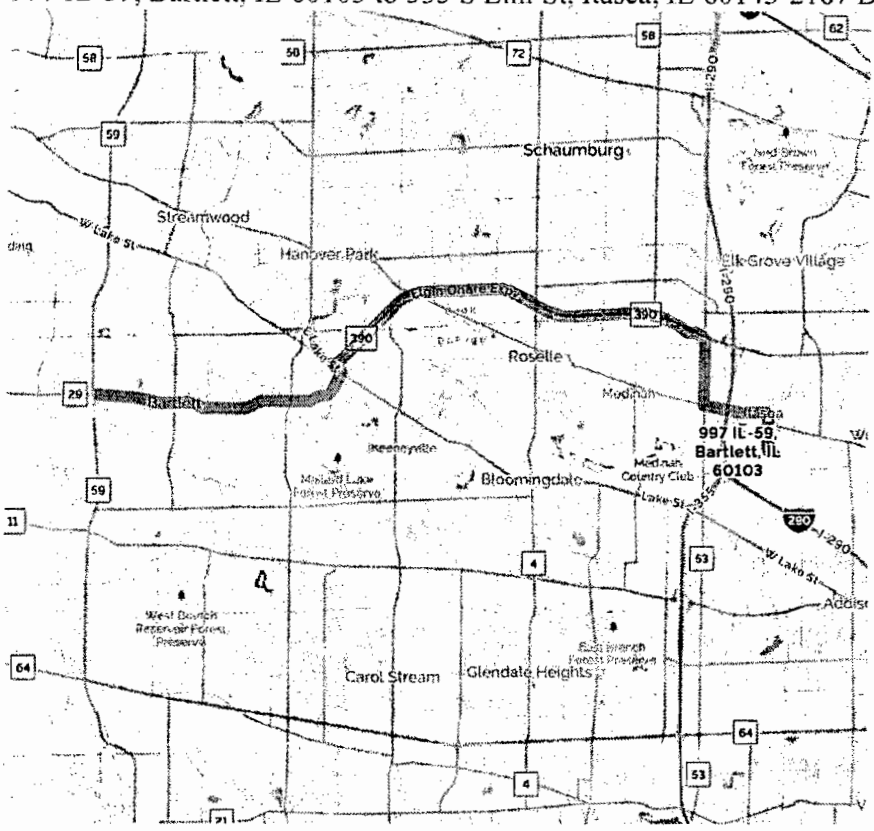
ATTACHMENT-17C



ATTACHMENT-17C

YOUR TRIP TO:

1325 Manchester Rd, Wheaton, IL 60187-4760

22 MIN | 11.5 MI

Trip time based on traffic conditions as of 3:34 PM on January 8, 2016. Current Traffic: Moderate

Wheaton Care Center

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

Then 0.26 miles — 0.26 total miles

2. Make a **U-turn** at **Apple Valley Dr** onto **IL-59**.

Then 6.36 miles — 6.62 total miles

3. Turn **left** onto **E Washington St/County Hwy-21**. Continue to follow **County Hwy-21**.

Then 0.51 miles — 7.13 total miles

4. Turn **right** onto **Prince Crossing Rd/County Hwy-27**. Continue to follow **County Hwy-27**.

Then 2.69 miles — 9.82 total miles

5. Turn **right** onto **County Farm Rd**.

Then 0.71 miles — 10.52 total miles

6. Turn **left** onto **Manchester Rd**.

Then 0.94 miles — 11.47 total miles

7. **1325 MANCHESTER RD** is on the **left**.

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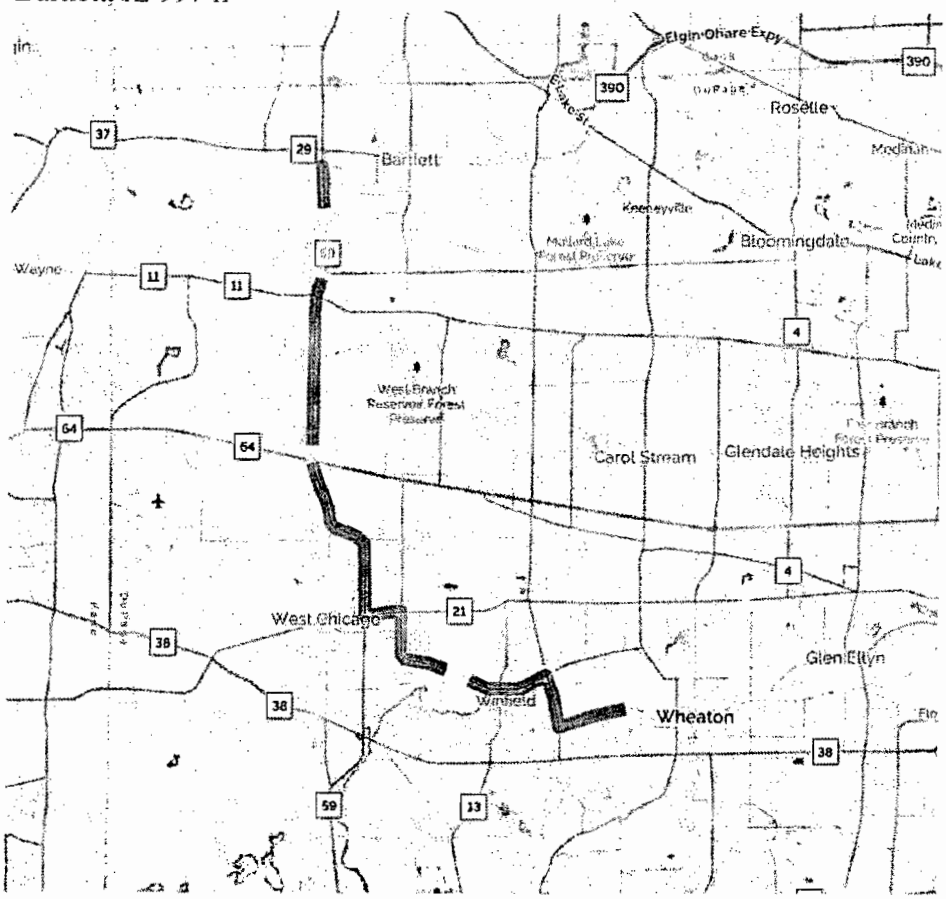
ATTACHMENT-17C



997 Il Highway 59 Bartlett, IL 60103-1670

1325 Manchester Rd, Wheaton, IL 60187-4760

ATTACHMENT-17C

YOUR TRIP TO:

831 S Batavia Ave

24 MIN | 14.1 MI

Trip time based on traffic conditions as of 3:01 PM on January 8, 2016. Current Traffic: Light

Covenant Health Care Center

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

Then 0.10 miles — 0.10 total miles

2. Make a **U-turn** at **Apple Valley Dr** onto **IL-59**.

Then 4.92 miles — 5.02 total miles

3. Turn **right** onto **Arbor Ave**.

Then 1.26 miles — 6.28 total miles

4. Turn **right** onto **E Washington St/County Hwy-21**. Continue to follow **County Hwy-21**.

Then 3.38 miles — 9.65 total miles

5. **County Hwy-21** becomes **Fabyan Pkwy**.

Then 2.73 miles — 12.38 total miles

6. Turn **left** onto **N Batavia Ave/IL-31**.

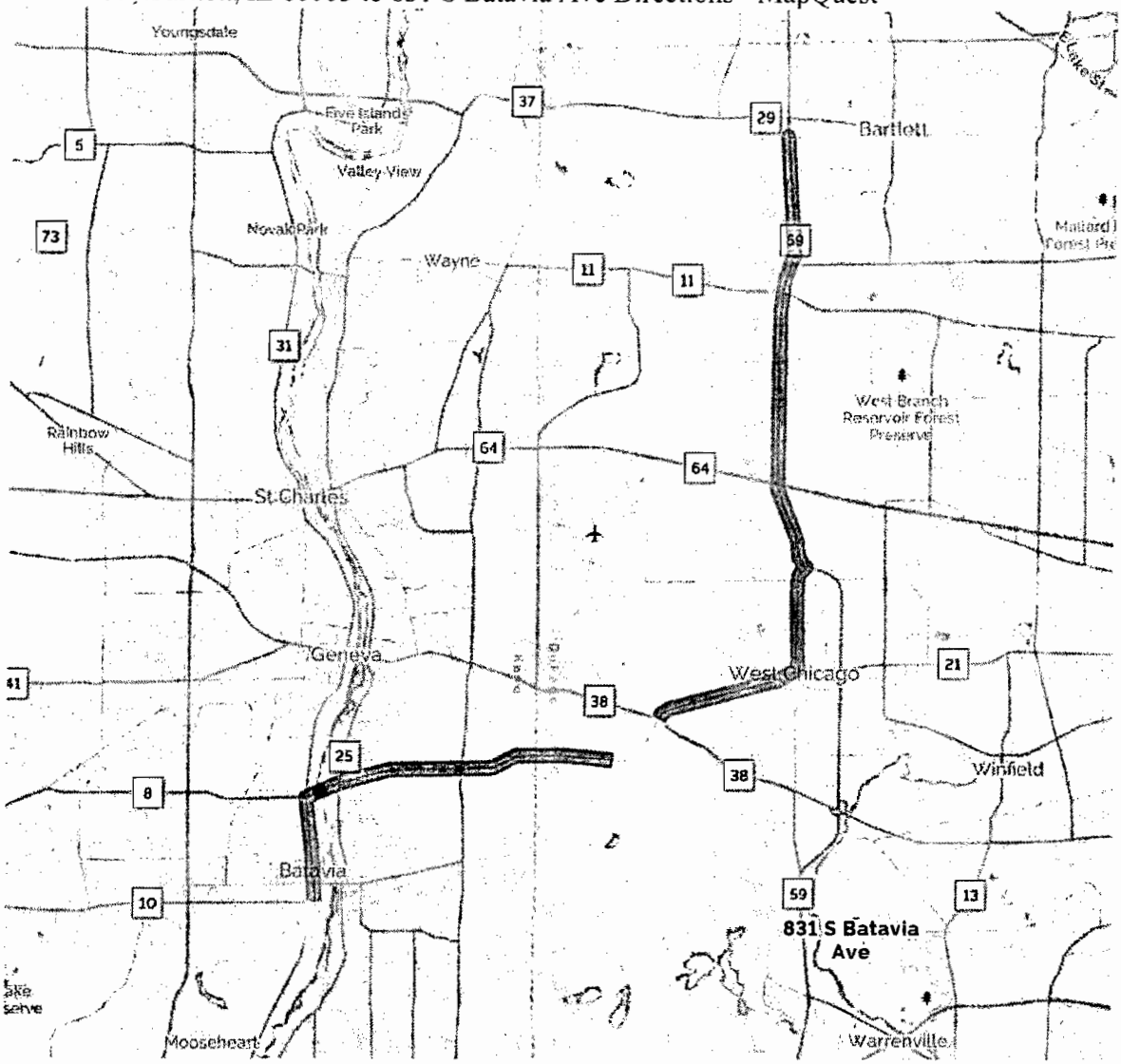
Then 1.69 miles — 14.07 total miles

7. 831 S Batavia Ave, Batavia, IL 60510-3005, **831 S BATAVIA AVE** is on the **right**.

Use of directions and maps is subject to our Terms of Use. We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C

997 IL-59,
Bartlett, IL
60103



ATTACHMENT-17C

YOUR TRIP TO:
37W220 Keslinger Rd, Geneva, IL 60134

24 MIN | 13.3 MI

Trip time based on traffic conditions as of 3:03 PM on January 8, 2016. Current Traffic: Light

Meadowbrook Manor

Start of next leg of route

1. Start out going north on **S IL Route 59/IL-59** toward **Apple Valley Dr**.
   Then 0.32 miles — 0.32 total miles
2. Turn **left** onto **Stearns Rd/County Hwy-29**. Continue to follow **Stearns Rd**.
   Then 3.94 miles — 4.26 total miles
3. Stay **straight** to go onto **IL Route 25/IL-25**. Continue to follow **IL-25**.
   Then 2.35 miles — 6.61 total miles
4. Turn **right** onto **Red Gate Rd**.
   Then 0.62 miles — 7.23 total miles
5. Take the 2nd **left** onto **IL Route 31/IL-31**. Continue to follow **IL-31**.
   Then 2.69 miles — 9.92 total miles
6. Turn **right** onto **W Main St/IL-64**.
   Then 0.06 miles — 9.98 total miles
7. Take the 1st **left** onto **S 3rd St**.
   Then 1.05 miles — 11.03 total miles
8. **S 3rd St** becomes **Anderson Blvd**.
   Then 0.65 miles — 11.68 total miles
9. Turn **right** onto **W State St/IL-38**.
   Then 0.15 miles — 11.83 total miles
10. Take the 3rd **left** onto **Kaneville Rd**.
    Then 1.24 miles — 13.07 total miles
11. **Kaneville Rd** becomes **Keslinger Rd/County Hwy-41**.
    Then 0.21 miles — 13.27 total miles
12. **37W220 KESLINGER RD**.

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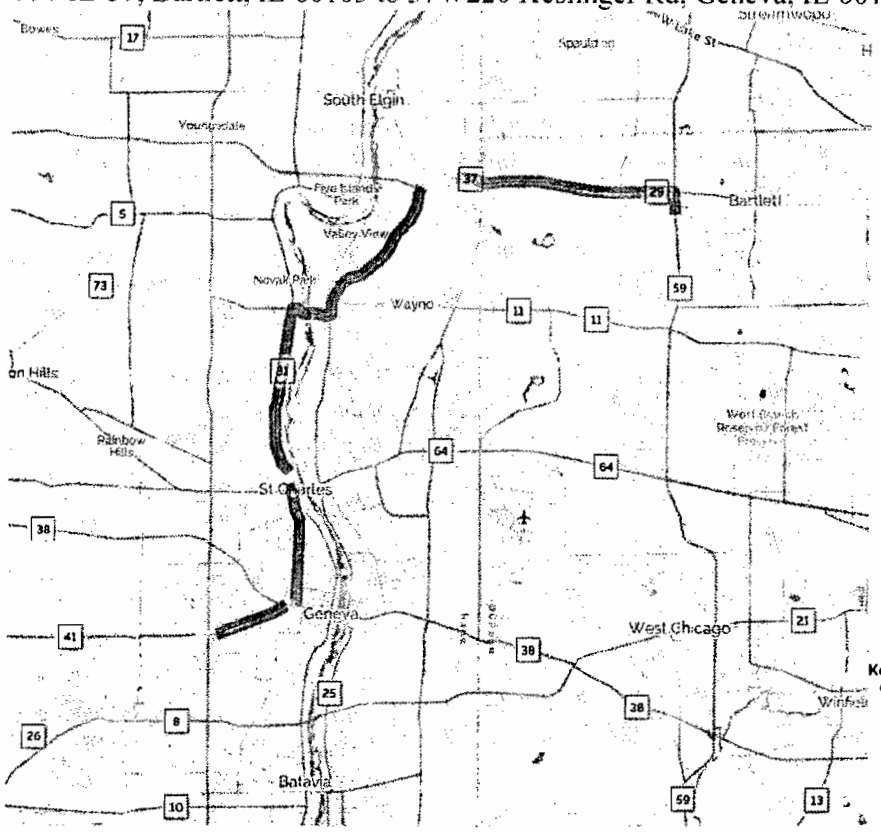
ATTACHMENT-17C



ATTACHMENT-17C

YOUR TRIP TO:

1420 S Barrington Rd, Barrington, IL 60010

24 MIN | 13.2 MI

Trip time based on traffic conditions as of 3:56 PM on January 8, 2016. Current Traffic: Heavy

Alden Estates of Barrington

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**. Continue to follow **S Il Route 59**.

Then 3.58 miles — 3.58 total miles

2. **S Il Route 59** becomes **IL-59**.

Then 8.22 miles — 11.79 total miles

3. Turn **slight right** onto **W Dundee Rd/IL-68**.

Then 1.11 miles — 12.91 total miles

4. Turn **left** onto **S Barrington Rd**.

Then 0.32 miles — 13.22 total miles

5. **1420 S BARRINGTON RD** is on the **left**.

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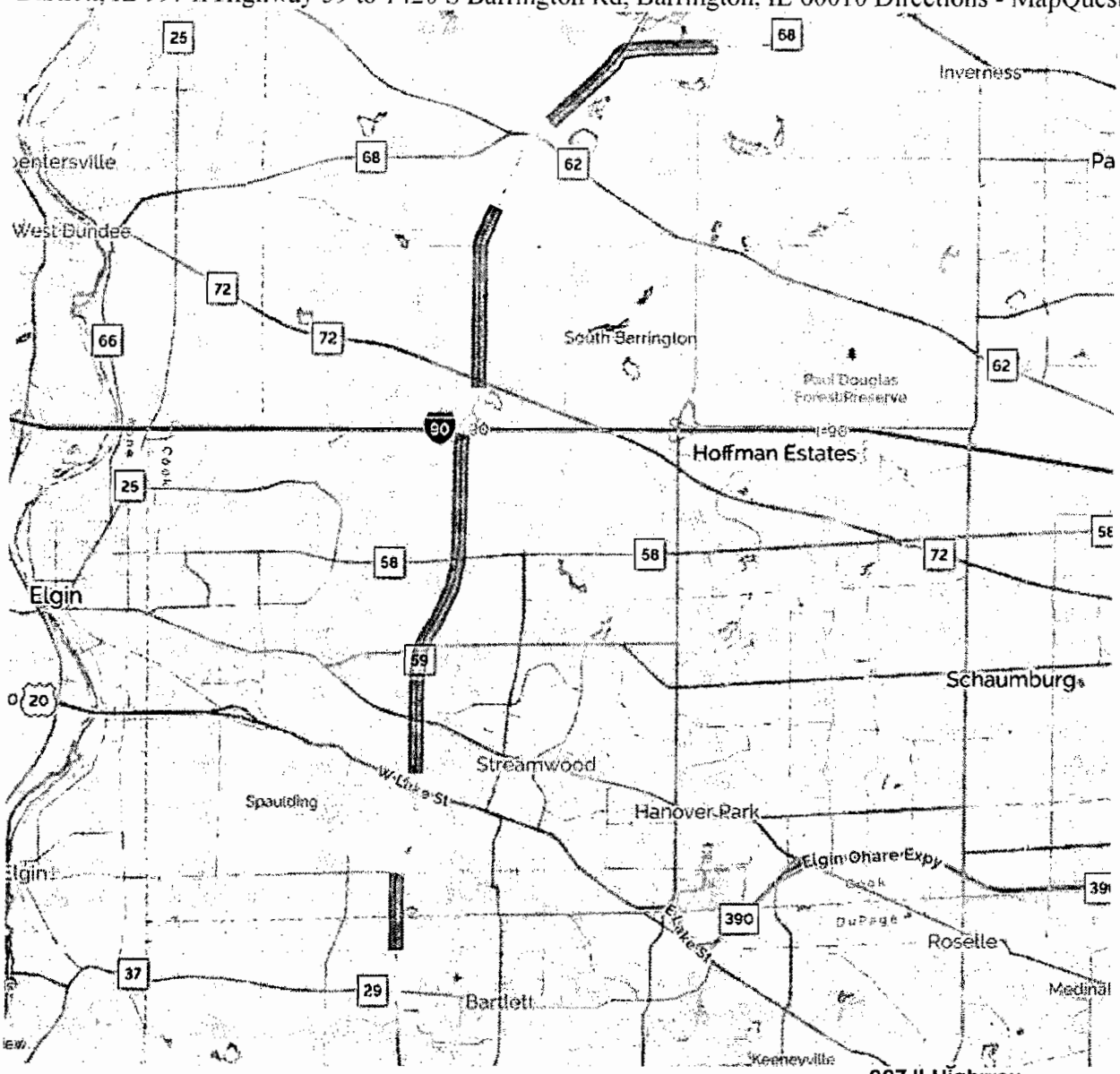
ATTACHMENT-17C

1420 S Barrington Rd, Barrington, IL 60010



ATTACHMENT-17C

YOUR TRIP TO:

1347 Crystal Ave, Naperville, IL 60563

25 MIN | 13.6 MI

Trip time based on traffic conditions as of 3:27 PM on January 8, 2016. Current Traffic: Moderate

Tabor Hills Healthcare

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.

Then 0.27 miles — 0.27 total miles

2. Take the 1st **left**.

If you are on IL-59 and reach Stearns Rd you've gone about 0.2 miles too far.

Then 0.02 miles — 0.28 total miles

3. Turn **left**.

If you reach W Stearns Rd you've gone about 0.3 miles too far.

Then 0.01 miles — 0.29 total miles

4. Take the 1st **right** onto **S Il Route 59/IL-59**. Continue to follow **IL-59**.

If you are on Apple Valley Dr and reach Fremont St you've gone about 0.1 miles too far.

Then 11.76 miles — 12.05 total miles

5. Turn **left** onto **Ferry Rd**.

Ferry Rd is 0.4 miles past Estes St.

Omega Restaurant is on the corner.

If you reach Odyssey Ave you've gone a little too far.

Then 0.81 miles — 12.86 total miles

6. Turn **right** onto **Raymond Dr/County Hwy-1**.

Raymond Dr is 0.5 miles past Comfort Dr.

If you reach Old River Rd you've gone a little too far.

Then 0.63 miles — 13.49 total miles

ATTACHMENT-17C

Crystal Ave is 0.2 miles past W Diehl Rd.

If you reach McDowell Rd you've gone a little too far.

Then 0.10 miles 13.59 total miles

8. **1347 CRYSTAL AVE** is on the **right**.

Your destination is just past Cermak Ct.

If you reach Coral Dr you've gone a little too far.

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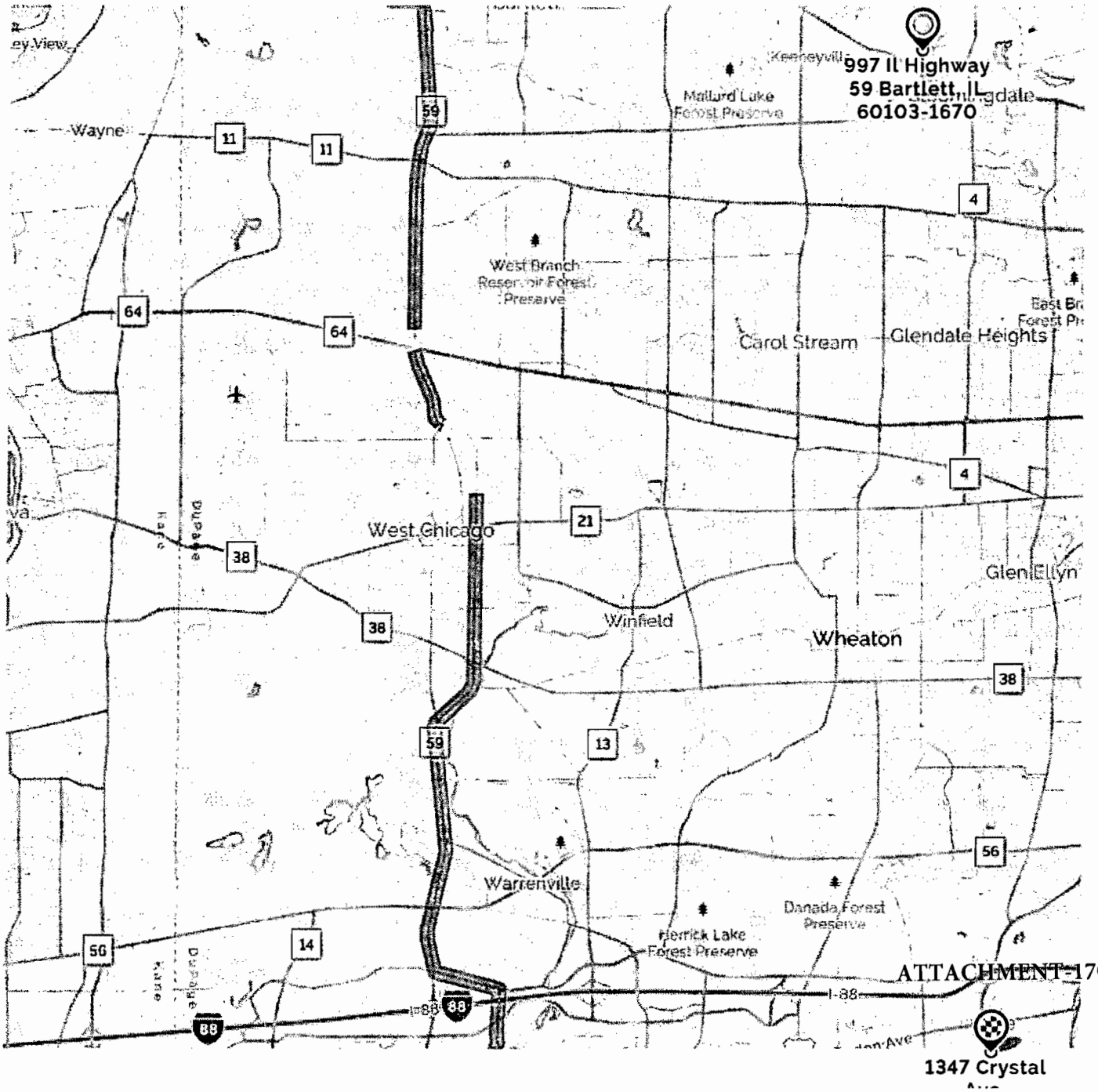

ATTACHMENT 17C

YOUR TRIP TO:

0n801 Friendship Way, Geneva, IL 60134

26 MIN | 16.7 MI

Trip time based on traffic conditions as of 3:03 PM on January 8, 2016. Current Traffic: Light

Greenfields of Geneva

Start of next leg of route

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.
   Then 0.32 miles — 0.32 total miles
2. Turn **left** onto **Stearns Rd/County Hwy-29**. Continue to follow **Stearns Rd**.
   Then 3.94 miles — 4.26 total miles
3. Stay **straight** to go onto **IL Route 25/IL-25**. Continue to follow **IL-25**.
   Then 2.35 miles — 6.61 total miles
4. Turn **right** onto **Red Gate Rd**.
   Then 1.87 miles — 8.48 total miles
5. Turn **left** onto **Randall Rd**.
   Then 2.37 miles — 10.85 total miles
6. Turn **right** onto **Oean St/County Hwy-53**.
   Then 0.98 miles — 11.84 total miles
7. Turn **left** onto **Peck Rd**.
   Then 2.92 miles — 14.76 total miles
8. Turn **right** onto **Keslinger Rd/County Hwy-41**.
   Then 1.70 miles — 16.45 total miles
9. Turn **left** onto **Friendship Way**.
   Then 0.21 miles — 16.67 total miles
10. **0N801 FRIENDSHIP WAY**.

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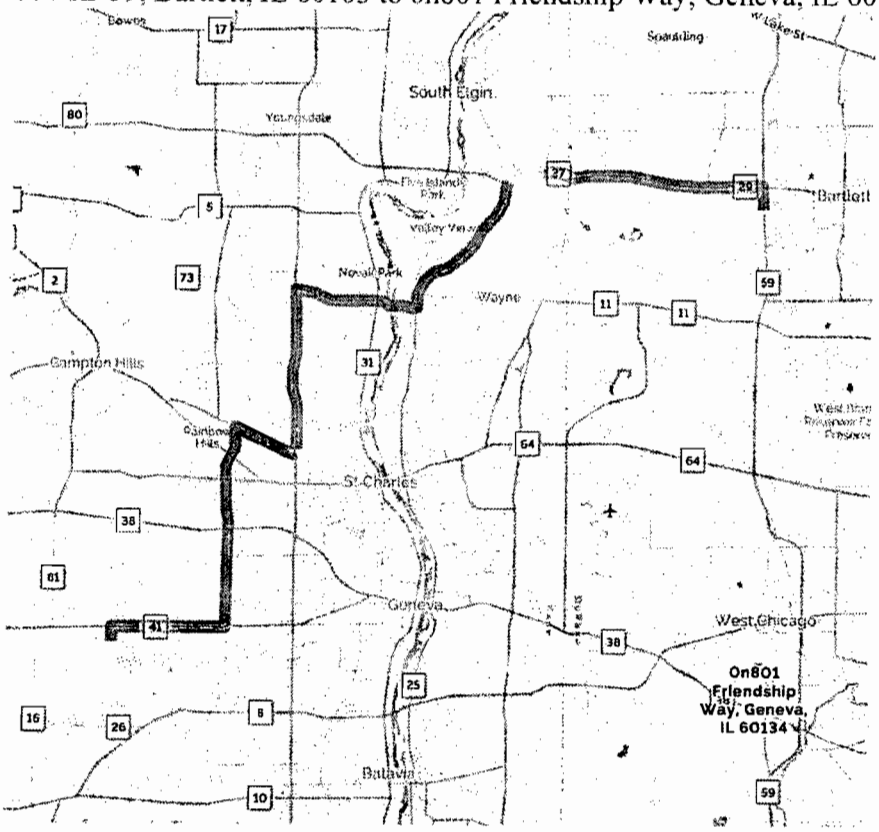
ATTACHMENT-17C



ATTACHMENT-17C

YOUR TRIP TO:

1400 Brookdale Rd, Naperville, IL 60563-2126

26 MIN | 14.3 MI

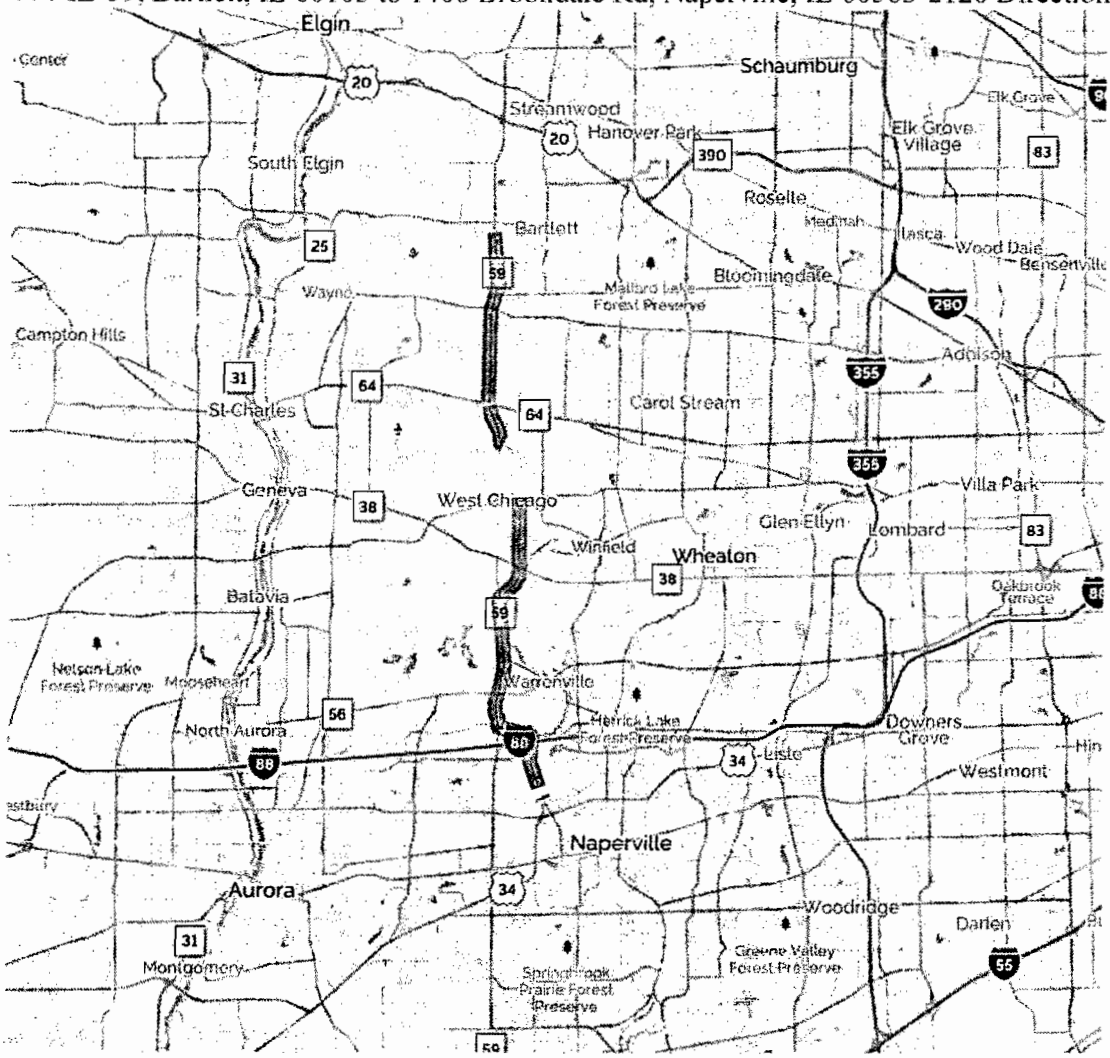
Trip time based on traffic conditions as of 4:23 PM on January 8, 2016. Current Traffic: Moderate

St. Patrick's Residence

1. Start out going **north** on **S Il Route 59/IL-59** toward **Apple Valley Dr**.
   Then 0.11 miles — 0.11 total miles
2. Take the 1st **left**.
   Then 0.02 miles — 0.13 total miles
3. Turn **left**.
   Then 0.01 miles — 0.14 total miles
4. Take the 1st **right** onto **S Il Route 59/IL-59**. Continue to follow **IL-59**.
   Then 11.76 miles — 11.89 total miles
5. Turn **left** onto **Ferry Rd**.
   Then 0.81 miles — 12.70 total miles
6. Turn **right** onto **Raymond Dr/County Hwy-1**.
   Then 1.58 miles — 14.29 total miles
7. Turn **right** onto **Brookdale Rd**.
   Then 0.00 miles — 14.29 total miles
8. **1400 BROOKDALE RD** is on the **left**.

Use of directions and maps is subject to our Terms of Use. We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

ATTACHMENT-17C



997 IL-59, Bartlett, IL 60103

1400 Brookdale Rd, Naperville, IL 60563-2126

ATTACHMENT-17C

ASSISI HEALTHCARE CENTER AT CLARE OAKS
820 CARILLON DRIVE
BARTLETT, IL 60103

Reference Numbers

Facility ID	6016273	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

Administrator
Tiffany Barton

Contact Person and Telephone
TIFFANY BARTON
630-483-4742

Registered Agent Information
Corporation Service Company
2711 Centerville Rd.
Wilmington, DE 19808

Date Questionnaire Completed 3/17/2015

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	103
Total Admissions 2013	444
Total Discharges 2013	459
Residents on 12/31/2013	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	13
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	118	109	118	88	32	120	27
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	118	109	118	88	32	120	27

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15582	35.6%	6014	61.0%	0	1770	14647	252	38265	87.4%	88.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	15582	35.6%	6014	61.0%	0	1770	14647	252	38265	87.4%	88.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	1	10	0	0	0	0	0	0	1	10	11
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	10	35	0	0	0	0	0	0	10	35	45
TOTALS	18	70	0	0	0	0	0	0	18	70	88

ASSISI HEALTHCARE CENTER AT CLARE OAKS
820 CARILLON DRIVE
BARTLETT, IL 60103

Classification Numbers

License Number	6016273	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	14	0	3	32	0	88
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	14	0	3	32	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	322	308
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	0	88

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	10.00
Certified Aides	54.00
Other Health Staff	5.00
Non-Health Staff	59.00
Totals	150.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
61.3%	7.7%	0.0%	4.5%	26.5%	100.0%		
7,507,908	944,012	0	544,898	3,242,984	12,240,702	169,517	1.4%

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

223

ATTACHMENT-17D

WOOD GLEN NURSING & REHAB CENTER
201 W. North Ave.
WEST CHICAGO, IL. 60185

Reference Numbers

Facility ID	6001713	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Wayne Township

Administrator
Jeffrey White

Contact Person and Telephone
Sharon Lieser
630-876-8100 x16

Registered Agent Information

Date Questionnaire Completed 3/25/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	208
Total Admissions 2013	55
Total Discharges 2013	56
Residents on 12/31/2013	207

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	3
*Nervous System Non Alzheimer	9
Alzheimer Disease	3
Mental Illness	151
Developmental Disability	2
Circulatory System	10
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	208

Total Residents Diagnosed as Mentally Ill 180

Total Residents Reported as Identified Offenders 10

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	213	213	213	213	208	5	207	207
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	213	213	213	213	208	5	207	207

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1233	1.6%	57027	75.5%	0	365	3818	0	62443	80.3%	80.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	1233	1.6%	57027	75.5%	0	365	3818	0	62443	80.3%	80.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	28	10	0	0	0	0	0	0	28	10	38
45 to 59	44	34	0	0	0	0	0	0	44	34	78
60 to 64	16	12	0	0	0	0	0	0	16	12	28
65 to 74	14	27	0	0	0	0	0	0	14	27	41
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	4	2	0	0	0	0	0	0	4	2	6
TOTALS	112	96	0	0	0	0	0	0	112	96	208

WOOD GLEN NURSING & REHAB CENTER
201 W. North Ave.
WEST CHICAGO, IL. 60185

Classification Numbers

License Number	6001713	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Wayne Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	174	0	0	33	0	208
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	1	174	0	0	33	0	208

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	3	0	0	0	3
White	184	0	0	0	184
Race Unknown	9	0	0	0	9
Total	208	0	0	0	208

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	0
Non-Hispanic	199	0	0	0	199
Ethnicity Unknown	0	0	0	0	0
Total	208	0	0	0	208

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	9.00
Certified Aides	26.00
Other Health Staff	6.00
Non-Health Staff	32.00
Totals	84.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
4.2%	73.7%	0.0%	15.4%	6.7%	100.0%		
428,621	7,440,894	0	1,557,526	672,510	10,099,560	0	0.0%

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

LEXINGTON OF STREAMWOOD
615 EAST IRVING PARK ROAD
STREAMWOOD, IL. 60107

Reference Numbers

Facility ID	6012975	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

Administrator
Kalsang Youtso

Contact Person and Telephone
Bridgett Rummel
6304584035

Registered Agent Information

Date Questionnaire Completed 4/14/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by "1"

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	180
Total Admissions 2013	387
Total Discharges 2013	388
Residents on 12/31/2013	179

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	6
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	11
Developmental Disability	0
Circulatory System	39
Respiratory System	15
Digestive System	5
Genitourinary System Disorders	17
Skin Disorders	3
Muscule-skeletal Disorders	12
Injuries and Poisonings	3
Other Medical Conditions	48
Non-Medical Conditions	0
TOTALS	179

Total Residents Diagnosed as Mentally Ill 11

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	214	214	190	214	179	35	214	182
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	190	214	179	35	214	182

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10329	13.2%	47984	72.2%	0	2828	2122	0	63263	81.0%	81.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10329	13.2%	47984	72.2%	0	2828	2122	0	63263	81.0%	81.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	14	22	0	0	0	0	0	0	14	22	36
75 to 84	16	32	0	0	0	0	0	0	16	32	48
85+	16	66	0	0	0	0	0	0	16	66	82
TOTALS	51	128	0	0	0	0	0	0	51	128	179

LEXINGTON OF STREAMWOOD
615 EAST IRVING PARK ROAD
STREAMWOOD, IL. 60107

Classification Numbers

License Number	6012975	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	46	115	0	18	0	0	179
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	46	115	0	18	0	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	12	0	0	0	12
American Indian	2	0	0	0	2
Black	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	150	0	0	0	150
Race Unknown	0	0	0	0	0
Total	179	0	0	0	179

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	167	0	0	0	167
Ethnicity Unknown	0	0	0	0	0
Total	179	0	0	0	179

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	15.00
Certified Aides	46.00
Other Health Staff	5.00
Non-Health Staff	39.00
Totals	117.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.1%	52.3%	0.0%	6.9%	3.7%	100.0%		
5,737,150	8,086,882	0	1,062,673	579,100	15,465,805	0	0.0%

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

CLAREMONT-HANOVER PARK
2000 WEST LAKE STREET
HANOVER PARK, IL 60133

Reference Numbers

Facility ID	6016554	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

Administrator
Lisa Ulm

Contact Person and Telephone
Lesa Jagusch

Registered Agent Information
Illinois Corporation Services Co.
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/17/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	86
Total Admissions 2013	978
Total Discharges 2013	988
Residents on 12/31/2013	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	13
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 38

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	105	105	105	76	74	150	14
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	105	105	105	76	74	150	14

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	24341	44.5%	2150	42.1%	0	6038	4351	0	36880	67.4%	96.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	24341	44.5%	2150	42.1%	0	6038	4351	0	36880	67.4%	96.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	7	31	0	0	0	0	0	0	7	31	38
TOTALS	19	57	0	0	0	0	0	0	19	57	76

CLAREMONT-HANOVER PARK
2000 WEST LAKE STREET
HANOVER PARK, IL 60133

Classification Numbers

License Number	6016554	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Hanover Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	53	2	0	14	7	0	76
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	53	2	0	14	7	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	72	0	0	0	72
Race Unknown	0	0	0	0	0
Total	76	0	0	0	76

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	12.00
Certified Aides	32.00
Other Health Staff	7.00
Non-Health Staff	39.00
Totals	106.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
78.1%	1.1%	0.0%	15.2%	5.6%	100.0%		
12,710,220	174,729	0	2,478,415	913,875	16,285,248	0	0.0%

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

SOUTH ELGIN REHAB & HLTHCARE CT
746 SPRING STREET
SOUTH ELGIN, IL. 60177

Reference Numbers

Facility ID	6008718	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Susan Held

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/30/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	68
Total Admissions 2013	66
Total Discharges 2013	62
Residents on 12/31/2013	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	7
Circulatory System	17
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	3
Muscule-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 8

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	90	90	76	90	72	18	14	90
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	90	90	76	90	72	18	14	90

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2556	50.0%	21265	64.7%	0	23	1905	0	25749	78.4%	78.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2556	50.0%	21265	64.7%	0	23	1905	0	25749	78.4%	78.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	10	4	0	0	0	0	0	0	10	4	14
60 to 64	15	0	0	0	0	0	0	0	15	6	21
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	39	33	0	0	0	0	0	0	39	33	72

SOUTH ELGIN REHAB & HLTHCARE CT
746 SPRING STREET
SOUTH ELGIN, IL. 60177

Classification Numbers

License Number	6008718	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	38	24	4	0	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	38	24	4	0	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	62	0	0	0	62
Race Unknown	1	0	0	0	1
Total	72	0	0	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	1.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	20.00
Totals	51.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.9%	62.4%	0.0%	0.6%	7.1%	100.0%		
1,531,128	3,195,962	0	31,648	364,782	5,123,520	18,648	0.3%

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

FACILITY NOTES

CHOW 9/15/2014 Change of Ownership occurred.

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL 60177

Reference Numbers

Facility ID	6003263	
Health Service Area	008	
Planning Service Area	080	Kane
County	089	Kane County

Administrator
JEREMY AMISTER

Contact Person and Telephone
REBECCA FRIEDMAN
847-982-2300

Registered Agent Information
SHELDON WOLFE
7434 N. SKOKIE BLVD.
Skokie, IL 60077

Date Questionnaire Completed 4/16/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions deemed by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	185
Total Admissions 2013	103
Total Discharges 2013	102
Residents on 12/31/2013	186

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	10
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	12
Mental Illness	15
Developmental Disability	0
Circulatory System	22
Respiratory System	31
Digestive System	9
Genitourinary System Disorders	20
Skin Disorders	5
Musculo-skeletal Disorders	0
Injuries and Poisonings	32
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	180

Total Residents Diagnosed as Mentally Ill 33

Total Residents Reported as Identified Offenders 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	206	206	190	206	188	20	206	206
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	206	206	190	206	188	20	206	206

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6349	8.4%	51785	68.9%	0	0	10691	0	68825	91.5%	91.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6349	8.4%	51785	68.0%	0	0	10691	0	68825	91.5%	91.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	13	0	0	0	0	0	0	5	13	18
75 to 84	18	54	0	0	0	0	0	0	18	54	72
85+	16	78	0	0	0	0	0	0	16	78	94
TOTALS	41	145	0	0	0	0	0	0	41	145	186

TOWER HILL HEALTHCARE CENTER
759 KANE STREET
SOUTH ELGIN, IL 60177

Classification Numbers

License Number	6003263	
Health Service Area	008	
Planning Service Area	080	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	131	0	0	32	0	186
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	131	0	0	32	0	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	202	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	179	0	0	0	179
Race Unknown	0	0	0	0	0
Total	186	0	0	0	186

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	0	0	0	0	0
Total	186	0	0	0	186

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	11.00
Certified Aides	67.00
Other Health Staff	1.00
Non-Health Staff	72.00
Totals	172.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.3%	53.7%	0.0%	0.0%	15.1%	100.0%		
4,207,224	7,220,842	0	0	2,028,403	13,456,559	0	0.0%

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

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ATTACHMENT-17D

ROSEWOOD CARE CENTER OF ST. CHARLES
850 DUNHAM ROAD
ST. CHARLES, IL. 60174

Reference Numbers

Facility ID	6014666	
Health Service Area	008	
Planning Service Area	080	Kane
County	089	Kane County

Administrator
Ma Marvette Gleeson

Contact Person and Telephone
Jan Poelker
314/994-0070x3025

Registered Agent Information
Dan Maher
412 E awrence Avenue
Springfield, IL 62703

Date Questionnaire Completed 4/17/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	104
Total Admissions 2013	305
Total Discharges 2013	322
Residents on 12/31/2013	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	10
Skin Disorders	5
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	87

Total Residents Diagnosed as Mentally Ill 35

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	109	109	106	109	87	22	49	58
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	109	109	106	109	87	22	49	58

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5769	32.3%	18024	85.1%	0	1261	8026	0	33080	83.1%	83.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5769	32.3%	18024	85.1%	0	1261	8026	0	33080	83.1%	83.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	13	15	0	0	0	0	0	0	13	15	28
85+	8	42	0	0	0	0	0	0	8	42	50
TOTALS	23	64	0	0	0	0	0	0	23	64	87

ROSEWOOD CARE CENTER OF ST. CHARLES
850 DUNHAM ROAD
ST. CHARLES, IL. 60174

Classification Numbers

License Number	6014666	
Health Service Area	008	
Planning Service Area	080	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	50	0	7	21	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	50	0	7	21	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	166
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

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

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	87	0	0	0	87
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	7.00
Certified Aides	56.00
Other Health Staff	6.00
Non-Health Staff	36.00
Totals	132.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.0%	32.0%	0.0%	5.4%	23.6%	100.0%		
3,205,340	2,628,336	0	443,611	1,934,381	8,211,668	0	0.0%

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

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ATTACHMENT-17D

HERITAGE HEALTH - ELGIN
355 RAYMOND STREET
ELGIN, IL. 60120

Reference Numbers

Facility ID	6006902	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Linda S. Hartmann

Contact Person and Telephone
Rebecca Howard
309-828-4361

Registered Agent Information

Date Questionnaire Completed 4/9/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	74
Total Admissions 2013	65
Total Discharges 2013	60
Residents on 12/31/2013	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	94	94	88	94	79	15	94	94
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	94	94	88	94	79	15	94	94

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2590	7.5%	23416	68.2%	0	0	3185	0	29191	85.1%	85.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2590	7.5%	23416	68.2%	0	0	3185	0	29191	85.1%	85.1%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	8	45	0	0	0	0	0	0	8	45	53
TOTALS	15	64	0	0	0	0	0	0	15	64	79

HERITAGE HEALTH - ELGIN
355 RAYMOND STREET
ELGIN, IL. 60120

Classification Numbers

License Number	6006902	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	67	0	0	5	0	79
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	7	67	0	0	5	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	203
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	5.00
Certified Aides	34.00
Other Health Staff	12.00
Non-Health Staff	18.00
Totals	83.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.0%	56.8%	0.0%	0.0%	16.2%	100.0%		
1,763,565	3,708,485	0	0	1,057,519	6,529,569	0	0.0%

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

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ATTACHMENT-17D

PRESENCE PINE VIEW CARE CENTER
611 ALLEN LANE
ST. CHARLES, IL. 60174

Reference Numbers

Facility ID	0007439	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
William Sekalias

Contact Person and Telephone
William Sekalias
630-377-2211

Registered Agent Information
Evelyn Nelson
9223 West Saint Francis Road
Frankfort, IL 60423

Date Questionnaire Completed 4/14/2015

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	6
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	86
Total Admissions 2013	356
Total Discharges 2013	344
Residents on 12/31/2013	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	7
Non-Medical Conditions	39
TOTALS	94

Total Residents Diagnosed as Mentally Ill 30

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	110	108	110	94	26	120	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	110	108	110	94	20	120	60

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7709	17.6%	18499	84.5%	0	2012	6167	0	34387	78.5%	85.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7709	17.6%	18499	84.5%	0	2012	6167	0	34387	78.5%	85.8%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	8	4	0	0	0	0	0	0	8	4	12
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	9	47	0	0	0	0	0	0	9	47	56
TOTALS	26	68	0	0	0	0	0	0	26	68	94

PRESENCE PINE VIEW CARE CENTER
611 ALLEN LANE
ST. CHARLES, IL. 60174

Classification Numbers

License Number	0007439	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	54	0	2	16	0	94
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	54	0	2	16	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	373	273
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	93	0	0	0	93
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.27
LPN's	9.08
Certified Aides	38.14
Other Health Staff	2.00
Non-Health Staff	36.72
Totals	101.21

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.0%	30.4%	0.0%	11.3%	15.3%	100.0%		
3,677,156	2,504,603	0	967,047	1,305,671	8,544,477	0	0.0%

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

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ATTACHMENT-17D

ARBA CARE CENTER OF ELGIN
134 NORTH MCLEAN BOULEVARD
ELGIN, IL. 60123

Reference Numbers

Facility ID	6005847	
Health Service Area	008	
Planning Service Area	080	Kane
County	089	Kane County

Administrator
MICHAEL GILLMAN

Contact Person and Telephone
david meiselman
8473312047

Registered Agent Information
MICHAEL GILLMAN
134 n mclean ave
Elgin , IL 60123

Date Questionnaire Completed 4/14/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	85
Total Admissions 2013	72
Total Discharges 2013	71
Residents on 12/31/2013	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	20
Blood Disorders	3
*Nervous System Non Alzheimer	12
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	2
Circulatory System	15
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	66
Total Residents Diagnosed as Mentally Ill	53
Total Residents Reported as Identified Offenders	1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	102	100	97	100	86	16	52	102
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	102	100	97	100	86	16	52	102

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3927	20.7%	26216	70.4%	0	29	1456	0	31628	85.0%	86.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3927	20.7%	26216	70.4%	0	29	1456	0	31628	85.0%	86.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	14	12	0	0	0	0	0	0	14	12	26
60 to 64	5	12	0	0	0	0	0	0	5	12	17
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	12	7	0	0	0	0	0	0	12	7	19
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	42	44	0	0	0	0	0	0	42	44	86

ARBA CARE CENTER OF ELGIN
134 NORTH MCLEAN BOULEVARD
ELGIN, IL. 60123

Classification Numbers

License Number	6005847	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	74	0	0	2	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	74	0	0	2	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	20	0	0	0	20
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	8.00
Certified Aides	30.00
Other Health Staff	1.00
Non-Health Staff	15.00
Totals	66.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.9%	64.4%	0.0%	2.8%	2.8%	100.0%		
474,435	1,023,824	0	45,195	45,220	1,588,674	0	0.0%

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

FACILITY NOTES

CHOW 6/10/2014 Change of Ownership occurred.

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ATTACHMENT-17D

MANORCARE OF ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123

Reference Numbers

Facility ID	6000277	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Pam Crenshaw

Contact Person and Telephone
Adam Swartz
419-254-5189

Registered Agent Information
CT Corporation System
208 South LaSolle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/8/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	70
Total Admissions 2013	219
Total Discharges 2013	214
Residents on 12/31/2013	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	20
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	0
Muscuto-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 6

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	88	84	80	84	75	13	88	61
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	88	84	80	84	75	13	88	61

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4322	13.5%	20046	90.0%	0	1798	1228	0	27394	85.3%	89.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4322	13.5%	20046	90.0%	0	1798	1228	0	27394	85.3%	89.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	3	21	0	0	0	0	0	0	3	21	24
85+	9	28	0	0	0	0	0	0	9	28	37
TOTALS	20	55	0	0	0	0	0	0	20	55	75

MANORCARE OF ELGIN
180 SOUTH STATE STREET
ELGIN, IL. 60123

Classification Numbers

License Number	6000277	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	57	0	4	1	0	75
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	13	57	0	4	1	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	317	283
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	0	0	0	0	0
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	70	0	0	0	70
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	12.00
Non-Health Staff	13.00
Totals	67.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.7%	41.0%	0.0%	10.7%	7.6%	100.0%		
2,591,086	2,613,564	0	681,839	483,984	6,370,473	0	0.0%

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

RIVER VIEW REHAB CENTER
50 NORTH JANE DRIVE
ELGIN, IL 60123

Reference Numbers

Facility ID	6004758	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
ARSHAD RAHMAN

Contact Person and Telephone
Arshad Rahman
847-697-3750

Registered Agent Information

Date Questionnaire Completed 4/6/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	193
Total Admissions 2013	36
Total Discharges 2013	45
Residents on 12/31/2013	184

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	37
Mental Illness	61
Developmental Disability	2
Circulatory System	10
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	192

Total Residents Diagnosed as Mentally Ill 63

Total Residents Reported as Identified Offenders 13

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	203	203	194	203	192	11	203	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	203	203	194	203	192	11	203	203

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2062	4.0%	60951	82.3%	0	0	2153	0	66066	89.2%	89.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2062	4.0%	60951	82.3%	0	0	2153	0	66066	89.2%	89.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	29	0	0	0	0	0	0	5	29	34
45 to 59	39	14	0	0	0	0	0	0	39	14	53
60 to 64	10	20	0	0	0	0	0	0	10	20	30
65 to 74	31	14	0	0	0	0	0	0	31	14	45
75 to 84	8	4	0	0	0	0	0	0	8	4	12
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	98	94	0	0	0	0	0	0	98	94	192

RIVER VIEW REHAB CENTER
50 NORTH JANE DRIVE
ELGIN, IL 60123

Classification Numbers

License Number	6004758	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	174	0	0	6	0	192
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	174	0	0	6	0	192

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	1	0	0	0	1
White	149	0	0	0	149
Race Unknown	30	0	0	0	30
Total	192	0	0	0	192

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	30	0	0	0	30
Non-Hispanic	162	0	0	0	162
Ethnicity Unknown	0	0	0	0	0
Total	192	0	0	0	192

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	16.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	5.00
Certified Aides	50.00
Other Health Staff	0.00
Non-Health Staff	62.00
Totals	156.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.5%	78.6%	3.2%	0.0%	3.7%	100.0%		
820,464	4,446,505	180,413	0	211,590	5,658,972	0	0.0%

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

FACILITY NOTES

CHOW	6/1/2014	Change of Ownership occurred.
Name Change	6/4/2014	Formerly Maplewood Care.

WEST CHICAGO TERRACE NURSING HOME
928 JOLIET ROAD
WEST CHICAGO, IL. 60185

Reference Numbers

Facility ID	6009872	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Winfield Township

Administrator
Amy Wallace

Contact Person and Telephone
Amy Wallace
630-231-9292

Registered Agent Information
Tom Hein
15443 Summit Ave Suite 204
Oak Brook Terrace, IL 60181

Date Questionnaire Completed 4/14/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	119
Total Admissions 2013	72
Total Discharges 2013	79
Residents on 12/31/2013	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	101
Developmental Disability	0
Circulatory System	3
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 101

Total Residents Reported as Identified Offenders 34

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	120	120	120	120	112	8	0	120
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	120	120	120	120	112	8	0	120

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	39804	90.9%	1514	0	1132	0	42450	96.9%	96.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	39804	90.9%	1514	0	1132	0	42450	96.9%	96.9%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	18	6	0	0	0	0	0	0	18	6	24
45 to 59	35	13	0	0	0	0	0	0	35	13	48
60 to 64	11	11	0	0	0	0	0	0	11	11	22
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	0	2	0	0	0	0	0	0	0	2	2
85+	0	3	0	0	0	0	0	0	0	3	3
TOTALS	69	43	0	0	0	0	0	0	69	43	112

WEST CHICAGO TERRACE NURSING HOME
928 JOLIET ROAD
WEST CHICAGO, IL. 60185

Classification Numbers

License Number	6009872	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Winfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	108	0	0	4	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	108	0	0	4	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	1	0	0	0	1
Black	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	105	0	0	0	105
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	6.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	9.00
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	41.00
Totals	88.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	95.6%	1.2%	0.0%	3.2%	100.0%		
0	4,448,056	57,624	0	148,858	4,654,538	0	0.0%

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

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ATTACHMENT-17D

WINDSOR PARK MANOR
110 WINDSOR PARK DRIVE
CAROL STREAM, IL 60188

Reference Numbers

Facility ID	6011753	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Karen Larson

Contact Person and Telephone
Janet Bland
630.510.5551

Registered Agent. Information
Windsor Park - Melissa Lindsay
124 Windsor Park Drive
Carol Stream, IL 60188

Date Questionnaire Completed 4/16/2015

Life Care Facility

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	60
Total Admissions 2013	304
Total Discharges 2013	299
Residents on 12/31/2013	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	8
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Muscuto-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 3

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	80	80	80	80	67	13	36	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	80	80	67	13	36	12

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6953	52.9%	0	0.0%	0	815	14036	1697	23501	80.5%	80.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6953	52.9%	0	0.0%	0	815	14036	1697	23501	80.5%	80.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	4	3	0	0	0	0	0	0	4	3	7
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	14	36	0	0	0	0	0	0	14	36	50
TOTALS	23	44	0	0	0	0	0	0	23	44	67

WINDSOR PARK MANOR
110 WINDSOR PARK DRIVE
CAROL STREAM, IL 60188

Classification Numbers

License Number	6011753	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	0	0	8	40	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	0	0	8	40	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	367	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	1	0	0	0	1
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	67	0	0	0	67

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	66	0	0	0	66
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	0	67

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	6.00
Certified Aides	32.00
Other Health Staff	4.00
Non-Health Staff	20.00
Totals	83.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
20.8%	0.0%	0.0%	2.2%	67.0%	100.0%		
2,439,973	0	0	183,061	5,557,641	8,180,675	314,135	3.8%

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

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ATTACHMENT-17D

ABBINGTON REHAB & NURSING CTR
31 WEST CENTRAL
ROSELLE, IL. 60172

Reference Numbers

Facility ID	6000020	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Janet Cantelo

Contact Person and Telephone
Janet Cantelo
630/894/5058

Registered Agent Information
M.S. Registered Agent Service
191 N. Wacker Suite 1600
Chicago, IL 60606

Date Questionnaire Completed 4/10/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	59
Total Admissions 2013	165
Total Discharges 2013	151
Residents on 12/31/2013	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	10
Developmental Disability	0
Circulatory System	23
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	73

Total Residents Diagnosed as Mentally Ill 10

Total Residents Reported as Identified Offenders 6

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	82	82	74	82	73	9	19	74
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	82	82	74	82	73	9	19	74

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2426	35.0%	20562	76.1%	0	0	2533	0	25521	85.3%	85.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2426	35.0%	20562	76.1%	0	0	2533	0	25521	85.3%	85.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	6	7	0	0	0	0	0	0	6	7	13
60 to 64	9	3	0	0	0	0	0	0	9	3	12
65 to 74	6	13	0	0	0	0	0	0	6	13	19
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	3	6	0	0	0	0	0	0	3	6	9
TOTALS	31	42	0	0	0	0	0	0	31	42	73

ABBINGTON REHAB & NURSING CTR
31 WEST CENTRAL
ROSELLE, IL. 60172

Classification Numbers

License Number	6000020	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	60	0	0	7	0	73
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	60	0	0	7	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	3	0	0	0	3
Total	73	0	0	0	73

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPNs	4.00
Certified Aides	23.00
Other Health Staff	2.00
Non-Health Staff	10.00
Totals	58.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
17.0%	70.8%	0.0%	0.0%	11.6%	100.0%		
709,822	2,971,701	0	0	485,235	4,166,758	0	0.0%

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

ALDEN-POPLAR CREEK REHAB & HEALTH CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60169

Reference Numbers

Facility ID	0001366	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Schaumburg Township

Administrator
Jeff Russell

Contact Person and Telephone
Chris Kuehn
773-286-3803 ext. 6534

Registered Agent Information
Mary Cholotti-Smith
4200 W. Peterson Avenue Suite 140
Chicago, IL 60646

Date Questionnaire Completed 4/15/2015

ADMISSION RESTRICTIONS

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

Note: Repeated restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	171
Total Admissions 2013	400
Total Discharges 2013	398
Residents on 12/31/2013	173

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	17
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	43
Respiratory System	20
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	79
Non-Medical Conditions	0
TOTALS	179

Total Residents Diagnosed as Mentally Ill 1

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	217	194	190	194	179	38	217	217
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	217	194	190	194	179	38	217	217

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11174	14.1%	40176	50.7%	3463	3059	6978	0	64850	81.9%	91.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11174	14.1%	40176	50.7%	3463	3059	6978	0	64850	81.9%	91.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	5	17	0	0	0	0	0	0	5	17	22
75 to 84	22	35	0	0	0	0	0	0	22	35	57
85+	24	64	0	0	0	0	0	0	24	64	88
TOTALS	57	122	0	0	0	0	0	0	57	122	179

ALDEN-POPLAR CREEK REHAB & HEALTH CARE
1545 BARRINGTON ROAD
HOFFMAN ESTATES, IL. 60169

Classification Numbers

License Number	0001366	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Schaumburg Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	107	10	9	22	0	179
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	107	10	9	22	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	327	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	11	0	0	0	11
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	146	0	0	0	146
Race Unknown	17	0	0	0	17
Total	179	0	0	0	179

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	162	0	0	0	162
Ethnicity Unknown	10	0	0	0	10
Total	179	0	0	0	179

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.01
LPN's	9.53
Certified Aides	38.94
Other Health Staff	7.28
Non-Health Staff	29.35
Totals	104.71

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.3%	41.6%	3.6%	7.8%	11.6%	100.0%		
5,902,261	6,953,114	602,779	1,301,678	1,941,509	16,701,341	0	0.0%

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

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ATTACHMENT-17D

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123

Reference Numbers

Facility ID	6012827	
Health Service Area	008	
Planning Service Area	080	Kane
County	080	Kane County

Administrator
Joseph

Contact Person and Telephone
Joe McManus, Administrator

Registered Agent Information
Gail Hasbrock
3075 Highland Parkway
Downers Grove, IL 60515

Date Questionnaire Completed 4/17/2015

Life Care Facility

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	73
Total Admissions 2013	840
Total Discharges 2013	852
Residents on 12/31/2013	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	4
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	112	112	85	112	61	51	74	12
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	112	112	85	112	61	51	74	12

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13397	49.6%	2181	49.8%	0	5265	6406	0	27348	66.0%	66.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13397	49.6%	2181	49.8%	0	5265	6406	0	27348	66.0%	66.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	3	5	0	0	0	0	0	0	3	5	8
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	9	23	0	0	0	0	0	0	9	23	32
TOTALS	19	42	0	0	0	0	0	0	19	42	61

SHERMAN WEST COURT
1950 LARKIN AVENUE
ELGIN, IL. 60123

Classification Numbers

License Number	6012827	
Health Service Area	008	
Planning Service Area	080	Kane
County	080	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	7	0	9	17	0	61
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	7	0	9	17	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
Race Unknown	0	0	0	0	0
Total	61	0	0	0	61

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	61	0	0	0	61

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.05
Director of Nursing	1.00
Registered Nurses	21.90
LPN's	2.70
Certified Aides	26.20
Other Health Staff	17.90
Non-Health Staff	28.91
Totals	99.66

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
63.5%	6.2%	0.0%	21.0%	9.2%	100.0%		
7,000,195	688,949	0	2,317,735	1,018,898	11,031,777	01,291	0.8%

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

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ATTACHMENT-17D

BRIA OF GENEVA
1101 EAST STATE STREET
GENEVA, IL. 60134

Reference Numbers

Facility ID	6003503	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Patricia Long

Contact Person and Telephone
Patricia Long
630-232-7544

Registered Agent Information
ABRAHAM GUTNICKI
4711 GOLF ROAD, SUITE 200
Skokie, IL 60076

Date Questionnaire Completed 4/16/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	82
Total Admissions 2013	175
Total Discharges 2013	168
Residents on 12/31/2013	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	12
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	1
TOTALS	80
Total Residents Diagnosed as Mentally Ill	53
Total Residents Reported as Identified Offenders	2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	107	107	95	107	89	18	107	107
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	107	107	95	107	89	18	107	107

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4922	12.6%	19575	50.1%	1809	0	4322	0	30718	78.7%	78.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4922	12.6%	19575	50.1%	1809	0	4322	0	30718	78.7%	78.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	4	13	0	0	0	0	0	0	4	13	17
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	4	38	0	0	0	0	0	0	4	38	42
TOTALS	16	73	0	0	0	0	0	0	16	73	89

BRIA OF GENEVA
1101 EAST STATE STREET
GENEVA, IL. 60134

Classification Numbers

License Number	6003503	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	63	0	0	12	0	89
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	63	0	0	12	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	297	254
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	2	0	0	0	2
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	2	0	0	0	2
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	2	0	0	0	2
Total	89	0	0	0	89

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	9.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	71.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
13.4%	37.3%	11.6%	0.0%	37.7%	100.0%		
1,068,282	2,974,107	920,652	0	3,005,636	7,974,677	0	0.0%

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

FACILITY NOTES

Name Change 10/1/2014 Formerly Geneva Nursing & Rehab Center.

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ATTACHMENT-17D

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123

Reference Numbers

Facility ID	6014237	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Peggy Aschenbrenner

Contact Person and Telephone
Jan Poelker
314/994-0070x3025

Registered Agent Information
Dan Maher
412 E. Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/16/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	115
Total Admissions 2013	442
Total Discharges 2013	445
Residents on 12/31/2013	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	16
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	8
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 26

Total Residents Reported as Identified Offenders 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	139	130	127	139	112	27	67	59
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	130	139	127	130	112	27	67	50

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8567	35.0%	17084	79.3%	0	1143	16476	0	43270	85.3%	85.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8567	35.0%	17084	79.3%	0	1143	16476	0	43270	85.3%	85.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	13	61	0	0	0	0	0	0	13	61	74
TOTALS	26	86	0	0	0	0	0	0	26	86	112

ROSEWOOD CARE CENTER OF ELGIN
2355 ROYAL BOULEVARD
ELGIN, IL. 60123

Classification Numbers

License Number	6014237	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	44	0	5	42	0	112
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	44	0	5	42	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	186	156
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	111	0	0	0	111
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.00
LPN's	16.00
Certified Aides	51.00
Other Health Staff	4.00
Non-Health Staff	28.00
Totals	133.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.4%	19.7%	0.0%	3.0%	32.0%	100.0%		
4,747,700	2,102,440	0	420,694	3,426,451	10,697,285	0	0.0%

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

HIGHLAND OAKS
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124

Reference Numbers

Facility ID	6000392	
Health Service Area	008	
Planning Service Area	080	Kane
County	080	Kane County

Administrator
Matt Kinsinger

Contact Person and Telephone
Matt Kinsinger
847 774 4015

Registered Agent Information
Matt Schambach
8701 S Rood Road

Date Questionnaire Completed 4/7/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	43
Total Admissions 2013	27
Total Discharges 2013	30
Residents on 12/31/2013	40

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	12
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	40

Total Residents Diagnosed as Mentally Ill 12

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	50	50	40	50	40	10	0	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	50	50	40	50	40	10	0	50

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	4857	26.6%	0	0	12173	0	17030	93.3%	93.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4857	26.6%	0	0	12173	0	17030	93.3%	93.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	1	0	0	0	0	0	0	0	1	1
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	7	23	0	0	0	0	0	0	7	23	30
TOTALS	9	31	0	0	0	0	0	0	9	31	40

HIGHLAND OAKS
2750 WEST HIGHLAND AVENUE
ELGIN, IL. 60124

Classification Numbers

License Number	6000392	
Health Service Area	008	
Planning Service Area	080	Kane
County	080	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	14	0	0	26	0	40
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	14	0	0	26	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	262	232
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	0	0	0	0	0
Total	40	0	0	0	40

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	40	0	0	0	40

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	3.00
Certified Aides	37.00
Other Health Staff	1.00
Non-Health Staff	25.00
Totals	83.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	22.7%	0.0%	0.0%	77.3%	100.0%		
0	734,678	0	0	2,500,055	3,234,733	0	0.0%

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

LEXINGTON HLTH CARE CTR-BLOOMINGDALE
165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers

Facility ID	6011993	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Jenna Myrczik

Contact Person and Telephone
Bridgett Rummel
6304584635

Registered Agent Information

Date Questionnaire Completed 4/13/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	318
Total Admissions 2013	310
Total Discharges 2013	490
Residents on 12/31/2013	147

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	18
Blood Disorders	4
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	35
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	5
Other Medical Conditions	39
Non-Medical Conditions	0
TOTALS	147

Total Residents Diagnosed as Mentally Ill 2

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	166	166	150	166	147	19	166	131
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	166	166	150	166	147	19	166	131

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9412	15.5%	34660	72.5%	0	2418	4982	0	51481	85.0%	85.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9412	15.5%	34660	72.5%	0	2418	4982	0	51481	85.0%	85.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	6	11	0	0	0	0	0	0	6	11	17
75 to 84	16	30	0	0	0	0	0	0	16	30	46
85+	17	63	0	0	0	0	0	0	17	63	80
TOTALS	42	105	0	0	0	0	0	0	42	105	147

LEXINGTON HLTH CARE CTR-BLOOMINGDALE
165 SOUTH BLOOMINGDALE ROAD
BLOOMINGDALE, IL. 60108

Classification Numbers

License Number	6011993	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	0	90	5	10	0	147
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	0	90	5	10	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	386	231
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	12	0	0	0	12
American Indian	2	0	0	0	2
Black	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	127	0	0	0	127
Race Unknown	0	0	0	0	0
Total	147	0	0	0	147

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	147	0	0	0	147

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPNs	8.00
Certified Aides	35.00
Other Health Staff	5.00
Non-Health Staff	33.00
Totals	94.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.0%	42.8%	0.0%	7.5%	8.8%	100.0%		
5,515,363	5,758,860	0	1,008,172	1,186,611	13,469,006	0	0.0%

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

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ATTACHMENT-17D

LEXINGTON OF SCHAUMBURG
675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL 60193

Reference Numbers

Facility ID	6012553	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Schaumburg Township

Administrator
Patricia Stoudt

Contact Person and Telephone
Bridgett Rummel
6304584635

Registered Agent Information

Date Questionnaire Completed 4/14/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	185
Total Admissions 2013	522
Total Discharges 2013	529
Residents on 12/31/2013	178

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	45
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	21
Injuries and Poisonings	6
Other Medical Conditions	71
Non-Medical Conditions	0
TOTALS	170

Total Residents Diagnosed as Mentally Ill 6

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	214	214	190	214	178	36	214	170
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	214	214	190	214	178	36	214	170

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11443	14.6%	43930	70.8%	0	3863	5609	0	64854	83.0%	83.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	11443	14.6%	43930	70.8%	0	3863	5609	0	64854	83.0%	83.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	9	16	0	0	0	0	0	0	9	16	25
75 to 84	11	34	0	0	0	0	0	0	11	34	45
85+	17	81	0	0	0	0	0	0	17	81	98
TOTALS	43	135	0	0	0	0	0	0	43	135	178

LEXINGTON OF SCHAUMBURG
675 SOUTH ROSELLE ROAD
SCHAUMBURG, IL 60193

Classification Numbers

License Number	6012553	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Schaumburg Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	58	96	0	10	7	0	170
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	58	96	0	10	7	0	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	276	219
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	11	0	0	0	11
American Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	162	0	0	0	162
Race Unknown	0	0	0	0	0
Total	178	0	0	0	178

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	174	0	0	0	174
Ethnicity Unknown	0	0	0	0	0
Total	178	0	0	0	178

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	11.00
Certified Aides	47.00
Other Health Staff	5.00
Non-Health Staff	40.00
Totals	117.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
38.1%	42.6%	0.0%	9.5%	9.8%	100.0%		
6,179,302	6,918,435	0	1,535,976	1,591,920	16,225,723	0	0.0%

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

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ATTACHMENT-17D

MANOR CARE - ELK GROVE VILLAGE
1920 NERGE ROAD
ELK GROVE VILLAGE, IL. 60007

Reference Numbers

Facility ID	0012686	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Elk Grove Township

Administrator
Brian Gross

Contact Person and Telephone
Adam Swartz
410-254-5189

Registered Agent Information
CT Corporation System
208 South LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/8/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	175
Total Admissions 2013	1,101
Total Discharges 2013	1,108
Residents on 12/31/2013	168

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	12
Alzheimer Disease	3
Mental Illness	5
Developmental Disability	8
Circulatory System	19
Respiratory System	22
Digestive System	4
Genitourinary System Disorders	20
Skin Disorders	16
Musculo-skeletal Disorders	28
Injuries and Poisonings	5
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	168

Total Residents Diagnosed as Mentally Ill 5

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	190	190	183	183	168	22	190	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	190	190	183	183	168	22	190	190

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	26026	37.5%	22066	33.1%	831	6870	5939	0	62632	90.3%	90.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	26026	37.5%	22066	33.1%	831	6870	5939	0	62632	90.3%	90.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	3	0	0	0	0	0	0	1	3	4
45 to 59	5	0	0	0	0	0	0	0	5	0	5
60 to 64	5	0	0	0	0	0	0	0	5	0	5
65 to 74	8	22	0	0	0	0	0	0	8	22	30
75 to 84	20	27	0	0	0	0	0	0	20	27	47
85+	10	67	0	0	0	0	0	0	10	67	77
TOTALS	49	119	0	0	0	0	0	0	49	119	168

MANOR CARE - ELK GROVE VILLAGE
1920 NERGE ROAD
ELK GROVE VILLAGE, IL. 60007

Classification Numbers

License Number	0012686	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Elk Grove Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	75	64	2	12	15	0	168
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	75	64	2	12	15	0	168

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	323	266
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	1	0	0	0	1
Total	168	0	0	0	168

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	163	0	0	0	163
Total	168	0	0	0	168

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	39.00
LPN's	8.00
Certified Aides	58.00
Other Health Staff	30.00
Non-Health Staff	57.00
Totals	194.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
63.3%	14.6%	0.5%	12.7%	8.9%	100.0%		
14,674,049	3,375,260	117,604	2,945,548	2,065,061	23,177,582	0	0.0%

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

BATAVIA REHAB & HLTHCARE CTR
520 FABYAN PARKWAY
BATAVIA, IL. 60510

Reference Numbers

Facility ID	6008171	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Chiquita Clemmons

Contact Person and Telephone
Marikay Snyder
309-689-5880

Registered Agent Information
Marikay Snyder
830 West Trailcreek Dr
Peoria, IL 61614

Date Questionnaire Completed 3/30/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	51
Total Admissions 2013	35
Total Discharges 2013	35
Residents on 12/31/2013	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	9
Developmental Disability	0
Circulatory System	3
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	51
Total Residents Diagnosed as Mentally Ill	16
Total Residents Reported as Identified Offenders	1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	63	63	57	59	51	12	0	63
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	63	63	57	59	51	12	0	63

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	16541	71.0%	1086	0	1520	0	19147	83.3%	83.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	16541	71.0%	1086	0	1520	0	19147	83.3%	83.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	2	14	0	0	0	0	0	0	2	14	16
TOTALS	18	33	0	0	0	0	0	0	18	33	51

BATAVIA REHAB & HLTHCARE CTR
520 FABYAN PARKWAY
BATAVIA, IL. 60510

Classification Numbers

License Number	6008171	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	46	1	0	4	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	46	1	0	4	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	2	0	0	0	2
White	41	0	0	0	41
Race Unknown	4	0	0	0	4
Total	51	0	0	0	51

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	47	0	0	0	47
Ethnicity Unknown	0	0	0	0	0
Total	51	0	0	0	51

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	4.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	31.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	91.1%	0.0%	0.0%	8.9%	100.0%		
0	2,351,864	0	0	230,239	2,582,103	0	0.0%

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

WINFIELD WOODS HEALTHCARE CENTER
28 WEST 141 LIBERTY ROAD
WINFIELD, IL. 60190

Reference Numbers

Facility ID	6005334	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Winfield Township

Administrator
Deanna Dang

Contact Person and Telephone
DEANNA DANG
(630)668-9006

Registered Agent Information
Steven Sher
5750 Old Orchard Rd., Suite 420
Skokie, IL 60077

Date Questionnaire Completed 4/17/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	135
Total Admissions 2013	24
Total Discharges 2013	34
Residents on 12/31/2013	125

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	13
Mental Illness	89
Developmental Disability	0
Circulatory System	3
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 120

Total Residents Reported as Identified Offenders 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	138	138	135	138	125	13	0	138
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	138	138	135	138	125	13	0	138

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2457	0.0%	34688	68.0%	0	212	2680	0	40037	79.5%	79.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2457	0.0%	34688	68.9%	0	212	2680	0	40037	79.5%	79.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED DD Male	INTERMED DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	24	22	0	0	0	0	0	0	24	22	46
60 to 64	10	13	0	0	0	0	0	0	10	13	23
65 to 74	15	17	0	0	0	0	0	0	15	17	32
75 to 84	3	16	0	0	0	0	0	0	3	16	19
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	53	72	0	0	0	0	0	0	53	72	125

WINFIELD WOODS HEALTHCARE CENTER
28 WEST 141 LIBERTY ROAD
WINFIELD, IL. 60190

Classification Numbers

License Number	6005334	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Winfield Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	111	0	1	5	0	125
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	8	111	0	1	5	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	119	0	0	0	119
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	7.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	30.00
Totals	73.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
10.3%	74.2%	0.0%	0.7%	5.8%	100.0%		
1,348,310	5,100,853	0	47,465	406,208	6,902,836	0	0.0%

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

DUPAGE CONVALESCENT CENTER
400 NORTH COUNTY FARM ROAD
WHEATON, IL 60187

Reference Numbers

Facility ID	6002612	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Milton Township

Administrator
Jennifer Ulmer

Contact Person and Telephone
BARBARA HYDE
630-784-4201

Registered Agent Information
Dan Cronin, DuPage County Board Chair
421 North County Farm Road
Wheaton, IL 60187

Date Questionnaire Completed 3/30/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	321
Total Admissions 2013	234
Total Discharges 2013	243
Residents on 12/31/2013	312

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	68
Alzheimer Disease	50
Mental Illness	24
Developmental Disability	1
Circulatory System	63
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	28
Injuries and Poisonings	9
Other Medical Conditions	45
Non-Medical Conditions	0
TOTALS	312

Total Residents Diagnosed as Mentally Ill 230

Total Residents Reported as Identified Offenders 2

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	368	338	334	338	312	56	368	368
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	368	338	334	338	312	56	368	368

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7507	5.6%	75475	56.2%	0	974	33933	0	117889	87.8%	95.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7507	5.6%	75475	56.2%	0	974	33933	0	117889	87.8%	95.6%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL. UNDER 22 Male	SKL. UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	7	4	0	0	0	0	0	0	7	4	11
45 to 59	23	14	0	0	0	0	0	0	23	14	37
60 to 64	10	11	0	0	0	0	0	0	10	11	21
65 to 74	17	25	0	0	0	0	0	0	17	25	42
75 to 84	27	44	0	0	0	0	0	0	27	44	71
85+	34	96	0	0	0	0	0	0	34	96	130
TOTALS	118	194	0	0	0	0	0	0	118	194	312

DUPAGE CONVALESCENT CENTER
400 NORTH COUNTY FARM ROAD
WHEATON, IL 60187

Classification Numbers

License Number	6002612	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Milton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	191	0	3	102	0	312
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	16	191	0	3	102	0	312

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	270
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	286	0	0	0	286
Race Unknown	8	0	0	0	8
Total	312	0	0	0	312

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	304	0	0	0	304
Ethnicity Unknown	0	0	0	0	0
Total	312	0	0	0	312

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	3.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	67.00
LPN's	18.00
Certified Aides	166.00
Other Health Staff	38.00
Non-Health Staff	150.00
Totals	443.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.1%	41.0%	0.0%	0.8%	41.3%	100.0%		
4,915,639	12,776,720	0	236,369	12,588,276	30,517,004	0	0.0%

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

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ATTACHMENT-17D

ALDEN-VALLEY RIDGE REHAB &CARE
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Reference Numbers

Facility ID	6000450	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
Emily Rickman

Contact Person and Telephone
Chris Kuehn
773-724-6534

Registered Agent Information
Mary Chelotti-Smith
4200 W. Peterson Avenue, Suite 140
Chicago, IL 60646

Date Questionnaire Completed 4/16/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	181
Total Admissions 2013	187
Total Discharges 2013	187
Residents on 12/31/2013	181

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	10
Mental Illness	4
Developmental Disability	2
Circulatory System	28
Respiratory System	22
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	75
Non-Medical Conditions	0
TOTALS	181
Total Residents Diagnosed as Mentally Ill	4
Total Residents Reported as Identified Offenders	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	207	203	193	203	181	26	207	207
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	207	203	193	203	181	26	207	207

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5059	6.7%	50645	67.0%	5167	392	6153	23	67439	89.3%	91.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5059	6.7%	50645	67.0%	5167	392	6153	23	67439	89.3%	91.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	0	0	0	0	0	0	0	2	0	2
45 to 59	2	4	0	0	0	0	0	0	2	4	6
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	23	16	0	0	0	0	0	0	23	16	39
75 to 84	18	34	0	0	0	0	0	0	18	34	50
85+	18	57	0	0	0	0	0	0	18	57	75
TOTALS	68	115	0	0	0	0	0	0	68	115	181

ALDEN-VALLEY RIDGE REHAB &CARE
275 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL. 60108

Classification Numbers

License Number	6000450	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	134	19	0	12	0	181
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	134	19	0	12	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	280
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	11	0	0	0	11
American Indian	0	0	0	0	0
Black	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	143	0	0	0	143
Race Unknown	17	0	0	0	17
Total	181	0	0	0	181

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	5	0	0	0	5
Total	181	0	0	0	181

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	11.25
LPN's	10.81
Certified Aides	27.03
Other Health Staff	0.87
Non-Health Staff	10.65
Totals	71.61

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
21.1%	62.4%	6.5%	1.4%	8.6%	100.0%		
2,705,157	8,008,557	840,001	176,398	1,100,341	12,838,354	0	0.0%

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

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ATTACHMENT-17D

WEST SUBURBAN NURSING & REHAB CENTER
311 EDGEWATER DRIVE
BLOOMINGDALE, IL. 60108

Reference Numbers

Facility ID	6001002	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

Administrator
JUVENAL JAY GONZALEZ

Contact Person and Telephone
JUVENAL JAY GONZALEZ
630-894-7400

Registered Agent Information
David Gross
240 Fenel Lane
Hillside, IL 60162

Date Questionnaire Completed 4/15/2015

Life Care Facility

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	185
Total Admissions 2013	214
Total Discharges 2013	218
Residents on 12/31/2013	181

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System Non Alzheimer	30
Alzheimer Disease	16
Mental Illness	4
Developmental Disability	1
Circulatory System	25
Respiratory System	19
Digestive System	3
Genitourinary System Disorders	20
Skin Disorders	0
Musculo-skeletal Disorders	30
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	181
Total Residents Diagnosed as Mentally Ill	4
Total Residents Reported as Identified Offenders	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	259	259	192	200	181	78	30	259
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	259	259	192	200	181	78	30	259

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9550	87.2%	54591	57.7%	0	171	3091	0	67403	71.3%	71.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9550	87.2%	54591	57.7%	0	171	3091	0	67403	71.3%	71.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	5	0	0	0	0	0	0	2	5	7
45 to 59	16	12	0	0	0	0	0	0	16	12	28
60 to 64	10	10	0	0	0	0	0	0	10	10	20
65 to 74	13	20	0	0	0	0	0	0	13	20	33
75 to 84	14	29	0	0	0	0	0	0	14	29	43
85+	10	40	0	0	0	0	0	0	10	40	50
TOTALS	65	116	0	0	0	0	0	0	65	116	181

WEST SUBURBAN NURSING & REHAB CENTER
311 EDGEWATER DRIVE
BLOOMINGDALE, IL. 60108

Classification Numbers

License Number	6001002	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Bloomingdale Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	142	0	0	11	0	181
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	28	142	0	0	11	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	21	0	0	0	21
American Indian	0	0	0	0	0
Black	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	141	0	0	0	141
Race Unknown	0	0	0	0	0
Total	181	0	0	0	181

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	166	0	0	0	166
Ethnicity Unknown	0	0	0	0	0
Total	181	0	0	0	181

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	20.00
Certified Aides	52.00
Other Health Staff	10.00
Non-Health Staff	35.00
Totals	143.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.8%	55.7%	0.0%	1.1%	7.4%	100.0%		
5,434,641	8,459,346	0	165,875	1,119,119	15,178,081	0	0.0%

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

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ATTACHMENT-17D

WYNSCAPE
2180 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers

Facility ID	6008361	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Milton Township

Administrator
Aimee Musial

Contact Person and Telephone
AIMEE MUSIAL
630-665-4330

Registered Agent Information
National Corporate Research LT
520 S. 2nd Street 403
Des Moines, IL 50309

Date Questionnaire Completed 4/14/2015

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	119
Total Admissions 2013	853
Total Discharges 2013	861
Residents on 12/31/2013	111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	0
Circulatory System	22
Respiratory System	17
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	3
Musculo-skeletal Disorders	17
Injuries and Poisonings	20
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	111
Total Residents Diagnosed as Mentally Ill	4
Total Residents Reported as Identified Offenders	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	209	209	125	209	111	98	199	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	209	209	125	209	111	98	199	0

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17994	24.8%	1106	0.0%	0	2004	19948	0	41052	55.0%	55.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	17994	24.8%	1106	0.0%	0	2004	19948	0	41052	55.0%	55.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	0	0	0	0	0	0	0	2	0	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	14	18	0	0	0	0	0	0	14	18	32
85+	6	62	0	0	0	0	0	0	6	62	68
TOTALS	23	88	0	0	0	0	0	0	23	88	111

WYNSCAPE
2180 MANCHESTER ROAD
WHEATON, IL. 60187

Classification Numbers

License Number	6008361	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Milton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	42	3	0	12	54	0	111
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	42	3	0	12	54	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	271
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	0	2
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	0	0	0	0	0
Total	111	0	0	0	111

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	111	0	0	0	111
Ethnicity Unknown	0	0	0	0	0
Total	111	0	0	0	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	21.20
LPN's	6.30
Certified Aides	54.30
Other Health Staff	10.00
Non-Health Staff	65.87
Totals	160.67

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
62.1%	1.5%	0.0%	9.1%	27.3%	100.0%		
9,420,304	222,749	0	1,377,070	4,147,085	15,167,208	0	0.0%

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

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ATTACHMENT-17D

FRIENDSHIP VILLAGE OF SCHAUMBURG
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL. 60194

Reference Numbers

Facility ID	6003404	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Schaumburg Township

Administrator
Tony Madl

Contact Person and Telephone
Jeff Nyberg
847-843-4250

Registered Agent Information
STEPHEN A YENCHEK
350 WEST SCHAUMBURG ROAD
Schaumburg, IL 60194

Date Questionnaire Completed 4/17/2015

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	215
Total Admissions 2013	485
Total Discharges 2013	487
Residents on 12/31/2013	213

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	20
Endocrine/Metabolic	31
Blood Disorders	0
*Nervous System Non Alzheimer	23
Alzheimer Disease	02
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	213

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	250	240	228	240	213	37	250	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	250	240	228	240	213	37	250	190

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14203	15.6%	22720	32.8%	0	1435	38877	0	77235	84.6%	88.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14203	15.6%	22720	32.8%	0	1435	38877	0	77235	84.6%	88.2%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	11	32	0	0	0	0	0	0	11	32	43
85+	28	136	0	0	0	0	0	0	28	136	164
TOTALS	41	172	0	0	0	0	0	0	41	172	213

FRIENDSHIP VILLAGE OF SCHAUMBURG
350 WEST SCHAUMBURG ROAD
SCHAUMBURG, IL. 60194

Classification Numbers

License Number	6003404	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Schaumburg Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	63	0	11	100	0	213
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	63	0	11	100	0	213

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	410	343
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	3	0	0	0	3
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	210	0	0	0	210
Race Unknown	0	0	0	0	0
Total	213	0	0	0	213

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	211	0	0	0	211
Ethnicity Unknown	0	0	0	0	0
Total	213	0	0	0	213

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	35.40
LPN's	4.90
Certified Aides	77.50
Other Health Staff	23.10
Non-Health Staff	20.00
Totals	162.90

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.8%	11.6%	0.0%	0.0%	50.5%	100.0%		
7,820,606	2,407,834	0	0	10,452,584	20,690,024	712,074	3.4%

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

FOREST VIEW REHAB & NURSING CENTER
535 SOUTH ELM
ITASCA, IL. 60143

Reference Numbers

Facility ID	6000483	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Addison Township

Administrator
William Pfeiffer

Contact Person and Telephone
William Pfeiffer
630-773-0416

Registered Agent Information
David Gross
150 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 3/9/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	84
Total Admissions 2013	122
Total Discharges 2013	114
Residents on 12/31/2013	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	49
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	92
Total Residents Diagnosed as Mentally Ill	6
Total Residents Reported as Identified Offenders	1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	144	144	106	144	92	52	76	144
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	144	144	106	144	92	52	76	144

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3370	12.1%	31203	59.4%	0	0	1114	0	35687	67.9%	67.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3370	12.1%	31203	59.4%	0	0	1114	0	35687	67.0%	67.0%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	4	0	0	0	0	0	0	7	4	11
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	6	22	0	0	0	0	0	0	6	22	28
85+	3	22	0	0	0	0	0	0	3	22	25
TOTALS	29	63	0	0	0	0	0	0	29	63	92

FOREST VIEW REHAB & NURSING CENTER
535 SOUTH ELM
ITASCA, IL. 60143

Classification Numbers

License Number	6000483	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Addison Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	78	0	0	5	0	92
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	78	0	0	5	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	92	0	0	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	17.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	13.00
Certified Aides	39.00
Other Health Staff	2.00
Non-Health Staff	31.00
Totals	118.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
28.4%	65.5%	0.0%	0.0%	6.1%	100.0%		
2,091,338	4,826,543	0	0	453,072	7,370,953	0	0.0%

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

WHEATON CARE CENTER
1325 MANCHESTER ROAD
WHEATON, IL. 60187

Reference Numbers

Facility ID	6009963	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Milton Township

Administrator
David B.Taylor

Contact Person and Telephone
Ron Courmaya
847.905.3229

Registered Agent Information
David Aronin
2201 Main St.
Evanston, IL 60202

Date Questionnaire Completed 4/10/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	119
Total Admissions 2013	57
Total Discharges 2013	56
Residents on 12/31/2013	120

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	1
Mental Illness	27
Developmental Disability	1
Circulatory System	11
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	3
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	120
Total Residents Diagnosed as Mentally Ill	91
Total Residents Reported as Identified Offenders	11

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	123	123	121	123	120	3	81	123
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	121	123	120	3	81	123

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2886	9.8%	37832	84.3%	0	99	1167	0	41984	93.5%	93.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2886	9.8%	37832	84.3%	0	99	1167	0	41984	93.5%	93.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	5	0	0	0	0	0	0	0	5	0	5
45 to 59	33	17	0	0	0	0	0	0	33	17	50
00 to 64	14	5	0	0	0	0	0	0	14	5	19
65 to 74	15	14	0	0	0	0	0	0	15	14	29
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	72	48	0	0	0	0	0	0	72	48	120

WHEATON CARE CENTER
1325 MANCHESTER ROAD
WHEATON, IL. 60187

Classification Numbers

License Number	6009963	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Milton Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	111	2	0	3	0	120
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	111	2	0	3	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	106	0	0	0	106
Race Unknown	5	0	0	0	5
Total	120	0	0	0	120

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	120	0	0	0	120

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	8.00
Certified Aides	20.00
Other Health Staff	2.00
Non-Health Staff	33.00
Totals	67.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
14.2%	81.9%	0.0%	0.8%	3.1%	100.0%		
925,660	5,346,895	0	52,213	201,596	6,526,364	0	0.0%

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

COVENANT HEALTH CARE CENTER
831 N. BATAVIA AVENUE
BATAVIA, IL. 60510

Reference Numbers

Facility ID	6002208	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Marya Jordan

Contact Person and Telephone
Marya Jordan
630-879-4400

Registered Agent Information
Illinois Corp Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/16/2015

Continuing Care Retirement Community
Life Care Facility

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	86
Total Admissions 2013	241
Total Discharges 2013	242
Residents on 12/31/2013	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	10
Mental Illness	4
Developmental Disability	0
Circulatory System	19
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Muscule-skeletal Disorders	6
Injuries and Poisonings	9
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 4

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	99	90	90	90	85	14	99	50
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	90	90	90	85	14	99	50

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3825	10.6%	10705	58.7%	0	1052	15743	0	31325	86.7%	95.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3825	10.6%	10705	58.7%	0	1052	15743	0	31325	86.7%	95.4%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	18	48	0	0	0	0	0	0	18	48	66
TOTALS	22	63	0	0	0	0	0	0	22	63	85

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2014 COVENANT HEALTH CARE CENTER BATAVIA

COVENANT HEALTH CARE CENTER
831 N. BATAVIA AVENUE
BATAVIA, IL. 60510

Classification Numbers

License Number	6002208	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	26	0	2	43	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	26	0	2	43	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	380	296
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	85	0	0	0	85
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	0	85
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	3.00
Certified Aides	40.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	105.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.2%	11.4%	0.0%	4.2%	57.1%	100.0%		
2,579,007	1,083,412	0	401,163	5,419,551	9,483,133	0	0.0%

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

Source:Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development 10/14/2015
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ATTACHMENT-17D

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON, IL. 60010

Reference Numbers

Facility ID	6003735	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Barrington Township

Administrator
John Schlack

Contact Person and Telephone
Chris Kuehn
773-286-3883

Registered Agent Information
Mary Cheloti-Smith
4200 W. Peterson Avenue, Suite140,
Chicago , IL 60646

Date Questionnaire Completed 4/7/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	113
Total Admissions 2013	722
Total Discharges 2013	706
Residents on 12/31/2013	129

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	16
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	2
Other Medical Conditions	65
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 1

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	150	150	134	150	122	28	150	150
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	150	134	150	122	28	150	150

FACILITY UTILIZATION - 2014
PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12615	23.0%	22332	40.8%	309	4374	3253	0	42883	78.3%	78.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12615	23.0%	22332	40.8%	309	4374	3253	0	42883	78.3%	78.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	7	5	0	0	0	0	0	0	7	5	12
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	10	19	0	0	0	0	0	0	10	19	29
75 to 84	5	22	0	0	0	0	0	0	5	22	27
85+	13	33	0	0	0	0	0	0	13	33	46
TOTALS	39	83	0	0	0	0	0	0	39	83	122

ALDEN ESTATES OF BARRINGTON
1420 SOUTH BARRINGTON ROAD
BARRINGTON, IL. 60010

Classification Numbers

License Number	6003735	
Health Service Area	007	
Planning Service Area	701	Planning Area 7-A
County	031	Barrington Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	64	3	11	8	0	122
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	64	3	11	8	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	391	371
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	4	0	0	0	4
American Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pacific Isl.	3	0	0	0	3
White	111	0	0	0	111
Race Unknown	3	0	0	0	3
Total	122	0	0	0	122

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	3	0	0	0	3
Ethnicity Unknown	116	0	0	0	116
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	7.00
Certified Aides	41.00
Other Health Staff	51.00
Non-Health Staff	44.00
Totals	171.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
45.5%	34.9%	0.4%	12.5%	6.7%	100.0%		
7,355,758	5,642,896	63,311	2,026,223	1,090,591	16,178,770	0	0.0%

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

TABOR HILLS HEALTHCARE
1347 CRYSTAL AVENUE
NAPERVILLE, IL. 60563

Reference Numbers

Facility ID	6014252	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

Administrator
Gloria Plindak

Contact Person and Telephone
Angel Aguilar
630-778-6677

Registered Agent Information
Walter M. Wlodek
3830 Bellaire Avenue
Downers Grove, IL 60514

Date Questionnaire Completed 3/17/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	163
Total Admissions 2013	332
Total Discharges 2013	320
Residents on 12/31/2013	175

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	23
Mental Illness	45
Developmental Disability	0
Circulatory System	39
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	17
Injuries and Poisonings	6
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	175

Total Residents Diagnosed as Mentally Ill 98

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	211	211	184	211	175	36	52	60
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	211	211	184	211	175	36	52	60

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6938	36.6%	13351	61.0%	0	802	41608	0	62759	81.5%	81.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6938	36.6%	13351	61.0%	0	802	41608	0	62759	81.5%	81.5%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 60	0	0	0	0	0	0	0	0	0	0	0
00 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	11	34	0	0	0	0	0	0	11	34	45
85+	18	108	0	0	0	0	0	0	18	108	126
TOTALS	29	146	0	0	0	0	0	0	29	146	175

TABOR HILLS HEALTHCARE
1347 CRYSTAL AVENUE
NAPERVILLE, IL. 60563

Classification Numbers

License Number	6014252	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	38	0	3	115	0	175
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	19	38	0	3	115	0	175

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	233
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	172	0	0	0	172
Race Unknown	3	0	0	0	3
Total	175	0	0	0	175

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	0	0	0	0	0
Total	175	0	0	0	175

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	41.00
LPN's	10.00
Certified Aides	55.00
Other Health Staff	0.00
Non-Health Staff	81.00
Totals	189.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
16.4%	15.1%	0.0%	1.8%	66.7%	100.0%		
2,102,276	1,995,000	0	237,517	8,814,527	13,209,020	0	0.0%

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

GREENFIELDS OF GENEVA
0N801 FRIENDSHIP WAY
GENEVA, IL. 60134

Reference Numbers

Facilay ID	6010570	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Lynn Blackburn

Contact Person and Telephone
Lynn Blackburn
630-578-6600

Registered Agent Information
Don Hemmesch
10 S Lasalle St. Suite 2662
Chicago, IL 60603

Date Questionnaire Completed 4/16/2015

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	14
Total Admissions 2013	0
Total Discharges 2013	0
Residents on 12/31/2013	14

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	0
Circulatory System	11
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	38
Total Residents Diagnosed as Mentally Ill	1
Total Residents Reported as Identified Offenders	0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	43	43	43	43	38	5	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	43	43	43	43	38	5	0	0

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7497	0.0%	0	0.0%	0	106	4687	0	12290	78.3%	78.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7497	0.0%	0	0.0%	0	106	4687	0	12290	78.3%	78.3%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	9	14	0	0	0	0	0	0	9	14	23
TOTALS	14	24	0	0	0	0	0	0	14	24	38

GREENFIELDS OF GENEVA
0N801 FRIENDSHIP WAY
GENEVA, IL. 60134

Classification Numbers

License Number	6010570	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	0	0	0	17	0	38
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	0	0	0	17	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	407	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
Total	38	0	0	0	38

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	37	0	0	0	37
Ethnicity Unknown	0	0	0	0	0
Total	38	0	0	0	38

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.60
LPN's	0.00
Certified Aides	25.20
Other Health Staff	1.00
Non-Health Staff	15.00
Totals	55.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
51.5%	0.0%	0.0%	0.0%	48.5%	100.0%		
729,041	0	0	0	685,857	1,414,898	220,136	16.2%

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

ST. PATRICK'S RESIDENCE
1400 BROOKDALE ROAD
NAPERVILLE, IL. 60563

Reference Numbers

Facility ID	6011910	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

Administrator
Marilyn J. Daley

Contact Person and Telephone
Beth M. Knowles
(630) 416-6565 ext. 513

Registered Agent Information
Marilyn J. Daley
1400 Brookdale Road
Naperville, IL 60563

Date Questionnaire Completed 4/17/2015

ADMISSION RESTRICTIONS

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

Note: Reported restrictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2014

Residents on 1/1/2013	190
Total Admissions 2013	174
Total Discharges 2013	183
Residents on 12/31/2013	181

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	14
Alzheimer Disease	48
Mental Illness	33
Developmental Disability	0
Circulatory System	31
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	181

Total Residents Diagnosed as Mentally Ill 61

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	209	209	204	209	181	28	206	200
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	1	0	0	0	0	1		
TOTAL BEDS	210	209	204	209	181	29	206	200

FACILITY UTILIZATION - 2014

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6638	8.8%	33991	44.6%	0	571	29522	0	70722	92.7%	92.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6638	8.8%	33991	44.6%	0	571	29522	0	70722	92.3%	92.7%

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

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	8	34	0	0	0	0	0	0	8	34	42
85+	20	108	0	0	0	0	0	0	20	108	128
TOTALS	33	148	0	0	0	0	0	0	33	148	181

ST. PATRICK'S RESIDENCE
1400 BROOKDALE ROAD
NAPERVILLE, IL. 60563

Classification Numbers

License Number	6011910	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Naperville Township

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	86	0	1	69	0	181
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	86	0	1	69	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	281	257
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	263	234

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	0	1
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	180	0	0	0	180
Race Unknown	0	0	0	0	0
Total	181	0	0	0	181

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	180	0	0	0	180
Ethnicity Unknown	0	0	0	0	0
Total	181	0	0	0	181

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.40
LPN's	13.50
Certified Aides	59.90
Other Health Staff	8.10
Non-Health Staff	65.60
Totals	177.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.4%	32.7%	0.0%	1.7%	42.2%	100.0%		
3,998,855	5,587,873	0	299,067	7,205,091	17,090,886	0	0.0%

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

General Long-Term Care Category of Service

Planning Area: Planning Area 7-C

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

General Long-Term Care Category of Service

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

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

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

	2013 PSA Patient Days	2013 PSA Estimated Populations	2013 PSA Use Rates (Per 1,000)	2013 HSA Minimum Use Rates	2013 HSA Maximum Use Rates	2018 PSA Planned Use Rates	2018 PSA Projected Populations	2018 PSA Planned Patient Days	Planned Average Daily Census	Planned Bed Need (90% Occ.)	Beds Needed
0-64 Years Old	299,698	809,200	370.4	406.2	1,083.2	406.2	781,500	317,438			
65-74 Years Old	234,969	69,300	3,390.6	2,684.9	7,159.7	3,390.6	92,600	313,970			
75+ Years Old	1,154,352	51,900	22,241.8	12,575.4	33,534.4	22,241.8	60,200	1,338,959			
						Planning Area Totals		**1,970,367**	**5,398.3**	**5,998**	**136**

LONG-TERM CARE FACILITY UPDATES

11/18/2015

CALCULATED BED NEEDS

Planning Area	Calculated Beds Needed	Approved Beds	Additional Beds Needed or Excess Beds ()
HEALTH SERVICE AREA 7			
Planning Area 7-A	3783	3321	462
Planning Area 7-B	6101	6827	(726)
Planning Area 7-C	5998	5860	138
Planning Area 7-D	2462	2904	(442)
Planning Area 7-E	8026	9165	(1139)
HEALTH SERVICE AREA 8			
Kane	2705	3084	(379)
Lake	4186	4494	(308)
McHenry	1124	997	127
HEALTH SERVICE AREA 9			
Grundy	300	265	35
Kankakee	1072	1368	(296)
Kendall	336	185	151
Will	2931	2790	141
HEALTH SERVICE AREA 10			
Henry	433	500	(67)
Mercer	170	172	(2)
Rock Island	1077	1219	(142)
HEALTH SERVICE AREA 11			
Clinton	326	357	(31)
Madison	1824	2212	(388)
Monroe	304	250	54
St. Clair	1860	2251	(391)

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

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

Criterion 1125.580 - Unnecessary Duplication/Maldistribution

1. The applicant shall provide the following information:

   a. A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site;

   Appended as **ATTACHMENT-18A**, is a listing of all zip code areas that are located in total or in part within the 30-minute adjusted travel contour from the proposed project's site.

   b. The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois); and

   ATTACHMENT-18A also lists the corresponding population for the zip code areas. The census data from http://factfinder.census.gov is appended as **ATTACHMENT-18B**.

   c. The names and locations of all existing or approved LTC facilities located within 30 minutes normal travel time from the project site that provide the categories of bed service that are proposed by the project.

   A list of the names and locations of all existing and approved LTC facilities located within 30 minutes of the proposed project site is appended as **ATTACHMENT-18C**.

2. The applicant shall document that the project will not result in maldistribution of services.

Misdistribution is typified by having too many facilities clustered together within the service area where as the ratio of "beds" to "population" is one and one half times greater than the ratio of the State as a whole. The primary service area is that of the Village of Bartlett but more appropriately the northern half of the 7-C PSA. Upon project completion, Bartlett will have one nursing

home bed for every 221.4 persons whereas the State has one nursing bed for every 129.7 people.

The actual ratio of "beds" to "population" for the State and the 30-minute travel contour is as follows:

(30-minute drive time)	6,117 (6,049 existing + 68 proposed beds)	= **.004683**
Population (2010) (30-minute drive time)	1,306,075	
Total of Nursing Care Beds (State of Illinois)	100,792 (Existing)	= .007825 * 1.5 = **.011737**
Population	12,880,900	

The State's resultant ratio is one hundredths nursing beds to every person. The market contour's ratio is four thousandths nursing for every person. More simple put Statewide there is a one nursing bed for every 127 people. This PSA will have one nursing care bed for every 213 people. Thus, it would appear that a "maldistribution" in accordance with the Board's definition does not exist.

3. The applicant shall document that, within 24 months after project completion, the proposed project:

   a. Will not lower the utilization of other area providers below the occupancy standards specified in Section 1125.210(c); and

   b. Will not lower, to a further extent, the utilization of other area facilities that are currently (during the latest 12-month period) operating below the occupancy standards.

The Village of Bartlett has a single facility with 120 beds which is nearly optimally utilized with only 3 potential available beds based upon licensed capacity. Moreover, this facility is part of a CCRC which implies priority admission is given to the residents of the campus over general community admits. Therefore, with a need for up to 321 nursing beds when the State's use ratio of population to nursing beds, the 68

ATTACHMENT-18

proposed beds should have minimal impact on Assisi Healthcare Center at Clare Oaks. Moreover, as the average use rate for the 30-minute travel time contour is 77% the existing use rate is already below 90%, the State's target utilization rate and item 3A above is not applicable.

Item 3B above requires that the proposed project will not lower, to a further extent, the utilization of other area facilities. In addition to the published need for additional nursing beds which takes into account the lower than optimal existing use rates and subtracts out all approved nursing care beds, the PSA has a significant 65+ age cohort growth rate. These two issues indicate that utilization of area facilities should not impact use rates of area facilities. Refer to the chart below.

Market	2013 Estimated Population	2018 Estimated Population	Growth	2013 Estimated 65+ Pop	2018 Estimated 65+ Pop	Growth
Illinois	12,880,900	13,069,300	1.5%	1,742,900	2,018,400	15.8%
HSA 7-C	930,400	934,300	0.4%	121,200	152,800	26.1%
HSA 7-A	617,700	629,500	1.9%	86,900	106,700	22.8%

Sources: Inventory of Health Care Facilities and Services and Need Determinations 2015 Long-Term Care Services; Population data from IDPH's Mitchell, Mike E. [Mike.Mitchell@Illinois.gov] 08/27/2015; http://quickfacts.cemsus.gov/qfd/states/17/1752584.html http://www.zip-codes.com/zip-code/60451/zip-code-60451-2010-census.asp

ATTACHMENT- 18

Alden Estates of Bartlett
30-Minute Zip Codes

ZIP Code	Population
60005	30,462
60007	33,830
60008	22,402
60010	44,416
60067	38,303
60101	39,709
60102	32,670
60103	42,426
60106	20,150
60107	41,155
60108	23,105
60110	39,204
60118	15,442
60120	50,154
60123	49,054
60124	20,447
60133	38,377
60134	29,290
60136	7,276
60137	38,418
60139	35,000
60140	14,509
60143	10,198
60148	52,833
60157	2,020
60169	34,154
60172	24,695
60173	12,108
60174	31,437
60175	26,068
60177	22,810
60181	28,898
60184	2,424
60185	36,259
60187	28,544
60188	42,614
60190	10,614
60191	14,389
60192	16,637
60193	40,210
60194	19,596
60195	4,294
60502	23,099
60504	37,173
60510	29,155
60555	13,533
60563	36,554
Total	**1,306,115**

Sources:
Microsoft MapPoint 2009
American Fact Finder, United States Census Bureau (www.factfinder.census.gov)

ATTACHMENT-18A

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

Subject	ZCTA5 60005		ZCTA5 60007		ZCTA5 60008		ZCTA5 60(
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
SEX AND AGE							
Total population	30,462	30,462	33,830	33,830	22,402	22,402	44,416
Male	15,146	49.7%	16,654	49.2%	10,980	49.0%	21,678
Female	15,316	50.3%	17,176	50.8%	11,422	51.0%	22,738
Under 5 years	2,121	7.0%	1,887	5.6%	1,662	7.4%	2,037
5 to 9 years	1,611	5.3%	1,653	4.9%	1,328	5.9%	3,026
10 to 14 years	1,877	6.2%	2,080	6.1%	1,142	5.1%	3,423
15 to 19 years	1,636	5.4%	1,947	5.8%	1,350	6.0%	3,298
20 to 24 years	1,324	4.3%	1,756	5.2%	1,350	6.0%	1,626
25 to 34 years	4,405	14.5%	3,827	11.3%	3,851	17.2%	2,630
35 to 44 years	3,974	13.0%	4,530	13.4%	2,885	12.9%	5,109
45 to 54 years	4,681	15.4%	5,571	16.5%	3,282	14.7%	7,990
55 to 59 years	1,732	5.7%	2,987	8.8%	1,542	6.9%	3,811
60 to 64 years	1,799	5.9%	2,454	7.3%	1,211	5.4%	3,290
65 to 74 years	2,532	8.3%	2,809	8.3%	1,424	6.4%	4,857
75 to 84 years	1,640	5.4%	1,781	5.3%	936	4.2%	2,485
85 years and over	1,130	3.7%	548	1.6%	439	2.0%	834
Median age (years)	40.9	(X)	43.4	(X)	36.6	(X)	46.5
18 years and over	23,889	78.4%	26,905	79.5%	17,470	78.0%	33,547
21 years and over	23,075	75.8%	25,999	76.9%	16,742	74.7%	32,356
62 years and over	6,385	21.0%	6,670	19.7%	3,452	15.4%	10,140
65 years and over	5,302	17.4%	5,138	15.2%	2,799	12.5%	8,176
18 years and over	23,889	23,889	26,905	26,905	17,470	17,470	33,547
Male	11,570	48.4%	12,890	47.9%	8,443	48.3%	16,111
Female	12,319	51.6%	14,015	52.1%	9,027	51.7%	17,436
65 years and over	5,302	5,302	5,138	5,138	2,799	2,799	8,176
Male	2,112	39.8%	2,168	42.2%	1,060	37.9%	3,877
Female	3,190	60.2%	2,970	57.8%	1,739	62.1%	4,299
RACE							
Total population	30,462	30,462	33,830	33,830	22,402	22,402	44,416
One race	29,841	98.0%	33,155	98.0%	22,212	99.2%	43,689
Two or more races	621	2.0%	675	2.0%	190	0.8%	727
One race	29,841	98.0%	33,155	98.0%	22,212	99.2%	43,689
White	25,282	83.0%	27,693	81.9%	16,362	73.0%	38,559
Black or African American	764	2.5%	213	0.6%	828	3.7%	285
American Indian and Alaska Native	202	0.7%	104	0.3%	134	0.6%	37
Cherokee tribal grouping	0	0.0%	0	0.0%	0	0.0%	15
Chippewa tribal grouping	0	0.0%	52	0.2%	0	0.0%	8
Navajo tribal grouping	22	0.1%	0	0.0%	0	0.0%	0
Sioux tribal grouping	0	0.0%	0	0.0%	0	0.0%	0
Asian	2,164	7.1%	3,584	10.6%	1,639	7.3%	4,674
Asian Indian	300	1.0%	1,459	4.3%	356	1.6%	2,532
Chinese	230	0.8%	631	1.9%	372	1.7%	863
Filipino	614	2.0%	529	1.6%	327	1.5%	422
Japanese	324	1.1%	425	1.3%	78	0.3%	169
Korean	360	1.2%	317	0.9%	347	1.5%	383
Vietnamese	21	0.1%	51	0.2%	0	0.0%	82
Other Asian	315	1.0%	172	0.5%	159	0.7%	223
Native Hawaiian and Other Pacific	0	0.0%	18	0.1%	69	0.3%	0
Native Hawaiian	0	0.0%	18	0.1%	69	0.3%	0

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

Guamanian or Chamorro	0	0.0%	0	0.0%	0	0.0%	0
Samoan	0	0.0%	0	0.0%	0	0.0%	0
Other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0
Some other race	1,429	4.7%	1,543	4.6%	3,180	14.2%	134
Two or more races	621	2.0%	675	2.0%	190	0.8%	727
White and Black or African American	148	0.5%	106	0.3%	10	0.0%	56
White and American Indian and	68	0.2%	48	0.1%	19	0.1%	153
White and Asian	232	0.8%	177	0.5%	73	0.3%	326
Black or African American and	0	0.0%	0	0.0%	29	0.1%	0
Race alone or in combination with one or							
Total population	30,462	30,462	33,830	33,830	22,402	22,402	44,416
White	25,886	85.0%	28,216	83.4%	16,523	73.8%	39,159
Black or African American	918	3.0%	319	0.9%	874	3.9%	352
American Indian and Alaska Native	270	0.9%	182	0.5%	189	0.8%	195
Asian	2,407	7.9%	3,941	11.6%	1,712	7.6%	5,160
Native Hawaiian and Other Pacific	60	0.2%	59	0.2%	69	0.3%	21
Some other race	1,542	5.1%	1,816	5.4%	3,232	14.4%	289
HISPANIC OR LATINO AND RACE							
Total population	30,462	30,462	33,830	33,830	22,402	22,402	44,416
Hispanic or Latino (of any race)	3,168	10.4%	3,419	10.1%	5,781	25.8%	2,098
Mexican	2,118	7.0%	2,352	7.0%	4,713	21.0%	1,404
Puerto Rican	376	1.2%	598	1.8%	234	1.0%	79
Cuban	158	0.5%	160	0.5%	0	0.0%	144
Other Hispanic or Latino	516	1.7%	309	0.9%	834	3.7%	471
Not Hispanic or Latino	27,294	89.6%	30,411	89.9%	16,621	74.2%	42,318
White alone	23,964	78.7%	26,020	76.9%	13,947	62.3%	36,687
Black or African American alone	716	2.4%	200	0.6%	828	3.7%	253
American Indian and Alaska Native	0	0.0%	71	0.2%	0	0.0%	23
Asian alone	2,164	7.1%	3,584	10.6%	1,639	7.3%	4,593
Native Hawaiian and Other Pacific	0	0.0%	0	0.0%	69	0.3%	0
Some other race alone	11	0.0%	84	0.2%	0	0.0%	57
Two or more races	439	1.4%	452	1.3%	138	0.6%	705
Two races including Some other	12	0.0%	109	0.3%	0	0.0%	155
Two races excluding Some other	427	1.4%	343	1.0%	138	0.6%	550
Total housing units	13,149	(X)	14,099	(X)	9,147	(X)	17,076

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

)10	ZCTA5 60067		ZCTA5 60101		ZCTA5 60102		ZCTA5 60103		ZCTA5 60106		ZCTA5 60
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
44,416	38,303	38,303	39,709	39,709	32,670	32,670	42,426	42,426	20,150	20,150	41,155
48.8%	19,093	49.8%	19,125	48.2%	16,326	50.0%	21,427	50.5%	9,927	49.3%	20,824
51.2%	19,210	50.2%	20,584	51.8%	16,344	50.0%	20,999	49.5%	10,223	50.7%	20,331
4.6%	2,182	5.7%	3,041	7.7%	2,133	6.5%	2,512	5.9%	1,259	6.2%	2,651
6.8%	2,446	6.4%	3,461	8.7%	1,725	5.3%	3,161	7.5%	1,529	7.6%	3,215
7.7%	2,407	6.3%	2,502	6.3%	2,680	8.2%	3,261	7.7%	1,283	6.4%	2,629
7.4%	2,653	6.9%	2,552	6.4%	2,830	8.7%	3,431	8.1%	1,301	6.5%	2,711
3.7%	1,233	3.2%	2,509	6.3%	1,804	5.5%	1,746	4.1%	1,532	7.6%	2,577
5.9%	4,405	11.5%	6,275	15.8%	3,074	9.4%	5,066	11.9%	3,159	15.7%	6,583
11.5%	5,134	13.4%	4,696	11.8%	5,044	15.4%	6,189	14.6%	2,531	12.6%	6,397
18.0%	6,535	17.1%	5,182	13.0%	5,871	18.0%	7,813	18.4%	2,743	13.6%	6,250
8.6%	2,868	7.5%	2,650	6.7%	2,302	7.0%	2,815	6.6%	1,346	6.7%	2,472
7.4%	2,773	7.2%	2,197	5.5%	1,933	5.9%	2,380	5.6%	1,277	6.3%	2,005
10.9%	3,430	9.0%	2,771	7.0%	2,240	6.9%	2,508	5.9%	1,101	5.5%	2,389
5.6%	1,691	4.4%	1,440	3.6%	695	2.1%	1,036	2.4%	643	3.2%	1,025
1.9%	546	1.4%	433	1.1%	339	1.0%	508	1.2%	446	2.2%	251
(X)	42.1	(X)	33.9	(X)	40.1	(X)	38.3	(X)	35.0	(X)	35.4
75.5%	29,328	76.6%	29,062	73.2%	24,246	74.2%	31,059	73.2%	15,360	76.2%	30,929
72.8%	28,372	74.1%	27,621	69.6%	22,872	70.0%	29,633	69.8%	14,539	72.2%	29,259
22.8%	7,325	19.1%	6,153	15.5%	4,272	13.1%	5,199	12.3%	2,719	13.5%	4,737
18.4%	5,667	14.8%	4,644	11.7%	3,274	10.0%	4,052	9.6%	2,190	10.9%	3,665
33,547	29,328	29,328	29,062	29,062	24,246	24,246	31,059	31,059	15,360	15,360	30,929
48.0%	13,978	47.7%	14,122	48.6%	12,058	49.7%	15,484	49.9%	7,566	49.3%	15,276
52.0%	15,350	52.3%	14,940	51.4%	12,188	50.3%	15,575	50.1%	7,794	50.7%	15,653
8,176	5,667	5,667	4,644	4,644	3,274	3,274	4,052	4,052	2,190	2,190	3,665
47.4%	2,535	44.7%	2,107	45.4%	1,548	47.3%	1,776	43.8%	875	40.0%	1,475
52.6%	3,132	55.3%	2,537	54.6%	1,726	52.7%	2,276	56.2%	1,315	60.0%	2,190
44,416	38,303	38,303	39,709	39,709	32,670	32,670	42,426	42,426	20,150	20,150	41,155
98.4%	37,510	97.9%	39,084	98.4%	32,112	98.3%	41,830	98.6%	19,842	98.5%	40,225
1.6%	793	2.1%	625	1.6%	558	1.7%	596	1.4%	308	1.5%	930
98.4%	37,510	97.9%	39,084	98.4%	32,112	98.3%	41,830	98.6%	19,842	98.5%	40,225
86.8%	30,573	79.8%	33,390	84.1%	28,886	88.4%	32,858	77.4%	16,175	80.3%	24,576
0.6%	654	1.7%	1,752	4.4%	592	1.8%	833	2.0%	736	3.7%	1,063
0.1%	48	0.1%	94	0.2%	50	0.2%	153	0.4%	89	0.4%	92
0.0%	15	0.0%	0	0.0%	0	0.0%	17	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	12	0.0%	0	0.0%	42	0.2%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
10.5%	5,531	14.4%	2,036	5.1%	2,265	6.9%	6,547	15.4%	728	3.6%	6,352
5.7%	1,790	4.7%	1,490	3.8%	1,429	4.4%	3,005	7.1%	343	1.7%	3,345
1.9%	1,066	2.8%	0	0.0%	56	0.2%	637	1.5%	0	0.0%	179
1.0%	555	1.4%	201	0.5%	450	1.4%	1,701	4.0%	263	1.3%	1,773
0.4%	698	1.8%	5	0.0%	0	0.0%	17	0.0%	7	0.0%	49
0.9%	1,137	3.0%	0	0.0%	42	0.1%	365	0.9%	49	0.2%	210
0.2%	41	0.1%	46	0.1%	13	0.0%	107	0.3%	26	0.1%	122
0.5%	244	0.6%	294	0.7%	275	0.8%	715	1.7%	40	0.2%	674
0.0%	38	0.1%	0	0.0%	0	0.0%	4	0.0%	0	0.0%	8
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8

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Alden Estates of Bartlett

Census Data for 30-min Zip Codes

0.0%	38	0.1%	0	0.0%	0	0.0%	4	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.3%	666	1.7%	1,812	4.6%	319	1.0%	1,435	3.4%	2,114	10.5%	8,134
1.6%	793	2.1%	625	1.6%	558	1.7%	596	1.4%	308	1.5%	930
0.1%	107	0.3%	42	0.1%	86	0.3%	169	0.4%	8	0.0%	284
0.3%	37	0.1%	37	0.1%	95	0.3%	137	0.3%	85	0.4%	14
0.7%	481	1.3%	176	0.4%	254	0.8%	182	0.4%	30	0.1%	260
0.0%	0	0.0%	48	0.1%	36	0.1%	1	0.0%	0	0.0%	0
44,416	38,303	38,303	39,709	39,709	32,670	32,670	42,426	42,426	20,150	20,150	41,155
88.2%	31,317	81.8%	33,907	85.4%	29,408	90.0%	33,388	78.7%	16,404	81.4%	25,441
0.8%	761	2.0%	1,850	4.7%	748	2.3%	1,003	2.4%	788	3.9%	1,389
0.4%	85	0.2%	198	0.5%	268	0.8%	300	0.7%	198	1.0%	118
11.6%	6,061	15.8%	2,261	5.7%	2,519	7.7%	6,808	16.0%	770	3.8%	6,692
0.0%	53	0.1%	0	0.0%	0	0.0%	16	0.0%	59	0.3%	17
0.7%	819	2.1%	2,126	5.4%	372	1.1%	1,521	3.6%	2,275	11.3%	8,485
44,416	38,303	38,303	39,709	39,709	32,670	32,670	42,426	42,426	20,150	20,150	41,155
4.7%	2,297	6.0%	15,661	39.4%	2,092	6.4%	4,786	11.3%	9,314	46.2%	12,503
3.2%	1,782	4.7%	14,067	35.4%	1,528	4.7%	3,480	8.2%	7,561	37.5%	10,217
0.2%	176	0.5%	443	1.1%	257	0.8%	463	1.1%	386	1.9%	522
0.3%	36	0.1%	92	0.2%	36	0.1%	56	0.1%	8	0.0%	34
1.1%	303	0.8%	1,059	2.7%	271	0.8%	787	1.9%	1,359	6.7%	1,730
95.3%	36,006	94.0%	24,048	60.6%	30,578	93.6%	37,640	88.7%	10,836	53.8%	28,652
82.6%	29,128	76.0%	19,989	50.3%	27,339	83.7%	29,781	70.2%	9,278	46.0%	20,779
0.6%	592	1.5%	1,617	4.1%	540	1.7%	822	1.9%	712	3.5%	1,028
0.1%	16	0.0%	25	0.1%	23	0.1%	36	0.1%	0	0.0%	13
10.3%	5,508	14.4%	2,036	5.1%	2,265	6.9%	6,533	15.4%	728	3.6%	6,265
0.0%	38	0.1%	0	0.0%	0	0.0%	4	0.0%	0	0.0%	0
0.1%	42	0.1%	32	0.1%	9	0.0%	75	0.2%	17	0.1%	0
1.6%	682	1.8%	349	0.9%	402	1.2%	389	0.9%	101	0.5%	567
0.3%	42	0.1%	49	0.1%	0	0.0%	43	0.1%	0	0.0%	53
1.2%	640	1.7%	300	0.8%	402	1.2%	346	0.8%	101	0.5%	514
(X)	16,289	(X)	13,753	(X)	11,881	(X)	14,640	(X)	7,481	(X)	13,784

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

107	ZCTA5 60108		ZCTA5 60110		ZCTA5 60118		ZCTA5 60120		ZCTA5 60123		ZCTA5 60
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
41,155	23,105	23,105	39,204	39,204	15,442	15,442	50,154	50,154	49,054	49,054	20,447
50.6%	11,072	47.9%	20,192	51.5%	7,789	50.4%	25,098	50.0%	24,836	50.6%	10,118
49.4%	12,033	52.1%	19,012	48.5%	7,653	49.6%	25,056	50.0%	24,218	49.4%	10,329
6.4%	1,279	5.5%	3,235	8.3%	1,005	6.5%	4,863	9.7%	4,101	8.4%	1,953
7.8%	1,293	5.6%	4,070	10.4%	878	5.7%	4,092	8.2%	3,313	6.8%	1,216
6.4%	1,035	4.5%	3,626	9.2%	811	5.3%	3,779	7.5%	3,666	7.5%	1,157
6.6%	972	4.2%	2,911	7.4%	958	6.2%	3,760	7.5%	3,427	7.0%	1,477
6.3%	1,181	5.1%	2,475	6.3%	788	5.1%	3,324	6.6%	3,594	7.3%	861
16.0%	3,123	13.5%	6,356	16.2%	1,745	11.3%	8,273	16.5%	7,226	14.7%	2,462
15.5%	3,015	13.0%	6,004	15.3%	2,046	13.2%	7,326	14.6%	6,221	12.7%	3,061
15.2%	3,140	13.6%	5,345	13.6%	2,784	18.0%	6,253	12.5%	6,356	13.0%	3,229
6.0%	2,051	8.9%	1,672	4.3%	1,396	9.0%	2,585	5.2%	2,981	6.1%	1,220
4.9%	1,965	8.5%	1,319	3.4%	995	6.4%	2,094	4.2%	2,729	5.6%	1,153
5.8%	2,157	9.3%	1,352	3.4%	1,141	7.4%	2,158	4.3%	2,818	5.7%	1,796
2.5%	1,228	5.3%	671	1.7%	621	4.0%	1,147	2.3%	1,758	3.6%	643
0.6%	666	2.9%	168	0.4%	274	1.8%	500	1.0%	864	1.8%	219
(X)	44.0	(X)	30.6	(X)	42.8	(X)	31.4	(X)	33.9	(X)	39.1
75.2%	18,966	82.1%	26,280	67.0%	12,199	79.0%	35,189	70.2%	35,762	72.9%	15,029
71.1%	18,360	79.5%	24,948	63.6%	11,679	75.6%	32,868	65.5%	33,741	68.8%	14,366
11.5%	5,115	22.1%	3,082	7.9%	2,689	17.4%	4,987	9.9%	6,946	14.2%	3,227
8.9%	4,051	17.5%	2,191	5.6%	2,036	13.2%	3,805	7.6%	5,440	11.1%	2,658
30,929	18,966	18,966	26,280	26,280	12,199	12,199	35,189	35,189	35,762	35,762	15,029
49.4%	9,021	47.6%	13,470	51.3%	5,975	49.0%	17,610	50.0%	17,701	49.5%	7,319
50.6%	9,945	52.4%	12,810	48.7%	6,224	51.0%	17,579	50.0%	18,061	50.5%	7,710
3,665	4,051	4,051	2,191	2,191	2,036	2,036	3,805	3,805	5,440	5,440	2,658
40.2%	1,634	40.3%	1,171	53.4%	943	46.3%	1,571	41.3%	2,193	40.3%	1,283
59.8%	2,417	59.7%	1,020	46.6%	1,093	53.7%	2,234	58.7%	3,247	59.7%	1,375
41,155	23,105	23,105	39,204	39,204	15,442	15,442	50,154	50,154	49,054	49,054	20,447
97.7%	22,769	98.5%	38,528	98.3%	15,262	98.8%	49,044	97.8%	47,538	96.9%	20,285
2.3%	336	1.5%	676	1.7%	180	1.2%	1,110	2.2%	1,516	3.1%	162
97.7%	22,769	98.5%	38,528	98.3%	15,262	98.8%	49,044	97.8%	47,538	96.9%	20,285
59.7%	18,606	80.5%	25,222	64.3%	13,725	88.9%	30,406	60.6%	33,628	68.6%	16,307
2.6%	681	2.9%	2,623	6.7%	360	2.3%	2,772	5.5%	3,755	7.7%	1,164
0.2%	33	0.1%	165	0.4%	0	0.0%	322	0.6%	279	0.6%	43
0.0%	0	0.0%	10	0.0%	0	0.0%	13	0.0%	92	0.2%	0
0.0%	13	0.1%	14	0.0%	0	0.0%	23	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	49	0.1%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	12	0.0%	0	0.0%	0
15.4%	3,189	13.8%	1,650	4.2%	855	5.5%	2,755	5.5%	1,923	3.9%	2,544
8.1%	1,652	7.1%	578	1.5%	148	1.0%	535	1.1%	293	0.6%	386
0.4%	260	1.1%	175	0.4%	220	1.4%	169	0.3%	300	0.6%	282
4.3%	596	2.6%	451	1.2%	158	1.0%	717	1.4%	461	0.9%	951
0.1%	129	0.6%	47	0.1%	41	0.3%	130	0.3%	0	0.0%	66
0.5%	326	1.4%	164	0.4%	151	1.0%	90	0.2%	58	0.1%	29
0.3%	92	0.4%	11	0.0%	42	0.3%	64	0.1%	16	0.0%	721
1.6%	134	0.6%	224	0.6%	95	0.6%	1,050	2.1%	795	1.6%	109
0.0%	0	0.0%	18	0.0%	8	0.1%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	18	0.0%	0	0.0%	0	0.0%	0	0.0%	0

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Alden Estates of Bartlett

Census Data for 30-min Zip Codes

0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	8	0.1%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
19.8%	260	1.1%	8,850	22.6%	314	2.0%	12,789	25.5%	7,953	16.2%	227
2.3%	336	1.5%	676	1.7%	180	1.2%	1,110	2.2%	1,516	3.1%	162
0.7%	43	0.2%	180	0.5%	4	0.0%	519	1.0%	422	0.9%	54
0.0%	57	0.2%	119	0.3%	46	0.3%	90	0.2%	87	0.2%	0
0.6%	96	0.4%	62	0.2%	62	0.4%	78	0.2%	319	0.7%	47
0.0%	0	0.0%	0	0.0%	0	0.0%	5	0.0%	74	0.2%	0
41,155	23,105	23,105	39,204	39,204	15,442	15,442	50,154	50,154	49,054	49,054	20,447
61.8%	18,863	81.6%	25,753	65.7%	13,905	90.0%	31,342	62.5%	34,993	71.3%	16,469
3.4%	724	3.1%	2,849	7.3%	364	2.4%	3,337	6.7%	4,367	8.9%	1,218
0.3%	126	0.5%	304	0.8%	46	0.3%	488	1.0%	467	1.0%	43
16.3%	3,364	14.6%	1,821	4.6%	917	5.9%	2,947	5.9%	2,304	4.7%	2,591
0.0%	16	0.1%	18	0.0%	42	0.3%	90	0.2%	38	0.1%	0
20.6%	348	1.5%	9,152	23.3%	348	2.3%	13,108	26.1%	8,510	17.3%	288
41,155	23,105	23,105	39,204	39,204	15,442	15,442	50,154	50,154	49,054	49,054	20,447
30.4%	2,070	9.0%	20,081	51.2%	1,175	7.6%	29,338	58.5%	19,170	39.1%	2,129
24.8%	1,137	4.9%	18,063	46.1%	805	5.2%	26,101	52.0%	16,089	32.8%	1,156
1.3%	205	0.9%	976	2.5%	140	0.9%	1,742	3.5%	1,798	3.7%	540
0.1%	60	0.3%	0	0.0%	44	0.3%	102	0.2%	55	0.1%	0
4.2%	668	2.9%	1,042	2.7%	186	1.2%	1,393	2.8%	1,228	2.5%	433
69.6%	21,035	91.0%	19,123	48.8%	14,267	92.4%	20,816	41.5%	29,884	60.9%	18,318
50.5%	16,875	73.0%	14,398	36.7%	12,953	83.9%	15,004	29.9%	23,168	47.2%	14,644
2.5%	678	2.9%	2,492	6.4%	305	2.0%	2,544	5.1%	3,748	7.6%	1,000
0.0%	33	0.1%	38	0.1%	0	0.0%	24	0.0%	80	0.2%	29
15.2%	3,182	13.8%	1,617	4.1%	855	5.5%	2,709	5.4%	1,923	3.9%	2,544
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	86	0.2%	8	0.1%	133	0.3%	14	0.0%	0
1.4%	267	1.2%	492	1.3%	146	0.9%	402	0.8%	951	1.9%	101
0.1%	27	0.1%	120	0.3%	0	0.0%	11	0.0%	41	0.1%	0
1.2%	240	1.0%	372	0.9%	146	0.9%	391	0.8%	910	1.9%	101
(X)	9,732	(X)	12,304	(X)	6,433	(X)	15,929	(X)	17,543	(X)	7,020

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

124	ZCTA5 60133		ZCTA5 60134		ZCTA5 60136		ZCTA5 60137		ZCTA5 60139		ZCTA5 60
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
20,447	38,377	38,377	29,290	29,290	7,276	7,276	38,418	38,418	35,000	35,000	14,509
49.5%	19,147	49.9%	14,590	49.8%	3,750	51.5%	18,634	48.5%	18,062	51.6%	7,136
50.5%	19,230	50.1%	14,700	50.2%	3,526	48.5%	19,784	51.5%	16,938	48.4%	7,373
9.6%	2,700	7.0%	1,745	6.0%	672	9.2%	2,679	7.0%	2,904	8.3%	1,160
5.9%	3,053	8.0%	2,276	7.8%	762	10.5%	2,584	6.7%	2,397	6.8%	942
5.7%	3,365	8.8%	2,681	9.2%	565	7.8%	2,808	7.3%	2,237	6.4%	1,608
7.2%	3,355	8.7%	2,378	8.1%	476	6.5%	2,611	6.8%	2,410	6.9%	938
4.2%	2,092	5.5%	1,272	4.3%	213	2.9%	1,830	4.8%	2,911	8.3%	806
12.0%	5,751	15.0%	2,244	7.7%	1,255	17.2%	3,634	9.5%	5,889	16.8%	1,568
15.0%	5,849	15.2%	4,377	14.9%	1,582	21.7%	5,070	13.2%	4,747	13.6%	1,829
15.8%	5,471	14.3%	5,283	18.0%	743	10.2%	6,226	16.2%	4,734	13.5%	2,402
6.0%	2,158	5.6%	1,801	6.1%	313	4.3%	3,283	8.5%	2,028	5.8%	861
5.6%	1,909	5.0%	1,945	6.6%	252	3.5%	2,129	5.5%	1,876	5.4%	722
8.8%	1,791	4.7%	1,900	6.5%	355	4.9%	2,867	7.5%	2,055	5.9%	1,094
3.1%	735	1.9%	1,094	3.7%	0	0.0%	1,886	4.9%	601	1.7%	491
1.1%	148	0.4%	294	1.0%	88	1.2%	811	2.1%	211	0.6%	88
(X)	33.3	(X)	40.6	(X)	32.5	(X)	41.1	(X)	32.9	(X)	36.6
73.5%	27,275	71.1%	20,955	71.5%	4,979	68.4%	28,606	74.5%	26,253	75.0%	10,223
70.3%	25,609	66.7%	19,910	68.0%	4,747	65.2%	27,281	71.0%	24,579	70.2%	9,635
15.8%	3,630	9.5%	4,431	15.1%	591	8.1%	6,702	17.4%	3,849	11.0%	2,173
13.0%	2,674	7.0%	3,288	11.2%	443	6.1%	5,564	14.5%	2,867	8.2%	1,673
15,029	27,275	27,275	20,955	20,955	4,979	4,979	28,606	28,606	26,253	26,253	10,223
48.7%	13,416	49.2%	10,349	49.4%	2,334	46.9%	13,607	47.6%	13,439	51.2%	4,926
51.3%	13,859	50.8%	10,606	50.6%	2,645	53.1%	14,999	52.4%	12,814	48.8%	5,297
2,658	2,674	2,674	3,288	3,288	443	443	5,564	5,564	2,867	2,867	1,673
48.3%	1,319	49.3%	1,446	44.0%	228	51.5%	2,452	44.1%	1,233	43.0%	882
51.7%	1,355	50.7%	1,842	56.0%	215	48.5%	3,112	55.9%	1,634	57.0%	791
20,447	38,377	38,377	29,290	29,290	7,276	7,276	38,418	38,418	35,000	35,000	14,509
99.2%	37,692	98.2%	29,064	99.2%	7,080	97.3%	37,718	98.2%	33,776	96.5%	14,077
0.8%	685	1.8%	226	0.8%	196	2.7%	700	1.8%	1,224	3.5%	432
99.2%	37,692	98.2%	29,064	99.2%	7,080	97.3%	37,718	98.2%	33,776	96.5%	14,077
79.8%	20,231	52.7%	27,181	92.8%	5,395	74.1%	33,321	86.7%	22,207	63.4%	12,121
5.7%	3,338	8.7%	299	1.0%	284	3.9%	1,503	3.9%	2,126	6.1%	76
0.2%	60	0.2%	67	0.2%	122	1.7%	53	0.1%	257	0.7%	21
0.0%	14	0.0%	6	0.0%	0	0.0%	5	0.0%	0	0.0%	21
0.0%	5	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	6	0.0%	0	0.0%	0
12.4%	5,809	15.1%	1,019	3.5%	793	10.9%	2,703	7.0%	8,085	23.1%	105
1.9%	3,329	8.7%	142	0.5%	152	2.1%	943	2.5%	3,710	10.6%	0
1.4%	207	0.5%	63	0.2%	0	0.0%	345	0.9%	263	0.8%	0
4.7%	815	2.1%	621	2.1%	641	8.8%	92	0.2%	1,762	5.0%	37
0.3%	22	0.1%	24	0.1%	0	0.0%	66	0.2%	17	0.0%	0
0.1%	146	0.4%	110	0.4%	0	0.0%	142	0.4%	74	0.2%	0
3.5%	190	0.5%	0	0.0%	0	0.0%	47	0.1%	1,055	3.0%	40
0.5%	1,100	2.9%	59	0.2%	0	0.0%	1,068	2.8%	1,204	3.4%	28
0.0%	0	0.0%	0	0.0%	0	0.0%	16	0.0%	64	0.2%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	64	0.2%	0

ATTACHMENT-18B

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	8	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	8	0.0%	0	0.0%	0
1.1%	8,254	21.5%	498	1.7%	486	6.7%	122	0.3%	1,037	3.0%	1,754
0.8%	685	1.8%	226	0.8%	196	2.7%	700	1.8%	1,224	3.5%	432
0.3%	172	0.4%	17	0.1%	0	0.0%	71	0.2%	321	0.9%	62
0.0%	41	0.1%	17	0.1%	0	0.0%	88	0.2%	30	0.1%	173
0.2%	292	0.8%	170	0.6%	94	1.3%	305	0.8%	232	0.7%	178
0.0%	7	0.0%	0	0.0%	0	0.0%	37	0.1%	19	0.1%	0
20,447	38,377	38,377	29,290	29,290	7,276	7,276	38,418	38,418	35,000	35,000	14,509
80.5%	20,833	54.3%	27,407	93.6%	5,489	75.4%	33,911	88.3%	23,133	66.1%	12,553
6.0%	3,554	9.3%	316	1.1%	284	3.9%	1,643	4.3%	2,556	7.3%	138
0.2%	133	0.3%	84	0.3%	122	1.7%	269	0.7%	306	0.9%	194
12.7%	6,193	16.1%	1,199	4.1%	989	13.6%	3,076	8.0%	8,576	24.5%	283
0.0%	22	0.1%	22	0.1%	0	0.0%	48	0.1%	99	0.3%	0
1.4%	8,368	21.8%	498	1.7%	588	8.1%	274	0.7%	1,591	4.5%	1,773
20,447	38,377	38,377	29,290	29,290	7,276	7,276	38,418	38,418	35,000	35,000	14,509
10.4%	14,457	37.7%	1,301	4.4%	1,216	16.7%	2,837	7.4%	10,873	31.1%	3,213
5.7%	13,241	34.5%	1,095	3.7%	518	7.1%	2,116	5.5%	9,033	25.8%	2,237
2.6%	376	1.0%	60	0.2%	37	0.5%	258	0.7%	577	1.6%	67
0.0%	112	0.3%	26	0.1%	0	0.0%	112	0.3%	102	0.3%	0
2.1%	728	1.9%	120	0.4%	661	9.1%	351	0.9%	1,161	3.3%	909
89.6%	23,920	62.3%	27,989	95.6%	6,060	83.3%	35,581	92.6%	24,127	68.9%	11,296
71.6%	14,187	37.0%	26,424	90.2%	4,827	66.3%	30,772	80.1%	13,119	37.5%	10,894
4.9%	3,175	8.3%	270	0.9%	284	3.9%	1,488	3.9%	2,036	5.8%	76
0.1%	31	0.1%	67	0.2%	78	1.1%	33	0.1%	49	0.1%	21
12.4%	5,792	15.1%	1,019	3.5%	762	10.5%	2,703	7.0%	7,991	22.8%	105
0.0%	0	0.0%	0	0.0%	0	0.0%	16	0.0%	64	0.2%	0
0.0%	185	0.5%	0	0.0%	81	1.1%	0	0.0%	0	0.0%	0
0.5%	550	1.4%	209	0.7%	28	0.4%	569	1.5%	868	2.5%	200
0.0%	63	0.2%	0	0.0%	0	0.0%	35	0.1%	209	0.6%	0
0.5%	487	1.3%	209	0.7%	28	0.4%	534	1.4%	659	1.9%	200
(X)	11,705	(X)	10,427	(X)	2,275	(X)	14,752	(X)	12,510	(X)	4,831

ATTACHMENT-18B

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

140	ZCTA5 60143		ZCTA5 60148		ZCTA5 60157		ZCTA5 60169		ZCTA5 60172		ZCTA5 60
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
14,509	10,198	10,198	52,833	52,833	2,020	2,020	34,154	34,154	24,695	24,695	12,108
49.2%	5,142	50.4%	25,914	49.0%	982	48.6%	16,881	49.4%	11,884	48.1%	6,275
50.8%	5,056	49.6%	26,919	51.0%	1,038	51.4%	17,273	50.6%	12,811	51.9%	5,833
8.0%	524	5.1%	2,430	4.6%	25	1.2%	2,373	6.9%	1,356	5.5%	722
6.5%	697	6.8%	2,812	5.3%	71	3.5%	2,314	6.8%	1,678	6.8%	569
11.1%	483	4.7%	3,274	6.2%	176	8.7%	2,431	7.1%	1,711	6.9%	559
6.5%	578	5.7%	3,410	6.5%	196	9.7%	2,027	5.9%	1,886	7.6%	473
5.6%	491	4.8%	3,586	6.8%	144	7.1%	2,306	6.8%	1,440	5.8%	981
10.8%	1,161	11.4%	7,494	14.2%	115	5.7%	6,358	18.6%	3,089	12.5%	3,795
12.6%	1,608	15.8%	6,901	13.1%	296	14.7%	4,321	12.7%	3,321	13.4%	1,855
16.6%	1,442	14.1%	8,686	16.4%	352	17.4%	4,587	13.4%	4,079	16.5%	1,199
5.9%	672	6.6%	3,259	6.2%	136	6.7%	2,281	6.7%	1,996	8.1%	639
5.0%	1,037	10.2%	3,116	5.9%	122	6.0%	1,823	5.3%	1,408	5.7%	525
7.5%	962	9.4%	3,558	6.7%	137	6.8%	2,077	6.1%	1,699	6.9%	584
3.4%	352	3.5%	2,676	5.1%	142	7.0%	846	2.5%	705	2.9%	153
0.6%	191	1.9%	1,631	3.1%	108	5.3%	410	1.2%	327	1.3%	54
(X)	42.1	(X)	40.5	(X)	44.4	(X)	33.8	(X)	39.0	(X)	31.3
70.5%	8,038	78.8%	42,199	79.9%	1,595	79.0%	25,597	74.9%	18,636	75.5%	9,923
66.4%	7,874	77.2%	40,127	76.0%	1,542	76.3%	24,689	72.3%	17,734	71.8%	9,633
15.0%	1,961	19.2%	9,580	18.1%	459	22.7%	4,308	12.6%	3,567	14.4%	962
11.5%	1,505	14.8%	7,865	14.9%	387	19.2%	3,333	9.8%	2,731	11.1%	791
10,223	8,038	8,038	42,199	42,199	1,595	1,595	25,597	25,597	18,636	18,636	9,923
48.2%	3,995	49.7%	20,341	48.2%	824	51.7%	12,216	47.7%	8,859	47.5%	5,062
51.8%	4,043	50.3%	21,858	51.8%	771	48.3%	13,381	52.3%	9,777	52.5%	4,861
1,673	1,505	1,505	7,865	7,865	387	387	3,333	3,333	2,731	2,731	791
52.7%	707	47.0%	3,141	39.9%	221	57.1%	1,307	39.2%	1,303	47.7%	432
47.3%	798	53.0%	4,724	60.1%	166	42.9%	2,026	60.8%	1,428	52.3%	359
14,509	10,198	10,198	52,833	52,833	2,020	2,020	34,154	34,154	24,695	24,695	12,108
97.0%	10,040	98.5%	51,623	97.7%	2,020	100.0%	33,393	97.8%	24,398	98.8%	11,844
3.0%	158	1.5%	1,210	2.3%	0	0.0%	761	2.2%	297	1.2%	264
97.0%	10,040	98.5%	51,623	97.7%	2,020	100.0%	33,393	97.8%	24,398	98.8%	11,844
83.5%	8,903	87.3%	44,111	83.5%	1,893	93.7%	18,370	53.8%	20,367	82.5%	7,110
0.5%	56	0.5%	2,422	4.6%	18	0.9%	2,195	6.4%	1,627	6.6%	434
0.1%	0	0.0%	118	0.2%	0	0.0%	37	0.1%	16	0.1%	0
0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	16	0.0%	0	0.0%	0
0.7%	759	7.4%	4,555	8.6%	102	5.0%	8,069	23.6%	2,030	8.2%	3,791
0.0%	488	4.8%	2,787	5.3%	37	1.8%	5,341	15.6%	1,095	4.4%	2,073
0.0%	82	0.8%	217	0.4%	39	1.9%	434	1.3%	292	1.2%	350
0.3%	84	0.8%	392	0.7%	0	0.0%	611	1.8%	397	1.6%	427
0.0%	51	0.5%	83	0.2%	26	1.3%	314	0.9%	71	0.3%	234
0.0%	0	0.0%	246	0.5%	0	0.0%	390	1.1%	107	0.4%	505
0.3%	0	0.0%	55	0.1%	0	0.0%	64	0.2%	0	0.0%	119
0.2%	54	0.5%	775	1.5%	0	0.0%	915	2.7%	68	0.3%	83
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	173	0.7%	13
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	34	0.1%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	139	0.6%	13
12.1%	322	3.2%	417	0.8%	7	0.3%	4,722	13.8%	185	0.7%	496
3.0%	158	1.5%	1,210	2.3%	0	0.0%	761	2.2%	297	1.2%	264
0.4%	0	0.0%	83	0.2%	0	0.0%	138	0.4%	47	0.2%	51
1.2%	52	0.5%	482	0.9%	0	0.0%	36	0.1%	134	0.5%	0
1.2%	88	0.9%	349	0.7%	0	0.0%	140	0.4%	49	0.2%	158
0.0%	0	0.0%	33	0.1%	0	0.0%	27	0.1%	0	0.0%	0
14,509	10,198	10,198	52,833	52,833	2,020	2,020	34,154	34,154	24,695	24,695	12,108
86.5%	9,061	88.9%	45,158	85.5%	1,893	93.7%	18,871	55.3%	20,646	83.6%	7,319
1.0%	68	0.7%	2,541	4.8%	18	0.9%	2,384	7.0%	1,674	6.8%	499
1.3%.	52	0.5%	688	1.3%	0	0.0%	222	0.6%	150	0.6%	0
2.0%	847	8.3%	5,092	9.6%	102	5.0%	8,434	24.7%	2,097	8.5%	3,990
0.0%	0	0.0%	47	0.1%	0	0.0%	0	0.0%	173	0.7%	13
12.2%	340	3.3%	575	1.1%	7	0.3%	5,037	14.7%	252	1.0%	551
14,509	10,198	10,198	52,833	52,833	2,020	2,020	34,154	34,154	24,695	24,695	12,108
22.1%	1,097	10.8%	4,465	8.5%	40	2.0%	7,498	22.0%	2,486	10.1%	1,058
15.4%	827	8.1%	3,290	6.2%	31	1.5%	6,252	18.3%	1,810	7.3%	726
0.5%	187	1.8%	475	0.9%	0	0.0%	605	1.8%	298	1.2%	209
0.0%	68	0.7%	51	0.1%	0	0.0%	35	0.1%	31	0.1%	0
6.3%	15	0.1%	649	1.2%	9	0.4%	606	1.8%	347	1.4%	123
77.9%	9,101	89.2%	48,368	91.5%	1,980	98.0%	26,656	78.0%	22,209	89.9%	11,050
75.1%	8,087	79.3%	40,398	76.5%	1,853	91.7%	15,882	46.5%	18,189	73.7%	6,567
0.5%	28	0.3%	2,411	4.6%	18	0.9%	2,185	6.4%	1,566	6.3%	434
0.1%	0	0.0%	53	0.1%	0	0.0%	16	0.0%	16	0.1%	0
0.7%	759	7.4%	4,521	8.6%	102	5.0%	8,058	23.6%	2,030	8.2%	3,791
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	173	0.7%	13
0.0%	75	0.7%	21	0.0%	7	0.3%	6	0.0%	48	0.2%	0
1.4%	152	1.5%	964	1.8%	0	0.0%	509	1.5%	187	0.8%	245
0.0%	0	0.0%	89	0.2%	0	0.0%	135	0.4%	0	0.0%	41
1.4%	152	1.5%	875	1.7%	0	0.0%	374	1.1%	187	0.8%	204
(X)	4,051	(X)	22,417	(X)	882	(X)	12,168	(X)	9,646	(X)	6,484

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

173	ZCTA5 60174		ZCTA5 60175		ZCTA5 60177		ZCTA5 60181		ZCTA5 60184		ZCTA5 60
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
12,108	31,437	31,437	26,068	26,068	22,810	22,810	28,898	28,898	2,424	2,424	36,259
51.8%	15,169	48.3%	13,857	53.2%	11,046	48.4%	14,414	49.9%	1,234	50.9%	18,597
48.2%	16,268	51.7%	12,211	46.8%	11,764	51.6%	14,484	50.1%	1,190	49.1%	17,662
6.0%	1,460	4.6%	1,075	4.1%	1,590	7.0%	1,841	6.4%	62	2.6%	2,521
4.7%	1,914	6.1%	1,817	7.0%	1,924	8.4%	1,859	6.4%	124	5.1%	2,948
4.6%	2,049	6.5%	2,833	10.9%	2,297	10.1%	1,887	6.5%	168	6.9%	3,041
3.9%	2,138	6.8%	2,392	9.2%	1,772	7.8%	1,824	6.3%	175	7.2%	3,066
8.1%	1,340	4.3%	1,434	5.5%	847	3.7%	2,055	7.1%	125	5.2%	2,291
31.3%	3,996	12.7%	1,755	6.7%	2,540	11.1%	4,243	14.7%	212	8.7%	4,774
15.3%	4,005	12.7%	3,579	13.7%	4,307	18.9%	3,931	13.6%	234	9.7%	4,991
9.9%	5,071	16.1%	4,893	18.8%	3,808	16.7%	4,412	15.3%	544	22.4%	5,374
5.3%	2,319	7.4%	2,402	9.2%	1,373	6.0%	2,089	7.2%	241	9.9%	2,262
4.3%	2,352	7.5%	1,406	5.4%	793	3.5%	1,481	5.1%	240	9.9%	1,487
4.8%	2,412	7.7%	1,687	6.5%	879	3.9%	1,981	6.9%	234	9.7%	2,406
1.3%	1,565	5.0%	642	2.5%	504	2.2%	1,028	3.6%	43	1.8%	741
0.4%	816	2.6%	153	0.6%	176	0.8%	267	0.9%	22	0.9%	357
(X)	42.6	(X)	40.6	(X)	36.0	(X)	36.6	(X)	47.3	(X)	33.8
82.0%	24,537	78.1%	18,719	71.8%	15,899	69.7%	22,327	77.3%	1,981	81.7%	25,761
79.6%	23,542	74.9%	17,739	68.0%	15,128	66.3%	21,088	73.0%	1,860	76.7%	24,226
7.9%	6,137	19.5%	3,132	12.0%	1,933	8.5%	4,075	14.1%	464	19.1%	4,348
6.5%	4,793	15.2%	2,482	9.5%	1,559	6.8%	3,276	11.3%	299	12.3%	3,504
9,923	24,537	24,537	18,719	18,719	15,899	15,899	22,327	22,327	1,981	1,981	25,761
51.0%	11,762	47.9%	9,827	52.5%	7,683	48.3%	11,103	49.7%	1,039	52.4%	13,052
49.0%	12,775	52.1%	8,892	47.5%	8,216	51.7%	11,224	50.3%	942	47.6%	12,709
791	4,793	4,793	2,482	2,482	1,559	1,559	3,276	3,276	299	299	3,504
54.6%	1,941	40.5%	1,209	48.7%	616	39.5%	1,455	44.4%	167	55.9%	1,664
45.4%	2,852	59.5%	1,273	51.3%	943	60.5%	1,821	55.6%	132	44.1%	1,840
12,108	31,437	31,437	26,068	26,068	22,810	22,810	28,898	28,898	2,424	2,424	36,259
97.8%	30,957	98.5%	25,625	98.3%	22,582	99.0%	28,224	97.7%	2,424	100.0%	35,889
2.2%	480	1.5%	443	1.7%	228	1.0%	674	2.3%	0	0.0%	370
97.8%	30,957	98.5%	25,625	98.3%	22,582	99.0%	28,224	97.7%	2,424	100.0%	35,889
58.7%	28,282	90.0%	24,458	93.8%	19,696	86.3%	22,689	78.5%	2,337	96.4%	30,703
3.6%	433	1.4%	445	1.7%	665	2.9%	1,462	5.1%	23	0.9%	697
0.0%	28	0.1%	39	0.1%	63	0.3%	59	0.2%	0	0.0%	36
0.0%	0	0.0%	1	0.0%	0	0.0%	10	0.0%	0	0.0%	23
0.0%	7	0.0%	38	0.1%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
31.3%	806	2.6%	659	2.5%	1,577	6.9%	2,395	8.3%	64	2.6%	2,121
17.1%	334	1.1%	212	0.8%	227	1.0%	1,132	3.9%	50	2.1%	704
2.9%	77	0.2%	15	0.1%	95	0.4%	199	0.7%	0	0.0%	43
3.5%	152	0.5%	163	0.6%	623	2.7%	339	1.2%	14	0.6%	782
1.9%	21	0.1%	0	0.0%	0	0.0%	49	0.2%	0	0.0%	18
4.2%	9	0.0%	25	0.1%	100	0.4%	19	0.1%	0	0.0%	80
1.0%	17	0.1%	155	0.6%	47	0.2%	0	0.0%	0	0.0%	291
0.7%	196	0.6%	89	0.3%	485	2.1%	657	2.3%	0	0.0%	203
0.1%	14	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	14	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
4.1%	1,394	4.4%	24	0.1%	581	2.5%	1,619	5.6%	0	0.0%	2,332
2.2%	480	1.5%	443	1.7%	228	1.0%	674	2.3%	0	0.0%	370
0.4%	229	0.7%	29	0.1%	0	0.0%	210	0.7%	0	0.0%	44
0.0%	92	0.3%	64	0.2%	37	0.2%	199	0.7%	0	0.0%	69
1.3%	49	0.2%	335	1.3%	124	0.5%	88	0.3%	0	0.0%	195
0.0%	0	0.0%	5	0.0%	0	0.0%	31	0.1%	0	0.0%	0
12,108	31,437	31,437	26,068	26,068	22,810	22,810	28,898	28,898	2,424	2,424	36,259
60.4%	28,728	91.4%	24,896	95.5%	19,872	87.1%	23,246	80.4%	2,337	96.4%	31,069
4.1%	696	2.2%	489	1.9%	717	3.1%	1,745	6.0%	23	0.9%	741
0.0%	120	0.4%	108	0.4%	100	0.4%	308	1.1%	0	0.0%	109
33.0%	855	2.7%	994	3.8%	1,701	7.5%	2,569	8.9%	64	2.6%	2,316
0.1%	48	0.2%	0	0.0%	0	0.0%	7	0.0%	0	0.0%	0
4.6%	1,470	4.7%	34	0.1%	648	2.8%	1,712	5.9%	0	0.0%	2,394
12,108	31,437	31,437	26,068	26,068	22,810	22,810	28,898	28,898	2,424	2,424	36,259
8.7%	3,174	10.1%	1,243	4.8%	3,014	13.2%	6,502	22.5%	13	0.5%	16,617
6.0%	2,814	9.0%	1,004	3.9%	2,468	10.8%	5,288	18.3%	13	0.5%	15,488
1.7%	176	0.6%	87	0.3%	389	1.7%	500	1.7%	0	0.0%	273
0.0%	71	0.2%	34	0.1%	22	0.1%	211	0.7%	0	0.0%	227
1.0%	113	0.4%	118	0.5%	135	0.6%	503	1.7%	0	0.0%	629
91.3%	28,263	89.9%	24,825	95.2%	19,796	86.8%	22,396	77.5%	2,411	99.5%	19,642
54.2%	26,740	85.1%	23,344	89.6%	17,440	76.5%	18,160	62.8%	2,330	96.1%	16,556
3.6%	410	1.3%	396	1.5%	544	2.4%	1,419	4.9%	17	0.7%	669
0.0%	28	0.1%	1	0.0%	0	0.0%	27	0.1%	0	0.0%	23
31.3%	806	2.6%	641	2.5%	1,577	6.9%	2,376	8.2%	64	2.6%	2,121
0.1%	14	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	74	0.3%	23	0.1%	0	0.0%	157
2.0%	265	0.8%	443	1.7%	161	0.7%	391	1.4%	0	0.0%	116
0.3%	0	0.0%	0	0.0%	0	0.0%	48	0.2%	0	0.0%	0
1.7%	265	0.8%	443	1.7%	161	0.7%	343	1.2%	0	0.0%	116
(X)	12,884	(X)	8,331	(X)	7,745	(X)	11,055	(X)	898	(X)	11,207

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

185	ZCTA5 60187		ZCTA5 60188		ZCTA5 60190		ZCTA5 60191		ZCTA5 60192		ZCTA5 60
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
36,259	28,544	28,544	42,614	42,614	10,614	10,614	14,389	14,389	16,637	16,637	40,210
51.3%	14,096	49.4%	20,976	49.2%	5,399	50.9%	7,290	50.7%	8,143	48.9%	19,080
48.7%	14,448	50.6%	21,638	50.8%	5,215	49.1%	7,099	49.3%	8,494	51.1%	21,130
7.0%	1,482	5.2%	2,066	4.8%	587	5.5%	947	6.6%	958	5.8%	2,627
8.1%	1,712	6.0%	2,493	5.9%	457	4.3%	906	6.3%	1,214	7.3%	2,294
8.4%	1,974	6.9%	3,006	7.1%	693	6.5%	818	5.7%	1,218	7.3%	1,995
8.5%	2,906	10.2%	3,543	8.3%	701	6.6%	847	5.9%	1,104	6.6%	2,029
6.3%	2,543	8.9%	3,103	7.3%	421	4.0%	717	5.0%	793	4.8%	1,965
13.2%	3,323	11.6%	5,889	13.8%	1,227	11.6%	1,710	11.9%	1,499	9.0%	5,989
13.8%	3,149	11.0%	5,106	12.0%	1,372	12.9%	2,083	14.5%	2,556	15.4%	5,428
14.8%	4,495	15.7%	7,895	18.5%	1,754	16.5%	2,203	15.3%	2,927	17.6%	6,045
6.2%	1,699	6.0%	3,066	7.2%	858	8.1%	833	5.8%	1,466	8.8%	3,320
4.1%	1,336	4.7%	2,447	5.7%	966	9.1%	838	5.8%	1,278	7.7%	2,742
6.6%	1,789	6.3%	2,103	4.9%	980	9.2%	1,488	10.3%	1,049	6.3%	3,244
2.0%	1,306	4.6%	1,063	2.5%	437	4.1%	776	5.4%	425	2.6%	1,872
1.0%	830	2.9%	834	2.0%	161	1.5%	223	1.5%	150	0.9%	660
(X)	36.0	(X)	37.9	(X)	43.9	(X)	40.5	(X)	41.3	(X)	41.2
71.0%	22,058	77.3%	32,983	77.4%	8,428	79.4%	11,241	78.1%	12,456	74.9%	32,081
66.8%	19,635	68.8%	30,912	72.5%	8,120	76.5%	10,732	74.6%	11,900	71.5%	30,909
12.0%	4,809	16.8%	5,378	12.6%	2,162	20.4%	2,965	20.6%	2,449	14.7%	7,119
9.7%	3,925	13.8%	4,000	9.4%	1,578	14.9%	2,487	17.3%	1,624	9.8%	5,776
25,761	22,058	22,058	32,983	32,983	8,428	8,428	11,241	11,241	12,456	12,456	32,081
50.7%	10,657	48.3%	16,178	49.0%	3,987	47.3%	5,577	49.6%	6,053	48.6%	14,748
49.3%	11,401	51.7%	16,805	51.0%	4,441	52.7%	5,664	50.4%	6,403	51.4%	17,333
3,504	3,925	3,925	4,000	4,000	1,578	1,578	2,487	2,487	1,624	1,624	5,776
47.5%	1,625	41.4%	1,739	43.5%	664	42.1%	1,114	44.8%	750	46.2%	2,093
52.5%	2,300	58.6%	2,261	56.5%	914	57.9%	1,373	55.2%	874	53.8%	3,683
36,259	28,544	28,544	42,614	42,614	10,614	10,614	14,389	14,389	16,637	16,637	40,210
99.0%	27,787	97.3%	41,928	98.4%	10,357	97.6%	14,026	97.5%	16,194	97.3%	39,338
1.0%	757	2.7%	686	1.6%	257	2.4%	363	2.5%	443	2.7%	872
99.0%	27,787	97.3%	41,928	98.4%	10,357	97.6%	14,026	97.5%	16,194	97.3%	39,338
84.7%	24,947	87.4%	31,744	74.5%	9,825	92.6%	12,694	88.2%	11,322	68.1%	31,052
1.9%	1,015	3.6%	2,155	5.1%	203	1.9%	177	1.2%	165	1.0%	1,236
0.1%	4	0.0%	106	0.2%	0	0.0%	18	0.1%	0	0.0%	21
0.1%	0	0.0%	12	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	7	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	4	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
5.8%	1,692	5.9%	6,782	15.9%	281	2.6%	704	4.9%	4,707	28.3%	6,194
1.9%	131	0.5%	3,751	8.8%	53	0.5%	237	1.6%	2,218	13.3%	2,519
0.1%	218	0.8%	331	0.8%	8	0.1%	90	0.6%	738	4.4%	732
2.2%	158	0.6%	931	2.2%	48	0.5%	309	2.1%	472	2.8%	860
0.0%	31	0.1%	126	0.3%	0	0.0%	20	0.1%	374	2.2%	560
0.2%	133	0.5%	266	0.6%	17	0.2%	0	0.0%	721	4.3%	1,256
0.8%	89	0.3%	360	0.8%	39	0.4%	17	0.1%	105	0.6%	91
0.6%	932	3.3%	1,017	2.4%	116	1.1%	31	0.2%	79	0.5%	176
0.0%	0	0.0%	10	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0

ATTACHMENT-18B

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

0.0%	0	0.0%	10	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
6.4%	129	0.5%	1,131	2.7%	48	0.5%	433	3.0%	0	0.0%	835
1.0%	757	2.7%	686	1.6%	257	2.4%	363	2.5%	443	2.7%	872
0.1%	123	0.4%	128	0.3%	40	0.4%	181	1.3%	63	0.4%	154
0.2%	182	0.6%	31	0.1%	13	0.1%	47	0.3%	138	0.8%	146
0.5%	355	1.2%	194	0.5%	120	1.1%	24	0.2%	99	0.6%	254
0.0%	0	0.0%	32	0.1%	34	0.3%	9	0.1%	23	0.1%	22
36,259	28,544	28,544	42,614	42,614	10,614	10,614	14,389	14,389	16,637	16,637	40,210
85.7%	25,680	90.0%	32,295	75.8%	10,048	94.7%	13,048	90.7%	11,628	69.9%	31,778
2.0%	1,170	4.1%	2,382	5.6%	277	2.6%	375	2.6%	348	2.1%	1,492
0.3%	205	0.7%	177	0.4%	64	0.6%	82	0.6%	161	1.0%	286
6.4%	2,071	7.3%	7,134	16.7%	418	3.9%	728	5.1%	4,926	29.6%	6,592
0.0%	11	0.0%	36	0.1%	0	0.0%	0	0.0%	13	0.1%	53
6.6%	183	0.6%	1,358	3.2%	81	0.8%	527	3.7%	10	0.1%	972
36,259	28,544	28,544	42,614	42,614	10,614	10,614	14,389	14,389	16,637	16,637	40,210
45.8%	1,172	4.1%	5,538	13.0%	571	5.4%	3,225	22.4%	681	4.1%	3,136
42.7%	741	2.6%	4,227	9.9%	415	3.9%	2,731	19.0%	529	3.2%	1,421
0.8%	67	0.2%	372	0.9%	68	0.6%	230	1.6%	46	0.3%	608
0.6%	111	0.4%	161	0.4%	11	0.1%	63	0.4%	0	0.0%	17
1.7%	253	0.9%	778	1.8%	77	0.7%	201	1.4%	106	0.6%	1,090
54.2%	27,372	95.9%	37,076	87.0%	10,043	94.6%	11,164	77.6%	15,956	95.9%	37,074
45.7%	23,963	84.0%	27,679	65.0%	9,335	87.9%	10,260	71.3%	10,641	64.0%	28,870
1.8%	1,014	3.6%	2,131	5.0%	203	1.9%	150	1.0%	165	1.0%	1,203
0.1%	0	0.0%	34	0.1%	0	0.0%	18	0.1%	0	0.0%	8
5.8%	1,684	5.9%	6,747	15.8%	281	2.6%	634	4.4%	4,707	28.3%	6,168
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.4%	16	0.1%	12	0.0%	0	0.0%	0	0.0%	0	0.0%	133
0.3%	695	2.4%	473	1.1%	224	2.1%	102	0.7%	443	2.7%	692
0.0%	26	0.1%	19	0.0%	0	0.0%	0	0.0%	10	0.1%	62
0.3%	669	2.3%	454	1.1%	224	2.1%	102	0.7%	433	2.6%	630
(X)	9,797	(X)	16,213	(X)	4,150	(X)	5,530	(X)	5,629	(X)	16,271

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

193	ZCTA5 60194		ZCTA5 60195		ZCTA5 60502		ZCTA5 60504		ZCTA5 60510		ZCTA5 60
Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate
40,210	19,596	19,596	4,294	4,294	23,099	23,099	37,173	37,173	29,115	29,115	13,533
47.5%	9,206	47.0%	2,201	51.3%	11,126	48.2%	18,151	48.8%	13,933	47.9%	6,924
52.5%	10,390	53.0%	2,093	48.7%	11,973	51.8%	19,022	51.2%	15,182	52.1%	6,609
6.5%	1,560	8.0%	254	5.9%	1,837	8.0%	2,693	7.2%	1,541	5.3%	818
5.7%	1,157	5.9%	172	4.0%	2,004	8.7%	3,438	9.2%	2,424	8.3%	768
5.0%	1,115	5.7%	112	2.6%	2,042	8.8%	2,456	6.6%	2,250	7.7%	742
5.0%	827	4.2%	124	2.9%	1,069	4.6%	2,879	7.7%	2,207	7.6%	1,010
4.9%	998	5.1%	338	7.9%	1,079	4.7%	2,336	6.3%	1,468	5.0%	911
14.9%	3,360	17.1%	1,690	39.4%	3,391	14.7%	6,429	17.3%	2,788	9.6%	1,873
13.5%	2,694	13.7%	505	11.8%	4,262	18.5%	6,622	17.8%	3,561	12.2%	2,169
15.0%	2,646	13.5%	294	6.8%	3,674	15.9%	5,242	14.1%	5,222	17.9%	2,202
8.3%	1,434	7.3%	342	8.0%	1,005	4.4%	1,935	5.2%	2,349	8.1%	1,147
6.8%	1,081	5.5%	153	3.6%	860	3.7%	1,113	3.0%	1,718	5.9%	620
8.1%	1,411	7.2%	114	2.7%	1,480	6.4%	1,363	3.7%	1,873	6.4%	781
4.7%	624	3.2%	158	3.7%	330	1.4%	406	1.1%	1,085	3.7%	373
1.6%	689	3.5%	38	0.9%	66	0.3%	261	0.7%	629	2.2%	119
(X)	37.9	(X)	30.7	(X)	35.6	(X)	32.7	(X)	41.0	(X)	38.0
79.8%	15,086	77.0%	3,714	86.5%	16,391	71.0%	26,823	72.2%	21,467	73.7%	10,585
76.9%	14,822	75.6%	3,553	82.7%	15,900	68.8%	25,285	68.0%	20,304	69.7%	9,976
17.7%	3,326	17.0%	357	8.3%	2,264	9.8%	2,592	7.0%	4,529	15.6%	1,635
14.4%	2,724	13.9%	310	7.2%	1,876	8.1%	2,030	5.5%	3,587	12.3%	1,273
32,081	15,086	15,086	3,714	3,714	16,391	16,391	26,823	26,823	21,467	21,467	10,585
46.0%	6,814	45.2%	1,937	52.2%	7,750	47.3%	13,442	50.1%	9,964	46.4%	5,434
54.0%	8,272	54.8%	1,777	47.8%	8,641	52.7%	13,381	49.9%	11,503	53.6%	5,151
5,776	2,724	2,724	310	310	1,876	1,876	2,030	2,030	3,587	3,587	1,273
36.2%	1,047	38.4%	104	33.5%	907	48.3%	893	44.0%	1,487	41.5%	543
63.8%	1,677	61.6%	206	66.5%	969	51.7%	1,137	56.0%	2,100	58.5%	730
40,210	19,596	19,596	4,294	4,294	23,099	23,099	37,173	37,173	29,115	29,115	13,533
97.8%	19,166	97.8%	4,239	98.7%	22,221	96.2%	35,753	96.2%	28,464	97.8%	13,027
2.2%	430	2.2%	55	1.3%	878	3.8%	1,420	3.8%	651	2.2%	506
97.8%	19,166	97.8%	4,239	98.7%	22,221	96.2%	35,753	96.2%	28,464	97.8%	13,027
77.2%	13,272	67.7%	2,280	53.1%	15,852	68.6%	23,889	64.3%	26,795	92.0%	11,591
3.1%	774	3.9%	182	4.2%	1,875	8.1%	4,660	12.5%	568	2.0%	448
0.1%	11	0.1%	7	0.2%	29	0.1%	64	0.2%	34	0.1%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
15.4%	3,559	18.2%	1,633	38.0%	4,328	18.7%	4,736	12.7%	502	1.7%	545
6.3%	1,948	9.9%	1,196	27.9%	2,476	10.7%	2,556	6.9%	66	0.2%	154
1.8%	162	0.8%	80	1.9%	425	1.8%	483	1.3%	118	0.4%	82
2.1%	488	2.5%	0	0.0%	638	2.8%	870	2.3%	16	0.1%	75
1.4%	137	0.7%	18	0.4%	83	0.4%	22	0.1%	16	0.1%	16
3.1%	560	2.9%	284	6.6%	135	0.6%	251	0.7%	108	0.4%	71
0.2%	0	0.0%	0	0.0%	278	1.2%	46	0.1%	0	0.0%	62
0.4%	264	1.3%	55	1.3%	293	1.3%	508	1.4%	178	0.6%	85
0.0%	0	0.0%	0	0.0%	0	0.0%	30	0.1%	0	0.0%	14
0.0%	0	0.0%	0	0.0%	0	0.0%	30	0.1%	0	0.0%	14

Alden Estates of Bartlett

Census Data for 30-min Zip Codes

0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
2.1%	1,550	7.9%	137	3.2%	137	0.6%	2,374	6.4%	565	1.9%	429
2.2%	430	2.2%	55	1.3%	878	3.8%	1,420	3.8%	651	2.2%	506
0.4%	99	0.5%	0	0.0%	174	0.8%	342	0.9%	133	0.5%	110
0.4%	47	0.2%	0	0.0%	31	0.1%	283	0.8%	198	0.7%	30
0.6%	198	1.0%	26	0.6%	347	1.5%	293	0.8%	192	0.7%	236
0.1%	0	0.0%	0	0.0%	95	0.4%	146	0.4%	0	0.0%	23
40,210	19,596	19,596	4,294	4,294	23,099	23,099	37,173	37,173	29,115	29,115	13,533
79.0%	13,650	69.7%	2,313	53.9%	16,569	71.7%	25,007	67.3%	27,349	93.9%	12,014
3.7%	904	4.6%	182	4.2%	2,305	10.0%	5,357	14.4%	799	2.7%	663
0.7%	99	0.5%	7	0.2%	283	1.2%	620	1.7%	232	0.8%	112
16.4%	3,809	19.4%	1,681	39.1%	4,784	20.7%	5,202	14.0%	761	2.6%	781
0.1%	0	0.0%	0	0.0%	0	0.0%	30	0.1%	0	0.0%	24
2.4%	1,595	8.1%	166	3.9%	207	0.9%	2,513	6.8%	656	2.3%	504
40,210	19,596	19,596	4,294	4,294	23,099	23,099	37,173	37,173	29,115	29,115	13,533
7.8%	2,867	14.6%	120	2.8%	1,668	7.2%	7,960	21.4%	1,887	6.5%	2,354
3.5%	2,009	10.3%	104	2.4%	1,404	6.1%	6,303	17.0%	1,472	5.1%	2,195
1.5%	416	2.1%	0	0.0%	232	1.0%	774	2.1%	147	0.5%	112
0.0%	12	0.1%	0	0.0%	0	0.0%	69	0.2%	15	0.1%	0
2.7%	430	2.2%	16	0.4%	32	0.1%	814	2.2%	253	0.9%	47
92.2%	16,729	85.4%	4,174	97.2%	21,431	92.8%	29,213	78.6%	27,228	93.5%	11,179
71.8%	11,950	61.0%	2,208	51.4%	14,402	62.3%	19,045	51.2%	25,741	88.4%	9,681
3.0%	762	3.9%	182	4.2%	1,865	8.1%	4,571	12.3%	467	1.6%	448
0.0%	11	0.1%	7	0.2%	16	0.1%	0	0.0%	20	0.1%	0
15.3%	3,530	18.0%	1,633	38.0%	4,328	18.7%	4,705	12.7%	502	1.7%	545
0.0%	0	0.0%	0	0.0%	0	0.0%	30	0.1%	0	0.0%	14
0.3%	62	0.3%	118	2.7%	40	0.2%	8	0.0%	0	0.0%	0
1.7%	414	2.1%	26	0.6%	780	3.4%	854	2.3%	498	1.7%	491
0.2%	42	0.2%	0	0.0%	28	0.1%	32	0.1%	15	0.1%	23
1.6%	372	1.9%	26	0.6%	752	3.3%	822	2.2%	483	1.7%	468
(X)	7,992	(X)	2,375	(X)	8,177	(X)	14,257	(X)	11,089	(X)	5,372

Alden Estates of Bartlett
Census Data for 30-min Zip Codes

555	ZCTA5 60563		
Percent	Estimate	Percent	
13,533	36,554	36,554	1,306,075.00
51.2%	17,967	49.2%	
48.8%	18,587	50.8%	
6.0%	2,494	6.8%	
5.7%	2,121	5.8%	
5.5%	2,464	6.7%	
7.5%	2,386	6.5%	
6.7%	1,783	4.9%	
13.8%	6,598	18.1%	
16.0%	5,081	13.9%	
16.3%	5,017	13.7%	
8.5%	1,780	4.9%	
4.6%	1,864	5.1%	
5.8%	2,210	6.0%	
2.8%	1,525	4.2%	
0.9%	1,231	3.4%	
(X)	36.0	(X)	
78.2%	27,855	76.2%	
73.7%	26,734	73.1%	
12.1%	5,996	16.4%	
9.4%	4,966	13.6%	
10,585	27,855	27,855	
51.3%	13,504	48.5%	
48.7%	14,351	51.5%	
1,273	4,966	4,966	
42.7%	2,037	41.0%	
57.3%	2,929	59.0%	
13,533	36,554	36,554	
96.3%	35,414	96.9%	
3.7%	1,140	3.1%	
96.3%	35,414	96.9%	
85.6%	27,271	74.6%	
3.3%	1,968	5.4%	
0.0%	21	0.1%	
0.0%	1	0.0%	
0.0%	0	0.0%	
0.0%	6	0.0%	
0.0%	0	0.0%	
4.0%	5,364	14.7%	
1.1%	2,952	8.1%	
0.6%	1,454	4.0%	
0.6%	284	0.8%	
0.1%	96	0.3%	
0.5%	179	0.5%	
0.5%	102	0.3%	
0.6%	297	0.8%	
0.1%	0	0.0%	
0.1%	0	0.0%	

0.0%	0	0.0%
0.0%	0	0.0%
0.0%	0	0.0%
3.2%	790	2.2%
3.7%	1,140	3.1%
0.8%	142	0.4%
0.2%	55	0.2%
1.7%	314	0.9%
0.2%	270	0.7%
13,533	36,554	36,554
88.8%	27,918	76.4%
4.9%	2,469	6.8%
0.8%	523	1.4%
5.8%	5,864	16.0%
0.2%	0	0.0%
3.7%	1,060	2.9%
13,533	36,554	36,554
17.4%	3,497	9.6%
16.2%	2,630	7.2%
0.8%	167	0.5%
0.0%	200	0.5%
0.3%	500	1.4%
82.6%	33,057	90.4%
71.5%	24,448	66.9%
3.3%	1,968	5.4%
0.0%	20	0.1%
4.0%	5,364	14.7%
0.1%	0	0.0%
0.0%	291	0.8%
3.6%	966	2.6%
0.2%	142	0.4%
3.5%	824	2.3%
(X)	16,086	(X)

Alden Estates of Bartlett
30-Minute Adjusted Drive Time Facilities

FACID	FACNAME	ADDRESS	CITY	2014 PROFILE DATA # of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
	Assisi Healthcare Center at Clare Oaks (1)	775 W Bartlett Rd	Bartlett	120	2.4	5.75
6001713	Wood Glen Nursing & Rehab Ctr (2)	County Farm Rd & SR-64	West Chicago	213	4.3	8.05
6012975	Lexington Of Streamwood	815 East Irving Park Road	Streamwood	214	5.7	11.5
6016554	Claremont-Hanover Park (3)	2016 West Lake Street	Hanover Park	150	5	11.5
6008718	South Elgin Rehab & Hlthcare Ct	746 Spring Street	South Elgin	90	6.2	12.65
6003263	Tower Hill Healthcare Center	759 Kane Street	South Elgin	206	6.4	12.65
6014666	Rosewood Care Ctr St. Charles	850 Dunham Road	St. Charles	109	7.5	12.65
6006902	Heritage Health - Elgin	355 Raymond Street	Elgin	94	7.2	14.95
6007439	Provena Pine View Care Center (4)	611 Allen Lane	St. Charles	120	9.1	16.1
6005847	ARBA Care Center of Elgin	134 North Mclean Boulevard	Elgin	102	9.7	16.1
6000277	Manorcare of Elgin	180 South State Street	Elgin	88	7.8	16.1
6004758	River View Rehab Center	50 North Jane Drive	Elgin	203	9.8	17.25
6009872	West Chicago Terrace Nursing Home	928 Joliet Road	West Chicago	120	8.1	17.25
6011753	Windsor Park Manor	110 Windsor Park Drive	Carol Stream	80	8.6	17.25
6000020	Abbington Rehab & Nursing Ctr	31 West Central	Roselle	82	7.6	17.25
6001366	Alden-Poplar Creek Rehab &Care	1545 Barrington Road	Hoffman Estates	217	8.6	17.25
6012827	Sherman West Court (5)	1950 Larkin Avenue	Elgin	112	10.1	18.4
6003503	Bria of Geneva	1101 East State Street	Geneva	107	10.3	19.55
6014237	Rosewood Care Center of Elgin	2355 Royal Boulevard	Elgin	139	11.8	19.55
6000392	Apostolic Christian Resthaven (6)	2750 West Highland Avenue	Elgin	50	10.6	19.55
6011993	Lexington Health Care Center-Bloomingdale	165 South Bloomingdale Road	Bloomingdale	166	8	19.55
6012553	Lexington Of Schaumburg	675 South Roselle Road	Schaumburg	214	9.4	19.55
6012686	Manor Care - Elk Grove Village	1920 Nerge Road	Elk Grove Villg	190	9.5	19.55
6008171	Batavia Rehab & Hlthcare Ctr.	520 Fabyan Parkway	Batavia	63	11.6	21.85
6005334	Winfield Woods Healthcare Center	28W141 Liberty Street	Winfield	138	9.9	21.85
6002612	Dupage Convalescent Home	400 N County Farm Road	Wheaton	368	10.3	21.85
6000459	Alden-Valley Ridge Rehab &Care	275 East Army Trail Road	Bloomingdale	207	8.7	21.85
6001002	West Suburban Nursing & Rehab Center	311 Edgewater Drive	Bloomingdale	259	9.5	21.85
6008361	Wynscape Health & Rehab	2180 Manchester Road	Wheaton	209	10.6	23
6003404	Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	250	9.7	23
6000483	Forest View Rehab & Nursing Center	535 South Elm	Itasca	144	13	24.15
6009963	Wheaton Care Center	1325 Manchester Road	Wheaton	123	11.5	25.3
6002208	Covenant Health Care Center	831 Batavia Avenue	Batavia	99	14.1	27.6
6003735	Alden Estates of Barrington	1420 South Barrington Road	Barrington	150	13.2	27.6
6014252	Tabor Hills Healthcare (7)	1437 Crystal Avenue	Naperville	211	13.6	28.75
6016570	Greenfields of Geneva	0N801 Friendship Way	Geneva	43	16.7	29.9
6011910	St. Patrick's Residence	1400 Brookdale Road	Naperville	209	14.3	29.9
				5659		

FACID	Permit Projects Not Complete FACNAME	ADDRESS	CITY	# of Licensed Nursing Beds	Drive Distance	Adjusted Travel Time
10-065	Park Point South Elgin Healthcare	Illinois 25 & East Middle Street	South Elgin	120	4.8	8.05
09-030	Addison Rehabilitation & Living Center	1754 Capital Street	Elgin	120	15.3	24.15
08-099	Meadowbrook Manor	37W220 Keslinger Road	Geneva	150	13.3	27.6
				390		
				6049		

SPECIALIZED POPULATION

	Marianjoy Rehab Hospital	2050 W Roosevelt Rd	Wheaton	11.6	26.45

(1) Used profile address which is the same as address 2 exported from MapPoint (829 Carillon Drive)
(2) Used profile address which is the same as website address (201 W North Ave)
(3) Profile address is 2000 West Lake Street
(4) 10/01/2012 Name Change from Provena Pine View Care Center to Presence Pine View Care Center
(5) 08/01/10 Bed Change. Disc 8 Nsg Care Beds, facility now authorized for 112 Nsg Care beds
(6) 06/01/13 Name Changed from Apostolic Christian Resthaven to Highland Oaks
(7) used profile address which is the sam as website address (1347 Crystal Ave)

Sources: Long-Term Care Facility Questionnaire for 2014, Illinois Department of Public Health, Health Systems Development
www.mapquest.com
Inventory of Health Care Facilities and Services and Need Determinations - 2015 - Long-Term Care Services
Illinois Department of HealthCare and Family Services Cost reports (http://www.illinois.gov/hfs/Pages/default.aspx)
American Fact Finder, United States Census Bureau (www.factfinder.census.gov)
Microsoft MapPoint 2009

ATTACHMENT-18C

Criterion 1125.590 - Staffing Availability

1. For each category of service, document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met.

Nursing care is the only category of service applicable.

2. Provide the following documentation:

a. The name and qualification of the person currently filling the position, if applicable; and

b. Letters of interest from potential employees; and

c. Applications filed for each position; and

d. Signed contracts with the required staff; or

e. A narrative explanation of how the proposed staffing will be achieved.

Appended as **ATTACHMENT-19A,** is the proposed staffing pattern by position title for the proposed 68-bed Long-Term Care facility. This project is atypical from traditional start-up projects as the parental entity has three immediate area (within the required 30-minute travel time) facilities. From these facilities, Alden Poplar Creek Rehab & Care, Alden Valley Ridge Rehab & Care, Alden Estates of Barrington and Alden Gardens of Bloomingdale (SLF) in the past six months, 382 job applications have been submitted (unsolicited). Thus, the majority of personnel can be in place as the initial project proceeds through construction completion.

JOB APPLICATION/RESUMES COUNT (6 MONTHS)

FACILITY	DON	ADON	RN	LPN	CNA
BARRINGTON	0	5	21	62	103
GARDENS OF BLOOMINGDALE	2	0	2	3	19
POPLAR CREEK	6	0	18	19	81
VALLEY RIDGE	0	0	5	0	36
TOTAL	8	5	46	84	239

Without solicitation the Applicants have all necessary direct care staffing needed to staff the facility and the project has yet to be approved. To achieve adequate staffing levels, the Applicant will start by reviewing and interviewing from the employment applications currently on file. To further explain the internal process in recruiting and hiring staff a narrative description is provided below:

> The Applicants are related to a much larger organization that operates several general and several specialized long-term care facilities. Therefore, the Applicant and its administrative service company have the resources of general long-term care facilities throughout Illinois. This organization also has several assisted living and independent living units within Illinois. It is the policy of the organization to begin a comprehensive recruitment program for every new facility approximately four to six months prior to the opening in order to insure that the new facility has all of the necessary positions filled with qualified personnel. Local advertising in the area newspaper and at area nursing schools has generally been sufficient in attracting the needed professional health care manpower.
>
> Furthermore, it is the policy of the organization to promote from within their company whenever possible which allows the transfer of top professionals in their field to start-up facilities. The Applicant is closely related to Alden Management Services, Inc., the administrative services company, who recruits locally, regionally, and nationally for highly qualified staff.

Specific Staffing Achievement Plan

We will utilize all available print, online, and face to face advertising to publicize the opening and available positions including but not limited to the following options:

1. Post a banner ad (3x's) in the local newspaper announcing the expected facility opening, scheduled to be posted 3-, 2-, and I-month prior to opening.

ATTACHMENT- 19

2. Hold a day-long job fair locally to recruit and interview candidates 1-2 months prior to opening.
3. Create and add to the Alden Network website 2 individual home pages applicable to each facility listing information about construction progress, facility services and open positions including on line application capability.
4. Utilize available contracted job postings through CareerBuilder and LinkedIn.
5. Utilize available contracted recruiters for major positions search.
6 Advertise internally within our current network of facilities for staff transfers and/or promotions.
7. Signage at the job site will include contact phone number for career information.

Thus, it does not appear that between the Applicant's experience and through the experience of the existing facilities that there will be any difficulty in securing the needed health care manpower.

ATTACHMENT- 19

Alden Estates of Bartlett
Staffing at 90% Occupancy

Administrative:	
Administrator	1.00
Personnel/Offic Mgr	1.00
Social Service	1.00
Asst Administrator	1.00
Resident Care Coord	2.00
Admissions	1.00
Receptionist	1.50
Total	8.50
Nursing:	
DON	1.00
ADON	1.00
Professionals	8.00
Aides	17.00
Unit Manager	1.40
Total	28.40
Activities:	
Aides	2
Total	2
Dietary:	
Supervisor	1
Chefs and Cooks	2
Dietary Aides	3
Dining Room Hostesses	2
Dining Room Aides	4
Total	12
Housekeeping and Maintenance:	
Suipervisor	1
Housekeeping and Laundry	5
Total	6

ATTACHMENT-19A

Criterion 1125.600 Bed Capacity

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

This proposed project is only for the establishment of a 68-bed nursing care facility well under this 250 bed limit. Therefore, the proposed project is compliant with this criterion.

Criterion 1125.610 - Community Related Functions

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

Appended as **ATTACHMENT-21A** are three (3) letters of support for the proposed Alden Estates of Bartlett. These letters are from State Senator Tom Cullerton; Hanover Township's Director of Senior Service, Tracey Colagrossi; and Dr. Jennifer Anda.

ATTACHMENT- 21

338 S. ARDMORE AVENUE
VILLA PARK, IL 60181
630-903-6662

M118 CAPITOL BUILDING
SPRINGFIELD, IL 62706
217-782-9463

ILLINOIS STATE SENATE
TOM CULLERTON
STATE SENATOR · 23RD DISTRICT

January 11, 2016

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

RE: Application for Certificate of Need for Alden Estates of Bartlett, 68 Bed Skilled Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

It is my understanding that Alden Estates of Bartlett proposes to build a 68 bed skilled rehabilitation and health care center in Health Service Area 7C DuPage County, Illinois. The project will be located adjacent to a new assisted living development.

We believe that a facility of this type will provide access to health care placement for senior citizens in our community and improve overall health care service provided to DuPage County residents. It will also help beautify the surrounding neighborhood.

In addition, this project will have a positive impact on the economic development in the community and the county residents' quality of life. It is estimated that this project will create approximately 150 full-time construction and healthcare related jobs.

As an elected official, representing the Bartlett area for the past several years, I am always excited to welcome new businesses that provide support and services for our citizens. I ask that you support and endorse this worthwhile healthcare project for the residents of Bartlett, DuPage County, Illinois. Thank you for your consideration.

Sincerely,

Senator Thomas Cullerton

RECYCLED PAPER · SOYBEAN INKS

ATTACHMENT-21A

HANOVER TOWNSHIP

SENIOR SERVICES

January 6, 2016

Supervisor
Brian P. McGuire
Clerk
Katy Dolan Baumer
Assessor
Thomas S. Smogolski
Highway Commissioner
P. Craig Ochoa
Trustees
Mary Alice Benoit
Steve Caramelli
Craig Essick
Howard K. Krick
Administrator
James C. Barr, MPA
Director
Tracey Colagrossi

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

RE: Application for Certificate of Need for Alden Estates of Bartlett, 68 Bed Skilled Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

I am writing to express my support for Alden Estates of Bartlett's proposed 68-bed skilled rehabilitation and health care center which is proposed for the Bartlett area. With the aging population of the Bartlett area, this service is very much needed.

I urge you to give Alden Estates of Bartlett's certificate of need application every consideration.

Sincerely,

Accredited by nccoa
National Institute of Senior Centers

Tracey Colagrossi
Director of Senior Services
Hanover Township
Tcolagrossi@hanover-township.org

ARMY TRAIL ANIMAL HOSPITAL, LLC
1095 WEST ARMY TRAIL ROAD
BARTLETT, IL 60103
(630) 289-0900

January 6, 2016

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

RE: Application for Certificate of Need for Alden Estates of Bartlett, 68 Bed Skilled Nursing Facility in Bartlett, Illinois.

Dear Ms. Avery,

It is my understanding that Alden Estates of Bartlett proposes to build a 68 bed skilled rehabilitation and health care center in Health Service Area 7C DuPage County, Illinois. The project will be located adjacent to a new assisted living development.

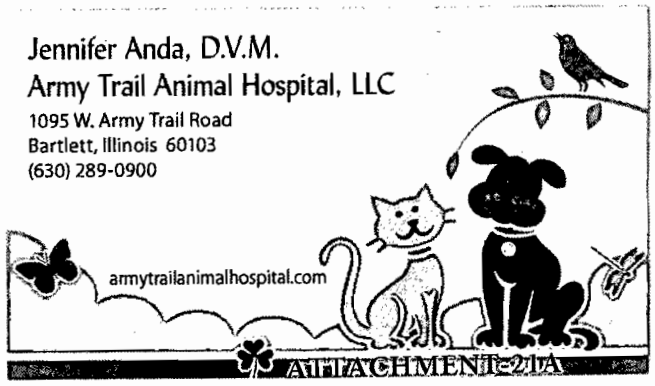
We believe that a facility of this type will provide access to health care placement for senior citizens in our community and improve overall health care service provided to DuPage County residents. It will also help beautify the surrounding neighborhood.

In addition, this project will have a positive impact on the economic development in the community and the county residents' quality of life. It is estimated that this project will create approximately 150 full-time construction and healthcare related jobs.

As a business community member located in Bartlett for the past several years, we are always excited to welcome new businesses that provide support and services for our citizens. We ask that you support and endorse this worthwhile healthcare project for the residents of Bartlett, DuPage County, Illinois. Thank you for your consideration.

Sincerely,

Jennifer Anda, D.V.M.
Army Trail Animal Hospital, LLC
1095 W. Army Trail Road
Bartlett, Illinois 60103
(630) 289-0900



ATTACHMENT 21A

Criterion 1125.620 - Project Size

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

Upon project completion, the proposed Alden Estates of Bartlett will comprise 37,929 gross square feet of clinical space for 68 nursing care beds. This equates to 557.8 gsf per bed upon project completion. It should be noted that the proposed project is in compliance with the criterion as the full be compliment is well within the range limit of 435-713 gross square feet per bed for clinical space.

Criterion 1125.630 - Zoning

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

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

Appended as **ATTACHMENT-23A,** is a letter from the Village of Bartlett's Mr. James J. Plonczynski, AICP, Zoning Official. This letter indicates the current status of zoning and that a portion of the property has already received a special use for a PUD for senior living memory care.

THE VILLAGE OF
BARTLETT

228 S. MAIN STREET
BARTLETT, ILLINOIS 60103
PHONE 630.837.0800
FAX 630.837.7168
www.village.bartlett.il.us

VILLAGE PRESIDENT
Kevin Wallace

ADMINISTRATOR
Valerie L. Salmons

VILLAGE CLERK
Lorna Giless

TRUSTEES
T. L. Arends
Michael E. Camerer D.C.
Vince Carbonaro
Raymond H. Deyne
Adam J. Hopkins
Aaron H. Reinke

January 8, 2016

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 60504

Re: Zoning for PIN: 01-09-205-030, located on the east side of Rt. 59, 200' south of Apple Valley Drive, Bartlett, IL

Dear Ms. Avery:

This is in response to a request by Barry Mullen, Development Director, The Alden Foundation, Chicago Illinois regarding the zoning of the property identified above. The property is zoned **PD – Planned Development District. A portion of this property has received a special use for a Planned Unit Development (PUD) for Artis Senior Living Memory Care Facility by Ordinance 2015-37.**

If you require further help or information, please call me at 630-540-5940.

Very truly yours,

James Plonczynski

James J. Plonczynski, AICP
Village Of Bartlett
Zoning Administrator

Cc: Barry Mullen, The Alden Foundation

ATTACHMENT-23A

Criterion 1125.640 – Assurances

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

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

Appended as **ATTACHMENT-24A**, is a letter signed by the Applicant addressing item number 1 above.

The proposed project is for the establishment of a free standing nursing facility and not part of a continuum of care community (CCRC). Therefore, item number 2 above is not applicable to this project.

Alden Estates of Bartlett, Inc.

January 6, 2016

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

RE: Alden Estates of Bartlett, Inc.
Assurance for Criterion 1125.210 (c)

Dear Ms. Avery:

This letter attests to the fact that if this Project is approved by the Illinois Health Facilities and Services Review Board, Alden Estates of Bartlett, Inc., understands that it is expected to achieve and maintain the occupancy specified in §1125.210(c) by the second year of operation after project completion. Our ability to maintain this occupancy level could be affected by various factors outside of our control, such as natural disasters, regulatory changes in healthcare, interruption of necessary utilities, physical plan problems, or other unexpected issues outside of our control which could have a direct or indirect effect upon our occupancy rate.

Sincerely,

ALDEN ESTATES OF BARTLETT, INC.

By: Randi Schullo
Randi Schullo
Vice President

Notarization:

Subscribed and sworn to before me this 6 day of January, 2016

Signature of Notary

Seal

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

ATTACHMENT-24A

Criterion 1125.800 Estimated Total Project Cost

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

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

Availability of Funds

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

a. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:

   1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
   2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;

d. Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:

   3. For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;

Appended as **ATTACHMENT-27A,** is a letter from the Applicant's chief financial officer attesting that the Applicant has cash and securities to meet the equity portion of the project.

Appended as **ATTACHMENT-27B**, is a letter from Capital Funding, LLC attesting to its expectation to make the loan and providing the terms and conditions of the mortgage.

Appended as **ATTACHMENT-27C**, is the amortization schedule illustrating terms and conditions.

ATTACHMENT-27

Alden Management Services, Inc.

January 6, 2016

Ms. Courtney Avery
Chairman
Illinois Health Facilities and Services Review board
525 W. Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

In documentation of item §1120.120 Availability of Funds (a) Cash and Securities, please be advised that I am familiar with the financial condition of the Applicants of the Alden Estates of Bartlett, excess of $5,500,000.00 necessary to fund the equity required for the project.

If you have any questions, please do not hesitate to contact my office.

Sincerely,

By: _____
Steven M. Kroll
Chief Financial Officer

Notarization:
Subscribed and sworn to before me this 6 day of January 2016

_____
Signature of Notary

Seal:

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

4200 West Peterson Ave. Chicago, Illinois 60646-6052 (773) 286-3883
Management and Consultants of Health Care Facilities
www.TheAldenNetwork.com

ATTACHMENT-27A

CAPITAL FUNDING, LLC

January 11, 2016

Ms. Randi Schullo
Alden Management Services, Inc.
4200 West Peterson, Suite 140
Chicago, IL 60646

Re: Alden Estates of Bartlett

Dear Ms. Schullo:

This proposal has been prepared to provide financing utilizing mortgage insurance issued by the United States Department of Housing and Urban Development ("HUD") through Section 232 of the National Housing Act for the proposed 68-bed skilled nursing facility known as Alden Estates of Bartlett ("Project"). Notwithstanding the foregoing, the following term sheet structure is offered for discussion purposes, is subject to credit committee approval, and is not a commitment to lend. Capital Funding, LLC is hereafter referred to as Lender.

The terms and conditions discussed herein are non-binding and subject to change upon full underwriting of the loan request. Any future commitment to lend on this Project will first be subject to receipt of the required certificate of need, full underwriting and due diligence by Lender and approval by Lender; therefore, the terms and conditions below should not be construed as a binding obligation.

Oral agreements or commitments to loan money, extend credit or to forebear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable, regardless of the legal theory upon which it is based that is in any way related to the credit agreement. To protect you (Borrower(s)) and us (Lender) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.

The proposed terms are as follows:

Borrower:	Borrower will be a single asset entity to be approved by Lender.
Loan Amount:	An amount equal to the lesser of: • 90% of HUD-approved construction costs • 80% of HUD-approved appraised 'as-stabilized' value The loan amount is estimated to be approximately $15,900,000.

1422 CLARKVIEW ROAD, BALTIMORE, MD 21209 T. 410-342-3155 F. 410-342-7101 *www.capfundinc.com*

ATTACHMENT-27B

Purpose:	The Loan shall be for the purpose of constructing a 68-bed skilled nursing facility known as Alden Estates of Bartlett.
Construction Loan Term:	Estimated to be 18 Months following initial endorsement of the credit instrument by FHA within which time final endorsement of the credit instrument by FHA shall be accomplished by the Mortgagor, subject to extensions consented to by FHA.
Permanent Loan Term:	40 Years or other term approved by HUD from the first payment of principal or other terms as set forth in the FHA Commitment.
Interest Rate:	Fixed Rate to be determined based on market conditions. Under market conditions as of January 11, 2016 the interest rate is approximately 4.40%.
Mortgage Insurance Premium:	0.77% on the outstanding balance paid monthly.
Recourse:	Non-recourse.
Fees:	A. Application fee of 0.30% of the total loan amount. B. Mortgage Banker Fee of 2.00% of the total loan amount. C. First year's Mortgage Insurance Premium equal to 0.77% of the total loan amount is paid to HUD from mortgage proceeds. D. GNMA Placement Fees of $5,000.
Pre-payment:	Market pre-payment terms available and negotiated at the time of rate lock.
Collateral:	The Insured Loan shall be evidenced and secured by (1) a first mortgage lien on the land and improvements now and hereafter acquired or constructed thereon, (2) a chattel mortgage or security agreement creating a first mortgage lien on the furnishings and equipment to be located at the Project, and (3) the endorsement by FHA of the Insured Loan. The Insured Loan shall also be secured by a lien on the Project operator's: tangible and intangible personal property (including, but not limited to, cash and deposit accounts); to the extent assignable under applicable law, licenses, certificates, permits and other governmental approval necessary and required to operate the Project; the books and records of the Project; and accounts receivable. A Deposit Account Control Agreement will be required from the operator.

Loan to Value:	Not to exceed 80% (including funding of reserves and closing costs).
SPE Provision:	The Borrower and Operator will each be a single purpose entity.
Appraisal:	Project shall be appraised by an appraiser approved by Lender and such appraisal must be accepted by Lender (appraisal fees to be paid by Borrower). In the event the Project appraises for less than $19,875,000, Lender shall lower the Loan Amount such that the Loan Amount not exceed 80% of the appraised value.
No Other Encumbrances:	Borrower will not, without prior written consent of Lender and HUD, create, place or permit to be created or placed, or allow to remain any deed of trust, mortgage, voluntary or involuntary lien, security interest, encumbrance or charge against or covering the Project, or any part thereof, regardless of whether the same are expressly or otherwise subordinate to the lien or security interest created in Lender's deed of trust or mortgage. Borrower will cause any of such encumbrances that arise outside of the ordinary course of business and without the prior written consent of Lender to be promptly discharged and released.
Zoning:	Borrower will provide acceptable evidence that the Project is zoned for the intended use.
Skilled Nursing Facility State Requirements:	It is the Lender's understanding that a Certificate of Need is required by the state of Illinois. The Borrower will provide acceptable evidence that all required document/permits have been obtained to operate a skilled nursing facility.
Title Insurance:	Lender requires an ALTA lender's extended coverage title insurance commitment from a company acceptable to Lender ("Title Company") insuring Lender for the Loan Amount, evidencing Borrower's title to the Collateral and showing Lender's lien on the Project is or will be upon recordation of a valid first lien.
Plans/Specs:	A complete set of final working plans, including drawings, specifications, details and manuals, for the Project ("Plans"). Borrower represents and warrants that the Plans shall be in full accordance with all applicable statutes, law, ordinances, regulations and requirements of all governmental agencies including HUD having jurisdiction over the Project, including without limitation the Americans With Disabilities Act and any other statues, laws, ordinances, regulations and requirements dealing with access to real estate properties by persons with disabilities. All specialized

	drawings shall be signed by licensed engineers of the respective disciplines normally responsible for such drawings.
Contractors:	A list of all contractors, subcontractors and materialmen to be employed in connection with the Project. Said list shall provide a name and telephone number, a general description of the nature of the work to be performed, and an approximate dollar value of the services or material to be provided. Lender is hereby authorized to confirm this information.
Permits:	Copies of all permits required for each phase of the construction of the Project. Written confirmation from the suppliers including but not limited to water, storm and sanitary sewer, gas, electric and telephone utilities for the Project.
Budget:	A detailed budget showing a schedule of the estimated construction costs and the estimated timing of disbursements. Lender is hereby authorized to confirm this transaction.
Insurance	During the Construction Period, evidence the Project is covered by a Lender-approved construction policy (builder's risk policy) in an amount satisfactory to Lender and showing Lender and HUD as Loss Payee. Borrower shall also provide evidence that all appropriate contractors have Lender-required insurance.
Survey:	An ALTA survey (at Borrower's expense) showing that the Project, if constructed in accordance with the plans and specifications provided, shall lie wholly within the boundaries of the property described on Lender's deed of trust or mortgage without encroachment or violation of any zoning ordinances, building codes or regulations, or setback requirements. This survey mush show the complete legal description and zoning of the Project.
Environmental:	A HUD-compliant report is required, which shall (a) be prepared by a qualified environmental engineer or consultant satisfactory to Lender, (b) be satisfactory in form and substance to Lender, (c) identify and evaluate any "recognized environmental condition" associated with the Project, (d) evaluate current and past uses of the Project and the Land.
Flood Insurance:	Should the Project at any time prior to the Closing Date or during the term of the Loan be deemed to be located in an area designated by the Director of the Federal Emergency Management Agency as a special flood hazard area, Borrower agrees to obtain and maintain federal flood insurance, if available, for the full unpaid principal balance of the Loan and any prior lines on the collateral, up to the

	maximum policy limits set forth under the National Flood Insurance Program, or as otherwise required by Lender. Flood insurance may be purchased under the national Flood Insurance Program or from private insurers; however, the amount of insurance must be approved by Lender. To the extent HUD deems any potential flood hazard to be a critical action, HUD may choose not to insure the loan.
Change Orders:	Borrower will fund into escrow 100% of the value of all change orders.
Disbursements on Loan:	Disbursements shall be made through Capital Funding, LLC. Updated title insurance endorsements insuring Lender against mechanics liens will be obtained with each disbursement. Borrower agrees to pay all fees and expenses related to these services, to the extent not funded through the mortgage.
Additional Requirements:	Other due diligence information may be required. Borrower shall provide all due diligence items reasonably requested by Lender and HUD; and all due diligence shall be subject to the approval of Lender in Lender's sole discretion. Approval of all due diligence, all Loan Documents, and all documentation associated with any other source of funding for the Project, shall be approved by Lender. Lender or HUD may require additional information to fully underwrite and approve the loan, and may change any conditions listed herein at its full discretion.

The Insured Loan will be made by Lender only upon compliance with each of the following conditions:

1. The Borrower shall have complied with all of the requirements of the FHA Commitment, the requirements of HUD's attorneys, and applicable FHA regulations and all of the requirements of Lender pursuant to this term sheet.

2. Lender shall have approved in its sole discretion the title company, bonding company, insurance companies and all loan documents, instruments, agreements, leases, organizational documents of Borrower and Operator entities, letters of credit, title, hazard insurance, malpractice and property policies, and such other documents required by FHA and Lender in connection with the financing transaction contemplated by this term sheet, which approval shall not be unreasonably withheld. Copies of such proposed documentation shall be submitted to Lender and its special counsel for review at least three weeks prior to the scheduled date of the FHA Endorsement.

3. All costs and expenses in connection with the financing transactions contemplated by this term sheet shall be paid by the Borrower or other party assuming liability for the payment thereof, including but not limited to: Third Party Reports (independent appraisal, property inspection and architectural and cost review, environmental assessment, feasibility and/or market study); the fees and expenses of the special counsel in the transaction; recording costs; title company charges; survey charges; Borrower's legal fees. To the extent possible, these fees will be included in the mortgage and credited against any equity requirement or refunded at the closing.

4. This term sheet is contingent upon receipt of acceptable full market study performed by market analyst to be determined by Lender. Additionally, valuation will be driven by reconciliation to market comparables on per-day revenue rates as well as expense comparables. If market study or expense calculations, in Lender's opinion, does not support the project or underwriting, this term sheet will be modified as Lender deems appropriate, and can be terminated by Borrower with no penalties of fee payment obligations.

On or prior to the date of the FHA Endorsement, the Borrower shall have presented to Lender duly executed copies of its resolutions authorizing the Insured Loan transaction and all authorizations and approvals of governmental or quasi-governmental bodies which shall be required by law to consummate the transaction contemplated by this term sheet, in each case in form and substance satisfactory to Lender and the special counsel.

As a requirement for proper organization and planning, a member of Lender's staff shall be present whenever you meet with an FHA representative concerning the loan application. In addition, all correspondence from FHA should be cleared through Lender's office before transmittal of a reply. Copies of statements required of the sponsor and file copies of all correspondence between the Borrower and FHA shall be furnished to Lender's office.

Capital Funding Group ("CFG") is a leading provider of full-service, comprehensive financing solutions for multifamily properties and healthcare facilities across the country. Through the CFG family of companies, CFG offers bridge loans, HUD loans, commercial banking, working capital lending, purchase/leasebacks, spend management, investment advisory services and more. CFG has previously provided over $22M in funding for other projects related to Alden Management Services, Inc.

Thank you for this opportunity. If you have any questions regarding the above, please do not hesitate to let me know.

Sincerely,

Erik Howard
Managing Director

Accepted and Acknowledged,

Randi Schullo

Loan Amortization Calculator

Almost any data field on this form may be calculated. Enter the appropriate numbers in each slot, leaving blank (or zero) the value that you wish to determine, and then click "Calculate" to update the page.

Principal: 15900000.00	Payments per Year: 12
Annual Interest Rate: 4.5000	Number of Regular Payments: 480
Balloon Payment:	Payment Amount: 71480.49

☑ Show Amortization Schedule

Calculate

This loan calculator is written and maintained by Bret Whissel.
See Bret's Blog for help, a spreadsheet, derivations, calculator news, and more information.

Summary

Principal borrowed:	$15,900,000.00	**Annual Payments:**	12
Regular Payment amount:	$71,480.49	**Total Payments:**	480 (40.00 years)
Final Balloon Payment:	$0.00	**Annual interest rate:**	4.50%
Interest-only payment:	$59,625.00	**Periodic interest rate:**	0.3750%
***Total Repaid:**	$34,310,635.20	**Debt Service Constant:**	5.3948%
***Total Interest Paid:**	$18,410,635.20	***Total interest paid as a percentage of Principal:**	115.790%

**These results are estimates which do not account for accumulated error of payments being rounded to the nearest cent. See the amortization schedule for more accurate values.*

ATTACHMENT-27C

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
1	11,855.49	59,625.00	11,855.49	59,625.00	15,888,144.51
2	11,899.95	59,580.54	23,755.44	119,205.54	15,876,244.56
3	11,944.57	59,535.92	35,700.01	178,741.46	15,864,299.99
4	11,989.37	59,491.12	47,689.38	238,232.58	15,852,310.62
5	12,034.33	59,446.16	59,723.71	297,678.74	15,840,276.29
6	12,079.45	59,401.04	71,803.16	357,079.78	15,828,196.84
7	12,124.75	59,355.74	83,927.91	416,435.52	15,816,072.09
8	12,170.22	59,310.27	96,098.13	475,745.79	15,803,901.87
9	12,215.86	59,264.63	108,313.99	535,010.42	15,791,686.01
10	12,261.67	59,218.82	120,575.66	594,229.24	15,779,424.34
11	12,307.65	59,172.84	132,883.31	653,402.08	15,767,116.69
12	12,353.80	59,126.69	145,237.11	712,528.77	15,754,762.89
13	12,400.13	59,080.36	157,637.24	771,609.13	15,742,362.76
14	12,446.63	59,033.86	170,083.87	830,642.99	15,729,916.13
15	12,493.30	58,987.19	182,577.17	889,630.18	15,717,422.83
16	12,540.15	58,940.34	195,117.32	948,570.52	15,704,882.68
17	12,587.18	58,893.31	207,704.50	1,007,463.83	15,692,295.50
18	12,634.38	58,846.11	220,338.88	1,066,309.94	15,679,661.12
19	12,681.76	58,798.73	233,020.64	1,125,108.67	15,666,979.36
20	12,729.32	58,751.17	245,749.96	1,183,859.84	15,654,250.04
21	12,777.05	58,703.44	258,527.01	1,242,563.28	15,641,472.99
22	12,824.97	58,655.52	271,351.98	1,301,218.80	15,628,648.02
23	12,873.06	58,607.43	284,225.04	1,359,826.23	15,615,774.96
24	12,921.33	58,559.16	297,146.37	1,418,385.39	15,602,853.63
25	12,969.79	58,510.70	310,116.16	1,476,896.09	15,589,883.84
26	13,018.43	58,462.06	323,134.59	1,535,358.15	15,576,865.41
27	13,067.24	58,413.25	336,201.83	1,593,771.40	15,563,798.17
28	13,116.25	58,364.24	349,318.08	1,652,135.64	15,550,681.92
29	13,165.43	58,315.06	362,483.51	1,710,450.70	15,537,516.49
30	13,214.80	58,265.69	375,698.31	1,768,716.39	15,524,301.69
31	13,264.36	58,216.13	388,962.67	1,826,932.52	15,511,037.33
32	13,314.10	58,166.39	402,276.77	1,885,098.91	15,497,723.23
33	13,364.03	58,116.46	415,640.80	1,943,215.37	15,484,359.20
34	13,414.14	58,066.35	429,054.94	2,001,281.72	15,470,945.06
35	13,464.45	58,016.04	442,519.39	2,059,297.76	15,457,480.61
36	13,514.94	57,965.55	456,034.33	2,117,263.31	15,443,965.67
37	13,565.62	57,914.87	469,599.95	2,175,178.18	15,430,400.05
38	13,616.49	57,864.00	483,216.44	2,233,042.18	15,416,783.56
39	13,667.55	57,812.94	496,883.99	2,290,855.12	15,403,116.01
40	13,718.80	57,761.69	510,602.79	2,348,616.81	15,389,397.21
41	13,770.25	57,710.24	524,373.04	2,406,327.05	15,375,626.96
42	13,821.89	57,658.60	538,194.93	2,463,985.65	15,361,805.07
43	13,873.72	57,606.77	552,068.65	2,521,592.42	15,347,931.35
44	13,925.75	57,554.74	565,994.40	2,579,147.16	15,334,005.60
45	13,977.97	57,502.52	579,972.37	2,636,649.68	15,320,027.63
46	14,030.39	57,450.10	594,002.76	2,694,099.78	15,305,997.24
47	14,083.00	57,397.49	608,085.76	2,751,497.27	15,291,914.24
48	14,135.81	57,344.68	622,221.57	2,808,841.95	15,277,778.43
49	14,188.82	57,291.67	636,410.39	2,866,133.62	15,263,589.61
50	14,242.03	57,238.46	650,652.42	2,923,372.08	15,249,347.58
51	14,295.44	57,185.05	664,947.86	2,980,557.13	15,235,052.14
52	14,349.04	57,131.45	679,296.90	3,037,688.58	15,220,703.10
53	14,402.85	57,077.64	693,699.75	3,094,766.22	15,206,300.25
54	14,456.86	57,023.63	708,156.61	3,151,789.85	15,191,843.39
55	14,511.08	56,969.41	722,667.69	3,208,759.26	15,177,332.31
56	14,565.49	56,915.00	737,233.18	3,265,674.26	15,162,766.82

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
169	22,233.78	49,246.71	2,789,777.73	9,290,425.08	13,110,222.27
170	22,317.16	49,163.33	2,812,094.89	9,339,588.41	13,087,905.11
171	22,400.85	49,079.64	2,834,495.74	9,388,668.05	13,065,504.26
172	22,484.85	48,995.64	2,856,980.59	9,437,663.69	13,043,019.41
173	22,569.17	48,911.32	2,879,549.76	9,486,575.01	13,020,450.24
174	22,653.80	48,826.69	2,902,203.56	9,535,401.70	12,997,796.44
175	22,738.75	48,741.74	2,924,942.31	9,584,143.44	12,975,057.69
176	22,824.02	48,656.47	2,947,766.33	9,632,799.91	12,952,233.67
177	22,909.61	48,570.88	2,970,675.94	9,681,370.79	12,929,324.06
178	22,995.52	48,484.97	2,993,671.46	9,729,855.76	12,906,328.54
179	23,081.76	48,398.73	3,016,753.22	9,778,254.49	12,883,246.78
180	23,168.31	48,312.18	3,039,921.53	9,826,566.67	12,860,078.47
181	23,255.20	48,225.29	3,063,176.73	9,874,791.96	12,836,823.27
182	23,342.40	48,138.09	3,086,519.13	9,922,930.05	12,813,480.87
183	23,429.94	48,050.55	3,109,949.07	9,970,980.60	12,790,050.93
184	23,517.80	47,962.69	3,133,466.87	10,018,943.29	12,766,533.13
185	23,605.99	47,874.50	3,157,072.86	10,066,817.79	12,742,927.14
186	23,694.51	47,785.98	3,180,767.37	10,114,603.77	12,719,232.63
187	23,783.37	47,697.12	3,204,550.74	10,162,300.89	12,695,449.26
188	23,872.56	47,607.93	3,228,423.30	10,209,908.82	12,671,576.70
189	23,962.08	47,518.41	3,252,385.38	10,257,427.23	12,647,614.62
190	24,051.94	47,428.55	3,276,437.32	10,304,855.78	12,623,562.68
191	24,142.13	47,338.36	3,300,579.45	10,352,194.14	12,599,420.55
192	24,232.66	47,247.83	3,324,812.11	10,399,441.97	12,575,187.89
193	24,323.54	47,156.95	3,349,135.65	10,446,598.92	12,550,864.35
194	24,414.75	47,065.74	3,373,550.40	10,493,664.66	12,526,449.60
195	24,506.30	46,974.19	3,398,056.70	10,540,638.85	12,501,943.30
196	24,598.20	46,882.29	3,422,654.90	10,587,521.14	12,477,345.10
197	24,690.45	46,790.04	3,447,345.35	10,634,311.18	12,452,654.65
198	24,783.04	46,697.45	3,472,128.39	10,681,008.63	12,427,871.61
199	24,875.97	46,604.52	3,497,004.36	10,727,613.15	12,402,995.64
200	24,969.26	46,511.23	3,521,973.62	10,774,124.38	12,378,026.38
201	25,062.89	46,417.60	3,547,036.51	10,820,541.98	12,352,963.49
202	25,156.88	46,323.61	3,572,193.39	10,866,865.59	12,327,806.61
203	25,251.22	46,229.27	3,597,444.61	10,913,094.86	12,302,555.39
204	25,345.91	46,134.58	3,622,790.52	10,959,229.44	12,277,209.48
205	25,440.95	46,039.54	3,648,231.47	11,005,268.98	12,251,768.53
206	25,536.36	45,944.13	3,673,767.83	11,051,213.11	12,226,232.17
207	25,632.12	45,848.37	3,699,399.95	11,097,061.48	12,200,600.05
208	25,728.24	45,752.25	3,725,128.19	11,142,813.73	12,174,871.81
209	25,824.72	45,655.77	3,750,952.91	11,188,469.50	12,149,047.09
210	25,921.56	45,558.93	3,776,874.47	11,234,028.43	12,123,125.53
211	26,018.77	45,461.72	3,802,893.24	11,279,490.15	12,097,106.76
212	26,116.34	45,364.15	3,829,009.58	11,324,854.30	12,070,990.42
213	26,214.28	45,266.21	3,855,223.86	11,370,120.51	12,044,776.14
214	26,312.58	45,167.91	3,881,536.44	11,415,288.42	12,018,463.56
215	26,411.25	45,069.24	3,907,947.69	11,460,357.66	11,992,052.31
216	26,510.29	44,970.20	3,934,457.98	11,505,327.86	11,965,542.02
217	26,609.71	44,870.78	3,961,067.69	11,550,198.64	11,938,932.31
218	26,709.49	44,771.00	3,987,777.18	11,594,969.64	11,912,222.82
219	26,809.65	44,670.84	4,014,586.83	11,639,640.48	11,885,413.17
220	26,910.19	44,570.30	4,041,497.02	11,684,210.78	11,858,502.98
221	27,011.10	44,469.39	4,068,508.12	11,728,680.17	11,831,491.88
222	27,112.40	44,368.09	4,095,620.52	11,773,048.26	11,804,379.48
223	27,214.07	44,266.42	4,122,834.59	11,817,314.68	11,777,165.41
224	27,316.12	44,164.37	4,150,150.71	11,861,479.05	11,749,849.29
225	27,418.56	44,061.93	4,177,569.27	11,905,540.98	11,722,430.73

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
226	27,521.37	43,959.12	4,205,090.64	11,949,500.10	11,694,909.36
227	27,624.58	43,855.91	4,232,715.22	11,993,356.01	11,667,284.78
228	27,728.17	43,752.32	4,260,443.39	12,037,108.33	11,639,556.61
229	27,832.15	43,648.34	4,288,275.54	12,080,756.67	11,611,724.46
230	27,936.52	43,543.97	4,316,212.06	12,124,300.64	11,583,787.94
231	28,041.29	43,439.20	4,344,253.35	12,167,739.84	11,555,746.65
232	28,146.44	43,334.05	4,372,399.79	12,211,073.89	11,527,600.21
233	28,251.99	43,228.50	4,400,651.78	12,254,302.39	11,499,348.22
234	28,357.93	43,122.56	4,429,009.71	12,297,424.95	11,470,990.29
235	28,464.28	43,016.21	4,457,473.99	12,340,441.16	11,442,526.01
236	28,571.02	42,909.47	4,486,045.01	12,383,350.63	11,413,954.99
237	28,678.16	42,802.33	4,514,723.17	12,426,152.96	11,385,276.83
238	28,785.70	42,694.79	4,543,508.87	12,468,847.75	11,356,491.13
239	28,893.65	42,586.84	4,572,402.52	12,511,434.59	11,327,597.48
240	29,002.00	42,478.49	4,601,404.52	12,553,913.08	11,298,595.48
241	29,110.76	42,369.73	4,630,515.28	12,596,282.81	11,269,484.72
242	29,219.92	42,260.57	4,659,735.20	12,638,543.38	11,240,264.80
243	29,329.50	42,150.99	4,689,064.70	12,680,694.37	11,210,935.30
244	29,439.48	42,041.01	4,718,504.18	12,722,735.38	11,181,495.82
245	29,549.88	41,930.61	4,748,054.06	12,764,665.99	11,151,945.94
246	29,660.69	41,819.80	4,777,714.75	12,806,485.79	11,122,285.25
247	29,771.92	41,708.57	4,807,486.67	12,848,194.36	11,092,513.33
248	29,883.57	41,596.92	4,837,370.24	12,889,791.28	11,062,629.76
249	29,995.63	41,484.86	4,867,365.87	12,931,276.14	11,032,634.13
250	30,108.11	41,372.38	4,897,473.98	12,972,648.52	11,002,526.02
251	30,221.02	41,259.47	4,927,695.00	13,013,907.99	10,972,305.00
252	30,334.35	41,146.14	4,958,029.35	13,055,054.13	10,941,970.65
253	30,448.10	41,032.39	4,988,477.45	13,096,086.52	10,911,522.55
254	30,562.28	40,918.21	5,019,039.73	13,137,004.73	10,880,960.27
255	30,676.89	40,803.60	5,049,716.62	13,177,808.33	10,850,283.38
256	30,791.93	40,688.56	5,080,508.55	13,218,496.89	10,819,491.45
257	30,907.40	40,573.09	5,111,415.95	13,259,069.98	10,788,584.05
258	31,023.30	40,457.19	5,142,439.25	13,299,527.17	10,757,560.75
259	31,139.64	40,340.85	5,173,578.89	13,339,868.02	10,726,421.11
260	31,256.41	40,224.08	5,204,835.30	13,380,092.10	10,695,164.70
261	31,373.62	40,106.87	5,236,208.92	13,420,198.97	10,663,791.08
262	31,491.27	39,989.22	5,267,700.19	13,460,188.19	10,632,299.81
263	31,609.37	39,871.12	5,299,309.56	13,500,059.31	10,600,690.44
264	31,727.90	39,752.59	5,331,037.46	13,539,811.90	10,568,962.54
265	31,846.88	39,633.61	5,362,884.34	13,579,445.51	10,537,115.66
266	31,966.31	39,514.18	5,394,850.65	13,618,959.69	10,505,149.35
267	32,086.18	39,394.31	5,426,936.83	13,658,354.00	10,473,063.17
268	32,206.50	39,273.99	5,459,143.33	13,697,627.99	10,440,856.67
269	32,327.28	39,153.21	5,491,470.61	13,736,781.20	10,408,529.39
270	32,448.50	39,031.99	5,523,919.11	13,775,813.19	10,376,080.89
271	32,570.19	38,910.30	5,556,489.30	13,814,723.49	10,343,510.70
272	32,692.32	38,788.17	5,589,181.62	13,853,511.66	10,310,818.38
273	32,814.92	38,665.57	5,621,996.54	13,892,177.23	10,278,003.46
274	32,937.98	38,542.51	5,654,934.52	13,930,719.74	10,245,065.48
275	33,061.49	38,419.00	5,687,996.01	13,969,138.74	10,212,003.99
276	33,185.48	38,295.01	5,721,181.49	14,007,433.75	10,178,818.51
277	33,309.92	38,170.57	5,754,491.41	14,045,604.32	10,145,508.59
278	33,434.83	38,045.66	5,787,926.24	14,083,649.98	10,112,073.76
279	33,560.21	37,920.28	5,821,486.45	14,121,570.26	10,078,513.55
280	33,686.06	37,794.43	5,855,172.51	14,159,364.69	10,044,827.49
281	33,812.39	37,668.10	5,888,984.90	14,197,032.79	10,011,015.10

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
282	33,939.18	37,541.31	5,922,924.08	14,234,574.10	9,977,075.92
283	34,066.46	37,414.03	5,956,990.54	14,271,988.13	9,943,009.46
284	34,194.20	37,286.29	5,991,184.74	14,309,274.42	9,908,815.26
285	34,322.43	37,158.06	6,025,507.17	14,346,432.48	9,874,492.83
286	34,451.14	37,029.35	6,059,958.31	14,383,461.83	9,840,041.69
287	34,580.33	36,900.16	6,094,538.64	14,420,361.99	9,805,461.36
288	34,710.01	36,770.48	6,129,248.65	14,457,132.47	9,770,751.35
289	34,840.17	36,640.32	6,164,088.82	14,493,772.79	9,735,911.18
290	34,970.82	36,509.67	6,199,059.64	14,530,282.46	9,700,940.36
291	35,101.96	36,378.53	6,234,161.60	14,566,660.99	9,665,838.40
292	35,233.60	36,246.89	6,269,395.20	14,602,907.88	9,630,604.80
293	35,365.72	36,114.77	6,304,760.92	14,639,022.65	9,595,239.08
294	35,498.34	35,982.15	6,340,259.26	14,675,004.80	9,559,740.74
295	35,631.46	35,849.03	6,375,890.72	14,710,853.83	9,524,109.28
296	**35,765.08**	**35,715.41**	**6,411,655.80**	**14,746,569.24**	**9,488,344.20**
297	35,899.20	35,581.29	6,447,555.00	14,782,150.53	9,452,445.00
298	36,033.82	35,446.67	6,483,588.82	14,817,597.20	9,416,411.18
299	36,168.95	35,311.54	6,519,757.77	14,852,908.74	9,380,242.23
300	36,304.58	35,175.91	6,556,062.35	14,888,084.65	9,343,937.65
301	36,440.72	35,039.77	6,592,503.07	14,923,124.42	9,307,496.93
302	36,577.38	34,903.11	6,629,080.45	14,958,027.53	9,270,919.55
303	36,714.54	34,765.95	6,665,794.99	14,992,793.48	9,234,205.01
304	36,852.22	34,628.27	6,702,647.21	15,027,421.75	9,197,352.79
305	36,990.42	34,490.07	6,739,637.63	15,061,911.82	9,160,362.37
306	37,129.13	34,351.36	6,776,766.76	15,096,263.18	9,123,233.24
307	37,268.37	34,212.12	6,814,035.13	15,130,475.30	9,085,964.87
308	37,408.12	34,072.37	6,851,443.25	15,164,547.67	9,048,556.75
309	37,548.40	33,932.09	6,888,991.65	15,198,479.76	9,011,008.35
310	37,689.21	33,791.28	6,926,680.86	15,232,271.04	8,973,319.14
311	37,830.54	33,649.95	6,964,511.40	15,265,920.99	8,935,488.60
312	37,972.41	33,508.08	7,002,483.81	15,299,429.07	8,897,516.19
313	38,114.80	33,365.69	7,040,598.61	15,332,794.76	8,859,401.39
314	38,257.73	33,222.76	7,078,856.34	15,366,017.52	8,821,143.66
315	38,401.20	33,079.29	7,117,257.54	15,399,096.81	8,782,742.46
316	38,545.21	32,935.28	7,155,802.75	15,432,032.09	8,744,197.25
317	38,689.75	32,790.74	7,194,492.50	15,464,822.83	8,705,507.50
318	38,834.84	32,645.65	7,233,327.34	15,497,468.48	8,666,672.66
319	38,980.47	32,500.02	7,272,307.81	15,529,968.50	8,627,692.19
320	39,126.64	32,353.85	7,311,434.45	15,562,322.35	8,588,565.55
321	39,273.37	32,207.12	7,350,707.82	15,594,529.47	8,549,292.18
322	39,420.64	32,059.85	7,390,128.46	15,626,589.32	8,509,871.54
323	39,568.47	31,912.02	7,429,696.93	15,658,501.34	8,470,303.07
324	39,716.85	31,763.64	7,469,413.78	15,690,264.98	8,430,586.22
325	39,865.79	31,614.70	7,509,279.57	15,721,879.68	8,390,720.43
326	40,015.29	31,465.20	7,549,294.86	15,753,344.88	8,350,705.14
327	40,165.35	31,315.14	7,589,460.21	15,784,660.02	8,310,539.79
328	40,315.97	31,164.52	7,629,776.18	15,815,824.54	8,270,223.82
329	40,467.15	31,013.34	7,670,243.33	15,846,837.88	8,229,756.67
330	40,618.90	30,861.59	7,710,862.23	15,877,699.47	8,189,137.77
331	40,771.22	30,709.27	7,751,633.45	15,908,408.74	8,148,366.55
332	40,924.12	30,556.37	7,792,557.57	15,938,965.11	8,107,442.43
333	41,077.58	30,402.91	7,833,635.15	15,969,368.02	8,066,364.85
334	41,231.62	30,248.87	7,874,866.77	15,999,616.89	8,025,133.23
335	41,386.24	30,094.25	7,916,253.01	16,029,711.14	7,983,746.99
336	41,541.44	29,939.05	7,957,794.45	16,059,650.19	7,942,205.55
337	41,697.22	29,783.27	7,999,491.67	16,089,433.46	7,900,508.33

ATTACHMENT-27C

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
338	41,853.58	29,626.91	8,041,345.25	16,119,060.37	7,858,654.75
339	42,010.53	29,469.96	8,083,355.78	16,148,530.33	7,816,644.22
340	42,168.07	29,312.42	8,125,523.85	16,177,842.75	7,774,476.15
341	42,326.20	29,154.29	8,167,850.05	16,206,997.04	7,732,149.95
342	42,484.93	28,995.56	8,210,334.98	16,235,992.60	7,689,665.02
343	42,644.25	28,836.24	8,252,979.23	16,264,828.84	7,647,020.77
344	42,804.16	28,676.33	8,295,783.39	16,293,505.17	7,604,216.61
345	42,964.68	28,515.81	8,338,748.07	16,322,020.98	7,561,251.93
346	43,125.80	28,354.69	8,381,873.87	16,350,375.67	7,518,126.13
347	43,287.52	28,192.97	8,425,161.39	16,378,568.64	7,474,838.61
348	43,449.85	28,030.64	8,468,611.24	16,406,599.28	7,431,388.76
349	43,612.78	27,867.71	8,512,224.02	16,434,466.99	7,387,775.98
350	43,776.33	27,704.16	8,556,000.35	16,462,171.15	7,343,999.65
351	43,940.49	27,540.00	8,599,940.84	16,489,711.15	7,300,059.16
352	44,105.27	27,375.22	8,644,046.11	16,517,086.37	7,255,953.89
353	44,270.66	27,209.83	8,688,316.77	16,544,296.20	7,211,683.23
354	44,436.68	27,043.81	8,732,753.45	16,571,340.01	7,167,246.55
355	44,603.32	26,877.17	8,777,356.77	16,598,217.18	7,122,643.23
356	44,770.58	26,709.91	8,822,127.35	16,624,927.09	7,077,872.65
357	44,938.47	26,542.02	8,867,065.82	16,651,469.11	7,032,934.18
358	45,106.99	26,373.50	8,912,172.81	16,677,842.61	6,987,827.19
359	45,276.14	26,204.35	8,957,448.95	16,704,046.96	6,942,551.05
360	45,445.92	26,034.57	9,002,894.87	16,730,081.53	6,897,105.13
361	45,616.35	25,864.14	9,048,511.22	16,755,945.67	6,851,488.78
362	45,787.41	25,693.08	9,094,298.63	16,781,638.75	6,805,701.37
363	45,959.11	25,521.38	9,140,257.74	16,807,160.13	6,759,742.26
364	46,131.46	25,349.03	9,186,389.20	16,832,509.16	6,713,610.80
365	46,304.45	25,176.04	9,232,693.65	16,857,685.20	6,667,306.35
366	46,478.09	25,002.40	9,279,171.74	16,882,687.60	6,620,828.26
367	46,652.38	24,828.11	9,325,824.12	16,907,515.71	6,574,175.88
368	46,827.33	24,653.16	9,372,651.45	16,932,168.87	6,527,348.55
369	47,002.93	24,477.56	9,419,654.38	16,956,646.43	6,480,345.62
370	47,179.19	24,301.30	9,466,833.57	16,980,947.73	6,433,166.43
371	47,356.12	24,124.37	9,514,189.69	17,005,072.10	6,385,810.31
372	47,533.70	23,946.79	9,561,723.39	17,029,018.89	6,338,276.61
373	47,711.95	23,768.54	9,609,435.34	17,052,787.43	6,290,564.66
374	47,890.87	23,589.62	9,657,326.21	17,076,377.05	6,242,673.79
375	48,070.46	23,410.03	9,705,396.67	17,099,787.08	6,194,603.33
376	48,250.73	23,229.76	9,753,647.40	17,123,016.84	6,146,352.60
377	48,431.67	23,048.82	9,802,079.07	17,146,065.66	6,097,920.93
378	48,613.29	22,867.20	9,850,692.36	17,168,932.86	6,049,307.64
379	48,795.59	22,684.90	9,899,487.95	17,191,617.76	6,000,512.05
380	48,978.57	22,501.92	9,948,466.52	17,214,119.68	5,951,533.48
381	49,162.24	22,318.25	9,997,628.76	17,236,437.93	5,902,371.24
382	49,346.60	22,133.89	10,046,975.36	17,258,571.82	5,853,024.64
383	49,531.65	21,948.84	10,096,507.01	17,280,520.66	5,803,492.99
384	49,717.39	21,763.10	10,146,224.40	17,302,283.76	5,753,775.60
385	49,903.83	21,576.66	10,196,128.23	17,323,860.42	5,703,871.77
386	50,090.97	21,389.52	10,246,219.20	17,345,249.94	5,653,780.80
387	50,278.81	21,201.68	10,296,498.01	17,366,451.62	5,603,501.99
388	50,467.36	21,013.13	10,346,965.37	17,387,464.75	5,553,034.63
389	50,656.61	20,823.88	10,397,621.98	17,408,288.63	5,502,378.02
390	50,846.57	20,633.92	10,448,468.55	17,428,922.55	5,451,531.45
391	51,037.25	20,443.24	10,499,505.80	17,449,365.79	5,400,494.20
392	51,228.64	20,251.85	10,550,734.44	17,469,617.64	5,349,265.56
393	51,420.74	20,059.75	10,602,155.18	17,489,677.39	5,297,844.82
394	51,613.57	19,866.92	10,653,768.75	17,509,544.31	5,246,231.25

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
395	51,807.12	19,673.37	10,705,575.87	17,529,217.68	5,194,424.13
396	52,001.40	19,479.09	10,757,577.27	17,548,696.77	5,142,422.73
397	52,196.40	19,284.09	10,809,773.67	17,567,980.86	5,090,226.33
398	52,392.14	19,088.35	10,862,165.81	17,587,069.21	5,037,834.19
399	52,588.61	18,891.88	10,914,754.42	17,605,961.09	4,985,245.58
400	52,785.82	18,694.67	10,967,540.24	17,624,655.76	4,932,459.76
401	52,983.77	18,496.72	11,020,524.01	17,643,152.48	4,879,475.99
402	53,182.46	18,298.03	11,073,706.47	17,661,450.51	4,826,293.53
403	53,381.89	18,098.60	11,127,088.36	17,679,549.11	4,772,911.64
404	53,582.07	17,898.42	11,180,670.43	17,697,447.53	4,719,329.57
405	53,783.00	17,697.49	11,234,453.43	17,715,145.02	4,665,546.57
406	53,984.69	17,495.80	11,288,438.12	17,732,640.82	4,611,561.88
407	54,187.13	17,293.36	11,342,625.25	17,749,934.18	4,557,374.75
408	54,390.33	17,090.16	11,397,015.58	17,767,024.34	4,502,984.42
409	54,594.30	16,886.19	11,451,609.88	17,783,910.53	4,448,390.12
410	54,799.03	16,681.46	11,506,408.91	17,800,591.99	4,393,591.09
411	55,004.52	16,475.97	11,561,413.43	17,817,067.96	4,338,586.57
412	55,210.79	16,269.70	11,616,624.22	17,833,337.66	4,283,375.78
413	55,417.83	16,062.66	11,672,042.05	17,849,400.32	4,227,957.95
414	55,625.65	15,854.84	11,727,667.70	17,865,255.16	4,172,332.30
415	55,834.24	15,646.25	11,783,501.94	17,880,901.41	4,116,498.06
416	56,043.62	15,436.87	11,839,545.56	17,896,338.28	4,060,454.44
417	56,253.79	15,226.70	11,895,799.35	17,911,564.98	4,004,200.65
418	56,464.74	15,015.75	11,952,264.09	17,926,580.73	3,947,735.91
419	56,676.48	14,804.01	12,008,940.57	17,941,384.74	3,891,059.43
420	56,889.02	14,591.47	12,065,829.59	17,955,976.21	3,834,170.41
421	57,102.35	14,378.14	12,122,931.94	17,970,354.35	3,777,068.06
422	57,316.48	14,164.01	12,180,248.42	17,984,518.36	3,719,751.58
423	57,531.42	13,949.07	12,237,779.84	17,998,467.43	3,662,220.16
424	57,747.16	13,733.33	12,295,527.00	18,012,200.76	3,604,473.00
425	57,963.72	13,516.77	12,353,490.72	18,025,717.53	3,546,509.28
426	58,181.08	13,299.41	12,411,671.80	18,039,016.94	3,488,328.20
427	58,399.26	13,081.23	12,470,071.06	18,052,098.17	3,429,928.94
428	58,618.26	12,862.23	12,528,689.32	18,064,960.40	3,371,310.68
429	58,838.07	12,642.42	12,587,527.39	18,077,602.82	3,312,472.61
430	59,058.72	12,421.77	12,646,586.11	18,090,024.59	3,253,413.89
431	59,280.19	12,200.30	12,705,866.30	18,102,224.89	3,194,133.70
432	59,502.49	11,978.00	12,765,368.79	18,114,202.89	3,134,631.21
433	59,725.62	11,754.87	12,825,094.41	18,125,957.76	3,074,905.59
434	59,949.59	11,530.90	12,885,044.00	18,137,488.66	3,014,956.00
435	60,174.41	11,306.08	12,945,218.41	18,148,794.74	2,954,781.59
436	60,400.06	11,080.43	13,005,618.47	18,159,875.17	2,894,381.53
437	60,626.56	10,853.93	13,066,245.03	18,170,729.10	2,833,754.97
438	60,853.91	10,626.58	13,127,098.94	18,181,355.68	2,772,901.06
439	61,082.11	10,398.38	13,188,181.05	18,191,754.06	2,711,818.95
440	61,311.17	10,169.32	13,249,492.22	18,201,923.38	2,650,507.78
441	61,541.09	9,939.40	13,311,033.31	18,211,862.78	2,588,966.69
442	61,771.86	9,708.63	13,372,805.17	18,221,571.41	2,527,194.83
443	62,003.51	9,476.98	13,434,808.68	18,231,048.39	2,465,191.32
444	62,236.02	9,244.47	13,497,044.70	18,240,292.86	2,402,955.30
445	62,469.41	9,011.08	13,559,514.11	18,249,303.94	2,340,485.89
446	62,703.67	8,776.82	13,622,217.78	18,258,080.76	2,277,782.22
447	62,938.81	8,541.68	13,685,156.59	18,266,622.44	2,214,843.41
448	63,174.83	8,305.66	13,748,331.42	18,274,928.10	2,151,668.58
449	63,411.73	8,068.76	13,811,743.15	18,282,996.86	2,088,256.85
450	63,649.53	7,830.96	13,875,392.68	18,290,827.82	2,024,607.32

ATTACHMENT-27C

Pmt	Principal	Interest	Cum Prin	Cum Int	Prin Bal
451	63,888.21	7,592.28	13,939,280.89	18,298,420.10	1,960,719.11
452	64,127.79	7,352.70	14,003,408.68	18,305,772.80	1,896,591.32
453	64,368.27	7,112.22	14,067,776.95	18,312,885.02	1,832,223.05
454	64,609.65	6,870.84	14,132,386.60	18,319,755.86	1,767,613.40
455	64,851.94	6,628.55	14,197,238.54	18,326,384.41	1,702,761.46
456	65,095.13	6,385.36	14,262,333.67	18,332,769.77	1,637,666.33
457	65,339.24	6,141.25	14,327,672.91	18,338,911.02	1,572,327.09
458	65,584.26	5,896.23	14,393,257.17	18,344,807.25	1,506,742.83
459	65,830.20	5,650.29	14,459,087.37	18,350,457.54	1,440,912.63
460	66,077.07	5,403.42	14,525,164.44	18,355,860.96	1,374,835.56
461	66,324.86	5,155.63	14,591,489.30	18,361,016.59	1,308,510.70
462	66,573.57	4,906.92	14,658,062.87	18,365,923.51	1,241,937.13
463	66,823.23	4,657.26	14,724,886.10	18,370,580.77	1,175,113.90
464	67,073.81	4,406.68	14,791,959.91	18,374,987.45	1,108,040.09
465	67,325.34	4,155.15	14,859,285.25	18,379,142.60	1,040,714.75
466	67,577.81	3,902.68	14,926,863.06	18,383,045.28	973,136.94
467	67,831.23	3,649.26	14,994,694.29	18,386,694.54	905,305.71
468	68,085.59	3,394.90	15,062,779.88	18,390,089.44	837,220.12
469	68,340.91	3,139.58	15,131,120.79	18,393,229.02	768,879.21
470	68,597.19	2,883.30	15,199,717.98	18,396,112.32	700,282.02
471	68,854.43	2,626.06	15,268,572.41	18,398,738.38	631,427.59
472	69,112.64	2,367.85	15,337,685.05	18,401,106.23	562,314.95
473	69,371.81	2,108.68	15,407,056.86	18,403,214.91	492,943.14
474	69,631.95	1,848.54	15,476,688.81	18,405,063.45	423,311.19
475	69,893.07	1,587.42	15,546,581.88	18,406,650.87	353,418.12
476	70,155.17	1,325.32	15,616,737.05	18,407,976.19	283,262.95
477	70,418.25	1,062.24	15,687,155.30	18,409,038.43	212,844.70
478	70,682.32	798.17	15,757,837.62	18,409,836.60	142,162.38
479	70,947.38	533.11	15,828,785.00	18,410,369.71	71,215.00
480	*71,215.00	267.06	15,900,000.00	18,410,636.77	0.00

*The final payment has been adjusted to account for payments having been rounded to the nearest cent.

Financial Viability

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided.

Appended as **ATTACHMENT-29A,** are the worksheets providing the calculations for each entity, i.e., Alden Bartlett, LLC (owner), Alden Estates of Bartlett, Inc. (operator), and on a combined basis (Bartlett Investments I, LLC).

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

The projected financial statements for the first full year at target utilization (second year after project completion (2021) is appended as **ATTACHMENT-29B**. The proforma statements are for the ownership entity, the operator entity, and on a combined basis.

Alden Bartlett, LLC (Real Estate)
Real Estate Viability Ratios

Current Ratio:	**2019**	**Ratio**	**2020**	**Ratio**	**2021**	**Ratio**
Current Assets	470,407	2.01	595,806	1.63	625,272	1.55
Current liabilities	233,995		366,358		402,964	
Net Margin Percentage:						
Net Income	(42,112)	-3.85%	(268,709)	-22.00%	(261,652)	-20.90%
Net Operating income	1,092,405		1,221,215		1,252,025	
Percent of debt to total capitalization:						
Long term debt	15,628,648	78.72%	15,470,945	79.20%	15,305,997	79.67%
Long term debt plus shareholder's equity	19,853,381		19,534,452		19,212,513	
Projected Debt Service Coverage:						
Net Income+Depreciation+Interest	977,645	1.14	965,725	1.13	965,871	1.13
Principal and Interest	857,766		857,766		857,766	
Days Cash on Hand:						
Cash in bank	371,407	135,786	450,806	14,959	460,272	15,273
Operating Expenses/365	3		30		30	
Cushion Ratio:						
Cash and investments	371,407	0.43	450,806	0.53	460,272	0.54
Maximum Annual Debt Service	857,766		857,766		857,766	

These ratios should not be considered in an evaluation of project viability. Because these entities are related parties individual entity ratios are irrelevant. The combined ratios should be used to evaluate financial feasability.

Alden Estates of Bartlett, Inc. (Operator)
Operator Viability Ratios

Current Ratio:	**2019**	**Ratio**	**2020**	**Ratio**	**2021**	**Ratio**
Current Assets	1,131,741	1.33	1,662,326	1.95	2,227,673	2.57
Current liabilities	850,942		850,318		865,199	
Net Margin Percentage:						
Net Income	(1,487,642)	-35.66%	780,742	7.43%	894,355	8.17%
Net Revenes	4,171,761		10,512,212		10,943,980	
Percent of debt to total capitalization:						
Long term debt	518,441	59.19%	268,907	24.56%	-	0.00%
Long term debt plus shareholder's equity	875,856		1,094,767		1,362,473	
Projected Debt Service Coverage:						
Net Income+Depreciation+Interest	(1,440,500)	(30.56)	829,139	2.96	924,778	3.30
Principal and Interest	47,142		279,960		279,960	
Days Cash on Hand:						
Cash in bank	77,190	5.22	225,706	9.86	748,162	31.59
Operating Expenses/365	14,798		22,899		23,682	
Cushion Ratio:						
Cash and investments	77,190	1.64	225,706	0.81	748,162	2.67
Maximum Annual Debt Service	47,142		279,960		279,960	

These ratios should not be considered in an evaluation of project viability. Because these entities are related parties individual entity ratios are irrelevant. The combined ratios should be used to evaluate financial feasability.

Bartlett Investments I, LLC
Combined Viability Ratios

Current Ratio:	**2019**	**Ratio**	**2020**	**Ratio**	**2021**	**Ratio**
Current Assets	1,602,148	1.48	2,258,132	1.86	2,852,945	2.27
Current liabilities	1,084,937		1,216,676		1,257,663	
Net Margin Percentage:						
Net Income	(1,540,005)	-36.91%	512,031	4.87%	621,695	5.68%
Net Operating income	4,172,166		10,513,427		10,946,005	
Percent of debt to total capitalization:						
Long term debt	16,147,089	77.90%	15,739,852	76.30%	15,305,997	74.39%
Long term debt plus shareholder's equity	20,729,237		20,629,219		20,574,986	
Projected Debt Service Coverage:						
Net Income+Depreciation+Interest	(473,106)	(0.42)	1,794,862	1.58	1,879,640	1.65
Principal and Interest	1,137,718		1,137,718		1,137,718	
Days Cash on Hand:						
Cash in bank	448,597	36.28	676,512	29.54	1,208,434	51.03
Operating Expenses/365	12,365		22,899		23,682	
Cushion Ratio:						
Cash and investments	448,597	0.39	676,512	0.59	1,208,434	1.06
Maximum Annual Debt Service	1,137,718		1,137,718		1,137,718	

The project does not meet minimum standards for Days Cash on Hand an Cushion Ratio. Because this is an operating business whose receivables are due from thrid party payers such as The State of Illinois, Medicare and insurance carriers, collections Range from 45 up to as much as 210 days. In order to meet these ratios, the project would need to borow additional funds which would add debt services and interest costs to the project. Therefore, a waiver is requested.

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Alden Bartlett, LLC (Real Estate)
Projected Income Statement
For the years to end December 31, 2019, 2020 and 2021

	2019	2020	2021
Rental Income	1,092,000	1,220,000	1,250,000
Interest income	405	1,215	2,025
Total Income.	1,092,405	1,221,215	1,252,025
Operating Expenses:			
Interest expenses	594,229	706,986	700,083
Mortgage insurance	66,000	78,890	78,138
Real Estate Taxes	24,000	150,000	180,000
Property Insurance	14,760	15,600	17,016
Professional fees	7,500	7,500	7,500
Other costs	2,500	3,500	3,500
Depreciation expense	425,528	527,448	527,460
Total Expenses	1,134,517	1,489,924	1,513,677
Net Income from Operations	(42,112)	(268,709)	(261,652)
Income Taxes	(16,845)	(107,484)	(104,661)
Net Income	(25,267)	(161,225)	(156,991)

ATTACHMENT-29B

Alden Bartlett, LLC (Real Estate)
Projected Balance Sheet
As of December 31, 2019 through 2021

	2019	2020	2021
Current assets:			
Cash in bank and on hand	371,407	450,806	460,272
Tax and insurance escrows	99,000	145,000	165,000
Total current assets	470,407	595,806	625,272
Property, Plant and equipment:			
Land	1,208,128	1,208,128	1,208,128
Building	17,913,248	17,913,248	17,913,248
Major moveables	796,276	796,276	796,276
Minor moveables	-	-	-
Subtotal	19,917,652	19,917,652	19,917,652
Accumulated depreciation	(425,528)	(952,976)	(1,480,436)
Net fixed assets	19,492,124	18,964,676	18,437,216
Other assets:			
Deferred Inmcome Taxes	16,845	124,328	228,989
Replacement reserve	108,000	216,000	324,000
Total assets	20,087,376	19,900,810	19,615,477
Liabilities and Stockholder's Equity			
Current Liabilities:			
Current portion mortgage payable	150,776	157,703	164,948
Accrued real estate taxes	24,000	150,000	180,000
Accrued interest	59,219	58,655	58,016
Total current liabilities	233,995	366,358	402,964
Long term debt-mortgage payable	15,628,648	15,470,945	15,305,997
Total liabilities	15,862,643	15,837,303	15,708,961
Member's Equity:			
Contributed capital	4,250,000	4,250,000	4,250,000
Retained earnings	(25,267)	(186,493)	(343,484)
Total Member's Equity	4,224,733	4,063,507	3,906,516
Total liabilities and stockholder's equity	20,087,376	19,900,810	19,615,477

ATTACHMENT-29B

Alden Estates of Bartlett Inc. (Operator)
Projected Balance Sheet
As of December 31, 2019 through 2021

	2019	2020	2021
Current assets:			
Cash in bank and on hand	77,190	225,706	748,162
Accounts receivable net of allowance for doubtful accounts	1,024,551	1,403,620	1,444,835
Inventory	10,000	10,000	10,000
Prepaid expenses	20,000	23,000	24,676
Total current assets	1,131,741	1,662,326	2,227,673
Other assets:			
Deferred Inmcome Taxes	595,057	282,760	
Total assets	1,726,798	1,945,086	2,227,673
Liabilities and Stockholder's Equity			
Current Liabilities:			
Current Portion Bank debt	231,559	249,534	268,907
Accounts payable	310,790	278,310	299,700
Accrued salaries	124,746	180,901	186,629
Accrued interest	4,687	3,240	1,815
Accrued payroll taxes	9,912	11,689	21,004
Accrued Provider Taxes	19,248	26,644	26,644
Other liabilities	150,000	100,000	50,000
Corporate Tax Liability	-	-	10,500
Total current liabilities	850,942	850,318	865,199
Long term debt-Line of credit	518,441	268,907	
Total liabilities	1,369,383	1,119,225	865,199
Stockholder's equity:			
Contributed capital	1,250,000	1,250,000	1,250,000
Retained earnings	(892,585)	(424,140)	112,473
Total stockholder's equity	357,415	825,860	1,362,473
Total liabilities and stockholder's equity	1,726,798	1,945,085	2,227,672

ATTACHMENT-29B

Alden Estates of Bartlett, Inc. (Operator)
Projected Statement of Operations
for the years to end December 31, 2019, 2020, and 2021

	2019 Total	Per Diem	2020 Total	Per Diem	2021 Total	Per Diem
Revenues:						
Room & Board	$ 4,148,136	$ 447.48	$ 10,451,547	$ 461.11	$ 10,879,899	$ 471.32
Ancillary income	23,175	2.50	60,085	2.65	63,481	2.75
Provider tax		-		-		-
Other	450	0.05	600	0.03	600	0.03
Total Revenue	$ 4,171,761	$ 450.03	$ 10,512,212	$ 463.79	10,943,980	$ 474.09
Expenses:						
Nursing & Ancillary	$ 2,159,329	$ 232.94	$ 4,663,551	$ 205.75	$ 4,831,413	$ 209.30
Activities	40,594	4.38	70,668	3.12	72,598	3.14
Employee costs	450,993	48.65	764,347	33.72	782,245	33.89
Dietary costs	483,495	52.16	795,818	35.11	824,518	35.72
Housekeeping & repairs	348,481	37.59	551,799	24.34	627,987	27.20
Laundry & Linen	48,360	5.22	56,175	2.48	73,508	3.18
Marketing expenses	57,649	6.22	61,470	2.71	61,320	2.66
General and edministrative	810,727	87.46	1,288,394	55.96	1,230,014	53.28
Bad debts	41,713	4.50	131,395	5.80	164,151	7.11
Insurance expense	78,920	8.51	99,456	4.39	101,448	4.39
Total expenses	$ 4,520,281	$ 487.62	$ 8,463,073	$ 373.38	$ 8,769,202	$ 379.88
Gross Profit	(348,500)	$ (37.59)	$ 2,049,139	90.41	$ 2,174,778	$ 94.21
Capital costs:						
Rent Expense	$ 1,092,000	$ 117.80	$ 1,220,000	53.83	$ 1,250,000	$ 54.15
Interest-Working Capital	$ 47,142	$ 5.09	48,397	2.14	30,423	1.32
Total capital costs	$ 1,139,142	$ 122.88	$ 1,268,397	$ 55.98	$ 1,280,423	$ 55.47
Net Income from Operations	$ (1,487,642)	$ (160.48)	$ 780,742	34.45	$ 894,355	$ 38.74
Income tax expense(benefit)	$ 595,057		$ (312,297)		$ (357,742)	
Net Income	(892,585)		468,445		536,613	
Occupancy	9,270		22,666		23,084	
Available Days	20,808		24,820		24,820	
Occupancy	44.55%		91.32%		93.01%	

ATTACHMENT-29B

Batlett Investments I, LLC (Holding Company)
Projected Unconsolidated Balance Sheet
As of December 31, 2019, 2020 and 2021

	2019	2020	2021
Investments:			
Investment in Alden Estates-Courts of Bartlett, Inc.(Operator)	357,415	825,860	1,362,473
Investment in Alden Bartlett, LLC (Real Estate)	4,224,733	4,063,507	3,906,516
Total Assets	4,582,148	4,889,367	5,268,989
Member's Equity	4,582,148	4,889,367	5,268,989

Alden New Lenox Investments, LLC
Projected Unconsolidated Income Statement
For the years to end December 31, 2016 through 2014

	2019	2020	2021
Equity in earnings (loss) on unconsolidated subsidiaries	$ (924,003)	$ 307,219	$ 373,017

ATTACHMENT-29B

Bartlett Investments I, LLC
Projected Combined Balance Sheet
As of December 31, 2019 through 2021

	2019	2020	2021
Current assets:			
Cash in bank and on hand	448,597	676,512	1,208,434
Accounts receivable net of allowance for doubtful accounts	1,024,551	1,403,620	1,444,835
Inventory	10,000	10,000	10,000
Prepaid Expenses	20,000	23,000	24,676
Tax and insurance escrows	99,000	145,000	165,000
Total current assets	1,602,148	2,258,132	2,852,945
Property, Plant and equipment:			
Land	1,208,128	1,208,128	1,208,128
Building	17,913,248	17,913,248	17,913,248
Major moveables	796,276	796,276	796,276
Minor moveables	-	-	-
Subtotal	19,917,652	19,917,652	19,917,652
Accumulated depreciation	(425,528)	(952,976)	(1,480,436)
Net fixed assets	19,492,124	18,964,676	18,437,216
Other assets:			
Deferred Income Taxes	611,902	407,088	218,489
Replacement reserve	108,000	216,000	324,000
Total assets	21,814,174	21,845,896	21,832,650
Liabilities and Stockholder's Equity			
Current Liabilities:			
Current portion long tem debt	382,335	407,237	433,855
Accounts payable	310,790	278,310	299,700
Accrued salaries	124,746	180,901	186,629
Accrued real estate taxes	24,000	150,000	180,000
Accrued interest	63,906	61,895	59,831
Accrued payroll taxes	9,912	11,689	21,004
Accrued Provider Taxes	19,248	26,644	26,644
Other liabilities	150,000	100,000	50,000
Total current liabilities	1,084,937	1,216,676	1,257,663
Long term debt-Line of credit	518,441	268,907	-
Long term debt-mortgage payable	15,628,648	15,470,945	15,305,997
Total liabilities	17,232,026	16,956,528	16,563,660
Stockholder's equity:			
Contributed capital	5,500,000	5,500,000	5,500,000
Retained earnings	(917,852)	(610,633)	(231,011)
Total stockholder's equity	4,582,148	4,889,367	5,268,989
Total liabilities and stockholder's equity	21,814,174	21,845,896	21,832,649

ATTACHMENT-29B

Bartlett Investments I, LLC

Projected Statement of Combined Operations

for the years to end December 31, 2019, 2020, and 2021

	2019 Total	Per Diem	2020 Total	Per Diem	2021 Total	Per Diem
Revenues:						
Room & Board	$ 4,148,136	$ 447.48	$ 10,451,547	$ 461.11	$ 10,879,899	$ 471.32
Ancillary Income	$ 23,175	2.50	60,065	2.65	63,481	2.75
Interest Income	$ 405	0.04	1,215	0.05	2,025	0.22
Provider tax		-		-		-
Other	450	0.05	600	0.03	600	0.03
Total Revenue	4,172,166	$ 450.07	10,513,427	$ 463.84	10,946,005	$ 474.31
Expenses:						
Nursing & Ancillary	$ 2,159,329	$ 232.94	$ 4,663,551	$ 205.75	$ 4,831,413	$ 209.30
Activities	40,594	4.38	70,668	3.12	72,598	3.14
Employee costs	450,993	48.65	764,347	33.72	782,245	33.89
Dietary costs	483,496	52.16	795,818	35.11	824,518	35.72
Housekeeping & repairs	348,481	37.59	551,799	24.34	627,997	27.20
Laundry & Linen	48,360	5.22	56,175	2.48	73,508	3.18
Marketing expenses	57,649	6.22	61,470	2.71	61,320	2.66
General and administrative	830,727	89.61	1,279,394	56.45	1,252,014	54.24
Bad debts	41,713	4.50	131,395	5.80	164,151	7.11
Insurance expense	93,680	10.11	115,056	5.08	118,464	5.13
Total expenses	4,555,023	$ 491.37	8,489,674	374.56	8,808,227	381.57
Gross Profit	(382,856)	$ (41.30)	2,023,752	$ 89.29	2,137,778	$ 92.61
Capital costs:						
Mortgage Interest	$ 594,229	$ 64.10	$ 706,986	$ 31.19	$ 700,062	$ 30.33
Real Estate Taxes	24,000	2.59	150,000	6.62	180,000	7.80
Mortgage Insurance	66,250	7.15	78,890	3.48	78,138	3.38
Interest-Working Capital	$ 47,142	5.09	48,397	2.14	30,423	1.32
Depreciation	425,528	45.90	527,448	23.27	527,460	22.85
Total capital costs	$ 1,157,149	$ 124.83	$ 1,511,721	$ 66.70	$ 1,516,083	$ 65.68
Net income from Operations	$ (1,540,005)	$ (166.13)	$ 512,031	22.59	$ 621,695	26.93
Income tax expense(benefit)	$ 616,002		$ (204,812)		$ (248,678)	
Net Income	(924,003)		307,219		373,017	
Occupancy	9,270		22,666		23,084	
Available Days	20,808		24,820		24,820	
Occupancy	44.55%		91.32%		93.01%	

ATTACHMENT-29B

Economic Feasibility

This section is applicable to all projects

A. Reasonableness of Financing Arrangements

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

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

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

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

Appended as **ATTACHMENT-30A,** is a letter from the owner addressing reasonableness of financing arrangements.

B. Conditions of Debt Financing

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

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

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

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

Appended as **ATTACHMENT-30B,** is a letter from the owner addressing the conditions of debt financing.

ATTACHMENT-30

D. Projected Operating Costs

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

Salaries	$ 2,963,952	
Benefits	$ 663,898	
Supplies	$ 3,371,582	
Therapy Costs	$ 1,808,795	
Patient Days @ 93%		23,082
Total/Operating Cost/PT Day	$8,808,227	$381.61

E. Total Effect of the Project on Capital Costs

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

Depreciation	$ 527,460	
Interest Expense	$ 730,485	
Mortgage Insurance	$ 78,138	
Real Estate Taxes	$ 180,000	
Patient Days @ 90%		23,082
Total/Operating Cost/PT Day	$1,516,083	$65.68

ALDEN BARTLETT, LLC
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646

January 6, 2016

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

RE: Certificate of Need Application for **(Alden Estates Of Bartlett, Inc./ Alden Bartlett, LLC)**
Reasonableness of financing arrangements

Dear Ms. Avery:

A. Reasonableness of Financing Arrangements

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

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

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

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

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

Respectfully,

Joan Carl, Manager

Randi Schullo, Manager

Notarization:
Subscribed and sworn to before me
this 6 day of January, 2016

Signature of Notary
Seal

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

Notarization:
Subscribed and sworn to before me
this 6 day of January, 2016

Signature of Notary
Seal

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

ALDEN BARTLETT, LLC
4200 WEST PETERSON AVENUE
CHICAGO, ILLINOIS 60646

January 6, 2016

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

RE: Certificate of Need Application for **(Alden Estates of Bartlett, Inc./ Alden Bartlett, LLC):**
conditions of debt financing

Dear Ms. Avery:

B. Conditions of Debt Financing

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

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

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

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

Respectfully,

Joan Carl
Manager

Randi Schullo
Manager

Notarization:
Subscribed and sworn to before me
this 6 day of January, 2016

Signature of Notary

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ATTACHMENT-30B